RSV
ISSN 2674-8584

Received: 13/08/2026 - **Accepted:** 10/09/2026
Vol: 13.19
DOI: 10.66104/yec18g84
Pages: 1-11

Primary Health Care in Brazil: Access, Care Organization, and Challenges for the Effective Realization of the Right to Health

Átila Barros Magalhães
Professor Efetivo
Universidade do Estado do Pará, Brasil

Maria Aparecia de Almeida Araujo
Universidad de Ciencias Empresariales y Sociales, Argentina

Lu'Anna Louise Fernandes Costa
Universidade Federal de Uberlândia, Brasil

Daniel dos Santos Fernandes
Universidade Federal do Rio de Janeiro, Brasil

Michel Douglas Pires de Oliveira
Universidade Federal do Rio de Janeiro, Brasil

Ilsa Maria Ferreira
Universidade Federal de Uberlândia, Brasil

Rose Mary de Morais Borges
Universidade Federal de Uberlândia, Brasil

Barbara Gabrielle Rodrigues
Universidade Federal de Uberlândia, Brasil

Abstract

Primary Health Care (PHC) is a fundamental component of the Brazilian Unified Health System (SUS) and plays a strategic role in guaranteeing universal access, comprehensive care, equity, and continuity of healthcare. In Brazil, the expansion of PHC, particularly through the Family Health Strategy, has contributed to the reorganization of healthcare delivery and the strengthening of territorial and community-based approaches. Nevertheless, important challenges remain regarding geographical and organizational access, workforce availability, infrastructure, coordination of care, regional inequalities, financing, and the integration of services across healthcare networks. This academic

CC BY

RSV
ISSN 2674-8584

Received: 13/08/2026 - **Accepted:** 10/09/2026
Vol: 13.19
DOI: 10.66104/yec18g84
Pages: 1-11

essay discusses access to Primary Health Care in Brazil, the organization of care, and the main challenges involved in effectively guaranteeing the constitutional right to health. The discussion considers PHC as both a gateway to the health system and a coordinating element within healthcare networks. It also examines the importance of territorialization, longitudinal care, health promotion, prevention, multidisciplinary teamwork, community participation, and digital technologies. Strengthening PHC requires not only expanding service coverage but also improving accessibility, quality, coordination, and responsiveness to the diverse health needs of the Brazilian population.

Keywords: Primary Health Care; Brazilian Unified Health System; Access to health services; Comprehensive care; Right to health.

1. Introduction

Primary Health Care occupies a central position in contemporary health systems because it represents the level of care closest to individuals, families, and communities. Its functions extend beyond the treatment of established diseases and include health promotion, disease prevention, early diagnosis, treatment, rehabilitation, surveillance, and coordination of care. When adequately organized, Primary Health Care can improve population health outcomes while contributing to greater equity and more rational use of health-system resources.

In Brazil, Primary Health Care is an essential component of the Unified Health System, known as Sistema Único de Saúde or SUS. Established through the 1988 Federal Constitution, SUS is based on the principles of universality, comprehensiveness, and equity, with decentralization and social participation as important organizational dimensions. Within this structure, Primary Health Care has progressively assumed a strategic role in translating the constitutional right to health into concrete services available to the population.

The expansion of Primary Health Care in Brazil has been strongly associated with the Family Health Strategy. Its territorial organization and multidisciplinary teams have enabled health services to establish closer relationships with communities and to develop more continuous approaches to care. Community health workers, in particular, contribute to understanding local realities and connecting health services with households. Nevertheless, coverage expansion alone does not necessarily guarantee equitable access or high-quality care.

Access to health services is a multidimensional concept. It involves geographical proximity, opening hours, availability of professionals, organizational arrangements, waiting times, affordability of indirect costs, cultural acceptability, and the ability of services to respond effectively to health needs. A population may live close to a health facility but still experience barriers if appointments are difficult to

CC BY

ISSN 2674-8584

Received: 13/08/2026 - **Accepted:** 10/09/2026
Vol: 13.19
DOI: 10.66104/yec18g84
Pages: 1-11

obtain, professionals are unavailable, or referrals to other levels of care are excessively delayed.

