

Nursing Human Resources to serve the population in situation of vulnerability in the Region of the Americas: **Availability, Capacity, and Regulation**

Bruno Guimarães de Almeida

Director of the Department of Management and Regulation of Work in Health

Ministry of Health - Brazil



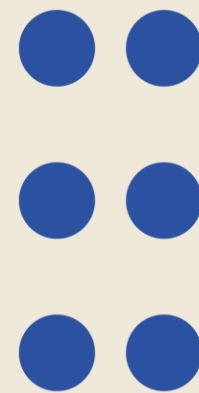
MINISTÉRIO DA
SAÚDE






*“For a world where we are
socially equal,
humanly different
and totally free.”*

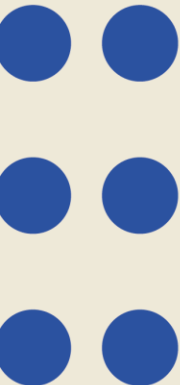
Rosa Luxemburgo





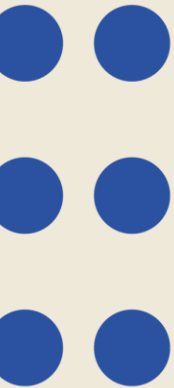
Expanding the availability of nursing professionals and their role in vulnerable and neglected populations

**AVAILABILITY AND CAPACITY OF NURSES TO ATTEND VULNERABLE
AND NEGLECTED POPULATIONS**





Who and where is the vulnerable and neglected population in Brazil?



ESTADO MENOS POPULOSO

Roraima

582.002
HABITANTES0,07
HABITANTES/Km²

NORTE

18.577.619
HABITANTES2,18
HABITANTES/Km²

NORDESTE

57.522.022
HABITANTES6,75
HABITANTES/Km²

SUDESTE

89.611.153
HABITANTES10,52
HABITANTES/Km²

SUL

30.358.784
HABITANTES3,57
HABITANTES/Km²

CENTRO-OESTE

16.580.745
HABITANTES1,95
HABITANTES/Km²

ESTADO MAIS POPULOSO

São Paulo

46.642.575
HABITANTES5,48
HABITANTES/Km²

POPULAÇÃO TOTAL

212.650.323

24,97 HABITANTES POR KM²

EXTENSÃO TERRITORIAL

8.515.759 KM²

NÚMERO DE MUNICÍPIOS

5.568

PIB PER CAPTA

R\$46.154,6 (IBGE/2022)

IDH

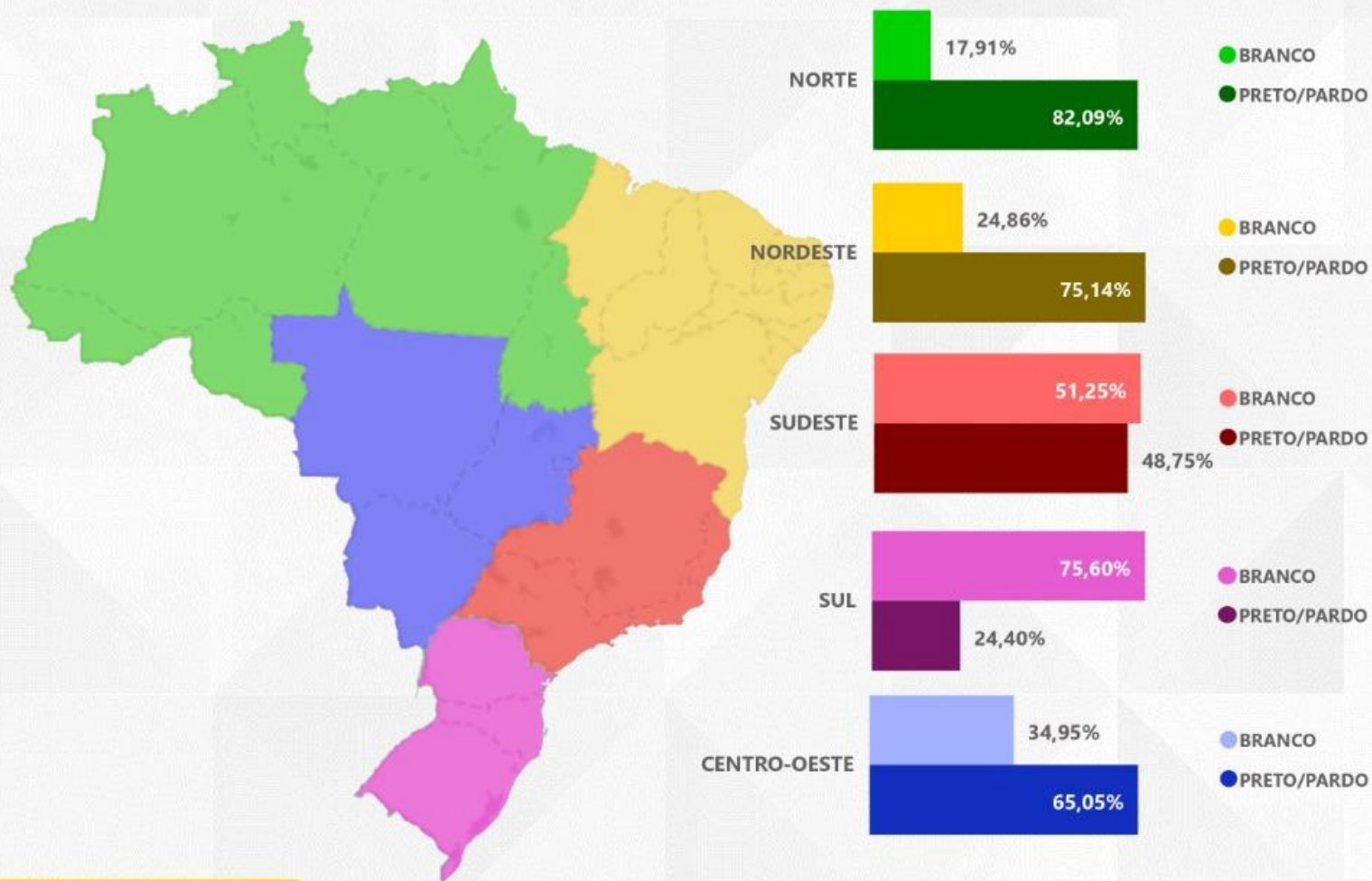
0,754 (IBGE/2021)

