Towards universal, comprehensive and equitable National Health Systems:

The 22 Years Brazilian Experience in its context

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People - Human Rights - Centered Health Systems

X

Market driven health services – (systems?)

The basis of the political debate around the human rights approach for health, generating a political movement and its conquests…

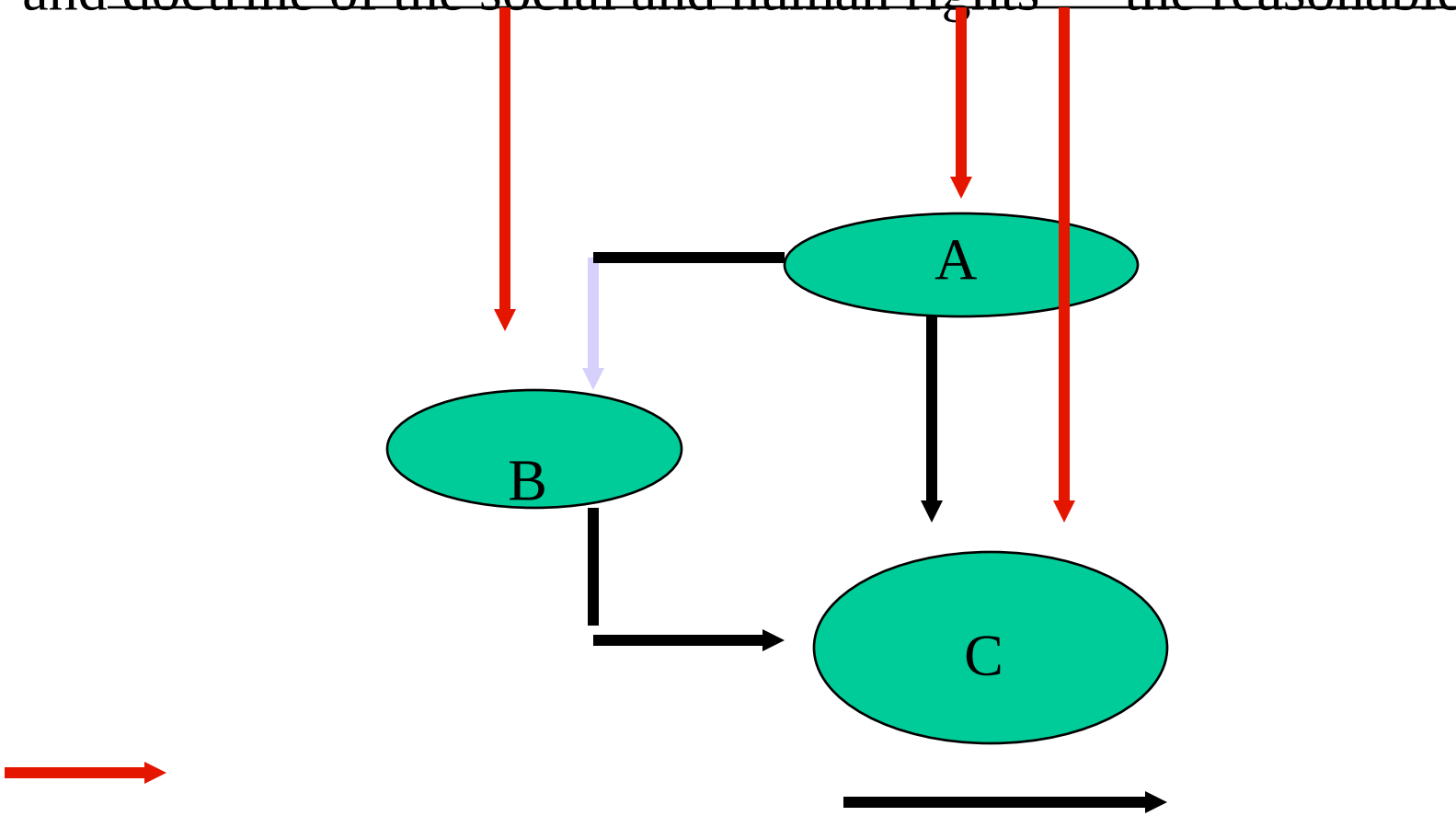
The indivisible triad for the right to health:

- Universality means for every person during the entire life
- Comprehensive means all individual and social needs all life long – means to achieve the integral / full answer to the needs derived from the interdependent rights understood as a system / all necessary to make rights real
- Equity means social justice achieved trough the warranty of all people rights on time for their needs, with no differences to who have the same needs. It implies the equity on the access to the resources on policies, its financing, its services, quality of care and the health and social results of its application.

