



REGIONAL HEALTH GOVERNANCE IN BRAZIL

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International Seminar “Health Policies, Territorial Challenges, and Primary Care in
Brazil and France”

03 October 2024

Contents

Public policy governance and regional health governance: concepts

Conditioning factors for health policy governance in Brazil

Challenges and perspectives for regional governance of the Unified Health System (SUS)

Governance concepts

- Scientific literature: object of frequent studies, with diverse meanings, purposes, and approaches (Rhodes, 1996; Stoker, 1998; Levi-Faur, 2012).
- Variety of themes related to public policy:

STRUCTURE

Rules and institutions
that shape decisions

STRATEGY

Production of
conditions and form
of governance

PROCESS

Actors and
policymaking mode

MECHANISM

Cooperation and
reduction of
transaction costs

Governance concepts

- Pertinence of governance as a category in public policy analysis.
- The concept is associated with the 'act of governing policies', and its use allows to:

Problematize the meaning of this process in relation to changes in the exercise of power in recent decades

- Emergence of new actors
- Simultaneous, autonomous, and interdependent action by various groups and organizations: public, private, and corporate

Understand the polycentric configurations of government arrangements

- Greater or lesser State protagonism in policymaking, implementation, and control processes

Question the interaction between State, market, and societies with varying degrees of institutionalization

- Limits between actors are not always clear
- Incorporation of informal devices that guide collective actions

Health policy governance

- Relevance of governance in relation to transformations in capitalism and the States' role, and the impacts on reforms in universal health systems (Almeida, 1999; Jakubowski e Saltman, 2013; Barbazza e Telo, 2014; Greer, Jarman e Azorsky, 2014):

Changes in public and private financing schemes and supply of inputs and services

Reconfiguration of roles in regional management structures, as well as centralization/decentralization processes for regional and local governments

Transfer of management and service provision roles to private for-profit companies or not-for-profit organizations

Implementation of strategies and instruments for regional integration of health policies and services with diverse types and complexities

Gains in relative autonomy for providers (including health professionals) in the execution of actions and services

Health policy governance

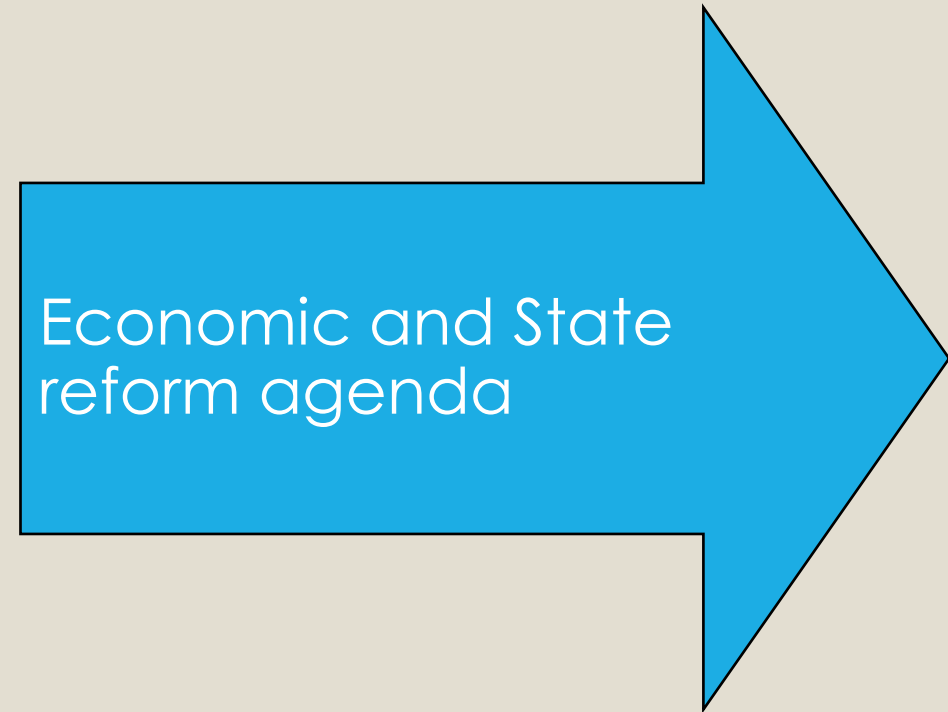
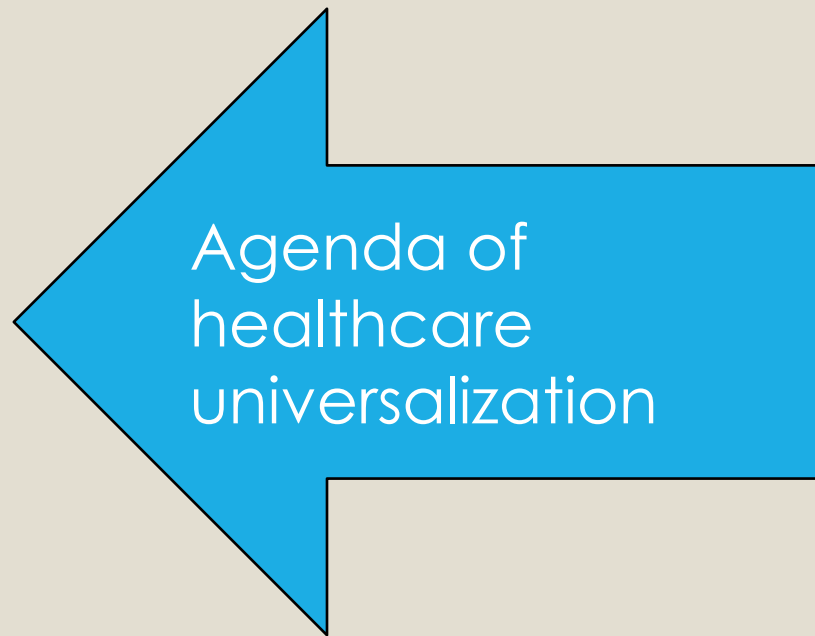
Multiplicity of agents
involved in health
systems

