

# Health Plans in municipalities in the state of Espírito Santo: an analysis focusing on Health Surveillance

## Planos de Saúde dos municípios do estado do Espírito Santo: uma análise com foco na Vigilância Sanitária

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### ABSTRACT

**Introduction:** Health Plans are management instruments that guide the definition and implementation of health activities. As an integral part of the Unified Health System, Health Surveillance actions must be included in Health Plans. **Objective:** To analyze the inclusion of health surveillance in municipal health plans in the state of Espírito Santo, aiming to understand how this area was expressed in the management of these instruments. **Method:** A documentary analysis of municipal health plans for the four-year periods 2018-2021 and 2022-2025 was carried out, framing health surveillance actions into categories and subcategories. It was found that health surveillance actions are mostly of an authorization and health control nature, as well as related to the process of decentralization of activities between the state and municipality. **Results:** There was a strong presence of actions related to the physical structuring of health surveillance bodies, denoting a possible weakness in meeting the population's health needs. **Conclusions:** The lack of consolidated national indicators and information systems in health surveillance ends up distancing this area from planning bodies, thus generating discrepancies between the population's health needs and health surveillance actions.

**KEYWORDS:** Health Surveillance; Health Planning; Decentralization; Health Management

### RESUMO

**Introdução:** Planos de Saúde são instrumentos de gestão norteadores para a definição e implementação das atividades de saúde. Enquanto parte integrante do Sistema Único de Saúde, as ações de vigilância sanitária devem estar compreendidas nos Planos de Saúde. **Objetivo:** Analisar a inserção da Vigilância Sanitária nos planos municipais de saúde do estado do Espírito Santo, visando compreender como esta área foi expressa nestes instrumentos de gestão. **Método:** Análise documental dos planos municipais de saúde dos quadriênios 2018-2021 e 2022-2025, com enquadramento das ações de vigilância sanitária em categorias e subcategorias. Verificou-se que as ações de vigilância sanitária são majoritariamente de cunho autorizativo e de controle sanitário, bem como relacionadas ao processo de descentralização de atividades entre estado e município. **Resultados:** Constatou-se forte presença de ações relacionadas à estruturação física dos órgãos de Vigilância Sanitária, denotando uma possível fragilidade em se atender as necessidades de saúde da população. **Conclusões:** A inexistência de indicadores e sistemas nacionais de informação consolidados em vigilância sanitária acaba por distanciar esta área das instâncias de planejamento, gerando, assim, discrepâncias entre as necessidades de saúde da população e as ações de vigilância sanitária.

**PALAVRAS-CHAVE:** Vigilância Sanitária; Planejamento em Saúde; Descentralização; Gestão em Saúde

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## INTRODUCTION

The Unified Health System (SUS), established by the 1988 Constitution and regulated by Law No. 8.080 of September 19, 1990, is the main means of promoting health and preventing illness among the population<sup>1</sup>. The organizational guidelines of this system are decentralization, regionalization, and hierarchization, and it makes use of numerous regulations to structure and implement it as a single system<sup>2</sup>. As far as the decentralization guideline is concerned, in addition to the regulations proposing forms of financing for the federative entities to structure and take on activities, they also created management tools to help the process of planning health actions, which is a mandatory activity and is the responsibility of the three spheres of management<sup>2,3</sup>.

Among these instruments is the Health Plan (HP), which, based on a situational analysis of the population's health needs, is a tool capable of helping to understand the main problems and challenges faced by the spheres of government in the field of health, thus guiding the process of defining objectives, guidelines, and targets for the implementation of health activities<sup>4,5,6,7</sup>. In addition to its role in presenting the intentions and results to be achieved over a four-year period in the field of health, the importance of the HP as a subsidizer for the preparation of the budget proposals of the federative entities is also highlighted, in order to give continuity and effectiveness to the health policy, as well as allowing society to publicize the state's intentions regarding health policies<sup>4,5,6,7</sup>.

Despite the leading role played by the HP in health planning, some authors point to the difficulty experienced by municipalities in their health management processes and, as a consequence, the difficulty in using management tools<sup>3,8,9</sup>. According to the authors, the common point that explains this difficulty is based on the process of political-administrative decentralization, which is highly municipalist in nature, placing on the municipalities the complex responsibility of managing health actions which, although normatively of an ascending nature, receives little support from the states and the Union<sup>3,8,9</sup>.

