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Primary Health Care in the Brazilian Unified Health System (SUS): a bequest and a legacy

Since the closing years of the last century, Primary Health Care (PHC) in Brazil has been a ray of sunlight in the otherwise cloudy skies of the Health System. It is cloudy because the acceptance and adherence to its agenda by governments with divergent ideological priorities prevents the sun's rays from shining through. Nevertheless there are several shafts of sunlight that shine through brightly and translate into ideas, movements, processes and practices in the most heterogeneous, complex and singular municipal territories.

In some 5564 cities, PHC reveals other meanings in the art of caring for the health of each individual. Thus, it sows its seeds of wisdom along the wayside, as a bequest of its legacy, despite the political and socio-cultural areas of turbulence that historically insist on hampering the creation of a universal, comprehensive and quality-oriented public health system.

The first area of turbulence is the irrational concentration of “cutting edge technology” in major urban centers to the detriment of small and medium-sized cities; the second is the accelerated and uncontrollable increase in costs of medical care, already exceedingly burdensome even for more developed economies, thereby subordinating the provision of care to the interests of producers of goods and services of the “medical and therapeutic industrial complex”; and the third is the “fantasy” of the social power and prestige of corporations in the health area, especially the medical area, because they think they control the markets of super subspecialties. This set of problems leads to the existence of an increasingly privatized educational market, which opens schools and offers vacancies without regard to the true health needs of the population.

The fourth area of turbulence is the impact of the so-called diseases of the modern world, including social violence. Despite being embattled by such areas of turbulence, Brazil managed to create the Unified Health System (SUS) 25 years ago, the Community Health Agents Program (PACS) 22 years ago and the Family Health Strategy (FHS) 20 years ago, thanks to the energy of the indefatigable social and sanitation teams of the Brazilian people, giving rise to an impressive legacy. The world has applauded the major advance, though the bells no longer toll in praise with the same regularity and enthusiasm. We celebrate the lives of thousands of children who are now able to complete five years of life. Women now notify the Community Health Agents throughout Brazil when they detect the first signs of pregnancy. Their medical appointments are guaranteed during the prenatal period and, after childbirth, the agents are back again to help care for both mother and child.

Men begin to have a different opinion of the Basic Health Units. They now see them as the place to monitor their health on a daily basis: check up on diabetes, hypertension and other health problems. The 36,000 FHS teams, especially the 300,000 Community Health Agents, together with 23,000 oral health teams, are permanently on the go. They leave their legacy when they arrange actions with local governments, aiming at attaining a comprehensive public policy and broadening dialogue between municipalities, without political party interference, in the pursuit of establishing health care networks. In this manner, they establish new communication processes with the autonomy and freedom of those who work with health-promoting strategies. This occurs when they understand the need to reduce regional inequalities, campaigning for increased investment in primary care of at least 30% of the national budget. This is also the case when they feel the need to strengthen the relations and ties of joint responsibility among families seeking to add value to information and communication processes. These movements are encouraging signs of acceptance, transparency and effective and affective involvement in the care and management of the ABS in the SUS. Furthermore, they create the future when they believe that it is possible to change the attitude of governments to adhere to the values of Primary Health Care in line with a sense of justice, equality and solidarity. This is the greatest legacy. And it must be enshrined in a bequest!

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