

### Cooperation between university and government to evaluate Primary Health Care in the Brazilian National Health System

Cooperação entre academia e governo para avaliar a Atenção Primária à Saúde no Sistema Único de Saúde (resumo: p. 17)

Cooperación entre la academia y el gobierno para evaluar la Atención Primaria de la Salud en el Sistema Brasileño de Salud (resumen: p. 17)

Pauline Cavalcanti<sup>(a)</sup>

<pauline.cavalcanti@gmail.com> 

Michelle Fernandez<sup>(b)</sup>

<michelle.vfernandez@gmail.com> 

Garibaldi Dantas Gurgel Junior<sup>(c)</sup>

<garibaldi.gurgel@fiocruz.br> 

<sup>(a)</sup> Pós-graduanda do Programa de Saúde Pública (Doutorado), Departamento de Saúde Coletiva, Instituto Aggeu Magalhães, Fundação Oswaldo Cruz (Fiocruz). Avenida Prof. Moraes Rego, s/n, Cidade Universitária, Campus da UFPE. Recife, PE, Brasil. 50670-420.

<sup>(b)</sup> Instituto de Ciência Política, Universidade de Brasília. Brasília, DF, Brasil.

<sup>(c)</sup> Departamento de Saúde Coletiva, Instituto Aggeu Magalhães, Fiocruz. Recife, PE, Brasil.

This article analyzes the role of the university in institutional cooperation with the Brazilian Ministry of Health to implement the Program for Access and Quality Improvement in Primary Care. It is a qualitative research based on a case study that combined document analysis and interviews with key government and academia actors. The cooperation aimed to carry out the External Evaluation of the Program and the census of the Basic Health Units in the country. Dozens of academic institutions mobilized their institutional apparatus to carry out activities for the formulation and operationalization of the evaluation, support for management and academic, and gave qualification and political and technical legitimacy to the project. This process developed under the influence of the country's political-institutional context and the interventions guided by the institutions.

**Keywords:** Public health policy. Brazilian National Health System. Primary Health Care. Academic institutions. Health evaluation.



## Introduction

The Brazilian public sector reform process, from the year 2000 and afterwards, experimented a second generation of institutional changes that influenced the adoption of new government programs in the health field, attempting to improve the provision of services to citizens<sup>1</sup>. The efforts in the context of the New Public Administration led to an increase in cooperation processes between academia and government agencies in the Brazilian National Health System (SUS). This phenomenon is relatively recent in Latin America and has been the subject of scientific research in recent years<sup>2</sup>, aiming to get a better understanding of the nature and scope of these approximation initiatives.

The Brazilian Ministry of Health (MoH) during the process of reviewing the Basic Care policy in 2011 (PHC), launched the Primary Care Access and Quality Improvement Program (PMAQ-AB). This Program had the aim of implementing changes to improve management capacity and the quality of primary health care offered to the population<sup>3</sup>. In order to achieve this end, several evaluation strategies and performance-based compensation mechanisms were established, to expand the PHC response capacity to the country's health problems<sup>4</sup>.

The program was implemented across three cycles: the first, from 2011 to 2013; the second, from 2013 to 2015; and the third, from 2015 to 2019. At the beginning, the program was organized in four phases, constituting a programmatic cycle. There was a normative revision in the third cycle that restricted the phases to three: adhesion and contractualization, certification, and re-contractualization. The external evaluation, a component of the certification, consisted in verifying a set of predefined standards based on the application of instruments regarding the infrastructure and environmental conditions, as well as the functioning of the health units, work process, service supply and integration with the health care network and user satisfaction<sup>3</sup>.

In order to carry out this evaluation process, between 2011 and 2019, the MoH signed institutional cooperation agreements with Brazilian teaching and research institutions (IEP). Some of these IEPs have been working in partnership with the MoH to carry out PHC evaluative research since the previous decade<sup>4</sup>. The PMAQ-AB became an opportunity to join efforts between government and academia, and to use knowledge in PHC, in addition to research expertise<sup>2,5</sup>. This is especially important considering that evaluation is a key component for the implementation of the program and the subsequent transfer of federal financial resources to municipalities, corresponding to the performance achieved in the evaluative process.

