

Institution: University of York		
Unit of Assessment: 19 - Politics and International Studies		
Title of case study: Delivering Dignity After a Health Crisis: Zika and empowerment of health practices in Brazil		
Period when the underpinning research was undertaken: 2014-2019		
Details of staff conducting the underpinning research from the submitting unit:		
Name(s):	Role(s) (e.g. job title):	Period(s) employed by submitting HEI:
João Nunes	Senior Lecturer	2014-present
Period when the claimed impact occurred: 2015-2020		
Is this case study continued from a case study submitted in 2014? No		
1. Summary of the impact (indicative maximum 100 words)		
<p>The 2015-16 Zika virus epidemic in Brazil illustrates that Community Health Workers (CHWs) can be decisive for the success or failure of responses to health crises. Research undertaken at the University of York on health security has radically reshaped CHWs' response to Zika by: (1) reframing Zika as a disease of poverty and inequality, especially gender inequality; (2) advocating health promotion as an empowering practice aimed at social change; (3) stressing that in order to empower communities CHWs must themselves feel, and be, empowered. Nunes' co-produced research – with CHWs, mothers and women's groups – has led to a comprehensive and scaled-up programme advancing CHWs' and community capacity by increasing health knowledge, self-sufficiency and advocacy skills. The programme involved CHWs in the production of their own Zika knowledge base; placed gender inequality at the core of CHWs' agenda; and brought CHWs together with associations of mothers of Zika-affected babies and women rights movements, to promote the future resilience and effectiveness of CHW programmes, through the building and linking of social capital.</p>		
2. Underpinning research (indicative maximum 500 words)		
<p>João Nunes' work focuses on the health risks, insecurities and costs generated by poverty and social marginalisation. Mainstream approaches have traditionally viewed global health as a question of national security, territorial integrity and social stability. Nunes challenges these top-down perspectives as privileging the standpoint of the nation-state and powerful actors, pioneering, by contrast, a ground-breaking framework of health security as empowerment. Nunes' research has demonstrated that the major challenge in developing countries is to deliver dignity at the community level, through improving the embeddedness and capabilities of health service providers [A][D][E]. To address health marginalisation, Nunes advocates participatory bottom-up methodologies linked with co-production of knowledge with key stakeholder groups [E].</p> <p>Nunes led a programme of co-produced research on the 2015-2016 Zika outbreak, declared by WHO a 'Public Health Emergency of International Concern', which applied his empowerment research paradigm of health risk reduction. Fieldwork was funded by the British Council (Newton Fund), the Wellcome Trust and York's ESRC Impact Acceleration Account (2017-2019). This work focused on the lived experiences of citizens on the ground and prioritised enhanced community capacity and resilience strategies of disease prevention [A]. Nunes co-produced knowledge with three key stakeholder groups: community-level civil society movements, community health workers (CHWs), and mothers of Zika-stricken babies in Minas Gerais - Brazil's second most populous state with over 20,000,000 inhabitants (including the municipalities Sete Lagoas, Buritizeiro and Várzea da Palma). The research demonstrated that the Brazilian government's response to the Zika virus was a systematic public policy failure at both federal and state levels [F], with questions relating to socioeconomic and gender inequalities significantly absent from planning [D][E][F].</p>		

In this context of systemic failure, Nunes identified obstacles that reproduced vulnerabilities and prevented effective policy delivery, related to two core groups - CHWs and women - who *also* suffer from intersectional disadvantage [D][E][F]. In particular, it was shown that:

