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ORIGINAL ARTICLE

PERCEPTIONS OF THE MANAGERS ABOUT THE APPLICATION - TREATY FOR HEALTH

PERCEPÇÕES DOS GESTORES SOBRE O APLICATIVO - PACTO PELA SAÚDE PERCEPCIONES DE LOS GERENTES SOBRE LA APLICACIÓN - PACTO POR LA SANIDAD

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ABSTRACT

Objective: to understand the perceptions of managers about the application health pact - SISPACTO. **Method:** a descriptive exploratory study with a qualitative approach, held at the Municipal Health João Pessoa/PB/Brazil in 2011. Data were collected through semi-structured interviews with eleven managers and analyzed by content analysis after design approval by the Ethics Committee of the Federal University of Paraíba, protocol 094/2011. Results: Analysis of the categories emerged: << Monitoring and evaluation of the results generated by SISPACTO >>; << SISPACTO contribution to operation and negotiation of agreeing on targets health pact >>; << SISPACTO contribution in making decision management >>; << Difficulties encountered in agreeing on targets of priority indicators >>; << Contribution of comparative historical development of indicators for implementation of programmed actions >>. **Conclusion:** managers considered the application of great importance in pact health indicators. **Descriptors:** Information Systems; Health Managers; Health Indicators

RESUMO

Objetivo: conhecer as percepções dos gestores sobre o aplicativo pacto pela saúde - SISPACTO. **Método:** estudo exploratório descritivo, com abordagem qualitativa, realizado na Secretaria Municipal de Saúde de João Pessoa/PB/Brasil, em 2011. Os dados foram coletados por entrevista semiestruturada com onze gestores e analisadas pela Análise de Conteúdo, após a aprovação de projeto pelo Comitê de Ética em Pesquisa da Universidade Federal da Paraíba, protocolo 094/2011. **Resultados:** da análise emergiram as categorias: << Monitoramento e avaliação dos resultados gerados pelo SISPACTO >>; << Contribuição do SISPACTO para operacionalização e negociação da pactuação das metas do pacto pela saúde >>; << Contribuição do SISPACTO no processo de tomada de decisão na gestão >>; << Dificuldades encontradas na pactuação das metas dos indicadores prioritários >>; << Contribuição do comparativo da evolução histórica dos indicadores para implementação das ações programadas >>. **Conclusão:** os gestores consideraram o aplicativo de grande relevância na pactuação dos indicadores de saúde. **Descritores:** Sistemas de Informação; Gestores de Saúde; Indicadores de Saúde.

RESUMEN

Objetivo: conocer las percepciones de los directivos sobre el Pacto por la Salud de aplicación - SISPACTO. **Método:** Se realizó un estudio descriptivo exploratorio con abordaje cualitativo, realizado en el Municipal de Salud João Pessoa/PB/Brasil en 2011. Los datos fueron recolectados a través de entrevistas semi-estructuradas con once directores y analizados por análisis de contenido después de la aprobación del diseño por el Comité de Ética de la Universidad Federal de Paraíba, protocolo 094/2011. **Resultados:** El análisis de las categorías emergieron: << Monitoreo y evaluación de los resultados generados por SISPACTO >>; << SISPACTO contribución a la operación y negociación de un acuerdo sobre los objetivos Pacto por la Salud >>; << SISPACTO contribución en la toma de decisión de gestión >>; << Las dificultades encontradas en acordar objetivos prioritarios >> indicadores; << Contribución del desarrollo histórico comparativo de indicadores para la implementación de acciones >> programado. **Conclusión:** Los administradores consideran la aplicación de gran importancia en los indicadores de salud del pacto. **Descriptor:** Sistemas de Información; administradores de salud; Indicadores de Salud.

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INTRODUCTION

Over the years, many tools have emerged to regulate, monitor, evaluate and implement the actions that make up the public health policy of the country. Among these we can highlight the Pact Indicators of Primary Care that during the years 1999 to 2006 guided the direction of primary care in Brazil and served as the basis for creating new instruments such as the Covenant for Health.

