ARTIGO

CHALLENGES IN HEALTH ACCESS FOR STREET VENDORS ON THE RAILWAY PATHS OF RIO DE JANEIRO

DESAFIOS NO ACESSO À SAÚDE PARA VENDEDORES AMBULANTES DA VIA FERROVIÁRIA DO RIO DE JANEIRO

DESAFIOS EN EL ACCESO A LA SALUD PARA VENDEDORES AMBULANTES DE LA VÍA FERROVIARIA DE RÍO DE JANEIRO

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ABSTRACT: This article investigates the challenges faced by street vendors in the Metropolitan Region of Rio de Janeiro (RMRJ) in accessing health care. The research, part of a doctoral thesis in Public Health, adopts a qualitative approach to understand the experiences and perceptions of these workers. The study utilized semi-structured interviews with twelve vendors to identify the main barriers to health care access and assess perceptions of the quality and effectiveness of the services received. Street vendors, essential to the urban economy, face job precariousness and significant difficulties accessing health services due to the informality of their employment and limitations of the Unified Health System (SUS), such as long waiting lines, lack of doctors, and structural deficiencies. Thematic analysis revealed widespread criticism of the SUS's inefficiency, exacerbated by poor management and underfunding. Additionally, a lack of knowledge about the National Network for
Comprehensive Worker Health Care (RENAST) and its services was identified, which limits vendors' access to specialized worker health care. The article proposes that improvements in health education and awareness campaigns about resources like RENAST are essential to enhance access and quality of health care for this vulnerable population. Furthermore, it emphasizes the need for integrated public policies that address the health and social conditions of street vendors, promoting investments in health infrastructure, improvements in working conditions, and regularization of informal employment. Lastly, it suggests a profound reform of the SUS to increase its efficiency and equity, ensuring equal access to quality health care for all, especially informal workers.

**KEYWORDS:** health services accessibility, occupational health, health status disparities, health policy, public health.

**RESUMO:** Este artigo investiga os desafios enfrentados por vendedores ambulantes na Região Metropolitana do Rio de Janeiro (RMRJ) no acesso a cuidados de saúde. A pesquisa adota uma abordagem qualitativa para compreender as experiências e percepções desses trabalhadores. O estudo utilizou entrevistas semiestruturadas com doze vendedores para identificar as principais barreiras no acesso aos cuidados de saúde e avaliar a percepção sobre a qualidade e eficácia dos serviços recebidos. Os vendedores ambulantes, essenciais para a economia urbana, enfrentam precariedade no trabalho e dificuldades significativas no acesso a serviços de saúde devido à informalidade de seus empregos e às limitações do Sistema Único de Saúde (SUS), como longas filas de espera, falta de médicos e deficiências estruturais. A análise temática revelou uma crítica generalizada à ineficiência do SUS, exacerbada por uma gestão precária e subfinanciamento. Além disso, foi identificada uma falta de conhecimento sobre a Rede Nacional de Atenção Integral à Saúde do Trabalhador (RENAST) e seus serviços, o que limita o acesso dos vendedores a cuidados especializados em saúde do trabalhador. O artigo propõe que melhorias na educação em saúde e campanhas de conscientização sobre recursos como a RENAST são essenciais para melhorar o acesso e a qualidade dos cuidados de saúde para essa população vulnerável. Além disso, enfatiza a necessidade de políticas públicas integradas que abordem as condições de saúde e sociais dos vendedores ambulantes, promovendo investimentos em infraestrutura de saúde, melhorias nas condições de trabalho e regularização do emprego informal. Por fim, sugere uma reforma profunda do SUS para aumentar sua eficiência e equidade, garantindo acesso igualitário a cuidados de saúde de qualidade para todos, especialmente os trabalhadores informais.

