



Vigilância Sanitária em Debate

ISSN: 2317-269X

INCQS-FIOCRUZ

Lopes, Rosane Gomes Alves; Seta, Marismar Horsth de; Battesini, Marcelo
Análise das transferências financeiras federais para as ações
laboratoriais de vigilância sanitária no Brasil: 2007 a 2016
Vigilância Sanitária em Debate, vol. 7, no. 3, 2019, pp. 14-24
INCQS-FIOCRUZ

DOI: <https://doi.org/10.22239/2317-269X.01311>

Available in: <https://www.redalyc.org/articulo.oa?id=570566201003>

- How to cite
- Complete issue
- More information about this article
- Journal's webpage in [redalyc.org](https://www.redalyc.org)

UABM [redalyc.org](https://www.redalyc.org)

Scientific Information System Redalyc
Network of Scientific Journals from Latin America and the Caribbean, Spain and
Portugal

Project academic non-profit, developed under the open access initiative



ARTICLE

<https://doi.org/10.22239/2317-269x.01311>

Analysis of federal financial transfers to the sanitary surveillance laboratory actions in Brazil: 2007 to 2016

Análise das transferências financeiras federais para as ações laboratoriais de vigilância sanitária no Brasil: 2007 a 2016

Rosane Gomes Alves Lopes^{I,*}

Marismary Horsth de Seta^{II}

Marcelo Battesini^{III}

ABSTRACT

Introduction: Laboratory analyzes, which are fundamental to the SNVS, aim to minimize the risks from health-related products, services, and environments, requiring available and timely financial resources for laboratories to perform their activities. **Objective:** The study describes and analyzes the federal funding of laboratory health surveillance actions in Brazil, from 2007 to 2016. **Method:** This is a study of bibliographic and documentary analysis using federal financial transfer orders, besides agreements, terms cooperation and other voluntary transfers present in Management Reports of the National Health Surveillance Agency (Anvisa). **Results:** The transfers were classified into two categories: (i) automatic transfers of fund-to-fund resources, intended for the execution of the set of laboratory actions at regular intervals (monthly or quarterly) or for specific purposes (annual); and (ii) voluntary transfers of resources comprising covenants and the like. The repercussions of federal funding on laboratories and their activities were discussed. The laboratories of SP, PE, INCQS, BA and MG were awarded, respectively, with the largest amounts. In the analysis of the total values transferred from fund to fund according to regions, the Northeast is highlighted, followed by the Southeast. **Conclusions:** In spite of the relevance of the allocation of federal resources and the specific destination for some laboratory activities, we highlight the need to construct a solid financing policy for the Public Health Surveillance Laboratory.

KEYWORDS: Health Financing; Health Surveillance; Health Surveillance; Laboratory Actions; Quality Control in Health

RESUMO

Introdução: As análises laboratoriais, fundamentais para o Sistema Nacional de Vigilância Sanitária, objetivam minimizar os riscos advindos de produtos, serviços e ambientes relacionados à saúde, sendo necessários recursos financeiros disponíveis e oportunos aos laboratórios para realização de suas atividades. **Objetivo:** O estudo descreve e analisa o financiamento federal das ações laboratoriais de vigilância sanitária no Brasil, de 2007 a 2016. **Método:** Trata-se de estudo de análise bibliográfica e documental utilizando-se portarias de repasses financeiros federais, além de convênios, termos de cooperação e demais transferências voluntárias presentes em Relatórios de Gestão da Agência Nacional de Vigilância Sanitária (Anvisa). **Resultados:** Os repasses foram classificados em duas categorias: (i) transferências automáticas de recursos fundo a fundo, destinadas à execução do conjunto das ações laboratoriais com periodicidade regular no tempo (mensal ou quadrimestral) ou para finalidades específicas (anuais); e (ii) transferências voluntárias de recursos compreendendo convênios e assemelhados. As repercussões do financiamento federal nos laboratórios e nas suas atividades foram discutidas. Os laboratórios de SP, PE, INCQS, BA e MG foram contemplados, respectivamente, com os maiores montantes. Na análise dos valores totais transferidos fundo a fundo segundo regiões, destaca-se o Nordeste, seguido do Sudeste. **Conclusões:** Em que pese a relevância da alocação de recursos federais e da destinação específica para algumas atividades laboratoriais, destaca-se a necessidade da construção de uma política de financiamento sólida para o laboratório público de vigilância sanitária.

PALAVRAS-CHAVE: Financiamento da Saúde; Vigilância em Saúde; Vigilância Sanitária; Ações Laboratoriais; Controle de Qualidade em Saúde

^I Instituto Nacional de Controle de Qualidade em Saúde (INCQS), Fundação Oswaldo Cruz (Fiocruz), Rio de Janeiro, RJ, Brasil

^{II} Escola Nacional de Saúde Pública Sérgio Arouca (ENSP), Fundação Oswaldo Cruz (Fiocruz), Rio de Janeiro, RJ, Brasil

^{III} Universidade Federal de Santa Maria (UFSM), Santa Maria, RS, Brasil

* E-mail: rosane.alves@incqs.fiocruz.br



INTRODUCTION

In Brazil, health surveillance has been nationally structured in two systems since 2009: the National Health Surveillance System and the National Sanitary Surveillance System (SNVS). These systems are coordinated by separate federal agencies: the Health Surveillance Secretariat of the Ministry of Health (SVS/MS) and the National Health Surveillance Agency (Anvisa), respectively^{1,2}. The policies, guidelines and funding criteria for their operations are largely under federal responsibility.

The SNVS includes municipal, state, district and federal health surveillance services and the laboratory component of the National System of Public Health Laboratories (SISLAB)³, dedicated to analyses of interest for health surveillance - henceforth called surveillance laboratories, including 27 central laboratories (Lacen)³ that report to their respective departments of health, municipal laboratories, and the National Institute for Quality Control in Health (INCQS), of the Oswaldo Cruz Foundation.

Laboratory analyses are fundamental for the SNVS and aim to minimize the risks arising from health-related products, services and environments. When performed on food, medicines, pharmaceutical ingredients and other products, fiscal analyses⁴ and other modalities check product compliance, identify fraud and assess the risk to the health of the population. Official standards determine the tests and specify procedures, parameters and control methods in a job that requires technical and analytical skills, expertise in the development and implementation of analysis methodologies, available and timely funds for maintenance and procurement of equipment and supplies, and qualified labor.

At the time of the implementation of SISLAB, the federal financial contribution to the laboratories was based on remuneration for the production of services or through voluntary transfers, based on negotiated agreements, including covenants⁵, for which balancing entries are required from the recipient of the funds. Covenants have decreased as Terms of Decentralized Execution (TED) and Terms of Cooperation (TC) or transfer agreements increased. Note that a TED can only be signed between agencies at the same level of government, in this case, the federal level; and that both TED and TC do not need balancing entries.

