

EVALUATION IN THE BRAZILIAN HEALTH SYSTEM¹

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ABSTRACT

Study on the evaluation of the Brazilian Unified Health System. This work started from a historical rescue in which the accreditation of the development of the evaluative practice in health was taken as the starting point. This way, it points out the main achievements of the evaluation in the Unified Health System and in Primary Health Care and discusses some issues embedded in the concept of evaluative research. The evaluation is essential for the institutions, because it refers to the reality of the service, points out needs and weaknesses to serve as a basis for structuring planning that aims mainly at improving quality. Among the changes that have occurred in the field of health services evaluation, the most prominent is its institutionalization in public health services. The results of an evaluation, including evaluative surveys, allow the professionals involved in the different levels of attention a new look and a rethink for the planning of their actions and for the decision-making process, which results in changes and improvement of the professional practice.

Keywords: Health Evaluation. Health Services Research. Primary Health Care. Unified Health System.

INTRODUCTION

From the empirical point of view, the evaluation is an activity as old as the humanity, but from the theoretical-scientific point of view is an extremely recent activity. Since the Declaration of Alma-Ata, the World Health Organization (WHO) has begun to recommend the evaluation practices, contributing to the entry of the evaluation theme into the Brazilian health agenda. However, less than two decades ago, it began to be included as part of public health policies in Brazil^(1,2), expanding considerably only at the end of the 20th century.

The evaluation practice in the context of health is a complex activity, but essential for institutions. This is because all evaluation refers to the reality of the service and its characteristic is to point out needs and weaknesses of the object under investigation, to serve as a basis for structuring planning that aims at improving quality as an important management tool^(2,3). It should also be considered that the evaluation presents a conceptual diversity, being in the literature several definitions and classifications, some are presented with more frequency, such as: summative; formative; normative; evaluation research; meta-evaluation; and evaluativeresearch^(3,4).

However, the different types of evaluations have distinct emphases and philosophical conceptions,

sometimes opposites, and can be carried out with different methodologies. But, the concept remains to be evaluated, that is, it is to judge the value of the question under investigation. The evaluation allows interventions and can be included in the process of planning actions, with the perception of subsidizing the management and allowing people involved in the actions to improve their performance^(4,5). In this way, all the results of an evaluation can be an instrument for the qualification of the professional practice and, consequently, of the service.

Simultaneously to the advance of public policies and health services in the expansion of health assessment, academic researchers of various nationalities have focused on the theme, consolidating, improving and innovating the theoretical, philosophical, conceptual, methodological and sometimes reflective important for new directions. This makes the evaluative researches in the health area have an important contribution to the advancement of both the evaluation theme and the health system.

Although the evaluation is recognized as an important element of qualification of the health services, the publications on this subject are restricted and do not always present a rescue of the origins and how it was inserted in the health services. In this sense, this article presents a retrospective of the main theoretical aspects about the evaluation in the Unified

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Health System (SUS), starting from a historical rescue in which accreditation was taken as a landmark in the development of the evaluation practice in health, pointing out the main achievements of the in the SUS, more specifically, in primary health care (PHC). In addition, the study presents the evaluative research for its outstanding contribution in the evaluation of health services.

Accreditation as a mobilizing activity of the evaluative practice in health

The use of health assessment has been present since ancient Greece, when philosophers referred to the use of standards of knowledge in the medical field⁽⁶⁾. From the twentieth century, health evaluation established its premises in the historical context, with Abraham Flexner, who performed in 1910 an accreditation work in several medical schools in the United States and Canada^(6,7). After approximately 30 years, the American College of Surgeons sought partnerships with other voluntary associations, contributing to the creation of the Joint Commission on Accreditation of Hospitals, a private company that proposed to introduce, in the medical-hospital culture, more complex laws in health.

It is only from the 1960s that the evaluation has gained global reach. The development of studies aimed at quality in health services has placed evaluation as an indispensable instrument to measure this acquisition - quality. This way, evaluation has "resurfaced" historically with hospital accreditation, since it is a voluntary and reserved periodic evaluation system to recognize the existence of previously defined standards in the structure, processes and results, in which evaluation model is supported by the triad established in the mid-1960s by Avedis Donabedian, and was used as a theoretical basis for the evaluative practice: structure; process; result^(7,8). This model is an international reference for studies on the evaluation of health services, mainly, for quantitative nature.

