

# Analysis of the practices in the municipal management for achieving the goals for the control of cervical cancer in the Regional Health Agency in Colatina, Espírito Santo

Uma análise das práticas da gestão municipal para alcance das metas do controle do câncer de colo do útero na Regional de Saúde Colatina/ES

Análisis de las prácticas de la gestión municipal para alcanzar las metas de control del cáncer del cuello uterino en la Regional de Salud de Colatina/ES

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**ABSTRACT: Objective:** Analyzing the practices in the municipal management for achieving the goals for the control of cervical cancer in the Regional Health Agency in Colatina, Espírito Santo. **Methods:** A qualitative, descriptive and exploratory study based on information extracted from the municipalities belonging to the referred region. Seven individual semi-structured interviews were made with the managers, divided into main themes and with reflections based on content analysis. **Results:** It was noticed that the managers know the recommendations given by policies and programs, but they organize their actions based on the reality of the local demand, not being able to implement all the proposals of the health agreements. About the contracting of professionals, it was reported that there's no profile previously defined for recruiting and selection for performing in health services of the women in the Health Strategy of the Family. **Conclusion:** It seems like there's fragility in the management practices when it concerns the planning of actions and service organization, due to the daily demands. Besides that, it was noticed that the organization of regular meetings of agreement could make it possible exchange of experiences among the managers. Other initiatives can collaborate for achieving goals, like the implementation of COAP; the consortium for the laboratorial references and medical specializations and the implementation of the Career Plan, Job Positions and Salaries. The managers recognize the need for improvements in the services

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and a bigger autonomy so that the work process can be boosted.

**Keywords:** Neoplasms of Cervical Cancer; Organizational Goals; Health Services Administration.

**RESUMO: Objetivo:** analisar as práticas da gestão municipal para o alcance de metas do controle do câncer do colo do útero na Regional de Saúde de Colatina/ES. **Métodos:** estudo de natureza qualitativa, descritivo e exploratório, a partir de informações levantadas nos 18 municípios pertencentes à referida Região. Foram realizadas sete entrevistas individuais semiestruturadas com os gestores, divididas em eixos temáticos e com reflexões a partir de análise de conteúdo. **Resultados:** observou-se que os gestores conhecem as recomendações dispostas nas políticas e programas, mas organizam suas ações de acordo com a realidade da demanda local, não conseguindo implantar todas as propostas dos pactos de saúde. Em relação à contratação de profissionais, foi relatado que não existe um perfil previamente traçado para recrutamento e seleção para atuação em serviços de saúde da mulher na Estratégia de Saúde da Família. **Conclusão:** parece existir fragilidade nas práticas de gestão no que se refere ao planejamento das ações e na organização do serviço, devido a demandas cotidianas. Além disso, observou-se que a organização de reuniões regulares de pactuação poderia possibilitar trocas de experiências entre os gestores. Outras iniciativas podem colaborar no alcance de metas, como a implementação do COAP; o consorciamento para as referências laboratoriais e especialidades médicas e a implementação do Plano de Carreira, Cargos e Salários. Os gestores reconhecem a necessidade de melhorias dos serviços e maior autonomia para que possam dinamizar o processo de trabalho.

**Palavras-chave:** Neoplasias do Colo do Útero; Objetivos Organizacionais; Administração de Serviços de Saúde.

**RESUMEN: Objetivo:** Analizar las prácticas de la gestión municipal para alcanzar las metas de control del cáncer del cuello uterino en la región de salud de Colatina, Espírito Santo (Brasil). **Método:** Estudio de naturaleza cualitativa, descriptivo y exploratorio, a partir del levantamiento de informaciones en 18 municipios de la región del estado. Se realizaron 07(siete) entrevistas individuales semiestruturadas con los gestores de salud, divididas en sesiones, temáticas y análisis de los contenidos. **Resultados:** Se observó que los gestores conocen las indicaciones dispuestas en las políticas y el programa, organizan las acciones de acuerdo con la realidad de la demanda local, pero no logran implementar todas las propuestas del programa de salud. En relación a la contratación de profesionales, no existe un perfil profesional específico para actuar en el área de salud de la mujer, en la Estrategia de salud de la familia. **Conclusión:** Hay fragilidad en las prácticas de gestión en lo que se refiere al planeamiento de las acciones y la organización del servicio, debido a las demandas cotidianas. Además, se observó que las reuniones regulares para la organización del trabajo pueden posibilitar el intercambio de experiencias entre otros gestores, otras iniciativas pueden colaborar al alcance de las metas, como la implementación del COAP, o lograr acuerdos para referencias de indicadores de laboratorio, especialidades médicas y la adherencia de un plan o programa de carrera, cargos y salarios. Los gestores reconocen la necesidad de mejorar los servicios y una mayor autonomía para lograr la dinámica en el proceso de trabajo.

