EFFICIENCY AND FUNDING OF ACTIONS IN AVERAGE AND HIGH COMPLEXITY
EFICIÊNCIA E FINANCIAMENTO NAS AÇÕES EM MÉDIA E ALTA COMPLEXIDADE
EFICIENCIA Y FINANCIACIÓN EN LAS ACCIONES EN MEDIA Y ALTA COMPLEJIDAD

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ABSTRACT

Objective: to elucidate the relevance of the funding of the Unified Health System on the efficiency of medium and high complexity actions in the services. **Method:** it is a bibliographical study, of integrative review of the literature type. The articles were selected from 2007 to 2016, in the databases LILACS, MEDLINE and ColecionaSUS, in the Portuguese language. The research was structured in six methodological stages. After the systematized reading of the articles, the studies were analyzed and presented in the form of figures. **Results:** three studies were selected that show that the scientific production presented is very small and needs to be deepened in relation to the research and the inferences of contribution to the improvement of the processes in the medium and high complexity levels, especially in the consequences that the obstacles to hospital services. **Conclusion:** there is a need to deepen the existing gaps in the current methodology for financing services so that tools can be fostered that enable continuous improvement of processes and ensure the real efficiency of the distribution of resources to a system that generates positive health outcomes. **Descriptors:** Health Care Funding; Resource allocation; Health policies; Health services; Unified Health System; Nursing.

RESUMO

Objetivo: elucidar a relevância do financiamento do Sistema Único de Saúde sobre a eficiência das ações na média e alta complexidades nos serviços. **Método:** trata-se de um estudo bibliográfico, tipo revisão integrativa da literatura. Selecionaram-se os artigos no período de 2007 a 2016, nas bases de dados a LILACS, MEDLINE e ColecionaSUS, no idioma português. Estruturou-se a pesquisa em seis etapas metodológicas. Após a leitura sistematizada dos artigos os estudos foram analisados e apresentados em forma de figuras. **Resultados:** selecionaram-se três estudos que revelam que a produção científica apresentada é bastante reduzida e necessita de maior aprofundamento em relação à investigação e às inferências de contribuição para a melhoria dos processos em nível da média e alta complexidades, sobretudo nas consequências que os entraves causam aos serviços hospitalares. **Conclusão:** necessita-se de maior aprofundamento no tocante às lacunas existentes na atual metodologia de financiamento dos serviços para que sejam fomentadas ferramentas que possibilitem a melhoria contínua dos processos e garantam a real eficiência da distribuição de recursos para um sistema que gere resultados positivos em saúde. **Descritores:** Financiamento da Assistência à Saúde; Alocação de Recursos; Políticas de Saúde; Serviços de Saúde; Sistema Único de Saúde; Enfermagem.

RESUMEN

Objetivo: elucidar la relevancia del financiamiento del Sistema Único de Salud sobre la eficiencia de las acciones en la media y alta complejidad en los servicios. **Método:** se trata de un estudio bibliográfico, tipo revisión integrativa de la literatura. Se seleccionaron los artículos 2007 a 2016, en las bases de datos LILACS, MEDLINE y ColecionaSUS, en el idioma portugués. Se estructuró la investigación en seis etapas metodológicas. Después de la lectura sistematizada de los artículos los estudios fueron analizados y presentados en forma de figuras. **Resultados:** se seleccionaron tres estudios que revelan que la producción científica presentada es bastante reducida y necesita una mayor profundización en relación a la investigación y las inferencias de contribución para la mejora de los procesos a nivel de la media y alta complejidades, sobre todo en las consecuencias que los obstáculos causan a los servicios hospitalarios. **Conclusión:** se necesita mayor profundización en cuanto a las lagunas existentes en la actual metodología de financiamiento de los servicios para que se fomenten herramientas que possibilitem la mejora continua de los procesos y garanticen la real eficiencia de la distribución de recursos para un sistema que genere resultados positivos en salud. **Descritores:** Financiación de la Atención de la Salud; Asignación de Recursos; Política de Salud; Servicios de Salud; Sistema Único de Salud; Enfermería.

