saúde EM DEBATE

Cebes in the debate on the relations between the public and the private

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IN THIS EDITORIAL, WE PRESENT THE GUIDELINES THAT GUIDE THE Brazilian Center for Health Studies (CEBES) in the debate and action on the consequences of the exponential increase in private participation in the Unified Health System (SUS). Initially, it is always important to remember that the Federal Constitution of 1988 represents a civilizing milestone in Brazilian history, by establishing, in its article 196, that:

> [...] health is a right of all and a duty of the State, guaranteed through social and economic policies aimed at reducing the risk of disease and other health problems and universal and equal access to actions and services for its promotion, protection and recovery[1].

This constitutional provision expresses a radically democratic and universalist conception of health, the result of decades of struggle by the Brazilian Health Reform Movement (MRSB).

What was observed in the subsequent decades, however, was a trajectory marked by the contradiction between the constitutional mandate and the political and economic choices actually made. The SUS, although it has achieved significant advances in vaccination coverage, primary care, organ transplants, and response to health emergencies, coexists with chronic underfunding and the vigorous expansion of a private health sector that is paradoxically fed by public resources.

According to Sestelo, Souza, and Bahia[2], Brazil presents a unique configuration in the international landscape: a constitutionally universal public system coexisting with one of the world's largest health insurance markets, funded by generous State tax subsidies. This duality is neither accidental nor natural. It is the result of political disputes, economic interests, and allocative choices that have, over time, shaped a hybrid model that structurally favors the private sector at the expense of the SUS. From this perspective, it is important to revisit history, its contexts, and conjunctures.

On the 40th anniversary of the 8th National Health Conference – 8th CNS (1986-2026), which had unprecedented participation by representatives of civil society, the Conference approved a report that served as the basis for the Health Chapter of the Federal Constitution of 1988. The concept of health as "resulting from the conditions of food, housing, education, income, environment, work, transportation, employment, leisure, freedom, access and possession of land and access to health services"[3] represented a break with the then dominant biomedical and mercantile view.

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It is worth remembering that it defined, first of all, a Health Reform based on the democratic construction of social rights for quality of life, including, in this context, the universal, public, and state health system, and guiding the progressive nationalization of private services.

Some actors did not attend the 8th CNS, including private-sector representatives, even though they were present at the National Health Reform Commission formed after the conference to define operational strategies for the intended changes. The MRSB engaged in strong political advocacy within the National Constituent Assembly, resulting in the Health Chapter. Still, it was not able to neutralize the action of the private sector, which managed to guarantee its interests, including the article that allows its presence on a complementary basis, acting under the regulatory governance of the SUS for those situations in which this health system did not have services. Complementarity would be valid if the SUS is unable to carry out the set of actions and services necessary to ensure comprehensiveness on its own. However, the public offer always falls short of the needs, sometimes due to the lack of funding to expand its own services, sometimes due to political choices in an already clear game of interests, resulting in rapid growth in both the health insurance sector, which has moved from a complementary to a supplementary sector, and in private sector participation within the SUS.

The expansion of the private sector, simultaneous with the implementation of the SUS, is related to a set of phenomena that need to be identified to expand knowledge and better support political practice. The guidelines of the 8th CNS serve as flags that still guide our political strategies, but they are insufficient to outline tactics for action in the current context of social relations and private-sector dynamics.

The contemporary world is experiencing an intensification of the consequences of financialized, embodied, and predatory capitalism on the environment, imprinting deleterious conditions on work and living conditions, as well as significant changes in social relations that are more immediate, consumerist, and individualistic, thereby compromising the adoption of collectivist and solidary projects. The 'private' is more than the private appropriation of the means of production and exploitation of surplus value; it is also a strong element in the orientation of social relations, which disputes the meanings of what we call the process of health and illness.

Health is simultaneously one of the most expensive rights enshrined in the Federal Constitution of 1988 and one of the most lucrative markets in the Brazilian economy. This duplicity is not a historical coincidence: it is the product of concrete political disputes, waged by actors with well-defined interests, in parliaments, ministries, the media, and the streets. Understanding the relationship between the public and private sectors in Brazilian health, therefore, requires going beyond the technical analysis of care models and delving into the political economy that sustains them.

