


Health secretaries and aspects related to the management of Integrative and Complementary Practices


Secretários de saúde e aspectos relacionados à gestão das Práticas Integrativas e Complementares

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Abstract

This research aimed to understand health secretaries' perception of the concept of health, describe the experiences of these secretaries before challenges related to the management of Integrative and Complementary Health Practices (PICS), and identify if the Regional Interagency Committee (CIR) has discussed these practices. This is a qualitative and exploratory study conducted with 22 health secretaries in municipalities of Bahia from May to November 2018. The interviews were collected with a semi-structured script and recorded, transcribed, and analyzed by thematic content analysis. According to the health secretaries, some of the obstacles to PICS supply in the Brazilian National Health System (SUS) services are the lack of material resources, trained professionals, and a physical structure. All secretaries affirmed that PICS were not discussed at CIR meetings. The participation of the population, health teams, and managers in the committees is essential to hold discussions and strengthen the PICS as a powerful resource for comprehensive health care. **Keywords:** Complementary Therapies; Health Management; Comprehensive Health Care.

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Resumo

O objetivo desta pesquisa foi compreender a percepção dos secretários de saúde sobre o conceito de saúde, descrever as vivências deles diante dos desafios pertinentes à gestão das Práticas Integrativas e Complementares em Saúde (PICS) e identificar se tais práticas já foram foco de discussão na Comissão Intergestores Regional (CIR). Trata-se de uma pesquisa qualitativa e exploratória, realizada com 22 secretários(as) de saúde em municípios da Bahia entre os meses de maio e novembro de 2018. As entrevistas foram coletadas por meio de roteiro semiestruturado e gravadas, transcritas e analisadas por intermédio da análise de conteúdo temática. Os secretários de saúde relataram que entre os entraves que perpassam a oferta das PICS nos serviços do Sistema Único de Saúde (SUS) estão os recursos materiais e a dificuldade em ter profissionais capacitados, além da falta de uma estrutura física. Todos os secretários afirmaram que as PICS não foram tema de discussão nas reuniões da CIR. Faz-se necessário a participação da população, equipes de saúde e gestores nos espaços dos colegiados de gestão, a fim de proporcionar articulações visando o fortalecimento das PICS enquanto recurso potente para a atenção integral em saúde.

Palavras-chave: Terapias Complementares; Gestão em Saúde; Integralidade em Saúde.

Introduction

Integrative and Complementary Health Practices (PICS) are part of the field of healthcare that encompasses medical rationalities and integrative and complementary therapeutic health practices (Losso; Freitas, 2017).

Regarding the history of the nomenclature of PICS, the World Health Organization (WHO) named such health resources as complementary and traditional medicine since they gather knowledge and practices based on theories, beliefs, and experiences of different cultures, including Indigenous culture (WHO, 2013). WHO also characterizes them as complementary for including health care practices from different countries not fully integrated into the dominant health system.

In Brazil, the health tools that encompass comprehensive care are called Integrative and Complementary Health Practices. According to Otani and Barros (2011), this definition aims to cover several aspects, including the integration of alternative and complementary medicine with conventional medicine and the combination of old healing systems with modern biomedicine.

Despite the several definitions for health tools and resources not limited to the purely biomedical view, Melchart (2018) emphasizes that the nomenclature of PICS brings closer conventional and complementary approaches, seeking to value the broader concepts of health promotion and disease prevention.

A transformation in health actions requires the involvement of social, institutional, and professional actors to democratize management and expand healthcare (Santos; Tesser, 2012). In Brazil, the National Policy of Integrative and Complementary Health Practices (PNPIC) is an example of the intense participation of actors and of the importance and mobility of management. The PNPIC regulated the PICS in Brazil in 2006, establishing essential objectives for health managers and healthcare professionals, including the institutionalization of these practices at the municipal and state levels considering the competencies of each federated entity (MS, 2015a).

