LUMEN ET VIRTUS

Institutionalization of the National Policy for Permanent Education in Health at the state level, in the Northeast region

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ABSTRACT

The study analyzed the interfederative conformation of the National Policy for Permanent Education in Health in the Northeast region, seeking to answer how its management is structured and effective at the state level. The methodological path resorted to documentary research and content analysis of the Permanent Education Plans in Health and Annual Management Reports of the respective FUs. The analysis scrutinized the interfederative relations established from the organization of spaces and instances of interinstitutional coordination. Identifying: a policy that is difficult to monitor; marked by centralization in this sphere; and that directly contributes to strengthening the regionalization of the SUS.

Keywords: Health Policy, Continuing Education, Decentralization, Regionalization.

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INTRODUCTION

All the National Health Conferences (CNS) deliberated on the priority of the issue of human resources for health, with emphasis on the 8th, in 1986, which resulted in the 1st National Conference on Human Resources for Health (CNRH); and for the 13th, in 2007, when the new guidelines for the National Policy on Permanent Education in Health (PNEPS) were ratified, whose purpose now involves the consolidation of the regionalization of the Unified Health System (SUS), being assumed as a priority component for the management of the SUS in the Pact for Health (2006) (FERREIRA; MOURA, 2006; STROSCHEIN; ZOCCHE, 2011).

The Pact for Health triggered a set of institutional reforms aimed at resuming regionalization as a central strategy for the decentralization of the SUS, through two basic aspects of federative coordination – direct negotiations between governments in the three spheres and policy induction at the central level (DOURADO and ELIAS, 2011). At the same time, it attributes a leading role to the State Health Secretariats (SES) in the PNEPS by conditioning its funding to the effectiveness and performance of the Regional Management Collegiate (CGR), redefined by Presidential Decree No. 7,508 as an Inter-Management Commission (BRASIL, 2011).

For Fleury (2010), in practice, the CGR/CIR constitute new management units based on the local governance of decentralized health systems. This arrangement points to a new approach in the management of public policies where the integration between the subjects that make up such eclectic arrangements is more efficient when they manage to establish a pattern of interdependence that manifests itself in a network (OUVERNEY, 2005).

From this perspective, the institutionalization of regional policies, such as the PNEPS, derives from the ability to establish a pattern of interdependent cooperation, where the actors involved develop collectively planned actions, strategically elaborated with a view to achieving common objectives and with parameters defined internally and externally (agreements and norms).

To this end, in order to advise the CGR/CIR on this issue, the Permanent Commissions for Teaching-Service Integration (CIES) are constituted, whose fundamental principles are inter-institutional governance and regionalization, acting based on PHE plans prepared by the inter-agency commissions according to local regional specificities (BRASIL, 2007).

Despite such a dynamic and complex structure, in a recent study França et al. (2016) analyzed the publications referring to Continuing Education in Health (PEH) in the main electronic databases between 2007 and 2015 and identified that there are few studies that evaluate or analyze the implementation and development of the PNEPS in the federative units.

In view of the scarcity of systematized information about the organization, conduction and articulation between state policy and regional PHE plans, or even about the conformation and/or composition of CIES and other spaces of agreement, the present study sought to analyze the

conformation of the PNEPS in the Northeast region, seeking to answer how the management of the PNEPS is structured and effective within the state sphere of SUS management.

METHODOLOGICAL PATH

This is an exploratory analytical study, of a qualitative nature, which sought to analyze the institutionalization of the PNEPS in the Region of the states of Paraíba, Pernambuco and Sergipe. To define the sample, the inclusion criterion was the availability of the State Plans for Permanent Education in Health (PEEPS) in an official institutional virtual environment (websites and blogs).

Content analysis was used for documentary analysis, examining the actions and/or strategies called Permanent Education in Health (PEH), from the areas/sectors of the SES studied, objectively educational or educational actions (courses, training, training, etc.), as well as strategies for the qualification and structuring of and for work in the SUS, such as conversation circles, workshops or thematic meetings, implementation of participatory management spaces and seminars.

