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Management in Public Health Policy and (dis)continuity in preventing and fighting diseases in municipalities in the Pernambuco

Gestão na Política Pública de Saúde e (des)continuidade na prevenção e combate a doenças em cinco municípios pernambucanos

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Abstract: This article aims to dimension the aspects of administrative management in Public Health Policy, in cities in Pernambuco in the face of governmental changes. The study was analyzed by the method of content analysis through methodological triangulation, with a qualitative approach, the data were collected in a bibliographic, documentary manner and through semi-structured interviews with municipal managers. As a result, budgetary resources are considered insufficient, the financial cuts caused by the change of ownership in management compromise the progress of strategic actions and decisions on the continuity and discontinuity of public policies. The change in political command raises doubts about the continuity of the policies previously developed and also causes the loss of many political actions already developed. In this way, there may be a loss of the experience lived in the occurrence of the facts.

Keywords: Public resources. Brazilian Northeast. Health budget.

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Resumo: Este artigo tem por objetivo dimensionar os aspectos da gestão administrativa na Política Pública de Saúde, em cidades pernambucanas perante as mudanças governamentais. O estudo foi analisado pelo método de análise de conteúdo através da triangulação metodológica, com abordagem qualitativa, os dados foram coletados de forma bibliográfica, documental e por meio de entrevistas semiestruturadas com gestores municipais. Como resultado, os recursos orçamentários são considerados insuficientes, os cortes financeiros causados pela mudança de titular na gestão comprometem o andamento das ações estratégicas e decisões de continuidade e descontinuidade das políticas públicas. A troca no comando político suscita dúvidas sobre a continuidade das políticas anteriormente desenvolvidas e provoca ainda a perda de muitas ações políticas já desenvolvida. Deste modo, poderá haver perda da experiência vivida na ocorrência dos fatos.
Palavras-chave: Recursos públicos. Nordeste brasileiro. Orçamento da saúde.

1. Introduction

Assessing the impacts of public policy interventions influence the dynamics of Brazilian regional development, the role of assessments is to understand how they are successful, considering the definition of its objectives and the achievement of results, in the social, institutional, political, economic and other alignment (Baptista and Resende 2011; Simões 2018). The impacts of this dynamic, tend to reinforce the geographical concentration of economic activities, causing transformations and therefore cannot be disregarded (Baer 2012).

Public policies can be considered as responses to social problems "an official coercive aspect that citizens accept as legitimate" (Dias and Matos 2012). In this context, the role of the State is to propose, establish, implement and evaluate these policies. Although many are designed at the national level, they are decentralized, in order to adapt to the reality of each location (Silva and Bassi 2012).

In view of the inequalities in Brazil that cement a context of health vulnerabilities, the challenges inherent in this context, requires coordination between the areas of public policy and between government entities (Hennington, Martins, and Monteiro 2020). There is a need for integration and articulation to develop more effective measures to mitigate social, economic and health damage (Lima, Pereira, and Machado 2020). Public health policies are part of the State's field of social action aimed at improving the health conditions of the population and the natural, social and work environments.

However, a question arises about the public policy actions carried out in the State, regarding the format of political articulation. One hypothesis would be the identification of disruptions in public policies through the alternation of the holder in governments and the planning of actions that do not foresee the negative externalities not repaired by

previous administrations. Therefore, this study aims to dimension the aspects of administrative management in Public Health Policy, in cities in Pernambuco in the face of governmental changes.

This article is structured in four more sections, in addition to this introduction, which presents the initial and objective aspects of the study. Then, the theoretical arguments used to support the research are presented, then the methodological procedures used, followed by the results found and finally with conclusions.

