

Bureaucracy and public management: Ministry of Health analysis

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Abstract: This article aims to an analysis of the level of bureaucratization of the Ministry of Health, based on its organizational structure, the composition and formation of the administrative staff, the forms of their recruitment and the career structure, in a way linked to the management capacity of the health policy. The study references are elements of the theoretical approach of New Weberian of bureaucracy and the ramifications of theories on public management. This is a descriptive cross-sectional qualitative study conducted in the 1990-2014 period. The data collection instruments were semi-structured interviews conducted with those who hold technical and technical/political position in the Ministry and in some administrative bodies, as well as research in documents. The results show that the implementation of the public service exams indicates an institutional advancement in the meritocratic sense, expressed in the increasing of the effective based staff in the Ministry of Health. However, the opening of exams dissociated from an increased investment in professional training and incentives for career employees, have not act in reducing the organizational instability of MS, given the high turnover of newly passed in the public exams and the permanence of a demobilized administrative staff. There were no advances in the adoption of internal cohesion mechanisms, such as the modernization of career plans, or the adoption of innovations in management.

Keywords: *Health Policy, Bureaucracy, Health Service Management.*

Burocracia e gestão pública: uma análise do Ministério da Saúde

Resumo: Este artigo tem como objetivo analisar o nível de burocratização do Ministério da Saúde (MS), a partir da sua estrutura organizacional, compreendida pela composição e formação do quadro administrativo, pelas formas de seu recrutamento e pela estrutura de carreira, de forma vinculada à capacidade de gestão da política de saúde. O estudo tem por referência teórica elementos neoweberianos da burocracia e os desdobramentos das teorias sobre gestão pública. Trata-se de um estudo qualitativo descritivo transversal relativo ao período de 1990 a 2014. As técnicas de coleta de dados utilizadas foram entrevistas semiestruturadas realizadas com ocupantes de cargos técnicos e técnico/políticos do Ministério e de órgãos colegiados gestores, e pesquisa documental. Os resultados mostram que o concurso público é um indicativo de avanço institucional no sentido meritocrático, e se expressa no aumento do pessoal efetivo lotado na sede. Todavia, a abertura de concursos dissociada de um maior investimento em profissionalização e incentivos aos servidores de carreira não atuou na redução da instabilidade organizacional do MS, dada a alta rotatividade dos recém-concursados e a permanência de um quadro administrativo desmobilizado. Não se avança em mecanismos de coesão interna, como a modernização dos planos de carreira, nem na adoção de inovações na gestão.

Palavras-chave: *Política de Saúde, Burocracia, Gestão de Serviços de Saúde.*

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1 Introduction

The public area performance in Brazil has been a widely debated issue in the academic world, historically referenced to the limits faced by the Brazilian State in its capacity both to overlap with particularist interests and to offer the services necessary to deepen democratic conditions in the country.

This article intends to deepen this debate from the results of an empirical study that shows the particularities of the bureaucratic structure of the Ministry of Health (MS), with reference to the importance of this government agency in the role of national policy manager health, in terms of its regulation, formulation, and coordination. The institution of the Unified Health System (SUS) is considered as the main frame of the analysis proposed here, incorporated in the Federal Constitution of 1988 (BRASIL, 1988) and regulated in the early 1990s, whose basic premise is the universal right to public health services, which gave greater importance to the Ministry of Health from the allocation of the coordination of the system to this body of direct administration (COSTA, 2011). The relevance of this article is anchored in the analysis of the characteristics of the staff of a Ministry associated to social advances in the health area, since the implementation of the SUS, without minimizing the serious problems faced by the system and the construction of the body bureaucratic process in the formulation and coordination of this policy.

The objective of this article is to analyze the level of bureaucratization of the Ministry of Health from its organizational structure, with the composition and formation of the administrative staff, the forms of its recruitment and the career structure, in a way linked to the management capacity of the policy with reference to elements of the theoretical approach of bureaucracy and the contemporary unfolding of theories on public management, in association with theoretical contributions with emphasis on the relationship between the State and society.

2 Method

This is a qualitative descriptive cross-sectional study that investigated the state institutions of the MS from 1990 to 2014. The documentary research and semi-structured interviews were the instruments used for data collection directed to technicians, MS consultants and members of representative bodies of the health area, which directly followed the formulation and coordination of SUS from its conception.

Among the official documents analyzed, there are the decrees (1998, 2002, 2003, 2006, 2009, 2010) that regulate the regimental structure and the demonstrative table of the positions in commission and the gratified functions of the MS. The 2010 and 2014 Statistical Personnel Bulletins were also used, which establish the general criteria and procedures for carrying out individual and institutional performance evaluations and the payment of performance bonuses, and the Integrated Human Resources Administration System - SIAPE.

Due to the need to understand not only the structure of bureaucracy in a technical-normative perspective, but also the effects of this composition on MS management capacity, it was decided to interview people with systemic experience in SUS policy and management, and who had a close relationship with MS. Ten interviewees were added to the total, being technical and technical-political occupants, and representatives of the National Council of Health Secretaries (CONASS), the National Council of Municipal Health Secretariats (CONASEMS) and the National Health Council (CNS). All interviewees signed the consent form for study participation. The interviews were carried out in 2011/2012, transcribed and later analyzed. Table 1 lists the positions and functions, as well as a synthesis of the interviewees' experience in health policy.

