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https://doi.org/10.22239/2317-269x.01903

Evaluation of health surveillance actions: participatory construction of mechanisms for monitoring management performance

Avaliação das ações de vigilância sanitária: construção participativa de mecanismos para o monitoramento do desempenho da gestão

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Received: Mar 19, 2021
Approved: Oct 13, 2021

ABSTRACT

Introduction: Evaluation focused on use is an important theoretical framework to be observed in proposing a pathway among those of the field of evaluation to support the qualification of health management. Performance monitoring is considered a driving strategy for rationalizing management and decisions. **Objective:** To present the pathway carried out by the *Agência Nacional de Vigilância Sanitária* and the *Hospital Alemão Oswaldo Cruz* in the participatory construction process of mechanisms for monitoring management performance in subnational instances, as part of the implementation of the action - structural and technical mechanisms - that makes part of the first line of execution of the Institutionalization of the project "Evaluative Practices: strategic management of the evidence-based health surveillance". **Method:** Description of the participatory construction process of mechanisms for monitoring management performance in subnational instances, considering two dimensions - the involvement of the main stakeholders in the perspective of the use of monitoring and the building of theoretical and operational tools and utilization strategies. **Results:** The project was implemented in four health surveillance institutions. It was permeated by the participatory feature since the strategy conception, to the modeling, to the formulation of the management devices and instruments of analysis and interpretation of the indicators. **Conclusions:** The project enabled the development of an institutional learning locus that valued not only the appreciation of results, but also the information production process itself. Therefore, it contributes to the institutionalization of changes and innovations in the execution of actions.

KEYWORDS: Health evaluation; Institutionalization; Health Surveillance

RESUMO

Introdução: A avaliação focada na utilização constitui-se em referencial teórico importante a ser observado na proposição de um caminho entre tantos que o campo da avaliação oferece como suporte à qualificação da gestão em saúde. O monitoramento do desempenho é considerado uma estratégia impulsionadora à racionalização da gestão e das decisões. **Objetivo:** Apresentar o caminho percorrido pela Agência Nacional de Vigilância Sanitária e pelo Hospital Alemão Oswaldo Cruz no processo de construção participativa de mecanismos para o monitoramento do desempenho da gestão em instâncias subnacionais, como parte da implantação da ação - mecanismos estruturais e técnicos - integrante da primeira linha de execução do projeto Institucionalização de Práticas Avaliativas: a gestão estratégica da vigilância sanitária baseada em evidências. **Método:** Descrição do processo de construção participativa de mecanismos para o monitoramento do desempenho da gestão em instâncias subnacionais, considerando duas dimensões - o envolvimento dos principais interessados na perspectiva do uso do monitoramento e a estruturação do instrumental teórico e operacional e de estratégias de utilização. Resultados: Projeto

implantado em quatro instituições de Vigilância Sanitária, permeado pelo caráter participativo, desde a elaboração da estratégia, à modelagem, à formulação dos dispositivos gerenciais e de instrumentos de análise e interpretação dos indicadores. **Conclusões:** O projeto viabilizou a instituição de um espaço de aprendizado institucional que valorizou não só a apreciação dos resultados, mas, também, o próprio processo de produção da informação, contribuindo, assim, com a instituição de mudanças e inovações na execução das ações.

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

INTRODUCTION

The evaluation of health policies and programs in Brazil has been encouraged since the beginning of the 2000s, as part of the continuous improvement process of the country's Unified Health System (SUS). Resulting from the implementation of sectoral policies that require the evaluation of their results, evaluative practices are also fostered by projects funded by international institutions. The strong interaction between bureaucratic and scientific instances is also noteworthy. This particularity of the SUS in the scope of social policies has favored the debate on the need to incorporate evaluative practices to several areas of the system[1,2]. Institutionalizing evaluative practices in the health system requires the implementation of "policies for evaluation policies and programs" aimed at improving them and ensuring the quality of both processes and products considering aspects like accountability, comparability and performance. These are essential conditions for the development of institutions and the qualified provision of services demanded by the population[3,4].

In this sense, from a theoretical perspective, it is essential that the evaluation be focused on use, although others may be adopted. This focus enables us to apprehend, for example, the need to engage the main potential users of an evaluation from the beginning, which means effectively engaging them in preparing the justification, the theoretical and methodological design, the analytical structure and the necessary recommendations to drive change[5,6,7,8,9]. This increases the legitimacy and potential use of evaluation processes and their results. Still, this type of evaluation can focus on processes, results, impact, cost analysis, among others. It may enable the adoption of isolated or simultaneous quantitative and qualitative approaches; it can contribute to formative and summative purposes and be based on different types of frameworks[6]. However, its performance should be linked to the level of engagement of the evaluation users, to the attribution and contribution characteristics that it incorporates and to the organizational context in which they are[6,8]. In this sense, evaluative practices have been adopted by health agencies in their pursuit of improvement and qualification of regulatory, normative and inspection actions, aiming at mitigating health risks in Brazil.

