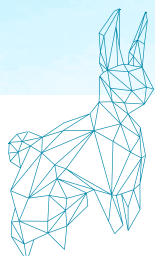
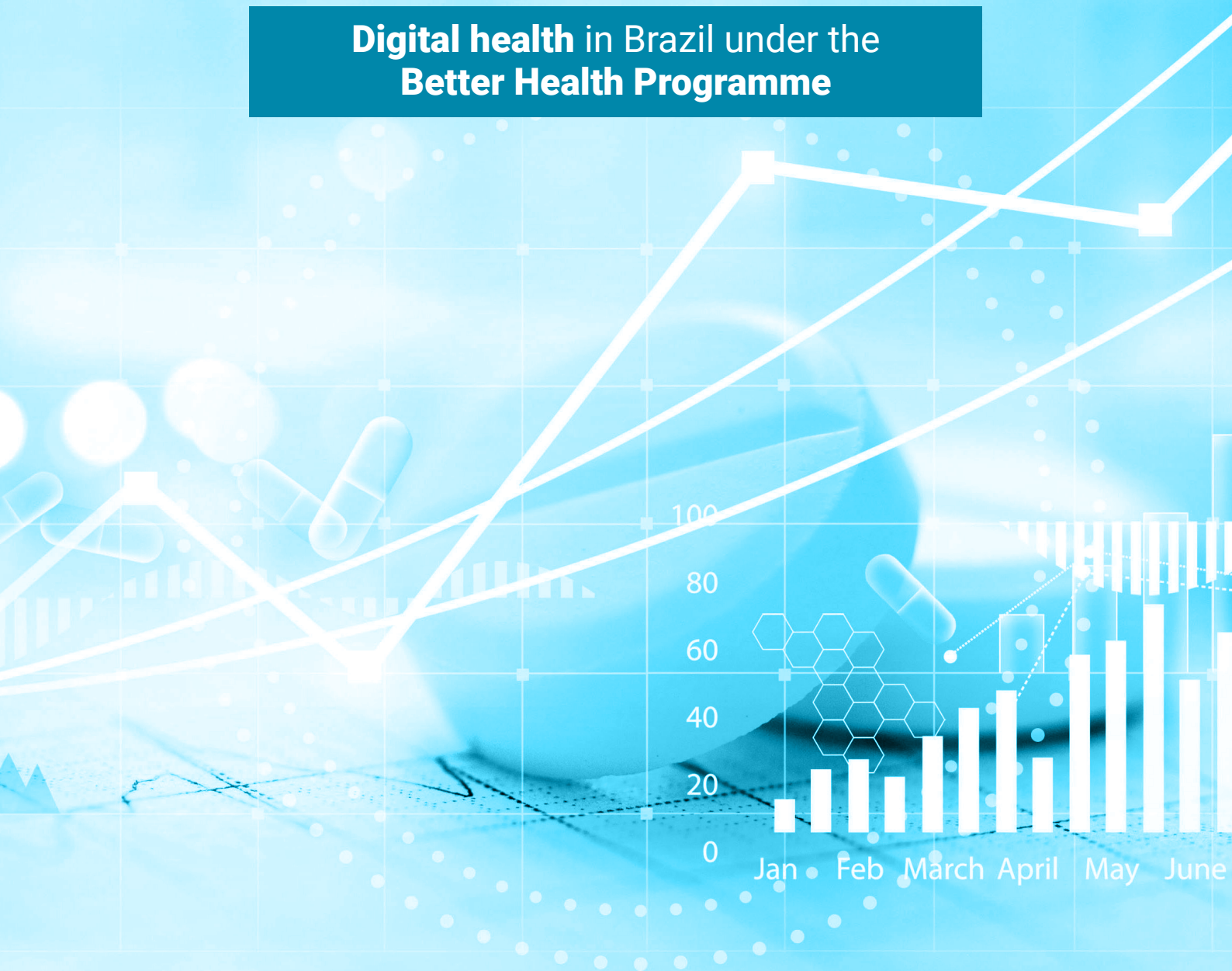


MARKET **CREATION** ON BEHALF **OF** **HELP**

**Digital health in Brazil under the
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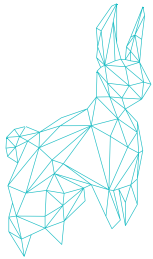
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Digital health in Brazil under the Better Health Programme

Julho 2024



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Tags Translations

Support

Rapid Response Fund - Derechos Digitales

How to cite this paper

RACHID, Raquel; FALCÃO, Matheus. Criação de mercados em nome da ajuda: a saúde digital no Brasil sob o *Better Health Programme* Report. Rio de Janeiro: Cebes; Brasília: Lapin; Rio de Janeiro: EFA30, 2024. Available at: lapin.org.br. Accessed: mm dd yyyy.

