MAX PLANCK INSTITUTE
FOR SOCIAL LAW AND SOCIAL POLICY

Social Law Reports

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Developments in Social Security and Social Protection in Brazil

Reported Period 2014-2015

No. 8/2016

Cite as: Social Law Reports 8/2016

ISSN 2366-7893
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CONTENT OVERVIEW

LIST OF ABBREVIATIONS

ADI	Ação Direta de Inconstitucionalidade
ADPF	Arguição de Descumprimento de Preceito Fundamental
CNJ	Conselho Nacional de Justiça
ECA	Estatuto da Criança e do Adolescente
RE	Recurso Extraordinário
RESP	Recurso Especial
RO	Recurso
SUS	Sistema Único de Saúde

1. INTRODUCTION

The present report aims to present the main social security developments in Brazil in 2014 and 2015. It will focus – as in previous reports - on the three pillars of the Brazilian social security system, as established by the Federal Constitution of 1988, namely the fundamental social rights to health, social security and social welfare. The report is not intended as a profound analysis but rather as an overview of the main legislative, administrative and judicial developments that have occurred in the field of social security.

Attention is called to the fact that all aspects that are not directly connected to health and social security will be discussed in the item on social welfare, since they involve the problem of social inclusion and social protection in their broadest sense. Questions connected to the right to work will not be covered in this report.

Moreover, the present text will focus on national laws and court decisions, in particular the case law adopted by the two (federal) High Courts, namely the Federal Court of Appeals, whose main attribution is to ensure the unity and supremacy of Federal Law, and the Federal Supreme Court, which in Brazil acts as a Constitutional Court, although it was originally inspired by the model of the American Supreme Court.

As to the social, economic and political context, the last few years have presented serious problems, due to negligible economic growth and minimal increase of the Gross Domestic Product (of 0.1% in 2014 and 2% in 2015). In addition, inflation increased to 9.49% during the same period, while prices of raw materials dropped because of the slowdown of the Chinese economy. As a result, unemployment rates increased progressively (to 6.5% in 2014 and 8.9% in 2015). Moreover, the devaluation of the Brazilian currency due to the significant rise in the US dollar should be highlighted, as well as the significant loss of purchasing power by most of the population. In addition, the need to perform a fiscal adjustment of about 70 billion *reais* in the Federal Budget Law (*Orçamento Público da União*) resulted in a reduction of public spending, including the sphere of social rights and benefits, impacting both on education and on social security. This is shown by the constitutional amendment bills entered by the Executive Power in 2016 that seek to promote a separation of revenues, also for the states of the Federation, affecting, among other things, the funding of the rights to health and education, for which the Federal Constitution expressly establishes minimum levels for the allocation of resources at Federal, State and Municipal levels.

The significant advances in the eradication of extreme poverty and reduction of poverty, in general, also underwent the impact of the aforementioned circumstances, resulting in a diminished volume of social programs and in the devaluation of benefits due to the inflation. In the field of education, the impact was particularly significant due to a substantial reduction in the funding of private higher education institutions for low income people, which affected hundreds of thousands of youths, especially those who come from the basic and middle school and attended public schools.[1]

[1] Among the federal social programs subjected to budget cuts are especially FIES (Fundo de Financiamento Estudantil - Student Funding), which was reduced regarding the offer of new contracts to students – during the first semester of 2015 only 252,442 new contracts were offered, compared with the 731,300 granted the

This led to an increase in the rates of social inequality in Brazil and caused the country to lose positions in the world ranking of human development measured by the United Nations Organization among 188 countries, which established a level of 0.587 for Brazil. Currently taking 79th[2] place in the aforementioned ranking, Brazil has lost positions as compared to its previous position in 75th place in 2015. Further, the current Gini coefficient, i.e. the indicator that measures inequality of income and goes from 0 to 1, was established as 0.55 for Brazil in 2015, which places it far from the average of countries with better social development (0.32) and represents a serious ill-distribution of income in the country[3].

This situation is of even greater concern with regard to the political-institutional crisis which Brazil has been undergoing for some time, but it has become more acute in the last two years due to various scandals and lawsuits filed against business people and politicians. Besides, the provisional suspension of the elected President of Brazil (Dilma Roussef) in the context of an impeachment process in December 2015, and the fact that the Government (of Vice-President Michel Temer) was in power on a provisional basis for several months considerably impaired a positive development over the short and even medium term, as the political situation remained unstable and the acting Government was unable to take more lasting and effective action in the economic and social field.

previous year – and PROUNI (Universidade para Todos – University for All), which cut about 6.3% of the full scholarships in 2015. The same applies to the social programs for access to technical education such as PRONATEC (Programa Nacional de Acesso ao Ensino Técnico e Emprego – National Program for Access to Technical Education and Employment), which had a reduction of 59% in its funding in 2015, as well as the Science without Frontiers Program (Programa Ciência sem Fronteiras), created to offer undergraduate and graduate students part-scholarships to study abroad, which discontinued the concession of new financial assistance, since in 2015 it was decided to give continued support only to the 35,000 students who had already received the assistance the previous years.

[2] Data informed by the United Nations Development Program – UNDP, on December 14, 2015, through its Report on Human Development of 2016, which measures these indicators taking into account the pillars: education, income and human development, besides considering the capacity of countries to reduce their inequalities. Organização das Nações Unidas, Relatório de Desenvolvimento Humano 2015. Available at <http://www.pnud.org.br/Noticia.aspx?id=4233>. Retrieved April 20, 2016

[3] Brasil, Agência Brasil EBC. Available at <http://agenciabrasil.ebc.com.br/geral/noticia/2014-09/indice- que-mede-desigualdade-de-renda-fica-estavel-aponta-ibge>. Retrieved April 20, 2016.

2. HEALTH CARE AND THE RIGHT TO HEALTH

2.1. General Aspects

The right to health constitutes a fundamental social right assured in Article 6 of the Federal Constitution and is considered, in terms of doctrine and prevailing case law, as a subjective right of the citizen, endowed with immediate enforceability and directly binding the State actors and even, depending on the circumstances, the private actors, which has been reaffirmed by the Higher Courts. Besides, the high number of judicial cases (of which there are hundreds of thousands) involving the right to health, both in Federal Justice and in State Justice[4], and the volume of funds allocated to meet the many condemnations imposed on the Government have been the object of heated controversy, particularly as regards the limits of intervention of the Judiciary to control public policies and the Government options for allocating funds and establishing priorities in the field of health.

