

SUS social control: health in a border region on the agenda

Controle social do SUS: a saúde em região de fronteira em pauta¹

Natália Dias Alves Públio Haum^a

 <https://orcid.org/0000-0001-7061-1526>
E-mail: natpublio@gmail.com

Manoela de Carvalho^a

 <https://orcid.org/0000-0003-4226-1332>
E-mail: manoelacarv@gmail.com

^a Universidade Estadual do Oeste do Paraná (Unioeste).
Foz do Iguaçu, PR, Brazil.

Resumo

Este estudo analisa a dinâmica do exercício do controle social em município brasileiro de região de fronteira internacional a partir das atas do Conselho Municipal de Saúde (CMS), referentes às políticas de saúde específicas para a localidade. Empregou-se a técnica de análise documental auxiliada por instrumento elaborado para identificar a participação dos conselheiros em reuniões, atividades e temas relacionados à política de saúde na fronteira de 2006 a 2018, período relativo à adesão ao Sistema Integrado de Saúde das Fronteiras (SIS Fronteiras). Os resultados apontam que o CMS discutiu a política de saúde sem contextualizá-la suficientemente no território específico em que foi aplicada. Por conseguinte, recomenda-se mecanismos de formação para aprimorar a ação e organização, ancorados na temática saúde em regiões de fronteira, apoiando o exercício do controle social orientado para as necessidades da realidade local dos municípios brasileiros fronteiriços.

Palavras-chaves: Sistema Único de Saúde; Controle Social; Saúde na Fronteira.

Correspondence

Manoela de Carvalho
Universidade Estadual do Oeste do Paraná. Rua Universitária, 2069,
Jd. Universitário. Cascavel, PR, Brazil. Zipcode 85.819-110.

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Abstract

Our study analyzes the dynamics of the social control exercise in a Brazilian municipality in an international frontier region, based on the records in the minutes of the Municipal Health Council (CMS), referring to specific health policies for the location. The technique of document analysis was used, aided by an instrument designed to identify the participation of counselors in meetings, activities and topics related to health policy on the border area from 2006 to 2018, a period related to the inclusion in the Integrated Border Health System (SIS Fronteiras). The results indicate that the CMS discussed health policy without contextualizing it sufficiently for the specific border territory. Therefore, training mechanisms are recommended to improve action and organization, anchored on the theme health in border regions, supporting the social control exercise oriented to the needs of the local reality of Brazilian border cities.

Keywords: Unified Health System; Social Control; Health in Border regions.

Introduction

Brazil has a frontier shared with 10 other South American countries. There are 588 border cities distributed in 11 states, and 139 are located in the state of Paraná. Border territories are complex and must be understood, beyond the formal legal sphere, in the everyday life of spaces/boundaries, since elements of integration and conflict coexist. These elements must be considered in the social determination of the health-disease process and, therefore, in the health policies and programs.

The territory can be interpreted as a social space historically produced and organized, permeated by power relations, networks and identities in constant transformation, organized mainly by the capital and the State. The frontier constitutes an analytical and spatial part of several political, economic and cultural realities that involve the problems of capital volatility and relations of production in the territory. The frontier is also the space of cross-cultural and identity conflicts that carries in their history the concern for national security and the lack of public policies for cross-border cooperation, which would promote an integrated economic development. (Souza, 2013).

Health policies for border regions must consider the geopolitical situation marked by asymmetries and inequalities demonstrated by sociodemographic and health indicators of the population living in these areas. Health management planning must also consider the peculiarities of the territory as an instrument to understand these regions' typical difficulties and needs (Azevedo, 2015).

The Brazilian National Health System (SUS) is organized nationally in a decentralized manner, observing the demographic and socioeconomic differences of the vast Brazilian territory, respecting the principles of access universality and assistance integrality. The Decree n. 7.508/2011 aims to regulate the roles of federative entities in regions and health networks, clarifying the responsibilities and attributions, financial resources, actions and health services to guarantee the effective right to health in the territory. Then, the decree defines as a health region the "continuous geographic space constituted by groupings of bordering cities,

delimited based on shared cultural identities, economic, social, communication networks, and transport infrastructure, aiming to integrate the organization, planning and execution of actions and health services”² (Brasil, 2011).

Aiming to mobilize healthcare managers and expand the operational capacity of 121 bordering cities, in 2005, the federal government proposed the Integrated Frontier Health System (SIS *Fronteiras*), implementing a system of network cooperation, integrating the actions and health services in the frontier regions (LEMÕES et al., 2019). Through international collaboration between border countries, it aimed to promote integrated and transformative practices to strengthen systems bilaterally in the health sector.

