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ORIGINAL ARTICLE

REGIONALIZATION OF HEALTH AS AN ORGANIZATIONAL PRINCIPLE FOR MANAGING OF SUS

A REGIONALIZAÇÃO DA SAÚDE ENQUANTO PRINCÍPIO ORGANIZATIVO PARA A GESTÃO DO
SUS

LA REGIONALIZACIÓN DE LA SALUD EN CUANTO PRINCIPIO ORGANIZATIVO PARA LA GESTIÓN DEL
SUS

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ABSTRACT

Objective: to analyze the SUS Management process of a municipality that is a health region headquarter in the context of regionalization. **Method:** exploratory study with qualitative approach using semi-structured interviews with ten participants. Data were analyzed using the Content Analysis technique. **Results:** we found that the process of health management in the municipality investigated takes place in a context of incomplete decentralization and with "departmentalization" of sectors. Management strategies represent fundamental tools in the rationalization of SUS' organization and evaluation. The need for articulation between services and meeting of demands for the formation of the care network was noticeable. Slowness and excessive bureaucracy were identified as difficulties. **Conclusion:** difficulties, potentialities and challenges were detected in the SUS Management process from the regionalized perspective. **Descriptors:** Health Management; Regionalization; Health Systems.

RESUMO

Objetivo: analisar o processo de Gestão do SUS de um município sede de região de saúde no contexto da regionalização. **Método:** estudo exploratório, de abordagem qualitativa, a partir de entrevista semiestruturada aplicada a dez participantes. Os dados foram analisados pela técnica de Análise de Conteúdo. **Resultados:** identificou-se que o processo de gestão da saúde no município investigado se processa em um contexto de descentralização incompleta e com a "departamentalização" dos setores. As estratégias para a gestão se caracterizam como ferramentas fundamentais na racionalização da organização e avaliação do SUS. Foi percebida a necessidade de articulação entre os serviços e atendimento às demandas para a formação da rede de atenção. A morosidade e o excesso de burocracia foram apontados como dificuldades. **Conclusão:** no processo de Gestão do SUS, verificaram-se dificuldades, potencialidades e desafios em uma perspectiva regionalizada. **Descritores:** Gestão em Saúde; Regionalização; Sistemas de Saúde.

RESUMEN

Objetivo: analizar el proceso de Gestión del SUS de un municipio sed de región de salud en el contexto de la regionalización. **Método:** estudio exploratorio, de enfoque cualitativo, a partir de entrevista semi-estructurada aplicada a diez participantes. Los datos fueron analizados por la técnica de Análisis de Contenido. **Resultados:** se identificó que el proceso de gestión de la salud en el municipio investigado se procesa en un contexto de descentralización incompleta y con la "departamentalización" de los sectores. Las estrategias para la gestión se caracterizan como herramientas fundamentales en la racionalización de la organización y evaluación del SUS. Fue percibida la necesidad de articulación entre los servicios y atendimento a las demandas para la formación de la red de atención. La morosidad y el exceso de burocracia fueron apuntados como dificultades. **Conclusión:** en el proceso de Gestión del SUS, se verificaron dificultades, potencialidades y desafíos en una perspectiva regionalizada. **Descriptores:** Gestión de la Salud; Regionalización; Sistemas de Salud.

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INTRODUCTION

The exercise of Public Health Management represents a challenge for managers, given the complexity of the sector, diversity of production spaces and dynamicity of services.¹ Regionalization is one of the principles that have been highlighted within the federative logic for organization and operationalization of the Unified Health System (SUS).

Regionalization was explicitly assumed in the publication of the Operational Norm of Health Care (NOAS 01/2002) as a "macro strategy" to achieve the objectives of SUS². In 2006, this norm became the structuring axis of the Management Pact, as a management policy.³

The Management Pact assumes the challenge of advancing the regionalization and decentralization of SUS based on its principles of transference of decision-making power. This, however, must occur in a way that regional specificities are respected, strengthening solidarity and cooperation between municipalities and managers, supporting and qualifying the popular participation and pushing on with the need to organize the health care network.³ In practice, the regionalized organization of health care has faced difficulties for its effectiveness though. An objective analysis in each region and in the municipalities that are part of it is necessary in terms of political, economic, social and cultural aspects.

