

Decentralized Delivery of Health Care: Search for an Ideal Indian Model

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DECENTRALIZATION OF HEALTH CARE DELIVERY IN BRAZIL AND THE IMPACT OF GLOBALIZATION

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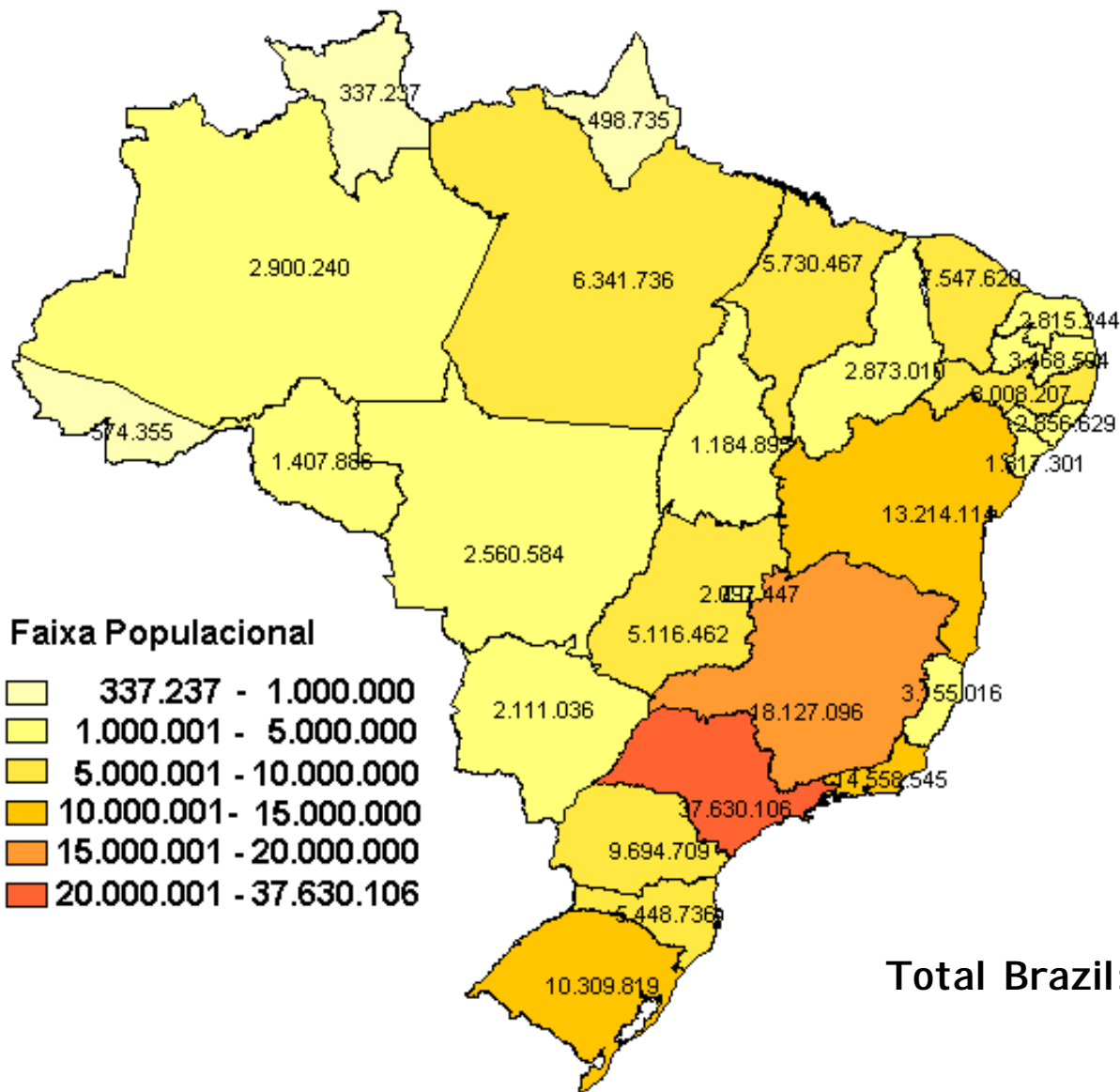
Ana Cecilia Faveret
February 2004

