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Cooperation as an instrument: small municipalities and inter-municipal public health consortia

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Abstract
Municipalities employ cooperation strategies to build instruments for economic and administrative rationalization and overcome difficulties in public service execution. One of these instruments is inter-municipal public consortia, which simultaneously cover multiple areas of activity. The health sector has the most consortia and participation from municipalities. The Intermunicipal Health Consortium of the Northwest of Rio Grande do Sul (CISA) is one of these consortia; it was established in 1997 and covers 47 municipalities in the northwestern region of the state. CISA establishes agreements with doctors and clinics for consultations and specialized tests and procures medicines for associated and partnered municipalities. Given this context, this article analyzes the relevance of Public Health Consortia for municipalities, particularly small ones. The study uses quantitative methods, such as analyzing reports from CISA and municipalities (Augusto Pestana, Bozano, and Panambi in Rio Grande do Sul), and qualitative methods based on interviews with Municipal Health Secretaries and Consortium managers. The data obtained, both from CISA and the Municipal Health Departments, show the importance of the consortium for the municipalities and the significant values involved in the eight years of training, as well as the fact that it constitutes the alternative with the greatest feasibility in overcoming demands and difficulties, especially in small municipalities.
Keywords: Inter-municipal public consortia. Municipalities. Cooperation. Local Health Systems.

A cooperação como instrumento: os pequenos municípios e os consórcios públicos intermunicipais de saúde

Resumo
Os municípios constroem, por meio de estratégias de cooperação, instrumentos para racionalização econômica e administrativa e para superação de dificuldades relacionadas à execução de serviços públicos. Os Consórcios Públicos Intermunicipais constituem-se em um destes instrumentos e dedicam-se a diversas áreas de atuação sendo que muitos deles contemplam mais do que uma área simultaneamente. Na área da saúde está o maior número de consórcios e o maior número de municípios participantes de consórcios públicos. Um destes é o Consórcio Intermunicipal de Saúde do Noroeste do Estado do Rio Grande do Sul (CISA) que foi constituído no ano de 1997 e abrange 47 municípios da região noroeste do

Estado do Rio Grande do Sul. O CISA convenia médicos e clínicas para a realização de consultas e exames especializados. Também atua na aquisição de medicamentos para os municípios associados e de outros municípios conveniados. O artigo tem por objetivo analisar a relevância dos Consórcios Públicos de Saúde para os municípios, especialmente os de pequeno porte. O estudo combinou tanto métodos quantitativos, como análise de relatórios de um Consórcio e dos municípios analisados (Augusto Pestana, Bozano e Panambi, todos no Estado do Rio Grande do Sul), quanto métodos qualitativos a partir de entrevistas realizadas com Secretários Municipais de Saúde e gestores do Consórcio em foco. Os dados obtidos, tanto no CISA quanto nas Secretarias Municipais de Saúde, mostram a importância do consórcio para os municípios e os significativos valores envolvidos nos 8 anos estudados bem como o fato de que se constitui na alternativa com maior viabilidade na superação das demandas e das dificuldades, principalmente dos pequenos municípios.
Palavras–chave: Consórcios públicos intermunicipais. Municípios. Cooperação. Sistemas Locais de Saúde.

La cooperación como instrumento: pequeños municipios y consorcios intermunicipales de salud pública

Resumen
Los municipios construyen, a través de estrategias de cooperación, instrumentos para la racionalización económica y administrativa y para la superación de las dificultades relacionadas con la ejecución de los servicios públicos. Los Consorcios Públicos Intermunicipales son uno de estos instrumentos y se dedican a varias áreas de actividad, muchas de las cuales abarcan más de un área simultáneamente. En el ámbito de la salud, es el mayor número de consorcios y el mayor número de municipios que participan en consorcios públicos. Uno de ellos es el Consorcio Intermunicipal de Salud del Noroeste del Estado de Rio Grande do Sul (CISA), creado en 1997 y que abarca 47 municipios de la región noroeste del Estado de Rio Grande do Sul. El CISA convocó a médicos y clínicas para realizar consultas y exámenes especializados. También opera en la adquisición de medicamentos para los municipios del consorcio y otros municipios que tengan convenio. El objetivo de este artículo es analizar la relevancia de los Consorcios de Salud Pública para los municipios, especialmente los pequeños. El estudio combinó métodos cuantitativos, como el análisis de los informes de un Consorcio y de los municipios analizados (Augusto Pestana, Bozano y Panambi, todos en el Estado de Rio Grande do Sul), así como métodos cualitativos basados en entrevistas realizadas a los Secretarios Municipales de Salud y a los gestores del Consorcio en cuestión. Los datos obtenidos, tanto en el CISA como en las Secretarías Municipales de Salud, muestran la importancia del consorcio para los municipios y los montos significativos involucrados en los 8 años estudiados, así como el hecho de que constituye la alternativa con mayor factibilidad para superar las demandas y dificultades, especialmente de los municipios pequeños.
Palabras clave: Consorcios públicos intermunicipales. Municipios. Cooperación. Sistemas de salud locales.

