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THE POTENTIAL OF PRIMARY HEALTH CARE IN THE CONSOLIDATION OF THE OF THE ANTI-HIV RAPID TEST: DISCOURSE ANALYSIS

Potencialidades da atenção primária à saúde na consolidação do teste rápido anti-HIV: análise do discurso

Potencialidades de la atención primaria en la consolidación de la prueba rápida del VIH: análisis del discurso

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ABSTRACT

Objective: to analyze the discourse of health managers regarding the potentialities for conducting the HIV Rapid Test in Primary Health Care. **Method:** exploratory, qualitative study, conducted in one of the five Health Districts of the capital of Paraíba. Data collection was carried out in September 2017. We used the theoretical and methodological device of Discourse Analysis, of French matrix, through the concept-analysis potentialization of PHC in the consolidation of anti-HIV TR, divided into two discursive blocks: geographical accessibility and socio-organizational accessibility. **Results:** the speeches point out potentializing elements of PHC for the realization of anti-HIV test: proximity of the health service, organizational arrangements, early diagnosis of HIV, agility in the result of the rapid anti-HIV test and immediate treatment. **Conclusion:** potentialities in the consolidation of the anti-HIV rapid test were verified, evidencing Primary Health Care as a facilitating space in the expansion of integrality and access to health services.

DESCRIPTORS: Primary health care; HIV; Early diagnosis; Address; Qualitative research.

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RESUMO

Objetivo: analisar o discurso dos gerentes de saúde a respeito das potencialidades para realização do Teste Rápido anti-HIV na Atenção Primária à Saúde. **Método:** estudo exploratório, qualitativo, realizado em um dos cinco Distritos Sanitários da capital paraibana. A coleta de dados foi realizada em setembro de 2017. Utilizou-se o dispositivo teórico-metodológico da Análise do Discurso, de matriz francesa, por meio do conceito-análise potencialização da APS na consolidação do TR anti-HIV, divididos em dois blocos discursivos: a acessibilidade geográfica e a acessibilidade sócio-organizacional. **Resultados:** os discursos apontam elementos potencializadores da APS para a realização TR anti-HIV: proximidade do serviço de saúde, arranjos organizacionais, diagnóstico precoce do HIV, agilidade no resultado do teste rápido anti-HIV e tratamento imediato. **Conclusão:** verificou-se potencialidades na consolidação do teste rápido anti-HIV, evidenciando a Atenção Primária à Saúde como um espaço facilitador na ampliação da integralidade e o acesso aos serviços de saúde.

DESCRITORES: Atenção primária à saúde; HIV; Diagnóstico precoce; Discurso; Pesquisa qualitativa.

RESUMEN

Objectivo: analizar el discurso de los gestores sanitarios sobre las potencialidades de la realización de la prueba rápida del VIH en la Atención Primaria de Salud. **Método:** estudio exploratorio, cualitativo, realizado en uno de los cinco Distritos de Salud de la capital de Paraíba. La recogida de datos se realizó en septiembre de 2017. Se utilizó el dispositivo teórico-metodológico de la Análise do Discurso, de matriz francesa, mediante el concepto de análisis de la potencialidad del APS en la consolidación del TR anti-VIH, dividido en dos bloques discursivos: la accesibilidad geográfica y la accesibilidad socio-organizacional. **Resultados:** los discursos muestran los elementos potenciales de la APS para la realización de TR contra el VIH: la proximidad del servicio de salud, los arreglos organizativos, el diagnóstico precoz del VIH, la agilidad en el resultado de la prueba rápida contra el VIH y el tratamiento inmediato. **Conclusión:** se verificaron las potencialidades en la consolidación de la prueba rápida contra el VIH, evidenciando a la Atención Primaria a la Salud como un espacio facilitador en la ampliación de la integralidad y el acceso a los servicios de salud.

Descriptores: Atención primaria de salud; VIH; Diagnóstico precoz; Discurso; Investigación cualitativa.

