


RECOMMENDATIONS ON THE ORGANIZATION OF CARE IN PRIMARY PRISON HEALTH CARE

 <https://doi.org/10.56238/arev6n3-011>

Submitted on: 04/10/2024

Publication date: 04/11/2024

Leonardo Pereira Pacheco¹, Victor Costa da Silva², Larissa Torres Santos Alves³ and Leonardo Graever⁴

ABSTRACT

The research aims to develop recommendations for the organization of care in primary care for prison health. An integrative review was used, which covered 267 articles in databases such as SciELO, PubMed, and LILACS, resulting in the final selection of 12 studies. The research included articles published between 2019 and 2024, with some texts from previous years due to methodological relevance. The main findings highlight the importance of intersectoriality, continuous training of professionals, and gender-sensitive health policies. Challenges include the precariousness of working conditions and the need to adapt the PNAISP to better serve different groups, especially women. In the conclusion, it was stated that the organization of health care in prison primary care requires an integrated and intersectoral approach, based on evidence and solid public policies. The work emphasizes the importance of humanized practices and collaboration between health and justice to ensure equity in access to health for the population deprived of liberty (PPL).

Keywords: Primary Care. Care. Recommendations. Prison Health.

¹ Specialist in Public Health with emphasis on Family Health strategy
Faculdade Venda Nova do Imigrante, FAVENI
Rio de Janeiro, RJ

E-mail: lpachecodr@gmail.com
ORCID: <https://orcid.org/0000-0002-4841-6270>

² Master in Primary Health Care
Federal University of Rio de Janeiro, UFRJ
Rio de Janeiro, RJ

E-mail: 00victorcosta@gmail.com
ORCID: <https://orcid.org/0009-0004-3799-9599>

³ Specialist in Public Health Management
Brazilian Union of Colleges, UNIBF
Rio de Janeiro, RJ

E-mail: laracomcristo@gmail.com
ORCID: <https://orcid.org/0009-0000-4466-7323>

⁴ Master of Public Health
Oswaldo Cruz Foundation, FIOCRUZ
Rio de Janeiro, RJ
E-mail: leograever@gmail.com
ORCID: <https://orcid.org/0000-0003-2027-8061>

INTRODUCTION

The issue of health care for persons deprived of liberty (PPL) involves the recognition that, in the world, according to data from the *Institute for Crime & Justice Policy Research* (ICPR), from the beginning of April 2024, more than 10.99 million people are detained in penal institutions around the world, either as pretrial detainees or as convicts already sentenced. According to ICPR data (2024), Brazil has the third largest global prison population, with 840,000 PPL in its prison units, behind only the United States with 1.8 million prisoners and China 1.69 million prisoners (ICPR, 2024). The right to health care for these people in Brazil is guaranteed by the Penal Execution Law (LEP) of 1984, which guarantees both preventive and curative care, which can be offered in the penitentiary itself or, if necessary, in another place. This right is reinforced by the Brazilian Constitution. (BRAZIL, 1988).

The Federal Constitution of Brazil, of 1988, establishes in its article 196 that health is a right of all and an obligation of the State. This right is ensured through social and economic policies that aim to reduce the risk of diseases and other health problems, in addition to ensuring universal and equal access to actions and services aimed at the promotion, protection and recovery of health (BRASIL, 1988). To meet this constitutional right, the Unified Health System (SUS) was instituted, based on the guidelines of decentralization, comprehensive care and popular participation. The legislation also determines that responsibility for health is shared between the three levels of government, Union, States and Municipalities.

In this context, the right of access to health has as its main agent the Unified Health System (SUS), contemplating all Brazilians without distinction, including those deprived of liberty, who follow the rules of legal diplomas, such as the National Health Plan in the Penitentiary System – PNSSP, of 2003; the Penal Execution Law – LEP, of 1984; the Federal Constitution of 1988; Organic Laws No. 8,080 and 8,142, of 1990, which normalize the SUS; the National Policy for Comprehensive Health Care in the Prison System – PNAISP, of 2014, and its exclusive ordinance for operationalization and financing, in addition to Ordinance GM/MS No. 2,298, of 2021 (BRASIL, 1984; BRAZIL, 2014).