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INTRODUCTION

The purpose of the financing of the public health sector is to analyze and manage the needs of the Unified Health System (UHS), providing them with the necessary capital and seeking to guarantee the principles of universality, integrality and equality for all Brazilian citizens who have the right to life support.¹

The Brazilian health system is formed through a complex network of complex and complementary investment networks, starting from the public and private, especially from the private. There are three financing sub-sectors: the public, private sub-sector and the supplementary health sub-sector. In the public sub-sector, a large part of the budget is destined to the UHS, with resources provided and subsidized by the three governmental spheres.^{2,3}

The objective is to obtain control of expenses and a better distribution of resources from these financing measures. In order to achieve this achievement, the Constitutional Amendment (CA) 29 was drawn up, which brings with it art. No. 198 of the Federal Constitution (FC). The calculation basis for the minimum application in actions and public health services (APHS), and art. 77, which refers to the Transitional Constitutional Provisions (TCP), guaranteeing the minimum resources to be applied in favor of health practices.⁴

Various forms of implementation were discussed in order to obtain a cost control, with the purpose of rationalizing the costs of the system, seeking resources and improving it in order to increase the quantity and quality of the assistance and the processes of the system. universality, completeness and equality, as recommended by the programmatic bases of the Unified Health System (UHS). Inequalities in health status are associated with social organization, tending to reflect the degree of inequity in each society, in order to perceive that the reduction of costs of UHS spending significantly affects the most vulnerable social groups.⁵⁻⁶

It is difficult to cut expenses in the emergency and emergency services and prompt care through budgetary control of expenditures, because such services meet the population in great demand, as well as their length of service is longer. It is reported that it is a situation in which there is a need for budgetary restraint, it is assumed that health promotion and prevention actions and services are the most affected, which is not a good public health choice since prevention is easier

than treating, since most situations can be avoided.⁴

The need to identify the needs and controls of the health services provided in Brazil is considered, in order to guarantee a good assistance and with ample coverage within the predisposed budgetary standards. There is a need for an ethical review of the formality of actions and resource distributions, as well as reference should be made to the basic principles of public health in order to guarantee the basic budget relationships required for assistance.⁴

OBJECTIVE

- To elucidate the relevance of the financing of the Unified Health System on the efficiency of actions in the medium and high complexity in services.

METHOD

It is a bibliographical study, type integrative review of the literature, carried out in December 2017. Articles were selected from 2007 to 2016, in the databases LILACS, MEDLINE and Cochrane, in the Portuguese language.

It is argued that this study provides the synthesis of knowledge and the incorporation of the applicability of results of significant studies in practice, as well as delimits topic or issue, in a systematic and orderly manner, contributing to the deepening of knowledge of the subject under investigation.⁷ The research was guided, based on the establishment, in the first stage, of the guiding question: "How does financing in the Unified Health System guarantee the efficiency of actions of medium and high complexity in public health services?" In the second stage, the search for articles was carried out and carried out in December 2017.

The databases of Latin American and Caribbean Literature in Health Sciences (LILACS), Medical Literature Analysis and Retrieval System Online (MEDLINE) and Cochrane were chosen as the research environment. The following descriptors (DECS / BIREME) in the Portuguese language were used for the search: Health Care Financing OR Resource Allocation AND Single Health System OR Health Policy AND Health Services. The articles published in the period 2007 to 2016, with full text, in the Portuguese language and of free access in the databases were included. Repeated productions, course and residency work, theses, dissertations, editorials, abstracts, opinion and literature reviews,

abstracts of congress proceedings, newsletters and program files were excluded.

In the third stage, a reading of the abstracts of the publications was carried out in order to understand their relation with the purpose of this study and with the guiding question and to allow its categorization using the validated instrument⁸ as a means of standardizing the most relevant in carrying out the review studies. Productions that did not fit the sample composition of this review were eliminated. In the fourth stage, a critical analysis of the publications identified as components of the study sample.

After the categorization stage and the critical reading of the publications, in the fifth stage, the product of the critical analysis and instrumented to the interpretation of the data of impact for the study was interconnected to the theoretical product developed in the health sciences and using as a supporting tool, Melnyk and Fineout-Overholt's proposal for the classification of

publications by level of evidence. In the last stage, the result of the search and analysis was expressed in order to show the contributions of this one to the better understanding of the process with the practice and to establish, from this information gathering, measures for the improvement in the development of these actions.⁹

RESULTS

The selection process of the scientific articles was done as follows: initially, 1,279 publications were identified. 1,277 were excluded because they did not meet the eligibility criteria previously defined, thus leaving 20 publications. It is shown, after careful reading of titles and abstracts, 17 articles were left excluding only three articles analyzed by reading in full text and included in this integrative review. Figure 1 shows the process of selecting articles during the data collection procedure.

Figure 1. Representative search and selection flowchart. Caruaru (PE), Brazil, 2017.

