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Health equity: Reflections on the doctrinal principle that potentiates primary health care

Equidad en salud: Reflexiones sobre el principio doctrinal que potencia la atención primaria de salud**Equidade em saúde: Reflexões do princípio doutrinário potencializador da atenção primária a saúde**

ABSTRACT

Objective: to analyze the contributions of the equity principle in the context of Primary Health Care, as well as nursing assistance in the scope of health equity. **Method:** A literature review study was carried out in SciELO and LILACS, carried out from July 2020 to September 2020, with the descriptors in Health Sciences: "Primary Health Care"; "Equity in health" and "Unified Health System", applying the "and" operator, with the inclusion criteria Portuguese Language, complete texts and published in the period from 2015 to 2020. As exclusion criteria, duplicate review articles and that did not contemplate the objective. **Results:** Using 13 articles for the study. **Discussion:** Equity is an enhancer of the Unified Health System, in which it presents the resoluteness of actions and nursing care. **Conclusion:** Equity reduces inequalities during health practices, providing care based on public policies.

DESCRIPTORS: Primary Health Care. Health equity. Health Unic System.

RESUMEN

Objetivo: analizar los aportes del principio de equidad en el contexto de la Atención Primaria de Salud, así como la asistencia de enfermería en el ámbito de la equidad en salud. **Método:** Se realizó un estudio de revisión de la literatura en SciELO y LILACS, realizado de julio de 2020 a septiembre de 2020, con los descriptores en Ciencias de la Salud: "Atención Primaria de Salud"; "Equidad en salud" y "Sistema Único de Salud", aplicando el operador "y", con los criterios de inclusión Lengua Portuguesa, textos completos y publicados en el período de 2015 a 2020. Como criterio de exclusión, artículos de revisión duplicados y que no contemplaba el objetivo. **Resultados:** Utilizando 13 artículos para el estudio. **Discusión:** La equidad es un potenciador del Sistema Único de Salud, en el que presenta la resolución de las acciones y los cuidados de enfermería. **Conclusión:** La equidad reduce las desigualdades durante las prácticas de salud, brindando atención basada en políticas públicas.

DESCRIPTORES: Atención Primaria de Salud; Equidad en salud; Sistema único de Salud.

RESUMO

Objetivo: analisar as contribuições do princípio equidade no contexto da Atenção Primária à Saúde, bem como assistência de enfermagem no âmbito da equidade em saúde. **Método:** Realizou-se um estudo de revisão bibliográfica de literatura na SciELO e LILACS, realizada no período de julho de 2020 a setembro de 2020, com os descritores em ciências da Saúde: "Atenção Primária à Saúde"; "Equidade em saúde" e "Sistema Único de Saúde", aplicando-se o operador "and", sendo os critérios de inclusão Língua Portuguesa, textos completos e publicados no período de 2015 a 2020. Como critérios de exclusão artigos de revisão, duplicados e que não contemplavam o objetivo. **Resultados:** Utilizando-se 13 artigos para o estudo. **Discussão:** A equidade é potencializadora do Sistema Único de saúde, na qual apresenta a resolutividade das ações e da assistência de enfermagem. **Conclusão:** A equidade reduz as desigualdades durante as práticas de saúde, proporcionando o cuidado pautado nas políticas públicas.

DESCRIPTORES: Atenção Primária à Saúde. Equidade em saúde. Sistema Único de Saúde.

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INTRODUCTION

The term equity can be associated with equality, since both refer to overcoming economic and social inequalities. With regard to health, it is constituted with an emphasis on assessing social control, efficiency, effectiveness and participation in sectoral reforms, for the reorientation of health systems and policies.¹⁰

In this sense, the equity associated with the health context is presented in the face of the assumption that the distribution of resources must be carried out according to the needs that a certain group or population presents, and in the sense of treating each user by prioritizing care, clinical, social and epidemiological criteria, to those who need it most.¹²

Equity is related to two aspects, namely: the treatment of equal people equally, where it promotes universality and equality in the face of access. Treating the unequal unequally, however, is characterized as the second aspect, linked to the priority of people from specific groups, through the risk criteria and who are most in need of socioeconomic resources.¹

In this way, equity in health contemplates overcoming the lack of disparities, followed by a critical assessment regarding the advantages and disadvantages of society associated with accessi-

bility and health care, with a redistribution imposed on those who have less and those who present the same conditions, starting from an action that regulates inequalities.⁸

Thus, considering equity as one of the main pillars in the context of the Unified Health System (SUS), it is possible to expand efforts so that there is a significant reduction in the determinants, conditions and health problems, according to the understanding differences such as ethnicity, religion, sexual orientation, gender identity, socioeconomic status, education, health conditions and situations of social marginalization that influence quality of life.⁶

Although Law 8.080/1990, which regulates the Unified Health System, presents the principle of equality, not emphasizing equity, it is necessary to emphasize its contextualization exposed in the official documents of the Federation during the Basic Operating Standard of 1996 (NOB- 96), as well as in the Social Security chapter of the Brazilian Constitution of 1988, which presents the financing and distribution of resources in health, according to the principle of equity.³

