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Institutionalization of health surveillance evaluation practices: improving the management through modeling of interventions

Institucionalização de práticas avaliativas em vigilância sanitária: aprimorando coletivamente a gestão por meio da modelização das intervenções

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ABSTRACT

Introduction: In Brazil, the incorporation of evaluative theory in the National Health Surveillance System has been fostering management processes focused on the evaluation of results through modeling of health surveillance (HS) actions and construction of effectiveness indicators. In the state and municipal levels, it has been highlighted the project "Institutionalization of evaluative practices: the strategic management of health surveillance based on evidence" which proposes fostering strategies of evaluative practices in the management of HS. **Objective:** To present the results of the theoretical modeling of four Brazilian HS institutions. **Method:** An evaluability study based on Leviton et al., between July and December 2019, in the state HS institutions of Minas Gerais and Santa Catarina and in the municipal ones of Belo Horizonte and Florianópolis. The modeling was developed in four workshops, considering the role of technicians and managers of institutions who formed Local Steering Committees for development of logic models, under tutorial work of consultants. **Results:** The design of the health surveillance actions allowed to describe its components, the strategic actions and the expected effects. Despite the organizational diversity of the HS institutions, the following components prevailed in the four logical models: management; regulation; control and monitoring of health risk; communication and health education. **Conclusions:** From the modeling, users incorporated information about operationalization of the intervention. It is expected, thereafter, that they will be capable of influencing thinking, practices and rules of collective action of others in order to qualify decision-making and subsidize institutional process changes.

KEYWORDS: Health Evaluation; Institutionalization; Health Surveillance

RESUMO

Introdução: No Brasil, a incorporação da teoria avaliativa no Sistema Nacional de Vigilância Sanitária (SNVS) vem fomentando processos de gestão focados na avaliação de resultados, por meio da modelização das ações de vigilância sanitária e da construção de indicadores de efetividade. Nas esferas estaduais e municipais, destaca-se o projeto "Institucionalização de práticas avaliativas: a gestão estratégica da vigilância sanitária baseada em evidências", que propõe estratégias indutoras de práticas avaliativas na gestão da Vigilância Sanitária (Visa). **Objetivo:** Apresentar os resultados decorrentes da modelização em quatro instituições de Visa brasileiras. **Método:** Estudo de avaliabilidade, fundamentado em Leviton et al., realizado entre julho e dezembro de 2019, nas Visa estaduais de Minas Gerais e Santa Catarina e nas municipais de Belo Horizonte e Florianópolis. A modelagem foi desenvolvida em quatro oficinas de trabalho, considerando o protagonismo de técnicos e gestores que

constituíram Comitês Condutores Locais para elaboração dos modelos lógicos, sob tutoria de consultores. **Resultados:** O delineamento das ações de vigilância sanitária permitiu descrever seus componentes, as ações estratégicas e os efeitos esperados. Apesar da diversidade organizacional das Visa, os seguintes componentes prevaleceram nos quatro modelos lógicos: Gestão; Regulação; Controle e Monitoramento do Risco Sanitário; Comunicação e Educação Para a Saúde. **Conclusões:** A partir da modelagem, os usuários incorporaram informações sobre a operacionalização da intervenção. Espera-se, a partir de então, que sejam capazes de influenciar o pensamento, as práticas e as regras de ação coletiva de outras pessoas para qualificar a tomada de decisão e subsidiar processos de mudança institucional.

PALAVRAS-CHAVE: Avaliação em Saúde; Institucionalização; Vigilância Sanitária

INTRODUCTION

The evaluative practice, supported by the systematization and communication of information that generates the appropriation of knowledge, strengthens the interaction between professional formulators and executors of the actions and, of these, with the decision-makers, contributing to the expansion of the systemic vision of public policies. It also qualifies the analysis of the feasibility and the impact of decisions to improve health conditions, provided that the information is analyzed as to the degree of reliability and usefulness that they may have[1].

In this sense, the participation of evaluation users in the evaluation process and the identification of facilitating agents committed to fostering organizational learning are important elements when discussing issues related to the structure, practice, and use of the evaluation. Patton[2] pointed out that support for people to help them think evaluatively tends to increase the use of an assessment, eventually making it greater than the use of the findings generated in the same evaluation[3,4]. The author emphasized the need to weigh the evidence, considering the contradictions, inconsistencies, and articulated values and the interpretation of the findings, examining possible assumptions[1,2]. It is necessary, therefore, that the evaluation questions reflect the concerns identified by the users of the evaluation, that the communication strategies facilitate the use of knowledge, and that the institutional environment is permeable to the permanent review of the developed evaluation process[1,2,3,4,5,6].

