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RESEARCH

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PRIMARY CARE AND PREVENTION IN BRAZIL: ANALYZING INDICATORS

*Atenção primária e o previne Brasil: analisando os indicadores**Atención primaria y prevención en Brasil: analizando indicadores***Laura Bassoli Baldiotti Benício¹** **Ana Maria Auler Matheus Peres²** **Danielle Waldstein de Moura Vidal³** 

ABSTRACT

Objective: to analyze the first five indicators of the new Previne Brasil Primary Health Care funding program in the 3rd Region of the Municipality of Petrópolis. **Method:** this is a study of descriptive and quantitative analysis of reports generated by the program, of public consultation in the Primary Health Care Health Information System, and documents provided by the Municipal Health Secretariat, from August to October 2022. **Results:** all five indicators evaluated were below the expected performance of the goal in most health units in the studied region, with the fourth indicator being the worst. It is noteworthy that the second indicator achieved the best result in the 3rd region studied within the target. **Conclusion:** the 3rd region of Petrópolis showed a variation among the units that met the targets and performed well in the indicators when compared to the national, state and municipal levels.

DESCRIPTORS: Primary health care; Health system financing; Health Indicators.

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RESUMO

Objetivo: analisar os cinco primeiros indicadores do novo programa de financiamento da Atenção Primária à Saúde Previne Brasil na 3ª Região do Município de Petrópolis. **Método:** trata-se de um estudo de análise descritiva e quantitativa dos relatórios gerados pelo programa, de consulta pública no Sistema de Informação em Saúde em Atenção Primária à Saúde, e documentos fornecidos pela Secretaria Municipal de Saúde, de agosto a outubro de 2022. **Resultados:** todos os cinco indicadores avaliados se encontraram abaixo do desempenho esperado da meta na maioria das unidades de saúde da região estudada, sendo o quarto indicador o pior. Destaca-se que o segundo indicador conseguiu o melhor resultado na 3ª região estudada dentro da meta. **Conclusão:** a 3ª região do Município de Petrópolis apresentou uma variação entre as unidades que alcançaram as metas e tiveram um bom desempenho nos indicadores quando comparado ao nível nacional, estadual e municipal.

DESCRITORES: Atenção primária à saúde; Financiamento do sistema de saúde; Indicadores de Saúde.

RESUMEN

Objetivos: analizar los cinco primeros indicadores del nuevo programa de financiamiento de la Atención Primaria de Salud Previne Brasil en la 3ª Región del Municipio de Petrópolis. **Método:** se trata de un estudio de análisis descriptivo y cuantitativo de los informes generados por el programa, de la consulta pública en el Sistema de Información de Salud de Atención Primaria y de documentos proporcionados por la Secretaría Municipal de Salud, de agosto a octubre de 2022. **Resultados:** los cinco indicadores evaluados estuvieron por debajo del desempeño esperado de la meta en la mayoría de las unidades de salud de la región estudiada, siendo el cuarto indicador el peor. Cabe destacar que el segundo indicador alcanzó el mejor resultado en la 3ª región estudiada dentro de la meta. **Conclusión:** la 3ª región del Municipio de Petrópolis presentó una variación entre las unidades que alcanzaron las metas y tuvieron un buen desempeño en los indicadores al compararse con los niveles nacional, estatal y municipal.

DESCRIPTORES: Atención primaria de salud; Financiamento del sistema de salud; Indicadores de Salud.

INTRODUCTION

Primary Health Care (PHC) is the user's gateway to the health system, providing assistance to the most common health needs of the individual, family and community, according to their complexity, close to the place of residence of the population enrolled, thus allowing the visualization of health determinants and conditioning factors. It is responsible for directing health demands to other levels of care, when necessary, organizing the flow of the Care Network. It seeks health promotion, prevention and diagnosis of diseases, ensuring the treatment and recovery of the patient.¹

In Brazil, the Unified Health System (SUS), created through the Brazilian Federal Constitution (CFB) of 1988, is defined as a complex health network that requires tripartite financing to support it, enabling the implementation of actions, programs, public policies and the provision of health services to the entire population free of charge.² As a result of the various political and economic changes over the years, the new Primary Care (PC) Financing Program Previne Brasil was launched by the Ministry of Health (MH), providing for the payment criteria set out in Ordinance No. 2,979 of 2019.