In Brazil, in 1970, the Ministry of Health (MS) began to develop actions with the theme of Quality and Hospital Accreditation. But it was only in the 1990s that there was a consolidation of accreditation in the Brazilian context. This way, many measures were taken to construct and implement proposals so that Brazil could also follow the international scenario in the progress of evaluation and accreditation, aiming at the quality of hospital care. This decade was marked by the launch of the Brazilian Accreditation Program

and the creation of the National Accreditation Organization (ONA)⁽⁹⁾.

The National Accreditation Organization (ONA) follows the model of the Joint Commission on Accreditation of Hospitals. This organization is characterized as a private company of collective interest, being the regulating and accrediting part of the development of quality improvement of the health care at the national level, stimulating all health services to reach higher quality standards of care⁽⁹⁾.

The advances and achievements that have occurred in the field of hospital evaluation and accreditation were made with the purpose of guaranteeing the mission of hospital institutions, that is, to serve the users in the most appropriate and possible manner, since every institution should be concerned with the improvement of the quality of its management and assistance.

Given this context, it is well known that believing implies evaluating. However, the evaluation accepts innumerable outbreaks, since it is not restricted to health services and institutions, but also allows to evaluate the health system, policies, programs, groups and people.

Contextualization of the SUS evaluation

Unlike accreditation, which is an evaluative practice aimed at the ranking of institutions and carried out by voluntary interests, aiming to demarcate visibility and social prestige of its organizational competence and that in a continuous practice seeks to use the evaluation results to improve its qualifications⁽⁹⁾, the evaluation in the Brazilian health system has a different history, since it was influenced by international organizations such as the World Bank and support agencies of the central countries, which since the Second World War have adopted policies to support developing countries, including development programs of the region⁽¹⁰⁾.

Thereby, these agencies started to claim the results of the investments, including those related to health, and, as a result, the programs had to include the evaluation as part of the implementation process. Given this event, the evaluation had a historical beginning of taxation, not being considered a necessity of the pairs for the improvement of the quality of the assistance, as in developed countries, which they glimpsed, in the evaluation, this conception. This event is an aspect that demarcates influences in the evaluative culture. It was in these conditions that, from

the 1990s, the MS began to adopt the evaluation in the Brazilian health field, demarcated by a culture that still did not conjecture evaluation with changes and improvements, but ended up conceiving it in a way that could be mentor of results capable of providing support for better planning of actions in the health field and, consequently, improvements in the quality of health care assistance.

In 1998, MS developed the National Hospital Services Evaluation Program (PNASH), whose purpose was to evaluate these services and the satisfaction of the users of emergency rooms, outpatient clinics and hospitalizations. In the years 2001 and 2002, the evaluation of psychiatric hospitals in the country had a strong impact in mental health, reducing the funding of psychiatric beds, strengthening the deinstitutionalization policy process⁽¹¹⁾. In 2003, the MS reformulated the National Evaluation Program, including all health services (PNASS) in the various specificities and complexities of the SUS, based on the evaluation of the efficiency, effectiveness and effectivity of structures, processes and related outcomes to the risk, access and satisfaction of the users related to the public health services, seeking for solubility and quality⁽¹¹⁾.

Parallel to the deployment of MS in evaluating the SUS hospital and outpatient health services in 2003, APS evaluation was also instituted, which is one of the most important challenges for health systems nowadays. The basic objective of the APS evaluation is to support the entire decision-making process within the SUS, by subsidizing the identification of problems and the reorientation of actions and services developed, as well as evaluating the incorporation of new sanitary practices into the routine of professionals and measuring the impact of actions implemented by services and programs on the health status of the population^(12,13).

The actions taken by the MS in the field of institutionalization of APS assessment can be observed in the Family Health Expansion and Consolidation Project (PROESF), in the Family Health Strategy Quality Improvement Assessment (AMQ), in Primary Care Assessment Tool (PCATool) - Brazil, in the National Program for Improving Access and Quality of Primary Care (PMAQ-AB), and AMQ, implemented in 2004, with a methodology developed to evaluate the quality of the Family Health Strategy and management at this level of care. One of its main purposes was to institutionalize evaluation in the Family Health area and to encourage the formation of

an evaluation culture in the perspective of a permanent critical-reflexive action⁽¹⁴⁾.

In these conceptions of strengthening the institutionalization policy of APS evaluation, especially of what was already established by the AMQ, the MS instituted in 2011 the PMAQ-AB, as the result of an important process of negotiation and agreement of the three management spheres (federal, state and municipal) of the SUS, whose objective is to improve the expansion of access and quality of SUS, with a guarantee of a comparable quality standard in all spheres of management in order to allow greater transparency and effectiveness of governmental actions directed at this level of attention⁽¹⁵⁾.

