

The More Doctors Program viewed through the eyes of municipal managers in the state of Pernambuco, Brazil*

Programa Mais Médicos: sob o olhar dos gestores municipais do estado de Pernambuco, Brasil (resumo: p. 15)

Programa Más Médicos: bajo la mirada de los gestores municipales del estado de Pernambuco, Brasil (resumen: p. 15)

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In order to overcome the difficulty of providing doctors, Brazil issued the Law No. 12,871 / 2013, launching the More Doctors Program (PMM). By understanding that municipal management is focused on the problems of provision of medical professionals, this study aims to figure out the meanings that municipal managers give to PMM, in the context of labor management, the autonomy of municipal management and the relationship between federative entities for the program administration. The study used a qualitative approach, holding open interviews with the executive board of COSEMS-PE. The interviews were analyzed through content analysis. The results of this research suggest that the program “provoked” municipalities towards innovation and structuring of Labor Management, due to the fact that the presence of physicians generated daily demands to be answered and operationalized by the municipal management.

Keywords: Brazilian National Health System. Primary Health Care. Human resources. Family Health Strategy.



Introduction

Several countries have adopted Primary Health Care (PHC) as a strategy to transform the curative, individual and hospital model, instituting a new mindset about health based on a preventive, collective, territorialized and democratic model¹.

The key attribute of PHC is to act as the gateway to health care in the Brazilian National Health System (SUS), having the role of ensuring attention to most health needs, while filtering access to other levels of care. It is required that the family health unit (main strategy of PHC in Brazil) should be accessible to the enrolled population, eliminating financial, geographical, temporal and cultural barriers; aspects usually covered by the Family Health Strategy (FHS)².

The responsibility for PHC was left to the municipal manager within the process of creating the SUS therefore defining municipalization as a political and administrative strategy, with the purpose to decentralize health services. The Basic Operating Guideline (NOB) SUS 01/93³ is the way by which the Ministry of Health disciplines the process of decentralization for the construction of SUS, understanding decentralization as: process of redistribution of power; redefinition of roles and construction of new relationships between the three spheres of government; institutional reorganization; as well as control by the society, with the ultimate goal of the complete reformulation of the care model. These processes are seen as an articulation and municipal mobilization that takes into account the characteristics and profile of each municipality, be they geographic, epidemiological, demand and service offer.

It was at NOB 01/93 that “the municipality was explicitly defined as the specific manager of the services and the different levels of SUS adherence were established, as well as the responsibilities and forms of transfer of resources that correspond to them”⁴.

A study regarding municipalization in the state of Santa Catarina showed that in the process of decentralization based on municipalization, there is also a strong concentration of power by the states and the Union, anchored in the financial resources’ control. As rule changes happen systematically, they put municipalities in the place of enforcers of rules that come already decided. Additionally, whenever municipalities adjust to comply with a rule established by the Ministry of Health, new changes appear soon thereafter, causing “efforts towards municipal autonomy to consolidate very slowly”⁵ (p. 33).

Brazilian health institutions have historically experienced great difficulties. The problems related to the field of Work Management and Health Education are identified as one of the main factors that lead to de-skilling of health services⁶.

Resolution No. 330 of November 2003 issued by the National Health Council defined the application of the Principles and Guidelines for the Basic Operational Standard for Human Resources for SUS (NOB/RH SUS) as the National Policy for the Management of Work and Education in Health. Although work management (WM) has been previously identified as key for the consolidation of SUS, until now it has not received due attention, commensurate with the degree of importance it represents for the health system⁷.



The Management of Work and Education in health has been described as one of the main challenges for consolidating the SUS⁸. This is related to the fact that Management and Regulation of Work need to face the problems of shortage of professionals, precariousness in work relationships, inadequate professional profiles to work in SUS and the lack of commitment of parts of professionals to public health⁹.

The issue regarding the supply of professionals from different areas in public health is even prior to the creation of the SUS¹⁰, but when it comes to the lack of medical professionals, the problems become even more difficult to overcome.

As a way of pressure for the Federal Government to help the municipalities in the hardships in providing doctors, in February 2013 mayors of several municipalities launched an electronic petition entitled “What happened with the doctor?”. This petition demanded the federal government to urgently hire doctors trained abroad to work in PHC, with the purpose of helping municipalities to overcome the shortage of doctors in regions with difficulties in providing and retaining these professionals¹¹.

