

**Estrutura dos consórcios públicos de saúde: um estudo nos consórcios intermunicipais
de saúde da zona da mata mineira**

**Structure of public health consortiums: a study in the intermunicipal consortiums of
health in the mata mineira area**

**Estructura de la consortia de salud publica: un estudio en el consortium intermunicipal
de salud de la zona da mata mineira**

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Resumo

Uma das formas das pequenas cidades lidar racionalmente com os problemas apontados acima tem sido por meio das associações dos municípios para implementação de políticas públicas. Iniciativa esta já prevista na legislação (lei 11.107/95) e na própria Constituição Federal de 1988 por meio dos assim chamados consórcios intermunicipais. O objetivo dos consórcios intermunicipais de saúde é fazer com que os municípios desempenhem com maior eficiência e eficácia os serviços vitais à sua população, tendo como pressuposto os princípios do SUS. Os municípios se associam para solucionar problemas inerentes à sua região. Dentro dessa visão os consórcios intermunicipais de saúde buscam diminuir custos e agilizar os recursos acessíveis de modo a oferecer assistência médica disponível em um município da região aos outros municípios carentes de tais serviços. Esta pesquisa buscou verificar como os consórcios são estruturados em termos de hierarquia, divisão do trabalho e

compartilhamento de responsabilidades. Foram realizadas entrevistas com os secretários executivos dos oito consórcios intermunicipais de saúde da Zona da Mata Mineira. Para análise dos dados qualitativos utilizou-se da análise de conteúdo. Para isso, algumas subcategorias foram identificadas as quais são: estrutura física, direção do consórcio, forma de decisão e rateio. Os resultados mostraram que os mesmos carecem de melhorias e ajustes para que possam atender com êxito os objetivos para o qual foram criados.

Palavras-chave: Administração Pública; Consórcios; Municípios; Saúde.

Abstract

One of the ways for small cities to deal rationally with the problems pointed out above has been through the municipalities associations for the implementation of public policies. Initiative is already foreseen in the legislation (law 11.107/95) and in the Federal Constitution itself of 1988 through the called intermunicipal consortia. The purpose of intermunicipal health consortia is to make municipalities perform more efficiently and effectively the services vital to their population, based on the SUS principles. The municipalities come together to solve problems inherent to their region. Based on this vision, the intermunicipal health consortia seek to reduce costs and streamline accessible resources in order to offer medical assistance available in a municipality of the region to other municipalities in need of such services. This research sought to verify how consortia are structured in terms of hierarchy, division of labor and sharing responsibilities. Interviews were carried out with the executive secretaries of the eight inter-municipal health consortia of Mata Mineira Area. For the analysis of the qualitative data was used the content analysis. For this, some subcategories were identified which are: physical structure, direction of the consortium, form of decision and apportionment. The results showed that they need improvements and adjustments so that they can successfully meet the objectives for which they were created.

Keywords: Public Administration; Consortia; Municipalities; Health.

Resumen

Una de las formas de pequeñas ciudades que se ocupan racionalmente de los problemas señalados anteriormente ha sido a través de las asociaciones de municipios para la aplicación de políticas públicas. Esta iniciativa ya está prevista en la legislación (ley 11.107/95) y en la propia Constitución Federal de 1988 por medio de los llamados consorcios intermunicipales. El objetivo de los consorcios de salud intermunicipales es hacer que los municipios realicen de manera más eficiente y eficaz los servicios vitales para su población, asumiendo los

principios del SUS. Los municipios están asociados para resolver problemas inherentes a su región. Dentro de esta visión, los consorcios de salud intermunicipales buscan reducir los costos y agilizar los recursos accesibles para ofrecer asistencia médica disponible en un municipio de la región a otros municipios que carecen de tales servicios. Esta investigación buscó verificar cómo se estructuran los consorcios en términos de jerarquía, división del trabajo y reparto de responsabilidades. Se realizaron entrevistas con los secretarios ejecutivos de los ocho consorcios intermunicipales de salud de Zona da Mata Mineira. Para analizar los datos cualitativos, se utilizó el análisis de contenido. Para ello, se identificaron algunas subcategorías que son: Estructura física, dirección del consorcio, formulario de decisión y evaluación. Los resultados mostraron que carecen de mejoras y ajustes para que puedan cumplir con éxito los objetivos para los que fueron creados.