In health management, the social control has an important role in consolidation SUS principles, exercised formally in the instances of councils and conferences, constituting a space for debates, agreements and deliberations, in which the civil society can interfere in the definition of health policies, considering collective interests and local health needs.

The Municipal Health Councils (CMS), while instruments of civil society participation, can contribute in the organization of a more effective local health network. They can regard the population’s health problems in this territory and collaborate in the elaboration of regional public interest topics, emerging as a democratic space for social participation. In this sense, this study aims to analyze the dynamics of social control in a Brazilian border city.

Methodology

This is a descriptive study with a qualitative approach, based on the documental analysis of the minutes of the Municipal Health Council meetings in Foz do Iguaçu (COMUSFOZ). It started from 2006, which is the implantation period of SIS *Fronteiras*. This period was chosen intentionally, because the SIS *Fronteiras* was an important and

specific public policy for border cities, which enabled or intensified the debate about issues related to border territory and its health policies. The documental research was made with material that has not yet received an analytical treatment regarding a particular object of study (Cechinel et al., 2016).

The COMUSFOZ was created by the City Law n. 1.507/1990. It is integrated by three social segments and with a parity representation of 50% representatives of patients entities, 25% health service workers, 12,5% managers of public health agencies, and 12,5% health service clerks. In total, it had 32 full member and 32 alternate members, indicated by entities/bodies elected in the Municipal Health Conference (Foz do Iguaçu, 2012).

The SIS *Fronteiras* was a proposal made by the Brazilian government, aiming to minimize current administrative asymmetries and strengthen health services in the 121 borders cities. In this context, according to Hortelan et al. (2019), “binational agreements, citizenship of foreigners, and leading programs/policies on cross-border care [...]” (p. 235) potentiate health services and conduct public health managers’ planning and actions. Therefore, this program was used as a discussion maker for the specific health policies for border region in the CMS studied.

282 minutes were analyzed and 77 were selected. The minutes selected were those that mentioned “health and frontier”, “border health policies” and/or “SIS *Fronteiras*”, including participation of advisors in events or training related to border health. Figure 1 presents the data analysis procedure to extract the analytical categories and the thematic units approached in the results.

An instrument was designed for data collection and systematization. Bardin’s referential (2016) was used for content analysis, which deals with raw information in reproductions that aid the access, consultation and referencing of the documents, followed by the pre-analysis stages, material exploration, and data treatment. The

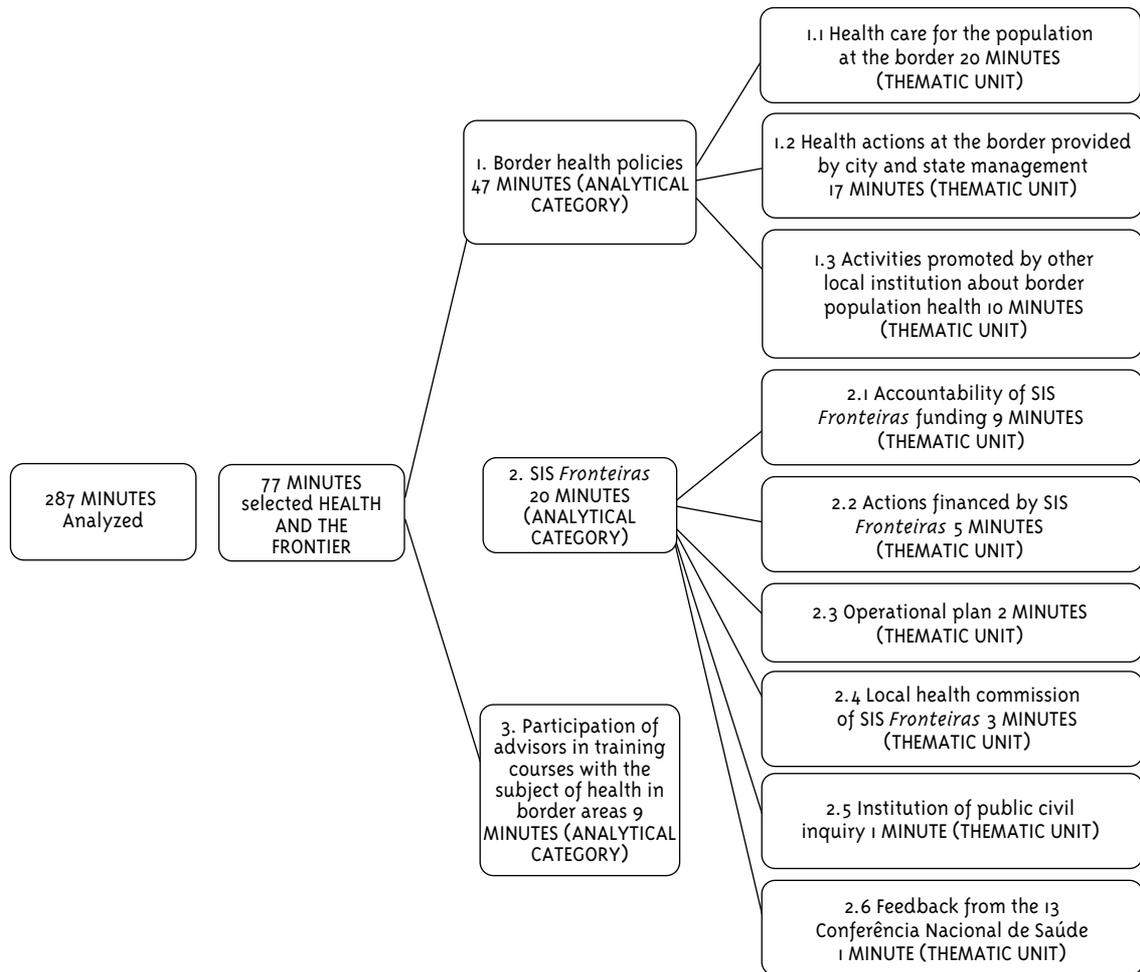
2 Our translation.