EQUITY…

- The equity approach does not establish the "minimum" but generates the tension between the the necessary (what is fair, just, the right) for everybody and the already possible for some individuals or groups (the privileges)…
- The very illustrative example of the crossed subsides and the per capita inequities…
- Inequities as the distance of each group in relation to the desirable fair / right, and the intolerable differences between groups in relation to the desired standard of the rights achievement

The good, for all, the fair, the desirable as an expression of the logic and doctrine of the social and human rights – “the reasonable”



INFANT SURVIVAL / CHILDREN QUALITY OF LIFE

CHILDREN DEVELOPMENT

LITERACY OF THE MOTHERS

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ADECUATED HOUSING

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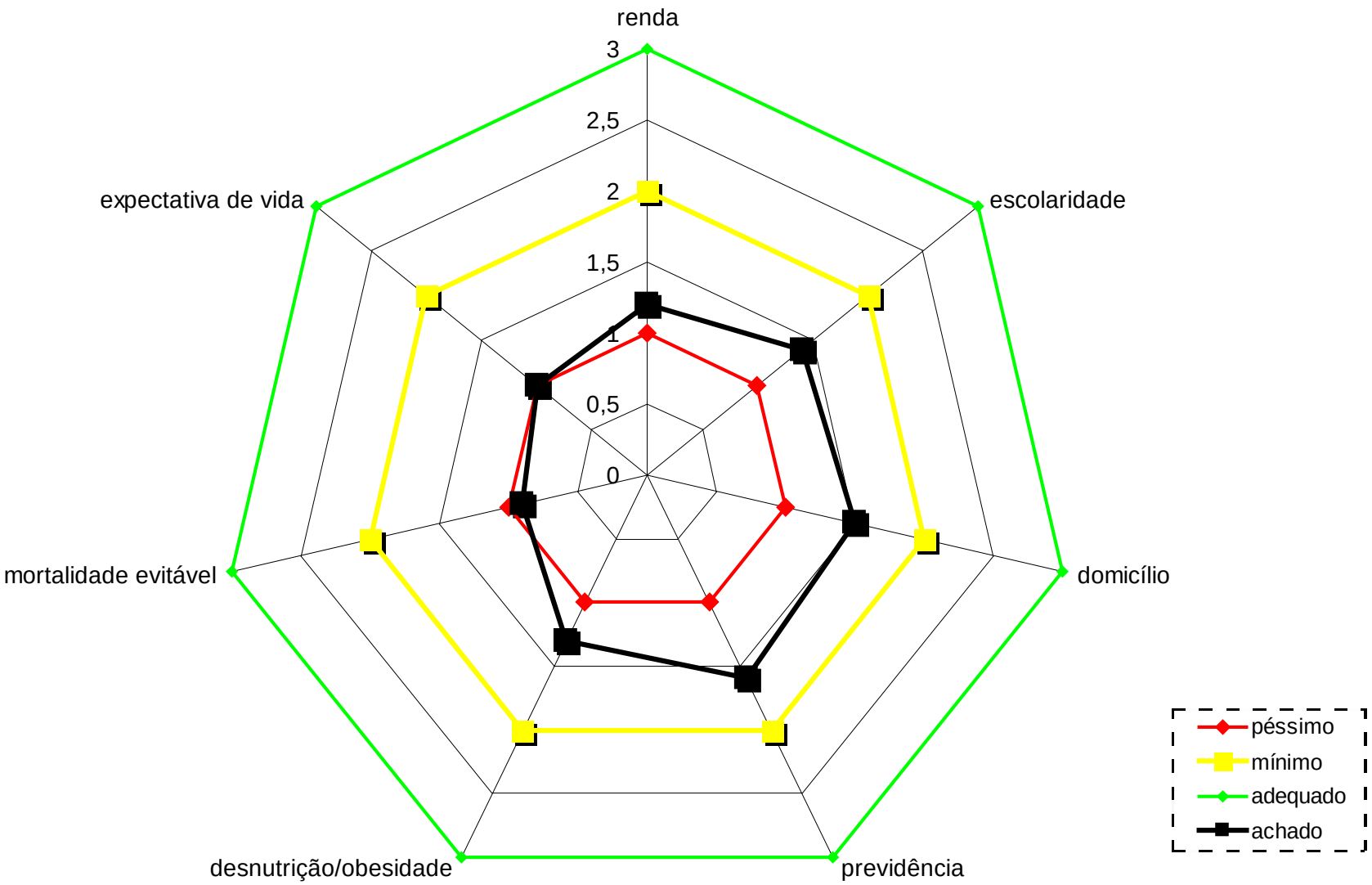
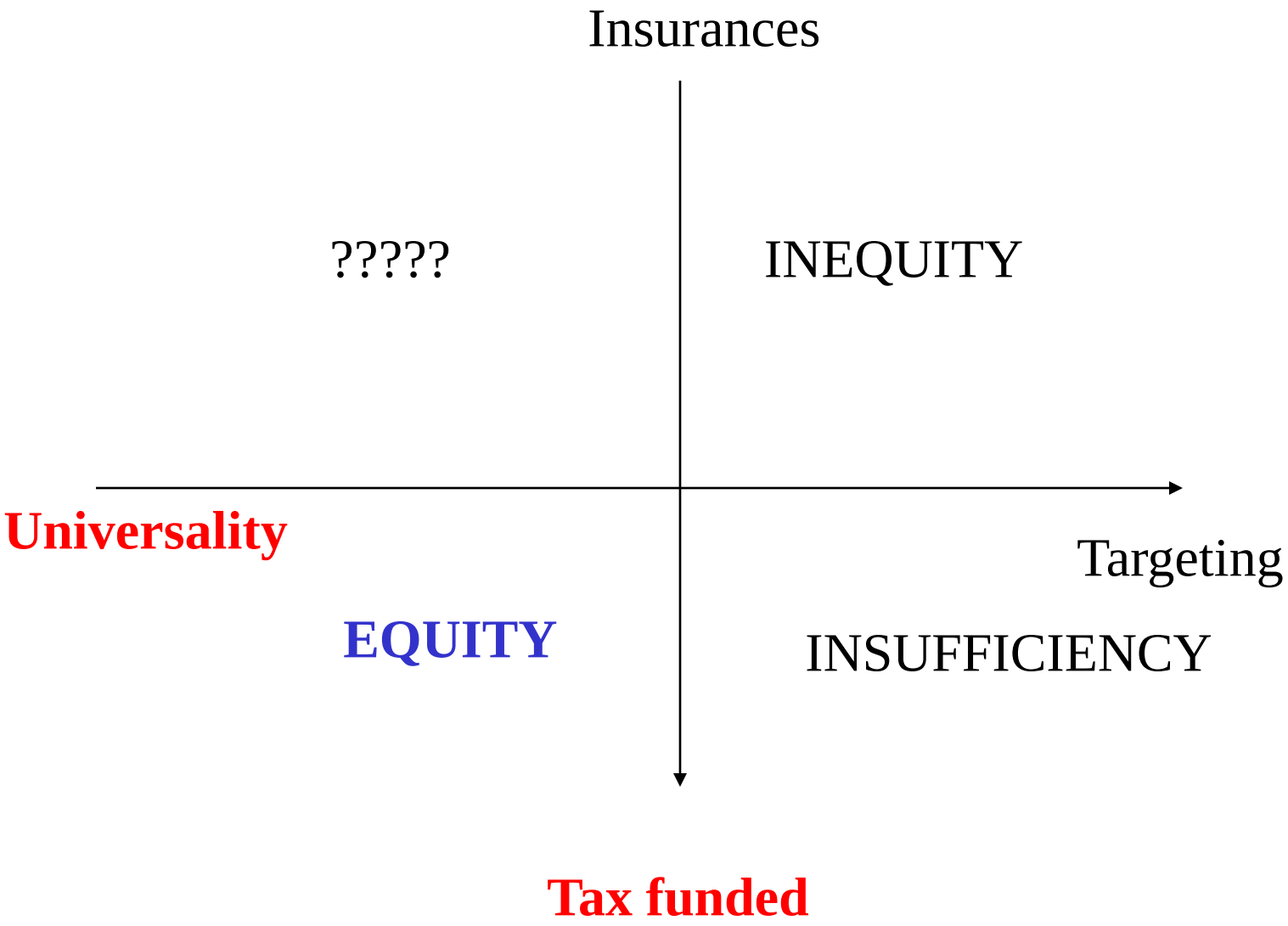
MOTHERS EMPLOYMENT

