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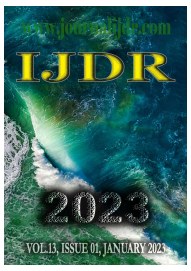

RESEARCH ARTICLE **OPEN ACCESS**

POLICIES FOR FINANCING THE UNITED HEALTH SYSTEM: TRAJECTORY OF ADVANCES AND CHALLENGES CONSIDERING PRIMARY HEALTH CARE AS A REFERENCE

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ABSTRACT

Introduction: The Unified Health System (SUS) is an achievement of Brazilian society that aims to guarantee free coverage based on the principles of universal access, comprehensive care and equity in care, based on decentralization. ***Objective:*** Objectively describe and analyze the public policies for financing the SUS, considering the trajectory of advances and challenges, taking PHC as a reference. ***Methodology:*** this is an integrative literature review. In the selection of articles, all were analyzed according to the established evidence of inclusion: original articles, which were published from 2019 to 2022. The chosen exclusion criteria were: review articles, reflection, experience reports, theses, dissertations, monographs. The research was carried out between September and October 2022, in the databases of the Virtual Health Library (VHL), Cumulative Index to Nursing and Allied Health Literature (CINAHL), Joanna Briggs Institute (JBI), US National Library of Medicine (PubMed), SCOPUS, Cochrane and free Google search. ***Results:*** A total of 246 studies were identified in the databases and three studies in other sources, of which 141 were excluded due to duplicity, leaving 144 studies. After reading the titles and abstracts, 123 were excluded, with 18 studies being selected for reading in full. After reading them in full, 12 studies were excluded for not responding to the guiding question. Thus, for the final sample, 06 studies were included in this literature review. ***Conclusion:*** it is concluded that the resources destined to the financing of the Unified Health System (SUS) are not enough to maintain the universality and completeness of access to the services offered by this system, thus generating a negative impact on the provision of public health services.

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INTRODUCTION

The Unified Health System (SUS) is an achievement of Brazilian society and was created with the firm purpose of promoting social justice and overcoming inequalities in health care for the population (ARAÚJO, 2015). It is characterized as a public health system that aims to guarantee free coverage based on the principles of universal access, comprehensive care and equity in care, based on decentralization so that public health responsibilities are distributed to the three federative entities, union, states and municipalities, in addition to other sources from which it generated the necessary revenue to cover expenses with health actions and services (BRASIL, 2013, COMPARATO). The System offers a set of health actions and services, provided by federal, state and municipal public bodies and institutions and by the private sector and non-governmental organizations, through contracts and agreements (CYSNE, 2016). It is organized in regionalized and hierarchical networks, broadly allowing a greater knowledge of the population's health problems, favoring health actions and services compatible with the local reality , covering primary care, medium and high complexities, urgent and emergency services, hospital care, epidemiological, health and environmental surveillance actions and services and pharmaceutical care (DAIN, 2007). In this context, the guarantee of sufficient funding for the maintenance of the SUS, since its creation, has been a vital issue for the realization of the right to access public health goods and services in Brazil (FERREIRA, 2019). However, the Brazilian health system presented problems in the most celebrated ways, among which, one of the fundamental bottlenecks concerns the forms of financing (KORNIS, 2011).

In this debate, one of the main financing problems begins with its confidence in guaranteeing coverage, access and quality of services, taking into account that the greatest achievement of the SUS was the inclusion of more than half of the Brazilian population as users of the national system. of health, a contingent that was previously devoid of care (MENDES, 2015). Furthermore, the right to health is based on the Federal Constitution (CF) of 1988 in its Art. 196, which defines health as a right of all and a duty of the State, guaranteed through social policies and food intake aimed at reducing the risk of disease and other injuries and universal and equal access to actions and services for its promotion , protection and recovery (MEDEIROS, 2014). Likewise, financing is characterized as an attribute of the economic-financial dimension of fundamental importance for the management of Brazilian public health, whose guarantee is also included in the Federal Constitution of 1988 (PAIM J, 2018). In light of the concept of health present in the 1988 FC, it is impossible for any enterprise to dispense with sufficient funding to be promoted (PIOLA, 2012). Without financial resources, quality care, adequate facilities, necessary equipment, support consumables and sufficient human resources are not guaranteed (PIOLA, 2018). Over the years, several devices have been created to meet the existing demands regarding system financing (REIS, 2018). Among them, we can highlight Constitutional Amendment nº 29 of 2000, which was further regulated by Complementary Law n. nº 141 of 2012, which aims to ensure the minimum resources for financing public health actions and services in the three spheres of government periodically, however, maintaining the minimum percentages of budgetary and financial resources already defined in EC nº 29, it is not ensuring "new investment" (RIZZOTTO, 2016). That is, maintaining the same bases for both the Union and States and Municipalities (FERREIRA, 2019). In these terms of EC nº 29, the states must allocate resources for application in public health actions and services, an amount equivalent to 12% of the proceeds from tax collection (VIEIRA, 2019). The municipalities must allocate 15%, while the Union must base it on the value calculated in the previous year, corrected by the nominal variation of the Gross Domestic Product - GDP" (BRASIL, 2012). Another update is Constitutional Amendment No. 95 (EC 95), of December 15, 2016 , which freezes expenses for 20in the coming years the federal expenses that will be corrected by the reflection of the previous year (RIBEIRO, 2009).