The SUS regionalization allows the ordering of the decentralization principle to prevent the creation of "fragmented" health systems in the municipalities with weak and inefficient characteristics. The SUS regionalization also strengthens the power of agreement between municipalities of the same region, allowing secondary and tertiary care organization.⁴

OBJECTIVE

- To analyze the SUS Management process of a municipality that is a health region headquarter in the context of regionalization.

METHOD

A descriptive, exploratory, qualitative study was developed in the headquarter municipality of one of the 28 Health Regions of the state of Bahia, Brazil.

The technique of semi-structured interview was used. Questionnaires consisted in three blocks, namely: I - Interviewee personal and professional data; II - Municipal SUS Management characterization; and III - Insertion and performance of municipal

management in the Micro-regional Management Collegiate.

The selection of the field of study met the following criteria: being a reference municipality in the region, with differentiated technological density offered to the population of its respective area of coverage according to the criteria defined and approved by the Bipartite Interactive Commission (BIC-BA); assumption of the format of Full Management of the Municipal System.

The subjects invited to participate in this study held formal management positions in the Municipal Health Department in 2008-2012, and one was also a state representative of the Management Collegiate, current Regional Inter-management Committee. The systematization of the profile of the ten interviewees showed that only three were male. They also presented an age range between 26 and 42 years old, with a mean of approximately 33 years old.

Regarding the level of education of the subjects, the most outstanding area of study was nursing, since its training is not limited to direct care or supervision of staff, but also includes planning and administrative functions. It is in this context that there is an increasing occupation of management positions by nurses at the central and operational level of health systems, either in the basic network or in the hospital network.⁵

It is worth mentioning that most of participants had postgraduate degrees, including specialization, masters (one in the final phase) and doctorate (one in the final phase). Regarding working time as a public manager, the longest time spent in management was 10 years and the shortest, 5 months.

In the municipality studied, formal management positions are positions of trust, which justifies the contract link. It is important to note that the period of immersion in the field for the interviews was marked by municipal elections. Election results announced the possible changes of managers. In early 2013, all occupants of health management positions were dismissed, which it made it difficult to schedule interviews. Due to this context, data collection was delayed, occurring between October 2012 and June 2013. The average duration of interviews was approximately 40 minutes.

This research used the technique of content analysis. In the first stage, or pre-analysis, interviews were transcribed from

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recordings, in order to have an approximation of the content and repeated readings were made and served to achieve a view of the collected material, observing some peculiarities of the set. For the material exploration, a matrix was built for organization; this matrix allowed the identification of convergences and divergences in the contents. Groups of meaning were identified, regrouping the parts into themes and delimiting categories and subcategories. In the last step, we sought to explain the approach of other studies based on the analysis of the categories and subcategories identified.

The research project of this work was submitted to the Research Ethics Committee of the Federal University of Recôncavo da Bahia - CEP/UFRB, obtaining approval under Protocol n°. 161,918.

RESULTS

◆ Health management capacity and strategies

This category had two subcategories. The first deals with management capacity. The second one defined as "Strategies for health management: methodologies, management tools and information systems" brings up the discussion on management strategies and tools/methodologies.

◆ Management capacity

In several excerpts, the interviewees' perception of management decentralization as a strategic principle and of full management as collaborator of this process was identified. Management decentralization promotes greater municipal autonomy and offers greater accountability regarding the provision of health services. Therefore, on one hand, decentralization generates and enhances conflicts arising from the interests of federation units, which represent different powers and resources. On the other hand, it is, above all, a redistribution of power, a condition that favors democracy.⁷⁻⁸

In the following sections, we have decentralization as an organizational element of health services and full management as a guarantee of some degree of management autonomy, and also the statement that "lack of decentralization", which according to the interviewee still depends on "well defined sectors" for construction of the health process:

Management process here is decentralized; in full management of the system ... yeah, from the point of view of full management, there are well-defined sectors [...] (I2).

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[...] the decentralization process, I consider a lack of decentralization, it decentralized responsibilities, but all accounts, all paying resources come from the Ministry, I understand it this way, as for health policy (I3).

