

Implications Of The Change In Municipal Health Management For Vulnerable Populations: An Experience Report

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Abstract:

Background: The change in municipal health management has profound implications for vulnerable populations, as it directly influences their access to essential healthcare services. An experience report on this topic would highlight how shifts in governance, policy, or leadership within the municipal health system can either enhance or hinder the delivery of care to marginalized groups such as low-income families, the elderly, and those with chronic conditions. These populations are often most at risk of experiencing gaps in care during transitions, particularly when resources are limited, or when there is a lack of continuity in service provision. A detailed report would explore real-world examples of how these changes have impacted health service accessibility, quality of care, and health outcomes for these vulnerable groups. It would also consider the role of local health professionals, community engagement, and the capacity of municipal health structures to adapt to new challenges, shedding light on the complexities of maintaining care and protecting public health during times of administrative or policy changes.

Materials and Methods: This is an experience report type research, developed during the period from October to December 2024. Presenting as an experience the speech of former municipal health managers who describe the implications of the change in management as a precursor to weaknesses in care management.

Results: The changes resulted in improvements in access to health services, such as the implementation of more effective primary care programs and greater integration with other social policies. However, challenges were also identified, such as the interruption of essential services during the transition period, the reduction of available financial resources, and the discontinuity in the training and support of health professionals, which negatively affected the quality of care.

Conclusion: In addition, it is essential that public health policies take into account continuity of care and the strengthening of the service network, ensuring that vulnerable populations are not harmed by administrative failures

Key Word: Health Management; Health Vulnerability; Health Personnel

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I. Introduction

The authors of this article state that changes in municipal health management should have marked impacts on vulnerable populations, especially in areas with social inequality. During transitions in public health management¹, people in situations of inequities who depend more on public health services may face significant challenges in accessing long-term care, therefore, Cunha and Campos (2011)² say that, therefore, the discontinuity in services and the scarcity of resources are factors that aggravate the situation of these populations, making it difficult to execute effective public policies during the period of change of administration.

The serious crisis faced by the Brazilian health sector in recent years manifests itself as a crisis of governance³ of the health system and entities, of effectiveness. This crisis has stimulated innovative experiences both in the creation of new management systems and in the creation of management instruments. Although there are challenges when implementing change processes in organizations, these experiences have allowed the democratization of decisions, the accumulation of knowledge on the specific issue of health management, and greater visibility of institutional projects.

Finally, it is crucial that training policies for health professionals are put into practice during administrative changes. Experts propose that ongoing training programs and effective supervision tactics can reduce adverse effects on the quality of health care during these transition periods.

In view of the context described, this research presents as a general objective the health implications of the change of municipal health government in vulnerable populations.

II. Material And Methods

This study used the experience report approach, focusing on the analysis of the implications of the change in municipal management on vulnerable populations. The research was developed based on the experience of municipal managers, health professionals, and representatives of social organizations who experienced or observed changes in public management, especially with regard to the continuity of health services and the impact on vulnerable populations.

Data collection was carried out through the systematization of reports of these professionals directly involved in the changes in municipal management in the last three years, in two medium-sized cities. The reports were obtained from documentary records, such as meeting minutes, institutional reports, and field observations carried out by the participants themselves. In addition, official documents from previous and current administrations were analyzed, including health plans, municipal budgets, and public policy implementation strategies.

Data analysis followed a qualitative approach, using the content analysis technique to identify the main categories and emerging themes in the reports, such as the strategies adopted to maintain the continuity of services, the challenges faced and the effects observed in vulnerable populations. The experience report methodology allowed us to understand, in detail, the dynamics and impacts of changes in municipal management on the services provided and on the quality of life of groups in vulnerable situations.

The study respected ethical standards, ensuring the confidentiality of information and the preservation of the identity of those involved, in addition to seeking a reflective and constructive analysis of management practices and their social impacts.

III. Result

The experience report with municipal health managers, public health professionals and health management professors revealed a series of perceptions about the implications of the change in management in public health and the direct impact on vulnerable groups. The study participants indicated that administrative transitions often generate uncertainty and discontinuity in services, especially affecting populations in situations of greater vulnerability, such as the elderly, people with disabilities, and low-income communities.