Themes

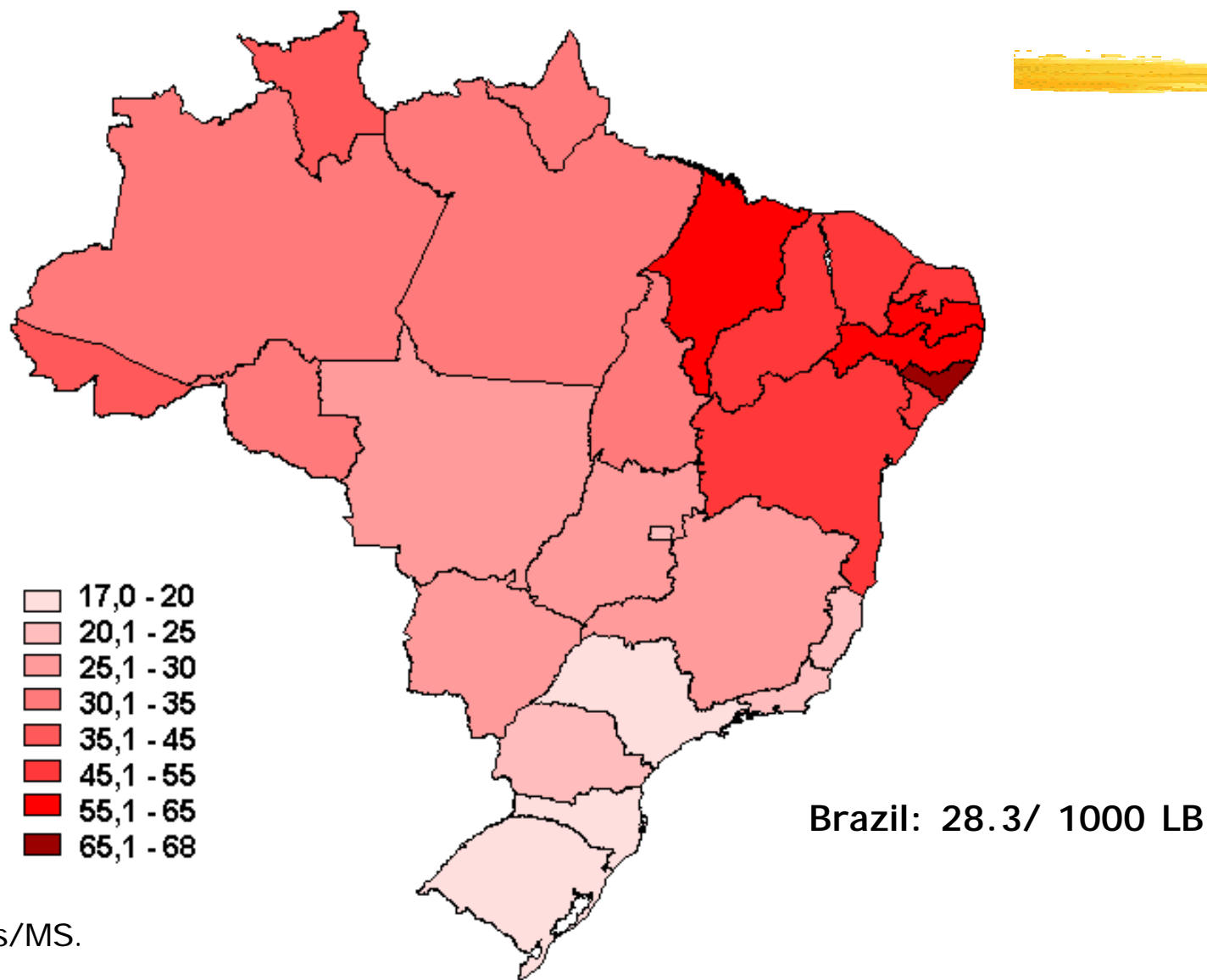


- ⌘ Special features of the Brazilian federation
- ⌘ The health system in Brazil – decentralization and primary health care
- ⌘ The impact of “globalization”

