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Collaborative Governance Strategies for the Adoption of Medical Innovations in Healthcare Consortia

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Abstract

Current scientific literature tends to isolate medical innovations and psychological theories in disciplinary silos, limiting the practical application of this knowledge in strategic health management. This study aims to fill this gap by analyzing knowledge management and collaborative governance in the intermunicipal consortia CIOEST (SP) and CONSIM (RS). The research focuses on the federal program "Agora Tem Especialista" (Now There's a Specialist), exploring how the integration of knowledge facilitates policy implementation and access to specialized care. The guiding question assesses to what extent interdisciplinary medical knowledge impacts planning and strategic management decisions in Brazilian health consortia. It is argued that effective governance depends on the synthesis between medicine and human sciences (such as economics and philosophy), something vital for managers who do not have clinical training. It is concluded that the experience of São Paulo and Rio Grande do Sul demonstrates how interdisciplinarity strengthens the organizational structure and efficiency of care in the SUS (Brazilian Unified Health System).

Keywords: Health Consortia; Collaborative Governance; Knowledge Management; Interdisciplinary Healthcare; Public Health Management; Specialized Healthcare; São Paulo; Rio Grande do Sul.

Introduction

The "Now There's a Specialist" Program, established by Federal Law No. 15.233/2025, was introduced to expand access to specialist healthcare within Brazil's Unified Health System (SUS) and reduce waiting times for consultations, diagnostic examinations, and elective procedures. The initiative represents an important step toward strengthening the coordination of healthcare services through greater collaboration among the federal government, states, municipalities, and public health consortia. Public health consortia have become strategic governance mechanisms for organizing regional healthcare networks, pooling financial and technical resources, and increasing access to specialized services. Despite these advances, previous studies have identified persistent challenges related to intergovernmental coordination, institutional capacity, policy integration, and organizational management. These limitations may reduce the effectiveness of public policies and, when governance mechanisms are weak, increase vulnerability to inefficiency and misuse of public resources. Recent investigations into public administration and healthcare governance have highlighted the importance of transparency, accountability, and robust management systems to improve institutional performance.

In response to these challenges, many health consortia have adopted management support structures, such as the Management Support Centers (NAGs), which provide technical assistance to member municipalities, strengthen administrative capacity, and facilitate the implementation of regional healthcare policies. The "Now There's a Specialist" Program further expands this collaborative model by relying on health consortia as key partners in coordinating specialist services across different regions of Brazil.

From the patient's perspective, one of the greatest challenges is choosing the most appropriate treatment among multiple evidence-based clinical alternatives. This decision requires not only medical expertise but also effective organizational processes capable of disseminating, integrating, and applying clinical knowledge. Consequently, health consortia must develop management systems that support evidence-based decision-making and interdisciplinary collaboration.

This study adopts three representative medical fields—urology (HOLEP versus TURP), ophthalmology (LASIK versus PRK), and psychiatry (Carl Jung and Viktor Frankl)—as illustrative cases for analysing how specialized knowledge is translated into organizational practice. Rather than comparing the clinical effectiveness of these

approaches, the research examines how knowledge generated in different medical specialties can inform governance, strategic planning, and management within public health consortia. Accordingly, the research addresses the following question:

To what extent does interdisciplinary medical knowledge influence strategy, planning, and management practices within Brazilian public health consortia participating in the "Now There's a Specialist" Program? Given the recent implementation of the program and the limited academic literature available on its organizational impacts, this study seeks to contribute to both knowledge management and collaborative governance by proposing a framework for integrating specialized medical knowledge into public healthcare administration.

The remainder of this study is organized as follows:

The "Now There's a Specialist" Program: Context and Development. Interdisciplinary Knowledge in Urology, Ophthalmology, and Psychiatry. Collaborative Governance and Knowledge Management in Public Health. Research Methodology and Data Collection.

The Evolution of Public Health Consortia in Brazil. Comparative Analysis of CIOEST (São Paulo) and CONSIM (Palmeira das Missões, Rio Grande do Sul).A Knowledge Management Framework for Brazilian Public Health Consortia.

1. A Brief History of the "Now There Are Specialists"

Program Law No. 15.233/2025[1] results from the conversion of Provisional Measure No. 1.301/2025 and establishes the "Now There Are Specialists" Program, in addition to providing for the Conceição Hospital Group SA. This legislation reinforces the organization of specialized care within the Unified Health System (SUS), highlighting the strategic role of the Conceição Hospital Group, which concentrates an important healthcare structure in Rio Grande do Sul, especially in Porto Alegre, while simultaneously seeking to expand the decentralization of services to other regions of the state, such as Pelotas. The Law establishes the following main objectives: I – to qualify and diversify the health actions and services intended for the population; II – to expand the supply of hospital beds and other health services necessary for the assistance of the population; and III – to reduce waiting times for consultations, procedures, examinations, and other specialized healthcare actions and services. Article 15, item IX, of the legislation stipulates that the "Now There Are Specialists" Program must promote the dissemination of the results of scientific studies in the health field in specialized journals, strengthening the production and dissemination of technical and scientific knowledge. Article 17, item IV, establishes that the Ministry of Health may, through indirect administration entities and in emergency situations, contract specialized care services, observing the norms and regulations of the SUS (Unified Health System). However, one of the main historical challenges of the SUS is related to the administrative and operational complexity of its management. According to the Executive Secretariat of the CISBAF Consortium, in Rio de Janeiro, the norms of public consortia and the management processes of the SUS present a high degree of complexity and bureaucracy. This difficulty is aggravated by the tripartite financing model, in which resources are distributed between the Union (50%), states (25%), and municipalities (25%), as pointed out by De Angelis (2026). In this context, the Brazilian Agency for Support to the Management of the SUS (AgSUS)2 assumes a strategic and complementary role in the execution of the "Now There Are Specialists" Program, an initiative of the Ministry of Health aimed at expanding the population's access to specialized services within the SUS. The main objective of the "Now There Are Specialists" Program is to reduce waiting times for consultations, exams, treatments, and elective surgeries, strengthening specialized care throughout the national territory, especially in historically underserved regions. AgSUS's participation occurs through the execution of two main modes of action: Contracting healthcare service providers to work in public and philanthropic hospitals that have installed capacity and potential for expanding healthcare services; Accreditation of private companies, with or without profit motives,Interested in providing healthcare services through Mobile Specialized Healthcare Units. With the goal of addressing the fragmentation of initiatives and reducing rework among different public organizations involved in specialized care, the Ministry of Health, under the leadership of Minister Alexandre Padilha, launched a call for applications for the hiring and training of specialist physicians, offering 635 positions in 2025. One of the initiative's distinguishing features was the integration between specialized training and clinical practice in hospitals and polyclinics of the public network. The 16 advanced training courses were conducted by leading professionals linked to institutions participating in the Program to Support the Institutional Development of the Unified Health System (PROADI-SUS) and the Ebserh Network.

