



Countdown to 2015 
Maternal, Newborn & Child Survival

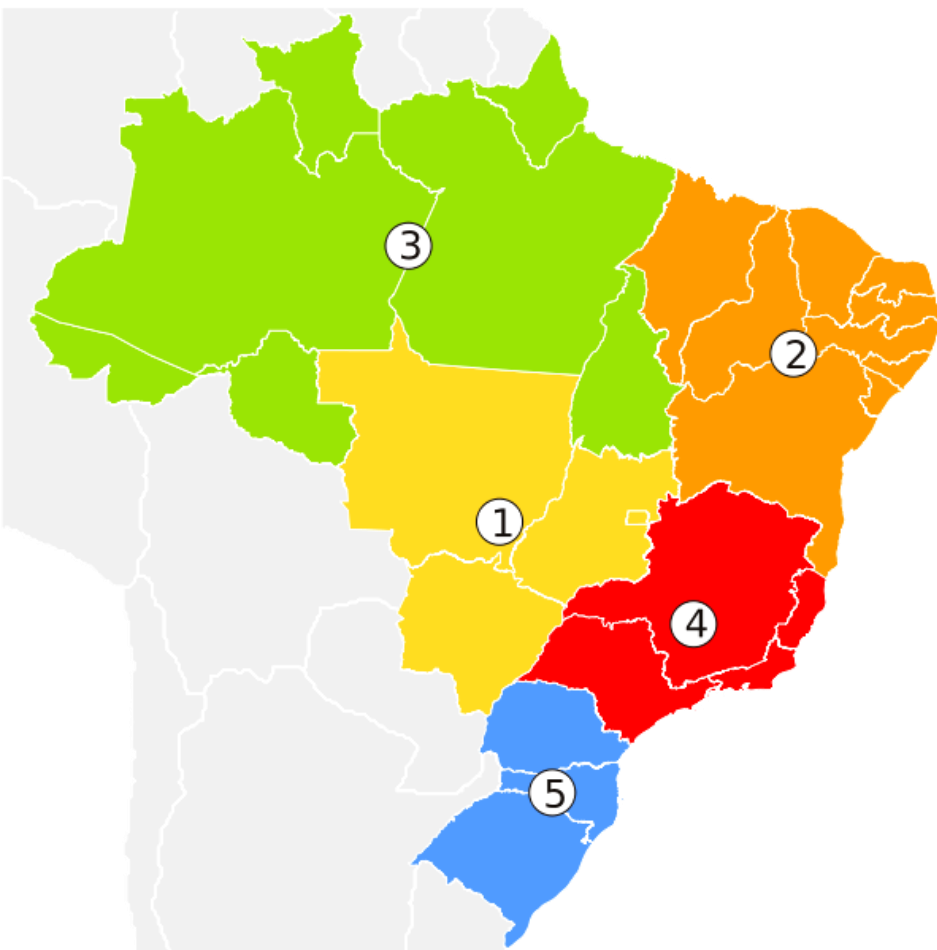
Human resources for maternal, newborn and child health: scaling up for improved local performance and health outcomes in Brazil

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Community Health Worker Scale-up and CHW-delivered chronic interventions in Brazil

Basic Facts about Brazil



Population: 190.000.000

States: 26 + 1 Federal District

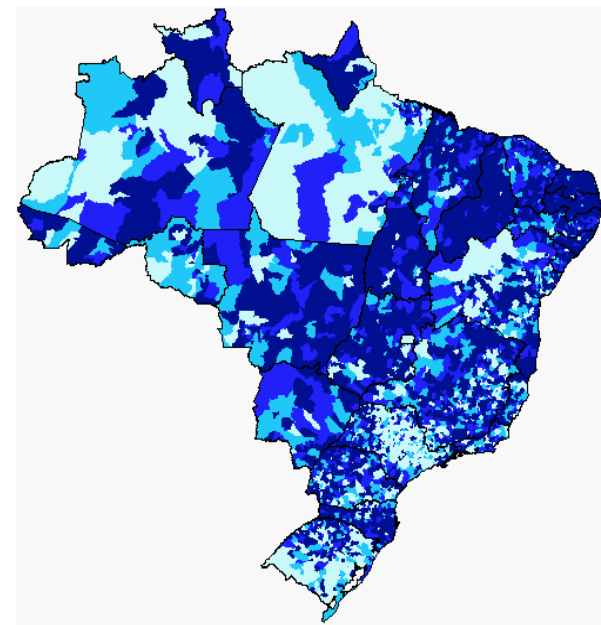
Municipalities: 5.565

40% of the population in metropolitan areas

Brazilian National Health System

- **Health as a political issue and a universal right** (since 1988)
- **The National Health System benchmarks are:**
 - Universality
 - Equity
 - Comprehensiveness
 - Decentralization
 - Empowerment and social accountability

Unified Health System - SUS



National Level

States

Municipalities

27

5.565

CHW Scale-up in Brazil

- The modern community health worker came up in 1991, in a poor Brazilian state (Ceará);
- Objectives: to reduce infant mortality and to provide some income to local families;
- Their work (based on simple actions) decreased infant mortality up to 30% in some areas;
- This outcome contributed to their definitive insertion in the National Health System.

