Brazilian Health Reform: Dilemmas between the Instituting and the Instituted

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Objectives: To present the history of social policies in Brazil and to identify the existing social protection model in each of its stages.

Methodology: Descriptive analytical.

Results: The author describes five moments in the history of social policies in Brazil: 1) implementation of the assistance model, which does not guarantee the right to health, 2) the implementation of social security model, which emphasizes social protection according to the contractual category of workers, 3) the initiation of populist democracy, which created a financial and administrative crisis in the social protection system, 4) the establishment of the bureaucratic-authoritarian regime, which centralized power and, 5) the enactment of the 1988 Constitution, which established the universality of citizenship.

The author points out that health reform in Brazil is a project of institutional transformation, derived from the struggle for democracy in the past three decades. He also mentioned that the reform ensures universal right to health and the institutional building of the Unified Health System, in addition to favoring the supra-partisan alliances, and multi-classists. However, despite these advances, the author explains that in Brazil there still exists a process of social construction that is undemocratic.

To identify the underlying model of social protection in each stage, the author anticipates that construction of the Unified Health System has been carried out in a context that favors the neoliberal project. In this sense, the author describes three mutually reinforcing processes that shape the social model in each of its stages: subjectivity, constitutionalization and institutionalization.

The subjectivity intervenes in the construction of collective political subjects that lead the process (such as municipal and state secretaries of health, and public promoters reforming the bureaucracy). Constitutionalization guarantees social rights, but is overridden by the bureaucracy and the unequal distribution of resources for groups and corporate managers. Institutionalization, finally, regulates the knowledge and social practices that implement a health policy.

The author mentions that the reform model implemented in the State Health System has been reorganized through three mechanisms: a) participation and social control achieved by the Health Boards, b) consensus building and political will in Health Conference and c) the management of governmental authorities of the decentralized health system.

Thus, the author identifies five challenges for the system: the inability to implement an integrated model of health care, the weakness of the preventive model, incomplete human resources management and inputs, and the ethical situation of health professionals and dependence on multinational pharmaceutical companies.

Conclusions: The author concludes that in the Brazilian Health Reform, the instituted is imposed on the instituting, reducing the libertarian and transformative nature of the reform. However, the dilemmas of building the Unified Health System should be analyzed through subjectification, constitutionalization and the institutionalization that characterizes such reform.