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# Federal government budgetary and financial resources for body practices and physical activities in the Unified Health System: analysis of the 2019-2022 governmental cycle

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**Abstract** *Through quantitative exploratory research, the present study analyzed the amount foreseen in the Federal Budget and the amounts paid (nominal and deflated) for programs and actions to promote body practices and physical activities (Health Academy Program and the Federal Incentive for Physical Activity in Primary Health Care) from 2019 to 2022. The values of investment in body practices and physical activities in SUS per capita, according to the population covered by Primary Health Care (PHC) and per participant in public programs, were also calculated. The following was found: (1) that the resources that were actually paid were 3.31% to 15.06% lower than those approved in the budget (nominal) and (2) the low annual (maximum) values found, regardless of whether nominal or deflated – per capita (R$ 0.21 to 0.30) per population covered by PHC (R$ 0.25 to 0.40) and per participant (R$ 10.61 to 14.61). It was concluded that the low investment in the promotion of body practices and physical activities decreases access and does not contribute to the full functioning of SUS by preventing or hindering the expansion of possibilities of comprehensive health care.*

**Key words** *Government funding, Health policy, Health pomotion*

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## Introduction

The public budget is one of the pillars of the Democratic State of Law and shows society the priorities of the government concerning the annual forecast of revenues, taxes and other estimates of collection, and the expenses for which these resources will be allocated[1]. Thus, it is one of the main planning instruments, as it reveals, in the case of the General Budget, the amounts that the Federal Government intends to invest in the execution of public policies[1].

To achieve this, the present article focuses on the Budget Guidelines Law (LDO, in Portuguese) and the Annual Budget Law (LOA, in Portuguese), at the federal level, which are proposed by the Executive Branch in the year prior to the law's validity and are subsequently voted by the National Congress for sanctioning by the President of the Republic. The LDO guides the preparation of the LOA by including priorities for the federal government, setting fiscal policy guidelines and goals. The LOA, on the other hand, deals with the scheduling of government expenditures, as well as the revenues necessary to cover the costs of these expenditures[1]. The budget is linked to planning through the Multiyear Plan (PPA, in Portuguese), which establishes the guidelines, objectives, and goals to be followed by the Federal Government over a period of four years, serving as a guide for the preparation of the LDO and LOA[2].

Thus, the different stages of the budget cycle involve the budget proposal, which is analyzed and sanctioned into law, which summarizes the total appropriations present in the Annual Budget Bill (PLOA, in Portuguese), with the changes proposed by Parliamentarians and the subsequent approval or veto provided by the Executive Branch. Finally, there is the payment of the goods purchased or services rendered, which is the final stage of budget execution[1].

Health financing reveals government priorities and strategies aimed at strengthening (or not) a health system[3]. The financing of the Unified Health System (SUS, in Portuguese) will be one of the main challenges for the next governmental cycle (2023 – 2026), through debates and proposals primarily revolving mainly around the increase in the percentage of Gross Domestic Product in investments and the highlighting of the need to repeal Constitutional Amendment no. 95 of 2016, which aggravated the underfunding of SUS[4-6].

In SUS, two main health actions are body practices and physical activities (BPPA). Their insertion in the Brazilian public health policies took place mainly in the early 2000s, through municipal programs, with the main means of institutionalization in the National Health Promotion Policy occurring in 2006[7-9].

By inserting the BPPA as a practice of both health care and health promotion within SUS, one can firmly defend the understanding that BPPA is a right[10,11] and that it is related to health in its expanded perspective, which is linked to the prevention and treatment of diseases, especially Noncommunicable Diseases (NCDs), as well as to one's quality of life and general well-being. In addition, one can also see the economic impact on society and governments in general, especially on the tripartite management of SUS. In Primary Health Care (PHC), the main strategies related to such practices are currently the Health Academy Program[8], created in 2011, and the Federal Incentive for Physical Activity in PHC (IAF, in Portuguese)[12], launched in May 2022.

The Health Academy Program offers health promotion actions and the production of healthy lifestyles in eight axes, among which is the BPPA[13]. The resources related to this program are related to incentives for the construction of poles, which are beyond the scope of the present text, but with data available in the literature[14,15], and to the monthly cost (R$ 3,000 per month)[16]. The IAF provides for the transfer of funding resources for the provision of BPPA in PHC units, with a differential in value (from R$ 500 to R$ 2,000 per month), according to the type of health establishment and the registration of Physical Education Professionals (PEP)[12]. Both have normative conditions for the transfer of resources, such as registration in the information systems regarding the registration of professionals and the activities developed, as well as the achievement of goals, such as the case of the IAF[12,16].

Thus, considering that the evaluation of public health policies in Brazil has ample production[17], the objective of this article was to analyze the budget and federal funding of programs and actions to promote BPPA in SUS in the governmental cycle from 2019 to 2022. To the best of our knowledge, this is the first study that aimed at performing such an analysis, which will potentially contribute to the evaluation of BPPA as a public health policy.

In the aforementioned governmental cycle, different initiatives have clearly strengthened the theme of BPPA in SUS: the creation of a specific organizational structure in the Ministry of Health in 2019, the launch of the Physical Activity Guidelines for the Brazilian Population[18] in

2021, the IAF in 2022, among others. However, a low value was observed in the budget forecast for the Health Academy Program in the PLOA of the Federal government for 2023. The relevance of this manuscript lies in the premise that financing, when sustainable, is essential for the public policies of BPPA to be constituted as a State policy[19] and, in order to make them effective, it is essential that this be pointed out and expanded in the budget pieces and confirmed through payments.

## Method

This exploratory and quantitative study analyzed the data from the General Budget of the Federal Government (PLOA and LOA) and the amount paid to finance the BPPA in SUS from 2019 and 2022: budget action "Support the maintenance of Health Academy Program (Code 217U)"[1,20]; the amounts related to the IAF foreseen and paid (in 2022 the payment of the competences was made October to December)[12,20,21]. This incentive is contained in the PHC baseline (219A)[1,12]; therefore, it was not possible to specify the amount provided for in the PLOA and LOA 2023.

