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REFLECTIONS ON THE DEFINANCING OF NASF-AB BETWEEN THE YEARS 2019 AND 2022

REFLEXÕES SOBRE O DESFINANCIAMENTO DO NASF-AB ENTRE OS ANOS 2019 A 2022

REFLEXIONES SOBRE LA DESFINANCIACIÓN DE NASF-AB ENTRE LOS AÑOS 2019 Y 2022

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ABSTRACT
Reflect on the NASF-AB policy in view of the changes suffered from its defunding. This is a reflective study based on the thorough reading of scientifically based theoretical contributions, whose systematization of information followed the literature review. The results of the research showed that the obstacles of today's lack of funding for the NASF-AB come from an austere political situation evidenced in recent years with embezzlement in public health and that the lack of funding for the actions of the teams-nasf compromises the assistance coverage of the health. From the collapse of the integrative and broad work technology proposed by the NASF-AB, it becomes tricky not to admit the setback and precariousness of the public health policy caused by the dismantling of the contemporary financing system, which cancels an important process of the SUS and annihilates its conquests.
Keywords: *NASF-AB; NASF-AB defunding; Family Health Strategy*.

RESUMO
Refletir sobre a política do NASF-AB frente às mudanças sofridas a partir do seu desfinanciamento. Trata-se de um estudo reflexivo pautado na leitura minuciosa de aportes teóricos de base científica, cuja sistematização das informações seguiu a revisão de literatura. Os resultados das pesquisas mostraram que os entraves do hodierno desfinanciamento do NASF-AB advêm de uma conjuntura política austera evidenciada nos últimos anos com desfalques à saúde pública e que a falta de financiamento para as ações das equipes-nasf compromete a cobertura assistencial da saúde. A partir do desmoronamento da tecnologia de trabalho integrativo e ampliativo proposto pelo NASF-AB, torna-se capcioso não admitir o retrocesso e a precarização da política pública de saúde ocasionados pelo desmantelamento no sistema de financiamento contemporâneo, que cancela um importante processo operacional do SUS e aniquila suas conquistas.
Descritores: *NASF-AB; (des)Financiamento NASF-AB; Estratégia de Saúde da Família*.

RESUMEN
Reflexionar acerca de la política del NASF-AB frente a los cambios ocurridos a partir de su desfinanciación. Se trata de un estudio reflexivo basado en la lectura meticulosa de contribuciones teóricas de base científica, cuya sistematización de las informaciones siguió la revisión de la literatura. Los resultados de las investigaciones han enseñado que las dificultades de la actual desfinanciación del NASF-AB provienen de una coyuntura política austera llevada a cabo en los últimos años a través de recortes en los gastos con la salud pública, y que la ausencia de financiación para las acciones de los equipos-nasf compromete la protección asistencial de salud. A partir del colapso de la tecnología de trabajo integrador y ampliativo propuesto por el NASF-AB, es capcioso no admitir el retroceso y la precarización de la política pública de salud producidos por el desmantelamiento del sistema de financiación contemporáneo, que anula un importante proceso operacional del SUS y destroza sus logros.
Descriptores: *NASF-AB; (no) Financiación NASF-AB; Estrategia de Salud de la Familia.*

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INTRODUTION

The Expanded Family Health and Primary Care Center (NASF-AB) is an updated nomenclature of the Family Health Support Center (NASF), which is configured as a multidisciplinary team created through the Ministry of Health (MS) Ordinance No. 154/2008 [1] with the objective of providing care to the population demands not reached by the teams that make up the Family Health Strategy (ESF), as well as to support them in the implementation of the service network [2].

The change in nomenclature occurred as a result of the revision of the guidelines for the organization of primary care of the National Primary Care Policy (PNAB) within the scope of the Unified Health System (UHS-SUS), through MS Ordinance No. 2,436/2017[3], bringing new configurations related to family health teams, but preserving the activities of the NASF-AB. It should be noted that the FHS is the main bet for the qualification and expansion of primary care, in order to enhance health care with a longitudinal and problem-solving focus.

