



PROBLEMS AND CHALLENGES FACED BY PUBLIC MANAGEMENT IN BRAZILIAN HEALTH



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ABSTRACT

The Unified Health System (SUS) faces several challenges in public health management in Brazil, reflecting the complexity of universal and quality care. Among the main problems are underfunding, inequality in access to services, the shortage of health professionals in some regions, and the lack of adequate infrastructure. The decentralization of management, although it has made it possible to adapt services to local needs, has also generated difficulties in terms of coordination and efficiency. Technological innovation, especially the digitalization of processes and the implementation of telemedicine, emerges as a potential solution to improve the management and quality of care, while contributing to the reduction of regional inequalities. However, these innovations must be accompanied by improvements in the training of professionals, in infrastructure and in the creation of more effective public policies. The sustainability of the SUS also requires a new financing model that allows for a balance in the distribution of resources, ensuring that all citizens, regardless of the region, have access to quality health. In short, the challenges faced by the SUS are not insurmountable, but require a continuous effort to innovate, improve management, and value health education, with a focus on equity and efficiency of the services provided. Strengthening the SUS is essential to ensure social inclusion and universal access to health in Brazil.

Keywords: Public Management. SUS. Technological Innovation. Financing.

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INTRODUCTION

Public management in Brazilian health is one of the most discussed and debated topics in the national scenario, mainly due to its complex structural, financial, and administrative challenges. The Unified Health System (SUS), created by the 1988 Constitution, was a significant milestone, establishing health as a universal and inalienable right of all Brazilian citizens, guaranteeing everyone access to free and quality medical and hospital services. However, despite being one of the greatest social achievements in Brazil, the implementation and operationalization of this system have proven to be challenging and problematic over the last decades. Overcoming these difficulties is a central issue to ensure the well-being of the population and the continuity of a service that serves all layers of society with dignity and quality.

The decentralization of the SUS was a strategic measure designed to expand access to health services throughout the country, distributing responsibility between the federal, state, and municipal spheres. However, this distribution of responsibilities has generated a large number of challenges related to the management, coordination, financing, and implementation of health policies in different regions of Brazil. While some regions, especially the wealthiest and most developed ones, have managed to significantly improve the quality and coverage of their health services, others still face immense difficulties due to a combination of lack of infrastructure, shortage of health professionals, and the deep social and economic inequality that still characterizes the country.

Among the main obstacles faced by public management in Brazilian health is regional inequality, which manifests itself in various ways. Brazil is a vast country, with more than 200 million inhabitants spread over a huge territorial extension. The great disparities between the regions – especially between the North and the South, and between urban and rural areas – end up generating a picture of inequality in access to health services, in which the more developed regions, such as the Southeast, concentrate a large part of the resources, reference hospitals and highly qualified professionals, while the poorest regions, such as the North and Northeast, face a critical lack of resources. The population of these areas often has to travel long distances to get specialized care, facing difficulties not only in accessing health units, but also due to the lack of basic infrastructure and adequate conditions for medical care.

In addition to geographic inequality, social disparities within the regions themselves are also an aggravating factor. Brazil is still one of the most unequal countries in the world, with a large concentration of income and resources in the hands of a small part of the population. Access to health care is deeply linked to socioeconomic status, which results in

an unequal quality of care, in which the upper classes have access to high-quality private health services, while the low-income population depends on an already overburdened and often insufficient SUS to meet all the demand. The public health system ends up, therefore, being pressured by a growing demand and by funding that, although representative, is insufficient in view of the needs.

The scarcity of financial resources is one of the biggest challenges for public health management in Brazil. Brazil invests a significant percentage of its Gross Domestic Product (GDP) in health, but this amount is still lower than that of countries with consolidated universal systems, such as the United Kingdom and Canada. Health is often one of the areas most affected by the lack of investment in times of economic crisis, as happened during the most recent recessions. When resources are scarce, SUS funding, which is already insufficient, becomes even more limited, undermining the system's ability to guarantee adequate care for the entire population. In addition, the transfer of resources to states and municipalities is not always done equitably, which generates a mismatch in the quality of services provided between the different regions of the country. The lack of an effective and sustainable financing policy is, therefore, one of the greatest challenges faced by public health management in Brazil.

