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A look at the implementation project of the assistance service specialized in sexually transmitted infection

Um olhar do projeto de implementação do serviço de assistência especializada em infecção sexualmente transmissível

Una mirada al proyecto de implantación de un servicio de atención especializada en infecciones de transmisión sexual

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Objective: to describe the process of creating a Specialized Assistance Service in a city in the Sertão Nordestino region of Brazil. **Methods:** experience report of activity developed between April and August 2021 during the multiprofessional residency. Oscar Jara Holliday's systematization method was used as a basis. **Results:** there is no multidisciplinary service for the care of people with Sexually Transmitted Infections/Acquired Immunodeficiency Syndrome, which significantly impacts the treatment of these users. From this, it is necessary to internalize health care, aiming at comprehensive care for patients. **Conclusion:** a project was elaborated, however, the implementation awaits approval of the proposal by the Empresa Brasileira de Serviços Hospitalares. The experience contributed to training and, at the same time, served as a reflection for professionals about the gaps in care.
Descriptors: Health policy; Unified Health System; HIV; Pschology, Social.

Objetivo: descrever o processo de criação de um Serviço de Assistência Especializada numa cidade do sertão nordestino. **Método:** relato de experiência de atividade desenvolvida entre abril a agosto de 2021 durante a residência multiprofissional. Utilizou-se, como base, o método de sistematização de Oscar Jara Holliday. **Resultados:** constatou-se a inexistência de um serviço multiprofissional para o cuidado às pessoas com Infecções Sexualmente Transmissíveis/Síndrome da Imunodeficiência Adquirida, impactando de forma significativa no tratamento destes usuários. A partir disto, faz-se necessária a interiorização da assistência à saúde, visando atendimento integral aos pacientes. **Conclusão:** a elaboração do projeto foi alcançada, entretanto, a implementação aguarda a aprovação da proposta pela Empresa Brasileira de Serviços Hospitalares. A experiência contribuiu para a formação e, concomitante, serviu como reflexão para os profissionais acerca dos vazios assistenciais.
Descritores: Política de saúde; Sistema Único de Saúde; HIV; Psicologia Social.

Objetivo: describir el proceso de creación de un Servicio de Atención Especializada en una ciudad del sertón del noreste de Brasil. **Método**: informe de experiencia de la actividad desarrollada entre abril y agosto de 2021 durante la residencia multiprofesional. Se utilizó como base el método de sistematización de Oscar Jara Holliday. **Resultados**: se constató la inexistencia de un servicio multiprofesional para la atención de personas con Infecciones de Transmisión Sexual/Síndrome de Inmunodeficiencia Adquirida, lo cual afecta significativamente el tratamiento de estos usuarios. A raíz de esto, se hace necesario implementar la asistencia sanitaria, con el objetivo de brindar una atención integral a los pacientes. **Conclusión**: se logró la elaboración del proyecto, no obstante, su implementación está pendiente de la aprobación de la propuesta por parte de la Empresa Brasileña de Servicios Hospitalarios. La experiencia contribuyó a la formación y, al mismo tiempo, sirvió como reflexión para los profesionales acerca de las deficiencias en la atención.
Descriptores: Política de salud; Sistema Único de Salud; VIH; Psicología Social.

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INTRODUCTION

The development of policies regarding HIV/AIDS in Brazil had five phases. The first phase, from 1970 to 1982, prior to the understanding on the subject by society and public institutions, and simultaneous to the sanitary reform. The second phase, from 1983 to 1986, had an increase in cases and recognition by the government as a public health problem, however, there is no national response to it, leaving such resolution to the states. Faced with these issues, the Minister of Health formulated the National STD/AIDS Program in 1985, legitimizing it as an emerging problem in health[1].

The third phase, from 1987 to 1989, is the operationalization of the Program, however, the national coordination centralized the actions for itself, in order to distance them from the state programs and the Non-Governmental Organizations, however, over time these were strengthened even more, playing an important role in the Program's discussions. Subsequently, there was an effective response at the national level to face the epidemic[2]. In the fourth phase, from 1990 to 1992, medication was made available for free. The fifth phase, from 1993 to 2007, is marked by international agreements, which are responsible for providing funding for actions to combat HIV/AIDS[1].

In this sense, it is understood that, in order to offer care to people with HIV/AIDS, it is necessary to involve a range of services. And the Brazilian Ministry of Health provides the Testing and Counseling Center (TCC), Medication Dispensing Unit (MDU) and the Specialized Care Service (SCS), among other services[3]. When it comes to the SCS, it works in the diagnosis and follow-up of individuals with STIs and HIV/AIDS, through a multidisciplinary team[4].

With the advancement of policies and with a view to providing professionals with in-service training, the Ministry of Health created, through Law No. 11.129, of June 30, 2005, the Residency in the Professional Area of Health and constituted the National Commission for Multiprofessional Residency in Health (CNRMS), initiating the process of regulating residencies[5].

