

## NASF-AB TEAMS IN A RISK SCENARIO FOR PRIMARY CARE

### *EQUIPES DE NASF-AB EM UM CENÁRIO DE RISCOS PARA A ATENÇÃO BÁSICA*

### *EQUIPOS NASF-AB EN UN ES CENARIO DE RIESGO PARA ATENCIÓN PRIMARIA*

Tamila Raquel Fernandes VALE<sup>1</sup>  
Maria Luisa Vichi de Campos FARIA<sup>2</sup>  
Ana Kalliny Sousa SEVERO<sup>3</sup>  
Tiago Rocha PINTO<sup>4</sup>

**ABSTRACT:** The study aimed to identify the possible impacts of current policies and guidelines in the field of health on the work processes of the reference teams (ER) and the Expanded Center for Family Health and Primary Care (NASF-AB). This is a qualitative research, developed in three of the largest municipalities in the Seridó region of Rio Grande do Norte. Therefore, semi-structured interviews were conducted with 17 professionals from different categories working in the Family Health Strategy (ESF), NASF-AB teams and health managers from the three locations. The information was categorized and analyzed based on Bardin's Content Analysis references. The results point to concerns regarding the inflections of the new National Policy for Primary Care in the daily care of municipalities, in a scenario of insecurities, uncertainties and damage to the scope of activities developed and supported in the AB.

**KEYWORDS:** Family health strategy. Primary health care. NASF-AB.

**RESUMO:** O estudo teve como objetivo identificar os possíveis impactos das atuais políticas e diretrizes no campo da saúde frente aos processos de trabalho das equipes de referência (ER) e Núcleo Ampliado de Saúde da Família e Atenção Básica (NASF-AB). Trata-se de uma pesquisa de natureza qualitativa, desenvolvida em três dos maiores municípios da região do Seridó do Rio Grande do Norte. Para tanto, foram realizadas entrevistas semiestruturadas com 17 profissionais de diferentes categoriais atuantes na Estratégia Saúde da Família (ESF), equipes do NASF-AB e gestores da saúde das três localidades. As informações foram categorizadas e analisadas a partir dos referencias da Análise de Conteúdo de Bardin (2011). Os resultados apontam para preocupações diante das inflexões da nova Política Nacional de

<sup>1</sup> Faculty of Health Sciences of Trairi (FACISA), Santa Cruz – RN – Brazil. Master's degree in Graduate Program in Public Health. Physiotherapist at Specialized Rehabilitation Center (CER III). ORCID: <https://orcid.org/0000-0003-0423-6638>. E-mail: [tamilarfv@gmail.com](mailto:tamilarfv@gmail.com)

<sup>2</sup> Metropolitan Union Of Education and Culture College (UNIME), Lauro de Freitas – BA – Brazil. Professor of the undergraduate course in medicine. PhD in Collective Health (UNESP). ORCID: <https://orcid.org/0000-0003-2652-223X>. E-mail: [mlvivhi@gmail.com](mailto:mlvivhi@gmail.com)

<sup>3</sup> Federal University of Rio Grande do Norte (UFRN), Santa Cruz – RN – Brazil. Professor of Superior Education and of the Master's program in Public Health. PhD in Collective Health (UNICAMP). ORCID: <https://orcid.org/0000-0002-9548-6394>. E-mail: [akssevero@gmail.com](mailto:akssevero@gmail.com)

<sup>4</sup> Federal University of Uberlândia (UFU), Uberlândia – MG – Brazil. Adjunct Professor, Department of Public Health. PhD in Graduate Program in Public Health (FMB/UNESP). ORCID: <https://orcid.org/0000-0003-4834-2897>. E-mail: [tiago.rocha@ufu.br](mailto:tiago.rocha@ufu.br)

*Atenção Básica no cotidiano assistencial dos municípios, em um cenário de inseguranças, incertezas e prejuízos ao escopo de atividades desenvolvidos e apoiados na AB.*