The amounts established in the LOA and the resources paid for 2018, as well as those of the PLOA and LOA for 2023, were included for the purposes of comparative analysis, as they refer to the budget received, the project, and the budget left in the referred governmental cycle.

Budget data were collected from Siga Brasil[22], a public budget information system developed by the Federal Senate that allows broad and easy access to the following systems: Integrated Financial Administration of the Federal Government, Integrated Planning and Budgeting; Preparation of the LOA, Management of Agreements and Contracts of Transfer of the Federal Government, in addition to other bases referent to the federal public budget and planning, integrating several Executive and Legislative Branch databases. The consultation was initially carried out in September 2022, with data updated until February 26, 2023, through access to the expert panel (https://www9.senado.gov.br/painelespecialista).

The consultation of data related to the aforementioned budget action (Code 217U), from 2018 to 2023, was carried out using the "advanced filters" tool, presenting the nominal values and those deflated by the Broad Consumer Price Index (IPCA, in Portuguese). The variables listed for budget analysis were: a) the value in the PLOA and proportion of the annual variation; b) the value in the LOA and proportion of the annual variation; c) the amount paid and the proportion of the annual variation; and d) the annual ratio between the amount in the LOA and the amount paid.

In addition, in order to compare the data obtained in Siga Brasil, the budget documents referent to government programs (volume II of the PLOA and LOA from 2018 to 2022 and volume IV of the LOA 2023), were consulted on the Ministry of Economy's website[1] (https://www.gov.br/economia/pt-br/assuntos/planejamento-e-orcamento/orcamento/orcamentos-anuais). To confirm the amount paid in each of the years analyzed, a complementary consultation was carried out with the National Health Fund (FNS, in Portuguese)[20], through the Fund-by-Fund Transfers Panel (https://painelms.saude.gov.br/extensions/Portal_FAF/Portal_FAF.html).

In addition, the investment values in BPPA actions in SUS were calculated, as follows:

a) per *capita* – amount paid annually / estimate of the population per year of the period analyzed according to the Brazilian Institute of Geography and Statistics (IBGE, in Portuguese)[23] (https://sidra.ibge.gov.br/tabela/6579). For the year 2022, the population preview was used based on the data collected by the 2022 Demographic Census[24];

b) by the population covered by PHC – amount paid annually / annual average of the population covered from the monthly records available in the competencies of January to December (estimated size of the population with coverage in 2019 and 2020 and the total number of registrations in 2021 and 2022) according to the e-Manager PHC portal of the Ministry of Health[25] (https://egestorab.saude.gov.br/paginas/acessoPublico/relatorios/relatoriosPublicos.xhtml);

c) per participant of public programs to encourage BPPA – amount paid annually / number of participants of public programs to stimulate the realization of BPPA according to the 2019 National Health Survey (n = 4,300,000)[26].

Finally, for the calculation of the average number of units of the Health Academy Program funded per year, the amount of R$ 3,000 per month was considered[16]. Resources from other sources, such as the Programa Previne Brasil, PHC financing model, which may eventually be used in BPPA programs and in such actions as the remuneration of health professionals, were not part of the analytical scope because they cannot be captured in the sources of consultation used in this study.

Because this is a study with secondary data and in the public domain, it was not submitted to a Research Ethics Committee[27].

## Findings

Initially, it is important to note that the data available in the Siga Brasil portal[22] were similar to those obtained in the budget documents of the government programs available on the

Ministry of Economy's website[1], which reveals the reliability of the data available in this tool for the consultation and analysis of data on the Federal Government's General Budget.

Regarding the resources for the funding of the Health Academy Program, an annual variation in the nominal value of the LOA was demonstrated, with a reduction of 16.89% in 2019, 8.7% in 2021, and 1.29% in 2023, and an increase of 7.27% in 2020 and 4.08% in 2022. It was also found that the amount paid was lower than the value of the LOA throughout the entire analyzed period, which was 7.76% lower in 2019, 3.31% in 2020, 6.91% in 2021, and 15.06% in 2022, in relation to nominal values (Table 1).

Regarding the values corrected by the IPCA, it was mostly found that there was an annual decline in the value approved in the LOA, with a reduction of 19.89% in 2019, 12.65% in 2021, 5.43% in 2022, and 6.69% in 2023, except in 2020, in which an increase of 2.84% was verified. Moreover, the amount paid was lower than the amount approved in the LOA throughout the analyzed period: 9.61% lower in 2019, 4.29% in 2020, 10.91% in 2021, and 18.20% in 2022 (Table 1).

Figure 1 presents the comparisons between the values of the PLOA, the amount authorized in the LOA, and the amounts actually paid. It is also possible to identify that the amount paid is always lower than the planned value (PLOA) and the authorized value (LOA), both in the nominal value (Figure 1A) and in the value corrected by the IPCA (Figure 1B).

Figure 2 shows the evolution of the proportion of the annual variation of the nominal value and that corrected by the IPCA of the PLOA to determine the cost of the actions performed by the Health Academy Program from 2018 to 2023, revealing an oscillation in the percentage of variation over the years. However, there was a significant reduction in the value of the PLOA between 2022 and 2023 of 61.25% in the nominal value and 63.37% in the value corrected by the IPCA, which was largely reversed in the LOA after the governmental transition at the end of 2022 (Table 1).

