Upcoming election could rekindle health debate in Brazil

Last year's mass protests in Brazil drew attention to health-care spending—an issue that could be in the spotlight again ahead of October's national election. Michael Kepp reports from Rio de Janeiro.

In June, 2013, more than 1 million Brazilians in cities throughout the country staged mass protests. Although initially sparked by a rise in public transport costs, the street demonstrations evolved into mass protests against excessive government spending on the World Cup soccer tournament and against insufficient public spending on essential services, in particular, health and education.

The lack of mass protests during this year's World Cup were probably the result of soccer fever having distracted the public and the government having flooded public areas with police and the military. But upcoming national elections on Oct 5, in which President Dilma Rousseff will run for a second term, could rekindle the debate about government spending on health and education, health experts said. "The mass protests were a public outcry against misplaced government spending priorities and could resume", said Luís Fernando Correia, who was the head of emergency services at the Hospital Samaritano, a private Rio de Janeiro hospital, for 17 years. "They sent the message that Brazilians are fed up with inadequate government spending on public health services, negligence which has resulted in the limited access to them and the poor quality of them here."

A February, 2014, survey, taken by DataFolha, a private polling agency, supported Correia's contention. In it, 45% of those surveyed said that "health" was the country's main problem. Some 45% of those surveyed blamed poor health care on too few doctors and nurses and 23% blamed it on insufficient financial resources.

The federal government's 2014 public health budget was 90 billion reais (US\$40-6 billion), a mere 3.5% of the federal budget. But Brazil's Health

Minister Arthur Chioro defended that budget by saying that "federal spending on public health has been steadily increasing on both an annual and a percapita basis". Per-person public health spending increased by 188% in the past decade, according to ministry figures.

"...Brazilians are fed up with inadequate government spending on public health services..."

Nonetheless, in 2013, civil-sector groups, as part of a public initiative that collected 2 million signatures, entered a bill into Congress that would require the federal government to spend at least 10% of its budget on public health, a threefold increase over the 2014 budget. The government is supporting a different bill in Congress that would provide, during a 5-year period, a 7% increase in federal spending on public health, said José Noronha, the Health Ministry's former National Secretary for Healthcare and now a senior researcher at the government's Oswaldo Cruz Foundation, the biggest health research centre in Latin America, located in Rio de Janeiro.

Public-private overlap

Brazil's 1988 constitution created the Unified Health System (Sistema Único de Saúde or SUS) based on the principle of health as a human right. As a result, today, 75% of Brazil's 195 million people benefit from public health care, managed and provided by all levels of government—municipal, state, and federal. The 25% of the public who can afford it or, more commonly, whose companies pay for it, use private health-care plans linked to higher-quality private hospitals. However, in Brazil, private and public health-care systems overlap, an

interface which can be cooperative. Virtually 100% of all patients with AIDS get free treatment from SUS. And many cancer patients, not adequately covered by their private plans, also use SUS hospitals that specialise in treating the disease.

Public-private hospital services also overlap. In Brazil, where 70% of the hospitals (and 69% of all hospital beds) are private and 30% of the hospitals (and 31% of all hospital beds) are public, poorer Brazilians without private health plans who need in-patient treatment in overcrowded, understaffed, and under-equipped public hospitals, often have to wait a long time to get in. To help public hospitals handle this overflow, private hospitals make 50% of their beds available to SUS patients, so that nearly 66% of all hospital beds in Brazil are available to SUS patients. But this overlap of public and private hospital services, rather than being cooperative, often creates conflict and controversy. "Because there are too few public hospitals to treat low-income people, private hospitals, which prioritise maximising profit, tend to choose what SUS patients they will take in, based on how much the government will remunerate them for their services,



Brazilians protest about low public spending on health and education, June, 2013

not based on how critical or urgent their medical condition is", said José Sestelo, a professor of collective health at the Bahia State Federal University. "This rather nebulous interfacing of services between private and public hospitals needs to be more transparent, better delineated, and better regulated to prevent the private health-care system from taking financial advantage of the public one."