**Palabras clave:** Neoplasias del Cuello Uterino; Objetivos Organizacionales; Administración de los Servicios de Salud.

## INTRODUCTION

Studies demonstrate changes in the illnesses considered as of big proportion among men and women and with a remarkable position for the non-communicable diseases. Cancer mortality in the world has increased 8% between 2008 and 2012, going from 7.6 million to 8.2 million annual obituaries. In Brazil, the breast, intestine, cervical and non-melanoma skin cancers have been considered the most common in the women's population, according to data by the National Institute of Cancer as of 2014. It is also noticed the decrease in the number of cases of cervical cancer in the last years<sup>1</sup>. Besides the technological advances for prevention and treatment, the present scenario of the reduction of the incidence of cervical cancer has been achieved through the development and use of several policies and programs. One of the programs that must be highlighted is the Integral Assistance Program for Women's Health (PAISM), dating from 1984<sup>2,3</sup>. The PAISM proposed the transition of the pregnancy-puerperal cycle for the integral care of women's health so that it could be seen and met in all its needs. Besides that, it aimed at the decentralization and regionalization of the health services and the development of actions in several points of the covered territory.

The dissemination of the actions and the reach of women who had never undergone the Papanicolaou Test were points inserted in the first Tracking Program and Early Cervical Cancer Detection (Viva Mulher Programa) in 1997. Soon after, it was introduced the National Program for Fighting Cervical Cancer for monitoring the actions that moved the active search of women for performing the test and the monitoring of the information provided by the actions of health<sup>4</sup>.

Before the peculiarity and constancy of the indexes related to women's cancers, a new edition of the National Policy for the Integral Attention of Women's Health has been developed for filling gaps related to actions focused on groups not observed, women living in rural areas, with health impairment, black, indigenous, inmates and lesbians. In 2011, this policy restarted with the implementation of effective actions about the vulnerable groups not taken into account in the last edition<sup>4</sup>.

The implementation of this policy and programs stimulated the adjustment of actions at the end, since the Ministry of Health proposed factors and goals which would be agreed among the federal entities. The plan was contributing to the planning of actions, instruction of teams for problem prioritization, as well as revealing the actual health conditions of the population<sup>5,6</sup>.

With a proposal for planning and support of health actions developed in the municipalities, several tools of agreement appear among the federal entities. The Organizational Contract of Health Public Action (COAP) was started in 2011 and it establishes goals that will contribute to the

solving of problems, improvement, maturity and improvement of the health system management<sup>6</sup>. Even though having the support of COAP and all the structure offered by the program, the local manager still faces some obstacles related to human and financial resources, facilities of the Basic Units of Health, and meeting the demands of patients and employees.<sup>7</sup> This way, the present study aims to analyse the practices of the municipal management in order to achieve the goals for the control of cervical cancer in the Regional Health Unit in Colatina/ES.

## **MATERIAL AND METHODS**

This studies shows a selection of research that had a qualitative approach, searching for the social experiences shared on a daily basis of the work developed in the Secretaries of Health where the researched individuals act. This way, it was its proposal to identify the tools and practices used by the municipal management of the region listed for achieving the goals related to the approach of cervical cancer, as well as analyse the perception of the managers as regards the difficulties and possibilities in this process.

Approved by the Ethics and Research Committee (CEP) of the Estácio de Sá University under the legal advice number 985.534, the research met the requirements of the National Commission of Ethics in Research - CONEP, present in the Resolution 466/2012. It was also required a written authorization to the Municipal Secretaries involved in the gathering of information along with the managers.

The scenario of investigation involved the 18 municipalities of the central region of the Espírito Santo state belonging to the Regional Health Superintendence of Colatina (SRSC) which determines limits as area of influence of technical reference in Women's Health to the networks Cegonha and Bem Nascer. The state is the reference to the patients with chronic non-transmissible illnesses, with the control of cervical cancer for the municipalities of this Regional Unit.