The emergence Pact indicators was linked to the creation of Floor Care Basic, Standard Operating Base established by the Unified Health System (NOAS) ¹ in 1996 and per capita transfer of financial resources from the federal level to municipalities. ²

The health pact proposes to be an instrument of formal negotiations between managers of the three levels of government (municipal, state and federal) and as a subject of negotiations, the goals to be achieved in relation to health indicators previously agreed, creating a driving new form of NHS management. ³

In 2006, the pact was regulated by GM / MS # 493/2006 approving the list of indicators of primary and established as a national instrument monitoring of health programs aimed at improving the performance of primary care services and situation population health. ⁴

However, since 2002 the Ministry of Health made available to facilitate and expedite the pact nationwide, a computer application called SISPACTO to agreeing on indicators, recording and evaluation of results and proposed goals for the current year, by states and municipalities with different features for each level of management.

Assessment is an output device for information and the information obtained should be considered as trading tools and answers to problems of clashes. The health information is understood as constructed by a knowledge data set or the result of an analysis and combining several data, which entails interpretation. ⁵⁻¹⁶

So that it becomes necessary to understand how these indicators of primary care are being agreed and how the information produced are interfering in the decision-making process of public managers. In this context, the question is: a) How the tool of health pact (SISPACTO) contributes to the decision-making process of public managers? b) What are the difficulties encountered by managers in agreeing on targets of priority indicators in health pact? Based on the above, the present study aimed to understand the perception of managers on

the application-SISPACTO health pact.

METHOD

This exploratory and descriptive, qualitative, conducted with managers of direct administration of the Municipal Health João Pessoa / PB / Brazil, which is territorially organized in five health districts.

To set the sample of managers were listed as criteria: acceptance to participate and meet the manager in the workplace. Thus, participated in the study the Deputy Secretary of Health, the Director of Primary Care, a primary care manager, the manager of specialized care, the Coordinator of Institutional Development and five directors of some districts in the city of João Pessoa, Paraíba.

Data were collected after approval of the project submitted to the Ethics Committee in Research of the Center for Health Sciences, Federal University of Paraíba, with protocol number 094/2011. To obtain this information, we chose semi-structured interview. This is a technique that combines the sport of questions previously formulated with other approaches where the informant freely theme. ⁶

The interviews were recorded and the interviews were organized and handled by the Technical Content Analysis, proposed by Bardin⁸. This method consists of three steps: pre-analysis, the exploration of the empirical material and treatment results. This choice is justified by the appreciation of the meaning of the content of the perceptions expressed by managers, according to research by the proposed objective.

It was considered at all stages of the research the ethical and legal issues for research with human subjects, as required by Resolution 196/96, National Health Council. ⁷

RESULTS AND DISCUSSION

Study participants consisted of 11 (eleven) professionals who have integrated management of the Municipal Health Service (SMS) in João Pessoa - Paraíba, in the year 2011. All managers were invited to participate in the study, but only ten have agreed to contribute to the study.

Managers SUS Municipality of João Pessoa - Paraíba present the following training: 03 (three) are nurses, one of them with Masters in Health Decision Models, and others have not reported postgraduate course; 02 (two) are pharmacists, including one with a postgraduate degree in Pharmacology and Pharmaceutical Dispensation and the other with Specialization in Management Systems

and Health Services, 01 (a) medical; 01 (a) Physical Educator with specialization in Public Health, 01 (a) Physical Therapist specializing in Policies and Management in Health Care, 01 (a) Nutritionist specializing in Public Health, and 01 (a) Social Worker.

Regarding the functional link next to the Municipal Health João Pessoa - Paraíba, 03 (three) are service providers and 07 (seven) are hired to fill commissioned position. The average time the respondents in municipal management was 03 (three) years of work.

Below we present the results obtained regarding the question of the participation of managers in the process of agreement of the Health Pact in the city of João Pessoa - Paraíba. Of the 10 respondents, 07 (seven) reported having participated in agreements and three (03) refused to participate. But all managers interviewed reported knowing the virtual tool SISPACTO.

It can be seen that managers claim that the health pact is articulated with the Multiyear Plan Health Programming with Annual Health and the Deed of Undertaking Management municipality. In addition, the Multi-Year Plan for Health 2010-2013 triennium was built considering the priorities of the Covenant for Life and management responsibilities, as the perception of all managers.