Furthermore, in some cases, the HPs end up assuming only a budgetary function, i.e. serving as a bureaucratic instrument to guarantee the transfer of financial resources, to the detriment of effective planning based on an assessment of the health situation and the needs of the populations<sup>10,11</sup>.

As part of the SUS, it is the responsibility of Health Surveillance (VISA) to carry out actions capable of eliminating, reducing, and preventing health risks arising from sanitary problems resulting from the environment, the circulation and production of goods, and the provision of services that have an impact on health<sup>4</sup>. The instability of decentralization projects at state and municipal levels, coupled with the fact that most of the end objects of health surveillance actions are consumer goods and services that have an interest in health, contribute to the distancing of health surveillance planning from health needs<sup>12,13</sup>.

With this in mind, the aim of this study was to analyze the Municipal Health Plans (MHP) for the 2018-2021 and 2022-2025 quinquenniums of the 78 municipalities in the state of Espírito Santo, with a view to understanding the inclusion of VISA in these instruments.

## METHOD

This is a descriptive study with a qualitative approach, using documentary analysis. Documentary analysis is a technique used in various areas and consists of using documents to understand a reality<sup>14</sup>.

The management instruments were accessed via the Ministry of Health's Support Room for Strategic Management (SAGE)<sup>15</sup> electronic platform. All the MHPs for the 2018-2021 and 2022-2025 periods made available on the SAGE electronic platform by the municipalities in the state of Espírito Santo by August 31, 2022, were analyzed. After a detailed analysis of the material collected, the actions relating to health surveillance contained in the MHPs were transcribed into a spreadsheet editor and then classified into the relevant categories and subcategories. The definition of these classes was based on a previous stage carried out by the authors when they carried out a document review and discussion of successful contextualization and reference strategies for health surveillance actions within the guidelines, objectives, targets, and indicators of the HPs<sup>16</sup>, as shown in the Chart.

Although the documents analyzed are in the public domain, this study is part of the project "*Avaliação da inserção das Vigilâncias Sanitárias nos Planos Municipais de Saúde do Espírito Santo*" (Evaluation of the inclusion of Health Surveillance in the Municipal Health Plans of Espírito Santo), submitted and approved by the Espírito Santo State Health Department, as well as by Plataforma Brasil under CAAE No. 55549621.5.0000.5064.

## RESULTS AND DISCUSSION

The obligation of the HP in the management of the SUS is provided for in the main legal provisions that deal with the management process. Participatory and democratic, they are based on situational health analysis, in which the peculiarities and needs of a given population must be observed and translated into actions<sup>4,5,6,7</sup>. As an integral part of the SUS, VISA must be included in the main management instruments, including the HPs.

Analysis of the data collected showed that all 78 municipalities in the state of Espírito Santo have made their 2018-2021 MSPs available on the SAGE portal. Of these, five municipalities (6.4%) did not include any health surveillance actions in their MHPs. The MHPs for the 2022-2025 four-year period were made available by 76 municipalities in the state of Espírito Santo, of which 11 municipalities (14.5%) did not include any health surveillance



**Chart.** Presentation of the categories and subcategories used to classify the health surveillance actions identified in the Municipal Health Plans (MHP) for the 2018-2021 and 2022-2025 quadrenniums. Espírito Santo, Brazil.

