

The resumption of the implementation process of the National Permanent Health Education Policy in Brazil

A retomada do processo de implementação da Política Nacional de Educação Permanente em Saúde no Brasil

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ABSTRACT This work aimed to describe and to analyze the most recent initiatives carried out, within the scope of federal management, for the implementation of the National Permanent Health Education Policy (PNEPS). It takes as reference the Kingdon public policy cycle, describing how the topic was included in the government agenda in 2003, and analyzes the content of the documents that materialize the proposals of the Policy. Subsequently, it focuses on the description and analysis of the movement triggered in 2017-2018, with the accomplishment of a series of regional events, which resulted in the identification of the weaknesses faced in the implementation process of the PNEPS, subsidizing a set of proposals that referenced the initiatives triggered, aiming at the effective implementation of the PNEPS in the scope of the Unified Health System (SUS).

KEYWORDS Public policy. Education continuing. Unified Health System. Human resources.

RESUMO *Este trabalho teve por objetivos descrever e analisar as mais recentes iniciativas realizadas, no âmbito da gestão federal, para a implementação e fortalecimento da Política Nacional de Educação Permanente em Saúde (PNEPS). Toma como referencial o ciclo da política pública de Kingdon, descrevendo como se deu a inclusão desse tema na agenda governamental, em 2003, e analisa o conteúdo dos documentos que materializam as propostas da Política. Em seguida, concentra-se na descrição e análise do movimento desencadeado em 2017-2018, com a realização de uma série de eventos regionais, dos quais resultaram a identificação das fragilidades enfrentadas nesse processo de implementação da PNEPS, subsidiando um conjunto de propostas, que referenciam as iniciativas desencadeadas, visando à efetiva implementação da PNEPS no âmbito do Sistema Único de Saúde.*

PALAVRAS-CHAVE *Política pública. Educação continuada. Sistema Único de Saúde. Recursos humanos.*

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Introduction

The international debate currently held on issues related to health work and education encompasses reflection on policies, regulations and interventions related to education, training and professional practices, highlighting the need to articulate the training with the skills required by the work, the use of new teaching methodologies and the incorporation of information, education and communication technologies in health¹.

This topic appears among the commitments assumed by the countries to agenda 2030¹ as part of strategies to strengthen universal health systems, a renewed commitment, in 2017, at the Pan American Sanitary Conference², when the situation of human resources in health on the continent was discussed, pointing to recurrent challenges, such as: inadequacy of professional profiles, precarious working conditions, low productivity and limited quality of performance of health professionals, among others.

In the case of Brazil, it is important to recognize that the process of construction of the Unified Health System (SUS)³, over the last 30 years, has contemplated the implementation of policies and programs that resulted in the decentralization of management, expansion of coverage of the actions and reorganization of health services⁴, having as one of the consequences the reconfiguration of the labor market in the sector and the considerable increase of the labor force directly or indirectly linked to the production of health services and actions at many levels of complexity⁵.

This process has placed the need to promote changes/transformations in the staff training, either in undergraduate and postgraduate courses, and in the scope of services, through actions of permanent education, which accentuated the concern with the relations between the institutions that make up the personnel training system and the health system^{5,6}, a topic that challenges scholars, managers and health professionals.

In this sense, the creation, in 2003, of the

Secretary of Labor Management and Health Education (SGTES), of the Ministry of Health (MS) allowed the handling of ideas, knowledge, programs and financial resources, expanding the possibilities for developing government policies in this area, as well as stimulating the dialogue between different actors of partner institutions and entities representative of the management of the SUS, such as the National Council of State Health Secretaries (Conass), the National Council of Municipal Health Secretaries (Conasems) and the National Health Council (CNS).

