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Unified Health System (SUS) and National Health Service (NHS): an analysis comparative of the potentialities and weaknesses of actions aimed at collective health

Unified Health System (SUS) and National Health Service (NHS): a comparative analysis of the strengths and weaknesses of actions aimed at collective health

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Summary

The work is a comparative analysis combined with exploratory research methodology between the Unified Health System (SUS) and the National Health Service (NHS) in relation to actions for collective health care. The integrative review was carried out by searching for articles in the Lilacs and Scielo databases, using the descriptors: Unified Health System, National Health Service, Public Health and Public Health. The crossing of the descriptors with the quantitative variables contained in the Brazilian portals (DATASUS) and British (NHS Digital DATASETS).

Key words: Unified Health System, State medicine, Public health, Planning in community health, Total quality management.

Abstract

The work is a comparative analysis combined with an exploratory research methodology between the Unified Health System (SUS) and the National Health Service (NHS) in relation to actions for public health care. The integrative review was performed by searching for articles in the Lilacs and Scielo databases, using the descriptors: Unified Health System (SUS), Collective Health, Public Health. The descriptors were crossed with the quantitative variables contained in the Brazilian (DATASUS) and the British (DATASETS NHS Digital).

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Introduction

The right to health is an integral part of the range of access to fundamental rights present in most countries. After the Second World War, health was considered a basic right, being closely related to the principle of human dignity.

In 1948, in Article I of the Universal Declaration of Human Rights, it was recognized that "All people are born free and equal in dignity and rights, endowed with reason and conscience and must act towards each other in a spirit of fraternity."[1]. A

The dignity of the human person is intrinsic and must be respected by the State and society[1].

The World Health Organization (WHO)[two]defines health as a state of complete physical, mental and social well-being and not just the absence of illnesses and diseases. O social right, is inherent to the condition of citizenship, and must be ensured without distinction of race, religion, gender identity, political ideology or socioeconomic status, raising the health as a collective value, a good for all. It is an expanded conceptualization that encompasses the collective health. In this way, health systems can be considered the most complexes within social policies[3].

With the advent of the biggest health crisis faced in recent years caused by SARS-CoV-2 virus, many countries needed to develop strategies to implement measures for health care, with the premise of reordering activities aimed at less costly promotion and prevention, reversing the logic hospital-centric, more expensive for public coffers and less efficient for population health. In this way, the pandemic evoked the importance of collective health as adequate procedure for health care for the community.

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The structural elements of the health system are extent and type of financing public, type of regulation (public or private) that orders financing, role of managers in relation to services, inputs and as an employer (direct or indirect)[4]. Like this Therefore, access to health is fundamental to the success of public policies[5]the basic services being health promotion and prevention are essential in reducing expenditure on healthcare worsening of the population's clinical conditions[6].

The SUS was born from social and political movements that demanded greater organization in social actions related to health, given the inefficiency of care promoted by the government[7]. The inspiration for the design of a public and universal health system was the National Health Service (NHS) of the United Kingdom, which, in turn, was created in 1948 in post-World War II reforms aimed at national reconstruction[8].

Guaranteeing access to health services helps maintain the autonomy of subjects, taking care of the increase in costs in more complex care, in addition to the loss of productive capacity of those affected, and, consequently, a drop in revenue tax, characterizing an avoidable burden for the state[9].

Public healthas a field of knowledge, it contributes to the study of the phenomenon health/disease in populations, however, as a social process, it investigates the production and distribution of diseases in society as processes of production and social reproduction, analyzing health practices in their articulation with other social practices, with a view to understand the ways in which society identifies its needs and problems of health, helping to restructure and confront[10].

Unified Health System (SUS)

The conception of the SUS, driven by the promulgation of the Magna Carta, in 1988, and established with the publication of the Organic Health Laws in 1990, was a

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important achievement for social rights in Brazil[11]. However, it revealed the complexity of the country's epidemiological situation, characterized by the triple burden of diseases in the population: persistence of acute illnesses; increase in the relative weight of conditions chronicles; and external causes. The SUS also constitutes a successful social policy, result of the struggle for the resumption of the so-called Democratic State of Law[12]. Several are the factors that result in the complexity of healthcare in Brazil, including: covering a country continental in size, with more than 200 million inhabitants and regional differences. O SUS is a health system with 33 years of existence, and which was conceived in an era of booming technology and information[13].

However, England began the industrial revolution in the 18th century, expanding colonialism to other continents; however, only in the 20th century did Brazil experienced industrialization, a time when the English country faced the first and second World War[14].

While Brazilian industrial expansion occurred during the Vargas Era, a period with little health regulations and superficial health policies that aimed only to establish agricultural production patterns[15], the agenda for the adoption of a unified health system in Brazil was only outlined at the end of the 20th century, when the NHS was already 40 years old. existence[16].

