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PRIMARY CARE IN LEPROSY CONTROL: EVALUATIVE STUDY FROM THE PERSPECTIVE OF MANAGERS IN A MUNICIPALITY IN THE HINTERLAND OF PARAÍBA

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Hellen Raquel Fortunato Bandeira[1], Thiago Moura Tavares[2], Nertan Ribeiro Batista[3] and Marilena Maria de Souza[4].

ABSTRACT

Leprosy, despite the advances of recent decades, is still a public health problem, even though it is a curable disease, with means for early diagnosis, effective and free treatment. Brazil is among the 22 countries that have the highest burden of the disease globally, the state of Paraíba has high rates of detection of the disease and the municipality of study, Cajazeiras-PB, located in the largest cluster of agglomeration of the disease in the state, was considered hyperendemic in the years 2010 to 2016, also having high detection rates. Thus, the Family Health Strategy should be organized to offer disease control actions according to the attributes of primary health care, considering that the measures should be based on reducing the burden of leprosy in the population, through the performance of managers, technicians and health professionals in the elaboration of state plans, regional and municipal actions for strategic actions to be developed. Therefore, the objective is to analyze the performance of the municipality of Cajazeiras-PB through an evaluative instrument in primary health care in relation to the implementation of leprosy control actions from the perspective of managers. To this end, an evaluative research of a quantitative nature was developed with the following management professionals: Municipal Health Secretary, PHC Coordinator, Epidemiological Surveillance Coordinator and PHC Unit Managers, using an instrument composed of 8 attributes to form scores of managers and the municipality under study. From this, weaknesses were observed between the evaluation attributes, such as "access" and "professional guidance", as well as among the dispersion measures that highlighted relative inconsistency between the answers provided in the face of the reality of the municipality. Thus, even with an overall score of 7.58 considered adequate according to the PCATool-Brazil standardization, the municipality presented dispersion measures with relative heterogeneity, suggesting that not all aspects evaluated were above the values considered positive. In view of this, the realization of this research enables the identification of specific weaknesses and the search for solutions with

[1] Medical student
Federal University of Campina Grande, Teacher Training Center, Cajazeiras, PB
E-mail: hellen.fortunato@estudante.ufcg.edu.br
[2] Medical student
Federal University of Campina Grande, Teacher Training Center, Cajazeiras, PB
E-mail: thiago.tavares@estudante.ufcg.edu.br
[3] Medical student
Federal University of Campina Grande, Teacher Training Center, Cajazeiras, PB
E-mail: nertan.ribeiro@estudante.ufcg.edu.br
[4] Tenured Teacher
Technical School of Health of the Federal University of Campina Grande, Teacher Training Center, Cajazeiras, PB
E-mail: marilenacarolino@uol.com.br

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regard to the vulnerabilities that permeate the actions of managers in the control of leprosy in the municipality of Cajazeiras-PB.

Keywords: Leprosy. Primary Health Care. Managers.

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INTRODUCTION

Leprosy is a chronic, infectious-contagious disease, whose etiological agent is *Mycobacterium leprae*, which mainly affects the skin and peripheral nerves, with the ability to cause neural lesions. It is highly infectious, but has low pathogenicity, that is, many are infected, but less than 10% get sick. Transmission occurs through close and prolonged contact with the sick person in the multibacillary form without treatment. The upper airways are the main route of elimination and the most likely gateway for the bacillus (BRASIL, 2017a)

According to the World Health Organization's Guidelines for the Diagnosis, Treatment and Prevention of Leprosy, in 2018, there was a detection rate of 2.74 cases per 100,000 population (WHO, 2019a). Brazil, in the same year, had a detection coefficient of 13.70/100 thousand inhabitants (BRASIL, 2020). Despite advances in recent decades, Brazil is among the 22 countries that have the highest burden of the disease globally (WHO, 2019a).

Official data from the Notifiable Diseases Information System (SINAN) show that the state of Paraíba in 2018 presented 518 new cases for every 100 thousand inhabitants, comprising a region with high leprosy detection rates. In the municipality of Cajazeiras-PB, during the years 2010 to 2016, the detection rates of new cases were in the range considered by the parameters of the Ministry of Health (MS) as hyperendemic (above 40.00/100,000 inhabitants).(BRAZIL, 2021).

