The workers' health in the border region of Rio Grande do Sul: the experience of the situational diagnosis*

A saúde do trabalhador na região de fronteira do RS: a experiência do diagnóstico situacional

La salud de los trabajadores en la región fronteriza de Rio Grande do Sul: la experiencia de diagnóstico situacional

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Abstract
This article presents the results of the partnership between NEST and the Brazilian Ministry of Health, in the COLSAT project, in the MERCOSUL context. The study aimed to conduct a situational diagnosis of surveillance systems in workers' health on the border areas of Rio Grande do Sul. Therefore, it maps 05 reference centers and the workers' health network care, reaching 27 border municipalities. The conducted diagnosis has evidenced that health surveillance practices have not added much to the workers' health demand. Thus, the predominance of action focus is health and epidemiological surveillance, and the result of some binational protocols, mostly informal, without a direction facing the impact and work injuries in the health of workers. It is expected that data may contribute to the development of strategies and surveillance activities in workers' health that address regional characteristics; in this case, the peculiarities of the border region.
Key words: Workers' health, Health surveillance, MERCOSUL.

Resumen
En este artículo se presentan los resultados de la colaboración entre el NEST y el Ministerio de Salud, en el proyecto Colsat en el contexto del MERCOSUR. El trabajo tuvo como meta la realización de un diagnóstico de la situación de los sistemas de vigilancia de la salud ocupacional en las fronteras de Río Grande do Sul. Para ello, se asigna 05 centros de referencia y la red de atención a la salud de los trabajadores, por un total de 27 comarcas fronterizas. El diagnóstico realizado tiene demostrado que las prácticas de vigilancia de la salud tienen poca demanda corporativa de salud de los trabajadores. Por lo tanto, el predominio de la acción de enfoque es la salud y vigilancia epidemiológica, y, el resultado de algunos protocolos binacionales, en su mayoría informales, sigue sin una dirección orientada de impacto y de trabajo a las lesiones en la salud de los trabajadores. Se espera que los datos puedan contribuir al desarrollo de estrategias y actividades de vigilancia en salud en el trabajo que se ocupan de las características regionales; en este caso, las peculiaridades de la región fronteriza.
Palabra clave: Salud del Trabajador, Vigilancia en salud, MERCOSUR.

Resumo
Este artigo apresenta os resultados da parceria entre o NEST e o Ministério da Saúde, no projeto do COLSAT, no Contexto do MERCOSUL. O trabalho teve o objetivo de realizar um diagnóstico situacional dos sistemas de vigilância na saúde do trabalhador nas fronteiras do Rio Grande do Sul. Para isso, foram mapeados 05 centros de referência e a rede de atenção à saúde do trabalhador, totalizando 27 municípios fronteiriços. O diagnóstico realizado demonstrou que as práticas de vigilância em saúde pouco têm incorporado à demanda da saúde dos trabalhadores. Sendo assim, o foco de atuação de maior predominância é a vigilância sanitária e epidemiológica, fruto de alguns protocolos binacionais, em sua maioria, informais, sem um direcionamento voltado ao impacto e aos agravos do trabalho na saúde dos trabalhadores. Espera-se que os dados possam contribuir para o desenvolvimento de estratégias e ações de vigilância em saúde do trabalhador que contemplem características regionais; no caso, as peculiaridades da região fronteiriça.
Palavras chave: Saúde do Trabalhador, Vigilância sanitária, o MERCOSUL.

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Introduction

Among the challenges of globalization phenomenon there is an increasing flow of workers in the border region. The agenda on migratory flows is permanent and the need for discussion and deepening on the subject is eminent among countries that maintain economic and social agreements. Under the social aspect, important issues, such as the regulation of migration and the discussion of the social tensions caused by them has increased. From a social protection perspective, the challenge of guaranteeing social and security rights arises in a context in which the asymmetries between countries' social security systems can jeopardize workers who may not meet the minimum requirements demanded for the achievement of some benefits; such as pensions or the calculation of labor contributed in the country of origin.