Rio's hospitals

Public hospital overcrowding is most acute in big cities, where most of Brazil's population is concentrated. In Rio de Janeiro, the country's second largest city, 15 000 people are waiting for treatment in six federal hospitals and three federal medical institutes (for cardiac and cancer-related operations, and orthopaedic or trauma-related injuries), which do more complex surgeries, alleges Daniel Macedo, a Rio de Janeiro federal public defender. Some of them have been waiting years for surgery in these federal hospitals and institutes, Macedo said.

In February, Macedo filed a civil lawsuit against the federal, state, and municipal governments of Rio de Janeiro that would, if a court rules in favour of the suit, require these three levels of government to either jointly draft an action plan for treating the patients on the list within 1 year or pay private hospitals to treat them within 1 year. "Many of these 15000 patients in Rio's federal hospital system need surgeries of low-to-medium complexity, done by municipal and state hospitals, but which refuse to treat them because, once they have already entered the federal hospital system, government rules prevent them from transferring into state or municipal hospitals. So some patients in the most critical condition or needing care most urgently could die while waiting for it", Macedo said. "In Brazil, federal, state, and municipal governments are supposed to work cooperatively to offer public health care, something they don't do in Rio."

Primary care problems

The Family Health Program, created in 1994, when it began treating 1 million people, is Brazil's main delivery system for primary health care. The programme, now renamed the Family Health Strategy (ESF), had a budget of 3·2 billion reais (\$1·45 billion) in 2013, 11% more than in 2010.

Today, 35 305 teams of doctors, nurses, nurse's assistants, dentists and medical technicians in the ESF treat 109 million people, 56% of the population, in all Brazil's 5560 municipalities. These teams staff 39 900 basic health clinics, mainly in the poor peripheries of cities and in rural regions.

"The More Doctors programme is the most important measure adopted by SUS since its creation'..."

The ESF, which provides free vaccinations and treats the initial stages of many diseases, is the main reason why infant mortality has decreased by 58% since 2000 and why average life expectancy has increased from 70 years in 2000 to 74 years in 2012.

But public health experts say that the ESF is underfunded. "Although the government has spent money to reform, expand, and better equip ESF clinics, it hasn't built enough new ones to keep up with population growth. Nor has it invested enough in polyclinics, whose wider range of health care and diagnostic services can provide more specialised outpatient care. This is one reason that public hospitals are so overcrowded", said Ligia Giovanella, a researcher at the government's National School of Public Health (ENSP), based in Rio de Janeiro. "Another problem of the ESF is that most of its doctors live and prefer to work in big cities, rather than in their poor peripheral satellite cities or in rural areas. And in big cities, there is a big turnover rate among ESF doctors because they can make more money in their private practices."

The deficit of SUS doctors, and the high doctor turnover rate of the ESF is one reason that the government, in July, 2013, launched the More Doctors programme to increase the number of ESF physicians in 3785 municipalities, mostly rural areas and poor urban peripheries, and to reform and expand basic health clinics and 24-hour emergency centres where many of them practice. As part of this programme, the government has, in the past year, spent 11·3 billion reais (\$5·1 billion) on such infrastructural upgrades.

There are now 14462 such physicians taking part in the More Doctors programme in 3785 municipalities, 2302 of them Brazilians and the rest of them foreigners, the vast majority (11429) of them Cubans, who are here temporarily. They can work on the programme for 3 years and stay an additional 3 years. "The More Doctors programme is the most important measure adopted by SUS since its creation", said Health Minister Chioro, "It has already increased basic health-care services throughout Brazil."

Former National Secretary for Healthcare Noronha agrees. "The More Doctors programme has greatly improved primary health care in the rural and poor urban areas where doctors are in short supply", he said. "The programme's mostly foreign physicians agree to salaries that most Brazilian doctors, most of whom prefer to practice in big cities, wouldn't accept."

The More Doctors programme foresees the creation of 11500 new openings in medical schools by 2017, 3363 of which the government has already authorised, as well as more than 12400 additional residency positions to train medical specialists in 3363 public and private hospitals by 2018.

But whether the promise of more doctors will satisfy the Brazilian public's concerns about health in the country remains to be seen. Health care could play a big part in how votes are cast on Oct 5.

Michael Kepp