



## FEDERALISM AND THE BRAZILIAN UNIFIED HEALTH SYSTEM: AN INTEGRATIVE LITERATURE REVIEW

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### ABSTRACT

The term federalism and its derivatives have attracted the interest of teachers and students who are militant supporters of the *Sistema Único de Saúde* (SUS) – the Brazilian Unified Health System, in their teaching, research and extension activities. In organic debates, it has been questioned whether, and to what extent, the Brazilian federalist culture has participated in creating obstacles to the guarantee of health as a right for all citizens. This integrative literature review examines the academic production on federalism during the period from 2015 to 2017, by presenting its main theoretical, conceptual and methodological approaches in its relationship with the SUS. Out of the 238 publications identified, indexed in four health-related databases, 42 complete articles were selected, based on the linked keywords and on the inclusion/exclusion criteria. The articles were grouped into two thematic units: Regionalization of the SUS and Regional Development from the federalist perspective; and Federalism and Healthcare Federalism in Brazil: some remarks. It has been observed that the Brazilian federalist culture has ambiguous and controversial traits that are expressed in healthcare federalism by means of multiple directionalities, due to a concrete lack of definition of its starting point. New expressions of society are envisaged as an historical need.

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### INTRODUCTION

Faced with a scenario of adversities, political choices are essential for confronting and overcoming a national crisis. In Brazil, austerity measures implemented by Michel Temer, who became president following the dismissal of Dilma Rousseff, in 2016, mark difficult times for the country, and particularly for the Unified Health System (SUS – *Sistema Único de Saúde*). The main threat to public health in a country in crisis is not the economic recession itself, but austerity (Stuckler, Basu, 2014). The austerity policies currently being applied in Brazil are threatening the SUS, in the name of a supposed recovery of the national economy (Doniec, Dall'Alba, 2016).

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The new Tax Regime (Brasil, 2016), the Labor Reform (Brasil, 2016), and the new National Primary Health Care Policy (Brasil, 2017) have prompted extensive debates in national entities, such as the Brazilian Association of Collective Health (ABRASCO - *Associação Brasileira de Saúde Coletiva*) and the Brazilian Center for Health Studies (CEBES - *Centro Brasileiro de Estudos da Saúde*), as well as in organic collective health spaces of Brazilian academia. Several academic processes, articulated for the execution of militant knowledge (D'Incao, 1986), in teaching, teacher-student research, and extension, have demanded a broadening of the theoretical horizons. The need to take up the health reform agenda once again is the consensus in such spaces. The creation of fronts of resistance and creative syntheses have been presented as unavoidable. With the aim of incorporating philosophical and political fundamentals into the theoretical-conceptual contribution of teaching in collective health, in

defense of the guarantee of health care as a right of all and a duty of the State, understanding it as a historical necessity to be cultivated and pursued, an integrative review of the literature on the theme of federalism is proposed. The article examines academic production related to federalism in the period from 2015 to 2017 in order to present the main theoretical-conceptual and methodological approaches in its relationship with the SUS. Exploring the Brazilian literature on Constitutional Law, it is observed that federalism is “a spatial or territorial form of division of powers”, the realization of which occurs in the Federal State (Antunes, p. 111, 1953). The Federal State, on the other hand, is a political typology of a State, the origin of which presupposes the existence of the Federal Constitution, to establish it and to ensure the orders of the member-states, among them the “administrative, legislative, and judicial rules and decisions” expressed in their state constitutions. This form of State expresses its complexity in the need for “harmonious coexistence” between the Federation or Union and the member-states, since, unlike the Unitary State or Confederation, its juridical-political construction demands the coexistence of a “double order”: the central, unitary order of the Federal Government (Federal Constitution) and the juridical-partial orders of the member-states (State Constitutions) (Horta, p. 10, 1986). It is a form of State that tends, at the same time, to unity and diversity, that is achieved in the permanence of two contradictory moments – cohesion/centralism and particularism/localism, which depend on a series of extra constitutional factors of natural, economic, and social nature” (Pelayo, 1967). When the federal constituency models its concept of federalism on the balance between those contradictory moments, we have cooperative federalism, the balance between the sovereign State and the autonomous member-states (Horta, 1986).

The term federalism emerged at the end of the 18th century in the context of the American and French revolutions. In the United States, its emergence had a predominantly unifying value: The Federal State opposed the Confederation with the goal of promoting the national union (Groppi, 2004). In the French revolutionary context, on the other hand, federalism was proposed as an alternative to unitary government, as an institutional form focused on promoting autonomy and local self-government, based on the understanding that local particularism is an extension of the State (Taine, 1986). This dual opposition (Federal State versus Confederation, Federal State versus Unitary State) shows the bivalent character of federalism, unifying and disaggregating: it can promote processes of unification of previously disaggregated entities and can promote the division of power in contexts hitherto centralized. All will depend on the point of departure (Groppi, 2004). Another State typology is the Unitary State with regional decentralization, the Regional State. Corresponding to a renewed form of the Unitary State, situated on the frontiers of the Unitary State and the Federal State, this form of State has a unique order; is not divided into member-states, but uses decentralization to materialize regionalism. This concept of State was adopted by Italy and Spain, through the Constitution of the Italian Republic of 1947 and the Spanish Constitution of 1978 (Horta, 1986). Articles in the national Political Science literature (Almeida, 2001; Abrucio, 2005; Machado, 2013) present a definition of federalism, referring to it as quite widespread: a form of political organization, defined and assured by a Constitution, based on the territorial distribution of power and on the authority between instances of government, such that the federated entities are independent in

their own fields of action. This conceptual line characterizes federalism as a set of political institutions: a) guided by the theoretical self-rule plus shared rule matrix; b) governed by a Constitution that establishes the terms under which the powers are shared between the national government and subnational governments; c) non-centralized, i.e., independently from the terms established for the sharing of powers, the authority granted for the respective exercises cannot be withdrawn without reciprocal consent; d) based on territorial division. Federalism is a political and constitutional order with its own specificities”, constituted by a constitutional design and by the distribution of political and tributary power (Souza, p. 106, 2005). Because it is not a centralized system, institutional arrangements of federative systems produce intergovernmental relationships that are, simultaneously, competitive and cooperative, the modeling of which exposes the conflict of power and negotiations between the constitutive entities (Almeida, 2001).

