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The territory invites (CO<sub>n</sub>VIDa) to re exist: essays and narratives on responses to the pandemic at the points of attention in the territories where life happens

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(Capa: Márcio Mariath Belloc)

**ORIGINAL ARTICLE**

## **Brazilian states' intergovernmental strategy of action: the Consórcio Nordeste and health policies in coping with Covid-19**

*Estratégia intergovernamental de atuação dos estados brasileiros: o Consórcio Nordeste e as políticas de saúde no enfrentamento à Covid-19*

*Estrategia intergubernamental de acción de los estados brasileños: el Consorcio del Nordeste y las políticas de salud en la lucha contra el Covid-19*

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### **Abstract:**

The paper aims to present the articulation of the Brazilian Northeast governments to formulate and implement health policies in the context of Covid-19 epidemic. Starting from the theoretical discussion on federalisms and governmental relations, we discussed the health policies based on the Brazilian federative arrangement and the results of cooperation between the states that make up the *Consórcio Nordeste*. For this, an analysis of the *Consórcio's* internal documents published between March 2019 and April 2020 was carried out. It is observed, therefore, that the *Consórcio's* actions in health policies have been fundamental for these states to go through the referred crisis.

**Keywords:** Consórcio Nordeste; Intergovernmental relations; Federalism; Health policies; Public policy.

### Resumo:

O artigo tem como objetivo apresentar a articulação dos governos do Nordeste para formular e implementar políticas de saúde no contexto da epidemia de Covid-19. Partindo da discussão teórica sobre federalismos e relações governamentais, tratou-se de abordar as políticas de saúde a partir do arranjo federativo brasileiro e os resultados da cooperação entre os estados que compõem o Consórcio do Nordeste. Para tanto, realizou-se análise de documentos internos do Consórcio editados entre março de 2019 e abril de 2020. Observa-se, portanto, que as ações do Consórcio em políticas de saúde têm sido fundamentais para que esses estados atravessem a referida crise.

**Palavras-chave:** Consórcio Nordeste; Relações intergovernamentais; Federalismo; Políticas de Saúde; políticas públicas.

### Resumen:

El artículo tiene como objetivo presentar la articulación de los gobiernos del noreste de Brasil para formular e implementar políticas de salud en el contexto de la epidemia de Covid-19. A partir de la discusión teórica sobre federalismos y relaciones gubernamentales, se trató de abordar las políticas de salud basadas en el acuerdo federativo brasileño y los resultados de la cooperación entre los estados que conforman el *Consórcio Nordeste*. Con este fin, se llevó a cabo un análisis de los documentos internos del *Consórcio* publicados entre marzo de 2019 y abril de 2020. Por fin, se observa que las acciones del *Consórcio* en políticas de salud vienen siendo fundamentales para que estos estados atravesen la referida crisis.

**Palabras claves:** Consórcio Nordeste; Relaciones intergubernamentales; Federalismo; Políticas de salud; Políticas públicas.

## 1. INTRODUCTION

Over the last 30 years, it has been possible to see a model of action, in public health policies, based on the sharing of policies and the federative coordination of actions. This model is one of the foundations of the Brazilian Unified Health System (SUS) and has been guiding the actions of the Union, states and municipalities.

The first case of coronavirus was recorded in Brazil at the end of February. Since then, there have been very different proposals to counteract the pandemic between the federal government and local governments, states and municipalities, and between the Presidency of the Republic and the Ministry of Health itself. The scenario is one of increasing political clash and unprecedented loss of the Federal Government's coordination capacity of both sanitary and intersectoral actions. Moreover, the governors took a leading role in national

politics and the executive power in the states began to occupy a central place in the face of the current health crisis. There are differences in the balance of forces that underpin the health policy process. This unexpected picture presents a series of questions about the management of public policies and on the performance and articulation of the different federated entities.

In this context, the performance of the Interstate Consortium for Sustainable Development of the Northeast (*Consórcio Nordeste*) as a political tool to try to enhance the role of state executives in this region can be observed. Therefore, the aim of this article is to present the result of the Northeast governments' articulation to formulate and implement health policies in the context of the Covid-19 epidemic. It is the result of the research project "Analysis of health policies and practices: progressive and integrated studies", CEP/UFRB number:

05760818.9.1001.0056. An analysis of internal documents from the *Consórcio* edited between March 2019 and April 2020 was also made.

