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# GLOBAL HEALTH LAW JOURNAL

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## GLOBAL HEALTH LAW JOURNAL

**Health Law, International Health Law, Comparative Health Law, Health Policy, Health Cases, Medical and Biomedical Law**

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## VOLUME 3 - Nº 02 – 2025

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**Graziela Nóbrega da Silva** [2]

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**Decentralization and regionalization of health actions and services and the correlation between SDG, IEG-M and IGM SUS-SP**
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## Abstract

The use of off-label medications, defined as the prescription of drugs for purposes not specified in the label approved by regulatory agencies, is a growing practice in contemporary medicine. This phenomenon is often linked to the lack of alternative therapies or the existence of favorable scientific evidence; however, it raises concerns regarding safety and efficacy. The central issue lies in the judicialization of healthcare, where patients seek access to off-label medications through legal action, burdening the healthcare system and creating complex legal precedents. This study aims to analyze the regulation, challenges, and legal implications of off-label drug use in Brazil, with a comparative analysis between Brazil, the United States, and the European Union. The methodology includes a literature review and documentary analysis of legislation, case law, and scientific studies on the topic. The results indicate that the lack of clear regulation in Brazil contributes to inconsistent and unsafe practices, in addition to intensifying judicialization. In contrast, the United States and the European Union adopt distinct but equally rigorous approaches to the regulation of off-label use. It is concluded that more robust regulation and the establishment of strict criteria for off-label prescriptions may reduce risks and mitigate the negative impacts of judicialization in Brazil, promoting greater safety for patients and healthcare professionals. The differences between the regulatory frameworks of the Brazilian Health Regulatory Agency

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(ANVISA), the United States Food and Drug Administration (FDA), and the European Medicines Agency (EMA) highlight the need for ongoing debate on the role of regulatory agencies, medical professional autonomy, and patient protection, especially in the face of increasing judicialization of healthcare.
**Keywords**: Health services. Public health policies. Unified health system. Right to health.

## 1. Introduction[4]

Initially, in a positivist and post-positivist analysis, it is understood that the right to health is essential in human life as it is related to all other fundamental rights and guarantees, and is correlated with the eradication of poverty and the reduction of social and economic inequalities (art. 1, III, art. 3, III, of the Federal Constitution). The Federal Constitution also provided for the regionalization and decentralization of health services as a measure to provide more effective and higher quality care to citizens. The Unified Health System (SUS) also brings this idea of regionalized health management (art. 198 of the Federal Constitution).

Based on this approach, and with a view to the structure of Federalism in Brazil, it is important to analyze all federated entities; however, when dealing with the right to health, the focus should be on the municipality and the public policies that

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have been implemented: the purpose is to increase awareness of the adjustments necessary for better quality in the provision of health services, in addition to intergovernmental transfers. The objectives that encourage these policies must be observed and contextualized, and the parameters for determining the real effectiveness of these objectives must be highlighted to better understand this interconnection.

It's time to understand the reasons why the indices don't show the best results in health care, even with so many investments directed to this purpose and so many public policies, in various spheres of the federation, with the same scope, and to envision possible solutions for improving services.

The purpose is to discuss the intersection between public health policies, the Sustainable Development Goals (SDGs) and municipal management effectiveness indices, especially in the Brazilian and São Paulo context. The purpose was to analyze whether public health policies must be aligned with the Federal Constitution, seeking to guarantee universal and equal access to health services. In this sense, the SDGs, established by the UN, seek to promote social, economic and environmental improvements, including health and well-being

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as one of the main objectives. However, there are challenges in effectively implementing these policies, especially at the municipal level, where the management and application of measures have a direct impact on the lives of citizens. The Court of Auditors of the State of São Paulo developed the Municipal Management Effectiveness Index (IEG-M) and the Municipal SUS Management Effectiveness Index (IEG-SUS), in addition to I-SAÚDE. They are tools to assess the effectiveness of municipal public policies, providing managers with insights on areas that need improvement.