On average, considering the value of R$ 3,000/month per Health Academy Program unit,

**Table 1.** Investment for the cost of Health Academy Program actions in Brazil, listed according to the phase of budget execution from 2018 to 2023.

| Value | Year | PLOA (R$ million) | Proportion of annual change PLOA value (%) | LOA (R$ million) | Proportion of annual change LOA value (%) | Amount paid (R$ million) | Proportion of annual change amount paid (%) | Ratio of LOA value to amount paid (%) |
|---|---|---|---|---|---|---|---|---|
| Nominal | 2018 | 60.0 | -- | 60.2 | -- | 41.9 | -- | -- |
| | 2019 | 50.0 | -16.67 | 50.0 | -16.89 | 46.1 | 10.07 | -7.76 |
| | 2020 | 55.0 | 10 | 53.6 | 7.27 | 51. 8 | 12.44 | -3.31 |
| | 2021 | 49.0 | -10.91 | 49.0 | -8.70 | 45.6 | -12.11 | -6.91 |
| | 2022 | 51.0 | 4.08 | 5 1.0 | 4.08 | 43.3 | -5.03 | -15.06 |
| | 2023 | 19.7 | -61.25 | 50.3 | -1.29 | -- | -- | -- |
| IPCA | 2018 | 79.4 | -- | 79.6 | -- | 54.2 | -- | -- |
| | 2019 | 63.8 | -19.68 | 63.8 | -19.89 | 57.7 | 6.45 | -9.61 |
| | 2020 | 67.2 | 5.46 | 65.6 | 2.84 | 62.8 | 8.88 | -4.29 |
| | 2021 | 57.3 | -14.76 | 57.3 | -12.65 | 51.0 | -18.69 | -10.91 |
| | 2022 | 54.2 | -5.43 | 54.2 | -5.43 | 44.3 | -13.17 | -18.20 |
| | 2023 | 19.8 | - 63.37 | 50.6 | -6.69 | -- | -- | -- |

PLOA: Annual Budget Bill; LOA: Annual Budget Law; -- Not applicable.

Source: Author's construction based on data from the Ministry of Economy1, the Ministry of Health20, and the Federal Senate22.

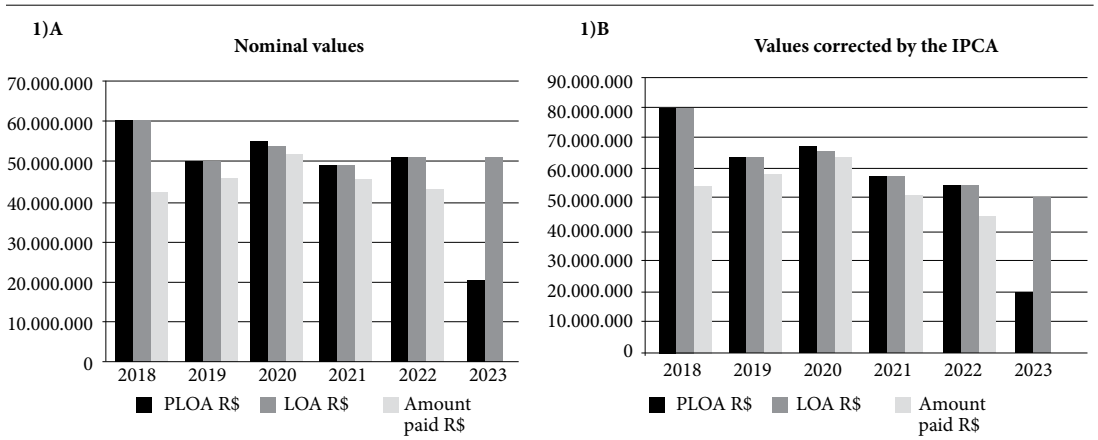


**Figure 1.** Comparisons between the nominal values and those corrected by the IPCA of the PLOA and the LOA, as well as those paid to cover the cost of Health Academy Program actions in Brazil from 2018 to 2023.

Source: Authors.

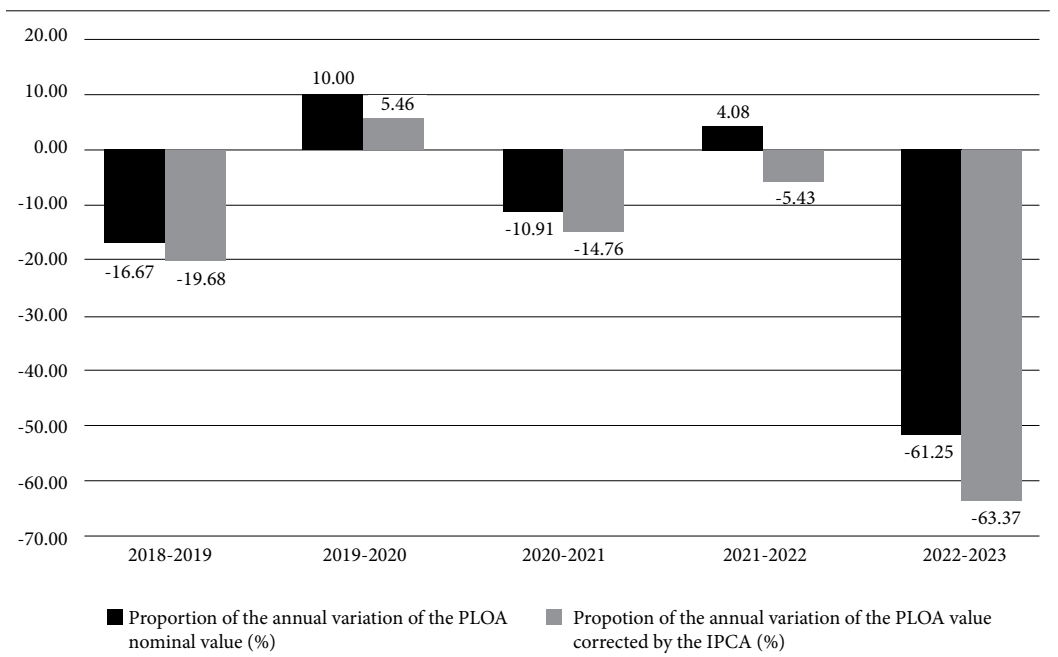


**Figure 2.** Proportion of the annual variation of the nominal value and that corrected by the IPCA of the PLOA to cover the cost of Health Academy Program actions in Brazil from 2018 to 2023.