Basic facts about Brazilian Community Health Workers

- Their success stimulated the expansion of the CHW`s program in other states;
- In 1994 the “Family Health” program was launched;
- Since then, CHW`s have been steadily incorporated to Family Health teams. In 2002, the profession was recognized by a federal law;
- Today, in Brazil, there are over 30.000 Family Health teams covering over 95 million people.

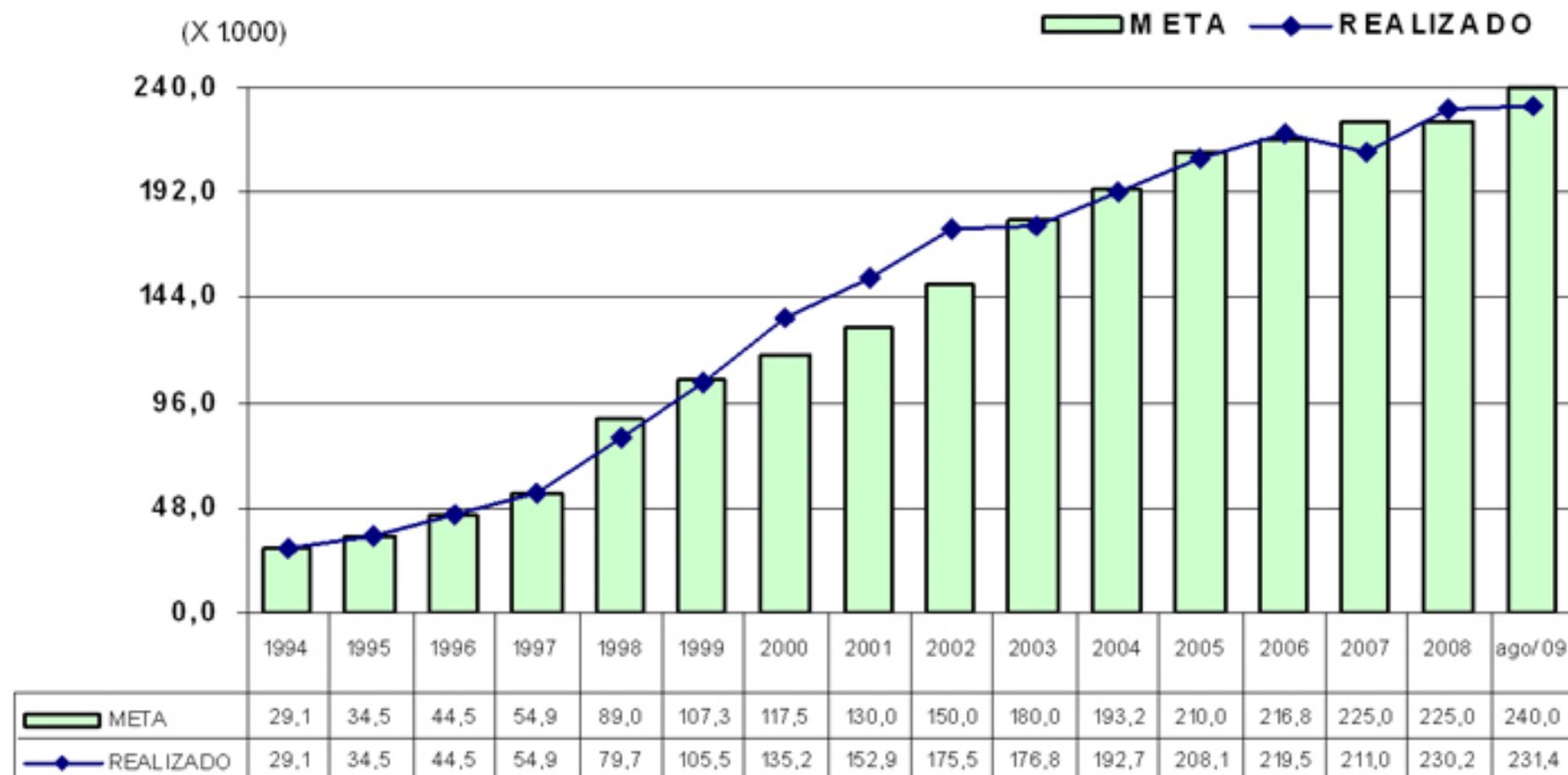
Community Health Agents

- Live in the same area where they work;
- Must know their community's problems;
- Facilitate and improve the connection between the primary care professionals and the community (cultural competency);
- Are considered core members of the Brazilian primary health care program;
- Eyes and ears of the health system;
- Do not just focus on illness: role is a general health and social professional as well as community activist.

