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# THE PRIVATIZATION OF PRIMARY HEALTH CARE IN BRAZIL: CONSIDERATIONS ON ATTACKS ON THE UNIFIED HEALTH SYSTEM

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**SUMMARY**

This article investigates the impacts of the privatization of Primary Health Care (PHC) in Brazil and its implications for the Unified Health System (SUS). Based on the context provided by the Federal Constitution of 1988, which recognizes health as a right for all and a duty of the State, the study focuses on the consequences that have influenced the management of public health in the country, with special emphasis on PHC. The main objective is to assess both the potential benefits and the risks and challenges associated with the privatization of PHC within the context of the SUS. The methodology employed consists of a systematic review of recent literature, covering studies published between 2018 and 2024, focusing on the practices and policies of PHC privatization. The results indicate that, despite the promises of greater efficiency and innovation, privatization has generated negative impacts on the quality of services, shifting the focus from user well-being to profit. It is concluded that, although the privatization of PHC may seem beneficial in theory, in practice, it tends to compromise the principles of equity and universality of the SUS, requiring a reassessment of public policies involving private health management.
**Keywords:**Unified Health System. Primary Health Care. Privatization. Public Health. Health Policy.

## ABSTRACT

*This article investigates the impacts of the privatization of Primary Health Care (PHC) in Brazil and its implications for the Unified Health System (SUS). Starting from the contextualization provided by the Federal Constitution of 1988, which recognizes health as a right for all and a duty of the State, the study focuses on the subsequent administrative reforms that have influenced the management of public health in the country, with special emphasis on PHC. The main objective is to assess both the potential benefits and the risks and challenges associated with the privatization of PHC within the context of the SUS. The methodology employed consists of a systematic review of recent literature, covering studies published between 2018 and 2024, with a focus on the practices and policies of PHC privatization. The results indicate that, despite promises of greater efficiency and innovation, privatization has led to negative impacts on service quality, shifting the focus from user well-being to profit. It concludes that, although the privatization of PHC may seem beneficial in theory, in practice, it tends to compromise the principles of equity and universality of the SUS, requiring a reevaluation of public policies involving private health management.*

**Keywords:***Unified Health System. Primary Health Care. Privatization. Public Health. Health Policy.*

## INTRODUCTION

The Federal Constitution of 1988 (CF/88), enacted in Brazil, brought considerable changes to the structure of the Brazilian State by recognizing individual and collective rights that were previously far from the population. Until then, many citizens found themselves unprotected by the State in several areas, including health public. The CF/88 established the recognition of health as a right of all and a duty of the State (1).

This imposed on the State the responsibility of building a public health system with competence. shared responsibility among all federative entities. They should integrate their health actions and services into a single public system, known as the Unified Health System (SUS). The administrative-health model was a bold measure for a federative country like Brazil, as it was not just a suggestion, but an obligation. This required, from the beginning, a comprehensive reform in public administration.

Even thoughadministrative reforms occurred after the enactment of the CF/88, they were not

always comprehensiveand effectivein guaranteeing the social rights of the population. According to Abrucio (2), these reforms have produced unequal and fragmented results, leaving fundamental problems unsolved. Despite improvements in public administration, the management of health services still presents challenges, such as the fragmentation of professional training, development of science and technology, environmental protection and health-related activities. In addition, political influence continues to affect the distribution of positions and resources without effective health planning (2).

The outsourcing of public health services, which is one of the focuses of this study, was already provided for in the Federal Constitution of 1988 (1) and in Law No. 8,080/1990 (3). This practice preceded the SUS and was the subject of debates during the National Constituent Assembly, resulting in the inclusion of paragraph 1 of article 199 of the Federal Constitution of 1988, which establishes complementarity in public health (1,3).

In view of this, the question arises: how does the privatization of Primary Health Care affect the functioning and principles of the SUS? This study aims to explore the various facets of the privatization of PHC in Brazil, evaluating its benefits, risks and challenges to the SUS.

