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Institutional Consolidation of ESPSC in the SUS of Santa Catarina

Consolidação institucional da ESPSC no SUS-SC

Consolidación Institucional de la ESPSC en el SUS de Santa Catarina

ABSTRACT

Objective: This study analyzes the institutional trajectory, political-pedagogical performance and contributions of the Santa Catarina School of Public Health (ESPSC) in strengthening the Unified Health System in the state. **Methods:** A qualitative documentary approach was adopted, based on analysis of decrees, institutional reports, administrative databases and pedagogical documents produced between 2019 and 2025. **Results:** The findings indicate the consolidation of ESPSC as a School of Government in Health, integrating training, research, innovation, and teaching–service–community collaboration. The results show a notable expansion of residency programs, strengthening of Permanent Education in Health initiatives, institutionalization of applied research processes, as well as increased availability of face-to-face, hybrid and digital training. The analysis demonstrates that the school plays a structuring role in coordinating educational policies and developing the workforce in the Santa Catarina Unified Health System (SUS-SC). **Conclusions:** The study concludes that ESPSC contributes significantly to improving management, professional qualification and care practices within the state health system.

Keywords: *Permanent education; Unified health system; Schools of public health; Health human resources training; Health policy.*

RESUMO

Objetivo: Este estudo analisa a trajetória, a atuação político-pedagógica e as contribuições institucionais da Escola de Saúde Pública de Santa Catarina (ESPSC) no fortalecimento do Sistema Único de Saúde no estado. **Método:** Adotou-se abordagem qualitativa documental, com análise de decretos,

relatórios institucionais, bases administrativas e documentos pedagógicos produzidos entre 2019 e 2025. **Resultados:** Os resultados evidenciam a consolidação da ESPSC como Escola de Governo em Saúde, articulando formação, pesquisa, inovação e integração ensino–serviço–comunidade. Observou-se expansão dos programas de residência, fortalecimento das ações de Educação Permanente em Saúde, institucionalização de processos de pesquisa e ampliação da oferta formativa presencial, híbrida e digital. A análise aponta que a Escola exerce papel estruturante na coordenação de políticas educacionais e no desenvolvimento da força de trabalho do SUS-Santa Catarina. **Conclusão:** Conclui-se que sua trajetória contribui de modo significativo para o aprimoramento da gestão, da qualificação profissional e das práticas de cuidado no estado.

Descritores: *Educação permanente; Sistema único de saúde; Escolas de saúde pública; Capacitação de recursos humanos em saúde; Política de saúde.*

RESUMEN

Objetivo: Este estudio analiza la trayectoria institucional, la actuación político-pedagógica y las contribuciones de la Escuela de Salud Pública de Santa Catarina (ESPSC) al fortalecimiento del Sistema Único de Salud en el estado. **Método:** Se adoptó un enfoque cualitativo documental, basado en el análisis de decretos, informes institucionales, bases administrativas y documentos pedagógicos producidos entre 2019 y 2025. **Resultados:** Los resultados evidencian la consolidación de la ESPSC como Escuela de Gobierno en Salud, articulando formación, investigación, innovación e integración enseñanza–servicio–comunidad. Se observó la expansión de los programas de residencia, el fortalecimiento de las acciones de Educación Permanente en Salud, la institucionalización de procesos de investigación y la ampliación de la oferta formativa presencial, híbrida y digital. **Conclusión:** El estudio demuestra que la Escuela cumple una función estructurante en la coordinación de políticas educativas y en el desarrollo de la fuerza laboral del sistema de salud estatal.

Descriptorios: *Educación permanente; Sistema único de salud; Escuelas de salud pública; Capacitación de recursos humanos en salud; Política de salud.*

INTRODUCTION

Strengthening the Unified Health System (SUS) is an imperative that is achieved through the continuous qualification of health professionals and managers, as well as through the existence of institutions capable of generating knowledge and sustaining long-term public policies. According to Paim¹, the institutional framework of the SUS is intrinsically dependent on a robust organizational basis, capable of fostering continuous processes of learning, innovation, and management.

State Schools of Public Health (SPH) are essential in this process, as they integrate education, management, and practice. They act as “boundary institutions,” transforming social demands into highly effective educational processes grounded in Permanent Education in Health (PEH)^{1,2}. PEH articulates education, service and community, taking territory and the real needs of workers and users as structuring references^{3,4}. Furthermore, it assumes fundamental roles in the production of applied knowledge, institutional development, critical qualification of the workforce, preservation of public health memory, and strengthening of intergovernmental relations.

