

Situational Diagnosis of Municipal Equity Committees: An Experience Report from the Pet-Health Equity Project

Diagnóstico Situacional de Comitês Municipais de Equidade: Um Relato de Experiência do Projeto Pet-saúde Equidade
Diagnóstico Situacional de Comitês Municipales de Equidad: Un Informe de Experiencia del Proyecto Pet-salud Equidad

RESUMO

Este artigo apresenta um relato de experiência sobre a realização de um diagnóstico situacional dos Comitês Municipais de Equidade (CME) na microrregião de Governador Valadares, Minas Gerais, no âmbito do Programa PET-Saúde: Equidade. Para a análise, utilizou-se o Planejamento Estratégico Situacional (PES), com enfoque no Momento I – Explicativo. Foram realizadas entrevistas com gestores municipais de saúde e coordenadores da Atenção Primária à Saúde, além da análise documental de normativas e registros formais dos CMEs. Os resultados indicaram a ausência de regulamentação formal, o desconhecimento do conceito de equidade por parte dos gestores e a baixa participação social nos processos decisórios. Apenas quatro dos seis municípios forneceram registros documentais, evidenciando a falta de sistematização das atividades dos CMEs. A experiência demonstrou a relevância da articulação entre ensino, serviço e comunidade para fortalecer políticas públicas voltadas à equidade em saúde. Conclui-se que a institucionalização dos CMEs, aliada à capacitação contínua dos gestores e ao incentivo à participação social, são estratégias fundamentais para a consolidação da equidade no Sistema Único de Saúde.

DESCRIPTORIOS: Equidade em Saúde; Planejamento Estratégico Situacional; Participação Social; Sistema Único de Saúde; Políticas Públicas.

ABSTRACT

This article presents an experience report on the situational diagnosis of Municipal Equity Committees (CME) in the microregion of Governador Valadares, Minas Gerais, within the PET-Health: Equity Program. The analysis was conducted using Strategic Situational Planning (PES), focusing on Moment I – Explanatory. Interviews were conducted with municipal health managers and Primary Health Care coordinators, along with document analysis of regulations and official CME records. The results indicated the absence of formal regulation, a lack of understanding of the concept of equity among managers, and low social participation in decision-making processes. Only four out of six municipalities provided documentary records, highlighting the lack of systematization of CME activities. The experience demonstrated the importance of articulation between education, service, and community to strengthen public policies aimed at health equity. It is concluded that the institutionalization of CMEs, combined with continuous training of managers and encouragement of social participation, are fundamental strategies for consolidating equity in the Brazilian Unified Health System.

DESCRIPTORS: Health Equity; Strategic Situational Planning; Social Participation; Brazilian Unified Health System; Public Policies.

RESUMEN

Este artículo presenta un relato de experiencia sobre la realización de un diagnóstico situacional de los Comitês Municipales de Equidad (CME) en la microrregión de Governador Valadares, Minas Gerais, en el marco del Programa PET-Salud: Equidad. Para el análisis, se utilizó la Planificación Estratégica Situacional (PES), con enfoque en el Momento I – Explicativo. Se realizaron entrevistas con gestores municipales de salud y coordinadores de Atención Primaria de Salud, además del análisis documental de normativas y registros formales de los CME. Los resultados indicaron la ausencia de regulación formal, el desconocimiento del concepto de equidad por parte de los gestores y la baja participación social en los procesos de toma de decisiones. Solo cuatro de los seis municipios proporcionaron registros documentales, lo que evidenció la falta de sistematización de las actividades de los CME. La experiencia demostró la relevancia de la articulación entre la educación, el servicio y la comunidad para fortalecer las políticas públicas dirigidas a la equidad en salud. Se concluye que la institucionalización de los CME, junto con la capacitación continua de los

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gestores y el fomento a la participación social, son estrategias fundamentales para la consolidación de la equidad en el Sistema Único de Salud (SUS).

DESCRIPTORES: Equidad en Salud; Planificación Estratégica Situacional; Participación Social; Sistema Único de Salud; Políticas Públicas.

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INTRODUCTION

Since 2008, the Education through Work for Health Program (PET-Saúde) has been

part of the Brazilian Ministry of Health's agenda for human resources training in health, aiming to contribute to the implementation of the National Policy for Continuing Edu-

cation in Health (PNEPS)⁽¹⁾. Created in 2004, PNEPS is a strategy focused on the qualification and professional development of workers in the Unified Health System (SUS), seeking to

improve work processes and strengthen the principles of SUS, reflecting on the improvement of access, quality, and humanization in the provision of services at all levels of the system⁽²⁾.