## **2. A BRIEF DISCUSSION ON FEDERALISM AND INTERGOVERNMENTAL RELATIONS**

Federations are states comprised of different political units with their respective governments and a central government. Each of these levels has a number of powers or powers delegated by a common constitution<sup>1</sup>. Under federal rules, political organizations combine the self-government of federated units with shared central government. In this sense, in federated countries, different governments regulate the same territory. However, each of them has exclusive jurisdiction over certain matters<sup>2</sup>. Thus, the normative principle of federalism is based simultaneously on the national unity of the State and on the internal political autonomy of the federation entities<sup>3</sup>.

The essence of federalism lies in the creation of institutions and processes that allow achieving a political unity that accommodates and increases diversity during the solution of everyday problems. Therefore, it is understood that federalism can reconcile diverse interests, values and preferences that are inherent in society. In this regard, decentralization is important in the process of consolidating the objectives of federalism.

Decentralization is not synonymous with federalism, since there are decentralized processes in unitary countries<sup>4</sup>. Nonetheless, the decentralization of competences between the federal government and subnational governments is an intrinsic feature of the federated states.

Under a decentralized political scenario, and in the fulfillment of its functions, the State has

different institutions that interact forming a chain of exchanges of political, economic and social activities. By promoting and acting in these exchanges and interactions, understood as intergovernmental relations<sup>5</sup>, the State ceases to be a sociopolitical abstraction to express itself visibly as a government. In a federation, the relations between the constituent parts of the State involve extensive and continuous interaction between the federal government and subnational governments. Therefore, intergovernmental relations imply negotiation and bargaining in the formulation and implementation of public policies. Thus, intergovernmental relations are how cooperation in federative countries is<sup>6</sup>.

There are different modes of intergovernmental relations in a political system<sup>5,7</sup>. The vertical form refers to the relationship that occurs between the central government and subnational governments. They are usually unilateral, with the central government acting independently. In this relationship mode, coordination is a fundamental attribute. The horizontal mode of intergovernmental relations can take various forms and involves some or all of the constituent units. Its characteristic is the cooperation between the ones with the aim of creating joint programs with cost sharing and negotiations to solve certain problems.

When one observes Brazilian federalism, he/she is faced with a hybrid of horizontal and vertical intergovernmental relations. Although the autonomy of subnational entities makes it possible to establish horizontal relations between municipalities and states, in federations with high rates of regional inequalities, as is the case in Brazil, the federal government usually seeks to reduce the differences between regions. This is done by redistributing resources and fostering the implementation of policies formulated by the

central government, through cooperation, for the generation of improvements in the subnational scope<sup>6</sup>.

### **3. THE BRAZILIAN FEDERATIVE ARRANGEMENT AND HEALTH POLICIES**

Brazilian federalism has given subnational governments a greater degree of autonomy, especially since the 1988 Constitution. With the end of the military dictatorship and the new constitution, different processes of State reformulation emerged. The proposed new institutional design represented an important advance towards the decentralization of public policies in the country. Despite this, these public entities did not have access to sufficient resources to put their autonomy into practice. On the one hand, this situation has resulted in subnational governments depending on policies formulated by the central government. On the other hand, it has guaranteed the federal government the maintenance of its capacity to coordinate a series of policies<sup>8</sup>.

The federal government has maintained a central role in the policy-making and decision-making processes by establishing an arrangement of intergovernmental relations based on vertical relations between the Union and the subnational governments. Thus, Brazil has designed a variety of federalism in which the Union has the power to induce, model and regulate policies implemented by state and municipal governments. Moreover, the Union can play a role in the interregional redistribution of resources, taking action in reducing inequalities in spending capacity through federal transfers<sup>8,9</sup>.