Scientific research on PMAQ-AB has been limited to analyzing aspects related to its theoretical and methodological framework, or results observed from the evaluations<sup>6-10</sup>. However, no studies yet explore in depth the role of IEPs in cooperation as a key element of analysis in the context of the government program.

In order to understand the aspects related to this cooperation in the Policy Analysis level, it is required to investigate the institutional and political phenomena associated with the devices that structure the program. Historical Neoinstitutionalism represents a useful approach for understanding the role of "institutions," defined as formal and informal mechanisms that shape the behavior of actors in the formulation, decision,



and implementation of public policies<sup>11,12</sup>, in historical contexts that shape the trajectory of these initiatives in an important area of the SUS.

From a certain angle of analysis, the shape of the political interactions of the institutional actors reflects the combination of efforts and interests happening in this cooperation within the scope of the SUS. Therefore, institutions matter from the perspective of change or maintenance of the status quo, which must be analyzed associated with historical facts, in a longitudinal sequence<sup>11,12</sup> in activities within the public health sector. There is still scarcity of this deeper scientific analysis.

This study analyzes the role of IEPs in the frame of the institutional cooperation with the MoH for the implementation of PMAQ-AB, from the perspective of Historical Neoinstitutionalism, considering that the context and the actors involved in this process are able to orient the strategies adopted in each circumstance, depending on the public agents' choices and the institutional characteristics of academia and SUS.

## Methodology

The historical neo-institutionalism perspective, as a model of policy analysis, makes it possible to investigate aspects involving the political-institutional dynamics of public policies in the SUS, with emphasis on the historical process<sup>11,12</sup>. This study adopted the neo-institutionalism approach to understand the influence of the actors and the political-institutional context in the process of policy-building, in order to identify the factors that conditioned the definition of the interests of SUS political actors and the decisions regarding the program, as performed by other authors<sup>13,14</sup>.

This qualitative research is based on a case study that analyzes the institutionality and the set of actions performed by the IEPs in PMAQ-AB. The research was developed in two stages, combining the following research methods: document analysis and interviews<sup>15</sup>.

In the first stage, the research selected official documents on PMAQ-AB, published from 2011 to 2019, the development period of the three evaluative cycles. As these documents contained little information related to institutional cooperation, semi-structured interviews were conducted aiming to obtain greater detail of the processes and experience, especially regarding the role of IEPs during the implementation period of the program.

**Frame 1.** Characteristics of the analyzed documents

Documents	Author/Year	Description
Ordinance nº 1.654	GM/MS, 2011	Establishes, within the scope of SUS, the PMAQ-AB and its financial incentive, called Quality Component of the Variable Primary Care Payment.
Ordinance nº 1.645	GM/MS, 2017	Regarding the PMAQ-AB.
PMAQ-AB:Instructions Handbook	MS/Secretariat of Health Care (SAS)/ Department of Basic Care (DAB), 2012	Aims to inform and detail the rules of participation in the program, as well as the set of actions to be developed and the contracted indicators.
	MS/SAS/DAB, 2017	
Methodological Note for the Certification of Primary Care Teams participating in PMAQ-AB	MS/SAS/DAB, 2013	Presents the methodology applied for the certification of the teams that adhered to the third cycle of PMAQ-AB, detailing the method for each stage of certification: self-assessment, external evaluation and indicators.
	MS/SAS/DAB, 2015	
	MS/SAS/DAB, 2019	
External Assessment Tool for Primary Care, Oral Health and NASF Teams	MS/SAS/DAB, 2017	Presents the data collection instrument for the external evaluation of PMAQ-AB, detailing the elements verified in the evaluation process and the IEPs that will apply the instrument.
PMAQ-AB Fieldwork Handbook - Third Cycle	MS/SAS/DAB, 2017	It aims to guide the field team's conduct in the external evaluation of PMAQ-AB.

Source: Authors

A script was used for the interviews for each respondent profile. We chose to interview key players and public agents involved in the decision-making process regarding the march of PMAQ-AB within this institutional cooperation, considering that they are individuals with key information about this process. Regarding the MoH, the interviews involved individuals with management positions; related to the IEPs, it involved project coordinators of the main institutions (Table 2), i.e., those who received federal financial resources and led the operational processes for project execution.

