







Experience report

## Establishment and Implementation of the Vigidesastres Program in a regional health coordination

Estruturação e implementação do Programa Vigidesastres em uma coordenadoria regional de saúde

*Estructuración e implementación del Programa Vigidesastres en una coordinación regional de salud*

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### Abstract

**Objective:** to describe the implementation of the Vigidesastres Program in a regional health coordination. **Method:** A descriptive study, designed as a case study, with a time frame between 2024 and 2025. **Results:** The implementation was carried out progressively and in coordination with 33 municipalities in the region, thereby helping overcome challenges inherent to implementing a new public policy. The strategies used for the program's implementation include: training for public servants, designation of focal points, and the development of contingency plans. **Conclusion:** Regional articulation and institutional support were crucial facilitators, and the experience contributed to the enhancement of public policies focused on health risk and emergency management in the state's central region.

**Descriptors:** Public Health Surveillance; Public Health; Disasters; Unified Health System; Public Policy

### Resumo

**Objetivo:** relatar a implementação do Programa Vigidesastres em uma coordenadoria regional de saúde. **Método:** estudo descritivo, do tipo relato de experiência, com recorte temporal entre 2024 e 2025. **Resultados:** a implantação ocorreu de forma progressiva e articulada com 33 municípios da região, contribuindo para superar desafios inerentes à implantação de uma nova política pública. Como estratégias utilizadas para implementação do programa estão: capacitações para servidores, designação de pontos focais e desenvolvimento de planos de contingência. **Conclusão:** articulação regional e apoio institucional foram facilitadores cruciais e a experiência contribuiu para o aprimoramento das políticas públicas voltadas à gestão de riscos e emergências em saúde na região central do Estado.

**Descritores:** Vigilância em Saúde Pública; Saúde Pública; Desastres; Sistema Único de Saúde; Política Pública

## Resumen

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**Objetivo:** informar sobre la implementación del Programa Vigidesastres en una coordinación regional de salud. **Método:** estudio descriptivo, tipo informe de experiencia, con un periodo temporal comprendido entre 2024 y 2025. **Resultados:** la implantación se llevó a cabo de forma progresiva y articulada con 33 ciudades de la región, lo que contribuyó a superar los desafíos inherentes a la implementación de una nueva política pública. Las estrategias utilizadas para la implementación del programa fueron: capacitación de los funcionarios, designación de puntos focales y desarrollo de planes de contingencia. **Conclusión:** la articulación regional y el apoyo institucional fueron facilitadores cruciales, y la experiencia contribuyó a la mejora de las políticas públicas orientadas a la gestión de riesgos y emergencias de salud en la región central del Estado. **Descriptor:** Vigilancia en Salud Pública; Salud Pública; Desastres; Sistema Único de Salud; Política Pública

## Introduction

Disasters can be defined as the result of adverse events, whether natural or technological, that impact a vulnerable ecosystem, causing human harm (deaths, injuries, illnesses), material or environmental damage, generating economic and social losses, and causing the disruption of the normal functioning of a community or society, whereby the required response exceeds the capacity of locally available resources (human, material, and financial).<sup>1</sup>

From a public health perspective, disasters are defined by their effect on people and on the health services infrastructure. They are recognized as public health events of natural or technological origin, with their typologies classified according to the Brazilian Classification of Disasters and its updates.<sup>2</sup>

The National Health Surveillance Program for Risks Associated with Disasters (Vigidesastres) was established within the scope of the Unified Health System (SUS) in 2022 to develop health surveillance actions to manage public health emergency risks arising from disasters.<sup>3</sup>

Vigidesastres plays a crucial role in the preparedness for and response to public health emergencies caused by natural or technological disasters. Through integrated and coordinated actions, the Program seeks to minimize impacts on health and infrastructure, ensuring a multidisciplinary approach that encompasses prevention, mitigation, and rehabilitation.<sup>4</sup> The effective implementation of these actions is essential for strengthening community resilience and protecting public health in disaster scenarios.

