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REFACS

The dismantling of health policy under the management of social organizations

O desmonte da política de saúde sob a gestão das organizações sociais

El desmantelamiento de la política de salud bajo la gestión de las organizaciones sociales

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This is a reflection carried out in the period between October 2019 and April 2020 with the aim of analyzing the counter-reforms in health policy from the recurring privatizations within the scope of the policy, focusing on Social Health Organizations. The study considered 17 references and, is presented in two thematic areas: *health privatization and capital appreciation*; and *Social organizations in health management*. There was a subsumption of the Unified Health System to the macro-determinations of financial capital. As an expression of attacks by capital, the obstacles to guarantee state and quality health are highlighted, based on the various forms of privatization and appropriation of public resources, specifically health. Social Organizations have been presented as a new strategy to expand assistance coverage and modernize the management of health services, however, in practice it is configured as a new privatizing management model without commitment to the principles defended by the Unified Health System.
Descriptors: Health policy; Privatization; Social organization.

Esta é uma reflexão realizada no período entre outubro de 2019 e abril de 2020 com o objetivo de analisar as contrarreformas na política de saúde a partir das recorrentes privatizações no âmbito da política, com enfoque às Organizações Sociais da Saúde. O estudo considerou 17 referencias e, é apresentado em duas vertentes temáticas: *a privatização da saúde e a valorização do capital;* e, *as organizações sociais na gestão da saúde.* Verificou-se a subsunção do Sistema Único de Saúde às macrodeterminações do capital financeiro. Como expressão dos ataques do capital, ressaltam-se os entraves para garantir uma saúde estatal e de qualidade, a partir das diversas formas de privatização e apropriação dos recursos públicos, especificamente da saúde. As Organizações Sociais têm sido apresentadas como uma nova estratégia de ampliar a cobertura assistencial e modernizar a gestão dos serviços de saúde, porém, na prática se configura como novo modelo de gestão privatizante sem compromisso com os princípios defendidos pelo Sistema Único de Saúde.
Descritores: Política de saúde; Privatização; Organizaçao social.

Esta es una reflexión realizada en el período comprendido entre octubre de 2019 y abril de 2020 con el objetivo de analizar las contrarreformas en la política de salud a partir de las recurrentes privatizaciones en el ámbito de la política, con énfasis en las Organizaciones Sociales de Salud. El estudio consideró 17 referencias y se presenta en dos áreas temáticas: *la privatización de la salud y la valorización del capital*; y, *las organizaciones sociales en la gestión de la salud*. Se verificó la subsunción del Sistema Único de Salud a las macrodeterminaciones del capital financiero. Como expresión de los ataques del capital, se destacan los obstáculos para garantizar la salud estatal y de calidad, a partir de las diversas formas de privatización y apropiación de los recursos públicos, específicamente de la salud. Las Organizaciones Sociales se han presentado como una nueva estrategia para ampliar la cobertura de la atención de salud y modernizar la gestión de los servicios de salud, pero en realidad se configura como un nuevo modelo de gestión privatizadora sin compromiso con los principios que defiende el Sistema Único de Salud.
Descriptores: Política de salud; Privatización; Organización Social.

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INTRODUCTION

Guaranteed rights are not bought and sold. This assertion, proclaimed by the movements in defense of a public health system, has been rejected more intensely by the current Brazilian government, with the discourse of the Unified Health System (*Sistema Único de Saúde - SUS*) as a public system.

The health reform proposals aim to integrate the private sector, supplementary health, the market, the SUS and include the adoption of popular health plans. This set of measures is part of the central alternative of capital in its process of deregulation, which had a rise with the neoliberals, and currently has betting on the mechanisms of the market to recover the balance.

In Brazil, several initiatives have been adopted aimed at the "negative" framework of State action, such as: cuts in public spending, privatization and deregulation, as well as to "positively" reconfigure public management and administration, the so-called administrative reform of the State, or the counter-reform of the State[1].

The term reform has historically been linked to the struggle of the subaltern classes and in the perspective of expanding rights, but it was co-opted by the neoliberal ideology to justify the need for downsizing the State, resulting in a process of counter-reforms[2], with a view to reducing and eliminating the rights conquered by workers.

Neoliberals do not identify the crisis as that of capital, but they conceive it as a crisis of State and the main measure is to invest in the relationship between the State and the market in "promoting development" [3].