1 Introduction

The Brazilian Constitution of 1988 was characterized by its innovativeness in various aspects (BRASIL, 1988). Notably, one seemingly straightforward but significant feature was the explicit delineation of federal entities, including municipalities, within its framework. This provision holds more than just symbolic value, as it conferred upon municipalities extensive political, administrative, and, to a certain extent, financial autonomy. This autonomy was closely associated with a

substantial degree of decentralization of competencies and responsibilities. Article 30 of the Constitution outlines the municipal obligation level concerning education and healthcare services (BRASIL, 1988). The Organic Health Law (Law 8.080/1990) also complemented and regulated the responsibilities and cooperation mechanisms among the various federative entities (BRASIL, 1990).

Nevertheless, municipalities' implementation of public policies in the healthcare sector has posed a challenging set of equations. While the legislation imposes technical and financial cooperation between the Union, states, and municipalities, the municipalities bear the burden of local organization and system functioning. Although the proximity of municipal agents to the people justifies the decentralization of public healthcare services, it also makes the planning and management of these services more complex to adequately meet the population's demands.

Brazil currently comprises 5,570 municipalities (IBGE, 2022). As per the population forecast based on data from the 2022 Demographic Census (IBGE, 2022), nearly half of these municipalities (45.21%) have fewer than 10,000 inhabitants. Cigolini and Cachatori (2012) and Magalhães (2007), in their analysis of municipal creation over the past three decades, reveal that most of these small municipalities emerged as divisions of existing municipalities with already limited populations.

The issue of providing healthcare services, along with the accompanying complexity, assumes greater significance when examined from the perspective of these small municipalities. For instance, Machado and Guim (2017) analyzed the formation of municipal health budgets and found that municipalities with up to 5,000 inhabitants incur the highest per capita expenditures. They also noted that resource scarcity, particularly regarding medical professionals, and loss of economies of scale highlight the diverse conditions to which municipalities are subject. Consequently, a higher per capita allocation does not necessarily result in improved quality and availability of services. One solution to face these issues consists of cooperation between federative entities. According to Senhoras and Rikils, the formation of Intermunicipal Public Consortia constitutes

> a way of overcoming the limitations and insufficiencies of Public Administration in planning and managing public services by optimizing techno-financial economies of scale (SENHORAS; RIKILS, 2016, p. 1).

Moreover, although there were consortia in previous periods, this form of implementing public policies gained importance after the 1988 Federal Constitution and the Organic Health Law.

This study aims to analyze the relationship between municipalities and public consortia, both from the perspective of the consortia and the municipalities. To achieve these objectives, the research utilized bibliographical and documentary research methods and semi-structured interviews with leaders of the consortia and the Municipal Health Secretariats. Therefore, this work is the outcome of applied research, characterized by observation and interpretation, which considers both quantitative and qualitative aspects in the analysis.

This research focuses on Intermunicipal Public Health Consortia, specifically the Intermunicipal Health Consortium of the Northwest of Rio Grande do Sul (CISA), based in Ijuí in Rio Grande do Sul State (southernmost Brazil). The study included a

limited number of municipalities associated with this consortium. Hence, the sampling process was non-probabilistic, and the municipalities were selected intentionally with consideration given to represent various municipal dimensions. Four municipalities were included: the municipality with the largest population (Ijuí), a second municipality with a medium population level (Panambi), and two municipalities with a small number of inhabitants (Augusto Pestana and Bozano).

In the absence of official statistics, the authors consulted various sources to gather data that provide a comprehensive overview of public consortia in Brazil and Rio Grande do Sul State. The presentation and analysis of CISA were based on interviews[1] conducted with CISA managers and the Health Secretaries of the selected municipalities. Additionally, documents and reports obtained from the consortium itself and the Municipal Health Secretariats were considered.

This article consists of five sections, including this introduction. The second section delves into the conceptual and legal foundations surrounding public consortia. The subsequent section presents statistics related to existing inter-municipal public consortia in Brazil. The following section presents the CISA, including its organizational characteristics, services offered, and operational dynamics. The penultimate section examines the relationship between the consortium and the municipalities, drawing on information from the consortium itself and the perspective of selected Municipal Health Secretariats. The article concludes with final remarks, highlighting the significance of this cooperative instrument in addressing the challenges faced by municipalities.

2 Intermunicipal Public Consortia

A public consortium is a collaboration between two or more municipalities aimed at solving common problems in local communities. The main objectives include rationalizing services and equipment, as well as increasing scale, which often go beyond the scope of a single municipality.

