Panel T05- Policy Formulation, Administration and Policymaker

P11- Politics and Policy in Metropolitan Context: Actors, Narratives and Instruments

Public Health Metropolitan Governance - Advances and challenges in the Integrated Development Region (RIDE) of the Federal District and cities surrounding Brasilia

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ABSTRACT
This paper aims at analyzing public health governance actions in the Brazilian metropolitan region, identifying the negotiations and common actions in this segment, which are guided by the conurbation and inter-municipal division of population's daily life. Urbanization, an accelerated phenomenon of city growth and a way of life specifically associated with it, promoted processes of metropolization around the world and exponentially increased the number of metropolitan regions. This phenomenon has been increasing in Brazil since the 1970s, with a high emergence of metropolitan regions after the 1988 Constitution. As an empirical area of studies for this paper we chose the Integrated Economic Development Region of the Federal District and Surrounding Cities - which have Brasilia, the capital of Brazil, as a metropolis. The municipalities that make up the respective area of study are, however, from other states of Brazil (Goiás and Minas Gerais), which generates difficulties of governance of the area itself. In view of this scenario, this study questions how the stakeholders involved with health governance in this regional territory promote the identification of the problems related to this sector and build the respective public policies that attempt to solve them. The State is formally responsible for the emergence of metropolitan regions, but it is no longer a responsibility of the federal government and is now an attribution of the state government. In this sense, Brasilia – Brazil's Federal Capital and Metropolis – must coordinate management forms with two other governments, negotiating roles, responsibilities, diagnosing contexts and seeking fiscal adjustments for health governance in the region. In order to achieve the established objective, besides analysing joint projects and programs, several minutes of meetings between local stakeholders were also analyzed. In order to understand the epistemology about governance, a bibliometric analysis was carried out in a universe of 240 papers, where 70 were defined as important for understanding the concept. In view of this concept, we sought to understand how public actors and agents, and even civil society, in the praxis of metropolitan health governance, coordinate between themselves to promote the health of the population and define their public policy instruments. This paper, therefore, converges with the subject proposed in the topic when analyzing the metropolitan health governance through its stakeholders and instruments, which also the subject-matter of this topic.

Keywords: Governance, public health, regionalization, metropolis, Brasilia, Brazil

INTRODUCTION
The present work was developed based on the Governance and Management Research of the Unified Health System: Systematic Review of the Category "Governance in the Public Sector" in the National and International Scope. The research composes a larger framework of Technical Cooperation between the University of Brasilia and the Ministry of Health in the development of the Program/ Project "Improvement of the Unified Health System/ Improvement of Articulation and Interfederative Cooperation for Analysis, Studies and
Support to Planning, the Regionalization and the Articulation between the Federated Entities in front of the SUS Management.

The respective cooperation aims at strengthening the Unified Health System and was developed by PILab – Public Intelligence Laboratory, University of Brasilia. The PILab is a research group with international articulation, whose objective is to develop and extend the applied knowledge for governmental management and the management of public organizations. The PILab developed the working methodology titled – Public Management for Development: Instruments and Partnerships for Governments - GPDes.

This management methodology is based on the concept of Public Intelligence, which is: applied knowledge that includes analysis consolidated data in complex event processing and/or data mining, textual analysis to explore consistent patterns and detection of systematic relationships in texts, in addition to the discovery, monitoring, improvement of real management processors, from tools and technologies to decision makers. According to Lucio and Dantas (2018), the PILab seeks, under the premise of public intelligence, to "develop technologies, instruments and artifacts" for public management.

This, in order to articulate the public intelligence elaborated by the GPDP methodology with the effective governance of public services, especially public health, makes it necessary to establish what is meant by Governance.

For Gisselquist (2012) the concept of governance is not yet defined and this lack of understanding affects the ability to assess and measure the quality of governance efficiently and, therefore, also affects the ability to draw up policy justifications that are based on evidence. In this way, the capacity for public management of services and improvement to be improved by decision-makers in governments and public agencies, as well as the identification and analysis of management processes, and the design of management policies.

In order to understand the conceptual properties of the term, a bibliometric analysis was carried out, which is characterized as a "quantitative and statistical technique for measuring the production indexes and dissemination of scientific knowledge" (ARAÚJO, 2006).

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1 International organizations such as the World Bank, the United Nations (UN), the Organization for Economic Co-operation and Development (OECD) and the European Council have a prescriptive and functionalist conception of governance, calling it "good governance". This form of conceptualization has generated the construction of indicators that subsidize the allocation or not of resources for governments.
measurement of authors' productivity in a given theme, analysis of periodic dispersion and frequency of words.

The analysis led to the elaboration of a methodological construct whose function is to experience this construction throughout the initial stages of the research.

