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Executive Summaries

TCU Evaluation of the Family Health Program

Rapporteur
Minister Adylson Motta

Brasília
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Contents

FOREWORD TO THE ENGLISH EDITION

This series of publications contains the main results of social programs audits carried out by the Brazilian Court of Audit-TCU for the purpose of evaluating the performance of the Federal Government in areas that are strategic for Brazilian society. The activities were developed within the scope of the Brazil/UK Technical Cooperation Agreement, in force since 1998.

The aim of this document is to disseminate information about TCU´s actions by reporting the development of the audited programs and their main characteristics to the Supreme Audit Institutions and to other pertinent international organizations.

This issue presents information on the TCU audit aimed at evaluating the Family Health Program – PSF, under the responsibility of the Health Policies Secretariat, of the Ministry of Health.

Valmir Campelo
Minister-President

Evaluation of the Family Health Program - PSF

The Brazilian Court of Audit carried out an audit aimed at evaluating the Family Health Program - PSF, created in 1994, within the scope of the Ministry of Health, based on the successful experience with the Program of Community Health Agents - PACS.

In the Ministry of Health, the Program is under the coordination of the Department of Basic Care - DAB, of the Secretariat of Health Policies – SPS. However, in compliance with the principle of decentralized management of the SUS, responsibilities are distributed among the three levels of government.

The PSF constitutes a central strategy of the process of reorganization of the SUS and its objective is to promote more dynamic action of the basic health units responsible for the first level of care of the system. The program aims at humanizing care, increasing the ability to address the health problems of the population, as well as the accountability for necessary referrals to the higher levels of complexity to ensure the continuity of the care.

The access of the beneficiary to the health system is provided through the Family Health Unit - USF, which is responsible for full and continuous assistance, developed by the professionals of the Family Health Team - ESF at the Unit and also in domiciles. Each Team works with a population that is registered and mapped per location and is composed of at least a doctor, a nurse, a nurse aid and from four to six Community Health Agents - ACS.

What was evaluated?

The audit attempted to verify evidences of alteration of the co-responsibility link between the health professionals vis-à-vis the SUS and the beneficiaries of the Program, by means of evaluation of aspects pertaining to the operation of the PSF, with respect to the implantation and performance of the Family Health Teams, the overseeing, supervision and evaluation of the Program by the state level, and also the analysis of the historical serial of morbidity and mortality indicators previously selected.

Why was it evaluated?

After the 1988 Federal Constitution, significant innovations in the health area were introduced, altering the focus of the health actions, which are no longer limited to fighting disease and its complications, but start to privilege, equally, health promotion and prevention. However, it was observed that there are resistances to breaking away from the traditional basic care model, particularly in hospitals.

In an attempt to substitute that model for another with new bases and criteria, the PSF was created, aimed at establishing new co-responsibility links between the health professionals and the beneficiaries of the Program and between the former and the SUS, contributing to the improvement of the quality of life of the population and to the reorganization of the other levels of complexity of care of the health system.

How was the work developed?

The fieldwork was carried out in the period of 24/09 to 05/10/2001, during which four states and sixteen municipalities of the Northeast Region were visited, selected because it receives 47% of the PSF resources and has the highest number of installed ESF.

The States of Ceará and Pernambuco were selected because of the record of positive experiences in the PSF, and the States of Alagoas and Paraíba were selected because they present opportunities for

improvements of performance regarding the implementation of the Program.

The methodology adopted to carry out the work was the case study, implemented by means of direct observation, interviews and questionnaires. With a view to extending the universe surveyed, the same questionnaire was applied to the other states of the Federation, through the collaboration of the TCU Regional Secretariats, which developed their work only in the capitals of their respective states.

The questionnaires were sent to the state and municipal coordinators of the PSF, to the doctors and nurses of the ESF and to the beneficiaries of the Program, adding up to 344 questionnaires.

Furthermore, consultations were made to the information systems SIAB, SIA/SUS (System of Ambulatory Information of the SUS) and CAPSI (System of Data Capturing for Payment) in order to construct a historical series of the health indicators.

