Revisiting "The Question of Democracy in the Area of Health" : Almost 30 Years Later

S Fleury
Objectives: To examine and evaluate a key document written almost 30 years ago on the state's Health Reform Movement in Brazil.

Methodology: Descriptive analytical.

Results: The author notes that the document entitled "The Question of Democracy in the Area of Health" of the Brazilian Center for Health Studies greatly helped the development of the Health Reform Movement of Brazil in 1979 and in the creation of the United Health System as a guarantor of democratic principles of the universal right to health. But the study of the document allows the author to make observations that could help to put into perspective its real influence. Although the Health Reform assimilates the concept of universal health value, the practical initiatives were undertaken with much difficulty in accordance with these statements. The proposal to democratically rebuild the sector using supra-partisan and multi-classed alliances, for example, was not strong enough to prevent the process of social construction of reality from being incomplete and undemocratic.

Thus, the review of “The Question of Democracy in the Area of Health” allows us to initially characterize their proposals as correct, but also inadequate enough to deal with anti-reformist forces and to alter power relations.

To support their analysis, the author begins by identifying six controversial issues on the United Health System: a) institutionalization of the universal right to health; b) creation of models of public management, c) expansion of coverage and delivery of health services, d) implementation of participative preventive action, e) the poor funding of public expenditures, and f) the funneling of public resources to private sector and for-profit health organizations. In this context, the author mentions four trouble spots that have remained in the system almost 30 years after its creation: 1) funding, 2) human resources and inputs management, 3) access and quality of health services, and 4) the relationship between public and private provision of services.

Thus, the author notes that the egalitarian model encouraged by the United Health System was not completed and inequity and inequality continue in force in the implementation of public policies on social security in Brazil. Further, the Brazilian population recognizes that technical, financial and human resources of the country are neither sufficient nor adequate enough to meet their health needs.

Conclusions: The author concludes after this assessment that the Sanitary Reform Movement should require greater equity in the financing of the Unified Health System. The current health spending favors only the specific practices of healthcare, the business sectors, federal and service units, and as a whole reproduces existing social inequalities in Brazil.