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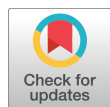
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EDITORIALS

The end of Brazil's More Doctors programme?

Those in greatest need will be hit hardest

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The More Doctors programme (*Programa Mais Médicos*)—a large Brazilian government initiative to provide doctors in underserved areas—recently suffered a major setback after the Cuban government withdrew its doctors. Brazil has struggled to attract doctors to work in primary care in remote or impoverished areas and indigenous reserves, and a contentious component of the programme has been to use Cuban doctors to fill the gaps. Until recently 52% of the 16 132 extra doctors working in the programme were Cuban.¹ But on 14 November the Cuban government terminated their role in the programme, citing critical and aggressive comments by Brazil's president elect, Jair Bolsonaro.²

More Doctors has been emotive since its inception and was opposed by the Brazilian medical council and some professional associations when it started. In recent months, Bolsonaro has questioned the quality of the Cuban doctors' training and has repeatedly described them as "slaves" because of the low pay they receive (relative to payments made to the Cuban government). Following Cuba's decision, all doctors ceased work in mid-November and had left the country by 15 December. This was not just a substantial logistical effort for the coordinators—the Pan-American Health Organisation (PAHO)—but represents a major disruption to health services for vulnerable Brazilians.

The Brazilian government has responded to the crisis by seeking applications from Brazilian doctors to fill the vacated positions. This will be difficult given the ongoing challenges that led to the original programme. Most Brazilian doctors prefer lucrative employment in private hospitals in urban areas rather than in publicly funded primary care facilities in remote or rural areas, where working conditions and career prospects are perceived as poor.

Tackling inequity

Before the More Doctors programme, the overall supply of doctors in the country (2 per 1000 population³) was only slightly lower than the supply in high income countries with universal

health coverage: 2.83/1000 in the UK, 2.54 in Canada, and 3.50 in Australia.⁴ However, striking inequalities existed in Brazil, with over 42% of the population living in areas with fewer than 0.25 doctors per 1000 population.⁵

Doctor shortages in primary care contribute to suboptimal health outcomes and continued health inequalities in Brazil.⁶ Although the acclaimed publicly funded primary care programme—*Estratégia Saúde da Família*—has substantially improved health outcomes and reduced inequalities in the country,^{7,8} the lack of doctors has limited its expansion in remote areas.

The More Doctors programme has been central to Brazil's efforts to tackle this problem. Its most visible component was an "emergency expansion" of doctors in primary care clinics in areas with high levels of poverty and sizeable health needs. The programme was launched in 2013, opening 16 000 posts with competitive salaries to encourage Brazilian doctors to relocate to underserved areas. Priority was given to Brazilian doctors, but only 1096 enrolled.⁹ The gap was filled through an international cooperation agreement between Brazil and Cuba facilitated by PAHO, allowing up to 12 000 Cuban doctors to work in Brazil after basic training in primary care and supervision from an accredited university.^{3,10} In 2014, the \$1.1bn (£900m; €1bn) costs of the programme were 93% financed by the federal budget and accounted for about \$6000 a month for each doctor.¹¹

The programme also received funding to construct or refurbish primary care clinics, and new medical schools were established (with a pro-primary care curriculum) in underserved regions. However, recent federal austerity measures have stalled construction and delayed any new medical schools for five years.¹²

Several evaluations are underway to determine the programme's effects on public health and inequalities. Studies already report benefits, including fewer doctor shortages, more satisfied users, fewer avoidable hospital admissions, and service improvements

such as better patient-doctor relationships, continuity of care, and multidisciplinary team coordination.^{3 9 13 14}

It seems highly likely that the More Doctors programme improved the health of vulnerable populations. However, its limitations should not be overlooked. The allocation of doctors was determined by criteria that included poverty levels, urbanisation, population vulnerability, and the human development index of local areas.⁵ Even so, many non-priority municipalities received extra doctors,⁵ potentially undermining the programme's benefits. The initiative also did not help resolve the underlying causes of the unequal distribution of doctors in Brazil.

Internationally, policy makers have much to learn from the collapse of More Doctors. Recruiting, retaining, and allocating doctors to underserved areas remains a problem in many countries. Although importing doctors can provide temporary solutions, tackling the push and pull factors that drive inequalities in human resources is essential for the long term strength and sustainability of primary care.¹⁵

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