Brazilian federalism was introduced by the Constitution of 1891. Promulgated after the Republic to replace the unitary system organized into provinces, this Constitution organized the territorial division into states and a federal district, translating the Republican decentralizing motto: centralization, secession, decentralization, unity. It was characterized by an “isolated” federation in that only a few Brazilian states were entitled to the transfer of resources and the intergovernmental relationships were insignificant. This indicates that Brazilian federalism has its genesis in the concentration of resources. By enacting four new Constitutions before finally achieving that of 1988, the political organization model suffered severe setbacks, influenced by sometimes authoritarian sometimes democratic contexts (Souza, p. 107, 2005). With the promulgation of the Constitution of 1988, there was a re-founding of Brazilian federalism based on a new institutional and federative order, in turn based on the legitimization of democracy (Souza, 2001). The new model ensured: a) social ordering, at the center, around a set of rules and uniform arrangements for subnational spheres; b) political and financial decentralization of state management, both geographically and functionally (decision-making processes), as opposed to heterogeneity of the federal entities (Fagnani, 1999). Based on the new constitutional model, a “cooperative” federalism was established in which sovereignty was shared among the federal, state, and municipal levels (Ouverney, p. 28, 2015). At the beginning of the new millennium, Brazilian cooperative federalism was still on a distant horizon due to the tendency of the states to only manage public policies imposed by the federal entity, to the heterogeneity of the capacity of governments to implement and legislate public policies, and to the lack of constitutional and institutional mechanisms to foster cooperation (Almeida, 2001). The same Constitution that legitimized federalism as an important foundation of reconstructed democracy (Almeida, 2001) recognized SUS within the framework of the social security model (Brasil, 1988). However, the beginning of the SUS development process coincided with the institution of liberalizing and conservative (counter) reforms in the context of macroeconomic adjustments. The product of this encounter between text (SUS) and context (State reforms) was the deterioration of the point of departure of the System (Fagnani, 1999). Subnational governments began managing SUS with reduced autonomy and intergovernmental conflicts due to the decoupling of 20% of the receipts from constitutional resources linked to them (Rezende, Oliveira, Araújo, 2007).

There was a trend towards the recentralization of policies and resources and a rise in anachronistic forms in the exercise of administration and policy (Viana, Lima, Oliveira, 2002). In this scenario, several standardization tools were put in place. The SUS decision-making arena came to rely on various operational guidelines (Scatena, Tanaka, 2001). With the creation of the Management Pact (Brasil, 2006), in 2006, it was determined that the planning of health actions in each national territory and the allocation of financial resources for health would be defined based on criteria and parameters agreed upon by all the managers. In 2011, Decree 7508 (Brasil, 2011) established the Public Action Organizational Contract for Health (COAP) as a tool for renewal of the planning instrument for the allocation of resources that provided, among others, the assumption of responsibilities by the federal entities.

## MATERIALS AND METHODS

The integrative review method makes it possible for researchers to condense published theoretical and practical studies on a given theme and to produce general considerations about the topic of interest (Ganong, 1987). This review, which is a product of the Institutional Program of Scientific Initiation Grants – PIBIC – Notice 03/2017, was conducted from September 2017 to January 2018, completing six different stages linearly: identification of the theme and the research question; selection of descriptors, databases, and study inclusion and exclusion criteria; organization of the studies selected; study analysis; interpretation of the results; and descriptive synthesis of the knowledge produced (Mendes, Silveira, Galvão, 2008). Having chosen federalism as the theme, the research question was prepared: What are the main theoretical-conceptual and methodological approaches to Brazilian federalism, in association with SUS, addressed in academic productions about health during the period from 2015 to 2017. Next, the descriptors were chosen. We opted to work with combined descriptors, applied to the title or subject fields: federalism and Brazil; federalism and Unified Health System/Brazilian Unified Health System. For the study search, four databases were consulted: Scientific Electronic Library On-line (SciELO), SciVerse Scopus, U.S. National Library of Medicine (PubMed), and *Literatura Latino-Americana e do Caribe em Ciências da Saúde* (LILACS - Latin American and Caribbean Literature in Health Sciences). The inclusion criteria selected were: 1- articles published in the selected databases; 2 – articles published in the period from 2015 to 2017; 3 – articles written in Portuguese, English, and Spanish; 4– articles whose titles indicate Brazilian federalism as the main topic; 5 – articles whose titles indicate pertinent theoretical-conceptual and methodological approaches to the association between federalism and the SUS; 6 – articles whose abstracts reinforce Brazilian conceptual and methodological approaches to the association between Brazilian federalism and SUS; 8 – research articles, reflections, and essays; and 9 – complete articles. As exclusion criteria, we considered: 1 – duplicate articles; 2 – review studies; 3 – book reviews; 4 – editorials; 5 – theses and dissertations; 6 – articles with full versions unavailable; and 7 – articles not adhering to the study subject.