Based on this, the National Strategy to Combat Leprosy 2019-2022 proposes to work with all Brazilian municipalities, with the general objective of reducing the burden of leprosy in Brazil, subsidizing managers, technicians and health professionals regarding the preparation of state, regional and municipal plans, as well as the strategic actions to be developed. Local peculiarities should be considered, with a view to organizing the service and qualifying the comprehensive care offered to people affected by the disease and its complications, within the scope of Primary Health Care (PHC) and specialized services (outpatient and/or hospital) (BRASIL, 2019b).

For Lanza (2014), the team that works in the Family Health Strategy (FHS) must be organized to offer disease control actions according to the attributes of PHC, not only in relation to access, diagnosis/treatment and guidance for the community, but must also be closely related to the other dimensions of PHC as a gateway, continued care, comprehensiveness of services, coordination and focus on the family.

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However, despite the recommendations for actions to combat leprosy, it is considered that in Brazil there are still difficulties in integrating actions to control the disease in PHC services. From a collective health perspective, the investigation of municipal management in leprosy care in PHC is relevant to evaluate the implementation of this public policy and suggest initiatives necessary for its effectiveness (SOUSA, 2017).

In view of the context, considering leprosy control actions (HCA) in PHC, municipal managers are responsible for planning, implementing and monitoring health actions, believing that the evaluation of the performance of these health practices, as well as their results, is necessary when the proposal is to reduce inequalities in access to PHC through the reorganization of the care model using the FHS.

Thus, considering that the municipality of Cajazeiras-PB, the study scenario, has a coefficient of detection of new cases for leprosy, evaluated as hyperendemic, in addition to being among the five cities in Paraíba with the highest frequency of leprosy cases (BRASIL, 2021), it is essential to apply a research instrument with managers who, directly or indirectly, they participate in the chain of care for this disease.

The managers are the representatives of PHC, since these professionals behave as coordinators in the care provided, receiving feedback from the other professionals and articulating their attributions. In addition, it has access to the evaluation of the system together with the team, which has the obligation to detect failures and develop problem-solving strategies (GIRÃO NETA et al., 2017). In view of this, the performance of this research is justified by means of an instrument to evaluate the degree of orientation of PHC services, in view of the coordination and performance of CHA by managers.

Thus, the research presents, as objectives, the aim of identifying the possible weaknesses of the management and control actions used in PHC for the monitoring of leprosy, which justify the high rates of this location, with the purpose of suggesting individualized measures that contribute to a more effective coordination of services and, consequently, reduction of the detection coefficient of new cases of leprosy in the municipality of Cajazeirense.

METHODOLOGY

TYPE OF STUDY

This study represents an evaluative research of a quantitative nature. For Marinho et al. (2016), evaluative research has its own purpose of analyzing the pertinence, relevance,

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theoretical and strategic foundations, the conjuncture and the evaluation of the implementation of measures within a context for the improvement of government programs

STUDY SCENARIO

The present study was carried out in the municipality of Cajazeiras-PB, located in the western extremity of the state of Paraíba, in the Northeast Region of the country. It belongs to the Mesoregion of the Sertão Paraíba and is 468 kilometers away from the state capital, João Pessoa.

It has an area of approximately 566 km² and its population is 61,816 inhabitants, being the eighth most populous municipality in Paraíba (IBGE, 2020). It is considered a hyperendemic location (BRASIL, 2021) which, primary care as the main gateway, makes up a field of extreme relevance for this research, on the coordination actions carried out in the face of leprosy control.

POPULATION AND SAMPLE

To this end, the following management professionals were chosen to apply the instrument: Representatives and/or managers of basic health units, Municipal Health Secretary, PHC Coordinator, Epidemiological Surveillance Coordinator and Municipal Technical Reference in Leprosy, adding up to a total of 28 expected managers.

The sample was produced with the managers who agreed to participate in the study and who met the inclusion criteria, namely: a minimum of 06 months of experience in management activities in the face of leprosy control actions and signing the Informed Consent Form (ICF). Regarding the exclusion criteria, they were: non-attendance on the scheduled date for the interview, regulated vacations and maternity leave.

