CASE 06 IMPLEMENTING NATIONAL HEALTH PROMOTION POLICY: ADVOCACY IN TWO REGIONS OF BRAZIL

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ABSTRACT

This case study reports advocacy practices experienced by university lecturers, researchers, undergraduate, and graduate students, as well as workers in the health sector linked to the Thematic Group on Health Promotion and Sustainable Development (HPSD Group) of the Brazilian Association of Collective Health (ABRASCO) in the processes of building health promotion policies in two states in Brazil.

These advocacy actions are more necessary than ever due to the constant changes of stakeholders and the context of fiscal austerity that hinder the sustainability of such policies. One of the main advocacy actions was to expand the implementation of the National Health Promotion Policy to the other government levels. The country's continental dimensions make it difficult to formulate policies that take into account the different realities of each region. The two Brazilian states that are the object of the analysis, Minas Gerais and Goiás, show very different general contexts.

The methodological strategy sought to analyze the health promotion actions experienced by participants of the policymaking process. These actions made it possible to identify values, guidelines, and priority themes for a state policy.

Advocacy proved to be important because there was no common view on health promotion among members of institutionalized intersectoral working groups in the State Health Secretariats, non-governmental organizations (NGOs), State Health Councils (CS), universities, etc.

INTRODUCTION

The public policy formulation is permeated by the engagement of different actors, aiming, in general terms, to translate the theory into real-world actions. This case study reports advocacy practices experienced by researchers linked to the Thematic Group on Health Promotion and Sustainable Development (HPSD Group) of the Brazilian Association of Collective Health (ABRASCO) in the processes of building health promotion policies in two states in Brazil. This country has continental dimensions, which makes it difficult to formulate public policy that takes into account the different realities of each region.

The HPSD Group brings together professors, researchers, undergraduate and graduate students, and health sector workers who, in an integrated way, seek to contribute to the production and translation of knowledge about health promotion. One of its main advocacy actions is to increase the use of the National Health Promotion Policy - NHPP (Rocha et al., 2014). The reasons for the need of advocacy actions include the constant changes of stakeholders and the fiscal austerity context (Akerman et al., 2019; Labonte, 2016) that make difficult the sustainability of the policies. The NHPP was initially published by the Brazilian Ministry of Health in 2006 and revised in a participatory process conducted throughout 2013 (Rocha et al., 2014).

The revised NHPP version was published in 2014 and aims to promote equity and improve conditions and ways of living (Brasil, 2018). Its main principles are: equity, social participation, autonomy, empowerment, intersectoral and intrasectoral actions, sustainability, holistic view and territory focus. The members of HPSD Group contributed to the revision process by guiding the methodological approach and by preparing the final text for the policy (Rocha et al., 2014). The NHPP revision involved different strategies such as workshops, research, and writing meetings, many of which included workers from State Health Departments.

All those actions led the States to feel the necessity of formulating their own State Health Promotion Policies. This case study reports the experience of Goiás (GO) and Minas Gerais (MG), two Brazilian states with published Health Promotion Policies. In both initiatives, professors linked to the HPSD Group participated in the formulation of State Policies. The members of HPSD Group contributed as experts on the theme and literature reviews, pointing out connections of local, national and global debates and also sharing the conduction of advocacy actions as Carlisle (2000) calls this co-participation and co-responsibility actions with the population in the local contexts.

CASE

The two analyzed Brazilian states have quite different contexts. Table 6-1 summarizes social, demographic, health coverage information and Health Promotion Policy publication for the states and for Brazil (Ibge, 2019; Brasil, 2019).

State and Country	Population size	Number of Municipalities	HDI	Coverage of PHC	HPP
Goiás (GO)	6,003,788	246	0.735	74.75%	2014 - Area linked to Health Surveillance 2016 - Creation of specific Coordination 2019 - Publication of the State Policy
Minas Gerais (MG)	19,597,330	853	0.731	89.33%	2009 – Advisory connected to health surveillance. 2011 - Board attached to the Primary Care Superintendence 2016 - publication of the State Policy.
Brazil	190,755,799	5,571	0,735	74.76%	2014 - Area linked to the Secretariat of Health Surveillance/ The Ministry of Health 2014 - Publication of the NHPP

Source: Instituto Brasileiro de Geografia e Estatística (2019); Brasil (2019).

