

A solução para o *SUS* não é um *Brazilcare*

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La solución para el *SUS* no es un *Brazilcare*

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Resumo

O Sistema Único de Saúde brasileiro implantado não recebeu todos os investimentos necessários para alcançar a magnitude prevista desde sua concepção e estabelecida na Constituição Federal de 1988. No mesmo período, o setor privado de saúde brasileiro vem recebendo cada vez mais investimentos por meio das políticas públicas do Estado. A crise econômica e os problemas pelos quais o SUS passa nos dias atuais são usados por determinados atores para justificar uma suposta necessidade de diminuir não só a pressão por financiamento, mas também a demanda de serviços públicos, e apresentar como solução a diminuição do SUS concomitante à expansão do número de pessoas com planos privados de saúde nos moldes da reforma do sistema de saúde norte-americano conhecida como *Obamacare*. Este artigo apresenta a falácia desse raciocínio com evidências científicas e argumentos que mostram que um maior investimento no SUS é fundamental para o desenvolvimento econômico e social do país.

Palavras-chave: políticas públicas de saúde; Sistema Único de Saúde; planos privados de saúde; mix público-privado; *Obamacare*; planos acessíveis; política de austeridade; gasto público; investimento social.

Abstract

The Brazilian Unified Health System (Sistema Único de Saúde-SUS) in operation has not received all the investments needed to achieve the expected magnitude since its conception and established by Federal Constitution of 1988. In the same period, the health private sector in Brazil has received more and more investments through governmental public policies. The economic crisis and the problems faced by SUS today are used by some actors to justify a pretense necessity of reducing not only the pressure to finance but also the demand for public services, and to present as a solution to such problems a reduction of SUS concomitant with the expansion of people benefiting from private health insurance like those created with reform of the North American health care system known as Obamacare. This article shows the fallacy of reasoning in question through scientific evidences and arguments demonstrating that a greater investment in SUS is fundamental to economic and social development of Brazil.

Keywords: public policies for health care; Unified Health System; private health insurance; public-private mix; Obamacare; inexpensive health insurances; austerity policies; public expenditures; social investment.

Resumen

El Sistema Salud Pública brasileño implementado no recibió todas las inversiones necesarias para alcanzar la magnitud esperada desde su concepción y establecida en la Constitución Federal de 1988. En el mismo período, el sector privado de salud brasileño ha recibido cada vez más inversiones por el medio de las políticas públicas del Estado. La crisis económica y los problemas por los cuales el SUS ha pasado en los días actuales son utilizados por determinados actores para justificar una supuesta necesidad de reducir no sólo la presión de financiación, sino también la demanda de servicios públicos, y presentar como solución la disminución del SUS concomitantemente a la expansión del número de personas con seguros privados de salud en los moldes de la reforma del sistema de salud norteamericano, conocida como Obamacare. Este artículo presenta la falacia de ese raciocinio con evidencias científicas y argumentos que muestran que una mayor inversión en el SUS es esencial para el desarrollo económico y social del país.

Palabras clave: Palabras clave: políticas públicas de salud; Sistema de Salud publica; seguros privados de salud; mix público-privado; Obamacare; seguros accesibles; política de austeridad; gasto público; inversión social.

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In recent years, Brazil has faced a severe economic and political crisis and, not surprisingly, the health sector has greatly suffered the consequences. One of them respects the private health insurance (PHI) market, which lost almost two million clients between December 2014 and June 2016 in a reduction from 50.4 to 48.5 million clientsⁱ pertaining to two groups of the population. One group is composed of those who paid for their insurance and had to reduce spending to cope with family budget due to the costs increasing or, often, because of the budget reduction as consequence of the unemployment of some family member who ceases to contribute and still requires support. The other group comprises people who have lost their jobs and, thereby, the employer financial support as the insurance provider.

Moreover, health is always at the top of the list of major concerns ranked by opinion surveys of recent times, throughout the country, both in national and municipal campaigns, as it is occurring this year, although this happens also in electoral periods as outside them.