**PALAVRAS-CHAVE:** *Estratégia saúde da família. Atenção básica à saúde. NASF-AB.*

**RESUMEN:** *El objetivo del estudio es identificar los posibles impactos de las políticas y directrices vigentes en el ámbito de la salud en los procesos de trabajo de los equipos de referencia (ER) y del Centro Ampliado de Salud de la Familia y Atención Primaria (NASF-AB). Se trata de una investigación cualitativa, desarrollada en tres de los municipios más grandes de la región de Seridó de Rio Grande do Norte. Para ello, se realizaron entrevistas semiestructuradas a 17 profesionales de diferentes categorías que laboran en la Estrategia Salud de la Familia (ESF), equipos NASF-AB y gestores sanitarios de las tres localidades. La información fue categorizada y analizada en base a las referencias de análisis de contenido de Bardin. Los resultados señalan a preocupaciones por las inflexiones de la nueva Política Nacional de Atención Primaria en la atención diaria de los municipios, en un es escenario de inseguridades, incertidumbres y daños.*

**PALABRAS CLAVE:** *Estrategia de salud de la familia. Primeros auxilios. NASF-AB.*

## Introduction

The Unified Health System (SUS), established by the Federal Constitution of 1988, has primary care (AB) the main order of health actions in Brazil (BRASIL, 1988). In this scenario, the Family Health Program (FHP), which emerged in 1994 and configured as a permanent strategy of AB in 2006, emerged with the reorganizing and reformulating role of the health care model, valuing a multiprofessional configuration in the work processes of the Family Health team (eqSF) (BRASIL, 2006).

With the ESF, families were considered as the main intervention unit, evoking the reorientation of professional practices in the development of health promotion, prevention and recovery actions, aiming at comprehensiveness and continuity of care. Thus, the ESF expanded throughout the country, expanding care coverage and leveraging the improvement of coverage indicators in a. scenarios (BRASIL, 2009, 2019).

Despite this, the passing of the years has shown that no as good as the professionals and Reference Teams (ER) of the ESF, the complexity of health care requires a web of knowledge and areas of knowledge that go beyond their competencies, requiring the sum of efforts between sectors, services and support professionals from different categories and fields of knowledge (BRAZIL, 2009).

In order to expand the scope of possibilities and activities developed in the scenarios of AB, the Family Health Support Centers (NASF) were created in 2008 (Ordinance No.

154/2008), as a bet of strengthening interprofessional interventions aimed at disease prevention, health promotion and recovery. The NASF's main objective is to support and expand health care and management in AB and the ESF, offering actions technically anchored in a team composition that makes health care more resolute (BRASIL, 2009, 2016).

From data from the National Program for Access and Quality Improvement (PMAQ), in its second cycle, related to the period 2013 and 2014, NASF advances are identified for the strengthening of AB, with the development of joint NASF and AB actions, such as: matrix support activities, visits (92.8%), discussion of more complex clinical cases and sentinel events (88.8%), intervention in the territory (86.5%) and shared consultations (83.5%) (BROCARDO *et al.*, 2018). Despite more than a decade after the creation of the NASF, the practice of Matrix Support (AM) experienced between ER and teams of the support centers still points to numerous difficulties and obstacles to joint work in daily care (BRASIL, 2009).

Some studies have already shown weaknesses and weaknesses in both the work process of the ESF and the NASF teams themselves. The AM encounters the difficulties of both teams in sharing the same process and often ends up being exercised in a mistaken way and distant from their prerogatives. This may reflect the little investment in the qualification of professionals with regard to care aspects and in the use of devices to strengthen integration between teams, especially matrix support (BROCARDO *et al.*, 2018).

Souza and Medina (2018) revealed the existence of a disjointed work process between the eqSF and NASF-AB, in addition to the diverse challenges experienced by the supporters, restricting their activities and fragmenting the work process. Although the ESF is based on the perspective of health surveillance and the NASF-AB has its political proposal based on the expanded clinic, the results showed the existence of a crisis among them, pointing to the fragility that AB teams have in organizing their practices, sustaining the maintenance of hegemonic actions based on the traditional biomedical model.