Organizações Sociais da Saúde - OSS (Social Health Organizations) emerged in Brazil from the opening of possibilities for public management after the State Reform, in the years 1994/1995. They emerged as a new modality focused on the social function of the management and provision of health services, linked to the model of public-private partnerships[4].

The speech on the occasion of its creation consisted of allowing the non-profit production of goods and services not exclusive to the State. For one of the main creators of the Reformation[4], the "third sector" presents itself as one of the ways of redefining the role of the State, while it ceases to be directly responsible for the provision of goods and services and is strengthened as a promoter and regulator of this economic development and social. Recommendations for state reform were introduced by the government of Fernando Collor and more radically by the government of Fernando Henrique Cardoso and later used by the Lula and Dilma in their respective governments.

With the neoliberal ideas, the counter-reform of the State instituted a new modality of appropriation of the public fund for non-profit entities, called "new management models". The State entrusts the administration of public assets to these institutions, outsources the hiring of labor force and transfers the public fund to finance the actions. Thus, this study aims to analyze the counter-reforms in health policy from the recurrent privatizations within the scope of the policy, focusing on Social Health Organizations.

METHOD

This is a reflection that used articles and documents, with analyzes: of health policy in Brazil; privatization within the scope of the policy, in particular, the transfer of the management of public units to OSS. In documentary research, it focused on laws and documents that discuss the deepening of the health counter-reform under the management of Social Organizations (SO).

Documents such as the Master Plan for the Reform of the State Apparatus (*Plano Diretor da Reforma do Aparelho do Estado - PDRAE*), laws, government ordinances, newspaper and magazine reports on health policy were studied, as well as the proposals defended by the National Front Against the Privatization of Health, which presents itself as an articulation mechanism of counter-hegemonic movements in health.

The theoretical and methodological basis of this work was the dialectical reason of critical social theory. And, the reflections that supported the construction of this work occurred in the period between October of 2019 to April of 2020.

RESULTS

The study considered 17 references and is presented in two thematic areas: *Health privatization and capital appreciation*; and *Social organizations in health management.*

DISCUSSION

The formulation of Law nº 9.637/1998[5] served as a basis for the subsequent promulgations of subnational laws and was based on the definition of SO presented by the Ministry of Federal Administration and State Reform (*Ministério da Administração Federal e Reforma do Estado - MARE*), which advocated a model of responsible non-state public organization for "publicisable" activities, to establish a partnership between State and society based on performance results.

SOs do not conform as a new type of legal person, that is, this condition concerns only the special legal title conferred by the public authority to meet the requirements of constitution and functioning established by law. The State continues to finance public activities, absorbed by the SOs that were qualified to assume the services and these will be responsible for the results agreed via management contracts[6].

However, it is possible to identify some divergences in the legal scope with respect to the Executive's discretionary power in the qualification of SO. Contrary to what is recommended by MARE and resulting legislation, the administrative decision to make the title of an SO viable and deny another, when both meet the legal conditions, translates into an act that violates the principle of isonomy[7].

The SOs, as they are configured as private entities, have greater administrative autonomy than those possible within the State, which represents advantages in hiring professionals, in market conditions, in creating their own rules and regulations for purchases and contracts, which remain exempted from bidding, besides having flexibility in budget and financial execution[8].

The possibility of hiring personnel outside the limits established by the Fiscal Responsibility Law (*Lei de Responsabilidade Fiscal - LRF*) demonstrates the advantages over other forms of state organizations. The conditions and openness to the private sector point to the flexibility assumed by the public administration and also explain the great adherence to the OSS management model by state and municipal health managers across the country[9].

Another important issue is the fact that Law No. 9,637/1998 and the subsequent subnational laws accept the remuneration of the directors of these SOs, in which the amount is stipulated by the entity's administrative council, which was not possible under the legislation prior to the State Reform , with respect to private non-profit entities[10].

It appears that even though the law provides for compliance with SUS legislation, private law entities are supervised by a Board of Directors and the Ministry of Health, with the social control provided by SUS (parity and deliberative councils), without conditions to monitor and interfere in the approval and execution of these management contracts.

