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Knowledge about public health programs in Brazil and their correlation with the Brazilian Unified Health System: short communication

Conhecimento sobre os programas de saúde pública no Brasil e suas correlações com o Sistema Único de Saúde Brasileiro: comunicação curta

Conocimiento sobre los programas de salud pública en Brasil y sus correlaciones con el Sistema Único de Salud Brasileño: comunicación breve

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Abstract
*Objective***:** To know the notable public health programs in Brazil and their associations with the Unified Health System. *Methods***:** This is a short communication about important public health programs in Brazil. Scientific articles published in the last ten years were used. The choice was made through searches in scientific databases. *Results***:** It was noted that the user's understanding can be an indispensable source of knowledge for designing evaluations of the care process as well as the results obtained with the applicability of certain models and/or assistance programs. Therefore, despite the adversities, which are not few, the Unified Health System has several public health programs considered international references. *Conclusion***:** The programs mentioned, as well as other existing ones, must be carried out effectively and in accordance with the needs and epidemiological specificities of each territory. However, there are significant services that support health promotion, prevention of risks, injuries, and diseases, understanding morbidity, reducing years lost due to disability and increasing the quality of life of individuals and populations.
Keywords: Collective health; Health unic system; Primary health care.

Resumo
*Objetivo***:** Conhecer os notáveis programas de saúde pública no Brasil e suas associações com o Sistema Único de Saúde. *Métodos***:** Trata-se de uma comunicação curta sobre os importantes programas de saúde pública no Brasil. Utilizou-se artigos científicos propagados nos últimos dez anos. A escolha ocorreu por intermédio de buscas em bases de dados científicas. *Resultados***:** Notou-se que o entendimento do usuário pode ser uma indispensável fonte de conhecimento para concepção de avaliações do processo do cuidado bem como de resultados obtidos com a aplicabilidade de certos modelos e/ou programas assistenciais. Logo, apesar das adversidades, que não são poucos, o Sistema Único de Saúde tem diversos programas de saúde pública considerados referências internacionais. *Conclusão***:** Os programas citados, bem como outros existentes, devem ser feitos de forma eficaz e de acordo com as carências e especificidades epidemiológicas de cada território. Contudo, são significativos serviços que apoiam a promoção da saúde, prevenção de riscos, agravos e doenças, o entendimento da morbidade, a redução dos anos perdidos por incapacidade e o aumento da qualidade de vida dos indivíduos e populações.
Palavras-chave: Saúde coletiva; Sistema único de saúde; Atenção primária à saúde.

Resumen

*Objetivo***:** Conocer los programas destacados de salud pública en Brasil y sus asociaciones con el Sistema Único de Salud. *Métodos***:** Esta es una breve comunicación sobre importantes programas de salud pública en Brasil. Se utilizaron artículos científicos publicados en los últimos diez años. La elección se hizo a través de búsquedas en bases de datos científicas. *Resultados***:** Se constató que la comprensión del usuario puede ser fuente indispensable de conocimiento para diseñar evaluaciones del proceso de atención así como los resultados obtenidos con la aplicabilidad de determinados modelos y/o programas asistenciales. Por eso, apesar de las adversidades, que no son pocas, el Sistema Único de Salud cuenta con varios programas de salud pública considerados referentes internacionales. *Conclusión***:** Los programas mencionados, así como otros existentes, deben ejecutarse con eficacia y de acuerdo con las necesidades y especificidades epidemiológicas de cada territorio. Sin embargo, existen importantes servicios que apoyan la promoción de la salud, la prevención de riesgos, lesiones y enfermedades, la comprensión de la morbilidad, la reducción de los años perdidos por discapacidad y el aumento de la calidad de vida de las personas y las poblaciones.

Palabras clave: Salud pública; Sistema único de salud; Primeros auxilios.

1. Introduction

The idea of access to health has changed over time, becoming a more complex model. Admission to health services is associated with the principles of equity, integrality, and universality of the Unified Health System (UHS), created in 1988. In addition, it advocated popular participation and decentralization (Giovanella, 2018).

Decentralization provided greater political action by municipalities in decision-making on local health priorities, led to changes in management models and generated new methods of financing, assigning them duties for the direct execution of health services, especially those of Primary Care (PC). With decentralization, therefore, municipalities achieved more autonomy and responsibilities over low-complexity care (Silva, 2017).

In Brazil, the ordination and institutionalization of the UHS reveals the historical dichotomy of the coexistence of two models of care: a curative model and a preventive model. These types symbolize the way in which the state structures and organizes its intervention in the field of health (Viacava et al., 2018). Nevertheless, the advent of the UHS, according to the principles of the movement for Health Reform, was marked by the formulation of health policies reoriented from the Primary Health Care (PHC) model (Giovanella, 2018). PHC is defined as the first level of care within the health system, characterized mainly by the continuity and comprehensiveness of care, in addition to the coordination of care within the system itself, by family-centered care, guidance and community participation. and the cultural competence of professionals (Paim, 2018).

