



FAPESP
Week
50 YEARS OF SCIENCE IN BRAZIL
AND CHALLENGES AHEAD

Universal Health Care and Local Community Participation in Brazil

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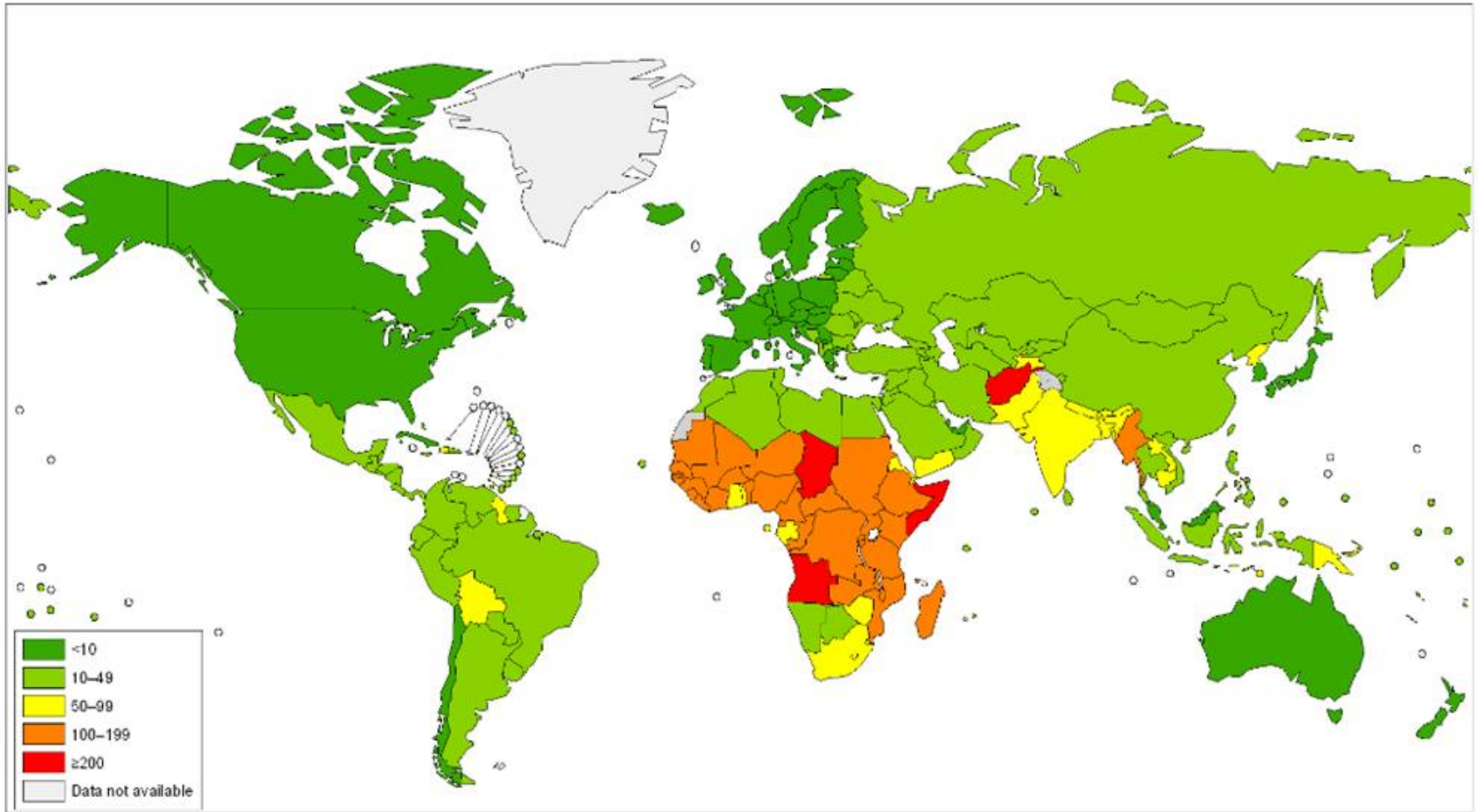
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Empirics

University of Pennsylvania

26/10/2011

Under-5 mortality rate (probability of dying by age 5) per 1000 live births, 2008