The integration between teaching and service is one of the structural pillars of PNEPS⁽²⁾. In this context, the Ministry of Health implements strategies to strengthen the articulation between the SUS and Higher Education Institutions, with PET-Saúde being one of the main initiatives⁽²⁾. The program is based on the premise of education through work, providing integrated training for future SUS professionals through teaching, research, and extension activities carried out in health services. The actions are conducted by Tutorial Learning Groups (GAT), composed of students and teachers from different undergraduate courses, as well as graduate professionals linked to the SUS, who act as preceptors. Teachers act as tutors in the training process⁽¹⁾.

The 11th edition of PET-Saúde (2024-2026), called PET-Saúde: Equity, aims to create and expand the conditions necessary for the valorization of female workers and future SUS professionals, considering aspects of gender equity, gender identity, sexuality, race, ethnicity, and disabilities. This perspective is aligned with the National Program for Gender and Racial Equality and the Valorization of Women Workers in the SUS⁽⁴⁾. Health equity, one of the doctrinal principles of the SUS, seeks to ensure equal access to health services, respecting the specific needs of each population group and addressing inequalities that affect historically vulnerable populations, such as women, black people, indigenous people, LGBTQIAPN+ people, and people with disabilities⁽⁴⁾. However, addressing equity in the work context of SUS workers is essential for the exercise of health equity.

The activities of PET-Saúde: Equi-

dade were structured around three thematic areas: (i) valuing current and future female workers in the SUS, with an emphasis on gender, gender identity, sexuality, race, ethnicity, disabilities, and intersectionalities in health work; (ii) mental health and violence related to health work; and (iii) welcoming and valuing workers in the process of motherhood, including women, trans men, and other pregnant persons⁽³⁾. The projects approved by the Ministry of Health in the 11th edition of PET-Saúde (2024-2026) were developed jointly by Higher Education Institutions and Health Secretariats, so as to include one or more thematic areas in their actions.

The Municipal Equity Committees (CME) are intersectoral and participatory spaces that play a crucial role in promoting social justice and reducing inequalities, contributing to the identification and confrontation of barriers that affect historically vulnerable groups. These committees are consolidated as strategic instruments for promoting the mainstreaming of equity in public policies and strengthening the democratic management of the SUS, with the aim of promoting policies and strategies focused on equity within municipal health management, considering territorial and population specificities^(5;6). These structures should promote participatory debates on the health of population groups and be led by representatives of the Municipal Health Secretariat, with the participation of organized civil society, various technical areas of the secretariat, other secretariats, and partners^(5;6).

Considering the thematic axes of PET-Health: Equity and the objectives of the Municipal Equity Committees, the approximation and articulation of the Tutorial Learning Groups with these committees constitute a fundamental strategy for the execution of the program's activities.

However, as an initial step, it is necessary to understand the organization and operating conditions of these committees in the territories. Given this context, this experience report aims to present the actions developed by a GAT linked to PET-Health: Equity Macroregion East of Minas Gerais to carry out the situational diagnosis of Municipal Equity Committees in six municipalities in Minas Gerais, through the application of the Situational Strategic Planning (PES) tool.

METHOD

This is an experience report on the performance of a situational diagnosis of CMEs within the scope of the activities of a GAT linked to the PET-Health project: Equity in the Eastern Macroregion of Minas Gerais. The project, linked to the Federal University of Juiz de Fora, Governador Valadares campus (UFJF-GV), aims to strengthen health equity for workers and future workers in the Unified Health System.

The GAT was composed of eight students from undergraduate courses in Accounting, Law, Physical Education, Pharmacy, Physiotherapy, Medicine, Nutrition, and Dentistry, two professors who acted as tutors and coordinators, and two health professionals from the municipality of Governador Valadares, who acted as preceptors. In PET-Health: Equity in the Eastern Macroregion of Minas Gerais, the group worked in the health microregion of Governador Valadares, which comprises 25 municipalities with a total population of 401,253 inhabitants⁽⁷⁾. The situational diagnosis of the CME was carried out in six municipalities in this micro-region: Alpercata, Alvarenga, Capitão Andrade, Engenheiro Caldas, Governador Valadares, and Tumiritinga. The activities were carried out between July and August 2024.