As established in the National Policy on Permanent Education in Health (PNEPS), PEH is conceived as a continuous learning process rooted in everyday service practices and focused on solving problems faced by workers and managers³. It recognizes work as the central axis of education and territory as a space for the production and application of knowledge, valuing the integration between education, service and community. Thus, State Schools of Public Health entail structuring institutions capable of transforming complex health challenges into educational practices and training policies that drive changes in health realities.

In the national Scenario, State Schools of Public Health in states such as Bahia, Ceará and Pernambuco have consolidated themselves as national references in pedagogical innovation, applied scientific production and the development of health educational policies². That is the context in which that the creation and subsequent empowering of the Santa Catarina School of Public Health (ESPSC) is situated, marking a new organizational and political cycle in the state. The institutionalization of ESPSC expanded the scope previously carried out by the Directorate of Permanent Education in Health (DEPS), which was responsible for directing training processes aligned with the PNEPS guidelines³.

More than an administrative transition, the institutionalization of ESPSC represents a conceptual and strategic variation aligned with the growing national movement to strengthen Schools of Government in Health—driven by entities such as the National Council of State Health Secretaries (CONASS), the Brazilian Network of Schools of Public Health (RedEscola), and the Ministry of Health^{2,5}. Hence, ESPSC assumes its place as a key institution of the Santa Catarina State Health Secretariat (SES/SC), expanding its capacity to articulate with different

levels of management, broadening its political-pedagogical role, and strengthening the development of the SUS workforce in the state.

Given this context, this study aims to present the pathway, political-pedagogical performance, and strategic role of ESPSC in building up the SUS in Santa Catarina.

METHODS

Study design

This is a qualitative, descriptive and historical-institutional study, grounded in the understanding that health training institutions possess their own historicity and act as organizers of public policies¹.

Methodological accuracy was ensured through triangulation of documentary analysis, narrative review and administrative data, a strategy recommended for complex institutional studies and evaluations of health training systems. Administrative data covered the period from 2019 to 2025.

Three categories of sources were mobilized - selected due to their historical, normative, and analytical relevance:

Documentary and normative sources

These included SES/SC and ESPSC legislation; management reports; State Health Plans; the Institutional Development Plan (IDP); the Institutional Political-Pedagogical Project (IPP); course plans; managerial reports from DEPS and ESPSC; and national documents from CONASS⁵, RedEscola⁷, and the Ministry of Health.

Scientific and technical literature

This comprised articles, books and reports on Permanent Education in Health, State Schools of Public Health, learning theories, active learning⁶; as well as publications on institutional development, workforce management, public health organizations, and educational innovation.

Administrative and management data from ESPSC

These included quantitative records of enrollments, certifications, courses offered, training modalities, teaching-service integration, research and innovative actions, obtained from the Integrated Academic Management System (SIGAS) and institutional reports.

Data analysis procedures

The analysis followed three interrelated stages, guided by predefined analytical axes:

Classification of material into thematic axes

Documents were organized in analytical sets related to institutional path, political-pedagogical production, and contributions to the SUS.

Thematic content analysis

Bardin's content analysis⁸ was applied, including pre-analysis, coding and interpretation. The material was systematically coded by analytical axes, enabling the identification of categories, patterns and meanings related to ESPSC's career path and strategic role.

Organization and classification of data

Data were classified into analytical sets, guiding the final coding and the historical interpretation of institutional changes.

RESULTS

The analysis was systematized into three axes: (1) historical-institutional evolution, legal milestones, political changes, and organizational expansion; (2) political-pedagogical performance, including the implementation of PNEPS, educational innovation, teaching-service-community integration, and intergovernmental articulation; and (3) contributions to SUS-SC and to the national legacy of EESPs, encompassing training impact, expansion of educational offerings, strengthening of state capacities, and implications for public policy.

Historical-institutional path

The career path of ESPSC reflects a continuous process of institutional transformation, aligned with administrative reforms of the SUS and political-organizational reconfigurations of the Santa Catarina State Health Secretariat (SES/SC). This path consolidated health education as a strategic guideline of state public management.

