


## PMAQ-AB as a tool for public governance in health: Experience report care management in the territory

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### ABSTRACT

Considering the assumptions of public governance and the importance of achieving greater effectiveness in health services, from 2011 to 2019 the federal government developed the National Program for Improvement of Access and Quality of Primary Care (PMAQ-AB), whose proposal was to promote expanding access and improving the quality of Primary Health Care, with greater transparency and effectiveness of actions according to the particularities of each location. The present work aims to report the experience about how adherence to PMAQ-AB occurred in a small city in southern Santa Catarina, expressing the benefits achieved and how this proposal is linked to the assumptions of public health governance. Based on the theoretical support of public governance and public governance in health, it became possible to conclude that the PMAQ-AB, when implemented and implemented in the municipality, proved to be an important tool for the institution of public governance principles, especially when dealing with the improvements provided at the local level, including the computerization of work processes, the acquisition of vehicles and the remuneration for performance of public agents involved in the program, providing greater involvement and accountability, efficiency in the provision of services and greater capacity to respond to citizens.

**Keywords:** Health Sector Stewardship and Governance, National Health Programs, Quality Assurance, Health Care, Family Health Strategy.

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## INTRODUCTION

Public Governance is a multidisciplinary term originating from Corporate Governance applied to the management of private companies, currently used with a dimension that aims at the better functioning of the State in various spheres of government, designating political actions that involve a set of leadership, strategy and control mechanisms that guide practices of managers and public agents, in order to "evaluate, directing and monitoring management, with a view to conducting public policies and providing services of interest to society" (BRASIL, 2017, n.p.).

The purpose of the governance of the public sphere is due to "public concerns about the capacity of their political systems to act effectively and decisively in order to solve public problems", especially those related to health systems, in view of the high demand and scarcity of resources, which constitute the root of the problem of contemporary public management (PETERS, 2013, p. 28).

In Brazil, the definition of Public Governance presented stems from Decree No. 9,203, of November 22, 2017, which provides for the governance policy of the direct, autarchic and foundational federal public administration. In the aforementioned official act are the general provisions that involve the application of the governance process in the public sphere, within the scope of the federal government, including principles and guidelines (BRASIL, 2017).

Such principles and guidelines for Public Governance in the It is under the coordination of the Interministerial Committee on Governance (CIG), which constitutes the starting point for the institution of a governance policy, which, although it is something recent, demonstrates a gradual and constant process, which will allow public institutions to achieve their objectives aligned with the social interest, with coherence and consistency, considering that public governance is nothing more than "the ability to set goals for society, as well as the ability to develop programs that allow these goals to be achieved" (BRASIL, 2018, p. 13).

Regarding this concept, the Court of Auditors of the Union (TCU) highlights the It is important to consider the relationship between Public Governance and Management, because, while

[...] Governance is the directing function, management is the accomplishing function. [...] while governance is responsible for establishing the direction to be taken, based on evidence and taking into account the interests of Brazilian society and stakeholders, management is the function responsible for planning the most appropriate way to implement the established guidelines, execute the plans and control indicators and risks (BRASIL, 2021, n.p.).

Given the variation of meanings presented by the term "Public Governance", which the TCU calls "Axes of Signification", the need to highlight that Public Governance can occur in three perspectives, which are:



- 1) Organizational (or corporate) Perspective, which deals with the conditions for each body or entity to fulfill its role, align its objectives with the public interest, manage risks and deliver the expected value in an integral, transparent and responsible manner;
- 2) Public Policy Perspective, which deals with the performance of public programs and policies, taking into account the extensive network of interactions between structures and sectors, including different spheres, powers, levels of government, and representatives of organized civil society;
- 3) Government Center Perspective, which deals with the direction that the government is able to give to the nation and its legitimacy before the stakeholders, creating the structural conditions for the administration and control of the State (BRASIL, 2021, n.p.).

Regardless of the perspective adopted, the principles of Public Governance must be observed, as they are fundamental elements for the construction of good practices in public management. For Teixeira and Gomes (2019, p. 526) "governance suggests the establishment of procedures and the corresponding execution, with the purpose of generating administrative efficiency to achieve results aligned between the agent and the main purpose" – society.