The theoretical analysis was based on the new-Weberian approach based on the concept of bureaucracy and sociological institutionalism,

Table 1. Identification of the interviewees.

Position/function in 2011/2012	Brief resume of the respondents
Secretary of Education for Management and Work in Health of the Ministry of Health	Graduated in Medicine, Master in Collective Health and Doctorate in Public Health. He retired as a full professor of the Department of Preventive Medicine of the Faculty of Medicine of UFMG. Permanent Consultant of the Pan American Health Organization and WHO Temporary. Secretary of Education for Health Management and Work of the Ministry of Health and Coordinator of the Interministerial Commission for the Management of Education in Health (July 2005 to January 2011).

Source: Interviews conducted by the author.

Table 1. Continued...

Position/function in 2011/2012	Brief resume of the respondents
CONASS Executive Secretary	Graduated in Medicine; Specialist in Local Systems Management; Master in Collective Health. He is currently Executive Secretary of the National Council of Health Secretaries (CONASS) and adviser to the National Health Council (CNS). Secretary of State for Health of Ceará (2003 to 2006); President of the National Council of Health Secretaries (CONASS) in 2006/2007).
President of ABRASCO 2011	Graduated in Medicine; Master of Social Medicine and Doctor of Medicine Post-doctorate in International Health at the Harvard School of Public Health, Associate Professor of the Department of Social Medicine and Postgraduate Programs in Epidemiology and Nursing at the Federal University of Pelotas. Municipal Secretary of Health of Pelotas between January 2001 and February 2003. Representing Abrasco, he was a full member of the National Health Council (CNS) and Coordinator of the Intersectoral Commission on Science and Technology in Health of CNS between 2007 and 2010. He was President of the Brazilian Association of Collective Health (Abrasco) between November 2009 and November 2012.
General Coordination of Managerial Innovation - CGIG of the Ministry of Health	Servant for more than 20 years of the Ministry and level 4 commissioned position.
MS Consultant and former Secretary SAS	Doctor. Doctor of Public Health. Freelance consultant in Public Health. Founding member of CONASEMS. Former University Professor (UFMG, UFU, UnB); Former City Secretary; Former consultant to the Ministry of Health.
Consultant to the Ministry of Health	Pediatrician and public health doctor – Ph.D. in Public Health - USP; Former municipal, state and federal health servant; Former Municipal Secretary of Health in São José dos Campos; Former National Secretary for Health Care of the Ministry of Health; Consultant of MS.
President of the National Health Council 2006/2011	He was Municipal Health Counselor for Natal; State Health Counselor, representing the CUT-RN, between 1999 and 2003; National Health Advisor, representing the National Confederation of Social Security Workers of the CUT between 2003 and 2013. Elected President of the CNS between November 2006 and January 2011. Joined the Board of Directors of the CNS between November 2006 and January 2013.
Coordinator of the Technical Secretariat of the CIT	Servant of the Ministry of Health.
CONASEMS Executive Secretary	President of COSEMS/SP from 2000 to 2005; Municipal Secretary of Health of Marília for eight years; professor at the Faculty of Medicine of Marília.
Vice-President CEBES	Graduation in medicine; Specialist in Pediatrics; Master in Public Policy and Health; Doctor of Public Health. President of the Council of Municipal Health Secretaries of the State of Rio de Janeiro - COSEMS/RJ. Director of the National Council of Municipal Health Secretaries - CONASEMS; Secretary of Health of Pirai/RJ and Secretary of Planning, Science, and Technology of Pirai/RJ.

Source: Interviews conducted by the author.

associated to a discussion anchored in public management models.

2.1 Bureaucracy and public management

A classic theme from the Weberian point of view is revisited in the public policies area, especially in the management area, to discuss possible ways for bureaucracy to modernize in democracy. Democracy

does not mean a possibility of transforming instrumental orientation towards an evaluative orientation of the State, that is, it does not minimize the power of technical and impersonal domination of the state bureaucracy (AZEVEDO; LOUREIRO, 2003).

Defined from the modern state view, the concept of Weberian bureaucracy has proved to be the most effective way of exercising authority in organizations and constitutes the technically purest kind of legal domination, making it more compatible with a

Republican political and democratic order (AZEVEDO; LOUREIRO, 2003). The whole history of the development of the Modern State is identified with the modern bureaucracy: Weber highlights the rise of forms of bureaucratic domination in virtually every sphere of life (WEBER, 1999). In the political area, the state and the mass party are the classic ground for bureaucratization (EVANS, 1995): the Modern State is absolutely dependent on a bureaucratic base. The bureaucracy establishes the foundations for the administration of a rational right, freeing it from old tradition-bound judgments or irrational presuppositions, replaced by the rationally trained and specialized expert (EVANS, 1995). The principles of legality, impersonality, formal and universal rules should guide not only the action of State employees but also the structuring of public careers, that is, the recruitment, promotion, evaluation and control of the acts and omissions of the members of the State institutions. Secchi (2009) emphasizes the relation of professionalism with merit in the bureaucratic model, that is, the meritocratic character in the creation of a hierarchy of skills.

