

FROM STANDARD TO TERRITORY: THE ROLE OF NURSES IN IMPLEMENTING THE "NOW THERE ARE SPECIALISTS" PROGRAM IN THE BRAZILIAN AMAZON – AN EXPERIENCE REPORT IN HUMAITÁ/AM, LÁBREA/AM AND THE DISTRICT OF SANTO ANTÔNIO DO MATUPI (MANICORÉ, AM)

DA NORMA AO TERRITÓRIO: ATUAÇÃO DO ENFERMEIRO NA IMPLEMENTAÇÃO DO PROGRAMA AGORA TEM ESPECIALISTAS NA AMAZÔNIA BRASILEIRA – RELATO DE EXPERIÊNCIA EM HUMAITÁ/AM, LÁBREA/AM E NO DISTRITO DE SANTO ANTÔNIO DO MATUPI (MANICORÉ, AM)

DEL ESTÁNDAR AL TERRITORIO: EL PAPEL DE LAS ENFERMERAS EN LA IMPLEMENTACIÓN DEL PROGRAMA "AHORA HAY ESPECIALISTAS" EN LA AMAZONÍA BRASILEÑA – UN RELATO DE EXPERIENCIA EN HUMAITÁ/AM, LÁBREA/AM Y EL DISTRITO DE SANTO ANTÔNIO DO MATUPI (MANICORÉ, AM)



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ABSTRACT

Introduction: Timely access to specialized care remains one of the main challenges of the Brazilian Unified Health System (SUS), particularly in Amazonian territories marked by long distances, care gaps, and weaknesses in the regional organization of health networks (Giovanella et al., 2020; Garnelo et al., 2017). In response to this scenario, the Ministry of Health instituted, through Provisional Measure No. 1,301 of May 30, 2025, subsequently regulated by Ordinance GM/MS No. 7,266 of June 18, 2025, and in the context of the Public Health Emergency declared by Ordinance GM/MS No. 7,061 of June 6, 2025, the Agora Tem Especialistas Program, with operational support from the Brazilian Agency for Support to SUS Management (AgSUS). The program is structured around regulated access, comprehensive care, and the use of mobile specialized care units (Brasil, 2025a; Brasil, 2025b; Brasil, 2025c).

Objective: To report and analyze the role of nurses in the implementation of the Agora Tem Especialistas Program in Amazonian territories, emphasizing processes of intergovernmental articulation, organization of access regulation through SISREG and e-SUS Regulação, community mobilization, and the operation of mobile units structured according to the logic of the Comprehensive Care Offer (Organização da Oferta do Cuidado Integral – OCI).

Methods: A descriptive qualitative study in the form of an experience report, based on participant observation and reflective systematization of activities carried out between 2025 and 2026 in the municipalities of Humaitá and Lábrea and in the district of Santo Antônio do Matupi, in the municipality of Manicoré, Amazonas. Field notes, regulatory documents,

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meeting minutes, institutional instruments, and evidence of formal recognition by local managers were used.

Results: The experience highlighted the central role of nurses as technical-political articulators in translating national guidelines into territorial practices, with emphasis on: organization of access exclusively through regulation systems (SISREG and e-SUS Regulação); adoption of the OCI logic (consultation, examination, and follow-up); implementation of mobile units characterized as customized trailers equipped with waiting areas, medical offices, ultrasound and mammography rooms, elevators for accessibility, climate-controlled and computerized environments; articulation with health surveillance and patient safety; and the innovative strategy of community mobilization through Community Health Workers. The case of Santo Antônio do Matupi stands out as the first district in the state of Amazonas to receive the Program, as well as the replicability of the experience, evidenced by a formal request for technical support from the municipality of Lábrea.

Conclusion: Nurses emerged as strategic actors in the implementation of the Agora Tem Especialistas Program in Amazonian territories, mediating the articulation between public policy, health management, and the community, and contributing to the consolidation of a model of regulated and humanized specialized care oriented toward the quality of the clinical encounter, in line with the principles of equity and comprehensiveness of the SUS.

