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THE TERRITORIALIZATION IN HEALTHCARE PLANNING IN THE NORTHEASTERN SEMI-ARID

A territorialização no planejamento em saúde no semiárido nordestino

Territorialización en la planificación de salud en el semiárido noreste

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ABSTRACT

The territorialization is understood as a process of territory recognition. The use of this instrument allows the recognition of the enviroment, the economic, social, of life and housing conditions, that may affect human health. The objective of this work was to analyze how the territorialization is used by healthcare secretaries of the VI Healthcare Region of the State of Rio Grande do Norte. It is a descriptive study of qualitative nature, developed together with the healthcare secretaries of the municipalities which form the Healthcare Region that was studied. The collection of data happened through a semi-structired interview. Bardin's content analysis was used. In total, 15 healthcare secretaries agreed to participate in the research, which represents 40,6% of the total amount, being 74% of them females. Only 02 municipalities performed the territorialization, 13 denied it and 01 didn't know how to respond. Two thematic categories emerged from the interviews: "The relation of territorialization with healthcare planning" and "The political-administrative obstacles and the challenges for the implementation of healthcare planning with the territorialization of basic healthcare". Despite demonstrating weaknesses in the knowledge of conceptual and practical aspects of territorialization, the association with healthcare planning strategies is very present. Through this study, a political disengagement with the conduction of healthcare politics under the light of the instruments of SUS (Sistema Único de Saúde) healthcare system was found. Thus, territorialization is still a little misunderstood, but this study proves a sensibility coming from the healthcare secretaries about its importance for guiding the planning of healthcare.

Keywords: Territorialization of Basic Healthcare; Health Planning; Basic Healthcare; Public Politics.

RESUMO

A territorialização é entendida como um processo de reconhecimento do território. A utilização desse instrumento possibilita o reconhecimento do ambiente, das condições de vida, habitação, econômicas e sociais que podem afetar a saúde humana. O objetivo do trabalho foi analisar como a territorialização é utilizada pelos secretários de saúde da VI Região de Saúde do RN. Trata-se de estudo descritivo de natureza qualitativa, desenvolvido com os secretários de saúde dos municípios que compõem a Região de Saúde estudada. A coleta de dados se deu através de entrevista semiestruturada. Utilizou-se a análise de conteúdo de Bardin. No total, 15 secretários(as) de saúde aceitaram participar da pesquisa, o que representa 40,6% do total, sendo 74% do sexo feminino. Apenas 02 municípios realizaram a territorialização, 13 negaram e 01 não soube responder. Duas categorias temáticas emergiram das entrevistas: "A relação da territorialização com o planejamento em saúde" e "Os entraves político-administrativos e os desafios para efetivação do planejamento em saúde a partir da territorialização da Atenção Básica". Apesar de demonstrar fragilidades no conhecimento dos aspectos conceituais e práticos da territorialização, é muito presente a associação com estratégias de planejamento em saúde. A partir do estudo, constatou-se um descomprometimento político com a condução das políticas de saúde à luz dos instrumentos do SUS. A territorialização, portanto, ainda é pouco compreendida, mas esse estudo evidencia uma sensibilidade dos secretários sobre sua importância para nortear o planejamento.

Palavras-chave: Territorialização da Atenção Básica; Planejamento em Saúde; Atenção Básica; Políticas Públicas.

RESUMEN

La territorialización se entiende como un proceso de reconocimiento territorial. La utilización de este instrumento permite reconocer las condiciones ambientales, de vida, habitacionales, económicas y sociales que pueden afectar la salud humana. El objetivo del trabajo fue analizar cómo la territorialización es utilizada por las secretarías de salud de la VI Región Sanitaria de RN. Se trata de un estudio descriptivo de carácter cualitativo, desarrollado con las secretarías de salud de los municipios que conforman la Región Sanitaria estudiada. La recolección de datos se realizó mediante entrevistas semiestructuradas. Se utilizó el análisis de contenido de Bardin. En total, 15 secretarias de salud aceptaron participar en la investigación, lo que representa el 40,6% del total, de las cuales el 74% son mujeres. Sólo 02 municipios realizaron la territorialización, 13 la negaron y 01 no pudo responder. De las entrevistas surgieron dos categorías temáticas: "La relación entre territorialización y planificación en salud" y "Los obstáculos y desafíos político-administrativos para implementar la planificación en salud basada en la territorialización de la Atención Básica". A pesar de demostrar debilidades en el conocimiento de los aspectos conceptuales y prácticos de la territorialización, la asociación con las estrategias de planificación en salud está muy presente. Del estudio se constató una falta de compromiso político para la conducción de políticas de salud a la luz de los instrumentos del SUS. Por lo tanto, la territorialización aún no se comprende bien, pero este estudio destaca la sensibilidad de los secretarios respecto de su importancia para guiar la planificación.

