ISBN: 978-65-83849-24-3

Aurum EDITORA

CHAPTER 12

NATIONAL POLICY ON SPECIALISED HEALTH CARE (PNAES): PROGRESS, CHALLENGES AND STRATEGIES FOR INTEGRATION

https://doi.org/10.63330/aurumpub.021-012

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ABSTRACT

The objective of this theoretical essay is to analyse the development of the National Policy for Specialised Health Care (PNAES), established by Ordinance GM/MS No. 1,604/2023, which aims to reorganise specialised care in the SUS, overcoming historical challenges of fragmentation, disarticulation, and unequal access. The results highlight advances in the integration between Primary Health Care (PHC) and specialised services through mechanisms such as bottom-up territorial planning, shared regulation, matrix support, teleconsultations and joint clinical protocols, in addition to the mandatory linking of specialised services to vulnerable territories. Experiences in states such as Ceará and municipalities in Bahia illustrate the effectiveness of regionalisation, consortium management, and regulation in increasing access and improving the quality of care. There has also been a strengthening of the More Access to Specialists Programme, with widespread adherence and a historic increase in the number of consultations and examinations. The discussion points out that, despite advances, structural challenges remain related to financial sustainability, technological modernisation, retention of professionals, and strengthening of municipal governance, which are essential for effective integration and continuity of care. The conclusion emphasises that the PNAES inaugurates an innovative phase of specialised care, focused on integration, co-responsibility and social justice, whose effectiveness depends on political commitment, social participation and strengthening.

Keywords: Specialised Care; Healthcare Network; Inclusion of doctors; Territorialisation.

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INTRODUCTION

THEORETICAL ESSAY

The development of the National Policy for Specialized Health Care (PNAES) was marked by an important "International Seminar on Specialized Care" which, by bringing together SUS managers, researchers, and professionals, outlined a historical panorama of the main challenges faced by specialized care in Brazil. The event made evident the effects of the dismantling of public policies beginning in 2016, such as the interruption of structuring programs and the weakening of integration between levels of care, especially between Primary Care and medium- and high-complexity services. Based on this diagnosis, proposals were discussed to overcome a model still centered on a hospital-centric and biomedical logic, of limited resoluteness and poorly linked to the population's needs. Among the main challenges debated were the reorganization of services according to the logic of Health Care Networks (RAS), the qualification of care regulation, the strengthening of Primary Care, digital transformation, modernization of the technological apparatus, and the retention of professionals in areas of greater vulnerability. From these reflections, the PNAES guidelines were outlined, aimed at building a model of comprehensive, regionalized, efficient care committed to equitable access to health (Brazil, 2023).

The National Policy for Specialized Health Care (PNAES), instituted by Ordinance GM/MS No. 1,604/2023, represents a milestone in reorganizing specialized care within the Unified Health System (SUS). It emerges as a response to historical challenges, such as fragmentation of services and lack of integration with Primary Health Care (PHC) (Tesser and Poli, 2017; Brazil, 2023). The policy establishes nine structuring axes, among which stand out bottom-up territorial planning, integration with PHC, and equitable regulation of access—elements that directly engage with criticisms raised by Tesser and Poli (2017) regarding the historical disarticulation among care levels.

PNAES proposes a care model centered on user needs, with an emphasis on co-responsibility between PHC teams and specialized services. This alignment corroborates the recommendations of Elo et al. (Brazil, 2023), who highlight access regulation as an essential mechanism to ensure equity. The policy provides for the implementation of shared protocols and interprofessional communication systems, strategies that can reduce the historical waiting lists identified by Tesser and Poli (2017) in studies on access to specialties.

One significant advance is the provision for mandatory linkage between specialized services and rural and remote PHC territories (Fausto et al., 2023; Brazil, 2023). This guideline harkens back to care gaps that exist across the 5,570 municipalities, 26 states, and the Federal District, with respect to the low resoluteness of primary care for complex cases; thus, the same policy institutes mechanisms such as systematic teleconsultations and matrix support, devices that enhance PHC's clinical capacity—an aspect crucial as pointed out by Fausto et al. (2023) in analyses of care regulation.