Public consortia have been established in various countries, including Germany, France, Spain, Italy, Belgium, the United Kingdom, Finland, and Portugal (CALDAS; CHERUBINE, 2013; PRATES, 2010a). There are also Brazilian cases cited by Senhoras and Rikils (2016), Caldas and Cherubine (2013), and Linhares, Messemberg, and Ferreira (2017) that predate the 1988 Federal Constitution. Before the constitution, these consortia were considered civil associations with private law status. Legislation, as Prates posited, throughout history has provided different approaches to dealing with consortia, such as

> With regard to the legal aspects relating to the consolidation of Intermunicipal Public Consortia (IPC), it is possible to identify, throughout the Brazilian historical process, that consortia have existed since the first Federal Constitution in 1891. Initially, consortia were established as contracts between municipalities requiring state government approval or states requiring Union approval. In the 1937 Federal Constitution, the IPCs

[1] The interviews were carried out in person at the administrative headquarters of CISA and the Municipal Health Departments of the municipalities. Interviewees are referenced herein using a sequential number in order to preserve their anonymity. The interviews included questions that were common to each interviewees group (CISA Management and the Health Secretaries).

> were established as legal entities governed by public law. The fourth Federal Constitution in 1946 attempted to restore the idea of federal autonomy. This continued until the 1967 Federal Constitution, which defined consortia as collaboration agreements (PRATES, 2010b, p. 2).

The Federal Constitution of 1988 initially did not explicitly allow for the formation of consortia between public bodies (BRASIL, 1988). Article 30(I) granted municipalities the power to "legislate on matters of local interest." Caldas and Cherubine (2013) note that many municipalities used this constitutional opening to establish inter-municipal public consortia. In the field of health, the Organic Health Law (BRASIL, 1990) complemented the federal constitution and promoted the formation of a greater number of consortia.

Constitutional amendment no. 19 (BRAsIL, 1998), on June 4, 1998, amended article 241 of the Constitution and marked the starting point for establishing specific legislation to regulate public consortia. However, this only occurred with Law No. 11.107 on April 6, 2005, which was regulated in 2007, with the publication of Decree No. 6.017 on January 17, 2007 (BRASIL, 2005, 2007).

Until 2005, only Administrative Public Consortia were allowed. The implementation only required the intent of the involved public entities. However, this type of consortium had few obligations for the associated municipalities. For instance, a member could withdraw from the consortium. Additionally, as Linhares, Messenberg, and Ferreira (2017) state, these consortia had no legal personality and could not receive funds from state and/or federal governments. Bahia Rios (2014) adds that many consortia with these characteristics adjusted their bylaws and statutes after the enactment of Law 11.107 in 2005.

Law 11.107 of 2005 allows for two different administrative figures for consortia. They are considered a legal entity under public law when constituted as a Public Association and a legal entity under private law when formed as a Civil Association with no economic purpose. However, regardless of its legal nature, the Public Consortium is subject to the principles of Public Administration and Fiscal Management and is part of the indirect administration of the federative entities that compose it (BRASIL, 2005, 2007). Durão adds

> The law itself states that the public association is part of the indirect public administration and includes it in the list of legal entities under internal public law contained in Article 41 of the Civil Code, leaving no doubt that it is part of the public administration. As for the private legal entity, it must comply with private law regulations, with exceptions such as the obligation to tender, compliance with civil service examinations, and oversight by Courts of Auditors (DURÃO, 2010, p. 160).

In this context, municipalities must establish a Work Plan for their consortia to meet the primary public interest and facilitate administrative cooperation in areas such as health and environment. Durão (2010) states that this plan should include essential clauses such as object identification, goals, financial resource allocation, disbursement schedule, duration, and participant commitment.

Both internal and external oversight apply to Intermunicipal Public Consortia. Internally, the Public Administration evaluates goals, legality, and the use of public resources (Art. 74 of the Federal Constitution; BRASIL, 1988). Externally, the Courts

of Auditors monitor the administrative sphere of these consortia. Article 9, sole paragraph, of Law 11.107 states that

> The public consortium is audited by the Court of Auditors, which is responsible for examining the accounts of the Head of the Executive Branch. This includes assessing the legality, legitimacy, and economic efficiency of expenses, acts, contracts, and revenue foregone. It should be noted that external control is also exercised in relation to each of the apportionment contracts (BRASIL, 2005).

The weaknesses of the administrative consortia that existed until then were resolved by Law 11.107 of 2005 and Decree-Law 6.017 of 2007 (BRASIL, 2005, 2007), which regulate it. According to Granato:

> These normative instruments establish the foundation for the sustainability of the public consortium by giving it a legal nature and introducing a more secure character. The consortium becomes a voluntary association based on a political pact, and its commitments are legitimized. Failure to provide adequate resources to achieve the consortium's objectives can result in penalties for its members (GRANATO, 2016, p. 28).

