Brazil's Family Health Strategy
Frugal Innovations with Global Implications
New Directions in Health Care: The Commonwealth Fund Podcast
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This is "New Directions in Healthcare," the Commonwealth Fund's podcast, and today we travel to Brazil as part of our special series – ***Frugal Innovations with Global Implications.***

(Community worker chats with patients)

On any week day in Brazil, about a quarter of a million people will set out to visit their neighbors – not to gossip or exchange recipes but to play a central role in the nation's *Family Health Strategy*. Wearing special vests or T-shirts that identify them as community health workers, they will go door to door, assessing medical needs and promoting good health through prevention and early diagnosis.

On average, each community health workers has around 100-150 households that they're responsible for + and each community health worker has to visit every household within these micro areas at least once a month, whether people in those households have expressed a need to be visited or not.

Dr. Matthew Harris spent four years working in a small village outside Recife. Now a senior lecturer in public health at the Imperial College London, he says community health workers, who are embedded in the primary care team, get special training to help them identify common medical problems.

Diabetes and high blood pressure, the use of immunizations in children under five years of age, breast feeding, how to wash hands, how to lose weight, physical activity and tuberculosis control.

They rely on protocols developed by the World Health Organization – a series of questions that will likely lead to a preliminary diagnosis, and they learn what to do to prevent or manage some potentially life-threatening conditions.

An acute asthma attack, for example, is one of those, but also acute dehydration from diarrheal illnesses, anemia, malnutrition.

If a serious problem is suspected, patients are referred to the community clinic—put in touch with members of the health workers' team—a primary care doctor, nurse and nurse's assistant.

Once treatment is prescribed, community health workers try to ensure that patients take medication properly. They get to know neighbors, observe their homes and lifestyles, taking a holistic approach to health.

Antonio Ribas was a manager with the program for nearly a decade, and he recalls one older women whose children lived far away. She often turned up at the local clinic or spent time chatting with her community health worker.

“Her husband was dead. She had no friends. She was getting depression, and the team gave meaning to her life, because she could go over there and talk about her problems.”

Reassured and inspired by the program, she actually started an NGO in her community, providing programs for kids.

Brazil’s Family Health Strategy began in the early 90’s in the northeastern part of the country in response to a cholera epidemic, but since then it has expanded exponentially. Today, more than 60% of the nation’s 200 million people are served by a system based on this model of care.

They were starting from scratch. They were able to implement a primary health care system where there wasn’t one. It’s often easier to do that + than changing a primary health care system that already exists, where entrenched values and entrenched interests often get in the way.

But how well does the Family Health Strategy work? Harris says infant mortality, hospitalizations and deaths due to infectious disease, heart attacks and stroke are all down. What’s more, experts agree the price is right.

It’s been said that it costs on average $30-$50 per person per year, so for the sorts of outcomes that we’ve seen for this particular system, it’s a highly efficient system for the money.

And Ribas says 70% of people surveyed were satisfied with the service.

“Because it is closer to home. They don’t have to travel a long distance to go to a health service, plus they have someone to talk about the problems in a short period of time.”

The strategy depends on an adequate supply of primary care doctors, and like many other countries, Brazil reports a shortage. Fortunately, Harris says, the country does have a program designed to fill the gaps.

It’s called Mais Medicos—more doctors in Portuguese. It’s a particularly interesting development – a multi-pronged attack—to try and boost the number of family doctors in Brazil, and they had to take some radical steps. In part it was reforms of the medical education system and trying to change the culture of medical specialism in Brazil, + but also they’ve engaged with Cuba to import in the region of 14,000 Cuban doctors over the last two or three years to plug the holes in the primary care system around the country, particularly in priority areas such as the remote regions of the Amazon and also the very deprived rural areas where doctors are reluctant, often, to go to work.

And surveys show the public is quite happy with the care they get from Cuban doctors. Again, Antonio Ribas.

“It is not a good thing, in the long term, to depend on foreign doctors, but the evaluation from the population who are attended by the Cuban doctors is almost 100% of satisfaction.”

In some neighborhoods people are reluctant to have community health workers dropping by. Ribas recalls his own experience in the field.

“There used to be at least three areas run by the drug dealers, and this population, of course, wouldn’t receive anyone except when they got shot or were injured, and I, myself, as a manager, had to negotiate with the dealers—who, when, what time to get into their homes.”

Ribas also found a novel way to reach those patients most reluctant to talk with health workers. Community clinics have TV sets, and in 2006 the World Cup soccer matches were a big draw.

“You almost don’t see a male between 15 and 49 years old in the health clinics. They run away, and it’s not only because they are working. So during the World Cup of 2006, there were a lot of people who went to the clinics to just to watch the game, and of course as a manager, I decided to take advantage of the situation and started to chat with all the males before and after the match.”

When they’re not in the field, community health workers are organizing talks and workshops for groups of people dealing with diabetes and other chronic health problems. They also look for threats to public health in the community—places, for example, where standing water might attract mosquitoes. Harris says this grassroots army is the first line of defense when emergencies like Zika strike.

44 – Whichever public health crisis or emergency emerges for Brazil, they already had an infrastructure in place to be able to support tackling it. They might not get it right all the time. It may be a significant challenge to do so, but as a country it’s primary health system is extremely well prepared to deal with emerging crisis, because there are people on the ground already with trusted access to people’s homes who can deliver the necessary health promotion advice as and when it’s required.

The program is federally funded, raising fears that the Family Health Strategy could be harmed during this time of political instability, and Matthew Harris worries that most of those who are served by community health workers and clinics are not rich or even middle class.

I fear that it will be viewed as a poor system for the poor and not for the entire country as a whole, so I think the big challenge now is how to get to the last 40 percent of the population.

While countries like the U.K. and the U.S. have clinics and community workers in place, Matthew Harris thinks we could learn a good deal from Brazil’s Family Health Strategy to create a coordinated, grass-roots approach to better public health.

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