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Research Article

Strengthening and Improving Access in Primary Care: A Study on Tabatinga/AM

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Abstract

This work aimed to discuss intervention strategies to strengthen the entry point of the Unified Health System and improve access to Primary Care in Tabatinga/AM, based on the assumptions of the National Primary Care Policy and financing policies. This is a descriptive and exploratory study of the experience report type, based on the Situational Strategic Planning. Thus, its purpose with regard to intervention strategies was based on the organization of the health needs of the population of Tabatinga, going beyond a theory, technique, nor was it a deterministic calculation, with only one possible result. The analysis and monitoring of the intervention according to the Family Health Strategy and Community Health Agent Coverage, the introduction of Permanent Education in Health and the training process of the Community Health Agent, the National Primary Care Policy in updating the context of the Community Health Agent. The planning moments were followed by refining improvement in the coverage of the Family Health Strategy and coverage of Primary Care in Tabatinga attributed in large part by the insertion of medical professionals; there was an expansion and reform of the Basic Health Units, publication of an ordinance of accreditation of the teams and Community Health Agent by the Ministry of Health. The awareness of public managers is the biggest challenge to be faced by career technicians in public services, followed by knowledge of public policies using it to change the history of Primary Care in a municipality and the population to have their health rights enjoyed. Permanent Health Education supports the understanding of ways of doing and the needs for change. Strong Primary Care is achieved with intervention methods, actions based on public policies and financing, in addition to prioritizing equity in a country of inequalities like Brazil.

Keywords: *Primary Health Care; Health Planning; Public Health Policy; Health Services; Public Health Nursing*

Introduction

It is known that Primary Health Care (APS) "is the set of individual, family and collective health actions that involve promotion, prevention, protection, diagnosis, treatment, rehabilitation, harm reduction, palliative care and health surveillance" (PNAB art2). These actions occur through the care practices integrated with the qualified management with a multidisciplinary team considering the population in a defined territory and their health responsibility [1].

It is noteworthy that in the National Primary Care Policy (PNAB), the Family Health Strategy (ESF) is a priority for the expansion and consolidation of the withered APS. In addition, it favors the reorientation of the work process, has the potential to resolve and impact the

health of populations, in addition to the cost-effectiveness of the system [1]. In the composition of this team, at least there must be: doctor, nurse, auxiliary and/or nursing technician and Community Health Agent (ACS), being able to integrate the Endemic Combat Agent (ACE) and the professionals of the Oral Health Team (eSB) [1].

It is important to mention the National Primary Care Policy (2017) established that it is the competence of the municipal manager to execute, analyze demand from the territory and offers from the UBS to estimate their resolution capacity. Therefore, adhere to the necessary measures to expand access, quality and resolution of APS teams and services. It is the responsibility of the Municipal Health Secretariats to insert the ESF into their service network as the priority strategy for the organization of APS [1]. The ESF is based on guiding principles for the development of health practices, such as centrality in the person and the family, the bond with the user, integrality and coordination of care, articulation with the care network, social participation and intersectoral action [2].

The ESF is considered a priority for the strengthening of APS [3]. Thus, the policies of APS once taken as a public health priority for the country, states and municipalities as the ordering center of health care networks in the Unified Health System (SUS), respecting the needs, reality and epidemiological profile of each locality require planned implementation.

Ordinance 2,539, September 26, 2019, approved the new PNAB, establishing the revision of guidelines for the organization of APS, within the scope of the SUS. It emphasized that the number of Community Health Agent (ACS) per team should be defined according to the population base, demographic, epidemiological and socioeconomic criteria, according to local definition. In areas of great territorial dispersion, areas of risk and social vulnerability, recommends the coverage of 100% of the population with a maximum number of 750 people per ACS [4].

The SUS presents itself as one of the largest in the world, supported by an extensive network of APS, but which has in its history chronic problems of financing, management, provision of professionals and structuring of services [5]. Despite the difficulties, Brazilian APS has achieved positive results, which highlight it internationally [5]. As significant evidence, the reduction in mortality and health inequalities is accounted for, which tends to be strengthened by the combination with income transfer and social protection policies [5].

