

APPLIED RESEARCH

Contemporary Brazilian Healthcare Reform: Resistance or Consensus?

Alessandra Ximenes da Silva

State University of Paraíba (UEPB)

Contemporary Brazilian Healthcare Reform: Resistance or Consensus?

Abstract: This article analyzes the contemporary ideological and political trends in Brazilian healthcare reform, which were formulated by collective political subjects who are members of the Brazilian Sanitary Reform Forum and the National Front against the Privatization of Healthcare. To conduct this analysis we conducted a bibliographic survey, document analysis and systematic observation of the defense of interests of collective political subjects. The study encompasses the time when the Workers Party (PT) governed Brazil from 2003-2012 and reveals the various healthcare reform projects that are in dispute, which move towards a consensus with resistance to inflections in the project.

Keywords: Brazilian Healthcare Reform. Collective political subjects. Brazilian Healthcare Reform Forum. National Front against the Privatization of Healthcare.

Received 15.03.2014. Approved 27.06.2014.

Introduction

This article analyzes contemporary ideological and political trends in Brazilian healthcare reform, formulated by the collective political subjects who dispute the project. This debate has great significance, given that at the beginning of the government of President Luis Inácio “Lula” da Silva there was an expectation by some of the collective political subjects of a return to an earlier Brazilian healthcare reform agenda, after the creation of the Brazilian Healthcare Reform Forum in 2005. Nevertheless, various contradictions were revealed in this process, concerning both the formation of the Forum, which presented changes in the political direction of its proposals, as well as in the collective political subjects who participate.

Another relevant aspect was the creation of the National Front against the Healthcare Privatization (FNCPS), in 2010, with the objective of resisting the processes for privatization in healthcare that had advanced in Brazil. The collective political subjects that compose the Front reaffirm the importance of strengthening the movement in defense of Brazil’s Single Healthcare System (SUS) guided by the mobilization and organization that took place at the end of the 1980s, which resulted in the incorporation of healthcare as a universal right and a responsibility of the state in the Brazilian Constitution of 1988. The Front questioned the proposals defended by the Brazilian Healthcare Reform Forum, which currently defends what is known as the Terceira Via or “Third Way” project.

The creation of the National Front against Healthcare Privatization arose as a new form of mobilization and organization of collective political subjects for a healthcare reform agenda that would defend emancipatory political principles. This context influenced both the formulation and conduct of government policies, including healthcare policies, and the role of these collective political subjects from the healthcare movement in the effective struggle for an emancipatory political project.

Our study revealed that there is a predominant trend towards changes in the guidelines of the proposals and practices of the protagonists of the project for Brazilian Healthcare Reform, constructed in the 1980s, mainly since 2007. The trend is towards a increased flexibility of the proposals based on the possibilities for action in the current Brazilian context. This conjuncture reveals that there is a dispute between distinct projects.

The collective political subjects, who in the 1980s formulated proposals for healthcare reform as an instrument for social transformation, a civilizatory project and a popular democratic struggle, now present proposals that are not compatible with universality and integrality, given that the focus has come to be on economic growth with social development but with tendency towards increased limitations in scope. Therefore, the concerns turn to access, care and quality, social justice, healthcare reform as a “solidarity” reform and for transformation within Brazil’s Single Healthcare System (SUS). These perspectives do not strengthen healthcare reform as an emancipatory political project, one that is civilizatory and based on popular democratic struggles. To the contrary, they tend to strengthen the trend towards privatization and the counter reform underway, following the guidelines of international agencies.

The study is organized into an analysis of contemporary trends in Brazilian healthcare reform, and an analysis of Brazilian healthcare reform projects that tend: 1) towards a construction of consensus and a pacification of the Brazilian healthcare reform project whose proposals are defended by the Brazilian Healthcare Reform Forum and; 2) to the resistance towards inflections in the project, as an explicit emancipatory political project in the proposals of the National Front against the Privatization of Healthcare.

