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The 2019 National Health Survey and the importance of ACS in the PHC policy

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Abstract *This article discusses the importance of community health workers (ACS) home visits based on the 2019 National Health Survey, which showed fewer ACS home visits in Brazil. It highlights the possible reasons for this decline and the adoption of the Brazilian ACS model as a parameter in other countries, the option for social organizations in some states, the impact of an extreme right-wing government, and the prospect of expansion with the election of a progressive government. Finally, it emphasizes the importance of home visits for the success of the PHC policy.*
Key words *National Health Survey, National Primary Care Policy, Community health agents, Home visits*

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Introduction

The Community Health Worker (ACS) function was regulated by Law No. 10,507/2002. It is fundamental to the Family Health Strategy as it enables the population's health needs to reach the team of professionals who will intervene with the community[1]. Furthermore, the ACS is also responsible for the counterflow, transmitting health information to their territorially assigned population[2]. This professional is inserted in health systems in different parts of the world[3], such as in the United States of America, Kenya, Bangladesh, and the Brazilian model served as a parameter for countries such as the United Kingdom, South Africa, and Belgium[4-13].

From this perspective, we should underscore that ACS keep close contact with the health system clients through home visits. They are responsible for increasing access to healthcare, adequately using health resources, screening, detecting, and monitoring chronically ill and elderly patients, and preserving healthcare continuity[14-16].

In this sense, another point highlighted is that ACS' interventions create opportunities and expand access, showing their strong performance in actions linked to the gateway and comprehensiveness attributes, especially in rural/inland areas of remote rural municipalities. The intermediation and facilitation of access occur through the strong bond with families and the lack of other assistance resources, ratifying their role as primary mediators of contact with the RAS[17,18].

Furthermore, ACS play an important role in health actions that expand health coverage with cost control, receiving the community and identifying, capturing, and resolving health demands[19].

In this context, we underscore their crucial role in health surveillance and care practices. From this perspective, the reduced home visits may also compromise the processing of ACS actions for identifying, notifying, and monitoring diseases, injuries, and health conditions, such as tuberculosis, HIV, AIDS, malnutrition, diarrhea, some cancer types, chronic non-communicable diseases, neglected tropical diseases, mental illnesses, and screening of pregnant women and newborns for maternal and child care[20].

In this sense, reinforcing the importance of ACS actions is timely and necessary as it meets the current challenges regarding the qualification of the Primary Care/Family Health Strategy, implemented for more than two decades in Brazil, which is a model referenced by the World Health Organization as a successful example.

However, according to the 2019 National Health Survey, despite showing an accelerated expansion of the Family Health Strategy's population coverage from 2013 to 2019 against the 2008-2013 time bracket, we see a declining proportion of the registered population that receives a monthly visit from the ACS, even though this population contingent has expanded in absolute terms[21].

The research highlights some possible causative factors, such as the sharp expansion of coverage in Rio de Janeiro, especially in the capital and the Federal District, where the care model, somewhat legitimized by the 2017 National Primary Care Policy, prioritized the individual care centrality with a sharp reduction in ACS[22,23].

In this context, the research also points out that although the proportion of registered households increased from 56.1% to 62.6% between 2013 and 2019 ($p=0.0001$), the proportion of households that received monthly visits (as prescribed in the ACS role) decreased from 47.2% to 38.4% between the same period ($p<0.0001$). Of all the states, Alagoas was the only state to increase the proportion of households that received monthly visits, and in Rio, the proportion of monthly visits fell by half. This situation occurred mainly due to the administration of Mayor Marcelo Crivella, who produced a dismantling of the municipality's PHC policy, closing several family health units, and shrinking the number of community health workers. During Mayor Eduardo Paes' administration, coverage returned to the 80% range, per data from the PHC e-manager[24]. This pattern is consistent across income quintiles[22,23].

On the other hand, in states that already had greater coverage, the expansion occurred to middle-class housing areas, which have distinct difficulties in conducting home visits, such as residents' absence due to work outside the home, buildings, and condominiums that hinder ACS entry and residents' resistance to home visits.

The research also highlights other possible factors associated with the declining home visits, such as changes observed in the ACS responsibilities with the escalated activities within the PHC Units in receiving, completing the Bolsa Família forms and information systems, or even outside the UBS, such as the delivery of references for tests and scheduled specialist appointments. These factors need to be ratified with other quantitative and qualitative research.

