

## The importance of Primary Health Care in guaranteeing adolescents' right to health in Brazil

*A importância da Atenção Primária à Saúde na garantia do direito à saúde dos adolescentes no Brasil*

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**ABSTRACT** This essay analyzes the guarantee of adolescents' right to health in Brazil, highlighting national and international guidelines documents, epidemiological data, public policies, and programs developed to ensure comprehensive and integrated health care for adolescents. The theoretical framework discussed reveals significant gaps in adolescent health policy in Brazil and worldwide, ranging from human resource issues within the Unified Health System (SUS) to the integration and availability of health data across different information systems. These aspects affect access to Primary Health Care (PHC) services and the quality of care, which in turn influence morbidity and mortality indicators such as all forms of violence, tobacco addiction, alcohol and other drugs, worsening mental health, sexual and reproductive rights, vaccination coverage, and the rising prevalence of overweight and obesity diagnoses, among others. These essay positions PHC as the coordinator of care, intersectoral action, and adolescent participation as central strategies for promoting comprehensive health. It concludes that investing in adolescent health is an ethical and strategic imperative to break cycles of inequality and promote the well-being of future generations.

**KEYWORDS** Adolescent health. Adolescent health services. Primary Health Care.

**RESUMO** Este ensaio analisa a garantia do direito à saúde dos adolescentes no Brasil, destacando documentos orientativos nacionais e internacionais, dados epidemiológicos, políticas públicas e programas desenvolvidos para garantir a saúde integral e integrada aos adolescentes. O referencial teórico discutido evidencia lacunas importantes na política de saúde dos adolescentes no Brasil e no mundo, que vão desde aspectos de recursos humanos no Sistema Único de Saúde até a integração e a disponibilização de dados de saúde contidos em diferentes sistemas de informação. Esses aspectos impactam no acesso aos serviços de Atenção Primária à Saúde (APS) e na qualidade da assistência, que, por sua vez, incidem em indicadores de morbimortalidade, como todos os tipos de violência, o uso abusivo de tabaco, álcool e outras drogas, o agravamento da saúde mental, os direitos sexuais e reprodutivos, a cobertura vacinal, o crescimento dos diagnósticos de sobrepeso e obesidade, entre outros. O ensaio posiciona a APS como ordenadora do cuidado, da intersectorialidade e da participação dos adolescentes como estratégias centrais para a promoção da saúde integral. Conclui-se que investir em saúde na adolescência é um imperativo ético e estratégico para romper ciclos de desigualdade e promover o bem-estar das futuras gerações.

**PALAVRAS-CHAVE** Saúde do adolescente. Serviços de saúde do adolescente. Atenção Primária à Saúde.

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## Introduction

The Unified Health System (SUS) is a public policy that, in its primary concept, presents health as a fundamental human right, with the State having the responsibility to guarantee the necessary conditions for its full realization<sup>1</sup>. The SUS is safeguarded by the principles of universality, equity, and comprehensiveness, but, although it has been in place for 37 years, it is not yet consolidated. Several studies point to underfunding and a model of care focused on treating diseases to the detriment of prevention as challenges to its consolidation<sup>2</sup>.

In addition to this challenging scenario, the post-COVID-19 period has been characterized by a multifaceted set of emerging and equally priority public health issues, such as health promotion in vulnerable populations and the construction of an equitable and resilient health system<sup>3,4</sup>. Within this list of priority agendas is the comprehensive and integrated health of adolescents. Adolescence is a phase of the life cycle encompassing individuals aged between 10 and 19 years, characterized by significant cognitive, intellectual, emotional, and physical development, as well as a significant increase in social interactions. The second decade of life is an excellent window of opportunity for ensuring health, and the impact of actions aimed at health promotion reaches three temporal dimensions: the present moment of adolescence, the next phases of life, and future generations<sup>5</sup>.

Health statistics reveal structural and regional inequalities in access to public health policies. Adolescents living in vulnerable territories are more exposed to multiple disease burdens, including infectious diseases, non-communicable diseases, violence, substance abuse, food insecurity, and malnutrition<sup>6</sup>. Adolescent girls, Black adolescents, Indigenous adolescents, Quilombola adolescents, LGBTQIAPN+ adolescents, neurodivergent adolescents, and adolescents with disabilities face inequalities in access to healthcare with even greater impact. Therefore, promoting

comprehensive and integrated public health policies for adolescents is crucial for building the human capital of future generations and breaking the generational cycle of poverty and inequality.

