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PARTNERSHIP WITH SOCIAL ORGANIZATIONS IN AMAZONAS: WHAT REALLY MATTERS FOR THE PUBLIC AUTHORITIES

PARCERIA COM ORGANIZAÇÕES SOCIAIS NO AMAZONAS: O QUE REALMENTE IMPORTA PARA O PODER PÚBLICO?

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ABSTRACT

Purpose: understand the motivations and interests of the Amazonas government when adopting partnerships with Social Organizations - OSs, to manage and provide public services that are not exclusive to the State.

Method/approach: single case study in Amazonas, one of the last states to create a specific law and adopt a partnership with the Social Organization of health. Data collection was carried out using bibliographic and documentary techniques and semi-structured interviews. Data processing was carried out qualitatively through data triangulation.

Main findings: the limitations imposed by the rules of Brazilian Public Administration and the intrinsic characteristics of the OS model, especially those with the power to make it more agile, such as budgetary flexibility and in the purchasing and personnel hiring processes, were decisive for the state government's decision. There was no leading role on the part of a political actor in defending the model, perhaps a strategy to minimize political and partisan resistance, and to link the decision to strictly technical criteria.

Theoretical, practical/social contributions: understanding of the political process regarding the decision to initiate partnerships with Social Organizations for the management of public health equipment.

Originality/relevance: diverging from the literature, this study identified that the Amazonas law was approved unanimously and without any resistance or opposition from the legislature and civil society.

Keywords: Public management reform; Social Organization; Public Health

RESUMO

Objetivo: compreender as motivações e os interesses do governo do Amazonas ao adotar parcerias com Organizações Sociais - OSs, para gerenciar e prover serviços públicos não exclusivos do Estado.

Método/abordagem: estudo de caso único no Amazonas, um dos últimos estados a criar lei específica e a adotar a parceria com Organização Social na área da saúde. A coleta de dados foi realizada pelas técnicas bibliográfica, documental e entrevistas semiestruturadas. O tratamento dos dados foi realizado de forma qualitativa por meio da triangulação dos dados.

Principais Resultados: as limitações impostas pelas regras da Administração Pública brasileira e as características intrínsecas ao modelo OS, principalmente aquelas com poder de torná-lo mais ágil, como a flexibilidade orçamentária e nos processos de compras e de contratação de pessoal, foram determinantes para decisão do governo estadual. Não houve protagonismo de um ator político na defesa do modelo, talvez uma estratégia para minimizar as resistências políticas e partidárias, e para vincular a decisão a critérios estritamente técnicos.

Contribuições teóricas/práticas/sociais: compreensão sobre o processo político acerca da decisão de iniciar parcerias com Organizações Sociais para gestão de equipamentos públicos de saúde.

Originalidade/relevância: divergindo da literatura, o estudo identificou que a lei estadual de OS do Amazonas foi aprovada por unanimidade e sem nenhuma resistência ou oposição do legislativo e da sociedade civil.

Palavras-chave: Reforma da gestão pública; Organização Social; Saúde Pública.

1 INTRODUCTION

This study seeks to understand the motivations and interests of the government of the state of Amazonas in adopting partnerships with Social Organizations (Organizações Sociais – OSs) for the provision of public services. To this end, a case study was conducted in Amazonas, one of the last Brazilian states to institutionalize and adopt this partnership model in the healthcare sector in 2013. The study investigates the factors and variables that influenced this decision.

Partnerships with Social Organizations emerged within the broader context of State reform during the first administration of President Fernando Henrique Cardoso (1995–2002), a period marked by several public management reform initiatives in Brazil. Inspired by the British *quasi-autonomous non-governmental organizations* (quangos), OSs are private non-profit entities granted a specific legal qualification that authorizes them to establish partnerships with the Executive Branch for the provision of non-exclusive public services. The model is based on the institutional separation between the financing function, carried out by the government, and the provision of public services, delegated to Social Organizations

through management contracts structured around goals, performance indicators, and predefined deadlines.

The creation of Social Organizations reflected both international trends toward agencification and organizational innovation in the public sector (Tõnurist, Kattel, & Lember, 2017), as well as the difficulties faced by the Brazilian State in directly delivering public services (Graef & Salgado, 2012). These difficulties stem largely from the inefficiency and rigidity of Brazil's bureaucratic administrative structure (Bresser-Pereira, 2017), characterized by unified personnel regimes, rigid procurement rules, and standardized management practices applied uniformly across government agencies regardless of their specific functions (Pacheco, 2016). The OS model sought to establish a less hierarchical and more flexible organizational structure, with reduced political interference and a stronger orientation toward innovation (Wynen et al., 2014). Since Social Organizations are not formally integrated into the State apparatus, they are not governed by the same legal framework applicable to Brazilian Public Administration. Consequently, they enjoy greater managerial autonomy in procurement procedures and personnel hiring. In theory, these characteristics may positively affect organizational performance by making administrative processes more agile, flexible, and less bureaucratic (Barbosa & Elias, 2010; Oliveira, 2019; Rinne, 2007). Given the managerial autonomy granted to OSs, the State must possess sufficient technical and political capacity to formulate, coordinate, and monitor management contracts, holding partner organizations accountable for any irregularities. Otherwise, the model may become distorted, creating opportunities for clientelism, corruption, and misuse of public resources, as well as failures in contract oversight (Brodkin, 2007; England, 2004).

