

Health and Development

The national development pattern is mostly turned to the interests of the market, which means it is based on strengthening consumption to the detriment of basic social policies that aim to consolidate social rights. In this context, the universal right to health did not earn the importance expected by the Brazilian society. It is necessary to readdress and adequate the political agenda of sanitary reform, updating its goals and strategies and building new consensus, as well as social and political arrangements in order for it to be sustained.

To analyze the current paths and possibilities for the Brazilian sanitary reform it is necessary to observe the impact of globalization on health. Guided by the capital and the market, globalization has been generating inequalities and asymmetries, and it has also been imposing a model of technological revolution which leads to the condition of dependence and delay between countries, creating repercussions to health.

For instance, Brazil has been increasingly facing new and old conditions and situations that empower, reproduce and aggravate the vicious circle of dependency, delay and inequity, with no signs of significant changes in the economic structure of the country. Therefore, 'sectorial goals for health face insuperable barriers, which result from the model of development of the country, as those observed in the current configuration of the public and private sectors. The worsening of the current crisis forces those who defend health as a universal right to face the contradictions in this scenario of development established for the country, or else the models that impose real limits to the sanitary reform project will be crystallized.

The urgent need to readdress a political agenda for the sanitary reform should try and update its goals and strategies and build new consensus, as well as social and political arrangements in order for it to be sustained. CEBES has tried to motivate this debate in order to contribute with the revitalization of the sanitary movement and with the critical reflection about our country, which should be conducted in terms of political economy. From this process, it is expected that new alternatives of transformation for our economy can come up, and, at the same time, cause changes in politics and in the current relations of power in the society.

It is proper to revisit the first political document made by CEBES *The democratic issue of health*, in which we state that health should be a universal right, within the context of social rights, and it also should be established as a condition for citizenship, thus being part of the very concept of development. So, the right to health was inserted in the Federal Constitution as a result of the articulation between economic and social policies for the collective well-being.

Contemporaneously, no country can be considered as developed while the health conditions of the population are precarious. The defense of a broad view of health as a social right constitutes a premise, also ethical, to define the just and adequate development for the country. So, it is deceitful to support arguments that connect economic growth and public responsibilities towards

health, and also to justify universal policies and costs with health. False dilemmas, which were overly spread in the past and based on a restricted economic dimension, are no longer admitted.

In the proposed exercise to update the health agenda, the following question is basic: what is the difference between the liberal agenda and the sanitary reform agenda? The answer to the question should take into account that nowadays health counts on the sympathy and interest of many sectors of society, and even the liberals defend that health is a 'right' and the presence of the Brazilian National Health System (SUS) as a public policy. This situation creates 'apparent' points of convergence between the liberals and the ideals of sanitary reform that should be analyzed separately, especially concerning the subject of 'health and development'.

To separate the good from the bad, once again it is worth to consider the aspects of the relation between health and economy and the model that has been adopted in Brazil: the flawed offer of services in the market and the adoption of low cost technologies that justify the focus on primary care and in the local context. It is the poor quality of SUS that cannot compete with the private health market, addressed to low income groups and populations.

The liberal agenda reinforces health as an individual right, and such themes are 'equally' compatible with the liberal ideal of the countries, academic institutions and international organs that are part of the central world hegemony of capitalism. However, the relation between health and development is not restricted to being an element that constitutes social or individual basic rights. Health also creates an indirect effect on economic growth, which is a result of its social dimension. This implies the improvement of the workers' life conditions and the general environment for investments.

In this perspective, the reasons to invest are strengthened when health is incorporated as an indirect factor for growth. However, we cannot restrict the debate about health and development to the dimension of necessary resources and to the size of the state and the market to provide goods and services and to finance.

The group of dimensions we present here should compound the defense of health, even in mobilizations — which are definitely necessary — for more financing and for the effective action of the State. It should be compatible with the collective needs and demands of health and quality of life.

Health is much more than a generic factor in economic production functions when it is related with the economic growth. That is why the updated health agenda should incorporate analyses that consider historical and structural aspects of our society. Our slave and colonial past is also responsible for the compliance of an unequal society allied to the culture of prejudice, discrimination and the natural view over social exclusion.

The insertion of the country into the international plan is related to the asymmetric characteristic of technical, knowledge and learning progresses. In this dimension, once again there is a separation between the liberal view and the developmental thinking, referring to its different political and ideological aspects, including the thoughts on the sanitary reform. The articulation between health

and development demands deep structural changes in our society, economy and politics — and this perspective shows the relevance that tells the difference between necessity and a health political economy.

Because of this need, questions about the real health conditions of a people who live in such a poor, dependent, unequal country, with no access to knowledge, poor work conditions and no ability to learn, are clear for the sanitary reform agenda — even if this country has improved some classic health indicators.

Health as quality of life leads to the thought of its structural connection with economic development, equity, environmental sustainability and political mobilization of society. Therefore, it plays an essential role in the discussion of a social and economic model of development. The health agenda should go beyond the sectorial debate to effectively enter the discussion to define the pattern of the Brazilian development.

In order to update this agenda, the Brazilian development in the past few decades should be considered, which has been characterized by the substitution of importation, leading to high rates of growth in the world, but inciting social and regional inequities, with no technological formation throughout this period.

More than that, we have to think about one more question to guide our reflection: how should we advance in a political project for health in the context of Brazilian capitalism, which cannot sustain itself, excluding from the social point of view and dependent in relation to knowledge and ability to innovate?

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