Through a systematic review of recent literature, we seek to understand the impacts of privatization on the quality and accessibility of health services, as well as on the dimensions of equity and universality that are pillars of the SUS. The study also aims to analyze the implications of this change on the training and qualification of health professionals and on the management of the health system.

## PRIVATIZATION OF PRIMARY HEALTH CARE

Primary Health Care (PHC) is a fundamental health service, being the first point of contact between the community and the public health system. Its purpose is to provide comprehensive care to those who seek the service spontaneously, without the need for a referral, and who are linked to a specific health territory. PHC aims to offer health care in its global and comprehensive conception, not limited to the treatment of specific diseases (3).

Those seeking PHC do not need to be currently suffering from an illness. Instead, they can seek it to receive comprehensive health care, ranging from prevention to recovery. PHC deals with health in its entirety, not just treating illnesses. However, we cannot underestimate the role of PHC and its family health teams in the clinical context. It is recommended that PHC be able to meet 80% of people's health needs (4).

According to Wagner's concept (5), the implementation of a more personalized care model focused on the uniqueness of each patient is advocated. This involves linking health professionals to a relatively stable clientele, allowing them to closely monitor the health-illness process of each patient, strengthening bonds and promoting health.

In addition to responding to clinical questions, PHC adopts a broader view of health, considering the individual and their community, their living conditions and the determinants of health. It promotes a strategic vision of health policy that seeks to awaken a sense of belonging in the individual to a health service, promoting health education and emphasizing the importance of self-care. This includes raising awareness about lifestyle, environment and socioeconomic conditions as essential elements for maintaining good health.

The key elements of the APS, according to its regulations and specialized technical articles, include include:

- First contact;
- Open entrance door;
- Territoriality;
- Raising health awareness;
- Belonging to a health system;
- Filter for referencing services of greater technological complexity;
- Coordination of the healthcare network, exercising its role as regulatory authority for care consistent with needs;
- Service-community interaction, with the presence of the community agent in the demarcated territory;
- Health surveillance actions, with provision of epidemiological data;
- Identification of gaps in assistance and economic and social data required by article 5 of Law No. 8,080 of 1990;
- Basic clinic;
- Basis for health planning (3).

Decree No. 7,508 of 2011 also establishes that universal and equal access to health actions and services will be coordinated by the APS, taking into account the assessment of the severity of individual risk and

collective, as well as chronological criteria and specificities for people with special protection (6).

PHC is defined in Consolidation Ordinance No. 2 of 2017 as a set of health actions that encompass promotion, prevention, protection, diagnosis, treatment, rehabilitation, harm reduction, palliative care and health surveillance. These actions are carried out by multidisciplinary teams and directed at the population in a defined territory, with the teams assuming health responsibility (3).

Both regulatory acts establish the PHC as the main access point to health actions and services in the SUS. It plays a central role in health care, coordinating the care network and guiding people in their care pathway when necessary. The set of services offered by the PHC highlights its importance in the health system, since it coordinates health care, with an emphasis on promotion and prevention, covering the three pillars that define health services: health promotion, protection and recovery. The PHC approaches health considering the factors that condition and determine it, including health, nutritional, environmental, worker, epidemiological and sanitary surveillance actions, promoting health in a comprehensive and systemic manner and preventing risks of health problems (3,6).

Since PHC in Brazil is considered the backbone of the SUS, it faces a period of significant transition with the growing trend towards privatization. This movement towards privatization has been driven by a number of factors, reflecting both the internal needs of the health system and the influences of global health policies.

One of the main drivers for the privatization of PHC in Brazil is the search for greater operational efficiency and innovation in the provision of health services. Faced with the challenges of limited resources and increasing demand for health services, private management is often seen as an alternative to optimize the use of resources and introduce innovative practices in the health system (7).