Category	Subcategory	Context
1. Health Risk Management	1.1 Authorizing activities	Registration, inspection, and licensing of establishments subject to VISA
	1.2 Post-market actions	Tax analysis, service and product monitoring programs, targeting of inspection actions by type of establishment and/or product
	1.3 Investigating complaints	Investigate or respond to reports and/or complaints
	1.4 Regulations	Establishment of inspection routes, regulation of the health licensing process, and classification of activities according to health risk
	1.5 Simplifying health licensing	Waiver or simplified issuance of health permits according to the degree of risk of the activities subject to VISA
	1.6. Actions to combat COVID-19	Carry out health surveillance actions aimed at tackling COVID-19
2. Management	2.1 Organizational planning and control	Monitoring the implementation of health surveillance actions in the MHP, ensuring the implementation of health surveillance actions in the MHP, expanding the list of health surveillance activities carried out by the municipality, and drawing up the programming instrument for health surveillance actions
	2.2 Indicator 20 interfederative agreement	Carry out at least six groups of health surveillance actions deemed necessary for all municipalities during the year
	2.3 Skills training	Training for technicians on specific topics, creation of discussion groups
	2.4 Computerization of VISA services	Creation of a web interface for users to request services and release permits online
3. Structure and Resources	3.1 Health code	Create or revise existing health code
	3.2 Support infrastructure for inspection	Vehicles, IT equipment, uniforms, furniture, and communications equipment
	3.3 Human resources	Expansion of the team, creation of VISA positions, public competition
	3.4 Legal structure	Law establishing the attributions of VISA, regulation of the sanitary administrative process, and fees applied to VISA
4. Communication and Education	4.1. Educational activities	Education actions aimed at the population and the regulated sector
	4.2 Dissemination of institutional actions	Health alerts and actions developed by VISA
5. Integration and Partnerships	5.1 Other sectors of the Health Department	Integration and/or partnership between VISA and the other sectors of the Municipal Health Department
	5.2 External health bodies	Integration and/or partnership with Class Councils, the Department of Agriculture, and Educational Institutions

Source: Prepared by the authors, 2023.  
VISA: Health Surveillance; MHP: Municipal Health Plan.

actions in their MHPs. Among the municipalities that made their MHPs available, a total of 549 health surveillance actions were identified in the 2018-2021 and 2022-2025 quadrenniums, 305 in the 2018-2021 SMP, and 244 in the 2022-2025 SMP. Comparing the four-year periods, there was a 20.0% reduction in health surveillance actions between 2018-2021 and 2022-2025 (Table).

These findings demonstrate the fragility of VISA in being included in health planning contexts and in establishing itself as a manager of risks related to health products and services, as well as in gaining notoriety for its actions among health policy makers. As Fernandes and Vilela point out<sup>17</sup>, the inclusion of VISA in the planning of the SUS was late, with the consequence that it was distanced from planning and integration with other areas of health. As a result, it has been difficult to include VISA in the SUS agenda<sup>18</sup>.

Another explanation for the difficulty VISA faces in articulating itself within the SUS is the scarcity of indicators that really express the effectiveness of its actions<sup>18</sup>. This is because, since VISA acts mainly on the establishments, services, and products

subject to its surveillance, and the citizen is not the direct object of its actions, the classic use of epidemiological indicators to analyze the health needs of a given territory ends up not bringing it closer to the discussions and, consequently, limiting proposals for health surveillance actions in the planning instruments<sup>12,19</sup>.

Of the 549 health surveillance actions categorized, 202 (36.8%) are in the Health Risk Management category; 164 (29.9%) in Management; 117 (21.3%) in Structure and Resources; 54 (9.8%) in Communication and Education; and 12 (2.2%) in Integration and Partnerships. It was found that five of the 18 subcategories account for 61.9% (370 actions) of the 549 health surveillance actions in the 2018-2021 and 2022-2025 MHPs, namely: authorizing activities (23.1%); organizational planning and control (13.4%); educational activities (9.1%); indicator 20 interfederative agreement (8.6%); and health code (7.7%).

Although the Health Risk Management category contains the largest number of health surveillance actions in the MHPs of the eight years analyzed, the Management category has the highest representation among the municipalities in the state of Espírito



Table. Quantitative distribution and relative frequencies of health surveillance actions, by category and subcategory, in the 2018-2021 and 2022-2025 Municipal Health Plans. Espírito Santo, Brazil.

