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THE IMPORTANCE OF FAMILY HEALTH IN THE SUS

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ABSTRACT

The text addresses the Unified Health System (SUS), structured based on the Alma-Ata Conference, highlighting its five pillars: universality, integrality, equity, decentralization and social participation. The Family Health Strategy (FHS) is presented as a transformative model, promoting preventive and comprehensive health, despite challenges in implementation. The literature review analyzes the effectiveness of the ESF, pointing out advances, gaps and the need for greater adherence to the guidelines to optimize the system.

Keywords: SUS. Family Health.

INTRODUCTION

Taking into account the definition of health that was established at the World Health Conference that took place in 1978 in Alma-Ata, which is perfect physical, mental, and social well-being, at that conference it was established what was necessary for people all over the world to have what is ideal to obtain a complete state of health, It determined the guidelines that served as the basis for the construction of many health services around the world. (TEJADA DE RIVERO, 2018).

Here in Brazil, the SUS was designed based on the guidelines determined in these conferences, based on 5 pillars, 3 of which are philosophical: Universality, which is determining that health is a right of all and a duty of the state. That is, that all services are completely free, everyone has the right to care regardless of their social condition, level of education, color, sex. Comprehensiveness is the second pillar, it is what determines how, when, why, where and for whom resources should be used. In other words, integrality consists of the whole, in seeing the situation in a totalitarian way. The 3rd pillar is Equity, this is the pillar that provides more to those who need it most and less to those who need it least, making the system fluid and providing patients who have serious or rare diseases with adequate care. (Pérez-Hernández, 2025).

The SUS still has two fundamental pillars, even if they are organizational: Decentralization and Social Participation. Decentralization becomes essential in a country with an immense

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geographical extension such as Brazil, since the needs, diseases, are different in each of the 5 geographic regions that make up the country, decentralization, makes each instance have the responsibility for a part of the services provided, the union (federal government), state and municipal governments. Social Participation and the thermometer, on the other hand, is the parameter that will indicate the needs for improvement of each region. (Brazil, 2000).

This whole context was designed in a simplistic way to demonstrate that the SUS is a grandiose, complex, living system, in constant mutation and evolution, and the purpose of this article is to demonstrate that the work of the Family Health program, if applied according to pre-established guidelines, tends to change the face of the country's health, which today comes from a curative culture, for a preventive one. (Pérez-Hernández, 2025).

OBJECTIVE

To demonstrate that the Unified Health System, +is a system in full transformation that can be optimized if the norms and guidelines were really applied as recommended, to carry out a critical analysis of the current conjectures of a system that is law, but that does not have all its aspects fulfilled.

METHODOLOGY

The present study is a **critical literature review** with a qualitative approach, developed with the objective of analyzing and reflecting on the main contributions, challenges and perspectives of the Family Health Strategy (FHS) in the context of the Unified Health System (SUS) over the last decade. The choice for a critical literature review is justified by the need to understand, based on the scientific literature, the aspects that permeate the effectiveness, comprehensiveness and comprehensiveness of primary care actions in Brazil, with a special focus on the performance of family health teams.

Data collection was carried out between January and March of the current year, through a systematic search in electronic databases recognized by the scientific community, such as: **Scientific Electronic Library Online (SciELO), Latin American and Caribbean Literature on Health Sciences (LILACS), Virtual Health Library (VHL) and PubMed/MEDLINE**. The selection of studies considered as inclusion criteria: original articles, reviews, dissertations, and official documents published in the period from **2000 to 2024**, in Portuguese or English, which directly addressed Family Health in the context of the SUS, with a focus on public policies, care organization, health management, work processes, and interdisciplinary practices.

Studies that did not have a direct relationship with the central theme, opinion texts without scientific basis, repeated studies between the databases, and productions dated before 2014 were excluded from the sample. At the end of the selection process, **21 articles were included** in the critical analysis. These texts were submitted to a thorough reading, with emphasis on the objectives, methods, results and conclusions of each study, seeking to identify convergences, contradictions and gaps in knowledge.

The critical analysis was based on the theoretical assumptions of Collective Health and Primary Health Care (PHC), based on key authors in the area, in addition to being guided by thematic categories emerging from the reading of the texts, such as: access and equity, territorialization, bonding and accountability, teamwork, continuing education and social participation.

The present study did not involve human beings directly, which is why it is exempt from approval by the Research Ethics Committee, as recommended by Resolution No. 510/2016 of the National Health Council

DEVELOPMENT

RESULTS AND DISCUSSIONS:

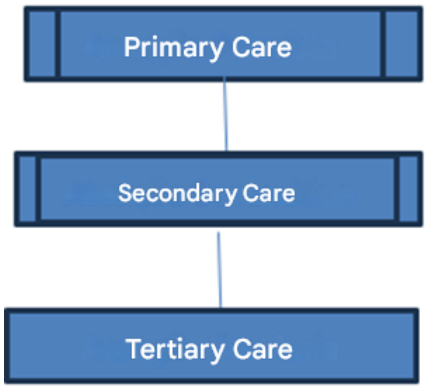
The SUS is stratified, designed to be a health promoting system, when it invests in promotion, has less spending, in cure and rehabilitation. One of the methods for health to be truly seen in an integral way is to see beyond the complaint of this patient, for this it is necessary to understand their life context, which has brought them to the point where they are, seeking help to cure a weakness or to improve their state of health. (Ministry of Health, 2000).

Within the context exposed, it is necessary to understand that health must reach the citizen, since we have as much diversity of locations and realities as we have of territorial extension, the family health strategy was established with the aim of promoting health in an amplified way, understanding the history and context of families and how the situations that led citizens were generated, to have established the NCDs (chronic non-communicable diseases) of the areas covered. (Ordinance 3493/2024).