The first major variation occurred with the State Administrative Reform established by Complementary Act Law No. 284/2005⁹, which dissociated health education from the human resources area and created the Management Unit of the School of Public Health in SES/SC. This unit, alongside the School of Health

Training, became part of the Directorate of Human Development under the Superintendence of SUS Management.

In 2007, Decree No. 678¹⁰ redefined the former Directorate of Human Development (DIDH) as the Directorate of Permanent Education in Health (DEPS), structuring it into two management units— Management Unit of the School of Public Health in SES/SC and School of Health Training —under the Superintendence of Planning and Management, thereby reinforcing the strategic role of permanent education in state health policy.

In 2019, Decree No. 144¹¹ promoted a new reorganization by transforming the management units into coordination units and expanding the institutional scope of DEPS. Divisions were incorporated, including Permanent Education, Distance Learning, Mandatory Internships, New Values, Medical Residency, Humanization, Employee Actions, Science and Technology, and the State Coordination Committee for the Primary Health Care Professional Appreciation Program (PROVAB) and Mais Médicos programs. This movement consolidated DEPS as a strategic unit within the Superintendence of Health Planning.

The most significant institutional change occurred in 2021 with Decree No. 1,305¹², which unified DEPS, the School of Health Training, and the preexisting School of Public Health, officially creating the Santa Catarina School of Public Health (ESPSC) as a structuring directorate of the State Health Secretariat of Santa Catarina (SES/SC). Such unification harmonized pedagogical and administrative flows and represented a conceptual variation aligned with the national movement to strengthen Schools of Government in Health, adopting an integrated organizational logic oriented towards knowledge management and permanent education.

In 2024, Decree No. 587¹³ repositioned ESPSC within the Superintendence of Health Care, emphasising the notion of education as a transversal element in the organization of care, in consonancy with the National Policy on Permanent Education in Health (PNEPS) and national recommendations for teaching–service integration. Currently, the School presents a multidimensional structure comprising areas such as academic-pedagogical; administrative-financial; education and health training; teaching–service integration; internships and academic leagues; research, extension, and health innovation; postgraduate education and health residencies- all supported by executive, communication, and technological advisory units.

This path points out a cycle of institutional expansion that articulates legal milestones, political-organizational transformations, and the progressive strengthening of ESPSC's structuring role within the Unified Health System of Santa Catarina.

Political-pedagogical performance of the school

The consolidation of ESPSC corresponds to a process of political-pedagogical affirmation guided by the National Policy on Permanent Education

in Health (PNEPS), which was established as the philosophical, methodological, and operational guideline of its training actions¹⁴. The School's performance maintains continuous dialogue with the SUS and national and state policies, as well as with critical pedagogical frameworks.

The Institutional Pedagogical Project (IPP) 2026–2030, currently under development, makes explicit the transition of permanent education: it used to play a sector-specific role, but now it is a cross-cutting foundation that articulates multiple educational modalities: continuous education courses, professional qualifications, technical courses, technical specializations, postgraduate education (lato sensu and health residencies), internships, and research. Such a model integrates work, territory, and management as structuring bases of education¹⁵, sustaining critical-dialogical practices inspired by Freire, Saviani, and Vygotsky, as well as Morin's complexity approaches. Those authors' views guide active learning, reflective processes, and emancipatory learning¹⁶⁻¹⁹.

The administrative reorganization of 2021 expanded ESPSC's political influence over health education planning within the SUS in the state, strengthening its participation in agreements and training guidelines. This movement was further deepened through the formulation and implementation of the State Plan for Workforce Management and Health Education (PEGTES) 2024–2027, which recognizes ESPSC as a strategic training body and coordinator of guidelines for the development of the SUS workforce in Santa Catarina²⁰. The plan reiterates the centrality of Permanent Education in Health as a management instrument and guides the integration between planning, training, workforce management, and institutional development.

This performance is also underlined in the leadership and strengthening of teaching–service–community integration. By recognizing territories and services as privileged spaces for the production of knowledge and practices, ESPSC coordinates intersectoral initiatives with state public hospitals, Regional Health Management Offices, Teaching–Service Integration Committees (CIES), higher education institutions, and residency programs. The aforementioned initiatives consolidate teaching-service integration as a structuring principle of health education in the state. This articulation expanded ESPSC's pedagogical legitimacy and reaffirming boosted its mediating role between care practices, social needs, and training policies.

