

INTERFACE BETWEEN HEALTHCARE REGULATION AND EQUITY: AN INTEGRATIVE REVIEW OF THE LITERATURE*

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ABSTRACT: This article aims to present the interface between Healthcare Regulation and the principle of equity, according to the scientific literature from the area of health, from 2008 to 2015. It is an integrative review of the literature, based on two databases, undertaken in June 2016. A total of 15 studies which met the inclusion criteria were analyzed. The knowledge was summarized in two categories of analysis: 1) "Equity and Access" and 2) "Reform of health systems". Healthcare Regulation is understood as an important instrument for promoting equity. The health services must prioritize the attendance of service users with greater risks, allowing all to have adequate levels of health, based on the offering of distinct services, according to individual needs. Issues such as equity, access and financing were strong points considered in the processes of reform of health systems.

DESCRIPTORS: Health Care Coordination and Monitoring; Equity; Public health; Health management.

INTERFACE ENTRE REGULAÇÃO EM SAÚDE E EQUIDADE: REVISÃO INTEGRATIVA DA LITERATURA

RESUMO: Este artigo tem por objetivo apresentar a interface entre a Regulação em Saúde e o princípio da equidade segundo a literatura científica da área de saúde, de 2008 a 2015. Trata-se de uma revisão integrativa da literatura, a partir de duas bases de dados, realizada em junho de 2016. Foram analisados 15 estudos que atenderam aos critérios de inclusão. A síntese do conhecimento foi feita por duas categorias de análise: 1) "Equidade e Acesso" e 2) "Reforma de sistemas de saúde". A Regulação em Saúde é compreendida como importante ferramenta para promoção da equidade. Os serviços de saúde devem priorizar o atendimento de usuários com maiores riscos, permitindo que todos tenham adequados níveis de saúde, a partir de ofertas de serviços distintos, segundo as necessidades individuais. Temas como equidade, acesso e financiamento foram pontos fortes considerados nos processos de reforma dos sistemas de saúde.

DESCRIPTORES: Regulação e fiscalização em saúde; Equidade; Saúde pública; Gestão em saúde.

INTERRELACIÓN ENTRE REGULACIÓN EN SALUD Y EQUIDAD: REVISIÓN INTEGRATIVA DE LA LITERATURA

RESUMEN: Artículo con el objetivo de presentar la interrelación entre la Legislación de Salud y el principio de equidad en el área de salud según la literatura científica, de 2008 a 2015. Revisión integrativa de la literatura, partiéndose de dos bases de datos, realizada en junio de 2016. Fueron analizados 15 estudios que atendieron los criterios de inclusión. La síntesis del conocimiento se ejecutó en dos categorías de análisis: 1) "Equidad y Acceso" y 2) "Reforma de sistemas de salud". La Legislación en Salud constituye una importante herramienta para la promoción de la equidad. Los servicios de salud deben priorizar la atención de usuarios con mayores riesgos, permitiendo que todos cuenten con niveles de salud adecuados, a partir de ofertas de servicios distintos, según las necesidades individuales. Temas como equidad, acceso y financiamiento fueron puntos fuertes considerados en los procesos de reforma de los sistemas de salud.

DESCRIPTORES: Regulación y Fiscalización en Salud; Equidad; Salud Pública; Gestión en Salud.

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● INTRODUCTION

The issue of Healthcare Regulation is increasingly gaining in importance in discussions on health management, due to its potential for contributing to the sector⁽¹⁾. In Brazil, this was regulated in 2008, under the National Policy for Regulation of the Unified Health System (SUS), dividing Healthcare Regulation into three main functions: Regulation of Health Systems; Regulation of Health Care; and Regulation of Access to Care⁽²⁾.

Regulation of Health Systems refers to actions of monitoring, control, evaluation, auditing and surveillance – while Regulation of Healthcare relates to the control of offering of services, and aims for the adequate provision of services to the population, through public and private service providers, defining strategies for Regulation of Access to Care. The third, Regulation of Access to Care, aims to manage the prioritization of access, and of care flows, encompassing medical regulation. This guarantees the service users access based on risk classification and other criteria for prioritization⁽³⁾.

Risk classification allows the offering of services to be redirected to the priority cases, allowing equity of offering of actions in such a way that this complies with the limitations imposed by each municipality's financial quotas⁽⁴⁾. Associated with this, the issue of equity in health has been related to the concept of need. Considering that each individual has different needs, and that, therefore, equal health treatment would not satisfactorily meet their requirements, the use of the process of Regulation of what is offered in order to optimize attendance to the population and minimize unfairness in health is justified⁽⁵⁾.