The organization of care is therefore inseparable from the realization of the right to health. Primary Health Care must be capable of receiving people, identifying needs, providing appropriate responses, and coordinating access to other services when necessary. Fragmentation between primary, specialized, emergency, hospital, rehabilitation, and psychosocial services can compromise continuity and force patients to navigate the system independently.

This academic essay discusses Primary Health Care in Brazil by focusing on access, organization of care, and the challenges involved in effectively realizing the right to health. It examines territorial inequalities, workforce issues, financing, infrastructure, coordination, comprehensiveness, health promotion, technological transformation, and social participation. The central argument is that strengthening Primary Health Care requires more than expanding coverage: it requires building accessible, responsive, coordinated, equitable, and territorially sensitive services capable of addressing the complexity of population health needs.

2. Methods

This study was developed as an academic essay based on a narrative and critical examination of scientific and institutional literature concerning Primary Health Care, the Brazilian Unified Health System, access to healthcare, the Family Health Strategy, healthcare networks, comprehensiveness, equity, territorialization, and the right to health. Brazilian legislation, institutional publications, international guidelines, systematic reviews, and scientific literature were considered in the construction of the discussion.

The essay does not present original empirical data and does not constitute a systematic review. Its purpose is conceptual and argumentative, bringing together different perspectives to discuss the role of Primary Health Care in guaranteeing health rights in Brazil. The references used to support the discussion are presented exclusively at the end of the text, without in-text citations, according to the requested format. The reference list follows APA 7th edition standards.

3. Development

Primary Health Care should be understood as more than the first point of contact between citizens and the health system. It represents a model of care based on proximity to communities, continuity, comprehensiveness, prevention, health promotion, and coordination. Its effectiveness depends on the ability to recognize the health needs of a defined population and organize responses

CC BY

RSV
ISSN 2674-8584

Received: 13/08/2026 - **Accepted:** 10/09/2026
Vol: 13.19
DOI: 10.66104/yec18g84
Pages: 1-11

that combine individual care with collective and territorial interventions.

The concept of access is particularly important in evaluating Primary Health Care. Access involves the interaction between the characteristics of health services and the characteristics of the populations that seek them. Physical distance, transportation, service hours, appointment systems, waiting times, communication, financial constraints, and cultural factors can all influence whether individuals are able to obtain care when they need it.

Geographical accessibility remains relevant in a country characterized by enormous territorial diversity. Urban centres may have a high concentration of services, while remote rural, riverine, indigenous, peripheral, and economically vulnerable territories may face significant difficulties in maintaining regular access. Distance can become an important barrier when transportation is inadequate or when specialized services are located far from people's communities.

However, physical proximity alone does not guarantee access. A primary care facility may be located within a community while operating with limited hours, insufficient professionals, restricted appointment availability, or organizational practices that make it difficult for users to obtain care. Effective access requires that services be both available and capable of responding appropriately to the needs presented by the population.

Opening hours are therefore an important organizational determinant. Traditional schedules may create barriers for workers, students, caregivers, and people who cannot leave their daily activities during standard business hours. Flexible scheduling, extended hours, alternative appointment mechanisms, and appropriate use of digital services may increase accessibility, provided that these arrangements are adapted to local needs.

The first-contact function of Primary Health Care is also essential. Ideally, individuals should be able to seek PHC when new health problems emerge and receive an initial assessment and appropriate management. This requires services that are open, welcoming, and capable of dealing with a broad range of health conditions rather than functioning primarily as referral points.

The Family Health Strategy has played an important role in this process. Its organization around multidisciplinary teams and defined territories creates opportunities for closer relationships between professionals and communities. The territorial approach allows teams to identify social and epidemiological characteristics that may not be visible through individual consultations alone.