In recent years, national public health has been impacted by the propositions of Constitutional Amendment 95 (EC 95), the National Primary Care Policy (PNAB) of 2017 and the Prevent Brazil Program approved in 2019 (BRASIL, 2017; 2019). In general, a scenario of concern and danger for the maintenance and financing of important public health policies that put at risk the work process of AB is envisaged, among which lies the uncertain future of NASF-AB in working with the AB teams.

In this context, the present study aimed to identify the possible impacts of current guidelines in the field of health on the work processes of ER and NASF-AB in the scenario of AB.

## Methodology

It's a qualitative, descriptive and exploratory research, developed in the 4th health region of Rio Grande do Norte/RN, also known as Seridó Potiguar. It was privileged to listen to health professionals working in three of the twenty municipalities in the region, intentionally chosen because they are the largest cities and with NASF-AB teams in operation for more than two years.

With saturation as a limit criterion for information collection, thirteen professionals from the three locations were interviewed, five of whom worked in the ESF, five in NASF-AB teams and three municipal managers. The latter were part of the technical staff of the respective Municipal Health Secretariats (SMS), acting in the positions of administrative assistant, health promotion coordinator and municipal health secretary, respectively.

Information collection occurred from September to December 2019, through semi-structured individual interviews conducted by a guide script, conducted according to the availability of the interviewees in their own workplaces. To ensure the anonymity of the interviewees, they will be represented by their categories plus an order number.

The participants were informed about the study proposal for knowledge and clarity about the conception and purpose of the study. After the participation with each professional, the Free and Informed Consent Form (TCLE) was presented and signed, authorizing their participation in the research, as well as the Authorization Term for voice recording.

The information obtained was categorized in line with the assumptions of Bardin's Content Analysis (2011) in its thematic modality, recognized for its potential for analysis in order to allow to overcome the mere description of the message, reaching a deeper form of interpretation through the realization of inference, from units of meaning called themes.

To this end, the following stages of information treatment were performed: Pre-analysis, exploration of the material and treatment of the results/inference/interpretation. In the pre-analysis, a deeper reading of the information obtained in the field was performed from the transcription of the participants' statements, allowing the choice of initial classification forms (words, phrases or sentences) and determining theoretical concepts to support the analysis of the material. In the exploration stage of the material, there was the distribution of the information obtained in the classification forms chosen in the previous phase. Then, thematic nuclei of meanings were established that dialogued with the initial assumptions in broader axes, in which the parts of the analyzed text were regrouped (BARDIN, 2011).

Thus, it was possible to structure two analytical categories that deal with the researched objective, tensioning different views and propositions on the directions of AB from the new financing model, as well as the current political inflections for the scenarios of AB.

The study was approved by the Research Ethics Committee of the Faculty of Health Sciences of Trairi CEP/FACISA, under Opinion number 3,390,975. The ethical principles recommended by Resolution No. 510/2016 of the National Health Council were observed.

## Results and discussion

### New funding for new directions of an AB: Do we move forward or go backwards?

To make up the triad of proposals between 2016 and 2019, in addition to EC 95 and PNAB 2017, a new funding proposal for the primary level was recently approved and brings a number of consequences to your organization. Established in 2019 by Ordinance 2979, the Prevent Brazil Program establishes a new model for financing ph70s with the objective of "expanding the population's access to health services to ensure the universality of the SUS" (BRASIL, 2019, p. 15) and also states that

[...] the proposal also aims to improve the quality of AB to the extent that it has as one of its pillars the valorization of the work of teams and services to achieve health outcomes (component of payment for performance) (BRASIL, 2019, p. 17) (Our translation)

On the other hand, it is recognized that the search for the strengthening of attributes should guide the APS National Policy and political decisions about it, including changes in federal funding. Moreover, it is necessary that, in addition to the guarantee of financing compatible with the attributions and potential of APS, the mechanisms for allocating federal resources to APS and their transfers to municipal entities are carefully structured so that they are also a means of inducing the achievement of better health outcomes (BRASIL, 2019).