Despite criticism and political resistance, partnerships between governments and Social Organizations have increasingly expanded among Brazilian subnational governments, regardless of political ideology or party orientation. By 2019, twenty-three Brazilian states had enacted specific legislation regulating partnerships with OSs, and fifteen of them already maintained active management contracts in the healthcare sector (IBGE, 2019). At the municipal level, the use of these partnerships has also expanded considerably in recent years. According to the Brazilian Institute of Social Health Organizations (IBROSS, 2023), by 2023 at least 234 municipalities had enacted specific legislation regulating Social Organizations.

Researchers studying the topic argue that one of the key factors driving governments to adopt partnerships with OSs is the fiscal and economic condition of the State, particularly regarding compliance with the Fiscal Responsibility Law (Abrucio & Gaetani, 2006; Tripodi & Souza, 2018). Since employees hired by Social Organizations are not formally linked to the public administration, their salaries are not included in personnel expenditure limits established by the law.

Among recent subnational experiences, this article focuses on the state of Amazonas, one of the last Brazilian states to institutionalize the model through State Law No. 3,900 of 2013 and, within less than five months, implement the first partnerships in the healthcare sector. Unlike most Brazilian subnational experiences, the legislative process and the signing of the first management contracts occurred remarkably quickly and without significant political conflict.

Understanding the motivations, constraints, and variables that influenced the government's decision to adopt the OS model constitutes the main contribution of this study. One of the major gaps in the literature on public management policies is the limited incorporation of political variables—particularly political interests, coalitions, and resistance—into analyses of administrative reforms (Ferlie, Hartley, & Martin, 2003).

Incorporating the political dimension into the analysis is essential, since public policies are shaped by political arrangements, governing coalitions, and institutional disputes.

This paper is organized into four sections, in addition to this introduction and the final considerations. The first section presents the theoretical framework underlying the study; the second discusses the methodological procedures adopted in the research. The third section analyzes the findings, while the fourth discusses the results based on the reconstruction of the political process that led to the approval of the Social Organizations Law in Amazonas.

2 LITERATURE REVIEW

2.1 MANAGERIAL REFORM AND SOCIAL ORGANIZATIONS IN BRAZIL

The State crisis of the 1980s, intensified by the global economic crisis, exposed severe fiscal constraints and highlighted governments' difficulties in maintaining and expanding public services. This context challenged prevailing paradigms in Public Administration and stimulated several restructuring processes, particularly regarding the size and functions of the State, as well as strategies aimed at improving the efficiency and effectiveness of public policies (O'Toole & Meier, 2015).

At the core of this crisis was the questioning of the welfare state, the expansion of State structures, and the perception that the traditional bureaucratic model—and its dysfunctions—was no longer capable of responding adequately to contemporary public sector challenges. Increasing efficiency, reducing costs, and overcoming bureaucratic rigidity became central objectives of public sector reforms (Bresser-Pereira, 2017).

The first reformist initiatives emerged under conservative governments, particularly in the United Kingdom during Margaret Thatcher's administration. These reforms introduced measures intended to address inefficiency and the high costs associated with the public sector. Among the most significant initiatives were those inspired by the principles of New Public Management (NPM), including privatization programs, the transfer of public service delivery to non-state organizations, the adoption of performance indicators, and the professionalization of public managers (Ferlie et al., 1999; Jenkins, 2015).

Over time, reform initiatives spread to governments with different political orientations, "demonstrating that NPM had moved beyond the boundaries of British conservatism" (Oliveira, 2016, p. 13). Thus, regardless of the government in power, the underlying premise behind this dissemination was to make the State more efficient in delivering public services to citizens.

As reformist ideas matured, themes such as fiscal adjustment, managerial efficiency, governance capacity, and accountability became increasingly prominent in political and administrative discourse (Abrucio & Pó, 2002). Nevertheless, although reform experiences share common principles and values, public management reform does not constitute a universal or homogeneous model (Pollitt & Bouckaert, 2002). Each country adapts and implements reforms according to its own political, institutional, legal, and cultural conditions.

In Brazil, the dissemination of managerial reform ideas began in 1995 during the first year of President Fernando Henrique Cardoso's administration. Led by Luiz Carlos Bresser-Pereira, the Ministry of Federal Administration and State Reform (MARE) was created with the objective of modernizing and reorganizing the State apparatus and introducing managerial public administration into the country. Grounded in New Public Management principles, the reform prioritized delegation of authority, reduction of hierarchical levels, agencification,

decentralization of public services to non-state public organizations, performance-based control, and the professionalization of civil servants (Bresser-Pereira, 2010).

Agencification refers to the creation of entities designed for specific purposes, differentiating their management instruments from those used by agencies within the direct administration (OECD, 2004). Within this reform framework, Social Organizations emerged as a new organizational arrangement intended to decentralize the provision of public services.