Historically, the structural redesign of health surveillance bodies, resulting from the reform of the State apparatus in the late 1990s, strove to implement a public administration model with a strong regulatory focus, as opposed to previous self-centered and bureaucratic practices[5,6,7,8,10,11]. On the other hand, enforcing the current concept of health surveillance—a set of actions that aim to eliminate, reduce or prevent health risks through intervention on sanitary problems that arise from the environment, production and circulation of goods and the provision of services of interest to health[12]—requires policies, technical standards, legislation, inspections and planning, which, in turn, require the adoption of consistent practices of monitoring and evaluation[12,13].

Brazil's National Health Surveillance Agency (Anvisa), in partnership with Hospital Alemão Oswaldo Cruz (HAOC), within the scope of the Program to Support Institutional Development of the Unified Health System (Proadi-SUS) and articulated with state and municipal management bodies, created a project called "*Institucionalização de práticas avaliativas: a gestão estratégica da vigilância sanitária baseada em evidências*" (Institutionalization of evaluative practices: strategic management of evidence-based health surveillance) (IPA), implemented in the 2018-2020 triennium. The purpose of the project was to create mechanisms to encourage evaluative practices in work processes, based on data systematization, proper information sharing and incorporation of the knowledge produced in daily management[14].

The initiative provides continuity to another project: "Design of Indicators for the Evaluation of Health Surveillance Actions", also a partnership between Anvisa and HAOC, carried out in 2016 and 2017. It proposed an evaluation model to establish effectiveness indicators for health surveillance actions and was presented in the "*Avaliação das Ações de Vigilância Sanitária: uma proposta teórico-metodológica*" publication. The document is used by Anvisa to guide technical discussions and foster an evaluative culture in the National Health Surveillance System (SNVS)[12,15].

The IPA Project is an effort to promote an evaluative culture within the SNVS in an articulated way and in compliance with the principles of decentralization and autonomy of its administrative organizations. Its implementation should address participatory characteristics and intra- and extra-institutional integration. On that note, it is made up of three complementary lines of execution that seek to promote the technical empowerment of these structures through different actions: (i) Evaluation Capacity — development of competences; structural and technical mechanisms; (ii) Monitoring and

Evaluation — production, information and communication of results; (iii) Collaborative Networks — technical cooperation and cross-sector articulation[14].

The objective of this article is to present and propose a debate on the path taken by Anvisa and HAOC in the process of participatory construction of mechanisms for monitoring the performance of management in subnational instances, as part of the first line of execution of the IPA project, considering the option for monitoring performance as an evaluation activity that is inherent in the process of management of health surveillance actions in the SNVS.

METHOD

The process of participatory construction of mechanisms to monitor the performance of health surveillance management started with the application of the theoretical framework[14] to four health surveillance management organizations, of which two were state bodies and two were municipal bodies, respectively Minas Gerais, Santa Catarina, Belo Horizonte and Florianópolis. A logical model and a management performance monitoring dashboard were chosen as structural and operational mechanisms to translate and communicate the theory underlying the health surveillance actions done at the institutional level.

Once the performance monitoring of health surveillance management has been defined as a driving strategy for an institutional process in which evaluative practices become effectively essential for the rationalization of management and its decisions[18,19], the first essential step for the fulfillment of the objective of the proposition addressed here consisted of approaching and engaging the stakeholders, as represented in Figure 1. With that in mind, political articulation meetings were held between Anvisa (proponent) and health surveillance body managers (state and municipal) to apply the evaluation model. During the meetings, feasibility analyses were performed and aspects related to the potential need to adapt management mechanisms were addressed[20].

Each health surveillance body was asked to appoint a professional as a focal point to be responsible for the leadership, management, communication and negotiation activities, which are essential for dialogue and alignment with Anvisa, HAOC and the technical areas of the institution itself on the execution of each step of the work process. Based on this appointment, new meetings were held between managers of Anvisa and the four selected health surveillance bodies to achieve some initial technical consensus. Later, the meetings were conducted by the project implementation team formed by HAOC technicians and specialized consultants, together with a Local Steering Committee (CCL), led by the focal point and composed of strategic stakeholders from each of the health surveillance bodies—managers and/or reference professionals in technical areas.