organized analytical categories were intended to identify the participation of advisors in meetings, as well as activities and discussions related to border health policy in the period of adherence to SIS *Fronteiras*. The following themes operate as analytical categories: (1) border health policies, (2) SIS *Fronteiras*, and (3) participation of advisors in trainings about the theme of health in border areas (Figure 01). The following thematic units were analyzed: (1.1) health care for the population

at the border, (2.1) accountability of SIS *Fronteiras* funding, (2.2) actions financed by SIS *Fronteiras*, (2.3) operational plan, and (2.4) local health commission of SIS *Fronteiras*. These were the most expressive units according to this study's aim.

The ethical aspects of the research follow what is proposed by the Resolution n. 510/2016 of the National Health Council (CNS). The project was approved by the Human Research Ethics Committee under decision n. 2.982.939/2018.

Figure 1 – Flowchart of the analytical stages of COMUSFOZ minutes related to health and frontier



Results

The spaces for debate in the CMS have fundamental importance for social control, inspecting health policies and influencing

regional development. Chart 1 presents the documental analysis results obtained from the COMUSFOZ minutes, trying to understand how this entity approached the theme of health in border region.

Chart 1 – Minutes of the COMUSFOZ meetings related to border health, according to the analytical categories and thematic units

| ANALYTICAL CATEGORIES | THEMATIC UNITS | N. Minutes |
|--|--|------------|
| 1. Border health policies (47 minutes) | 1.1 Health care for the population at the border | 20 |
| | 1.2 Health actions in the border promoted by municipal and state management | 17 |
| | 1.3 Activities promoted by other local institutions regarding border population's health | 10 |
| 2. SIS <i>Fronteiras</i> (21 minutes) | 2.1 Accountability of SIS <i>Fronteiras</i> funding | 9 |
| | 2.2 Actions financed by SIS <i>Fronteiras</i> | 5 |
| | 2.3 Operational plan | 2 |
| | 2.4 Local health commission of SIS <i>Fronteiras</i> | 3 |
| | 2.5 Opening of a public civil inquiry | 1 |
| | 2.6 Feedback from the 13 th National Health Conference | 1 |
| 3. Participation of advisors in training about border region health (9 minutes) | | 9 |

Health policies in the frontier

There are registers of health policies in the border in 47 minutes (Table 1). 20 of them highlighted the thematic unit health care for the border population. On the agenda of the meeting n. 339/2006, in which the day theme refers to the current assistance situation in the city:

Hospital admissions, according to the parameter of the Ministry of Health for every 1,000 inhabitants is recommended the availability of 2.5 to 3.0 beds, considering that the current population of the city is higher than 300 thousand inhabitants, not counting the expressive mass of 'brasiguaios' [Brazilian-Paraguayans], around 250 thousand Brazilian citizens live in the border strip in the Paraguayan territory and appeal mostly to local medical services.³ (Foz do Iguaçu, 2006).

In 2008, Minute n. 418 presented registers of an attendance in the Santa Casa Monsenhor Guilherme, when the advisors questioned the population attended in the city regarding the number of beds available. In addition to the resident population of the city, they also questioned the attendance of nonresidents, highlighting the "brasiguaios" (Brazilians who reside in Paraguay) and interrogated about the federal funding for health in the city that did not benefit the cross-border population in the transfer of funds.