The training lasted 12 months, with a weekly workload of 16 hours dedicated to clinical practice and four weekly hours to educational activities, including remote mentoring and immersions in reference services in priority areas for the SUS, such as oncology and gynecology. Thus, the "Now There Are Specialists" Program could represent a strategy for integrating management, professional training, expansion of care capacity, and qualification of specialized care, seeking to overcome historical bottlenecks in the SUS (Brazilian Unified Health System) by promoting greater equity in access to health services. However, as we have seen, in addition to the overlapping of various bodies and lack of integration between the SUS Management Agency and the Health Consortia, and in particular, the choice of few specialties for short-term training courses, undermines the theory behind the creation of Health Consortia in Brazil and their practical work within the SUS. This will become clear in the literature review and especially in the interviews that provide a basis for the importance of the Culture-Knowledge-Intelligence model and its application in the construction of thematic groups within the Shared/Collaborative Governance process.Including remote mentoring and immersion programs in reference services in priority areas for the SUS (Brazilian Unified Health System), such as oncology and gynecology. In this way, the "Now There Are Specialists" (Now There Are Specialists) Program could represent a strategy for integrating management, professional training, expanding care capacity, and improving specialized care, seeking to overcome historical bottlenecks in the SUS by promoting greater equity in access to health services. However, as we have seen, in addition to the overlapping of various bodies and lack of integration between AgSUS (the Health Management Agency) and the Health Consortia, and in particular, the choice of few specialties for short-term training courses, undermines the theory behind the creation of Health Consortia in Brazil and their practical work within the SUS. This will become clear in the literature review and especially in the interviews that provide a basis for the importance of the Culture-Knowledge-Intelligence model and its application in the construction of thematic groups within the Shared/Collaborative Governance process. Including remote mentoring and immersion programs in reference services in priority areas for the SUS (Brazilian Unified Health System), such as oncology and gynecology. In this way, the "Now There Are Specialists" (Now There Are Specialists) Program could represent a strategy for integrating management, professional training, expanding care capacity, and improving specialized care, seeking to overcome historical bottlenecks in the SUS by promoting greater equity in access to health services. However, as we have seen, in addition to the overlapping of various bodies and lack of integration between AgSUS (the Health Management Agency) and the Health Consortia, and in

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2- Literature review about three research fields of Medicine

2.1. A comparative study between holmium laser enucleation of the prostate (HOLEP) and Transurethral resection of the prostate (TURP)

During TURP's procedure a resectoscope is inserted through the tip of the penis and advanced through the urethra, the tube that transports urine from the bladder. This instrument allows the surgeon to visualize the prostate and remove excess prostate tissue that is obstructing the urinary passage, thereby improving urine flow1.

Private Clinics usually recommend HOLEP because is more expensive.

According to Mayo Foundation for Medical Education and Research - MFMER (2024), one of the most famous in United States2, Traditional prostate surgery involves cuts to the skin, but no cutting is needed for HoLEP.

HoLEP can provide quick relief from benign prostatic hyperplasia - BPH symptoms. The removed tissue also can be looked at in a lab for other conditions, such as prostate cancer. HoLEP offers faster recovery and symptom relief than traditional prostate surgery. Rarely, a second HoLEP procedure may be needed.

First of all, it depends on the catheter used in the surgery. The lidocaine-eluting Foley catheter was associated with modest reductions in postoperative urethral pain, discomfort, and systemic analgesic requirements without an observed increase in complications (Han et al., 2026).

Magistro et al. (2021 found that enucleation techniques such as HoLEP and bipolar enucleation of the prostate (bTUEP) had a higher percentage of tissue retrieved than TURP, the traditional technique.

One of the most important issues when deciding between TURP and HOLEP is the complications during and, especially, after the surgical procedure, particularly bleeding that can cause infection, including systemic infection.

Khandekar et al. (2025) assessed the reliability of expert visual grading of apical mucosal preservation during HoLEP and its ability to predict early postoperative continence and support AI development. In conclusion, expert evaluations showed poor agreement, and mucosal preservation ratings had limited predictive value for incontinence outcomes.

Salehi et a. (2025) in order to understand better the results of TURP, during after the procedures of the intevention, separated the patients in four groups:

Group A (TXA dissolved in cold irrigation fluid), Intervention Group B (TXA dissolved in room-temperature irrigation fluid), Intervention Group C (TXA dissolved in warm irrigation fluid), and the Control Group (room-temperature irrigation without TXA).

Results: Postoperative bleeding was significantly lower in Intervention Group A compared to the other groups ($P < 0.05$). Hemoglobin levels decreased significantly over time ($P < 0.05$), but no significant inter-group differences in hemoglobin changes were observed ($P > 0.05$). Postoperative shivering was lowest in Intervention Group C and highest in Intervention Group A ($P < 0.05$).

Liu, Wang and Xi (2026) found more complications by comparing TURP with HOLEP including the capacity of of procreation of a new generation with less phones and social networks:

"Transient stress urinary incontinence (SUI), or bladder neck contracture at 6 and 12 months postoperatively ($P > 0.05$). However, the incidence of retrograde ejaculation at 6 and 12 months postoperatively was significantly lower in the 1470 nm DiLEP group compared to the TURP group, while IIEF-5 scores were markedly improved ($P < 0.05$)"

Ting-Wei Hsu et al. (2024) was not so effective in their studies, even though the comparative study is different (TURP and hernioplasty), and only find that a minimal complication rate observed during the one-year follow-up and a significant reduction in both operative duration and catheterization interval was observed in patients undergoing LH as opposed to those receiving open hernioplasty.