Palabras clave: Administración pública; Consorcios; Municípios.

1. Introduction

The municipalities find several difficulties in the provision of health services to the population, due to the limitations of financial resources, limited technical capacities, administrative problems, among others.

One of the ways for small cities to deal rationally with the problems pointed out above has been through the municipalities' associations for the implementation of public policies. Initiative is already foreseen in the legislation (law 11.107/95) and in the Federal Constitution of 1988 through the called intermunicipal consortia.

The intermunicipal consortia are an initiative that has existed for a long time, since the first Paulista Constitution of 1891 already dealt with the matter. According to Coutinho (2006), the Federal Constitution of 1988 did not contemplate cooperation between federated entities, via consortia and agreements. However, with Constitutional Amendment nº. 19/98, article 241 began to deal with public consortia, establishing their regulation in ordinary law, where the Union, the States, the Federal District and the Municipalities will regulate through the law of the public consortia and cooperative agreements among federated entities, thus ratifying the joint management of public services (Brazil, 2006a).

Although the possibility of consorciation has existed legally since the end of the 19th century, it was in 2005, after a long discussion period of Law Project Nº. 3,884/04, which approved Federal Law Nº. 11,107/05 dealing with the general rules for public consortia. It is only from this moment on that one has an objective and clear delineation of the consortial

figure (Coutinho, 2006).

Di Pietro (2006) follows the same line when he states that public consortia are associations formed by political juridical persons (Union, States, Federal District and Municipalities), with personality of public or private law, created by legislative authorization, for the associated management of public services (Ibid, 2006, p.468 apud Coutinho, 2006).

Through it is possible to be understood that the municipalities associate to solve problems inherent to their region. Based on this vision, the municipal health consortia seek to reduce costs and expedite the resources available to provide medical assistance available in a municipality of the region to other municipalities in need of such services.

In view of the above, the objective of this work is to understand the structure of the intermunicipal health consortia of the Mata Area of Minas Gerais.

This study becomes pertinent, because it is believed that the consortium could be shown as an alternative of support and strengthening among municipalities in favor of health.

2. Literature Review

2.1 Concepts of Public Consortia

Araújo and Magalhães (2008) define consortium as a contract where equal objectives are established to the participants and it regulates the way in which such objectives will be sought.

Consortium, from the Latin *consortiu*, implies the idea of association, connection, union and, within the scope of intermunicipal relations, nothing more appropriate than the formation of entities aiming at the study, monitoring and diagnosis of the solutions that, as a rule, involve border municipalities and with problems that are identified in an increasingly increasing order, due to the strong demand of the administered ones. Consortium formation is not based on a single logic, but on the interests and availabilities of a given region, conforming different ways of acting and allowing its improvement, including or not municipalities, a grouping of municipalities that, by the logic of proximity, may not belong to the state/headquarters of the consortium. (Lima, 2000, p. 986)

According to Coutinho (2006), the initial idea of the consortia was that of a cooperation where only entities of the same governmental category participated.

Nonetheless, Federal Law N°. 11,107/2005 governing public consortia has established general rules for the contracting of such consortia and establish general guidelines for the

admission of consortia to the Union, the States, the Federal District and the Municipalities, where it is confirmed the execution of vertical cooperation between federative entities. According to Ravanelli (2010, p.17) stated that this law: "complements and enhances the Brazilian federative design that emerges with the 1988 Constitution". Neves and Ribeiro (2006, p.2207) observed that it: "emphasized the importance of consortia as a mechanism of regional governance, favoring new solutions in public management, unprecedented in the country the figure of the regional government."

In this sense, according to the Consortium Law:

States that public consortia are "contracts made between persons of Public Law with political capacity, that is, between Union, States, Federal District and Municipalities, in view of the realization of public activities of common interest, and from which will result a legal entity that will gather them" (Mello, 2005, p.625).

Thus, inter-municipal health consortia function as instruments of cooperation between municipalities aiming to provide both that individually would have less chance of accomplishing.

