

## Judicialization of the right to health with a focus on neglected tropical diseases: dimensions and challenges in Piauí State, Northeastern Brazil, 2000–2020

Nayla Rochele Nogueira de Andrade (<https://orcid.org/0000-0002-1909-7282>)<sup>1</sup>  
 Carlos Francisco Oliveira Nunes (<https://orcid.org/0000-0003-2827-898X>)<sup>2</sup>  
 Anderson Fuentes Ferreira (<https://orcid.org/0000-0002-1816-9459>)<sup>1</sup>  
 Carmem E. Leitão Araújo (<https://orcid.org/0000-0003-4322-8390>)<sup>1,3</sup>  
 Felipe Braga Albuquerque (<https://orcid.org/0000-0002-7192-8186>)<sup>4</sup>  
 José Alexandre Menezes da Silva (<https://orcid.org/0000-0003-4603-978X>)<sup>5</sup>  
 Francisco José de Araújo Filho (<https://orcid.org/0000-0002-4203-7720>)<sup>1</sup>  
 Patrícia de Sá Freire (<https://orcid.org/0000-0002-9259-682X>)<sup>2</sup>  
 Alberto Novaes Ramos Jr. (<https://orcid.org/0000-0001-7982-1757>)<sup>1,3</sup>

**Abstract** *This article aims to analyse the magnitude and profile of legal demands for public health goods and services, also verifying the presence of legal demands for neglected tropical diseases (NTDs) in the State of Piauí between 2000-2020. Cross-sectional descriptive study based on the databases of the Court of Justice of Piauí on lawsuits demanding from the Direct Public Administration, goods and health services. A total of 6,658 lawsuits were initially identified. After eligibility analysis, 1,384 cases (20.8%) were analysed, with an increase in demand from 2017. We highlight the characteristics: origin in the capital Teresina (614; 44.4%), 40 to 59 years of age (372; 26.9%), female (761; 55.0%), farmers (123; 8.9%), public legal assistance (1,063; 76.8%), upheld (594; 42.9%). Five (5; 0.4%) lawsuits for NTDs, one visceral leishmaniasis requesting transportation, with granting, four for leprosy (two medicines, one granted, other extinguished without resolution of the merit, one consultation and one exam granted). The judicialization of the right to health is expressive and growing in the State of Piauí. The low demand related to NTDs may translate into limited access not only to health care, but also to the judiciary.*

**Key words** *Judicialization of health, Neglected diseases, Public health policies*

<sup>1</sup> Programa de Pós-Graduação em Saúde Pública, Faculdade de Medicina, Universidade Federal do Ceará. R. Professor Costa Mendes 1.608, Bloco Didático, 5º andar. 60.430-140 Fortaleza CE Brasil. [naylarochele93@gmail.com](mailto:naylarochele93@gmail.com)

<sup>2</sup> Programa de Pós-Graduação em Engenharia e Gestão do Conhecimento, Universidade Federal de Santa Catarina. Florianópolis SC Brasil.

<sup>3</sup> Departamento de Saúde Comunitária, Faculdade de Medicina, Universidade Federal do Ceará. Fortaleza CE Brasil.

<sup>4</sup> Programa de Pós-Graduação em Direito, Faculdade de Direito, Universidade Federal do Ceará. Fortaleza CE Brasil.

<sup>5</sup> Organização NHR Brasil – Nederlandse Stichting Voor Leprabestrijding, Fortaleza CE Brasil.

## Introduction

The right to health is duly provided for in the Brazilian Federal Constitution (FC), ratified in 1988, as a duty of the State by means of public social and economic policies, translated into integral, equal, and egalitarian actions, seeking a reduction in risks and grievances concerning the promotion of health, protection, and recovery<sup>1,2</sup>. Since the mid-1990s, when society demanded, through the courts, antiretroviral medicines to combat HIV/AIDS infections<sup>3</sup>, the Brazilian court system began to receive a growing number of lawsuits against the Federal, State, and Local governments, calling for health goods and services to be provided by the State. In the period from 2008-2017 alone, a 103% increase in lawsuits were registered in Brazil<sup>4</sup>.

This fact indicates that society has called upon the Judiciary Branch to uphold citizens' right to health, a phenomenon called "Judicialization of the right to public health"<sup>5</sup>, which, in this work, is conceived from a political-judicial perspective. It treats a multifaceted process, stemming from various causes. It exposes the limitations of the State's capacity, prompting the search for more effective solutions<sup>6,7</sup>. It is a peculiar phenomenon that has emerged, in a unique manner, depending on the social characteristics of the territory in question, to such an extent that the generalization of concepts and affirmations is not allowed in a nationwide scenario<sup>8,9</sup>. It has become a key issue of heated debates among the judicial and executive branches, Brazilian Unified Health System (SUS) managers, Legal Science and Social Science researchers, and, above all, those from the collective health field<sup>4,6,7,10-12</sup>.

There are a number of interpretations concerning the judicialization of health. It is possible for it to emerge as an instrument that contributes to harmonizing and pacifying situations in which the public system behaves as if it were absent and/or flawed in the execution of public service actions<sup>5</sup>. At the same time, it can also be interpreted as pressure for the drafting and implementation of effective and sustainable policies and programs<sup>13,14</sup>. From another point of view, the significant rise in lawsuits concerning public health can be understood as interference and activism of the judicial system due to the political system, which can be seen as prejudicial to the State's governance, as it entails unforeseen and high expenses. In another scenario, studies have shown that the majority of lawsuits seek high-cost medicines, which are filed individually in

the interests of the elite population, infringing upon the principles of SUS and contributing to growing social inequality<sup>15-17</sup>.

In terms of the divergences regarding the value of the judicialization of health, it is evident that it arises as a phenomenon that causes concern since, at the same time that the number of lawsuits against public authorities is on the rise, controversies about their consequences are burgeoning as well<sup>10,13</sup>.

Although the judicialization of health is present throughout Brazil, it is more common in the Southern and Southeastern regions of the country<sup>11,16</sup>. This fact could possibly explain the limited number of nationwide studies that apply quantitative, qualitative, or mixed approaches<sup>4,10,18</sup>.

An analysis of the type of request in lawsuits shows that the majority of judicial proceedings concerning health are geared toward a petition for high-cost medicines<sup>15,16</sup>, which calls attention in a country that is endemic for many Neglected Tropical Diseases (NTDs), with fairly inexpensive treatments<sup>18</sup>. The NTDs are defined as a diverse group of 20 infectious diseases that include diseases caused by protozoa, helminths, bacteria, viruses, fungi, parasites, and accidents with poisonous snakes<sup>19</sup>, and affect nearly one billion people worldwide in contexts of social inequality and poverty<sup>20</sup>. These diseases are spread in environments in which there is a precarious sanitary infrastructure, housing, and diet, compounded by difficulties in access to healthcare systems. The major prevalence is observed in 149 countries, mainly those with tropical and subtropical climates, concentrated in Africa, Asia, and the Americas<sup>21</sup>.

In Brazil, the Northeastern region is one of the most endemic<sup>22</sup>, with the state of Piauí being representative of this situation<sup>23,24</sup>, with a high mortality rate related to NTDs, especially due to Chagas disease and leprosy<sup>23</sup> in more vulnerable groups concentrated in the countryside<sup>24</sup>.

The judicialization of the right to health is a rarely explored theme in Piauí. Despite the initiatives on the part of the National Council of Justice (CNJ, in Portuguese)<sup>4,9</sup>, there are still no data on the magnitude of the phenomenon, nor on the procedural singularities or the elements that characterize the state's most litigated lawsuits<sup>6,10</sup>. Moreover, there is no known judicialization with petitions for medicines and other care geared toward health care for NTDs.