IDH

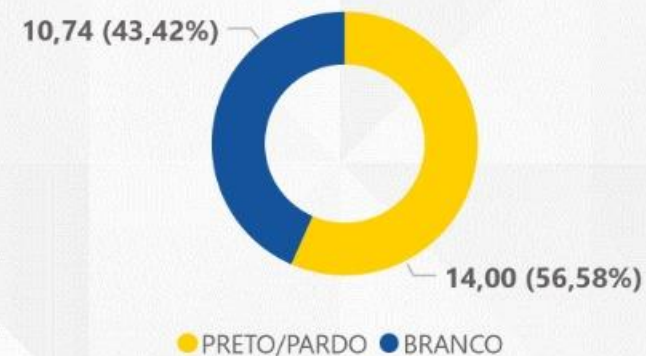
74,16 ANOS (PNAD/2021)

SITUAÇÃO DE SAÚDE NO BRASIL POR RAÇA/COR

DISTRIBUIÇÃO DA POPULAÇÃO NAS REGIÕES POR RAÇA/COR



HABITANTES POR KM²



DISTRIBUIÇÃO DA POPULAÇÃO POR RAÇA/COR



TAXA POR 1 MIL HABITANTES PRETO/PARDO

TOP 3 +

ESTADO	TAXA
Amapá	844,79
Amazonas	831,55
Acre	830,87

TOP 3 -

ESTADO	TAXA
Santa Catarina	180,49
Rio Grande do Sul	189,09
Paraná	334,53

BRANCO

TOP 3 +

ESTADO	TAXA
Santa Catarina	815,03
Rio Grande do Sul	808,10
Paraná	655,27

TOP 3 -

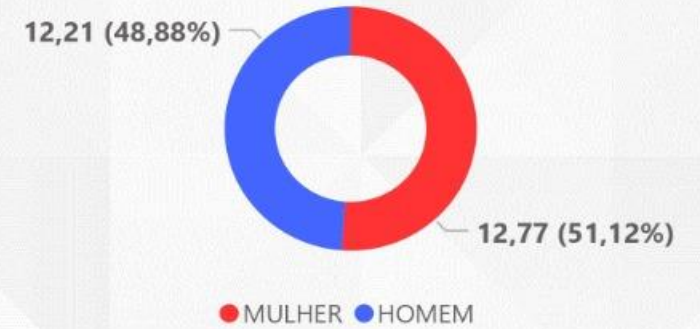
ESTADO	TAXA
Amazonas	143,43
Amapá	150,41
Acre	155,87

SITUAÇÃO DE SAÚDE NO BRASIL POR SEXO

DISTRIBUIÇÃO DA POPULAÇÃO NAS REGIÕES POR SEXO



HABITANTES POR KM²



DISTRIBUIÇÃO DA POPULAÇÃO POR SEXO



TAXA POR 1 MIL HABITANTES MASCULINO

TOP 3 +

ESTADO	TAXA
Amazonas	515,00
Mato Grosso	506,58
Pará	505,57

TOP 3 -

ESTADO	TAXA
Ceará	476,97
Alagoas	478,47
Rio de Janeiro	479,75

TAXA POR 1 MIL HABITANTES FEMININO

TOP 3 +

ESTADO	TAXA
Ceará	523,03
Alagoas	521,53
Rio de Janeiro	520,25

TOP 3 -

ESTADO	TAXA
Amazonas	485,00
Mato Grosso	493,42
Pará	494,43



What kind of vulnerability are we talking about?





Vulnerabilidade



The vulnerability that **weakens groups or individuals, legally, politically or socially, in the promotion, protection or guarantee of their citizenship rights** (civil, political and social);

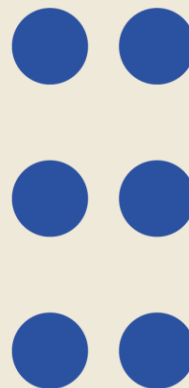
(Ayres, 2003)

The Vulnerability as an element that constitutes the **analysis of the health-disease process and its relationship with the living conditions of the populations;**

(Dimenstein & Cirilo Neto, 2023)

The vulnerability that **precedes risk and can determinate the different risks of getting infected, getting sick, and die.** It is an indicator of social inequality.

(Silva, Maris Peres, Gonçalves Wolff & Azevedo Mazza, 2014)



ÍNDICE DE VULNERABILIDADE SOCIAL | IVS 2010



Dimensão infraestrutura urbana

- Coleta de lixo
- Água e esgoto inadequados
- Tempo de deslocamento casa-trabalho



Dimensão capital humano

- Mortalidade infantil
- Crianças 0 a 5 fora da escola
- Não estudam, não trabalham e baixa renda
- Crianças 6 a 14 fora da escola
- Mães jovens (10 a 17)
- Mães sem fundamental + filhos até 15
- Analfabetismo
- Crianças em domicílio em que ninguém tem o fundamental completo