Palabras clave: Territorialización de la Atención Primaria; Planificación de la Salud; Atención Básica; Políticas públicas.

1 INTRODUCTION

In the execution process of health care strategies, it is fundamental to guide one's view beyond the clinical aspects of the pathologies in the social enviroment. This question

is well emphasized by Laurell (1976), who, despite showing a reflexion upon a setting in the past, materializes a very modern reality, when she states that, in order to understand a context of healthcare, be it in an individual or a collective way, it is essencial to be concious of the social reality, so that the healthcare interventions are coherent with the needs of the populations.

In Brazil, the *Sistema Único de Saúde* (SUS), or Single Health System in word to word translation, is the result of great popular fights for a more democratic healthcare system, which exists since the 1970s, with the strengthening of the brazilian sanitary reform, until the current time, also being behind some remarkable historic events, such as the *VIII Conferência Nacional de Saúde* (CNS), or VIII National Healthcare Conference in word to word translation, in the year of 1986, when it established goals which were going to substantiate the Federal Constitution in 1988, in a way that would ensure the right to healthcare (Celuppi et al., 2019).

The Federal Constitution of 1988 establishes healthcare as a right of the people and a duty of the State. Besides that, it ensures the stablishment of a universal and democratic healthcare assistance system. In the articles 196 and 200, it's arranged the courses of action, those of which ensure, in SUS, a regionalized, hierarchical and decentralized network, distributing the responsabilities with health care assistance within the governmental spheres. In the 1990s, the laws Nº 8,080 and 8,142 estabilshed the conditions for the promotion, protection and recovery of heatlhcare, as well as the organization and the operation of the services, without forgetting the effective participation of the population in the construction and management of health care politics (Aguiar, 2015; Gomes; Vasconcellos; Machado, 2018).

The new model of brazilian healthcare, leads SUS to use forms of organization based on the territory, to promote an approach, a logic that considers the epidemiological specificities that ensure the system's principles. The regionalization was one of the main notes, it consists of the strategy to decentralize the offer, the management, of healthcare services and actions, organizing assistance by using the division of territory in healthcare regions (Shimizu et al., 2021).

In the perspective of basing healthcare on the territorial realities, it becomes important to consider the healthcare scenario which is the closest to the reality of the people. Under this view, the *Política Nacional de Atenção Básica* (PNAB), or National Politic of Basic Healthcare in word to word translation, is considered as a historic mark of the improvements

in SUS, its first version was decreed in 2006 and the latest, and current one, in 2017 (Giovanella; Franco; Almeida, 2020).

In the context of healthcare politics in Brazil, we can consider the *Atenção Básica* (AB), or Basic Healthcare, as a basis for the task of knowing, better than any other in the healthcare scenario, the socio-spacial realities. The AB develops its activities in a first contact basis with the users of SUS, plus it can, and must, use methodologies and instruments to know these scenarios and systematize the planning of healthcare actions (Schweickardt et al., 2017).

The PNAB indicates as a duty of the professionals that form the *Atenção Primária à Saúde* (APS), or Primary Healthcare, the execution of the territorialization as a strategy to plan the the performance of the service in a specific territorial context (Brasil, 2017).

Inside the healthcare field, the territorialization is understood as a territory recognition process. The use of this instrument allows the recognition of the enviroment, the life, housing, economic and social conditions that may affect human health. Besides that, it allows the analysis of the healthcare services distribution logistics and the quality of people's access to these spaces (Colusse; Pereira, 2016).

In AB's course of action, the territorialization can assist the gathering and interpretation of data that serve as information for the development of individual and collective actions. In this sense, the planning becomes easier and coherent, since it is supported by several aspects of the population's socioeconomical, enviromental and epidemiologic aspects (Faria, 2020).