The PICS policy is regulated in some municipalities and states of Brazil, including the municipality of

Vitória (ES), from the involvement of social and institutional actors (Sacramento, 2017), and Recife (PE), by a higher court and management leaders (Santos et al., 2011). The state of Bahia has also recorded regulated PICS policies from a broad social mobilization (Bahia, 2019).

All of the PNPIC document addresses health services managers, stimulating responsible and continued involvement with workers and users in the different implementations of health policies. The Policy also establishes the institutional responsibilities of federal, state, and municipal managers. Municipal management responsibilities include establishing management tools and indicators to monitor and assess the impact of policy introduction/implementation, elaborating technical standards to insert the PNPIC in the municipal health network, and presenting and obtaining approval for a proposal to include the PNPIC in the Municipal Health Council (MS, 2015b).

The PNPIC was regulated 13 years ago but its consolidation still faces obstacles, including the lack of financial investment for PICS implementation and the absence of clinical studies in the area - reinforcing the need for expanding knowledge on these practices and their potentialities among managers, professionals, and users (Contatore et al., 2015).

Moreover, the policy requires intersectoral articulation and social movements that can strengthen PICS in collective boards, health councils, and organizations and services as well as support from institutions and managers. Among the spaces that can strengthen and favor the debates on these practices are the Regional Interagency Committees (CIRs), bodies of agreement and consensual articulation between federative entities which define the rules of shared management of the Brazilian National Health System (SUS) (Brasil, 2011).

Considering that CIRs are spaces of potential for debating actions related to public policies in health and organizing regional healthcare management, these committees become essential in the discussion and articulation of PICS

implementation in the numerous services of the Healthcare Network (RAS) of SUS.

This study seeks to understand health secretaries' perceptions of the concept of health, to describe the experiences of this group when faced with challenges related to PICS management, and to identify if these experiences have been discussed in the different management committees.

Methods

This is a descriptive exploratory research of qualitative approach. Twenty-two health secretaries from the Jequié health region participated in the study. The Southern Regional Center for Health (NRS-Sul) includes 26 municipalities and is coordinated by the municipality of Jequié, the Regional Director Center which offers technical advice and institutional support for this microregion.

The municipality of Jequié is located in the Southwestern region of Bahia, 364 km from the city capital Salvador and between the forest area and the caatinga, with a warm and semi-arid climate. Its territorial unit area is 2,969.039 km², with an estimated population of 156,277 people.¹

For this research, primary data collected from interviews with health secretaries were used. The researchers elaborated a semi-structured interview script with questions related to the research objectives as a data collection instrument.

A researcher interviewed the 22 secretaries individually and only once between May and November 2018. Fifteen interviews were conducted before the start of CIR meetings in Jequié, with an average duration of 15 minutes each. The other seven interviews occurred after visits to the municipalities, inside the Health Secretariats, and had an average duration of 25 minutes each.

Qualitative data obtained from the interviews were fully transcribed and analyzed according to the Thematic Content Analysis Technique (BARDIN, 2011), which allowed codifying, classifying, and categorizing data after a thorough reading of the

1 BRAZILIAN INSTITUTE OF GEOGRAPHY AND STATISTICS - IBGE. Brasil / Bahia / Jequié. Panorama. Available in: <<https://cidades.ibge.gov.br/brasil/ba/jequie/panorama>>. Access on: 8 Oct. 2021.

material, considering the study's objectives and theoretical basis.

Some themes emerged from the analysis of these transcriptions, including: concept of health; definition of Integrative and Complementary Practices; knowledge of the National Policy of Integrative and Complementary Practices; academic background in PICS; PICS supply in the municipal health services; PICS and challenges related to management for PICS implementation in SUS services; discussion on PICS in management committees; and secretaries' perceptions about CIR. Final themes were later listed for elaborating this article, including: a) understanding of health in the expanded logic; b) experiences of health secretaries with challenges related to the management of Integrative and Complementary Practices; c) National Program for Improving Access and Quality of Primary Care as a strategy for assessing and monitoring Integrative and Complementary Practices; d) Regional Interagency Committee as a committee to strengthen management.

