
AN ANALYSIS OF THE EVOLUTION AND DETERMINANTS OF INEQUALITIES AND INEQUITIES IN THE BRAZILIAN HEALTH SYSTEM (1998-2008)

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ABSTRACT

Background. The Brazilian Unified Health System (SUS) was created in 1989 to ensure public provision of universal and inclusive health care for the population and to address, among other things, the substantial levels of health inequity in the country. Problems related to the financing and administration of the SUS coupled with changes in the composition and dynamics of the Brazilian population have posed major challenges to the system, generating a substantial gap between demand and supply. The study analyses the evolution and determinants of income-related inequalities in the Brazilian health system during the ten-year period between 1998 and 2008.

Methods. Data from the National Household Sampling Surveys (PNAD) of 1998, 2003 and 2008 were used to analyze inequalities in health and health care. Interviewed samples included 344,975, 384,834, and 391,868 individuals, respectively. Health was measured by self-reported health status, physical limitations, and chronic illness. Hospitalization, physician and dentist visits were used as proxies for health care utilization. Income was used as proxy for socioeconomic status. Concentration indices were calculated before and after standardization for all dependent variables. Decomposition analysis was used to identify the main determinants of inequality in health care utilization.

Findings. In all three periods analyzed, the poor reported worse health status, while the wealthy reported more chronic diseases; health care utilization was pro-rich for medical, dental and hospital services. In spite of this, the level of income-related inequality in health care utilization has been declining. Private health insurance, education, and income are the major contributors to the inequalities identified.

Interpretation. Income inequality in the utilization of medical, hospital and dental health care services has been gradually declining in Brazil. The decline is associated with the implementation of pro-equity policies and programs in the country.

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Conflicts of Interest. The authors declare no conflicts of interest.

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