

# Situational Diagnosis of the School Health Program: Perspective related to adherence and qualification

## Diagnóstico Situacional do Programa de Saúde na Escola: Perspectiva relacionada à adesão e habilitação

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### Abstract

**Introduction:** The School Health Program (SHP), established by decree no. 6286 of 2007, aims to integrate and articulate education and health policies to address vulnerabilities that compromise school development. The implementation of the SHP involves a partnership between Primary Health Care (PHC) and schools in the territory, with municipal managers committing to a set of goals to be met. **Objective:** To analyze data related to adherence to the Health in Schools Program and eligibility to receive the second installment of federal funding in municipalities in the state of Rio de Janeiro, in the period between 2017 and 2022. **Method:** Observational, documentary, descriptive exploratory study, carried out based on public documents that deal with adherence and qualification to the Health in School Program, covering the biennia 2017/2018, 2019/2020, and 2021/2022. **Results:** The data related to the adherence and qualification of the municipalities made it possible to identify that in the first biennia corresponding to adherence and qualification, there was a reach of 80.04%, with the reach in the subsequent biennia of 100%. **Conclusion:** adherence and significant qualification to the SHP imply technical support from the state to the municipalities, aiming to comply with all stages of adherence to the SHP, as well as planning and execution of the actions provided for in the term of commitment, in such a way as to guarantee the transfer of the planned installment

**Keywords:** Health promotion; Intersectoral collaboration; Primary Health Care.

### Resumo

**Introdução:** O Programa Saúde na Escola (PSE), instituído pelo decreto nº 6286 de 2007, visa integrar e articular políticas de educação e saúde para enfrentar vulnerabilidades que comprometem o desenvolvimento escolar. A implementação do PSE envolve a parceria entre a Atenção Primária à Saúde (APS) e as escolas do território, com os gestores municipais comprometendo-se com um conjunto de metas a serem cumpridas.

**Objetivo:** Analisar os dados relativos à adesão ao Programa Saúde na Escola e à habilitação para o recebimento da segunda parcela do financiamento federal nos municípios do estado do Rio de Janeiro, no período compreendido entre 2017 e 2022. **Método:** Estudo observacional, documental, do tipo descritivo exploratório, realizado a partir de documentos públicos que versam sobre adesão e habilitação ao Programa Saúde na Escola, compreendendo os biênios 2017/2018, 2019/2020 e 2021/2022. **Resultados:** Os dados relacionados à adesão e habilitação dos municípios possibilitou identificar que nos primeiros biênios correspondentes à adesão e à habilitação houve alcance de 80,04%, sendo o alcance nos biênios subsequentes de 100%. **Conclusão:** A adesão e habilitação significativa ao PSE implica apoio técnico do estado para os municípios, visando o cumprimento de todas as etapas da adesão ao PSE, assim como planejamento e execução das ações previstas no termo de compromisso, de tal forma a garantir o repasse da parcela prevista..

**Palavras-chave:** Promoção da saúde; Colaboração Intersetorial; Atenção Primária à Saúde; Serviços de Saúde Escolar.

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## Introduction

Decree No. 6286 of 2007 established the School Health Program (SHP) nationwide, aiming to ensure integration and ongoing coordination between education and health policies and actions. It is based on territorial and intersectoral work, with the scope of its actions focusing on strengthening the response to health vulnerabilities that may compromise full school development.<sup>1,2</sup>

The SHP aligns with the health promotion principles of equity, social participation, autonomy, empowerment, sustainability, and comprehensiveness, making it relevant for developing more effective, fair, and egalitarian public policies with the potential to address structural inequalities present in Brazilian society.<sup>3</sup>

The first step in implementing the SHP is establishing a partnership between Primary Health Care (PHC), represented by the Basic Care Team (BCt), Family Health Team (Fht), or another type of team, and the schools within the team's assigned territory that will be targeted. Municipal managers sign the Municipal Commitment Agreement, committing to a set of goals that must be met by the education and health sectors.<sup>4</sup>

The SHP is operationalized based on action axes, grouped into components, which are broken down into specific themes: actions to combat the *Aedes aegypti* mosquito; verify vaccination status; promote food and nutritional security and healthy eating, and combat childhood obesity; promote physical activity, physical activity, and leisure activities in schools; sexual and reproductive rights and the prevention of sexually transmitted infections/AIDS; prevent the use of alcohol, tobacco, crack, and other drugs; promote a culture of peace, citizenship, and human rights;

prevent violence and accidents; identify students with possible signs of worsening diseases in the process of elimination; promote and assess oral health and topical fluoride application; promote hearing health and identify students with possible signs of alterations; and promote eye health and identify possible signs of alterations.<sup>5</sup> In practice, it is expected that these themes will be intertwined with the process of empowering the community to act to improve their quality of life and health.<sup>1,2</sup>

The School Health Program (SHP) has a unique biannual schedule, in which municipalities must first sign up to receive the first installment of the funding allocated for the development of the actions and fulfill certain prerogatives to be eligible for the second installment. Data from the Ministry of Health ordinances for the 2017-2018, 2019-2020, and 2021-2022 bienniums allow for an analysis of the situational diagnosis related to municipalities' adherence and eligibility for the SHP.

