Seminário Internacional Políticas de Saúde, Desafios Territoriais e Atenção Primária à Saúde no Brasil e na França

The configuration of primary health care in Brazil

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Context

Health system in Brazil: A short overview

- In Brazil, a **National Health Service (Sistema Único de Saúde - SUS**) financed through taxes, was implemented during the 1990s in the context of Brazil's democratisation process following the overthrow of the military dictatorship in the 1980s.
- The Federal Constitution of 1988 established **health as a universal right and State duty**

The principles of **SUS** are:

- **universal access** to health services for all citizens, regardless of income, at no charge;
- **decentralization** with responsibilities shared between government levels: federal, 26 states, FD, 5.570 municipalities;
- **citizen participation** in the formulation and oversight of the health system by health councils at the federal, state and municipal levels https://www.gov.br/conselho-nacional-de-saude/pt-br

Context

Health system in Brazil: A short overview

- The SUS acknowledges universal entitlement and formally covers 100% of the 203 million people with comprehensive care,
- comprising health promotion, prevention actions and personal care by means of an extensive network of
- primary health, specialised care and hospital care facilities,
- including high-complexity procedures, such as oncological treatment and organ transplants.
- However, 25% of the population is also covered by voluntary supplementary private health insurance

PHC in Brazil: Family Health Strategy (FHS)

- **In the SUS PHC is a municipality duty.**
- Since 1994/1998, the Ministry of Health has fostered with financial incentives a new community-oriented Primary Health Care approach: the Family Health Strategy (FHS).
- Nowadays, the FHS entails 52,000 multi-professional heath teams working in a specific territory with registered population (280,000 CHW)
- in **44,000 health centres / Basic Health Units (UBS)** distributed around the country, close to where people live.
- The family health team is expected to be the first-contact service and gatekeeper to a comprehensive health service network, but not always that occurs.
- The family health teams cover approx. 66% of the Brazilian population.

PHC in Brazil: Family Health Strategy (FHS)

- The **family health teams** consist of 1 general practitioner (specialization in Family and Community Medicine), 1 registered nurse (bachelor), 1 nursing technician and 4 to 6 community health workers who reside in the territory.
- Around 50% of the family health teams work together with an oral health team (ESB) consisted of a dentist, a dental office assistant and a dental hygiene technician for clinical and health education activities.
- Some of the family health teams are supported by a **multiprofessional team (NASF / e Multi)** composed of psychologists, social workers, physiotherapists, nutritionist, physical educator, and others.

Community-oriented primary health care in Brazil

- The Family Health Team works in a Community Health Center.
- Each team is responsible for up to 1,000 families, or 3,500 persons, living in an assigned geographical area, with registration and monitoring of the enrolled population
- The local territory is the base for community action to improve health and living conditions.
- The ESF teams play a vital role
  - in identifying health and social risk situations in the community,
  - to consolidate local social service networks,
  - to promote joint activities with other sectors/organizations to solve community problems,
  - to promote social and individual participation as for health issues

Brazilian nurses' tasks in PHC

- In PHC, nurses perform holistic care and develop several tasks and roles with autonomy in a comprehensive way :
- They monitor the child's growth and development, perform antenatal care, immunization, follow up patients with chronic diseases such as diabetes and hypertension, coordinate teams and supervise the community health workers.
- Since 1986, as a member of the health team, nurses are allowed to prescribe medications authorized by public health programs and in the routine approved by the health institution, like for tuberculosis, Hansen´s disease or syphilis treatments (Law no. 7,498/1986)
- – a duty that is not always performed.

Strong commitment to community-oriented primary care as a key feature of the Brazilian family health strategy