In another and more complete study , conducted by Hu et al. (2025), with a very good methodology that classifies the postoperative complication into urethrostenosis, neurogenic bladder, bladder neck contracture (BNC), and urinary incontinence (UI)3, found that "The incidence of bladder neck contracture- BNC was significantly higher in theTURP group (9.4%) than in the PVP (4.8%) and HoLEP (5.7%) groups. Within 1 month postoperatively, the TURP group had a significantly higher proportion of patients with urinary incontinence. Between 1 and 3 months post-surgery, only UI with need for drug use (UIWD) remained significantly higher in the TURP group (8.2%)".

2.2- A comparative study between LASIK and PRK

According to Al-Shehri, Aljohani, and Al-Mahmood (2026), both femtosecond-assisted laser in situ keratomileusis (LASIK) and photorefractive keratectomy (PRK) provided excellent visual and refractive outcomes with low complication rates at one year, demonstrating that both are safe, effective, and predictable treatments for hyperopia.

However the article "Corneal endothelial damage after simultaneous PRK and corneal cross-linking in stable keratoconus" highlights the risk of severe postoperative inflammation after combined procedures in keratoconus. Conventional corneal cross-linking - CXL alone followed by delayed transepithelial PRK after corneal stabilization may be a safer approach for visual improvement. Careful selection of treatment parameters is essential in refractive surgery (Serrao & Lombardo, 2019).

Keratoconus is the most common corneal ectatic disorder, characterized by progressive corneal thinning and protrusion causing visual impairment, with a multifactorial etiology involving genetic and environmental factors (Cheung, McGhee & Sherwin, 201;Gordon-Shaag et al., 2015).

In patients who had previous myopic LASIK or PRK and later underwent cataract surgery, intraocular lens (IOL) power prediction became less accurate as the angle kappa increased when corneal vertex-centered keratometry was used. For patients with an angle kappa of ≥0.4 mm, pupil-centered keratometry provided more accurate IOL power calculations and reduced prediction errors (Yang et al., 2025).

This topic has several ramifications and it is considered an ongoing comparative study with full of challenges for scholars with a multidisciplinary approach to understand the trade-offs.

By integrating images from a prototype laser Doppler holography (LDH) system with optical coherence tomography (OCT), Barre et al. (2026) visualized the three-dimensional architecture of the choroidal arterial network, from its origin in the ciliary arteries to the precapillary arterioles.

Gao et al. (2026) reported significant microvascular abnormalities in the clinically unaffected contralateral eyes of patients with central retinal artery occlusion (CRAO), suggesting that CRAO may reflect bilateral retinal vascular disease rather than a unilateral event. They also found that reduced superficial capillary plexus vessel density was associated with thinner central retinal thickness, indicating a close relationship between retinal structural changes and impaired microvascular perfusion (Gao et al., 2026).

For example, under discussion on techniques to maximize success when entering and exiting the radial artery an effective radial access technique is essential for procedural success, while appropriate radial hemostasis can minimize the risk of radial artery occlusion and preserve the artery for future transradial access (Gilchrist, FACC & FSCAI, 2014).

In the article "Comparison of Single vs Double Wall Puncture Techniques in Ultrasound-Guided Radial Access for Coronary Arteriogram: Insights from the (Radial Artery Access with Ultrasound Trial) RAUST Trial", Odeleye, Gautam and Bista (2026) found that in the ultrasound-guided cohort, both techniques demonstrated comparable clinical outcomes. Further prospective randomized studies are warranted to better assess complication rates and identify the optimal access strategy across a range of clinical settings.

Despite advances in technology and technique, complications remain possible. Arterial spasm, the most common complication, can cause severe pain and procedural failure. Its incidence is influenced by factors such as operator experience, radial artery size, and equipment used. Routine administration of an antispasmodic cocktail, typically including the nitric oxide donor glyceryl trinitrate, helps reduce the risk of spasm (Coghill et al., 2020)

After analysing the complications it is very important to make a comparative study between LASIK and PRK.

In a retrospective study compared two-year outcomes of femtosecond LASIK and PRK for correcting astigmatism greater than 2.0 D. Both procedures significantly improved vision and reduced astigmatism; however, femto-LASIK provided better long-term astigmatic correction, lower residual astigmatism, and superior uncorrected distance visual acuity. Corrected visual acuity improvement was similar between the two techniques. Femto-LASIK showed particular advantages in patients with high astigmatism, with less regression over time (Miraftab, Hashemi & Asgari, 2017).

In a more thorough study, considering results at different time intervals after surgery (PRK and LASIK) and focusing on dry eye disease (DED), visual disturbances, and ocular pain, it was found that:

DED was the most common complication, occurring at similar overall rates after both procedures, although PRK showed a higher incidence during the 1–3 month period. PRK was also associated with more early postoperative visual disturbances, while ocular pain was uncommon in both groups and slightly lower after LASIK during long-term follow-up. Overall, complication patterns differed mainly during specific stages of recovery, highlighting the importance of procedure-specific counseling and follow-up after refractive surgery (Kang et al., 2026).

In a large-scale study with 778 patients Zhang (2026) discovered that postoperative dry eye occurred in 41.4% of patients following refractive surgery. Surface ablation procedures were associated with a higher risk of dry eye compared with lamellar techniques, emphasizing the importance of thorough tear film evaluation for patient selection, risk assessment, and surgical planning.

Overall, the current evidence indicates that refractive surgery has evolved into a highly successful field, but optimal outcomes require a balance between technological capability and individualized clinical decision-making. LASIK and PRK are both effective procedures, yet their benefits and risks differ depending on patient characteristics, corneal condition, refractive error, and expectations. Future research should continue to focus on improving predictive accuracy, reducing postoperative complications, and developing personalized treatment algorithms.

In conclusion the comparison between LASIK and PRK remains an ongoing area of investigation because no single procedure is universally superior. Instead, the best surgical approach depends on a comprehensive evaluation of corneal health, ocular surface status, refractive requirements, and long-term visual goals. A multidisciplinary perspective integrating corneal imaging, vascular assessment, surgical innovation, and evidence-based patient management will be essential for maximizing safety and achieving stable visual outcomes in the future of refractive and ophthalmic surgery.