Following the application of the language and title inclusion criteria (n=128) and the application of the duplicate article and review study exclusions, the preliminary database (n=48) was sorted alphabetically using the software Atlas. ti<sup>®</sup> software, aiming to read all the abstracts and record the frequency with

which the term federalism appears in the texts. Having read the abstracts, we proceeded to the second phase of the application of exclusion criteria to select the articles to be read in full (n=42) (Figure 1). For the data collection a descriptive table was created to record the following items: author/year, type of study, and theoretical-conceptual and methodological approaches (Table 1).

## RESULTS

Regarding the place of publication of articles, we observed a predominance of articles from the journals 'Ciência & Saúde Coletiva', with 20 articles (47.6%) and the 'Revista de Administração Pública', with seven articles (16.6%). These were followed by the journal 'Saúde em Debate' with two articles (4.76%) and all the other 13 articles appeared in 13 different journals. In terms of location, of the total of 42 articles, 41 (97.62%) were published in national journals and one (2.38%) in a foreign journal. In relation to the Qualis of the journals that have published on the subject, taking into account the area of evaluation 'Collective Health' in the classification of the four-year period from 2013 to 2016, 31 articles (73.8%) are published in journals with Qualis B1 and B2, six (14.3%) articles in journals with Qualis B3, B4 and B5, four (9.52%) articles in journals that are not evaluated in the abovementioned area, and one article (2.38%) published in a journal without Qualis. In terms of methodology, the articles were distributed as follows: 19 (45.24%) qualitative studies, 11 (26.19%) quantitative studies, eight (19.05%) assays and theoretical analyses, and four (9.52%) studies with mixed methods (quantitative/qualitative). Considering only the titles of all the selected publications (Table 1), we saw that the descriptor "federalism" appears, in noun form, in 19% (8) of the publications (Andrade, 2016, Fonseca, Costa, 2015; Machado, Pires, Sampaio, 2015; Magalhães, 2016; Melo, Souza, Bonfim, 2015; Rangel *et al.*, 2016; Ribeiro, Moreira, 2017; Sousa, Castro, 2017). In the keywords, it is present in 35.7% (15), and in two of these, it is qualified as fiscal federalism (Soares, Melo, 2016) and cooperative federalism (Sousa, Castro, 2017). The low prevalence of the descriptor, both in the title and in the list of keywords, suggests that it is represented by structuring categories of federalism. In the analysis of the database constructed and focusing on the theoretical-conceptual and methodological aspects (Table 1), it was noted that 38% (16) of articles focus on analyses of regionalization of the SUS, from a federalist perspective, 62% presented analyses and/or debates about categories/modalities of federalism. In light of this finding, and of the need to systematize the material for descriptive purposes, we chose to group the articles into two thematic units, even though various publications dialog directly or indirectly with both units: a) Regionalization of the SUS and Regional Development from a federalist perspective; and b) Federalism and health federalism in Brazil: some remarks. Three articles, in particular, were incorporated in both units, as they presented cores of meaning common to the authors' analysis (Costa *et al.*, 2015; Piola *et al.*, 2016; Reis *et al.*, 2017).

## DISCUSSION

**Regionalization of the SUS and Regional Development from the federalist perspective:** Among the articles grouped in this category, 01 focused on the financing of the system, in the times of austerity agenda (Costa, 2017); 14 focused on the