However, as it is in the context of SUS to APS, there is no way to distance itself from its dilemmas, namely: to provide universal and egalitarian assistance, despite the uneven reality between and within municipalities [6]. Thus, it becomes a great challenge in the ESF not only to expand its coverage, but also to respond to its proposition. Therefore, expanding the coverage of the ESF in the context of the historical, political and social context, in line with the attributes advocated for APS, become equally challenging for municipal managers and their management teams [6].

It is understood, however, that this study may contribute to the process of reflection on the strategies used to improve care in APS, consolidation of bond and professional and community satisfaction, systematization of care, instigating studies in this field and reaffirming the relevance of the ESF and SUS [6] for Brazilian public health.

The discussion proposed in this article is based on Situational Strategic Planning (PES). The PES is a calculation that precedes and presides over the action [7]. Thus, its purpose with regard to intervention strategies in APS improvement was based on the organization of the health needs of the population of Tabatinga, going beyond a theory, technique, nor was it a deterministic calculation, with only one possible result.

Aim of the Study

This study aims to discuss intervention strategies to strengthen the gateway to the Unified Health System and improve access to Primary Care in Tabatinga/AM, based on the assumptions of the National Primary Care Policy and financing policies.

Methods

This is a qualitative, descriptive and exploratory study of the type of experience report, based on the Situational Strategic Planning regarding the intervention to improve access to Primary Care in the city of Tabatinga/AM.

Descriptive research has as its main purpose the description of the characteristics of a given population or phenomenon, or the establishment of relationships between variables [8]. It seeks to describe a phenomenon or situation in detail, raising what is occurring, allowing it to accurately cover the characteristics of an individual, a situation, or a group, as well as unraveling the relationship between events [9].

The main objective of exploratory research is to develop, clarify and modify concepts and ideas and are planned with the objective of providing an overview, of an approximate type, about a certain fact [8]. The methods used by exploratory research are broad, versatile and comprise: surveys from secondary sources, surveys of experiences, selected case studies and informal observation [10].

Tabatinga/AM is one of the nine municipalities in the Alto Solimões region, riverside region, has a territorial extension of 3,266,062 km^2, according to an estimate by the IBGE population in 2010, of 36,355 in urban areas and 15,917 in rural areas totaling 52,272 inhabitants [11].

The focus of the intervention was to expand the ESF coverage and the number of ACS to improve access to APS. Data analysis, such as eSF coverage and number of ACS, was taken as a starting point, to plan, organize and operationalize the intervention in the APS, as well as to monitor the results, supported by the PES.

The secondary databases contained in (mention the databases where you collected the data from the graphs and tables) from December/2020 to January 2021 were analyzed. The remaining information was obtained from the records of the project records through several readings, from pre-analysis, analysis when the following categories emerged: applying Strategic Planning, analysis and monitoring of the process, valuing the Community Health Agent, National Primary Care Policy in updating the context of the Community Health Agent.

In this methodology, the steps that followed were concatenated with the PES, which recommends four moments in a systematic process, planning the organization of interventions and the production of results. The first - explanatory moment: problems are detected and explained in a situational and hierarchical way; second - normative moment: projects the objectives to be achieved based on the analysis of the determined problems and priorities; third - strategic moment: the moment of "can be" and "how to do", since it includes the formulation of a strategy and the analysis of feasibility at three levels (political, economic and institutional-organizational); fourth - operational tactical moment: decision making, control and evaluation.

Planning is a continuous process, without separation and inflexible between interpenetrating steps. This process must be analyzed constantly, depending on the scope of the change proposal, that is, planning and action/execution are inseparable [6].

It is essential to consider the existing economic and power resources to ensure the process of change, since, in the situational approach, it recognizes the existence of several characters in a game of conflict and cooperation. Planning is carried out by actors who have specific interests, from a different point of view from reality, and each perspective will be marked. The strategic focus concerns the art of governing in situations of shared power and proposes to be a method and theory of public strategic planning [12,13]. Theory and methods are important, but scarce for a character to succeed in executing his plans, one must consider the personal skills, experience, creativity and sensitivity of the actors are relevant [7].

PES resources are production capacities grouped into four categories: economic, cognitive (knowledge, knowledge, values, technologies, experiences, information, etc.), organizational (infrastructure, logistical or operational support, organizational models or structures,

communication networks, etc.) and politicians (votes, supports, adhesions, affiliations, charisma, ability to influence or power to make decisions, etc.) [7].

