

# CONTRIBUTIONS OF RESIDENCY IN HEALTH PLANNING AND MANAGEMENT WITHIN THE DISTRICT CONTEXT OF HEALTH SURVEILLANCE

## CONTRIBUIÇÕES DA RESIDÊNCIA EM PLANEJAMENTO E GESTÃO EM SAÚDE NO ÂMBITO DISTRIAL DA VIGILÂNCIA SANITÁRIA

## CONTRIBUCIONES DE LA RESIDENCIA EN LA PLANIFICACIÓN Y GESTIÓN DE SALUD EN EL CONTEXTO DE DISTRITO DE LA VIGILANCIA SANITARIA

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**Objective:** to discuss the contributions of the Planning and Management Multiprofessional Residency for the training and actions in Health Surveillance based on an experience report. **Method:** experience within the Health Surveillance in one of the 12 health districts of the city of Salvador, Bahia, Brazil, in the months from July to September 2019. **Results:** various activities were experienced in the sector, with emphasis on the sector's own routine in relation to the issuance of health charters, subsequently to the processes of inspection/monitoring of health establishments/units and the elaboration of the Report on Health Conditions of the Units. **Conclusion:** the intern's insertion in the Health Surveillance, in addition to contributing to the service, highlighted the potential of joint action between the Residency and the Health Surveillance.

**Descriptors:** Public Health Surveillance. Health Surveillance. Health Planning. Health Human Resource Training.

*Objetivo:* discutir as contribuições da Residência Multiprofissional em Planejamento e Gestão para a formação e atuação em Vigilância Sanitária com base em um relato de experiência. *Método:* vivência dentro da Vigilância Sanitária em um dos 12 distritos sanitários do município de Salvador, Bahia, Brasil, nos meses de julho a setembro de 2019. *Resultados:* foi possível experimentar diversas atividades do setor destacando entre elas a própria rotina do setor no que se refere à emissão de alvarás sanitários, posterior aos processos de inspeção/fiscalização dos estabelecimentos/unidades de saúde e a elaboração do Relatório das Condições Sanitárias das Unidades. *Conclusão:* a inserção de um residente dentro da Vigilância Sanitária, além de contribuir para o serviço, destacou a potencialidade da atuação conjunta entre a Residência e a Vigilância Sanitária.

*Descritores:* Vigilância em Saúde. Vigilância Sanitária. Planejamento em Saúde. Formação Profissional em Saúde.

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*Objetivo: analizar las contribuciones de la Residencia Multiprofesional en Planificación y Gestión en la formación y las acciones de Vigilancia Sanitaria con base en un relato de experiencia. Método: experiencia en la Vigilancia Sanitaria en uno de los 12 distritos sanitarios de la ciudad de Salvador, Bahia, Brasil, en los meses de julio a septiembre de 2019. Resultados: se pudo disfrutar de varias actividades en el sector, destacando la propia rutina del sector en relación con la expedición de los permisos sanitarios, posterior a los procesos de inspección y supervisión de los establecimientos/unidades sanitarias y el Informe de las Condiciones Sanitarias de las Unidades. Conclusión: la inserción de un residente dentro de la Vigilancia Sanitaria, además de contribuir al servicio, destacó el potencial de acción conjunta entre la Residencia y la Vigilancia Sanitaria.*

*Descriptores: Vigilancia en Salud. Vigilancia Sanitaria. Planificación en Salud. Capacitación de Recursos Humanos en Salud.*

## Introduction

The first systematic and regulated actions of Health Surveillance in the country emerged in the 1970's, in line with the reformulation of the Ministry of Health, in response to the political, social and economic situation in that time, highlighting here the creation of a National Health Surveillance System (SNVS). In the following decades, 80's and 90's, the Health Surveillance underwent organizational processes influenced by the national scenario that culminated with the creation of the Brazilian Health Regulatory Agency (ANVISA) that perpetuates until the current days<sup>(1-2)</sup>.

Another important framework in the process of health surveillance consolidation in Brazil is the National Health Surveillance Policy (PNVS), instituted by Resolution n. 588 of 2018, defined in its article 3<sup>rd</sup> as the articulation of knowledge and practices that encompass the Epidemiological Surveillance, Environmental Surveillance, Health Surveillance and Occupational Health<sup>(3)</sup>.

In view of such knowledge and practice, a study<sup>(4)</sup>, based on the definition of social participation and democracy, proposes linearity of those two components, defining new ways of relating in the health workplace, emphasizing the importance of dialog between professionals and population.

The surveillance set – epidemiological, environmental, health and occupational health – according to Organic Law n. 8.080, of 19 September 1990, article 6<sup>th</sup>, is a field of activity of the Unified Health System (UHS)<sup>(5)</sup>.

