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PRIMARY HEALTH CARE: IMPLICATIONS FOR THE PROMOTION OF EQUITY IN THE SUS

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ABSTRACT

This research aimed to analyze the importance of Primary Health Care (PHC) in the promotion of equity in the Unified Health System (SUS), highlighting its contributions to the reduction of health inequalities and its role in universal access to care. To this end, a

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bibliographic research was carried out by surveying articles in the SciELO, PubMed and Google Scholar databases. The results indicated that PHC, through the Family Health Strategy (FHS), has been fundamental in promoting comprehensive and continuous care, especially in vulnerable areas, and is effective in disease prevention and health promotion. However, challenges such as underfunding, a shortage of skilled professionals, and a lack of infrastructure jeopardize its full implementation, especially in poorer regions. The research concludes that, although PHC has enormous potential to reduce health inequalities and improve access to services, greater investment and improved management is needed to ensure its effectiveness and universality, in addition to the importance of the qualification of professionals and the active participation of the community in health management.

Keywords: Health. Primary Health Care (PHC). SUS.

INTRODUCTION

Primary Health Care (PHC) plays a fundamental role in the Unified Health System (SUS), being recognized as the preferred gateway to access to health services in Brazil. Its service model aims not only at solving health problems, but also at health promotion, disease prevention, and continuous and comprehensive care for individuals and communities. PHC is, therefore, an essential component to ensure equity in the SUS, seeking to reduce inequalities in access to health care and improve the living conditions of the population, especially those who are in situations of social and economic vulnerability (Araújo et al., 2023).

In a country of continental dimensions such as Brazil, with marked regional and socioeconomic inequalities, health equity becomes a permanent challenge. Disparities in access to health services, living conditions, and social determinants of health are barriers that compromise the universality and comprehensiveness of the SUS. Primary Health Care, by working closely with communities and through multiprofessional teams, seeks to ensure that the most vulnerable populations receive adequate and timely health care, minimizing existing inequalities (Gama et al., 2021).

The promotion of equity, therefore, is a central guideline in the organization of the SUS, and PHC has a strategic role in achieving it. Through continuous and integrated care, PHC not only treats diseases, but also seeks to reduce risk factors, improve quality of life, and provide fairer, more accessible, and humanized health care. In addition, by being based on practices such as health education and community participation, Primary Health Care contributes to the construction of a healthier society, where everyone, regardless of their social class or geographic location, has the same opportunities for care and health promotion (Barros et al., 2021).

Thus, this study aims to analyze the importance of Primary Health Care in the promotion of equity in the SUS, seeking to understand how this model of care can contribute to the reduction of inequalities in the Brazilian health system and to the construction of a fairer and more efficient SUS. To this end, a bibliographic research was carried out by surveying articles in the SciELO, PubMed and Google Scholar databases. The survey encompassed the use of keywords in association with AND and OR operators.

DEVELOPMENT

PUBLIC HEALTH POLICIES AND THE UNIFIED HEALTH SYSTEM (SUS)

Public health policies in Brazil are based on the Unified Health System (SUS), created by the 1988 Constitution, with the objective of guaranteeing health as a right for all

and a duty of the State. The SUS emerged in a context of great inequality in access to health, with the intention of promoting universality, equity, and comprehensiveness of care, that is, that all people, regardless of their social condition or geographic location, have equal access to health services (Barros et al., 2021).

The implementation of these guidelines took place through public policies that aim to reformulate care, prioritizing the needs of the most vulnerable population. The 1988 Constitution established a fundamental milestone for the SUS by defining health as a universal and free right. This represented a transformation in the health model that was previously focused only on private medical services and restricted public assistance. The SUS, therefore, proposed a paradigm shift, with health being understood not only as the absence of disease, but as a continuous process of well-being, which involves social, economic, cultural, and environmental factors (Gatti-Reis; Paiva, 2023).

Public health policies began to be designed to reflect this expanded conception of health. Since the creation of the SUS, several public policies have been formulated with the objective of improving access to health and the quality of the services provided. Among the main policies is the Family Health Strategy (FHS), implemented in the 1990s, which seeks universal coverage through health teams that work in a preventive and comprehensive manner in the communities (Gatti-Reis; Paiva, 2023).

The FHS is considered one of the pillars of the SUS, as it fosters health promotion, disease prevention, and the resolution of health problems at their source, before they become more serious cases that require hospitalization or complex treatments. Primary Health Care (PHC), which is the focus of the FHS, is essential to ensure continuity and comprehensiveness of care. It allows the SUS to act more efficiently, focusing on prevention and continuous care, in addition to reducing the pressure on emergency units and hospitals, which can become overloaded when there is no efficient primary care. In this way, PHC not only improves the quality of life of the population, but also reduces costs to the health system, promoting the sustainability of the SUS (Santos et al., 2023).

