

The building of Collective Health and health policies – Contributions from *Journal Ciência & Saúde Coletiva*

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Abstract *This paper aimed to analyze the contribution of Journal Ciência & Saúde Coletiva (C&SC) to the construction of the CH field, particularly in its relationships with the Health Policy, understood both as an academic discipline and as a scope of practice. We reviewed papers published between 1996 and 2019 in the C&SC. Titles and abstracts of the 397 documents on health policies were read to measure the magnitude and identify the main themes and theoretical-methodological approaches. Thirty-five documents were selected and read in full among the 142 revised ones to investigate the Journal's contribution to CH's construction. The analysis was based on Bourdieu's sociology. It revealed that C&SC was established as a space for the construction of CH in multiple dimensions, particularly concerning the reflexivity on the field. Specifically, concerning the Health Policy, despite the small percentage of documents on the issue (6.8%), it encompassed the different meanings of this subject for the field. The authors discuss the possible relationships between the characteristics identified and the historical process of incorporating this subject in the various areas of CH.*

Key words *Health policy, Health policies, Public policies, Collective health*

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Introduction

Health policies have been studied by researchers who consider it as an established discipline in industrialized countries^{1,2}, and by private organizations, called think-tanks, located between the academic, social sciences, the government, and political parties³.

In Brazil, this theme was developed mainly within CH, originated in the 1970s, and it also incorporates this dual dimension, which can be understood as a field of knowledge and scope of practice⁴⁻⁶. Although CH has been investigated under different approaches, there is a reasonable consensus on the appropriateness of using the field approach, in the sense of Bourdieu, to interpret it^{5,7-14}.

The use of this theoretical framework showed that CH, in its emergence, could be considered as a social space to become a field. However, its subsequent development allowed it to be a field in the process of consolidation¹⁵, which translates into its institutionalization in several social spheres¹⁶, particularly in the scientific field, with its graduate courses¹⁷ and its expanded academic production indexed in international databases^{18,19}. On the other hand, the relationship between CH and the Brazilian Health Reform²⁰ reveals the influence of the political field's rationality. In this interface, the political and policy analysis appears prominently in CH's establishment, encompassing all the main subfields, namely, Epidemiology, Social and Human Sciences in Health, although central to the area called Policies, Planning, and Management²¹.

Also, over the past 20 years, a trend towards specialization within CH that translates into the organization of working groups linked to the Brazilian Association of Collective Health (Abrasco) has been observed. Each theme is subjected to a discussion of specific policies, besides epidemiological studies or approaches guided by human and social sciences.

The journals that disseminate Brazilian CH production have been analyzed regarding their contribution to international Public Health²², CH's institutionalization¹⁶ and internationalization¹⁹, and has been the subject of self-analysis by editors^{14,23-30}.

The link between *Journal Ciência & Saúde Coletiva* (C&SC) and Abrasco justifies a specific investigation seeking to identify its contribution to CH's establishment, particularly concerning health policies, a central aspect of the interface between knowledge and practice. As an object of

knowledge, it appears both linked to the social health sciences and the area called Policy, Planning, and Management in Health (PP&GS).

On the other hand, the characterization of the production of papers on health policies in C&SC concerning its magnitude, types of papers, and both theoretical and methodological approaches and the discussion about its relationships with the construction of SC have been neglected. This paper aims to analyze C&SC's possible contributions to the dissemination of Health Policy scientific and technical production and CH's establishment.

Methods

Initially, papers that specifically addressed the issue of CH were reviewed, papers and thematic issues focused on the discussion of graduate studies, topics related to the nature of knowledge, and the establishment of CH's principal underlying fields: Epidemiology, Human and Social Sciences in Health and Health Policy, Planning, and Management. As a result, a review of the works published between 1996 and 2019 was carried out. We searched the Journal's website with the following Portuguese keywords, only in the title, successively: “*campo*”; “*Saúde Coletiva*”; “*Pós-graduação*” and “*Bourdieu*”. Two hundred forty-four papers were identified. Only 146 remained after reading the titles and eliminating works that did not address specifically the theme. Abstracts and 35 papers were read in full.

