



More Doctors and Doctors Program for Brazil from the perspective of managers *Programas Mais Médicos e Médicos pelo Brasil na perspectiva dos gestores municipais*

Programa Más Médicos y Médicos por el Brasil en la perspectiva de los gestores municipales

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ABSTRACT

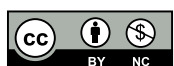
Objective: to identify how municipal managers perceive the management of Primary Health Care with the Mais Médicos e Médicos pelo Brasil Program. **Method:** Descriptive study, with a qualitative approach carried out in Tangará da Serra – MT. Eighteen semi-structured interviews were carried out with five municipal managers, between 2016 and 2021, with an average of three interviews per year to capture perceptions at different moments. The thematic analysis, guided by public policy, was organized according to two topics: municipal and health management, interface with Primary Health Care; and the learning and uncertainties that these programs bring to management. **Results:** The political option for adhering to these programs and the management challenges that adhering to them imposed allow for the revealing of the inherent difficulties generated by programs of this nature, of an administrative nature, of monitoring as they are mostly foreign professionals, the interruption of the mission and the exchange that, on the one hand, drives public health policy, according to the precepts of the Unified Health System, on the other, encounters obstacles, such as public opinion and the strengthening of the care network. **Conclusion:** Municipal managers perceive the contribution of the Programs to the expansion of Primary Health Care, in the opportunity to establish and comply with the working day, in addition to providing opportunities for practices closer to a model of comprehensive health care. The study provides important support for historical testimony and the understanding of strategic dynamics so that it can be consolidated as State policies.

Descriptors: Primary Health Care; Family Health Strategy; Unified Health System; Health Workforce; Health Policy.

RESUMO

Objetivo: identificar como os gestores municipais percebem a gestão da Atenção Primária à Saúde com o Programa Mais Médicos e o Programa Médicos pelo Brasil. **Método:** Estudo descritivo, de abordagem qualitativa realizado em Tangará da Serra – MT. Foram realizadas 18 entrevistas semiestruturadas com cinco gestores municipais, entre 2016 a 2021, com média de três entrevistas por ano para captação de percepções em diferentes momentos. A análise temática, guiada pela política pública, foi organizada obedecendo dois tópicos: gestão municipal e de saúde, interface com a Atenção Primária à Saúde; e o aprendizado e as incertezas que esses programas trazem para a gestão. **Resultados:** A opção política pela adesão a esses programas e os desafios de gestão que a adesão a eles impôs permitem que sejam reveladas as dificuldades inerentes geradas por programas dessa natureza, de ordem administrativa, do acompanhamento por serem profissionais, em sua maioria, estrangeiros, da interrupção da missão e da troca que, se de um lado impulsionam a política pública de saúde, segundo os preceitos do Sistema Único de Saúde, de outro encontram obstáculos, como a opinião pública e o fortalecimento da rede de atenção. **Conclusão:** Gestores municipais percebem a contribuição dos Programas para expansão da Atenção Primária à Saúde, na oportunidade de fixação e cumprimento da jornada de trabalho, além de oportunizar práticas mais próximas de um modelo de atenção integral à saúde. O estudo traz importante subsídio para o testemunho histórico e o entendimento da dinâmica estratégica para que se possa consolidar-se como políticas de Estado.

Descritores: Atenção Primária à Saúde; Estratégia Saúde da Família; Sistema Único de Saúde; Mão de Obra em Saúde; Política de Saúde.



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RESUMEN

Objetivo: Identificar cómo los gestores municipales perciben la gestión de la Atención Primaria de Salud con el Programa Más Médicos y Médicos por el Brasil. **Método:** Estudio descriptivo, de enfoque cualitativo realizado en Tangará da Serra – MT. Fueron realizadas dieciocho entrevistas semiestructuradas con cinco gestores municipales, entre 2016 y 2021, con promedio de tres entrevistas por año para captar las percepciones en diferentes momentos. El análisis temático, guiado por la política pública, fue organizada obedeciendo dos tópicos: gestión municipal y de salud, interface con la Atención Primaria de Salud; y el aprendizaje y las incertidumbres que estos programas traen para la gestión. **Resultados:** La opción política por la adhesión a estos programas y los desafíos de gestión que la adhesión a ellos les impuso permiten que sean reveladas las dificultades inherentes generadas por programas de esta naturaleza, de orden administrativa, del acompañamiento porque son profesionales, en su mayoría, extranjeros, de la interrupción de la misión y del cambio que, si de un lado impulsan la política de salud, según los preceptos del Sistema Único de Salud, de otro encuentran obstáculos, como la opinión pública y el fortalecimiento de la red de atención. **Conclusión:** Gestores municipales perciben la contribución de los Programas para expansión de la Atención Primaria de la Salud, en la oportunidad de fijación y cumplimiento de la jornada de trabajo, además de dar oportunidades de prácticas más cercanas de un modelo de entera atención a la salud. El estudio trae importante subsidio para el testimonio histórico y el entendimiento de la dinámica estratégica para que se pueda consolidar como políticas de Estado.

Descriptor: Atención Primaria de Salud; Estrategia Salud de la Familia; Sistema Único de Salud; Fuerza Laboral en Salud; Política de Salud.

INTRODUCTION

The More Doctors Program (*Programa Mais Médicos – PMM*) was created in July 2013, by a Provisional Measure that was converted into Law in October of the same year. Thus, the program was designed to strengthen Primary Health Care (*Atenção Primária à Saúde – APS*), gaining prominence in reducing the unequal distribution of doctors and encouraging the expansion of APS coverage. The program has helped that most small municipalities could achieve 100% APS coverage. As a result, there was a reduction in hospitalizations primary care sensitive conditions^(1,2), reinforcing the Brazilian National Health System (*Sistema Único de Saúde – SUS*) and the right to health.

The PMM was an agreement promoted by the federal government. It included a commitment by the federal authorities to make the distribution of places possible. In the state of Mato Grosso (MT), the implementation of the PMM in the municipalities faced problems with political management, difficulties in the support of state management and the federal teaching institution for local teaching-service integration. In this way, the municipal manager had to make efforts to overcome the gaps in the work process and in the continuing education of the medical professionals involved, as well as the need to structure a care network to help expand APS⁽³⁾.

The municipality of Tangará da Serra (MT) distinguished itself by the fast expansion of APS coverage through the PMM. In 2013, the municipality had APS coverage of 47.61% of the population and, after joining the PMM, it jumped to 71.9% in 2014, 82.2% in 2015, and 98.3% in 2016. In 2017, coverage began to show a declining curve, with a record of 79.58%⁽⁴⁾ in 2020. Based on the strategy, the political option to expand APS, and the accelerated pace of implementation assumed by the PMM, the concrete experience of local managers in this process can be highlighted. In this way, after joining the program, Tangará da Serra became one of the five most populous municipalities in the state to receive the most doctors from the PMM⁽⁵⁾.

