

State and Social Policy: Healthcare

In recent decades, social movements in Latin America have been struggling to have social rights contemplated in the social policies of the governments elected after the dictatorships of the 1970s, including the universal right to healthcare. In Brazil, the Healthcare Reform Movement, which rose during the dictatorship, was able to influence the federal Constitution of 1988, defining the principles and guidelines of the nation's Single Healthcare System (SUS), based on the perspective that healthcare is a universal right and it is the responsibility of the state to guarantee it. Twenty-six years later, the expansion of healthcare services and the inclusion of important segments of the population in the 1990s led to a situation in which the SUS was positively evaluated by more than 60% of users. Nevertheless, recent studies have indicated an increase in negative evaluations: nearly 70% of users make criticisms of the country's healthcare system, both its public and private.

It is important to point to challenges and bottlenecks that persist in the SUS and new problems that have developed over the years. First is the question of financing, with a proportional reduction of spending on healthcare at the federal level and expansion of participation at the state and municipal levels. Constitutional amendment, EC n. 29, approved in 2000, established the percentage of tax revenue that each sphere of government should allocate to healthcare, but the specific regulations were only established in 2012 and with different rules for the federal level, at which spending on healthcare is not linked directly to revenue, but increases at the same rate as the Gross National Product (GNP). This policy has led to underfinancing of the system, and with decentralization, great pressure has been placed, mainly on the municipalities, to guarantee healthcare for municipal residents, at least at the primary level, and to create new work posts in the sector.

Another issue to be addressed is that, despite the expansion of public healthcare services and the presence of government in the expansion of providing service at the tertiary and or quaternary level of healthcare, the trend towards privatization of services has not been reverted, especially of services of medium complexity. Inherited from the 1970s-1980s, contracts with medical companies with companies from modern sectors of industrial production and with the third sector have expanded, at the same time in which part of the primary and secondary care provided directly by SUS came to be contracted in the for-profit or not-for-profit private sector, through what are known as Social Organizations for Healthcare.

Advances have been recognized in primary care through the Family Healthcare Strategy and in mental health policies, dental care, and that for HIV/AIDS's patients; in complex and high cost pathologies; in incentive policies and in programs for educating human resources, by means of joint actions in the new century by the Ministries of Health and Education; in social control, with the expansion of healthcare councils and realization of healthcare conferences at all levels of public administration. But the advances are insufficient and in some areas there have been setbacks. The provision of services does not meet demand and access is unequal among different segments of the population. The conditions for care and work in many services are inadequate, impeding the development of the policies for Humanization and Permanent Education, defined by the Ministry of Health. Salaries remain low, and there is little movement towards the implementation and development of career and salary plans for healthcare workers.

This issue of *Revista Katálisis* is composed of thirteen articles and one review, and presents important contributions from research and reflections about health and healthcare, written by authors from different countries and educational institutions. Six of them are about Brazil: *Contemporary Brazilian Healthcare Reform: resistance or consensus?*, by Alessandra Ximenes da Silva; *Workers Health and the Lack of Social Protection in Contemporary Capitalism*, by Aurora Marcionila de Assunção Ferreira and Angela Santana do Amaral; *SUS: from the Loss of Radical Democracy to New Developmentalism*, by Tânia Regina Krüger; *Universality of Health Care in Brazil and the Contradictions of its Denial as Everyone's*

Right, by Aione Maria da Costa Souza; *Gender Violence and collective health: a necessary debate*; by Silvana Maria Escorsim; and *Deinstitutionalizing Psychiatry in Brazil: Risks of removing the state's responsibility?*, by Ellayne Karoline Bezerra da Silva and Lúcia Cristina dos Santos Rosa.

Five articles and one review are from Latin American, Portuguese and Central American authors: *What is it Like to Undergo a Rehabilitation Process? Cultural and Social Dimensions in the Experiences of Adults with Motor Deficiencies in Greater Buenos Aires*, by María Pía Venturiello; *Healthcare Policy in Cuba in the New Millennium: the contribution of Social Work*, by Edvânia Ângela de Souza Lourenço and Reina Fleitas Ruiz; *Normativity and Social Vision about Participatory Public Healthcare Policies in Central America*, by Ximena de los Ángeles Barros Rubio and Victoria Soledad Rivera Ugarte; *Healthcare Policy and Continued Integrated Care in Portugal. The Planning of Release in Social Work*, by Maria Irene Lopes B. de Carvalho; and *Who Cares for Whom? Not taking responsibility for conditions, reproduction and the limits of life* by Candela Rocío Heredia.

There is also an article by Brazilian and African authors: *The HIV/AIDS Epidemic and State Action, Differences between Brazil, South Africa and Mozambique*, by Ana Cristina de Souza Vieira, Maria Solange Guerra Rocha, Judith Frances Head e Isabel Maria Alçada Padez Cortesão Casimiro.

Regina Maria Giffoni Marsiglia, São Paulo, October 2014.

Regina Maria Giffoni Marsiglia

Professor of the Pontifícia Universidade Católica de São Paulo (PUC-SP) and of the Santa Casa Medical School of São Paulo (FCMSC-SP)

FCMSC-SP – Departamento de Medicina Social

Prédio Cardeal Mota (prédio velho)

Rua Monte Alegre, 984

Perdizes

São Paulo – São Paulo – Brasil

CEP: 05014-901