Dimensão renda e trabalho

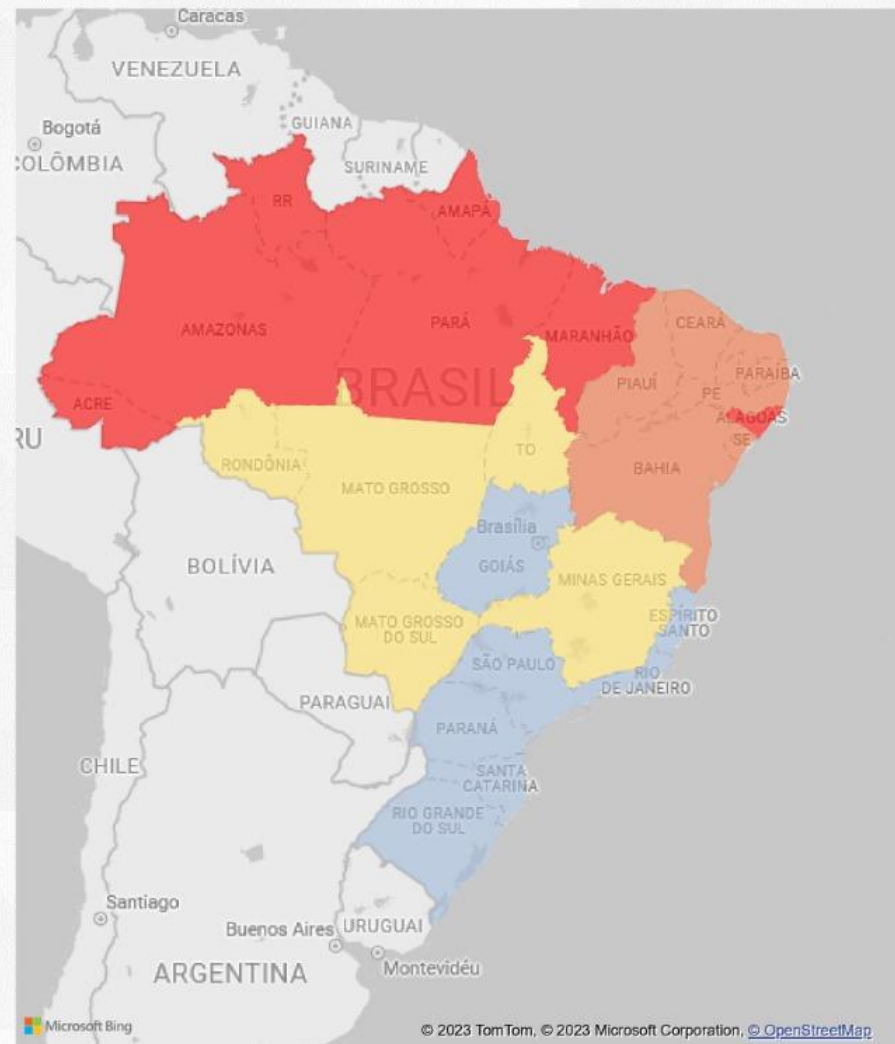
- Renda menor ou igual a R\$295
- Baixa renda e dependente de idosos
- Desocupação
- Trabalho infantil
- Ocupação informal s/ ensino fundamental



IVS POR REGIÃO



FONTE: IPEA 2010

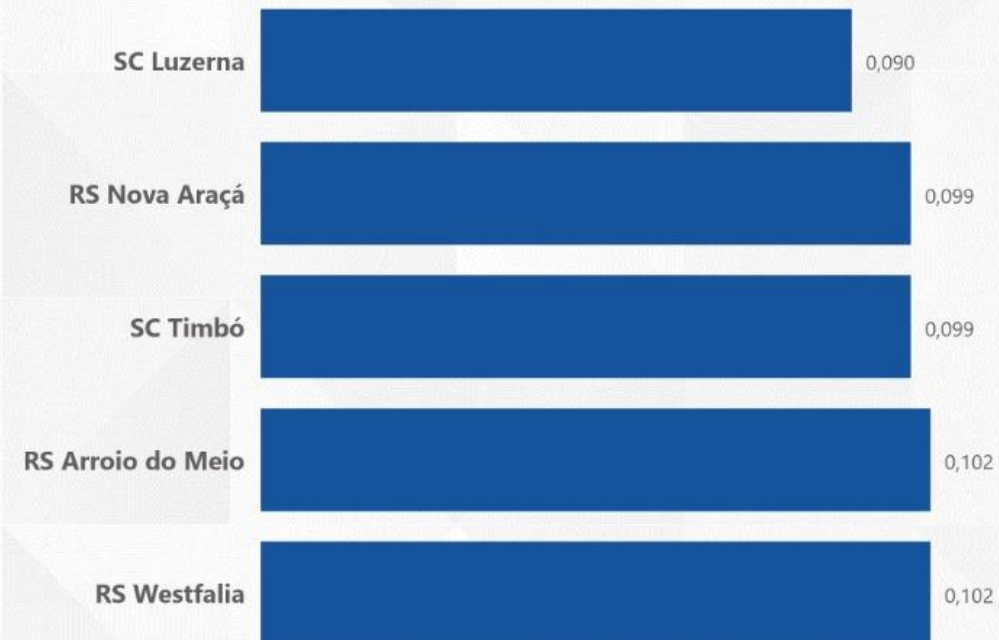




MUNICÍPIOS DE MAIOR VULNERABILIDADE




MUNICÍPIOS DE MENOR VULNERABILIDADE





Which population groups are historically neglected in Brazil?



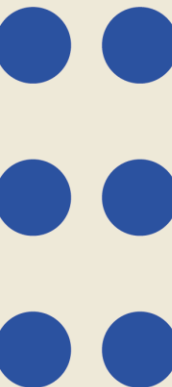


In urban areas we can mention: **the Homeless Population, the collectors of recyclable materials, and the people who live near landfills and sanitary dumps** as some of the vulnerable populations.

In rural areas, the **traditional populations of the fields, waters, and forests: the quilombola, riverbank, and indigenous populations**, who are dedicated to small-scale production, **women farmers or fisherwomen, farmers settled in Agrarian Reform programs, among others.**

Unprotected or institutionalized groups - sheltered children and elderly people, people with mental disorders, people deprived of freedom in the prison system, residents of the peripheries of large urban centers.

IT IS IMPORTANT TO REMEMBER THAT THERE ARE SUBJECTIVATIONS THAT NEED TO BE EMBRACED!!



CLASS – RACE - GENDER

**Social
Inequality**

**Machism
Misogyny
Sexism**

**Gender
Inequality**

**Structural
Racism**

**Class
Conflict**

**income
concentration**

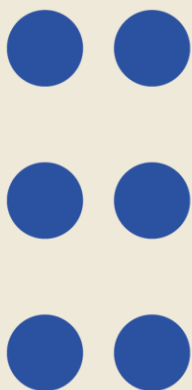
**Capitalism
System**


**Genocide of
the indigenous
peoples**

Slavery

Patriarchy

Colonialism





Vulnerabilities results from the relationship between two variables:
the structure of opportunities and the local capabilities.