The 1988 Constitutional Convention chose to institute a Unified Health System (SUS – *Sistema Único de Saúde*), whose main guidelines are established by the Federal Constitution itself (Articles 196-200) and aim to ensure the population's right to health. According to Article 196, the social and economic policies in the field of health must aim to reduce the risk of diseases and other injuries and their objective is universal and egalitarian (and, according to the infra-constitutional legislation, free of charge!) access to actions and services designed to promote, protect and recover health. Furthermore, according to Article 198, the Unified Health System has a decentralized structure under a single management in each government sphere (Federal, State and Municipal), must prioritize preventive activities, without detriment to the health care services, and must ensure the participation of the community, all of this according to additional regulation in the Constitution itself (regarding the jurisdictions of the different agencies of the Federation, the participation of the community and the health system funding).

Furthermore, the Constitution ensures the participation of private enterprise (Article 199) as a complement to the health system, forbidding the allocation of public resources for help or subventions to private for-profit institutions. The supplementary health system (private health insurances) is subject to regulation by the Government, for which a specific regulatory agency was created called National Agency of Supplementary Health (ANS – *Agência Nacional de Saúde Suplementar*). Finally, the Constitution, among other attributions, determines that the Unified Health System is to control and enforce procedures, products and substances of relevance to health, carry out sanitary and epidemiological surveillance actions (performed by the National Agency for Sanitary Surveillance [ANVISA – *Agência Nacional de Vigilância Sanitária*]) as well as control the health of workers, participate in the policy for basic sanitation, inspect foods and other products for human consumption and foster scientific and technological development in the field of health.

[4] In Brazil, at the federal and state levels, in the first semester of 2014, 392,921 lawsuits were brought to court involving claims regarding the right to health. Over the year 2014, 75,651 appeals involving the aforementioned matter were brought to appeal courts. Source: Brasil, Conselho Nacional de Justiça. Relatório Annual 2015. Available at http://www.cnj.jus.br/files/conteudo/arquivo/2016/02/423d01efe90cb5981200f1d03df91ec5.pdf. Retrieved on July 30, 2016. Brasil, Conselho Nacional de Justiça, Justiça em números 2015: ano-base 2014 (Brasília: CNJ, 2015).

The constitutional principles and rules concerning health have been, over time, the subject of dense, intense legislative regulation, also through normative acts of the Executive Branch and that of the Regulatory and Inspection Agencies. The main statutes that shape and regulate the Unified Health System are: Law No. 8080/1990, and its later alterations through the enactment of Supplementary Law No. 141/2012, which adjusted and sought to rationalize the decentralized and federative system of health management, as well as Law No. 8142/1990, which deals with the management of intergovernmental transfers of financial resources in the field of health. Furthermore, Law No. 9656/1998 (with its later alterations through Provisional Executive Act No. 2177-44/2001, Law No. 11935/2009, Law No. 12880/2013 and Law No. 13003/2014) should be highlighted, as it regulates the so-called private health insurance in the sphere of supplementary health.

Moreover, given the intense judicialization of public and private health issues, case law has had a considerable influence regarding adjustments to the system, which will be illustrated by presenting the main cases and judicial decisions, including the extension of services covered and provided by the public and private health systems. Legislative developments over the period of 2014-2015 tended to rationalize the system, and to gradually expand the coverage of services of any kind, ranging from the supply of medicines and other inputs to health promotion, preventive healthcare and care services for specific situations, especially for vulnerable groups, as in the case of prison inmates, or services aimed at the prevention and control of cancer.

2.2. Preventive Services and Programs

In the sphere of prevention, the National Prostate Cancer Screening Program (Programa Nacional de Controle ao Câncer de Próstata) was established through Federal Law No. 13045 of November 25, 2014, which altered Law No. 9263 of January 12, 1996 (a Law that regulates family planning), defined preventive screening for prostate cancer as a basic activity to be offered within the complete health care program for men, and also included such preventive healthcare as a relevant part of the healthcare services provided to promote the right to family planning, which comprises health programs involving full health care for men and women. That law also made it mandatory to provide the tests for early detection of this form of cancer in all health units that are part of the Brazilian Unified Health System and encouraged the training of health professionals regarding the medical advances in the screening and prevention of this disease.

By issuing Federal Law No. 13235 of December 29, 2015, the Federal Government established sanitary surveillance laws to improve control of the quality and safety of medicines called “similar”, comprising those that have the same characteristics, in terms of active principles, concentration, pharmaceutical form, posology and therapeutic indication as those already registered with the Brazilian federal agency in charge, which enables access to medication at a lower cost and with quality protected by the Government.

Furthermore, the Presidency of the Republic issued decrees instituting a prevention program in health for the intake of adequate nutrition, called the National Pact for Healthy Nutrition (Pacto Nacional para Alimentação Saudável) (Decree No. 8553 of November 3, 2015), which aims to expand the conditions of supply, availability and consumption of healthy foods, and also to combat overweight, obesity and illnesses resulting from bad nutrition among the Brazilian population,

despite the fact that, in one of its Articles, it highlights respect for regional, cultural and socioeconomic specificities and special nutritional needs of the population.

2.3. Extension of Services to Promote Health Among Highly Vulnerable Groups

On May 28, 2014 Federal Law No. 12862 was enacted, in order to supply adequate school meals to students with specific health conditions attending the public school system.

By Presidential Decree No. 8368 of December 2, 2015, the National Policy for the Protection of the Rights of Persons with Autistic Spectrum Disorder (Política Nacional de Proteção dos Direitos da Pessoa com Transtorno do Espectro Autista) has been implemented, which spells out the rights to greater accessibility for people who have the aforementioned syndrome. The Decree also explains the forms of action of the Public Prosecutors' Office in matters involving this problem. In addition, this Decree contains provisions on the accessibility to schools, specific medical treatments by the public health system, and includes people with autism in the category of persons in a situation of social vulnerability or at social and personal risk thus granting access to benefits and services pursuant to the Social Welfare Law (Lei Orgânica da Assistência Social) of 1993.

According to 2014 case law, the guarantee of benefits covered by the Health System has been improved by a decision of the Federal Supreme Court in 2014 on the supply of high cost medicine to treat a grave illness (Gaucher's Disease). The Court decided that it is the competent public authority (in this case the State of Rio de Janeiro) that should keep a two-month stock of the medicine, as determined in a judicial decision, in order to avoid the interruption of its supply caused by time lapses that occur during its importation, because otherwise this could lead to an unnecessary risk of death for the patient who depends on that medication. According to the Court, the health policy should include the availability of a stock of essential medicines as a way of avoiding unpredictable situations such as delays during the purchasing or import process.[5.]