Family Health Program (FHP)

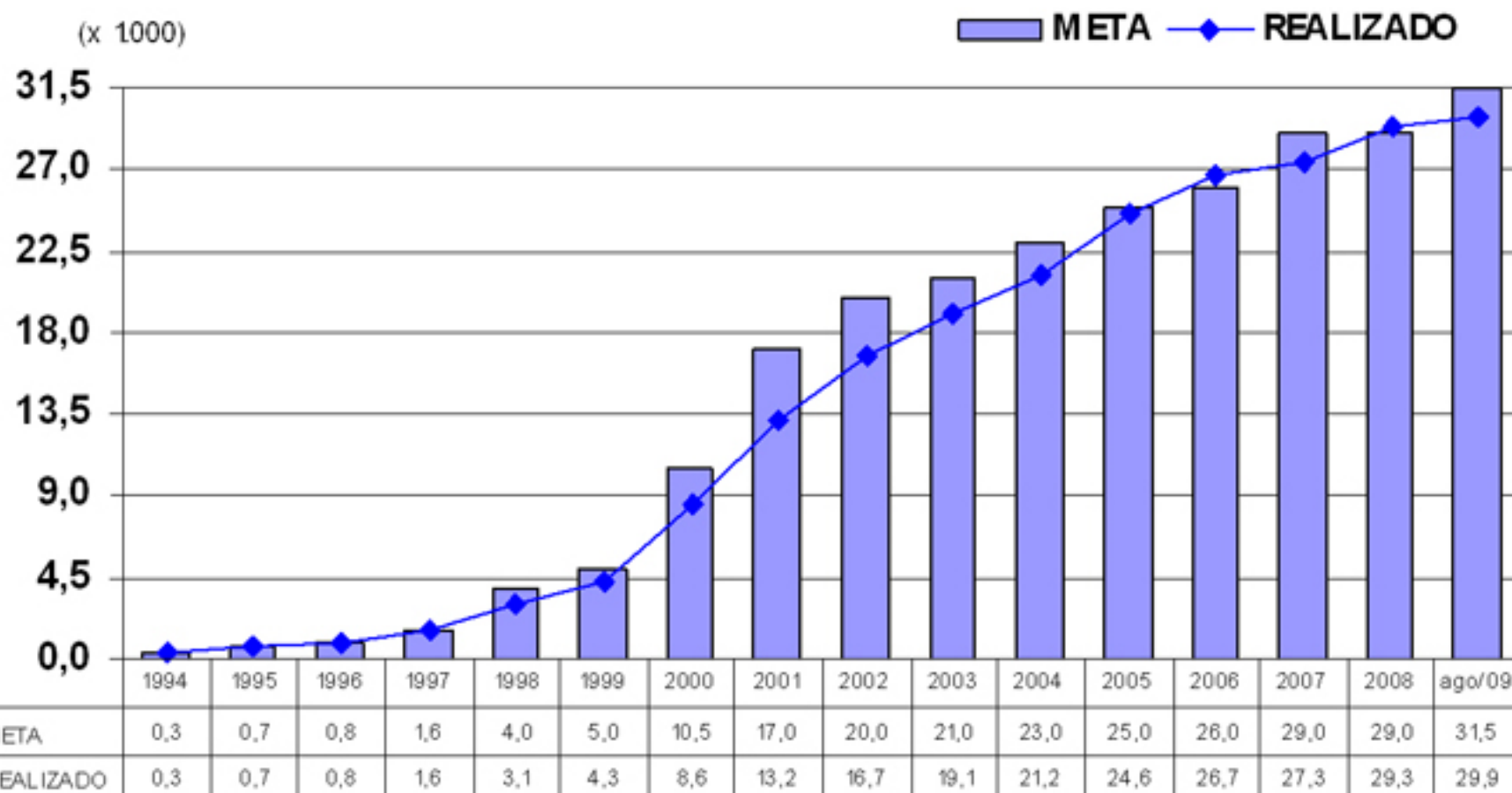


Number of CHW's in Brazil – 1994 / 2009



FONTE: SIAB – Sistema de Informação da Atenção Básica
SCNES – Sistema de Cadastro Nacional de Estabelecimentos em Saúde