The Multiprofessional Residency Program in Health seeks to unite knowledge, provide experiences in the contexts of the health care network and favor the creation of spaces for reflection on professional practice[6]. Thus, this study aims to describe the process of creating a Specialized Assistance Service in a city in the Sertão Nordestino region, Brazil.

METHODS

This is a descriptive study of the experience report type with a qualitative approach, whose activities were developed through the MRCH, linked to the Escola de Saúde Pública da

Paraíba, the field of action being the Regional Health Management, in the municipality of Cajazeiras, Paraíba, Brazil.

From the inclusion of the resident in the rotation in the Medication Dispensing Unit (MDU) sector, starting to understand the problems that pervade users with HIV/AIDS, as well as in the face of discussions in meetings between residents, institutional support and regional supporters, weaknesses were found in the territory, among these, the need to implement a SCS that can be a reference for the municipalities that form the region, given that there is only one of these services as a reference, which requires users to move from one town to another just to access the service.

In this sense, the team responsible for creating this project had the participation of: regional supporters, institutional support, manager, administrative director, residents, teaching and research participants at the University Hospital (UH) in the region, board and members of the care area to the health of the UH. The experience was a collective construction, however, the object of this report will be the description of this experience from the perspective of the resident, between the months of April to August 2021.

Based on this understanding, there was contact with the hospital's management, considering that it is in this institution that the infectologists who accompanied users with STI/HIV/AIDS in the region were located. The first moment of construction took place with a meeting between the regional support, residents and UH employees aiming at the articulation between the management and the hospital, soon after, there was a dialogue between the UH governance, management employees and the residents.

There were three online meetings with approximately twenty participants representing the Operational Management of ISTs, linked to the State Health Department, as well as members of the Pedagogical and Administrative Board of the UH, with the participation of residents; regional supporters and institutional supporters, who were invited to be present in these discussions by sharing a link to access the video call, sent by messaging application to the participants mentioned above.

With regard to the first meeting, an attempt was made to strengthen the articulation between the University Hospital and the Regional Management; discussing actions that could be carried out by them to expand the population's access to health actions. A second moment was dedicated to an alignment meeting with the participation of those sworn in in the new administrative governance of the UH and management employees. In this sense, a meeting was defined as a third step between the Operational Management of STI/AIDS, from SES, members

of the Pedagogical and Administrative Direction of the UH, with the participation of residents and regional supporters and preceptors, aiming to articulate the implementation of the SCS.

A working group was created with representatives of these institutions for the construction of the project, in which, its writing was given by the supporter of the MDU and residents, being sent after the board of the UH for later forwarding to the Empresa Brasileira de Serviços Hospital (EBSERH), given that the UH is linked to this company and proposals for opening services must have their projects approved by that institution. So far, the project is under analysis, awaiting authorization from EBSERH for implementation.

The data sources concern the portfolio, which can be considered as a kind of field diary for the resident, being a space to reflect on the performance and think about strategies for the problems that arise in the face of her work context. Management planning meetings were also considered as sources, as well as discussions at meetings with preceptors and residents.

The experience to be reported was an activity developed at the Multiprofessional Residency in Collective Health (MRCH), linked to the Escola de Saúde Pública da Paraíba. The RMSC, located in the third health macro-region, aims at training health professionals to understand the Unified Health System (SUS), focusing on action based on care networks and health education[7].

In 2021 (first year of residency), the team of resident was linked to the Regional Health Management, composed of epidemiological surveillance, Medication Dispensing Unit (MDU), immunization and other sectors. This institution is responsible for providing technical and pedagogical support to the municipalities that make up the health region, in order to strengthen the process of regionalization and health management.

The study became relevant, as there is only 1 (one) SCS to serve the III Macro-region, demonstrating the need for internalization of services; as well as the increase in cases of HIV/AIDS - in Paraíba, between 2018 and October 2021, in which 2,375 new cases of HIV[8] were registered.

The data were analyzed in the light of Oscar Jara Holliday's systematization method[9], formed by a starting point, initial questions, recovery of the lived process, background reflection and final point. The point is the subject's act of participation in the experience and record of experiences.

The initial questions were the beginning of the systematization itself, defining the objective and axis of systematization and delimiting the object. The recovery of the process highlights the descriptive character of the experience, especially the reconstruction of history and classification of information. Reflection, on the other hand, is the critical analysis of the

experience and the point of arrival is understood as a new way of reaching the starting point, plus ordering, reconstruction and a critical look at the systematizations[10].

RESULTS

The starting point was through rotation in the MDU sector, making it possible to deeply know the reality of users and the network, in order to face the difficulties they face, among which is the absence of a multidisciplinary service and specialized for the care your condition requires.

The resident asked herself: *What are the possible solutions so that this public can be fully assisted in their health needs? Is it possible to think of an intersectoral articulation for the creation of a specific space to provide health care to these users?*

The recovery of the process experienced takes place from the resident's dialogue with users, who reported the difficulty of traveling to other cities to be tested, for their viral load for example. Others chose take private transport, so as not to receive treatment away from home, fearing that people would become aware of their condition. From these speeches, from the resident's concern and from the meetings, it was verified the need for articulation to create the SCS project.