On the other hand, the sustainable maintenance of evaluative activities as part of daily work in an organization or even in a service system depends on the consistency degree of the institutionalization policy of the evaluation established with the organizational mission[7]. It is, therefore, essential that the evaluation's users are protagonists in choosing the approach of the method that best fits their organization, with a view to procedural adaptability and the expected use of the developed devices and the results of the evaluation practice, whether monitoring or evaluation[1]. In this sense, it is important to develop strategies that make the devices for implementing evaluative practice in the institution perennial. These must be introduced in the routine considering the organizational peculiarities and the political-organizational context's influence on the technical and political resourcefulness of those involved and in the disclosure of the reflexes of the evaluative culture in the system[8], being, therefore, fundamental that the construction of evaluative capacity occurs in the workspaces of individuals[9].

The search for the effectiveness of actions developed by the public management comes mainly from the 1990s, emphasizing the relevance of the evaluation focused on results and the necessary theoretical deepening on the management practices that provides the adequate basis of the evidence and the individual and collective learning within organizations[1,10,11,12]. In this context, decision making quality is directly dependent on the information and knowledge produced by it, which can be facilitated by the evaluation processes linked to the management model.

In Brazil, the incorporation of evaluative theory has fostered the conduct of management processes focused on the evaluation of results in the National Health Surveillance System (SNVS), with emphasis on the project "Elaboration of Indicators for the Evaluation of Health Surveillance Actions", which promoted the debate for the elaboration of theoretical and logical models of health surveillance actions and the construction of effectiveness indicators at the national level[13]. As a result, it has been developing in two states and two municipalities within the scope of the Institutional Development Support Program of the Unified Health System (PROADI-SUS) and the institutional partnership between the Oswaldo Cruz German Hospital (HAOC) and the Brazilian National Agency of Health Surveillance (Anvisa), the project "Institutionalization of evaluative practices: the strategic management of evidence-based health surveillance".

This proposal aims at the development of mechanisms to induce the incorporation of evaluative practice in the management of health surveillance. One of the strategies consists in the development of evaluation models aimed at the effectiveness of the actions developed within SNVS's scope, aimed at the implementation of preventive and health protection measures that result in the reduction of risk factors arising from the production and commercialization of medicines, foods, cosmetics, sanitizing, and health products, as well as those resulting from the provision of health services[14].

The challenge posed to SNVS managers is the use of the modeling strategy that allows them to know the actions developed by Health Surveillance organizations (Visa). It will serve as theoretical support for the development and use of performance monitoring instruments, understanding that the same strategy may present different results due to the different implementation contexts.

This article aimed to present the results of modeling in four Visa organizations in Brazil, being two state and two municipal ones.

METHOD

An evaluability study was carried out, which is understood as a preliminary and systematic analysis of a program, in its theoretical field and in its practice, to demonstrate the needs of adjustments in its components, and to identify which aspects of the program should be prioritized in the evaluation[15]. In order to induce and guarantee this approach, fundamentals provided by Leviton et al.[16] were used, namely: involvement of the potential involved (managers and technicians of Visa instances), clarification on the components, subcomponents, and objectives of the intervention, development, and agreement of the logical model, and analysis of the plausibility of the model.

The study was carried out from July to December 2019 in four Visa organizations: being two state (Minas Gerais and Santa Catarina) and two municipal (Belo Horizonte and Florianópolis) ones, using the following selection criteria: i) adhesion to projects fostered by Anvisa, (ii) implementation of quality management and health risk management practices, (iii) availability of a source of information for the calculation of monitoring and evaluation indicators, and (iv) existence of agreed actions to qualify the health surveillance action.

Technical documents and publications from the four Visa agencies were consulted, with a view to defining the objectives, areas of operation, and fundamental work processes for the composition of the logical models. The publication was taken as a priority reference: "Evaluation of Health Surveillance Actions: a theoretical and methodological proposal", whose objectives were to identify and formulate indicators of the effectiveness of health surveillance actions at the national level[13].

The proactive and continuous participation of managers and technicians was anchored in the political-managerial alignment between Anvisa and the four state and municipal management bodies, to address the aspects of relevance, feasibility, and vulnerability of the intervention, as well as the management devices that were eventually necessary to create or modify in the daily management. An awareness-raising workshop was held with the management and technical-managerial bodies of the four Visas, with dialogues and debates on the theoretical and methodological assumptions of the evaluation and its interface as a practice linked to management and institutional performance. Actors with potential leadership and articulation with the various technical and managerial bodies of Visa entities were also identified for the composition of a Local Steering Committee (CCL). Under the tutelage of a team of consultants in evaluation and health surveillance with experience and/or interface with health management, the committees were responsible for proposing action in all stages of the study and were constituted according to the institutional context of each Visa, by the following number of members: Minas Gerais (11); Santa Catarina (eight); Belo Horizonte (nine), and Florianópolis (nine).