Then, thematic and technical meetings were held with the CCL. The meetings had group discussions on theoretical and methodological aspects of health evaluation and were conducted by the consultants. At the same time, a remote introductory course on health evaluation with focus on health surveillance was made available for professionals involved in the process. The objective was to promote individual and organizational education on the subject. The creation of the CCL was a strategy to mobilize local stakeholders that enabled a dynamic process of interaction, information sharing and dialogue with decision makers[21]. As these stakeholders acquired and consolidated basic knowledge about the interfaces of an institutionalization process of evaluative practices, the process of building and proposing an evaluation strategy to be submitted for approval by the managers began. This construction process considered the existence of previous experiences of evaluative practices, information systems, available data, study of documents and technical and scientific publications of interest.

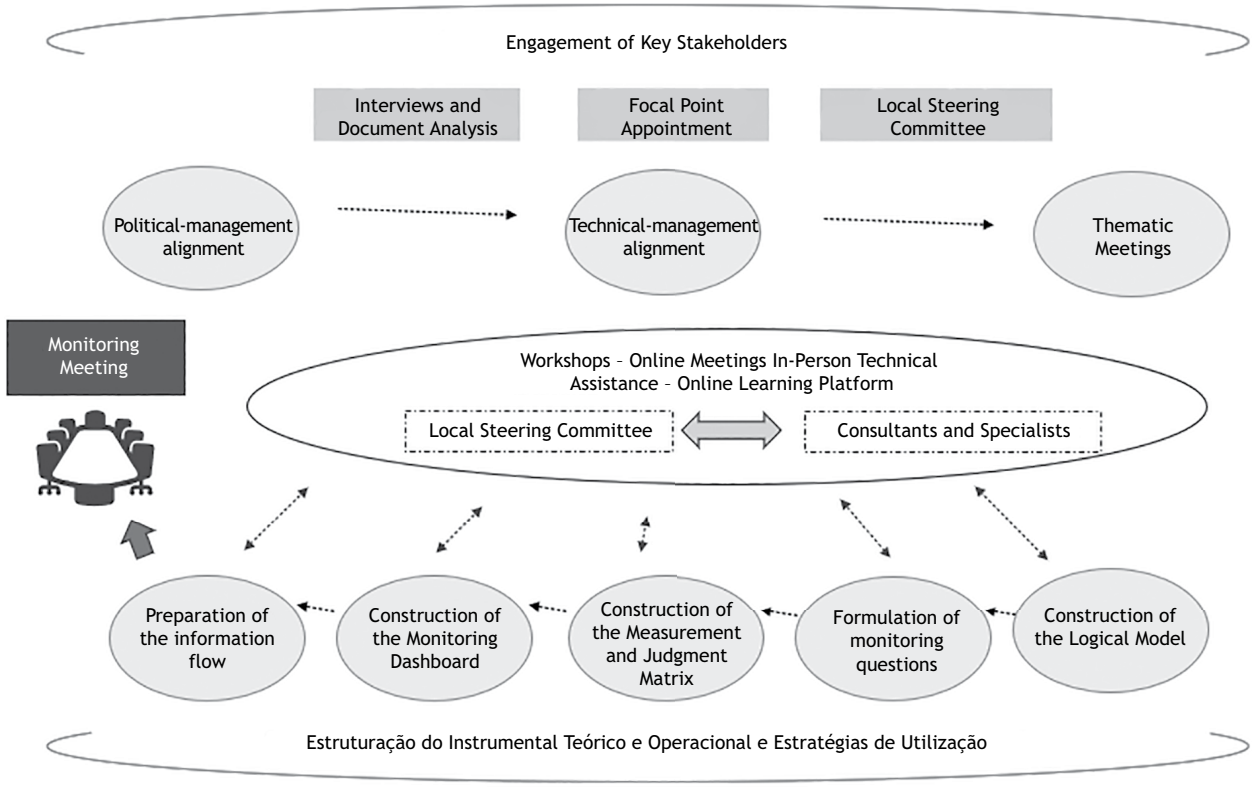
The four health surveillance bodies then proceeded to the identification of their previous experiences with evaluative practices, the analysis of their suitability to the proposed theoretical framework[12], the definition of the theoretical and methodological references to be adopted by each management instance and the design of the logical models that would guide the implementation process. In this sense, 41 interviews were carried out with key health surveillance stakeholders through semi-structured guides. Several technical and institutional documents and official regulations were consulted to enable a contextualized analysis, which was also based on a previously prepared guide. Then, 18 face-to-face workshops and 26 virtual meetings were held to replace the workshops due to the COVID-19 pandemic, in addition to eight technical advisory visits to health surveillance bodies. The meetings consisted of participatory theoretical presentations and group work that enabled the identification of the constituent elements of the four logical models already presented in a previous issue of this journal[22]. Together with other strategies, they make up the theoretical and operational framework that is represented in Figure 1.