Latin America is recognized by the great migratory flow which characterizes its territory, said aspect is still a great challenge for worker health policy. Migration occurs in the pursuit of job opportunities, better living conditions and access to the service network, for example. From this point of view, this article aims to present the results of the partnership between the Health and Work Studies Center (NEST) and the Ministry of Health, in the Collaborating Center for Workers' Health (COLSAT) project, in Context Of MERCOSUR; In addition, the project had the institutional support of the State Center for Health Surveillance (CEVS / RS) and the Regional Occupational Health Centers (CERESTs) located in the border regions. Based on the proposal to carry out the situational diagnosis of the health surveillance systems of the workers in the borders of Rio Grande do Sul, data and information collected in the frontier municipalities made it possible to know the scenario and the existing challenges on the field of Occupational Health Surveillance.

The Origins of Mercosur and the Workers' Health.

MERCOSUR emerges as a Latin American variation of the globalization and regional integration processes, serving as an instrument of competitive modernization and insertion on the region in the new world economy, in addition of guaranteeing and highlighting the social theme in the agenda of this process.

In this scenario, regional integration is characterized by a natural phenomenon, as a consequence of the need of a global unity for cooperation between countries. It provides the development of nations, making them stronger and more competitive within an economic context of market. Thus, in line with global trends in the creation of economic blocs, MERCOSUR emerges as one of these forms, not restricting itself to the commercial focus among the signatory countries, but also advancing to the conjunction of an economic bloc.

The individual, political and economic reality of the MERCOSUR countries is no obstacle to the bloc's negotiations. Respect for

sovereignty and diversity in the countries is essential in order for integration to take place in a democratic and well-structured manner, converging to consolidate a stronger and more peaceful Ibero-America. Argentina, Brazil, Uruguay and Paraguay, by signing this agreement, achieved a major breakthrough in the integration of Latin America. There has never been such a deep interconnection project as MERCOSUR, which subsequently included the participation of Bolivia, Chile, Ecuador, Colombia, Peru and Venezuela.

Although the formation of economic blocs in both the European Union and MERCOSUR has sought not only integration and cooperation of an economic nature but also, later and gradually, consolidation of democracy and implementation of human rights in the respective regions, the evidence shows that the democratic and human rights clauses are being incorporated into the agenda of the process at different rates. In addition, economic globalization has compromised the validity of human rights, especially social rights[1].

The right to health, as a right of social citizenship, which must ensure universality and equality in its full expression, guided by democratic principles, attentive to the changes and ruptures that have been taking place in contemporary society, which have altered the universal value of this right. The presence of two opposing theoretical-political paradigms, which delimit the channelings of health care at the beginning of the 21st century: in the paradigm of full citizenship, the right to health is a universal value; and in the paradigm of restricted social citizenship, the right to health is guided by the criteria of efficiency and economic rationality and, therefore, is situated in the field of reproduction of capital[2].

The fundamental social rights do not constitute favor, privilege or liberality, but urgent necessity, since their suppression or disregard of it violates the most basic values of life, liberty and equality. The effectiveness (social and legal) of fundamental social rights should be subject to permanent optimization while taking into consideration the fundamental rights (and principles) corresponding, ultimately, to the permanent objective of optimizing the principle of dignity of a human person, in turn, the most sublime expression of the very idea of Justice.

Seen in these terms, the object of Worker's Health is defined as the process of health and illness of human groups in relation to work and is understood as space of domination and submission of the worker by capital, but also by the resistance, constitution and workers' history making, who strive to control environmental and work conditions in order to make them healthier in a contradictory, unequal system, dependent on a productive process determined by the sociopolitical and economic context of society. Thus, it is prominent that workers´ health care distinguishes itself by dealing directly with the complexity and dynamicity of changes in the productive process,

which constantly defines a new profile for the working class[4].