The Brazilian reality in recent years, with a neoliberal policy, has tended to favor an "incomplete decentralization", because the fragility and barriers of the aspects of participation and sharing of practices, as well as the transfer of responsibilities and resources to the spheres of government did not happen to the same extent. It is, thus, identified that the decentralization of policies occurred according to the conveniences of each government and, in practice, this process promotes some degree of autonomy for the states and municipalities. However, with regard to budget and financial resources at the federal level, the government still holds the power of decision.⁹

The way the health services are organized today still present departmentalization and fragmentation, conferring little integrality and equity to health care. However, the Ministry of Health in its government project institutes intersectoral process as the articulation between the various sectors in search of resolution of health problems.³

In this context, managers must be grounded in the proposed plan and must be willing to interact with various actors. Furthermore, competence is fundamental to effectively meet the population demands. Therefore, managers must be able to articulate their professional practice with technical-sanitary rationality, with the conflicts that are inscribed there in terms of social needs, social justice and the conquer of right to health with the State reasons, and with the existing health systems and their institutional organizational modalities,¹⁰ in order to provide a better response to the possible problems found in everyday life.

SUS managers should constantly interact with other social actors (acting in the political arena) and they should articulate knowledge and management practices to implement health policies (technical scope). Most of the interviewees agree that there is technical capacity to manage the municipal health system studied, with little political capacity, which can mean a distance of professionals from a political practice, which leads us to reflect on professional training predominantly as a technique and that offers little stimulus to the expression of a critical conscience in professional life.

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The following discussion raises the question of training:

Technical training has [...] (I7).

[...] when the person graduates, in any formation, he does not yet have the strong curricular component of the SUS [...] so I think that this political competence will only be acquired in the exercise of the function, which is dangerous (I1).

Training in the health area should aim at transforming professional practices and the organization of work itself, and it should be structured based on problematization of the work process. Articulation and registration of the relevance and necessity of integration between teaching - service - management - social control is practically inexistent in the academic training of health professions.^{10,12}

References that go beyond the specificity of training are necessary to manage a service. This includes issues involving possibilities to manage people, interests, conflicts, availability, dedication and other aspects that are not acquired during training in the professional category of those who assume the managerial actions. These skills are acquired during general training and preparation, as well as with field experience.^{4,9-10} Thus, it is understood that Permanent Education is necessary for managers, as well as several opportunities for qualification and updating.

♦ **Strategies for health management: methodologies, management tools and information systems**

The interviewees reveal that there are strategies used in the Municipal Health Department (MHD) to optimize the management and to respond to the population health needs. In the context of public management, and particularly in the reality studied, consultancy appears as a strategy to support management in order to increase the technical/scientific/political capacity of health operation for the development of efficient management. The following testimonies show the incorporation consultancy as a strategy for the development of municipal health management:

Besides the professional support [...] there is consultancy. A consultant who always has meetings, who provides this support in the performance of all secretarial work (I3).

Consulting strategies are welcomed by the fact that the professionals invited to contribute in the management processes collaborate and improve management indicators. These segments provide the tools necessary for a company/organization to have a chance to remedy the existing problem and to improve service and optimize costs. On the

other hand, the abusive use of these services can increase the costs of municipal management.¹³ One strategy that replaces and eliminates these consultancies is to have a good qualified workforce, and the ability to make that team more prepared. It is worth mentioning that small municipalities may have difficulties in setting up their team due to the non-availability of professionals and attractions in the municipality for their permanence.

The municipality studied also has an organizational structure space called "situations room", in which a technical group is assigned by the manager to monitor the performance of the areas responsible for executing the plan.

In its methodological root, this strategy offers to the situational strategic planning (SSP) that the scenario can change over time; in this case, the flexibility of goals and actions is fundamental, as well as the establishment of flows of information, control, analysis, reviews, articulation between programs and execution.¹⁴

We have the health situation room here in the municipality every three months. In this room, data is exposed to everyone, and during board meetings we also discuss points to keep improving each problem identified (I8).

Other government strategies can be identified, but any attempt at revenue for health management will have to face the constitutive tension of this field in the spheres of politics and the work process, which form the basis of every health organization.¹⁵

It is undeniable that management tools and Health Information Systems (HIS) necessarily compose health management systems, but a strategic methodology that requires communication to define institutional health practices is necessary to work with them.

We use participatory planning, here in the sector we even do planning in an upward manner usually, studying the reality of our municipality [...] this type of planning is usually successful (I2).