Therefore, the present study aims to analyze the magnitude and profile of the legal demands for public health goods and services in general,



State of Piauí, Act No. 3,716/1979, available in the TJPI website, where more than 56 districts were found, which, in most cases, serve more than one municipality<sup>26</sup>.

### Study design

This work was a cross-sectional, descriptive study, analyzing the time period from 2000-2020. The unit of analysis was based on general court proceedings and writs of mandamus originating from the trial and appellate courts, demanding health goods and services, with an additional claim referent to NTDs (data obtained from court case descriptions). This study considered lawsuits filed against the municipality of Piauí, state of Piauí, and the federal government, together or separately, collected from the TJPI databases.

### Study stages

This study was structured in two distinct and successive stages. The first referred to the construction of the research database. The second referred to the analysis and interpretation of information for the creation of new knowledge.

The first stage took place through the filling out of the form itself on the TJPI website, through which, based on the Information Access Act (LAI, in Portuguese) (12.527/2011), the docketing of the lawsuits indexed as “*public health demands*” was requested. The TJPI answered in a favorable manner to the study. The research team had access to the databank containing the docket numbers of the public health lawsuits, the name of the system through which they could be accessed, the procedural class, and the subject of the lawsuit.

In possession of the aforementioned databank with the procedural numbers, the second stage consisted of an individualized search performed in the TJPI database systems, called PJE1G and PJE2G. A specific electronic form was created for data collection, through which a spreadsheet was generated. This study included all of the court proceedings found in the PJE1G, which treat the judicialization of public health, in addition to the writs of mandamus originating from the trial and appellate courts (Figure 1[B]).

Exclusion criteria were: 1) demands under legal confidentiality; 2) appeals filed in the appellate courts found in the eTJPI and THEMISWEBRECURSAL databases and lawsuits from the THEMISWEB database (difficult access); 3) hard copies of the lawsuits, partially digitalized,

with access limitations to variables; 4) lawsuits in the appellate courts from the PJE2G database that were not writs of mandamus; 5) lawsuits that did not have the direct public administration listed as defendants; 6) lawsuits that, for some other reason, could not be accessed; 7) procedural *lis pendens*; and 8) demands that did not treat the judicialization of the right to public health.

The study variables were selected based on the reference, “Manual of Evaluation and Surveillance Indicators of the Legal Demands for Medicines”<sup>27</sup>, classified in: 1) Legal – jurisdictional unit, distribution date of lawsuit, type of case, motion for a waiver of legal fees, motion for injunction, summary judgment, interlocutory relief, *inaudita altera pars*, name of the medical professional, prior administrative proceeding, defendant, presence of alternative medical prescription in the answer, presence of non-medical report in the answer, grant of waiver of legal fees, appointment of legal expert, judgment in the trial court, plaintiff’s appeal, defendant’s appeal, estimate of service costs, initial value, presence of technical support report to the Magistrate or Judiciary; 2) sociodemographic – sex, marital status, age, profession, income, education, location of residence; 3) medical-sanitary: pathology, International Classification of Diseases (ICD) 10, drug, medical-hospital treatment, name of the drug manufacturer, approval from the National Health Surveillance Agency (ANVISA, in Portuguese), presence in the National List of Essential Medicines (RENAME, in Portuguese), severity of the pathology, time of use, country of origin of the requested good, cataloguing of the procedure in the SUS Procedure Table, especially from the prescriber, origin of the prescription, presence of the medical prescription in the initial petition, and presence of the non-medical technical report in the initial petition.

During the review of the lawsuits, the location of those cases that treated demands due to NTDs was included. The data were organized in databanks with a descriptive analysis based on Yesple and relative frequencies. The Fisher exact test was used in the relative analysis of differences between groups, given that the number of observations was less than or equal to five, considering a statistical significance value of  $p < 0.05$ .

### Data collection in legal systems

This study used the PJE1G database, as it is a system focused on trial court cases and contains the main research interest variables. It is also easy

to use by Yesply registering an active Brazilian Bar Association (OAB, in Portuguese) number in the system.

However, some lawsuits provided by the TJPI, which were only accessible through the PJE1G, were only available through the *Portal do Advogado do Piauí (Website of the Lawyers of the State of Piauí)*, a tool used by lawyers to access information on cases to which they are connected, as well as other lawsuits that are not filed under seal by the trial and appellate courts of Piauí (<https://www.tjpi.jus.br/portadadvogado/publico/faq>).

This study sought to access lawsuits found in the THEMISWEB and THEMISWEBBJECC databases; however, the searches did not return information that was pertinent to the study variables. Data collection for this study therefore required access to the entire file.

The cases separated by the eTJPI database were referent to appeals from the appellate court generated by means of the consequences resulting from trial court decisions. In this light, the research interest variables could be found in the lower court lawsuits.

In the PJE2 database, appellate court appeals were also identified; however, this path also made it possible to access writs of mandamus from the original proceedings, which are analyzed in this study (Figure 1[B]).

### Study limitations

The limitations are related to the databases used in this study, which were constructed based on the operational needs of the field of law, which hindered the treatment of data for scientific research. Another potential limitation was the non-use of appellate court cases that could provide information on possible reforms in lower court decisions. Nevertheless, the non-use of data from appellate courts has a minimal impact, given that the study variables were met with data from lower court cases.

### Ethical aspects

This study was submitted to the Research Ethics Committee of Universidade Federal do Ceará (CEP/UFC/PROPESQ, in Portuguese) and was deemed exempt as it *treated a study that uses information of public access as set forth in Act 12,527, from November 18, 2011*. The data were used exclusively in this study, taking special care to preserve the anonymity of the parties of the lawsuits.

## Results

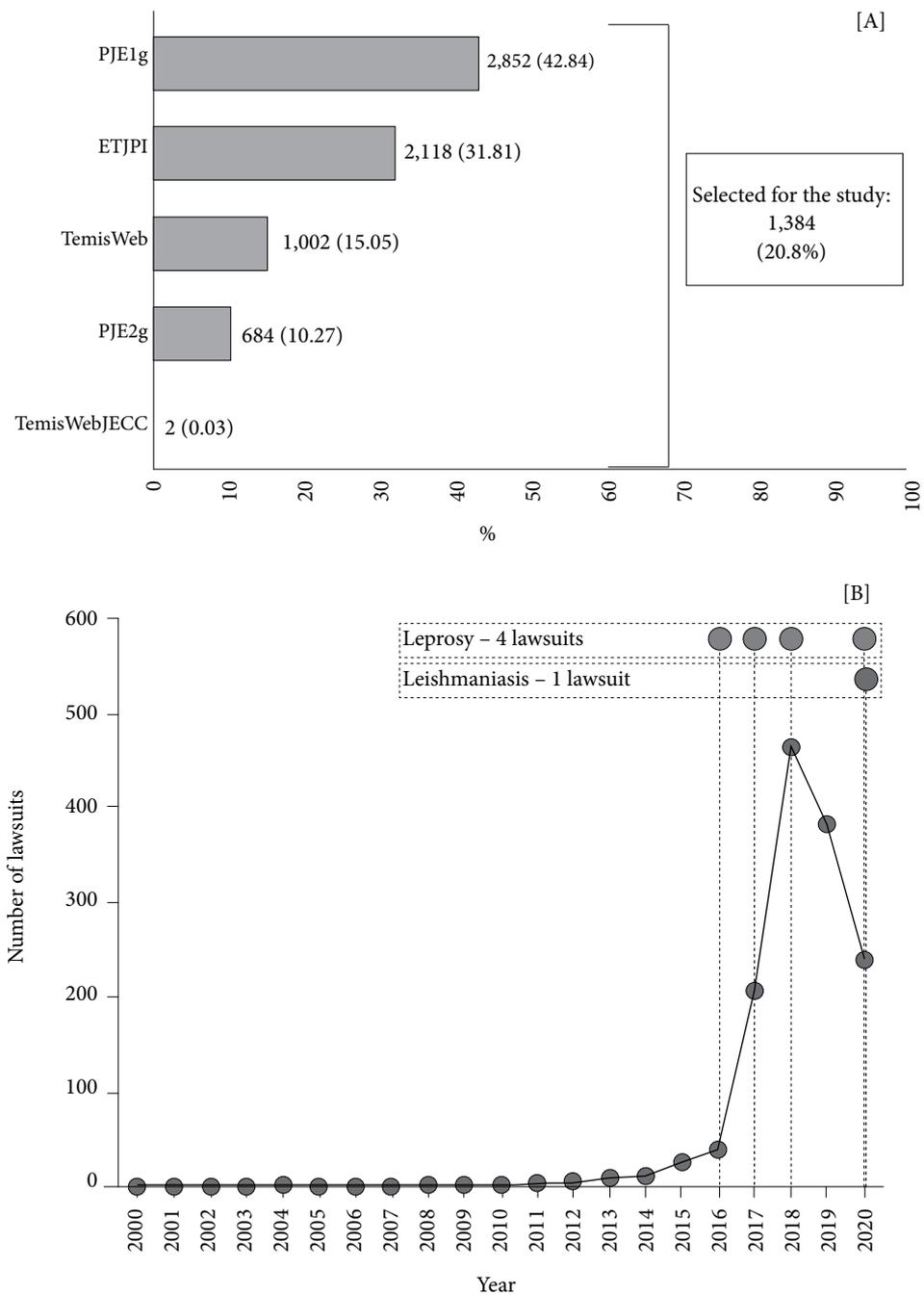
### Formulation of the database for analysis