2.3. A comparative study between Carl Jung and Victor Frankl

Those who are "bound to their appetites cannot grasp the clear light." The expression "clear light" refers, again, to the unique spirit. Desires demand their external satisfaction. They forge the chains that bind man to the conscious world. In this state, the individual cannot, naturally, perceive his unconscious contents. The withdrawal from the conscious world has a therapeutic effect, but from a certain point, which varies from individual to individual, this withdrawal can also signify negligence and repression. For the Hindu, on the contrary, the most important practice is yoga, immersion in a state that we would call unconscious, but which he considers the highest degree of consciousness. Yoga is, on the one hand, the most eloquent expression of the Hindu spirit and, on the other, the instrument that the individual always uses to provoke this singular state of mind (Jung, 2023).

The Jungian study of archetypes or the Jung's collective unconscious and primordial archetypes theory is well evaluated psychologically by Falsafia et al. (2021) through the movie "Who is Afraid of Virginia Wolf".

This archetype is a mask with which people cover their faces in their daily lives to show themselvesdifferent than what they really are (Schultz, 1387). The most powerful archetype introduced by Jung is the Shadow which contains the primary and primitive instincts. It includes the immoral practices which should be controlled (Nazerzadeh kermani, 1365). It demonstrates coordination, consistency, and harmonization of the whole personality; according to Jung, struggle for integrity is the main purpose in life. Conscious and unconscious processes are homogenized in this archetype to manifest the "self", and this takes place around middle age (Falsafia. khorashadb, Alireza & Abedin, 2011).

Tanrıverdi, Ulusoy and Çevirme (2009) investigated, using the primordial archetypes theory of Carl Jung as a point of view, the attitude of pre-service teachers about punishment and what they think about the roles of teachers and students in the process of punishment.

Characters inevitably struggle between the factual and the fictional worlds; seeking a way to unify the aspects of their personality, they intend to reach transcendence through the unconscious. The approach of absurd with hopes and understanding in its background is expressed to flee from solitude. In an interdisciplinary approach of psychological study of artistic work, this project illustrates the process of moving through the middle-age crisis to reach psychological transcendence and ultimately attainment of a cohesiveness "self" in the modern world.

Other studies have investigated these virtues within the framework of the Values in Action (VIA) classification, which organizes character strengths into categories such as transcendent strengths and other directed strengths (e.g.,Shoshani & Slone, 2013; Wagner et al., 2019). Both Gillham et al. (2011) and Shoshani & Slone (2013) classified gratitude as a "transcendence" strength and found it to be positively predictive of life satisfaction and subjective well-being, respectively.

The research's line of character development, through transcendent characteristics, as we saw above, is more closely linked to Carl Jung than to Viktor Frankl, as we will now explore in more depth by understanding what meaning means for Victor Frankl.

Kero, Podlesekand Kavcic (2023) found that a strong sense of meaning in life was associated with improved well-being, even for individuals who experienced pandemic-related stressors. Public health initiatives and media may help improve resilience to pandemic trauma by emphasizing the collective meaning in challenging situations.

According to Frankl (1991) the difficult work with different beliefs, assumptions, values, and traditions can inspire people to use the logotherapy. This technique helps people appreciate their existence, free themselves from emotional suffering, and find meaning and purpose in their lives. Having meaning in life is considered to be being aware of a person's primary life goals that add purpose to daily life and are a primary factor in motivational strength (Frankl 1988). There are four criteria within Logotherapy: Criterion 1: Sense of Purpose. Criterion 2: Value Clarification Intervention. Criterion 3: Goal Setting Intervention. Criterion 4: Gratitude Intervention.

Yuan et al. (2025) examineted the impact of integrating social-emotional learning and character development (SECD) pedagogy on two key student outcomes: academic grades and mental health.

The social-emotional and character development (SECD) approach is informed by years of consultation and work with urban low socioeconomic status (SES) schools and communities (Elias and Haynes, 2008, Hatchimonji et al., 2017) and is grounded, along with other works, in Viktor Frankl's writings on the importance of purpose, or meaning (1985).

Frankl (1959) argued that there were three sources where people can discover the meaning of life: (i) The value of creativity (the meaning of work), through which individuals are encouraged to invest in a new life goal. When individuals dedicate themselves to work or creation, they experience the meaning of life and feel the value of self-existence; (ii) The value of experience (the meaning of love), including with oneself, family, friendship, community, with God, and for all humanity throughout the world, as well as for the planet Earth itself; (iii) The value of attitudes (the meaning of suffering), in which human beings are bound to suffer inevitable pain in their lives. However, Frankl (1978) states that, while experiencing pain, individuals can retain the freedom to choose how to cope with it, to change their attitudes towards suffering, to treat suffering as a lived experience, and to understand its meaning as fused with life itself. Depression, with its diverse causes (interpersonal, intrapersonal, environmental, and existential), can lead to therapeutic approaches based on the thesis of chemical imbalance, which is ubiquitous in the prescriptions of many health professionals (Frankl, 1988, 1991). An empirical review of 109 international studies, involving more than 45,000 individuals, identified six distinct types of meaning attributed to human experience: materialistic, hedonistic, self-oriented, social, broad, and philosophical-existential (Frankl, 1988). These generic forms emerge from the individual flow of experiences, although their specific content varies according to each person. Like cognitive-behavioral therapists, existential therapists help individuals attribute meaning to their situation and their lives, examining how their initial assessments may be limited, irrational, or counterproductive. Subsequently, they assist them in developing resources for an authentic and deliberate response to existence. Evidence indicates that well-being and satisfaction increase when decisions are perceived as authentic (Frankl, 1959). Metacommunication involves adapting therapeutic goals and methods to the patient's needs and capabilities, including therapeutic flexibility, i.e., the ability to respond to the individual demands of each moment. Existential therapists employ metacommunication and shared decision-making to build, together with patients, meaningful therapeutic goals and methods tailored to their preferences (Frankl, 1978). This approach includes the use of explicit feedback to continuously improve clinical practices. Other authors highlight important criteria for the application of Logotherapy in clinical treatments (Frankl, 1959, 1978): (i) Criterion 1 – Sense of Purpose: incorporates values, goals, and gratitude into interventions aimed at fostering a sense of purpose; (ii) Criterion 2 – Clarification of values:(iii) Criterion 3 – Goal setting: establishing long-term goals strengthens the sense of purpose; and (iv) Criterion 4 – Gratitude: practicing gratitude fosters an altruistic outlook and reinforces commitment to life's purpose.