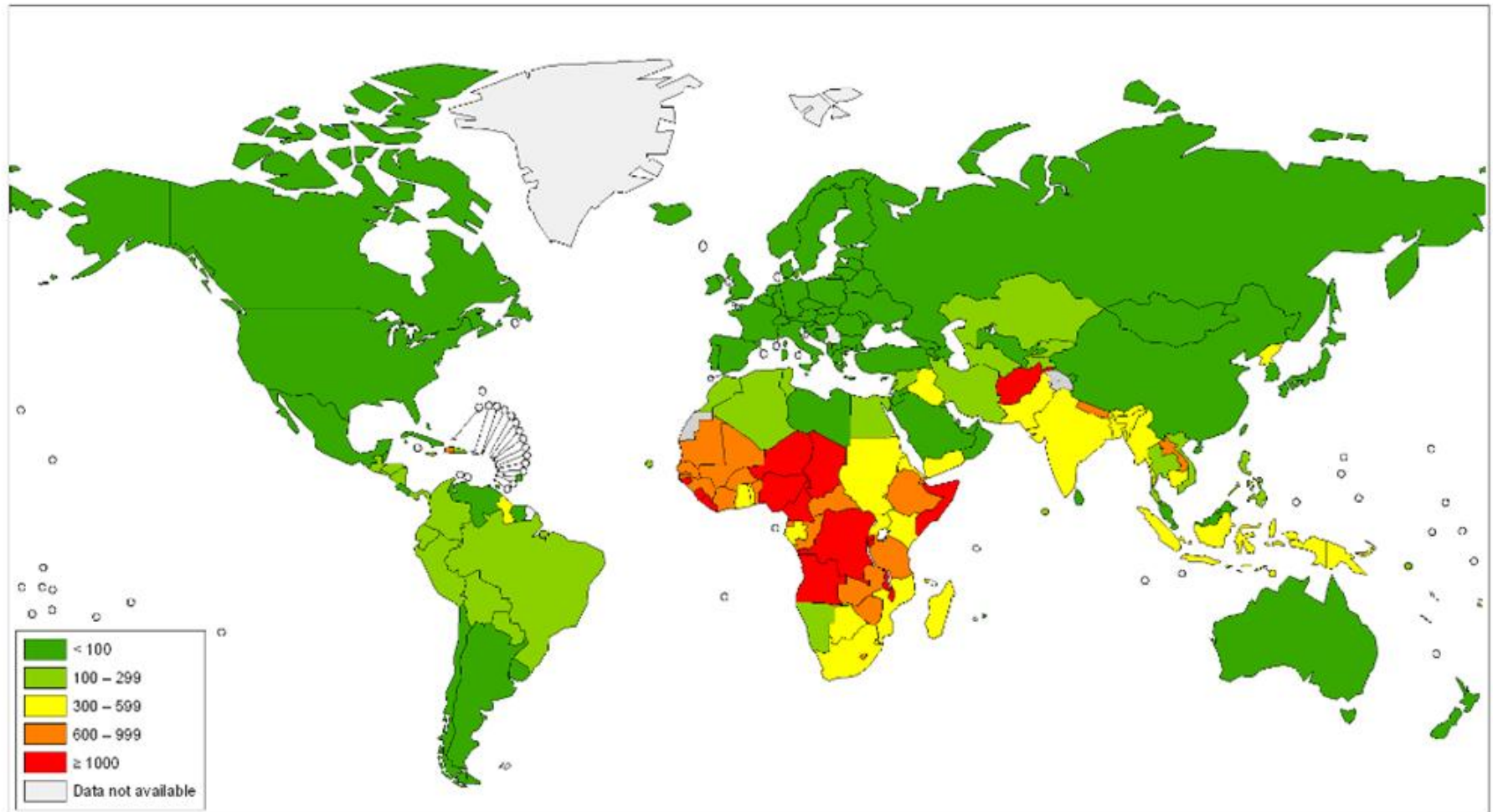


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Data Source: World Health Organization
Map Production: Public Health Information
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World Health Organization

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Maternal mortality ratio (per 100 000 live births), 2005



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Universal Health Coverage

“The principle of health coverage for all members of society, combining mechanisms for health financing and service provision” (WHO)

- A pressing public policy and political issue
- 2010 World Health Report: “Health Systems Financing: Key to Universal Coverage”
- “transition to universal health coverage as a lengthy and complex process”

Brazil as a Case

- 1988, Universal Coverage Health Reform despite adverse economic and institutional context.
- Unveil causes of radical health policy change
- (Two decades later, assess some of its effects)