It should be noted that the understanding and perception of the participation presented by the interviewee refer to the existence of a participatory methodology in which there is articulation only within the "department", without making reference to the other municipal SUS management services. Participatory planning and management requires channels of free and complete participation and uninterrupted flow of information with interconnection of sectors. Democratization of information is crucial for

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this purpose, and also to allow the evaluation of these information by the users.^{8,11,16}

In order to achieve high quality management, besides the participatory process, it is necessary to introduce new managerial practices. These are confused with the proposal of a strategic management system, which should be supported by strategic planning subsystems, management tools, and information systems. The municipal plan and information systems were mentioned when managers were inquired about the instruments adopted by the municipal administration.¹⁷

The municipal health plan is based on the epidemiological survey; the demands are raised through indicators [...] we do not plan in the void (I2).

You have the municipal health plan [...] that the goals of several areas are agreed with the SUS system and these goals have to be achieved within the time frame for which these goals were agreed (I1).

Planning activities and tools assumes a fundamental role in rationalizing the organization, monitoring and evaluating the systemic performance inscribed in the SUS formulation. For this reason, planning and its respective instruments derived from its process, such as plans, reports and guidelines, assume their increasingly permanent space in the legal framework of the SUS, either for the purpose of indicating processes and methods of formulation, or for the purpose of requirements for transference of resources and control and audit.¹⁸

In addition to these tools for planning and evaluating management strategies, it is worth mentioning the report on HIS. Such systems operate with people, equipment, documents that collect, validate, transform, retrieve and present data, generating information for diverse use.

In view of this, it should be noted that the different demographic, epidemiological and socioeconomic conditions of the regions generate different profiles of problems, difficulties and priorities in the area of intervention in the sector. This requires from the manager, as representative of the federated entities, the use of management tools and HIS for an adequate formulation of health diagnoses. From this perspective, interviewees converge in their opinion that health needs analysis and the profile of the area is the first step to create strategies of action.

Needs are identified by data that are raised by the departments of the secretariat [...] (I1).

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The health needs are identified through the analysis of sheet A, consolidated, so we went to see the health situation (I4).

Based on this, it is possible to elucidate that the "questions related to the population characteristics serve as a source to feed the HIS and are expressed as a set of practices that, if properly used by the professionals, can provide subsidies with the purpose of raising the community quality of life and health".^{10,18}

Some interviewees cited the Program for Improving Access and Quality (PMAQ) as a new strategy to evaluate the service, which has enabled the qualification of care and structure of professionals and management:

[...] the PMAQ has thus added a way, an additional evaluation tool for monitoring health indicators, and we see what are the main critical nodes of PC to be involved (I3). Today we have the evaluation of PMAQ [...] that has influenced quite a lot both in health policies and in the strategy that implemented in the health units, in the professional qualification, in the way in which the users see this unit [...] this instrument is important in management strategies (I10).

This program has an important peculiarity, compared to the other service evaluation instruments. This is the possibility of self-evaluation and external evaluation. It is organized in phases that complement each other and form a continuous cycle of improving access and quality of PC.

Regarding the self-evaluation process and the importance of building a better quality service, the interviewees mentioned:

We see what can be improved so that we can move forward ... we see the missing points, so self-assessment is necessary (I6).

We often do not stop to evaluate ourselves, see if we have wronged something or improved, and if wronged, try to improve in some way (I8).

Souza¹⁹ has adapted a self-assessment tool for municipal health management and affirms that the process of self-assessment is necessary because it allows the identification of weaknesses and strengths in the management process as a means of (re) directing management practices with a view to consolidating the municipal system of health. Most interviewees brought about the importance of using a self-assessment tool. On the other hand, I1 added that self-assessment is a delicate process and should be well-designed so that "tendency to overestimate the own qualities and minimize shortcomings, deficiency, difficulties may not happen..." (I1).

♦ Difficulties, potentialities and challenges of municipal management in the context of regionalization

This category is discussed in two subcategories: Difficulties and potentialities of municipal management in the context of regionalization; and The consolidation of health networks as a challenge for the constitution of SUS in the perspective of regionalization.

♦ Difficulties and potential of municipal management in the context of regionalization

A municipal health management should include structural, technological and financial support to meet the demands of municipal health and the region, making integral care possible to the population. With the analysis of the interviews, it was possible to see that the municipality cannot provide full assistance, whereas the structure, "the slowness of the purchase service, acquisition of resources and services ... the structure in general" (I1), "lack of transport and computers" (I8) and "maintenance of FHU services" (I4), in addition to "excessive bureaucracy leaves people with hands tied ..." (I3)) so as to provide an adequate framework to meet the region's total demand.