Despite the innovative framework, structural challenges persist. The policy does not change existing financing models, maintaining dependence on temporary federal incentives—a fragility already noted in studies of prior SUS policies (Massuda, 2020). The sustainability of new care models will depend on tripartite agreements and the strengthening of integrated information systems, critical factors for the success of health policies as demonstrated in analyses of thematic network implementation (Lotta, 2019).

Specialized services must be linked to specific territories and to a defined number of PHC teams, ensuring population assignment (Fausto et al., 2023). This guideline responds to the historical critique of disarticulation among care levels, as noted by Tesser and Poli (2017). Bottom-up, regionalized planning (Axis I of PNAES) ensures that the organization of flows considers local needs and inter-federative agreements (Brazil, 2023).

The ordinance requires the joint development of clinical and referral protocols between PHC and specialized services (Art. 16, III), with records in a shared electronic health record (Brazil, 2024). Although PNAES does not alter funding structures, Axis IX provides incentives for payment models based on performance and care integration; thus, Ordinance 3,492/2024 advances in this direction by linking federal transfers to the implementation of joint actions between PHC and specialized care (Brazil, 2023; Brazil, 2024).

The instruments of interprofessional support provided for in PNAES constitute important strategies to strengthen integration between Primary Health Care (PHC) and specialized services. Among these, systematic matrix support of PHC teams by specialists stands out, as per Art. 17, I, and teleconsultations and formative second opinions, described in Art. 17, II, which broaden the response capacity of local teams through continuous technical support. Additionally, care navigation seeks to ensure a safe, coordinated transition among different points of the care network. Together, these actions materialize the concept of specialized backup to PHC, as defined in the regulation manual, promoting greater resoluteness, continuity of care, and network articulation (Brazil, 2023; Brazil, 2024).

The evaluation models of the National Policy for Specialized Health Care (PNAES) are structured multidimensionally, articulating three central axes designed to ensure the effectiveness and quality of services offered. The first axis encompasses performance evaluation, based on indicators such as resoluteness, average waiting time, and the rate of inappropriate referrals, allowing measurement of system efficiency. The second axis addresses service certification, using criteria of care quality and integration with thematic networks, in a strategy inspired by successful experiences in hospital evaluation. Finally, the third axis refers to continuous monitoring, made possible by an enhanced Ambulatory Information System (SIA), which includes modules aimed at shared regulation, strengthening the management and transparency of care processes (Brazil, 2023; Brazil, 2024; Tesser; Poli, 2017).

These models incorporate lessons from previous programs, such as the SUS Evaluation Program for Qualification (2011), which had already pointed to the need for indicators sensitive to integration among care levels (Elo et al., 2021; Brazil, 2023). PNAES advances by establishing quantitative targets for reducing waiting lists and criteria for computerized referral/counter-referral (Brazil, 2024).

As Ribeiro (2025) discusses, regulation must be understood in its ethical, political, and technical dimensions, articulating criteria of equity, efficiency, and transparency. In the context of PNAES, this translates into the construction of agreed regulatory flows, the use of computerized systems, and co-responsibility among managers and professionals at different care levels. When well-structured, regulation enhances the role of regionalized networks, expands the resoluteness of Primary Health Care, and ensures timely, high-quality access to specialized services.

The decentralization of management, while expanding municipal autonomy, also reveals weaknesses related to technical capacity, local political instability, and difficulties in intergovernmental articulation, which compromise integration among care levels and the effectiveness of regulatory and evaluative processes. These challenges directly impact the implementation of policies such as the National Policy for Specialized Health Care (PNAES), as they hinder the construction of integrated flows, efficient access regulation, and the consolidation of regionalized care networks. According to Ribeiro, Braga, and Souza (2025), overcoming these limitations requires strengthening municipal governance, investing in continuing education, valuing spaces for social participation, and adopting innovative management and financing strategies. Thus, the success of PNAES depends not only on normative guidelines but on an integrated approach sensitive to the specificities and challenges of the Brazilian municipal context—an indispensable condition for realizing a model of specialized care tailored to the health singularities of the territory (Mendes, 2013).

