

instruments of data collection, indicators and reference patterns. Moreover it examines the coherence of operational actions and effectiveness of programmatic procedures in relation to the proposed logical model. This approach facilitates the timely availability of results and recommendations to be reported to scientific community and to health authorities in order to be adapted to local program routines.

In this sense a systematic evaluation of health programs with valid indicators has a decisive effect. These models are to redefine national policies of endemic diseases control according to guidelines of decentralized management. Thus, local systems of surveillance and primary health care have to be taken in account. As to the integration/quality of programs and to technical and financial autonomy, a regional diagnosis (baseline) of the control status of endemic diseases will led to more realistic goals. All these instruments will make possible to identify problems and failures in implementing the control of endemic diseases.

In association with national program coordinators of malaria, dengue, tuberculosis and hanseniasis the team of researchers has developed a classification of municipalities for each state and endemics. In order to select representative regional case studies, the classification has taken into account consensual criteria of epidemiological risk, *presumed* performance of programs, technical-managerial and financial autonomy. Each case study was approached through a logical model of evaluation. These models articulate program components such as epidemiological and environmental surveillance, diagnostic and supporting laboratorial network, primary health care and, if existent, innovative elements. The research was begun in September 2001 and was designed to be implemented within a ten-month period. Dr. Elizabeth Moreira dos Santos, Dr. Zulmira Hartz and Dr. Sonia Natal are responsible for the coordination of the project.

TUBERCULOSIS FATALITY AND MORTALITY TENDENCY IN BRAZIL 1980 A 1998

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Conclusion

It was verified, in the 80th, the tendency of reduction of the tuberculosis mortality and of the fatality. In the 90th themaintenance or the increment of these indicators were observed.

In the 80th the reduction tendency could be explained by the implantation of the therapy of short duration. The following decade the great disorganization of the public health happened. The changes policeman and mainly the investment lack for the Program of Control of Tuberculosis.

The most serious problem than we observed on this century (XXII) it was the aggravation of the control of the tuberculosis, besides not obtaining safe data.

Even with all of the limitations of the System of Information, in the eighties the information of tuberculosis morbi-mortality were reliable, already in 90th, in spite of the system of computerized program a worsening of the quality of the information was verified. of 90.

In spite of the association of the co-infection Tuberculosis-HIV to be present the largest difficulties of the program it is the centralization of the treatment, late diagnosis and inadequate medical aid, besides the factors partner economical.

The situation can be considered serious, with risk of losing an entire effort. In the beginning of the 50th, with the chemotherapy, and in the 80th with the therapy of short duration and another measured, a great optimism was verified, but in the end of both periods it was observed the same problems, or be the abandonment and the resistance.