The PMAQ encourages managers to improve the quality of the Basic Health Units through the actions of the professionals involved, and its goal is to guarantee a quality standard in which monitoring and evaluation of the work of the health teams is foreseen. This evaluation process involves the transfer of federal financial resources to the participating municipalities when reaching scores that characterize quality in the service offered to the population^(14,15).

Currently, MS investments in evaluation seek to guarantee the quality of care and idealized quality aims to meet the principles of integrality, universality, equity and social participation^(14,15). In this substantial effort of MS to link evaluation to different policies, the evaluation is inserted in the Monitoring and Evaluation Policy for SUS Qualification, which is established by the SUS Qualification Evaluation Program, and is constantly updated to better adapt the evaluation in this context in order to obtain data from the various levels of attention to be used by managers at all levels of government to better qualify this system and improve the quality of life of the population that uses it⁽¹⁵⁾.

However, even with the investments of the federal government to institute a participative evaluation policy in the SUS, this is not yet a practice joined by all health services, which requires an effort to develop an evaluation culture in the social actors involved, both in the management, and in the execution of the work in health promotion institutions. This is because, in practice, the evaluation assumed as an instrument to support the decision-making process is still not very expressive in the training of health professionals, managers and users of the health system, which are the subjects that should be involved in the evaluation processes.

From this perspective, evaluation in the Brazilian health system is new in strengthening a collective

practice and carries with it the stigma of punishment and formality. Thus, it is necessary that these policies are the greatest stimulus to change this paradigm, as well as to implant the culture that evaluations must feedback the service itself, with the involvement of the different decision-makers

The evaluation proposed in the SUS is guided by a participatory evaluation model, including external evaluations and self-assessment, and includes a systemic, dynamic and interactive methodology, involving all institutional actors such as city health managers, coordinators, units, teams and professionals of higher level⁽¹¹⁾. Evaluative research, even though it is not formally an evaluation modality of the Brazilian health system, has been used as an important resource in the evaluation process.

These researches are conceived as a modality of applied social research, since they produce knowledge in the field of social policies and programs. Among its main characteristics, the capacity to generate knowledge and to answer questions is highlighted. In addition, they are an autonomous and independent enterprise, which is usually driven from a generic idea of who could use its results. In addition, it organizes its schedule with scientific and budgetary criteria and may or may not be interdisciplinary, leaving the researcher with these and other definitions^(16,17). Thus, it comprises a more academic character, even though it is performed by people of the service itself.

Evaluative research accepts several types of methodological approaches, including the participant, that is, it can be carried out with the involvement of academic researchers and all social actors of management, assistance and users. When it is participatory, it has the capacity to promote learning and, consequently, growth in a group, and it can also be a strategy of empowerment, due to its potential for political transformation^(10,16).

Thus, the evaluative research, encompasses the responsibilities and rigor of the research understood as academic and the relevant questions to evaluation as a research strategy. At present, investigative techniques and strategies of evaluation emerge from a systematic process, with conceptual, terminological and theoretical diversity. In addition, it includes a methodological plurality that depends on the objectives to be evaluated.

The two major methodological subdivisions have recently been expressed in the quantitative evaluation that is linked to the quantitative research method and has been based on Avedis Donabedian's proposal,

which involves analysis of the structure, process and results of services^(8,18) and evaluation qualitative research that seeks to carry out scientific research on objects of a subjective nature⁽¹⁰⁾, that is, it is not concerned with quantifying, but with understanding and explaining the dynamics of social relations that are surrounded by beliefs, values, attitudes and habits. This last approach works with experience, daily life and understanding of structures and institutions because of human actions⁽⁴⁾.

In addition, it should be noted that even health assessments carried out by the SUS, although not established as scientific research and still do not adopt methodological specifications in all of them, have linked to their procedures a careful and close association with scientifically structured areas^(19,20).

The evaluative research developed by the initiative of academic researchers has the purpose of producing knowledge, whether it is new or complementary to existing ones. Because they are somewhat independent subjects, these evaluative surveys, in order to generate change, need to be considered relevant by health professionals and managers at different levels, but since this type of study is not always requested and may go against the political interests and management, end up not receiving from the social actors their righteous value and their results do not influence directly in the decision-making process.