The material included is included in publications in Portuguese. It is noted that publications in other languages were not included because the analysis data are developmentally related to the Brazilian

policy in health. The publications for the analysis were used, grouping them in figure 2, after the registration and the application of the instrument of data collection.

ID	First author	Publication Title	Year	Journal
01	Mazon LM ⁸	Efficiency of public spending on health: challenge for municipalities of Santa Catarina, Brazil	2015	Soc. Health
02	Talles AS ⁹	Under the prism of equity: federal funding of the Unified Health System in the state of Bahia	2016	Soc. Health
03	Fortes PAC ¹⁰	Bioethical reflection on the prioritization and rationing of health care: between social utility and equity	2008	Public Health Jour

Figure 2. List of included articles according to the study variables. Caruaru (PE), Brazil, 2017.

The search carried out and the process of critical reading developed in the stages of the

review were instrumentalized the means for the analysis, as shown in figure 3.

ID	Descriptors	Objective	Results	Conclusion/Recomendations
01	Efficiency; Health; Investments in Health.	Evaluate the technical efficiency in the use of UHS resources.	It is noticed that the expenses with UHS, in analysis per capita. It is demonstrated that the expenditures with the cities surveyed are higher than the per capita amount spent of the state / annual average. It is understood, therefore, that these expenditures serve to improve indicators. Data are presented showing the technical efficiency index in health, where the highest percentage is expressed in the municipality of Mafra, with 0.716. Note that it is still low, considering those with a high efficiency of above 0.800. Taking into account the technical efficiency, by the scale method of Charles, Cooper and Rhodes, only the municipality of Monte Castelo, being worth more than 98%, was efficient. It is reported that all six other municipalities are listed below.	The observations made on the efficiency of health expenditures are evaluated, and it is possible to add arguments about the financing of the UHS, thus making it possible to consider the region in question. In the region, a quantitative value is invested that exceeds the average measures of the State, but it is not possible to reduce mortality, culminating in the understanding of the technical inefficiency of the municipalities studied. It is noticed that further research is still needed in the studied region.
02	Equity in health; Financial resources in health; Health economics.	To analyze the distribution of federal financial resources to the municipalities of the State of Bahia, in 2010, in	It is known that the federal sphere, starting from decentralization, remains an important inducer and provider for health policies. According to the SIOPS in 2010, about	It is known that equity serves as a conduit for public health policy actions, being able to reduce inequities and serve as an indication of where to intervene. It is clear that, in the study, in 2010, there was no equity in the distribution of federal

	the perspective of equity.	146.36 is the per capita value transferred to the State of Bahia, of which 49.04% is for medium and high complexity services. It is stated in a study 9 that inequality in the distribution of resources to the municipalities of Bahia is shown, with 60.17% of transfers made only to three macro-regions, while the other six are less than 40%. The inequalities / inequalities between the macro-regions of the state in relation to the situation of medium and high complexity, where the hospital beds per inhabitant appear more in the east (where the state capital is located), is still very apparent. South, with others, such as the North and Northeast, with the least amount of beds. It was shown proportional to the allocation of federal resources with the Municipal Human Development Index (HDI). It should be noted that the lower the Index, the lower the transfers, although those with low HDI appear as the majority.	resources to the municipalities of Bahia, evidencing a large allocation of resources to few cities, and is a small amount of resources for many municipalities. Equity is sine qua non for the development of UHS.
03	Bioethics; Resource allocation; Equity in Health.	Reflect on the possible conflicts between the ethical principles of social utility and equity in rationing / prioritization of health care.	<p>It is understood that on the allocation of financial resources it is much more complex than simply understanding how the funds are transferred from the federal sphere, through the state, to the municipalities. It should be emphasized and reflected how the prioritization and rationing of these resources for the health of Brazil is given. It is emphasized that, as expressed by an author, 11: 628 it is necessary to follow ethical guidelines to assess what is fair in this distribution. It is reported that the author shows that one of the means is social utility or utilitarianism, in which a maximization of collective well-being is provided through the resources and actions employed, that is, benefits / well-being are offered.</p> <p>The difficulties in the distribution of goods and resources in a fair way were understood, in the face of moral pluralism, a striking feature in the current panorama where, also, we do not accept values considered absolute and several concepts coexist. It is perceived that there is an urgent need to review questions about how the fair distribution of resources should occur, not only for health professionals and managers, but also for the population, who must democratically expose and add, in their ideas. It is thus reflected on the bioethics of the availability of health resources.</p>

Figure 3. Detail of articles included according to the study variables. Caruaru (PE), Brazil, 2017.