In addition to presenting the PHC concept, Starfield (2002) describes a list of attributes considered essential both for the organization and for the evaluation of the performance and quality of that level of care, such as: access to first contact, which is the accessibility and use of the service with each new problem or new episode of a problem; longitudinally, which presupposes the existence of a regular source of care and its use over time; comprehensiveness, which implies making arrangements for the patient to receive all types of health care services; and coordination, which is the availability of information about past problems and services and the recognition of that information insofar as it relates to needs for the present service. In addition to these, the author also defines three derived peculiarities: family orientation, resulting from the consideration of the family context in comprehensive care; community orientation, which proceeds from the recognition of social needs; and cultural competence, which involves paying attention to the needs of a population with special cultural characteristics (Vieira, 2016).

Therefore, PHC is characterized as the level of care, with the ability to identify the real needs and problems of a population, providing answers to the conditions of a community and stimulating the work of all other levels of the health systems (Arruda et al., 2017).

On the other hand, the durability of the biomedical model and the gap observed in terms of adherence to PHC attributes make the discussion on the training of human resources for the UHS crucial, seeking better alternatives to guarantee

that practices meet the challenges. necessary for the implementation of a quality PHC (Cardoso et al., 2017). Carvalho et al. (2019) say that the use of services can have a negative impact if it is not combined with the quality of care or effective procedures. In other words, no matter how much access one may have to services, planning and organizing health, no matter how many care models are implemented, the direct execution of care goes beyond the technique, that is, the synergy of "body-to-body" between professionals and people who seek the service are placed with one of the procedures of this process.

The user's perspective can be an important source of information for the construction of evaluations of the care process as well as the results obtained with the applicability of certain models, policies and/or assistance programs, such as: National Immunization Policy (1973); Tobacco Control (1986); Family Health Policy (1994); Assistance to Patients with HIV/AIDS (1996); Organ Donation and Transplantation (1997); Treatment of Viral Hepatitis (2002); More Doctors Program (2013) (Castro et al., 2018).

It is known that, despite having problems, which are not few, the UHS has these, and other public health programs considered international references. In this sense, this study aimed to present a brief communication about the existing public health programs in Brazil.

2. Methodology

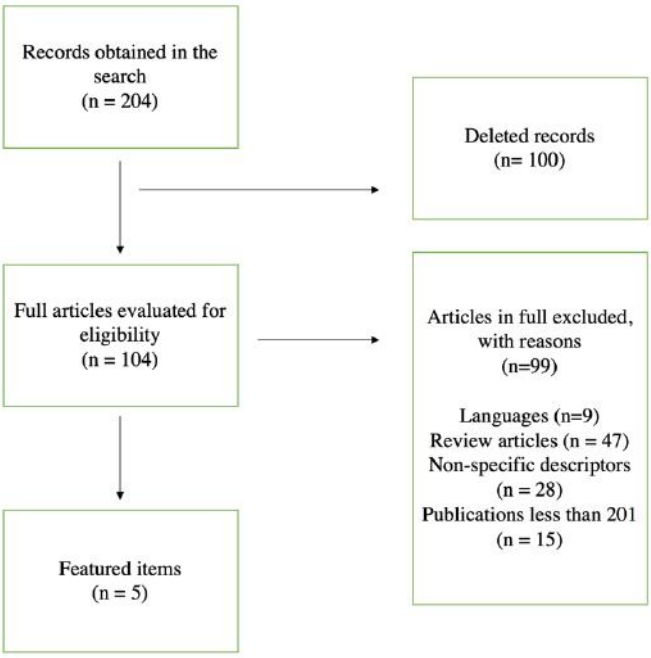
This is a brief communication on existing public health policies and programs in Brazil (Mendes et al., 2019). The choice of studies was made in the *Google Scholar, Scientific Electronic, Library Online (SciELO), Medical Literature Analysis and Retrieval System Online (MEDLINE) and Latin American and Caribbean Health Science Literature (LILACS)* databases, using the descriptors: "Public health" , "Health Unic System" and "Primary Health Care", in Portuguese, English or Spanish.

The parameters for choosing the text were articles that were published in full in Portuguese, English or Spanish, according to the proposed theme with open access in the last ten years. Review articles and superior publications ten years ago were excluded.

For sample planning, the recognition of articles was carried out, according to the inclusion parameters, followed by a selection based on the literature of titles and abstracts, with subsequent elimination of studies that did not fit the theme of the review or that were duplicated in the databases.

Soon after, the analysis of eligible articles was processed based on the full reading of their content, excluding articles not suitable for this short communication, with subsequent final selection of the sample (Figure 1).

Figure 1 – Study selection process.



Source: Authors.