In 2019, the Doctors for Brazil Program (*Programa Médicos pelo Brasil*)⁽¹⁾ was launched with a proposal to replace the PMM, emphasizing an increase in the number of professionals to be hired, an increase in doctors' salaries, and the creation of a state career for this function. In addition, it was stated that while the new professionals would not be hired, those who were already part of the PMM would continue to work, as they still had current contracts. In this sense, this study aimed to identify how municipal managers perceive the Primary Health Care administration of the More Doctors Program and the Doctors for Brazil Program.

METHODS

This descriptive, qualitative study was carried out in Tangará da Serra, a municipality in the state of Mato Grosso, located in the mid-northern region of Mato Grosso, 240 kilometers from the capital, with an estimated population of

105,771 people in 2021⁽⁶⁾. This municipality was chosen due to the rapid expansion of APS coverage⁽⁴⁾, which received 19 doctors from the PMM in 2013-2014, the highest number among municipalities in the state of Mato Grosso⁽⁵⁾. The municipality once had 26 family health teams, and ended the study with 23 teams^(4,7).

The selection of the participants took into account the following inclusion criteria: municipal managers from the executive, legislative and health management, provided that they had been involved in the agreements for the PMM Agreement between 2016 and 2021 and had followed its implementation and development process. The exclusion criteria were those who did not agree to take part in the survey. It should be emphasized that the intentional inclusion of these participants is justified by the fact that they work in management. As such, this activity is responsible for including aspects related to the organization of the health system and services to enable access to SUS users, being considered key informants.

By analyzing the inclusion criteria, eight key informants were identified, namely: the head of the Executive Branch, two members of the Legislative Branch, the secretary of health and coordinator of primary care, two technical advisors from the secretary of health and one from the Council of Municipal Health Secretariats of Mato Grosso. Thus, of those invited to take part, five accepted. Participants were contacted by e-mail and telephone and invited to participate in the research. After confirming their acceptance by email and sending the signed Informed Consent Form (*Termo de Consentimento Livre e Esclarecido – TCLE*), the interview was scheduled for the date and time indicated by the participant. The interviews followed the script of the research protocol and were conducted in the offices of the managers, always after making an appointment with the researcher.

The interviews were conducted at different times, since the study followed the programs in order to capture the managers' perceptions. There was a total of 18 interviews: three in 2016, four in 2017, three in 2018, three in 2019, two in 2020 and three in 2021. In 2020, it was decided to prioritize interviews only with health managers, justified by the political situation marked by the municipal elections. It is worth emphasizing that, during the data collection process, there were changes in health management in some positions, and participants were only considered possible after six months of following the programs. It should be mentioned that in none of the years all the participants took part.

The interviews were guided by a semi-structured script, which remained the same throughout the years, asking the participants, based on their work experience, to express: what were the reasons that influenced them to choose this program, what were the contributions of the PMM to the municipality, if there were any, what aspects changed during the years the program was in force and what were the challenges faced in organizing the expansion of APS in the municipality. The script was face validated and pre-tested. We believe that by repeating some of the questions at different times with the same participant, it was possible to show that the results presented were supported.

The interviews were conducted by the researchers in charge of the study, who are university professors with experience in collecting and analyzing research data in the field of management, independent and external to local government, avoiding any conflict of interest in the relationship between researcher and researched. The interviews were audio-recorded with an average duration of 40 minutes. The criterion of data saturation⁽⁸⁾ was used to conclude the items covered in the semi-structured script. Interviewees were identified by a P followed by an Arabic numeral, according to the increasing chronological order in which they participated, while preserving their identity. The Arabic numeral was used to identify participants who participated in more than one interview.

All the transcribed material was subjected to an exploratory reading in order to grasp all its content, and then a careful reading was carried out in order to gain an accurate understanding of its content. A thematic analysis was used to interpret the data⁽⁹⁾. Public policy analysis was used as the theoretical support for this study to uncover how its logic or structure affects the policy decision-making process, both in the political and administrative spheres. In this way, political and ideological principles that guide action must be revealed, as well as the relationship between demand groups, the role of institutions and the practices of governments that are instituted in the construction of a policy⁽¹⁰⁾. Therefore, the findings were organized into two thematic categories and subdivided into subcategories.

The study was approved by the Human Research Ethics Committee of the Mato Grosso State University under CAEE: 49419315.3.0000.5166.

RESULTS

The results are presented in two categories, divided into thematic subcategories to ensure a chronological organization of the data. In summary, the first category shows the interface between municipal and health management and APS, highlighting the benefits of PMM for municipality and the management difficulties in running the program, as well as strategies to overcome these difficulties in local coordination, from institutional support to teaching-service integration.

The second category, which deals with learning and uncertainties through the legacy of PMM, captured the lessons learned from the program, as well as the doubts about its sustainability in light of the guidelines presented by the replacement program, the Doctors for Brazil Program.

MUNICIPAL AND HEALTH MANAGEMENT: Interaction with Primary Health Care

This category deals with the difficulties of expanding APS in the municipality, the contribution of PMM to this expansion, and the experiences of managers in implementing APS expansion.

Barriers to expanding Primary Health Care in the municipality before the More Doctors Program

The interviewees' speeches highlight the difficulties in retaining doctors in APSs, such as working hours and salaries, as highlighted in the speech layers:

"They didn't want to work in primary care, doing an eight-hour shift. The salary issue didn't call for eight hours a day". (P1)

"The salary issue, for example, nowadays a doctor working 40 hours has a gross salary of around 15,000 reais. In the private sector, he earns much more from private consultations alone, not to mention the fact that he manages his own schedule, has a guaranteed job in private clinics; the private sector inhibits the public sector." (P2)

Another perception is that doctors' professional relationships are uncommitted to public service.

"The doctor arrived at the health unit and said 'today I'm going to see four patients', there was no organization, and the nurses who were coordinators of the units had no power to make this doctor stay, it was what he had and what he could have at the time." (P4) (P4)

"In fact, our doctors used to provide assistance. Consultation at the units was all about prescribing medication, laboratory tests, and referrals." (P3)

Considering the public-private relationship of medical professionals and the attractiveness of the private healthcare market, it is possible to identify how the private sector influences the healthcare system.