2 Analysis of public health policy in Brazil

2.1 Public health policy in Brazil

In the Health Portal of the Unified Health System (SUS), the history of Brazilian public health began in the 19th century. According to Sousa and Batista (2012), the first social laws date from this period. From 1870, according to Silva and Bassi (2012), the first mass vaccination occurs. However, the mandatory vaccination law to combat yellow fever and bubonic plague, was instituted in 1904 (Sousa and Batista 2012). For the same author, public social protection policies only emerged with the industrialization process. The Ministry of Health was created only in July 1953, with its dismemberment from the Ministry of Education. All actions of the National Health Department were attributed to this Ministry. As of 1960, a new perception is given to public health policy in Brazil. Social inequality starts to be considered as a relevant variable. Moving on to correlate health and development. Then a new group of studies for the formulation of policies appeared, the developmental sanitarians.

In the administration of Minister Estácio Souto Maior, in 1961, with the help of the developmental sanitarian Mário Magalhães da Silveira, the National Health Policy was formulated. The main objective of restructuring a new core to the Ministry of Health, combining with the new advances of the economic and social sphere (Souto Maior 2012). The great concern of that time was the fight against tuberculosis. Health had two different perspectives, management was being defined, on the one hand, from the perspective of the individual, on the other, of the collective. However, Mario Magalhães and Estácio Souto major, bet on the collective and even more on prevention. However, he stated that it would not be possible to improve the health of the people, without fighting poverty, which he considered to be the biggest outbreak. This would be another problem that Brazil would have to solve.

Between 1974 and 1979, there was a crisis in the National Health Policy that faced great tension, due to the need to expand services, and the lack of availability of financial resources. The reforms carried out in the organizational structure failed to reverse the emphasis of the health policy, characterized by the predominance of the participation of Social Security, through curative actions, commanded by the private sector. In view of these conditions, the first actions of a new model of public management in health emerged, established in the proposal of the Unified Health System (SUS) presented in the I Symposium of National Health Policy of the Chamber of Deputies in 1979, being accepted by the national Congress. Although its creation was mentioned in the Federal Constitution of 1988.

SUS, in turn, is a complex system, formed by all links in the health segment, under hierarchical management by the bodies of the Union, States and Municipalities, with the Ministry of Health as the central manager (Paim 2018). According to the Organic Health Law No. 8,080 / 90, the objective and duties of SUS are: assistance to people, epidemiological surveillance, health surveillance, worker health and pharmaceutical assistance. Bravo, Matos and Araújo (2001) describes a separate scenario in the 1980s, where health reaches the political dimension. With effective participation by the subjects of society and especially those involved in the health system, enabling the inspection of the services provided. This period is also evidenced by the fragility in the performance of non-governmental organizations (NGOs), in the health sector, due to a more refined structure with the implementation of SUS.

Despite all the measures adopted for the actions of policies aimed at health, the NGOs saw the need to create social groups, in the care of specific diseases and social exclusion. These began to act incisively in defense of diverse groups (people with HIV, leprosy, among others); associations of patients and relatives of chronic diseases, such as diabetes, Alzheimer's disease, among others, technical accessory groups and health research and many others (Lima, Silva, and Pereira 2013).

2.2 Public Policy Evaluation Mechanisms

Assessing the impacts of public policy interventions is of great importance, because they influence the dynamics of Brazilian regional development. Baer (2012) considers that the impacts of this dynamic, tend to reinforce the geographical concentration of economic activities, causing transformations and therefore cannot be disregarded. The role of public policy assessments is to understand how they are

successful. Resende (2014) considers that the most important issue to be analyzed is the definition of its objectives and the achievement of its results.

In a more analytical and sophisticated observation, the public policy process is more relevant in five stages: i) perception and definition of problems; ii) agenda-setting; iii) elaboration of programs and decision; iv) implementation of policies; and v) the evaluation of policies and the eventual correction of the action. The two authors differ in some in the evaluation proposal, only in the names of the stages, however, they do not change their meaning (Baptista and Resende 2011; Frey 2009). The construction of the policy cycle follows trajectories, which are built by the phases of the Public Policy process. In these, the political processes, the description of each stage of the process and the agents participating and responsible for the identification phases of the need to implement the policy are identified, up to the evaluation phase (Silva and Bassi 2012).