By recognizing the perceptions about the possible impacts of the new financing format and specifically the situation of NASF-AB teams in this scenario, it was possible to visualize that the general understanding is that NASF-AB can be maintained at the discretion of municipal managers, but the specific resource according to their modality and intended in variable PAB will be interrupted:

*It was a position of the MS, it is an appeal that does not come anymore and that is over, it is not the decision of the municipality. Also, because it was never considered to end NASF even with the difficulties we have (Manager 1). (Our translation)*

Therefore, the interpretations are varied, but in reality, no municipality was able to afford the NASF-AB, leaving, therefore, for its extinction from 2020. It reveals the expectation of replacing them through selection processes for multidisciplinary teams inserted in the ESF, but with another "clothing", even in the face of the uncertainties of this new bet:

*I don't know what's going to be next year, that there will no longer be NASF coordination, there will no longer be NASF, I don't even know where I'm going, what I'm going to do (Manager 2) (Our translation).*

Given this scenario, some authors have advocated the establishment of a mixed financing model that considers a capitation method weighted by criteria of equity, payment for performance of eqSF and incentives for strategic and priority actions, taking as an example the best APS-based systems in the world. The article entitled "New funding for a new Primary Health Care in Brazil" proposes to make an argumentative defense by Prevent Brazil, recognizing some advances in APS, but bringing criticism related to its coverage and putting in the balance the gains and public spending, demonstrating a position of dissatisfaction "In addition to the challenge in increasing the effectiveness of AB in the SUS, efficiency also concerns" (HARZHEIM *et al.*, 2020; HONE *et al.*, 2017; MAGNAGO; PIERANTONI, 2015).

On the other hand, authors such as Massuda (2020) raise questions about the new financing, provoking reflections about its intentionality and guides the need to identify and monitor the impacts it will bring to the SUS. The author points out that the capitation adopted as a criterion for financing creates a condition for the transfer of resources to AB, producing consequences for the health system. Thus, the financing is no longer universal, being restricted to the population registered by the municipalities.

In this process, although the Ministry of Health (MS) presents questions about the problem-solving capacity of NASF-AB teams, what is verified is the ease of revoking and erasing projects that present difficulties, but that have had significant advances and express high relevance within the health context:

*With the NASF became much more organized, we were able to bring some services, some improvement in the care of the health unit. I think the NASF was already here in the unit about 2 years ago, so a lot had already been built and with their exit so a lot will be weakened because there is no way we can replace them (Nurse) (Our translation).*

Create spaces and mechanisms of monitoring and evaluation, so that the NASF-AB can occupy a resolution position with the ESF, nor has it been considered as a strategy to overcome



their difficulties and translates the negative feeling on the part of professionals who do not find in their managers the support that supports their permanence.

*The position that the managements are taking towards us is sad. The NASF team has always been the target of much disrespect on the part of the managements for the non-recognition of our work. So, we have always been the target of this situation totally on the sidelines (NASF Psychologist) (Our translation).*

Tensions between AB workers are influenced by the way SMS manage work processes. Political will and work management are essential in the organization of practices. In addition, aspects such as planning, monitoring and evaluation, continuing education, working conditions, policy of insertion, remuneration and valorization of workers increase the possibilities of consolidation of the ESF, including NASF teams, and reorientation of care models (MENDONÇA *et al.* 2015; Souza, SOUZA, MEDINA 2018; TESSER, 2017).

Managers, professionals from the ESF and NASF-AB regret their withdrawal from the municipalities with statements of loss of important support for the actions of the ESF. However, paradoxical perceptions about their objective, role in AB, work of Matrix Support and expectations about its resolution makes it impossible to make a more robust defense in relation to the permanence of this team:

*Bringing to our reality, it will not change much, because according to they are commenting, there will be a municipal ordinance and they will determine what they want... So, I think it's all going to be very tied up and wanting or not going to take much of the NASF reference, just won't have the name, but my concern is with the indicators, because it seems that the government, it wants quantity, is very concerned about quantity, but in the general sense of the entire national territory. But here the work process I think will get more organized, because people will be literally within the strategy, because as I told you today, we are very much the part, like, remembers NASF when it is in need of something, never sees the NASF as part of the strategy (Manager 2) (Our translation).*

The position of the MS of withdrawal of the NASF-AB, as a strategy to be funded, did not provoke debates of managers in order to claim it, they assumed a position to understand the silent message and the form of compensation is the replacement of a matrix team by some professionals apparently of the same specialties to be linked to the ESF:

*There is no prospect of NASF expansion, because the form of AB funding has changed, the NASF team will end up and now the municipality will have to do a study, where it needs and from which professionals. For example, in a given health unit the greatest need to have a psychologist there, another unit a physiotherapist and so on. Because now there will be no longer the NASF team with the new form of financing, as we have said, the NASF is over and*

*the municipality has the autonomy to say which professionals want (Manager I) (Our translation).*

It is possible to notice that there is even a failure of understanding in relation to the resource, previously destined to NASF-AB. What is known is that in fact this is no longer linked to these teams, so they are not contemplated in the actions to be funded. However, there is a misunderstanding in reproducing the idea that "the resource no longer comes", the resource still exists and will be passed on to the municipalities, but without obligation to destinate it to NASF-AB. It is up to managers to employ it as they see fit, either by keeping their NASF-AB team, replacing it with another team conformation (SOUZA; MEDINA, 2018).

Regarding the coverage, Harzeim *et al.* (2020) present the perspective that the 90 million people who are registered in eqSF today can be expanded to a target estimated at 148,674,300 million people included from the consolidation of Prevent.

The study by Massuda (2020), in turn, disputes the information provided by the MS at the launch of the Prevent Brazil Program, understanding that with the goal of 148,674,300 million the government's idea would not be to finance APS for the total Brazilian population. In this case, part of the population would still be excluded from primary services of the SUS, a fact that was criticized and served as an argument for modifying the per capita financing model for weighted capitation. Data that once again demonstrate the difficulty of a significant portion of the population suffering from access to goods and services and remain part of primary health care (BRASIL, 2019, 2020).

Although there is the possibility of increasing the number of people registered in AB, it is necessary to take into account the effectiveness of this registration in order to guarantee funding, and this is subject to a series of variations throughout the country (HONE *et al.*, 2017). Some municipalities will have conditions that will hinder or facilitate the registration of the population, that is, those that present unfavorable conditions may have their resources reduced, even if they are from regions with high demand and need (MASSUDA 2020; MENDONÇA *et al.*, 2015).

Regarding performance evaluation compensation, despite stimulating increased productivity by teams to achieve pre-established goals, evidence points to simple improvements in indicators, which, in turn, have not been accompanied by improvements in concrete working conditions and health outcomes (OCKÉ-REIS, 2017; MOROSINI *et al.*, 2018). It may also lead to a decrease in the attention of teams to demands that run away from evaluation metrics, in addition to deviating from the scope of APS work in having as object the health demands of a given territory (HARZHEIM, 2020).



It is worth noting the possible lack of commitment to the scope of APS services, considering that the new funding may no longer include the NASF-AB teams, considered as fundamental in expanding the scope of activities and increasing the problem-law potential of AB, in addition to supporting its integration into the Health Care Network (RAS) (SOUZA; MEDINA, 2018).

### Current political inflections for AB scenarios

To better understand the risk context in which AB is located, it is necessary to analyze elements that constitute a mischaracterization of the primary level of care and how we arrive specifically in the situation of uncertainties that the NASF-AB teams find.

The 2006 PNAB and its first review of 2011 sought to preserve the centrality of the ESF in the consolidation of a firm AB, which could extend coverage, promote comprehensive care and develop health promotion, seen as the gateway to the SUS, coordinator of care and authorizing of the RAS (BRASIL, 2011).

However, authors such as Morosini *et al.* (2017) highlight the context and political conjuncture in which it originated, comprising the approval of such so-called "rationalizing" measures on the grounds of facing the fiscal imbalance, attributed to the uncontrol of paternalistic public policies, which would have aggravated the economic crisis. From this perspective, the guidance focused on the need for modification in the allocation of public fund resources, limiting and reducing the role of the State while promoting the participation of the private sector.