Methodology

This article is based on a doctoral thesis defended in 2013 at the Federal University at Pernambuco, entitled *Lutas sociais e contradições dos sujeitos políticos coletivos no processo da Reforma Sanitária Brasileira* [Social Struggles and Contradictions of Collective Political Subjects in the Brazilian Healthcare Reform Process]. The subject addressed was the result of a bibliographic, documental study, as well as systematic observation. The sources used were secondary and available to public access, including: the sites of the Brazilian Healthcare Reform Forum and of the National Front against the Privatization of Healthcare. Thus, it was not necessary to submit the project to the Research Ethics Committee.

The period of our study encompasses the two mandates of the government of President Luis Inácio (Lula) da Silva and the first two years of the government of President Dilma Rousseff, which correspond to the years 2003-2012. Concerning the document research, texts formulated by the Brazilian Healthcare Reform Forum were analyzed, including: 1) a *Carta de Brasília* [The Letter from Brasília] (2005); 2) the document *Reafirmando Compromissos pela Saúde dos Brasileiros* [Reaffirming Commitments to the Health of Brazilians] (2005); 3) the text *O SUS pra valer: universal, humanizado e de qualidade* [A True Single Healthcare

System: universal, humanized and with quality (2006); 4) *Boletins da 13ª Conferência Nacional de Saúde* [Bulletins of the 13th National Healthcare Conference] (2007) and; 5) *Agenda Estratégica para a Saúde no Brasil* [Strategic Agenda for Healthcare in Brazil] (2010). The documents of the National Front against Healthcare Privatization analyzed include: 1) reports of seminars conducted in Rio de Janeiro (2010), São Paulo (2011) and Maceió (2012); 2) the brochure *Em Defesa do SUS: público, estatal universal e de qualidade* [In Defense of the Single Healthcare System: public, universal, state-run and quality] (which contains a healthcare agenda); 3) bulletins and documents among which stand out: *Contra Fatos não há argumentos que sustentem as Organizações Sociais no Brasil* and *O que é a Frente* [In the Face of Facts there are no arguments that sustain the Social Organizations in Brazil and What's Ahead].

These documents were analyzed to identify the main proposals of the Brazilian Healthcare Reform Forum and of the Front to analyze their positions and the directions they have taken. We also analyzed the documents available on the sites about the struggles and trajectories of collective political subjects that compose the Forum and the Front. We analyzed the report of the 8th National Healthcare Conference, considering the document that expresses the Brazilian Healthcare Reform Project from the 1980s and we participated in seminars conducted by the Front and in symposiums of the Forum, from 2009-2012.

Healthcare Reform in Brazil Today

In the first term of the Lula government, in 2003, healthcare reform was once again placed on the political agenda by the collective political subjects from the healthcare movement to give it continuity, considering that the recently elected government created expectations that there would be changes in the direction of social policies. For much of the population and many intellectuals, the Lula government represented a possibility for changes in the direction of the economic and social policies.

According to Paim and Teixeira (2007), the suppositions of the healthcare reform did not combine with the sectorial reforms that had been promoted by the World Health Organization (WHO), by the Pan-American Health Organization (PAHO) and the World Bank, since the 1980s. Another aspect highlighted is that Brazilian healthcare reform is not reduced to a focus on the Single Healthcare System (SUS), although it does encompass some of the reform's sectorial, institutional and administrative dimensions. An important intellectual such as Arouca (1988¹) conceived Brazilian healthcare reform as a social reform that articulates proposals for changes of various dimensions, a conception that mobilized a block of political forces in the realm of the healthcare reform movement. According to Paim (2008), it is based on these proposals that we can analyze the proposal for Brazilian healthcare reform in distinct moments: idea-proposal-project-movement-process.