4- Methodology

Semi-structured interviews with key stakeholders from established healthcare consortia in Brazil were qualitatively analyzed to identify best practices and successful organizational strategies. A qualitative methodology was selected because it allows for exploration of developmental processes and provides insight into the complex and context-dependent nature of consortia operations.

Systematic text condensation was used to analyze interview data and generate detailed descriptions of consortium configurations and defining characteristics. This analytical approach supported understanding of the factors influencing the formation, sustainability, and effectiveness of consortia. Purposeful sampling guided the selection of participants, focusing on individuals affiliated with recognized and high-performing consortium organizations. Data collection occurred between January and March 2026 throughout the survey available at https://forms.gle/FDF8q6pBhnkvjDJ99

Before implementation, the interview guide was pilot-tested with two consortia located in Sao Paulo and Rio Grande do Sul, respectively, and revised accordingly by the author. Interviewers used the guide as a flexible framework to ensure coverage of key topics while permitting respondents to expand on relevant experiences and share illustrative examples. Direct quotations were documented whenever feasible, and comprehensive interview notes were subsequently revised for clarity.

The analysis involved an iterative cycle of coding, interpretation, discussion, and revision to refine emerging themes and strengthen the validity of the findings. To enhance trustworthiness, summarized results were returned to interviewees for verification before submission for publication.

5. Brief History of Consortium in Brazil

Public consortia in Brazil had an administrative character until 2005 when Law No. 11,107, of April 6, 2005, was enacted, establishing general rules for contracting public consortia.

This law provides for two types of contracts:

1- Cost-sharing contract.

2- Program contract.

The program contract is made with a federative entity (municipal, state, or federal) or with an entity of its indirect administration, for the provision of public services.

According to Article 2, the Union will only participate in public consortia in which all the States in whose territories the consortium municipalities are located are also part of the consortium. According to Article 3, the public consortium will be constituted by a contract whose execution will depend on the prior signing of a protocol of intentions, whose main clauses are (Article 4):

V. the criteria for authorizing the public consortium to represent the federated entities before other spheres of government in matters of common interest.

X – the conditions for the public consortium to enter into a management contract or partnership agreement;

Article 8 explains that the consortium members will only deliver resources to the public consortium through a cost-sharing agreement. An important observation for item 5.

§ 5. The consortium member that does not allocate, in its budget law or in additional credits, sufficient appropriations to cover the expenses assumed through a cost-sharing agreement may be excluded from the public consortium, after prior suspension.

6. Interviews in the Health Consortia in Sao Paulo and Rio Grande do Sul

6.1. Interview with the São Paulo Consortium: Intermunicipal Consortium of the Western Metropolitan Region of São Paulo (CIOESTE).

In 2013, CIOESTE was founded, bringing together a group of 14 cities in São Paulo.

Unlike the other consortia researched, this is a multi-purpose organization that works with mobility, health, education, environment, security, culture, and other sectors. Formed by the municipalities of Araçariguama, Barueri, Carapicuíba, Cajamar, Cotia, Ibiúna, Itapevi, Itu, Jandira, Osasco, Pirapora do Bom Jesus, Santana de Parnaíba, São Roque, and Vargem Grande Paulista, CIOESTE covers a region with more than 3 million inhabitants distributed over an area of more than 1,000 km². The cities that make up CIOESTE contribute approximately 3% to the National GDP and 10% to the state GDP, consolidating itself as the largest intermunicipal consortium in the country in socioeconomic importance.

The mayors' meetings are held periodically to design projects for mobility, health, education, environment, security, culture, and other sectors.

The consortium can contract, bid, carry out works, and even raise funds from outside the country for the projects under development.

The project manager of CIOESTE-Health Sector reports that there are 5 positions, including that of executive secretary.

The main problem, according to the manager, is that CIOESTE has not carried out administrative reform and there are still difficulties in differentiating between commissioned (appointed) positions and positions through public competition. He says that one of the advantages of CIOESTE is that no public money enters and the amount transferred goes directly to the payment of employees and maintenance.

He explains that it is a private political-administrative arrangement under public law, which facilitates direct contracting between the Consortium and member municipalities.

It also explains that the main function of CIOESTE Saúde is the accreditation of consultations, exams, and surgeries, but there is no direct contact with the citizen/patient as in CIRC (Rio Grande do Sul).

It reports that one of the major difficulties is the understanding of the municipalities regarding adherence to the price registration record and that the great challenge is the sensitization of the health secretaries of the member municipalities. It speaks of the need for regional research for better interaction between municipalities, the State, and the Federal Government.

It also describes the difficulty for larger municipalities, which have more resources, to value the work of CIOESTE Saúde and says that a better understanding of the legislation is necessary, which is somewhat confusing due to overlaps and an excess of information and laws/decrees/ordinances imposed by the Ministry of Health.

CIOESTE, being a multi-purpose organization with more than five sectors, ends up prioritizing health over health. Although the city of São Paulo was not on the original list of CIOESTE member municipalities in 2013, on April 11, 2025, Mayor Ricardo Nunes officially included the capital, São Paulo, in the bloc[1]. In the same year, the Mayors of São Roque and Cajamar assumed leadership of Cioeste, with Mayor Guto Isa (São Roque) in charge[2], the president.

The project coordinator, administrative area of CIOSTE-Health sector, is pursuing postgraduate studies in management at FGV and, regarding the two questionnaires, stated the following in relation to the following points:

1. **Integration of municipalities and reduction of information asymmetry.**

With the help of CIOSTE-Health Sector, municipal managers will have greater technical support, reducing costs and also improving the sharing of human and financial resources. He emphasizes that with the "Aqui Tem Especialista" (Here There's an Expert) Program, CIOSTE-Heath sector can contribute to this process by bringing together professionals with specific knowledge of local administrations and medical issues. This type of initiative is especially relevant for smaller municipalities,

[1]From 2016 to 2022, zoning incentives accelerated the proliferation of studio apartments in São Paulo, increasing their share of new housing launches from 12% to 34%. Regulatory ambiguities allowed Social Interest Housing programs to be appropriated by higher-income real estate markets, transforming compact housing from a tool for social provision into an investment-driven asset class. The expansion of short-term rental platforms further encouraged speculative uses of centrally located small units, while the 2023 zoning reform failed to redistribute economic activity or address persistent socio-spatial segregation (Cavalcante et al., 2026)

[2]That same year (2025), councilors Maquinho Arrida and Daniela Castro filed a complaint with the Public Prosecutor's Office regarding the illegal collection of the tax, proving that the basis for calculating the IPTU (Property Tax) is the market value of the property (article 33 of the CTN - National Tax Code), and that it is inconsistent for the São Roque city hall to use the Generic Valuation Plan, which overestimated the value of the property. The city hall, in its defense, stated through local media that residents who feel they have been harmed can contact the city hall to request a review of the IPTU calculation.

which often do not have sufficient teams of their own to develop complex projects in areas such as health, education, planning, environment or infrastructure, since CIOSTE covers various sectors, not just areas of medical knowledge.