Economic pressures and budgetary constraints faced by the Brazilian government are crucial factors driving privatization. With rising healthcare costs and the need to expand services, private sector participation is seen as a strategy to ease the financial burden on the state and expand access to healthcare services (8).

The global trend towards privatization of health services also influences health policies in Brazil. The adoption of market-based health models in developed countries serves as a model for developing countries, influencing political and strategic decisions in the health sector (9).

The challenges faced in public health management, including issues of efficiency, bureaucracy and quality of services, are often cited as justifications for adopting a private management model. It is argued that the private sector, with its results-oriented approach, can overcome these challenges and provide a more efficient and higher quality service (10).

Furthermore, the profit orientation characteristic of the private sector may result in the prioritization of more profitable procedures over practices based on need and clinical effectiveness, compromising the overall quality of care (11). In this sense, privatization may also lead to a reduction in the State's commitment to public health, weakening universal health systems and exacerbating existing inequalities.

## ATTACKS ON THE SINGLE HEALTH SYSTEM

Exploring the attacks on the Unified Health System (SUS) in Brazil reveals a series of challenges faced by public health, marked by controversial government policies, budget cuts and legislative changes. The SUS, created by the Federal Constitution of 1988, is one of the largest public health systems in the world, offering universal and free services (1). However, over the years, it has faced several difficulties, especially in terms of funding.

Budget cuts in the SUS have been a constant, affecting the system's ability to provide quality services. According to Vieira and Benevides (2),underfundingThe chronic shortage of SUS compromises everything from the acquisition of basic supplies to the maintenance of hospital infrastructure. In addition, Constitutional Amendment 95 of 2016, known as the “Public Spending Ceiling”, imposed severe limits on the growth of public spending, including health and education, which, according to Almeida (3), could result in a decrease of up to 35 billion reais in the next 20 years for the health sector (4).

Government policies have also impacted the SUS. Human resource management, for example, faces challenges related to job insecurity and the devaluation of health professionals (1). Furthermore, the alternation of health policies according to changes in government generates discontinuity and

uncertainty in the management of the SUS (5).

Legislative changes, in turn, have the potential to significantly alter the public health landscape. Complementary Law No. 141 of 2012, for example, was a landmark in establishing the minimum amounts to be applied annually by the Union, States, Federal District and Municipalities in public health actions and services (6). However, the effectiveness of this law in the context of fiscal austerity is questionable (7).

The growing influence of the private sector in Brazilian public health, mainly through Social Organizations (SOs) and Public-Private Partnerships (PPPs), has generated an intense debate about the commodification of health and the potential reduction of the role of the State in guaranteeing the right to health, as highlighted by Arretche (8). This trend is particularly worrying when we consider the situation of PHC, recognized as the basis of the SUS and essential in disease prevention, health promotion and management of chronic conditions (9).

The relationship between budget cuts in the SUS and the trend towards privatization of PHC is clearly perceptible. As Pinto and Giovanella (10) point out, the reduction in funding for the SUS directly impacts PHC, resulting in a decrease in the capacity to offer services, a reduction in staff numbers and precarious working conditions for health professionals. These factors contribute to the deterioration of the quality of care and accessibility to health services, which are fundamental elements for the effectiveness of PHC.

Due to its technical and care characteristics, and due to its importance within the organization of the SUS, PHC is defined as a strategic service, which reinforces its essentially public vocation. In principle, this characteristic would distance PHC from privatization, concession, outsourcing or complementarity programs. Public activities, of a strategic and structural nature, suggest that their privatization should not be considered, an issue that will be analyzed in this paper (7).

However, the process of privatization of PHC, often justified by the search for greater efficiency and cost reduction, entails significant risks. The transfer of primary health services to the private sector, whether through social organizations or public-private partnerships, threatens the principles of universality and comprehensiveness that underpin the SUS (8). This change represents a transition from a rights-based health model to a model guided by market logic, which may compromise the SUS mission of ensuring universal access to health.