This essay provides a theoretical analysis of the topic of adolescent health and is structured in four sections: in the first, the authors present an overview of adolescent morbidity and mortality indicators; the second section addresses how the topic of adolescent health has been discussed in Brazil and internationally; the third presents the main policies, programs, and initiatives that Brazil has regarding adolescent health; the last section discusses the role of Primary Health Care (PHC) as the coordinator of comprehensive and integrated adolescent health care.

The technical documents, public policies, and reports analyzed in this essay were selected by the authors based on their relevance to the study's theoretical framework. Eligible documents included those produced by international organizations and the Ministry of Health (MoH), as well as academic articles addressing the topic of adolescent health. The objective of this essay is to discuss the centrality of the adolescent health agenda from the perspective of guaranteeing rights within primary care services, so that access is expanded and comprehensive and integrated health for adolescents in Brazil is effectively promoted.

## Overview of morbidity and mortality indicators in the second decade of life

The demographic transition experienced in recent years has brought about a structural change in the age pyramid: for the first time in human history, the number of adolescents (10 to 19 years old) is greater than the number of children under 10 years of age. Global estimates show that adolescents

represent approximately a quarter of the world's population<sup>7,8</sup>.

In Brazil, population estimates from the 2022 Census by the Brazilian Institute of Geography and Statistics (IBGE) indicate that there are approximately 29 million adolescents, which corresponds to about 10% of the Brazilian population<sup>9</sup>. At birth, the proportion of males is greater than that of females, with 103.5 males for every 100 females. However, this scenario changes in the population from the age of 25 onwards, when the female population becomes larger than the male population<sup>9</sup>. This finding is intrinsically related to adolescent mortality statistics.

The leading cause of death among adolescents worldwide is preventable. In the Americas region, the three main causes of death for adolescents aged 15 to 19 are: interpersonal violence (66 deaths per 100,000), traffic accidents (24 deaths per 100,000), and suicide (9 deaths per 100,000)<sup>10</sup>. Data on adolescent deaths in Brazil are derived from the Atlas of Violence of the Institute for Applied Economic Research (IPEA), which, in 2023, recorded 9,132 deaths from external causes among adolescents aged 15 to 19, of which 83% were homicides resulting from conflicts involving firearms<sup>11</sup>. Male adolescents are the main victims of homicide, totaling 94% of all deaths in 2023. The North and Northeast regions present worrying statistics, with the states of Amapá and Bahia topping this list, with 134.5 and 113.7 homicides per 100,000 young people, respectively<sup>11</sup>.

It is possible to link the mortality scenario with aspects of mental health and violence. Global estimates on mental disorders from the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) indicate that approximately 13% of adolescents aged 10 to 19 worldwide have some type of mental disorder. This represents 166 million adolescents in distress<sup>12</sup>. In Brazil, the estimate is even higher: one in six adolescents has some type of mental disorder, such as depression, self-inflicted violence, and suicide<sup>13</sup>.

The latest National School Health Survey (PeNSE), a Brazilian survey focusing on the second decade of life, conducted in 2019, showed that 50% of the adolescents interviewed reported experiencing mental health distress, which was more frequent among male adolescents (59.5%) than among female adolescents (42%)<sup>14</sup>. This suggests that gender patterns need to be investigated in the context of mental health.

In scientific literature, the second decade of life is identified as a critical period regarding the experience of psychological distress, such as depression, anxiety symptoms, alcohol and drug abuse, eating disorders, and self-harm. These aspects should be considered from a comprehensive and multifaceted perspective, including family and school relationships, and more recently, interactions through digital means. The findings of the PeNSE corroborate the scientific literature, pointing to mental health, especially in the post-pandemic context, as one of the most serious public health problems among adolescents.

