

#### Acknowledgements

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### **Background**

Brazil has a population of 204.4 million people and a territory of more than 8.5 million km<sup>2</sup>. The country is divided into 26 states and one federal district, with 5570 municipalities. The states are further organized into five geopolitical regions. Between 1990 and 2015, the population grew by 38.2%. Life expectancy is 78.5 years for women and 71.3 years for men. In 2014, total health spending represented 6.7% of total government spending. and out-of-pocket spending reached 25% of total health spending. Between 2000 and 2014, antenatal care coverage increased from 43.7% to 64.6%, with 98.4% of births occurring in hospitals. Maternal mortality decreased from 73.3 to 58.2 per 100 000 live births in the period 2000-2013. Likewise, infant mortality declined from 16.0 to 14.1 per 1000 live births between 2000 and 2014, and under 5 mortality decreased from 32 to 16.3 per 1000 live births.

The Sistema Único de Saúde (SUS, or Single Health System) was created by the 1988 Constitution, under Alma-Ata's principles of universal and comprehensive access to health services, equity, decentralization and social participation. Management of the health system is shared between the Federal Ministry of Health, state departments and municipal health departments. Funds for the health system are obtained from general taxes, and from state and municipal contributions. Between 2000 and 2013, total health expenditure increased from 7.2% to 8% of gross domestic product, of which 3.8% was public expenditure. Per capita health expenditure went up from US\$ 502 to US\$ 946 (1).

## The development of the Mais Médicos Programme

In Brazil, the first initiatives that focused on primary health care (PHC) predated the creation of the SUS, but it was after the implementation of the SUS in 1988 that a national policy of PHC – the National Policy of Primary Care – was established. The experiences developed in the municipalities throughout the 1970s and 1980s, under the influence of different approaches (general and community medicine, programmatic actions, health surveillance and participatory strategic planning), inspired the creation of the Brazilian family health model. This model was implemented in 1994 under the Family Health programme (PSF, or Programa Saúde da Família), then evolved into the Family Health Strategy (ESF, or Estratégia de Saúde da Família), which became the main mechanism for expanding coverage to PHC services in the country.

By delivering clinical care services and community-based health actions, carried out by multiprofessional teams to a designated population and territory, the family health model encourages the link between health care teams and health care users, responsibility for health outcomes, a comprehensive suite of diagnostic and therapeutic services, community participation in health actions and coordinated work within health services networks. Family health teams typically comprise a doctor, a nurse and a community worker, who cover a population of 3000 people. Between the end of the 1990s and 2013, the family health teams expanded progressively to cover 62% of the Brazilian population.

When compared with other models of care implemented in the country, the ESF has better results in terms of access to health and health outcomes, including reductions in hospitalizations for ambulatory care sensitive conditions, accompanied by reductions in infant and maternal deaths due to preventable diseases.

Although the ESF has made significant progress in terms of outcomes, the shortage of medical professionals has become a challenge for the expansion of primary care services. The shortage of professionals and specific needs of health professionals available to work in neglected areas led to the need to generate an intervention plan (3).









### Intervention

The "Mais Médicos" programme (PMM) (2) is a policy of the Brazilian State that was created by federal law in 2013 and seeks to change the logic of provision of doctors. The main objective is to reduce the shortage of doctors in vulnerable areas and health inequities. The PMM has three strategic actions of intervention: strengthening of health care infrastructure, increasing medical school enrolment and specialization of medical personnel, and addressing the emergency provision of doctors for primary care. To increase enrolment and specialization, 11 400 new places for medical training and 12 400 places for medical residency were opened. To address emergency provision of doctors, the Pan American Health Organization (PAHO) and the World Health Organization (WHO) have facilitated cooperation agreements between Brazil and Cuba – more than 20 000 Cuban doctors have been mobilized to the Brazilian health system so far (4).





# Key aspects of the "Mais Médicos" programme

To date, the emergency provision of doctors has been the most relevant measure, but the PMM is an even broader and more comprehensive strategy to reverse the logic of training and retention of doctors. After almost 5 years of implementation, the PMM has added strategic values to reduce health inequality gaps, and has taken advantage of the unique nature of the south–south cooperation experience between Cuba and Brazil, triangulated through PAHOWHO. The international mobilization of Cuban doctors, their training and the necessary logistics to locate doctors in more than 4000 municipalities was an unprecedented challenge that was successfully conducted by PAHO/WHO. The strategy also introduced innovative mechanisms in terms of international cooperation (5).





## Facilitating factors and barriers

In 2013, the first foreign doctors began to support the provision of emergency medical support in remote and highly vulnerable areas. The process was immediately involved in legal disputes, with claims made by Brazilian doctors and their associations being one of the main barriers (6). The initiative was seen by the medical associations as a unilateral measure of the State, poorly planned and aimed at getting support in popular areas. However, the legal issues were resolved in favour of the continuity of the programme.

The main facilitating factors were strongly supported by important actors who considered that closing the medical gap perceived by the population was a priority. Among the actors that supported the government in the implementation of the measures were PAHO/WHO, the associations of state and municipal health secretaries, and social health organizations. One of the key elements, once the doctors arrived, was the positive evaluation of the population – 95% of the users approved of the service responsiveness of the health workers within the programme. The strong results quelled the main criticisms raised at the beginning of the implementation of the PPM (7,8).