Thus, it is within the scope of the execution of the procedures that the principles of Public Governance are inserted.

Also, according to article 3 of Decree No. 9,203/2017, the principles of Public Governance: "I - responsiveness; II - integrity; III - reliability; IV - regulatory improvement; V - accountability and responsibility; and VI – transparency" (BRASIL, 2017).

It is noteworthy that, at the heart of the objectives of instituting the principles of Public Governance is the intention of the legislator to establish a connection between these principles and constitutional principles, keeping the performance of public managers centered on the citizen, for the faithful fulfillment of the mission of public management (BRASIL, 2018).

For the Federal Court of Auditors, the principles of Public Governance They are directly related to constitutional principles, expanding the normative meaning of the Constitution, "expanding their respective fields of interpretation", since:

In addition to efficiency, it is necessary to ensure responsiveness; publicity should incorporate transparency and accountability; There is no legality that can be detached from reliability. Another function of governance principles and guidelines is to serve as the main normative-prescriptive framework for the development of governance policy, delimiting the competencies of the actors and structures involved in its execution and coordination. In other words, the principles and guidelines represent the north of the policy (BRASIL, 2018, p. 38).

Such delimitation is what helps the conduction of public policies to meet social demands, guiding the improvements that can be promoted in the scope of governance, defining actions and



proposing solutions in decision-making centered on the social interest, as in the case of Public Governance focused on public health policies.

Based on what is proposed in article 198 of the Federal Constitution of 1988, it is clear that health actions and services are integrated through a regionalized and hierarchical network, thus constituting the Unified Health System (SUS), in which governance is established through a single organizational arrangement, however, composed of several institutions. whose purpose is to "operate strategic formulation and decision-making processes that organize and coordinate the interaction" of the entire system with a view to obtaining effective results for the population served (MENDES, 2011).

It is worth noting that for some time now, the term and/or governance actions have been applied by international health governance bodies, considering the need to present improvements in public policies in the area, aimed at more effective results, through management tools. As a result, the World Health Organization (WHO) defines that governance in the health sector:

[...] It refers to various governmental functions, carried out by governments and decision-makers, to achieve the objectives of the National Health Policy favorable to its universal coverage. It is a political process that involves balancing different influences and demands, for example, from users of health services, professionals in the area, suppliers of inputs and medicines (BRASIL, 2018, p. 21).

In the same vein, in 2007, the Pan American Health Organization (PAHO) presented health governance as a tool for the exercise of responsibilities and competencies of public health policies, where they are Governments and society (BRAZIL, 2018). Or This sharing of responsibilities is corroborated by the World Bank, considering that governance is based on instruments that encourage accountability as an essential means for the desired transformations in health services (WORLD BANK, 2007).

Still, considering the definitions of international bodies regarding health governance, it is necessary to highlight that the European WHO distinguishes between two terms: "health governance" and "health governance". The term "health governance" is used to designate the type of governance applied to strengthen health systems, such as the SUS, for example.

In short, the central points of health governance, from the perspective of international organizations, are strategic direction, monitoring, system articulation, coordination between the health sector and different health sectors, accountability, transparency, and the strengthening of incentives (BRASIL, 2018, p. 22).

On the other hand, the term "governance for health" is more comprehensive, that is, the joint involvement of all sectors that promote health directly and indirectly from public and private sectors, including society, aiming at the common interest (WHO EUROPE, 2012).



Specifically in Brazil, public health governance focuses on four perspectives of observation to be applied in the SUS, which are: (a) society and State; (b) federative entities, spheres of power and public policies; (c) bodies and entities; and (d) intra-organizational activities.

The observation perspective refers to the level of comprehensiveness that governance can be understood and evaluated, [since] the good relationship between the different perspectives is of high relevance for improving the performance of any area or policy (BRASIL, 2018, p. 23).

It is observed that the corporate aspect of governance in the public sector is the governance applicable to agencies and entities, whose focus is on organizations and the optimization of their results for citizens who use services, in this case, health services (BRASIL, 2018).

