

The supplement “Institutional Support within the National Humanization Policy” was constructed through many hands, with participation by subjects linked to academic institutions, the Brazilian Health System (SUS) and the Ministry of Health. It started from a proposal that emerged from these interfaces, with the desire and a certain situational stance that pointed towards the need to demarcate and affirm institutional support as one of the most important innovations regarding healthcare interventions, work, provision, management and practice. This is an innovation aligned with defense of rights and democratic participation in SUS.

Since the beginning of the 2000s, “Humanize SUS” has operated through the policy device of the National Humanization Policy (PNH), starting from its institutional face in the Ministry of Health. By means of the PNH, the Ministry of Health and SUS managers have posed the issue, on the one hand, of the vertical lines that stratify power and separate policy formulators from policy executors; and on the other hand, of the horizontal lines that feed cooperative practices. The experiences consolidated through the PNH and through humanization groups have strengthened transverse institutional lines, i.e. diagonals that destabilize the axes of verticalness and horizontalness. These transverse lines distribute power and stimulate cooperation and solidarity between federal entities and between the various levels of management and care within SUS.

Institutional support has been the strategy used by the PNH to turn its principles and guidelines into reality, along with its triple inclusion method. This constitutes a wager on institutional democracy through the route of analysis of work processes within healthcare. Along these lines, institutional support forms an industrious activity that imposes on us the task of bringing together up-to-date concrete experience in work situations, thus indicating possibilities and constraints that form part of these processes.

All human activity is marked by incessant updating of how to do it, which is never reduced to anticipation of any order. Carrying out healthcare work activities does not have a regular or predetermined nature, since it always results from conflicting encounters. Institutional support is a way of getting things done within healthcare, which includes destabilization within working environments as an important part of the work processes. It is through problem-setting in relation to what has been instituted that it is possible to cause new healthcare practices to be created, which is a condition for continuation of the SUS movement. To support is to stimulate the players in the work processes to expand their problem-setting strength, i.e. invention of problems and interference with other subjects, in an incessant process of cogeneration of subjects and worlds.

Exercising the support function is a way of managing work processes, thus activating continuing negotiation spaces between those who occupy the positions of managers and the workers who administrate their own work on a daily basis. One of the main effects of support is the shortening or distances between the activities of planning, follow-up, monitoring, execution and assessment. Through this route, humanization may be constituted and consolidated as a struggle for rights and for democracy within healthcare production processes.

This supplement gives visibility to support practices and their effects relating to transformation of work processes and subjects (workers and users), starting from many experiences developed over the last few years within SUS. There is no reason to hold back from affirming that the principles and guidelines of humanization are the principles and guidelines of SUS. However, the PNH only exists because there is still a large distance between the SUS that we have and the SUS that we want. As this distance diminishes or disappears, it will disappear together with the PNH as a government policy. Support is one of the ways of keeping this utopia alive and narrowing the gap between reality and dream, thus putting enchantment back into concrete realities.

Today, it no longer makes sense to talk about humanization of childbirth, given that deliveries will be humanized in expanded clinics; all clinics will be expanded through comanagement; management processes will be more democratic in the reception process; and all teams and all networks will be welcoming. This is a dream. It is the dream of support provided by the PNH over the course of these ten years. In the meantime, we have much to do! Support cares for and cultivates these principles of SUS, creating innovations from the concrete realities of interventions and singularizing them as a function of the differences between the various regions of Brazil. The dream of support is the dream of a fairer society that is more democratic with greater solidarity. Part of this path of defending SUS is in this supplement.

The Supplement “Institutional Support within the National Humanization Policy” reinvigorates the partnership with the journal *Interface – Communication, Health, Education*, which began back in 2009. The 29 articles, one creation and one interview of this supplement represent the consolidation of one year of work by its editors and by more than seventy reviewers with recognized production on the topics involved. It brings together intermediaries who have contributed towards formulating, experimenting with and consolidating institutional support in the theoretical and political fields and in social practices within the field of public health. It consolidates theoretical contributions, systematizes experiences and presents knowledge to the field that has a high degree of innovation and applicability.

Because of these qualities, this supplement represents a valuable contribution towards producing a SUS that will be the correlate of human life guided by the best problem-solving and by values with the greatest solidarity, given that support has been an important vector within the field of public health and within the development of public healthcare policies. Not only has support transformed healthcare practices, but also it has promoted other ways of living that are more alive and more potent, because they are founded on living in a manner with greater solidarity, greater value given to differences and their ensuing destabilizing effects, greater collaboration and greater democracy.

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