There is assistance to resident Brazilians in Paraguay, but the Ministry of Health does not consider this assistance, therefore, amounts destined for the municipality are based on 311 thousand habitants, but the SMSA knows that around 40 thousand people are assisted who are not included in this statistic⁴. (Foz do Iguaçu, 2008)

³ Our translation.

⁴ Our translation.

In the meeting records that intend to deliberate about the Municipal Health Department budget, it was identified that representatives of the city management also questioned the assistance to non-resident population in the city's health services.

According to the report of IBGE, Foz do Iguacu has a population of 256 thousand inhabitants, but the [Ministry of] Health assisted about 270 thousand patients who are registered in the Health Program Foz, and 40 thousand of these patients are not residents of Foz do Iguacu. If we take into account the patients who have a corporate health plan, the county has a population of 320 thousand inhabitants. According to the report presented, the city assists patients from other municipalities, states and even other countries, for example, the Brazilians living across the borders, as well as students of UNILA.⁵ (Foz do Iguacu, 2012)

The recognition of distinction of public budgets destined to local system of health in border counties is a concern of municipal health managers recurrently expresses in minutes due to non-accounting of floating population in data for financial transfers. In meeting registered in Minute n. 355/2006 to treat of Management and Budget Pact 2007 of Municipal Health Department, the theme frontier appears as part of presentation of municipal manager who says:

The border regions obligatorily there is a special involvement of Ministry of Health that must do apply efforts aiming to promote the articulation between countries and involved bodies in the perspective of implementation of SUS and consequently organization of care in bordering counties, coordinating and promoting the constitution of these regions and participating of collegiate of regional management ... it is the permanent space of pacts aiming at a regional network of actions and services of integrated and resolute health care, the collegiate of regional Bipartite must to be constitute

by all counties managers of regional, should institute regional planning process that expresses responsibilities of manager with population health. (Foz do Iguacu, 2006)

Yet, in this meeting, the manager explains the objective of the Management Agreement, besides explaining the functions of the management collegiate and the priorities of each federative entity regarding health policies, reinforcing the compromise with system management in aspects of decentralization, regionalization, financing, planning, integrated agreement programming, regulation, social participation, and work management related to health. Concerning the frontier regions, the ministerial resolution includes health care in border cities, promoting articulation between countries and the institutions involved.

Despite this meeting, registered in Minute n. 355/2006, treating in its agenda the management agreement, there were no records of effective participation of municipal health advisors, questioning or arguing the pact and the bilateral agreements that could be negotiated in the regional management collegiate. Also, there were no other minutes with meeting records, appointments or events promoted by this collegiate to deal with health care in border areas. This theme was not present in the minutes of the following years until 2018.

SIS *Fronteiras*

In the COMUSFOZ, 21 minutes presented registers about SIS *Fronteiras* (Table 1). The first discussion about the program was in Minute n. 340 of the 09/03/2006 meeting. The meeting agenda was the indication of advisors for the local health commission of SIS *Fronteiras*:

[...] began the explanation of the SIS *Fronteiras* agenda, stating that the Project was already agreed with the Ministry of Health, through the Ordinance

⁵ Our translation. The Universidade Federal da Integração Latino-Americana [Federal University of Latin American Integration] is an autarchic legal body, bound to the Ministry of Education with headquarters and forum in Foz do Iguacu-PR. Its mission is to train human resources able to contribute with Latin American integration, regional development and cultural, scientific and educational exchange in Latin America, especially in the Mercosur. Of the university's 5.890 students, 1.549 are from 29 different countries (Kateivas, 2020).

n. 1.120, and informs that the Project must observe some items to be instituted, mentioning that the Ministry transferred R\$ 436 thousand to be used by the city in the improvement of basic health care and implementation of services, which are directed to promote actions for Brazilians outside the frontiers, in Paraguay and Argentina⁶. (Foz do Iguacu, 2006)

In the meeting mentioned, the manager presented the program aims, the three phases of execution, exhibiting the values of the financial transfers and the institution of a commission. According to the minute, the program institutes SIS *Fronteiras* in its first article, directed to integrate actions and health services in the border regions with the following goals:

- I. Contribute to the strengthening and organization of local health systems;
- II. Verify the demands and the capacity installed;
- III. Identify assistance flows;
- IV. Analyze the impact of the actions developed on assistance coverage and quality;
- V. Register the expenditures with citizens' assistance;
- VI. Integrate physical and financial assistance resources.⁷ (Foz do Iguacu, 2006)