A polemical decision involving the provision of new medicines and security in this context, also issued by the Federal Supreme Court – in this case monocratically and as a preliminary injunction – consisted in determining that the Department of Chemistry of the University of São Paulo should continue to freely distribute a supposed cancer medicine, based on the substance synthetic phosphoethalonamine, to treat patients who had obtained access to it through judicial decisions given previously in the realm of first instance courts.[6] However, on April 4, 2016 there was a new decision by the Supreme Court, issued as a suspension of a preliminary injunction (STA No. 828) by the President of the Court, Justice Ricardo Lewandowski, determining the general suspension of the distribution of this substance until the appropriate scientific tests had been performed, but with a proviso to supply it, while the stocks remained, only to those patients who had already been receiving it[7]. The problem is that this "medicine" had not been approved according to the scientific protocols required, and also did not have prior authorization from the sanitary authorities of the country. However, on April 13, 2016 the Brazilian National Congress passed Federal Law No. 13269/2016, which authorized the manufacturing of this substance, even if the scientific tests had

[5] RE 429903. Opinion by Justice Ricardo Lewandowski. Adjudicated on June 25, 2014.
[6] Provisional Remedy No. 5828. Opinion by Justice Edson Fachin. Adjudicated on October 6, 2015.
[7] STA No. 828. Opinion by Justice Ricardo Lewandowski. Adjudicated on April 4, 2016.

not yet been completed, and also its distribution to patients diagnosed with malignant neoplasia, establishing that access to the cited substance would be provided if a medical report proving the disease and a letter of consent and responsibility about the use of the substance signed by the patient were presented. This situation then required a new claim for judicial control within the sphere of the Federal Supreme Court consisting in a direct challenge of constitutionality (ADI No. 5501) on the grounds that this legislative act would violate the constitutional norms about the fundamental rights to life and health, and also generate undue interference of the Legislative Branch in the action of the Executive Branch, the latter of which is competent to authorize the release of medicines in Brazil. This led to the granting, on May 19, 2016, in a session of the Full Court, by a majority vote, of an injunction determining the suspension of the effects of that federal law until the merit of the aforementioned case of constitutionality control has been analyzed[8].

On the other hand, as regards the judicial concession of services involving medicines, it should be highlighted that the decisions by the Federal Supreme Court have reiterated that when the beneficial effect of the medicine reviewed by the Court has been scientifically proven (and is not merely experimental), even if it has not yet been authorized by sanitary surveillance, it is possible, in exceptional cases, to impose this service on the Government. In cases in which a medical treatment offered by the public health system has not had any effects on the patient and a newer medicine has appeared (authorized abroad by a control authority that is congener to the Brazilian Sanitary Surveillance Agency), the right to health and life of the patient cannot be harmed by any delay of the Brazilian public administration in completing the process of authorizing that medication[9].

In the sphere of case law, a major decision was taken by the Federal Supreme Court when, based on the principle of equality, it acknowledged that it was impossible to provide differentiated treatment to patients of the Unified Health System (SUS). In this case, the possibility of the so-called care by class difference within the sphere of the Brazilian Public Health system was discussed. It would consist of patient access to differentiated health treatment if they were willing to pay for added services. Thus, the Court considered constitutional the legal rule that forbids, within the Unified Health System, that patients be hospitalized in superior accommodation and also be provided with a better level of care through an SUS physician, or a physician who works for SUS by contract, due to their paying the difference of the corresponding values, since this would lead to situations of discrimination[10].

2.4. Supplementary Private Healthcare Services

Through Federal Law No. 13003 of June 24, 2014, the consumers of private health insurance acquired judicial security when using the services provided by these insurances, since the form of contractual legal relation between the private health plans and the suppliers of health services was regulated. Thus, the specific obligations and responsibilities between the health companies and the health insurance operators were spelled out, leading to greater transparency and equilibrium in their relations, besides defining the periodicity and variation of the rates of readjustment in payments

[8] ADI nº 5501. Opinion by Justice Marco Aurélio Mello. Adjudicated on May 19, 2016.
[9] Appeal of the Suspension of Injunction No. 815. Opinion by Justice Ricardo Lewandowski. Adjudicated on May 7, 2015.
[10] RE No. 581488. Opinion by Justice Dias Toffoli. Adjudicated on December 3, 2015.

made to the health service providers. The latter are to be based on applying a "Factor of Quality", established by the National Agency of Supplementary Health and determined by checking on the certificates of quality obtained by companies that provide health services as a way to ensure an efficient network of consumer care in the area of private health insurance in Brazil[11].

In the sphere of case law, the judicial review of contractual clauses of private health insurance plans has been confirmed. In this context, the Federal Court of Appeals considered valid the clause, contained in a health insurance contract, that authorizes the raising of the monthly payments of the insurance plan when the user reaches the age of sixty years, as long as it conforms to the limits and requirements established in Federal Law No. 9656/1998 and provided that no unreasonable or random readjustment rates be applied, which could become too onerous for the person insured. It also pointed out that the costs for the use of health services by senior citizens cannot be diluted among the younger participants in the insured group. Besides, the Court underscored that treatment "is not discriminatory as long as the increase does not occur only because people become older, but rather to cover the higher demand"[12].

Regarding the expansion of coverage, the Federal Court of Appeals considered that it is the health insurance companies that must bear the costs for experimental treatments that exist in Brazil, at an institution of acknowledged scientific repute, if it is a disease listed in the International Classification of Diseases (ICD) of the WHO and if there is a medical indication for it. Besides, the physicians following the clinical picture of the patient must certify that the treatments conventionally indicated for the cure or effective control of the disease are ineffective or insufficient[13].

It should also be underscored that in another case[14] the Court ratified the view that private health insurance companies have an obligation to cover all pathologies listed in the ICD and that they must provide the existing and needed medical treatments to the patient, because to do otherwise would not only violate consumer rights but especially violate the right to health.

2.5. Funding of the Health Care System

The year 2015 brought a significant change in terms of the efficacy of the fundamental right to health in Brazil. On March 17, 2015 Constitutional Amendment No. 86 was enacted, which altered Art. 198 of the Brazilian Federal Constitution of 1988 and included an important tool of budget management by implementing the so-called mandatory budget, which had repercussions on the mandatory

[11] The certificates of quality of the health services for the purpose of defining the rates of readjustment by contract in Brazil are granted by the National Organization for Accreditation (ONA – Organização Nacional de Acreditação) by using parameters established by the Federal Government. This form of measurement of the quality of health services is already being applied in the sphere of the Brazilian public health system (SUS). As regards the health services provided by SUS, the aforementioned Quality Factor began to be used in 2016 in the services provided by hospitals, and beginning in 2017 it will be implemented in the contractual relations between the operators of health insurance plans and professionals such as physicians, nurses, physiotherapists, psychologists, besides laboratories and medical clinics. Source: News item published on the site Setor Saúde on December 7, 2015. Available at http://setorsaude.com.br/ans-publica-normas-de-reajuste-para-prestadores/>. Retrieved August 1, 2016.