In the federal laws of the SO, it appears that there is no guarantee of exclusivity of service to SUS users, deconstructing the apparent public profile of these entities, as this condition violates the constitutional principle of universal and equal access to services. It is necessary to emphasize that institutions that offer the "double door" historically privilege private interests, such as, for example, health plans and insurance, which justifies the strong interlocution of OSS with the market and lucrative niches within the scope of politics[11].

Health privatization and capital appreciation

Privatization occurs when the State ceases to play its role as a productive and entrepreneurial economic agent, through the sale of state-owned companies, as well as when it ceases to be the direct executor of services, stimulating the transfer of public resources to the private sector[5].

Privatization consists of the transfer of functions and responsibilities from the public sector, entirely or partly, to the private sector[12]. Privatization can be defined as *a process in which non-governmental entities are involved and participate in the financing and provision of health services*. "Active privatization" is the stimulus carried out by the governments themselves, which through their political decisions, strengthens the growth of private participation in health[13].

In Brazil, the growing trend of active privatization is clear, when the State transfers the public fund to the private sector and ensures with legal instruments the operationalization of management models, serving the interests of capital, which historically conditioned health to a commercial logic.

Despite these "new management models" (Social Organizations - SO, Civil Society Organization of Public Interest (*Organização da Sociedade Civil de Interesse Público - OSCIP*), State Private Law Foundations (*Fundações Estatais de Direito Privado - FEDP*)) have internal differences, both are part of the State's counter-reform process, which public resource is destined for entities under private law, that is, the State is responsible for financing and coordinating social policies, but management and execution is aimed at private initiative.

The neoliberal counter-reform of the State bet on these entities as a way to leverage economic and administrative policies, reducing financial impact on the public sector. To this end, it proposed to implement public policies through various "non-governmental", "non-profit" institutions, focused on social development, especially in areas considered "exclusive activities of the State".

The State's lack of responsibility for the implementation of SUS principles and guidelines has been gradually and increasingly consolidated, and it is exactly under the complementarity guideline (put in the Brazilian Federal Constitution of 1988[14] and the different ways of interpreting it) that instances governmental organizations, located in the three spheres of government, have transferred their responsibilities in the scope of management and financing to other management models, that is, they deconstruct the principle of complementarity to justify under-financing, the inflow of foreign capital and the privatization of SUS.

The presence of the private sector in the trajectory of health policy meant that the logic of complementarity was implemented under its pressure. Instead of exhausting all possibilities and capacities of the public sector to later resort to private services, the opposite is true, the State has become the main buyer and consumer of the private sector.

Thus, complementarity is ensured by the FC and deals with the public and private philanthropic partnership that is made through agreements and contracts with the aim of complementing the services offered by the public sector, when it is insufficient to meet SUS needs, but the what is presented is a clear inversion of investments from the public health fund to the private sector contracted or contracted. It is the complementarity inside out, that is, the private sector that should complement it, has assumed centrality in the public sector.

By instituting these entities, the State seeks to present solutions to increase the efficiency of social policies, reduce public spending and acquire greater management autonomy. However, privatization is the result of the consequences of neoliberal reforms and seeks to enable and boost a profitable niche for the market. Capitalism will always seek spaces for its valorization and expansion, which is the reason for its existence and, for that, capitals will be directed to new spheres of valorization, such as health, education and social security policies, expressing the process deepest overcapitalization.

Thus, excess capital migrates to the provision of private health services and to the supplementary sector, such as health plans and insurance, as they are capitals that do not achieve possibilities of accumulation in the productive sphere and look for opportunities in the services sector. The State, via public health, is the major driver of this process.

There is no doubt that private management threatens universal and comprehensive access to health services and does not meet the goals of improving health care for the population. On the contrary, they destroy a set of social rights, by making workers' rights more flexible, by transferring the execution of social health and education policies to private or philanthropic entities, making social control unfeasible and subjecting the production of knowledge and the formation of health workers to market interests to the detriment of the real needs of the population.

Privatizing projects have advanced in the daily life of health areas in Brazil and have contributed to the exclusionary and focused nature of assistance, bringing obstacles to guarantee a universal, public and democratic health system, given that these "new" management models aim to reduce the role of the State to expand the field of action of capital. There are significant differences between the different privatization models, but all express a common characteristic, they are presented as "partnerships" with the State.