Health surveillance actions for the management of public health emergency risks arising from disasters comprise activities in the phases of disaster preparedness, monitoring, alert and communication, response, and rehabilitation.<sup>3</sup>

In the context of natural disasters, the state of Rio Grande do Sul (RS) was affected in 2023 by an unprecedented episode of extreme rainfall, resulting in severe floods, primarily in the Taquari Valley, located in the central region. This event impacted 107 municipalities, resulted in 54 deaths, and affected over 400,000 people.<sup>5</sup> In 2024, the State was once again devastated by one of the worst climate catastrophes to hit the *gaúcha* population. A new wave of rainfall, beginning in mid-May, culminated in 478 affected municipalities (96.2% of all municipalities), 184 recorded deaths, 647,000 displaced and homeless people, and extensive and complex psychological, material, and immaterial damages for the *gaúcho* people.<sup>6</sup>

For management purposes, the State Health Secretariat (SES) of Rio Grande do Sul (RS) geographically subdivides its 497 municipalities into seven health macro-regions and 30 health regions.<sup>7</sup> The health regions are administered by the Central Level of the State Health Secretariat, located in Porto Alegre (RS), and, regionally, by 18 Regional Health Coordination. The 4th Regional Health Coordination (4th CRS), headquartered in Santa Maria, covers 33 municipalities.

During the 2024 climate events, all municipalities of the 4th CRS were impacted to some extent. According to an internal data survey, of the 33 municipalities within the regional coverage area, 16 reported physical damage to the health services infrastructure, and 41 health facilities were affected, including Family Health Strategy Units (ESF), Basic Health Units (UBS), Emergency Care Units (UPA), polyclinics, and vaccination rooms.

The SUS is organized into Health Care Networks (RAS). Within the territory, Primary Health Care (APS) is the first level of care to be activated, serving as the communication link between health teams and the community and as the gateway to the SUS.<sup>8</sup> The APS is responsible for coordinating the pathways users should follow through the points of care and ensuring continuity of care.<sup>9</sup> The APS must be prepared to respond to incidents immediately, operating short-term, medium-term, and long-term actions, as well as actions in conjunction with surveillance bodies and other

agencies, such as Civil Defense. When the APS and other actors in the RAS are affected by a disaster, the RAS is responsible for reorganizing to ensure the continuity of operations and minimize impacts on users.

In summary, disasters, whether natural or technological, entail consequences for human health and for the health services infrastructure.

Given the context of climate change and the increasingly frequent occurrence of extreme events, preparedness actions by the health sector are fundamental to ensure an effective and coordinated response, minimizing impacts on public health and strengthening the resilience of affected communities. In these situations, the SUS assumes a central role due to its responsibility for prevention and health care.

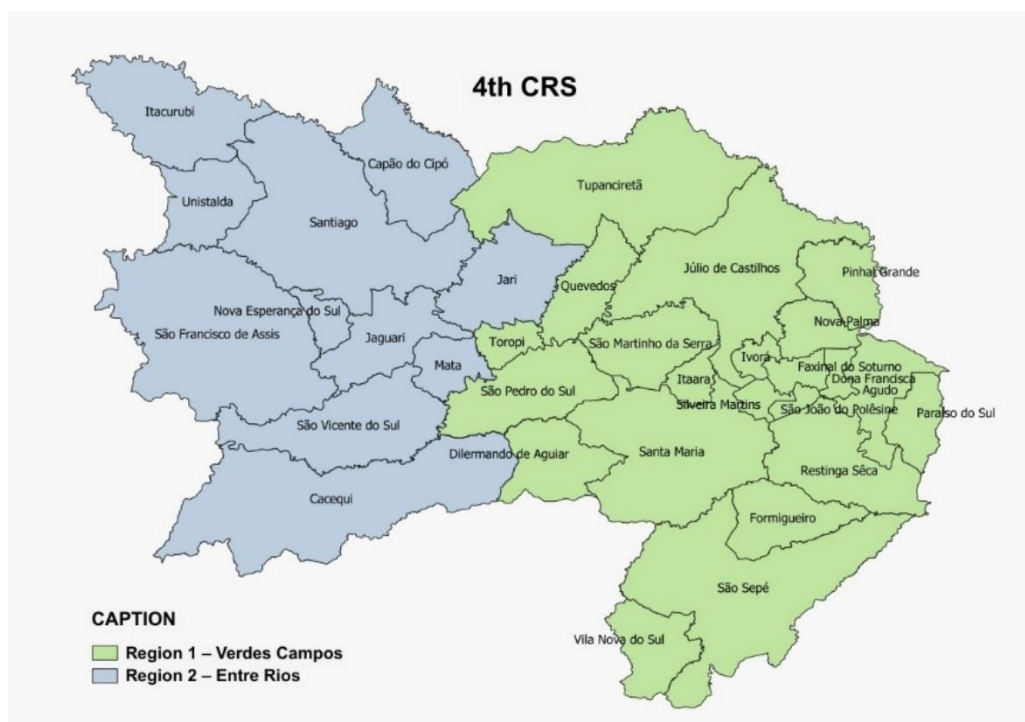
Thus, the objective of this study is to report the implementation of the Vigidesastres Program in a regional health coordination.

