



### **Strengthening primary health care and the family health strategy as part of the response to covid-19: position of the Rede APS/ABRASCO – the phc research network of the Brazilian association for collective health**

It has been widely recognized by now, both nationally and internationally, that Primary Health Care (PHC) continues to play a fundamental role in the construction of the Brazilian Unified Health System (*Sistema Único de Saúde – SUS*). Specifically, the implementation of the Family Health Strategy (*Estratégia Saúde da Família – ESF*) has resulted in increased access to health services and improved health conditions, as well as in reduced socio-regional inequalities. The Brazilian model for PHC includes a number of key features – such as its community orientation, being territory-based and having multi-professional teams – that have allowed for significant breakthroughs in terms of mobilization of resources beyond the reach of the health sector, in coordination with other social protection policies.

Globally, 2020 started with a neoliberal crisis and Covid-19. All of a sudden, and without precedents, Covid-19 put neoliberalism in checkmate, bringing into question discourses, conceptions and initiatives previously held by leaders worldwide. The pandemic promoted a radical shift in recommendations by the World Bank and International Monetary Fund (IMF), as both entities came to defend the adoption of economic recovery plans with significant investments in the areas of health and social protection for the most vulnerable populations, in order to be able to face this humanitarian crisis<sup>1;2;3;4</sup>. Conservative politicians, such as Boris Johnson, Emmanuel Macron and Angela Merkel, historically known as biased in favour of privatization and pro-market solutions, came to acknowledge the relevance of public health and social protection services. In Brazil, Covid-19 has revealed a knocked-out national government, featuring in regrettable situations and taking poor decisions, while demonstrating total insensitivity and lack of compassion towards suffering and mourning. In the midst of the gravest moments of the pandemic, the country has seen the laying-off of the Minister of Health, due to his position in favour of social isolation and distancing measures recommended by the World Health Organization (WHO) for the response. The new Minister, a health entrepreneur politically aligned with President Jair Bolsonaro, has been encouraging the different levels of government to push forwards with a disaggregated response to the crisis; in so doing, he has already demonstrated a lack of understanding of the SUS and its decentralized management model, with the corresponding local committees that promote social participation, by shutting down avenues of communication.

Since the beginning of its term, the Brazilian government has been showing a lack of willingness and ability to solve the country's economic and social dilemmas, now aggravated by the onset of the pandemic. Community transmission of the Coronavirus, and the significant rise in cases of severe acute respiratory syndrome, have shined a light on the SUS' primordial stardom, which is now being recognized internationally. The SUS has even gained traction with the national media, which used to be very critical of its problems and not very attentive to its achievements<sup>5</sup>. Despite the President's debauchery and contempt with regards to Covid-19, since march of 2020 the Federal government and, specifically, the Ministry of Health (MH), has been relying on public policies implemented by the Lula and Dilma governments, those that somehow managed to resist the wave of destruction sweeping the government since the 2016 *coup*. The government's

unwilling implementation of the above-mentioned policies has been out of necessity, in order to be able to coordinate the State's response to this national and global calamity. The new virus forced Bolsonaro and the Ministry of Health to restore the More Doctors Programme (*Programa Mais Médicos* – PMM), expanding the number of vacancies and re-hiring the Cuban doctors that remained in Brazil after the mass exodus of October of 2018. At that time, the Cuban government responded to offensive comments by the yet-to-be-president Bolsonaro, by recalling its on-mission doctors hired by the PMM under a multilateral agreement between the two countries and the Pan-American Health Organization (PAHO). However, this sudden interest in financing and utilizing the programme, and even expanding its vacancies, after it has been so viciously attacked by the current government, is fraught with uncertainty. Ungrateful to the Cuban professionals and unconcerned with the health of the poorest, Bolsonaro dismissed the PMM professionals trained abroad who have not taken the *Revalida* exam, which recognizes the diplomas of doctors who graduated abroad and want to work in Brazil.

In this confused and conflicted national political context, the threats to the SUS multiply, putting in jeopardy the universal, comprehensive and equitable right to health. Additional financial resources need to be urgently provided for the SUS to strengthen its fragile specialized infrastructure across Brazilian regions and municipalities. Many hospitals, emergency rooms, clinics and specialized services across the country, especially in rural areas, have accumulated historical deficits in beds, equipment, human resources and materials<sup>6</sup>. Many billions of Reais will be spent in an attempt to save the country's economy, attending to the market's demands, while little has been done to protect employment<sup>2,5,7</sup>. The greatest challenge will be ensuring the money reaches the poorest and most vulnerable populations, with the worst living conditions, and higher risks of falling ill and dying than the richest groups. Within the SUS, a significant challenge will be to amplify the funding and response capacity of the country's PHC, in the face of the aggravation of this health crisis. Decentralizing additional investments, aimed at the pandemic response, will allow for the economy to be mobilized from the bottom-up. There exist legal tools to prepare our society for the economic recession to come, as well as the post-epidemic recovery, and all such initiatives should be encouraged. Financial and technical incentives for communities, small and medium-sized businesses in both the rural and urban areas, universities, technical schools, and research and development centres will be pivotal for the purpose of recovery. It is necessary to expand the production chain in order to guarantee the country's self-sufficiency in the production of masks, personal protective equipment, respiratory equipment, hospital beds, medicines and immunobiologicals, kits and laboratory tests. Equally fundamental are initiatives to guarantee the quality and distribution of communication materials, access to the internet and other communication technologies, permanent education, and publication of social interest topics.

