

Foreword

Primary health care in Brazil has a well-organised approach which is the result of sustained commitment to providing high quality primary health care for the whole population. The Family Health Strategy, launched in 1994, has been a key pillar of the efforts to reorganise and strengthen primary health care in Brazil. Since its implementation, a growing share of the Brazilian population can benefit from free access to a community-based approach to preventive and primary health care services. An extensive body of academic research has provided evidence of the key contributions of the Family Health Strategy to the reduction of almost 18 deaths per 1 000 birth in infant mortality rate observed between 1990 and 2019 in Brazil. The programme has also been associated with reduction in mortality and hospitalisations for chronic disease. Recent estimations also show that the implementation of the Family Health Strategy was associated with a reduction of 45% of the standardised hospitalisation rates per 10 000 inhabitants between 2001 and 2016, mostly for primary care conditions such as asthma, gastroenteritis, cardiovascular and cerebrovascular diseases. However, as some challenges are overcome, new ones approach, as Brazilian population ages, population risk factors such as obesity are on the rise, and emerging pandemic threats require resilience and adaptability.

Many features of the primary health care sector in Brazil deserve to be recognised as examples for OECD countries, including the use of multidisciplinary primary care teams called family health teams, and the extensive use of community health agents, which are frontline public health workers. Brazil has also implemented a set of key reforms to improve access to high quality primary health care over the past decades, including the National Programme for Improving Access and Quality of Primary Health Care (PMAQ) and the More Doctors Programme (MDP).

Nevertheless, Brazil still needs to address a number of challenges. Most critically, only 65% of the Brazilian population are covered by family health teams and too many patients bypass primary health care and directly seek care in outpatient specialties and hospitals, notably for conditions that could be more effectively treated at community level. The expansion of primary health care has also been marked by stark disparities across states and municipalities, linked mainly to workforce shortages and imbalances in the distribution of medical doctors. There are also been a rise in the number of elderly patients and an increasing prevalence of chronic non-communicable diseases – including cancer, diabetes and hypertension, which call for effective prevention, early detection and treatment. Lastly, while Brazil has a long history of developing and investing in networks, data, interoperability and skills, progress towards effective use of digital technologies in primary health care has been slow, and fundamentally unequal.

The recent reform agenda for the primary health care sector in Brazil – the *Previnha Brasil* programme – has ambitious goals toward improving access, fostering longitudinal and co-ordinated care. While primary health care is mainly a responsibility of municipalities in a decentralised health system, stronger oversight and steering from the federal government, and regional co-ordination and support from state governments will be needed to both improving access and quality, while reducing inequalities. Furthermore, as the programme is just a couple of years short of its 30th anniversary, it is in high need of innovation to get it ready for the challenges of the next 30 years, with better use of digital technology, better use of skills, modern integrated care models, backed by better performance measurements and financial incentives.

This review was prepared by the OECD Secretariat to draw on evidence and best practices from across OECD health care systems to support Brazil in strengthening its primary health care sector, and guarantee it is responsive to people's changing needs, capable of offering preventive, continuous and co-ordinated care equally across the country.



From:

Primary Health Care in Brazil

Access the complete publication at:
<https://doi.org/10.1787/120e170e-en>

Please cite this chapter as:

OECD (2022), “Foreword”, in *Primary Health Care in Brazil*, OECD Publishing, Paris.

DOI: <https://doi.org/10.1787/6a2fc318-en>

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