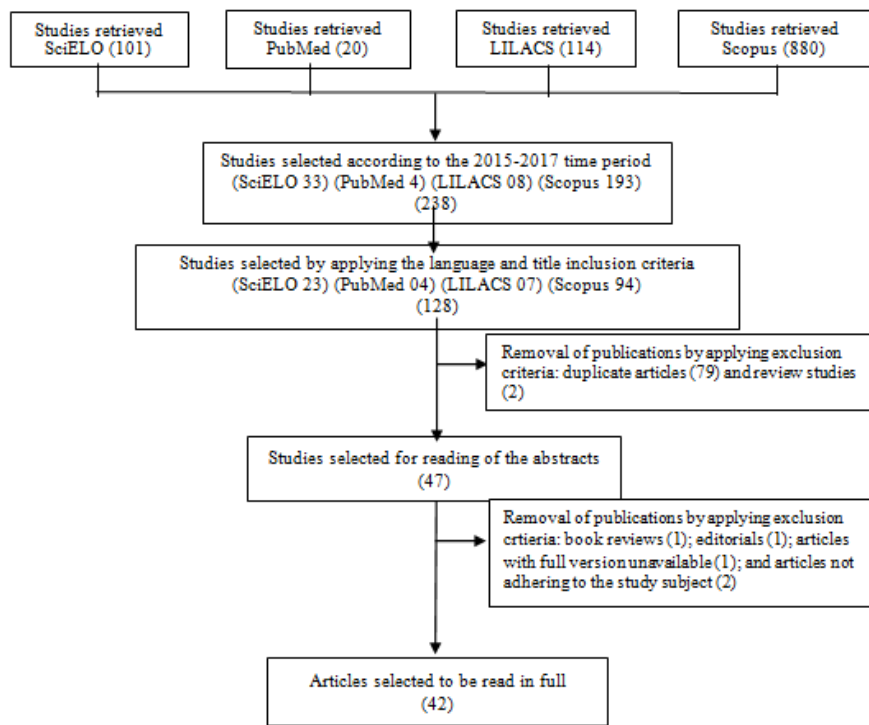


Figure 1. Flowchart of the researched article selection process

Table 1. Information about the selected articles

| Author/Year                 | Source                           | Title  | Methodology   | Theoretical-conceptual and methodological approaches  |
|-----------------------------|----------------------------------|--|---|---|
| Andrade (2016)              | Revista Espaço Acadêmico         | Financial dependence of the Brazilian municipalities: between federalism and the economic crisis   | Qualitative study from a juridical-comprehensive approach                   | Focuses on federative autonomy  |
| Araújo et al. (2015)        | Revista de Administração Pública | The Law of Fiscal Responsibility: effects and consequences on the municipalities of Alagoas from 2000-2010                                       | Quantitative case study   | Focuses on compliance with the law of fiscal responsibility and the fiscal balance of the municipalities  |
| Araújo et al. (2017)        | Ciência and Saúde Coletiva       | The Brazilian municipalities and their own health expenditures: several associations   | Quantitative study of an exploratory, descriptive, and retrospective nature | Focuses on the fiscal inequality between municipalities in terms of per capita expenditure                |
| Barreiro and Furtado (2015) | Revista de Administração Pública | Inserting judicialization into the public policy cycle   | Theoretical analysis  | Focuses on the influence of judicialization on the public policy cycle                                    |
| Barros and Lima (2015)      | Ciência and Saúde Coletiva       | Public budget, region, and health financing: oil revenues and the inequalities among municipalities  | Quantitative and exploratory study  | Argues that regional health funding requires new criteria for the distribution and use of revenues        |
| Battesini et al. (2017)     | Ciência and Saúde Coletiva       | Federal funding of Health Surveillance in Brazil from 2005 to 2012: resource distribution analysis   | Quanti-qualitative study  | Indicates the need to define a conceptual framework of equity to guide the funding of health surveillance |
| Carvalho et al. (2017)      | Ciência and Saúde Coletiva       | Regionalization in SUS: implementation process, challenges, and perspectives in the critical view of system managers                             | Qualitative normative-documentary approach study                            | Explores regional governance, considering the Brazilian federative regime                                 |
| Casanova et al. (2017)      | Ciência and Saúde Coletiva       | The implementation of care networks and the challenges of regional health governance in Amazônia Legal: an analysis of the QualiSUS-Rede Project | Qualitative multiple case study   | Points out that regional governance depends on the capacity for direction and consensus around priorities |
| Costa (2017)                | Ciência and Saúde Coletiva       | Austerity, private dominance, and government failure in healthcare   | Quali-quantitative study  | Argues that the systemic deregulation of healthcare funding makes an agenda of austerity inadmissible     |
| Costa et al. (2015)         | Revista de Administração Pública | Factors associated with efficiency in the allocation of public resources in light of the quantile regression model                               | Quantitative study with data involution and quantile regression analysis    | Focuses on the level of efficiency in the allocation of public resources                                  |