THE INSTRUMENT

In order to achieve the objectives, the "Instrument for evaluating the performance of primary care in leprosy control actions - managers version" was used, which was elaborated, validated and applied by Lanza (2014) Doctoral Thesis of the School of Nursing of the Federal University of Minas Gerais, having been written based on the leprosy control actions (ACH) recommended by the Ministry of Health to be performed in PHC (BRASIL, 2010b). Its structure was developed based on the format used in the Primary Care

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Assessment Tool (PCAT) adopted as a reference by the Ministry of Health (BRASIL, 2010c).

The 70 items of the instrument were allocated within eight constructs or attributes that were formulated from the official documents of the SUS for leprosy care in PHC. These constructs are: gateway, access, continued care, comprehensiveness of available and provided services, coordination, family guidance, community orientation and professional guidance, corresponding to the PHC measures in the ACH.

The instrument was applied through an interview, in which the interviewee answered the items, using the Likert scale, with the same answer options as the PCATool-Brazil children, adults and professionals: 1 (for sure, no); 2 (for probably, not); 3 (for probably, yes); 4 (for sure, yes); 9 (for I don't know/I don't remember).

Thus, to calculate the scores of the PHC attributes, the same methodology as the PCAT-Brazil was used, enabling the statistical production of each leprosy control action evaluated, based on the means of the items of the instrument and, consequently, of each PHC attribute, in addition to a general score to evaluate the operationalization of the integration of the ACH in the municipality of Cajazeiras-PB.

The standardization of the PCAT-Brazil determines that scores equal to or above 6.6 indicate high orientation of the PHC service to perform HCA. However, scores below 6.6 indicate that the service has low orientation in PHC, demonstrating weaknesses in the HCAs that are performed.

DATA COLLECTION AND ANALYSIS

Data collection with managers was carried out in the work environment, scheduled at a time according to the availability of each professional, in a place reserved to avoid interruptions and to ensure the informant's privacy. It is worth noting that all subjects only participated in the study by signing the ICF.

The results were stored and analyzed using the Ep1.Info.7.0 program, and the scores were described through measures of central tendency, position, and dispersion. These data were organized in tables in Microsoft Excel, which allows the visualization of the scores of each item and attribute, and an overall score for the city of Cajazeiras.

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ETHICAL ASPECTS

This research was carried out in compliance with the determinations of Resolutions 466/2012 and 510/2016 (BRASIL, 2012b; BRASIL, 2016b), of the National Health Council and its complementary ones, which establishes the guidelines and regulatory standards for research involving human beings. The subjects were invited to participate in the study after all due clarifications about the development of the research (objectives, research procedures, confidentiality of their participation, risks and benefits) and reading of the ICF.

The research project, in turn, was submitted to the Research Ethics Committee (CEP) of the Federal University of Campina Grande, opinion 5,037,436. It is worth noting that the approval of the Health Department of the Municipality of Cajazeiras-PB was conceived, through a term of consent.

DEVELOPMENT

RESULTS AND DISCUSSIONS

Of the total of 28 managers expected as the study sample, however, three managers did not agree to participate in the study, three did not have experience working with suspected and/or confirmed leprosy patients, due to a short time in the function to the detriment of the high turnover of professionals in the city and two managers were excluded due to numerous attempts to fail to maintain contact and to attend the scheduled interview. Thus, the exact sample, within the established criteria, was 20 managers, 17 managers of basic health units, 1 Assistant Secretary of Health, 1 Coordinator of Primary Care and 1 Municipal Technical Reference in Leprosy.

The profile of these managers is composed of: 85% of the sample interviewed by unit managers and 15% of the sample interviewed, being managers at the municipal level, with 100% of the managers having an undergraduate degree and 95% having a postgraduate degree. With regard to performance in the management function, the average time, in years, was 6.05 and the average time, in years, of execution in Primary Health Care was 8. Regarding the number of training received during his work in the Leprosy Control Actions, it was, on average, 2.29. (Table 01). Thus, when the average time, in years, of working in PHC is related to the average number of training received, the lack of permanent training for these managers in the face of HCA stands out.

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Table 01 - Description of the interviewed managers involved in the HCAs in the municipality of Cajazeiras-PB.