1. CHWs are critical agents for health service provision for low-income and other vulnerable groups in communities [C]. With the right knowledge and training, CHWs can reduce individual and community inequities in access to essential health services, especially amongst under-served or excluded populations. However, the Brazilian state and the WHO take the embeddedness of CHWs in communities for granted [B][C][D]. The research demonstrated that their capacity to deliver effective policies to reduce the spread of Zika is limited by the absence of sustained engagement within communities and lack of specialised training. This results in lack of confidence and motivation, which negatively affects the quality of their work [D][E][F].
2. Women are marginalised within healthcare provision [C]. Yet due to established norms of patriarchy, where women are traditionally responsible for care and work in the family, they are the highest 'at risk' group [A]. Women also commonly dominate low (or un-) paid roles, such as CHWs, in the frontline implementation of vector control programs [E][F].
3. Gender-based violence is an 'invisible' obstacle to health and health care, which produces and reproduces harm and vulnerability [A]. Women have limited access to health information, and reproductive, disability and maternal rights, and communities often doubt CHWs' capacity to provide guidance, assistance and support [F]. Underpinning this situation is the observation that the Brazilian government has hitherto provided inadequate healthcare information and services to allow for informed decisions about health at the individual and community levels [D][E].

In short, this convention-challenging research clearly identifies the unequal and gendered drivers, alongside the effects of Zika, pointing to the importance of addressing individuals' insecurities through empowerment and capacity-building, as core solutions to health emergencies.

3. References to the research (indicative maximum of six references)

[A] (2016) Nunes, J. 'Ebola and the production of neglect in global health' *Third World Quarterly* 37(3): pp.542-556 <https://doi.org/10.1080/01436597.2015.1124724>

[B] (2016) Nunes, J. & Pimenta, D. 'A epidemia de Zika e os limites da Saúde Global.' *Lua Nova*, 98 pp.21-46 <https://doi.org/10.1590/0102-6445021-046/98> (in Portuguese)

[C] (2018) Medcalf, A. & Nunes, J. 'Visualising Primary Health Care: World Health Organization Representations of Community Health Workers, 1970–89' *Medical History* 62(4) pp.401-424 <https://doi.org/10.1017/mdh.2018.40>

[D] (2019) Nunes, J. & Lotta, G. 'Discretion, power and the reproduction of inequality in health policy implementation: Practices, discursive styles and classifications of Brazil's community health workers'. *Social Science and Medicine* 242(12551) pp.1-8 <https://doi.org/10.1016/j.socscimed.2019.112551>

[E] (2020) Nunes, J. 'The everyday political economy of health: Community health workers and the 2015 Zika outbreak in Brazil', *Review of International Political Economy* 27(1): pp.146-166 <https://doi.org/10.1080/09692290.2019.1625800>

[F] (2020) Wenham, C., Nunes, J., Correa Matta, G., de Oliveira Nogueira, C., Aparecida Valente, P., Pimenta, D.N. (2020) 'Gender mainstreaming as a pathway for sustainable arbovirus control in Latin America' *PLoS Neglected Tropical Diseases* 14(2): pp.1-7 <https://doi.org/10.1371/journal.pntd.0007954>

Evidence of quality: All outputs are in leading peer-reviewed journals with [E] submitted to REF2021. [B] is published in an academic journal that attracts high levels of readership in Brazil. [A] was funded by a Leverhulme Early Career Fellowship (2014-2015, GBP23,000). [C][D][E] were funded by a Wellcome Trust Seed Award (2016-2017, GBP49,016).

4. Details of the impact (indicative maximum 750 word count)

Building upon community-level empowerment and capacity-building work with both CHWs and associations of mothers of Zika babies, Nunes' participative research has improved their collaboration and capacity to exercise agency, leading to improved community health practices and the delivery of more effective health provision and advocacy both for children with microcephaly, resulting from Zika, and their carers.

1) Developing CHWs' capacities to exercise agency and to build knowledge

With the support of government-funded FIOCRUZ, one of the world's leading public health research institutions, and the regionally-funded public policy research institute, the *Fundacao Joao Pinheiro*, Nunes approached CHWs in two municipalities in Minas Gerais, Buritizeiro and Sete Lagoas. Over a period of two years, they cooperated in the production of usable and accessible knowledge about CHWs' responsibilities [1a] and Zika [1b] – its prevention, symptoms and effects – that was then widely disseminated to target communities through booklets.