Number of FH teams in Brazil – 1994 / 2009

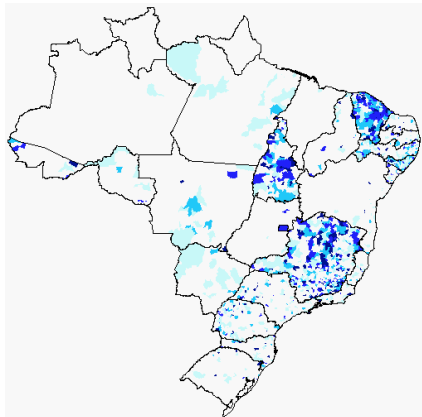


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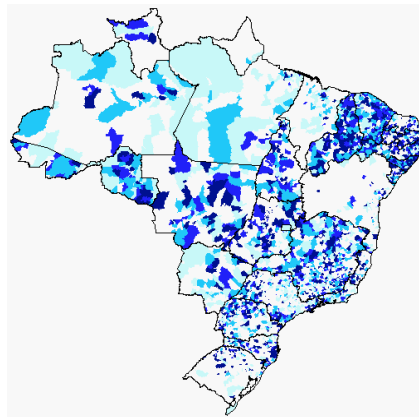
PHC rate coverage

Percentage of the population covered by health family teams – Brazil, 1998 – 2009

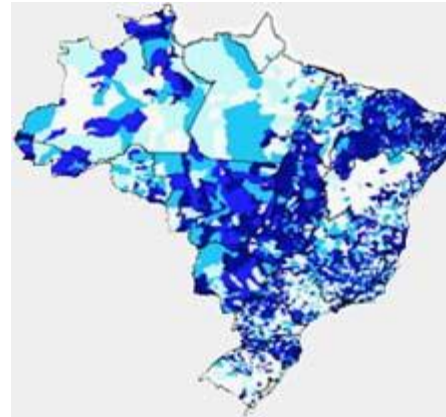
1998



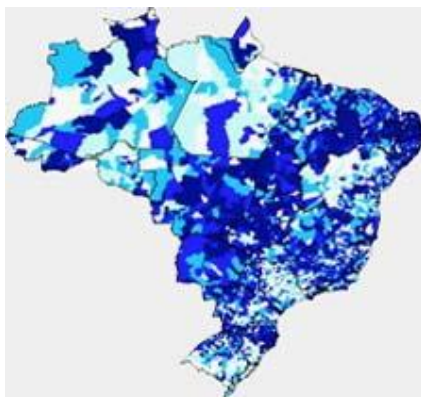
2000



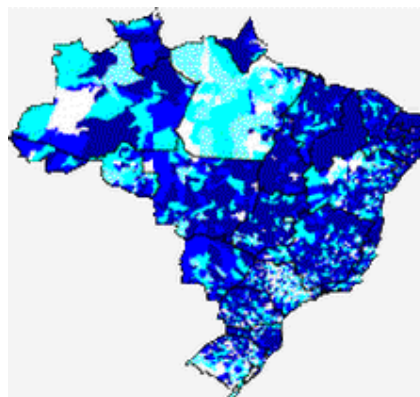
2002



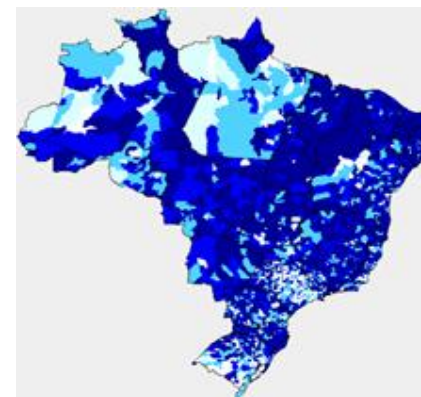
2004



2006



2009



0% 0 a 25% 25 a 50% 50 a 75% 75 a 100%

FONTE: SIAB - Sistema de Informação da Atenção Básica

Per capita allocation of financial resources of the Primary Care



1998

2009



(\$/citizen/year)