The main purpose of the current legislation is to establish a starting point for the formation of a consortium. This is done by defining a protocol of intentions, which must be converted into law in each federative entity involved. Article 4 of Law 11.107 of 2005 (BRASIL, 2005) provides detailed guidelines for the commitments that must be made. Following these guidelines ensures that public consortia are created with greater security and compliance with legal norms.

3 The scenario in Brazil

No repositories or registers were found on any official website or database to describe the Brazilian context involving inter-municipal public consortia. This finding is supported by a Technical Note developed by the Institute for Applied Economic Research (IPEA), which analyzes this issue based on various databases[2] related, directly or indirectly, to information that can identify both the consortia and the municipalities that are part of a consortium. According to the researchers, all the databases, without exception, have useful information but also have many weaknesses. This means that any figures presented, at least at the national level, can be questioned (MENDES *et al.*, 2022)

One of the sources referenced in the IPEA Technical Note is the Observatory of Public Consortia maintained by the National Confederation of Municipalities (CNM). The observatory's website provides consolidated information based on various criteria, such as the number of consortia by area of activity, geographical region, purpose, or legal nature (MENDES *et al.*, 2022). However, it does not provide

[2] The technical note did not include the Observatory of Public Consortia and Federalism (OCPF), a portal that is currently deactivated but which for some time was one of the main sources of information on public consortia (OCPF, 2017).

access to the complete database, and the data it stores results from updating campaigns provided by the consortia themselves, which is another weakness.

The CNM's Observatory of Public Consortia lists a total of 604 consortia[3] in various areas of activity and practically all Brazilian states[4] (CNM, 2023). The observatory groups the consortia into 35 areas of activity, with a focus on health (317 consortia), the environment (223 consortia for Solid Waste, 212 consortia for Environment, 137 consortia for Sanitation - Water, and 118 consortia for Sanitation - Sewage), as well as agriculture (129 consortia), education (117 consortia), and regional development (111 consortia) (CNM, 2023).

The data obtained from the Observatory of Public Consortia also shows that the majority of consortia are located in the southeast, accounting for 39.07% of the total. The southern and northeastern regions also have significant numbers, accounting for 26.49% and 23.18%, respectively. The midwestern and northern regions have a low number of public consortia. In the southeast, Minas Gerais State has the highest number, with 131 consortia, surpassing all other states. In the northeast, the states of Bahia and Ceará have 49 and 40 consortia, respectively. In southern Brazil, the state of Paraná stands out with 70 consortia, while Santa Catarina and Rio Grande do Sul States have 46 and 44 consortia, respectively (CNM, 2023). The 317 public consortia primarily involved in health activities make up more than half of the 604 consortia listed by the Observatory of Municipal Consortia in Brazil. These consortia are located in various states, with Minas Gerais having the highest number at 79. Paraná and São Paulo have 36 consortia each, followed by Bahia with 31, Rio Grande do Sul with 24, and Ceará, Santa Catarina, and Mato Grosso with 20, 20, and 15 consortia, respectively (CNM, 2023).

The Brazilian Institute of Geography and Statistics (IBGE) is another database referenced by the IPEA technical note, known as the Profile of Brazilian Municipalities (Munic) study (MENDES *et al.*, 2022). In the 2019 edition, the IBGE presented data on the participation of municipalities in public consortia across 12 different areas[5] of activity. However, it is important to note that this data relies on information provided by the municipalities and does not specify which consortium each municipality is associated with. Despite this limitation, the health sector stands out, with 3,216 municipalities participating in consortia. Additionally, 3,338 municipalities reported participation in consortia related to environmental activities such as the environment, basic sanitation, water management, and solid waste management (IBGE, 2019).

The 3,216 municipalities participating in health consortia are spread across 24 states in Brazil.[6] In some states, the majority of municipalities declare their participation in public health consortia. This is the case in Paraná (96.24%), Ceará (92.39%), Rio Grande do Norte (92.22%), Espírito Santo (91.03%), and Minas Gerais (88.51%). In Rio Grande do Sul, 347 out of 497 municipalities, equivalent to 69.82%,