The performance of the SGTES has included, among other relevant initiatives, the formulation of the National Permanent Health Education Policy (PNEPS), launched in 2003, and institutionalized with the publication of Ordinance GM/MS n° 198, dated February 13, 2004⁷, which established guidelines for its implementation, fostering regional policy conduction and interinstitutional and intersectoral participation. Subsequently, Ordinance GM/MS n° 1.996/07⁸ was published, which proposed new guidelines for PNEPS, which comprise, currently, the normative base of the SUS, consolidated in 2017⁹.

The concept of Permanent Education adopted in this normative framework considers that this implies the establishment of

[...] organic relations between teaching and actions and services, and between teaching and health care as well as the relationships between training and sector management, institutional development and social control in health⁸⁽³⁴⁾.

It is intended, thus, for multiprofessional audiences, that is, the health team inserted in the many organizational levels of the service network, with the aim of transforming technical and social health practices, with a view to guaranteeing access, improving quality, the humanization of health care for the population and the improvement of the management capacity of the SUS.

From the pedagogical point of view, the Permanent Health Education (PHE) takes as a starting point for educational actions,

[...] the problems identified in the work process, using active teaching-learning methodologies, with an emphasis on problem solving, usually through dialogue supervision and workshops, preferably, in the workplace itself, to sensitize and generate commitments among workers, managers, educational institutions and users towards the institutional development of SUS, improving the performance of health teams and the individual development of health professionals and workers⁸⁽³⁴⁾.

It must be considered, therefore,

[...] a continuous process, articulated to the decentralization of the management of the system and the reorganization of the service network, in territorial bases, instigating, thus, the regional conduction of the policy, with inter-institutional participation through the Teaching-service Integration Commissions⁸⁽³⁴⁾.

The formulation and implementation of the PNEPS stimulated the scientific production on this topic, and was the object of analysis in some studies that point to important evidences of the difficulties of articulation between managers, workers, social control instances and Institutions of Higher Education (IES), incipient participation of municipal managers and difficulties in the use of financial resources, which have repercussions on the reduced implementation of the Teaching-Service Integration Commission (Cies), foreseen in the PNEPS, in the vagueness of parameters for project construction and in the absence of evaluation of the actions implemented in changes in the practices of training, management and health care¹⁰⁻¹⁴.

Currently, considering the problems that affect the effective consolidation of SUS – such as underfunding¹⁵, recomposition of

public-private relations^{16,17}, changes in the management of complex units and reorientation of priority policies and strategies –, there is a need for adjustments in various areas of work management and health education. With regard to PNEPS specifically, it was identified the need for a reflection on the strategies to be adopted to ensure its effective implementation, considering regional, state and local specificities.

In this perspective, MS, through the Department of Health Education Management (Deges), linked to SGTES, in partnership with Conass, Conasems, CNS, Technical Schools of the SUS (Retsus), Public Health Schools (ESP), IES, Pan American Health Organization (Paho) and other secretariats of the MS, has started the discussion process on PNEPS with the objective of collectively discussing strategies to update Ordinance GM/MS n° 1.996/07.

Thus, it was agreed the accomplishment of Regional Workshops, involving states and municipalities, to evaluate the implementation process of this Policy, whose organization was built collectively involving Deges/SGTES with the technical cooperation of the teams of the Institute of Collective Health of the Federal University of Bahia (ISC/UFBA), the Institute of Social Medicine of the State University of Rio de Janeiro (IMS/Uerj), Medical School of the Federal University of Minas Gerais (UFMG), Oswaldo Cruz Foundation (Fiocruz), and the participation of the Conass and Conasems.

Six Workshops were carried out, bringing together managers and technicians from the Northeast, North, Central-West, Southeast and South regions, forming a movement to resume the debate around PNEPS, constituting the starting point for the elaboration of proposals that generated initiatives within the MS, as well as in the states. Considering the richness and strategic importance of this process, the objectives of this article are to describe and analyze the activities carried out, as well as to systematize the proposals elaborated collectively, with a view to contributing to the debate about the effective implementation of PNEPS within the SUS.