This market orientation can result in segmentation of care, where services are concentrated in areas or demographic groups that offer greater profitability, leaving vulnerable populations and economically less attractive regions without adequate care. Such a scenario directly contradicts the principle of equity, a fundamental pillar of the SUS, and challenges the system's ability to fully meet the health needs of the population (11).

Although efficiency is a common argument in favor of privatization, studies indicate that the quality of care can be compromised when services are guided by profit objectives (12). Therefore, this transition to the privatization of PHC, driven by budget cuts and market policies, represents a significant challenge for the future of the SUS and for the maintenance of a public, universal, and high-quality health system in Brazil.

## METHODOLOGY

To conduct this systematic review, specific inclusion and exclusion criteria were established. The inclusion criteria covered studies published between 2018 and 2023, focused on the privatization of Primary Health Care in Brazil and its implications for the Unified Health System (SUS). Original articles, reviews, case studies and technical reports available in English and Portuguese were considered. The exclusion criteria included articles outside the specified date range, unrelated studies directly to the topic of the privatization of Primary Health Care in Brazil, as well as articles without access to the full text.



The search for articles was conducted in the databases SciELO, PubMed and other relevant academic sources. The keywords used in the search included “privatization”, “Primary Health Care”, “Unified Health System” and “Brazil”. The search was refined to include only peer-reviewed articles published within the stipulated period.

Initially, the titles and abstracts of the articles were examined to verify their relevance to the topic of the review. Subsequently, the selected articles were subjected to a complete reading for a more detailed evaluation. The articles that met the inclusion criteria were then included in the

revision.

The systematic review process followed the PRISMA guidelines to ensure a transparent approach. After identifying the articles in the databases, they were selected and evaluated according to the criteria established in the table below. The data were synthesized in order to highlight the main findings, trends and implications of the studies on the privatization of Primary Health Care in Brazil and the impacts of this privatization on the SUS. The review sought to provide a comprehensive understanding of the topic, considering different perspectives and results reported in the selected studies.

Table 1 - PRISMA Result

| Stage | Description | Number of Articles |
|---|---|---|
| Identification | Search the databases with the keywords “privatization”, “Primary Health Care”, “Unified Health System”, “Brazil” for the period 2018 to 2023 | 30 |
| Screening | Reading the titles and abstracts to check their relevance in relation to the theme | 30 |
| Eligibility | Full reading of pre-selected articles to assess compliance with the inclusion and exclusion criteria | 16 |
| Included | Articles selected for inclusion in the systematic review after evaluation detailed. | 09 |
| | | |

## RESULTS

The privatization of Primary Health Care (PHC) in Brazil has been a topic of intense discussion, especially regarding its impact on the functioning of the Unified Health System (SUS). PHC is considered the gateway and a critical component of the SUS, playing a fundamental role in ensuring universal and equitable access to health services. The transition to a private management model in PHC raises significant concerns about the quality and accessibility of health services.

In order to better summarize the topic, below is a table showing the positive and negative points of this privatization based on the methodology described.

The privatization of PHC in Brazil is a widely debated topic that brings with it complex implications for the SUS. To date, there is no clear regulation defining which health services can be subject to supplementation, partnerships, promotion or outsourcing. The National Publicization Program (PNP), established by article 20 of Federal Law No. 9.637/1998, was only regulated in 2017 by Decree No. 9.190/2017, which focused on clarifying the guidelines for social organizations (SOs) without addressing other important definitions.Even thoughAlthough Law No. 9,637/1998 outlined the areas of publicity, such as education, scientific research, technological development, environmental protection, culture and health, it did not specify in detail which areas of health could be publicized, due to the broad concept of the term “health”, which encompasses a vast range of actions and services. This resulted in a hybrid field, where services with exclusive state powers, such as health surveillance, coexist with assistance services that can be performed by private entities (13).