Given this scenario of importance of the municipality, the purpose is to analyze the importance of decentralization and regionalization in health management, highlighting that municipalities play a fundamental role in this process. Regionalization seeks to reduce inequalities and adapt health policies to local needs, allowing each municipality to develop specific strategies to improve access to and quality of health services. However, there are challenges in effectively implementing these policies, including the lack of autonomy and adequate financial resources for municipalities. Therefore, in order to guarantee an effective right to health, there is a discussion on the role of the autonomy of municipalities, their expertise, the appropriate use of financial

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resources and cooperation with other federated entities, thus enabling the adaptation and continuous improvement of public health policies.

The purpose of this study is to evaluate the impacts of the federative form and the Democratic State on the fulfillment of individual rights and guarantees, especially the right to health, and how this right correlates the federative entities, determining the competence of each of them to ensure the provision of such service.

It seeks to verify the issue of public policies aimed at health actions and services and their correlation with the Sustainable Development Goals, established by the UN in 2015 and indicators relevant to the matter, such as the IEG-M and the IEG-SUS, highlighting their relevance in this context.

It also aims, in light of these indices and indicators, to determine the relationship and role of Municipalities within the Federative Republic of Brazil, as well as an analysis of the effectiveness of the right to health, in light of decentralization and regionalization measures to avoid the dysfunctionality of public health policies.

Finally, it aims, in light of these indices and indicators, to analyze the search for mitigating inequalities, with the

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regionalization of health, taking into account local issues and distributing funds for this purpose.

This research adopted a post-positivist theoretical approach and a qualitative bias, based on the inductive method. Data collection was based on a bibliographic and documentary review through the consultation of scientific sources, legislation and public data made available by the Court of Auditors of the State of São Paulo (TCE-SP), with a brief comparison between the increase in transfers and the efficiency of health indices in the municipalities of the State of São Paulo.

## 2. The relationship between Federalism and fundamental rights

The Federal Constitution of 1988, in its first article, provides that the Federative Republic of Brazil will be formed by the indissoluble union of the States and Municipalities and the Federal District and constitutes a Democratic Rule of Law.

The Federal State can be considered as an alliance signed between its autonomous and independent units. The Federal Constitution defines the attributions of each one, as well as the legislative competence of those who make up this Federation. This is a decentralization, with no hierarchical

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relationship between members and true autonomy, especially in relation to self-organization (Souza, 2020, p. 36). Silva highlights that if there is a division of power in the territorial space. With a multiplicity of autonomous government organizations, with regional distribution, there is a Federal State (2009, p.33).

It is worth mentioning that federalism has as its essence the idea of equality, freedom and protection of human rights. This can be seen in the wording of article 5, inserted in the title of fundamental rights and guarantees, which provides for the equality of all people before the law, without distinction of any nature, guaranteeing everyone, including foreigners residing in the country, the right to life, liberty, equality, safety and property.

In this regard, it is important to highlight the role of federalism and the way in which the characteristics of this state model influence the implementation of fundamental rights, more specifically in relation to the social right to health provided for in article 6 of the Federal Constitution.

Fundamental rights become the main objectives of a democratic state governed by the democratic rule of law. Nery Junior and Nery (2014, p. 227) emphasize that fundamental and human rights are imperative elements for the exercise of

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democracy, that is, they are founding norms of the Democratic State and their violation would disrespect the democratic regime itself.

Neme comments that the idea of democracy, in which there is an exercise of legitimate power, is intrinsically linked to the decentralization of Power and the existence of autonomous powers, of a greater approximation between citizens and their elected representatives, with greater participation and greater legitimacy in the exercise of their function (2007, p. 104).

In this way, it is possible to understand that the proportion of implementation of fundamental rights is directly linked to respect for federative principles. That is to say, if the basic elements that configure a form of State as federative are duly fulfilled, the fundamental guarantees and rights will be duly implemented, efficiently.

With this consideration, it is important to mention the characterization of the right to health as a fundamental right, considered as a right provided by the State, which must provide the health service, as it is a subjective public right in the face of the State (Lima and Pessoa, 2009, p. 38).

