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What are the possible impacts of Previne Brasil for Speech, Language and Hearing Sciences work and education in Primary Health Care?

Quais os possíveis impactos do Previne Brasil para o trabalho e educação da fonoaudiologia na Atenção Primária à Saúde?

¿Cuáles son los posibles impactos de Previne Brasil para el trabajo y la educación de la fonoaudiología en la Atención Primaria de Salud?

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Abstract

The Family Health (FH) Support Centers incorporated various specialties not included in the minimum teams of the Family Health Strategy, among them, speech-language-hearing professionals. FH Support Centers organization is based on team cooperation, a theoretical-methodological framework linked to the ideals of SUS, public health, and the Brazilian Health Reform. The review of the National Primary Care Policy (PNAB) in 2017 began the process of omitting team cooperation in FH Support Centers and made unclear the role and coverage of these Centers. In 2019, Previne Brasil, which instituted the new funding for Primary Health Care (PHC), ended specific funding for FH Support Centers, threatening their continuity in the municipalities, completely changing their work process, and emptying its character of team cooperation. Hence, this communication aims, in light of the literature, to discuss the possible impacts of Previne Brasil on the work and education of speech-language-hearing sciences in PHC. Thus, the following are discussed in the text: the historical aspects of Family Health in Brazil; advances in speech-language-hearing practice after the implementation of FH Support Centers; the dismantling of

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FH Support Centers after the PNAB review and the establishment of Previne Brasil; and the need to reposition speech-language-hearing sciences in society and in the health sector, approaching entities that fight for the defense of life through the democratization of health, the state, and the society, as well as the Brazilian Health Reform movement.

Keywords: Primary Health Care; National Health Strategies; Health Policy; Speech, Language and Hearing Sciences

Resumo

O Núcleo de Apoio à Saúde da Família (NASF) incorporou diversas especialidades não contempladas nas equipes mínimas da Estratégia Saúde da Família, dentre eles, a fonoaudiologia. O NASF organizava-se em apoio matricial, um referencial teórico-metodológico vinculado aos ideais do SUS, da saúde coletiva e da Reforma Sanitária Brasileira. Após a revisão da Política Nacional de Atenção Básica (PNAB) em 2017, inicia-se o processo de omissão do apoio matricial para o NASF e a falta de clareza do papel e da cobertura desses Núcleos. No ano de 2019, o Previne Brasil, que institui o novo financiamento da Atenção Primária à Saúde (APS), extinguiu o financiamento específico para os NASF, fazendo com que a sua continuidade nos municípios fique ameaçada e o seu processo de trabalho seja completamente modificado, esvaziando o seu caráter de apoio matricial. Diante desse cenário, a presente comunicação objetiva, à luz da literatura, discutir os possíveis impactos do Previne Brasil para o trabalho e a educação da fonoaudiologia na APS. Assim, são abordados no texto: os aspectos históricos da Saúde da Família no Brasil; os avanços para a prática fonoaudiológica após a implantação do NASF; o desmonte sofrido pelo NASF após a revisão da PNAB e a instituição do Previne Brasil; e a necessidade do reposicionamento da fonoaudiologia na sociedade e no setor saúde, aproximando-se das entidades que lutam pela defesa da vida, por meio da democratização da saúde, do Estado e da sociedade, assim como encampa o movimento pela Reforma Sanitária Brasileira.

Palavras-chave: Atenção Primária à Saúde; Estratégias de Saúde Nacionais; Política de Saúde; Fonoaudiologia.

Resumen

El Centro de Apoyo a la Salud de la Familia (NASF) incorporó varias especialidades no incluidas en los equipos mínimos de la Estrategia de Salud de la Familia, entre ellas, la fonoaudiología. El NASF se organizó en soporte matricial, marco teórico-metodológico vinculado a los ideales del SUS, la salud colectiva y la Reforma Sanitaria Brasileña. Luego de la revisión de la Política Nacional de Atención Primaria (PNAB) en 2017, se inició el proceso de omisión de soporte matricial para los NASF y se inició la falta de claridad del rol y cobertura de estos Centros. En 2019, Previne Brasil, que instituyó la nueva financiación para la Atención Primaria de Salud (APS), puso fin a la financiación específica de los NASF, lo que provocó que su continuidad en los municipios se viera amenazada y su proceso de trabajo se modificara por completo, vaciándolo de su carácter de matriz. Frente a ese escenario, esta comunicación tiene como objetivo, a la luz de la literatura, discutir los posibles impactos del Previne Brasil para el trabajo y la enseñanza de la fonoaudiología en la APS. Así, en el texto se discuten: los aspectos históricos de la Salud de la Familia en Brasil; avances en la práctica de la fonoaudiología después de la implementación de la NASF; el desmantelamiento sufrido por el NASF tras la revisión del PNAB y la constitución de Previne Brasil; y la necesidad de reposicionar la fonoaudiología en la sociedad y en el sector de la salud, acercándose a las entidades que luchan por la defensa de la vida, a través de la democratización de la salud, del Estado y de la sociedad, así como del movimiento por la Reforma de la Salud Brasileña.