What the TCU found

In spite of the limited size of the sample, the information raised form the state health secretariats, which have a close view of the functioning of the Program in the municipalities, corroborates most of the findings of the TCU.

The main problems found, which have been hindering the performance of the Program, are summarized as follows.

The high turnover and the difficulty in contracting physicians for the ESF are a relevant problem, resulting, among other reasons, from the dissatisfaction with the precariousness of the work contract, the excess of appointments, the difficulty in reaching the place of work and the imperfections in the referral and counter-referral system.

Clear dissatisfaction and insecurity were observed in many of the medical and non-medical professionals of the ESF, as a result of their work contract being, as a rule, temporary. The Community Agent is in a peculiar situation, as he or she represents the link between the health services and the community, and has to live in the area where he or she acts, which requires a form of contract that protects this close relationship with the community.

The analysis of the questionnaires indicates that the ESF are responsible for an excessive number of families, beyond the maximum limit recommended by the Ministry of Health (4,500 people). The same happens with the ACS, considering that only 27% of them do not exceed the recommended limit (750 people). Thus, as the spontaneous demand for the USF is still very high, the time available for carrying out actions of health promotion and prevention is reduced.

Another finding is related to the referral systems (service to which the beneficiary is directed, for more complex care and diagnostic support), which are still inadequate for the medium and high levels of complexity.

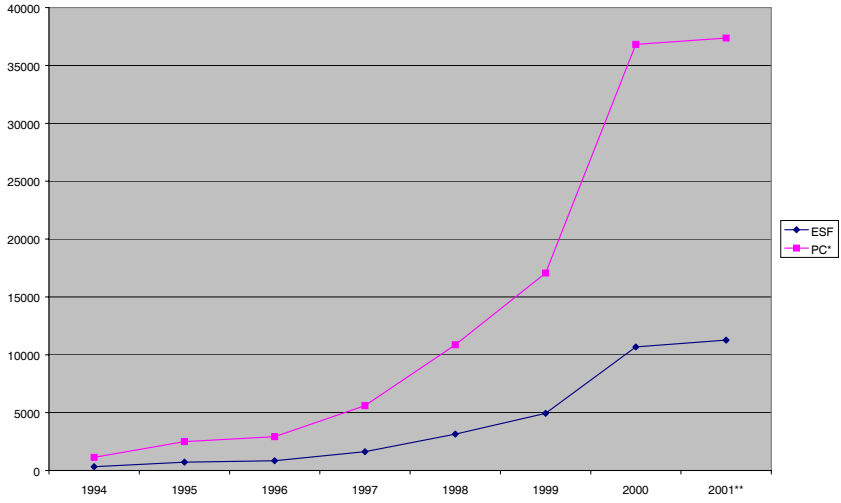
It was verified in the fieldwork that there is systematic lack of medicines, especially those for control of diabetes and hypertension. This cannot be allowed, since interruption in their administration causes serious risks to the patients and causes families to distrust the Program.

During the visits it was also observed that the assisted population finds it difficult to understand the assistance model of the PSF, identifying the Family Health Unit with a traditional Health Unit. This is evidenced by the direct search for the hospitals, without going through the USF, which causes overload of average centers of medium and high complexity with cases that could be treated in the basic care.

Evidently, in addition to the health risks, all these problems contribute negatively to the consolidation of the links between the health professionals and the population.

From 1998, as shown in the graph below, the Program's expansion accelerated, suggesting, initially, the adhesion of the state and municipal managers to its philosophy and its principles. However, such growth took place to the loss of guaranteed adequate infrastructure of the USF on the part of the municipalities, which sought primarily to reach 70% coverage (band of highest financial incentive), without thought to the quality of the performance of the ESF. Thus, problems such as inadequacy of the physical space of the USF and insufficiency of human resources were often mentioned.

Historical series of the Number of ESF and the Population Covered



Source: CAPSI – System of Data Capturing for Payment

* PC - Population Covered / 1,000
ESF – Family Health Team

** until July/2001

According to the information obtained, the coordination offices of the PSF in the states, as well as in the municipalities, in spite of carrying out inspection, monitoring and evaluation of the Program, do not conduct it routinely and systematically. Another finding is related to the absence of training for the managers of the Program, an activity that is needed due to the administrative discontinuity that occurs with each change in the state and municipal governments, as a result of elections.