The Previne Brasil program conditions the transfer of resources according to the number of people registered and establishes payment through team performance, in view of Constitutional Amendment (EC) 95 of 2016, which implemented a new fiscal regime limiting federal government investments for twenty years. It aims to increase and improve PHC financing, expand access and coverage of the population

in accordance with the principles of the SUS and its essential and derived attributes of PHC, in addition to the adequacy of public resources.³⁻⁵

This is a mixed financing program that considers payment through three components. The first component is the weighted capitation, taking into account the number of users registered in the Family Health Teams (FHT) and Primary Care Teams (PCT) approved, based on vulnerability criteria, demographic profile and classification of the Brazilian Institute of Geography and Statistics (IBGE), establishing a value and weight per person. The second item is the payment for performance, given the achievement of the indicator targets by the registered teams, defined by the Ministry of Health, being totally quantitative in nature. Finally, the financial incentive for the strategic actions and programs of the Ministry of Health, such as the Health on the Spot Program, Oral Health Team (OHT), Mobile Dental Unit (MDU), Informatiza-APS, among others.⁴⁻⁷

Payment for performance consists of associating the transfer of funds with the achievement of seven health indicators, through their evaluation and monitoring in PHC, which are evaluated every four months.⁴ In the first four months of 2022, the actual achievement of the targets for indicators 1 and 2 was evaluated. Indicators 3, 4 and 5 were evaluated in the second four-month period of 2022, in addition to the first two indicators. In the third four-month period of 2022, the actual achievement of the targets of the 7 indicators was accounted for, up to the moment of data collection of this study.⁸ The MoH makes the indicator data available on the public platform

of the Primary Care Health Information System (SISAB) to monitor municipalities and assist in management.^{7,9}

In 2021, the MoH published a new Ordinance No. 2,254 that adds another component: financial incentive based on population criteria. This component will be based on the approximate calculation of the population in the municipalities released by IBGE and thus the MoH defines a per capita amount to be transferred.¹⁰

Thus, due to the change in the financing policy, the study is justified by the quantitative analysis of secondary data, without prior analysis, which can be used by the management team of the Municipal Health Department (SMS) of Petrópolis, favoring the planning of health actions and qualification of the work process. Its main objective is to analyze the first five indicators of the new PHC financing program Previne Brasil in the 3rd Region of the Municipality of Petrópolis in 2022. It presents the following guiding question: are the health units of the 3rd Region of the Municipality of Petrópolis achieving the goals of the first five health indicators of the new PHC Previne Brasil financing program?

METHOD

This is an integrative literature review that consists of presentThis is an analytical cross-sectional study conducted with data collected from the health records of patients discharged from hospital and referred for home care by the PMC team in the SUS network in Montes Claros, in the northern region of the state of Minas Gerais, Brazil. The data investigated refers to the period from January 2016 to December 2019.

The PMC offers assistance, monitoring, guidance and training for family members and caregivers. The PMC team in the study setting is made up of a nurse coordinator and care teams, called the Equipe Multidisciplinar de Atenção Domiciliar (EMAD). Each EMAD is made up of a nurse, a physiotherapist, a doctor and four nursing technicians.

It also has two support teams called the Equipe Multidisciplinar de Apoio (EMAP), EMAP 1: made up of a speech therapist, psychologist and nutritionist and EMAP 2: made up of a physiotherapist, social worker and psychologist. The municipality analyzed has a population of 400,000 inhabitants, so it has 4 EMAD teams.

The variables analyzed were: life cycle (children up to the age of 11; adolescents aged 12 to 17; adults aged 18 to 59 and the elderly aged 60 or over); gender (female/male); reason for hospital admission (stroke; traumatic brain injury (TBI); pneumonia; amputation; amputation of a child in a hospital; pneumonia; hospitalization due to limb amputation; tumor resection; bone fracture, except skull fracture, and other reasons); pre-existing diseases (systemic arterial hypertension; diabetes mellitus, cancer - all with answer options: yes, no); area of hospitalization/medical specialty; number of diseases pre-existing hospitalization; days of hospitalization; time between medical discharge and hospital discharge and; time between medical discharge/hospital discharge and admission to Melhor em Casa. Regarding the medical specialty

of hospitalization, the answers were categorized into two categories (Neurology and Non-neurology).