... modifications needed in the healthcare sector transcend the limits of an administrative and financial reform. A deeper reformulation is necessary, which expands to the very concept of healthcare and its corresponding institutional action, reconsidering the legislation concerning the promotion, protection and restoration of health, constituting what is conventionally called healthcare reform.

The Brazilian Healthcare Reform Project of the 1980s was based on the principles of healthcare as a right of everyone and a responsibility of the state. It understood that healthcare must be universal and equal access provided to actions and services for its promotion, protection and recovery, with an emphasis on the following guidelines: "decentralization, with a single direction in each sphere of government; integral care, with priority for preventive actions, without compromising other forms of social assistance and community participation" (BRASIL, 2011, p. 7).

Since the birth of the Brazilian healthcare reform proposal, there have been different concepts about the project: one concept that considers healthcare reform as a civilizatory project articulated to the radicalization of democracy from a socialist perspective and another that defends the democratization of the state under the limits of capital, in a social democratic perspective, or even in an emancipatory political reasoning.

The theoretical reflection about healthcare reform would establish the basis of a praxis in the sense of overcoming

the current model of organization of healthcare services, through the mobilization of a block of political forces in the healthcare movement, without removing the focus from a transformation in the economic, political social and cultural spheres. Thus, as Fleury affirmed (1989, p. 4) “there is a contradictory dynamic introduced by the determinations located at the level of political struggles in the sphere of reproduction of values and ideologies that are reproduced in the healthcare field.”

Nevertheless, this understanding underwent inflection in the healthcare reform project and process. Paim (2008, p. 309) emphasizes that as a process, healthcare reform “is reduced to a partial reform, inscribed in its sectorial and institutional dimensions with the implementation of the Single Healthcare System (SUS)”. Since the 1990s, the healthcare movement began to give priority to the institutionalization of SUS. In detriment to healthcare reform as a project for which continuity should have been given to its political strategies, emphasis began to be placed on implementation of the SUS.

The healthcare reform project that was debated and disputed in the 1980s is expressed in the Report of the 8th National Healthcare Conference (1986, p. 3), which affirmed that “healthcare is not an abstract concept. It is defined in the historic context of a given society and at a given moment of its development, and should be conquered by the population in its daily struggles”.

It is evident in this document that the modifications needed in the healthcare sector transcend the limits of an administrative and financial reform. A deeper reformulation is necessary, which expands to the very concept of healthcare and its corresponding institutional action, reconsidering the legislation concerning the promotion, protection and restoration of health, constituting what is conventionally called healthcare reform.

It can be considered that the healthcare reform project is currently reiterated predominantly in the discourse of some of its intellectuals and militants, as well as by collective political subjects, such as the Healthcare Reform Forum and the National Front against Privatization, although they defend different projects and are in a struggle for hegemony.

A change is also noticed in the theoretical references that supported healthcare reform in the 1980s, which consisted in Marxism, mainly through Gramsci and his followers. It is important to highlight that the Brazilian healthcare reform movement was strongly influenced by the proposal for Italian Healthcare Reform and the texts of Berlinguer (1988; 1978) were debated among its defenders. Nevertheless, in this century, the healthcare reform intellectuals, had other theoretical influences and began to affirm that Marxism is only one of the many critical theories that allow having a political position committed to social change and came to recognize other lines of thinking that have in common an emphasis on aspects related to the autonomy of action of the subject, ethics and communicative intersubjectivity. Relevant authors included: Jürgen Habermas, Boaventura de Sousa Santos and Anthony Giddens (BRAVO; MENEZES, 2011).

In this framework, the ideology of social-liberalism was identified, a political-ideological attempt of the dominant classes to give responses to the multiple tensions derived from the intensifications of expressions of the social question and the political struggle of the working class have been incorporated into the proposals of the collective political subjects of the healthcare movement in the 21st century, mainly in the second term of the Lula government.

