



## PUBLIC HEALTH AS A SOCIAL SECURITY POLICY: THE BRAZILIAN CONTEXT

## A SAÚDE PÚBLICA COMO POLÍTICA DE SEGURIDADE SOCIAL: O CONTEXTO BRASILEIRO

## LA SALUD PÚBLICA COMO POLÍTICA DE SEGURIDAD SOCIAL: EL CONTEXTO BRASILEÑO

 <https://doi.org/10.56238/isevmjv4n6-011>

Receipt of originals: 10/30/2025

Acceptance for publication: 11/30/2025

**Adelcio Machado dos Santos<sup>1</sup>, Solânge Sprandel da Silva<sup>2</sup>**

### ABSTRACT

The present article analyzes public health as an essential component of social security in Brazil, reflecting on its historical, normative, and social dimensions. It begins with the understanding of social security as an integrated system that seeks to ensure well-being and social protection through health, social insurance, and social assistance. Health is treated here as a fundamental and universal right, constitutionally recognized, and as a structuring element for the realization of citizenship. The study discusses the role of the Unified Health System (SUS) as a central public policy for promoting equity, universality, and comprehensiveness in health care, highlighting the advances and limitations of its implementation. Based on a critical review of the literature and normative frameworks, the article analyzes the contradictions between the universal right to health and the challenges imposed by social inequalities, underfunding, and the growing influence of the private sector. The article also presents reflections on contemporary challenges, such as population aging, the expansion of service coverage, the impacts of health crises, and the social and economic transformations affecting public health in Brazil. It concludes that strengthening public health is imperative to ensure social justice and the effectiveness of social security.

**Keywords:** Public Health. Social Security. Public Policies. Brazil.

### RESUMO

O presente artigo analisa a saúde pública como componente essencial da seguridade social no Brasil, refletindo sobre sua dimensão histórica, normativa e social. Parte-se do entendimento da seguridade social como um sistema integrado, que busca assegurar o bem-estar e a proteção social por meio da saúde, previdência e assistência social. A saúde é aqui tratada como direito fundamental e universal, reconhecido constitucionalmente, e como elemento estruturante para a efetivação da cidadania. O

<sup>1</sup> Post-Doctorate in Engineering and Knowledge Management. Universidade Federal de Santa Catarina (UFSC). Santa Catarina, Brazil. E-mail: [adelciomachado@gmail.com](mailto:adelciomachado@gmail.com)  
Orcid: <https://orcid.org/0000-0003-3916-972X>

<sup>2</sup> Doctoral student in Regional Development. Universidade do Contestado.  
E-mail [reitoria@unc.br](mailto:reitoria@unc.br) Orcid: <https://orcid.org/0009-0001-9274-030X>



estudo discute o papel do Sistema Único de Saúde (SUS) como política pública central para a promoção da equidade, da universalidade e da integralidade na atenção à saúde, destacando avanços e limites de sua implementação. A partir de uma revisão crítica da literatura e de marcos normativos, são analisadas as contradições entre o direito universal à saúde e os desafios impostos pelas desigualdades sociais, pela subfinanciamento e pela crescente influência do setor privado. O artigo também apresenta reflexões sobre os desafios contemporâneos, como o envelhecimento populacional, a ampliação da cobertura de serviços, os impactos de crises sanitárias e as transformações sociais e econômicas que incidem sobre a saúde pública no Brasil. Conclui-se que o fortalecimento da saúde pública é imperativo para garantir a justiça social e a efetividade da seguridade social.

**Palavras-chave:** Saúde Pública. Seguridade Social. Políticas Públicas. Brasil.

## RESUMEN

El presente artículo analiza la salud pública como un componente esencial de la seguridad social en Brasil, reflexionando sobre sus dimensiones histórica, normativa y social. Se parte del entendimiento de la seguridad social como un sistema integrado que busca garantizar el bienestar y la protección social por medio de la salud, la previsión social y la asistencia social. La salud es tratada aquí como un derecho fundamental y universal, reconocido constitucionalmente, y como un elemento estructurante para la efectivación de la ciudadanía. El estudio discute el papel del Sistema Único de Salud (SUS) como una política pública central para promover la equidad, la universalidad y la integralidad en la atención en salud, destacando los avances y los límites de su implementación. A partir de una revisión crítica de la literatura y de los marcos normativos, se analizan las contradicciones entre el derecho universal a la salud y los desafíos impuestos por las desigualdades sociales, el subfinanciamiento y la creciente influencia del sector privado. El artículo también presenta reflexiones sobre los desafíos contemporáneos, como el envejecimiento poblacional, la ampliación de la cobertura de servicios, los impactos de las crisis sanitarias y las transformaciones sociales y económicas que inciden sobre la salud pública en Brasil. Se concluye que el fortalecimiento de la salud pública es imperativo para garantizar la justicia social y la efectividad de la seguridad social.