Most municipal managers highlighted that, during management changes, there is a significant difficulty in maintaining the continuity of health programs and services. The lack of strategic planning and the instability in human resources, such as the turnover of professionals and the absence of continuous training, were pointed out as factors that aggravate the situation. One of the managers stated that "political transitions often interrupt health programs that were already underway, creating gaps in care and harming those who most depend on the Unified Health System (SUS)".

Collective health professionals reported that vulnerable populations are the most affected by the lack of coordination between the municipal, state, and federal spheres during transition periods. According to the professionals, the fragility in public health policies and the lack of integration between services during these periods result in reduced access to essential care. One of the collective health professionals highlighted that "the most vulnerable populations, such as people living on the streets or with chronic comorbidities, have their health even more compromised due to the discontinuity in care and the lack of resources".

The health management professors, in turn, emphasized the importance of a municipal management model that is resilient to administrative changes. According to the professors, the continuous training of managers and the creation of monitoring mechanisms during the transition are essential to minimize negative impacts. One of the professors stressed that "managers must be prepared to implement policies that ensure continuity of care, especially for groups that, due to their vulnerability, are more likely to suffer from the discontinuity of health services".

Regarding community participation, both managers and public health professionals recognized that the involvement of vulnerable populations in decisions about health management can reduce the perception of

distrust and increase adherence to services. However, most of the interviewees pointed out that there is still a long way to go to ensure an active and meaningful participation of the community in public health policies.

Management transitions in municipal health have several implications, especially when there is no adequate follow-up of the rules and standards established by national and state guidelines. During these periods of administrative change, the lack of continuity in public policies and the interruption of essential services can result in serious losses for the population, especially for vulnerable groups. The disorganization in the execution of health plans and the absence of effective strategic planning can compromise the quality and equity of care, increasing inequalities in access to health services. The ineffectiveness in the implementation of the guidelines can also generate an overload in urgent and emergency services, with the neediest population being the main affected, since they essentially depend on the public health system to meet their basic needs.

In addition, the lack of alignment with established norms and guidelines can result in fragmented management, in which health services become disintegrated, making it difficult to coordinate between different care units and levels of health care. When standards are not followed consistently, changes in management can trigger a cycle of mistrust between health professionals and the population, especially among the most vulnerable groups, who are harmed by instability and lack of resources. This can result in reduced adherence to prevention and treatment programs, as well as aggravate existing health problems. Public health management, therefore, requires rigorous continuity of policies and faithful adherence to guidelines so that transitions do not generate setbacks in the advances achieved in health care for the population.

The authors of this article, who are health managers, say that, among the weaknesses in the transition from municipal management to the vulnerable population, it is highlighted mainly for users of alcohol and other drugs, whose care is provided at the Psychosocial Care Centers (CAPS), as well as for the population that lives on the street and the Home Care Service (SAD). Because to guarantee these programs, the municipality needs to have a population of at least 20 thousand inhabitants.

The reflection of the professors who teach the discipline of health management on the fragility of associating social needs with health services highlights a central concern in the field of public health. They point out that, despite the existence of several health programs and policies, there is a significant disconnect between the social demands of the populations and the effective implementation of these programs in health services. The often technical and disjointed approach to health policies makes it difficult to incorporate specific social needs, such as living conditions, access to education, and economic inequality, which directly impact the health of the population. Para os docentes, a gestão em saúde precisa ser mais integrada e sensível às realidades locais, superando as limitações burocráticas e estruturais, de modo que as políticas públicas possam realmente atender às necessidades mais amplas da população, especialmente das mais vulneráveis. Isso exigiria uma formação contínua de gestores e profissionais de saúde, focada na integração das dimensões sociais com os cuidados médicos, a fim de alcançar uma abordagem mais holística e eficaz no atendimento à saúde pública.

IV. Discussion

The organization of care and management of the Unified Health System (SUS) reflects the scenario presented, characterized by a significant fragmentation of services, programs, actions and clinical practices. This is evidenced by: (1) relevant care gaps; (2) insufficient, fragmented public funding with low efficiency in the use of resources, resulting in a decrease in the system's capacity to offer comprehensive health care; (3) inadequate care models, with a discrepancy between service provision and care needs, failing to keep up with the transition from treatment of acute problems to chronic conditions; (4) weaknesses in work management, with serious issues of precariousness and shortage of professionals in line with public policies; and (5) the dispersion of services in the municipalities, with little integration of Health Surveillance and Promotion in the day-to-day of health services, particularly in Primary Health Care (PHC).