RESULTS AND DISCUSSION

Stakeholder engagement from the perspective of the use of monitoring

The previous construction of the theoretical framework to evaluate the effectiveness of health surveillance actions and their dissemination through an institutional technical document[12] and a scientific publication[15] enabled Anvisa to have deeper insight into the needs—perceived by several stakeholders—for strategies and mechanisms to encourage the systematic and organized use of information routinely produced by the SNVS.

With that in mind, some questions were considered to guide the implementation trajectory and define the conducted activities: (i) what types of information are available or can be made



Source: Prepared by the authors, 2021.

Figure 1. Schematic framework of the implementation process — Institutionalization of Evaluation Practices: the strategic management of evidence-based health surveillance (IPA), 2019-2020.

available from the daily work in health surveillance?; (ii) are there sufficient, reliable and regularly fed sources of information?; (iii) do health surveillance professionals conduct their activities based on the evidence produced by this information?; and (iv) are these professionals technically prepared for the proper use of this information to support decision-making, which is necessary for the better management of health surveillance? These four questions bring to light two important elements to be considered: interpretation and contribution.

The interpretation element concerns the individual and collective preparation of people. In this element, the information produced and the way in which this occurs must be part of a process of continuing learning that taps into the produced knowledge to address problems and interventions. The interpretation is also related to the degree of certainty to be attributed to that evidence, reflecting the quality of data and information[9,16]. The contribution element is anchored in evaluations focused on use, a theoretical framework that is increasingly necessary to support evaluative practices, whether focused on monitoring or evaluative research[9,16].

From this perspective, an initial premise is that, whatever the option chosen, monitoring or evaluation proper, key users must actively participate in the definition and design of the theoretical framework to be adopted. The modeling of the intervention must translate its expectations, its values, and be adapted to the context in which the actions take place. On the other hand, they must determine what types of evidence they need and which can contribute to the necessary decisions. In other words, it is the users of the evaluation who will determine the degree of contribution that the evidence will have in the work process, based on its interpretation. In this case, the participation of external evaluators or specialized consultants should facilitate the organization of evidence and interpretation criteria. They should give a value judgment on the issue only when requested by the evaluation users, thus strengthening the collaborative approach that may, however, vary according to the purpose of their attributions and the political and organizational context. In this aspect, the role and type of relationship of this player with the evaluation users must be previously negotiated and explained[17].

Structuring theoretical and operational tools and strategies for use

Having as a priority reference the "Ações de Vigilância Sanitária: uma proposta teórico-metodológica" publication[12], the debate emerged naturally and facilitated the design of the appropriate model for the local instance[22]. Understanding the contribution of each component of the CCL to the results of the actions done within the scope of health surveillance was an essential step for the architecture of the evaluation proposal[23,24]. This interactive work process also

enabled the participants to adjust the specific needs of each health surveillance body to the local context, keeping the focus on the potential and desired uses of the instrument to be built.

The structure of organizational systems is consequent to social needs and demands and provides for different arrangements, in addition to different forms of interventions that are organized around standards, values, culture and social structure[19,20,21,22,23,24,25]. Therefore, knowing the provisions is necessary to adjust the interventions and consider the characteristics of the setting where the convergences, conflicts and power dynamics are produced, individually and collectively, by institutional players. These aspects influence the emergence of new knowledge and forms of dialogue and use of knowledge and, therefore, innovative initiatives that promote organizational development[26]. Still, it must be understood that the implementation of an intervention and its effects are influenced and influence its sustainability. There are several factors that can influence the continuity of interventions, such as their relevance and legitimacy, their financial stability and their ability to adapt to changes in political and institutional contexts[27,28,29]. Theoretical modeling enables us to overcome the intervention-results dichotomy and explore the relationships that determine the success or failure of an intervention for different audiences and in different contexts. The organizational characteristics of health surveillance and the responsibilities taken on within the scope of the SNVS were decisive for the choice of strategies and types of instruments to be produced. These, on the other hand, were designed so as to enable the ongoing implementation experience to be adapted to other state and municipal health surveillance bodies, in addition to being open to the addition of other aspects that had not been foreseen and/or previously prioritized[17,24,30].

