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Article

Health Demand Resolution Chamber and democratic governance: an approach based on the experience of Pará

Câmara de Resolução de Demandas de Saúde e governança democrática: uma abordagem a partir da experiência do Pará

Cámara de Resolución de Demandas de Salud y gobernanza democrática: un enfoque a partir de la experiencia de Pará

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Abstract

Objective: To analyze the performance of the Health Demand Resolution Chamber of Pará (CRDS-PA) as an extrajudicial mechanism for mitigating health judicialization, assessing its contribution to administrative resolvability and the strengthening of health governance in Belém in 2025. **Methodology**: This is an exploratory study with a qualitative-quantitative approach, developed through a case study conducted at CRDS-PA. The methodological procedures included a literature review, document analysis, and field research carried out through a visit to the institution. Data collection was conducted through the Citizen Information Service (SIC), using institutional reports, administrative records, and consolidated service spreadsheets produced by the institution. The data were analyzed based on the categories of healthcare demands and the resolution rate of the cases.

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Results and Discussion: CRDS-PA demonstrated a high capacity for the extrajudicial absorption of health-related conflicts. Of the 3,742 demands registered between January and December 2025, approximately 71% were resolved administratively, preventing judicialization. Greater effectiveness was observed in demands related to surgeries, medical consultations, and nutritional formulas, while medications and patient transfers showed lower resolution rates due to structural limitations within the healthcare system. The chamber functioned as a prior institutional filter, contributing to the rationalization of public management. **Conclusion**: CRDS-PA is configured as an effective instrument for reducing health judicialization and strengthening health governance by promoting swift, technical, and cooperative administrative solutions. The results indicate the model's potential for replication, although further studies are still needed regarding its long-term effects.
Keywords: Right to Health; Health Judicialization; Health Governance; Conflict Resolution.

Resumo

Objetivo: analisar a atuação da Câmara de Resolução de Demandas de Saúde do Pará (CRDS-PA) como mecanismo extrajudicial de mitigação da judicialização da saúde, avaliando sua contribuição para a resolutividade administrativa e o fortalecimento da governança em saúde em Belém, no ano de 2025. **Metodologia**: Trata-se de uma pesquisa exploratória, de abordagem quali-quantitativa, desenvolvida por meio de estudo de caso na CRDS-PA. Os procedimentos metodológicos adotados compreenderam revisão bibliográfica, análise documental e pesquisa de campo, realizada mediante visita à instituição. A coleta de dados ocorreu por meio do Serviço de Informações ao Cidadão (SIC), utilizando-se relatórios institucionais, registros administrativos e planilhas consolidadas de atendimentos produzidas pela instituição. Os dados foram analisados a partir das categorias assistenciais demandadas e do índice de resolutividade das demandas. **Resultados e discussão:** a CRDS-PA demonstrou elevada capacidade de absorção extrajudicial de conflitos em saúde. Das 3.742 demandas registradas entre janeiro e dezembro de 2025, aproximadamente 71% foram solucionadas administrativamente, evitando a judicialização. Observou-se maior efetividade nas demandas relacionadas a cirurgias, consultas e fórmulas alimentares, enquanto medicamentos e transferências apresentaram menores índices de resolutividade, em razão de limitações estruturais do sistema de saúde. A câmara atua como filtro institucional prévio, contribuindo para a racionalização da gestão pública. **Conclusão**: a CRDS-PA configura-se como instrumento eficaz na redução da judicialização e fortalecimento da governança em saúde, ao promover soluções administrativas céleres, técnicas e cooperativas. Os resultados indicam potencial de replicabilidade do modelo, embora ainda demande estudos sobre seus efeitos de longo prazo.
Palavras-chave: Direito à Saúde; Judicialização da Saúde; Governança em Saúde; Resolução de Conflitos.