Some authors also highlight that these activities may be reflected in a scope of practices with greater dedication to administrative, support, and bureaucratic activities, to the detriment of time for home visits and activity in the territory, which may contribute to declining home visits[25,26].

In this sense, some authors warn of the gradual change in the meaning of the ACS work in the territory, from a complex scope and community action in producing the community diagnosis to operational tasks such as simply registering, keeping the records updated, and delivering documents to residents[25,26]. These administrative actions as a factor that hampers visits are also mentioned in other studies[27-29].

Furthermore, some authors raise the real possibilities of privatization and pricing of PHC actions based on the creation of the Agency for Developing PHC (ADAPS), later transformed into a SUS agency[30], and the portfolio of services, which could be another element to weaken the community dimension of the Family Health Strategy, as is already observed in some management privatization contexts via Social Health Organizations (OSS)[23,31].

Regarding Social Health Organizations, several studies have portrayed the advancement of this management model in Brazilian states and municipalities, pointing out advantages and disadvantages[32-38]. However, this dichotomy between having a more agile hiring model for managers and greater precariousness for workers remains without a consensus. In this sense, we should underscore the need for a national and integrated policy and health personnel management, which ensures labor rights, health responsibility, and humanized care. However, the progress made by municipalities that have implemented OSS models, such as Rio de Janeiro and São Paulo[39,40], which have expanded services and improved the quality of care provided to the population, is undeniable.

Another relevant point highlighted by the research, which may have contributed to the declining home visits, is that the 2017 PNAB allowed the establishment of Family Health teams with only one ACS and PHC teams without ACS, while Ordinance No. 2,979, of 2019, equated the funding of primary care teams and Family Health teams, abolishing the priority for the ESF and weakening the community and collective dimension of PHC in the SUS. The continuity of these policies may represent an even more significant decline in ACS home visits over time[41].

The results of the 2019 PNS confirm that the ESF remains the primary PHC model in the SUS. However, the possible absence of ACS in the team affects one of the pillars of the care model that characterizes the ESF in its community and health promotion component, guided by the conception of the social determination of the health-disease process and the expanded clinic[31].

Despite Law No. 14,536 of January 20, 2023, which recognized community health workers as health professionals and allowed accumulating positions provided there are compatible schedules, maintaining this professional, who has served as an example for several countries worldwide as an activity that increases access to health services for the most vulnerable population, improves communication between the community and PHC units and reduces the harm suffered by chronically ill patients, and is under threat in its composition[42].

Another ACS challenge is digital health tools, which have escalated in PHC and the ACS practice. Some research indicates that digital health re-edits old challenges surrounding ACS work, such as greater bureaucracy, control, social and technical division, new challenges around the use of the Internet, maintenance and quality of equipment, and digital literacy[3,43].

We should also underscore that the Brazilian ESF and ACS model inspires other health systems, including those in G20 countries, which have much higher health investments than the Brazilian model and structured health systems. In these countries, the ACS role is characterized by proactive monthly home visits, universally in small geographic areas, detecting the care needs of these populations, acting in prevention and health promotion that directly impacts budget savings, and preventing the deterioration of the population's health conditions.

Reducing the number of ACS and home visits could jeopardize all the progress made in the Family Health Strategy over the last thirty years in Brazil. In this context, public policymakers are warned to pay attention to the results of the National Health Survey so that ACS is not dragged into excessively bureaucratic tasks that distract them from their unique and important role in the Brazilian health system.

Furthermore, the country emerges from a period of an extreme right-wing government that promoted a proper dismantling of public policies. However, the election of a progressive government renews hopes of moving towards an expanded primary care policy and an increase in the number of teams and population cover-

age, following the precepts of the Alma-Ata and Astana declarations[44,45].

Therefore, we should reinforce the strategic role of Community Health Workers and home visits. They link the community and health services and provide improved access to health systems for the economically vulnerable population, positively impacting their quality of life through health promotion and prevention actions.

Colllaborations

HC Bellas: conception, data collection, writing of the work and final review. M Harris: conception, writing and final review. JTV Souza: data collection, writing. CJ Minton: data collection, writing.

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