It was also stated in the minute that the city would receive from the federal budget the sum of R\$ 6.5 million, provided by the Project of Training and Enhancement of the Health care Network Quality (QualiSUS), for the development of SIS *Fronteiras*. The program would be developed in three phases: diagnosis and operational planning, implantation of services for border regions, and training of managers for strategic areas. The manager reported that one of the demands made by the Ministry of Health was the institution of a Permanent Committee for the Implementation and Monitoring of SIS *Fronteiras* Actions, which in COMUSFOZ was constituted by representants of national and foreign entities:

[...] representants of SMSA, members of COMUS, 9^a R.S., GT Saúde- Itaipu, Brazilian Consulate of Cidade Del Leste, Brazilian Consulate of Porto Iguacu, the City Secretariat of International Relations, Hospital Costa Cavalcante, Hospital Cataratas, Pastoral do Migrante, and Pastoral da Saúde do Paraguai.⁸ (Foz do Iguacu, 2006)

According to the Minute n. 340/2006, the main goal of this meeting was the institution of a permanent committee, which should be immediately decided even after the presentation of the program structure, as explained by the manager.

[...] it is proposed that COMUSFOZ designates the names and approves this commission with urgency to be presented to the Ministry of Health so that this commission may start its work... first, we will study the reality and inform the Ministry of Health, clarifying that today we are just creating the commission and including the city in the program, and the SIS *Fronteiras* is divided in three phases, remembering that today we are not asking for approval of the services, only after the diagnosis we will start implementing the services.⁹ (Foz do Iguacu, 2006)

By reading the minutes based on the tag "border", discussions regarding the accountability of SIS *Fronteiras* resources were found in 9 minutes, the actions financed by SIS *Fronteiras* in 5, the operational plan in 2, and the Local Health Commission of SIS *Fronteiras* in 3.

The operational plan was evaluated by the city advisors in the meeting of Minute n. 358/2006.

Foz do Iguacu was the first city in Brazil to conclude this project, and in this diagnosis made by the Universidade Federal do Paraná (UFPR) in partnership with the Ministry of Health, the UFPR interviewed 42 thousand SUS patients in the city during the period between 08/14/2006 and

6 Our translation.

7 Our translation.

8 Our translation.

9 Our translation.

09/08/2006. Based on such data and COMUSFOZ considerations in its segments, the Ministry of Health finished the city diagnosis.¹⁰ (Foz do Iguaçu, 2006)

During this meeting, the manager explained how the study was performed to reach the city diagnosis by the Universidade Federal do Paraná.

An x-ray, not only regarding its inhabitants' health, but also their economic class. Basic health units' patients that were interviewed by SUS for the research were from: A.K.L.P Health Center, UBS of Jardim América, UBS of Vila Iolanda, São João and Profilurb II Health Centers, Hospital Costa Cavalcante, Pronto Atendimento 24h Central and Morumbi I. These 42 thousand people answered a qualitative research that had much more data and information responsibility, which was important for the Ministry of Health to promote a health policy. As the city of Foz do Iguaçu is integrated with cities in the border, without regimentation there will be risks regarding the demand.¹¹ (Foz do Iguaçu, 2006)

According to the records, the research conducted to define the local diagnosis would also present data regarding the nationality of patients who sought for health services and the profile of the assistance provided for them during the period studied.

[...] 42.258 was the number of patients, 651 were Paraguayans, 82 Argentinians, and 257 of other nationalities, 98.7% of the foreigners resided in Brazil, 1.1% in Paraguay, and 0% in Argentina. 89.1% received assistance, 6.6% had a scheduled assistance, 2.1% were guided for other types of assistance in other health services in the same city. 394 people did not receive assistance or guidance. Regarding oncological treatment, 52.720 are Brazilians, 52 Paraguayans, 1 Argentinian, and 5 of other nationalities.¹² (Foz do Iguaçu, 2006)

The minute also reports the results found by the research that diagnosed the local health system regarding access (if the help of a third person was needed) and the satisfaction level:

[...] 44 people [received help from] a religious institution, 314 from family, 7 from politicians, 8 from social movements [...]. The results obtained reported that 96% of the population interviewed is satisfied with the assistance offered, although it needs to be improved. It explains why most of resources are directed to curative questions.¹³ (Foz do Iguaçu, 2006)

Regarding financial resources, the minute reports that the values would be provided by the Ministry of Health, which would also determine where they should be used:

R\$1,215 million were destined to equip and build an UBS, remaining resources for the SIS *Fronteiras* of R\$ 436 thousand for the diagnosis, not even R\$150 thousand were used, remaining around R\$ 300 thousand to be spent in phase 2, which, after the approval of the operational plan, will be used to build the UBS in Jardim América and Jardim Jupira. The investments of R\$330 thousand would be used for the training of basic health care and hospital professionals, as well as permanent training of the health staff. The increase of hospital beds would conclude the Hospital Municipal, and have a value of approximately R\$3,3 million, approved by the SIS *Fronteiras* commission, among other priority matters mentioned for the city of Foz do Iguaçu.¹⁴ (Foz do Iguaçu, 2006)

The operational plan permits the city to receive funds from the Ministry of Health. After being presented by the Health Secretariat, it was evaluated and approved by the city's health advisors. The

¹⁰ Our translation.