In addition, the legislative powers of the Union empower the federal government to submit to Parliament legislation aimed at coordinating the actions of states and municipalities<sup>10</sup>. Thus, the broad spectrum of policy areas whose competence is exclusive to the Union

contributes to the establishment of a strong central government with institutional resources that enables it to coordinate policies of subnational governments<sup>8</sup>. The majority of power being constructed by the federal executive branch is not a natural consequence of the Brazilian federative design. On the contrary, it was a political achievement of presidents and central governments capable of creating mechanisms for dialogue and compensation with subnational governments<sup>11</sup>.

For most of the period after the creation of the SUS, the federal government succeeded in producing regulation of health policies, which enabled, the coordination of states and municipalities actions and sought to reduce revenue inequalities and spending capacity<sup>12</sup>. Federative coordination can be understood as the way the federal executive branch acts as a policy inducer and allows the integration and sharing of decisions in the federation<sup>13</sup>. Ideally, it aims to create coherence in government actions, in order to reduce redundancies, gaps and contradictions within and between initiatives and organizations<sup>14</sup>.

The difficulties of coordination and even coherence in government policies is a problem recognized by the public policies<sup>15</sup> literature. In order to ensure coordination, it is essential to have a series of incentives and/or sanctions that induce the adherence of subnational governments to the policies formulated by the central ones. In this sense, the Brazilian federated arrangement was not an impediment to the adoption of health policies; since there was a possibility of creating incentive and sanctions mechanisms to stimulate the adherence of subnational spheres to the Ministry of Health policies<sup>8,9</sup>. Some instances of this model are: federal regulatory capacity, incentives linked to specific programs and the decisive role of central government in defining the terms of cooperation between spheres of

government<sup>16</sup>. This command of the Ministry of Health was even more prominent in situations such as vaccination campaigns, coping with epidemics, outbreaks of arboviruses or even regional issues that required increased care. But what we observe at this time of health crisis is a great contradiction in the guidelines given by the Federal Government, insufficient actions that reasonably face the pandemic or even coordinate and support the actions of the states. All combined with the federal government's inability to produce spaces for dialogue with subnational governments.

This scenario has been provoking and giving opportunities for the role of states as leaders and coordinators of actions in their territories, with the municipalities and the population, and as a catalyst for local demands. It has also created space for the establishment of horizontal relations of cooperation between the states. In place of the federative arrangement, there are different ways of formulating and implementing health policies in times of crisis, marked by the uncoordinated action of states and municipalities or by the cooperation of subnational entities<sup>17</sup>. In this scenario, and due to institutional and budgetary capacity, the states began to occupy a central place when handling the health crisis, coordinating and determining lines of action for the municipalities and establishing relations of cooperation among themselves.

The lack of definition regarding the role of state and municipalities governments and their inability to build horizontal cooperation strategies favor the maintenance of the inducing and centralizing role of the federal government<sup>18</sup>. However, during the coronavirus crisis, there is little federal government action, marked by disarticulation, inability to formulate solid and reliable proposals and inability to build spaces for dialogue. So, the path was opened for governors and municipalities to take action

and for the establishment of horizontal cooperation platforms between the states, as is the case of the *Consórcio Nordeste*.

#### **4. THE *CONSÓRCIO NORDESTE* IN THE FIGHT AGAINST THE COVID-19 PANDEMIC**

In Brazil, the 1988 Constitution enabled the establishment of a new institutional political agreement between various actors and enabled the construction of horizontal relations between subnational entities. Bill No. 11,107, April 6<sup>th</sup>, 2005, known as the Law of Public Consortia, is one of the first initiatives of the Brazilian State that deals with carrying out actions that facilitate intergovernmental relations. Cooperative arrangements based on this law have contributed to give greater legality and viability to joint action, especially to municipal governments<sup>19</sup>. This institutional opportunity was taken advantage of by the municipalities, with the formation of consortia or municipal networks of operation.

In a scarce context of formal institutional arrangements established for the cooperation of Brazilian states, the *Consórcio Nordeste* is born. Due to the uniqueness of this experience and the relevance of its action in the health crisis generated by Covid-19, it is important to present the *Consórcio* and its most relevant lines of action. As a consequence, it receives in a prominent place in the current scenario.