After primary treatment, the database consisted of 4,982 health lawsuits, provided by means of a spreadsheet and qualified according to: "Name of the system: PJE1G, PJE2, THEMISWEB, ETJPI, THEMISWEBBJECC, procedural class, and subject". The docket numbers of the cases were initially provided for the period from September to January 2000. Later, it was decided to integrate the full proceedings referent to the entire years of both 2019 and 2020, after a formal request made to the TJPI, generating an additional 1,676 cases. In all, the TJPI sent a total of 6,658 lawsuits for the period from 2000 to 2020, classified as health demands before the government (Figure 2[A]).

Of the total of 6,658 lawsuits, 626 (9.4%) were discarded due to duplication, leaving 6,032 (90.5%) without repetitions. The lawsuits found in the PJE1G database and writs of mandamus from the trial and appellate courts (those from the appellate courts originally found in the PJE2G database) were analyzed, totaling 2,910 (48.2%), which were submitted to analysis regarding their adherence to the inclusion and exclusion criteria. Finally, a total of 1,384 (47.6%) lawsuits that met the goals of the study analysis were included and collected in full from the PJE1G and PJE2G databases (writs of mandamus) (Figure 2[A]).

### Temporal standards of the judicialization of the right to health in Piauí

Of the 1,384 catalogued lawsuits, from 2000-2003, none was related to the judicialization of health. The first lawsuit was registered in 2004, but the following period (2005-2008) showed no recorded cases on the subject. As of 2009, there is consistent evidence of lawsuits every year, expanding significantly as of 2017. In 2019, the number of lawsuits reached 382, and in 2020, during the COVID-19 pandemic, it reached a total of 240. The period of 2017-2020 represents an increase of 1,320% as compared to 2000-2016. Of the NTD lawsuits found in relation to lawsuits concerning leprosy, 1 was from 2016, 1 from 2017, 1 from 2018, and another from 2020. By contrast, the lawsuit referent to Leishmaniasis was registered in 2020 (Figure 2[B]).



**Figure 2.** [A] Total number of health lawsuits per database and lawsuits selected for the study. [B] Number of lawsuits selected for the study per year, Piauí, Northeast of Brazil, 2000 to 2020.

Source: Authors.

### Sociodemographic profile of legal health demands

The district of Teresina presented 614 (44.4%) lawsuits, followed by the district of the city of

Parnaíba (159; 11.5%). The cases found referent to NTD demands included only four demands referent to leprosy, identified in the districts of the capital city of Teresina (two lawsuits), Floriano (one lawsuit), and Piri-piri (one lawsuit). The

profile of these demands came from: men (four), farmers (two), income between one half and one minimum salary (three), petition for medicine (two) (considering that one of the medicines was thalidomide, used for the treatment of reactions in leprosy), doctor's appointment (one), and complementary exam (one). There was only one demand for Visceral Leishmaniasis, requested by a male resident of Bom Jesus do Piauí, single, aged 0-15 years, represented by a public attorney, and with a request for transportation for treatment in Teresina (tables 1, 2 and 3).

Overall, the plaintiffs in most of the cases were women (761; 55.0%), with the largest number of lawsuits being filed by individuals who listed their marital status as "single" (551; 39.8%). Lawsuits in which minors were represented totaled 270 (19.5%). There was a predominance in the age group of 40 to 59 years (372; 26.9%), with an income between 0.5 and 1 (one) minimum salary (313; 22.6%). The majority of lawsuits did not list the plaintiff's profession (360; 26.0%) (Table 2). Among those registered, 154 were retired (11.1%).

### Legal profile of the judicial health demands

The PJE1G represented the database with the largest number of lawsuits filed (1,255; 90.7%). The legal nature of the plaintiff was predominantly an "individual" (1,327; 95.9%). Most of the plaintiff's legal representation was through public attorneys (free) (1,063; 76.8%). It was also found that in 1,265 (91.4%) of the lawsuits, legal fees were waived for the plaintiffs. In 1,018 cases (73.6%), the plaintiffs' motions for injunctive relief were granted, in 968 (69.9%), *inaudita altera pars*, without hearing the other party (Table 2).

The majority of demands were first requested administratively (1,164; 84.1%). In the role of defendant, the state of Piauí was the sole party in 696 (50.3%) lawsuits. In most of the cases, there were no alternative limitations of actions in the answer (960; 69.4%). The judgment of the case was favorable in 594 (42.9%) lawsuits, followed by dismissal of the case with no resolution of merit/case withdrawal (318; 23.0%). This final category included cases in which the plaintiff died.

**Table 1.** Distribution per judiciary unit of the lawsuits for the judicialization of the right to health from 2000 to 2020.

| Judiciary unit                            | General      |              | NTD      |            |
|---|--------------|--------------|----------|------------|
|   | N            | %            | N        | %          |
| <b>Total</b>                              | <b>1,384</b> | <b>100.0</b> | <b>5</b> | <b>0.4</b> |
| Judiciary Unit                            |              |              |          |            |
| District of Teresina Piauí                | 614          | 44,4         | 2        | 40,0       |
| District of Parnaíba Piauí                | 159          | 11,5         | 0        | 0,0        |
| Tribunal of Justice of the State of Piauí | 112          | 8,1          | 0        | 0,0        |
| District of Piri-piri Piauí               | 72           | 5,2          | 1        | 20,0       |
| District of Floriano Piauí                | 49           | 3,5          | 1        | 20,0       |
| District of Valença do Piauí              | 43           | 3,1          | 0        | 0,0        |
| District of Picos Piauí                   | 27           | 2,0          | 0        | 0,0        |
| District of Oeiras Piauí                  | 25           | 1,8          | 0        | 0,0        |
| District of Bom Jesus Piauí               | 23           | 1,7          | 1        | 20,0       |
| District of Esperantina Piauí             | 23           | 1,7          | 0        | 0,0        |
| District of Água Branca Piauí             | 17           | 1,2          | 0        | 0,0        |
| District of São Raimundo Nonato Piauí     | 16           | 1,2          | 0        | 0,0        |
| District of Altos Piauí                   | 14           | 1,0          | 0        | 0,0        |
| District of Barras Piauí                  | 13           | 0,9          | 0        | 0,0        |
| District of Campo Maior Piauí             | 11           | 0,8          | 0        | 0,0        |
| District of União Piauí                   | 10           | 0,7          | 0        | 0,0        |
| District of Luis Correia Piauí            | 9            | 0,7          | 0        | 0,0        |
| District of Buriti dos Lopes Piauí        | 8            | 0,6          | 0        | 0,0        |
| District of Paulistana Piauí              | 8            | 0,6          | 0        | 0,0        |
| District of Regeneração Piauí             | 8            | 0,6          | 0        | 0,0        |
| Other judiciary units *                   | 95           | 6,9          | 0        | 0,0        |

\*Joins information from 30 judiciary units of the State of Piauí.

