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Health Reform in Brazil: The Victory Over the Neoliberal Model

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Cohn A. A reforma sanitária brasileira: a vitória sobre o modelo neoliberal. [Health Reform in Brazil: The Victory Over the Neoliberal Model.] Medicina Social (Montevideo, Uruguay) 2008 mayo; 3(2): 100-112.

Objectives: To describe the health system reform in Brazil in the mid-1970s, and to understand its main challenges.

Methodology: Descriptive analytical.

Results: The author describes that the reform of the health system in Brazil contradicts the neoliberal dynamic, which is mainly due to policies of privatization and capital accumulation.

According to the author, health reform has three characteristics. First, the health movement's political strategy enables the convergence of four major fronts: a) the production and incorporation of knowledge from the Marxist perspective, b) the implementation of innovations in the health system, c) the legislative reformulation, and d) the combined institutional sector and popular forces mobilization. Second, health financing combines sources of both public and private origin. The author states that social security resources are "contributions" of fiscal taxes and meant to not generate new taxes. Third, the health budget is divided into two subsystems of health care: the public and complementary, the latter receives private resources to provide services, which are subsidized by the state.

The author then describes four proposals to reform the health system: 1) health reform with the creation of the Unified Health System, according to a model that is decentralized, regionalized, hierarchical, integrated and based on the principles of universality, equity, integration and democratic governance. 2) The orientation of the model of care of the Program for Family Health goes in two directions: a) the organization of multidisciplinary primary care teams by zones, with functions of promotion, prevention, recovery and rehabilitation of families, and b) the provision of social services and benefits based on the implementation of the universal right to health. 3) The implementation of a complementary health care subsystem, which governs the health sector through various forms of medical organization, such as enterprises, cooperatives, self-management and health insurance. And 4) the completion of two forms of management: the first subject to public scrutiny and based on the negotiation among the various intermediary bodies to help allocate resources and create health policies among the state and municipal National Health Councils, composed by members of government, society and health institutions. The second is a democratic and decentralized management form, based on democratic participation, sharing of experiences and formulation of negotiations for the provision of health services. She finally mentioned the challenges facing this reform: achieving efficiency in hospital care and appropriate attention of transmittable diseases.

Conclusions: For the author, the reform of the health system in Brazil is an alternative project, democratic, universal and viable. She concludes that the reform favors a different model of care, promotion and disease prevention as well as a decentralized and democratic management plan. The challenge is primarily to achieve efficiency in hospital care.