The interfederative relations established from the organization and planning of the policy in the three states were explored, through the analysis of two categories:

Strategic instances of interorganizational coordination: form of action of organizational units (instances) specifically aimed at articulating and integrating resources in an efficient and flexible way, in addition to conducting decision-making support mechanisms (analysis of studies, information, reports, etc.);

The Internal Spaces of Pact: a form of action of political support units aimed at composing decision-sharing strategies, promoting consensus and hegemonic projects, in addition to preventing blockages and impasses.

RESULTS

Initially, it is necessary to consider that the financial resources of the PNEPS were transferred from fund to fund with the objective of "*supporting the actions contained in the State Plan for Permanent Education in Health agreed upon in the CIB"* and, therefore, the presentation of the state and/or regional plans is a mandatory condition.

Thus, despite the unavailability of most of the PHE plans in the region studied in the researched databases, it is possible to verify the transfer of resources to all states in the Northeast region, during the entire period studied, analyzing the ministerial ordinances that authorize the transfer to state and/or municipal funds, totaling approximately 140 million reais transferred between 2007 and 2011, approximately 47 million to the states studied.

Therefore, the first result to be highlighted consists of the very unavailability of these plans to the public, whether in the researched databases or any other in the public domain. In such a way that

of the at least 36 documents researched (considering at least 1 plan per state per ordinance), referring to the nine states of the region, only 12 were available.

STRATEGIC INSTANCES AND INTERNAL SPACES FOR AGREEMENT

For the implementation of a regional policy, which induces a framework of interdependence between the entities involved, it is necessary to form strategic instances for interorganizational coordination, in an articulated way, integrating resources as flexible and efficient as possible, to the extent that it operates support mechanisms for decision-making, such as the PAREPS (OUVERNEY, 2005).

Thus, even though the CIES have a strategic and indispensable role for the PNEPS, the implementation of the actions and implementation of the policy, strictly speaking, should be the responsibility of the interinstitutional management bodies – CIR and CIB – which, depending on the State and/or Health Region, establish different structures and relationships with the respective CIES and State Health Secretariats.

Sergipe

In Sergipe, it was identified that the management of the PHE policy is partially centralized at the state level, under the pretext of the similarity between the health regions. There are two independent EPS plans, one linked to municipal management and the other to state management, aimed at serving the workers of Aracajú respectively; and to all workers in the other municipalities and SES/SE.

At the state level, CIES/SE assumes the role of the only instance that formulates and articulates this policy, and there are no other CIES or Regional Plans for EPS in the State. Its performance also involves the appreciation and opinion on other projects directly or indirectly related to the PNEPS, such as the Education through Work Programs (PET), Telehealth, residencies, graduate courses and others.

Despite the protagonism and autonomy of the State CIES in issues related to the training of workers of and for the SUS in Sergipe, the execution and implementation of the actions is carried out through the State Health Foundation (FUNESA), an entity that is part of the Indirect Public Administration of the executive branch whose mission is to train professionals and "promote permanent education in the area of health" in order to support the reorganization of management and health care models (SERGIPE, 2011).

Another role of FUNESA is the responsibility for maintaining the Technical School of the SUS (ETSUS/SE), which is responsible for the mission of the preferential institution for professional education in health in the state, being centrally responsible for the actions aimed at the technical

training and professionalization of SUS workers. While the actions aimed at structuring the policy and the training of higher education professionals are carried out by partner Educational Institutions (SERGIPE, 2011).

Despite the strong link between the PNEPS/SE and the state sphere of SUS management, among its priorities throughout the period analyzed, in addition to the training of workers, the development of strategies and actions to strengthen the regional collegiate bodies and for the mobilization and commitment of municipal managers, workers and users to the construction of the PNEPS in the state stand out among its priorities.