**PALAVRAS-CHAVE:** acessibilidade aos serviços de saúde, saúde do trabalhador, desigualdade em saúde, política de saúde, saúde pública.
RESUMEN: Este artículo investiga los desafíos que enfrentan los vendedores ambulantes en la Región Metropolitana de Río de Janeiro (RMRJ) para acceder a los cuidados de salud. La investigación adopta un enfoque cualitativo para comprender las experiencias y percepciones de estos trabajadores. El estudio utilizó entrevistas semiestructuradas con doce vendedores para identificar las principales barreras en el acceso a los cuidados de salud y evaluar la percepción sobre la calidad y eficacia de los servicios recibidos. Los vendedores ambulantes, esenciales para la economía urbana, enfrentan precariedad en el trabajo y dificultades significativas en el acceso a servicios de salud debido a la informalidad de sus empleos y las limitaciones del Sistema Único de Salud (SUS), como largas filas de espera, falta de médicos y deficiencias estructurales. El análisis temático reveló una crítica generalizada a la ineficiencia del SUS, exacerbada por una gestión precaria y subfinanciación. Además, se identificó una falta de conocimiento sobre la Red Nacional de Atención Integral a la Salud del Trabajador (RENAST) y sus servicios, lo que limita el acceso de los vendedores a cuidados especializados en salud del trabajador. El artículo propone que mejoras en la educación en salud y campañas de concientización sobre recursos como la RENAST son esenciales para mejorar el acceso y la calidad de los cuidados de salud para esta población vulnerable. Además, enfatiza la necesidad de políticas públicas integradas que aborden las condiciones de salud y sociales de los vendedores ambulantes, promoviendo inversiones en infraestructura de salud, mejoras en las condiciones de trabajo y regularización del empleo informal. Por último, sugiere una reforma profunda del SUS para aumentar su eficiencia y equidad, garantizando acceso igualitario a cuidados de salud de calidad para todos, especialmente los trabajadores informales.

PALABRAS CLAVE: accesibilidad a los servicios de salud, salud del trabajador, desigualdad en salud, política de salud, salud pública.

1. Introduction

Street vendors are a vital presence in the urban economy of many cities around the world, including the RMRJ. They not only facilitate access to goods and services in public spaces but are also integral to the economic
and social dynamics of these areas. Despite their significant contribution, these workers often face precarious working conditions and have limited access to basic social services, including health care (Jordão, 2022).

Street vendors encounter multiple health challenges due to the nature of their work, which is often physical and conducted under stressful and unhealthy conditions. Previous studies indicate that these workers have a high incidence of stress-related issues, musculoskeletal injuries, and chronic diseases (Jordão, 2014; Jordão, 2016; Jordão, 2019; Jordão, 2022). Moreover, the informality of their employment further complicates their access to health services provided by the Unified Health System (SUS), whose capacity is often already stretched in metropolitan areas (Stopa et al., 2017).

Access to health care in Brazil is a right guaranteed by the Constitution, but the practical implementation of this right is challenging, especially for marginalized populations like street vendors. The SUS faces issues with funding, management, and infrastructure, resulting in long waiting lines, a shortage of doctors, and limited services, negatively affecting the population that relies solely on this system for health care (Mendes, 2019).

While the literature on public health and informal work is extensive, there is a specific gap in studies that directly focus on the experiences of street vendors with the health system in the RMRJ. Most studies tend to generalize about informal workers without addressing the nuances that characterize different groups within this category (Jordão, 2014; Jordão, 2016; Jordão, 2019; Jordão, 2022).

This article investigates the specific challenges faced by street vendors in the RMRJ in accessing health care. The overall objective is to identify the main barriers to accessing adequate health services and explore vendors' perceptions of the quality and effectiveness of the care received. By doing so, we hope to contribute to the development of more effective and inclusive
public policies that improve the health and well-being of this vulnerable working population (Abreu, 2023).

2. Methods

The research, conducted between 2021 and 2023, is a descriptive and exploratory study using a qualitative approach to explore the experiences, perceptions, and challenges of street vendors regarding health access in the RMRJ. The study aimed to understand how these vendors perceive their ability to access healthcare, identify the primary barriers they encounter, and examine the deficiencies of the Unified Health System (SUS) including wait times, quality of care, and availability of services. It also investigated the vendors' knowledge and usage of the RENAST services, which are intended to improve the access and quality of healthcare for workers.

The target population consisted of twelve street vendors engaged in informal trade along the urban train railway paths of the RMRJ, an area that encompasses 22 municipalities and stands as Brazil’s second-largest demographic and economic hub. A purposeful sampling method was used to select a diverse group of participants from various urban areas and vending types, with the inclusion criterion of having at least one year of experience in street vending.

Data collection was conducted through semi-structured interviews, each lasting about 40 minutes, and recorded for transcription. These interviews provided insight into the vendors' personal experiences with the health system, their views on the quality and accessibility of the SUS, and their knowledge and utilization of RENAST. The discussions also touched on the barriers these vendors face in accessing healthcare.