The analytic construct of the project specified above was the basis for the beginning of this article. The Annual Management Reports (RAGs), produced by the State and Municipal Secretaries, are management tools that allowed us to understand how the entities of the federation promote actions related to the process of regionalization of health. For the empirical analysis of the regional governance in public health we take as base the metropolitan region in formation in the Federal Capital of Brazil.

Brasília, capital of Brazil, is a metropolis whose regionalization of its metropolitan area is still in constant dispute of delimitation, which generates difficulties of implementation of regionalized public health for this regional territory.

PUBLIC HEALTH GOVERNANCE

In order to analyze the quality and forms of public action in the health sector and evaluate whether it can be characterized as good or bad regional governance of this service, it is necessary to understand, initially, what is governance.

According to Lencioni (2008), "every concept serves to understand the essence of objects, phenomena, laws and, in this sense, constitutes an instrument of knowledge and research." It is, therefore, a form of reflective thinking to socially express the nature of the objects being surveyed, of the reality that is going on. The concept as a human attempt to shape the real is an instrument of thought that is renewed every time someone or some group describes it better.

Thus, since the concept of governance emerged in the 1980s, it has been defined for its better understanding and later for its better execution. It is noticed, however, that the discussion about this concept has been recurrent in the daily life of government agencies without a really effective public action being configured. This is due to a difficulty in clearly conceptualizing the concept of governance itself.
Like the project that gave rise to this article and as a result of the methodology applied in the project, the concept of governance elaborated in the project and followed by the article was shaped by the use of a research methodology called bibliometry.

According to Fonseca (1986), bibliometry can be understood as a "quantitative and statistical technique for measuring the rates of production and dissemination of scientific knowledge" [...] as demography proceeds by enumerating the population." Thus, a table was made with relevant data on the content of articles read, such as main results, data analysis, origin of sources, topics covered, theoretical themes, and year and place of publication.

The work on the methodology that served as a basis for this study comes from studies developed by Oliver and Ebers (1998) and Balestrin, Verschoore and Reyes Junior (2010). The studies of these authors affirm that bibliometrics "Allows the collection of publications on a particular area or subject, the theoretical trends that guide these studies, the dynamics of analysis, the possibilities of applying the studies and their results, among others, at international, national or local level, depending on the research. Through this methodology, it is possible to understand the multiple meanings of certain concepts and notions and their consequences, when appropriated by organizations, institutions, companies or public agencies in the planning and execution of their projects and activities." (RESEARCH REPORT, 2018)

In order to define what is, in fact, public governance and health governance, a total of 74 (seventy-four) articles published in journals from a database of 216 (two hundred and sixteen) articles were analyzed, which in turn were published in several journals scientists. All articles were published between 2014 and 2018. The article selection process was based on the selection of a set of descriptors/words directly related to the concept of governance, such as: good governance, collaborative governance, multilevel governance associated with health. In addition, related words were used, such as: accountability, participation, democracy, regulation, cooperation, collaboration or accountability.

The texts did not present a consensus for the concept, only some ideas in common, by which practically all the authors transited. As Rachel Gisselquist (2012) also confirms in her article "Good governance as a concept, and why this matters for development policy"
governance is of the utmost importance for international action, be it by agencies, governments or companies. The way in which governance is understood defines the objectives and strategies of these actions, but it is up to each actor to understand this, opening space for great discretion. There are a number of problems arising, among them the "governance" of developed countries is often imported into poorer countries, and assumes a liberal and Western model of democracy.

This same author also presents some elements in common in the treatment of the concept of "governance". Gisselquist (2012) lists seven main points: Democracy and representation; Human rights; Rule of law; Efficient and effective public management; Transparency and accountability; Developmental goals; Varied arrangement of specific economic policies and public policies, programs and institutions. Two words of high relevance: accountability and collaboration are also worthy of mention. They express concern about the results of public action, as well as their form of action.

In the articles researched, we found some theoretical themes that help to think our object. They are: Regionalization, 5 texts; Cooperation and intergovernmental competition, 22 texts; New public management, 3 texts; Organizational management, 5 texts; Role of the State, 7 texts. Regarding the topics treated, were found: Local / regional health councils, 2 texts; Government and non-governmental actors, 12 texts; Public health policies, 19 texts; National and local health systems, 11 texts; Management models, 8 texts.

All of these keywords are needed to help us build the concept. In a complementary way, Lúcio and Dantas (2019) add that governance in the public sector requires an understanding of an extremely important dimension, that of technopoliticity, since its agents will need to make strategic decisions and this requires knowledge and appropriation of instruments, artifacts, technologies and devices to guide public deliberation.

Because the government is one of the important actors in the construction of public action, it is necessary to pay attention to the specificities that surround its sphere of action. The wide range of information circulating among public managers requires a greater effort for assertive decision making in order to guarantee the population the realization of rights in the form of services.