[12] RESP No. 1381606. Original opinion by Justice Nancy Andrighi. Adjudicated on October 7, 2014.

[13] RESP No. 1279241. Original opinion by Justice Raul Araújo. Adjudicated on September 16, 2015.

[14] Appeal in RESP No. 680778. Opinion by Justice Luis Felipe Salomão. Adjudicated on June 2, 2015.

allocation of budgetary public revenues to the field of health. By virtue of this constitutional norm, the Union must reserve 15% of its net current revenue in the respective financial year for funding health programs and actions. This percentage will be reached gradually, beginning by the binding allocation to that area of 13.2% in 2016, which is to be increased every year until 2020. Moreover, the abovementioned Constitutional Amendment determined that the Executive must mandatorily obey the budget changes made by the Parliament corresponding to the earmarking of up to 1.2% of the net current revenue of the Union to public expenditures defined by it, and half this percentage is to be used to fund public policies in the field of health.

2.6. Social Programs for Basic Health Care

The program to extend the coverage of physicians in Brazil (Mais Médicos)[15] was instituted by Federal Law No. 12871 of October 22, 2013, and regulated by Decree No. 8040/2013 and Decree No. 8,126/2013, and it aims to improve the healthcare of users of the Unified Health System by ensuring access to physicians in regions where there are few or no professionals in this field. The program also provides for investments to construct, renovate and expand Basic Health Units (UBS – Unidades Básicas de Saúde), and to offer new places in undergraduate courses and medical residencies. This is to improve the quality of training of these professionals by instituting a kind of mandatory traineeship for graduates from Medical Schools in the specialized field called “family doctor” before they start in their respective fields of medical residency; it especially addresses those who benefited from scholarships that enabled them to pay the monthly fees of their medical course.

In this way, the program seeks to solve the emergency issue of basic health care for citizens, but also creates favourable conditions to continue to ensure qualified treatment in the future for those who access SUS every day. The Mais Médicos Program was added to a set of actions and initiatives by the Government to strengthen Basic Health Care in Brazil, which covers about 80% of the health care needs. The axes of this program are: establishment of a strategy of emergency employment contracts for physicians (including foreign physicians, by bilateral agreements between Brazil and other countries), expansion of the number of places in Medical Schools and medical residencies in various regions of the country, and implementation of a new curriculum with training for more humane care, focusing on valuing Basic Care, besides actions designed to improve the infrastructure of the Basic Health Units.

Another relevant initiative was to create the so-called **Immediate Care Units** (UPAs – *Unidades de Pronto Atendimento*)[16], health care centres absorbing patients that would otherwise avail of the Basic Health Units or the hospital emergency units; together with the hospitals they constitute an organized system of urgent care. The Ministry of Health, aiming to support the managers by implementing the investments approved, has to set up standard architectural projects for round-the-clock UPAs that can be built together with the municipalities, in order to relieve the crowded facilities of large hospitals and to diffuse the concentration of the most required medical services.

[15] Data available at <http://maismedicos.gov.br/conheca-programa>. Retrieved in March 2016.
[16] Data in the Health Portal of the Brazilian Ministry of Health. Available at <http://portalsaude.saude.gov.br/index.php/o-ministerio/principal/secretarias/sas/upa-24horas>. Retrieved in March 2016.

2.7. The Case of Prison Inmates

A particularly worrying situation in Brazil relates to the conditions experienced by prison inmates, mostly characterized by overcrowded penitentiaries, with very precarious health and safety conditions, which actually led to a complaint against Brazil before the Human Rights Committee of the Organization of American States (OAS) and also was subject of an important decision of the Federal Supreme Court. As a consequence, a set of measures in the sphere of social policies has been adopted (e.g. a prison insurance, consisting in providing a monthly amount of money to support the family members of prison inmates), which, although partial and by far not sufficient, are indicative of the growing concern about the problem.

An outstanding social program created during the period of 2014-15 is the National Policy for Full Health Care of Persons Deprived of Freedom in the Prison System (Política Nacional de Assistência Integral à Saúde das Pessoas Privadas de Liberdade no Sistema Prisional – PNAISP)[17], launched by the Ministry of Health and instituted by the Interministerial Administrative Ruling No. 1, of January 2, 2014. It is aimed at extending the healthcare actions of the Unified Health System (SUS) to the prison population, so that each prison unit started to become a point of access to the Basic Health Care System (*Sistema de Atenção Básica à Saúde*), providing healthcare services to the inmates through physicians, nurses, dentists, pharmacists, occupational therapists, psychologists, social workers and dietitians either directly in the prisons, or by means of basic health units connected to this system, thus forming the Prison Basic Healthcare teams. This should cover the entire scope of institutes involved in incarceration processes (police stations, public jails, agricultural and industrial penal colonies, besides state and federal penitentiaries). Prison Basic Healthcare must be structured in terms of different forms of professional teams depending on the number of people in custody and on the epidemiological profile found in each prison unit. The Ministry of Health and the Ministry of Justice are responsible for controlling and evaluating the services provided. Moreover, PNAISP is designed to complement the service of evaluation and follow-up of the "Therapeutic Measures Applied to Persons with Mental Disorders in Conflict with the Law" (*Medidas Terapêuticas Aplicadas à Pessoa com Transtorno Mental em Conflito com a Lei* – EAP), instituted by Administrative Ruling GM/MS No. 94, of January 14, 2014. Its purpose is to redirect the care models to persons with mental disorders in conflict with the law, according to the actual specificities of each case, enabling access to and quality of treatment, as well as follow-up of the implementation of the therapeutic measures in all phases of the criminal case[18].

[17] Data in the Health Portal of the Brazilian Ministry of Health. Available at <http://dab.saude.gov.br/portaldab/pnaisp.php>. Retrieved in March 2016.