INTRODUCTION

The Human Immunodeficiency Virus (HIV) has demanded from health authorities numerous actions aimed at its prevention and control. Even in the face of advances, HIV is still a public health problem in Brazil and worldwide due to the significant number of new cases and deaths related to the infection, which has led to an evolution of political and social responses in this context.[1]

According to the HIV/AIDS 2020 epidemiological bulletin, The Joint United Nations Programme on HIV/Aids (UNAIDS), in 2019, there were 38 million cases of HIV in the world, 36.2 million of them in adults and 1 million in children under fifteen years of age, of these 81% knew their HIV positive serological status and about 7.1 million people did not know they were living with HIV.[2]

In Brazil, in 2019, 41,909 new cases of HIV were diagnosed and reported in the Notification Agencies Information System (SINAN), with 4,948 (11.8%) cases in the North region, 10,752 (25.6%) in the Northeast, 14,778 (35.3%) in the Southeast, 7,639 (18.2%) in the South, and 3,802 (9.1%) in the Midwest. Also in 2019, a total of 10,565 AIDS deaths were recorded in the Mortality Information System (SIM). The standardized mortality rate decreased by 28.1% between 2014 and 2019.[2]

Given the high impact that HIV has caused, the Ministry of Health (MOH) legitimized, as a method of control and prevention of infection, the early admission to the anti-HIV Rapid Test (TR), to be performed also in Primary Health Care (PHC), in view of covering more effectively the social actors who are in vulnerability facing the health problem. In addition, PHC has enabled access to early diagnosis, immediate treatment prescribed by qualified professionals to reduce the viral load in the bloodstream, which consequently reduces the spread of the virus, as well as articulation with specialized services, corroborating the comprehensive care and quality for People Living with HIV (PLHIV).[3,4]

Thus, we understand that PHC stands out as the main potential tool for adherence to anti-HIV treatment, as it represents the means of access of the individual in the public health system, providing users with welcoming, bond, diagnosis, and early treatment, with emphasis on the need to expand the coverage of anti-HIV testing.[5]

There are many problems in PHC, obstacles that hinder the performance of anti-HIV testing, among them, the difficult incorporation in PHC, inadequate infrastructure, distance of the service location from users, vulnerable local security, lack of supplies, distance of professional training, opening hours with interventions of health actions in a timely manner, without offering alternative time, besides the emphasis on offering the test during pregnancy and the fragmentation of care.[6]

Some studies on the analysis of managers' discourse related to the organization of health services in PHC in the consolidation of anti-HIV testing have been identified.6-7 However, by restricting the theme to the potentialities surrounding anti-HIV testing, it is possible to verify a gap in the literature. Thus, this study is justified due to the need to understand the potentialities that permeate the offer of anti-HIV TR, to ensure early diagno-

sis, optimize the completeness of care to PLHIV and ensure the implementation of health programs and policies.[8]

Thus, the question is: What are the potentialities seen by health managers for the performance of the anti-HIV rapid test in PHC? This study aimed to analyze the discourse of health managers regarding the potentialities for performing the anti--HIV rapid test in PHC.

METHODOLOGY

This is an exploratory study of qualitative nature supported by the theoretical and methodological contribution of the Discourse Analysis (DA) of French matrix, in the aspect proposed by Souza (2021)9, guided by the criteria included in the Consolidated Criteria for Reporting Qualitative Research (COREQ) checklist. This theory seeks to analyze language as a social practice, by means of an unconscious subject, with the absence of judging language as right or wrong, thus making it possible to expose the forms of manifestation of language linked to ideological processes.[9]

The study was developed with health managers of PHC services in a Health District in the eastern region of the capital city of Paraiba. The chosen location is justified for being the scenario with the highest number of FHUs and users who use anti-HIV treatment, as well as for being part of the group of Brazilian municipalities that pioneered the implementation of the Health Manager Program, which is supported by the National Primary Health Care Policy (PNAB), established as a standard by the MS and the World Health Organization (WHO), exercising an important role in the management and monitoring of activities in PHC.

The participants were intentionally chosen according to the following inclusion criteria: a minimum of six months experience as a manager in the local health system. Participants who were on vacation or on medical leave during the data collection period were excluded.

The selected Sanitary District has eighteen health managers, thirteen participants were included in the study, four of them were social workers, four physical therapists, two speech therapists, two physical education professionals and one administrator. Through the technique of theoretical saturation of the speeches, a continuous process of data analysis was implemented, determined by the distancing of new discursive elements. There was no withdrawal or refusal from the professionals to participate in the research.

The data were collected in September 2017, through an interview with the support of a semi-structured script guided by the following questions: Could you talk about the organization of the service in the provision of rapid HIV testing in the FHU? In your opinion as a manager, what do you consider to be the potential for rapid HIV testing at the FHU?

The participants were interviewed in the services where they work, by appointment, in a private and individual environment. The recordings were made using a smartphone during the morning and afternoon shifts. Each interview lasted an average of 20 minutes, after signing the Free Informed Consent Form.

The speeches obtained in the interviews were transcribed into a field journal and analyzed, favoring the organization of the research corpus. In order to preserve their anonymity, the collaborators, throughout the text, were called by the acronym G alluding to the manager's name, followed by Arabic numerals (G1 to G13) respecting the order of the interviews.