Bringing the particularities of the Health Surveillance (VISA), the aforementioned legal

framework refers to it as a “set of actions able to eliminate, reduce or prevent risks to health and intervene in health problems arising from the environment, production and movement of goods and the provision of services of general interest of health, covering: control of consumer goods and service provision, which directly or indirectly relate to health”<sup>(5:2)</sup>.

Another study<sup>(6)</sup> defines Health Surveillance as a set of different types of knowledge that involve multiple knowledge areas in addition to multidisciplinary and institutional practices, which aims at health promotion and protection, and seeks to promote quality and safety, as well as efficiency and effectiveness in the services, products and processes.

The work of VISA is also based on a set of activities, namely: regulations granted through health licenses for production and trade of goods and services, product registration for manufacture and consumption, certification of good production practices, monitoring of the quality of products and services, supervision of compliance with norms, communication and education about risks and surveillance of adverse events related to those goods<sup>(7)</sup>.

VISA takes over a regulatory character, upon a more normative and authorizing concept of its actions, such as issuing of records, licensing and authorizations, as well as inspections and notifications, since those activities can generate various interventions<sup>(8)</sup>. However, there are some contradictions about the role of the VISA, since its actions, guided by regulation, monitoring and control, do not meet the current concept

of Health Surveillance as a public health practical field<sup>(9)</sup>.

In other countries, according to the Health Surveillance Handbook, of the Pan American Health Organization, VISA directly encompasses environment-related issues, covering environmental health programs, supply of drinkable water, disposal of excrement, solid waste, settlements, sanitation of health establishments and other institutions and sanitation in disasters<sup>(10)</sup>.

Therefore, in view of the broad action scope of Health Surveillance in Brazil, the Resolution of the Collegiate Board of Directors (DRC) n. 50/2002 reaffirms that the VISA also acts in planning, programming, preparation and evaluation of physical projects, including health care establishments, as well as in their supervision<sup>(11)</sup>.

In this sense, the Collective Health Multiprofessional Residency Program, with Concentration Area in Health Planning and Management, of the Collective Health Institute of the Federal University of Bahia (ISC/UFBA), initiated in 2016, aims at the specialization through service education, and, based on what a study<sup>(6)</sup> exposed regarding the understanding of the VISA, recognizes the importance of this service in the professional training process that allows the intern to acquire experience in different spaces.

Along the years, the program has been developing its activities in sectors of the Municipal Health Department of Salvador (SMS/SSA), in the State Health Department of Bahia (Sesab) and in nine health districts, which include the twelve that comprise the health territory of the capital of Bahia, Salvador. Considering that the course lasts two years, in the first year, interns are inserted in the headquarters of the health districts, and in the second year, they are distributed in various sectors of the SMS and Sesab.

Nevertheless, this experience within the VISA served as a basis for the preparation of this Experience Report from the wealth and learning acquired during the two months within the sector.

This article aims to discuss the contributions of the Planning and Management Multiprofessional Residency for the training and actions in Health Surveillance based on an experience report.

## Method

Taking as starting point the Collective Health Multiprofessional Residency Program, with Concentration Area in Health Planning and Management, of the Collective Health Institute of the Federal University of Bahia (ISC/UFBA), the interns have lived experiences under the supervision of a professor and preceptorship monitoring, in particular in the year 2019, referred to by this report.

In March 2019, the fourth class of the program interns began, composed of 18 professionals with training in the nursing, speech therapy, physiotherapy, collective health, psychology, nutrition and dentistry areas, divided into trios and allocated to the service activities within the health districts, including the health district of Brotas, where the experience that originated this report occurred. The district has a territorial extension of 11.25 km<sup>2</sup> and a population of 217,100 inhabitants. (2018) and demographic density of 19,297.7 inhabitants/km<sup>2</sup>, and, therefore, the third most populated district of the municipality of Salvador<sup>(12-13)</sup>.

After the admission in the district, with the preceptor's reception and systematic monitoring of the supervising professor, there was the development of actions of planning, programming and monitoring of the daily routine of work process in the sectors that compose the physical structure in the district headquarters, namely: actions; information; epidemiological surveillance, health surveillance. Concerning the latter, and in view of the little approach in previous educational experiences, including the graduation, there emerged the need to meet its demands and specificities of action.

Concomitantly to the interns' insertion in the sectors, including the VISA, there was the development of a work plan jointly between the intern, the supervisor, preceptor, and the

technical reference of the respective sector that contemplated: beginning and end of the internship, action/activity, objective and goal/product. The plan was developed based on the demands of the sector back then, dialoguing with the intern's learning needs in relation to the training in and for the service.

