The importance of the family health strategy for the resolution of primary health care: a reflection

A importância da estratégia saúde da família para a resolutividade da atenção primária à saúde: uma reflexão
La importancia de la estrategia de salud de la familia para la resolución de la atención primaria de salud: una reflexión

RESUMO
Objetivo: refletir sobre a importância da Estratégia Saúde da família para a resolutividade da Atenção Primária à Saúde. Método: Estudo de reflexão que se fundamentou em uma base teórica filosófica, além da percepção das autoras sobre o assunto abordado. A pesquisa foi realizada no período de outubro a dezembro de 2021. Resultados: a Estratégia Saúde da família é o principal mecanismo estruturante da Atenção Primária à Saúde no Brasil e entre os aspectos principais e as inovações vistas do processo de sua implantação, a resolutividade merece destaque sendo uma proposta capaz de atender o paciente em todo o ciclo de vida de forma holística, com ações e serviços de saúde, além de buscar maior equidade. Conclusão: foram elucidadas evidências que causaram significativo impacto na saúde das pessoas no Brasil e, por meio destas, nota-se sua importância através da melhoria do acesso aos serviços de saúde.
DESCRITORES: Saúde Pública; Estratégia Saúde da Família; Atenção Primária à Saúde.

ABSTRACT
Objective: the aim of this study is to make a reflection about the importance of the Family Health Strategy for the resolution of Primary Health Care. Method: it is a study of reflection which was based on a philosophical theoretical basis, in addition to the authors’ perception of the subject addressed. The research was carried out from October to December, 2021. Results: the Family Health Strategy is the main structuring mechanism of Primary Health Care in Brazil, and between the main aspects and innovations coming from the process of its implementation, resoluteness deserves to be highlighted being a proposal capable of assisting the patient throughout the life cycle holistically with health actions and services, in addition to seeking greater equity. Conclusion: it was elucidated some evidences that caused a significant impact on people’s health in Brazil and through them, its importance is noted through the improvement of access to health services.
DESCRIPTORS: Public Health; Family Health Strategy, Primary Health Care.

RESUMEN
Objetivo: reflexionar sobre la importancia de la Estrategia de Salud de la Familia para la resolución de la Atención Primaria de Salud. Metodo: Se trata de un estudio de reflexión que se basó en una base teórica filosófica, ademas de la percepción de los autores sobre el tema abordado. La investigación se realizó de octubre a diciembre de 2021. Resultados: la Estrategia de Salud de la Familia es el principal mecanismo estructurador de la Atención Primaria de Salud en Brasil y entre los principales aspectos y las innovaciones provenientes del proceso de su implementación, merece ser destacada la resolución como propuesta capaz de atender al paciente a lo largo de su ciclo de vida de manera integral, con acciones y servicios de salud, ademas de buscar una mayor equidad. Conclusión: se dilucidaron evidencias que tuvieron un impacto significativo en la salud de las personas en Brasil y, a través de ellas, se destaca su importancia a través de la mejora del acceso a los servicios de salud.
DESCRIPTORES: Salud Pública; Estrategia de Salud de la Familia; Atención Primaria de Salud.

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INTRODUCTION

The concept of Primary Health Care (PHC) was used for the first time in England, in 1920, through the Dawson report, which defines the organization of the health system in different levels of care, in addition to elucidating the function of each of them as well as the interaction between them. 1

In 1978, the publication of the Declaration of Alma Ata, considered a milestone in the history of PHC development for defending it as the central nucleus of a health system, brought with it the main ideas for the improvement of contemporary health systems, contributions to the achievement of more favorable and equitable health outcomes, greater efficiency, effectiveness and user satisfaction. 2,3

In developed countries, PHC is considered a selective and focal program that offers reduced baskets of services to vulnerable populations, and in others it is the gateway to the health system; it is the first level of care that offers clinical services, in addition to coordinating care and organizing care practices through public policies. 4

In Brazil, PHC seeks to strengthen itself since the implementation of the Unified Health System (SUS) - established by the Federal Constitution of 1988 - through the principles of universality, accessibility, coordination, bonding, continuity, integration, responsibility, humanization, equity and social participation. 4

There were many attempts to organize PHC in Brazil, but the most important milestone occurred in 1994 with the implementation of the Family Health Program (FHP), where work would become a team and the focus would be on the family. This assistance makes it possible to know how each family takes care of its strengths and weaknesses, in addition to the responsibilities assumed by its members. 5

The FHP emerged with the purpose of reorienting the care model - focused on the figure of the doctor, curative and individual - in a multiprofessional collective care model, focusing on health promotion and disease prevention, based on the principles of universality, integrality and equity of the SUS.