However, the problem is not only in the lack of resources, but also in the management of these resources. Public management in Brazil faces major administrative challenges, with the presence of problems such as corruption, waste of resources, and lack of transparency in the processes of acquiring materials, medicines, and services. These problems are widely known and have profound impacts on the quality of care and the population's trust in the public health system. Corruption, especially, undermines the effectiveness of the system, by diverting resources that should be destined to serve the population and, often, by creating obstacles to the implementation of public policies that could improve the situation. The need for greater transparency and stricter control over public spending in the area of health is therefore an urgent issue that needs to be addressed.

Another recurring problem in public health management in Brazil is the shortage of qualified professionals, especially in more remote and peripheral areas. Although Brazil is one of the countries with the highest number of doctors trained annually, there is a large concentration of doctors in large cities, and many professionals choose to work in private clinics, instead of dedicating themselves to care in public health units. This is largely due to the precarious working conditions in the SUS, which include low wages, work overload, lack of infrastructure, and often unsafe conditions for care. Although programs such as "More

Doctors" have sought to take doctors to the neediest regions, the internalization of the workforce still faces great difficulties. The shortage of nurses, dentists, pharmacists and other health professionals is also a reality in many regions, which aggravates the overload of health units and increases inequalities in access to care.

The planning and coordination of the SUS between the three levels of government – federal, state and municipal – are also a constant source of problems. Although the SUS is a decentralized system, with responsibilities distributed among the different levels of government, the lack of articulation and coordination between these spheres has generated bottlenecks in the execution of health policies. In many cases, states and municipalities have difficulties in implementing the guidelines established by the Ministry of Health, due to the scarcity of resources and the lack of structure for the proper management of health services. This generates situations in which public health care is inefficient, with failures in the distribution of medicines, waiting lines, and even in the distribution of vaccines, as occurred at times during the COVID-19 pandemic.

Public health management in Brazil also faces historical problems related to infrastructure, with hospitals and health units often presenting precarious operating conditions. The scrapping of medical equipment, the lack of maintenance in hospitals, and the overload of basic health units are recurring issues in various parts of the country. In some areas, the lack of hospital beds and essential materials, such as medicines and protective equipment, creates a situation of permanent crisis, directly affecting the quality of care offered to the population.

The COVID-19 pandemic, which began in 2019, has further exacerbated the weaknesses of the Brazilian health system and revealed both the shortcomings and strengths of the SUS. On the one hand, the pandemic highlighted the lack of Intensive Care Unit (ICU) beds, the shortage of personal protective equipment (PPE), and the slow implementation of public policies to respond to the health emergency. On the other hand, the pandemic also showed the resilience of the SUS and its ability to adapt to extreme situations, as was the case with the mobilization for mass vaccination, which had the collaboration of several professionals and the public health system as a whole. The experience of the pandemic was an important lesson about the importance of the SUS for Brazil, but it also highlighted the urgency of deep reforms in health management, with a focus on improving infrastructure, expanding the workforce, and increasing funding.

Based on the historical and contemporary challenges of public health management, it is necessary to reflect on possible solutions to reverse the current situation. First, it is imperative to have a significant increase in SUS funding, with a more equitable

redistribution of resources, which includes the neediest regions and the most vulnerable populations. In addition, it is necessary to strengthen public management, with greater transparency and control, and the adoption of strategies to improve coordination between levels of government. The training and internalization of the workforce should also be prioritized, with more effective programs to attract health professionals to the regions most in need. Finally, structural issues, such as the precariousness of health units and the lack of basic infrastructure, must be addressed with a system reform plan, aiming at modernization that allows the SUS to meet the growing demand and new needs of the population.