The background reflection permeated the need for internalization (expansion) of health, which brings benefits to adherence to treatment, and also reduces the fear of breaching confidentiality, protected by law, of information related to their condition. It also provides comprehensive care, bearing in mind that this condition requires multidisciplinary follow-up, given that it permeates organic, social, psychological, nutritional issues, among others.

The point of arrival was the creation of the project, with the participation of the UH; health management and operational management of the State Health Department. The difficulties relate to the bureaucratic issue that often runs through the public administration for the implementation of services, given that there are protocols to be followed and, in this case, the guidelines for creation, recommended by EBSERH, were followed and after sending to the company headquarters, which so far, has not been returned for implementation.

It questions not only the bureaucracy that is a characteristic of public services, which, to a certain extent, is necessary to prevent fraud and guarantee transparency; however, it is brought to reflection the invisibility that these patients often experience, due to their clinical condition, in order to have repercussions on public policies.

There is also invisibility of the health needs of these patients with regard to the construction of public policies, especially in the health sector, in order to consider, above all, the equitable character inherent to these needs, as well as to this population.

DISCUSSION

As pointed out by the Brazilian Ministry of Health[11] in the HIV Combined Prevention Guide, which consists of associating preventive actions, actions of a behavioral nature, and which aims to work on strategies so that subjects can avoid risk situations and the structural element, which is linked to the transformation of social structures that involve risks and vulnerabilities to HIV.

With regard to structural interventions, efforts should be made to minimize socioeconomic disparities, encourage empowerment and strengthen the structure of the SUS[11]. Such an understanding corroborates the fact that it is not only necessary to install service centers, but that the rights of these users in these spaces must be a constant practice.

In this line of reasoning, it is possible to question the difficulties in implementing policies for this public, with emphasis on the importance of the social movement and their articulation with other actors, whether from management, the media or even politicians so that the guidelines of this segment can be put up for discussion and actually achieves implementation. This thought is corroborated in a study[12] which points out that the success of the National STD/AIDS Program in Basil was largely due to the diversity of social actors involved in combating the epidemic.

From the moment that different segments are included in the construction of policies, their needs are heard and taken into account, as advocated by Law 8.142/90 on social participation in the SUS[13]. However, despite being a topic in the law, it is still a constant struggle for the policy to involve all the social actors who use it, ceasing to be an activity that only counts on the participation of managers and can involve all actors, contributing to that this activity is not viewed only from a bureaucratic perspective and, in many moments, performed only to fulfill requirements for receiving financial resources[14].

The union between State and society in the fight against AIDS, brings back the character of the Health Reform, this conjuncture associated with the VII National Health Conference, significant for counting on social participation for the first time, which were guiding for the creation and implementation of the policy public health as a social achievement, resulting in a new configuration of the health system in the Brazilian context, in order to enable access and guarantee, through legal regulation, the right to health for Brazilian citizens[15].

In Brazil, federal response occurred when the disease was already installed, however, nevertheless, improvements were seen over time, however, the challenges are still numerous: to reduce the stigma of the disease and to enhance the articulation of policies with the society. These challenges will only be overcome as policy proposals take into account the biopsychosocial needs that are involved in the condition[16].

Thus, it is necessary to create spaces that work with the perspective of action that goes beyond a service based on the outpatient logic based on the biomedical character, still hegemonic in Brazil. The SCS is shown as a service based on multidisciplinary action based on dialogue and information sharing so that the health needs of the subjects are not seen only as something individual and organic, but that involve elements: social, psychological and others.

CONCLUSION

The bureaucratic nature of public administration makes it difficult, to a certain extent, to implement the users' right to health, significantly impacting the comprehensive and equitable care they need, not allowing the principles of the SUS to be effectively applied in practice. That is why it is necessary that the fight for the right to health be a topic in discussions between managers, health professionals and society.

The notions of the Health Reform from the early 1970s still need to be defended, debated and put into practice by all social actors, especially users, for their real implementation in public health policies.

Thus, it is important to expand health services to regions far from large urban centers, where the offer of services is greater, making decentralization and regionalization, as principles of the SUS, be in fact put into practice, providing users (mainly those residing in rural areas) with comprehensive, equitable and resolute care, as advocated by organic health laws.

One limitation was the impossibility of implementing the SCS project concomitantly with the partnership of the planning team. However, this can subsidize the discussion of the implementation of other similar services (also in other regions of the country), considering that the step-by-step of the project is described, as well as the critical reflections that are inherent and necessary in the formulation of this type of space.

The resident's experience enabled a deepening of the challenges faced by this public, as well as providing a critical reflection on health care in inland municipalities, especially with regard to a minority still stigmatized in society.

Reflection on how public policies are designed for these users has become necessary, so that the fight for the right to health is daily and collective, involving managers, workers, users,

social movements and organized civil society. Therefore, it appears that the experience contributed to the training of the resident psychologist and, at the same time, served as a reflection for other professionals about the care gaps that permeate this theme.

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