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Policy, planning and health management: the current understanding

ABSTRACT

This work provides a literature review of Policy, Planning and Health Management between 1974 and 2005. Information is presented from previous research and publications, incorporating the production contained within the LILACS database from the last five years. The emergence of studies in these sub-themes is described in an attempt to associate them with political circumstances, with particular emphasis on: the Sanitary Reform Process, the construction of the National Health System and the reorientation of health practices. The particularities of the production in this field are discussed and the need for historical and epistemological work in Brazil is emphasized. The practical challenges impose techno-scientific expertise and, primarily, socio-political militancy on individual and collective subjects.

KEYWORDS: Health policy, history. Health policy, trends. Health planning, organization & administration. Health management.

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INTRODUCTION

Conducting a review of Policy, Planning and Health Management (PP&HM) affords an excellent opportunity to reflect not only on its theoretical-conceptual development, but, primarily, to systematize tendencies in its production of publications and empirical investigations. Due to the constitutive link between the composition in the field of public health, the movement for the democratization of health and the proposal for Brazilian Sanitary Reform (BSR), the thematic area of PP&HM must be analyzed within such a historical perspective. Thus, it was by examining the relationship between scientific production and political circumstances to reconcile new relationships between the State and society that Donnângelo[7] (1983) elaborated a pioneering study on collective health research in Brazil.

This is not to suggest that before the 1970s there had not existed production within this thematic area. The theses defended in the *Faculdade de Saúde Pública* of the *Universidade de São Paulo* and in the *Escola Nacional de Saúde Pública*, the articles published in the *Revista de Saúde Pública*, the critical texts of Carlos Gentile de Mello and Mário Magalhães da Silveira (among others), and the reports of experiences and reflections divulged in the old *Revista do Serviço Especial de Saúde Pública*, all attest to the interest of those Brazilians involved in the sanitary field to studies of health services. Books were also published, including "Fundamentos da Administração Sanitária" (Fundamentals of Sanitary Administration)[13] by Dr. Bichat de Almeida Rodrigues.

This initial production was centered on sanitary administration and included, subsequently, health programming. Planning and policy were themes less covered and were limited to questions of budget, organization and sanitary legislation. Along with the critique of social medicine during the early 1970s and the development of social health sciences, it was possible for the emergent collective health to reconstitute the PP&HM in Brazil. In this aspect, the publication "Medicina e Sociedade" (*Medicine and Society*), of Donnângelo,[6] is a landmark for its reconstitution. In studying the relationships between the State and medical assistance, Donnângelo broke away from the dominant lines of interpreting government intervention in health, be it through the tendency to rationalize or through the guarantee of the right to health. In searching the social class dynamic for an explanation for State action, a perspective arose for the development of studies in health policy, as well as alternative forms of thinking about institutions and, consequently, of planning and management.

Hence, the present article uses, as an initial historical reference for the analysis of scientific production in PP&HM, the circumstances that favored: the emergence of collective health, the creation of the *Centro Brasileiro de Estudos de Saúde* (Cebes - Brazilian Center for Health Studies) in 1976, the development of postgraduate courses, the founding of the *Associação Brasileira de Pós-graduação em Saúde Coletiva* (Abrasco - Brazilian Association of Collective Health Postgraduate Programs) in 1979, and the strengthening of the so-called sanitary movement. An attempt was made to characterize the development of this field, seeking to identify the trends that marked the production of knowledge in PP&HM, whilst considering changes in political and academic circumstances throughout this period.

Thus, the objective of this study was to evaluate the current knowledge of PP&HM in the field of collective health in Brazil between 1974 and 2005, seeking to contextualize the production and dissemination of knowledge during distinct periods. However, an evaluation of quantitative data was not attempted, nor was an exhaustive survey of the scientific production, as in previous works,[2,3,9,16] since this was based on research of the *Literatura Latino-Americana e do Caribe em Ciências da Saúde* (LILACS - Latin-American and Caribbean Literature on Health Sciences) bibliographic database in the period from 2001 to 2005.