The diagram consists of two large blue arrows pointing towards each other, forming a central diamond shape. The left arrow points right and contains the text 'Multiplicity of agents involved in health systems'. The right arrow points left and contains the text 'Challenges for universal health systems (universality, scope, equity, effectiveness, efficiency, resilience)'. The background is a solid light beige color.

Challenges for universal
health systems
(universality, scope,
equity, effectiveness,
efficiency, resilience)

Health policy governance in Brazil

- ✓ The only capitalist country in LA that established a universal health system in the 1980s: the Unified Health System (SUS).
- ✓ Implementation of the SUS revealed contradictions between conflicting agendas.



Health policy governance in Brazil

Political, social, and economic transformations

Specific configurations across time and space

State

Market

Society

Contradictory results for the SUS

Conditioning factors for health policy governance in Brazil (1990 to 2022)

Decentralization

- Redefinition of roles between government levels: expansion of municipalities' responsibilities; importance acquired by spaces of federative negotiation in the SUS.
- Strong coordinating and regulatory role of the Ministry of Health and stimulus for developing national parameters.
- Late promotion of the shaping of healthcare regions and networks.
- Diversity of agreements between different levels of government on management of financial resources and services provision in the SUS.

Commodification

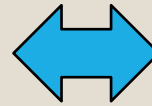
- Transformations in the organizational formats of the Public Administration (expansion of indirect administration), outsourcing, and diversification of mechanisms for hiring health professionals.
- Expansion of the private sector (for-profit and not-for-profit) in the management of public services provision and in the supply of medical technologies.
- Reconfiguration of the supplementary (private) segment: increase in mechanisms of financial intermediation; stimulus for development of large multinational capitalist groups in the area, involving services, finances, and industry.

Democratization

- Changes in the political system: expansion of power in the Legislative Branch and Public Prosecutor's Office.
- New forms of organization and expression of society's interest in the health sector: political parties, corporate organizations, trade unions, social movements.
- Expansion of spaces for civil society participation: Health Councils, Health Conferences, and specific policy forums.
- Importance of implementation agents in the policymaking process: state and municipal administrators; health professionals.

Conditioning factors for health policy governance in Brazil (2016 to 2022)

Dismantlement and weakening of the State's capacity for public intervention and health policies



Discrediting of political institutions, contradictory reactions, and population's insecurity

Development model

- Subordinate and dependent
- Concentrating and exclusionary
- Neoliberal and authoritarian
- Disregard for the environment and life

Institutional dismantlement

- Crisis of democracy
- Undermining of sovereignty
- Dismantlement of public policies
- Reconfiguration of public policy and health financing

Exacerbation of social inequalities

- Worsening of health and living conditions
- Corrosion of solidarity base
- Aggravation of conflicts

Crisis, lack of coordination, and judicialization of federative relations

Scrapping and weaknesses in the SUS

Regional health governance

- Act of governing policy in the context of reconfiguration of State power in the health sector.
- Encompasses actors, structures, and processes that shape the exercise of authority and the decisions that affect health policy and systems management at the regional/subnational level.