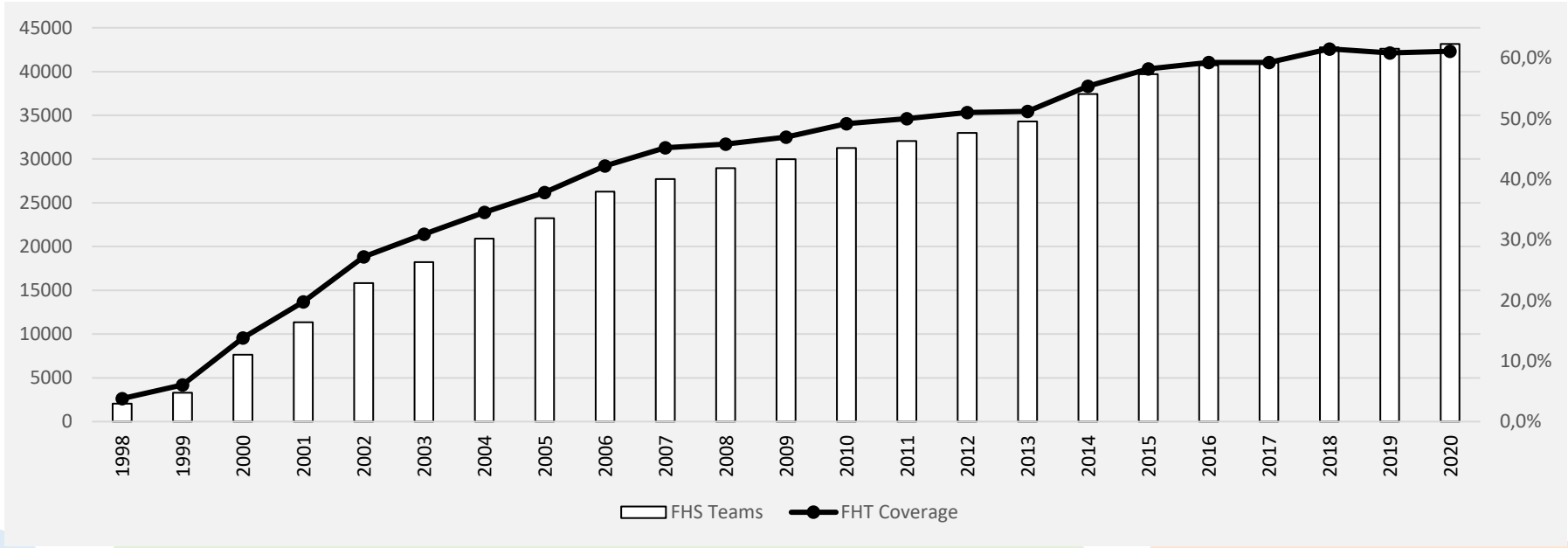
“He is a link between the community and the health centre.” (Int B7)

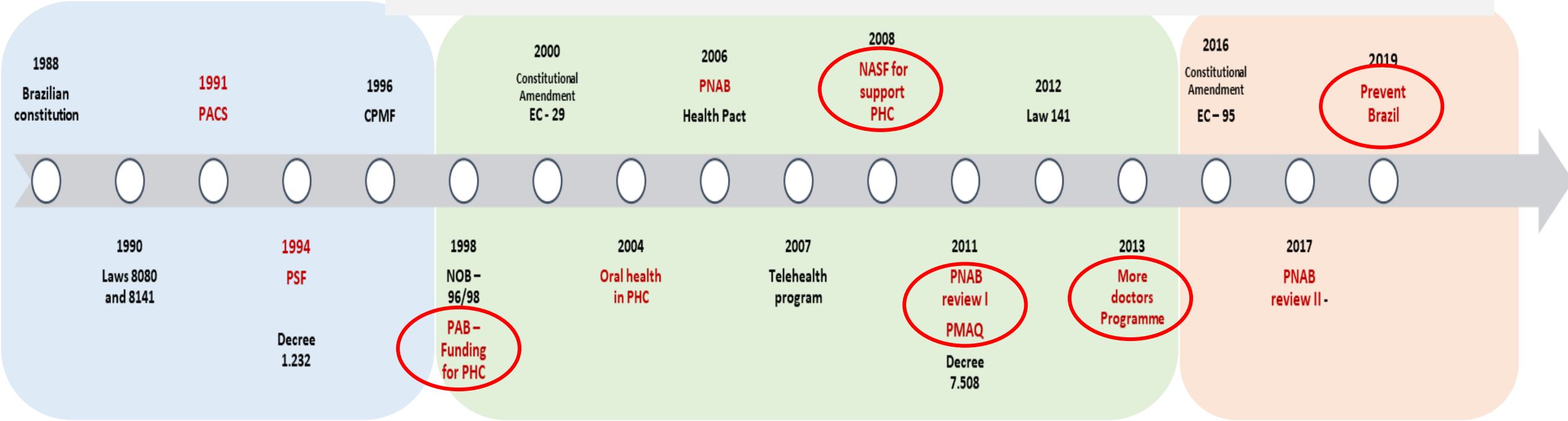
- The **Community health workers** (CHW) live where they work.
- Lay workers: no previous professional training, hired from municipalities, government full time job, 40 hours per week, actually thy are attending technical courses
- Each CHW is responsible for 150-250 families, which they should visit at home monthly
- The CHWs’ key activity is home visits for monitoring and support of priority groups such as people living with hypertension, diabetes, tuberculosis, elderly, small children, pregnant women
- The Community health workers’ role can range:

– from a more **technical profile** directed to care for individuals and families by means of health promotion and preventive actions by monitoring specific problem groups

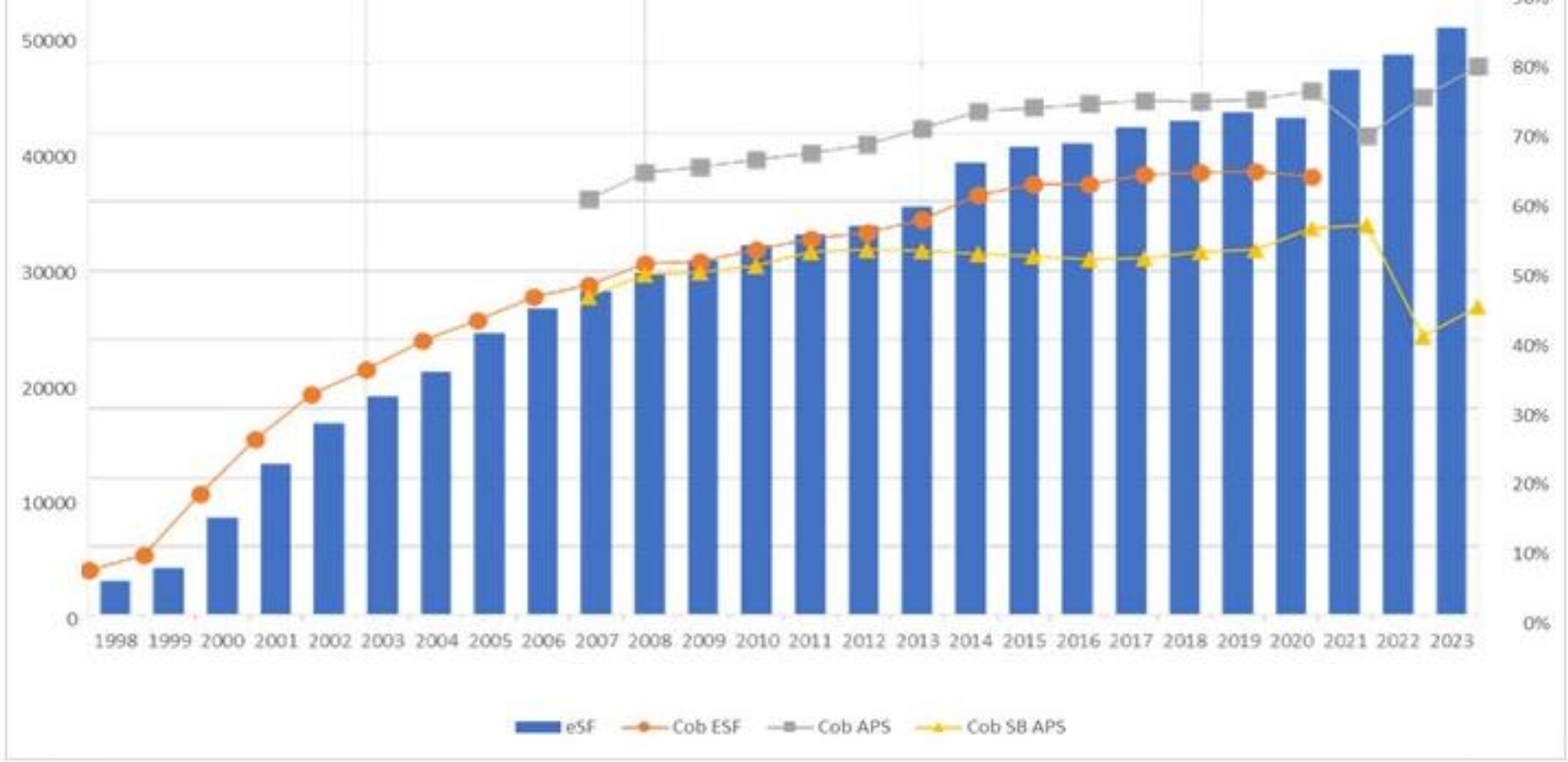
  – to a more **political role** addressing mainly community action, discussing health and the social determinants of health, and working towards community organization.