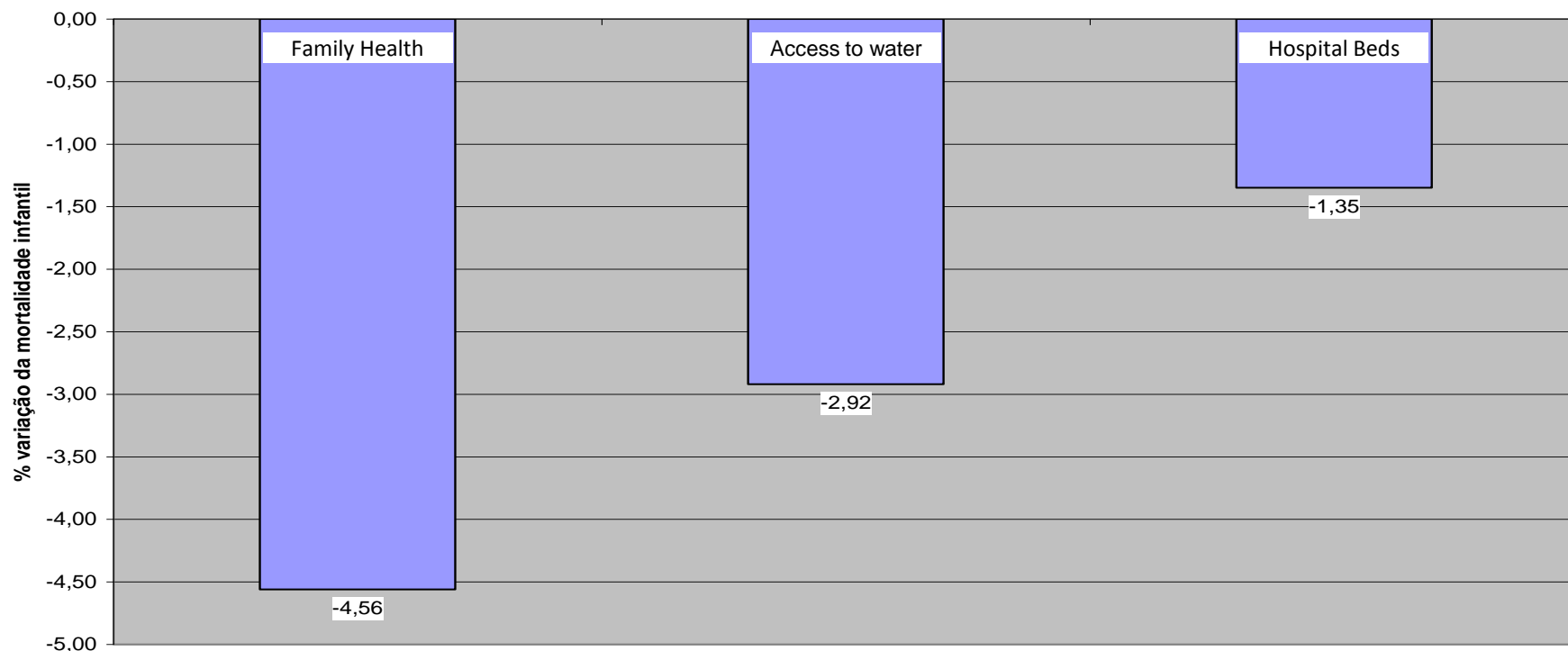
Number of FH teams in Brazil – 1994 / 2009



Observation: all the studies take into consideration the entire PHC team

Infant Mortality

Percentage of variation in the infant mortality associated to a 10 percent improvement in Family Health coverage, access to water and hospital beds per 1,000 inhabitants. Brazil, 1990-2002



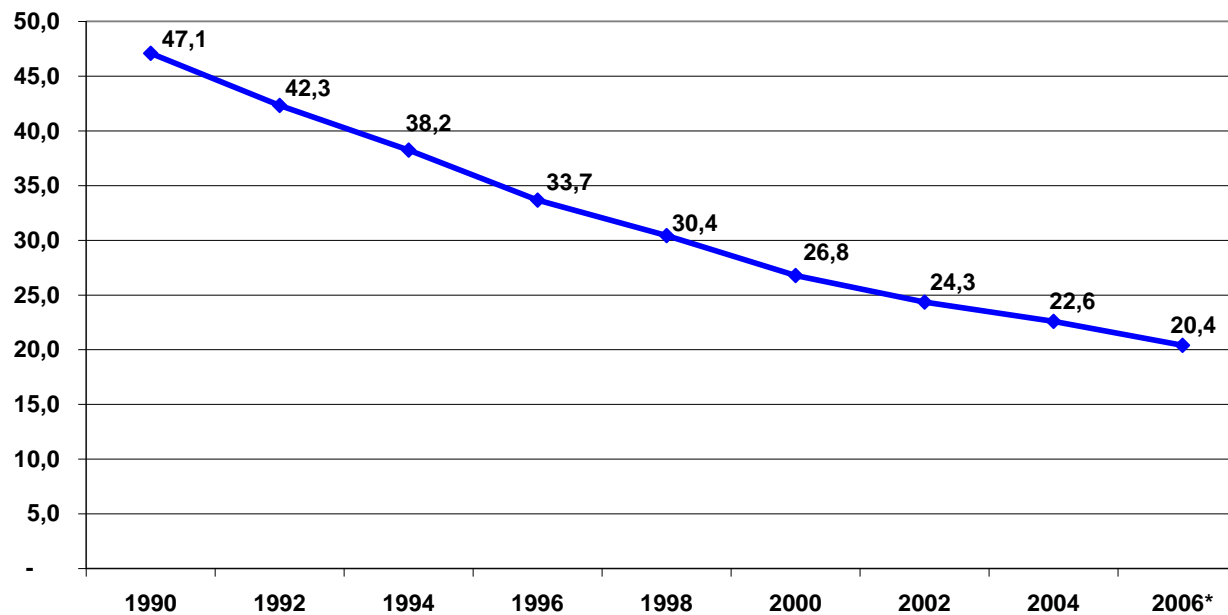
Evaluation of the impact of the Family Health Program on infant mortality in Brazil, 1990–2002