This slowness is also characterized with regard to the health information system. The effectiveness of HIS depends on the methods of data collection, processing, analysis and transmission. However the reality indicates quality deviations in several points of this chain, affecting the veracity of the information generated, slowness and lack of incentive.

[...] the great difficulty is that the system at the national level is slow... the Ministry of Health itself cannot have a more real system data [...] and there is no incentive (I9).

In this way, health managers have difficulty analyzing, monitoring, organizing and controlling the activities carried out in health services, and also hampering the planning and formulation of health policies, plans and programs.²⁰

The interviewees also mentioned the difficulty of articulation between the health services, and consequently the difficulty to guarantee an integral assistance.

Inter-sector collaboration is one thing. The difficulty for you to expand the health system is immense [...] (I6).

Difficulties of access to high and medium complexity. We are unable to provide this integral service to the patient (I5).

The expansion of health services and the three levels of assistance articulation represent challenges for municipalities and regions to resolve and/or intervene in community problems, so that the lack of services and articulation between them compromises the resolutivity and the integral attention and interferes in the process of organization and structuring of the SUS.

In relation to the challenge of networking in the municipality, it can be seen in the fragment of the interview below that professionals feel limited to intervene in situations, thus reinforcing the importance of establishing partnerships between sectors and services and among the team members themselves. Notice:

The network is there, it only needs that the professionals who compose it articulate better between themselves (I8).

Although the articulation of professionals is not the only condition for the network establishment, it is necessary to break up with practices that have been crystallized and the current assistance model, through the establishment of commitments among managers, health workers and users in the construction of new ways to overcome the challenge of networking and, consequently, the integrality of care.^{2,8,21}

As a potential for management, the principle of regionalization was cited as a possibility for the organization of services, stimulating integrality and favoring greater coverage, offering more assistance.

Regionalization will help to organize the system [...] If a municipality does not contemplate a certain service, it will make pacts to serve the population (I4).

When you regionalize you create scale [...] you join several counties to plan something, to buy something [...] (I2).

Regionalization is a fundamental instrument for the organization of health care. In this sense, it has the need to articulate the municipal systems and to strengthen the state health secretariats in their regulatory function to ensure the organization of regionalized, hierarchical and resolute health care networks.¹⁶

However, according to the following statement, the concept of integrality that relates to the organization of the health system in the form of a regionalized network, as proposed by Decree 7508²², has not addressed the real needs of services and of the population:

[...] According to the demand for regulation of services of medium complexity, it has always been a difficulty [...] whether at the

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local or regional level [...] you plan an offer of services with other municipalities and it arrives to a point you cannot meet. So you stay in that dilemma, should you supply the demand of your municipality or supply the demand of the region? (I9).

The testimony of I9 addresses the key issue in the process of organizing the regional network, which is the regulatory system, which does not occur in a satisfactory way to meet the real needs of municipalities, compromising the regional organization of services. As challenges related to the consolidation of networks, insufficient resources to meet the population needs, difficulty in hiring medical professionals and disarticulation in planning.²³

With the analysis of the interview of I2, it is possible to see the main difficulty that the studied municipality suffers to build a regional project, since not always the municipalities that integrate the Health Region offer the necessary support for the strengthening of this network so that it can provide a assistance. I3 complements this by saying that smaller municipalities sometimes have more benefits in the process of regionalization:

[...] it is not easy to build a regional project [...] often some municipalities were left behind because they did not have the technical capacity to build the unit, to assemble their team [...] has a whole difficulty, because besides the Ministry of Health puts, you have to put a counterpart [...] are dilemmas and difficulties that the whole process of regionalization, all networks will face (I2).

[...] This process will favor smaller municipalities [...] regionalization will facilitate health, not locally restricted, but rather regionally (I3).

Regionalization in health conformation takes into account the Brazilian territory heterogeneity and tends to integrate social relations in the health area, from the structuring of the network of municipalities in the region, thus bringing greater benefits to the municipalities involved, especially the minors Municipalities.²³⁻⁴

The host city is a key element in the process of regional network formation and it should contain the capacity to offer extended services of medium complexity, enough for its population and other municipalities attached to it. However, investments in municipal networks are crucial to subsidize greater autonomy, especially regarding the relations of dependence of small municipalities on the services available in larger municipalities.²³⁻⁵

Regarding the reported resource problems, I9 stated that "it is not possible for a

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municipality to bank alone [...] then you say, and the agreement? But it does not solve anything, because everything is SUS table [...]" (I9). There is dissatisfaction among medical professionals with SUS table values, which makes it difficult to hire these professionals.