Public service managers will need to organize information in a "minimally structured way so they can be able to constitute a governance (coordination, articulation and integration) environment" (LUCIO and DANTAS, 2019). In addition, they emphasize the political
character that is always tied to public management, along with a bureaucratic structure that
governs the actions of both the elected and the effective servants of the public administration.
This framework brings challenges, of transversality, articulation, integration and coordination.

Thus, since a formal and agreed concept of governance was not found in these articles,
although all of them deal with the theme, it was intended here, with all the theoretical basis of
the articles analyzed, to elaborate a concept of governance to be followed by the members of
the PILab, as well as opportunizing the dynamic construction of the concept, disseminating it
to new studies and new groups of researchers.

In Brazil, the Audit Court of the Union (TCU) assumes the OECD concept of
governance, namely: "a set of leadership, strategy and control mechanisms put in place to
evaluate, direct and monitor management for the conduct of public policies and the provision
of services of interest to society "(BRAZIL, 2014).

In order to delimit, therefore, governance, the central term in this article, we use the
definition of Lucio and Dantas (2019), which is: governance is the "ability to articulate
internally and externally, coordinate and decide on the use of resources materials and human
resources for the realization of rights in the form of services, always considering the
improvement in the quality of the service offered."

This definition covers both the commonalities highlighted by Gisselquist and that it fits
into the specificities of managing public services, as pointed out. Thus, by defining, it is
possible to think strategically in a common work scenario, which creates a common goal for
managers to think actions effectively.

PUBLIC HEALTH ACTION - MANAGEMENT INSTRUMENTS IN BRAZIL

The Federal Constitution of Brazil - CF / 88, of 1988, aptly named some public services
in the category of social rights, among them: education, security, transportation, housing, social
assistance, health, among others. Such rights are guaranteed by social policies that are
characterized by being maintainers of what the Constitution claims to be the social order. In
this way, social policies seek welfare and social justice. As Santos (2018) asserts, "social
policies translate into actions that trigger social justice while guaranteeing the activities that
trigger national development."
Health is considered essential for social order. Law 8,080, dated September 19, 1990 defines that health expresses the social and economic organization of the country. It also states that its determinants are: food, housing, basic sanitation, environment, work, income, education, physical activity, transportation, leisure and access to essential goods and services. The need for articulation of health with other sectors and their importance for national development is evident.

In recognition of the centrality of health, CF / 88 created the Unified Health System, when it states that "actions and the public health service integrate a regionalized and hierarchical network and constitute a unified system", also defining the competencies of the Unified System of Health – SUS (emphasis ours). The health service must also be offered universally and equally to the entire population, without distinction of access.

In this way, health governance, in order to be truly regionalized, requires the orchestration of the actions of various state and non-state actors, in an inter-operative management cooperation between the Union itself, the States, the Federal District and the Municipalities, without excluding the effective participation of the community.

Here again, we can understand that the very principles of governance that we assume for our direction take on body and meaning at the moment of promoting the regionalization of health. For the effective governance of health regionalization, it is imperative to articulate, coordinate and integrate actions of different governmental and non-governmental actors at various levels of management. The principles of intersectoriality and transversality between health sectors and others are also crystallized, so that the design of regional health management is promoted, as well as for the realization of rights in the form of services to the population.

In summary and in the words of Lúcio and Dantas (2019), the regionalization of health requires a central challenge: to make all federative levels function from the point of view of transversality, articulation, integration and coordination. It is the regionalization of health that we will look at from now on.

The Regionalization of Public Health in Brazil

The process of regionalization of health was set as a constitutional task, but it precedes the CF / 88 itself. Already in the early 1980s, the Great ABC Paulista, São Paulo, Brazil, had
Regional Health Offices (ERSAs), which were, in the 1990s, transformed into Regional Directorates of Health (DIRs). For an effective regional health governance, whether metropolitan or not, Silva and Gomes (2014) emphasize the need for a "joint construction of planning that accounts for the integration, coordination, regulation and financing of the service network within of a territory ". The authors also point out that in the metropolitan regions, the regional search for health services is a result of the scarcity of employment, which causes a "population contingent upon losing the right to private medical covenants." (SILVA and GOMES, 2014)

The absence of regional health governance generates conflicts between the actors and agents that promote health in the federative units while generating dissatisfaction in the population that seeks their services. These, in turn, are continuously scarce and of poor quality. Citizens' rights are not met and disruptions in society increase. It is, therefore, the scenario for a regionalized health governance, requiring compliance with what Gisselquist (2012) called the main elements for good governance, namely: democracy and representation; human rights; rule of law; effective and efficient public management; transparency and accountability; development goals and varied policy arrangements.

In an attempt to understand the parameters that establish the regional health development policy in Brazil, we will present the main instruments that "allow the materialization and operationalization of governmental action" (LASCOUMES and LE GALÈS, 2012), as well as community action, who will participate in the management processes. For Lascoumes and Le Galès (2012), the instruments, socio-technical devices that regulate the interactions between actors, public power and policy receivers. They are not neutral and are directly linked to their actors. They generate results and effects on the service to be provided. Thus, we will continue to understand the instruments that regulate the regional supply of public health in Brazil.