In this perspective, the general objective of this work was to analyse how the territorialization is used by healthcare secretaries of the VI Healthcare Region of the State of Rio Grande do Norte.

2 METHOD

This is a descriptive study of qualitative nature. Through qualitative research, it is possible to study the meaning of people's lives and, from that point on, understand one's opinions and perspectives, since we consider the contextual conditions as direct influencers of how someone lives and thinks, enabling ways to understand social behavior (Minayo, 2010).

Qualitative research usually, investigates with emphasis on the meaning of the phenomenon. In this perspective, the researcher replaces the statistical correlations with

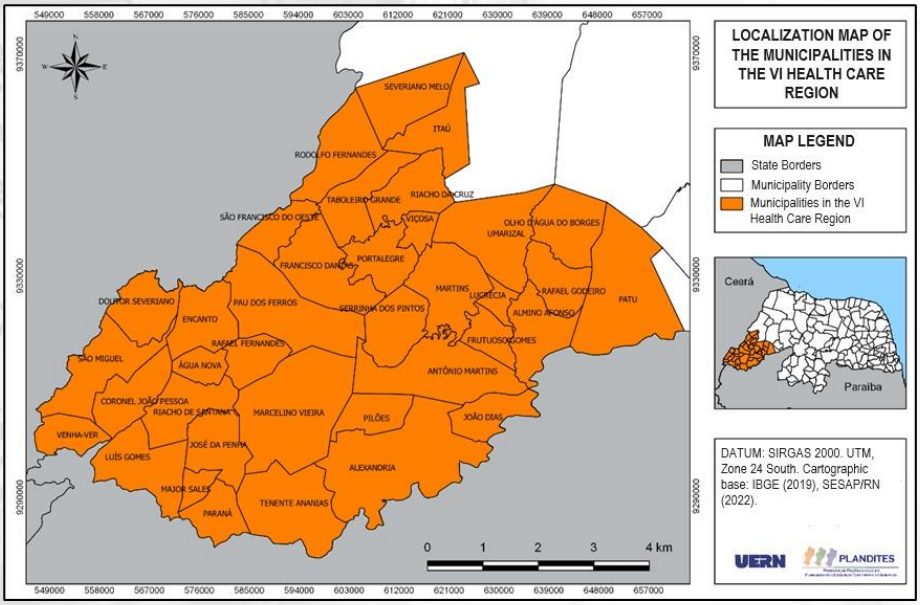
the descriptions, analyses permeated by the culture and the causal connections materialized by interpretations (Victora; Knauth; Hassen, 2000; Creswell, 2010).

The research was developed in the VI Healthcare Region of the State of Rio Grande do Norte. Its base is located in the city of Pau dos Ferros, in the state's countryside, more precisely located in the *Alto Oeste Potiguar* region, which belongs to the brazilian semi-arid climate. According to Instituto Brasileiro de Geografia e Estatística, or Brazilian Institute of Statistics and Geography (IBGE, 2021), the city has a total territorial area of 259,959 km² (100.37 square miles) and an estimated population of 30,600 people.

Pau dos Ferros – RN, is considered to be the most important city of the Alto Oeste Potiguar region, its economy is characterized mainly by the tertiary production sector, such as commmerce, and it has the highest Human Development Index (HDI) of the microregion (Costa et al., 2021).

In Figure 01, it is possible to observe the spatialization of the municipalities that make up the VI Healthcare Region.

Figure 01 – Spatialization of the municipalities that make up the VI Health Care Region.



Source: Made by the authors (2023).

The study was developed together with the healthcare secretaries of the municipalities that make up the Healthcare Region studied. Secretaries who had taken office less than a year ago, who had been relieved of duty, on vacation, on paid leave or had received a sick note, and secretaries who didn't take charge as the municipality's

healthcare secretariat folder's manager, were excluded from the research. None of the participants fit these exclusion criteria.

The data gathering was done through interviews with a semi-structured script. Interview is a technique that enables an interaction between two or more people and allows the gathering and comparison of qualitative and quantitative data (Batista; Matos; Nascimento, 2017).