Resumen

Objetivo: analizar la actuación de la Cámara de Resolución de Demandas de Salud de Pará (CRDS-PA) como mecanismo extrajudicial de mitigación de la judicialización de la salud, evaluando su contribución a la resolutividad administrativa y al fortalecimiento de la gobernanza en salud en Belém durante el año 2025. **Metodología:** Se trata de una investigación exploratoria, con enfoque cuali-cuantitativo, desarrollada mediante un estudio de caso en la CRDS-PA. Los procedimientos metodológicos adoptados comprendieron revisión bibliográfica, análisis documental e investigación de campo, realizada mediante visita a la institución. La recolección de datos se llevó a cabo a través del Servicio de Información al Ciudadano (SIC), utilizando informes institucionales, registros administrativos y planillas consolidadas de atención producidas por la institución. Los datos fueron analizados a partir de las categorías asistenciales demandadas y del índice de resolutividad de las demandas. **Resultados y discusión**: la CRDS-PA demostró una elevada capacidad de absorción extrajudicial de conflictos en salud. De las 3.742 demandas registradas entre enero y diciembre de

2025, aproximadamente el 71% fueron solucionadas administrativamente, evitando la judicialización. Se observó mayor efectividad en las demandas relacionadas con cirugías, consultas y fórmulas alimentarias, mientras que los medicamentos y las transferencias presentaron menores índices de resolutividad debido a limitaciones estructurales del sistema de salud. La cámara actuó como un filtro institucional previo, contribuyendo a la racionalización de la gestión pública. **Conclusión:** la CRDS-PA se configura como un instrumento eficaz para la reducción de la judicialización de la salud y el fortalecimiento de la gobernanza sanitaria, al promover soluciones administrativas rápidas, técnicas y cooperativas. Los resultados indican el potencial de replicabilidad del modelo, aunque todavía se requieren estudios sobre sus efectos a largo plazo.
Palabras clave: Derecho a la Salud; Judicialización de la Salud; Gobernanza en Salud; Resolución de Conflictos.

Introduction

The fundamental right to health, enshrined in Article 196 of the Federal Constitution, constitutes a central element of the core of social rights and an indispensable condition for the realization of human dignity[1]. It is the State's responsibility to guarantee this right through the formulation and implementation of public policies aimed at disease prevention and the promotion of universal and equitable access to health services. However, the gap between legal provisions and reality reveals significant obstacles to its realization, related to management failures, structural limitations, and difficulties in implementing continuous and effective public policies[2].

The complexity of the Unified Health System (SUS), combined with a scarcity of resources, undermines the government's ability to respond swiftly and adequately to the population's needs. As a result, the right to health, although formally guaranteed, is realized unevenly, in violation of the principles of universality and comprehensiveness. It is thus evident that the problem does not lie in the absence of legal provisions, but in the inadequacy of the administrative mechanisms for their implementation[2].

Against this backdrop, there has been a progressive and alarming increase in the judicialization of health care, which is increasingly being used as a means for individuals to realize this fundamental right, especially in emergency situations or when faced with administrative denials. Although legitimate, excessive judicialization reveals a structural dysfunction in the system by shifting responsibility for the implementation of public policies to the Judiciary[3]. In 2025 alone, 323,409 new cases related to public health were filed in Brazil[4].

The intensification of this phenomenon has significant impacts from both a budgetary and administrative standpoint, in addition to generating social costs associated with procedural delays and the overload on the judiciary. Furthermore, the proliferation of individualized judicial decisions — often disconnected from technical and budgetary criteria — undermines the rationality of health management and hinders the implementation of structural public policies[5].

Added to this is the risk of deepening inequalities in access to health care, since judicialization tends to favor individuals with greater access to information and legal assistance. This dynamic challenges the very concept of access to health care as a right guided by equity, which presupposes the universal and non-discriminatory fulfillment of needs[6].

Judicialization, although necessary in specific cases, does not present itself as an adequate systemic solution, highlighting the need to adopt alternative mechanisms for conflict resolution[5]. This

is a complex and polycentric problem, the solution to which requires the coordinated action of multiple institutional actors[7].

It is in this context that consensual means of conflict resolution stand out, characterized by the pursuit of self-composition through the involvement of an impartial third party, without the exercise of judicial authority. Such mechanisms, in addition to promoting greater speed and cost savings, prove particularly well-suited to addressing the growing trend toward judicialization, with mediation, conciliation and arbitration standing out among them[8].

Within the sphere of public administration, the incorporation of these instruments represents a key strategy for streamlining government operations, particularly in sensitive areas such as the right to health[9]. In this context, Health Dispute Resolution Chambers have emerged, structured as institutional forums for cooperation among various public agencies, aimed at providing qualified administrative resolutions to health-related disputes. Specifically, this study analyzes the Pará Health Dispute Resolution Chamber (CRDS-PA).