AND OTHER ASSOCIATED VARIABLES

INSPIRED BY DIMENSIONS AND CONTÍNUUMS OF MAX WEBER


renda
escolaridade
domicílio
previdência
desnutrição/obesidade
mortalidade evitável
expectativa de vida
3
2,5
2
1,5
1
0,5
0
péssimo
mínimo
adequado
achado



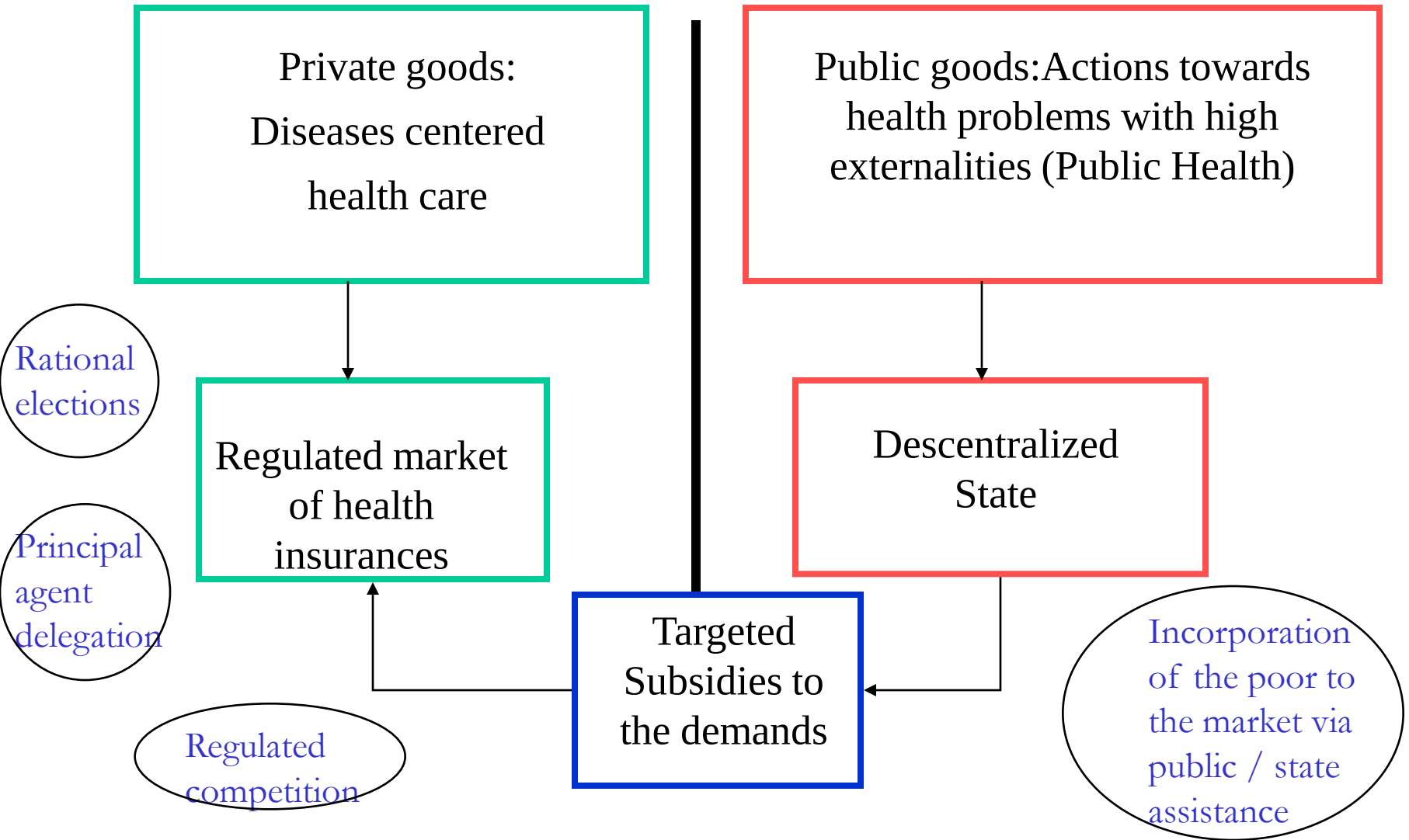
Inspired by :Targeting and Universalism in Poverty Reduction, Thandika Makandawire, UNRISD, dic. 2005.