HEALTH MANAGEMENT LAWS IN BRAZIL

Health in Brazil, as stated above, is conducted in an interdepartmental cooperation regime between the Union, States, Federal District and Municipalities. Cooperative federalism proposes to place, for federation entities, equal responsibilities at different levels of
management, or complementary responsibilities, in the exercise of essential services, which are also considered fundamental social rights.

Cooperative federalism classifies actions of the state through common competence and concurrent competence. The common competence refers to the act of administering, which is intended for all entities of the federation. Article 23 of CF 88 leaves no doubt as to the need for health administration in all entities. The concurrent jurisdiction, in turn, is related to the act of legislating and is governed in CF/88 by Art. 24. However, it is possible to exclude municipalities from legislating on social security, protection and health protection.

The focus of this article is to analyze public health governance actions in the Brazilian metropolitan region, identifying the changes and common actions in this segment, which are guided by the conurbation and inter-municipal division of population's daily life. To contribute to this proposal, we will focus on health regionalization management tools.

The Health Management and Regionalization Instruments in Brazil

Region is a geographical category whose main objective is to agglomerate spaces with similar characteristics. Regionalization, however, is the process of creating and evolving territories in a regional spatial unit. The characteristic that unites each locality in a larger one, in regions, can be driven by economic, social, educational, physical-geographic, or even demographic characteristics. The great Brazilian regions (north, northeast, south, southeast and center-west) are defined by their economic characteristics so that the fundamental constitutional principles of the citizens and the country's development model are guaranteed.

Regionalization in health, in turn, seeks to bring cities together according to their social and population needs, guaranteeing social legitimacy and, above all, aiming at the universalization, integrality and equity of the provision of the public health service. For Viana et al (2018), this new territorialisation of health promotion and illness prevention requires a new management logic and also the organization of health services.

Regionalization in health, according to the National Health Council, seeks to guarantee the right to health through the organization of a network that responds to the epidemiological profile and integrates the promotion, protection, treatment and rehabilitation actions, articulating the actions of scope local, micro-regional, regional, macro-regional, interstate and
national levels, and ensuring coordination of decentralized management. The management of the health region therefore has as its foundation an upward management.

Although the concept of region and regionalization is known to many, some states and governments confuse regionalization of health with decentralization of health services. Viana et al. (2017) explains that this difficulty of understanding is due to the fact that there are still few studies that provide an insight into the objectives, constraints and articulation of health management with regional policies.

An example of the confusion that governments promote regarding the two management needs (decentralization and regionalization) can be read in the explanation of the Government of the Federal District (GDF) for what is meant by regionalization of health. According to the GDF\(^2\) (2017), "Regionalization is the decentralization of health management of the Federal District" and "With regionalization, as the program is known, maintenance and equipment acquisition, until the exchange of a burned lamp, for example, is the responsibility of each regional".

There is, therefore, a clear confusion between the organizational procedures concerning decentralization and the regionalization of health. For the National Council of Municipal Health Secretaries - CONASEMS (2019), decentralization and regionalization are inseparable, with their own characteristics. The first is linked to the federative pact and the second, according to CONASEMS itself, refers to the search for or instrumentalisation of the best technical and spatial distribution and distribution of services, aiming at the coverage and access of the population to health actions, with maximum institutional and social efficiency. It is summarized in the maxim, supply and availability of health actions for the population of a given territory, instrumented by a network, articulated and integrated.

Thus, CONASEMS itself states that regionalization requires a new spatial and population cut for the planning and provision of the public health service. In order for this territorial cut-off of population service to be identifiable, it must vary "according to geographical, administrative, demographic, epidemiological, social and cultural criteria, taking into account available health resources." (CONASEMS, 2019). It becomes, essential, multiscale, intersectoral, transversal planning of the service.

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To assist in the planning and management of the processes of regionalization of health services, some public policy management tools were developed by state actors in partnership with municipal and state actors.

It is worth highlighting our understanding of Public Management. The PILab, which coordinates our research, understands that public management is a "set of instruments, technologies, processes and procedures that enable the historical, social, political and economic aspirations of the population, embodied in constitutional precepts - to individual and collective rights, carried out in the form of public policies and services. " (RESEARCH REPORT, 2018)

In this way, we present, in a summarized form, the main management instruments (normative and planning) that seek to promote the regionalized management of health services.