Health professionals linked to the SUS have been working in prison environments since 1984, with the enactment of the Penal Execution Law (LEP). In 2003, the publication of the National Health Plan for the Penitentiary System (PNSSP) marked the beginning of the implementation of multidisciplinary health teams within prison units. This plan was

replaced in 2014 by the National Policy for Comprehensive Health Care in the Prison System (PNAISP), which determined the implementation of Prison Primary Care Teams (EABP) within the scope of the SUS (SCHULTZ, *et al.*, 2022).

PNAISP seeks to guarantee this population's access to the Health Care Network (RAS), promoting comprehensive care and ensuring that health professionals act in an autonomous, qualified, and humanized manner. This is done through joint actions between the areas of health and justice. Thus, primary care is established in the prison context as the main gateway to the health system for people deprived of liberty (PPL) (BRASIL, 2014; COSTA *et al.*, 2022).

Information extracted from the National Criminal Information System (SISDEPEN), from December 2023, indicates that the prison population has numerous social vulnerabilities, shared with their communities of origin, mostly composed of black and poor people, who often live in marginalized territories (BRASIL, 2021; BRAZIL, 2023). Corroborating the SISDEPEN data, they present epidemiological data that demonstrate that the prison population exhibits significantly high rates of mental disorders, chronic and infectious diseases, as well as drug use, when compared to the general population. One of the great challenges for public health is to eliminate all forms of discrimination and reduce inequalities in access to health for vulnerable social groups, such as people deprived of liberty (PPL) (SCHULTZ, *et al.*, 2022).

With the implementation of the PNAISP, the scope of health care in prisons was expanded, directing it to the principles and guidelines of the SUS, in close harmony with the attributes of primary health care (PHC). In this sense, through prison primary care teams, PNAISP seeks to ensure access to comprehensive health actions, including prevention, diagnosis, harm reduction, and treatment of the main diseases that affect the population deprived of liberty (ROSSETTO *et al.*, 2022). In this context, both the local SUS management team and the health professional teams involved, in collaboration with other sectors of the criminal security system, need to be particularly attentive to the redesign of processes and mechanisms to ensure equity, quality, and effectiveness in health care for prisoners.

In addition, at all levels of health care, the importance of interdisciplinary work is highlighted, as it is through this collaboration that an integrative approach is sought to deal with the problems that affect the health of this population. This strategy aims to achieve greater efficiency and effectiveness in the programs and services offered. (SCHULTZ, *et al.*,

2022; ROSSETTO *et al.*, 2022). There is, therefore, a need to generate a product for health professionals with different backgrounds, in view of the essential scientific knowledge for the qualification of their skills and capabilities.

The main objective is to discuss the construction of recommendations on the organization of activities necessary for health care in prison primary care, based on integrative practices of a multiprofessional team.

METHODOLOGY

Due to the progressive growth in terms of quantity and complexity of information in the health area, it has become inevitable to use scientifically based resources that can outline more precise methodological steps and enable a better application of the evidence found in several studies by researchers. In this context, integrative review emerges as a methodology that allows synthesizing knowledge and incorporating into practice the results of relevant studies (SOUZA *et al.*, 2010).

Thus, the present study is based on the methodology of integrative literature review, which allows obtaining more comprehensive products on certain subjects in order to support some conducts and support decisions. For Ribeiro (2014) and Souza *et al.* (2010), the integrative review is the most extensive methodological approach among the reviews, which uses data from the theoretical and empirical literature and/or combined with experimental studies. Its purposes may include:

Authors, such as Souza *et al.* (2010) and Mendes *et al.* (2008) describe the systematization of the integrative methodology in six stages: 1) identification of the theme and elaboration of the guiding question;

2) search or sampling in the literature; 3) data collection; 4) critical analysis of the included studies; 5) interpretation of the results; 6) presentation of the review/synthesis of knowledge.

For the first stage of the research, the following guiding question was established: which recommendations on the organization of care in primary prison health care are pertinent from the perspective of health professionals? For the second stage of the research, the search for primary articles was established in the databases of the SciELO Library, reaching 145 works, *the National Library of Medicine* (via PubMed) with the result of 24 works and LILACS (Latin American and Caribbean Literature on Health Sciences), via the Virtual Health Library (VHL), with 98 works (links in the reference list).

The research was conducted through electronic searches, using some specific descriptors, with the objective of identifying original works that offer a perspective of health professionals involved in the care of people deprived of liberty, as well as other works related to the theme and developed during the academic training of health professionals.