Source: Authors.

and assuming the hypothesis that all of the units received resources during the twelve-month period, the nominal amounts paid annually were sufficient for 1,282 units in 2019; 1,441 in 2020; 1,267 in 2021; and 1,203 in 2022. For 2023, the amount established in the PLOA, just over R$ 19.7 million, would be 61.25% lower than the value of the budget forecast allocated in the 2022 PLOA and approximately 55.4% lower when compared to the resources paid in 2022.

With regard to the IAF, although initially the amount of R$ 99.9 million was foreseen for 2022[12], regulations on it determined a forecast of R$ 48.3 million for the months of October to December[21], and 10.8 million were paid[20]. In addition, for 2023, it was announced that the budget would be R$ 170 million[28] (Table 2).

Regarding the amount paid, it is important to note that between 2019 and 2021 only the Health Academy Program was considered, while in 2022 the IAF was also considered. The *per capita* amount did not exceed R$ 0.30 per year throughout the entire analyzed period, considering both the nominal value and that corrected by the IPCA. The nominal amount paid per year by the population covered by the PHC showed a gradual increase of R$ 0.30 to 0.33 in 2019 and 2020 and a reduction to R$ 0.25 and R$ 0.29 in 2021 and 2022, respectively, as well as the amount paid corrected by the IPCA with variations of R$ 0.37 to R$ 0.40 in 2019 and 2020 and R$ 0.28 and R$ 0.29 in 2021 and 2022, respectively. Regarding the approximate amount paid annually per participant of public BPPA programs, in the analyzed period, there was a variation of R$ 10.61 to R$ 12.58 in nominal values and from R$ 11.88 to R$ 14.61 corrected by the IPCA (Table 3).

**Table 2.** Investment destined for the Federal Incentive for the Cost of Physical Activity in Primary Health Care – IAF in Brazil, in 2022 and 2023.

| Year | Expected / announced amount (R$ million) | Budgeted amount* (R$ million) | Amount paid (R$ million) |
|---|---|---|---|
| 2022 | 99.9 | 48.3 | 10.8 |
| 2023 | 170.0 | -- | -- |

* Budgeted through ministerial ordinance 3872 of 10/26/2022[21]; -- not applicable.

Source: Author's construction based on data from the Ministry of Health[12,20,21,28].

## Discussion

This study aimed to analyze the budget and federal funding of programs and actions to promote BPPA in SUS within the governmental cycle from 2019 to 2022. The analysis of the Federal Government's General Budget and the resources paid related to the cost of the Health Academy Program, as well as of the values for the IAF allowed us to identify that the resources destined to the BPPA in SUS that had been effectively paid were lower than those approved in the LOA; the amounts paid per year for the BPPA can be considered low, regardless of whether nominal or corrected by the IPCA – per *capita*, per population covered

**Table 3.** Investment for the cost of BPPA actions performed from 2019 to 2022, according to the estimated Brazilian population with PHC coverage and the number of participants in public BPPA programs.

| Value | Year | Amount paid (R$ million) | Number of inhabitants | Amount paid annually per capita (R$) | Number of inhabitants covered by PHC* | Amount paid annually per inhabitant** with coverage by APS (R$) | Amount paid annually per participant*** (R$) |
|---|---|---|---|---|---|---|---|
| Nominal | 2019 | 46.1 | 210.147.125 | 0.22 | 154.864.2 79 | 0.30 | 10.73 |
| | 2020 | 51.8 | 211.755.692 | 0.25 | 158.835. 394 | 0.33 | 12.07 |
| | 2021 | 45.6 | 213.317.639 | 0.21 | 182.700.548 | 0.25 | 10.61 |
| | 2022 | 54.1 | 207.750.291 | 0.26 | 189.032.868 | 0.29 | 12.58 |
| IPCA | 2019 | 57.7 | 210.147.125 | 0.27 | 154.864.2 79 | 0.37 | 1 3.42 |
| | 2020 | 62.8 | 211.755.692 | 0.30 | 158.835. 394 | 0.40 | 14.61 |
| | 2021 | 51.0 | 213.317.639 | 0.24 | 182.700.548 | 0.28 | 11.88 |
| | 2022 | 55.1 | 207.750.291 | 0.27 | 189.032.868 | 0.29 | 12.81 |

PHC – primary health care; + cost investment – 2019 to 2021 Health Academy Program, 2022 Health Academy Program and IAF; * from 2021 there was a change in the way to estimate PHC coverage, starting to use the total number of registrations. ** The annual average was used considering the 12 competencies (months); *** number of participants in public programs to stimulate the realization of BPPA estimated by the 2019 National Health Survey = 4,300,000.

Source: Authors construction based on data from the Ministry of Economy[1], the Ministry of Health[20], the Federal Senate[22], the Brazilian Institute of Geography and Statistics[23,24], the Ministry of Health[25], and the National Health Survey 2019[26].

by the PHC, and per participant of public BPPA programs.

The social and economic impact of physical inactivity is well-known in the literature. Hence, there is an urgent need to expand investments in the promotion of BPPA, with emphasis on cost-effective interventions that contribute not only in the economic perspective, but also in the broader scope linked to human development[29-31]. In Brazil, BPPA promotion programs in SUS are present in thousands of municipalities[12,14,15] and, in addition to offering access to such practices that validate a right, they also bring benefits in the economic perspective of SUS. Different studies indicate that the expansion of the practice by the population could potentially reduce expenses, which would generate more resources for the health system[32,33].

Notably, the Health Academy Program, throughout its trajectory of more than a decade in SUS, has already gone through different evaluation processes in which it was found that it expanded the offer and reduced inequities of access to BPPA, contributing to the increase in the performance of these practices, which demonstrated that its activities have a positive impact on users' health indicators[34-38]. Therefore, the investment of SUS resources in the maintenance and eventual expansion of programs and actions to promote BPPA is justified.