Considering the analysis of the empirical data, the theoretical assumptions of AD were employed, which seek to expose the historical character, considering the centrality in the speech, with emphasis on the observation of divergent perspectives and not on the investigation of the true meaning. This analytical device is directed by two complementary and distinct moments: the analysis itself and the writing of the analysis.[9]

The analysis itself, the first stage of data exploration, comprised the circumscription of the concept-analysis, enabling, as a scope of analysis, the saturation, which is established by the absence of new elements in the discourse, to the point of being closed. In this way, after the floating reading, it was possible to constitute the discursive corpus, followed by analytical reading, which favored the analyst in the highlighting of the meanings referring to the answer to the heuristic question.[9]

The concept-analysis established in this study "Potentialization of PHC in the consolidation of anti-HIV treatment" was used for the interpretation of the discursive corpus. Subsequently, we sought to identify the structured meaning of the speeches extracted from the health managers, through exhaustive readings and recognition of textual marks until there was saturation of meanings, revealing the functioning of ideology in the textualization.

The second stage, the writing of the data analysis, involved the characterization of the analysis by means of contextualization and elucidation of the theme; and the explanation of the theoretical-analytical device.[9]

The research was approved by the Research Ethics Committee--CEP of the Nova Esperança Faculty of Nursing and Medicine--FACENE/FAMENE, under protocol number 108/2017 and CAAE number 72757817.6.0000.5179. The ethical and legal principles established in Resolution No. 466/2012 of the National Health Council regarding research involving human beings were respected.

RESULTS

After analyzing the corpus, it was possible to identify the discursive fragments and respective statements in the speeches of health managers. That said, it was found that the fragments made mention of the concept-analysis "Potentialization of PHC in the consolidation of anti-HIV treatment", being linked to accessibility for anti-HIV treatment. The dimensions proposed by Donabedian10 were used as the basis for the following discourse blocks related to PHC empowering devices: geographic accessibility and social-organizational accessibility.

PHC-enabling devices in the context of geographic accessibility

In this discursive block, we discussed potentializing devices of PHC in the context of geographical accessibility, which elucidates the distance and travel time of users to reach PHC services, as well as the financial issue related to transportation expenses (Chart 1).

Potentiating Devices for PHC in the Context of Social and Organizational Accessibility

Chart 2 shows the potentializing devices of PHC in the context of socio-organizational accessibility for anti-HIV testing, referring to the characteristics of the test that can favor the users' ability to access the health service.

Chart 1. Discursive clipping of health managers about the potentialities in the context of geographical accessibility. João Pessoa, PB, Brazil, 2017

Enunciations	Discursive fragments
Proximity to health service	[...] *then the treatment can start faster, than if something happens, [...] it also makes the user's life easier, for the user doesn't need to go far away, to the CTA in the case, in the center, to be more focused here in the neighborhood. (G1)* *[...] it is more a question of having accessibility, for them, it is closer, it is more comfortable, it is that team that accompanies the family, that knows them. [...] So, this is very good, although it has the other side of the stigma of the community, of them being afraid and everything else, there is this other side that is positive, it is being closer to them, that they have to go to a place that requires, for example: financial resources, a transport ticket, this whole issue. (G3)* *[...] it is important because here, as we see, it is in a remote region in a way, people from extreme poverty, who many times would not have access even to go to the CTA, [...]. (G12)*

Chart 2 – Discursive clipping of health managers about the potentialities in the scope of socio-organizational accessibility. João Pessoa, PB, Brazil, 2017