The data was presented in absolute values and percentages. For the numerical data, the means, 95% confidence intervals (95% CI) and standard deviations, medians, maximum values and 25th and 75th percentiles were calculated. The medians were analyzed according to gender, age group (up to 59 years, 60 years or older), hospitalization in neurology (yes, no), reason for hospitalization due to stroke (yes, no), hospitalization due to TBI (yes, no) and hospitalization due to pneumonia (yes, no). The Mann-Whitney test was used, after verifying the non-normality of the data using the Kolmogorov-Smirnov test ($p < 0.05$). The significance level was $p < 0.05$ and the statistical treatment was processed using IBM® SPSS® software, version 22.0.

The research project was approved by the Research Ethics Committee with substantiated opinion no. 3.582.723, guaranteeing the anonymity and confidentiality of the data analyzed.

RESULTS

Table 1 presents the data for the five indicators of the Previne Brasil Program at the national level in the first and second quarters of 2022.

Table 1 - Brazil preventive indicators 1st and 2nd quarter national level. Brazil, 2022.

| Indicators | Q1 | Q2 |
|--------------------------|-----|-----|
| Prenatal care (6 visits) | 40% | 42% |
| VDRL e HIV | 58% | 63% |
| Oral Health | 45% | 51% |
| Cytopathology | 17% | 19% |
| Polio and Penta coverage | 63% | 65% |

Source: authors, 2019.

Regarding the attendance of pregnant women in 6 consultations, it is observed that it is below the 45% target established in the legislation. The request for syphilis and HIV tests is an indicator that exceeded the 60% target, demonstrating an improvement in the request for these tests by professionals. Finally, the dental consultation is below the 60% target established. With regard to cytopathology coverage, it is well below the 40% target, as is the last indicator of vaccination coverage, which is below the 95% target set by the program.

The indicators for the Southeast region in the 1st and 2nd quarters of 2022 are shown in Table 2. It is observed that no state was close to reaching the 45% target in the first indicator. In the second indicator, only Espírito Santo (ES) reached the 60% target and Rio de Janeiro (RJ) was the second best performing state. In the Oral Health indicator, none of the states reached the 60% target. In the fourth indicator, it is possible to notice that no state reached the 40% target, but Rio de Janeiro has the worst percentage among the states.

Table 2 - Preventive Brazil indicators 1st and 2nd quarter. Southeast region, Brazil, 2022.

| Indicators | Southeast region | | SP | | ES | | MG | | RJ | |
|---------------------------|------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | Q1 | Q2 | Q1 | Q2 | Q1 | Q2 | Q1 | Q2 | Q1 | Q2 |
| Pre-natal care (6 visits) | 39% | 40% | 42% | 43% | 36% | 38% | 35% | 37% | 36% | 35% |
| VDRL e HIV | 47% | 51% | 45% | 48% | 59% | 63% | 45% | 51% | 53% | 56% |
| Oral Health | 38% | 42% | 36% | 41% | 43% | 48% | 40% | 45% | 35% | 38% |
| Cytopathology | 16% | 17% | 15% | 16% | 20% | 23% | 19% | 21% | 12% | 13% |
| Polio and Penta coverage | 62% | 62% | 63% | 63% | 62% | 63% | 66% | 69% | 55% | 47% |

Source: own elaboration.

Table 3 - Preventive Brazil indicators 1st and 2nd four-month period. Petrópolis, RJ, Brazil, 2022.

| Indicators | Q1 | Q2 |
|--------------------------|-----|-----|
| Prenatal care (6 visits) | 18% | 18% |
| VDRL e HIV | 37% | 37% |
| Oral Health | 28% | 26% |
| Cytopathology | 20% | 21% |
| Polio and Penta coverage | 52% | 45% |

Source: own elaboration.

Vaccination coverage was maintained in both quarters of 2022 in the region, but it is noted that no state managed to reach the 95% target and RJ was the only one that had a drop in vaccination coverage, with no expectation of improvement.

The data presented in Table 3 are from the Municipality of Petrópolis. Stability is observed in the first and second indicator. In the following two indicators, it is clear that the municipality has made small progress. The last indicator shows a statistical regression indicating precariousness in vaccination coverage. However, no indicator reached the target.