Among the measures that legitimize this process of attacks on the public service, the EC no. 95/2016 stands out – amendment of the "Spending Ceiling" that froze for 20 years the allocation of public resources – causing effects on public policies and consequently on the financing of the Unified Health System (SUS) (BRASIL, 2016). Measures such as these impact on the fragile relationship between the SUS and society and tend to strengthen the private sector, in a call for a quality alternative to health needs (BROCARDI *et al.*, 2018).

Also in 2016, the review of the PNAB 2011 was already rehearsed "There, there was already a regressive perspective, especially worrying, considering the correlation of forces very unfavorable to those who defend health as a universal right" (MOROSINI *et al.*, 2017, p. 8). In 2017, the latest version of the PNAB is published and its text brings explicit alternatives to the arrangements and implementation of AB, offering flexibility and autonomy to municipal managers, with the argument of the need to meet *the local regional specificities*.

From then on, it is necessary to analyze some relevant points and how these can impact the course of AB that progressed towards expansion, adding other compositions that strengthened to the eqSF. First, the opening to other forms of AB not restricted to Family Health, followed by the recommendation that community health agents (ACS) should cover 100% of the population in conditions of greater risk and vulnerability, and no longer 100% of the population of the ESF. In addition, there is the non-mandatory number of ACS, and there may be eqSF with only one ACS; the extinction of the eight-hour weekly forecast dedicated to professional training and also the extinction of the word NASF name support with its modification to NASF-AB, among other measures.

The analysis made in the study by Morosini *et al.* (2017) visualized critical points in PNAB 2017 and among several aspects we can highlight: the relativization/flexibilization of coverage parameters, segmentation of care by differentiated patterns of actions and care for AB, under the argument of local conditions or specificities, repositioning of the ESF and the resumption of traditional AB, integration of attributions or fusion of ACS and ACE, with a plight to cut costs and reduce jobs, in addition to the weakening of national coordination in the federative health pact. It is worth noting that the flexibilization of the model of care and use of resources (variable PAB) weakens the regulation and induction exercised by the Ministry of Health (MH), responsible for the advances in the process of decentralization of the SUS. It is also emphasized the absence of distinct valuation strategies for the ESF in relation to the AB teams, for which no resources were allocated.

The latest version of the PNAB achieves the advances of the ESF and the ongoing processes, which prepare ways for the concreteness of a strong and indispensable AB in the logic of RAS, in a universal system of integral health care. This critical perception that some authors have about politics also contemplated some important fronts in the defense of the SUS. The review was criticized through a joint note between the Brazilian Association of Collective Health (ABRASCO), the Brazilian Center for Health Studies (CEBES) and the National School of Public Health (ENSP), which was denounced for the loss of priority that the ESF had achieved in the history of organization of the SUS, with the opening given to other configurations of AB. The concern that hangs are the setbacks of an AB that had been tending to the integrality associated with the ESF (MOROSINI *et al.*, 2017).

The PNAB had importance in the process of implementing the principles and guidelines of the SUS, setting the tone in the health care model and in the municipal management of health work. At the same time, the forms of financing enable the structuring of the organizations of the health services and actions proposed in these policies (BRASIL, 2006).

We can highlight that the interviewees' discourse refers to a scenario of an AB that, very soon, will no longer have the support and support of NASF-AB. However, a more accurate and in-depth assessment will only be possible when the impacts of the new financing are explored in practice and the first sparks appear signaling losses from the extinction of such a powerful strategy, which so far has remained only between the lines of the MS.

It is also necessary to analyze in quantitative terms the permanence and extinction of NASF-AB teams in the health region of the research scenario, in order to illustrate in numbers, the debate in question. However, it was not possible to bring it to this study, as these data are outdated, with the last update in December 2019. Therefore, it was not possible to determine in a reliable way the quantity of NASF-AB in 2021.

The current Brazilian health scenario brought to this research more attentive views on the health-making process, especially from the perspective of the work process of the NASF/NASF-AB, since it has not been consolidated to date, as is perceived in the difficulties in the matrix support process, and such changes will result in more uncertainties about the type of care offered by these teams.