Studies prove that many comorbidities have a higher incidence in some regions, while in others, studies show that the prevalence has a different variation, which can follow the seasons, for example, these variants are determinants, which help in the planning of strategies and programs, (PAHO, 2010).

The Family Health program was designed to accompany citizens from their preconception to their senility. The teams are multiprofessional, and can be basic, which are composed of: **I.**

general practitioner, or specialist in Family Health, or Family and Community physician; **II.** generalist nurse or specialist in Family Health; **III.** nursing assistant or technician; and **IV.** community health agents. In addition to the basic team, some components can be added: The Endemic Disease Control Agent (ACE) and the oral health team (dental surgeon, preferably a specialist in family health, and oral health assistant or technician). And there are also multiprofessional teams (eMulti) that are composed of professionals from different areas of health, who work in a complementary and integrated way with the Family Health teams. These professionals must work 40 hours a week and be registered in the National Registration System of Health Establishments (SCNES). (Brazil, 2000).



(developed by the authors).

The family health units provide general care, are the preferred gateway to the system, and have guiding guidelines, with protocols that help which services should be offered, to whom, in what way, and for what period of time, there are therefore within the Ministry of Health publications that are accessible to any of the professionals who guide the care, bringing them safety and quality. This section is subdivided into: booklets and posters, studies and informative notes, informative notes, books and technical notes. These Publications allow professionals to be reassured since the services have a minimum standard of quality and that they take into account the nuances of each region and each patient, maintaining individualized and humanized care. (Ministry of Health, 1994-2024).

These instructive guidelines, have booklets and or books for prenatal care, for the Newborn, children from zero to two years old, from two years old to 11 years old, for the care of adolescents, women, men, the elderly, blacks and the LGBT population, for gynecological care, to help encourage physical activities, for the care of obese people, hypertensive, diabetic, people with psychological and/or psychiatric weaknesses, people with rare syndromes, for

nutrition, among many others. There is an instruction for everything, just a click away. (Ministry of Health, 1994-2024).

The Family Health teams provide care within the physical areas intended for them, buildings, which have a standardized infrastructure, and also directly in the homes of patients who demonstrably need medical care and cannot travel to the care unit. (Brazil, 2006)

The services are primarily for a population that is assigned, preferably the team is aware of the potentialities (leisure areas, schools, services or community associations) and weaknesses (risk areas, with a high rate of violence, trafficking, prostitution, landfills, streams, places without treated water or sewage). The services must follow the guidelines according to the Ministry of Health 2025, each team has a maximum ceiling of people to serve within the assigned area. The greater the number of vulnerable people, the smaller the number of people served, each team has a recommendation to serve up to 3000 people with a maximum ceiling of 4000 people per assigned area. (Brazil 2025).

Some mandatory programs carried out by the teams are those that are linked to health promotion and prevention, PNI, National Vaccination Program, which has a vaccination schedule for children, adolescents, adults, the elderly, syndromic, immune and depressed. (Brazil, 2003)

There are also programs such as childcare, prenatal care, preventive collections, care for hypertensive, diabetic, and psychiatric weaknesses. These programs, when fully operational, generate an important management of the system, preventing most of the patients who are adequately cared for from needing specialty or high complexity services. (Brazil, 2025).

Childcare can verify anomalies and syndromes that develop in early childhood, in addition to providing control of the child's psychomotor and cognitive development, and in cases of alterations, they are referred to the secondary care sectors. (Brazil, 2012).

Prenatal care accompanies both the development of the fetus and the family that is formed at the moment of conception. The number of stillbirths or maternal deaths in the municipalities that benefit from the presence of these teams has significantly decreased. (Brazil, 2012).

Cervical and breast cancer are the cancers that most affect the female population, as a form of prevention, preventive collections were instituted and recommended by the Ministry of Health, as well as the encouragement of condom use, sexual and reproductive planning, breast examination by a qualified professional, ultrasound for women with a family history of breast AC at 40 years of age and mammography for the female population at 50 years of age or more. (INCA, 2015 and INCA 2016).

NCDs, chronic non-communicable diseases have reached apotheotic numbers in recent years, especially in developing countries. These diseases cause early deaths and when they do not kill they cause numerous sequelae that may or may not be definitive. (Brazil, 2013)

A good part of these diseases and their aggravations can and are reduced when each citizen understands that he has to do his part, sleep the necessary hours, have a healthy diet, regular exercise, however, the culture is not preventive, but culrative, with an increasing life expectancy, as well as NCDs, their emergence has, It was increasingly early and the sequelae were more severe. (Brazil, 2022).

The impositions that the modern world imposes on capitalist society have caused people to have a high degree of stress, which has been proven to boost psychiatric comorbidities in individuals predisposed to develop them, within the family health units, professionals are instructed to absorb these demands, categorize them, manage those of mild degree and refer moderate and severe ones to the secondary sector. (Brazil, 2022).

FINAL CONSIDERATIONS

The SUS, and without a doubt a system under construction that seeks improvements with each new wave of emerging needs, can be analyzed the refined and well-guided structure in contradiction with a practice of wiping ice, in theory, the program is sensational, with very few structural flaws, in practice however the gap is terrifying since it is the difference between life and death, Between recovery and sequela, the corruption so rooted in all areas of our country, also queues in our greatest good, health, as a result of which the resources are poorly used and insufficient.

The investments that should be made in health promotion, which would make citizens understand that in order to have a full state of health, it is necessary for each one to assume their share of responsibility, it is practically inexixtente, today unfortunately it is used only in a curative way, and in rehabilitation.

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