Consequently, health, which is considered a social right, is also considered a fundamental human right, expressly

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provided for in this way in article 2 of Law 8080 of September 19, 1990 (Organic Health Law), and the State must provide the conditions necessary for its full exercise.

Therefore, in order to be in accordance with the fundamental principles of federalism, the democratic rule of law and a balanced and fair political system, it is essential to promote fundamental rights.

## 3. Municipalities as entities of the Federation and executors of the fulfillment of fundamental rights, especially the right to health

After highlighting these aspects, it is important to understand how the Brazilian federal system is structured, especially with regard to municipalities. Article 18 of the Constitution reflects how the political and administrative organization of the Federative Republic of Brazil works, encompassing the Federal Government, States, Federal District and Municipalities, all of which are autonomous.

Article 29 of the Federal Constitution provides the basis for municipal autonomy, stating that the Municipality will be governed by Organic Law and Article 30 contains the powers assigned to these entities, with its item VII highlighting the provision, with the technical and financial cooperation of the

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Federal Government and the State, of health care services to the population.

It is possible to verify that the Constitution confers the status of a federated entity on the Municipality, based on the definition of the organization and by mentioning the indissoluble union of the Federal Government, States, Federal District and Municipalities.

Silva disagrees, as he understands that there is no Federation of Municipalities, highlighting that it is not because a territorial entity has constitutional political autonomy that it necessarily integrates the concept of “federative entity” (2009, p. 249).

However, despite not having their own Judiciary, the Federal Constitution endowed municipalities with autonomy (political-administrative organization, article 18) and defined their legislative and administrative powers (article 30), which inevitably provides an approach to the citizen who can participate more actively, with their representation assured, in search of the effectiveness of democratic ideals and preservation of individual freedoms.

Neme (2007, p. 116) highlights that the greater the political freedom, the greater the municipal powers, and the smaller the political freedom, the lower the degree of autonomy of this

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federated unit. Within this context, article 4 of Law 8080, of September 19, 1990, states that the set of health actions and services provided by federal, state and municipal bodies and institutions of direct and indirect Administration constitutes the Unified Health System (SUS).

Regarding the functions of each federated entity with regard to the social right to health, according to José Angelo Machado and Pedro Lucas de Moura Palotti:

> The Federal Government is responsible for coordinating, standardizing and defining national standards for government action in the health sector. The states were entrusted with the coordination and complementary regulation of their spheres, in addition to monitoring, evaluating and controlling the regionalized networks of the Unified Health System (SUS), as well as technical and financial support, while the municipalities were entrusted with “planning, organizing, controlling and evaluating health actions and services and managing and executing public health services” (article 18, item I of Law 8080/90) (2015, p. 88).

The Municipality is responsible for planning, organizing, controlling and evaluating health actions and services and managing and executing public health services. Law 8080/90, in its article 7, also establishes that such actions and services must be developed in accordance with article 198 of the Federal Constitution, in accordance with, as one of the principles, in its item IX, the political-administrative

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decentralization, with a single direction in each sphere of government: a) emphasis on the decentralization of services to the municipalities and; b) regionalization and hierarchization of the health services network.

As can be seen from this division of competences, the Municipality is responsible for the largest sphere of practical services regarding the right to health, as this is where public policy effectively takes place. The Federal Government and the States are briefly responsible for coordinating and defining national and state standards.

However, some issues must be observed, as the decentralization of public policies, the transfer of resources and the sharing of tax revenues do not in themselves generate stabilization between federated entities or greater effectiveness in relation to fundamental rights. Rammê (2015, p. 2319) explains that there is a strong imbalance between revenue generation and the responsibilities of States and Municipalities in the administrative sphere, thanks to an absurd regulatory and collection centralization, and on the other hand an excessive political-administrative decentralization.