"We had doctors we hired who would come in for two or three hours and run off to their private practices." (P2)

"Private initiative has always been stronger than public health in Tangará da Serra; there are three private hospitals, companies that do highly complex exams, we have a tomography, and there's hemodynamics, so this sector doesn't allow doctors to stay in public health." (P3)

These dimensions are associated with two financial management factors: the Fiscal Responsibility Law, and the consequent municipal dependence on funding incentives from the federal and state governments for the expansion of APS, as indicated in the participants' statements.

"The financial issue of doctors' salaries has always come up against management here. It wouldn't expand if it didn't have a federal incentive. The salary of medical professionals ends up being within the limits of the Fiscal Responsibility Law, and the PMM has helped with this". (P4)

"Imagine, the municipality is close to exceeding its expenses under the Fiscal Responsibility Law and you add 23 medical professionals to that payroll, that makes it completely unfeasible." (P5)

"An important factor of this program is that this doctor does not increase the fiscal responsibility index of the payroll and the expense we have with them, which is food and accommodation, this is included as a purchase of service for the payment of rent and meals." (P2)

This gives rise to the importance of the negotiations between the federated entities with regard to the forms of financing in the APS.

"I think, and I've already made a decision at a meeting of the CIB [Birpatite Interagency Commission/ Comissão Intergestores Birpatite], that the Ministry of Health should review the way in which basic care is funded; this has now been done, but I don't know if it's helped or made it even worse, we'll have to wait. Another point is the articulating and encouraging role of the State Health Department, which needs to happen" (P1).

In Tangará da Serra, the expansion of the APS was a political choice of the local government, and it is clear that the search for federal induction was an articulation between the local executive branch and the federal level.

“Receiving this number of doctors was a personal investment by the mayor, who went to Brasília and fought for this number; at the beginning of the public notice, he only had half the number of places that were authorized.” (P3)
“The incentives that were given were the opportunity we needed to expand [APS].” (P5)

Expanding Primary Health Care through the More Doctors Program

In their speeches, the managers say that by joining the PMM, it has been possible to speed up the process of expanding the APS in the municipality, spreading the units throughout the territory, practicing a policy of retaining medical professionals and working hours, as two managers pointed out:

“It was the PMM that increased the coverage of the ESF [Family Health Strategy/ Estratégia Saúde da Família] in the municipality, reaching 100% in one period; then from 10 family health units, it increased to 26, and around 21 of these units were occupied by PMM doctors.” (P1)

“The municipality has become one of the most populous, with the greatest coverage”. (P2)

The PMM also made it possible to implement a teamwork model focused on prevention and health promotion actions, with home visits as one of its pillars, as stated by three managers.

“Before, the doctors were rotated among the health centers. With the arrival of the PMM, the whole population is covered”. (P3)

“People began to understand that they could receive care closer to their homes, with preventive actions and care during home visits”...“A reflection in preventive work, for example, smoking, women’s health with prenatal care”. (P2)

“Inserting preventive work into Tangará da Serra’s health system was, for me, the most important aspect of the PMM, as it managed to greatly increase preventive work in the municipality.” (P5)

A clear contribution for those who dealt directly with financing was that the PMM helped induce the renovation and construction of health units, as reported by one manager:

“Many units were expanded and rebuilt, and four new units were built in strategic locations, taking into account access problems.” (P1)

It can be seen that there were contributions from previous experience, especially from the Cuban doctors, to strengthen features of the APS work process. The most notable of these were the engagement in the community through actions, the care taken to broaden the dialog during medical consultations, as well as home visits as a daily practice, according to the managers.

“The doctors who came in the first classes were mostly Cubans, their background in training and social work helped a lot, they were socially engaged, perhaps because some of them had experience of missions in other countries.” (P5)

“The slightly longer, more detailed consultation, which isn’t just about giving a prescription that addresses the sign and symptom, but rather this more holistic view of the patients. They brought that”. (P3).

“The doctors we received, especially the ones at the beginning, had a different look: they looked at what was happening in the area, and that made it easier to provide care. (P5).

“You could see that the doctors made frequent home health visits, systematized monitoring of hypertension, diabetes, teenage pregnancy. That was their differential, they brought that here, because before it was immediacy, assistance”. (P2)

Management difficulties in running the More Doctors Program

Among the difficulties pointed out by managers, those of an administrative nature stand out, both at local level and in terms of relations between federal entities. As well as the delay in accrediting teams, as one manager pointed out:

“Even with the legislation from the Ministry of Health, we were only able to qualify at the end of 2015 to start receiving in 2016. There’s a lack of support from the state and federal government, and with so many changes, it’s been difficult to understand the program. Even at the state level, they refer to the Department.” (P2)

With regard to the vacation and rotation regime for medical professionals defined by the Program, managers considered that at many times it disrupted the schedule of the health units, as can be seen in the excerpt from one manager's speech.

"Vacations were a big problem, especially for the Cubans, because half of them worked in one period and half in another, like collective vacations. There was no talk from management about vacations. It was a OPAS decision, and as we had a lot of them, it affected the chain." (P3)

Professionals from the healthcare chain questioned or criticized the PMM doctor's conduct, as one manager said:

"There was a lot of difficulty with referrals from primary care to the network. Brazilian doctors criticized them, saying there was no need. The specialty doctors themselves reduced the care provided by these doctors. So, because we didn't have an information system at first, that was bad." (P1)

We return to aspects of the public/private relationship in health care, particularly in the area of specialties, with regard to the salary floor as stated by the manager:

"Tangará is an outstanding health care center in the region, but, for example, we can't get a neurologist to work for the SUS, nor a psychiatrist, everything comes up against the salary issue. We have six urologists in the municipality and none of them work for the public system, because the salary isn't worth it" (P3).

It was difficult to incorporate these Cuban and foreign professionals into the health system (PMM) due to factors such as their lack of command of the Portuguese language and the system's communication methods. Thus, according to three managers:

"The Brazilian doctors here and the press itself used to report that they weren't qualified, they were improved nurses. This gave society a distrust that only time, and a long time, managed to minimize". (P4)

"The regulation doctors or those who dealt with referrals complained a lot about the Cuban doctors, that they didn't know how to refer, write and justify." (P1)

"Citizens gave up going to the ESF in their area and went to the 24-hour UPA (Emergency Care Unit / Unidade de Pronto Atendimento), because they didn't have any confidence". (P3)

Another aspect refers to the end of the doctors' mission and the need to change professionals, which was highlighted by two managers:

"When we got the speech problem under control, when he worked with the system and understood our work, when he had more confidence, it was time to change". (P1)

"We needed to find a way to keep doctors in the units for longer. You realize that, after a while, they're used to it, they know the community and their patients, and the patients themselves said that the doctor was good". (P4)

Strategies for overcoming management difficulties in local program coordination

The media was considered an important political actor that influenced public opinion regarding the PMM, but the management used the same channel to problematize these doctors.