The ignorance of professionals working in the SUS in relation to this tool causes these to have an inadequate understanding of the real importance of Healthcare Regulation for the system, which indicates the need for training of managers regarding the topic, and instrumentalization of the professionals involved for an efficient Healthcare Regulation service, capable of providing all of the facilities which the Regulation proposes⁽¹⁾.

In this regard, the question is raised: What is the interface between Healthcare Regulation and the principle of equity, according to the scientific literature from the health area? Grounded in the aspects presented, this review aims to present the interface between Healthcare Regulation and the principle of equity, according to the scientific literature from the health area, 2008 to 2015.

● METHODOLOGY

This study has a quantitative approach, for identifying productions on the issue of Healthcare Regulation and Equity, between 2008 and 2015. In order to achieve the objective proposed, the authors adopted the integrative literature review which contributes to the process of systematization and analysis of the results, seeking to broaden the understanding of the topic proposed, based on the analysis of previously published studies. The contact with the scientific material published in the area of knowledge to be investigated allowed the researcher to investigate the gaps existing in the scientific production, which indicates the need for the undertaking of further studies⁽⁶⁾.

The study complied with the standards of methodological rigor proposed for integrative literature reviews, involving data collection and analysis and presentation of results from the beginning of the study, based on a previously elaborated and validated research protocol. For this, the authors followed the six stages suggested for this method: 1) identification of the issue and selection of the hypothesis or research question for the elaboration of the integrative review; 2) establishment of criteria for inclusion and exclusion of studies/samples or literature search; 3) definition of the information to be extracted from the studies selected/categorization of the studies; 4) evaluation of the studies included in the integrative review; 5) interpretation of the results; and 6) presentation of the review/summary of the knowledge⁽⁷⁾.

In the first stage, the guiding question was formulated: What is the interface between Healthcare Regulation and the principle of equity, according to the scientific literature from the health area?

The second stage involved the search in the literature, which took place in June 2016 in the Medical Literature and Retrieval System onLine (MEDLINE) and Latin-American and Caribbean Literature on Health Sciences (LILACS) databases. The databases were accessed using the link provided by the University Library of the Federal University of Santa Catarina (BU/UFSC).

The following criteria were adopted for selection of articles: all of the categories of article (original research, literature review, experience reports, editorial); articles with abstracts available for analysis; published in all languages, between 2008 and 2015, that is, subsequent to the National Policy for Regulation of the Unified Health System (2); and articles which contained the following health science descriptors (DeCS) throughout the text: Government Regulation and Equity. The exclusion criteria were as follows: reviews, proceedings of congresses, theses, dissertations, epidemiological bulletins, articles unrelated to this study's objective, and those which did not satisfy the above-mentioned inclusion criteria.

In total, 54 studies were located. These underwent skim reading, in which their titles and abstracts were analyzed. In this way, the authors excluded four documents which were not scientific articles, and all productions which were not related to the scope of the present study, such as articles related to regulation/legislation on clinical practices (eight); environmental regulation (six); regulation of professional practice (five); human reproduction (three); regulation of new medications (two); regulation of foods (two); management of human resources (one); health insurance (one); research (one); and transplants (one). After this stage, 20 articles were preselected and were read in full. This analysis made it possible to identify a further five articles which were not related to this study's objective. As a result, 15 articles were selected for in-depth analysis.

In the third stage, the articles selected were organized so as to facilitate access, for later reading in full and annotation of the relevant information. The information present in these articles was grouped in a Microsoft Excel table, with the following being detailed: year of publication, authors, title, abstract, country of origin, language, journal in which published and considerations referent to the topic.

In the fourth stage, the findings were grouped according to their similarities and differences. The fifth stage involved an in-depth analysis of the articles, and, based on the groupings, the study's thematic categories were formed, this being followed by a discussion grounded in the relevant literature. The process was finalized with the sixth stage, in which the summary of the knowledge was processed.

● RESULTS

The 15 articles selected for analysis were distributed among separate journals, there being no relevant concentration of studies on the topic researched in specific journals. 2011 was the year in which there was the greatest number of publications on the topic, with a total of four (26.7%), followed consecutively by 2012 and 2015 with three studies (20.0%), 2014 with two studies (13.3%), and 2008, 2009 and 2010, each with one study (6.7%).

Only one article was available in Portuguese. All the others were in English. Regarding country of origin, the United States was in the lead, being responsible for the production of five studies, followed by India with two publications. South Africa, Australia, the Netherlands, Brazil, Argentina, Iran, Canada and Sweden produced one publication each.