The policy cycle has seven stages, this includes a different phase, among the authors studied, extinction. For the author, the cycle takes place as follows: Identification of the problem; formation of the agenda; formulation of alternatives; decision making; Implementation; evaluation and extinction (Secchi 2010). The analysis of public policy, through its cycle, is known in the procedural model of analysis, this is also considered the classic model of analysis. In the study of public policies, pointing out that its scope is given by conceptual models of analysis - Institutional, process, elite, rational, incremental, game theory, public and systemic option (Dye 2009). The purposes of these models are: To simplify and clarify our ideas about public policy and policies; Identify important aspects of political and social issues; Help us to communicate, focusing on the essential characteristics of political life; Direct our efforts to better understand public policies, suggesting what is important and what is not; Propose explanations for public policies and predict the consequences (Dye 2009).

Conceptual models and their operationalization. However, it affirms that these models are not considered competitive, to the point of a judgment that classifies it as the best, but although they were not created for the purpose of studying public policy, they offer a different way of "thinking about the policy": Institutional: Analyzes the policy in an institutional way (Dye 2009). And it considers that there is a policy only after its implementation. It has three essential characteristics: 1. Legitimacy (legal obligations); 2. Universality (points to society); 3. Coercion (the government legitimizes and punishes violators); Process: The conception of the policy taking place through a political-

administrative process, in a conception of a cycle (identification of the problem, organization of the agenda, formulation, legitimation, implementation and evaluation); Group: The formation by integration of "Interest groups" is the relevant point of the model. Individuals who share the same idea, become politicians, and articulate themselves to demand government actions; Elite: The result of the policy is seen as an action of values for the governing elite.

In this theory, an apathetic and ill-informed society about public policies is suggested; Rational: it is recognized for the purpose of maximum social gain, where the costs do not exceed its benefits and, even, the policyholders decide for the policy with the greatest benefit, to the detriment of its cost. This model has obstacles: 1. Difficulty of consensus; 2. Absence of stimulus in the decision, due to corporate objectives and 3. Difficulty in collecting information in collecting information about the policy; Incremental: Continuation policy view, from previous governments, only contributed by increments. Its use is motivated by: 1. Absence of time, information or resources; 2. The legitimacy of the policy and the uncertainty of consequences in its completion; 3. Convenience of political agreements and conflict reduction; Game Theory: Rational choice for competitiveness and interdependence. Its application will give itself in the search for better results. This theory describes the decision procedure in competitive and rational situations; Public option: The policy is viewed as self-interest. This theory is based on the assumption that all public actors (voters, taxpayers, candidates, legislators, bureaucrats, parties), seek to maximize their benefits; Systemic: implies the articulation of institutions and activities aimed at meeting demand. This process also provides for the interrelation of these elements: Inputs are the forms of demand and support of the political system; and the outputs that are the results or modifying effects.

The technical aspects will be privileged in this work, therefore, the levels of conception for evaluation will be those of economy and effectiveness, since one of the objectives of this work is to evaluate the actions that recommend migration to the studied municipalities and their economic results. As for the model, although the policy cycle is made explicit, within the evaluation, the focus of analysis will use mixed principles of the procedural model and the incremental model. Analysis methods focused on the objective, that is, plotted from analysis models, are known as "methodology triangulation". "The articulation between structured strategies, in which it was agreed to dominate methodological triangulation, can expand the evidence base, allowing the formulation of

more valid interferences on the effect of interventions" (Vieira-da-Silva, Paim, and Schraiber 2014: 75).

2.3 Continuity and discontinuity of public policies in municipal administrations

The challenges faced by municipal political managers are quite diverse with regard to the fragility of the institutional organization, the training of human resources, considered a bottleneck (Coelho 1998). The problem of discontinuity, whether due to the lack of information, the inexperience of managers, the conditions of financial, structural and personnel resources, jeopardize the continuity of public policies, with the need for adaptation by new managers (Longhurst and Spink 1987).