Timeline Health policies PHC/SUS Brazil





*** Specific policies for PHC are highlighted in red.** Extraído de Tasca 2021.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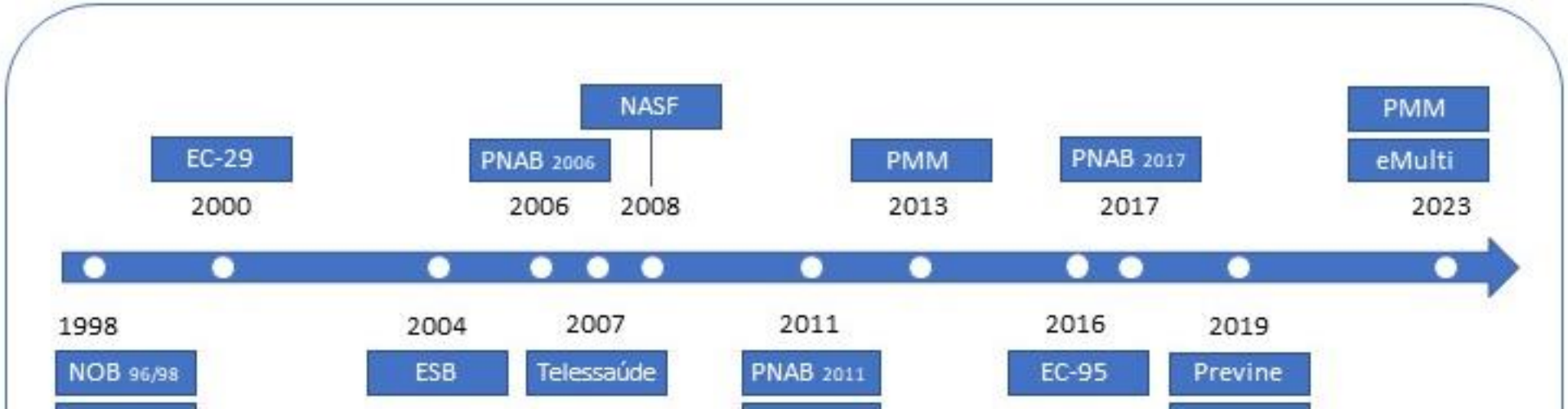
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A ESTRATÉGIA SAÚDE DA FAMÍLIA

NÚMEROS DA ESTRATÉGIAS DA APS PAGAS - PARCELA 7/24 SAPS/MS

eSF	52.080
eSB	31.775
ACS	279.068
eMulti	1.550
Mais Médicos	25.023
eAP	5.449
eCR	237
eSFR	274
UBSF	68
CEO	1.197
UOM	97
Sesb	14
LRPD	4.006
Microscopistas	482

Positive impacts of the ESF

- **Studies evidence that expanding ESF coverage has reduced:**
- **infant mortality and mortality among children under five,**
- **mortality from diarrhoea,**
- **hospitalizations due to PHC-sensitive conditions,**
- **early mortality rates from stroke;**
- **The expanding ESF coverage has reduced regional inequalities and**
- **social inequality in mortality among the elderly.**

