

**FINANCING AND MONITORING OF BRAZIL'S MAIN PUBLIC HEALTH AND
EDUCATION POLICY: THE SCHOOL HEALTH PROGRAM**

***O FINANCIAMENTO E O MONITORAMENTO DA PRINCIPAL POLÍTICA PÚBLICA
DE SAÚDE E EDUCAÇÃO DO BRASIL: O PROGRAMA SAÚDE NA ESCOLA***

***FINANCIAMIENTO Y SEGUIMIENTO DE LA PRINCIPAL POLÍTICA PÚBLICA DE
SALUD Y EDUCACIÓN DE BRASIL: EL PROGRAMA DE SALUD ESCOLAR***



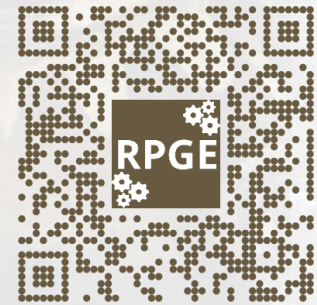
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ABSTRACT: This work aims to analyze the autonomy of members of the Intersectoral Working Groups (GTI) regarding the financing and monitoring of the actions of the School Health Program (PSE), which is the main Brazilian school health policy promoted by the Ministries of Health and Education. This research included the participation of representatives from state and municipal departments (of state capitals) of education and health that make up the GTI through an electronic questionnaire. Representing 23 states, the Federal District, and 22 state capitals, the 90 responses received indicate that GTI members do not have autonomy in the financial management of the PSE but are involved in its monitoring. Thus, it is concluded that there is a need to review the PSE protocols so that the GTI can monitor the use of financial resources, as well as the need for new investigations into the performance of the GTI.

KEYWORDS: School Health Program. School Health. Financing. Autonomy.

RESUMO: Este trabalho visa analisar a autonomia dos membros dos Grupos de Trabalho Intersetorial (GTI) quanto ao financiamento e monitoramento das ações do Programa Saúde na Escola (PSE), que é a principal política de saúde escolar brasileira promovida pelos Ministérios da Saúde e da Educação. Esta pesquisa contou com a participação de representantes de secretarias estaduais e municipais (de capitais estaduais), de educação e de saúde que compõem os GTI através de um questionário eletrônico. Representando 23 estados, o Distrito Federal e 22 capitais estaduais, as 90 respostas recebidas indicam que os membros dos GTI não possuem autonomia na gestão financeira do PSE, mas estão envolvidos em seu monitoramento. Conclui-se, assim, a necessidade de revisão dos protocolos do PSE para que o GTI possa acompanhar a utilização dos recursos financeiros, bem como a necessidade de novas investigações sobre a atuação dos GTI.

PALAVRAS-CHAVE: Programa Saúde na Escola. Saúde Escolar. Financiamento. Autonomia.

RESUMEN: Este trabajo analiza la autonomía de los miembros de los Grupos de Trabajo Intersectoriales (GTI) en relación con la financiación y el seguimiento del Programa de Salud Escolar (PSE), que es la principal política brasileña de salud escolar promovida por los Ministerios de Salud y Educación. Esta investigación contó con la participación de representantes de las secretarías de educación y salud estatales y municipales que integran el GTI a través de un cuestionario electrónico. En representación de estados, Distrito Federal y capitales de estados, las respuestas recibidas indican que los miembros del GTI no tienen autonomía en la gestión financiera del PSE, pero participan en su seguimiento. Por lo tanto, concluimos que existe la necesidad de revisar los protocolos del PSE para que el GTI pueda monitorear el uso de los recursos financieros, así como la necesidad de nuevas investigaciones sobre el desempeño del GTI.

PALABRAS CLAVE: Programa de Salud Escolar. Salud Escolar. Financiación. Autonomía.

Introducing the School Health Program

The School Health Program (PSE), Brazil's main public school health policy, is the result of an inter-ministerial partnership between the Ministries of Education and Health. Created in 2007, the program was created as a strategy to promote integration and permanent coordination between the policies and actions of education and health services. Its aim is to contribute to the all-around education of students through health promotion, disease prevention, and health care, tackling the vulnerabilities that compromise the full development of children and young people in the public school system (Brasil, 2007).

