

* Original article

Health Channel in history: the audiovisual communication in healthcare

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Abstract

This article is the result of the dissertation titled "Media and Health at Fiocruz: Health Channel in focus" - study performed for a Masters in Science in the Health area (ENSP / Fiocruz) - based on the communication audiovisual. This study seeks to recover the nature through the view, the understanding and the perception of people who experienced the birth and participated in the construction of a structured communication tool to gather, analyze, disseminate, inform and discuss issues related to health, called the Health Channel - ongoing project of the Presidency of Oswaldo Cruz Foundation (Fiocruz), designed to give managers, health professionals and a large contingent of the population, different knowledge in health, in addition to acting as an instrument of dissemination of continued education in health. Methodologically, we chose qualitative research, adopting the following techniques: bibliographical review, direct observation, documentary analysis and semi-structured interview - approved by the Ethics Committee of the National School of Public Health Sergio Arouca. The research begins in December 1994, year of establishment of the Channel as a virtual Project and continues until the year 2010, when the station is "born".

Keywords: Communication; audiovisual; public health

The construction of a communicational identity in the health system causes the need to take into account the past as a milestone. After all, time starts and finishes everything. Ribeiro (1996) and Lèvy (2008) already spoke on those changes, a social temporality depending on

the past and present action, a permanent dialogue with the multiplicities of communication senses.

With so many senses, we wish to call communication as the key subject in this study. "*Communicare*", a word which comes from Latin, expresses semantically the sense of "put in common" and according to Penteadó (1991), it covers a diversity of manners through which human being transmit and receive ideas, impressions, images, finally depictions.

Communication allows the deep interaction between subjects; it creates bridges, compatibility threads which modify human existence by valuing it through records. Communication rebuild history; it rescue memories. According to (1998), to communicate is, above all, deal meanings, knowledge, and information as well.

By accepting this perspective, for studies effects, communication is seen as an urging of the social imaginary in which multiple senses and diversified perceptions and understandings are structured. Evidences show that the wise cannot be transmitted. Knowledge is not something that is transferable but it is built and rebuild in the practices, exchanges and interlocutions (MEDITSCH, 2007).

Reformulation in the Health sector proposed by the 8th National Conference on Health exposed the urge to apply their concept of health, understood not in a an abstract manner, but defined in a history context of a given society, in a given moment of its development, therefore it is the right to health

(...) It is guaranteed by the Government, worthy life conditions and universal and equal access to actions and services of health promotion, protection and recovery at all its levels to every inhabitant of the national territory, leading human being in its individuality to a complete development. (BRASIL, 1986)

The Final Report of the 8th CNS stated that the conquer of this right is not possible only because it is on the constitution text but the State should assume health policy as consequent and integrated to the economic and social policies and to assure means which will permit to make them effective (BRASIL, 1986). Among other conditions, this would be guaranteed by controlling the process of formulation, management and evaluation of public policies by the population. As explicated by this Report, the right to health implies in assuring education and total information, participation of the population in the organization, management and control of services and health actions, right to freedom and to free organization and expression.

In 1990, by the effectively implementation of SUS (Brazilian Unique Health System), new scenarios and possibilities required effective communication strategies, aiming at assuring equal access to action and services to the population for promotion, protection and recovery of the Health System. Communication should approach the Health System by dealing the communicative practices and policies by the principles and guidelines of SUS, as decentralization, participation and social control, integrality and universality (ARAÚJO, 2007).

It was only from the 9th CNS, in 1992, that Communication conquers a space aimed at planning the action of this field and articulations for structuring a new audiovisual program of communication and health called Canal Saúde, become a reality in 1994. The Final Report of this conference records that the Infomration National System should guarantee production and disemniation of information of health conditions at all levels of SUS.

The 9th CNS, which explicated the support to the Law Project for democratization of communication means, which was tramitava in the National Congress at that time, exposed the fact that information by itself is not able to reach population, so there was a need to establish a poliica for this sector:

The Communication Means has na important role to fulfill in difusion of information to the population. So the IX Conference specifcally proposes:

- To support the Law Project on democratization of the comunication means which is pending in the Congress;
- To establish a social control policy if the comunication means trough the following topics: veiculation of institutional issues on heath action with no onus to SUS; guarantee of a space free of charge in Mass Comunication Means for information at an acessible language of the activities of Conselhos da Saúde as well as of Sistema Unico da Saude as a whole, in the sense of improving information level on health by the professionals and the population; that Social Comunication Politique of SUS follows guideleines defined by Conselhos de Saude in the respectives governemtn levels . (BRASIL, 1992).

At the 10th CNS (BRASIL,1996), issues concerned to communication and information mentions beyond the 'social control', constituting one of the important aspects of "Health, Citizenship, and Public Policies". It is argued in favor of regulating Law number 4117/62 (BRASIL, 2000), which establishes the Telecommunication Brazilian Code and emphasizes the link between communication and education, expressing the intense need of its action so it achieves the expected results. It is important to stand out the access to information if no longer only a guarantee from the Government to the population, but it is then recognized as a right of the citizen (ARAÚJO, 2007).