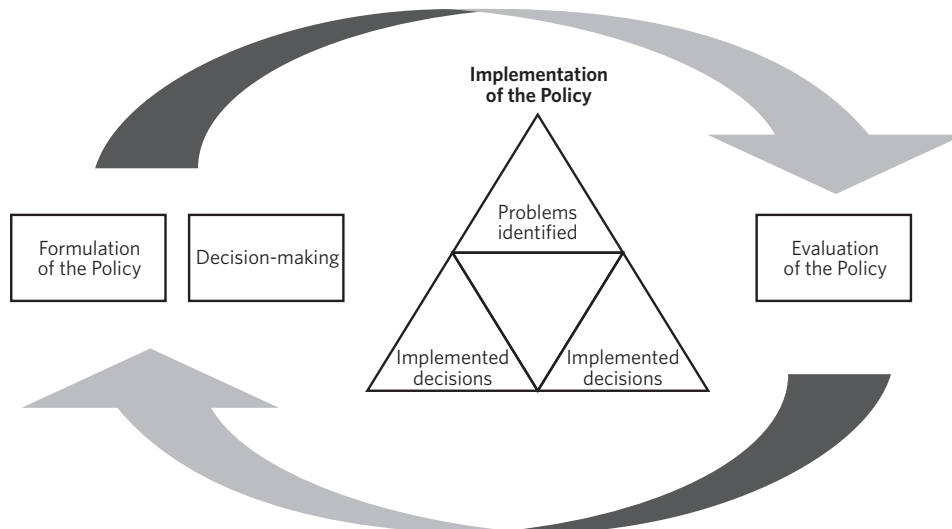
Theoretical-methodological procedures

The delimitation of the object of study took as reference the theory of the cycle of public policy, developed by Kingdon¹⁸, which comprises four distinct moments: a) the determination of the agenda; b) the formulation of the policy (identification of problems, selection of proposals and alternatives, negotiation and, formalization in law); c) the implementation of the policy that includes the preparation of plans, programs and projects within the public bureaucracy and its execution; and d) evaluation of the policy, which includes the identification and evaluation of the process, results and impact achieved with the implementation of the plans, programs and projects, basis for elaboration of proposals for improvement and/or changes in objectives and actions proposed

in the framework of policy¹⁷.

In the specific case of PNEPS, it was considered that the entry on the agenda and the formulation of the Policy have materialized the publication of the aforementioned directives, so that as a study object the actions carried out by the MS in 2017-2018, under the coordination of the Degees/SGTES, to resume and intensify the support to the states and municipalities for the development of the implementation of the PNEPS. It is worth noting that implementation is the crucial moment of the policy cycle, insofar as it consists in materializing the proposals in managerial and operational actions that focus on the problems identified, actions carried out by the policy operators, whether managers and technicians responsible for the planning and programming of the actions, or the professionals and workers who act directly in the execution of the actions¹⁹.

Figure 1. Theoretical model of analysis of the implementation of the National Permanent Health Education Policy



Source: Pinto et al.¹⁹.

The information related to the process initiated in 2017-2018 were extracted from institutional documents, reports, ordinances and other publications of the MS which record the activities carried out to mobilize the institutional actors responsible for the implementation of the PNEPS in the states, in order to systematize the results of the a

collective analysis of the PNEPS implementation process, the proposals, suggestions and recommendations emanating from the Workshops held in 2017 (*chart 1*) and the actions undertaken in 2018 to follow up and concretize the implementation and evaluation process of the PNEPS throughout the Country.

Chart 1. Regional Workshops of analysis of the implementation of PNEPS

Workshop	Accomplishment date	Participating States	Place
Northeast Region	October 5/6	Bahia, Alagoas, Sergipe, Ceará, Rio Grande do Norte, Piauí Pernambuco, Paraíba, Maranhão	Salvador/BA
North Region 1	October 19/20	Amazônia, Pará, Acre, Rondônia	Belém/PA
North Region 2	November 9/10	Roraima, Amapá and Tocantins	Palmas/TO
Central-Western Region	November 23/24	Distrito Federal, Goiás, Mato Grosso, Mato Grosso do Sul	Brasília/DF
Southeast Region	November 30 and December 1st	Espírito Santo, Minas Gerais Rio de Janeiro and São Paulo	Belo Horizonte/MG
South Region	December 4/5	Paraná, Santa Catarina and Rio Grande do Sul	Florianópolis/SC

Source: Ministry of Health²².