Who we are

Brazilian Centre of Health Studies - Cebes

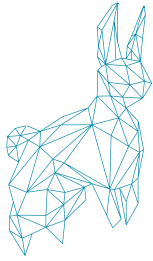
A cross-party and democratic space for the production and dissemination of knowledge, society articulation and mobilisation. A historic institution for the achievement of health as a universal right of citizenship and a duty of the State, protagonist in the creation and advocacy of SUS, our Unified Health System. An institution that thinks critically. In light of the serious health crisis due to the COVID-19 pandemic, Cebes has been enhancing its activities to fulfil the responsibility of advocacy for the universal right to health and protection of lives in our country.

Laboratory of Public Policy and Internet - LAPIN

An independent research and action centre, with multidisciplinary composition and headquarters in the Brazilian federal capital. Our purpose is to support the development of public policies for the regulation of digital technologies through research, advocacy, and societal awareness. We do so through interdisciplinary research, project development, education, communication, and independent advocacy towards the areas of regulation, governance, public policies, innovation, and technology.

Project “Implications of Digital Technologies in Health Services and Systems”

A multidisciplinary research project supported by Fiocruz Strategy for the 2030 Agenda (EFA 2030) through the Brazil Health Tomorrow initiative, which conducts studies that take the principles of the Brazilian Unified Health System – SUS into consideration and a critical reflection of new information and communication technologies in health in order to understand how health systems are being affected by technology changes at different levels.



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Introduction

Introduction

This report provides the results of an analysis conducted by the Brazilian Centre of Health Studies - Cebes, by the Laboratory of Public Policy and Internet - LAPIN, and by Project “Implications of Digital Technologies on Health Systems”, linked to Fiocruz Strategy for the 2030 Agenda. This is a publication supported by the Rapid Response Fund of Derechos Digitales organisation.

Prepared between February and May 2024, this material records the interest in understanding the influence of the United Kingdom Official Development Assistance (ODA) in the formulation and conduction of Brazilian digital health policies, particularly through the “Better Health” Programme.

The systematization of information provided was made possible by requests for access to information together with meetings with representatives of the Brazilian government and the United Kingdom, with academic professionals who have research lines linked to health digitalisation processes and with social movements that are organized around public health systems in Brazil and in the United Kingdom.

For the record, we express our deep gratitude for these interactions with people who were not mentioned by name, since they were willing to talk and share considerations in a forum that prescinded

records. In addition, document and bibliographical analyses have promoted the articulation of findings with the setting of Brazilian digital health as part of a more comprehensive digitalisation of public services.

The study is organized in four sections, starting with this introduction. First of all, we provide an overview of digital health in Brazil. After that, we comment on the international dissemination of official development assistance. Then, we focus on the Better Health Programme Brazil as an initiative connected to the Prosperity Fund, evaluating its influence in the fourth section.

Lastly, we are thankful for the considerations provided by Laís Fiebig, Luís Henrique Gonçalves, and Mariana Vercesi Albuquerque to the text, hoping that this study will contribute to other initiatives.





Digital Health in Brazil

Digital Health in Brazil

The digitalisation of information systems and health informatics in Brazil has changed over the last years, strongly influenced by policies of the World Health Organisation (WHO) on the subject (Fornazin et al, 2022; Rachid et al, 2023a; Souza & Maldonado, 2024).

Initially, with the name of [e-Health](#) such policies underwent important changes until reaching the CGSD (Digital Health Management Committee), the 2020-2028 Digital Health Strategy (ESD28), the National Health Data Network (RNDS), and the third edition of the National Policy for Health Information and Informatics (PNIIS).