The 10th CNS set deadlines for elaboration of a national policy which should predict the organization of a national system which articulated and aimed at consolidating three spheres: Information, Education and Communication (IEC). In its Final Report, recommendations for formulations of politics in accord to the principles and guidelines of SUS were included, and it was enphazized the constitution of a National Public Net of Communication on Health. (ARAÚJO, 2007).

But it is at the 11th CNS in 2000, when the Politics of Information, Education and Communication (IEC) in SUS was born. From this event, communication includes now aspects and affairs of the Conference, arguing for the use of different communicative means as a democratization factor. It also dealt with communication with the Public and Legislative Ministry, with public communication regarding to access and quality of Health services (including divulgation campaigns of SUS), with specific programs (contemplating actions against medicine advertisement in the media), and finally, strategies of divulgation, including informative materials, television shows, education in health through radio and recognition of community radios (ARAÚJO, 2007), naming Canal Saúde – an audiovisual program of FioCruz – as an important strategy to support the proposal:

To expand Canal Saúde for the formal communication means and open TV as well as community radios, assuring the treatment for health issues in its local aspects. (BRASIL, 2000)

It is suggested in the 12th CNS in 2004, the creation of an open TV Channel in national net for divulgation and information on health throughout the country, and again it is refereed to Canal Saúde, to enlarge Canal Saúde in national net by the TV Educativa, extending to the other holders of open channel." (BRASIL, 2004).

Based on these assumptions, the objective of this work is to rescue the perception of people who lived the birth and took part in the construction of an audiovisual communication strategy in the public scope, which was structured to gather, inform and discuss issues on health and its determinants, called Canal Saúde – a permanent project of the presidency of Fundação Oswaldo Cruz (FIOCRUZ), created in 1994 to provide to its managers, health professionals and to a wide contingent of the population, different knowledge on health, in addition to act as a dissemination tool of health continued education. Little by little, pieces, rags and fragments of a thought weave the track and allow to "think on the practice to practice better", as taught by Freire (1996).

Material and Method

For carrying out this study which is the basis and the foundations of this article, it was chosen the qualitative research, which suggests that subjects of the research should not be considered as mere products of the social factors, but as actors in continuous learning, who take into consideration multiple meanings of experiences they had been through, composing a wide fan of possible individual interpretations of social relationships . (GROULX, 2008).

Thus, the first methodological path, the exploratory phase, as confirmed by Minayo (2007), was constituted of a non-exhaustive bibliographic review by consulting Scielo database, whose key-words were communication, media, education, information and health. There was a concern on defining each word, checking how its meaning emerge in the relationship net between communication and health.

The second phase of this work, field work, properly authorized by Ethics and Research Committee of Escola Nacional de Saúde Pública Sergio Arouca, was constituted of selection of documents, files and videos made available by Canal Saúde, of identification, as study subjects to be interviewed, the staff in charge of idealization, elaboration and implementation of the Channel.

Continuation of this relational and practical phase (MINAYO, 2007) was made effective by six interviews (based in a script with semi-structured questions) held with six professionals who perform activities in places such as the High Office, production, edition, directories and technical section of Canal Saúde, identified by letter-letter and number pairs **(S1, S2, SC, SR, CC e SP)**, therefore preserving their identity concerning to ethic rules in research. It is emphasized that all people interviewed assigned the term of free and clarified consentiment.

Concerning to documental sources provided by the High Office of Canal Saúde, we considered reports of the internal meetings on management and planning, documents and issues displayed in the official site in the Internet. Documents of the Health Ministry, concerning to Health national conferences as well as from other sources concerned to digital television, its regulator and conceptual aspects, public, private and government TV were analyzed, observing the occurrence of discussions on diffusion and disclose of themes and information on health

through the existing communication means, its importance and relevance, especially on the public health system.

In the third and last phase, treatment of the material was carried out, aiming at a peculiar and internal logic of the space under study, which was a moment of the discover of its social codes from speeches, symbols and observations.

Historic Contextualization

Canal Saúde was born in the famous "little house" in the campus of Fundação Oswaldo Cruz, in Rio de Janeiro, in Mangueiras, in 1994. It was conceived as a response to deliberations of Health National Conferences aiming at producing and disseminating audiovisual contents in the public health field, working with the idea of a "virtual channel", intending to occupy varied spaces in broadcasting by partnerships with other TV stations, and not as the owner of an integral radio broadcasting frequency. Moreover, it was intended to support processes of permanent education; to provide debates on politics and programs in the field of health and sciences, technology and innovations in health; to support developments of programs, services and action in the health field; to spread information to strengthen social control of SUS; to give visibility to SUS together with the Brazilian population; to promote and to favor exchange of experiences and knowledge in the field of health, science, technology and innovation in health, and to spread educational videos which subsidize education actions in the field of health.