The funds of the federated entities for health actions make up the National, State and Municipal Health Funds⁶. Today, the decentralization of federal funds for health is mostly done in the fund-to-fund modality⁶. In the case of this study, it was from the National Health Fund to State Health Funds - through Ministerial Ordinances, that is, as transfers or automatic transfers.

Automatic and regular federal fund transfers to laboratories for analysis of epidemiological and environmental surveillance began in 2005⁷, when the Incentive Factor for Public Health Laboratories (FINLACEN) was enacted. For health surveillance laboratories, this type of transfer began in 2007⁸, and the funds were intended to cover costing (current costs)^{9,10}, including the maintenance of the activities of public administration bodies,

but not for the expansion of the services rendered by the agency, or expansion of its activities.

For fund transfers, from 2009 to 2017, there were six funding blocks, which are deemed essential for the structure of the Unified Health System (SUS): primary care, medium and high complexity, pharmaceutical care, health surveillance, SUS management and investment¹¹. The funds transferred should be invested in health actions and services related to the block itself, except for funds for investment¹¹. After 2017¹², the criteria for calculating the amounts were maintained and the blocks split were into two: costing public health actions and services and investment in the public health services network.

Apart from the amount of funds, the funding type and the transfer modalities have different implications for the management and use of these funds by the laboratories. They may lead to certain actions to the detriment of others, or the non-prioritization of certain analyses. Furthermore, the binding of the health surveillance laboratory to various levels of government and the diversity of attributions and analyses performed by the Lacen - surveillance and care in health - add complexity to laboratory management and pose challenges to the execution of analytical activities.

A bibliographic study on laboratories and health surveillance¹³ pointed out that there are few studies about the topic of "laboratories" in Brazilian and international literature that are not related to product quality control through analytical laboratory procedures and their results. Studies about the Brazilian health surveillance policy and the management of SNVS laboratories are even rarer. No paper on the funding of health surveillance laboratories that addressed all federal financial transfers was found in the survey conducted in 2016 and repeated in 2019.

This paper intends to fill one of the gaps of federal funding for laboratory health surveillance actions - systematized information over the 10-year period - and to lay the foundations for the analysis of the repercussions of changes in federal funding after 2017. All funds and the form of financial contribution made by Anvisa to the laboratory are part of its financial cooperation with the SNVS. These are mechanisms to drive the health surveillance policy in the country, with potential to contribute to the integration and cooperation between the surveillance services and their respective SNVS laboratories. The purpose of this paper is to describe and analyze federal funding for laboratory health surveillance actions from 2007 to 2016.

METHOD

Descriptive study, based on document analysis¹⁴, with identification and selection of documents to be studied and content analysis of the selected material. The period from 2007 to 2016 was chosen because of the need to analyze the funding policy of health surveillance laboratories in Brazil after the establishment of SISLAB.



We found the federal transfer Ordinances of this period through systematic search on the Saúde Legis portal, which gathers normative acts of the SUS, at federal level. Access was made in February 2016¹⁵ and the “funding” (*financiamento*) and “surveillance” (*vigilância*) terms were used. We selected the Ordinances related to health surveillance laboratories. As a rule, they contained a textual part and annexes with the amounts scheduled for transfer.

The document analysis was based on the systematic reading and comparison of common items, classification according to the nature of the transfers and identification of the amounts contained in the annexes. The following were analyzed: summary, validity period, frequency of transfers, estimated total amount, recipients and purposes.

In the sum of the funds, we considered the existence of differences between the entry into force (validity) of the Ordinances and the time of incidence of their financial effects, with prevalence of the latter. Thus, the sum did not include the amounts provided for in the Ordinances of a period that had financial effects in another period, like Ordinances n. 2.943¹⁶, of December 26, and n. 2.992¹⁷, of December 29, 2016. The regional distribution of funds was also analyzed.

Anvisa¹⁸ management reports from 2009 to 2016 were the data sources about covenants, terms of cooperation and other voluntary fund transfers to laboratories. These reports were accessed in February 2016. Upon consultation, Anvisa¹⁹ provided additional information on covenants with public health laboratories.

The Results section is structured by two modalities of transfers anchored in the legislation⁶ and the scientific literature on SUS funding, compared with the findings of the present study: (i) automatic transfers of fund-to-fund resources for the execution of all laboratory actions (regular in time: monthly or four-monthly) or for specific purposes and (ii) voluntary transfers of funds.

RESULTS

We analyzed 19 federal Ordinances of fund transfers to the laboratory component of health surveillance for the conduction of laboratory analyses, and eight Anvisa management reports available on the institutional website at the time of the study.

Table 1 systematizes the Ordinances of automatic and regular transfers over the studied period according to purposes, validity, frequency and nominal values of transfers to Lacen and INCQS.

Table 1. Automatic transfers of regular fund-to-fund funds in time, in BRL (Brazilian reais), and nominal values according to the term and frequency of transfers, 2007 to 2016.

Ordinance n. (year)	Purpose	Term and frequency of transfers	Nominal value (BRL)	
			Lacen	INCQS
3.271/2007 ²⁰	Regulates the monthly transfer of funds for laboratories to perform health surveillance actions.	January 2008 Monthly	23,280,000.00	1,800,000.00
1.106/2010 ^{21,*}	Establishes the amounts of transfers of federal funds destined to the execution of health surveillance actions for 2011.	January 2010 Four-monthly	23,280,000.00	1,800,000.00
1.397/2011 ²²	Establishes the amounts of transfers of federal funds destined to the execution of health surveillance actions for 2012.	June 2011 retroactive to 01/2011 Four-monthly	23,280,000.00	1,800,000.00
926/2012 ²³	Updates the value set for FINLACEN-VISA for the year 2012.	June 2011 retroactive to 01/2011 Four-monthly	23,280,000.00	1,800,000.00
2.792/2012 ^{24,**}	Adds values to FINLACEN 2012.	December 2012 Single	1,764,000.18	-
937/2013 ²⁵	Establishes the amounts of transfers of federal funds destined to the execution of health surveillance actions for 2013.	May 2013 retroactive to 01/2013 Four-monthly	25,044,000.18	1,800,000.00
475/2014 ²⁶	Establishes criteria for the transfer and monitoring of federal funds to states, the Federal District and municipalities.	March 2014 retroactive to 01/2014 Monthly	25,044,000.18	1,800,000.00
59/2015 ²⁷	Updates the amounts of transfers of federal funds destined to the execution of health surveillance actions for 2015.	January 2015 Monthly	25,044,000.18	1,865,333.34
116/2016 ²⁸	Updates the amounts of transfers of federal funds destined to the execution of health surveillance actions for 2016.	January 2016 Monthly	25,044,000.18	1,865,333.34
2.992/2016 ¹⁷	Updates the amounts of transfers of federal funds destined to the execution of health surveillance actions for 2017.	December 2016 with effect in 2017 Monthly	25,044,000.18	1,865,333.34
Total			220,104,001.08	16,396,000.02

Source: Own elaboration.

FINLACEN: Incentive Factor for Public Health Laboratories.

