

Editorial

Right to Health: 25 years

In the year 2013, we celebrate 25 years of the right to health, conquered by Brazilian society and enshrined in the Brazilian Constitution that, for its purpose, has created the Sistema Único de Saúde (SUS) – Unified Health System. Over the years, many advances can be recorded, highlighting the remarkable expansion of coverage of primary care with real impact on some epidemiological indicators.

However, the goals of the health sector, related to the quality, completeness and universality of SUS are not materialized because of the contradictions within the very model of development of the country, today aimed at strengthening capital consumption and market.

The occurrence of successive crises in the core countries and the subsequent reduction of social rights impose strengthening the defense of universal health care in Brazil as a social right, facing up vehemently contradictions and setbacks of the development project underway.

The intensification of the contradictions currently imposed on ensuring the universal right to health can turn the phenomenon of mercantilization and financialisation of the sector irreversible, making the Brazilian health model similar to the exclusionary American model, deficient for the poor, technological, sophisticated and decisive for those who can afford.

The quest for efficiency in health spending, inspired on the ‘managerialist’ trend which is currently gaining ground in Brazil, cannot be superimposed on the challenge of changing the model of care proposed by SUS, which aims to ensure universality and comprehensiveness through the effective integration of their care networks. That is the way so there are no differences in the quality of health care between populations covered and not covered by private health plans.

The guarantees of access, quality, timeliness, and use of health services, defined from users’ needs, should prevail over the logic of ability to pay. Organized networks based on the population of the territory have the ability to provide integration of care services in the territorial space, aiming the full and decisive assistance service of the needs and demands of the population. For this purpose, they should operate horizontally and vertically integrated, involving various levels of complexity of health services. Assistive technologies are widely tested, and the recent implementation of the National Health Card can contribute to the necessary management articulated in the public sector and between it and the private sector.

The consolidation of health reform must fulfill a political agenda that involves the entire state, society and government against the outcomes that threaten the SUS, leading the public health sector to the past, when it was intended solely to the health of the poor. The model that has been consolidating in the country provides more profits to the private sector, either through coverage of procedures and high cost medications, which is not among the mandatory procedures of health plans, as well as through subsidies awarded to private sector by mechanisms of tax expenses and tax elisions camouflaged.

Among the objectives and strategies of this agenda for universal right to health should be included as priorities: building consensus and new social and political arrangements aimed at producing new alternatives of economic and tax policy and redirection of the development process. The focus of the development process should be shifted from the interests of the market and consumption to purposes of rights and social policies.

Under this perspective, social movements and society in general should pay attention to the formation of a critical mass that advances in structural foundations necessary for the consolidation of social rights. Should expand political presence of society, workers and social organizations in health in order to promote health awareness and political action on social rights. It will be necessary to change the conception that society and the state have in relation to the SUS, either through lack of awareness of rights or even through orientation information from the press, who knowingly acts in counterhegemony of social rights or explicitly stands up for the privatization of the sector.

Improving the quality of health services requires a permanent solution to the problem of sustainable and sufficient funding for the SUS. Another point to this political agenda is to reverse the logic of favoring sectoral market, which, since 1968, receives benefits through tax breaks. This means reversing the aid that the Brazilian state provides to growth and strengthening of the private sector for the benefit of the public sector.

Finally, given the current imbalance, which is due to the dependence of the private sector, this agenda should consider the increasing the governability of the state over the private health sector, beyond what has been done by the Agência Nacional de Saúde (National Health Agency) – ANS, as of bases recommended by the Constitution in order to make the health system really UNIFIED.

The National Board