The first programme was first shown in December 12th 1994, in Embratel, with collection material from VídeoSaúde Distribuidora (VSD) of Instituto de Comunicação e Informação Científica e Tecnológica em Saúde (ICICT) – which was, at that time, called Núcleo de Vídeo da Fiocruz do Centro Comunicação e Informação Científica e Tecnológica em Saúde (CICT).

Considered as one of the Inovador Project elaborated in the scope of COEP - Comitê de Entidades no Combate à Fome e pela Vida (Comitê de Entidades combatendo fome e pro vida), conceived by the sociologist Herbert de Souza, Betinho, Canal Saúde is cited as a successful initiative in the book 'Das ruas às redes: 15 anos de mobilização social na luta contra a fome e a pobreza':

Articulations which would lead to the creation of Canal Saúde also started in 1994, another project developed in the scope of COEP, through a partnership between Fiocruz and Embratel. Working at full swing so far, the objective of Canal Saúde is to make on distance training feasible, via satellite to health professionals all over the country. By open signal and captured by parabolic dish, Canal Saúde broadcast two hours daily of speeches, courses, and conferences and other guide materials. Overall, the population also have access to Canal Saúde, which is rebroadcasted by TV Educativa (COEP, 2008).

But, the process took years to effectively constitute itself in a long range diffusion tool, which since the beginning put technical issues together with social issues:

At Fiocruz, for Escola Nacional de Saúde Pública, it was about an almost process of proselytism, people used to say: look, there is a field which was called social Science and that has something to do with determination of life needs, at the level of the health of a population. So, after a routine of almost 440 class hours per year, based on orality, it has come the moment when we have to think on supplying a support for that. So, we created the Programa de Educação Continuada (Continued Education Program) of ENSP, whose objective

was to produce material so the decentralized courses of ENSP could reach the whole country with knowledge in this field. It is hard to believe that nowadays, with Abrasco, Editora Fiocruz, amongst others, that at a certain time, the only thing you could get was the manual – in the late 1960s and beginning of 1970s. From that time, it was a succession of advances in the field of communications (Interviewed S1).

At a time of intense work for a communicational policy for Fiocruz, the printed production were not enough, it was necessary to reach audiovisual communication means, aiming at extending the processes of continued education. In the 1980s, the proposal was institutionally assumed, which favored the implementation of financial and material subsidies, making it possible the absorption of professionals for concretization of the project. In the same decade, Cadernos de Saúde Pública (Public health notebooks), Programa Continuado de Imunizações (Immunization Continued Program) and many other initiatives were implemented. VídeoSaúde Distribuidora was then created under the support for video productions concerned to the existing field of health would flow out in Fiocruz, constituting a new patrimony.

Constitution of Canal Saúde was one of the consequences of the historic moment Brazil was going through, the democratization in the country, with Fiocruz incorporating new technologies to amplify its cover. The objective was to make information reach more and more people: from professionals to health managers so they could improve their performance; to the users of the health system so they could be aware of the kinds of risks the population is submitted to as manners to prevent them.

There were open Universities in many countries, which used mechanisms as TV and movie theaters. The Canadian government TV, for example, inspired the process of construction Canal Saúde, as it is reported by one of our interviewees:

This had a very large range. It was interesting that they made many programs concerned to citizenship issue. There are many obstacles, differences in getting along, one part is from England, the other is French. Thinking on getting the Canadian nation united, the production of the Canada State Channel made a series of videos mainly by Open Universities – which put their information through extension courses, which had been transformed in what is known today as on line education via Internet (Interviewee S1).

There were already embryos in Brazil. At Universidade do Estado do Rio de Janeiro (UERJ) and at Universidade Federal do Rio de Janeiro (UFRJ) there were nuclei focused on cinema and television but there were any program completely focused on public health issues. The hegemony of the biomedicine model, pragmatically and positivist, stopped speeches on health promotion would be propagated, recognized and accepted. One of the first actions of the people in charge of the Canal was to gather professionals with experience with television from many corners in Rio de Janeiro:

By the time we went to construct the Canal, at one of the first meeting we had here, we called representatives of UFRJ, Gama Filho, UERJ and UFF. The idea was to know which experience those institutions had on the use of TV. At that time, the best equipment in Rio was from FACHA - Faculdades Integradas Hélio Alonso (Hélio Alonso College) which used to produce commercial. And at UFRJ, there was Nutes/Clates - Núcleo de Tecnologia de Educação em Saúde (Technology Nucleus in Education Health) and Centro Latino Americano de Tecnologia de Educação em Saúde (Latin American Center of Health Education Technology) – together with OPAS (Organização Pan-Americana de Saúde, Pan-American Organization for Health). Nutes/Clates was a facilitator center for preparation of videos for

medical teaching, videos on new surgery techniques, propaedeutic methods, etc. (Interviewee S1).

Canal Saúde was born in this context, through a partnership with Embratel, which provided the input signal and Fiocruz was in charge of formulate contents of the program under stimuli of Comitê de Entidades Públicas Contra a Fome, a Miséria e pela Vida (COEP, Public Entities Committee against hunger, misery and pro life).

