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CHALLENGES OF PRIMARY HEALTH CARE FINANCING: INTEGRATIVE REVIEW

Desafios do financiamento da atenção primária à saúde: revisão integrativa

Desafíos de la financiación de la atención primaria de salud: revisión integrativa

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ABSTRACT

Objective: To evaluate the way Primary Health Care financing occurs in Brazil, reflecting on the existing advances and obstacles. **Method:** This is an integrative review carried out in the period of June and July 2016. The search was conducted in the electronic databases Latin American and Caribbean Center on Health Sciences Information (BIREME) database and Scientific Electronic Library Online (SciELO), using as descriptors "primary health care" and "financing". The eligibility criteria of the study were Brazilian scientific articles, indexed in the period from 1994 to 2016, written in English, Portuguese or Spanish, and being available in full text. Publications in the thesis, dissertation and book chapter format, those not related to the research topic, as well as those dealing with studies on PHC financing carried out outside Brazil, were excluded. **Results:** The search resulted in 290 publications. After applying the inclusion and exclusion criteria, 15 articles were obtained, from which two thematic categories emerged: "Underfinancing: a challenge for PHC" and "Decentralization and obstacles to PHC financing". **Conclusion**: The findings of this review identified different obstacles to the financing and establishment of policies for the improvement of primary health care in the country, pointing out that transfers and allocations of resources should be analyzed in a more discerning and reflective manner. The articles examined present as the main problems faced in financing: insufficient funds, the need to establish clearer parameters for intergovernmental transfers, the development of a management that understands and interacts with the local difficulties, and the greater autonomy of the municipalities in setting priorities in counterpart to financing directed at specific programs.

Descriptors: Primary Health Care; Financing; Unified Health System.

RESUMO

Objetivo: *Avaliar como ocorre o financiamento da Atenção Primária à Saúde (APS) no Brasil, refletindo sobre os avanços e entraves existentes.* **Método:** *Trata-se de uma revisão integrativa realizada no período de junho e julho de 2016. A busca dos estudos foi realizada nas bases de dados eletrônicas Centro Latino-Americano e do Caribe de Informação em Ciências da Saúde (BIREME) e na Biblioteca Virtual Scientific Eletronic Library Online (SciELO), utilizando-se como descritores de assunto "primary health care" e "financing". Os critérios de elegibilidade do estudo foram artigos científicos brasileiros, indexados no período de 1994 a 2016, escritos nos idiomas inglês, português ou espanhol, e que estivessem disponíveis na íntegra. Foram excluídas as publicações no formato de tese, dissertação, capítulo de livro e as que não tinham relação com o tema da pesquisa, bem como as que tratavam de estudos sobre financiamento APS realizados fora do Brasil.* **Resultado:** *Foram encontradas 290 publicações. Após aplicação dos critérios de inclusão e exclusão, obteve-se 15 artigos dos quais emergiram duas categorias temáticas: "Subfinanciamento: um desafio para a APS" e "Descentralização e os entraves no financiamento da APS".* **Conclusão:** *Os achados desta revisão identificaram diferentes entraves no financiamento e no estabelecimento de políticas de fortalecimento da atenção primária do país, evidenciando que os repasses e alocações dos recursos devem ser analisados de forma mais criteriosa e reflexiva. Os artigos avaliados apresentam como principais problemas enfrentados no financiamento: verbas insuficientes, necessidade de serem estabelecidos parâmetros mais claros para os repasses intergovernamentais, criação de uma gestão que entenda e dialogue com as dificuldades locais, e maior autonomia dos municípios na definição de prioridades em contrapartida aos financiamentos destinados ao custeio de programas específicos.*

Descritores: *Atenção Primária à Saúde; Financiamento; SUS.*

RESUMEN

Objetivo: *Evaluar cómo se da la financiación de la Atención Primaria de Salud (APS) en Brasil con una reflexión sobre los avances y las trabas existentes.* ***Métodos:*** *Se trata de una revisión integrativa realizada entre junio y julio de 2016. La búsqueda de los estudios fue realizada en las bases de datos electrónicas: Centro Latino-Americano y del Caribe de Información e Ciencias de la Salud (BIREME) y en la Biblioteca Virtual Scientific Eletronic Library Online (SciELO) utilizándose los descriptores de asunto "primary health care" y "financing". Los criterios de elegibilidad del estudio fueron artículos científicos brasileños indexados en el periodo de 1994-2016 escritos*