## **Methods**

This article is an experience report on the implementation and management of Vigidesastres at the regional level. The experience described in this study reflects the perspective of staff members, residents, and interns affiliated with SES/RS during the implementation and management process of a new health program incorporated into the SUS.

The experience was documented using institutional documents, meeting minutes, administrative records, and internal reports, as well as direct observations made by the authors, who actively participated in the process. The reported observations cover the period from 2024 to 2025, during which Vigidesastres was initiated at the regional level.

The scope of this report comprises the catchment area of the 4th CRS of RS, which encompasses two health regions: Region 1 – Verdes Campos (Green Fields) and Region 2 – Entre Rios (Between Rivers) (Figure 1). In total, the 4th CRS covers 33 municipalities, with a population of approximately 554,000 people, according to the 2022 Census.<sup>10</sup>

**Figure 1** – Map of the 4th Regional Health Coordination, 2025

Source: Own elaboration

The information presented was organized chronologically, highlighting the main implementation milestones, staff training, management strategies, and the challenges tackled. Both quantitative (e.g., the number of municipalities involved, trained professionals, and actions executed) and qualitative (e.g., reports of difficulties, team perceptions, and facilitating strategies) data were considered. The quantitative data were presented as absolute and relative frequencies.

As this is an experience report, approval by a Research Ethics Committee is not required, in accordance with Resolution No. 510 of April 7, 2016, of the National Health Council.<sup>11</sup>