Keywords: Nursing. Public Health Policies. Specialized Care. Programa Agora Tem Especialistas. Amazon.

RESUMO

Introdução: O acesso oportuno à atenção especializada permanece como um dos principais desafios do Sistema Único de Saúde (SUS), particularmente em territórios amazônicos marcados por grandes distâncias, vazios assistenciais e fragilidades na organização regionalizada da rede (Giovanella et al., 2020; Garnelo et al., 2017). Em resposta a esse cenário, o Ministério da Saúde instituiu, por meio da Medida Provisória nº 1.301, de 30 de maio de 2025, posteriormente regulamentada pela Portaria GM/MS nº 7.266, de 18 de junho de 2025, e no contexto da Situação de Urgência em Saúde Pública declarada pela Portaria GM/MS nº 7.061, de 6 de junho de 2025, o Programa Agora Tem Especialistas, com apoio da Agência Brasileira de Apoio à Gestão do SUS (AgSUS), estruturado sobre a lógica de acesso regulado, cuidado integral e utilização de unidades móveis de atenção especializada (Brasil, 2025a; Brasil, 2025b; Brasil, 2025c).

Objetivo: Relatar e analisar a atuação do enfermeiro na implementação do Programa Agora Tem Especialistas em territórios amazônicos, enfatizando os processos de articulação interfederativa, organização da regulação por meio do SISREG e do e-SUS Regulação, mobilização comunitária e operacionalização de unidades móveis estruturadas segundo a lógica da Oferta do Cuidado Integral (OCI).

Método: Estudo descritivo, de abordagem qualitativa, na modalidade relato de experiência, fundamentado na observação participante e na sistematização reflexiva das atividades desenvolvidas entre 2025 e 2026 nos municípios de Humaitá e Lábrea e no distrito de Santo Antônio do Matupi, no município de Manicoré (AM). Utilizaram-se registros de campo, documentos normativos, atas de reuniões, instrumentos institucionais e evidências de reconhecimento formal por gestores locais.

Resultados: A experiência evidenciou o papel central do enfermeiro como articulador técnico-político na tradução das diretrizes nacionais em práticas territoriais, destacando-se: a organização do acesso exclusivamente por meio da regulação (SISREG/e-SUS

Regulação); a adoção da lógica da OCI (consulta, exame e retorno); a implantação de unidades móveis caracterizadas como carretas customizadas, com salas de espera, consultórios, salas de ultrassonografia e mamografia, elevador para acessibilidade, ambiente climatizado e informatizado; a articulação com a vigilância sanitária e a segurança do paciente; e a estratégia inovadora de mobilização por meio dos Agentes Comunitários de Saúde. Ressalta-se, ainda, o marco de Santo Antônio do Matupi como primeiro distrito do estado do Amazonas a receber o Programa e a replicabilidade da experiência, atestada por solicitação formal de apoio técnico no município de Lábrea.

Conclusão: O enfermeiro configurou-se como ator estratégico na implementação do Programa Agora Tem Especialistas em território amazônico, mediando a articulação entre política pública, gestão e comunidade, e contribuindo para a consolidação de um modelo de atenção especializada regulada, humanizada e orientada pela qualidade do encontro clínico, em consonância com os princípios de equidade e integralidade do SUS.

Palavras-chave: Enfermagem. Políticas Públicas de Saúde. Atenção Especializada. Programa Agora Tem Especialistas. Amazônia.