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|--------------------------------|--|--|---|---|
| Cury (2016)                    | Consad                                 | Public Action Organizational Contract for Health (COAP): analysis of the institutional normative matrix and its federative aspects                           | Qualitative study   | Questions the juridical choice of COAP, considering healthcare federalism to be a structure dependent on the public will                              |
| Feliciano <i>et al.</i> (2017) | Ciência and Saúde Coletiva             | Economic growth and the rate of inflation: implications for municipal revenue and the health expenditure of the municipalities of Pernambuco, Brazil         | Quantitative, descriptive, exploratory, longitudinal, retrospective study | Presents a strong inverse relationship between the inflation rate, the budgeted <i>per capita</i> revenue, and the <i>per capita</i> healthcare spend |
| Fonseca and Costa (2015)       | Ciência and Saúde Coletiva             | Federalism, economic-industrial healthcare, and high cost pharmaceutical assistance in Brazil  | Qualitative, retrospective, in-depth study                                | Focuses on the process of negotiation between the states and the Union in the offering of specialized medications                                     |
| Freitas and Oliveira (2015)    | HOLOS                                  | Evaluation of the intermunicipal health consortia of the Zona da Mata of Minas Gerais: an analysis from the perspective of healthcare managers               | Qualitative study with descriptive statistical analysis                   | Focuses on the absence of standardization and criteria for apportionment quotas in municipal health consortia   |
| Garnelo <i>et al.</i> (2015)   | Ciência and Saúde Coletiva             | Regionalization in Healthcare in Amazonas: advances and challenges   | Qualitative empirical study   | Focuses on the multilateral relationships between municipalities, based on asymmetry, verticality, and fragilities                                    |
| Goya <i>et al.</i> (2015)      | Ciência and Saúde Coletiva             | Perceptions of state healthcare managers about the Public Action Organizational Contract for Health in Ceará, Brazil   | Qualitative empirical study   | Focuses on the low level of institutionalization of COAP in SUS and the impotence in achieving its principles   |
| Lima <i>et al.</i> (2015)      | Ciência and Saúde Coletiva             | Federative health policy interdependence: the implementation of Urgent Care Facilities in the state of Rio de Janeiro, Brazil                                | Qualitative empirical study   | Associates strong federative independence with problems in federative coordination in urgent care in the state  |
| Lucena (2015)                  | Revista de Administração Pública       | Decentralization in health surveillance: trajectory and disorder   | Qualitative documentary study   | Focuses on the process of decentralization of health surveillance in relation to that of SUS, showing trajectory and disorder                         |
| Macedo <i>et al.</i> (2017)    | EURE                                   | 25 years of Constitutional Financing Funds in Brazil: advances and challenges in light of the National Policy on Regional Development                        | Evaluative study with quantitative analysis                               | Points out latent intra- and interregional homogeneities in the distribution of funding   |
| Machado and Palotti (2017)     | Revista Brasileira de Ciências Sociais | Between Cooperation and Centralization: Federalism and social policy in Brazil post-1988   | Theoretical analysis  | Argues that the presence of centralizing capabilities and resources pervades the set of federative coordination mechanisms                            |
| Magalhães <i>et al.</i> (2016) | Revista do CEPE                        | Citizen engagement and decision-making processes: an approach based on Brazilian federalism  | Theoretical essay with theoretical methodology                            | Focuses on federalism as a condition for the effectuation of democracy  |
| Massardi and Abrantes (2015)   | REGE                                   | Fiscal effort, dependency on the FPM, and socio-economic development: a study applied to the municipalities of MG  | Quantitative study using an empirical multiple regression model           | Focuses on the inverse relationship between collection effort and the dependency on transfers   |
| Medeiros <i>et al.</i> (2017)  | Ciência and Saúde Coletiva             | Law of Fiscal Responsibility and health personnel expenditures: an analysis of the condition of Brazilian municipalities during the period from 2004 to 2009 | Time series study with indicator trend analysis                           | Opposes the arguments of healthcare managers who attribute problems in hiring workers and expanding healthcare systems to the LRF                     |
| Melo <i>et al.</i> (2015)      | Opinião Pública                        | Federalism and good governments: a political analysis of municipal fiscal management   | Descriptive-explicative study   | Explores the relationship between fiscal balance and good governments, in dialog with Brazilian federalism  |
| Menicucci and Marques (2016)   | Revista de Ciências Sociais            | Cooperation and Coordination in the Implementation of Public Policy: The Case of Healthcare  | In-depth, descriptive-explicative study                                   | Examines the degree of implementation of healthcare regionalization in Brazil   |
| Moreira <i>et al.</i> (2017)   | Ciência and Saúde Coletiva             | Political obstacles to the regionalization of SUS: perceptions of the municipal Health secretariats with a seat on the CIB                                   | Qualitative study from a "policy analysis" approach                       | Focuses on the regionalization of SUS, examining the political obstacles to the implementation of the COAP  |
| Mota <i>et al.</i> (2016)      | Saúde em Debate                        | Federative relationships in the Health Academy Program: Study of two municipalities in São Paulo   | Case study with documentary analysis                                      | Focuses on the impossibility of concrete adaptations of the program induced by the federal government to the local and regional realities             |
| Moutinho (2016)                | Revista de Administração Pública       | Voluntary transfers from the Union to Brazilian municipalities: mapping of the national scenario   | Descriptive documentary study   | Focuses on the heterogeneous distribution of voluntary transfers of resources from the Union to the municipalities                                    |

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|----------------------------|---|---|---|--|
| Oliveira et al. (2015)     | Revista de Administração Pública                | Information systems in decentralized social policies: an analysis of the federative coordination and management practices       | Case study and qualitative analysis   | Focuses on information system for social ends  |
| Ouverney et al. (2017)     | Ciência and Saúde Coletiva                      | COAP and the Regionalization of SUS: the different implementation standards in the Brazilian states                             | Comparative cross-sectional study   | Focuses on the COAP implementation standards   |
| Piola et al. (2016)        | Ciência and Saúde Coletiva                      | The impacts of Constitutional Amendment 29 on the regional allocation of public spending in the Unified Health System in Brazil | Evaluative quantitative analysis study  | Explores the repercussions of the application of Amendment in the regional allocation of resources for SUS                                   |
| Rangel et al. (2016)       | Revista Direito GV                              | Judicialization of federalism and formal federalism   | Comparative documentary analysis  | Examines the centralization in the federative form of the Brazilian state  |
| Reis et al. (2017)         | Ciência and Saúde Coletiva                      | Reflection for the construction of a living regionalization   | Qualitative theoretical analysis  | Focuses on the production process of the regionalization of healthcare in Brazil   |
| Ribeiro et al. (2017)      | Ciência and Saúde Coletiva                      | Health policies and federative gaps in Brazil: an analysis of the regional capacity for providing services                      | Cross-sectional, descriptive-analytical study                                   | Focuses on the regional service provider capacity in light of the cooperative federalism of SUS  |
| Ribeiro and Moreira (2016) | Saúde em Debate                                 | The cooperative federalism crisis in Brazilian health policies  | Theoretical essay   | Focuses on the shared federative management crisis of SUS  |
| Sancho et al. (2017)       | Ciência and Saúde Coletiva                      | The process of healthcare regionalization from the perspective of the theory of transaction costs                               | Reflective, theoretical-conceptual essay  | Focuses on integration, cooperation, and coordination in light of the cost of regionalized contracted health actions                         |
| Santos (2017)              | Ciência and Saúde Coletiva                      | Health regions and their care networks: an organizational-systemic model of SUS   | Theoretical essay   | Provides a conceptual framework for COAP's capacity to adapt to the distinct realities of Brazilian federative instances                     |
| Santos et al. (2015)       | Cadernos de SC                                  | The regionalization and funding of healthcare: a case study   | Cross-sectional, exploratory study with quantitative and qualitative approaches | Focuses on the decision-making process of state management on the priorities of regional investment  |
| Shimizu et al. (2017)      | Ciência and Saúde Coletiva                      | The protagonism of the Municipal Secretariat Councils in the process of regional governance                                     | Qualitative study   | Focuses on the governance of the regionalization process   |
| Soares and Melo (2016)     | Revista de Administração Pública                | Political and technical constraints of voluntary transfers from the Union to the Brazilian municipalities                       | Descriptive multivariate regression analysis                                    | Focuses on the constraints of the voluntary transfers from the Union to the municipalities   |
| Sousa and Castro (2017)    | Ensaio: avaliação, políticas públicas, Educação | Cooperative federalism and the Articulated Actions Plan (PAR) – Some theoretical approaches                                     | Theoretical essay   | Focuses on Brazilian federalism as a pact  |
| Werner (2015)              | Revista Direito Sanitário                       | Building public health policies: administrative competencies, procedural solidarity, and challenges for strengthening SUS       | Theoretical essay   | Focuses on the concretization of fixed federative competencies and the real administrative and budgetary possibilities of the various actors |