In Brazil, in the search for more effective solutions to the problems Related to health, since 2011, the federal government has instituted public governance practices in health, with the aim of developing and implementing strategies for the evaluation and monitoring of health services within the SUS, through which it would be possible to articulate and coordinate both the sector and the participating agents, including accountability, transparency and the strengthening of incentives through more efficient management (BRASIL, 2018).

In this context, the federal government proposes the creation of the National Program for the Improvement of Access and Quality of Primary Care (PMAQ-AB), based on access to and quality of health services, with the objective of promoting the expansion of access and improvement of the quality of Primary Care, with greater transparency and effectiveness of actions. according to the particularities of each location (BRASIL, 2015).

The present work seeks to reflect on how the PMAQ-AB, as a The program proposed by the federal government at the municipal level, if implemented ethically and responsibly, can contribute to public health governance actions and effective improvement of services.

## **OBJECTIVE**

To report the experience of adhering to the PMAQ-AB in a small municipality in the south of Santa Catarina, expressing the benefits achieved and how much this proposal is articulated with the assumptions of public health governance.

## **PMAQ-AB AS A PUBLIC HEALTH GOVERNANCE TOOL FOR CARE MANAGEMENT IN THE TERRITORY OF THE FAMILY HEALTH STRATEGY**

Based on the issues of public governance in health and the need to implement improvements in Primary Health Care services, this report proposes to present the PMAQ-AB program as a tool for



public governance in health, through the related theoretical foundations and considering the reality of implementation of the program in the municipality of Sombrio-SC.

To understand the process of adhesion to the aforementioned program and From the present report, we structured a theoretical reflection considering the concepts that are directly related to the theme. Thus, this report aims to present the SUS governance system at the municipal level, considering administrative structures, processes, instruments and information flows developed from the application of the PMAQ-AB.

For the purposes of this report, it is necessary to briefly describe the structural context of the Municipal Health Department in which the implementation of the program took place in Sombrio-SC, since it is a municipality with approximately 38,500 inhabitants, distributed in urban and rural areas registered in the local health system called Branet. Primary Health Care in the city is organized into nine (9) units with Family Health Strategy (FHS) teams, seven (07) Oral Health teams (OHT) and one (1) UBS, which meets the demand for specific medical services in the areas of pediatrics, gynecology and obstetrics of the 9 FHS. Also in this space, there are mental health outpatient services, immunization network, including vaccines for the first days of life, and heel prick test. They also perform electrocardiogram exams, colposcopy, cryocauterization, minor surgeries, teledermatology, outpatient nursing services, among other programs recommended by the Ministry of Health.

Together with the Municipal Health Department (SMS), in addition to its structure Administratively, there are also the services of control, evaluation and auditing, the Out of Home Treatment (TFD) sector, the Regulation System (SISREG), the transport/logistics sector, social service, Primary Care pharmacy, the Specialized Component of Pharmaceutical Assistance (CEAF), and some specialties, such as: physiotherapy, speech therapy and nutrition.

The family health strategy teams are located in the following neighborhoods: São José, Nova Brasília, Januária, São Luiz, Guarita, Boa Esperança, Parque das Avenidas and Centro. In this scenario, the implementation of the PMAQ AB program occurred with the aim of promoting improvements in the standards of primary health care services offered by the Municipality.

According to the Ministry of Health, the implementation of PMAQ AB, in order to In order to fulfill its purpose, it should be organized into "four phases that complement each other and that form a continuous cycle of improvement in access to and quality of Primary Care (PC)" (BRASIL, 2015, p. 6), comprising the following actions:

1. Adhesion of the municipality to the program and contracting of commitments signed between the Primary Care (PCt) teams, municipal managers and the Ministry of Health;



2. Development of actions aimed at the qualification of the work process of the teams and management, such as actions related to continuing education, institutional support, monitoring of indicators and self-assessment processes;
3. External evaluation, which seeks to verify the conditions of access and quality and to identify the efforts and results of PCt and managers in the qualification of PHC;
4. Recontracting, which leads the teams to renegotiation processes between the Primary Care teams and managers with the increase of new standards and quality indicators, stimulating the systematic advancement of the program (BRASIL, 2015, p. 6).