The performance of the NASF-AB team remained based on the logic of complementary action to the family health teams, dividing responsibilities and agreeing on knowledge, analysis and solutions to clinical and health problems related to people and groups in a given territory where the Basic Health Unit (UBS) belongs, where the NASF-AB must be an organic member. "[...] living the day-to-day in the UBS and working in a horizontal and interdisciplinary way with the other professionals [...]"[3].

Parentheses are opened to highlight the main methodological reference of the NASF-AB, which is the matrix support, based on the organization of the work that results in two dimensions: specialized care directly to users, called clinical-assistance, and educational actions with the ESF, called technical-pedagogical. In summary, both are action tools necessary to maximize the attendance to collective health demands that cannot be supported alone by family health teams [4].

It is in this locus of knowledge that the essential character of the NASF-AB intervention policy is based on and contrasts with the outdated biomedical model, which traditionally permeates the training of health workers through a fragmented and individualistic care practice, which disregards subjective and macro-determinant issues linked to the health-disease process, in addition to placing professional knowledge above users' beliefs and cultures [4].

Despite this preliminary verification, with the establishment of the new financing model for the costing of Primary Health Care (PHC), through the Previne Brasil Program, in 2019, the NASF-AB lost its performance and costing parameters, being revoked through Technical Note No. 3/2020 of the Ministry of Health [5]. In practice, all the existential conditions related to each of modalities 1, 2 and 3 were invalidated with regard to the minimum composition of professionals, workload, amount of ESF linked and the financial amount transferred.

This regulation also established broad autonomy for the municipal manager to decide on the composition and maintenance of new multiprofessional teams registered with the FHS with their own resources, maintenance of the NASF-AB nomenclature or simply to register professionals without any link to the family health team. Technical Standard No. 3/2020 merely deals with registration possibilities, which is not

synonymous with accreditation, since the latter implies financial incentives, which, in addition to having been revoked, new requests for the implementation of NASF-AB were also filed.

Based on this outline, there is an urgent need to analyze - with concern - the impacts of these changes on the configuration of a work logic built by the NASF-AB to overcome the fragmentation of the current health model, and therefore, the following question arises: What are the perspectives of its performance based on these changes? What are the implications and repercussions reflected in this new scenario? Therefore, the main objective of this study was to reflect on the performance of the NASF-AB in the face of the changes suffered from its defunding, considering its existential implications from this event.

On this basis, it is of paramount importance to answer these questions and achieve the objective, in view of the provocation that this work provokes by inviting researchers and scholars to dialogue on this theme and bring to light the pertinent discussions about this scenario that implies instability in the ways of doing health established so far.

METHODS

This is a reflective study based on a thorough reading of scientifically based theoretical contributions that refer to the defunding of the NASF-AB that occurred almost five years ago and is currently maintained. This work is close to a qualitative approach [6], once the interpretation and analysis of the secondary elements of the bibliographic survey are brought to the fore.

The systematization of the information within a theoretical scope followed the literature review, in order for the data to be evaluated as their specificities were obtained. Thus, the methodological approach was based on exploratory research for the bibliographic survey, which aims to provide a deeper understanding of the theme in question and a greater familiarity with the problem, in order to explain it [6].

Thus, searches were carried out (in the Portuguese language) of articles from electronic journals, dissertations and theses in public health made available in the SCIELO and LILACS databases in the period from 2019, which is the milestone of the defunding of NASF-AB, to 2022, the initial year of the research in this article. The following descriptors were used: "Expanded Center for Family Health and Primary Care" (updated nomenclature), "NASF-AB financing" and "family health strategy", and 105 studies were found, as shown in CHART 1.

Table 1 – Searches identified from the descriptors in the Lilacs and Scielo databases, restricted to the period between 2019 and 2022

DATABASE	Expanded Center for Family Health and Primary Care	Financing NASF-AB	Family health strategy	Total Descriptions Found
LILACS	45	03	39	**87**
SCIELO	02	-	16	**18**
TOTAL	**47**	**03**	**55**	**105**

Source: Virtual Health Library (VHL).