This chamber aims to prevent the unnecessary filing of lawsuits by providing prompt, technically sound administrative responses aligned with public policies, through integrated and multidisciplinary action. This model is part of a strategy to address excessive judicialization by handling claims at the administrative level and helping to reduce the burden on the Judiciary[6].

The relevance of the aforementioned chamber is evident from the collected statistics. As of June 30, 2025, there were 824,566 cases pending review related to public health[4]. These data not only reveal the intensification of the phenomenon of judicialization but also highlight the structural inability of the traditional model to efficiently handle all health-related claims, reinforcing the need to strengthen consensus-based mechanisms, especially extrajudicial resolution chambers[9].

From the perspective of democratic governance, these structures promote institutional dialogue, transparency, and rational decision-making by bringing together actors such as state attorney's offices, public defender's offices, the Public Prosecutor's Office, and health agencies. This cooperative approach strengthens the legitimacy of administrative decisions and expands the state's capacity to respond to social demands[10].

Furthermore, these chambers contribute to administrative efficiency by enabling the swift resolution of claims related to hospitalizations, medical consultations, tests, medications, and other health services, significantly reducing the need for litigation. At the same time, they facilitate government planning, data collection, and the improvement of public policies, promoting a more rational use of available resources[11].

It is in this context that the CRDS-PA was established, created at the initiative of the Pará State Attorney General's Office in response to growing demands in the health sector. Established by Decree No. 3,892/2024 and Cooperation Agreement No. 01/2024, the CRDS-PA brings together various agencies, including the Attorney General's Office of the State of Pará (PGE-PA), the Public Defender's Office of the State of Pará (DPE-PA), the State Prosecutor's Office of Pará (MPPA), the Belém Municipal Attorney General's Office (PGM), the Federal Public Defender's Office (DPU), the Municipal Health Secretariat (SESMA), and the State Secretariat of Public Health (SESPA), forming a model of coordinated inter-institutional action[12].

Given this context, this article seeks to address the following research question: How did the CRDS-PA's activities contribute to the reduction of litigation and the administrative resolution of health-related claims in the municipality of Belém during the period from January to December 2025?

The hypothesis is that the CRDS-PA's activities, by promoting institutional integration and a multidisciplinary approach, act as an effective filter that reduces judicialization and enhances administrative resolution, guaranteeing the right to health more swiftly than through litigation.

Thus, the objective of this study is to analyze the role of the CRDS-PA as an extrajudicial mechanism for mitigating the judicialization of health, evaluating its contribution to administrative resolution and the strengthening of health governance in Belém in the year 2025.

Consequently, by examining this experience, this research proposes a critical reflection on the possibility of developing more efficient extrajudicial pathways for the realization of the fundamental right to health.

Methodology

First, it is important to note that the information regarding the operational workflow of CRDS-PA was obtained through field research, conducted via an in loco visit to its headquarters, which allowed for direct participant observation of the services provided and the institutional dynamics in place. This empirical approach provided a concrete understanding of the service's internal organization, as well as the steps involved in processing user requests, thereby lending greater reliability to the analysis.

This study is characterized as exploratory research, conducted using a qualitative-quantitative approach and structured as a case study, in accordance with Loureiro[13], with the CRDS-PA's experience as the object of analysis. The study sought to examine the effectiveness of Health Dispute Resolution Chambers as an alternative mechanism to excessive litigation, using the activities of the CRDS-PA in the municipality of Belém as its empirical focus — the only location where the Chamber was operational up to the period analyzed.

The research was based primarily on documentary analysis and the collection of empirical data. Data were collected in two ways. The first consisted of field research conducted through in-person visits to the CRDS-PA headquarters, with the aim of observing the service flow, the administrative procedures adopted, and the Chamber's institutional functioning. The second involved obtaining institutional documents and data through the Citizen Information Service (SIC), pursuant to the Access to Information Act[14], through a request directed to the CRDS-PA's governing body, the Attorney General's Office of the State of Pará, via the electronic communication channel (email: sic@pge.pa.gov.br), which was processed internally under Electronic Administrative Case (PAE) No. 2026/2199137.

The response to the request was received via the electronic communication channel, email sic@pge.pa.gov.br, to which documents containing the requested information were attached.