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Situational Strategic Planning (SSP) was used as the methodological framework for the situational diagnosis. SSP is an approach that seeks to understand and intervene in complex public management problems, structuring decision-making based on a contextualized analysis of reality. Unlike traditional planning models, SSP emphasizes the participation of the actors involved, flexibility in addressing problems, and the formulation of strategies adaptable to concrete conditions⁽⁸⁾.

Among the four stages of PES, this study focused on Moment I – Explanatory, which aims to identify and understand the main problems affecting a given context, analyzing their causes and structural dynamics. At this stage, the central question to be answered is: "What is happening?", allowing for a detailed diagnosis of the problem situation before proposing solutions. The adoption of Moment I was fundamental for gathering information on the existence and functioning of CMEs in the micro-region studied.

The planning of activities included preliminary study stages on the functioning of CMEs and the PES methodology. Initially, students participated in theoretical meetings to understand the structure of the committees and the methodological references adopted. Subsequently, they conducted a CME simulation in order to apply the concepts studied and develop analytical skills for field research.

Data collection was carried out in three stages: (i) preparation of interview scripts and document analysis protocols, developed jointly by students and preceptors; (ii) conducting interviews remotely, via the Google Meet platform, with recording and subsequent transcription of the statements; and (iii) analysis of documents sent by the municipalities, including ordinances and minutes of CME meetings, when available. The

decision to conduct the interviews remotely was motivated by the need to optimize time and resources, as well as the feasibility of recording for greater accuracy in transcription and data analysis.

During the execution of the activities, the main challenges encountered were low adherence by municipal managers, difficulties in scheduling interviews, and obtaining official documents. To mitigate these difficulties, the team maintained continuous contact with participants, repeatedly sending invitations and reinforcing the importance of the research for the qualification of CMEs.

After collecting the qualitative data, it was systematized and discussed in light of the literature on health equity and social participation. To this end, a SWOT Matrix was first developed, in which evidence on the context of CMEs in the micro-region of Governador Valadares was listed in four categories: Strengths, Opportunities, Weaknesses, and Threats. Next, the Weaknesses and Threats were systematized in a GUT Matrix, where they were scored from zero (lowest) to five (highest) in terms of: severity of the problem, urgency to solve it, and tendency to worsen over time. Finally, after prioritizing the problems, an Ishikawa Diagram was constructed

to facilitate visualization of the context of the CMEs in the micro-region, serving as a tool to strengthen them.

RESULTS

The results of the situational diagnosis showed that none of the six municipalities analyzed had a formally structured Municipal Equity Committee with regular functioning and consolidated social participation. Although some municipalities reported the existence of spaces for discussion on equity, these were organized reactively, without continuous planning or institutionalized structure.

Analysis of the interviews revealed that municipal managers have a limited understanding of health equity, often associating the concept with the idea of equality, which impacts the implementation of policies aimed at vulnerable populations. In addition, it was observed that discussions on equity occur in isolation, without structured intersectoral coordination.

Documentary analysis demonstrated the scarcity of formal records on CME actions. Only four of the six municipalities provided meeting minutes, as shown in Table 1.

Table 1- Number of minutes made available by municipal equity committees in the eastern macro-region.

Municipalities	Number of minutes
Municipality 1	5
Municipality 2	8
Municipality 3	9
Municipality 4	4
Municipality 5	0
Municipality 6	0

Source: Prepared by the authors, 2025.

In addition, an analysis of municipal norms and regulations related to

CMEs was conducted. Table 1 presents the main documents analyzed.

Table 1 - Summary of Documents Collected: Groups, Sources, Dates, and Purposes related to municipal equity committees in the eastern macro-region.