**Frame 2.** List of main IEPs, States of within their scope, and other institutions in their consortia

Main Institutions	States	Consortium Institutions
National School of Public Health/ Oswaldo Cruz Foundation	Alagoas, Amapá, Amazonas, Espírito Santo, Pernambuco, Paraná, Rio de Janeiro, Roraima, Tocantins	Federal University of Alagoas, State University of Health Sciences of Alagoas, Fiocruz Amazônia, Federal University of Amazonas, Federal University of Amapá, Federal University of Espírito Santo, Fiocruz Pernambuco, Federal University of Vale do São Francisco, Public Health School of Paraná, State University of Londrina, State University of Ponta Grossa, State University of Oeste do Paraná, Federal University Fluminense, Federal University of Roraima, Federal University of Tocantins
Federal University of Minas Gerais	Acre, Minas Gerais, Rondônia, São Paulo (included for the third cycle)	Federal University of Acre, Federal University of Rondônia, University of São Paulo, Paulista State University - Botucatu, State University of Campinas
Federal University of Pelotas	Federal District, Goiás, Maranhão, Santa Catarina, Rio Grande do Sul	Federal University of Brasília, Federal University of Goiás, Federal University of Maranhão, Federal University of Pelotas, Federal University of Santa Catarina
Institute of Collective Health/ Federal University of Bahia	Bahia, Sergipe (Just for the first cycle)	Federal University of Sergipe
Federal University of Rio Grande do Sul	Mato Grosso do Sul, Mato Grosso, Pará, Paraíba, Rio Grande do Sul, São Paulo (In the two first cycles)	Federal University of Mato Grosso, University of Cuiabá, Fiocruz Mato Grosso do Sul, Federal University of Mato Grosso do Sul, Federal University of Pará, Federal University of Paraíba, Federal University of Campina Grande, University of São Paulo, University of São Paulo - Ribeirão Preto, Federal University of São Carlos, ABC Medical School, Nove de Julho University, Paulista State University - Botucatu, Medical School of Marília
Federal University of Rio Grande do Norte	Ceará, Rio Grande do Norte, Piauí (Just for the first cycle)	Fiocruz Ceará, University of International Integration of Afro- Brazilian Lusophony, Regional University of Cariri, Public Health School of Ceará, State University Vale do Acaraú, Federal University of Ceará, State University of Ceará, University of Fortaleza, Federal University of Piauí
Federal University of Sergipe	Sergipe	-
Federal University of Para	Pará	-
Federal University of Piaui	Paraíba (included for the third cycle), Piauí	Federal University of Paraíba
Federal University of Mato Grosso do Sul	Mato Grosso do Sul, Mato Grosso	Federal University of Mato Grosso

Source: Prepared by the authors based on ministerial documents.

Seven interviews were conducted with the key players - three from the MoH and four from the IPEs -, and they were interrupted when finding redundant information, reaching theoretical saturation<sup>16</sup>. The interviews were transcribed and stored electronically, along with the other selected documents. The data approach was based on content analysis<sup>17</sup> performing fluctuating reading, followed by document exploration, in which the analytical categories were identified (chart 3). In the final stage, the previous steps enabled an interpretation of the content and understanding of the meanings.

**Frame 3.** Categories encompassed in the analysis matrix

Analysis Category	Description
From theoretical formulation to the implementation of the external evaluation	Presents operational structures, activities performed and institutional adaptations related to the context and the actors and institutions involved in the process.
Institutional capacity building with the support of the IEPs	Presents the perceptions of participants about the support of the IEPs to undertake decentralized and effective actions for the implementation of PMAQ-AB14.

Source: Authors.

## From theoretical formulation to the execution of the external evaluation

According to the interviewees, the cooperation was directed towards the external evaluation of PMAQ-AB in the three cycles. In the first cycle, simultaneously with this evaluation, the IEPs carried out a census of Basic Health Units (BHU) in the country, due to the federal government's interest in obtaining data to direct the financial resources of the BHU Requalification Program, aimed towards improving the physical structure of the units. According to the Participant MS-2

[...] since the IEPs would go into the field to collect PMAQ-AB data, it was thought that they may apply the questions about the structure and operating conditions of the BHU to all PHC services, regardless of whether the teams had joined or not the program. (Participant MS-2)

The interviewees highlighted the inherent challenges arising from a process of this magnitude. Participant IEP-2 recalled that it was a "huge" process, unprecedented, in which the IEPs acquired expertise in developing census studies in a country with a large territory, with much geographical and political diversity, since each evaluation cycle involved approximately 40,000 UBS, owing to the fact that the adherence of teams to PMAQ-AB reached more than 90%.