regionalization of health (Carvalho et al., 2017; Casanova et al., 2017; Cury, 2016; Garnelo et al., 2017; Goya et al., 2017; Menicucci, Marques, 2016; Moreira et al., 2017; Ouverney et al., 2017; Piola et al., 2016; Reis et al., 2017; Sancho et al., 2017; Santos, 2017; Santos et al., 2015; Shimizu et al., 2017), and 01 on regional development (Macedo et al., 2015). The federalist perspective it is understood in light of the attainment of "administrative, political and cooperative autonomy between federal entities" (Goya et al., p.1241, 2017). The themes of the 15 articles that focused on the issue of regionalization signaled a consensus that there is a long way to go before this operational arrangement of the SUS can become effectively institutionalized, on the material level, in the most varied and distinct regions of Brazil (Carvalho et al., 2017; Costa, 2017; Garnelo et al., 2017; Goya et al., 2017; Menicucci, Marques, 2015). Although "regionalization and its governance [are] processes in construction that need to be matured" (Casanova et al., p.1222, 2017) and, despite the

(Menicucci, Marques, 2015), it is necessary to expand the "possibilities of [deepening the strategy defined] around a more systemic design", which requires organic cooperation with "institutions of civil society and traditional academic movements of collective health; [...] state and municipal managers (CONASS and CONASEMS); [...] entities of health professionals and private and philanthropic providers" (Ouverney et al., p.1200, 2017). It is also necessary to provide managers to design the regional space as a space that is not formal, but "alive and powerful with shared management" (Reis et al., p.1053, 2017) and a willingness to recognize "the sociopolitical and institutional conditions in which they operate" (Garnelo et al., p.1225, 2017). There are "factors of a structural nature (the regions themselves)" [and] factors of a political nature (states, where the regions are gathered)" that affect the process of regionalization (Menicucci, Marques, p.824, 2016).

There is also a "parallel SUS", generated from the need of managers to use neighboring municipalities to resolve situations that cannot be resolved at regional level (Shimizu *et al.*, 2017). In light of the national federal system, there is a clear need for government bodies to strengthen the relationship, in relation to "the commitments and responsibilities to be assumed in the process of regionalization" (Carvalho *et al.*, p.1162, 2017), as well as the need for the institutional arrangement designed so that they can create mechanisms to ensure the fulfilment of agreements (Menicucci, Marques, 2016). After all, the SUS, "in its systemic format [...] [...] was born from the integration of actions and public health services, in a regionalized and hierarchical network [...], and that is how it must be organized (Santos, p.1281, 2017). The strengthening of regional governance, in turn, is a major challenge for the consolidation of the process of regionalization (Carvalho *et al.*, 2017; Casanova *et al.*, 2017; Costa, 2017; Goya *et al.*, 2017; Sancho *et al.*, 2017), *vis a vis* the challenges imposed by experiences in system managements. Some ways to achieve this strengthening are presented, such as: the implementation of regional policies that respect the historical-cultural dimension of the management process; clarification of the real role of each instance of government in the regional organization (Carvalho *et al.*, 2017); the maturation of the directive and consensual capacity between the actors involved with the regional priorities and policies (Casanova *et al.*, 2017; the renewal of the current model of governance, based on public consultation and decision-making by society (Costa, 2017), overcoming the prevailing model of the "hierarchical bureaucratic type", in which the coordination is under the purview of the state; and dealing with structural problems in the context of inter-federative cooperation (Goya *et al.*, 2017), with a view to "solid models of governance which reduce the imbalance of information, uncertainties and opportunistic practices of certain federal entities". (Sancho *et al.*, p.1129, 2017).

It should be noted that two qualitative studies (Casanova *et al.*, 2017; Santos *et al.*, 2015) highlighted the Regional Inter-manager Committees (*Comissões Intergestores Regionais – CIR*) as strategies of governance that, in the contexts studied, are strengthened. In 2011, the Federal Executive founded the "Inter-federative Contractual Regionalization" (Goya *et al.*, p. 1235, 2017), by means of the Public Health Organization Contract (*Contrato de Organização Pública da Saúde – COAP*). As a legal instrument intended to contractually support the agreement between the managers for the execution of the health services of the municipalities of the 438 Brazilian health regions (Moreira *et al.*, 2017), "with the expected liability of their fulfilment" (Cury, p.3, 2016), the COAP inaugurated "a bold challenge for the regionalization agenda" (Ouverney *et al.*, p.56, 2017): [...]. "In principle, it obliges the signatory entities to comply with it, under penalty of the implementation of penal clauses and, thus, it is believed that it gives greater legal security to the federative agreements" (Menicucci, Marques, p. 831, 2016). Its construction and development are not aligned with the collective culture, because it reflects "a federal rationality that ended up producing one type of autonomous municipalism within a decentralization that is protected and controlled by federal government (Goya *et al.*, p.1240, 2017). In this logic, the COAP is perceived as the fruit of federalist counter-perspective. An analysis of its process of implementation and its effects on the state agendas of regionalization in the SUS,