The transcripts were analyzed using Thematic Analysis according to Braun and Clarke’s methodology (Braun; Clarke, 2008), which allowed for the identification, analysis, and reporting of themes within the data. This
analysis helped to articulate the main themes describing the barriers to health access and the vendors’ perceptions of the health system.

The study was ethically approved by the Research Ethics Committee of the Sergio Arouca National School of Public Health (ENSP/Fiocruz), providing a structured and ethically sound framework for investigating these critical issues faced by street vendors.

3. Results and Discussion

The thematic analysis from the study reveals that street vendors face significant challenges in accessing healthcare due to factors associated with their work and life situations. They are exposed to various environmental and psychosocial risks, including physical, chemical, biological, ergonomic hazards, and risk of accidents (Barbaresco, 2019). Furthermore, their access to health and social protection programs is limited. The categorization of their health conditions, as detailed in Table 1, provides a clearer understanding of the issues and underscores key concerns about their health and the efficacy of the public health system.

Street vendors in the RMRJ significantly contribute to the urban economy by making goods and services available in public spaces, thus integrating into the urban redistributive merchandise chain. However, they face considerable challenges daily, especially concerning healthcare access. This study highlights that due to the high demand at health facilities, vendors struggle to receive adequate care. Through interviews, vendors expressed their challenges with long wait times, low-quality healthcare services, difficulties accessing medical examinations, and poorly maintained health infrastructure. They also noted that many hospitals and clinics lack adequate disease control and prevention practices, emphasizing that access to healthcare remains a critical issue for them.
Table 1 – Thematic Categories of the Research and Aspects Addressed About Health Access by Street Vendors on the Railway Paths of the RMRJ (Rio de Janeiro, RJ, 2023)

<table>
<thead>
<tr>
<th>Thematic Category</th>
<th>Addressed Aspects</th>
</tr>
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<tbody>
<tr>
<td>Economic and Social Role of Street Vendors</td>
<td>Discussion on how street vendors integrate into the redistributive merchandise chain in urban spaces and their economic importance.</td>
</tr>
<tr>
<td>Challenges in Health Access for Street Vendors</td>
<td>Description of the challenges faced by street vendors in accessing health care, including high demand and inadequate infrastructure in health facilities.</td>
</tr>
<tr>
<td>Functioning and Limitations of the Unified Health System (SUS)</td>
<td>Analysis of the provision and quality of public health services available through the Unified Health System (SUS) and the deterioration in the quality of these services due to the lack of trained professionals.</td>
</tr>
<tr>
<td>National Network for Comprehensive Worker Health Care (RENAST)</td>
<td>Discussion on the role of RENAST in the health system, its goal to improve access and quality of health care for workers, and the lack of worker awareness of their rights within this system.</td>
</tr>
<tr>
<td>Awareness and Health Promotion Actions for Workers</td>
<td>Discussion on the need for awareness campaigns and education about the rights and services available through RENAST to improve occupational health.</td>
</tr>
<tr>
<td>Specific Challenges in Access and Quality of Care</td>
<td>Specific accounts of access difficulties, long wait times, lack of doctors, quality of care, and lack of personalization in health care.</td>
</tr>
<tr>
<td>Impact of Neoliberal Policies on the SUS</td>
<td>Discussion on how neoliberal policies have affected the SUS, including underfunding and the commercialization of health.</td>
</tr>
<tr>
<td>Critical View of the National Policy on Worker Health (PNSTT)</td>
<td>Discussion on the limitations of the PNSTT in effectively addressing work-related health issues and the need for more effective health promotion and prevention actions.</td>
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<tr>
<td>Social Movements and Unions of Street Vendors</td>
<td>Discussion on the importance of social movements and unions in the fight for better health and work conditions for street vendors and other informal workers.</td>
</tr>
<tr>
<td>Importance of Awareness and Collective Action</td>
<td>Discussion on the need for awareness campaigns and collective action to improve health access for street vendors and the general population.</td>
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Source: Interviews.  
Preparation: Alcione Basílio de Abreu (2023)

The Unified Health System (SUS) provides free health services to improve people's health standards. However, in regions with high demand for such essential services, the quality provided is likely to deteriorate due to difficulties in finding an adequate number of professionals trained in worker health issues at these facilities. According to Beltrão (2010), it is possible to infer the occurrence of high rates of workplace accidents and occupational diseases, which overlap with the causes of diseases that
characterize the general poor living conditions and the precariousness of social services provided to the population, including health.