##### **4.1 Introducing the *Consórcio Nordeste***

Between March and July 2019, the decision was made to create the *Consórcio Nordeste* and to implement it with legal personality under public law, after the approval of the laws in each of the states. Integrated by all nine states of the region and bringing together a population of approximately 57 million people,

it was born with the aim of "promoting sustainable development". According to its Protocol of Intent and Statute, it promotes well-being in a socially just and ecologically sustainable way<sup>20,21</sup>.

As in other regions, there was already a Forum of Northeast Governors. The innovation was to give this articulation an institution enables the development of a series of cooperation and coordination actions. These actions range from having staff and own resources funds, through the creation of a shared data and information

system and associated management of research, works and public services, to the supervision of activities, collection of fees and exercise of administrative police power<sup>21</sup>. The *Consórcio* has a lean structure and adopts an operational rule that the administrative and legal structure supports and is, at the same time, that of the governor who is president of the *Consórcio*. Furthermore, each proposed project is led by a government that must provide the technical and administrative means to formulate and present the agenda to the others.

**Picture 1.**  
**Organizational structure of the Consórcio Nordeste**



Source: *Consórcio* (2019). Organizational Structure: General Assembly, Presidency, Executive Secretary, Chief of Staff, Legal Advice, Administrative-Financial Board, Management, planning and public communication SSP, Social Development SSP, Economic Development, Infrastructure and CT&I SSP, Sustainable Development and Environment SSP, Public Security and Penitentiary Administration SSP, SSP - Program Under-Secretariat.

The Consórcio's aims and areas of activity go far beyond health care. Among them are:

economic development; infrastructure (energy, water, logistics, sanitation, urban

mobility, communication, etc.); science technology and innovation; social development (including health, education, culture and social assistance); public security; management development; development of public communication; and political-legal-institutional articulation seeking to act as a block to add weight in the claims, negotiations and actions with national authorities and social, economic, national and international actors<sup>21</sup>.

The first themes guided by the new institution were: the integration of state data and information systems, the connection of the region by fiber optics, the creation of an investment fund for attracting and expanding companies to the Northeast, the construction of an international agenda, public security and the implementation of a single procurement process for the states with the aim of reducing costs in the acquisition of goods. The latter included health and the Consórcio's first joint purchase, which took place in November 2019, was the purchase of medicines. The Consórcio also started the formulation of other health-related topics, involving both the provision and training of professionals and the integration of data and information, but the proposals were not pushed through. It was with the health crisis caused by Covid-19 that a set of health measures entered the agenda.

In 2020, the Consórcio Nordeste published eight resolutions. Its study shows us the agenda with which the year began and how the pandemic changed this agenda. By February, four resolutions were published. The first two deal with the operational structure of the Consortium, the fixing of the Consórcio's expenses for the year 2020, 4.7 million reais from the apportionment contract of the States<sup>22</sup>, and definition of a procedure for small expenditure<sup>23</sup>.

The third and fourth deal with the strongest theme on the Consórcio's agenda so far: attracting resources and investments and

building integrated structure and energy projects. The third creates an Investment Platform whose purpose is to improve the capacity of structuring projects, expand the sources of obtaining resources and enable the creation of innovative ways of establishing guarantees for the development of structuring and integrated projects, involving at least two states of the Consórcio. This resolution regulates several common funds, public and private, with the possibility of capital market participation, the issuance of securities among others<sup>24</sup>. The fourth one tried to establish guidelines for the joint action of states in the natural gas sector. The resolution has established several measures with the stated aim of ensuring the defense of autonomy and the states rights' guarantee involved in the natural gas distribution Market. Moreover, it was the instrument by which the states assigned the Consórcio the mandate with powers to represent them jointly in negotiations with Petrobras, including purchases and sales of shares, and with public and private organizations, national or international, for the establishment of partnerships<sup>25</sup>.

As of March, with the public health being raised to international importance and the decrees of calamity in the states of the Northeast, four other resolutions related to the pandemic were published. The fifth one created the Scientific Committee to Combat Coronavirus. The sixth, developed another joint procurement process, but now focusing on fighting the pandemic. The seventh, included recommendations to the states on how to combat the pandemic. At last, eighth one, created the Emergency Health Brigade. The effects of the pandemic on the Consórcio's agenda is evident. We will deal with the Health Consortium's action, analyzing what new features this brings not only to the Covid-19 but also to the interfederative action in Brazil.