Table 6-1: Characteristics of Goias, Minais Gerais and Brazil related to population size, number of municipalities, Human Development Index (HDI), coverage of Primary Health Care (PHC) and information regarding the Health Promotion Policies (HPP), 2019.

The process of state policy formulation was inspired by the methodology adopted in the NHPP review (Rocha et al., 2014). The methodological strategy started at reflecting on health promotion actions experienced by workshop participants. Those actions allowed to identify values, guidelines and priority themes for a state policy. The analysis presented here was carried out considering the convergences and singularities of the process. The convergence analysis was conducted based on four categories: political/institutional scenario, methodology, actors and institutions involved, and final products.

The political/institutional scenario was favourable for the debate and implementation of the state health promotion policies by articulating this theme with agendas, initiatives and pacts undertaken by state governments, such as the Plan for Confronting Chronic Diseases in Minas Gerais and the strategy for implementing the 2030 Agenda/Sustainable Development Goals in Goiás. Despite this, advocacy was important because there was not a common vision about health promotion among the members of institutionalized intersectoral working groups in the State Health Departments, non-governmental organizations (NGOs), State Health Councils (SHC), universities etc. That created difficulties to define the roles and attribution of each sector. The advocacy actions included seminars, regionalized workshops with intrasectoral participation, intersectoral writing workshops, expert presentations, and debate and approval meetings with SHC and intrasectoral collegiates with regional representations (CIB). The participation in those advocacy actions triggered regional commitment and the development of networking in order to permanently mobilize and strengthen health promotion in the different regions of the states.

The first step to build the state policies was the official recognition of these intersectoral groups. After that, the State Health Promotion Policy text was also approved by the SHC. The SHC is a formal forum where representatives of civil society, managers, users and

workers of the Unified Health System (UHS) debate and approve actions and policies linked to the health sector. In the national context, the publication of the new version of the PNPS and the call for its implementation in the different Brazilian territories led to the opportunity for dialogue with the administrations of the State Departments.

The design of the policies formulation followed a bottom-up strategy through intra and intersectoral workshops held in different regions of the states. It is important to highlight that the entire policy-making process was kept in line with the UHS principles of decentralization and social participation. Another guiding principle was the dialogue between the knowledge coming from the practices of the workshop participants with the scientific evidences in the field of health promotion. In both states the workshops started from a survey and debate of the participants' local experiences with health promoting actions in order to identify principles, values and themes, which served as subsidies for the state policy drafts.

The intersectoral actions were promoted by involving health institutions and workers of central, regional and municipal levels, as well as representatives from other municipal departments, social movements and universities. As a final product, both experiences built a state policy text that unified guidelines, principles and values listed in the NHPP with the principles, values and themes derived from the reports of the regional intrasectoral and the intersectoral workshops. This analysis also identified singularities of the processes summarised in Table 6-2.

Table 6-2: Singularities in the Process of Building State Health Promotion Policies in the States of Minas Gerais (MG) and Goiás (GO).