- According to Dr. Tandika the concern with “efficiency” of the public systems increased at the same time that the redistributive justice and social development concerns are reduced or disappeared.

The "estructured pluralism": neoclassical theories and the neo institucionalism for the health reforms in Latin America

Dr. Mario Hernandez Alvarez, 2006

(WB, 1987, 1993; Frenk and Londoño, 1997)



Brasil - Population and Territory

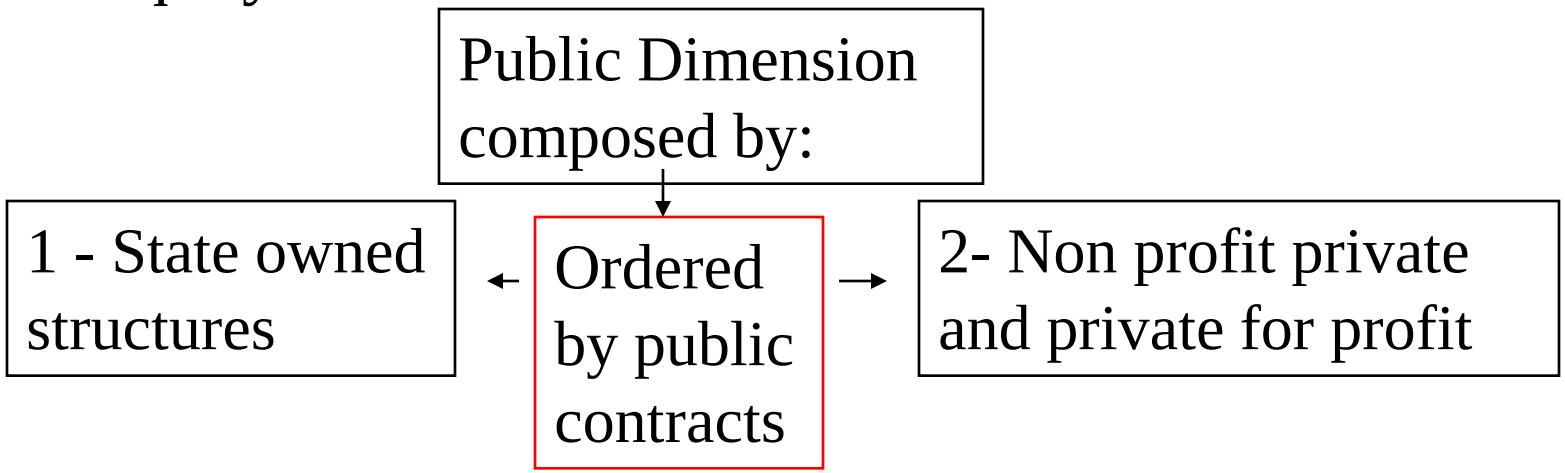
- Territorial extension – 8,5 millions of Km²
- Population – 194 millions
- 05 geopolitical macroregions
- 26 states + Federal District
- 5561 municipalities

The Brazilian Experience in the conquest of the Human Right to Health

- **The formulation of a concept and its political intention – the brazilian social health reform as the expression of the struggle for health as a right of every woman and man in the country**
- **The conquest of a new concept to order the health system – trough a political mobilization motivated by the insatisfied needs of the population regards their fundamental rights**
- **Political achievements at the VIII National Health Conference in 1986 and the New National Constitution adopted in 1988**

The SUS (Unique Health System)

- 1988 National Constitution: “Health is a right of everyone and the duty of the State”
- The SUS: ensemble of policies, services and actions that are developed by state institutions of the three levels of government – national, regional and local, with complementary participation of the private sector – composing a public organization oriented to fulfill the universal right to health with comprehensiveness and equity.



