

## Health needs assessment: a requirement for qualifying health care

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The health movement that resulted in the proposition of the Unified Health System (SUS) in Brazil represented the struggle of different sectors of society to defend the guarantee of universal and comprehensive health care, under the principles of social justice, democracy and better quality of life for all.

Backed by a new legal-political structure and ideological principles of the SUS, health in Brazil began to be understood in terms of its relationship to the structures of society, as well as in its mode of production and reproduction. The social determinants of health were related to the mode of production of society, which, in turn, is characterized by the relations between different social classes, resulting in the strengthening or weakening of different social groups, homogeneous in terms of their inclusion in work and in life.

To reorient the model of care towards health promotion and quality of life, in 1994 the Ministry of Health proposed the Family Health Program, later called the Family Health Strategy (FHS), which gives priority to primary care and seeks to reorganize health care, making it the main gateway to health services.

The reorientation of the health care model proposed by FHS aims to go beyond the boundaries of the health care services, advancing to the spaces where people live, work, and relate. In seeking to break with the individualistic and curative model, the ESF chooses as its object of attention the family, which is understood within the context of living. The closer the relationship between health professionals and families in a defined territory, the better are ensured the principles of primary health care: territorialisation, longitudinality, intersectionality, decentralization, co-responsibility and fairness.

Notwithstanding the achievements arising from the implementation of the SUS and the current policy governing health services in Brazil, the model of health care focused on disease remains hegemonic. One can still observe the fragmented character of health care, often restricted to practices confined to specific vertical programs.

Primary Care is not the main gateway to access health services, and the health needs of individuals, families and communities are not recognized or are reduced to the demands modulated by the health services offered. Comprehensiveness is reduced to the individual meaning, restricted to the clinic.

The monitoring of living conditions and health of families within a given area, especially those in vulnerable situations, is part of health surveillance in primary care services. Its purpose is to identify the health needs of these families, aiming to propose qualified interventions in order to change or improve their health conditions.

Health services continue to experience difficulty assessing the health needs of different social groups, due to lack of technology or lack of knowledge regarding how to use them. The reorganization of the care model requires qualifying health teams to recognize and cope with these needs in view of the social determinants of the health-disease process.

The production of knowledge regarding health needs assessment is a task to be taken up collectively by those who dedicate themselves to the development of technologies and intervention tools, and also those who are involved in routine health services, putting these products to the test of reality.