These actions have taken place so far in three cycles, the first cycle being between 2011 and 2012, with the adhesion of 3,965 Brazilian municipalities; the second cycle between 2013 and 2014, with 5,073 municipalities joining; and the third cycle between 2016 and 2018, with 5,324 municipalities, of which the municipality of Sombrio-SC, adherence to PMAQ AB took place during the second and third cycles, in all basic health units (BRASIL, 2018).

The fear of punitive evaluation of professionals justifies the non-adherence of the first cycle, being clear from the words of the nurse from one of the FHS in the municipality:

"The adhesion to the PMAQ in the second cycle in our municipality brought us a lot of questions and fears inherent in everyone's shallow knowledge of what the program was really about. The biggest challenge as a team coordinator was to try to remove the team's view that the evaluation had a punitive aspect, of negative judgment of our work" (Enfa. B.R.M).

In the view of Bertusso and Rizzotto (2018), the initial difficulty presented by the work teams in the municipality of Sombrio-SC may be related to the "little dialogue between the management team and PHC team workers", which constitutes a challenge to be overcome for the implementation of a public health policy that aims at effective improvements. This is because, according to the aforementioned authors:

Distancing from the process of discussion and formulation, and, in this case, adherence to the policy, makes it difficult to understand its objectives, does not contribute to the co-responsibility of the results, and consequently reduces the possibility of a positive impact on what is proposed (BERTUSSO and RIZZOTTO, 2018, p. 412).

According to the PMAQ AB institutionalization manual developed by the Ministry of Health, as a way of guiding the municipalities with the actions that must be adopted for the program to be effective, the adhesion process contemplates the adoption of changes on the most diverse fronts, both in the model of care and in the management of health services, where the development of teams is mainly sought, with a view to orienting the services according to the needs and satisfaction of users (BRASIL, 2015).



Among the main changes to be introduced for adherence to the PMAQAB are mainly the introduction of self-assessment methodologies for work teams and the implementation of continuing education practices (KAMIYAMA, 2016).

In this context, the role of the manager becomes fundamental, in the sense of consolidating the *modus operandi*, so that the team, together with the support of the management, is committed to the process of changing the management model that aims to meet the needs of users (AZEREDO, 2017).

As every process of change is laborious and delicate, when starting the activities necessary to fit the municipality of Sombrio-SC to the requirements of the program, the teams showed some resistance and even disbelief about the possibility of returns and benefits offered as a counterpart for the adequacy of the improvements made by the health services.

However, gradually, the actions were carried out and evaluated by the Ministry of Health. Among the main changes was the computerization of work processes, which was treated as a starting point for the institutionalization of PMAQ AB in the municipality, considering that the evaluation of the indicators would be based on the data entered in the computerized systems. As a result, the first measure to improve primary care in the city was the implementation of electronic medical records, allowing greater agility in accessing data from SUS users.

According to Velloso (2019), the implementation of electronic medical records allows the computerization and standardization of information about patients, which will provide subsidies to meet the health needs of the population at all levels of primary care, constituting the starting point for the implementation of the PMAQ-AB.

Little by little, the culture of developing the institutional capacity of the teams, focused on the analysis and evaluation of data for intervention in health services, became more effective. However, at the time, only two units were more engaged in the processes related to the program. Due to the commitment of the teams of the aforementioned units during the program's certification process, the classifications made by the Ministry of Health's external evaluations were reflected in scores in the "above average" category, as provided for in the ordinance that instituted the PMAQ AB.

The change generated in the organizational culture of the teams, in relation to the implementation of the PMAQ-AB in the municipality of Sombrio-SC reflects what Bertusso (2017, p. 7) states, that "positive changes are related to a better understanding of the PMAQ by the PHC teams". Such understanding, in turn, is related to the improvements made over the time of implementation, as well as to the organization and recording of the information generated by the teams in the area covered by the territory.

It should be noted that among the evaluated dimensions of improvements implemented were: the functioning of the health unit; structural characteristics of the UBS; equipment, materials and





supplies; computerization, connectivity, and telehealth; medicines Components of the Basic Pharmacy; qualification of the work team; acceptance of spontaneous demand; municipal management of health services, among others (BRASIL, 2015).