"We started spreading the word that the doctors who had come weren't just general practitioners. We had orthopedists, cardiologists, plastic surgeons, but they couldn't work outside primary care, because the program didn't allow it." (P3)

Another important dimension in conducting the PMM was the necessity of bringing medical professionals closer to discussions involving APS management, which ended up becoming important strategies for achieving collaboration in management work spaces, as can be seen in the words of one manager.

"Management began to get closer to them, to involve them in health planning, in building the municipal health plan, discussing the indicators stipulated with the Ministry of Health." (P1)

"We called them to build the regulation protocol to minimize the complaints and problems we had with regulation, both in the municipality and the state." (P2)

Institutional support

Most of the managers reported support during the PMM's implementation process, as can be seen in the speeches of two managers, but they also pointed to a decline in support as the years went by, as can be seen in the following speeches.

"The real support was in the first class. During this period, the presence of the federal and state governments was greater, because they provided guidance and visits." (P2)

"We had good coordination at the beginning of the program; for example, if it was a couple of doctors, we could arrange for both of them to stay in the municipality. Now, when we think about supporting the practice of these professionals, it seems to be the responsibility of the municipalities. Except for the training sessions they attended in Brasília or one or two days in Cuiabá, I didn't see them. So, in the municipality we did some things, training, and we also involved them in planning actions". (P3)

The teaching-service integration with the local public university was an opportunity to develop materials that would provide tools for the management and strengthening of APS, especially in the face of the contingencies created by the rapid pace of expansion of the PMM, as can be seen in the words of one of the managers.

"UNEMAT was a great partner that helped with capacity building, training, surveys and events. The construction of the Primary Care Services Portfolio was the result of this partnership; today we have a document that helps management and guides any professional who works with APS in the municipality. For newcomers, especially those with no experience, we have used this work guide". (P1)

LEARNING AND UNCERTAINTY: the legacy of More Doctors Program

This category addresses the perception of managers regarding the scenario of the programs, based on the lessons learned from the PMM, as well as the challenges they face in expanding APS coverage. It also highlights the uncertainties of sustainability in relation to the new guidelines of the Doctors for Brazil program.

Lessons from managers' perspectives of More Doctors Program

From the managers' point of view, the time they have spent together and their experience with the PMM made it possible for them to report on the points they consider relevant to a wider discussion about the PMM and the new program - Doctors for Brazil.

The urgent need to show the PMM's changes in APS production, especially through indicators that fail to measure aspects that are closer to APS attributes, was considered a lesson to be reflected on, as can be seen in one manager's statement.

"The abrupt way in which the program was implemented and the need to show production hindered the growth of APS. Thus, it shows difficulties in implementing other forms of care in the units when they leave the consultation." (P3)

The doctors' profile in terms of their practice was a central point in several managers' speeches, highlighting the change over time, mainly related to the decline in APS attributes.

"The first doctors who arrived helped people understand primary health care better." (P2)

"Some of the doctors who came in the beginning didn't have a primary care profile, but not like now. That is still the case, and even more so now. Doctors are coming in, and many of them are doing their first job. They don't seem to have been trained in primary care, and their focus has been on a curative care perspective." (P3)

"In the last year of the PMM, a large number of doctors arrived with experience in urgent and emergency care. You can see that they don't have a vision of primary care. There are doctors, but there are very few of them who actually do primary care. We've been able to provide consultations, but very few have been willing to do the programs and the prevention proposal, something that was easier for the Cubans." (P1)

With regard to the PMM's contribution, managers pointed out that the example set by the exchange doctors led to greater commitment to the model proposed for APS in Brazilian practice, as reported by two managers.

"After the implementation of the PMM, I'm not ashamed to say, the commitment of Brazilian doctors improved a lot. A large proportion of Brazilians didn't fulfill their working hours, were easily disinterested in an action,

dictated what they wanted to do and didn't promote the APS proposal". (P4)

"With the PMM, the doctors kept to their schedule. I used to visit the units just when they were about to close, and several times I witnessed medical forms being opened 15–20 minutes before the unit closed, and the doctor was there to attend to them. That was a great lesson for me; they taught commitment, respect, and preventive work." (P1)

It's worth noting that the expansion of APS and the resolution sought to realize this model also involve an analysis of the need for other professionals. One of the managers highlighted the need for federal induction beyond the doctor, given the proposal for a multi-professional team.

"Another issue is that there's not just a shortage of doctors. There are many municipalities that don't have a dentist, for example. So, a government program to support the establishment of family health teams would be an opportunity." (P2)

From the perspective of the managers, it is worth pointing out: the reflection on monitoring APS and the centrality of medical consultation; the importance of the professional practice model with training capable of guaranteeing more comprehensive care; and the need to expand the training of human resources in health in the Brazilian system to practice according to the attributes of APS.

More Doctors Program and Doctors for Brazil: some considerations from managers

In the period analyzed, which captures the experience of monitoring the PMM since 2014 and the proposed changes in 2019 by Doctors from Brazil, in theory, as an alternative to the budget spending ceilings, it is projected as possibilities that could reduce APS coverage, despite the existence of infrastructure equipment, since the major problem is in hiring medical professionals.

All three managers reported difficulties in maintaining the achievement of expansion, as can be seen in the speech strata:

"It's been difficult to hold on to primary care with the changes. At the end of the last PMM calls, the municipality had been living with Brazilian doctors who hadn't stayed. They come and go after six months. There are ESFs (Family Healthcare Teams/ Equipes de Saúde da Família) without a doctor, and, sometimes, to make up for this absence, doctors are taken from the hospital to cover half a day in one place and half a day in another. We're getting back to the way things were." (P2)

"For now, we're keeping the last of the PMM doctors, and because there have been additional doctors due to the pandemic. However, I don't know if it will continue". (P2)

"In the Doctors for Brazil program, the fact that they no longer consider municipalities of our size has already frightened me." (P3)

"I'm worried about going back to an office model, a care center. My fear is that these difficulties will overwhelm primary care. Coverage is certain to be reduced; we have no plans to replace what has gone, but at least maintaining what we have is the challenge now." (P3)

"We have created the infrastructure, we have material resources and supplies, but maintaining the team is essential."(P5)

A closer look at the current situation of the program reveals that the criterion of retaining professionals by encouraging Brazilian doctors trained abroad is fragile. This shows the concern of the managers to comply with the model of care with greater practice in line with the principles of APS.