Digital Health Management Committee (CGSD)

Established by the Ministry of Health (MoH) through [Resolution](#) MoH/GM/CIT no. 46/19 as the maximum management instance of digital health in Brazil, it had its composition modified, but continues with no representatives of users of the Brazilian Unified Health System (SUS).

2020-2028 Digital Health Strategy (ESD28)

[Published](#) in 2020, prescinded a popular consultation before the publication, being created in government offices. This is a document that reinforces the collaboration between public and private players for the performance of digital health.

National Health Data Network (RNDS)

Established by [GM/MoH Ordinance no. 1.434/20](#), it is acknowledged as a national platform towards integration and interoperability of health information among public and private health establishments. Considered as a big data of public health, RNDS is stored by [Amazon Web Services](#).

National Policy for Health Information and Informatics (PNIIS)

Approved by GM/MoH [Ordinance](#) no. 1.768/21 through a process that was [criticized](#) by entities linked to public health, its text encourages the use of RNDS as an open innovation laboratory.

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Given the Brazilian setting, it is emphasized that there is a series of ongoing efforts that seek to evaluate the digital health transformation process. In this regard, a category that informs the latest development of these processes is the one that has been called “platformisation” (Bygstad & Hanseth, 2018). This is helpful to understand the implementation trend of a set of technology solutions for the integration of systems and the resulting data management, among which cloud storage platforms provided by technology companies to the governments stand out.

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Regarding the platformisation of health in Brazil, guided by dimensions such as data concentration, user recognition such as consumers of market services and privatization of public infrastructures, this is an already documented experience (Rachid et al, 2023) that alludes to the metaphor of the State as a “marketplace” platform for innovation (O’Reilly, 2011).

In this setting, the processing of considerable data volumes includes sensitive data, which notably interests the private sector. Also, health digitalisation is often associated with “digital government” and “smart city” policies. In the Brazilian case, the highlight is the reference to a single platform for access to information and public services in the Digital Government Law, as well as in bills for specific health platformisation, as in Bill no. [Bill no. 5875/2013](#) and its annexes.

As a contribution to studies on health platformisation, it is understood that the international influence by central countries on the digital health models implemented in peripheral countries comprises a relevant dimension of analysis, which will be addressed in this report through the international dissemination of public policies.

Such dissemination is associated with a certain international standardisation of digital health programs, which – for Better Health Programme – carries the premise of market gains with the propagation of access to health; gains that imply some abandonment of the Brazilian Unified Health System (SUS) proposal guided by universalisation of services to ensure access to health through the strengthening of public capabilities and roles.





International Dissemination of Policies and Official Development Assistance

International Dissemination of Policies and Official Development Assistance

Beyond the process of dissemination of digital health public policies through international organisations, as with WHO and the [Organisation for Economic Co-operation and Development \(OECD\)](#), bilateral agreements are routinely and directly established between countries for the implementation of specific actions.

In Brazil, regarding digital health, the [international cooperation established with Denmark](#) is known (Rachid et al, 2023a). The partnership with the United Kingdom, which is less known and studied, will be especially detailed below regarding the Brazilian case.

At this time, since this last agreement was entered into through British funds coming from the [Official Development Assistance \(ODA\)](#), details regarding this expedient matter as a way of providing a comprehensive context regarding support policies to countries that are considered by OECD as “developing countries.”



[Established](#) in the 1960s, the OECD Development Assistance Committee ([DAC](#)) is a forum of countries whose economies are considered as advanced or emerging. This committee is intended to provide the so-called cooperation for the development of other countries.

DAC is in charge of preparing a [list](#) with categories of countries that are suitable for receiving resources, since countries that are members of this committee have a spending commitment of 0.7% of their GDP in mechanisms of “development aid”. These resources are known as ODA (Official Development Assistance).

This is a committee established in the middle of the Cold War, whose numbers seem to decrease (Boschini & Olofsgård, 2007) since the 1990s, apparently due to the process that led to the Soviet Union dissolution.

Among the studies conducted on the topic, there are records about the partnership process involving political pressure (Woodward, 2021) by some guidelines in the countries supported by ODA funds. Also, there is a record (Veltmeyer, 2011) in the literature of the utility that this expedient had in the progress of geopolitical interests of the United States for the communism prevention agenda – together with the advance of interests of their allies. Over the last decades, the incorporation of non-governmental organisations to projects is also recorded.

