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Universalizing Health Care in Brazil

Opportunities and Challenges

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Summary

In 1988, the Brazilian Constitution established the Unified Health System (Sistema Único de Saúde, or SUS), based on universal access to health services, with health defined as a citizen's right, and access to health services as an obligation of the state. Since then, Brazil has adopted a policy regime that combines both neoliberal policies—associated with those prescribed by the Washington Consensus or Bretton Woods Institutions—and more interventionist policies associated with neo-developmentalist thinking. The macroeconomic and social performance of this hybrid policy regime has been positive, insofar as the average household per capita income increased, and poverty and social inequality significantly declined. In the health sector, the capacity of the system with regard to health facilities and human resources has been expanded, while regional disparities in access to health services have been reduced. Access to primary health care has also been significantly expanded and health outcomes, such as life expectancy and infant mortality, have improved significantly. What steps did Brazil take to achieve universal health coverage, leading to substantial progress in economic and social development? Which institutions and actors have driven the universalization of health care within Brazil's hybrid policy regime?

This paper examines these questions within the following components of health system development: (i) the regionalization and expansion of the public health care system; (ii) stable and sufficient funding to ensure the principle of universality within the SUS; and (iii) the regulation of health science, technology and innovative procedures, and public-private relations. These components highlight the difficulties involved in moving towards universal social policies in a context of regional inequality, chronic underfunding and the great technological vulnerability of the health care system. We argue that the involvement of the state as strategic agent in inducing development in Brazil opens a window of opportunity to create a virtuous complementarity between health and development. However, the strength of this complementarity depends on the capacity of the government to propose and implement public policies in partnership with other actors in society, such as private companies and social movements. It also depends on whether the government has a long-term and integrated perspective which links the health sector to the country's long-term socioeconomic development.

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Acronyms

AIDS	Acquired immunodeficiency syndrome
ANS	National Regulatory Agency for Private Health Insurance and Plans
Anvisa	National Health Surveillance Agency
BNDES	Brazilian Development Bank
BNDES	Brazilian Development Bank
CGR	Regional Management Boards
CIB	Bipartite Inter-management Committee
CIR	Regional Inter-managerial Commissions
CIT	Tripartite Inter-managers Committee
COAP	Organizational Public Action Contracts
DRU	Detachment of Federal Revenues
Finep	Funding Authority for Studies and Projects
Fiocruz	Oswaldo Cruz Foundation
FNS	National Health Fund
GDP	Gross domestic product
GNP	Gross national product
HIV	Human immunodeficiency virus
IMF	International Monetary Fund
INPI	National Industrial Property Institute
IPEA	Institute for Applied Economic Research
PDP	Partnership for Productive Development
RAWP	Resource Allocation Working Party
RENAME	National List of Essential Medications
RENASES	National List of Health Services and Actions
STD	Sexually transmitted disease
STI	Science, technology and innovation
SUS	Unified Health System
USD	United States dollar

Introduction

Brazil is one of the world's largest economies—a country with a recently recovered, yet stable, democracy based on relatively solid political institutions. Despite difficulties related to the global economic crisis, Brazil enjoys a privileged position in the region, enabling it to shape a new developmental model that integrates economic and social policies with a strong emphasis on universalism. This model, known as "new developmentalism," is characterized by its strong emphasis on the role of the state in guaranteeing social rights, such as minimum income, education, housing and health care (EESP-FGV 2010). According to this model, the state seeks to reduce the impact of social inequalities caused by the market, especially in terms of income and access to services, through policies and rules framed by a collective interest that promote the principles of collective ownership and social security (Bauman 2011).

The policy regime associated with the model of "new developmentalism" in Brazil is characterized as hybrid in the sense that it combines both neoliberal policies—associated with those prescribed by the Washington Consensus or Bretton Woods institutions (e.g., a policy priority of macroeconomic stability, privatization, liberalization and deregulation reforms and conditional cash transfers)—and more interventionist ones associated with neo-developmentalist thinking, such as reduced reliance on foreign savings; an "off-the-books" stimulus package during crises; the state as owner and investor in industry and banking; increases in the minimum wage; industrial policies targeted at high employment sectors and the use of state-owned firms to expand welfare and employment (Ban 2013).

Evidence suggests that the macroeconomic and social performance of this hybrid policy regime has been positive. A recent study (IPEA 2012a) reports the following changes during the period 2001-2011: an increase of 32.4 per cent in average household incomes per capita; a 55 per cent reduction in the population with household incomes below the poverty line; and a reduction in inequality, measured by the Gini coefficient, from 0.594 to 0.527. According to the study, this decrease in inequality is explained by the increase in real labour income (58 per cent), social security benefits (19 per cent), conditional cash transfer programmes such as Bolsa Família and Brasil Sem Miseria (13 per cent), social assistance benefits to the elderly (4 per cent) and other income (6 per cent). During this period, there was also great expansion of the formal labour market, with continuing reduction in the degree of informality, which decreased from 55.1 per cent in 2001 to 45.4 per cent in 2011 (IPEA 2012b).

One of the social policy sectors that have made notable progress is the health sector. The capacity of the system to provide health facilities and care networks for outpatients has significantly expanded, while regional disparities in access to health services have been reduced. Access to primary health care has also significantly expanded, while health outcomes such as life expectancy and infant mortality have been considerably reduced (see table 1 and figure 1). Although many challenges and limitations, such as gaps in primary care coverage and barriers to accessing specialist and high-complexity care, remain, Brazil has significantly developed its health system and became a "stellar performer, with nearly universal coverage and limited geographic disparities" in the areas of "immunizations, antenatal care, and hospital deliveries" (Gragnolati et al., 2013:6).

Table 1: Expansion of Health Facilities and Human Resources, Brazil, 1970-2010

	1970[a]	1980	1990	2000	2010[b]
Health facilities					
Health stations and centres	2149	8,767 (1981)	19,839		41,667
Public (%)		98.9	98.3		98.7
Specialised outpatient clinics		6,261	8,296		29,374
Public (%)		53.9	20.6		10.7
Polyclinics	32				4,501
Public (%)					26
Unities of services of diagnostic and therapeutic support			4,050 (1992)	7,318 (1999)	16,226
Public (%)			5.4	4.9	6.4
General and specialised emergency services	100	292 (1981)	286		789
Public (%)		43.5	65.7		77.9
Hospitals	3,397 (1968)	5,660	6,532	7,423 (2002)[c]	6,384
Public (%)	14.9	16.4	21.1	34.8	31.9
Human resources - Family health teams[d]					
Communitary health agents	–	–	78,705 (1998)	134,273	244,000[e]
Family health teams	–	–	3,062	8,503	33,000
Personnel specialised in oral health teams	–	–	0	0	17,807 (2008)

Source: Data retrieved from Instituto Brasileiro de Geografia e Estatística, IBGE. Series estatísticas & series históricas. Rio de Janeiro: O Instituto. http://ibge.gov.br/series_estatisticas/ and cited in Paim, J. et al. (2011). "O sistema de saúde brasileiro: historia, avanços e desafios." *The Lancet*, Series Saúde no Brasil. DOI:10.1016/SS0140-6763(11)60054-8

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