DISCUSSION

As far as municipal health management is concerned, the research points to management obstacles to the expansion of APS through municipalization and decentralization of health. This is despite the fact that several official documents and SUS scholars and activists point to APS as the priority and strategic level of care for the reorganization and consolidation of the Brazilian health system⁽¹⁾. In the same literature, it is recognized that at the beginning of its creation, there was no systemic planning capable of projecting it as the coordinating matrix of this system, which, in fact, it was. Until very recently, APS programming was based on the interest and adherence of municipalities⁽¹¹⁾. The municipality studied is an example of this phenomenon: it was only after it joined the PMM and the consequent federal inducement to expand APS that this strategic model was adopted.

Another aspect that the results confirm is that the PMM was characterized by partisan relations between different affiliations, with a decisive place for this agreement falling to the structure of financial incentives, a central element in subsidizing the ministerial project⁽¹²⁾.

In Tangará da Serra, it is clear that the difficulties in expanding APS were due not only to incentive and financing issues but also to resistance on the part of medical professionals to fulfilling the working day. The medical training of professionals focused on the biomedical model is recognized, in addition to the classic issues of remuneration and market opportunities. This is because doctors have a variety of professional relationships, plus the political strength of the medical category and its hegemonic weight within healthcare teams^(1,11). Take the example of the nursing professional not having sufficient authority to support the doctors' compliance with working hours within the unit. On the other hand, the training of medical professionals and other health professionals from a collective health perspective reinforces the strategic importance of cooperation between health services, managers, and universities, both from the point of view of advising with support studies and from the point of view of encouraging ongoing education processes.

There is a need for municipal managers to invest in APS in order to guarantee actions and services at this level of care, which ultimately leads to a discussion about expanding coverage, given the commitment of the municipal budget⁽¹³⁾. In this respect, there are constant points that stand out in the experience of municipality managers: 1) the issue of salaries for medical professionals hired to work in APS^(14,15); and 2) the uncertainties in the management of compensation and maintenance of incentives in relation to resources and inputs on the part of the federal and state entities^(1,11,16), a permanent issue in the experience of municipalities, which has not ceased to exist since the PMM.

In Tangará da Serra, the analysis of municipal and health management from the point of view of the benefits of PMM in expanding APS coverage shows the investments made by health management. This has led to various strategies to expand infrastructure, (re)organize health services, review staffing, study logistics to distribute teams in the area, hire professionals to make up the Family Health Teams (ESF), as well as actions to ensure the production and evaluation of the work process of these teams. According to the literature on the subject^(11,17,18), the PMM has made it possible to accelerate the expansion of healthcare coverage, allowing the population greater access to the SUS, with significant changes in the work process in health institutions and its reflection on the need to seek training for health professionals, including doctors, for this new model under development.

In addition to the benefits listed by the managers, the inclusion of Cuban doctors was an important factor, given their training and experience in the health care model. It should be noted that these professionals, given their professional practice and experience, conducted home visits, including for medical appointments, exploring actions in the territory to develop health education activities⁽¹⁹⁾. There are characteristics that support the preventive approach and comprehensive care, aspects that APS emphasizes⁽²⁰⁾. Thus, the health care practiced by these doctors, when compared with that of Brazilian doctors, showed significant differences in the standard of care, highlighting the dimensions of empathy and humanism⁽²¹⁾.

At this point, it is worth noting that the view of APS as also responsible for promoting health in the territory is more related to the management's point of view on monitoring the actions and results of the basic health unit than exactly to the broader view of the concept, which also includes health education and the autonomy of social subjects in maintaining their well-being⁽²²⁾.

With regard to management difficulties in the implementation of the PMM, the vacation rotation model is an element that should have been discussed with program managers and supervisors, an aspect also reported in a PMM observatory network^(23,24). It's worth emphasizing that the managers pointed out difficulties in implementing APS actions when new doctors joined the PMM. They considered their undergraduate training and/or lack of experience working in APS to be a condition to be analyzed.

The PMM was unable to solve structural problems in the public system that were interspersed with the projects' sustainability. As a result, many municipalities were initially unprepared to absorb this new number of doctors at an accelerated pace, a situation that required managers to take action to minimize problems resulting from the expansion of the population's access to health services. Managers were also faced with the lack of support from a regionalized network of services that would allow SUS users to be referred to more technologically dense services⁽²⁵⁾. In this sense, the role of the executive management of the SUS is fundamental to creating favorable conditions for a health care network capable of absorbing the needs discovered with the expansion of APS.

Still in the field of the difficulties faced in implementing the PMM, the positions of various professional bodies, which generated controversy against the program, are also present. An example of this is the press, which favored the central detour on the extension of APS, focusing on the debate with pejorative and prejudiced discourses⁽²⁶⁾. This debate, which disqualifies the PMM and, as a consequence, the APS as centered on the promotion of health

and the reduction of risks and damages, ends up weakening the social representation of health as a right, an axis so dear to health promotion actions.

The use of the media, the same channel that attacked the program, has been a strategy for overcoming the difficulties faced by local management in coordinating the program, in addition to involving these professionals in the actions that were agreed within the scope of APS coordination. In the case of the media, considered here as a political and social actor⁽²⁷⁾, the managers understood their influence and used the same space to also present the program from their perspective^(27,28).

Several strategies were adopted by the managers to deal with the program's problems, implementation, and development, especially those related to purely administrative issues⁽²⁹⁾. Institutional support from the central government was a hallmark of the PMM, particularly in supervising and training professionals through inter-institutional coordination among federal agencies and supporting educational institutions⁽³⁰⁾. Nevertheless, local managers reported a reduction in this support from program supervision and federal administration over the years.

However, the partnership between municipal health management and the local public university, through its social responsibility, conducted seminars to discuss APS and PMM. An analysis of the macro-problems encountered in its development was considered, which resulted in the opening of a specialization course⁽³¹⁾, as well as the drafting of a document to guide the coordination of APS and the work process of its professionals⁽⁷⁾. This teaching-service-management integration has been recognized for the way it has supported health management⁽³²⁾.

In the context of APS financing, it is worth emphasizing that since the creation of the basic care plan in 1996, there has been an attempt to ensure greater equity in financial resource distribution. In 2011, differentiated values were defined for calculating the permanent salary, as well as programs to expand access and qualify professionals. In 2017, flexibility was introduced in the composition of family health teams, adopting minimum requirements for calculating the coverage of professionals in proportion to the population. In 2019, a new financing policy for APS was implemented with changes in directionality through the *Previne Brasil* Program⁽³³⁾.

