



Regionalization and Regional Healthcare Networks in the State of São Paulo

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**Introduction:** The current stage of development of the Unified Health System (SUS) is in part characterized by the prominence given to regionalization of services and system, having led the process of primary care. This theme has appeared since the institution of the SUS but took shape only in the early 2000s with master plans for regionalization (PDR) and investment (PDI) as directed by the Operational Guidelines for Health Care-NOAS2001/2002. The Pact for Health, 2006, created Regional Management Committees (CGR) as an example of organized “co-operative and supportive regionalization”, the form put forward in the NOAS proposal. As this politico-administrative reorganization was taking place a discussion also began as to the practical forms of the regionalization of healthcare services at secondary and tertiary levels of technology. The *modus operandi* decided upon by advisers and technicians at the Ministry of Health and the Tripartite Commission was to organize medical attention into regionalized networks of healthcare. Like the previous arrangement of health care regions from 2002, the networks were structured in a regionalized manner to form Regional Networks for Healthcare (RRAS). At the moment, this process is growing rapidly. **Methodology and development:** In this project, we will assess the implementation process of the RRAS and their relationships with the health regions already established under the auspices of the Regional Departments of the Ministry of Health of São Paulo State. The locus of research will be the Presidente Prudente Regional Healthcare Network (RRAS-11) and the Rota dos Bandeirantes Regional Healthcare Network (RRAS-5) located in the São Paulo Metropolitan Region. To answer the research questions an analysis plan has been organized in a matrix with dimensions, processes and variables, indicators and sources of data sources for the study. The dimensions chosen were: Policy, Management and Care. In the policy dimension, processes and variables were defined as: the decision-making process, mechanisms and instruments used in political negotiation, the actors involved in the regionalization of the healthcare system and the healthcare networks. In the management dimension funding, regulation, planning, management of human resources and technical support will be discussed. In the healthcare dimension the activities of basic care, health surveillance, emergency and psycho-social services and technical support will be analyzed. **Final thoughts:** The organization of Regional Healthcare Networks (RRAS) will give basic care, mostly allocated at municipal level. The relationship between the services at this level of care and other services of greater technological complexity, or “grid points”, which may be under state or municipal management, will be the knot to be untied. The role of the state administrators in this aspect of the structure will be crucial, whether as service managers, such as service contractors, or as mediators between municipalities with different capabilities. This is the test the SUS is passing through at this stage of its consolidation: what contribution this state policy can make to the improvement of federal relations in Brazil.



**Key words:** Healthcare networks; regionalization; health services and systems; geography of health services.