The descriptors used were: prisoner OR imprisoned people OR people deprived of liberty OR prison health AND Brazil OR PNAISP. It should be noted that the search was carried out with descriptors in English and Portuguese, seeking to obtain greater results, with a larger sample. Thus, the descriptors were adjusted in different ways in order to increase the search for papers, in addition to greater proximity to the theme.

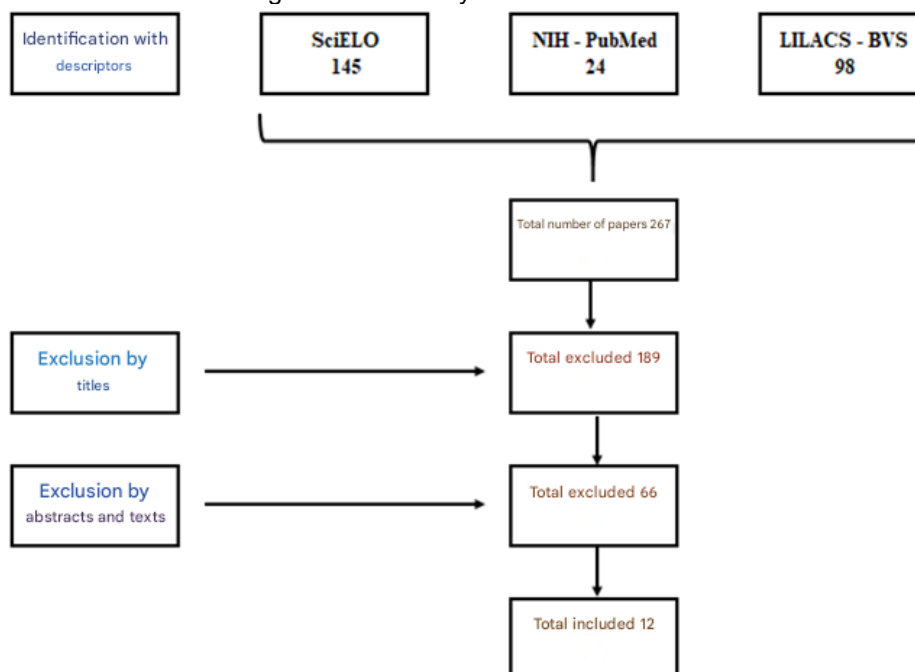
In addition to the descriptors, the inclusion parameters included studies published from January 2019 to January 2024, which report interaction with the theme 'health of people deprived of liberty' during academic training or during the experience of professionals in the care of people deprived of liberty.

The exclusion parameters were being outside the established period, between 2019 and 2024, as well as publications in languages other than English, Portuguese or Spanish, in addition to those works not aligned with the research guiding question and/or disagreement with the inclusion criteria. As an exception, some works outside the period from 2019 to 2024 were selected because they have timeless content, specifically focused on methodological criteria.

The search was carried out between July and August 2024 and resulted in 267 articles. Based on the initial analysis of the titles, 66 articles were selected for reading the abstract and textual part, especially objectives and methodology.

After reading, 44 articles were excluded, resulting in 12 selected articles that met the proposed objectives

Figure 1. Summary of research results



RESULTS

Table 1 presents the studies selected in all the studies after the use of the inclusion and exclusion parameters, considering for the final analysis the information on authors, year of publication, theme of the work, area of application, methodology (type of study), objectives and results. Regarding the year of publication, of the 12 articles included in the sample, publications from the years 2022 and 2023 predominated, and the works published in previous years were considered more for the methodological character required for this work, with relevant information for the type of research applied here.

Thus, the most present approach among the selected studies was the integrative review, present in 6 of the 12 selected studies, and the other studies have an affinity with the theme of prison health, which is why they are also important for this study.