For the operationalization of the modeling, four monthly workshops were carried out with an individual workload of 8 h and two technical visits in each case, with the participation of the CCL and eventual technicians and managers invited by the committees. Among the workshops, activities were assigned to the groups with a view to reviewing the products, propositions in the writing and/or the content of the logical model, and consultation with local actors to acquire additional information. As transversal axes to the modeling process, the theoretical approaches referring to the basic knowledge on the interfaces of an institutionalization process of evaluation practices stand out, as well as the CCL was encouraged to share the actions and products developed with the technical teams and instances managers, in order to foster an evaluative culture in the respective institutions.

The design of the logical models of Visa organizations in Santa Catarina and Minas Gerais was mediated by the level of state analysis, represented by the actions of planning and decentralization, technical cooperation, co-financing, in addition to the execution of the actions in a direct and/or complementary manner. Therefore, in the instances of Visa in Belo Horizonte and Florianópolis, the level of municipal analysis was taken as a parameter, represented by the competencies of planning, management, control, evaluation, and execution of health surveillance actions in the municipalities.

The emphasis on the performance of Visa's management was common to all four cases, as a key element to support accountability and results-based management. In this sense, the principles, guidelines, and practices developed by the Visa bodies were discussed, as well as the expected objectives and the relationships between the activities and their effects were detailed. For each component of the model, subcomponents were agreed with a view to better characterizing the activities identified as being priorities for monitoring management performance. The agreement of the models with the managers and technicians was guided by the consistency test, the review of the intervention components and subcomponents, and verification of the relationships between the activities and their effects.

This article complies with the provisions of Art. 1, sole paragraph, Item VII, of Resolution No. 510, of April 7, 2016, at the National Health Council, which deals with specific ethical considerations applicable to research in the social and human sciences.

Chart. Components and subcomponents of health surveillance actions by states and municipalities, 2019.

Health Surveillance Organizations			
Minas Gerais	**Santa Catarina**	**Belo Horizonte**	**Florianópolis**
Management Planning and assessment; decentralization; intra and intersectoral ;partnerships; knowledge management skills training	**Management** Planning and assessment; decentralization; intra and intersectoral partnerships; knowledge management; skills training	**Management** Planning; skills training; knowledge management; risk management	**Management** Planning and assessment; people management
Regulation Regulatory framework legislation; sanitary licensing	**Regulation** Regulatory framework legislation	**Regulation** Regulatory framework legislation; sanitary licensing	**Regulation** Regulatory framework legislation; sanitary licensing
Health risk **control**	**Health risk** **control**	**Assistance Security** Patient safety; multidisciplinary care	**Health risk control** Products, services, and environment; health surveillance emergencies
Health risk monitoring Products and services; patient safety; health surveillance emergencies	**Health risk monitoring** Products and services; patient safety; health surveillance emergencies	**Health risk monitoring** Products and services; environmental health; health surveillance emergencies	**Health risk monitoring** Services and products; environment
Communication and education **for health** Relationship with society	**Communication and education** **for health** Relationship with society	**Health information,** **communication, and education** Relationship with society; integration and partnerships	**Integrated actions, communication** **and health education** Relationship with the regulated sector and society; intra and intersectoral relationships;

Source: Elaborated by the authors, 2020.

RESULTS

It was found that, despite the organizational diversities identified in the four Visa bodies, the definition of the actions and their respective components and subcomponents eventually presented different names, but with close similarity and relationship with the responsibilities of the management spheres (Table).

The Management component, present in the four cases, included the activities of planning and directing Visa systems through the exercise of the functions of coordination, articulation, training of skills, scientific production, monitoring, and evaluation of activities in accordance with the Health Surveillance Action Plans, Health Plans, Sanitary Codes, and SNVS Guidelines. In state models, the principle of decentralization is added to this component, as a guiding element in the capacity to carry out actions in regional and municipal instances.