The range of classification as "above average" by such units The basic measures allowed the federal government to send resources, which resulted in the acquisition of a zero-kilometer vehicle to provide home health services, further raising the score of the size of the units mentioned with regard to the indicator "Home Visit and Home Care" (BRASIL, 2015).

As the resources began to be transferred to the municipality, enabling the improvements described, the other basic health units felt motivated to dedicate themselves to the program and its improvement actions.

Bearing in mind that the objective of PMAQ AB is to promote the implementation of a culture of negotiation and contractualization, which is reflected in the management of resources according to the commitments and results agreed and achieved (PINTO et al., 2014), 60% of the amounts received, due to the averages achieved by the teams of the first two UBS that stood out, started to be allocated to remuneration for performance to the members, with an increase of approximately R\$ 500.00 in the remuneration of each server, still in the second cycle of implementation of the program.

It should be noted that the purpose of performance pay is to The main one, "the recognition of the contribution and value added to the service by the professionals, through the distinction of different levels of results and their evaluation according to them" (UFMG, 2014, p. 09).

Specifically in Primary Care, remuneration for performance promoted by PMAQ AB, aims to:

[...] valuing all primary care workers by fostering the implementation of instruments for the democratization of work processes, with the possible linking of financial incentives or other forms of incentive related to performance, health outcomes, continuing education, and efforts for professional development (UFMG, 2014, p. 11).

The proposal for remuneration for performance brought by the PMAQ AB, if It is one of the main characteristics that presents the program as an instrument of public governance in health, whose central purpose is to offer improvements in health systems and services with a focus on the needs of citizens, considering that effective results of day-to-day practical actions are achieved through the involvement and accountability of the people who make up the work teams, which are inserted as co-participants in the management process in search of the effectiveness of the desired results, with regard to quality in local public health.

The remuneration for performance included in the program is a way to achieve the agreed goals and ensure a continuous process of improvement of health services, as experienced in the



experience of the municipality of Sombrio-SC, which with the financial incentives reverted to the local Primary Care itself, it was observed on the part of the employees who make up the teams a significant reduction in absences and presentation of medical certificates, in addition to greater involvement in the provision of services, as they felt motivated by the increase in remuneration.

The improvements in the performance of the teams that make up the municipal basic units occurred from the second to the third cycle of the PMAQ AB, when the UBS teams that were highlighted received an evaluation "well above average", considering the new improvements that were imposed and complied with. Currently, as of the AB financing ordinance - Ordinance 2.979/19, the PMAQ AB in the municipality of Sombrio-SC is suspended, however, the improvements made are maintained continuously.

Evidenced in a positive way in the following statements: "*The positive part was Precisely this clarification that the program came to add and was really a motivator for the team to come together in search of improvements and standardization of our services. We had a significant growth as a team, seeing all the good we did and what we should improve*" (Enfa. B.R.M).

The scenario described above shows what Flôres et al. (2018, p. 240), which:

[...] Financial resources can be an important motivational tool, showing that this method is more effective in specific actions and short-term changes, therefore, in more complex actions, which need frequent evaluations and efficient monitoring of actions. It is necessary for managers to develop a quality plan to improve the actions of the PMAQ-AB and the financial resource can be another motivator for professionals to perform an efficient work in the search for PHC qualification.

In the words of the institutional supporter (V.P.C): "*The PMAQ for the municipality of Sombrio brought many improvements, because through the incentives received we renovated and adapted with more accessibility, equipped, properly identified, according to the guidelines of the Ministry of Health, all the ESF units, making them more welcoming, harmonious, bringing well-being to patients and also to the employees who work in the units*". This demonstrates that, in their perception, the PMAQ-AB presents itself as an "important tool for evaluating health actions, capable of providing management with a critical look at them", in order to then develop and implement the necessary changes and improvements, focusing on the needs of the population served (FLÔRES, et al., 2018, p. 240).

The program brought, in addition to the improvements described, the search for quality Of assistance Provided nonetheless Presented from mode general discontinuity, being one of the negative milestones, because once again we are experiencing a government policy and not a state policy, so, with the change of government at the federal level, there was in 2020 the discontinuity of the ministerial program.