HEALTH POLICY

Health policy is understood to be the social response (in action or omission) of an organization (such as the State) in the face of the health conditions of individuals and populations, and their determinants as well as its relation to production, distribution, management and regulation of goods and services that affect human health and the environment. Health policy covers questions relating to *power* in health (*Politics*), as well as those that encompass the establishment of *directives*, *plans* and *programs* of health (*Policy*). Thus, the word *policy*, as is explicit in the Portuguese language, expresses both the dimensions of power and the directives. Despite this, as an academic area, health policy addresses the relations of power in the conformation of the agenda, and in the formulation, conduct, implementation and evaluation of policies.[11] Thus, *health policy* involves studies on the role of the State, the relationship between the State and society, the reactions to health conditions and their determinants by the population, through proposals and priorities for public action. It also includes the study of its relationship to economic and social policies, social control, health economy and financing.[9]

In the origins of health policy research in Brazil are found theses and journals that stimulated and supported debates on the performance of the nascent sanitary movement, as the nature of this movement and the challenges of the Sanitary Reform became objects of academic studies that established bridges with society.[8]

With the development of the Cebes activities and with the organization of Abrasco, such articulations became more integrated. The text "Pelo Direito Universal à Saúde" (For the Universal Right to Health),[1] released during the 8th National Conference on Health, embodies this nature by the importance that it held during that historical event. However, this political visibility obscured efforts to consolidate health policy as an academic discipline, directed toward scientific production and subject to theoretical and methodological rigor.

Such consolidation came about with the production of dissertations and postgraduate theses and of the first surveys and systematic publications during the second half of the 1990s.[2,16] Thus, not only did broader studies on the State and public policies become more visible, but research was also focused on the implementation of policies in organizations.

In an investigation of the database of theses from the *Coordenação de Aperfeiçoamento de Pessoal de Nível Superior* (Capes - Coordination for the Improvement of Higher Education Personnel) on health policy between 1993 and 1998, Ayres[3] (2000) confirmed that the studies concentrated on the following topics: a) emergency processes, formulation and implementation of policies (constitution of the public agenda); b) dynamic and performance of the social actors (mobilization/demobilization); c) socio-historical context; d) life cycle of each policy (*policy cycle*); e) repercussions and recurring policy patterns; f) and questions that become objects of intervention.

Levcovitz et al[9] (2003) considered in addition to theses and dissertations, books, journal articles (Brazilian and international), conferences and Brazilian meetings on health. The authors analyzed the political debate and the knowledge produced in PP&HM and adopted a timeline for the trends in Brazilian health policies divided into five stages.

The first (1974-1979) was characterized by the investigation of the economic, political and social determinants of the conformation of health systems and the formulation of alternatives. Notable among the themes covered are: the State and health policy; the National Health System; the welfare system; diagnosis of social and health conditions; and health programs.

The second (1980-1986) involved the dissemination of proposals for reform and socio-political cohesion. During this phase, themes appeared such as: increased coverage, history of psychiatry, medical practice, assistance model – primary health care, reform principles, social movements, strategic planning, services diagnosis and specific programs (child, woman, and others).

The third phase (1987-1990) was characterized by the judicial/legal arrangement of principles and directives of the reform project. The following themes appeared in this phase: citizenship, epidemiological patterns and inequalities, financing, access and demand for services, decentralization, and others.

The fourth phase (1991-1998) sought to define the role of each sphere of government and the elaboration of instruments for this relationship, with the production of knowledge directed toward the following aspects: adjustment of State reform, "municipalization", the *Programa Saúde da Família* (PSF - Family Heath Program), public-private relations, promotion of health, districting/local health systems, social security, social control, assistance models, and others.

The final phase (1999-2000) analyzed by the authors addressed the regulation of financing and the organization of management models and attention to the regionalized services network. In this phase, scientific production concentrated upon the adjustment of State reform, financing, social control, assistance models and public-private relations. New themes also appeared, including: health economy, health and the environment, information systems, human resources management, technology and health, the work process, and others.

For the purposes of classification, a sixth phase can be included (2001-2005) to the aforementioned timeline. Even running the risk of oversimplification, it is worth noting in this phase the search for stability of financing (as required by the 29th constitutional amendment) and the development of basic care, such as the expansion of the PSF. Scientific production was concentrated on the *Sistema Único de Saúde* (SUS - National Health System) and the Sanitary Reform, with emphasis on human resources, social control, health information, decentralization, integrality and equity. Also notable was the expansion of health economy, which resulted from studies on the so-called "health maintenance organization sector (HMOs)", financing, allocation of resources and public-private relations. Thus, the segmentation of the health services system in Brazil among the public health system (SUS) and the market was quantitatively expressed in the production of the PP&HM.

