

## Federal actions to support and strengthen local efforts to combat COVID-19: Primary Health Care (PHC) in the driver's seat

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**Abstract** *The Ministry of Health, through the Primary Health Care Secretariat and in partnership with the Secretariat of Health Surveillance, built and implemented Primary Health Care (PHC) strategies within the scope of support to local managers and in partnership with the National Health Secretaries Council (CONASS) and the National Municipal Health Secretariats Council (CONASEMS) to combat COVID-19. These actions have PHC as the main responsible for several areas and physical, human, and financial resources, as well as allow boosting national progress towards the use of information and communication technologies and new partnerships for conducting research.*

**Key words** *Primary Health Care, Pandemic, COVID-19, Brazil*

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## **The importance of strong primary health care in the driver's seat within the Unified Health System (SUS)**

The world faces the greatest health challenge of the 21<sup>st</sup> century – the COVID-19 pandemic. On February 3, 2020, in response to the pandemic situation, the Minister of Health of Brazil declared a National Public Health Emergency<sup>1</sup>, reinforced, on March 20, 2020, by the National Congress, which declared a state of public calamity until December 31, 2020<sup>2</sup>.

The confrontation of this pandemic in the national territory requires a strong organization of Primary Health Care (PHC). The Ministry of Health (MS), through the Secretariat of Primary Health Care (SAPS) and in partnership with the Secretariat of Health Surveillance (SVS), built and implemented a set of Primary Health Care (PHC) strategies within the scope to support local managers and jointly with the National Health Secretaries Council (CONASS) and the National Municipal Health Secretariats Council (CONASEMS).

PHC plays a crucial role in organizing and coordinating care to cope with COVID-19 in Brazil, especially for 80.9% of people who are expected to have mild symptoms of the disease<sup>3</sup> and should remain at home in order to avoid the spread of the virus. It must also act, now more than ever, in an integrated manner with health surveillance actions in the territories. The MS built a rapid response at all levels of the health system, highlighting the central role of integrating health surveillance actions with PHC. Brazil has a universal health system, namely, the Unified Health System (SUS), as the main gateway of access to health care for its 210 million inhabitants. People with additional coverage to the SUS are concentrated in large urban centers, with private health plans/insurance. In the national average, 20% of the Brazilian population is covered by this type of service provision<sup>4</sup>.

The national response to COVID-19 traverses PHC with the Family Health Teams (eSF) in the role of coordination and communication of care, developing actions for the population and communities, to drastically reduce the number of people who would be referred, unnecessarily, to emergency rooms and public and private hospitals, but also with the broad introduction of the use of information and communication technologies (ICT) to reduce the unnecessary workload of these eSFs, without jeopardizing the monitoring of people identified as suspects. Moreover, the

ESF should reinforce the COVID-19 prevention strategies and, at the same time, maintain the longitudinal monitoring of people under care.

## **Strategies for local strengthening in the fight against COVID-19: Primary Health Care (PHC)**

Most PHC care is the responsibility of eSFs, formed by doctors, nurses, dental surgeons, nursing technicians/assistants, oral health technicians, community health workers and workers to combat endemics/health surveillance workers and also of the Primary Health Care Teams (eAP), consisting of doctors and nurses. These professionals follow-up more than 100 million Brazilians (47.6% of the resident population) across the country. However, 150 million people were expected to be followed-up due to the number of primary health care teams, if records were validated without duplication. This observed difference of 50 million people not linked to any PHC service is an important challenge to accessing and organizing PHC to cope with the health conditions of this population, especially at a time of the COVID-19 pandemic. Because of this, a strategic action proposed by the Ministry of Health at this time of global pandemic and public health emergency refers to the qualification and active search for information technologies that would bring this contingent of 50 million non-validated/unidentified records to the PHC database. To this end, in partnership with the IBGE, the latter qualified the CADSUS registration databases of SISAB, filling in the gaps in the univocal and confidential identifications of all Brazilian citizens, including telephone and address. This qualification and registration will speed up the registration of users to the Family Health teams, benefiting the capitation component of *PreVine Brasil*<sup>5</sup>, and, consequently, the expanded supply of Brazilian PHC services to the population, promoting greater access but, above all, better continuity of care. The measure will bring direct benefits in combating the pandemic, due to the availability of qualified information to carry out face-to-face and remote tracking of suspected cases of Sars-Cov-2 infection, and timely identification of people to be prioritized by testing strategies from the PHC records.

The set of federal actions for local support and strengthening in the fight against COVID-19 in the scope of primary health care (PHC), refer to (1) production and dissemination of clinical