* Ordinance n. 1.106/2010²¹ also provided for the possibility of establishing FINLACEN-VISA for municipal laboratories.

** Ordinance n. 2.792²⁴ is the exception among those classified as regular, since it provides for the transfer in a single payment.



In the regular transfer Ordinances^{17,20,21,22,23,24,25,26,27,28}, we highlight the permanence of the nominal values for the Lacen until December 2012 and for the INCQS until January 2015; and the difference in proportion between the values for Lacen (98%) and INCQS (2%).

Table 2 systematizes the annual federal fund-to-fund transfer Ordinances for specific purposes for the same period.

The eight Ordinances of non-regular transfers in time for the conduction of analyses of interest to health surveillance, issued from 2007 to 2012, are characterized by the transfer in a single payment^{8,29,30,31,32,33,34,35}. One included the INCQS and all state public health laboratories; and four were for the conduction of food testing by the laboratories.

The Chart summarizes the purpose of these Ordinances, the receiving laboratories and the criteria for setting values for fund transfer.

Anvisa's analysis of the amounts, in nominal values, of fund-to-fund resources allocated to laboratories and the total values were systematized in Table 3, year by year, by Brazilian region and state, for state laboratories and for INCQS.

In 2009, there was no regular transfer to conduct laboratory analyses of interest to health surveillance, which led to a drop in total funds that year. Only fund-to-fund transfers were made for food monitoring activities in some laboratories.

The analysis of the total values transferred in the fund-to-fund modality by region (Figure) shows higher values destined for the Northeast Region, followed by the Southeast. Among the states, we highlight the amount allocated for the laboratories of São Paulo (SP), Pernambuco (PE), Bahia (BA) and Minas Gerais (MG), as well as INCQS.

Voluntary financial transfers included covenants, TC and TED. The covenants signed by Anvisa with the public laboratories have been decreasing every year¹⁹, and since 2008 there has been an increase in TC.

In the studied period, an amount of BRL 15,179,904.57 (BRL 1,686,656.06/year) was passed on to public health laboratories to carry out product quality monitoring programs through covenants or TC. Of this amount, 57% of the funds refer to the National Drug Verification Program (PROVEME)³⁶ which, coordinated by Anvisa, evaluates the physical and chemical characteristics of generic, similar and reference drugs. A total of BRL 5,888,174.70 were transfers via TC to the public health laboratories of BA, Goiás (GO), SP, Ceará (CE), MG, Federal District (DF), Espírito Santo (ES), Santa Catarina (SC), Rio Grande do Norte (RN), Paraná (PR), Rio Grande do Sul (RS), Pará (PA), PE and INCQS; and BRL 2,811,783.91 were transferred via covenant to the public health laboratories of BA, GO, SP, CE and MG.

In 2016, the TC for PROVEME analytical reports included: Lacen CE (BRL 1,059,551.50), INCQS (BRL 730,744.10), Lacen

Table 2. Automatic transfers of regular fund-to-fund funds for specific purposes in BRL (Brazilian reais), and nominal values according to the term and frequency of transfers, 2007 to 2016.

Ordinance n. (year)*	Purpose	Term and frequency of transfers	Nominal value (BRL)	
			Lacen	INCQS
3.202/2007 ⁸	Classifies laboratories by size and level of complexity.	December 2007 with effect in November Single	16,720,000.00	1,200,000.00
3.235/2009 ²⁹	Implementation of food monitoring actions - PROMAC, PATEN, OGM.	December 2009, with effect in the same month Single	1,600,000.00	-
3.087/2010 ³⁰	Implementation of food monitoring actions - PAMVET.	October 2010 Single	620,730.00	44,550.00
2.982/2011 ³¹	Execution of laboratory health surveillance actions for large mass events.	December 2011 Single	11,368,416.00	-
2.795/2012 ³²	Establishes the National Program for Strengthening Health Surveillance Actions at Ports, Airports and Borders.	December 2012 Single	2,990,000.00	-
2.796/2012 ³³	Strengthening of the Adolfo Lutz Laboratory as a national public provider of proficiency testing.	December 2012 Single	593,000.00	-
2.797/2012 ³⁴	Strengthening of Central Public Health Laboratories of the Legal Amazon Region for analysis of certain drugs.	December 2012 Single	2,753,880.00	-
2,801/2012 ³⁵	Strengthening of food monitoring actions - PATEN, PROMAC, PARA, OGM and PAMVET	December 2012 Single	21,500,000.00	-
Total			58,146,026.00	1,244,550.00

Source: Own elaboration.

PROMAC: Additive and Contaminant Monitoring Program; PATEN: Nutritional Content Assessment Program; OGM: Genetically modified organisms; PARA: Agrochemical Residue Analysis Program; PAMVET: Veterinary Drug Residue Analysis Program.

* Ordinance n. 4.163/2010, which provides for occasional transfers, is not in the table because it refers to municipal laboratories, which were not the focus of this study.



Chart. Occasional transfer ordinances: purposes, laboratories covered and criteria for transfer of funds, 2007 to 2016.

Ordinance n. (year)	Purpose	Covered laboratories	Criteria for determining the amounts of funds to be transferred
3.202/2007 ⁸	Classifies the laboratories that perform health surveillance analyses.	All Lacen and the INCQS.	Size and level of complexity.
3.235/2009 ²⁹	Expansion of Lacen's analytical capacity to perform food monitoring actions.	GO, DF, AL, BA, CE, MA, RN, PE, AM, TO, ES, MG, RJ, SP, SC, RS.	Number of samples to be analyzed and analytical complexity of the monitored parameter.
3.087/2010 ³⁰	Monitoring of veterinary drug residues in food.	DF, GO, MG, RS and SP.	Number of samples to be analyzed and analytical complexity of the monitored parameter.
2.982/2011 ³¹	Strengthening of quality management in municipal, state and DF laboratories, for the execution of monitoring programs of products of health interest because of major mass events.	AM, BA, CE, DF, MT, MG, PR, PE, RN, RS, SP.	The amount to be transferred is the same for all of them.
2.795/2012 ³²	Establishes a National Program for Strengthening Health Surveillance Actions at Ports, Airports and Borders and the financial incentive for costing of the Lacen.	Determination of norovirus in water and food, Lacen AM, BA, CE, PA, PE, RJ, SC, SP; priority microbiological analysis by BA, CE, DF, MG, PE, RJ; analysis of imported products subject to health surveillance RJ, RS, SC, SP, PR.	Lacen's installed analytical capacity to define amounts by state covered in this Ordinance.
2.796/2012 ³³	Establishes Lacen-SP as a national provider of proficiency testing.	SP.	-
2.797/2012 ³⁴	Drug analysis performed by the Lacen of the Legal Amazon Region.	RO, RR, AC, MA, MT, TO - Level 1 - labeling, physical appearance, microbiology, identification, disintegration and impurity analyses; AM, AP and PA - Level 2 - dissolution, content uniformity and sterility tests, in addition to all Level 1 analyses.	Lacen's installed analytical capacity to define amounts by state covered.
2.801/2012 ³⁵	Strengthening food monitoring actions through programs - PATEN; PROMAC; PARA, OGM and PAMVET; for analysis and equipment procurement.	AL, CE, DF, GO, MS, MG, PA, PR, PE, RJ, RS, RO, SC and SP.	Lacen's installed capacity and the specific needs of each parameter to be monitored.