Result and Discussion

Applying strategic planning

Explanatory moment

In situational strategic planning, the situation refers to a set of problems or needs such as are understood from the perspective of actors or subjects interested in intervening on a particular cut-out of reality [14]. As a method, we used the explanatory tree, proposed by Mattus (1970) that deals with the identification of the central problem, its descriptors, causes and consequences [13], namely.

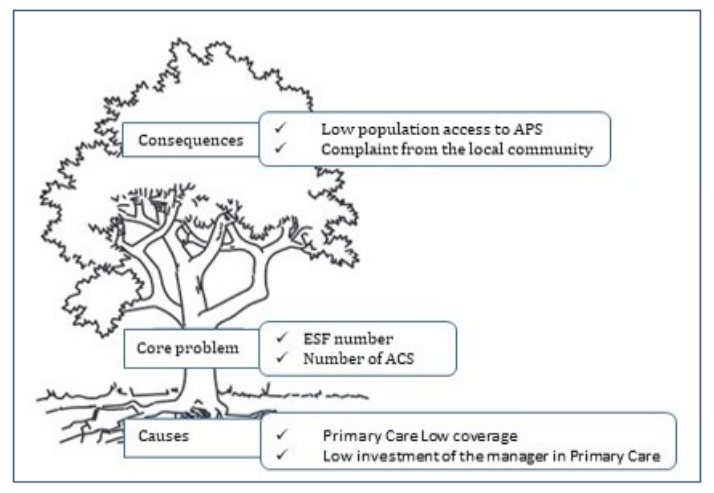


Figure 1: *Adapted by the authors (Mattus, 1970. in page 49).*

The guarantee of access to health care is part of the principle of SUS universality that has not yet been fully implemented in the country, in particular, due to the persistence of strong regional inequalities, living conditions, conditions for the provision of health services, added to the high concentration of professionals and health actions in urban spaces, severely penalizing the North and Northeast regions [15]. Considering the current context of the COVID-19 pandemic and the collapse of the health system in these and other regions that until then health work was comfortable and the population less suffering.

Regulatory moment

The stage of preparing effective projects to accredit more family health teams was fulfilled, adherence to the "Projeto Mais Médicos", endorsed by financial management for cost optimization, processing of the project at the municipal, state and federal levels, expansion and reform Basic Health Units, publication of an ordinance for the accreditation of teams by the Ministry of Health and to carry out a selective process at the local level and to register information in the current system. In addition, the project continued to accredit more ACS, introducing permanent education with training processes, offering several relevant public health topics.

Strategic moment

This moment was to sensitize the managers involved in the financial sector and the executive branch about the importance of expanding access to health, based on the valorization and expansion of the eSF and ACS. With this, actions in Permanent Education in Health (EPS) were used for the ACS, which could instrumentalize them for the various challenging situations that exist in their daily work.

Tactical-operational moment

Finally, the challenging moment in planning was reached, which is monitoring, which must use signals of attention and alarm about the performance of indicators. The ability to learn from mistakes is paramount and depends on the strength of the methods. These calculation resources will only produce effects used if there is a change in mentalities and culture in organizations with preventive action against potential risks with decisions based on a plan [13].

In this way, continuous, dynamic planning that consists of a set of intentional, integrated, coordinated and oriented actions to make the increase in population coverage a reality, makes it possible to make decisions in advance. These actions must be identified so that when they are carried out properly, considering aspects such as time, costs, quality and safety, as only with a joint effort in planning and strategic management can the expected result be achieved [16].

Process monitoring analysis

Brazil with a continental dimension that is peculiar to it, differentiated in terms of regional development, shows economic and social inequalities and access to goods and services, especially in the most isolated and remote regions of the capitals. Some locations stand out for their limited access to education and information.

Analyzes of health regions in the Legal Amazon show a low Human Development Index (HDI). In 46% of these regions, the health policies of the federal government suffer from low institutionality, discontinuity and limited regional sensitivity and specificities. The transfer of federal funds is lower than the national average with limited management capacity at the municipal level. A set of factors that causes insufficient supply of APS network and adversity to sign health professionals, especially doctors, in addition to potentiating the concentration of medium and high complexity services in the capitals [15].