Currently, DAC is [composed](#) of Australia, Austria, Belgium, Canada, Czech Republic, Denmark, European Union, Estonia, Finland, France, Germany, Greece, Hungary, Island, Ireland, Italy, Japan, South Korea, Lithuania, Luxembourg, Netherlands, New Zealand, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, Swiss, United Kingdom, and the United States.

Despite being flows that give the impression of a disinterested offer of resources, some evaluations point to the reversal of aid into financial gain to the donor countries (Hickel et al, 2022).

In the United Kingdom, the development aid issue has been, over the years, associated with the promotion of national British interests. As the DAC founding member, the country created its Ministry of Overseas Development in 1964 (Dawar, 2023).

In the following decade, this ministry was renamed to the Ministry of Overseas Development Administration, being integrated into the Ministry of Foreign Affairs. What happened is that a series of consequences led to the creation of the Foreign, Commonwealth and Development Office (FCDO) in 2020 (Dawar, 2023).

[FCDO](#) is a department resulting from the merger of entities linked to foreign affairs (Foreign and Commonwealth Office - FCO) and to international development (Department for International Development - DFID) and currently manages ODA resources. Thus, from this brief overview, the following sections address the aspects of the “Better Health” Programme.



For this report, information was collected regarding the Better Health Programme in the setting of digital health in the United Kingdom and Brazil. Given the history regarding the BHP premises and the difficulty in finding public information about the negotiation process and execution of this agreement for digital health in Brazil, in addition to reports prepared by the United Kingdom about their potential results, an information request phase mediated by the Access to Information Law (LAI) was conducted at the Brazilian Ministry of Health during 2023. On February 23, 2023, through a response based on LAI, the Brazilian Ministry of Health informed that:

“Throughout 2020, the BHP supported the inquiry of inputs for the review of the National Policy for Health Information and Informatics (PNIIS), evaluation of the 2017-2020 E-Health Strategy, and preparation of the Digital Health Strategy for Brazil Vision 2020-2028, providing important elements regarding the legislation available in other countries and the relationship with our new General Personal Data Protection Law (LGPD).”

Although the official opinion was confirmed by the text from Volume 16 of the Connect SUS newsletter, according to an opinion endorsed by Government Accountability Office through LAI on May 29, 2023, to that time, there would be no details available on the impact that this agreement would have had on the formulation of digital health policies.

Considering the level of interference referred to by the Ministry in light of such essential policies for digital health in Brazil in view of the incorporation of participation of external organisations to the governance of digital health by ESD28 text, the lack of robust information is worrying – whether records from forums where the agreement was discussed, minutes of meetings held, or records of activities and deliveries conducted by the involved consultancy; this is a prerogative of public management regarding the motivation related to administrative acts.

Given this setting, the official opinion of the Brazilian Ministry of Foreign Affairs (MFA) was also sought, given its inherent performance in the monitoring of international affairs. On September 1, 2023, in response to queries through LAI, the MFA stated that there were no records regarding its representation on the day of the agreement signing, or other information about the topic – since there would not be any records of the participation of this ministry in the communications before agreement execution.

Also, on October 11, 2023, the MFA informed through LAI about the lack of record regarding the issue of power of attorney in favour of the then minister Mr. Luiz Henrique Mandetta to sign the agreement.

Considering the limitations in terms of BHP monitoring, information was sought at the Right to Information Unit of the Foreign Affairs and Commonwealth Office of the United Kingdom. The organisation declared on October 9, 2023, by sharing an explanatory draft of the programme and highlighting that it has some information about the agreement; however:

+ Since British law provides for the need to protect information that might impair the relationships of the United Kingdom with other States in the event of disclosure and publication of information about the agreement that could damage the relationships with Brazil, the understanding was that the maintenance of trust between governments is an essential factor for the promotion of the British interests through international affairs and that this would not be of public interest.

+ There would be information related to commercial interests involved in the process, which was balanced in the sense of ensuring the maintenance of business without the fear that commercial information was unprotected – this is because such a measure would limit the condition to promote the British interests through lobbying.