Brazil: Population by State - 2003



Brazil: Infant mortality rate - 2000



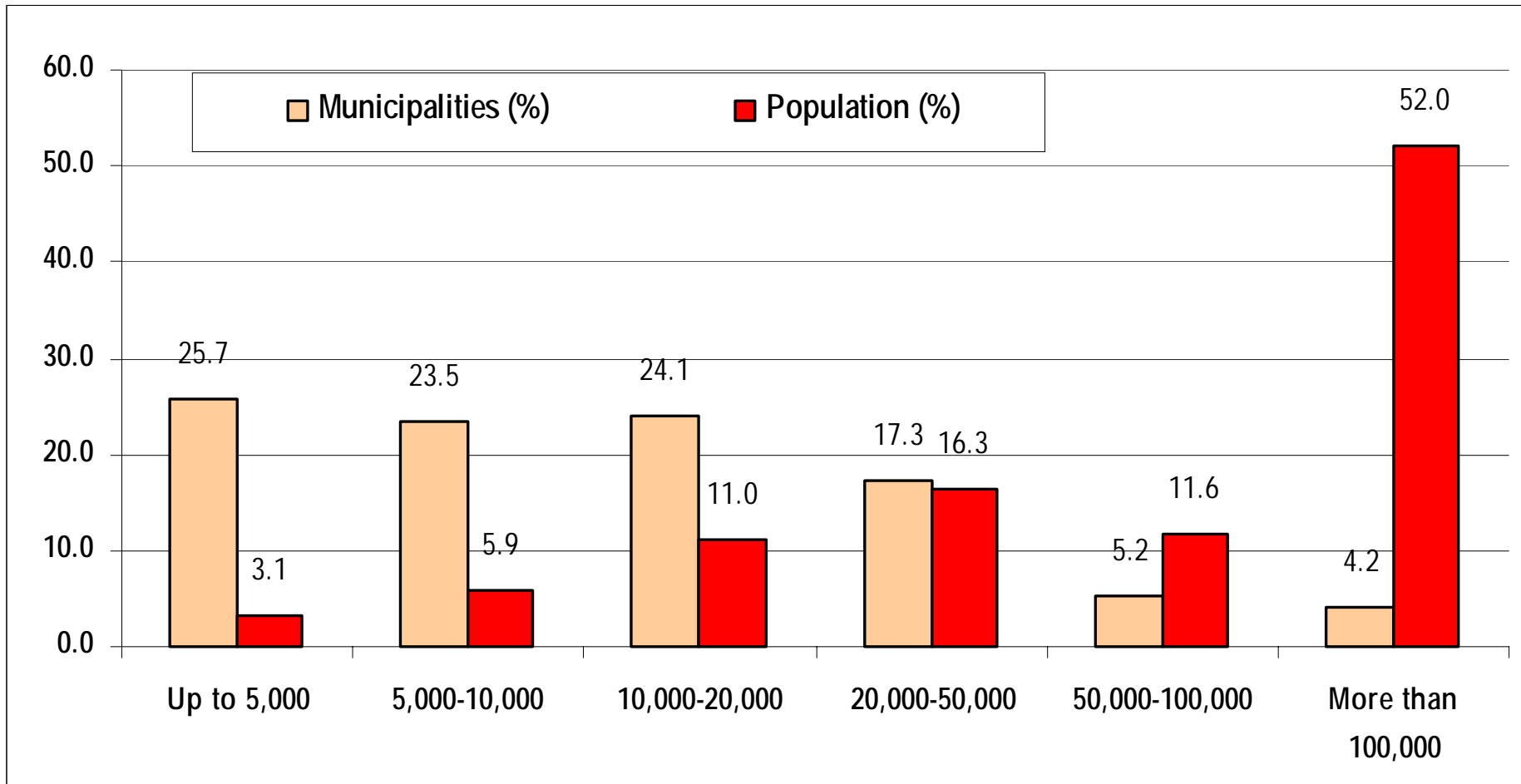
Source: Datasus/MS.