The Covenant Health is part of the initiatives that have been established in a collective effort to incorporate evaluation into practice management and coordination with programming processes. The primary function of the pact was to establish a coherent and an articulated new way to conduct the management of health care in SUS, in view of its potential for mobilization and integration between the three spheres of the Government.⁹ Since the health management approaches and complex situations that require decisions based on capacity analysis and not just grounded in common sense manager.¹⁰

Thus, from the content analysis emerged five (05) categories of analysis: monitoring and evaluation of the results generated by SISPACTO; SISPACTO contribution to operation and negotiation of agreeing on targets health pact; SISPACTO's contribution in the process of decision making management; difficulties in agreeing on targets of priority indicators, and the contribution of comparative historical development of indicators for implementation of programmed actions.

Monitoring and evaluation of the results generated by SISPACTO this category has four subcategories: information management,

health indicators; MONITORASUS and management report.

During the analysis of the interviews identified the speeches of respondents highlighted that monitoring and evaluation of the results generated in the city of João Pessoa, from the application SISPACTO that occur through the core of management information and thematic areas.

Through the thematic area of information management [...] (E4); From the analysis of the indicators is carried out under the management of information on management level and with teams of family health through supportive matrix (E5); Through the coordination of information management [...] (E6); [...] specifies the Municipal area Health Service (SMS) for monitoring and evaluation, information management call [...] (E8); [...] turns through the core information management that aims to see if the programming is being fulfilled and that actors need to be involved in the discussion and evaluation. And by monitoring also occurs through systematic meetings with the group manager and technicians responsible SMS (E10).

The subcategory Health indicators can be viewed from the following expressions:

[...] Evaluation of some indicators agreed in Family Health Teams [...] (E3), [...] Somehow the discussion of the work process is carried out with workers questioning about the monitoring of indicators Pact [...] (E9).

Can be understood as a monitoring system that allows observation, measurement and ongoing evaluation of a process or phenomenon. Since this is a systematic and continuous monitoring of health indicators and the implementation of policies, programs and services in this area that aims to obtain timely information to support decision making as well as the identification, solution and reduction and correction of problems in the way.⁵

Access to the results of the monitoring and evaluation is a powerful instrument for the democratization of information on the objectives, goals and achievements of health agencies, to make public and transparent evaluations performed favoring empowerment and social mobilization, which reflected in increasing the participation and control of activities and services provided by SUS in the pursuit of equity and quality in health.¹¹

According to the National Policy and Strategic Management SUS Participatory monitoring of the Health Pact should be an ongoing process, guided by indicators, objectives, goals and responsibilities that comprise the Terms of Commitment Management and timelines agreed, aiming at

the development actions to support the qualification process gestão.²

The following statements claim that the monitoring and evaluation of the results generated by SISPACTO occur through MONITORASUS.

The evaluation is done through ongoing discussions with the recent use MONITORASUS (E2); Through the Coordination of Information Management through MONITORASUS (E4); [...] MONITORASUS that helps technical areas in systematization and analysis of indicators health (E9).

According to the Municipality of Belo Horizonte - MG MONITORASUS the software is a monitoring and evaluation created by the Municipal Health (SMSA) of the Municipality, in partnership with the Information Technology and Information Company of Belo Horizonte (Prodabel), whose function is to assist managers in their planning for health. It is a virtual tool that enables the monitoring of the health plan, and streamlines the handling of information management, delivers results quickly and indicators facilitates the construction of the Management Report.

A subcategory - annual report - which appears in the discourse is understood as a tool for planning, monitoring and evaluation of NHS management provisions of Law of Health - Art.4o Act 8142, and set the GM / MS n °. 548 of 12/04/2001, intended to systematize and publicize the results generated by the work of health management in the legislative branch, the Public Ministry, the Board of Health and society as a whole, making it possible to follow the development of the actions proposed in Annual programming and application of resources to health during a given period.

The Annual Report also provides a basis for reflection and evaluation of actions taken by management may guide possible changes, suggestions or changes in the Multiyear Plan and Schedule of following year.¹²

Contribution of SISPACTO for operation and negotiation of agreeing on targets health pact - this category has been divided into the following subcategories: Health monitoring of indicators and establishment of priority.