So, what until that time represented a lack of robust records by the Brazilian government also began to involve risks in the scope of defence of commercial interests. It turns out that it is possible to request the review of denial decisions of information in the scope of the British Access to Information Law.

Thus, through an administrative appeal, access was obtained to some evidence on January 25, 2024, which is summarized in the section *From "Prosperity Fund" to "Better Health Programme Brazil"*.



From “Prosperity Fund”
to “Better Health Programme Brazil”

From “Prosperity Fund” to “Better Health Programme Brazil”

Dated January 10, 2020, a memorandum of understanding was executed between the Brazilian Ministry of Health and the Foreign Affairs and Commonwealth Office of the United Kingdom of Great Britain and Northern Ireland. At that time, it was not FCDO yet, but FCO.

Paragraph two of this agreement covers the “digital health strategy, which includes health information technology, informatisation of health centres, data integration and management, system interoperability, TeleHealth, and regulation” as a cooperation area. Also, the activities would be performed by [McKinsey & Co](#) consultancy as an implementing partner, a consultancy that had already been part of a consortium for the conduction of the study “[Internet of Things: An Action Plan for Brazil](#)” (BNDES, 2017) – which mapped health as one of the priority environments for development of business, public policies, and actions for the adoption of Internet of things.

The agreement, which also provided for the constitution of a management committee with regular meetings for review and monitoring of activity progress, was promoted through the [Prosperity Fund](#) – the financing fund of the “Better Health Programme”, from ODA resources.

Such a fund was created in 2016 and its [2017/2018 annual report](#) reinforces its basic premise of economic growth generation, which allows for benefits for trade and investments with

partners such as the United Kingdom. It is not without reason that its [2020 annual review](#) comments on the need for each pound coming from public resources to reach traceable outcomes.

Since this is a fund primarily towards “average income”¹ countries, the economic potential of these countries and the fact that they also have populations at a beneficial level of poverty are elements that distinguish this programme from other types of assistance. Thus, the focus would also be the search for trade opportunities by removing barriers.

The established expectation is that this development sought through the BHP programme would generate long-term opportunities for businesses, including those based in the United Kingdom, which seek to export and invest in the so-called emerging markets.

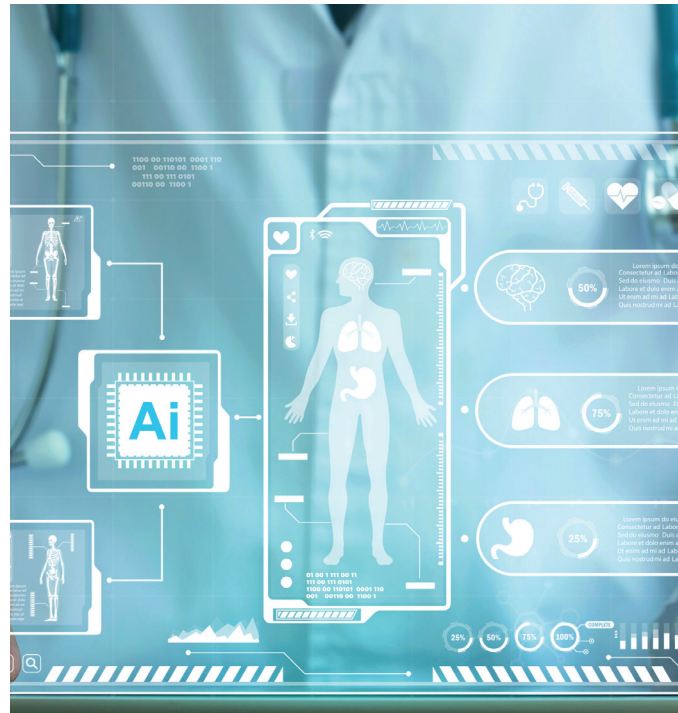
¹ Such classification is provided by DAC (OECD) and was updated for the year of [2024](#)

As with other ODA resources, the expenses incurred through the Prosperity Fund are under scrutiny of an [Independent Commission for Aid Impact](#) (ICAI), which responds directly to the United Kingdom parliament. This public commission publishes reports related to its activities and confirms this orientation of “aid leading to trade” in a document dated October [October 2022](#).

