Brazil is investing, annually, around US$ 23 million in actions of tuberculosis control, what means a per capita investment of US$ 0.13, value superior to what is preconized by WHO, which is US$ 0.10. The crescent allocations of financial resources and efforts that has been applied in the quality of its management indicates that the country will maintain the National Tuberculosis Programme (NTP) sustainability, redefined in October 1998, with a basic purpose to maximize its benefits and to avoid eventual wastes. Considering the problem magnitude, the possibilities and advantages of its control, the excellency in resources and actions management are fundamental matters to reach the goals established in the National Programme.

For the Brazilian government the tuberculosis control aims special attention, been introduced to its Annual Plan, which defines the national priorities and is object of a specified management system. This Plan involves, for 2000-2003, the amount of R$ 1.113 billion (around US$ 636 million), which more than half for social development (US$ 318 million). Each established priority in this Plan compose a programme and has got a specific manager, who respond by the execution of fixed goals. In health area are defined 29 priorities, tuberculosis control included.

One of the fundamental measures for disease control is an integration with other strategies driving at the basic attention reorganisation, specially by the family agents and community health agents programmes, adopted in Brazil for the redirection of the model of care, the possibilities and advantages of its control, the excellency in resources and actions management are fundamental matters to reach the goals established in the National Programme.

The health family teams are composed, at least, by physicians, nurses, nurses assistance and health community agents, prepared to the total basic attention and to the ...... in order to an attending specialised and or hospitalar eventually required. Nowadays are more than 100 thousand community agents integrated to the 4,405 health family teams, distributed in 1693 Brazilian cities. Each team attend, at most, 1,000 families or 4,500 people that lives or works in the territory of each health unit responsibility, now denominated “Unidade Básica de Saúde da Família” (Basic Unit of Health Family). The goal is to establish, still this year, 6000 teams; for 2002, the goal is 20,000 teams, enough for the attendance of half Brazilian population, more than 80 millions people.

The results already observed in the whole country and the potential of PSF (Health Family Programme) made the Ministry of Health to reflect its priority in the budget: in 1998 the health family programmes and community agents received a budget of US$ 124,571,000; in 1999 this amount raised to US$ 217,142,000; end for this year is expected the amount of US$ 388,571,000.

These programmes represents fundamental instruments for the Brazilian health system – the Unique Health System (SUS) – consolidation, defined by the Federal Constitution in 1988, who consecrate the ideals of the process of sanitary reform. This movement was initiated a few decades ago, aiming, among other objectives, the overcoming of dichotomy between health public actions and assistance medical-hospitalar, as well as the promotion for the universal access and even-minded to the services. Therefore, the Brazilian Constitution defines as principals of the System the universality of access to the services; the equity in offer and access; the integrity of attention, understood as integrated preventive and curative actions, individual and social; and social participation. As organisation goals are, for example, the System management decentralisation, toward in each field of government; the gathering of Union, States and Cities resources to structure and health services offering.

Along these principles and goals, the new National Tuberculosis Programme established in 1998 has defined the needs and measures to be adopted according to the diseases specifications. One of the specifications identified regards to the need to keep an appropriate balance between an action integration and a definition of functions in each government level, including those who must be kept in the central level, as establishment of national norms, acquisition of medicines, evaluation and monitoring of the Programme. An important purpose in its elaboration was the changing of old models or vertical models for those integrated, which execution is assumed in the basic health net. It is, at last, a net performance that doesn' t work only in the familiar centre.

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