Item	State Health Promotion Policies	
	Minas Gerais (MG)	**Goiás (GO)**
Working Process	A survey of Health Promotion actions was carried out in the 28 Health Regions prior to the workshops.	An exhibition of experiences on health promotion was held concurrent with the workshops. Health promotion actions were reported, making it possible to map more frequent practices and themes.
Number of Activities	39 Activities: – 01 Intrasectoral Workshop. – 01 Intersectorial Workshop. – 01 Workshop with representatives of the 28 Health Regions. – 35 workshops in 28 Regional Health Offices across the State – - 01 Systematization Workshop at the central level at the end of the process (Campos et al., 2017).	10 Activities: – 01 Intersectorial Workshop with social movement representatives held in Goiânia, capital of the state. - 01 State Seminar. - 07 Workshops, one for each health macro-regional of Goiás (Southwest, Centre-Southwest, Centre-North, Centre-West, and Northeast) conducted with intrasectoral participation (in 2 workshops, representatives of health councils also participated). - 01 Systematization Workshop at the central level of State Department of Health.
Number of Participants and Location	Number of participants: - Intrasectoral Workshop: 44 - Intersectorial Workshop: 66 - Workshop with representatives of the Regional Health Offices: 55 - Workshops in the Regional Health Offices: 966 participants from 852 municipalities (99, 88% of the total state, n = 853 municipalities) - Systematization Workshop: 26 The first three workshops and the systematization workshop. were held in Belo Horizonte, capital of the State of Minas Gerais, at the State Department of Health. The other 35 workshops were held in the 28 regional health Offices.	Number of participants - Intrasectoral workshop with representatives of regional health: 242 participants, linked to 97 municipalities in Goiás (39% of the total state, n = 246 municipalities) - Intersectorial Workshop: 25 - Systematization Workshop: 15 - Seminar: 80 people. The Seminar, one intrasectoral, the intersectorial and systematization workshops were held in Goiânia, capital of the State of Goiás. The other intrasectoral workshops were held in health regions of the State (Southwest, Centre-Southwest, Centre-North, Centre-West, and Northeast).
Articulation with Equity Policies	Articulation at the Intersectoral Workshop, with the participation of several State Secretaries of Minas Gerais.	Health Equity Policies Coordination involved since the beginning of the SHPP Goiás building process.
Publication Format	A Resolution based on the intrasectoral collegiate agreement, which approved the State Health Promotion Policy (Minas Gerais, 2017).	An ordinance published by the State Health Department (Goiás, 2019).

DISCUSSION

The term “advocacy”, which is used in the Global Charter (World Federation of Public Health Associations [WFPHA]; WHO, 2016) is immersed in a polysemy of meanings. Carlisle proposes a conceptual framework for the practice of advocacy based on performance levels, goals that guide action and the role played by the actors involved. Its practice can be analysed from domains of activity - causes (policy/structure) or cases (individual/groups) and the desired goals - empowerment or protection/prevention (Carlisle, 2020). These elements are not opposites, but a continuum of practical advocacy action that is permeated by other aspects such as the philosophy (co-worker or expert status) and the type of representation (Carlisle, 2000; Germani & Aith, 2013) highlight its democratic dimension in health promotion for bringing integration between the diversity of knowledges, including scientific evidence.

The analysed cases are inserted in the context of policy structure and the performance of the different actors was based on a practice of co-working. The dialogue of scientific and general knowledges was fundamental for a final health promotion policy text that connected the broad theoretical health promotion field with the local context. The experience of SHPP was based on collaboration and democratic dialogue creating opportunities for individual and collective empowerment.

These processes can also be explained by what Cohen and Marshall define as aspects connected with advocacy. In the construction stage, the SHPP focused on the health protection/promotion dimension (Cohen & Marshall, 2017).

As evaluation aspects, it can be highlighted that the focus on the negotiation with stakeholders and the empowerment of workers were fundamental to guide the official publication as a result of this methodological decision. Another result is the feeling of belonging and co-responsibility of the different individuals towards the

constructed policy, bringing them to a more active and defensive action of the policy in the implementation and monitoring stage. The singularities of the SHPP processes are connected with the different paths used for promoting collaborative social participation, related to what Santos reports as participatory democracy (Santos, 2002).

We finally highlight two learned lessons. First, the use of a participatory approach seems to have contributed to the sustainability dimension of policies as state strategies for health promotion. Second, the appropriation of policies as an intersectoral and intrasectoral construction, as well as their official publication allowed its implementation, even in a context of administrative changes.

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