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PRIMARY HEALTH CARE AND ITS CONTRIBUTIONS TO THE PUBLIC HEALTH SYSTEM IN BRAZIL

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ABSTRACT

This research aimed to analyze the contributions of Primary Health Care (PHC) to the promotion of equity in the Brazilian public health system. It was characterized as exploratory and qualitative, using in-depth interviews with 20 PHC professionals, selected by convenience. Data collection was carried out through recordings of the interviews, and the analysis was conducted using the discourse analysis technique. The results revealed that, despite the advances, PHC faces significant challenges, such as scarcity of resources, work overload, and regional inequalities in access to health, which compromise the quality of care. However, PHC's proximity to the community and focus on prevention were highlighted as important strategies to promote equity. The professionals emphasized the importance of articulation between the different levels of care, the appreciation of professionals and the implementation of appropriate public policies. It is concluded that, for PHC to play its role effectively, it is necessary to invest in material and human resources, continuous training of professionals and robust public policies, in addition to strengthening inter-institutional articulation and action focused on the needs of vulnerable populations.

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

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INTRODUCTION

Primary Health Care (PHC) is one of the fundamental pillars for building efficient and equitable health systems. With a focus on promotion, prevention, and continuous care, PHC aims to ensure universal and equal access to health, in addition to constituting an organizational model capable of comprehensively meeting the health needs of the population. In countries like Brazil, which face great social and regional inequalities, PHC proves to be an essential strategy to reduce disparities in access to health services and improve the quality of life of the most vulnerable communities (Lima; Domingues Junior; Gomes, 2023; Lima et al., 2020).

Historically, the concept of Primary Health Care was strengthened after the International Conference on Primary Health Care, held in Alma-Ata, in 1978. At this conference, WHO and UNICEF argued that primary care would be the key to achieving universal health. Since then, PHC has established itself as a global strategy that seeks to promote access to health services close to the community, decentralized and organized in a way that meets the health needs of each population. In the Brazilian context, PHC is mainly represented by the Family Health Strategy (ESF), which brings medical care to communities in a more comprehensive way (Lima; Domingues Junior; Silva, 2024; Lima, 2024).

The promotion of equity in public health is one of the main objectives of Primary Health Care. By acting directly in communities, PHC seeks to reduce inequalities in access to medical care, which are often exacerbated by social, economic, and geographic factors. In more remote or peripheral regions, where access to health services may be limited or non-existent, PHC becomes essential to ensure that the most vulnerable populations receive adequate care, preventing diseases and promoting well-being (Lima; Domingues; Silva, 2024; File; Silva; Domingues Junior, 2024).

PHC also contributes to equity by prioritizing preventive health, that is, by focusing on actions that prevent the emergence of diseases and health complications. This is particularly relevant in contexts where conditions such as poverty, lack of education, and low quality of life favor the onset of chronic diseases, such as hypertension, diabetes, and respiratory diseases. Through the promotion of healthy habits, health education, and vaccination, PHC has the potential to reduce morbidity and mortality rates, especially among the poorest populations (Lima, 2024).

In addition, Primary Health Care also plays an important role in the coordination of care, ensuring that patients are monitored in a continuous and integrated manner. Coordination between the different levels of health care, such as emergency services and

hospitals, is essential to ensure that people, especially the most vulnerable, receive adequate and timely treatment. Regular follow-up by PHC professionals, such as doctors, nurses, and community health agents, facilitates the early identification of health problems and intervention before they become serious (Lima; Domingues Junior; Silva, 2024).

Thus, the objective of this research was to analyze the contributions of Primary Health Care to the promotion of equity in the public health system, with a focus on Brazil.

METHODOLOGY

The research was exploratory, characterized by the search for a better understanding of phenomena that have been little studied or that still need a more in-depth analysis. The purpose of this type of research is to gather preliminary information and identify issues that can be better investigated in future studies. In the context of our research, the focus was to explore the contributions of Primary Health Care (PHC) to the promotion of equity in the public health system, with emphasis on the experiences lived by health professionals directly involved with this practice.

As for the approach, the research was qualitative, which means that we sought to understand the phenomena and processes involved in the experience of health professionals, instead of quantifying or measuring variables. The qualitative approach is appropriate for investigations in which the main objective is to understand meanings, perceptions and attitudes, allowing a deeper and more detailed analysis of the practices and challenges faced in the daily life of PHC.

The sample was composed of 20 health professionals who work in Primary Health Care. These participants were selected for convenience, that is, in a practical way, taking into account the availability and accessibility of professionals to participate in the research. The choice of participants followed pertinence criteria, with the objective of including those who have direct experience in the context of PHC, ensuring that the information collected was relevant to the objectives of the study.