With this, a New Fiscal Regime appears, which aims to reverse a historical trajectory of real growth in public spending (SANTOS, 2015). However, even with all the existing regulations and the creation of various management instruments to guide these expenses, it is still difficult to guarantee that all these resources are fully applied (SALDIVA, 2018). As structuring measures, the commitments already assumed regarding the scope, principles, coverage and quality of social policies, are received with the undemocratic distribution of these resources on the part of parliamentary amendments and the misuse of public money, making it difficult for these services to be executed, implying in a rupture of political and social agreements related to this dynamic (ARAÚJO, 2015). This context is considered one of the most dramatic public health defeats in Brazil (CYSNE, 2016). In this context, to provide greater autonomy to health managers in the financial management of resources transferred from the Union, the Ministry of Health, on December 28, 2017, published Ordinance n. 3992, which deals with the violation of rules on the financing and transfer of federal resources for public health actions and services of the SUS (COMPARATO, 2016). This new regulation established that, as of 2018, the transfer of federal financial resources destined to the financing of actions and health services, transferred to other federated entities, should be in the fund-to-fund modality, that is, starting to be organized and transferred in the form of financing blocks (SALDIVA, 2018). However, in the same year of 2017, with the legal SUS project, the transfers that were to be carried out through thematic blocks (Block for Costing Actions and Public Health Services and Block for Investment in the Public Health Services Network), passed to be done in two ways: funding and investment (BORTOLINI, 2020). In view of this scenario, the Ministry of Health launched, in November 2019, a new financing policy for Primary Health Care (PHC), called "Previne Brasil", with the aim of strengthening the essential and derivative attributes of the PHC (MACINKO, 2018). Thus, a Health Situation Analysis (ASIS) is necessary as an analytical-synthetic process that allows characterizing, measuring and explaining the health-disease profile of the population, including damage or health problems, and these situations are modulated by the distribution of resources and are influenced by political decisions (SANTOS, 2020).

In this perspective, this study aims to objectively describe and analyze the public policies for financing the SUS, considering the trajectory of advances and challenges, taking PHC into account as a reference. Previne, despite being still in the implementation process, at this moment in the country (pandemic, economic crisis, growth of inequalities), may represent a threat to SUS and the health of the Brazilian population, especially the most independent ones (ARAÚJO, 2017) . From this budget , it is necessary to broaden the discussion on these aspects, in order to obtain an elaborate vision on the application of necessary measures to strengthen the SUS and strategies to improve the quality and follow the care, as well as economic sustainability for the future of the system at national level.

METHODOLOGY

It is an integrative literature review, a research method that allows a synthesis of several published studies and makes it possible to establish about a particular area of study (MENDES, 2008). The selection of articles was based on the following guiding question: How are public policies for financing the Unified Health System presented in the literature and what are its challenges taking into account PHC to maintain comprehensive health care?. In the selection of articles, all were analyzed according to the established evidence of inclusion: original articles, which were published from 2019 to 2022 (considering the publication of Ordinance No. 204 of the Ministry of Health in 2007, which specified the funding blocks), articles in Portuguese, Spanish, English and with full text available. The exclusion criteria chosen were: review articles, reflection, experience reports, theses, dissertations, monographs, which do not contextualize informative data to the themes of this study, that is, the challenges of financing the Unified Health System and repeated articles found in the databases already researched data.

