

1st National Conference on Health Surveillance: a framework for the construction of the National Health Surveillance Policy

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Health surveillance benefits the Brazilian population in its totality, produces information, analyzes the health situation and promotes interventions aimed at risk reduction and health promotion. Like other health practices, health surveillance is currently being discussed in the sense of constructing a national policy, reinforcing the federal government's strategic decision-making role.¹ In the year in which the Brazilian National Health System (Sistema Único de Saúde - SUS) completes 30 years of existence, and in the face of the threats looming as to its continuity, holding the 1st National Conference on Health Surveillance (CNVS), which took place in Brasília between February 27th and March 2nd 2018, represented a privileged and plural space for discussing the directions to be taken by health surveillance from the perspective of formulating a State policy. Convened by the National Health Council (CNS) and sponsored by the Health Ministry's Health Surveillance Secretariat (SVS/MS), its design was based on the results of the 15th National Health Conference,² held in 2015, as well as on rich debates held within CNS, which culminated in the definition of the main objective of CNVS: "To propose guidelines for the formulation of the National Health Surveillance Policy and for the strengthening of health promotion and protection actions". CNVS' key theme was "Health Surveillance: right, achievement and defence of a quality public SUS".

Some two thousand people took part in CNVS, between delegates, guests and open participation attendees. Delegates were divided into segments in the proportions defined by the Federal Constitution.³ Half of the CNVS delegates were representatives of civil society organizations (health service users) and the other 50% were divided equally between SUS workers and managers/service providers. Prior free (open to all) conferences, organized by the user, worker and manager/service provider segments all over Brazil, indicated CNVS open participation attendees as per National Health Council regulations.⁴

The proposals systematized in the 1st National Health Surveillance Conference – Consolidated National Report were organized and debated based on four pillars: I – The place of health surveillance in SUS; II – State and government health surveillance responsibilities; III – Health surveillance knowledge, practices, work processes and technologies; and IV – Participatory and democratic health surveillance for countering social inequities in health.⁴ 187 proposals were debated within these four pillars, which had been submitted beforehand at the Municipal and State Health Conferences. 181 of these proposals were approved, most of them without alterations to the initial wording presented. 29 motions were also approved.

Standing out initially among the proposals and motions approved is the unconditional defence of SUS, in order to guarantee the fundamental right to health, as provided for by article 196 of the Federal Constitution: "Health is a right of all people and a duty of the State, this right being guaranteed by social and economic policies which aim to reduce risk of disease and other health conditions and to ensure universal and equal access to health promotion, protection and recovery actions and services".³ CNVS delegates, open participation attendees and guests – the majority representing social movements with strong mobilization – took firm stances in favour of strengthening SUS and against all forms of healthcare and health surveillance action and service privatization or outsourcing. In this sense, issues related to SUS underfunding, the unconstitutionality of Constitutional Amendment No. 95/2016 and the need for more resources and transparency in health surveillance management were highlighted during the debate.

Similarly, ample recognition and emphasis were placed on the relevance of health surveillance for the promotion and protection of the Brazilian population's health. Conference participants asserted that health surveillance must have a central role in guiding health actions at the different levels of healthcare, especially in view of the current epidemiological scenario, which comprises overlapping new and longstanding challenges, such as the high prevalence of noncommunicable chronic diseases, the occurrence of endemic and emerging arboviruses, a well as the re-emergence of vaccine-preventable diseases, such as measles, and the growing incidence of treatable communicable diseases such as syphilis.

Other highlighted themes among the proposals debated and approved during CNVS were health surveillance worker recognition, qualification and guaranteed working conditions, in particular endemic disease control workers. Also with regard to surveillance work processes, several of the approved proposals included the following issues: enhancement of health information systems, as well as timely access to analysis of the data stored on them; strengthening the ability to respond rapidly to Public Health emergency situations; development of skills for planning actions at mass events; in addition to surveillance actions aimed at specific disease and health condition prevention and control, including communicable diseases, noncommunicable diseases, violence and accidents, and harm to the health of workers and to the environment.

The conference was marked by intense efforts around debating and voting proposals and motions, with important plurality in civil society representation and demonstrations in defence of SUS. Following the conference there remains the challenge of transforming the large volume of the approved proposals into guidelines that can truly orient the construction of a National Health Surveillance Policy.

As such, National Health Council Resolution No. 583, officially ratified on May 9th 2018, in addition making the proposals and motions approved by the CNVS delegates public, assigned to the Council's Intersectoral Health Surveillance Commission the responsibility for drafting the National Health Surveillance Policy within 60 days. The short term challenge is to transform the proposals approved by CNVS into guidelines that cover, among other issues, social determination of the health-illness process, planning actions based on territory reconnaissance, the State's inalienable responsibility, the integrality of health care, the valuing of health professionals and social participation in formulating the National Health Surveillance Policy. In the mid and long term the commitment to be taken on by SUS management and by society as a whole is to turn the policy into a reality, defining monitoring and evaluation mechanisms of its effects on the population's health.

Epidemiology and Health Services: the Brazilian National Health System Journal (RESS) took part at CNVS. Publicizing RESS at the event was an enriching experience, in view of the opportunity to get close to a broader audience, which will certainly find in the articles published in RESS valuable information on which to base forthcoming discussions. RESS is paying careful attention to the process that is underway in relation to the formulation and approval of the National Health Surveillance Policy and reaffirms its mission to disseminate epidemiological knowledge applicable to disease and health condition surveillance, prevention and control aimed at enhancing services and strengthening SUS.

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