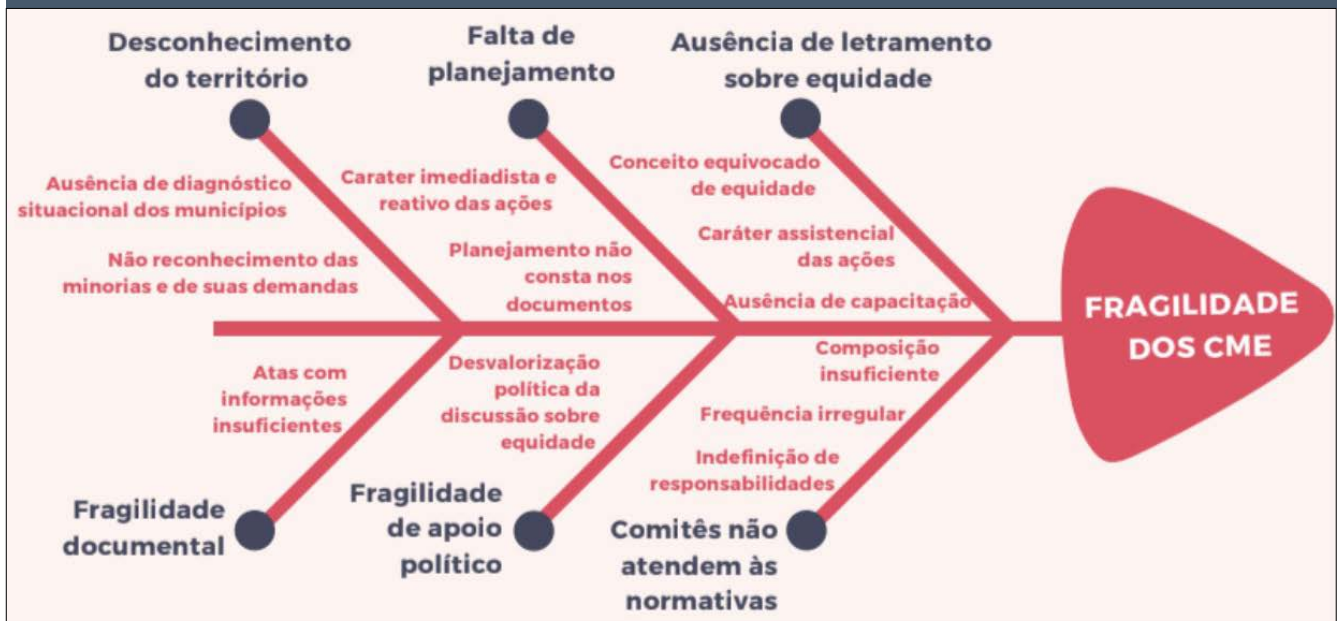
Document	Group of documents	Source	Date collected	Purpose
Technical Note No. 25/SES/SUBPAS-SAPS-DPS/2021	Legislation/Technical Notes	SES/MG website	11/24/2024	Verify the rules and operating standards prescribed for Equity Councils
SES/MG RESOLUTION No. 9,076, OF OCTOBER 18, 2023.	Legislation/Technical notes	SES/MG website	11/26/2024	Check the operating rules and standards prescribed for Equity Councils
GUIDANCE DOCUMENT	Legislation/Technical Notes	GOV Website	11/26/2024	Check the operating rules and standards prescribed for Equity Councils

Source: Prepared by the authors, 2025.

Based on the Ishikawa diagram of the municipalities analyzed, it is clear that there is a context in which it cannot be categorically stated that there is no Equity Committee or

space for discussion of public equity policies. There is discussion about actions aimed at minorities, although it is far from what would be a formally established and democratic space for debate on equity. Therefore, the chal-

lenges identified attest to the fragility of the Equity Committees in the municipalities analyzed, as shown in the Ishikawa diagram.

Figure 1. Ishikawa diagram representing the weaknesses identified in the Municipal Equity Committees of the Governador Valadares Microregion, Minas Gerais.

Source: Prepared by the authors, 2025.

Due to the complexity of the objective of Moment I—to evaluate and analyze the context of the Equity Committees in some municipalities in the micro-region of Governador Valadares—and understanding that there is insufficient evidence to ad-

dress only one of the identified problems, the group chose not to prioritize any of them.

The interviews also highlighted challenges such as the lack of civil society participation in decision-making processes and the lack of structural resources to maintain a continuous

space for discussions on equity. Managers pointed out that when actions aimed at vulnerable groups are implemented, they occur on an ad hoc basis and without coordination with other sectors of municipal management.

Managers' perceptions of progress in discussions on equity are strongly

linked to a welfare bias, in which equity is understood as the equal provision of services, without considering the structural inequalities that affect access to health. This conception negatively impacts the implementation of effective public policies to reduce inequalities.