**Palabras clave:** Salud Pública. Seguridad Social. Políticas Públicas. Brasil.



## 1 INTRODUCTION

Public health, as a social security policy, occupies a central role in the promotion of collective well-being and in the realization of the fundamental rights provided for in the Brazilian legal system. The Federal Constitution of 1988 represented a historic milestone by establishing health as a universal and integral right, guaranteed to all citizens and the responsibility of the State, through the creation of the Unified Health System (SUS). In this context, health ceased to be conceived only as the absence of diseases to be understood as the result of social, economic and environmental determinants, which broadened the perspective of public policies aimed at social protection (Brasil, 1988).

The field of social security, as outlined in article 194 of the Constitution, is structured on three interdependent pillars: health, social security and social assistance. Health, within this triad, stands out as the policy that ensures, in a universal way, the protection of life and human dignity, being considered an inalienable right of citizenship (Santos; Giovanella, 2018). Such universality reflects not only a normative ideal, but also a concrete challenge in a country characterized by deep socioeconomic inequalities, which are expressed in disparities in access, quality, and financing of health services.

In Brazil, the trajectory of public health as a social security policy reveals advances and setbacks. The creation of the SUS was a direct result of the struggles of the sanitation movement and the redemocratization of the country, establishing principles such as universality, integrality and equity (Paim, 2008). However, the constitutional model faced, from the beginning, structural and conjunctural barriers, ranging from the insufficiency of financial resources to the interference of political and economic interests in the design of public policies (Mendes; Funcia, 2020).

In addition, the chronic underfunding of the SUS is one of the greatest weaknesses for its consolidation. Studies show that public spending on health in Brazil remains below the average of countries with universal systems, which compromises the effectiveness of constitutional principles and accentuates inequality of access to services (OECD, 2021). This reality becomes even more complex in the face of economic crises and fiscal austerity policies that restrict social investments, such as Constitutional Amendment No. 95/2016, which limited public spending for 20 years (Funcia, 2019).

Another important aspect to be considered is the tension between the public and private sectors in the provision of health services. Although the SUS represents the backbone of the system, a large part of the population depends on private plans to fill



gaps in access and quality, creating a two-door dynamic that reinforces structural inequalities (Bahia, 2020). This complex coexistence generates a scenario of competition for resources and weakens the universality of the public system. On the other hand, one cannot ignore the significant advances achieved by Brazilian public health. The SUS played a key role in successful immunization policies, in the fight against epidemics such as AIDS and COVID-19, in addition to expanding access to essential medicines and primary care programs (Viana; Machado, 2009). These results demonstrate the relevance and power of the system, even under adverse conditions.

In view of this panorama, the need to critically reflect on public health as a social security policy in the Brazilian context emerges. This reflection must consider not only the legal and institutional framework, but also the contemporary challenges related to financial sustainability, participatory management and the realization of social rights. In this sense, understanding the role of health as a structuring axis of social security requires analyzing its function beyond the care dimension, recognizing it as an instrument of social justice and reduction of inequalities.

The problem posed in this article lies precisely in the contradictions between the constitutional model of public health, which provides for a universal, free and comprehensive system, and the practical reality of its implementation, marked by budgetary constraints, regional inequalities and the influence of political and economic interests. The question that guides the discussion can be formulated in the following terms: what are the main challenges and perspectives of Brazilian public health as a social security policy?

The general objective of this study is to reflect on the importance of public health as one of the pillars of Brazilian social security, discussing its achievements, limits and perspectives in the contemporary scenario. The specific objectives are: (a) to analyze the role of health within the structure of social security in Brazil; (b) to discuss the advances and challenges of the SUS since its creation; and (c) reflect on the perspectives of strengthening public health in the face of political, economic and social crises.

The relevance of this work lies in the need to strengthen the academic and political debate around public health as a fundamental right and as a central policy for citizenship. In times of economic crisis, ideological disputes and threats to the effectiveness of social rights, it is essential to reaffirm the importance of the SUS and social security as instruments for the protection of life and human dignity. In addition, this study contributes



to the critical understanding of public health in Brazil, offering subsidies for the formulation of more equitable, sustainable and effective policies. Thus, the introduction of this article establishes the basis for an analysis that seeks to understand public health not only as a state service, but as an expression of the social pact established in the 1988 Constitution, which aims to guarantee all Brazilians the right to health, citizenship and social justice.