Palabras clave: Atención Primaria de Salud; Estrategias de Salud Nacionales; Política de Salud; Fonoaudiología

To begin with: Some aspects of primary healthcare in Brazil

Primary healthcare (PHC) coordinates not only the healthcare network of the Unified Health System (SUS, in Portuguese) but also longitudinal and comprehensive care. It is the main entry point for healthcare – i.e., the first service with which people have contact –, and it is particularly characterized by bonding with its users and territorial coverage.

To reinforce this profile, in 1996 Brazil defined the Family Health (FH) Strategy as a priority to redirect the PHC attention model[1]. Also, in the 1990s, fixed and variable PHC spending were defined, replacing the approach of funds provided according to the number of procedures. Hence, funds were transferred per capita (fixed spending) and adherence to components of the FH Strategy (variable spending), which helped implement FH and municipalize SUS[2].

The first version of the National Primary Health Care Policy (PNAB, in Portuguese) was launched in 2006 as part of the Pact for Health, aiming to further expand the FH Strategy and confirm PHC as the coordinator of health attention[2]. Two years later, Ministry Regulation no. 154 created FH Support Centers, which broadened the scope of action of the FH teams in PHC, including specialized professionals (e.g., speech-language-hearing [SLH] therapists) not present in the minimum teams.

FH Support Center organization was based on team cooperation, a health work method that gained visibility in the 1990s. It is linked to the principles of SUS, public health, and the Brazilian Health Reform movement[3]. Hence, these centers were an innovative PHC approach, giving technical-pedagogical and clinical-assistance support to the FH teams. It provides pedagogical support with permanent health education activities, knowledge exchanged in team meetings, health education activities coordinated with the FH teams and the community, guidance to the FH teams and the community/patients, and so forth. As for assistance, the professionals in these centers are responsible for providing shared and specific healthcare in coordination with the FH teams, using tools such as Unique Therapeutic Projects when appropriate.

Thus, as the FH Strategy grew in the country and new PHC strategies and methods appeared, a new PNAB edition was launched in 2011. It reaffirmed FH as the priority strategy to expand and consolidate PHC in Brazil[4] and defined its workloads, optional professional categories, the necessary number of FH teams and members, and the responsibilities and methods of the FH Support Centers. Afterward, Ministry Regulation no. 3,124, of December 28, 2018, updated aspects mainly related to the relationship between FH Support Centers and FH teams.

However, PNAB was reviewed in 2017, which was heavily criticized by public health agencies and researchers in the field – particularly because it removed the incentive to expand the FH Strategy in PHC, making it possible to open traditional community health centers, which do not follow the logic of the FH Strategy. Also, the multiprofessional component was severely attacked in this review, with the following three main losses listed by authors: (a) teams were allowed not to have community health agents, which affects the community component, one of the pillars that structure the FH Strategy in Brazil; (b) professionals had a smaller workload, which leads physicians to work in PHC as a secondary job; and (c) the deconstruction of the FH Support Centers and multi/interdisciplinary teams, which were allowed to have only one physician and one nurse[5].

Such deconstruction of the FH Support Centers refers to the changes in its work process after PNAB was reviewed in 2017. The new policy changed the name of the service to Extended FH and PHC Center. Thus, team cooperation began being omitted, as the term "Support" was replaced with "Extended" in its name. Moreover, the role and coverage of the Extended Centers were no longer as clear as they used to be in the 2011 PNAB, making its future uncertain.

Another attack was made against PHC at SUS in 2019, changing the funding model for this attention service, hastening its defunding process, and directly impacting the makeup of the Extended Centers. The main changes imposed by *Previne Brasil* – the program that defined the new PHC funding model – include intragovernmental transfers that were now based on the number of those enrolled in PHC services and their results according to specific indicators[2]. The specific funding for the Extended Centers was also extinct, threatening their continuity in municipalities, completely changing their work process, and emptying the team cooperation that characterizes them.

Given the above and addressing the literature on the topic, this communication aimed to discuss the possible impacts of *Previne Brasil* on the SLH practice and education in PHC. *Previne Brasil* not only defunds SUS and strengthens private healthcare but also dismantles the Extended Centers – which are among the main facilities responsible for broadening SLH care at SUS and redirecting SLH professional training, as it posed new challenges to these therapists' work.