#### **4.2 Performance in health issues and strategies to cope with the pandemic**

As a result of horizontal relations is the emergence of bodies that aim to take joint actions, without the presence of the central government, to discuss common issues or even to press the central government on issues of joint importance<sup>5</sup>. In this sense, the role of the Consórcio in tackling the pandemic was further strengthened due to the lack of Federal Government action, and the Ministry of Health in particular, in the orientation, standardization and development of national and international processes for the purchase and distribution of inputs and equipment necessary for the execution of state action plans.

The study of the seventh resolution of Consórcio<sup>26</sup> shows the wide range of issues in which the Consortium began to guide and support the Northeast governments' decisions. It has established that the states should adopt measures to reduce the pandemic's contagion curve and to structure the health care network by developing actions such as: the collection and integration of data from existing health information systems, in the states and municipalities; the development and use of applications and software that gathered the relevant information for the action in the fight against the pandemic; the support of ICT to carry out simulations, estimates and scenarios that would guide public and social action; the creation of situation rooms, computerized and with integrated data that dialogued with a similar room created within the consortium and gathering data from all over the Northeast; the development, adaptation and validation of protocols, using mathematical models that guide health actions; support for drug development and clinical studies; the acquisition of hospital equipment, ventilators, personal protective equipment (PPE) and

various inputs, based on projected scenarios and real demand; fostering innovative solutions between industry, startups, laboratories, research groups, inventors and the most diverse local groups in the construction of technologies, knowledge, products and services; the development of intersectoral and integrated public policies and actions that seek to promote life and health, prevent risks, protect essential rights and conditions of people's lives, promote economic and social development; and the promotion of research networks and technological development.

Almost all of the axes observed in this resolution are in correspondence with the nine thematic subcommittees of the Scientific Committee to Combat the pandemic of the new Coronavirus created by the Consórcio Nordeste in the fifth resolution<sup>27,28</sup>. It is worth mentioning that among the statutory purposes of the Consortium is the realization of technical studies and research and the preparation and monitoring of plans and programs. Up to the Covid-19 pandemic, as mentioned above, each agenda was led by a state and its technical team and the pandemic required changes in this operation. For the first time, with the Committee, a technical staff was created with regular functioning outside the frameworks of the states. Established on March 30th 2020 with the aim of gathering evidence, to carry out studies and propose solutions to help in decision-making on actions to cope with the coronavirus pandemic, the Committee was composed of names indicated by each of the states and, subsequently, expanded with the creation of nine subcommittees and with the articulation of dozens of institutions and hundreds of people not only in the Northeast, but throughout Brazil and worldwide<sup>27,28,29</sup>.

The Committee was related to the most important decisions of the Consortium on the pandemic to date, presenting analyses and proposals to the Board of Governors and



officially showing them by bulletins. The seventh resolution itself is an example of this. They are also guidelines that had repercussions on the policies and actions implemented by the Consórcio and member states: the mode and time of social isolation implementation; measures to mitigate the social effects of the pandemic; articulation between state and municipal health departments; articulation between research groups; how it should be oriented not only the use, but also the production of masks and other PPE; a non-use of medicines such as Chloroquine and Hydroxychloroquine; traffic restriction on highways in the Northeast, establishment of sanitary barriers and hygiene measures of health services and public environments; the implementation of territorial interventions in regions identified as probable areas of intense incidence growth; in addition to the two actions discussed below<sup>28,30,31,32,33</sup>.