One of the determinants related to the context of mental health is the use of psychoactive substances. The PeNSE investigated the use of cigarettes, alcohol, and other drugs and described a significant increase in use between 2012 and 2019. In 2012, 52.8% of the adolescents interviewed reported having used alcohol; this number rose to 63.2% in 2019. The same phenomenon of increase was observed for other drugs (from 9.6% in 2012 to 12.1% in 2019), while cigarettes showed a slight decrease (from 22.9% in 2012 to 21% in 2019). It is important to highlight that the increase in the use of alcohol and other drugs among adolescents is a phenomenon that has multiple determinants, such as social, psychological, and behavioral conditions<sup>15,16</sup>.

The abusive and prolonged use of alcohol and other drugs causes harm to the full development of adolescents<sup>15</sup>. Identification and appropriate counseling in PHC for adolescents are fundamental for harm reduction measures to be applied, aiming to mitigate the harm

caused by abusive use, from an emancipatory perspective for adolescents and committed to guaranteeing human rights<sup>15</sup>.

Regarding sexual and reproductive health, the PeNSE survey identified that 51.7% of adolescents had their first sexual intercourse before the age of 13 (61.3% of boys and 37.2% of girls). In this context, the data indicate that boys are initiating their sexual lives at a younger age than girls. The exercise of sexuality during adolescence is a condition that involves multiple aspects of intersectionality.

Intersectionality and the sexual activity of adolescents in Brazil, from a rights perspective, reveal the complexity of lived experiences, marked by inequalities. The interaction of factors such as gender, race, class, and sexual orientation directly influences access to information, health services, and sex education, impacting how these adolescents experience their sexuality. Guaranteeing sexual and reproductive rights is a crucial step to ensure that all adolescents can enjoy their sexual experiences in a healthy and safe way, respecting their individualities and promoting equity. However, it is worth highlighting, within the context of recognizing rights and protecting childhood and adolescence, that Brazilian criminal law has, since 2009, criminalized the rape of a vulnerable person in cases of sexual intercourse or exposure to lewd acts with children and adolescents under 14 years of age<sup>17</sup>.

The PeNSE survey also showed that among adolescents who reported having an active sex life, 40.8% did not use a condom during their last sexual encounter; however, 69% stated that they had received information about where to obtain condoms free of charge through the SUS. The practice of sexual intercourse before the age of 14 is an indicator that has a strong correlation with risks to sexual and reproductive health and represents a failure in the health system regarding the prevention of sexual violence and sexual education for adolescents, directly impacting the incidence of Sexually Transmitted Infections (STIs) and unintended pregnancy.

Regarding STIs, the latest Epidemiological Bulletin from the MS, a document that presents the historical series of HIV incidence, describes that, in the 15-19 age group, the occurrence of HIV has remained stable in recent years, however, it represents a total of 5.2% of all diagnoses. In 2025, 1,115 adolescents were diagnosed with HIV, the majority of them male<sup>18</sup>.

Regarding teenage pregnancy, data shows a decline in Brazil. The percentage of births to teenage mothers in 2024 was the lowest in the historical series of the National Live Births Information System (SINASC)<sup>19</sup>. In 2024, 261,000 births were registered to mothers aged between 15 and 19 years. Among adolescents who gave birth, the racial breakdown shows that there were 191,000 births to Black adolescents (Afro-Brazilian Women) and 6,000 to Indigenous adolescents, while 12,000 births were to girls aged 10 to 14 years, resulting from sexual violence. It is worth highlighting that Brazilian legislation supports the right to access abortion in cases of sexual violence<sup>17</sup>, however, social taboos surrounding legal abortion in Brazil tend to distance teenage girls (and women) from this right, which impacts maternal deaths among adolescent due to unsafe abortion conditions<sup>20</sup>.

Adolescent pregnancy is a challenge for our society, as it is strongly correlated with violence, social vulnerability, child marriage (prohibited by Law No. 13.811/2019)<sup>21</sup> and negative birth outcomes (maternal and infant mortality). Becoming a mother before the age of 19 can mean, for many girls, dropping out of school, lack of opportunity to build a life project and disempowerment over their own bodies. Professionals working in primary health care must be vigilant in identifying situations of rights violations and pregnancies resulting from sexual violence. They must also promote sexual and reproductive education for adolescents, quality care for pregnant adolescents during prenatal care, including access to at least seven consultations, dental care, the caring out of gestational examinations and the guarantee of immunization.