The documents analyzed included institutional reports of administrative records of services provided and were organized into three consolidated spreadsheets: the first containing quantitative data on services provided by CRDS-PA during the 2025 fiscal year, the second showing the number of services provided per month, and the third detailing services provided by care category, covering requests related to surgeries, consultations, nutritional formulas, transfers, medications, Out-of-Residence Treatment (TFD), and medical exams. This information made it possible to identify the

number of requests received, the administrative referrals made, and the resolution rates achieved during the period analyzed.

Table 1. Institutional documents analyzed in the CRDS-PA case study

Document analyzed	Source	Method of access	Content analyzed
Regulatory acts and institutional documents	CRDS-PA	Field research	Regulations and procedural flow
Administrative service records	CRDS-PA	SIC PAE No. 2026/2199137	Data on Received and Resolved Requests
Consolidated service spreadsheets	CRDS-PA	SIC PAE No. 2026/2199137	Quantitative data by care categories

Source: Own elaboration, 2026.

The temporal scope of the study covered the fiscal year 2025, as this corresponded to the first full calendar year of operation for CRDS-PA, given that its activities began in May 2024. The spatial scope was limited to the municipality of Belém, since the Chamber has not yet expanded its operations to other locations in the state of Pará.

The results were analyzed using quantitative data provided by the institution, and the CRDS-PA's overall resolution rate was calculated as the ratio of the number of cases resolved administratively to the total number of requests registered during the period analyzed. At the same time, the empirical data obtained during institutional visits and from administrative documents allowed for a qualitative interpretation of the Chamber's operations and its capacity to function as an instrument for the diversion of health-related cases from the courts.

The study also has an interdisciplinary nature, as it brings together contributions from the fields of law, public health, and democratic governance, enabling an integrated analysis of the phenomenon under investigation. This perspective is particularly relevant given the complexity of the issues related to the judicialization of health and the institutional mechanisms for administrative conflict resolution[7].

Since the data used were obtained exclusively from secondary sources, there was no need to submit the study to the Research Ethics Committee.

Results and Discussion

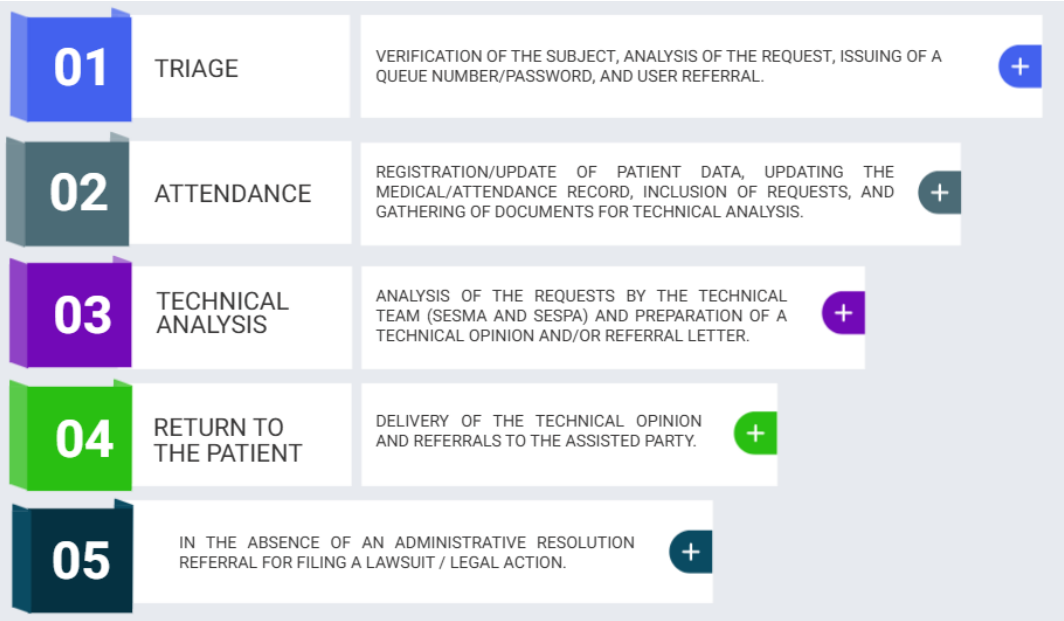
The CRDS-PA operates in the municipality of Belém, with plans to expand to other regions of the state of Pará, generally focusing its activities on the pre-litigation phase, with the goal of resolving health-related conflicts administratively in a swift and efficient manner.