The criteria of inclusion for the participation in the research involved the positions of management, the Municipal Secretary of Health and the Coordinator of the Municipal Program of Women's Health, the Strategy of Family Health or the Basic Attention. It was also needed to be acting or having acted, at least for 2 years, in the development of the Women's Health Program, particularly in the Control of Cervical Cancer. At last, it was considered the participation in a meeting of indicators of women's health. There were no criteria to exclusion. The last sample was composed by 7 municipalities where the health municipal managers met the inclusion requirements with two refusals to take part in the research.

Interviews were made partially elaborated semistructured on open questions distributed in main themes to the health managers from the selected municipalities. The themes were divided according to the objectives of this study for a posterior analysis of content with previous analytical categories, according to Bardin<sup>8</sup>.

The interview script was divided into two parts, being the first addressed to the academic and professional profile of the interviewee and the second part made up of open questions divided into 4 categories and subcategories for data analysis (PICTURE 1). All the conversations collected were digitally recorded and transcribed.

**Picture 1.** Categories and subcategories of analysis – Espírito Santo, 2015

CATEGORIES	OBJECTIVES	SUBCATEGORIES
<p><b>HUMAN AND FINANCIAL RESOURCES</b></p>	<p>Discuss about the valorization of the managers regarding the recruiting and selection of Human Resources, mainly from ESF which will develop the Women's Health Program.</p> <p>Identify if the application of Human and financial resources depends or not on achieving the goals about Municipal organogram the control of cervical cancer.</p> <p>Get to know the municipal organogram and the Career resources in the Women's Health Plan</p>	<p>Recruiting and selection of professionals</p> <p>Career plan, job positions and salaries.</p> <p>Municipal organogram</p> <p>Application of human and financial in the Women's Health Plan for achieving the goal of control over</p>
<p><b>DEVELOPMENT OF THE PROGRAMS AND POLICIES OF WOMEN'S HEALTH FOR BASIC ATTENTION BY THE MUNICIPAL MANAGERS FOR CERVICAL CANCER CONTROL</b></p>	<p>Discuss if the policies and programs have influenced on the practices of management for the control of the control cervical</p> <p>Identify the difficulties and possibilities of the municipal managers for cervical managers for the application of policies, programs cancer control and the captation of women in the Municipality for the control of cervical</p> <p>Get to know how it is the application of tools of agreement by the managers in the municipality.</p>	<p>Practical applications of the cancer programs and policies of Women's</p> <p>Practical applications of the cancer programs and policies of Women's Health for Basic Attention by of the municipal managers for cervical</p> <p>Importance of the trainings for agréments.</p>

<p align="center"><b>SERVICES NETWORK OF HEALTH FOR THE ASSISTANCE OF WOMEN</b></p>	<p>Identify the perception of the managers about the functioning of the network for reference and counter</p> <p>Get to know the dynamics as regards the strengths and weaknesses of the municipality for performing the tests</p> <p>Verify the use of the available tools in the services</p> <p>Discuss about the importance of the contribution of the municipal consortiums in the network for Intermunicipal Health the assistance of the women for the cervical Consortiums cancer control.</p>	<p>Processes for forwarding reference intra and intermunicipal for the cervical and tests of reference and counter cancer control . reference for achieving the goals for cervical cancer control.</p> <p>Available tools in the network for network. the cervical cancer control Contribution of the of the municipal consortiums in the network for Intermunicipal Health</p>
<p align="center"><b>PERMANENT EDUCATION</b></p>	<p>Identify if the managers develop the program of permanent education as a work tool in the municipality for the women's health and if it has ts own programs.</p> <p>Discuss about the level of support of the ESF qualification developed in professionals in the permanent education municipality program, training and qualification for the cervical cancer control .</p>	<p>Programs of permanente Its own programs, education, training</p>

Source: The authors (2015) based in Brazil (2011)

## RESULTS AND DISCUSSION

Seven semi-structured interviews were made with the municipal health managers. The average age was 40 years old and all of them had a college degree with some specialization and 4 managers had a second graduate course. Only a manager did not have a permanent contract by public exam. The average time of performance in the Coordination of the Women's Health Program was about 5 years. The table below shows details of the profile of the participants.