James Macinko, Frederico C Guanais and Maria de Fátima Marinho de Souza

J. Epidemiol. Community Health 2006;60;13-19
doi:10.1136/jech.2005.038323

Reduction of Infant Mortality Rate

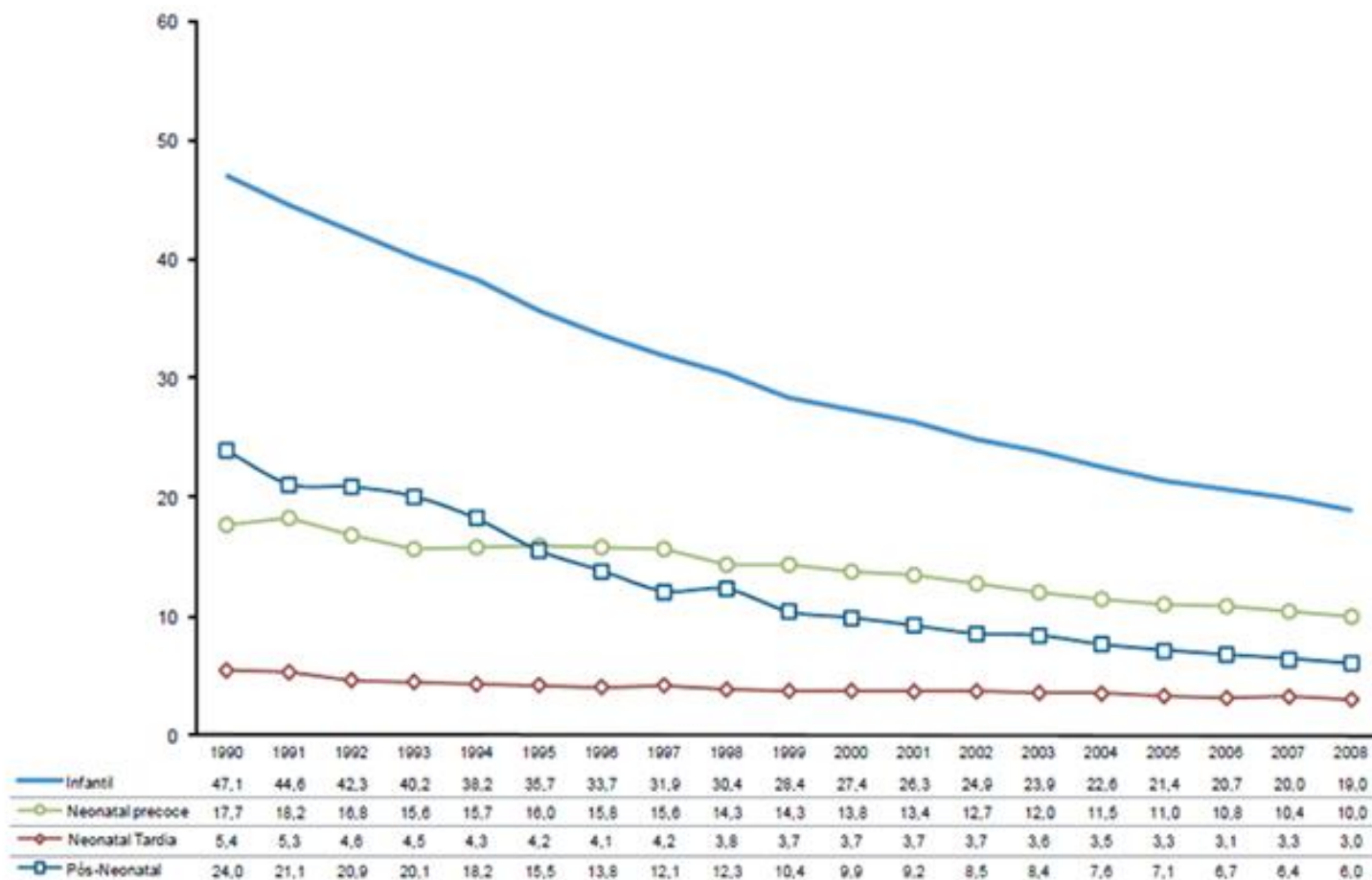
Evolution of Infant Mortality Rate, Brazil, 1990-2006*



Fonte: SVS/MS e IBGE

*2006: Dados preliminares, sujeitos a modificações.