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en los idiomas inglés, portugués o español y que estuvieran disponibles en texto completo. Fueron excluidas las publicaciones en el formato de tesis, los trabajos de fin de grado, los capítulos de libros y las que no tenían relación con el tema investigado así como los estúdios sobre la financiación del APS realizados fuera de Brasil. ***Resultados:*** *Se encontraron 290 publicaciones. Después de la aplicación de los criterios de inclusión y exclusión se quedaron 15 artículos de los cuales emergieron dos categorías de temas: "Subfinanciación: un desafio para la APS" y "Descentralización y las trabas para la financiación de la APS".* ***Conclusión:*** *Los hallazgos de esa revisión identificaron distintas trabas para la financiación y el establecimiento de políticas de fortalecimiento de la atención primaria del país evidenciando que los repases y los destinos de los recursos deben ser analizados con más criterios y reflexiones. Los artículos evaluados presentan los siguientes problemas principales afrontados para la financiación: las verbas insuficientes, la necesidad de parámetros más claros para los repases intergubernamentales, la creación de una gestión que comprenda y dialogue con las dificultades locales, una mayor autonomía de los municipios para la definición de prioridades en contrapartida para las financiaciones para el costeo de programas específicos***.***

Descriptores: *Atención Primaria de Salud; Financiación del Capital; Sistema Único de Salud.*

INTRODUCTION

The Unified Health System (*Sistema Único de Saúde - SUS*), created in 1988, fruit of the health reform, was approved by Brazil's Constitution of 1988, featuring universality, equity and integrality as its principles. Additionally, it advocated popular participation and decentralization. For regulation of its principles and guidelines, Laws no. 8080/90 and no. 8182/90[1] were enacted in 1990.

The decentralization has promoted greater political participation of municipalities in decision-making regarding local health priorities and has favored new mechanisms related to financing and transference of accountability for the direct execution of health services, especially those of primary health care[2]. Through decentralization and changes in the management model, the municipalities have gained more autonomy and responsibility for low-complexity health care.

Primary Health Care (PHC) is recognized as the first contact for care, being the gateway for SUS users. Based on a community service, to the detriment of the individual and unicausal, it aims to carry out actions that promote comprehensive care, and thus respond to most of the population's health needs. For this, it must be articulated and guided by broad policies[3].

The 1996 Basic Operational Norm (*Norma Operacional Básica - NOB 96*) stimulates the decentralization process and establishes the Family Health Program (FHP) as part of a set of initiatives that strengthens PHC[4]. According to NOB 96, the Primary Care Expenditure Floor (*Piso Assistencial Básico - PAB*), for financing of outpatient procedures and support to programs such as the FHP and the Community Health Worker Program (*Agentes Comunitários de Saúde - ACS*)[5], should be calculated based on the size of the local population.

The linking between resources and health contributes to the gradual expansion of expenditure to the minimum percentage established. Federal resources are defined according to the size of the population and type of municipal management and, in addition to that, there are resources for specific programs[6]. Constitutional Amendment no. 29 (EC 29) establishes that the Union will invest 5% of the previous year budget plus the correction of nominal GDP. For states and municipalities, the quota would be 12% and 15%, respectively[7], thus reducing the inequalities in health financing by equalizing the minimum percentage of each federative entity[6].

In 2011, the National Primary Health Care Policy (*Política Nacional de Atenção Básica - PNAB*) was approved by Ordinance no. 2,488/2011, with the aim of reorganizing the health system starting from the primary care level, by means of a horizontal model based on a health care network. The reorientation of the health sectors using PHC as a fundamental component creates a system driven by more effective and efficient health actions, aiming to enforce the provisions of the law[8].

