

Strategies for the qualification of Primary Health Care in the Federal District

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DOI: 10.1590/2358-28982024E2AP-1

THIS SPECIAL ISSUE OF THE JOURNAL 'SAÚDE EM DEBATE' was designed within the scope of the Primary Health Care Qualification Program of the Federal District (Qualis-APS), implemented in 2019¹. This program, a result of an interinstitutional partnership between the State Department of Health of the Federal District, the Oswaldo Cruz Foundation – Regional Management of Brasília, and the University of Brasília celebrates an agreement based on the new Legal Framework for Science, Technology, and Innovation. This call stems from the need to permanently provide critical reflection on the consolidation of Primary Health Care (PHC) in the Federal District (DF) and Brazil.

The construction of a problem-solving PHC model is based on the expanded perspective of health and its recognition as a fundamental right of citizenship. As a consequence of this prerogative, the health system must guarantee universal access to services sensitive to the living conditions and needs of individuals, families, communities, and territories.

In Brazil, the PHC model advocated is the Family Health Strategy (FHS), which is not only a reconfiguration of the gateway to the health system but also an incremental technological innovation, predominantly of lower density² and which requires extensive changes in the political, cultural and organizational spheres regarding the practices of care and management professionals, the structuring of services, as well as the involvement of users and other various actors, directly and indirectly, related to the Health Care Network.

Specifically in the DF, implementing the FHS as a PHC model is relatively recent, having been instituted in 2017^{3,4} with the conversion of existing PHC teams to FHS teams. This process, although expressing the political will to accelerate the configuration of the FHS as a model of care, faced resistance from workers and emerged in an unfavorable national scenario, aggravated after the publication of the National Primary Care Policy – PNAB 2017, which weakened the FHS in many points, in addition to the scarcity of financial and budgetary resources for the Unified Health System (SUS)⁵. Thus, implementing the FHS as a PHC model in the DF required various investments to strengthen the work of managers and professionals in family health, oral health, and multi-professional teams.

In this context, Qualis-APS emerges to contribute to the consolidation of the FHS model through the qualification of PHC management and services, organized into three interconnected axes: 1) elaboration and implementation of a system of bottom-up evaluation of FHS services; 2) offer of improvement and specialization courses for FHS professionals and; 3) communication and scientific dissemination of knowledge about the SUS-DF^{1,6,7}.

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This issue of the 'Saúde em Debate' seeks to subsidize the development of Axis 3, emphasizing a set of methodologically diversified studies that address strategies for the qualification and strengthening of PHC, especially in the DF.

The articulation of actions to evaluate people's actions at work and training processes for professionals, built on the experience of the actors involved, can enhance self-knowledge, engagement in a joint project, and the meaning of life at work^{7,8}. These themes are addressed in this issue in three experience reports on the evaluation and training processes developed within the scope of Qualis-APS. The importance of involving managers and workers in the design, coordination, planning, and execution of the evaluation is highlighted as a prerequisite for decision-making based on the best available evidence. With the premise of Permanent Education in Health, the construction of the pedagogical path of the Specialization Course in Management of the Family Health Strategy of the Qualis-APS Program articulated the references of ergotaining and the approach by professional competencies to the guidelines of distance education in health and to the normative bases of PHC.

Subsequently, one of the aspects evaluated in the health system of the DF was the structure of the Basic Health Units (UBS), considered a strategic component for the performance of health services⁹, improvements in the work processes of professionals, and better care for users. Two articles deal with this theme, one that outlines a diagnosis according to the perception of local managers and another that addresses the development of a composite indicator, the typology of the structure of the UBS, which includes the physical structure, the availability of equipment, material, and human resources, in addition to the information systems, according to the uniqueness of the DF.

Another theme in evidence when analyzing quality in primary care is the organization of

care, discussed in three articles in this issue. In the first text, the organization of the network is considered a potential resource for reducing health inequities. The study sought to describe the distribution of family health teams and UBS in the territory of the DF, using the Health Vulnerability Index (IVS) as a parameter. The second text discusses the comprehensiveness of care in the network through the analysis of the capacity to coordinate care in primary care in Brazil (2012 and 2018) and the integration with the other levels of care, using data from the National Program for the Improvement of Access and Quality of Primary Care. Finally, in a theoretical essay, different conceptions and the structuring role of the territory in the organization of health systems are addressed, discussing to what extent it interacts with the historical and organizational constitution of health care systems and services.

The implementation of Integrative and Complementary Health Practices (PICS) in PHC was also analyzed. A systematic review proposed to describe and synthesize the scientific evidence available in the literature on the benefits of these practices for the care of climacteric women.

The reflection on perspectives and accumulation of evaluative practice in the daily life of PHC was present in two texts. The first addressed the concepts of the Usual Source of Care (FUC), the methodological approaches used, and the determining factors related to its recognition by health service users, particularly in PHC. The second text analyzed the experiences of institutionalization of evaluation and monitoring in PHC over the years in Brazil and identified a research agenda implicated in consolidating the SUS and strengthening the FHS.

The theme of accelerating the use of digital information technologies after the COVID-19 pandemic brought transformations both in the field of sociability, communication, and information and in the world of work, with a substantial impact on health¹⁰. This issue was treated in a

manuscript on participation in cyberspace, analyzing the use of social media in communication processes and participation in the SUS, emphasizing PHC. The study analyzed posts on Twitter about PHC to identify the problems and potentialities reported by users.

This special edition of the journal 'Saúde em Debate' aims to inspire the development of innovative and effective practices, supported by investments in valuing work, training workers, improving the structure of health services,

and building evaluation processes. These are fundamental for strengthening PHC and an increasingly problem-solving SUS.

We wish you a good reading!

Collaborators

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