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12-22-2009

Brazilian Health Reform after 20 years of the Unified Health System: Reflections

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Recommended Citation

Cohn, A. "Brazilian Health Reform after 20 years of the Unified Health System: Reflections." (2009). $https://digitalrepository.unm.edu/lasm_cucs_en/65$

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Document CUCS # 1D

CSP200925(7)Cohn (B)

Cohn A. A reforma sanitária brasileira após 20 anos do SUS: reflexões. [Brazilian Health Reform after 20 years of the Unified Health System: Reflections.] Cadernos da Saúde Pública (Río de Janeiro, Brasil) 2009 julio; 25(7): 1614-1619.

Objectives: To present some thoughts on the challenges of implementing the Unified Health System 20 years after its creation, and to describe its constitutional guidelines in the area of health in Brazil

Methodology: Descriptive analytical.

Results: For the author, the implementation of the Unified Health System, 20 years after its creation, has introduced to Brazil the principle of universalization of rights and health activities, which has created a new national model of decentralized health care. The author reflects on two sets of consequences steming from this innovation between those who defend the Single System and the implementation of Health Reform: the practical and the serious. Among the practical consequences, the author perceives the decline of academic and nonacademic production, as in the utilization of concepts that aren't consistent with the universal principle of the right to health. Among the serious consequences, she senses the increasing technializing of the proposals and health analysis, social universalization with low efficiency and weak regulation of the private health sector.

In this respect, the implementation of health reform in the field of Public Health points to a counter-reform, and faces two challenges: 1) the condemnation of innovation and technicalization and, 2) the redemption of emancipatory health actions. The author discusses two points of view related to these challenges. One is institutional and other structural.

In the first, she notes that the provision of health services is hybrid, because it unites universal public and private Financing. In addition, coverage is fragmented. In the second, she points to poor capacity of government to promote inter-and intra-sectoral integration in economic and social policies.

Next, the author describes two guidelines that dominate the original proposals of the Reformation between 1970 and 1980 and on which reform should work:

- A) Decentralization, which facilitates the democratization of health care according to the needs of the population. At this level, there are three issues which require discussion of the content of the reforms in the area of health: 1) the universality embodied in the Family Health Strategy, 2) innovation in the functioning of the Councils of Health, 3) adoption of social programs for the family.
- B) Planning and implementing short and medium term projects in the health sector, as government intervention.

Conclusions: For the author, the main challenge of health reform in Brazil comes from the recapture of the emancipatory dimension that articulates the technical and social dimensions of health projects.