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SOCIAL SECURITY FINANCING AND ITS INFLUENCE ON CERVICAL CANCER TREATMENT

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Camila Nunes de Jesus Marconcini[1] and Janice Gusmão Ferreira de Andrade[2]

ABSTRACT

Cervical cancer is a public health problem and should be investigated. Its diagnosis is difficult because it is a complex disease, there are many challenges surrounding this disease. Nursing plays a crucial role in diagnosing and monitoring patients and supporting their families. Health promotion to avoid cancer means that many diseases do not spread, and that the reduction of cancer in this population is still satisfactory. Financing is carried out in the three spheres of health, until these amounts reach the municipalities, in health. For the financing to be transformed into actions, it is necessary to map the patient such as: if he is in the territory; if you are registered at the health unit. This link with monitoring causes resources to be sent to the municipalities.

Keywords: Financing. Cervical Cancer. Nursing.

[1] Specialist in Health Management
EMESCAM
E-mail: mila.nunes@hotmail.com.br
[2] Guidance counselor

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METHODS

This is a descriptive study, using data from the SUS information system, regarding cervical cancer in women aged 25 to 64 years, in the city of Rio Novo do Sul. Applied research to generate knowledge and practical application is explanatory because it analyzes and interprets the study's findings to identify determining factors and quantitative because it uses numerical data to evaluate the variables. The research was carried out in three moments: In the first moment, a documentary bibliographic review was carried out with Laws, Technical Notes and Articles. In addition, there was a search on government websites that control, regulate, and/or record data related to cervical cancer. In the second moment, a search was carried out on websites such as the Municipal/State Fund and the Health Union, concerning the amounts received for preventing diseases and their secondary complexity. In the third moment, retrospective data from the public domain of patients with cervical cancer were collected in the TABNET system, during the period of validity of the Previne Brasil Program. Results 20 institutional documents were included, such as ordinances, documents from the Ministry of Health, and 18 articles. The financing of the Ministry of Health (MS) Previne Brasil, comes to carry out the financial form to all municipalities comprehensive of Primary Health Care. Access to screening for women in the age group recommended by the Ministry of Health is highlighted.

INTRODUCTION

Cancer is indeed a significant public health problem due to its high incidence and impact on the quality of life of those affected. Cervical cancer, specifically, is one of the most common types of cancer among women in many parts of the world.

Cancer screening, including cervical cancer, is critical for early detection, which can significantly improve survival rates and reduce cancer-related mortality. In the case of cervical cancer, the main symptoms include: Persistent pelvic pain, irregular vaginal bleeding, especially after sexual intercourse, between periods or after menopause, unexplained weight loss, pain during sexual intercourse and feeling of heaviness in the pelvic area. It is important to note that these symptoms can be caused by several conditions in addition to cervical cancer. However, it is essential that any persistent or worrisome symptoms are evaluated by a healthcare professional for a proper diagnosis, (INCA, 2018).

The recovery of a patient with cervical cancer is influenced by several factors that can determine the course and outcome of treatment. Here are some of the key points that affect recovery: Stage of cancer: The stage at which cancer is diagnosed is critical. Early

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stages have better cure rates, while advanced stages can be more challenging to treat. Type of treatment: Treatment options for cervical cancer may include surgery, radiation therapy, chemotherapy, and targeted therapies, sometimes combined according to the stage and extent of the cancer. Response to treatment: How the body responds to treatment is crucial. Some people may respond very well to treatment, while others may have resistance or significant side effects. Emotional and psychological support: Cancer and its treatment can be emotionally challenging. Having good emotional support, whether from family, friends or mental health professionals, can help the patient to better face the treatment and recovery process, (INCA, 2018).

Cervical cancer is characterized by the uncontrolled multiplication of cells in the epithelium lining the cervix, which can extend to the stroma (supporting connective tissue) and, in advanced stages, reach distant structures and organs through metastases. The diagnosis and treatment of cervical cancer are deeply impactful experiences for patients and their families. It is common for these situations to be accompanied by a range of intense emotions, such as fear, insecurity, frustration, and dissatisfaction. These emotions can arise due to uncertainty about the future, concerns about the treatment and its side effects, as well as changes in the patient's personal and social life. Nurses play an essential role in the comprehensive care of cancer patients, including those with cervical cancer. In addition to technical care such as medication administration and symptom monitoring, nurses offer crucial emotional support. This includes providing comfort, listening to patients' concerns, offering clear information about treatment, and encouraging adherence to medical recommendations. By accompanying the patient throughout treatment, nurses often develop significant emotional bonds with them. The nature of the profession can lead nurses to experience a range of emotions, from empathy and compassion to sadness and frustration when challenges are great or results are not as expected, (INCA, 2018).

