

Cycle Health Program: Sustainability and Impacts in Primary Health Care (2014 - 2019)

Programa Ciclo Saúde: Sustentabilidade e Impactos na Atenção Primária à Saúde (2014 – 2019)

Programa Ciclo Salud: Sostenibilidad e Impactos en la Atención Primaria de Salud (2014–2019)

RESUMO

Objetivo: Avaliar a sustentabilidade do Programa Ciclo Saúde, iniciativa de fortalecimento da atenção básica em municípios brasileiros. **Método:** Estudo de métodos mistos com análise documental (2014–2019) e questionários semiestruturados aplicados a 126 profissionais de saúde de quatro estados. Utilizou-se matriz de avaliação com quatro níveis de sustentabilidade. **Resultados:** Identificou-se sustentabilidade avançada (>74%), com 98% de incorporação de práticas nas equipes. A institucionalização, engajamento profissional e tecnologias inovadoras foram determinantes para a continuidade. **Conclusão:** O programa demonstrou impacto positivo na formação profissional e práticas da Atenção Básica, oferecendo modelo replicável com estratégias participativas e intersetoriais.

DESCRIPTORIOS: Avaliação de Programas e Projetos de Saúde; Atenção Primária à Saúde; Promoção da Saúde; Política de Saúde; Educação Continuada.

ABSTRACT

Objective: To evaluate the sustainability of Ciclo Saúde Program, a primary healthcare strengthening initiative in Brazilian municipalities. **Method:** Mixed-methods study with document analysis (2014–2019) and semi-structured questionnaires administered to 126 health professionals from four states. An evaluation matrix with four sustainability levels was applied. **Results:** Advanced sustainability (>74%) was identified, with 98% practice adoption by teams. Institutionalization, professional engagement and innovative technologies were key continuity factors. **Conclusion:** The program positively impacted professional training and primary care practices, offering a replicable model with participatory and intersectoral strategies.

DESCRIPTORS: Program Evaluation; Primary Health Care; Health Promotion; Health Policy; Education, Continuing.

RESUMEN

Objetivo: Evaluar la sostenibilidad del Programa Ciclo Saúde, iniciativa de fortalecimiento de atención primaria en municipios brasileños. **Método:** Estudio de métodos mixtos con análisis documental (2014–2019) y cuestionarios semiestruturados aplicados a 126 profesionales de salud de cuatro estados. Se utilizó matriz de evaluación con cuatro niveles de sostenibilidad. **Resultados:** Se identificó sostenibilidad avanzada (>74%), con 98% de incorporación de prácticas. La institucionalización, participación activa y tecnologías innovadoras fueron determinantes. **Conclusión:** El programa impactó positivamente en la formación profesional y prácticas de atención primaria, ofreciendo modelo replicable con estrategias participativas e intersectoriales.

DESCRIPTORIOS: Evaluación de Programas; Atención Primaria de Salud; Promoción de la Salud; Política de Salud; Educación Continua.

RECEIVED: 06/24/2025 APPROVED: 07/15/2025

How to cite this article: Leme CRP, Edmundo KMB, Cruz MM. Cycle Health Program: Sustainability and Impacts in Primary Health Care (2014 - 2019). Saúde Coletiva (Edição Brasileira) [Internet]. 2025 [acesso ano mês dia];15(98):16648-16655. Disponível em: DOI: 10.36489/saudecoletiva.2025v15i98p16648-16655

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INTRODUCTION

The Health Cycle Program, implemented in 2014 and institutionalized in 2018, aims to transform local realities through participatory training, capacity building and health promotion technologies, rethinking work practices and processes¹. The sustainability of social health programs is essential, considering the inequalities and structural challenges of the sector, and is defined by the continuity of positive results after funding ends².

There is a scientific gap in methodologies for evaluating programs that involve professional training in health promotion. Analyzing the sustainability of the Health Cycle is fundamental to understanding how social initiatives endure in contexts of limited resources. This study offers a replicable theoretical-methodological approach, integrating Social Sciences, Humanities and Collective Health³ to evaluate contexts, social and cultural processes that impact the continuity of programs.

The program adapts practices to the territories, valuing community participation as an axis for equity⁴. It overcomes traditional biomedical models by actively involving professionals and communities in the process of collectively building health⁵. Its intersectoral perspective strengthens the SUS, promoting integrated public policies⁶.