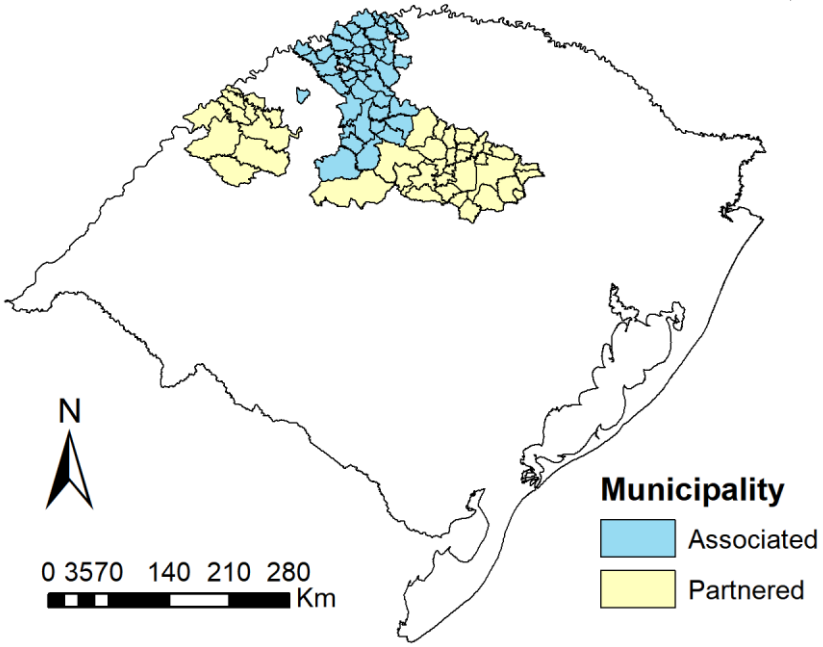
[3] The information refers to the date of 25/04/2023.
[4] Apart from the states of Amapá and Roraima
[5] The profile includes the following areas of activity: Education, Health, Social assistance and development, Tourism, Culture, Housing, Environment, Transportation, Urban development, Basic sanitation, Water management, and Solid waste management (IBGE, 2019).
[6] According to the Munic - 2019 survey, municipalities in the states of Amapá, Roraima, and the Federal District were not listed for the health area (IBGE, 2019).

participate in one or more of the 24 health consortia identified in the IBGE survey (CNM, 2023; IBGE, 2019). One of these consortia, the CISA, will be discussed in the following section.

4 The Intermunicipal Health Consortium of the Northwest of Rio Grande do Sul (CISA)

Forty-seven municipalities participate in the CISA (CISA, 2023). This covers an area of 13,187.25 km², with an estimated population of 408,174 people, equivalent to 3.68% of the population of Rio Grande do Sul, based on the 2022 Demographic Census data (IBGE, 2022). Most of these municipalities are small, with 26 having a population of less than 5,000 inhabitants and 13 having less than 10,000.

Figure 1 – CISA Ijuí – Associated and partnered municipalities (2023)



Source: the authors. Data provided by CISA (CISA, 2023)

CISA was founded on 05/07/1997 and is constituted as a public association with legal personality under public law and of an inter-municipal, non-profit nature, according to its Bylaws (CISA, 2009). It is a public structure with competitions and a career plan supervised by the Court of Auditors, according to its managers (Interviewee 1). The consortium was created due to the difficulties faced by municipalities in meeting the demands of medium and high complexity healthcare, with the excessive cost of these services being one of the main factors.

The structure of CISA includes the General Assembly, consisting of all member municipalities, the Council of Mayors, led by the President of CISA, and the Fiscal Council (CISA, 2009). Administrative and operational actions are carried out by the Executive Secretariat, which has a team of employees, trainees, and the Executive Director. The statutes of CISA (CISA, 2009) also allow for the creation of Sectoral Chambers, which can be occasional and temporary. This structure is maintained by monthly contributions from associated municipalities based on their population. A second administrative fee is applied to drug procurement processes, with half of the

fee corresponding to the municipality's population and half to the volume of purchases. These amounts are supplemented by fees from partner municipalities, contributions from medical service and laboratory test suppliers (1% of their invoice), and income from SUS and various projects carried out by CISA. According to the Executive Secretary, the default rate for municipalities is considered low, at a maximum of 10% of their members (Interviewee 2). Consultation scheduling, medicine purchasing, and payment blocking are used to manage overdue payments from municipalities. CISA is seen as a "tool for the municipalities" by the Executive Secretariat, and the municipality remains in control of the relationship with CISA, only being able to purchase budgeted services and medicines.

CISA's main objectives are to increase the effectiveness and efficiency of local health systems, improve the execution of actions and services of SUS, modernize administration, expedite the acquisition of goods and services to meet regional needs, standardize actions, and make high-cost projects financially viable (CISA, 2023). While CISA's actions are primarily focused on health, its statutes also allow for involvement in areas related to the environment and infrastructure (CISA, 2009).

Another important aspect of CISA's work is the acquisition of medicines for associated and partner municipalities, done through electronic bidding or price registration based on municipal demands. This process involves over 2,000 different items annually (CISA, 2022). Additionally, the consortium accredits and provides specialized consultation clinics, doctors, and laboratories. Currently, 21 medical specialties are available for consultations and 32 different groups of laboratory tests (CISA, 2023).

5 The municipalities and CISA: coping with difficulties

Milton Santos in "A urbanização brasileira" [The Brazilian urbanization] deals with the organization of cities, characterizing them as "chaotic" in terms of their internal functioning and the problems of the population.

> With differences in degree and intensity, all Brazilian cities have similar problems. Their size, type of activity, the region in which they are located, etc., are elements of differentiation, but in all of them, problems such as employment, housing, transport, leisure, water, sewage, education, and health are generic and reveal enormous shortcomings. The larger the city, the more visible these problems become, although these wounds are everywhere (SANTOS, 2005, p. 105).