In this way, in order to overcome the impasses that the actors face, the institution of consortia practices is suggested, in which it is necessary besides resources, and the commitment based on mutual growth, starting from the presupposition of solidarity and not only in the individual growth of the municipality.²⁵ The lack of practice of consortia in the studied region and in the state was cited by I9, being justified by the lack of incentive.

In the process of regionalization, Bahia itself does not have a culture of forming consortia... the consortia would be a unique form that would turn regionalization into a more effective action, but there is no incentive for it [...] (I9).

In addition to the formation of consortia with solidarity and collaborative practices, the regional management collegiate organs (RMC) were also identified as facilitators of the regionalization process; these have been called the Regional Interagency Commission (RIC) since 2011.

[...] from the collegiate level, we can implement policies for the region (I10).

When the collegiate is active, I find it quite interesting. You enable managers to discuss, exchange experience, strengthen themselves, seek and bring benefits to micro. When active, it is quite important (I7).

Collegiate groups are spaces for the technical and political articulation between the managers and the identification of priorities and the agreement of solutions. They should be composed by municipalities health managers that are part of the micro-region/health region and as representative of state management.²⁵

Decree 7.508/11 presents that the various ICR will agree on operational, financial and administrative aspects of shared management of SUS; will be responsible for the general guidelines on Health Regions, integration of geographical limits, reference and counter-reference, and also for the guidelines on the organization of health care networks, especially regarding institutional management, integration of actions and services of federative entities, in addition to other responsibilities.²² Therefore, the ICR in its proposal places itself as a space and collective subject important for viabilization

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of the regionalization process and in the management of regional health.

♦ The consolidation of health networks as a challenge for the constitution of SUS in the perspective of regionalization

The following statements make reference to the functioning and the necessary articulation between the points of the HCN:

The Network is basic, medium and high complexity attention (I5).

Through Basic Attention, the patient enters the service, is referred to the service of medium complexity. Those of high complexity do not do this regulation; bed regulation is performed by regulation and not by basic care (I4).

The excerpts highlight the levels of health care. The proposal for the organization of health services, according to the Ministry of Health, consists in networks to make integrality of care possible.²² By highlighting the Health Care Network (HCN), Mendes²⁷ defines it as an integrated care system health, which establishes the hierarchy of services and is organized through a coordinated set of points of attention to provide a continuous and integral assistance to a given population.

Based on the reality investigated, I2 and I3 present how health care levels are integrated:

[...] starting from Basic Attention, it is organized in a district [...] are sent to the medium complexity, there is a perspective that really works in network [...] of high complexity in the municipality we have little thing [...] (I2).

The network is being structured. It already has the offer of various services and they serve not only the municipality, but also the region [...] It is not a ready and a perfect network, but it is rather a network that is being built to the point of view that has the structural part, but the connections of these networks are half changed ... we need to see where these nodes are and how to solve them (I3).

It is clear in the excerpts that structuring the health network is an aspect that characterizes a challenge faced. Faced with the sector articulation process, the managers' affirmation regarding the professional's limitation for intervening in the situations stands out, emphasizing the importance of establishing partnerships between sectors and services.

The debate about the search for greater integration of the system has gained greater emphasis from the Pact for Health, which emphasizes the importance of deepening the process of regionalization and health system organization in the form of networks.³ In this process, the development of the HCN

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reaffirms the strategy of restructuring the health system and improving the health policy with deepening of effective actions for the consolidation of SUS.²²

Regionalization, one of the guidelines of the Pact, considers the region of action and emphasizes the health care network organization as a prominent strategy, giving greater functionality to the system and allowing the full provision of services.^{26,28}

Health region is highlighted in the Decree 7.508/2011, which states that this consists in a continuous geographical area made up of groups of bordering municipalities, delimited from cultural, economic and social identities and communication networks and shared transport infrastructure, with the purpose of integrating the organization, planning and execution of health actions and services.²² The following statements make reference to the structuring of the regionalization process of health through a regional proposal:

[...] because it is the headquarters of micro and is in full management and due to the population size, we have implemented some services of medium complexity, which serve as a reference for the region and even for two different micro- (I9).

