

Regional inequalities, cooperative federalism and challenges facing the SUS

A political analysis on the development of the Unified Health System (SUS) that combines the production of evidence with the generation of knowledge and with the elaboration of policies must necessarily address the obstacles to its consolidation as a redistributive and socially protective public policy. Likewise, in-depth studies of successful solutions must be conducted in order to foster the institutional qualifications that are indispensable for the sustainability of the successes achieved.

The capacity of government and the institutions most directly involved in the public sphere structured around the SUS are, in an articulated way, essential elements for the development of sectorial policy. A common way to look at how researchers and policy makers deal with complexity in political, social, and economic terms is through the study of political agendas and their key components.

Political issues related to regionalization, decentralization and municipalization are present in the main definitions of the agenda of challenges facing the SUS. Although decentralization refers both to political and territorial decentralization, and to internal processes in organizations, the regionalization policies broadly involve the presence of subnational governance arrangements. The advantages of regionalization of management and access to public services in terms of the greater proximity to individuals and their needs and their disadvantages as to the inequality resulting from differences in local capacities are frequently dealt with in the specialized national and international literature.

Policies aimed at taking advantage of regionalization processes and alleviating their disadvantages in terms of local asymmetries depend heavily on the national and subnational coordination capacity. This capacity is expressed in the strengthening of regional governments or institutions for the coordination and distribution of incentives.

This thematic edition brings together a selection of studies that deal with these dilemmas. Several articles presented here result from analyses carried out in cooperative environments between researchers, their institutions and governmental bodies. In many cases, the articles are the result of research reports submitted to the Ministry of Health or to the Departments of Health, which then find in academic publications important vehicles for discussing ideas between peers and with society. An important aspect in the relationship between research institutions and governments at all three levels is the role of the Ministry of Health (MOH) in promoting studies on policy analysis. The role of the MOH in financing sectorial research has become increasingly relevant throughout the development of the SUS and the preservation of these functions is of major importance. Another point to be highlighted are the partnerships that have been carried out with institutions that represent SUS managers. The National Council of Health Departments and the National Council of Municipal Health Departments are vital institutions for enhancing the access of researchers to local and regional leaders.

The various articles gathered here deal with the SUS and its regionalization policies, the main themes being the federative shortcomings; its mechanisms of governance, social participation and governance capacity; sector financing and social inequalities; regional asymmetries and access to networks, services and medication; and the different dynamics and perceptions of political actors. Social inequalities and local and regional asymmetries are treated as the backcloth to or direct objective of most of the studies presented here. This edition aims to launch just one more contribution to highlight the challenges facing health policy in Brazil. It is hoped that these studies will be used to reflect on public policy in the courses and institutions that comprise the mosaic in which the management of SUS is expressed.

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