Within this context, Community Health Agents (CHA) have an important role in creating the link between the community and the health services, as their technical skills, assistance and promotion provide to know the singularities of life in the community, mainly through home visits. 6,7

Despite its hegemony, the FHP, over time, underwent many changes, making its expansion necessary. In this way, a new cycle of primary health care was started, renamed the Family Health Strategy (FHS). 8,9

Health services organized in networks have proved to be a guarantee of the right to health in different systems. In the SUS, these regionalized networks have greater resoluteness in care, becoming important for achieving the principles of universality, equity and integrality applied at many levels of care, with a focus on PHC.

It is important to know and reflect on Primary Health Care and how the FHS has contributed to its organization. Given the above, the following questions were raised on the subject: how was the implementation of the Family Health Strategy in Brazil? How has the FHS contributed to the resolution of PHC?

METHOD

This is a reflection study which was based on a philosophical theoretical basis, which is phenomenology, in addition to the authors’ perception of the subject addressed. We sought to discuss studies in the field of nursing that addressed the theme focused on the importance of the family health strategy for the resolution of primary health care. The research was carried out from October to December 2021. The text was organized in three parts, introduction, “the family health strategy, proposals and population coverage”, and “impacts of the family health strategy on the resolution
of primary health care ".

RESULTS AND DISCUSSION

The family health strategy, proposals and population coverage

The Brazilian Sanitary Reform, in the 1980s, brings with it a social context of struggles to reduce inequalities and the search for the redemocratization of health, thus resulting in the Federal Constitution of 1988. 9 With it, the SUS also resulted, which in 1990 was regulated by law 8080 and, over time, new laws emerged that gave space to the creation of public policies that govern the health system in Brazil, until the present day.

The Ministry of Health created in 1991 the Program of Community Health Agents (PACS - Programa de Agentes Comunitários de Saúde), which have a fundamental role in the provision of services offered by Primary Care in their territories of action. 10 The program, despite its weaknesses, had notable positive effects on the health of populations, especially the most vulnerable in terms of prenatal coverage and improvement in people’s nutritional conditions. The expansion of PACS actions culminated in the origin of the Family Health Program (FHP) in 1994. 11

The FHP aimed to reorganize and make the gateway to the health system work, strengthening primary care as the first level of health care in the SUS by expanding access, qualification and reorientation of health practices. 11

Since its creation, the FHP has become the main actor in changing the care model. After 10 years established as the guiding axis of the SUS base, it was necessary to organize the base of the health system and the FHP started to be recognized as structuring, that is, defined as a “family health strategy”, enunciated by the National Policy of Attention (PNAB - Política Nacional de Atenção Básica) in 2006, later revised in 2011 and 2017. 13,14,15

With the change from FHP to FHS, a financial incentive was given to a specific model of organization of primary care as a primary care network, which brings with it a set of guidelines, teamwork based on territory, health promotion and prevention, to the incorporation of the community health agent, among others. 15

Currently, the FHS is the main structuring mechanism of PHC in Brazil and its expansion and coverage be able to establish itself effectively in the territory and also that there is a link between this population and the Family Health Team.

In this context, comparing the years from 2008 to 2013 and from 2013 to 2019, there is an expansion in the population coverage of the FHS, an increase of 6.5 percentage points from the period from 2013 to 2019, an average increase of 1.1 points per year, including 18.7 million more people from 2008 to 2013, the equivalent per year was 0.5 point. 16,17

The impacts of the family health strategy to the resolution of primary health care

Primary health care (PHC) in addition to being considered the main gateway is also the most appropriate way for users to access the health system. The FHS comes to enhance the population’s access coverage, as well as a better tool to ensure the strengthening of PHC in the SUS, combined with policies that prioritize the fundamental attributes of PHC, especially through innovation in care, management and communication technologies.