Although data sharing and investment in digital technologies and electronic medical records is one of the purposes of the Consortium provided for in statute<sup>21</sup>, no more structured measures had been made up to the pandemic<sup>26</sup>. Instead of just presenting propositions to the states, in this case, the Consortium prospected and fostered the development of innovations, began to integrate the governance of a technological order (ET)<sup>34</sup>, offered cost-free solutions to the states and constituted an electronic platform for interoperable data. The Consórcio had already been following an ET of the State Family Health Foundation in an initiative called Plataforma Eletrônica da Saúde (IPES) supported by the Government of Bahia and related to the use of information technologies for health<sup>35</sup>. With the pandemic, this project was articulated to other solutions and transformed into an integrated strategy of: care and clinical follow-up of people with suspected Covid-19, through the application "Monitora Covid19"; georeferencing of symptomatic cases to support the

identification of the contamination trajectory, in a context with test deficit, with results displayed in the "Situation and Control Room"; and integration of this data into an Electronic Health Registry (RES). On the one hand, in the emergency and hospital services, the IPES were accessed with data from the person's medical records filled in primary health care (PHC) or in the applications. On the other hand, PHC teams could be informed by the IPES of suspected cases in their enrolled area identified by the applications, telephone communication channels or care<sup>28,30,31,32,31</sup>.

This mobilization of family health teams is also in line with the Committee's guidelines on the repositioning of PHC in coping with the pandemic. The little role of clinical action in mild cases of the disease and the high risk of contamination in basic health units have secondary to the role of PHC teams available in the territory. The strategies of interaction with professionals by applications or call centers allowed the guidelines to reach users without physical presence in health services. However, one of the main aims was to inform the available PHC teams about who are the people under their responsibility with suspected symptoms of Covid-19 so that they, in conjunction with the surveillance teams and brigade<sup>36</sup>, could develop territorial actions of health education, reduction of contamination and monitoring of cases with a higher risk of worsening.

In April, a meeting of the Consórcio was held with all the PHC state coordination and also with representatives of the State Councils of Municipal Health Secretaries to present the strategies to strengthen PHC, discuss how they could be implemented and offer support for implementation<sup>37</sup>. This movement inaugurated an unprecedented relationship of the Consórcio with the municipalities of the region. It is interesting to note that, when entering the agenda with force, a theme such as PHC, whose protagonism and management

belongs to the municipal level, the Consórcio had no difficulties in promoting this interaction, even if mediated by the State Governments and under their leadership in each territory.

It is worth noting that, with this agenda, the Consórcio composed a set of its own and original products, developed instruments and strategies for adherence and implementation in the states and municipalities and established a permanent process under its governance – the management of the electronic platform. All states signed the Terms of Cooperation for the strategies implementation and, up to the production of this article, eight of them were implementing at least one of the strategies. The data shared and gathered in the IPES also feed the construction of mathematical and epidemiological models for the analyses and propositions of the Scientific Committee.

Finally, the Northeast Emergency Health Brigade was created in the eighth resolution of the Consórcio, which, from the normative point of view, is an infranational and interstate legislation that authorizes measures in the Member States and allows them to develop programs together and even exchange health professionals<sup>36</sup>. The purpose of work qualification and professional training in health was also already provided for in the Statute of the Consortium<sup>21</sup>. In July 2019, in view of the shortage of physicians in the region aggravated by the changes made in the More Doctors Program by the Bolsonaro Government, the Consortium had already proposed a program called More Doctors Northeast that, at the request of the Ministry of Health, was postponed waiting for the implementation of "Doctors For Brazil", which did not occur<sup>38</sup>. With the pandemic, the expansion of physicians' demand for the new services added to the removal of physicians at risk and the loss of professionals due to illness once again pressured the Governors to make a decision.

With the aim to "expand the number of health professionals in the care of the population, providing a workforce to the places where the need is necessary, due to the coronavirus pandemic"<sup>36</sup>, the Brigade can be formed by undergraduate students of health courses that are attending the last year, personnel hired temporarily for exceptional public interest, municipal or state public servants or employees linked to the SUS of the consortium states, doctors trained abroad in the process of revalidation of diploma and volunteers with training in the health area. It allows a contingent of professionals to be prepared and allocated not only in the different health services, but also in the different health regions. An important fact since the trajectory of the pandemic can affect health regions and cities at different times, including locations with a great shortage of professionals. The Brigade is a mobilized force to act and join the teams that work either in the territory or in the health services in the three levels of care.