Source: Own elaboration.

Lacen: Central laboratories; INCQS: National Institute for Quality Control in Health; PATEN: Nutritional Content Assessment Program; PROMAC: Additive and Contaminant Monitoring Program; PARA: Agrochemical Residue Analysis Program; OGM: Genetically modified organisms; PAMVET: Veterinary Drug Residue Analysis Program; AC: Acre; AL: Alagoas; AP: Amapá; AM: Amazonas; BA: Bahia; CE: Ceará; DF: Federal District; ES: Espírito Santo; GO: Goiás; MA: Maranhão; MT: Mato Grosso; MS: Mato Grosso do Sul; MG: Minas Gerais; PA: Pará; PB: Paraíba; PR: Paraná; PE: Pernambuco; PI: Piauí; RJ: Rio de Janeiro; RN: Rio Grande do Norte; RS: Rio Grande do Sul; RO: Rondônia; RR: Roraima; SC: Santa Catarina; SP: São Paulo; SE: Sergipe; TO: Tocantins.

SP (BRL 700,909.30), Lacen GO (BRL 539,161.00), Lacen DF (BRL 531,652.80) and Lacen PE (BRL 477,736.70). The Lacen from ES, MG, SC, RN, PR, RS, PA and BA received amounts ranging from BRL 195,000 to BRL 323,000.

Another program with fund allocation (BRL 2,154,588.60) is the Food Pesticide Residues Analysis Program (PARA)³⁷, which aimed to develop analytical methodologies and perform analysis of pesticide residues in food, via covenant with Lacen GO and Lacen MG.

In this period, other terms of cooperation were signed between Anvisa and INCQS for the following purposes: heparin quality control in raw materials and finished products (2012); development of methodologies for the analysis of mycotoxins

(masked fumonisins) in processed maize products and banned substances in food supplements and fast weight-loss products (2013); storing, packaging and distributing the Reference Chemical Substances of the Brazilian Pharmacopoeia to public and private institutions that control the quality of pharmaceutical ingredients and medicines; promoting and supporting the production of the *Vigilância Sanitária em Debate* journal; implementing the web version of the Sample Management System in the laboratories of the health surveillance network (2016).

Of the total funds transferred to Lacen to carry out product quality monitoring programs, the state laboratories of CE, GO, MG and SP stand out as those that received the largest amounts during the study period.



Table 3. Annual federal fund transfers, by region and state, in nominal values, in reais, to Lacen and INCQS, 2007 to 2016*.

Region	State	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	TOTAL
CO	GO	640,000.00	960,000.00	83,787.91	360,000.00	360,000.00	663,153.34	1,025,333.34	1,025,333.34	1,025,333.34	1,025,333.34	7,168,274.61
	MS	400,000.00	600,000.00	0.00	600,000.00	600,000.00	3,150,333.34	665,333.34	665,333.34	665,333.34	665,333.34	8,011,666.70
	MT	560,000.00	840,000.00	0.00	480,000.00	480,000.00	1,182,653.34	905,333.34	905,333.34	905,333.34	905,333.34	7,163,986.70
	DF	400,000.00	600,000.00	123,936.29	720,000.00	1,667,368.00	1,487,653.34	665,333.34	665,333.34	665,333.34	665,333.34	7,660,290.99
	AL	400,000.00	600,000.00	73,314.42	1,560,000.00	2,507,368.00	1,820,333.34	665,333.34	665,333.34	665,333.34	665,333.34	9,622,349.12
NE	BA	1,040,000.00	1,560,000.00	8,378.79	1,080,000.00	2,027,368.00	2,750,333.34	1,625,333.34	1,625,333.34	1,625,333.34	1,625,333.34	14,967,413.49
	CE	720,000.00	1,080,000.00	111,717.22	644,550.00	1,547,368.00	825,333.34	1,145,333.34	1,145,333.34	1,145,333.34	1,145,333.34	9,510,301.92
	MA	560,000.00	840,000.00	33,515.16	720,000.00	840,000.00	850,333.34	905,333.34	905,333.34	905,333.34	905,333.34	7,465,181.86
	PB	480,000.00	720,000.00	0.00	1,077,315.00	720,000.00	2,610,333.34	785,333.34	785,333.34	785,333.34	785,333.34	8,748,981.62
	PI	400,000.00	600,000.00	0.00	840,000.00	600,000.00	1,143,153.34	665,333.34	665,333.34	665,333.34	665,333.34	6,244,486.70
NO	RN	400,000.00	600,000.00	2,792.93	840,000.00	1,547,368.00	1,143,153.34	665,333.34	665,333.34	665,333.34	665,333.34	7,194,647.63
	SE	320,000.00	480,000.00	0.00	600,000.00	480,000.00	1,890,333.34	545,333.34	545,333.34	545,333.34	545,333.34	5,951,666.70
	PE	720,000.00	1,080,000.00	108,924.29	2,097,000.00	2,027,368.00	5,855,333.34	1,145,333.34	1,145,333.34	1,145,333.34	1,145,333.34	16,469,958.99
	AC	240,000.00	360,000.00	0.00	960,000.00	360,000.00	4,837,653.34	425,333.34	425,333.34	425,333.34	425,333.34	8,458,986.70
	AM	480,000.00	720,000.00	22,692.56	720,000.00	1,667,368.00	850,333.34	785,333.34	785,333.34	785,333.34	785,333.34	7,601,727.26
SE	AP	320,000.00	480,000.00	0.00	1,080,000.00	480,000.00	2,665,333.34	545,333.34	545,333.34	545,333.34	545,333.34	7,206,666.70
	RR	240,000.00	360,000.00	0.00	1,080,000.00	360,000.00	1,600,333.34	425,333.34	425,333.34	425,333.34	425,333.34	5,341,666.70
	TO	320,000.00	480,000.00	16,408.47	600,000.00	480,000.00	730,333.34	545,333.34	545,333.34	545,333.34	545,333.34	4,808,075.17
	PA	640,000.00	960,000.00	0.00	1,560,000.00	960,000.00	2,515,333.34	1,025,333.34	1,025,333.34	1,025,333.34	1,025,333.34	10,736,666.70
	RO	400,000.00	600,000.00	0.00	600,000.00	600,000.00	730,333.34	665,333.34	665,333.34	665,333.34	665,333.34	5,591,666.70
S	ES	480,000.00	720,000.00	13,266.42	1,004,550.00	720,000.00	2,535,333.34	785,333.34	785,333.34	785,333.34	785,333.34	8,614,483.12
	MG	1,200,000.00	1,800,000.00	477,591.10	600,000.00	2,027,368.00	1,163,153.34	1,865,333.34	1,865,333.34	1,865,333.34	1,865,333.34	14,729,445.80
	RJ	1,040,000.00	1,560,000.00	67,030.33	360,000.00	2,507,368.00	663,153.34	1,625,333.34	1,625,333.34	1,625,333.34	1,625,333.34	12,698,885.03
	SP	1,200,000.00	1,800,000.00	404,974.90	840,000.00	2,747,368.00	3,140,333.34	1,865,333.34	1,865,333.34	1,865,333.34	1,865,333.34	17,594,009.60
	SC	560,000.00	840,000.00	34,911.63	1,917,315.00	840,000.00	3,810,333.34	905,333.34	905,333.34	905,333.34	905,333.34	11,623,893.33
SUM	RS	640,000.00	960,000.00	16,757.58	480,000.00	1,907,368.00	610,333.34	1,025,333.34	1,025,333.34	1,025,333.34	1,025,333.34	8,715,792.28
	PR	720,000.00	1,080,000.00	0.00	480,000.00	2,027,368.00	1,063,153.34	1,145,333.34	1,145,333.34	1,145,333.34	1,145,333.34	9,951,854.70
	SUM	15,520,000.00	23,280,000.00	1,600,000.00	23,900,730.00	33,088,416.00	52,287,880.18	25,044,000.14	25,044,000.14	25,044,000.18	25,044,000.18	249,853,026.82
	INCQS	1,200,000.00	1,800,000.00	0.00	1,844,550.00	1,800,000.00	1,800,000.00	1,800,000.00	1,800,000.00	1,865,333.34	1,865,333.34	15,775,216.68
	TOTAL	16,720,000.00	25,080,000.00	1,600,000.00	25,700,730.00	34,888,416.00	54,087,880.18	26,844,000.14	26,844,000.14	26,909,333.52	26,909,333.52	265,628,243.50

