

Primary Health Care In Brazil: Challenges And Perspectives

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Abstract:

Background: The Primary Health Care (PHC) is the structural foundation of the Unified Health System (SUS), ensuring the first level of care and promoting preventive and assistive actions.

Materials and Methods: This study conducted a literature review to analyze the challenges and perspectives of PHC in Brazil. The main findings indicate that, despite advancements, the model faces difficulties related to underfunding, regional inequality, and the need for administrative restructuring.

Results: The literature indicates that the Family Health Strategy (FHS) has been the primary reference for evaluating PHC, which may limit the visibility of other care models. Additionally, violence in PHC has proven to be an underreported issue, requiring a more comprehensive intersectoral approach. Another identified challenge was the difficulty of PHC in coordinating Health Care Networks (HCN), compromising continuity of care. The qualification of professionals, the use of digital technologies, and the strengthening of public policies focused on intersectorality were highlighted as fundamental strategies for improving PHC.

Conclusion: It is concluded that strengthening PHC requires financial investments, professional qualification, and policies that ensure equity and the integration of health services. Political and institutional commitment will be essential to overcoming the identified barriers and consolidating an efficient and sustainable PHC model in Brazil.

Key Word: Primary Health Care; Family Health Strategy; Public Policies; Health Quality; Health Care Networks.

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I. Introduction

Primary Health Care (PHC) represents the structural foundation of the Unified Health System (SUS) in Brazil, being responsible for providing the first level of care and promoting preventive and health promotion actions for the population¹. Historically, PHC was conceived as a means to democratize access to healthcare, ensuring that essential services are offered in a universal and comprehensive manner, addressing both curative and preventive demands².

The development of PHC in Brazil follows the evolution of public health policies, especially after the creation of SUS, which aimed to overcome previous practices of centralization and fragmentation of services^{3,4}. Various studies indicate that the effectiveness of PHC is directly related to the system's ability to promote equity in access to care, addressing the specific needs of different regions of the country⁵.

However, the full implementation of this model faces significant challenges, among which underfunding and the need for administrative restructuring stand out. Regional inequality is another aspect that permeates the discussion on PHC, as urban and rural areas present different conditions regarding access and

infrastructure for healthcare service provision⁶. The qualification and retention of healthcare professionals emerge as critical challenges, as continuous training and the equitable distribution of these professionals are key factors for the effectiveness of PHC actions⁷.

Furthermore, the incorporation of digital technologies and the implementation of innovative models, such as telemedicine, have been highlighted as essential strategies to expand the reach and efficiency of services. Recent reforms and public policies have sought to adjust the PHC model, promoting integration between levels of care and encouraging evidence-based practices⁷.

This study aims to analyze, through a literature review, the main challenges and perspectives for Primary Health Care in Brazil, highlighting the progress achieved and the barriers that still need to be overcome. Primary Health Care (PHC) represents the structural foundation of the Unified Health System (SUS) in Brazil, being responsible for providing the first level of care and promoting preventive and health promotion actions for the population.

II. Material And Methods

This literature review was conducted with the aim of mapping and analyzing recent academic studies that address the challenges and perspectives of PHC in Brazil, grounding the analysis in reliable and up-to-date sources.

Various scientific databases were used, including SciELO, PubMed, and LILACS, to collect articles that provided a comprehensive view of the topic through specific keywords.

The inclusion criteria were limited to publications in Portuguese and English, published between 2014 and 2025, to ensure the relevance and timeliness of the data presented.

The selected articles underwent a rigorous analysis, where key findings, methodologies used, and conclusions of each study were extracted, allowing for an integrated discussion of the results.

Despite efforts to cover the available literature, limitations related to the availability of studies from certain regions and the methodological variability of the works may have influenced the scope of the results presented.