Adherence to the program by Brazilian municipalities is voluntary. In the 2023/2024 Adhesion Cycle, the PSE is present in 98.8% (5,506) of the cities in all the states of the federation and the Federal District, agreeing actions aimed at 25,206,180 students in 102,199 schools. In order to join, it is mandatory for the municipality to enter the e-Gestor system and identify the employees of the municipal education and health departments who will make up the Municipal Intersectoral Working Group (GTI-M).

In each municipality, the GTI-M defines the schools and health units that will be registered in the program. According to *Caderno do Gestor do PSE* (Ministério da Saúde, 2022), all municipalities must agree on at least one daycare center. In addition, some schools are considered priorities, such as the municipality's public and contracted nurseries, rural schools, those serving students under socio-educational measures, and those where at least 50% of the students enrolled belong to families benefiting from the Bolsa Família Program.

The PSE is implemented through 13 preventive and health promotion actions, carried out in partnership between education and health professionals. These actions include:

- I. Actions to combat the *Aedes aegypti* mosquitoes;
- II. Promoting body practices, physical activity and leisure in schools;
- III. Preventing the use of alcohol, tobacco, crack and other drugs;
- IV. Promoting a culture of peace, citizenship and human rights;
- V. Prevention of violence and accidents;
- VI. Identification of students with possible signs of disease in elimination;
- VII. Oral health promotion and assessment and topical fluoride application;
- VIII. Checking and updating vaccination status;
- IX. Promoting healthy eating and preventing childhood obesity;
- X. Promoting hearing health and identifying students with possible signs of hearing loss;
- XI. Sexual and reproductive rights and STD/AIDS prevention;
- XII. Promoting eye health and identifying students with possible signs of eye disorders (Brasil, 2017).
- XIII. COVID-19 prevention in schools.

Prevention of COVID-19 was included in the PSE's list of actions in 2020, due to the pandemic of the same name (Brasil, 2020). The implementation of these actions must take into account the school and social context, the local health diagnosis, and the operational capacity of the school and Primary Care teams, and the actions carried out by the school health team must be aligned with the school curriculum and the comprehensive education policy (Brasil, 2017).

The Intersectoral Working Groups (GTI) of the School Health Program as mechanisms for managing and monitoring actions

The GTIs at the federal, state, district, and municipal levels are responsible for planning, executing, monitoring, and evaluating actions, respecting the legal competencies of each federative entity. At the federal level, the GTI-F is made up of teams from the Ministries of Education and Health, and is responsible for, among other things:

I. Promote coordination between the State, Municipal, and Federal District Departments of Education and Health, respecting each Ministry's competencies; and II. Subsidize the integrated planning of PSE actions between the Unified Health System (SUS) and the public education system, at the basic education level, in the Federal District, and in the municipalities [...] (Ministério da Saúde, 2022, p. 23, our translation).

Although the PSE is agreed by the municipal education and health departments, the state governments must also form the GTI-E to provide institutional support and collaborate in mobilizing the municipalities. It is, therefore up to the GTI-E:

I. Define specific cooperation strategies between the state and municipalities for planning and implementing actions at the municipal level; [...] III. Subsidize the formulation of training proposals for health and basic education professionals to implement PSE actions [...] (Ministério da Saúde, 2022, p. 23, our translation).

The coordination between the GTI-E and the GTI-M is fundamental for the inclusion of state schools in the program, since the GTI-M is responsible for choosing the schools.

In the GTI-M, in addition to the municipal departments of education and health, it is suggested that representatives from other municipal departments, teachers, Basic Health Units (UBS), students, and the local community join the Group. Even with this recommendation, the GTI-M is mostly made up of representatives from the education and health departments

(Ferreira *et al.*, 2014). The GTI-M's responsibilities are "I. Support the implementation of the principles and guidelines of the PSE in planning, monitoring, execution, evaluation, and management of financial resources [...] (Ministério da Saúde, 2022, p. 24, our translation).