## REFLECTIONS ON PMAQ-AB AS A TOOL FOR PUBLIC GOVERNANCE IN HEALTH

With the establishment of public health governance processes, whose In order to promote actions to improve health actions and services with a focus on the needs of citizens, the need for a new structuring of public policies until then developed by the SUS arose.

In this context, in 2011, the federal government proposed the creation of the National Program for the Improvement of Access and Quality of Primary Care (PMAQ-AB), based on access to and quality of health services, which guarantees coverage "with health promotion, prevention and recovery actions for more than 100 million Brazilians", including the adhesion of thousands of basic units throughout the country (BRASIL, 2015, p. 10). The central objective of the program was to

[...] to induce the expansion of access and the improvement of the quality of primary care, with the guarantee of a comparable quality standard nationally, regionally and locally, in order to allow greater transparency and effectiveness of government actions aimed at Primary Health Care (BRASIL, 2015, p. 11).

Although the main objective of PMAQ AB is to promote the expansion and the improvement of the quality of Primary Care, with greater transparency and effectiveness of health services, it should be mentioned that the program also aims, among its initiatives, to survey and evaluate indicators that qualify the SUS, which demonstrate the dimensions of the results of the health policy. This type of evaluation allows for a careful analysis of health systems, providing grounded support for decision-making, ensuring "the transparency of SUS management processes," which make the results achieved more visible, "in addition to strengthening social control and the health system's focus on users" (BRASIL, 2015, p. 12).

In this sense, the basic premises of PMAQ AB are: development strategies for user satisfaction; standardization of good practices that guide the improvement in the quality of Primary Care; effectiveness and efficiency of results in the health system; monitoring, evaluation and self-evaluation of processes, transparency, management and innovation (BRASIL, 2015).

All these criteria are part of the essence of public health governance, which, if implemented, promotes the improvement of the way of doing health in Primary Care, meeting the assumption of offering citizens the service appropriate to their needs (BRASIL, 2018).

For this reason, the federal government structured the design of the PMAQ AB based on seven guidelines, which serve as a guide for its implementation, organization and development in the municipalities. These guidelines offered the path to be followed by managers when adhering to and implementing the PMAQ AB, where there should be: a) specific parameters for comparisons between teams, in relation to regional differences; b) standardization of the work processes of the teams, involving management and permanent evaluation of results; c) permanent transparency mechanisms for monitoring the results both by the teams and by organized civil society; d)



accountability of managers, teams and users for actions to improve work processes in primary care; e) transfers of resources through the performance of the teams, thus recognizing the efforts of the municipal management; f) mobilization of teams for the development of strategies that reflect the improvement of actions with a view to the most effective results for citizens, inviting society to participate in this process; and , g) voluntary adherence by managers and teams that propose to implement improvements in primary care, following the guidelines proposed by the program and promoting a motivating environment, with remuneration for performance so that effective results are achieved, where teams will be rewarded for the success achieved (BRASIL, 2015).

Regarding the objectives established by the program, Pinto et al. (2014, p. 359) highlight important points that are mainly related to the introduction of changes in both the care and management models, as well as in relation to the "development of workers and orienting services according to the needs and satisfaction of users", including the mobilization of the various actors involved in primary care, through spaces for dialogue, problematization and change management, which will be reflected in the quality of the health services offered.

All the guidelines and criteria mentioned above, which give PMAQ AB the characteristics of a public health governance tool, were initially instituted through Ordinance GM/MS No. 1,654, of July 19, 2011, later revoked by Ordinance 1,645, of October 2, 2015, issued by the Ministry of Health. For the Ministry of Health (2015), the establishment of PMAQ AB is a strategy capable of inducing the necessary changes in the provision of health services in Primary Care.

In the view of Pinto et al. (2014), by instituting the PMAQ AB, the federal government through the Ministry of Health, glimpsed the possibility of implementing a new culture, that is,

[...] analysis, evaluation, and intervention capable of generating institutional capacity in local teams and systems to produce changes in service practices, according to the expected characteristics of Primary Care (PC) and locoregional potentialities (PINTO at al., 2014, p. 359).