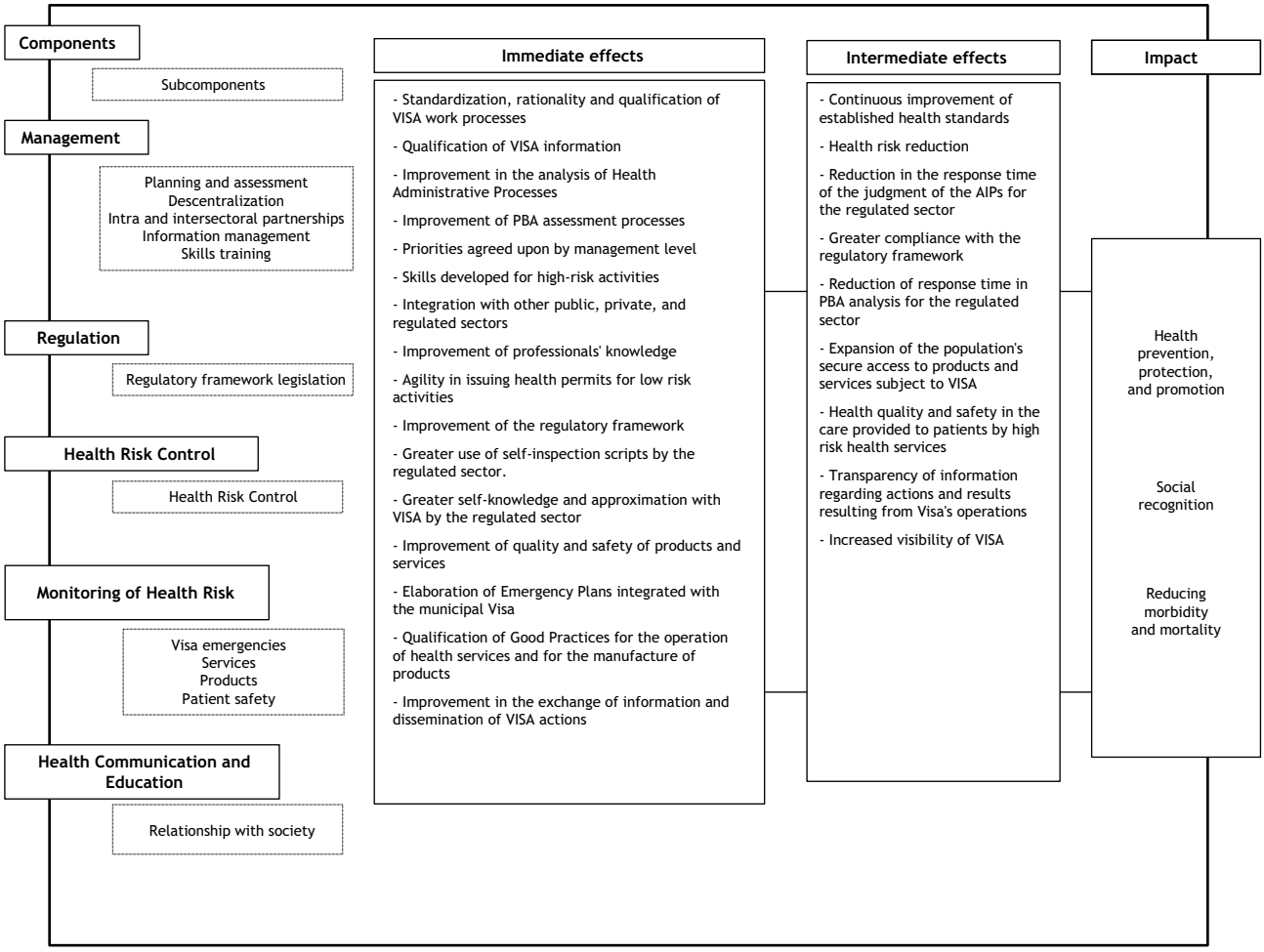
In the Regulation component, the subcomponents Legislation and Regulatory Framework and Sanitary Licensing emerged, the first being the synthesis of the actions for the elaboration, updating, publicization, and execution of the sanitary regulatory frameworks of interest to SNVS entities, in addition to the elaboration and updating of the normative framework of good regulatory practices. The Health Licensing subcomponent, which is not included in the Santa Catarina model, was defined by the other cases as standardization and simplification of processes; publicizing health inspection scripts; and analysis of architectural projects. In addition to these, Florianópolis' Visa also understands that this subcomponent covers the issuance of health licenses and permits.

The Health Risk Control component is related to the inspection action in the production and consumption of goods and services subject to health surveillance, this component being included in the models of Minas Gerais, Santa Catarina, and Florianópolis. In Belo Horizonte's Visa, the Assistance Safety component was included in the model, with a view to implementing a culture directed to the municipality's assistance processes and practices.

The Health Risk Monitoring component, on the other hand, is consistent with monitoring, follow-up, assistance, and technical guidance to the demands of environmental health, products, services of interest to health, as well as those related to health emergencies. In the state entities, the subcomponent Patient Safety is added, which relates to the planning, organization, and monitoring of actions promoted by health institutions to reduce the risk of unnecessary harm associated with health care to the minimum acceptable.

