

Universal Health Coverage as a Foundation for Peaceful Societies: Insights from Brazil's Unified Health System (SUS)

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ABSTRACT:

Universal Health Coverage (UHC) is a critical driver of social cohesion and national stability. In a global context where catastrophic health expenditures fuel social unrest and marginalization, Brazil's Unified Health System (Sistema Único de Saúde – SUS) stands as a landmark example of health as a fundamental human right. This narrative review examines SUS through a social justice lens, analyzing how its constitutional principles function as a safety net that fosters a resilient society. The methodology consists of a synthesis of scientific literature and official reports addressing the intersection between health policy, social inclusion, and democratic stability. The discussion highlights how universality promotes a shared sense of citizenship, while equity-oriented policies mitigate territorial and social inequalities through targeted allocation of resources. Furthermore, the Family Health Strategy demonstrates how primary healthcare can strengthen institutional trust by materializing the presence of the State within vulnerable communities. Despite chronic underfunding and recent fiscal constraints, SUS has maintained a remarkable capacity for resilience, particularly during the COVID-19 pandemic. The Brazilian experience suggests that universal health systems may contribute not only to improved health outcomes but also to the broader conditions associated with Positive Peace. In this sense, SUS offers valuable lessons for how Universal Health Coverage can support democratic stability, social cohesion, and the reduction of inequalities in contemporary societies.

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I. INTRODUCTION

Universal Health Coverage (UHC) has emerged as a central priority in global health policy and international development agendas. Despite substantial progress over recent decades, approximately half of the world's population still lacks access to essential health services, and millions

face catastrophic financial hardship due to healthcare expenditures. These challenges disproportionately affect populations exposed to adverse social determinants of health, contributing to persistent inequalities within and between countries [1].

While the benefits of UHC for improving health outcomes and financial protection are well established, its broader contribution to social cohesion and democratic stability remains comparatively underexplored. By reducing exclusion and guaranteeing access to essential services, universal health systems may strengthen citizenship, reinforce institutional trust, and foster the foundational prerequisites for peaceful and stable societies.

Brazil offers a particularly relevant case for examining these connections. Established by the 1988 Federal Constitution during the country's democratic transition, the Unified Health System (Sistema Único de Saúde - SUS) was founded upon the principle that health is a right of all and a duty of the State [2]. Through its constitutional commitment to universality, integrality, and equity, SUS guarantees healthcare access to all individuals within the national territory. At the same time, it aims to reduce historical inequalities, promote fair distribution of essential services, and strengthen the relationship between citizens and public institutions through the recognition of health as a fundamental social right [2].

As one of the largest universal public health systems in the world, SUS provides an opportunity to explore how healthcare institutions may contribute to macro societal objectives beyond disease prevention and treatment [8]. This article examines the Brazilian health system through a peace-building lens, exploring how its constitutional principles and primary healthcare (PHC) model may contribute to democratic inclusion, collective well-being, and stability. The article also addresses key challenges faced by the system, including chronic underfunding, while highlighting the systemic resilience demonstrated by SUS during the COVID-19 pandemic.[11].

II. THEORETICAL FRAMEWORK: HEALTH AS PEACE-BUILDING

A. Positive Peace

Traditionally, peace has been understood as the absence of armed conflict or direct violence. However, Galtung expanded this concept by introducing the notion of Positive Peace, defined not merely by the absence of violence but by the

presence of social justice and equitable social arrangements. From this perspective, structural inequalities that prevent individuals from meeting their basic needs may be understood as forms of structural violence, insofar as they compromise the prerequisites for Positive Peace.

Applied to the context discussed, it can therefore be argued that public policies capable of reducing exclusion and expanding access to essential services contribute not only to social welfare but directly cultivate peaceful and stable societies.[3].

B. Social Determinants of Health

This concept of structural violence finds a clear empirical parallel in the framework of the social determinants of health, which refer to the social, economic, and environmental conditions in which people are born, grow, live, work, and age. These circumstances are unevenly distributed throughout society and frequently shape both exposure to illness and access to healthcare. As recognized by the World Health Organization, adverse social determinants contribute to deep-seated health inequities across different socioeconomic strata. Addressing these disparities therefore goes beyond improving health outcomes alone; it also represents an effort to reduce broader forms of marginalization that may jeopardize social equilibrium [4].

C. Social Cohesion and Institutional Trust

Contemporary societies are experiencing declining trust in public institutions, a phenomenon widely recognized as a threat to democratic stability. In this context, institutional trust has emerged as a central concept in political analysis. It refers to citizens' confidence that public institutions - such as healthcare systems - operate fairly, effectively, and in the public interest. This trust can be weakened by perceptions of inequality, exclusion, or dissatisfaction with the services provided. When institutional trust erodes, democratic governance becomes more fragile, and broader patterns of social cohesion may also be undermined [5].