As a result, the PMAQ AB came to be considered an innovation in the Primary Care Policy (PNAB), not only in terms of financing actions, but also because it integrates several processes into a single strategy, unfolding in phases that include the definition of objectives; development of actions to change the analyzed reality; planning of continuing education actions; evaluation of the implementation of processes and results, continuous improvement actions through the new commitments made after the evaluation process has been carried out (PINTO et al., 2014).

With the completion of these phases, the PMAQ AB is also a process of evaluation of the degree of implementation of other strategic areas and programs that involve the National Primary Care Policy. In this context, it should be noted that one of the most relevant activities proposed by the program was the remuneration for the performance of the teams, which occurs through the



evaluation of the implementation and/or development of the processes by the Primary Care teams, establishing desirable parameters of action in various types of health services offered, motivating them to act more effectively, being rewarded for a more effective performance, where everyone wins, that is, managers, teams and service users (PINTO et al., 2014).

Considering what was exposed by Pinto et al. (2014), the research carried out by Bertusso (2017, p.7), it was proven that "adherence to the PMAQ-AB, to a large extent, results from its link to the transfer of resources from the Federal Government to the municipalities, which represents an important contribution of resources to the AB", which is directly related to the involvement of the teams in the process of contracting the indicators.

Notwithstanding this fact, Bertusso and Rizzotto (2018, p. 408), in a study conducted in the state of Paraná on the perception of health teams that participated in the PMAQ-AB in the region, similarly to what occurred in the municipality of Sombrio-SC, state that the program presents itself as a public governance tool in health due to the results it provides regarding the "organization and recording of information; planning based on self-assessment and external evaluation as a strategy for mobilizing management and teams", which occurs through the appropriate use of self-assessment tools in conjunction with local planning.

Considering what Pinto et al. (2014) state, it is possible to characterize the PMAQ AB as a tool for public governance in health, considering that it is based on guidelines that highlight it as a mechanism for qualitative and quantitative changes in Primary Care processes, whose focus is the improvement of health services to society. that take place from participation actions; accountability of the actors involved; management and transparency; At the same time, it promotes motivation for remuneration for the performance of the teams, as a form of continuous action of proposed changes according to the reality of each location.

However, it is appropriate to highlight that among the changes and actions necessary for the PMAQ-AB to manifest itself as a public health governance tool for care management in the territory is the standardization of the services of the health teams, which includes the support of a co-participatory management, combined with the qualification of the members who compose it through mechanisms of permanent education and self-evaluation of the services provided to users. in order to promote their continuous improvement (KAMIYAMA, 2016).

In addition, in the field of government and public policy, Flôres et al. (2018) cite that the implementation of the PMAQ-AB in Brazilian municipalities depends, among the aspects mentioned, on quality public management, which is understood as a process of creating health policies and enabling their implementation, providing resources, supervising and evaluating all actions carried out in favor of the quality of public health services.



## FINAL THOUGHTS

In the development of this experience report, concepts about public governance and public governance in health were initially addressed, where it was possible to highlight that such terms are reflected in the union of efforts between the directing function and the public policy management function, in this case health policies, which together have the central objective of establishing improvements in health services, with greater efficiency and focus on the needs of the citizen, adopting strategic actions based on principles of responsiveness; integrity; reliability; regulatory improvement; accountability and responsibility; transparency

Thus, considering the entire context of public governance in health, it is believed that the PMAQ AB, when implemented in the municipality of SombrioSC, proved to be an important tool for the institution of the principles of public governance, especially when it comes to the improvements provided at the local level, being possible to mention the computerization of work processes, which generated greater transparency and responsiveness to the citizen; the acquisition of the vehicle, which provided greater efficiency and agility in home care, also contemplating the responsiveness; and, mainly, the institution of remuneration for performance, which was characterized as an instrument of motivation, involvement and greater accountability of the teams in the processes of improvement not only in the work processes, but also for the effectiveness of local health services.

The initial resistance to change manifested itself as a challenge to be overcome, as well as other structural problems, whose studies are suggested as possibilities for new research, considering the changes brought about by the current Ordinance No. 2,979 of 2019, which institutes the Previner Brasil Program, with a new model of financing and costing of Primary Health Care within the scope of the SUS, Bringing the payment for performance based on the achievement of goals for each indicator conditioned to the teams.



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