In order to overcome these bottlenecks, it was issued a Provisional Measure (MP) No. 621/2013, instituting the More Doctors Program (PMM), later becoming Law No. 12,871 / 2013, as part of the Pact for Health. In the PMM it is foreseen the Mais Médicos para o Brasil Project (PMMB) with the aim to provide medical professionals in the regions with difficulty in accessing and settlement of this type of practitioner. The latter is responsible for the allocation of approximately 14 thousand doctors in several municipalities in the country^{12,13}.

The coordination of the PMMB done jointly by the Ministries of Health and Education, which are responsible for: ordering the participation of higher education institutions in the project; as well as the rules of participation inherent in the work management of the participating physician; namely: workload, chances of leave and recess¹².

Despite the continuous growth in the number of doctors in the country for 40 years, and Brazil having as of 2012 a 557.72% jump in the number of these professionals, starting from a distribution of about 1.5 doctors for each group of 1,000 inhabitants in 1980, to about 2.0 doctors for every 1,000 inhabitants in 2012, the country is still among the countries with the worst distribution of these professionals in the doctor/population ratio¹⁴.

In the scope of the insufficiency of doctors per inhabitants in Primary Care, most of the most deprived municipalities of these professionals are located in the Northeast Region (663 or 51.8%), with a resident population in these places corresponding to 49.3% of the resident population in doctors' shortage areas¹⁵. Pernambuco ranks third among the states that received more doctors by the PMMB in the first five cycles of the project, through the allocation of roughly 14% of professionals in the Northeast Region¹⁶.

Considering that the work management in SUS is historically configured as a critical crossroad for the effective guarantee of health as a social right to all Brazilians, especially the problem of supply of medical professionals, and that the PMM is characterized as a program that proposes to overcome this difficulty; the present article aims to understand the meanings that municipal managers give to the PMM in terms of work management, autonomy of municipal management and the relationship between the federal entities in the management of the program.

Methodology

This article reports the results of a study using a qualitative approach, geared towards understanding the meanings that managers give to the PMM regarding work management. It is the result of the master's thesis entitled "Mais Médicos Program from the perspective of municipal managers in the state of Pernambuco".

The use of qualitative research was deemed as the most appropriate approach to achieve the objectives of this article because it is a method that aims to approach the world and understand, describe and explain social phenomena, through the analysis of the experience of individuals or groups, examining interactions and communication that are developing as well as by investigating documents or similar traits of experiences or interactions, which is based on human perception and understanding^{17,18}.

The subjects of this study were the municipal managers of Pernambuco who are part of the executive board of the Council of Municipal Secretaries of Health of Pernambuco (COSEMS / PE), who were acting in the municipal management at the time of implantation and/or implementation of the Mais Médicos Project for Brazil between August 2013 and December 2016, and also received medical professionals from the project. The whole board is composed of 5 managers, of whom, 4 fit the inclusion criteria of the research.

Five interviews were performed but one interview was discarded due to the non-compliance with the eligibility criteria of one of the interviewees. To guarantee the confidentiality of the survey's informants, the identification of the interviewees was made using the name of birds named in the songs of the king of *baião* (popular rhythm of the Brazilian Northeast) Luiz Gonzaga, in the following order: Interview 1 - Asa Branca, Interview 2 - Assum Preto, Interview 3 - Sabiá and Interview 4 - Acauã.

The present study adopted an open interview, in order to understand the opinion, knowledge and experience¹⁹ of managers regarding the supply of medical professionals, based on the PMM. The guiding provocation used was: Please, tell us about Work Management in the Mais Médicos Program in your municipality. After getting the data from the guiding question, other questions emerged and new questions were asked to address the emerging themes and answer the study's objectives. The interviews were examined through content analysis.

Content analysis is a communication analysis technique, which will analyze what was said in the interviews or observed by the researcher. In the analysis of the material, we seek to classify them in themes or categories that help in understanding what is behind the speeches²⁰. (p. 2)

The data from the interviews were organized into groups of meanings, separated by themes, from which the following categories emerged: the dynamics of municipal management in the PMM: from allowances to innovation; from mission accomplishment to popular acceptance; the importance of the PMM for strengthening municipal management; the dialogue between PMM actors: from support to submission (Frame 1).

