

Ministério da Saúde

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Inequalities and Political Struggles for a Universal Health System in Brazil

Cristiani Vieira Machado

Conference 'The Political Determinants of Health Inequities and Universal Health Coverage'

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Brazil

- ▶ Population: 207,660,929 (2017);
- ▶ High-middle income country;
- ▶ 33.4% of population and 38.1% of Latin America's GDP (2017);
- ▶ Presidential republic since 1889 (periods of authoritarian rule);
- ▶ 20th century: State-led industrialization
- ▶ Federation: 26 states, a Federal District and 5570 municipalities;
- ▶ Demographic, epidemiological and social transitions;
- ▶ The world's 10th most unequal country (UNDP, 2017)



Focus

- ▶ **The struggle to build a Universal Health System (mid-1980s to 2018):**
 - ✓ Relations between international and national contexts;
 - ✓ Nature of democracy and of governmental priorities in the economic and social areas;
 - ✓ Interaction between agendas and actors involved in health policies.



Background



▶ Health policy's trajectory:

▶ Public Health – since the late 19th century

- ✓ State-building process;
- ✓ Focus on control of specific diseases.

▶ Social Insurance – employment-based pensions and healthcare

- ✓ 1930s – 1970s: gradual expansion for urban formal workers;
- ✓ Since the 1960s: State incentives to private providers and companies.

▶ Late 1970s – early 1980s:

- Criticism: Fragmented health system, limited and unequal coverage, ineffective health care, expanding private sector
 - Alternative proposals and local experiences
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Democracy, Political Struggles and Health Policy

Three moments since the mid-1980s:

- 1) Democratic transition and Health System Reform (1985-1989)
- 2) Political struggles over a universal health system - SUS in the democratic period (1990-2015)
- 3) Political crisis, democratic instability and threats to SUS (2016-2018)



Democratic Transition and Health Reform (1985-1989)

- ▶ Economic crisis and democratization
- ▶ Unlike other Latin American countries, neoliberal reforms were NOT adopted;
- ▶ Public health sector actors, academics, social movements, legislators.