Furthermore, the expansion of federative articulation reinforces ESPSC's political-institutional role at the national level, consolidating it both as a school of government and as a strategic actor in the formulation and coordination of Permanent Education in Health policies. Its active participation in RedEscola and in the Collaborative Network of Schools of Public Health (Redescoesp) expanded remarkably its capacity for technical-scientific exchange, horizontal cooperation, and shared construction of pedagogical frameworks and training solutions for the SUS. All in all, it contributes to the harmonization of educational practices and the empowering of state capacities. Collaborative actions highlighted by CONASS demonstrate that EESP participation has added to collective responses to public

health challenges, qualifying training processes and expanding the impact of educational policies⁵. Articulation with CONASS and the Ministry of Health intensifies the alignment between state and national guidelines, consolidating PNEPS as the structuring driving force of health education in the state.

Contributions to SUS-SC and to the Legacy of State Schools of Public Health

ESPSC's performance cemented a robust set of initiatives that reaffirm the historical role of State Schools of Public Health in structuring the SUS workforce. Its results are expressed across multiple fronts—continuous education courses, professional qualifications, technical education, technical specialization, lato sensu postgraduate education, health residencies, teaching–service integration, research, and educational governance— all of them directly contribute to the qualification of Primary Health Care and Specialized Care, decentralization of specialists, and the strengthening of the workforce management and health education in the state.

The expansion and qualification of health residency programs constitute a strategic driving force of the institution. Since 2015, the Medical Residency Program in Family and Community Medicine (PRMFC), organized under a multicenter and regionalized model, has expanded the presence of specialists across different territories of Santa Catarina. Training is carried out in partnership with municipalities, educational institutions, and hospital units, articulating theory and practice through active learning methodologies, continuous faculty supervision, and hybrid learning tools. In 2020, the implementation of the Multiprofessional Residency in Family and Community Health strengthened interprofessional training, qualifying a comprehensive and integrated perspective of care.

These initiatives were integrated into the Program for the Promotion of Professional Specialization for Primary Health Care (FEPAPS-SC), approved by the Bipartite Intermanagerial Commission in 2020. The program was consolidated as a state policy for workforce provision and qualification in Primary Health Care (PHC), articulating residency programs, lato sensu postgraduate education, and state, municipal, and federal funding through the Organizational Contract for Public Action in Education and Health (COAPES). This structure promoted effective co-management through Local Management Committees composed of municipal and state representatives and residents, responsible for reflecting on work processes in the territories and supporting local decision-making.

The training offered comprises five courses: two residency programs— Medical Residency in Family and Community Medicine (FCM) and Multiprofessional Residency in Family and Community Health—and three lato sensu postgraduate programs (Permanent Education for PHC with a focus on Health Residencies, Preceptorship in Family and Community Medicine, and

Multiprofessional Preceptorship for PHC). As a result, a 175% increase in enrollments in the Medical Residency Program in Family and Community Medicine (PRMFC) was recorded in 2025, with the participation of 56 municipalities distributed across seven macro-regions. By integrating training, workforce provision, preceptorship, and the development of Intervention Projects, FEPAPS-SC consolidated an integrated teaching–service–community model and reinforced the inductive role of ESPSC in strengthening PHC.

The ESPSC Health Residencies Unit, in articulation with hospital units, Medical Residency Committees (COREMEs), and Multiprofessional Residency Committees (COREMUs), fortified strategic actions, qualifying in-service training within the Unified Health System (SUS). In 2026, the 60th anniversary of the implementation of medical residency programs in state public hospitals and the 11th anniversary of the implementation of professional-area health residencies will be celebrated. These initiatives expanded training to nursing, physical education, pharmacy, physiotherapy, speech therapy, nutrition, dentistry, psychology, and social work. Health residency programs within SES/SC, guided by ESPSC's expertise, have grown progressively, enlarging organizational processes and strengthening health services across multiple specialties, which are structured to offer solid specialization conditions for newly graduated professionals.

Currently, Medical Residency comprises 92 programs distributed across 60 specialties, with the addition of 69 new positions in 2025 and a total of 722 residents in training. The rate of unfilled positions in 2025 was only 6.7%, a percentage considered low if compared to the national scenario. Professional Health Area Residencies include 11 active programs encompassing nine professional categories, with the inclusion of 26 positions in 2025 and a total of 127 residents in training. For 2026, four additional medical residency programs and four professional-area residency programs will be opened, reaffirming SES/SC's commitment to the continuous qualification of the SUS workforce.