Established in 1998, the Social Organizations Law (Federal Law No. 9,637) defines the conditions under which the government may qualify an entity as an OS and establish partnerships for the management and provision of non-exclusive public services. These include activities related to education, scientific research, culture, healthcare, technological development, and environmental protection and preservation (MARE, 1997). Under this management model, responsibility for financing and service provision are institutionally separated.

The formal instrument regulating the partnership is the management contract, which establishes the rights and obligations of both the State and the partner organization. The contract defines goals, deadlines, performance indicators, and the amount of public funding allocated to support the activities performed by the OS. In essence, the management contract enables the State to grant managerial autonomy in exchange for a commitment to previously agreed-upon results (Pollitt & Bouckaert, 2002). Unlike public agencies governed by traditional Public Administration rules, Social Organizations have greater autonomy to manage resources and organize work processes. OS employees are not recruited through civil service examinations, allowing greater flexibility in hiring, dismissal, and incentive systems. Regarding procurement, OSs are required to follow only the general principles of public procurement, which may increase service agility, particularly in purchasing supplies, replacing equipment, and carrying out maintenance procedures without the dysfunctions commonly associated with traditional bureaucratic procurement systems (Oliveira, 2016).

If the goals established in the management contract are not achieved, the government may—and should—penalize the partner organization through the automatic reduction of financial transfers or, ultimately, by terminating the contractual relationship. Under this arrangement, State control ceases to rely solely on strict compliance with rules—procedural control—and becomes oriented toward the evaluation of results and performance—results-based control—one of the main principles of New Public Management (Perdicaris, 2012).

Despite the advances promised in the management of public services, partnerships between the State and non-state entities continue to generate ideological, political, and economic resistance, both in Brazil and in other countries (Oliveira, 2019). While multilateral organizations, governments, and scholars promote the model, there is no shortage of critics who oppose this management alternative (Brodkin, 2007; Burstrom, 2010), expressing concerns about the potential loss of political and fiscal control by governments due to the autonomy granted to partner organizations, as well as possible negative effects on the quality and equity of public services. Public sector unions and segments of left-wing political parties also frequently draw attention to the potential harms of these partnerships for the State, public servants, and society.

Critics also point to the risk of clientelist favoritism in the selection of partner organizations, creating opportunities for corruption and misuse of public resources (Brodkin, 2007), in addition to the absence of a qualified bureaucracy capable of effectively monitoring compliance with management contracts. Despite all these criticisms, partnerships between

governments and Social Organizations have increasingly disseminated among Brazilian subnational governments, regardless of political party affiliation or ideological orientation.

2.2 BRIEF OVERVIEW OF THE DISSEMINATION OF SOCIAL ORGANIZATIONS

Federal Law No. 9,637, enacted on May 15, 1998, regulates the creation of Social Organizations at the federal level and provides for the establishment of analogous state, district, and municipal legislation. In this case, entities wishing to qualify and establish partnerships at the subnational level must comply with the requirements established by the specific local legislation.

Because it is restricted to the federal jurisdiction, the federal law serves only as inspiration for the other entities of the federation, allowing subnational governments to enact their own regulations on the matter. Thus, while maintaining the guiding principles of the model, specific legislation was gradually created to better address local characteristics and needs, including expanding or restricting the areas in which partnerships could operate. Evidence of this phenomenon can be seen in the emergence of legislation specifically focused on Social Health Organizations.

Since its creation at the federal level, the model has spread significantly among Brazilian states. By the end of the 1990s, seven states had adopted the model (Oliveira, 2016). During the 2000s, however, there was a considerable increase in the number of new state laws, most likely due to the recently approved Fiscal Responsibility Law (2000), which imposed limits on personnel expenditures (Abrucio & Gaetani, 2006; Tripodi & Souza, 2018). Since employees of Social Organizations are not formally linked to the public administration, they are not included in government personnel expenditure calculations.

Furthermore, since 2010, the model has experienced gradual and continuous growth at the subnational level, totaling 23 states with specific legislation by 2019. Of these, 15 states had active management contracts and facilities managed by Social Organizations in 2019 (IBGE, 2019). At the municipal level, although there are no official data from the federal government, the expansion of these partnerships in recent years is evident. In 2023, the Brazilian Institute of Social Health Organizations (IBROSS) identified 234 municipalities with specific OS legislation, regardless of the area of activity involved (IBROSS, 2023). In 2009, the Publix Institute had identified only 43 municipalities with their own legislation (Publix, 2009).

Authors who analyze the topic point out that one of the key factors leading governments to adopt partnerships with Social Organizations is the economic and financial condition of the government, especially regarding compliance with the Fiscal Responsibility Law (Abrucio & Gaetani, 2006; Tripodi & Souza, 2018). Oliveira (2016), in turn, when investigating the expansion of these partnerships in Pernambuco and Bahia, identified that the sectoral crisis in public healthcare was a determining factor for the adoption or expansion of the model.

When the choice is driven exclusively by fiscal or sectoral problems, the partnership may deviate from the purposes of New Public Management. This is because the adoption of Social Organizations should be part of a broader set of actions aimed at modernizing public management and improving performance. It is noticeable, however, that the model has been adopted in a somewhat opportunistic manner by subnational governments, without being incorporated into a broader reform process (Oliveira, 2016).