Although the attribution of the GTI to each federative entity seems very clear, Sousa, Espiridião, and Medina (2017), identified with members of the GTI-M of a municipality in Bahia, which had agreed to the PSE since 2008, that the Group had no autonomy in the management of financial resources, and that it had not received the teaching and clinical materials from the Ministry of Education (MEC). Furthermore, there were no representatives from other secretariats on the GTI-M, although everyone thought it was important to include the Social Assistance Secretariat in the Group.

Financing and monitoring the School Health Program

The transfer of financial resources to the PSE is regulated by Interministerial Ordinance No. 1,055/2017, which regulates the amounts transferred by the Ministry of Health to the Municipal Health Secretariats and the Federal District Health Secretariat in the amount of R\$ 5,676.00 (five thousand six hundred and seventy-six reais), from 1 (one) to 600 (six hundred) registered students. This amount is increased by R\$1,000.00 (one thousand reais) for each interval between 1 (one) and 800 (eight hundred) registered students who exceed the number of 600 (six hundred) (Brasil, 2017). The maximum amount of funds received by the municipality will be based on the number of students agreed upon.

For the 2023/2024 Cycle, Ordinance GM/MS No. 1.004/2023 determines that all municipalities that adhere to it are eligible to receive 100% of the amount agreed upon according to Interministerial Ordinance No. 1.055/2017, and considering the health and education needs of basic education students, the amounts will be increased by R\$ 1,000.00 (one thousand reais) for each interval between 1 and 800 students from priority schools.

The PSE actions related to the targets agreed upon when the municipalities joined are monitored and validated by the Ministry of Health by recording the activities carried out by health professionals on e-SUS. This information is recorded, sent and validated in the Primary Care Health Information System (SISAB) (Ministério da Saúde, 2022). However, only the Ministry of Health has access to national data, which is not made available to researchers or other interested parties until the Program's consolidated data is released by the Ministry itself.

The MEC must make the financing and/or supply of teaching and clinical materials to the Federal District and all the municipalities that have joined the Program, after signing the Term of Commitment (Brasil, 2015). It is important to highlight that the "PSE resource is an incentive that must be committed to carry out the program's actions: *the management of its use must be intersectoral and the responsibility of the GTI-M*" (Brasil, 2015, p. 11, emphasis added).

The monitoring, evaluation, indicators, and targets of the actions developed in the PSE are reviewed and updated at each new adhesion cycle by the Ministry of Health. In the 2023-2024 cycle, all actions carried out by health or education professionals within the scope of the PSE must be recorded on the Collective Activity Form. Once filled in, the form must be registered with SISAB by a health professional.

Considering this initial information, the aim of this article is to identify the autonomy of the members of the GTI-M in managing the resources and monitoring the actions of the School Health Program during the 2023/2024 Adhesion Cycle.

Methodological procedures

According to Severino (2016), this is qualitative research, characterized as exploratory, as it seeks to gather information about a particular object. In this case, the object of study is the GTIs of the PSE, delimited as a field of work, mapping the conditions of manifestation of this object with regard to its financing and monitoring. Subsequently, we adopted the perspective of explanatory research, which, according to the same author, is research that, in addition to recording and analyzing the phenomena studied, seeks to identify their causes and consequences, through the interpretation provided by qualitative methods.

During the months of June and July 2022, data collection began, verifying that all states, the Federal District, and municipalities that have joined the PSE must set up the GTI-E and GTI-M with representatives from the education and health secretariats.

This survey was planned to include around 106 participants, an estimated number based on one representative from the Municipal, State, and District Education and Health Secretariats in the composition of the GTI-E and GTI-M of the state capitals.

In order to obtain the name, telephone number, and institutional e-mail address of the civil servants who are members of the GTI-E and GTI-M, requests for information were made to the respective secretariats via the Electronic Citizen Information System (e-SIC). This

service, based on the Access to Information Law (Federal Law No. 12,527/2011), guarantees access to public information from any public body, such as ministries, municipal and state departments, and local authorities.

