

Social Security: a way to solve the underfunding of the SUS, to fight inequality, and to rebuild democracy

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THIS EDITORIAL REVISITS THE CONCEPT OF SOCIAL SECURITY as the central axis for guaranteeing social protection, structured as a responsibility of the State, to be guaranteed to all Brazilians, as expressed in the Federal Constitution of 1988 (CF/88).

At that moment of transition to democracy, after decades of accelerated economic growth and high concentration of wealth, Brazilian society inscribed in its highest law the decision to no longer reconcile inequality and development. In its article 194, it recognizes the right to citizenship and social well-being:

Social security comprises an integrated set of initiatives taken by public authorities and society, aimed at ensuring rights related to health, social security (pension) and social assistance¹.

More than three decades later, the destruction of rights and setbacks that have taken place in recent years challenge the democratic reconstruction of Brazil. At this moment, therefore, it is essential to resume the debate that originated the notion of Social Security, to which the universal right to health was integrated.

From a historical point of view, the origin of social protection in Brazil dates back to the 1920s, when the Caixas de Aposentadorias e Pensões (CAPs) emerged and, later, in the 1930s, the Institutos de Aposentadorias e Pensões (IAPs), both aimed at protecting salaried urban workers. The unification of the IAPs into the National Institute of Social Security (INPS), in 1966, during the military regime, centralized the management of resources arising from the contributions of workers and employers, consolidating the Social Security model.

Santos² characterizes this process as regulated citizenship, in which the rights of citizens are restricted to the rights of the place they occupy in the production process. The advance towards a distributive and universal model occurred with the CF/88, which created the Social Security System, promoting social protection as a universal right and duty of the State. Thus, Brazilian Social Security preserves intergenerational solidarity, provides for the participation of the State in the management of the Public Fund, and introduces the distributive principle with social contributions on revenues (Contribution for the Financing of Social Security – COFINS) and corporate profits (Social Contribution on Net Income – CSLL). Hence, universal citizenship was established, that is, the right of everyone to social protection, with a specific budget and exclusive sources. In art. 198, the Social Security Budget (OSS) is established to cover Health, Social Security, and Social Assistance expenses¹.

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The Unified Health System (SUS), which is always worth remembering, was created based on the concept of Social Welfare State and took place in Brazil at a late stage in relation to the European States that adopted the universal model to promote social justice and recover the countries of post-World War II misery and destruction.

The expanded concept of health that fostered the constituent debate and is part of the principles defended by the Sanitary Reform Movement (MRS) does not restrict the right to health to the right to medical-sanitary assistance. On the contrary, this concept is anchored in people's quality of life, an essential condition for populations and communities to accumulate better health conditions. In this context, therefore, health care is not limited to disease care. It is from this conception that health in our Constitution makes up the tripod of Social Security and, therefore, makes it dependent on the set of social policies that promote safety and quality of life.

The CF/88, in its art. 198, created the SUS to carry out public health actions and services that integrate a regionalized and hierarchical network, guided by decentralization guidelines, with a single direction in each sphere of government; of comprehensive care, with priority given to preventive activities, without prejudice to assistance services; and with community¹.

Aimed at strengthening the bonds of solidarity in the social fabric, the Beveridge model of Social Security adopted by Brazil is supported and guaranteed by broadly based social financing, directly and indirectly, through resources from the budgets of the Union, the states, the Federal District and municipalities, and contributions: I – from the employer, the company and the entity equivalent to it under the law, levied on the payroll and other income from work, revenue or billing and the profit; II – the worker; III – revenue from contests and forecasts; and IV – the importer of goods and services from abroad¹.

In the Transitory Constitutional Provisions Act (ADCT) of 1988, art. 55 stated that, until the approval of the Budgetary Guidelines Law (LDO), at least 30% of the Social Security budget would be destined to the health sector. This provision was never complied with³.

In the final years of the 1980s, with the Brazilian democratic transition again submerged in a scenario of uncertainties, the period of October 1993 was established as the deadline for the revision (in its entirety!) of the recently enacted CF/88, by the simple majority of the Congress elected in 1990. At the same time, there were threats regarding the insolvency of Social Security, a fundamental historical pillar to ensure the construction of a Social Security System. Projections made, still in 1989, by the Secretariat of Statistics and Actuary of the Ministry of Social Security and Social Assistance (MPAS) even pointed out, for example, that social security expenditure could represent 14.7% of the Gross Domestic Product (GDP) in 1995. From then on, the so-called 'structural social security crisis' began to play a strategic role in postponing the new financing and structuring of the Social Security System established in CF/88⁴.

