


EDITORIAL

Integrated actions and strengthening of public health system in Brazil in a time of pandemic

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Abstract

The National Health System, being named unique in the Constitution because it refers to a set of elements, such as universalization, equity, integrality, decentralization and popular participation and which is in convergence with the Constitution of 1988 of the Federative Republic of Brazil, which states that health is a right of all and a duty of the State. Thus, with the creation of SUS, the entire Brazilian population now has the right to universal and free health care, financed with resources from the budgets of the Union, the States, the Federal District and the Municipalities, as regulated by article 195 of the Brazilian Constitution. It is noteworthy that SUS is one of the most powerful and important in the world and it serves about 220 million people. It is characterized by a foundation of three pillars: universality, integrality and equity.

Keywords: Public health, Unified Health System, Universalization of Health, Health Equity.

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The National Health System (SUS - Sistema Único de Saúde), being named unique in the Constitution because it refers to a set of elements, such as universalization, equity, integrality, decentralization and popular participation and which is in convergence with the Constitution of 1988 of the Federative Republic of Brazil, which states that health is a right of all and a duty of the State¹.

Thus, with the creation of SUS, the entire Brazilian population now has the right to universal and free health care, financed with resources from the budgets of the Union, the States, the Federal District and the Municipalities, as regulated by article 195 of the Brazilian Constitution¹. It is noteworthy that SUS is one of the most powerful and important in the world and it serves about 220 million people. It is characterized by a foundation of three pillars: universality, integrality and equity².

The SUS is comprised by the next components: care centers and basic health units, public hospitals - including university hospitals, laboratories and blood centers (blood banks), health surveillance services, epidemiological surveillance, environmental surveillance, in addition to foundations and academic research institutions and scientific entities.

Universality is a principle that considered health as a right of all and a duty of the State, with the health of the citizen being a fundamental right and of stone cause¹. Comprehensiveness gives the Brazilian State the duty of extensive care, with priority for preventive actions, without prejudice to assistance services in relation to the access that any and every citizen is entitled to. The principle of equity is related to the constitutional commandment that health is a right of all, and that all citizens must be treated in a way that their rights to health are guaranteed by the Brazilian State in an impartial manner, respecting the equality of rights¹.

Decentralization, on the other hand, refers to public health actions and services that are part of a regionalized and hierarchical network and constitute a single system, organized at all federal levels - Union, States, Federal District and Municipalities. The principle of social participation also called social control, acting in the formulation and control of the execution of public health actions and services¹. Thus, SUS is constantly evolving and is characterized as the Duty of the State and of Brazilian society.

In this view, epidemiological surveillance, which aims to promote the detection and prevention of communicable diseases and their risk factors, as well as the preparation of studies and standards for epidemiological surveillance actions, are essential for an effective action of SUS, how to plan, monitor and standardize techniques for immunization in the State; institute, develop, implement, train, coordinate and evaluate actions of epidemiological surveillance and assistance, with the purpose of constant integration with Primary Care, aiming at the exchange of information and efficient execution of the proposed plan, having as a target the identification of risks

factors, preventive activities with vaccination, focus on early diagnosis, containment of outbreaks and the provision of appropriate treatment.

During the time of pandemics where there is a high impact on public health due to the high number of cases in a short period of time with a greater number of infected people, the country is able to (re)organize health practices that can quickly provide assistance to the population, from prevention and promotion to actions aimed at treatment, control, cure and rehabilitation.

In this understanding, preparedness plans are needed to face pandemics, making it important to distribute the responsibilities of every sector of Brazilian society. It is up to the population, in the event of a pandemic, to follow the guidelines of health authorities, such as containment and mitigation. The Containment phase refers to early identification, treatment and isolation of cases and following up on close contacts. The Mitigation phase, on the other hand, consists of monitoring the epidemiological situation and prioritizing assistance to serious cases or those with potential for complications.

The SUS should seek guarantees for the best service to the Brazilian population and to all those in its territory. In this line, it seeks a strategy to develop actions that range from non-pharmacological practices aimed at empowering the population to research for new discoveries, such as medicines and vaccines.

At the present time, Brazil is suffering a pandemic, and the SUS is facing it, however, it must be pointed out that investment in research in national science has decreased over the past recent years, as well as maintenance research granaries, in the laboratories of the various Brazilian Universities, especially those public ones. There was a restriction on the transfer of resources and no supplementation of funds, which caused losses for the completion of research and application of new protocols already outlined.

It is not possible, in the event of a pandemic, to bring new discoveries, since the research processes are totally dependent on the systematization and ordering of scientific processes.

In turn, in order to maintain the scientific debate, as well as the dissemination of science, the Journal of Human Growth and Development - JHGD, in the year of its thirtieth anniversary, continues to contribute to the scenario of disseminating research in the multidisciplinary field and Public health.

