

## The family health strategy and its contributions to the effectiveness of services in primary health care

A estratégia de saúde da família e suas contribuições para a eficácia dos serviços na atenção primária à saúde

La estrategia salud de la familia y sus contribuciones a la eficacia de los servicios de atención primaria de salud

### RESUMO

Objetivo: refletir sobre a importância da Estratégia Saúde da Família para a resolutividade da Atenção Primária à Saúde. Método: Estudo de reflexão que se fundamentou em uma base teórica filosófica, além da percepção das autoras sobre o assunto abordado. Resultados: a Estratégia Saúde da Família é o principal mecanismo estruturante da Atenção Primária à Saúde no Brasil e Entre os aspectos principais e as inovações vindas do processo de sua implantação, a resolutividade merece destaque sendo uma proposta capaz de atender o paciente em todo o ciclo de vida de forma holística, com ações e serviços de saúde. Conclusão: foram elucidadas evidências que causaram significativo impacto na saúde das pessoas no Brasil e, por meio destas, nota-se sua importância através da melhoria do acesso aos serviços de saúde.

**DESCRIPTORES:** Estratégia Saúde da Família; Atenção Primária à Saúde; resolutividade

### ABSTRACT

Objective: the aim of this study is to make a reflection about the importance of the Family Health Strategy for the resoluteness of Primary Health Care. Method: it is a study of reflection which was based on a philosophical theoretical basis, in addition to the authors' perception of the subject addressed. Results: the Family Health Strategy is the main structuring mechanism of Primary Health Care in Brazil, and between the main aspects and innovations coming from the process of its implementation, resoluteness deserves to be highlighted being a proposal capable of assisting the patient throughout the life cycle holistically with health actions and services, in addition to seeking greater equity. Conclusion: it was elucidated some evidences that caused a significant impact on people's health in Brazil and through them, its importance is noted through the improvement of access to health services.

**DESCRIPTORS:** Family Health Strategy; Primary Health Care; resoluteness.

### RESUMEN

Objetivo: reflexionar sobre la importancia de la Estrategia de Salud de la Familia para la resolución de la Atención Primaria de Salud. Método: Se trata de un estudio de reflexión que se basó en una base teórica filosófica, además de la percepción de los autores sobre el tema. Resultados: la Estrategia de Salud de la Familia es el principal mecanismo estructurador de la Atención Primaria de Salud en Brasil y entre los principales aspectos y las innovaciones provenientes del proceso de implementación, merece ser destacada la resolución como propuesta capaz de atender al paciente a lo largo de su ciclo de vida de manera integral, con acciones y servicios de salud, además de buscar una mayor equidad. Conclusión: se dilucidaron evidencias que tuvieron un impacto significativo en la salud de las personas en Brasil, a través de ellas, se destaca su importancia a través de la mejora de los servicios de salud.

**DESCRIPTORES:** Estrategia de Salud de la Familia; Atención Primaria de Salud; resolución.

RECEBIDO EM: 26/05/2023 APROVADO EM: 05/06/2023

**How cited:** Oliveira EM, Pereira DLM, Aquino DMC, Corrêa RGCF, Rolim ILTP, Oliveira BLCA, Rabelo PPC. The family health strategy and its contributions to the effectiveness of services in primary health care. *Saúde Coletiva* (Edição Brasileira) [Internet]. 2023 [cited year month day];13(88):13171-13176. Available from:

DOI: 10.36489/saudecoletiva.2023v13i88p13171-13176



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**INTRODUCTION**

The concept of Primary Health Care (PHC) was first used in England in 1920, through the Dawson report, which defined the organization of the health system into several levels of care, in addition to elucidating the function of each of them as well as the interaction between them<sup>1</sup>

In 1978, the publication of the Declaration of Alma Ata, considered a milestone in the history of the development of PHC for defending it as the central core of a health system, brought with it the main ideas for the improvement of contemporary health systems, contributions to the achievement of more favorable and equitable health outcomes, greater efficiency, effectiveness and user satisfaction<sup>2</sup>.