In 1995, Canal Saúde conquered more space: its first program made with their own production, which was called Canal Saúde was on the extinct TVE (TVE-Brasil nowadays), with 19 programs produced and aired with the propose of discussing public policies on health. This partnership with TVE lasted two years but because TVE could not hire staff due to legal impediments, it created difficulties to operate payments for the professionals who produced Canal Saúde, the reason why the 'General Procurator's Office of Fiocruz proposed in 1997 to create a cooperative' (Interviewee SE), founded in March 21 st 1997, the Cooperativa de Produção de Audiovisuais de Saúde, Saneamento e Meio Ambiente Ltda (COOPAS- Cooperative of Health Audiovisual, Sanitation and Environment Ltda). From that moment, solving the problem of hiring the professionals, there are meeting always on Wednesdays with the Canal management – high commissioners and communication officer – COOPAS coordinators – production, writings, website, engineer – to define contents, methodologies, schedule, strategies to make agreement among partnerships effective, the programs which will be produces and those which will be broadcasted again, trips and events, this meeting, which get COOPAS and Canal Saúde together is one of the requirements of Fiocruz to COOPAS.

With this structure, audiovisual production of the 11 th National Conference on Health in 2000 was very different from that one which had been engendered at the 10 th National Conference on Health:

In 2000, at that time we had a bigger space, it was already a work articulated with the coordination of the National Conference on Health. So, we had a good space; we had a kind of studio for the interviews, a big staff team; we had a trunk for outdoor working and so on. Then, in the 11 th NCH we were not online but at the end of the day we were broadcasting many things; and in the next week you could watch the whole conference. What was the idea? That when the delegate arrived to its origin town, he could call the people – who had elected him to be their delegate in Brasília – or people with fields of interest, to watch the conference through Canal Saúde. At the 12 th Conference, we were even more integrated, the Conference had demanded something to us so, for instance, before each day, we already had a "small program" of 5 minutes, before the opening the day, Canal Saúde would come, it was known that Canal Saúde was filming and so on, when it was on the 13thConference, Canal was already part of the conference (Interviewee S1).

In 2001, Canal Saúde held a series of debates for three days in the Seminar "Which health do you see?", which rendered a collection of texts concerned to the theme in format of a book, edited and produced by COOPAS and held by Canal Saúde in a partnership with Fundação Oswaldo Cruz, supported by the National Coordination of DST/AIDS of the Health Policies Secretary of the Health Ministry.

The elaboration of this seminar was due to the need of reflecting on how the concept of health is seen and incorporated by the television media and to realize which space occupied by Canal Saúde in knowledge production by the Brazilian television. There was a big rumor regarding to

the shape and content of the programs, with questions on how the image of the Canal could interfere and contribute in the manner in which Brazilian appropriate with their own health and public policies for this sector:

From one side, the point of view of researchers and managers, to whom the media tends to make shallower themes transferred to them. On the other tip, TV professionals point to the imperious need of assuring entertaining, the speed and objectivity of the ones demanded by the public. (SOUSA; CASTRO, 2001)

In the text 'Que Saúde Você Vê?' (Which health do you see?) this dictomy is marked through analyses of many Programs on the health theme, broadcasted by different channels:

(...) one of the main complaints was the place occupied by the "experts" (doctors, scientists, physicians, etc.) in contrast to the one occupied by the individual. The first ones appear as "illuminated" able to reveal "the truth that releases". The citizen, almost ever presented in interviews like "the population speaks"- a program in which the reporter are on the streets asking people their opinion on a given issue, gains the place of ignorance. (CASTRO, 2001).

The text criticizes the commercial TV which 'prioritizes the product' stating the 'the spectator is hardly shown as the leading actor of the health, even as the leading actor of its own health.' But it claims that the greatest shock between shape and content was found in another dilemma:

Everybody – communicators, educators, actor of the health sector – agrees with the fact that it is needed to enlarge the concept of health. But how to do so? How can we make a program on public safety and explain to the citizen on the other side of the screen that we are talking on health? For decades, he (the spectator) heard that health is a doctor's business. He learned to identify the subject from symbols such as the cross. How about now? How can we change the view by the population from this prejudice? What is the best strategy to make an interesting program on health: from the rooted concept and search for the rupture, or go towards transgression? If we choose for "pre-concept" as a starting point, aren't we at a risk of reinforcing it? and, if we are going to transgress, how far can we go without becoming hermetic? (CASTRO, 2001)

When celebrating the anniversary of ten years of existence, the team of Canal Saúde promoted another seminar in an attempt to understand how the construction process of Canal Saúde was being evaluated by other professional outside the Canal:

We made a second one called "Que Canal Saúde você vê?"(Which Health Channel do you watch?). So, we took, in a first moment, videos on Canal which at that time was called Programa Saúde (Health Show); in a second moment of "Que Canal Saúde você vê?", it was the program of Canal Saúde itself which was submitted to the same kind of audience: people concerned to communication and health education and we, in the same way, could justify ourselves. For instance, if the evaluator said that a certain angle was not OK from the esthetic point of view, we could not answer that was because we had forgotten the tripod. The one which was broadcasted, this is what was being criticized. The seminar lasted three days. (Interviewee S1).