Enunciations	Discursive fragments
Organizational Arrangements	[...]*I believe that access today is fundamental, that in the past we didn't have this kind of thing, [...] these two are very efficient in this active search, [...] we are always doing the waiting room [...] and the ACS speak in the community and we intensify this issue of accomplishment.* (G2)
Early HIV Diagnosis	[...]*the earlier diagnosis, the easier access of the user here, [...] the easier access, even the better care of that user, because being diagnosed here, the more we refer him, the more he will come back here, he will have more of a trust thing with the health unit, a follow-up, he will be better monitored,* [...]. (G6) *A very positive factor is that we are preventing ourselves, because a person can't know he has HIV and the rapid test will give him this news, so he can prevent himself, so he can get treatment, so he can prevent other people he will have sexual relations with.* (G7) *It will have a faster diagnosis, [...] be accompanied by a NASF psychologist, [...] usually it will be the nurse and it can also be a NASF person, [...] I (health manager) will be doing and being in other sectors intervening to improve this flow and really occur and the user has access to what he needs.* (G8) *We can be sure that the user will do it right away, the result will come out, he will start to treat it right away, he will start to see his partner, his companion, the people who are close to him and who may be infected with the virus.* (G9) [...]*of early diagnosis and to avoid complications,* [...](G13)
Agility in the result of the anti-HIV test	[...]*because the anti-HIV test is free, it's a quick thing, just like a pregnancy test* [...]. (G10) [...]*because I come from a time when we did not have this offer of service, [...] so it was easier for him to have this information and to start the treatment.* [...] (G11)
Immediate treatment	[...], *but these people from the community that are needy, that already lead a suffering life, that live in a difficult socioeconomic situation, they lack this information, so we as health professionals, we are responsible for multiplying this information, [...] and already directs them to be assisted by the correct flow of treatment. (G4)* *[...] so we have an immediate response, we have a flow, it is faster and we can send that user for immediate treatment, the treatment we already send for the flow and when we didn't have this fast treatment, it used to take a long time, because we needed to send him to do the blood test, there was a whole bureaucracy and today it is faster. (G5)*

DISCUSSION

Among the discursive fragments, situations were identified that signaled the potentiality of performing anti-HIV testing in PHC to confront HIV infection regarding: Proximity of the health service, Organizational arrangements, early diagnosis, agility and ease of access to the TR and immediate treatment.

The anti-HIV testing is recognized by the municipal management as an allocation of PHC, which recommends a flow for the diagnosis organized in a decentralized manner, which happens primarily in the PHC with follow-up of the user to the Center for Testing and Reception (CTA) and the scope of reference for treatment as needed, affirming the recommended by the organizational guidelines of SUS.

In the conception of health managers, revealed in this study, the decentralization of the TR potentiates the service in improving the quality of health actions, focused on the confrontation and control of HIV, because the PHC has a high capacity of

permeability in the community, which extends and facilitates the adherence of individuals to perform the test, in view of the formation of bonds between professionals and users.[11]

Therefore, it is necessary the involvement of the actors involved in this context, so that the decentralization of actions is effective, according to their respective responsibilities and attributions, offering health services with scope in the effectiveness of PHC, competent for the diagnosis and initiation of early treatment of HIV.[12]

From this perspective, the textual marks "the user doesn't need to move far away" "it is closer" "he wouldn't have access even to go to the CTA" reveal meanings linked to economic limitations, that before the user would have to have financial resources to travel to access the anti-HIV testing, and that this was optimized with the decentralization of testing.

According to the Joint Commission on Accreditation of Health care Organizations (JCAHO), access corresponds to the availability of care and satisfactory intervention available to meet the needs of users. The European Observatory on Health Policies and Health Systems also agrees with this definition, and its members maintain that access to health services symbolizes a precondition of citizenship, aiming at meeting health needs. This concept identifies the need for mutuality between health services and users, the community where they live, and their families.[13-14]

It is noteworthy that the viability of access to health services is a potentializer of social vulnerability. A study developed in a northeastern state corroborates the present study, which indicates the users' displacement "on foot" as predominant in the access to PHC. The fact that the service is closer to the users enhances the accessibility of the service, in addition to impacting the lives of users who are socially vulnerable by reducing the cost of public transportation, which was previously directed to the specialized service.[15]

In the process of analysis, we can highlight the marks built in the meanings present in the speeches of health managers regarding the organizational arrangements "active search" and "waiting room" that enhance the performance of anti-HIV testing in PHC, creating a link, reception, and insertion of the individual in the health system.

The active search is a strategy that favors the early identification of health situations of the individuals enrolled.[16] A study developed in two municipalities in the Northeast of Brazil found that the active search optimizes adherence to the performance of anti-HIV testing to obtain an early diagnosis due to the proximity of the PHC with the community and the link with users.[17]

The waiting room is a space in which there is the first contact of the user with the unit, where the waiting for the care of health professionals takes place, being commonly used in PHC. Generally, people who meet in this space do not know each other or have a stable bond, but it is also the place where they express their needs and health problems. In this way, users confabulate and externalize their questions among themselves. This space is favorable for health education practices and for the creation of a bond between the professional and the user, besides reducing the stress caused by waiting.[7]

In southeastern Brazil, a study found that the waiting room optimizes the quality of comprehensive care. In addition to potentiating the moment to raise the user's awareness about testing, as well as the users' meditation on the health-disease process.[18]

Also in relation to the discourse, built by the memory of the meanings, it is clear in the textual marks "earlier diagnosis", "a faster diagnosis", "the result will be out soon", "the treatment will start soon" that the health managers ratify what is recommended by the health policies, in which their conduct happens with the scope of the early diagnosis of HIV infection, with commitment and continuous performance in expanding the coverage of anti-HIV tests in the FHUs. In addition, a study in Brazil showed a prominent position in the promotion and prevention practices of counseling and testing, being adopted to expand the access of users to the TRs to diagnose HIV infection.[19]

In the continuity of interpretations, when questioned about the potentiality is evidenced in the speeches the textual marks as: "it's a quick thing, it's like a pregnancy test" "so it's easier for him to have this information. What reveals a discourse linked to the temporality of the test results as an advantage for the user.