The participants remarked the diversity of characteristics of the municipalities and the realities of the Brazilian PHC, added to the size of the work, generating the need for institutional mobilization to aggregate partners from different IEPs in the country, in order to put together decentralized teams, although the administrative and operational burden remained at the main university, according to evidence present in the following speech:

The sheer size of this challenge made it necessary to mobilize network points in multiple states [...]. This was done using a network of contacts that mobilized researchers of reference in the institutions, especially in federal and state public universities. The operational design of the research constituted a scientific network, with coordinators and a small support in each institution, to allow the effect in terms of fieldwork and institutional mobilization to be achieved. (Participant EI-1)



Those IEPs responsible for more than one state, with a large territorial extension and areas of difficult access, with municipalities with political-institutional disparities, having thousands of health teams to visit, established consortia with local institutions of the same nature (Frame 1), resulting in more than 40 IEPs involved in the project, according to Participant IEP-4.

Participant IEP-4 stated that the cooperation “was structured based on thinking about what was important to evaluate in PHC to compose an evaluation matrix. In this process, the PHC Network mobilized the expertise of its management committee to collaborate with the definition of key questions that guided the evaluation. These guidelines were the theoretical ground of the program and the design of the evaluative instruments to measure the teams’ performance<sup>16</sup>, being the result of this institutional approach of the MoH with IEPs in the context of evidence-informed policies.

The following frame consolidates the activities carried out by the IEPs, as verified in the document analysis and evidenced in the interviews.

**Frame 4.** Synthesis of the activities carried out by the IEPs for the development of PMAQ-AB

Activities related to formulation	Theoretical formulation of the program and evaluation tool
	Technical formulation focused on the creation of technological tools (electronic questionnaire of the evaluation instrument and the External Evaluation Management System)
Activities related to the planning and execution of the field work	Design of data collection methods and logistical planning
	Execution of the field work with monitoring of the collection activities
	Acquisition of equipment (especially tablets), materials and supplies
	Selection and training of fieldwork teams (in general, composed of coordinator, supervisors and interviewers) - some individuals had links with the IEPs and others were selected through specific calls for proposals
	Support to administrative and financial processes for the execution of the fieldwork
Activities related to management and academic support	Participation in events (workshops, forums, meetings) of the Council of Municipal Health Secretaries (COSEMS), Bipartite Interagency Commissions, Health Secretariats, Health Councils to discuss aspects related to the external evaluation, especially its execution
	Support to MoH decision making processes, especially in PHC
	Organization of academic events and inclusion of PMAQ-AB in university activities (teaching, research and extension), offering workshops and courses (including graduate courses) aimed at training and maintaining the fieldwork teams, for returning the results found from PMAQ-AB to local management
	Carrying out activities for the dissemination of knowledge from the organization of events, production and translation of articles and book chapters
	Participation in national and international events (workshops, forums, seminar, meetings) promoted by the MoH, to present results and evaluate the PMAQ-AB globally (especially at the end of the cycles)
	Administrative processing of the agreements, with several changes in deadlines and procedures

Source: Authors.



During the first cycle of PMAQ-AB, when the external evaluation and the census happened, it was necessary to adapt the action mechanisms and the evaluative parts. As an example, the construction of the evaluative instrument made it necessary to contemplate the objectives of both programs. However, in the fieldwork, the IEPs needed to adopt logistical planning to deploy their teams to municipalities where they would perform the PMAQ-AB evaluation, while in others, only the census was completed<sup>6,18,19</sup>. In the second and third cycles, there was no census, so the same evaluative tool and fieldwork strategy were used to evaluate all teams.

The activities showed in chart 4 are similar to those evidenced by Rodrigues, Santos, and Pereira<sup>6</sup>, Fausto and Fonseca<sup>19</sup>. In all cycles, the operationalization of the external evaluation occurred with the articulation of the visit to the cities, based on previous contact with local managers and negotiation of the work schedule; constitution and organization of the research team; and monitoring of data collection.