However, theoretical chain of organizational and neo-institutionalist aspects emphasize the need to revise the weaknesses of the praxis of the bureaucratic model, especially regarding the mechanisms of political, societal and management control of bureaucratic actions (AZEVEDO; LOUREIRO, 2003). Regarding the possible weaknesses of the model's functioning, including its organizational and management aspects, Merton (1966) highlights the dysfunctions of bureaucratic organization, which are undesired consequences, which lead to organizational inefficiencies and imperfections. Merton (1966) identified the major dysfunctions occurring in the bureaucracy: the internalization of rules and overrepresentation of regulations; excess of formalism; resistance to change; depersonalization of relationships; compliance with routines and procedures; showing signs of authority; difficulty in customer service and conflicts with people. In this author's line, these organizational dysfunctions led to an interpretation of bureaucratic organizations as inefficient institutions, hindering the understanding of the concept of bureaucracy and its structural advantages for the maintenance of a democratic state.

From the 1980s, the debate about the model of organization more adequate to the functioning of the State gained a theoretical dispute, and the subject of public administration began to be the object of a proposal to change the management model in a managerial sense (AZEVEDO; LOUREIRO, 2003; ABRÚCIO, 2007). At the heart of this question,

there is the postulation that bureaucracy has become ineffective by extracting resources from society and proceeding in a self-directed way for private groups and their own interests (ABRÚCIO, 2007). Thus, the criticism of the bureaucratic model already presented in theoretical approaches in previous decades (CARNEIRO; MENICUCCI, 2013) gains strength in the context of a state fiscal crisis.

The public administration model that emerged as a proposal from this debate incorporates elements of business administration, which can be read in the reforms guided by New Public Management, such as decentralization, results orientation, flexibility, internal and external competitiveness, transparency and accountability (EVANS, 2008).

The post-bureaucratic organizational tradition whose discussion was guided by the managerial model was based on the false assumption that the bureaucracy problem was exclusively organizational, understood in administrative terms (EVANS, 2008). In the more recent period, the role of the State and its institutions is revalued, bringing back to the debate the meritocratic and public-authority nature of the bureaucracy, in association, however, with the need for the bureaucratic model to be relaxed, in the sense of its improvement to the control mechanisms of bureaucrats' actions (AZEVEDO; LOUREIRO, 2003; DRECHSLER, 2005). According to Abrúcio (2007), it is the simultaneous incorporation of aspects of the Weberian model and of new management instruments.

The new theoretical perspectives point to both a greater importance and a greater complexity of the role of the State, arguing that efficient public institutions and new political connections with society become fundamental in the provision of services associated with the expansion of human capabilities (POLLITT; BOUCKAERT, 2000).

Following the bankruptcy of the NPM in general and in particular in Eastern and Central Europe, the discourse and practice of the Public Administration shows a shifting of the emphasis on efficiency to the capacity of State structures, especially as regards the quality of the public function. The values of effectiveness and efficiency, read as the achievement of goals at the lowest cost, are important, but not as essential as the creation of probity and responsibility, that is, of the institutionality of Weberian principles in the structure of the State (AMIR et al., 2014; PACHECO, 2010).

In view of this scenario, a specific and distinctive reform model called New Weberian State (NWS) (CEPIK; MITITUELU, 2010) is identified in

European countries. This state model combines the basic principles of the Weberian model in the reaffirmation of the role of the state and representative democracy; the selection by merit and impersonality of public officials; hierarchy and career advancement; the legality and rationality associated with openness and transparency, accountability, and efficiency and effectiveness (PACHECO, 2010; NOGUEIRA; BARALDI; RODRIGUES, 2005).

The NWS literature recommends this model as a reference for developing countries, for its capacity to maintain virtues that can be reported to the classic Weberian model, such as accountability and the principle of legality. In this theoretical perspective, the key question is the best combination of efficient procedures that are responsive to citizens' needs (AMIR et al., 2014; PACHECO, 2010).

In this sense, the position of Drechsler (2005), is convincing, since the combination of "Merit and Flexibility" would result from a theoretical proposition that expands the Weberian model from the incorporation of NPM characteristics, without becoming alien to the Weberian system perspective of structuring the contemporary state (AMIR et al., 2014; PACHECO, 2010).

Another aspects on the limitations of the classic bureaucratic model is that of Evans (1995), who makes an important contribution by emphasizing that, in addition to the degree of bureaucratization resulting from meritocratic selection, the efficiency of the state institutions depends on the relationship established between bureaucracy and external networks that connect the state to civil society through an "administrative web" (EVANS, 1995). This web has a concrete group of connections that articulate the State to social groups, sharing projects and transformations, in a perspective of consensus.

Thus, DiMaggio and Powell (1983) name as institutional isomorphism the struggle of the members of an occupation to define the conditions and methods of their work, to control the production of the producers and to establish a cognitive and legitimate basis for the autonomy of their occupations (tasks/positions). Professional homogenization is commonly supported by formal education or the cognitive legitimacy produced by professionals/experts with university education. According to the authors, bureaucratization and homogenization emerge, above all, outside the structural area of the organization (DIMAGGIO; POWELL, 1983). This means that, even in the face of a seemingly fragile State structure regarding its bureaucratic institutions, mechanisms from the environment can generate

greater capacity and autonomy of the State in the conduct of public policies.