**Table 2.** Socioeconomic and legal characterization of the lawsuits of the judicialization of health. Piauí, Brasil. 2000-2020.

| Variables                                   | Geral |      | DTN |       | Valor de p |
|---|-------|------|-----|-------|------------|
|   | N     | %    | N   | %     |            |
| <b>Socioeconomic</b>                        |       |      |     |       |            |
| Sex   |       |      |     |       |            |
| Male  | 566   | 40.9 | 5   | 100.0 | 0.014      |
| Female                                      | 761   | 55.0 | 0   | 0.0   |            |
| Marital status of the Plaintiff             |       |      |     |       |            |
| Not provided                                | 169   | 12.2 | 1   | 20.0  | 0.214      |
| Single                                      | 551   | 39.8 | 3   | 60.0  |            |
| Married                                     | 433   | 31.3 | 0   | 0.0   |            |
| Stable Union                                | 51    | 3.7  | 0   | 0.0   |            |
| Divorced                                    | 39    | 2.8  | 1   | 20.0  |            |
| Widow(er)                                   | 84    | 6.1  | 0   | 0.0   |            |
| Not applicable (When referent to a company) | 57    | 4.1  | 0   | 0.0   |            |
| Age range of the plaintiff (in years)       |       |      |     |       |            |
| 0-15  | 270   | 19.5 | 1   | 20.0  | 0.951      |
| 16-17                                       | 17    | 1.2  | 0   | 0.0   |            |
| 18-39                                       | 326   | 23.6 | 1   | 20.0  |            |
| 40-59                                       | 372   | 26.9 | 1   | 20.0  |            |
| ≥ 60  | 337   | 24.3 | 2   | 40.0  |            |
| Not applicable (When referent to a company) | 57    | 4.1  | 0   | 0.0   |            |
| Plaintiff's income                          |       |      |     |       |            |
| UP to one half salary                       | 63    | 4.6  | 0   | 0.0   | 0.823      |
| Between one half and one salary             | 313   | 22.6 | 2   | 40.0  |            |
| Between one and two salaries                | 152   | 11.0 | 0   | 0.0   |            |
| Between two and three salaries              | 39    | 2.8  | 0   | 0.0   |            |
| Between three and five salaries             | 6     | 0.4  | 0   | 0.0   |            |
| Above five salaries                         | 4     | 0.3  | 0   | 0.0   |            |
| Not informed                                | 548   | 39.6 | 3   | 60.0  |            |
| No income                                   | 2     | 0.1  | 0   | 0.0   |            |
| Not applicable (When referent to a company) | 256   | 18.5 | 0   | 0.0   |            |
| <b>Legal</b>                                |       |      |     |       |            |
| Database                                    |       |      |     |       |            |
| PJE1G                                       | 1.255 | 90.7 | 5   | 100.0 | 0.396      |
| PJE2  | 118   | 8.5  | 0   | 0.0   |            |
| Lawyer's website                            | 5     | 0.4  | 0   | 0.0   |            |
| Lawyer's website/ PJE1G                     | 6     | 0.4  | 0   | 0.0   |            |
| Legal nature (claimant of the lawsuit)      |       |      |     |       |            |
| Company                                     | 57    | 4.1  | 0   | 0.0   | 0.810      |
| Individual                                  | 1.327 | 95.9 | 5   | 100.0 |            |

it continues

It was found that the defendants chose not to appeal in 839 (60.6%) cases, which supports the affirmation that the majority of demands were judged in favor of the plaintiff in the lower court, but this does not necessarily mean compliance with the sentence and that other types of appeals were not proposed. In 871 (62,9%) lawsuits, there

was the presence of a *Natjus* report, the agency responsible for providing assistance to the judges so that judicial health decisions are reached based in scientific evidence and not merely on the narrative presented by the citizen who found him/herself between life and death (Table 2).

**Table 2.** Socioeconomic and legal characterization of the lawsuits of the judicialization of health, Piauí, Brasil, 2000-2020.

| Variables   | Geral |      | DTN |       | Valor de p |
|---|-------|------|-----|-------|------------|
|   | N     | %    | N   | %     |            |
| Type of lawsuit   |       |      |     |       |            |
| Knowledge   | 897   | 64.8 | 3   | 60.0  | 0.592      |
| Precautionary action  | 5     | 0.4  | 0   | 0.0   |            |
| Civil writ of mandamus  | 353   | 25.5 | 1   | 20.0  |            |
| Collective writ of mandamus   | 1     | 0.1  | 0   | 0.0   |            |
| Public civil lawsuit  | 120   | 8.7  | 1   | 20.0  |            |
| Citizen lawsuit   | 4     | 0.3  | 0   | 0.0   |            |
| Motion for the waiver of legal fees   |       |      |     |       |            |
| No  | 7     | 0.5  | 0   | 0.0   | 0.975      |
| Yes   | 1.356 | 98.0 | 5   | 100.0 |            |
| Sponsorship: public x private attorney  |       |      |     |       |            |
| Public  | 1.063 | 76.8 | 5   | 100.0 | 0.596      |
| Private   | 321   | 23.2 | 0   | 0.0   |            |
| Motion for injunction, summary judgment, or interlocutory relief              |       |      |     |       |            |
| No  | 4     | 0.3  | 0   | 0.0   | 0.986      |
| Yes   | 1.372 | 99.1 | 5   | 100.0 |            |
| If yes: motion for injunction, summary judgment, or interlocutory relief      |       |      |     |       |            |
| Conceded  | 1.018 | 73.6 | 4   | 80.0  | 0.724      |
| Denied  | 189   | 13.7 | 1   | 20.0  |            |
| Pending   | 109   | 7.9  | 0   | 0.0   |            |
| If conceded, it was an "inaudita altera pars"                                 |       |      |     |       |            |
| No  | 55    | 4.0  | -   | -     | 0.801      |
| Yes   | 968   | 69.9 | 4   | 80.0  |            |
| Prior administrative lawsuit  |       |      |     |       |            |
| No  | 124   | 9.0  | 0   | 0.0   | 0.602      |
| Yes   | 1.164 | 84.1 | 5   | 100.0 |            |
| Defendant   |       |      |     |       |            |
| Individual  | 21    | 1.5  | 0   | 0.0   | 0.498      |
| State   | 696   | 50.3 | 2   | 40.0  |            |
| Municipality  | 484   | 35.0 | 3   | 60.0  |            |
| Federal and State Governments   | 1     | 0.1  | 0   | 0.0   |            |
| Federal and Municipal Governments   | 1     | 0.1  | 0   | 0.0   |            |
| State and Municipal Governments   | 171   | 12.4 | 0   | 0.0   |            |
| Federal, State, and Municipal Governments                                     | 5     | 0.4  | 0   | 0.0   |            |
| Presence of alternative medical prescription in the answer                    |       |      |     |       |            |
| No  | 960   | 69.4 | 3   | 60.0  | 1.000      |
| Yes   | 16    | 1.2  | 0   | 0.0   |            |
| No answer   | 298   | 21.5 | 1   | 20.0  |            |
| Presence of non-medical technical report in the answer (pharmaceutical, etc.) |       |      |     |       |            |
| No  | 971   | 70.2 | 3   | 60.0  | 1.000      |
| Yes   | 11    | 0.8  | 0   | 0.0   |            |
| No answer   | 302   | 21.8 | 1   | 20.0  |            |
| Approval of motion for waiver of legal fees                                   |       |      |     |       |            |
| No  | 14    | 1.0  | 0   | 0.0   | 0.946      |
| Yes   | 1.265 | 91.4 | 5   | 100.0 |            |

it continues

**Table 2.** Socioeconomic and legal characterization of the lawsuits of the judicialization of health, Piauí, Brasil, 2000-2020.