Table 4 presents the indicators for the 3rd Region of the Municipality in the first and second four-month period of 2022. For the first indicator, the Moinho Preto, Pedras Brancas, Castrioto, Fazenda Inglesa and SJB units managed to achieve the 45% target in the first four-month period. However, in the second four-month period, only the Castrioto and Fazenda Inglesa units maintained and increased this indicator. For the second indicator, only BHU DJWC failed to reach the

Table 4 - Preventive indicators Brazil 1st and 2nd four-month period. Petrópolis, RJ, Brazil, 2022.

| BHU | PRE-NATAL (6 appointments) | | VDRL and HIV | | Oral Health | | Cytopathology | | Polio and Penta coverage | |
|-----------------|----------------------------|------|--------------|------|-------------|------|---------------|-----|--------------------------|------|
| | Q1 | Q2 | Q1 | Q2 | Q1 | Q2 | Q1 | Q2 | Q1 | Q2 |
| Moinho Preto | 50% | 0% | 67% | 100% | 17% | 0% | 18% | 18% | 89% | 63% |
| MJP | 27% | 60% | 73% | 80% | 82% | 80% | 28% | 21% | 75% | 75% |
| Pedras Brancas | 60% | 13% | 100% | 88% | 100% | 50% | 23% | 24% | 60% | 75% |
| Castrioto | 100% | 100% | 100% | 75% | 100% | 100% | 18% | 18% | 75% | 50% |
| Fazenda Inglesa | 50% | 75% | 88% | 88% | 50% | 50% | 26% | 28% | 50% | 89% |
| SJB | 45% | 25% | 73% | 50% | 55% | 75% | 29% | 30% | 69% | 100% |
| DJWC | 0% | 14% | 0% | 0% | 17% | 0% | 19% | 22% | 64% | 50% |
| Bataillard | 27% | 70% | 100% | 90% | 60% | 70% | 34% | 34% | 71% | 93% |

Source: own elaboration.

target in the first four-month period, while in the second four-month period, in addition to the DJWC unit, FHU SJB also failed to reach the target.

In the third indicator, the MJP, Pedras Brancas, Castrioto and Bataillard units managed to achieve the target in the first four-month period. In the second four-month period, FHU SJB joined the units that managed to reach the target and Pedras Brancas left due to the drop in its performance. Analyzing the fourth indicator, the Bataillard unit was the one with the best performance in both quarters, but no health unit managed to reach the 40% target, which is the indicator with the worst performance of the units. For the fifth indicator, the data reveal that this is the most difficult to be achieved by the teams, with a target of 95%, only 2 units, SJB and Bataillard were successful in covering and registering these children in the second four-month period. On the other hand, 3 of the 8 units had their performance rates reduced between quarters.

DISCUSSION

At the national level, it can be understood that health levels are lower than expected with PHC and FHS as a priority described in the National Primary Care Policy (PNAB).¹¹ Both São Paulo (SP) and RJ are considered national metropolises, with a high degree of urbanization, centralizing around financial capital, work, services and among others, with a higher degree of socioeconomic and geographical complexity in the country. The Southeast Region did not meet the target for any of the five indicators in both quarters, with the cytopathology indicator being the worst performer. Rio de Janeiro did not reach the target for any indicator and, in 4 indicators, it obtained the lowest rate compared to the other states. As it is one of the country's metropolises, management needs to look at the health area in the state, especially in PHC, considering geographical, social and cultural differences, to plan improvement and quality actions.

The first indicator, which deals with the number of prenatal consultations of pregnant women, with the first consultation up to the 12th gestational week, below the target in the Municipality of Petrópolis shows that, during prenatal care, the minimum of 6 consultations is not being performed. In the 3rd Region, FHU Castrioto achieved success in both quarters, demonstrating efficiency in the registration and care of all pregnant women in its territory early and with a minimum follow-up of 6 consultations, but the quality of these services should be questioned.

The data referring to the national and state levels follow the rates evidenced in the region studied. However, it is understood that Petrópolis is well below the expected performance level, since PHC is the gateway to the HCN and has the responsibility to welcome pregnant women and their families and all their demands. Prenatal care control is provided for in Ordinance No. 3,925 of 1998 as an action that should be carried out by PHC and monitored by health managers. The reduced number of consultations increases the likelihood of gestational com-

lications, which can lead to an increase in the maternal and neonatal mortality rate.