The principles of the SUS

- Universal access;
- Comprehensive care;
- Equality on access and quality of care;
- Social and community participation with decision power;
- Descentralization of the system management with exclusive direction at each level of government.

Our experience in this process:

- **The Federal Constitution of 1988 and the Organic Laws of 1990:**
- **Law 8080 of 1990, establish the definitions of an unique national health system in order to warranty the organization of an unique national public health system to make real the universality, the comprehensiveness and the equity in terms of health for all population, establishing the public orders that will discipline the private activities – building the public esphere composed by the state owned services and the private services, oriented by the constitutional public relevance that health has achieved nationally and internationally**

Our experience in this process:

- **The organic law 8142/90, establish the creation and the implementation of the health councils, and the conferences,**
- **The councils are health decision making bodies at each level of the republic: national, regional / states and local / municipalities.**

National Conferences of Health

the SUS

Union

National Council of Health

Ministery of Health

CIT

InterManagers Comission Tripartite

Municipal secretaries

CIB

InterManagers Comission Bipartite

State Secretaries

States

Municipalities

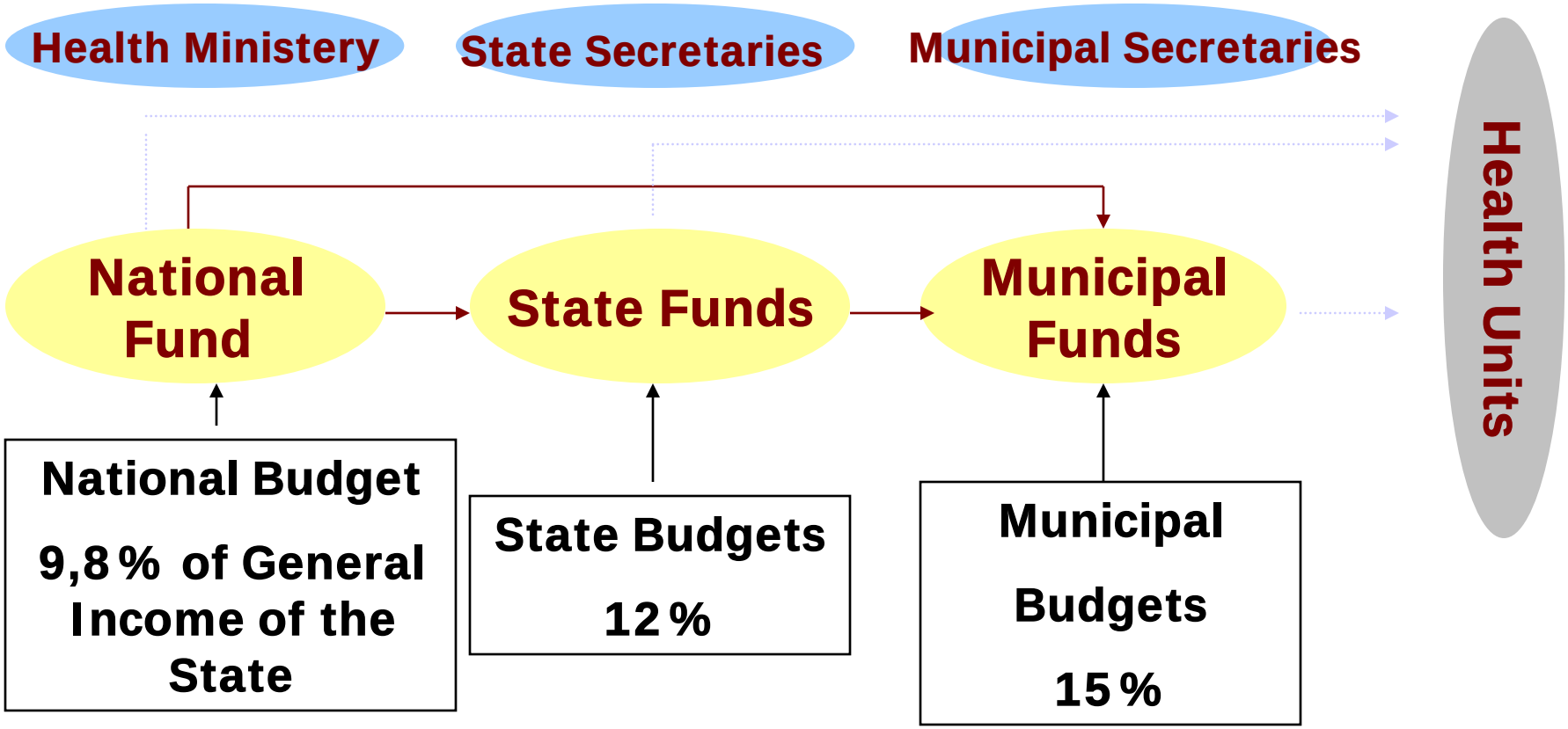
State Council of Health

Municipal Council of Health

Our experience in this process:

- **The radical descentralization – as radical democratization - towards the municipalities – NOB 93**
- **The creation of the intergovernment agreement bodies – Primary Health Care minimun value transfer - NOB 96**
- **In search of the financing estability – CPMF and constitutional amendement 29 (2000), towards its regulamentation (2008)**
- **The struggle for enough financing support and the human resources on health.**

SUS Financing



- The State is the rector, financer, regulator and provider.
- Regular and automatic transference of financial resources among the health funds.
- Totally free care, financed by the global tax income of the State.
- **Public Expenditure is 50% of the total health expenditure, around 360 dollars per capita / per year`. 3,7 % of the GNP.