It is possible to infer that if the restructuring of the budgetary resources of the Health Academy Program were not made, there would be a great negative impact on the supply of BPPA in SUS. With the resources of the 2023 budget forecast, it would be possible, on average, to pay for just over 540 units/year, as compared to the 3,000 completed units, of which nearly 1,750 (through December 2022) have been able to receive funding resources, so long as they comply with the regulatory conditions, and the more than 1,200 that have been receiving resources in recent years[19,20,25]. Thus, if there was no additional budget contribution for the program, only 30.8% of the qualified units of the Health Academy Program would receive funding in 2023. Therefore, the maintenance of values close to those of 2022 in the LOA 2023 was an important achievement for the field of BPPA in SUS when faced with the scenario of the definancing, weakening, and disorganization of SUS, which led to a significant worsening of health indicators and the incapacity to respond to the health needs of the population[39] during the governmental cycle analyzed in this study.

This budget restructuring did not occur only with the Health Academy Program, but also with different programs and strategic actions of SUS that also made important cuts in PLOA 2023[40]. This scenario of the definancing of SUS generated the recommendation of the non-approval of the 2023 PLOA by the National Health Council[41].

The insufficiency of resources can also be seen by observing that R$ 108 million would be needed annually to pay for the completed Health Academy Program units; however, around R$ 41.9 to R$ 51.8 million (38 to 47%) were paid during the analyzed period, and the amount foreseen for 2023 was R$ 19.7 million (18%)[42,43]. Still, if there were correction for inflation, the current value (R$ 3,000 per month per unit) for the Health Academy would be just over R$ 5,700 (variation of 91.16% between December 2011 and December 2022)[44], which reveals the value gap and may render the implementation of the program by the municipalities unfeasible.

In relation to the IAF, our study highlighted the potential for the expansion of BPPA actions in PHC and a likely resumption of growth in the insertion of PEP in SUS[45-47]. At the launch, resources of R$ 99.9 million were foreseen for 2022 and R$ 170 million was announced for 2023; however, in 2022, a new budget forecast was launched, in which R$ 48.3 million and R$ 10.8 million were paid for the months of October to December[12,20,21,28]. Regarding the amount paid, much lower than initially expected, the Ministry of Health reported that many municipalities did not comply with the regulatory conditions related to the registration of BPPA in the indicated information system[48]. However, a temporal issue was found between the launch of the IAF (May 2022) and the beginning of payments (December 2022)[20], which may have blocked municipalities from complying with the regulations.

Thus, the question arises whether or not the amount announced for 2023 will be maintained[28], since, in public management in general, the planned resources that are not spent are allocated to other actions, which may be one of the reasons for the decrease in planned resources (R$ 99.9 million to R$ 48.3 million)[12,21]. Furthermore, according to the understanding of external control institutions, resources for the BPPA cannot be computed in the minimum expenditure on health, which consequently opens the door to cuts and budget restrictions[43].

It should be noted that cuts in the federal budget for SUS mean setbacks and omissions in ensuring quality health care for all people[3,49],

which justifies the concern over the amount foreseen in the PLOA for 2023, which was much lower than that transferred by the Ministry of Health to the funding of the Health Academy Program over the last few years. Although most of the budget was recomposed in the LOA 2023, these findings point to the non-prioritization of the Health Academy Program, based on limitations in federal funding[14].

As previously hypothesized, if from the creation of the IAF, no other measures were taken in relation to the Health Academy Program, it would be a negative and important change in the 'model' of promotion of BPPA within SUS, considering that, until that point, these were based on this program and on Expanded Family Health Centers (Nasf AB)[45]. The scenario becomes even more complex when we remember that Nasf AB, although it is recognized as a consolidated and powerful strategy for the promotion of BPPA in SUS[50], among other offers of multidisciplinary care, received funding for the structuring of the extinct teams from the Programa Previne Brasil, instituted in 2019[51]. This PHC financing model caused a reduction in the number of teams[52] and, concomitantly (without being possible to establish causality), there was a decrease in the number of PEPs[46,47], which could potentially cause a negative impact upon access to BPPA actions in SUS.

Although to date there is no knowledge of previous studies that aimed to analyze budgetary and financial resources of the federal government for the promotion of BPPA in SUS, it is possible to infer that the amounts paid *annually per capita*, by the population covered by PHC and by practitioners of public programs, is low, not exceeding R$ 12.58 (nominal) or R$ 14.61 (corrected) per year in the highest value found in the period analyzed in view of social and economic benefits related to these practices[29-34].

In addition to the problems related to the chronic underfunding of SUS[49,53], it is necessary to 'denounce' problems related to the allocation of health resources through parliamentary amendments, since these do not promote an equitable allocation of resources, nor the integration between the planning of health actions and the SUS budget[54]. Parliamentary amendments are a way for the legislative power to participate in the budget process, but they have been pointed out as a mechanism of political bargaining between the executive and legislative branches, disconnected from health planning[55,56]. Still, in the specific case of the rapporteur amendments, instituted in 2019[57], the destination of the resources, as well as the criteria that guide their allocation and the name of the parliamentarian are not made public, which allows us to affirm that a parallel budget has been made official and without transparency, classified as 'secret', and that it has been used for the purpose of obtaining political support from parliamentarians to consolidate electoral loyalty[57]. Therefore, although the Federal Supreme Court considered the distribution of resources of the rapporteur's amendments in December 2022 unconstitutional, it is important to take into account that SUS resources have been drained in order to finance the 'secret budget'[58].

Finally, in the specific context of the Health Academy Program, one must consider that resources for the construction of new units can only be requested by parliamentary amendment, and that these, when disconnected from health and budgetary planning, may not be effective at the municipal level, thereby weakening the program[14]. In the case of the IAF, it will be necessary to monitor the resources, as well as to assess the impact of this new modality of financing the BPPA in SUS, especially in the reduction of inequities of access to these practices, the expansion of coverage, and the reduction in the care gaps of PEP in SUS.

