

Organizational strategies and innovations in the management of Primary Health Care in Brazil

Primary Health Care in Brazil has witnessed a series of transformations since the early days when it was referred to as the “Family Health Program” in 1994, through to the formulation in 2006 of a specific policy within the Ministry of Health and, more recently, in 2019, with the institutionalization of the Department of Primary Health Care (SAPS) at the federal level. Throughout this trajectory, a series of organizational arrangements have been developed. In this process, Tasca et al.¹ highlight four areas of innovation that have recently come to the fore: (i) “teleworking,” mediated by health professionals who have been progressively expanding and consolidating themselves in the service network with the nomenclature of “telemedicine/telehealth”; (ii) the enhancement of professional training actions within the scope of the Unified Health System (SUS), mediated by virtual platforms and new models in multiprofessional service such as Multiprofessional Residencies and Networked Professional and conventional Master’s Degrees in Primary Health Care; (iii) reinstatement of the instruments already established for evaluation in primary care and new formats/methods of data gathering with the use of tablets and remote data collection; (iv) management, information and new forms of communication in PHC with the use of social media to support management in primary health care, as also reported by Pinto e Rocha². This information is not systematized in many places, because it cannot often be standardized in quantitative data, constituting a database in the most narrative and broadest sense.

Of these four types of innovations in PHC, starting from the Midwest and proceeding to the other Brazilian regions, this thematic issue brings a set of contributions to the debate in the SUS, with new perspectives and approaches, and a special mention for Campo Grande. This city implemented a series of measures for support to management, professional training and the development of assessment research projects, through the Laboratory of Innovation in Primary Health Care (INOVA-APS)³, developed with the support of Fundação Oswaldo Cruz (<https://labinovaapsfiocruz.com.br/portal/#/>).

The strategy of a “teaching-learning territory” for PHC in the Brazilian SUS can be adapted and replicated in other venues around the country, with the support of academic institutions. However, it is common knowledge that ensuring continuity in carrying out the proposed actions is an arduous task. Campo Grande, and Brazil as a whole, needs to maintain a firm commitment to the Family Health Strategy, in order to ensure its continuity and ongoing enhancement, with integrated management tools, aiming to overcome the challenges of qualified health care with a core focus on the demands of the users and the territories. The COVID-19 pandemic has proved to the world since the beginning of 2020, and throughout the immunization period in 2021, that the actions and services of primary care and surveillance in health are the structural base of any national health system that seeks to provide comprehensive quality access and care to its population.

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