In the midst of the crisis, in the 1st semester of 2016, the Health Minister Ricardo Barros told the press that it would be necessary reviewing the size of *SUS* and that it would not be possible to “support the level of rights determined by the Constitution”ⁱ. A few months later, Barros created the ‘affordable plans’ as a way to sort out the crisis. During the public hearing concerning the project ‘More Doctors’ (*Mais Médicos*), held in the Senate in 13 July 2016, Barros informed that these insurance would cover exclusively outpatient services and would cost approximately R\$80.00 per month to the consumer, and this measure is expected to expand the PHI market by 20 million policy holders. In other words, it would perform a strong change in the Brazilian health care system.

A month later, in another statement to the press, the Minister informed that reduced coverage and cost of insurance would help “allocating more resources into people’s care attention”ⁱⁱ. The argument holds that such a measure ‘frees’, ‘relieves’ the *SUS* system, and is also recurrent among those who advocate the need for the PHI market sustainability.

In the same month, an ordinance issued by the Minister Cabinet² created a working group to design the insurance. The group is consisted of representatives from only three bodies: the Ministry of health (*MoH*), the National Regulatory Agency for Private Health Insurance and Plans (*ANS/MoH*) and the National Confederation of General Insurance, Private Pension and Life, Supplementary Health and Capitalization Companies (*CNSeg*). However, social movements were not invited to participate in the group neither were the organizations of health service users, patients and health professionals, academic experts, nor the National Health Council. They may be invited, but not as the group member.

The recent events showed above reveal that, while civil society has been completely disregarded in the formulation of the proposal and decision making concerning the health system changes, representatives of the government itself (*ANS and MoH*) and from the insurance market, this latter working for the financial capital and profit accumulation (*CNSeg*), are the sole called to draw the Government proposal.

In addition to the proposal of affordable plans, *ANS* has considered the project of the price reduction of insurance by the increasing in deductibles, similar to the ‘high deductibles’ proposed by the health system reform in the United States, known as *Obamacare*, in force since 2012.

Those *SUS* amendments strengthen the PHI sector by means of *SUS* fragmentation and size decrease, suffering clear influence of *Obamacare* strategies of customer and PHI expansion. The question here is how the model could improve our health, whereas the public health care system in

i Available in: <http://www1.folha.uol.com.br/cotidiano/2016/05/1771901-tamanho-do-sus-precisa-ser-revisto-diz-novo-ministro-da-saude.shtml>

ii *Jornal O Globo* of 06/08/2016, p. 22.

Brazil is provided for all, situation not applied to the United States. What I'm are going to present in this paper is that such a proposal is part of a health system and public policy model addressed to strengthen the private sector and to increase the fragmentation of the system at all, but not capable of mitigating *SUS* difficulties neither fit for any society for the various reasons explained below.

Brazil needs a strong and of quality public health system

We need a public system strong and of quality primarily because *SUS* was created to serve all the Brazilians. Anyone who needs a health service can receive *SUS* care attention without having to pay for the service at the time of its use. This entitlement is called universal right to health. It is a citizenship right. The same does not happen to PHI or doctors, laboratories or private hospitals not covered by *SUS*, because they require the pay for use, either by means of a PHI or directly out of pocket. In these latter cases, the consumer law rules the commercial relation.

SUS may face several problems, but it is still addressed to everyone. The right to citizenship is extended to all people, mainly to societies concerned with the general well-being of the population, whose organization is based on solidarity values that ground the services addressed to the public.

As for the private sector, the offering of health services on payment is ruled by the consumer law and just delivered to the person that can afford the service. Otherwise, the person will not be able to have it. In that case the rule is each to anyone's own, condition in which the value of individual liberty is translated as income and wealth. This happens in private markets, where the richest benefit for having greater capacity of payment while the poorest remain harmed.

In practice, all health systems worldwide mix the public with the private. It is important to understand, in each system, whether the interest of all (public interest) can prevail over the interest of some (private interest).