**Picture 2.** Profile of the participants in the research – Espírito Santo, 2015

	N	%
<b>SEXO</b>		
Masculine	01	14,29 %
Feminine	06	85,71 %
<b>CATEGORIA PROFISSIONAL</b>		
Nurses	04	57,13%
Social worker	01	14,29 %
Administration	01	14,29%
Accountancy	01	14,29 %
<b>PÓS-GRADUAÇÃO</b>		
Specialization in Primary Assistance / Family Health	06	85,71%
No graduate courses	01	14,29%
<b>OUTRAS PÓS-GRADUAÇÕES</b>		
Public management	01	-
Auditing, Monitoring, Control and Assessment	02	-
Occupational Health Nursing	01	-
<b>TEMPO DE ATUAÇÃO NO SETOR SAÚDE</b>		
6 – 10 years	03	42,86 %
11 – 15 years	02	28,57 %
More than de 15 years	02	28,57 %

### **Some general impressions about the application of the interviews**

The health municipal managers were receptive, friendly and communicative in the process of scheduling and application of the interviews. They also demonstrated the need for several improvements in the quality of the services offered to the patients through the Basic Assistance and that they have the Strategy for Family Health team (ESF) as an ally in the implementation of the actions proposed in the policies and programs aimed at the women's health:

*“The cervical cancer control can only be made because of the ESF, because each agent controls his or her family. However, if there's no partnership with the ESF, things get restricted.” (GES 01)*

There's a concern about fighting cervical cancer in the municipalities. The realization of the preventive test has been already incorporated into the daily routine of the teams which make efforts to keep the service and meet the agreed goals. On the other hand, the manager works much harder, because he or she needs to provide the Health Units with materials, equipment, input, human resources and maintenance to keep the actions in progress:

*“The logistics have improved because the municipality has joined the Consortium. The material resource issue we don’t have problems with, sometimes we have equipment and the environment because there are some Units that need to be renovated.” (GES 05)*

One of the issues that afflict and limit the actions of the managers is the burden of immediate services that take a big part of your time, not giving space for planning and discussion of the actions with the ESF teams. The impression is the image of an overstressed professional being charged by everyone and especially even by him or herself. The managers declare in similar speeches that:

*“What is happening now is that everything is Basic Assistance (...) and if the team doesn’t assist the patients, everyone goes to the emergency care. It’s necessary to rethink about the ESF attributions, redo it or finish it, because it is losing its meaning.” (GES 01)*

The retention of the professionals in the municipalities was mentioned by all the managers, because the replacement of the members of the ESF team is big due to the frequent use of selective processes that are temporary and the non realization of public exams. This is an important point since the professionals who enter the service, most of the time, are not qualified to collect the preventive exam. After training and the formation of a connection with the users, they are dismissed for the end of contract, and so interfere in the continuity of the actions.

As for the professionals who have passed public service exams, the delay on the revision or the non-existence of a career plan, job positions and salaries have been the obstacle for the service organization, since they feel unmotivated to improve their job skills and contribute with the actions proposed by the management. This plan would be an additive for the retention of professionals in the municipality:

*“Professionals who are inserted are changed and because of political positions another person without any knowledge gets the job and so you have to explain to him or her everything again!“(GES 03)*

Another important issue is the lack of an organogram which involves the several departments of the Secretaries of Health. Not always there is the character of the specific coordinator for the management of the Women’s Health Program in the smaller municipalities and that makes the Basic Assistance manager take over other responsibilities and agree with several programs. The municipality does not get enough financial resources to pay for several professionals and when one of those is dismissed or transferred for other jobs, the manager ends up accumulating other positions:

*“We do not have an updated organogram, our approved organogram is dated (...)the fact of being a health coordinator and not having one for each program, but for everything, we lose the focus on the team.” (GES 03)*

In the face of these situations, it seems like the managers feel powerless and without autonomy to motivate the work process. Besides that, there's the uncertainty of being in a commissioned position, temporary, at any moment, they might lose all the work done over the years.

The manager position is seen by many as one of social status, a high-rank position which only gives orders and impose, but does nothing. However, they face daily problems with professionals, like the confrontations with the category of the just graduated doctors and nurses, they coordinate multi professional teams which assist in very distant regions, plan emergencial actions, are in charge of processes of demand of exceptional medication acquisition , among other situations, like communitary health agents which get customer information by cell phone and not by home visits.