| Variables   | Geral |      | DTN |       | Valor de p |
|---|-------|------|-----|-------|------------|
|   | N     | %    | N   | %     |            |
| Appointment of legal expert   |       |      |     |       |            |
| No  | 1.174 | 84.8 | 3   | 60.0  | 0.882      |
| Yes   | 50    | 3.6  | 0   | 0.0   |            |
| Judgment in the trial court   |       |      |     |       |            |
| Pending   | 394   | 28.5 | 1   | 20.0  | 0.783      |
| Favorable   | 594   | 42.9 | 2   | 40.0  |            |
| Partially favorable   | 9     | 0.7  | 0   | 0.0   |            |
| Unfavorable without Judgment of Merit   | 14    | 1.0  | 0   | 0.0   |            |
| Unfavorable with Judgment of Merit  | 32    | 2.3  | 0   | 0.0   |            |
| Dismissal of the case with resolution of merit/case withdrawal                            | 10    | 0.7  | 0   | 0.0   |            |
| Dismissal of the case without resolution of merit/case withdrawal                         | 318   | 23.0 | 2   | 40.0  |            |
| Appeal by Plaintiff   |       |      |     |       |            |
| No  | 1.024 | 74.0 | 2   | 40.0  | 0.971      |
| Yes   | 15    | 1.1  | 0   | 0.0   |            |
| Appeal by Defendant   |       |      |     |       |            |
| No  | 839   | 60.6 | 2   | 40.0  | 0.637      |
| Yes   | 212   | 15.3 | 0   | 0.0   |            |
| Presence of report from the technical support expert to the Magistrate or judge for cases |       |      |     |       |            |
| No  | 510   | 36.8 | 0   | 0.0   | 0.099      |
| Yes   | 871   | 62.9 | 5   | 100.0 |            |

Source: Authors.

### Medical-sanitary profile of the judicial health demands

The highest demand in Piauí was for medicine (571; 41.3%). A total of 921 medicines were requested, representing 402 different items. The majority of the plaintiffs requested more than one medicine. The most commonly requested medicine was Enoxaparin sodium (Clexane, Versa), included in 49 (5.32%) cases, which is an anticoagulant that is commonly used to treat various diseases and that was not included in the PCDT or in RENAME. Nevertheless, the partnership, No. 1952/2016, between TJPI and SESAPI, was confirmed in order to include the state voluntary dispensation agreement. Despite the partnership, the medicine continued to be judicialized due to the lack of supply at SUS.

Another medicine that stood out in the requests was cannabidiol (12; 1.30%), a derivative of *Cannabis*, which is still illegal in Brazil, making its use possible through judicialization.

The demanded items were granted by SUS in 847 (61.2%) cases. The prescription was based on

the Clinical Protocols and Therapeutic Guidelines (PCDT) in 885 (63.9%) lawsuits, with the presence of a medical prescription (1,199; 86.6%), largely coming from the public health sector – 851 (61.5%). The technical support report to the judiciary emitted by *Natjus* was favorable in most of the cases (629; 45.4%) (Table 3).

Most of the plaintiffs alleged “risk to life”, “serious lesion”, or “sequela” (1.172; 84,7%) as a justification. A major part of the procedures (surgeries and others) were catalogued in the SUS Table (633; 45.7%) (Table 3). Most of the demands were referent to high-cost goods (454; 32.8%). What stands out is that this percentage was calculated using the plaintiff’s affirmation in the proceedings as a criterion and not the governmental reference tables characterized by the costs of medicines and procedures. It is important to note that the demands presented concern goods that have mostly been approved by ANVISA (566; 40.9%), but that did not appear in the official public list (444; 32.1%) and those that required prolonged use (568; 41.0%) (Table 3).

**Table 3.** Medical-sanitary lawsuits of the judicialization of health, Piauí, Brazil, 2000-2020.

| Variables  | General |      | NTD |       | p-value |
|--|---------|------|-----|-------|---------|
|  | N       | %    | N   | %     |         |
| <b>Medical-sanitary</b>  |         |      |     |       |         |
| Type of good or service requested  |         |      |     |       |         |
| Medicines  | 571     | 41.3 | 2   | 40.0  | 0.597   |
| Complementary exams  | 55      | 4.0  | 1   | 20.0  |         |
| Surgery  | 114     | 8.2  | 0   | 0.0   |         |
| Hospital beds  | 199     | 14.4 | 1   | 20.0  |         |
| Psychological procedure  | 98      | 7.1  | 0   | 0.0   |         |
| Food   | 90      | 6.5  | 0   | 0.0   |         |
| Other  | 257     | 18.6 | 1   | 20.0  |         |
| Conceded by SUS  |         |      |     |       |         |
| No   | 496     | 35.8 | 1   | 20.0  | 0.660   |
| Yes  | 847     | 61.2 | 4   | 80.0  |         |
| Risk of life, severe lesion, or sequela  |         |      |     |       |         |
| No   | 51      | 3.7  | 0   | 0.0   | 1.000   |
| Yes  | 1,172   | 84.7 | 4   | 80.0  |         |
| If it is a medical procedure, is it catalogued in the SUS medical procedures table                                       |         |      |     |       |         |
| No   | 38      | 2.7  | 0   | 0.0   | 0.839   |
| Yes  | 633     | 45.7 | 3   | 60.0  |         |
| The prescription is based on a clinical protocol and therapeutic guidelines  |         |      |     |       |         |
| No   | 405     | 29.3 | 1   | 20.0  | 0.500   |
| Yes  | 885     | 63.9 | 4   | 80.0  |         |
| Presence of medical prescription in the initial petition   |         |      |     |       |         |
| No   | 112     | 8.1  | 0   | 0.0   | 0.639   |
| Yes  | 1,199   | 86.6 | 5   | 100.0 |         |
| Presence of non-medical report in the initial petition   |         |      |     |       |         |
| No   | 1,060   | 76.6 | 3   | 60.0  | 0.533   |
| Yes  | 222     | 16.0 | 1   | 20.0  |         |
| Origin of medical prescription   |         |      |     |       |         |
| Private  | 366     | 26.4 | 0   | 0.0   | 0.238   |
| Public   | 851     | 61.5 | 4   | 75.0  |         |
| If there is a report from the technical support expert to the judge through Natjus, what was the report's recommendation |         |      |     |       |         |
| Favorable  | 629     | 45.4 | 3   | 60.0  | 0.404   |
| Unfavorable  | 165     | 11.9 | 1   | 20.0  |         |
| Partially favorable  | 34      | 2.5  | 0   | 0.0   |         |
| Pending  | 41      | 3.0  | 1   | 20.0  |         |
| <b>Variables related to high-cost medicines</b>  |         |      |     |       |         |
| No   | 109     | 7.9  | 1   | 20.0  | 0.445   |
| Yes  | 454     | 32.8 | 1   | 20.0  |         |
| Not informed   | 46      | 3.3  | 0   | 0.0   |         |
| Approved by ANVISA   |         |      |     |       |         |
| No   | 29      | 2.1  | 1   | 20.0  | 0.113   |
| Yes  | 566     | 40.9 | 1   | 20.0  |         |
| Not informed   | 6       | 0.4  | 0   | 0.0   |         |
| Appears in the official public list  |         |      |     |       |         |
| No   | 444     | 32.1 | 1   | 20.0  | 0.465   |
| Yes  | 162     | 11.7 | 1   | 20.0  |         |
| Not informed   | 1       | 0.1  | 0   | 0.0   |         |