The trade incentive also opens opportunities so that British businesses can access new markets, although some activities required for the delivery of these secondary benefits are not eligible for ODA funds. Thus, the report issued by the British government in [October 2018](#) shows that the fund contains a component of resources that are not qualified as ODA to capitalize opportunities generated by the aid. These interventions include commercial events, promotion of policies, and regulatory changes.

Despite the focus of this analysis being the agreement entered into with Brazil in light of SUS, the Better Health Programme included other countries in its scope, as shown in [Volume 12](#) of the Connect SUS Newsletter. Malaysia, Philippines, Mexico, South Africa, Thailand, Vietnam, and Myanmar [have also received](#) the fund resources. Of these, only Myanmar is included in the category assigned by DAC to less developed countries.²

Besides the anticipated secondary benefits, BHP had the direction towards an increased life expectancy, enhanced productivity, and delivery of economic growth to participating countries – which did not include the purpose of enhancing the public character of local health systems, as highlighted.



In an informative note dated [October 2019](#), ICAI comments that the Prosperity Fund is the first British aid instrument to be explicit about the search for secondary benefits to assistance (those that would potentially contribute to the United Nations Sustainable Development Goals). Despite that, these secondary benefits would apparently not be previously registered in the [British law](#) dated 2002, which sets forth provisions on the aid offer to countries outside the United Kingdom.



² This information can be verified through the list of annual updates. The lists dated 1996 to 2021 can be found on a specific page with the history of their changes. In addition to the current one, the 2022-2023 list is also available.

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Also, it is worth noting that the purposes of the 2015 United Kingdom [National Security Strategy](#) were [supported](#) through the BHP.

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The strategy, which established the British government's plans for the five following years, explicitly pointed out the use of the British diplomatic service for the promotion of their interests and projection of their influence overseas.

Given the issue of this British influence linked to the attainment of some documents in the appeal period of the United Kingdom Access to Information Law on January 25, 2024, in summary, the findings comprise the following:

✓ Emails written by the United Kingdom Ministry of Foreign Affairs team since 2019 and forwarded to the British ambassador to Brazil who signed the agreement in 2020, which comment on the memo negotiations with the Brazilian Government.

✓ The direct dialogue with the Internal Affairs Advisory (AISA) of the Brazilian Ministry of Health and with secretariat leaderships, having also the decision to involve states, cities, ANVISA [or the Brazilian Health Surveillance Agency], and ANS [or the National Agency of Supplemental Health] as booster partners in the work performed in the scope of BHP.

✓ The role of the strategic partnership in the delivery of international programs that provide "value" for the money invested (something essential to the fund and that would be built together with the consultancy to be delivered) by the British Health Department (NHS).

✓ The commitment to participation of Non-Governmental Organisations (NGOs) through consortiums with bigger providers, would ensure technical capacities, credibility, access, and expertise.

✓ Setup of the contracted consultancy team in a room located in the Brazilian Ministry of Health building, in the context of directing the scope of activities.

Given that the grammar used does not seem to comply with the prerogatives that govern the Brazilian Unified Health System, which historically does not come from the "value generation" perspective or the defence of commercial interests as a result of its strengthening, the next section will provide a more detailed analysis on the BHP influence regarding digital health in Brazil.



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Earned	1330.265
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Analysis on the influence of the BHP

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Analysis on the influence of the BHP

From the information collected, in light of an agreement that does not have sufficient records for the understanding of the intricacies of its agreement in Brazil and the impacts regarding guidelines for digital health, as well as being subject to the British legal interpretation concerning the access to information that may compromise commercial and diplomatic interests, the role assigned to a large international consultancy is seen in the conduction of its consequences through outsourcing of executive duties.

In a recent work detailing the performance of consultancies of this magnitude, Mariana Mazzucato and Rosie Collington (2023) prove that it is not only an operational aid, but recommendations and actions that are not merely technical or neutral. On the other hand, they promote a certain economic view of market implementation through the export of neoliberal reforms.

In this sense, in order to propose specific methodologies, consolidation of knowledge, and protection of this blurry decision line, London McKinsey was the beneficiary of an [agreement](#) linked to BHP of over fourteen million pounds between 2019 and 2022.

So, to enable trade as a secondary objective, the programme had a resource allocation mechanism to one of the largest consultancies founded in the United States for the conduction of a work strategy that directly impacted Brazilian policies.