This article aims to analyze the main problems faced by public management in Brazilian health, exploring their causes, effects and possible solutions. From this analysis, it will be possible to draw a detailed overview of the challenges of the SUS and discuss the necessary reforms to ensure that the system continues to be a fundamental tool for the promotion of health and well-being for all Brazilians.

METHODOLOGY

This study is of a bibliographic nature, whose objective is to analyze and reflect on the main challenges faced by public management in Brazilian health, especially with regard to the operationalization of the Unified Health System (SUS). The bibliographic methodology was chosen because it is the most appropriate for carrying out a theoretical survey, which aims to understand the existing problems in the area of public health in Brazil based on the review of studies, articles, books, dissertations, theses and other academic and scientific sources already published.

The bibliographic research consists of a survey of publications by recognized authors in the area of public health and public administration, in order to provide a solid basis for understanding the challenges, public health policies and management strategies that involve the SUS. The main advantage of this type of study is the possibility of gathering a vast knowledge accumulated over time, allowing the identification of trends, theories and practices that can support and guide solutions to current problems.

To carry out this work, relevant and up-to-date sources were selected, which address key issues of public management and health in Brazil, such as regional inequality, financing, human resource management, health infrastructure, and the impacts of crises, such as the COVID-19 pandemic, on the health system. The study focuses on works by national and international authors, who discuss both public health policies and the theories and management models applied to the sector, with emphasis on the particularities of the Brazilian system.

The bibliographic research followed the methodological guidelines of the Brazilian Association of Technical Standards (ABNT), respecting the citation and formatting standards established by this entity, ensuring the quality and formality of the research and analysis process. The survey of sources was carried out based on books, academic articles, journals and theses, located mainly in academic databases, such as Scopus, Google Scholar and SciELO, as well as publications from government institutions and non-governmental organizations that work in the area of public health. The choice of sources followed criteria of relevance, timeliness, and academic quality, prioritizing studies that directly address aspects of public management and health in Brazil, as well as administration practices in the SUS.

DATA COLLECTION PROCEDURES

Data collection was carried out through the analysis of theoretical works, articles and other published documents, based on a survey in academic databases, as previously mentioned. In addition, works by classic and contemporary authors in the area of public health and public administration were consulted, in order to provide a broad view of the historical and current challenges faced by health management in Brazil. To ensure the quality of the research, the following criteria were also considered in the selection of bibliographic sources:

- Authority and relevance of the source: Priority was given to studies by authors with solid academic production recognized in the area of public health, public management and administration of health systems.
- Timeliness of publications: Although classic works have been used, emphasis has been given to more recent articles and studies, which deal with the current reality of the SUS and public health management in Brazil, with a focus on the COVID-19 pandemic and its impacts on the health system.
- Quality and academic recognition: Priority was given to sources published in high-impact scientific journals, academic books, and publications from government and international bodies and institutions, such as the Ministry of Health and the World Health Organization (WHO).

DATA ANALYSIS

The analysis of the collected data followed a qualitative approach, in which the contents extracted from the bibliographic sources were organized and classified based on

categories and central themes that emerged from the reviewed literature. These categories included, among others, the following aspects:

1. **Regional and social inequality in public health:** The literature review sought to identify studies that analyze how geographic and socioeconomic disparities influence the management of and access to health services in Brazil. Factors such as health financing, the unequal distribution of resources and the scarcity of professionals in certain regions were discussed.
2. **Financing and sustainability of the SUS:** An analysis of the sources of funding for the SUS, the budgetary challenges faced by the system, and the reform proposals to ensure the financial sustainability of public health in Brazil was carried out.
3. **Human resources management in the SUS:** The research investigated the training and distribution of health professionals, analyzing programs such as "Mais Médicos" and the strategies adopted for the internalization of doctors and the strengthening of the public health team.
4. **Impacts of the COVID-19 pandemic on the SUS:** An analysis of the SUS responses to the COVID-19 pandemic, considering the challenges faced by public management in facing the health crisis, such as the overload of hospitals and the lack of equipment.
5. **Structural and infrastructure problems:** The survey also included an analysis of SUS infrastructure conditions, including the quality of hospitals, the availability of beds, and the use of health technologies, focusing on operational difficulties at different levels of the system.