It can be observed in the speech of respondents SISPACTO tool that helps to operationalize the negotiation and agreeing on goals of the Health Pact when allowed monitoring of indicators.

[...] See the situation through the windows of the municipalities (E1); [...] Ensuring systematic monitoring of indicators (E2); [...] The result of the monitoring of indicators is discussed with the technical areas for definitions strategies and actions

for the construction of municipal health policy and improving the quality of life [...] (E9).

It is also present in the speeches of local managers SISPACTO's contribution to operation and negotiation of the pact pact's goals for health by building the establishment of priority as noted in the statements below:

Through the identification of priority problems (E4); [...] Establishing priorities of the municipality (E6); [...] For the systematic monitoring of agreed targets thus establishing action strategies about management priorities (E2).

According to these testimonies tool SISPACTO contributes to the decision-making process of the manager, because it allows them to know the reality of the local services and can build from there planning to implement actions.

It is noteworthy that planning is a process that depends crucially on knowing intimately the current state of a system and the organization of health services and actions. The plan creates the opportunity to understand the reality, the main problems and needs of the population. Allows an analysis of these problems and seeks to formulate proposals to solve them, resulting in an action plan.¹⁵

Using an information system that provides data to produce consistent information is possible to perform epidemiological surveys and know the reality and the local population, thereby building a planning able to generate actions that meet the local needs.¹⁵

Contribution of SISPACTO in the process of decision making in management - is divided into three sub-categories: setting priorities, allocating resources and action planning.

Through the interviewees' statements may be noted that the identification of priorities is an important contribution SISPACTO application in decision making such managers, as the following account:

[...] Monitoring and evaluation is the basis for identification of priorities (E7).

Respondents also made speeches on the contribution of resource allocation and contribution SISPACTO.

[...] Scaling of inputs procurement and human resources (E1); Establishing priorities and helping to re (allocate) resources rationally (E4).

To understand the thematic unity 'resource allocation' is necessary to understand that the management of public policies in Brazil designed the municipality is responsible for the health of its population while respecting the principle of political and administrative decentralization of health that was set by the 1988 Constitution who advocated the

autonomy of municipalities and location of health services at the municipal level, close to the citizens and their health problems.

The action planning was cited during interviews as one of the contributions of SISPACTO application used in the decision making process of the manager, as being explained in the dialogue below:

[...] The analysis of the historical evolution of the indicators from the health situation room has enabled the construction of the planning process more effectively [...] (E5); [...] The information contained in it serve to guide decisions and referrals in the planning and scheduling of health management (E9).

According to Law N. 8080, to September 19, 1990, attributed to the national leadership of the SUS responsibility to "prepare the national strategic planning within the SUS in cooperation with states, municipalities and the Federal District" (XVIII of Article 16). This law devotes its Chapter III planning and budgeting. In paragraphs 1 and 2 of Article 36, are defined the applicability of health plans and funding resulting from his actions. The first paragraph states that "health plans will be based on the activities and schedules of each level of management of the NHS and its funding will be provided in their budget proposal."²

Difficulties encountered in agreeing on targets of priority indicators - this category has been divided into the following subcategories: lack of evaluation, lack of investment, lack of planning and poor knowledge of the pact.

The managers realized that the lack of evaluation in management is one of the difficulties in agreeing on targets of the indicators:

[...] The biggest difficulty is the institutionalization of evaluation in managing access more magnified (E6); [...] Lack of assessment (E7); [...] Lack of systematic evaluation (E9).

It is necessary to have clarity that agreeing on indicators is an obligation assumed between the three federal entities (municipalities, states and ministry), however, the exercise of monitoring and evaluation indicators, needs to be a management strategy. For this strategy to be effective it is necessary that the local manager is involved with a sense of commitment to the goals he covenanted that then he can motivate his team to empower the capacity for monitoring and evaluation of their services.

Was also recorded by managers that lack of investment is in a difficult pact indicator:

[...] Difficulty in relation to the territory of João Pessoa requiring infrastructure investment (E1)

The interviewee cited the difficulty in four pacts the municipality lack of planning:

[...] Lack of planning (E4).