## **2 SOCIAL SECURITY IN BRAZIL: HISTORY AND PRINCIPLES**

Social security in Brazil is one of the fundamental pillars of the Democratic Rule of Law established by the Federal Constitution of 1988. It represents the materialization of the social commitment assumed by the country to ensure basic rights aimed at the protection of citizenship, seeking to minimize social inequalities and guarantee minimum standards of dignity to the population. In the constitutional text, social security is defined as an "integrated set of actions initiated by the Public Authorities and society, aimed at ensuring the rights related to health, social security and social assistance" (Brasil, 1988, p. 137).

The principle of social security, in this sense, dialogues with the very concept of the Welfare State, which emerged on the international scene in the post-World War II period and inspired several legal systems around the world. According to Marshall (1967), modern citizenship develops in three dimensions – civil, political and social – the latter being consolidated precisely by the expansion of social rights, including security. In Brazil, this process was marked by late advances, given the predominance of an exclusionary model of social protection until the second half of the twentieth century, focused primarily on formal urban workers (Draibe, 1993).

The 1988 Constitution represented, therefore, a paradigmatic rupture. Unlike the previous model, centered on segmented and contributory policies, the new legal framework established the universalization of social rights and recognized health, social security, and assistance as inseparable dimensions of the same protection system (Boschetti, 2018). This innovative character placed Brazilian social security in line with the principles of universality of coverage, equity in the form of participation in the costing and selectivity in the provision of benefits, as explained in article 194 of the Magna Carta (Brasil, 1988).

In the field of social security, the contributory model aimed at workers and their dependents has been consolidated, which guarantees income in situations of temporary

or permanent absence from work, such as retirements, pensions and aids. Social security, in addition to its protective function, plays an important economic role, especially in small municipalities, in which the payment of social security benefits constitutes a significant part of local income (Giambiagi; Afonso, 2011). In turn, social assistance was structured as a non-contributory public policy, aimed at serving individuals in vulnerable situations, regardless of prior contribution, ensuring benefits such as the Continuous Cash Benefit (BPC), provided for in the Organic Law of Social Assistance (LOAS), of 1993 (Boschetti, 2018).

Health, in turn, was elevated to the status of a universal right and duty of the State, materializing in the creation of the SUS. According to Paim (2008), the institution of the SUS consolidated the principle of universality and represented a victory for social and health movements, which guided the redemocratization of the country. As a result, access to health is now guaranteed to all citizens, regardless of contribution, in line with the principles of integrality and equity.

Despite its innovative character, Brazilian social security faces persistent challenges. One of the main ones refers to financing. Article 195 of the Constitution established that the cost of social security would be made through social contributions levied on the payroll, revenues and profits of companies, in addition to revenues from prediction contests. However, over the last few decades, this model has been the target of political disputes and reforms that have weakened its sustainability. The untiring of federal revenues (DRU), created in the 1990s, authorized the use of a significant portion of social security resources for other purposes, compromising the effectiveness of social policies (Mendes; Funcia, 2020).

Fiscal austerity policies have further aggravated this situation. Constitutional Amendment No. 95/2016, which instituted the public spending cap, limited investments in health, social security, and assistance, causing a budgetary bottleneck in social policies (Funcia, 2019). According to studies by the Organization for Economic Cooperation and Development (OECD, 2021), Brazil invests proportionally less in health and social protection compared to countries that have universal security systems, which compromises the effectiveness of the social pact signed in 1988.

It is also worth mentioning the tension between the universal character of social security and the country's structural inequalities. According to Santos and Giovanella (2018), the universalization of social rights in Brazil comes up against historical barriers



such as regional inequality, the precariousness of labor relations, and the insufficiency of redistributive policies. This context generates a contradiction: although social security is universal in its legal formulation, its practical scope is still unequal and restricted.

The contemporary dynamics of social security are also directly linked to the transformations in the world of work. The expansion of informality, intensified by labor reforms and new forms of productive organization, has generated significant impacts on the sustainability of social security, since a large portion of the population does not contribute to the system. For Marques and Mendes (2020), this scenario demands a rethinking of the contributory bases and the strengthening of non-contributory policies as instruments of social inclusion.