In this area, it is important to focus on the issue of public policies to understand whether such context effectively

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generates useful results that guarantee the fundamental right to health. Likewise, it is important to observe whether regional inequalities and local peculiarities are respected in this configuration, since the Federal Government and the States define some standards and norms to be respected.

## 4. Public policies for health actions and services and the Sustainable Development Goals

Public policies can be considered as all acts, actions, programs and plans determined by the Government to meet a certain social demand, in compliance with the provisions of the Federal Constitution, both in relation to the objectives of the Republic, provided for in article 3, and in relation to fundamental rights and guarantees.

What is generally observed is the problem of the Public Power in establishing its goals and priorities and linking them to good public policies, as well as the evident difficulty related to establishing parameters and indicators of results, capable of demonstrating the real effectiveness of a given public policy. There is a certain deficiency in the country in relation to the measurement of these policies, and even in the case of indicators, difficulties are observed in the use of this data, to

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promote substantial improvements in well-being and disease prevention.

And, it should be noted that the Federal Constitution itself mentions that health will be guaranteed through social and economic policies, aiming at universal and equal access to actions and services for its promotion, protection and recovery (article 196) and considering the public relevance of health actions and services (article 197), with the Public Power having to regulate, monitor and control. In other words, health is a public service, which must be provided by the State.

Avanci (2021, p. 212) portrays that public policies are the way in which rights are realized and must be developed in compliance with the precepts previously conceived in the Federal Constitution, in perfect alignment with material equality and solidarity, with a focus on the eradication of poverty, a national objective provided for in item III of article 3 of the Federal Constitution.

The eradication of poverty, in fact, is listed as the first objective of the SDGs (Sustainable Development Goals), a commitment established in 2015 by several countries within the scope of the United Nations, with the commitment to implement the 2030 Agenda.

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There are 17 Sustainable Development Goals, namely: poverty eradication; zero hunger and sustainable agriculture; health and well-being; quality education; gender equality; clean water and sanitation; clean and affordable energy; decent work and economic growth; industry, innovation and infrastructure; reducing inequalities; sustainable cities and communities; responsible consumption and production; action against global climate change; life on water; life on land; peace, justice and effective institutions and; partnerships and means of implementation.

When mentioning sustainable development goals, it can be interpreted as if such premises were directed only at the environment. However, the social and economic dimension must be observed, since the three pillars of the SDGs are economic growth, social inclusion and environmental protection, which involves major issues and several fundamental rights and guarantees. The purpose is to provide people with a more sustainable world of peace and prosperity.

In view of these objectives, each country develops its plans, strategies and programs to achieve the established goals, and must monitor the development of implementation. Here, the relevance of municipalities stands out, since, as previously mentioned, it is the place where public policy

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effectively takes place and the sphere closest to the population, and is therefore the one that will generate effective results data.

The 2030 Agenda, which consists of the final compilation of all this work on the practical application of the Sustainable Development Goals, encourages a serious analysis of qualitative and quantitative indicators, with evidence-based management and with the purpose of combating poverty and social inequalities. This agenda endorses the importance of local, municipal power, enabling the establishment of democratic mechanisms in which citizens can debate and propose improvements for the community.

Among the seventeen (17) sustainable development goals, only after the eradication of poverty (SDG 1) and zero hunger and sustainable agriculture (SDG 2), there is a focus on health and well-being (SDG 3). Therefore, it is of great importance to understand the goals and objectives of this Sustainable Development Goal as set out in the 2030 Agenda available on the UN website and which are mentioned below (Brazil, 2015).

The SDG 3 goals consist of drastically reducing maternal mortality (3.1), ending preventable deaths of infants and children (3.2), and combating diseases such as acquired

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immunodeficiency syndrome (AIDS), tuberculosis, malaria, hepatitis, among other communicable diseases (3.3). It also aims to reduce premature deaths from non-communicable diseases (3.4), such as hypertension and diabetes, by one third. Since the use of alcohol, tobacco and drugs are serious public health problems, they are also targeted by this SDG (3.5). Finally, deaths in traffic situations are another concern, expressed in goal 3.6. Access to health systems and the prevention and protection system for the well-being of citizens are addressed here in this SDG (3.7), as well as new vaccine developments and research to improve health on the planet (3.b).