The study used technological resources for data collection, such as the mobile application of the evaluation instrument, the External Evaluation Management System and the tablet. The latter required “an administrative process for large-scale purchases” (Participant IEP-1). It also added expertise to generate innovations, such as the “team from the Health Information Technology Laboratory of the Federal University of Rio Grande do Norte, that had the role of developing these technological tools,” according to Participant IEP-2. In the last cycle, monitoring the external evaluation in real time<sup>20</sup> was done through a data panel. These technological resources, which sought to give more agility and capacity to the work and required specific work to ensure its proper functioning<sup>20,21</sup> were additional results from this cooperation between the MoH and the academia to meet operational needs of PMAQ-AB.

At each cycle, other activities were progressively developed by the IEPs (Frame 2) due to the gaps and difficulties found in the evaluation process, especially after the first cycle. According to the interviewed academics, the approximation with local health managers was a need, highlighted in the governance process and, therefore, its “feasibility was discussed in the National Coordination of External Evaluation, that was the driving group of cooperation” (Participant IEP-2). Participant IEP-4 stated:

We [the IEP] pointed out since the first cycle the importance of strengthening the relationship with state and municipal managers before entering the field [...] to have spaces for discussion and approximation with COSEMS and with the State Secretariats [...] to bring in all the actors participating in the preparation for the External Evaluation [...] The municipalities, in several moments of evaluation, have called for the need to be closer to the conduction of the process and to be able to be better prepared. (Participant IEP-4)

Institutional exchanges with local managers happened in heterogeneous ways. In some cases, they were more frequent, with participation of the IEP in “endless negotiations with SUS managers and Health Councils” (Participant IEP-1), carrying out a diversity of activities with managers and health professionals (Frame 3). In other cases, “even when the agendas did not match, for the aims of the operationalization of



the external evaluation [...] there was full support from the State and Municipal Health Secretariats” (Participant IEP-2). In these settings, the activities were restricted to the external evaluation for planning and negotiating the fieldwork scripts with local managers.

The interviews indicate that the reasons for this approach with local health managers were aimed mainly at a better understanding and execution of the evaluation. At the same time it was instrumental at reducing tensions originating from this process, mainly related to the political issues that influenced it<sup>3</sup>, especially due to the linkage of financial resources to performance, generating “concerns” for managers and health professionals from local health systems<sup>18,19</sup>.

Participant IEP-1 highlighted “the relevance of the support of academic institutions in the decision-making processes of the MoH, particularly in PHC,” attributing more of this role to IEPs within institutional cooperation. In this sense, Participant MS-4 explained:

Our discussion with universities sought to establish a closer relationship so that they could help to think and analyze public policy [...] we sought to dialogue with the subjects that research and study these policies in order to achieve better designs in policy formulation [...] make decisions based on evidence, studies, experience, etc. (Participant MS-4)

The scholars emphasized during the interviews the “intense pace” that the agenda imprinted in political-institutional ways to each cycle of PMAQ-AB. According to Participant IEP-2, “[...] when you look back, you see how big the work was, how many people were involved, the logistics created. The external evaluation is a highly consuming activity for the university.” Therefore, in the absence of this institutional cooperation, this stage of the program would have many operational and legal difficulties to be implemented nationally, due to the organizational characteristics and political-administrative obstacles imposed on PPEs and the MoH alone, as evidenced.

For Participant IEP-1, the formal documents of the MoH restrict the activities performed in the PMAQ-AB Process to the planning and execution of the external evaluation. He stated:

Countless times during planning and evaluation meetings, I mentioned that this vision translated managerialism, incompatible with the nature of the partnership and the power that the activity mobilized. It translates better the needs expressed by the MoH than the dynamics required by the IEPs and research. At various times, the uncertainty that accompanied the process made people think that the IEPs were being ‘hired’ for the fieldwork, as if the public financial resources belonged to the Ministry or it was not up to the Ministry to develop the work and technologies. This understanding skewed the process developed as if it were a kind of contracting out of services, where costs are projected based on those more obvious activities. (Participant IEP-1)



The hardly visible activities make up two strands of Participant IEP-1's statement. "[...] the first is the herculean process of institutionalization of the partnership in universities, since they do not have a tradition of mobilizing institutional resources for the execution of final activities of public health policies." Especially in the studied period, the relationship between universities and foundations of support was subject to several changes in federal legislation, "with a predominance of an administrative rationale". The second refers to the "work" of the IEPs, which was not restricted to the external evaluation, since the "fieldwork" of the research was influenced by "intangible variables" of several dimensions, impacting the process. Furthermore, "the accumulation of evaluative data is not the only purpose of the work in the IEPs", which need to develop "teaching, research, and extension".