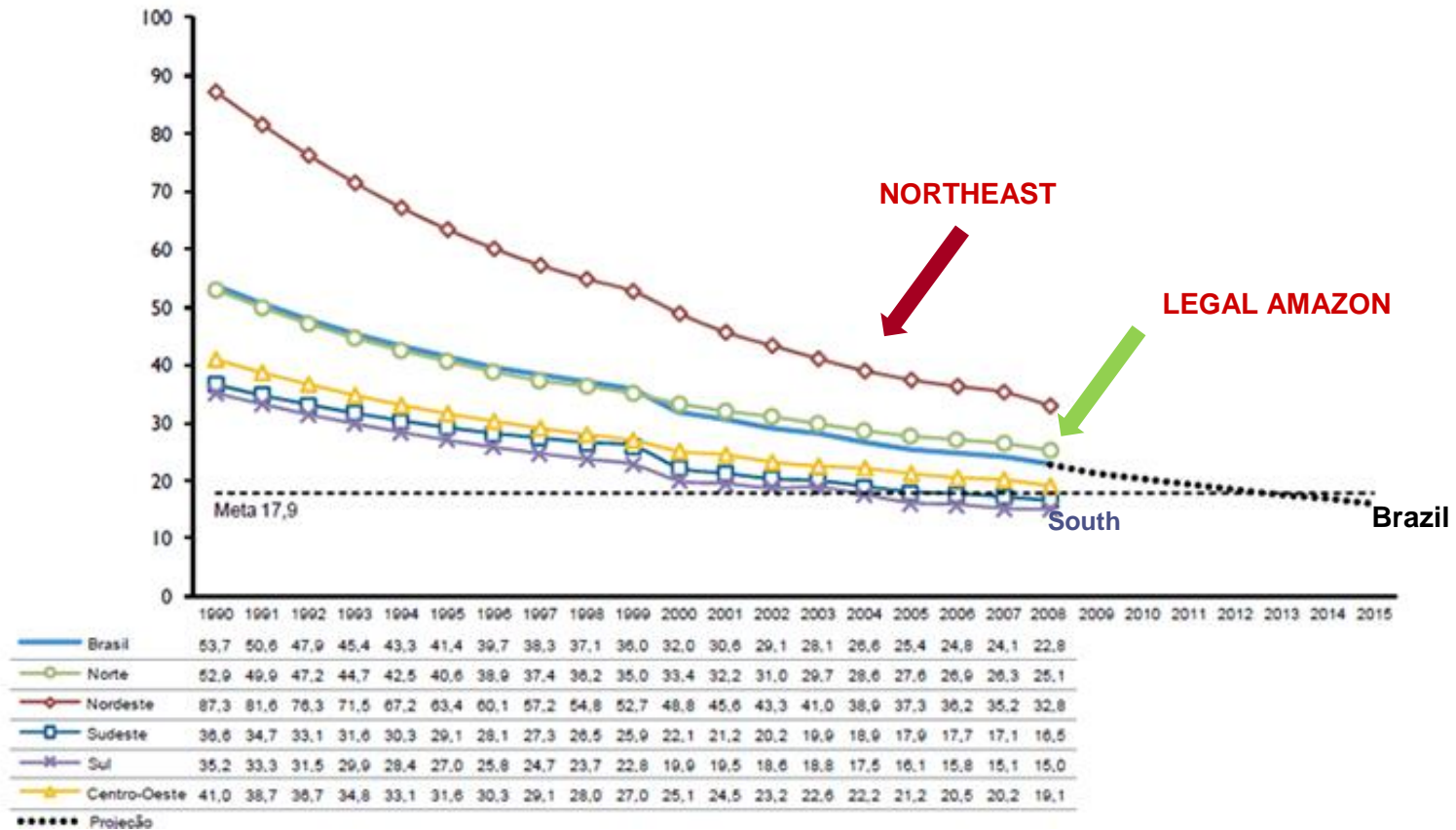
Trends in Infant Mortality Rates (per 1,000 live births) by Components – Brazil 1990-2008



Source: CGIAE/DASIS/SVS/MS; IBGE

(1) Early neonatal (0 to 6 days). Late neonatal (7 to 27 days); pos-neonatal (28-364 days), infant (0-364 days)

Trends in child (under five) mortality rates (per 1,000 live births) by regions – Brazil 1990-2008