The study by Castro and Campos (2016) presents results that contribute significantly to the discussion on PNAES, especially regarding integration between specialized care and Primary Health Care (PHC). The authors demonstrate that matrix support acts as an important articulator of interprofessional relations, promoting continuous exchange of knowledge and co-responsibility between PHC teams and specialized services. This articulation favors the qualification of care, increases case resoluteness, and avoids unnecessary referrals to specialized care.

For Rossi and Chaves (2015), the implementation of Specialized Oral Health Care is a formative example of this integration among points in the health care network, analyzed in two municipalities in Bahia: Vitória da Conquista and Feira de Santana. Both municipalities present comprehensive Primary Care coverage, which enabled an in-depth assessment of the processes of implementing Dental Specialty Centers (CEOs) in contexts with consolidated basic structures. The choice of these municipalities made it possible to identify how integration strategies between primary and specialized care manifest in distinct

realities, evidencing specific advances and challenges. While Vitória da Conquista had formal spaces for dialogue among teams—favoring articulation and the construction of flows and protocols—Feira de Santana faced difficulties consolidating these practices, which impacted the effectiveness of access regulation and the quality of specialized care. These findings underscore the importance of territorial planning, efficient regulation, and institutional support for service qualification—central elements for the realization of PNAES.

The lessons from Rossi and Chaves (2015) speak directly to the principles and challenges of PNAES. The experience of the municipalities analyzed reinforces the importance of mechanisms of integration between primary and specialized care, the need for well-defined regulatory protocols, and the central role of participatory management and continuing education. Such aspects are fundamental to realizing the structuring axes of PNAES, especially in terms of network articulation, access regulation, and qualification of specialized services.

The experience of Ceará was the most successful, given the expansion of access to specialized care—especially in regions historically underserved. The implementation of Regional Polyclinics, with consortium management among municipalities, enabled the provision of specialized consultations, exams, and procedures in territories previously lacking these services. The strengthening of access regulation, with computerized systems and agreed protocols, contributed to greater equity and efficiency in the use of resources (Almeida et al., 2019).

The Ceará model shows that regionalization, consortium management, and inter-federative agreements are effective strategies to ensure equitable access to specialized care and promote integration in care networks. It also highlights the need to strengthen access regulation, invest in continuing education, and institutionalize evaluation processes—central aspects for the effectiveness of PNAES's structuring axes (Almeida et al., 2019).

According to official data from the Ministry of Health, the More Access to Specialists Program (PMAE), the operational arm of PNAES, already has the adherence of 99.2% of Brazilian municipalities and 100% of states, covering 97.5% of the country's health regions. Between 2024 and 2026, the goal is to perform more than one million surgeries per year, in addition to significantly expanding specialized consultations and exams. In 2023, the SUS recorded an increase of 13% in the total number of consultations with specialists, rising from 843.7 million in 2022 to 953.1 million, and a growth of 13.3% in the total number of diagnostic exams, which went from 1 billion to 1.1 billion. These numbers reflect the highest production volume in SUS history since 2010, resulting from a record investment of R$4.8 billion in oral health and R$31.5 billion planned for the next four years in the More Access to Specialists Program and the New PAC. The report "Agora tem especialistas" by Rafael Machado and Rebeca Kroll

on the Futuro da Saúde portal highlights concrete advances in expanding access to specialized care within the SUS, especially in regions historically lacking this service (Machado; Kroll, 2024).

PNAES represents a strategic advance in reorganizing specialized care within the Unified Health System, responding to historical challenges of fragmentation, disarticulation, and inequality in access to medium- and high-complexity services (Brazil, 2023). The analysis of national and international experiences, as well as field studies in different regions of Brazil, shows that effective integration between primary and specialized care is fundamental for care qualification, reduction of waiting lists, and expansion of system resoluteness.