RESUMEN

Introducción: El acceso oportuno a la atención especializada sigue siendo uno de los principales desafíos para el Sistema Único de Salud (SUS) de Brasil, particularmente en territorios amazónicos marcados por grandes distancias, brechas en la atención y debilidades en la organización regionalizada de la red (Giovannella et al., 2020; Garnelo et al., 2017). En respuesta a este escenario, el Ministerio de Salud instituyó, mediante la Medida Provisional nº 1.301, de 30 de mayo de 2025, posteriormente reglamentada por la Ordenanza GM/MS nº 7.266, de 18 de junio de 2025, y en el contexto de la Emergencia de Salud Pública declarada por la Ordenanza GM/MS nº 7.061, de 6 de junio de 2025, el Programa "Ahora Hay Especialistas", con apoyo de la Agencia Brasileña de Apoyo a la Gestión del SUS (AgSUS), estructurado en la lógica del acceso regulado, la atención integral y el uso de unidades móviles de atención especializada (Brasil, 2025a; Brasil, 2025b; Brasil, 2025c).

Objetivo: Informar y analizar el rol de las enfermeras en la implementación del Programa "Agora Tem Especialistas" en territorios amazónicos, con énfasis en los procesos de articulación interfederativa, organización de la regulación a través del SISREG y la Regulación e-SUS, movilización comunitaria y operacionalización de unidades móviles estructuradas según la lógica de la Oferta Integral de Atención (OCI). Método: Estudio descriptivo, con enfoque cualitativo, en forma de relato de experiencia, basado en la observación participante y la sistematización reflexiva de actividades desarrolladas entre 2025 y 2026 en los municipios de Humaitá y Lábrea y en el distrito de Santo Antônio do Matupi, en el municipio de Manicoré (AM). Se utilizaron registros de campo, documentos normativos, actas de reuniones, instrumentos institucionales y evidencia de reconocimiento formal por parte de los gestores locales.

Resultados: La experiencia destacó el rol central de la enfermera como articuladora técnico-política en la traducción de las directrices nacionales a las prácticas territoriales, con énfasis en: la organización del acceso exclusivamente a través de la regulación (SISREG/Regulación e-SUS); La adopción de la lógica OCI (consulta, examen y seguimiento); la implementación de unidades móviles caracterizadas como remolques personalizados, con salas de espera, consultorios, salas de ecografía y mamografía, ascensor para accesibilidad, ambiente climatizado e informatizado; la coordinación con la vigilancia sanitaria y la seguridad del paciente; y la innovadora estrategia de movilización a través de Agentes Comunitarios de Salud. Cabe destacar también el hito de Santo Antônio

do Matupi como el primer distrito del estado de Amazonas en recibir el Programa y la replicabilidad de la experiencia, avalada por una solicitud formal de apoyo técnico en el municipio de Lábrea.

Conclusión: La enfermera se configuró como un actor estratégico en la implementación del Programa "Ahora Hay Especialistas" en el territorio amazónico, mediando la articulación entre las políticas públicas, la gestión y la comunidad, y contribuyendo a la consolidación de un modelo de atención especializada regulada, humanizada y de calidad, de acuerdo con los principios de equidad e integralidad del SUS (Sistema Único de Salud).

Palabras clave: Enfermería. Políticas de Salud Pública. Atención Especializada. Programa Agora Tem Especialistas. Amazon.

1 INTRODUCTION

Timely and equitable access to specialized care is one of the main structural challenges of public health systems and is recognized as a central component for the effectiveness of Health Care Networks and for the reduction of inequities (Giovanella et al., 2020; Mendes, 2011). In Brazil, the persistence of long queues for consultations, exams, and specialized procedures expresses historical limits in installed capacity, weaknesses in regionalization, and difficulties in the organization of care regulation (Paim et al., 2011; Travassos, Oliveira; Viacava, 2006).

In the Amazon region, these challenges are more complex due to the large territorial extension, low population density, logistical barriers, and the scarcity of specialists, which accentuates care gaps and compromises comprehensive care (Garnelo et al., 2017; Schweickardt et al., 2019). The organization of strategies capable of integrating primary care, regulation and specialized supply in regional networks becomes, therefore, a fundamental condition for the effectiveness of the principles of the Unified Health System (SUS).