The seminars were so profitable that they resulted in the elaboration of a document which pointed the need for a own structure for the Canal, which was still dependent on the structure of others in 2004. Studios, equipment for filming outside the studio and editing blocks were made feasible through a partnership with TV Educativa of Rio de Janeiro (Canal Saúde, 2004).

It took more four years so that the proposal could become a reality, in 2008, Canal Saúde effectively conquers its space and own structure.

To attend production demand for health audiovisuals, Canal Saúde had more than 65 professionals amongst journalists, cameramen, administration management, secretaries, web operator, producers, radioman, electronic engineer, camera assistants, drivers, accountants, assistants, program assistants, electronic technicians, production assistants, receptionists, make-up artist, script writer, lightning assistants, image editor, musician, executive producer, doctor, net manager, TV director, actor, costume designer, film makers, video editor, director, general services, web system developer, web assistant, film producer and publicist.

Making a brief retrospection, at the beginning of its audiovisual production in 1995, six weekly hours of programs broadcasted by Embratel with only one show produced by its team (CANAL SAÚDE, 2004). The disclosure was made by distribution of folders. In 1997, Canal Saúde was also broadcasted by Internet (www.canal.fiocruz.br) and with COOPAS already settled; the number of people working in the production of Canal had markedly increased.

Whereas the Canal distributed folders with 3,000 copies in 1995, the magazine "Revista Canal Saúde" was edited and distributed bimonthly with edition of 14,000 copies from 2000 to 2005, and it was replaced by Jornal Canal Saúde (Canal Saúde Journal) after August 2005, with a monthly publication with 13,000 copies.

In 2007, the Canal broadcasted 38 hours of weekly programs, resulting in a slot with nine programs, by Internet, in the own site of Canal Saúde and through partners: Rede Universitária de Telemedicina (RUTE), RNP, Asociación de las Televisiones Educativas y Culturales Iberoamericanas (ATEI) and Amazon Sat. Through TV, through NBR and Amazon Sat, University Channels (Niterói, Fortaleza, Natal, Rio, Uberlândia, amongst others), Rede Minas, TVE-RJ, TVE-RN and Embratel.

Comparatively speaking, Canal Saúde accounted 68 weekly hours of broadcasting. In addition, isolated programs are presented on TV through other nine broadcast partner as the university TVs of Rio de Janeiro and Niterói, TV Educativa do Rio Grande do Norte and Rede Minas, for example. By summing up all broadcast of contents of Canal Saúde through TV and Internet, in a media convergence, Canal Saúde coordinates Núcleo de Telessaúde e Telemedicina of Fundação Oswaldo Cruz and is part of Rede Universitária de Telessaúde. Programs are disclosed by communication staff of the Canal every week to emails registered in the Canal site.

According to the documentary on 'Veiculação dos Programas do Canal Saúde: mapeamento e perspectivas' (Broadcasting of Canal Saúde programs, mapping and prospective - Canal Saúde, 2009), Canal Saúde is broadcasted by 11 partners. Three VHF Terrestrial TVs: TV Brasil and TVU Natal and Rede Minas; one open TV by satellite dish: NBR; one TV by satellite: Amazon Sat; five cable TVs: UTV Rio, UNITEVÊ, FGF Fortaleza, TV Floripa and TV Mais; one TV via satellite (Hispasat) in IPTV format: ATEL.

TV Brasil broadcast repeated programs of Canal Saúde and it has 52 channels in cities all over Brazil, and it also broadcast on cable and DTH. TVU Natal broadcast programs of Canal Saúde and Science and Letters, receiving the tapes by the mail monthly, with also calbe broadcasting. Rede Minas broadcast programs of Canal Saúde and Unidiversidade in 853 municipalities in

Minas Gerais, the tapes come by mail monthly. Because the open signal via satellite is only captured by satellite dishes, NBR broadcast all programs of Canal Saúde in the range 'Brasil Saudável' (Healthy Brazil) and also spread over the programming schedule. The tapes arrive in the same manner of the last mentioned TVs.

With open signals for nine states in the Legal Amazon (broadcasted by 46 local TVs in Amazonas, Acre, Rondônia, Roraima and Amapá), Amazon Sat arrives by satellite dishes with digital receptor codified in Amazonas, Acre, Rondônia, Roraima, Amapá, Pará, Tocantins, Maranhão and Mato Grosso and digital signal only for Manaus. It broadcast reprises of the Canal in the old format and also it broadcast by cable, internet (Web TV), cell phones and through VIP System in the offices in the offices of Congress men and legislators and in their homes.

