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Editorial

Family Health Strategy: resonances in the attention, management, education and health promotion

Estratégia de Saúde da Família: ressonâncias na atenção, gestão, educação e promoção da Saúde

Estrategia de Salud de la Familia: resonancias en la atención, gestión, educación y promoción de la salud

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The advances in Brazil's public health system, the Brazilian National Health System (SUS) or Unified Health System, over the last 30 years are undeniable. Anchored by a set of core principals, the system has, among other things, improved access to health services and reduced maternal and infant morbidity and mortality, malnutrition levels, and vaccine-preventable diseases. Studies suggest that there is a strong link between these advances and the creation and expansion of the SUS's primary health care model, the Family Health Strategy (FHS).

The FHS is structured around multidisciplinary teams made up of doctors, nurses, nursing technicians/assistants, dentists, and community health workers. One of the main challenges facing the SUS is the training of these primary care workers. Professional training

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and knowledge generation tailored to the needs of the SUS is essential to ensure the delivery of quality health services. Furthermore, building a strong health system is an effective way to combat inequalities, especially in a country like Brazil, beset by a vast array of social vulnerabilities.

Unfortunately, we are living in times of darkness and uncertainty, with many people denying the importance of science and education as tools for driving social development. This limiting and exclusionary perspective affects all areas of society and is a danger to public health. However, in line with good scientific practice, we believe in the revolutionary power of education and science: areas that play a pivotal role in knowledge generation and forming a solid foundation to build/rebuild a more equal society with improved access to social services and the protection of fundamental human rights, including the right to health. From this perspective, qualified health care professionals who are committed to the community are a sine qua non of a more equitable society.

In 2009, based on the awareness that we are political beings and in response to the need to strengthen the institutions that contribute to the development of society and address the challenges of professional training in Brazil, a group of education, research, and health institutions created the Northeast Family Health Training Network (RENASF). The network's main mission is to strengthen the SUS by supporting health training and education focused on the professional development of health professionals working in the FHS. The core focus of RENASF is innovation, bringing together relevant actors to work together, professional training, the FHS, and collaborative practice. The network is a mosaic of actors who join forces to share and multiply knowledge and experiences.

Currently made up of 30 participating institutions, RENASF is run by a board of directors, whose members are elected by their peers every three years, and a collegial body (made up of representatives from each of the participating institutions). The network also has an executive secretary, which is currently the Oswaldo Cruz Foundation's office in the state of Ceará. Initiatives developed by the network include the Professional Postgraduate Program in Family Health (PPGSF-RENASF), which offers both master's and doctoral programs.

The PPGSF-RENASF is the country's first network-based professional public health program. The program's pillars include a commitment to building bridges and linkages between the concrete reality of practice in the FHS and scientific knowledge, taking the latter beyond the walls of universities and placing it at the service of the local community. It adopts an *andragogical* approach to teaching, focusing on the development of competences and active methodologies and putting students at the center of the teaching process to promote meaningful learning tailored to their reality. Initiatives include professional programs aimed at training master's and doctoral students working in the FHS, providing them with the core skills and competencies needed for family health care.

The PPGSF-RENASF currently has 140 teachers (including permanent and collaborating teachers) and 400 graduates from 12 different areas, living in 129 municipalities across 9 states in the country's North and Northeast regions. Currently in its fourth year, the master's program has 170 students from nine different areas, living

in 92 municipalities across 7 different states, while the doctoral program, which is in its first year, has 30 students. In a recent survey of former students, the overwhelming majority (90%) reported that they work in the SUS, 99% said that that their end-of-course projects focused on work settings, and 90% mentioned that these projects contributed to the improvement of services (e.g., training processes, public policies, management, or work processes). These findings demonstrate the contribution training makes to improving the quality of the region's health services.

The volume, diversity, and applicability of the knowledge generated by RENASF in the field of family health is considerable, and the dissemination of this knowledge is also important for fellow students and professionals. RENASF reinforces the fact that the generation and sharing of scientific knowledge involves data collection and interpretation, which in turn requires academic and methodological robustness.

Work on this thematic issue began with the launch of a call for papers in June 2021 (Interface: Comunicação, Saúde, Educação, volume 26, supplement 1 of 2022) aimed at disseminating studies investigating PPGSF- RENASF. This issue presents a collection of 11 articles written by 44 authors, all of whom are RENASF students, teachers, or researchers.

