

Interface, twenty years: Collective Health going through difficult times

After completing twenty years, Interface calls the journal's readers to a reflection regarding current hard times. Launched in August, 1997 with the intention of stimulating the debate and the diffusion of knowledge around interdisciplinary issues in the field of health, this publication stands out by its national visibility, by the growth of submissions, by its good indexation and by the CAPES rate¹.

Determined to value the qualitative research in health, especially present in the subarea of the Social and Human Sciences in Health, the greater number of submissions also reflected the growth of qualitative research itself in the domain of the scientific production of Collective Health, reflecting the expansion of graduate programs in this area, producing and training an increasing number of researchers.

An aspect equally well evaluated was the interlocution sought with the areas of Education and Communication within its interdisciplinary scope. And from its original publishing project, it kept its ever-evolving efforts to build a dialogue between artistic expressions and the content of the published texts, keeping the perspective of a continued appreciation of the way to produce knowledge based on the specific sensitivity of the Arts.

As a result, the journal has been positively classified not only in the area of Collective Health, but also in those of Arts / Music, Interdisciplinary, Education and Teaching, Applied Social Sciences, Anthropology / Archeology and Sociology.

Over this period it also required adaptations to the new norms and impositions arising from the development of science and technology in Brazil, as well as the evaluation policies and indicators of training and intellectual production.

With the increase of the volume of submissions, there was a continuous reduction of the accepted articles for publication, mainly due to the financing difficulties experienced to expand the periodicity of the journal publication. Another change was the end of the printed publication, whose quality and aesthetics corresponded to the objective of articulating the scientific production with the artistic one. As a result, the increase in costs was felt through the difficulties in obtaining specific financing, since the mere subscriptions soon proved to fail short in covering such needs. In addition, readers' habits with new technologies have hastened the transition from print magazines to online digital platforms.

In all these years, important changes occurred in the field of Collective Health itself.

In the academic sphere, growth and diversification of graduate programs were observed, as well as the greater autonomy of the sub-areas such as Epidemiology; Social and Human Sciences in Health and Politics; Planning and Management, including independent congresses and events. There was also a gradual establishment of undergraduate courses.

On the other hand, the changes in the sphere of health services that directly produce issues of scientific interest and training of professionals incorporated into health practices, encompasses the emergence of funding policies for research linked to the Brazilian National Health System (SUS), as well as the formulation of health care policies, with rapid replacement of previous norms, mainly focused on primary care, with important stimuli to knowledge production. There has also been an accelerated increase in the number of professionals and researchers in the field, observed also through the increasing number of people presenting papers and attending different congresses.

In this expanding scenario of more researchers, more professionals engaged in the SUS and research themes; and while maintaining its interdisciplinarity and dialogue between Collective Health and Human and Social Sciences, Interface has stood out as a vehicle for expressing knowledge and reporting experiences in health practices with multiple objects and contours. Various disciplines, research designs and modes of investigation stem from this shared production.

It remains for a scientific publication like Interface, in today's difficult contexts and uncertainties, the duty of avoiding reducing itself to a collection of heterogeneous problems or to a toolbox of objects appropriate for each discipline, but instead resort to new and transversal questions in studies that update their references, theoretical frameworks and methods, in the face of diverse and dynamic realities.

Although it is always open to education and communication in health practices and professional education, new contributions of content and approaches that emerged in the last decade are especially valued. The journal should embrace recent movements through the study of a greater diversity of social, demographic and social categories. This diversification of theoretical frameworks will bridge the gap between health and medicine, as in the fields of Mental Health and Sexual and Reproductive Health. The object "health-disease process" remains a frequent object of study, but with new approaches and perspectives: race, gender, sexuality, violence, vulnerable populations and social markers of differences and inequalities.

Additionally there are critical studies of organizational innovations and management challenges of services and levels of care, changes in professional practices, shifts in profiles, composition and distribution of the health workforce, and the impact of technological innovations, such as genetics and telemedicine, the role of medicines, technologies and intellectual property in the social and therapeutic spaces, the contexts of chronicity, end of life and changes from the evolving paradigm from healing to care.

It is not exclusive to Brazil that the production in Social Sciences and Health², although fruitful, points to future research challenges that confront tensions and interactions between individual and collective risks, questions opened by biotechnology, knowledge transformations and changes in practices of health professions as well as health system reforms.

It is also worth noting that there are adverse scientific and institutional contexts, marked by the retirement of a large generation of researchers in Social and Human Sciences recruited in the 1970s, quitting active roles in Collective Health, product of the shrinking investment in research and teaching in public universities. It is also motivated by the reduced role of the research agencies and the promotion of private health education institutions, without tradition and commitment to the teaching-research articulation. Added to the aforementioned, we must consider the obstacles imposed on health democracy and the new relations between the State, market and society in the design of policies and in the stewardship of health systems.