2.2 Forms of Associations

Observing the article 241 of the Federal Constitution, it is possible to infer that federated entities can be associated in a horizontal and vertical way. "The Union, the States, the Federal District and the Municipalities will discipline by means of law the public consortia and the cooperation agreements between the federated entities [...]". (Brazil, 1998)

Horizontal cooperation is qualified by federated entities of the same hierarchy (Figure 1).

Figure 1. Horizontal Association.



Source: Secretariat of Planning and Management of the State of Ceará -SEPLAG (2007).

As can be seen in the figure above, the association between Municipalities or States with States is horizontal cooperation.

As for vertical cooperation, it is characterized by the association between entities of different hierarchy, that is, different governmental spheres (Figure 2).

Figure 2. Vertical Association.



Source: Secretariat of Planning and Management of the State of Ceará -SEPLAG (2007).

As an example, we can mention the association between Municipalities and the State or the Union with the States, as shown in the figure above.

2.3 Intermunicipal Health Consortium

As already mentioned above, there are two forms of consortia associations: horizontal and vertical. The intermunicipal health consortiums that are the object of this study are horizontal cooperation, that is, between municipalities. In the view of Barros (1995), intermunicipal consortia can be effective tools for regional growth, since through consortium among municipalities citizens can enjoy more efficient services as well as leverage in the quality of public management.

Ibam (1992, p.129 apud Misoczky p.1) defines it as:

[...] cooperation (pact) between two or more municipalities that undertake to jointly execute a particular enterprise. It is, therefore, a form of agreement signed between entities of the same nature. This form of association allows Municipal Governments to ensure the provision of services to their populations (Ibam, 1992, p.129 apud Misoczky, p.1)

With this, it is possible to be understood that the idea of intermunicipal consortia is to add force to the execution of objectives that municipalities individually would not be able to reach.

In order to solve this situation, intermunicipal health consortia emerged to meet the repressed demands of municipalities, as well as provide services such as examinations and consultations at a lower cost. In this way, they promote the offer of services of higher costs that would be infeasible to offer in isolation.

It is understood that, with public consortia, small and medium-sized municipalities get opportunities to work together and also face their social and structural problems through new instruments and partnerships. (Angnes et al, 2013)

3. Methodology

This study is a qualitative and quantitative research with predominance in the first visa that used both quantitative and qualitative analysis to perform the categorization and interpretation of the extracted data. Thus, it sought in a qualitative way to interpret the vision of the consortium managers and quantitatively to translate into numbers the opinions of the municipal health secretaries about the consortia in order to compare such views.

As for the purposes, this research is descriptive, as it reports the structures offered to the municipalities when they join in a Health. “Descriptive research exposes characteristics of a certain population or a certain phenomenon” (Vergara, 2010, p. 42).

Consortium Field research was also used, since in order to achieve the objectives of this study, it was necessary to conduct an on-site investigation in each consortium. “In the field study, the researcher does most of the work in person, as the importance of the researcher having had a direct experience with the study situation is emphasized” (Gil, 2002, p.53).

The consortia studied are located in the Mata Area of Minas Gerais and are located in the health macro-region of Southeast and South East according to the State Secretariat of Health of Minas Gerais, 2012.

The sample consisted of the eight consortia belonging to Mata Mineira Area: Acispes, Sim saúde, CisMiv, Cis Um, CisAmapi, Cis Leste, Cis Verde and Ciesp.

In addition to the consortia studied, the region has two urgency and emergency consortia (CISDESTE E CISRU), which were not included in the study since the study worked only with primary care consortia.

The data collection procedure was carried out through interviews with the executive secretaries of the eight intermunicipal health consortia of Mata Mineira Area.

Textual data and information obtained from the interviews were analyzed qualitatively through Content Analysis, defined by Bardin (1979) as:

A set of communication analysis techniques aiming to obtain, by systematic and objective procedures for describing the content of the messages, quantitative or non-

quantitative indicators that allow the inference of knowledge regarding the production/reception conditions (inferred variables) of these messages (Bardin , 1979, p. 42).

The statements of the same are presented in the results through the following acronyms:

ACISPES – Manager of the consortium of Juiz de Fora

CIESP – Manager of the consortium of Bicas

CIS UM – Manager of the consortium of Leopoldina

SIM SAUDE- Manager of the consortium of Ubá

CIS MIV- Manager of the consortium of Viçosa

CIS AMAPI – Manager of the consortium of Ponte Nova

CIS LESTE- Manager of the consortium of Muriaé

CIS VERDE- Manager of the consortium of Carangola.