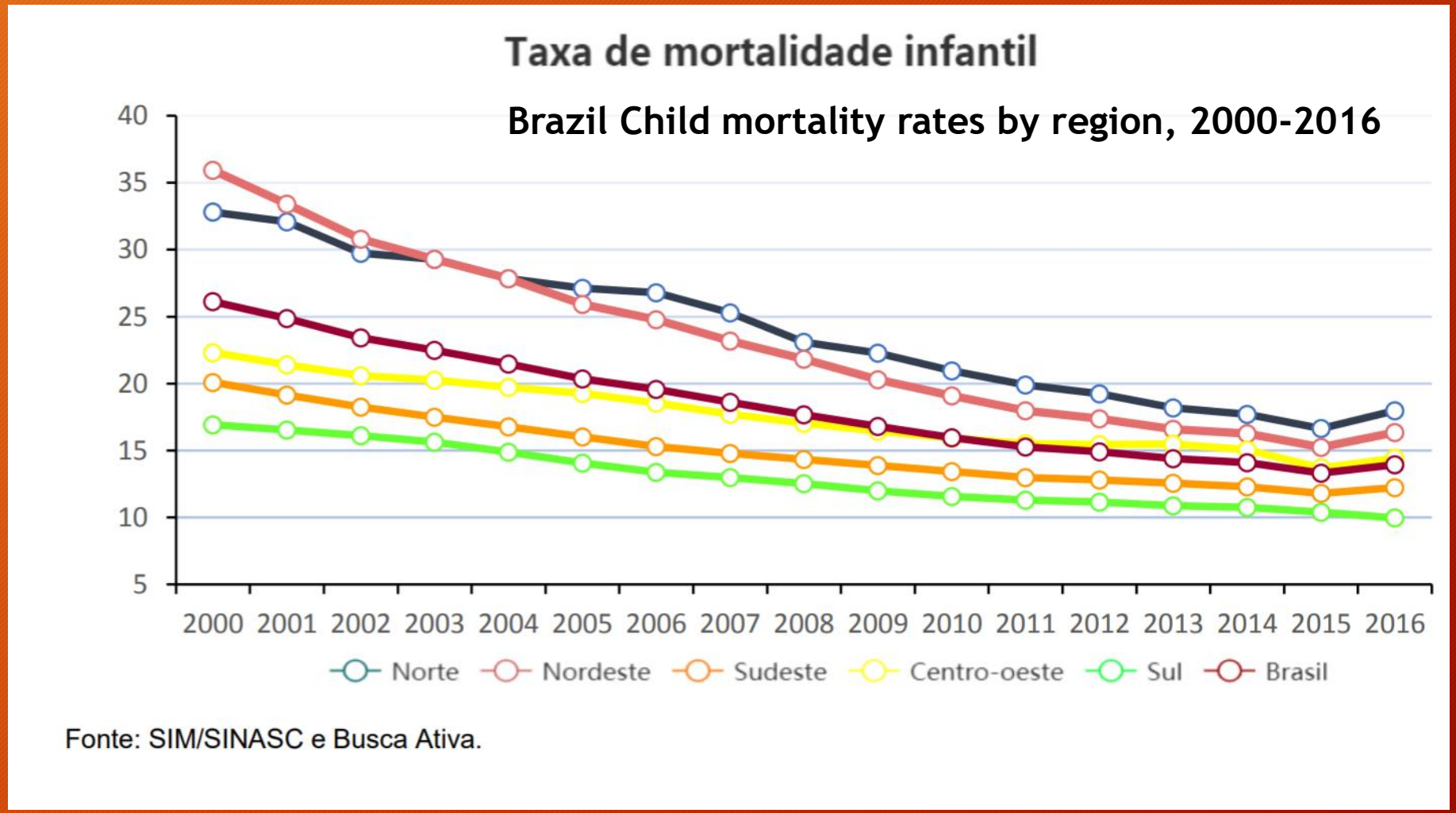
30 anos da Estratégia Saúde da Família: saudando uma abordagem de APS, efetiva, de qualidade, territorial, comunitária e integrada à rede do SUS

- Estudos comprovam que a ampliação da cobertura da ESF:
- reduziu a mortalidade infantil e de crianças menores de cinco anos (Aquino R, Oliveira NF, Barreto ML. Impact of the Family Health Program on Infant Mortality in Brazilian Municipalities. Am J Public Health. 2009; 99(1):87-93.) Guanais FC. The combined effects of the expansion of primary health care and conditional cash transfers on infant mortality in Brazil, 1998-2010. Am J Public Health. 2015 Oct;105 Suppl 4(Suppl 4):S593-9, S585-92. doi: 10.2105/AJPH.2013.301452r.)
- Promoveu melhores cuidados às gestantes, crianças e idosos (Facchini LA, Piccini RX, Tomasi E, et al. Desempenho do PSF no Sul e no Nordeste do Brasil: avaliação institucional e epidemiológica da Atenção Básica à Saúde. Ciênc Saúde Colet. 2006; 11(3):669-681)
- Reduziu as internações por condições sensíveis à APS (Macinko, J. et al. The Influence of Primary Care and Hospital Supply on Ambulatory Care-Sensitive Hospitalizations Among Adults in Brazil, 1999-2007. American Journal of Public Health (1971), v. 1, p. e1-e8, 2011).
- Reduziu as taxas de mortalidade precoce por acidente vascular encefálico (Rasella D. et al. Impact of primary health care on mortality from heart and cerebrovascular diseases in Brazil: a nationwide analysis of longitudinal data. BMJ, v. 349, p. g4014-g4014, 2014.)
- Minorou desigualdades regionais e a desigualdade social na mortalidade entre idosos (Kessler M, Thumé E, et al Family Health Strategy, Primary Health Care, and Social Inequalities in Mortality Among Older Adults in Bagé, Southern Brazil. American Journal of Public Health 2021; 111, 927-936. Disponível em https://doi.org/10.2105/AJPH.2020.306146
- entre outros impactos positivos na efetividade, na melhoria do acesso, e na utilização dos serviços (Macinko J, Mendonça CS. Estratégia Saúde da Família, um forte modelo de Atenção Primária à Saúde que traz resultados. Saúde debate [Internet]. 2018Sep;42(spe1):18-37.