In addition to Primary Care, the SUS is also based on public policies that involve Pharmaceutical Services, the Urgent and Emergency Care Network, and the Stork Network, the latter focused on women's and children's health care. Pharmaceutical Services guarantees the free supply of essential medicines for the treatment of diseases, including chronic diseases such as hypertension and diabetes. The Urgent and Emergency Care Network allows for quick and efficient care for critical health situations, with the organization of emergency care units and emergency hospitals. Another important aspect of public

health policies in Brazil is the incorporation of medicines, technologies, and treatments into the SUS (Araújo et al., 2023).

The National Commission for the Incorporation of Technologies in the SUS (CONITEC) has the role of evaluating the effectiveness and cost-benefit of new health technologies before their inclusion in the system, which ensures that the treatments offered to the population are of quality, based on scientific evidence and at a reasonable cost to the system. The incorporation of new technologies is essential for the SUS to stay up to date and continue offering advanced health care (Araújo et al., 2023).

Public policies have also focused on confronting endemic diseases and epidemics in Brazil, such as the fight against dengue, malaria, tuberculosis and, more recently, COVID-19. Regarding COVID-19, the SUS played a key role in the implementation of testing, vaccination, and clinical management strategies for the disease at the national level. The capacity of the SUS to coordinate and implement public policies for rapid response to health emergencies reflects its importance as a universal health system, which is capable of serving the entire population in times of crisis (Gatti-Reis; Paiva, 2023).

In addition to policies aimed at direct health care, the SUS is also responsible for formulating public health policies, such as the National Health Promotion Policy (PNPS), which seeks to improve living conditions and reduce social determinants that impact health, such as poverty, lack of basic sanitation, and violence. The PNPS works in an integrated manner with other public policies, such as education, social assistance, and food security, to promote health in its broadest dimension, preventing diseases and promoting the well-being of the population (Barros et al., 2021).

Decentralization is also a fundamental principle of the SUS, which aims to bring health services closer to the population, with management being shared between the Union, the States, the Municipalities and the Federal District. This decentralization aims to adapt services to the specific needs of each region, considering the socioeconomic, cultural, and demographic characteristics of the local population. Decentralization allows the SUS to be more efficient and effective, since local authorities have greater knowledge of the health needs of their communities and can act in a more targeted way (Maziero et al., 2020).

However, the implementation of public health policies of the SUS faces several challenges. The lack of adequate funding and the overload of the system are recurring issues. Although the SUS is a universal and free system, public funding for health is still insufficient to meet all the demands of the population. The scarcity of resources and inefficient management in some municipalities end up compromising the quality of care and

the reach of public policies. Regional fragmentation and inequality are also persistent problems (Araújo et al., 2023).

In some regions of Brazil, especially in rural areas and urban peripheries, the lack of infrastructure and the difficulty of access to health services are significant barriers to the effectiveness of public health policies. The discrepancy in the quality of health services between the different regions of Brazil generates a cycle of inequality that makes it difficult to promote equity in the SUS. In addition, the education and qualification of health professionals is a central aspect for the success of public policies. The constant updating of professionals and the adoption of management models that encourage integration between the various levels of care are essential to ensure that the SUS works efficiently and resolutely (Gama et al., 2021).

Continuing education for health professionals should be an integral part of health policies, as it contributes to improving the quality of care and the management of the system. Social participation is also a pillar of the SUS. Health Conferences and Health Councils are fundamental spaces for social control, ensuring that the population has an active voice in the formulation and inspection of public health policies. Popular participation is essential for policies to be aligned with the real needs of the population and for the system to be constantly improved (Maganhoto; Brandão; Aragão, 2022).

In summary, public health policies and the SUS are essential instruments to ensure that health is a universal right and that all citizens, regardless of their social class or location, can have access to quality health care. The SUS, with its proposal of universality, integrality and equity, represents a historic achievement for Brazil, but it also faces complex challenges related to financing, management and regional inequality. To ensure that the SUS continues to fulfill its role of promoting health for all, it is necessary to strengthen public policies, increase funding, and improve the management and quality of services provided to the population (Figueredo; Matos, 2022).