The specific goals to be achieved by 2030 (2030 Agenda) in SDG 3 are as follows: 3.1 by 2030, reduce the global maternal mortality ratio to less than 70 deaths per 100,000 live births; 3.2 by 2030, end preventable deaths of newborns and children under 5, with all countries aiming to reduce neonatal mortality to at least 12 per 1,000 live births and mortality of children under 5 years old to at least 25 per 1,000 live births; 3.3 by 2030, end the epidemics of AIDS, tuberculosis, malaria and other communicable diseases; 3.4 by 2030, reduce by one third premature mortality from non-communicable diseases (NCDs) through prevention and treatment, and

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promote mental health and well-being; 3.5 strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol; 3.6 by 2020, halve global deaths and injuries from road accidents; 3.7 by 2030, ensure universal access to sexual and reproductive health services, including family planning, information and education, as well as the integration of reproductive health into national strategies and programs; 3.8 achieve universal health coverage (UHC), including financial risk protection, access to quality essential health services and access to safe, effective, quality and affordable essential medicines and vaccines for all; 3.9 by 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals, air and water pollution and soil contamination.

In addition: 3.a strengthen the implementation of the Framework Convention on Tobacco Control in all countries, as appropriate; 3.b support the research and development of vaccines and medicines for communicable and non-communicable diseases, which mainly affect developing countries, provide access to essential medicines and vaccines at affordable prices, in accordance with the Doha Declaration, which affirms the right of developing countries to make full use of the TRIPS provisions on flexibilities to protect public health

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and, in particular, to provide access to medicines for all; 3.c substantially increase health financing and the recruitment, development and training, and retention of health personnel in developing countries, especially in the least developed countries and; 3.d strengthen the capacity of all countries, particularly developing countries, for early warning, risk reduction and management of national and global health risks.

## 5. The interconnection between the SDGs, the IEG-M and the IGM-SUS-SP

The sustainable development goals are those created by the United Nations (UN) in 2015, with the purpose of improving the lives of the entire nation, including SDG 3, which deals with health and well-being, and with the purpose of achieving goals set out in the 2030 Agenda.

Municipalities are extremely relevant to the applicability and understanding of the SDGs, as local governments play an essential role in implementing and managing these policies, which have a direct impact on the lives of citizens and meet the objectives established by the UN.

Given this overview, it is still relevant to mention that in the State of São Paulo, the Court of Auditors has used the SDGs effectively, verifying their implementation by the City Halls of

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São Paulo (except the Capital) and by the Government of the State of São Paulo.

The Courts of Auditors were created by the Federal Constitution which, in article 71, provided that external control, which is the responsibility of the National Congress, would be exercised with the assistance of the Federal Court of Auditors and also, in article 75, provides that the rules established in that section apply to the organization, composition and supervision of the Courts of Auditors of the States and the Federal District, as well as the Courts and Councils of Auditors of the Municipalities.

Thus, the Court of Auditors of the State of São Paulo consists of an external control body of the Public Administration; its attributions are set out in the Constitution of the State of São Paulo (articles 31, 32 and 33), in the State Complementary Law No. 709, of January 14, 1993 (Organic Law), and in the Internal Regulations itself.

The IEG-M (Municipal Management Effectiveness Index) was also created in 2015 by the Court of Auditors of the State of São Paulo, as stated in the 2024 yearbook (2012-2022 fiscal years) as an indicator to analyze the effectiveness of public policies in São Paulo city halls. The index measures seven sectors of administration, which are health, planning,

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education, fiscal management, citizen protection (Civil Defense), environment and governance in information technology and provides an information parameter for evaluation by the Court of Auditors of the State of São Paulo, which acts as an auditor of municipal accounts and reflects possible deficiencies to managers so that they can improve some actions and planning (Brazil, 2024, p. 7/8).