3. Results and Discussion

A health program is a set of actions implemented by a government with the aim of improving the health conditions of the population. In general, they aim to improve the health of the population, impacting the development of a country, state, or city. In this way, the authorities must promote prevention campaigns and guarantee democratic and mass access to health facilities (Souza et al., 2022).

In this sense, in times of the COVID-19 pandemic, caused by the SARS-CoV-2 virus, immunization has become one of the main methods of viral control in the world. The National Immunization Program (NIP), coordinated by the Ministry of Health (MH), in a shared way with the State and Municipal Health Departments, commands international respect among public health specialists, as they know that in the last 30 years they have been eliminated or are diseases preventable through vaccination are kept under control (Araújo et al., 2017).

Created on September 18, 1973, the NIP has a history of evolution and challenges. It is characterized as an efficient public policy, increasingly impacting the morbidity and mortality profile of the Brazilian population, adapting to the changes that have taken place in the political, epidemiological, and social fields (Barberato et al., 2019).

Its achievement, at least in part, is attributed to the fact that the NIP follows the doctrinal principles of the UHS, of universality and equity of care, as well as the organizational principle of decentralization with a single direction in each sphere of government, defined from the regulation of the UHS, by the Organic Health Law (Junior et al., 2021).

The epidemiological scenario of vaccine-preventable diseases changed radically in the country, after the implementation of the NIP, admitting vaccination as one of the main and most relevant interventions in public health, with a record of eradication of poliomyelitis, as well as the elimination of rubella and rubella syndrome. congenital and neonatal tetanus. In addition, it drastically reduced the occurrence of other communicable diseases such as diphtheria, tetanus and whooping cough that claimed lives or left such severe sequelae that they can affect the quality of life and health of thousands of Brazilians (Soares et al., 2020).

It is worth mentioning that the NIP year after year to provide a better quality of life to the population with the prevention of diseases. As in developed countries, the National Vaccine Calendar in Brazil includes not only adolescents, adults, the elderly, pregnant women, and indigenous peoples (Soares et al., 2020).

Another existing program, be related to smoking. Tobacco use began to be identified as a risk factor for a series of diseases from the 1950s onwards. In Brazil, in the 1970s, tobacco control movements coordinated by health professionals and medical societies began to emerge. Government action, at the federal level, began to be institutionalized in 1985 with the composition of the advisory group for the Control of Tobacco in Brazil and, in 1986, with the creation of the Program to Combat Tobacco (Junior et al., 2021).

The policy aims to reduce the prevalence of smokers and the consequent morbidity and mortality associated with the consumption of tobacco derivatives in Brazil, following a logical model in which educational, communication and health care actions, together with support for the adoption or compliance of measures legislative and economic, are potentiated to prevent the initiation of smoking, mainly among children, adolescents and young people; to promote smoking cessation; and to protect the population from exposure to environmental tobacco smoke and reduce individual, social and environmental harm from tobacco products. The National Tobacco Control Policy (NTCP) articulates the Tobacco Treatment Network in the UHS, the Saber Saudi Program, campaigns and other educational actions and the promotion of free environments (Paim, 2018).

The NTCP is evident in the articulation for the implementation mainly of the following articles of the FCTC/WHO: Art.12: education, communication, training, and public awareness; Art 14: measures to reduce demands related to tobacco dependence and abandonment. In addition, through its networking, it creates a capillarity that contributes to the promotion and strengthening of an environment favorable to the implementation of all measures and guidelines and to the strengthening of an environment favorable to the implementation of all measures and control guidelines. tobacco in the country, even though they are not directly under the governance of the health sector (Abdin et al., 2020).

As smoking is highly related to social behavior, it is important that the NTCP user has access to a service that proposes network communication paths suitable for this social behavior. This would facilitate adherence to the program and, consequently, could help control cases (Abdin et al., 2020).

The program Family Health Strategy (FHS) aims to contribute to the organization of the UHS and the municipalization of integrality and community participation. Its objectives are: to provide comprehensive, continuous, solvability and good quality assistance to the health needs of the enrolled population; intervene on the risk factors to which the population is exposed; humanize health practices through the establishment of a link between health professionals and the population; provide for the establishment of partnerships through the development of intersectoral actions; contribute to the democratization of knowledge about the health/disease process, the organization of services and the social production of health; ensure that health is recognized as a right of citizenship and, therefore, an expression of quality of life and encourage community organization for the effective exercise of social control (Carvalho et al., 2017).

The FHS stands out both for the size of its coverage, as well as for its efficiency in controlling infant mortality and hospitalization for chronic diseases (hypertension and diabetes). In addition, it helps with the process of de-hospitalization and humanization in the SUS, aiming at valuing the aspects that influence the health of people outside the hospital environment (Cazarim et al., 2016).