2) Scaling up the programme through skills training for CHWs

This work formed the basis of professional-training sessions, scaling up the programme, to build *“the skills and capabilities of professionals [...] and reinforce their potential to respond to crisis”* [2a]. Starting in the larger municipality, Sete Lagoas (pop. 236,228) in 2017, this strategy was then rolled-out to Buritizeiro (pop. 28,335) in 2018 [3]. Co-producing knowledge underpinned the capacity-building sessions, enabling CHWs to gain a new confidence in their own ability to provide care, leading to higher levels of self-esteem and more effective performance of their day-to-day tasks. CHWs reported improvements in their knowledge and understanding of Zika and its consequences (survey results: 77% of participants in Sete Lagoas and 96% in Buritizeiro). They also stated that the sessions allowed for a more informed provision of services on the ground (survey results: 89% in Sete Lagoas and 98% in Buritizeiro) [2a]. By setting out a skills-based set of CHWs' responsibilities towards the community and dispelling commonly-held myths about how to tackle the disease, the sessions and co-produced guides had a *“very positive impact on the motivation and on the quality of the work of the CHWs”* [3]. Nunes' work enhanced CHWs' confidence and control over their professional lives and their ability to provide services on the ground. CHWs stated that they felt more confident to carry out their daily work (survey results: 72% in Sete Lagoas and 96% in Buritizeiro) [2a][3]. The practice guides were adopted by CHWs as an everyday *“work instrument”* [3]. Testimonials signed by the Health Secretary of Sete Lagoas, the primary healthcare coordinator of Sete Lagoas and the Mayor of Buritizeiro attest that the project *“contributed to our [state-level] response to the arboviruses, as well as to improving the quality of the primary healthcare that we provide to the population”*. The Health Secretary of Sete Lagoas recommends that *“the distribution of the booklet is extended”* [3].

3) Placing gender and gender-violence at the core of CHWs' agenda

Gender inequalities frequently prevent CHWs from delivering positive health outcomes in both municipalities. [F]. To address this problem, the research team brought together the civil society women's movement, *Movimento do Graal*, CHWs and mothers' associations in Buritizeiro (May 2018) and Várzea da Palma (June 2018), to identify and discuss individual, group and community-level problems related to gender norms, perceptions and violence and the ways in which they hindered their agency and advocacy-capacity [4]. This process resulted in the co-production and publication of a third guide on the legal framework and CHW practice regarding violence against women (December 2018) [5].

The guide formed the basis of additional capacity-building sessions in Buritizeiro (December 2018) and Várzea da Palma (December 2018) [2b]. These had a significant impact on increased community-level dialogue, coordination and solidarity between different policy, practitioner and civil society actors, around issues of women's health and violence against women [8]. In the words of a community leader in Buritizeiro, the session *“gave value to”* CHWs who did not know they were *“important to the community”* and *“had never thought of themselves as women who also*

suffer from violence” [9]. The sessions led to greater awareness of the different manifestations of invisible violence against women, and of supporting women in denouncing and addressing them. CHWs, in particular, now recognised that “violence happens also within families, but it is also in all types of families, and beyond that [...] violence happens at different levels”; and that “it is not only about identifying the victims of violence, but rather to observe the context around us. It’s two things” [6].

4) Promoting gender-responsive health policy for development

Integrating a recognition of the importance of gender-based violence in shaping health outcomes for women into the everyday practice of CHWs [6][7][8], constitutes a major step in developing more gender-responsive everyday health practices. This heightened awareness of the multiple forms of gender-based violence and abuse transformed CHWs’ understanding of health vulnerabilities [8] and improved day-to-day health services for the most vulnerable groups within the community (survey results: 99% in Buritizeiro and 100% in Várzea da Palma) [2b]. The practice guide on violence, alongside workshop activities, allowed CHWs to feel more confident in identifying and responding to different types of violence against women in their work (93% in Buritizeiro and 82% in Várzea da Palma [2b]). CHWs also became more knowledgeable regarding the relevant legal frameworks that might assist them in their work [6]. Furthermore, the guide is also an important tool for gaining the trust of women in the community. It was disseminated to female end users and enabled them *“to know their rights, what are the types of violence, what are the legal instruments they may use to combat violence they have been suffering at school, at home, or in the family, or in the various types of violence that they experience in their daily lives” [6].*