Therefore, the objective of this article is to analyze data related to adherence to the Health in Schools Program and eligibility for the second installment of federal funding in municipalities in the state of Rio de Janeiro, between 2017 and 2022.

## Materials and Methods

This is an observational, documentary, and descriptive-exploratory study. Official documents regarding the rules and criteria established for joining the SHP and qualifying municipalities to receive the financial resource ceiling agreed upon in the Commitment Agreement signed upon joining were analyzed.

The SHP membership process consists of the municipal health and education departments formalizing



commitments, formalized with the Ministries of Health and Education, by filling out the participating schools' information on the Ministry of Health's Online Management PHC Portal every two years. This process generates the Commitment Agreement, an instrument that formalizes the responsibilities of the health and education sectors in the local implementation of the SHP.<sup>6,7</sup>

Eligibility for the second installment of the agreed-upon financial resource ceiling remains tied to achieving the goals set forth in the Commitment Agreement, which include prevention, promotion, and health care actions for schoolchildren. To this end, municipalities that have joined the program must monitor action validation reports and make corrections to records in the Health Information System (SISAB/e-SUS APS), as established by current regulations.<sup>7,8</sup>

Historically, according to the rules defined by Interministerial Ordinance No. 1,055 of April 25, 2017, municipalities received 70% of the amount they were entitled to upon signing the Commitment Agreement, with the remaining amount being conditioned upon meeting the agreed-upon goals<sup>7</sup>. Starting in the 2023/2024 cycle, with Ordinance No. 1,004 of July 21, 2023, the criteria were redefined, maintaining the initial full transfer in the first year, with the amount of the second installment conditioned on performance in two coverage indicators: (1) the percentage of contracted schools

that carried out SHP actions in the municipality, responsible for 80% of the second transfer amount; (2) the percentage of contracted schools that carried out priority actions in the 2023/2024 cycle, responsible for 20% of the second transfer amount<sup>8</sup>.

Both indicators have minimum targets of 50% annual coverage. Lower performance results in a proportional reduction in the incentive, and zero performance implies no transfer in the second year of the cycle, even with continued formal participation<sup>8</sup>.

It is worth noting that the calculation of the additional financial incentive incorporated social vulnerability criteria, according to the SHP Vulnerability Index described in Annex II of Ordinance No. 1,004 of July 21, 2023, considering the HDI-M, Gini Coefficient, school dropout rate, prevalence of malnutrition in children and adolescents, and prevalence of teenage pregnancy.<sup>8</sup>

For this analysis, the state of Rio de Janeiro was selected as the scenario, encompassing its eight government regions, totaling 92 municipalities. The study's timeframe encompassed the 2017-2018, 2019-2020, and 2021-2022 biennia, the period during which Interministerial Ordinance No. 1,055 of April 25, 2017, was in effect<sup>7</sup>, as well as the specific adhesion and qualification ordinances published for each biennium, as detailed in Table 1.

**Table 1:** PSE membership and qualification for the 2017-2018, 2019-2020, and 2021-2022 bienniums

Accession	Documents	Qualification	Documents
2017-2018 Biennium	Ordinance No. 2,706 of October 18, 2017 <sup>9</sup> .	2017-2018 Biennium	Ordinance No. 3,662 of November 14, 2018 <sup>10</sup> .
2019-2020 Biennium	Ordinance No. 2,264 of August 30, 2019 <sup>11</sup> .	2019-2020 Biennium	Ordinance No. 2,141 of August 14, 2020 <sup>12</sup> .
2021-2022 Biennium	Ordinance No. 1,320 of June 22, 2021 <sup>13</sup> .	2021-2022 Biennium	Ordinance No. 3,705 of October 3, 2022 <sup>14</sup> .

**Source:** Brazil, 2017; Brazil, 2018; Brazil, 2019; Brazil, 2020; Brazil, 2021; Brazil, 2022.



The ordinances were read in full and organized into a Microsoft Excel spreadsheet, considering the following data: a list of regions in the state of Rio de Janeiro, a list of municipalities by region, data by biennium of municipal accession, and data by biennium of municipal eligibility for the second installment of the financial ceiling. Data related to accession and eligibility by biennium were analyzed, with emphasis on municipalities that did

not adhere or eligibility during the corresponding period.

## Results

Table 2 reveals the adhesion and qualification of municipalities in the historical series 2017-2018, 2019-2020, and 2021-2022 to reveal which received the initial and final transfer of financial resources for SHP actions.