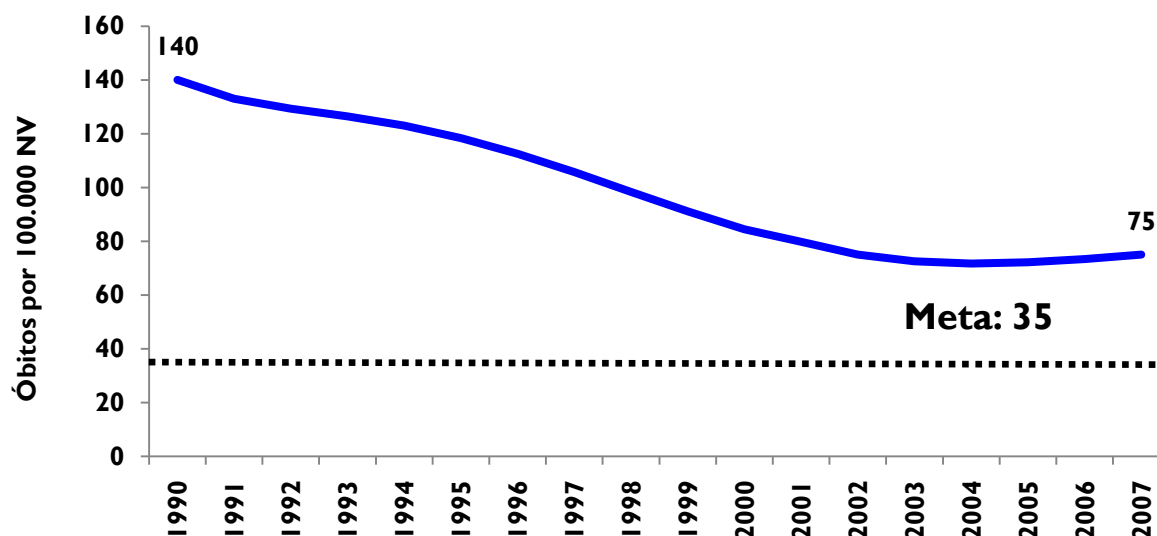
Source: CGIAE/DASIS/SVS/MS; IBGE

Data from 2008 are preliminary

Maternal mortality in Brazil

Over the last decades Brazil has moved forward on the reduction in maternal mortality

Brazilian Indicators Related to the Millenium Development Goal 5
Adjusted maternal mortality ratio (per 100,000 live births), projections
until 2015 and goal to be reached. Brazil, 1990-2007



Definition: maternal mortality ratio (RMM) estimates the frequency of deaths of women while pregnant or within 42 days of termination of pregnancy, from any cause related to pregnancy, to delivery and to postpartum, in relation to the number of live births (NV).

Fonte: CGIAE/DASIS/SVS/MS

Challenges

- Social recognition of the importance of Primary Health care;
- The rapid increase in the number of teams has demanded a hard work on permanent education to improve quality in care;
- The difficulty in keeping health workers in remote and rural areas, as well as in violent suburbs of big cities;
- The development of partnerships with universities to create attractive programs that are able to keep professionals in PHC teams;
- To build management capacity for a decentralized system with more than 5000 municipalities and 27 states;
- To better integrate health promotion, disease prevention and therapeutic interventions into the same working process.

Strategies to allocate health professionals to distant municipalities / of difficult access

- One of the challenges faced in Brazil in the health area is the allocation of professionals in municipalities that are small and/or distant and/or of difficult access, especially in the **Northeast and in the Legal Amazon**.
- To face this challenge, the Ministry of Health has been developing strategies such as, among others:
- Qualifying Community Health Workers, nursery technicians and nurses
- Expanding the Telehealth Program, which, through the internet, offers a second formative opinion to health professionals, as well as an educational info pathway
- Residencies used to be offered according to academic capabilities, distant from health needs. A study was conducted pointing out many shortfalls – especially critical specialties. PRORESIDENCIA: The Ministry of Health is paying residencies in specialties where there is a gap and supporting new residencies in the **Northeast/Legal Amazon**

Strategies to allocate health professionals to distant municipalities / of difficult access

- Open University of SUS: (i) not a corporate University but rather a network of recognized universities that have committed to this project; (ii) creates a certified clearinghouse of learning objects as a common platform; and (iii) tackles emergency training (Dengue, H1N1), specialization in PHC and Health Management.
- Multiprofessional Residencies in Family Health (2002) and Residencies in Family and Community Medicine (2002).
- Amortization of student loans obtained through the Student Financing Program (FIES) to professionals who go to work in priority-areas.
- Promotion of “integrated healthcare networks”. The implementation of “networks” involve: (i) the conduction of demographic, epidemiological and services diagnostic; (ii) the definition of health care locations and services to be provided; (iii) the definition of flows (references and counter-references); and (iv) contractualization among municipalities.
- Expansion and qualification of SAMU/192 (Mobile Emergency Attendance Service).

APS Sistema

Community Center
Social Nets

CEOS



CTAs



Family Health
teams



Diagnoses
Services

CIEVS

Surveillance
Centers

CEREST



Schools



Mobile Emergency Attendance Service SAMU



NASFs

Hospitals

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Thank You!!!

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