The members of the GTI-E and GTI-M, active during the 2023/2024 Adhesion Cycle, were invited to take part in this survey via the e-mail received in response to requests for information made on the e-SIC. Each member of the respective GTI received an e-mail with an individual and personalized invitation containing the link to access the questionnaire, as well as information about those responsible for the research, the Informed Consent Form, and its approval by the Research Ethics Committee. The inclusion criterion was the server's participation as a member of the GTI-E or GTI-M.

The questionnaire, which took between 10 and 15 minutes to complete, was made up of objective questions, tabulated using descriptive statistics; and essay questions, analyzed with reference to the documentation and legislation governing the PSE and the academic literature on the subject. The questions addressed deal with the autonomy of the members of the GTIs in financing and monitoring PSE actions.

This research was approved by the Research Ethics Committee of *Universidade Nove de Julho*, according to Consubstantiated Opinion 5.770.324 of 11/22/2022.

Results

The questionnaire was available for responses between November 2022 and May 2023. During this period, 105 responses were received, of which 15 were excluded: three because they were answered by non-members of the GTI, five because they were duplicates (only the first response sent was kept), and seven because they referred to municipalities that were not capital cities.

Of the 90 valid responses, 38 correspond to 23 states and the Federal District (18 from education participants and 20 from health), and 52 come from 22 state capitals (29 from education participants, 20 from health, and three from social assistance - SMAS). No responses were received from the Roraima, Mato Grosso, and Paraíba states, nor the capitals Rio Branco, Manaus, São Luís, and Fortaleza. Most of the questionnaires were answered by representatives of the education and health departments.

The IWGs are predominantly made up of women who have been hired as civil servants, most of whom have postgraduate degrees. Less than half of the GTIs have their composition

published in the Official Gazette, and half of the groups hold monthly meetings, as shown in Table 1.

Table 1 - Categorization of participants and GTI of the sample

Categories	N	%
Gender		
Female	81	90
Male	9	10
Hiring regime		
Public servants	74	82
Commissioned position	10	11
Others	6	7
Academic background		
Technical education	1	1,1
Graduation	9	10
Postgraduate studies	56	62
Master's Degree	19	21
Doctorate	5	5,9
Composition of the GTI in the Official Gazette		
Yes	40	44,5
No	35	39
I can't say	15	16,5
Frequency of GTI meetings		
Fortnightly	2	2,2
Monthly	44	48,8
Bimonthly	14	15,5
Half-yearly	8	9
Other frequency	22	24,5

Source: Prepared by the authors.

In the "other frequency" option, participants recorded that meetings are held "whenever necessary", "depending on the situation/need", "every four months" or "every three months".

Autonomy in financing the PSE

In order to identify the autonomy or otherwise of the members of the GTI in the financial management of the PSE and to identify a possible contribution of resources from the state management to the Program, the participants in the survey answered the following question: "On a scale of 0 to 10 (where 0 is no power and 10 is total power), how much decision-making power does the GTI have over PSE financial resources from the Ministry of Health?"

Among the members of the GTI-E, the average for education representatives was 1.9 (95% confidence interval (95%CI) between 0.3 and 3.5) and 2.0 (95%CI between 1.5 and 3.4)

for health representatives. All the comments, which the interviewees optionally recorded, are shown in Chart 1.

Chart 1 - Records regarding the score given to the financial autonomy of the secretariat it represents in the GTI-E. Adhesion Cycle 2023/2024

GTI-E	Score awarded	Participants' records of the value assigned to the question
GTI-E Education	0	The health secretariats are in charge of management.
	0	The implementation of the resource is the responsibility of the municipal government through the health department. So we have no governance over it.
	5	Normally, the use of money isn't discussed much.
	0	Adherence and financial management are the responsibility of the Municipal Health Department.
	0	Every year, the Ministry of Health gives municipalities and the Federal District a financial incentive to carry out PSE actions in schools.
	0	The GTI is not running.
GTI-E Health	0	We don't have access to resources from SESA [the state health department].
	6	The GTI-E is only aware of the ordinances and disseminates them to all the municipalities, and these municipalities often have influence over the resources.
	0	The resources are executed by the municipal management.
	0	The GTI-M decides on the appeal.
	0	Funds are transferred directly to the municipalities.
	0	The state does not receive funds from the PSE, so there is no decision-making power for appeals.
	0	As the funds go directly to the Municipal Health Fund, we have no control over them.
	0	The state secretariats do not receive any financial transfers for PSE actions. The transfer is only to the municipal level.
	0	The Municipal GTI has the power to decide on the resource, but we assist in the planning of actions, when requested by the municipality.
	0	The financial incentive goes directly to the Municipal Health Funds; the GTI makes recommendations on how and with what resources can be used.
10	The cost is passed on to the municipal fund.	