## The expansion of institutional capacity with the support of the IEPs

Participant MS-1 stated that the universities brought several elements for the improvement of the formulation and implementation of the policy, of legitimization of the evaluation process, and of expansion of knowledge production. In his conception,

The data collected [...] were worked on with the aim of constituting an evidence base to support the decisions [...] Most probably this would not have been possible without the universities [...] They helped to improve the quality of the evaluation instrument. (Participant MS-1)

From the Participant IEP-2 point of view, "universities gave technical and political support" to PMAQ-AB, since the program was not only built by the MoH, but also relied on "serious" and "competent" IEPs, who work for the development of the SUS and accumulate experience in evaluative research over years. In this way, the political-institutional adherence of the IEPs to the cooperation signals that they are "certifying" and issuing a "quality seal" that legitimizes the evaluation, from the perspective of scientific rigor, as well as the expectation of exemption to reduce possible biases in the allocation of public resources linked to the program.

Concurrently, Participant IEP-3 emphasized that the participation of more than 40 universities "all of them recognized from the point of view of their relevance" conferred credibility to the evaluation. For Participant IEP-1, the "academic institutions gave the program internal sustainability and external credibility". In addition, from his perspective, the support of the IEPs to PMAQ-AB also meant

[...] a renewal of decision-making processes by the tension theory/practice that 'generated an innovation in the policy cycle, also very anchored in the window of opportunity that was the political-institutional context' [of the federal government]; and, displacement of the place of the PHC and the work processes in PHC in the imaginary and space of professional training and permanent education of workers. (Participant IEP-1)

The IEPs mobilized their full institutional apparatus for the PMAQ-AB process, especially in the execution of the fieldwork of the evaluation, for subsequent use of the data by the MoH in the certification, notwithstanding its use for scientific studies associated with the interests of academia<sup>7</sup>. However, it is important to highlight some problems related to the complexity of this process, such as the fear of managers and professionals in the teams to receive the interviewers<sup>7,19</sup>, due to initially thinking that the assessment would be carried out without the proper knowledge of local realities, putting the results at risk<sup>19</sup>.

Credibility of the interviewers regarding their qualification and ability to generate reliable and representative data of reality<sup>20</sup> was also a matter of concern. The criticism related to variations in interviewer strategies and posture<sup>8,9</sup> highlights the heterogeneity of profiles as a consequence of different selection, training, and hiring processes by IEPs<sup>6,20</sup>, which may have contributed to a negative evaluation of local stakeholders regarding the process. On the other hand, there are accounts of manipulation and modification of reality by managers and professionals in the evaluation teams, as well as about the weak participation and understanding of these actors about the program<sup>10,18,19</sup>.

In order to mitigate questions about the conflicts of interest associated with external evaluation, there were measures in order to avoid linking evaluators and evaluated during the selection process<sup>20</sup>. The IEPs were also given autonomy to perform the fieldwork in order to avoid the need of municipal financial support and, consequently, political interference in the process. In the first cycle of PMAQ-AB, the national negotiation between the federative entities provided logistical support for lodging and travel of the interviewer teams within the municipality by the local management. In the other cycles, the MoH and the IEPs were responsible for the fieldwork costs. Exceptionally, the municipality could contribute with the displacement of interviewers to the local BHUs.

The fact that the MoH, responsible for implementing the public health policy, did not have the institutional capacity to operationalize the external evaluation of PMAQ-AB led to cooperation with the academia, in order to mobilize knowledge, institutions and organizations capable of implementing federalized policies, as pointed out by Souza<sup>14</sup>. This formal cooperation between the federal government and IEPs was essential to ensure the implementation of the program during three cycles.