However, a centralized approach to specialized services will not be enough to successfully face the spread of the epidemic, in a country of continental dimensions and abysmal inequalities<sup>8</sup>. The ESF, with its community approach and focus on the territory, has a pivotal role in the health care network and will be indispensable in the response to any epidemic. Our ESF teams know the territory, its population and vulnerabilities, and they are crucial for this community approach. It will be necessary to strengthen PHC and the underlying principles of the ESF, and pivotal actors such as Community Health Workers (*Agentes Comunitários de Saúde* – ACS). The teams need to coordinate and monitor the activities aimed at the population within their territory of competence, in collaboration with specialized and complementary services. Incentives to PHC have the potential to stimulate and strengthen formal and informal social support networks, which will be fundamental to cope with the quarantine and social isolation, not only for elderly people, or those who have multiple deficiencies or are bed-bound, but also for children, adolescents, parents, and all residents of urban or rural communities under the responsibility of the ESF.

It is, therefore, urgent to activate the teams' community attributes, create links with community organizations and their solidarity-driven initiatives, and collaborate with other sectors to support the population, with its spectrum of vulnerabilities. Teams must guarantee continuity in health promotion, disease prevention and health care activities, by adapting work processes in health surveillance and routine care of all those who may need it, and providing social and health support to vulnerable groups in the community.

The considerable social inequalities in access to and quality of essential services of the health care network<sup>9;10;11</sup>, and the health challenge posed by the pandemic in Brazil, demand a family and social networks approach, focused on intermediary social determinants of health. Social and environmental protection measures – such as restrictions on movement, social distancing, and case and contact isolation – differently affect the health and well-being of the populations residing in the areas covered by the ESF: every neighbourhood, slum or poor community, of each municipality and region across the country. Such places often lack more than basic products and customs for personal hygiene: there may be a shortage of water, housing, work and money to face each passing day. Consequently, the pandemic is being most harshly felt by these Brazilians, compared to their richer counterparts.

Valorising PHC/ESF as part of the country's response strategy will allow to perceive the real magnitude of the epidemic, contribute to the reduction in transmission of the virus, and improve the quality of health care provided to the population. To this end, it will be necessary to develop and strengthen a series of effective PHC/ESF interventions. The strengthening of the ESF and the SUS as part of the response to the pandemic will contribute to the provision of appropriate care and guidance for the whole population. The proactive coordination of PHC/ESF activities on the territory has an elevated potential to reduce the spread of the virus among the population and the clinical severity of cases. A coordinated effort will be most effective and efficient if it upholds the fundamental pillars of the ESF model<sup>12;13</sup>, which have been implemented across the country for the past two decades with excellent results, as shown by a significant body of scientific literature on health care services<sup>10;11;14;15</sup>. The ESF has affected positively the survival trends of the poorest population, including elderly people, our main concern at this time. Greater access and improved quality in PHC, as well as comprehensiveness and equity in its activities on the territory, will be essential in both the individual and population response to the epidemic.

The Covid-19 pandemic, a health and humanitarian tragedy without precedents, may be an opportunity to reinforce the SUS' pivotal role as a social policy, as well as that of PHC within the Brazilian health system. If Brazilian society came to truly value the organization of public health, the SUS would be allowed to fulfil its principles of universality, comprehensiveness and equity<sup>16</sup>. Enabling a network of complete and complex services, distributed throughout the country, requires considering health management as a matter of public interest. It demands the State's regulation of public and private health care services, and the prerogative to claim beds and services in emergency health situations such as the one we're experiencing now.

The *Rede APS/Abrasco* is engaged in the defence of evidence-based PHC activities. It highlights that the reorganization of work processes will depend on each context, each basic health unit, and each municipality. There is no single model. It encourages dialogue and articulation between managers and health workers, the National Council for Health (*Conselho Nacional de Saúde- CNS*), and all other councils, to render the effective strengthening of PHC within the SUS a reality.

**The Rede APS/Abrasco, therefore, recommends:**

**Developing health surveillance activities** to stop and reduce the spread of the epidemic, coordinating primary and secondary prevention strategies against Covid-19 on the territory, and supporting social distancing and quarantine for cases and contacts, health education, case notification and daily remote monitoring of cases being cared for at home.

**Separating patient flow of users with respiratory symptoms and suspect cases of Covid-19, from that of users with other problems or necessities.**

**Providing integrated care within the network to mild cases, while guaranteeing the appropriate coordination with transport services and hospitals for quick referral when necessary**

**Organizing the line of care for respiratory symptoms to start over the telephone,** by communicating to ESF teams which cases are in their areas of coverage, for daily telephone monitoring.

**Offering support to the most fragile and vulnerable groups,** who will need special attention within the context of the epidemic, both due to the health crises as well as the ensuing social vulnerability. This should be done by fostering the protagonism of ACS and community endemic agents (*Agentes Comunitários de Endemias – ACE*), upholding the Family Health Support Nuclei (*Núcleos de Apoio à Saúde da Família – NASF*), and coordinating with community initiatives and other public sectors (Social Assistance Reference Centres, schools, construction works, sanitation, etc). Furthermore, efforts should be aimed at the development of capacities to use the internet and its various resources, such as apps, in order to access social benefits and telemedicine.

**Ensuring the continuity of routine PHC activities,** such as health promotion, disease prevention and care provision. Emphasis is placed on maintaining key PHC services, like pre-natal care, immunization, and care for hypertension, diabetes, and other acute issues, through new forms of daily, remote care, namely: WhatsApp, telephone assistance, or telemedicine<sup>17;18</sup>.

**More SUS – More State – More Health**

**Immediate repeal of the Constitutional Amendment N° 95**

**Immediate allocation of additional financing for health**

**No to PHC privatization**

**Internet for everyone**

**In defence of life, democracy and the SUS**

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