

Editorial

Municipal management and warranty of right to health

From the creation of the Unified Health System (Sistema Único de Saúde — SUS) in 1988, the city administration now has key role in health care to the population. If before the SUS few municipalities had health departments, now we can say we have 5565 offices whose managers have a responsibility to ensure the right to health, as expressed in the Brazilian Constitution.

It is in this level of public management that the demands for health care are presented by population, and it is this level of management, supported by state and federal governments, should ensure provision and access to health services, according to the needs of that . This assignment is one of the most complex that the city administration owns in the field of public policy. In that sense, administrative, organizational and human resources structures of local health departments should have priority in the municipal scope if indeed one wants to meet the constitutional precepts in this area.

The starting point of municipal managers should be the establishment of a team technically prepared to consider the health of the municipality. This is particularly important when we know that the choice of secretaries is not usually given on technical but political basis. This characteristic of the policy of the Brazilian government has been one of the barriers to the advancement of SUS. The latest National Health Conferences recommend that SUS managers positions should be occupied by competent and committed professionals as well as members of the health career. CEBES has underscored the importance that health is not a bargaining chip policy in the composition of governments and that, from this perspective, is allied to the need for qualification and commitment as a prerequisite for managers.

The knowledge and ownership of the functioning of the Brazilian health system are tasks too difficult to grasp in a short space of time, both by the complexity of the demands of health and by the legislation governing the sector. Hence, there is the need for managers to lean on teams that can give continuity to policies and programs under way, and who are able to plan and implement changes based on clear objectives to where we want to go with the Brazilian health sector. The goal-image of SUS is expressed in the Constitution through its principles and guidelines, i.e. the commitment of every public manager in this area must be taken to

ensure universal and equal access for all, through a system decentralized, regionally organized and under social control.

This system - ideally designed - is based on a broad concept of health, by understanding that the disease process that occurs from the concrete conditions of existence of the people, i.e., living conditions, work, leisure, housing, food, education, transport and access to goods and health services. Thus, to promote and prevent health problems, Intersectoral action is required, in which the starting point may even be a necessity of health sector, but the actions are not necessarily limited to it. Therefore, commitment to solve health problems of the municipality should not be attributed only to the health department, but to the entire municipal management as a whole.

In Brazil, according to IBGE data, 75% of municipalities have up to 20 thousand inhabitants, where 20% of the population (33.9 million people) reside. The largest concentration is in eleven cities with over 1 million inhabitants (29 million people live in these cities, i.e. 14% of the population). In between are the other 25% of municipalities and 66% of the population.

To organize a health care system for this population living in cities with such characteristics, were created health regions that should be organized in order to meet all the health needs of the population (from least to most complex). This fact implies, for health managers, increasing levels of responsibility, according to the size of the city and its role in the composition of those regions. But more than that, managers are required to have a degree of solidarity that goes beyond the competitive 'municipal individualism', in order to be understood as integral part of a network of care that aims to improve the life of every Brazilian

This vision of solidarity among municipalities, states and the federal government is critical to the accomplishment of the SUS. However it is yet to be built, not only in the health sector, but in all of Brazilian society, marked by capitalist logic and supremacy of individualism over the collective .

The market logic that drives capitalist societies, like ours, in which the quest for profit finds no limits, also thrives in Brazilian health, threatening the SUS due to the rising power of the private sector over the public sector.

To the new municipal managers, we remember the ethical commitment to improving the health of the whole population at the lowest possible cost, since they are managing public resources. This requires the organization and defense of an independent public health system, and is opposed to any mechanism to facilitate profitability in the healthcare field.

In this sense, the municipal health councils have important role in exercising social control over the actions of the State, represented in municipal management. However we must remember, in this case too, that the ethical commitment to the

defense of the public SUS should override any personal or corporate interest or of specific groups, represented by the different segments that make up the boards of health.

We know it will not be easy for new managers to handle expectations and interests of the different groups that make up society, but we expect that thousands of secretaries of health, who will take office on January 1, 2013, to assume, in fact, commitment to guarantee the right to health.

CEBES welcomes the new health managers. To those who already militate in this field and defend the public SUS, equal for all Brazilians, certainly we will be joined in the struggles ahead.

The National Board