It is believed that all evaluation should be the producer of directive inputs for the change and improvement of care practice. However, evaluative research has particularities, such as those indicated above, that need to be respected and understood by its academic character. In accordance with SUS principles, it should move in the same direction as the health system and services, that is, to have an explicit or implicit purpose that contributes to the improvement of the health system. Therefore, it should position itself as such and assume responsibilities related to its specificities, especially those directly involved in complying the demands of scientific research and timing execution.

Always showing that, in addition to producing research and evaluations, evaluative research should also allow the production of subjects that have an evaluative view. Those subjects who, while being involved, may be able to put into analysis and change their implications for health production and the evaluation of that production.

FINAL CONSIDERATIONS

The evaluation in public health services, although it has emerged as a requirement for the need for financing, has gradually gained new connotations and incorporations with the public policies that support them and with studies in the field that bring new ways and conceptions of how and why use it. For this evaluation practice to be present not only in public institutions, but in all health institutions, both in the management and in the daily work of health professionals, it is necessary and urgent to advance in the understanding that evaluations bring the quality of health services.

The inclusion of evaluation as part of the structure of health services is also supported by the perception that negative results deserve reformulation, with a view to adjustments that change reality, aiming at improving the actions in a constructive process, involving the various social actors, for being responsible for the reality and holders of knowledge that favor the reformulation of the actions, for the improvement of the quality. Thus, evaluation processes need to propose

ways for the data to be redistributed, rethought and re-planned with the actors, so that together they can reconstruct and/or reshape the scenario.

In addition, it is necessary to emphasize that the results of all evaluation, including evaluation research, allow the professionals involved in the different levels of attention a new look and a rethink for the planning of their actions and for the decision-making process, resulting in changes and enhancements of professional practice. In addition, in the final process, they should contribute to the improvement of the quality of care, which is the result that is sought throughout the evaluation process. These reflections point to the need for, increasingly, a dialogue between academy and health services, so that the products of evaluations are increasingly accurate and complete and can promote benefits for services and for training of the subjects involved.

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AVALIAÇÃO NO SISTEMA DE SAÚDE BRASILEIRO

RESUMO

Estudo sobre a avaliação no Sistema Único de Saúde brasileiro. Este trabalho partiu de um resgate histórico no qual foi tomado como marco inicial a acreditação no desenvolvimento da prática avaliativa na saúde. Assim, ele aponta as principais conquistas da avaliação no Sistema Único de Saúde e na Atenção Primária à Saúde e discute algumas questões imbricadas no conceito de pesquisa avaliativa. A prática avaliativa é imprescindível para as instituições, porque remete à realidade do serviço, pontua carências e fragilidades para servir de base para a estruturação de planejamento que visa principalmente à melhoria da qualidade. Dentre as mudanças ocorridas no campo da avaliação dos serviços de saúde, a de maior destaque é a sua institucionalização nos serviços públicos de saúde. Os resultados de uma avaliação, incluindo as pesquisas avaliativas, permitem aos profissionais envolvidos nos diversos níveis da atenção um novo olhar e um repensar para o planejamento de suas ações e para o processo de tomada de decisão, o que resulta em mudanças e aprimoramento da prática profissional.

Palavras-chave: Avaliação em Saúde. Avaliação de Serviços de Saúde. Atenção Primária à Saúde. Sistema Único de Saúde.

EVALUACIÓN EN EL SISTEMA DE SALUD BRASILEÑO

RESUMEN

Estudio sobre la evaluación en el Sistema Único de Salud brasileño. Este trabajo se llevó a cabo a partir de un rescate histórico en el cual fue tomado como marco inicial la acreditación en el desarrollo de la práctica evaluativa en la salud. Así, él señalas las principales conquistas de la evaluación en el Sistema Único de Salud en la Atención Primaria a la Salud y discute algunas cuestiones imbricadas en el concepto de investigación evaluativa. La práctica evaluativa es indispensable para las instituciones, porque hace referencia a la realidad del servicio, señala carencias y fragilidades para servir de base para la estructuración de planificación que se destina, principalmente, a la mejora de la calidad. Entre los cambios ocurridos en el campo de la evaluación de los servicios de salud, el de mayor destaque es la institucionalización en los servicios públicos de salud. Los resultados de una evaluación, incluyendo las investigaciones evaluativas, permiten a los profesionales involucrados en los diversos niveles de la atención, una nueva visión y un repensar para la planificación de sus acciones y para el proceso de toma de decisión, lo que resulta en cambios y perfeccionamiento de la práctica profesional.

Palabras clave: Evaluación en Salud. Evaluación de Servicios de Salud. Atención Primaria a la Salud. Sistema Único de Salud.

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