In technical education, ESPSC has maintained for more than 30 years one of the most consolidated professional health education arrangements in Brazil, reaching 82% of the municipalities in Santa Catarina. Its career path includes technical courses and technical specializations in strategic areas, impacting the qualification of thousands of SUS workers.

In the field of teaching–service integration, ESPSC plays a strategic role through the Novos Valores Program and the management of mandatory internships. Between 2021 and 2025, the Novos Valores Program involved 550 interns from secondary, technical, and higher education levels, strengthening institutional practices and promoting training aligned with the real needs of SUS-SC. The management of mandatory internships, supported by 55 active Technical Cooperation Agreements with educational institutions and involving 24 units of the SES/SC Network, ensured a qualified and diversified practice field. These units include state-owned hospitals, state-owned units managed by social organizations, the Santa Catarina Rehabilitation Center, the Central Public

Health Laboratory, and the Superintendence of Urgency and Emergency Care, offering essential environments for in-service training. Between 2021 and 2025, approximately 60,000 students concluded mandatory internships, with an annual growth from approximately 10,000 to more than 12,000 interns as of 2022, reinforcing the central role of the network as a fundamental backbone of in-service education in the state.

ESPSC coordinates the State Teaching–Service Integration Committee (CIES), responsible for disseminating, promoting, and supporting the implementation of the National Policy on Permanent Education in Health (PNEPS) across levels Health Regions and in all of the 295 municipalities of Santa Catarina, in articulation with the 17 Regional Intermanagerial Commissions (CIRs) and the regional CIES. In 2025, more than 50% of the regions were visited to strengthen PNEPS through meetings, workshops, dialogue circles, and conferences. The actions which support the implementation of the Municipal Permanent Education in Health Units (NMEPS) are also noteworthy: they were originally created in Santa Catarina in 2012 and subsequently incorporated by other states. For 2026, PEGTES foresees 17 Regional Workshops aimed at strengthening PNEPS and restructuring CIES, strategic instances for qualifying training and care within the SUS.

In the field of research, ESPSC made good progress in institutionalizing the governance over the evaluation of studies aimed at collecting data or recruiting participants under the care and responsibility of SES/SC. In February 2025, this process began to be led within the scope of the SES/SC Research Evaluation Network (RedeAPSES/SC), established by Ordinance No. 32/2025.

The Network is composed of the Center for Research, outreach, and Health Innovation (NPES), responsible for the coordination and administrative management, and Local Research Committees (CLPs), strengthening the decentralization and qualifying protocol analysis. For studies that meet technical-scientific, ethical, and feasibility criteria, an Institutional Consent Term (TAI) is issued, formalizing institutional authorization to carry out studies. Evaluation criteria include relevance, feasibility, participant protection, and compliance with the national research ethics and data protection regulations, having human rights as a cross-cutting axis. The institutionalization of RedeAPSES/SC professionalizes research evaluation processes, provides ethical qualification to research projects, and ultimately enables ethical oversight aimed at guaranteeing the participants' rights. What is more, it strengthens scientific production aligned with SUS-SC needs.