The managers demonstrate creativity, humanization and qualified listening to meet the several demands of the service and to keep functioning the several municipal health programs:

*“I think that the more you decentralize, the more you involve other professionals, more patients will be assisted and will get assistance in time.” (GES 01)*

*“One can't be still, I've read a lot, I've learned a lot in practice, not always with the policy, because nothing is for free I called this person, then another , and so people know you are concerned, I pursue the way.” (GES 05)*

#### **Category A: human and financial resources**

It was possible to identify in the speeches that there's no profile nor standard defined for hiring professionals who will work in cervical cancer control in the municipality:

*“No, there's no profile defined, there's a selective process, as a matter of a fact , the profile is defined after the person is in contact with the service . Then, the management notices if that person is identified and then he or she will change position or not.” (GES 07)*

Soares<sup>9</sup> points out that this test is part of the agreement in the services network and must be present under the planning of the actions for fighting the problem. However, for performing this test it is necessary the participation of the health professional who is an important agent in the production and transformation of the local reality and must feel capable for fighting the problem situations in their field of activity<sup>10</sup>.

As regards the fomentation for the formation of human resources, the managers were emphatic when they mentioned that:

*“it is not related to achieving or not achieving goals, that it is related to the need of the service, if you need they recruit , if you don't need they don't recruit.” (GES 06)*

The national health policies refer that the qualified and specialized human resources for the qualification of the professional practices based on the health needs of the patients and the proposed planning in the agreement tools of the Universal Health System (SUS) will make all the difference in the final result of this process<sup>11,12</sup>. This issue can interfere with achieving the goals for the cervical cancer control considering that the planning and the realization of the actions in progress can be changed due to a new contracting.

The allocation of human and financial resources in the municipalities are not linked to the achievement of goals of the program, even if there's the possibility of cutting off funds. It's important to highlight that the Organizational Contract of Public Action<sup>13</sup> proposes goals which take into account some issues related to the availability of resources, the job organization and the economical and political scenario.

**Category B: development of the programs and women's health policies in the basic assistance by the municipal managers for the cervical cancer control**

It was noticed that the managers express concern and awareness as regards the indicators related to the agreement in the health policies, however not always they get to act as recommended in the pertinent instructives. The impact of the daily problems, as well as the experience accumulated in the practice tend to influence more in the decisions under the management. The Mendes<sup>14</sup> study emphasizes that the introduction and organization of the policies and public health programs offered to the population will depend on how the manager will value the necessity of implementation and development of those in the field of activity:

*“In my practice they contributed to my attention to the cancer itself, but there's something in the policy that helps and sometimes doesn't (...) so in the practice we do as we please.” (GES 04)*

For the maintenance of the activities required in the agreements it was evidenced the team work performed by the Basic Assistance professionals, particularly by the ESF, and this partnership with the management will make all the difference in the continuity of the services offered to the patients and for the achievement of goals in the Women's Health Program. The managers consider the importance of this process, however, it was possible to verify that they face difficulties for achieving the goals, because they referred to several indicators for different programs. The National Program for Improvement and Quality of the Basic Assistance (PMAQ) has 47 indicators and the COAP 34 specific indicators, and so, they focus on some indicators and goals:

*“I always go, it's very important, who is assisting and who is managing needs to be in the agreements to understand what's being said and discussed, to bring it to the municipality and then pass it for the other professionals who will act (...).” (GES 04)*

The reach of goals agreed in the Basic Assistance through the ESF is important, but the offer of resources given to the municipal manager for the organization, performance and management

of the actions, expansion of the access and the quality of the services offered to the population are essential in this process<sup>15</sup>.

The management has tried to use the agreement as a tool for diagnoses and analysis of the situation of the health in the municipality, being focused on the integrity of the care, the decentralization of the services and the improvement of the dynamic of the service integrated with the ESF professionals. However, the daily activities have affected the organization of the service, especially in the Basic Assistance, something not always seen by the higher ranks.

For existing the team planning and management is important the survey of the information systems data, which refers the lack of connection between the information provided by the Database Systems, that is to say, the data collected in the systems are not the same as of the Brazilian Institute of Geography and Statistics (IBGE), compared to those of the State, the Ministry and not even to those of the municipalities. This makes things difficult for the agreement of the health indicators, since the managers need to do research in several sources at the same time and choose one which is more suitable for the reality of the local health:

*“The indicators of the municipality when you look for the source and the numbers of the State are different from those of the Ministry, which in turn are different from those of the Ministry. It’s confusing and sometimes we can’t solve it in the meetings of agrément.” (GES 04)*

Mendes and Bittar<sup>16</sup> focus that the municipalities, especially those which are small, suffer with the variety of information and the lack of relation of those with the database systems.

