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<https://www.scielo.br/j/csc/a/fYT6PZ5xjZMtFYmZP4M7cpg/>

DOI: <https://doi.org/10.1590/1413-812320232812.15922023en>

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Global health crisis: research, learning and building an institutional culture to constantly strengthen PHC

Considering the psychoanalytic premises, the possibility of working through grief or trauma¹ requires the naming and reappraisal of what was lost. It derives from the possibility of reflecting, problematizing, de-romanticizing and pondering what has been lost. Silence, on the other hand, does not help. The same reasoning can be applied to the COVID-19 pandemic, which has left traces – and grief –, that calls for discussion.

In this issue, we have chosen Primary Health Care (PHC) to analyze the relationship between the Unified Health System (*Sistema Único de Saúde* - SUS) and the COVID-19 pandemic, due to its privileged interface with the population in the territories and with the other points of the care network².

During the COVID-19 pandemic, radical modifications occurred in work processes in PHC, with the interruption of routine procedures, the incorporation of the continuous use of Personal Protective Equipment (PPE) and the implementation of erratic and frequently changing protocols. The work overload was also notable when the coronavirus vaccines were made available.

Undoubtedly, there are many elements that constitute raw material for research aimed at understanding the limitations and possibilities for advancement in expanded care in PHC. The articles published in this issue of *Ciência & Saúde Coletiva* deal with these issues, covering the perspectives of managers, workers and users.

In particular, it presents results from two studies: “Primary Health Care policy in the context of the pandemic in the municipalities of São Paulo” and “Strategies for addressing subjective and social aspects in Primary Health Care in the context of the pandemic”.

The first, carried out by the Health Institute (SES-SP), in partnership with COSEMS-SP and the Primary Care technical area of the São Paulo State Health Department, was dedicated to producing information on the model of care and organization of PHC in the State of São Paulo, with an emphasis on discussion about continuity of care during the pandemic based on a survey with municipal managers and six case studies.

The second study was developed by means of a partnership between Abrasco, Unicamp, the São Paulo Health Institute and Fiocruz-RJ and sought to analyze the perspectives of PHC users and workers regarding the subjective and organizational repercussions produced by its discontinuity during the first year of the pandemic. It used the methodology of in-depth interviews, with the elaboration of narratives. The field-work was carried out in areas of high social vulnerability in the municipalities of Campinas, São Paulo and Rio de Janeiro.

Complementing the analytical efforts of these two studies are articles from other regions of Brazil, with equally relevant contributions.

As a result of this compilation, this thematic issue features four initial articles that deal with structural and comprehensive issues, including mapping scientific production in PHC during the pandemic, a discussion on financial transfers, an analysis of the organization of services according to Brazilian regions and the relationship between the different ways in which PHC works, and the history of heterogeneity in the implementation of the Family Health Strategy model. There follow two papers that delve deeper into the reality of the state and the municipality of São Paulo.

With five articles dedicated to the topic, a significant portion of this thematic issue discusses the functioning of arrangements, measures and actions aimed at operating in conjunction with the territory and community care, in line with the World Health Organization (WHO) recommendations³.

There are also two articles reflecting on the mischaracterization of PHC and on the discretion of professionals as an important analytical component.

This is a set of articles aimed at fostering debates and perspectives for enhancing the National Primary Health Care Policy, which is a key aspect for the advancement of the SUS.

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