4. Results and Discussion

4.1 Physical structure

This subcategory sought to know the quality of the infrastructure of the consortia studied. There were some discrepancies in the structures. Although the CIS AMAPI is in the process of building a new unit, the current structure proved inadequate to perform the actions of the consortium as evidenced in the management's statement:

(...) there is no space for all people to be seated, right, they are very close to each other, there is not really a waiting room, they use hallways, the equipment rooms have had electrical problems, because it is not appropriate. Here we work with bidding, executive secretary, treasury, all in the same environment, it is a huge deck, because here is a highway practically, so we are in a final phase, waiting for the resource that is in account that is a resource which was from the bus auction, which will allow us to finish the first and second floor, we are only waiting for this authorization from the secretary, to move to the unit that is actually being built according to all standards for comfort, both pros physicians, as employees and especially for patients (CIS AMAPI).

The same has a loan agreement, and operates in a space provided by Clarin paper mill. With this it is possible to apprehend that its structure is unsatisfactory mainly by the fact of acting in a space that was not constructed for its purpose.

CIS LESTE has presented a satisfactory structure for providing services, although it is

not a "mega" structure. This in turn operates in its own place in a place transferred by the municipality of Muriaé built by the state government. According to the manager interviewed the structure is sufficient for the activities that are developed in the same: “ (...) it supports all our services, our specialties, we adapt according to the availability of the consortium, it is within our reality”(CIS LESTE).

The CIS MIV based in Viçosa demonstrated good physical condition when its manager reported working in a relatively new building built within the requirements of accessibility. This works in its own headquarters built with state resources on land donated by the Municipality of Viçosa.

(...) we have a number of consulting rooms that meet the consortium's demand, in terms of equipment also for the procedures that we offer for the exams, the equipment is satisfactory and we also have plans to expand the purchase of new equipment (...) (CIS MIV)

However, according to the manager mentioned above, the consortium is not as good as the equipment for the administrative structure such as computers and the internet, for example, but emphasized that there is a resource available for expansion and improvement. However, the equipment they currently have for the consultations and examinations, perfectly meet the demand.

As for the structure of the CIS VERDE, this was achieved through donations from the planning ministry in the regional of Belo Horizonte and the union's wealth secretary, and the construction was conceived with resources from the federal government, ministry of planning, ministry of health and complemented by local authorities. During all its trajectory the consortium operated in a rented place and from January of 2014 it settled in own headquarters.

It was observed that its infrastructure is satisfactory although it needs expansion due to the growth of the consortium, as propagated by its manager. “(...) the structure was planned 5 years ago and then we expanded” (CIS VERDE).

According to her manager, the space allocated to the administrative area is insufficient, because the privilege of CIS VERDE was directed to health care and in that sense the administrative area ended up being evicted.

Analyzing the CIESP, it was noticed that its structure needs improvements. The manager interviewed revealed that she does not consider it satisfactory because it is very small. He mentioned several deficiencies that prevail in the same, among which are the

absence of waiting room, accumulation of people in the corridors and consequently excess of noise that can disrupt the doctors. In addition, he reported that many rooms occupied by apparatuses are the same used for consultation.

(...) this is not good, a person can be with a child and bump into a fragile device. Another issue that I miss here is that I do not have a waiting room, I understand by my demand that I need two waiting rooms, one for the people that are going to be served and another for the people who are already going to board their municipality, the hallway becomes very crowded, it disturbs the doctor to talk with the patient (CIESP).

It should also be noted that this consortium operates in a structure provided by the municipality of Bicas, which entails several bottlenecks because it was not built to host the consortium. "(...) We want our own headquarters, but we're still doing projects." (CIESP)

The SIM SAUDE is structured in a new headquarters in which it received a primordial aid from the state government of Minas Gerais. According to the perception of its manager it is possible to evaluate it with a good infrastructure: "(...)our headquarter is within the required standards, it is still a new construction, we do not have any breakdowns, our equipment is new, so we are on a very good level." (SIM SAUDE).