Even acknowledging that the diffusion of reform experiences at the subnational level has occurred in a “fluid and fragmented” manner, Abrucio and Gaetani (2016) point to other

factors that may be driving this dissemination of ideas: i) the financial crisis of state governments and the formation of a pro-fiscal adjustment coalition; ii) the spread of New Public Management ideas after 1995; iii) the dissemination of best practices and administrative innovations throughout Brazil; iv) the strengthening of interstate federative forums, such as the National Council of State Secretaries of Administration (Consad); and v) the network-building process between the federal government and the states in support of the Program for the Modernization of Management and Planning of States and the Federal District (PNAGE).

3 METHODOLOGICAL ASPECTS

This qualitative study adopted the single-case study as its research strategy, a method that "investigates a contemporary phenomenon within its real-life context, especially when the boundaries between phenomenon and context are not clearly evident" (Yin, 2015, p. 32). The case study also seeks to understand, in greater detail, complex social phenomena involving multiple variables of interest. As a result, the study should be based on multiple sources of evidence (Yin, 2015).

The selection of the unit of analysis considered the fact that Amazonas was one of the last Brazilian states to enact specific legislation and adopt partnerships with Social Organizations in the healthcare sector. The process of approving the law was swift and conflict-free, and the period between the approval of the law and the signing of the first management contracts was only five months, something quite unusual in the country.

The researchers collected data throughout 2020 and 2021, during the pandemic that affected the world and, particularly, the state of Amazonas. Secondary data were collected through documentary research in legislation, such as Bill No. 196/2013, State Law No. 3,900/2013, and Decree No. 34,039/2013, as well as documents available on the institutional website of the State Health Secretariat, including reports from the Monitoring and Oversight Committee of the partnerships. On the website of the Legislative Assembly, minutes from meetings concerning the approval of the OS law in the state were analyzed, totaling three meeting records from 2012 and 2013. An extensive search was also conducted in local press reports published between 2012 and 2020 reporting political and social conflicts and resistance surrounding the partnership. The objective was to identify news reports regarding the approval process of the law and the first years of the partnership in hospital management. Searches were conducted on newspaper websites using the keywords "social organization," "health," and "management contract."

Primary data were collected through semi-structured interviews with employees from the State Secretariats of Health (4), Administration (3), and Finance (2), the State Comptroller General's Office (5), and representatives of the legislative branch (2). Interviewees were selected according to the criterion of typicality, that is, based on their representativeness within these institutions and their history of involvement with the topic (Vergara, 2007), totaling 16 interviews conducted between July and September 2020. As the information provided by the interviewees began to repeat itself, the researchers understood that no additional interviews were necessary.

The interviews followed a previously established script containing 10 questions supported by the research objective and the theoretical discussion, while also allowing the researcher to include additional questions whenever deemed necessary (Prodanov & Freitas, 2013). In order to preserve the identity of the respondents and facilitate understanding of the

analysis, the following identification codes were adopted: the institution represented by the interviewee, followed by a numerical sequence to distinguish respondents.

Based on the collected data, systematizations were organized to reconstruct the trajectory of the policy and the context surrounding the adoption of Social Organizations in the state and, thus, identify the variables that influenced this decision. Based on the findings, an analysis grounded in the theoretical discussion was carried out.

In a qualitative approach involving different data collection techniques—interviews, documents, and media sources—the use of triangulation provides greater reliability to the results. Thus, triangulation was employed during the analysis in order to reduce the risk of biased conclusions inherent to a single data source and to strengthen the validity of the findings.

4 ANALYSES OF RESULTS

4.1 THE GOVERNMENT OF AMAZONAS AND THE ADOPTION OF SOCIAL ORGANIZATION

To understand the adoption of partnerships with Social Organizations in Amazonas, it is necessary to reconstruct the trajectory and the political and economic contexts of the state beginning with the 2010 electoral dispute, when problems in public healthcare became part of the gubernatorial campaign agenda. In the political landscape of Amazonas, the same political group remained in power for 35 years: it began in 1983 with former governor Gilberto Mestrinho and ended in the 2018 elections, when Wilson Lima (PSC), a journalist and the only outsider candidate in the race, was elected governor.

In the 2010 electoral dispute, the Government Program of the coalition “Avança Amazonas,” led by Omar Aziz, at the time affiliated with the PMN, proposed continuity and advancement of the projects initiated by previous administrations. In general terms, the Program included projects in the areas of education, culture, health, public security, and economic development. Specifically regarding healthcare, the document highlighted the need to build new hospitals and expand services in the capital city and, especially, in the interior of the state.

Public healthcare is a historical and recurring problem in Amazonas. The healthcare network is insufficient, and there are major difficulties in retaining physicians in small and more isolated municipalities. Of the total number of doctors registered in the country, only 1.1% work in Amazonas (Scheffer, 2018). Of these, only a small portion work in the interior of the state, resulting in one of the lowest physician-to-population ratios in the country: 0.19 physicians per thousand inhabitants, whereas the national average is 2.18 (Scheffer, 2018). Medium and high-complexity healthcare services are concentrated in the capital, Manaus, which hinders access for populations living in more remote areas. The long distances between municipalities, combined with logistical and transportation difficulties, make access to healthcare services even more complex and costly for both the government and users (Dolzane & Schweickardt, 2020).