Territorialization is particularly important for equity. Populations living in the same municipality may experience very different health conditions depending on income, housing, sanitation, education, transportation, employment, environmental exposure, and social vulnerability. A uniform service model may therefore fail to

CC BY

RSV
ISSN 2674-8584

Received: 13/08/2026 - **Accepted:** 10/09/2026
Vol: 13.19
DOI: 10.66104/yec18g84
Pages: 1-11

address unequal needs. Territorial planning allows resources and interventions to be adapted according to local circumstances.

Community health workers represent an important bridge between health services and territories. Their work can facilitate communication, identify households requiring attention, encourage preventive practices, and help users navigate the health system. Their contribution is especially relevant in areas where social and geographical barriers complicate access to formal services.

Longitudinal care represents another fundamental characteristic of Primary Health Care. Rather than treating each encounter as an isolated event, longitudinal care establishes an ongoing relationship between individuals and healthcare teams. This continuity allows professionals to understand patients' histories, monitor chronic conditions, identify changes in health status, and adapt interventions over time.

The importance of longitudinal care becomes particularly evident with population ageing and the increasing prevalence of chronic conditions. Hypertension, diabetes, cardiovascular diseases, chronic respiratory diseases, obesity, mental health conditions, and other long-term problems require continuous monitoring rather than isolated episodes of treatment. Primary Health Care is strategically positioned to coordinate these processes.

Comprehensiveness is another central principle. Health needs cannot always be separated into isolated diseases or professional specialties. Individuals may simultaneously experience physical illness, psychological distress, social vulnerability, family difficulties, and barriers to accessing other services. Comprehensive care requires professionals to consider these dimensions together and establish connections with other sectors and services when necessary.

Multidisciplinary teamwork is essential to this approach. Physicians, nurses, dentists, psychologists, pharmacists, physiotherapists, social workers, community health workers, and other professionals contribute complementary knowledge. Effective collaboration can reduce fragmentation and improve the capacity of teams to respond to complex needs.

Despite its importance, multidisciplinary work may be limited by organizational barriers. Professionals may operate according to rigid roles, communicate insufficiently, or prioritize individual procedures over collective planning. Strengthening teamwork requires shared responsibilities, regular case discussions, integrated care plans, and organizational environments that value collaboration.

Coordination of care is one of the most important challenges facing Primary Health Care. Users frequently require specialized consultations, diagnostic examinations, hospital care, rehabilitation, mental health services, or emergency assistance. If PHC is unable to coordinate these transitions, patients may become

CC BY

RSV
ISSN 2674-8584

Received: 13/08/2026 - **Accepted:** 10/09/2026
Vol: 13.19
DOI: 10.66104/yec18g84
Pages: 1-11

responsible for navigating a fragmented system.

Referral and counter-referral mechanisms are therefore fundamental. The primary care team should receive information about the care provided elsewhere so that follow-up can continue within the territory. Without adequate communication between services, important clinical information may be lost, examinations may be duplicated, and treatment plans may become inconsistent.

Waiting times represent another important barrier. Even when Primary Health Care identifies a legitimate need for specialized care, long delays may compromise diagnosis and treatment. The effectiveness of PHC is therefore partly dependent on the capacity of the broader health network. Strengthening primary care without improving its connections with specialized and hospital services may leave important access problems unresolved.

Regionalization is consequently essential for the organization of SUS. Municipalities vary significantly in population size and service capacity, and many cannot independently provide all levels of specialized care. Regional healthcare networks allow services to be distributed according to population needs and enable municipalities to share access to more complex resources.

Financing remains one of the structural challenges. Primary Health Care requires stable funding to maintain teams, infrastructure, medicines, equipment, transportation, information systems, training, and community activities. Short-term or insufficient financing can undermine continuity and make it difficult for managers to implement long-term strategies.

Infrastructure also influences the quality of care. Health facilities require adequate physical spaces, accessibility for people with disabilities, equipment, medicines, connectivity, sanitation, and appropriate working conditions. Poor infrastructure can affect both user experience and professional performance.

