

Institutional covenants: an alternative to decentralizing health actions

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Public health actions and services and contracted or associated private services that make up the Brazilian Unified Health System (SUS), according to the Organic Law of Health, are done according to the guidelines provided for in art. 198 of the Brazilian Federal Constitution (CF)^{1,2}.

The principles that underlie the SUS can be divided into two categories. The first includes universality and comprehensiveness of access to care and services, preservation, equality, participation and information. This can be called the “group of rights or ethics”, focused on the individual, the provision of the best care, equal and comprehensive care, transparency and assistance^{2,3}. The second category related to this reflection deals with organization planning, strategies, and the need for rational health action, always focusing on programs and studies that determine priorities and risks. Epidemiology guides what is essential for decentralization, but there is a clear problem generated by poorly managed resources, which directly impacts the organization and the resolution capacity at different levels of care^{2,3}.

Effective cooperation among public institutions in the field of health can open up new perspectives in social, economic, ethnic, and cultural terms, among others, and should be considered as an alternative⁴.

Therefore, actions performed through cooperation play a strategic role today, as they enable technical progress in a globalized world filled with new technologies, where access to health is an indicator of successful public management.

We highlight the strategy of the Oswaldo Cruz Foundation (Fiocruz) to manage an agenda of agreements and cooperation in health and environment, at regional, national and international levels, through partnerships and covenants with government agencies, state and municipal departments, public and private institutions, as well as civil society bodies that reiterate the public nature of the SUS⁵.

A recent example came from a covenant made and published in December 2018 between the Espírito Santo State Department of Health (SESA-ES) and Fiocruz. This covenant provides for specific training in the area of food supplements, inspections in pharmacies and drugstores, inspections in endoscopy clinics and material sterilization facilities in health services, inspections in clinical analysis laboratories, and other health services, to encourage updates in municipal health codes (CSM) linked to the Regional Health Superintendence of the city of Cachoeiro de Itapemirim (SRSCI)⁵.

SESA-ES goes about its political-administrative decentralization through health regions, with local branches for the coordination of these regions (North, South, Central and Metropolitan). In the South region there is the SRSCI, responsible for coordinating the health surveillance bodies of 26 municipalities. The activities are in accordance with the national policy and state development plans and in line with the Federal Constitution¹.

Thus, the main objective of the covenant is to evaluate the CSM regarding the temporality of their publications and to propose systematic meetings (regional update program) to design new codes based on Anvisa’s recommendations. In order to diagnose and encourage this innovative program in the state, it was noted that 68% (17) of the municipalities had published their health codes between 1996 and 2000, which calls for urgent measures.

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For individual analysis, meetings were proposed in September and October 2019 with subgroups for the draft of the CSM according to each health profile (complexity of services).

This work with the CSM has already begun, and the diagnosis proposes systematic updates of CSM according to the health activities found in each municipality. It is considered a model to be multiplied in the other regions of the state and yet an alternative model to the SUS.

This is an effort that reiterates the decentralization process and makes the “regional” strategy a rational measure of “health surveillance education”. The proposition to update the CSM goes beyond the need for regulatory updating. It represents an effort to link the regional branch with its municipalities and stresses the importance of continuing education for health surveillance professionals.

Thus, programs and projects conducted in the Brazilian and international contexts enable the sharing of knowledge and experiences through human and institutional capacity building⁴.

In the context of decentralization, it becomes evident that cooperation, also called technical covenants, has positive effects, especially when the potentialities are mapped and allow several types of partnership and various modalities of action.

In the state, decentralization needs to come about gradually and consensually, with the participation of all interested municipal managers. State or state-level management needs to be done together with municipal management, reiterating the principles of the SUS².

The continued training of municipal professionals and the organization of work processes are some of the initiatives that can

be done through covenants. These initiatives are of the utmost importance for decentralization and in line with what is advocated in the health field⁶.

Institutional covenants can occur at various levels and for different purposes. That is why the initiatives that bring health cooperation closer to the decentralization of actions are important and may represent, in the case of research, teaching and technological institutions, alternatives for the state to enable decentralization at the municipal level.

Thus, we reflect on how institutional covenants can favor the decentralization process by distributing benefits and reducing costs among their partners.

It is, therefore, important to rationalize the difficulties and, within defined organization charts, come up with solutions. Small municipalities also face a shortage of professionals, which could also be mitigated by covenants between municipalities with the same profile or located in the same region.

Successful experiences can occur with universities, Fiocruz, Anvisa and several other institutions, and point out ways for decentralization to move away from an isolated sectoral policy toward defined, traceable and reproducible work processes, especially in health services and related technologies⁷.

Finally, it is argued that technical cooperation covenants enable the expansion of activities and, therefore, the expansion of government capacity, which is, in turn, one of the necessary conditions for local authorities to take on the responsibilities transferred to them in the decentralization process.

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Conflict of Interest

Authors have no potential conflict of interest to declare, related to this study's political or financial peers and institutions.



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