

National health surveys in Brazil

It gives us great satisfaction to introduce this thematic issue of *Revista Ciência & Saúde Coletiva*, another series of articles by a growing group of researchers dedicated to analyzing data collected from population health studies.

Brazil is possibly one of the countries that have invested the most in health information. However, the growing volume of data stored in various systems has not been fully tapped for the systematic evaluation of health policies. In addition, databases for vital statistics and administrative systems lack an important set of information needed to evaluate such policies.

Population databases allow performing analyses for the population as a whole, both in terms of health needs and access to (and use of) health services. They also allow evaluating the source of financing for the use of health services – public, private health plans, or out-of-pocket – as well as characterizing the population covered by each of these sources.

However, population-based surveys in Brazil have been conducted singly, without well-defined periodicity or a closer link to health policy-makers. The Ministry of Health has invested resources to conduct these surveys, but there is no clearly defined policy on which dimensions should be evaluated periodically. With the 2003 National Sample Household Survey (PNAD-2003), whose questionnaire was basically the same as in 1998, for the first time it was possible to trace the evolution of specific aspects of health plans and access to (and use of) services by the Brazilian population.

According to PNAD data, health problems in Brazil are distributed unequally among socially distinct individuals and are greater in the least privileged social groups. Although a pattern of social inequality in health is observed in other countries, the magnitude of inequalities is substantially greater in Brazil.

The marked social inequalities in access to medical, dental, and preventive services in Brazil are certainly an important sign of the need to redirect health policy in order to reduce the barriers that generate social selectivity in the capacity to utilize health services when needed. Yet it is important to note that from 1998 and 2003 there was an improvement in access to health services and a reduction in social inequalities in such access. In addition, there was an increase in the proportion of individuals seeking services in all age brackets, in both genders, and in all income groups, and the public health posts and centers were the services that most contributed to the increased utilization of health services.

Some one-fourth of the Brazilian population is covered by health plans, and this coverage did not change from 1998 to 2003. The only source of financing of outpatient and inpatient services that underwent a significant change was the Unified National Health System (SUS), while in the others (health plans and out-of-pocket) there was no change as compared to 1998.

The articles in this issue discuss these findings in greater depth and provide important backing for the evaluation and monitoring of Brazil's national health policy.