Despite the challenges, social security in Brazil remains a civilizing landmark for the protection and promotion of citizenship. It represents the attempt to consolidate a model of State committed to social justice, even if limited by political disputes and economic restrictions. As Vianna (2002) and Paim (2008) point out, Brazilian social security should be understood as a project in constant dispute, in which the advances achieved coexist with threats of regression.

Thus, understanding the trajectory, principles and challenges of social security in Brazil are fundamental to evaluate not only the present, but also the future prospects of social protection in the country. Boschetti (2018) understands that the analysis of the historical evolution and contradictions of social security in Brazil in the context of public health in Brazil allows us to reaffirm the centrality of social security as an instrument for reducing inequalities, promoting collective well-being and implementing the fundamental rights established by the 1988 Constitution.

### **3 HEALTH AS A FUNDAMENTAL RIGHT**

Health, in the Brazilian legal system, is recognized as a fundamental right of all and a duty of the State, ensured through social and economic public policies aimed at reducing the risks of diseases and other problems, as well as universal and equal access to actions and services for promotion, protection and recovery (Brasil, 1988). This innovative concept, introduced by the Federal Constitution of 1988, broke with a past marked by contributory exclusivity and the fragmentation of social protection in health, placing Brazil among the countries that consecrate health as a public good and a universal right.



The recognition of health as a fundamental right stems from a historical and conceptual evolution. At the international level, documents such as the Universal Declaration of Human Rights of 1948 already provided, in its article 25, the right of every person to a standard of living capable of ensuring health and well-being. In Brazil, however, until the 1980s, health was linked to social security, being restricted to workers with a formal contract. This exclusionary logic began to be challenged by social and sanitarian movements that, in the process of redemocratization, demanded a universal health system, culminating in the creation of the SUS (PAIM, 2008).

The 1988 Constitution, in this sense, can be considered a watershed, as it raised health to the level of a fundamental social right, enshrined in article 6 and regulated in articles 196 to 200. As Sarlet (2012) observes, the fundamentality of the right to health is expressed in three dimensions: as a subjective public right of access to health goods and services; as a legal duty imposed on the State; and as an instrumental right indispensable to the realization of other rights, notably the right to life and dignity of the human person.

The dimension of health as a fundamental social right also implies a broader perspective of the concept. AOMS defines health as "a state of complete physical, mental and social well-being, and not merely the absence of disease" (WHO, 1946). This conception was incorporated by the 1988 Constitution when it recognized the importance of the social determinants of health, such as education, sanitation, work and housing, expanding the scope of state action. Thus, the right to health is not limited to the treatment of diseases, but involves integrated policies of promotion and prevention (Buss; Pellegrini Filho, 2007).

The SUS, the main instrument for the realization of the right to health in Brazil, was regulated by Laws No. 8,080/1990 and No. 8,142/1990. The SUS is based on three doctrinal principles – universality, integrality and equity – and three organizational principles – decentralization, regionalization and social participation (Paim, 2008). Such principles ensure not only universal access, but also the integrality of actions, from primary care to high-complexity services, and equity, which seeks to correct historical inequalities in access to health.

Despite its normative robustness, the realization of health as a fundamental right faces structural obstacles. Chronic underfunding is pointed out as one of the biggest challenges. Mendes and Funcia (2020) highlight that, since its creation, the SUS has lived with insufficient resources, aggravated by Constitutional Amendment No. 95/2016, which



froze public spending for 20 years, imposing severe restrictions on health financing. Funcia (2019) points out that this measure compromises the universality of the system and increases regional inequalities.

The coexistence between the public and private health sectors is a relevant aspect in this context. Although the SUS represents the backbone of the system, about 25% of the population resorts to private plans, usually in search of greater agility in access and infrastructure (Bahia, 2020). This dynamic creates a "double gateway" to the health system, which weakens universality and reinforces segmentation, since the private sector focuses on groups with higher purchasing power, while the public sector serves the majority of the population, often in adverse conditions.

In addition, health as a fundamental right must be understood in its direct relationship with citizenship. For Fleury (2011), health is one of the main instruments for the consolidation of democracy, as it enables citizens to fully exercise their civil and political rights. The absence of adequate access to health implies restriction of the exercise of citizenship and perpetuation of social inequalities.

Despite the challenges, the advances achieved by the SUS are significant. Vaccination programs, primary care policies such as the Family Health Strategy, and actions to combat epidemics such as AIDS and COVID-19 demonstrate the relevance of the system in guaranteeing the right to health (Viana; Machado, 2009). In addition, social participation, through health councils and conferences, constitutes a democratic innovation, enabling civil society to directly influence the formulation and control of public policies (Souza; Cunha, 2019).

