

Editorial

Brazilian lessons on the search for the Universal Right to Health

The process of sanitary reform in Brazil is an inspiration to the Latin American countries because it is a political project to change values, which comes from the assurance of universal health and solidarity as structural factors to be the base of social rights – and this should be translated into protection and social security.

In the context of these principles, the Unified Health System (SUS) should be perceived as a strategy to build democracy by means of increasing the public sphere and social inclusion, and also by decreasing inequities.

SUS is the partial institutionalization of sanitary reform principles, since the care and attention to which it is addressed partly concerns the right to health. Even so, the consolidation of SUS is meaningful when it comes to analyzing the future of the sanitary reform. It is necessary to distinguish and point out that SUS should be universal and offer integrality, quality and humanization, as the base of its organization and functioning.

The current public financing of health is not in accordance with the universalist project of the Federal Constitution. This project requires, among many needs, the improvement of infrastructure, qualified and well paid professionals, proper materials, production of knowledge and technologies. All of those items require more public investment.

On behalf of governability, administrators share the different sectors of public administration among the allied parties, and with that health becomes a hostage of patronage in positions of trust, thus neglecting merit, professionalism, technical ability and quality of the conductors of health policies.

SUS represents a great deal to the Brazilian population, and all evidence to increase the access observed in the past three decades should be due to its existence. Before SUS, less than 10% of the population attended health services in the fifteen days prior to the date when they were interviewed. Nowadays, more than 15% had access to these services. The great majority of the population assisted by SUS analyzes its services as 'very good'. To demonstrate the effective increased access provided by the system, in 1998 people who paid for private health care had 200% more chances of using a health service in relation to those who did not have such benefit. Nowadays, this difference is below 70%.

However, 24 years after its creation, SUS still cannot reverse the deep inequalities concerning the access people have to health services. Among the poorer, more than 20% did not have the chance to see a dentist, which does not happen among people with higher income.

In relation to quality, the persistent presence of high maternal mortality witnesses the poor quality of the provided care, mostly fragmented and without diagnostic and therapeutic support.

In this sense, it is important to insist that increased access does not mean universal access, not to mention, dignity. If the patriot analyses which despise the reality of health care in Brazil persist, then no critical bases or technological alternatives will be created aiming to change the forms of access, the models of attention and the quality of assistance.

When such changes are related to the model of attention, they need to consider the complexity of health and primary care as the guidance axis of the care process. Put this way, everything seems to be simple, except for the cultural hegemony which always placed the hospital at the core of health care, thus causing the persistent difficulty to understand the real meaning of primary care. This issue of revista *Saúde em Debate* is another contribution of CEBES to understand the importance and the character of primary care.

The National Board