Our experience in this process:

- **Today the system is already installed in all the 5561 municipalities, where there are health local authorities and health councils, as well as health plans established.**
- **There are health goals established and compromises of accomplishment, public accountability exercises each three months and transparency trough a web system - SIOPS.**
- **There is a daily struggle to keep and perfeccionate the System as an integral health care system.**

Sistema Único de Salud

GENERAL DATA ABOUT THE OUPATIENTS CARE IN THE SUS

63.650 Ambulatory Units that produced in average of 153 millions of medical care per year

Per year / year base 2006

- ☑ **1 billion of procedures of primary health care**
- ☑ **251 millions of clinical lab tests**
- ☑ **8,1 millions of ultrasound examinations**
- ☑ **132,5 millions of high complexity care**

140 millions of vaccines applied

150 mil persons receiving ARTV

Sistema Único de Saude
SUS

GENERALES DATA ABOUT INPATIENT CARE IN THE SUS

5.794 Hospitals / 441.045 hospital beds/ 900 thousand patients are admitted per month/ 11,7 millions of admissions per year

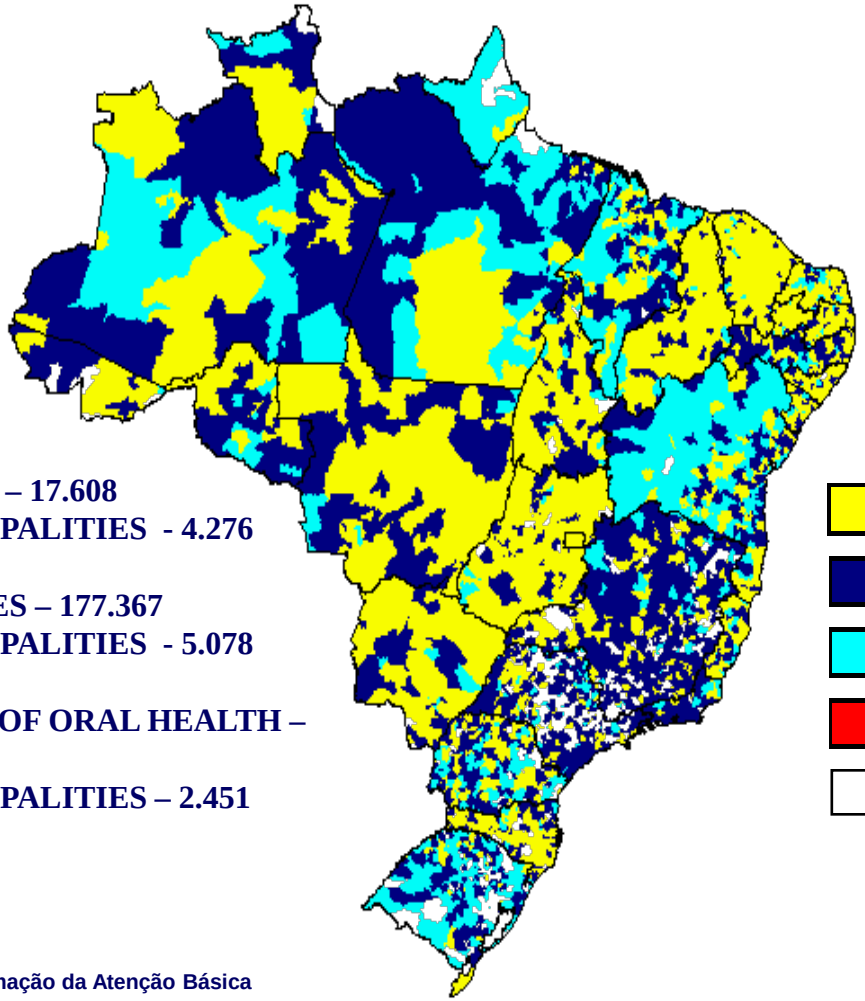
Per year / year base 2006

- ☑ **2,6 millions of child deliveries**
- ☑ **83.000 cardiac surgeries**
- ☑ **60.000 oncological surgeries**
- ☑ **92.900 varices surgeries**
- ☑ **23.400 organ transplantations**

A Primary Health Care Strategy as a political decision related to the building of an universal health system

Situation of the Implementation of Family Health Teams, Dental Health and Community Health Agents