The university, integrality and equity are the doctrinal principles of SUS, which guarantee the right to health in a broad and comprehensive way, being the fundamental equity for the pro-

motion of health based on the right to citizenship in access to health services. It is a precursor principle to overcome inequalities and favors justice, which in turn promotes service to users through their needs through the recognition of differences and health conditions.²

In this perspective, equity provides a differentiated view to population groups that need priorities that they need, making the implementation of this principle notorious for the implementation of public policies and health promotion, contributing to comprehensive and humanized care for people.⁹

Equity is related to the services of Primary Health Care (PHC) for providing the expansion of access associated with the needs of users. In this context, accessibility at the primary level contributes to the realization of equity and advances in public health, health promotion and regulation of existing services in primary care.⁴

Thus, equity is considered a strong point for expanding universal access to health and reducing inequalities. It is worth mentioning that this principle is fundamental in primary care services, since it contributes to overcoming health vulnerabilities and to potentiate public policies.⁶

At this juncture, realizing the importance of the principle of equity with regard to health practices, the question

is: what are the contributions of equity during nursing care in Primary Health Care?

The interest in the theme was motivated by the participation of the researcher in a training course entitled "Promotion of equity in SUS", offered by the Open University of the Northeast of the Demócrito Rocha Foundation in partnership with the State University of Ceará. As a contribution, there is assistance, teaching and research. It is believed that reflecting the theoretical and conceptual elements of equity is one of the ways to improve the assistance provided in the care services to groups considered vulnerable.

The study sought to analyze the contributions of the equity principle in

the context of Primary Health Care, as well as nursing care within the scope of health equity.

METHOD

This is a literature review study carried out from July 2020 to September 2020, where we sought to discuss studies in the field of nursing that addressed the theme of health equity. A search was carried out in the following databases: Scientific Electronic Library Online (SciELO) and Latin American and Caribbean Literature in Health Sciences (LILACS), with the descriptors in Health Sciences: "Primary Health Care"; "Equity in health" and "Unified

Health System", applying the "and" operator, with the inclusion criteria Portuguese Language, complete texts and published in the period from 2015 to 2020. As exclusion criteria, review articles, duplicated and that did not contemplate the research objective. The Ursi instrument was used for data collection.

RESULTS

Through the search for articles, 128 scientific productions were found based on the inclusion criteria, 96 were excluded due to not being correlated to the thematic interest, and 12 articles were used for discussion.

Table 1 - Results of studies from 2015 to 2020, title, author/year and method.

Titulo	Autor	Ano	Tipo de Estudo
Equidade: seus conceitos, significações e implicações para o SUS.	DE BARROS, F.P.C.; DE SOUZA, M.F.	2016	Ensaio
Aspectos bioéticos da judicialização da saúde por medicamentos em 13 municípios no meio Oeste de Santa Catarina, Brasil	ZAGO B, SWIECH LM, BONAMIGO, EL, SCHLEMPER JUNIOR, BR.	2016	Estudo quantitativo
Atenção Primária à Saúde: elementos de continuidade e mudanças na saúde do Distrito Federal.	KASHIWAKURA HK, GONÇALVES AO, DA SILVA, RM P.	2016	Estudo documental
Expansão da Atenção Primária à Saúde no Município do Rio de Janeiro em 2010: o desafio do acesso e a completude das equipes de saúde da família.	SIMÕES P.P, GAMEIRO F, NUNES PC, SILVA JÚNIOR AG, SCARDUA MT, KEITH BF.	2016	Estudo sobre a expansão da AB, em especial as equipes de saúde da família, no Município do Rio de Janeiro
Estado e políticas de equidade em saúde: democracia participativa?	SOUTO, K.M.B, SENA AGN, PEREIRA VOM, SANTOS, LM.	2016	Ensaio
Práticas de cuidado da equipe da estratégia saúde da família.	COUTO T. A, SANTOS FPA, ACIOLI S; MACHADO JC; MS, RODRIGUES VP, COUTO TA.	2018	Estudo qualitativo
Um olhar sobre sistemas de saúde locais e nacionais.	DE PAULA JB, IBIAPINA F, MOSSÉ P.	2018	Estudo Reflexivo
O desafio da equidade: fatores associados aos gastos com a produção ambulatorial na atenção secundária.	LIEBEL G, SÁ JUNIOR AR, MÁRCIA E, CAMPOS S.	2018	Estudo ecológico, analítico observacional
Determinantes sociais, equidade e consultório na rua	PINTO AH, FERMO VC, PEITER CC, FERNANDES VMB, HEIDEMAN ITSB.	2018	Estudo qualitativo, descritivo, tipo relato de experiência
Acesso ao cuidado na Atenção Primária à Saúde brasileira: situação, problemas e estratégias de superação	TESSER C.D, NOR-MAN AH, VIDAL TB.	2018	Estudo reflexivo