Their articles in issue one of volume 30 highlight several scientific contributions, such as Pimentel *et al.*³ on the spread of COVID-19 outside China and its exponential growth in Europe and its spread to the American continent; Vieira *et al.*⁴, on the nutritional profile of women served by the Family Health Strategy Maranhão, Brazil, with the conclusion that socioeconomic factors have a significant association with the Body Mass Index of women, being an important contribution to the full understanding of the role of the strategy of Family Health.

In the same line, the contribution of Diniz *et al.*⁵ on the monitoring of adolescents from the program

Health at School (Programa Saúde na Escola), brings out the fact that they are specific actions that do not meet the needs of teenagers. For Macêdo *et al.*⁶, doing an assessment of growth and nutritional status of school-age children in Public Schools in Florianópolis, Santa Catarina, found overweight and obesity among those children.

In addition, aspects of guidelines and practices in the feeding of children with Cerebral Palsy⁷, speech therapists are essential to provide protective measures to the lower respiratory tract⁶.

In the motor control of movement, there is a contribution from Santos *et al.*⁸, showing that girls who practice classical ballet have specific characteristics of plantar pressure and develop different strategies for postural control. Furthermore, in the body self-perception of school age children with Down Syndrome (DS), Silva *et al.*⁹, found that there is a relationship between body and environmental stimuli on psychomotor and cognitive development, however, development does not occur in children simultaneity with growth, with chronological differences.

Education is another topic under discussion. Nowadays, the problems experienced at school are still latent. Thus, bullying in the school environment¹⁰, from the understanding of educators, the solution of this problem should be sought between the association of educators and the family nucleus, from the detection of a situation of bullying in the school environment by educators. For Pacheco *et al.*¹¹ the reception room for socio-educational measures, as a long-term space for psychosocial and medical care, violates the basic rights of comprehensive care for adolescents.

For Moura *et al.*¹², the interactions of babies/young children in a host institution (shelter), were uncommon, however when they occurred, children showed sensitivity and responsiveness to emotional-communicative expressions, contributing to a good emotional development.

In regards to perinatal health, there is an important contribution on the validation of a food consumption frequency questionnaire for pregnant

women attended in basic health units, with the suggestion of a potential instrument to be used in the evaluation of food consumption in pregnant women¹³. About overweight/obesity and subjective food insecurity, Viera *et al.*⁴ highlight the need for the State to provide effective strategies for the population to become aware that an adequate nutritional status is the best prevention against occurrences resulting from chronic diseases common among obese people, being the competence of the public power, to defend and protect the population in their human rights adequate food and health, meeting the demand for a democratic, fair and egalitarian society.

The diversity of contributions is added to the interesting article on cannabis: from a plant condemned by prejudice to one of the great therapeutic options of the century¹⁴, due to the understanding of molecular signaling that modulates the different senses, being a potential revolution in the therapeutic area in which phytocannabinoids represent one of the great options of the century.

From the Amazon region, Martinelli *et al.*¹⁵ highlight that the use of a low-cost instrument, such as the one that measures the beats in the RR intervals, is effective in the clinical management of adolescents with juvenile idiopathic arthritis. Câmara *et al.*¹⁶, on the other hand, report the epidemiology of snakebites in the whole Western Amazon and stand out that they still behave as a public health problem of great importance due to their high incidence.

And finally, Silva *et al.*¹⁷ report an interesting study on the engagement of medical students in practicing “Sexting”, highlighting that the lack of empathic skills can be worrisome among people who had already shared intimate images of their partners and creating more problems with the Brazilian criminal justice system.

Thus, the JHGD fulfills its role by disseminating scientific information in the field of public health, highlighting from COVID-19 to the daily routine of human behavior in its various settings.

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Resumo

O Sistema Único de Saúde (SUS) é a denominação do sistema público de saúde no Brasil, sendo nominada de único na Constituição por se referir a um conjunto de elementos, tais como a universalização, a equidade, a integralidade, a descentralização e da participação popular e que está em convergência com a Constituição da República Federativa do Brasil de 1988, em que nomina que a saúde é um direito de todos e dever do Estado. Assim, com a criação do SUS, toda a população brasileira passou a ter direito à saúde universal e gratuita, financiada com recursos provenientes dos orçamentos da União, dos Estados, do Distrito Federal e dos Municípios, conforme rege o artigo 195 da Constituição Brasileira. Destaca-se que o SUS é um dos mais pujantes e importantes do mundo e que atende cerca de 220 milhões de pessoas. É abrangente e se caracteriza por três pilares de sustentação: a universalidade, a integralidade e a equidade.

Palavras-chave: Saúde pública, Sistema Único de Saúde, Universalização da Saúde, Equidade em Saúde.

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