The sample analyzed is mostly analyzed as evaluation studies, one of which is related to the reflection of the bioethical context and to the distribution of funding in the UHS. We evaluate the publications in relation to the proposal of levels of evidence of publications, it is observed that the production of studies that report strong evidences that assist the managers for the decision making and contribute in a way to improve and to reflect on the possibilities improvement in the context of the financing of hospital services.⁹

DISCUSSION

It is known that financing is one of the strategies to guarantee the effectiveness of UHS principles. For this, it is necessary that the distribution of these resources occurs in an appropriate way so that the universality and the integrality of the actions in services can be assured.^{10,11}

It is revealed that adequate funding and transfer of resources are of fundamental importance to ensure that health services are able to meet the needs of the population, and for this, an analysis of the determinants and constraints of each locality is necessary, because, in this way, it is possible to appropriately allocate health resources.¹⁰

Thus, there is a need for the correct use of resources, through planning, so that the objectives can be achieved and the actions of services can guarantee better service in the health sectors. It is now known that financing has been scarce to meet the most emerging needs and this has become a challenge for the management of services, being necessary to put the principle of efficiency in practice, which brings great benefits, since it provides that few resources have correct destinations so that they can achieve the objectives.^{10,14}

Attention to all the dimensions that the UHS covers during the financing process is fundamental, such as the provision of its services and its target audience, in order not to undermine fundamental actions that guarantee access and assistance of quality. The values of the federal spheres are transferred to the state, and from the state to the federal, in order to obtain the minimum cost ratio for the guarantee of the public health practices in their localities.

It is necessary, in order to achieve the efficiency of actions in UHS services, to allocate resources in an equitable manner so as to ensure a better quality of care, since the onlendings will be made so that the health needs of each population. It is reported that, it is not enough, just, to occur the equal distribution of resources, since each region has its peculiarities and different determinants.¹²

In a study carried out in the State of Bahia, in which the distribution of federal financial resources was analyzed in the perspective of equity, the transfers are proportional to the Municipal Human Development Index (MHDI), that is, the higher the MHDI, the higher the transfer. It was analyzed, that this method of transfer does not guarantee the equity since they need more attention in health the places with lower MHDI, that are those that are less able to guarantee a quality assistance. Adopting other indicators is important to indicate which regions have the greatest need for resources, making it possible to cover the needs of those who need it the most.¹²

The paradigms of equality and equity must be embedded in health models, ensuring that resources are properly distributed and that they address health inequities.¹²

Health care priorities are prioritized according to the hierarchical choices between existing care alternatives and system resource limits. It is known that health needs exceed available resources, and ethical choices have to be made on how to solve problems. Three solution alternatives are established; the first is to increase resources, the second is to make spending more efficient, and the third is to prioritize the distribution of existing resources.¹³

It is necessary, in order to make the decision of priority in the distribution of resources, to reflect two ethical parameters: social utility and equity. It is emphasized that in social utility, according to the utilitarian theory, those who provide more health to the greatest number of people, that is, the maximization of well-being or general health, would be prioritized. It is reported that health equity would serve people with different needs, according to their social and health conditions, that is, to attend each one according to their needs.¹³

The Federal Constitution of 1988, Art. 196, states that "Health is the right of all and the duty of the State, guaranteed by social and economic policies aimed at reducing the risk of disease and other universal and equal access to actions and services for their promotion, protection and recovery. " Three doctrinal principles are recommended by the UHS to guarantee the right to health: universality, completeness and equity. It is shown that this bases the study in which equity and social utility should be taken into account in order to prioritize the distribution of health resources.^{15,4}

CONCLUSION

It was evidenced in the literature that there are still gaps to be solved and standardized for the real efficiency of resource allocation and financing of actions in the medium and high complexities in UHS. Funding measures are established in medium and high complexity services that go beyond not only the sphere of understanding of resource allocation, but also in Brazil a social, political and economic context of high fragility, with better targeting needs planned, based on principles - especially ethical - and that are directed at solving emerging problems in order to be efficient with those who use the Unified Health System in this mode of care. It is reported that this study provides professionals, especially in the management of hospital services, with a reflection on the discussion measures and

better allocation of resources for the efficiency of services to the population.

It was presented as a difficulty to find studies that deal with financing in medium and high complexities, evidencing the scarcity of publications in the databases and, consequently, culminating in the effort for the critical analysis proposed in this review. It is necessary, on the face of it, that, for a better evidence in the reflections, studies are developed that accurately evaluate the effectiveness and effectiveness of the actions directed to this context.

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