

Healthcare reform and the Unified Health System (SUS)

To defend the SUS, it is necessary to acknowledge the problems it faces and, at the same time, recommend ways to tackle them¹. A large part of the Brazilian population has personal experience with the system, though their experiences give rise to ambiguous feelings. Together with the recognition comes experiences of suffering, institutional mistreatment, long lines, unreasonable waiting times, insufficient information and treatment for diseases. With the onset of the pandemic, conflicting relationships with the SUS became a collective experience. Furthermore, on the part of government officials, there has not been any political and technical inclination to tackle the structural deficiencies of the system.

It is mandatory to expand the conditions and possibilities such that the universal right to health can be achieved². It is essential to develop new strategies capable of rekindling the hopes of society, health workers and a considerable number of managers. There is a pressing need to come up with suggestions and practices that articulate health needs, such as their design of financing, management, and care models, from an intersectional and procedural perspective, taking the complexity of health issues into account.

It is essential to make primary health care universal, duplicating the number of family health teams (ESF) and family health support nuclei (NASF). To achieve this, an additional 40 billion reais will be needed to develop integrated (tripartite) planning and programming for its implementation in four years, and it will also be imperative to obtain the commitment of public opinion, presidential candidates, governors and parliamentarians, with the SUS focused on primary care.

Comprehensive care must be assured through the reformulation of network operations, delegating powers to the Health Regions and creating regional health funds, with allocation of a percentage of the budgets of the Union, States and Municipalities; creating planning and programming that reduce health-care gaps and lines. It is a precondition to integrate all systems of regulation of access to medium and high complexity to the management group of the Health Region.

It is imperative to have a national and integrated policy and management of health personnel that ensures labor rights, health responsibility and the humanization of care. Work management must remain decentralized and the responsibility of each entity in the federation and each health service. And, at the same time, it must constitute national, integrated and interprofessional careers, based on major thematic areas of the system: primary care, health surveillance, mental health, physical rehabilitation, hospital and specialties, urgency/emergency, among others. Professionals should be hired through statewide competitive examinations and evaluation and progression criteria operated according to merit and in a participatory manner. Thus, it is crucial to curtail clientelism, fragmentation and cronyism through a drastic reduction in the appointment to management functions in the form of free appointment or positions of trust in the executive power and carry out internal selection for mandates, attributing value to SUS workers based on curriculum and exams, as is already common in other public systems.

For this new paradigm to be viable, it is necessary to create a special form of self-rule, formed and commanded by the Tripartite Commission, as well as a Tripartite Budget Fund that organizes careers, compensation, and pensions. This self-rule may, within a reasonable period, replace and extinguish the forms of outsourcing (social organizations and the like) that have caused so much damage to the SUS and public management. Lastly, progressive reforms need to be integrated into public policies and programs such as Health Surveillance, Science and Technology, Information Systems, Training and Permanent Education and integration with Education Systems, with Single Social Assistance Systems (SUAS), and with Urban Administration and others.

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References

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