Table 2 – Adhesion and Qualification to the SHP for the 2017-2018, 2019-2020, and 2021-2022 bienniums by region.

Region/ Biennium	Membership/Qualification 2nd Installment 2017-2018	Membership/Qualification 2nd Installment 2019-2020	Membership/Qualification 2nd Installment 2021-2022
Baía de Ilha Grande (3)	3	3	3
Baixada Litorânea (10)	8	10	10
Centro-Sul (10)	10	10	10
Médio Paraíba (12)	12	12	12
Metropolitana (22)	22	22	22
Noroeste (13)	12	13	13
Norte (9)	9	9	9
Serrana (13)	11	13	13
<b>Total SRJ</b>	<b>87</b>	<b>92</b>	<b>92</b>
<b>Total SRJ (%)</b>	<b>80,04%</b>	<b>100%</b>	<b>100%</b>

Note: The numbers in parentheses in the "Region" column indicate the total number of municipalities belonging to each government region of the state of Rio de Janeiro. The values in the biennium columns represent the number of municipalities that joined the SHP and were eligible to receive the second installment of the federal financial transfer in the respective biennium.

It can be observed from the historical series that adhesion and qualification to the SHP, except for the 2017-2018 biennium, occurred in all regions and municipalities of the state of Rio de Janeiro. The municipalities that did not adhere and were not eligible to receive resources in the aforementioned biennium were: Saquarema and Rio das Ostras (Baixada Litorânea Region), Bom Jardim and Santa Maria Madalena (Mountain Region), and Porciúncula (Northwest Fluminense Region).

## Discussion

The implementation of the School Health Program (SHP), established by Decree No. 6,286 of 2007<sup>1</sup>, has demonstrated significant advances in the field of health and education promotion in Brazil, especially in the State of Rio de Janeiro, where this study was conducted. The SHP proposal, by articulating the areas of health and education, aims to address the vulnerabilities that impact school development, addressing several topics essential for the comprehensive health of students. However, the results of this study point to the existence of challenges in the adhesion and qualification of



municipalities to the program, which opens space for a broader discussion about the barriers and potential of this intersectoral model. The data obtained, which indicate an initial participation rate of 80.04% in the 2017-2018 biennium and 100% in subsequent biennia (2019-2020 and 2021-2022), reflect a growing and consolidated effort by municipalities in Rio de Janeiro to implement SHP actions and meet the targets established for receiving federal financial transfers. The fact that all eligible municipalities received the second installment in the most recent cycles indicates not only the strengthening of the link between health and education, but also the progressive capacity of local administrations to plan, execute, and record the agreed actions, in accordance with the required technical criteria.

This positive performance highlights important advances in local SHP management, dispelling the idea of weaknesses in the qualification process for the final transfer of funds. On the contrary, the results suggest institutional maturity in managing the program's planned stages, especially when compared to the 2017-2018 cycle, which showed lower participation and accreditation rates. Even so, it is important to emphasize that ensuring the effectiveness of the actions developed does not end with technical accreditation or the formal achievement of goals. The continuity and quality of intersectoral actions remain significant challenges, especially given the territorial and operational inequalities that impact the daily lives of health and education teams.

The literature indicates that, in many cases, program participation may be driven more by interest in receiving financial resources than by a commitment to promoting student health. This can compromise the quality of the actions implemented, especially in municipalities facing structural and operational

challenges, such as a lack of qualified health teams, inadequate infrastructure in schools, and poor coordination between the sectors involved.<sup>6</sup>

A comparative analysis with international programs similar to the SHP offers a critical insight into the challenges faced in Brazil. In countries such as Canada, Australia, and the United Kingdom, where health promotion initiatives also exist in schools, integration between the health and education sectors is facilitated by public policies that guarantee continuous resources and adequate infrastructure.<sup>15</sup> Furthermore, in these countries, there is a greater focus on the ongoing training of health and education professionals, ensuring that they are prepared to address the specific health demands of students and that the actions developed in schools are aligned with local needs. In Brazil, on the other hand, the training of SHP professionals is often insufficient, which limits the effectiveness of health promotion actions.<sup>16</sup>

Another important aspect to consider is intersectorality, which constitutes the core of the SHP. The connection between health and education is fundamental to the program's success, but in practice, integrating these sectors has proven challenging. A study conducted by Ataliba and Mourão on the impact assessment of the SHP highlighted that many municipalities face difficulties in coordinating health actions within the school context due to divergent priorities and policies within each sector.<sup>17</sup> This lack of alignment compromises the development of integrated and sustainable actions, especially in the country's most vulnerable regions, where the State's presence is less effective.

Furthermore, the results of this study reveal concerns about the quality of health surveillance within the SHP.



