Brazil

Mais medicos program

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Background

Brazil has a population of 204.4 million people and a territory of more than 8.5 million square kilometers. The country is divided into 26 states and a federal district, with 5,570 municipalities. The states are further organized into 5 geopolitical regions. Between 1990 and 2015, the population grew by 38.2%. life expectancy is 78.5 for women and 71.3 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 1,000 live births between 2000 and 2014 and under five mortalities decreased from 32 to 16.3 per 1,000 live births.

The Sistema Único de Saúde (Single Health System), better known by the acronym SUS, was created by the 1988 Constitution, under the 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, the state departments and the 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% is public expenditure. Per capita health expenditure went up from 502 to 946 dollars per capita.(1)

The development of the Mais Medicos Program(2)

In Brazil, the first initiatives focused on primary health care predate the creation of the SUS, but it was after its implementation in 1988 that a national policy of Primary Health Care (PHC) was established (called National Policy of Primary Care). The experiences developed in the municipalities throughout the 70s and 80s, under the influence of different approaches (general and community medicine, programmatic actions, health surveillance, participatory strategic planning), inspired the creation of the Brazilian family health model. This model was implemented in 1994 under the Family Health Program (PSF, for its acronym in Portuguese), and then evolved into the Family Health Strategy

(ESF, for its acronym in Portuguese), which became the main mechanism to expand coverage to primary health care 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, the responsibility for health outcomes, a comprehensive offer of diagnostic and therapeutic services, community participation in health actions, and coordinated work within health services networks. Between the end of the 90s and 2013, the family health teams expanded progressively to cover 62% of the Brazilian population.

When the Family Health Strategy is compared with other models of care implemented in the country, results show that 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 Family Health Strategy has made significant progress in terms of outcomes, the shortage of medical professionals has become a challenge for the expansion of primary care services. This shortage combined with low retention of doctors working in neglected areas, led to the need to generate an intervention plan.

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

Focus of the intervention

The "Mais Médicos"Program (PMM) is a policy of the Brazilian State created by federal law in 2013 that 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: i) the strengthening of health care infrastructure; ii) increasing medical school enrollment and specialization of medical personnel. With this second action 11400 new places for medical training and 12400 places for medical residency were opened; and iii) addressing the emergency provision of doctors for primary care, where PAHO / WHO facilitates cooperation agreements between Brazil and Cuba (more than 20000 Cuban doctors have been mobilized to the health system Brazilian so far).(4)

Key aspects of "Mais Medicos" program(2)

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 five 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 PAHO / WHO. The international mobilization of Cuban doctors, their training, the necessary logistics to locate doctors in more than 4000 municipalities, was an unprecedented challenge successfully conducted by PAHO / WHO. Additionally, it introduces 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 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 to be considered.(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. The legal demands were resolved in favor of the continuity of the Program.

The main facilitating factors were given by the strong support of 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 the service responsiveness of the health workers within the Program. The good results silenced the main criticisms raised at the beginning of its implementation.(7,8)

Results of the initiative

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 have been published in scientific journals which demonstrate that there has been a significant increase from 62.7% to 70.4% in population coverage by the first level of care.(11) The program shows approximately 63 million people covered, with an increase of 33% in medical consultations.

Currently, 36 million people have access to a package of regular services in 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 44.9% to 41.2% between 2012 and 2015. A bibliometric study analyzed data from 81 scientific manuscripts, where, 62% of them provide favorable arguments about the results of the Program. Other studies demonstrate the reduction in regional inequities in the distribution of physicians, with greater presence in vulnerable territories. It is possible to find medical residents in indigenous areas where, previously, had never been possible.

The northern and northeastern regions have benefited the most from the program. The ratio of physician per inhabitant increased, and the municipalities that profited the most have higher levels of poverty. 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 program contributed in a substantial increase of physicians in the country, that has made possible to lower from 1200 to 777 the number of municipalities with a shortage of physicians. The general assessment of the program has been positive, and Brazil renewed the technical cooperation agreement with PAHO/WHO until April 2023.

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