In Brazil, despite the ever-greater problems and imbrication with the private sector, *SUS* is still a public health system for all the Brazilians. No other country of this size provides a public system for everyone. Therefore, *SUS* belongs to the people and needs to be improved.

The private sector insurance companies, health insurance and services delivery are not a system; those companies do not work as such neither have that goal, but, instead, to the aim of their profit. As the companies compete with each other, the sector is fragmented in its structure.

SUS is a system. And is organized as such by encompassing a network of actions; services; clinics and health centers; hospitals; service centers of diagnosis and therapy (*SADT*); professionals who carry out the actions and services; physical resources; and articulated guidelines policies. Alone, these dots do not form a network. They need to be interconnected (with information system, logistics, communication etc.) to become the network wires. This does not occur in the private sector due to its fragmented nature³.

Moreover, the health care logic does not apply if it is grounded on hospitals and acute events, as usually occurs in the assistance provided by the private sector, which is driven by the logic of payment for service rendered. It is necessary to guide attention by the logic of Primary Health Care (*PHC*). Most health problems can be resolved in the *PHC*. In addition, a study developed by Barbara Starfield⁴, which is reference in this theme, compared eleven countries showing that health systems guided by *PHC* are related to greater population satisfaction, to lower use of medicines and to better levels of health.

We also need a public system to enable the organization and management of the system. Without a system it would be impossible to organize *SUS* health care in more than 5,000 cities, more than 44,000 clinic and health centers, about 41,000 polyclinics and specialized clinics, 20,000 *SADT* establishments, in addition to more than 6,000 hospitals and 1,000 emergency rooms for more than 200 million Brazilians.

Another reason is the economic feasibility. Some individuals need much larger health spending than others. So, diluting these spending generates economic scale, making this so more feasible the larger

the population. This logic is enhanced within a context in which health care costs are increasing due to technological development and to several changes that reinforce the need for diluting health spending. Among these changes, one should highlight the population aging, the chronic diseases increasing, the acceleration of unplanned urbanization, the gentrification, the growth of unhealthy lifestyles.

A public health system is also critical as locus to define minimum standards of safety and quality of the services rendered as well as physical and human resources provided by those services. That quality cannot be provided by a company itself, whether it is a health establishment or a PHI company; it must be performed by an entity that represents the collective and public interest instead of the private interest of profit. So, it is only possible to be accomplished through the State.

Besides, it is also important, due to issues related to the economic development of the country, that the public health system be efficient because it is everyone's interest that it ensures a healthy population and with quality of life. Some countries are already aware of the need to provide sustainability to social policies in order to ensure the population access to education, health, welfare, sanitation and social care services so that their societies can develop also from the economic point of view and can fight poverty, create jobs and produce wealth. We will see more on this issue in the next section.

Scientific evidence from the results of the austerity economic policy

Two months ago, Finance Minister Henrique Meirelles said that “education and health expenses are items that, in practice, along with social security, have made unfeasible a greater control of expenditure in the last decades”ⁱⁱⁱ. He also said, in the same interview, that “health and education make adjustments unfeasible”. These statements are part of the proposal that, to end the crisis, it is necessary to cut social spending; keep interest rates high; set an inflation goal and a primary surplus; privatize; open the market to international financial groups (foreign capital). This is the proposal to balance government's accounts called austerity policy or orthodox policy, known as the austerity policy of neoliberal agenda currently undergoing in Greece and Spain as an alternative to counter the economic downturn these countries are facing since 2008.

What the advocates of the austerity policy do not know or do not tell us is that, if we cut social spending – and health is an important social spending –, those indicators we took years to improve will collapse.

Recently, we have seen scientific studies showing the importance of social policies, both for the humanitarian values by which they are characterized as for their own sustainability and economic development of countries.

The study accomplished by Reeves and others⁵ on economic policy in 27 EU countries over the period 1995 to 2011 conducted a multivariate analysis containing the determinants of political, economic and health system concerning changes in health spending experienced by those countries. The analysis generated the “fiscal multiplier” index, which shows the amount of resources obtained in exchange of public spending. The result demonstrated that the best fiscal multipliers result from expenditure on education and health, while the worst ones originate in the defense spending.