Table 1: Papers selected for integrative review

No.	AUTHORS	YEAR	PUBLICATION AREA	DESIGN OF STUDY	OBJECTIVES	RESULTS
1	COSTA <i>et al.</i>	2022	Health Law	Integrative review	To identify the themes related to the health of people deprived of freedom in Brazil addressed in scientific articles and correlate them with the Guidelines of the current national	The study shows that Themes related to the health of people deprived of liberty in Brazil, discussed in articles are predominantly based on the curative perspective, to the detriment of effective health promoting actions.

					policy	
2	SCHULTZ <i>et al.</i>	2022	Science and Health Collective	Research qualitative exolatory and descriptive	To discuss how the phenomenon of the precariousness of work "relations" and the precariousness of working "conditions" are expressed in the occupational routine of a prison primary care team, and the consequences for the health care in this context.	With the study it was possible to show that the process of precariousness of health work in the context of the prison system It maintains a direct relationship with complex structural and managerial factors in the field of health and the various purposes and demands of criminal security health.
3	ROSSETTO <i>et al.</i>	2022	Work, Education and Health	Integrative review	To describe the view of professionals from various areas of health regarding the care of people deprived of liberty.	With the study it was possible to show that there is a tangle of problems involving health care for people deprived of liberty. It is difficult to define if there is a point at which it all begins, but one might think that prejudice visualized in society as a everything is also reflected in the professional service.
4	BROOK	2014	Psychology, Health and Diseases	Integrative review	To expose and discuss the main methods used in the review of scientific research, discussing their advantages and disadvantages.	The different methods of literature review are used today by the different areas of science and, therefore, it is recommended that the publication of reviews that are proposed to journals be substantiated, and adjusted to the objectives of the review and not to those of the magazine.
5	LEAL <i>et al.</i>	2022	Public health	Cross-sectional study conducted in 15 prison units	Estimate the prevalence of different morbidities and their main risk factors among women imprisoned in Brazil.	The integrative review confirms that it is an incipient research method in national nursing, but its contribution to improving the care provided to patients and family members is undeniable.

6	BARTOS	2023	Science and Collective Health	Qualitative Essay Research	to present reflections on the implementation of the National Policy for Comprehensive Health Care for Persons Deprived of liberty (PNAISP) and the intersectoriality that the policy proposes, considering the professionals of the prison primary care teams (EABP) as street-level bureaucrats and the difficulty of access to health by people deprived of liberty freedom.	The study points out that the deprivation of liberty is accompanied by the inequalities that materialize in the daily life of prisons and as the problems are not isolated, recognizing their various dimensions and how they interact with each other are challenges posed in the implementation of policies intersectoral projects, as is the case of PNAISP.
---	--------	------	-------------------------------	----------------------------	--	---

Table 1: Papers selected for integrative review (continued)

No.	AUTHORS	YEAR	AREA OF PUBLICATION	DESIGN OF STUDY	OBJECTIVES	RESULTS
7	SOUZA <i>et al.</i>	2010	Nursing	Integrative review	Present the constituent of an integrative review and the aspects relevant to be considered for the use of this methodological resource.	The study indicates that the inclusion of a systematic analysis approach to the process of data analysis, results in the reduction of biases and errors.
8	LEA <i>et al.</i>	2022	Public health	Exploratory and qualitative study with a qualitative approach	to analyze the perceptions of nurses regarding the care provided in penitentiaries in view of the demands and the location of assistance	With the study it was possible to identify the presence of demands not pertinent to the inadequate place for care, lack of privacy during the assistance and escort for transport when necessary. care provided to the patient and family is undeniable.
9	OLIVEIRA <i>et al.</i>	2023	Public health	Integrative review	To analyze the scientific evidence that deals with the implementation of health care in the prison system Brazilian.	The study proved that the system is characterized by the violation of human rights, the presence of the various obstacles faced by the people deprived of liberty to access health services.
10	AQUINAS; CROSS	2023	Public health	Literature review	To reflect on the legal basis for health care for women in deprivation of liberty in Brazil, in the background of the expanded concept of health.	The study shows that even in the face of legal provisions, the care of women deprived of liberty is harshly neglected, which points to the need for emergency changes in the care models of prison units, in line with the principles and guidelines of the Unified Health System.

						(SUS).
11	BARBOSA <i>et al.</i>	2022	Public health	Qualitative study	To understand the challenges to guarantee comprehensiveness in the context of the National Health Care Policy for People Deprived of Freedom in the Prison System.	The challenges to ensure comprehensiveness in the care of prisoners in the Brazilian context, due to the structural deficiencies of public health policies, located in the prison context, by the disarticulation between the processes of health and justice.
12	MENDES <i>et al.</i>	2008	Nursing	Integrative review	Present the general concepts and steps for the construction of the integrative review, as well as relevant aspects on the applicability of this method for health research and nursing.	The integrative review affirms that it is an incipient research method in national nursing, but its contribution to improving the care provided to patients and family members is undeniable.

Source: Authors' elaboration, 2024.