2.2 New public administration arrangements after CF/88 and the impact on work connections

Understanding the arrangements of the Brazilian public administration from the opening of democracy is essential to analyze the structure of the MS. The civil governments that marked the end of the military dictatorship and the promulgation of the CF/88 were faced with a scenario of state inefficiency, marked by distrust and discrediting the public administration. The CF/88 sought to rescue meritocratic principles, in an attempt to rebuild the image of public administration, as well as the valorization of employees. The Single Legal Regime (RJU) is hereby established, which establishes the creation of career plans for the public civil servant of the direct and indirect administration (municipalities and foundations) to reduce the disparities between centralized and decentralized administration. In this period, there was redemption of the compulsory public tender for the recruitment of all public servants and the initiative to hire the employees who were in different employment relationships with the State (BRASIL, 1998).

In 1990, Constitutional Amendment n° 19 modifies the provisions of CF/88, flexibilizing the hiring of personnel from the extinction of the RJU and the return of the connections established to the political entities, autarchies, and foundations, as defined in Decree n° 200. It was sought to extend the indirect or outsourced execution of public activities in partnership with social organizations (BRASIL, 1998).

In the second half of the 1990s, in the context of a currency crisis, public administration prevailed in an orientation characterized by restrictions on personnel expenses, which culminated in the 2000 edition of the Fiscal Responsibility Law. From the late 1980s to the early 2000s, there was virtually no admission of new federal officials or even the essential state careers encouraged by the plan for administrative reform. Between 1995 and 2002, there was a marked decrease in the number of CLT employees (-29.3%) and a more discrete one of the state employees (-2%) (INSTITUTO..., 2015).

Given that the personnel management policy is intrinsically linked to the social, fiscal and administrative tripod, which is influenced by the state budget availability, the new economic growth

scenario that started in 2004 favored a phase of expansion of the administration, as well as the policy of gradual adjustments of the remuneration of the servers (INSTITUTO..., 2015). At the same time, it was decided to reopen public tenders for permanent and temporary staff in priority areas, including strategic careers and regulatory agencies.

This scenario of strengthening the State's capacity, which began in 2004, had a direct impact on the composition of civil servants of the Brazilian public administration, which registered a 30.2% increase between 2003 and 2010, with a higher growth in the municipal sector (39.3%), followed by federal (30.3%) and state areas (19.1%) (INSTITUTO..., 2015). The expansion of the number of servers at the municipal level is directly associated with the decentralization of sectoral policies, which took place in the 1990s, which places the municipality as the main locus of implementation of social policies. The federal level remains as an organ of coordination and regulation of public policies, which explains the increase in its number of servers.

The administration of the Brazilian State was constituted from positions and not from careers. Therefore, it shows in advance a lesser degree of bureaucratization, according to the Weberian conception. From the point of view of legal definition, the position is the first and simplest unit of an organizational structure. There are three types of positions in the Brazilian public administration: effective position, commissioned position and life term position. The access to the effective position is by a public tender, that is, meritocratic. The commissioner positions are the highest level of the Brazilian bureaucratic hierarchy, being denominated Superior Management Direction - DAS, grouped in ascending order of hierarchy, of DAS-1 to DAS-6. The access to the commissioned positions is by appointment based on the trust criterion. The life term and public position assures the holder the right to stay and whose removal can only occur through a final court decision (GRAEF; CARMO, 2008).

The filling of the high bureaucracy positions in the Brazilian presidential system basically works through political appointments, most of them composed of commissioned positions. This means that, in addition to the minister and his immediate advisors, the access to the upper echelon also depends directly on political criteria.

The Brazilian public administration approaches the American model, in which the position, not the career, structures the professional advance (LOUREIRO; ABRÚCIO; ROSA, 1998). There is a clearer separation between the position and

career in presidential, even more prominently in the Brazilian case, which gives greater flexibility to the head of the government to set up a team more in tune with the guidelines that he wants to give to his policies. The negative side of this flexibility is the less stability of public policies over time.

In this context, according to Pacheco (2010), Brazil faces a double challenge in its public administration: first, the construction of a Weberian bureaucracy that has remained unfinished since the first attempt to modernize the state under the Vargas regime; second, to provide it with professionalism related to competence, compromises with results and performance, which is in keeping with the theoretical proposal of Drechsler (2005), which favors the institutionality of Weberian principles in the structure of the State as the first condition for a the challenge of associating the rational-legal principles of the bureaucratic model - meritocracy, professionalism and impersonality - to transparent, efficient management, guided by the commitment to results-oriented to the needs of the population.

2.3 The MS administrative reference in the formulation and coordination process of SUS

With all the mishaps faced by the health policy, particularly in terms of funding and management, it is considered one of the most successful social policies in the country.

Although the SUS is implemented in a decentralized way, with a strong municipal emphasis, reserving to the mechanisms of social participation a space for deliberation and control of health policies, since the 1990s the role of formulation and national coordination of health policy remains under the responsibility of the MS, who acts as the national manager of the system, which demonstrates the importance of the federal sphere in the conduct of this policy.

The issue of personnel management emerged as one of the most important stages of the constitution of SUS, since its first years of implementation, considering that the great diversity of health actions required a substantial increase in the stock of human resources. Still in the 1980s, the hospitals of the former Inamps and the MS were transferred to the administration of states and municipalities, and the same destination was given to a large contingent of federal public servants of health, who became known under the name inappropriate of "transferred to the SUS" (BRASIL, 2010). The great transformation of

the MS's administrative structure occurred in 1993, with the incorporation of more than 100 thousand employees of INAMPS, which was extinguished. In the 1990s, SUS management began to regulate labor relationships, in accordance with newly enacted constitutional norms, organizing the health workers' work regimen, their careers and the processes of entry by a competition.