Analysis of the formulation and implementation process of PNEPS

As previously mentioned, the creation of PNEPS has as its normative framework the publication of Ordinance GM/MS nº 198, dated February 13, 2004, and its implementation guidelines published in Ordinance GM/MS nº 1.996/07. These documents contain the objectives and guidelines of this policy, also establishing the functions and responsibilities of each SUS management body in relation to the development of PHE actions of health professionals and workers.

The analysis of these documents evidences that the inclusion of this topic in the

governmental agenda in the health area was a major advance, inserted in the efforts to comply with the provisions of Law nº 8.080/90²⁰, which explains the responsibility of the SUS to guide the formation of 'human resources'. The proposals contained in the PNEPS fosters the regional conduction of the policy, the interinstitutional participation through the Cies, in addition to defining budget for projects and actions establishing transparent allocation criteria, coherently, therefore, with the general principles and directives of the SUS in relation to decentralization and participation and social control in the management and execution of health policies.

Furthermore, it should be noted that the discussion process around the formulation of PNEPS involved the decision-making

bodies of the SUS, such as the Tripartite Interagency Committee (CIT), the Conass Human Resources Technical Chamber, the Intersectoral Commission of Human Resources and Working Relations (CIRHRT), linked to CNS, as well as Conasems.

The implementation process of the PNEPS, in turn, faced difficulties, pointed out by the previously mentioned studies, and, in the view of the managers and technicians who participated in the Regional Workshops held in 2017, this process was somewhat 'asleep', in the majority of states, due to, particularly, the interruption of the transfer of financial resources from the central level (MS) to the State Health Department (SHD), from 2012. Thus, SHD, in their great majority, faced difficulties to follow-up on the planning, scheduling and execution of PHE actions, except in states where there was investment in this area with resources from the state and/or municipal budget²¹.

The resumption of the debate on this process in the Regional Workshops had as objectives: a) to identify the main problems faced in the state and municipal scope for the implementation of PNEPS; b) to identify critical nodes that require institutional support from Deges/SGTES/MS; c) to elaborate proposals for the improvement of PNEPS based on identified needs at state and municipal level²².

The methodology used in the Workshops enabled the participants, through analysis and debate, to reconstruct a shared image of the reality in which PNEPS operates in their territories. It was also possible to map the institutional relations and a reflection on the practices, complexities, problems, strengths, management processes and pedagogical methods of PHE, according to their own unique needs and possibilities.

It should be underlined that, in addition to their initial purposes, these Workshops were experienced and perceived as an PHE activity, that is, they became a significant learning moment for the participants, constituting an important tool for monitoring and follow-up, since they allowed to examine the

development, the instruments used for the management, the problems, the objectives and the results achieved in their implementation in the states, from the perspective of the conceptual and organizational bases of the PNEPS.

With regard to the content of the debate held within the Workshops, it is important to emphasize, firstly, the problematization of the pertinence of the review of the PNEPS regulatory framework, considering that the principles and guidelines of the Policy remain valid, with only the need to carry out a few adjustments in the text, taking into account the current context of Health Policy. Thus, it was considered that the main problem with PNEPS is not the content of the policy, but the difficulties faced in the implementation process, which also contribute to the existence of great heterogeneity and inequality in the situation verified in each federated unit.