A previous contact with each secretary was performed, with the goal of scheduling the best moment for the interview, using the contact information given by the *Comissão de Intergestores Regionais* (CIR), or Regional Intermanagers Commission, and by the Secretarias Municipais de Saúde do Rio Grande do Norte (COSEMS-RN), or Municipal Healthcare Secretariats Council, official site. In the cases in which there wasn't an answer from these communication channels, the contacting was done in person, in the city's healthcare secretariat's head office.

The data was analyzed by the content analysis method through thematic categories. According to Bardin (2008), content analysis consists of a group of communication analysis techniques, which seek to achieve, through objective and systematic message content description procedures, indicators that allow the deduction of knowledge related to the conditions of production of said messages.

To get to the second part of the analysis, firstly we did a superficial reading, and then a careful one of documents containing the transcriptions of the interviews, that allowed the identification of tendencies in the use of words and expressions about the topic in question. After that, registration units which served as marking elements of main idea points inside the discourse were found (Bardin, 2008). In Chart 01 It's highlighted the frequency of the most cited words and phrases in the interviews:

Chart 01 – Registration units of the interviewed speeches.

Registration Unit	Nº of ocurrance of words/phrases
Divide the territory	17
Separate the territory	18
Organize basic health care	28
Healthcare agente	23
By my experience	17
Organize the areas	22

Challenges	18
Political support	10
Access	13
Distribution of services	12
To know the problems	25

Source: Made by the authors (2023).

Then, a codification was done, it is a way of classifying similar information present in the text that was read. This technique enables the quick identification of each representative element of a main idea point inside documents (Bardin, 2008; Cardoso, Oliveira, Ghelli, 2021). In Board 01, the codes established after the identification of registration units are evident.

Board 01 – Registration units identification codes.

For each expression that referred to:	Code
Knowledge about territorialization	CST
Professional formation process	PF
Involved professionals	PE
Use of territorialization in healthcare planning	TP
Organization and distribution of services	ODS
Scenario of basic healthcare	CAS
Admnistrative and political challenges	DPA

Source: Made by the authors (2023).

Going to the second part, and taking in consideration the frequency of the words/phrases, the thematic categories were accumulated from the union of similar registration units, which showed up along the speeches of the interviewed. This action resulted in the formulation of 02 final categories that base the discussion about the results of this research (Board 02).

Board 02 – Final thematic categories of the study.

Category I
• The relation between territorialization and healthcare planning.

Category II
• The political-administrative problems and the challenges for the effetivation of healthcare planning, from the territorialization of Basic Healthcare.

Source: Made by the authors (2023).

The third and last part of the analysis, consists of treating the results using the interpretation of the expressions, searching the comprehension of the situation from the ocurrance of the expressions in each category. Futhermore, a description of each thematic category was done in the results and discussions topic (Sousa; Santos, 2020; Cardoso; Oliveira; Ghelli, 2021).

Along its realization, this work respected the resolution of *Conselho Nacional de Saúde* (CNS), or National Healthcare Council, Nº466/12. The research was submitted to the Conselho de Ética e Pesquisa (CEP), or Ethics and Research Council, and was authorized through the emission of statement Nº 5,806,363 of CEP/UERN, in December 11th, 2022.

All the ethical principles were presented to the participants in the *Termo de Consetimento Livre e Esclarecido* (TCLE), or Free and Clear Consent Term, which was shown in order to get the proper authorization for the gathering and usage of data, assuring confidentiality for information and the participants. The permission to enter this research field was done through a consent letter, also respecting the resolutions Nº. 466/12 and 510/16 CNS and its complements, which regulate the Researches Involving Human Beings.

3 RESULTS

In this topic, the results which came from the systematization of the gathered data along this research will be presented. Firstly, a general profile of the participants of this study will be exposed. Then, in two subtopics, there will be the questions that involve the territorialization and healthcare planning discussion, that are enlightened through the thematic categories.

In total, 15 healthcare secretaries accepted to participate in the research, which is about 40.6% of the total sample. It's necessary to be alert to the fact that, out of the 37 secretariats which were found, 65% reached out to inform whether they were going to participate or not in the research.

In relation to age, 06 of the research participants are in their 40s to 49 years of age. In the aspect of color/race 67% self-identify as white. Most of the secretaries that took part in the research are female, 74% of the final sample.