It is important to highlight that health, as a fundamental right, is not limited to a legal dimension, but is also a field of political and economic disputes. Vianna (2002) points out that health in Brazil is constantly tensioned between the universalist project of the Constitution and the pressures of the market and neoliberal policies that seek to reduce the role of the State. This clash shows that the right to health is not just a formal guarantee, but a space in permanent dispute and construction.

Paim (2008) reiterates that health as a fundamental right in Brazil reveals a civilizing achievement, but also a field of challenges. The constitutional recognition of health as a right of all and a duty of the State constitutes a legal and political framework, but its implementation requires facing obstacles such as underfunding, public-private segmentation and regional inequalities. Reaffirming health as a fundamental right means,



therefore, defending not only a legal principle, but the very essence of the social pact signed in 1988, in which the dignity of the human person constitutes the greatest foundation of the Republic.

#### **4 PUBLIC HEALTH POLICIES IN THE BRAZILIAN CONTEXT**

Public health policies in Brazil are the result of a historical process marked by advances, tensions and contradictions. From the 1988 Constitution, the universal right to health was enshrined, through the creation of the SUS, which consolidated health as a duty of the State and a right of all (Brasil, 1988). However, the effectiveness of this principle depends on the formulation, implementation and evaluation of public policies that contemplate both the preventive and care dimensions, considering the regional, social and economic inequalities that characterize the country.

The formulation of these policies should be understood within the framework of social policies and social security, in which health plays a central role as a mechanism for promoting equity. According to Paim et al. (2011), the consolidation of the SUS implied the overcoming of the predominant social security and hospital-centered model until the 1980s, replacing it with a system that articulates promotion, prevention and rehabilitation actions. In this sense, the SUS should not be seen only as a set of health services, but as a structuring public policy for citizenship and for the reduction of inequalities.

However, the construction and implementation of health policies in Brazil face structural challenges. According to Noronha (2021), the chronic underfunding of the SUS is one of the biggest obstacles to its consolidation, aggravated by fiscal austerity policies, such as Constitutional Amendment No. 95/2016, which established a ceiling for public spending. This measure, according to Vieira and Benevides (2016), compromises the State's ability to respond to the growing demands of the population, especially in contexts of health crisis, as evidenced during the COVID-19 pandemic.

In addition to financial issues, there is the dimension of management and governance of public health policies. Brazilian federalism requires coordination between the Union, states, and municipalities, which does not always occur effectively, generating overlapping competencies and inequality in access to services (Souza, 2017). In this context, decentralization, provided for in the Constitution and in the Organic Health Laws (Law No. 8,080/1990 and Law No. 8,142/1990), brought advances in bringing the

management of services closer to the local reality, but also challenges regarding the administrative and financial capacity of the federative entities.

Another relevant element of health policies in Brazil is social participation, a structuring principle of the SUS. The Health Councils and Conferences represent mechanisms of social control that allow the population to deliberate on priorities and evaluate the execution of policies (Carvalho, 2013). Although the effectiveness of these spaces is limited by issues such as bureaucratization and low popular participation, their existence strengthens the democratic perspective of health policy.

In the field of specific strategies, several sectoral policies deserve to be highlighted, such as the National Primary Care Policy (PNAB), which structures the Family Health Strategy (ESF). The FHS is considered one of the most successful experiences of the SUS, as it strengthens primary care, promotes prevention, and enables greater bonding between professionals and the community (Mendes, 2015). Primary care is the preferred gateway to the system, functioning as the organizing axis of the health care network.

In addition, policies aimed at specific population groups, such as the National Indigenous Health Policy and the National Health Policy for the Black Population, seek to address historical and social inequalities that have repercussions on access and health indicators (Costa; Lopes, 2020). These policies reveal the need for an intersectional look, which recognizes the multiple dimensions of social inequalities.

In recent years, the COVID-19 pandemic has highlighted the importance of public health policies in Brazil. The SUS demonstrated resilience and responsiveness, coordinating mass vaccination and ensuring universal care, even if limited by the structural weaknesses of the system (Castro; Massuda, 2021). The pandemic has also highlighted the essential role of science, technology, and innovation in health, reinforcing the need for policies that articulate the productive sector, research, and public management.

Thus, public health policies in Brazil should be analyzed as an expression of the social pact established by the 1988 Constitution, but also as a field of political and economic disputes. On the one hand, there is the universalist perspective, which seeks to ensure health as a right of citizenship; on the other, pressures from private interests that tend to strengthen the commodification of health. As Bahia (2018) points out, this tension reveals that health in Brazil is not only a technical issue, but eminently political.