Finally, it was certified that the System of Basic Care Information (SIAB) has presented a very high degree of inconsistency in its data (missing or duplicated data), a problem that affects about half of the municipalities where the PSF has been implemented. The lack of reliable information can undermine the overseeing of the Program and make it difficult to establish health action priorities.

However, a positive evolution in some health indicators was noticed[1] in the populations assisted by the PSF, the spite of the information contained in the SIAB referring only to the population covered by the PACS or the PSF, and not to the whole population of the municipality.

Even without the application of techniques with greater methodological rigor to evaluate the impact of the Program, it would be reasonable to attribute the positive evolution of the indicators, at least partially, to the actions of the PSF. The examination of the indicators related to the population covered by the Program, together with the comments of the regional coordinators, contained in interviews, suggests this relation. However, only the broadening of the coverage of the Program and the improvement in the reliability of data collection will allow analysis of the impact.

Despite the problems, it should be noted that some municipalities have presented isolated positive results due to full knowledge of the philosophy of the Program, well-structured state and municipal coordination offices, adequate USF infrastructure and activities of health promotion and prevention. It is worth highlighting initiatives such as AMA (Association of the Municipalities of Alagoas), which has been discussing possible solutions for the wage issue and trying to standardize the contracts of the ESF professionals. Another successful experience is the use of medicinal plants (phytotherapy), with guaranteed therapeutic effectiveness and security, in the municipality of Fortaleza/CE.

[1] Infant mortality rate, rate of infant mortality due to preventable causes, number of deaths of infants under 1 year of age due to diarrhea, number of deaths of infants over 28 days and under 11 months old, number of inpatients with cerebral vascular accident – AVC among the population of 30 to 59 years of age, number of children inpatients under 5 with diarrhea, and number of inpatients with acute respiratory infection – IRA (children under 5.)

What can be done to improve the performance of the PSF

In face of the deficiencies in the implementation of the Program, evidenced in the audit, and with a view to collaborating to the improvement of the performance of the PSF, the TCU has formulated recommendations to the Ministry of Health, in order to collaborate in reaching the benefits, such as assimilation of the philosophy of the Program, humanization in the care, credibility of the Program vis-à-vis the population, increase of resolution of the ESF, greater supply of medicines and valuation of the professionals, in such a way as to consolidate the co-responsibility links.

In short, the following recommendations have been made, among other measures:

- proposal of a minimum percentage of the resources to be transferred by the states to the municipalities for the health area, to be invested in the PSF;
- study of new maximum parameter of coverage of people for each ESF;
- preparation of illustrative material on the philosophy of the PSF, to be disseminated by the Community Health Agents;
- dissemination, to the user population of the Program, of the role of the Community Health Agent;
- guidance of the SMS, so that they promote the reorganization of the areas under the responsibility of the USF (redistribution of territories), in order to prevent work overload of the ACS;
- standardization of the referral system and guidance to enable the creation, if possible, of central offices for making SMS appointments;

- adoption of the necessary steps, in order to prevent shortage, in the Family Health Units, of the medicines used in Basic Care;

- foment awareness of the municipal and state managers about the importance of the computerization of the USF and the permanent conduction of training directed to the operation and maintenance of the SIAB;

- production of standardized routines for analysis of the SIAB data for use by the states, municipalities and USF.

Later, the Brazilian Court of Audit will monitor the implementation of these recommendations in order to ensure that the problems raised by the audit will be addressed effectively.

The PSF establishes a new work philosophy. This certainly implies in some resistance on the part of those participating in the changes: managers, health professionals and beneficiaries. Therefore, it cannot be expected that the assimilation of this new strategy will present immediate results. Time is needed for the good practices to be recognized and disseminated and for the reflections on the health indicators to become more significant.

The Brazilian Court of Audit is overseeing the implementation of these recommendations in order to ensure that the problems raised by the audit will be addressed effectively.