Thus, the experience within the VISA sector, within the district context, occurred in the period from 1 July to 30 September 2019, 3 days per week, totaling an hour load of 288 in-service hours. In addition to the immersion in the proposed work, planning actions were suggested. The set of activities emphasizes the process of elaboration of a "Report on Health Conditions of Health Units" under the control of the district VISA.

For the implementation of activities in the sector, various documents were accessed, including guidelines, handbooks, technical notes and Resolutions of Collegiate Board of Directors (RDC). Specifically to produce the report, the following documents were consulted: Guidelines for Structuring of Pharmacies within the Unified Health System, 2009; Handbook of the Physical Structure of Basic Health Units - Family Health, Ministry of Health, 2<sup>nd</sup> ed., 2008; Vaccination Standards and Procedures Handbook, 2014; Handbook of Technical Standards and Operational Routines of Neonatal Screening Program, 2002; Technical Note n. 217/2011-D-STD-AIDS-HV/SVS/MS, which addresses information on the temperature of storage and transportation of rapid test kits for HIV and syphilis; Decree 453 of 1 June 1998, which approves the technical regulation that establishes the basic guidelines for radiological protection in medical and dental radio diagnosis, features on the use of X-Rays and diagnoses across the entire national territory and takes other measures; RDC 50/2002, which regulates the technical regulation for planning, programming, preparation and evaluation of physical designs of health care establishments; RDC 63/2011, which regulates the requirements of good operating practices for health services; RDC 15/2012, which regulates the requirements of good practices for

the operation of health products and takes other measures; DRC 306/2004, which features on the technical regulation for waste management in the health service.

## Results

The work process experienced in the three months allowed observing that activities of inspection, supervision and educational/guiding activities for owners seeking the service are part of the routine of the team, in order to receive guidelines on procedures for opening, authorization and operation of their establishment. Nonetheless, as an intern for the three months, the inspection in such services or establishments could not be attended, due to professional secrecy, according to information from the coordination of the sector.

However, internally, the routine could be experienced, with monitoring of opening process for obtaining the Health Charter, including those motivated by requests from partner agencies and several complaints, as well as the issuance of a situational diagnosis, and subsequent adoption of measures for correction/adaptation to existing health standards with emission of own terms, such as notifications.

Although the procedures for issuing a situational diagnosis and adoption of measures for adaptation to the standards is part of the routine, the process of monitoring and evaluation of this activity and others that compose the scope of VISA seems to require greater investment, for example, there was need to (re)periodically evaluate the hygienic-health conditions of the aforementioned health establishments.

Therefore, in conjunction with the VISA health team professionals, the elaboration of the Report on Health Conditions of the Units was agreed as a contribution/product of the Residency, due to participation in the monitoring of the issuing process of diagnosis and guidance and measures. For this activity, initially, there was a survey of technical reports/opinions and notifications that compose the sector's file, selecting those issued between the years 2015 and 2019. The temporal

clipping defined resulted from the availability of documents covering this period, since, in previous years, some establishments analyzed had no document available back then.

After reading the legal and normative apparatus and recovering the theoretical framework selected, based on the records available on the establishments, there was the description of the hygienic, health and structural conditions, of the district health units, portraying and correlating the non-conformities found, the health pattern recommended and the possible factors responsible for the inconsistencies found by both the sector as in a broader context. In order to register and have an overview about the health conditions of the health units, a synthesis chart was elaborated, which included: area/sector; current situation; recommended situation; responsibility.

In this way, there was also the survey of the situation recommended for each non-conformity found, based on the legal documents that support the VISA practice, seeking to relate also those responsible for correction of each inconsistency found.

Thus, maintaining good hygienic-health conditions of units is the responsibility of management at municipal and district level, as well as of the teams. Importantly, there are issues more geared toward the management and others that are inherent to the teams, since they directly involve the work process.

Assuming such diversified vision of the VISA work, the look over issues that often go unnoticed in the basic care context could be expanded, such as managerial aspects of hygienic-health conditions of health units, which was possible with the elaboration of the report.

With the survey mainly of non-conformities of technical opinions, many issues are supposedly neglected in the routine of units and teams, issues that can affect directly and indirectly the users' health and the work process of the teams. With this, there arises the need to formulate strategies articulated between the VISA and the other district sectors that deal directly and indirectly with the health units.

## Discussion

During the period of experience within the district VISA, several activities in the sector could be experienced, highlighting, among them, the routine of the sector in relation to the issuance of health charters, subsequently to the processes of inspection/monitoring of health establishments/units and the elaboration of the Report on Health Conditions of the Units.