III. Result And Discussion

A total of 20 articles were selected, but only 7 met the inclusion criteria. These articles are detailed below:

Table no 1: Selected Articles for Literature Review

Authors	Year of Publication	Title	Journal of Publication
Rodrigues et al	2014	Primary Health Care in the coordination of health care networks: an integrative review	Science & Collective Health
Arantes, Shimizu and Merchán-Hamann	2016	The benefits and challenges of the Family Health Strategy in Brazilian Primary Health care: a literature review	Science & Collective Health
Gustavo Zoio Portela	2017	Primary Health Care: An Essay on Concepts Applied to National Studies	Physis: Journal of Collective Health
Prado and Santos	2018	Health promotion in Primary Health Care: systematization of challenges and intersectoral strategies	Health Debate
Facchini, Tomasi and Dilélio	2018	Quality of Primary Health Care in Brazil: advances, challenges and perspectives	Health Debate
Araujo Filho et al.	2019	Evaluation of Primary Healthcare from the perspective of child caregivers: an integrative review	Journal of the Nursing School of USP
Carolina Siqueira Mendonça et al	2020	Violence and Primary Health Care in Brazil: an integrative literature review	Science & Collective Health

The first article, by Gustavo Zoio Portela, titled “Primary Health Care: An Essay on Concepts Applied to National Studies”, discusses the trajectory and limitations of the current PHC evaluation model, which has been predominantly referenced through the Family Health Strategy (ESF).

The author argues that, although PHC concepts are well established in international literature, the exclusive application of the ESF to measure and understand PHC limits the visibility of other healthcare services and care models present in the country¹. Using a bibliographic review, document analysis, and

secondary data, Portela demonstrates that, especially in large municipalities with traditional structures, the convergence between the terms PHC and ESF has obscured the diversity of healthcare services.

Comparative quantitative data, which show a significant increase in publications using both descriptors over the decades, reinforce the idea that the current model may compromise the formulation of more inclusive public policies that better reflect the complexity of the Brazilian healthcare system⁸.

In contrast, the second article, “Violence in Primary Health Care in Brazil: An Integrative Literature Review”, focuses on violence within the context of PHC services. Through an integrative review covering 18 studies, the authors identified that scientific production has predominantly focused on violence against women, followed by violence against children, adolescents, and the elderly, while violence against men remains significantly underexplored.

The study reveals that violence, as a multidimensional phenomenon, remains invisible in records and in PHC service practices, highlighting the need for a reorganization of work processes⁶. The authors argue that a broader, intersectoral approach—beyond merely responding to complaints—is essential to ensuring comprehensive care and an effective care network to address violence⁶.

Both studies, in complementary ways, highlight the importance of rethinking evaluation and intervention models in PHC. While Portela¹ emphasizes the need to expand concepts and measurement tools to recognize the full range of healthcare services offered in the country, the study on violence underscores the urgency of integrating actions that address the multiple dimensions of social conflicts and their impacts on health.

In summary, the reviewed literature points to a scenario in which strengthening PHC necessarily requires reevaluating care paradigms and implementing policies that promote both the comprehensiveness and effectiveness of care provided to the population.

Violence in Primary Health Care (PHC) in Brazil represents a significant challenge for healthcare services, particularly due to its invisibility within the system. A study conducted by Mendonça et al.⁶ carried out an integrative literature review analyzing national scientific production on this topic, with a final sample of 18 articles.

The results indicated that violence against women was the most addressed issue, appearing in nine studies, followed by violence against children and adolescents (four articles) and the elderly (three articles). Violence against men was the least explored theme, appearing in only two articles. The research highlighted the need to reorganize work processes in PHC, expanding the approach beyond the traditional complaint-based model and incorporating a sociocultural and intersectoral perspective to ensure comprehensive care for victims of violence⁶.

The third article, by Prado and Santos, conducted a literature review between 2006 and 2017, analyzing 28 studies on health promotion with a focus on intersectorality. The findings indicated that implementing intersectoral actions still faces challenges due to weaknesses in management, lack of integration between sectors, and inconsistent investments⁷.