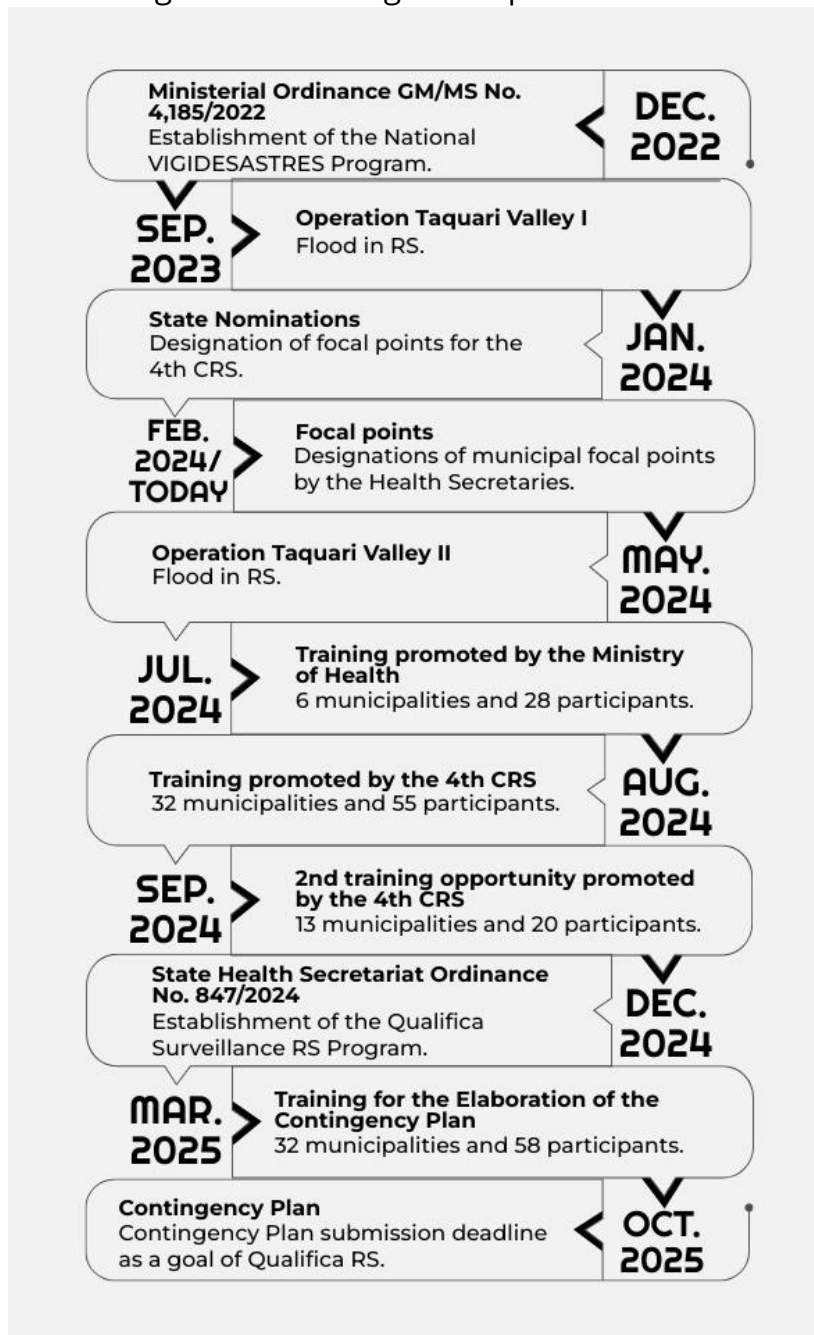
## Results

Various actions were carried out to organize the RAS as part of the Vigidesastres Program.

The Program fostered the training of professionals, intersectoral integration, and the development of technical instruments aimed at risk and emergency management in public health. Within the scope of the 4th CRS of RS, these actions were executed in a coordinated manner across the 33 municipalities in the region, with an emphasis on

conducting training workshops, technical meetings, and risk-area mapping activities. The process was conducted progressively, respecting local realities and prioritizing the collective construction of the action plan. The following section presents the main chronological milestones (Figure 2), quantitative and qualitative results, as well as the facilitators and challenges encountered throughout the experience.

**Figure 2** - Flowchart of Vigidesastres Program implementation events, 2025



Source: Own elaboration

The implementation of the Vigidesastres Program at the national level began with Ministerial Ordinance GM/MS No. 4,185, of December 1, 2022,<sup>3</sup> which established guidelines for risk management in public health emergencies resulting from disasters. The Program aims to integrate health surveillance actions focused on preparedness, monitoring, alert, communication, response, and rehabilitation, with a focus on risk management through coordinated strategies among federal, state, and municipal levels.

In RS, the implementation of Vigidesastres was adapted to regional specificities, with the SES/RS assuming technical and political coordination. Within the State, the Program's direction was under the responsibility of the State Center for Health Surveillance (CEVS/RS), through the Environmental Health Surveillance Division (DVAS) in the Environmental Health Section. Thus, the central level structured an action plan to promote awareness and engagement of the CRS in disseminating the Program within RS.

The first catalytic event for state mobilization to strengthen Vigidesastres was the occurrence of intense rains in the Taquari Valley in September 2023, an episode known as Operation Taquari I. The magnitude of the disaster revealed gaps in the intersectoral response and highlighted the need for a more robust health surveillance protocol in the face of catastrophic events. The emergency actions of state and regional teams during this event served as a practical basis for formulating permanent strategies for the Program.