Even though the PNAB was approved only in 2011, since the 1990s Brazil has been undergoing significant changes in the way it manages care in the primary level. The FHP emerged in 1994 and began to be seen by the Ministry of Health as the main strategy for organization of primary health care in the country[9].

Given the importance of PHC for the reorganization of the country's health services and all the advances and challenges inherent to this new health "model", this paper aimed to evaluate the way Primary Health Care financing occurs in Brazil, reflecting on the existing advances and obstacles.

METHODS

This is a bibliographical research, conceived as an integrative review, a method that promotes the synthesis of research results[10]. This study comprised six steps: identification of the theme or questioning of the integrative review; sampling or searching in the literature; categorization of studies; evaluation of the studies included in the review; interpretation of results; and synthesis of the knowledge evidenced in the analyzed articles or presentation of the integrative review[11].

The study took place in the months of June and July of 2016, starting with the question: how does the primary health care financing unfold in Brazil? The articles were collected from the electronic databases Latin American and Caribbean Center on Health Sciences Information (BIREME) and Scientific Electronic Library Online (SciELO) Virtual Library, using "primary health care" and "financing" as theme descriptors, with the Boolean operator "*and*". The eligibility criteria of the study included Brazilian scientific articles, indexed in the period from 1994 to 2016, written in English, Portuguese or Spanish, and available in full text. Publications in the thesis, dissertation and book chapter format, those not related to the research topic, as well as those dealing with studies on PHC financing carried out outside Brazil, were excluded.

The selected papers were analyzed with use of an instrument that presents the objectives, results and conclusion of each study. A summary of the selected publications was prepared, aiming to identify the form of primary care financing in Brazil, the advances and challenges as well. Critical readings were conducted with the purpose of answering the guiding question, and thematic categorization was achieved, according to the evidenced contents.

RESULTS

After the initial search, 290 articles were found, but only 15 were in agreement with the eligibility criteria of the present study, 5 retrieved from SciELO database and 10 from BIREME.

The main results of the retrieved studies were displayed in a table for better visualization of the set of evidence (Chart I). As for the objectives proposed by the publications, there was the identification of papers that evaluated the PHC financing, the laws regulating primary care, the impact of financing over time, and the participation of federative entities in financing.

Chart I - Characteristics of the analyzed articles described by author, year of publication, study objective and conclusion.

Author	Year	Objective	Conclusion
Castro; Machado[2]	2010	To analyze the federal management of primary health care policy in Brazil from 2003 to 2008.	With regard to financing, there were a slight increase in the participation of primary care in the federal budget, readjustments and creation of new incentives, some aiming at equity.
Marques; Mendes[4]	2002	To analyze the evolution of health care expenditure and financing in the country, the priorities and financing strategies, and to relate the 1996 Basic Operational Norm to the policy for resource transfer to the municipalities, adopted by the federal government.	The decentralization policy encourages spending on specific programs and prevents municipalities from freely defining their health policy, which introduces the paradox of the existence of "poverty" into a conjuncture of "abundant" and incentive-supported resources.
Mendes et al.[5]	2011	To apply a methodology of equitable allocation of SUS federal resources to Brazilian states and municipalities, for primary care procedures and for those of medium and high complexity as well.	From a basic value per capita of approximately R$ 27.00, referring to federal resources transferred to municipalities as funding to primary health care procedures, the proposed methodology led to the correction of this per capita value by means of the of Socioeconomic and Health Needs (INSES).
Vazquez[6]	2011	To analyze the impacts of linking the revenues and supply-driven transfers on health financing.	There is complementarity between linking revenues and supply-driven transfers that led to increased participation of subnational governments in health financing and provided incentives for the decentralization of primary health care, according to centrally defined guidelines, and reduced the inequalities related to municipalities' health expenditure per capita.