1. Normative Instruments

- Law 8080/1990 - Organic Law of Health: seeks to regulate health actions and services throughout the national territory. It defines the goals of the SUS and the competencies of each federal unit. In its article 7, the Law provides for the regionalization and hierarchization of the health services network prioritizing the decentralization of actions among the spheres of power.
- Law 8142/1990 - Provides for community participation in the management of the SUS and, relative to regionalization, authorizes municipalities to create consortia to carry out health actions and services together, and authorizes the re-allocation of resources among consortia.
- Law 141/2012 - Determines the ascendancy of the SUS planning and budget process. It grants authorization for states and municipalities to seek cooperation in regional health management. Grants the authorization and establishes the criteria for apportionment and transfer of resources for health, through the Health Fund. In this way, it reinforces the importance of the health regions.
- Health Pact/ 2006 - It is also called, for some researchers and managers of "developmental testing". It establishes structural reforms for the SUS, including solidarity and cooperative regionalization as the structuring axis of the Decentralization process. For Sauter, Perlini and Kopf (2012), the Pact for Health has three dimensions: the pact for life, for the management and defense
of SUS. It places in regionalization its guiding and structuring axis of the management dimension.

• Organizational Contract for Public Health Action (COAP) - Established by Decree 7508/2011. It defined the need to deepen Interfederative relationships and the institution of new instruments, documents and dynamics in the shared management of SUS. It therefore proposes a model of cooperation agreement between the Signatory entities to strengthen the process of regionalization. It defines a health region as being

"A territorial basis of health care planning, not necessarily coincident with the State's administrative division, to be defined by the State Department of Health, according to the specificities and strategies of health regionalization of each State, considering the demographic characteristics, socioeconomic, geographical, sanitary, epidemiological, service provision, relations among municipalities, among others. " (BRAZIL, 2011) - Our Griffin

• Complementary Law 141/2012 - Regulates the CF mechanism that proposes minimum values to be applied annually by the Union, States, Federal District and Municipalities in actions and health services. Article 30 defines that the Plurianual Plans (PPAs), the Budget Guidelines Laws (LDO), the Budget Laws (LOA) and the Funds Application Plans of the health funds of the federation entities should be planned in an upward health needs of the population in each region, based on the epidemiological, demographic and socioeconomic profile, to define the annual goals of comprehensive health care and estimate the respective costs.

2. Planning and Monitoring Instrument

• Management Report Development System (Sargsus) - Consists of an electronic tool developed in 2010 by the Secretariat of Strategic and Participatory Management of the Ministry of Health (SGEP / MS) to coordinate the preparation and submission of Annual Management Reports in Health - RAGS. SARGSUS proposes to be an innovative tool to integrate the actions and information produced in several sectors of a Health Secretariat, articulate
various planning instruments, qualify decision-making and support social participation and control. In SARGUS we find the guidelines, objectives, indicators and goals foreseen and implemented in the Annual Health Programs - PAS.

- Annual Health Program - An instrument that implements the intentions expressed in each State and Municipal Health Secretariat. This instrument should contain the objectives, goals, actions and indicators planned for each year of health management, with their respective resources.

The instruments of Brazilian health management, as seen above, continually emphasize the need to organize health regions and a democratic and ascending form in the deliberations, always guaranteeing a continuous dialogue and cooperation among the entities of the federation. It is also understood that regionalization is a complex and dynamic process. In order to perform decentralization in an even more complex environment, such as a region, the criteria for its definition need to be well established and the health or epidemiological needs of this population well understood.

The fact that there are more complex regional designs is still an additional challenge in Brazilian health management. Here we discuss the need for dialogue between health cooperation actions in a metropolitan region. We will approach, as a case study, the metropolitan context of the Federal Capital, Brasília, and the municipalities that constitute its regionalization.

**AREA OF ANALYSIS OF PUBLIC GOVERNANCE IN HEALTH - RIDE AND SURROUNDING**

The empirical study of this article cuts as a portion of a region. A region that has its policies based on metropolitan bases, but its actions are based essentially on economic development. This statement becomes clear in the very name of the region that we use the initial basis. We started our study of a region entitled Integrated Region of Economic Development (RIDE). RIDE has its coordination under the responsibility of the Union. Brazil
has 3 RIDE\textsuperscript{3}. One of them has the Federal Capital as a central location and constitutes the so-called RIDE Federal District and Surrounding.

Brasilia, therefore, the Capital of the Federative Republic of Brazil, which is also called the Federal District, exerts a strong influence on other cities. The other cities that comprise RIDE/DF and Surrounding are Municipalities of other States, such as Minas Gerais and Goiás. In summary, Brasilia is a metropolis officially recognized in 2008, RIDE/DF and Surrounding was officially constituted in 1998, prior to its officialization as a metropolis and its process of metropolization, or definition of the size of its metropolitan region, was impeded by the very constitution of RIDE/DF and Surrounding. In this context, there is a mix between the identity of the city itself as a metropolis and the configuration of its metropolitan dimension. (SANTOS, 2018)

In order to justify choosing a cut in RIDE for our study, by forming a new space of analysis, that is, a region within a region, we should understand the intricacies of this complex territoriality. The Ministry of National Integration itself, which promotes the management of RIDE,

"Since RIDE/DF was created by a Federal Complementary Law, it cannot be legally considered as a Metropolitan Region. This, however, does not prevent the recognition of Brasilia as a metropolis, nor that there is metropolitan dynamics in its territory of comprehensiveness. (Ministry of Integration, 2016)

Thus, the first point that must be understood to justify our cut is to understand what the metropolis is and how its process of metropolization or metropolitan regionalization is constituted.