The new institutional arrangement created expanded the institutional capacity for evaluation of intergovernmental initiatives in the SUS, through joint efforts from IEPs that have, over the years, played a relevant role in the structuring of PHC and the consolidation of evaluative research in the country, especially with support from the PHC Network<sup>4,22</sup>.

This institutional cooperation signals the strengthening of the democratic process in the construction of health policy through flexible arrangements between institutions organized in collaborative networks, following the example of other initiatives that constitute new trends and opportunities for integration between science and society in the context of public health policies in Latin America, as described by Pellegrini Filho<sup>2</sup>.

IEPs have social functions that reflect interests, values, culture, among other particular characteristics<sup>2</sup> that do not allow them to be confused with a service provider. This explains why their participation in the program was related to a higher degree of neutrality, legitimacy and credibility for a process of this nature.



Connected with this argument, the analysis of the formal approach has relevant implications for the interpretation of the institutionalization of a national evaluation of this magnitude in the SUS, even more so with the transfer of federal funds to municipalities conditioned to the performance of health teams in the evaluation process over a period of several years.

During the cooperation activities, the IEPs contributed to the theoretical foundation, pointing out elements of support for decision making and stimulating reflections that provide opportunities for collective learning and knowledge production; as well as in innovation, with the operationalization of the evaluation process at the national level<sup>20</sup>. Therefore, even though this evaluation does not represent scientific research, it certainly benefited from academic knowledge adjusted to the singularities and diversities that characterize Brazilian PHC. Given the complexity of the project, the multiplicity of actions developed and situations showed through this research evidences the contribution of academia to problem solving and policy improvement<sup>2,5</sup>.

The dynamics of the research and policy process went hand in hand in the PMAQ-AB, with possible bilateral benefits, as advocated by Elias and Patroclo<sup>23</sup>. As managers had the aim to implement the policy, they approached the academia and this opportunity allowed greater integration of science to the political process in the SUS<sup>2</sup>, in a different perspective from that observed in traditional public administration. On the other hand, for the academics, it allowed an evaluation of PHC from different angles, favoring the generation of new knowledge and greater proximity with managers and health professionals<sup>18,19</sup>. As a bonus, it inserted the researchers in the political arena of SUS decision-making.

Although there is an approximation of interests among the cooperating parties, the external evaluation process faced technical-political challenges that required adjustments in strategies and configurations of new institutional arrangements<sup>11</sup> to create consensus and solve governance conflicts, considering obstacles that permeate the relationships between the field of public policy and academia, as stated by Pelegrini Filho<sup>2</sup> and Trostle, Bronfman and Langer<sup>5</sup>.

Academic institutions have become active in the landscape of political dispute among the institutional players, in the context of program formulation and implementation, subject to the complex decision-making process in the deliberative forums of the SUS. This process involves compliance with current regulations and articulation among the intervening actors, especially in the sphere of tripartite (Federal, State, Municipal) governance, where national negotiations on health policies take place<sup>24</sup>.

Similar to other health sector reform processes that have happened in the country, it can be observed that the dynamics involved a plurality of actors, convergences, divergences, uncertainties, difficulties and limitations, but also opportunities, possibilities and adjustments of strategies, reflecting a crucial exercise in the face of political and technical challenges for the implementation of this program<sup>13,25</sup>. The PMAQ-AB can be seen as a prime example of a process of institutional change influenced by the second generation of public sector reforms affecting the SUS.

Therefore, this evaluation suffered multiple and often contradictory determinants, with changes that are related to the needs identified in the process; and circumstantial decisions, according to negotiations with the other federative entities and IPEs. However, external and internal factors to the government and the IPEs have shown the need to reorient objectives and make implementation strategies more flexible in a configuration different from the initial plan or expectation.

The implementation period of the program coincided in time with the occurrence of historical events, such as the emergence of a political and economic crisis in Brazil<sup>26</sup>, associated with heated electoral disputes and the impeachment of President Dilma Rousseff. Such events caused institutional ruptures and reconfigured the positions in the federal government<sup>3</sup>. From these events emerged new political and economic conjuncture, which impacted the directions and format of social policies, especially in the health field.