Source: Own elaboration, based on the data of the Ordinances listed in Table 1.

INCQS: National Institute for Quality Control in Health; NE: Northeast; CO: Center-West; NO: North; S: South; SE: Southeast.

* The amounts of Ordinances n. 2.943 and 2.992 were not considered, because, although they were published in 2016, they had financial impact in 2017.

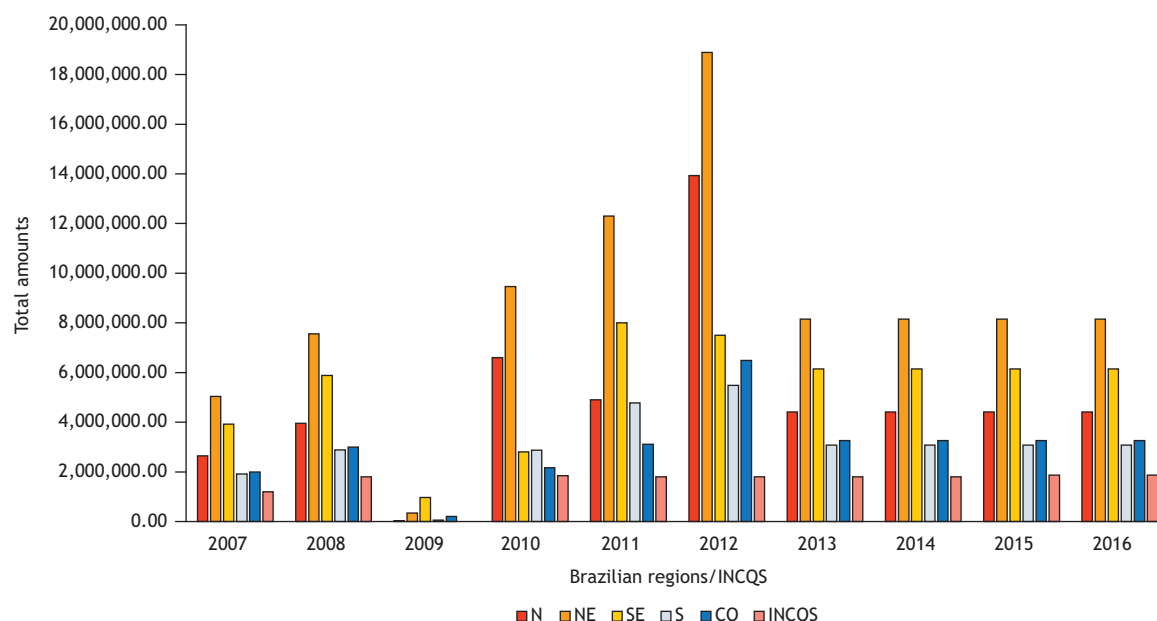


Figure. Total amounts transferred in the fund-to-fund modality by region and INCQS, 2007 to 2016.

DISCUSSION

The study reveals the characteristics of the federal funding policy for Brazilian public laboratories that perform analyses related to health surveillance, as it covered all federal funds automatically transferred in a regular or occasional manner and federal voluntary or negotiated transfers, through covenants and the like. Regular fund-to-fund automatic transfers predominated (79.20%) over occasional or specific purposes (20.80%). Regarding the total funds transferred in the period, automatic funds exceeded (96.08%) voluntary transfers (3.91%).

Two papers address federal fund transfers for health surveillance at the national level. The first paper refers to the period in which there was no regular and automatic transfer to laboratories³⁸; the second, which dealt with transfers to services and laboratories, was limited to regular and automatic transfers and did not consider voluntary or negotiated transfers³⁹. Although this paper has a different focus - SNVS funding - excludes the INCQS and addresses the period from 2007 to 2012, it pointed to a stabilization trend in the distribution of federal fund-to-fund resources at 50% for municipal health surveillance services; 25% for state health surveillance services; 20% for Lacen and 5% to the management of surveillance services³⁹.

The data from this study indicate that the percentage of funds allocated to the INCQS is 6.00% of the total expenditure with SNVS laboratories, and that the funds allocated to all health surveillance laboratories account for 20.00% of the total expenditure with the SNVS, similar to what was found in previous research³⁹. To a large extent, the complexity of the Brazilian laboratory component can be explained by the extensive field of health surveillance and the binding of laboratories and

health surveillance services to different governmental organizations and spheres.

The Ordinance that instituted SISLAB³ in 2004 was the first normative act to direct the organization and operation of public health laboratories. The difference in treatment between health surveillance laboratories and other laboratories was corrected by recognizing the specificity of their laboratory component and the establishment of FINLACEN-VISA⁷. Although the origin of this policy was attributed to the existence of earmarked and not effectively transferred funds to health surveillance services due to non-adhesion of some municipalities to the pact³⁹, it reinforced the importance of this component for the SNVS and provided laboratories with the possibility of financial contribution under their direct management.

The establishment of FINLACEN-VISA as a specific tool to fund these actions in 2007 through two Ordinances^{7,8} was unprecedented, as it proposed regular and automatic fund transfers. While the first⁷ aimed to reinforce the structure of the Lacen to perform analyses of interest to health surveillance, the second⁸ aimed to have all laboratories carry out health product monitoring programs defined with health surveillance services.