The role of nurses in cervical cancer screening is crucial, starting with the collection of cytopathological tests and extending to health education. Each nursing interaction must be personalized, with a commitment to assist each woman individually in her specific needs, (AOYAMA ET AL., 2019).

The nursing professional in cancer treatment can work from primary, secondary and tertiary care in the area of oncology, from health care to comfort in the palliative moment. The patient's care plan must be carried out by the nurse, attending to all aspects, whether emotional, cultural or social, (BRUNNER, SUDDARTH, 2009).

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DEVELOPMENT

PUBLIC POLICIES FOR WOMEN'S HEALTH ABOUT CERVICAL CANCER IN BRAZIL

Cervical cancer develops quickly starting in the cervix, with a process that starts small and increases over time, faster and more infiltrated, early detection is essential for treatment. Diagnosis, treatment and matrix support can take place in primary, secondary and tertiary care, (MINISTRY OF HEALTH, 2015).

Cervical cancer is associated with persistent infection with oncogenic subtypes of the HPV virus (Human Papillomavirus), especially HPV-16 and HPV-18, which are responsible for about 70% of cervical cancers, (BRUNI ET AL, 2019).

Most of the time, cervical HPV infection is transient and regresses spontaneously, between six months and two years after exposure, WHO, 2008. In the small number of cases in which the infection persists and, especially, is caused by an oncogenic viral subtype, the development of precursor lesions (high-grade squamous intraepithelial lesion and adenocarcinoma in situ) may occur, whose identification and appropriate treatment makes it possible to prevent progression to invasive cervical cancer, (INTERNATIONAL COLLABORATION OF EPIDEMIOLOGICAL STUDIES OF CERVICAL CANCER, 2006).

In addition to aspects related to HPV infection itself (subtype and viral load, single or multiple infection), other factors related to immunity, genetics, and sexual behavior seem to influence the still uncertain mechanisms that determine the regression or persistence of the infection and also the progression to precursor lesions or cancer. Thus, smoking, early sexual initiation, multiplicity of sexual partners, multiparity and the use of oral contraceptives are considered risk factors for the development of cervical cancer (INTERNATIONAL COLLABORATION OF EPIDEMIOLOGICAL STUDIES OF CERVICAL CANCER, 2009).

Prevention in Primary Health Care occurs when the identification of the problem factors involved in a certain individual, resulting in an individual work plan. Secondary prevention, on the other hand, is carried out when tests are requested to screen for the disease, whether in the initial or late phase, according to protocols of the Ministry of Health, (FERNANDES; NARCHI, 2007).

Screening is carried out through the woman's age group from 25 to 64 years, with the exam performed every 2 (two) years, according to Technical Note No. 03/2022 of the Previne Brasil Program, (MINISTRY OF HEALTH, 2022).

According to INCA sources, in 2021, there was a proportion of new cases of cervical cancer in a total of 2 (two) cases. In 2022, it obtained 1 (one) new case of malignant

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neoplasm of the cervix. The number remained the same in 2023, with 1 (one) new case of cervical cancer neoplasm in the municipality of Rio Novo do Sul.

Treatment is carried out through primary care as a gateway, and later referred to the secondary service where specialized consultations and exams are carried out, and tertiary care which is treatment at the hospital level.

Attention to the treatment of cervical cancer is extremely important for public health, being the cause of death for 5,430 women in Brazil in 2013. In Brazil, the mortality rate from cervical cancer, adjusted for the world population, was 4.60 deaths/100 thousand women in 2020 (INCA, 2020).

The predicted 58% increase in cancer cases over 20 years, as predicted by the World Health Organization, reflects a worrying trend that is being observed globally. This increase can be attributed to several factors, including an aging population, changes in lifestyles, factors including an aging population, changes in lifestyles, environmental factors, and improvements in disease detection and diagnosis. In Brazil, according to estimates by the National Cancer Institute (INCA) for the year 2021, 625,370 new cases of cancer were expected. This estimate highlights the significant burden of the disease in the country, affecting several geographic regions in various ways. These variations in the distribution by region may be influenced by factors such as access to health services, socioeconomic conditions, lifestyle habits, and exposure to carcinogens. To address the expected increase in cancer cases, it is crucial to strengthen prevention, early diagnosis, and appropriate treatment programs across the country. This includes promoting healthy lifestyle habits, implementing effective public policies, equitable access to health services, and investing in research and innovation. Awareness of risk factors such as smoking, excessive alcohol consumption, poor diet, lack of physical activity, and exposure to carcinogenic substances also plays a key role in reducing the incidence of cancer. In addition, it is essential to ensure adequate support for patients and their families throughout the entire disease cycle, from diagnosis to the post-treatment phase. Therefore, addressing the growing challenge of cancer requires an integrated and coordinated approach, engaging governments, health professionals, civil society, and international organizations to ensure an effective and comprehensive response to this important public health issue. The greatest evidence of cervical cancer is in the Midwest region, with higher prevalence (INCA, 2020). Of the malignant tumors that most affect women, cervical cancer is the second most frequent cancer in the world, with 570,000 (five hundred and seventy thousand) cases in 2018 (WHO, 2018).