Conceptually, the metropolis is considered the core city of a network of agglomerated cities (SANTOS, 2018). For Topalov et al (2010) the metropolis is a concept of Greek origin, which means "the main city and that is like the mother of the others". The authors say that this initial meaning means that in the present day the city that is designated as a metropolis receives this title in virtue of it, at the same time, to dominate and organize the space that surrounds it.

\textsuperscript{3} Decree 2.710, dated 08/04/1998, regulates the three Integrated Regions of Economic Development - RIDE of Brazil.
Metropolitan Region, in turn, is understood in the Statute of the Metropolis, Law modified by Provisional Measure - MPV 862/2018, as a

“Regional unit established by the states and integrated, as the case may be, by the Federal District, by means of a Complementary Law, constituted by grouping of bordering Municipalities to integrate the organization, planning and execution of Public Functions of Common Interest.”

Brasília was considered a metropolis in 2008, but its metropolitan region was prevented from being created in 2015, by the Statute of Metropolis, due to the conflicts of understanding of the governance of this new territory against the existing territory defined as RIDE/DF and Surrounding. However, the criteria for defining a RIDE and a Metropolitan Region are different.

A metropolitan region in Brazil is constituted around adjustments in the offerings of public services, what is officially called Public Function of Common Interest - FPIC. Because it is a metropolitan region, an interdepartmental governance structure requires constant dialogue between its entities for adjustments in public services.

The MPV 862 / 2018 is accompanied by the Motions Exhibit 15/2018, prepared by the Ministry of Cities and explains the reasons for the existence of the Metropolitan Region of Brasília, which are:

a) The use of the hospital structure of the Federal District by the population of the neighboring municipalities;
b) The displacement of a significant portion of this population to work in the Federal District;
c) The high level of homicides with firearms, in the municipalities of Brasília Surrounding;
d) The economic and social disparity existing between Brasília and the surrounding municipalities; and

e) The profound difference in income per capita of the Federal Capital and the cities bordering it.
For this reason, this paper chose to analyze a smaller area of RIDE/DF and Surrounding, but an area that forms a truly metropolitan life, given its daily displacements between the bordering municipalities and Brasília, such as:

- In the State of Goiás: Águas Lindas, Western City, Cocalzinho, Cristalina, Formosa, Luziânia, Novo Gama, Padre Bernardo, Planaltina, Santo Antônio do Descoberto, Valparaiso de Goiás;
- In the State of Minas Gerais: Unaí.

HEALTH ACTIONS CARRIED OUT IN THE METROPOLITAN REGION

In order to analyze the health actions of the metropolitan area of the Integrated Development Region of the Federal District (RIDE/DF), information was collected from the Annual Management Reports (RAGs).

The RAGs are obligatory documents within the scope of public authority. Its purpose is to "systematize and disseminate information on health management and also to support SUS managers. This instrument presents in an organized way the relationship between goals, results and use of resources "(Research Report, 2018).

Therefore, for the analysis of the regionalized actions in our empirical territorial area of studies, it was possible to have access to both the Federal District/ Brasília, the States of Goiás and Minas Gerais, and those of the municipalities of RIDE chosen by the metropolitan characteristic.

The analysis was defined in two different temporalities, due to the mismatch of the governmental management of municipalities and states being different. Such differentiation between the periods of management of the Federal District and states of other municipalities occurs due to the electoral period of federative management levels occur two years apart from one another. Therefore, the temporal cut-offs analyzed were:

- To study the actions of the States (Goiás and Minas Gerais) and the Federal District - Brasília, we established the term of office of the mandate from 2015 to 2017 (The RAG of 2018 has not yet been made available),
- For analysis of Municipal actions, the management period follows the full electoral mandate period, with reports from 2013 to 2016 - 04 years of analysis.
Thus, we have an intersection in the municipal and district management processes, which are: the years 2015 and 2016. It is worth noting that the definitions of the Health Regions may not coincide with the metropolitan region studied, but reflects a political intention to articulate them in the metropolis, as presented above.

The Federal District reports analyzed have had poor results on regionalization. All three have objectives and guidelines on the subject, but do not present actions based on them. The lack of actions can be seen, for example, when such reports do not even mention RIDE, and the demographic data presented does not contemplate the place of residence of the users of the system, which makes management difficult.

**The Municipal Actions**

The Annual Reports of Management define their analyzes from guidelines, objectives, indicators, goals and results.