Some of these careers can be described as modern because they reflect a more current conception of institutional macro-functions and their relevance to state actions, such as the career of Specialist in Public Policy and Governmental Management Government Managers (GRAEF; CARMO, 2008). Also, they are more selective from the point of view of the educational qualifications required of its occupants. This is the case of the careers of Fiocruz, Anvisa, and ANS. However, most MS careers are traditional, linked to the PCC Job (Classification Plan), not only because of its seniority, but also because it has as a common characteristic the attributions concentrated in activities of a technical-operational nature, that is, without management, and advisory services, which are still structured in the DAS Group.

3 Results and Discussion

3.1 The composition of the administration of MS

Facing the Brazilian public administration scenario in which the health policy formulated in the SUS was consolidated, this section analyses the MS bureaucracy, from a perspective of the positions and functions occupied by the employees, a form of insertion in the federal health administrative reference and the profile of senior health officials. This descriptive table provides empirical elements to understand the degree of meritocracy of the MS bureaucracy, responsible for formulating the SUS in the context of the democratic State.

Besides those employees who work at the headquarters, the staff of the MS also includes those in the 26 state nuclei; the 09 hospitals; 02 institutes; 01 research center; the active servers assigned to the states and municipalities and the inactive employees (COSTA, 2011).

From 1990 to 2005, the MS staff most consisted of employees transferred from the former social security regime and, in the specific case of the headquarters, by temporary contracts or outsourced contracts. This means that the data for 2005 reflect the administrative reference in which SUS was consolidating (COSTA, 2011).

After 24 years without conducting public tenders in the sphere of direct federal public administration, in 2005 the State resumes this modality of personnel recruitment, favored by the good economic performance in a context of inflationary control and the coming to power of a more permeable government to corporate demands. This context is reflected in the health sector, with the opening of public tenders from 2005 to 2014, especially pressured by the Public Labor Ministry. Table 2 shows the situation of work connections of the MS servers, divided into assets sold in the Ministry, assets assigned and inactive, between 2005 and 2014.

Regarding the active servers crowded in the MS, there was a 100% increase in this period, being more expressive in the contingent of the own hospitals of the Ministry, which rose 151%. There is also an increase of 73% in the number of servers in the MS headquarters, particularly between 2009 and 2014.

Regarding the assigned employees, there was a decrease of approximately 12% in the total, with a drop of 72% in those assigned to university hospitals and about 7% of those assigned to the SUS (in relation to SUS, this change occurred especially between 2011 and 2014). In the inactive servers, which represent 63% of the total number of servers in the MS, it was verified that about 8% retired in the analyzed period. The MS presents one of the largest contingents of inactive servers, reflecting the social security model that preceded the SUS, with a strong centralization characteristic. The high proportion of inactive people (63%) has an impact on the budget, which constitutes a certain factor in terms of health resources.

Therefore, the effect of the decentralization process of health policy on the composition of the administrative reference of the Ministry of Health, at national level, is observed between 2005 and 2014. There is an increase in the total number of servers located at headquarters, in the state and in the hospitals and a reduction in the number of professionals who were assigned to the states and municipalities, at the time of transition to the SUS. This reduction reflects the replacement of the implementation level from the national level to the local level since new hiring is now the responsibility of the municipalities.

Table 3 shows the evolution of the different work connections at the MS headquarters, starting in 2005.

Regarding the headquarters of the MS, in 2005 there were 3,616 servers, 31% of them were effective employees and 69% were outsourced or consultants linked to international organizations (and a small

Table 2. Situation of the effective servers (actives, assigned and inactive) filled in the MS in the period 2005-2014.

<i>ACTIVE SERVERS IN MS / 2005-2011</i>	<i>2005</i>	<i>2009</i>	<i>2011</i>	<i>2014</i>
TOTAL EFFECTIVE SERVERS				
HEADQUARTERS	1138	1198	1823	1969
MS STATE NUCLEI	5068	5289	5230	6876
HOSPITALS	7093	13162	17.845	17.831
SUBTOTAL ACTIVE IN MS	13299	19.649	26.721	26.676
ACTIVES TRANSFERRED				
OTHER ORGANS	753	[...]	392	354
HOSP. UNIVER. MEC	2494	[...]	917	690
SUS	39.872	[...]	45.009	36.987
SUBTOTAL ACTIVES TRANSFERRED	43.119	[...]	46.318	38.031
INACTIVES				
RETIRED	71.575	[...]	73.625	77.544
PENSION BENEFICIARIES	32466	[...]	33.931	34.602
TOTAL INACTIVES	104.041	[...]	107.556	112.146
TOTAL ACTIVES	56.418	[...]	72.237	64.707
TOTAL GERAL	160.459	[...]	181.573	176.853

Source: Data available through interviews.

Table 3. Total workforce at the headquarters of the Ministry of Public Works, by connection status in the period 2005/2014.

<i>Active servers working at MS headquarters</i>	<i>2005</i>	<i>% by connection situation</i>	<i>2009</i>	<i>% by connection situation</i>	<i>2011</i>	<i>% by connection situation</i>	<i>2014</i>
		<i>-2005</i>		<i>-2009</i>		<i>-2011</i>	
Effective Servers	1.138	31%	1198	33%	1823	57%	1969
Outsourced in MS	1.189	33%	1247	35%	Sem informação	Sem informação	No information
Consultants in MS	1043	29%	912	25%	1030	32%	No information
CTU – Temporary Union Contract	246	7%	238	7%	328	11%	166
Total MS Headquarters Servers	3.616	100%	3.595	100%	3.181	100%	No information

Source: Data provided through interviews.

part of 7%) to the Temporary Contract of the Union - CTU (COSTA, 2011).