Federal financial transfers to the healthcare system in Amazonas are below the national per capita average, and healthcare infrastructure remains insufficient to meet existing demands (Silveira & Pinheiro, 2014). Problems such as infant and maternal mortality due to inadequate prenatal care, mortality caused by Chagas disease, congenital syphilis, and HIV are still quite common in the state. Another factor that makes healthcare management more complex is the high dependence on the Unified Health System (SUS) in the interior of the state: only 1.2% of the population has private health insurance (Silveira & Pinheiro, 2014).

In 2011, Omar Aziz took office as governor, elected by a coalition of thirteen political parties. At the opening of the 2011 legislative session, Aziz presented the Governor's Message to the Legislative Assembly of the State of Amazonas (ALEAM) (Amazonas, 2011) and briefly addressed the state legislature. On that occasion, Aziz detailed the projects and actions planned for the following years, encompassing areas such as education, health, social programs, and management modernization. In healthcare, the projects were highly ambitious: the construction of three hospitals and a Rehabilitation Center for Chemical Dependents in the metropolitan region of Manaus; the construction of a Diagnostic Center to expand the telemedicine system in support of municipalities in the interior of the state; the construction and equipping of eleven hospitals in the interior; and the updating of the Career, Position, and Compensation Plan for healthcare workers, benefiting 14,606 permanent employees (Amazonas, 2011). However, neither his speech nor the document specified the resources required for such investments. Regarding the management of the new facilities promised, there was no reference to partnerships, suggesting that they would be managed directly by the public administration.

In mid-2013, the executive branch submitted Bill No. 196 to the Legislative Assembly of the State of Amazonas (ALEAM), establishing regulations for Social Organizations in the state. Compared to the federal legislation, the bill expanded the areas in which partnerships could operate, including education, research, technological and institutional development, environmental protection and preservation, health, labor, social assistance, culture, sports, and agriculture. Research data indicate that the entire process of drafting the bill was carried out by the government's inner circle, without dialogue with civil society or the legislative branch. News reports on the subject only began to appear in the local media after the publication of the law and, especially, when the first management contract was signed at the end of 2013.

During discussions in the Legislative Assembly, Bill No. 196 received no proposed amendments or modifications and proceeded very swiftly and without opposition. The rapporteur, state deputy Belarmino Lins (PMDB), issued a favorable opinion, and the legislature approved the bill unanimously through a "symbolic vote" on July 4, 2013 (Assembleia Legislativa do Estado do Amazonas [ALEAM], 2013). On July 12 of the same year, Law No. 3,900 was published and later regulated by Decree No. 34,039, dated October 4, 2013.

> According to ALEAM (2013):
> In General Discussion and Single Voting Session, Bill No. 196/2013, originating from Government Message No. 59/2013, was also approved — PROVIDING for the qualification of private legal entities, with non-economic purposes, as Social Organizations, and establishing other provisions (p. 4).

The swift processing and the absence of opposition to the law are atypical in both the national and international political context, since criticism and resistance from center-left legislators and from those defending the interests of public servants are common (Oliveira, 2016). Unlike what occurred in other states, the approval of the law was free from conflicts with the legislative branch, professional associations, and social movements. During this period, the research did not identify any news reports or media coverage in the Amazonas press regarding protests or demands related to the issue. At that time, the executive branch enjoyed broad support in the legislature: of the 24 state deputies, 17 belonged to the government coalition. Not even opposition deputies voiced criticism of Social Organizations

in the state. According to the research findings, opposition to the model would only emerge in 2016, following corruption scandals involving Social Organizations in the state.

In an effort to obtain information regarding the voting process of the law, the researchers contacted legislators and their advisors who were members of ALEAM at the time; all of them were either vague or stated that they did not remember the event. One legislative advisor stated that he had checked the archives and added: "we did not find records of this vote and we do not remember it from memory. There were many bills over the years, and some are simply not retained in memory" (Legislative Advisor 01).

As in the main subnational experiences, the focus of partnerships in Amazonas is public healthcare. In December 2013, less than five months after the approval of the law, the management of two healthcare facilities was transferred to a Social Organization: an Emergency Care Unit (UPA) in the capital Manaus and a maternity hospital in the interior of the state. In the following year, the same OS assumed the management of the Rehabilitation Center for Chemical Dependents and, in 2015, the first phase of the largest and one of the most important hospitals in the state, Hospital Delphina Abdel Aziz, was inaugurated already under OS management. At no point was the governor, or any other strategic actor, identified by the interviewees as a key figure in defending the model. Thus, the choice for the partnership appears to have been more a pragmatic management decision than a political decision involving ideological and partisan issues. "There was no definition or policy within the state of Amazonas to bring Social Organizations closer in order to carry out this type of activity jointly with the government" (State Secretariat of Finance 01). According to the interviewee, the economic and political contexts, together with the condition of public services, influenced the decision and "today, for Amazonas, partnership with Social Organizations is a necessity," he concluded.