based on the identification of eight (8) strategic moments of its evolution, has identified three (3) patterns of movement-process: six (6) states are distanced from the national agenda determined by Decree 7.508/11; twelve (12) status aligned the national agenda with the process that had already been developed, therefore in "selective" form; and ten (10) preserved greater stability of action during the eight (8) moments of the implementation cycle (Ouverney *et al.*, p.1193,2017). Only the states of Mato Grosso do Sul and Ceará signed the contract (Moreira *et al.*, 2017; Ouverney *et al.*, 2017), indicating that there are obstacles to be overcome. In terms of political obstacles to its implementation, it is worth mentioning: the historic "lack of resources", [...] the judicialization of the policy [and the absence] of the party-political system and the State Executive Power in the coalitions of support for the policies of regionalization" (Moreira *et al.*, p.1097, 2017).The instrument reveals "low institutionality in the SUS and a powerlessness to achieve its principles, as the structural problems of the three-tiered model of cooperation remain unaddressed (Goya *et al.*, p.1235, 2017). Regarding the chronic problem of resources for regionalization, Piola *et al.* show, in an analysis on the effects of Constitutional Amendment 29 on the financing of the SUS in the period from 2000 to 2010, that the regional discrepancies in the allocation of resources will be reduced more intensely if "redistributive criteria in the distribution of federal resources [are] effectively adopted". An issue that directly penetrates the study of regionalization of the SUS and its governance is the regional distribution of Constitutional Funds. A diagnosis carried out on this distribution indicated that development banks, fund managers, have promoted a "proactive action in the territory". However, the process has not overcome the "latent [...]intra- and inter-regional heterogeneity [with a view to] greater economic cohesion, social and regional cohesion in the country." Moreover, the national public investment has also suffered from the effects of the current crisis of capital and the fiscal adjustment decided by the second Dilma Rousseff government and by the current government (Macedo *et al.*, p.274, 2017).

### **Federalism and health federalism in Brazil: Some remarks**

In the analysis of the set of articles grouped in this category, it was noted that the authors do not distinguish an objective and clear concept of federalism. Whether in a theoretical essay, field research, or quantitative research, a predominant preference is seen for analyses based on consecrated references, especially international ones, contrary to basing themselves on the assumption of a contextualized concept of federalism. The article of Ribeiro and Moreira (Ribeiro, Moreira, p.15,2016) contributes to the understanding of this finding, by signaling that the concept of federalism is guided by the "political, legal or fiscal theories" that anchor the singular analyses of different researchers. The Brazilian federative system is composed of three autonomous government bodies: the Union, 26 States, and the Federal District and 5,570 municipalities (Reis *et al.*, 2017). In the context of constitutional rules, this federative design is "among the forms of cooperative federalism" (Ribeiro, Moreira, p.18,2016). The constitutional foundation, described in Art. 3 (2) of the Constitution, "implies that the federative units cooperate with each other: this is the principle of solidarity" (Sousa, Castro, p.882, 2017). Both the Constitution of 1988 and the infra-constitutional framework set forth that "The cooperative elements [...] as essential for the development of a



consensual democracy", i.e., for the development of democracy "subject to routine agreements," in the words of Lipjart (Ribeiro, *et al.*, p.1033, 2017). In the health sector, cooperative elements, such as "arenas of agreement or cooperation partnerships" enable a sharing of responsibilities between the federated instances (Machado, Palotti, p.78,2015). However, "cooperative federalism [in this sector] is a contradictory process without pre-defined paths". Co-operation between subnational governments, in regional equivalence, often "occurs through a formalistic to a model accepted as politically appropriate". The cooperative elements are normatively evidenced by the federal government, in order to "induce cooperation through the definition of responsibilities and [inter-federative] attributions"; but in "incremental" form. Thus, the relationship between the historicity of Brazilian cooperative federalism and its contradictory trends deserve further analysis. The fact is that the historical process of Brazilian federalism exposes "great fluctuations between political centralization and decentralization". Theoretical analysis on centralization, in the context of judicial activities, reaffirmed the authors that the federative design of Brazil "is highly centralized, that there is a great plurality of alternative criteria of federalization [...] significantly comprehensive [...] each resulting in generic and invariable rules" and allowing as a consequence, "centralization to become a starting point." It is a form that tends to "prefer", point-blank, political centralization to the detriment of autonomy of the states, or even of the importance of deliberating on the need for centralization" (Rangel *et al.*, p.220, 2016; Machado, Palotti, 2015).