The instruments provided in PNAES—such as bottom-up territorial planning, shared regulation, matrix support, use of digital technologies, and multidimensional evaluation—demonstrate potential to overcome the hospital-centric model and promote regionalized care networks that are more equitable and centered on user needs. Successful experiences, such as regionalization in Ceará, implementation of CEOs in Bahia, and strengthening of matrix support, reinforce that regional governance, inter-federative agreements, and continuing education are essential pillars for the policy's success (Castro; Gastão, 2016; Rossi & Chaves, 2015; Almeida et al., 2019).

Despite advances, structural challenges persist—such as financial sustainability, the need for technological modernization, retention of professionals in vulnerable areas, and institutionalization of evaluation processes. The recent substantial increase in the volume of specialized consultations, exams, and surgeries, together with the near-universal adherence of municipalities to the More Access to Specialists Program, reveals that SUS has reached a new production level, but also demands constant vigilance to guarantee quality, equity, and continuity of care.

Therefore, PNAES inaugurates a new phase for specialized care in Brazil, based on integration, co-responsibility, and the ongoing pursuit of efficiency and social justice. Its success will depend on political commitment, active participation of managers, professionals, and users, and the strengthening of regional networks as spaces for innovation, evaluation, and collective construction of the right to health.

REFERENCES

1. Brasil. Conselho Nacional de Saúde. Política Nacional de Atenção Especializada é aprovada pelo Conselho Nacional de Saúde [National Specialized Care Policy is approved by the National Health Council]. 19 Oct. 2023. Accessed on: 4 Sept. 2024.

2. Brasil. Portaria GM/MS nº 1.604, de 18 de outubro de 2023 [Ordinance GM/MS No. 1,604, of October 18, 2023]. Institui a Política Nacional de Atenção Especializada em Saúde (PNAES) [Establishes the National Specialized Care Policy in Health (PNAES)]. Diário Oficial da União, 19 Oct. 2023.

3. Brasil. Portaria GM/MS nº 3.492, de 11 de abril de 2024 [Ordinance GM/MS No. 3,492, of April 11, 2024]. Estabelece incentivos financeiros para integração entre atenção primária e especializada no SUS [Establishes financial incentives for integration between primary and specialized care in the SUS]. Diário Oficial da União, 2024.

4. Brasil. Seminário Internacional de Atenção Especializada. Ministério da Saúde. Política Nacional de Atenção Especializada em Saúde [National Specialized Care Policy]. Brasília: Ministério da Saúde, 2023. Available at: https://redeaps.org.br/wp-content/uploads/2023/06/Politica-Nacional-de-Atencao-Especializada-em-Saude.pdf. Accessed on: 30 May 2025.

5. Almeida, P. F. de; Giovanella, L.; Martins, M. T.; Lima, L. D. de. Redes regionalizadas e garantia de atenção especializada em saúde: a experiência do Ceará, Brasil [Regionalized networks and guarantee of specialized health care: the experience of Ceará, Brazil]. Ciência & Saúde Coletiva, v. 24, n. 12, p. 4527–4540, 2019. Available at: https://doi.org/10.1590/1413-812320182412.25562019. Accessed on: 26 May 2025.

6. Castro, Cristiane Pereira de; Campos, Gastão Wagner de Sousa. Apoio matricial como articulador das relações interprofissionais entre serviços especializados e atenção primária à saúde [Matrix support as an articulator of interprofessional relations between specialized services and primary health care]. Physis: Revista de Saúde Coletiva, v. 26, n. 2, p. 455–481, 2016. Available at: https://doi.org/10.1590/S0103-73312016000200007. Accessed on: 22 May 2025.