Among these items that are evaluated, there is the aforementioned I-SAÚDE, which is responsible for measuring the results of the health area, through questions related to Primary Care, Family Health Teams, Municipal Health Councils, treatments and vaccination (Brazil, 2024, p. 9).

Like the SDGs, the IEG-M functions as a tool capable of helping the Public Administration to evaluate its public policies, to verify the most efficient and effective ones, and is a relevant instrument of transformation and social development. The convergence between the IEG-M and the Sustainable Development Goals of the 2030 Agenda is enormous. Of the 17 internationally defined SDGs, 9 are included in the IEG-M. In addition, another 31 items address issues directly linked to the goals set by the pact.

It turns out that, despite the existence of two such relevant instruments, as well as increased transfers from the Federal

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Government and States to Municipalities to invest in the health area, what is still observed is a low effectiveness of Municipal management, as shown in the result of the IEG-M 2023 (base year 2022) presented by the Court of Auditors of the State of São Paulo (TCESP), since of the 644 municipalities inspected, only 52 presented a grade B (Effective), another 223, a grade C+, and 369, a grade C. No municipality presented a grade A (Highly Effective) or B+ (Very Effective)[5].

In relation to I-SAÚDE, the result was 0 municipalities with grade A, 20 municipalities with grade B+, 227 grade B, 238 grade C+ and 159 grade C. In other words, the majority of municipalities are in the adequacy phase.

Given this overview, it is important to bring up issues related to the IGM-SUS-SP, which consists of an incentive to municipal management, to promote the regionalization and decentralization of health services, in compliance with the provisions of article 198 of the Federal Constitution, and with

[5] A (highly effective - IEGM with at least 90% of the maximum grade and at least 5 indices with grade A)
B+ (very effective - IEGM between 75.0% and 89.9% of the maximum grade)
B (effective - IEGM between 60.0% and 74.9% of the maximum grade)
C+ (in the process of adequacy - IEGM between 50.0% and 59.9% of the maximum grade)
C (low level of adequacy - IEGM less than or equal to 49.9%)

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the purpose of improving health services provided to citizens, with consequent improvements in the indices and items listed.

This is because each municipality has its own regional peculiarities, derived from local issues, and the health of the population is directly affected by such specificities.

The purpose of health regionalization is precisely to reduce regional inequalities, because we can see what the obstacles are and adapt from there. The IGM-SUS increases the allocation of resources to municipalities with the purpose of improving health management and the program is structured in a staggered manner, according to the vulnerability of each city. This means that transfers will be made according to the municipality's placement in six different classification bands, following six vulnerability indicators.

Some regions that, in the first cycle, hosted Regionalization Workshops were the municipalities of Bauru, Taubaté and Marilia, and in the I-Saúde of each one, respectively, the grades were C+, grade B and grade B in the I-Saúde of the Court of Auditors of the State of São Paulo. The expectation is that with the increase and targeting of these transfers, the right to health will be better assured and the rates will improve considerably.

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In view of the above, the importance of regionalization programs, capable of analyzing the vulnerability indicators of each specific location and with the primary purpose of improving the right to health, cannot be overlooked.

An intergovernmental effort is needed that involves the Federal Government, State, Federal District and Municipality, all as entities of the federation, so that greater effectiveness of the right to health can be provided.

Furthermore, the decentralization of the responsibilities of federated entities is a necessary measure when it comes to the right to health, characterized as centrifugal federalism, capable of mitigating inequalities and generating a more democratic society. Rammê (2015, p. 2308) defines centrifugal federalism as the tendency to preserve and strengthen local power, instead of focusing on central power, thus diluting the powers, responsibilities and competencies concentrated in the federal sphere (Federal Government) among the federated entities.

The idea of decentralization and regionalization brings the character of a regional, local focus to the municipality. In the current federal situation, municipalities are responsible for a whole range of activities related to the right to health, such as planning, organizing, controlling, executing, and these

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peculiarities are not always respected, since the Federal Government and the State define general standards and policies that, often, defend only their own interests.