Stuckler and Basu⁶ study shows well the austerity policy tragedy in an exemplar case that is Greece experience. They analyzed the restrictions in health spending with treatments, diagnoses, medications and prevention, and maternal and child health over the period 2009 to 2012. They observed large increases in rates of infant mortality and suicide; the collapse in HIV prevention, which would be turning Greece into an ‘epicenter of the virus dissemination’, so vast was the infection increasing; in addition to the growing number of the homeless population. In the case of Iceland, which increased spending on social protection policies

iii Interview given on 07/01/2016 to Rádio *Estadão*.

and protection aid to the poor, it was found that there was no restriction in access to health services, whilst registering an increase in the sleeping hours, reduction intake of fast food with increasing of fish consume, and even the country's admission to the World Happiness Report⁷ because of happiness indicators, which keep a strong relation with social protection.

Stuckler and Basu's⁶ and Reeves and others's⁵ results show how cuts in health budgets in times of economic crisis may worsen the country life condition, causing a 'human tragedy'.

In the case of Latin America (LA) countries, officials from the International Monetary Fund (IMF) argue that neoliberal policies increase inequality, undermine growth sustainability and even endanger the sustainable expansion of those countries' economy: "Chile and other countries' (LA's) experience suggests that no fixed agenda is able to produce good results"⁸. Those authors sustain that IMF policy would not have been successful in the fight against poverty and inequality.

The mentioned studies show that when health budget is submitted to cuts during economic crisis there is an increase in the number of deaths, of outbreaks for HIV and tuberculosis infections, and of infectious diseases in general. Also, there is an increasing in the risk of return of diseases already eradicated, in the rates of alcoholism and suicide, and in mental health problems, i.e., a tragedy against a population in need of a country in crisis. Besides, such studies determine that the cuts in social spending increase country inequality and put at risk the possibility of a lasting expansion, consequently undermining grow sustainability.

In addition to demonstrating that health expenditures should not be cut during a crisis, those authors also determine that investing in health can be considered an opportunity to economize by means of the development of technologies, jobs and better quality of life, which are essential to face crisis. The authors suggest that maintaining or even increasing expenditures on health care helps the country grow back faster and longer lasting. In this sense, it is possible to affirm that, in periods of crisis, governments must reinforce the investment in health, because that's when people need most and because health contributes to a more sustainable development of the country economy.

It is important to understand that this austerity policy becomes greatly strong in response to the global economic crisis and coincides with the World Health Organization efforts as from 2005 to implement the Universal Health Coverage-UHC' proposal for all the countries of the world. UHC is based on the expansion of the private health market under the arguments that "large proportion of the population is willing to pay for private sector services" and "strong market players such as pharmaceutical manufacturers, hospital organizations, provider associations and insurance companies, are likely to increase pressure to attract public and private financing, particularly as LMICs [low and middle income countries] adopt policies to finance health insurance as a means to Universal Health Coverage"⁹. In other words, the effect of the economic crisis onto the international insurance market leads to the search for new customers, and, in this sense, the largest economies outside the northern hemisphere or LMICs countries are this policy most appropriate target, inserting in the map countries like Brazil, India and South Africa.

The financial health of the brazilian private health sector depends on the brazilian public sector

The true *SUS*, the one people have access to, is not the constitutional *SUS*. Since the adoption of the maxim “Health as a right of all and duty of the State” by the 1988 Federal Constitution and also that “Private companies are free to commercialize health services”, *SUS* has to compete with the private health market although through a disadvantageous way, as well shown by the document issued by the Brazilian Center of Health Studies¹⁰:

- Most of health spending in Brazil comes from the private sector. Among the ten largest economies in the world, India private health spending is the only that surmounts Brazil's;
- *MoH* budget is lower than the revenue of PHI. However, *MoH* is destined to all Brazilians, while private health insurance covers a quarter of the population;
- In eleven years, the proportion of federal funding in *SUS* total funding fell from 58.4% to only 45.4%;
- The income tax exemption for private health spending is huge, equivalent to 22.5% of federal spending on health care in 2011. That year, half of the exemption respected the cost of PHI;
- Federal government spending with private health assistance to the government employees and their families are equivalent to 5% of the total *MoH* budget;
- PHI have strong economic and financial power and spend billions of reais in advertising;
- Main suppliers of equipment, medicines and biomedical inputs are private companies;
- Brazil is the fourth largest pharmaceutical market in the world, and *SUS* buys a large share of those products;
- Health services private providers are responsible for a large share of *SUS* in-patient beds, despite the existence of several public programmes of financial support to those entities;
- In 2013, 66% of all diagnostic and therapy equipment were under the private sector control, as well as 62% of hospital beds in Brazil;
- Private health managers have strengthened their operations by the hiring the Civil Society Organization of Public Interest (*Oscip*) and Social Organizations (*OS*), increasing their activities in the management of hospitals, health centers, Emergency Care Units (*UPA*) and family health units, hampering *SUS* privatization ‘inside’ in what was still public, namely, the management.

Besides, PHI are a swindle. Most people who carry the insurance have accessed it through the employer, whether paying a percentage or all the monthly contribution. When the person retires, his/her budget decreases while the cost of living increases, and so does the need for health services and health spending. Probably he/she will not be able to afford those insurance. Therefore, the only way out also for us and our children as for all the Brazilians is attaining a better *SUS*.

These are examples of the important consequences of competitive actions *SUS* carries on with the private sector, clearly in an adverse position. Conditions like these are those we need to stand up against. For example, just the fact that people deserve income tax exemption in a way to afford a private health assistance is itself a strong incentive for the trendsetter population to have a insurance and stop struggling for *SUS*. What is the future envisaged for those people?

Recent attacks against *SUS* favor the private sector

In addition to the unfair competition *SUS* faces, since its creation, with the private sector, it has been suffering a plethora of attacks clearly aimed at its dismantling. The most important is the underfunding as a consequence of the Detachment of Union Revenue (*DRU*), equivalent to 20% of the revenue; this was initially denominated Emergency Social Fund (1994), later renamed as Fiscal Stability Fund, and, since 2003, as *DRU*. Currently, the Constitutional Amendment Proposal (*PEC*) 143, as of 2015, determines the unbinding of a higher percentage, i.e., 30% of the revenue until the year 2023. The Constitutional Amendment #29, as from 2000, established the minimum percentage of states and municipalities budgets to be spent on health, although not reaching the 10% claimed as the minimum percentage to be spent by Union, despite the more than two million signatures apposed on a bill of popular initiative delivered by the +10 Health Movement.

The promiscuity between private and public interests became serious since PHI companies are important election campaigns funders. In this sense, in 2014, the so congressman Eduardo Cunha authored an amendment to the Provisional Measure (*MP*) #627 of 2013 to tax exempt PHI, later vetoed by former President Dilma Rousseff. The same congressman presented *PEC* 451/2014, still under debate by the Congress, which compels the employers to offer PHI to their employees throughout the country. In early 2015, this same congressman denied the request for opening as investigation (*CPI*) on PHI while the Congress approved Law #13,097 allowing direct or indirect participation and control of foreign capital in health issues. It is to note that this Law is the result of *MP* #656 of 2014, which was submitted by a congressman from the state of Paraíba, affiliated to *PMDB* political party, whose campaign was financed by Bradesco that is an Insurance Company and also a Bank.

In August 2015, the document called “Agenda Brazil”^{iv} was released as a consequence of the agreement proposed by *PMDB*, and that ended in the parliamentary coup occurred in 2016. This document, among other anti-constitutional proposals, contained a differentiated charging for *SUS* procedures as for the user income range.