The findings were grouped according to their similarities and differences, that is, similarity of topics, approaches or forms of treatment. From this analysis, the researchers formulated the thematic categories for undertaking the summary of the knowledge from the integrative review, namely: 1) Equity and Access and 2) Reform of Health Systems.

Category 1 - Equity and Access

Inequalities in health are related to the risk of diseases or threats to health and other adverse conditions, such as inequality in access to healthcare. These negatively affect specific, socially disadvantaged groups of the population, defined by factors such as race/ethnicity/skin color, educational

level, income, gender, sexual orientation, age, and presence of disease, threat to health or disability, among other characteristics associated with discrimination and marginalization⁽⁸⁻⁹⁾.

Under the influence of some of the above-mentioned determinants, the social conditions in which people are born, live and work are important for the individual's health situation, and may influence health inequalities⁽¹⁰⁾. As a result of unfair social, economic and political development, the minority groups caused by these constraints tend to have worse health conditions, lower quality of life, and less access to health services^(8,10-11).

In order to overcome such difficulties, it is necessary to adopt structural measures which go beyond the health sector, including greater investment in education, housing, employment, income and access to the health services. The unequal distribution of these social conditions contributes to the persistent inequalities in health⁽¹⁰⁻¹²⁾.

The health services should be based in the concept of attending the needs of the service users whose health is at the greatest risk, and who present the most factors hindering access. The aim should be to provide unequal treatment for those in unfavorable situations, seeking to achieve equality, an important pillar for a fair and efficient health system⁽¹³⁾.

It falls to the health professionals to think and act in a multidisciplinary and interdepartmental way, strengthening the workforce and addressing the social determinants which negatively affect the health sector, these being measures which could contribute to correcting the inequalities, and achieving equity in health in an efficient system^(8,12).

Access to the health services is conceptualized as the service user's entrance to the health care actions which she needs, respecting the level of care required and the limitations of the resources available for the offering of care⁽⁸⁾. Allowing this access in an comprehensive, universal and fair way requires, furthermore, the overcoming of challenges relating to service provision and health financing. It is necessary to ensure access to the level which is appropriate and necessary for the patient, often having to rely on limited resources, in particular when the use of advanced health technologies is involved^(8,13-16).

The availability of adequate financing for supporting the health services and technologies necessary is important for adjusting what is offered to the demand, for improving the population's health conditions, and, in this way, bringing equity closer⁽¹⁴⁻¹⁵⁾.

The optimization of resources, bearing in mind the State's financial limitations, is indispensable in the attempt to respond to the population's health needs. It is necessary to rationalize the interventions which are essential, and at the same time, make it possible for all to benefit equally from the highest level of health, through different offerings of services, according to individual needs^(8-9,12-14,16-17). The establishment of a health budget must be related to the diagnosis of the population's health needs^(8,15).

Primary Health Care (PHC) is evidenced as an important instrument facilitating the service user's access to the health services which are best suited to her needs, as well as reducing the cost of attendance through optimization of resources, and minimizing the inequalities in health. PHC's approach allows comprehensive attendance to the individual, prevention of diseases and threats to health, health promotion at the community and the individual level, and articulation for undertaking interdepartmental actions for health. Through knowledge of the context of a specified population, PHC broadens the knowledge of its health needs, which allows referral to more complex levels of care and health actions using greater technological density for those cases in which this is shown to be necessary^(14,18).

For this, the professionals involved must be trained to identify the population's real needs. The ensuring of adequate human resources, promoted by an interdisciplinary approach, engaged in the principles of public health, and encouraged to concentrate on the needs of those individuals at greatest risk, is a way of utilizing the workforce as a tool for addressing the social determinants of health and for broadening the vision to include paths to health equity⁽¹⁸⁾.

In the context of fair access to the health services, some studies have described the experiences of countries which passed reforms in their health systems, with the aim of overcoming these challenges, as well as the need for reformulating strategies which hinder the development of health equity.

The reforms in the health systems were addressed as changes which were essential for achieving and maintaining a universal and fair system, making it possible to respond to the health needs based on the evidence. Changes are constant processes, which must accompany the transformation of the population's needs ^(9,19-20).

Through debates on the best way of enabling access to healthcare, the efficiency of equity in health reform was evidenced. The health reforms in question have led to discussions on the topics of equity, access and financing ^(13,19-20).

In order to construct a health system based on the principle of equity, it is necessary for the State in question to accept the commitment to achieve equality among all its citizens. In order to reach this, it is essential to structure coverage of quality health services with appropriate resources ⁽¹⁹⁾.

A health system which functions fairly is considered fundamental for society. However, equity and access to these health services continue to be hindered by social inequalities, such as those referent to income, the region where the individual lives, and the individual's educational level, housing conditions and employment. These conditions are constantly cited in the context of the health systems presented, which hinders the construction of a system of health based on this principle ^(11,13,19).