Mendes[5] emphasizes that Occupational Health presupposes an interface between different intervention alternatives that contemplate the various forms of determination on the workers' health-illness process. For the author, it is necessary to think about the workers' health from its organization in society and work, understanding this reality from a collective subject's perspective, knowing them and recognizing them historically. It means understanding the situation of the worker, in the individual and collective, political, economic, social, cultural and historical aspects that interfere and define the existence of the phenomenon. In addition, it manifests itself by turning to the collective, emphasizing the need to act together with all those involved (professionals and users) and to promote health, when the worker himself is the subject of actions. In this regard, to work from the perspective of Occupational Health, requires "a body of interdisciplinary, technical, social, human, and interinstitutional theoretical practices developed by diverse actors located in different social places and informed by a common perspective",[6] that can guarantee a dignified and non-aggressive work environment to the physical and psychic natures of the worker. Health at work integrates a history that is both individual and collective, which is built in the articulation between the social organization of economic production and men and women at work[7]. Work replanning is a subject that operates on a set of concerns related to a Worker's Health, especially in a set of strategies aimed at preventing certain health problems such as: mental and psychosomatic health, repetitive strain injuries and accidents.

In addition to the national limits, the overcoming of the disparities and paradoxes that exist in Brazilian and foreign border cities are noticed, in the guidelines, in the Worker Health Regulations and in the daily work. Taking into account the Health Systems and Services Development Project proposed by the Pan American Health Organization and the Brazilian Ministry of Health, which was named SIS-MERCOSUR (Integrated Health Services of MERCOSUR), this project intends to contribute on the construction of a diagnosis of the situation of workers' health surveillance systems in the binational and tri-national frontiers.

The Sociolaboral declaration of MERCOSUR refers to the principles and rights of the work area in the country members, based on the articulation between economic development and social justice as one of the guiding parameters for the integration on Workers' Health among the nations involved. Although there is a document that seeks to integrate health and labor issues in the MERCOSUR countries, in order to consolidate these guidelines, the asymmetries and discrepancies that exist in the legal apparatus and in the daily living and working conditions of the border population must be recognized. It is only after

realizing a worker's' reality that a set of propositions can be created for their confrontation.

Methodology

The Collaborating Center on Occupational Health in the Context of the Common Market of the South (COLSAT / MERCOSUR) was a university extension project in continuity to the technical cooperation work of the General Coordination of Worker Health of the Brazilian Ministry of Health. Through this partnership, studies, research, training and methodologies in health and work were developed, through dynamic projects, elaborated from the definition of critical areas of common concern among MERCOSUR member countries.

The main objective of COLSAT was to develop technical-scientific cooperation with the General Coordination of Worker's Health of the Brazilian Ministry of Health through actions that could meet the objectives set forth in the "CISAT / MERCOSUR 2012-2015 Action Plan", regarding health surveillance systems for workers at the borders of MERCOSUR countries. Consequently, the Center for Studies and Research in Health and Work (NEST) developed a diagnosis on the situation of health surveillance systems of the workers in question.

The NEST constitutes a privileged space of cooperation with MERCOSUR members for their geographic location and for the studies on health areas that border regions have been developing. The working group has developed important research in the area of health through institutional partnerships that enables networking with universities and governmental institutions. These initiatives have the purpose of investing in new methodologies and technologies for training and research, as well as the possibility of establishing a space for the production and dissemination of knowledge in the areas of health, work and permanent education. The developed studies reveal a reality permeated by social contradictions that tend to conceal the different mechanisms that aggravates the health of the worker, resulting from a social construction that makes them unnoticeable.

In order to notice how this occurs in the border scenario, it was developed a situational diagnosis of the Relationship between the health services belonging to the care network of the Reference Center for Worker's Health (CERESTs) in the State of Rio Grande do Sul, addressing the issue with the municipalities bordering Argentina and Uruguay. The study was conducted through the triangulation of methods, characterized by the combination of several methodologies in the exploration of the same phenomenon, allowing examining it from different angles. According to the approach, triangulation can occur regarding the data collected, the researchers involved, the theories used and the methodologies used (Denzin, 1978).