The debates, therefore, converge towards the identification of a set of problems and elaboration of proposals and recommendations for the implementation, execution, management, monitoring and evaluation of the PNEPS, which were grouped, according to the different dimensions of the policy, in six categories: a) Concept of PHE; b) Management of financial resources; c) Institutionalization of the policy; d) Decentralization and regionalization of the PNEPS implementation process; e) Monitoring and evaluation of the Policy; f) Relationship/articulation between federative entities in the PNEPS implementation process. Next, a summary of the problems identified, and the proposals elaborated in the Workshops is presented in each of these dimensions.

Problems identified in Regional Workshops

Based on the processing of the data extracted from the reports of the Regional Workshops, an analysis matrix was constructed that systematizes the main problems faced in the PNEPS implementation process. In spite of the heterogeneity observed in terms of the

degree of development of the management, planning, programming and execution of the PHE actions, it is possible to identify 'problem-areas', which are present to a greater or lesser degree, in all states. They are:

Management of the PHE Policy: the complexity of the PNEPS implementation management process was verified, due to several factors; among them, the lack of understanding by most managers of the importance of PHE actions for the qualification of management and improvement of health care in SUS stands out. From this fact, more evident in some states, is the lack of prioritization of PHE actions in the planning and programming process, either within the scope of the State Health Plan or, more precisely, in the fragility of regional planning processes of PHE actions. This is also connected with the degree of development of the process of implantation and operation of the Cies and is reflected in the articulation between the several institutions that compose the quadrilateral of PHE²³. Some states refer to difficulties in the relation with educational institutions, as well as the incipient incorporation of representatives of health workers and social movements in the process of planning and implementing the PHE Policy and Plans, in addition to pointing out, in some cases, the great turnover of managers, especially at the municipal level. Another aspect discussed during the Workshops was the need to deepen the role that can be represented by the Education-Health Public Action Organizational Contracts (Coapes) in the organization of PHE actions and in the teaching-service articulation, including negotiation and relations between public and private institutions.

Funding: all states pointed to the discontinuity of financial transfers from the MS (since 2011) and problems in the management of resources, especially the difficulty of remunerating teachers linked to schools of the SUS, as well as the use of resources due to restrictions in public legislation in this area. Some states have sought alternatives to guarantee the funding of

these actions, such as Santa Catarina, Ceará and others, providing resources from other sources, including the state budget.

Model of permanent training/education implemented: participants of the Workshops referred to the coexistence of a traditional training model, characterized by the reproduction of courses and activities focused on isolated professional categories, with the implementation of an innovative model that takes into account the work in team, interprofessional education, the use of active teaching-learning methodologies and the accomplishment of activities of distance education with the use of Information and Communication Technology (Tics) and the demand for training in active methodologies and innovative actions for the development of the area of PHE.

Infrastructure: some states refer to deficiencies in physical space and logistical support to ensure the functioning of the Cies, as well as the absence of the PHE sector in the SHD organizational chart, as well as the lack of resources (personnel, daily tasks, transportation) to carry out the PHE actions. It was also mentioned the lack of state public health schools in some states.

Concept of permanent education: many representatives of the states referred to the need to resume reflection and debate on the concept of permanent education, since it is considered that there has not been a full appropriation of the conception that underlies PNEPS. It is pointed out, as determining fact, institutional instability, especially managerial turnover, proposing a certain 'conceptual alignment' that facilitates the process of management and planning of PHE actions. In this perspective, the need to distinguish between 'health education', 'permanent education', 'popular education', distinguishing, also, 'professional education' from permanent education is highlighted.

Monitoring and evaluation of permanent education activities: practically all the participants pointed out difficulties in monitoring

and evaluating the actions of permanent education, emphasizing the absence of indicators that exceed the mere quantification of the courses and other activities carried out.

Attributions and responsibilities of each level of government and interfederative articulation: state representatives were unanimous in pointing out that, in addition to the discontinuance of financial transfers, the need for technical support from SGTES to

implement the PNEPS.

Proposals developed at Regional Workshops

The identification of the problems subsidized the elaboration of a set of proposals in each of the Workshops, which were systematized in a matrix (*chart 2*), based on similarity and thematic approximation.

