

## Ten years of information on health services access and use

When the Brazilian Institute of Geography and Statistics (IBGE) published the health supplement of the *National Household Sample Survey* (PNAD 2008), it made available a body of information obtained from the same data collection instrument used in both 1998 and 2003. These data serve as an important source for monitoring health policy performance and allow obtaining an overview of access to and use of health services by the population.

In the first version, in 1998, prepared by a group of researchers from the Brazilian Association of Graduate Studies in Collective Health (ABRASCO) and the Brazilian Association of Population Studies (ABEP), the questionnaire revisited the health supplement from 1981, adding a section on health insurance coverage. From the methodological point of view, two important corrections were made: the recall times, previously fixed, were changed to consider the time transpired between the events and the interview dates, and the sections on morbidity and health services use were now answered by all the interviewees, which allowed evaluating health services uses even in the absence of a specific health problem. In order to measure health needs, questions were added on chronic non-communicable diseases and limitations in physical activity. In 2003, questions were added on the use of mammograms and Pap smears by women 25 years of age or older. The 2008 version includes questions on motor vehicle accidents and violence and a section on lifestyles, with questions on smoking, physical activity, and seatbelt use. Another important item included in 2008 was coverage by the Family Health Program.

The results of the analysis for these ten years suggest major variations in access to and use of health services, resulting from changes in the socioeconomic context and health care policy. Access has increased significantly at all levels. More importantly, the greatest increase in access has occurred in populations living in the poorest regions of the country. However, major geographic and social inequalities still persist, particularly in access to dental services and mammograms.

Differences in the services payment profile for persons situated in the highest and lowest per capital family income quintiles indicate that in practice there are two completely distinct systems. While health plans cover most of the care for the wealthier, the Unified National Health System (SUS) has gained importance in payment for services for the poor. However, even the highest income quintile shows an increase in coverage by the National Health System and disbursement when services are used.

Data on pharmaceutical care show that despite the increasing access to health services, it is still necessary to evaluate the quality of care and effectiveness of services. In the National Health System, for physician visits involving prescriptions, only 45% of patients received the prescribed medication, thus suggesting low efficiency of care.

The health supplement of the *National Household Sample Survey* has limitations in generating information on quality of care. For 2013, it is hoped that the IBGE will continue to collect this information on the health system's performance, considering adequacy, continuity of care, and users' rights.

*Francisco Viacava*

*Instituto de Comunicação e Informação Científica e Tecnológica em Saúde,*

*Fundação Oswaldo Cruz, Rio de Janeiro, Brasil.*

*viacava@icict.fiocruz.br*