Based on an analysis of the data provided by the Attorney General's Office of the State of Pará, it is evident that the services provided by CRDS-PA are structured in successive stages (screening, initial assessment, technical analysis, follow-up with the client, and referral for a potential resolution of the issue), including remote support via WhatsApp, which allows for the identification of the user's needs and their appropriate referral within the SUS system. Screening is conducted by an

administrative and social services team, while technical analysis is carried out by health professionals from SESMA and SESPA, under legal coordination[12].

For a better understanding, the figure below illustrates the CRDS-PA's service flow for patients:

Figure 1. Stage of CRDS/PA care



Source: Own elaboration, 2026.

In cases where an administrative solution is not feasible, the client is referred to the appropriate agencies for judicial proceedings, such as the Public Defender's Office or the Public Prosecutor's Office[12].

Another notable feature is the joint work with the Judicial Center for Conflict Resolution and Citizenship (CEJUSC) of the TJPA, established in the same location pursuant to Ordinance No. 3639/2024-GP[15], thereby expanding the possibilities for out-of-court resolution. CEJUSC cant act both in the pre-litigation phase, through administrative complaints, and in the litigation phase, through judicial referral for attempted conciliation or mediation, with the eventual ratification of a settlement or return of the case to the court of origin.

The CRDS-PA's operations are guided by a thorough assessment of the requests submitted by users, based on an analysis conducted by a specialized technical team that evaluates the nature of the need and the possibilities for care within the SUS.

Once administrative feasibility is confirmed, the request is referred to the regular SUS workflow, with the aim of enrolling the patient in the appropriate services. On the other hand, in cases where no possibility of administrative referral is identified, the request is classified as unresolved and is, as a rule, directed to the judicial process.

Given the procedural workflow described, in fiscal year 2025 it became possible to conduct the analysis based on a full calendar year, covering all months during which the CRDS-PA was

operational. This circumstance lends greater methodological robustness to the presented results, as it mitigates potential distortions arising from partial time frames or incomplete observation periods.

This consolidation of annual data allowed for a more precise assessment of case flow, institutional productivity, and resolution rates, enabling a more comprehensive understanding of the CRDS-PA's performance over time.

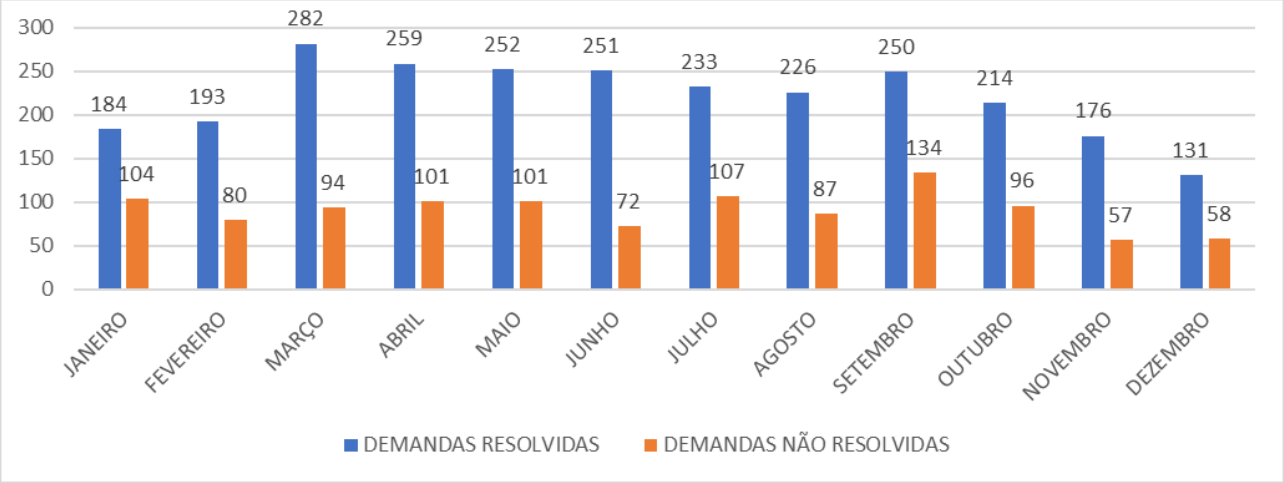
As illustrated in Chart 1, the CRDS-PA recorded a total of 3,742 cases. Of these, 2,651 are classified in the figure as "resolved" - a category that, for the purposes of this analysis, corresponds to cases referred to the administrative workflow of the SUS, representing approximately 71% of the total analyzed.