Successive pension reforms throughout the 1990s and 2000s outlined a paradigmatic distance from the constitutional model of Social Security, even going so far as to attempt to deconfigure its public aspect, to transform it into a private and individualized insurance system. In February 2019, the newly sworn-in Bolsonaro administration sent Proposal for Amendment to the Constitution No. 6, of 2019, to the National Congress. With the justification that "*the social demands of democracy do not fit into the budget*", the proposal aimed to establish a 'new social security'. It was intended to completely deconstitutionalize the Social Security System, signaling the adoption of a Private Capitalization Regime, in rupture with the intergenerational solidarity model, a historical concept of social security financing, since the first CAPs, in 1923¹.

The proposal for the Individual Capitalization Regime (analogous to the Chilean model) was defeated. However, in the end, several devices contained in the approved Constitutional Amendment No 103, of 2019, impose barriers to access to social security protection, disregard

the dramatic situation of the labor market, delay the validity of rights and lower the value of workers' benefits³.

The trajectory of health financing also documents the great resistance to the implementation of the Social Security model in Brazil. In spite of the efforts to define minimum values for its financing, such as the drawn-out and difficult debate on Constitutional Amendment No 29, of 2000⁵, which defines that the states and the Federal District must apply 12% of resources from their own taxes and transfers and municipalities 15%, the definition of responsibility at the federal level has never been stabilized at levels sufficient for the adequate financing of a public and universal health system. Brazil today, contradictorily, and despite the importance of the SUS, spends more on private health than on public health. In recent years, Constitutional Amendment No 95, of 2016, even started to definance health, which had its minimum spending floor (15% of Net Current Revenue – RCL) frozen since 2017.

In 2022, Brazilian society marked the resumption of the democratic conquests of 1988 at the ballot box. inequality and consolidate democracy. Such a reconstruction needs to bring to its core the challenge of implementing Social Security, rediscovering the historical purpose for which it was created: founding the pact of social solidarity against inequality and consolidating democracy.

The thesis proposed here is for the resumption of the constitutional framework to definitively resolve the issue of SUS funding. Calculations⁶ show that, in 2021, the amount destined for health corresponded to only 13.4% of the OSS, that is, the Union invested less than half of the planned resources, if the constitutional criterion of 30% of the OSS was used⁷.

This resumption also implies the reorganization of Social Security as expressed in arts. 194 and 195 of CF/88. Brazil has its constitutional framework, it must be complied with. To this end, we defend the creation of the National Social Security Council, provided for in art. 194 of CF/88¹, instituted by Law No 8.212, of July 24, 1991⁸ (art. 6) and revoked by Provisional Measure No 2.216-37, of 2001⁹ (art. 35). The way forward involves reorganizing the OSS, providing transparency and rescuing its sources of revenue that are now subtracted by the high level of waivers, disengagements, exemptions and tax evasion in force.

With this reference, the challenge remains of rethinking the social security model for the 21st century, considering the issue of population aging, the epidemiological profile and the need for a new social policy of continuous care as one more of the pillars of Social Security. Still in this context, for the future, Brazil needs to look at and solve the serious problem of formal workers whose health rights are currently arbitrated in the commercial scope, by contracts between employers and private health plans. As in a scene of the absurd, it is formal workers who currently make up 82% of the clientele of insurance and private health care plans in Brazil.

The COVID-19 pandemic has brought clear evidence on the importance and social legitimacy of the SUS, in addition to having enabled the re-articulation of movements in defense of a universal, quality and 100% Public SUS. The victorious campaign of President Lula, who took office for his third term in 2023, made explicit his commitment to strengthening the SUS, creating a window of opportunity for the system. However, the scenario and dynamics of the interests that dominate the Brazilian State reveal that it will not be an easy task to guarantee adequate funding for the SUS, and it is up to the MRS entities, workers, unions, political parties and society to fight to return to the idea of Social Security and its financing, articulating the three areas that compose it, in a movement that reveals the meaning and the advance that this historic conquest represented in the CF/88.

Collaborators

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