## 5 PERSPECTIVES, DISCUSSIONS AND REFLECTIONS ON PUBLIC HEALTH IN BRAZIL

Public health in Brazil is one of the central axes of social security and the implementation of the Democratic Rule of Law, being both a fundamental right and a state duty. However, throughout its trajectory, it has been observed that the consolidation of the SUS and the materialization of the principle of universality face historical, structural and political challenges. Based on a critical analysis, this chapter seeks to reflect on the perspectives of Brazilian public health, discussing its advances, obstacles and possibilities for the future.

First, it is necessary to highlight that the Federal Constitution of 1988 established a framework of rupture in relation to the previous exclusionary model, by establishing universal and equal access to health as a right for all (Brasil, 1988). This conceptual and legal advance has allowed the formulation of comprehensive, integrated and decentralized public policies, which have contributed to the improvement of health indicators. WHO data reveal that the expansion of primary care in Brazil was fundamental for reducing infant mortality and controlling communicable diseases (World Health Organization, 2022).

Despite these advances, Brazilian public health lives with a set of contradictions and tensions. On the one hand, there is the recognition of the SUS as one of the largest inclusive public policies in the world; on the other hand, social, regional, and ethnic inequalities persist in access to health services (Paim, 2018). These inequalities reflect the country's historical socioeconomic disparities, reinforcing the need for affirmative policies and adequate funding to reduce asymmetries.

The financing of the SUS is perhaps one of the greatest contemporary obstacles. Since the institution of Constitutional Amendment No. 95/2016, which limited public spending for twenty years, there have been budget constraints that have directly impacted the capacity to expand and maintain health policies (Funcia, 2019). Recent studies indicate that this limitation has compromised not only the hospital infrastructure, but also the acquisition of supplies, the hiring of professionals, and the strengthening of primary care (Carvalho; Saints; Lima, 2021). In this context, the need to review this fiscal model is discussed, under penalty of setbacks in the process of consolidating the right to health.

Another point that deserves reflection is the growing judicialization of health. The growing demand in the Judiciary for medicines, treatments, and procedures, often not

provided for in SUS protocols, evidences both flaws in the planning of public policies and the social perception that the right to health must be guaranteed regardless of costs (Ferraz; Vieira, 2017). Although judicialization is, in part, a mechanism for enforcing the right, it also creates challenges for public management, which may result in inequalities in access, since it privileges individuals with greater access to information and legal resources.

Technological transformations also represent a field of perspectives and challenges. The incorporation of digital technologies, such as telemedicine, electronic medical record systems, and artificial intelligence applied to diagnosis, opens up new possibilities to expand access to and quality of care (Mendes; Martins, 2021). However, the adoption of these innovations requires significant investments and digital inclusion policies, especially in peripheral and rural regions, at the risk of deepening exclusion.

In addition, the impact of the COVID-19 pandemic reinforced the importance of the SUS and, simultaneously, exposed its weaknesses. On the one hand, the public system was essential to ensure mass vaccination and the organization of the hospital network; on the other hand, the pandemic revealed the insufficiency of beds, the lack of professionals, and the vulnerability of the poorest and most racialized populations (Santos, 2022). This scenario accentuated the debate on the need to strengthen the SUS, with policies of stable financing and appreciation of health workers.

In terms of perspectives, it is essential to discuss the integration between health and social determinants. The contemporary public health model, as recommended by the WHO, recognizes that factors such as education, sanitation, housing, and income have a direct impact on well-being and quality of life (WHO, 2016). In this sense, health policies should dialogue in an intersectoral manner with other fields of social security and public policies, expanding their effectiveness and reach.

From a political and social point of view, public health in Brazil still faces the challenge of effective social participation. The health councils and conferences, provided for in the constitution, represent instruments of democratic control, but suffer from limitations of representativeness and political-party interference (Lobato; Giovanella, 2019). The strengthening of these spaces is essential for society to actively participate in the definition of priorities and the monitoring of policies.

Finally, it should be noted that the prospects for public health in Brazil cannot be analyzed only in terms of internal challenges. The country is inserted in a global context



marked by demographic changes, such as population aging, and by new health threats, such as pandemics and environmental crises. These issues require that Brazilian health policy be aligned with international sustainable development agendas, such as the Sustainable Development Goals (SDGs), especially SDG 3, which aims to ensure a healthy life and promote well-being for all at all ages (United Nations, 2015).