it continues

**Table 3.** Medical-sanitary lawsuits of the judicialization of health, Piauí, Brazil, 2000-2020.

| Variables   | General |      | NTD |      | p-value |
|---|---------|------|-----|------|---------|
|   | N       | %    | N   | %    |         |
| Time of use   |         |      |     |      |         |
| Prompt  | 27      | 2.0  | 0   | 0.0  | 1.000   |
| Prolonged   | 568     | 41.0 | 2   | 40.0 |         |
| Continuous  | 19      | 1.4  | 0   | 0.0  |         |
| Not informed  | 1       | 0.1  | 0   | 0.0  |         |
| Possibility to estimate costs of services and medicines |         |      |     |      |         |
| No  | 386     | 27.9 | 1   | 20.0 | 0.527   |
| Yes   | 899     | 65.0 | 4   | 80.0 |         |
| Imported medicine                                       |         |      |     |      |         |
| Yes   | 20      | 1.4  | 0   | 0.0  | 0.934   |

Source: Authors.

## Discussion

This study found that the judicialization of the right to health in the state of Piauí is a growing phenomenon, referent to demands already listed in SUS, that have not been obtained by administrative means. The present study, to the best of our knowledge, highlights the importance of developing studies based on judiciary data to analyze collective health<sup>6</sup>. In this light, the high magnitude of this process came to light over a period of two decades, especially in the last four years, with clearly defined profiles from the sociodemographic, legal, and medical-sanitary points of view. We do recognize a certain limitation in the judicial reach concerning health care geared toward MTDs, especially considering the high detection and mortality rate in the state<sup>23,24</sup>.

One identified aspect was the absence of uniformity between websites/data systems, even if referent to the same subject under dispute. Moreover, together with the known existence of different databases and the difficulty of access to these, the execution of a study of this nature has proven to be even more complicated<sup>6,18,28-30</sup>.

In one study conducted through the CNJ, a divergence in the data obtained was found in the study on judicialization in Piauí<sup>4</sup>. According to the CNJ, from 2008 to 2017 there were 265 lawsuits that dealt with the judicialization of public health. However, the present study revealed, through direct verification, that the total number of lawsuits from 2008 to 2017 was 296 in the PJE1G database and of writs of mandamus from the PJE2 database. This divergence in data was also found in other studies<sup>6,18,31</sup>.

Our study verified the existence of differential standards of spatial distribution relative to the filing of lawsuits in the state, with a high concentration in the district of Teresina, the capital city of Piauí. We found that the majority of high and medium complexity health services are located in this district<sup>9,32</sup>, which, in part, justifies this scenario. Another hypothesis may well be related to the system of the expansion or not of the health services network and the judiciary for countryside cities<sup>13,28,33</sup>. From the temporal point of view, judicialization in Piauí is growing, with a significant increase as of 2017, which demands more specific analyses for the recognition of associated factors, particularly contextual, such as the financial impact stemming from Constitutional Amendment (CA) 95 of 2016, which froze, for 20 years, the federal government spending referent to primary expenses, especially investments in health and education<sup>34</sup>, leading to insufficient funding<sup>35</sup>, as well as poverty and extreme poverty<sup>36</sup>. Different actions in other realities of the country had already indicated an increase before this period, particularly in the South and Southeast<sup>4,10,16</sup>.

There was a greater proportion of women plaintiffs, a fact also observed by other studies<sup>18,28,31,37,38</sup>. For the first time, there was a legal motion for the treatment of the NTDs by male plaintiffs. This aspect may well be related to the greater occurrence of this disease in this population, as well as due to the greater prevalence of complications, such as physical disability and leprosy reactions<sup>39</sup>.

For the other four lawsuits concerning leprosy, the majority of the parties involved were aged

60 years or older, highlighting the possibility of demands due to disease complications, according to official data<sup>39</sup>. Regarding Leishmaniasis, this demand was linked to children from the countryside of the state.

The profile of the plaintiffs' income, most between one half and one minimum salary, is also consistent with the reality of the per capita income of the state, which was below the current minimum salary of an average of R\$837,00<sup>25</sup>. In the general lawsuits, a large proportion of the plaintiffs were farmers, an important occupation in Piauí, even in the lawsuits relevant to NTDs, corroborating with other Yesilar studies<sup>13</sup>.

Studies conducted in different realities of the country show a predominance of plaintiffs represented by private law firms<sup>15,31</sup>. In general, the present study affirmed that a major part of the Piauí plaintiffs were represented by public attorneys, which is in line with that found in other studies<sup>4,13,33,40</sup>, which can also indicate that most of the claimants are dependent upon the Brazilian state to represent them. It is also difficult to affirm that the judicialization of health is merely a question of class, not that it only favors the rich, as can also be found in other studies<sup>41</sup>.

There was a major concession of injunctions requested in the motions, as was also confirmed in studies conducted in Ceará, Rio Grande do Sul, and Rio Grande do Norte<sup>13,18,33</sup>, with the main argument based on the FC/Brazil of 1988. In the trial courts, the judgment of the majority of motions were deemed to be well-founded. However, it was also found that approximately one fourth of the demands had become extinct, with no resolution of merit, when the judge neither accepts nor rejects the authors' petition, as set forth in article 485 of Act No. 13,105/2015<sup>42</sup>, allowing for a new lawsuit to be filed. The present study found a decision with no resolution of merit due to the withdrawal of the petition's claimant, as well as due to the death of the plaintiffs (confirmed throughout the analysis of the lawsuits). This fact requires more in-depth studies concerning the extinction of the lawsuit, with no resolution of the merit, and can indicate the tardiness of the judiciary branch in decisions concerning the judicialization of health<sup>30</sup>.

In most of the health motions from the state of Piauí, a consultation was conducted with *Natjus*, the legal counsel to the Magistrates in the public health demands, with an approval of the partnerships by means of the Judiciary branch. The *Natjus* was created in order to provide legal counsel to the Magistrates in court decisions

related to the motions for the judicialization of public health. By contrast, the state of Bahia shows a low number of judicial decisions based on *Natjus* reports<sup>43</sup>, as can also be found in the national study conducted by the CNJ, which showed few motions using *Natjus* reports<sup>4,9</sup>. This finding may well mean that the state is complying with the CNJ report regarding the consultation made together with *Natjus*<sup>10</sup>. One important reference for this process of legal counsel is based on references from the National Commission for the Incorporation of Technologies in SUS (Conitec, in Portuguese), set forth under Act No. 12,401, from April 28, 2011, for the therapeutic care and incorporation of health technologies in the realm of health provided by SUS.

It was observed that the judiciary branch has proven to be effective to file for health goods and services in Piauí, especially concerning access to medicines. The majority of the medicines requested has been standardized at SUS, which corroborates with the hypothesis of the phenomenon of judicialization seeking a right previously recognized and incorporated in public health policies<sup>37,44</sup>, but which has not been duly implemented.

In the present study, only leprosy and Visceral Leishmaniasis showed any legal filings, but these presented few motions, revealing an expanded character of negligence on the part of the involved parties and their families. What is treated here are diseases linked to the conditions of more commonly detected social vulnerability among the poorest layers of the Brazilian society of Piauí.