In regular transfers^{17,20,21,22,23,24,25,26,27,28} there was predominance of the monthly frequency (20.00%). In the period from 2010 to 2014, the frequency became four-monthly. The inclusion of sanitary surveillance in the scope of health surveillance in 2009² influenced this change in frequency. Ordinance n. 1.378¹, of July 9, 2013, which maintained this inclusion and the existence of an SNVS separate from the National Health Surveillance System, restored the monthly frequency of transfers. In the occasional automatic Ordinances^{8,29,30,31,32,33,34,35}, the transfer was made in a single annual payment.



The volume and form of fund-to-fund transfers, scheduled every year, contribute to a better use of funds and enables services to plan ahead as needed and according to contributions to be received.

The maintenance of the nominal values of the FINLACEN-VISA regular automatic transfers, even considering the 7.58% increase in value for Lacen, as of 2013, and 3.63% for INCQS, as of 2015, led to a significant loss in transferred funds, regardless of the monetary update index selected.

In the 10 years studied, the year 2012 stands out in the number of Ordinances of transfers (six) and in the amounts of federal funds to be passed on to Lacen and INCQS (BRL 54,087,880.18), representing 20.30% of the total during the studied period (BRL 265,628,243.50).

Lacen SP, PE, BA and MG and INCQS received the largest amounts of funds in the period when all normative acts are considered (Table 2). The higher values transferred to the Northeast, followed by the Southeast, can be explained, at least in part, by the larger number of laboratories in the Northeast; and by two state laboratories classified as more complex in the Southeast Region (MG and SP).

Ordinances with specific purposes enable an increase in related actions, even though they do not include all of the network's laboratories. INCQS, for example, was not covered by specific incentives for food monitoring, except for the veterinary drug residue assessment program (PAMVET). Additionally, they seem to favor laboratories that have analytical capabilities for more complex activities, like veterinary drug residue analysis, genetically modified organism analysis, metallic contaminants, proficiency testing and reference material production, since some Ordinances have the laboratory's installed capacity as the parameter for fund transfers.

This question brings to the discussion the importance of establishing laboratory references with differentiated activities in the SNVS, like in other surveillances bodies². This is because not all laboratories need to have the same orientation, structure or perform the same analytical activities.

There are particularities in the activities each laboratory performs, which requires the procurement and maintenance of sophisticated equipment and high-cost supplies. Among the areas addressed by Ordinances during the study period, the highlight was the area of food, which may be related to the greater representation of this area of risk monitoring in the national coordination. Other areas that were addressed included ports, airports and borders, microbial resistance and financial incentive for the execution of municipal health surveillance laboratory actions.

Voluntary transfers, like covenants, involved fewer laboratories and were only for those with the ability to apply their own budget resources as a balancing entry⁵, which is not the case of all laboratories in the network. Among the negotiated transfers, PROVEME and, to a lesser extent, PARA stand out.

In PROVEME, health surveillance services collect and send samples to laboratories, and the drugs evaluated are those with most reports of technical complaints and quality deviation, the most consumed by the Brazilian population, and those present in other programs of the Ministry of Health³⁶.

Health surveillance funding is done with funds from Anvisa and the National Health Fund, which are handled, in each government level, under the supervision of the respective Health Council, the Executive Branch and the Federal Court of Auditors⁸. The transfer of funds for the financing of actions not provided for in health plans is prohibited, except in emergency or public calamity situations, in the area of health⁸. Transfers must be made in accordance with the legal requirements for any other government expenditure¹⁰.

Unlike funds transferred to state and municipal health surveillance services based on per capita values, regular and automatic transfers to public health laboratories are based on size and complexity criteria, just like it is for health surveillance laboratories^{3,7}.

The size classification is supported by the analysis of data regarding the population and territory of each state and the Federal District. This can distort the use of funds because the same amount of funds is transferred to laboratories with different workloads and characteristics.

Regarding the level of complexity of the laboratory in epidemiological and environmental surveillance networks, the classification criteria for fund-to-fund funding are based on epidemiology, medical biology and quality system criteria tests³. In health surveillance this classification is related to the implementation stage of the Quality System and self-assessment of technical and operating capacity⁷. The classification based only on quality requirements does not take into account service particularities, such as the activities that are performed or their contribution to the risk monitoring of health-related products and services.

Laboratories can participate in monitoring programs and carry out specific analytical assays because of automatic transfers for specific purposes or through voluntary transfers. In both transfer modalities, the criteria are based on the complexity of the analytical activity, but the number of samples to be analyzed and the deadline for these activities to be performed are not always explicit.

The amounts transferred to the laboratory component of health surveillance activities are smaller than those intended for other laboratory actions done by the Lacen under the SUS. For example, in 2006, Lacen RJ received BRL 3,600,000.00⁷ for epidemiological and environmental health surveillance, more than two times the amount transferred by FINLACEN-VISA in 2008 (BRL 1,560,000.00)⁸.

The automatic and regular transfer of funds should include the definition of minimum and common actions to the set of laboratories that make up the national network, requiring the correction of their values. The transfer of the same nominal value



over time to fund activities that are constantly updated (like product and service quality control) leads to the progressive reduction in the ability of these services to maintain their performance. It is important to highlight that at the time of publication of this paper, the figures provided for FINLACEN-VISA remained unchanged⁴⁰.

CONCLUSIONS

This study did not include the financial contribution from the states to the state laboratories. It considered the federal funding, which is presented in nominal values. For INCQS, although there are other sources of funding, only the financial contribution made by Anvisa for laboratory activities related to health products and services was included. These choices, as well as the non-inclusion of funds for municipal laboratories, imply limitations inherent in the study.

During the studied period, Ordinances were enacted for regular and scheduled fund-to-fund transfers for states and municipalities, regardless of any covenant or similar instrument. This mechanism enabled the agreement of plans and goals among SUS managers, respecting the different degrees of autonomy, execution capacity and responsibilities at government levels. The

change in the federal funding profile from voluntary transfer to scheduled fund-to-fund transfer suggests an improvement in the relationship between federated entities and other strategic SNVS stakeholders.

During the study period, as previously mentioned, the transfers were made through the health surveillance funding block, formed by the sanitary surveillance and health surveillance components. All costing funds should be applied to actions and services related to the block itself, and investment funds should be transferred in a specific block for this purpose. With the termination of the health surveillance funding block in 2017 and the specific bank accounts for each of its components, the same criteria were maintained for calculating the amounts to be transferred. However, this transfer occurs to a unified account, which may hinder the use of these funds by laboratories, since other expenses in healthcare areas that are more sensitive and of greater social demand may consume part of the funds that should go to the laboratories.

Notwithstanding the relevance of federal funds and their specific allocation to some laboratory activities during the study period, we highlight the need to build a solid and permanent funding policy for the country's public health surveillance laboratories.