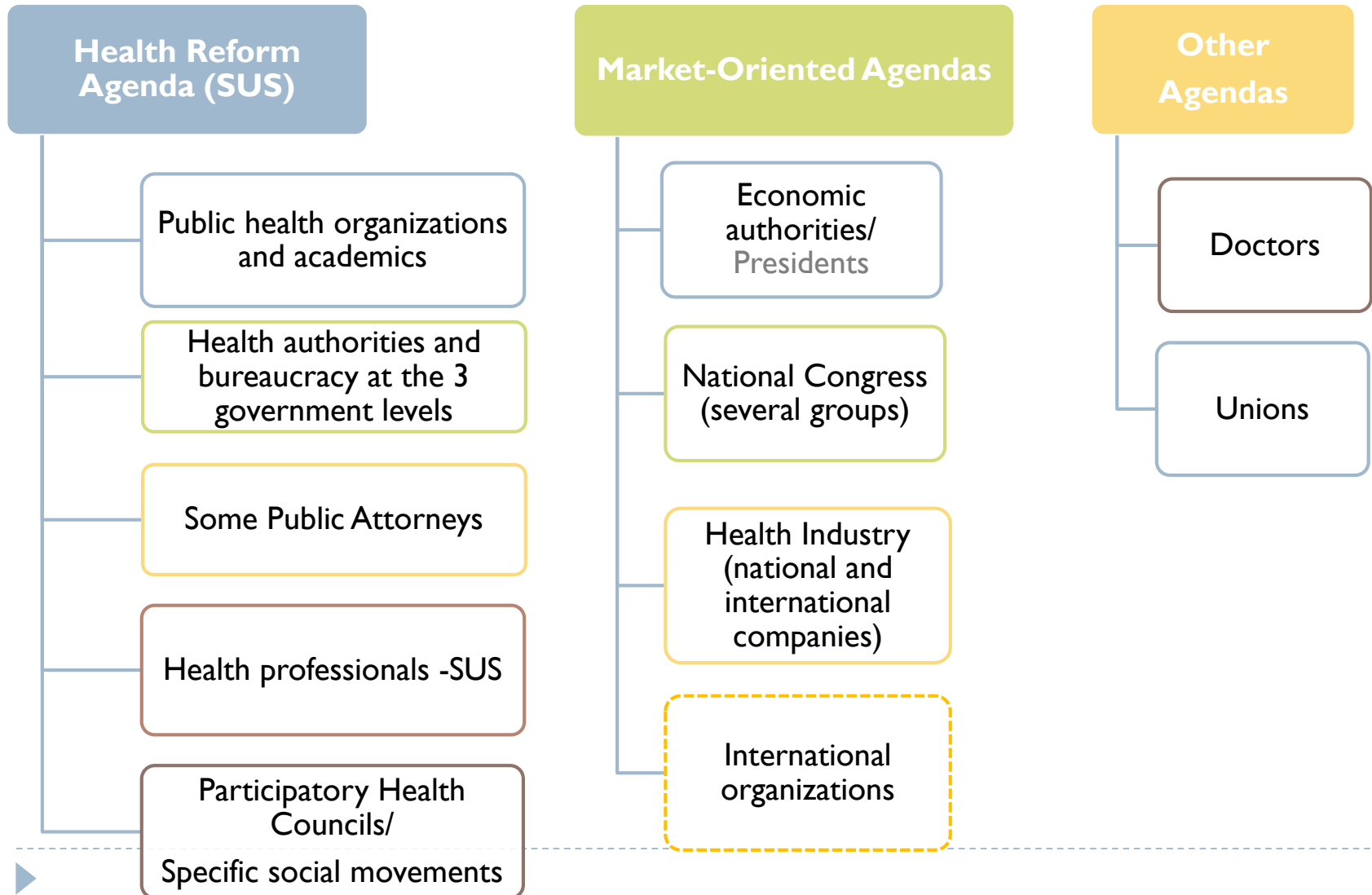


Constitution of 1988:

- ▶ Expansion of social rights.
- ▶ Social Security - universal: pensions, social welfare, health.
- ▶ Health as a right of citizenship and duty of the State.
- ▶ Unified Health System (SUS) – public, universal and comprehensive.



Political struggles over SUS in the democratic period (1990 to 2015)