Figueiredo (2012, p. 246) highlights the need for effective autonomy for the federated units, not only in relation to the ability to set the profile of their expenses, but also to pay for them.

It is possible to observe then that, given the way in which the Federative Republic of Brazil is structured, some obstacles are present in the achievement of the rights to health and improvements in people's quality of life. This is because, often, the federative entity that structures the system, coordinates and defines general standards is distant from the local and divergent realities of the country.

Khamis and Sartori (2017, p. 309) emphasize that the structuring of health federalism in Brazil (which is decentralized, centrifugal) is out of step with the national federative option (which is centralizing, centripetal). This means that the executing entity, that is, the Municipality, does not have the necessary structure to manage health services, nor does it have the flexibility to make the adaptations and adjustments – financial and regulatory – that are necessary in the day-to-day activities.

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And the actions of municipalities are beneficial to the effectiveness of public policy, and they are responsible not only for implementing it, but also for providing all the planning and monitoring the execution with a view to obtaining data on the efficacy and effectiveness of the measures that will later become part of indices such as the IEG-m of the TCE-SP.

Furthermore, the TCE-SP issued a decision regarding the 2017 municipal accounts of Palmeira D'Oeste, which received a grade of C in the IEG-M assessment, considered to be a low level of adequacy, and the Rapporteur Counselor Dr. Renato Martins Costa highlighted that public services must be "directly related to the demands of the citizens, and therefore it is urgent to carry out prior surveys and studies that support planning and the establishment of quantifiable goals, capable of continuous monitoring and control".

Therefore, it is clear that the entity implementing public health policies, namely the municipality, must have autonomy, expertise, budget availability, cooperation with other federated entities, structure and flexibility for local adaptations, if necessary, so that there is an effective and efficient right to health.

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## Final considerations

In view of all of the above, it is possible to observe that all federated entities are directly and intrinsically linked to each other, with the objective of ensuring the provision of the social right to health, as well as guaranteeing the federative form of the State and the democratic rule of law. In this area, the Federal Government, member states, Federal District and Municipalities are connected by common legislation, intergovernmental transfers, public policies, and measures of national and general scope to serve the population.

Fundamental rights are met proportionally in accordance with compliance with the basic premises that constitute the Federation and the democratic rule of law and are closely related to bringing citizens closer together, thus making it possible to guarantee greater promptness and effectiveness of social rights.

The UN created the Sustainable Development Goals aiming to ensure a more just, free and egalitarian society, with several goals to achieve the purpose set out in the 2030 Agenda. The Court of Auditors of the State of São Paulo, in turn, linked to the SDGs, created the IEG-m, with the main purpose of being an indicator of the effectiveness of public policies in municipalities.

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A measure that emerged to contribute to the effectiveness of public spending was the creation of the IGM-SUS-SP, which provided an increase in transfers focused on meeting regional demands, based on assessments and workshops on health regionalization, with the creation of vulnerability indicators.

However, what we can see is that despite many efforts made towards the common good, with the intention of improving the rates of provision of health services, many difficulties still exist. The structuring of the federative state form as it is not fully competent and has an impact on the right to health. Apparently, there is a dysfunctionality in public health policies and regional inequalities need to be mitigated. It turns out that municipalities bear all the demand for health services and often depend on intergovernmental transfers to minimally address this issue.

In municipalities, public policies effectively take place, even with the lack of and dependence on external resources, but autonomy is necessary to make decisions that are adapted to local circumstances, with respect to mitigating regional inequality.

It would also be relevant to mention a greater interrelation and collaboration between the federated entities, capable of

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providing effective joint work to deliver a quality public policy, a cooperative model of federalism and not a competitive one, considering a geographical decentralization of power with a view to a more democratic society.

Finally, it would also be interesting, in this idea of democracy, for the population to have more active participation in the formulation and monitoring of public policies, with greater proximity between citizens and elected representatives, thus generating greater legitimacy in the exercise of the function.

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