Chart 2. Proposals prepared in regional workshops: synthesis

Area-problem	Proposals
Management of the PHE Policy	<ul style="list-style-type: none"> Support from the MS to promote the elaboration of the state Plans of PHE and regional action Plans Link management and planning instruments of the SUS to PHE Implement information/management system of PHE actions Create the role of regional supporters in the area of PHE Include and articulate the training actions promoted by the Ministry of Health in the PNEPS, for example: Coapes, Training Program for High-Level Professionals for Health (Profaps) etc.
Funding	<ul style="list-style-type: none"> Return of federal funding for PHE actions Ensure the participation of States and Municipalities in financing the actions of permanent education Discuss and present plans to enable the execution of resources Ensure resources for funding and investment for continuing education actions Ensure in the Multiannual Plan/Annual Budgetary Law (PPA/LOA) the budgetary and financial transfer of a minimum percentage to be agreed, exclusive for the execution of the PHE policy actions, by the Union, States and Municipalities
Training model	<ul style="list-style-type: none"> Support reflection on innovative Teaching methods Link pedagogical offers to training needs Hold seminars based on successful experiences Better articulate the educational institutions in the PNEPS implementation process. Think of mechanisms to reinforce the participation of IES within Cies Establish strategies for managers and educational institutions to commit to effectively build and participate in the actions of PHE Recognize the mentoring in the processes of functional progression of the servers Define the counterparts in the teaching service articulation Qualify strategic pedagogical processes/designs aimed at problematization, transformation of reality and qualification for the SUS Implement a system for regulating training practices and PHE in services
Infrastructure of the Cies	<ul style="list-style-type: none"> Stimulate the creation of spaces in the State and Municipal Secretariats for PHE and Cies Ensure that the sector responsible for Permanent Health Education (PHE) is present in the official organization chart of the State Health Department (SHD) and has its own physical structure Strengthen the Regions of Health through the Cies
Concept PHE	<ul style="list-style-type: none"> Promote the conceptual alignment on PNEPS, especially the design of PHE Hold workshops with managers and technicians for conceptual alignment around PHE Strengthen the teams of SUS Schools and members of Cies to facilitate discussion on the concept of PHE Include the discussion on the concept of PHE in Regional Interagency Committees (CIR)
Monitoring and evaluation of PHE actions	<ul style="list-style-type: none"> Establish monitoring and evaluation mechanisms of the implementation of the state and regional plans of PHE with process and results indicators Encourage the technical areas to register and disclose the actions of PHE Dimension/map the education points of the state network

Chart 2. (cont.)

Interfederative articulation (MS/SES/SMS)	<ul style="list-style-type: none"> • Greater articulation MS/MEC • Promote within the PNEPS the organization of regional Cies • Sensitization of collegiate instances on the importance of PHE processes • Promote better coordination between the CIR and the regional Cies • Recompose the Regional and State Cies • Include in the state management agenda of the SUS the PHE as permanent staff of the CIR, Bipartite Interagency Commission (CIB), State Health Council (CES) • Promote the qualification of Cies members in PHE • Discuss the importance of the Coapes for articulation among the different instances • Establish regional Cies as a member of the local management committee of the Coapes • Potentialize the Education Network in Collective Health/Permanent Education in Health • Ensure spaces for dialogue between the various actors of the PNEPS, through forums, workshops, seminars, among others • Form municipal and/or microregional centers of PHE and Humanization. Maintain notices (research and/or structuring PHE policy) and ordinances that value this articulation
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Source: Ministry of Health²¹.

Actions triggered by the Ministry of Health in 2017-2018 for the implementation and strengthening of PNEPS

Based on the results obtained with the Regional Workshops, Deges/SGTES triggered, during the year 2018, a series of activities aimed at meeting the demands of the states, seeking to provide immediate answers to some of the main problems identified.