Reduction of mortality of children under one year of age from 26/1000 in 2000 to 13/1000 in 2015

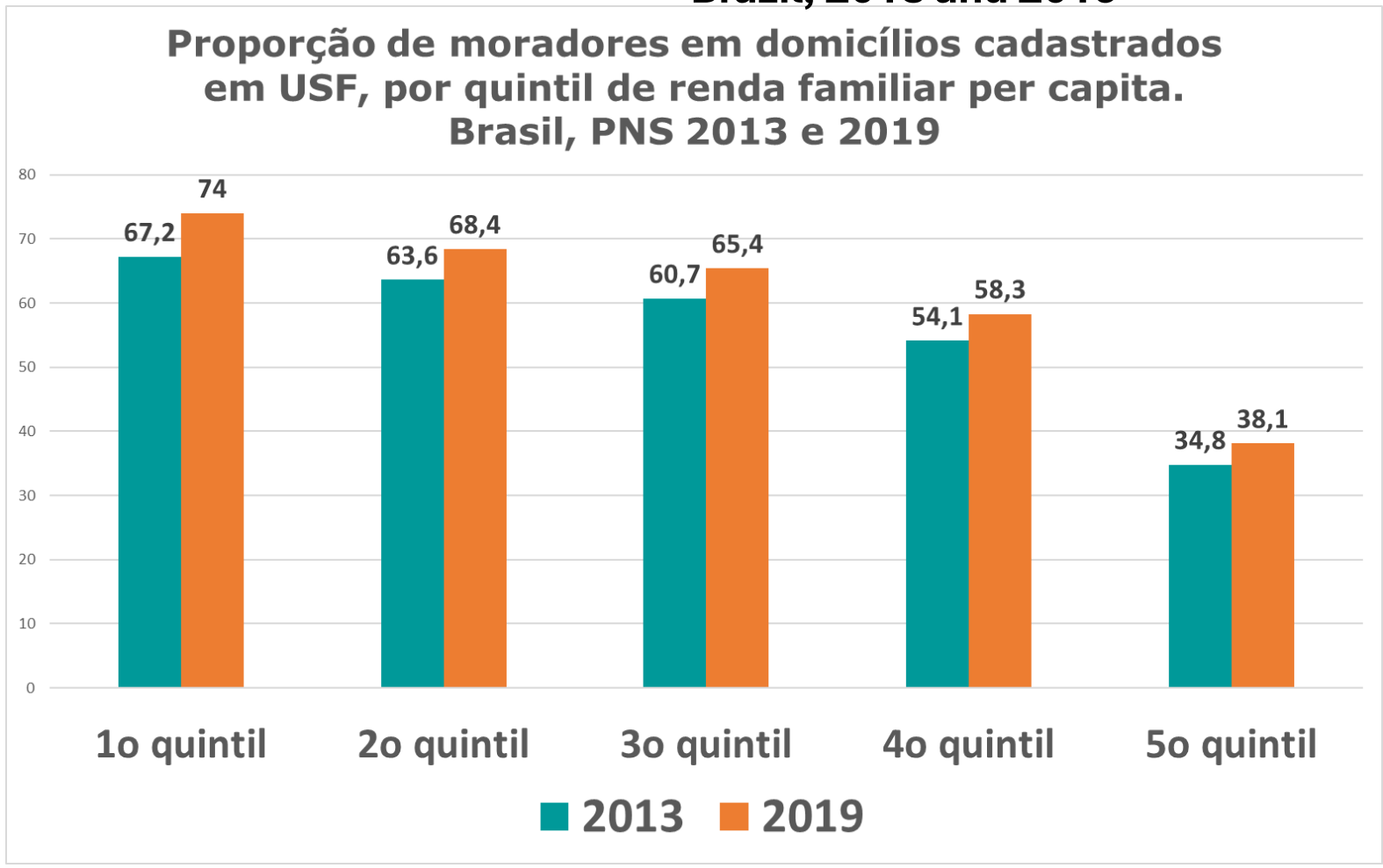
Reduction of inequality in child mortality across regions

