

EDITORIAL ESPECIAL SPECIAL EDITORIAL

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Health Surveillance Department: new prospects for the SUS

The recent establishment of the Health Surveillance Department (Secretaria de Vigilância em Saúde - SVS) at the Ministry of Health to replace the National Epidemiology Center of the National Health Foundation (Centro Nacional de Epidemiologia da Fundação Nacional de Saúde - CENEPI/FUNASA), in many ways represents a major breakthrough in the control, prevention and protection of the health of the Brazilian population.

For those who defend the implementation of the principles and guidelines of the Sanitary Reform, the initiative has a special meaning, which we are celebrating, because in practical terms it means burying the illegitimate proposal that was proceeding through the Brazilian Congress, the creation of an Agency. The text on the Agency included the violation of the constitutional rights of citizens, in direct conflict with the History of Public Health in Brazil that over recent decades has been replacing the authoritarian practices and concepts of Sanitary Police by those of promotion and protection of health, considered as a duty of the State and a right of all citizens.

From the formal point of view, the SVS was put on the same level of the Department responsible for individual health care. This can be understood as a first step toward overcoming the dichotomy of the current health care model. The change is a positive one, because it seems to be showing us that the new government is directing its efforts toward constructing models of care "aimed at the quality, effectiveness, equity and priority necessary in health", as was established at the 11th National Health Conference (11^a Conferência Nacional de Saúde - CNS, 2000). In the same fashion, the symbolic name "Health Surveillance" points toward the prospect of strengthening proposals of alternative health care models and helps this level of the Health Ministry to legitimately lead this process. The current political scenario may provide the new SVS with the role of

organization and articulation, in order to overcome some of the explicit or implicit contradictions that have prevented the health system from moving in that direction.

It must be pointed out that despite the advances and symbolic character of the creation of the SVS, we should take all possible care to avoid it becoming, in practice, a mere mechanism for reorganizing some of the Ministry of Health's special programs that were scattered over various levels of the institution. This does not mean that its specificities and historical path should not be respected.

The Department, as the successor to CENEPI, must among its responsibilities utilize positively the experience gathered in its area of action. CENEPI was in the process of implementing the reorganization of the control and surveillance system of diseases and health conditions, and was promoting the use of epidemiology at all levels of the SUS, to provide input to help formulate and implement national health policies. Moreover, it expanded the scope of action to environmental surveillance and for the first time efforts toward implementing a policy for monitoring and surveillance of non-transmissible diseases and conditions were developed, as the latter are problems that for some time now have ranked among the major causes of morbidity and mortality in the population, but have been systematically pushed into the background. CENEPI also helped foster the administrative and financial autonomy of cities, thus helping to construct the comprehensive health model proposed by the Organic Law (*Lei Orgânica*) and that has been restated at the Health Conferences and Social Counsels of the SUS.

Within the limits allowed, CENEPI tried to develop a culture of interlinked work efforts, by integrating teaching and research institutions with health services in order to establish and consolidate information systems, human resource capacitating and support to strategic research, that has resulted in substantial advances for the implementation and consolidation of epidemiology as a tool in the SUS and for designing the National Health Surveillance System.

However, in addition to consolidating all these initiatives, it must be understood that the SVS may become a locus for formulating health promotion policy, along with the other management and social control structures of the SUS.

Lastly, the re-establishment of the Consultant Committee of representatives from the scientific community and of experts working in health services, as was the case during a certain period of CENEPI, and also anticipated in the text of the Law that created the SVS, may contribute greatly to the formulation, monitoring and evaluation of this policy.

In order to be able to fulfill a mission of such amplitude and complexity demands that SVS have a staff of highly qualified technicians to make the agency capable of responding to the demands of the health system and of society, and that it implement appropriate mechanisms for mobilizing the available capability in academic and research institutions and services throughout the country. These conditions aim to give SVS an actual and acknowledged technical-scientific potential, promoting greater visibility and credibility in the eyes of society and making it possible for it to play the major role for which it was intended.