

New Prospects for Life Event Information Systems in the light of Decentralization of the Brazilian National Health System

One of the greatest achievements of the Brazilian people was the drafting of the 1988 Federal Constitution and the creation of the National Health System (SUS). Health care policy and access to care have since undergone profound changes. Citizens from the most remote areas are now able to benefit from the same public policies. Despite persisting inequalities between regions and different sectors of the population, great advances have been made in the past twenty years.

Since the early 1990s, the organizational model of the Brazilian National Health System has changed, with the transfer of responsibilities to lower levels of government and the assignment of resources for decentralized activities. In acknowledgment of the fact that the municipality is the prime player in issues relating to health care, municipalization has become the main strategy for consolidation of the decentralization of the system.

In 1994, the Brazilian Ministry of Health set up the Family Health Program (FHP) as an integral part of national basic care, based on the Community Health Visitors Program (PACS). This later would become a top-priority strategy aiming to increase accessibility to health services, stepping up health promotion and prevention and help organize the system around the fundamental principles of universal care, integrated services and decentralization. Since then, municipalities have come up with proposals that seek to ensure that these programs are installed in the most effective way and that their installation and operation and health outcomes for the Brazilian population are evaluated. However, throughout the past two decades, programs and interventions in the fields of basic care, specialized care, accident and emergency services and others have been brought into line with national standards, such as the Brazilian Operational Norms (NOBs) and the Operational Norms for Health Care (NOAS).

Recently, Presidential Decree nº 7,508, of 28 June 2011 has led to the amendment of Law nº 8,080, of 19 September 1990 and the creation of a new system for organizing the Brazilian National Health Service in terms of planning, health care, and relations between States, Municipalities and the Federal Government. This brings to managers and health professionals the new challenge of understanding the implications of the decree vis-à-vis the National Health Surveillance System, the responsibilities of managers and the permanent monitoring and evaluation of the performance of the new entities to be created.

It has thus become essential that Brazilian municipalities measure infant mortality and show greater interest in the Ministry of Health's statistics on life events. The application of direct and indirect measurement techniques and methodological issues arising from this have been the subject of heated discussion in academic circles and health services. This is related, in part, to the facts that life events information systems do not provide full coverage and that there is a need to reshape the SUS around the strategy of decentralization and thereby reinvigorate it.

Once life events information systems have achieved full coverage, it is agreed that the direct method used be used to calculate the infant mortality rate.

Overcoming the difficulties encountered in attempting to provide full coverage will require additional efforts and the consolidation of shared management of information systems that considers the national norms, the emerging need for accurate, valid and relevant information for various levels of the SUS and investment in the search for alternative methodologies compatible with this stage in the development of the Brazilian National Health System.

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