Pernambuco

The state is marked by the longevity of the model adopted for the management of the EPS policy. It was observed in all the PEEPS/PE analyzed (2007, 2009, 2010 and 2011) that the option was always for the centralization of policy management at the state level.

In 2008, the SES created the Executive Secretariat for Work Management and Health Education (SEGTES/PE), and its General Directorate of Health Education (DGES/PE) is responsible for conducting the policy of planning, financial management and execution of actions.

Thus, the PEEPS/PE were prepared by the state management of the EPS based on health needs and indicators, the evaluation of the actions implemented in previous years and the need to structure the PNEPS itself. Then the plans were submitted to the CIES-State and to the approval of the CIB-PE (PEEPS/PE, 2011). Therefore, the option for centralizing the conduct of state policy in SES-PE goes beyond the institution itself and, if it does not have support, it has the consent of the deliberative and consultative collegiate bodies of the management of SUS and PNEPS.

The regional plans for continuing education (PAREPS) were only built after the approval of the PEEPS/PE and the availability of resources in the state health fund by the Ministry of Health. It was up to the SES/PE, through the strong performance of the Regional Health Managements (GERES), to guide and conduct the construction of these plans in the 12 Health Regions, as well as to evaluate the relevance of the actions demanded and operationalize them. once considered viable.

From 2009 onwards, the School of Public Health (ESPPE), linked to the DGES/PE of SEGTES/PE, began to lead the implementation of the EPS policy in the state. In addition to being a preferential space for the technical training of SUS workers, it plays the role of articulator between the essential actors of the PNEPS, prioritizing as an action strategy the holding of regional seminars for the creation of the CIES-Regionals, the strengthening of the CGR/CIR and the construction of regional plans for permanent education, always supported by the GERES (PERNAMBUCO, 2009).

Paraíba

Paraíba stands out for the various changes in the management of the EPS policy during the period studied, presenting different formats in the construction of plans and in the organization of CIES. Despite this, the decentralization of policy management is preserved throughout the period.

In 2007, 224 PHE plans were presented to the Ministry of Health by the State, 223 for each of its municipalities and 1 for the SES. All approved funds had their resources decentralized to the respective municipal and state health funds (BRASIL, 2007b).

The PEEPS/PB elaborated between 2008 and 2010 are based on a "State Coordination of Permanent Education in Health", so that their construction, according to a common paragraph and identical to the three plans, is the result of proposals built collectively between the 25 CGR, SES (through the Coordination of Permanent Education), Regional Health Managements, COSEMS/PB, Training Institutions and Social Control (PARAÍBA, 2008, 2009 and 2010).

The coordination was responsible for consolidating the PEEPS/PB based on the demands for qualification/training/training for health workers in the municipalities presented in the PAREPS, as well as executive management demands from the SES, CEFOR-RH/PB and health services of the state management (PAREPS, 2008, 2009 and 2010).

In view of the difficulties in the implementation of the regional CIES in the 25 Health Regions, then existing in the State, at the end of 2010 the macro-regional CIES were created (4), and from 2011 onwards the conduction of the agendas related to the formulation and development of the EPS policy in the SES was assigned to the CEFOR-RH/PB, which began to plan the actions and strategies contained in the PAREPS together with the CIR and Regional Managements of Health (GRS) of the respective health macro-regions, also articulating training apparatuses and other segments involved (PAREPS-PB, 2011).

In 2013, CEFOR-RH/PB proposed a technical note approved by the CIB/PB as "decentralization of EPS budget resources to the municipalities". More than that, Resolution No. 54/2013 revokes all previous permanent education plans, redefining the state policy, the allocation and financial execution of the PNEPS resources, then accumulated in the state health fund and which corresponded to 83% of the amounts transferred by the Ministry of Health in the period studied (PARAÍBA, 2013).