Assessing sustainability is not limited to quantitative indicators, but encompass-

es knowledge, practices and the organization of services. This article describes the methodological approach to evaluating the sustainability of the program, with three objectives: Identify sustainability criteria applied; Explore the perception of professionals; Analyze challenges and propose solutions for future evaluations.

The study contributes to public policies aligned with the SUS and the real needs of communities and health professionals.

METHODS

We used a mixed-methods approach, both quantitative and qualitative, to carry out a participatory evaluation of the sustainability of the Health Cycle Program in the proposed dimensions. We used multiple sources of data, longitudinality and the active engagement of professionals in the different phases of the evaluation, from the Evaluability Study - which validated the evaluation questions with the development of the Evaluation and Judgment Matrix (MAJ) - to participation in a semi-structured instrument as a source of data during the evaluation itself. This approach was aligned with the objective of understanding the sustainability of the program over time, considering the dimensions of knowledge, practices, work processes and organization of services⁷.

The methodology was structured in two main stages: the Evaluability Study (AS) and the construction of the Analysis and Judgment Matrix (MAJ). The former

allowed for a systematic and robust evaluation of the program, while the MAJ provided a framework for the integrated analysis of qualitative data⁷. The methodological choice was motivated by the need for a comprehensive and integrative understanding, including diverse perspectives from participants, analysis of official documents and monitoring of the program's evolution between 2014 and 2019.

The longitudinal study on the program's sustainability was conducted by analyzing official documents from 2014 to 2019⁸. These documents included: Workshop reports (basic and thematic); Records of professional training, capacity-building and action activities; Participant testimonials and evaluations; Program journals: publications that bring together testimonials, experience reports and reflections from professionals working in municipalities in the states of Pará, Minas Gerais, Maranhão and Espírito Santo; Terms of cooperation: formal agreements established between municipal entities and the program's executing institutions, defining guidelines and responsibilities; Monitoring reports: documents that report on the follow-up of the program's activities and results during the period.

The selection of sources was based on their scope and representativeness, allowing for a longitudinal and multi-dimensional analysis of the program's sustainability. Official documents and semi-structured interviews provided robust data on implementation, challenges

and results, as well as capturing the perceptions of professionals. Municipalities from four Brazilian states were studied, selecting one municipality per state to ensure socioeconomic and management diversity. The BHUs included reflected different realities, enriching the analysis⁹.

The study used a multiple case design¹⁰, as it was a complex intervention, strengthening the evidence, increasing external validity and allowing the results to be generalized to similar contexts^{9, 10}. The selection of cases followed literal replication, requiring prior knowledge of some results in order to identify exemplary patterns. The selection was strategic and guided by three main characteristics: geographic representativeness and socioeconomic diversity; inclusion in the program since its implementation; access to documentary evidence and professionals who participated in the program.

Data collection was carried out in two stages: document analysis and questionnaire application. Document analysis involved reviewing reports, training records and internal evaluations of the Ciclo Saúde Program, which provided a historical and contextual overview of the program's implementation. A semi-structured instrument with closed and open questions was distributed via Google Forms. Descriptive analysis was carried out on the closed questions, and the open questions were subjected to the content analysis technique, which includes pre-analysis and exploration of the material¹¹.

The selection of participants was intentional⁹, considering the Ciclo Saúde Program's network of contacts, as well as the consultation of active professionals in the National Registry of Health Establishments (CNES)¹². In total, 344 professionals from these municipalities have used the program since its inception. Of the 168 active records in the CNES, 126 confirmed their participation via telephone contact (WhatsApp), representing 75% adherence. The distribution by municipality was: Canaã (65), São Luís (40), Resplendor (10) and Fundão (11). Data analysis was carried out in several stages:

separate analysis of each case and joint analysis of the four states, documental and primary data for each municipality, identifying local particularities and challenges.

Subsequently, the data was aggregated according to parameters for assessing the degree of sustainability, based on the models of Ng & de Colombani (2015) and Silva et al. (2005), adapted to measure the maintenance of programmatic effects over time. The classification of the degree of sustainability involved four levels: Low Degree (1-24%); Intermediate Degree (25-49%); High Degree (50-74%); Advanced Degree (>74%).

The score obtained in each criterion was compared with the total maximum points, and the simple arithmetic mean was calculated to determine the degree of sustainability of the Ciclo Saúde Program^{13,14}.

