

PRIMARY HEALTH CARE IN THE FIGHT AGAINST COVID-19: AN EXPERIENCE REPORT

ATENÇÃO PRIMÁRIA À SAÚDE NO ENFRENTAMENTO AO COVID-19: RELATO DE EXPERIÊNCIA

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ABSTRACT

The COVID-19 pandemic has been causing thousands of cases worldwide, and it is considered one of the greatest global health problems of the century, challenging managers to establish measures to contain its impacts in the several scenarios affected. The problematization methodology based on the Maguerez Arch was used to identify the problem, the hypothesis of the solution, and the application to reality. According to the World Health Organization, until May 2021, around 16 million cases were confirmed in Brazil; of these, 472,000 cases were registered in the state of Pernambuco. These numbers show the seriousness of the COVID-19 pandemic and indicate that emergency measures must be taken to contain the virus spread. Primary health care should be considered an important support tool in emergency situations to contain the pandemic using special strategies.

Keywords: Covid-19; primary health care; basic health unit.

RESUMO

A pandemia de COVID-19, responsável por milhares de casos que assolaram o mundo e que continua causando vítimas dia após dia, caracteriza-se como um dos maiores problemas sanitários em proporção global do século. Essa circunstância desafia os gestores a estabelecerem medidas para contenção de seus impactos nos diversos cenários acometidos por ela. Utilizou-se a metodologia da problematização, baseado no Arco de Maguerez para identificação do problema até a hipótese de solução e aplicação à realidade. Segundo a Organização Mundial de Saúde, até maio de 2021, aproximadamente 16 milhões de casos foram confirmados no Brasil e, desses, 472 mil foram registrados no estado de Pernambuco. Esses números evidenciam a gravidade da pandemia e indicam a necessidade de que sejam tomadas medidas emergenciais, a fim de refrear a disseminação do vírus. A Atenção Primária à Saúde deve ser considerada uma importante ferramenta de suporte diante de situações emergenciais e para a contenção da pandemia utilizando estratégias especiais.

Palavras-chave: Covid-19; Atenção primária à saúde; Unidade básica de saúde

INTRODUCTION

The coronavirus disease (COVID-19) pandemic, which has been ravaging the world since November 2019, has created a serious public health crisis due to its high transmissibility and mortality. Considered one of the greatest global health problems of the century, the thousands of cases of COVID-19 continue to challenge managers in the economic, social, and health spheres, requiring measures to contain it and minimize the social impact¹⁻².

From the start of the pandemic until May

2021, according to the World Health Organization (WHO), more than 168 million cases had already been recorded³. Of these, about 16 million had been confirmed in Brazil⁴, with 472,000 in the state of Pernambuco⁵. These data prove the seriousness of the pandemic and indicate that emergency measures must be taken to prevent the virus from spread.

Brazil has an extensive Primary Health Care (PHC) network, which is the first level of healthcare guided by the principles of equity, universality, and comprehensiveness proposed

by the Unified Health System (SUS). PHC is composed of a set of health actions⁶ that encompass activities ranging from promotion and prevention to disease control and treatment, palliative care, and rehabilitation. It aims to act in a sustainable, responsible, effective, and efficient way to provide intersectoral and comprehensive care for the main causes of health problems and risks and improve the well-being of individuals and the community⁷.

This report described an experience of the PHC in the fight against COVID-19, adopting viable and cost-effective methods that can be implemented in basic health units (BHU) to raise awareness and guide the population.

EXPERIENCE REPORT

The problematization methodology based on the Arc of Charles Maguerez was used to recognize the content to be performed in this study, which establishes five stages: 1) Observation of reality and definition of the problem; 2) Key points; 3) Theorizing; 4) Hypotheses for a solution; and 5) Application to reality⁸. This methodology allows the revisitation of reality, identifying failures in some areas, and planning and intervening using strategies to mitigate the problem.

Given the activities in professional practice and the declaration of the pandemic by the WHO, immediate low-cost solutions and measures were sought within the PHC to prevent the spread of COVID-19. These measures aimed to raise awareness among the population, reduce the infection rate, and avoid overcrowding in BHUs, which could also reduce the overload of services from the medium and high complexities of public and private health systems. As a result, broad-spectrum and efficient actions were crucial to reach a greater number of citizens and reduce the spread of the virus.

Medical students working at the Azeitona II BHU, which provides comprehensive health care services, conducted the action by providing information and guidance on the correct use of masks; encouragement to maintain actions to protect against COVID-19 by distancing themselves, avoiding physical contact and crowds; and instructions to wash their hands whenever possible, or to use alcohol gel (70%) when

accessible. All this guidance was given verbally and using banners and booklets, which were available at the BHU (Figures 1 and 2).