Monitoring is characterized as a strategy of systematic and continuous tracking of relevant information. In this aspect, it is always at risk of promoting bureaucratic, repetitive and, therefore, not very reflexive actions. This impairs the observation of the changes that occurred as a result of the actions, negatively influencing the users' apprehension of relevant aspects. Thus, the formative character of the construction process must be ensured. This can also help identify weaknesses and potential for changes and/or innovation during the execution of actions[4,17,31,32]. On the other hand, the construction of the instrument must include attributes that promote its sustainability since its planning stage. It must clearly determine the purposes, the structural resources, the people responsible for each stage of the process, the strategies for its effective use and permanent spaces for internal negotiation in the organization. These precautions will contribute to turning these practices into routine elements that foster the systematization of an institutional evaluation policy[19,33,34].

The building process of these models enabled a better understanding of the particularities of the management system—its components, activities and results—and the forms of organization of services and aspects related to funding. This highlighted the relationships between the characteristics of the IPA project, the factors of health surveillance organizations and factors related to the implementation environment[22]. The guiding principle was to identify the effects of health surveillance actions, differentiating them as products, results achieved and contribution to the improvement of the SNVS and the institutional development of the local health surveillance body[22].

After building the models and validating them with the higher levels of the managing organizations, a critical phase of the instrument building process began: the preparation of the monitoring questions and the matrix of measures and judgments. The questions were prepared based on criteria of priority, usefulness, relevance and feasibility. Between 10 and 22 questions were prepared by each health surveillance body and classified by their potential to produce indicators of three attributes: reach of the results, coverage of the actions and trends of the health situation. Of the total number of questions, 54% referred to the reach of the results and 31% to the coverage of the actions, which is strongly consistent with the nature of the proposed instrument. Only 15% of the questions referred to the trend of the health situation, which is also consistent with the application of the feasibility criterion, concerning the availability of information systems in health surveillance. Also, the questions were grouped into dimensions and were related to: management (35%), regulation (12%), health risk control (17%), health risk monitoring (20%), integrated actions, information, communication and education for health (14%), and care security (2%).

The indicators were identified, built and selected according to well-defined criteria: validity — whether the indicator measures what was proposed; sensitivity — whether the indicator captures changes in the monitored situation; specificity — whether the changes captured are true; relevance — the importance of the indicator for decision making; opportunity — whether the indicator is available when it is needed; simplicity — if it is easily understandable; and cost-effectiveness — whether the results justify the investment of time and resources to achieve them[35,36]. During the implementation process, the collective debate enabled a thorough reflection on each of the indicators, which resulted in an average of 20 indicators per health surveillance body, with a variation from 15 to 25.

In addition to the necessary operational adaptation of the work process due to the COVID-19 pandemic, this context of public health emergency also emphasized the need to add evaluation questions and, consequently, indicators referring to health surveillance actions in the monitoring of the health risk and in the fight against the new coronavirus.

The measurement and judgment matrices systematized, in addition to the questions, the criteria, indicators, sources of information, the frequency with which the information should be available, the form of calculation and the standards—which were determined based on norms, scientific literature or averages obtained from routine practices—in addition

to attributes referring to merit: goals, stratification, result, and judgment[35,36].

