Health Care in Brazil

Implications for Public Health and Epidemiology

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KEYWORDS

• Brazil • Health care • Public health • Global health • Epidemiology

KEY POINTS

- Health care in Brazil is a constitutionally mandated right.
- The Brazilian health system comprises of a network of complementary and competitive service providers and purchasers, forming a public-private mix.
- A network of family-based community-oriented primary health programs, or Programa Agentes Communitários de Saúde, and family health programs, or Programa Saúde da Família, introduced almost 2 decades ago were the government's health care model to restructure primary care under the Unified Health System, or Sistema Único de Saúde.
- Despite achievements in the last quarter century, access to health services and gradients of health status continue to persist along income, educational background, racial, and religious lines.
- In 2011, approximately 145,000 people died of injuries, and 1 million were hospitalized in Brazil, making it a serious neurologic problem.

INTRODUCTION

The BRICS nations of Brazil, Russia, India, China, and South Africa represent 5 major emerging national economies. Collectively, the BRICS countries are useful comparisons because of their size; racial, ethnic, and geographic diversity; and inherent problems of social inequality, making them more similar to the United States than its European contemporaries. Despite achievement in the last quarter century, access to health services and gradients of health status continue to persist along income, educational background, racial, and religious lines. These findings have relevance for domestic public health in Brazil, and as a global BRICS nation, for the global public health. A series of *Lancet* articles,[1,2] commentary,[3–6] and correspondence[7] emphasize the timely importance of considering the Brazilian health care system.

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BACKGROUND

The Brazilian health care sector has historically been driven by civil society rather than by government, political parties, or international organizations. Public health has a long tradition in Brazil dating to the creation of a General Directorate of Public Health at the end of the 19th century. Two of Brazil's revered scientific leaders, Oswaldo Cruz and Carlos Chagas, acted decisively against public health threats such as bubonic plague, yellow fever, and smallpox. The Eloi Chaves Law created a social security system for urban workers employed in the private sector; however, access to health services was not the main objective of the health care system. Instead, there was a system of regulated citizenship whereby social rights including retirement pensions and medical coverage were restricted to private sector workers who earned regular wages. A social security system based on compulsory contributions by employers and employees was tied to the job market, leaving agricultural and informal sector workers uninsured. The Brazilian social security administration provided medical services to its beneficiaries through the private health sector. Brazil was among 61 nations that signed the World Health Organization Constitution in 1946. The Brazilian health system was divided into 2 models of health care delivery, liberal or private practice medicine operating through the market and government-run medicine delivered in public hospitals and clinics. There was an underfunded Ministry of Health (MoH) and social security system that provided medical care through retirement and pension institutes delivered based on occupational categories. Since the 1960s, the social security system has purchased for-profit health services from third parties, allowing doctors and medicine to function as businesses and guaranteeing professional salaries. In the 1970s, the first step of health care reform was to extend coverage for particular health services beginning with urgent and emergency care independent of the system of social security contributions.

The movement for true Brazilian health care reform involved various segments of society from intellectuals and health service researchers to worker's organizations and political parties, as part of the struggle for democratization of the country during periods of military regimes based on the concept of universality and equality of access to health care. Article 198 of the Constitution of 1988 stated the right and responsibility of the state to provide a Unified Health System, or Sistema Único de Saúde (SUS), that regionalized and decentralized the network of health services and coordinated its management at each level of government, with community participation, and an integrated approach to health service delivery. Article 199 of the Constitution defined the role of the private sector.

The Constitution established new revenue sources for social security through mandatory contributions tied to gross revenues and net profits of companies. The MoH became the beneficiary of the new source of revenue created in 1996, that of a tax on all financial transactions. In 2001, a constitutional amendment reverted the system of financing of the health sector to general revenues, and the federal government was required to allocate and spend an amount equivalent to the previous year's budget adjusted for gross national product, the average growth of which has been 2.4% over the last several years, using the 1999 budget as a basis. State and municipal governments mandated to increase their spending on health to 12% and 15% of their respective budgets by 2004 have had to increase their contribution to the health system by approximately 12% per capita, commensurate with a decline in the federal share of spending that decreased from 77% during the 1980s to 53% in 1996.

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