The studies analyzed point to the importance of cost-efficiency relationship mechanisms, and to the control of financial resources ^(9,12,17,20-22). They suggest, furthermore, that the new reforms must concentrate on the development of strategies for confronting the problems existing in equity, access and financing, qualifying the allocation and distribution of resources. In this way, the importance of reflecting on the process of allocation and distribution of resources, and on the prioritization of the actions to be undertaken, is evidenced ^(9,12,21-22).

● DISCUSSION

The literature evidences the strong relationship between social minorities and difficulty accessing the health services. Aspects related to ethnicity/race/skin color, the region in which an individual lives, and the individual's educational level and financial conditions generate economic, organizational and cultural barriers, requiring greater attention to be given to these groups, so as to identify their needs for prioritization due to their greater vulnerability ⁽²³⁻²⁴⁾.

The concept of vulnerability is understood as the probability of a population being affected by problems, threats or harm to their health. This susceptibility leads to the need for prioritization of the care related to such events, thus promoting the principle of equity ⁽²⁵⁾. Equity is defined as the offering of greater care to those individuals who need it most, providing each one with health actions in accordance with their needs, with the aim of overcoming the inequalities present. This understanding contributes to the value of justice which is associated with this principle, which differentiates it from the concept of equality ⁽²⁶⁾.

Responding to a population's requirements leads to the need to invest financial resources. Overcoming the challenge of responding to the service users' needs, using the resources available, depends on the efficiency and optimization of the financial resources and on the development of a positive cost-benefit relationship ⁽²⁵⁾. Access to the health actions and services allows the comprehensiveness of the care, through the service user's flow through the healthcare network, ensuring the offering of services of differing technological densities according to the service user's need ⁽²⁷⁾.

Another challenge indicated is the identification of the health needs of a specified population, which may hinder the fair distribution of the resources allocated to health, or, from the point of view of professional practice, which may limit the decision-making power of the physician regulating the care to decide which patients, with which health issues, take priority in a specified context ⁽²⁶⁾.

The work of the PHC, regarding contact with the service user, is necessary if the PHC is to be aware

of the service user's state of health and health needs in the context of her living conditions and if the PHC is to be able to undertake reliable prioritization. In this way, the health team is able to provide the health actions which the individual requires, referring her to health services at other levels of care when this is judged necessary, sharing all of the relevant information with the Regulation center⁽⁴⁾.

The creation of the SUS had, as one of its objectives, to reduce the inequalities in the Brazilian population's access to health services⁽⁴⁾; however, although this is a health system based on the doctrine of fairness, it is inserted into an unjust and unequal society, which promotes access which is selective and which excludes⁽²⁸⁾.

The understanding of health goes beyond the concept of medical care, and implies that a fair health system must be the result of good working conditions, social protection, adequate pay, education, leisure and good housing conditions, leading to the need for transdisciplinary and intersectorial mobilization^(4,29). As a result, it is indispensable that the health systems should undergo continuous reforms so as to attend changes in the population's needs and accompany the development of the health sciences and of the public health services.

● FINAL CONSIDERATIONS

Healthcare Regulation is understood as an important tool for the promotion of equity. The aim is that the health services should prioritize that all should have appropriate levels of health, based on the offering of distinct services, in accordance with individual needs. The optimization of the resources is indispensable, such that it may be possible to adjust what is offered and demand, bearing in mind the State's financial limitations. In this process, the PHC was identified as an important instrument for health regulation, facilitating access and promoting equity. Topics such as equity, access and financing were strong points considered in the processes of reform of the health systems.

The findings of this study revealed the shortage of articles addressing Healthcare Regulation in consonance with the principle of equity. The main difficulty found in the methodological stage of this study was owed to the inexistence of a specific terminology for the research topic, leading to many studies which did not address the issue. The articles located based on the terminology used related to the regulation of various issues in the area of health, and were not necessarily related to the regulation of access, the issue which the present work aimed to research.

One concerning factor among the findings was the low number of Brazilian articles, which indicates that now is an appropriate time for scientific development articulating Healthcare Regulation and the principle of equity, it being advantageous that the topic should be structured and developed based on scientific findings. The importance of Healthcare Regulation, as well as its potential for effecting the principle of equity, suggests investment in further studies which consider the issues, with the aim of raising the health services' quality to an adequate level. The results found in this work suggest that this approach, referent to the two themes, should be undertaken in greater depth, so as to identify scientifically significant findings which may qualify fair access to the health services and encourage the optimization of resources in Public Health.

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