

Presentation

SINCE THE LATE 1990'S, the Ministry of Health has been strongly inducing the adherence to the Family Health Strategy (Estratégia de Saúde da Família, known as ESF) as a new approach in Primary Health Care (PHC). Over more than twenty years of implementation, its scope was extended, coming to incorporate into the rules of the National Policy for Primary Care the attributes of a comprehensive PHC, and assumed as a priority strategy for the reorienting of the care model in the Unified Health System (Sistema Único de Saúde, known as SUS).

Such process of important expansion of the PHC throughout the country, although it has not been systematic and uniformly monitored along the entire period, it was followed by several sparse initiatives of evaluation and induction processes for the institutionalization of the evaluation of Primary Care in the SUS.

In 2011, the Ministry of Health proposed changes for the guidelines of the National Policy for Primary Care and, as an inducing strategy of a permanent and progressive process of improvement of the access and qualification of the management, care and participation in Primary Care, it implemented the National Program for Access and Quality Improvement in Primary Care (Programa Nacional de Melhoria do Acesso e da Qualidade da Atenção Básica, known as PMAQ-AB), starting in 2012.

On the first cycle of implementation of the PMAQ-AB, 70% of the Brazilian municipalities adhered and many of those have at least 50% of their Primary Care teams participate in the External Evaluation. In the entire country, 17,202 teams took part in the external evaluation this year. The applied inquiry captured information on the team's work process, the organization of care, and the articulation of the Primary Care to the health services net. It generated information on the infrastructure conditions, material, inputs and medications, making the census of 38,812 PHC units. An interview was held with 65,391 Brazilian citizens, who reported their experiences and issued their opinions about the access and use of the Primary Care services in 3,944 municipalities in Brazil.

For the accomplishment of the External Evaluation in all national territory, the Ministry of Health, from the support of the Research Net in Primary Health Care, developed partnerships with several educational and research institutions throughout the whole country: Universidade Federal de Pelotas, Universidade Federal de Minas Gerais, Universidade Federal do Rio Grande do Sul, Universidade Federal do Rio Grande do Norte, Universidade Federal da Bahia and the Escola Nacional de Saúde Pública Sérgio Arouca/Fundação Oswaldo Cruz formed an alliance with other universities from different states, with the participation of researchers from over 40 universities throughout Brazil.

The evaluation of Primary Care, within the PMAQ-AB, enables to recognize in what way and with what characteristics the actions in this level of care are organized. The data collected for the certification of the teams that have adhered to the Program include a huge variety of dimensions about the PHC supply and the care provided.

The analysis of such data, even recognizing its limits, since it's collected for purposes of financial transferences, is yet very promising. There are numerous possibilities of approaches and analytical drawings that may be constructed from the data base produced in the surveys.

The deep analysis of the information resultant from the PMAQ-AB as well as of the

accumulation of evaluative studies on Primary Care conducted along the last years have broad potential to support decision making and give directionality to the PHC's policy in the country in order to guarantee the comprehensive and universal care.

The journal *Saúde em Debate*, v. 38, *special edition* brings articles with some of these possibilities of PMAQ-AB database analysis, elaborated by External Evaluation participant researchers. Other articles present research results from different evaluative models, such as studies of hospital admissions by primary care sensitive conditions and appliance of the Primary Care Assessment Tools – PCATool. These papers are done in Brazil using national, regional and local basis analysis.

The set of articles published in this issue present results that indicate that the ESF has been being configured as the model of organization of the PHC actions in more than 95% of Brazilian municipalities. The teams act increasingly as first contact, gatekeeper and reference to access specialized services. However, there are differences in the conditions of access and scope of actions offered by the teams of Primary Care from the entire country, which imposes important limits for the achievement of health equity.

It has been verified problems related to the integration of primary care services to the SUS health services network and in the care coordination.

The reduced experience of the team's coordinators – usually nurses, more than half of them active for less than two years – and the persistence of precarious ties for more than one third of these professionals are important sources of worry. That points to the need of appreciation and valuation of the professional career in the Primary Care and in the SUS.

The results suggest several paths for the improvement of the Primary Care practices in the country. The continuity of the routine evaluation, the incentives for self-evaluation orienting the planning of actions of the teams and the systematic analysis of its results are interventions that may contribute to the improvement of the quality of ThePrimary Health Care in Brazil.

Enjoy the reading!

The Editors