Human resources are equally fundamental. Primary Health Care depends on the availability of qualified professionals who remain in their territories long enough to develop relationships with communities. High turnover can weaken longitudinal care, disrupt teamwork, and reduce institutional knowledge. Workforce policies must therefore consider not only recruitment but also retention, professional development, career structures, and working conditions.

The distribution of professionals is uneven across Brazil. Remote and socially vulnerable territories often experience greater difficulty attracting and retaining specialized professionals. Policies designed to reduce these inequalities must consider housing, transportation, professional support, continuing education, career opportunities, and the specific characteristics of each territory.

Health promotion is another important responsibility of Primary Health Care. Preventing disease requires interventions that address behaviours

CC BY

RSV
ISSN 2674-8584

Received: 13/08/2026 - **Accepted:** 10/09/2026
Vol: 13.19
DOI: 10.66104/yec18g84
Pages: 1-11

and social conditions before illness becomes established. Nutrition, physical activity, vaccination, sexual and reproductive health, mental health, smoking cessation, alcohol-related harm, and healthy ageing are examples of areas in which PHC can develop preventive and promotional actions.

Nevertheless, health promotion should not be reduced to individual responsibility. People's behaviours are strongly influenced by socioeconomic and environmental conditions. Access to healthy food, safe spaces for physical activity, housing quality, education, income, transportation, and working conditions can determine whether healthy choices are realistically possible.

Intersectoral action is therefore essential. Health teams frequently identify problems that cannot be solved exclusively within healthcare services. Social assistance, education, housing, sanitation, employment, environmental protection, and public safety may all be relevant to the health conditions of a territory. PHC can contribute by identifying these needs and coordinating actions with other sectors.

The social participation mechanisms established within SUS are another important component of the right to health. Health councils and conferences create opportunities for citizens and civil society organizations to participate in discussions concerning priorities, policies, and service organization. Meaningful participation can improve accountability and increase the responsiveness of health services.

Digital technologies are increasingly influencing Primary Health Care. Electronic medical records, telehealth, remote consultations, digital appointment systems, clinical decision-support tools, and population dashboards may improve coordination and information management. However, technology should be considered an instrument rather than an end in itself.

Digital exclusion represents a potential barrier. Populations with limited internet access, low digital literacy, disabilities, or insufficient technological resources may be disadvantaged by services that become increasingly digital. Digital transformation should therefore complement rather than replace accessible face-to-face care.

Artificial intelligence may also influence Primary Health Care in the future. Algorithms can support risk stratification, population monitoring, clinical decision-making, appointment management, and identification of patients who may benefit from preventive interventions. At the same time, these systems require appropriate governance, transparency, data protection, professional oversight, and monitoring of potential biases.

Quality of care must remain central to discussions about access. Expanding the number of people registered with primary care teams is not sufficient if consultations are rushed, preventive actions are limited, medications are unavailable, or referral systems do not function. Coverage and effective access are

CC BY

RSV
ISSN 2674-8584

Received: 13/08/2026 - **Accepted:** 10/09/2026
Vol: 13.19
DOI: 10.66104/yec18g84
Pages: 1-11

related but distinct dimensions of healthcare performance.

Patient-centred care can contribute to improving quality. Users should be treated with dignity, listened to, and involved in decisions concerning their health. Communication should be clear and adapted to people's levels of health literacy. Respectful care can strengthen trust and improve adherence to therapeutic and preventive recommendations.

Health literacy itself is an important component of access. Individuals need to understand when and where to seek care, how to use prescribed medications, how to recognize warning signs, and how to navigate healthcare networks. Primary Health Care can contribute to strengthening health literacy through communication and education adapted to the realities of each community.

Vulnerable populations require particular attention. Homeless people, migrants, refugees, rural populations, people living in poverty, people with disabilities, ethnic minorities, and other groups may experience barriers that are not adequately addressed by conventional service models. Equity requires identifying these barriers and developing differentiated strategies when necessary.