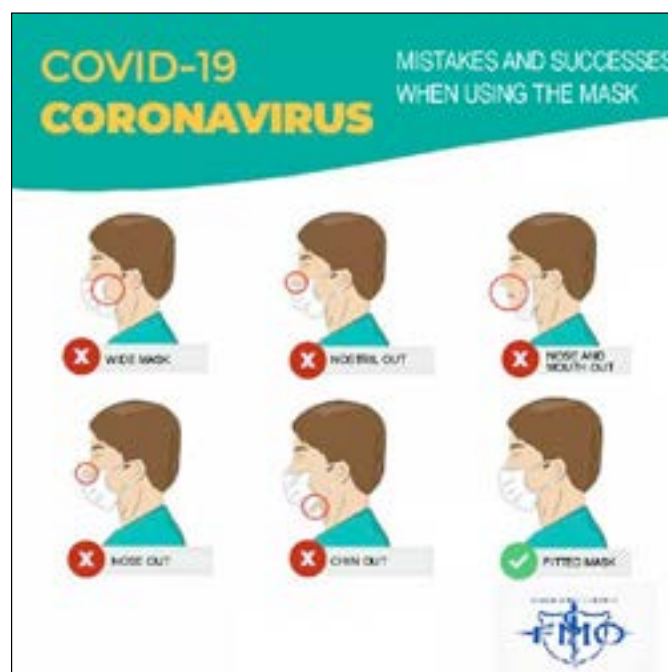


Figure 1. Banner displayed at the project.

Source: Personal archive.

Figure 2. Booklets made available as part of the project. Source: Personal archive.

Since the action was performed on a day with spontaneous demand, it did not reach many individuals from the community, resulting in a reduced disclosure of educational measures. Besides the short period available for the theoretical and practical activities at the BHU, another challenge faced was the resistance of the community health agents; they did not use the proposed material to instruct the community. The collaboration of the agents would have helped disseminate the guidelines and could possibly improve the adherence of individuals to educational measures.

COMMENTS

PHC should be considered an important support tool in emergencies to contain the pandemic using special strategies⁹. At this level of healthcare, safe and quality care, data-based planning, restructuring of services, allocation of funds, and new strategies are essential to reach as many citizens as possible.

Proposals at the PHC in the midst of the pandemic include, among many measures, the reorganization and restructuring of BHUs; the opening of new beds and adequate space to receive suspected cases; funding directed to personal protective equipment for professionals; training for healthcare professionals, including community health workers; large-scale diagnostic tests; structures for conducting complementary tests; stocks of medicines; information and guidance campaigns for citizens; and tele-service¹⁰.

Considering the observations and actions conducted at the BHU Azeitona II, the important role that PHC plays in combating the COVID-19 pandemic is reinforced, evidencing its positive impact in the PHC on community health¹¹.

Therefore, the experience was important for better understanding and deepening knowledge for the group that proposed it, considering the perception of the needs of a community and the possible impact of educational actions implemented by the BHU, but also for the population that benefited from these educational measures.

REFERENCES

1. Werneck LG, Carvalho SM. A pandemia de COVID-19 no Brasil: crônica de uma crise sanitária anunciada.

- Rio de Janeiro: Cad. Saúde Pública 2020;(36).
2. Neto ATG, Lima SCI, Cavalcante PSA, Pereira GMW, Silva FRM, Sampaio CJJ. A educação permanente em saúde como estratégia para a segurança do trabalho no contexto da pandemia COVID-19: reflexões sobre o papel do agente comunitário de saúde na construção do cuidado. São Paulo: Rev Bras Med Trab 2021;(19).
3. World Health Organization. Painel do Coronavírus da OMS (COVID-19). [Dados online] 2021; [acesso 27 mai 2021] Disponível em: <https://covid19.who.int/>
4. World Health Organization. Brasil. [Dados online] 2021; [acesso 27 mai 2021] Disponível em: <https://covid19.who.int/region/amro/country/br>
5. Secretaria de Saúde; Governo do Estado Pernambuco. [Dados online] 2021; [acesso 27 mai 2021] Disponível em: <https://www.pecontracoronavirus.pe.gov.br/>.
6. Ministério da Saúde. Secretaria de Atenção Primária à Saúde. [Dados online] [acesso 02 jun 2021]; Disponível em: <https://aps.saude.gov.br/smp/smpoquee>
7. Previva. Atenção primária à saúde (APS): conceitos, objetivos e aplicações práticas. [Dados online] [acesso 03 dez 2021]; Disponível em: <http://previva.com.br/atencao-pri-maria-a-saude-aps/>.
8. Prado LM, Velho BM, Espíndola SD, Sobrinho HS, Backes SMV. Arco de Charles Maguerez: refletindo estratégias de metodologia ativa na formação de profissionais de saúde. Rio de Janeiro: Esc. Anna Nery 2012;(16).
9. Texeira GM, Medina GM, Costa NCM, Netto BM, Carreiro R, Aquino R. Reorganização da atenção primária à saúde para vigilância universal e contenção da COVID-19. Brasília: Epidemiol. Serv. Saúde 2020;(29).
10. Sarti DT, Lazarini SW, Fontenelle FL, Almeida CSP. Qual o papel da Atenção Primária à Saúde diante da pandemia provocada pela COVID-19? Brasília: Epidemiol. Serv. Saúde 2020;(29).
11. Rios AFM, Lira LSSP, Reis IM, Silva GA. Atenção Primária à Saúde frente à COVID-19 em um centro de saúde. Brasília: Enferm. Foco 2020;(11).