### **Category C: services network for the woman’s health**

The municipality takes responsibility for the actions and health services, contributing to the non-fragmentation of the system. The managers mentioned that the realization of the preventive test is also a responsibility of the Basic Assistance, and that they make efforts to keep the service. They also demonstrated to have the knowledge about groups of bigger vulnerability and the attention at the necessity of changes of practices to meet the new age groups demands<sup>17</sup>:

*“The preventive test is a fact, the woman’s health is agreed. There we have to perform 80% of the preventives for the established age group. Each ESF has its directive plan and each ESF has its agreement, each change must be assessed, because sometimes the patient does the test but this test is not assessed.” (GES 01)*

For having a strong partnership with the ESF professionals to perform the actions and most of the time who collects the preventive test are the nurses and in some cases the ESF doctors. It was noticed that for performing the tests there are no interferences in the network, that the results of the preventives are arriving in time. What affects the continuity of the treatment is the medium complexity for the cervical cancer control and the necessity of reference gynecologists for

appointments and colposcopy tests, but the municipalities try to keep this service locally:

*“We perform here in the municipality the preventive test and the colposcopy. Other procedures like treating the lesion or any other procedure, those are not performed. It’s the black hole! The outsourced tests are paid by the SUS table.” (GES 01)*

Besides the difficulties in the network concerning the levels of high and medium complexity, the managers pointed out challenges to conduct. The difficulties of network connection start inside the municipality itself, which has as the focus of health the Basic Assistance. Guimarães<sup>18</sup> highlights that there are some obstacles in the municipalities which interfere in the handling of the patients in the network:

*“The logistics here at Primary Assistance is totally normal. The problem is in the secondary. As for the material, interpersonal relationships have already had problems with doctors, but now it is normal and as for the infrastructure, maybe some reforms in some Units.” (GES 02)*

The managers see the necessity to include the Woman’s Health Program for cervical cancer control in the Healthcare Plans, Municipal Management Reports and the Annual Health Programming as tools for monitoring actions and organizing the services.

It is pointed out that among all the tools, the Organizational Contract of Public Action (COAP) was not adhered to in the State by the managers, not being in full operation for being regionalized, even after training, meetings and adhesion of the contract. Lima<sup>19</sup> points out that the COAP should be introduced as a way of implementation of new strategies for fighting the health problems not covered in the Pact for Health. What can be seen is a problem in the agreement in the Health Regional Unit of Colatina:

*“In our Annual Health Programming there is an indicator for cervical cancer control, repeating the SISPACT. As for the COAP, we did regionally, so our planning has to assist all the municipalities, if one achieves the goal and another doesn’t, our indexes decrease a lot, because the goal is regional. We have already made a study of agreement with the Regional of Health, several workshops: of diagnosis, network, assistance, but, anyway the pact is stuck (...) it was made the consolidated for the Regional, signed, ¡but it’s stuck! This issue of the indicators of the COAP is as of 2013 and now we are in 2015. The closing of the indicators of 2014 will be now in May, 2015 (...) now we are going to know the results of 2014 for pacting 2015.” (GES 03)*

In return, the management tries to dynamize the work process and keep the services offered with quality to the patients by joining the Intermunicipal Health Consortiums:

*“The Consortiums have contributed positively. We have an agreement through the Consortium for the assistance of specialists who give support in the Basic Assistance.” (GES 03)*

It is noted in the speeches that the Consortiums play an important role in the public administration for its fast response of assistance to the patient and in the system organization as a whole, since they provide services in clinical specializations, tests and other partnerships . They were regarded as a benefit for the acceleration of the service offered to the population . What has been clearly understood is if the managers see the Consortiums as a punctual provision of the service, since political issues can change the allocation of resources, as mentioned by Mesquita<sup>20</sup>.

#### **Category D: permanent education**

The Permanent Education Program is an important management tool which aims at the improvement of the professionals for acting in the area, according to what is mentioned by the National Policy of Basic Assistance<sup>10</sup>. However, there's nothing systematized, programmed or planned for any date in the year as regards the education of the visited municipalities, being a gap in the management organization.