The Multiannual Plan for Permanent Education in Health of Paraíba (PPEPeS-PB), 2013 – 2014, is instituted, which should be composed of 4 Macro-regional Plans for Permanent Education in Health (PMEPeS). These, in addition to composing a state plan, are conditions for the decentralization of a portion of the PNEPS resources accumulated in the state health fund.

Regardless of the conduct of the EPS policy in the State, as in Sergipe and Pernambuco, the CEFOR-RH/PB is the preferred institution for the technical training of SUS workers and, therefore, accumulates two important fronts for SUS workers.

DISCUSSION

When analyzing the type of management of the PNEPS developed in the three states, the leading role of the SES in conducting the policy is evident, both in the management of the resource and in the organization and articulation of the CIES.

This can be considered a positive result with regard to the institutionalization of the Pact for Health, understanding that the fundamental objective of the regionalization of a Health System is to enhance the quality of services, as it reduces economic, social and health costs. In this way, recomposing the organization of services through a cooperative system between a set of municipalities that equate the potentialities and needs of a region (SILVA; GOMES, 2013).

In the case of the PNEPS, it is evident that the state sphere exercises the responsibility of articulation between the municipalities, including assuming the role of regional leadership, having the potential to contribute to overcoming the attitude of "every man for himself" and conflicts that arise from inter-municipal divergences.

In this role, the administrative units of the SES have a more or less strong performance depending on the State. The GERES/PE stand out for the responsibility delegated to the PEEPS, while the GRS/PB has a more focused role in supporting the central management of the EPS and in Sergipe there was no mention of similar structures, with the creation of five "Regional Centers for Permanent Education" being a constant objective in all the documents analyzed, obviously not achieved in the period (SERGIPE, 2011).

Such diversity is justified by the different historical processes of regionalization construction, with the size of the administrative structure and with the territory of each state.

What at first may seem like a weakness in the State of Sergipe, the smallest territorially among the three, may eventually be the result of a more efficient performance through a State Foundation created in January 2008 *"with the objective of ensuring an administrative legal structure capable of providing operational agility for the development of large-scale permanent education actions and responding to the regional demands of the State"* (SERGIPE, 2007).

On the other hand, the SES of PE and PB share the common responsibility for the financial execution of the resources and for the protagonism of their training entities. However, with regard to regional performance and the representativeness of the agenda in the structure of the two secretariats, they could not be more different.

Except for the importance of these administrative units for the two SES, the relationship between these and the CIR are different, starting with the number of Health Regions that each unit monitors or supports. In PB, the GRS are a reference for up to four Health Regions, while the SES/PE has one GERES in each. These, in turn, act so strongly in the municipalities and CIR that, sometimes, the denomination and meaning of "Health Region" is replaced by GERES in the PAREPS analyzed.

It is also observed the prominence that the EPS agenda has in the SES/PE organizational chart, justifying the creation of an executive secretariat, in December 2008, with its own positions and resources for the execution of the policies of Work Management and Permanent Education in Health (PERNAMBUCO, 2008b).

Meanwhile, in the SES/PB, Work Management is only a nucleus of the Human Resources Sub-management and the Policy of Permanent Education in Health in the State of Paraíba, regulated in September 2009, is developed and executed by a "Technical Team of the SES" under a coordination that *works at the facilities* of the CEFOR-RB/PB (PARAÍBA, 2009b).

Such differences make up an interesting scenario if associated with the responses of the managers of the three SES, when they were invited to signal and classify the main difficulties faced in the implementation of the PEEPS.

Although financial execution was the greatest difficulty for the three SES, among them Sergipe was the one that signaled the least relevance of the problem, while Pernambuco was the one that signaled the greatest relevance. In fact, this scenario was repeated in almost all alternatives, so that the SES/SE was the one that showed the least difficulty in implementing the PAREPS and the SES/PE was the one with the greatest difficulty, despite having a much more advanced administrative structure compared to Paraíba, as well as a greater institutional presence in all health regions.