Given this conjuncture and the relations of forces and ideological political disputes, there is a significant inflection in the healthcare reform project. A set of concepts and political ideologies is presented to corroborate with this affirmation such as: the incorporation by intellectuals of contemporary theses such as the “third way” and post-modern paradigms (NEVES, 2010); the adhesion of the Lula government to a neo-developmental project, led to the pacification of the working classes generated by the transformism of the Workers Party (PT) (MOTA, 2012); and the document prepared by the World Bank in 2007, which concerns the challenges faced by Brazil’s Single Healthcare System (SUS), and the enactment of healthcare reform as an issue of governance and balanced spending for healthcare with an emphasis on managerial issues and new administrative models.

Construction of Consensus and Pacification of the Healthcare Reform Project: the Brazilian Healthcare Reform Forum

With the beginning of the Lula government, mainly the Brazilian Graduate Studies Association in Collective Health (Abrasco), the Brazilian Center for Healthcare Studies (Cebes) the Brazilian Association of Healthcare Economics (Abres), the Rede Unida [United Network] and the National Association of the Public Ministry in Defense of Healthcare (Ampasa), mobilized around a call to place healthcare reform on the political agenda.

The Brazilian Healthcare Reform Forum was also created in this context, which allowed the realization of a set of meetings with collective political subjects in the healthcare movement, in the period from 2005-2010 and the production of some previously cited documents.

The first of these, entitled *A Carta de Brasília: SUS - o presente e o futuro: avaliação de seu processo de construção* [The Brasilia Letter: SUS – the present and future: evaluation of its construction process], reaffirmed:

The process of Brazilian healthcare reform as a civilizational project, with healthcare as an axis of transformation, and solidarity as an organizing value. The project for SUS is a policy for the construction of democracy that sought to expand the public sphere, social inclusion and a reduction of inequalities (FÓRUM, 2005, p. 1).

The document also defended social security as a policy for universal, equanimous, democratic and participatory social protection.

On November 23, 2005, the Brazilian Healthcare Reform Forum launched the manifesto *Reafirmando Compromissos pela Saúde dos Brasileiros* [Reaffirming Commitments to the Health of Brazilians] (a manifesto that referred to the Brasilia Letter), in a public act held in the chamber of deputies of the federal congress, which defended the approval of Constitutional Amendment n. 29 and the expansion of resources in the healthcare budget in 2006. The document reaffirmed the need for the realization of a healthcare reform and emphasized that

The Brazilian healthcare reform movement, in its 30 years of action, is a movement typical of a large civilizational process that sought the prevalence of social values of solidarity and social justice and whose object of changes, at the heart of social values, are the public policies of the state (MANIFESTO, 2005, p. 4).

The document *O SUS pra valer: universal, humanizado e de qualidade* [A True Single Healthcare System: universal, humanized and of quality], promoted by the Forum in 2006, sought to contribute to the debates in the 2006 elections, and to seek commitments from candidates for president, governor, senator and deputies to the theses and proposals for healthcare reform and the Single Healthcare System.

With consequences that were irreversible and or deeply harmful to society, given the transfer of governmental responsibility and of public assets to private hands, to the dismantling of intelligence and of careers within the State, to budgetary restrictions for the universal social policies (FÓRUM, 2006, p. 1).

The text defended the radicalization of the national development process focused on the following proposals: autonomous and sovereign growth, generation of employment, distribution of wealth and the guarantee of rights of citizenship. It presented as one of the topics of discussion healthcare reform and SUS, reviving the central theses of the Brasilia Letter and including others that also give greater emphasis to solidarity as an organizing value and to social justice.

More than an institutional arrangement, Brazilian healthcare reform is a civilizational project, that is, it intends to produce changes in the values prevalent in Brazilian society, with healthcare as a focus of transformation and solidarity as an organizing value. In the same way, the SUS project is a policy for the construction of democracy that seeks the expansion of the public sphere, social inclusion and the reduction of our desire for social transformation, its institutional materialization in SUS is the result of the confrontation of this proposal with the contingencies that are presented in this trajectory. In other words, it expresses the correlation of forces existing at a particular conjuncture (FÓRUM, 2006, p. 2).