For this, they mapped four reference cen-

ters to the networks attention of the Workers' health, namely: on the northwest border of Rio Grande do Sul and Argentina lies the North-West CEREST, in the western border is located the West Frontier CEREST and the CEREST - Ijuí - missionary region, both border with Argentina and Uruguay; On the southern border the CEREST Pelotas is located, which borders Argentina, totaling 27 border municipalities. In order to compose the diagnosis, the study was divided into two stages: the first one focused on data and information collected from the information systems in health and work, published along platforms and information available or sent by the services visited; the second stage consisted on visiting the services of the worker's health care network in which interviews and field observations were made. The information collected was triangulated (Triviños, 1987), and from identifying the records of accidents and diseases related to work in the border region of the State of Rio Grande do Sul / Brazil with Argentina and Uruguay, (SIST / RS / Brazil), the stage of notification analysis occurred, complementing them with data from other sources of secondary information, in which the main results are the focus of this article. For the textual part, referring to the documentary analysis, as well as the analysis of interviews and field observations, the technique of content analysis was applied (Bardin, 1977).

All the diagnosis was conducted and discussed through a critical analysis of the current context, an essential perspective for the understanding of the social-historical condition in which the precariousness and frailty of issues involving the health and work relationship and the living conditions of workers are engendered. Within the framework of the transformations that have been changing the economy, politics and culture in Brazilian society, among other reasons, through the productive restructuring and the increase of globalization, profound changes in the forms of management and organization of work are being built.

Primary and secondary information sources were used in the process of data collection for this research. In this article we highlight the results derived from secondary sources composed of qualitative information, through the analysis of documents that register the organization of activities on the network of basic services in health; from grievance complaints available in each municipality; from Labor Accident Communications (CAT) registered in Social Security; And records in the Worker's Health Information System (SIST / RS), with analysis in the records of the Individual Report of Notification of Injuries (RINA) and the System of Notification of Notifiable Diseases (SINAN), in addition to information obtained on official websites, the State Government and the Ministry of Health. The analysis of the information was carried out based on a previous script, guiding the study, linked to the complementary sources, such as sites related to the topics studied and other technical and scientific productions.

PRESENTATION OF THE RESULTS: SITUATIONAL DIAGNOSTIC.

Survey on workers´ health in the northwest border of Rio Grande Sul

On the northwest border of Rio Grande do Sul lays CEREST northwest, headquartered in Santa Rosa. It is a reference for the 22 municipalities of the 14th Regional Health Coordination (CRS), with 05 municipalities located on the border with Argentina. This center began its activities in November 2013, until then, it belonged to CEREST - Ijuí, along with other municipalities. Considering the productive structure of the northwestern frontier region, agriculture represents 19.8% of the domestic economy and is predominantly developed in small farms. The rural population of the region is 32.37%, this percentage is the seventh largest in the state and is much higher than the state average, which is approximately 15%. The border municipalities (with Argentina) of CEREST Northwest are: Dr. Maurício Cardoso - Aurora (Argentina), Novo Machado - Aurora (Argentina), Porto Mauá - Alba Posse (Argentina), Alecrim - Alba Posse and Panambi (Argentina), Porto Vera Cruz - Panambí San Javier (Argentina). As for the flow of workers, the municipalities of Porto Mauá, Alecrim, Novo Machado, Porto Lucena and Doctor Mauricio Cardoso are experiencing intense movement during periods of harvest, the majority of which work illegally. In the municipality of Porto Vera Cruz, the presence of foreign workers is unknown, although there is an influx of Argentines visiting their relatives and shopping in the local commerce of the Brazilian township.

