Politics and Reforms in Health Systems in Latin America

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Objectives: To identify the influence of global economic policies in the reform of health systems and social security in Latin America through the review of Chile and Brazil case studies.

Methodology: Descriptive analytical.

Results: The author announces the commoditization of health systems through the management of the state as the main feature of current reforms. She says that although public institutions earn profits in the process, health practices are inefficient.

The author points out four problems in the implementation of state reforms in health systems: 1) deficiency in the performance of diagnostics and extension of social security benefits, 2) limited results on the application of mechanisms for solving existing problems, 3) the effects of the economic crisis in public institutional care, 4) dissatisfaction of costumers regarding the provision of services as much as the dissatisfaction of health workers on the unfavorable working conditions they face.

Thus, the author goes through four stages of the Chilean health system reform in place to improve services: 1) the demise of the National Health System and the supplementary creation of Provisional Institutes of Health between 1970 and 1980, 2) eradication in 1990 of the forms of political control in the institutions of the public system, 3) the rationalization and restrictions of resources in 1994, and 4) the articulation of public and private in the provision of health services in 1999, despite deficiencies in administrative and logistical areas and insecurity in the services involved.

In contrast, the author describes two incidents of reform in the Brazilian health care system: 1) the development and reform of departments of public health and changes on the sanitary codes since 1920, and 2) the beginning of the United Health System in 1990, which introduced contradictions such as the conflict between the privatization of health services and the democratization and expansion of the system.

Conclusions: For the author, contemporary reforms to health systems are due to the dynamics of the neoliberal model. She concludes that the reforms promote inequities in the provision of health services. The cases of Chile and Brazil are viable examples.