



Overview of Health Surveillance in Brazil

de Ulysséa Leal D*

Federal University of Vicosa, Brazil

*Corresponding author: Daniela de Ulysséa Leal, Federal University of Vicosa, Brazil, Email: dulyleal@gmail.com

Editorial

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Abbreviations

HS: Health surveillance; SUS: Unified Health System; CDC: Centers for Disease Control; WHO: World Health Organization.

Editorial

Health surveillance (HS) is defined by Brazilian legislation as a continuous and systematic process of collecting, consolidating, analyzing and disseminating data on health-related events, with a view to planning and implementing public policy measures for the protection of the population's health, the prevention and control of risks, injuries and diseases, as well as health promotion. This concept is the result of the proposals of the Brazilian Health Reform movement, aimed at transforming the health care model in the 1970s and 1980s. During this period, principles and guidelines were drawn up that led to a significant change in the field of surveillance [1]. The proposals of the Health Reform culminated in the universalization of the right to health in Brazil, made official by the Federal Constitution of 1988, which considers health a right of all and a duty of the State. This gave rise to the Unified Health System (SUS) which, with its three pillars of universality, equal access and comprehensiveness, presents a democratic and comprehensive vision of the right to health.

Historically, diseases and epidemics have shaped society since humanity began to domesticate plants and animals, and for centuries, communicable diseases and malnutrition kept the average life expectancy to around 30 years. From the 14th to the mid-19th century, due to the impact caused by the

plague and other epidemic diseases, and due to technological and scientific limitations, isolation and quarantine were the main public health measures adopted at the time. These actions started in the ports of Venice and played a crucial role in commercial expansion and the flow of people, goods and merchandise. Between the 19th and 20th centuries, the understanding of the etiology of diseases advanced with scientific and technological development, particularly in the detection of pathogens, knowledge of epidemiological cycles, prevention and control of diseases through vaccines and combating vectors [1].

Surveillance was first defined by A. Langmuir (1963) as an action that essentially corresponded to the detection, analysis and dissemination of information on relevant diseases, which should be subject to continuous monitoring. This term was used for the first time in 1955, in the name of the National Polio Surveillance Program, created with the Centers for Disease Control (CDC) to collect, consolidate and disseminate epidemiological information on this disease. Since the 21st Assembly of the World Health Organization (WHO) in 1968, the term "epidemiological surveillance" has been used internationally, defined by Karel Raska as the epidemiological study of a disease considered to be a dynamic process that encompasses the ecology of infectious agents, the host, reservoirs and vectors, as well as the complex mechanisms involved in the spread of infection and the extent to which this spread occurs [2].

The consolidation of surveillance in the second half of the last century represented a significant step forward in that it was incorporated into regular service activities as an important public health tool. Surveillance began to be applied not only to communicable diseases, but also to other relevant health problems, with variations in its scope in countries with different socio-political and economic systems and different health service structures. The problem-object of concern

has been broadened beyond risk factors or diseases and illnesses, to focus on the needs and determinants of lifestyles and health. The concept of health surveillance constitutes a political and sanitary basis for the consolidation of Collective Health, a social practice of a transformative nature aimed at protecting and promoting the health of individuals and the community [3].

In this sense, among the determining and conditioning factors for health we can consider basic sanitation,

environmental issues, opportunities for work and income, education, access to leisure and essential services. Thus, the integration of all these factors aims to guarantee comprehensive health care, so that Health Surveillance in Brazil currently has a very broad scope and is organized in such a way as to serve different areas. This organization is divided into epidemiological surveillance, health surveillance, environmental surveillance and occupational health surveillance, and has the following attributions, as shown in the table 1 below:

Epidemiological Surveillance	Sanitary Surveillance	Environmental Surveillance	Workers' Health
It is responsible for identifying and recognizing the main notifiable diseases and works in the field of epidemics in specific areas and regions. It is also the area that acts in disease control.	It is responsible for controlling production and products that could pose some kind of health risk, such as medicines, food, cosmetics and cleaning products. It is also responsible for inspecting health-related services such as hotels, inns, clubs, gyms and other environments that could pose a risk to public health.	Responsible for identifying and recognizing any and all interference from environmental factors on physical, psychological and social health. Actions in this context have focused, for example, on the control of drinking water, waste control and the control of disease transmission vectors, especially insects and rodents.	Responsible for ensuring workers' health by researching actions to prevent accidents at work, providing assistance and monitoring work-related health problems.

Table 1: Health Surveillance.

Source: [4]

Aiming for comprehensive care, Health Surveillance must be part of the construction of health care networks, coordinated by Primary Health Care. Integration between Health Surveillance and Primary Health Care is a mandatory condition for building comprehensive care and achieving results, with the development of a work process that is consistent with the local reality that preserves the specificities of the sectors and shares their technologies. The National Health Surveillance Policy was created to guide health care models throughout Brazil. This Brazilian policy, enacted on June 12, 2018, aims to guide all health surveillance actions at the federal, state and municipal levels, defining the guidelines and strategies that fall to each sphere. It is a public policy of the state and an essential function of the Unified Health System (SUS). It is universal, transversal and the exclusive responsibility of the public authorities, but its implementation requires actions that strengthen the links between all the levels of the health system [5].

The Ministry of Health's National Health Surveillance Guidelines in Brazil include territorialization, which is fundamental to the work of primary care teams in the practice of health surveillance in a country of continental dimensions. Organization into territories reflects the richness and complexity of human relations, their political, economic and cultural characteristics, going beyond a simple population within geographical limits. It also presupposes a

distribution of health services in delimited coverage areas, which facilitates people's access to services close to their homes and makes managers assume health responsibility for the local population. The participation of organized society redefines local, municipal and district management, proposing an articulation of intersectoral policies aimed at improving people's quality of life. Health surveillance aims to continuously observe and analyze the population's health situation, articulating actions to control determinants, risks and damage to the health of specific populations, guaranteeing comprehensive care in both individual and collective approaches [5].

Health Surveillance (HS) practices promote the inclusion of different subjects in the process, such as service managers, technicians and representatives of organized collectives, allowing the participation of different points of view in the collective health work process. This broadens the focus beyond clinical-epidemiological factors to include determinants that affect different social groups according to their living and health conditions. From this perspective, intervention goes beyond the use of medical-sanitary technologies and also encompasses social communication technologies and expanded health management. These technologies encourage the mobilization and action of different interest groups in promoting and defending healthy lifestyles [4].

However, the implementation of health surveillance in Brazil still faces a number of challenges, such as: insufficient infrastructure; a lack of human resources; regional inequality; a lack of integration between different levels of government and institutions which can hinder the effectiveness of surveillance; incomplete or inconsistent data which makes it difficult to make informed decisions, among others. Implementing Health Surveillance in a health system as complex as the SUS means making continuous efforts to ensure that users and professionals stand out as protagonists in the organization of health processes.

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