BRASIL, APRIL/2003



Nº TEAMS – 17.608
Nº MUNICIPALITIES - 4.276

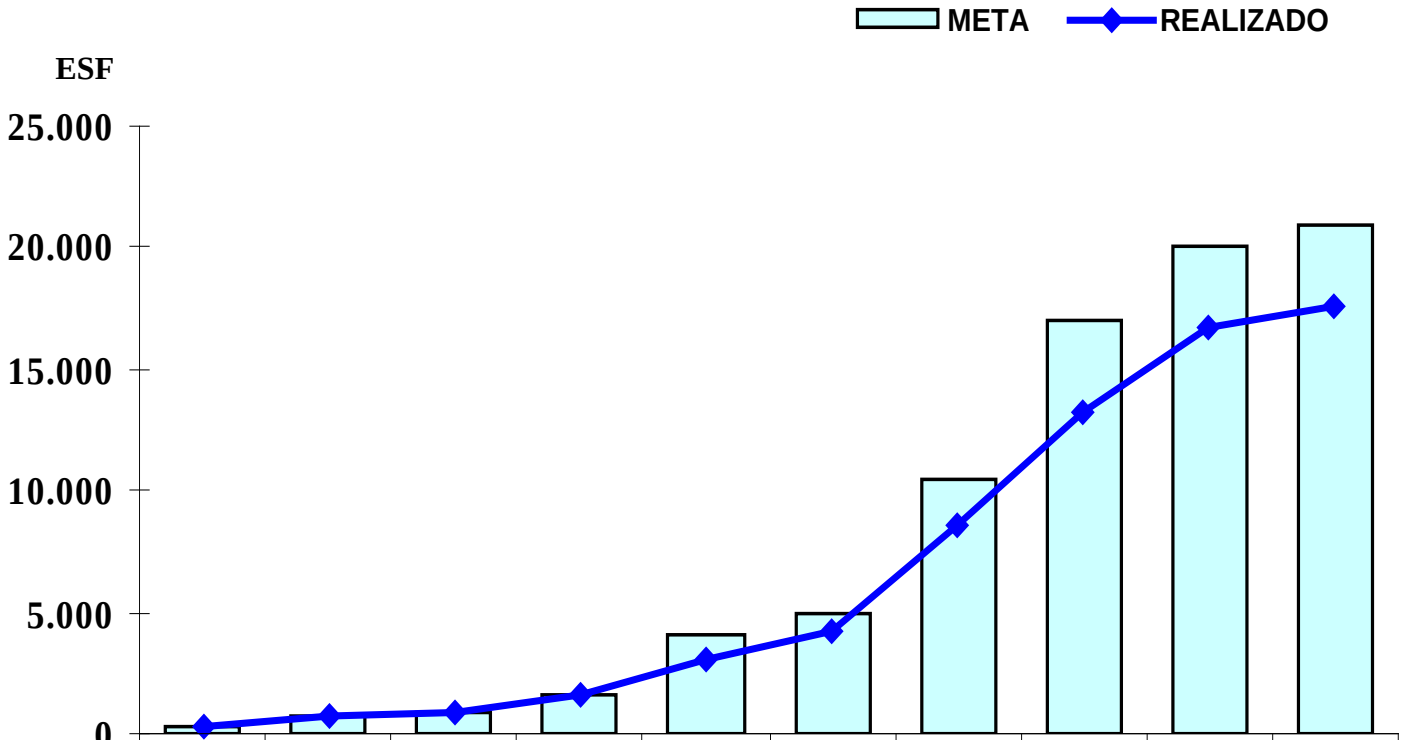
Nº AGENTES – 177.367
Nº MUNICIPALITIES - 5.078

Nº TEAMS OF ORAL HEALTH – 4.568
Nº MUNICIPALITIES – 2.451

ESF/ACS/SB
ESF/ACS
ACS
ESF
SEM ESF, ACS E ESB

FONTE: SIAB - Sistema de Informação da Atenção Básica

Evolution of the Number Family Teams Implemented
BRASIL - 1994 – ApRIL/2003



	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
META	328	724	847	1.623	4.000	5.000	10.500	17.000	20.000	21.000
REALIZADO	328	724	847	1.623	3.083	4.254	8.604	13.168	16.698	17.608

FONTE: SIAB - Sistema de Informação da Atenção Básica

“Family Health” a Comprehensive Primary Health Care Strategy

Figures of 2010

- 32.000 teams with a full time team: medical doctor, nurse, 1-2 auxiliary nurses , 4 to 6 community health agents for each 800 to 1200 families.
- 256.000 community health agents
- 18 thousand teams of dental care (dentistry professional, dental technician and a dentistry consultant assistant) at more than 5000 municipalities with 476 specialized centers

National Network for Emergencies Health Care

- At march 2010:
  - Pre Hospital Care began 2003
  - Now there are 156 emergency medical regulatory centers that make medical coordination 24 hours a day
  - 1600 ambulances (420 for Advanced Life Support with MD)
  - 105.539.000 inhabitants covered
  - 1103 Municipalities covered
  - Humanization of 120 hospital emergency services

Pharmaceutical Assistance

- List of Essential Drugs for free provision for a patients doing follow up at the PHC and hospitals, including all for emergencies. Special drugs and HIV provision.