One of the respondents also reported that the difficulty encountered by managers in agreeing on targets of municipal indicators due to poor knowledge of the covenant:

[...] Ignorance of the covenant by some managers (E4); Low knowledge of technicians using the tool (E8).

The 1996 Basic Operational Norm says the municipality is responsible for the care of immediate needs and demands of health of its population and the requirements of remedial interventions in their territory and that the city manager is responsible for monitoring, evaluation and audit services health located in their municipality.

Thus, managers of public health must possess appropriate profile and sufficient training to understand their responsibilities before the fulfillment of the rights of citizens' health and their commitment to the pacts with other levels of government such as the Pact for health.¹³

Contribution of comparative historical development of indicators for implementation of programmed actions - that category had subcategories as: monitoring indicators, Indicators analysis, action planning, and evaluation of performed actions and orientation of new practices.

Respondents highlighted that the monitoring indicators contributes to the implementation of programmed actions:

[...] Monitoring indicators (E1); [...] monitoring and evaluation indicators (E7);

Respondents also highlighted the importance of analyzing the indicators:

Through discussion of the indicators of primary health care teams can implement health actions necessary to improve the health work (E5); [...] prioritize actions related to the indicator weakened (E7); [...] analysis of the time series of indicators of Primary Care has helped reorient the actions and strategies of the various thematic areas such as women's health, child among other [...] (E9);

A comparative study of the historical evolution of the indicators of health pact in the management of the Municipal Health João Pessoa occurs through analysis of indicators that are monitored from the situation room in health.

The Health Situation Rooms are management tools that promote the construction of health tests. The first room

situation in Brazil was inaugurated in Campina Grande, Paraíba State, in December 1994.¹⁴

The information gathered periodically and when analyzed, can become a feedstock for a desirable process of evaluation of services, also called tracking, or in a more advanced stage of organization / reorganization of health services, as a situation room for planejamento.¹⁴

Thus, the use of situation rooms to perform a comparative study of the historical evolution of the indicators fosters the planning of the management of the Municipal Health Secretariat of João Pessoa. Respondents also noted that the comparison of the historical evolution of the indicators contributed to the planning of actions:

Has helped to define the best action planning [...] (E1); [...] How to schedule guiding the actions (E3), [...] Construction of the planning process (E6)

So you can check through the statements of managers that the evaluation of the actions performed occurs through the comparative study of the historical evolution of the indicators:

[...] Fix planned actions (E1) monitor and evaluate the actions taken with critical analysis (E10)

It was also reported by managers that the comparative study of indicators helps with the guidance of new management practices:

[...] Better define the actions (E4); [...] Direct the look and actions for priority situations (E6); [...] changes the orientation of new health care practices (E9).

From the statements of managers interviewed broaden our gaze about the importance of health information as a tool to support decision making to knowledge of the socio-economic, demographic and epidemiologic for planning, managing, organizing and evaluating the various levels that constitute the Unified Health System.

CONCLUSION

All information produced by the management of health services are considered tools of negotiation and allowance for the process of decision making. The Pact for Health to propose new forms of federal entities negotiation and agreement of their responsibilities as facilitator of the sanitary pacts with the application - SISPACTO - which enables the recording of results, the proposed targets and indicators of the pact.

The study found that the SISPACTO replaced the pacts occurring in three ways, by ordinances and streams published by the Ministry of Health by an application that is available in electronic and internet speeds

and facilitates the monitoring of the whole process of agreed indicators in real time by municipalities, states and the Ministry of Health

With regard to managers, it is concluded that the application has great relevance in SISPACTO pact indicators of the Health Pact within the local management, enabling professionals who make up the management of health services in João Pessoa-Paraíba, monitor and evaluate indicators knowing their local reality to justify the actions of the planning and scheduling of services.

It was also evident divergence of opinions that emerged during the interviews about the SISPACTO and Health Pact itself; this demonstrates the need for training of local management to approximate the opinions regarding the virtual application and pacts.

Therefore, the goal is that this study may inspire further research on the topic among students and health professionals interested effectively with the management of the Municipal Health João Pessoa exposed to before are aware of its weaknesses and build new management practices.

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