In board 03, it's possible to see the current situation of the usage of the territorialization in the reality of the studied municipalities. Futhermore, the number of municipalities which have a final product of the method's application in their reality will be highlighted, such as maps, reports, published scientific production and situation rooms.

Board 03 – The state of territorialization in the municipalities.

VARIABLE	YES	NO	DOESN'T KNOW
Nº of municipalities where there is territorialization.	02	12	01
Nº of municipalities which did territorialization or updated na already existing one.	02	13	00
Nº of municipalities where territorialization was done in previous managements.	01	01	13
Nº of managers that intend to perform territorialization under their management.	06	06	03
Nº of municipalities that have a final product of the territorialization process.	00	11	04

Source: Made by the authors (2023).

3.1 The relation between territorialization and healthcare planning

In this category, there are participant's speeches that establlish a relation between the territorialization and the healthcare actions' planning process in their respective municipalities.

Despite the fact that the vast majority, in their discourse, demonstrate weaknesses in their knowledge of the conceptual and practical aspects of the territorialization, its association with healthcare planning strategies is very present. The secretaries' declarations demonstrate that they are conscious of the need to make plans starting from singular realities, taking in consideration the determinants, from even their own territory.

> "Thus, it contributes to make strategies, to see which area has more needs than another, to see where the problems really are" (Participant 001).
> "It helps in the logistics and finances, helps with healthcare campaigns and to better distribute the teams" (Participant 003).

It is noticeable that in the speeches, there is a certain sensibility to the necessity of planning based on the territory's informations, and that there is the recognition of territorialization as a technique for knowing and systematizing territorial conditionings that affect health. What can be seen, though, is unsytematic planning, without methods which may substantiate, justify and evaluate the decision taken before the problematics.

Besides the association between planning and territorialization for the dealing with epidemiological realities, the city's healthcare managers mentioned benefits of service distribution and organization inside the municipality.

> "You can increase the healthcare service coverage, you know, in the territory, from the urban area to the countryside, you can increase the reach of health care for the population" (Participant 002).

In general, there is an association in the speeches between territorialization and healthcare planning, but these aspects aren't experienced in reality, when we compare the speeches with the number of cities that don't have a performed territorialization in them, we notice the distance between theory and reality.

3.2 The political-administrative challenges and obstacles for the implementation of health care planning, from the territorialization process in health care.

This category brings up questions, out of the interviews, that indicate the existence of problematics in the municipalities' political-administrative management, which directly interfere in the implementation of healthcare planning. The speeches are going to highlight that there are weaknesses in the planning process due to the non-usage of instruments that base the decision making process, futhermore, it's going to be noticeable the existence of a limited view from the political figures regarding the instruments that were discussed here.

Many secretaries, when talking about territorialization, point out complex challenges concerning the municipality's political and administrative support. In many cases, the political figures are unaware of this discussion and aren't open to dialoguing,

because of financial issues, for example. This also lead us to reflect upon the municipality's healthcare secretaries' autonomy, in regard to the management process of healthcare planning.

> "I think there is no one that incentivates [...] the mayors and city councilors are below expectations" (Participant 001).
> "We could have it if we went after it, if we could show its benefits we could have political support, but only if it didn't mess with someone else's comfort, because of the political issues" (Participant 004).
> "The political figures, they are unaware of it. As it is almost everywhere because they just don't care about it" (Participant 007).

Moreover, from these speeches, we can notice a lack of political commitment to the handling of health care politics in accordance to SUS's instruments. The secretaries also point out difficulties due to the insufficiency of workforce for the teams, the lack of financial support and the overload of bureaucracy in the healthcare manager's routine, as problems that hinder the implementation of territorialization.

> "You could say we spend the whole day signing papers, and there's also the lack of human and financial resources and there's also the thing that it requires a lot of time, right?" (Participant 009).

Because of that, we noticed that there is a considerable lack of technical support from the regional management, so that the municipalities could be bale to work with the territorialization. There are complaints in regard to the lack of targeted trainings. The demands concerning the planning reports do exist, but there is a lack of stimulation to make these municipalities use this method.