[18] Furthermore, the Brazilian National Council of Justice, performing a study on the health conditions of the prison inmates in Brazil in 2014, created the Project of Intersectorial Actions for the Implementation of Health Care and Social Welfare in the Prison System (Projeto Ações Intersetoriais para a Efetivação da Assistência à Saúde e Assistência Social no Sistema Prisional – PAISA), which seeks to consolidate and implement the right to health and social welfare of prison inmates by mobilizing, based on the catalyzing strength of the Judicial Branch, the various actors in the criminal law enforcement and in the prison system. Source: Brasil, Conselho Nacional de Justiça, Relatório Anual 2015. Available at <http://www.cnj.jus.br/files/conteudo/arquivo/2016/02/423d01efe90cb5981200f1d03df91ec5.pdf>. Retrieved on July 30, 2016.

In the field of case law, as already mentioned, important judgments were issued by the Higher Courts. It should be stressed that these decisions are not aimed specifically at the protection of health (protecting the inmates' right to health), but at providing control over public policies in general and the various facets of the precarious conditions in prisons.

In 2014, the Federal Court of Appeals stated that there should be judicial control of public policies for the protection and actual implementation of the fundamental rights of inmates. The Court decided that due to many problems in the public jails (overcrowding, cells that were completely insalubrious, structural defects, absence of ventilation, illumination and adequate sanitation, disrespect for the physical and moral integrity of the prisoners), the allegation of absence of budgetary provision does not prevent the upholding of a public civil action that, among other measures, aims at obliging the State to adopt administrative measures and the respective budget provision to renovate public jails or build new units, especially when there is no objective proof of any financial incapacity of the State[19].

Along the same lines, in 2015, the Federal Supreme Court analyzed, in connection with an appeal, a situation concerning the judicial control of public policies regarding emergency building work in prisons as a way of ensuring the minimum conditions as regards the fulfilment of human dignity of prisoners. Thus, it concluded that it is the responsibility of the Judiciary to impose on the Public Administration the obligation of undertaking actions or promoting emergency works in prison establishments to actually implement the postulate of the dignity of the human person and ensure respect to the physical and moral integrity of prisoners, according to what is stipulated by Art. 5 XLIX of the 1988 Federal Constitution. It also concluded that there is no way to oppose the decision, neither by appealing to the "Proviso of the Possible" nor to the principle of separation of powers[20].

In another decision, concerning the case of the Allegation of Non-Compliance with a Fundamental Precept (*Arguição de Descumprimento de Preceito Fundamental* – ADPF) No. 347[21], the Federal Supreme Court acknowledged that the precarious situation of the prisoners in Brazilian penitentiaries is a generalized and systemic violation of fundamental rights. It emphasized the reiterated and persistent inertia or incapacity of public authorities to modify the situation, which requires action, not only of one agency, but rather of a plurality of authorities; failure to act, however, produces the so-called "unconstitutional state of affairs" and, what is more, violates the infra-constitutional norms and various provisions of international treaties ratified by Brazil. Thus, the Brazilian Court established a few actions to be taken by Public Administration, but also by other agencies of the Judiciary, so that they will ensure conditions compatible with human dignity, according to the commitments signed on the occasion of the ratification of the UN Covenant of Civil and Political Rights and the Inter-American Convention of Human Rights.

[19] RESP No. 1389952. Opinion by Justice Herman Benjamin. Adjudicated on June 3, 2014.
[20] RE No. 592581. Opinion by Justice Ricardo Lewandowski. Adjudicated on August 13, 2015.
[21] Provisional Remedy in ADPF No. 347. Opinion by Justice Marco Aurélio Mello. Adjudicated on September 9, 2015.

3. SOCIAL SECURITY

3.1. General Aspects

The field involving the right to social security likewise showed major legislative advances, through the issuing both of normative acts by the Federal Executive Power and of statutes by the National Congress in 2014 and 2015.

A major measure in the field of social dialogue and participation of the population was taken by Presidential Decree No. 8443 of April 30, 2015, which created the Forum of Debates on Employment, Work and Income and Social Security (Policies Fórum de Debates sobre Políticas de Emprego, Trabalho e Renda e Previdência Social), in order to promote the debate – among representatives of workers, the retired, pensioners (dependants of deceased retirees), employers and the Federal Executive Branch – about the improvement and sustainability of the social policies on employment, work and income, as well as of social security; and in order to provide contributions to the establishment of positions pertaining to solutions for the main problems on the cited issues.

3.2. Invalidity Pension Schemes

The National Congress passed Law No. 13063 of December 30, 2014, which made it easier for persons who retire for reasons of invalidity and for invalid pensioners to receive social security benefits by having their physical conditions considered, this being in line with the General Regime of Social Security (*Regime Geral de Previdência Social*). It established that a person retired due to invalidity, as well as invalid pensioners, when they reach the age of 60 years, no longer need to undergo medical-legal exams to regularize their continued receipt of benefits.

The Federal Supreme Court also acknowledges that in cases of retirement due to invalidity the list of diseases that will justify retirement on full pay among government employees is very clear because the Federal Constitution of 1988 expressly requires that the law regulate the cases in which the aforementioned benefit can be granted according to Art. 40, § 1º, item II[22].

3.3. Old-Age Pension Schemes

3.3.1. Retirement Age

As far as the Legislative is concerned, one should highlight the enactment of Constitutional Amendment No. 88 of May 7, 2015, which changed the age limit for compulsory retirement of government employees in general, raising it from 70 to 75 years of age. Despite the applause received, the initiative also encountered important and justified criticism, especially due to the fact that, from the intergenerational perspective, it means freezing career advances for younger generations and their access to public positions. It should be noted that the Constitutional Amendment was submitted to careful examination by the Federal Supreme Court in judging the request for a provisional remedy in a direct challenge of constitutionality (ADI No. 5316) on May 21, 2015, which considered it constitutional in general terms – except for the provision that the High

[22] RE No. 656860. Opinion by Justice Teori Zavascki. Adjudicated on August 21, 2014.

Court Judges should be submitted to a confirmation session in the Federal Senate as they reach the age of 70 years, as this requirement would be against the essential core of the principle of separation of powers. At the same occasion, the Federal Supreme Court decided that extending the new age limit to other classes of the public service would depend on the enactment of a supplementary law[23].

In this sense, Supplementary Law No. 152 of December 3, 2015 was enacted, providing these rules on compulsory retirement due to age, contained in Art. 40, § 1, item II, of the Federal Constitution of 1988, and regulating the receipt of proportional earnings for government employees and members of government branches when they reach the age of 75 years. Thus, the aforementioned Supplementary Law, as it was enacted with a national character, began to regulate the mandatory retirement of the aforementioned public servants at the age of 75 years, and no longer at the age of 70, in all entities of the Federation. This led to an egalitarian treatment of the matter, although it did not establish the other conditions to grant this benefit exceptionally (such as the nature of the public job held and proof that the individual is mentally able to continue to perform it), which appeared to be the intention of Constitutional Amendment No. 88/2015. It also specified that their receiving the benefit of this kind of retirement pension would be proportional to the time of contribution of the government agent to the social security regime of each entity of the Federation. However, the aforementioned change of age for compulsory retirement has a positive aspect as regards the actuarial balance of the social security systems of government employees, since it leads to a greater number of contributions for them, considering that it constitutes one of the ways of increasing the number of active payers and reducing the number of inactive (retired) ones.