Building on the experience gained with Operation Taquari I, the structuring of Vigidesastres at the regional level began, emphasizing the CRSs' role as a strategic link between the State and municipalities. At this stage, each CRS formalized the designation of staff members from its roster to act as the Program's "focal points." These professionals began serving as technical references for the implementation of Vigidesastres' actions, coordinating with municipalities and conducting continuous risk monitoring. The inclusion of regional focal points was fundamental to ensuring the fluidity of information and the alignment of actions across different management levels. This operational decentralization allowed for greater reach and responsiveness to territorial specificities.



As part of the strategy to decentralize and strengthen health surveillance at the territorial level, municipalities were guided to designate at least two local focal points for Vigidesastres. The criteria established for this selection, in the 4th CRS, included: i) being a permanent municipal public servant; ii) having a connection to one of the health areas (surveillance or assistance); iii) ensuring that at least one of the nominees resided in the municipality itself; and iv) avoiding the appointment of occupants of political positions, such as mayors or health secretaries. These criteria aimed to ensure continuity, technical competence, and local embeddedness in the Program's actions.

In April and May 2024, RS was again severely affected by an extreme climatic event, with record rainfall causing floods, flash floods, and landslides in 468 of 497 municipalities, representing approximately 94% of the State. Furthermore, more than 647,000 people were displaced, of whom 65,762 were sheltered in temporary reception structures, such as gymnasiums and community halls. According to data from the Civil Defense of RS, one year after the event, 184 fatalities were recorded, and more than 25 people are still missing.<sup>6</sup>

Operation Taquari Valley II mobilized technical teams from the State, the Regional Health Coordinating Offices, and the municipalities, in a scenario where the mechanisms of the Vigidesastres Program were in the initial stages of consolidation. The rapid activation of regional and municipal focal points enabled coordinated health surveillance actions, including real-time monitoring of temporary shelters, surveillance of waterborne diseases, and assessment of environmental risks.

Following the event, the 4th CRS focal points conducted on-site visits to the most affected municipalities in the region to evaluate public health conditions, identify urgent needs, and coordinate response actions, including the distribution of essential medicines and supplies.

The National Force of the Unified Health System (FN-SUS) was mobilized to support emergency response actions in RS. Various FN-SUS teams were distributed across the Rio Grande do Sul territory.<sup>12</sup> One of them accompanied the regional Vigidesastres team in certain on-site activities. Several meetings were held with



mayors, municipal secretaries, and municipal public servants. Among the main agendas were the demands arising from the experienced disaster and the psychological demands affecting the population.<sup>13</sup>

In response to the need to strengthen local capacity for health emergency management, the Ministry of Health (MS), in partnership with the SES/RS, promoted technical training involving six municipalities: Jaguari, Cacequi, Júlio de Castilhos, Restinga Sêca, São Sepé, and Santa Maria. This training covered disaster management, health surveillance, and emergency response, aiming to enhance the preparedness and response capacity of local health professionals, including a practical component focused on developing a contingency plan for intense rainfall.

To qualify the performance of the municipal focal points of Vigidesastres, the 4th CRS promoted, in August 2024, the first regional training exclusively for these professionals. The meeting featured representatives from the Environmental Health Surveillance Division (DVAS/CEVS/SES-RS), who presented the program's fundamentals, risk-monitoring methodologies, and communication flows in disaster contexts. The training also addressed the elaboration of municipal contingency plans and surveillance strategies for temporary shelters, as well as water and sanitation. Thirty-two municipalities from the region participated in the event, with an emphasis on building local technical capacities for responding to extreme climatic events, in accordance with the guidelines established in Ministerial Ordinance GM/MS No. 4.185/20223 and the technical orientations of CEVS/RS.