An analysis of federal budget transfers and the induction of incentives for the expansion of APS reinforces the sustainability of the SUS organizational model in the municipality. Data from the 2019 Public Health Budget Information System (*Sistema de Informações sobre Orçamentos Públicos em Saúde /SIOPS*) and SIGA Brazil show that 74% of federal spending on health, executed in the form of transfers of resources, was in the form of transfers from the Ministry of Health and was sent to the municipal level⁽³³⁾.

There is a consensus among researchers in the field that the strategy for financing APS is more closely associated with the residual proposal to focus on APS. This is conditional on the municipal capacity to register users and monitor performance indicators, resulting in possible losses of resources and instability of transfers^(34,35).

The PMM experience has left valuable lessons in its legacy, both for managers and for those involved in providing services. It is recognized that the changes in the program, the turnover of doctors and the change in the profile of the last professionals allocated to the vacancies represent new challenges in the continuity of actions in APS. There is a proposal to intensify teaching-service partnerships to qualify professionals. As well as expanding studies in the different health regions that have had exchanges of professionals and using the Teaching-Service Integration Commissions, both regional and statewide. This is with a view to training teams based on the pillars of APS, which value the essential attributes of this model of care, leading to the key concepts of prevention and health promotion in the territory.

There are still uncertainties about the continuity of APS coverage with the transition from PMM to the *Doctors for Brazil* program, including in the municipality studied. These are the same issues and challenges that were identified in the APS and PMM studies. It is clear that even with the progress made in APS, traces of the biomedical model still prevail in family health care actions, competing with the mechanism of its financing by the production of services according to the achievement of targets in the execution of actions and production.

And, despite the curricular changes brought about by the PMM and new training scenarios⁽³⁶⁾, it is clear that the problem resides not only in training. We understand that there is still the issue of health teams' difficulty staying in the places and facilities to which they are attached, especially on the part of medical professionals, which prevents them from establishing a longitudinal care profile for users that is articulated in intersectoral terms.

The scenario pointed out by the managers in the interviews still persists: the difficulty of hiring new medical professionals for APS and retaining them in the services; on the other hand, the new criteria adopted by *Doctors for Brazil* ignore the specificities of the municipalities in terms of the "cycles" for hiring medical professionals. This is because the *Doctors for Brazil* program, announced by the federal government in 2019, but which only opened for recruitment in April 2022, highlighted changes in the way medical professionals are allocated. Factors such as the

obligation to be registered with the Federal Council of Medicine and the form of hiring by the Consolidation of Labor Laws (*Consolidação das Leis do Trabalho / CLT*), as well as the need to have training in the specialty of family and community medicine, were among the allocation criteria⁽³⁷⁾. The changes proposed in Doctors for Brazil have recently been analyzed, showing ruptures and weaknesses in ensuring reasonable coverage of local teams, especially for municipalities in rural and remote areas^(38,39).

The rupture and continuity of public policy programs are constants. New government, new program, based on our poor legacy of constituting state policies. Brazil is more inclined to set up government programs, even in the case of the SUS, and the PMM was no different. The construction of a proactive agenda capable of putting the SUS back on track, as conceived in the Brazilian Health Reform, will need to analyze the main object of health policy construction. It is thought that the participants in the political debate and the governing coalitions can form institutional rules that do not focus solely on concrete and immediate problems but are suitable for the renewal of an equitable system with a comprehensive approach that goes beyond guaranteeing access.

In the context of federal funding, the continuity and permanence of measures to advance APS are essential. This can be achieved by retaining doctors, especially those involved in health promotion, prevention, diagnosis, and treatment of diseases and illnesses, in order to tackle the challenge of the double burden of disease and hospitalizations for primary care-sensitive conditions in the most vulnerable areas^(1,2,40).

The consolidation of this model requires, on the one hand, the generation of evidence about its impact on reducing local and regional health inequalities; and, on the other, that this model leaves its “strategic” status behind and assumes the status of a strategic state policy. In other words, it must be permanently incorporated into APS, whether in terms of funding, human resources training, or the social representation of health as a right and not as a consumer good.

A limitation of this analysis is that it does not include the perspective of users, who are the main beneficiaries of local transformations. This is because this perspective was confined to those responsible for health management, thus favoring the analysis of the motivations and reasons present in the decision-making area and thus allowing comparative analysis of similar research in the area of public health.

FINAL CONSIDERATIONS

The understanding of Tangará da Serra’s managers about the experience of the PMM and its replacement by the Doctors for Brazil Program provides an important contribution to the historical testimony and understanding of the strategic dynamics of the PMM and the break in its continuity, despite its replacement by an apparently similar program. More than that, it confirms the need for continuity in the way public policies are implemented so that they can be consolidated and characterized as State policies.

The results come from local managers who have had the experience of getting to know and managing the two programs, with the possibility of understanding what possible adjustments could be made to strengthen induction projects for municipalities. The literature on APS and the PMM points to the success of its strategy: as a mechanism for expanding APS coverage, as a gateway to the public health system, and as opening windows of opportunity for changing the biomedical model to a model of comprehensive health care. At the same time, it presents difficulties in overcoming the obstacles to compliance with the guidelines and principles of the SUS.

The information provided by the managers provides concrete evidence of the bottlenecks present in local health management with regard to APS. Thus, this evidence ranges from a dogmatic approach – how decentralization and integration into networks are tackled – to something fundamental, which concerns training, not merely the technical qualification of human resources.

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The authors report that there were no conflicts of interest in the conduct of this study.

CONTRIBUTIONS

Josué Souza Gleriano and **Amélia Cohn** contributed to the preparation and design of the study; acquisition, analysis and interpretation of the data; and writing and revising the manuscript. **Alexandre Pereira de Andrade** contributed to acquiring, analyzing and interpreting the data, writing and revising the manuscript.