Let's speak of the flowers, despite their thorns: Achievements and challenges of SLH practice in the Extended Centers

Some authors point out that the implementation of the FH Support Centers greatly contributed to expanding SLH care provided in PHC[6]. This process stimulated changes in the SLH professional practice and training, which challenged their work at this healthcare level[7]. Hence, FH Support Centers were privileged settings where SLH practices were redirected in the context of SUS.

Nevertheless, SLH care is unevenly and insufficiently included in PHC nationwide, despite the expansion of the FH Support Centers. SLH therapists are more concentrated in PHC in the Southeast Region and the capital cities of the Northeast Region, with important differences between states[8]. Studies in the literature demonstrate the contribution of SLH therapists in FH Support Centers to education practices for patients, permanent health education, activities in the region, and assistance activities, despite the challenges they face[9,10,11].

These data clearly show the need for advancing patients' universal access to SLH care and furthering equity in health public policy implementation. They also point to the urgency of representative SLH agencies (which are public political entities)[12] getting organized to address universal access and equity in society and institutions. However, such an approach must be anchored on the contributions of the profession to strengthen comprehensive care to SUS users, stopping with corporate leaflet campaigns that serve only market interests.

As for professional training, including SLH care in FH Support Centers helped reformulate pedagogical projects, inserting students in PHC at SUS, according to the recommendations of the 2002 National Curricular Guidelines. Thus, besides the strategies that redirect health training, the implementation of FH Support Centers and the SLH practice in them relevantly stimulate the reformulation of SLH undergraduate curricula in the country.

Studies in the literature demonstrate the results of inserting SLH students in PHC at SUS. They report that students can learn in practical terms the concepts of curricular public health subjects, helping expand their perception of health and bringing them closer to the population's and SUS' health needs[13,14]. However, some challenges persist, due to the incipient integration between SLH curricular subjects and interprofessional practices at SUS and the few SLH therapists who can be tutors in PHC[14,15].

Since the FH Support Centers were implemented in PHC, important challenges appeared, almost inherent to the development of the work process. Studies point out that health training apart from people's reality led to the lack of knowledge of aspects of team cooperation and the little commitment to SUS and social transformation[16]. Implementing FH Support Centers for the FH Strategy also created expectations that this service would aim at outpatient care, providing short-term cure and rehabilitation according to the needs of the region[17,18]. Thus, this paradox challenged workers at the FH Support Centers, as their approach is counter-hegemonic and aims to break with the usual logic of specialization – despite being themselves specialized support[19].

Implementing FH Support Centers was a relevant strategy to redirect SLH professional training and practice – which was traditionally not included in PHC before then. It also helped expand patients' access to SLH therapy in PHC, reaching the whole region with its practices. Since then, the perspective of social health determinants and the complex health-disease process were included in SLH practice.

Working with the FH Strategy invites the SLH Sciences to redirect their actions, particularly by shifting from outpatient centers and private offices to SUS, thus providing greater services in PHC. Nonetheless, the present scenario does not help overcome persistent challenges in these centers' work processes. The 2017 PNAB, currently in use, made unclear the role of team cooperation in FH Support Centers. Moreover, the funding model presented in *Previne Brasil*, in 2019, among other

initiatives, removed the financial support to these services.

Furthermore, Technical Note no. 03/2020 – DESF/SAPS/MS consolidates the dismantling of the FH Support Centers, as it: (a) instructed not to accredit new FH Support teams; (b) enabled professionals to enroll in multiprofessional PHC teams without a relationship with the FH Support Centers; (c) did not define the multiprofessional team makeup, only suggesting their performance as an indicator for fundings; and (d) did not define how these multiprofessional teams would be funded (PHC network e-book). This situation decreases the effectiveness of the comprehensive care provided by FH teams, as it reduces or eliminates team cooperation – which would otherwise strengthen assistance and educational strategies[20].

Some changes have occurred in the funding proposed in the original *Previne Brasil* project since it was launched, due to difficulties faced especially by municipalities to implement it[20]. However, none of these changes reestablished the FH Strategy as a priority in the Brazilian PHC or the FH Support Centers as facilities to strengthen it.

Given these circumstances, SLH professional practice in PHC has been considerably changed as FH Support Centers are dismantled. Evaluations based only on performance, especially on the number of treatments provided[20], reinforce the biomedical attention model, which focuses on disease, including SLH disorders – to the detriment of the health surveillance model, which focuses on social health determinants and risks of health problems and conditions[21].

