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The Role of Health Professionals in Transforming Care: Resolutive Primary Health Care

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Abstract

Primary Health Care (PHC) is globally recognized as the foundation of effective, efficient, and equitable health systems. Instituted by the World Health Organization in the Alma-Ata Declaration (1978), PHC serves as the preferred entry point to health systems, emphasizing comprehensiveness, continuity, coordination, and resolutiveness. In Brazil, the Family Health Strategy (ESF) exemplifies PHC implementation, showing significant progress in access and service organization. Health professionals are central actors in transforming health care, requiring technical, communicative, ethical, and interprofessional skills to promote health, prevent diseases, manage chronic conditions, and coordinate care networks. Resolutiveness—addressing the majority of population health problems within PHC—is a key quality indicator and directly linked to professional qualification and engagement. This essay discusses the role of health professionals in advancing resolutive PHC in Brazil, analyzing organizational, pedagogical, and social aspects that impact professional performance and the need to reorient care models toward person- and community-centered approaches.

Keywords: Primary Health Care, resolutiveness, health professionals, Family Health Strategy, health system transformation.

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Introduction

Primary Health Care (PHC) is worldwide recognized as the cornerstone of effective, efficient, and equitable health systems. Formally instituted by the World Health Organization in the Alma-Ata Declaration (1978), PHC is defined as the preferred gateway to the health system, focusing on comprehensiveness, continuity, coordination, and resolutiveness of care (WHO, 1978). In the Brazilian context, the Family Health Strategy (ESF) represents the main PHC modality, showing significant advances in access and organization of services (Paim et al., 2011).

Health professionals are central actors in the transformation of health care. Their role goes beyond traditional biomedical care, demanding technical, communicative, ethical, and interprofessional competencies that enable health promotion, disease prevention, management of chronic conditions, and coordination with the care network (Campos, 2011). Resolutiveness, or the capacity to solve the population's health problems within PHC itself, emerges as an essential indicator of care quality and system effectiveness, directly influenced by professional qualification and engagement (Macinko et al., 2010).

This essay aims to discuss the role of health professionals in transforming health care, highlighting the challenges and potentials of resolutive PHC in Brazil. The analysis considers organizational, pedagogical, and social aspects impacting professionals' performance, as well as the need to reorient the care model to ensure care centered on the individual and community.

Development

The transformation of health care requires a paradigmatic shift that places the individual and community at the center of the process, overcoming the fragmented, disease-centered, and hospital-centric model. In this scenario, PHC professionals assume a strategic role by providing integrated care that considers social determinants of health and promotes user autonomy (Starfield, 2011).

Resolutiveness in PHC is associated with professionals' ability to identify, treat, and follow up on most health problems affecting the population, avoiding unnecessary referrals to secondary and tertiary care (Macinko et al., 2010). For this, it is essential that these professionals possess broad clinical knowledge, care management skills, effective communication, and capacity for multiprofessional teamwork (Barbosa & Andrade, 2016).

In Brazil, the ESF seeks to operationalize this logic of resolutive PHC through multiprofessional teams composed of physicians, nurses, community health agents, and other professionals (Paim et al., 2011). The coordinated work of these teams allows longitudinal follow-up of users, favoring early detection of illnesses, treatment adherence, and community health promotion (Silva & Costa, 2018).

However, the effectiveness of the professionals' role in PHC depends on organizational factors, including adequate infrastructure, availability of supplies and technologies, as well as clear clinical protocols and care pathways (Pellegrini Filho & Mendonça, 2014). The lack of these elements compromises resolutiveness, leading to overload in specialized services and fragmented care.

Additionally, the education of health professionals is a crucial component for transforming care. Health education must prioritize comprehensiveness, patient-centered care, interdisciplinarity, and social commitment, preparing professionals to act in complex and diverse contexts (Faria et al., 2015). Continuing education and technical support are also necessary to update knowledge and strengthen competencies.

Another fundamental aspect refers to valuing professional work. Adequate working conditions, fair remuneration, social recognition, and professional development opportunities are determinants for engagement and retention of these workers in PHC, directly impacting care quality (Freitas & Viana, 2019).

The ethical and relational dimension of care also deserves emphasis. Professionals must build trust relationships with users, respect each person's uniqueness, and act with cultural and social sensitivity. This approach contributes to humanizing care and to effective adherence to therapeutic recommendations (Calvo & Fonseca, 2017).

In the context of collective health, resolutive PHC promotes not only individual care but also community and intersectoral actions that address social determinants of health. Professionals act as agents of social change, articulating health services with public policies in education, social assistance, sanitation, and housing, strengthening population health (Campos, 2011).

Current challenges include the need for technological innovation, expanding the use of information systems for management and monitoring, and confronting regional inequalities affecting access and quality of PHC in Brazil (Paim et al., 2011). The COVID-19 pandemic reinforced the importance of resolutive PHC for organizing care, highlighting the need for flexibility, integration, and rapid response capacity of professionals (Melo et al., 2020).

Finally, strengthening the role of professionals in PHC implies public policies that encourage care decentralization, professional autonomy, and user protagonism, promoting a more just, efficient, and sustainable health system (Starfield, 2011).

Conclusion

The role of health professionals in transforming care is decisive for consolidating resolutive Primary Health Care capable of responding to the population's needs integrally, continuously, and equitably. The complexity of current demands requires expanded competencies, interprofessional coordination, adequate working conditions, and ethical-social commitment.

For PHC to reach its potential as the central axis of the Brazilian health system, it is essential to invest in professional training, valorization, and support, as well as strengthen infrastructure and service integration. In this way, professionals can lead the transformation of health care, promoting collective health, preventing illnesses, and contributing to reducing inequalities.

The effective implementation of resolutive PHC represents a fundamental step toward more sustainable, democratic, and person-centered health systems, aligned with the principles of SUS and contemporary public health demands.

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