Given this specificity, it would not be an exaggeration to attribute to “cooperation” a trilateral character, given that the commercial interests attributed to the implementing partner protect information that is of interest to the Brazilian Unified Health System and to the

population. Nevertheless, it is precisely through this protected mechanism of information collection and condensation that such consultancies operate worldwide, influencing several countries.

Also, through a paper written in the Annals of the National Academy of Medical Sciences (Cerri et al, 2022), it can be noticed that BHP also supported digital health projects in the Hospital of the School of Medicine of the University of São Paulo (HCFM/USP) through [InovaHC](#)

The agreement entered into with the Ministry of Health does not mention HCFM/USP, since its participation was related to receiving technical consultancies, training sessions, and qualifications in the project activity, as informed through LAI - data that expresses the influence of the programme conducted by the federation on the policies of a subnational entity.

In this sense, [Brazil-United Kingdom Dialogues about Digital Health](#) were held by the British Consulate in São Paulo together with the [Health Coalition](#), supported by InovaHC and the National Academy of Medicine. The record of these dialogues also mentions the participation of other hospitals headquartered in São Paulo, which have a partnership with the Ministry of Health through the SUS Institutional Development Support Programme (Proadi-SUS), including in the conduction of Brazilian digital health strategy and other specific projects in this line.

In addition, such dialogues would be in full agreement with the [2022](#) strategy for the international development of FCDO, which explains its cooperation with business, private investors, and international organisations, including also the so-called “civil society” - a phrase that proposes the consistency of a heterogeneous and plural set of agents (Jessop, 2020). In addition to encouraging the private sector to enter Brazilian public health, it is relevant to consider the role assigned to non-governmental organisations regarding the credibility they provide to projects such as this one - to be able to make use of the rhetoric of “support from all sectors”.

However, with the production processes of the 2020-2028 Strategy of Brazil Digital Health and the last National Policy for Health Information and Informatics being restricted to bureaucracy, there is a notable contrast between this experience stimulated by BHP when compared to previous processes - which have involved the experience from commissions, regional meetings, and population surveys in SUS participatory manners (Cavalcante & Pinheiro, 2011; Cavalcante et al, 2015).

Even with the interruption of BHP in [2022](#), it does not mean that the relational articulation made feasible has been suspended in the latest digital health policies.³

When looking at the representation⁴ of the British health system in the [development](#) of a digital health maturity index coordinated by the Information and Digital Health Secretariat of the Ministry of Health in 2023, these are relationships that seem to transpose government changes.

³ *The [full review](#) of the program, dated 2022, mentions the capabilities in terms of influence achieved through BHP both in the health sector and beyond.*

⁴ *In addition to this specific representation, the presence of Hospital Alemão Oswaldo Cruz (HAOC) is highlighted through SUS International Development Support Programme (Proadi-SUS), Denmark Health Data Authority, Digital Government Authority (SGD) of the Ministry of Management and Innovation of Public Services, Pan American Health Organization (PAHO/OMS), among other. In addition, such an index was [agreed](#) upon in 2024, and does not seem to incorporate elements that concern the evaluation of social participation as a criterion.*

Given that this index is one of the landmarks of the [Digital SUS Programme](#) for the capillarisation of digital health by subnational entities, the magnitude and impact of this influence are seen. Thus, the history of this agreement shows that the subordination relationship between formally independent nations (Marini, 2017) is also renewed through the incorporation of digitalisation standards previously shaped within economies acknowledged as advanced.

In the case under study, a specific expedient of assistance to an equally specific type of development contributes to the adoption of a specular logic that would supposedly contribute to the improvement of conditions in the Brazilian health system. This, despite there are no details regarding what this effective improvement means, given the setting already described.

This is the evaluation made by Global Justice Now organization, through a [report](#) published in 2022 regarding the Prosperity Fund being used as a promotion strategy for commercial relations of the United Kingdom after Brexit, mobilizing the Brazilian health privatization through a poverty decrease speech, which is not confirmed.

The United Kingdom's official exit from the European Union was in 2020, after confirmation of a referendum conducted in 2016.