REFERENCES

1. Ministério da Saúde (BR). Portaria Nº 1.378, de 9 de julho de 2013. Regulamenta as responsabilidades e define diretrizes para execução e financiamento das ações de vigilância em saúde pela União, Estados, Distrito Federal e Municípios, relativos ao sistema nacional de vigilância em saúde e sistema nacional de vigilância sanitária. Diário Oficial União. 10 jul 2009.
2. Ministério da Saúde (BR). Portaria Nº 3.252, de 22 de dezembro de 2009. Aprova diretrizes para execução e financiamento das ações de vigilância em saúde pela União, Estados, Distrito Federal e Municípios e dá outras providências. Diário Oficial União. 23 dez 2009.
3. Ministério da Saúde (BR). Portaria Nº 2.031, de 23 de setembro de 2004. Dispõe sobre a organização do sistema nacional de laboratórios de saúde pública. Diário Oficial União. 24 set 2004.
4. Brasil. Lei Nº 5.991, de 17 de dezembro de 1973. Dispõe sobre o controle sanitário do comércio de drogas, medicamentos, insumos farmacêuticos e correlatos, e dá outras providências. Diário Oficial União. 19 dez 1973.
5. Brasil. Decreto Nº 6.170, de 25 de julho de 2007. Dispõe sobre as normas relativas às transferências de recursos da União mediante convênios e contratos de repasse, e dá outras providências. Diário Oficial União. 26 jul 2007.
6. Brasil. Decreto Nº 1.232, de 30 de agosto de 1994. Dispõe sobre as condições e a forma de repasse regular e automático de recursos do fundo nacional de saúde para os fundos de saúde Estaduais, Municipais e do Distrito Federal, e dá outras providências. Diário Oficial União. 31 ago 1994.
7. Ministério da Saúde (BR). Portaria Nº 2.606, de 28 de dezembro de 2005. Classifica os laboratórios centrais de saúde pública e institui seu fator de incentivo. Diário Oficial União. 29 dez 2005.
8. Ministério da Saúde (BR). Portaria Nº 3.202, de 18 de dezembro de 2007. Regulamenta o incentivo financeiro destinado aos laboratórios centrais de saúde pública para a execução das ações de vigilância sanitária, na forma de bloco de financiamento de vigilância em saúde, e dá outras providências. Diário Oficial União. 20 dez 2007.
9. Ministério da Saúde (BR). Portaria Nº 399, de 22 de fevereiro de 2006. Divulga o pacto pela saúde 2006: consolidação do SUS e aprova as diretrizes operacionais do referido pacto. Diário Oficial União. 23 fev 2006.
10. Brasil. Lei complementar Nº 141, de 13 de janeiro de 2012. Regulamenta o §3º do artigo 198 da Constituição Federal para dispor sobre os valores mínimos a serem aplicados anualmente pela União, Estados, Distrito Federal e Municípios em ações e serviços públicos de saúde e dá outras providências. Diário Oficial União. 14 jan 2012.
11. Ministério da Saúde (BR). Portaria Nº 204, de 29 de janeiro de 2007. Regulamenta o financiamento e a transferência dos recursos federais para as ações e serviços de saúde, na forma de blocos de financiamento, com o respectivo monitoramento e controle. Diário Oficial União. 31 jan 2007.



12. Ministério da Saúde (BR). Portaria Nº 3.992, de 28 de dezembro de 2017. Altera a portaria de consolidação Nº 6/GM/MS, de 28 de setembro de 2017, para dispor sobre o financiamento e a transferência dos recursos federais para as ações e os serviços públicos de saúde do sistema único de saúde. Diário Oficial União. 28 dez 2017.
13. Lopes RGA, Seta MH. Integração laboratórios-vigilância sanitária: uma revisão. Vigil Sanit Debate. 2017;5(2):97-105. <https://doi.org/10.22239/2317-269X.00908>
14. Calado SS, Ferreira SCR. Análise de documentos: método de recolha e análise de dados. Lisboa: Departamento de Educação da Faculdade de Ciências da Universidade de Lisboa; 2005[acesso 10 fev 2016]. Disponível em: <http://www.educ.fc.ul.pt/docentes/ichagas/mi1/analisedocumentos.pdf>
15. Ministério da Saúde (BR). Portal saúde legis. Brasília: Ministério da Saúde; 2016[acesso 14 fev 2016]. Disponível em: http://portal2.saude.gov.br/saudelegis/LEG_NORMA_PESQ_CONSULTA.CFM.
16. Ministério da Saúde (BR). Portaria Nº 2.943, de 26 de dezembro de 2016. Atualiza os valores dos repasses de recursos financeiros federais do componente de vigilância sanitária, do bloco de financiamento de vigilância em saúde para Estados, Distrito Federal e Municípios, destinados à execução das ações de vigilância sanitária. Diário Oficial União. 27 dez 2016.
17. Ministério da Saúde (BR). Portaria Nº 2.992, de 29 de dezembro de 2016. Altera a Portaria Nº 2.943/GM/MS, de 26 de dezembro de 2016, incluindo os anexos III e IV. Diário Oficial União. 30 dez 2016.
18. Agência Nacional de Vigilância Sanitária - Anvisa. Relatórios de gestão. Brasília: Agência Nacional de Vigilância Sanitária; 2016[acesso 22 fev 2016]. Disponível em: <http://portal.ANVISA.gov.br/relatorios-de-gestao1>
19. Agência Nacional de Vigilância Sanitária - Anvisa. Informações sobre convênios: coordenação de convênios. Brasília: Agência Nacional de Vigilância Sanitária; 2016[acesso 22 fev 2016]. Disponível em: <http://portal.anvisa.gov.br/convenios>
20. Ministério da Saúde (BR). Portaria Nº 3.271, de 27 de dezembro de 2007. Regulamenta o repasse de recursos financeiros destinados aos laboratórios de saúde pública para a execução das ações de vigilância sanitária, na forma do bloco de financiamento de vigilância em saúde. Diário Oficial União. 28 dez 2007.
21. Ministério da Saúde (BR). Portaria Nº 1.106, de 12 de maio de 2010. Atualiza a regulamentação das transferências de recursos financeiros federais do componente de vigilância sanitária do bloco de financiamento de vigilância em saúde, destinados à execução das ações de vigilância sanitária. Diário Oficial União. 14 maio 2010.
22. Ministério da Saúde (BR). Portaria Nº 1.397, de 15 de junho de 2011. Estabelece para o ano de 2011 os valores das transferências de recursos financeiros federais do componente de vigilância sanitária do bloco de financiamento de vigilância em saúde destinados à execução das ações de vigilância sanitária e dá outras providências. Diário Oficial União. 16 abr 2011.
23. Ministério da Saúde (BR). Portaria Nº 926, de 10 de maio de 2012. Estabelece para o ano de 2012 os valores das transferências de recursos financeiros federais do componente de vigilância sanitária do bloco de financiamento de vigilância em saúde destinados à execução das ações de vigilância sanitária. Diário Oficial União. 11 maio 2012.
24. Ministério da Saúde (BR). Portaria Nº 2.792, de 6 de dezembro de 2012. Atualiza o valor definido para o fator de incentivo para os laboratórios centrais de saúde pública (Finlacen-Visa) para o ano de 2012. Diário Oficial União. 7 dez 2012.
25. Ministério da Saúde (BR). Portaria Nº 937, de 17 de maio de 2013. Estabelece para o ano de 2013 os valores das transferências de recursos financeiros federais do componente de vigilância sanitária do bloco de financiamento de vigilância em saúde destinados à execução das ações de vigilância sanitária e dá outras providências. Diário Oficial União. 25 maio 2013.
26. Ministério da Saúde (BR). Portaria Nº 475, de 31 de março de 2014. Estabelece os critérios para o repasse e monitoramento dos recursos financeiros federais do componente da vigilância sanitária do bloco de financiamento de vigilância em saúde, para Estados, Distrito Federal e Municípios, de que trata o inciso II do artigo 13 da Portaria Nº 1.378/GM/MS, de 9 de julho de 2013. Diário Oficial União. 1 abr 2014.
27. Ministério da Saúde (BR). Portaria Nº 59, de 29 de janeiro de 2015. Atualiza, para o ano de 2015, os valores dos repasses de recursos financeiros federais do componente de vigilância sanitária, do bloco de financiamento de vigilância em saúde para Estados, Municípios e Distrito Federal destinados à execução das ações de vigilância sanitária, em função do ajuste populacional de que trata o artigo 8, da Portaria Nº 475/GM/MS, de 31 de março de 2014. Diário Oficial União. 2 fev 2015.
28. Ministério da Saúde (BR). Portaria Nº 116, de 29 de janeiro de 2016. Atualiza, para o ano de 2016, os valores dos repasses de recursos financeiros federais do componente de vigilância sanitária, do bloco de financiamento de vigilância em saúde para Estados, Distrito Federal e Municípios, destinados à execução das ações de vigilância sanitária, em função do ajuste populacional de que trata o artigo 8 da Portaria Nº 475/GM/MS, de 31 de março de 2014. Diário Oficial União. 1 fev 2016.
29. Ministério da Saúde (BR). Portaria Nº 3.235, de 18 de dezembro de 2009. Regulamenta o incentivo financeiro destinado aos laboratórios centrais de saúde pública, Lacen, para a execução das ações de monitoramento de alimentos, na forma do bloco de financiamento de vigilância em saúde. Diário Oficial União. 22 dez 2009.
30. Ministério da Saúde (BR). Portaria Nº 3.087, de 7 de outubro de 2010. Regulamenta o incentivo financeiro destinado aos laboratórios centrais de saúde pública, Lacen e do instituto nacional de controle de qualidade em saúde, Incqs, para a execução das ações de monitoramento de alimentos, na forma do bloco de financiamento de vigilância em saúde. Diário Oficial União. 8 dez 2010.