Actions aimed at the relationship between Visa agencies and services with society were established as a subcomponent in all models, integrating into components consistent with communication and health education, whose names were not consensual. Municipal organizations included intrasectoral and intersectoral partnerships in this scope, including with the regulated sector (Chart).

The logical models outlined in Figures 1, 2, 3, and 4 show the causal relationship between health surveillance practices and their immediate effects (more directly related to components, subcomponents, and their related activities), intermediate effects (if successful, will reach the target population of the intervention), and the impact, which affects the general



Source: Elaborated by the authors, 2020.

Figure 1. Logical model of health surveillance actions. Santa Catarina, 2019.

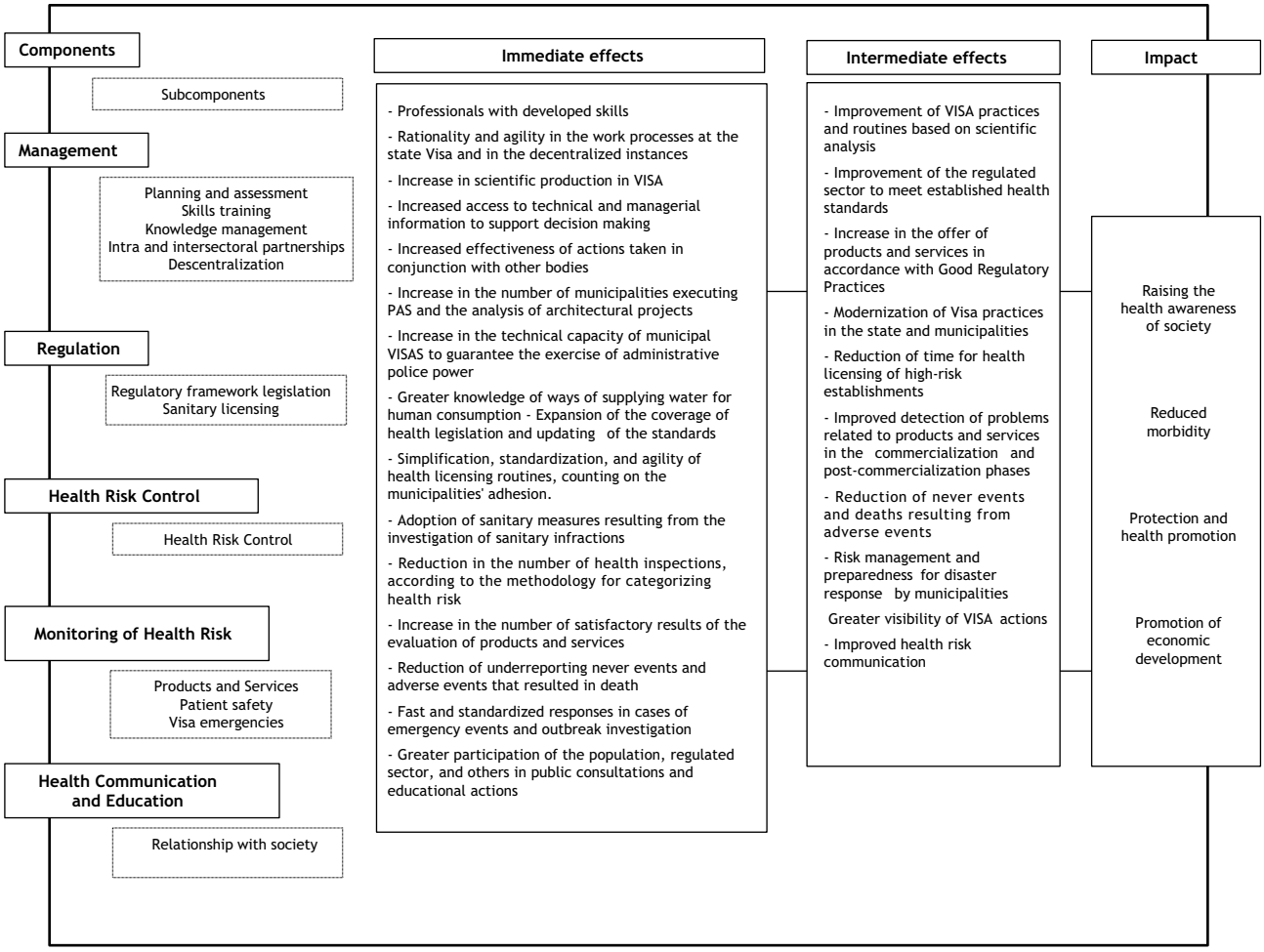
population as a consequence of the realization of the intermediate effects, being often influenced by external factors and/or belonging to other interventions.

