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Primary Care as a Prevention Strategy at All Levels of Care: Caring Before Treating

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Abstract

Primary Health Care (PHC) is a macro-level public policy that guides the organization and operation of health systems, establishing principles such as universality, comprehensiveness, and equity. Within this framework, Primary Care (PC) functions as the first level of care, serving as the main access point and prioritizing health promotion and disease prevention across all levels. This distinction is crucial to understanding the strategic roles of each component in constructing efficient and effective systems. Prevention in PC involves practices aimed at avoiding the onset and progression of diseases through healthy lifestyle promotion, early risk identification, and educational actions. Despite its transformative potential, the implementation of PHC as public policy and PC as a daily practice faces structural and operational challenges. This paper critically analyzes the role of PC in prevention, based on a literature review, and discusses its transformative potential for collective health.

Keywords: *Primary Care, Prevention, Health Promotion, Health Systems, Public Health.*

Introduction

Primary Health Care (PHC) is a macro-level public policy that guides the organization and functioning of health systems by establishing guidelines and principles to ensure universal access, comprehensiveness, and equity in health care (Starfield, 2018). In this context, Primary Care (PC) constitutes the first level of care in the system, the entry point for health services, where the closest community-based care is provided, prioritizing health promotion and disease prevention at all levels of care (Macinko & Harris, 2015). This distinction is fundamental to understanding the strategic roles of each component in building more efficient and responsive health systems.

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Prevention, as a central axis of PC, involves adopting practices aimed at avoiding the onset and progression of diseases through the promotion of healthy lifestyles, early identification of risk factors, and educational actions (Petersen et al., 2019). PC, aligned with PHC, is responsible for coordinating comprehensive care using intersectoral strategies to address the social determinants of health that directly impact the population's health outcomes.

However, the implementation of PHC as a public policy, and PC as an everyday practice (through management models), faces significant challenges related to infrastructure, human resources, and coordination among levels of care, which may compromise the system's preventive capacity (Victora et al., 2020). Thus, analyzing PC from the perspective of prevention requires a critical and integrated view that considers its multiple dimensions and barriers, as well as its transformative potential for public health.

Methodology

This academic essay was developed based on a critical review of national and international scientific literature published in the last five years, including peer-reviewed articles, official documents, and technical reports on Primary Health Care, Primary Care, and prevention strategies. The approach aimed to integrate concepts, empirical evidence, and theoretical discussions to support an updated analysis of the role of PC as a prevention strategy within PHC and Brazil's Unified Health System (SUS).

Development

Primary Health Care, as a structuring public policy, outlines the principles governing the organization of the health system, highlighting universality, comprehensiveness, equity, and social participation (Paim et al., 2018). PC, as the realization of this policy at the first level of care, is responsible for receiving spontaneous demands, conducting preventive actions, promoting health, and ensuring continuous care (Macinko & Harris, 2015).

Prevention in PC is multifaceted, encompassing primary, secondary, and tertiary actions. Primary prevention, focused on health promotion and disease prevention, includes health education, vaccination, encouragement of healthy eating, and active lifestyles (Petersen et al., 2019). Secondary prevention involves the early detection of diseases through screening and follow-up of chronic conditions, aiming to minimize impacts and complications.

The performance of PC in prevention requires professionals to develop a close bond with the community, fostering adherence to actions and self-care—essential elements for the effectiveness of preventive interventions (Mendes et al., 2021). Humanized care and qualified listening are essential tools for building this bond.

The biopsychosocial perspective adopted by PHC allows PC to consider not only biomedical aspects but also the social, economic, and cultural determinants of health, expanding the preventive potential of care (Victora et al., 2020). This comprehensive approach is necessary to address the complex causes of diseases and promote more effective interventions.

Intersectorality is another strategic component in PC prevention, since the social determinants of health lie beyond the exclusive reach of the health sector (Oliveira et al., 2019). Coordination between health, education, social assistance, sanitation, and other sectors strengthens preventive actions and helps reduce health inequalities.

Training PC professionals is fundamental to maintain evidence-based and updated practices, ensuring that prevention strategies are effective and tailored to local needs (Silva et al., 2022). Continuing education also facilitates the incorporation of new technologies and innovative approaches.

Infrastructure and the adequate availability of human resources remain challenges to the consolidation of PC as a prevention space within SUS, especially in regions with greater social vulnerability (Rocha et al., 2021). Investments in these areas are crucial to ensure the quality and access to preventive actions.

The use of digital technologies, such as electronic medical records and monitoring systems, has the potential to optimize prevention in PC by facilitating user follow-up and risk management (Ferreira et al., 2023). These tools contribute to greater precision in interventions and better resource utilization.

Community engagement and social participation enhance the legitimacy of preventive actions and promote co-responsibility in care—central aspects for the sustainability of PHC and PC (Almeida et al., 2020). The co-construction of policies and practices strengthens the system and increases the impact of interventions.

Public policies that prioritize PHC and PC are essential to expand access and equity in prevention, ensuring adequate funding and technical support for teams (Campos & Nunes, 2021). The political and institutional strengthening of PHC directly reflects on the effectiveness of prevention.

The care model centered on PC favors longitudinality and comprehensiveness—principles that enhance prevention and health promotion throughout the life cycle (Starfield, 2018). This perspective contributes to the reduction of preventable harm and improves the population's quality of life.

Finally, PHC and PC, in articulation, represent an indispensable strategy to reorganize the health system around prevention, reducing inequalities, increasing responsiveness, and promoting health in a sustainable and democratic manner (Macinko & Harris, 2015).

Conclusion

The distinction between Primary Health Care as a public policy and Primary Care as the first level of the system is essential to understand the strategic role of prevention in care organization. PC is the operational foundation where preventive actions take place, guided by the principles and directives established by PHC.

Strengthening PHC and PC requires investments in infrastructure, training, intersectoral coordination, and technologies, as well as encouragement of social participation. This combination is crucial to turning prevention into effective practice, ensuring the principle of "caring before treating" and the continuous improvement of population health.

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