The legislation, norms and basic guidelines related to the NASF-AB intervention policy published by the Ministry of Health were also considered. The inclusion criteria were defined by the availability in full of the studies and by the similarity with the object of study, namely: performance, financing, consequences of defunding and revocation of the NASF-AB within the scope of the Family Health Strategy. This scenario included, as mentioned, publications between 2019 and 2022 for articles, dissertations and theses; and no time limit for the others mentioned above. Exclusion criteria were all publications that referred to the descriptors with discussions unrelated to those intended by this article.

The data analysis followed the content analysis technique[7], divided into three distinct phases, the first being the pre-analysis, which consisted of the organization of the initial ideas to be made operational and systematic, in addition to being a phase composed of a period of intuitions and three missions: the choice of the documents that will be submitted to analysis, formulation of the hypotheses and objectives that will lead to the final interpretation; The second phase was the exploration of the data, which was the longest due to the coding and decomposition of the material; and finally, the phase of interpretation of the results, which was the way to make them valid.

RESULTS

The obstacles to the current defunding of the NASF-AB come from an austere political conjuncture that has been evidenced in recent years with embezzlement of public health from the freezing of public spending for 20 years (Constitutional Amendment No. 95), reflecting the consequent damage to the SUS by facilitating the exploitation of its resources by the private sector, from the liberal market. This is what Silva [8] points out when he brings to light these data that can be seen in the Temer and Bolsonaro governments, and it was in the latter that the most severe advance against health due to the new model of funding primary care with the Previne Brasil Program, which, among other problems that are not interesting at this time. It eliminates once and for all the financial resources destined to the actions of NASF-teams.

Since there was no incentive from federal resources and recognition of its importance, the only thing missing was to make the NASF-AB policy totally invisible. And that's what Technical Standard No. 3/2020 made possible: the revocation of nasf-teams, leaving it up to the local manager to maintain multiprofessional teams with their own resources without being linked to family health teams.

From the breaking of this bond, then, it is also considered problematic to reach the perspective of care based on the expanded clinic, since the integration of the NASF-AB to the ESF refers, precisely, to the expansion of the capacity to solve the health demands of individuals and collectives through the specialized rearguard and the importance of understanding the health needs beyond diagnosis and treatment, encompassing different approaches and possibilities of intervention [11].

From this perspective, Silva [8] corroborates and also brings data that demonstrate that the end of the integrated work process can cause a decrease in care coverage for the population, impairing their access to professionals who do not meet the minimum composition of the FHS and forcing them to seek care in the private health system, but as the researcher states, Most of them will be left without specialized care due to the

incompatibility between the high cost of this service and the low income of most Brazilians.

In line with these results, we also bring the contribution of Lucena [9], who points out that by disregarding the NASF-AB as a strategic action to receive financial resources for health care, the federal government, through the Ministry of Health, notably opted for the discontinuity of the care process for users in primary care, as this change in the costing parameters pushes users to seek care directly in the overcrowded medium complexity, losing, from a qualitative point of view, the possibility of interconsultation with NASF-AB professionals, longitudinal follow-up, and having their demands discussed and shared among the teams.

Thus, for Lucena [9], both the user and the family health team lose in this perspective of defunding. In addition, it is important to emphasize that this research is not limited to these observed results, since limitations were found with regard to the object of study, that is, a minimum number of scientific studies focused on the theme and, mainly, discussions of the consequences of the problem about the embezzlement of financial resources destined to NASF-AB health actions.

The fragility of the number of studies shown in Chart 1 highlights the need to give visibility and greater consideration to the subject in the platforms of public health studies, since the largest number of articles published in the main databases researched focused on the approach of the praxis of the Expanded Center for Family Health and Primary Care and the Family Health Strategy. while the issue of NASF financing was minimally addressed, as well as its critical points and pertinent discussions about defunding.