For Ouverney (2005), this is a situation characteristic of a process of a high degree of institutionalization to the detriment of low interdependence in the network, an ideal condition for the success of the regionalization of the SUS.

Another issue to be highlighted is the priority attributed by the three state administrations of the EPS to the qualification and strengthening of the CGR/CIR, expressed in practically all the PEEPS analyzed, is often linked to the "qualification of SUS management".

A fact has already been pointed out by Viana (2010) who identified a high and positive correlation between the levels of regionalization and the institutionalization of the PNEPS. Concluding that the most advanced stage of regionalization corresponds to the high institutionality of permanent education, and therefore the integration of regionalization through the CGR/CIR and PNEPS through the CIES should be encouraged.

From this perspective, regardless of the content or format of the PHE plans or actions, the process of implementation and development of the policy itself already has an important impact on the organization of the System. The difficulties encountered in organizing and articulating actions show a set of limitations that go beyond the PNEPS and indicate the difficulty of interfederative articulation as a frequent obstacle to the implementation of various SUS policies.

The same direction pointed out by Santos (2014), who highlights the indispensability of the configuration of such spaces for collaboration between federative entities be surrounded by legal certainty, in order to guarantee the fulfillment of the agreements signed or even the execution of the plans built.

In this sense, considering the existence of a specific directive to the PNEPS, the diversity of arrangements among the states and the frequency with which the EPS plans are changed, may raise doubts as to their legitimacy as consistent interfederative agreements.

Finally, it is worth highlighting a relevant element common to the three states consists of the prominent role of the technical schools of the SUS which, although different in terms of legal personality and link in the organization chart of the SES, have in common the preferential responsibility for the training of technical and professional training and protagonism in the conduction of the policy of permanent education.

CONCLUSIONS

A pioneer among national policies structured at the regional level, the PNEPS created in 2004 completed a little more than a decade as a priority strategy for the training and development of workers for the health sector, as it enabled the creation of powerful inter-institutional spaces for collegiate management (BRASIL, 2004).

Based on the conception that training for SUS workers requires the mobilization of a set of elementary institutional actors (the three spheres of management, the workers themselves, educational institutions and social control), it is structured in an extremely adaptable way in search of institutional organicity.

Based on the two categories of analysis worked on in the present study, it is concluded that:

In general, the three states presented all the elements necessary for the conformation of the policy. From the elaboration of the action plans for continuing education, reserved for the particularities of each state, through the existence and activity of the teaching-service integration commissions and arriving at the frequency of the EPS argument in all areas of state health plans and annual management reports.

The policy is strongly centralized in the state sphere of SUS management, from idealization, planning and implementation. At the same time, the municipalities, organized regionally, demand the actions to be carried out with a greater or lesser degree of protagonism, according to the state.

However, in practice, the CIES has been the protagonist in the planning and conduct of this policy, often moving from the respondent entity to the requesting entity, guiding the collegiate of managers for the articulation and implementation of the actions provided for in the EPS plans.

The policy contributes directly to the strengthening and effectiveness of the regionalization process of the SUS, while pointing to a fundamental administrative dilemma: if, on the one hand, the construction of such agreements strengthens interinstitutionality, on the other hand, the alteration of a single paragraph suggests a long road, such is the number of actors to be consulted and instances to be mobilized.

Based on the frequent reprogramming of actions and restructuring of PEEPS during the period studied, eventually, one or more states may have spent more time correcting the instruments than complying with the agreements signed.

Not to mention that, adding the unavailability to the public of the original plans and such reprogramming, a policy that is difficult to monitor and a *very fragile* accountability is identified.

Finally, it should be noted that the present study did not intend to exhaust the discussions about the policy in question or the construction of regionalized policies. Far from it, the results point to the need to deepen the analysis and evaluation of the institutionalization of a genuinely regional policy, as it presents important elements that contribute to a consistent evaluation process.

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