Bourdieu's sociology guided the analysis of the relationships between the production of papers on policies and CH's field construction in the Journal. This author affirms that the concept of field is a social micro-cosmos, a network of objective relationships between postures, agents, and institutions, endowed with relative autonomy, which hosts specific struggles that make sense to its members³¹. Bourdieu uses the concept of social space either as a synonym for field or as a reference to the global social space, which, in turn, would be underpinned by fields.

Also, as a more delimited social microcosm, inter-fields, where agents from different spheres interact driven by a common interest³². This author affirms that a field is a theoretical construction that is simultaneously a space of forces and an arena of struggles³¹. In this sense, health policies can be analyzed as part of one of CH's subspaces, namely, the one called Policies, Planning, and Management in Health, which corresponds

to one of the poles of this field¹⁵. As an interdisciplinary research theme, its methodological and theoretical approaches can be the subject of disputes between other CH's subspaces and other fields.

The following Portuguese keywords were used to characterize papers on health policies: *políticas, política, políticas de saúde, Sistema Único de Saúde, SUS, Reforma Sanitária, reformas, privado, and financiamento*. Of the 806 papers selected, 253 duplicates were discarded, and 553 papers remained. Then, the titles and abstracts were read, and 156 works were discarded, leaving 397 manuscripts (Figure 1).

The included papers were classified according to the following typology of thematic areas and sub-areas³³: a) political analysis in health; b) health system components; c) analysis of specific health policies. Studies on program evaluation were excluded, and only those whose object was policy evaluation were reviewed.

The studies classified as "Political analysis in health"³⁴ investigate the power relationships in health (nature, structure, relationships, distribution, and struggles), and the political process in health and its relationships with the production of political facts, including situational studies. This perspective considers power as a main cat-

egory, analyzing its appropriation, distribution, and struggle in the sectoral and societal spheres³⁴. The category "Health System Components" includes studies that address the political dynamics around the system's various constituent elements, such as financing, management, participation, social control, care models, human resources, science, technology, and innovation³³. The works grouped as "Analysis of specific health policies", in turn, address with the content of policies as guidelines, plans, and program³⁵, comprising the study of specific policies, such as policies aimed at population groups (women, children, older adults, and workers) or coping with problems (AIDS, dengue, high blood pressure, and tuberculosis).

The methodological approach was also codified according to the nomenclature explained by the author in the summary as case studies, multiple case studies, socio-historical studies, implantation analysis, policy formulation analysis, exploratory analysis, qualitative studies, review articles, essays, unexplained methods and techniques, and others. The code "does not apply" was used for editorials and critiques. When explained in the abstracts, the theoretical references were maintained according to the designation of the authors.