7. Elo, E. A.; Gomes, G. G.; Carvalho, J. O.; Pereira, P. H. B.; Guabiraba, K. P. L. A regulação do acesso à atenção especializada e a Atenção Primária à Saúde nas políticas nacionais do SUS [Regulation of access to specialized care and Primary Health Care in the national SUS policies]. Physis, v. 31, n. 1, e310109, 2021.

8. Fausto, M. C. R.; Almeida, P. F. de; Bousquat, A.; Lima, J. G.; Santos, A. M. dos; Seidl, H.; Mendonça, M. H. M. de; Cabral, L. M. da S.; Giovanella, L. Atenção Primária à Saúde em municípios rurais remotos brasileiros: contexto, organização e acesso à atenção integral no Sistema Único de Saúde [Primary Health Care in remote rural Brazilian municipalities: context, organization, and access to comprehensive care in the Unified Health System]. Saúde e Sociedade, v. 32, n. 1, e220382pt, 2023. Available at: https://doi.org/10.1590/S0104-12902023220382pt. Accessed on: 26 May 2025.

9. Lotta, Gabriela. A política pública como ela é: contribuições dos estudos sobre implementação para a análise de políticas públicas [Public policy as it is: contributions from implementation studies to public policy analysis]. In: Lotta, Gabriela (org.). Teorias e análises sobre implementação de políticas públicas no Brasil. Brasília: Enap, 2019. p. 11–38.

10. Machado, R.; Kroll, R. Agora tem especialistas [Now there are specialists]. Futuro da Saúde, 2024. Available at: https://futurodasaude.com.br/agora-tem-especialistas/. Accessed on: 19 May 2025.

11. Massuda, A. Mudanças no financiamento da Atenção Primária à Saúde no Sistema de Saúde Brasileiro: avanço ou retrocesso? [Changes in the financing of Primary Health Care in the Brazilian Health System: progress or setback?]. Ciência & Saúde Coletiva, v. 25, n. 4, p. 1181–1188, 2020. Available at: https://doi.org/10.1590/1413-81232020254.01022020. Accessed on: 28 May 2025.

12. Mendes, E. V. 25 anos do Sistema Único de Saúde: resultados e desafios [25 years of the Unified Health System: results and challenges]. Estudos Avançados, v. 27, n. 78, p. 27–34, 2013. Available at: https://doi.org/10.1590/S0103-40142013000200003. Accessed on: 30 May 2025.

13. Ribeiro, A. M. Ensaio teórico sobre a regulação de acesso na saúde [Theoretical essay on access regulation in health]. Aurum Editora, 2025. p. 1–12.

14. Ribeiro, A. M.; Braga, W. dos S.; Souza, R. B. de. Desafios sociais e políticos do modelo sanitarista no Brasil: impactos e limitações na gestão municipal [Social and political challenges of the sanitist model in Brazil: impacts and limitations in municipal management]. Revista de Saúde Pública de Mato Grosso do Sul, Campo Grande, Mato Grosso do Sul, Brasil, v. 7, n. 2, p. 07–22, 2025. DOI: 10.70630/rspms.v7n2.319. Available at: https://revista.saude.ms.gov.br/index.php/rspms/article/view/319. Accessed on: 1 Jun. 2025.

15. Rossi, T. R. A.; Chaves, S. C. L. Implementação da Atenção Especializada em Saúde Bucal em dois municípios na Bahia/Brasil [Implementation of Specialized Oral Health Care in two municipalities in Bahia/Brazil]. Saúde em Debate, v. 39, n. spe, p. 196–206, 2015. Available at: https://doi.org/10.5935/0103-1104.2015S005186.

16. Tesser, Charles Dalcanale; Poli, Paulo. Atenção especializada ambulatorial no Sistema Único de Saúde: para superar um vazio [Ambulatory specialized care in the Unified Health System: to overcome a gap]. Ciência & Saúde Coletiva, v. 22, n. 3, p. 941–951, 2017. Available at: https://doi.org/10.1590/1413-81232017223.18842016. Accessed on: 1 Jun. 2025.