It is important to highlight that the principle of solidarity implies a conception of the right to healthcare through interclass collaboration. This perspective repoliticizes the way of thinking of collective political subjects, to guide healthcare reform as a civilizational project. In this way, this project reaches the current scene with a reduced scope. If on one hand in the 1980s it defended the radicalization of democracy, on the other, in the 21st century it came to defend collaboration and consensus between classes in the perspective of guaranteeing rights.

It should be denounced, however, that this indication had the function, according to Neves (2010, p. 25) of being “the ideological realignment of theoreticians and political forces in the social relations of power.”

The bulletins that were presented by the Forum during the 13th National Healthcare Conference (2007), presented healthcare reform as based on the principle of solidarity, which should give priority to the quality of care and attention to the citizen users of the Single Healthcare System, and fight, intransigently, all forms of inequality and injustice, intensify social mobilization to require that the Brazilian state not only guarantee fiscal responsibility but social responsibility to meet its responsibility towards healthcare, quality of life and democracy.

These principles point to a redirectioning of the healthcare reform principles formulated in the 1980s, mainly in the 1990s and in the first decade of the new century, with impacts on the counter-reform of the state,

initiated in the neoliberal government of Fernando Collor and continued in later governments, in different conjunctures and with a differentiated composition in the formation of the historic block. In the 21st century, the values that come to prevail in the healthcare reform project focus on social responsibility, solidarity, equity and social justice, which are foundations of the new developmentalism.

The objective of the document presented by the Brazilian Healthcare Reform Forum, the *Agenda Estratégica para a Saúde no Brasil* [The Strategic Agenda for Healthcare in Brazil], was to propose guidelines for healthcare policy in the period 2011-2014 and was presented to president-elect Dilma Rousseff in December 2010. The Strategic Agenda defines the main focuses of intervention and the strategies of action of the executive branch to shape and support the programs, objective and goals of healthcare policy and also indicated the difficulties in the functioning and organization of SUS. As we can see, its proposals are within the existing institutional structure.

Various problems in the healthcare sector identified by the document are related to issues of governance, organization and functioning of the healthcare sector. Based on this perspective, it affirms that the Single Healthcare System should focus on results at all levels and in all processes. Five lines of focus for the area are indicated: 1) healthcare, the environment, economic growth and social development; 2) guaranteed access to quality healthcare services; 3) investments to overcome insufficiency and inefficiency; 4) institutionalization and management of healthcare services systems; 5) the economic and industrial complex of healthcare.

This document expresses the adhesion of the Brazilian Healthcare Reform Forum to the ideologies of post-modernity and neodevelopmentalism, given that its agenda focuses on the daily activities of the Single Healthcare System, and fails to present proposals that give priority to structural connections such as: totality, mode of production, context and social class. In the same way, it articulates economic growth with social development from a neodevelopmentalist perspective. It should be emphasized that the document does not use the expression “healthcare reform,” and it leaves open the issue of new administrative models.

Resistance to the Inflections of the Brazilian Healthcare Reform Project: the National Front against the Privatization of Healthcare

The National Front against the Privatization of Healthcare arose in 2010 to defend universal, public, state-owned and directly administered Single Healthcare System (SUS), and to fight against the privatization of healthcare and for the healthcare reform formulated in the 1980s. It was created during a seminar held in Rio de Janeiro, entitled *Twenty Years of the Single Healthcare System: Social Struggles against Privatization and in defense of State Public Healthcare*. This event was organized by the Healthcare Forum of Rio de Janeiro, by the Regional Council of Social Service of the 7th region, and by the projects, *Healthcare, Democracy and Social Service: Social Struggles and Democratic Management, Healthcare, Social Service and Social Movements and Public Healthcare Policies* (financed by UERJ, CNPq and Faperj).