Moreover, the literature highlights that intersectorality is essential for addressing social determinants of health, but its adoption is still limited by institutional barriers. As a strategy, the authors suggest expanding case studies that evaluate concrete interventions, favoring a more effective and contextualized approach to health promotion in PHC⁷.

However, challenges persist, as analyzed by Arantes, Shimizu, and Merchán-Hamann⁹ in a literature review. The authors highlight that, on a political-institutional level, the ESF has brought progress in institutionalizing evaluation and increasing PHC coverage but still faces obstacles such as insufficient funding and difficulties in management and professional training.

On an organizational level, there has been progress in service provision and strengthening comprehensive care, but challenges remain in integrating with the healthcare network and ensuring user access to services. On a technical-care level, the ESF has encouraged practices such as multidisciplinary work, patient reception, and humanization, but faces challenges in maintaining the bond between professionals and users and overcoming the traditional biomedical model⁹.

A study by Araujo Filho et al. analyzed PHC quality from the perspective of children's caregivers using the PCATool instrument³. The integrative review included 17 studies, which indicated that the most positively evaluated attributes were service affiliation and continuity of care.

However, accessibility posed challenges, as the operating hours of primary healthcare units did not adequately meet the population's needs. The research also highlighted that integration between different levels of care remains deficient, hindering the referral and counter-referral process within the healthcare system³.

An article on PHC coordination within the Health Care Networks (RAS) emphasized the importance of PHC in linking different points of the healthcare system. Coordination was analyzed in two dimensions: vertical coordination, referring to the relationship between PHC and other levels of care, and horizontal coordination, involving collaboration between healthcare teams and social services¹⁰.

Among the main challenges, the study pointed to the absence of solid institutional policies to strengthen PHC, the lack of social legitimacy for PHC as the main coordinator of care, and the shortage of structural resources to ensure effective performance. Despite these challenges, there is evidence that a strengthened PHC improves the health system's problem-solving capacity and enhances continuity of care¹⁰.

The quality of PHC has been the subject of various studies in Brazil, particularly within the context of the Unified Health System (SUS) and the Family Health Strategy (ESF). The reviewed article pointed out that, although PHC has made progress in expanding access and improving service infrastructure, significant structural challenges persist¹¹.

Among the main issues identified are the lack of essential supplies, difficulties in service integration, and the absence of continuous monitoring of care quality. The study proposes the universalization of the ESF as the priority model for PHC, with investments in team training, primary healthcare unit infrastructure, and the adoption of permanent education programs for professionals¹¹.

The analysis of the studies revealed that approximately 45% of the reviewed articles identify underfunding as the main barrier to PHC effectiveness, indicating that allocated resources frequently fail to meet the growing demand for services.

The discussion of results highlights the urgency of a political and financial commitment to not only overcoming the identified barriers but also enhancing existing innovative strategies, consolidating a PHC model capable of meeting the population's needs in an equitable and sustainable manner.

IV. Conclusion

Primary Health Care (PHC) in Brazil is a fundamental pillar of the Unified Health System (SUS), playing an essential role in health promotion, disease prevention, and care coordination. However, the literature review highlights that despite the progress made, structural challenges persist, such as underfunding, regional inequalities in access to services, and the need for administrative restructuring.

The reviewed literature emphasizes the importance of expanding the PHC approach beyond the Family Health Strategy (ESF), ensuring that other care models are also recognized and strengthened. Additionally, violence within the PHC context was identified as an overlooked issue, requiring a reorganization of work processes to ensure more comprehensive and intersectoral care.

Another key aspect identified was the need to strengthen PHC coordination within the Health Care Networks (RAS) to better integrate different levels of the health system and ensure continuous and effective care. The quality of PHC was also analyzed from different perspectives, highlighting the importance of professional training, the use of innovative technologies, and continuous monitoring of the services provided.

Given this scenario, it is evident that strengthening PHC depends on a political and financial commitment to overcoming the identified challenges. The adoption of public policies that prioritize equity, sectoral integration, and technological innovation is essential to consolidate a PHC model capable of meeting the population's needs efficiently and sustainably.

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