¹¹ Our translation.

¹² Our translation.

¹³ Our translation.

¹⁴ Our translation.

phase I of SIS *Fronteiras* was approved through the Ordinance n. 160/2007, which states:

Art. 1º Approves the Phase I of the Integrated Health System in Borders - SIS FRONTEIRAS, which comprehends the Local Diagnosis and the Operational Plan of the City of Foz do Iguaçu (PR).

Art. 2º Authorizes the utilization of funds remaining from Phase I, in the sum of R\$ 367.082,15 (three hundred sixty-seven million, eighty-two thousand and fifteen cents), of resources, as well as the revenue from financial application, to the execution of Phase II of SIS FRONTEIRAS.

Art. 3º Authorizes the transfer of resources corresponding to Phase II of SIS FRONTEIRAS directed to the City of Foz do Iguaçu (PR), corresponding to R\$508.908,40 (Five hundred eight million, nine hundred eight thousand and forty cents), according to what was provided in Ordinance n. 1.189/GM, of 06/05/2006.¹⁵ (Brasil, 2007b)

This meeting constituted the moment with higher discussion about SIS *Fronteiras* among advisors. Other registers related to the program

appear punctually on the accountability: few talks questioned the delay in the transfer of funds to build the health units contemplated in the plan, and only one appointment in a requesting minute is made by the health secretariat for the evaluation of alterations in the funds application plan.

The last minute related to the program occurred in 2011 (Chart 2), regarding financial transfers for the building of two health units. It is noticed that from 2006, when the program was implanted in the city, until 2011, when the subject appears for the last time, the discussion about SIS *Fronteiras* was restricted to financial matters. There are no records regarding the elaboration of health policies in the border, considering that the program goal is to promote the integration between actions and health services in the region, as stated by Ordinance n. 1.188/2006. There is also no record of other necessities predicted, such as the evaluation of coordinated actions regarding health in the border, the development of an information system to support a cooperation system, and the mobilization of managers in border areas to define and implement a network cooperation system (Brasil, 2006).

Chart 2 – COMUSFOZ minutes about the SIS Fronteiras, Foz do Iguaçu, 2006-2018

| YEAR | N of minutes analyzed | N of minutes with mentions about SIS-Fronteira | Subjects |
|------|-----------------------|--|---|
| 2006 | 30 | 05 | (01) Accountability (01) Operational plan (03) Local health commission |
| 2007 | 31 | 04 | (02) Accountability (01) Actions funded by SIS Fronteiras (01) Feedback from the 13 Conferência Nacional de Saúde |
| 2008 | 29 | 07 | (05) Accountability (01) Actions funded by SIS Fronteiras (01) Institution of a public civil inquiry |
| 2009 | 12 | 03 | (01) Accountability (02) Actions funded by SIS Fronteiras |
| 2010 | 06 | 00 | No records* |
| 2011 | 15 | 02 | (01) Operational plan (01) Actions funded by SIS Fronteiras |

continue...

¹⁵ Our translation.

Table 2 – Continuation

| YEAR | N of minutes analyzed | N of minutes with mentions about SIS-Fronteira | Subjects |
|------|-----------------------|--|-------------|
| 2012 | 17 | 00 | No records* |
| 2013 | 22 | 00 | No records* |
| 2014 | 26 | 00 | No records* |
| 2015 | 23 | 00 | No records* |
| 2016 | 25 | 00 | No records* |
| 2017 | 24 | 00 | No records* |
| 2018 | 22 | 00 | No records* |

* In the year of 2010, and between 2012 and 2018, no records about SIS-Fronteira were found in the minutes analyzed.

Even after the city’s adhesion to SIS *Fronteiras*, considering that it is a program that propels the discussion about health system in border areas and the moment of higher discussion on the subject in the city council, further records did not reveal the consolidation of this debate in the COMUSFOZ.

Participation of advisors in training courses with the subject of health in border areas

The Policy of Permanent Health Training (PEPS), reformulated in 2007 with the participation of CNS, deliberated the guidelines for the PEPS function in SUS Social Control. It aimed to expand institutions’ existing initiatives and stimulate states and cities in the training of their advisors (Brasil, 2007a).