**Frame 1.** Core Meanings, Themes and Categories, Recife, 2017

Core Meaning	Theme	Categories
Work Management	Autonomy	PMM and the municipal management dynamics: from allowances to innovation
	Work Process	From mission accomplishment to popular approval
	Supply	PMM importance for the municipal management
Relationship between federated entities in PMM	Management-Relationship between municipal management and Higher Education Institutions	The dialogue between PMM actors: from support to submission

Source: Authors.

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Results and discussion

The results and the discussion will be presented by themes in the categories that emerged from the analysis made by the authors, following the order described in TABLE 1.

The dynamics of municipal management in PMM: from allowances to innovation

The reality of shortage of resources, jointly with the dependence on resources transferred by other spheres of government, is an usual cause of exposure of the municipal management to a subordinated position to the policies and programs defined by the Ministry of Health and state secretariats, which present a mostly centralized character. This is observed in the issuing of regulations that the municipalities must implement, under penalty of losing the financial and/or subsidized material coverage, if the execution does not follow the pre-established regulations; this happens even when they do not correspond to the reality of such municipalities.

Concerning the role of the municipal manager in the management of work in the PMM, the managers highlighted the administrative and bureaucratic function as their main obligation of municipal management in the Program. According to Asa Branca, “the support given by the municipality is bound by the infrastructure for the professional until he joins the team. It ends up being an administrative responsibility”.



Following the Inter-ministerial Ordinance No. 1,369 / 13, the municipalities and the Federal District are responsible for: to act in cooperation with the federal entities, Higher Education Institutions (HEI) and international organizations; to insert doctors in primary care teams in the modalities provided for in the National Primary Care Policy (PNAB); to monitor and supervise the execution of teaching-service activities; to meet the doctor at the airport guaranteeing housing, food, drinking water and conditions to carry out the physician's professional practice, in addition to adhering to the Basic Health Units Reform Program^{21,22}.

It was also highlighted that the physicians coming from the PMM should be part of the family health teams like any other professional in the municipality, being included in the policies that the municipality offers, within the scope of work and education management. Acauã pointed out that "the support given to the PMM doctor is the same to the support given to professionals who are not from Mais Médicos, not different from the policies that the municipality already has in place".

The Brazilian Health Reform, as a social reform project, achieved as its outcome a partial reform, with sectorial and institutional predominance, identified in the construction of the Unified Health System. As a consequence of this there has been a historical difficulty in health financing, causing that management autonomy at the municipal level is directly linked to the need for decentralization of resources^{5,23}.

A study with municipal managers in Minas Gerais, found that 68.9% of municipal managers perceive low autonomy regarding resource management. Sixty percent (60%) of them stated that state and federal resources are not enough for the implementation and functioning of Family Health Strategy²⁴.

Within the PMM the prerogatives under the responsibility of the municipalities do not escape the centralized form of programmatic building, evident in the discourse of the managers, as they place under the main responsibility of the municipality to comply with the administrative regulations of the program.

However, the fact that the provision of doctors is financed by the Ministry of Health allowed the municipalities to think about new forms of work management, as the concern shifted from thinking about how to guarantee doctors in the units, towards thinking about the insertion of doctors from the PMM in the Primary Care network of their municipalities. These data concurs with the findings of Souza²⁵ who identified that if there were no interventions by the federal government to assist in the supply of doctors, the expansion of PHC assistance coverage would not be possible only based on the efforts of the municipalities.

For Assum Preto,

[...] municipal management also works to integrate these professionals with the community, because there are some who are shy. So, we promote this, we have several activities that they are invited to participate. It is not just what is by the ordinance (emphasis added). We have several other things that intervene in the process to help. Acting in various ways to ensure that they feel good, they feel within the process and welcomed. (Assum Preto)



To think about work management as an axis of the organizational structure of health services means thinking strategically, since the productivity and quality of the service offered to society will reflect the form and conditions with which those who work professionally in the organization are treated²⁶.

Another aspect perceived in the speeches of the interviewed managers was the innovation in the management of work and education in the municipalities. Sabiá shared that “management constituted a nucleus that provided all support regarding language, to the discussion of clinical cases, the discussion of the network, their insertion in the network”. These aspects showed the option made by management to overcome purely administrative tasks, creating a structure to provide conditions for professionals to perform their functions, in a more technically instrumentalized way.