This study also revealed that a major portion of the requested medicines had already been approved by ANVISA, which reflects on the fact that the obligation for the approval by the agency has a legal basis and can be found in Recommendation No. 31 of the CNJ<sup>13,18,28,33</sup>. Another relevant aspect that appeared was that the majority of the medical prescriptions came from the public health system, corroborating with that found in other studies<sup>15,37</sup>, and contrary to the study conducted in the state of Rio Grande do Norte<sup>33</sup> and in Ceará<sup>18</sup>, which had a greater frequency of prescriptions from the private sector.

The concentration of medicinal requirements to treat chronic-degenerative diseases, especially neoplasias, is in line with the epidemiological and demographic transition, which is still being consolidated in the country and in the state, and which also brings about critical challenges for the achievement of integral care within the realms SUS.

The existence of a large number of untemplated alternative prescriptions not considered in the standard protocol for the treatment of infectious diseases recalls the existence of official lists of outdated medicines, which can have a serious effect on current regulations. Nevertheless, one should not discard the hypothesis that the judicialization of health can favor the pharmaceutical industry in the search for new markets for their products<sup>4,15</sup>.

## Conclusions

This study was the first of its kind to bring findings concerning the judicialization of health in NTDs, highlighting the importance of the development of research in the North and Northeast regions of Brazil, areas with major social inequality and of great endemicity for leprosy, revealing the importance of drafting proposals which promote an alignment with the Agenda 2030's sustainable development goals, specifically as regards the health and well-being of the population<sup>45</sup>. The judicialization of the right to public health is expressive and growing in Piauí. The profile of health demands illustrates an unequal phenomenon, referring to items that are regulated and provided by SUS, requiring a new discussion concerning the paths towards making public health policies effective as a central element in guaranteeing citizens' rights. In this light, the executive management must revise the failures in health benefits, specifically in the lack of medicines guaranteed in SUS's list of medicines.

It is important to emphasize that the inexpressive demand related to NTDs can lead to limitations to access, not only to health, but also to the judicial branch, which can confirm the existence of an even broader social vulnerability.

This study contributes to a critical-reflective recognition of the challenges associated with judicialization in Piauí. It also seeks integrated and intersectoral solutions to the problem, which are capable of further strengthening public policies that are both inclusive and based on social justice, which includes improvements in access to services that are speedy, just, and needed by the population in general, focused on equity.

The broad scope of this study and the detailed process of recognition, review, and analysis of the lawsuits, made it possible, for the first time in the state of Piauí, to reach a well-founded view of the cases of the judicialization of health, as well as its relation with NTD cases.

Finally, this study points out the opportunities for future studies to further research the aspects of the interaction among Collective Health, Fundamental Rights, the Economy of Rights, and Public Governance, such as the possible relation between the judicialization of health and the lack thereof, the repercussions of the phenomenon upon the strategic planning of the Executive branch, possible solutions to maximize the effectiveness of public health policies, the large participation of women as plaintiffs, the low frequency of NTDs, and the motives behind the reversal of previous court decisions.

## Collaborations

NRN Andrade and AN Ramos Jr contributed to the conception of the project, analysis, and interpretation of data, writing of the article and critical review relevant to the intellectual content, as well as the approval of the final version for publication. CFO Nunes and AF Ferreira collaborated in the analysis and interpretation of data, writing of the article, and critical review relevant to the intellectual content, as well as the approval of the final version for publication. CEL Araújo, FB Albuquerque, JAM Silva, FJ Araújo Filho, and PS Freire collaborated in the critical review relevant to the intellectual content, as well as in the approval of the final version for publication.

## Funding

This study was conducted with grants from Coordenação de Aperfeiçoamento de Pessoal de Nível Superior – Brasil (CAPES) pelo Programa de Apoio à Pós-Graduação (PROAP). Andrade NRN was a Master's grant recipient from Fundação Cearense de Apoio ao Desenvolvimento Científico e Tecnológico do Estado do Ceará (FUNCAP-CE). Ferreira AF is a Ph.D. grant recipient of CAPES. Araújo Filho FJ is a Master's grant recipient of CAPES. Ramos Jr AN received a Level 2 Research Productivity Grant from the Conselho Nacional de Desenvolvimento Científico e Tecnológico (CNPq).

## References

1. Brasil. *Constituição da República Federativa do Brasil*. Brasília: Senado Federal; 1988.
2. Brasil. Lei nº 8.080/1990. [acessado 2022 jun 6]. Disponível em: [http://www.planalto.gov.br/ccivil\\_03/leis/L8080.htm](http://www.planalto.gov.br/ccivil_03/leis/L8080.htm)
3. Verbicaro LP, Santos ACV. A necessidade de parâmetros para a efetivação do direito à saúde: a judicialização do acesso ao hormônio do crescimento no estado do Pará. *R Dir Sanit* 2017; 17(3):185-211.
4. Instituto de Ensino e Pesquisa (Insper). *Judicialização da saúde no Brasil: perfil das demandas, causas e proposta de solução*. Brasília: Conselho Nacional de Justiça/Insper; 2019. [acessado 2022 abr 7]. Disponível em: <https://www.cnj.jus.br/wp-content/uploads/conteudo/arquivo/2019/03/f74c66d46cfea933bf22005ca50ec915.pdf>
5. Pery MRA. Doenças negligenciadas: garantia e defesa do direito fundamental a redução do risco no Brasil. *Rev Jur MP Tocantins* 2009; 2(3):83-108. [acesso 2022 abr 7]. Disponível em: [https://athenas.mpto.mp.br/athenas/FileUploadController/get\\_public\\_file/9bcb541b921c0d6bb1ee442b42b78407/](https://athenas.mpto.mp.br/athenas/FileUploadController/get_public_file/9bcb541b921c0d6bb1ee442b42b78407/)
6. Andrade N, Nunes C, Albuquerque F, Araujo C, Ferreira AF, Reis AS, Ramos Jr. AN. Limites e possibilidades para desenvolvimento de pesquisas em saúde pública no judiciário. *Rev Saude Publica* 2022; 56:76.
7. Pepe VLE, Figueiredo T A, Simas L, Osorio-de-Castro CGS, Ventura M. A judicialização da saúde e os novos desafios da gestão da assistência farmacêutica. *Cien Saude Colet* 2010; 15(5):2405-2414.
8. Marques SB. Judicialização do direito à saúde. *R Dir Sanit* 2008; 9(2):65-72.
9. Conselho Nacional de Justiça (CNJ). *Judicialização e saúde: ações para acesso à saúde pública de qualidade*. Programa das Nações Unidas para o Desenvolvimento. Brasília: CNJ; 2021.
10. Conselho Nacional de Justiça (CNJ). *Justiça em números 2021*. Brasília: CNJ; 2021.
11. Oliveira MRM, Delduque MC, Sousa MF, Mendonça AVM. Judicialização da saúde: para onde caminham as produções científicas? *Saude Debate* 2015; 39(105):525-535.
12. Batistella PMF, Aroni P, Fagundes AL, Haddad MCFL. Ações judiciais em saúde: revisão integrativa. *Rev Bras Enferm* 2019; 72(3):809-817.
13. Biehl J, Socal MP, Amon JJ. The judicialization of health and the quest for State accountability: evidence from 1,262 lawsuits for access to medicines in Southern Brazil. *Health Hum Rights* 2016; 18(1):209-220.
14. Barroso LR. *O direito constitucional e a efetividade de suas normas: limites e possibilidades da Constituição Brasileira*. Rio de Janeiro: Renovar; 2009.
15. Chieffi AL, Barata RB. “Judicialization” of public health policy for distribution of medicines. *Cad Saude Publica* 2009; 25(8):1839-1849.
16. Ferraz OLM. Para equacionar a judicialização da saúde no Brasil. *Rev Direito GV* 2019; 15(3):e1934.
17. Dias ER, Silva Junior GB. Evidence-based medicine in judicial decisions concerning right to healthcare. *Einstein (Sao Paulo)* 2016; 14(1):1-5.
18. Nunes CFO. *A judicialização do direito à saúde no estado do Ceará, Brasil: cenários e desafios* [dissertação]. Ceará: Universidade Federal do Ceará; 2014.