2 TERRITORIAL AND DEMOGRAPHIC CHARACTERIZATION OF THE MUNICIPALITIES AND DISTRICT STUDIED

The municipality of Humaitá, located in the south of the state of Amazonas, on the banks of the Madeira River, registered 57,473 inhabitants in the 2022 Demographic Census of the Brazilian Institute of Geography and Statistics (IBGE), with a demographic density of 1.74 inhabitants/km², which expresses its extensive territorial area and the challenges associated with the provision of specialized health services in this region.

The municipality of Lábrea, also in the south of Amazonas, had 45,448 inhabitants in 2022, with a demographic density of 0.67 inhabitants/km², indicating a scenario even more marked by low population concentration and large internal distances, which historically influences the organization of health care in a network and the need for itinerant strategies to expand access.

The district of Santo Antônio do Matupi, which is part of the municipality of Manicoré (AM), has its oldest demographic data detailed by census sector in the 2010 IBGE Demographic Census, the last source of official data subdivided by district, and registered 9,139 inhabitants that year, of which 5,870 lived in the urban area. The release of specific district data from the 2022 Census by the IBGE is still in the process of consolidation in official tabulated databases, which generates discrepancies between current estimates and historical data. It is worth mentioning that local management, based on operational surveys and territorial coexistence, still refers to the district as close to 9 thousand inhabitants, which,

although not formalized in a consolidated IBGE tabular publication for 2022, constitutes an approximate parameter used in municipal administrative practices. This demographic and territorial configuration — with municipalities of large size and low density, and a district with difficulties in measuring the population up to date — reflects a scenario in which the provision of specialized care faces logistical challenges, geographic distances, and specific needs for regulation and interfederative articulation.

In this context, the Ministry of Health instituted, through Provisional Measure No. 1,301, of May 30, 2025, later regulated by Ordinance GM/MS No. 7,266, of June 18, 2025, and in the context of the Public Health Emergency Situation declared by Ordinance GM/MS No. 7,061, of June 6, 2025, the Agora Tem Especialistas Program, which defines guidelines for expanding and qualifying access to specialized care, with emphasis on the use of installed capacity, the strengthening of regulation systems, interfederative articulation, and the adoption of innovative care devices, including the mobile specialized care units, with operational support from the Brazilian Agency for Support to SUS Management (AgSUS) (Brazil, 2025a; Brazil, 2025b; Brazil, 2025c).

The Program is structured on the logic of exclusively regulated access, through the Regulation System (SISREG) and e-SUS Regulation, ensuring nominal lists, prior scheduling and organization of appointments according to the Comprehensive Care Offer (OCI), understood as the articulated performance of an initial consultation, exam or procedure and return consultation, ensuring continuity, clinical quality and patient safety. Such a model conceptually distances itself from actions of a massive or episodic nature, prioritizing the centrality of the clinical encounter, the humanization of care and the problem-solving capacity of care.

The mobile units used under the Program are configured as customized truck-type vehicles, equipped with waiting rooms, medical offices, ultrasound and mammography rooms, elevators for accessibility for people with reduced mobility, in addition to air-conditioned and computerized environments, with infrastructure equivalent to that of fixed services of medium complexity. These devices are integrated into the SUS information and regulation systems and submitted to health inspection, patient safety protocols, and equipment calibration routines, ensuring technical and care standards compatible with specialized care.

The literature on public policies and health management highlights that the effectiveness of programs of this nature depends, in addition to the normative design, on the performance of professionals capable of articulating the implementation in the territory, mediating the relationship between national guidelines, local management and the needs of

the population (Hartz; Silva, 2005; Peters et al., 2013). In this process, nurses occupy a strategic position in the SUS, due to their historical insertion in care coordination, health surveillance, service organization, and interprofessional and community articulation (Kurcgant, 2016; Peduzzi et al., 2011).

In view of this scenario, it is relevant to systematize concrete experiences of implementation of the Agora Tem Especialistas Program in Amazonian territories, based on the role of nurses as agents of interfederative articulation and organizer of regulation and care processes. This study aims to report and analyze this performance in the municipalities of Humaitá and Lábrea and in the district of Santo Antônio do Matupi, in the municipality of Manicoré, state of Amazonas, highlighting the institutional arrangements, the organization of regulation, community mobilization and the operationalization of mobile units of specialized care.

