



THE MANAGEMENT TOOLS AND THE EPIDEMIOLOGY: THE TOOLS OF THE SOCIAL CONTROL

OS INSTRUMENTOS DE GESTÃO E A EPIDEMIOLOGIA: FERRAMENTAS DO CONTROLE SOCIAL INSTRUMENTOS DE GESTIÓN Y EPIDEMIOLOGÍA: HERRAMIENTAS DE CONTROL SOCIAL.

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ABSTRACT

Objective: to verify the knowledge of the local advisors on the epidemiology and the basic management tools in the Brazilian Unified Health System. **Method:** this is a descriptive and exploratory study with a qualitative approach. It had as subjects the local health advisors from the city of Jequié / BA / Brazil. Data were collected through a semi-structured questionnaire, later, they were examined in the light of the Content Analysis, after the approval of the research project by the Ethics Research Committee, following the norms of the Resolution 196/96, under the Protocol number 106/11. **Results:** after reading the collected material, the following categories were defined << Knowledge on the health indicators>> and << Understanding on the management tools of the SUS >>. The health advisors still did not have necessary knowledge on the health indicators and the basic management tools. **Conclusion:** the lack of knowledge is hindering the performance of the advisors in controlling, supervision and resolution on the health of the municipality. **Descriptors:** Epidemiology; Health Management; Social Participation.

RESUMO

Objetivo: verificar o conhecimento dos conselheiros municipais de saúde acerca da epidemiologia e dos instrumentos básicos de gestão do Sistema Único de Saúde. **Método:** estudo descritivo e exploratório com abordagem qualitativa. Tiveram como sujeitos os conselheiros municipais de saúde de Jequié/BA/Brasil. Os dados foram coletados por meio de um questionário semiestruturado, em seguida, examinados à luz da Análise de Conteúdo, depois da aprovação do projeto de pesquisa pelo Comitê de Ética, seguindo as normas da Resolução 196/96, sob o Protocolo de número 106/11. **Resultados:** após a leitura do material coletado foram definidas as categorias << Conhecimento sobre indicadores de saúde >> e << Entendimento sobre instrumentos de gestão do SUS >>. Os conselheiros de saúde ainda não possuíam conhecimentos necessários sobre indicadores de saúde e os instrumentos básicos de gestão. **Conclusão:** a falta do conhecimento vem dificultando a atuação dos conselheiros no controle, fiscalização e deliberação sobre a saúde do município. **Descritores:** Epidemiologia; Gestão em Saúde; Participação Social.

RESUMEN

Objetivo: verificar el conocimiento de los consejeros municipales de sanidad sobre la epidemiología e instrumentos básicos de gestión del Sistema de Sanidad Pública. **Método:** estudio descriptivo y exploratorio con abordaje cualitativo. Los sujetos de estudio fueron los consejeros municipales de sanidad de Jequié (Bahía, Brasil). Se recabaron los datos por medio de un cuestionario semi-estructurado, en seguida, examinados a la luz del Análisis de Contenido, tras aprobación del proyecto de investigación por el Comité de Ética, siguiendo las normas de la Resolución 196/96, bajo protocolo nº 106/11. **Resultados:** tras la lectura del material reunido se definieron las categorías <<Conocimiento sobre indicaciones de sanidad>> y << Entendimiento sobre instrumentos de gestión del Sistema Público de Sanidad>>. Los consejeros de sanidad todavía no tenían conocimientos necesarios sobre indicadores de sanidad y los instrumentos básicos de gestión. **Conclusión:** la falta de conocimiento viene dificultando la actuación de los consejeros en el control, fiscalización y deliberación sobre la sanidad del municipio. **Descriptor:** Epidemiología; Gestión en Sanidad; Participación Social.

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INTRODUCTION

Changes in the health sector driven by the innovative thinking from Sanitary Reform in Brazil favored popular participation in decisions on the operation and regulation of the Brazilian Unified Health System - *Sistema Único de Saúde* (SUS). The organic laws of health (Law 8.080/90 and Law 8.142/90) were formulated to ensure the guidelines and principles of the SUS, including the Social Control. Hence, every citizen had the opportunity to participate, through legal courts, of the training and the implementation of actions that redefined the health sector.^{1,2}

The Organic Law of Health defines that the health boards should act in formulating strategies and in control of the execution of the health policy in the corresponding court, including the economic and financial aspects. Also in this sense, it is important to highlight that the Resolution nº 333/2003, from the Brazilian National Health Council, discusses the skills of councils and states that it is up to these to set guidelines for elaboration of health plans and deliberate about them according to the different epidemiological situations and the organizational ability of the services and, furthermore, analyze, discuss and approve the management report, with accountability and financial information.³

