Conceptual Guidelines

Universality, integrity, and equality; these are the fundamental principles of the Unified Health System’s activity (SUS) in Brazil. Based on this triad, decentralization of health services and social control are promoted, subject to the care and organizational principles, in accordance with constitutional and ordinary legislation.

Based on these principles, the SUS implements the Family Health (SF) strategy and/or the Community Health Worker Program (PACS) throughout the country at the three administration levels (federal, state/district, and municipal). These two models have enabled the identification and assessment of a set of conceptual and operational issues that form the basis for “Primary Health Care” (PHC) and its relations with medium and high-complexity levels.

The set of actions for the expansion and qualification of the Family Health strategy, and consequently PHC, is a priority in the public policies planned by the Ministry of Health and approved by the National Board of Health and Tripartite Commission of Managers.

By means of action based on administrative, sanitary, democratic, and participative practices conducted by teams in defined territories, the SF promotes health, instead of merely fighting diseases, thus reversing the logic that once prevailed in public health.

Family Health is a strategy proposed to reorient the health care model by setting up multi-professional teams at Primary Care Centers.

The strategy is a project to streamline the SUS, conditioned by the historical evolution of the organization of the Brazilian health system. The speed of expansion of the SF demonstrates the adherence of municipal and state managers to its principles. Adopted in Brazil in the early 1990s, the strategy has significantly increased over the past years and has strengthened through the substitution of the traditional primary service network at the municipal level and the achievement of positive results for health and quality of life indicators for the assisted population.

As a result of the implementation of this health care model and rationality of its funding, a reorganization of the entire SUS has been observed, which has begun with a better use of the other care levels.

Management

The Department of Primary Care (DAB), within the Secretariat of Attention to Health, within the Ministry of Health, is responsible for the federal Family Health management at the SUS. It is the DAB’s responsibility to develop guidelines for the management and care according to the organization logic of this strategy through actions for control, assessment, network regulation, integration, technical cooperation, and multi-sectoral participation, which is achieved through primary care actions in strategic areas such as Oral Health, Diabetes and Hypertension, Food and Nutrition, and other necessary interventions throughout the cycle of life.

The SF also encourages the organization of communities so that they exert social control over health actions and services and act in an intersectorial manner through articulation with strategic sectors and formation of partnerships with different social and institutional segments.
Community Health Agents (CHA)

Community health agents play a key role in the care model proposed by the Family Health strategy as they are the professionals who have a closer relationship with the population assisted. They are the professionals who visit the families more often and interact more directly with the people.

Another form of activity of the ACS occurs in the municipalities where the SF has still not been implemented. In them, the Community Health Worker Program (PACS) works as a transition. Model actions of community health workers are guided by a nurse/technician stationed at a UBS.

Currently in Brazil, there are approximately 230,000 ACSs in activity, distributed throughout the national territory, both in rural and urban peripheral areas and highly urbanized and industrialized cities.

Professional Value

The Ministry of Health recognizes and values the workers in this sector through a continued workforce education and qualification process to make them able to help build and implement the national health policy. This value reflects the need to improve the educational level and professional profile, increase the workers’ intellectual independence based on technical/scientific knowledge, ability to manage time and workplace, exercise creativity, interact with the service users, and critically assess the quality and ethical implications of their work.

Institutional challenges

The following are major institutional challenges to expand and qualify Primary Care in Brazil:

- Expansion and structuring of a UBS network to allow the teams to work according to the Family Health proposal;
- Continuous review of the work process of the family health teams to reinforce the managerial and care structures in the municipalities and states and adoption of strategic tools to program, develop, and assess the services offered to the population;
- Preparation of comprehensive care protocols (promotion, prevention, recovery, and rehabilitation) directed towards the most frequent health problems of the population, with continuity of care, based on regionalization and adaptation to state, municipal, and local contexts;
- Review of health education and training processes, both at undergraduate and graduate levels, and establishment of mechanisms for the continuous education of teams, coordinators, and managers;
- Definition of funding mechanisms to help reduce regional inequalities and improve proportionality of the three care levels;
- Improvement of information systems and scientific production in Family Health;
- Institutionalization of Primary Care follow-up, monitoring, and assessment processes;