Category	Subcategory	SMP 2018-2021	SMP 2022-2025	Grand total Shares (%)
		No. of shares (%)	No. of shares (%)	
Health Risk Management	Authorizing activities	75 (24.6)	52 (21.3)	127 (23.1)
	Post-market actions	18 (5.9)	10 (4.1)	28 (5.1)
	Investigating complaints	11 (3.6)	13 (5.3)	24 (4.4)
	Regulations	6 (2.0)	7 (2.9)	13 (2.4)
	Simplifying health licensing	4 (1.3)	3 (1.2)	7 (1.3)
	Actions to combat COVID-19	-	3 (1.2)	3 (0.5)
	<b>Total</b>	<b>114</b>	<b>88</b>	<b>202</b>
Management	Organizational planning and control	45 (14.7)	29 (11.9)	74 (13.4)
	Indicator 20 interfederative agreement	30 (9.8)	17 (7.0)	47 (8.6)
	Skills training	18 (5.9)	16 (6.6)	34 (6.2)
	Computerization of VISA services	4 (1.3)	5 (2.0)	9 (1.6)
	<b>Total</b>	<b>97</b>	<b>67</b>	<b>164</b>
Structure and Resources	Health code	19 (6.2)	23 (9.4)	42 (7.7)
	Support infrastructure for inspection	17 (5.6)	20 (8.2)	37 (6.7)
	Human resources	11 (3.6)	12 (4.9)	23 (4.2)
	Legal structure	7 (2.3)	8 (3.3)	15 (2.7)
	<b>Total</b>	<b>54</b>	<b>63</b>	<b>117</b>
Communication and Education	Educational activities	31 (10.2)	19 (7.8)	50 (9.1)
	Dissemination of institutional actions	3 (1.0)	1 (0.4)	4 (0.7)
	<b>Total</b>	<b>34</b>	<b>20</b>	<b>54</b>
Integration and Partnerships	Other sectors of the Health Department	4 (1.3)	3 (1.2)	7 (1.3)
	External health bodies	2 (0.7)	3 (1.2)	5 (0.9)
	<b>Total</b>	<b>6</b>	<b>6</b>	<b>12</b>
<b>Grand Total</b>		<b>305 (100.0)</b>	<b>244 (100.0)</b>	<b>549 (100.0)</b>

Source: Prepared by the authors based on MHP data obtained from the SAGE portal, 2023.

Santo, with 80.8% and 72.3% respectively in the 2018-2021 and 2022-2025 MHPs (Figure). Furthermore, of the five subcategories that account for more than half of the actions, two belong to the Management category (planning and organizational control, and indicator 20 interfederative agreement). It is important to note that this category is intrinsically linked to the process of decentralizing health surveillance activities between the state and the municipality.

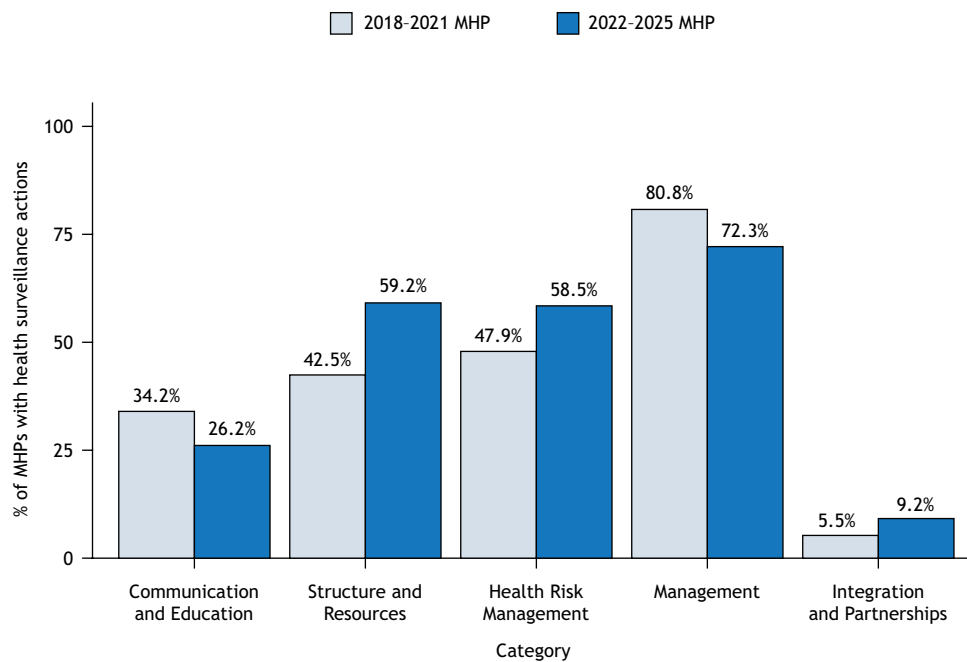
Acting transversally to the other components of the system, VISA's priority is to prevent risks and protect health, by regulating and inspecting the industrial, consumer, and service markets<sup>20,21</sup>. Consequently, its actions are largely characterized as authorizing actions, typical of sanitary control exercised by the state<sup>18,22</sup>. This fact is evidenced in the results of this study, in which it was observed that the main health surveillance actions included in the MHPs analyzed are mostly reactive and authorizing.