Source: Prepared by the authors.

It is clear from both the education and health members of the GTI-E that autonomy over financial resources is the responsibility of the GTI-M. No state financial contribution was identified. In this context, it can be seen that the GTI-E fulfills its duties of helping municipalities manage the PSE.

In the M-IGs, autonomy over the program's financial resources received an average score of 2.0 (95%CI: 1.1-2.8) from the education members and 5.6 (95%CI: 4.0-7.1) from the health members. All the comments, recorded optionally by the participants, are shown in Chart 2.

Chart 2 - Records regarding the score given to the financial autonomy of the secretariat it represents in the GTI-M. Adhesion Cycle 2023/2024

GTI-M	Score awarded	Records of some participants regarding the value assigned to the question
GTI-M Education	7	When it comes to financial resources, health comes first when making decisions.
	7	Education doesn't have this value-related data.
	0	I don't know how to answer the question.
	0	The money comes from health, but they don't even know how to access it. We in education know that there is money, and so do the schools, but it is "confiscated" by health, and it seems to me that there is no accountability. If we need something, we don't have the money, not even for a banner. If we have to print a poster, we'll have to fundraise. Despite the numerous letters and minutes drawn up for their use, we received no replies. We need a more transparent system for using PSE funds.
	0	The funds earmarked for the PSE are not used by the GTI-M. They get lost in the bureaucracy of the SMS [Municipal Health Department] and don't reach the schools.
	5	I don't know how far the decision-making power of the secretariat I represent extends over financial resources.
	4	I don't have access to the fund's destination.
	0	I can't really say.
	6	I know very little about it.
	0	I can't say.
	6	It depends on the funds (financial resources) and what the action is for.
	5	Our difficulty today is keeping track of this resource, because only the health department has this direct transfer. We feel that they don't attach much importance to using this resource.
	10	This power is very relative. When I put "10", it means that the GTI-M has the autonomy to guide the planning of the actions that the schools, together with the UBS, intend to carry out for that school term. Hence the need for materials and supplies that will help optimize actions. Once it has these demands, the GTI-M organizes a calculation memory for the purchase of materials and services and forwards it to the SMS sector. Most of the time, this demand is not met due to a lack of funds for this purpose. This is a bottleneck faced by the GTI-M.
4	I spoke to the health representative and she said that this money comes and stays with primary health care in the municipality, and that, for the time being, there are still bureaucratic limits to accessing the funds.	
GTI-M Health	0	The definition of the use of financial resources is the responsibility of the municipal health department, health care management.
	5	We are running a process.
	0	The resources are Fund to Fund.
	5	The PSE resource was linked to the GTI only after the ordinance was published in October.
	0	It's a resource that we know is coming, but we don't have access to it because it's under the control of the municipal health department's finance department.
	5	We haven't made enough progress to manage the financial resource.

Source: Prepared by the authors.

There is a lack of knowledge and autonomy on the part of education in the management of the program's financial resources. As reported, the resources "get lost in the bureaucracy of

the SMS" and, in some cases, the need to hold "*vaquinhas*"³ exposes the lack of transparency in the use of these resources. In addition, the lack of a "line item" that allows the GTI-M to use the funds reveals a problem related to the lack of knowledge about the destination of the amounts contributed.

As for the allocation of the program's financial resources, among the members of the GTI-E, some were unable to answer about the transfer; others mentioned the "fund-to-fund" transfer, confirming the municipal management of the resources and indicating that the GTI-E does not have governance over the financial transfer of the PSE.