Recognizing the importance of continuous training and the need to ensure comprehensive coverage across municipalities in the region, a second training session was held in September 2024 for municipal focal points who had not participated in the first meeting. This strategy aimed to ensure equity in local teams' technical qualifications, reinforcing the program's reach and institutionalization. The activity maintained the same technical structure as the initial training, including practical workshops on elaborating contingency plans, surveillance in sheltering situations, and notification flows in emergency contexts.

In December 2024, the SES/RS, through the CEVS, launched the Qualifica Vigilância RS Program to strengthen the structure and technical capacity of municipal surveillance systems throughout the State.<sup>14</sup> The proposal seeks to foster improvements in management, personnel qualification, equipment acquisition, and the consolidation of strategic actions, including health surveillance in the face of disasters. The program made financial resources and technical support available, based on performance indicators, population coverage, and social vulnerability. The 4th Regional Health Coordinating Office (CRS) mobilized its municipalities to ensure immediate adherence, highlighting the initiative's importance as a complement to the Vigidesastres Program's actions, especially in the context of recurrent extreme climatic events in the State.

In February 2025, the 4th CRS focal points met in Porto Alegre for a series of technical meetings with representatives from the state coordination of the Vigidesastres Program, to elaborate a standardized guidance document for the construction of municipal contingency plans focused on intense rainfall events. The 4th CRS actively participated, providing input based on practical experience from previous events. As a result of these meetings, a model contingency plan for intense rainfall was developed to facilitate the elaboration of municipal plans and promote integration among different health areas, such as health surveillance and risk management. The instrument is aligned with the principles of the Vigidesastres Program and the guidelines established by the Ministry of Health, contained in the Guide for the Elaboration of Contingency Plans.<sup>15</sup>

To broaden municipal management's understanding and commitment to the Vigidesastres Program, the 4th CRS promoted training for municipal health secretaries during the ordinary meeting of the Regional Inter-managerial Commission (CIR) in February 2025. The initiative sought to strengthen the Program's political dimension, recognizing the strategic role of managers in integrating health surveillance actions in the face of disasters into municipal planning. During the meeting, the Program's guidelines were presented, along with progress on the designation of focal points and on consolidating local contingency plans. The goals established by the Qualifica Vigilância RS Program related to Vigidesastres were also detailed, along with the importance and mechanisms for assessing the completeness of the proposed indicators.

In March 2025, the 4th CRS promoted training for the municipal focal points of Vigidesastres within its area of coverage, presenting the program's structural axes and guiding the elaboration of municipal contingency plans for intense rainfall.<sup>15</sup> During the meeting, the standardized contingency plan model, developed in partnership with the state level, was detailed, along with the criteria, goals, and indicators of Qualifica Vigilância RS, including technical counterparts and agreed-upon targets. The activity also served as a space for active listening to the difficulties municipalities face, fostering the exchange of experiences and strengthening local response capacity.

Since their designation, the 4th CRS focal points have played a central role in the technical articulation and consolidation of the Vigidesastres Program in the region. Among the continuous activities, the promotion and participation in courses and workshops focused on 'Disasters in Health' stand out, which seek to strengthen the technical repertoire and expand local response capacity. Furthermore, the focal points have actively participated in the CIR's monthly meetings, providing municipal health secretaries with updates on the Program, reinforcing its strategic importance, and encouraging managers' political and institutional engagement.

Another continuous area of action concerns the permanent link with the central level of the SES, through periodic meetings with the state Vigidesastres team, where progress and challenges are discussed, and new implementation strategies are agreed upon. This dialogue strengthens technical alignment between state and regional levels, contributing to more context-specific and efficient decision-making. Also noteworthy is the participation of the 4th CRS team in the contingency plan elaboration workshops for the municipality of Santa Maria, promoted by the Municipal Prefecture and local Civil Defense, in partnership with Hopeful Brasil. The presence of the focal points in this process highlights the reach and regional recognition of the 4th CRS as a technical reference in health surveillance during disasters, as well as its capacity for collaboration in interinstitutional and multi-professional initiatives.