The period of planning, agreement and execution of actions linked to the modality of Mobile Units of the Program is adopted as an analytical approach, with emphasis on the flows of regulation via e-SUS Regulation and/or SISREG, on the articulation between municipal managers, the State Department of Health and the Ministry of Health, and on the role of the nurse in the coordination of care, in the logistical organization and in the mediation between the different levels of care. The analysis seeks to highlight both the advances in the expansion of access to specialized care and the structural and operational limits imposed by the Amazonian territorial dynamics, marked by long distances, care gaps and weaknesses in the regionalized network.

3 METHODOLOGY

This is a descriptive and analytical study, with a qualitative approach, in the form of an experience report, developed from the author's professional experience in institutional support activities related to the Agora Tem Especialistas Program in the municipalities of Humaitá, Lábrea and in the district of Santo Antônio do Matupi, in the municipality of Manicoré (AM), from October 2025 to January 2026.

The experience report, as a methodological strategy in Collective Health, is recognized as a legitimate device for the production of knowledge about work processes, organization of services and implementation of public policies, to the extent that it allows the articulation of the empirical dimension of professional practice with the critical-reflexive analysis of its institutional, territorial and political-organizational determinants (Minayo, 2014; Deslandes & Gomes, 2016; Ceccim & Feuerwerker, 2004).

The production of information was based on participant observation, field records, records of interinstitutional meetings, public records and normative documents of the Ministry of Health, as well as observational information related to the regulation flows (e-SUS Regulation and SISREG), as recommended by qualitative approaches that value the immersion of the researcher in the investigated context and the understanding of the processes in their historicity and complexity (Minayo, 2014; Gil, 2019).

The analysis was guided by the references of the regionalization of the Unified Health System, the organization of Health Care Networks and care management, understanding the territory as a central category for the interpretation of the dynamics of access, care flows and interfederative articulation, especially in Amazonian contexts marked by great geographical distances, care gaps and structural inequalities (Mendes, 2011; Santos & Silveira, 2006).

The data were organized into analytical axes that include: (i) institutional articulation and interfederative agreement; (ii) organization of regulation flows; (iii) community mobilization and integration with Primary Care; and (iv) operationalization of the Mobile Specialized Care Units, seeking to highlight advances, limits and challenges in the implementation of the Program in hard-to-reach territories.

As it is an experience report based on work processes and institutional documents, without the use of identifiable user data or sensitive information, the study does not require consideration by the Research Ethics Committee, according to CNS Resolution No. 510/2016. Institutional anonymity and confidentiality of information were preserved.

It should be noted that this manuscript is an experience report based on the author's professional experience and documents in the public domain, and is not characterized as an institutional position or disclosure of internal administrative information. The analyses and interpretations presented are the sole responsibility of the author, having used only public, normative or observational data, without access or use of restricted institutional databases.

4 RESULTS AND DISCUSSION

4.1 INSTITUTIONAL ARTICULATION AND INTERFEDERATIVE AGREEMENT

The implementation of the Agora Tem Especialistas Program in the municipalities of Humaitá, Lábrea and in the district of Santo Antônio do Matupi showed, from the initial phase, the centrality of interfederative articulation as a condition for the operational viability of the Mobile Specialized Care Units. Considering the Amazonian territorial configuration, marked by long river and road distances, low density of specialized services and historical weaknesses in regionalization, the agreement between the Ministry of Health, the Amazonas State Department of Health and municipal administrations assumed a strategic character.

The process was conducted through technical meetings, definition of sanitary responsibilities, adequacy of the local infrastructure to receive the trucks and organization of reference and counter-reference flows. In this context, the role of nurses as institutional supporters and technical-political articulators proved to be fundamental to mediate interests, translate federal regulations into the local reality, and enable operational arrangements compatible with the installed capacities of the municipalities.