In municipal management from 2013 to 2015, actions related to health regionalization had only two objectives, all within a single guideline. By 2016, the RAG model was changed and included new guidelines associated with health regionalization and their respective objectives. However, he did not associate indicators with them.

Concerning the State RAGs of 2017, a new amendment was provided. There is only one guideline, entitled Interfederative Pacing, for the years 2017 to 2021 and regionalization seems to have been suppressed from public health management proposals.

Table 1 below details the location of the actions in the Annual Health Program and, consequently, their evaluations in the RAG.

**TABLE 1 – RAG Modeling Associated with the Regionalization Theme**

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<th>Guideline</th>
<th>Objectives</th>
<th>Indicators</th>
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<td><strong>RAG from 2013 to 2015</strong></td>
<td>To invest in qualification and fixation of professionals for SUS.</td>
<td><strong>Indicator:</strong> Proportion of workers that attend the SUS in the Public Sphere, with protected links.</td>
</tr>
<tr>
<td>Guideline 11 - Contribution to</td>
<td>• To de-emphasize health work in SUS services from the public sphere in the Health Region, both for the States and the Federal District as well as for municipalities</td>
<td>NOTE: This indicator is measured in%.</td>
</tr>
<tr>
<td>adequate training, allocation,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>qualification, valorization and</td>
<td></td>
<td></td>
</tr>
<tr>
<td>democratization of the work</td>
<td></td>
<td></td>
</tr>
<tr>
<td>relations of health professionals.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
To invest in qualification and fixation of professionals for SUS.
- Establish permanent negotiation spaces between workers and health managers in the Health Region.

Indicator: Number of municipal or state formal permanent tables or spaces permanently negotiated by the SUS, implemented and/or maintained.

OBS: This indicator is measured absolute number.

| RAG 2016 | National Objective: To improve and implement the Health Care Networks in the health regions, with emphasis on the articulation of the Emergency and Emergency Network, Stork Network, Psychosocial Care Network, Network of Care for Disabled Persons, and the Network of Attention to Health of People with Chronic Illness. | There is no indicator related to regionalization. |
| Guideline – To improve care networks and promote comprehensive care for people throughout the life cycle (child, adolescent, young, adult and elderly), considering gender issues and socially vulnerable populations, basic care, thematic networks and networks of care in health regions. | National Objective: To improve the interfederative relationship and the performance of the Ministry of Health as federal manager of SUS. | There is no indicator related to regionalization. |

That way, for the period from 2013 to 2016, a period of municipal analysis of the cities of Goiás and Minas Gerais shows the difficulty of identifying and creating a territory of regional health planning and, consequently, compliance with the law. It is also noticed the difficulty of interfederative articulation of the Municipalities to the accomplishment of the objectives.
**TABLE 2 - First Objective and Municipal Indicator of Regionalization**

**Guideline:** Contribution to adequate training, allocation, qualification, valorization and democratization of the work relations of health professionals.

**Objective:** To invest in qualification and professional fixation for SUS. To deprive health work in SUS services from the public sphere in the Health Region.

**Indicator:** Proportion of workers that attend the SUS in the Public Sphere, with protected links. Indicator measured in %.

<table>
<thead>
<tr>
<th>Counties</th>
<th>2013 Goal</th>
<th>2014 Goal</th>
<th>2015 Result</th>
<th>2016 Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>ÁGUAS LINDAS</td>
<td>10</td>
<td>--</td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td>CIDADE OCIDENTAL</td>
<td>0</td>
<td>0</td>
<td>60</td>
<td>60</td>
</tr>
<tr>
<td>COCALZINHO</td>
<td>100</td>
<td>99,46</td>
<td>99</td>
<td>99</td>
</tr>
<tr>
<td>CRISTALINA</td>
<td>60</td>
<td>11</td>
<td>50</td>
<td>60</td>
</tr>
<tr>
<td>FORMOSA</td>
<td>80</td>
<td>97,56</td>
<td>98</td>
<td>97,92</td>
</tr>
<tr>
<td>LUZIANIA</td>
<td>0,45</td>
<td>0</td>
<td>0,45</td>
<td>--</td>
</tr>
<tr>
<td>NOVO GAMA</td>
<td>100</td>
<td>21</td>
<td>30</td>
<td>85</td>
</tr>
<tr>
<td>PADRE BERNARDO</td>
<td>54,13</td>
<td>54,13</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>PLANALTINA</td>
<td>80</td>
<td>60,25</td>
<td>65</td>
<td>65</td>
</tr>
<tr>
<td>STO. ANTÔNIO DO DESCORBERTO</td>
<td>60</td>
<td>60</td>
<td>60</td>
<td>60</td>
</tr>
<tr>
<td>VALPARAISO</td>
<td>10</td>
<td>11</td>
<td>55</td>
<td>55</td>
</tr>
<tr>
<td>UNAI</td>
<td>63,87</td>
<td>--</td>
<td>95</td>
<td>95</td>
</tr>
</tbody>
</table>

**TABLE 2 - Second Objective and Municipal Indicator of Regionalization**

**Guideline:** Contribution to adequate training, allocation, qualification, valorization and democratization of the work relations of health professionals.