31. Ministério da Saúde (BR). Portaria Nº 2.982, de 15 de dezembro de 2011. Regulamenta o incentivo financeiro destinado laboratórios de saúde pública Estaduais, Municipais e do Distrito Federal, para a execução das ações laboratoriais de vigilância sanitária. Diário Oficial União. 16 dez 2011.
32. Ministério da Saúde (BR). Portaria Nº 2.795, de 06 de dezembro de 2012. Institui programa nacional de fortalecimento das ações de vigilância sanitária em portos, aeroportos e fronteiras e institui incentivo financeiro de custeio destinado aos laboratórios centrais de saúde pública (Lacen). Diário Oficial União. 7 dez 2012.
33. Ministério da Saúde (BR). Portaria Nº 2.796, de 6 de dezembro de 2012. Institui incentivo financeiro para o fortalecimento do Laboratório Instituto Adolfo Lutz (IAL) como provedor público nacional de ensaios de proficiência. Diário Oficial União. 7 dez 2012.
34. Ministério da Saúde (BR). Portaria Nº 2.797, de 6 de dezembro de 2012. Institui incentivo financeiro para fortalecimento dos laboratórios centrais de saúde pública da Região da Amazônia Legal para fins de análise de medicamentos utilizados no tratamento da malária, leishmaniose, hanseníase e tuberculose no âmbito da vigilância sanitária. Diário Oficial União. 7 dez 2012.
35. Ministério da Saúde (BR). Portaria Nº 2.801, de 6 de dezembro de 2012. Institui incentivo financeiro destinado aos laboratórios centrais de saúde pública para o fortalecimento das ações de monitoramento de alimentos. Diário Oficial União. 7 dez 2012.
36. Agência Nacional de Vigilância Sanitária - Anvisa. Programa de análise de medicamentos divulga resultados. Brasília: Agência Nacional de Vigilância Sanitária; 2016[acesso 25 jun 2017]. Disponível em: http://portal.anvisa.gov.br/noticias/-/asset_publisher/FXrpx9qY7FbU/content/programa-de-analise-dos-medicamentos-divulga-resultados/219201/pop_up?inheritRedirect=false
37. Agência Nacional de Vigilância Sanitária - Anvisa. Programa de análise de resíduos de agrotóxicos em alimentos. Brasília: Agência Nacional de Vigilância Sanitária; 2017[acesso 26 jun 2017]. Disponível em: <http://portal.ANVISA.gov.br/programa-de-analise-de-registro-de-agrotoxicos-para>
38. Solla JJSP, Costa EA. Evolução das transferências financeiras no processo de descentralização da vigilância sanitária no SUS. Rev Baiana Saude Publica. 2007;31(1):161-77. <https://doi.org/10.22278/2318-2660.2007.v31.n1.a1402>
39. Battesini M, Andrade CLT, Seta MH. Financiamento federal da vigilância sanitária no Brasil de 2005 a 2012: análise da distribuição dos recursos. Cienc Saude Colet. 2017;22(10):3.295-306. <https://doi.org/10.1590/1413-812320172210.10852017>
40. Ministério da Saúde (BR). Portaria Nº 75, de 18 de janeiro de 2019. Atualiza, para o ano de 2019, os valores dos repasses de recursos financeiros federais referente ao piso fixo de vigilância sanitária (PF-Visa), do bloco de custeio das ações e serviços públicos de saúde para os Estados, Distrito Federal e Municípios, destinados à execução das ações de vigilância sanitária, em função do ajuste populacional de que trata o artigo 463, da Portaria de Consolidação Nº 6/GM/MS, de 6 de setembro de 2017. Diário Oficial União. 23 jan 2019.

Acknowledgments

To Anvisa's Coordination of Covenants, for information on covenants with public health laboratories, and to Maria Elizabeth Peixoto Paz, from INCQS, for the clarifications.



This publication is licensed under the Creative Commons Attribution 3.0 Unported license. To view a copy of this license, visit <http://creativecommons.org/licenses/by/3.0/deed.pt>.