Regarding the professional categories of greater representativity, rural work is prominent. To a lesser extent, agro-industries, grain receiving cooperatives, fishing activity and commerce are present in some municipalities. In this regard, the occupation that represents greater risk or health damage is the agricultural activity, considering the following probable risks of accidents: with agricultural machines and equipment, with venomous animals, with hand tools, muscular injuries due to the precarious ergonomics in the workplace, skin lesions caused by sun exposure and intoxication due to the use of pesticides.

With the exception of Porto Lucena, which has not been reporting health problems since 2010 due to the lack of human resources for this activity, the rest Municipalities point out that the main notifications are related to the situations listed below: rural work accidents with hand tools (knife, machete and chainsaw), road work accidents due to the intense use of motorcycles from the farms to the city, accidents in the cooperatives, injuries by poisonous animals (Snakes, spiders, scorpions) and accidents with agricultural equipment (tractor).

As for surveillance actions, they are restricted to sanitary and epidemiological surveillance. In this context, no surveillance interven-

tions and training carried out by CEREST in the municipality were identified. There are also no agreements between border territories and in each municipality there is a differentiated approach to the demand of health care by foreigners. In Porto Mauá, for example, the Municipal Health Council created a term to regulate assistance to foreigners. Thus, it was agreed that, in emergency situations, foreigners, when passing through the municipality or in an illegal situation, will be entitled to medical care in the Central Family Health Strategy (ESF), without assistance in medication and / Or hospital stay if necessary. However, foreigners who reside in the municipality, that is, who have resided for more than three months, are now visited by Community Health Agents (ACS). With this in mind, the situation is regulated and these citizens are considered residents of the municipality, being able to use all services provided by the Unified Health System (SUS).

In Porto Vera Cruz and Novo Machado, attendance to foreigners is restricted for emergencies only. In Alecrim and Porto Lucena, there are no restrictions when it comes to medical attendance, since the demand for these services are very low. All of the interviewees pointed out that there is a need for greater approximation among municipalities, which could be achieved through meetings, joint projects and other integrative initiatives.

Vigilance on Worker Health in the West Frontier of Rio Grande Sul: Currency with Argentina and Uruguay.

On the western border of Rio Grande Sul, CEREST west border is located, with its headquarters in Alegrete, a reference point for 11 municipalities, of which five border with Argentina and Uruguay, one of them being binational. The border municipalities of this center include: Barra do Quaraí - Bella Unión (Uruguay) and Monte Caseros (Argentina), Itaqui - Alvear (Argentina), Quaraí - Artigas (Uruguay), Santana do Livramento - Rivera (Uruguay), Uruguaiana - Paso de Los Libres (Argentina).

In frontier municipalities, the health services offered assume an important dimension in the daily life of the individuals who live and transit there, considering that their access can be facilitated or limited, which can contribute or not to guarantee the right to health. There are several elements that can influence in the search for SUS care. Some of the factors pointed out are: proximity, quality and gratuity of the offered services. The first refers specifically to geographic distance and transportation, while the others concern the social representation of what comes to be quality, gratuity and speed in care, greater technology and medicalization.

When referring to the occupational activities of greater representativeness, except for Itaqui, which gives greater visibility to agriculture and livestock, the other municipalities include activities in the branches of commerce, public administration, education, service area and agriculture. Among the segments that represent a greater risk to health are: transpor-

tation, agriculture, forest extraction and rice cultivation. The main reports of health problems are related to poisoning, the occurrence of Repetitive Strain Injury and Work-Related Musculoskeletal Disorders (RSI / DWS), and work-related accidents in rural areas.