The change in the administrative structure of the MS headquarters becomes more visible between 2009 and January 2014. During this period, there was a 61% increase in effective employees, a group that represented more than 50% of the staff in 2011. In the other connections, there was a 37% hiring increase based on the Temporary Contract of the Union between 2009 and 2011, observing a decrease in 2014, and a slight decrease in the number of consultants in 2011, regarding 2005. Until 2007, the consultants' contract was practically "permanent", since these professionals were for a long time, 10 years or more, with the same link with the

Ministry. In 2011, out of a total of 3,181 employees in the headquarters of the MS, a significant number of positions (1,030) were still filled by consultants. Consultants' links are now regulated through product contracts, through international organizations, with a maximum duration corresponding to the execution of a given project. This regulation of the positions of consultants tends to avoid abuses in the occupation of these posts, as it had been occurring in the ambit of the MS.

Therefore, considering 2014, in relation to 2005, there is a significant increase in effective servers at the formulation and coordinating locus of the SUS, which does not mean asserting the replacement of consultants and outsourcers, since, in 2011, they

still made up almost half of headquarters. During this period, as shown in Table 2, approximately 15 thousand vacancies occupied by outsourced and temporary contractors were replaced by middle and higher level bankrupt servers (COSTA, 2011).

The advancement of the hiring of effective servants is in line with the New Weberian principles of legality, impersonality, formal and universal rules that should guide the action of state officials and structure the public careers. Recruitment through a public tender intends to link professionalism with merit, in the bureaucratic model, that is, the meritocratic character in the creation of a hierarchy of competences (SECCHI, 2009).

In terms of higher-level positions, particularly those of administrative analysts, there is a lack of specialization to meet the demands of health management, considering that no specific training is required for the position, which justifies the presence still relevant consultants and DAS, especially at the Ministry's headquarters.

Regarding the commissioned positions of the MS, the DAS functions are presented as incentive mechanisms for career servers, especially levels 1, 2 and 3, together with the Rewarded Functions. On the other hand, the commissioned positions, such as the secretary, coordination, and management, are generally occupied by external employees: in 2010, there were 247 positions at levels DAS 4, 5 and 6. This data was shared with those provided by SIAPE. In January 2011, there were 279 DAS in the MS headquarters occupied by professionals with no ties to the State. These figures reinforce the argument that most DAS posts 5 and 6 are occupied by political appointment, that is by professionals outside the Ministry (BOLETIM..., 2011).

In 2005, the Job Classification Plan - PCC, the oldest public administration career inaugurated in the 1960s by Decree N° 200, absorbed some 65,000 MS servers, of which only 14% had a higher level. It should be noted that the PCC organized the positions of administrative command, "commissioning" activities, separately from the technical-administrative activities, giving wide flexibility to the regime for the appointment of occupiers of management functions, management, and advisory services.

The federal public administration has kept the investiture in place and not a career, and this is a problematic point, either in the bureaucratic model or in a managerial model adopted by the State, since it is known that it is indispensable to the efficiency of the public administration that the workers have perspectives and concrete mechanisms of

professional growth - as a counterpart of dedication, productivity, commitment and cohesion (GRAEF; CARMO, 2008).

In this context, the MS careers have not been modernized in their promotion mechanisms and server incentives. The lower level commissioned functions, together with the Functions Rewarded, are the main means of encouraging career servants, which weakens the meritocratic criterion as a way of valuing the personnel in the sector. The lack of a career plan, the managers' turnover, and the disbelief regarding the changes result in an organizational fragility in the scope of the formulation and coordination of SUS. According to a study developed by Loureiro, Abrúcio, and Rosa on the Ministry of Finance, what avoids the politicization coupled with inefficiency at subnational levels is the power of the internal careers of this Ministry. They have a strong spirit of body that has resulted in the creation of areas in which only their members can occupy the positions. Organicity and continuity of public policies are guaranteed with this power of internal careers.

In the case of MS, the lack of knowledge about the issues in the area, caused by the diversity of work links, turnover and lack of technical training was not solved by the opening of public tenders from 2005.

Evans argues that a devalitized state institution, which lacks the resources necessary to sustain rewarding careers and build the spirit of corps, favors the self-directed action of bureaucrats.

This scenario refers to the question of how it was possible to conduct and coordinate a health policy of such complexity by an unfinished management model regarding typical bureaucratic elements. On this point, public health policy, after CF/88, has computed important advances toward universal access to care for the Brazilian population.

It is important to consider a societal variable, which can be read based the concept of normative institutional isomorphism elaborated by DiMaggio and Powell (1983), which concerns the struggle of the members of an area to establish a cognitive and legitimate basis for autonomy of their actions (COSTA; NEVES, 2013). In the case of MS, as explained in Table 4, the occupation of positions of greater decision-making power by experienced actors in health policy and involved with the health movement fills the gap left by the fragility of the connections and the lack of a spirit di corpus of the administrative reference.