The SUS has characteristics of cultural breadth, as it encompasses indigenous peoples, quilombolas, vulnerable populations and in areas of difficult access and even the smallest portion of the population with higher purchasing power that chooses not to have private insurance plans supplementary health. Furthermore, it has a history of social focus, basic care and concerns about improving the population's life expectancy and quality of life. Furthermore, the system also reinforces the idea of being a symbol of democracy and combating inequality. Social[17].

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For many authors, the SUS was inspired by the NHS, mainly by the adoption of same guiding principles: universality, integrality and gratuitousness[18].

In recent years, the budget for public policies has encountered profound restrictions with the approval of Constitutional Amendment 95/2016[19], which limits financial contributions to areas such as health and education at 2016 levels, with annual adjustment based on the inflation index. This federal maneuver in the allocation of resources has an effect on other state entities and municipalities, compromising the system as a whole[20].

SUS actions aimed at collective health

It is important to highlight that the activities contained in the scope of collective health consider the analysis of the health situation and living conditions and the territorial basis for proposing actions about the problems and needs identified. The territory brings together an articulated set and inseparable from objects and actions that allows them to understand the dynamics and constant movements, and consequently as a process in permanent construction/reconstruction. The priorities of health policies in Brazil are based on the profile of morbidity and mortality in the various states and municipalities of the country, presenting a wide variation between regions. With data such as incident case estimates, one can offer epidemiological information that is fundamental for planning prevention actions health promotion, early detection and diagnosis at all levels, in order to recognize regional inequalities caused by differences in development, being crucial to decentralize actions so that they become more effective and targeted[21].

Measures such as massive immunization (national and regional), performance of Primary Health Care (PHC) and Family Health Strategy (ESF). Primary services, staffed by workers with training in Public Health,

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Community and/or Family Health, in addition to having a Community Health Agent Health (ACS) and Agent to Combat Endemic Diseases (ACE), play a crucial role in prevention, promotion, maintenance and recovery of health in assigned territories. APS works as the gateway to the health system, which organizes access to other points of care in the Health Care Network (RAS), in a hierarchical manner, ensuring the integrality of health actions.

At the same time, the APS/ESF teams articulate care with collective actions, such as such as: School Health Program (PSE) - visual acuity, oral health, identification of situations of violence and the development of students; Collective Action Groups- smoking, pregnant women, diabetics and hypertensive people, obesity, asthma, elderly people, mental health, cycles lifestyle, healthy eating; Home Visits (VD) - to assist older users vulnerable, with mobility difficulties and specific care. Still, professionals of Primary Care (AB) promote activities directed at community associations, centers religious and other devices within the territory of operation.

National Health Service (NHS): the British healthcare model

During the Second World War, countries like England, struck by famine and by numerous wounded combatants, saw the need to implement health policies public sector to meet growing demand. In 1948, in the Beveridge reforms, the NHS, which in addition to supporting health, proposed to eradicate food shortages and strengthen the public system[22].

In this way, the English system is the precursor and international reference for public health universal access. And it also implements comprehensive care through primary care, acting as a general practitioner - General Practitioner, who performs a

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ordering machine for specialized services, located in hospital outpatient clinics, in general, public[23].

The NHS has traversed different organizational structures in an attempt to secure universality with equity, of a regionalized nature and with allocation of resources in compliance with population needs and specificities. However, in the 80s, under the command of Margaret Thatcher, health reforms guided by the market logic, with the functions of buyers and providers being segregated through contracts, in what became known as the "internal market", as new management models of public hospitals[24].

In 2010, with the international financial crisis, the Prime Minister of the United Kingdom, David Cameron, implemented public budget austerity policies, inflicting spending in the health sector. In 2012, the Health and Social Care Act 2012 was approved, which was responsible for securing 20 billion pounds and paving the way for the expansion of free commercialization in health, generating competition in the hiring of providers, public and private, and reducing central control[25].

In the report prepared by King's Fund in 2015, 3 years after the implementation of the Health and Social Care Act 2012, it was evidenced that commodification resulted in fragmentation, disorganization and complexity of the health regulatory system English[26]. However, healthcare remains paid for by public coffers and comes from taxes. paid by taxpayers, however, it is contracted by any provider competitive qualified (any qualified provider)[27].

It must be considered that the NHS occupies the first position as a health system in in relation to qualified and efficient access compared to the 11 richest countries in the world world[28].

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NHS actions aimed at public health

The NHS was a pioneer in universalizing access to health services, ordering the care in a hierarchical manner, based on evidence and with the gateway to primary care[29]. The constitutive principles such as universality and gratuitousness, supported by the Labor Party in 1948, supported the NHS to establish welfare which, in turn, boosted the socioeconomic development of the United Kingdom, penalized by the post-war[30].