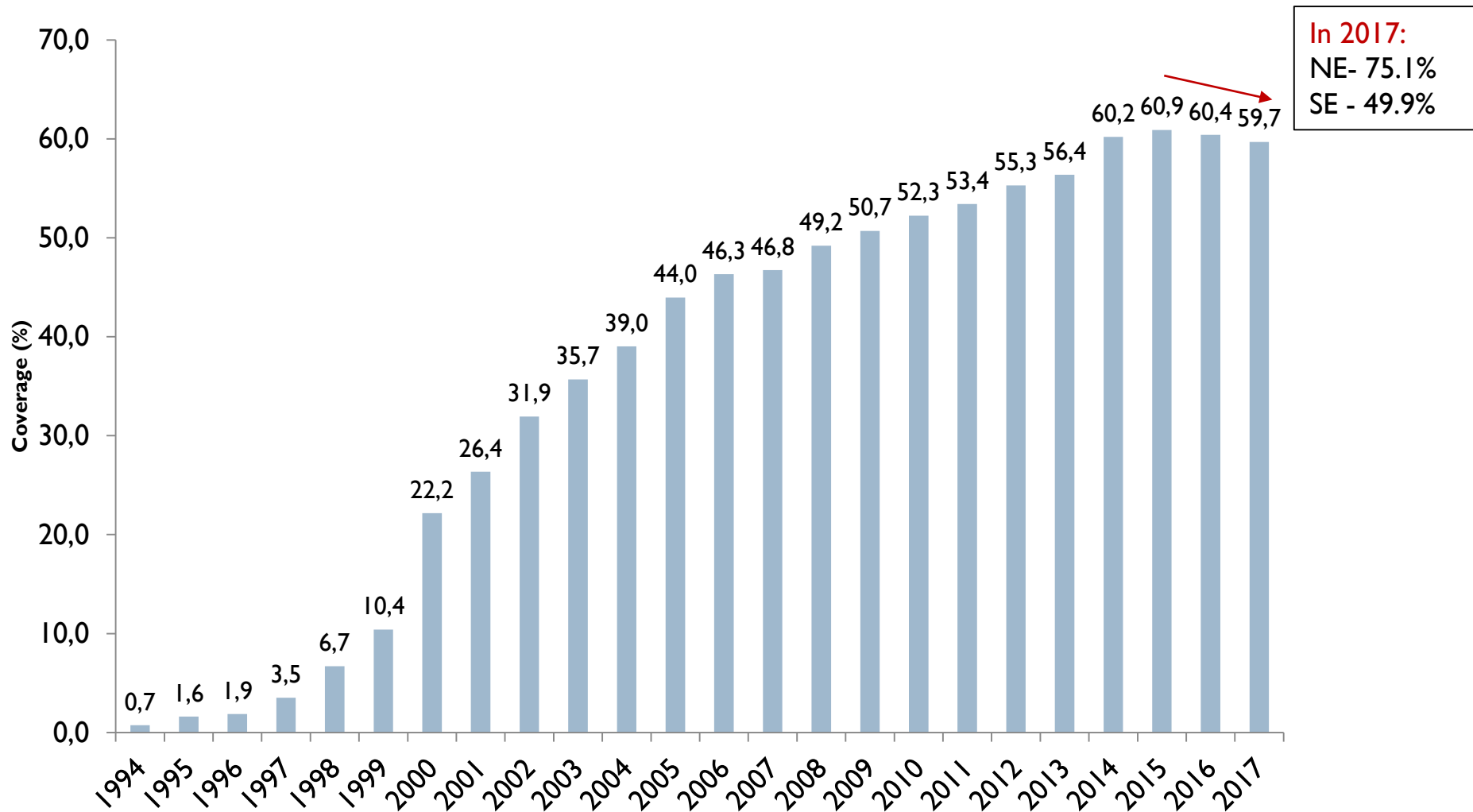


Political crisis, democratic instability and threats to SUS (2016-2018)

- ▶ **Political context: of the 2014 presidential election**
 - ✓ “Car Wash” corruption investigations
- ▶ **Rousseff’s (PT) reelection: strong opposition and political instability;**
- ▶ **2016 – Impeachment on charges of budgetary maneuvers**
 - ✓ The anti-Rousseff coalition: Congress, Judiciary, economic elites and the media;
- ▶ **Temer government: neoliberal reforms, “austerity”;**
 - ✓ Constitutional Amendment 95/2016 – ‘freezes’ social expenditures for 20 years.
 - ✓ Temer’s 1st Minister of Health – ties to private insurance corporations
 - ✓ Proposal of low-cost, state-subsidized private health plans for low-income people.
- ▶ **2018, November 28th – President Elect Bolsonaro**
 - ✓ Former military, extreme-right congressman