The research was carried out between September and October 2022, in the databases of the Virtual Health Library (VHL), Cumulative Index to Nursing and Allied Health Literature (CINAHL), Joanna Briggs Institute (JBI), US National Library of Medicine (PubMed), SCOPUS, Cochrane and free search on Google (Portal of the Ministry of Health (www.saude.gov.br/sis/siops) data from the Information System on Public Health Budgets (SIOPS). The following descriptors "Health Care Financing" AND "Sistema Único de Saúde" were used. Then, the selected articles were explored, being analyzed according to the research question and the previously defined inclusion and exclusion criteria. Regarding the interpretation of these articles, they were carefully read, followed by a review. The articles were tabulated taking into account the databases, the journal published, the title of the article, author, year and place where they were produced. Finally, a summary of the knowledge and analysis was produced, where they are listed in the PRISMA flowchart (Figure 1). The collected data were typed into Microsoft Word spreadsheets, in which the following information from the journals was selected: title, year, objectives, following the integrative review criteria for contextual approach and discussion.

RESULTS AND DISCUSSION

A total of 246 studies were identified in the databases and three studies in other sources, of which 141 were excluded due to duplicity, leaving 144 studies. After reading the titles and abstracts, 123 were excluded, with 18 studies being selected for reading in full. After reading them in full, 12 studies were excluded for not responding to the guiding question. Thus, for the final sample, 06 studies were included in this literature review according to the PRISMA flowchart, represented in Figure 1.

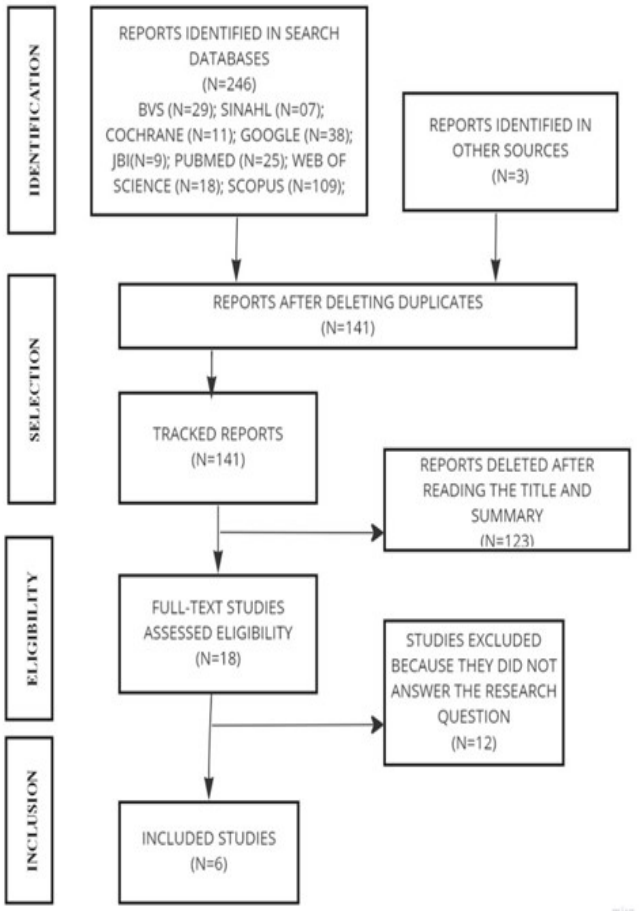

Figure 1. Flowchart of the Reviewed Article Selection Process Adapted from the Prisma Declaration

In this study, a low production was identified about SUS funding and its challenges, in the databases and considering the researched terms, published scientific production.

The literary review took into account the subject that each article carried, bringing an idea of the problems and challenges that the Unified Health System presents, correlating each author according to their research, maintaining the integrity of the articles that this review presented in accordance with the principles research ethics. According to Saldiva et al 2018, before the advent of a Unified Health System, the situation in Brazil in terms of access to health services was quite different. Access to these services was only possible through three channels: INAMPS, which was a hybrid form of private care, health systems for union workers, and through houses of mercy/school hospitals, which was the only free form of care. According to Reis et al 2018, a larger portion of the population, 80%, was served by Santas Casas and Hospitals Escolas and through this disparity in access to the service, the SUS emerged, with the aim of reducing these inequalities, seeking to promote well-being and improvement in health. quality of life of the population.

In line with Miranda et al 2017, in their study cites Ordinance n. 3992, which tried to bring more autonomy and decentralization of financing to subsidize and maintain the SUS. However, this organization became complex because the entities did not have a relationship of authority among themselves. That is, the municipalities that should be agents for the implementation of health services, completed the main actors of this system. In our study, it was possible to observe that there is no decentralization at the municipal level, overloading the budget of these municipalities. On the other hand, the layout of the territory with the largest number of people in vulnerable conditions makes this logic difficult, since it has continental dimensions, and that has mostly small municipalities, almost 80% of the municipalities have less than 30,000 population. These Brazilian municipalities and states, for the most part, depend on federal resources. In 2020, during the covid-19 pandemic, they spent an average of 22% of their own budget, amounts above what the Constitution defines. According to the studies found, it is pointed out that the municipalities have many geographic inequalities, in terms of population size, collection/financing, social development and structure of health services, which significantly burdens the SUS funding ceiling.