3.3.2. Harmonization of Eligibility Criteria

Another outstanding advance was the issuing of Binding Precedent No. 33 providing that the norms of the General Regime of Social Security apply to government employees in cases of special retirement, which refers to those cases where there are conditions that are harmful to the health or to the physical well-being of the employee, in the following terms (translated): “The rules of the General Regime of Social Security regarding special retirement established in Article 40, §4, item III of the Federal Constitution, apply to government employees, until a specific supplementary law is issued.”[24] The advance that has occurred in this respect is the standardization, with binding effect and *erga omnes*, of the application of the rules of the General Regime of Social Security, because of the legislative omission consisting in the lack of specific regulation of Article 40, § 4, item III of the Federal Constitution, as well as the acknowledgement by the Court of the “legislative delay” attributed to the President of the Republic due to the fact that, at the time, he did not send the aforementioned Bill that was in his purview to the National Congress, which would have implemented one of the forms of control inherent to the principle of separation of powers and to the technique of “checks and balances” provided for in Art. 2 of the Federal Constitution of 1988 by avoiding that the implementation of the right to special retirement for government employees be impaired due to that omission.

[23] Provisional Remedy in ADI 5316. Opinion by Justice Luiz Fux. Adjudicated on May 21, 2015.
[24] Proposal for Binding Precedent No. 45. Full Court. Adjudicated on April 9, 2014.

Furthermore, the Federal Supreme Court acknowledged that the right to special retirement presupposes that the workers have really been exposed to an agent harmful to their health. It is essential for the individual worker to have been exposed to a harmful agent that could really cause the aforementioned damage, and not only to a presumed risk.[25]

3.3.3. Revision of Pension Levels

Another important issue concerned the possibility to reduce the pension amount paid to retired government agents. Initially, the Court had acknowledged the irreducibility of pension payments to retired government agents as a fundamental guarantee based on the argument that it was not possible to reduce their incomes on grounds of a new composition of their earnings, resulting from Constitutional Amendment No. 41/2003. The Court held that although government employees had no vested right to a regime of remuneration, it was not permitted to remove the aforementioned fundamental guarantee by a constitutional amendment.[26]

However, some months after the decision, the Court's view changed by majority vote, with general repercussions in the sense of restricting the application of the guarantee of irreducibility of salaries to the completion of the following requirements: a) the existence of a lawful perception of the nominal remunerative standard; b) that this standard lie within the maximum limit pre-defined by the Federal Constitution. Thus, the Court began to propose an immediate application to the constitutional norm that establishes the maximum cap for retirement pensions received by government employees.[27]

It should be noted that this guarantee also applies to the General Regime of Social Security, but in the form of avoiding the reduction of the nominal values of the benefits, in order to render it impossible for inflation rates to diminish the original purchasing power of the income paid to the people insured under this system. Along this line, the Court enabled revisions in the calculation of the benefits of retirement, so that the value of the current maximum cap (which had undergone changes through Constitutional Amendment No. 20/1998 and Constitutional Amendment No. 41/2003) could be applied, as it decided that this fundamental guarantee should prevail over the non-retroactive character of the laws. However, this revision only affects cases in which fixing the earnings had led to a lower value than the base which was used to calculate and establish the value of the social security benefit at the time of its concession.[28]

3.4. Survivor Pension Schemes (Case Law)

3.4.1. Eligibility for Orphans' Pensions

In the area of case law concerning the range of persons entitled to survivors' pensions, a few decisions of the Higher Courts can be mentioned., According to a decision of the Federal Supreme

[25] Appeal in RE No. 664335. Opinion by Justice Luiz Fux. Adjudicated on December 4, 2014.
[26] Injunction No. 27565. Opinion by Justice Gilmar Mendes. Adjudicated on September 23, 2014.
[27] RE No. 609381. Opinion by Justice Teori Zavascki. Adjudicated on October 2, 2014.
[28] Appeal No. 564354. Opinion by Justice Cármen Lúcia. Adjudicated on September 8, 2010. On this topic, see Carlos Alberto Pereira de Castro and João Batista Lazzari, *Manual de Direito Previdenciário* (Rio de Janeiro: Forense, 2015), p. 590-592.

Court[29] a minor who is in the custody of a government employee has, when the latter dies, the right to receive – until the age of 21 years – a survivor's pension, as provided in Art. 217, sub item b, of Federal Law No. 8112/1990, a statute that regulates the specific social security regime of federal government employees. Thus, the status of the dependent minor who is in custody of a government employee is the same as that of the other dependent children (adopted or not) and is also in line with the standard in force within the sphere of the General Regime of Social Security. In a similar case the Federal Court of Appeals ensured the benefit of a survivor's pension to a child or adolescent who was a legal ward of the insuree at the time of the latter's death, although the list of beneficiaries set by the social security law does not expressly mention legal wards[30].

3.4.2. Family Law Issues

Another relevant point discussed was about considering illegitimate the adoption of a descendant who is of age, when no true moral or economic dependence can be found.[31] This decision is an advance insofar as it precludes the previously generalized practice of approving adoptions simply to ensure that people will enjoy social security benefits.

Mention should also be made of a decision related to acknowledging paternity of a child after the insuree's death; in this case, the child is entitled to receive a survivor's pension as a dependant. The Court adopted the view that a widow who had been receiving the entire pension due to the death of her husband should not have to pay a child acknowledged later in a paternity investigation case the amount of the payments that she had received before the child was entitled as an heir by the social security agency, even though the widow, before beginning to receive the benefit, already knew that there was an ongoing paternity investigation. Considering that the values received as a social security benefit are for the purpose of sustenance, case law only makes an exception for its non-restitution when it is received in bad faith, which did not occur in the specific case[32].

3.5. Financial Sustainability of Social Insurance Schemes

In the context of the measures meant to ensure financial equilibrium in the Social Security System, Federal Law No. 13135 of June 17, 2015 was enacted. Its purpose was to change the rules regarding the payment of survivor's pension benefits and disability/sickness benefits as a way of making concession of these benefits stricter. The law limited the cases of lifelong receipt of survivor's pension benefits and also created stricter limits for the concession and calculation of the disability/sickness benefit.