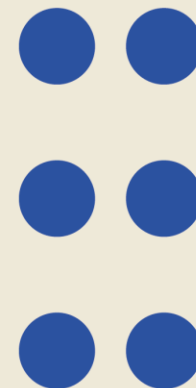
The structure of opportunities is explained by the composition
between the market, society and the State.

✓ **The market**, is located in the occupational structure and jobs;

✓ The structure of opportunities has **the state as a component and it comprises welfare policies and the structures for representing the demands and interests of the working class.**

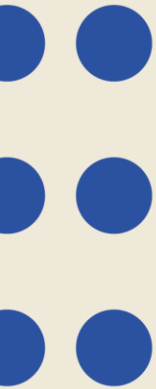
✓ **Society brings together the so-called "social capital,"** that is, mutually supportive interpersonal relationships generated on the basis of principles of reciprocity;

Para Kaztmam (1999 apud BRASIL, 2012)





ESPERANÇAR!



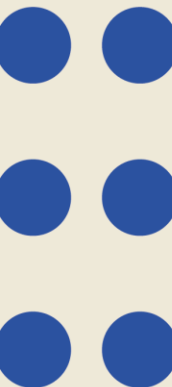
1988 Constituton - Citizenship Charter

A ideia de que a prestação da saúde é um dever do Estado está presente na Constituição Federal, como você pode verificar a seguir:

Art. 196 - A saúde é direito de todos e dever do Estado, garantido mediante políticas sociais e econômicas que visem à redução do risco de doença e de outros agravos e ao acesso universal e igualitário às ações e serviços para sua promoção, proteção e recuperação.



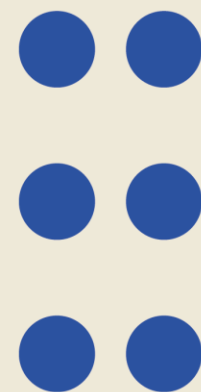
Fonte: <http://www.aracruz.es.gov.br/noticia.php?area=91&item=293&idioma=en>





SUS

Sistema
Único
de Saúde



Seguridade Social

é um conceito amplo de proteção social



Previdência
Social

Contributiva



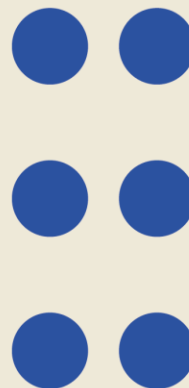
Assistência
Social

Não Contributiva



Saúde

Não Contributiva

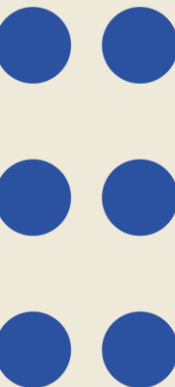


Expanded Concept of Health



Dahlgren & Whitehead's model

To deal with these
challenges...