protocol, “fast track” synthesis table and dozens of preventive and assistance guidance materials against COVID-19<sup>6</sup> available at <https://aps.saude.gov.br/ape/corona>, (2) an increase of R\$ 200 million/month for primary health care units under the “PrevineBrasil” Program<sup>5</sup>; (3) TeleSUS<sup>7,8</sup> - a Telemedicine system created to track, diagnose, treat and monitor patients with Flu Syndrome and COVID-19. The latter is a complex information technology ecosystem that involves automated mechanisms and a remote call center created to assist the Ministry of Health in coping with COVID-19 through SAPS and DATASUS. It provides four access options (toll-free “136”, a chatbot on the Ministry of Health page, mobile app, and WhatsApp) for screening for the presence of clinical symptoms with a robotic flow, teleconsultations with doctors and nurses with diagnosis, prescription, and certificate, and monitoring of all cases of illness every 24 or 48 hours. Furthermore, it makes proactive screening of COVID-19 for selected groups of people at greatest risk (older adults and people with chronic diseases). By April 22, 2020, with only 20 days of operation, TeleSUS had already served 10 million people. Soon, people identified with flu syndrome and at-risk group will receive a request for a PCR and a quick test for COVID-19 to confirm the diagnosis and expand the national testing strategy combined with information technology; (4) expansion of the opening hours of primary health care units, within the *Saúde na Hora* (Instant Health) program; (5) the addition of 7,500 doctors hired to reinforce care; (6) distribution of 22 million COVID-19 serological tests to health and safety professionals, older adults, people with chronic diseases and the economically active population; (7) care support with teleconsulting on COVID-19 for doctors and nurses in primary health care, toll free: 0800-644-6543, which already existed and was expanded; (8) provision of a telemedicine and telehealth platform for multiprofessional care or virtual medical appointment, focusing on people with chronic conditions, prenatal care and other conditions; (9) teleconsultation with psychologists and psychiatrists for mental health support<sup>9</sup> for health professionals who are at the frontline of the COVID-19 fight; (10) elaboration of home-based COVID-19 serological research throughout the country for better decision making – 100 thousand people will be interviewed and tested for COVID-19; (11) weekly telephone survey, with ANATEL’s National Registry of Mobile Telephony, through probabilistic sampling, to iden-

tify new cases of flu syndrome with about 200 thousand people, coordinated by the Brazilian Institute of Geography and Statistics (IBGE, the responsible for the Census). For the first time, in almost 100 years of existence, IBGE will use this methodology for the collection of home-based data<sup>10</sup>; (12) unprecedented qualification of databases from various federal agencies and registration of the 210 million Brazilians in the SUS National Registry (CadSUS), allowing monitoring and protection against COVID-19, of 95% of the population covered with Mobile telephony. Moreover, from this whole group of 210 million people, 50 million new registrations for primary health care are expected to be reached by the Family Health Teams; (13) unprecedented integration of the census sectors of the IBGE Demographic Census (postponed from 2020 to 2021), allowing the georeferencing of primary care health indicators to the previously existing national database; (14) maintenance of urgent and emergency dental health appointments, preventing acute cases and aggravations of chronic cases (not treatable only with pharmacology) from seeking first-aid or other emergency services.

This set of PHC strategies in the care, monitoring, and investigation of people with flu syndrome or mild COVID-19 symptoms will assist the Brazilian health system in flattening the epidemic curve and reducing unnecessary referrals to hospitals, allowing municipalities to prepare themselves more adequately to attend to cases that require hospitalization and ICU bed care, reducing the bed occupation rate and allowing the focus on care for patients with moderate and critical conditions. The actions will allow the country to prepare for the next stage of testing as many people as possible and isolating confirmed cases and their contacts. This testing stage will be all the more successful, the more it uses the technological strategy of TeleSUS, which, based on qualified registrations, can prioritize the population subgroups of greatest risk in the places with the highest incidence of COVID-19. This strategy will provide the isolation of mild cases, which, besides reducing the spread of the disease, helps to maintain health workforces.

Thus, the Brazilian PHC has a unique opportunity to strengthen itself as a care coordinator for most of the health problems faced by society, taking a step further and bringing to the debate the issue of teleconsultation and broader use of ICT in health, showing its benefits to professionals, citizens and society as a whole, which can expand access to health services, not only in times

of pandemic but also in the health care routine of the population and communities.

It is believed that this great national effort, the greatest in the history of public health in the 21<sup>st</sup> century, can transform/expand the registration and care of people within primary health care, making the use of telemedicine/telehealth perennial in order to increase the access of all

Brazilians to primary health care. Considering that major crises require adequate calibration of efforts and innovation by the actors involved for the preservation of lives, it will be possible, at the same time, to advance, overcome and consolidate several technologies in health, concerning information, surveillance, care and provision of technology in favor of health care (Chart 1).

**Chart 1.** Synthesis of actions to strengthen essential PHC attributes to face COVID 19 in Brazil.

PHC attributes	COVID-19 actions
Access	Teleconsultation (TeleSUS), Saúde na Hora, recruiting 7,500 doctors for PHC, 50 million new registrations in PHC
Longitudinality	Telehealth Platform - Maintenance of care for chronic diseases.
Integrity	Clinical protocols, massive testing for the symptomatic and general population, Teleconsulting for Health professionals
Coordination of care	Case monitoring - TeleSUS
Other critical necessary actions: R\$ 200 million monthly transfer to PHC, Teleconsultation in mental health for frontline professionals, Home-based serological survey, Weekly telephone survey, Georeferencing of indicators	

## Collaborations

E Harzheim, C Martins, L Wollmann, LA Faller, LA Pedebos, OP D'Avila and MC Marques contributed to the conception and idealization of the public policies that are listed in this article as well as the conception, idealization and revision of that article. CRH Cunha, TSS Minei, LF Telles, LJM Moura, MH Leal, AS Rodrigues, MRA Rech were responsible for the development of the article. And Harzheim and OP D'Avila did the final review of the article.

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Article submitted 24/04/2020

Approved 27/04/2020

Final version submitted 29/04/2020