VARIABLES	QUANTITATIVE DATA
Number of managers interviewed	20 (71%)
Area of expertise ● Managers of Basic Health Units ● Municipal Managers	 17 (85%) 3 (15%)
Schooling ● Graduation	 17 (100%)
Postgraduate studies ● Yes ● No	 19 (95%) 1 (5%)
Time (in years) of work in the function (mean/standard deviation)	6.6 (± 3.93)
Time (in years) of work in PHC (mean/standard deviation)	8.3 (±7.42)
Number of ACH trainings	2.31 (±1.77)

Source of information: survey data

With regard to the averages obtained and highlighted in Table 2, there were two attributes ("access" and "professional orientation") below 6.6, which are related to the cut-off point of the PCATool-Brazil, which classifies as high or low orientation and coordination in the services. Scores equal to or above 6.6 indicate high orientation and scores below 6.6 indicate that the service has low orientation for PHC.

The attribute "access", with a score of 5.1 and the attribute "professional guidance", with a score of 6.5 were classified as aspects that present low operationalization and preparation in the municipality of Cajazeiras, in view of the control actions carried out through primary health care in relation to the care of patients with leprosy.

Table 02 – Description of the general scores and dispersion measures of each attribute evaluated by the managers interviewed and involved in the HCAs of the municipality of Cajazeiras-PB.

	MANAGERS	GATEWAY	ACCESS	SERVICE CONTINUED	COMPLETENESS	ORIENTATION FAMILIAR	ORIENTATION COMMUNITY	ORIENTATION PROFESSIONAL
PAPS	10	4,1	10	9,4	7,1	10	8	7,7
RISING SUN	7,5	5,8	9,16	9,2	8,2	7,7	4,7	5,3
DR. VITAL ROLIM	6,6	5,4	8,3	9,2	6,4	10	4,7	4,4
Mª JOSÉ DE JESUS	10	6,2	10	9,7	8	10	8,6	6,6
JOSÉ LEITE ROLIM	8,3	5,4	8,3	9,7	6,2	10	7,5	9,4
BEAUTIFUL VIEW	7,5	4,1	10	9,1	6,2	8,8	8	5
TASK FORCE I	10	5,8	8,3	8,6	6,6	10	6,6	7,6
TANCREDO	8,3	4,5	9,1	9,5	6,4	10	6,3	5,5

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NEVES								
SIMÃO DE OLIVEIRA	10	3,6	6,6	8,1	6,6	10	4,7	5
AGROVILA	10	5	10	9,2	7,3	10	3,5	6,6
HOPE	6,6	5	5,8	8,1	5,7	7,6	6,1	6,1
FRANCISCO GONÇALVES	10	6,2	10	9,5	8,0	10	8,0	7,7
SAN JOSE	8,3	2,9	7,5	9,5	8,8	10	6,6	3,6
HIGINO DIAS	6,6	6,2	7,5	9,6	5	4,3	5	6
AMÉLIO ESTRELA	8,3	6,2	7,5	9,6	6,6	10	6,1	6,1
SAN FRANCISCO	9,1	6,2	6,6	9,2	6,4	10	6,6	7,6
TASK FORCE II	8,3	6,2	6,6	9,5	6,2	8,8	6,1	7,6
GESTOR MUNICIPAL I	9,1	5	10	8,6	7,6	6,6	7,5	5,3
GESTOR MUNICIPAL II	8,3	4,5	9,1	9,8	8,8	10	8,6	10
MUNICIPAL MANAGER III	9,1	4,1	10	9,6	6,6	10	8,6	7
Overall average	8,5	5,1	8,5	9,2	6,9	9,1	6,6	6,5
Standard deviation	1,2	0,9	1,4	0,5	1,0	1,5	1,5	1,6
CV*	13,9%	19,4%	16,6%	5,4%	14,6%	16,7%	22,9%	24,7%
Median	8,3	5,2	8,7	9,4	6,6	10	6,6	6,3

*CV:Coefficient of Variation
Source: Survey data

Thus, when the items that make up the attribute "access" are evaluated to verify the occurrence of low orientation in this item, it is observed that it is related to the units that generally do not stay open after 6 p.m. at least one day during the week (item D1; mean = 0), the lack of a telephone number of the unit during the period of operation to request information (item D2; mean = 0) and the difficulty of traveling to the health unit in their territory (item D3; mean = 3).