Thus, we can state that the legal framework of the SUS inserts the health boards in the arena of health planning, which requires an approximation of these social actors with the basic tools of management adopted under the scope of the Planning System of the SUS (PLANEJASUS), namely, the Health Plan, the Annual Health Programming and the Management Report.⁴

According to Vieira, the PLANEJASUS defines as Health Plan the instrument that, from a situational analysis, presents the intentions and results to be pursued in a period of four years, expressed in objectives, guidelines and goals. The Annual Health Programming is the instrument that operationalizes the intentions expressed in the Health Plan, as the Annual Management Report is the instrument that presents the results achieved with the implementation of the Annual Health Programming.⁵

The insertion of the social participation in health planning led us to the Mario Testa approaching, that emphasizes the importance of the popular participation in the elaboration process of programmatic and strategic proposals, by fostering internal organizational forms, democratic, for the building of equity

and changing of the power relationships, with collaborative team and enabling the social participation, with the aim that the population becomes an actor of this process.⁵

Other authors consider the planning as a technical and political process, aspects which cannot be separated. Thus, participation cannot be understood only in one of these aspects. Or the planning integrally incorporates participation in the technical and political sense or incorporation which develops itself only in the political sense will not represent a participatory planning.⁶

Thus, we believe that the health planning in its technical dimension presupposes the knowledge of the local sanitary reality, by adopting the health needs of population and the use of epidemiological rationality to direct the formulation of policies for the sector, as well as the assessment on the implementation of these policies, linked to the idea that it is necessary to enhance the possibilities of decision-making in a decentralized manner, understood as the political dimension of the health planning, giving to all stakeholders a greater autonomy of action, in order to enlarge the spaces of creativity and daring in seeking solutions.

In this sense, the articulation and involvement of social control instances for discussion and implementation of this process of health planning has been pretty incipient.⁵ We cannot fail to emphasize the importance of interpretation of the health indicators for the follow-up of actions in municipalities. It is a fact that the representativeness in the councils when equally encompasses users, health workers and service providers requires an understanding about these, often, far away from their daily activities.

The measurement of the health status of communities associated with the health conditions has represented a constant challenge for agencies wishing to promote actions to change this reality.⁷ In everyday of the health councils emerges the need for deepening these issues for the understanding of the developed health practices and the health-disease process that permeate communities.

For the exercise of social control, the health councils take responsibility in the face of the deployment of public policies, in order to promote health. The health board needs to use tools based on indicators to monitor and assess the health situation in the municipality.

The health boards configured themselves in the competence that the society exerts for intervening in public management, putting the State's actions in directing of the interests

of the population. Such conjecture allows the population the right to supervise the State's actions, in accordance with public policies, within the levels of each sphere of the government.⁸

Given the above mentioned, it is understood that the approaching of health councils with the epidemiology and basic management tools and, consequently, the practices of health planning configure themselves in a need for the implementation of the popular participation in SUS, for the strengthening of the social control and the construction of social subjects who participate in the formulation and assessment of the health policy as representatives of society, aiming at fulfilling its role legally established by legislation of the SUS.

Thereby, we developed the research questions: What is the knowledge of health advisors on the epidemiology and basic management tools of the SUS? What is the understanding of the counselors about how the epidemiology and the basic management tools can assist them in the exercise of the social control?

OBJECTIVE

- To assess the knowledge of the advisors on the epidemiology and the basic management tools in SUS.

METHOD

This is a descriptive and exploratory study with a qualitative approach. It had as subjects the local advisors of health of the municipality of *Jequié* / BA / Brazil. The qualitative work offers the researcher the opportunity of understanding the reality of the context of the study object and aims at describing it as accurately as possible; while the exploratory work broadens the topic to be discussed, facilitating the understanding and the perception on certain study.

Data were collected from the technique of interview, with the help of recorder, performed during educational activities sponsored by the *Programa de Pós-Graduação em Enfermagem e Saúde* (PPGES) from *Universidade Estadual do Sudoeste da Bahia* / UESB to expand the knowledge of health advisors on matters inherent to the SUS, as the social control; the health-disease process and health financing. The semi-structured questionnaire was used as an instrument of data collection, which was applied with six of the 40 advisors, since it was used as inclusion criterion the full participation of the training, sponsored by PPGES. The questionnaire has open questions with emphasizing the

knowledge on the epidemiology and the management tools of the SUS.

For data analysis, we chose to approach the technique of Bardin with the steps of pre-analysis, exploration of material, treatment of results, inference and interpretation.