In developed countries PHC is considered a selective and focal program that offers reduced baskets of services to vulnerable populations, and in

others it is the gateway to the health system, it is the first level of care that offers clinical services, in addition to coordinating care and organizing care practices through public policies<sup>3</sup>.

In Brazil, PHC has sought to strengthen itself since the implementation of the Unified Health System (SUS) - established through the Federal Constitution of 1988 - through the doctrinal principles of universality, equity and integrality, and organizational principles such as decentralization, regionalization, hierarchization, participation<sup>4</sup>.

There have been many attempts to organize PHC in Brazil, but the most important milestone occurred in 1994 with the implementation of the Family Health Program (PSF), where work would become teamwork and the focus would be on the family. This assistance enables knowledge of how each family takes care of its strengths and weaknesses, as well as the responsibilities assumed by its members<sup>5</sup>.

The PSF emerged with the purpose of reorienting the care model - focused on the figure of the doctor, curative and individual - in a multi-professional collective care model, focusing on health promotion and disease prevention, based on the principles of universality, integrality, and equity of the SUS<sup>6</sup>.

Despite its hegemony, over time the PSF has undergone many changes, making its expansion necessary. Thus, with regard to the resolvability of the population's demands, aiming to achieve more effective results, it became necessary to start a new cycle of Primary Health Care. The PSF then ceased to be a program and became a permanent strategy in PHC, becoming known as the Family Health Strategy. (ESF)<sup>7,8</sup>.

The ESF aims to strengthen PHC through community orientation for social participation, health promotion and surveillance and also to favor the quality of life of people, their families, and the community.<sup>6</sup> Health services

organized in networks have been shown to guarantee the right to health in various systems. In the SUS, these regionalized networks have greater resoluteness in care, making them important for achieving the principles of universality, equity and integrality applied at many levels of care, with a focus on PHC<sup>9</sup>.

In this sense, it is important to know and reflect on Primary Health Care and how the ESF has contributed to its organization. In view of the above, the following questions were raised on the subject: how did the implementation of the Family Health Strategy in Brazil occur? How has the ESF contributed to the resoluteness of PHC?

## METHOD

This is a reflection study which was based on a philosophical theoretical vase, which is phenomenology, in addition to the perception of the authors regarding the subject addressed. We sought to discuss studies in the field of nursing that contemplated the theme focused on the importance of the family health strategy for the resoluteness of primary health care. The text was organized in two three parts, introduction, "the family health strategy, proposals and population coverage", and "impacts of the family health strategy on the revolutions of primary health care".

## THE FAMILY HEALTH STRATEGY, PROPOSALS AND POPULATION COVERAGE

The Brazilian Health Reform, in the 1980s, brought with it a social context of struggles for the reduction of inequalities and the search for the democratization of health, thus resulting in the Federal Constitution of 19889. It also resulted in the SUS, which in 1990 was regulated by Law 8080 and, over time, new laws emerged that gave way to the creation of public policies that govern the health system in Brazil, until the present day<sup>3</sup>.



In 1991, the Ministry of Health created the Community Health Agents Program (PACS), which plays a fundamental role in the provision of services offered by Primary Care in their territories of operation<sup>10</sup>.



Despite its weaknesses, the program has had notable positive effects on the health of populations, especially the most vulnerable in terms of prenatal care coverage and improved nutritional conditions. The expansion of PACS actions culminated in the origin of the PFS in 1994. The purpose of the PSF was to reorganize and make work the gateway to the health system by strengthening primary care as the first level of health care in the SUS through the expansion of access, qualification, and reorientation of health practices.<sup>10</sup>

Since its creation, the PSF has become the main actor in changing the care model. After a few years, the program became the guiding axis of the

SUS, making it necessary to organize the basis of the health system, thus, the PSF was then seen as structuring and defined as "Family Health Strategy", through the National Primary Care Policy in 2006, which was later revised in 2011 and 2017<sup>6,11</sup>.