PRIMARY HEALTH CARE (PHC)

Primary Health Care (PHC) is considered the backbone of the Unified Health System (SUS), playing a fundamental role in health promotion, disease prevention, and the organization of comprehensive and continuous care for individuals and communities. It is the first gateway to health services and aims to offer comprehensive, problem-solving and proximity care, which makes it a key instrument in the construction of a more accessible, equitable and efficient SUS (Figueredo; Matos, 2022).

The concept of Primary Health Care goes beyond simple attention to diseases. It encompasses health promotion, disease prevention, early diagnosis, and continuous monitoring of the population's health conditions. PHC works not only by treating diseases, but also by identifying and managing risk factors, such as sedentary lifestyle, smoking, hypertension, diabetes, and infectious diseases, seeking to prevent these problems from evolving into more serious and complex conditions. This preventive and problem-solving model contributes to the reduction of complications and hospitalizations, promoting the quality of life of the population (Barros et al., 2021).

The Family Health Strategy (FHS) is the main component of Primary Health Care in Brazil and has been consolidated as one of the most important policies within the SUS. The FHS consists of multidisciplinary teams composed of doctors, nurses, community health agents, dentists and other professionals, who work in an integrated manner in the communities, offering closer, more continuous and personalized care to patients. These teams are responsible for monitoring the health conditions of the population registered in their areas of operation, providing care in basic health units and also in the homes of families (Araújo et al., 2023).

PHC is characterized by comprehensive care, that is, it seeks to serve the patient holistically, considering all their health needs, whether physical, emotional, or social. The comprehensive approach allows the health professional to understand the conditions of the individual in his family and community context, providing care that goes beyond the disease and includes the promotion of health and well-being. This is especially important in a country like Brazil, with great social and regional inequalities, as PHC can act to reduce these inequalities, bringing care to populations in vulnerable situations (Maganhoto; Brandão; Aragão, 2022).

In addition, PHC plays a crucial role in the coordination of health care. This means that, when the patient needs specialized or hospital care, the PHC health professional guides, refers and accompanies the patient throughout the process. This coordination improves continuity of care, avoids fragmentation of care, and makes the health system more efficient. PHC also has the capacity to solve most of the population's health demands, avoiding the overload of urgent and emergency services, which are often misused due to the lack of access to PHC (Gama et al., 2021).

Health promotion is another fundamental aspect of Primary Care. PHC goes beyond the treatment of diseases and is dedicated to improving the living conditions of the population through educational actions, community activities and prevention campaigns. Health education, for example, seeks to sensitize individuals about the factors that impact

their health, such as healthy eating, physical exercise practices, and the importance of vaccination. The goal is to strengthen the community's self-care and accountability for their own health, creating a culture of prevention and well-being (Barros et al., 2021).

Primary Health Care is also essential for coping with chronic non-communicable diseases (NCDs), such as hypertension, diabetes, obesity, cardiovascular diseases, among others. These diseases have become increasingly prevalent in Brazil, mainly due to urban lifestyle, inadequate diet, and lack of physical activity. PHC works in the monitoring, treatment and prevention of these conditions, promoting continuous health management and avoiding serious complications that would require highly complex treatments. The long-term approach offered by PHC also contributes to greater adherence to treatment and better control of chronic diseases (Maganhoto; Brandão; Aragão, 2022).

Another important point is that Primary Health Care also seeks to address the social determinants of health, that is, factors such as housing, education, basic sanitation, income, and access to health services. These issues directly impact people's health, and PHC works to identify these determinants and act in an integrated manner with other public policies, such as social assistance, education, and housing. PHC, therefore, has an interdisciplinary character, involving joint action by several areas to promote health and prevent diseases more broadly (Gama et al., 2021).

PHC also stands out for its community and participatory character. The community-centered health model promotes the strengthening of bonds between health professionals and the population served. Acting in specific territories, knowledge of the community's health needs, and the active participation of the population in health care contribute to more effective and personalized care. The constant presence of health professionals in the communities facilitates the early identification of health problems and allows a faster response to the needs of the population (Figueredo; Matos, 2022).

Despite all the advances achieved, Primary Health Care still faces significant challenges, such as underfunding and inequality in access. In many regions of Brazil, especially in rural and peripheral areas, PHC services are limited or non-existent, which compromises the universality and equity of the health system. In addition, the lack of qualified human resources and adequate infrastructure in some basic health units hinders the full implementation of PHC, which leads to a reduction in the quality of care and an increase in inequalities in access to care (Barros et al., 2021).