It is noteworthy that the agreement was not restricted to logistical aspects, but also involved the definition of criteria for access to services, integration with Primary Health Care and the operationalization of regulation systems (e-SUS Regulation and SISREG), ensuring that all users served by the Mobile Units were previously regulated, in line with the principles of equity, comprehensiveness and ordering of care in the Health Care Network.

In this context, monitoring assumes a central role as a management and articulation tool in the territory, as it enables the systematic monitoring of the agreed actions, the verification of their execution and the correction of directions throughout the process, an indispensable condition for inter-institutional strategies to achieve effectiveness and not be restricted to the normative plan. As Santos (2019) points out, it is through continuous monitoring that the co-responsibility between the actors involved is strengthened and that the planned actions are, in fact, implemented and consolidated in the daily routine of the services.

The experience in the municipalities of Humaitá, Lábrea and in the district of Santo Antônio do Matupi evidenced the complexity of the process of implementing the Mobile Units, since, in all territories, intersectoral articulation was necessary to define adequate physical areas, guarantee of continuous supply of electricity, connectivity for access to computerized systems, in addition to community mobilization to clarify the users about the criteria for scheduling and operation of the services.

In the district of Santo Antônio do Matupi, in particular, the role of Community Health Agents in mobilizing users in urban, rural and riverside areas was highlighted, considering that there was no structured waiting list for specialized procedures in women's health, since such services were not part of the municipality's regular offer. When necessary, the users were included in the state regulation and frequently referred to the capital, with trips that could exceed a day and a half by river and land, or to neighboring municipalities with limited supply, such as Humaitá, and, in extreme situations, to philanthropic services in other states, such as the Hospital de Amor, in Porto Velho (RO), highlighting the multiple geographical, economic, and institutional barriers to timely access.

4.2 ORGANIZATION OF REGULATION AND CARE FLOWS

The organization of access to the services offered by the Mobile Units of the Agora Tem Especialistas Program was structured based on the official regulation systems, notably the e-SUS Regulation and the SISREG, reaffirming the centrality of regulation as a device that organizes care and guarantees the principles of equity and integrality within the scope of the Health Care Networks.

All users assisted in the trucks were previously registered and regulated, based on requests from Primary Health Care, based on clinical protocols and prioritization criteria agreed between the municipal teams, the State Department of Health and the Ministry of Health. This process made it possible to organize waiting lists, stratify risks, optimize the use of the installed capacity of the Mobile Units and ensure that the most vulnerable cases and clinical need had timely access to consultations and specialized exams.

In the municipalities of Humaitá and Lábrea, as well as in the district of Santo Antônio do Matupi, regulation has taken on an even more strategic role due to the historical scarcity of local supply of medical specialties and diagnostic support, which traditionally forces users to travel long distances to regional centers. The insertion of the Mobile Units in the network required the construction of specific referral and counter-referral flows, articulating the Primary Care teams, the state services of medium complexity and the temporary structures installed by the trucks.

In this context, the nurse's work stood out in the coordination of work processes related to regulation, including technical support to the teams in the qualification of requests, dialogue with regulatory centers, monitoring of agendas and mediation of necessary adjustments in the face of connectivity limitations, system instabilities and logistical challenges typical of the Amazon territory. Such action contributed to reducing absences, reorganizing priorities and strengthening the integration between the points of care, bringing daily practice closer to the normative principles of regionalization and care management in the SUS.

4.3 COMMUNITY MOBILIZATION AND INTEGRATION WITH PRIMARY HEALTH CARE

The effectiveness of the implementation of the Mobile Units of the Agora Tem Especialistas Program in the territories studied was directly related to the capacity for community mobilization and the articulation with Primary Health Care (PHC), recognized as the preferential gateway and coordinator of care within the scope of the Unified Health System (Starfield, 2002; Mendes, 2011; Giovanella et al., 2020). In Amazonian contexts, marked by population dispersion, difficulties in geographic access and communication

limitations, the prior preparation of the territory proved to be a fundamental step for the adequate use of the specialized offer.