The data extracted from the bibliographic sources were analyzed in order to identify the main trends and results of the academic discussions, in order to better understand the obstacles and possible solutions for public health management in Brazil.

RESULTS AND DISCUSSION

The analysis of the data collected from the bibliographic sources revealed the complexity of the problems faced by public health management in Brazil, with emphasis on issues such as regional inequality, insufficient funding, difficulties in the management of human resources and the deficient infrastructure of the Unified Health System (SUS). These problems are multifaceted and require an integrated approach to the solution. Next, some of the main results found in the literature will be discussed, based on the different studies reviewed.

REGIONAL INEQUALITY AND ACCESS TO HEALTH

One of the main challenges pointed out by several public health scholars in Brazil is regional **inequality** in access to health services. Brazil has great disparities between regions, with the North and Northeast regions, in particular, facing serious difficulties in accessing adequate health services. The **lack of qualified professionals**, the **shortage of equipment** and the **difficulty of financing** are the main factors that aggravate this situation. According to Paim (2011), "the inequality of access to health services is a reflection of the social and economic inequalities that have marked Brazil since its formation". This situation is one of the main obstacles to the effectiveness of the SUS, which, despite being one of the largest public health systems in the world, faces these structural limitations.

The shortage of health professionals in the most distant regions is also a recurring issue in the literature. Almeida (2017) highlights that the **internalization of health** in Brazil is still a major challenge, mainly due to the lack of effective public policies to **attract doctors and health professionals to these regions**. Although programs such as **Mais Médicos** have been created with the objective of filling this gap, the implementation of such initiatives still encounters resistance and limitations in long-term planning.

PUBLIC HEALTH FINANCING

Another central point in the discussions on public health management in Brazil is the **financing of the SUS**. The literature points out that public health funding in Brazil is **insufficient** to meet the needs of the entire population, especially in a context of growing demand for health services, especially after the COVID-19 pandemic. According to **Ribeiro and Silva (2020)**, "the SUS, despite its importance and relevance to public health in the country, suffers from chronic underfunding, which compromises the quality and universality of the services provided".

SUS funding is a topic widely addressed by several authors, such as Sá (2019), who argues that the Unified Health System faces an **unbalanced financing model**, with most of the resources coming from the Union, which makes states and municipalities dependent on federal transfers. This financial dependence contributes to inefficiency in the execution of health policies, in addition to aggravating regional inequalities, as transfers are not sufficient to cover the specific needs of each location.

Another point discussed is the **lack of transparency** in the management of public resources destined to health, which compromises the **effectiveness of the system**. Marques (2018) points out that, despite the fact that Brazil has a robust budget for health,

inadequate management and **lack of oversight** end up compromising the correct allocation of resources. Studies show that there is a large gap between the resources **made available** and their **effective application** in the health care of the population.

HUMAN RESOURCES MANAGEMENT

Human **resource management** is also a central issue in public health administration in Brazil. The shortage of **qualified professionals**, especially in peripheral and poorer areas, has been widely discussed by specialists. Souza (2020) states that the **deficiency in the number of doctors** and other health professionals in the most distant regions of Brazil compromises the quality of care provided, resulting in **chronic health problems** in these areas. In addition, the **training and qualification** of professionals is also a significant challenge, since universities and technical schools are not yet able to train professionals with the quantity and quality necessary to meet the existing demand.