This entity was born in the articulation of the Healthcare Forums of the states of Alagoas, Rio de Janeiro, São Paulo, Paraná and the municipality of Londrina. It was initially denominated the National Front against Social Organizations (OS), and for filing what in Brazil is known as a Direct Action of Unconstitutionality (ADI) 1.923/98, to challenge Law n. 9.637/98 (which created the Social Organizations). The case has been on the docket in the federal Supreme Court (STF) since 1998 (FRENTE, 2011).

The Front was initially composed of various entities, healthcare forums, social movements, union centers, unions, political parties and university projects. Its strategic route included “the same as the Brazilian Healthcare Reform Movement of the 1980s, which is opposed to the regulation of healthcare by the market and the defense of public and state healthcare” (BRAVO; CORREIA, 2012, p. 140).

The Front revived, as the unifying sources of the struggles, the same motivation that sustained “the struggles of the healthcare movement in the 1980s, the fight against the privatization of healthcare. It was also opposed to the trend towards providing healthcare as a source of profit, presenting new management models, which promote the provision of public assets, goods, services, employees and resources to private entities” (FRENTE, 2010).

As it constructed its agenda, the Front extended its struggles: 1) against the unconstitutional law that creates the Social Organizations; 2) in unconditional defense of the public Single Healthcare System, state, free, universal and of quality; 3) for quality and public administration and services; 4) defense of investment of public resources in the public sector; 5) for the realization of Social Control; 6) defense of public service employment tests and a public career in public service; 7) opposition to the increased precariousness of work and; 8) against all forms of privatization in the public services network (OSs),

Civil Society Organizations in the Public Interest (Oscips), Private State Foundations and the Brazilian Hospital Services Company (Ebserh) (FRENTE, 2011), and or other forms of public-private partnership (PPP), considered as new administrative models.

It should be highlighted that the main struggle of the Front is the “intransigent defense of the public and state-run character of healthcare, with public investments in the expansion of the public services network. The strategic route is to conduct a break with the private bases of the public sector in healthcare, presumptions that are opposed to the reduction of action by the state and the regulation of healthcare by the market” (BRAVO; CORREIA, 2012, p. 146).

It is important to mention that the Front now has 18 state forums, one in the federal district and 14 municipal forums, which mostly struggle against all forms of privatization of healthcare administration through social organizations, private state foundations, the Brazilian Hospital Services Company, public-private partnerships and Civil Society Organizations in the Public Interest (Oscips).

The main activities undertaken by the Front include: 1) the creation of an online petition in support of the lawsuit ADI 1.923/98, which is against the implementation of social organizations as a new administrative model in public healthcare services; 2) the preparation of a document entitled *Contra fatos não há argumentos que sustentem as Organizações Sociais no Brasil* [In the face of facts there are no arguments that sustain Social Organizations in Brazil]; 3) the formulation of a healthcare agenda.

The Front's healthcare agenda has five principles that challenge the *Strategic Agenda for Healthcare in Brazil*, formulated by the Brazilian Healthcare Reform Forum. The five guidelines that are given priority by the Front in 2011 were: 1) social determination of the healthcare and illness process, healthcare in the broader context of social inequality; 2) management and financing of the public state network for healthcare services; 3) an assistance model that guarantees universal access with quality services, giving priority to basic care with support from medium and high complexity [care]; 4) a policy of valorization of healthcare workers; and 5) enactment of social control.

Upon conducting an analysis of the Healthcare Agenda in relation to the Report of the 8th National Healthcare Conference (1986), we identify a consonance of the proposals in that they both affirm the perspective that the state must make effective the right to healthcare and guarantee direct provision of services. In this sense, we find that the Front has disputed space with the Brazilian Healthcare Reform Forum in defense of the Brazilian healthcare reform project.