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REFERENCES

1. Separavich MAC, Marcia T. Programa Mais Médicos: revisão crítica da implementação sob a perspectiva do acesso e universalização da atenção à saúde. *Ciência & Saúde Coletiva* [Internet]. 2021 [acesso em 2023 nov 29]; 26(2): 3435-3446. Disponível em: <https://doi.org/10.1590/1413-81232021269.2.04572020>
2. Miranda GMD, Mendes ACG, Silva ALA, Neto PMS. A ampliação das equipes de saúde da família e o programa mais médicos nos municípios brasileiros. *Trabalho educação e saúde* [Internet]. 2017 [acesso em 2023 nov 29]; 15 (1): 131-145. Disponível em: <https://doi.org/10.1590/1981-7746-sol00051>
3. Mota RG, Barros NF. O Programa Mais Médicos no Estado de Mato Grosso, Brasil: uma análise de implementação. *Ciência & saúde coletiva* [Internet]. 2016 [acesso em 2023 nov 29];21(9):2879-88. Disponível em: <https://doi.org/10.1590/1413-81232015219.14582016>
4. Ministério da Saúde (BR). E-Gestor Atenção Básica: Informação e Gestão da Atenção Básica [Internet]. c2021 [acesso em 2023 nov 29]. Disponível em: <https://egestorab.saude.gov.br/paginas/acesoPublico/relatorios/relHistoricoCoberturaAB.xhtml>
5. Andrade AP, França R, Gleriano JS. Panorama da produção da Atenção Primária à Saúde nas cidades mais populosas do estado de Mato Grosso: uma descrição do período de 2010 a 2015. In: França R, et. al. *Políticas Públicas Regionais: experiências locais em Mato Grosso*. Curitiba: CRV; 2020. p. 67-102.
6. Instituto Brasileiro de Geografia e Estatística. Tangará da Serra [Internet]. 2020 [acesso em 2023 nov 29]. Disponível em: <https://www.ibge.gov.br/cidades-e-estados/mt/tangara-da-serra.html>
7. Bonfim I, Gleriano JS. Carteira de Serviços da Atenção Primária à Saúde: Versão Profissional 2019 [Internet]. Tangará da Serra-MT: Carlini & Caniato Editorial; 2019 [acesso em 2023 nov 29]. Disponível em: <https://tangaradaserra.mt.gov.br/site/wp-content/uploads/2020/10/78.pdf>
8. Fontanella BJB, Luchesi BM, Saidel MGB, Ricas J, Turato ER, Melo DG. Amostragem em pesquisas qualitativas: proposta de procedimentos para constatar saturação teórica. *Cadernos de Saúde Pública* [Internet]. 2011 [acesso em 2023 nov 29]; 27(2):388-394. Disponível em: <https://doi.org/10.1590/S0102-311X2011000200020>
9. Braun V, Clarke V. Using thematic analysis in psychology. *Qualitative Research in Psychology* [Internet]. 2006 [acesso em 2023 nov 29];3(2):77-101. Disponível em: <https://doi.org/10.1191/1478088706qp063oa>
10. Skocpol, T, Amenda, E. Stats and Social Policies. *Annual Review of Sociology*, 1986.
11. Campos GWS, Pereira N Júnior. Primary care in Brazil, and the Mais Médicos (More Doctors) Program in the Unified Health System: achievements and limits. *Ciência & saúde coletiva* [Internet]. 2016 [acesso em 2023 nov 29]; 21(9): 2655-63. Disponível em: <https://doi.org/10.1590/1413-81232015219.18922016>
12. Silva H, Baia P. Associação político-partidária e influência da estrutura de incentivos na adesão dos municípios às políticas de saúde: evidências do Projeto Mais Médicos para o Brasil. *Saúde e Sociedade* [Internet]. 2018 [acesso em 2023 nov 29];27(2): p. 615-631. Disponível em: <https://doi.org/10.1590/S0104-12902018170494>
13. Mendes A, Marques RM. O financiamento da Atenção Básica e da Estratégia Saúde da Família no Sistema Único de Saúde. *Saúde em Debate* [Internet]. 2014 [acesso em 2023 nov 29];38(103): 900-16. Disponível em: <https://doi.org/10.5935/0103-1104.20140079>
14. Gusso GDF. Programa Mais Médicos: análise dos potenciais riscos e benefícios a partir da experiência como supervisor no município de Jandira. *Revista Brasileira de Medicina de Família e Comunidade* [Internet]. 2017 [acesso em 2023 nov 29]; 12(39):1-9. Disponível em: [https://doi.org/10.5712/rbmf12\(39\)1098](https://doi.org/10.5712/rbmf12(39)1098)
15. Stralen ACSV, Massote AW, Carvalho CL, Girardi SN. Percepção de médicos sobre fatores de atração e fixação em áreas remotas e desassistidas: rotas da escassez. *Physis: Revista de Saúde Coletiva* [Internet]. 2017 [acesso em 2023 nov 29]; 27(1):147-172. Disponível em: <https://doi.org/10.1590/S0103-73312017000100008>