If the permanent education were really implanted in the municipalities, it could contribute to learning through the problem-situations in the area, besides it would help in the transformation of the practices, concepts, and values among the professionals. A study by Mendes and Bittar<sup>16</sup> highlights that the ESF team would feel better prepared to face the diversified changes in the epidemiological profiles that could influence in the indicator of cervical cancer control for the achievement of goals. The managers understand that it is necessary to keep a permanent education program in the municipality, but it seems that the developed capacitations are applied by the professionals themselves in the municipality , and that sometimes the Regional unit conducts only punctual capacitations . This gap is noticed by the manager as a limitation for the achievement of the goals and the development of a culture:

*“We have already had training here by the State, but not so frequently, as I said aleatory (...) there are internal trainings, I myself had made for the communitary agents about systems. Look, if there is a permanent education program, I don't know anything about it (...).” (GES 05)*

Another resource used by the managers for the permanent education program is the Telehealth Program developed by the Ministry of Health in partnership with the State , the Federal University of Espírito Santo and municipalities , in order to give support to the health attention for the ESF, expanding the resolutivity, improved the quality of the service and increasing the clinical abilities of care .<sup>21</sup> It is noted that the managers hired the program, but they admit finding difficulties in conducting it for several reasons:

*“A permanent education program that we have here is Telehealth, but the adhesion is zero, very low, there are lectures, videoconferences. The professionals want everything already solved!” (GES 04)*

At the same time that the managers confirm a good adhesion of the professionals in the capacitaciones, they point out that in their speeches the Telehealth adhesion is bad and that one of the reasons for that is the burden of work in the Basic Assistance, taking several responsibilities:

*“What is happening now is that everything is Basic Assistance (...) and if the team doesn't assist the patients, everybody goes to emergency assistance. It's necessary to rethink the ESF attributions, redo or finish it, because it is losing its meaning.” (GES 01)*

A study by Silva and Benito<sup>22</sup> and the National Policy of Basic Assistance<sup>12</sup> point out that the professionals develop prevention activities, promotion and recovery of the health, but that they also must participate in the permanent education programs in order to improve the quality of the service offered to the patient.

## CONCLUSION

The Brazilian Health System is complex and changes continuously, expressed by a variety of elements which change over a period of time. Although trying to improve the way that the development of the indicators for cervical cancer control, this objective seems to be still under construction. There's a transfer of funds to the states and municipalities for reducing inequalities, but it is not still possible to contemplate a set of actions of immediate nature, to follow the updating of values of the tables of procedures, not even overcome the shortage of services in the medium and high complexity.

The focus on the character of the municipal health manager refers to that one who directs, who conducts a group of professionals under his or her responsibility, who has a distinctive approach and a broader vision about the environment and everything else. It is pointed out that, besides the diversified attributions, this professional teaches, learns, plans, assesses and guides people in the pursuit of the best results related to the proposed actions. These remarks reveal a big challenge for the manager who considers the Municipal Basic Assistance the gateway of the system and a privileged scenario for the achievement of the goals for cervical cancer control.

There are several faced difficulties that interfere in the management practices as regards the financial, human and physical resources, logistics, network and permanent education. These factors interfere negatively in the work process of the municipal management in the Basic Assistance.

This way, the Basic Assistance Municipal Coordinators and/or the Municipal Health Secretaries have adopted measures that aim to impact the fulfillment of the actions for the intervention of cervical cancer in the short, medium and long term. The Intermunicipal Health Consortium has been one of the alternatives for the achievement of the established goals with quality by offering actions of promotion, prevention and health recovery for the assistance of the SUS patients.

The contemporary manager, along with the professionals of the Family Health Strategy, pursues

strategies to fight the conditions occurring in the area, by performing collections of night preventive tests for the women who work during the day , and in mobile units to reach the workers in the rural areas during the harvest of the coffee . The actions are important, but there are managers who include in their planning an annual budget allocation which will be used for the purchase of medications, materials and equipment, keeping supplied the Health Units and avoiding the non-performance of the preventive tests.

Even so, one of the issues which seems to afflict and limit the actions is the burden of immediate services, many of them related to the financial contributions and because of that, they can't be neglected. As a result, these situations take most of your time, not giving opportunity for the planning and discussion of the actions with the ESF teams . The impression left is the character of an overburdened professional, pressured by everyone and by himself or herself.

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