The COVID-19 pandemic highlighted both the importance and vulnerability of Primary Health Care. During the crisis, PHC teams contributed to surveillance, vaccination, communication, continuity of care, and management of patients outside hospital settings. At the same time, interruptions in routine services demonstrated how quickly preventive and chronic care can be compromised during emergencies.

Emergency preparedness should therefore become part of Primary Health Care planning. Teams need protocols, communication systems, adequate supplies, trained professionals, and mechanisms for adapting services during crises. Strong primary care can function as a stabilizing component of health systems during emergencies by maintaining essential services while supporting surveillance and community responses.

Primary Health Care also plays an important role in reducing unnecessary pressure on emergency departments and hospitals. When accessible and capable of resolving common health problems, PHC can provide appropriate alternatives to emergency services. However, this requires sufficient clinical capacity, diagnostic support, medication availability, and functional referral pathways.

Evaluation is essential for understanding whether Primary Health Care is fulfilling its objectives. Indicators should monitor access, continuity, preventive activities, chronic disease management, patient experience, equity, and health outcomes. Quantitative indicators are valuable but should be interpreted alongside qualitative information and community perspectives.

Management capacity is another determinant of PHC performance. Managers need to use epidemiological and administrative information, plan

CC BY

RSV
ISSN 2674-8584

Received: 13/08/2026 - **Accepted:** 10/09/2026
Vol: 13.19
DOI: 10.66104/yec18g84
Pages: 1-11

according to territorial needs, coordinate teams, monitor indicators, manage resources, and engage communities. Effective Primary Health Care therefore depends not only on clinical professionals but also on qualified public health management.

The realization of the right to health ultimately requires transforming constitutional principles into concrete experiences of care. Universal access is meaningful only when people can actually obtain appropriate services. Comprehensiveness requires coordination across levels and sectors. Equity requires recognition of unequal needs. Social participation requires genuine opportunities for influence.

Primary Health Care is therefore one of the principal instruments through which the Brazilian health system can translate the right to health into everyday practice. Its strength depends on the interaction between accessible services, qualified professionals, adequate infrastructure, stable financing, territorial planning, community participation, effective networks, and responsible management.

The future of Primary Health Care in Brazil will depend on its ability to respond simultaneously to demographic change, chronic diseases, mental health needs, technological transformation, social inequalities, and emerging health threats. Strengthening PHC should not mean simply expanding the number of services but improving their capacity to provide timely, continuous, comprehensive, coordinated, and equitable care.

4. Conclusion

Primary Health Care represents a strategic foundation for the Brazilian Unified Health System and for the effective realization of the constitutional right to health. Its role extends from first contact and disease prevention to longitudinal care, health promotion, coordination of healthcare networks, and territorial action. Although Brazil has achieved important advances in the expansion and institutionalization of Primary Health Care, significant challenges remain regarding access, geographical and social inequalities, workforce distribution, infrastructure, financing, waiting times, coordination, and continuity of care.

Strengthening Primary Health Care requires a comprehensive approach that combines adequate financing, qualified and stable teams, territorial planning, integrated healthcare networks, reliable information, digital innovation, social participation, and continuous evaluation. Access must be understood not simply as physical availability but as the capacity of services to respond effectively and equitably to health needs. By reinforcing Primary Health Care as an accessible, comprehensive, coordinated, and community-oriented level of care, SUS can move closer to fulfilling its constitutional principles and guaranteeing health as a

CC BY

RSV
ISSN 2674-8584

Received: 13/08/2026 - **Accepted:** 10/09/2026
Vol: 13.19
DOI: 10.66104/yec18g84
Pages: 1-11

fundamental right for the Brazilian population.

References

Brasil. (1988). *Constituição da República Federativa do Brasil de 1988*. Presidência da República.