In this sense, the implementation of the anti-HIV testing in FHUs, in a process concomitant with the decentralization of diagnosis, was favorable, due to the fact that the test does not require a laboratory environment for its realization, and that it reduces the time of diagnosis from 15 days to 30 minutes, which favors the expansion of access to diagnosis.[19]

The anti-HIV test can be performed through blood collection by digital puncture, placed in the immune tests with reagent, and can only be performed by a trained professional.[20] Given the ease of use of the test, it is clear that it is a potentializer of political actions to confront HIV.

In an epidemiological study developed in Brazil, it was identified that performing this health action requires the availability of inputs, planning, and an adequate professional team, due to the ability of the TR to provide the rapid result without the need to return to the service to seek the result. The testing enables its execution without the need for sophisticated equipment, with the immediate health action concomitant to the counseling to perform the test.[21]

Health professionals routinely experience difficulties regarding the counseling in the conduct when facing a positive TR, because it is a situation that requires the professional to be very cautious, and this is a crucial moment in the therapeutic outcome of the user. The professional must contribute to risk reduction, carry out health education, both before and after the result, welcome the user in order to listen well, and direct him/her to the assistance service and community support groups to maintain a better quality of life.[3]

To end the discursive segmentations the textual marks "correct treatment flow" and "immediate treatment" mentioned are associated with the immediate drug treatment of users, with the

purpose of optimizing the flow for an adequate treatment. The FHU are characterized as the user's gateway to the public health system, and for this, they need to offer welcoming, early treatment, and diagnosis; moreover, the network must be structured to ensure the user's referral to the reference unit, if necessary.[5] In this perspective, the anti-HIV treatment is a strategy of the Treatment as Prevention of HIV/AIDS, reputed to be one of the most important guidelines of health policy today.

In a systematic review study, it was identified that the routine anti-HIV TR exercises a privileged place that prioritizes early diagnosis and treatment of people living with HIV.[22]

Another study conducted in Health Centers in a capital city in southern Brazil revealed that the acceptance of the diagnosis is complex and requires a professional prepared both to deliver the news and to welcome the user and familiarize him/her with the new reality and adherence to immediate treatment, with the perspective of offering equitable and integral care through humanized relationships.[23]

Thus, it can be seen that the PHC service consolidates the performance of anti-HIV testing, that the predicate potentiality is related to the speeches of health managers, besides being familiar with the SUS guidelines. In this sense, through what is observed in the speech of health managers, it is seen that the discourse that maintains the meanings of the consolidation of the anti-HIV test in PHC, has as predominance the expressions promotion and prevention, when referring to active search for agility of early diagnosis and immediate treatment in the PHC service. The fact that data collection was carried out only with health managers in one of the five health districts of the capital of PB, can be pointed out as a possible limitation of the study, since health managers from other territories were not contemplated.

This study's main contribution is to identify the potentialities of PHC to promote the consolidation of the rapid anti-HIV test, being the ease of access to the TR, early diagnosis and immediate treatment. It is hoped that the results achieved will serve as subsidies for the implementation of quality care to users, contributing to the daily lives of professionals as a tool for change in social practices in order to enhance the integrity of the service.

CONCLUSION

When considering the potentialities in the consolidation of the rapid anti-HIV test in Primary Care, it emerged in the speeches of health managers meanings related to the proximity of the health service, organizational arrangements, early diagnosis of HIV, agility in the result of the rapid anti-HIV test and immediate treatment. Thus, a facilitating space is evidenced in the expansion of integrality and access to health services.

However, it is expected that this study will stimulate health managers in the promotion of health actions and the development of policies that promote the organization of the service, regarding the provision of rapid HIV testing, construction of a welcoming and holistic environment, in order to favor the reorganization of the service to ensure access to the anti-HIV test. It is suggested the production of other studies that understand the inclusion of users and health professionals/managers who are inserted as protagonists in the context of health and illness.

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