> I do not see political or partisan influence in the decision to adopt the model here. I think these are technical decisions. For example, in Ceará, Camilo [Santana] from the Workers' Party (PT) has extremely interesting and innovative public management mechanisms that one would never imagine. In Bahia, Rui Costa [PT] has a perspective very favorable to attracting partnerships with the private sector. On the other hand, in states with a more conservative orientation, such as Rio Grande do Sul, no one even considers privatizing Banrisul" (State Comptroller General's Office 01).

According to the interviewees, the experience of other states was fundamental in the decision to create specific legislation. The participation of the state executive branch in the National Councils of State Secretariats, such as those in the areas of health (CONASS), administration (CONSAD), and finance (CONFAZ), was essential for the government to closely learn about experiences and successful cases involving partnerships with Social Organizations in the healthcare sector. In 2016, a delegation from the State Secretariat of Administration conducted technical visits to São Paulo, Bahia, Pará, and Goiás, states that stand out in the use of partnerships in healthcare management.

Regarding the characteristics and particularities of Social Organizations that influenced the government's decision, interviewees highlighted the efficiency of the model, especially in the use of public resources, the agility of processes, and managerial autonomy. The general perception among interviewees is that the direct hiring of personnel by the partner organization, combined with the possibility of purchasing supplies without the strict requirements of the public procurement process, tends to make management simpler and, in

some cases, more economical. “Legislation makes the State rigid, especially from the perspective of procurement and human resources” (State Secretariat of Health 01).

> The Brazilian State is very bureaucratic; it is very inefficient. [...] So, if I have a mechanism to fight bureaucracy, simplify processes, and properly deliver these services, I will use it (State Secretariat of Finance 02).

> There is greater speed in all processes within Social Organizations. In the public sector, for practically everything there is a need for public bidding procedures, and the delay is much greater. [...] And in the OS there is a contract with goals to be achieved. So management through Social Organizations is more... it tends to be more efficient. The problem is that sometimes we [the government] cannot even carry out this oversight properly; we have great difficulty in exercising adequate control (State Secretariat of Health 02)

It was also emphasized that the use of partnerships with private non-profit entities in healthcare has a long history in Brazil, such as the *Santas Casas* and charitable societies. Specifically regarding Social Organizations, interviewees considered them to be an irreversible reality in the country, given that the demand for public services continues to grow while the State has been unable, on its own, to meet this demand.

The fact is that Amazonas would hardly have been able to expand its healthcare network, at the desired scale, exclusively through direct public management. Between 2010 and 2014, the state remained within the personnel expenditure limits established by the Fiscal Responsibility Law (LRF), but with a very small margin that would not have allowed it to expand services in the desired manner. Once the limit imposed by the Law is exceeded, the executive branch becomes prohibited from creating positions or functions, granting salary increases, or hiring personnel, except in cases of replacement due to retirement or death.

However, there was no consensus among interviewees regarding the influence of the Fiscal Responsibility Law on the decision to adopt the model. Government representatives assured that the decision was based on the successful experiences of OS management rather than on the limits imposed by the Law.

> The decision of the state of Amazonas was based on the success of the model both from an economic-financial perspective and from the standpoint of service delivery to the population. It was not a matter of payroll concerns; it was truly a management issue, a management necessity (State Secretariat of Administration 02).
>
> Experience shows that we [direct public administration] do not have the same efficiency as private management. The success of the model is evident (State Secretariat of Health 03).

At times, interviewees mentioned that the limits imposed by the Fiscal Responsibility Law somehow always shaped government decisions: “due to personnel expenditure limitations, working with Social Organizations or even with the private sector is almost imperative in Brazil” (State Secretariat of Administration 01). This helps explain why partnerships have spread strongly among subnational governments, especially in areas that require large numbers of personnel, such as healthcare.

At the end of 2014, as occurred in other subnational governments, Amazonas began to experience financial and economic difficulties that directly affected public services. These difficulties reflected the economic crisis that had taken hold in the country and triggered a severe economic recession, with rising unemployment and declining revenues among subnational governments as a result of the contraction in economic activity.

In 2015, now under the administration of José Melo (PROS), the government approved an administrative reform focused on restructuring the State apparatus and promoting greater efficiency in direct public administration. In a press conference held in February 2015, the governor stated that "the State needs an organic and modern structure to support service demands with the efficiency required by modernity." The administrative reform, as a management policy, was aligned with the partnerships with Social Organizations created by his political predecessor. Simultaneously with the economic crisis and the administrative reform, the public healthcare situation worsened in 2014. Complaints regarding the precarious conditions of healthcare facilities, shortages of medicines, reduced working hours of healthcare teams, salary delays, the lack of specialist physicians, and shortages of hospital beds became common in the Amazonas press, thereby increasing dissatisfaction among both employees and users.