As for surveillance actions, the municipalities of Uruguaiana and Barra do Quaraí have a regular schedule of meetings in the Uruguayan Border Integration Committee - Paso de Los Libres, in which several actions are articulated, such as campaigns covering the HIV / AIDS issues, between the two municipalities (Uruguaiana and Paso de Los Libres). The other municipalities emphasized on joint actions in the fight against dengue, HIV / AIDS and violence. In the field of surveillance and training interventions carried out by CEREST, all municipalities mentioned SIST and SINAN, in addition to a workshop with CEREST State technicians on the investigation of deaths occurred in the workplace. In addition, with the exception of Itaqui, the other municipalities have agreements in border regions, such as: binational partnerships to execute Epidemiological Surveillance, Environmental and Specialized Attention Service (SAE); Project Prevention, Attention and Support in HIV in the MERCOSUR border areas (Brazil / Uruguay / Argentina); And the Binational Health Agreement with the Bella Union hospital for emergencies, which aims to provide hospital medical assistance services.

As for foreigners' health treatment, the municipality of Santana do Livramento states that Uruguayan workers do not normally seek care at the SUS. On the contrary, the municipality of Itaqui stated that Brazilians are the ones who carry out complementary tests in the neighboring country due to the lower cost. The other municipalities make use of some requirements to provide care, such as: residence in the country, SUS card or filling an admittance form.

The municipalities participating in the study emphasized some actions with potential to improve the services provided. These include: the strengthening of Occupational Health Surveillance through the Nucleus in Worker Health or the creation of a Sentinel Unit in Workers' Health; A greater approximation among municipalities, holding meetings and projects together; And improvements in the notifications related to worker health.

Vigilance in Worker Health in the Missionary Border of Rio Grande Sul: Border with Argentina and Uruguay - West II

In the west border II, CEREST Ijuí is based, located in the mission region and Reference to 52 municipalities, of which three of them are from the region bordering Argentina. The occupational activities of greater representativeness are: agriculture, livestock, public service, retail trade, civil construction, carpentry, transport, food processing and cooperatives. Among the segments that represent greater health risk are: rural workers, due to pesticides and sun exposure; Health workers due to daily exposure to diseases and biological materials; and food

processing due to exposure to dust produced during grain processing and repetitive weight lifting, in addition to the stevedores, who work in sheds selecting and cleaning onions. Among the main grievance reports there are some related to rural work accidents, mainly those resulting from the use of hand tools (hoe, sickle, chainsaw). It should be noted that in some municipalities, the cases of accidents or illnesses due to work do not pass through the health department because the worker does not seek the basic health unit. As for the actions under surveillance, the municipality of São Borja declared to hold lectures on safety and exposure to biological material, awareness of the use of Personal Protective Equipment (PPE), HIV / AIDS prevention campaigns, tuberculosis and leprosy, and vaccination campaigns. In the municipality of Porto Xavier, investigation of the notifications carried out usually occurs, though in other municipalities not one surveillance action was identified.

None of the municipalities have agreements in the border region. It is noticeable that Brazilians, in turn, seek the neighboring country to buy medicines and, also, that demands for foreign users by the brazilian health services are increasing. Regarding the possibilities of actions seeking improvement of services, the municipality of São Borja emphasizes that it would be interesting to act in the elaboration of a protocol of regulation of the network with the participation of the vigilance in health of the worker, as well as in the elaboration of a policy of permanent education in occupational health surveillance.

Occupational Health Surveillance in the Southern Border of Rio Grande Sul

On the southern border, CEREST Pelotas is located, which is a reference for 24 municipalities, by which three are located on the border with Argentina and Uruguay: Aceguá (Aceguá - Uruguay), Chuí (Chuy - Uruguay), Jaguarão (White River - Uruguay). The occupational activities of greater representativeness are agriculture and commerce. In the segment that represents greater health risks are rural workers, who present work-related injuries, such as cuts, lacerations, dislocations and fractures. In this regard, the predominant diagnosis is that of external causes.

Currently, the vigilance actions in the municipalities are focused on the inspection of bakeries and oversights of child labor. SIST / RS notifications are made through complaints from workers and trade unions. Regarding the actions in surveillance, in the municipality of Aceguá it was mentioned a meeting about Worker's Health. The municipality of Jaguarão is focused only on notifications. Meanwhile, the municipality of Chuí has a representative in the Worker's Health area.