There is a great weakness in academic writing on the issues of continuity and discontinuity of Public Policies in Brazil. Nogueira affirms that “texts that use a clearly defined theoretical tool to analyze the issues, both of discontinuity and continuity, are rare” (Nogueira and Mioto 2006: 7). For the municipalities they are not 30 years old (updated for 2017) and it is very fragmented. This discussion is recent, since it was only after the promulgation of the Constitution, in 1988, article 18, that the municipalities were responsible for local development.

In this sense, the municipalities are identified as the most important public sphere for the development of local actions, assuming the responsibility for their own development, subsidized by their economic vocation, resources and intellectual potential (Dias and Matos 2012). However, the most worrying is the continuity of actions and public management, in the exchange of these actors (mayors / managers), where Nogueira and Mioto (2006: 7) ratify: “It is interesting to note that the [problem] occurs in the question of administrative discontinuity”. And that the disorder is motivated by the change of politicians and managers at management levels. And still:

> [...] the discontinuity is manifested in the interruption of projects, works and actions, and in the reversion of priorities and goals. Such disruptions are usually deemed to be undesirable, as they would result in the loss of accumulated knowledge (or institutional memory), in the reversal of advances, in disbelief or demotivation on the part of those involved, and also in a probable waste of invested public resources (Nogueira and Mioto 2006: 7).

Based on these arguments, a parenthesis can be created when stating that a research work, with a temporal cut to previous government administrations, can be compromised, because the change of management people results in an interruption based on unexperienced experience, leaving the successor management based on quantitative data and little memory. Spink (1987) adds:

> The expression 'administrative continuity and discontinuity' refers to the dilemmas, practices and contradictions that arise in Public Administration, Direct and Indirect, with each change of government and each change of directors. As a phenomenon, it is manifested by the organizational consequences of filling any number of positions of trust, explicitly or implicitly available for distribution within public organizations (Longhurst and Spink 1987: 57).

For Dimas Estevam, the political discontinuity occurs in a greater intensity, in the exchange of governments, mainly in opposition parties, and ratifies saying that "this exchange in the political command raises doubts about whether or not there will be continuity of the previously developed policies" and provokes still the loss of the political history already developed (Estevam 2010: 1). In the municipalities of Cabo de Santo Agostinho, Caruaru, Igarassu, Tamandaré and Petrolina, the chosen party behavior, during the period surveyed and the effective date of the survey, may experience loss in the occurrence of the facts.

3. Methodology

This research can be considered as descriptive. Descriptive research is interested in the discovery and observation of phenomena, seeking to describe, classify and interpret them (Oliveira 2013). From the point of view of technical procedures, the study used bibliographic, documentary and field research. Bibliographic, because, for the theoretical-methodological foundation, it was carried out by means of secondary data, using theses, books and scientific articles, about the main guiding concepts. Documentary, since it uses databases, statistical sources, reports and other documents. The main sources of data are: the Institute of Applied Economic Research (IPEA), Department of Informatics of the Unified Health System (DATASUS), Ministry of Health, Ministry of Labor, Brazilian Institute of Geography and Statistics (IBGE), the data from the State of Pernambuco. Auxiliary documents obtained in the field research, such as booklets, folders and others, are still part of this base.

To carry out this study, primary, qualitative data (interviews) were used. Although these approaches differ, they do not cancel each other, but complement each other. The qualitative nature allows the contribution of a rational and intuitive character, capable of allowing a better understanding of phenomena (Godoi, Melo, and Silva 2010). To meet the objective, which uses secondary data, taken from the Transparency Portal, in the period from 2010 to 2018, to bring and confront specific spending on Public Policy, in the municipalities of Caruaru, Petrolina, Igarassu, Cabo de Santo Agostinho and Tamandaré. The managers were classified by letters: A, B, C, D, E. The interviews were

conducted from a pre-established script, with fourteen questions, being questions one to seven, about general administration and question eight to fourteen, focusing on public health programs. The determination for the number of five municipalities studied was due to the geographical dispersion found by the sample determination criteria, selected due to the strong relationship with the object of this study, to analyze the evolution of the notification of pathological diseases in the Brazilian, regional, Pernambuco and Brazilian comparison. municipalities in the sample; to analyze the financial aspects, of the expenses for the execution of the actions, originated from the public policies.