The research was approved by the Human Research Ethics Committee of the Universidade Estadual do Sudoeste da Bahia (UESB) according to opinion no. 2.627.055/2018. Participants were interviewed after signing an informed consent form which guaranteed anonymity. The interviewees were identified by the letter "I" (interviewee) followed by their corresponding number in the order of the interviews.

Results and discussion

Of the 22 participants, 16 were women and six were men. Regarding age group, 12 participants were 30 to 40 years old, seven were 41 to 50 years old, two were 51 to 60 years old, and only one participant was 18 to 29 years old. Regarding schooling, 12 participants had a higher education degree in nursing, five had a higher education degree in administration, one in social services, one in pharmacy, and another a bachelor's degree in law. Of the other two secretaries, one had a high school degree and the other had incomplete higher education and was studying history. No participant reported having a Master's or Doctorate degree. Fifteen participants had been working as a secretary

from 1 year to 1 year and 8 months and six had been working for 11 months or less. Only one secretary had been in office for over two years, indicating a high staff turnover since the management of the latest mayor's mandate had begun 24 months earlier.

Presented below are the main themes identified during the reading and transcription of the material, which explores the PICS related to aspects of health management. The interviewees' citations were highlighted in italics.

Understanding health in the expanded logic

Overcoming the hegemony of the biomedical model, which focuses on disease, for a care model focused on health expansion and comprehensiveness is a challenge for the consolidation of SUS (Fertonani et al., 2015). Fertonani et al. (2015) reported that managers, control bodies, health professionals and health teams, and users must understand and assimilate the political and theoretical perspectives of care models.

Healthcare has had different models throughout history, developed according to the context and cultural and material bases of each period (Otani; Barros, 2011). According to Otani and Barros (2011), the biomedical Cartesian healthcare model has prevailed in Western medicine despite the increasing number of people seeking other healthcare resources. Biomedicine has contributed to the treatment of numerous diseases, and its technical and scientific advances over time and in relation to the increase in life expectancy are undeniable (Guimarães et al., 2020).

A single medical rationality, however, cannot answer all questions and include complete therapeutic resources for illness. The association of diverse knowledge and practices has greater potential for success in disease resolution (Barros et al., 2020). Moreover, the restrictive perspective of biomedicine could not solve many problems of the health-disease process faced by the population (such as diffuse suffering, violence, and illness chronicity) (Guimarães et al., 2020).

In this sense, the knowledge and logic of care that underlie the various PICS in health can overcome Cartesian positivism, valuing other dimensions in

healthcare - such as emotion, intuition, and sensitivity - to provide an integral and expanded look for people in the process of illness (Guimarães et al., 2020).

The managers in this research showed a consensus on their understanding of health, particularly the expanded concept of health which exceeds the purely biomedical view by referring to biological, mental, social, and spiritual aspects:

“A broad concept, which used to speak of non-disease, and today is related to the biopsychosocial” (I4).

“I believe that it is the well-being of the individual as a whole and not only the absence of the disease. It is a psychological, physical well-being, a more global concept, in line with comprehensiveness” (I6).

“Health, a broad word because it involves level of self-satisfaction and one’s relationship with the world, a physical and mental well-being” (I20).

One of the basis of the use of several PICS as a healthcare resource is comprehensive care, which defends comprehension according to the physical, mental, social, and spiritual dimensions, helping individuals gain autonomy and responsibility in the health-disease process (Cruz; Sampaio, 2016). Cruz and Sampaio (2016) indicate that the official medical system cannot deal with all the sufferings of the population, showing that the inclusion of new paradigms and tools in health - including PICS - can expand their actions, allowing the development of new strategies for care.

Managers presented a superficial understanding of the term PICS and of complementing such resources with tools or techniques already used in health services.