The PHC teams played a central role in identifying users with indication for consultations and specialized exams, updating registration, providing guidance on regulation flows, and preparing patients clinically and administratively for care in the trucks. The mobilization involved educational actions in health units, telephone contacts, articulation with community health agents and local leaders, seeking to reduce absences, clarify access criteria and strengthen the bond between users and the care network.

In the district of Santo Antônio do Matupi, territorial conditions, long distances between communities, and the predominance of productive activities linked to family subsistence imposed additional challenges to the organization of agendas and user attendance. The nurse's performance, in interface with the local teams and with the district management, which was performed by a nursing professional, proved to be strategic in the coordination of these actions, both in the planning of communication strategies and in the adequacy of service schedules, in the organization of reception and in the intersectoral articulation for logistical support.

This integration between PHC, regulation and Mobile Units contributed to the construction of more problem-solving care flows, favoring the continuity of care through counter-referral and longitudinal follow-up of users after consultations and specialized exams. This dynamic reinforces the understanding of Primary Care not only as an instance of referral, but as a structuring axis of the Health Care Network, even when the specialized offer is provided by itinerant devices.

4.4 OPERATIONALIZATION OF THE MOBILE UNITS OF SPECIALIZED CARE

The operationalization of the Mobile Units of the Agora Tem Especialistas Program in the municipalities of Humaitá, Lábrea and in the district of Santo Antônio do Matupi highlighted the logistical and organizational complexity involved in the itinerant provision of specialized care in Amazonian territories. The trucks, designed as temporary care structures of medium complexity, were equipped with waiting rooms, offices, environments for performing imaging exams (ultrasonography and mammography), elevator for accessibility for people with disabilities or reduced mobility, air conditioning and computerized systems integrated with SUS databases, with infrastructure equivalent to that of fixed services of medium complexity.

In addition, the implementation of the Mobile Units required permanent articulation with the service provider responsible for their operation, a company hired by the Ministry of Health,

through the Brazilian Agency for Support to SUS Management (AgSUS), for the provision and maintenance of customized trucks. This interface involved the systematic monitoring of structural conditions, equipment operation, accessibility, air conditioning, connectivity and adequacy of work processes, as well as the daily requirement of compliance with established technical, sanitary and contractual requirements. Such articulation proved to be fundamental to ensure that the provision of specialized care occurred in accordance with the standards of quality, patient safety and problem-solving capacity recommended by the Program, ensuring the effectiveness of care for the population in the Amazonian territories.

The installation of these units required the prior adaptation of physical areas, with a guarantee of continuous supply of electricity, connectivity for access to the regulation systems and medical records, health safety conditions and logistics for the reception of users. In Santo Antônio do Matupi, for example, intense articulation with the municipal management and other sectors of the local administration was necessary to enable land, support infrastructure and organization of the flow of people, considering the expected volume of services and the structural limitations of the district.

With regard to the work process, the presence of the Mobile Units implied the reorganization of the routines of the local teams, the integration between professionals from the trucks and the municipal network, and the definition of protocols for reception, referral and counter-referral. Nurses played a central role in the coordination of these activities, acting both in care management and in service management, articulating agendas, monitoring the functioning of agendas and care flows, mediating flows between regulation, PHC and specialized care, and ensuring the conformity of processes with the regulations of the Ministry of Health.

The challenges observed included connectivity instabilities, the need for continuous adjustments in supply logistics, adapting service times to the specificities of the local population, and overcoming barriers related to the transportation of users, especially those living in rural or riverside areas. Even so, the experience demonstrated the potential of the Mobile Units as a strategy for reducing care gaps and expanding access to medium complexity, as long as they are organically integrated into the regionalized network and supported by robust processes of regulation and coordination of care.