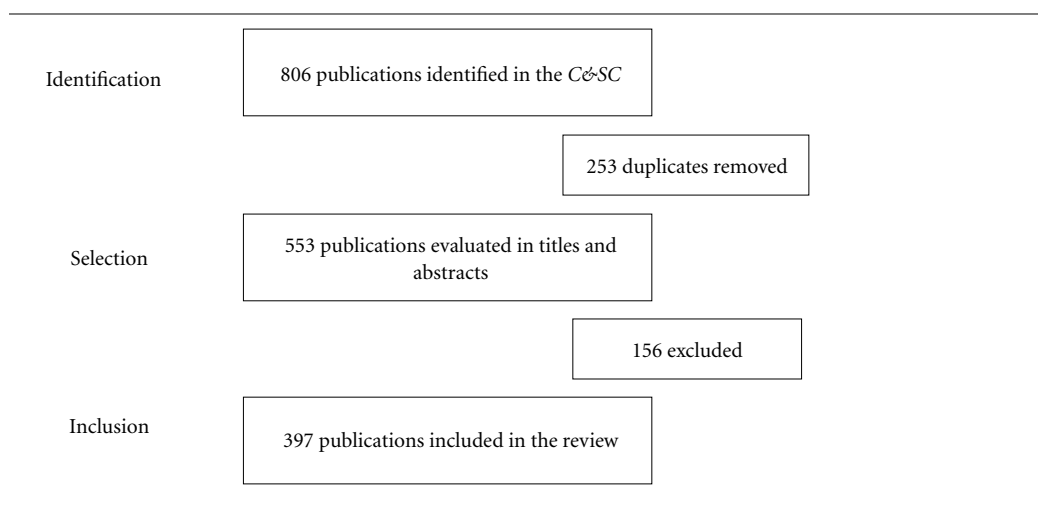


Figure 1. Flowchart related to the process of selecting health policy documents published by *Journal Ciência & Saúde Coletiva* (1996-2019).

Results and discussion

Health policies in the C&SC

The production on health policies found in the C&SC in the 1996-2019 period totaled 397 works. Most works consist of papers (53.7%), followed by debates (16.6%) and free themes (13.6%) (Table 1). The production found corresponds to 6.8% of 5,871 documents published by the Journal in the period. Comparing the percentage of papers specifically, the Journal published 5,033 works in the period, 213 of which were health policies (4.2%). This small share may be related to editorial choices or the production characteristics of the field.

The thematic analysis revealed that 40.3% of the works address aspects related to the Health System Components, followed by 31.5% classified as Analysis of Specific Health Policies, and 28.2% as Political Analysis in Health (Table 2). This finding differs from the results found by Santos and Teixeira³³, who identified a predominance of studies in the area of Analysis of Specific Health Policies.

However, among the list of specified sub-themes, the largest number of publications found in this research refers to policies aimed at coping with specific problems (23.9%), followed by systems management (13.1%), and SUS construction process (10%). Studies on Political Analysis in Health show an increase in the number of studies on the relationship between public and private (6%), which points to a growing interest in debating the pattern of articulation of these elements within the SUS, and new themes are highlighted, such as financial dominance in health care.

Table 1. Number and percentage of texts published in the *Journal Ciência & Saúde Coletiva* on health policies by type of publication (1996-2019).

Type of publication	N	%
Paper	213	53.7
Letter	1	0.3
Debate	66	16.6
Editorial	18	4.5
Opinion	20	5.0
Critique	13	3.3
Review	12	3.0
Free theme	54	13.6
Total	397	100.0

Source: *Journal Ciência & Saúde Coletiva*. Homepage SciELO. Available at: https://www.scielo.br/scielo.php?script=sci_serial&pid=1413-8123&lng=en

Concerning the analysis of the methodological approach (Table 3), it is noteworthy that most works were classified in the “other” category (24.7%), given the multiplicity of methodological choices. Such studies only describe the use of techniques such as interviews and document analysis, without, however, specifying the research strategy. Some of these studies do not explain the methodology or the techniques used (26.4%). Also noteworthy are the 9.0% of review studies and that 25.4% were classified in the “not applicable” category because they do not require the adoption of a given scientific methodology.

As for the analysis of theoretical references, most publications (61%) do not explain those that would have been used, which confirms the criticism commented in the literature about the “theoretical rarefaction” in the field³⁶. Among those citing a theoretical reference, a profusion of perspectives is observed, and it is not possible to identify a predominant focus.

Table 2. Number and percentage of texts published in the *Journal Ciência & Saúde Coletiva* on health policies by publication theme (1996-2019).