The work of health workers is fundamental



3.052.708

TRABALHADORES DE SAÚDE EM EXERCÍCIO

QUANTITATIVO ESCOLARIDADE DOS TRABALHADORES DE SAÚDE

● 1 - FUNDAMENTAL ● 2 - MÉDIO ● 3 - SUPERIOR



DISTRIBUIÇÃO DOS TRABALHADORES NO TERRITÓRIO BRASILEIRO



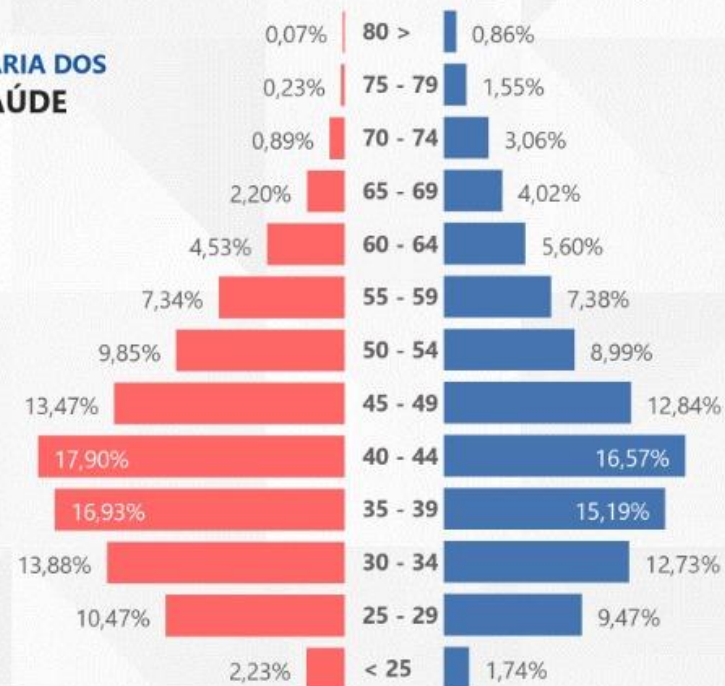
2.217.657
72,65%

*NÃO IDENTIFICADOS : 91.684



743.367
24,35%

DISTRIBUIÇÃO DA FAIXA ETÁRIA DOS TRABALHADORES DE SAÚDE



4.370.108

POSTOS DE TRABALHO DOS TRABALHADORES DE SAÚDE

QUANTITATIVO ESCOLARIDADE DOS TRABALHADORES DE SAÚDE

● 1 - FUNDAMENTAL ● 2 - MÉDIO ● 3 - SUPERIOR



DISTRIBUIÇÃO DOS POSTOS DE TRABALHO DOS TRABALHADORES NO TERRITÓRIO BRASILEIRO



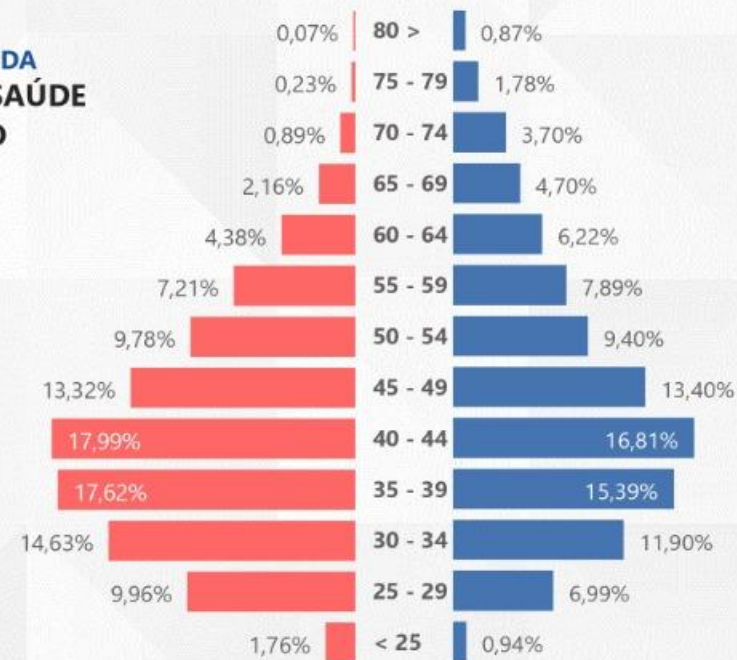
2.917.544
66,76%



1.452.392
33,23%

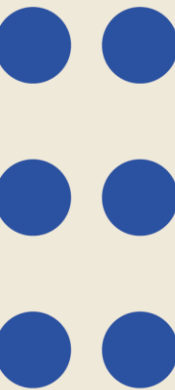
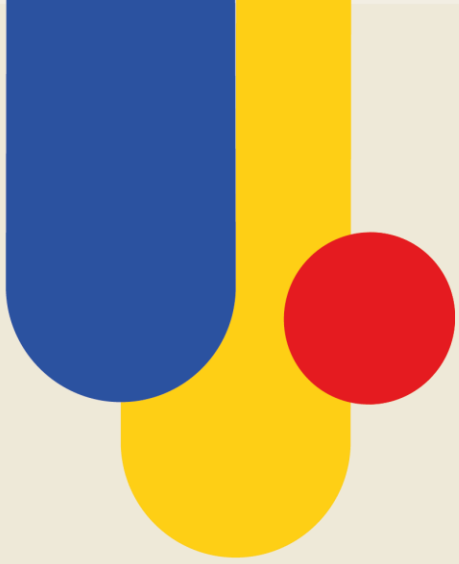
*NÃO IDENTIFICADOS : 172

DISTRIBUIÇÃO DA FAIXA ETÁRIA DA DOS TRABALHADORES DE SAÚDE NOS POSTOS DE TRABALHO





THE NURSING WORKFORCE IN BRAZIL



REGIÃO NORTE

 EQUIPE DE ENFERMAGEM **99.005**

MEDICA(O) 25.662

ODONTÓLOGA(O) 9.876

REGIÃO NORDESTE

EQUIPE DE ENFERMAGEM 302.195

MEDICA(O) 94.788

ODONTÓLOGA(O) 35.255

REGIÃO CENTRO-OESTE

EQUIPE DE ENFERMAGEM 106.909

MEDICA(O) 42.934

ODONTÓLOGA(O) 13.662

REGIÃO SUDESTE

EQUIPE DE ENFERMAGEM 610.743

MEDICA(O) 260.173

ODONTÓLOGA(O) 71.957

REGIÃO SUL

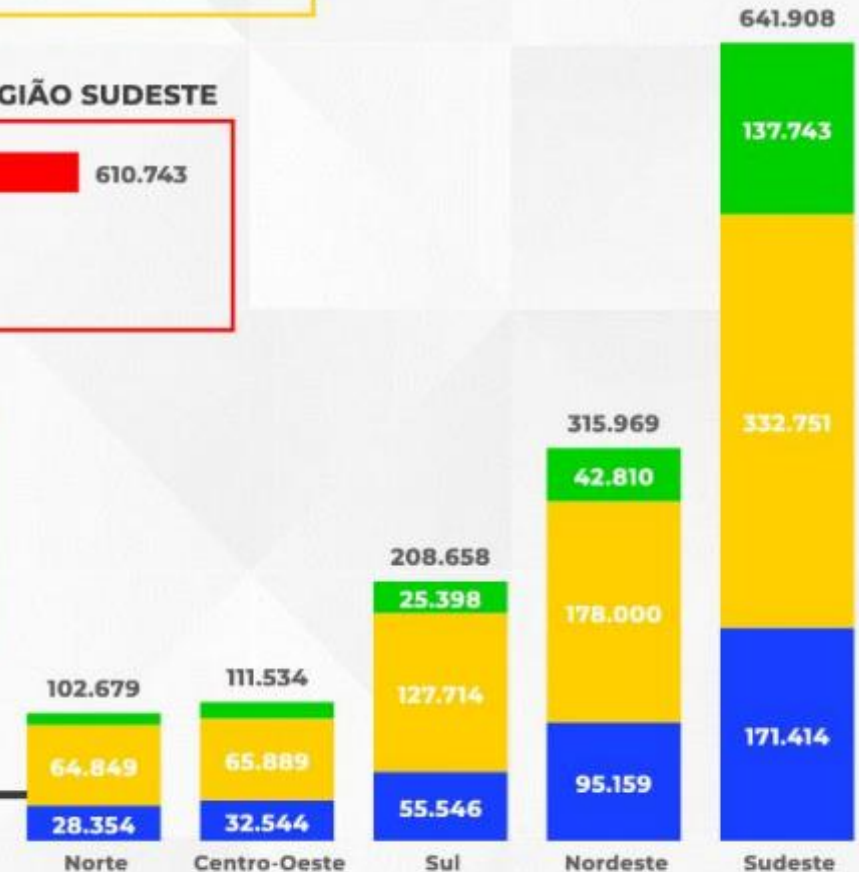
EQUIPE DE ENFERMAGEM 202.818

MEDICA(O) 82.993

ODONTÓLOGA(O) 29.378

DISTRIBUIÇÃO DA EQUIPE DE ENFERMAGEM POR REGIÃO

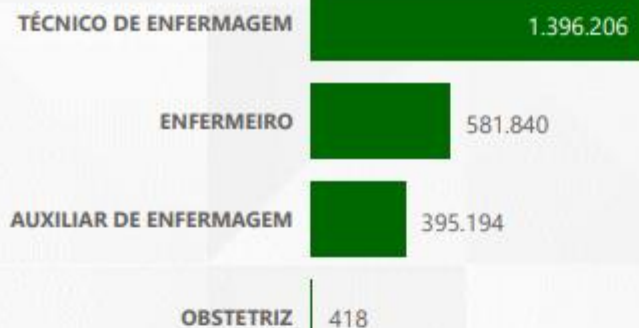
■ AUXILIAR DE ENFERMAGEM ■ TÉCNICA(O) EM ENFERMAGEM ■ ENFERMEIRA(O)