A set of techniques of analysis of communications aiming at obtaining, by means of systematic and objective procedures of description of message content, indicators (quantitative or not) that allow the inference of knowledge related to the conditions of production / reception (inferred variables) of these messages.⁹

While in the making of this subproject we started the project "The exercise of social control in management of the SUS: conception of local health advisors", conducted according to the guidelines of the Resolution 196/96, which addresses the guidelines and standards for researches involving human beings.⁽¹⁰⁾ Thus, the subjects have signed a Free and Informed Consent Form after being informed about the objectives, methods, risks and benefits of this research. We also highlight that this study was submitted to the Ethics Research Committee of the UESB, which is linked to the Brazilian National Commission of Ethics in Research - *Conselho Nacional de Pesquisa* (CONEP), being approved for field research as the Protocol nº 106/2011 and CAAE: 0084.0.454.000-11, reflecting the technique and the data collection instrument used with the informants.

RESULTS AND DISCUSSION

• Characterization of the respondents:

We interviewed six of the 40 existing advisors in the Municipal Health Council of *Jequié*, of which, all respondents were male, the age ranged between 27 years old and 59 years old, one of these had incomplete high school, two had high school, two had incomplete higher education and one had completed higher education.

In their totality, they were representatives of user's entities, which according to the Resolution 333/03 comprise 50% of the health councils; the average of working time is approximately one year. Only one of the six advisors had already participated in training.³

After the analysis the collected data, they have enabled us to reach the following categories: Knowledge on the health indicators and Understanding on the management tools of the SUS.

• Knowledge of advisors on the health indicators:

The local health advisors need to have knowledge about the various concepts related to the Unified Health System, from its history to its current operation, including on the epidemiological aspects which involve the health-disease process of the population. The results showed, however, that the advisors have an incipient knowledge on the health indicators and, therefore, on the epidemiology:

[...] Well, health indicators are surveys that we are ... see and it is presented by health staffs about the problem that has affected the community, then we may immediately think on indicatives of the HDI, human development index, as it is being conducted in certain municipality, obviously if there is a low indicative, it is sign that's having some problems there [...]. (Ent. 02)

[...] As for the indicators, it is as I said; they are tools that are designed to monitor, to evaluate, to know how it is due to factors, for, for having control, it is like this, knowing is, where the investment, it's inside the problems of that population [...]. (Ent. 04)

[...] Health index is ... in this case, they are surveys, right? These are researches that address Dengue, there were there, are there health indicator? In this case, there are several cases, right? What happens and then, I think is the the epidemic sector, they get these reports and. [...]. (Ent. 05)

In general terms, the indicators are measures-synthesis containing relevant information about certain attributes and dimensions of the health status, as well as the performance of the health care system. Taken together, they should reflect the health status of a population and serve for the monitoring of health conditions. The building of an indicator is a process whose complexity can vary from simple direct counting of cases of a particular disease, to the calculation of proportions, ratios, rates or more sophisticated indexes, such as: life expectancy at birth.¹¹

With this concept on health indicators, we perceived the need for permanent educational action with the health advisors about the epidemiology and its importance in the social control. It is from the epidemiology that we can detect and, even, prevent health threats to the population, and it is a tool for advisors in formulating actions that actually seek to solve local health problems.

In this context, the health board considered as deliberative and consultative body should take ownership of knowledge focused on the epidemiology, present in everyday of the health services, supporting the analysis of the Information System that

adds data on the health-related aspects, such as: the Information System of Primary Care - *Sistema de Informação da Atenção Básica* (SIAB); or data that reflect the illness, as the Information System of Notifiable Diseases - *Sistema de Informação dos Agravos Notificáveis* (SINAN), favoring the understanding of the determinants of the health-disease process in the community.

The health indicators contribute to the improvement of the process of setting priorities and decision-making in the healthcare field, aiming to make it more objective and neutral.¹²

With regard to the presented testimonies, we noted that the advisors superficially describe the health indicators as tools and survey of a given health situation for monitoring and assessment. This leads us to the constant need of training to qualify the health councils of our country and encourage them on the importance of the role of the advisor to the health situation analysis based on assumptions of the Epidemiology, for the confrontation of the determinants and constraints of the health-disease process.

The health advisors, in the three federal agencies, have responsibilities that contribute to the formation of the health profile in Brazil, thus, deeply know the several aspects involved in the SUS, including health indicators, form part of the commitment of those who had the privilege of assuming the social control. The incipient knowledge about the health indicators for the results, presented here, should be extended by means of permanent qualifications for get knowledge consistent with the needs of each municipality, facilitating the work of the health board in monitoring, assessment and control of the health actions.

• Understanding on the management tools of the SUS:

The found results have evidenced that the advisors can identify the management tools, understand its importance, but, not relate them to their own working, only linking them to the employees and managers of the SUS.