INSTITUTIONS

Formal and informal rules

ACTORS

Governmental and nongovernmental; public, private, and corporate

ROLES

Planning, financing, regulation, and services provision

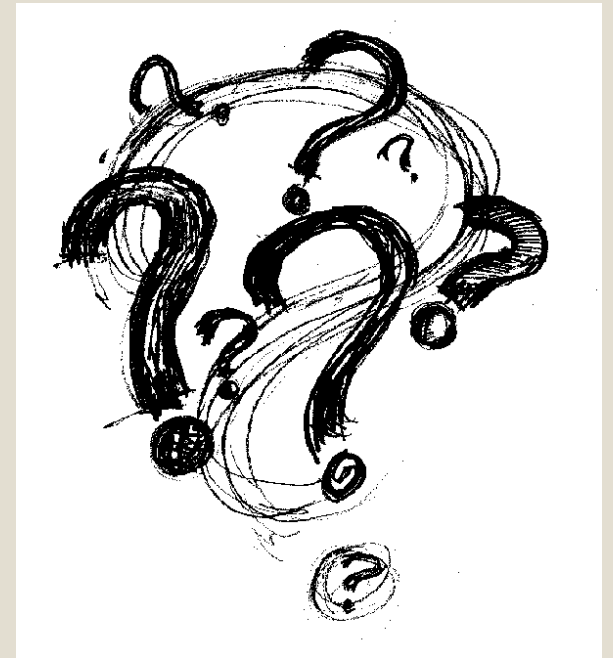
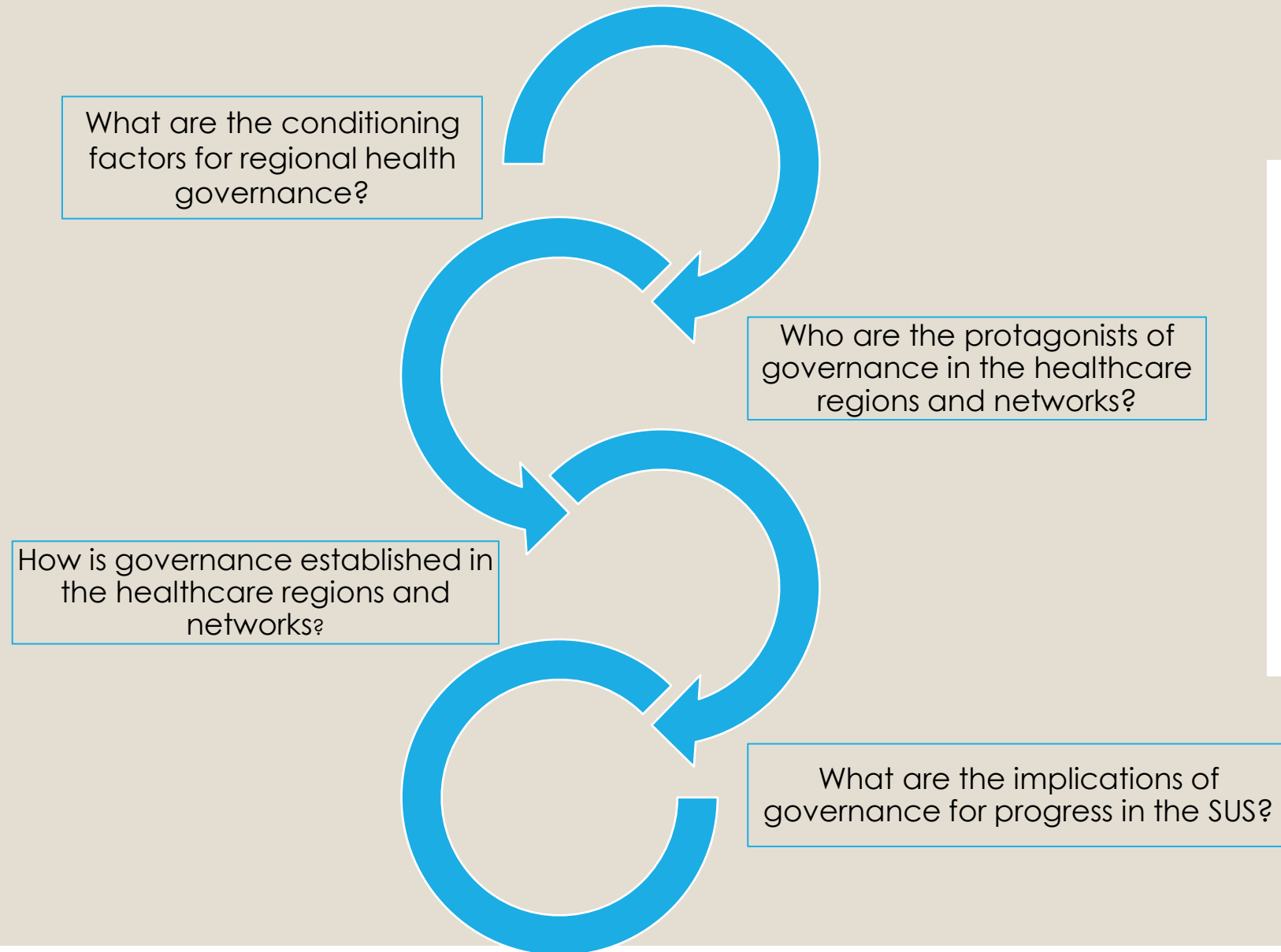
DECISION-MAKING SPACES