The participation of COMUSFOZ advisors in training activities was identified in the register of internal activities in 9 minutes promoted by CMS management board. External activities were based on invitations mainly from higher education institutions and the GT-SAUDE¹⁶ to participate in courses, seminars, forums, and lectures.

The tag “health in the border area” appears in 9 minutes. In these meetings, training activities with advisors’ participation are mentioned:

[...] informs that the Simpósio Internacional de Direito a Saúde [International Symposium of Right to Health] in UNILA, coordinated by a lawyer of the collective health course... with the presence of representants of the Ministry of Health, Public Prosecutor’s Office, and other countries, the focus will be the foreigner’s right to health in Foz do Iguaçu, regarding especially the Triple Frontier, I believe it will be a theme in which the presence of the advisors is important.¹⁷ (Foz do Iguaçu, 2015)

Concerning the SIS *Fronteiras*, part of the funds from the program provided training courses for the city’s public servers, but not for advisors, in the following format:

Conducted 3 training courses for health public servers, directed to doctors, nursery assistants and technicians, and patients, with SIS *Fronteiras* funds, comprising reception, what is nursery,

¹⁶Work group for the integration of health services in Itaipu’s influence area, created in 2003, with the aim of building a democratic workspace and health debates in the Triple Frontier (Brazil-Paraguay-Argentina). It promotes cooperation and integration between the countries, respecting the guidelines of each national health system, emphasizing basic health care. Itaipu receives funds for GT Saúde administrative activities, using a participative methodology, involving health professionals from the three countries (PERON, 2017).

¹⁷ Our translation.

psychology, and presentation of all the health system.¹⁸ (Foz do Iguaçu, 2009)

Registers about QUALIFOZ were found, which is a training course promoted by COMUSFOZ, aiming to contemplate the policy of permanent training for health social control in Foz do Iguaçu. The course follows the structure of QUALICONSELHOS with certificates emitted by the Escola Nacional de Saúde Pública Sérgio Arouca (Fundação Oswaldo Cruz). It offers each year courses for city advisors with a studyload of 100 hours, approaching themes related to local and Brazilian public health policies, such as funding, main programs and services, and other local policies as well. However, until now, the course does not comprise the theme health in the border. The minute consulted stated that it: “[...] Informed that it had two groups of Qualifoz-2018, with classes until the end of November, with more than 60 students enrolled this year”¹⁹ (Foz do Iguaçu, 2018).

Among the training actions promoted by COMUSFOZ and offered for city advisors, there were no records of the theme health in the border. Other institutions also treat the theme marginally; institutions that invite city advisors and propitiate their punctual participation.

Discussion

The construction of a territory expresses the appropriation and the social relations that occur in a geographical space, involving power. Therefore, territory is a geographical space socially constructed and historically transformed by the societies occupying it. Each territory has an identity that characterizes it and implies the territoriality feeling among the citizens. Brazilian border territories are a singular space that must be analyzed differently from the territorial organization in the center of the Capitalist territorial order with crucial influence in transborder areas (Souza; Gemelli, 2011). Borders are privileged and specific spaces with marked components since their occupation until their (dis)

encounter with the “Other”. The consequences of these relations can be expressed in disputes and ethnic or social conflicts. Without conflict, the borders would also disappear because, at the same time that they are a separation line, they are fluid and porous enough to attend the demands of their subjects (Kleinschmitt; Azevedo; Cardin, 2013).

A study with city health managers in a border area highlights the funding of health activities and services as a crucial factor to expand or restrict the access of foreigners. It also suggests extra funding for each procedure conducted with a foreign patient, a Piso de Atenção Básica (PAB) [Minimum wage for Basic Care] especially for the population not counted, registers, the creation of an information system for foreigners’ health care, and structuring of management and funding (Aikes; Rizzotto, 2018).

SUS is hierarchically and regionally organized, conceding to city advisors the institution of intercity consortiums for joint actions and health services. The alliance for health in the dimension of a management alliance promoted an advancement by contemplating border areas in its regionalizing plan. Thus, it granted universal and equal access to health services, expanding city managers’ governability (Santos-Melo et al., 2020).

The management alliance determines a set of institutional reforms, agreed between the three federative entities, aiming to renovate management methods and tools, strengthening health care, guaranteeing universal and equal access. Changes in SUS effectuation are highlighted, among them: “[the] solidary and cooperative regionalizing as a structural axis of the decentralizing process; integration of many federal funding manners; and unification of agreements already established”²⁰ (Preuss, 2018, p. 329).