The National STD/Aids Program, under the responsibility of the MS, is the product of a series of programs aimed at prevention and care for people with HIV/Aids and other Sexually Transmitted Diseases (STDs). It is a program internationally recognized as one of the best experiences of public health policies, especially in developing countries, and is taken as an example for its broad performance in the field of promotion, prevention, and treatment (Mieiro et al., 2019).

The Program aims to reduce the incidence of STD/AIDS and other STDs and improve the quality of life of people with these diseases. To this end, several guidelines were defined that include increasing the coverage of preventive, diagnostic and treatment actions; improving the quality of public services offered to carriers, reducing vertical transmission of syphilis and HIV, as well as reducing discrimination against carriers (Mourão et al., 2019).

To fight the AIDS epidemic, Brazil, unlike many countries, preferred to act in prevention and pay for the entire treatment. Since 1996, the country has guaranteed universal and free access to antiretroviral drugs, which has significantly increased patient survival. Medicines supplied to patients are purchased by the MS, passed on to state health departments, which, in turn, forward them to municipal health departments that distribute them to the units responsible for dispensing (Barata et al., 2008).

In the last 21 years, according to the Ministry of Health, the mortality of people with STD/AIDS in the country fell by 46% and the death rate decreased from 9.7 deaths per 100 thousand inhabitants in 1995 to 5.2 deaths per 100 thousand inhabitants in 2016. Brazil stands out not only for its treatment, but also for its agility in diagnosis. In 2004, the patient started treatment with, on average, 101 days after diagnosis. Today, there are a maximum of 41 days, according to the data (Araújo et al., 2017).

The National Transplant Program (NTP) is certainly the largest public transplant program in the world, with fair organ allocation logistics and without social or cultural privileges. The MS provides close to one billion reais annually in this program, intended for expenses related to the organization of organ procurement, hospital expenses with the performance of surgical procedures and hospital readmission for the treatment of its complications, outpatient care and supply of immunosuppressive drugs. Thus, more than 95% of transplants are performed within the SUS, and the monitoring of all these patients is generally linked to the transplant teams (Botelho et al., 2017).

Decree No. 2,268/97, the same that regulates Law Nº. 9,434, is also responsible for the National Transplant System (NTS), a federal service responsible for coordinating the entire training process and distribution of donated organs. The NTS integrates the health secretariats of all states and municipalities in a coordinated structure to centralize the notification of donations and provide adequate logistics for organs and tissues, ensuring that they arrive in the right conditions to benefit other lives (Barberato et al., 2019).

In the meantime, although expensive, Brazil currently offers one of the best treatments in the world for the six genotypes of Hepatitis C, and, since July 2007, the drugs are available in the SUS. The national viral hepatitis program, created in February 2002, aims to establish guidelines and strategies for the various program areas in the health sector and at UHS levels, with the objective of systematizing the efforts that have been undertaken by professionals over the years, from the identification of hepatitis, in addition to inserting the theme within public health policies, aiming at the effective control of infections in our environment. The Program's objectives are to develop health promotion, prevention, and assistance actions for patients with viral hepatitis; strengthen epidemiological and health surveillance; expand access and increase the quality and installed capacity of health services at all levels of complexity; organize, regulate, monitor and evaluate the set of health actions in the area of hepatitis (Junior et al., 2021).

More Doctors Program (MDP) was created in July 2013 through the Provisional Measure that was converted into law in October of the same year. The MMP was added to a set of actions and initiatives in a scenario in which the federal government took on the task of formulating public policies to face the challenges that had been conditioning the development of Primary Care in the country (Araújo et al., 2017).

In 2013, before the creation of the program, Brazil had a proportion of doctors per inhabitant that was significantly lower than the needs of the population and the UHS. These doctors were poorly distributed in the territory, so that the poorest and most vulnerable areas and populations were those that had, proportionally, fewer doctors (Abdin et al., 2020).

For all these reasons, the MMP brings together a set of short, medium and long-term initiatives with synergistic effects to the other actions of the New Primary Care Policy which, in just four years, doubled the amount of federal resources allocated to Brazilian Primary Care, contributing to for a significant leap in the levels of access, quality and legitimacy of Primary Care in Brazil, consequently favoring all levels and networks of health care, in the public and private sectors (Cardoso et al., 2017).

4. Conclusion

Although the political tradition of planning, organizing and operating public health policies is conceived and implemented in the form of programs, its impact on the health situation of populations is evident. It is obvious that the programs mentioned, as well as others existing in the SUS, must be carried out efficiently and according to the epidemiological needs and specificities of each territory. However, they are important services that favor health promotion, prevention of risks, injuries, and diseases, understanding of morbidity, reduction of years lost due to disability and increase in the quality of life of individuals and populations.

For a better understanding, it is suggested that the definition of user satisfaction of public health programs provided by the Brazilian Unified Health System be carried out in future studies.

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