Themes	Nº	%
Analysis of Specific Health Policies		
Policies aimed at specific population groups	30	7.6
Policies aimed at coping with specific problems	95	23.9
Subtotal	125	31.5
Health Policy Analysis		
Brazilian Health Reform	24	6.0
Health policy from an international perspective	21	5.3
SUS construction process	43	10.9
Public-private relationships	24	6.0
Subtotal	112	28.2
Health System Components		
Science, technology, and innovation	16	4.0
Health financing	23	5.8
Systems' management	52	13.1
Health care models	34	8.6
Participation and social control	14	3.5
Human resources in health	21	5.3
Subtotal	160	40.3
Total	397	100.0

Source: *Journal Ciência & Saúde Coletiva*. Homepage SciELO. Available at: https://www.scielo.br/scielo.php?script=sci_serial&pid=1413-8123&lng=en

Table 3. Number and percentage of texts published in the *Journal Ciência & Saúde Coletiva* on health policies by methodological approach (1996-2019).

Methods	Nº	%
Implantation analysis	1	0.2
Implementation analysis	7	1.8
Exploratory analysis	5	1.3
Historical analysis	3	0.8
Essay	6	1.5
Comparative study	2	0.5
Evaluability study	2	0.5
Qualitative study	15	3.8
Case study	11	2.8
Multiple case study	5	1.3
Review	36	9.0
Others	98	24.7
Unspecified method	105	26.4
Not applicable	101	25.4
Total	397	100.0

Source: *Journal Ciência & Saúde Coletiva*. Homepage SciELO. Available at: https://www.scielo.br/scielo.php?script=sci_serial&pid=1413-8123&lng=en

According to a previous study³⁷, the analysis of the references identified a heterogeneous set of theoretical approaches and authors mobilized by the papers. Among the theoretical references cited in the reviewed papers (9%), we can identify an affiliation with theories of contemporary sociological matrices (Bourdieu, Habermas, Foucault), Planning in Latin America, political science, medium-range theories, political analysis theoretical models, organization and management theories, and CH authors. However, we can consider that this set of theoretical approaches mobilized in the studies reconfigure four sociological traditions in different periods: a critical or conflict tradition, a rational-utilitarian tradition, a functionalist tradition, and a microinteractionist tradition³⁸. Such profuse approaches, mobilized to analyze different objects, show a particular departure from a Marxism-based macro-perspective adopted to address the tensions of the State and society relationship, previously found in the production of research in the early 1990s^{33,39}. The different thematic and methodological classifications made in papers of the Journal hinder comparison. Often, papers on policies are analyzed together with the item policy, planning, and management^{14,40}.

Health Policy and Collective Health

Space delimitation for analyzing health policies in a journal is not simple, given the different definitions of the term and its multiple intersections with other disciplines and thematic areas. Thus, health policies are referred not only to analyses of state actions related to health problems but various studies on the evaluation of health services, health systems, financing, public-private relationships, among others. Thus, according to the classification obtained in the SciELO/Public Health library, the theme of health policies was classified under a different heading from that of “SUS” and “Planning and management”⁴¹.

If Abrasco’s first publications were aimed at summarizing their meetings and introducing discussions mainly on human resources training and secondarily on research, *C&SC* starts by bringing the debate about health policies to the fore. However, before the establishment of Abrasco, the International Association of Health Policy (IAHP) was founded in 1975, in which several Brazilians participated. This association established dialogues with Abrasco and the Latin American Social Medicine Association (Alames)⁴².

However, as an academic discipline, Health Policy developed in Brazil differently than the U.S. and Europe. The fact that his seminal production began in the 1970s, together with a political movement for health democratization and the search for Social Medicine references in the 19th century, may help to understand part of its scientific hardships.

Before the 1970s, the Brazilian Public Health did not include Health Policy as a discipline. It recognized Hospital Administration and Health Administration, later incorporating Health Planning. Possibly, the landmark of this discipline in Brazil is based on a thesis advocated in 1972⁴³. In the seminal studies of Cecília Donnangelo^{43,44}, although Marshall’s⁴⁵ contribution regarding the recognition of civil, political and social rights in Europe in the eighteenth, nineteenth, and twentieth centuries, respectively, is mentioned, the approach developed by the author refers to the dynamics of capitalism, and the class struggles to explain the State’s intervention concerning the right to health.