Increase from 2016



Greater coverage of family health teams in the most vulnerable social groups: promotes equity

Proportion of residents in households recorded by ESF according to per capita family income, Brazil, 2013 and 2019



mais pobres **mais ricos**

Huge challenges for PHC in the SUS

- Regional inequalities of access to health services
- Organizacional fragmentation in 5,570 municipalities
- Health social inequalities





Brazilian population and municipalities, per municipal number of inhabitants, 2022.

Porte municipal (habitantes)	Habitantes		Municípios	
	Nº	%	Nº	%
< 5.000	4.442.756	2,2	1.324	23,8
≥ 5.000 < 10.000	8.335.137	4,1	1.170	21,0
≥ 10.000 < 20.000	19.221.709	9,5	1.366	24,5
≥20.000 < 50.000	31.959.971	15,7	1.053	18,9
≥ 50.000 < 100.000	23.477.248	11,6	338	6,1
≥ 100.000 < 200.000	22.457.118	11,1	167	3,0
≥ 200.000 < 500.000	34.322.045	16,9	111	2,0
≥ 500.000 < 1.000.000	18.353.689	9	26	0,5
≥ 1.000.000	40.511.083	19,9	15	0,3
Total	203.080.756	100	5.570	100

Fonte: Censo Demográfico 2022: População e Domicílios - Primeiros Resultados (22 de dezembro de 2023). População coletada e imputada no censo demográfico 2022. Elaborado por Thais Severino da Silva

DISTRIBUTION OF MUNICIPALITIES AS PER THE EQUITY AND SIZING INDEX - BRAZIL - 2024– 2024 –

DISTRIBUIÇÃO DOS MUNICÍPIOS NO ÍNDICE DE EQUIDADE E DIMENSIONAMENTO - BRASIL – 2024 novo financiamento APS - Mais Saúde da Família

IED 4 - 1.240 (22,26%)

IED 3 - 2.442 (43,84%)