In addition, the formation of the National Health Surveillance System, whose coordinating role lies with the National Health Surveillance Agency<sup>23</sup> (ANVISA), favors the actions of the Health Risk Management category over the others. Created

with neoliberal ideas in mind, ANVISA uses regulation to adjust the gaps between production and consumption, guaranteeing health safety while allowing the free market to operate<sup>18,24,25</sup>. This is an attempt by the state to respond quickly to today's rapid technological development, which is a complex and controversial issue<sup>21</sup>.

In this sense, although municipalities are independent federative entities, they can only regulate in a supplementary way to ANVISA<sup>23</sup>. As such, they would be more likely to carry out sanitary control actions, such as authorizing activities, than regulate sanitary surveillance actions in their territories, which is why among the Sanitary Risk Management actions, those aimed at regulation were among the least present in the MHPs analyzed, while actions related to authorizing activities ranked first.

Another hypothesis for the concentration of actions in the Health Risk Management category and which also justifies the greater representation of the Management category among municipalities (Figure) is related to the process of decentralization of health surveillance actions between states and municipalities. While decentralization was one of the ways of bringing services



Source: Prepared by the authors based on MHP data obtained from the SAGE portal, 2023.

**Figure.** Relative frequency of classifications of health surveillance actions in the Municipal Health Plans for the 2018-2021 and 2022-2025 quadrenniums in relation to the municipalities. Espírito Santo, Brazil.

closer to those who use them, it was also one of the main tools for promoting federal funding for states and municipalities and thus structuring their services, including VISA<sup>21,26</sup>.

In addition, the development of sanitary control actions by municipalities is of great political and economic importance, given their complex connection with economic interests, and can significantly affect a location's economy. According to data from ANVISA<sup>27</sup>, approximately 25% of Brazil's gross domestic product is subject to health surveillance actions. Therefore, at the same time as its actions are a way for the state to intervene in guaranteeing social welfare, protecting, and preserving the health of the population through sanitary control, they are also a means of guaranteeing political and economic power, thus developing a relationship of conflicts and tensions that sometimes reverberate in the health of the population<sup>21</sup>.

As Silva et al. point out<sup>21</sup>, by taking on more health surveillance activities, municipalities would end up increasing their revenues as a result of receiving fees for carrying out services. Therefore, in addition to the fact that municipalities taking on more health surveillance activities would give local management greater political and economic power, it would also, in theory, guarantee the transfer of financial resources to carry out health surveillance actions, since the MHP is the basis for drawing up the Multi-Year Plan (PPA) and, subsequently, the Budget Directive Law (LDO)<sup>6</sup>.

Furthermore, the very process of decentralization of VISA is closely linked to actions of an authorizing and inspection nature. Between 2018 and 2021, ANVISA published resolutions

establishing, among other things, the health responsibilities of the Federal Government, the states, the Federal District, and the municipalities, as well as criteria for agreements between states and municipalities to decentralize health surveillance activities<sup>28,29</sup>. It should be noted that the supervisory and authorizing nature prevailed in these laws.

These issues tend to distance VISA more and more from the other areas of the SUS, since, focused almost exclusively on issues related to inspection and authorization, it would not be able to include itself in planning discussions related to the population's health needs. As Costa and Rozenfeld point out<sup>30</sup>, reducing the scope of VISA to its authorizing and sanitary control activities ends up simplifying the complexity involved in risk prevention and health protection, reducing its potential for transforming the health conditions of a population.

The absence of national health surveillance indicators should also be mentioned, which not only corroborates the previous explanations but also explains the fact that 22% of the municipalities expressly indicate in their MHP 2022-2025 indicator 20 of the federative pact, an indicator related to VISA and excluded from the list of interfederative indicators in 2019<sup>31</sup>.