The collection begins with a theoretical study by Melo and Amorim[1], which brings together a theoretical and conceptual framework of ageism and Morin's dialogic tetragrammation of interactions, using family health care services as the research setting. In the face of the complexity of ageism, an understanding of dialogic tetragrammaton generates critical and creative actions and knowledge in everyday health practice.

Veras *et al*.[2] present a study drawing on dialogue between a family health team, extended family care center, older persons, and leaders in the areas of social care, justice, and culture. The study describes a series of participatory experiences that valued the role of older persons as social agents, their stories, habits, customs, and values as part of an emancipatory care approach.

A study by Alves *et al*.[3] reports the experiences of women from inland areas of the Northeast region who experienced serious complications during pregnancy. The women's stories reveal their memories and feelings, and the meanings they assign to pain and suffering, shedding light on vulnerabilities. The narratives show that these women rated the health service negatively, highlighting weaknesses in access to and the humanization of care, and the absence of patient care protocols, increasing their vulnerability.

Sousa *et al*.[4] outline the development of the PPGSF-RENASF strategic plan in 2020, focusing on three key questions. The findings highlight that the pandemic posed a number of challenges for network planning. The article describes the online plan discussion and development process. Online tools facilitated meetings, improved the effectiveness of the process, promoted learning, and involved a diverse range of actors in the network in the implementation of the plan.

Carnauba and Ferreira[5] studied the limitations and potential for incorporating the Assessment, Planning, Implementation, and Evaluation and Research domains of the Developing Competencies and Professional Standards for Health Promotion Capacity Building in Europe (CompHP) framework into a multiprofessional residency program in family and community health. The findings show that interprofessional collaboration, the centrality of actions and activities in the community, and the use of management and planning tools facilitate the development of the competences analyzed by the study. The authors highlight the importance of involving tutors, preceptors, and residents in discussions about health promotion and the need to create spaces for health promoting activities to enable the development of core competencies for health promotion.

The article written by Junqueira *et al*.[6] outlines the experiences of ten caregivers of children with Congenital Zika Syndrome in the family and social context. The findings show that the caregivers are fully dedicated to caring for their children, but face financial hardship and a daily struggle to ensure access to comprehensive care and guarantee their rights. The authors point to the need to strengthen caregiver support networks and improve access to comprehensive health care tailored to the specific needs of these children.

Moura *et al*.[7] investigated gender and power relations and the vulnerability of women to sexually transmitted infections. The findings show that patriarchy strongly influences women's reproductive and sex lives, subjecting them to submissive relationships, weakening relationships, and increasing vulnerability to sexually transmitted infections.

Cavalcanti *et al*.[8] evaluated family and community medicine residency programs (FCMRPs) against the core attributes of primary health care from the perspective of graduates. The findings show that FCMRPs contribute to preparing graduates for professional practice in primary health care. The graduates reported that PRMFCs provide training aimed at the delivery of quality comprehensive health care.

A study by Maciel *et al*.[9] investigated discourses on oral health care from a broader perspective, encompassing the culture, habits, and values of the Tremembé indigenous peoples. The authors suggest that health work processes should value the healthy habits of traditional peoples and adopt dialogical and participatory approaches that seek to promote the emancipation of the indigenous community.

A case study undertaken by Melo *et al.*[10] analyzed the implementation of welcoming in a family care center in a large city in Brazil's Northeast region. The results show that the initiative facilitated access to the services provided by the care center and "resolvability", and optimized work processes and humanization. The new work processes resulted in significant sustainable changes in welcoming and brought health workers and patients closer together.

Lacerda *et al.*[11] investigated cultural competency in nursing care for people with disabilities in nursing course education plans. The results showed that the curriculums provide epistemic knowledge for evidence-based professional practice. However, cultural competency is addressed in a broad and unspecific manner. It is important to include subjects that encompass content, skills, and attitudes relevant to the topic and develop research and outreach activities that focus on nursing care for people with disabilities.

According to Rubem Alves, some schools are "cages" while others are "wings". RENASF works continuously to inspire students and help them take flight so that they may fly high and support the development of the SUS, transforming realities and reducing health inequities. This thematic issue presents some snippets of these "flights".

We believe it is fitting to share this fragment of the academic knowledge generated on the program, particularly given its potential contribution to the education and training of those interested in the topic and to building a stronger FHS tailored to the population's health needs. We hope you enjoy reading this thematic issue and that it stimulates reflection on the issues addressed by the articles and enhances your appreciation of the SUS, which, despite all the challenges, has made a major contribution to society over the last 30 years.

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Authors' contribution

All authors actively participated in all stages of preparing the manuscript.

Conflict of interest

The authors have no conflict of interest to declare.

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