The main collective political subjects in the Front have been the Healthcare Forums and their members. They are the foundation of the large mobilizations and organizations and the defenders of the struggles of the Front, based on the different state and municipal realities. In 2010 and 2011, the struggles were focused on the Social Organizations and in 2012 on the Brazilian Hospital Services Company.

The front is a collective political subject, given that it has been organizing actions and projects to strengthen itself to prepare for the transformation of the predominant hegemony in the process of Brazilian healthcare reform. The intellectuals linked to the Front have a preponderant role in the elaboration and defense of the Brazilian healthcare reform project, which are fundamental to give homogeneity and awareness to the economic, social and political dimensions of the project, that is, in the organization of the culture.

The front, as a collective political subject, is a defender of the Brazilian healthcare reform project formulated in the 1980s, an essential element of which is the radicalization of democracy, implying the construction of a new rationality, of a new civilizing project.

Final Considerations

For the Brazilian Healthcare Reform Project to be enacted, it must be realized both in the plane of a movement, that is, in the process, and in the plane of institutions, which implies the construction of a new rationality. To do so, this process is linked to the struggle for hegemony, which includes an intellectual and moral reform, which must also be associated to a program of economic reform, its concrete mode of presenting itself. The construction of a new social form, a new sociability, is possible only if it is considered together with the specific forms of its realization.

Our study revealed two current trends in Brazilian healthcare reform: the first, which adheres to the perspective of the “Third Way” which is based on post-modern and social-liberal ideologies, which favor the construction of consensus and pacification; and the other, which defends the radicalization of democracy and the construction of a collective will to revive the Brazilian healthcare reform project of the 1980s, tending towards a resistance to the inflection of the project for Brazilian healthcare reform. Nevertheless, in the existing correlation of forces, the healthcare reform project of the “third way” has been predominant.