The issues relating to the population's health care show that these problems, more than 30 years after Milton Santos published his work, not only continue to put pressure on municipal administrations but now, in the words of Milton Santos and Maria Laura Silveira, there has been an "expansion and diversification of immaterial consumption" (SANTOS; SILVEIRA, 2011, p. 229), such as the demand for health services, the focus of this paper. The authors continue

> Even though they are increasingly commanded by the logic of the market, certain goods and services, such as education and health, become part of a consumer vocation that, thanks to information and transportation, is

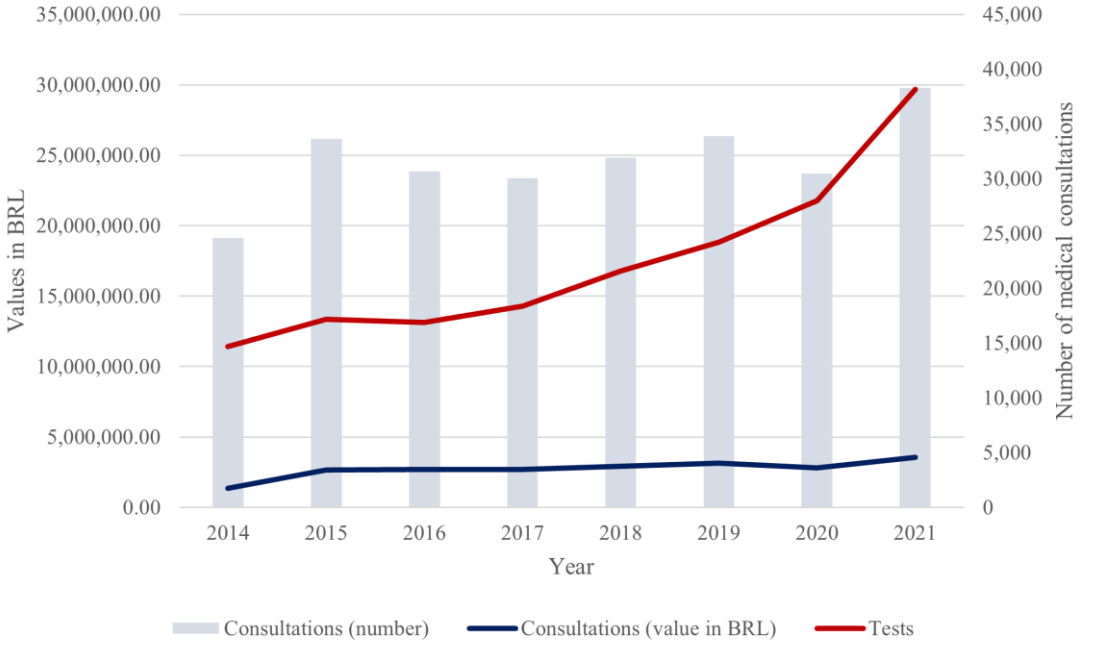
> spreading throughout society and the territory (SANTOS; SILVEIRA, 2011, p. 229).

Municipalities, in general, devote very little time to health promotion and practically act on the demands of users of the public health system. In these cases, municipal actions are concentrated on medical consultations, exams, and the supply of medicines (SILVA *et al.*, 2014). In addition to this partial view of health management in the municipalities, there are issues relating to the expansion and diversification of demands, raised by Santos and Silveira (2011), which can be easily observed in various studies on the subject (CRUZ; DE BARROS; DE SOUZA, 2022; LEAL *et al.*, 2019; MARRONI; FRANZESE; PANOSSO, 2020; PINAFO *et al.*, 2020). Public health consortia are one way of tackling these problems (MARRONI; FRANZESE; PANOSSO, 2020; THESING *et al.*, 2018). They are presented and discussed here.

The actions carried out by CISA in the area of health include, on the one hand, the provision of medical services in the form of consultations, procedures, and examinations and, on the other, the purchase of medicines. In the first case, the provision of medical consultations and examinations is restricted to the member municipalities. Figure 2 shows data on the volume of spending on medical consultations and laboratory tests by municipalities between 2014 and 2021.

Concerning the consultations authorized by the 47 municipalities associated with CISA in the period, these rose from 24,600 units in 2014 to over 40,000 consultations in 2021. Although Figure 2 does not show the data by municipality, it should be noted that these figures are uneven between the various municipalities. Generally speaking, in the eight years in which the information was made available, less than a third of the municipalities were responsible for three-quarters of the consultations carried out (CISA, 2022). In one of the municipalities, for example, in 2018, one consultation was carried out for every 0.62 inhabitants (CISA, 2022), equivalent to almost two-thirds of the population. It should be noted, however, that each municipality is financially responsible for the consultations it authorizes and that the Health Departments of these municipalities refer patients directly, in a decentralized manner, to the doctors and clinics of their choice. These differences are, therefore, the result of the specific policies of each municipal administration.

