Editorial

Brazilian political proposal for asthma programs on primary dealth care

Alcindo Cerci Neto, Mauro Musa Zamboni, Márcia Alcântara Holanda

The asthma programs discussion forum gathered several representative entities of patients, health administrators and specialists, on November 2nd of 2006, during the XXXIII Brazilian Pulmonology and Phthisiology Conference in Fortaleza, in order to discuss and propose suggestions that will improve the actions that have been carried out in asthma programs in Brazil.

Currently, it is fundamental to encourage the creation of asthma programs in Brazil. This is due to favorable economic conditions, the increasing demand of the population, the morbidity and mortality rates found, the need to improve the quality of life of these patients and promote the proper current treatment for this disease, based on criteria of severity and incorporating current concepts for the control of this disease.

The decentralization of the programs (transfer of control to cities and regions) is fundamental to their improvement. Successful initiatives, although specific and isolated, have been carried out in Brazil. Finding a solution to the great difficulties encountered by the existing programs is hindered by a lack of support from the administrators, principally regarding qualified staff, well-trained and conscientious health professionals, and regularity in the supply of proper medication, as well as the establishment of a reference and counter-reference system that would integrate the various levels of attention involved.

The process of convincing and raising the consciousness of professionals and administrators regarding the importance of structuring the asthma treatment in the cities can be based on the aspects herein:

a The administrators should be alerted to the epidemiological data related to the disease, including data on morbidity, mortality, caseloads at health care facilities, and costs incurred in treating the disease, as well as the pharmacoeconomics involved;
b The effectiveness of the existing asthma programs in improving such indicators, with extremely favorable results for the population, health system, professionals, and patients; and
c Asthma should always be treated in conjunction with allergic rhinitis in order to obtain better results.

In order to ensure the implementation and regular functioning of an asthma program, a multiprofessional team should be created in order to plan, monitor, and evaluate the programs. This team could comprise a pulmonologist or allergist, as well as a family physician, a nurse and an administrator. In the absence of a referral specialist in the city, any doctor familiar with asthma treatment could be indicated. Other professionals, such as pediatricians, pharmacists, nursing staff, physical therapists, and community agents, could join or even coordinate the planning team, depending on the city, as well as on the availability of such professionals. In order to perform the necessary planning, monitoring and evaluation in the best possible manner, a minimum number of work hours per week should be established for each member of this team. The community health agents and the strategy used in family health are fundamental to any asthma program, and the participation of the community health agents should be encouraged through continuing training and education in asthma.

The qualification process of public health professionals is crucial to any initiative in this area. This depends on the structure of the city, the human resources available, and the existing health model. A minimum number of work hours should be devoted to theory (4 h) and practice (2 h). The methodology for the qualification of professionals could include the following:

1 Theoretical joint training of professionals (doctors, nurses, etc.), and practice training in the health clinics; or
2 Specific theoretical training for each professional category at referral centers and joint practice training at referral centers.

Asthma patients who lack general knowledge of the disease could be employed in the programs at various locations and in various ways: in emergency rooms; at hospitals; though active search in the community conducted by the community health agent; at public or private outpatient clinics; at company occupational medicine offices; at public or private schools, through lectures; at physical education classes (with the participation of the teachers); in drugstores; and finally, through the media. Social control and

the participation of the community, both in the preparation of the guidelines and in the follow-up on the programs, are fundamental and should be encouraged. In addition, these groups should be made aware of their empowered status regarding their treatment, encouraging them to demand the financing and defrayal of the costs of treating their disease from the appropriate authorities. One of the ways is the creation of local asthma patient associations.

The issue of the financing the programs is fundamental. Despite the great advances in this area, through ministry directives 2,084 and 2,577, it is necessary to increase the amount guarantee the continuity of the financial resources earmarked for asthma treatment, as well as to improve upon the aforementioned directives. The proposals for the alteration of these directives are as follows:

a Technical and scientific support, in order to provide more autonomy to the cities and states regarding the purchase of specific medication negotiated locally, in addition to those recommended in directive 2084;
b Pressure from the representative entities that are signing this document in order to achieve the increase of resources for the treatment of asthma by approving PEC 29; and
c Better dissemination of information related to existing financial resources in the cities.

Once again, the successful asthma programs in the last two years can, from a regionalization perspective, serve as models and inspiration for the implementation of other programs. In order to achieve this goal, the existing programs should be given wider exposure through the organization of events sponsored by governmental organs, such as the National Council Of Municipal Health Departments, the National Ministry of Health, through regional and national congresses and forums promoted by the associations of medical specialties involved in this process, through nongovernmental organizations, or through all media channels.

Next on the agenda, an interinstitutional work group should be established for the express purpose of distributing this letter in a proactive and decisive manner. In addition, a national qualification group should be created in order to promote the creation of asthma programs.

Alcindo Cerci Neto
Pulmonologist. Masters in Medicine from the Londrina State University; Medical Coordinator ASMS. Coordinator of the II National Forum of Asthma Programs

Mauro Musa Zamboni
Pulmonologist at the INCA/MS - Rio de Janeiro. Masters in Pulmonology from Fluminense Federal University. Vice-President of the ALAT

Márcia Alcântara Holanda
Masters in public health. Member of the Asthma Committee of the SCPT. Coordinator of the Asthma Program of Fortaleza - PROAICA. Coordinator of the I GFCA