As for the access of foreigners to the health service, the municipality of Aceguá offers emergency care in medical, dental and nursing clinics, providing medicines to all the Uruguayans

looking for the service. In addition, they also offer care in all areas, including psychology, nutrition and physiotherapy in limited numbers. The municipalities of Jaraguão and Chuí declared that there were no records of visits to foreign victims of work-related injuries.

Discussion of Results.

From the data collected it is possible to understand that health surveillance of workers in the border region has several crossings coming from the constraint present in the territorial particularities. But, besides these particularities, it is necessary to consider that the characteristics of this context also present themselves as a product of a social construction present in the field of worker health in Brazil, combining conceptions and practices that are confronted daily.

Among the aspects identified in the field study, we realize that health surveillance practices have little to do with the health demands of workers. Therefore, the focus of action of greater predominance is sanitary and epidemiological surveillance, the result of some binational protocols, mostly informal, without a direction focused on the impact and the aggravation of work on workers' health. It should be emphasized that the surveillance actions of the workers' health in the border region are constitutive of the legal-institutional apparatus present in the Brazilian Unified Health System and therefore located and developed only by the health services of the border municipalities of the Brazilian side. Therefore, they are refractory to how the health surveillance of the worker has been developed in Brazil.

The identification of the aggravations to the health of the worker is perceptible by health workers, especially by the CERESTS located in the border region. Continuous flows of workers circulating on the border region are identified, mainly rural workers, who carry out seasonal jobs in agriculture, cargo transport drivers and trade workers. The main reported injuries are: typical accidents resulting from the use of hand tools, poisoning by pesticides, traumas, accidents with biological materials, and others. However, what is perceived is that the notification of these problems is still far from projecting reality, since the data available in the SIST in the border municipalities show the low notification. Nonetheless, in some municipalities where CERESTS exists, these notifications are broadened, although without effectiveness by the health services as a surveillance activity.

The few surveillance actions in Occupational Health are, therefore, reflective of the lack of epidemiological data. Hence, they end up being punctual actions of informative and educational nature or, still, occurring according to the demand of some entity representative of the workers. In a workshop on Occupational Health Surveillance in the border region (2014), it was pointed out that the meaning of epidemiological surveillance is often translated into dead, sick or injured individuals versus intervention, study and transformation of environments and conditions of work. Data related

to the number of work-related deaths and illnesses are important for the socialization and disclosure of these numbers to society and for health managers, so that this is in fact recognized as a central issue for public health and worker health. Thusly, the number of deaths and illnesses is intimately linked to quality care, capable of recognizing a sick or injured individual as a worker.

However, the low number of records submitted and the process by which they are being notified is a motive of great concern. This trend and the increasing understanding of common illness, pandemics and other degenerative diseases, affecting society as a whole, still lead to low numbers of reported registrations, which is of great concern. There is a difficulty in contemplating the information of work-related accidents or its biological material and other injuries and there is consequently a clear need to expand the focus of action, including, in addition to the typical work accidents, illness in general, particularly the chronic-degenerative diseases related to work.

It is noted that, faced with the changes in the productive processes, they detected a form of illness that has been hidden in its relation with work. Examples are: cardiovascular diseases, mental and behavioral disorders, among others. This discussion refers to the composition of health surveillance of workers and the lack of dialogue between surveillance systems, since the structures of health, pensions and work are found to be embedded, resulting in a fragmentation of the system as a whole. This is a central challenge because it is vital that surveillance have an impact on whom and what is causing work-related illness and deaths.