More recently, the foundations of social security laid down in the Constitution were tested by means of *PEC* 241/2016, which establishes, for the next 20 years, a limit for the government primary expenditure, among which are included those relating to health, education etc. One of the proposal’s most important points refer to its duration and which model of society it implies. As stated by David¹¹: “proposal duration of 20 years, making explicit that it is not an action that aims to deal with an economic crisis, but, instead, an attitude whose purpose is to change the Social Welfare State established in the Constitution into a Minimum State that does not guarantee the human rights neither the social, economic, cultural or environmental ones”.

Scientific evidence on public-private mix with public universal health systems and private health insurance

There are international studies¹²⁻¹⁶ evidencing that the coexistence between private insurance coverage and public system, called doubled coverage, generates some effects, such as: (i) the public system stays responsible for the longest and most complex waiting lists; (ii) the public-private mix contributes to inequity in supply, user access and use of services; (iii) it encourages the development of the private sector towards those services for which the population faces difficulties in accessing the public system, usually medical consultation with specialists, scheduled surgeries, *SADT* and medicines; (iv) it does not reduce the demand pressure for services provided by the public system neither for the system financing; (v) it does not

iv Available in: <http://www12.senado.leg.br/noticias/materias/2015/08/10/a-agenda-brasil-sugerida-por-renan-calheiros>

contribute to the preservation of the health system general objectives – universality, integrality and equity – which are useful to health outcomes and to the health system’s own development and social objectives, such as improving the population living conditions. On the contrary, the duplicated coverage undermines those system goals. Therefore, there is no scientific evidence that PHI relieves public universal systems.

Comments

In recent years, Brazil has improved in many issues. In the case of health, even considering *SUS* problems, the fact that we have a public health care system has raised important health indicators. Yes, we want more. But we cannot fail to accomplish the reductions in infant mortality rate, in children malnutrition rates and in the occurrence of infectious and immunopreventable diseases¹⁷⁻¹⁹.

Life expectancy also increased, and so did the elderly population. Parallel to that, the working population has increased while fertility decreased, which leads to a change in the population demographic distribution, i.e., to a demographic transition. All this requires different health services and in greater quantity, although being a very welcome problem, because it is the fruit of a society that lives longer and with better quality of life when compared to that of previous generations.

Brazil has also reduced inequalities. Our country is no longer in the worldwide map of hunger (United Nations Report on the state of Food Insecurity in the World). Although poverty is still huge, the number of people living in privation has decreased. Likewise, schooling increased while illiteracy decreased.

To what these improvements are due? To several factors, mainly to the 1988 Constitution, which brought social rights for all citizens regardless of race, income or gender, among them the right to health for the entire population.

As we have noticed, in the public-private interface in Brazilian health sector, the private sector survives thanks to public investment to the detriment of investment in *SUS*. The problem is that without a high quality public system the country reduces investments in the population health conditions, generating not only actual health problems for the people but also greater expenses in that problematic area that could be avoided and, yet, a less healthy population. This understanding of low investment in policies that are addressed to everyone is ‘to shoot yourself in the foot’, because affects the country ability to economically develop, both currently as in the future.

The proposals to reduce the size of *SUS* or to increase the number of people carrying PHI shall not ease or improve *SUS* operations. *SUS* should not act as a complementary system to the private sector. Quite the contrary, *SUS* is a huge and extremely complex system, one of the largest universal public health systems in the world, which provides a range of ever-wider services to a huge population in a vast and varied territory like Brazil.

Comparing the decades preceding *SUS* and those after its creation, the Brazilian public health system has always increased and improved during this latter despite the strong ties necessary to persist and survive to policies coming from all recent federal governments. Those policies resulted in *SUS* federal de-financing, in investment in outsourced work and in disinvestment in public work, strongly affecting the working conditions of *SUS* workers, among numerous other policies against *SUS* strengthening as the right to citizenship.

Anyway, if we want a lasting strong country, there is need for huge investments in the social area that impacts on all the population. Therefore, it is necessary that the State act in a way to make social rights reality. Concerning *SUS*, the issue is to make it truly constitutional. Certainly the vast majority of the Brazilian population wants public health and of quality for all Brazilians, which will only become possible by means of a universal public system strong and of quality for all.

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