Santos et al.[12]	2015	To analyze the role of the state of Pernambuco with regard to the priorities for investment in service complexity levels and in the regionalization process based on the vision of the various actors of health policy in the state.	Lack of commitment on the part of the state to financing basic health care actions, but despite the recognizing the improvement in the regionalization process.
Lima; Andrade[16]	2009	The article analyzes the financing conditions of the Unified Health System in Brazilian municipalities with more than 100 thousand inhabitants.	The study evidenced a variety of municipal revenues profiles in the different regions and states of Brazil, and municipalities with different degrees of budgetary dependence on the main sources of related resources. Even though the diversity of sources indicates multiple ways to obtain resources, the study suggests some obstacles to health financing in large municipalities.
Rosa; Coelho[17]	2011	To identify the flow of municipal accounts from the financing sources to health actions, and question and evaluate the allocation of financial resources and the budget execution of the Family Health Program in the municipality of Santo Antônio de Jesus.	The result of the survey revealed expenditures per capita of the 16 FHP units, which ranged from R$ 62.30 to R$ 465.40 per capita/unit/year. The average cost of one FHP unit was R$ 17,302/ unit/month in 2005, and federal government investment was R$ 2,834/unit/month. Thus, a derisory investment by the federal government to finance the FHP, a lack of state co-financing, and a great effort on the part of the municipality to increase access.
Scatena; Tanaka[18]	2000	To analyze the financing of the Unified Health System in the state of Mato Grosso, seeking to identify the health care model that has been designed since 1994.	There is no prospect of an increase in health resources and the current model is generating a reduction in the volume of primary health care activities, leading to greater demand for the medium and high complexity segment.
Campos[19]	2012	To retrieve the meanings of the health reform movement and the municipal health movement in the context of the 1970s and 1980s, its social, political and innovative strength within the democratic reconstruction at that time.	There are inequalities in the levels of attention and the federal transfers to states and municipalities are still fragmented by federal programming and project, not globally oriented, according to the goals of municipal, regional and state planning, which therefore maintains the conventional model, instead of the constitutional relations.
Heimann et al.[20]	2011	To analyze primary health care as a strategy to access comprehensive and universal systems.	Despite the implementation of the Primary Care Expenditure Floor, Constitutional Amendment no. 29, and the new financing mechanisms of the federal manager, they are still low; public funding and resources are insufficient. Moreover, primary care does not have a specific budget for its implementation and operative actions.
Domingos et al.[21]	2016	To analyze the set of legal norms that strengthen the primary care, by analyzing documents that address the actions, programs and strategies prioritized by the Ministry of Health for strengthening of primary care.	The theme of financing, related to incentives and transfers of resources, has been central for the published set of norms, especially for the complementary ones. This situation leads to a reflection on financing as an instrument of federal control over the municipalities, as these must comply with the criteria set forth in the norms in order to receive the necessary resources for the development of health actions.

Sousa[22]	2008	To present data from a survey on the implementation of the Family Health Program, held in the 12 pioneer municipalities, with regard to the access to primary health care services.	As for the access to primary health care services, the Family Health Program aims to reduce inequities, but it faces a set of social, political, economic, institutional and cultural challenges, which are materialized in the shortcomings of coordination, management, financing and, above all, assistance practices.
Porto et al.[23]	2006	To analyze, from microdata of 1998 and 2003, the use of health services from the perspective of their financing.	SUS is the main funder of the two extreme levels of complexity of health care: the primary care and the high-complexity care.
Portela, Ribeiro[24]	2011	To analyze the sectorial financing structure of large municipalities by means of historical series and its relation with the coverage of the Family Health Strategy.	Greater vulnerability and dependence on federative transfers to smaller municipalities and in less developed areas.
Almeida; Giovanella[25]	2008	To analyze the monitoring and evaluation research on Primary Health Care, carried out and/or financed by the Ministry of Health, and concluded and published between 2000 and 2006.	Among the main obstacles for expansion, some stand out: the model of financial resource transfer according to the coverage range, the parallel coexistence of different primary care models, and absence of network integration mechanisms, among others that were identified.