**NÚMEROS TOTAIS
DE TRABALHADORES DE ENFERMAGEM**

HABILITADOS

2.373.658

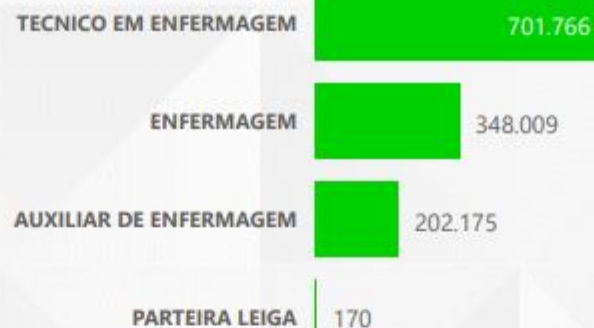


HABILITADOS - GÊNERO

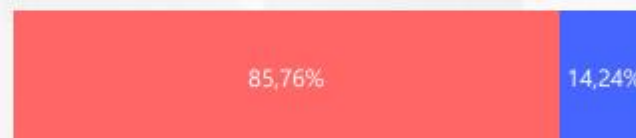


EM EXERCÍCIO

1.212.956

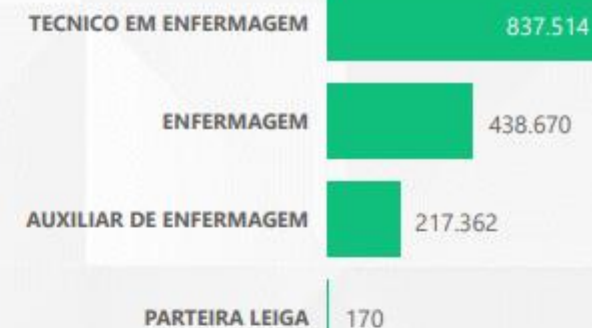


EM EXERCÍCIO - GÊNERO

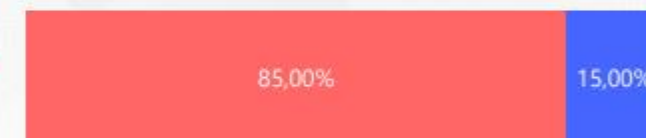


POSTOS DE TRABALHO OCUPADOS

1.493.716



POSTOS DE TRABALHO - GÊNERO



● FEMININO ● MASCULINO

1.212.956

EQUIPE DE ENFERMAGEM EM EXERCÍCIO

QUANTITATIVO ESCOLARIDADE DA EQUIPE DE ENFERMAGEM

● 1 - FUNDAMENTAL ● 2 - MÉDIO ● 3 - SUPERIOR



DISTRIBUIÇÃO DOS EQUIPE DE ENFERMAGEM NO TERRITÓRIO BRASILEIRO



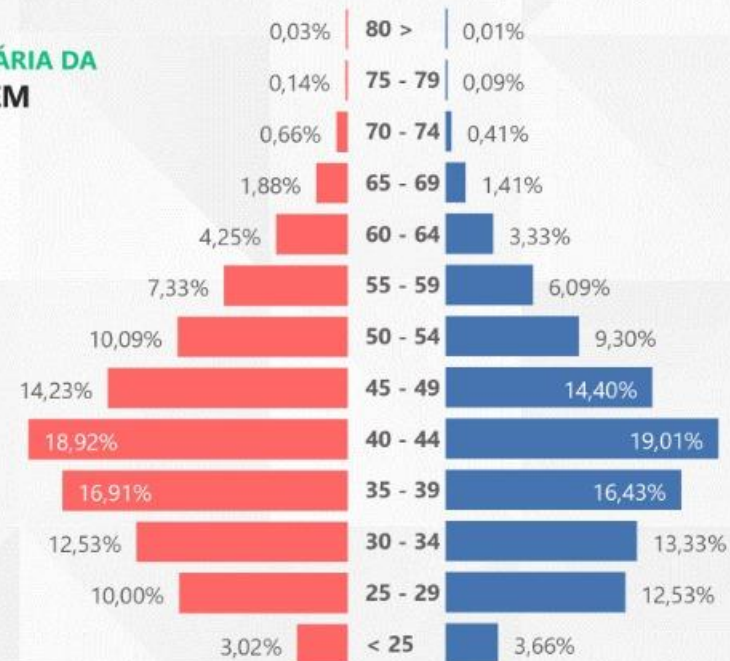
1.040.239
85,76%

*NÃO IDENTIFICADOS : 47



172.670
14,24%

DISTRIBUIÇÃO DA FAIXA ETÁRIA DA EQUIPE DE ENFERMAGEM



NATUREZA JURÍDICA | EQUIPE DE ENFERMAGEM

PÚBLICA

776.417

FILANTRÓPICO

347.296

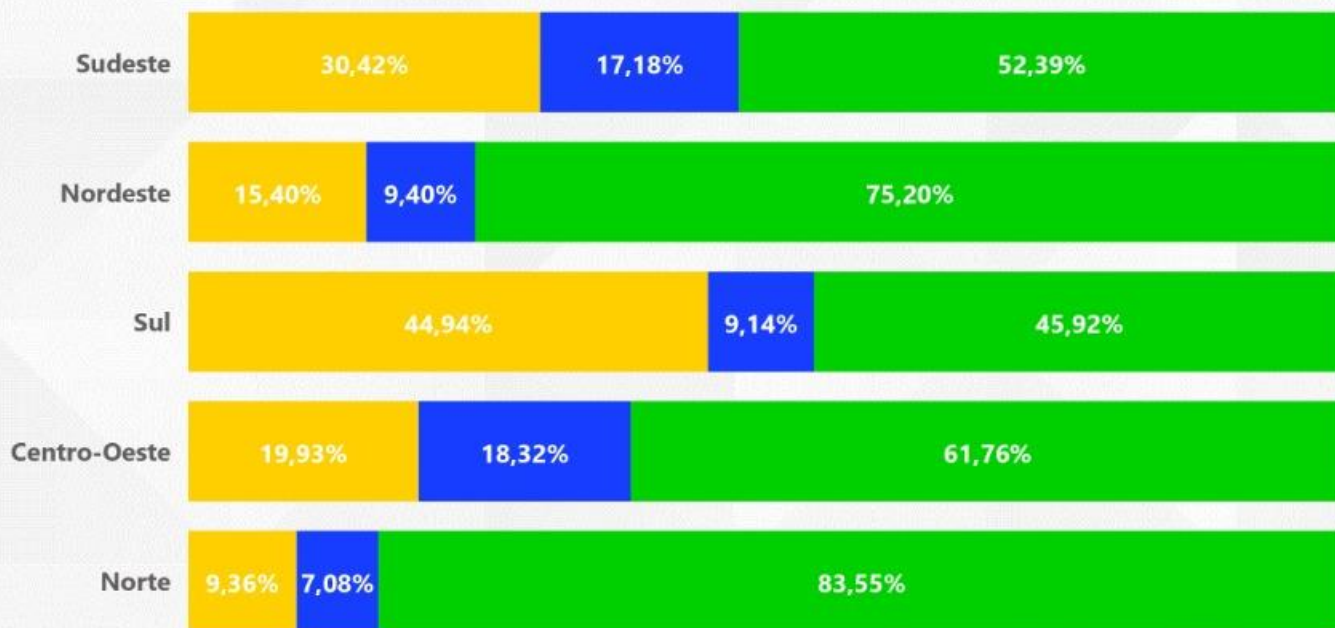
PRIVADO COM FINS LUCRATIVOS

175.344

TOTAL

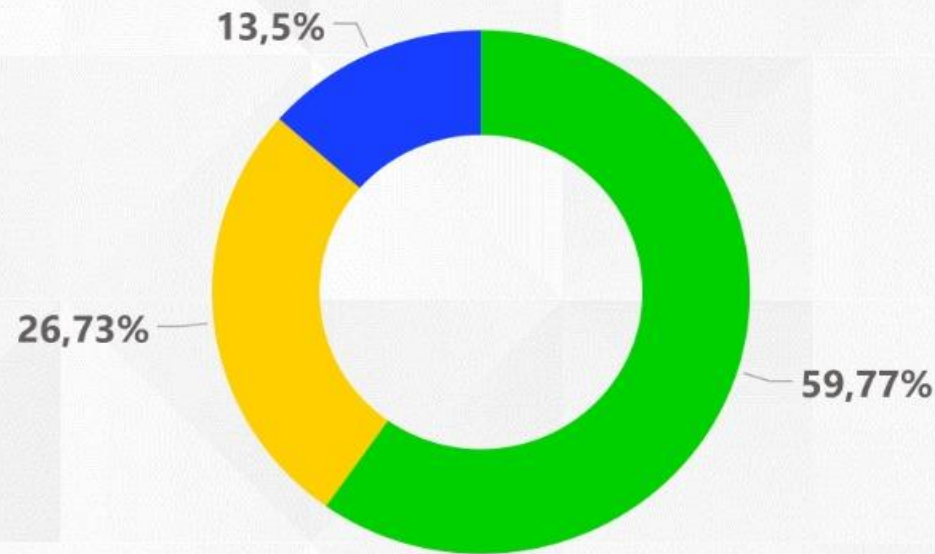
1.207.232

DISTRIBUIÇÃO DOS TRABALHADORES DE SAÚDE POR NATUREZA JURÍDICA NAS REGIÕES



FILANTRÓPICAS PRIVADA COM FINS LUCRATIVOS PÚBLICA

DISTRIBUIÇÃO DOS TRABALHADORES DE SAÚDE POR NATUREZA JURÍDICA



PÚBLICA FILANTRÓPICAS PRIVADA COM FINS LUCRATIVOS

FONTE: CNES 2023/01

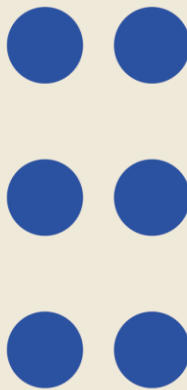




