

I Editorial

Thank you Brazilian National Health System

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The Brazilian National Health System (SUS), which was brought into being with the enactment of the 1988 Federal Constitution, has made Brazil the largest country in the world to have a public universal health system, based on the principles of equity and integrality, in particular with participation of the population in control of public health policies.¹ In just over three decades of existence, the SUS had become the Brazilian population's main health care provider, present in all Brazil's federal units, at all three levels of public administration, and in partnership with the private health sector.

Within the context of the COVID-19 pandemic, which represents an extremely complex global challenge, the relevance of the SUS in Brazil becomes even more evident.² The disease's high transmissibility, including via mild or asymptomatic cases, along with its ability to result in severe clinical conditions and deaths, means that it affects not only individuals, but also families, communities and countries. Addressing it requires individual responsibility, collective solidarity, in addition to articulated measures based on the best evidence available at government level, as well as international cooperation.

Health Surveillance is the area of SUS activities in which the principle of universality is most explicit. Its actions in the immediate response to COVID-19 have been comprehensive³ and continue to be essential as the epidemic advances in Brazil. Standing out among Surveillance actions during the epidemic in course are laboratory diagnosis and case and contact investigation,⁴ information system management and publicizing of epidemiological information, health worker training, as well as actions in preparation for immunization within the scope of the National Immunization Program. The importance of articulation between Surveillance and Primary Health Care has been highlighted in the context of the pandemic.^{5,6}

Moreover, the responsibility for the majority of hospitalizations in Brazil falls to the SUS. In response to the COVID-19 emergency, the severity of which requires hospitalization needing oxygen inhalation therapy for some 15% of cases and support in intensive care units (ICUs) for 5% of cases,⁷ the hospital network has been expanded, including more ICU beds and setting up of field hospitals.⁸ SUS hospital care services have been responsible for saving the lives of thousands of people stricken by COVID-19 in Brazil.

Apart from its huge physical structure, the SUS has a magnificent workforce. It has over 3.5 million health workers, who work in multiprofessional, qualified and specialized teams.⁹ In addition to nurses, doctors, physiotherapists, pharmacists, nutritionists, psychologists, dentists, technicians and auxiliaries in diverse areas of health care, and other health workers, equally important are other components of the workforce who are not specifically qualified in health professions, such as stretcher bearers, ambulance drivers, domestic services staff, catering staff and equipment maintenance staff, as well as those involved in burial and cremation services. This gigantic ensemble of workers has played a protagonist's role in addressing COVID-19, notwithstanding being overworked and at risk of being infected and developing mental health problems.¹⁰

All over Brazil manifestations of recognition of these workers and the SUS have come to the fore. Applause, flowers, music and, above all, true gratitude for the untiring work in defense of health and life. However, an organized movement has not been built in our country, as has happened in the United Kingdom, for instance. There the slogan "Thank You NHS [National Health Service]" has become a social phenomenon in 2020, through which people and organizations disseminate messages in support of the NHS and its workers, for their efforts during the COVID-19 pandemic.¹¹



The main way of acknowledging these people committed to health involves above all the valuing of their work and of SUS itself. 2020 has been a challenging year for all of Brazilian society. As at the end of November, Brazil has recorded 6 million confirmed COVID-19 cases and 170,000 COVID-19 deaths, in addition to almost 500,000 hospitalizations due to severe acute respiratory syndrome (SARS) cases confirmed as having COVID-19. Moreover, there are distinct epidemiological scenarios in the country's different regions.¹² It is evident that strengthening and valuing the SUS and its workers are necessary not only for Brazil to overcome the COVID-19 pandemic, but also so that actions involving health surveillance, health promotion and health care for the population continue to be developed, with the aim of addressing other coexisting diseases and reducing inequalities.

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