Being the main [ally](#) of the United States in Europe, such commitment was reaffirmed in 2021 through the [New Atlantic Charter](#), an agreement that also provides for the commitment regarding collaboration for strengthening of health systems, supporting other countries to do the same.

If the agreement implies greater [participation of American companies](#) in the British public system or if reassertion of North Atlantic Treaty Organisation (NATO) mentioned is a contact bridge between the national British security strategy and BHP, specifically, there are topics to be better understood through other studies and reflections.

Given the imperialist accomplishment through a hierarchy of political and economic spaces as a continuous element of capitalism, despite occasional political changes (Osório, 2018), it does not mean that the path dependence is binding. That is, there are paths to review the results of this trend of incorporating foreign experiences (Saes, 2023).

The lack of transparency of all these measures given SUS participatory instances makes inconclusive the analysis of the exact influence of the BHP agreement in the 2028 Digital Health Strategy and the current PNIIS. However, the incentive is clear to the appropriation of private benefits through public health information systems, showing a conflict between interests over the last years affecting SUS foundational bases.



Final Considerations

Final Considerations

The formulation of the 2028 Digital Health Strategy was made without the observance of social participation, although their propositions affect the Brazilian population (also from sensitive health data processing that is of the private sector interest). The search for the history of its formulation together with other digital health policies results in international agreements.

Concerning the agreement that gave rise to this report, the unavailability of details regarding how the execution of this cooperation was conducted is added to a dull pact regarding the secondary purposes previously expected by the United Kingdom - especially because this is not the perspective expressed in the text of the memo signed in 2020, despite the trends raised about ODA destination.

Although the agreement provides for confidentiality regarding information transmitted between the parties, and considering specifically that Palantir (a [company](#) linked to the spurious provision of intelligence services) won a bidding process for health [data management](#) in the United Kingdom, previous and current agreements between the countries should be explained and reevaluated in view of SUS participatory instances.

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Also, the importance of unveiling this episode has a special relationship with the influence of the security field on public health, which here in Brazil can already be seen through the [Smart Sampa](#) project. Such project suggests the [health platformisation](#) under the coordination of the [Urban Security Secretariat of São Paulo](#)

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Considering the hypotheses outlined, this episode opens a series of new research questions that we wish to mobilize with other people and organizations:

- To what extent has the influence of the Better Health Programme facilitated or advanced in the direction of participation of the private initiative in ESD and PNIIS?

- What are the eventual influences of the Better Health Programme on secretariats, programmes, policies, councils, strategies, and services of subnational governments?

- Given the direction towards expansion of digital health policies for subnational entities, which can be seen both through programmes by the Ministry of Health and by the Ministry of Management and Innovation of Public Services (respectively in initiatives such as My Digital SUS Programme and National Digital Government Strategy), is there a probability of new agreements of “aid with trade purpose” being entered into also in a decentralized manner?

- Given the scope of “assistance for development” programmes, such as the one reported by this study, are international events that debate digitalization agendas (such as those mobilized by the United Nations or G20 itself, for instance) open to deal with the influence by central countries to countries intended to receive ODA?

- What is the impact of imperialist relationships against countries that receive funds intended for the development in the standardization of central topics for the digital government, as it is the case of Digital Public Infrastructures?

In addition, even if the focus of this analysis effort has been the BHP, during its stages, the relationship between subjects that affect public health systems in Brazil and in the United Kingdom is evident.

The use of a large consultancy for the deployment of health policies would not be an agreement specificity, since the NHS has also been increasing the budget allocation to service provider consultancies. In 2022, the amounts would have almost quadruplicated in relation to 2021.

In this sense, entities acting in favour of the British public system, such as [We Own It](#) and [Keep Our NHS Public](#), have a coping agenda against NHS privatization and its defunding - which is also an issue historically faced by SUS as a public health system.

In view of the British data protection law reform, it is possible that the setting of access to these resources is facilitated to the private initiative through an additional opening layer of NHS to the entrepreneurial vision of data (Faulkner-Gurstein & Wyatt, 2023) and digitalization - which may influence the repercussion of policies in Brazil. This is the main reason why this chapter does not end here!

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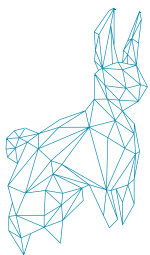
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