With the change from PSF to ESF, a financial incentive was then given to a specific model of organization of primary care as a primary care network, which brings with it a set of guidelines, teamwork based on territory, health promotion and prevention, the incorporation of the community health agent (ACS), among others<sup>12</sup>.

In the daily life of the ESF, the community context is permeated by interpersonal relationships and bonds led by CHWs through their experiences in integrating the intersubjective approach. CHWs play a relevant role in creating the link between the community and health services, as their technical, care and health promotion skills enable them to understand the singularities of community life, through home visits<sup>13,14</sup>.

Currently, the FHS is the main structuring mechanism of PHC in Brazil and its consolidation process is complex because it encompasses factors such as interdisciplinarity and the evaluation of professional practices. For the FHS to be able to play its role in PHC, it is necessary that its expansion and coverage be effectively established in the territory and also that this population be linked to the Family Health Team<sup>14</sup>.

In this context, making a comparison between the years 2008 to 2013 and 2013 to 2019, there is an expansion in the population coverage of the FHS, an increase of 6.5 percentage points from 2013 to 2019, an average increase of 1.1 points per year, including 18.7 million more people from 2008 to 2013 the equivalent per year was 0.5 points<sup>7,15</sup>.

Another important aspect related to population coverage, for example, is the implementation of Family Health teams and Clinics with a view to expanding the ESF in Rio de Janeiro and organi-

zing PHC seeking to consolidate the SUS through its doctrinal principles.



The municipality of Rio, in its management contract, set goals to be met by family health teams through lines of care such as hypertension, diabetes, childcare, women of childbearing age, among others, in addition to cytopathology collection.



FHS coverage was reported to be low, and the target was to increase it by about ten times. The data showed that the coverage occurred progressively between 2008 and 2013, being that in 2008 it was 7.98% and in 2013 this goal was exceeded by 40% of the coverage with consequent protagonist of PHC

in the health system of the municipality of Rio de Janeiro<sup>16</sup>.

The scope of health services in PHC includes individual, collective, promotion and protection characteristics, as well as health recovery, with a view to developing comprehensive health care that promotes the well-being and autonomy of the population as a whole. To this end, Basic Health Units must organize themselves and their teams through different strategies to ensure improvements in care, greater resolution in care and adequate population coverage of health services without unnecessary referrals of users to other points in the health care network<sup>17</sup>.

#### IMPACTS OF THE FAMILY HEALTH STRATEGY ON THE RESOLUTIVENESS OF PRIMARY HEALTH CARE

Primary health care (PHC), besides being considered the main gateway, is also the most appropriate way for users to access the health system. The ESF comes to enhance the population's access coverage, as well as a better tool to ensure the strengthening of PHC in the SUS, combined with policies that prioritize the fundamental attributes of PHC, especially through innovation in care, management, and communication technologies<sup>18</sup>.

Among the main aspects and innovations coming from the process of implementation of the FHS by PHC, the resoluteness deserves to be highlighted as a proposal capable of attending the patient throughout the life cycle in a holistic way, with health actions and services, in addition to seeking greater equity. In view of this, resolute and functional care systems are able to establish flows and mechanisms of counter-referral and referral between municipalities in order to guarantee comprehensive care, access of users to health actions and services, according to their need and the conformation of hierarchical networks and services<sup>8</sup>.

Resolvability in a health system

should be understood as a social response to the health needs of the population, capable of solving health problems related to biological vulnerability and understanding the social determinants that influence it. A resolute health system must converge with the capacity guided by primary health care, associated with its attributes, such as universal access, centrality of care, longitudinal and network coordination, added to the person, family, and community<sup>19</sup>.