In our study, it was possible to observe how much the new PHC financing model will change some ways of transferring transfers to the municipalities, which started to be distributed based on four criteria: weighted capitation, payment for performance, incentive for strategic actions and financial incentives based on filled population. With regard to Federal Government funding, Constitutional Amendment 95 (EC-95), which limits public spending over the next 20 years, has led to a setback with an increase in infant mortality rates and preventable deaths in children aged 1 to 5 years. age. age in the state. In this regard, the SUS has been defeated by the legislature in an attempt to increase the Ministry of Health's participation in the financing of health services in cities, see the approval of percentages of Net Current Revenue (EC 85/2015); the approval of foreign capital to finance the SUS (Law 13,097/2015); and the incentive to expand the consumption of collective health plans by plan operators (PEC 451/2014). According to Piola et al., 2018, financing surgery surgeries (EC-29), increasing SUS spending from 2.89 of GDP in 2000 to 8.9% in 2015, still, it was not enough to guarantee universal and integral access to the population. Mendes et al., 2019, point out in their study that the SUS, since its constitution, has presented normative changes that have affected its funding. With this chaotic scenario of health financing, the fund-to-fund transfer instrument becomes just a tax instrument, with municipal funds mere recipients of resources. Finally, in order to overcome the impasses faced with funding in the States, it accepted the need to increase resources, however it is necessary to review the administrative format of the management bodies, overcome the barrier of organizational fragmentation, as well as investment in the training of human resources, in the modernization of work processes, in information systems and in the technological infrastructure, and for that it is necessary to have sufficient and stable financial resources and political decision as an indispensable requirement.

Table 1. Description of the characteristics of the studies according to title, year of publication and objectives

Category of Studies		
title	**year**	**Goals**
Surveillance Policy : evaluation of the management process and execution of implementation activities in the territory of the Paraense Amazon	2022	To evaluate the level of performance of the National Health Surveillance Policy (PNVSA) in a medium-sized municipality in Baixo Tocantins, state of Pará, Brazil.
Process of Planning, Management and Articulation of Health Surveillance with the Family Health Strategy	2022	To describe how health surveillance is integrated with the Family Health Strategy teams to optimize planning and management actions in the practice of care in health promotion, in the municipality of Presidente Figueiredo, state of Amazonas.
Health in the Legal Amazon Qualitative Analysis on Challenges and Good Practices	2022	Identify the motivation of key actors on the main health challenges in the Legal Amazon, as well as on possible solutions and good practices capable of facing such difficulties
Cost Analysis of a Fluvial Health Casual Unit: a case study in the municipality of Tefé , Amazonas.	2021	To analyze the costs of a Basic Fluvial Health Unit, in the municipality of Tefé, Amazonas.
Evaluation of primary health care in the state of Amazonas from 2010 to 2014: a comprehensive approach	2021	Evaluation of primary health care in the state of Amazonas from 2010 to 2014: a comprehensive approach
“SUS is for everyone!”: Perceptions about health care in the Triple Frontier of Amazonas	2019	To analyze the perception of health professionals about the right to health and the performance of the Brazilian Universal Health System (SUS) in the triple border region of Amazonas.

Source: MOHER et al. (2009)

CONCLUSION

The sample that was studied shows us the challenges in consolidating the SUS and its financing strategies in an evident way. It was also pointed out the need for more studies that discuss SUS funding from the perspective of the new PHC funding model, considering that most articles had in their discussions the obstacles of ordinances and parliamentary amendments that regulate the distribution of resources mainly to municipalities. In view of the observed aspects, it is important to emphasize that, in addition to the inspection bodies, it is extremely important that the Brazilian population knows the origin of the funds destined to the health sectors and demands that these resources are managed correctly. Finally, it is concluded that the resources allocated to financing the Unified Health System (SUS) are not sufficient to maintain the universality and completeness of access to the services offered by this system, thus generating a negative impact on the provision of public health services. health. It is worth mentioning that this affects not only the integrity of the national health system, but states and municipalities, as well as Universal Access to Health and Universal Health Coverage, the population that compromises the protective role of the Brazilian State. This financial capacity affected the integral development of the population and limited the potential of governments to achieve the goals of sustainable development.

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