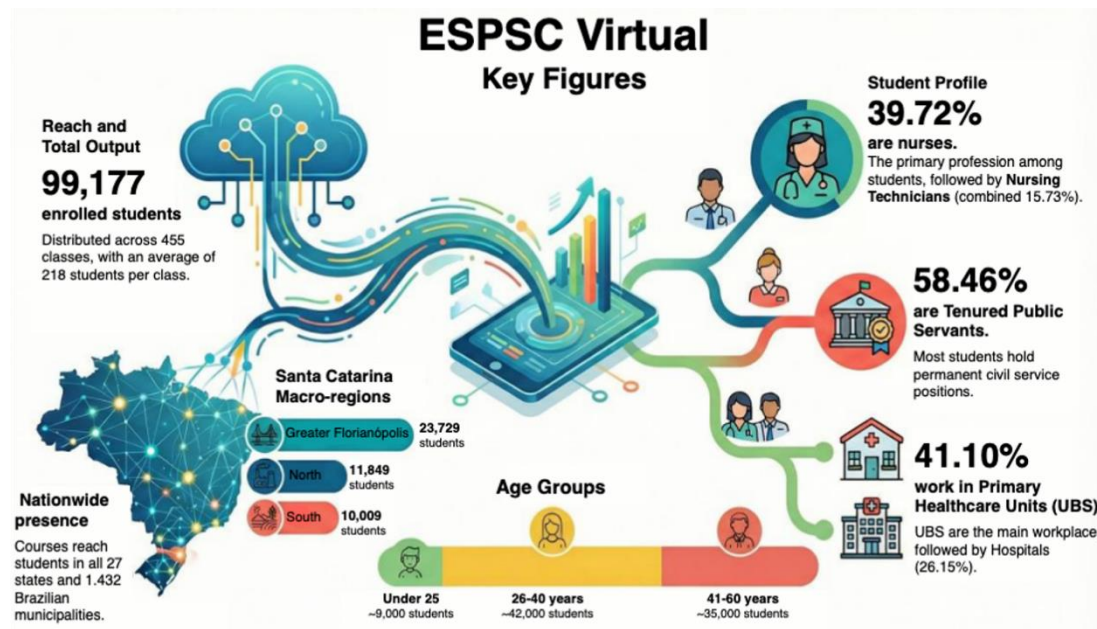
Articulated with research governance, ESPSC coordinates the execution of the Research for the SUS Program (PPSUS) by SES/SC in partnership with FAPESC, DECIT/MS, and the National Council for Scientific and Technological Development (CNPq). Up to 2023, Santa Catarina had funded 226 projects across 22 institutions, addressing chronic diseases, communicable diseases, health policies, mental health, and pharmaceutical services. Moreover, the state trained 79 professionals, namely specialists, master's, and PHD graduates.

In the field of digital education, ESPSC, through its Virtual Learning Environment (VLE), developed a dynamic and adaptable ecosystem directed toward the continuous qualification of SUS workers. The VLE works as an essential institutional tool for Permanent Education in Health, offering flexibility, accessibility, and quality. By November 2025, the platform had accumulated 99,177 enrolled students across 455 cohorts, with an average of 218 students per cohort, spread across 1,432 municipalities in all of the 26 Brazilian states and the Federal District.

In Santa Catarina, the highest number of students is in the Greater Florianópolis macro-region (23,729), followed by the Northern (11,849), Southern (10,009), Itajaí Valley (9,415), and Greater Western (9,312) macro-regions. Among the other states, attendance is significantly high in Paraná (1,306 students), Rio Grande do Sul (1,017), Bahia (929), Rio de Janeiro (865), and São Paulo (533).

The student profile reveals broad age diversity, with a considerable predominance in the 26–40 age group (42,000 students) and the 41–60 age group (35,000 students). Regarding professional category, nursing represents the largest group (39.72%). The platform primarily impacts PHC: 41.10% of the students work in Primary Health Care Units (UBSs), followed by 26.15% in hospital settings. Students and interns represent the biggest group of new enrollments (25.49%), highlighting their role in training for workforce entry. Most students hold permanent employment contracts (58.46%) (Figure 1).

Figure 1 – ESPSC Virtual infographic for the period from 2020 to 2025 (updated as of November 28, 2025).



Source: Generated by Artificial Intelligence.

Finally, the set of initiatives described shows that ESPSC has established itself as a strategic institution within the Unified Health System (SUS) in Santa

Catarina. It does so by articulating technical and higher education, workforce provision and retention, teaching–service integration, regional governance of Permanent Education in Health (PEH), scientific production, research ethics, and management support. Its performance contemporarily materializes the legacy of the State Schools of Public Health in Brazil: transforming health system needs into educational processes, sustaining long-term public policies, promoting territorial equity, and strengthening permanent state capacities.

DISCUSSION

The analysis of ESPSC's institutional career path and political-pedagogical performance highlights its consolidation as a strategic actor for strengthening the SUS at the state level and within the broader network of State Schools of Public Health in Brazil. The findings indicate that its evolution from the former Directorate of Permanent Health Education (DEPS) to its current institutional configuration is strongly articulated with national movements of the National Policy on Permanent Education in Health (PNEPS), with administrative reconfigurations within SES/SC, and with the strengthening of the state capacities in health workforce education—elements widely discussed in the literature on Schools of Government and the institutionalization of PEH^{5,6,14}.