DISCUSSION

The organization of care in primary care for prison health is a theme that requires the consideration of several legal, structural and social aspects to ensure the right to health of people deprived of liberty (PPL). The National Policy for Comprehensive Health Care for Persons Deprived of Liberty in the Prison System (PNAISP) is an important milestone discussed by several authors. Barbosa *et al.* (2022) and Bartos (2023) highlight the relevance of intersectoriality and comprehensiveness in prison health care, emphasizing that cooperation between different sectors is essential to ensure that the health needs of prisoners are met comprehensively and effectively. These works highlight the importance of integrated health policies, which consider not only the treatment of diseases, but also the promotion of a healthy environment within the prison system.

Aquino and Cruz (2023) specifically explore female incarceration and the need for gender-responsive health policies, addressing the legal bases for health care for women deprived of liberty in Brazil. The work highlights that the health needs of these women are often neglected, and that the PNAISP must be adapted to deal with these particularities, ensuring adequate and humanized care.

The review presented by Costa *et al.* (2022) on the Brazilian prison health policy reinforces the need for continuous training of health professionals who work in this context. Training is essential for these professionals to be able to deal with the specific demands of the prison environment, which includes high rates of chronic diseases, mental disorders, and infectious diseases, as evidenced by Oliveira *et al.* (2023) in its integrative review on health in prison.

The challenge of precarious work in the context of primary health care in the prison system is a crucial point discussed by Schultz *et al.* (2022). The authors point out that the poor working conditions faced by health professionals compromise the quality of care provided to prisoners, a problem that needs to be solved to improve the efficiency of health services. The integrative review methodology, as discussed by Mendes *et al.* (2008), emerges as a valuable tool to synthesize the available knowledge and apply the evidence in prison health practice. This methodological approach is essential for the formulation of evidence-based policies and programs that can effectively meet the health needs of prisoners.

In the context of health care for incarcerated women, Leal *et al.* (2022) emphasize the need for care strategies that take into account gender specificities, such as reproductive and mental health issues, which are often exacerbated in the prison environment. This approach is complementary to what Aquino and Cruz (2023) discuss, reinforcing the importance of health policies aimed specifically at the incarcerated female public. Lea *et al.* (2022) analyze the role of nurses in emergency care in prisons, highlighting the adverse conditions and challenges faced by these professionals. The work suggests that, in order to improve the quality of care, robust institutional support and adequate resources are needed, in line with the discussions of Schultz, *et al.* (2022) on the precariousness of work in prison health.

The integrative review conducted by Rossetto *et al.* (2022) complements these points by analyzing the perceptions of health professionals about prisoner care. The work highlights that continuous training and support are essential for professionals to be able to offer humanized and effective care, despite the challenging conditions of the prison environment.

The importance of gender-responsive health policies is crucial to ensure that the needs of these women are met in an appropriate and humanized manner. In addition, the

precariousness of the working conditions of health professionals in the prison system, as identified by several authors, compromises the quality of the care offered.

Therefore, improving working conditions and providing robust institutional support are key to ensuring effective and humane care. Finally, the importance of interdisciplinary work and collaboration between the health and justice sectors is highlighted as essential to address the complex challenges of the prison system. The implementation of integrative and humanized practices, respecting human rights and promoting social justice, is the key to ensuring equity in access to health services for people deprived of liberty.

In short, the organization of care in primary prison health care requires an integrated approach, which takes into account gender specificities, the working conditions of health professionals, and the need for intersectoral and evidence-based public policies. The works discussed here offer a comprehensive overview of the challenges and opportunities to improve the health of persons deprived of liberty, underlining the importance of a prison health system that is both efficient, effective, and humane.

CONCLUSION

The importance of organizing care in primary prison health care is highlighted, a field that requires an integrated and intersectoral approach, based on scientific evidence and robust public policies.

The integrative review carried out in this study revealed that, although there are significant advances in the formulation of policies such as the National Policy for Comprehensive Health Care for Persons Deprived of Liberty (PNAISP), there are still significant challenges, especially with regard to the effective implementation and continuous training of health professionals. One of the central points is the need for specific adaptations to meet the needs of different groups within the prison population, such as women, who face unique health challenges. The organization of care in primary prison health care, therefore, is not only a matter of public policy, but also of social justice and respect for human rights. It is recommended that new products be developed with technical and technological approaches that will serve as guidance guides for health professionals working in primary health care for persons deprived of liberty. Currently, there is a booklet, but with a more administrative orientation.