DISCUSSION

The first reflection that arises is that the NASF-AB no longer exists as an interventional policy. The far-right structure of the Bolsonaro government has promoted a serious ideological shift in the political-economic context with repercussions in various scenarios, including health. With the freezing of expenditures and the change in the model of primary care costing that tore apart the NASF-AB, there was a decrease in the participation of the State in the implementation of public health policies, in addition to the opening of a range of opportunism of the private sector benefiting from the transfer of resources for the provision of services and management of the SUS [8].

Regarding the implementation of the Previne Brasil Program, the measure we are interested in discussing is the defunding of NASF-AB and the consequent disconfiguration of its intervention policy based on a little more than a decade of existence. In this regard, Silva [8] points out the return to the logic of care procedures valued by the biomedical model and by the liberal market itself interested in treating these users, disregarding the multiprofessional and interdisciplinary care characterized by the work of the FHSC teams.

On this point and in line with the problem raised by Lucena [9] regarding the rupture in primary care for users, Nascimento et al. [2] state that the need to implement FHSC teams comes from a historical context hegemonically based on fragmented care for the individual, that is, based on the centrality of curative treatment focused only on the disease (and not on the user). On the contrary, the perspective of the FHSC teams

would be, therefore, to restructure the ways of doing health by collaborating with a work process operationalized by the expanded view of the concept of health based on its social determinants.

Regarding the revocation of the NASF-AB caused by Technical Standard No. 3/2020, Carvalho et al. [10] reflect on the negative impact caused by its non-obligation and cite threats to the comprehensiveness of care as possible consequences, as the performance of the NASF-team is essentially guided by the support offered to the ESF within the perception of the expanded clinic and matrix support, which makes both teams act in a complementary way in the provision of health services to the population, especially with regard to health promotion and prevention.

Related to the end of the integrated work process, according to Silva [8], the absence of dialogical relationships between the various professionals puts in check the quality of the health service provided to SUS users. This discussion is an important hook for us to reflect on the nuances caused by the defunding of the NASF-AB, because from this and its repeal, the integrative dialogue between the NASF-teams and the family health teams will no longer be possible. So what could this mean? Basically, two things, as pointed out by Carvalho et al. [10]: compromise of other levels of health care and increased public spending of the health system.

Such consequences are glimpsed to the extent that small and medium-sized municipalities are dependent on incentives from the federal government and thus fail to hire, precisely because of lack of funding, the professionals (psychologists, physiotherapists, nutritionists, etc.) who were part of the NASF team. If the municipality does not have resources for maintenance, it obviously cannot have these professionals working in the primary care network [8]. In other words, the lack of funding also presupposes an impact on basic health care because it limits two fundamental areas of action of the NASF-AB, which are health promotion and disease prevention.

CONCLUSION

The reflections raised in this study allowed us to infer that, from the collapse of the integrative and expansive work technology of the conception of health proposed by the NASF-AB, the setback and precariousness of the public health policy caused by the dismantling of the contemporary financing system weaken an important operational process of the SUS. The hindrances arising from the lack of funding of the NASF-AB discourage a long trajectory taken by the SUS for the transformation of the current health model, which was possible through the characterization of the work dynamics operationalized by the matrix support offered by the NASF-teams.

Although this study contributes to reach reflections on the problem surrounding the defunding of NASF-AB, there is still a long way to go for the scientific community to address the theme and expand the range of knowledge. Since a minimum number of scientific studies was found to be defunded by the NASF-AB, this is a limitation of the research and at the same time a challenge to the research fields for the development of more studies capable of elucidating results about the impact caused by these turbulent norms that it poses end to the achievement of the NASF-AB or that devalue the advances

of the SUS with regard to the expanded concept of health care, so as not to run the risk of leaving the approach to the theme only up to technical standards and legislation.

Discontinuing the process of care for users in primary care, based on the expanded clinic, leads us to consider a risk to public health with the possibility of resuming and valuing the biomedical model, under the logic of the liberal market. With this, we must always discuss the interventions that are based on aggression and the trajectory of struggle that culminated in the constitution of the SUS and public health for all, it is necessary to fight for a reconsideration of the government measures adopted regarding the repeal of the NASF-AB and its consequent federal funding.

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