Data collection was carried out through the application of in-depth interviews, a qualitative technique that allows the detailed exploration of the opinions, experiences and perspectives of the participants on the topic in question. In-depth interviews are a powerful tool for capturing rich, subjective information, with open-ended questions that encourage respondents to reflect and express themselves freely.

To carry out the research, an initial contact was made with the manager of the health service in which the professionals worked, in order to present the objectives of the research and obtain the necessary authorization for the interviews. After consent, the interviews were

scheduled individually, respecting the availability of the participants. During the interviews, recorders were used to ensure accuracy in recording the interviewees' speeches. Before beginning each interview, participants were informed about the nature of the research, the objectives of the study, and the use of the data collected.

In addition, it was ensured that all respondents explicitly agreed to be recorded, through an informed consent form. The data analysis was carried out using the discourse analysis technique, which focuses on understanding how people construct meanings through language and how these constructions reflect social and cultural dynamics.

Discourse analysis allows the researcher to identify patterns in the answers of the interviewees, understanding the ways in which the professionals perceive and narrate their experiences within the context of Primary Health Care. This technique proved to be appropriate to explore the complexities of professionals' attitudes and practices, allowing the identification of recurring themes, differences of opinion, and key elements that influence the promotion of equity in health. The analysis process involved a careful reading of the transcripts of the interviews, followed by the categorization of the discourses into themes that emerged during the interpretation of the data.

RESULTS AND DATA ANALYSIS

The analysis of the interviews conducted with the 20 Primary Health Care professionals revealed valuable information about the contributions of PHC to the promotion of equity in the public health system. The data collected showed that, despite many advances, there are still significant challenges that impact PHC's ability to deliver equitable and quality health services. Many professionals reported daily challenges, such as the scarcity of material and human resources, which directly impact the quality of care.

According to respondent E03, "the lack of doctors and basic equipment is a constant in our unit, and this makes it difficult to provide quality care, especially for those who need it most". The scarcity of resources is often pointed out as one of the main obstacles to the promotion of equity in health, since the lack of infrastructure directly affects the conditions of care for the most vulnerable populations. Another point highlighted by the professionals was the importance of proximity to the community.

The performance of Primary Health Care close to patients allows health actions to be more targeted and personalized. According to E12, "the bond we are able to create with the families in the community is essential to understand their real needs and work with actions that will really make a difference in their lives". This proximity facilitates the continuous

monitoring of the population's health and allows for early interventions, essential for disease prevention.

The participation of community health agents was a recurring theme in the interviews, and they were cited as essential figures in the promotion of equity. E06 stated that "community agents are the true 'eyes' of health in the community, as they have direct and constant contact with families and are able to detect health problems that could go unnoticed". These professionals play a crucial role in overcoming geographical and social barriers, ensuring that the most vulnerable populations have access to regular and quality care.

The reports also highlighted regional inequalities as a significant obstacle. In some regions of Brazil, especially in the most remote ones, access to health services remains limited. E09, for example, mentioned that "while some areas have very good access to health services, others, especially in the peripheries and rural areas, still lack adequate resources and infrastructure". These geographic inequalities contribute to health disparities, making it difficult for the most deprived populations to access the care they need.

Preventive health was pointed out as an effective strategy to combat these inequalities. E02 reported that "by promoting health education and carrying out preventive actions, we are able to prevent diseases such as diabetes and hypertension from worsening, especially among at-risk populations". The promotion of healthy habits, such as a balanced diet and regular physical activity, was seen as an important measure to reduce the incidence of chronic diseases and improve quality of life, especially in the most vulnerable communities.

The articulation between the different levels of health care was also highlighted as a crucial factor for the promotion of equity. E15 stated that "it is essential that PHC be the starting point for the continuous care of the patient. When there is a good articulation between primary care services, hospitals and emergency units, the population receives a more integrated and efficient service".

Continuity of care and communication between health services, in fact, are essential to ensure that people, especially the most vulnerable, receive adequate and timely treatment. Regarding public policies, the interviewees highlighted the importance of initiatives aimed at Family Health. E14 stated that "policies aimed at Family Health have been very important to expand the population's access to health, but there is still much to be done, especially in the most remote regions".

Public health policies were seen as fundamental to strengthen PHC and ensure that it reaches the neediest populations. The continuous training of PHC professionals was also

pointed out as an important strategy to improve the quality of care. E01 mentioned that "continuous training is essential for us to understand the new needs of the population and adapt to different realities".