The data obtained from Hofstede[31]set out the NHS's commitment to continuity of public policies, as observed since Beveridge's reform, and which continues even in periods of fiscal rigidity, such as in the 1980s, where social funds were not suffered financial cuts. Therefore, the health system maintains public policies assertiveness to the detriment of short-term results with minimal improvements.

There are many actions aimed at collective health, such as information campaigns, the development of an NHS app for disseminating content health-related and primary care services[32].

However, the £15 billion cuts impacted quality, increased waiting time and reduced patient satisfaction[33-35]. Such budget constraints, reduced quality and poor management, combined with high partnership debts public-private financing for infrastructure and lack of professionals in health services, led to recurring complaints about the British health system[36].

SUS and NHS: comparative analysis of actions aimed at public health - potential and weaknesses

The evaluation of public programs, in addition to the inclusion of theoretical characteristics, must understand existing data on the results of applied policies[37].A

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epidemiology is crucial for the analysis of public health policies by exploring the risks to which the population is exposed[38]. The type of diet and sedentary lifestyle are highlighted as probable causes for the development of chronic diseases, while the lack of immunization, health surveillance and border control as risks for exposure to infectious diseases[39].

In order to establish counterpoints between the NHS and SUS systems, the production scientific report produced points out that the Brazilian system is recognized for its humanized and capillarity to assist different cultures in a large territory geographical. Adversely, the English system does not have a strong bond with those assisted.

In an important study developed in 2021, important elements are presented to compare the Brazilian and English healthcare systems. Regarding the use of contraceptives, for every 1000 Brazilian women under 18 years of age, 53 have an early pregnancy. In England, this number of teenage pregnancies reaches 18 English women, that is, less half of the cases.As for communicable diseases, Brazil has 10 times more cases of Measles, Syphilis, HIV/AIDS and Tuberculosis and more than 700 times more cases of Tetanus compared to England. With regard to the incidence of Diabetes, Brazil has the twice as many diabetics compared to the British. Regarding Arterial Hypertension and Smoking rates between the two countries are equivalent.

It is important to mention the installed medical capacity per capita: in the SUS, there are 1.4 doctors/1000 inhabitants; on the other hand, in the NHS there are 2.8 doctors/1000 inhabitants. How much hospital beds per inhabitant, the Brazilian reality corresponds to 30% of the supply in the English service. Investment in the entire health system is 53 times higher than the model English when compared to Brazilian.

Regarding the financing of health systems on the Gross Domestic Product (GDP), spending levels are similar. However, it is imperative to confront that the Kingdom

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The United Kingdom has 99% of basic sanitation, while in Brazil, 50% of the population does not have it access to basic sanitation and 16% do not have treated water. Such conditions affect directly the living conditions of the community[40].

Methodology

This research is a comparative analysis combined with the methodology of exploratory research between the SUS and NHS in relation to health care actions collective.

It was carried out by searching for articles in Literature databases Latin American and Caribbean Health Sciences (Lilacs) and Scientific Electronic Library Online (Scielo), using the descriptors: Unified Health System, National Health Service, Collective Health and Public Health. The descriptors were crossed with the variables quantitative data contained in the Brazilian (DATASUS) and British (DATASETS NHS) portals Digital).

At the end of the comparative exploratory research, it is expected that reflections on the importance of health systems, in this case, SUS and NHS, for the improvement of public policies to assist society.

Final considerations

The SUS and the NHS have very different implementations and trajectories. In 1948, the NHS emerged from a British public initiative after the Second World War with the aim to rebuild the country and offer assistance to survivors of conflicts, under a sense of patriotic victory. While in 1988, 40 years after the NHS, the SUS was the result of movements social and political policies that culminated in the Federal Constitution, which recognized “health

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as a right of all and a duty of the state". The intention of the SUS, in 1990, was to provide fundamental public assistance in a country with intense socioeconomic discrepancies, combating malnutrition, infant mortality and seeking to extend life expectancy of Brazilians. Furthermore, the political context favored Brazilian redemocratization and, therefore, the SUS itself represents a social achievement in guaranteeing access to health services health.

Undoubtedly, there are contrasting differences between NHS and SUS, such as dimensions geographical: the English territory corresponds to 1.5% of the Brazilian territory. Regarding financing of the two systems, the difference is even more contrasting: while the SUS will be harmed by years of underfunding due to EC 241/EC-95, the NHS increases its investments to improve coverage for your population.

Make efforts to adequately finance the SUS through collective actions that strive to maintain the health and quality of life of the population constitutes a elementary providence as public policy. The responsibility of the State to provide Health as an inalienable right is guaranteed in the 1988 Federal Constitution.

Urges to infer the need to contribute greater investments in AB, which both in the NHS as well as in the SUS, they constitute the gateway to health systems, acting as ordering of care and consisting of a preferred model of health care with promotion, prevention, protection, recovery and rehabilitation of injuries in a less expensive for managers and the population.

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