During the training sessions promoted within the scope of the Vigidesastres Program, 161 individuals participated, considering both those who attended a single

activity and those who participated in more than one training action. However, after data consolidation, it was observed that the number of unique participants was 110. Of these, 60% (66 people) maintained an active connection with the Program in 2025.

Given the various challenges of implementing a new program in the SUS, strategies were adopted to overcome obstacles, including: several training opportunities for municipal focal points (three instances over half a year); maintaining an always-updated email list for quick communication; creating a WhatsApp group with all involved in the network; monthly participation in managers' meetings to communicate the importance of the Program; disseminating alerts issued by the Civil Defense of RS; among other strategies, such as on-site monitoring of actions.

## **Discussion**

The results obtained throughout the implementation of the Vigidesastres Program in the 4th CRS reveal an evolution in training and interinstitutional articulation for the management of risks related to public health disasters. The training of 110 participants reflects the commitment to ensuring the qualification of local health professionals. The ongoing work of the 4th CRS focal points, both in training sessions and in periodic meetings with the central level of SES/RS, is a crucial factor in the decentralization and widespread reach of the Program's activities, underscoring the importance of local strategies for strengthening emergency response. However, the effectiveness of these actions can be limited by resource constraints and the variability of local conditions, underscoring the need for continuous adjustments to methodologies and greater investment in training, human resources, and materials to ensure an effective response to extreme climatic events.<sup>16</sup>

The implementation of the Vigidesastres Program, coordinated by the MS, aimed to structure and strengthen health surveillance in the face of risks associated with natural disasters, focusing on prevention, preparedness, and rapid response. In this model, the SUS, organized in a tripartite manner (Union, States, and Municipalities), establishes that each entity assumes its responsibilities within the scope of the RAS.<sup>1</sup>

Implementing a new program within the SUS is a long, gradual, and articulated process. In the state of Rio Grande do Sul, three key events propelled the consolidation of Vigidesastres: the intense rains of September 2023 (Operation Taquari I), the climatic catastrophe of April 2024 (Operation Taquari II), and the launch of the Qualifica Vigilância RS Program in December 2024 (SES/RS Ordinance nº 847/2024).<sup>14</sup>

These events demonstrated the vulnerability of local health systems to extreme climatic disasters and highlighted the importance of structuring a resilient, well-coordinated health surveillance system.<sup>16</sup> Operation Taquari I, in September 2023, was an initial milestone that exposed gaps in intersectoral response capacity and the urgent need for a robust protocol for risk monitoring and health emergency management. Understanding the effects of multiple disasters on population health and recovery processes is crucial, considering the projected increase in extreme climatic events.<sup>17</sup>

In April 2024, when Operation Taquari II was implemented, the 4th CRS had only recently begun promoting the program at the regional level. As the program had not yet been consolidated in the region, many response processes were carried out intuitively and in an emergency. However, it is known that during a disaster, actions previously planned and coordinated should be taken and executed. Thus, Operation Taquari II once again exposed the fragility of the Rio Grande do Sul health system in the face of an extreme climatic event, leaving a historic mark on the people of Rio Grande do Sul.

The consequences of the intense rains of 2024 reinforce the need for preparedness and precaution in the face of possible future disasters. On the other hand, the experience gained from this event enabled municipal and regional focal points to prepare for future occurrences actively. In this context, continuous professional training, dissemination of program guidelines, and strengthening intersectoral integration were essential to improving emergency response. Thus, such actions are fundamental to enhancing the capacity to prevent, detect, and respond to outbreaks, and to make health facilities more resilient.<sup>16</sup>

The implementation of the Qualifica Vigilância RS Program, launched in December 2024,<sup>14</sup> represents a crucial step for improving the structure of municipal surveillance systems, as it offers technical support and financial resources to enhance local disaster response. However, adherence to the program and training local teams

remains a challenge, requiring ongoing effort to ensure that all municipalities, especially the most vulnerable, are effectively included. To advance health decentralization, municipalities must have greater autonomy to raise funds, identify local health priorities, and organize their health programs to strengthen response capacity and build resilience in health facilities.<sup>16</sup>

The analysis of the training sessions carried out reveals a positive outlook: 161 individuals participated in various training activities, with 110 unique participants, which is already a good indicator of adherence to the program. However, the long-term retention rate of these professionals presents a significant challenge: only 60% of these participants (66 people) maintained an active connection with the program in 2025. This data suggests that, although the initial training phase reached a significant number of professionals, the continuity of their involvement and commitment to the program requires a more effective strategy to maintain engagement.