Regarding social security funding, the Federal Court of Appeals decided that the social security contribution of the company applies to the wages paid during a marriage leave and the leave to fulfill electoral service obligations, because the parameter for the application of the social security contribution is that the grant be in the nature of a salary[33].

[29] Injunction No. 31770. Opinion by Justice Carmen Lúcia. Adjudicated on November 3, 2014.
[30] RO in Injunction No. 36034. Opinion by Justice Benedito Gonçalves.
[31] Injunction No. 31383. Opinion by Justice Marco Aurélio de Mello. Adjudicated on May 12, 2015.
[32] RESP No. 990549. Opinion by Justice Ricardo Villas Bôas Cueva. Adjudicated on June 5, 2014.
[33] RESP No. 1455089. Opinion by Justice Humberto Martins. Adjudicated on September 16, 2014.

Finally, mention should be made of the decision of the Federal Court of Appeals that acknowledges the obligation to restitute social security benefits received by means of a judicial decision granting a preliminary injunction, considering that the insured person was aware of the precarious nature of the judicial decision and also that there is an explicit provision in the social security law about returning benefits paid unduly. It should be noted that this legal rule was declared constitutional by the Federal Supreme Court. Besides, it should be recalled that the decision is also supported by the principle that forbids unjust enrichment.[34]

3.6. Judicial Protection

In a judgment relevant to judicial protection, the Federal Supreme Court considered that a condition for the regular exercise of the right to action is to demonstrate a prior administrative request, since to characterize the presence of an interest in action, it must be necessary to go to court. However, this demand should not prevail when the view of the Administration is notoriously and repeatedly against the insuree's postulation; this circumstance enables the latter to formulate the request directly in court, as in the cases of review, re-establishment or maintenance of previously granted benefits[35].

It should also be mentioned that the Federal Court of Appeals established its view on the time limit for government employees to be able to request the revision of their retirement benefit, fixing the period to five years between the date of concession and the adjudication of the revision case, due to the application of a specific norm, established in Art. 1 of Decree No. 20910/1932 (received by the Federal Constitution of 1988 with the status of a federal statutory law), for the purpose of regulating the statute of limitations in relations of an administrative nature, such as that between the Public Administration and its employees[36]. In this way, the Court rejected an interpretation that considered the time limit to be ten years, since it acknowledged that the norm contained in Art. 103, head, of Law No. 8213/1991, which regulates the General Regime of Social Security in Brazil, is only applicable to the social security regime specific to government employees when there is no specific legal norm.

4. SOCIAL WELFARE (SOCIAL INCLUSION PROGRAMS IN GENERAL)

4.1. General Framework

Social welfare, which is also a fundamental social right provided in Article 6 of the Federal Constitution, was also the subject of a special regulation in the so-called social order of the Constitution (Articles 203 and 204), as well as in a broad infra-constitutional legislation and in normative acts of the Executive Branch. Social welfare covers a broad and diversified set of social policies that, according to the Constitution (Article 203), aims to: a) protect the family, motherhood, childhood, adolescence and senior citizens; b) provide support to children and adolescents in low income families; c) promote integration into the labor market; d) train and rehabilitate persons with disabilities and integrate them into community life; e) guarantee a monthly benefit equivalent to one

[34] RESP No. 1401560. Opinion by Justice Sérgio Kukina. Adjudicated on October 13, 2015.
[35] RE No. 631240. Opinion by Justice Roberto Barroso. Adjudicated on September 3, 2014.
[36] Petition No. 9156. Opinion by Justice Arnaldo Esteves Lima. Adjudicated on May 28, 2014.

minimum wage to persons with disabilities and to senior citizens who prove that they do not have the means to maintain their own livelihood or have such maintenance provided by their family.

It should be underscored that social welfare will be provided to those who need it, regardless of contribution to social security, according to what is established also by Article 203 of the Federal Constitution.

Thus, the social welfare system comprehends an entire set of actions in the social sphere that do not strictly fit into the scope of the health system and the field of social security, although there are public policies that simultaneously cover aspects connected to more than one of the three pillars of social security taken as a whole.

As far as the right to social welfare is concerned, the biennial of 2014 and 2015 brought a few major legislative innovations. It is necessary first of all to highlight a few federal laws enacted to improve the rights of children and adolescents as established in the Statute on Children and Adolescents (*Estatuto da Criança e do Adolescente* – ECA) (Federal Law No. 8069/1990).

4.2. Protection of Children

The first novelty was instituted by Federal Law No. 12955 of February 5, 2014, which gave priority to the processing of cases of adoption in which the adoptee is a child or adolescent with a disability or chronic disease, so as to implement the constitutionally established principle of the best interest of the child or adolescent. Moreover, Federal Law No. 12962 of April 8, 2014 ensures children and adolescents the right of interaction with their parents when the latter are detained. Also in this sphere, mention should be made of Federal Supplementary Law No. 146, of June 25, 2014, which extended the provisional tenure of employment of a pregnant worker to the person who has custody of her child if she dies.

Moreover, Federal Law No. 13010 of June 26, 2014 assures the right of children and adolescents to be educated and cared for without the use of physical punishment or cruel or degrading treatment in the family or school environment. Along the same lines, Federal Law No. 13046/2014 obliges organizations that deal with children and adolescents to have on their staff of employees and collaborators people trained to identify and report to the appropriate authorities situations of abuse and mistreatment of children and adolescents.

Within the realm of protection to women and children, there has been some progress regarding the acknowledgment of a few specific rights, such as by means of Federal Law No. 13109 of March 25, 2015, which provides for maternity leave for pregnant women and for women who adopt in the case of those who are members of the Armed Forces, as well as Federal Law No. 13109 of March 30, 2015, which gave women equal rights to register the birth of their children.

In the context of the protection of children and adolescents (but also of the family), a major decision has been passed by the Federal Court of Appeals. According to this Court, there must be a broad interpretation of the access to equal conditions in adoption processes, and it is possible to include homosexual persons in the list of people seeking to adopt (Art. 50 of ECA), regardless of the age of the child to be adopted, because the law does not forbid the adoption of children by single persons

or homosexual couples, or, in these cases, impose an age limit, thus improving the effectiveness of fundamental rights for the protection of the child and the adolescent and, consequently, the principle of the best interest of the minor.

In order to ensure greater protection to the family, especially women and children, Federal Law No. 13014 of July 21, 2014 determines that the benefits of social welfare received by the family be paid preferably to the woman, if she is responsible for the family unit.