19. World Health Organization (WHO). Neglected tropical diseases. 2022 [acessado 2022 jul 23]. Disponível em: [https://www.who.int/health-topics/neglected-tropical-diseases#tab=tab\\_1](https://www.who.int/health-topics/neglected-tropical-diseases#tab=tab_1)
20. Brasil. Ministério da Saúde (MS). Doenças negligenciadas no Brasil: vulnerabilidade e desafios. In: Ministério da Saúde, organizador. *Saúde Brasil 2017: uma análise da situação de saúde e os desafios para o alcance dos Objetivos de Desenvolvimento Sustentável*. Brasília: MS; 2018; p. 99-141.
21. World Health Organization (WHO). *Ending the neglect to attain the Sustainable Development Goals: a road map for neglected tropical diseases 2021-2030*. Geneva: WHO; 2020.
22. Martins-Melo FR, Carneiro M, Ramos Jr. Ver, Heukebach J, Ribeiro ALP, Werneck GL. The burden of neglected tropical diseases in Brazil, 1990-2016: a sub-national analysis from the Global Burden of Disease Study 2016. *PLoS Negl Trop Dis* 2018; 12(6):e0006559.
23. Araújo OD, Ferreira AF, Araújo TME, Silva LCL, Lopes WMPS, Neri EAR, CardosverJA, Costa JM, Moura EH, Bezerra SMG, Macêdo MS, Ramos Ver. AN. Leprosy-related mortality in the state of Piauí, Brazil: time trends and spatial patterns, 2000-2015. *Cad Saude Publica* 2020; 36(9):e00093919.
24. Brito SP S, Ferreira AF, Lima M S, Ramover Jr AN. Mortalidade por doenças tropicais negligenciadas no Piauí, Nordeste do Brasil: tendência temporal e padrões espaciais, 2001-2018. *Epidemiol Serv Saude* 2022; 31(1):e2021732.
25. Instituto Brasileiro de Geografia e Estatística (IBGE). Brasil em síntese. 2022. [acessado 2022 abr 10]. Disponível em: <https://cidades.ibge.gov.br/>
26. Poder Judiciário do Estado do Piauí. Estrutura Organizacional. TJ-PI. 2018. [acessado 2022 abr 10]. Disponível em: <https://www.tjpi.jus.br/intranet/tjpi/EstruturaOrganizacional#!/comarcasInterior>
27. Pepe VLE, Ventura M, Osório-de-Castro C, organizadoras. *Manual de indicadores de avaliação e monitoramento das demandas judiciais de medicamentos*. Rio de Janeiro: Escola Nacional de Saúde Pública Sergio Arouca; 2011.
28. Machado MAA, Acurcio FA, Brandão CMR, Faleiros DR, Guerra AA, Cherchiglia ML, Andrade EIG. Judicialização do acesso a medicamentos no estado de Minas Gerais, versil. *Rev Saude Publica* 2011; 45(3):590-598.
29. Marques SB. *O direito ao acesso universal a medicamentos no Brasil: diálogos entre o direito, a política e a técnica médica* [tese]. São Paulo: Universidade de São Paulo; 2011.
30. Oliveira FL, Cunha LG. The indicators on the Brazilian judiciary: limitations, challenges and the use of technology. *Rev Direito GV* 2020; 16(1):e1948.
31. Nunes CFO, Ramos Jr AN. Judicialização do direito à saúde na região Nordeste, Brasil: dimensões e desafios. *Cad Saude Colet* 2016; 24(2):192-199.
32. Prefeitura Municipal de Teresina-PI. *Plano Municipal de Saúde (2018-2021)*. Teresina: Fundação Municipal de Saúde; 2021.
33. Oliveira YMC, Braga BSF, Farias AD, Vasconcelos CM, Ferreira MAF. Judicialization of access to medicines: analysis of lawsuits in the state of Rio Grande do Norte, Brazil. *Cad Saude Publica*. 2021;37(1):e00174619.
34. Brasil. Emenda Constitucional nº 95/2016. [acessado 2022 jul 12]. Disponível em: [http://www.planalto.gov.br/ccivil\\_03/constituicao/emendas/emc/emc95.htm](http://www.planalto.gov.br/ccivil_03/constituicao/emendas/emc/emc95.htm)
35. Santos L, Funcia F. EC 95 fere o direito à saúde. Centro de Estudo Estratégicos Antonio Ivo de Carvalho. 2019. [acessado em 2022 jul 12]. Disponível em: <https://www.cee.fiocruz.br/?q=Emenda-Constitucional-95-fere-o-nucleo-essencial-do-direito-a-saude>
36. Paes-Sousa R, Rasella D, Carepa-Sousa J. Política econômica e saúde pública: equilíbrio fiscal e bem-estar da população. *Saude Debate* 2018;4 2(Esp. 3):172-182.
37. Vieira FS, Zucchi P. Distorções causadas pelas ações judiciais à política de medicamentos no Brasil. *Rev Saude Publica* 2007; 41(2):214-222.
38. Biehl J, Amon JJ, Socal MP, Petryna A. Between the court and the clinic: lawsuits for medicines and the right to health in Brazil. *Health Hum Rights* 2012; 14(1):e36-e52.
39. Brasil. Ministério da Saúde (MS). Departamento de Doenças de Condições Crônicas e Infecções Sexualmente Transmissíveis. Indicadores e dados básicos de hanseníase nos municípios brasileiros. 2022. [acessado 2022 abr 10]. Disponível em: <http://indicadorshanseniaise.aids.gov.br/>
40. Arruda SC. Análise sobre a judicialização da saúde no estado de mato grosso no período de 2011-2012. *Cad Ibero-Am Direito Sanit* 2017; 6(1):86-111.
41. Medeiros M, Diniz D, Schwartz IVD. A tese da judicialização da saúde pelas elites: os medicamentos para mucopolissacaridose. *Cien Saude Colet* 2013; 18(4):1089-1098.
42. Brasil. Lei nº 13.105, de 16 de março de 2015. [acessado 2022 jul 12]. Disponível em: [http://www.planalto.gov.br/ccivil\\_03/\\_ato2015-2018/2015/lei/l13105.htm](http://www.planalto.gov.br/ccivil_03/_ato2015-2018/2015/lei/l13105.htm)
43. Tribunal de Justiça da Bahia (TJ/BA). Núcleo de Apoio Técnico do Judiciário – NAT-JUS. 2018. [acessado 2022 mar 3]. Disponível em: <http://www5.tjba.jus.br/portal/mais-uma-reuniao-do-nucleo-de-apoio-tecnico-do-judiciario-nat-jusfoi-realizada-na-assessoria-especial-da-presidencia-aep-ii-na-ultima-terca-feira-25-06-18/>
44. Schulze CJ, Gebran Neto JP, organizadores. *Direito à saúde: análise à luz da judicialização*. Porto Alegre: Verbo; 2013.
45. Organização das Nações Unidas (ONU). *Transformando nosso mundo: a Agenda 2030 para o Desenvolvimento Sustentável*. Brasília: ONU; 2015.

Article submitted 28/04/2022

Approved 25/07/2022

Final version submitted 27/07/2022

Chief editors: Romeu Gomes, Antônio Augusto Moura da Silva