

database, together with the exploration of a specific information system elaborated and implemented to monitor the program and known as SISPRENATAL. Exploration of these data began with the stratification of Brazil's municipalities (or counties) by population and geographic region. By exploring the possible context variables, and mainly the health services supply, it was possible to identify some key evaluation questions for which a more in-depth investigation would be needed in order to understand the respective inter-relations. The methodology proposed for this purpose was thus a qualitative approach. In order to select the real situations and the social actors to be involved, we began with a survey of the universe of municipalities in the country as a whole, which were regrouped based on a certain degree of similarity in relation to the following: either they displayed a health services supply which was not in keeping with the results displayed in the program, or they had a much better performance as compared to municipalities with similar conditions in terms of services supply. It was thereby possible to identify municipalities which, based on the peculiarities of the study variables, might constitute rich "case studies" for a qualitative approach which would allow to identify which other variables were at stake, as well as the meaning of the results. The set of municipalities with these variables was used to select case-study municipalities to become the object/subject of the qualitative study. In each of these municipalities, a case-study methodology was applied using semi-structured interviews and focus groups. This methodological mix allowed us to explore the interrelations among the various social actors in the health care process and to identify the crucial actions and activities in the Program for Humanization of Prenatal and Childbirth Care that would allow for decision-making to enhance the Program and reach the expected results.

Based on the practical application of the mix proposed by the article, it was possible to make the results of the Program's evaluation available, involving aspects of the program's strategy and identification of favorable variables, besides highlighting the context variables that impacted the analysis of the results achieved. The qualitative approach fostered a critical analysis of the various views of the Program on the part of health systems managers, health professionals, and users of the Unified National Health System.

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## Concepts and approaches in the evaluation of health promotion

Concepções e abordagens na avaliação em promoção da saúde

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In recent years there has been an intense search for evaluation methods to measure the effectiveness of public policies in various fields, especially that of Health. Within the overall Health field, special emphasis has been placed on Health Promotion, which has emerged over the years as a point of convergence between ideas, reflections,

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and practices that aim to surmount the traditional biomedical model in favor of a broader perspective, containing interdisciplinary knowledge and inter-sector practices that expand the model of biomedical intervention and involve multiple dimensions of social life, as determinants of a population's health status.

In my view, the current article's merit is that it draws on well-defined concepts to highlight the importance of the evaluation of Health Promotion programs, particularly by health systems managers.

By recalling the importance of comprehending health reform measures for changes and the struggle against social inequalities, the authors quite appropriately state the position that the health sector and the population's health need to be viewed as a *fundamental economic investment in human and social development*. In fact, the successive governments in Latin America (Brazil in particular) have faithfully complied with the economic dictates of the international financial agencies (on which the so-called Third World countries are so dependent). Thus, public health outlays are always viewed as an *expense* rather than as an indispensable investment in the development of these populations. Except in discourse, governments have overlooked the social and technical complexity required to tackle the challenge of producing health, and thereby increasing the quality of life and promoting general happiness.

Viewed through this prism, Health becomes an area to be safeguarded, defended, and protected for all citizens, as an inherent right of citizenship that depends on the interaction between various areas of knowledge and work, within an inter-sector perspective in its construction, as emphasized by the authors.

What calls our attention is the fact that the de-medicalization and reorientation of services become essential premises for promoting individual autonomy, along with motivation for communities to effectively grasp the knowledge needed to promote participatory management aimed at the development of these same communities and ultimately leading to the adoption of public development policies that generate equity.

It is thus crucial to focus on social development and citizens' empowerment in order to reduce inequalities and foster social inclusion. As a process of community development, such inclusion needs to be evaluated, while maintaining scientific rigor, despite the inherent difficul-

ties in an evaluation of this nature, where a multiplicity of effects stem from factors external to the Health field itself.

For us, as health systems managers, it is indispensable to develop on-going, close collaboration with the academic community and civil society organizations that are able to contribute to community development and citizens' empowerment, thereby helping decrease inequalities and promote equity. Furthermore, this approach points to a greater objective, namely, the quest for happiness.

Health systems managers are responsible for the public policies they implement, and as such need to acquire the habit and the necessary knowledge to promote systematic evaluation, seeking to produce knowledge and improve these policies. Furthermore, they need to understand the complex and innovative nature of the interdisciplinary work that acts as the motor force for local development, with the involvement and adherence of the communities and the various stakeholders.

Health systems managers need to create the habit of evaluating by drawing on the accumulated theoretical knowledge base and applying it to daily management practices. On this point, although within perfectly accepted academic rituals, in my opinion the authors of the article have relied too heavily on quotes in the English language, with which few [non-English speaking] health systems managers have the necessary familiarity to extract the broader and deeper meanings from the respective expressions. I contend that "Latium's last flower, untilled yet fair"\* is capable of faithfully expressing the same ideas, although at times Portuguese may lack a single term to mean exactly what can be said in another language with one word. But after all, what are phrases for?

\* Translator's note – A widely-known quote from Brazilian poet Olavo Bilac (1865-1918, of the Parnassian school) epitomizing the Portuguese language, which Bilac lauds as "Latium's last flower", historically the last language to blossom from Latin and "untilled" (misused, uncultivated) yet beautiful.