In addition, many users need to use some type of motorized transport to get to the unit (item D4; mean = 4) and most users miss work shifts to be seen in the health units in their territory (item D5; mean = 3). These items discuss the possibilities that make up the difficulties of access by users from the perspective of managers.

Based on this, the guarantee of universal access is one of the great challenges for the Unified Health System (SUS), due to the increase in demand for actions and services, which is reflected throughout the Health Care Network (RAS), to the extent that the

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organization of the network in a regionalized and hierarchical way requires the formulation and management of care flows (CALDAS, 2019).

Thus, considering that access is fundamental to achieve quality in health services (CUNHA, 2010), aspects related to socio-organizational accessibility regarding structural issues and logistical functioning of the units, as well as geographic location (distance from home to the service, locomotion, cost of travel) are essential characteristics to achieve quality in PHC (HALFOUN, 2008).

Regarding the items of the attribute "professional guidance" that was classified as low guidance, as well as the attribute "access", it was found that the difficulties are, primarily, related to the lack of a regular system of continuing education for PHC professionals on leprosy (item J6; mean = 3.3). Secondarily, the insecurity of managers was highlighted with regard to the qualification of nursing technicians/assistants (item J4; mean = 6) and the qualification of community health agents (item J5; mean = 5.5) to work in leprosy control actions.

It is known that managers, in this case, have a fundamental role in PHC due to the leadership and coordination responsibility they perform, being responsible for evaluating the level of guidance that PHC has performed in relation to HCA and, based on these, implementing and motivating the appropriate changes (BRASIL, 2017b).

A study published in 2017, carried out from 1995 to 2011 in Rwanda in East Africa, highlighted that the effective management of services, with active surveillance, data collection, sensitization of community health agents and political will were effective strategies, evidenced by the decrease in the prevalence and incidence rates of leprosy cases in the interval addressed, achieving the WHO global target of leprosy elimination of less than one case per 10,000 inhabitants (UWIMANA *et al.,* 2017).

In this context, it is believed that the training and development of health workers should be guided in a reflective, participatory and continuous way, according to the local needs, services and users of the system, strengthening the link between managers, educational institutions, health professionals and the population in improving the quality of the health system and professional guidance (FERREIRA, 2019).

Regarding the analysis of the precision of the data, the coefficient of variation (CV) was used, which is an important measure with regard to the variations of the elements to the detriment of the average obtained. Thus, its relevance for the analysis, as a whole, of

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the variance and amplitude of the standard deviation between the results achieved is highlighted.

Thus, Gomes (1990) considered that the coefficients of variation are classified as low when less than 10%, medium between 10 and 20%, high between 20 and 30% and very high if higher than 30%. A low VC indicates a considerably homogeneous group of data, a medium VC indicates a relatively dispersed group, and a high VC exposes a group of data that may present a high dispersion of the results and a degree of inconsistency with regard to the means and the answers obtained.

It is noteworthy that only the attribute "Comprehensiveness of services" has a low CV, with possible homogeneous data. However, when evaluating the CV of the attributes in table 02, it is worth noting that, in addition to the attributes "Access" and Professional Guidance", the attributes "Gateway", "Continued Care", "Coordination", "Family Orientation" and "Community Orientation" present a coefficient of variation above 10% and below 30%, suggesting a relative dispersion of results in comparison with the average found.

Based on this, it is appropriate to thoroughly analyze the items that make up these attributes, so that there may be the possibility of identifying which possible operational weaknesses that permeate the ACH in PHC indicated by the dispersion of the results identified in relation to the managers' responses.

The attribute of "Coordination" presented weaknesses regarding the inconsistency of an Annual Leprosy Work Plan (item G4; mean = 5.4), the lack of use and knowledge of the guidelines of Ordinance 3,125 of the Ministry of Health to define the activities to be carried out (item G6; mean = 6.4) and the guidelines of Ordinance 594 of the Ministry of Health on comprehensive care in leprosy at the 3 levels of health care (item G7; mean = 6.5), the lack of knowledge about the implementation of the leprosy agreement in the Bipartite Inter-Management Commission (item G8; mean = 5.2), the lack of periodic meetings to discuss cases of the disease between the health units and the municipal supervision teams (item G10; mean = 3.7) and the absence of receiving counter-referral from the patient treated in the specialized service (item G14; mean = 3). In addition, there is a lack of shoe and insole manufacturing in the municipality (items G16; mean = 0), a lack of occupational therapy (items G19; mean = 0) and a lack of a referral outpatient clinic in the municipality (item G24; mean = 0).