16. Conill EM. Ensaio histórico-conceitual sobre a Atenção Primária à Saúde: desafios para a organização de serviços básicos e da Estratégia Saúde da Família em centros urbanos no Brasil. *Cadernos de Saúde Pública* [Internet]. 2008 [acesso em 2023 nov 29]; 24(1):7-16. Disponível em: <https://doi.org/10.1590/S0102-311X2008001300002>
17. Santos W, Comes Y, Pereira LL, Costa AM, Merchan-Hamann E, Santos LMP. Avaliação do Programa Mais Médicos: relato de experiência. *Saúde em Debate* [Internet]. 2019 [acesso em 2023 nov 29]; 43(120):256-268. Disponível em: <https://doi.org/10.1590/0103-1104201912019>
18. Medina MG, Almeida PF, Lima JG, Moura D, Giovanella L. Programa Mais Médicos: mapeamento e análise da produção acadêmica no período 2013-2016 no Brasil. *Saúde em debate* [Internet]. 2018 [acesso em 2023 nov 29]; 42:346-60. Disponível em: <https://doi.org/10.1590/0103-11042018S124>
19. Silva HP, Tavares RB, Comes Y, Pereira LL, Shimizu HE, Merchan-Hamann E, et al. O Projeto Mais Médicos para o Brasil: desafios e contribuições à Atenção Básica na visão dos médicos cooperados. *Interface – Comunicação, Saúde, Educação* [Internet]. 2017 [acesso em 2023 nov 29]; 21(1):1257-68. Disponível em: <https://doi.org/10.1590/1807-57622016.0531>
20. Franco CM, Almeida PF, Giovanella L. Comprehensiveness of practices by Cuban physicians in the More Doctors Program in Rio de Janeiro, Brazil. *Cadernos de Saúde Pública* [Internet]. 2018 [acesso em 2023 nov 29]; 34(9). Disponível em: <https://doi.org/10.1590/0102-311X00102917>
21. Comes, Y. Humanismo en la práctica de médicos cooperantes cubanos en Brasil: narrativas de equipos de atención básica. *Revista Panamericana de Salud Publica* [Internet]. 2017 [acesso em 2023 nov 29]; 41(1):1-7. Disponível em: <https://doi.org/10.26633/RPSP.2017.130>
22. Sonaglio RG, Lumertz J, Melo RC, Rocha CMF. Promoção da saúde: revisão integrativa sobre conceitos e experiências no Brasil. *J. nurs. Health* [Internet]. 2019 [acesso em 2023 nov 29]; 9(3):e199301. Disponível em: <https://doi.org/10.15210/jonah.v9i3.11122>
23. Santos MLM, Bertussi DC, Kodjaoglanian VL, Merhy EE. What can a policy do? Challenging the implementation of the More Doctors Program based on the experience of a Brazilian city. *Interface-Comunicação, Saúde, Educação* [Internet]. 2019 [acesso em 2023 nov 29]; 23(e190052):1-15. Disponível em: <https://doi.org/10.1590/Interface.190052>
24. Organização Pan-Americana da Saúde. Mais Médicos na atenção primária no Brasil. Metasíntese dos estudos de caso sobre o Programa Mais Médicos [Internet]. Brasília: OPAS; 2017 [acesso em 2023 nov 29]. Disponível em: <http://maismedicos.bvsalud.org/wp-content/uploads/2018/05/OPASBRA17030-por.pdf>
25. Tesser CD. Comentário aos fundamentos da tutoria. *Ciência & saúde coletiva* [Internet]. 2017 [acesso em 2023 nov 29]; 22(2):665. Disponível em: <https://doi.org/10.1590/1413-81232017222.26382016>
26. Silva VO, Rios DRS, Soares CLM, Pinto ICM, Teixeira CFO. Programa Mais Médicos: controvérsias na mídia. *Saúde em debate* [Internet]. 2018 [acesso em 2023 nov 29]; 42(117):489-502. Disponível em: <https://doi.org/10.1590/0103-1104201811712>
27. Macedo AS, Alcântara VC, Andrade LFS, Ferreira PA. O papel dos atores na formulação e implementação de políticas públicas: dinâmicas, conflitos e interesses no Programa Mais Médicos. *Cad EBAPEBR* [Internet]. 2016 [acesso em 2023 nov 29]; 14(spe):593–618. Disponível em: <https://doi.org/10.1590/1679-395117188>
28. Rios DRS, Teixeira C. Mapeamento da produção científica sobre o Programa Mais Médicos. *Saúde e Sociedade* [Internet]. 2018 [acesso em 2023 nov 29], v. 27, n. 3: 794-808 Disponível em: <https://doi.org/10.1590/S0104-12902018170887>
29. Nogueira PTA, Bezerra AFB, Silva KSB. The More Doctors Program viewed through the eyes of municipal managers in the state of Pernambuco, Brazil. *Interface-Comunicação, Saúde, Educação* [Internet]. 2020 [acesso em 2023 nov 29]; 24(e200018):1-15. Disponível em: <https://doi.org/10.1590/Interface.200018>
30. Guizardi FL, Lemos ASP, Machado FRS, Passeri L. Apoio institucional na Atenção Básica: análise dos efeitos relatados. *Physis: Revista de Saúde Coletiva* [Internet]. 2018 [acesso em 2023 nov 29]; 28(4):1. Disponível em: <https://doi.org/10.1590/S0103-73312018280421>
31. Gleriano JS, Lucietto GC, Hattori TH, organizadores. Curso de especialização em gerenciamento da atenção

- primária com ênfase na saúde da família: caderno do curso 2016 – 2017 [Internet]. Tangará da Serra: NEPEPS; 2016 [acesso em 2023 nov 29]. Disponível em: <http://portal.unemat.br/media/files/especializacao/especializacao-Caderno-Curso-ESPGAPSF.pdf>
32. Ministério da Saúde (BR). Organização Pan-Americana da Saúde. Laboratório de Inovação em Educação na Saúde com ênfase em Educação Permanente [Internet]. Brasília: Ministério da Saúde; 2018 [acesso em 2023 nov 29]. Disponível em: <https://iris.paho.org/handle/10665.2/49177>
 33. Paiva AB, Gonzalez R, Benevides R. Instrumentos financeiros de coordenação no SUS. In: Jaccoud L. Coordenação e relações intergovernamentais nas políticas sociais brasileiras [Internet]. Brasília: Ipea; 2020 [acesso em 2023 nov 29]. p. 149-182. Disponível em: <https://repositorio.ipea.gov.br/handle/11058/10237>
 34. Sellera PEG, Silva MRM, Mendonça AVM, Ginani VC, Sousa MF. Incentivo de capitação ponderada (Programa Previne Brasil): impactos na evolução do cadastro populacional na APS. Ciênc saúde coletiva [Internet]. 2023 [acesso em 2023 nov 29];28(9):2743–50. Disponível em: <https://doi.org/10.1590/1413-81232023289.20142022>
 35. Couto JGA, Mendes A. Argumentos “oficiais” utilizados para as mudanças na atenção primária à saúde brasileira: uma revisão narrativa com foco na nova forma de alocação de recursos. J Manag Prim Health Care [Internet]. 2022 [acesso em 2023 nov 29];14(spec):e002. Disponível em: <https://doi.org/10.14295/jmphc.v14.1212>
 36. Sordi MRLD, Mendes GSCV, Cyrino EG, Alexandre FLF, Manoel CM, Lopes CVM. Experiência de construção coletiva de instrumento autoavaliativo a serviço da formação médica referenciada nas Diretrizes Curriculares Nacionais (DCN) pautadas no Programa Mais Médicos. Interface-Comunicação, Saúde, Educação [Internet]. 2020 [acesso em 2023 nov 29]; 24(e190527):1-14. Disponível em: <https://doi.org/10.1590/Interface.190527>
 37. Wollmann L, D'Avila OP, Harzheim E. Programa Médicos pelo Brasil: mérito e equidade. Revista Brasileira de Medicina de Família e Comunidade [Internet]. 2020 [acesso em 2023 nov 29];15(42):1-6. Disponível em: [https://doi.org/10.5712/rbmfc15\(42\)2346](https://doi.org/10.5712/rbmfc15(42)2346)
 38. Costa WA, Carvalho NC, Macedo HM. Lacunas e retrocessos em programas de provimento médico na Amazônia: desafios para os gestores federais. Trab educ saúde [Internet]. 2023 [acesso em 2023 nov 29];21:e01976216. Disponível em: <https://doi.org/10.1590/1981-7746-ojs1976>
 39. Franco CM, Giovanella L, Bousquat A. Atuação dos médicos na Atenção Primária à Saúde em municípios rurais remotos: onde está o território? Ciênc saúde coletiva [Internet]. 2023 [acesso em 2023 nov 29];28(3):821–36. Disponível em: <https://doi.org/10.1590/1413-81232023283.12992022>
 40. Pinto LF, Giovanella L. Do Programa à Estratégia Saúde da Família: expansão do acesso e redução das internações por condições sensíveis à atenção básica (ICSAB). Ciência & Saúde Coletiva [Internet]. 2018 [acesso em 2023 nov 29];23(6):1903-1914. Disponível em: <https://doi.org/10.1590/1413-81232018236.05592018>

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