2. **Reducing regional inequalities and empowering smaller municipalities.**

Consortia play a strategic role in reducing regional inequalities because they can mediate the relationship between municipalities and hospitals, as well as between municipalities and the State of São Paulo and the Federal Government.

3. **Building trust among municipalities.**

In addition to accountability, publication of minutes, and sharing of legislation, other mechanisms strengthen this trust, such as: transparency in the application of resources and dissemination of activity and results reports. However, unlike CONSIM[3] (interview below), there is no demonstration of results on the Cioeste website[4].

Despite all the questions about the transparency of the use of public resources in Brazil, the project management coordinator of CIOESTE-HEALTH stated that the mechanisms reduce uncertainties and demonstrate that resources and decisions are being conducted collectively and responsibly.

4. Main benefit generated by consortia

Although all benefits are relevant, the main highlight is the strengthening of the institutional capacity of municipalities, especially smaller ones. From this strengthened capacity, the other benefits are enhanced.

5. Concrete example of building trust and joint solutions

An example would be the area of health. Imagine that small municipalities face similar difficulties in guaranteeing specialized care or hiring certain professionals. Through the consortium, these municipalities can jointly identify this need, share information on demand, costs and availability of services, and develop a regional solution, such as the joint hiring of specialists, the creation of a shared service, or the organization of a care network.

6.2. Interview with CONSIM – Health in the Public Corsoritum , Palmeira das Missoes, Rio Grande do Sul, Brazil

In brief, the responses of the director of CONSIM describe how a public health consortium supports cooperation among municipalities, particularly smaller ones with limited technical capacity. These municipalities often lack specialized staff in areas such as procurement, planning, regulation, and healthcare management. The consortium provides technical guidance, promotes collaboration, and facilitates the sharing of knowledge and experiences. It can also indirectly support initiatives like the Aqui Tem Especialistas program by helping municipalities coordinate regional planning and improve access to specialized healthcare services.

Another important theme is governance and trust. Beyond financial accountability and sharing official documents, trust is strengthened through regular meetings, technical committees, joint planning, transparent management of resources, and continuous communication between the consortium and municipal health managers. Decisions are made collectively rather than individually, encouraging cooperation and ensuring that all participating municipalities have a voice in the decision-making process. The responses also highlight the main advantage of the consortium: economies of scale. By working together, municipalities can purchase medicines and services in larger volumes, negotiate better prices, reduce administrative costs, and share technical resources that would be difficult to maintain individually. This collaborative approach improves efficiency while expanding access to specialized healthcare, particularly for smaller municipalities. Finally, the document explains how demands are discussed within the consortium. Issues raised by municipalities or other stakeholders first undergo a technical evaluation covering financial, legal, and operational aspects. After this analysis, proposals are submitted to the appropriate governing body, such as the General Assembly or Executive Board, for collective discussion and approval. This process reflects a cooperative governance model in which decisions are based on technical analysis, dialogue, and consensus rather than unilateral action.

Below the details of the interview of the director of Consim using the answers of the websurvey available at https://forms.gle/FDF8q6pBhnkvjDJ99

From the interview with the Director of CONSIM, and also with the leader of projects in the CIOESTE-health Consortium, it is clear that a public education consortium linked to health consortiums is necessary, given the lack of knowledge, both in the health area and in management. Some people here know that a subasta is a specific type of bidding process that is used for two years and is not usable, not for purchasing medicines in the private sector. However, the biggest problem is political, in the relationship between municipalities and the State. The State, which relies on more resources, does not realize the importance of defining clear governance standards, guaranteeing equitable participation in decisions, transparency in the distribution of benefits and planning based on regional interests, thus avoiding an excessive concentration of profits for itself (the State) and some larger municipalities with a relationship personal toughest with the governor.

According to the statute[5] and the executive secretary, the main objective of the consortium is to rationalize investments in acquisitions, according to the secretariat, through subastas, no bidding (in fact, the subastas are a specific type of bidding process for the sale of used properties that are not useful for the State). In reality, the main objective of the consortium, also present in the statute, is to represent the municipalities that integrate it into matters of common interest, before any other public or private entity. Here lies the big problem, as Brazilian culture is deeply rooted in the interests of each organization, including each individual (leader of the organization), and not in the public interests of the citizen-patient. Therefore, the suggestion to create a Knowledge Management Model can help on the ground to share knowledge and other resources, in this case tangible, mainly to encourage social participation that generates social control, which reduces corruption and increases the effectiveness of medical services. The communities of practice, a knowledge management tool, are a safe and, above all, organized way of sharing knowledge, which communicate with experts in thematic groups that debate and improve the collaborative governance of consortiums. According to the letter of intent[6], CONSIM encompasses the following municipalities: Boa Vista das Missões, Braga, Cerro Grande, Constantina, Coronel Bicaco, Engenho Velho, Jaboticaba, Lajeado do Bugre, Novo Barreiro, Palmeira das Missões, Ronda Alta, Sagrada Família, São José das Missões, São Pedro das Missões and Três Palmeiras. They met in the city of Palmeira das Missões to agree on the intention of mutual cooperation and the formation of a non-profit

3https://sim.digifred.net.br/consim/
4https://cioeste.sp.gov.br/

[5]https://consimrs.com.br/documentos/Estatuto%20Consim%202023.pdf
[6]https://consimrs.com.br/documentos/protocolo%20de%20inten%C3%A7%C3%B5es.pdf

legal entity to promote the purchase of services in the health sector, prioritizing consultations, exams and procedures of medium and high complexity, through joint management with the private sector. However, in reality, CONSIM, like the other consortiums investigated, works with low complexity procedures and has difficulties in focusing on offering different specialties and complex surgeries. There is no information about shared cost agreements[7].