The Cuenca Meeting on social sciences and health was held that same year (1972), and a study on medical education in Latin America was published by a doctor and sociologist⁴⁶, in which the author explained a theoretical framework

for research. In that decade, some more “classic” texts were produced by economists, sociologists, psychologists, and doctors⁴⁷⁻⁵⁰, considering social security, health policies, and medical institutions, and a guide for the formulation of health policies⁵¹. Likewise, some books that were widely publicized at the time brought health policy themes to the debate⁵²⁻⁵⁴.

Participants in these initiatives founded the Brazilian Center for Health Studies (CEBES) and Abrasco in the same decade. At the state level, the Geisel government established the National Health System⁵⁵ and the National Health Policy as its theme for the Fifth and Sixth National Health Conference (CNS)^{55,56}. However, many of the works produced in the period appeared as contributions for discussion and not scientific products.

This area of studies and knowledge production called Health Policy was recognized as an academic discipline and a sphere of social intervention, and the dimensions of “politics” and “policy” were highlighted, as were some concepts underlying the definitions of health policies⁵⁷. The definition of Health Policy was adopted as State action or omission, a social response, in the face of health problems and their determinants, and the production, distribution, and regulation of goods and services^{39,58,59}. Finally, Health Policy was admittedly understood as part of a scientific field (Collective Health), as a technique of analysis and policy formulation (policy) and praxis (politics) or political action of social actors⁵⁷.

The above observations can help us understand certain ambiguities in this disciplinary area by involving objects of analysis, research, and intervention, on the one hand, and the effort of conceptual delimitation and theoretical-methodological construction, on the other. The results obtained by this study can reinforce the recognition of such ambiguities, taking into account the limitations of the various classifications used.

The Journal and the construction of the field

The construction of a field is a complex process that occurs in different areas of social space³¹, and scientific journals are part of this process. In CH’s specific case, several journals contributed by disseminating academic production, debates on policies, and other products¹⁶.

In the 1990s, CH’s scientific production was divulged through 12 national journals: The *Revista de Saúde Pública* of USP, created em 1967;

the *Revista Brasileira de Saúde Ocupacional*, published by Fundacentro since 1973; the *Revista Baiana de Saúde Pública* of State Health Secretariat of Bahia (SESAB), of 1974; the *Revista Saúde em Debate*, linked to CEBES and created in 1976; the *Cadernos de Saúde Pública (CSP)* of the ENSP, in 1985; the *Cadernos de Saúde Coletiva (CSC)* of the UFRJ, in 1987; *Physis*, linked to the UERJ, in 1991; the *Revista Saúde e Sociedade (RSS)*, of the FSP/USP and the *Informe Epidemiológico do SUS (IESUS)*, both in 1992; the latter was renamed *Revista Epidemiologia e Serviços de Saúde (RESS)*, published by the Ministry of Health; the *Revista História, Ciências, Saúde – Manguinhos (HCSM)*, published by the Casa de Oswaldo Cruz, of the Oswaldo Cruz Foundation – Fiocruz since 1994; the *C&SC*, in 1996; and *Interface*, in 1997.

If, at the time of its creation, *RSP* claimed its continuity vis-à-vis *Hygiene* that preceded it⁶⁰, others translate, to some extent, in the inaugural editorials, its relationship with CH’s construction. *CSP* presents itself as a journal focused on the field of Public Health⁶¹. On the other hand, *Interface* is born emphasizing “the search for articulation between the paradigms of biological and social sciences”⁶². *Revista HCS Manguinhos* also highlights that the journal reflects the FIOCRUZ purpose of understanding health as the meeting point between the “... hard sciences and social sciences, laboratory and politics, science and society”⁶³. *Physis* and *C&SC* journals explicitly focus on the novelty of CH, not only incorporating the expression into their titles but theoretically analyzing the differences with Public Health^{19,64}.