Limitations of the present text include the use of data from participants in BPPA incentive programs for the year 2019 in the analysis of the governmental cycle from 2019 to 2022, with this quantity coming from public programs in general and not only from SUS, in order to consider that the resources of the Health Academy Program would be exclusively for the BPPA. The main strengths of this study include the novelty of the analysis of a planned, authorized budget and the amount actually paid; the analysis of *per capita* value, by population covered by PHC and by participant, denoting, respectively, a broader view, in the entire estimated population, population covered by PHC, as well as in that which focuses on the beneficiaries of BPPA public programs, thus aiding in the understanding and dimensioning of investments and expenditures in BPPA in the PHC of SUS; as well as the use of different sources of data to confirm the results.

## Final considerations

Negative variation between the amount paid and the amount approved in the LOA was identified in all years. With this, no budgetary guarantee

proved to comply with sanitary planning, which was further exacerbated by the 'secret budget'. It is worrisome to identify the reduction and suspension of funding for programs and strategies consolidated in SUS, such as the Health Academy Program and Nasf AB, which contribute significantly to the promotion of BPPA, since funding is essential for the implementation of such practices as a right. Regarding the IAF, a model not yet tested in the reality of SUS, it is necessary to monitor and evaluate the operationalization of this initiative.

Thus, it is possible to affirm that the actions of the Ministry of Health in the governmental cycle analyzed in this study, such as the Physical Activity Guidelines for the Brazilian Population, among others, despite their relevance, are less likely to expand access to and realization of BPPA within SUS, since the reduction in resources does not contribute to the full functioning of SUS, as it prevents or hinders the expansion of possibilities to guarantee the integrality of care.

As a research agenda in the field of BPPA and health in SUS, the following is suggested: the analysis of the tripartite budgetary and financial impact on the supply of BPPA within SUS, which will make it possible to identify the relationship between the invested resources and eventual expansions of these practices; the expansion of the analyses to broader time frames with an assessment of the distribution of the budget among the different regions and Brazilian states, making them into permanent agendas, especially for social control, in order to strengthen the BPPA as a public health policy; analysis of the number of participants in public BPPA programs within SUS; the proposal and debate of participatory mechanisms that allow stakeholders in BPPA policies and actions to contribute to the construction of priorities based on the demands and needs of the SUS user population; and the mapping of the value of parliamentary amendments to enable an analysis of the use of the BPPA; however, with the 'secret budget', a significant portion would not be identified.

## Collaborations

FFB Carvalho: conception and design; data acquisition, analysis and interpretation; writing and critical review; final approval of the version for publication. MR Loch, DR Andrade and LAC Sposito: data interpretation; writing and critical review; final approval of the version for publication. LA Vieira: conception and design; data acquisition, analysis and interpretation; writing and critical review; final approval of the version for publication.

## References

1. Brasil. Ministério da Economia. Orçamento Público [Internet]. [acessado 2022 set 21]. Disponível em: https://www.gov.br/economia/pt-br/assuntos/planejamento-e-orcamento/orcamento
2. Ribeiro ACCL. O orçamento republicano e as emendas parlamentares. *Rev Tribut Fin Publicas* 2022; 150(29):57-78.
3. Tasca R, Mendonça CS, Mendes PS, Barbosa ACQ. Nota Técnica: financiamento do SUS e APS: ameaças aos avanços de três décadas [Internet]. 2021. [acessado 2020 dez 20]. Disponível em: https://redeaps.org.br/wp-content/uploads/2021/10/Financiamento_AP-Sfinal.pdf
4. Conselho Nacional de Secretários de Saúde (CONASS). Propostas do CONASS aos candidatos e às candidatas à Presidência da República – 2022 [Internet]. 2022. [acessado set 20]. Disponível em: https://www.conass.org.br/wp-content/uploads/2022/08/Propostas_Candidatos-1.pdf
5. Massuda A. Eleições 2022, a crise sanitária e o resgate do SUS. *Folha de São Paulo* 2022. [acessado 2022 set 20]. Disponível em: https://politica.estadao.com.br/blogs/gestao-politica-e-sociedade/eleicoes-2022-a-crise-sanitaria-e-o-resgate-do-sus/
6. Frente pela Vida. Carta compromisso. Conferência Livre Democrática e Popular de Saúde [Internet]. 2022. [acessado 2022 set 20]. Disponível em: https://www.frentepelavida.org.br/uploads/arquivos/CARTA-COMPROMISSO-[final]-(2).pdf?05082022
7. Carvalho FFB, Almeida ER, Loch MR, Knuth AG. As práticas corporais e atividades físicas na gestão tripartite do SUS: estrutura organizacional, financiamento e oferta. *Cien Saude Colet* 2022; 27(6): 2163-2174.
8. Brasil Ministério da Saúde (MS). Secretaria de Atenção à Saúde. Departamento de Atenção Básica. *Programa Academia da Saúde: caderno técnico de apoio a implantação e implementação*. Brasília: MS; 2018.
9. Brasil. Ministério da Saúde (MS). Secretaria de Políticas de Saúde. Programa Nacional de Promoção da Atividade Física "Agita Brasil": atividade física e sua contribuição para a qualidade de vida. *Rev Saude Publica* 2002; 36(2):254-256.
10. Organização das Nações Unidas para a Educação, a Ciência e a Cultura (Unesco). Carta Internacional da Educação Física, da Atividade Física e do Esporte [Internet]. 2018. [acessado 2022 set 10]. Disponível em: https://unesdoc.unesco.org/ark:/48223/pf0000235409
11. Messing S, Krennerich M, Abu-Omar K, Ferschl S, Gelius P. Physical activity as a human right? *Health Humn Rights J* 2021; 23(2):201-211.
12. Brasil. Ministério da Saúde (MS). Portaria nº 1.105, de 15 de maio de 2022. Altera a Portaria de Consolidação GM/MS nº 6, de 28 de setembro de 2017, para instituir o incentivo financeiro federal de custeio, destinado à implementação de ações de atividade física na Atenção Primária à Saúde (APS). *Diário Oficial da União* 2022; 16 maio.
13. Brasil. Ministério da Saúde (MS). Portaria de Consolidação nº 5, de 28 de setembro de 2017. Consolidação das normas sobre as ações e os serviços de saúde do SUS. *Diário Oficial da União* 2017; 30 set.
14. Carvalho FFB, Vieira LA. O financiamento como desafio nas políticas públicas de saúde: o caso do Programa Academia da Saúde. *Rev Bras Cienc Esporte* 2022; 44:e002322.
15. Tusset D, Olkoski M, Merchan-Hamann E, Calmon PCDP, Santos L. Programa Academia da Saúde: um olhar quantitativo das adesões entre 2011 a 2017. *Rev Bras Ativ Fis Saude* 2020; 25:e0165.
16. Brasil. Ministério da Saúde (MS). Portaria de consolidação nº 6, de 28 de setembro de 2017. Consolidação das normas sobre o financiamento e a transferência dos recursos federais para as ações e os serviços de saúde do SUS. *Diário Oficial da União* 2017; 30 set.
17. Furtado JP, Campos GWS, Oda WY, Onocko-Campos R. Planejamento e Avaliação em Saúde: entre antagonismo e colaboração. *Cad Saude Publica* 2018. 34(7):e00087917.
18. Hallal PC, Umpierre D. Guia de Atividade Física para a População Brasileira. Rev Bras Ativ Fis Saude 2021; 26:1-2.
19. Brasil. Ministério da Saúde (MS). Coordenação-Geral de Promoção da Atividade Física e Ações Intersetoriais: gestão da atividade física no Ministério da Saúde do Brasil. *Rev Bras Ativ Fís Saude* 2022; 27:1-4.
20. Brasil. Ministério da Saúde (MS). Fundo Nacional de Saúde (FNS). Painel Repasses Fundo a Fundo [Internet]. [acessado 2022 set 29]. Disponível em: https://painelms.saude.gov.br/extensions/Portal_FAF/Portal_FAF.html
21. Brasil. Ministério da Saúde (MS). Portaria nº 3.872 de 26 de outubro de 2022. Define e homologa os códigos referentes ao CNES dos serviços de APS credenciados, por meio da Portaria GM/MS nº 2.103, de 30 de junho de 2022, e cadastrados no SCNES para fins da transferência do Incentivo financeiro federal de custeio, destinado à implementação de ações de Atividade Física (IAF) na APS, instituído por meio da Portaria GM/MS nº 1.105, de 15 de maio de 2022. *Diário Oficial da União* 2022; 31 out.
22. Senado Federal. Siga Brasil [Internet]. [acessado 2023 set 25]. Disponível em: https://www12.senado.leg.br/orcamento/sigabrasil
23. Instituto Brasileiro de Geografia e Estatística (IBGE). Sistema IBGE de Recuperação Automática – SIDRA [Internet]. [acessado 2022 set 25]. Disponível em: https://sidra.ibge.gov.br/tabela/6579
24. Instituto Brasileiro de Geografia e Estatística (IBGE). Censo Demográfico 2022 [Internet]. 2023. [acessado 2023 fev 25]. Disponível em: https://censo2022.ibge.gov.br/
25. Brasil. Ministério da Saúde (MS). Portal e-Gestor Atenção Básica [Internet]. [acessado 2023 fev 26]. Disponível em: https://egestorab.saude.gov.br/paginas/acessoPublico/relatorios/relatoriosPublicos.xhtml
26. Instituto Brasileiro de Geografia e Estatística (IBGE). *Pesquisa nacional de saúde 2019: percepção do estado de saúde, estilos de vida, doenças crônicas e saúde bucal: Brasil e grandes regiões*. Rio de Janeiro: IBGE; 2020.