Concerning to reception, Canal Saúde has carried out three research works on the audience in 1996, 2001 and 2004. The first was carried out in a partnership with Universidade Federal do Rio de Janeiro (UFRJ); the next one was carried out only by Canal Saúde; and the third one was carried out in a partnership with Núcleo de Pesquisa e Informação of Universidade Federal Fluminense (DATAUFF) whose analyses showed that the majority audience of Canal Saúde is formed by health professional on the top of the system, and according to the documentary "Canal Saúde – comunicando Saúde e Cidadania" (Canal Saúde, communicating on Health and Citizenship) from 2004, "they watch the programs searching for subsidies for their work, although they do it voluntarily, counting with their own resources." (Canal Saúde, 2004). One of the interviewees approaches the issue with another point of view:

The matter on the audience issue: you cannot measure recipient audience by using satellite dishes; you have an estimate. You believe that there are around 15 million of satellite dishes spread all over Brazil, a little bit more a little bit less, nowadays (Interviewee S1).

The permanent 'gauge' of audience of Canal Saúde is still the contact made through email, telephone calls, and letters: "Our indicator shows that we have more than 80% of the Brazilian municipalities, and they had made contact with Canal at some moments. Through letters, complaining or suggesting, by telephone, so we know we have reached those places." (Interviewee SI).

Since 2004, the idea has been to "organize and establish reception of Canal Saúde, by optimizing the use of materials broadcasted in the permanent formation of professionals and in actions of education on health and popular mobilization. (CANAL SAÚDE, 2009)

Specially from 10 years of Canal, there is the concern with the audience, but they are processes which take a long time to consolidate, to achieve. But we did "Canal Saúde na Estrada" (Health Channel on the road". What was the idea? We traveled all over Brazil, we had been in all Brazilian states, searching successful experiences, identification of problems, trying to depict a little bit of each of those states. This gave us the possibility of the presence and a direct contact with the Town and State Health Secretaries, with communication and Education offices (Interviewee S1).

Thus, it was structured the planning of amplifying reception of the Canal, designed together with Health State Secretaries, predicting the structuration of reception nuclei of Canal Saúde – from distribution of kits with videos, TV and satellite dishes – able to send copies of recorded

tapes to the cities or receptor nucleus set up in health regionals, spreading all over the country audiovisual materials. The equipment would be installed together with capacitation workshops to be operated and generated by receptor nuclei in the states. (CANAL SAÚDE, 2004)

Many states are already working to organize reception of Canal Saúde programs. Some have chosen to set up a State Central which captures and reproduces the videos for the municipalities, as for example Rio de Janeiro, Goiás and Santa Catarina. Others chose to capture videos directly by the Health regionals, as for example Pará and Paraná. There are states in which the process is ongoing, and for other states, the idea remains on the paper. Those initiatives are followed by workshops on Video Production and Use of Videos held by Canal Saúde for capacitation of the managers, researchers and professionals in education and communication on health of SUS (Brazilian public health system).

Methodology Workshop on the use of videos gets together up to 25 people for two days. According to the High Commission of Canal Saúde, the script is developed to make it possible to the group the practice of using audiovisual materials in activities of social and education mobilization, as a support tool to awareness processes. The theoretical content is developed from group dynamics, and a work proposal is developed at the end of the workshop with what had been discussed during the meetings. In the workshop for video production, "up to 15 people are got together for four days. The workshop starts with the content on use of audiovisual and then it is unfolded into theories and practices on video production. The aim is to assure that at the end of capacitation, people are able to produce their audiovisual material with their own resources." (FIGUEIRA, 2010)

In 2008, the opportunity for Canal Saúde to compose 24 hours of programming had arose from a television channel conceded by Oi TV, with the need of a complete restructuring in Canal Saúde, which until that moment only produced programs – and because of this was called Canal Virtual (Virtual Channel). The channel, made available by Health Ministry by OiTV on cable TV, was an obligation imposed by Anatel, when this company had asked for a license to use DTH service.

According to the Letter no. 262/2010-PR (FIOCRUZ, 2010), in addition to the space in 'grid' of channels, it would be compulsory for Oi to give and to install 5,650 reception points of the referred channel: 'according to the agreement set by Health Ministry, through Strategic and Participative Management Secretary, the kits containing aerial, receptor and TV are being installed in Health Counseling in the towns, in the scope of Programa de Inclusão Digital dos Conselheiros de Saúde (PID – Program of Digital Inclusion of Health Counselors). A continuous requirement by SUS for its own space in the Brazilian TV. The referred letter justifies the prerogative by mentioning proposals and motions approved in the last three National Conferences on Health (11 th, 12 th and 13 th) which 'asks the Health Sector for an exclusive channel on television.'

To make the broadcast by OiTV feasible, Canal Saúde should have installed an Uplink in the Fiocruz campus in Manguinhos, which according to the report proposed by Project no. 337810550001090-76, of Sistema de Gestão de Convênios – GESCON (Agreement Management System) from the National Health Fund of Executive Secretary of the Health Ministry, "it is an articulated system of equipment which transmit an audiovisual signal for a satellite in the sidereal space"(Health Ministry, 2010). Secretaria de Gestão Estratégica e

Participativa –SGEP (Secretary of Strategic and Participation Management) of the Health Ministry has the competence, according to the same document, to support strategies for social mobilization, for the rights of health and in favor of SUS, promoting people’s participation in the formulation and evaluation of public policies aimed at improving SUS management, improving and accelerating the implementation of practices of participative and strategic management in the three management spheres which its reported in its document: ‘(...) the proposal presented by Fundação Oswaldo Cruz is in agreement with the one previously presented and it will have as its objective to acquire an UP Link, (...) aiming at amplifying practices of participative management, social control and education on health.’ (Health Ministry, 2010).