DISCUSSION

Underfinancing: a challenge for PHC

A study[12] points out that in 1980, the federal government participated with 75% of public funding in health, while states and municipalities participated with 25%. In 1990, Law no. 8142 was passed, which provides for intergovernmental transfers of financial resources for the health area, stating that the Union must participate with at least 70%. However, despite the Union's lower accountability for health financing, the 1990s presented significant changes in the national primary health care policy with the aim of increasing access[2]. The changes in the federative arrangement implemented after the 1988 Constitution and the process of decentralization and municipalization were important for the shift from the hospital-centered model to a preventive health model[13].

One study compared public expenditures in Brazil and in other countries, showing that public health expenditures in Brazil are very low when compared to other countries, in US dollars, with purchasing power parity[14]. Other study[15] presented the evolution of per capita values referring to the federal transfers of primary, medium and high complexity care, adjusted for inflation in the period from 1998 to 2006, and the authors pointed out that primary care maintained a progressive increase trend between 1998 and 2001 and from 2003 on. However, despite showing oscillations over the years, transfers for medium and high complexity care showed much higher per capita values along the whole period, with marked upward growth between 2002 and 2004, registering increased distance between the curves.

Decentralization and obstacles to PHC financing

Since the beginning of year 2000, the Brazilian Ministry of Health has prioritized Brazilian municipalities with more than 100 thousand inhabitants, with the objective of expanding and consolidating primary care, since a low coverage of the Family Health Program (FHP) has been evidenced in these urban centers[16].

Even prior to the creation of SUS, the decisive role of some municipalities already existed. An example of this is in the actions of municipalities in the fight against poliomyelitis and measles, being evidenced that, despite the effective results of decentralization, the federal government, in the 1980s, started to reduce its participation in health financing, in view of the increased participation of states, and mainly, municipalities[12].

The fiscal and budgetary relations established between governments in the Brazilian federation are ineffective from the point of view of reducing inequalities between municipalities with large populations located in different regions and states of the country. The collection of municipal health-related taxes in the North and Northeast Regions remain well below that

observed in the country's South Region[16]. Decentralization, regionalization and municipalization appear as ways to make health closer to the local needs, though not all Brazilian municipalities hold the political and financial conditions to meet their health needs, even when talking about services that require low technological investment.

A survey conducted in a municipality of Bahia in 2005 revealed the average expenses for maintenance of a FHP unit, with identification of the per capita expenditure of 16 FHP units studied, which ranged from R$ 62.30 to R$ 465.40 per capita/unit/year. In 2005, the federal investment was R$ 2,834/unit/month. The authors concluded that there is no state co-financing, which requires a great effort on the part of the municipality for expansion of access to health services by means of the FHP[17].

A survey carried out in the state of Mato Grosso evidenced that, from a financial point of view, the municipalities of Mato Grosso are still highly dependent on resources coming from other intergovernmental bodies, and that such dependence is greater among municipalities with less than 20,000 inhabitants, being also significant in medium and large municipalities[18]. The surveys point to the existence of a diversity of municipal revenue profiles in the different regions and states of Brazil, and the municipalities also show different levels of budgetary dependence on the main sources of related resources. Such differences must be approached in order to achieve efficient primary care across all the Brazilian territory.

Decentralization policies represent challenges for management, both by taking on new responsibilities and for the implementation of changes. One study[19] aimed at the creation of organizational mechanisms that render more precise and defined the health accountability of federated entities, services and health professionals, aiming at the improvement of service and adoption of humanized practices.

CONCLUSION

The findings of this review identified different obstacles to the financing and establishment of policies aimed at the strengthening of primary care in the country, which evidences that the transfer and allocation of resources should be analyzed in a more discerning and reflective manner. The articles examined present as the main problems faced in financing: insufficient funds, the need to establish clearer parameters for intergovernmental transfers, the development of a management that understands and interacts with the local difficulties, and the greater autonomy of the municipalities in setting priorities in counterpart to financing directed at specific programs.

Other aspects identified as difficulties were the shortage of resources for health and the care model adopted, which transfers resources from primary health care to the higher complexity care level. At such conjuncture, the financing of Primary Health Care presents unfeasibilities, and there are also challenges related to work management and the need for a new legal-institutional apparatus for regional management.

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