Alongside these studies there was the strong presence of research on basic health care emphasizing family health. A dynamic scientific production appears on the promotion of health, mental health, oral health, care models, humanization and health care. During the period in question, the production of PP&HM also covered: medication policy and pharmaceutical assistance (emphasizing generic drugs), metropolitan health, sanitary vigilance, worker health and indigenous health. Health evaluation represents a theme frequently observed. General studies on the SUS and its implementation were seen in studies of organization and regionalization, special programs (AIDS, dengue, tuberculosis, hanseniasis, women, children, adolescents, aged and others) and hospital care. However, publications on macro- and micro-regulation of assistance, ethical aspects, and the health of the Black and male population are still rare.

Health Planning and Management

The *planning* analysis of scientific production in the present article included: studies on the implementation of a coordinated set of actions to achieve a determined objective; studies of the strategies used to confront problems and the mechanisms of policy implementation; theoretical and methodological studies for the construction of plans, programs and projects (planning in health, strategic planning and health programming). The *management* sub-theme included studies on the creation and utilization of means that substantiate the principles of political organization; and included services management studies and health systems, quality management, strategic management, human resources management, budget and financial management.[9]

From the timeline elaborated by the cited authors,[9] the first phase (1974-1979) had as its principal characteristic the emergence of studies on the organization of community medical services, undertaking research on coverage and accessibility of the population to primary care services, critical testing, necessities of health and of services, community health diagnoses, evaluation of programs and others.

In the subsequent phase (1980-1986), studies appeared on programs for the extension of health cover that were elaborated and implemented in the previous period, initially experimentally and later as a strategy for institutional modernization in the field of public health, alongside studies of programs for education and personnel training and experiences of assistance-instructor integration.

The end of the 1980s (3rd phase) was marked by the elaboration and implementation of proposals for reform in management, planning and organization of services. Notable during this period was the growing interest for theoretical-methodological questions in the health planning and management field. The confronting of "practical challenges" was evidenced by academic instructors and researchers that came to be involved in the state and municipal health secretaries. These challenges stimulated reflections on questions relating to the change in political-management practices in the public sphere of the 4th phase (1991-1998) in various academic centers. This led to a diversification of theoretical-methodological themes and approaches, shaping various streams of thought, which were expressed in the production of books and articles that reflected the multidisciplinary nature of topics and approaches in the area. Indeed, between the 1980s and 1990s, historical and theoretical studies appeared on the conceptual and methodological development of health planning that emphasized the unfolding critique of the instrumental character of planning and its articulation with the process of reorientation of health policy. Also worth noting are reports of local experiences at the start of the regionalization process of health services in various Brazilian states and municipalities.

In phase 5 (1999-2000), studies analyzing and evaluating health management, in its various dimensions and levels of complexity, gained prominence. The decentralized management of the SUS became the background for the large set of studies on aspects relating to planning, programming, reorganization of the work process, health information systems, training of personnel, monitoring practices, supervision and evaluation of health systems and services, as well as studies on the participation and social control of the SUS.

Between 2001 and 2005 (phase 6), the most obvious direction of knowledge production in planning and management was the substantial increase of research on the "municipalization" of management and the expansion of basic health care. From the second half of the 1990s, some of these themes were consolidated in debates, such as the issues relating to the decentralized management of the SUS, as a result of advances in the decentralization process and the process of change in the health care model resulting from the implementation of the PSF. Presently, the production of information concerning hospital administration is increasing, probably as a result of the unfolding political-institutional circumstances in the areas of planning and management. This area has come to include themes critical of the process of change in the care model, such as the reorientation of policy and management of hospital units. An increase in studies and proposals in the areas

of management information and health communication is also evident, addressing challenges posed to managers by the rapidly advancing technologies that reconcile the Internet and telecommunications with health practices.