In 2022, Brazil spent approximately 9.8% of its Gross Domestic Product (GDP) on health, a percentage comparable to that of countries with consolidated universal systems. However, while in these countries the largest share is spent by the public sector, in Brazil, private spending (5.1% of GDP) has always exceeded public spending (4.7% of GDP)[4], thereby configuring a structural anomaly that initially reflects a correlation of forces unfavorable to the universalist project.

This correlation of forces is not the work of chance. It results from the organized action of powerful economic groups in the private health sector – plan operators, hospitals, the pharmaceutical industry, diagnostic and therapeutic support services – which, over decades, have built a systematic presence in political decision-making spaces, shaping the regulatory framework, capturing public agencies, and making reforms that could threaten their interests unfeasible. On the other hand, the defense of the universal SUS found allies in academia, social movements, factions of left-wing parties, and professional health entities – but despite the strength of participation and social control, its capacity to exert pressure proved inferior to that of private capital.

There is also a dispute over hegemony over what the right to health is and who is responsible for providing it. If the private sector used to be in opposition to the right to health, to the universalization of access, and to the construction of public systems, today it does not oppose these precepts, but assumes the commitment to 'contribute' to the State in the fulfillment of this 'mission'[5]. It attempts to imprint on the right to health a renewal of the old place of biological causality in illness and the individualization of cure, through the defense of expanding access to more technologies, inputs, medicines, and medical procedures.

It is important to remember the change in the private sector's attitude toward the SUS, which is political and quite symbolic. In the 2000s, representatives of the private sector began to emphasize the importance of the SUS and its organization. In tune with this sudden defense of the SUS, at the international level, the agencies launched the Universal Health Coverage (UHC) project, which affirms the insufficiency of public systems to serve populations and the need for the private sector to be ready to assume this mission. This change has not been properly studied, but it was certainly influenced by the dynamics of non-confrontation and adherence on the part of public agents, pressured by the need to expand services (especially of high complexity), by investment initiatives in technology, and by the expansion of resources for health, in addition to particularistic interests.

In the dispute for hegemony, the private sector 'copies' the health movement by creating think tanks that defend the SUS and advocate interaction with the public. As an example, the well-known Health Coalition Institute, formed by the sector's 'production chain', aims to 'contribute, in a purposeful and pluralistic way, to the debate and the search for new advances in health, in response to the demands of the population and the needs of the country'. Its mission is to 'propose solutions that contribute to the quality, equity and sustainability of the Brazilian health system'. They are clear in defending the constitutionality of private initiative in health and the "improvement of models that have already been successfully implemented, such as public-private partnerships"[6]. In the same direction, the Institute for Health Policy Studies (IEPS) also has a formative role and emphasizes the objective of building evidence to support the adoption of public policies[7]. If the Coalition and the IEPS are more technical and focused on formulation, the newly created 'Consensus Institute – convergence in health' will likely play a more political role, especially given the presence of politicians and managers at its inauguration in May 2026. This institute presents itself as a 'new framework for the technical articulation between public and private health' and will seek, through lobbying, to lend political legitimacy to the vaunted effectiveness of integrating the private sector with the SUS[8].

For us, the State was and is part of a counter-hegemonic project when it assumes responsibility for constructing social welfare structures within capitalism. The neoliberalism installed in the country requires an analysis of the performance of different governments in the health sector, particularly regarding the strategies adopted in implementing the SUS. From the outset, it is evident that the SUS is losing its character as a single system due to the frank expansion of the private sector. The state character was replaced by various mechanisms of management privatization. Furthermore, health was not central to any government project. This context compels us to broaden our understanding of the current dynamics of the private sector across its various dimensions to update and strengthen the struggle for hegemony over the right to health and the SUS – universal, public, and comprehensive. It is a major challenge that deserves our commitment and vigorous political action.

Authorship contributions

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