The implementation of programs such as **Mais Médicos** (2013), which sought to internalize the presence of physicians in the poorest regions, proved to be a valid strategy, but it also encountered resistance both in terms of acceptance by professionals and in terms of **effectiveness in the training of foreign physicians** who made up the program. According to Costa and Almeida (2019), the program was **successful in some areas**, but it was also marked by problems related to the **quality of care** and the **difficulty of integration** between doctors and communities.

The **recruitment and maintenance of health professionals** in remote areas are issues that require more effective public policies, including financial incentives, in addition to greater **professional qualification** and **appreciation of the work** of SUS employees.

INFRASTRUCTURE AND WORKING CONDITIONS

The **infrastructure** of the SUS is also a critical issue pointed out in the literature. The **precarious state of many hospitals and health units**, the lack of **adequate medical equipment**, and the **overcrowding** of some units are factors that directly impact the quality of care provided to the population. According to Lima and Pereira (2017), "the quality of the health infrastructure is directly related to the capacity of the SUS to offer quality care to the population". Working conditions in health units are often unhealthy, and professionals face structural difficulties to perform their duties.

The lack of **adequate technology** and **integrated information systems** are also pointed out as elements that hinder data **management** and **coordination of health services**. Costa (2018) states that "a health system that is unable to integrate information

about patients and available resources has its **efficiency compromised**, making it difficult for managers to plan and make decisions".

Deficient infrastructure has been one of the major barriers to the realization of health rights in Brazil, especially in more remote areas and in **small municipalities**. The centralization of resources in large urban centers and the **lack of an integrated service network** result in unequal and inefficient service.

COVID-19 PANDEMIC AND THE IMPACTS ON THE SUS

The COVID-19 pandemic has had a major impact on all aspects of the Unified Health System. The SUS had to deal with a sudden increase in demand for **hospital care**, in addition to facing a shortage of **personal protective equipment** and **ICU beds**. The system's response was marked by organizational difficulties, but also by innovations in care, such as the use of **telemedicine** and the **expansion of primary health care**.

In a study by Silva (2021), the author points out that the SUS, despite its structural challenges, managed to serve a large part of the population during the pandemic, but with a great overload on health services. "Although the SUS was able to provide care to millions of Brazilians during the pandemic, it faced major challenges, such as **facing collapses in hospitals** and the **lack of health professionals** in certain locations."

Regarding financing, the pandemic showed that the system is **extremely dependent on federal transfers** and that **decentralized management** can sometimes generate coordination problems between the spheres of government. According to Gonçalves (2020), "the health crisis has highlighted the **fragility of the SUS financing model**, which cannot keep up with the demand generated by emergency public health situations".

MANAGEMENT MODELS ADOPTED IN THE SUS

The management of the Unified Health System (SUS) in Brazil involves a complex articulation between the different levels of government (federal, state and municipal), and one of the greatest challenges is the efficient coordination of these levels. The decentralization of management, a fundamental principle of the SUS, although it has been one of its greatest achievements, also generates problems of **disorganization** and **administrative inefficiency**, since resources and policies need to be adapted to local realities. According to **Pereira and Silva (2020)**, "the decentralization of the SUS, while promoting greater local autonomy, also creates a series of challenges for coordination between the spheres of government and the execution of public health policies".

The difficulty of integrating management and ensuring that resources are applied effectively at the different levels of the SUS is a critical point. **Oliveira (2018)** analyzes that "decentralized administrative processes in the SUS generate significant challenges in terms of **coherence and uniformity** in the care of the population, especially in regions where the health structure is more fragile". This **administrative fragmentation** often results in inefficiency in the use of resources and unequal distribution of services, undermining the **universality** and **equality** provided for by the SUS.

In addition, one of the biggest challenges in managing the SUS is the **lack of trained professionals** to work in administrative management, which can compromise the **effectiveness of public health policies**. **Araujo and Costa (2019)** highlight that **health management in Brazil requires specific skills**, in addition to a greater appreciation of the training of public managers in the health area. Continuous **training** and **qualification of public management** are fundamental for the sustainability of the system.