27. Brasil. Ministério da Saúde (MS). Secretaria-Executiva do Conselho Nacional de Saúde. Comissão Nacional de Ética em Pesquisa. Ofício circular nº 17/2022/CONEP/SECNS/MS. Brasília, 5 de julho de 2022.
28. Brasil. Ministério da Saúde (MS). Para incentivar atividade física, Ministério da Saúde promove caminhada no Rio de Janeiro neste domingo [Internet]. 2022. [acessado 2022 maio 17]. Disponível em: https://www.gov.br/saude/pt-br/assuntos/noticias/2022/maio/para-incentivar-atividade-fisica-ministerio-da-saude-promove-caminhada-no-rio-de-janeiro-neste-domingo-15
29. Programa das Nações Unidas para o Desenvolvimento – PNUD. *Movimento é vida: atividades físicas e esportivas para todas as pessoas. Relatório Nacional de Desenvolvimento Humano do Brasil*. Brasília: PNUN; 2017.
30. Santos AC, Willumsen J, Meheus F, Ilbawi A, Bull FC. The cost of inaction on physical inactivity to public health-care systems: a population-attributable fraction analysis. *Lancet Glob Health* 2023; 11(1):e32-e39.
31. World Health Organization [WHO]. Global status report on physical activity 2022: country profiles [Internet]. 2023. [cited 2023 fev 23]. Available from: https://www.who.int/publications/i/item/9789240064119
32. Bielemann RM, Silva BGC, Coll CVN, Xavier MO, Silva SG. Impacto da inatividade física e custos de hospitalização por doenças crônicas. *Rev Saude Publica* 2015; 49:75.
33. Instituto Nacional de Câncer (INCA). Gastos federais atuais e futuros com os cânceres atribuíveis aos fatores de risco relacionados à alimentação, nutrição e atividade física no Brasil. Rio de Janeiro: INCA; 2022
34. Malta DC, Mielke GI, Costa NCP, organizadores. *Pesquisas de avaliação do Programa Academia da Saúde*. Florianópolis: Sociedade Brasileira de Atividade Física e Saúde; 2020.
35. Manta SW, Sandreschi PF, Tomicki C, Konrad LM, Quadros E, Ribeiro CG, Bezerra JB, Souza PV, Maciel EC, Cruz DKA, Benedetti TRB. Monitoramento do programa academia da saúde de 2015 a 2017. *Rev Andal Med Deporte* 2020; 13(1):16-20.
36. Mielke G, Malta DC. Avaliação e futuro do Programa Academia da Saúde. *Rev Bras Ativ Fis Saude* 2020, 25:1-2.
37. Silva AG, Prates EJS, Malta DC. Avaliação de programas comunitários de atividade física no Brasil: uma revisão de escopo. *Cad Saude Publica* 2021; 37(5):e00277820.
38. Faria TMTR, Brenner S, Deckert A, Florindo AA, Mielke GI. Health Academy Program and physical activity levels in Brazilian state capitals. *Rev Bras Ativ Fis Saude*; 25:1-8.
39. Chioro A, Temporão JG, Massuda A, Costa H, Castro MC, Lima NT. From Bolsonaro to Lula: the opportunity to rebuild universal healthcare in Brazil in the government transition. *Int J Health Plann Mgmt* 2023; 38(3):569-578.
40. Instituto de Estudos para Políticas de Saúde (IEPS). Boletim n. 1/2022. Monitoramento do Orçamento da Saúde [Internet]. 2022. [acessado 2022 out 22]. Disponível em: https://ieps.org.br/wp-content/uploads/2022/10/boletim-1-ieps-monitoramento-orcamento-saude-cortes.pdf
41. Conselho Nacional de Saúde (CNS). CNS repudia cortes no orçamento da saúde e alerta para descontinuidade de serviços essenciais em 2023 [Internet]. 2022. [acessado 2022 out 10]. Disponível em: http://www.conselho.saude.gov.br/ultimas-noticias-cns/2678-conselho-nacional-de-saude-repudia-orcamento-da-saude-e-alerta-para-descontinuidade-de-servicos-essenciais-em-2023
42. Brasil. Ministério da Saúde (MS). Coordenação-Geral de Promoção da Atividade Física e Ações Intersetoriais. Apresentação realizada no 5º Simpósio de Atividade Física e Saúde da Região Sudeste [Internet]. [acessado 2022 set 28]. Disponível em: https://www.youtube.com/watch?v=26CAQGNCE0c&t=6564s
43. Haje L, Librelon R. Cerca de R$ 290 milhões do gasto anual do SUS decorre de inatividade física, diz estudo da UFF [Internet]. [acessado 2022 ago 3]. Disponível em: https://www.camara.leg.br/noticias/806112-cerca-de-r-290-milhoes-do-gasto-anual-do-sus-decorre-de-inatividade-fisica-diz-estudoda-uff/
44. Instituto Brasileiro de Geografia e Estatística (IBGE). Inflação [Internet]. 2022. [acessado 2023 fev 25]. Disponível em: https://www.ibge.gov.br/explica/inflacao.php
45. Carvalho FFB, Sposito LAC, Rodrigues PAF, Vieira LA. Promoção das práticas corporais e atividades físicas no Sistema Único de Saúde: mudanças à vista, mas em qual direção? *Cad Saude Publica* 2022; 38(8):e00095722.
46. Silva DB, Sixel TRS, Medeiros AA, Schmitt ACB. Força de trabalho de Profissionais de Educação Física na Atenção Primária à Saúde. *Rev Bras Ativ Fis Saude* 2022, 27:1-9.
47. Vieira LA, Caldas LC, Lemos EC, Malhão TA, Carvalho FFB. Análise temporal da inserção de Profissionais e Residentes de Educação Física no Sistema Único de Saúde de 2009 a 2021. *Cien Saude Colet* 2023; 28(3):837-850.
48. Brasil. Ministério da Saúde (MS). Secretaria de Atenção Primária à Saúde. *Nota Técnica nº 89/2022 sobre a transferência de recursos financeiro para ações de atividade física*. Brasília; 2022.
49. Menezes APR, Moretti B, Reis AAC. O futuro do SUS: impactos das reformas neoliberais na saúde pública – austeridade versus universalidade. *Saude Debate* 2019; 43(Esp. 5):58-70.
50. Seus TLC, Silveira DS, Tomasi E, Thumé E, Facchini LA, Siqueira FV. Núcleo de Apoio à Saúde da Família: promoção da saúde, atividade física e doenças crônicas no Brasil - inquérito nacional PMAQ 2013. *Epidemiol Serv Saude* 2019; 28(2):e2018308.
51. Brasil. Ministério da Saúde (MS). Portaria nº 2.979, de 12 de novembro de 2019. Institui o Programa Previne Brasil, que estabelece novo modelo de financiamento de custeio da APS no âmbito do SUS, por meio da alteração da Portaria de Consolidação nº 6/GM/MS, de 28 de setembro de 2017. *Diário Oficial da União* 2019; 13 nov.
52. Mattos MP, Gutiérrez AC, Campos GWS. Construção do referencial histórico-normativo do Núcleo Ampliado de Saúde da Família. *Cien Saude Colet* 2022; 27(9):3503-3516.