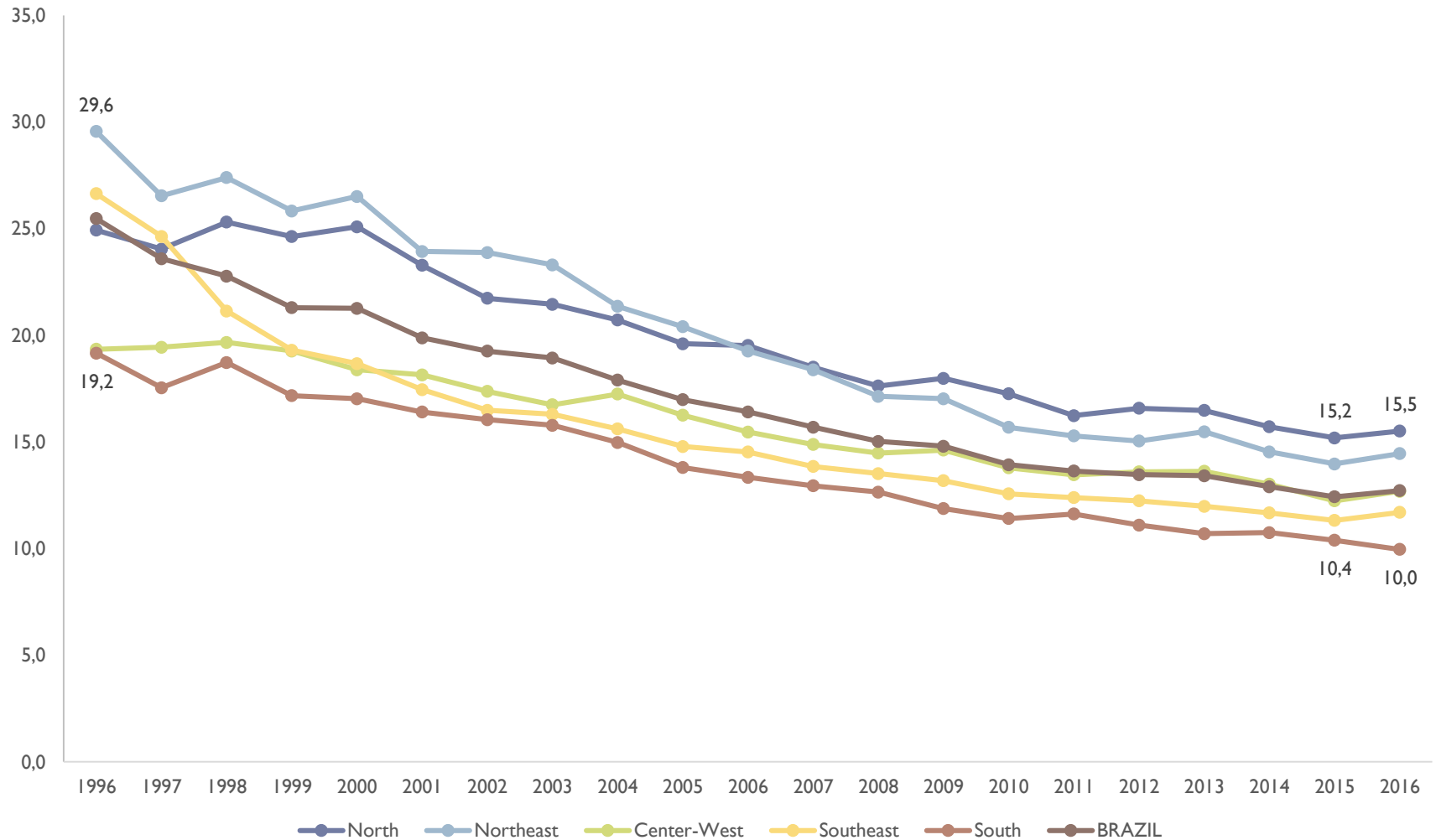


Coverage (%) of Family Health Strategy - Brazil, 