In the realm of health, education occupies a strategic place, considering that the challenges to change in the training of workers have as a background the process of implantation and consolidation of SUS and its policy of reorienting actions and services. This happens through the strengthening of the Family Health Strategy and its commitment to the provision of universal, comprehensive, equitable, continuous and, above all, giving resolute assistance to the population²⁷.

The institution of a permanent education core group in the municipality to support the PMM professional suggests the potent character of the program, insofar as it provided innovations in work management and health education.

Findings from this study suggest that the articulation between teaching and service, enhanced by the program, is an important tool for transforming work management and health education, allowing transformations in the work process within health services and consequent changes in the care provided the population.

The program enabled municipalities to rethink the physicians’ work process in the Family Health Strategy. According to Sabiá:

[...] in addition to providing a doctor, we were also able to structure some different work processes. To the extent that the municipality had a doctor at the FHS, it was possible to institute a very different work process from what it was before. (Sabiá)

Incorporating permanent education as a strategy to overcome the teaching-service dichotomy is a powerful device for changing the model of care and health care for the population¹¹.

From achieving the mission to popular acceptance

The PMM public call allowed the participation of Brazilian doctors trained in Brazil, Brazilian doctors trained abroad and foreign doctors. To this end, international cooperation was established between Brazil, Cuba and the Pan American Health Organization (PAHO). As a result, until 2015, around eleven thousand Cuban doctors were incorporated in health teams in the PHC network throughout the country^{12,28}.



As of December 2015, 4716 doctors from the PMM were allocated in the Northeast. Of them, 3735 doctors came through the international cooperation Brazil-Cuba-PAHO, and as a result about 80% of the doctors allocated in the Northeast, by the PMMB, were Cuban doctors¹⁶.

During the interviews, the managers highlighted that the Cuban doctors allocated in their municipalities, were expressing the differences between the Cuban doctor and the Brazilian doctor, as in Asa Branca's words: "they came with the mission to effectively work and serve the population; and they did! This is different from the Brazilian doctors, who always had difficulties in fulfilling their workload".

The grievance regarding non-compliance with the workload by Brazilian doctors was also present in the speech of other interviewees such as Assum Preto, who stated that this is one of the main problems of the program brought to the attention of the Pernambuco State Coordination Commission (CCE-PE) by all municipalities.

The problems with the compliance with the workload by Brazilian physicians have already been pointed out by municipal managers as responsible for the turnover of this type of professional in Primary Care services²⁴.

The relationship between the reduction in HFS coverage associated with increased access (number of consultations, diagnoses, hospitalization and referrals) suggests that doctors allocated to the HFS prior to the PMMB did not attend fulltime at the HFS, as Cuban doctors in the Program did²⁹.

The quality of the cooperative physician's work was also highlighted, as noted by Assum Preto:

The quality that we have in the care that is provided is impressive. They are professionals who do not have problems if they don't have solutions; they have a different approach than Brazilian doctors. The work they do in the territory, we have a lot of good things to talk about, including the care profile, the qualification of access, the need to play the role of family health, to discuss the clinical case of Mrs. A, from Ms. B, from Dona Maria, from José. This is important not only based on the outpatients' profile that Brazilian doctors generally adopt in the territory. (Assum Preto)

These findings concur with those of Santos *et al.*¹³, in the interviews with managers and health professionals from poor municipalities in five regions of the country, reporting that refer to the integration of the Cuban medical professional participating in the PMM as responsible for expanding the diagnostic capacity of problems in the territory. The authors affirm that Cuban doctors accomplished more agility and continuity in the treatment of the user, adding new experiences and care practices, contributing to the improvement of PHC, in addition to permanent support towards the organization of services and teamwork.

A study on the implementation of the PMM, with professionals from other categories working with the program's physicians, revealed the existence of good interpersonal and professional relationship between the doctor, the team and the users. The emphasis is placed on understanding, partnership and friendship as factors that contribute to the bond with the team and community³⁰.



Cuban doctors' work has already been the subject of research analysis across the country, pointing out users' satisfaction with their work^{31,32}. It was observed in the present study that the managers' report indicate that the way Cubans relate and provide care to users made the users of health services to accept them in a very positive way. As noted in Sabiá's comment:

We received a good number of Cubans and they were technically very good. In that way, the support of preceptorship, monitoring and their own practice had a great impact on the population. They were always very well accepted by the population and we managed to expand Family Health very quickly after their arrival. (Sabiá)

These results corroborate findings of the study that interviewed users seen by Cuban doctors in the municipality of Mossoró (Rio Grande do Norte), in which the authors understood that users feel welcomed and encouraged to actively participate in medical consultations, additionally feeling satisfied, praising the doctor's attitudes, such as looking straight at the face and giving opportunities to speak out³³.