Brazil: Improvement in IMR - 1997 / 2000

Region	1997	2000	Variation
North	36.00	28.90	-20%
Northeast	58.30	44.90	-23%
Southeast	26.10	19.10	-27%
South	24.00	17.10	-29%
Midwest	27.10	21.90	-19%
Brazil	37.40	28.30	-24%

Source: Datasus/MS.

Brazil: Distribution (%) of Municipalities and Population, by population size - 2001



Source: IBGE

Nr. of municipalities: 5,561

SUS: The Unified Health System - main constitutional guidelines -



⌘ Universal access

⌘ Tax financed

⌘ Decentralization

⌘ Hierarchy

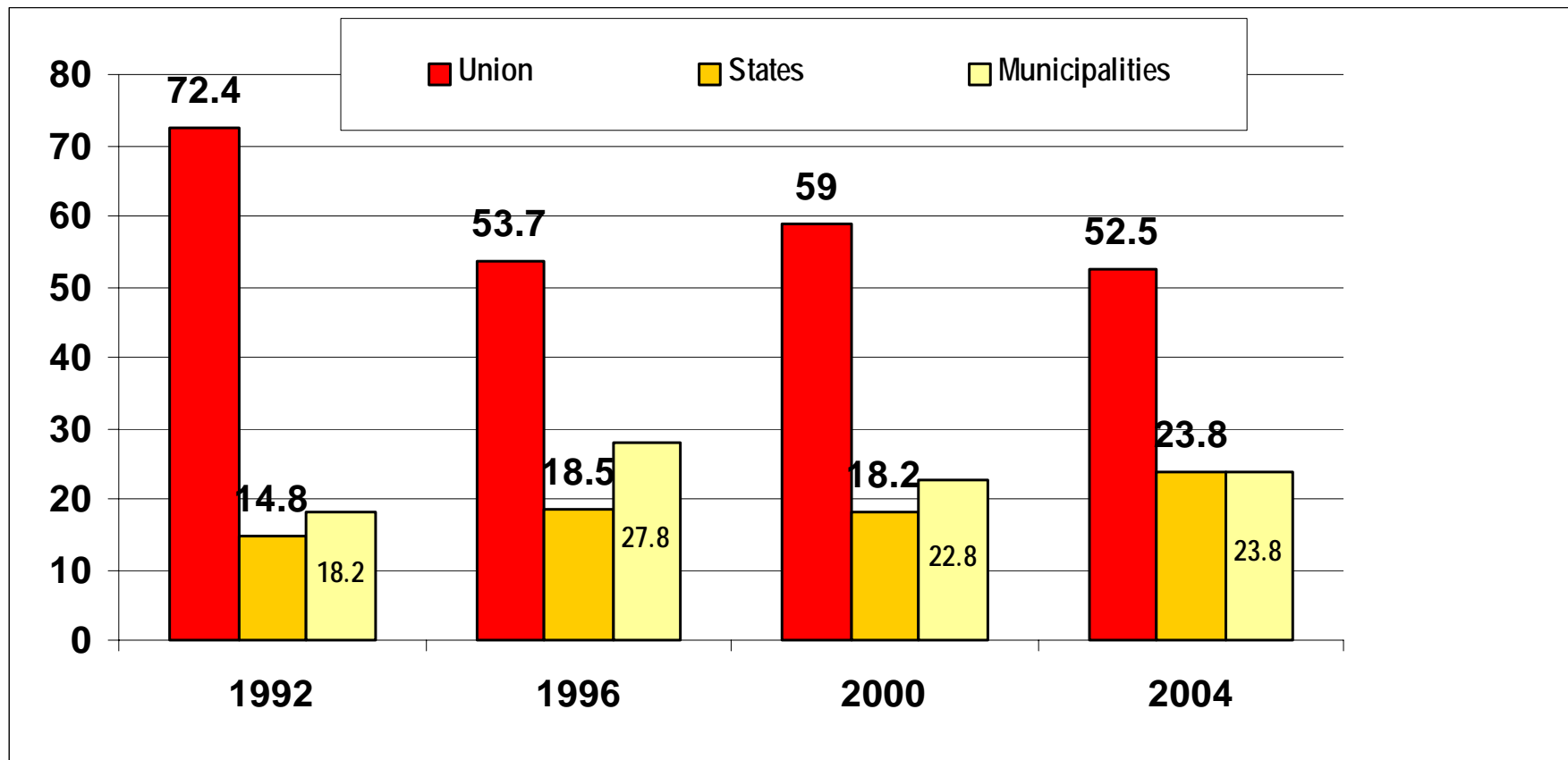
⌘ Popular participation

SUS: Decentralization



- ⌘ 1993 – automatic transfer of resources to municipalities x requisites/obligations
- ⌘ Direct relationship between Union and Municipalities – where are the States?
- ⌘ Radical municipalization -> 1996: intergovernmental boards + integrated programming

Brazil: Participation (%) of Government Levels in total public spending in health - 1992 / 2004



Source: Ministry of Health, Biasoto & Piola, 2001, p. 229. and Médici, 1994, p. 152.

Brazil: Public spending in health as GDP percentage - 2000

Government Level	% PIB
Union	1,87
States	0,58
Municipalities	0,72
BRAZIL	3,17

Source: Ministry of Health, 2002.

SUS: Popular participation



⌘ Municipal, State and National levels:

☑ Health Councils

☑ Health Conferences

☒ 50% - users

☒ 25% - health professionals

☒ 25% - health authorities and service providers

SUS: Primary health care



⌘ Principles of PSF (Family Health Program):

- ☑ substitutive model
- ☑ comprehensiveness and hierarchy
- ☑ territory and clientele delimitation
- ☑ multi-professional team

SUS: Family Health Program Coverage (% of the population) - 1998 / 2002

Region	1998	2000	2002	Variation