1994 to 2017

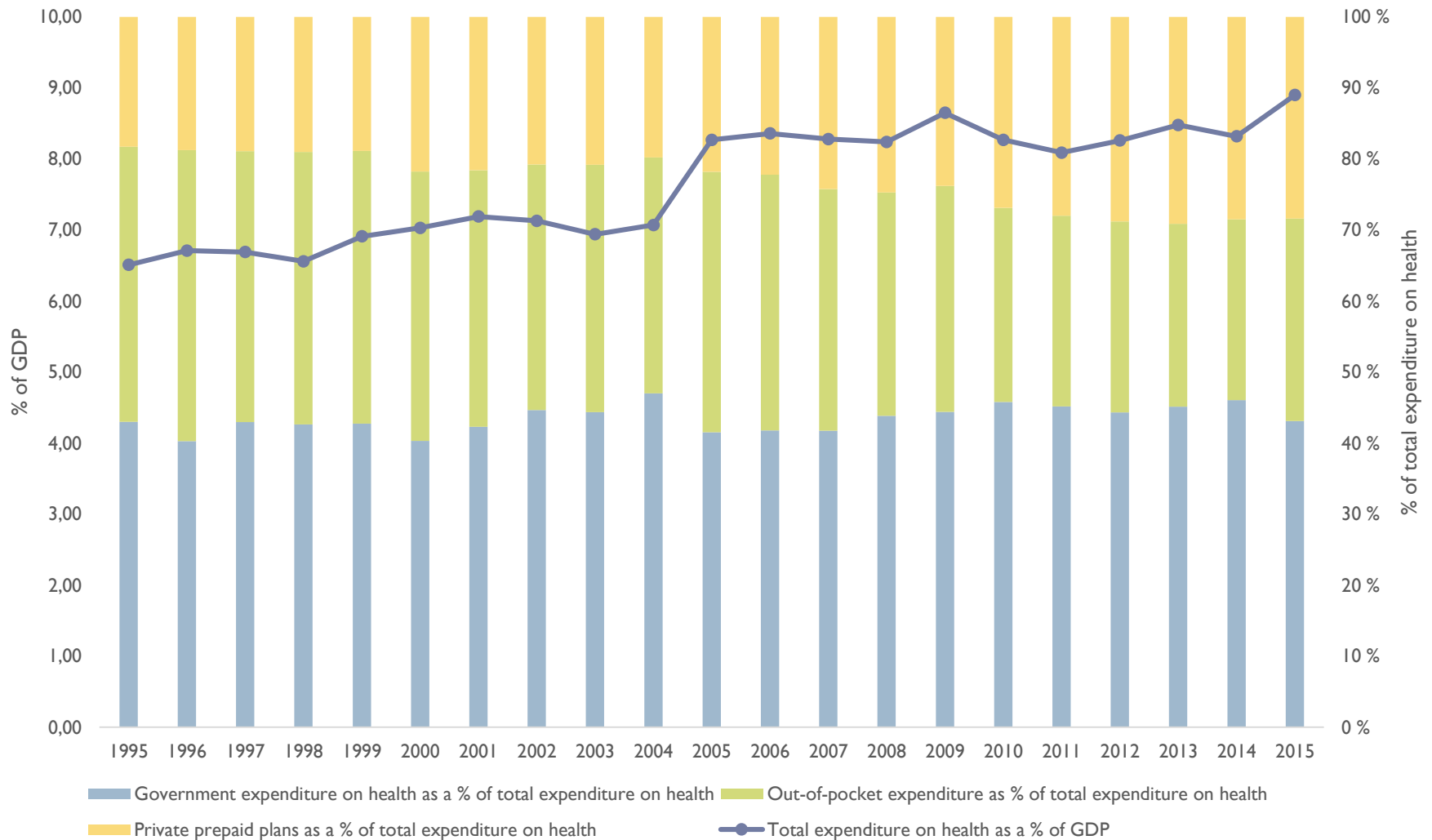


Source: Ministry of Health.