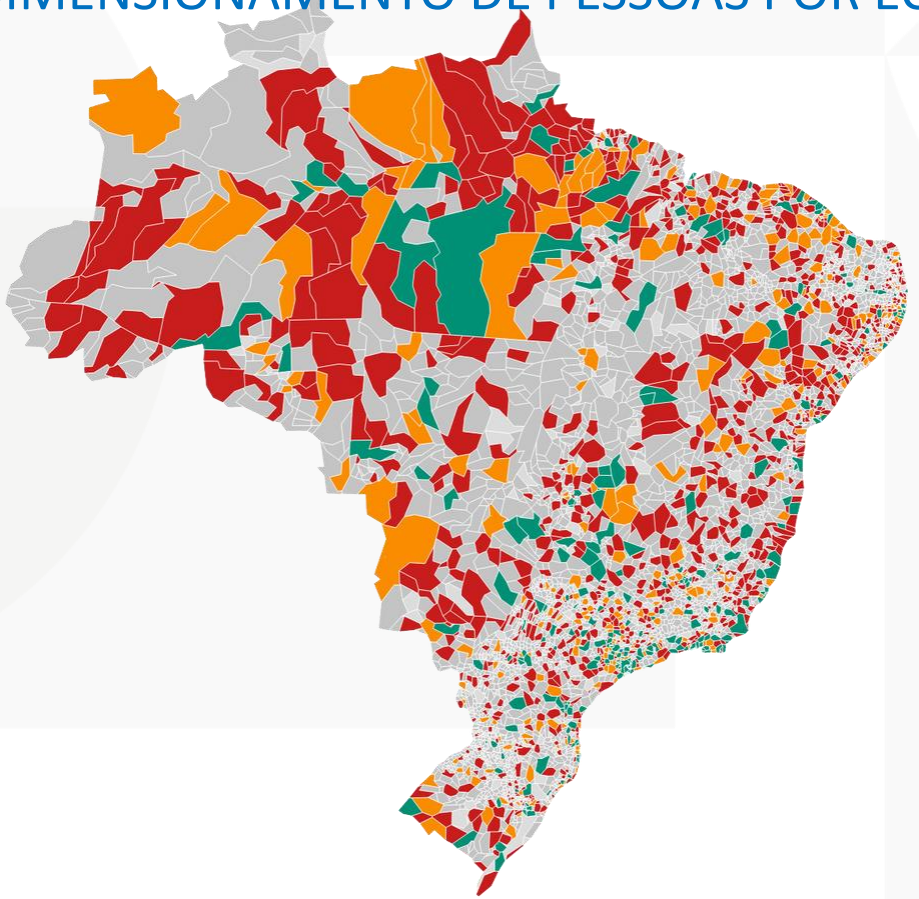
IED 2 - 1.131 (20,31%

IED 1 - 757 (13,59%)

New federal co-financing for PHC - reduction in the number of people under the responsibility of each family health team - stratified by population size of the municipality

DISTRIBUIÇÃO DOS MUNICÍPIOS POR PORTE POPULACIONAL

NOVO DIMENSIONAMENTO DE PESSOAS POR EQUIPE DE SAÚDE DA FAMÍLIA



PORTE POPULACIONAL	PARÂMETRO
FAIXA I < 20.000 hab.	2.000 pessoas
FAIXA II > 20mil a 50mil hab.	2.500 pessoas
FAIXA III > 50mil a 100mil hab.	2.750 pessoas
FAIXA IV > 100mil hab.	3.000 pessoas

Huge challenges for PHC in the SUS

Privatization

- The processes of commodification in PHC and SUS with the dissemination of social health organizations (OSS), outsourcing in provision and public-private partnerships for investments in infrastructure, but also in the provision of services;
- PHC in SUS has always been the least commodified and commercialized sector of SUS.

Precarious work

- Addressing the precariousness of employment relations of PHC and SUS professionals,
- It is necessary to develop strategies to provide the de-precariousness of work in PHC and elaborate career plans

Huge challenges for PHC in the SUS

- Another major challenge is improving the **quality of care** provided by the PHC, ensuring comprehensive and integrated care;
- The challenge of coordinating care and integrating PHC into the SUS network: completeness and timely care
- A hope for care integration is the formulation of the first National Policy for Specialized Care in the SUS in 2023
- The National Policy for Specialized Care assumes the PHC as the preferential gateway, the main communication center for the health care network (RAS);
- PHC is the place with the greatest responsibility for organizing access and coordinating care for users in their territory, increasing the clinical capacity of the PHC and
- delivering care should be a shared responsibility between PHC services and specialized care

Huge challenges for PHC in the SUS: to address structural racismuctural racism

- A major challenge for Brazilian society and health services, including PHC, is to address structural racism, reducing inequities for access to services and for the health conditions for the black population.
- This is a situation that requires from PHC strong policies and increased social participation, community guidance and intersectoral action.
- This is certainly a field that demands research that repeatedly reinforces the intersectionality in determining inequalities in health based on **colour/ethnicity, gender and social class**

Huge challenges for PHC in the SUS
chronic underfunding of the SUS

- Certainly, an important challenge for the SUS and PHC is the persistent underfunding of the SUS
- Investments in the SUS are less than 4% of GDP and the share of public spending in total health spending is less than 50%
- In France, 79% of health spending comes from the government (2021)

Per capita health spending according to OECD 2022 in $USD PPP

- Brazil 1,573 – 700 per capita of public spending
- France 6,630 dollars ppp - 5,238 per capita of public spending!

Family Health Strategy as a priority for quality, effective and efficient PHC as the foundation of a sustainable SUS

- **But this is not our utopia!**

- At a time of serious climate crisis, it is urgent to recover the broadened concept of health, shaped by the health reform process,
- which requires implementing integrated social and economic policies to face the social determination of health-disease processes,
- and to promote different modes of production and consumption
- that furthers sustainability with equity.

Family Health Strategy as a priority for quality, effective and efficient PHC as the foundation of a sustainable SUS

- **Our utopia is a health care system SUS based on a comprehensive community-oriented PHC approach** that is supported by:
- multidisciplinary teams with interprofessional and collaborative work;
- territorial and community approach with health surveillance and accountability for the population health of a given territory;
- social participation and intersectoral mediation for health promotion;
- broadened the scope of individual and collective actions with coordination of care and integration into the regionalized SUS network;
- intercultural approach aimed at gender, race and social class equity
- and appraisal of the PHC workforce: only with well-trained and valued professionals we will build an effective universal and sustainable SUS!