53. Funcia FR. Subfinanciamento e orçamento federal do SUS: referências preliminares para a alocação adicional de recursos. *Cien Saude Colet* 2019; 24(12):4405-4415.
54. Vieira FS, Lima LD. Distorções das emendas parlamentares à alocação equitativa de recursos federais ao PAB. *Rev Saude Publica* 2022; 56:123.
55. Baptista TWF, Machado CV, Lima LD, Garcia M, Andrade CLT, Gerassi CD. As emendas parlamentares no orçamento federal da saúde. *Cad Saude Publica* 2012; 28(12):2267-2279.
56. Carnut L, Andre ECG, Mendes A, Meira ALP. Emendas parlamentares em saúde no contexto do orçamento federal: entre o 'é' e o 'dever ser' da alocação de recursos. *Saude Debate* 2021; 45:129.
57. Silva MFG, Teixeira MAC. A política e a economia do governo Bolsonaro: uma análise sobre a captura do orçamento. *Cad Gestão Publica Cidadania* 2022; 27:86.
58. Instituto de Estudos para Políticas de Saúde (IEPS). Boletim n. 2/2023 [Internet]. 2023. [acessado 2023 fev 28]. Disponível em: https://ieps.org.br/wp-content/uploads/2023/01/boletim-2-monitoramento-orcamento-saude-ieps.pdf

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