**Objective:** To invest in qualification and professional fixation for SUS. Establish permanent negotiation spaces between workers and health managers in the Health Region.

**Indicator:** Number of county or state formal permanent tables or spaces permanently negotiated by the SUS, implemented and/ or maintained.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
When the objective and indicators are more expressive, with regard to regionalization, the result in action is even more fragile. Not only the absence of the action, but also a possible error of completion, since almost all the counties report belonging to a health region, never intra-municipal. There is also an absence of consortia so that one can promote interpersonal actions.

For state action, the promise to plan and execute the Public Function of Common Interest - Health, legally established at the time of the creation of RIDE DF and Surrounding, is even more distant. Thinking public health planning from the process of regionalization, according to the instruments of management of public health itself, has become an ineffective proposal. Brasília, Minas and Goiás did not plan or carry out any actions in collaboration or consortium creation. (Table 3).

TABLE 3 - First Objective and State Indicator of Regionalization

| Guideline: Contribution to adequate training, allocation, qualification, valorization and democratization of the work relations of health professionals. |
| Objective: Invest in qualification and professional fixation for SUS. To depreciate health work in SUS services from the public sphere in the Health Region. |
| Indicator: Proportion of workers that attend the SUS in the Public Sphere, with protected links. |
| Indicator measured in %. |
| States | Year |
| ÁGUAS LINDAS | -- | -- | -- | -- | -- | -- | -- |
| CIDADE OCIDENTAL | -- | -- | 1 | 1 | 2 | 2 | -- |
| COCALZINHO | -- | -- | -- | -- | -- | -- | -- |
| CRISTALINA | -- | -- | 1 | 0 | 1 | 1 | -- |
| FORMOSA | -- | -- | -- | 1 | 1 | -- | -- |
| LUZIANIA | -- | 100 | 60 | 85 | -- | -- | -- |
| NOVO GAMA | -- | -- | -- | 1 | 0 | -- | -- |
| PADRE BERNARDO | -- | -- | -- | -- | -- | -- | -- |
| PLANALTINA | 1 | 1 | 1 | 1 | -- | -- | -- |
| STO. ANTONIO DO DESCOBERTO | -- | -- | 1 | 1 | 2 | 1 | -- |
| UNAI | -- | -- | -- | -- | -- | -- | -- |
### TABLE 4 - Second Objective and State Indicator of Regionalization

**Guideline:** Contribution to adequate training, allocation, qualification, valorization and democratization of the work relations of health professionals.

**Objective:** Invest in qualification and professional fixation for SUS. Establish permanent negotiation spaces between workers and health managers in the Health Region.

**Indicator:** Number of county or state formal permanent tables or spaces permanently negotiated by the SUS, implemented and / or maintained.

<table>
<thead>
<tr>
<th>States</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Goal</td>
<td>Result</td>
<td>Goal</td>
</tr>
<tr>
<td>Brasília</td>
<td>100</td>
<td>100</td>
<td>--</td>
</tr>
<tr>
<td>Minas Gerais</td>
<td>98</td>
<td>83,79</td>
<td>--</td>
</tr>
<tr>
<td>Goias</td>
<td>99,46</td>
<td>--</td>
<td>--</td>
</tr>
</tbody>
</table>

Although the states claim to have health regions (Brasília – 7 Regions, Goiás – 18 Regions and Minas Gerais – 77 Regions), their respective RAGs do not present directives to the theme or that they present consortia for inter-municipal and interfederation activities.

**CONCLUSION**

The objective of this article was to analyze actions and governance in public health in the Metropolitan Region of Brasília. It was sought to identify possibilities of negotiations or common actions in the segment.

The concept of governance that aims and directs the work of the PILab, which conducts the research that supported this article, proposes three actions essential to the concept, namely: Coordinate, articulate and integrate public actions in the guarantee of rights in the form of services.
Since this article sought to fulfill the articulation of actions in public health in order to promote the process of regionalization of health, it was verified that the very conception of region and regionalization, because it is insufficiently defined, inhibits the very understanding of the process that should be performed. Regionalization, therefore, requiring innovations and policies to better integrate the health system becomes an inaccurate goal, with no specific goals and therefore no action.

Political periods and their economic and social contexts have strengthened litigation for the regionalization of health governance, but the planning instruments have weakened it, setting neither the financing profile nor the institutional arrangements or the delimitation of the necessary territorialisation. Thus, not only the regionalization process, but also the multiscale and intersectoral action become an innovation in the Brazilian Unified Health System.

Therefore, the cohesion, coordination, articulation and integration of the different state actions and their organizations, promoting public health, maintains the governance of the regionalization of public health even more distant from a reality.

REFERENCES