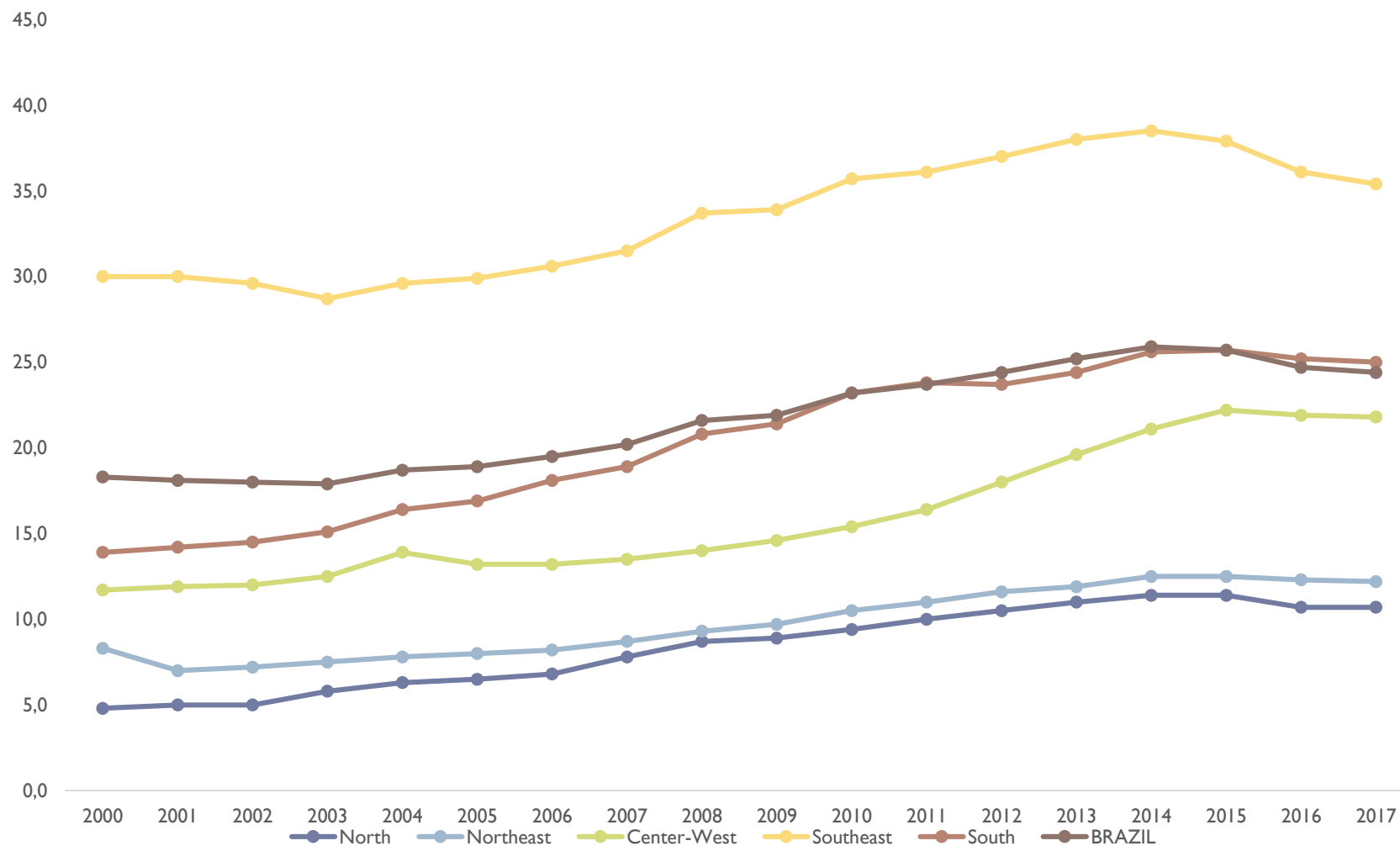
Infant mortality rates – Brazil and its regions, 1996 to 2016



Health expenditures as % of GDP and public-private participation. Brazil, 1995-2015



Coverage (%) of private health plans or insurance. Brazil and its regions, 2000-2017



Final Remarks: democracy and SUS

- ▶ **Democracy** has been essential to ensure:
 - ❖ Universal right to healthcare;
 - ❖ Institutional reforms and social participation;
 - ❖ Expansion of comprehensive policies and of public services' coverage;
 - ❖ Improvements in health outcomes and some reduction in health inequalities.
- ▶ **Insufficient public funding and the strength of the private sector** have been the main obstacles to reduce health inequalities:
 - ❖ Previous historical trajectory;
 - ❖ Increases in private provision in health care, subsidized by the State, parallel to the expansion of public services;
 - ❖ International and national health companies: new business' and lobbying to expand markets and profits;
 - ❖ Persistent regional and social inequalities.



Thank You!

cristiani@ensp.fiocruz.br

