

## Sanitary Surveillance in South America: perspectives for integration, cooperation and production of scientific knowledge

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South American countries have many similarities and common aspects that can facilitate integration and cooperation in the field of health, as well as differences, asymmetries and inequalities that imply a series of challenges for an integration process.

It could not be different when we analyze the production and development of sanitary surveillance, in the theory dimension and practice of health services and institutions.

First, we must understand whether or not the concept of sanitary surveillance has a common meaning among the countries of the region. In Brazil, as stated in national legislation, the concept is well established and includes - for government agencies and the scientific community - a set of actions related to health risks, arising from the production and consumption of goods and services, and interventions in health problems. In other countries, the use of the “sanitary surveillance” term to refer to practices that address health risks, sanitary control or health regulation is more prevalent in the bodies that have competence in this area, especially in regulatory agencies. In the international publications of authors from these countries, the “sanitary surveillance” term is used to designate public health surveillance practices not necessarily linked to the field of sanitary surveillance itself.

The second element to be analyzed concerns the scope of sanitary surveillance in these countries. Although the concept currently adopted, in a certain way, delimits on which objects sanitary surveillance practices will be developed, or which topics are its object of study and investigation, there is a diversity also determined (or conditioned) by other factors, such as its historical construction, the various health sector institutions that have competencies in this area and the State's own role in the field of public health.

In most countries, health surveillance has roles and practices related to regulation, registration, control, monitoring and supervision (although not all of these roles are well established in all countries) on the following matters: medicines used in public health, food, medical devices, health services, diagnostic tests, sanitizers, cosmetics, tobacco and derivatives, pesticides, international border surveillance. However, there are differences in relation to the period of time in which some objects were incorporated into sanitary surveillance practices, as well as the comprehensiveness of the actions performed for each of these objects. For example, there is more capacity and knowledge to act in the areas of medicines and food - and, consequently, offer greater protection in the consumption of these products - than in the area of medical devices.

There are areas of cooperation in the field of sanitary surveillance among South American countries, such as the Southern Common Market (Mercosur), which consists of several commissions and groups dealing with priority issues for the countries of the region. However, in the South American context, in the spaces of action of the Union of South American Nations (UNASUR), these topics are not treated in the same way. Although there is, for example, the UNASUR Health Surveillance Technical Group, to date only sanitary surveillance issues related to the International Health Regulations have been addressed. However, there are other bodies of UNASUR, in which specific topics such as food labeling (UNASUR Health Council) and a price bank for public medicines purchases (UNASUR Technical Group on Universal Access to Medicines) have been addressed.

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Therefore, there is much space for articulating cooperation among South American countries in the field of sanitary surveillance, with some issues not yet included in the daily agenda of the region. In a Seminar on South American Sanitary Surveillance Systems, organized by the South American Institute of Government in Health (ISAGS/UNASUR)<sup>1</sup>, in 2012, the following topics were considered relevant for the region: harmonization of regulations, technological evaluation and incorporation, international certification of manufacturing companies, exchange of information on international inspections, quality control, human resources training, medical devices, medicinal plants, pricing policies, technology and drug surveillance and risk analysis (with emphasis on risk communication).

We can highlight two emerging matters for the articulation of South American countries, since they are already part of a common agenda of these countries. We believe the cooperation among these countries will strengthen the progress in the following areas: a) Antimicrobial Resistance - from May 2017, after the World Health Assembly, all countries should implement National Action Plans, which should be built to that date. In these plans, there is a series of actions that correspond to the field of sanitary surveillance, integrated with other sectors such as agriculture, livestock farming and the environment. This is a good opportunity to improve or develop specific practices and strategies, such as control of the production, distribution, sale and use of antimicrobials for human use. b) Health technology assessment (medicines, equipment and health products) - the regulatory agencies' activities in product registration is based on the verification and analysis of documents and studies presented by companies, in which safety and efficiency should be demonstrated. The verification of these parameters and their performance under normal conditions of practice, when used in public health, that is, their effectiveness, in general, is not performed by the agencies or other sanitary surveillance bodies, except for the product

safety review, which is subject to surveillance, in particular drug surveillance and techno-surveillance. In some countries, other bodies evaluate the performance of products either for the purpose of defining their incorporation by public health services (for example, Brazil's National Commission for the Incorporation of Technologies into the Brazilian Health System) or for specific types of products used in the market (for example, the *Instituto de Evaluación Tecnológica en Salud*, of Colombia). But the exchange of information between the bodies and sectors performing these different functions is incipient, which can lead to a large number of products that have not been tested or demonstrated in practice (whether for diagnosis or treatment) and are still in use in health services. These shortcomings become even more critical for new technologies (nanotechnology, genetically modified organisms, biopharmaceuticals), posing an additional challenge for sanitary surveillance.

Therefore, from the definition of priority areas for analysis and joint action of South American countries, it is possible to expand and strengthen the field of sanitary surveillance in the region, offering greater protection to its population. Likewise, studies and investigations that identify gaps and solutions to overcome these challenges are essential.

The existence of publications on this topic in South America represents an excellent opportunity to encourage the production and exchange of knowledge between the scientific community and the various players in the field of sanitary surveillance. Therefore, the *VISA em Debate* journal, in its recent internationalization initiative, is opening its doors for members of the Editorial Board from other South American countries and receiving articles in other languages (with translation into English). This shall be fundamental for our growth and may contribute to creating a space for discussion of sanitary surveillance issues in South America.

## REFERENCES

1. Carmo EH, Gemal A, Oliveira S, organizadores. *Vigilância em saúde em Suramérica: epidemiológica, sanitária y ambiental*. Rio de Janeiro, ISAGS; 2013.