Government officials, health officials and representatives of civil society in Buritizeiro and Várzea da Palma, have confirmed that the gender-violence guide *“has become an important work instrument and will be useful for improving their performance on identifying, preventing and facing violence against women and girls” [8].* As a result of the associated training, CHWs changed their practices in the following ways: they began routinely to convey information about; different forms of gender violence, the health risks women faced from violence, and the support network that abused woman could call upon [6]. CHWs have changed how they approach women when they visit. In the words of a CHW: *“when we suspect that the woman has been assaulted but does not want to talk, instead of asking her questions, we give her the guide and then we say: during my next visit, you can let me know what you think of the booklet; or if you prefer instead to meet me at the Family Health Programme we can discuss what you think. In this way we are not being invasive and we are not embarrassing the woman” [6].* They also drafted a safety plan for women who were victims of violence [6].

This change in practice had a significant effect in the community. The guides were disseminated to Primary Health Care units in Buritizeiro, where insights from the sessions were used to organise health promotion and health education activities on issues such as occupational therapy and pregnancy [9][10]. There are indications that the work has had an impact on the willingness of women to report gendered violence. An interviewee suggested that a reduction of neighbourhood violence was also observed: *“we had 12 cases of violence in 2018, but in the first three months of 2019 this has already changed, there was a reduction in violence” [6].*

5. Sources to corroborate the impact (indicative maximum of 10 references)

All corroborating evidence is in Portuguese, with some limited translations.

[1] (a) Practice guide on CHW responsibilities in mosquito control (July 2017); (b) Practice guide: Q&A on Zika (July 2017)

[2] (a) Surveys conducted with CHWs in Sete Lagoas (July 2017) & Buritizeiro (April 2018), following the training; (b) Follow-up surveys conducted with CHWs in Buritizeiro (December 2018) and Várzea da Palma (December 2018) following the training

[3] **Testimonials** from Health Secretary of Sete Lagoas (12 December 2017), Primary Healthcare Coordinator of Sete Lagoas (12 December 2017), and Mayor of Buritizeiro, (20 August 2018)

- [4] Reports of participatory methodology in Buritizeiro (May 2018) & Várzea da Palma, (June & August 2018)
- [5] Practice guide on CHW and community responses to violence against women (December 2018)
- [6] **Interviews** undertaken as a follow-up with CHWs in Buritizeiro and Várzea da Palma (December 2018)
- [7] **Interview** with a Movimento do Graal Leadership Representative (December 2018)
- [8] **Testimonials** signed by government officials, health officials and representatives of civil society in Buritizeiro and Várzea da Palma attesting to their participation in discussions about women's rights and violence against women. This includes: (i) Health Secretary of Buritizeiro; (ii) Education Secretary of Buritizeiro; (iii) Primary Healthcare Coordinator of Buritizeiro; (iv) Primary Healthcare Coordinator of Várzea da Palma; (v) representative of the Varginha rural community; (vi) representative of the Gerais do Calixto community; (vii) representative of the Santa Helena community; (viii) representative of the Central das Associações Comunitárias de Buritizeiro; (ix) representative of the Levante Popular da Juventude; (x) representative of the Movimento do Graal; (xi) representative of the Sindicato de Trabalhadoras/es Rurais de Buritizeiro; (xii) psychologist at the Centro de Referência da Assistência Social; (xiii) commandant of the Military Police; (xiv) director of the State School Silvia de Alencar; (xv) representative of the Pastoral da Criança; (xvi) representative of the Centro de Referência da Assistência Social; (xvii) representative of the Centro de Referência Especializado de Assistência Social
- [9] **Interviews** with a Primary Health Care Coordinator (November 2020), and a Community Leader in Buritizeiro (August 2018)
- [10] Report from the Entre Elas (Between Women) Meeting São Francisco neighbourhood (22 February 2019)