Figure 2 – Medical consultations and tests carried out by CISA (2014–2021)



Source: Prepared by the authors. Data obtained from CISA (CISA, 2022)

The figures for exams carried out between 2014 and 2021 can also be seen in Figure 2. It is important to note that there is a strong concentration of exams in a few groups. For example, the professionals/technicians/on-call group concentrated more than 30% of the total in almost every year of the period (CISA, 2022). According to the List of Accredited Professionals, Laboratories, and Clinics, this group represents those exams carried out by the professionals during consultations (CISA, 2023).

Consultations and exams taken together provide additional information to be analyzed. On average, over the period analyzed, each consultation led to 10.5 specialized exams. Alternatively, to put it another way, every BRL 1.00 spent by member municipalities on medical consultations generated the need for another BRL 6.41 to carry out specialized exams (CISA, 2022). We are not discussing the need for these tests or otherwise. Nonetheless, it is important to note the impact of these proportions on the municipalities, since their budgets cannot adequately provide for the additional amounts for specialized exams (Interviewees 3–5).

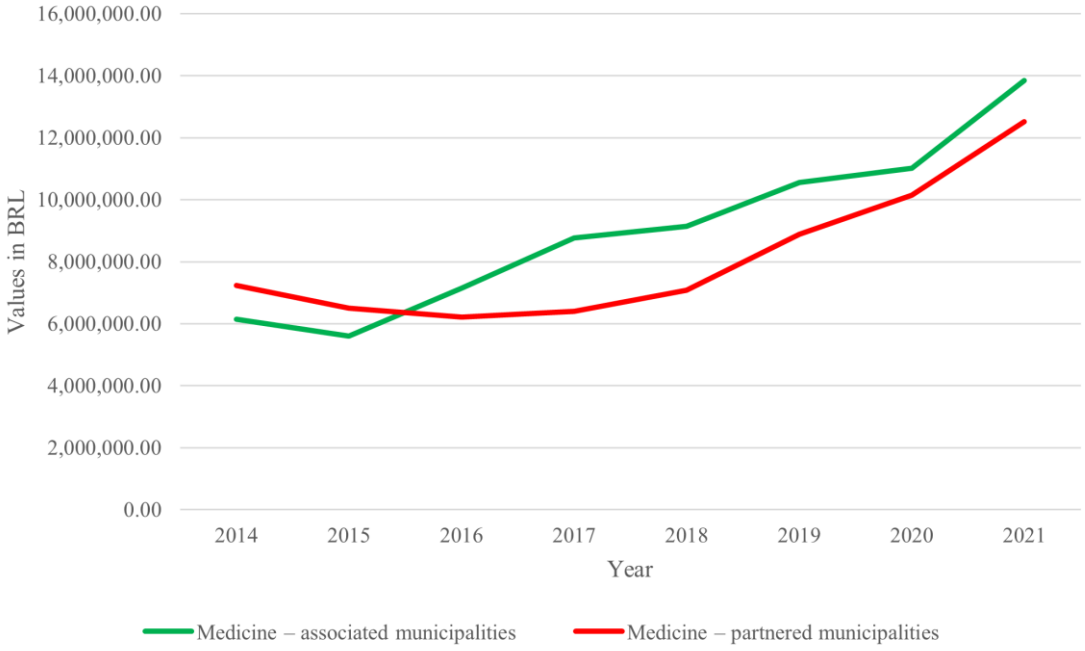
The observed Municipal Health Secretariats defined CISA as fundamental and extremely important. The accessibility of consultations and exams, provided by good professionals, means that, at least in the smaller municipalities, most health care is provided through CISA. Although larger municipalities use the consortium's services less often, they use it as a benchmark for their internal management and as an alternative for eventualities, especially urgencies and emergencies (Interviewees 3 and 4).

The municipal managers' biggest concerns are about medical care. In some specialties, the number of accredited professionals is very low, and, in general, they consider the cost of a consultation to be high. A very frequent situation, as the data presented above has already shown, is that each medical consultation brings a set of specialized tests over which the municipality has little or no control and, in most

cases, is carried out by the doctor himself during the consultation. The managers also mention the lack of a continuity solution on many occasions. Many patients, when they need surgery, which must be carried out through the SUS, have their treatment discontinued by the professional who attends them through CISA. These facts, according to the managers, call for greater regulation and control over the services provided by CISA (Interviewees 3–5).

Figure 3 shows data on the volume of spending on medicines from 2014 to 2021. Purchases are made jointly in order to increase negotiating power with drug laboratories and distributors.