The space of nuclear journals for CH’s construction was thus outlined, housing the different groups that were part of this process: epidemiologists, planners, social scientists, and central institutions in establishing the field: USP, IMS/ UERJ, UFRJ, ENSP, and UFBA. The *Revista Saúde em Debate* was intended to be a space for discussing the relationship between health and the social structure, but also claimed, in the first issue, the identity with some *Hygiene* and Public Health journals that preceded it⁶⁵. We also had the *Revista Baiana de Saúde Pública* and *IESUS*, which, while linked to government agencies, published scientific papers and specialized debates. While the other journals were part of the scientific field or with connections with administrative institutions, the CEBES magazine occupied the political position of criticizing the health system and transmitting proposals for the Brazilian Sanitary Reform.

Explicitly focused on the construction of the CH field, the *C&SC* was different from the others because it was created within Abrasco, and it explicitly aimed to contribute to the "... dissemination and critical reflection of the history and memory of the field ..."¹⁹.

The reviewed papers' analysis allows us to conclude that the Journal opened space for reflexivity on CH. Thus, investigating CH's meaning, its relationships with Public Health, its specificities, and overlaps with other disciplines were themed^{13,14,66}.

Noteworthy is the field's theoretical/epistemological reflection conveyed by analyses and debates on transdisciplinarity⁶⁷⁻⁶⁹. This discussion is central to CH's establishment, considering that the tensions related to the delimitation of its specificity and affirmation as a new social space were part of its history. Other themes central to the field's establishment were taken up, such as the discussion on the right to health^{70,71}, besides the discussion on the very concept of group⁷².

The viewpoint on the meaning of CH, according to which this field can be a synonym for Public Health, possibly related to its incorporation into important institutions and also linked to the movement seeking its internationalization⁷³, can be identified in some milestones along this path.

If, in its first issue, *C&SC* sets itself the objective of contributing to CH's establishment, four years later, in the issue celebrating 100 years of Public Health, the editorial places SUS as part of the development of institutionalized Public Health¹⁴. Likewise, in the 20-year celebration, references to Public Health predominate¹⁴. Participation in disputes in the scientific field also introduces internationalization as the Journal's central issue⁷⁴.

Also, in this line, analyses and evaluations on the development of graduate programs showed the CH's consolidation as a relatively autonomous universe, both regarding the formation of specialized human resources and the production of specific knowledge^{17,75,76}, despite recognizing their diversity⁷⁷. The development of graduate programs was analyzed at different times^{17,71,78,79}, including the effects of this consolidation in the SUS, in the training of professionals in management and epidemiology, and the translation of knowledge to the practice of health services⁸⁰. The analysis of the demand for graduate programs in 1996 showed the importance of master's degrees for the qualification of health services professionals and the doctorate for the training of faculty and researchers⁸¹. Ten years

later, the incorporation of these professionals is mainly into the public sector, at the three levels of government⁸². Likewise, the creation of undergraduate courses in CH corresponded to an affirmation of the area's specificity concerning the exercise of a set of practices aimed at health in the population scope⁸³.

The Journal also contributed to the dissemination of CH's stance over these 25 years, such as the debate on what would be the truth in the scientific field of health where, on the one hand, evidence-based medicine and health, and on the other, qualitative studies⁸⁴ are situated. Also, despite the repeated affirmations of the qualitative vs. quantitative debate's idleness, the Journal stressed the importance of qualitative studies, as a new paradigm in opposition to the so-called biomedical model⁸⁵.

The controversy surrounding the norms of ethics in qualitative research also brought up the opposition between the biomedical and the human and social sciences. In some moments in this discussion, CH does not appear as a transdisciplinary field between medicine and social sciences, but as a multidisciplinary field, and researchers in the human and social sciences turn to forums in this area, and not of CH, to advocate the specificity of this subfield^{14,86}. It also hosted discussions and analyses on CH's three constitutive subfields: Epidemiology and its development in Latin America^{87,88}, the Social Sciences in Health^{16,36}, and Planning, Management, and Evaluation in Health⁸⁹.