Health systems occupy a unique position in this regard because they represent one of the most visible forms of interaction between citizens and the State. For many individuals, healthcare services constitute their most frequent contact with public

institutions. When healthcare systems are perceived as accessible, equitable, and responsive, they may strengthen trust in public institutions and foster a stronger sense of social belonging and civic inclusion. Conversely, persistent barriers to healthcare access may contribute to feelings of exclusion and institutional neglect [5].

D. Health Systems as Peace-Building Institution

The relationship between healthcare systems and societal harmony extends beyond the prevention and treatment of disease. Synthesizing concepts of Positive Peace, social determinants of health, and institutional trust discussed above, previous studies suggest that universal health systems may be understood as peace-building initiatives insofar as they strengthen collective well-being, foster a sense of security, and promote democratic stability [6].

By guaranteeing healthcare as a social right rather than a market commodity, they reinforce the World Health Organization's definition of health as a state of complete physical, mental, and social well-being rather than merely the absence of disease [7]. In this context, this theoretical framework provides the foundation for examining the Brazilian Unified Health System as an institution that may contribute not only to individual health but also to peaceful societies in the twenty-first century.

III. THE PRINCIPLES OF SUS AND SOCIAL STABILITY

E. Universality and Social Inclusion

Universality constitutes the foundational principle of the Brazilian Unified Health System. Established by the 1988 Federal Constitution, SUS recognizes health as a right of all and a duty of the State, ensuring that access to healthcare is not conditioned upon income, employment status, insurance coverage, or social position [2]. In contrast to healthcare models primarily organized through private insurance schemes, eligibility for care within SUS is predicted upon the universal right to health rather than a market commodity.

From a peace-building perspective, universality extends beyond healthcare delivery. By guaranteeing access to all individuals within the national territory, irrespective of nationality, migration status, or socioeconomic condition, SUS reinforces the

perception that every person is entitled to equal protection and care [2]. This shared entitlement contributes to a broader sense of social inclusion and belonging, mitigating forms of exclusion that may weaken social cohesion. Today, SUS remains one of the largest public health systems in the world, providing healthcare services to more than 160 million Brazilians and functioning as a central pillar of social protection [8].

F. Integrality and Institutional Trust

Integrality reflects the commitment of SUS to provide comprehensive care throughout the continuum of health needs. Moving beyond an exclusive focus on disease treatment, this principle encompasses health promotion, prevention, diagnosis, intervention, rehabilitation, and palliative care [2].

The operationalization of integrality depends upon an interconnected network of services organized across different levels of complexity. Through referral and counter-referral mechanisms, individuals may transition between primary care, specialized outpatient services, hospital-based treatment, and rehabilitation according to their needs.

In this sense, healthcare is conceived as a continuous process rather than a series of isolated interventions.

Beyond its clinical implications, continuity of care also carries social significance. Public institutions are more likely to be perceived as legitimate when support remains available during periods of personal health crises. By maintaining a continuous presence throughout different stages of illness, SUS reinforces the perception that healthcare remains available as a public responsibility throughout the life course. Consequently, this principle fosters institutional trust by demonstrating that care is a continuous commitment rather than a series of isolated encounters, thereby transforming healthcare from a sporadic service to a comprehensive, lifelong right [2].

G. Equity and the Reduction of Territorial Inequalities

While universality guarantees basic human rights, equity recognizes that equal treatment alone is insufficient in unequal societies. Brazil is

characterized by profound social, economic, and territorial disparities that influence both health outcomes and access to healthcare services. In this context, treating all populations identically may inadvertently perpetuate existing inequalities.

The principle of equity seeks to address this challenge by directing greater attention and resources toward populations facing higher levels of vulnerability. This approach is particularly relevant in regions where adverse social determinants - including poverty, limited transportation, inadequate housing, and restricted access to other public welfare services - create additional barriers to health.

A practical illustration of this principle is the targeted expansion of the Family Health Strategy (FHS), the main organizational model of primary healthcare in Brazil. Implemented through multidisciplinary teams responsible for defined geographic territories, the FHS prioritizes community-based care, health promotion, disease prevention, and continuous follow-up of registered families. Through the principle of equity, the Family Health Strategy has been predominantly deployed in areas characterized by greater social vulnerability, directing resources primarily to communities facing the highest degrees of systemic deprivation [9].

Empirical evidence underscores this impact; a longitudinal study found that full coverage of the Family Health Strategy was associated with a 15.4% reduction in mortality among Black and Mixed-race populations, compared with a 6.8% reduction among their White counterparts. These findings illustrate how equity-oriented primary healthcare policies can contribute to reducing health inequalities among historically marginalized groups [9].

H. Primary Care and State Presence

Among the principles and organizational strategies of SUS, primary healthcare occupies a particularly important position. The Family Health Strategy, which has expanded continuously since the 1990s, has become the largest community-based primary healthcare program in the world and serves as the principal platform for delivering UHC in Brazil [8].

By 2010, approximately 33,000 Family Health teams were reaching nearly 98 million people and were present in 85% of Brazilian municipalities [8]. More recently, national health planning documents have demonstrated a rapid upward PHC trajectory, surpassing 50,000 teams covering over 160 million people, with 90% of population coverage in some regions of the country [10].