References

- ABRASCO *et al.* Agenda estratégica para a saúde no Brasil: cinco diretrizes de uma política de saúde cinco estrelas para pobres ou ricos. Rio de Janeiro, 2010. Disponível em: <http://www5.ensp.fiocruz.br/biblioteca/dados/txt_661844007.pdf>. Acesso em: 9 fev. 2014.
- AROUCA, A. S. da S. A reforma sanitária brasileira. *Tema - Radis*, n. 11, p. 2-4, 1988.
- BANCO MUNDIAL. *Brasil: Governança no Sistema Único de Saúde (SUS) brasileiro: melhorando a qualidade dos gastos públicos e da gestão de recursos*. Brasil, 2007. (Relatório n. 36601-BR).
- BERLINGUER, G. *Medicina e política*. São Paulo: Cebes; Hucitec, 1978.
- _____. *Reforma sanitária: Itália e Brasil*. São Paulo: Cebes; Hucitec, 1988.
- BRASIL. Ministério da Saúde. Lei n. 8.080, de 19 de setembro de 1990. *Coletânea de normas para o Controle Social no Sistema Único de Saúde*. Brasília, DF: Ministério da Saúde, 2006.
- _____. Ministério da Saúde. *8ª Conferência Nacional de Saúde. Saúde e qualidade de vida. Políticas de Estado e desenvolvimento*. Brasília: Ministério da Saúde, 1986. (Relatório final). Disponível em: <<http://conselho.saude.gov.br/biblioteca/Relatorios.htm>>. Acesso em: 9 fev. 2014.
- _____. Ministério da Saúde. *13ª Conferência Nacional de Saúde*. Brasília: Ministério da Saúde, 2008. (Relatório final). Disponível em: <http://conselho.saude.gov.br/biblioteca/Relatorios/relatorio_8.pdf>. Acesso em: 9 fev. 2014.
- BRAVO, M. I. S.; CORREIA, M. V. Desafios do controle social na atualidade. *Serviço Social & Sociedade*. São Paulo: Cortez, n. 109, jan./mar. 2012.
- BRAVO, M. I. S.; MENEZES, J. S. B. A saúde nos governos Lula e Dilma: algumas reflexões. In: _____. (Org.). *Saúde na atualidade: por um sistema único de saúde estatal, universal, gratuito e de qualidade*. *Revista Cadernos de Saúde*. Rio de Janeiro: AdUFRJ; Pela Saúde, p. 15-28, 2011.
- FLEURY, S. *Reforma sanitária: em busca de uma teoria*. São Paulo: Cortez; Rio de Janeiro: Abrasco, 1989.
- FÓRUM DA REFORMA SANITÁRIA BRASILEIRA. *A Reforma Sanitária é uma Reforma Solidária. Boletim do Fórum da Reforma Sanitária Brasileira*. Brasília, 2007. Divulgado durante a 13ª Conferência Nacional de Saúde em dez. 2007.
- _____. *O SUS pra valer: universal, humanizado e de qualidade*. Rio de Janeiro: Abrasco; Cebes; Abres; Rede Unida; Ampasa, 2006.
- _____. *Carta de Brasília: Documento final do 8º Simpósio sobre Política Nacional de Saúde*. Brasília: Abrasco; Cebes; Abres; Rede Unida; Ampasa, 2005.
- _____. *Reafirmando compromissos pela saúde dos brasileiros*. Brasília: Abrasco; Cebes; Abres; Rede Unida; Ampasa, 2005.
- FRENTE NACIONAL CONTRA A PRIVATIZAÇÃO DA SAÚDE. Documento “*Contra fatos não há argumentos que sustentem as Organizações Sociais (OSs) no Brasil*”, 2012. Disponível em: <<https://docs.google.com/file/d/0B3SRQLv1tEAVOE9WUDAtYXlubnc/edit?pli=1>>. Acesso em: 9 fev. 2014.
- _____. *Em defesa do SUS: público, estatal, universal e de qualidade*. 2011. Disponível em: <<https://docs.google.com/file/d/0B55E03eNUSwpTnBjTXpPd2ZROWl6bUctbE14cHFQZw/edit?pli=1>>. Acesso em: 9 fev. 2014.
- _____. 20 anos de SUS: lutas sociais contra a privatização e em defesa da saúde pública estatal. Rio de Janeiro: UERJ, 2010.
- MANIFESTO DO FÓRUM DA REFORMA SANITÁRIA BRASILEIRA. *Reafirmando Compromissos pela saúde dos Brasileiros*, Abrasco/Cebes/Abres/Rede Unida/Ampasa, Brasília, nov. 2005.
- MOTA, A. E. (Org.). *Desenvolvimentismo e construção de hegemonia: crescimento econômico e reprodução da desigualdade*. São Paulo: Cortez, 2012.
- NEVES, L. M. W. (Org.). *Direita para o social e esquerda para o capital: intelectuais da nova pedagogia da hegemonia no Brasil*. São Paulo: Xamã, 2010.
- PAIM, J. S. *Reforma sanitária brasileira: contribuição para a compreensão e crítica*. Salvador: Fiocruz, 2008.
- PAIM, J. S.; TEIXEIRA, C. F. Configuração institucional e gestão do Sistema Único de Saúde: problemas e desafios. *Ciênc. e Saúde Coletiva*, Rio de Janeiro, v. 12, suppl., p. 1819-1829, 2007. Disponível em: <<http://www.scielo.br/pdf/csc/v12s0/05.pdf>>. Acesso em: 9 fev. 2014.

Note

- 1 Medical doctor specialized in public health, former president of Fiocruz, federal congressman from the Brazilian Communist Party (PCB) and member of the CEBES and a defender of Brazilian Healthcare Reform.

Alessandra Ximenes da Silva

alesximenes@uol.com.br

Doctor in Social Work from the Federal University at Pernambuco (UFPE)

Professor in the Department of Social Service at the State University of Paraíba (UEPB)

UEPB

Av. das Baraúnas, s/n

Bodocongó

Campina Grande – Paraíba – Brasil

CEP: 58400-280