This process was approved in the Health Ministry, was sent to the Computing Department of SUS – DATASUS, which was in charge of including the Canal Saúde Project into GESCON System to implement the release of funds for acquisition of UP Link. However, DATASUS had denied in a first moment to include the process, claiming that they did not have the expertise to evaluate the need of installing UP Link and because it was not about computing equipment as it is shown by Computing Opinion 2010 of GESCON, regarding to solicitation of analysis and issuance of the Technical Observations for the proposal no. N°33781055000/1090-76 “Aquisição de Equipamento e Material Permanente para a Fundação Oswaldo Cruz –RJ” (Purchase of Permanent Equipment and Material for Fundação Oswaldo Cruz –RJ) :

It is because this technical field, within its attributions, according to what is written in Technical and Financial Cooperation Book through agreements, judges itself not able to approve this project proposal, because is not about computer equipment, because it involves analysis by telecommunication engineer, who could say if the documents presented are in agreement with the presented project could make operations of Canal Saúde broadcasting possible. (Health Ministry, 2010).

With this document, the proposal was sent to the Executive Secretary of GESCON to the Telecommunications Engineering Sector at Empresa Brasileira de Comunicações – EBC (Brazilian Company of Telecommunications) which gave a technical opinion in favor of installing UP Link in FioCruz –RJ to broadcast Canal Saúde for 24 hours by OiTV, returning the demand to SGEP and transferred to DATASUS.

In addition to the 24-hour Channel, Channel 910 of OiTV by cable TV, a reality on December 21 st 2010 – when Canal Saúde was made official as TV station, although it is still a project of the presidency of Fiocruz, and still counts on the prospective of occupying a space in the Brazilian Terrestrial Digital TV System. Articulations have been made with Education Ministry in the sense of establishing one out of four channels which TV Escola will have, with multiprogramming, each “channel” of 6 Mz in the Digital TV will be able to have up to four simultaneous programing.

Discussion

Canal Saúde is structured as a television station with the possibility of broadcasting its own programs. The other broadcasters, TV channels in partnership with Canal Saúde may capture transmission of Canal Saúde and with the proper legal precautions it will broadcast grid programs produced. University TVs (UTVs) with more limited resources will continue to receive

tapes of the programs for broadcasting, because image capture in high definition demands technology.

Thus, Canal Saúde, as representative of Health Ministry – according to the attributions of HM – to occupy a channel granted by OiTV to Anatel, is a spokesman of actions of SUS and other sector which surround it. Created in 1981 by the Federal Constitution, the Unique Health System was the major achievement of the Brazilian Sanitation Reform, expressed by the 8th National Conference on Health. Regulated two years after its conception, as expressed in Laws no. 8.080 and no. 8.142, SUS was the concretization of the constitutional prerogative which states that health is a State's duty and a right of the Brazilian citizen. (BRASIL, 1990a; BRASIL, 1990b)

According to the Law no. 8.080/1990, which "it is made disposable conditions for promotion, protection and recovery of the health, organization and functioning of the corresponding services and other providences", SUS is conceptualized as "a set of action and services of health, provided by organs and federal, state and municipality public institutions, of the direct and indirect Administration and foundations maintained by the Public Government." Those actions include services of federal, state and municipality institutions of quality control, research and production of inputs, medicines, including blood and blood derivatives medicines and equipment for the health. (BRASIL, 1990a)

What is in general not clarified by the media to the population is that Fundação Oswaldo Cruz, for instance, is part of what we know as Brazilian Public Health System. Researchers in this institution are interviewed in the news as the major experts on many issues, as the ones related to studies and findings of new medicines and vaccines. No reporter or TV host says: "Now, one of the representatives of the Brazilian Public Health System will speak"- although they are paid, and all the referring studies are granted by financing and management of the Unique Health System.

This context evidences that the set of actions included in the Unique Health System is being negligence by the Brazilian media. When there are no services, long waiting lines, poor treatment, they are problems of SUS. But the actions of Vigilância Sanitária (Sanitations Inspection), the centers of blood and its derivative control and collection, High Technology Centers for performance of complex surgery actions, they do not receive SUS labels. The minimum situations are emphasized and the great performances are forgotten, because the audience wants to see only the negative aspects.

Therefore, there is a media in Brazil that do not inform properly, which is poorly informed and do not set any principles for its action. It is correct that SUS do not have all qualities that we would have as citizens but to treat its actions in a such shallow manner is the expression of people who are superficially informed. Expression of the anxiety in 'distributing' news, when their mission is to 'communicate'.