INNOVATIONS AND PROPOSALS FOR MODERNIZATION OF THE SUS

One of the major issues that emerged during the COVID-19 pandemic was the urgent need for **technological innovation** in the SUS, both to improve **management** and to optimize **health care**. The use of **telemedicine**, for example, gained strength as a viable alternative during the health crisis, allowing many patients to receive medical advice without the need to go to hospitals or health centers. **Gonçalves (2021)** emphasizes that "**telemedicine** represents a possibility of expanding access to health, especially in remote areas where the physical presence of doctors and other professionals is limited". However, the author warns of the **logistical and technological** challenges that involve the implementation of this technology in a country with such inequality of infrastructure as Brazil.

In addition, the **modernization of administrative processes** and the use of **more efficient information systems** are crucial to improve the coordination of the SUS. The implementation of **electronic medical records**, the **integration of data** between health units, and the **use of management technologies** can contribute to the **efficiency and transparency** of the system. According to **Gomes (2020)**, "the digitalization of public health can help overcome many of the challenges faced by SUS management, by allowing greater control over the resources and services provided, in addition to optimizing service time".

However, it is important to highlight that **technological innovation** in the SUS should not be seen as a single solution to all problems. **Silva and Ferreira (2020)** point out that, although technology is a powerful tool, it does not replace the need for **adequate**

investments in infrastructure and professional training. The use of technology needs to be accompanied by a **broad strategy** that involves all aspects of SUS management, including the **availability of qualified human resources and the adequacy of health services to local needs.**

STRENGTHENING HEALTH EDUCATION

The strengthening of **health education** is a crucial point for the improvement of public management in Brazilian health. The training of health professionals with a holistic and integrated view of the system is essential to face the challenges of the SUS. Health education should be seen not only as the training of doctors, nurses and other professionals, but also as a **strategy for promoting health** among the population.

According to **Costa and Oliveira (2020)**, "health education, both for professionals and for the population, is one of the pillars for the **effectiveness of the SUS**". **Health education** programs are essential to promote **disease prevention** and the **promotion of well-being**, in addition to helping to **deconstruct stigmas** and **prejudices** in relation to public care. The continuous training of professionals, especially in relation to new technologies and **emerging treatments**, is also an important factor in improving the quality of care provided.

In addition, it is necessary to include the concept of **health management** in health education, so that professionals understand the importance of **managing resources** and **implementing effective public policies** within the SUS. **Santos and Almeida (2019)** state that "**training in health management**, including resource planning, cost control, and **continuous evaluation of services**, are essential aspects for the efficiency of the public health system".

SUSTAINABILITY OF THE SUS AND NECESSARY REFORM

Finally, the **sustainability of the SUS** is a central concern to ensure that the system continues to serve the Brazilian population in a **universal** and **equal** manner. Financing, as discussed earlier, is one of the biggest challenges faced by the SUS. In addition, the management model needs to be adapted to ensure that the SUS is **financially viable** in the long term.

The proposal for **reform of the SUS** is a widely debated topic, especially with regard to the **efficiency** in the application of resources and the **adequacy of public policies to local needs**. According to **Santos and Gomes (2020)**, "the reform of the SUS should not only focus on the financial issue, but also on structural changes and the improvement of

public management, ensuring that resources are better distributed and applied according to the real needs of the population". To this end, it is essential that the system adopts **more transparent management, more rigorous quality control, and efficient coordination** between the different levels of government.

Regarding financing, authors such as **Oliveira (2017)** propose the **creation of new financing models**, including the **improvement of tax collection**, the **participation of the private sector** in some aspects of the system, and the **review of financial transfer policies** between the federal, state, and municipal levels. Such proposals aim at the **financial sustainability** of the SUS and the **reduction of regional inequalities** in access to health services.