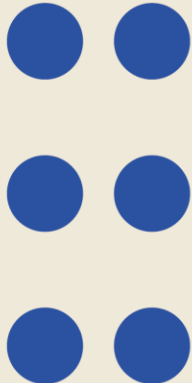
MINISTÉRIO DA SAÚDE





STRATEGIC ROLE OF NURSES



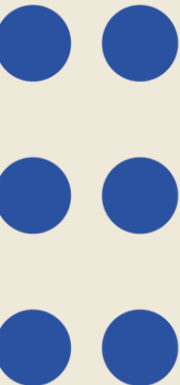
- 
- 
- 
- ✓ Contribute to the realization of **the right to health and the rights of SUS users**;
 - ✓ Qualify health care, ensuring a **humanized care**;
 - ✓ To welcome social diversity to **ensure health equity and integrity**;
 - ✓ **Safeguard the principles of SUS** in the professional practice;
 - ✓ To establish qualified listening in the work process, in order to **recognize the needs and singularities of the individuals**;
 - ✓ **Qualify the management of the work process** in health;
 - ✓ **To promote teamwork** based on the Permanent Education process;
 - ✓ **Safeguard the user as the protagonist of health production.**



Challenges for Expanding Nursing at Vulnerable and Neglected Populations

IN HEALTH CARE SYSTEM


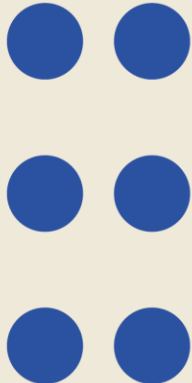
- **Expansion of primary care coverage** - 1474 “*Family Health Teams*”; 2977 Primary Care Teams; 35 “*Street Clinic Teams*”;
- **Integration of the health care points of the Health Care Network** (Primary Care - Secondary Care and Tertiary Care);
- **Nursing workforce planning**, with the appropriate distribution, provision, retention and migration of professionals;
- **Qualification of nursing education** in Brazil.