### **Impact**

The evaluation underscores health results in terms of access, equity, quality, model of care, package of procedures and resolution capacity in PHC, with a reduction in avoidable hospitalizations (2,9,10).

Several studies published in scientific journals demonstrate that there has been a significant increase (from 62.7% to 70.4%) in the population coverage by the first level of care (11). The programme covers about 63 million people, with an increase of 33% in medical consultations. Currently, 36 million people have access to a package of regular services at the first level of care. The quality of service provision by Cuban physicians also has been evaluated, and shows an equal or higher level of quality than that of high-performance professional teams in the country. The studies also show improvements in the connection and humanization of service provision, with user satisfaction indices higher than 95%. The number of avoidable hospitalizations within the first level declined from 45% to 41% between 2012 and 2015. A bibliometric study analysed data from 81 scientific manuscripts and found that 62% of them provided favourable arguments about the results of the programme (11). Other studies demonstrate the reduction in regional inequities in the distribution of physicians, with a greater presence in vulnerable territories. It is now possible to find medical residents in indigenous areas; previously, this had not been possible.

The northern and northeastern regions of Brazil have benefited most from the programme. The ratio of physicians per inhabitant has increased, and the municipalities that have higher levels of poverty are those that have profited most. The poorer municipalities of the northeastern region received 63% of the professionals allocated to the region.

A study carried out with data from Brazilian municipalities to the year 2015, stated that the programme contributed in a substantial increase of physicians in the country, which has made it possible to lower the number of municipalities with a shortage of physicians from 1200 to 777 (12). The general assessment of the programme has been positive, and Brazil renewed the technical cooperation agreement with PAHO/WHO to continue until April 2023.



### References

- 1. Salud en las Américas 2017. Resumen: panorama regional y perfiles de país. Washington, D.C: Pan American Health Organization; 2017 (http://www.paho.org/salud-en-las-americas-2017/wp-content/uploads/2017/09/Print-Version-Spanish.pdf, accessed 8 October 2018)
- 2. Molina J, Tasca R, Suárez J. Monitoring and evaluation of the PAHO/WHO cooperation project, the Mais Médicos (More Doctors) Program: a mid-term assessment. Ciênc saúde coletiva. 2016;21:2925–33. doi:10.1590/1413–81232015219.16072016.
- 3. Paula A, Oliveira C De, Gabriel M, Roberto M, Poz D, Dussault G. Challenges for ensuring availability and accessibility to health care services under Brazil's Unified Health System (SUS). Ciênc saúde coletiva. 2017;22:1165–97. doi:10.1590/1413–81232017224.31382016.
- 4. Rodrigues E, Almeida D. More Doctors in Brazil Project: an analysis of academic supervision. Interface Comunic., Saude, Educ. 2017;21:1291–300. doi:10.1590/1807–57622016.0558.
- 5. Maria L, Santos P, Oliveira A, Trindade S, Barreto CHC. Implementation research: towards universal health coverage with more doctors in Brazil. Bull World Heal Organ. 2017;95:103–12. doi:10.2471/BLT.16.178236.
- 6. Alessio MM, de Sousa MF. The More Doctors Program: elements of tension between the government and medical associations. Interface Comunic., Saude, Educ. 2017;21:1143–56. doi:10.1590/1807–57622016.0396.
- 7. Weber CAT. Dialectics of a medical provision policy in priority areas in Brazil. Rev Assoc Med Bras. 2017;63:268–77. doi:10.1590/1806–9282.63.03.268.
- 8. Campos GW de S, Pereira Junior N. Primary care in Brazil, and the Mais Médicos (More Doctors) Program in the Unified Health System: achievements and limits. Ciênc saúde coletiva. 2016;21:2655–63. doi:10.1590/1413–81232015219.18922016.
- 9. Mourão Netto JJ, Rodrigues ARM, Aragão OC, Goyanna NF, Cavalcante AES, Vasconcelos MAS, et al. Programa Mais Médicos e suas contribuições para a saúde no Brasil: revisão integrativa. Rev Panam Salud Publica. 2018;42:1–7. doi:10.26633/RPSP.2018.2.
- 10. Silva HP, Tavares RB, Comes Y, Pereira LL, Shimizu HE, Merchan-Hamann E, et al. The More Doctors for Brazil Project challenges and contributions to Primary Care in the vision of the cooperated physicians. Interface Comunic., Saude, Educ. 2017;21:1257–68. doi:10.1590/1807–57622016.0531.
- 11. Kemper ES, Mendoca AVM, Sousa MF de. The Mais Médicos (More Doctors) Program: panorama of the scientific output. Ciênc saúde coletiva. 2016;21:2785–96. doi:10.1590/1413–81232015219.17842016.
- 12. Girardi SN, Stralen AC, Cella JN, Wan Der Maas L, Carvalho CL, Faria ED. Impact of the Mais Médicos (More Doctors) Program in reducing physician shortage in Brazilian primary healthcare. Ciencia & saude coletiva. 2016 Sep;21(9):2675-84. doi:10.1590/1413-81232015219.16032016.