It is important to note that the term "resolved," as used in the graph, implies that these cases were directed to the regular administrative care process, thereby reducing the need for judicial intervention. In turn, cases classified as "unresolved" refer to those that were not absorbed by the aforementioned administrative process, in accordance with SUS policy.

Chart 1 illustrates two distinct pathways: the administrative workflow, pertaining to claims processed within the SUS, and the unresolved claims pathway, associated with claims that ultimately result in litigation.

This result not only demonstrates administrative efficiency but, above all, highlights the mechanism's significant capacity to absorb - in the extrajudicial sphere - cases that, under different circumstances, would have been litigated. Considering that the denial or delay in the provision of health services constitutes one of the main causes for filing lawsuits[16], it is possible to infer that the 2,651 resolved cases correspond, to a large extent, to potential lawsuits that were avoided.

Chart 1. Monthly Productivity of the CRDS-PA in 2025



Source: Own elaboration, 2026.

From this perspective, the CRDS-PA acts as a true preliminary institutional filter, intercepting the judicialization of disputes and promoting conflict resolution at the administrative level, thereby contributing to reducing the burden on the Judiciary and streamlining the administration of justice[17].

It is also observed that, over the course of the months, a consistent pattern of productivity and resolution was maintained, without abrupt fluctuations that would compromise overall performance, which reinforces the operational stability of the adopted workflows[8]. The number of resolved cases consistently and significantly exceeded the number of unresolved cases in every month of the analyzed period, as seen in March (282 resolved versus 94 unresolved), April (259 resolved versus 101 unresolved), May (252 resolved versus 101 unresolved), and June (251 resolved versus 72 unresolved).

Even in the months with lower productivity, such as November (176 resolved and 57 unresolved) and December (131 resolved and 58 unresolved), the number of resolved cases remained substantially higher than the number of pending cases. Furthermore, the highest number of unresolved non- s cases, recorded in September (134 cases), did not compromise the efficiency of the period, as it was accompanied by a significant number of resolved cases (250 cases).

This quantitative consistency rules out the possibility of episodic or circumstantial performance, highlighting the existence of a stable, structured institutional model capable of continuously meeting the demand presented. This consistency reveals not only operational efficiency but also the maturity of the procedural workflow adopted, indicating the model's potential for replication in other contexts[17].

Thus, the data indicate that the continuous and structured work of the CRDS-PA has contributed significantly to the administrative resolution of cases, reducing the need for litigation and strengthening the organization of the healthcare network. This understanding aligns with Barison[18], in demonstrating that the adoption of extrajudicial technical and administrative bodies not only embodies the principles of efficiency and cost-effectiveness but also contributes to promoting equity in access to health services.

Similarly, Ribeiro[19] recognized that mediation mechanisms, although not a universal solution, are relevant tools for expanding access to justice, provided they are implemented with caution, using a variety of techniques, and with the participation of institutions committed to equity. By analyzing concrete experiences in different states, the author demonstrated that health mediation can yield significant benefits for the parties, particularly by promoting solutions that are faster, less costly, and dialogue-oriented.

Along these same lines, the present analysis, by examining the work of the CRDS-PA, also demonstrates that extrajudicial mediation serves as a highly useful tool in mitigating judicial overburden. As noted by Ribeiro[19], the empirical experience examined here reveals that the institutionalization of consensual mechanisms — when structured in a technically sound manner and guided by criteria of justice and equitable access — contributes significantly to the resolution of health-related conflicts, without disregarding the need to adapt the method to the specific characteristics of each case.