[...] the main processes where we see regionalization happen with SAMU [...] this was a very interesting shared planning process, where we can clearly see the process of regionalization (I2).

Through the formation of these networks, the actors recognize the importance of the exchange of technical, political, information and other resources and of negotiations in the pursuit of common goals.²

This policy of stimulating integration between municipalities, and consequently health regions, has proved promising for the development and growth of SUS.²⁹

The regionalized health care network strategies seek to improve the SUS capacity to provide health services, overcoming some of the challenges faced by the system during its trajectory. According to this document, these networks "consist of integrated structures for the provision of health services and actions", institutionalized in a regional space "based on the collective work planned and the deepening of interdependence relations among the actors involved".³⁰

In the proposal for the consolidation of regionalized networks, the regional collegiate and inter-regional commissions (IRC) appear again. At the moment of collecting data, the collegiate organs in force were cited by the interviewees as an opportune space for negotiation and integration of services among the municipalities.

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Any kind of concierge we discuss in the collegiate [...] are ordinances, projects. SAMU, for example, regional was created, was born there [...] The politics of medium complexity, we get to agreements on all the procedures [...] it has been a decision space (110).

[...] regionalization is more the part of medium complexity, where there is the CGMR that agrees with the manager (14).

Another interviewee also presents the collegiate as an important organizational strategy for the formalization of regionalization and points out the collegiate emergence of this health region. Look:

[...] the collegiate was formed if I am not mistaken in 2007, but the regionalization was very precarious still, it was the name only, regionalization was limited to the PPI and the agreement, when municipalities would meet to define who was to send service to whom [...] but there were no forms of agreement (19).

Collegiate groups were set up to qualify the regionalization process and ensure the cooperative action between managers in each Health Region. With the efforts of the municipality and the State in raising the awareness of managers about the importance of this management space, collegiate were strengthened, avoiding the atomization of the municipal health systems of the micro-region (current region), and increasing the compromise in order to structure the health services network, solve operational problems, improve services access and thus to reduce inequities in regional and state levels, with regard to health actions and services.^{4,26}

We identified that local and regional health management with the implementation of the HCN is an important strategy for the reorganization of health care aimed at access to all levels of health care, but it is still in the process of implementation. Regionalization strategies (accord, consortium and regional inter-agency commissions) have been strengthened and represent a challenge of fundamental importance for the implementation of SUS in the context of regionalization!

CONCLUSION

The investigation of the health management process in the context of regionalization allowed, from the analysis of the findings, to highlight the process of incomplete decentralization with "departmentalization" and fragmentation of sectors and services, as well as the difficult inter-sector articulation. The study also allowed knowing the strategies of

regionalization adopted by managers regarding the facilities of these tools to direct the municipal health management.

Regarding the structuring of Health Care Networks cited by managers, it was noticeable that health care levels should be better articulated in order to guarantee the integrality of care. The regionalized network proposal requires a greater articulation between municipal managers who are part of the region. However, the reality investigated of the municipality of the region says that municipalities do not always offer the necessary support to strengthen this network to provide integral assistance. Thus, the great demand for services does not occur in a satisfactory way to meet the real needs of the municipalities.

For some interviewees, the structuring of the HCN is a challenge because of the lack of resources for health investments. Underfunding of health services was identified as one of the difficulties for the implementation of new services and the improvement of existing services. It is important to emphasize inter-municipal consortia as a strategy for optimizing resources. In the collegiate spaces, current regional inter-agency committees, the possibility of better exploring regionalized practices and fulfilling more reliably those already in place calls attention. Finally, the analysis of results of this study leave clear that the process of management and regionalization is complex and occurs in a context whose local, state and federal political influences determine the practices and interfere in the relations of power and decision making.

This study allowed an appreciation of the reality of health management, of the demands of this space of work and of the gaps in the regionalization principle, stimulating new reflections for the development of further research seeking to unravel the perspectives and dilemmas of SUS, and more specifically of health management.

It should be emphasized that even in the midst of the health system impasses, professionals who take over management activities must use their skills, attitudes, knowledge and experiences to commit themselves to the construction of new paths, overcoming the challenges and ensuring the population a health care based on integrality, universality and equity

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