Regarding the infrastructure of the CIS UM, this was satisfactory in the view of its manager. It is located at the site of an old polyclinic provided by the municipality of Leopoldina. Although it is considered satisfactory, the finishing and formatting of the infrastructure deserve some repairs. "As for the state of conservation we came to a renovated building, for the structure of the building I could give a note 6, regarding the formatting and finishing, how much functionality would be 10 because it is well functional "(CIS UM).

Finally, the ACISPES located in Juiz de Fora revealed an excellent infrastructure with quality equipment to better serve the population.

4.2 Direction of the Consortium

When inquiring about this subcategory, the objective was to understand how the direction of the consortiums was given. Law 11,107/05 does not stipulate a minimum representation structure. It just stands out in his art. 4 ° that the general assembly is the maximum instance of the public consortium.

According to the interviewees basically the management of the consortium takes place through a council of mayors (general assembly) represented by the mayors of the

municipalities belonging to the consortium in which it elects a president among such mayors; council of municipal health secretaries with powers to discuss consortium priorities; supervisory board council with attribution to supervise the consortium and executive secretariat responsible for the operationalization of the actions of the consortium as shown in figure Figure 3.

Figure 3. Direction of the consortium.



Source: Search results (2014).

It was noticed in the interviewees' speech that all consortia are basically directed according to the organization outlined above.

It can be observed that the consortiums are directed by a political structure through the council of mayors and one of executive and operational direction led by the executive secretary of the consortium.

When investigated on the arrangement of this structure in the organizational chart many consortiums stated that they do not have, as managers say:

Yes, we did a drawing of the organization chart, but I even looked and I'm not finding it, I could not find it since the administrative manager left (...) (CIS AMAPI).

On paper we do not have this organization chart, we know the positions, we have the departments defined, but we do not have paper (CIS LESTE).

The organization chart is already being built for this reformulation of the statute, so we will already have in the organization chart of the consortium everything well defined with the positions, functions, everything defined already in the status that is being updated. (CIS MIV)

It is noticed through the speech of the manager of the CIS AMAPI the absence of an organization chart when it reveals that it was done, but disappeared. In CIS LESTE this absence was also visible when his manager mentions having in mind, but not in an organization chart, the positions that involve the consortium. The CIS MIV manager also

revealed this shortcoming, but argued that the organization chart is already in the process of being developed.

This has revealed the need for some consortia to structure themselves in a clear, simple and easy way in terms of existing roles and responsibilities.

4.3 Form of Decision

The interviewees also reported on how decisions are made in the consortium. Through the interviewees' reports, it was observed that the most complex decisions are taken in assembly by the mayors and those of operational levels by the executive secretariat.

According to the manager of the CIS AMAPI, decisions have to go through the mayors, but in fact almost all decisions are made by the executive secretary. "That depends a lot on the president, he lets the executive secretary make almost every decision". (CIS AMAPI)

In the opinion of the manager of the CIS LESTE, the secretary does not have autonomy without going through the presidency although he has reported that it always has the president's endorsement. "(...) but of course you have the president's endorsement for this, that's why he was chosen as secretary, but autonomy has a lot that he does not have, it has to be approved" (CIS LESTE).

In ACISPES it happens in the same way, that is, decisions are taken at the General Assembly, constituted by the mayors of the consortium municipalities.

In CIS MIV, some decisions go through the assembly to be decided jointly with the municipalities, for example, appointment of executive secretary, approval of the budget, any change in the physical structure of the building. Other day-to-day activities related to the management of the consortium are resolved by the executive secretary.

In the opinion of the manager of CIS VERDE, most decisions are made by the executive secretariat together with the council of health secretaries. However, he emphasizes that the same is borne by the executive secretary, because it is who is close to the reality of the consortium. "(...) in reality the executive secretary who is the piano loader, the people who play the consortium, we know the structure of the consortium well." (CIS VERDE).

In CIESP, there is no difference either. The manager reported that in the paper the decisions pass in the following order: general meeting, fiscal council internal control, council of secretaries, executive secretary and legal accessory. Nonetheless, he said that in practice the propositions are made by the executive secretary and council of secretaries.

The executive secretary of SIM SAUDE has demonstrated what is decided at the prefect assembly that is sovereign by statute. "Every decision is made according to the laws governing the public administration, as if we were a city hall." (SIM SAUDE).