Another challenge is the shortage of doctors and health professionals in remote and peripheral areas, which aggravates the problem of the concentration of health services in large urban centers. To overcome this difficulty, Brazil has adopted policies such as the

More Doctors Program and the expansion of training courses in medicine and other areas of health in underserved regions, with the aim of improving the distribution of professionals and ensuring coverage of the most vulnerable populations (Maganhoto; Brandão; Aragão, 2022).

The management of Primary Health Care also requires constant monitoring and evaluation of the services provided. The use of information technologies and integrated health systems is crucial to ensure that patient monitoring is carried out efficiently, with up-to-date data accessible to all professionals involved in care. The computerization of basic health units and the use of electronic medical records are important tools to ensure continuity of care and improve communication between health teams (Guedes; Silva, 2023).

PRIMARY HEALTH CARE AND THE IMPORTANCE OF PROMOTING EQUITY IN THE SUS

Primary Health Care (PHC) plays an essential role in promoting equity in the Unified Health System (SUS), and is essential to ensure universal and equal access to health care. Equity in the SUS seeks to reduce existing inequalities between different social groups and regions, ensuring that the most vulnerable populations have access to health services in a fair way and with the same quality as others. In this context, PHC, as the preferred gateway to the SUS, presents itself as a model of care that can transform the dynamics of access to health and promote social justice (Figueredo; Matos, 2022).

The main characteristic of PHC is its universal and integral character, since it aims to serve the entire population, without discrimination, and continuously, addressing all dimensions of the individual's health. PHC focuses not only on treating diseases but also on promoting health and preventing adverse conditions. This model of care is especially relevant for the population in situations of social vulnerability, as many of these conditions are directly related to the social determinants of health, such as poverty, limited access to education, inadequate food, and lack of basic sanitation. By focusing on these issues, PHC acts as a factor in reducing inequalities, bringing quality health to communities further away from large urban centers (Araújo et al., 2023).

In addition, PHC promotes equity through a decentralized approach, which allows services to be tailored to the specific health needs of each territory. In Brazil, the SUS is characterized by the decentralization of management, where the Union, the States and the Municipalities share responsibilities in the provision of services. PHC is organized, therefore, based on local particularities, taking into account the health conditions of each region, which allows for more targeted and effective care. In poorer areas, such as urban

peripheries or rural areas, PHC is crucial so that the most vulnerable populations are not excluded from the health system (Guedes; Silva, 2023).

Another important aspect of PHC in promoting equity in the SUS is its focus on health promotion and disease prevention. By taking a preventive approach, PHC allows health problems to be detected early, before they become serious and costly, which can reduce disparities in access to health care. The early detection of diseases such as hypertension, diabetes, cancer, and respiratory diseases, for example, has a significant impact on the quality of life and prognosis of patients, in addition to contributing to the strengthening of a more efficient and less overloaded health system (Guedes; Silva, 2023).

The Family Health Strategy (FHS) is a model that further strengthens the role of PHC in promoting equity. The FHS is characterized by the performance of multiprofessional teams in the communities, which provide home care and continuous monitoring of the population's health conditions. This ensures that families in situations of social vulnerability receive adequate medical, psychological, and social care, often in the comfort of their homes, without the need to travel to distant health units (Figueredo; Matos, 2022).

The FHS also enables the strengthening of bonds between health professionals and the community, promoting a more humanized health that is adjusted to the specific needs of each location. PHC is also fundamental in the coordination of care, ensuring that the patient has access to specialized care when necessary, and that there is an integration between the various levels of care. This coordination is crucial for reducing fragmentation of care and improving continuity of care, which can be a decisive factor in preventing health complications and managing chronic diseases (Gama et al., 2021).

One of the main challenges in promoting equity through PHC is the issue of financing. While the PHC model is highly effective in promoting health and preventing disease, it requires significant investments in human resources, infrastructure, and technologies. The scarcity of resources can hinder the full implementation of this model, especially in more deprived areas and in regions where there is a greater need for health services. Adequate PHC funding is therefore an essential condition for ensuring that all people have equal access to health care, regardless of their geographic location or socioeconomic status (Araújo et al., 2023).

In addition, the training and qualification of health professionals is another crucial factor for the success of PHC in promoting equity. The performance of trained professionals, who understand the local reality and are prepared to deal with the specificities of the populations served, is essential to offer quality care that respects cultural and social particularities. The continuing education of health professionals, with a focus on

the integration of PHC into the community health model and health promotion, contributes to the SUS being able to effectively serve the population with equity (Barros et al., 2021).