[...] Well... it is the basic management tools, it's because there are the federal laws, municipal laws right? ... Then, the Annual Management Report is an essential tool for you to develop health policies of a municipality, I think the Annual Management Report already has guided and maps all problems and for you to develop policies based on that. Any municipality has to have this report; including, it is a requirement of the Ministry of Health itself. So, we think that is one of the basic

documents for the health management is in this report that is made [...] (Ent. 02)

[...] I'm not quite remind of it, but I think it's a great responsibility of the manager, you know, that is ... sometimes it's flawed, yes ... no, I do not remember these documents, but, sometimes, it shows one thing and, in the reality, other's going [...] (Ent. 03)

[...] The basic management tools that I remember now is ..., are the municipal health plan, which is performed in a form together the municipal health council, municipal secretariat of health, which is the plan that will determine the actions of health for four years is ..., sequential, after possession of the manager after the election. The Annual Management Report that will be evaluating what actions were planned annually and it is during the four years of the shares. The PPA (Project Environmental Education), such as, so, right, actions related to health remained, (...). It is not a financial report, but I don't, don't ... cannot remember the word, there is a specific name that is, he will be showing the budget and the amounts that have been spent, where they were spent, it is a financial report of health, this is not the term, but I'm not remembering of the term now, correct. The four basic tools that I remember now, which deal with management are these. [...] (Ent. 04)

[...] Well, we have is the National Health Plan, we have the RAGs, which is the Management Reports, which is a form of people also have the knowledge of what is being developed, right? Also, there is the issue of, of, financing, right? [...] (Ent. 06)

The health policies depend on the management tools which in turn are part of the health planning addressed to the implementation of the health services, that's why when we understand their importance and we can identify them, we will bring to the SUS the popular participation and the control of the health actions in the municipalities, State and Union. In this context, the Health Pact arises, which defines the duties of the health boards and their interactions with management tools.

The Health Pact is the reaffirmation of the importance of the participation and the social control in the processes of negotiation and agreement. In addition to review and approve the Management Commitment Term (MCT) corresponding to its sphere, health councils have a relevant role in approving or reviewing its health plan, which must be consistent with the MCT. Annually, the health boards will perform, along with managers, an assessment of the implementation of the health plans,

from what was agreed in the commitment term.¹³

For the monitoring and analysis of the health situation in a municipality, it is important to have clarified which are the purposes of the management tools, such as the Municipal Health Plan and the Annual Management Report. The former can be evaluated every year and it is necessary that all representations that comprise the health boards (users, health workers and service providers), understand its purpose and may discuss what kind of planning and strategies will be developed to achieve the coverings and goals, or the deployment and implementation of services to the community, in accordance with the epidemiological profile.

The practice of planning and the actions are performed by inertia. The health services work in a disjointed manner, being guided only by the notion of what it is their role and this notion is determined according to the worldview of managers and collaborators, or their understanding of the guidelines established by the sectorial policy of the State.⁵

In the testimonies, we observed that appear speeches recognizing the Annual Management Reports and the Municipal Health Plan as tools, and perceive a difficulty in the understanding and in the importance of using these instruments in the Strategic Planning to drive the health actions in the municipality. There is a distortion in the period of elaboration of the Municipal Health Plan, when link it to the possession of a new political management in the municipality and on the scheduling for building and assessment of the Annual Management Report.

Thus, emerges the need for continuing education actions for members of the health boards, regardless the representation, to empower a logic of planning that is not guided in worldviews, but rather in a clear idea of where you want to go, based on assumptions of the Health Pact and the epidemiological profile of each municipality, in order to favor quality gains in SUS and an efficient use of financial resources meeting the health needs of communities. Making that the knowledge is exposed through the participatory practices of local health advisors and, thus, they get closer and give support to the community for strengthening the social participation.¹⁴

CONCLUSION

It should be noted that the Brazilian Unified Health System legitimized by the Federal Constitution of 1988, is a popular

conquest, having it as space of monitoring and discussion on the health status, the health councils, in accordance with Law 8.142/90. In this study, the elucidated thematic axes led to the achievement of the proposed objective, considering that we have identified the knowledge on the health indicators and the understanding of the management tools in the exercise of the social control. It emerges the need for permanent education for the local health advisors aiming at qualifying them to discuss on the health policies, monitor the agreed indicators and assess the management tools. Furthermore, we had some limitations, mainly related to the number of informants, because there were difficulties in collecting data, since the board members do not have exclusive time for the activities of the council, at the meetings there is no participation of all members and due to the daily roles assumed by these people at work, at home and / or school.

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