The current sanitary legislation, after the institution of SUS, observes intraterritorial differences in Brazil and seeks to develop legal apparatuses to aid managers’ action and the social control in order to incorporate such characteristics in health policies planning. Thus, the Ordinance

18 Our translation.

19 Our translation.

20 Our translation.

n. 7.508/2011, when establishing SUS organizational structure, proposes health planning and assistance, and articulation between federal entities, seeking to expand access to the right to health in the whole country. Nevertheless, some hindrances still impede the full achievement of SUS goals (Oliveira et al., 2019).

To ensure universal and integral health services access to citizens, health regions were instituted, considering in their definitions the daily life of individuals, where they live and transit, involving the three federative entities in their negotiation (Preuss, 2018). This device aims to expand the operation of city advisors regarding universal and integral health access for foreigners (Nogueira; Fagundes, 2014).

The absence of records in the minutes from 2012 onwards express the deactivation of SIS *Fronteiras*. By means of the Ordinance n. 622/2014, the Ministry of Health demanded the gradual closure of the actions foreseen in the Operational Plans in all cities benefited with SIS *Fronteiras*. That means that, as the actions were conducted, the program was gradually deactivated in border towns (Brasil, 2014). After the actions and acquisitions were conducted, this policy was deactivated and the cities were again destitute of a health policy specific for border areas (Fabríz, 2019, p. 46).

With SIS *Fronteiras* funding, the city of Foz do Iguaçu built a Basic Health Unit and renovated other, promoted management training and partially funded the Centro Materno Infantil (Foz do Iguaçu, 2010). Discussions about these services were not found in the minutes.

Regarding health policies, the CMS configure spaces that permit the population participation in the formulation and control of public health policies, representing the civil Society intervention on SUS management. Freitas & Souza, Ferreira & Oliveira (2019, p. 519) present the importance of training programs for public health managers. The authors state that “there is a high percentage of advisors developing activities in CMS with no training in the area, and the Community itself is not well oriented about their right to opine and inspect health actions in their surroundings”²¹. Santos-Melo

et al. (2020) conclude that the lack of knowledge by local managers of agreements between federal entities is a limiting factor for the main health cooperation strategies. These authors’ study had the participation of a CMS president in the triple frontier Brazil-Colombia-Peru.

PEPS presupposes the effective modification of the health sector daily life to incorporate learning and teaching in daily functions, using active learning-teaching methods (Fakhouri; Francischetti; Vieira, 2017). It can be directed to workers, managers, and patients of SUS with the aim of stimulating effective social control over health policies.

Dealing with the importance of permanent training, Gomes et al. (2018) state that the improvement of social control over city health advisors contributes to the enhancement of public policies adjusted to local realities, as well as the principles and guidelines of SUS.

Final Considerations

The analyzes of COMUSFOZ minutes from 2006 to 2018 indicate that specificities concerning health in border areas received little attention from agents of health social control in Foz do Iguaçu. Even with the adhesion to SIS *Fronteiras* by the local manager and the approval of the operational plan by CMS, the structuring of public policies for health in border areas is not a reality yet.

It is worth mentioning that, besides SIS *Fronteiras* was used as a “object-marker” for a social control policy in the frontier, it was identified that this program did not establish a permanent debate among city health advisors. There was a lack of training during the period for COMUSFOZ to exert an effective control over SIS *Fronteiras*, beyond the program homologation.

It is highlighted that COMUSFOZ adopts QUALIFOZ dynamics, a course designed by QUALICONSELHOS. However, it also does not include in its program the theme health in the border area. Thus, advisors must be trained for this attribution, i.e., they must know SUS basic

21 Our translation.

principles, the life and work conditions in the region, which impact in the sanitary profile and the advisor's functions. Knowing the local reality is a fundamental component to exert social control. By being a border town in an international triple frontier, knowledge about international treaties, bilateral agreements, and health integration relations between countries collaborates with the social control regarding border areas' necessities.

In order to expand this population capacity to exercise health social control in border areas, we suggest the inclusion of contents related to health policies in border areas in the training of city health advisors. Activities, such as those developed by the Fundação Oswaldo Cruz, which recently made available a distance education course, deal with health in border areas with an interdisciplinary approach, considering current issues in health and the connection with the international scenario. They may also contribute to expand the critical and participative view on border areas' health policies, supporting the action of city health advisors for these territories' specific necessities.

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Authors' contributions

Haum contributed in the study conception and design; analysis and interpretation of data; elaboration and critical review of the study's intellectual content; approval of the paper final version. She was responsible for all aspects of the study, ensuring its accuracy and integrity. Carvalho contributed in the study conception and design; analysis and interpretation of data; elaboration and critical review of the study's intellectual content; approval of the paper final version.

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