Regarding the question about the benefits, the secretariat says that the benefits of the consortium are numerous, but the most important are: cost-effectiveness, quality, efficiency, and economies of scale, innovation in public management, improved service quality, greater capacity for fundraising, regional political strengthening, standardization of procedures, joint development of solutions to common problems, etc.

Regarding the main challenges faced by the consortium, the director highlights the following: differences in the administrative capacity of the municipalities; financial limitations; frequent changes of public managers; occasional political divergences; initial resistance to shared decision-making; the permanent need for institutional alignment; adaptation to legal and regulatory requirements; and maintaining the commitment of participants over time. And he added "Despite these difficulties, experience shows that collaborative governance tends to produce superior results compared to isolated models"

The main problems faced by the consortium are insufficient financial resources, lack of qualified human resources, and low technical or political support from the state government. In fact, when asked if the available financial resources are sufficient to meet the demand for health services, in the second part of the questionnaire (closed questions), the option "strongly disagree" was selected. However, in this question, the option regarding difficulty in integration between municipalities was not selected. In the section on differences in resources between participants, the director of CONSIM states that the support offered by the state and municipal governments to the Consortium is insufficient and that greater coordination between municipalities and the state is necessary. In this question, the options for improving professional qualifications and organizational restructuring were not selected.

However, when requested to answer this question "Another common problem is that some participants may lack the skills and experience necessary to participate in discussions on highly technical issues. How can this situation be remedied?" the direction answered in this way "Strengthening institutional capacity involves the continuous provision of training, workshops, technical consultancies, and the sharing of expertise among municipalities. Furthermore, permanent technical teams within the consortium play a fundamental role in supporting municipal managers during the development and execution of projects". He did not specified nothing about the provision of training and these mencioned teams when requested by email and phone.

Interestingly, when asked if there are difficulties in hiring or retaining professionals in the Consortium, the answer is yes. It's also interesting that when asked if the consortium's healthcare team is sufficient in number and qualification to meet the population's needs, the response was "I disagree." Even more interesting is the answer to the question, "Do you agree that the formation of a consortium between different municipalities (a group of small and large cities) and therefore hospitals, can offer more effective services to patients, considering that services remain highly concentrated in Porto Alegre?" which was: "I totally agree." In Brazil, it's possible to see many cars from smaller municipalities parked at hospitals in capital cities. In the case of Porto Alegre, there is an extremely centralized management, and even large hospitals in the capital manage hospitals in medium-sized cities, such as Pelotas, the hometown of the state governor[8] .

Here's an important point regarding the issue of education, and then the difficulty consortia face in assisting patients with more complex technical issues, and in implementing what is requested by the Federal Government within the "Now There's a Specialist" Program. In the question "Can the Consortium obtain better prices for medicines from the private sector through bidding?", the director mistakenly uses the word "bidding" instead of "auction," unaware that, according to FGV (Fundação Getúlio Vargas), the following bidding modalities exist in law school: auction, competition, auction, bidding process, and competitive dialogue[9]. In fact, an auction serves to dispose of unusable or legally seized movable property and establishes the Electronic Auction System within the direct, autonomous, and foundational federal public administration[10]. As we can see, there is no relationship between an auction and a public health consortium. Regarding the question "the main objective of the consortium is to reliably and collaboratively evaluate the quality of projects and services" Together, these attributes aim to reduce transaction costs associated with uncertainty and information asymmetry," the director states that the main objective of a public consortium goes beyond the simple shared execution of services. It is about creating a permanent environment of cooperation between municipalities, where information, experiences, and technical knowledge are shared transparently. This integration significantly reduces information asymmetry, increases security in decision-making, and decreases administrative, operational, and financial costs. Collective action also strengthens negotiating power with suppliers and other government entities. Regarding the issue of reducing regional inequalities, he responds as follows: The consortium contributes significantly to reducing regional inequalities by allowing smaller municipalities to access programs, training, educational projects, and technical resources that they would hardly be able to develop individually. Cooperation promotes greater balance among municipalities, raising the quality of educational policies and allowing good practices to be disseminated throughout the region. In relation to the question "to what extent does maximizing individual benefit (for each municipality in the consortium), as suggested by rational actor theory, harm the How does the consortium function? The director responds as follows: When a municipality seeks only to maximize its own benefits, without considering collective objectives, cooperation weakens. The success of the consortium depends on the understanding that sustainable benefits are built collectively. The balance between individual and collective interests is essential to maintain trust among participants and ensure the continuity of shared actions. Regarding the question |Operationalizing mutual trust and reciprocity (mutual support), based on the concept of social capital,"It's very difficult to measure in theory. How does this work in practice?" The director responds as follows: In practice, trust is built over time through fulfilling commitments, administrative transparency, accountability, and respect for collective decisions. Reciprocity manifests itself when municipalities share solutions, experiences, technical teams, and institutional support, even without immediate benefits, strengthening lasting relationships based on cooperation. At this point, it is important to analyze the issue of the ease

[7]https://www.consimrs.com.br/index.php/2014-04-08-15-06-22.

[8]On 10.04.2026, the mayor of Pelotas, Fernando Marroni, signed in Porto Alegre the agreement that formalizes the partnership already underway between the City Hall and the Conceição Hospital Group, the main driver and organizer of the Unified Health System (SUS) in the southern region of Brazil (https://pelotas.rs.gov.br/noticia/prefeito-assina-convenio-com-o-grupo-hospitalar-conceicao-para-gestao-do-hps).

[9]https://direitorio.fgv.br/disciplina/modalidades-de-licitacao-pregao-concurso-leilao-concorrencia-e-dialogo-competitivo

[10]https://www.gov.br/compras/pt-br/nllc/legislacao-14-133-por-tema/licitacoes/leilao

of corruption in Brazil and the case we have already seen that occurred in the Minas Gerais Consortium, as confirmed an important research done this year[11].