In the conformation of Collective Health in Brazil, although it has been developed as a social line of thinking in health characterized by the interdisciplinary dialogue with the Biological Sciences, it is also possible to be perceived a certain inhibition and a certain retardation of the advance of the scientific knowledge. It is common to consider the Social Sciences applied in Health as less scientific and the activation of research resources and the legitimation of academic production is therefore blocked³. There is a possible lack of training on the part of the authors⁴, which leads to a monotonous production

that does not enjoy the diversity of analytical-methodological tools available; or even it may lead to banalization and inappropriate use of analytical categories, techniques and qualitative methods.

Even not spared from the crises of scientificity, identity and appropriateness of methods, the Brazilian production of policies, planning and management in Health^{5,6} has been marked by the diversification and fragmentation of approaches when dealing mainly with specific health policies, or addressing problems of certain population groups, of isolated institutions and practices, of the validation of governmental initiatives and programs, of components of subsystems that integrate the health system, and to a lesser extent, providing analyzes of the political process in health.

International initiatives⁷ have encouraged researchers to renew efforts in multidisciplinary approaches, considered essential for solving the complex problems that arise for Collective Health in general and for health systems in particular.

It is increasingly necessary to understand, for example, the way in which society evolved in its organization and how different actors and interests began to interact to solve, or inversely, to hamper collective health objectives; the way policies are developed; and the role of stakeholders, interests and relations of force and power that influence the direction and results of health obtained. It is necessary to question the means that are being mobilized or blocked, the reasons for successes and failures to reach the goals of promoting, recovering, improving and maintaining the health of the entire population⁸. It is necessary to emphasize the need for harmonization of efforts and the definition of a strategic and articulated agenda to maximize the impact of scarce investments in research and to optimize the production of knowledge in Collective Health⁸. It is also imperative to strengthen graduate programs to train researchers, to broaden the support with focus on research approaches and priority issues decided jointly by the academic community, ensure transparency in the use of the resources involved, and disseminate its results.

It is also necessary to better understand the dynamics of the constitution and development of current scientific production. Divergent grounds should inform the academic debate about its maintenance, articulation or renegotiation, aiming at the possible adoption of a plural, updated, innovative and transdisciplinary research agenda. It is a debate about how the area of Collective Health may act aggregating other areas, maintaining, guiding or reducing the theoretical and methodological diversity in the production of knowledge; about how researchers will guide the organization of thematic boundaries, networking, publication of works or convening academic events.

The world has changed drastically in the last twenty years, as well as the scenario in which the production of Collective Health takes place. Previously, there was more confidence that through the production of evidence, the solution to health system problems could be easily identified and those solutions could have widespread implementation⁹. The very concept of universally relevant policies and strategies is challenged with the recognition that health systems are dynamic and not always predictable, requiring innovative analytical research capacity to produce knowledge that generates adjustments and adaptive interventions. Within the connected society, with new information networks and technologies of interaction, sharing of ideas and knowledge, the role of institutions and agents responsible for health goes far beyond the limits of the systemic traditional health policies and programs, requiring new research questions that navigate these and other contemporary realities, such as a closer

coexistence with chronic health situations, the increasing need for resources in times of fiscal austerity, or the imperative to respond to social dissatisfaction by increasing quality and efficiency of health services.

In Brazil, the constraints to universality and the alternatives that fragment and stratify the health system have crossed over all governments, from Fernando Collor to Michel Temer, albeit with nuances and different degrees, surviving through several party administrations since the SUS was enacted in the 1988 Constitution. It included the failure to create solid foundations and stable sources of public financing for health before it was stopped by the intensification of privatization and financialization processes, that resulted from the accumulation of political power, and from mechanisms of relations with the State triggered by companies and institutions that make up the private health sector.

In order to overcome the political, economic, ethical, moral and societal crises that hit the country, Collective Health and the defense of the SUS come to the fore with elements of a new national project and civilization to be collectively forged, generating growth, promoting inclusion and renewing the social welfare state - and a political reform that acknowledges the limits of a corrupt party structure and the representative democracy in the current molds, allowing new experiences in which the population can have an effective and direct presence in the management, in the decisions and the vetoes on national subjects like health.

To this end, Collective Health must revisit the construction of the kind of critical thinking that was its main characteristic since its inception. It should also take up the expanded concept of health, confront counter-hegemonic and cultural issues - including inequalities - and re-articulate the political and the technical-scientific dimensions. If, until the first decade of the 2000s, there was a clear perception that Collective Health was consolidated as a scientific field, when faced with the new times it must confront other challenges regarding its (re) foundation as an interdisciplinary project that can act critically to question traditional scientific culture, medical practices and health care.

In the same direction, journals in this field should refocus their editorial agendas, updating them and opening up to an expanded and more diverse communities of researchers, also keeping in tune and interaction with the new social movements as well as the ongoing debates regarding projects for the future.

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