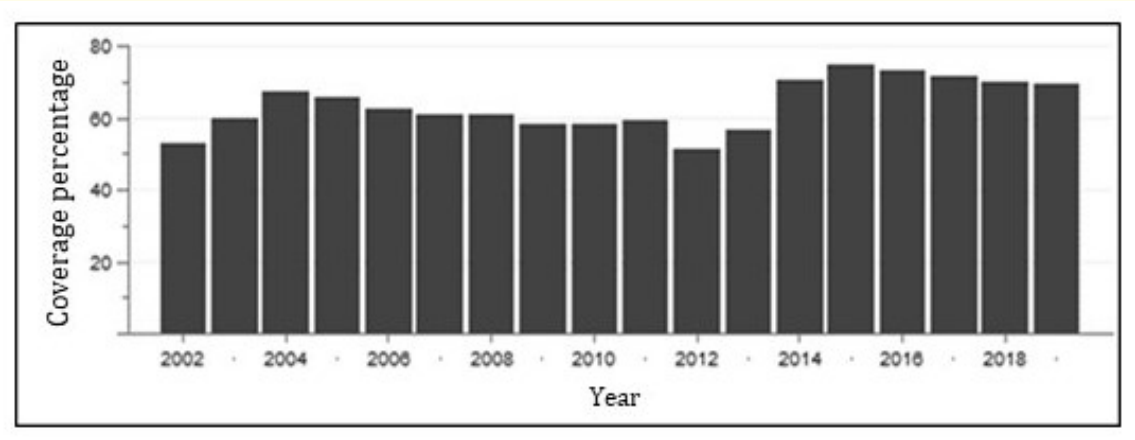
The states with the highest number of doctors are: São Paulo, Bahia, Ceará, Minas Gerais and Rio Grande do Sul, in contrast the states of Amapá, Tocantins, Distrito Federal, Roraima and Acre have the lowest number of these professionals [17]. One of the biggest obstacles to the implementation of the teams and, consequently, is due to the difficulty of hiring and fixing the medical professional in the municipalities, in addition to the underfunding of the ESF by the federated entities.

The improvement in the coverage of the ESF in Tabatinga was largely attributed to the insertion of medical professionals, who came from the "Projeto Mais Médicos". In the municipality 100% of the population is SUS dependent. In addition, logistics in the displacement and precarious technological access in the northern region, causes losses with high and high turnover of professionals and deficient EPS for professionals.

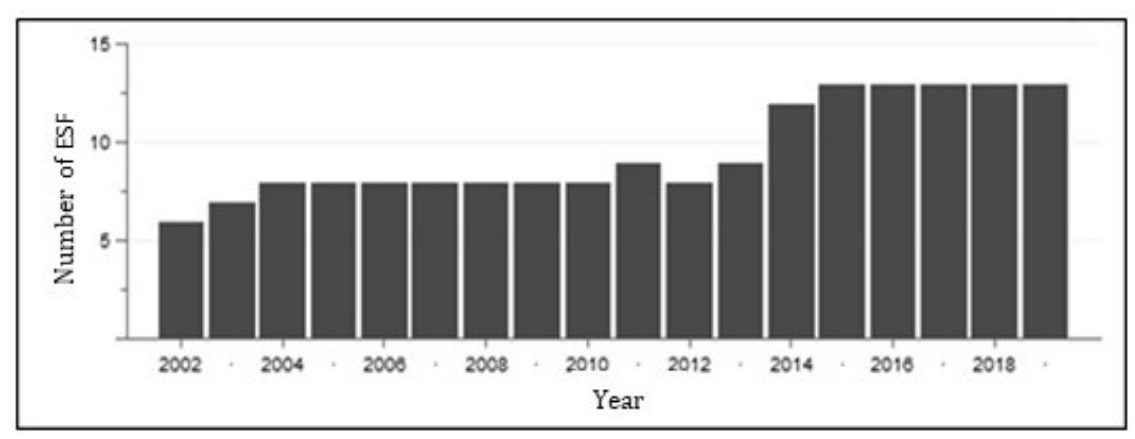
The characterization of the implementation of the PSF in the municipalities of the State of Amazonas, in the years 2004 and 2008, through representative indicators of coverage, evidence of changes in the assistance model and impact, classified the implementation of the program as unsatisfactory throughout the state. This demonstrates the fragility of the program, which has as its defined principle a new way of meeting the health needs of the population in its entirety. Based on the guidelines of integrality, equity and universality of SUS, the PSF indicated a new dynamic for the structuring of health services, being considered an important strategy in the transformation of the care model [18].