Among the main aspects and the innovations coming from the FHS implementation process by PHC, the resoluteness deserves to be highlighted, being a proposal capable of assisting the patient throughout the life cycle in a holistic way, with health actions and services, as well as seeking greater equity. In view of this, problem-solving and functional assistance systems are capable of establishing counter-reference and reference flows and mechanisms between municipalities in order to guarantee comprehensive assistance, users’ access to health actions and services according to their need and the formation of hierarchical networks of services.

Resoluteness in a health system must be understood as a social response to the population’s health needs, capable of solving health problems related to biological vulnerability and understanding the social determinants that influence it. A resolute health system must converge with the capacity guided by primary health care, associa-
The expansion of access to Primary Care is evidenced by the increase in the number of Family Health teams deployed in the country in the last 20 years, which increased from 2,504 in July 1998 to 42,619 in October 2017. During this period, the coverage of people registered by the FHS increased from 4.4% (seven million Brazilians) to around 70% (143 million).

A study pointed out that the actions of the FHS had positive results in relation to the indication of hospital and emergency services as places of routine care, in the years from 1998 to 2013. Where FHS coverage was consolidated, there was a significant increase in the reduction in the probability of recommending such services. Individuals with one or more chronic diseases seek the services offered by PHC to deal with health problems more frequently.

Other studies showed that people assisted by the FHS, six years after having suffered a stroke, had a lower risk of death (42%) compared to individuals who do not have a link to the strategy. The EFS showed important results in reducing mortality and hospitalization rates due to cardiovascular diseases and stroke.

Indicators have shown the reflections of the quality of care provided at UBS, notably through data obtained by the National Program for the Improvement of Access and Quality (PMAQ - Programa Nacional de Melhoria do Acesso e da Qualidade), which reinforce these advances in typical programmatic actions of primary care. As with prenatal care, 89% of the pregnant women had six or more consultations, more than 95% had updated their tetanus vaccine and received a prescription for ferrous sulfate. Access to preventive screening for cervical cancer control reached 93% of women between 25 and 59 years old, and breast cancer screening coverage was 70%.

The Mais Médicos Program (PMM) in Brazil, instituted by Law No. 12,871 of October 22, 2013, as a proposal to advance in solving PHC problems in the SUS, generated positive impacts in 4,058 municipalities and benefited about 63 million people, promoting team integration and strengthening health actions, generating a significant reduction in the general number of hospitalizations for conditions sensitive to primary care.

The numerous contributions of PHC are notorious, effectively responding to the needs and demands of individuals, in addition to care practices, which must be resolute, innovative and of good quality. However, several challenges also permeate PHC, namely, disarticulation between user reception and coordination of care and provision of inadequate services and infrastructure. These gaps interfere in the work process, being unable to satisfy the real needs of individuals.

User access to basic services is one of the mechanisms capable of meeting health needs in Primary Care. It is reiterated that, within the PHC, the FHS is the most appropriate model and must be consolidated and expanded. But on the other hand, for the FHS to improve its ability to solve health problems, financial incentives and qualified professional training are still needed.

In addition, for the FHS to be able to achieve greater resolution of demands, it is crucial that services are more accessible to the population, that the orientation to the health needs of the communities is the basis of the structuring of the services and that the user is at the center of attention.

In this sense, it is evident that the strengthening of PHC, has the resolution capacity to mobilize political, support, economic and financial resources, can be responsible for the most effective coordination of care, having the FHS as one of the ways to expand the population’s access to health services.
CONCLUSION

Given the above, it was possible to observe how much the Family Health Strategy has contributed to the resolution of Primary Health Care, organizing it and, therefore, strengthening the SUS.

Significant impacts on the health of the Brazilian population were evidenced and, through these, its importance is noted through improving access to health services, especially for those who need it most, favoring equity; the reduction in demand for specialized services at secondary and tertiary levels of care that Primary Care resolves; reduction in morbidity and mortality rates, expansion of access to medical consultations.

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