Figure 3 – Medicine purchases by CISA (2014–2021)



Source: Prepared by the authors. Data obtained from CISA (CISA, 2022)

The purchase of medicines has a positive economic impact on CISA's members and partners. Information from the Municipal Health Departments of Augusto Pestana, Bozano, and Panambi, along with CISA's management (Interviewees 1 and 3–5), shows that savings from medicine purchases are crucial to the Consortium's existence. In small municipalities, the reduction in medicine prices can reach 60%. Between 2014 and 2021, CISA's spending on medicines increased from around six to fourteen million reais, even though the more populous municipalities within CISA made independent purchases during this period. The volume of medicines purchased by CISA members remained at around seven million reais per year until 2017 and then significantly increased, reaching over ten million reais by 2021.

However, there are concerns about supplier deliveries, as some health departments report frequent delays. Local managers believe procurement processes should be more efficient and include more orders. Fines imposed on suppliers do not adequately address the inconvenience faced by municipalities and patients (Interviewees 3–5).

Another piece of information highlighting the relationship between municipalities and public consortia comes from the budget execution of the 47 municipalities affiliated with CISA from 2019 to 2021. Expenditure on health and resource transfers to public consortia was obtained from the National Treasury Secretariat,[7] allowing for the determination of the proportion between these items. Most affiliated municipalities have ratios of less than 10%.

However, 22 municipalities have ratios exceeding 10%, including four municipalities with proportions exceeding 20% and one with a rate higher than 35%. Although these figures do not establish a direct relationship, they indicate the potential reliance of many municipalities on the actions and services provided by public consortia. Another notable point is the flow of information between CISA managers. Only the municipal mayors are involved in accountability activities, meetings, and assemblies. However, the information and topics discussed in these forums are often relayed to the Municipal Health Secretaries in an incomplete or distorted manner due to communication failures. The main reason for these communication difficulties is the non-existence or lack of regular functioning of the technical chambers outlined in the CISA Statute. These chambers are meant to be comprised of municipal representatives working in the relevant field (Interviewee 5).

5 Final remarks

This study examined the Intermunicipal Health Consortium of the Northwest of the State of Rio Grande do Sul (CISA) in terms of its actions for the benefit of the associated municipalities and its administrative and organizational characteristics. Despite being just one of over 600 consortia in the country, this research aimed to demonstrate the potential, limitations, and challenges of this instrument, which has a longer history in Brazil and was formally established over a decade ago.

Various studies have consistently addressed the difficulties faced by municipalities in fulfilling their health-related responsibilities. The emergence of numerous small municipalities since 1988 indicates that municipal governments face similar challenges. In these cases, joining a consortium is a starting point for addressing municipal demands.

The 47 municipalities associated with CISA share healthcare professionals and services, resulting in a significant number of consultations and specialized exams. The purchase of medicines is also extended to municipalities in two other consortia. CISA's reports from the eight years studied demonstrate high figures, highlighting one of the key benefits of consortia: economies of scale. Many municipalities can achieve savings of up to 60% on medicine purchases, and most would be unable to provide their population with all necessary medical specialties and laboratory tests independently.

Both CISA and the associated municipalities consider the consortium an extremely useful and necessary tool. The proximity of citizens and the pressure they

[7] The National Treasury Secretariat, through the Brazilian Public Sector Accounting and Fiscal Information System, stores and provides accounting information in a database called Finances of Brazil (Finbra). This information is obtained from various public entities, including municipalities (STN, 2019).

exert on municipal health services are effectively addressed through the support and collaboration of the consortium. Despite the problems reported, particularly regarding the delivery time of medicines and the occasional lack of control over laboratory tests, the municipality manages to provide care for its residents. This is accomplished despite the challenges of attracting healthcare professionals and operating within limited budgets. Some additional questions arise regarding the lack of official information on consortia formation. While legislation has recently been established to ensure security in the participation of municipalities, there is no mechanism for public monitoring of these organizations' existence and performance.

Another question pertains to the participation of municipalities in consortia. Why do some municipalities choose not to participate? Less than half of Brazilian municipalities are reported to participate in a health consortium, even though there are 3,216 municipalities in Brazil. In Rio Grande do Sul, just over 69% of municipalities participate. The reason for the absence of many municipalities remains unclear.

What drives municipalities to form consortia? How long will municipalities struggle with budget imbalances, insufficient revenues, and transfers to carry out their responsibilities? How long will they lack the necessary resources and attractions to attract professionals and companies? In other words, will consortia always be the solution to these problems? Or can municipalities, once they have resolved their economic and logistical issues, continue to collaborate with other federative entities to implement public policies more effectively?

This study's analysis of a single case does not allow for the generalization of these results. Nor does it imply that other consortia perform similarly, especially in the health sector. However, it is important to note that the municipalities, in this case, rely heavily on the consortium they participate in. If this cooperation were to fail, it would not only have financial consequences, but it would also redirect more resources to the health sector. The main impact would be felt by the citizens residing in the municipality, who rely on the services offered by the consortium as their only alternative to meet their needs.

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