The relevance of primary care extends beyond its clinical effectiveness. As the level of care geographically closest to citizens, PHC represents one of the most visible expressions of State presence within communities. Through repeated interactions between healthcare professionals, patients, and families, relationships of familiarity and trust can be gradually established. The World Health Organization recognizes PHC as the foundation of Universal Health Coverage, highlighting its role in improving equity, health security, and population health outcomes [4].

In Brazil, the expansion of the Family Health Strategy has been associated with reductions in both infant and cardiovascular mortality, preventable hospitalizations, and health inequalities [8]-[9]. These achievements illustrate how primary healthcare can simultaneously improve health outcomes and strengthen the relationship between citizens and public institutions. Consequently, the FHS does not merely deliver healthcare services - it materializes the presence of the State within communities, transforming constitutional guarantees into everyday experiences and reinforcing the social bonds that underpin social cohesion and democratic legitimacy.

IV. CHALLENGES AND RESILIENCE

A. Chronic Underfunding and Constitutional Barriers

The constitutional recognition of health as a universal right implies a corresponding state obligation to provide the resources necessary for its implementation. In this sense, the effectiveness of UHC depends not only on legal guarantees but also on sustained public financing capable of transforming constitutional principles into concrete services [2].

Chronic and structural underfunding has accompanied the Brazilian Unified Health System since its creation. Although SUS was established as a universal system, the expansion of services has historically coexisted with financial constraints that limited the full realization of its constitutional objectives.

Within this broader context, the approval of Constitutional Amendment 95 (EC95) in 2016 introduced additional restrictions on the growth of public spending, including expenditures related to health and other social welfare policies [12]. Adopted within a macroeconomic context of fiscal austerity and neoliberal agendas, the amendment constitutionalized limits on public expenditure growth for an extended period. Critics have argued that, rather than merely reinforcing pre-existing underfunding, EC95 contributed to a process of defunding the public health system by restricting the State's capacity to respond to growing social and demographic demands, leaving a legacy of structural backlogs [12].

The defunding of SUS represents more than an administrative challenge. Although recent economic reforms introduced in 2023 have pulled SUS out of immediate fiscal asphyxiation, it remains critical to emphasize that when healthcare systems struggle to meet growing demands - leading to delays in consultations, specialist referrals, diagnostic procedures, and treatments - they may corrode institutional trust and undermine the prerequisites for Positive Peace. Under these circumstances, financial constraints threaten not only healthcare delivery but also the credibility of the social contract upon which Universal Health Coverage is built [12].

I. COVID-19 as a Stress Test for Institutional Resilience

If underfunding represents a long-term challenge, the COVID-19 pandemic constituted an acute disruption to the institutional capacity of health systems worldwide. Beyond its epidemiological impact, the crisis exerted unprecedented pressure on healthcare services through the simultaneous effects of increased demand, resource scarcity, economic instability, political polarization, and widespread misinformation [11].

In Brazil, the pandemic severely challenged for the Unified Health System. Despite operating within a context of longstanding constraints aggravated by EC95, SUS demonstrated a remarkable capacity for adaptation [11]-[12]. During the emergency response, the system rapidly scaled up intensive care infrastructure, mobilized the healthcare workforce, and coordinated the delivery of services across a country of continental dimensions [11].

While the crisis exposed persistent structural limitations and brought pre-existing territorial and social inequalities to the fore, these disruptions do not negate the system's underlying resilience [11]. In this context, resilience does not imply the absence of disruption; rather, it refers to the systemic capacity of institutions to absorb external shocks while preserving their core functions.

Although deep-seated vulnerabilities were revealed, the pandemic demonstrated the strategic imperative of maintaining a universal public health system capable of managing large-scale responses during periods of profound humanitarian crises. In this regard, the health emergency unleashed by COVID-19 ultimately reinforced the relevance of SUS as a vital national institution responsible not only for clinical care but also for collective protection during moments of exceptional social stress [11].

V. CONCLUSIONS

Discussions surrounding Universal Health Coverage often emphasize health outcomes and financial protection. The Brazilian experience demonstrates that its significance extends beyond these dimensions. Through the principles of universality, integrality, and equity, SUS illustrates how healthcare can function simultaneously as a vital public service and as a structural mechanism for mitigating exclusion and strengthening the relationship between citizens and public institutions.

Although important challenges remain - particularly regarding systemic underfunding and macroeconomic constraints - the COVID-19 pandemic demonstrated the strategic value of maintaining a universal health system capable of responding to large-scale crises while protecting access to care.

The Brazilian case therefore supports the view that universal health systems can actively cultivate the prerequisites for Positive Peace. By expanding access to healthcare, addressing inequalities, and maintaining a continuous presence within communities through primary healthcare, SUS demonstrates how public health institutions can support broader societal goals beyond disease prevention and treatment.

In this sense, healthcare is understood not merely as a fundamental social right, but as a critical catalyst for fostering more inclusive, stable, and resilient societies.

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