It should be noted that the 2017 PNAB¹¹ reduced the number of Community Health Agents (ACSs) in the FHS, which may hinder the recognition of the territory, the capture of pregnant women, monitoring and active search, in addition to recognizing and expanding the eAP. It is assumed that these changes are not configured in effectiveness and quality of care, since in the 3rd region the BHU DJWC obtained low rates, that is, the FHS were more successful in the first indicator.

The data show that FHTs have a greater capacity to fulfill longitudinality and coordination of care, due to the link between professionals and the community. However, the FHUs have restricted business hours, unlike the BHU due to adherence to the Health on the Spot Program, extending the opening hours to the night period, promoting timely access.

The second indicator, request for VDRL and HIV tests, was the one that achieved the best result at the national level, but the southeast region and RJ did not reach the target. When restricting this analysis to the 3rd Region of the Municipality, we observed that only 1 unit had a reduction in the rate between the four quarters. The information collected on Brazil, the Southeast Region and the State of Rio de Janeiro are consistent with those of the 3rd region studied. However, the Municipality of Petrópolis is underperforming expectations.

The request and performance of these tests in the prenatal consultation, with priority in the first consultation, puts on the agenda the objectives of PHC in health promotion and disease prevention, with care centered on the woman, the child, the family and the community, offering tests and timely treatment, reducing morbidity and mortality, since the number of syphilis cases in the country is on the rise with 79,587 cases of acquired syphilis, 31,090 cases of syphilis in pregnant women and 12,014 cases of congenital syphilis registered until June 2022 in the country.¹²

The tests provide the diagnosis of sexual partnerships and other family members, addressing family and community-centered care and reducing the incidence and prevalence of diseases and managing SUS resources. The execution of the VDRL and HIV test opens space for closer ties between PHC and Health Surveillance as recommended by the PNAB¹¹ of 2017, in which the identification of health problems in the territory allows monitoring the health situation of the municipality for planning health protection, prevention and risk control actions.

The indicator data allows us to interpret that routine tests, including VDRL and HIV, are being requested, performed and evaluated in prenatal care, fulfilling the attributes of PHC. Another point that this information allows to deduce is that the professionals of the teams, whether they are FHS or PCE, are using and filling out the Electronic Health Record correctly, which is one of the objectives of this financing program reported by Hazheim.¹³

The third indicator addresses dental consultation in pregnant women. In the national view, it is observed that dental consultations are taking place in prenatal care, but they still need strategies to improve care and achieve the defined goal. RJ has the worst rate among the states of the southeast region, certifying that state investments are needed to improve and increase the amount of quality care. In

the Municipality of Petrópolis, this indicator was not successful in prenatal care rates, exposing a deficiency in care.

Evaluating the performance of the teams in the 3rd region, we find that of the 8 units, only Bataillard and Moinho Preto do not have OHT, and the first unit refers the care to BHU DJWC. On the other hand, FHU MJP and FHU Fazenda Inglesa have DHS and are above the 60% target of the Ministry of Health. FHU Castrioto was the only unit with 100% performance in both quarters, in which it demonstrated dental care for all pregnant women in prenatal care, however, the quality of these services should be verified. The DJWC BHU did not record consultations in both quarters, opening a "door" to question the reason for this failure, since the unit has an OHT.

According to the data, it can be assumed that the management of human and material resources is inadequate for care at the state and municipal levels, which reflects in the 3rd health region of the municipality, remembering that in RJ the State Program for Financing Primary Health Care (PREFAPS) was implemented, through SES Resolution No. 1938/2019, with the purpose of offering financial incentives for FHTs, including OHT and other strategies, through the achievement of goals established by the SES.

The fourth indicator of the Previne Brasil program proposes to evaluate the performance of the teams in carrying out the cervical cytopathological collection examination in women aged 25 to 64 years, with 1 collection at an interval of 3 years in PHC. It can be observed that this indicator of women's health with a focus on cervical cancer prevention and women's health promotion in PHC, according to the National Policy for Comprehensive Women's Health Care (PNAISM), launched in 2004 by the MH, within the strategic policies and programs of PHC, was the one that obtained lower rates in both quarters.

In Brazil, in the southeast region and in RJ, there was no variation in the performance of the teams. With regard to the Municipality of Petrópolis, a failure is evident when it comes to the main objectives of PHC, which is the prevention of diseases, and makes us question the real reason for these low numbers. It is observed that in the 3rd region of the Municipality no unit reached the target. In this indicator there was no significant difference between BHU and FHU related to the performance rate.