Within the hierarchical model of health services, by levels of care, resolution is characterized in two main aspects. The first point refers to the capacity to meet demand and refer to specialized services, and the second relates within the system to access to health services, from the patient's initial consultation at the primary health care service to the resolution of their problems at other levels of health care<sup>20</sup>.

The expansion of access to Primary Care is evidenced by the increase in the number of Family Health teams implemented in the country in the last 20 years, which went from 2,504 in July 1998 to 42,619 in October 2017. During this period, the coverage of people registered by the FHS increased from 4.4% (seven million Brazilians) to about 70% (143 million)<sup>9</sup>.

One study found that the actions of the FHS had positive results in relation to the referral of hospital and emergency room services as places of routine care, in the years 1998 to 2013. Where FHS coverage was consolidated, there was a significant increase in the reduced likelihood of referral to such services. Individuals with one or more chronic diseases seek the services offered by PHC to treat health problems more frequently<sup>4</sup>.

Other studies have shown that people assisted by the FHS, six years after having suffered a stroke, had a lower risk of death (42%) compared to individuals who do not have a link with the strategy. EFS showed important results in decreasing mortality and hospitali-

zation rates for cardiovascular diseases and stroke<sup>8</sup>.



Health indicators have shown the reflections of the quality of health care provided in UBS, through the National Program for Improving Access and Quality - PMAQ, which strengthens the advances in characteristic actions provided by primary care.



Data on prenatal care, for example, showed that some 89% of pregnant women had six or more consultations, meeting the minimum number of consultations provided for by the Ministry of Health, and more than 95% updated their vaccination status, especially against tetanus, with improvements in the use of prescribed medications such as ferrous sulfate. Access to cervical cancer screening reached 93% of women aged 25-59 years and breast cancer screening coverage was 70%<sup>21</sup>.

The More Doctors Program (PMM) in Brazil, established by Law No. 12,871 of October 22, 2013, as a proposal to advance in solving PHC problems in the SUS, generated positive impacts in 4,058 municipalities and benefited about 63 million people, promoting the integration of teams and strengthening health actions, generating a significant reduction in the overall number of hospitalizations for conditions sensitive to primary care<sup>22</sup>.

It is important to mention a study that talks about the advances in care practices in relation to Chronic Non-Communicable Diseases (CNCD) in the ESF that emerged within a context of demographic transition and economic growth that required new ways of organizing society, other patterns of illness, and implied new health care practices. Thus, it was necessary to create measures to contain the picture of NCDs that was expanding in the Brazilian territory, and to strengthen PHC through the FHS<sup>23,24</sup>.

It is notorious the numerous contributions of PHC, responding effectively to the needs and demands of individuals, in addition to care practices, which must be resolute, innovative and of excellent quality. However, several challenges also permeate PHC, such as disarticulation between user reception and coordination of care and inadequate provision of services and infrastructure. These gaps interfere with the work process being unable to meet the real needs of individual<sup>25</sup>.



User access to basic services is one of the mechanisms capable of meeting health needs in Primary Care.



It is reiterated that, within PHC, the ESF is the most appropriate model and should be consolidated and expanded. On the other hand, in order for the FHS to improve its capacity to solve health problems, financial incentives and qualified professional training are still needed. In addition, for the FHS to achieve a greater resolution of demands, it is crucial that services are more accessible to the population, that the orientation to the health needs of the communities is the basis of the structuring of services and that the user is the center of attention<sup>26</sup>.

## CONCLUSIONS

In view of the above, it was possible to observe how much the Family Health Strategy has contributed to the resolution of Primary Health Care, organizing it, and therefore strengthening the SUS.

Evidence that has had a significant

impact on the health of people in Brazil was elucidated and, through these, its importance is noted through the improvement of access to health services,

especially by those who need it most, favoring equity; the reduction of demand for specialized services at secondary and tertiary levels of care that Primary

Care solves; reduction in morbidity and mortality rates, expansion of access to medical consultations.

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