Today's Presentation

- 1) Brazil Health Reforms
- 2) Alternative Explanations
- 3) My Argument
- 4) Method and Evidence
- 5) Conclusions & Implications

Publication: Falleti, Tulia G. (2010) "Infiltrating the State: The Evolution of Health Care Reforms in Brazil, 1964-1988" in J. Mahoney and K. Thelen (eds.) *Explaining Institutional Change: Ambiguity, Agency, and Power*, New York: Cambridge U. P., Chapter 2, 38-62. (access at: <http://www.polisci.upenn.edu/faculty/TF2010MT.pdf>)

Published in Portuguese as: (2010) Falleti Tulia G. "Infiltrando o Estado: A Evolução das Reformas de Saúde no Brasil, 1964-1988," *Revista Estudos de Sociologia* (Universidade Estadual Paulista, UNESP, São Paulo, Brazil), Vol.15, Nro.29, 345-68. (access at: <http://seer.fclar.unesp.br/estudos/article/view/2970>).

Brazil Health Reforms

1988 Constitution:

- Access to health care: *human right*
- Created a unified public health system (SUS):
- Free universal coverage
- Decentralization
- Participation

Empirical Puzzle

Change to universal health coverage, in spite of

- Inauspicious economic context: at the end of the “lost decade”
- Insurmountable institutional and political barriers:
 1. Narrow coalition for political reform
 2. Marginal public insurance programs
 3. Strong private medical sector

1. Why did Brazil move to provide free universal access to health care when most of the public health systems of the region were privatizing or collapsing due to lack of investment?

Questions

1. Why did Brazil move to provide free universal access to health care when most of the public health systems of the region were privatizing or collapsing due to lack of investment?
 - Due to the presence of a progressive sectoral movement that had infiltrated the state during the military period (*sanitarista* movement)

Questions

2. How were the historical and political institutional barriers to reform surmounted?

Questions

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- Narrow coalition for political reform

Reforms were jointly functional to the interests of a conservative military regime AND the progressive health sectoral movement

- Marginal public insurance programs

Reforms gradual – first going unnoticed – and expanding

- Strong private medical sector

Private sector remained important (contractor)

Prior Literature

Critical Juncture Explanations:

“*relatively* short periods of time in which there is a *substantially* heightened probability that agents’ choices will affect the outcomes of interest.”

(Capoccia & Kelemen 2007, 348)

- Economic Crisis: incentives for reform (e.g., Draibe 1994, 276; Lewis and Medici 1998, 270)
- Constitutional Reform: political “break-point” (e.g., Kaufman and Nelson 2004, 44; account of protagonists: F.H.Cardoso)

My Argument

- Protracted process of institutional change, started during the military regime (1964-1985)
- A case of successful integration of the state and civil society: through *cooptation* and *infiltration*
- Aided by two political institutions:
 - Corporatism
 - Federalism

Method

Process-tracing of programs, policies, and their effects leading to the main features of the health system reform:

- Universal coverage,
- Decentralization (to municipal level),
- Community participation

Main Mechanisms:

Universal Health Care

1. Horizontal integration of services (INPS, 1964)
2. Expansion of public/free coverage (FUNRURAL, 1971)

Funded Decentralization and Community

Back to Brazil's case: Method

26/10/2021

Participation

- Vertical coordination (DIASS, 1976)

Health Reform Programs and Effects

The *Sanitarista* Movement

- Developmental State (1963 CNS)
- Health: Human Right
- *Municipalization*
- After 1964, “*Ideological guerrilla,*” close to PCB
- Stronghold in DMP (Universities)
- CEBES (1976) *Saúde em Debate*; ABRASCO
- Explicit strategy: Infiltrate the State