### **Final considerations**

We recognize that it would take a longer period for it to be possible to (re)evaluate the role of NASF-AB and bring the impacts in the face of its probable extinction in AB, more precisely for family health teams and their populations. It is also necessary to highlight the existence of a pandemic scenario with covid-19 that reached the whole country and forced the eqSF, eqAB and NASF-AB teams or other multiprofessional conformations to adapt their work processes in dealing with this unexpected event. As the work processes of THE will conform from a financing that points to a negative tension in the integrality of care, in parallel to a condition that has modified the work agendas of services of different technological densities, are still questions for which there are currently no answers.

Although we step on uncertain ground about the situation of permanence or extinction of NASF-AB teams, about how the work processes are structured in place of the AM for the eqSF, other compositions of AB, etc., it is essential that we be attentive and critical to the whole process of change, understanding the real interests behind their texts, especially in times of extremist governments, with anti-democratic agendas and conservative discourses. On the contrary, as well as the new policies that speak for updating and improvement, inertia and lack of debate fertilizes the soil for the deconstruction of the SUS.

## REFERENCES

ABRASCO. CEBES. ENSP/Fiocruz. Contra a reformulação da PNA: Nota sobre a revisão da Política Nacional de Atenção Básica. **ABRASCO**, 2017. Available: <https://www.abrasco.org.br/site/noticias/posicionamentos-oficiais/contra-reformulacao-da-pnab-nota-sobre-revisao-da-politica-nacional-de-atencao-basica/29798/>. Access: 20 June 2020.

BARDIN L. **Análise de conteúdo**. Lisboa: Edições 70, 2011.

BRASIL. **Constituição da República Federativa do Brasil de 1988**. Brasília, DF: Presidência da República, 1988. Available: [http://www.planalto.gov.br/ccivil\\_03/Constituicao/Constituicao.htm](http://www.planalto.gov.br/ccivil_03/Constituicao/Constituicao.htm). Access: 10 Jan. 2020.

BRASIL. Ministério da Saúde. **Política Nacional de Atenção Básica**. Brasília, DF: Ministério da Saúde, 2006. Available: [https://bvsms.saude.gov.br/bvs/publicacoes/politica\\_nacional\\_atencao\\_basica\\_2006.pdf](https://bvsms.saude.gov.br/bvs/publicacoes/politica_nacional_atencao_basica_2006.pdf). Access: 12 Mar. 2021.

BRASIL. Diretrizes do NASF: Núcleo de Apoio a Saúde da Família. Série A. Normas e manuais técnicos. **Cadernos de Atenção Básica**. Brasília, DF: Ministério da Saúde, 2009. n. 27. Available: [https://bvsms.saude.gov.br/bvs/publicacoes/caderno\\_atencao\\_basica\\_diretrizes\\_nasf.pdf](https://bvsms.saude.gov.br/bvs/publicacoes/caderno_atencao_basica_diretrizes_nasf.pdf). Access: 02 Aug. 2021.

BRASIL. Ministério da Saúde. **Secretaria de Atenção Primária à Saúde (SAPS)**. Brasília, DF: MS, 2019. Available: <https://aps.saude.gov.br/sobre>. Access: 15 July 2020.

BRASIL Ministério da Saúde (MS). Programa Previne Brasil quer incluir 50 milhões de brasileiros no SUS. **Agência Brasil**, 2019. Available: <https://agenciabrasil.ebc.com.br/saude/noticia/2019-11/programa-previne-brasil-quer-incluir-50-milhoes-de-brasileiros-no-sus>. Access: 03 July 2020.

BRASIL. Ministério da Saúde. Secretaria de Atenção Primária à Saúde. **Novo modelo de financiamento para APS**. Brasília, DF: MS, 2020. Available: <https://aps.saude.gov.br/gestor/financiamento>. Access: 25 Apr. 2020.

BROCARDI, D. *et al.* Núcleo de Apoio à Saúde da Família (NASF): Panorama nacional a partir de dados do PMAQ. **Saúde em Debate**, Rio de Janeiro, v. 42, n. esp. 1, p. 130-144, set. 2018. Available: <https://www.scielo.br/j/sdeb/a/JTpnpn9rLv7QyLYwTsc8pDQ/?format=pdf&lang=pt>. Access: 10 Sep. 2021.