The peak of the crisis came with the publication of Decree No. 37,218, dated August 31, 2016, which declared a state of economic emergency in the state healthcare system. According to the document, the government of Amazonas did not have sufficient resources to pay suppliers and service providers. Thus, the declaration of emergency was the solution adopted to avoid an imminent collapse in healthcare assistance to the population.

The crisis worsened with Operation *Maus Caminhos*, launched by the Federal Police in September 2016, in which the Social Organization Instituto Novos Caminhos (INC), which at the time held management contracts to operate three healthcare facilities, was investigated for the embezzlement of public funds. In Amazonas, this was the corruption investigation involving the largest volume of public resources, the greatest number of public officials involved, and the highest number of investigative phases ever conducted by oversight and control agencies. In October 2017, the Federal Public Prosecutor's Office in Amazonas opened an investigation to examine allegations of overpricing involving the Social Organization IMED in the management of Hospital Delphina Aziz. According to some interviewees, these scandals interrupted the government's movement toward establishing new partnerships with SOs.

> There were plans to expand partnerships with Social Organizations. But I'll tell you, with [Instituto] Novos Caminhos, which was an OS, and especially because of Operation *Maus Caminhos*, it became a demon. Whenever someone mentions Social Organizations, everyone reacts — oversight agencies, state deputies, senators. The moment someone mentions an OS, everyone reacts. They 'demonized' the Social Organizations (State Secretariat of Health 02).

Corruption scandals and economic restrictions made it unfeasible to expand the healthcare network in the manner planned by the government and to establish new partnerships. Even in the face of these adversities, interviewees were unanimous in emphasizing the importance of partnerships for Amazonas. "Today, for the state, Social Organizations are a necessity" (State Comptroller General's Office 02).

Therefore, it is up to the government to improve its state capacity to coordinate and oversee existing management contracts, holding partner organizations accountable and punishing them in the event of any irregularity (Oliveira, 2016).

> The Secretariat drafts the contract, and it is well designed, including being tailored to my needs. But do I monitor it? Do I monitor whether the OS is doing what I contracted it to do? No. [...] We do not have the structure here at the State Health Secretariat (SES) to carry out this management, and therefore it does not happen (State Secretariat of Health 03).

Corroborating the literature on the subject, the analysis of the data indicates that when the competent oversight bodies fail to effectively monitor results, verifying whether the quantity and quality of the services provided correspond to what was contracted, opportunities emerge for irregularities and the misuse of public funds by the Social Organization. Ultimately, in this scenario of omission, the most affected are the users, who do not receive the services.

5 DISCUSSIONS OF RESULTS

When analyzing the process of adopting partnerships with Social Organizations in Amazonas, some issues that influenced the government's decision were identified. Some of these issues have already been presented in the literature as key factors for the implementation of administrative reforms in general. However, the case analyzed here presents elements that diverge from the conventional literature.

With Omar Aziz's electoral victory in 2010, the intention of the new administration to expand healthcare services through the inauguration of new facilities in the capital and in the interior of the state was evident. Healthcare has always been a complex area in Amazonas, a situation aggravated by the specificities of the Amazon region, logistical difficulties, the seasonal nature of rivers, and infrastructure problems. These issues highlight the low state capacity and the inefficiency of the government in healthcare management. The declaration of economic emergency in the state healthcare system in 2016 and the recent collapse of public healthcare during the Covid-19 pandemic in January 2021 make explicit the incompetence of politicians and bureaucrats.

Although there was no consensus among interviewees, the research data indicate that the government would hardly have been able to expand the healthcare network exclusively through direct public administration, given the restrictions imposed by the Fiscal Responsibility Law. In 2013, the year in which the Social Organizations Law was approved, personnel expenditures of the state executive branch corresponded to 42.85% of Net Current Revenue (RCL), a value close to the prudential limit of 46.55%. The government exceeded this limit in 2015, a clear reflection of the fiscal crisis and the decline in state revenues (Oliveira & Sampaio, 2020). In subsequent years, personnel expenditures continued to increase, exceeding the maximum limit established by law in 2019 and 2021.

In this scenario, partnerships with Social Organizations appeared to be a viable option, since expenditures on salaries of employees hired by the Social Organization are not counted for purposes of the Fiscal Responsibility Law. Abrucio and Gaetani (2006) had already indicated that adherence to the model is influenced by the limits established by the Fiscal Responsibility Law. Pedrosa and Pacheco (2015), when studying the dissemination of Social

Organizations, point out that the model constitutes an alternative in a context of budget restrictions, rigid rules, and pressure for better healthcare services.

Beyond fiscal limitations and the rules of Brazilian public administration, the efficiency of the model, resulting from managerial autonomy and the agility of processes, was decisive in the choice of Social Organizations. The general perception among interviewees is that flexibility in hiring and dismissing personnel, as well as in procurement processes, tends to make management simpler and, at times, more economical. From this perspective, while management through Social Organizations was viewed as agile, flexible, and efficient in delivering public services, direct public management was perceived as inefficient, slow, costly, and bureaucratic.