> "But like, there should also be a training, right? To implement the territorialization" (Participant 0014).
> "First (we) need a trained team, right? Human resources, in politics there's a lot of who's recommending who, and no recommendation because of the person's qualification. We have untrained human resources, the State itself never promoted any sort of training related to that territorialization, I have to say" (Participant 007)
> "I consider doing it, you know? But I still don't know how to begin, the first step that I think of is to contact URSAP to get some (sort of) support" (Participant 003).

In a general context, a lot of challenges were mentioned, from the municipality' area to the weaknesses in the State's technical support. Many of them are related to the political "style" that exists in the countryside cities of the State of Rio Grande do Norte.

4 DISCUSSION

It's possible to consider what Testa (1992) says about the points that weaken the healthcare systems and put its effectiveness over real life problems at risk.

> The healthcare systems' incapability and ineffectiveness in dependent underdeveloped countries, supports itself on the tripod of resource scarcity, social indiscipline, and the incoherence between the organizational forms and the goals they seek to achieve (Testa, 1992, p.165).

In this perspective, all the planning is compromised when the proper procedures for its elaboration aren't followed through. In the case of territorialization, it's necessary to pay attention to some importante steps. The first phase is planning, when a team establishes the informations it intends to obtain and the best ways to do it. The second phase consists of data gathering, and it goes from *in loco* observation to the systematic recording of data. Finally, the data analysis phase, in which one reflects about the gathered information inside the territory and the development of a course of action, elaborating, at last, a product of this work, that consists of reports and situational maps, for example (Colussi; Pereira, 2016).

About the municipality area, it's fundamental to make a healthcare assistance strategy that's based on the local necessities, considering the dynamic aspects of economic, social and cultural relations. To make it possible, a discussion that's indifferent to the territory isn't sufficient, it impossibilitates the mentalization of the problematics, it must be something concrete, and that actually works as a lighthouse for the decision making process (Pigatto; Gules; Blumke, 2019).

It's very challenging for healthcare managers to conduct healthcare politics to the entire municipality. The secretaries put themselves in the center of the relationship between workers and healthcare professionals, users and political management. Out of this dynamic and complex scenario, a lot of conflicts emerge, which shows the need for the management ability's to surpass them (Freitas; Odelius, 2018).

Beyond that, the healthcare managers' responsabilites are many, and often overload their daily routine. Among these activities, there is planning, finances analysis, health insurances, consortiums, jurisprudence, and others. This reality is even more affected when there isn't a decentralization of bureaucratic activities and the system becomes too dependable on the healthcare secretary (Paiva et al., 2018).

In the municipal legislature, the political parties' systems are characterized by the electoral competition that involve actors from society. The parties build interconnections with the elite who aggregates social preferences. In other words, the necessary demands aren't always in the government's focus (Paiva, Pietrafesa, 2022).

In this context, political relations are flooded with the search of individual interests and characterized by being conducted by an unequal distribution of public resources, in which representatives condition the delivery of some benefit to the voter's vote. In many cities' scenarios, votes are directed to the representative according to their ability of delivering goods and services directly to the voters. This reality compromises the actions of many cities' administration sections, characterizing political favoritism in the management of public politics (Rocha; Kerbauy, 2014; Lavareda; Teles, 2015).

5 CONCLUSION

The territorialization process is one of the important elements present in the 2017 PNAB, as an strategy to make basic healthcare operational, due to it truly being a relevant instrument in the process of knowing and characterizing the conditioning and determinants factors of the epidemiological profile, in addition to being a systematization method of informations from the territory, that contribute to healthcare planning.

Despite the importance of the territorialization being put in a political level and of having been discussed in this study as effective, we could notice shortcomings in the comprehesion of what it is, and of how it should be used in basic healthcare, by the healthcare secretaries. We can say that the action scenario, that's merely bureaucratic, in the healthcare management, ends up stiffening and restricting the usage and applicability of territorialization in healthcare planning.

The reduction of the applicability of territorialization to merely territory divison and responsabilites of a human recources and services level, highlight the weaknesses in the process of acknowledging the territory as a fundamental part for the comprehesion of social, economic, enviromental and cultural contexts that have influence over people's health-sickness process. Therefore, territorialization is still poorly inderstood, but this study proves that there is a considerable sensibility from the secretaries about its importance in guiding healthcare planning.

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