Negotiation and decision-making arenas

MECHANISMS AND INSTRUMENTS

Coordination and integration of policies and practices

Regional governance of the SUS



Regional governance of the SUS: results from various studies

Emergence of new actors (leadership in the private sector and public organizations associated with non-profit hospitals) and diversification of decision-making and management arenas on different regional scales

Introduction of new objects, rules, and processes, oriented by different concepts and ideologies

Relevance of State Health Secretariats in conducting the regionalization process in some states, strengthening their regional representative bodies and shaping consortia between levels of government

Revision of the forms of organization and action by the representative organizations and federative management of the SUS

Weak institutionality of the federative management commissions for the SUS at the regional level

Difficulties linking the various planning and management structures operating in the region

In the management of services provision: diverse multilevel arrangements (between government levels), hybrid (public and private), and hub-based (concentrated in the hub municipality)

Protagonists in the governance of specialized care in the SUS: regional hub municipality; private (nonprofit and for-profit); municipal or state government; federal government

Challenges and perspectives for regional governance of the SUS

How to strengthen the public logic oriented towards the population's needs and health equity?

- ✓ Social pact for the defense of democracy, life, and the SUS.
- ✓ Recovery of the State's capacity for intervention and public regulation.
- ✓ Align the efforts of society and science with the government's tasks to improve the population's living and health conditions.

Challenges and perspectives for regional governance of the SUS

How to strengthen the public logic oriented towards the population's needs and health equity?

Strategic lines

- Strengthen the command and linkage structures
- Share management responsibilities and roles
- Increase mechanisms for cooperation between levels of government
- Coordinate flows of information and communication activities with society

Scientific productions

- Lima LD de, Albuquerque MV de, Scatena JHG, Melo ECP de, Oliveira EXG de, Carvalho MS, et al Regional governance arrangements of the Brazilian Unified National Health System: provider diversity and spacial inequality in service provision. *Cad Saúde Pública*. 2019;35:e00094618. <https://doi.org/10.1590/0102-311X00094618>
- Lima LD de, Scatena JHG, Albuquerque MV de, Oliveira RAD de, Martinelli NL, Pereira AMM. Governance arrangements for specialized assistance in health regions in Brazil. *Revista Brasileira De Saúde Materno Infantil*. 2017; 17: S107–S119. <https://doi.org/10.1590/1806-9304201700S100006> .
- Albuquerque MV de, Lima LD de, Oliveira RAD de, Scatena JHG, Martinelli NL, Pereira AMM. Governança regional do sistema de saúde no Brasil: configurações de atores e papel das Comissões Intergovernamentais. *Ciência & Saúde Coletiva*. 2018; 23(10), 3151–3161. <https://doi.org/10.1590/1413-812320182310.13032018>
- ‘Region and Networks’ research website: <http://www.resbr.net.br/>



'We want it whole and not half'

Thank you!
Obrigada!

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