The reduction in the number of active participants may be associated with various factors, such as staff turnover, changes in municipal management, or a lack of incentives for professionals to remain committed to Vigidesastres activities. The lack of continuity in the engagement of focal points can compromise the program's long-term effectiveness, as learning from training sessions may be lost and the capacity to respond to public health emergencies weakened. It is important to note that natural disasters impose intense stress on frontline healthcare workers, who must deal with their own personal and professional pressures while providing care,<sup>18</sup> which may justify the need for the professional to disengage from the Program, interrupting the continuity of care.

Vigidesastres plays a role analogous to that of a vehicle safety device, such as an airbag. Although the primary objective is to prevent disasters, the program acts like an airbag: it aims to mitigate impacts if an adverse event is inevitable, ensuring the timely activation of adequate, coordinated response measures that minimize effects and protect the population. Therefore, it is fundamental to develop policies and interventions to support the most vulnerable populations and territories,<sup>17</sup> focusing on equity and intersectorality, and in consonance with the Sendai Framework for Disaster Risk Reduction.<sup>19</sup>

The situation encountered within the operational scope underscores the importance of strategies that promote the building of Vigidesastres, such as strengthening systematic monitoring of focal points and periodic updating and training activities. Furthermore, training as a progressive learning process, with tutorship and supportive supervision, enables professionals to adapt to the new demands and challenges imposed by disasters.

At the organizational and political levels, the continuity of engagement and the retention of trained professionals are key to ensuring Vigidesastres' effectiveness. The implementation of an integrated, intersectoral building of approach and the strengthening of public policies that encourage the retention of focal points are essential to consolidate the Program and make it an effective tool for risk management and public health emergency response in RS. The resilience of health systems depends on a solid political commitment and stable funding, as well as a joint effort by various stakeholders in the formulation and implementation of public health policies,<sup>16</sup> which require normative frameworks, coordination mechanisms with Civil Defense and Primary Care, and planning instruments that ensure effective responses in the building of disasters.

The findings contribute to practical strategies, enabling other regions to benefit from lessons learned during implementation. This report expands the debate in health surveillance by systematically describing the implementation building of the Vigidesastres Program in a unit with a building history of large-scale climate disasters. By detailing strategies for interinstitutional coordination, professional capacity building, contingency planning, and the consolidation of response networks, the report offers operational and managerial guidance and support to managers and technicians from other regions facing similar challenges. Furthermore, it reinforces the importance of institutionalizing disaster preparedness and response programs within the SUS, highlighting the role of health surveillance as a foundational pillar in risk and emergency management.



## Conclusion

The implementation of the Vigidesastres Program in the 4th CRS proved to be a successful and necessary experience given the increasing frequency of climatic events. The progressive development of the program, with articulation across state, regional, and municipal levels, enabled advances in team qualification, the institutionalization of contingency plans, and the integration of health surveillance and risk management.

Thus, despite challenges – such as professional turnover and the complexity of intersectoral organization – it became evident that coordinated decentralization and the strengthening of local capacity are key elements for the effectiveness of actions in emergency contexts.

The model adopted by the 4th CRS can serve as a reference for other regions, helping consolidate a sustainable public policy aligned with SUS principles in disaster management.

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**How to cite this article**

Crespo PA, Leal KK, Pereira MNS, Palma EM, Silva RS, Madureiro JSR. Establishment and Implementation of the Vigidesastres Program in a regional health coordination. Rev. Enferm. UFSM. 2025 [Access at: Year Month Day]; vol.15, e29:1-18. DOI: <https://doi.org/10.5902/2179769292794>