PIASS: Vertical Coordination and Decentralization

- PIASS – NE + Minas Gerais = 10 states



Map of Brazil circa 1980

PIASS's Network: More Coverage and Integration of Services

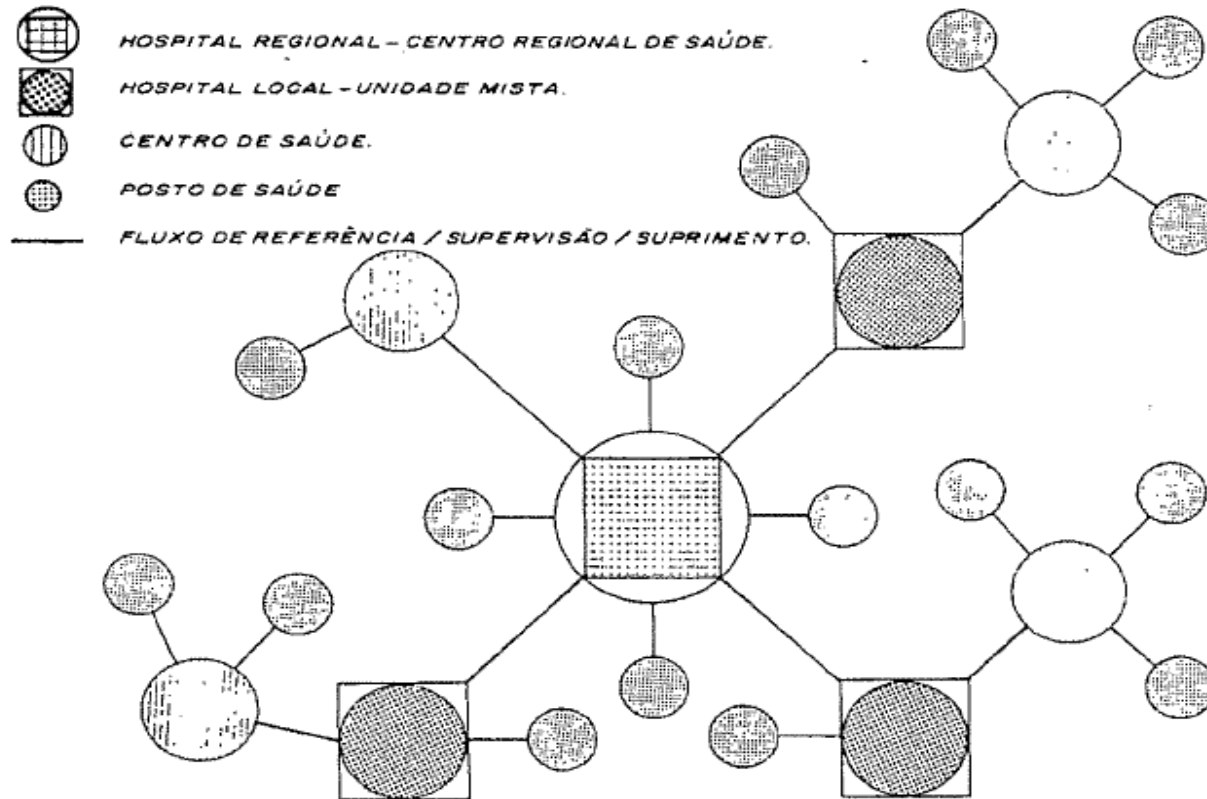


Figura 1 - Modelo do sistema regionalizado e hierarquizado de saúde.

Source: Hermógenes de Souza (1980, 79)

PIASS : Vertical Coordination and Funded Decentralization

NÍVEL	INSTITUIÇÃO	PARTICIPAÇÃO					
		G E I N	G C E	COORDENAÇÃO LOCAL	FINANCIAMENTO	EXECUÇÃO	SUPERVISÃO
FEDERAL	M. S.	⊙	⊙		⊙		⊙ (Indireta)
	MPAS	⊙	⊙		⊙		⊙ (Indireta)
	MINTER	⊙	⊙		⊙		⊙ (Indireta)
	SEPLAN	⊙			⊙		⊙ (Indireta)
ESTADUAL	Secretaria de Saúde		⊙		⊙	⊙	⊙
	Companhia de Saneamento		⊙			⊙	⊙
MUNICIPAL	Prefeitura			⊙	⊙	⊙	
COMUNIDADE	Organizações			⊙		⊙	

Figura 2 – Matriz institucional do PIASS.

Source: Hermógenes de Souza (1980, 81)

Conclusions

Case study:

- Gradual process of institutional change
- From the territorial and functional periphery of the health care system to its core
- It calls into question narratives of this type of changes based on critical junctures

Institutionally aided by:

- Corporatism: rendered the state bureaucracy more permeable
- Federalism: bottom-up change

Implications

- Health Care Reform:
- Importance of civil society actors in move towards universal health coverage
- Institutionalism literature:
- Historical institutional constraints can be removed slowly (e.g., drift, layering)
- Infiltration take advantage of small openings and reforms are subsequently scaled up

Thank you / Obrigada

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