Within the SUS, there is the National Network for Comprehensive Worker Health Care (RENASST), which comprises a network of worker health care and surveillance services and aims to expand access and implement actions for promotion, protection, prevention, and surveillance in health, as well as specialized worker health care (BRAZIL, 2023). However, many workers may not be aware of this right.

Awareness of the existence and benefits of RENAST may vary among workers. Some may be informed about it, especially those engaged in occupational risk activities or those with greater access to information. However, others may not be aware of the services and resources available to protect and promote their health in the workplace.

Street vendors can seek care at primary care units or Worker’s Health Reference Centers (CEREST), which are linked to RENAST. CEREST is a service specialized in Worker’s Health (both for those already injured at work and for preventive action) and aims to implement Comprehensive Worker Health Care in the SUS (BRAZIL, 2023).

As reported by one vendor, it was very difficult to schedule a follow-up appointment with a doctor due to unavailability and, therefore, the inability to obtain adequate health services. Another interviewee also mentioned that there was no doctor available the last time they sought help at a health unit.

"The last time I sought health care, there was no doctor" (Interviewee V12).
"It's very difficult. Those who depend on the government, who depend on family clinics are having a very hard time. I especially started treatment for my teeth, haven't finished yet, the dentist left and will only schedule next year. So, it means, it's difficult for everyone" (Interviewee V6).

Another identified problem that affected some street vendors' search for medical assistance and other health services in the SUS were the long
waiting periods and the lack of personalized care. In metropolitan areas, this becomes common due to the population size and limited resources, where there is often a need for more health professionals to meet a high demand. The SUS faces a series of challenges and attacks. Since the 1990s, the SUS has been the target of neoliberal counter-reforms that threaten its universal and public nature. These reforms aim to dismantle the system through strategies such as exclusionary universalization, commercialization, and privatization of health (Bravo; Menezes, 2011).

Since the late 1980s, neoliberal policies, championed by institutions like the World Bank, have significantly influenced Brazil's health sector. These policies, embedded in structural adjustments, prioritized macroeconomic stability over health spending, leading to a series of state counter-reforms. These reforms promoted the rationalization of social expenditures and bolstered the role of the private sector in health services. Key initiatives included transferring the management of the Unified Health System (SUS) to non-state entities through management contracts and partnerships, utilizing public funds. This shift was facilitated by legal frameworks such as Social Organizations (created by Law 9.637/98), State-Owned Private Law Foundations, and the Brazilian Hospital Services Company (EBSERH), centralizing university hospital management since 1998 (Bravo; Menezes, 2011).

As a result of these policies, the Unified Health System (SUS) has faced an intense process of underfunding, a decline in the quality of care and working conditions for health professionals, as well as increasing outsourcing. These trends have negatively impacted the population's access to health services. This scenario is within a political context where neoliberalism prevails as a structural and hegemonic ideology influencing different government spheres. Therefore, it becomes imperative to look beyond partisan issues and consider the impact of broader economic policies on public health. These concerns are crucial for discussions about the future
of Brazil’s healthcare system and ensuring it continues to meet the needs of the population.

The complexity of the SUS, local-regional difficulties, fragmentation of health policies and programs, as well as management qualification and social control, organization of a regionalized and hierarchical network of actions and health services remain issues to be resolved (Souza; Costa, 2010). As one of the main challenges of the SUS, quality access still presents inequalities between different cities and regions of Brazil. It is considered that minimizing this inequality should be a commitment of health professionals, the population, and managers at all levels.

Unknown to most workers, especially informal workers without rights, the National Policy on Worker Health (PNSTT, Ordinance GM/MS No. 1.823/2012) defines principles, guidelines, and strategies for developing comprehensive worker health care actions, with an emphasis on surveillance, aiming to promote and protect workers' health and reduce morbidity and mortality resulting from development models and production processes (BRAZIL, 2023). One of its strategies is the structuring of RENAST.

As stipulated in Article 3, the attention of the PNSTT encompasses all workers, whether men or women, located in urban or rural areas, and considers all forms of market integration, whether formal or informal. This includes public or private employees, salaried, self-employed, casual, temporary, cooperative, apprentices, interns, domestic workers, retired or unemployed (BRAZIL, 2012).