According to the law no. 8.080/90, SUS is in charge of the action of sanitary inspections; epidemiologic inspections, health of the worker; integral therapeutic assistance, including pharmaceutical assistance; participation in the formulation of policies and performance of actions of basic sanitation; ordination of human resources formation in the health field; nutritional inspection and feeding orientation; for the collaboration in the environment protection, in which the job is comprised; for formulation of the policies on medication,

equipment, immunobiological and other inputs with interest for the health and participation in its production; for the control and inspection of services, products and substances which are of interest for the health; surveillance and inspection of food, water and beverages for human consumption; for the participation in the control and inspection of production, transportation, custody and use of substances and psychoactive, toxic and radioactive products; for the increment of the scientific and technological improvement in its field; and for the formulation and performance of blood and its derivatives polices. (BRASIL, 1990a)

Canal Saúde has a dynamic language, fitted for its audience in which each program can be directed to, engaged in building a framework for new view of the Brazilian Public Health, and the importance of SUS for the citizen, the meaning of its achievement; the struggle of professionals to improve the population quality of life; the fundamental role of the Brazilian citizen action for the establishment of a Public Health System, universal and integral, which promote equality. However, this depends on the support of Fundação Oswaldo Cruz and Health Ministry, of the Health Unique System, not only financial support but a political and mainly social support.

Conclusion

Reconstruction of the history of Canal Saúde form the communication context of Fundação Oswaldo Cruz, in this study, allowed us to understand the nature, the objectives and the mission of Canal Saúde, as the result of one Project of The Presidency of Fiocruz, and also to know COOPAS – the cooperative in charge for the production of Canal Saúde.

The communication potential preserved and extended by Canal Saúde in the last 16 years of existence, made it the holder of the mission of democratizing the knowledge produced by and for Health Unique System, inasmuch as it is directly linked to an institution of Science, Technology and innovation in Health of the Health Ministry, the Fundação Oswaldo Cruz. With more 17 units and the most diverse projects of communication linked to the presidency and to the other sectors of the Institution, it still do not value much the available audiovisual potentiality.

It is necessary to have in mind that Television is the communication means most accessible to the mind and hearts of the Brazilian people, to their households and shops. In face of a population in which few people has access to digital invocations in their households, and if there is, it is minimum the number of people who are digitally educated, so it is clear that televisions is still a high potential mean to communicate information also in the health field. This is emphasized with Law no. 8.142 (BRASIL, 1990) which make it disposable the participation of the community in the management of SUS. Those issues evidence the need of a TV station which holds a differentiated logics in communication on health, which is part of many views and prospective, sharing knowledge and transforming them into actions.

The Brazilian society is used to watching new making public a series of denounces concerned to public health, which when composing criticizes addressed only to one of the tips of the system, it makes unfeasible that population sees the amplitude which composes the Unique Health System. Canal Saúde has the complete needed framework to turn this picture into another direction, giving visibility to the System.

Indeed, Canal Saúde still needs to extended issues which are seen its program, to better qualify its professionals and to reduce the number of reprised program; and to increase the number of people working there. But this demands time, investments and inclusion of this innovative Canal in polices promoting health – one of the spaces of communication in the Unique System of Health/SUS.

There is the lack of consensus regarding to the definition of the target audience of Canal Saúde, in the scope of its program. There is no study on the continuous reception integrated to actions of mobilization of the Canal. This would make Canal Saúde think on the real meaning of communication and to search for new means of effectively carry it out.

One strategy would be the establishment of a partnership with Institutions which receive and will receive the kits (with a 32" LCD TV and satellite dishes with digital receptor) from the program of digital inclusion given by Health Ministry – to make it feasible the access to Canal Saúde – so at least once a week, during the debate in "Sala de Convidados" (guest's room) a live show of the Canal, professionals and managers would watch and virtually take part in the show.

So, a divulgation campaign – contemplating online, television, radio version and other communication vehicles – should be broken out, as well as the possibility of construction a partners' net – which would carry an issue of the spectator. Each associated would get a magazine, via mail or email, with all the month programming of Canal Saúde as well as reports on approached issues, and one space for the audience participation, in a 'spectator letter' type, stimulating the audience to send comments, suggestions and reviews.

The establishment of the Canal in December 2010 as a TV station brought about the urge in creating a legal sector in Canal Saúde, with professional from the Law field to take care of the legal issues. Elaboration of agreements is a great obstacle for Canal Saúde because this demands a lot of time with bureaucracy required by the public administration, which not always has the specific need knowledge to establish partnerships in the audiovisual scope.

Based on those proposals, it is essential that professionals of Canal Saúde search for more interlocution with public policies for health makers, to justify the necessary inclusion of Canal Saúde as a strategic measure to promote, prevent and recover the health of the Brazilian citizen. This put is practice the educational role of Canal Saúde, because it does not transfer knowledge but it attempts to share information in an interlocution net in which knowledge comes from an integration of views, the popular and scientific views connected.

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