

EDITORIAL

ADVANCES IN COLLECTIVE HEALTH

Worldwide, the Brazilian Unified Health System (SUS) is one of the most modern proposals for a public health system. Such affirmative could sound as a paradox considering the enormous difficulties people faces everyday to get health services. However, it is difficult to deny, in theoretical terms, the grandeur within the law that launched SUS. There it can be found the guarantee for the ideological mechanism to attain the target of preventing diseases, promote health and assist populations. The principles of integrality, equity and humanization and the public character of attention are the main route of this system and make it unique among other proposals worldwide.

Difficulties to implement the proposal of SUS are, mostly, form the political side than those aroused by contrary forces of the private establishment. That is, if the public sector would take as a top priority the implementation of SUS, minimizing the political constraints, negative forces form the private sector would not harm the process. This problem can be easily seen in the difficulty of State Health Secretaries to take over their role as top managers of the process, as well as by the difficulty of Municipal Health Secretaries in to, minimally, provide basic care to their populations. Surely, this is not an easy task, but complying with the hierarchic ordination of the model is the item that gives it life, operational reason and longevity.

Fortunately, this scenario has been steadily changing and, in this connection, the proper dynamic of the implementation process is a key factor to ameliorate it – the understanding of the role of each level of actuation within SUS becomes clearer. A sound example of

this improvement of understanding is the concept of micro regions to cope with the attention of cases and procedures of high complexity by municipal authorities and a better performance of State level managers in their role of coordinators of the process of implementation of SUS and in the offer of technical assistance to the municipalities. For sure, this process is not homogeneous and advances in an irregular form, but, in general terms, the result is positive.

In spite of the time elapsed from the effective introduction of SUS as an ideally hegemonic health system, it should be stressed the difficulty of the State manager to understand its role. Such evidence is not surprisingly after decades of an authoritarian, vertical and hospitalocentric model. Indeed, the rupture of paradigms requires some time. However, clear signs of advances can be identified in the understanding of health as welfare of collective concern.

In this connection, a new proposal appears in the State of Sao Paulo, which preliminary can be considered as contradictory. However, it seems appealing as an initiative to speed up the development of SUS proposal. Concretely, it is the creation, by the State government, of an Agency for the promotion of Health to be implemented by the State Health Secretary (CVE, 2003).

The contradiction lies in the fact that agencies, according to some opinions (CNS, 2003) are regarded as having the tendency to fragment the SUS. Indeed, if constituted as organizations of the indirect state administration with a directorship with mandate and more flexible in its relations with the governmental policy, this risk of fragmentation may be true. However, this is not the case with the proposed agency of the State Health Secretary (SES-SP). On the contrary, the agglutinating elements within its proposal may stimulate the needed advances in the field of collective health and in the SUS rather than be harmful.

Epidemiological surveillance and sanitary surveillance has been traditionally kept in separate boxes in Brazil and, in addition, the public health laboratories have been acting as an isolate accessory... Basically, the actions for disease control, mainly those transmissible, depend on a close articulation among these three sectors. In this connection, the proposed agency intends to shelter all these institutions and others alike pertaining to the SES-SP, under a same roof, allowing better articulation among them, reduction of overlapping actions and optimization of financial and administrative resources.

Undoubtedly, an organization with such profile has a lot of room within the present scenario of the Brazilian public health. However, the most remarkable modification included in the proposal of an agency to promote health and control diseases lays in the

strong intent to better define and assure, in practical terms, the participation of the state level as manager of the SUS and, therefore, to promote a significant advance in its slow process of implementation.

In this regard, the intention of the Agency is to enhance the necessary modification, within SES-SP to follow the increasing adhesion of municipalities in the process of decentralization and integration of health action into a more peripheral level. Therefore, the state level can concentrate its efforts in its role of monitor, evaluator and, when necessary, supplier of extra need of the municipal level. In the same way, it is possible to act more efficiently in capacitating of human resources to the local plan. It should be stressed that, in this context, the State level needs to maintain adequate expertise to cope with punctual intervention in cases of emergence or reemergence of infectious diseases of high virulence and transcendence.

Once running, it is easy to the state level to restrain itself to its role of coordinator, evaluator and stimulate the promotion of health and control of diseases.

Undoubtedly, it is necessary an adequate organizational design to grant the agency with the managerial agility that is characteristic to it, which is mandatory to this model. Without this agility, in its different levels of internal and external relations, an agency can only repeat old and arquetipical proposals. However, as one can see, the political commitment in association to a correct vision of future are the main ideas the give a north to the creation of this new agency in the SES-SP and, therefore, the final result should be grateful.

An important point in this moving process is that it should be borne in mind that the State Health Secretary of São Paulo has proper characteristics supervened from an age long history of names and institutions of outstanding importance that extrapolate the state and the country boundaries. In this group it is included several research institutes that pertains to the Secretary. The excellence of its laboratories and researches allows the construction of an academy in an exotic place, once out of the university campus. However, this physical relation is irrelevant facing the grandeur of its scientific production. Therefore, in the moment that a new agency is being create, a careful sight should be launched on these institutions in order they can proceed with their historical march o positive result to the cause of public health as well as to guarantee that they can constitute in a trump to assure the proper success and the sustainability of an agency.

Marcos da Cunha Lopes Virmond
Editor

BIBLIOGRAPHIC REFERENCES

1. CNS. *Conselho Nacional de Saúde. Relatório Final da 11ª Conferência Nacional de Saúde*. Disponível em http://conselho.saude.gov.br/11conferencia/11c_relatorio.htm#modelo. Acesso em 17 set. 2003.
2. CVE. *Centro de Vigilância Epidemiológica. Boletim Informativo número 1 – Agência de Promoção de Saúde e Controle de Doenças*. Secretaria de Estado da Saúde de São Paulo. Disponível em http://www.cve.saude.sp.gov.br/htm/cve_novi.htm. Acesso em 10 de out. 2003.