Cervical cancer prevention work is a PHC action, which should be performed and supervised by managers. It was expected, with the data of the Previne Brasil indicator, a much better performance index, given the history of search for the promotion of cytopathological collection carried out previously, for example, the Pink October Campaign and, unfortunately, it was not found.

The fifth indicator is Polio and Penta vaccination coverage and was the most surprising within the data collected. In Brazil, in recent decades, there has been a success in vaccination against various diseases offered to all age groups coordinated by the National Immunization Program (NIP) and the MH. It is understood that vaccine hesitancy, defined by the MoH as delay or refusal of the vaccine, even if it is available, is present in our society and hinders immunization work, becoming a social phenomenon. Vaccination coverage has been falling since 2016 and, consequently, causes the resurgence of many diseases, due to several factors such as: shortages, updates and instability of

the information system, restrictions on the hours of health units, underfunding of the SUS, anti-vaccine movement, lack of trained professionals, reduction in the number of campaigns, among others, but that does not rule out the responsibility of municipal, state and national managers.¹⁴

It is noted that vaccination coverage is lower and without major variations between rates in Brazil, the Southeast region and RJ, and that most data showed declines between quarters, drawing attention to a historical break in the success of campaigns and vaccination coverage, alerting to the need for urgent planning measures. Evaluating the 3rd Region of the Municipality, the low coverage by the BHU DJWC is questioned, after all this unit is a reference vaccine room and the only unit that has routine vaccines within the region. However, due to the fact that the period analyzed was facing a COVID-19 pandemic, there was a reduction in vaccination coverage at all levels, where people were afraid to leave their homes with an unknown disease spreading. In addition, the unavailability of immunobiologicals and failures in information systems. It is necessary to question how the COVID-19 pandemic may have hindered the maintenance of health within the indicators and the performance of the FHS and PCT. In addition to the pandemic, the Municipality of Petrópolis also faced, in 2022, a tragedy with intense rains that caused several points of flooding, landslides and 241 deaths in the Municipality. However, the region addressed in this study was not directly affected and had no factors that prevented it from functioning.

CONCLUSION

It is concluded that the 3rd Region of the Municipality of Petrópolis presented some PHC units that reached the targets and performed well in the indicators of the new Previne Brasil Financing Program. The State of Rio de Janeiro and the Municipality of Petrópolis, in both quarters, did not perform well in any of the indicators studied. It is noteworthy that the collection of cytopathology and vaccination coverage had the worst performance at all levels, calling the attention of management to develop more urgent strategies.

The importance of analyzing health indicators on an ongoing basis, conducting training with health professionals addressing this issue for planning, implementing and evaluating actions, as well as monitoring other health indicators, which the Previne Brasil Program does not include and are extremely important for health promotion and disease prevention, is highlighted.

The study presented as a limitation the analysis of only the five indicators of the program, being important the elaboration of further research. Another limitation was the analysis of data until the 2nd quarter of 2022, opening a gap for data evaluation in the 3rd quarter of the same year. Despite the divergent results between the national, state, municipal and regional levels, it is observed that the 3rd region is not differentiating itself from the other locations in performance capacity.