“I have heard [of it], I know little [about it], I understand that it is complementary to the activities of the unit. Example: the patient who believes that his disease only improves with herbal therapy.” (I9)

“Yes. I have vague knowledge [about it]. I understand that it is something that integrates and complements the normal health actions that we apply daily.” (E13)

When discussing the concept of health, the secretaries seemed concerned about meeting the principles of comprehensive care, which can be achieved by articulating various levels of care:

“To acquire a healthy life, prevention is needed so as not to reach the state of illness. Because sometimes people only seek help when they are in the stage of the disease and do not prevent it so that it does not happen” (I3).

“For us to think about health, we have to think about preventive health. Because preventing today means avoiding going through something much more serious later and avoiding spending more on treatment” (I8).

The PNPIC also seeks using PICS for disease prevention and health recovery with effective and safe technologies and for promotion of primary healthcare, focused on continued, humanized care, and valuing a welcoming listening and strengthening the therapeutic bond (MS, 2015b).

The idea of health promotion involves not only the absence of disease but also the strengthening of individual and collective capacities in dealing with multiple health constraints - thus addressing people’s living conditions such as schooling, housing, income, work, food, environment, access to goods, essential services, and leisure, among other social determinants of health (Buss et al., 2020). Processes of change thus gain strength, enhancing individuals’ construction of autonomy and protagonism.

To ensure healthcare according to the principle of comprehensive care, management should articulate the levels of care from the perspective of health promotion, prevention of injuries and risks, and rehabilitation, as advocated by SUS. When discussing the concept of health, the secretaries included in this research were concerned with ensuring that the population is assisted in all levels of care.

Experiences of health secretaries before challenges related to the management of Integrative and Complementary Practices

The main challenges experienced by the secretaries regarding PICS management were the need for professional training for applying integrative practices and the lack of material resources. The secretaries also reported the situation experienced by municipalities with the financial aspect, one of the main difficulties for health planning and management:

“You need to have quality health... but sometimes we run into difficulties, bureaucracies, and lack of resources” (I5).

“Talking about health is complicated, there’s the financial issue. Exams are with the city hall and depend on the other municipalities, which in turn are always stuck. There are deals, but sometimes even with deals it is complicated to get it. [There is] a limited number of services, because they are calculated according to the population, and our population is very small” (I10).

“Today health is a little out of date because of prices, because many municipalities cannot maintain good health because of financial resources.” (I12).

Regarding the financial difficulty experienced by the municipalities, in 2016, the Proposed Amendment to Constitution No. 241 (Ipea, 2018) greatly changed the federal financing of SUS due to a New Fiscal Regime aiming to establish a ceiling for primary expenditures, including health. This caused potential losses of resources to SUS due to the decoupling of health expenditure from the revenue and its freezing in real terms.

Organizing the health needs of municipalities is therefore a challenge for managers since this sector is underfunded, creating territorial imbalances. A study conducted with managers of small municipalities that assessed RAS also showed complaints regarding insufficient consultations, procedures, and examinations for the population (Medeiros; Gerhardt, 2015).

Of the 22 municipalities in NRS-Sul, 15 offer PICS in the numerous services of the SUS Healthcare Network. The financial issue was one of the most cited obstacles to the provision of these resources:

“Although it is an old practice, it resurfaces with high prices, it is not a cost that you can afford. Right here, I tried to implement acupuncture myself, but the price was high, and because there are other health emergencies you can’t implant it” (I8).

“Budget, because even [if it is] a small one we need money for this, to maintain a vegetable garden, a plantation. Making a booklet, folders, newsletters, promotions, the greatest difficulty for this is money” (I13).

“Material supply. As I said, the municipality is small, poor, acquiring everything you need is very difficult. Financial issue” (I16).

The Health Secretaries of São Paulo also complained about the financial issue in PICS supply, considering that the implementation of these practices is impaired since the PNPIC does not ensure sufficient resources (Galhardi; Barros; Leite-Mor, 2013). The theme of financing “is obscure in the Policy because values, responsibilities, and flows for resources in the three spheres of government were not determined”, which may hinder “the introduction/implementation of PICS” (Galhardi; Barros; Leite-Mor, 2013, p. 218). Though the PNPIC was published a decade ago, its effective implementation and supply within SUS is still underfunded (Sousa et al., 2017).