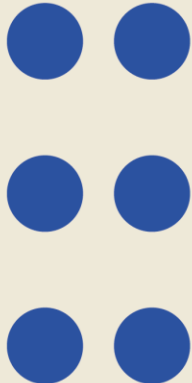
Challenges for Expanding Nursing at Vulnerable and Neglected Populations

IN THE SCOPE OF HEALTH WORK

- Guarantee of **decent, dignified, safe and humane work**;
 - **Improvement** of working conditions, processes and labor relations;
 - Establishment of parameters, criteria and indicators for **dimensioning that attend the system's needs**;
 - **Regulation of training, professional practice and labor relations**;
 - Promotion of **health and safety of nursing workers**;
 - Expanded the efforts to **prevent factors that increase the risk of mental illness among health workers**, especially after the Covid-19 pandemic;
 - **Work stability** of nursing work;
 - Investment in **quality of life at work in healthcare**.
- 
- 



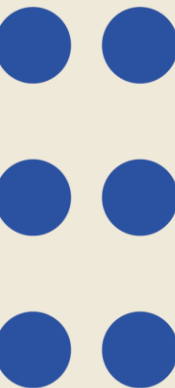
PROGRESS AND PERSPECTIVES FOR BRAZILIAN NURSING (Ministry of Health Agenda)

- Establishment of a **new nursing salary floor**;
 - Discussion of **advanced nursing practices in Brazil**;
 - Forecasting the implementation of a **census of the workforce and demographics of the health professions, especially nursing**;
 - Discussion of **careers** for the health professions in Brazil;
 - Implementation of a National Program of **Integral Attention to Health and Safety of Health Workers**;
 - Promotion of **mental health area strategies** for nursing workers;
 - **Retaking the democratic spaces** of co-management and collective bargaining with the occupation of the nursing category.
- 
- 



PROGRESS AND PERSPECTIVES FOR BRAZILIAN NURSING (Ministry of Health Agenda)

- Investment in the **Permanent Health Education Policy** to support the process of expanding nursing practices;
- **Legacy and lessons learned from the Covid-19 pandemic** – it enabled the scope of practice to expand in the face of emergency health needs;
- **Expansion of the scope of graduation and post-graduation** through the articulation of the Ministries of Health and Education ;
- **Incorporation of curricular components** in nursing residency, master's and PhD programs;
- **Articulation of institutional actors** - Ministries, class council, association, unions, federations, formative institutions and health workers



“Utopia is there on the **horizon**. I get two steps closer, it moves two steps further away. I walk ten steps and the horizon runs ten steps away. No matter how far I walk, I will never reach it. **What is utopia good for?** It is for this: **so that I will never stop walking.**”

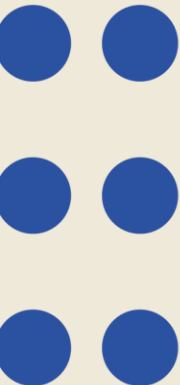
Eduardo Galeano

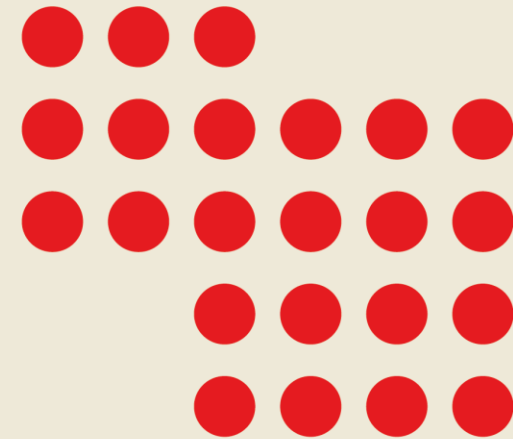




References

- Ayres JR de CM, Calazans GJ, Saletti Filho HC, Franca Junior I. Risco, vulnerabilidade e práticas de prevenção e promoção da saúde. In: Tratado de saúde coletiva. São Paulo: HUCITEC/ FIOCRUZ; 2009.
- Bertolozzi MR, Nichiata LYI, Takahashi RF, Ciosak SI, Hino P, Val LF, Guanillo MCLTU, Pereira EG. Os conceitos de vulnerabilidade e adesão na Saúde Coletiva. Rev Esc Enferm USP. 2009; 43(Esp 2):1326-30.
- CARNEIRO, Fernando Ferreira et al . Mapeamento de vulnerabilidades socioambientais e de contextos de promoção da saúde ambiental na comunidade rural do Lamarão, Distrito Federal, 2011. Rev. bras. saúde ocup., São Paulo , v. 37, n. 125, p. 143-148, June 2012 .
- BAHIA. Secretaria da Saúde do Estado da Bahia. Guia para Análise da Situação de Saúde do Trabalhador – SUS/Bahia. SESAB/ SUVISA/DIVAST/CESAT - Salvador: DIVAST, 2014. 92 p: il. Disponível em: http://www.saude.ba.gov.br/wp-content/uploads/2017/08/Guia_ASST_WEB_2014.pdf. Acesso em: 20 de dezembro de 2020.
- DIAS, E. C.; RIGOTTO, R. M.; AUGUSTO, L. G. D. S.; CANCIO, J.; HOEFEL, M. D. G. L. Saúde ambiental e saúde do trabalhador na atenção primária à saúde, no SUS: oportunidades e desafios. Ciência & Saúde Coletiva, v. 14, p. 2061–2070, 2009.
- SANTOS, A.L. e RIGOTTO, R.M. Território e Territorialização: Incorporando as Relações Produção, Trabalho, Ambiente E Saúde Na Atenção Básica à Saúde. Trab. Educ. Saúde, Rio de Janeiro, v. 8 n. 3, p. 387-406, nov.2010/fev.201





OBRIGADO!

E-mail: bruno.guimaraes@saude.gov.br