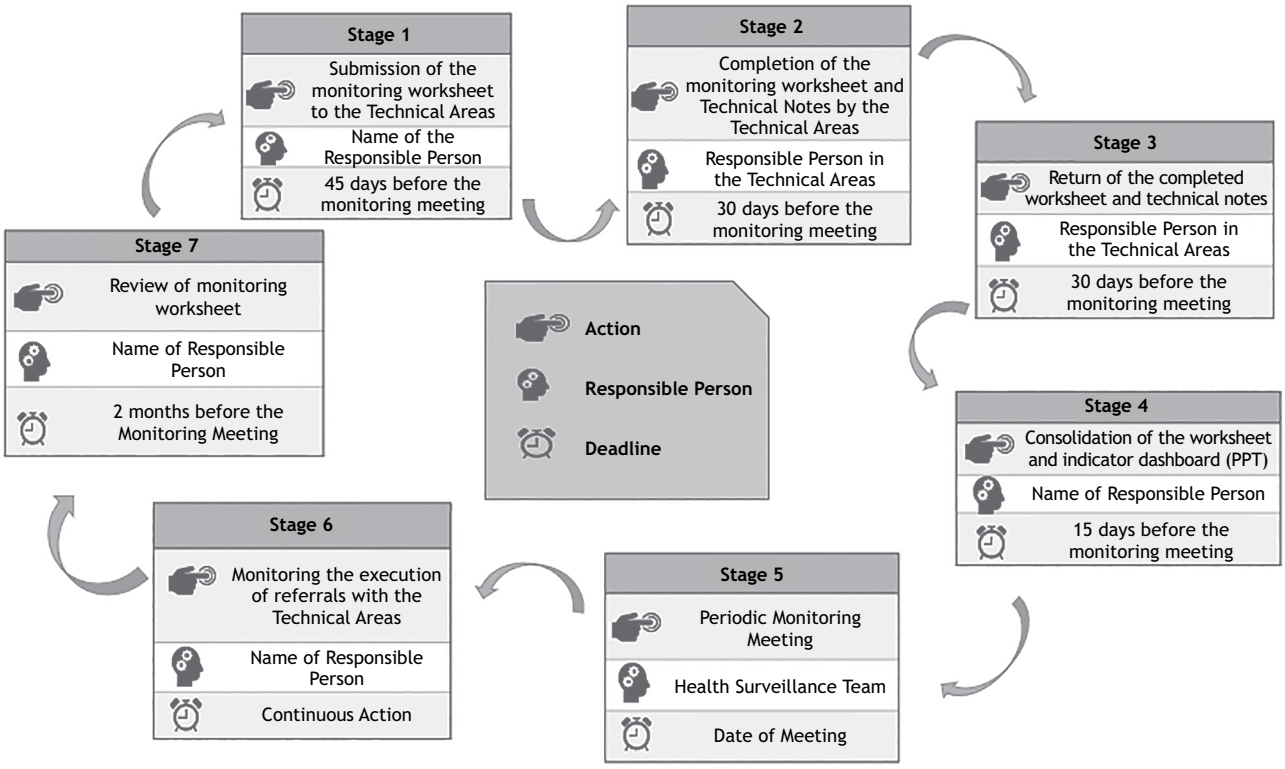
An important aspect to be highlighted is the preparation of instruction manuals containing indicator sheets and the detailed workflow for the adoption and use of monitoring dashboards. The sheets contain the following information: interpretation, source of information, calculation method, periodicity, target, responsible sector and observations on each indicator. The flow includes the steps of the internal monitoring implementation process, in addition to determining those responsible for it and the deadlines for the execution of each action, including the monitoring meeting that should be held on a regular basis, led by the health surveillance manager and with the presence of the leaders of technical areas and other strategic people in the organization.

This meeting is a strategic and essential moment for the monitoring cycle. It is at this time that the information is discussed in greater depth and the results of the interventions and goals are analyzed. The actions taken, the weaknesses and their causes, the progress, the next steps to charter the course and improve the activities, in addition to the responsible people and the deadlines for the measures must be discussed. It is important to appoint a reference operational team that should support managers and technicians in feeding spreadsheets and operationalizing computer tools. This can be integrated with the CCL in the constitution of an evaluation unit[21].

The instrument used in the monitoring meeting, along with other support tools, is the Monitoring Dashboard, a dynamic instrument for interaction, information sharing and dialogue between the members of the technical areas and decision makers, which should summarize the discussions and propositions (Figure 2). The monitoring dashboards are set up in a matrix format whose columns present the indicators selected by the management, grouped by criteria, the results achieved for each indicator in the period and also the goals previously agreed by the management for the monitored period. The columns of results and goals are arranged side by side in order to provide a comparative evaluation of both and inform the discussion during monitoring meetings (Tables 1 and 2).

CONCLUSIONS

In addition to the theoretical contribution of the evaluation focused on use, some other references supported the adaptation of the theoretical framework proposed by Anvisa to the context of the subnational management of health surveillance bodies, like the *evaluation based on theory*—which uses concepts and methods based on organizational learning concepts, analysis of evidence and the understanding of the mechanisms that generate the results of the actions[36,37,38,39]; the *knowledge management evaluation*—which enables insight into how the knowledge produced by the evaluations circulates and influences decision making[40,41]; and the



Source: Prepared by the authors, 2021.

Figure 2. Information Flow for Monitoring the Performance of Health Surveillance Management — Institutionalization of Evaluation Practices: the strategic management of evidence-based health surveillance (IPA), 2020.

Chart 1. Components of the Health Surveillance management performance monitoring dashboard in the states of Minas Gerais and Santa Catarina — Institutionalization of Evaluation Practices: the strategic management of evidence-based health surveillance (IPA), 2020.