Regarding the implementation of complementary practices in SUS, the Ministry of Health (MH) developed a manual for the elaboration of an integrated planning according to the situational diagnosis of each territory, aiming to identify the traditional knowledge of the communities and map the PICS already offered in the region (MS, 2018). In the municipality of Vitória (ES), the Municipal Policy of PICS was regulated based on the involvement of social and institutional actors and on the guarantee of strengthened social participation in the Municipal Health Council, systematic promotion of popular health education, and courses on health promoters (Sacramento, 2017).

The three spheres of SUS management are responsible for financing public health actions and services. From Ordinance No. 3,992/2017, new rules were instituted on the financial transfer of the National Health Fund, conducted in the fund-by-fund modality to the States, the Federal District, and the Municipalities. According to this ordinance, health expenses are defined in two blocks: **Costing of Public Health Actions and Services** and **Investment in the Public Health Services Network**. The resources included in each funding block may be increased by specific resources as long as the Tripartite Interagency Committee (CIT) approves them (Brasil, 2017).

State and municipal health services managers are oriented to schedule the financing of practices in relation to the total amount of funding according to

the local Health Plan and to the region's priorities (MS, 2015b). Only **Medicinal Plants** and **Herbal Medicines** PICS have a specific code in SUS to receive financial resources in the Costing block (Brasil, 2017).

One secretary mentioned that, despite the investment in PICS, their implementation is being "more imposed than constructed".

"The ministry is investing a lot and wants to expand this, but by imposing it more than constructing it"(I14).

For an adequate performance of the PICS supply teams and more successful experiences that already occur in several health services of SUS, the PNPIC should be effectively assumed as a State policy rather than a policy focused and isolated (Losso; Freitas, 2017). Federal management must therefore increase the funding transferred to municipalities for the implementation/supply of PICS.

Since most actions and resources in Brazilian health services still follow the biomedical model, PICS have a small chance of competing against the financial investment in conventional medicine therapeutic procedures, including excessive use of medication. In a study conducted in the municipalities of São Paulo, health managers identified that having to overcome all priorities in municipal health, including the actions of health units and specialties, was an obstacle to implementing homeopathy in RAS services (Galhardi; Barros; Leite-Mor, 2013). In turn, a health secretary of the NRS-Sul mentioned that PICS were only an improvement in health.

The secretaries mentioned as another obstacle the lack of professional training, indicated by some as due to the lack of support from Federal Management in conducting courses and qualifications on PICS.

"The Ministry of Health does not offer training, [it] implements the Policy only" (E6).

"For my municipality and for others in the region, [when] you go to participate in a movement in Salvador, everything is the municipality's own

resource, so you stop participating in many of these due to financial conditions" (E7).

"The Ministry of Health is lacking in this, there are no courses, training, professionals do not have the appreciation they should [have]. When we want to apply [techniques] in practice or take courses, the financial incentive does not come" (E18).

In Brazil, training in Traditional and Complementary Medicine for SUS is incipient (MS, 2018). Regarding the qualification of professionals in PICS, the Ministry of Health recommends developing activities in Permanent Health Education (EPS) articulated with the EPS coordination of municipal management (MS, 2015b). A federal management initiative to promote the qualification of professionals and managers is to provide online courses regarding various themes, including the Management of Integrative and Complementary Practices.²

Regarding professional training, several authors indicate a gap in the curriculum of universities regarding disciplines that address the theme of PICS (Salles; Homo; Silva, 2014). Furthermore, the continued training of professionals may be impaired since the PNPIC does not preview an implementation plan with a specific budget that guarantees these actions (Guimarães et al., 2020).