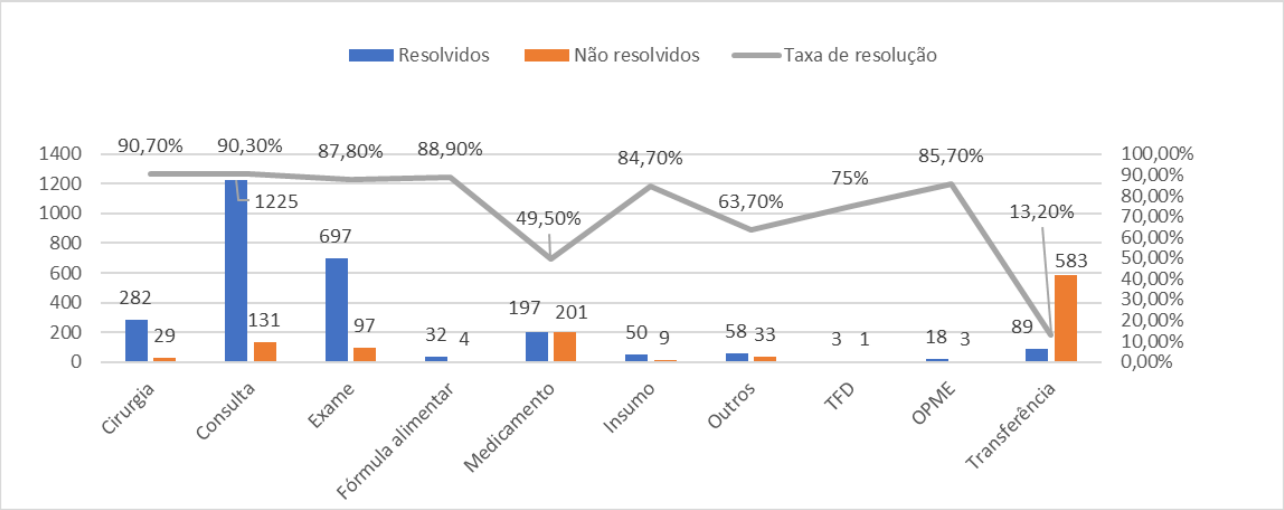
From another perspective, when examining claims on an individual basis, it becomes apparent that efficiency and resolution rates were not distributed uniformly across the different categories of healthcare services.

The stratified analysis shows that certain types of claims had significantly higher rates of administrative resolution, while others presented greater operational and structural difficulties in their resolution.

This variation is directly related to the specific characteristics of each request, such as the availability of services within the network, the complexity of procedures, the need to procure specific supplies, and dependence on more complex regulatory processes[20].

It is important to clarify that the percentage shown by the gray line in the following graph represents the resolution rate for claims received by the CRDS-PA — that is, the efficiency in steering individuals who come to the office toward an administrative resolution, thereby avoiding immediate litigation of their cases.

Chart 2. CRDS-PA productivity in 2025, by type of complaint



Source: Own elaboration, 2026.

From this perspective, it is evident that the claims most effective in preventing litigation were surgery (90.7%), medical consultations (90.3%), and dietary formulas (88.9%), indicating a high response capacity of the healthcare network in these categories, possibly associated with the existence of more structured care pathways and greater availability of these services within the SUS. These results reinforce the CRDS-PA's ability to resolve, swiftly and effectively, cases that traditionally account for the volume of health-related litigation.

In contrast, the lowest efficiency rates were observed in cases involving transfers (13.2%), medications (49.5%), out-of-home treatment (TFD) (75%), and other requests (63.70%).

With regard to transfers, the low resolution rate may be associated with structural and organizational factors inherent to the healthcare system, particularly concerning the availability of hospital beds and the complexity of care referral processes. Transfers, as a rule, depend on the availability of beds in higher-complexity facilities — ly located in other municipalities or regions — which makes the process contingent on the network's installed capacity and hospital occupancy patterns[21].

Furthermore, more serious clinical situations require rapid responses, which are not always possible given the high demand for specialized beds. Added to this is the need for coordination among

different federal entities and levels of management, which can prolong the time required for administrative resolution[22].

On the other hand, regarding requests related to medications, it was found that, although 197 requests were classified as "resolved" - that is, forwarded to the SUS administrative process - there were 201 requests classified as "unresolved," resulting in a resolution rate of approximately 49,50%.

The figure of only 49.50% for the resolution rate of claims involving medications highlights that access to these supplies remains a significant point of tension in the administrative management of healthcare claims, insofar as a significant portion of cases is not absorbed by the administrative process and is instead directed toward litigation.