When asked, "Does a high degree of responsibility, transparency, and autonomy eliminate the need for strict sanctions?" The director responded as follows: Not entirely. Although an institutional culture based on ethics, transparency, and accountability significantly reduces the occurrence of deviations, control mechanisms and sanctions remain necessary to preserve legal certainty, guarantee equality, and protect collective interests. Ideally, sanctions should be preventive and educational in nature, applied only when indispensable. And regarding the main point of Latin culture – the mixing of the professional with the personal – already identified by renowned researchers in the field of National Culture (Hofstede, 2001, and House, 2004, Lewis, 2003), the director responded as follows in relation to the question "How do personal relationships and meritocratic considerations function within the consortium?":In 2001, House, 2004, Lewis, 2003) the director responded to the question "How do personal relationships and meritocratic considerations work within the consortium?" as follows:In 2001, House, 2004, Lewis, …) the director responded to the question "How do personal relationships and meritocratic considerations work within the consortium?" as follows:

"Although the consortium participants did not intentionally include socialization in their meetings, they stated that they built bonds through a shared understanding of the demands of the work. Personal relationships facilitate communication and strengthen cooperation among managers, but decisions must remain grounded in technical, legal, and meritocratic criteria. Over time, a network of trust based on institutional coexistence is created, allowing participants to better understand the challenges faced by other municipalities and develop joint solutions". Regarding the question "Given the imbalances of resources and power among the different stakeholders, how can we work with incentives for cooperation?", the director's response was as follows: "The first step is to establish clear governance rules, ensuring equal participation in decisions. It is also important to develop compensation mechanisms, technical assistance to smaller municipalities, transparency in the distribution of benefits, and planning based on regional interests, avoiding excessive concentration of advantages".

Conclusions

This research argues that the long-term success of Brazilian intermunicipal health consortia depends less on expanding institutional structures than on improving the quality of governance through the strategic use of knowledge.

While financial resources, legal frameworks, and administrative procedures remain essential, they are insufficient to ensure effective regional cooperation unless accompanied by organizational mechanisms that promote learning, coordination, and evidence-based decision-making.

The comparative analysis of the CIOEST and CONSIM consortia demonstrates that many of the challenges facing regional healthcare are rooted in fragmented organizational knowledge rather than in the absence of technical solutions. Managers are required to make decisions that involve legal, financial, political, and clinical considerations, yet they often operate without structured processes for integrating expertise from different disciplines. As a result, opportunities for organizational learning and innovation are frequently lost, reducing the capacity of consortia to respond effectively to increasingly complex healthcare demands.

The interviews further indicate that governance is influenced by institutional relationships as much as by formal regulations. Differences in administrative capacity, communication, and intergovernmental coordination create uneven conditions for cooperation among municipalities. Strengthening collaborative governance therefore requires more than procedural reforms; it requires environments in which information, professional experience, and scientific evidence circulate efficiently among all participating organizations.

Based on these findings, this study proposes the Culture–Knowledge–Intelligence (CKI) Model as a governance framework for public health consortia. The model recognizes organizational culture as the foundation for collaboration, knowledge management as the process through which expertise is generated and shared, and organizational intelligence as the capacity to transform that knowledge into strategic action. Together, these three dimensions create a continuous learning cycle capable of supporting more transparent governance, stronger institutional coordination, and improved public health outcomes.

A practical implication of the CKI Model is the establishment of multidisciplinary thematic groups that extend collaboration beyond routine administrative activities. These groups would enable healthcare professionals, public managers, researchers, and technical specialists to collectively analyse complex clinical and organizational issues, disseminate evidence-based practices, and develop coordinated responses to regional healthcare challenges. Such collaborative structures would complement existing institutional arrangements while strengthening the implementation of national initiatives such as the "Now There's a Specialist" Program.

The evidence gathered in this study indicates that the principal challenge for Brazilian public health consortia is not merely expanding healthcare capacity but improving their ability to learn, adapt, and coordinate knowledge across institutional boundaries. Sustainable improvements in specialized healthcare depend on governance systems capable of integrating scientific evidence, managerial experience, and regional priorities into coherent decision-making processes. In this respect, health consortia should be viewed not only as administrative arrangements but also as organizations that generate, organize, and apply knowledge to address complex public health problems.

The comparative analysis also demonstrates that regional inequalities cannot be addressed solely through additional financial resources or the expansion of medical infrastructure. Smaller municipalities require institutional support that enables them to access specialized expertise, participate more actively in regional planning, and benefit from shared organizational capabilities. Strengthening networks of cooperation among municipalities allows scarce technical resources to be distributed more efficiently while reducing duplication of efforts and improving service coordination.

These findings reinforce the importance of adopting governance models that combine collaborative decision-making with structured knowledge management processes. The proposed Culture–Knowledge–

11The Ethics in Health Institute, in partnership with *Fundação Getulio Vargas* - FGVethics and FGVsaúde, which received the Stars of Education Award in 2025 for best private university in Brazil; launched the questionnaire for the research "Indicators of the Perception of Corruption in the Health Sector," applied to 987 representatives from different segments of the health chain. The research, released in May 2026, indicated that 66.8% of respondents classify corruption in health as high and 21.5% as moderate. The negative perception reaches 92.5% of public institutions and 88.4% of private institutions. In addition, 63.6% of participants reported having experienced or witnessed concrete situations of corruption, such as favoritism in contracting and undue influence in prescription. The results also show that 66.8% of respondents classify corruption in health as high, while another 21.5% consider it moderate. In practice, almost nine out of ten participants perceive corruption as a relevant problem in the sector (Instituto Etica Saude, 2026)

Intelligence (CKI) Model offers one possible framework by connecting organizational culture, interdisciplinary knowledge exchange, and evidence-based intelligence into a continuous cycle of institutional learning. Through thematic working groups, communities of practice, and systematic knowledge sharing, health consortia can strengthen strategic planning, improve policy implementation, and respond more effectively to the evolving needs of the Unified Health System (SUS).

Rather than considering knowledge as a by-product of healthcare delivery, this research argues that it should be recognized as a strategic public resource. Organizations capable of transforming individual expertise into collective intelligence will be better positioned to support national initiatives such as the "Now There's a Specialist" Program, promote more equitable access to specialized healthcare, and strengthen the long-term resilience of Brazil's regional health governance system.

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Ethical Considerations

Regulatory institutions or other bodies have not raised any concerns regarding the integrity and transparency of the study, which follows the forms available here: https://cdn.who.int/media/docs/default-source/documents/ethics/informed-consent-for-qualitative-studies.doc?

However, the executive secretaries did not sign the form after answering the survey available here https://forms.gle/FDF8q6pBhnkvjDJ99, despite having promised via phone to send it. Nevertheless, they did submit their answers to the questions via email, demonstrating their participation in the survey (file shared with RP3 journal).