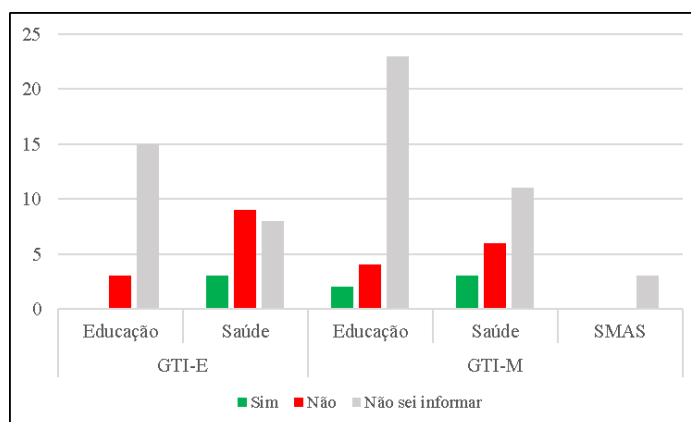
In the context of the GTI-M, among the education representatives, some said they didn't know how to find out about the allocation of resources, while others mentioned that this is "the responsibility of managers", justifying the lack of information because they are education officials. Other reports include: "it's the responsibility of the municipality's health department", "there are no records or accountability", and "despite official planning and requests to use the funds, the SMS is unable to organize and dispose of the money for the correct destination - PSE". It was also reported that "the allocation of resources is not defined and discussed in the GTI" and that "we don't have the financial transfer".

Among the health members of the GTI-M, some also said they "couldn't provide information", while others reported that "supplies and goods are surveyed and processes are opened". There were also records that "the resources go into the execution of the actions [...] of Primary Health Care [...], they are in the planning of the teams" and that they are destined for the "acquisition of glasses, graphic materials for the Program, tools for school gardens".

The participants were then asked a series of questions: "Are the financial resources received via the Variable Primary Care Floor considered sufficient to carry out the Program's actions?" The answer to this question showed that the members of the IWG were unaware of the use of these resources, especially among the education representatives, as can be seen in Figure 1.

³ When the fundraising was good, they would say they managed to "make a cow". Over time, the expression "make a cow" began to be used whenever a group of friends got together to organize a party or buy something.

Figure 1 - GTI-M members' perception of whether financial resources are sufficient for PSE actions. Membership Cycle 2023/2024⁴



Source: Prepared by the authors.

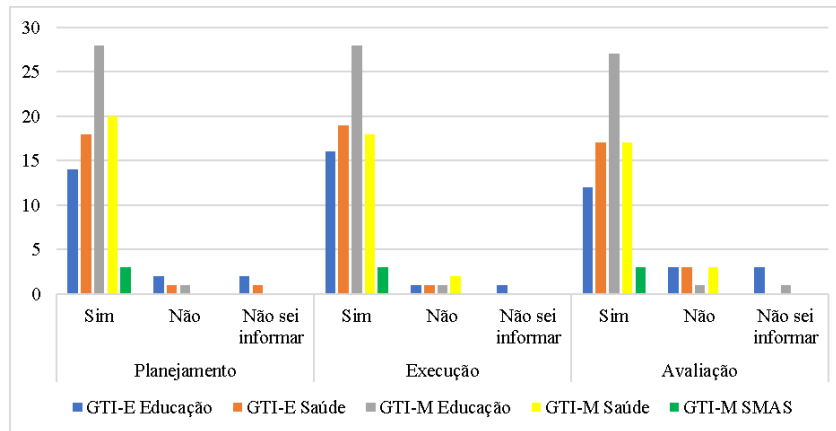
Among the education members of the E-WG, 15 were unable to say whether these resources are sufficient, which shows the lack of discussion on the subject in the M-WGs, which, in theory, should monitor the use of these resources.

Among the GTI-M members, both from education, health, and SMAS, the option "don't know" prevails, indicating that the application of the Program's financial resources is not frequently discussed in this collegiate body.