DISCUSSION

The modeling contributed to clarify the purposes of the intervention and to reflect on the causal relationships between health surveillance actions and their expected effects, and it is necessary to elucidate the complex nature of the intervention[17]. The municipal and state bodies portrayed in this study are part of SNVS, whose duties and areas of action are comprehensive and demand an organized set of technical and political practices, of an intersectoral, multi-professional, and interinstitutional nature. Its mediating function is added between the interests of the regulated segments and public health protection policies, which attributes responsibility for the balance between economic and health interests, which makes the health surveillance area a key element for the establishment of ethical relations between production and consumption[18,19].

The intervention's high degree of complexity increases the uncertainty as to the scope and nature of the possible results, making modeling even more complex, especially when it comes to results-based models, whose purpose is the establishment of performance monitoring systems[20]. In this regard, the operational basis for the elaboration of logical models with robustness and plausibility considered the perspectives of internal and external actors, respectively the CCL and the specialists, having been an approach with a formative character and prone to the identification of problems and explanations about the processes related to health surveillance practices in the four cases studied[21,22].

The engagement of stakeholders was triggered during the modeling's development, being a premise to guarantee the internal actors' protagonism on the knowledge of the intervention's theoretical assumptions and on this step's potential to expand the usefulness of the recommendations of future monitoring and evaluation processes[2,23]. In addition, there was a diversity of points of view considering the involvement of the management body and technicians from strategic areas of Visa organizations



Source: Elaborated by the authors, 2020.

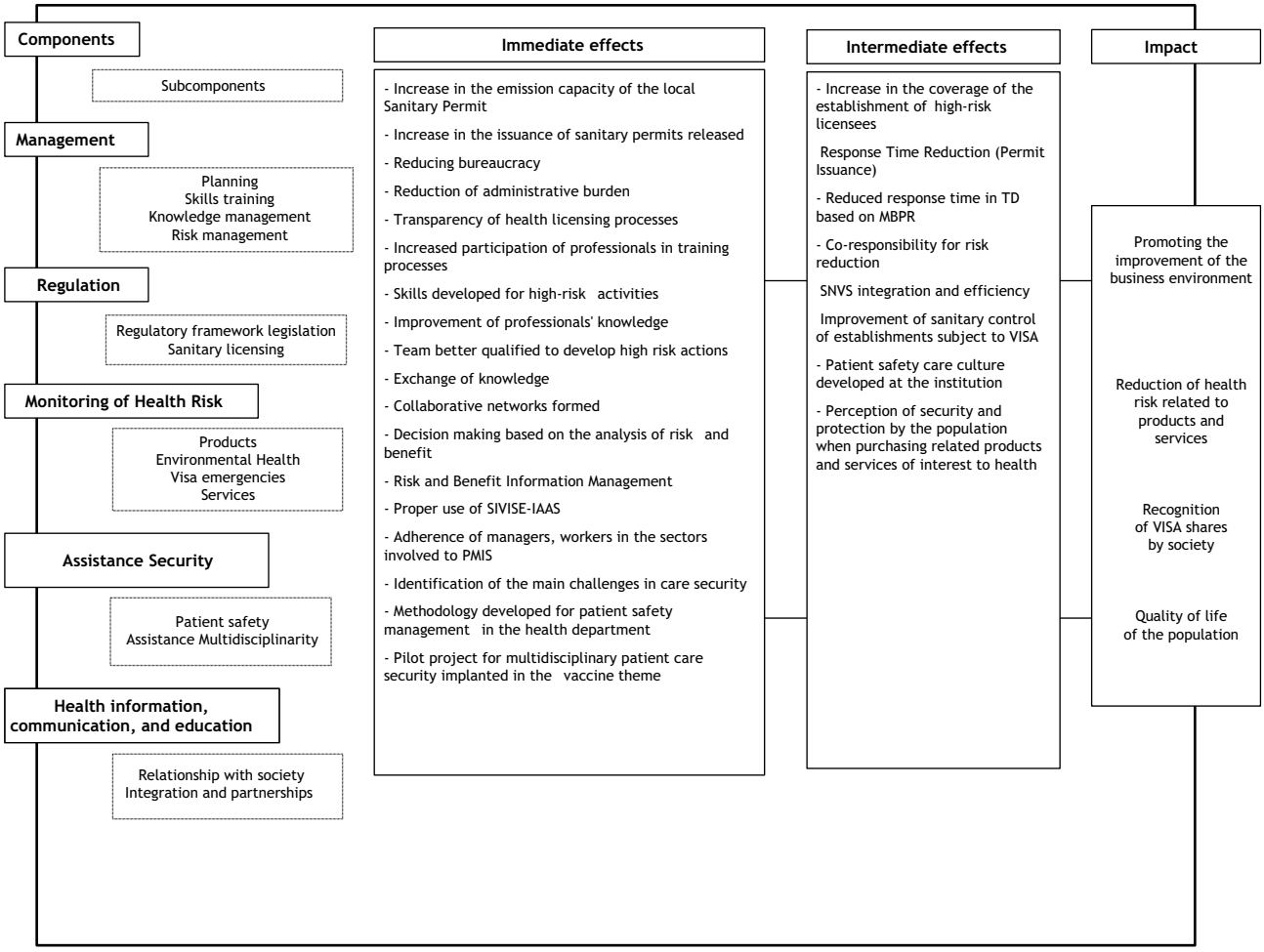
Figure 2. Logical model of health surveillance actions. Minas Gerais, 2019.