Another aspect is the issue of reporting disparity in the same border region, although the commitment of CERESTS for the municipalities to notify them was verified. In addition, there are two information systems in the SUS, one in Rio Grande do Sul (SIST), and the other in the Brazilian context (SINAN), which give greater visibility to this disparity, since the systems present many different numbers. Likewise it should be taken into account that data from Social Security and the Ministry of Labor are restricted to formal work and the information produced by these bodies does not translate into Vigilance in Workers 'Health. Therefore, to think about the Workers' Health Surveillance on the borders requires the construction of a registration system and a flow of workers in the region, in order to observe the trend of work, study, health and other information, as well as contemplate the notifications of health problems for these workers.

More than identifying the flows that involve workers seeking health care in these regions, it is necessary to highlight some existing experiences, such as the bi-national partnership for evaluation and possible intervention in the sugar cane area in the region of Bella Unión, which has been using the vast brazilian experience. In this sense, it is fundamental to recognize the territory as something dynamic and,

therefore, it is necessary to move forward in the MERCOSUR framework from the legislation and common agreements between the countries in order to develop the harmonization of policies between neighboring-countries.

This study points out that the EC-RESTs play a fundamental role in regional and cross-border coordination, since they are closer to the local reality and, through common demands, can define actions and strategies that have an impact on reality. To achieve this, we must seek the articulation between the university, workers and diverse sectors, in order to generate applicability and communication of studies and interventions. In this context, we understand that surveillance in the border region is permeated by immense challenges and that the realization of a situational diagnosis is fundamental for this reality to be observed and accepted. Among the challenges we can find notifications, since they are almost always carried out by health professionals.

Currently, surveillance involves the monitoring of work processes and modes of production, and this process requires the participation of the basic health care units, considering that the services are close to the workers, which could generate a universal coverage. Basic health care units have the possibility of accessing informality, which can produce information of the workers' life and health conditions, as well as the possibility to evaluate changes in the profile of illness and have the potential to foster their organization, especially informal ones. It can be noticed from the manifestation of teams from CERESTs that the difficulties must be faced with the necessary politicization of this discussion that is posed as a major challenge of the SUS. Among the necessary actions we highlight: to recognize the diversity of productive activities in the situational diagnosis of the territory; recognize those served as workers; and encourage participation in these processes. Thus, there is a need to adopt concrete measures that take into account the surveillance guidelines to be developed in a territory with border characteristics, respecting their particularities.

Therefore, a central challenge is necessary in order to clarify that the object of health surveillance is fundamental in the recognition of the factors that cause health problems and the effectiveness of the notification of these diseases, with the purpose of contributing to the construction and strengthening of policies directed to the Health of the Worker.

Finally, we can imply that to think about health surveillance means also to work on the perspective of comprehensive healthcare for workers, as Dias points out in explaining that health promotion recognizes work as a health option, not just as a source of disease[8]. Surveillance must occur continuously and in a network, and not be limited to surveillance actions, but to be seen as a process, which anticipates and prevents damages, changing work processes, providing full assistance and being a movement permeated by social participation.

Final considerations

Health promotion and disease prevention have gained space over time in studies on people's quality of life and intervention practices. The focus of these interventions includes the suffering, morbidity and mortality resulting from diseases and accidents suffered by the population. With the growth of the incentive to promote health, research has been carried out in several countries, such as Brazil, emphasizing integral health care. To deepen the knowledge of the dynamics and apprehend the magnitude that involves accidents and diseases related to health services, can result in important sources of information. Health professionals should be able to identify, among the visits, those accidents and diseases linked to the work activity.

The registration of accidents and diseases, as well as the questions related to the verification of their interrelationship with work, is fundamental for their definition and identification. Despite contributions from statistical, epidemiological and qualitative studies on the thematic area of accidents, illnesses and deaths related to work, the lack of knowledge of the real situation of accidents and work diseases, both in the state and in the national sphere, are still evident. It is believed that giving greater importance to any given information can contribute to the understanding, interpretation and improvement of the reality of work and, consequently, to the improvement of the living conditions of the worker. In addition, the existence of articulated studies among the countries that make up the MERCOSUR can help the government structures in the proposal of more congruent public policies with the regional and international reality.

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