5 DISCUSSION

The experience of implementing the Agora Tem Especialistas Program in the municipalities of Humaitá, Lábrea and in the district of Santo Antônio do Matupi evidences, in a concrete way, the historical challenges of the regionalization of specialized care in

Amazonian territories and, simultaneously, the potential of innovative strategies, such as the Mobile Units, to reduce care gaps. The literature points out that ensuring timely access to medium complexity in regions of great territorial dispersion depends less on the mere expansion of supply and more on the ability to articulate networks, order flows, and integrate levels of care (Mendes, 2011; Viana et al., 2015).

In this sense, the centrality of regulation, operationalized through e-SUS Regulation and SISREG, is confirmed as a structuring element of equity and comprehensiveness of care, as it allows clinical prioritization, rationalization of the use of resources, and integration between Primary Care and specialized services, even when these are materialized in itinerant devices. The experience analyzed reinforces the findings of studies that highlight regulation as a strategic component of the governance of Health Care Networks, particularly in contexts of scarcity and asymmetry in the distribution of services (Silva et al., 2017; Santos & Campos, 2019).

Another relevant aspect concerns the role of nurses as agents of technical-political articulation and coordinator of work processes. In addition to its care attributions, the observed performance is inserted in the field of care management and institutional support, approaching the formulations of Ceccim and Feuerwerker (2004) on the inseparability between clinical, management and education in health work. In Amazonian territories, where the fragmentation of the network is intensified by geographical and institutional barriers, this mediating function proves to be even more strategic, contributing to the translation of federal regulations into territorially situated organizational arrangements.

The operationalization of the Mobile Units, in turn, shows both potentialities and limits. If, on the one hand, it expands access to specialized consultations and exams and reduces long-distance travel, on the other hand, it exposes the dependence on local infrastructure, connectivity, logistics, and effective integration with the fixed network. Such ambivalence dialogues with critical analyses of itinerant provision policies, which warn of the risk of punctual and discontinued solutions when not accompanied by the structural strengthening of regional networks (Paim, 2018; Giovanella et al., 2020).

Thus, the reported experience indicates that the effectiveness of the Mobile Units lies not only in the embedded technology, but above all in the capacity for interfederative articulation, in the coordination of care by Primary Care, in the robustness of the regulation systems and in the protagonism of professionals with a technical-political profile, such as nurses, in the conduction of the processes.

It is worth recognizing some limitations of this account. The situated character of the experience is highlighted, restricted to three Amazonian territories and based predominantly

on the author's experience, which may limit the generalization of the findings. In addition, comparative quantitative indicators of access before and after the intervention were not used, restricting causal inferences about the impact of care. Even so, the systematization presented contributes to the understanding of organizational processes and institutional arrangements in contexts of difficult access, offering subsidies for the management of specialized care in the SUS.

The text does not propose to carry out an evaluation of institutional performance or analysis of administrative indicators, limiting itself to the reflective description of organizational processes observed in professional practice.

6 CONCLUSION

The systematization of the experience of implementing the Agora Tem Especialistas Program in Humaitá, Lábrea, and the district of Santo Antônio do Matupi, from October 2025 to January 2026, shows that expanding access to specialized care in Amazonian territories requires more than the availability of itinerant structures. It requires solid institutional arrangements, effective interfederative agreement, organic integration with Primary Care, and regulation capable of ordering flows according to criteria of necessity and equity.

The nurse's role proved to be central in this process, both in the technical coordination of regulation and care flows, as well as in the mediation between managers, teams and the community, configuring themselves as a strategic agent in the implementation of public policies in contexts of high territorial and organizational complexity.

It is concluded that the Program's Mobile Units, when integrated into the Health Care Networks and supported by robust processes of regulation and care management, constitute an important device for the reduction of care gaps and for the realization of the right to health in regions historically marked by inequities of access. However, its results depend on the continuity of actions, the strengthening of local installed capacity and the consolidation of interfederative articulation practices, under penalty of being configured as episodic responses to structural problems.

This experience contributes to the debate on regionalization, access, and organization of specialized care in the Amazon, offering subsidies for the improvement of public policies and for the training of health professionals, especially nurses, with skills focused on the management of care in territories of great vulnerability and socio-spatial complexity.

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