



# Bruzil Sharing knowledge for stronger primary health care

In Brazil, 70% of the population has access to the Government's primary health care (PHC) flagship initiative, the Family Health Strategy (Estratégia de Saúde da Família or ESF). What can we learn about the success and relevance of the Family Health Strategy so that services can be improved, sustained and expanded to the whole population? PAHO/WHO in Brazil is capturing a range of valuable experiences and lessons about PHC interventions and sharing these with a community of practice, which includes policy makers and health practitioners.

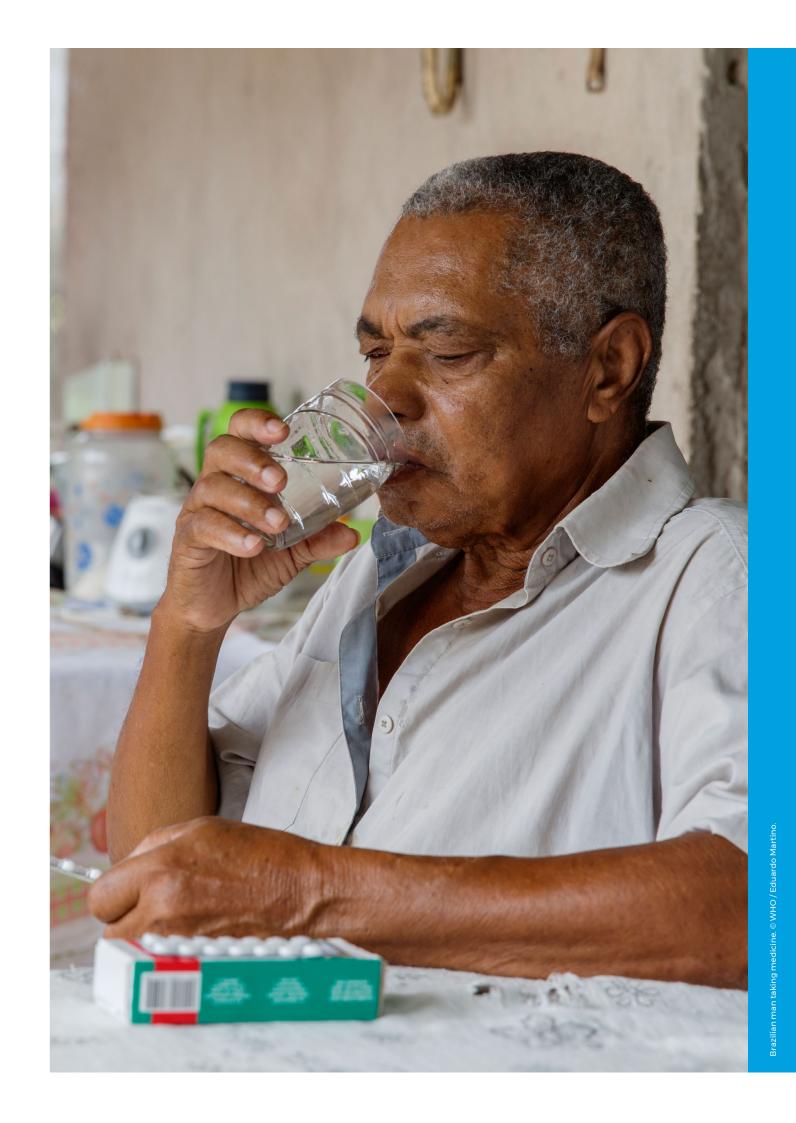
## **Brazil's health system**

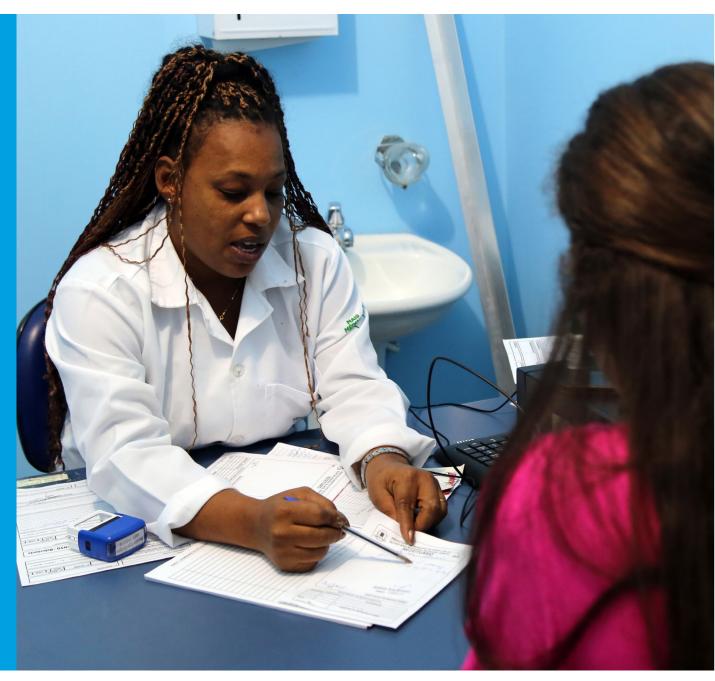
Brazil's Public Health System (Sistema Único de Saúde - SUS) has become stronger over recent decades with 70% of the population now covered by the Family Health Strategy. This means 150 million people can access comprehensive health care services without sinking into financial hardship as a result. The country is well on its way to achieving health coverage of 100% of the population with ESF (or Universal Health as it is known in the Americas).