Brasil. (1990a). *Lei nº 8.080, de 19 de setembro de 1990: Dispõe sobre as condições para a promoção, proteção e recuperação da saúde, a organização e o funcionamento dos serviços correspondentes*. Presidência da República.

Brasil. (1990b). *Lei nº 8.142, de 28 de dezembro de 1990: Dispõe sobre a participação da comunidade na gestão do Sistema Único de Saúde (SUS)*. Presidência da República.

Brasil. Ministério da Saúde. (2017). *Portaria de Consolidação nº 2, de 28 de setembro de 2017: Consolidação das normas sobre as políticas nacionais de saúde do Sistema Único de Saúde*. Ministério da Saúde.

Brasil. Ministério da Saúde. (2017). *Portaria nº 2.436, de 21 de setembro de 2017: Aprova a Política Nacional de Atenção Básica*. Ministério da Saúde.

Brasil. Ministério da Saúde. (2024). *Política Nacional de Atenção Básica*. Ministério da Saúde.

Castro, M. C., Massuda, A., Almeida, G., Menezes-Filho, N. A., Andrade, M. V., de Souza Noronha, K. V. M., Rocha, R., Macinko, J., Hone, T., Tasca, R., Giovanella, L., Malik, A. M., Werneck, H., Fakhruddin, A., Atun, R., & Rocha, R. (2019). Brazil's unified health system: The first 30 years and prospects for the future. *The Lancet, 394*(10195), 345–356. https://doi.org/10.1016/S0140-6736(19)31243-7

Giovanella, L., Franco, C. M., & Almeida, P. F. (2020). Política Nacional de Atenção Básica: Para onde vamos? *Ciência & Saúde Coletiva, 25*(4), 1475–1482. https://doi.org/10.1590/1413-81232020254.01842020

Giovanella, L., Martufi, V., Mendoza, D. C. R., Mendonça, M. H. M., Bousquat, A., Aquino, R., & Medina, M. G. (2021). A contribuição da atenção primária à saúde na rede SUS de enfrentamento à COVID-19. *Saúde em Debate, 45*(Especial 1), 161–176. https://doi.org/10.1590/0103-11042021E112

Macinko, J., Harris, M. J., & Rocha, M. G. (2017). Brazil's Family Health Strategy—Delivering community-based primary care in a universal health system. *The New England Journal of Medicine, 376*(6), 540–544. https://doi.org/10.1056/NEJMp1607547

ISSN 2674-8584

Received: 13/08/2026 - **Accepted:** 10/09/2026
Vol: 13.19
DOI: 10.66104/yec18g84
Pages: 1-11

Mendes, E. V. (2019). *As redes de atenção à saúde* (2nd ed.). Organização Pan-Americana da Saúde.

Organização Pan-Americana da Saúde. (2019). *Relatório 30 anos de SUS: Que SUS para 2030?* OPAS.

Starfield, B. (1994). Is primary care essential? *The Lancet, 344*(8930), 1129–1133. https://doi.org/10.1016/S0140-6736(94)90634-3

Starfield, B., Shi, L., & Macinko, J. (2005). Contribution of primary care to health systems and health. *The Milbank Quarterly, 83*(3), 457–502. https://doi.org/10.1111/j.1468-0009.2005.00409.x

Tasca, R., Massuda, A., Carvalho, W. M., Buchweitz, C., & Harzheim, E. (2020). Recomendações para o fortalecimento da atenção primária à saúde no Brasil. *Revista Panamericana de Salud Pública, 44*, e4. https://doi.org/10.26633/RPSP.2020.4

World Health Organization. (2018). *Declaration of Astana: Global Conference on Primary Health Care*. World Health Organization.

World Health Organization, & United Nations Children's Fund. (2020). *Operational framework for primary health care: Transforming vision into action*. World Health Organization.

World Health Organization. (2021). *Primary health care measurement framework and indicators: Monitoring health systems through a primary health care lens*. World Health Organization.

World Health Organization. (2024). *Primary health care*. World Health Organization.

CC BY