The brigade's action differs from the others by establishing an infranational regulation, but suprastate, which creates a normative framework in the region that advances not only in cooperation between states with different availability of resources, but also in the constitutional principle implementation that assigns to the SUS the role of ordering the training of human resources in health. As it intends to be exercised, it is a type of unprecedented action that brings news to Brazilian federalism and that should be the object of monitoring and other studies.

For Clementino<sup>19</sup>, the bet on the success of the Consórcio Nordeste is anchored in some factors such as: the existence of a regional identity; existence of economic and political crisis in the country, forcing joint effort of government management by regional political leaders; presence of a shared discourse; and political leaders who are well-articulated around institutional arrangements of public

management. It is interesting to note that the Consórcio was able to make all the decisions cited by consensus in the Assembly of Governors, even though there was a complex context with an unprecedented health crisis, a dispute of different views in the federal government and in the scientific environment and with extreme urgency. Although the

Statute<sup>21</sup>, to validate a decision, requires only a simple majority of voters with a quorum of half plus one, the Governors chose to insist and build consensus, this underscores the theme of cooperation and horizontal coordination.

**Table 1.**  
**Summary table of the Consórcio's actions on health issues**

<b>CONSÓRCIO'S ACTIONS</b>
Joint purchases of equipment and inputs
Support for decision-making regarding the use of drugs, equipment, tests, inputs, techniques, protocols assistance, uses and production of PPE
Implementation of strategies for attention and monitoring of people with Covid-19 and monitoring of pandemic progression linked to ICT applications offered by the Consórcio
Data integration, construction of information platforms and electronic situation rooms to support decision-making, from clinics, through electronic health registration, to public and intersectoral health
Orientation of the repositioning of PHC in coping with the pandemic and conducting territorial interventions in regions identified as probable areas of intense growth of incidence made possible by the use of applications and information
Integration of research and technological development networks
Action guidance based on mathematical models, simulations, estimates and scenario construction
Fostering innovative solutions between industry, startups, laboratories, useful research groups to tackle the pandemic
Standardization of the Northeast Emergency Health Brigade
Guidelines, technical support and support for decisions related to topics such as social isolation, measures to mitigate the social effects of the pandemic, public health actions, traffic restriction on highways, establishment of sanitary barriers and hygiene measures of health services and public environments

Source: Elaborated by the authors.

## 5. FINAL CONSIDERATIONS

Brazilian federalism is marked by vertical relations based on coordination mechanisms of the federal government. However, in this text, we presented an innovative experience of intergovernmental relations between Brazilian states to think and implement health policies and policies in general, especially in a joint and coordinated way in the context of coping with the Covid-19 epidemic.

In a context of political upsurge on the part of the federative entities, the signaling of the Ministry of Health places the responsibility of sharing emergency resources under the shoulders of the states. When it comes to the necessary agenda in the fight against the new coronavirus – such as the guarantee of tests, of qualified health professionals and in adequate number, of PPE in sufficient quantity, of ward beds exclusive to infected patients and equipment necessary for the expansion of ICU

beds – many of them would require the Union's action, either in international negotiations, to ensure supplies and equipment that are not manufactured in Brazil, the use of industrial induction instruments and the Union purchasing power or the coordination of the distribution of products that are produced differently between the federation units.

The Consórcio Nordeste's action in the crisis has not only expanded the scope of strategic actions to combat the pandemic, but has also developed innovative actions and managed to supply, in part, the lack of resources, actions and coordination of the federal government. However, the Brazilian legal framework and institutional structure empowers the Union for a series of important actions that cannot be adequately or legally developed by the states or the Consórcio. Examples of the Union are publicly charged by the Northeast governors,

international agreements providing resources of various natures, from inputs and equipment to the workforce, such as those concluded by several countries in the fight against the pandemic, or even the use of national public policy instruments such as the possibility of the More Doctors Program, the Chamber of the Industrial Medical Complex and the Productive Development Partnerships in specific lines of action aimed at tackling the pandemic.

In any case, in the context of the current health crisis, it is once again observed that the federal government's vertical coordination capacity in health policies is not something fixed, even if it is an important tool in the management of these policies. In addition, in the current scenario, new roles are presented to state governments in the health policy board: actors with the ability to coordinate policies at the subnational level and establish horizontal coordination processes between states.

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