HARZHEIM E. *et al.* Novo financiamento para uma nova Atenção Primária à Saúde no Brasil. **Ciência & Saúde Coletiva**, v. 25, n. 4, p. 1361-1374, 2020. Available: [http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S1413-81232020000401361&lng=en](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1413-81232020000401361&lng=en). Access: 01 July 2020.

HONE T, *et al.* Large reductions in amenable mortality associated with Brazil's primary care expansion and Strong health governance. **Health Affairs**, v. 36, n. 1, p. 149- 158, 2017.

Available: <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2016.0966>. Access: 14 Apr. 2020.

MAGNAGO, C.; PIERANTONI, C. R. Dificuldades e estratégias de enfrentamento referentes à gestão do trabalho na Estratégia Saúde da Família, na perspectiva dos gestores locais: A experiência dos municípios do Rio de Janeiro (RJ) e Duque de Caxias (RJ). **Saúde em Debate**, v. 39, n. 104, p. 9-17, 2015. Available: <https://www.scielo.br/j/sdeb/a/TWX6Kmgys8H3vmm3QktG7Kv/abstract/?lang=pt>. Access: 20 June 2020.

MASSUDA, A. Mudanças no financiamento da Atenção Primária à Saúde no Sistema de Saúde Brasileiro: Avanço ou retrocesso? **Ciência & Saúde Coletiva**, v. 25, n. 4, p. 1181-1188. Available: [https://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S1413-81232020000401181&lng=en](https://www.scielo.br/scielo.php?script=sci_arttext&pid=S1413-81232020000401181&lng=en). Access: 01 July 2020.

MENDONÇA, M. H. M. *et al.* Desafios para gestão do trabalho a partir de experiências exitosas de expansão da Estratégia de Saúde da Família. **Ciências & Saúde Coletiva**, v. 15, n. 5, p. 2355 - 2365, 2015. Available: <https://www.scielo.br/j/csc/a/89F5tnhmgNXGDLzTKtw6Wd/abstract/?lang=pt>. Access: 10 Feb. 2021.

MOROSINI, M. V. G. C.; FONSECA, A. F.; LIMA, L. D. Política Nacional de Atenção Básica 2017: retrocessos e riscos para o Sistema Único de Saúde. **Saúde em Debate**, v. 42, n. 116, p. 11-24, 2018. Available: [http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S0103-11042018000100011&lng=en](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0103-11042018000100011&lng=en). Access: 15 June 2020.

OCKÉ-REIS, C. O. Desafios da reforma sanitária na atual conjuntura histórica. **Saúde em Debate**, v. 41, n. 113, p. 365-371, abr./jun. 2017. Available: [http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S0103-11042017000200365&lng=pt&nr m=iso](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0103-11042017000200365&lng=pt&nr m=iso). Access: 01 Feb. 2020.

SOUZA, T. S.; MEDINA, M. G. NASF: Fragmentação ou integração do trabalho em saúde na APS? **Saúde em Debate**, v. 42, n. esp. 2, p. 145-158, 2018. Available: <https://www.scielo.br/j/sdeb/a/v8KFq8vxqxVtYVQLxWQzBMK/?lang=pt>. Access: 03 July 2020.

TESSER, C. D.; POLI NETO, P. Atenção especializada ambulatorial no Sistema Único de Saúde: Para superar um vazio. **Ciencia & Saude Coletiva**, v. 22, n. 3, p. 41-951, 2017. Available: <https://www.scielo.br/j/csc/a/8cJkgnzmkvGCFPVXQwxPdgc/abstract/?lang=pt>. Access: 25 Mar. 2021.

## How to refer to this article

VALE, T. R. F.; FARIA, M. L. V. C.; SEVERO, K. S.; PINTO, T. R. NASF-AB teams in a risk scenario for primary care. **Temas em Educ. e Saúde**, Araraquara, v.18, n.00, e022004, Jan./Dec. 2022. e-ISSN 2526-3471. DOI: <https://doi.org/10.26673/tes.v18i00.15554>

**Submitted:** 25/09/2021

**Revisions required:** 10/11/2021

**Approved:** 09/01/2022

**Published:** 30/06/2022