Conversely, as seen in Figure 2, almost all the members of the GTI-E and GTI-M claim to be involved in the planning, execution, and evaluation of PSE actions, in accordance with the attributions defined by the Ministry of Health.

⁴ Translation from left to right: Education; Health; Education; Health; SMAS.

Figure 2 - Involvement of GTI-E and GTI-M members in the planning, execution, and evaluation of PSE actions. Membership Cycle 2023/2024⁵



Source: Prepared by the authors.

In the GTI-E, a member of the education department of a state in the northeast of Brazil says: "We have prepared guidance materials to help the municipalities with the actions to be carried out, as well as holding webinars". Among the health members of the GTI-E, the "technical support" and "planning of PSE actions based on the guidance to the GTI-M via face-to-face meetings, virtual meetings, WhatsApp groups, phone calls, and e-mails" stand out, also in the Northeast region.

In the GTI-M, the majority of education members report that they participate in the planning of actions, as reported by a member from a capital city in the Midwest region: "Yes. All the time. It just doesn't have access to the money. Another member adds: "The secretariats involved are involved in planning the actions."

The health members of the GTI-M were unanimous in stating that they participate in planning actions. In the capitals of the Northern region, there are records such as: "We discuss the preparation of the schedule of actions to be carried out in schools, according to age group and class" and "We try as a team to take actions according to the reality and needs of each school unit, on the themes applied by the Ministry".

As for monitoring the program's actions, which is also the responsibility of the GTI-E and GTI-M, almost all the members of the GTI-E, both from education and health, say they collaborate in this process. In the GTI-M, only one member from education, from a capital city in the northern region, declared that he did not monitor the actions of the PSE. In the Southeast,

⁵ Translation from left to right: Yes; No; I don't know.

there is a record that: "partially, when partners from the territory are part of the WG, this happens. Otherwise not".

As for evaluating the actions carried out in the PSE, both the education and health representatives on the GTI-E say that they mostly do this. One member of the health sector, from a state in the Northeast region, reported that "this collaboration also happens through guidance to the GTI-M via face-to-face meetings, virtual meetings, WhatsApp groups, phone calls and e-mails".

Almost all the members of the M-IGs evaluate the actions of the PSE. Among the education representatives, there is a record that: "we evaluated the number of actions carried out by education and compared them with PeNSE/IBGE and studies already published, as well as with the previous year. As for the health data, we don't know if there were many or few. We don't know if there are overweight children with vision problems. But the data, like the money, *gets lost in the SMS*" (emphasis added).

Among the health members, there are records such as: "We demand positive results" in the capital of the Northern region, and: "GTI evaluates actions through feedback from teachers to education departments and also from health professionals/health districts to the primary care coordinator," in the central-western region.

Discussion

Since 2013, when all Brazilian municipalities have been able to join the PSE, respecting the autonomy and decision of each city, the percentage of adherence has risen from 87.2% in 2013 to 98.8% in the 2023/2024 Adherence Cycle, representing an important response by the Brazilian government to the international demand for health promotion and prevention at school age (Fernandes *et al.*, 2022a).

The PSE, Brazil's main public school health policy, materializes through actions carried out by health professionals in conjunction with education professionals in schools that have signed up to the Program, with the GTI, especially the municipal one, as an essential space for coordinating actions.

However, one of the Program's important points of discussion concerns its financing, especially the use of financial resources, which must be followed up and monitored by the members of the GTI-M. Real ownership of the PSE can help to reduce the theoretical-practical

gap, eliminating the reproduction of sectoral and hierarchical practices in the Program's actions (Fernandes *et al.*, 2022b).

However, even though it is an inter-ministerial program, the financial resources for the implementation and maintenance of the PSE come only from the Ministry of Health (Brasil, 2013) and the results and targets of the evaluation indicators are only recorded in the Primary Care Information Systems by health professionals (Brasil, 2017), not accessible to other interested parties, including the MEC until the Ministry of Health discloses this data. This fact helps explain the decision-making power (of the health units) observed in the organization and execution of the actions carried out (Santos; Adinolfi, 2021, 2022).