In CIS ONE, decisions also go through the meeting, leaving the executive secretary responsible for management. The same reported the importance of joint decision-making and said that in his consortium there is much intermingling of opinions: "Our relationship is being in peace until today, we are managing to solve everything in the assembly, whenever we mark everyone sees and we can solve, never getting anything pending" (CIS UM).

He also reported that although there are constant objections between municipalities in the moments of decisions, many consortiums face political problems between municipalities due to divergence of party ideologies.

It has become possible to conclude in general terms that some meetings of consortia in assembly already have a pre-established date and others occur on a need basis.

4.4 Apportionment of consortia

According to the reports, it was perceived that the criterion of apportionment of expenses differs between consortia. Each consortium establishes its criteria with the consortium municipalities.

In CIS AMAPI and CIS VERDE the municipality makes its programming regarding the medical part (examinations and consultations) and the consortium makes the budget of the quantity demanded by the municipality passing the value according to the schedule of procedures of each municipality. In addition, there is a fixed apportionment in which the consortium makes a survey of its operating expenses and apportions equally among the municipalities.

In CIS LESTE and CIS MIV the procedure differs somewhat because the apportionment agreement is proportional to the population, that is, the value of the apportionment to fund the operation of the consortium and certain numbers of procedures and stipulated according to the population in the same classification of the Participation Fund of the municipalities.

The score is according to the transfer of the state FPM for each municipality is also proportional to the population, for example Tocantins, Miraf has 17 thousand inhabitants so it is point 8, it is a classification of municipalities (CIS AMAPI).

If the number of procedures included in this contract is not enough for the member, they will sign a program contract paying for more procedures.

In CIESP and ACISPES there is a fixed quota for all members and if the number of procedures included in this quota is not enough, it pays the service contract to double the number of procedures. In fact what varies and which municipalities may have one or more quotas and if this pay the service contract more than once, for example, will consecutively be entitled to more procedures.

In SIM SAUDE, the apportionment is equal for all with a fixed quota, indifferent to the population of each municipality. According to the manager of the consortium, there was still no need to make changes because there is no shortage of consultation for any municipality, even the one with the largest population.

As for the apportionment of the CIS ONE, it was observed that administrative expenses are divided proportionally to the population base. The budget is made and divided by the number of inhabitants arriving at a per capita value. As for the apportionment of procedures, each municipality pays for the number of procedures used.

Some managers have revealed the need to adjust the assessment criteria as follows

(...) I think that for we say that the apportionment is totally fair we have to know the real cost of the procedure, because today you do proportional to the medical part, and another thing is also that planning is accompanied and flexible, when it arrives in May or June we call the secretary and he has the opportunity to change the planning, but the apportionment percentage is not changed, so I do not consider 100% fair, but it is close, there are criteria parameters created in the board (CIS AMAPI).

We are improving this, but it is not so fair, at first we thought we would make a single contract, this contract would already be embedded administrative expenses and would charge proportionally for the use by which it was parameterized, we are approaching this, and we have expectations approach over the years (CIS VERDE).

Therefore, it is possible to perceive that although some managers considered the apportionment criterion to be fair, others demonstrated the need for adjustments to offer greater transparency to their associates.

5. Final Considerations

This study made it possible to know the structure of the intermunicipal health consortia of Zona da Mata of Minas Gerais.

There was a disparity between them in the physical structure, since some consortiums are well structured physically and others presented infrastructure disqualified to serve the population.

Most consortia have revealed the need to structure themselves in a clear, simple and easy way with regard to existing roles and responsibilities, which can be easily organized through an organizational chart.

As for the decisions in the consortium, these are taken by the assembly of mayors and the executive secretary, being the first responsible for more complex decisions and the last for the operationalization of the consortium.

As for the apportionment, there is no standardization and the criteria vary since each consortium establishes its criterion along with the consortium municipalities. There was a perceived need for adjustments to these criteria in order to provide greater transparency.

In short, consortiums are essential for the municipality to assume the responsibilities for managing its health system, however, there are many repairs to be made so that such consortia can achieve their purpose.

As a suggestion for future research, there is a study that seeks to present effective actions in the sense of planning in the management of consortia so that they gain resources to expand specialties, physical structure and hiring trained professionals.

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