This third thematic area, which can also be analyzed as a CH subfield¹⁵, has had different names over the past 40 years, variations that correspond to the process of construction of the field, and of the SUS. While initially called "Administration and Planning in Health"⁹⁰ or "Planning and Management in Health"⁹¹, and later "Planning, Management, and Evaluation in Health"³⁶, it has always included the study of health policies among its objects. It was also considered eminently as a "field of practice"⁹². It also made room for themes with a greater or lesser degree of delimitation related to the construction of the SUS that would become Abrasco's thematic groups. Some of these groups evolved in the construction of their identity and aimed to increase their relative autonomy, as a social subspace within the CH, or even in the interface with other disciplines or professions, such as Collective Oral Health^{93,94}, Health, and environment⁹⁵, Health information⁹⁶, Evaluation of Health Programs⁹⁷. Some called themselves fields, such as Pharmaceutical Care⁹⁸.

The Journal was also a space for discussing the different viewpoints on health policies. With the main text and the selection of several commentators with sometimes different opinions, the debate format can be considered part of the field's social construction process. As an example, we can illustrate, with the first issue, where different viewpoints on the Health Reform and Health Policies in the situation can be recovered from that inaugural debate. Three viewpoints on Health Reform gathered around the criticism of neoliberal policies, and the advocating universality and integrality can be learned from those papers: SUS as part of the administrative reform of the State^{99,100}, the democratic SUS of the Health Reform and the health movement¹⁰¹⁻¹⁰³, and one of the viewpoints of social sciences: both as an analysis of health policies¹⁰⁴ and political analysis of policies and also sociological⁶⁹. The reflection on health policies followed the different situations, like the discussion in the 1990s¹⁰⁵ that mapped "advances" and "difficulties". Also noteworthy are the commemorative events in which balances on the SUS performance are presented, such as that concerning the 20 years of the SUS¹⁰⁶ and the 30 years of SUS¹⁰⁷.

Final comments

C&SC established itself as a space for CH's construction in multiple areas, particularly concerning reflexivity on the field, through the semantic, historical, and sociological analysis of the different meanings and their main characteristics. It also housed theoretical-epistemological-methodological reflection on the establishment of its main subfields and thematic areas. Specifically,

regarding health policies, despite the small percentage of specific works on the subject, it encompassed the different meanings to the field: Health Policy as an academic discipline and the debate on health policies. This very delimitation reflects the disputes in the field and the social construction process. It possibly varies depending on the position held by the author and his trajectory within CH.

However, this study has several limitations. Concerning policy analysis, the lack of consensus on thematic classifications hinders comparison with other works. Also, the analysis of the papers' full content could bring about other elements for the interpretation. Regarding the investigation of the Journal's contributions to the construction of the field, it is necessary to examine the evolution of the space of the journals that, alongside *C&SC*, participated in this process. The apprehension of the relationships between *C&SC* and the establishment of CH would also require seeking to recover the space of the viewpoints on the main contentious issues along this path, the agents and institutions involved in its production, seeking to relate the positions and trajectories to the identified positions and how they were reflected in the papers.

Despite these gaps, the apprehension made here allowed discussing some of the characteristics and the scope of the production on Health Policy in its relationships with CH. The transformations evidenced in the evolution of objects and focus on the theme, from its origins as a sociological object to its unfolding with the contribution of other disciplines alongside theoretical and methodological diversity, may be related to the historical process of incorporating this object in the different areas of the establishment of CH.

Collaborations

LMVS contributed to the conception and design of the paper, collection, analysis, and drafting. MAE contributed to the conception and design of the paper, collection, analysis, and drafting. AS contributed to data collection, consolidation, and analysis. JSP contributed to the conception and design of the paper, analysis, and drafting. All authors reviewed and approved the final version.

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