The high level of education of the occupants of the MS secretaries stands out: 10 of the 18 secretaries, 2 are specialists, 3 masters, 10 have a doctorate degree,

9 of which have a doctorate degree in public health and are called sanitarians. The qualification of the professionals who worked in the MS secretariats

somehow demonstrates that although these positions are of political indication, they were filled by highly qualified professionals, technically, and still, a great

Table 4. Professional profile of heads of executive secretaries and health care in different ministerial positions.

<i>Ministerial Management</i>	<i>Executive Secretary</i>	<i>Qualification</i>	<i>Experience in Public Management</i>	<i>Secretary of Health Care</i>	<i>Qualification</i>	<i>Experience in Public Management</i>
Alexandre Padilha	Márcia Aparecida do Amaral	Doctor - Master in Collective Health - Unicamp and doctorate Public Health - Unicamp	-	Helvécio Miranda Magalhães Jr.	Medical Specialist Epidemiology UFMG	Municipal Secretary of Health
José Gomes Temporão	Márcia Bassit Lameiro Costa Mazzoli	Administrator and Economist - Master Adm. - UnB	-	Alberto Beltrame	Doctor	-
José Agenor Alvares	Jarbas Barbosa	Doctor - Collective Health Doctor - Unicamp	State and Municipal Secretary	José Gomes Temporão	Doctor - Doctor in Collective Health - UERJ	Municipal Secretary
José Saraiva Felipe	José Agenor Alvares da Silva	Biochemical	-	José Gomes Temporão	Doctor - Doctor in Collective Health - UERJ	Municipal Secretary
Humberto Costa	Gastão Wagner	Doctor - Collective Health Doctor - Unicamp	Municipal Secretary	Jorge Solla	Doctor - Clinical Doctor - UERJ	State Secretary
Barjas Negri	Renilson Rehen de Souza	Doctor	Municipal Secretary	Alberto Beltrame	Doctor	-
José Serra	Barjas Negri	Economist - Doctor of Economics - Unicamp	Mayor	Renilson Rehen de Souza Gilson Carvalho	Doctor Doctor - Public Health Doctor - USP	State Secretary Municipal Secretary
Carlos Cesar Albuquerque	Barjas Negri	Economist - Doctor Economia- Unicamp	Mayor	Antônio Joaquim Werneck de Castro	Doctor - Public Health Master - ENSP / Fiocruz	-
Adib Jatene	José Carlos Seixas	Doctor - Doctor USP	Municipal Secretary	Eduardo Levcovitz	Doctor - Collective Health Doctor - UERJ	-
Henrique Santillo	Nelson Rodrigues dos Santos	Doctor - Preventive Medicine Doctor - USP	Municipal Secretary	Carlos Eduardo Mosconi	Doctor - Specialist	Health Secretary Distrito Federal
Jamil Haddad	José Alberto Hermógenes de Souza	Doctor	-	Carlos Eduardo Mosconi	Doctor - Specialist	Health Secretary Distrito Federal

Source: Interviews by the author.

part with a sanitary training in academic nuclei of excellence in the area (Unicamp, UERJ, ENSP / Fiocruz and USP).

Another point concerns the experience of SUS managers. Most MS secretaries have already served as municipal and state health managers, and some have already chaired the boards of municipal and state secretaries or acted as professors holding federal universities.

Also, in the origin of the occupants of positions of secretary in the MS, a particular aspect to the health policy concerns a remarkable overlap between those who are in charge of formulating and those who are dedicated to implement, manage and even evaluate the political changes proposals under the SUS. A significant number of executives, technical advisors of the MS, as well as advisors to CONASS, CONASEMS and the CNS, have already held positions as secretaries or under-secretaries of health in states and municipalities. It is still verified that several actors responsible for the formulation and implementation of health policies worked in research centers. In addition to the circulation of professionals among the various functions in state institutions, another type of movement occurs in the health field: there are numerous cases of technicians who migrate between municipalities, even from different states, as municipal health secretaries. Several of them are in the third management experience. It seems that the modernization of the public health administration resulted from an institutional innovation external to the MS, with a cognitive/societal basis, favored by the flexibility in filling more complex positions. On the other hand, this innovation strengthens the cleavage between the managerial body, trained and knowledgeable of the policy, and the administrative servers, dissatisfied, unmotivated and often disqualified to act in the sector, which results in a devitalized administrative base.

3.2 Organizational weaknesses within the MS, according to the interviewees' perception

From the interviews with the actors involved with the health policy, at least five impasses that have a negative impact on the quality of the management of the SUS within the scope of the MS were evidenced: instability of the administrative structure due to temporary work connections; lack of investment in the training of employees (contractors and employees); non-fixation of transversal careers servers due to low remuneration of positions; single career positioning,

and, finally, the filling of management positions by external employees.

A first point highlighted in the study concerns the discontinuity of projects and programs resulting from the changes of managers and the instability of the administrative reference of the organ, as illustrated by an informant:

It is natural that every management that enters wants to give his format, to design his project. The important thing is to ensure that the processes have continuity, no matter the organizational design that it acquires. And this is not common to happen, even when the process is working, its continuity will depend on leadership. It depends on the profile of the person, each one has the predesigned management model. The server defends what is working when we can get a voice inside the institution. It is also worth noting that management processes are not well standardized, formalized, people arrive and do the designs of structures that suit them. Here everyone with more than 10 years in the Ministry is former something, due to the organizational changes of the organ. According to the manager, in a new management, they change to DAS 1 level servers (MS server in level 4 commissioned position).