Thus, discussions and reflections on public health in Brazil point to a complex and multifaceted path, in which it is necessary to reconcile the defense of the SUS as a social heritage with the need for innovation, sustainable financing, combating inequalities and strengthening participatory democracy. The future of public health in the country depends, to a large extent, on the ability of governments, society, and institutions to build consensus that prioritizes life, dignity, and equity as non-negotiable values.

## 6 FINAL CONSIDERATIONS

The analysis of public health as a social security policy in Brazil highlights the complexity that permeates the construction of a system focused on universality, integrality and equity, principles that guide the Unified Health System (SUS). Since the promulgation of the Federal Constitution of 1988, health has been raised to the status of a fundamental right and duty of the State, constituting itself as a civilizing milestone that has expanded the field of social citizenship in the country. Such achievement, however, is constantly stressed by structural, political and social challenges that still prevent the full materialization of the constitutional precept.

Throughout the historical course discussed, it is perceived that Brazilian social security, formed by the tripod health, social security and social assistance, has established itself as an innovative social protection network in the Latin American context. However, insufficient financial resources, chronic underfunding of health, and pressures arising from economic and demographic changes compromise the sustainability and effectiveness of health policies. These limits are aggravated by regional inequalities, the lack of infrastructure in several locations, and the difficulty in consolidating efficient management that balances public and private interests.

Reflections on health as a fundamental right reaffirm its inalienable character and its direct connection with the dignity of the human person. However, the realization of this right requires more than normative provisions: it requires effective public policies, active social participation, and continuous political commitment to reducing inequalities. The



SUS, in this sense, emerges as one of the greatest Brazilian social achievements, but its strengthening depends on strategic choices that prioritize the valorization of primary care, the improvement of the service network and the promotion of intersectoral actions that articulate health, education, housing and work.

Discussions about public health policies in Brazil also point to significant advances, such as the expansion of vaccination coverage, primary care programs, and family health policies. However, such achievements are strained by setbacks that manifest themselves in budget cuts, indirect privatizations, and attempts to restrict universal access. Public health, therefore, reveals itself as a field of dispute between social projects, sometimes aligned with the principle of collective well-being, sometimes subordinated to the mercantile logic.

The future prospects for health in Brazil require deep reflections on the need to consolidate adequate and sustainable financing, strengthen popular participation mechanisms, and incorporate technological innovations without compromising the universal character of the SUS. At the same time, the health crisis triggered by the COVID-19 pandemic has brought to light both the weaknesses and resilience of the public health system, reinforcing the centrality of health as a strategic dimension of national sovereignty and citizenship.

In view of this, it is essential to understand that public health cannot be treated only as an expense, but as an indispensable social investment for human and economic development. The strengthening of social security and the defense of the SUS must be understood as pillars of a national project that aims at social justice, equity and the protection of life. The future of public health in Brazil will depend on the collective capacity to ensure that this fundamental right is effectively accessible to all, without discrimination, as the maximum expression of democratic citizenship.

## REFERENCES

Bahia, L. (2020). O SUS e os desafios da saúde suplementar: Coexistência e contradições. *Ciência & Saúde Coletiva*, 25(5), 1709–1717. <https://doi.org/10.1590/1413-81232020255.33692019>

Boschetti, I. (2018). Assistência social e seguridade social no Brasil: Entre a universalidade e a focalização. *Serviço Social & Sociedade*, (132), 9–26. <https://doi.org/10.1590/0101-6628.155>

Brasil. (1988). Constituição da República Federativa do Brasil de 1988. Senado Federal. [https://www.planalto.gov.br/ccivil\\_03/constituicao/constituicao.htm](https://www.planalto.gov.br/ccivil_03/constituicao/constituicao.htm)

Buss, P. M., & Pellegrini Filho, A. (2007). A saúde e seus determinantes sociais. *Physis: Revista de Saúde Coletiva*, 17(1), 77–93. <https://doi.org/10.1590/S0103-73312007000100006>

Carvalho, A. I. (2013). Conselhos de saúde no Brasil: Participação cidadã e controle social. *Revista Saúde em Debate*, 37(96), 82–92.

Carvalho, L. A., Santos, T. M., & Lima, R. S. (2021). Financiamento do SUS e os efeitos da Emenda Constitucional n.º 95/2016. *Revista de Saúde Pública*, 55, Article 12.

Castro, M., & Massuda, A. (2021). The Brazilian health system at crossroads: Progress, crisis, and resilience. *Health Systems & Reform*, 7(1), 1–13.