Amazonas presented an indicator of APS coverage in January 2014 of 64.54% and ESF coverage of 51.54% and ACS coverage of 65.38%. Even with the possibility of expanding coverage by APS teams, much of the state's territory is still without this service [15,19].

In 2014, there was an increase in population coverage by Primary Care and the number of Family Health teams, in relation to the historical series started in 2002, as shown in the graph 1 and 2.



Graph 1: *Percentage of population coverage by primary care in Tabatinga/AM, 2014.*
Source: SAPS/MS, 2019.



Graph 2: *Number of family health teams in Tabatinga/AM, 2014.*
Source: SAPS/MS, 2019.

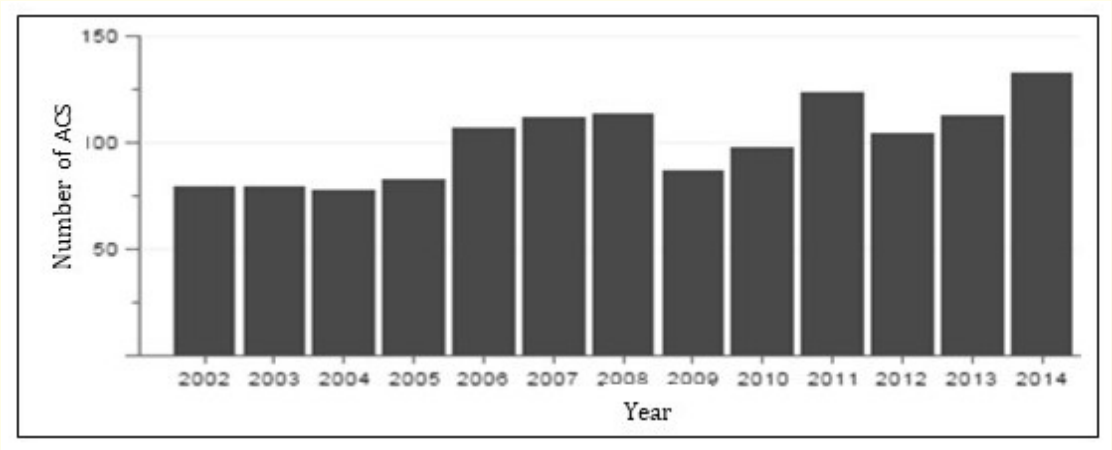
In Tabatinga in 2002, there is a registered population of 38,992 inhabitants, seven eSF registered with CNES. After eleven years plus two eSF, in 2013 the registered population rises to 54.440 inhabitants with nine eSF implanted. The coverage of eSF and APS did not show significant variation, it is noted that November 2007 to 2013, whose percentages present respectively 61.22% and 61.22% and 57.04% and 63.55% [19,20], according to graph 2 and table 1 below.

Mês/ ano	Nov 2002	Nov 2003	Nov 2004	Nov 2005	Nov 2006	Nov 2007	Nov 2008	Nov 2009	Nov 2010	Nov 2011	Nov 2012	Nov 2013
POP	38.992	40.022	40.998	40.998	43.974	45.085	45.085	47.051	47.948	52.272	53.374	54.440
NºeSF	7	7	9	8	8	8	8	8	8	8	8	9

Table 1: *Population coverage for Primary Care and number of Family Health teams from 2002 to 2013, Tabatinga/AM. Source: CNES and DAB, 2021.*

In 2014, the intervention took place. However, in March 2014, 9 registered teams still remained, with ESF coverage of 52.25% and APS with 53.25% and with an estimated coverage population of APS of 31,050 inhabitants. The intervention started in April 2014 changes to 11 registered teams, in May it changes to 13 registered teams and ESF and APS coverage of 76.91% in both. The estimated coverage of the APS of 44,840 people, was the largest coverage achieved in the municipality, surpassing the State of Amazonas which has an ESF coverage of 53.36% and an APS coverage of 65.51% and the national coverage of the ESF coverage of 58, 30% and APS of 71.16% [19,20].

These results found in the municipality of Tabatinga in 2014 demonstrated a significant improvement in the number of eSF in relation to the 11 years evaluated in the historical series (2002 to 2013) [19,20].