Monitoring the performance of the Health Surveillance management of Minas Gerais			
Criterion	**Indicator**	**Results**	**Goals**
Response time	% of Health Surveillance complaints addressed within 30 days	Results observed for the monitored period	Previously established goals for the period
	Average time (in days) for granting a health permit after electronic petition for initial granting and for irregular companies with expired permits		
	Average time (in days) of conclusion of health administrative processes by court instance		
	% of architectural projects evaluated within 60 days		
Coverage	% of samples collected among the agreed product samples		
	% of samples collected among the agreed service samples		
	% of samples collected among the agreed setting samples		
	% of establishments subject to health control with current permit		
	% of health permits issued via SEI! MG		
	% of companies with expired permits or automatically renewed permits due to lack of inspection		
	% of municipalities integrated to Redesim that joined the Technical Cooperation Agreement for simplified health licensing		
Self-evaluation of patient safety practices	% of hospitals with ICU beds completing self-evaluation of Patient Safety Practices		
Compliance	% of compliance of food samples analyzed in PROGVISA		
	% of medication samples in compliance with the standards adopted by PROGMEC		
	% of cosmetic samples in compliance with the standards adopted by PROGMEC		
	% of sanitizing product samples in compliance with the standards adopted by PROGMEC		
	% of health product samples in compliance with the standards adopted by PROGMEC		
	% of compliance of hemodialysis services with treated water samples analyzed in PROGDia		
	% of compliance of the parameter "Total Coliforms" of water samples for human consumption analyzed in VIGIÁGUA		
	% of compliance of the parameter "*Escherichia coli*" of water samples for human consumption analyzed in VIGIÁGUA		
	% of compliance of the items evaluated in the radiometric survey reports and constancy test in the technical stage of RadioVISA		
Approval in PECQMamo	% of mammographic images approved in PECQMamo		
Potential risk of services	% of blood services classified as medium-high and high potential risk		
Compliance in the self-evaluation of patient safety practices	% of high compliance in hospitals with ICU beds completing self-evaluation of Patient Safety Practices		
Notification of never events and deaths	% of evaluation and monitoring of notifications of never events and deaths by health surveillance		
Communication	% of communication actions performed in relation to the plan		
Training	% of training actions carried out in relation to the plan		

Continue

Continuation

Monitoring the performance of the Santa Catarina Health Surveillance management			
Criterion	**Indicator**	**Results**	**Goals**
Professional training	% of health surveillance professionals in activity trained in the Basic Actions Course or equivalent	Results observed for the monitored period	Previously established goals for the period
Regulatory framework	Number of normative publications aimed at regulatory gaps		
Standardization of work processes	N. of registered non-compliant items		
Agreement of competencies	% of municipal health surveillance bodies officially informed of their competences		
Health risk monitoring	% of high-risk services with acceptable potential risk (biannual)		
	% of services considered as high-risk with acceptable potential risk (annual)		
	% of health product industries with risk classes 3 and 4 with GMP certification		
	% of medication industries with GMP certification		
	Incidence of hospitalized elderly patients diagnosed with COVID-19		
	Prevalence of hospitalized elderly patients diagnosed with COVID-19		
	% of long-term care facilities for the elderly with COVID-19 cases		
	% of workers in meat processing industries confirmed for COVID-19		
Response time	% of BAP with analysis completed within the recommended period		
Water quality	% of compliant water analyses (*E. coli*)		
	% of compliant water analyses (free residual chlorine)		
Product quality monitoring	% of food samples with satisfactory results		
	% of sanitizing product samples with satisfactory results		
	% of medication samples with satisfactory results		
Process computerization	Work processes covered with computerized tools		
Communication in health surveillance	Monthly check of the health surveillance body's institutional website		
Action decentralization	% of actions agreed with the municipalities that are carried out at the state level		
Cross-sector integration	% of health surveillance participation in the scheduled integrative acts		
Professional qualification	% of health surveillance professionals with postgraduate degrees		
Scientific production	N. of scientific studies produced by health surveillance		
Financial execution	% of funds spent on health surveillance improvements		

Source: Prepared by the authors, 2021.
SEI! MG: Electronic Information System/Minas Gerais; Redesim: National Network for the Simplification of Registration and Legalization of Companies and Businesses; ICU: Intensive care unit; PROGVISA: State Food Quality Monitoring Program; PROGMEC: State Program for Monitoring the Quality of medications, cosmetics, sanitizing products, health products and supplies; PROGDia: State Program for Monitoring Water for Dialysis; VIGIÁGUA: State Program for Monitoring the Quality of Water for Human Consumption; RadioVISA: State Program for Monitoring the Quality of Radiometric Survey Reports and Constancy Tests; PECQMamo: State Program for Quality Control in Mammography; Visa: Health Surveillance; GMP: Good Manufacturing Practices; BAP: Basic Architectural Project.

Chart 2. Components of the Health Surveillance management performance monitoring dashboard in the municipalities o Belo Horizonte and Florianópolis — Institutionalization of Evaluation Practices: the strategic management of evidence-based health surveillance (IPA), 2020.