Since PHC is an attention level with low technological density, SLH care in this setting often has few resources, though it is supposed to take place in specialized health centers. Such precarity reinforces the idea that SUS is a poor system for poor people[22] – the mistaken notion that SUS provides simplified healthcare to those who cannot afford "higher-quality" services. This perception fragilizes quality care, universal SLH care, and equity in healthcare. Furthermore, restrictions imposed by Technical Note no. 03/2020 – DESF/SAPS/MS compromises the service provided by SLH therapists and new possibilities of including them in PHC.

"Those who know better shouldn't wait, but make it happen": The urgency of mobilizing SLH therapists to address the dismantling of the FH Support Centers and PHC

Dismantling SUS is a project. Since the parliamentary coup d'état that overthrew President Dilma Rousseff, the Brazilian health system has been under attack. The last years of the Dilma administration were characterized by increasing economical crises and political difficulties in face of fiscal adjustments, loss of congresspeople's support, and Operation Car Wash. Even though hunger mostly subsided in the country by 2014, the Dilma administration took various measures that fragilized Brazilian public health. For instance, health actions and care could receive foreign investments (which interested the coalition of private hospitals, pharmaceutical companies, and health insurance providers), social security lost importance, and commodification expanded while underfunding, sub-regulation, and health privatization persisted[23].

After the 2016 coup, new policies restricted SUS funding. For instance, Constitutional Amendment 95 was approved and implemented, freezing public investments in different sectors, including health. Also, counterreforms strengthened private healthcare and made PHC precarious – e.g., with the PNAB review[24].

Furthermore, as the far-right candidate Jair Bolsonaro was elected President in 2018, social movements' health agendas and achievements (such as the Brazilian Health Reform and Anti-Asylum movements) were severely attacked. An example of this scenario is the advancement of PHC counterreforms, lethargy and disinformation in the COVID-19 vaccination campaign, and the advancement of the project that favored a return to the asylum model[25,26,27].

This context requires that professionals involved in the Brazilian population's health take a stand for life, science, and above all democracy in health. Thus, 14 scientific health and bioethics societies – including the Brazilian Public Health Association (ABRASCO), the Brazilian Center for Health Studies (Cebes), and the Brazilian Society

for the Progress of Science (SBPC) – gathered in 2020 to create the Front for Life, which aimed to cope with the COVID-19 pandemic based on scientific evidence and respect for the Brazilian population's health.

The Front for Life organized in that same year the Virtual Walk for Life, with the participation of more than 600 organizations that defend SUS, science, education, the environment, solidarity, and democracy as essential to life. It also developed the National Plan against COVID-19, delivered to the Ministry of Health and National Council of the Secretaries of Health (Conass). In 2022, the Front for Life organized the Free Democratic People Health Conference, which approved a document with guidelines for Brazilian health policies, retrieving principles of the Brazilian Health Reform and proposing strategies to strengthen SUS[28,29].

Therefore, every individual and organization – including those that represent professional classes and the scientific society and are related to SUS – should take a political stand in defense of democracy, health, science, and life. Thus, collective absence, silence, omission, and lack of interest and effort to defend SUS, PHC, and FH Support Centers in the current scenario pose a serious risk to ensuring the sustainability of SLH care in the Brazilian public health system.

Dismantled FH Support centers are a concrete reality. The number of registered teams starts decreasing in February 2020, along with the changes brought about by *Previne Brasil* and the onset of the COVID-19 pandemic in the country. Strengthening the clinical-assistance approach, omitting "support" in the 2017 PNAB, and discontinuing the specific financial incentive suggest an intentional target against this service, to dismantle it and remove team cooperation – which has increasingly less room in the health policies of the Bolsonaro administration[30].

Given this scenario, SLH therapists must be, more urgently than ever, committed ethically and politically to SUS and Brazilian public health. Such commitment begins by further redirecting undergraduate curricula to train workers for SUS who are committed to the ideals of the Brazilian Health Reform movement and the democratization of health for all people. It is a commitment to ensure access to comprehensive care, especially PHC, understanding the importance of this healthcare level to the most vulnerable population in the country.

In 2023, a new government begins in Brazil. SLH therapists must effectively participate in demanding from the elected government the priority in restoring PHC policies to consolidate its attributes and universalize access to it, providing quality service with the full return of the FH Support Centers in its role of team cooperation.

Moreover, representative SLH agencies (as collective political subjects)[12] and SLH therapists (as individual political subjects)[12] should take their stand in society and health, drawing nearer entities that fight for life through the democratization of health, the state, and the society itself, also defending the Brazilian Health Reform movement.

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