REFERENCES

1. Aquino, L. C. D. de, & Cruz, D. T. da. (2023). Encarceramento feminino e bases legais da atenção à saúde da mulher privada de liberdade no Brasil. *Caderno Saúde Coletiva, 31*(4), e31040071.
2. Barbosa, M. L. et al. (2022). Política nacional de atenção integral à saúde das pessoas privadas de liberdade: o desafio da integralidade. *Cadernos de Saúde Coletiva, 30*(4), 517–524.
3. Bartos, M. S. H. (2023). Política Nacional de Atenção Integral à Saúde das Pessoas Privadas de Liberdade no Sistema Prisional: uma reflexão sob a ótica da intersectorialidade. *Ciência e Saúde Coletiva, 28*(4), 1131–1138.
4. Brasil. (1988). *Constituição da República Federativa do Brasil*. Presidência da República. Disponível em: https://www.planalto.gov.br/ccivil_03/constituicao/constituicao.htm
5. Brasil. Ministério da Justiça e Segurança Pública. Secretaria Nacional de Políticas Penais. (2023). *População Prisional no Brasil*. Disponível em: <https://www.gov.br/senappen/pt-br/servicos/sisdepen/relatorios/relipen/relipen-2-semester-de-2023.pdf>
6. Brasil. Ministério da Saúde. (2021). *Portaria GM/MS nº 2.298, de 11 de dezembro de 2023*. Disponível em: <https://www.in.gov.br/web/dou/-/portaria-gm/ms-n-2.298-de-11-de-dezembro-de-2023-531404223>
7. Brasil. (1997). *Lei nº 9.460, de 4 de junho de 1997*. Presidência da República. Disponível em: http://www.planalto.gov.br/ccivil_03/leis/l9460.htm
8. Brasil. (1984). *Lei nº 7.210, de 11 de julho de 1984*. Diário Oficial da União.
9. Brasil. (2014). *Portaria Interministerial nº 1, de 2 de janeiro de 2014*. Diário Oficial da União.
10. Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. *Cartilha - Plano Nacional de Saúde no Sistema Penitenciário (PNSSP)*. Disponível em: <https://www.gov.br/saude/pt-br/composicao/saps/pnaisp/publicacoes/cartilha-plano-nacional-de-saude-no-sistema-penitenciario-pnssp/view>
11. Costa, M. C. et al. (2022). Política de saúde prisional brasileira: uma revisão integrativa. *Cadernos Ibero-Americanos de Direito Sanitário, 11*(4), 103-125.
12. Mendes, K. D. S. et al. (2008). Revisão integrativa: método de pesquisa para a incorporação de evidências na saúde e na enfermagem. *Texto & Contexto Enfermagem, 17*(4), 758-764.
13. ICPR. Institute for Crime & Justice Policy Research. (2024). *World Prison Population List* (14^a ed.). Disponível em:

https://www.prisonstudies.org/sites/default/files/resources/downloads/world_prison_population_list_14th_edition.pdf

14. Lea, N. T. B. et al. (2022). Enfermeiros no atendimento de urgência em presídios: explorando razões do chamado e local da assistência. *Ciência, Cuidado e Saúde, 21*(25), e58939.
15. Leal, M. et al. (2022). Saúde de mulheres privadas de liberdade no Brasil. *Ciência & Saúde Coletiva, 27*(12), 4521–4529.
16. Oliveira, G. R. de et al. (2023). Saúde no cárcere: uma revisão integrativa da literatura. *Textos & Contextos, 22*(1), 1-16.
17. Rossetto, M. et al. (2022). Olhar profissional no atendimento em saúde às pessoas privadas de liberdade: revisão integrativa. *Trabalho, Educação e Saúde, 20*, e00909197.
18. Schultz, A. L. V. et al. (2022). A precarização do trabalho no contexto da atenção primária à saúde no sistema prisional. *Ciência & Saúde Coletiva, 27*(12), 4407-4414.
19. Souza, M. T. de et al. (2010). Revisão integrativa: o que é e como fazer. *Einstein (São Paulo), 8*(1), 102-106.
20. Ribeiro, J. L. P. (2014). Revisão de Investigação e Evidência Científica. *Psicologia, Saúde & Doenças, 15*(3), 671-682.