Community participation in health management is also a strategy that strengthens equity in SUS and PHC. The creation of spaces for social control, such as Health Councils and Health Conferences, allows the population to be directly involved in decisions about the organization and priorities of health services, ensuring that policies are more aligned with people's needs. Social participation is a central aspect of the SUS proposal, and in PHC, it becomes an important tool to ensure that health interventions meet local demands and are appropriate to the realities of communities (Gama et al., 2021).

PHC also plays an important role in reducing health inequalities by acting to reduce the distance between health services and the most distant populations. By focusing on universal coverage and territorialization strategies, PHC ensures that health services reach peripheral neighborhoods, rural areas, and other areas with less access to health, making the SUS a universal system. This proximity facilitates continuous access to care and prevents people from having to resort to urgent and emergency services, overloading the system (Barros et al., 2021).

Finally, PHC contributes to a better organization of the SUS as a whole. As it is the base of the care pyramid, PHC facilitates the structuring of other levels of care, such as secondary and tertiary care. By ensuring that most health needs are met in a problem-solving manner in PHC, the health system as a whole becomes more efficient and less overloaded, providing more quality of care and greater satisfaction for the population. This is particularly important in a country with a large territorial extension and such marked inequalities as Brazil (Figueredo; Matos, 2022).

Primary Health Care is one of the main tools for promoting equity in the SUS, as it is able to guarantee universal access to health, focus on prevention and health promotion, and adapt care to the specific needs of the most vulnerable populations. PHC, when well implemented and funded, has the potential to reduce health inequalities, promoting fairer, more humane, and efficient care for all, without discrimination (Guedes; Silva, 2023).

FINAL CONSIDERATIONS

The research on the importance of Primary Health Care (PHC) in promoting equity in the Unified Health System (SUS) highlighted the central role of PHC in strengthening the SUS as a universal, accessible, and egalitarian health system. By analyzing the practices and challenges of PHC, it was possible to observe that this model of care has a significant impact on the reduction of health inequalities, especially when it comes to ensuring access

to health services for the most vulnerable populations, such as those in poverty, living in peripheral or rural areas, and marginalized social groups.

PHC, by focusing on health promotion, disease prevention, and comprehensive care, offers an effective strategy to address disparities in access to health, which historically affect populations in contexts of vulnerability. The Family Health Strategy (FHS), one of the pillars of PHC, has proven to be an effective approach to promoting equity by working directly in communities, offering continued and integrated health care, as well as working in partnership with the population to address local health issues. The work of PHC's multiprofessional teams, which include doctors, nurses, community health agents, dentists and other professionals, has proven to be an essential factor in ensuring universal coverage and quality of care in areas farther from large urban centers.

However, the survey also revealed that despite significant advances, PHC still faces critical challenges that could compromise its ability to fully promote equity. The lack of adequate funding, the shortage of qualified professionals in certain regions, the precariousness of health infrastructure, and regional inequalities persist as obstacles to effective and universal implementation of PHC. The overload of the system and the lack of resources in some areas of the country end up compromising the reach and quality of care, creating disparities in access to care and continuity of treatment. These difficulties indicate that, in order for PHC to fulfill its role of promoting equity, it is necessary for the SUS to receive continuous investments and for there to be an improvement in the management of resources allocated to health.

In addition, the research evidenced the importance of continuous training and qualification of health professionals, not only in terms of technical knowledge, but also with regard to understanding the social and cultural realities of the communities served. The continuing education of PHC professionals is essential for care to be more sensitive and appropriate to the specific needs of vulnerable populations, contributing to a more humanized and problem-solving care. Another important aspect highlighted was the role of social participation in promoting equity. The construction of a more egalitarian public health requires the active participation of the community in decisions about the management of health services.

The performance of the Health Councils and the Health Conferences are fundamental instruments to ensure that health policies meet the real needs of the population, allowing public health policies to become more effective and appropriate to local contexts. PHC, when well structured and implemented, has the potential to transform the SUS into an even fairer, more efficient, and more inclusive system. Health promotion,

disease prevention, and continuous and comprehensive care for people in their communities are fundamental actions for building a healthier and more equitable society. For this to be possible, it is essential that the SUS continues to be strengthened, with a greater allocation of financial resources, the improvement of the training of health professionals and the improvement of health infrastructure in the neediest regions.

In summary, the research concludes that Primary Health Care is a strategic instrument for the promotion of equity in the SUS, and its effectiveness depends on an integrated approach that involves not only the provision of medical care, but also the overcoming of social determinants of health, such as housing conditions, sanitation, education and access to work. PHC, when effectively applied, can be the key to building a truly universal health system, which not only treats diseases, but also contributes to the reduction of social inequalities and the well-being of the population, promoting health, quality of life and social justice for all.

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