

## THE SUS, THE STATE HEALTH SECRETARY AND HEALTH RESEARCH IN THE STATE OF SÃO PAULO

The State Health Secretary of São Paulo is the state manager for the Brazilian Unified Health System (SUS). It is a vast and multiple task requiring interfaces with a variety of aspects related to the prevention, promotion and assistance in health to the population. In the past years the State Health Secretary has been refining this function moving from a long period of centralized assistance and vertical programs to a new strategic view of public health in which the municipalities take over different functions pertaining previously to the responsibility of the State. It is a long way to follow focused on important modifications in the perception of public health that, as natural, face budgetary, legal, cultural and operational constraints.

In this sense, the three areas in which the SUS operates, the Federal, State and Municipal, show proper characteristics and, in particular the State level, faces some difficulty in defining its role. Apparently, it is attribution of the State level those remaining activities from those clearly attributed to the Federal and Municipal level (BARRADAS et al., 2003). However, this apparent lack of definition should be immediately discussed by local authorities and clearly stated according to the principles of SUS, taking into consideration the concept of shared administration of the system among the governmental levels.

A clear understanding of the attribution of the federal and municipal levels is essential to the understanding of the role of the state level as well as of the relations between these levels. In this sense, one point that calls attention, in the municipal level, is its role as main responsible for the implementation and coordination of health

actions and services offered directly to the population. Here it should be stressed the primary care, being under the municipalities the responsibility to guarantee the first level of attention to all citizens, that is, the universalization of access to SUS. Besides that, there are other attributions with increasing complexity in its implementation and hierarchyization. Here it is included the high complexity health actions, the referral centers, the network of public health laboratories, including the geographical relations of its facilities and the concept of service coverage. Despite the evolution in the discussions and the increase in understanding among the different segments involved in this issue, the focal point remains the effective concretization of the principles of SUS in the State of São Paulo.

As mentioned before, the State Health Secretary, as administrator of the SUS in the State of São Paulo, has the responsibility to formulate the health policy in the scope of the state, but, in addition, it has the duty to formulate policies towards science, technology and innovation, as stated in the Brazilian Constitution and in the legislation of the SUS. This responsibility emerges as a focal point for further reflexion.

It is important to stress that the decision power on science, technology and innovation policies, which should be an attribution of the state, traditionally, not to say historically, is centered in the University, mainly those public, and endowments agencies. To some extent, it should be differentiated the establishment of such policies and the research plant to its implementation. Apparently, the overlapping of establishing policies and developing research in the University comes from the fact that minds and research plants are incumbent in the same place – the university campus. Moreover, there was and still there is a tendency to important health administrators pertain to the academia and, many times, they can not or do not find any reason to differentiate their common areas of interest – the administration of public health and the academic activity.

As per the State of São Paulo, there is an additional characteristic that adds some liveliness to this discussion – it is the sole state in Brazil that possesses a network of research institutions pertaining to the State Health Secretary. They are internationally acknowledged research institutions. Among them are the Instituto Butantã, Instituto Adolfo Lutz, Instituto Lauro de Souza Lima, Instituto Pasteur, Instituto de Saúde and the Instituto Emilio Ribas. They are gathered in a Coordination of Research Institutes (CIP), which makes more clear this peculiarity of the State Health Secretary of São Paulo in relation to other health secretaries in Brazil that, apart from isolated cases, do not have a research plant of their own.



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It is this “owned research plant” that makes possible to go further in the discussion on SUS, the State as administrator and its function as settler of the policies for science, technology and innovation in health. In this regard, the premise is clear: if the definition of such policy is an attribution of the SUS administrator, the content of this definition has, primarily, to ponder the intrinsic needs of SUS. In this context, but not as a restriction, the concept of induced research is a main topic. This concept should be viewed in a broad sense – from that concept of research that follows calls from foment agencies with pre-defined agenda to those researches defined by the organization in charge of the health administration, being it or not the source of funding. Therefore, in presence of a research and technological development agenda elaborated by the Health Secretary there is the additional need to guarantee mechanisms of induced research following this agenda, which should be devoted to the needs of the SUS. In fact, back to the issue of the University as privileged formulator of research and locus of its implementation, there are some areas that are less appealing and seductive for academic publishing purposes but, nevertheless, are of vital importance to the health sector (MELFI, 2003). Induced research should aim these areas. It is important to stress that induced research should not be, and it is not necessarily, a constraint to the creativity of the researcher. This is more clear in a country as Brazil in which the need for research in the area of health are highly diversified since we are in a mixed scenario: a country with typical endemics of third world countries, such as malaria, tuberculosis and leprosy, cohabiting with a significative prevalence of typical diseases of first world countries such as cardiovascular diseases and neoplasms. Therefore, the concept of induced research faces the issue of the definition and prioritization of research lines that are in consonance with the needs of the SUS and the policies established in its three levels of administration, aiming the promotion of the population’s health, the attainment of equity and of the development of the health sector. In this regard the Ministry of Health, through CONCIT, has recommended, opportunely, the definition of an instrument for administration of science and technology in health linked to the SUS, which was named the “National Agenda of Priorities in Research and Technological Development in Health” aiming to establish mechanisms to guarantee the scientific production and the technological development around issues recognized as strategic and priority to increase the quality and the effectiveness of the SUS and, therefore, leading to a positive impact in the health of the Brazilian population (BRASIL, 2001).

The implementation of these ideas seems to be more promising in the state of São Paulo due to the availability of a research plant directly linked to the State Health Secretary. In addition, the research institutions coordinated by CIP have a historical connection to this ideal. Most of them were founded by renowned researchers with strong links to emergent public health problems of their time (BERTOLLI FILHO, 1996). This is the case, for example, of the Institute Adolfo Lutz, former Instituto Biológico, which had an important role in fighting yellow fever, cholera and typhoid fever. The same applies to the Instituto Butantã, founded in 1889 to aid in the fight of a bubonic outbreak in the harbor of Santos and that, since 1901, is concerned to public health problems in São Paulo. The quality and competence of researchers of both institutions, from long ago, made them to extrapolate their local duties to serve national and even international demands in their area of concern. The same occurs with the remaining research institutes of the State Health Secretary with greater or lesser temporal and geographical scope.

In this way, the State of São Paulo, through the Health Secretary, is in possession of the needed armamentarium to define and implement an agenda of research in health to achieve the needs identified in the epidemiological profile of São Paulo as well those issued related to the own process of implementation of the SUS directives. It should not be neglected that the process of implementation of SUS itself, can be an object of study (PESSOTO, 2002). It is expected, therefore, that the Coordination of the Research Institutes (CIP) of the State Health Secretary promote reformulations in its structure in order to take over this mission in a more complete way. This new structure should have as objectives to formulate, in a shared way, the agenda of research and technological development of health in the State of São Paulo based on the identification of health problems that demands the development and application of results of the scientific and technological production and the incorporation of innovations in the services; and to manage mechanisms of research induction according to this agenda. In addition, the CIP is and should continue to be equipped to create human resources at the graduation level in order to produce science and technological development in health.

As a final result, once attained this proposal, it will be possible to have a established model that could be used as inductor of substantial transformation in the process of consolidation of the SUS, in its aspects of research, in other states of Brazil. If in most of them there is not a consistent research plant to follow this path, the lessons learned could be used to favor and to stimulate discus-



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sion on the need for modifications in the way to face science and technology in health within the most omnipresent locus for generating knowledge in Brazil – the university, public or private.

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