Regarding the conditions necessary for the government to adopt the model, political support—especially from the legislative branch—was a determining factor. Contrary to the literature, the data analysis revealed an unprecedented ease in the approval of the Social Organizations Law in Amazonas, both in terms of the speed of legislative processing and the absence of conflicts or opposition to the bill. Added to this scenario was the centralization of the drafting process within the government's inner circle, without any dialogue with civil society or interest groups, excluding even political actors from the healthcare sector.

Unlike the main subnational cases, the analysis of this case indicates that there was no leading strategic actor responsible for defending the model. This contributes to the understanding that there was no fundamentally political decision regarding the model; rather, the decision appears to have been guided by technical and managerial criteria.

The experiences of states such as São Paulo, Goiás, Bahia, and Pará strongly influenced the late adoption of Social Organizations in Amazonas. The government appears to have waited for the partnerships to mature and to closely observe successful experiences before investing in the idea. In addition to technical visits to some states, the government's participation in the National Councils of State Secretariats also proved to be strategic. The strengthening of interstate federative forums is considered a central element in the dissemination of best practices and innovations in public management (Abrucio & Gaetani, 2006).

It should be noted that, in Amazonas, the sectoral crisis in healthcare did not result in the expansion of partnerships, as occurred in Pernambuco and Bahia, for example (Oliveira, 2016). In those states, the urgency to solve public healthcare problems led to a significant increase in the number of active management contracts. The government of Bahia further diversified its healthcare management strategies and adopted, in addition to Social Organizations, Public-Private Partnerships, State Foundations, and, more recently, public consortia.

The financial crisis that affected Amazonas made it impossible for the government to assume new commitments and additional expenditures. After all, the relationship with Social Organizations is established through contracts, which imposes spending discipline on the government (Oliveira, 2016). The decline in revenue compromised public services in several sectors, not only healthcare. The crisis persisted and, in 2016, the government declared a state of emergency in public healthcare. Simultaneously with these crises, corruption scandals involving public officials and the Social Organization Instituto Novos Caminhos also discouraged new healthcare partnerships.

Thus, even though interviewees emphasized the importance of partnerships in the provision of healthcare services in Amazonas, due to the embezzlement of public funds revealed by Operation *Maus Caminhos*, politicians and bureaucrats now seem to avoid the

topic: “the moment someone mentions an OS, everyone backs away,” stated the healthcare employee when referring to the government’s decision not to expand partnerships with Social Organizations.

6 FINAL CONSIDERATIONS

This study sought to understand the motivations and interests of the government of Amazonas in adopting partnerships with Social Organizations for the provision of public services in 2013. In a broader sense, this research aimed to introduce the political dimension into the debate on public management policies by understanding the reasons and possible obstacles involved in the decision to adopt this new management strategy.

Partnerships between governments and Social Organizations emerged within the context of State reform in the mid-1990s and have always been permeated by political, economic, and ideological conflicts and resistance. Part of the criticism suggests that such partnerships constitute a means of legitimizing the private sector in the provision of public services, thereby reducing the State’s responsibility in delivering public policies. Despite these criticisms, Social Organizations are currently present in most Brazilian states, regardless of the political or ideological orientation of the government.

The research made it possible to identify that the limitations imposed by the rules of public administration and the intrinsic characteristics of the OS model—especially those capable of making it more agile, such as flexibility in procurement processes and personnel hiring—were decisive for the government’s decision. There was no consensus among interviewees regarding the weight of the Fiscal Responsibility Law. Nevertheless, it is important to emphasize that the government would hardly have been able to expand the healthcare network through direct public administration, given that the executive branch was already near the personnel expenditure limit established by law.

Contrary to the main subnational experiences, the severe crisis affecting public healthcare in Amazonas did not result in the expansion of the use of the model, since the state was also experiencing a delicate financial crisis, in addition to corruption scandals involving public officials and a partner Social Organization.

The research showed that there was no clear political decision regarding the issue, nor the protagonism of the governor or any political actor in defending the model. This distancing may be interpreted as a strategy to minimize resistance from political groups and organized civil society, or even to avoid associating the choice of Social Organizations with a political decision driven by ideological and partisan issues.

One relevant aspect was the swift legislative processing and the absence of opposition during the approval of the Social Organizations Law. At the time, Governor Omar Aziz enjoyed broad support within the legislative assembly, but the complete absence of objections to partnerships with Social Organizations was unprecedented in the country. The findings corroborate part of the literature on the dissemination of Social Organizations among subnational governments by revealing a certain pragmatism in the discourse of interviewees, who sought to associate the government’s decision with strictly technical and managerial criteria.

As with any case study, the results cannot be generalized, which limits our contribution to the debate. Another limitation concerns the initial resistance of some interviewees to discuss more sensitive issues, such as Operation *Maus Caminhos* and the State’s oversight problems—even though all participants were aware that the research would preserve their identities.

For future studies, it is suggested that researchers analyze how the government of Amazonas has acted to address the persistent problems of public healthcare in a context of financial crisis, given the legal and budgetary limits on expanding the network through direct management and the resistance to establishing new partnerships. The corruption scandals, whether related to the collapse during the Covid-19 pandemic or to the management of contracts with Social Organizations, indicate problems of transparency and institutional oversight. Furthermore, it is necessary to broaden this discussion within Amazonas.

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