Regarding the creation of new social welfare benefits, Federal Law No. 13051 of December 8, 2014 established the so-called Athlete-Scholarship, providing that one of the requirements of receipt is for the athletes who are candidates to not violate the anti-doping rules.

4.3. New Social Welfare Programs

Another important measure taken by the Executive Branch was the enactment of Decree No. 8424 of March 31, 2015 creating the unemployment insurance program for those artisanal fishermen who carry out their activity exclusively and uninterruptedly, during the period when fishing is forbidden for reasons of environmental protection.

Decree No. 8537 of October 5, 2015, which regulates Federal Laws No. 12852/2013 and No. 12933/2013, includes rules on the benefit of half-price tickets for access to artistic and cultural events in general, and for the reservation of places for youths from low income families in the interstate public transport system. The benefit of half-price tickets for access to artistic and cultural and sports events is granted to youths aged 15 to 29 years belonging to families with a monthly income of up to two minimum wages that are enrolled in the Unified Registry for Social Programs of the Federal Government (Cadastro Único para Programas Sociais do Governo Federal – CadÚnico); to persons regularly enrolled in a public or private educational institution, at the levels or modalities established in the Law of Guidelines and Bases of National Education (Lei de Diretrizes e Bases da Educação Nacional – LDBEN) (Federal Law No. 9394/1996); and to persons with disabilities (persons with disabilities are considered those who have a long-term physical, mental, intellectual or sensory impediment, which, in interaction with one or more limitations, may obstruct their full and actual participation in society, under equal conditions with other people) and also to their caretakers, when it is necessary for the person with a disability to have personal care provided. Access to the aforementioned benefit is obtained by presenting the respective documents established in and issued according to the cited laws, such as Youth ID, Student ID or, in the case of persons with a disability, by presenting the card for the Benefit of Continued Provision of Social Welfare (Benefício de Prestação Continuada da Assistência Social) to persons with disabilities, or a document issued by the National Institute of Social Security (Instituto Nacional do Seguro Social – INSS) certifying that the person is retired in accordance with the legal criteria.

4.4. Protection of Persons with Disabilities

It is also necessary to highlight Federal Law No. 13146 of July 7, 2015, which instituted the Statute on Persons with Disabilities (Estatuto da Pessoa com Deficiência), enabling the inclusion of persons with disabilities and establishing the guidelines for the elaboration of public policies of this nature. Indeed, this statute is a way of concretely implementing the acknowledgment of the United Nations

International Convention on the Rights of Persons with Disabilities, ratified by a previous Decree (Decree No. 6949 of August 25, 2009), which, however, still had to be regulated specifically. The aforementioned law offers parameters and instruments to assess disabilities, besides specifying the priorities in obtaining public services and in accessing the other individual and social fundamental rights.

4.5. Case Law on Social Welfare

In the field of case law, several decisions strengthened the system of social welfare. A first decision involving the public school system was issued by the Federal Supreme Court and ruled that it was unconstitutional to charge any amount as a "payment of a food fee", even if the latter was instituted by law, since it was against the principle of free public education in force in the Brazilian legal system, as stipulated in the joint interpretation of Arts. 206, item IV, and 208, item VI, both in the Federal Constitution of 1988[37].

Within the sphere of the Federal Court of Appeals, there was a decision according to which the authority that is competent to grant the benefit of social welfare can suspend or cancel a continuous benefit using an administrative process, as long as the adversary system is respected, even if the cited benefit was initially granted on grounds of a court decision[38].

Another important decision of the Federal Court of Appeals concerns the expansion of social protection by using the principle of analogy. In this case, the court applied a normative provision contained in the Senior Citizen Statute (*Estatuto do Idoso*), so that in the request for a social welfare benefit made by a person with a disability, the social security benefit received by a senior citizen to meet the legal requirements established in Art. 20, § 3, of Law No. 8742/1993 to have that benefit granted[39] will not be included in the calculation of their per capita income.

5. INTERNATIONAL AGREEMENTS IN THE FIELD OF SOCIAL SECURITY

Initially, it should be highlighted that in 2014, the Presidency of the Republic issued Decree No. 8288 of July 24 enacting the Social Security Agreement between Brazil and Canada, signed in Brasília on August 8, 2011, aiming to protect access to social security benefits of citizens of the States Parties involved when they are in any of the cited territories. For the same purpose, Decree No. 8300 of August 29, 2014 enacted the Agreement between Brazil and France, signed in Brasília on December 15, 2011, concerning the issue of social security; and Decree No. 8045 of February 11, 2015, which enacted the Agreement between Brazil and Belgium, signed in Brussels on October 4, 2009, concerning a similar issue.

On January 29, 2014, a Memorandum of Understanding was signed between Brazil and Uruguay aiming to promote the exchange of documents to clarify serious human rights violations. On the same day, a similar agreement was signed with Argentina.

[37] RE No. 357148. Opinion by Justice Marco Aurélio Mello. Adjudicated on February 25, 2014.
[38] RESP No. 1429976. Opinion by Justice Humberto Martins. Adjudicated on February 18, 2014.
[39] RESP No. 1355052. Opinion by Justice Benedito Gonçalves. Adjudicated on February 25, 2015.

On August 27, 2014 Brazil signed a bilateral agreement with El Salvador in order to adjust and complement the agreement for technical, scientific and technological cooperation to implement a project of “technical support to consolidate the network of human milk banks”.

On October 31, 2014 the Protocol of Cooperation between Brazil and the Community of Portuguese Speaking Countries (Comunidade dos Países de Língua Portuguesa – CPLP) comprising Brazil, Angola, Cape Verde, Guinea-Bissau, Equatorial Guinea, Mozambique, São Tomé and East Timor was signed to implement the project on Strengthening the Political and Institutional Capacity of Government and Non-Government Agencies to promote and defend the rights of persons with disabilities in the aforementioned countries.

On April 10, 2015 an agreement was signed with the Dominican Republic to implement a project to provide technical support for the implementation of the human milk bank at Hospital Materno-Infantil San Lorenzo de Los Mina, located in the aforementioned country.

On June 10, 2015 Brazil and Germany signed an administrative adjustment to execute the Social Security Agreement between these countries which had been made on December 3, 2009 concerning the field of mandatory accident insurance.

On June 30, 2015 an agreement was signed between Brazil and the United States to regulate access to the right to social security for their citizens.

On September 19, 2015 a joint action plan was signed between Brazil and the People’s Republic of China to promote joint actions in the field of innovation and technology, culture and education. It will remain in force between 2015 and 2021.

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