Social organizations in health management

The so-called "new management models" brought about important changes and challenges in the configuration of the Brazilian health system, which are expressed through changes in legislation and in the creation of new legal personalities such as SO and private law state foundations. However, the first institution is not new. It comes from the counter-reform proposals of the State, idealized by Bresser Pereira in 1995[4], but it was from the end of the 2000s that different municipal and state governments intensified their adoption.

Along with the privatist assistance model, the Master Plan for the *Reform of the State Apparatus (Plano Diretor de Reforma do Aparelho do Estado - PDRAE*) emerges in Cardoso's government, which aimed to reorganize the public machinery, that is, an administration that would be called "managerial" and would be guided by the values of efficiency , effectiveness, efficiency and flexibility, emphasizing that: "reforming the State means transferring to the private sector activities that can be controlled by the market"[4].

In this direction, to minimize the role of the State and continue to focus (serving the poorest), the reformist plan pointed out four fundamental sectors that would redirect the priorities of state actions, affecting mainly the health sector, which were: 1) strategic core, being the sector that defines the laws, planning and formulation of public policies; 2) exclusive activities, which only the State would carry out; 3) non-exclusive services, which corresponds to the simultaneity between State action with public non-state and private organizations; 4) production of goods and services for the market, focused on profit[4].

The government's intention was to convert public education, health, and environment services to SOs, that is, non-profit private entities, carrying out their administration through the public budget. In other words, the declared proposal for administrative reform to transfer activities that until then had been exercised by the Public Power, to the SO and that would be better performed by the private sector, without requiring concessions or permissions.

The neoliberal counter-reform of the State bet on SOs as a way to leverage economic and administrative policies, reducing the financial impact on the public sector. To this end, it was proposed the implementation of public policies through various "non-governmental", "non-profit" institutions, focused on social development, especially in areas considered "exclusive activities of the State".

According to the document (PDRAE), the State apparatus would cover four sectors. The first strategic nucleus would correspond to the executive branch, the legislative branch, the judicial branch and the Public Ministry. The second concerns the sector of exclusive activities,

in which the State exercises the power to inspect, regulate and encourage, such as the collection of taxes and transit services[4].

This scenario was also marked by concentration, mergers and acquisitions concomitant to the going public of insurance companies and private health services, economic groups called conglomerates[15]. These large groups have private insurance companies that provide health services and, because they have previous connections with banking capital, the insurance sector and capitalization processes, they have facilities to consolidate their actions[16].

These projects that aim to transform the management model of social policies are aligned to the private market and follow recommendations of international financial agents, when using the public sector's inefficiency discourse and, introducing privatizing modalities that have as a central focus, capital accumulation international financial system, to the detriment of universal policies[17].

CONCLUSION

The Brazilian State, which should fulfill functions of coordinating, financing and executing public policies, follows the managerial public administration model that was proposed by MARE, since the government of Fernando Henrique Cardoso, with the proposals for the downsizing of the State, starting from the public-private partnerships, non-exclusive management of the State, free market. The so-called "rationalization" of health policy involves the entire package of counter-reforms that has currently taken place in a more radical, accelerated and reactionary manner across the country.

It is evident that the logic of private management is to destroy a set of social rights, by making the rights of public service workers more flexible, by transferring the execution of social health and education policies to private entities, making social control unfeasible and subject to knowledge production and the training of health workers to market interests to the detriment of the real needs of the population.

The SO are the result of the counter-reform of the State that combines a reduction in social rights with strong attempts to nullify the possibilities of struggle and political organization of the working class.

For this reason, it is considered necessary to resist capital interests in health that dismantle the SUS and rule out the possibility of implementing the principles of Health Reform. Public health workers and users will be able to discuss and act collectively on the direction of a public, universal and quality policy, and emphasizing the need for a new corporate project that meets the real interests and needs of the working class, where the policy of health and life are not traded and marketed.

As limitations of this study, we highlight the scarcity of research on the privatization process of health policy via SO. On the other hand, this work points out similar relationships with experiences adopted by the management by these organizations in Brazil, which allows to understand the particularities, the unveiling of contradictions and the existing resistances in this process.

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CONTRIBUTIONS
Nathália Moreira Albino participated on the conception, data collection and analysis, writing and revision. **Andreia Aparecida Reis de Carvalho Liporoni** contributed with writing and revision.

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