

## **Crisis, Primary Health Care and Nursing: reflection and action for new ways of producing health**

*Crise, Atenção Primária de Saúde e Enfermagem: reflexão e ação para novos modos de produzir saúde*

*Crisis, Atención Primaria de Salud y Enfermería: reflexión y acción para nuevas formas de producir salud*

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The population aging process has been occurring at an accelerated rate in several countries, including Brazil<sup>1</sup>. This change in the demographic profile reflects into new demands to be faced by the health sector, since in this age group, in general, it is possible to identify a greater number of morbidities, functional disabilities and the need for access to more specialized and higher cost services<sup>2</sup>.

Access to health services influences demographic dynamics, with positive impacts on mortality and life expectancy, and can be considered a fundamental determinant of quality of life and socioeconomic development<sup>3</sup>. Its use is multicausal and is related to individual and structural factors, as well as aspects of the social environment, which play a fundamental role in the demand directed to health services<sup>4,5</sup>.

In this year of 2020, we witnessed and experienced some great challenges in the health sector, primarily those determined by the emergence of a viral pandemic crises, whose epidemiological and clinical aspects are still being mapped by science, and whose social, economic and political impacts are more than evident in our daily life. For nursing, in particular, there is the additional challenge of facing this issue as from the point of view of individual and collective care for people in some way affected, as well as facing their own fears and insecurities, related to the occupational risks of those who directly deal with infected people, and the challenges of incorporating new knowledge and skills for care<sup>1</sup>.

At this moment, we are also caught up in the debate about the possibility of having a vaccine with sufficient efficacy and safety to contain the evolution of the pandemic and produce a degree of collective immunity that reassures us about the ability to prevent and to care. And, as a background, there is a serious global economic and financial crisis, which had been announced for some years, in a potentializing effect of problems, each time bigger, more numerous and more complex, with short and medium term solutions being diluted in a horizon of uncertainties and political polarization around country and development projects<sup>2</sup>.

For Brazilian nursing, this time has been one of action - to intervene to save lives, to continue training nurses based on the new strategies of remote education, and even in person, adopting new safety rules. Intervene also to educate the population, not only about preventive technical procedures or specific care, but also for an expanded understanding of health that makes it clear that there are urgent responsibilities to be assumed by government officials, and that these cannot be based on guesswork or opinions, but rather on the best scientific evidence available, every moment.

One of the criticisms that has been made about the responsiveness of governments concerns the centrality, in facing the pandemic, in access to intensive care beds, to respirators, to medical supplies, while the debate on the role of Primary Health Care (PHC) is restricted and less visible<sup>2</sup>.

The social memory regarding the importance of PHC actions in a diverse country marked by social and economic inequality like Brazil seems to be obscured. We must remember that, over the last five decades of the last century and up to now, we have developed actions and strategies considered effective and exemplary for the care of different health conditions, with emphasis on the care for people living with HIV / AIDS and the Family Health Strategy, besides the internationally recognized National Immunization Program, among other actions.

It is not just technical knowledge. A huge amount of information and knowledge has been produced over the years, in a perspective aligned with the principles of the Brazilian National Health System (SUS) - universal, free, integral and equitable, anchored in the expanded concept of health as the right of any person within the national territory. It is with this spirit of serving the population, and of seeking to meet all their health needs - felt and / or expressed - that the Brazilian PHC, which we have agreed to call as Primary Care has been improving from the point of view of the

services organization and practices, even if the financing models, as well as in SUS in general, are still considered insufficient. In other words, the PHC has, despite all the problems, the capacity of the state to respond to the demands and health needs of a people. And Brazilian nursing is an important part of this answer.

We live in a context of sanitary, financial and political insecurity regarding the direction of the country. We witnessed the public disclosure of proposals for changes in health policies aimed at reducing resources for health, by reconfiguring the financing model in tune with a selective and focused PHC<sup>3</sup> concept. Likewise, we have seen a recent publication of Decree 10.530, of 10/26/2020, on the recommendation of the Council of the Investment Partnerships Program (PPI), to study private partnerships for APS, transferring part of its management to the Ministry of Economy.

These, in our view, constitute wrong and unnecessary responses to the times we live in. On the contrary, what this moment of serious crisis has shown is that the more the state responses are strong, timely and coordinated, the better the performance of countries in managing the pandemic and reducing social insecurity<sup>4</sup>.

Brazilian nursing needs to examine these and other proposals with a critical eye, which considers the entire historical process of Brazilian PHC, its accumulations and its potential to care for and meet the health needs of the population, in addition to attention focused on diseases or the production of technical procedures. We highlight, therefore, the need to expand access to information and debates that contribute to the development of new institutional arrangements and health practices, without prejudice to the achievements obtained. The “new normal” that lies ahead, still with diffuse contours, will require solidarity, organization and a wide exchange of knowledge from us. This necessarily includes the dissemination of knowledge produced through publications of research and reflection articles that broadly strengthen and qualify the debate, a task that Revista Enfermagem UERJ takes as one of the principles and guidelines of its editorial process.

Without nursing, there are no health systems. Likewise, there will be no “new normal” without qualified and informed nursing to design new ways of producing health.

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