

## SCIENCE & TECHNOLOGY AND THE UNIFIED BRAZILIAN HEALTH SYSTEM

Among the competences of the Unified Brazilian Health System (SUS) as stated by the Federal Constitution of 1998, it is stressed the principle of stimulating scientific and technological (S&T) development in the scope of SUS. In this connection, according to the referendum of the 1<sup>st</sup> National Conference on Science and Technology on Health, it is asserted the responsibility of the government in to assure the needed research and technology to the identification of local health problems and to cope with them, the diffusion of existing scientific knowledge, to increase accessibility of populations to technologies and products that guarantee adequate levels of health and, lastly, to provide the infrastructure and the needed standardization to the collection of data and technical and scientific information that could assist in the definition and evaluation of health policies.

The relation of S&T and the principles of SUS may be summarized as follows. The universality can be understood as the extension of benefits resulting from scientific and technological improvements to all country population. The principle of integrality can be translated by the commitment with an extensive approach to health research. An approach that should include programs and projects in a range of complexity, inserted in the network of knowledge. Lastly, most controversial, the principle of equity is linked to S&T through a basic political commitment – to produce knowledge that answers to the differentiated needs of an array of social segments.

Within this logic of association it should be stressed that the relation of S&T and the principles of SUS are closed linked in its constitutional principles. However, not necessarily in its organizational policy of decentralization, regionalization/hierarchyization and social participation. In fact, the production of scientific knowledge has quite different characteristics from the production of services and health actions. Thus, these concepts should be adapted while implementing the process of health research. In this regard, it is important to understand that, if it is

clear the role of the participation of the state and the municipality in providing health services, the same does not occur necessarily with the research system, particularly in demanding the municipality to act in this area. Therefore, it is necessary to make clear that activities of research in health do not need to be subduing to the organization of the health services system. However, not all relation is impossible. The organizational principle of social participation is present, and not restrict or innovative to Brazil, through the participation of lay representatives of organized segments of the community in the so called Councils of Ethics in Research.

In these relations among S&T and SUS another concept should be reinforced – that of a S&T policy towards health. In a wide sense, its objective should be to develop and optimize the process of absorption of scientific and technological knowledge by industries, by health services and by the community. Ther it is included a non reductionistic vision or a pure utilitarian view of research in health. In fact, research is a complex process and a policy for S&T should include all dimensions of the knowledge chain involved in this process. In this context, basic and applied research is taken in its wide sense. However, one could not deny, facing the diversified and even anarchic scenario for the production of S&T in the country, that strategic research should be regard with prominence and need urgent discussion, mainly among S&T institutions of the public network. Strategic research is the research that uses research concepts, methodologies, tools and scenarios that aims the development of knowledge but includes, from the very beginning, considerations of it applicability (BRASIL, 2002). One example could be studies directed to the understanding of aspects of the reality aiming the implementation of health policies and programmatic actions. A more detailed example, in its operational and pragmatic sense, could be studies aiming to understand reasons for defaulters in longer chemotherapeutic treatments, such as those for tuberculosis and leprosy, which could help in the implementation of differentiated program actions to retrieve defaulters.

As seen, a policy for S&T in health should cope with pure and applied research, but should pay special attention to strategic research as well. Reasons for that are many, including the tradition of Brazil in strategic research. This tradition can be exemplified by the historical and basic contributions of Oswaldo Cruz, Adolfo Lutz and Vital Brazil. Of course, it is not an activity that requires differentiated power of abstraction, level of methodological complexity or any other usual aspect in the traditional separation between basic and applied research. Furthermore, the concept of strategic research, in the field of health, is not restrict to the biological component. It can include also, and this seems to be the present trend, the scope of social health sciences (ABRASCO, 2002). In this regards, the SUS, its principles and directives and its evolution, are sites of inquires most suitable to this sort of investigation. As stated by Pessoto (2002), which is the impact in coverage of health attention with the introduction of the Family Health Program in a synchronized and massive way by the Ministry of Health? Which is the degree of resolu-

tion by this sort of attention? Is SUS meeting the principle of equity or is it just a compensatory policy?

However, aside the need for a better definition from the governmental institutions, privileged sites for strategic research, on the policies in this sector, it is a role of researchers to open their minds to this understanding. They should free themselves, for a while, from restraining codes imposed to the area, such as that of the evaluation of scientific importance through the citation impact index. This is an endless search that may, eventually, divert the orientation of a research line towards strategic research in health with outstanding repercussion to attain equity in S&T in health in the context of SUS, to another direction towards lines that assure prompt repercussion in this type of indicator. Lastly, it would be adequate to cite Carvalho (2002) as regards the important work of Pedreira de Freitas in the fight against the vector of *T.cruzi* by fumigation with BHC in infested houses. His finding was basic for the control of Chagas' disease in almost all Latin America. Most probably, by the above mentioned criterion of impact, his work could be taken as non relevant.

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