In this way, thinking of the service as an educational space is essential for the professional qualification of UHS workers. With a view to their training, either in administration or in the field practices, the service tends to provide countless possibilities of learning<sup>(14)</sup>. Thinking of that diversity of learning, the VISA, while sector allocated in the district headquarters, was inserted as a field of activity of the Planning and Management Residency.

The VISA that composes the health district has, in its physical space, a room reserved for the team from the district VISA. Currently, 17 professionals comprise the team, of various categories, according to the demand of this type of service and its diverse object, by considering the consumer goods and the specific services that are under its control and supervision.

Currently, under the supervision of the VISA district, in addition to the entire demand of existing establishments in the territory, nine health units are under the health control, namely: one Psychosocial Care Center, three Family Health Units (FHU), three Basic Health Units (BHU) without family health teams, one Dental Care Unit (DCU) and one 24-hour Emergency Unit (UPA).

The actions of the health surveillance team in the units under their responsibility aim to mitigate risks and harms to the health of the population by encouraging good practices in health services. In the VISA context, such activities are developed through technical visits that aim to assess the hygienic-health, structural and operational conditions of establishments of interest of health, as well as issuing opinions and/or notifications, when necessary.

In this district, it was the first time that there was the systematic and programmed immersion of interns in the VISA sector for a period determined and agreed with the team. This fact may explain certain strangeness of professionals in the first days with the intern's presence.

In the course of the days, the team notably felt more comfortable with the intern's constant presence, being part of their routines, especially as there was the definition of a product that would contribute both to the sector and to the intern's training process, and its construction was shared with everyone.

However, the challenging issue during this process occurred, predominantly, due to the physical space, which is insufficient for the team, especially in times of meetings and/or planning, in addition to the fact that the VISA still provides service to the public (owners or managers of establishments) within that space, a fact that sometimes hindered the intern's permanence in the sector.

Therefore, there is need to think of the structuring of the various local VISA, considering their particularities and work process, which requires large capacity for networking articulation providing the formation of ties between the VISA and the institutions related to it, as well as between the VISA and consumers<sup>(15)</sup>.

Although there are difficulties, the residency-service relationship is extremely powerful, because, at the same time it contemplates the intern's in-service training, it contributes to the progress and/or improvement of the work processes of teams in which he/she is inserted. As an example, there is the construction of the Report on Health Conditions of the Units, which, in addition to systematizing, offers to the service a broad overview on the health situation of the health units, and provides the intern with the knowledge about the dynamics of the service, approaching him/her to the technical knowledge, considering that the elaboration of such document requires the reading of legal bases governing the VISA service.

As seen, difficulties existed and exist, as it is immersed in a real scenario and not ideal.

Nevertheless, when thinking of in-service training, the VISA is an extremely rich area, since its diversity of actions makes it dynamic and, at the same time, complex.

In this way, this report becomes relevant as it highlights the experience lived inside the VISA and its potential as a training field, and to stimulate the insertion of this service in the professional training processes, given its complexity and richness of actions, based on the multiprofessional characteristic that articulate and complement one another.

This report shows how the VISA, within its particularities, contributes to the intern's training process, expanding his/her gaze to the sector and favoring an amplified knowledge of actions and competencies of each service that composes the network.

## Conclusion

The experience of Health Surveillance within the Planning and Management Residency revealed how this goes unnoticed during the educational processes of most health-centered courses. The intern's insertion in the sector not only contributed to the teamwork process, but also favored the openness and inclusion of VISA while training area, highlighting the potential of joint action between the Residency and the Health Surveillance.

Although the sector presents some limitations, such as limited physical space, which hinders the team meetings, the inclusion of VISA by the Residency, as a training space, yet provides the intern the broadening of the scope of experiences during the process, making him/her understand, in its entirety, as the progress of services occurs and how they correlate their actions of health prevention, promotion and protection.

Therefore, the construction of this report becomes relevant, since, in addition to highlighting the limitations and potentialities of the service, which, as well as the others, needs a gaze turned to improving its physical and structural conditions to better fulfill its functions, it is also a potentially rich space that much has to



contribute to the process of professional training, since its actions have multidisciplinary nature and articulate with other points in the network.

### Collaborations

1 – conception, design, analysis and interpretation of data: Aline Almeida Dantas and Mariluce Karla Bomfim de Souza;

2 – writing of the article and relevant critical review of the intellectual content: Aline Almeida Dantas and Mariluce Karla Bomfim de Souza;

3 – final approval of the version to be published: Aline Almeida Dantas and Mariluce Karla Bomfim de Souza.

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