Researching the experience of Cuban doctors, it was identified that doctors who came from Cuba's mission to Brazil have at least one specialization in General Comprehensive Medicine (MGI in the Portuguese acronym); experience in other international missions, such as those in Haiti and Venezuela; and were motivated by the desire to help countries that need support²⁸. This suggests that the acceptance received by Cuban doctors is related to the quality of the assistance provided by these professionals and the establishment of social and care relations guided by the principle of solidarity between peoples.

Research carried out with Cuban doctors in order to investigate the motivation to come on a mission to Brazil, identified that they refer the desire to obtain more experience, greater qualification, to help countries with difficulties and, above all, that there is no financial relationship for their coming. They emphasize that are fully motivated to offer the best care to the population, focused on learning and are not concerned with anything else than transmitting their knowledge to practical actions in order to improve the population's health³⁴.

The importance of PMM for strengthening municipal management

The managers interviewed at Cosems / PE referred to the PMM with compliments. Assum Preto remarked: "the program gave autonomy to the municipality, it valued the manager's person". The manager pointed out that the relationship with the Cubans provided "capacity to take the PMM as an example to negotiate with other doctors". He also noted that with the supply of doctors provided by the PMM there are "people who forget the absence of professionals because they have the program, but if the program ceases to exist, it is complicated".

With the end of the Brazil / Cuba cooperation, the country has gone backwards in the advances provided by the PMM. There is frequent news about the difficulty of guaranteeing doctors for areas that were left without a doctor after Cubans left the country. This has threatened what Sabiá pointed out as an advance:



The program was a bit of an inducer of the organization of the work process in primary care. I believe that without Mais Médicos it would be difficult, or at least at the speed that we achieved, we would not have done it; because in addition to the provision, the entire work process was structured, protocols and performance evaluations were implemented; so, this was only possible because we had the number of doctors who motivated this fast change. (Sabiá)

Research regarding the PMM in Mato Grosso concluded that, even in the controversial and unfavorable to popular forces political scenario, the greater access to health promoted by the program was undeniable, especially in vulnerable municipalities and regions. This allowed the expansion of the set of social and political rights of individuals and collectivities³⁵.

Comes *et al.*³⁰, concluded in a study regarding the implementation of the PMM from the perspective of the members of the Family Health teams who received doctors from the project, that the Mais Médicos Program contributed to the presence of comprehensiveness features in practices, positively impacting the improvement of primary health care.

The dialogue between PMM actors: from support to submission

CCE-PE has the mission of supporting the municipalities and discussing the PMM's prerogatives. It was created as an instance of coordination, guidance and execution of the activities necessary for the execution of the PMM within the scope of the State; it has representation from the Ministry of Health, the State Health Secretariat, COSEMS and the higher education institutions that are part of the PMM²¹. This instance allows that the three federated entities are able to discuss the program at the state level.

When referring to the relationship of the municipal management with actors from other federated entities in the PMM, the managers declare to have a calm relationship both with the supervisors (linked to the higher education institutions), and with the components of the CCE, as pointed out by Asa Branca "it is very true that we have a good relationship with the supervisors belonging to the state level commission".

A study on the Program for Valuing Primary Care Professionals (PROVAB), show that supervision, from the perspective of supporting teams and in a multidisciplinary way in the principles of permanent education, recognizing and cooperating with SUS workers, is an important factor changing health practices and care¹¹.

Research done in Minas Gerais identified that just 24.4% of municipal managers had some level of articulation with higher education institutions (universities) in the process of structuring the health network in their municipalities²⁴.

The PMM made it possible to bring the academy closer to municipal administrations, enabling an integrated discussion of the problems of acting in health. For Assum Preto, "there is the supervision of university professionals. We don't work alone, we have the support of training institutions".



Notwithstanding, even with the support given by CCE in the discussion of the operationalization of the program; despite the support given by higher education institutions in training professionals in line with the needs and reality of PHC, it is still observed that municipal management is not seen as an actor integrated in all processes in the construction of health and in facing daily challenges.