The project was approved by the Ethics Committee of the Universidade Estácio de Sá (UNESA/RJ), under Consent Form No. 5.202.958 and CAAE: 52639121.7.0000.5284.

RESULTS AND DISCUSSION

The documentary analysis of the Health Cycle Program revealed significant impacts in four main dimensions over five years of implementation. In the Knowledge dimension, the results showed important state variations: Minas Gerais achieved 85% new understanding of the SUS, Pará recorded 93% significant learning, Maranhão showed 90% recognition of Primary Care, while Espírito Santo achieved 100% clarity in practices. The professionals' testimonies were elucidating, such as the one from MG who said "It showed me the evolution of the SUS" or the one from ES who highlighted "It revitalized our group". These results demonstrate concrete gains in professional autonomy and a broader vision of the area in which they work¹⁵.

In terms of Professional Practices, 90% of the teams reported significant changes in their ways of working, with an impressive 100% implementing new care tech-

nologies. Reports such as "I understood the importance of Community Health Agents" in MG or the systematic adoption of conversation circles in ES showed consistent processes of humanizing care and strengthening professional-community bonds^{16,17}. With regard to Work Processes, all of the Basic Health Units carried out training, with striking testimonies such as "Equipment streamlined processes" in PA, resulting in greater resolution of actions and high professional satisfaction¹⁸.

The Organization of Services showed equally relevant data, with 88% of intersectoral actions implemented. Innovative projects such as "Wonder Woman" in the state of Espírito Santo and community gardens in Minas Gerais illustrate comprehensive approaches that promoted effective community participation¹⁸. The longitudinal analysis of the multiple cases in 2023 made it possible to classify the program's sustainability as Advanced in all the components evaluated.

On the Knowledge axis, 95% of the professionals reported a substantial increase in their knowledge, with MG (100%) and ES (82%) standing out. Professional Practices showed changes in 100% of cases, with conversation circles (MA/ES) and video debates (MG/PA) being the most used and valued technologies¹⁶. As for the Organization of Services, intersectorality maintained rates between 77% and 91%, with permanent effects ranging from 70% to 91% in the different locations, confirming the robustness and sustainability of the model implemented by the Ciclo Saúde Program.

CONCLUSION

The study demonstrated the advanced sustainability of the Health Cycle Program, achieving its three main objectives: identifying sustainability criteria, analyzing professional perceptions and proposing solutions for future evaluations. The mixed approach, combining longitudinal documentary analysis (2014-2019) and primary data from 126 professionals, revealed consistent impacts in the dimen-

sions of knowledge (up to 100% conceptual appropriation), practices (90-100% transformations), work processes (100% training) and service organization (88% intersectoriality). The qualitative and quantitative results converged to con-

firm the effectiveness of the participatory model, with emphasis on strengthening the SUS through innovative technologies (conversation circles, video debates) and territorial projects ("Wonder Woman" -ES). The classification as "Advanced

Grade" (>74%) in all dimensions attests to the program's ability to maintain lasting effects, offering a replicable model for evaluating public health policies.

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ACKNOWLEDGMENTS

We would like to express our sincere thanks to the 126 health professionals from the states of Pará, Minas Gerais, Maranhão and Espírito Santo, whose dedicated participation was fundamental to the success of this research. Their knowledge and experience significantly enriched our understanding of the sustainability of the Ciclo Saúde Program. Special thanks to the Vale Foundation for the visionary initiative of Ciclo Saúde, which since 2014 has been transforming Primary Health Care practices in several Brazilian municipalities. We are deeply grateful to Prof. Dr. Marly Marques da Cruz (ENSP/Fiocruz) for her valuable contributions as co-supervisor of the doctoral thesis that led to this article, particularly for the methodological and theoretical reflections that strengthened this analysis. We would also like to thank the local management teams and the Research Ethics Committees for their institutional support during the development of this work.

FINANCIAL SUPPORT: None

CONFLICT OF INTEREST:

The authors declare no conflicts. The author Cibele Rodrigues Paes Leme acted as a consultant for CEDAPS during the program's implementation phase (2014-2016). Co-author Katia Maria Braga Edmundo is currently Executive Director of CEDAPS. We emphasize that all stages of the research - data collection, analysis and interpretation - were conducted with academic independence, guaranteed by: (1) the use of scientifically validated methods; (2) the triangulation of data sources; and (3) the availability of raw data for auditing.