
HEALTH POLICIES IN THE MATTER OF THE AGENDA TO COMBAT POVERTY IN GOVERNMENTS LULA AND DILMA: THE INFLUENCE OF THE WORLD BANK

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Résumé

The anti-poverty agenda has been at the heart of the World Bank's discourse in recent decades. Social policies have come to be identified as strategic for coping with poverty and promoting development in poor countries. When it comes to Brazil, its relationship with the bank has proven quite profitable since the 1980s, becoming one of the five largest borrowers in the world. Particularly to health, several theoretical efforts were undertaken to understand the effects of the relationship between the bank and the country on the policies of this sector in the 1990s. It was important to analyze the recommendations made by the World Bank to Brazil on policies between 2003 and 2014. It was necessary to establish connections between this sectoral policy and the agenda of confronting poverty in the Lula and Dilma governments. The documentary analysis technique was used to explore the partnership agreements signed between the World Bank and Brazil, the projects financed by the World Bank in Brazil and the document "20 years of construction of the health system in Brazil: an analysis of the System Single Health". All were categorized in the light of content analysis. It was found that there was a centrality of projects around the fight against poverty, while social policies occupied a secondary place in this agenda. In this process, the World Bank approached states and municipalities, expanding the spread of its state reform agenda, and reinterpreting structuring concepts of the Brazilian health system. Of the 23 projects financed for these subnational government agencies in the period, 13 (56.5%) were implemented by the states of the north and northeast regions, as was already indicated in the partnership documents established by the bank with the Brazilian government. The concentration of projects in the two poorest regions of Brazil ratifies the discourse of improving health services as a prerequisite for overcoming misery, not in terms of consolidating the constitutional SUS, but in providing the minimum necessary for human development. In addition, a reinterpretation of SUS structuring concepts was verified in the documents analyzed. In particular, the term "right to health" does not appear in the official documents of the World Bank, and the concept of "universality" gives way to the perspective of "universal health coverage", distorting the underlying theoretical framework of the Brazilian health system. It was concluded that the adoption of restrictive macroeconomic policies, as occurred in the Brazilian context in the period between 2003 and 2014, imposed severe constraints on social policies, as was the case of SUS. The meager financial transfer to the portfolio fulfilled the hegemonic agenda of financial dominance, which remained the immense barrier to the consolidation of the Brazilian health system. Its result has translated into major obstacles

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to the materialization of universality and the right to health, while relegating the primary role of health services to the strategy to combat poverty. Thus, the bank acted in a way to limit the original conception of SUS and in favor of the hegemonic interests of the current phase of capitalist accumulation.

Mots-Clés: World Bank, Health Policy, Single Health System, Poverty, Capitalism.