

Multicampi Saúde and the challenges to the constitution of new practices of work management, interprofessionality and health care in the Brazilian Amazon

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We are guilty of many mistakes and faults
but our worst crime is the abandonment of children
denying them the source of life
Many of the things we need can wait.
The child cannot
Now is the time when their bones are forming
their blood is too
and their senses are developing
To them, we cannot answer 'tomorrow'
Their name is today.

'Seu nome é hoje', by Gabriela Mistral¹

THE POETRY OF THE 1945 NOBEL PRIZE WINNER FOR LITERATURE CALLS for the emergence of caring for children. It was pressing in the middle of the last century; it is urgent today. No wonder, one of the first measures announced by the transition team of president-elect (in 2022) Luiz Inácio Lula da Silva was the priority in the recovery of children's vaccination coverage rates – a topic that has been heavily neglected in the last four years in Brazil.

The meaning of being a child has undergone many transformations, as shown by Ariès² when he states that, until around the twelfth century, there was no understanding of childhood as we have it today. The child was ignored. The transformation from an 'infant' (one who cannot speak) to a social subject with particular characteristics, as we conceive it today, is the result of a historical process of demands and struggles³.

The issue of this publication on children's health meets this process and becomes a voice that responds to the cry: 'Their name is today', especially if we highlight children's health, an area that has gone through many challenges. From the breastfeeding policy of the 1920s to the Comprehensive Child Health Assistance Program (PAISC) of 1984, there were several strategies to promote children's health, especially those aimed at their survival, which have produced positive effects, such as the reduction in infant mortality rates,

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which fell from 85.6 per thousand live births in the 1980s to 13.8 in 2015; although recent data (2019) show divergences between Brazilian regions, repeatedly presenting the North (16.6) and Northeast (15.2) regions above the national average⁴.

However, despite this good performance, Brazil still has a long way to go, as the mortality rate remains high when compared to developed countries. If we compare the member countries of the BRICS, from 2015 to 2020, it is ahead of India (32.0) and South Africa (27.2) and close to China (9.9), however, behind Russia, which presents a rate of 5.8 per thousand live births. Our country has a rate six times higher when compared to Japan (1.7) and Finland (1.8)⁵, both with an infant mortality rate below two children for every thousand new births.

The researchers of the Brasil Saúde Amanhã Project, an initiative of the Ministry of Health (MS), through the Department of Monitoring and Evaluation of the Unified Health System (SUS), with the Oswaldo Cruz Foundation (Fiocruz), prospect health scenarios for the decade that begins in 2030. The presented data, initially for the group of causes of mortality in general, showed that infectious and parasitic diseases tend to reduce their relevance as opposed to Noncommunicable Diseases, which, given the maintenance of the socio-environmental conditions in which they are referred, certainly has a strong impact on the mortality of children from zero to 4 years of age. As we have seen, the emergence of SARS-CoV-2/COVID-19 challenged the general trend that was underway, as did the emergence of Acquired Immunodeficiency Syndrome (AIDS) in the 1980s⁶.

How to have a picture of the future of children in this context? What we have seen in the last six years is the unprecedented destruction of public policies in the area of childhood and adolescence based on State initiatives. If the indicators referring to this set of policies showed strong evidence that a process of social inclusion took place in the period from 2003 to 2015, which made it possible to eradicate extreme poverty, this did not occur in the immediately subsequent period, from 2016 to 2022, when what happened was exactly the opposite⁷.

Recently, data from the Brazilian Institute of Geography and Statistics (IBGE) showed that approximately 33 million Brazilians are in a situation of food insecurity, that is, hungry. These data are in line with those that point to a relevant process of nutritional deficiency among Brazilian children, in which severe forms of malnutrition reappear and are diagnosed in the SUS, which can cause irreversible damage to children up to 5 years of age. Even with the increase in cases, there is contradiction: for 2023, as the MS predicted for the area of food and nutrition security, in the Annual Budget Law Project (PLOA), only R\$ 25,576,805 *versus* the R\$ 66 million budgeted for the year 2022⁸. The scenarios for the next period will depend on the expansion of the theme to the agendas and budgetary and financial allocations in the period from 2023 onwards.

Understanding the complexity of the subject, this issue invites us to think about the challenges to the promotion of children's health from the three fundamental pillars of the Brazilian university: teaching, research, and extension. To this tripod, guaranteed by art. 207 of the Brazilian Constitution of 1988⁹, the experiences of professionals and users in the services covered by Primary Health Care (PHC) are added. Therefore, the objective was to give visibility to initiatives that bring, in their core, the teaching-service integration in children's health, especially in the Amazon region, where are the worst rates of several health indicators in Brazil, in addition to innovative and interdisciplinary practices in child health care, especially in Primary Care, and in child health planning, monitoring, and evaluation, with the Child's Handbook as a privileged instrument.

Despite the impossibility of covering the colossal field of child health, the themes presented in this issue are among the most diverse. From initiatives to insert students from different areas

of health in PHC services, through the analysis of filling in the Child's Handbook, to the evaluation of the vaccination coverage of this population. Other articles address breastfeeding and infant feeding. Children with special health needs, children living with HIV and in prison, as well as childhood obesity, are also the subject of debate. The issue of violence against children is treated as a public health problem, with articles that address physical violence and sexual abuse reported in the services.

COVID-19 is also brought into the discussion, especially to think about the repercussions of the pandemic on elementary school children, as well as in the experience report on the construction of an almanac of emotions as a strategy to face the adversities caused by the serious health crisis still (in November 2022) lived by us all.

May this publication, therefore, be a political-academic instrument to turn our eyes to this very fundamental part of the population, since, as stated in the opening poem, "many of the things we need can wait. The child cannot"¹.

Collaborators

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