Decree No. 9,190/2017 focused mainly on regulating social organizations within the scope of the publicization process according to the federal model of the PNP. Since 1998, several states and municipalities have started to qualify private non-profit entities as social organizations, many sometimes in ways that differ significantly from the federal model. These partnerships and forms of promotion public, even under the generic name of social organization, deviate from the original conception. It is necessary to emphasize that the Direct Action of Unconstitutionality (ADI) No. 1,923, of 1998, which considered the social organization constitutional, focused on the analysis of the federal model, which does not always align with the different formats of social organization existing in the country (14).

In health, two forms of public-private participation have prevailed: the complementarity of private services and social organizations. However, these models are often confused, all falling under the regime of complementarity, limited to contracts or other arrangements that seek, in practice, to complement public services that do not exist in the public sector. A crucial point is the lack of regulation

information on the preference given to non-profit private entities in the contracting of complementary private services. Ordinance No. 1,695, issued in 1994 by the Ministry of Health, which provided for the preference of these entities, was revoked without a new regulation being established, leaving a gap on the subject (15).

The competence of the PHC is vital to the health system because of its ability to coordinate the healthcare network in larger municipalities, where technological complexity is more present due to the regionalization of health. It is up to the PHC to avoid fragmentation, strengthen the systemic nature of the SUS, and ensure adequate support for the population, promoting continuity of care according to the technological complexities required. In addition, the PHC plays a crucial role in developing health awareness in society, encouraging self-care and promoting healthy lifestyles. This service must be decisive, placing the user at the center of attention and making him/her an active participant in preserving his/her health, especially in relation to chronic and preventable diseases in a rapidly aging population. Therefore, the PHC occupies a central and structural position within the SUS, improving the health conditions of the population and ensuring basic care, in addition to referring users to more complex services and strengthening ties with the community (16).

Given that PHC is not a service intended to be provided by private entities, whether for profit or non-profit, and considering that it is the main gateway to the public health system, it is possible to state that PHC has an intrinsic public nature. Therefore, there is no justification for its transfer to the private sector, whether in collaborative, complementary or development schemes. PHC should remain under the public law regime, administered by strategic public health authorities (17).

Sandel (2020) criticizes the expansion of privatizations, arguing that they represent an impoverished view of the role of the State in ensuring the common good and in developing public policies guided by human values. He advocates a critical reflection on the inclusion of public health services in privatization policies, highlighting the need to preserve the role of the State in promoting collective well-being (18).

Giovanella *et al.*(2019) analyzed Provisional Measure 890/2019 (Brazil, 2019), which established the Doctors for Brazil Program, and highlighted the significant risks associated with the transformation of PHC into a commercial space within the SUS. They warn of possible setbacks in the training of doctors for primary care, a direct consequence of privatization that may affect the quality of care. This aspect is crucial, as the training of health professionals is fundamental to the effectiveness of the health system (19).

Barbosa's study *et al.* (2021) on the Minas Gerais Pharmacy Network Program is a specific example where partnerships between the public and private sectors can result in improvements in access to medicines in primary care pharmacies. This case indicates that, in certain situations and under specific conditions, privatization elements can contribute positively to the accessibility of essential health services (20).

However, it is important to note that this benefit, although significant, should not be generalized as a broad advantage of privatization in health. Most evidence and studies point to a series of challenges and problems associated with privatization, especially with regard to equity of access, quality of care and the financial sustainability of health systems. These challenges include potential increased costs for users, prioritization of profitable treatments over broader health needs, and a possible reduction in the role of the State in ensuring a universal and equitable health system (21).

One of the most worrying aspects of privatization, as highlighted by Giovanella *et al.*(2019), is the potential compromise of the principles of equity and universality of the SUS. The profit orientation, characteristic of private management, can lead to an unequal distribution of health services, harming mainly the most vulnerable populations. In addition, Oliveira's research *et al.*(2021) about the costs of hospitalizations for Conditions Sensitive to Primary Care in the SUS point to the urgent need to strengthen PHC. They argue that privatization may lead to an increase in hospitalization costs, indicating a possible decrease in the effectiveness of PHC in preventing conditions that should not require hospitalization (22).