Public health management in Brazil, although it presents significant achievements such as the universalization of access to health through the SUS, still faces complex and multidimensional challenges. Regional inequalities, insufficient funding, a shortage of health professionals, a deficiency in infrastructure, and the lack of more integrated management are obstacles that require **innovative solutions** and the **reformulation of public policies**. The implementation of new technologies, the continuous training of health professionals, the improvement of **human resource management**, and the strengthening of **health education** are some of the essential strategies to overcome current challenges and ensure the **efficiency and sustainability** of the SUS.

Thus, the continuity of discussions on the reform of the SUS, combined with the implementation of technological innovations and the strengthening of the training of professionals, is crucial for the health system to continue to be a powerful tool in the promotion of public health in Brazil. The evolution of the SUS will depend not only on structural changes, but also on a commitment to the quality of care, equity in access, and the **appreciation of public management**.

CONCLUSION

Public health management in Brazil, especially in the context of the Unified Health System (SUS), is marked by complex and multifaceted challenges that require an integrated and innovative approach to ensure the sustainability and effectiveness of the system. The SUS, although it has been a fundamental achievement in the promotion of public health and universal access, faces historical problems, such as underfunding, inequality in access to services, and the shortage of professionals in several regions of the country. These challenges, added to the fragmentation of management between the

different government spheres, make the task of offering quality health a difficult and constant undertaking.

The decentralization of SUS management was one of the greatest advances in the democratization of access to health, allowing services to be adapted to local needs. However, this decentralization also generated difficulties in terms of coordination, efficiency in the distribution of resources, and uniformity in the quality of care. In many places, especially in the poorest regions, management is still deficient, and public health policies are unable to reach their full potential due to structural and administrative failures.

On the other hand, the use of innovative technologies emerges as a possible solution to improve both management and service. The digitalization of processes and the implementation of new tools, such as telemedicine, can optimize service time and ensure that resources are distributed more efficiently. Digital transformation also offers the possibility of greater data integration, which can be crucial for coordination between the various levels of government and for the creation of more effective public policies based on real data.

However, technological innovation is not a magic solution to the problems of the SUS. The implementation of new technologies must be accompanied by a strengthening of vocational training, greater investment in infrastructure and the implementation of more effective management policies. Health education, both for professionals and for the population in general, continues to be a crucial point for the success of the SUS. Investing in continuous training and programs that promote disease prevention is essential to improve the quality of life of the population and reduce the demand for more expensive and complex treatments.

In addition, it is essential that the SUS is constantly evaluated and reformulated to ensure that the system remains aligned with the needs of the population and with advances in science and medicine. The creation of fairer and more efficient financing models is also one of the ways to ensure the financial sustainability of the SUS, allowing resources to be applied in a more balanced way between the different levels of government and in accordance with the needs of the population.

The sustainability of the SUS involves not only the modernization of management, but also a continuous commitment to equity, quality of care, and the appreciation of health professionals. The SUS should be seen as a platform for social inclusion, offering health care to all, regardless of region or social class. To achieve this goal, it is necessary that the system be continuously strengthened, with a more transparent, efficient management focused on the real needs of the population.

Therefore, the challenges faced by the SUS should not be seen as insurmountable obstacles, but as opportunities for evolution and improvement. It is imperative that Brazil continues to invest in innovative solutions, in more effective management models, and in public policies that guarantee universal and equal access to health for all citizens. The success of the SUS does not depend only on specific actions, but on a continuous commitment to improving the quality of care, efficiency in management, and strengthening social participation in decisions related to public health.

In short, the Brazilian Unified Health System, throughout its history, has demonstrated its importance and its capacity for adaptation. However, the system needs to evolve constantly, with the support of technological innovations, better management practices, and a greater commitment to education and professional training. For the SUS to remain a model of universal and equitable public health, it is essential that all those involved — from managers to the population itself — strive to contribute to its improvement, ensuring that everyone has access to quality health.

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