FINAL CONSIDERATIONS

The literature review of the material concerning scientific production suggests that the PP&HM thematic area is more directed toward *intervention* than *investigation*, despite recent efforts of research groups. This does not suggest that its topics are outside the sphere of scientific rigor. However, because they border on the immediacy of practice, these tend to be intertwined within diverse ideologies.[10]

In the scientific field, symbolic power[5] is expressed in recognition, prestige, titles, honors and fame but it is also in conflict with economic and administrative power in regards to access to resources, infrastructure and financing mechanisms for research. The political nature of this field, and of the process of knowledge production, must be evaluated so that the need for objectivity in research problems and the search for objectivity with the supposed scientific neutrality are not confused. Thus, it is impossible to ignore values, beliefs and ideologies, but nevertheless the theoretical-methodological rigor in critiques and in the production of evidence should not be discarded.

Thus, it is worth understanding *scientific practice* as a field where knowledge and symbols are produced, in which the understanding of information and knowledge as public goods should be valued. Socially distributed knowledge[12] should also be valued and there must be a search for "the elaboration of health policies and actions that have better chances of being effective and bring greater benefits for the health of the population".[4]

The PP&HM area, in the context of collective health, expresses most clearly the two dimensions (knowledge and practices) of the field, i.e. the fact that the knowledge produced answers the problems and challenges posed to it by subjects in their political action in determined historical contexts. This presupposition allows for the understanding of the direction of scientific research in this area, while the selection of themes, the delimitation of problems, the choice of certain theoretical-methodological approaches and even the dissemination of results, reveal a complex web of relationships between academia and services institutions. Such relationships are mediated by agencies that further research and by the collective health community. Thus, the PP&HM thematic area, founded upon social and human sciences, presents certain specificities and has distinct implications, be they in technological incorporation or in s*ocio-political militancy.*[17]

This thematic area is significantly complicated, such that there are moments when information is lacking for decision-making, and others when there is sufficient knowledge but the decisions are delayed, and others still where the decisions are necessary even in the face of few data. An example of this is the *precaution principle* in sanitary vigilance and environmental health. Thus, "the process of transforming knowledge into evidence that can sustain a decision is complex and never totally scientific, being permeated by different interpretations and values of existing knowledge, in the same manner that the process of knowledge production and dissemination is mediated by relations that are established within the scientific community and between the scientific community and the various sectors of societal interests".[4]

With regards to *health policy*, the majority of studies undertaken until the beginning of the 1990s presented a macro perspective, and rarely referred to health services and institutions. Studies based on broad categories, such as State, means of production, social training and others, did not use more specific concepts that reflected the particular realities and that allowed for certain interventions between the singular, the particular and the general.[10] Subsequently, an increase was evident in the area with the development of investigations on policies, institutions and health practices, in addition to the increase in studies evaluating health.[2,16] Presently, it is notable that there is a growing preoccupation with the evaluation of public policies. During 2005, the following were examples of this: the seminar on the "Effectiveness of Policies Promoting Health" (Rio de Janeiro), the significant presence of this theme in the 3rd Brazilian Congress of Social and Human Health Sciences of Abrasco (Florianópolis), the launching of books and of the supplement to the *Cadernos de Saúde Pública*[18] dedicated to the "Investigation and Evaluation of Health Services". It is also worth noting that the most influential directions for *health policy* were, on the one hand, the extension of investigation topics (health economy, heath promotion, mental health, care and subjectivity, among others) and, on the other, the diversification of theoretical-methodological approaches.

The directions characteristics of *planning* and *management* are the diversification of approaches and, especially, the development of theoretical-conceptual studies in technology proposals. Such proposals have spread in institutional practice, generating many

reports, case studies and evaluative studies. The development of these proposals has pointed to the centrality of the subject of practices,[19] that is, of health managers and workers, in addition to the actual population represented in the health councils.

However, the PP&HM has not been the target of systematic studies concerning its topics, methods and techniques in a historical and epistemological perspective.[14] The interface between theory and practice, generated by the epistemological critique and by experimentation with methods and techniques, marks the singularity of this area. This is characterized by the search for "technological development" that mediates the concepts, methods and instruments with the action of concrete subjects in the area of health organizations, addressing intervention on problems, necessities and political demands on health.

Thus, some theoretical contributions[15,17] already available could constitute a starting point for more detailed historic and epistemological work in PP&HM. Still, it is the challenges of practice, particularly in underdeveloped, dependent and peripheral capitalist countries, that impose socio-political militancy and techno-scientific ability on their subjects, individuals and collectives.

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