Graph 3: *Number of community health agents in Tabatinga/AM from 2002 to 2014. Source: DAB/SAS/MS, 2014.*

In December 2015, this intervention was consolidated with 13 registered teams, ESF and APS coverage reached 75.15% and 80.17%, with a population coverage by the estimated APS of 44,850 inhabitants. It is relevant to highlight that these indexes surpassed the state coverage of ESF of 57.97% and of APS of 67.43% and the national coverage of 62.50% and APS of 73.66% [19,20].

In August 2018, the ACS totaled 263,756 workers, present in 98% of Brazilian municipalities, integrating ESF teams, contributing to the extension of coverage and the structuring of APS in the country [21].

When analyzing the information on the number of ACS, it was found that from 2002 to 2005 there was a low variation between 78 to 83 ACS registered in the National Register of Health Establishments (CNES). In 2006 to 2008, it ranged between 107 and 114 ACS. In 2009

to 2010, it changed between 49 and 114. Regarding the population referred to the ACS, an estimated 47,000 people averaged 959 people per ACS with 100% coverage of the category. In 2011, it rose to 124 ACS with an estimated population of 52,000 and an average of 419 people per ACS [19,20].

With the intervention in October 2014, 30 new agents were added, reaching a total of 143 agents in the field, an estimated population of 54,440 residents, an average of 380 inhabitants per ACS, a significant increase in the number of ACS in relation to the last 11 years, as shown in graph 3, provides a better population distribution in the registered territory. The coverage of the ACS in Tabatinga of 100% is higher than the coverage of the State of Amazonas presented 67.90% and the national coverage of 66.37% [19,20].

Valuing the community health agent

"Permanent Health Education is understood as a pedagogical concept that relates teaching, service, teaching and health, contributing to professional development, sector management and social control" [22]. Brazil instituted the National Policy for Permanent Education in Health as a strategy for training and developing health workers, through Ordinance GM/MS nº 198/2004 [23].

Based on this premise, permanent education has become a pillar for the development of the ACS category in this intervention. The proposed approach covered 113 ACS participating in the training processes implemented and carried out before the increment that was obtained.

A sample of 38 ACS accepted to answer a written questionnaire about their perception in relation to permanent health education. Among them, 34 ACS report improvement in carrying out daily activities, 04 ACS believe that there was no improvement in their daily lives.

In order to assess the degree of satisfaction of the registered population, an assessment instrument was developed with municipal auditors appointed by executive decree, whose purpose was to assess the degree of satisfaction of the population number of family health strategy teams and ACS, in relation to frequency visits, conducting guidelines on disease prevention, answered by the population of the area of their respective assigned territory, nurses assessed the ACS under their supervision for punctuality, attendance and delivery of institutional reports.

All ACS were evaluated by interviewing residents in 06 of the houses visited by each of them with the following script: regular visits, guidance on disease prevention and evaluation of their performance by the population registered in their area of coverage. The nurses assessed the ACS under their supervision for punctuality, attendance and delivery of institutional reports.

This evaluation identified 82% of the ACS (93) with good performance by the population and by the responsible nurses. 04 satisfactory evaluations of the interviewed population and average or excellent evaluation by the responsible nurse were used as a satisfactory criterion. Among those mentioned, 12 ACS achieved prominence by receiving awards, used as a criterion to highlight the excellent performance by the 06 houses interviewed and by the nurse of their team. A sample of 20 ACS had insufficient performance by the assisted population and by their respective nurses. The criterion of insufficient performance by the population, was above 03 households interviewed with this assessment and by the nurse responsible.

The ACS in the work routine, for the most part, assumes the position of "link" between the population and the eSF, strengthening communication between the team in which they work and the community in which they live. Being a member of the community in which he lives and works and in this way live with the reality of the place, they interact with values, languages, problems, joys, satisfactions and dissatisfactions of this environment [24].

The recognition of the ACS work by the population is a point of satisfaction, since its work is directed to the individual, families and community that demand health care and surveillance. This recognition makes the ACS feel gratified and happy with the way he develops his work [24].

The national primary care policy in the context of the community health agent

The publication of the National Primary Care Policy in September 2017 suggests the flexibility of the presence of ACS in the composition of the eSF, which may result in the discontinuity of actions focused on the territory, compromising the access and effectiveness of health actions [1]. Home visits and other ACS assignments generate positive results in the monitored indicators of APS. Conduct an active search of the target audience monitored by the family health team.