The "differentiated weight of centralizing traits", in the execution of the functions shared between the federated bodies, has long been manifest in the political literature (Machado, p.78, 2015). The model of Brazilian federalism is "unique and bold" (Reis *et al.*, p.1050, 2017), considering that "in no other nation [is] the municipality constitutionally recognized as a federated entity" (Sousa, Castro, p.880,2017). Although it is a "facilitator of the process of political and administrative decentralization" (Magalhães, p.164, 2016) and "in principle, suitable [...] for respect for democratic values in situations of marked political, economic, cultural, religious or social differentiation", the Brazilian federal design "did not come accompanied by a process of decentralization of power to the regions" (Reis *et al.*, p.1047-1050). When a model of decentralized federalism does not graduate with transparency its form and respective facets of decentralization, i.e., it presents no clear parameters of the processes of negotiation between municipalities, states and the Union, it opens doors for the inscription of contradictory processes of "recentralization" in sector policies (Fonseca, Costa, p. 1166, 2015), with the absence of deliberations (Rangel *et al.*, 2016), and for "tensions arising from different political projects that coexist [in the] institutional spaces (Lucena, p. 117,2015). In the sphere of regulation and financing of the health sector, the authors' analysis revealed two works: that of Costa and that of Piola *et al.* Costa examined the relationship between the system of health financing and the guarantee of the social impact of the provision of health care. Using the WHO descriptive categories of the national health accounts, the data reveal a high "systemic deregulation" in Brazil: the country has little participation in public spending on health; direct expenditure is very high; and private expenditure on private health insurance "plays a crucial role in provision and financing."

Piola *et al.*, p.419-420, analyzed the impacts of Constitutional Amendment 29 on the financing of the SUS in the period from 2000 to 2010. The results express that "there has been a real increase of 112% in spending in the three spheres". However, despite this increase, "regional inequalities in terms of expenditure per capita, remain practically unaltered". In another approach: "The increase of public resources for the SUS does not automatically lead to a more intense reduction of regional disparities in the allocation of those resources." Also, in the sphere of health federalism, fiscal decentralization was an important political milestone. The modality was addressed in terms of analyses of financial compensation (royalties) (Barros, Lima, 2015); voluntary transfers (Moutinho, 2016; Soares, Melo, 2016); fiscal balance; (Melo *et al.*, 2015); impacts of Law of Fiscal Responsibility (Araújo *et al.*, 2015; Medeiros *et al.*, 2017); confrontation between political and administrative autonomy and economic dependence (Andrade, 2016); associations between attributes of municipalities and health expenditures using their own revenue (Araújo *et al.*, 2017); the relationship between fiscal effort, level of dependency of the Municipal Participation Fund (*Fundo de Participação do Município*) and socioeconomic performance of the municipality (Massardi, Abrantes, 2015); evaluation of allocation of municipal public resources (Costa *et al.*, 2015; Feliciano *et al.*, 2017); dialog between federalism, judicialization and lack of resources (Barreiro, Furtado, 2015); analysis of sector financing of the SUS (Battestini *et al.*, 2017; Feliciano *et al.*, 2017); and processes of inter-federative negotiation (Fonseca, Costa, 2015).

Federative coordination, in turn, dialogued with themes explored in several articles, represented here by two publications. Machado and Palotti present four mechanisms of federative coordination that generate effects on the sharing of responsibilities and intergovernmental cooperation: constitutional and legal constraints; incentives provided by voluntary transfers; sharing of operational decisions in the scope of agreement bodies; and partnerships implemented through consortia. According to the authors, despite the existence of these elements, the European Union holds "prerogatives [...] special institutional resources [...] differentiated normative powers that affect [...] the intergovernmental responsibilities", with the power to "induce sub national governments to behave as "administrative agents". Lima *et al.*, analyzing the process of production of the sector policy "UPA", in Rio de Janeiro, located "federal coordination problems [...] in the integration of the various components of emergency care in the state". Only one article addressed popular participation as an object. Magalhães *et al.*, discussed, from a historical perspective, the role of popular participation in decision-making processes of sub national governments. Recognizing previous autocratic periods as a source of "strong traits in inequality of access to the decision-making process", they argue for the importance of expanding participatory budgets in Brazil.

### Considerations

The review highlighted significant contributions of researchers from several areas of knowledge. The theoretical-conceptual and methodological approaches presented demonstrate a wealth of academic studies on the relationship between modalities and derivatives of Brazilian federalism and the Unified Health System, especially on its regionalization and governance.



However, the works in the sample studied do not demarcate an objective or clear contextualized concept of federalism. In the view of the authors of this review, the preference for basing their studies on consecrated theories and researchers, especially international ones, without any discussion on the relevance of the federalist culture that is implemented by the Brazilian State, its successes and failures, could lead, with each new academic production, to acceptance of well-known concepts that are external to the national federalist history. It is necessary to advance conceptually, which can be facilitated by a directed reflexivity, and by dialog between the fields of Collective Health, Constitutional Law and Political Science. In the analyses, it was recognized that the Brazilian federalist culture involves a federative structure with ambiguous and controversial characteristics, lacking a single direction, due to the concrete vagueness of its starting point. There was a consensus that there is still a long way to go before the operational arrangement of the SUS can be materialized effectively in the various regions of Brazil. Studies have shown a practical absence of popular participation, referred to in several studies. They also reveal an acidic Brazil in terms of its attraction for centralization, and in terms of administrative fiscal decentralization, but without deliberations in the case of centralization, and without clear definition of parameters for an effective political process of decentralization. Thus, it is necessary to materialize real political power (Organização Pan-Americana da Saúde, 1975), by opening *veredas* citizens, new expressions of society, in the formal political power (Organização Pan-Americana da Saúde, 1975). In times of austere fiscal regime; a challenge that can no longer be postponed.

### Collaborators

RCGSLima participated in the conception, design and planning of the study, literature review, analysis and interpretation of the results, writing and critical revision of the article, and approval of the final version of the text. NBatista contributed to the conception, design and planning of the study, acquisition and systematization of data, review of literature, writing the first version, and approval of the final version of the text. DWGripa collaborated in planning the work, literature review, analysis and interpretation of the results, writing and critical revision of the article, and approval of the final version of the text.

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