One explanation for this finding could be that the exclusion of the only health surveillance indicator from the list of interfederative indicators, coupled with the lack of information systems at VISA, may have weakened the planning process, leading to the replication of indicator 20 due to the lack of other indicators. This corroborates the perception presented by Maia and Guilhem<sup>32</sup> who, analyzing the discourse of VISA workers,



observed that the lack of health surveillance indicators makes it difficult to measure their actions. These indicators are challenging to construct, given the precariousness of systems capable of providing concrete information on health surveillance actions. However, they are essential for thinking about health planning<sup>32</sup>.

On the other hand, the explicit mention of an interfederative indicator that was excluded from the list of indicators shows a weakness in the process of constructing VISA targets in the MHP, given that the replication of an indicator that no longer exists does little to reflect the health needs of those municipalities that included it, pointing to the possible use of the MHP merely as a bureaucratic instrument to guarantee the preparation of the PPA and LDO.

The Structure and Resources category was the only one among the other categories analyzed to show an increase in the number of actions between the 2018-2021 and 2022-2025 quadrenniums (Table), in addition to increasing its representation among municipalities, from 42.5% to 59.2% between the 2018-2021 and 2022-2025 quadrenniums, respectively (Figure). These findings, coupled with the reduction in the representativeness of the Management category, may be related to the decentralization process.

As they take on more actions, VISA needs to specialize in providing services, which requires an increase in the number of staff and supplies to carry out the services<sup>8,33</sup>. As De Oliveira et al. point out<sup>34</sup>, after a period of significant increase in the decentralization of activities to the municipalities, a reduction in the number of decentralized activities was observed, and this reduction is partly explained by the inability to invest in the cost of human resources and infrastructure at the VISAs.

In the present study, the MHP analyzed made significant reference to sanitary codes, either for their creation or updating, which raises questions about the effectiveness of sanitary surveillance actions in coercing irregular practices found in inspected establishments. This is because the possibility of VISA taking coercive action to protect and promote health is expressed in the health codes<sup>35</sup>. In this way, the non-existence or outdatedness of health codes points to a weakness on the part of VISA in guaranteeing the safety and effectiveness of its actions, especially in the face of constant changes in the supply of products and services<sup>36</sup>.

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Despite the fact that the Communication category accounted for 11.1% in the 2018-2021 MHP and 8.2% in the 2022-2025 MHP, Silva, Costa, and Lucchese<sup>21</sup> list communication as one of the challenges to be faced today for the development of VISA, as it is essential both for knowing the problems of its territory and for seeking solutions, especially in the contemporary information society<sup>37</sup>.

In addition, in a consumer society that is increasingly connected and immersed in social networks, communication is a major challenge for VISA when it comes to regulating the media of goods and products of interest to health<sup>37</sup>, so that it is becoming increasingly necessary for VISA to take over communication spaces, whether to control risks, educate, or create health awareness in society as a whole, overriding economic interests<sup>21</sup>.

Finally, this study highlights the presence of the subcategory Educational Activities among the five subcategories with the most health surveillance actions. As pointed out by O'Dwyer et al.<sup>38</sup>, in addition to the fact that education activities for the population are a way for the VISA to promote and protect health, they also create an important space for the VISA to be visible to the population, as well as allowing the VISA to get closer to the real health needs of the territories in which they operate. As such, the existence of these spaces among the municipal health centers in Espírito Santo is seen as positive, but the discussion and presence of education within the health centers are still points that need progress.

## CONCLUSIONS

This study has shown that the majority of VISA's involvement in MHPs takes the form of actions aimed at inspection, authorization, and the structuring of bodies. However, to summarize the potential of VISA to prevent risks and protect health in terms of inspection and authorization is to simplify its complex form of action and its potential to transform the health conditions of the population.

Given the importance of health centers for health planning, it is urgent that managers are able to break away from the inspection paradigm of VISA and start to see it as an ally in preventing risks and protecting the health of the population.



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#### Authors' Contribution

Freitas FFCT, Ferreira LR, Jandrey PK, Marques GP - Conception, planning (study design), acquisition, analysis, data interpretation, and writing of the paper. All the authors approved the final version of the paper.

#### Conflict of Interest

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



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