To clarify this context, in 2019, for the first time, the National Health Survey collected information about APS in Brazil. The survey shows the performance of the public health network with regard to access and use of available services, continuity of care and health conditions of the population [25]. The population that uses SUS most positively evaluated the quality of public health care in the country. The General Score of APS varies from 0 to 10 and the final score obtained in the survey was 5.9 [25].

Home visits, the flagship of the ACS duties, and the assignment of other APS professionals as well, are highlighted in the National Health Survey as to the frequency of both the ACS or other members of the family health team with the percentage of 62.5% of the reference group who received the visit at least once, in the last six months prior to the date of the interview. Residents of households registered in a health unit rated APS 6.0. Among those who received at least one visit from a community agent or member of the health team, the score was 6.1 [25].

It is also worth mentioning in this context that Ordinance 2,713 of October 6, 2020 provides for the payment for performance of the teams within the scope of the Previne Brasil strategy, the ACS is fundamental to achieve the goals, the relationship between the team and the patient is close [26]. However, in November 2019, the Ministry of Health launched this new financing policy for Primary Health Care, called "Previne Brasil", whose objective is to strengthen the essential attributes and derivatives of Primary Care proposed by Starfield [27].

"Previne Brasil seeks synchrony between rescuing the historically established principles of PHC and the organizational modernization that the 21st century and social and cultural changes impose on us" [28]. Based on this premise, APS has adapted to the new possibility of care involving all professional categories as already recommended by the 2017 National Primary Care Policy.

Some authors discuss the possibilities of facing the unresolved challenges of Primary Health Care in Unified Health System until the crucial historical moment in this country. Among the debates, we can emphasize financing our object [27,28]. One of the main topics discussed is the need to innovate in the organization of services, maintaining, with solidity, the principles that govern SUS and PHC [28].

Thus, the topic of financing and APS has been a historical issue in the country, but the challenge for health managers and services that we face in this intervention is to know public policies, bases for financing the health sector and the need for updated knowledge of them. for the improvement of Primary Health Care and the consequent improvement of care for the population, as well as health surveillance and use of resources in the most vulnerable regions of the country.

Conclusion

Rescuing the objective of this proposal, which was to discuss intervention strategies to strengthen the gateway to the Unified Health System and improve access to Primary Care in Tabatinga/AM, based on the assumptions of the National Primary Care Policy and financing policies, it is believed that the awareness of public managers is the biggest challenge to be faced by career technicians in public services.

Another challenge identified was the appropriation of knowledge of public policies and that once understood, the history of APS in a municipality can be changed and the population can enjoy their health rights.

Overcoming these challenges, it is possible to achieve access improvements and strengthen Primary Care. Therefore, interventions based on Strategic Planning are powerful, as they are perfectly controllable and operable with positive results both in management and assistance.

On the other hand, Permanent Education in Health subsidizing the understanding of ways of doing and providing critical reflections of daily practices favors changes in attitude, demonstrating that training processes constitute good intervention practices with human resources.

Thus, as a consequence of the intervention with the methodology used, the results found in the municipality of Tabatinga, in relation to population coverage, showed significant improvement, compared to the State of Amazonas and the results of the country, in the number of teams of the family health strategy, coverage of Primary Care, an important increase in the number of Community Health Agent in the historical series, in addition to the satisfaction of the population ascertained through an audited instrument.

Finally, a strong Primary Care is carried out with interventions based on public policies and their possibilities, with potent financing that prioritizes equity in a country of inequalities, with competent trained technical staff and sensitive managers.

The study seeks to investigate what the managers of public health services understand and propose in their projects is a promising way to improve and strengthen the services that SUS can offer. The research design was limited to the view of the National Primary Care Policy and national financing policies, without the intention of exploring their specificities. On the other hand, it emphasizes the intention to expand Permanent Education as a necessary practice in view of the diversity and complexity of the micro-managerial spaces of work in the SUS in a municipality in the north of the country, constituting a limitation of the study. From this perspective, further investigations are carried out, with designs aimed at expanding the scope and focus on the challenges of training managers and workers in the SUS with regard to public policies related to care policies.

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