Regarding adolescent immunization, the National Immunization Program (PNI) vaccination schedule recommends vaccination against: HPV, diphtheria and tetanus, meningococcal ACWY conjugate vaccine, Measles–Mumps–Rubella vaccine (MMR)<sup>22</sup>. The HPV vaccine was introduced into the Brazilian vaccination schedule in 2014 and has undergone modifications to the vaccination schedule. Currently, it is recommended for boys and girls aged 9 to 14 years and has a target vaccination coverage of 90%. In 2024, vaccination coverage for girls was approximately 83%, while for boys it was approximately 68%<sup>23</sup>. It is estimated that around 7 million adolescents aged 15 to 19 years will not have received the vaccine in Brazil by 2025<sup>24</sup>, even though it is a proven effective measure to prevent cases of cancer, such as cervical cancer.

Healthy eating and regular physical activity are also important topics for adolescent health. Data from the Food and Nutrition Surveillance System (SISVAN) are poorly representative for this age group, with coverage below 15% for 2024<sup>25</sup>. In this context, expanding SISVAN coverage is a robust measure to provide data for continuous and permanent monitoring of the nutritional status and food consumption of adolescents.

Despite low coverage, the adolescent population assessed by SISVAN reveals a worrying scenario: more than 30% are overweight, and 9% have been diagnosed with obesity. Excess weight is associated with an increased risk of chronic non-communicable diseases, such as diabetes and hypertension, a fact that is strongly related to the high consumption of ultra-processed foods. In this sense, it is important to consider the school as a crucial environment for transforming obesogenic food environments into environments that promote the adoption of healthy eating habits. The National School Feeding Program (PNAE) and the inclusion of food and nutrition education in school curricula are fundamental strategies to reverse this trend and ensure that students have access to information, opportunities and

resources that favor healthier and more sustainable choices<sup>26</sup>.

The data presented in this section corroborate the assertion that adolescence in Brazil is marked by critical challenges related to violence, mental health, sexual and reproductive rights, immunization, and dietary habits. This data points to the urgent need for intersectoral public policies and actions to promote health and prevent harm, with Primary Health Care (PHC) serving as the primary strategy for mitigating this scenario through Basic Health Units.

## **The national and international agenda for comprehensive and integrated adolescent health**

The concept that adolescents are subjects of rights and that they must be protected by the State, society, and family, with absolute priority, has its international legal framework in the resolution adopted by the General Assembly of the United Nations (UN), called the Convention on the Rights of the Child<sup>27</sup>, the international convention with the largest number of signatory countries. In Brazil, the principles and guidelines adopted in the Convention made possible the promulgation of the Statute of the Child and Adolescent (ECA)<sup>28</sup>, a document that has been a reference for the development of various public policies in the fields of health, education, social assistance, culture, public security, among others.

In the same year as the ratification of the Convention, Brazil launched, in an innovative way, the Adolescent Health Program (PROSAD)<sup>29</sup>. This was the first national program designed to work in disease prevention and health promotion among adolescents. A study that analyzed the implementation of PROSAD highlighted that the paradigmatic challenge of the program was the shift in focus

from the adolescent as a ‘passive problem’ to the adolescent as an ‘active solution’, aiming to increase the participation of adolescents in health promotion services and activities<sup>4</sup>.

In 2010, the MoH launched the ‘National Guidelines for Comprehensive Healthcare for Adolescents and Young People’<sup>30</sup>. The innovative points of this document consist of inter-federative and inter-sectoral strategies aimed at improving the quality of care for adolescents. The objective of the guidelines is to equip SUS professionals with the tools for a comprehensive and integrated approach to the health of adolescents and young people through the implementation of monitorable actions that reduce vulnerabilities.

Internationally, the launch of the Sustainable Development Goals (SDGs) in 2015 is an important benchmark for national governments in developing strategies that directly impact adolescents, regarding targets related to reducing poverty and hunger, expanding access to education, water and sanitation, economic growth, resilience to climate change, gender equality and social inclusion<sup>31</sup>.

Since 2017, the WHO, UNICEF, and other United Nations agencies have been promoting actions related to this topic, such as the Working Group entitled Accelerated Global Action for Adolescent Health (AA-HA!)<sup>10</sup>. This group develops recommendations to support member countries in implementing strategies for the health and well-being of adolescents. In 2023, the AA-HA! group released a second edition of the theoretical document, translated into several languages, which provides information to governments and civil society in various countries about the landscape of adolescent health and well-being around the world and presents a set of evidence-based strategies.