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With regard to the items with the highest negative scores in the "Community Orientation" attribute, the following is presented: insufficient knowledge evaluated by most managers about the monitoring of the indicators of the Pact for Life and the Programming of Health Surveillance Actions (item I4; mean = 4.1).

In addition, although the attribute "Comprehensiveness" had a low VC (5.4%), considered homogeneous, and a satisfactory partial overall mean (9.2), in a detailed analysis of the items that make up this attribute, it is highlighted that the elements: counseling or treatment for harmful tobacco use (item F14; mean = 6.4), follow-up of the treatment of leprosy reactions (item F22; mean = 6.2) and follow-up after discharge due to cure (item F23; mean = 6.2) presented a mean below the ideal value regarding the management orientation in the service (ideal value: scores equal to or above 6.6), demonstrating the need for this detailed evaluation in all attributes in the identification of possible inconsistencies in the answers provided.

Table 03 – Description of the general scores and dispersion measures of the managers interviewed and involved in the HCAs in the municipality of Cajazeiras-PB

MANAGERS	SCORE GENERAL	DETOUR PATTERN	COEFFICIENT VARIATION	MEDIAN
PAPS	8,2	±2,04	24,7%	8,7
RISING SUN	7,1	±1,73	24,0%	7,6
DR. VITAL ROLIM	6,8	±2,08	30,3%	6,5
Mª JOSÉ DE JESUS	8,61	±1,56	18,4%	9,15
JOSÉ LEITE ROLIM	8,1	±1,65	20,4%	8,3
BEAUTIFUL VIEW	7,3	±2,03	28,2%	7,75
MULTIRÃO I	7,9	±1,57	19,8%	7,95
TANCREDO NEVES	7,41	±2,03	27,3%	7,35
SIMÃO DE OLIVEIRA	6,8	±2,37	34,7%	6,6
AGROVILA	7,7	±2,51	32,7%	8,25
HOPE	6,3	±1,02	16,0%	6,1
FRANCISCO GONÇALVES	8,67	±1,41	16,2%	8,75
SAN JOSE	7,15	±2,63	36,9%	7,9
HIGINO DIAS	6,2	±1,68	26,8%	6,1
AMÉLIO ESTRELA	7,55	±1,48	19,7%	7,0
SAN FRANCISCO	7,1	±1,50	21,2%	7,1
TASK FORCE II	7,1	±1,33	18,7%	7,1
MUNICIPAL REPRESENTATIVE I	7,4	±1,76	23,7%	7,55
MUNICIPAL REPRESENTATIVE II	8,6	±1,79	20,7%	8,95
REPRESENTATIV	8,1	±2,07	25%	8,85

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E MUNICIPAL III				
MUNICIPAL MANAGERS	7,58	±1,81	24,3%	7,68

Source of information: survey data

In a general analysis, it was found that the final score of the managers of the municipality of Cajazeiras-PB was 7.58, being considered a high orientation management service in PHC, based on the standardization of the PCATool-Brazil. However, it should be considered that the favorable overall score does not reflect the reality of the operationalization of CHA in the municipality's PHC, since there is a high discrepancy (SD = 1.81; CV = 24.3%) and heterogeneity in relation to the information provided.

In view of a broad analysis of the information provided by the representatives of the units and by the municipal managers, it is considered that most of them presented an above-average orientation (Table 03) on the leprosy control actions in view of the attributes applied, with the exception of the Esperança unit, which presented an overall score of 6.3 and the Higino Dias unit.

However, it is important to highlight that although most of the overall scores present data above average, the highest overall score (8.67 - Francisco Gonçalves) shows that the level of guidance and coordination of the managers may not yet be sufficient for the reality of the municipality, which has high rates of case detection coefficient and is classified as hyperendemic.