Based on these provisions, any worker can be a user of this policy at all levels of care of the SUS. However, although its access is universal, many cases of workplace accidents and occupational diseases are not associated with work by primary care health professionals, resulting in underreporting. Therefore, like the SUS, the PNSTT still faces various challenges in its implementation.
The PNSTT, by managing the health-disease process with a clientelist character, fails to resolve the real problem of illnesses and deaths at work, being merely curative, maintaining a cycle of illness-cure until the worker becomes unable to perform their service (Rafagnin; Rafagnin, 2020). It is worth mentioning that Foucault’s biopolitics (politics in the name of life) and biopower (life subjected to the power of politics) act on man-species, affecting the set of processes that are proper to life, such as birth, death, production, illness, etc (Foucault, 1999).

Consequently, while biopolitics deals with the management of life, it also creates the management of death because to regulate life and its productivity, it is necessary to make others targets of a series of precarious conditions that lead to illness and even death. This process can also be analyzed as the transition from biopolitics to necropolitics, as it is no longer a policy aimed at the production of life, but rather the large-scale annihilation of the working class through the superexploitation of labor (Rafagnin; Rafagnin, 2020).

Despite the PNSTT aiming to mitigate exploitation of the working class, its impact is limited. The policy struggles due to disorganized actions and insufficient data, hindering effective societal interventions and health promotion measures, leaving many workers in precarious conditions (Rafagnin; Rafagnin, 2020).

Greater effectiveness in actions aimed at worker health can be achieved by making health problems visible, providing adequate conditions for the correct notification of these issues, and ensuring the continuity of care (Mendes et al., 2015). It is emphasized that many health problems are only officially reported under extremely severe circumstances, while other effects and diseases develop progressively and silently, without due recognition over time.

Due to the informal nature of street vendors’ work and their non-contribution to social security, there is no database with epidemiological
information on benefits, real data on diseases, and deaths at work for this group of workers. Thus, strategic definitions for them have not been thought out or executed.

It is important to consider that the variables used to explain reductions in accidents in the formal sector of the country, such as the action of trade unions, the inspection by the Ministry of Labor and Employment, the action of technicians, among others, do not affect street vendors in the informal sector. Consequently, we know little about what happens to them (Beltrão, 2010).

Vendors also reported that they still had problems with a long waiting period for test results, and once completed, the disease had already worsened. Some interviewees complained that they had to wait long hours, from morning till night, to receive care, and sometimes the health units were crowded with many people in the same situation. This was exacerbated because many lost their health insurance due to the global crisis related to the COVID-19 epidemic, began to use the SUS because it is free and accessible to all, causing long queues that overloaded the available health professionals to provide quick services (BRAZIL, 2020).

Here are the responses from some of the participants in this study:

"It's very difficult, sometimes the exams take too long, by the time we get to do them the diseases have worsened. As for the diseases, we are already without hope because time passes without us being able to do the exams, so it's difficult. In fact, I haven't had my problems resolved" (Interviewee V7).

"Speaking of the RMRJ, I will say everything is precarious, in terms of health, everything is precarious. The UPA you go to, you often can't get care. Family clinic is always fully booked, you enter with a slot and many times you lose the whole day there, from morning until 1:00 PM and can't get attended" (Interviewee V8).

"Not always, right? My care is through the SUS, at clinics near my home. We don't always manage to resolve, but we manage to get care, even if we can't solve it" (Interviewee V10).
Some street vendors reported that they managed to receive care but had to endure long hours of waiting. It is evident that there is an invisibility of them to access SUS services, as they are not recognized as workers, but only as service users, thus not meeting their needs for health prevention and protection, only for recovery and rehabilitation when they do not encounter access barriers. As some of the interviewees said:

"It's hard to get. It's very difficult and complicated. Sometimes you go to a family clinic or emergency room, but you can't get care" (Interviewee V1).
"Look, I even manage to get care, but then I'm in a queue, right? Thank God so far I have managed, but I have heard from friends who are still waiting for treatment" (Interviewee V3).
"We know how difficult it is to be attended at a public hospital these days, but I manage" (Interviewee V5).

Long wait times in public health care not only frustrate patients and health teams but also challenge the delivery of quality services. Health professionals often work under pressure, handling large volumes due to insufficient training in worker care, hindering their ability to address specific health needs related to work processes.