Despite abundant scientific research showing that SUS and ESF have made substantial contribution to reducing social inequalities and improving health outcomes, opinion surveys show that some segments of the population have voiced their difficulties in accessing health services. This perception is fuelled by biased media coverage focusing on problems and advocating privatized health care instead.

PAHO/WHO Brazil aims to raise awareness of the relevance and achievements of SUS and ESF, and to disseminate successful practices to both key opinion leaders and the general population. PAHO/WHO works with the 'APS Forte' Award and the Health Innovation Laboratory to capture innovative experiences that respond to problems in PHC service provision.

Health stakeholders across Brazil can share knowledge and learn from a range of experiences. This encourages them to apply new or different approaches that have worked in other parts of the country.





### **Sharing knowledge**

Brazil has a strong health system and high success in delivering PHC services. Therefore, the role of PAHO/ WHO is slightly different here than in other countries which need stronger technical support. In Brazil, a new model of cooperation is required. With a large range of stakeholders engaged with this thriving public health sector, PAHO/WHO has taken on a strong knowledge management function. It works with a team of researchers and health professionals, to gather and analyse information about successful practice at PHC level and to share lessons more widely.

It disseminates best practices and lessons learned to a large community of practice and health stakeholders at the federal, state and municipal levels. This means that health stakeholders across Brazil can learn from a range of experiences and apply new or different approaches. It is also a way for the health sector to share positive stories and encourage the exchange of knowledge between health professionals and managers who experience the same challenges every day.

The community of practice includes people from the Ministry of Health, state and municipal health secretariats, researchers and SUS professionals. This community trusts the information they receive from PAHO/WHO as it is developed in a rigorous scientific manner. PHC experiences and lessons learned from all parts of Brazil are shared on a specifically developed Innovation Portal in SUS Management, through the websites of other organizations involved in the experiences studied by PAHO, and on social media platforms such as FaceBook and Twitter. The group also has an informal way of communicating with each other through WhatsApp groups.



## **Health Innovation Laboratory**

The Health Innovation Laboratory aims to produce evidence about innovative practices developed in SUS. Knowledge is organized to provide concrete elements to health managers in their daily task of building their own management solutions and tools.

The strategy was developed by PAHO/WHO in Brazil in 2008, to support technical cooperation activities carried out initially with the Ministry of Health. Over the past 12 years, the tool has been adopted by several other SUS actors, such as the National Council of Secretaries (CONASS), the National Health Council (CNS) and the National Supplementary Health Agency (ANS).

By 2019, 164 innovative experiences were identified, analyzed, systematized, published and disseminated.

All the information is available at the Innovation Portal in SUS Management https://apsredes.org

The Health Innovation Laboratory is a progressive model of technical cooperation for PAHO as it goes beyond merely disseminating knowledge from top to bottom. It allows WHO to learn from local experiences and identify islands of incredible excellence, the lessons from which can be disseminated widely to others. Without such horizontal cooperation, the valuable knowledge and experience would remain in the local context in which it was developed.

Renato Tasca, Health System and Services, Coordinator PAHO/WHO Brazil



## Award: Strong PHC for SUS or APS Forte para o SUS

The Award for Strong PHC was launched in April 2019 on World Health Day. PAHO/WHO received 1,300 applications for the award and at the first stage selected for consideration around 100 evaluators, technicians from the Ministry of health, academic institutions and PAHO consultants. They were chosen for their specific competence on the different issues involved such as chronic diseases, mental health, use of technology and working in remote and vulnerable areas. In the final phase, PAHO and a panel of opinion makers in the Brazilian media (SMS Abaetetuba / Pará; SMS Jaraguá do Sul; and ESF from the Salqueiro community / SMS RJ) selected eleven experiences and recognized three as the winners.

High quality PHC is about acting on the social determinants of health and not only providing clinical assistance. The winning experiences therefore reflect the people's need for PHC which looks not only look at the individual or disease, but which takes care of the community as a whole, paying attention to the context in which people live, work and fall ill. Another key message from the winning cases is the need for interdisciplinary care that goes beyond the role of the doctor and values the action of other professionals who make up the Family Health Team, such as nurses and community agents.

The award ceremony reverberated in the country's national and regional media. It also gained strong support from the Brazilian Communication Company of the federal government, which strengthened the dissemination of results. In February 2020, the winners and finalists took part in a study trip in Spain at the Andaluz School of Public Health, Granada.