North	1.1	10.8	25.6	2248%
Northeast	1.6	22.0	39.5	2399%
Southeast	2.5	9.8	21.4	771%
South	1.9	11.8	25.5	1216%
Midwest	0.3	11.3	35.4	14056%
Brazil	1.9	13.7	28.4	1409%

Source: Datasus/MS.

Globalization issues



- ⌘ An optimistic point of view (for the Brazilian case)
- ⌘ Health care as a social right, not as a program

The Globalization Agenda



⌘ The Washington Consensus:

- ☑ Reduction of the scope of social policy

- ☑ Minimum State agenda

The Globalization Agenda



⌘ World Bank's agenda for health:

- ☑ adoption of user's fees for health services
- ☑ incentives to develop health insurance programs
- ☑ strengthening of non-governmental provision of services
- ☑ decentralization of the health care system

The Globalization Agenda x Social Policy in Brazil



⌘ The 1988 Constitution:

- ☑ acknowledged social rights
- ☑ was preceded by 10 years of an increasingly stronger social movement for these rights
- ☑ defined a social-democratic regime of welfare

The Globalization Agenda x Social Policy in Brazil

⌘ Some important achievements:

- ☑ no reduction of the scope of social policy
- ☑ minimal State idea not effective in most social areas
- ☑ World Bank´s projects coherent with the idea of health care as a social right
- ☑ decentralization as a political strategy for redemocratization, and not due to the Bank´s agenda
- ☑ tight fiscal adjustment policies have not compromised social policy budgets

The Challenges



- ⌘ Supra municipal coordination – clarifying the role of the states
- ⌘ Professional training and salary levels
- ⌘ Is the Unified Health System really unified? PSF x secondary and tertiary health care
- ⌘ Political elements prevent the “globalization” agenda to be internalized



THANK YOU VERY MUCH !!