The lack of investment in the training of MS employees and the alternation of managers were pointed out as weaknesses in the administrative reference that affect all levels of government in the conduct of the policy.

The lack of concern and investment in training with the Brazilian health managers' board made the teams vulnerable and fluctuating. This fact has generated a loss of memory of the system itself both at the national level and in the states and municipalities. The boards that are coming will reinvent policies so you do not have a continuity of the policy that is outlined due to the alternation of direction. This harms a lot (CONASS President).

One aspect highlighted in the study refers to the issue of occupying MS strategic posts by professionals with extensive experience in health policy. These professionals come from academia, state, and municipal management, and many of them have been involved with the health movement. They directly connected to MS, through commissioned functions, or indirectly, as is the case of CONASS and CONASEMS consultants, acting as institutional memory of the sector.

Nevertheless, and in order to highlight the lack of commitment to the training and professionalization of the MS, the following report shows that organizational

and management problems are treated in a secondary way by the directors who take over the board.

The internal processes in the secretariats are also very fragmented, people joked that they should build a SHM - Single Health Ministry. Leaders like ministers are always focused on the external issues of the health system and do not bother to improve internal bureaucracy. Doctors are usually averse to more administrative discussions about the organization of management, considering that the positions of ministers and secretaries are hegemonically occupied by this group of professionals. There were more closed groups in the upper echelon that could not even hear the word quality or references to the management mechanisms, thinking that they would mention the private thing and would not serve the public administration (MS Server).

Besides the quantitative data that have already demonstrated the different links that make up the MS headquarters, one of those interviewed qualifies these links.

On the formation of the administrative staff, we have three categories of health workers in MS: one is the staff in charge of the commission and in these times has been changing many times and who may be someone who understands well health or a handful of people indicated by a party or group and that does not understand health. Another group is of the temporary servants that have interesting characteristics because a group is without much formation and much less knowledge of the SUS and the other group is of the temporary ones that come to Brasilia after a selection and for being temporary there is also a limitation. Finally, the third group that is equally divided in two: the remnants of MS who do not understand SUS; the remnants of INAMPS that do not understand the SUS and that indirectly do everything so that the SUS does not work (Consultant of CONASEMS and former secretary SAS).

The same interviewee points out its impact on the degree of knowledge of the SUS servers besides the instability of the labor relationships.

Personally, as I have been following this since the beginning of the SUS, I am constantly suffering from the difficulty, first of all the MS understands what its mission is and always be based on Brazilian legislation... we were in a meeting since the morning with a health elite, discussing a SUS document and all the time people were surprised that they did not know that it was in the law (Former SAS secretary and CONASEMS consultant).

Another point highlighted in the interviews concerns the lack of involvement of cross-careers with the health system.

There is a struggle of the servants' unions for the creation of specific health careers, but the Ministry of Planning defends the transversal careers. The problem is the compensation that cannot ensure the talents in health (MS Servant in commissioned position level 4).

These cross-career servants are looking for a better position for them and there they have no country... go to the Ministry where they are most valued ... another drawback is that they defend their mini-corporations, more than the ideology of the system for which they work (Former Secretary of SAS and CONASEMS Consultant).

A report of a servant with more than 20 years of service in the federal government reiterates the fact that the filling of management positions by external employees is a de-motivating factor of the effective staff, which results in a “[...] *bad will with the outsiders, because all the positions of leadership are snatched up by those who arrive*”.

The study shows that the management of health policy does not neglect the meritocratic aspects of bureaucracy, as embodied in the requirement of the public tender to fill the positions in the MS. This typical element of the bureaucratic model comes to coexist with institutional innovations, such as the creation of democratic spaces for participation in the executive sphere, in the sense of seeking State efficiency through greater permeability of public bureaucracy to corporate interests, in the line defended by New Weberian State (NWS). However, there is no progress in internal cohesion mechanisms, such as the modernization of career paths or the adoption of innovations in the management of the Ministry.

4 Final considerations

The research revealed that, since the creation of the SUS, the formulation and coordination of the national health policy were conducted by a fragile bureaucratic structure, in which selection by competition was not a hegemonic form of composition of the health administrative reference until 2009.

A state structure compatible with a democratic administration in the case of Brazil is under construction, which signals the risk of the orientation of reforms supported by NPM's managerial model, without due concern for the implantation of the foundations of the Weberian bureaucracy.

The implementation of the public tender is indicative of institutional progress in the meritocratic sense and is expressed in the increase of the effective staff crowded at headquarters. However, the opening of competitions disassociated with a greater investment in professionalization and incentives to career servants did not act to reduce MS organizational instability, given the high turnover of new entrants and the permanence of a demobilized administrative reference.

The lack of internal promotion mechanisms with the almost exclusive filling of the positions of directors by professionals external to the careers provoke a climate of tension and competition between the career staff and the external employees, which reinforces a split within the Ministry. On the other hand, the presence of one of the political-administrative staff composed of external professionals, with a high technical degree, both in relation to academic training and public management and also with ideas and values converging to the basic precepts of SUS, reinforced the institutionality reducing the deleterious effects of an underdeveloped bureaucracy.

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Author's Contributions

Luciana Assis Costa: designing of the theme, conducting research, analyzing data and conducting the writing, both in the theoretical part and the results. Daniete Fernandes Rocha: writing of the article, collaboration with the theoretical part and analysis of the results and its review. All authors approved the final version of the text.