Here are some examples of the final PHC experiences, which so captured the attention of the judges:

## Abaetetuba-Pará municipality

Abaetetuba-PA has 156,000 residents In a short amount of time, there was and only 53% of them are covered with family health care. The health issues people face are challenging: high mortality rates for women of childbearing age and high numbers of teenage pregnancy and cases of syphilis, HIV and viral hepatitis. It was clear that the population needed better sexual and reproductive health care services. The project involved health interventions with adolescents, adults and elderly people addressing sexuality, appreciation and respect. For example, young people and adolescents took part in art workshops, personal and social education activities, theatre and dance and addressed issues such as sexual diversity, bullying, homophobia, citizenship and culture of peace. In addition, all health services in the municipality worked in partnership to focus on care and providing effective services.

noticeable improvement with 7,028 prenatal care visits in 2018 compared with 2.862 in 2016: 4.161 sexual and reproductive health service visits compared with 2,507 visits in 2016; 1,291 rapid tests for Hepatitis B, Syphilis and HIV in 2017 compared with 432 tests in 2016; and 1,880 cervical cancer screenings in 2018 compared with 143 in 2016.

We found that many adolescents were having early pregnancies, causing a series of disorders due to a lack of guidance and monitoring. This was a result of no integration among the areas of health, education and social assistance. Basically, what we did was to optimize our resources between different sectors. The result was a preventive policy that is more effective and cheaper," said the mayor of Abaetetuba. Alcides Negrão, after participating in the award for Agência Brasil de Notícias (Brazil News Agency).



## Salgueiro, Rio de Janeiro

The community of Salgueiro has high levels of social and economic deprivation. The Family Health Team observed significant numbers of school children being referred as a result of antisocial behavior at school. The team worked with the Reference Center for Social Assistance and with teachers to identify and promotion action to support an integrated approach for children's health and education. Local traders and institutions supported the work.

A 'Children's Group' was created, where health professionals played with children using games, music, miming, dancing and rhythm and encouraged communication and dialogue. The objective was to provide care with a welcoming and warm attitude. Parents, at the same time, were invited to another group called 'Peace and children' to develop the culture of health and peace and to discuss any problems they had.

The Family Health Team was able to diagnose a high prevalence of mistreatment and violence against children, which generates stress. It is therefore important for doctors to correctly diagnose this, rather than medicalise and pathologise childhood experiences. This comprehensive understanding was a milestone in the care process. As a result of this work, children are happier and more attentive at home and in school. The Family Health Team also became better connected with families in the community.

We first identify children in vulnerable situations, and through work involving the family, we made interventions in behaviour. The work proved to be more efficient than diagnoses, which end up stigmatizing and, in some cases, improperly medicating children," explained Daniel Trindade, family doctor in the community of the pilot project (Brazil News Agency).





# **FACT**

PAHO/WHO in Brazil is capturing a range of valuable experiences and lessons about PHC interventions and sharing these with a large community of policy makers and health practitioners.

# **WHY IT MATTERS**

Brazil has a strong health system and high success in delivering PHC services. With a large range of stakeholders engaged with this thriving public health sector, strong knowledge management is required.

## **EXPECTED IMPACT**

Health stakeholders across Brazil can share knowledge and learn from a range of experiences. This encourages them to apply new or different approaches that have worked in other parts of the country.

## **IN PRACTICE**

PAHO/WHO works the 'APS Forte' Award and Health Innovation capture Laboratory to innovative experiences that respond to problems in PHC service provision.

# Jaraguá do Sul municipality

Jaraguá do Sul is a city with almost 175,000 inhabitants. In November 2018. data showed that only 15.500 consultations per month were taking place across 25 PHC units. People were dissatisfied with the waiting lists and inadequate services and were complaining. What could be done?

Florianópolis, the Health Secretariat of Jaraguá do Sul, drew up a Nursing Protocol, which improves the performance of nurses in the municipal network and reduces the waiting list for PHC. Nurses began to work more effectively in the PHC units. They were able to undertake consultations and write prescriptions for tests and essential medicines.

There was political support for the Nursing Protocol from the City Council and the Municipal Health Council, and media support in the press and other social networks.

This was fundamental to persuade the population to use and benefit from the new PHC model. The Ministry of Health also directed PHC units to aim to meet users' spontaneous demands at 70% and scheduled demands at 30%. The experience of Jaraguá do Sul was very positive, and the update of the Nursing Protocol by health secretariats with the support of regional Nursing councils, is expanding the access of users in PHC units right across Brazil.

**11** The queue for appointments used to be huge. Basically, we implemented actions that valued nurses. We left behind the culture that only the doctor has the solution, in order to make the population accept nurses for some types of examinations and medications," said Alceu Moretti, health secretary of Jaraguá do Sul (Brazil News Agency).