Thus, the analysis and evaluation of the content of the interviews were contributed by the techniques of Bardin (2009), where the topics of the triangulation are the categories, the script is the questions, and the answers are the object of analysis. The evaluation took place by numbering the similar characteristics, which are controlled by the method, for the interpretation phase, with the practice of analyzing responses to open questions.

4. Results

The municipalities selected for this research have heterogeneous characteristics and understanding the profile of each one is fundamental for the contextualization of this work. Geographically, the municipalities belong to different mesoregions, except Cabo de Santo Agostinho and Igarassu, which both belong to the Metropolitan Region; Tamandaré, belongs to Mata Sul; Caruaru to Agreste Central and Petrolina to Sertão do São Francisco.

4.1 Administrative management of the secretariats

The administrative management of the health secretariats identifies how the secretariats perceive their physical structure; of personnel; financial and political management. For Saraiva (2006), public health policies, in a more operationalized evaluation, are understood as:

> [...] a system of public decisions aimed at actions or omissions, preventive or corrective, aimed at maintaining or modifying the reality of one or several sectors of social life, through the definition of objectives and performance strategies and allocation resources to achieve the established objectives (Saraiva 2006: 29).

The major concern for any service is the resources, financial, infrastructure and human resources, which present themselves as an obstacle to any management, including public policies. Mendes (1996), analyzing through the incrementalist current of public policy, already evidenced the collapse of the health crisis in Brazil, due to low resources

spent, in order not to allow an adequate system to meet the needs of the population. In addition to the questions raised by Mendes (1996) and Saraiva (2006), the interview with a specific manager in one of the municipalities, says that it goes beyond these aspects and much more than the prevention information or even planning public policies.

> "The disorganized development of the trade sector ends up producing a culture of sub-job registries and thus a lot of insecurity and informality, as well as little or almost no labor rights, with degradation of preventive health, as all the time is used for productive work." (Saraiva 2006: 33).

In the perception of the manager's speech, it is possible to point out that preventive policies are practically impossible to have their effects reached by a population, where infrastructure policies do not have a satisfactory effect.

4.2 Challenges of Municipal Health Management

The subcategory "Challenge" comes in first analysis before the interpretation of the categories established by Viera-da-Silva, as it has elements that make up all the categories described below and is a post-established category. When asked the interviewees about the challenges faced for the health management of the municipalities, they were cited: disease control / prevention; scarcity of resources or difficulty in using them; little availability of human resources; poor physical structure or lack of equipment / supplies; difficulties with management, difficulties with managers; difficulties in developing actions; that is, all categories were cited, as noted:

> Manager A: "decrease compulsory reporting, contagious infectious diseases", "reduce disease index". "[Financial] resources are lacking".
> Manager B: "[...] make management understand the importance of investing in prevention.", "[...] make managers understand that we must have access to resources, so that we can invest in prevention "." [...] availability of professionals "," [...] we are the 7th in AIDS cases [..] even so, we have this structural difficulty "," [...] we work in this building here, it is not viable "," [...] receives a resource from the Ministry of Health, but it has the difficulty of the managers' own understanding regarding the use of these resources ". "[...] difficulty due to the secretariat's own organization chart". "[...] The coordination makes a plan, but sometimes it gets lost". "[...] not being able to carry out a larger campaign, with greater visibility" [...], "you always have to fight for material, equipment".
> Manager C: "[...] do public health with few resources".
> Manager D: "is to work with prevention and health promotion". "[...] degradation of preventive health". "[...] culture of sub-registries". "[...] population [...] migrates [...] from other cities to seek care in the municipality".
> Manager E: "[...] plan on top of health indicators". "[...] the management as a whole, the financing blocks make it difficult [to use resources]. "[...] The worst of all is the lack of resources". "[...] if you think about the ministerial transfer, you would only operate in the red".