This context contributed to the formation of a new trajectory of dependency<sup>11,12</sup>, and the PMAQ-AB was discontinued in 2019, being replaced by another pay-for-performance initiative in PHC, instituted by the Previn Brazil Program (Ordinance n. 2,979, of November 12, 2019). This meant breaking apart the institutional cooperation, with repercussions for policy management and the research agenda in the area<sup>27</sup>. This rupture had implications, considering that this approximation between government and academia made it possible to obtain important information to subsidize evidence-based decision making, in addition to the expansion of research groups as well as numerous publications in the area<sup>4,27</sup>.

## Final considerations

Academic institutions, through formal cooperation agreements with the MoH, have coordinated a partnership with dozens of other related institutions throughout the country with the objective of implementing a government program. The panorama presented in this article allows us to affirm that this cooperation made possible the execution of an unprecedented evaluative research carried out and implemented in the SUS. Undoubtedly, this process reaffirmed Brazil as a hub for research in Primary Care, given the wealth of experiences in health care, system management, teaching, and research<sup>3</sup>, with plenty of lessons to offer.

However, it is noteworthy that several notorious criticisms about the problems and contradictions related to the evaluation process, especially because of its association with payment for performance, were not evidenced in this research. This aspect may be related to the choice of interviewees, which did not include local actors affected by the evaluation process. Another limitation is the number of interviewees, which, although may be considered satisfactory due to it reaching the theoretical saturation point, nevertheless does not allow the generalization of the findings. Moreover, the scarcity of research on this institutional cooperation limited the comparison of the results with other studies. It is suggested that future research could explore the dimension of local reality in the context of PMAQ-AB implementation and elements related to this institutional cooperation in SUS.

Using the Historical Neoinstitutionalism approach, this article shows that the PMAQ-AB and its evaluation result from a historical process whose previous evaluative experiences enabled the accumulation of knowledge and connected actors focused on the development of the SUS. It also reveals that the implementation of the program was developed under the influence of the political context of the time, as well as by the interventions guided by the characteristics of the institutions. In this scenario, the IEPs constituted themselves as stakeholders in the decentralized implementation of the program for about a decade.

Regarding the challenges imposed on public policies, this study contributes to a better understanding of the complexity of the dynamics that permeate the formulation and implementation of evaluation processes and payment for performance. Throughout different national contexts in public health management, they should be considered as the result of institutional conformations, especially those related to the historical trajectory of the institutions and actors involved with the initiative.

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All authors actively participated in all stages of manuscript development.

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### Conflict of interest

The authors have no conflict of interest to declare.

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Este artigo analisa o papel da academia na cooperação institucional com o Ministério da Saúde para implementação do Programa de Melhoria do Acesso e da Qualidade da Atenção Básica. Trata-se de uma pesquisa qualitativa, baseada em um estudo de caso, que combinou análise documental e entrevistas com atores-chave do governo e da academia. A cooperação visou efetivar a avaliação externa do programa e o censo das unidades de saúde do Brasil. Dezenas de instituições acadêmicas mobilizaram seu aparato institucional para realizar atividades de formulação e operacionalização da avaliação, de apoio à gestão e acadêmicas, e conferiram qualificação e legitimação política e técnica ao projeto. Esse processo se desenvolveu sob influência do contexto político-institucional do país e das intervenções balizadas pelas instituições.

**Palavras-chave:** Políticas públicas de saúde. Sistema Único de Saúde. Atenção Primária à Saúde. Instituições acadêmicas. Avaliação em saúde.

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Este artículo analiza el papel de la academia en la cooperación institucional con el Ministerio de la Salud para la implementación del Programa de Mejora del Acceso y de la Calidad de la Atención Básica. Se trata de una investigación cualitativa, basada en un estudio de caso que combinó análisis documental y entrevistas con actores-clave del gobierno y de la academia. La cooperación tuvo el objetivo de hacer efectiva la evaluación externa del programa y el censo de las unidades de salud del Brasil. Decenas de instituciones académicas movilizaron su aparato institucional para realizar actividades de formulación y puesta en operación de la evaluación, de apoyo a la gestión y académicas y proporcionaron calificación y legitimización política y técnica al proyecto. Ese proceso se desarrolló bajo la influencia del contexto político-institucional del país y de las intervenciones delimitadas por las instituciones.

**Palabras clave:** Políticas públicas de salud. Sistema Brasileño de Salud. Atención Primaria de la Salud. Instituciones académicas. Evaluación en salud.