Research carried out by Sousa, Espiridião, and Medina (2017) with members of the GTI and the Secretaries of Education and Health in a municipality in a metropolitan region in the Northeast that has joined the PSE since 2008 indicates that financial resources are considered insufficient, as well as a lack of materials, which makes it difficult to carry out some of the Program's activities. A similar result was identified by Chiari *et al.* (2018) in Belo Horizonte. It is worth noting that between 2008 and 2021, the Ministry of Health disbursed R\$725 million in ordinary PSE resources (Fernandes *et al.*, 2022a).

Being an inter-ministerial program, it is contradictory that the financial resources for the execution of PSE actions are offered only by the Ministry of Health. The MEC contributes to the Program only through material resources, which are not explained in the ordinances that regulate it (Ferreira *et al.*, 2012).

When asked about the support for the Program, the MEC said that the PSE is included in the approach to health in the Contemporary Cross-Cutting Themes (TCT) of the National Common Curriculum Base (BNCC). Although the topic of health is covered in the TCT (Ministério da Saúde, 2019) and in the BNCC itself (Santos; Adinolfi, 2022), in both documents, there is no explicit mention of the PSE. Only in the period from 2008 to 2011, when the PSE was not yet available to all municipalities, did the MEC provide teaching or clinical materials to the cities that had joined.

However, it should be noted that according to the decree creating the PSE: "the Ministry of Education will be responsible for supplying material to implement the PSE's actions, in quantity previously agreed with the Ministry of Health, observing budgetary availability" (Brasil, 2007).

It is important to note that the PSE funds passed on to municipalities are not "stamped" to hire specific teams to carry out the program's actions, a need identified by Gomes and Viegas

(2019), who found that family health teams do not have time set aside in their schedules to carry out the actions, in addition to the need for training for education and health professionals. In the PSE in the city of Belo Horizonte, this difficulty was solved by hiring a volunteer PSE team to identify the health needs of students in the agreed schools (Chiari *et al.*, 2018; Oliveira *et al.*, 2022).

In addition, according to the Ministry of Health⁶, PSE funds are intended to cover the cost of activities carried out during the adhesion cycle. As such, the permanent hiring of human resources is not permitted, except for hiring services and human resources related to activities on an ad hoc basis. The purchase of consumables or materials specifically used for school activities is permitted. Likewise, the contracting of services and the rental of equipment that are necessary for the execution of the Program's actions are permitted. The PSE does not allow for the purchase of permanent equipment (Fernandes *et al.*, 2022a).

This highlights the need to make it clear in the Program's legislation and guidelines what kind of resources will be allocated so that the members of the GTI-M are aware of these possibilities and directly involved in their application.

However, the responses from the members of the GTI-M show, in particular, how much financial management is not discussed in this collegiate body, which also has no autonomy or even knowledge about its use by the Municipal Health Department.

At the same time, there is a lack of knowledge about the application of PSE resources, both by education and health workers, and it is clear that the SMS is responsible for applying the resources, even without consulting the GTI-M. This fact, according to Chiari *et al.* (2018), leads to a lack of truly intersectoral actions carried out directly in schools by the education and health teams, even with the GTI-M as potential facilitators.

Final considerations

The results here show how vital the PSE is as a public-school health policy, receiving considerable financial support every year. However, it needs essential improvements in its management practices and transparency in the use of its economic resources, with autonomy and close monitoring by the members of the IWGs, especially the municipal one, but with monitoring by the E-WGs.

⁶ According to information received from the Ministry of Health by the Fala.Br platform via the Access to Information Act on July 28, 2023.

The search for publications on the work of the Intersectoral Working Group, especially on the financing of the PSE, revealed a lack of research and enormous difficulties in accessing information, despite the Access to Information Law and the Transparency Law.

This fact draws attention to the effective allocation of resources to the country's most extensive intersectoral public policy for Health and Education, revealing the need for access to the municipalities' accounts and the attention of the State Public Prosecutor's Office for access to information and consistent research on the effectiveness of this policy, with regard to the application of resources in accordance with the established legal parameters.

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