Análise de equidade da distribuição de recursos do Programa Farmácia Popular	SILVA MEL, DE ALMEIDA ATC, ARAGÃO JÚNIOR ITA.	2019	Estudo transversal
Desafios para a Educação Permanente em Saúde Indígena: adequando o atendimento do Sistema Único de Saúde no sul do Brasil.	LANDGRAF J, IMAZU NE, ROSADO RM.	2020	Relato de experiência
Desafios da enfermagem na promoção de práticas de equidade em saúde: um diálogo entre a enfermagem no Brasil e no Canadá	VELLOSO, I.S.C, PEREIRA MS, SALAS AS, ARAÚJO MT.	2020	Estudo reflexivo

DISCUSSION

The doctrinal principle called equity is essential for the progress of SUS, due to the recognition of differences about health conditions and needs of users, promoting the right to health and social differentiations through diversities. Equity is relevant in all areas related to health care, since it provides the establishment of criteria for the evaluation of the user to guide care based on equitable public policies.⁷

This principle is related to the contextualization of equality as well as justice in the field of health, through care provided according to the needs of individuals in which the resources are made available, especially for those who need it most. In this way, the contribution of this principle is noticeable with regard to effective and resolvable health practices.¹²

In this sense, equity is a precursor to health promotion, and is also considered as a central axis for overcoming inequalities and social disadvantages prevalent in SUS users, where respect for socioeconomic, family, person and favorable housing conditions is essential. an evident reality in view of the assumptions of this policy.¹⁴

The expansion of access to health services is associated with the guarantee of all rights to health through SUS, equity being considered one of the pillars of this system with regard to the distribution of resources. Thus, in view of this scenario regarding access to services arising from the effectiveness of this principle, the expansion of health actions is a phenomenon to be highlighted.⁶

In view of the different needs of

each person, inequalities must be overcome in order for qualified assistance to be attributed to the general population. In this context, we highlight the strengthening of SUS actions supported and guided by the principle of equity to overcome the challenges that limit access and promote inequality in resources.¹¹

In this context, health promotion and protection are attributable and potentiated by SUS actions through the reorganization of services, equity being the protagonist of this scenario. It is also worth mentioning the participation of this principle in the advances in care networks and the coordination of strengthening care, in addition to corroborating the guarantee of the territorialization process, mapping risk situations and social vulnerability.¹⁷

Nursing care contributes to the valorization of equity in the scope of health at different levels of care, through the creation of new communication tools, health technologies to expand access, teamwork and strategies aimed at equity, social justice and policies to overcome difficulties and inequalities.¹⁶

Nurses have been expanding their role regarding autonomy in decision making in view of the identification of the needs and care of the population, as well as in the formulation of strategies that promote health promotion and protection strategies in different dimensions, constituting themselves as a fundamental component health systems.⁹

It is pertinent to emphasize that the reorientation of the care model materialized by primary health care and provided by the configuration of multiprofessional teams in basic heal-

th units, with an emphasis on nurses, encompasses significant changes in the health indicators of the people assisted, being essential that this professional can know the reality and intervene in health aspects related to vulnerability, accessibility and inequities.¹³

The nurse must seek subsidies and central debates that organize health practices with a focus on equity in access to health services, that promote an expanded vision for overcoming challenges in different dimensions, such as assistance and management.¹⁴

The literature emphasizes that the nursing professional must assume his / her role and responsibility to promote inclusion and respect the differences for equitable access in a fair and inclusive way. It is worth mentioning that nursing professionals also present the position of educators with regard to expanding society's knowledge about health equity.¹⁵

Furthermore, it is pointed out that nurses face challenges to carry out and improve equitable care, in order to prevent and correct health inequities that affect the population, these challenges being related to the lack of mechanisms that can expand and accelerate the development of strategies existing health policies to promote significant changes.¹⁶

Although the nurse is considered a central agent in the care process to promote equity in the primary care setting, the challenges of everyday life and work overload prevent the reformulation of new strategies that advance this process, making it necessary to develop new ones. actions regarding the reception and expansion for access.⁴

The use of health services through nursing care is directly related to the availability of services, accessibility due to the proximity and/or geographical ease of the service, organization of work for attention, flows, schedules, routines, technical priorities, acceptability related to understanding and acceptance with the characteristics of the population, that is, their beliefs, socio-economic conditions and satisfaction with the service used.¹³

From this perspective, nursing care can expand equitable and universal access to health by reducing inequalities associated with priority public policy, which presupposes the guarantee of

access to the ambulatory and home network at different levels of complexity, according to the needs of the assisted people.^{6,8}

The contribution of nursing care to this scenario is evident, in which the expansion of collective actions and the development of integrated care practices favors new possibilities related to overcoming social vulnerabilities and difficulties in accessing health services and providing the promotion and health protection and disease prevention.⁵

CONCLUSION

Therefore, equity incorporates the

reduction of inequalities through the realization of the guiding elements of SUS, which takes place potentially in the setting of PHC practices. As required by users, actions are carried out that lead to health practices and actions, in order to effect the care and resolution of the services provided. It is worth mentioning that nursing care based on public policies associated with equity since the emergence of SUS has been meeting the needs of users, which seeks to develop cross-sectional structures and sectoral cuts, in addition to promoting actions for groups in situations of vulnerability. overcome inequalities in the context of PHC. ■

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