Although the program includes a series of actions aimed at health promotion and disease prevention, monitoring of these actions remains limited. The use of the Primary Care Information System (e-SUS) to monitor SHP activities is an important tool, but the lack of technical qualifications among municipal managers and health teams in using this system often prevents the information entered from reflecting the reality of the actions performed. This reinforces the need for ongoing training for professionals involved in the SHP to ensure that the established health goals are adequately monitored and evaluated.

An important issue for improving the SHP is adapting health actions to local specificities. Brazil is a country marked by profound regional inequalities, and the realities of each municipality must be considered when planning and implementing SHP actions. In some municipalities, issues such as violence, drug use, and mental health are critical problems that directly affect school development and must be addressed as a priority. However, the current format of the School Health Program (SHP) does not allow for sufficient flexibility in the topics covered, which can limit the effectiveness of actions in certain contexts.

International experience can inform the reformulation of the School Health Program (SHP) in Brazil. In the Philippines, for example, the "Health Promoting Schools" program has been successfully implemented, integrating health actions into daily school life. Schools such as General Gregorio del Pilar Elementary School have adopted initiatives such as the WASH (Water, Sanitation, and Hygiene) program, which includes hygiene practices, provision of drinking water, and menstrual hygiene management, tailored to the specific needs of their students. Implementing a similar model in Brazil, where local administrators would have greater freedom to adapt SHP actions to

the needs of their territories, could contribute to increasing the program's effectiveness and better utilization of available resources.

Another point that deserves attention is the impact assessment of the SHP. Although the program has monitoring mechanisms, such as e-SUS (electronic Unified Health System), there is still a lack of robust studies that evaluate the long-term results of the actions carried out in schools. The SHP has the potential to improve student health indicators, especially in areas such as vaccination and prevention of chronic non-communicable diseases, but the lack of continuous and systematic evaluation prevents a more in-depth analysis of the program's impacts on school health and student academic development.<sup>16</sup>

In this sense, the incorporation of more sophisticated evaluation tools, such as Social Impact Analysis (SIA) and economic evaluation,<sup>21</sup> into school health initiatives, could provide valuable information for decision-making and the continuous improvement of the SHP. The adoption of digital technologies,<sup>22</sup> such as applications for monitoring student health, can also be an effective strategy for improving the management of SHP initiatives, especially in municipalities facing logistical and operational challenges. Nevertheless, it is important to emphasize that the SHP should not be viewed solely as a public health policy, but as a strategic program for Brazil's social and educational development. Promoting health in the school environment has the potential to generate positive long-term effects, contributing to the development of more informed and healthy citizens.<sup>1,5,6</sup> However, for the SHP to reach its full potential, a greater commitment from public administrators is required to ensure intersectoral coordination, the training of professionals involved, and the adaptation of actions to local specificities.



A limitation of this study is the fact that the research and analysis focused solely on the municipalities of Rio de Janeiro, which did not allow for an assessment of how adherence and accreditation to SHP actions have occurred nationwide. An analysis of all regions of Brazil would allow for an understanding of the disparities and difficulties in adherence and accreditation due to issues related to municipal location, internet access difficulties, and local policies implemented. Another limitation presented is the lack of information in databases that allows us to recognize the reasons for non-adherence and qualification of municipalities in the State of Rio de Janeiro in the first two years, which may lead to the need for new investigation with the consent of these municipalities to understand the weaknesses experienced and how SHP activities have been outlined.

### Conclusion

An analysis of data on participation and accreditation of municipalities in the state of Rio de Janeiro in the School Health Program (SHP) between 2017 and 2022 highlights significant progress in consolidating the program as an intersectoral strategy for promoting health and strengthening the school environment. The increase in participation from 80.04% in the 2017-2018 biennium to 100% in subsequent cycles demonstrates the growing awareness and commitment of municipal managers to the importance of the SHP in the coordination of health and

education. Full eligibility for the second installment in the 2019-2020 and 2021-2022 bienniums reinforces the technical and managerial capacity of Rio de Janeiro municipalities to meet the established criteria and implement the actions outlined in the commitment agreement. This performance demonstrates not only formal participation but also the strengthening of intersectoral processes focused on school health, demonstrating the institutional maturity of local administrations in managing the program.

Although the data do not indicate weaknesses in the most recent cycles, it is essential to recognize that maintaining good indicators requires continuous investment in team training, technical support, and fostering a culture of planning. The effectiveness of the PSE depends on its integration into the daily routine of schools and health units, with actions that are sensitive to the needs of the region and that involve the school community in a participatory manner. Consolidating the SHP as an effective public policy requires encouraging intersectoral coordination, joint accountability across sectors, and adapting actions to local realities.

The performance observed in the state of Rio de Janeiro can serve as a benchmark for other federal contexts, provided it is accompanied by strategies that promote sustainability, innovation, and a commitment to health promotion and the comprehensive development of students.

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