Firstly, the aim was to recover the funding flow, through the transfer of resources from the MS to the states and municipalities. This decision was materialized in the publication of Ordinance n° 3.194, dated November 28, 2017²⁴, which provides on the Program to Strengthen Practices of Permanent Health Education in the Unified Health System (Pro EPS-SUS) and creates financial incentives for the implementation, execution and management of Pro EPS-SUS, with a view to stimulating, accompanying and strengthening professional qualification of workers in the area for the transformation of health practices towards the fulfillment of the fundamental principles of SUS, based on the local reality and the collective analysis

of work processes. With this, approximately R\$ 70 million were transferred to the municipalities and states for the planning and execution of educational actions that respond to the health needs, respecting the regional/local reality.

In parallel, it was intended to encourage the implementation of teaching-service-community integration processes, expanding the channel of dialogue with the actors involved with the Coapes. In this sense, as a strategy to leverage the contract process in the Country, investments were made to qualify the process of permanent negotiation in defense of the qualification of care and training.

In order to give visibility to innovative experiences, Deges/SGTES/MS, in partnership with Paho/World Health Organization (WHO), launched the Notice of the Innovations in Health Education Laboratory with emphasis on Permanent Health Education, receiving 251 inscriptions, which went through a commission of evaluators, resulting in a first selection of 45 experiences that were presented at a national workshop. Of these, 30 were selected for on-site visitation, with 15 finalists being awarded, who composed a specific publication of the MS/Opas²⁵, organized in three thematic axes: Teaching-Service-Community Integration; Interprofessional Education and

Practices; and Management of the Permanent Health Education Policy.

To technically subsidize the process of planning and programming the PHE actions in the states, a manual was prepared, entitled 'Guidelines for planning the actions of Permanent Health Education in SUS', sent to all SHD and Municipal Health Secretariats (MHS) to subsidize the elaboration of Permanent Education Plans.

A specific publication entitled 'National Policy on Permanent Health Education was also organized: What has been produced for its strengthening?'²⁶ structured in four chapters, and which addresses relevant aspects of the current movement around the PNEPS implementation, as teaching-service integration; Coapes; program to strengthen PHE; recognition of PHE experiences; incorporation of new approaches in the PHE processes, such as interprofessional health education and incentive to the upward, participatory and regionalized planning of PHE actions in the states.

Finally, in November 2018, it was held, in Brasília, the National Workshop, bringing together about 120 participants, for validation of the Final Report of the Regional Workshops and presentation of the preliminary proposal for the system for monitoring and evaluating PHE actions, which will be developed next year.

Final considerations

The accomplishment of a national debate on PNEPS made it possible to outline the main aspects of the process of implementation of this policy in the states and municipalities of the Country. In this perspective, it was considered necessary to identify the weaknesses faced in each concrete reality, in order to move forward with the preparation of proposals, both in relation to general aspects of the Policy

and the role to be played by each level of government and in relation to the preparation of specific proposals that can serve as reference for the improvement of the implementation process in each state.

In this way, it was sought to rescue the protagonism of those who implement the Permanent Education Policy, especially the State and Municipal Health Secretariats, in a process that had institutional support from the MS to trigger initiatives that allowed the resumption of upward planning, in a collective effort to carry out articulated actions among the three entities of the federation, valorization of the experiences in course in the Country, divulged through the Laboratory of Innovations in Health Education, which evidences the potential of the PNEPS with respect to the contribution to the improvement of the quality of services provided by the SUS.

Collaborators

Gonçalves CB (0000-0002-7644-9440)* participated substantially in the design, planning, analysis and interpretation of the data, participated significantly in the critical review of the content and participated in the approval of the final version of the manuscript. Pinto ICM (0000-0002-1636-2909)* participated substantially in the design, planning, analysis and interpretation of the data and participated significantly in the elaboration of the draft and critically reviewing the content. France T (0000-0002-8209-9811)* and Teixeira CF (0000-0002-8080-9146)* participated substantially in the design, planning, analysis and interpretation of the data, participated significantly in the critical review of the content and participated in the approval of the final version of the manuscript. ■

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