For the existing obstacles to PICS supply in municipalities, only two of the 22 secretaries interviewed mentioned no difficulty regarding the services, whereas 14 secretaries mentioned existing obstacles to the provision of PICS. Nine interviewees complained about the financial issue, six mentioned difficulty in having trained professionals to apply the practices, and one reported a lack of an adequate physical structure. A survey conducted with 21 primary healthcare (PHC) service managers/coordinators showed similar results regarding the difficulties in the provision of PICS in health services, including the lack of qualified professionals, the lack of basic input, and the lack of or a precarious physical structure (Barros et al., 2020).

2 MS - MINISTÉRIO DA SAÚDE. Health Care Secretariat. Department of Primary Care. *Gestão de Práticas Integrativas e Complementares em Saúde - PICS*. Available in: <<https://aps.saude.gov.br/ape/pics/cursos>>. Access on: 8 Oct. 2021.

These reports show that the health secretaries included in this research face challenges related to the management of PICS. It is therefore essential developing technical standards to include these practices in the municipal health network, defining budgetary and financial resources for the implementation and supply of integrative practices in SUS services and ensuring the hiring and qualification of professionals to apply such tools for population care.

National Program for Improvement of Access and Quality of Primary Care as a strategy for assessing and monitoring integrative and complementary practices

Some secretaries mentioned the National Program for Access and Quality Improvement in Primary Care (PMAQ) as a strategy for assessing health services and PICS supply.

“There is the external evaluation of PMAQ that is important and asks about PICS” (I6).

“We have a qualification program that is the PMAQ, one of its collection categories are PICS in the municipality” (I9).

The PMAQ is a program that aims to evaluate the results of the new health policy and an important model to assess the performance of SUS services, seeking to improve the access and quality of the services and health actions developed by primary healthcare (PHC) teams (Brasil, 2015a). The program thus values a horizontal management, in which the manager and all health professionals should perform these health actions, which are influenced by their commitment and engagement (Flores et al., 2018). A survey conducted with 11 health secretaries of the 28th Health Region in Southern Brazil identified that some secretaries consider the PMAQ an important tool for evaluating health services, as do some secretaries of the NRS-Sul (Flores et al., 2018).

PICS are among the activities included in the PMAQ information collection and have been evaluated since the first collection cycle, in 2011. The PMAQ thus allows greater visibility for PICS by recognizing that these practices contribute to the

quality of PHC and by monitoring the teams that have initiatives in PICS in the various contexts of Brazil, increasing the diversity of therapeutic choices of healthcare (Losso; Freitas, 2017).

Although the PMAQ recognizes the importance of PICS for strengthening health actions according to a comprehensive model, in 2015, the Ministry of Health published an instruction manual of the program (Brazil, 2015a) for the PHC teams and the Family Health Support Center (NASF) which summarizes the components of the external evaluation for the NASF in three limiting categories. One is the common component and the other the satisfaction of the supported teams regarding the work of the support centers. These two components were created to evaluate all NASF teams. The third item is the singular component, which includes the theme of body practices/physical activity besides PICS; these practices, however, are optional, and teams must decide whether to offer them or not.

Regional Interagency Committee as a management strengthening committee

Three management committees reported that the discussion on PICS occurred in the State Council of Municipal Health Secretaries of Bahia (Cosems/BA) and three stated that it took place at the Municipal Health Conference. They also indicated that the CIR agenda never included PICS. However, two secretaries mentioned that at a Cosems/BA meeting - in which they participated - a circular dance presentation and an explanation regarding PICS were conducted.

Regarding the discussion on PICS in the CIR, the secretaries answered:

“No. What we discuss most here is the origin of the service, what is in focus, what the laws require. They are more of an improvement” (I7).

“No. Before you introduced the PICS, [they] had never been discussed” (I18).

“It is by participating in this committee that we are aware of many subjects, for example these PICS, which I am getting to know because you are here in this committee” (I19).

We found no material in the literature that reported on discussions on PICS at CIR meetings. The Committee was therefore important for debating and articulating actions in the various themes of health and levels of care, but not on PICS.

This shows that the agenda of formulators and implementers of public health policies should incorporate the PNPIC to promote debates and deal with the difficulties and complexities in the management of integrative practices, allowing a solidary exchange of health knowledge with the participation of health professionals, users, and different segments of society (Sousa et al., 2017).