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REFERENCES

1. Portela GZ. Atenção Primária à Saúde: um ensaio sobre conceitos aplicados aos estudos nacionais. *Physis* (Rio J., Online), 1809-4481. [Internet]. 2017 [acesso em 26 de junho 2023];27(2). Disponível em: <http://dx.doi.org/10.1590/S0103-73312017000200005>.
2. Paim JS. O que é SUS. Rio de Janeiro: Fiocruz; 2020.
3. Harzheim E, Martins JS, D'Avila OP, Wollmann L, Pinto LF. Bases para a Reforma da Atenção Primária à Saúde no Brasil em 2019: mudanças estruturantes após 25 anos do Programa de Saúde da Família. *Rev. bras. med. fam. comunidade*. [Internet]. 2020 [acesso em 26 de junho 2023];15(42). Disponível em: [https://doi.org/10.5712/rbmfc15\(42\)2354](https://doi.org/10.5712/rbmfc15(42)2354).
4. Mendes KMC, Carnut L, Guerra LDS. Matriz de soluções para os problemas da neoseletividade induzida nos cenários de prática na Atenção Primária pelo programa Previne Brasil. *Research, Society and Development*. [Internet]. 2022 [acesso em 26 de junho 2023];11(1):e37011125018. Disponível em: <http://dx.doi.org/10.33448/rsd-v11i1.25018>.
5. Machado FG. A transferência de recursos federais à Atenção Primária à Saúde do Sistema Único de Saúde no município de São Paulo: implicações do Programa Previne Brasil. [Doutorado em Saúde Pública]. São Paulo (Brasil): Universidade de São Paulo; [acesso em 23 de setembro de 2023]. Disponível em: <https://www.teses.usp.br/teses/disponiveis/6/6143/tde-09082022-133542/pt-br.php>.
6. Morosini MVGC, Fonseca AF, Baptista TWF. Previne Brasil, Agência de Desenvolvimento da Atenção Primária e Carteira de Serviços: radicalização da política de privatização da atenção básica? *Cad. Saúde Pública* (Online). [Internet]. 2020 [acesso em 26 de junho 2023];36(9). Disponível em: <https://doi.org/10.1590/0102-311X00040220>.
7. Soares C, Ribeiro K, De Martin S, Coimbra Da Silva M, Carvalho T. Revista de Administração Hospitalar e Inovação em Saúde. Debate acerca do novo financiamento da APS: um relato de experiência. *Revista de Administração Hospitalar e Inovação em Saúde*. [Internet]. 2021 [acesso em 26 de junho 2023];18(02). Disponível em: <https://doi.org/10.21450/rahis.v18i2.6827>.
8. Ministério da Saúde (Brasil). Portaria GM/MS nº102, de 20 de janeiro de 2022. Altera a Portaria GM/MS nº3.222, de 10 de dezembro de 2019, que dispõe sobre os indicadores do pagamento por desempenho, no âmbito do Programa Previne Brasil [portaria na internet]. *Diário Oficial da União*, 21 jan. 2022; Seção 1. Disponível em: <https://www.in.gov.br/en/web/dou/-/portaria-gm/ms-n-102-de-20-de-janeiro-de-2022-375495336>.
9. Ministério da Saúde (Brasil). Secretaria de Atenção Primária à Saúde. Departamento de Saúde da Família. Nota Técnica nº 11. Indicadores de Pagamento por Desempenho do Programa Previne Brasil (2022) de que trata a Portaria GM/MS nº 102, de 20 de janeiro de 2022, que alterou a Portaria GM/MS nº 3.222, de 10 de dezembro de 2019, que dispõe sobre os indicadores do pagamento por desempenho, no âmbito do Programa Previne Brasil. Brasília, 2022.
10. Ministério da Saúde (Brasil). Portaria GM/MS Nº 2.254, de 3 de setembro de 2021. Altera o Título II da Portaria de Consolidação GM/MS nº 6, de 28 de setembro de 2017, que dispõe sobre o custeio da Atenção Primária à Saúde [portaria na internet]. *Diário Oficial da União*, 06 set. 2021; Seção 1.
11. Ministério da Saúde (Brasil). Portaria nº 2.436/GM/MS, de 21 de Setembro de 2017. Aprova a Política Nacional de Atenção Básica, estabelecendo a revisão de diretrizes para a organização da Atenção Básica, no âmbito do Sistema Único de Saúde (SUS) [portaria na internet]. *Diário Oficial da União*, 22 set. 2017; Seção 1.
12. Ministério da Saúde (Brasil). Secretaria de Vigilância em Saúde. Boletim Epidemiológico Sífilis: 2022 [Internet]. Brasília: Ministério da Saúde. Disponível em: <https://www.gov.br/saude/pt-br/centrais-de-conteudo/publicacoes/boletins/epidemiologicos/especiais/2022/boletim-epidemiologico-de-sifilis-numero-especial-out-2022/view>.
13. Harzheim E. “Previne Brasil”: bases da reforma da Atenção Primária à Saúde. *Ciência & Saúde Coletiva*. 2020 Apr; 25(4):1189–96.
14. Couto MT, Barbieri CLA, Matos CC de SA. Considerações sobre o impacto da covid-19 na relação indivíduo-sociedade: da hesitação vacinal ao clamor por uma vacina. *Saúde Soc.* (Online), 1984-0470. [Internet]. 2021 [acesso em 26 de junho 2023];30(01):e200450. Disponível em: <https://doi.org/10.1590/S0104-12902021200450>.