throughout the process. Other studies have made references to the gains resulting from the analysis of managerial information in a team, highlighting the greater collective capacity in relation to the sum of individual isolated capacities for the processing of this information[24,25,26].

Still, the use of a participatory approach directed the planning of workshops that aimed at establishing a scenario of performance and negotiation in which the actors involved had the opportunity to assert their claims, as well as influence the decisions inherent to the evaluation path. The collective construction made it easier to reach agreements and consensus on intervention's components and their causal relationships, which contributed to the model being meaningful to its users.

The involvement and participation of technicians and active managers were essential for the insertion of priority and strategic activities for each Visa. The components and subcomponents defined by the four cases were similar to each other and to the modeling of health surveillance actions at the national level[12], and it is pertinent to consider that this was used as a reference for the development of the logical models of the four cases studied. However, this instrument, despite being characterized as a guide for the modeling in question, did not prevent the construction of models that are closely coherent with the local institutional conformations. Whether it is due to different SNVS instances, or due to the appropriation of professionals about their practices and areas of activity, favoring mature reflections on the components of the intervention and the relationship with its effects.

Considering the specificities and peculiarities of the entities involved in the project and the different levels of decentralization of health surveillance actions in SNVS, the logical models developed sought to retain characteristics of reproducibility, ensuring the flexibility of its nature, in the perspective that the experience can contribute with the promotion of its use and the debate about its applicability[12,24]. An issue that deserves to be highlighted is the necessary openness to a periodic review of the logical model, in the sense of its readjustment, according to the need to contemplate unforeseen



Source: Elaborated by the authors, 2020.

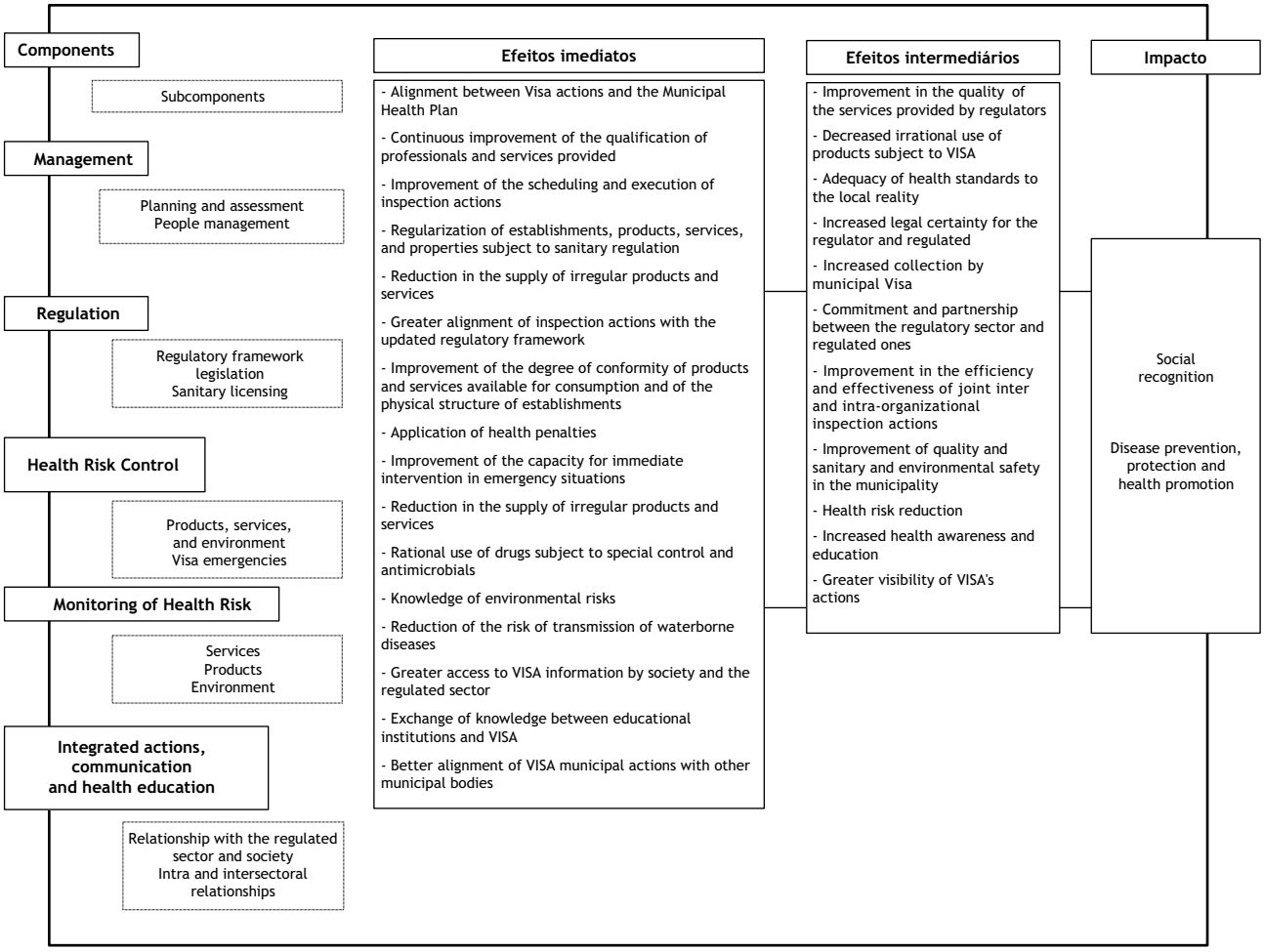
Figure 3. Logical model of health surveillance actions. Belo Horizonte, 2019.