Therefore, in the face of some changes mentioned above as damage to health, one of the measures already adopted in Brazil reflects that the study aims to analyze the Front for Life (FpV), a civil society organization that acted politically during the health crisis caused by the covid-19 pandemic, especially in the context of the Bolsonaro government. The FpV was formed as a response of several entities in the field of public health, uniting organizations to fight in defense of life, democracy and the Unified Health System (SUS). Acting in different political arenas, FpV has established itself as an important actor capable of influencing health policies, social participation in this field, and the 2022 electoral debate. The article examines the origin, trajectory, composition, action strategies, and future challenges of FPV, highlighting its importance in updating the Brazilian Health Reform Movement (MRSB)^[4].

Another measure taken in a Brazilian municipality when there are probable losses arising from the change of management was in the face of bidding, and the provision of sanitation services occurs exclusively through the bidding (concession) of a public company responsible for the service. This implies that, unlike sectors such as telephony, where there are multiple concessionaires in some areas, in sanitation there will not be different water distribution systems, characterizing a monopoly. In many parts of the world, the privatization of

sanitation services has resulted in price increases without necessarily bringing improvements in the quality or expansion of coverage. As a result, some cities have chosen to reverse privatization and regain public control of these services.

For this reason, another research says that governance in the municipal management of basic sanitation services is an essential element to define the competencies and responsibilities of institutions, both public and private, ensuring access to services and avoiding conflicts in a specific territory. The model emphasizes the importance of the political dimension of management, with a focus on participatory and democratic management. In this context, collaboration between state and non-state institutions is encouraged in the construction of a public agenda to promote healthy territories in Amazonas, acting in solidarity within the committee for permanent monitoring of living and health conditions, which is part of a later phase of the research project^[6].

Based on the speech of two of the authors of this research, whose work was in management, it can then be mentioned that among the problems faced by the vulnerable population, the insufficient capacity of the municipalities to manage health services and offer comprehensive care to citizens stands out. Strategies such as the formation of Intermunicipal Health Consortia, the contracting of private services and adherence to state and federal programs are adopted, but they end up generating new challenges. To reduce the vulnerability of the most affected populations, it is essential to strengthen the power of the municipal manager, promote community listening processes and adopt a culture of collective confrontation, with shared management between the different levels of government, ensuring more effective interfederative management^[7].

Small municipalities (MPP), with less than 20 thousand inhabitants and responsible for about 70% of the municipalities in Brazil, face high vulnerability. These municipalities have difficulties due to the limited supply of health services and the reduced capacity to manage decentralized public policies. In addition, they face challenges such as little budgetary autonomy, low tax collection, limited resources, restricted decision-making power of managers, and difficulties in attracting and retaining medical professionals^[8,9,10].

To contemplate the reflections of managers, the authors, who are professors of health management, bring the reflection of a study that states that social problems, derived from individual and collective needs, directly impact health services. According to the analysis of the social situation and the realities faced by the services, the management team can adopt several alternatives and management strategies to face these challenges, seeking appropriate solutions to improve the response to social and health problems^[11].

V. Conclusion

Management transitions in municipal health, when not accompanied by adequate strategic planning and strict compliance with established guidelines, result in negative consequences for the most vulnerable populations. The lack of continuity in public health policies, the disarticulation between the different levels of management, and the interruption of essential services compromise access and quality of care, increasing inequalities in access to health. Vulnerable groups, which already face socioeconomic and access barriers, become even more exposed to damage to their health due to the fragility in the coordination of services and instability in care.

To mitigate these adverse effects, it is essential that health managers adopt a resilient management model, which ensures the continuity of policies and the continuous training of professionals. In addition, active community participation in health decisions is a crucial factor in strengthening trust and adherence to services. Therefore, public health policies must be developed with a focus on equity and stability, in order to ensure that management transitions do not undermine the advances achieved in health care for the vulnerable population.

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