The frequency of the results showed that two interviewees agreed that they could access health care, although the queues and waiting period to obtain the services were very long. One of these two interviewees reported that they can access services at the clinic near their home. Nine responded that it is difficult to access free health care in the RMRJ and one found it completely impossible to access free health care.

The difficulty street vendors face in accessing health services highlights the need for their health concerns, linked to environmental and organizational risks, to be prioritized in the basic health network agenda. Supported by worker health surveillance policies and the involvement of unions and social movements, this approach would enhance existing health
support, focusing on illness prevention, health promotion, and restoration for these vulnerable workers.

According to Beltrão (2010), it is unusual to think about the organization of "autonomous" and "independent" workers, but there are organizations in the form of social movements, unions, and associations. These representative institutions attempt to unite their battle flags and fight for the regulation of the profession, respect for informal workers, and against violence.

In the formulation of the PNSTT, strategies were developed to foster a comprehensive approach to worker health (ALVES et al., 2020). These strategies link Primary Health Care (PHC) with the organization of RENAST, particularly emphasizing integration with Worker Health Surveillance (VISAT). This effort includes training teams involved in the Family Health Strategy (ESF), as well as support for conducting studies and research and for analyzing the productive profile and health conditions of workers, aiming to improve implemented actions.

Workers who contribute to social security have more assistance regarding occupational diseases, due to the affirmative epidemiological technical nexus that illness and death are related to the labor activity performed (ALVES et al., 2020). Consequently, the classification of occupational diseases is the basis for thinking about preventive measures, such as risk reduction in the workplace. The classification of these diseases is essential to trigger preventive actions by professionals working in primary care and VISAT.

VISAT is designed to enhance the health of the working population and reduce morbidity and mortality by integrating actions that address health issues and their determinants from development models and production processes. It conducts ongoing systematic assessments to identify and analyze factors influencing health in work environments and processes, across technological, social, organizational, and epidemiological dimensions.
This comprehensive approach aims to plan, execute, and evaluate interventions to mitigate or control these factors, ensuring better health outcomes for workers (BRAZIL, 2020).

There is also a need to strengthen the defense of health from a collective perspective, where all categories of workers can contribute to the improvement and strengthening of the SUS, in defense of the universal right to health, through concrete, objective, and feasible proposals to solve the health, economic, social, and political crisis installed in Brazil in recent years (ABREU, 2024).

We witness a general scenario of difficulties and precariousness in access to health care reported by the interviewees. Some face significant challenges in obtaining care, citing a lack of doctors, long waiting lines, and difficulties in performing examinations. However, there are also those who manage to overcome these challenges and obtain medical care when needed. This information highlights the challenges faced by street vendors on railway paths in seeking health care, but also points to cases where access to care is successfully achieved.

4. Conclusion

This study uncovered the complex challenges street vendors in the RMRJ face in accessing healthcare. The interviews revealed significant barriers within an overwhelmed health system, characterized by prolonged wait times, structural flaws, and a lack of adequate human resources, leading to subpar healthcare services. There was also a noted shortage of qualified healthcare professionals and insufficient infrastructure in hospitals and clinics.

The research also exposed a notable gap in the knowledge and utilization of critical resources like the National Network for Comprehensive Worker Health Care (RENAST) and the Worker’s Health Reference Centers.
This underuse, particularly among vulnerable workers, points to a critical need for more focused health education and awareness campaigns tailored to the needs of informal workers. These initiatives need to be supported by enhanced partnerships among governments, unions, and NGOs to effectively disseminate information to these workers.

Moreover, the findings stressed the necessity for public policies that not only focus on health but also address the social and economic circumstances of street vendors. There is a call for increased investment in health infrastructure, betterment of working conditions, and formalization of informal work arrangements, which could substantially improve their life quality and healthcare access.

The study advocates for a thorough reform of the Unified Health System (SUS), targeting increased efficiency and fairness. This would involve better allocation of resources, management improvements, augmented investments in health facilities, and strategies to eliminate service inefficiencies and regional disparities.

The difficulties experienced by street vendors should guide the enhancement of the health system to better serve all Brazilians, particularly the most vulnerable groups like informal workers. It’s crucial for government bodies, health institutions, and social organizations to adopt an inclusive, proactive approach to healthcare for informal workers, ensuring equitable access to quality care for all, irrespective of their job or economic standing.
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