Asa Branca in her report suggests an important challenge for building the Mais Médicos Program, insofar as there is an emergent contradiction of being a program to assist municipal management but “overriding” it in some decision-making processes.

Asa Branca pointed out that “there were situations passed directly to the commission (...) by the practitioners, and we only learned about this whole evaluation because someone from the (state) commission sent it to the municipality”.

A research regarding the difficulty of providing doctors highlighted the definition of the regulatory framework for the management of work and education for the country as a key challenge to be discussed in a propositional agenda in this thematic field¹¹.

Final considerations

Although the study identified that there is still a gap between the municipal management, the other federated entities and the training institutions in the decision-making process within the Mais Médicos Program, it was found that the program was an important inducer towards the structuring of work management. It provided opportunities for municipalities to innovate in the relationship between work management and health education, in the constitution of different work processes, also enabling the incorporation of permanent education as a strategy to overcome the teaching-service dichotomy.

The work of the Cuban doctors was highlighted as differentiated, committed, gaining acceptance by the population due to the quality of the assistance provided, insofar as it is not based on the outpatient clinical profile, usually characteristic of the work of the Brazilian doctor.

The program was instrumental to generate autonomy for municipal administrations, insofar as it gave value to the manager with regard to the working relationship with the physicians, considering that it made possible for managers not to need to rely on scarce resources, few available professionals and the difficulty in being able to hire doctors willing to comply with the workload, recommended by the Ministry of Health for the Primary Care network. All this facts ended up inducing the organization of the work process in the PHC of the municipalities.

Regarding the relationship between the municipal management and other federated entities involved in the PMM, it was possible to identify that the constitution of the State Coordination Commission is an important space for dialogue and problem solving, as well as to allow the articulation and approximation between management and educational institutions. However, there is still a long way to go in terms of the articulation between teaching and service.

In the political scenario that the country has gone through, where it is possible to observe the complete dismantling of public policies advancing in large steps, there is a need to highlight the importance and significance that the Mais Médicos Program represented to overcome health inequities. This study adds up to the dozens of articles intended to study the PMM; and it comes to the conclusion that it represented the largest strategy for structuring work management, with regard to the supply of medical professionals in the country.

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Authors' contributions

All authors actively participated in all stages of preparing the manuscript.

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A fim de superar a dificuldade de provisão de médicos no Brasil, foi lançada a Lei n. 12.871/2013, que instituiu o Programa Mais Médicos (PMM). Compreendendo que a gestão municipal se encontra debruçada sobre os problemas de provisão do profissional médico, este estudo buscou compreender os significados que os gestores municipais dão ao PMM, no âmbito da gestão do trabalho, autonomia da gestão municipal e relação entre os entes federativos na gestão do programa. Foi utilizada uma abordagem qualitativa, sendo realizadas entrevistas abertas com a diretoria executiva do Colegiado dos Secretários Municipais de Saúde (Cosems) de Pernambuco. Estas foram analisadas por meio da análise de conteúdo. Os resultados desta pesquisa sugerem que o programa provocou os municípios na direção da inovação e estruturação da gestão do trabalho, na medida em que a presença do profissional médico gerou demandas cotidianas a serem respondidas e operacionalizadas pela gestão municipal.

Palavras-chave: Sistema Único de Saúde. Atenção Primária à Saúde. Recursos humanos. Estratégia Saúde da Família.

Con la finalidad de superar la dificultad de provisión de médicos en Brasil, se promulgó la Ley nº 12.871/2013 que instituyó el Programa Más Médicos (PMM). Entendiendo que la gestión municipal enfrenta problemas de provisión del profesional médico, el objetivo de este estudio es entender los significados que los gestores municipales dan al PMM, en el ámbito de la gestión del trabajo, la autonomía de la gestión municipal y la relación entre los entes federativos en la gestión del programa. Se utilizó un abordaje cualitativo, realizándose entrevistas abiertas con la dirección ejecutiva del COSEMS-PE. Esas entrevistas se analizaron por medio del análisis de contenido. Los resultados del estudio sugieren que el programa “provocó” a los municipios en la dirección de la innovación y la estructuración de la Gestión del Trabajo, en la medida en que la presencia del profesional médico generó demandas cotidianas que la gestión municipal debía responder y poner en operación.

Palabras clave: Sistema Brasileño de Salud. Atención Primaria de la Salud. Recursos humanos. Estrategia Salud de la Familia.

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