In addition, there are specific weaknesses that may contribute to this hyperendemic situation of leprosy cases. Thus, it is possible to consider other evaluations that confirm this reality, such as the evaluation from the perspective of the managers of the UBS São José, which has a positive overall score (EG = 7.15), but shows the highest value of coefficient of variation (CV = 36.9%) and standard deviation (SD ± 2.63) of the sample.

The UBS Simão de Oliveira also presented an overall score above the average (EG = 6.8), but, on the other hand, it has one of the highest standard deviation values (SD ± 2.3) and one of the highest coefficients of variation (CV = 34.7%) among all the evaluations, as well as the UBS Agrovila, which presented a satisfactory overall score (EG = 7.7), but with a high standard deviation value (SD ± 2.5) and one of the highest coefficients of variation (CV = 32.7%).

Thus, similar to the aspects of the final score of the municipal managers, although the evaluation by the managers of the CHA in PHC has a general value above the average

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considered satisfactory, such as the UBS São José, it is observed through the dispersion measures that there is relative heterogeneity of the data, revealing that the information considered positive hides the information considered negative, these are potential to contribute to the hyperendemic reality of the study scenario, such as, in this case, the difficulty of the attribute "Access" with a score of 2.9 (Table 02).

Based on this, the need for municipal managers and unit managers to thoroughly identify and seek solutions with regard to all the vulnerabilities that permeate the HCAs and contribute to the alarming rates of the disease in the municipality of Cajazeiras - PB is highlighted.

CONCLUSIONS

In Brazil, leprosy remains a public health problem, even though it is a curable disease, with means for early diagnosis, effective and free treatment (BRASIL, 2019b). Despite the advances in the fight against the disease, the municipality of Cajazeiras – PB, for example, is considered to have a high endemicity of leprosy, being among the five cities in Paraíba with the highest frequency of cases of the disease according to the parameters of the Ministry of Health (BRASIL, 2021).

The process of leprosy is a complex phenomenon, which involves biological, economic, social, cultural and psychological determinations. Associated with the magnitude of the disease and its complexity in the field of care, there are managerial issues such as the process of evaluation and monitoring of the actions developed (ALENCAR, 2014).

Thus, the analysis of actions in the context of leprosy control, in the context of primary care management, should be focused on an assessment of the challenges and weaknesses that, even with the establishment of pacts, the development of technical mechanisms, the legal and normative effort, and primary care being the main gateway and means of communication of the RAS (BRASIL, 2017b), there is still a challenging scenario regarding the growing number of leprosy cases reported in Brazil and, especially, in the municipality of Cajazeiras-PB, which results in a situation of high endemicity.

Thus, the present study enabled a survey of information regarding the implementation, orientation and execution of policies by unit managers and municipal representatives, considering that there are evident obstacles that permeate the context of the municipality. Furthermore, with regard to access and professional guidance, there is a

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need for interventions that minimize the negative impact that these attributes evidenced, since they presented the lowest scores in relation to guidance in PHC.

In addition, the specific weaknesses such as the lack of knowledge of the pacts on leprosy that are carried out or not in the municipality, the lack of consensus on whether or not there is a flowchart of care for the disease, and the absence of periodic meetings between the municipal teams and the professionals of the unit to discuss the cases, hinder the coordination aspects of the actions to be carried out. In addition, the difficulty of having a regular system of continuing education for the guidance of professionals involved in ACH contributes to weakening the qualification of care in the municipality,

Based on this, through the data obtained, it is evident the need for municipal reference teams and unit managers to act together in the training and guidance of professionals, as well as in the resolution of negative aspects still present in the study scenario, which negatively interfere in the management and execution of measures to combat leprosy. Thus, vulnerabilities in user care, such as the difficulty of integrating the primary care service, which generally does not provide a form containing all the patient's information to the specialized service, as well as the lack of counter-referral of this care to the health units, make it difficult to maintain continued care.

Therefore, the realization of this research, through the application of the instrument that analyzed the degree of orientation of the managers involved in the Leprosy Control Actions in Primary Health Care, allowed the identification of negative aspects that weaken the coordination process of these professionals. In addition, it is up to managers to encourage the construction of precise alternatives that mitigate the difficulties detected, thus making it possible to reduce the epidemiological rates of leprosy in the municipality of Cajazeiras-PB.

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