The constant updating of professionals ensures that they can deal with the diversity of situations that arise in the communities and offer increasingly effective care. In addition, the cultural issue was also highlighted as a barrier in health care. Some populations, such as indigenous people and quilombolas, face difficulties in accessing health services due to cultural differences and distrust in the system. E05 stated that "often, the patient does not seek care due to cultural differences and distrust in the health system". This points to the need for greater cultural sensitivity on the part of PHC professionals, in order to ensure that all social groups have access to health care appropriate to their particularities.

The shortage of health professionals, especially doctors and nurses, was also pointed out as a major difficulty. E08 stated that "the shortage of doctors and nurses is a serious problem in PHC, and this affects the quality and quantity of care offered". The lack of human resources is a challenge that directly impacts the ability of PHC to offer efficient and adequate care, compromising equity in access to health services.

Valuing the work of PHC professionals was another important issue mentioned. Several interviewees reported feeling undervalued in their work, which affects the quality of care provided. E13 said that "there is a great lack of recognition both by the management and the population, which demotivates professionals". The lack of appreciation impacts the motivation and commitment of professionals, which, in turn, can affect the quality of services offered to the population.

Interdisciplinary work was widely highlighted by the interviewees as an essential practice in PHC. E10 stated that "interdisciplinary work is essential for the effectiveness of PHC, as it allows for a more complete and quality care for the population". The joint work of doctors, nurses, dentists, and other professionals allows for more holistic and integrated care, improving health outcomes and promoting equity. The COVID-19 pandemic was also mentioned as an event that had a great impact on PHC, both in terms of challenges and adaptations. E16 stated that "the pandemic has made it difficult to serve the population, but it has also brought greater visibility to the importance of PHC in controlling outbreaks and guiding the population".

The health crisis has shown how crucial PHC is for disease prevention and care coordination during health emergencies. Mental health was another topic that appeared in the interviews, with professionals highlighting the growing need for care in this area. E17

said that "the care for the mental health of the population has been neglected, and this is a great challenge in PHC".

The increase in cases of depression, anxiety, and other mental disorders requires PHC to expand its psychological support services and referral to specialized treatments. Family participation in health care was also considered an important factor for the effectiveness of PHC. E04 stated that "involving the family in the patient's care is essential for the treatment to be successful, especially in the case of chronic diseases". Integrating the family into care helps ensure that the patient receives ongoing support, which improves health outcomes.

Work overload was a recurring problem in the interviews, with many professionals reporting that the high demands for care compromise the quality of the service provided. E11 said that "the number of daily consultations is very large and this compromises the quality of the service, as we do not have time to attend to each patient with the attention they deserve". Work overload directly affects the ability of professionals to offer comprehensive and personalized care.

Finally, the professionals demonstrated an optimistic, although realistic, view of the future of PHC. E18 stated that "despite the challenges, PHC has shown its value, and I believe that with more investments and improvements in working conditions, we can achieve a more equitable health system". Improving working conditions, training professionals, and increasing PHC funding are seen as essential to ensure the effectiveness of PHC in promoting equity.

FINAL CONSIDERATIONS

The research revealed that Primary Health Care (PHC) has a fundamental role in promoting equity in the Brazilian public health system, mainly through its proximity to the community and its focus on preventive actions. However, the professionals interviewed pointed out several challenges that hinder the full implementation of PHC, such as the scarcity of material and human resources, as well as regional inequalities in access to health. These challenges need to be overcome so that PHC can fulfill its role effectively.

The articulation between the different levels of health care, the appreciation of professionals and the implementation of appropriate public policies are essential to ensure that PHC reaches all populations in an equitable way. Continuous training of professionals and integration between different areas of health are key strategies to improve the quality of care and ensure that all citizens, regardless of their location or social condition, have access to adequate care.

In addition, the research highlighted the importance of a culturally sensitive approach, especially in the care of indigenous and quilombola populations, who still face significant barriers to accessing health services. The work of community health agents was fundamental to overcome these barriers, ensuring access to the health system for vulnerable communities. The COVID-19 pandemic has highlighted the importance of PHC in preventing and controlling outbreaks, as well as in supporting the mental health of the population. Mental health, by the way, is an area that needs to be better served by PHC, given the growing demand for care in this area.

Finally, it is essential that the PHC system be strengthened with more investments, better infrastructure, and effective public policies. Only with a more robust and well-structured public health system will it be possible to ensure that equity in health is a reality for all citizens, regardless of their social, economic, or geographic condition. Primary Health Care, with its comprehensive and preventive approach, is one of the most effective strategies to reduce inequalities in the health system. The future of PHC will depend on a continuous commitment to improving the working conditions of professionals, strengthening public policies, and promoting social justice in health.

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