



# Degree of implementation of the Tuberculosis Control Program: an evaluative study

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#### **ABSTRACT**

Aim: to evaluate the degree of implementation of the Program for the Control of Tuberculosis in Primary Health Care of a capital of the Brazilian Northeast. **Method:** this is a quantitative and evaluative study, with an emphasis on the degree of program implementation. 96 nurses from 48 primary health care units in the city of Natal/RN will participate according to the results of the sample calculation using the Barbetta formula, considering the 54 units in the municipality. The data will be collected through a structured questionnaire in three sections: professional characterization, structure dimension, and process dimension. The analysis will be done by descriptive statistics and the percentages identified will allow classifying the degree of implantation in: not implanted (0% to 25%), incipient implantation (26% to 50%), partially implanted (51% to 75%) or totally implanted (76% to 100%). **Expected results:** provide managers and professionals with data that will assist in making decisions that impact on improvements to the Tuberculosis Control Program.

**Descriptors:** Tuberculosis; Health Evaluation; Primary Health Care; Public Health Policy.

# PROBLEM SITUATION AND ITS SIGNIFICANCE

Tuberculosis (TB) persists as a disease of major influence on global public health<sup>(1)</sup>. Considered a priority by the Brazilian government, its diagnosis and treatment are performed universally and free of charge in the Unified Health System (*Sistema Único de Saúde* – SUS).

Given the TB problem, in 1999 Brazil created the National Tuberculosis Control Program (*Programa Nacional de Controle da Tuberculose* – PNCT) with the aim of expanding actions throughout the national territory, controlling the evolution and reducing the prevalence of TB in the population. The PNCT is an intervention whose standardization is well defined and its operationalization occurs in all governmental spheres, and should be incorporated into the Primary Health Care (PHC) network to achieve its objectives<sup>(2)</sup>.

At the municipal level, the operationalization of Tuberculosis Control Programs (*Programas de Controle da Tuberculose* – PCT) unfolds in different formats and results, despite having the same goals and directives as the PNCT. In this sense, the evaluation of the process of implementation and operationalization of the program is necessary for its improvement in order to contribute to the control of the disease<sup>(2)</sup>.

## **RESEARCH QUESTION**

Is the degree of implementation of the PCT in the PHC of the municipality of Natal in accordance with what is recommended in its regulations?

#### AIM

Evaluate the degree of implementation of the PCT in the PHC of a capital of the Brazilian Northeast.

#### **METHOD**

This is a quantitative and evaluative approach study, focusing on the degree of implantation. This type of evaluation aims to investigate to what extent an intervention was implemented as planned and is characterized by the comparison between what is proposed in the norms and what is found in the practice of services<sup>(3)</sup>.

The context of evaluation of the PCT will be the municipality of Natal, capital of the state of Rio Grande do Norte.

The study population will be made up of the city's PHC nurses, according to the following inclusion criteria: nurses in the research collection period who perform actions to control TB. Professionals who are on vacation, on leave or have a medical certificate at the time of data collection will be excluded from the population. For the calculation of the sample was used the quantitative of PHC units of the municipality and considered the sample error of 5% and the confidence interval of 95%.

These health units were randomly selected so that all nurses had the same chance of participating in the study. Considering that the number of these professionals in the units varies according to the geographic territory, it was recommended the participation of two nurses by establishment. Thus, the calculation showed that it is necessary to perform the data collection in 48 PHC units.

The data collection instrument was constructed by the researchers based on PCT stan-

dards<sup>(2)</sup> and is integrated by open and closed questions, which are divided into three sections: professional characterization, structure dimension and process dimension.

To evaluate the degree of implementation of the program, the data will be submitted to descriptive statistics through IBM SPSS Statistics and the percentage identified in each dimension and its criteria will allow classifying them as non-implanted (0% to 25%), incipient implantation (26% to 50%), partially implanted (51% to 75%), and fully implanted (76% to 100%).

The project complied with Resolution 466/2012 of the National Health Council and was evaluated by the Research Ethics Committee of the Federal University of Rio Grande do Norte (UFRN), which approved the research under Opinion No. 2,327,693. The research is linked to the course of Academic Master's Degree in Nursing of UFRN.

### **EXPECTED RESULTS**

It is expected that the identification of the degree of implantation of the structural elements and execution of the PCT will enable managers and professionals to make decisions that will improve the program.

#### REFERENCES

 Petersen E, Maeurer M, Marais B, Migliori GB, Mwaba P, Ntoumi F, et al. World TB Day 2017: Advances, Challenges and Opportunities in

- the "End-TB" Era. Int J Infect Dis [Internet]. 2017 March [Cited 2017 Oct 31];56:1-5. Available from: http://www.ijidonline.com/article/S1201-9712(17)30059-0/pdf
- Brasil. Ministério da Saúde. Secretaria de Vigilância em Saúde. Departamento de Vigilância Epidemiológica. Manual de recomendações para o controle da tuberculose no Brasil. Brasília: Ministério da Saúde: 2011.
- Vieira-da-Silva LM. Avaliação de políticas e programas de saúde. Rio de Janeiro: Editora Fiocruz; 2014. 110 p.

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Received: 11/09/2017 Revised: 09/20/2018 Approved: 09/28/2018