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The Human Papillomavirus (HPV) is sexually transmitted, is easy to prevent, requiring the use of condoms and vaccination. Early diagnosis occurs through the collection of the cytopathological test, with the target audience being women aged 25 to 64 years. This control can be done both in the public health service and in the private service, (FIOCRUZ, 2020).

Cervical cancer control in the public sector is carried out in basic health units through actions of the Family Health Strategy Program (ESF). In 1994, the Family Health Strategy was created, as an organizer of the SUS service, following all the principles, with the main focus being prevention and health promotion. The patient's gateway is the FHS with health care from the perspective of comprehensiveness for the prevention of this disease, (MINISTRY OF HEALTH, 2015).

Promotion concerns actions in the health of the population, in the elimination of diseases, and health problems, with activities that expand health. One of the examples is the campaigns for the female population, with the cytopathological test, in case of alteration, other tests may be requested to rule out any neoplasm, such as colposcopy, curettage and/or biopsy exams. Treatment can reach tertiary care, with surgeries in the area of oncology and procedures, (MINISTRY OF HEALTH, 2011).

In the country, the understanding of cervical cancer, the concept, identification and treatment of the disease, began through medical professionals Vespasiano Ramos and Arnaldo de Moraes who brought cytology and colposcopy in the 1940s. In that year, access to offices was restricted to preventive exams to people, (INCA, 2011).

President Juscelino Kubitschek, in his term in office in the 1950s, was responsible for several important initiatives in Brazil, including in the field of public health. One of the relevant achievements was the construction of the Luiza Gomes de Lemos Research Center, which was initially linked to the National Cancer Institute (INCA).

From the 1970s onwards, cancer prevention campaigns began to be implemented for all women in Brazil, focusing especially on the prevention of breast cancer and the female genital tract. These campaigns aimed to raise awareness about the importance of early detection, promoting preventive exams such as breast self-examination, clinical breast examination and Pap smear (cytopathological examination of the cervix).

In 1950, these initiatives were instrumental in reducing cancer incidence and mortality in women, through early diagnosis and timely treatment of precursor lesions. Over time, these prevention campaigns have been integrated into national health programs, as part of a more comprehensive approach to improving the health of the Brazilian population.

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These programs include public policies aimed at women's health, focusing not only on cancer prevention but also on overall health promotion and access to health services.

Thus, from the 1970s and 1980s, Brazil consolidated significant efforts in the area of public health, especially with regard to the prevention and control of cancer in women, a legacy that continues to be developed and improved to this day. (INCA, 2007).

In Brazil, in 1977, the National Institute of Medical Assistance and Social Security, called Inamps, was created. This organization was restricted to formal persons or those who contributed to social security. Inamps lasted its trajectory until 1993 with Law No. 8,689, with the creation of the Unified Health System, (MINISTRY OF HEALTH, 2002).

In 1984, the Comprehensive Women's Health Care Program (PAISM) was implemented, which provided that basic health services in the care of pregnancy, childbirth, climacteric and puerperal women. Provide health care for elderly women, black women, health of rural workers, indigenous people, prisoners, for women, cervical cancer prevention activities. The actions of the PAISM program are to implement and promote actions aimed at these audiences. The main contribution of this Program was to introduce and stimulate the collection of material for the Pap smear test as a routine procedure in gynecological consultations (INCA, 2016).

The Oncology Program (PRO-ONCO) was created in Brazil in 1987. It was an initiative aimed at prevention and expansion of the capacity to perform cytopathological tests (such as the Pap smear) in the country's cytopathology laboratories. This program has played a crucial role in the early detection of cancer, especially cervical cancer, contributing significantly to public health over the years, (INCA, 2016).

Social Security has a Union budget, in addition to social security contributions, budgetary resources intended exclusively for this purpose (linked revenues). The Constitution also provides that, according to needs, the Social Security budget may be complemented by resources from the fiscal budget, (BRASIL 2023). In its article 199 of the constitution, it reports that health care does not depend on private companies, as a complementary form to the public system.

CONCLUSION

To face the increase in cancer cases, it is essential to strengthen prevention, early diagnosis and treatment programs. The promotion of healthy habits, the implementation of effective public policies, and equitable access to health services are fundamental. Additionally, it is important to invest in research and innovation, as well as to ensure

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ongoing support for patients and their families throughout the disease cycle. Cervical cancer is the second most frequent among women worldwide, with 570,000 cases recorded in 2018 (WHO, 2018). The Midwest region of Brazil has the highest prevalence, reinforcing the need for a regionalized focus on public health policies (INCA, 2020).

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