Monitoring the performance of the Health Surveillance management of Belo Horizonte			
Criteria	**Indicators**	**Results**	**Goals**
Non-compliant critical items	% of non-compliant critical items from high-risk establishments detected in health inspections	Results observed for the monitored period	Previously established goals for the period
Fulfilled requests for health authorization permits according to the stipulated goal	% of high-risk health permit requests with the first service within 30 days in the period		
Coverage of health inspections in high-risk establishments	% of high-risk health services inspected in the period		
	% of high-risk health services of the SUS-BH Network inspected in the period		
	% of high-risk services of interest to health inspected in the period		
Health licensing for new companies	Proportion of new companies with health permits issued in the period		
Level of satisfaction of the regulated sector	% of satisfaction of the regulated sector		
Health risk in mass and/or seasonal events	% of foodborne diseases confirmed in the period		
	% of surveys carried out to investigate foodborne diseases in the period		
Patient safety	% of hospitalizations in hospitals monitored by the DRG that showed the appearance of conditions acquired in the period		
Coverage of health surveillance actions in the fight against COVID-19	% coverage of health surveillance actions in health services in the fight against COVID-19		
	% coverage of health surveillance actions in services of interest to health		
Health risk in times of public health emergency in the fight against COVID-19	% of non-compliant items detected in health inspections carried out to fight COVID-19, by type of establishment		
	% of non-compliant items detected in health inspections carried out to fight COVID-19, by category of item		
	% of complaints related to COVID-19 answered within 5 days		
Monitoring the performance of the Health Surveillance management of Florianópolis			
Criteria	**Indicators**	**Results**	**Goals**
Health non-compliance	% of establishments subject to health inspection with non-compliance	Results observed for the monitored period	Goals previously agreed for the period
Coverage of establishment subject to licensing	% of establishments subject to health licensing with health surveillance registration		
Quality of water for human consumption	% of samples that meet water potability standards according to current legislation		
Educational actions	Number of educational actions done for the regulated sector		
	Number of educational actions done for society		
Urgencies and emergencies in public health	% of public health urgencies and emergencies addressed by health surveillance		
Opportunity for health surveillance actions	Time of first response in a health licensing process (low risk)		
	Time of first response in a health licensing process (high risk)		
	Time of first response of the hydrosanitary project analysis process (low risk)		
	Time of first as service of the hydrosanitary project analysis process (low risk)		
	% of health licensing processes granted within 60 days		
Execution of agreed actions	% of execution of the actions agreed in the Municipal Health Plan		
Professional insertion	% of health surveillance professionals working according to their qualifications		
Regularity of products and services	% of regular establishments regarding COVID-19 prevention measures		
	% of long-stay institutions for regular seniors		
	% of establishments with regularized fish		
Cross-sector integration	Number of cross-sector activities		
Collected funds	Amount in BRL collected by the BH Municipal Health Surveillance		

Source: Prepared by the authors, 2021.
SUS-BH: Unified Health System in Belo Horizonte; Visa: Health Surveillance; DRG: Diagnosis Related Groups Platform.

sustainability evaluation—which deals with factors related to the continuity of practices over time in spite of changes in context[42,43].

The development of the evaluation capability resulted from the technical improvement of those involved in the implementation process. This was also leveraged by a remote health evaluation basic course, which played an important and complementary part in the training of these professionals. We emphasize that an instrumental and participatory approach pervaded the entire process, from the design of the strategy to the modeling, to the formulation of devices and the analysis and interpretation of the indicators, which were carried out together and engaged the entire management team. Collective analysis increased their ability to use information and created a learning space that valued not only the appreciation of the results, but also the information production process itself, thus contributing to changes and innovation in execution[19,22,24].

Finally, the opportunity to discuss and adopt evaluation questions and their indicators related to COVID-19 demonstrates how the implemented process is dynamic and can be adapted to the context in which it is inserted.

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Funding

This article results from a project by Brazil's National Health Surveillance Agency — Anvisa: "Institucionalização de práticas avaliativas: a gestão estratégica da vigilância sanitária baseada em evidências", published in the Federal Official Gazette n. 76: April 20, 2018; section 3, page 86. It was prepared within the scope of the Institutional Development Support Program of the Unified Health System — Proadi-SUS and carried out by Hospital Alemão Oswaldo Cruz — HAOC.

Acknowledgement

To the health surveillance teams of the states of Minas Gerais and Santa Catarina and the municipalities of Belo Horizonte and Florianópolis for the relevant contribution to this publication, which furthers the debate on the role of evaluation to improve management in Health Surveillance within the scope of the National Health Surveillance System (SNVS).

Authors' Contribution

All authors contributed to the conception, planning (study design), acquisition, analysis, interpretation of data and writing of the paper. All authors approved the final draft of the manuscript.

Disclosures

The authors report that there is no potential conflict of interest with peers and institutions, nor political or financial conflicts in this study.