Other questions asked were related to the secretaries' impressions of CIR meetings. The answers were similar, and the most cited issues were a place to discuss the difficulties of each municipality, similarities of the existing problems in the municipalities of the region, and space to exchange experiences and receive information:

"I try not to skip [the meetings] because I understand that it is a space where we can take our demands, receive information, and build what we want for our region. I think this is very rich, valid" (I14).

"It is important because we discuss all the difficulties of our microregion and there we outline a strategy to improve the services of each municipality" (I15).

"Exchange of experiences, learning, affirmation of rights, strengthening of management, establishment of ordinances, self-assessment" (I20).

A study conducted in a CIR in Bahia identified a similar reality to the CIR of Jequié about the importance of these spaces. The authors verified that the health secretaries could discuss the construction of strategies during the meetings in this committee, contributing to a shared definition of measures to solve regional problems which affected everyone (Silveira Filho et al., 2016).

The secretaries of the CIR of Jequié, however, had criticisms regarding the functioning of the meetings:

"There's an election to see if we agree. And in the next meetings there are times that [the voting] is repeated." (I10).

"I believe there are some secretaries who should take a stance and better understand the space so there would be more discussions. Sometimes things are imposed, we perceive this but do not position ourselves to debate" (I14).

"I believe there should be more topics to discuss. I think there should be a moment with the new managers, to talk about the role of management, especially since there is a turnover of managers" (I18).
"The themes should be optimized. Our schedule is tight, there are also CIB meetings, a monthly CIR meeting I think it's too much" (E22).

The main criticisms were related to the time of the meetings since their onset is always delayed, the lack of attitude of some colleagues, the need for different topics other than just for approval, and the staff turnover.

The interviewees' criticisms were similar to the notes of a study conducted with secretaries of a health region in Rio Grande do Sul, in which managers mentioned the employee turnover, the attitude of colleagues who do not take the lead during the process, the lack of interest and commitment in meetings, and meeting delays (Medeiros et al., 2017).

Another study which discussed the meetings of a CIR composed of 19 municipalities in Bahia identified that plenary sessions were hindered by delays and absences of the effective members, lack of interest of managers in regional debates, and turnover of secretaries and managers graduated in courses not limited to Health, which affected the understanding of relevant topics discussed in the plenum (Santos; Giovanella, 2014).

The CIR of Jequié also presented a high staff turnover. The excessive alternation of municipal health managers hinders the acquisition of knowledge for decision-making and gives the most experienced managers a greater discussion power, which influences the votes of the agendas and the proposals for actions in the health region (Santos; Giovanella, 2014).

Final considerations

This article sought to explain the understanding of NRS-Sul managers about the concept of health,

where participants reached a consensus regarding the notion of health as an expanded idea and in the logic of comprehensiveness. Furthermore, the article showed that the main obstacles for PICS supply in SUS services in the municipalities of NRS-Sul were the financial issue, the difficulty in having trained professionals to apply these practices, and the lack of a physical structure. These issues are related to the funding transferred by federal administration since the funds for PICS implementation and supply integrate the resources of Primary Health Care, and it is up to the municipal secretary to apply them according to the priorities of each region.

Though the CIR is an important space for discussing and planning the actions of the municipalities of the South, all secretaries stated that PICS were not discussed in CIR meetings. Managers - together with health professionals, institutions, and the population - should thus use the spaces of management committees, including the CIR and Health Conferences and Councils, to hold discussions which can strengthen PICS as a powerful health resource for comprehensive and humanized health care.

This study has limitations. Because of the difficulties of scheduling meetings, the secretaries were interviewed only once and many interviews were conducted at CIR meetings; such situations hindered the collection of information on the theme of the research and on the work process of these professionals.

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Authors' contribution

Vieira and Martins Filho were responsible for the preparation and design of the study, review and approval of the final version of the manuscript. Vieira conducted the analysis, interpretation, and discussion of the results.

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