> "[...] human resources, insufficient professionals for the development of actions". "[...] one of the biggest challenges is structural". "[...] we found contracts closed and we had to renew all of them". "[...] programming to articulate actions". "[...] issues of planning, monitoring of actions".

Understanding the challenges considered by managers, helps to understander what is the volume of demands that might not be aroused in more targeted questions. Within the category many issues were dealt with and as most repeated within the work, are the financial, structural, personnel and preventive conditions.

4.3 Priorities of the Municipal Health Secretariats

The priority subcategory is analyzed in question 2: What is the secretariat's priority scale? This question brought answers about disease and contagion control; human Resources; physical structure; management and campaigns:

> Manager A: "[...] we have a very good service because we have 8 family health teams and we have 100% coverage of the territory with trained doctors and nurses".
> Managers B, C, D and E have primary care as a special priority, that is, prevention.
> Manager B: "[...] normally the secretariats run after urgencies and emergencies and then come to prevention, she doesn't see much as a priority", "[...] the secretariat is always putting out the fire"
> Manager C: "[...] primary care would be the focus". "[...] do not let the population get to specialized care, always working on prevention". "[...] provide the best for the community and the municipalities". "[...] project for the implementation of decentralization of rapid decentralized tests".
> Manager E: "[...] improve health indicators". "[...] improve the epidemiological situation".

Manager A presents an opposition to the other managers, in relation to his staff, informing that this is complete and that he has excellent health care, not exposing any priority scale for health problems in the municipality. This reality does not apply to other municipalities, as the lack of staff is pointed out as a problem in the implementation of policies.

In the informal conversation with the interview, it became evident that it was impossible for responses to be made to previous managers (opponents). The current management had some data published on previous actions but did not express having contact with the previous management, for possible clarifications with former officials. This can leave the interpretation that when the mandate ends, the social responsibility of the old management ends. During the interviews, some statements can help to understand the "problem" caused by the change in management (which can be assessed as a loss or

a gain for the health of the municipalities, as the current management may or may not be more effective than the previous one).

It was argued by the interviewees that the secretariat was in the process of starting over, trying to set up and evaluate strategies to "continue" with the actions. And yet, the teams needed to get used to the new work methods, requiring training so that the situation was adequate. The secretariat envisioned the need for a mapping to carry out the necessary actions. What is observed in these speeches is that there is a pause in the actions so that the management is placed and thus, it can proceed with the strategic actions of the secretariats. The loss of information due to the change of managers, to the detriment of the change of party of governors, was treated separately as the problems of continuity and discontinuity of public policies. What is observed is that this problem is frequent in public administration and the loss of identity and previous management experiences is drained.

5. Conclusions

The major concern for any service are the resources, financial, infrastructure and human resources, which present themselves as an obstacle to any management, including public policies. This is no different for the municipalities in Pernambuco studied in this research, the low resources spent do not allow an adequate system that meets the needs of the population. The budgetary resources are considered insufficient for a broader coverage of the reduction in the number of notifications of diseases, the cuts in financial resources caused by the change of title in management compromise the progress of actions and decisions.

As for prevention actions, it was one of the most repeated questions as challenges considered by managers, only one of the interviews points to efficiency in terms of personnel, the others report insufficient personnel, vehicles, information materials, information, distribution and time of the employees. health teams.

The lack of staff is pointed out as a problem in the effectiveness of public policies, there is a difficulty of communication between the appointed members and the previous responsible for possible clarifications as to the progress of the strategic actions of the secretariats, this due to the political position that ends up hampering this relationship, leading to problems of continuity and discontinuity of public policies. The political discontinuity is pointed out with greater intensity in the exchange of governments, mainly in opposition parties, this exchange in the political command raises doubts about whether

or not there will be continuity of the policies previously developed. In this way, there may be a loss of the experience lived in the occurrence of the facts.

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