- Popular Drugstore / commercial establishments convened / prices control

SUS – next steps and its challenges

- Understand health as part of a larger frame of social protections system and fight for this comprehensive building process – education, work, housing, water and sanitation, transportation, food, pensions, special protections…
- Financial stability and sufficiency regards the health needs of the population - dimension of services access and resolution capacity of the available technology and professionals.
- Health workers with regular contracts and professionalized , with competitive salaries regards the market and full dedication to public services with economical sustainability

SUS – next steps and its challenges

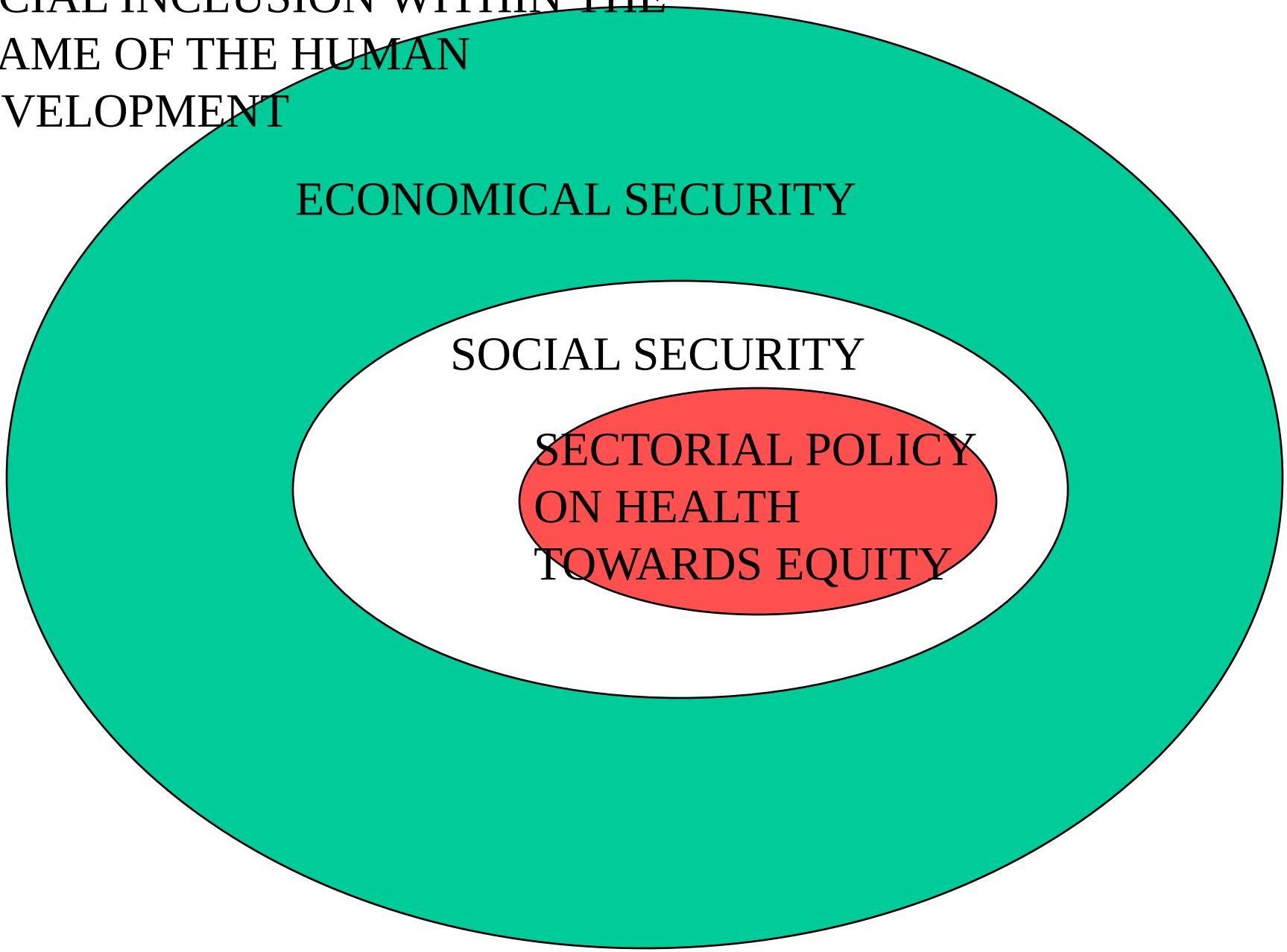
- New health care mode – promotional strategy – a possible pathway – universal, comprehensive and equitable answer to the social (health) needs of the people / needs derived from the human and social rights. A people needs centered management mode – social effectiveness more than economical efficiency.
- Public control in the public / private relationships, market control, technological independence

Necessary impact at 5 fronts of social inclusion:

- -with universalistic public policies as in the case of health, education and social security as a protection against inequities and against the loss of opportunities.
- -at the taxes policies in order to be progressive - fair
- -at the transference of richness and universal income
- -at the strenghtening of the participative democracy and the democratic institucionality
- -at the promotion of job quality, safety and income level, social security inclusion

Comprehensive answers to the radical needs of people as expression of their radical social needs at defined social territories.

SOCIAL INCLUSION WITHIN THE FRAME OF THE HUMAN DEVELOPMENT



- Thank you for your attention!

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