Finally, Brito's review *et al.* (2022) on institutional support in Brazilian PHC, according to the Paidéia method, suggests that privatization can interfere with institutional democratization and the qualification of services to the population, essential aspects for the success of the SUS. This is an indication that privatization can interfere with the SUS's ability to respond effectively and democratically to the needs of

population health (23).

In this context, the privatization of PHC in Brazil presents a series of significant challenges. Among them, the most important are the compromise of equity and universality of the SUS, the increase in hospitalization costs, the negative impact on the training of health professionals and the obstacles to institutional democratization. These factors indicate that the negative aspects of privatization may outweigh its potential benefits, requiring careful and judicious evaluation (23).

The attributes that define comprehensive PHC are intrinsically linked to the understanding of the social determination of the health-disease process and to health as a universal right, to be guaranteed through quality public services, organized in a unified network based on PHC. To achieve this condition, the Family Health Strategy (ESF) within the scope of the SUS adopts guidelines that include territorial organization, the promotion of continuous and longitudinal care, and the strengthening of bonds between health professionals and the people served. In addition, the ESF aims to solve or address the health problems of the population, monitoring individuals throughout their lives and promoting popular participation and health education (24).

The concept of resolution in this model is supported by the complaint-conduct binomial, which requires the territorialization of care and the development of lasting bonds. Without these conditions, it becomes difficult to offer continuous and longitudinal care, guided by the perspective of comprehensiveness (25;26).

The recovery of Family Health as a central strategy for the organization of Primary Care requires the recomposition of the workforce from a multidisciplinary perspective, as well as an increase in the number of Community Health Agents (CHAs) per team. This is necessary to restore comprehensiveness as a guideline for care and to carry out work with a territorial basis and community orientation. This process requires the strengthening of public management, overcoming the managerialist perspective of work management and the resumption of the statutory modality as a reference for labor relations, guaranteeing stability and security, in addition to remuneration and rights that reflect the social value of those who dedicate themselves to public health (27).

## FINAL CONSIDERATIONS

This article explored the various dimensions of the privatization of Primary Health Care (PHC) in Brazil, aiming to assess both the potential benefits and the risks and challenges imposed on the Unified Health System (SUS). The central issue addressed revealed a complex scenario, where the advantages of private management in PHC are overshadowed by significant negative impacts on the functioning and principles of the SUS.

Any benefit that privatization could bring becomestinysince the challenges are much more significant, asthe risk to the equity and universality of the SUS, essential pillars of the system. Privatization introduces a market logic that can create significant disparities in access to health services, disproportionately affecting the most vulnerable populations.

Another worrying aspect is the potential increase in hospitalization costs, suggesting a decrease in the preventive effectiveness of PHC. This is an indication that privatization may be compromising one of the fundamental objectives of primary care. In addition, the impact on the training of health professionals and on institutional democratic processes points to possible deteriorations in the quality of care and in the governance of the health system.

In conclusion, the risks and challenges associated with the privatization of PHC in Brazil appear to outweigh the specific advantages it offers. The compromise of the principles of equity and universality, the increase in hospital costs, and the impact on professional training and democratic processes are factors that question the ability of the SUS to maintain its mission of providing health in a universal, comprehensive and equitable manner. Thus, the privatization of PHC, as it is being conducted, represents a significant deviation from the founding principles of the SUS, challenging the sustainability and effectiveness of the Brazilian health system long term.

Future research should focus on longitudinally assessing the effects of privatization on quality of care, health costs, and population health outcomes. This will help build a robust evidence base that can guide more informed policy decisions focused on the well-being of the population, while maintaining commitment to the fundamental ideals of the SUS.

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