Along this path, the construction of a political-pedagogical approach grounded in critical theoretical frameworks stands out, with emphasis on dialogical education and teaching–service–community integration. This bias transcends traditional models of professional qualification and reaffirms the understanding of PEH as a transformative strategy for practices within the SUS, as sustained by classical authors in the field of education and health work^{21,22}. Initiatives developed by ESPSC—such as the expansion of residency programs, the implementation of FEPAPS-SC, and the articulation with Teaching–Service Integration Committees (CIES) and with collaborative state and national networks—illustrate a training model that connects multiple institutional actors, increases pedagogical governance capacity, and incorporates active learning methodologies and territorially grounded practices^{23,24}.

When compared with national studies on the implementation of PNEPS and PEH arrangements, the experience of Santa Catarina reveals relevant convergences and achievements. While the literature indicates that PEH actions often occur in a fragmented manner and with limited articulation among managerial levels, the findings of this study point to a path of progressive integration, with ESPSC assuming a central role in negotiation, planning, and professional development. This experience reinforces the relevance of CIES in a governance capacity and overcomes recurring national limitations, such as weaknesses in intersectoral coordination and underutilization of available resources²².

The quantitative impacts observed—such as the expansion of the virtual learning platform, the growth of the residency programs, and the institutionalization of the research governance flows—reinforce the importance

of ESSPs in the development of more responsive state health systems. The creation of the SES/SC Research Evaluation Network (RedeAPSES/SC)²⁵ and its articulation with the Research for the SUS Program (PPSUS) demonstrate ESPSC's capacity to align knowledge production with SUS needs, reducing the longstanding disconnect between research and health management^{26,27}.

Despite these accomplishments, challenges to the effectiveness of distance-based Permanent Health Education persist, particularly related to infrastructure, faculty training, and the quality of educational material. These challenges require systematic and sustained responses to ensure positive educational outcomes²⁸.

The theoretical implications of these findings lie in validating PEH as a model of educational and institutional governance. ESPSC goes beyond its role as a course provider, acting instead in the production of an organizational culture oriented toward reflection on work processes, meaningful learning, and the democratization of knowledge. The School's contributions to training qualification, strengthening of hybrid educational offers, and expansion of technological infrastructure enhance the state's capacity to articulate educational policies aligned with health priorities and territorial demands^{29,30}.

Meanwhile, it is necessary to acknowledge limitations inherent to the study's methodological design. Reliance on administrative and institutional documents may underestimate informal practices and micropolitical dynamics; the focus on Santa Catarina limits direct generalization to other state contexts, particularly given regional inequalities and diverse socioeconomic conditions; and the absence of longitudinal data directly correlating educational actions prevents causal inferences and more robust temporal analyses.

CONCLUSION

The analysis of the institutional career path and practices of the Santa Catarina School of Public Health (ESPSC) demonstrates that the institution has achieved a significant degree of organizational maturity and has consolidated itself as a strategic actor in the training, qualification, and development of the Unified Health System workforce in the state. Its evolution from the Directorate of Permanent Health Education to its current status as a School of Government in Health reflects a thorough process of strengthening educational policies, knowledge management, and teaching–service–community integration.

The findings indicate that ESPSC has built a consistent political-pedagogical project grounded in the principles of Permanent Health Education and in methodologies that recognize work as a formative space. Its institutional performance reveals strong intersectoral articulation, the promotion of critical learning environments, and the reinforcement of collaborative practices among managers, health workers, educational institutions, and care networks. Progress in areas such as residency programs, hybrid education, digital learning, research, and support for governance structures have contributed to enhance professional

qualification and boost institutional processes within public health in Santa Catarina.

The analyzed career path also proves that ESPSC plays a relevant role in coordinating state policies related to health workforce education and management, providing technical and operational support, promoting mediating agreements, and driving collective agendas that impact service organization and quality of care. The diversity of educational actions and the capacity to integrate multiple actors from management and territorial contexts confirm the school as a structuring instrument for the development of public policies aligned with the health system needs.

In spite of limitations inherent to the documentary nature of the study, the findings show that ESPSC has established itself as a space for knowledge production, network articulation, and the induction of decentralized educational processes. It is concluded that the institution contributes decisively to the strengthening of SUS in Santa Catarina, reaffirming the role State Schools of Public Health play in sustaining public, universal, and responsive health systems. In this sense, maintaining institutional investments is paramount to ensure their expansion, stability, and capacity to respond to emerging demands within the health system.

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