aspects, resulting from the development of management processes or contextual factors[24].

Regarding utility, in addition to improving the intelligibility of health surveillance actions and their consequences, modeling was configured as a guiding principle for the definition of priorities and the development of legitimate evaluation processes[27]. It can also be expected that the option for a participatory approach and the theoretical support that underpinned the strategy throughout the process will drive the instrumental use (support to decision making) and conceptual use (focused on the learning of the actors) of the evaluation[28,29]. This utilization potential fits in what Patton[30] calls process use, which includes changes in the behavior of the actors, in the intervention or in the organizational culture when they occurred during the evaluation process.

From the modeling, the users incorporated information about the intervention's operationalization, which makes them capable of influencing the thinking, practices, and rules of collective action of other people, which, in itself, can support decision making and change. On this aspect, the strategic thinking in the composition of CCL with the representativeness of the managing nucleus had as its horizon the development of coherent and plausible logical models; in the same way that the selection of people with the ability to share the knowledge and skills acquired and influence their peers was envisioned, with the ultimate goal of fostering an evaluative culture[9,31].

An active learning process was also sought in which, in addition to products, their construction was valued, promoting changes through a set of analyzes, interpretations, and assigning new meanings to institutional routines[4,24,30,31,32,33,34]. This perspective feeds the induction, through the institutionalization of evaluative practices, of a process of systematizing the knowledge produced as an integrating and qualifying management element. The resulting feeling of identity contributes to the implementation of formal and informal rules at the organizational level, forming guidelines that, later on, will favor the definition of policies based on references in the field of health assessment[1,35,36].



Source: Elaborated by the authors, 2020.

Figure 4. Logical model of health surveillance actions. Florianópolis, 2019.

CONCLUSIONS

This modeling aims to provide subsidies for the design of evaluation processes and practices that can effectively contribute to decision making in Visa organizations. The logical models built collectively and legitimized by the institutional actors are an exposition of the intervention's operationalization mechanisms, being configured as a potential tool for directing the evaluation priorities consistent with the contextual demands of the four instances addressed in this study.

It should be noted that the methodology used for the modeling process and the systematization presented in this article allows identifying an adequate strategy for the development of similar initiatives in other Visa organizational scenarios. In this sense, it is recommended that the modeling should be used as an initial catalyst for an institutional process in which the evaluative practices in the Visa instances become, effectively, essential to the rationalization of management and decisions, including in the definition of the allocation of resources.

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Author's Contributions

Dubeux LS, Almeida CK, Felisberto E, Medeiros GAR, Ávila SG, Barca DAAV, Zanetta BL, Santos MBS - Conception, planning (study design), acquisition, analysis, data interpretation, and writing of the work. The authors approved the final version of the work.

Conflict of Interests

The authors inform that there is no potential conflict of interest with peers and institutions, politicians, or financial in this study.