The data collected highlight the need to strengthen the CME, institutionalizing its activities, training municipal managers, and expanding social participation to ensure the implementation of health equity policies.

DISCUSSION

The findings of this study highlight structural challenges for the consolidation of Municipal Equity Committees in the micro-region of Governador Valadares. The absence of formal regulation and the lack of understanding of the concept of equity among managers reflect limitations that compromise the implementation of effective public policies⁽⁹⁾. Similarly, it highlights that the absence of clear regulations and resistance from managers hinder the application of SUS principles, reinforcing the need for regulation and training to strengthen health governance and make equity policies effective.

The literature points out that the concept of equity is used as a synonym for equality. Equity is the tool that makes it possible to treat unequals unequally, prioritizing those who need it most in order to achieve equality. Equality means that everyone is governed by the same rules and has the same rights and duties⁽¹⁰⁾. However, the interviews revealed that municipal managers tend to adopt a welfare-oriented and universalist approach, without considering the structural barriers that impact access to health services by vulnerable groups.

In addition, the lack of social par-

ticipation in CMEs is a critical gap in local policy-making. Social participation is one of the principles of the SUS and a determining factor in the creation of strategies that reflect the real needs of the population⁽¹¹⁾. However, the data indicate that civil society has little or no influence on debates about health equity in the micro-region studied.

The use of Situational Strategic Planning as a methodology has proven to be an effective tool for understanding the reality of municipalities, identifying weaknesses in the structuring of CMEs, and supporting future strategies to strengthen these spaces. Successful experiences in other regions of Brazil show that the institutionalization of CMEs, combined with the continuous training of managers and intersectoral coordination, are essential factors in ensuring the implementation of equitable policies in the SUS⁽¹²⁾.

Therefore, the results reinforce the need for structural actions to consolidate CMEs as legitimate spaces for public policy formulation. The creation of municipal regulations, the training of managers on equity, and the promotion of social participation strategies are measures that can contribute to strengthening health governance and implementing more inclusive policies⁽¹¹⁾. They reinforce that, without well-defined rules, resources, and technical support, the councils' performance is compromised, hindering more inclusive policies. They also highlight the importance of training and institutional support to ensure effective social participation and strengthen governance in the SUS.

On the part of the students, a notable increase in self-confidence and leadership skills development was reported, along with a greater understanding of the health needs of the territory. This is in line with the proposal to articulate teaching, service, and community so that training in

health courses is critical and transformative.

On the other hand, the limitations faced during the process were the low participation of municipalities, since several managers and coordinators did not respond immediately to invitations or did not send the necessary documentation for document analysis after the interview. Ribeiro et al.⁽¹³⁾ also described difficulties in obtaining the support of municipal managers during a survey on worker health in primary care. As in the present study, the authors observed resistance to participation and to sending documentation essential to the process, compromising the effectiveness of the planned actions.

Therefore, it is believed that the experience was successful, despite the limitations, as it was possible to perform analyses that presented satisfactory results to the group, since the interviews and documents analyzed made it possible to understand the equity scenario in the micro-region of Governador Valadares, so that future measures can be taken to ensure an equitable SUS. Santos⁽⁹⁾ also highlights that the absence of clear regulations and resistance from managers hinder the application of SUS principles. The author reinforces the need for regulation and training so that health governance can be strengthened and equity policies can be implemented.

CONCLUSION

This study highlighted the fragility of the Municipal Equity Committees in the micro-region of Governador Valadares, highlighting challenges such as the lack of formal regulation, managers' limited understanding of the concept of equity, and the absence of active social participation. These factors directly impact the implementation of public policies aimed at health equity.

The GAT experience demonstrat-

ed the relevance of Situational Strategic Planning as a methodological tool for the situational analysis of CMEs, enabling the identification of gaps and opportunities for improvement. The training of managers and health professionals, combined with the institutionalization of CMEs and the

strengthening of social participation, are fundamental strategies for promoting a more equitable and inclusive SUS.

It is suggested that future initiatives broaden the discussion on equity in municipalities, encouraging the creation and formalization of CMEs.

In addition, it is recommended that studies continue to analyze the impact of strategies to strengthen these committees, contributing to the implementation of more equitable and inclusive public policies.

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DECLARAÇÃO DE CONFLITO DE INTERESSE FINANCEIRO E/OU DE AFILIAÇÕES

Os autores declararam não possuir conflitos de interesse.