Costa, R., & Lopes, F. (2020). Políticas de saúde e equidade racial no Brasil: Avanços e desafios. *Physis: Revista de Saúde Coletiva*, 30(2), Article e300203.

Draibe, S. M. (1993). As políticas sociais do regime militar brasileiro: 1964-1985. *Cadernos de Pesquisa*, (86), 30–49.

Ferraz, O. L. M., & Vieira, F. S. (2017). Direito à saúde, recursos escassos e equidade: Os desafios da judicialização. *Revista Direito GV*, 13(2), 493–520.

Fleury, S. (2011). Saúde e democracia: A luta do CEBES. Lemos.

Funcia, F. R. (2019). Subfinanciamento e restrição de gastos públicos no SUS: Consequências da EC 95/2016. *Ciência & Saúde Coletiva*, 24(12), 4373–4382. <https://doi.org/10.1590/1413-812320182412.25892019>

Giambiagi, F., & Afonso, J. R. (2011). O financiamento da previdência social no Brasil: Diagnósticos e alternativas. Elsevier.

Lobato, L. V. C., & Giovanella, L. (2019). O Sistema Único de Saúde em perspectiva comparada: Interfaces entre o público e o privado. *Ciência & Saúde Coletiva*, 24(6), 2203–2212.

Marques, R. M., & Mendes, Á. (2020). Proteção social e crise do trabalho: Desafios para a seguridade social no Brasil. *Revista Katálysis*, 23(3), 406–415. <https://doi.org/10.1590/1982-02592020v23n3p406>

Marshall, T. H. (1967). Cidadania, classe social e status. Zahar.

Mendes, Á., & Funcia, F. R. (2020). O financiamento do SUS e o papel da União: Tendências e perspectivas. *Saúde em Debate*, 44(spe4), 58–71. <https://doi.org/10.1590/0103-11042020E404>

Mendes, E. V., & Martins, J. S. (2021). Inovação tecnológica e saúde pública: Desafios para o SUS. *Saúde em Debate*, 45(esp. 2), 60–72.



Noronha, J. C. de. (2021). Financiamento da saúde no Brasil: Avanços e retrocessos. *Ciência & Saúde Coletiva*, 26(9), 3593–3604.

Organisation for Economic Co-operation and Development. (2021). *Health at a glance 2021: OECD indicators*. OECD Publishing. <https://doi.org/10.1787/4dd50c09-en>

Paim, J. (2008). *O que é o SUS*. Editora Fiocruz.

Santos, L. M. P. (2022). Pandemia de COVID-19 e o SUS: Aprendizados e desafios. *Epidemiologia e Serviços de Saúde*, 31(1), Article e2021367.

Santos, L., & Giovanella, L. (2018). SUS: Avanços e desafios. *Ciência & Saúde Coletiva*, 23(6), 1729–1736. <https://doi.org/10.1590/1413-81232018236.09172018>

Sarlet, I. W. (2012). *A eficácia dos direitos fundamentais* (10<sup>a</sup> ed.). Livraria do Advogado.

Souza, C. (2017). Federalismo, desenho constitucional e instituições federativas no Brasil pós-1988. *Revista de Sociologia e Política*, 25(63), 105–123.

Souza, A. P., & Cunha, E. M. (2019). Participação social e saúde: Reflexões sobre o controle social no SUS. *Revista Brasileira de Políticas Públicas*, 9(3), 112–127. <https://doi.org/10.5102/rbpp.v9i3.6332>

United Nations. (2015). *Transforming our world: The 2030 Agenda for Sustainable Development*. <https://sdgs.un.org/2030agenda>

Vianna, M. L. W. (2002). A americanização (perversa) da seguridade social no Brasil: Estratégias de bem-estar e políticas públicas. Revan.

Viana, A. L. d'Á., & Machado, C. R. (2009). Política de saúde no Brasil. *Ciência & Saúde Coletiva*, 14(3), 819–830. <https://doi.org/10.1590/S1413-81232009000300011>

Vieira, F. S., & Benevides, R. P. de S. (2016). Os impactos do novo regime fiscal para o financiamento do Sistema Único de Saúde e para a efetivação do direito à saúde no Brasil (Nota Técnica n.º 28). IPEA.

World Health Organization. (1946). *Constitution of the World Health Organization*. <https://www.who.int/about/governance/constitution>

World Health Organization. (2022). Primary health care on the road to universal health coverage: 2022 monitoring report. <https://www.who.int/publications/i/item/9789240056145>