In this context, legal claims for medications represent one of the main challenges for the SUS, both due to the disregard for its foundational principles — especially the principle of equity — and because of the impacts on planning and management. Thus, compliance with court decisions often interferes with the organization of services and necessitates a reorientation of the system's priorities[16]

This limitation may be related to various factors, among which the high cost of certain drugs, the absence of some items from the SUS's standardized lists, and administrative barriers to procurement and dispensing stand out[5].

Added to this context is the recent consolidation of legal precedents established by the Federal Supreme Court, particularly under Theme No. 1234, which established stricter criteria for the provision of non-standardized medications, requiring detailed technical justification, proof of the patient's financial inability to pay, and an analysis of the availability of therapeutic alternatives within the SUS[23].

Although these requirements contribute to greater legal certainty and rationality in the incorporation of health technologies, they may also increase the complexity of administrative processes, directly impacting resolution rates in the extrajudicial sphere[24].

Nevertheless, despite the identified challenges — particularly in categories historically more associated with litigation — the overall results demonstrate that the CRDS-PA is able to handle and resolve a significant portion of these cases, which reinforces its relevance even in highly complex situations.

The main strength observed in the CRDS-PA, therefore, was the high rate of agreements reached and the effective coordination among the various stakeholders involved. This conclusion was also noted by Marqueto, Abreu, and Ventura[25] in their analysis of the Permanent District Chamber of Health Mediation in the Federal District, demonstrating that the effectiveness of extrajudicial conflict resolution practices in the health sector is directly related to the cooperative and convergent actions of the participants, aimed at realizing the social right to health and meeting users' needs.

Final Considerations

Based on the research conducted, it was found that the CRDS-PA contributes to the streamlining of health-related claims by promoting faster, more technical, and better-coordinated administrative solutions, thereby reducing the unnecessary filing of lawsuits and strengthening interinstitutional cooperation.

The results indicate that the CRDS-PA's activities promote significant advances in the realm of democratic governance, insofar as they foster dialogue among the various actors involved in the

formulation and implementation of public health policies and enable decisions that are more aligned with the guidelines of the SUS.

From this perspective, it is evident that the CRDS-PA's work is not limited to resolving individual conflicts but serves as a public management tool capable of identifying bottlenecks in healthcare delivery, guiding state planning, and promoting greater rationality in resource allocation. It is a mechanism that enables the realization of the fundamental right to health in the administrative sphere, without the need for intervention by the Judiciary.

The CRDS-PA has established itself as a tool for strengthening democratic governance in public health policies by promoting dialogue among administrators, professionals, and citizens. This role highlights the importance of governance as a central element in building a health system capable of effectively responding to the population's needs, especially in contexts of budgetary constraints and increasing administrative complexity.

Furthermore, the structuring of this administrative framework directly contributes to ensuring full and facilitated access to health services by reducing bureaucratic barriers and providing swifter responses to the population's needs. The administrative resolution of the majority of cases demonstrates that the CRDS-PA serves as an efficient strategy for organizing the healthcare network and improving public management, thereby minimizing litigation and promoting greater efficiency in the allocation of public resources.

Thus, the data indicate that the CRDS-PA contributes to the administrative resolution of claims and to a reduction in the number of cases brought before the judiciary, without compromising the effectiveness of the right to health.

However, although the CRDS-PA appears to be a promising tool for reducing litigation, its consolidation as an effective extrajudicial alternative depends on institutional strengthening, the continuous improvement of its operational processes, and the adoption of practices that ensure technical and transparent decisions. Overcoming these challenges is an indispensable condition for such mechanisms to achieve a structural impact on the management of health-related claims, thereby avoiding ad hoc or merely palliative solutions.

From this perspective, it is essential to develop solutions through a participatory process, taking into account the different perspectives and interests of the agencies and institutions involved in health-related litigation, as well as those of SUS users.

Finally, the study points to the need for future research that deepens the empirical analysis of the long-term outcomes of the Health Claims Chambers, as well as examines their replicability in other states and institutional contexts. Expanded comparative studies and quantitative impact assessments can contribute to the improvement of these mechanisms and to the development of increasingly efficient, democratic, and sustainable extrajudicial models for the realization of the fundamental right to health.

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A.C.V.G. Santos: conception/design of the article, critical review of its content, and approval of the final version of the article.
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