The document also provides information on defining priorities, planning actions, and evaluating health and well-being programs for adolescents, based on the following themes: sexual and reproductive health, mental health, nutrition, physical activity, chronic

non-communicable diseases, and the use of alcohol, tobacco, and other drugs. The publication also presents monitoring methods using a tool developed by the WHO, UNICEF, and UN partners, entitled The Global Action for Measurement of Adolescent Health – Gama Indicators, which offers a unique set of indicators to systematically monitor well-being and health in adolescence<sup>32</sup>.

Brazil, in 2025, implemented the international Gama indicators and found that the country has a consistent data infrastructure and accessible information systems (Mortality Information System – SIM; SINASC; Health Information System for Primary Care – SISAB; Notifiable Diseases Information System – SINAN; SISVAN, among others) and national surveys, such as PeNSE, which provide satisfactory access to data on the health and well-being of adolescents. However, some gaps were identified, such as discrepancies in the age ranges of the data sources and limitations in the disaggregation of indicators by race and ethnicity. Another gap identified is the absence of indicators related to the autonomy and resilience of adolescents in the Brazilian context. The Brazilian experience in conducting the analysis of international indicators was a milestone in the strategic alignment of the federal government with international recommendations and indicates significant progress in mapping opportunities and gaps in the comprehensive and integrated health of adolescents in the national scenario.

Supporting the SDGs, the Global Strategy for Women’s, Children’s and Adolescents’ Health (2016–2030)<sup>33</sup> was launched in 2018, recognizing adolescence as a critical phase for ensuring health and well-being throughout life. Adolescents are included as a priority group within international recommendations, focusing on human rights, equity, and gender. Strategy points to the strengthening of intersectoral actions involving health, education, social assistance, adolescent participation, and monitoring of global indicators as pathways.

In this same sense, the renowned international journal 'The Lancet' has three important publications resulting from investigative and analytical work on the health and well-being of adolescents as a global priority. The authors advocate for the adoption and strengthening of evidence-based public policies, more effective investments in intersectoral interventions, active participation of adolescents in the face of historical gaps in global adolescent health policies, and the need for intersectoral actions to achieve comprehensive care in the face of emerging challenges such as the impacts of the COVID-19 pandemic, the climate crisis, armed conflicts, setbacks in rights, and global funding cuts<sup>5,6,34</sup>.

Public health policies aimed at adolescents require an intersectoral approach, as this is a life cycle in which new social relationships are built – beyond the groups established in childhood – and interactions occur in different environments and contexts, including digital interactions. It is essential that health policies be planned based on evidence, implemented with the possibility of adaptation to the local context, and continuously monitored, aiming to guarantee access, comprehensive care, equity in actions, and, above all, developed with the participation of adolescents.

## **Public policies to promote the comprehensive and integrated health of adolescents**

Brazil has a set of policies, programs, and guidelines that organize the SUS and, to some extent, contribute to guaranteeing the health of adolescents. The National Policy for Comprehensive Healthcare for Adolescents in Conflict with the Law ensures the right to access physical and mental health, prevention of health problems, health promotion, and social reintegration. The National Health Promotion Policy encourages the adoption

of healthy lifestyles and the prevention of violence. The National Mental Health Policy addresses the prevention and treatment of mental disorders within the SUS. The National Food and Nutrition Policy provides guidelines for food and nutritional surveillance within the SUS to monitor the nutritional status and food consumption of adolescents. The National Primary Care Policy organizes primary care as the gateway for adolescents to access the SUS, within the perspective of the Family Health Strategy (ESF). Finally, the National Humanization Policy calls for paradigm shifts in the health sector to guarantee the user's connection with the team, welcoming and respect, strengthening relationships and adherence to services. All these policies in the health sector, together with other policies from other sectors, when coordinated, have the potential to contribute to comprehensive and integrated care for adolescents, considering physical, mental and social dimensions, and reinforce the importance of intersectoral collaboration to promote health, prevent harm and ensure the rights of adolescents within the SUS.

Although Brazil has a consistent framework of policies, programs, and guidelines regarding adolescent health, significant gaps persist in funding, strategic prioritization, access to primary care, and other areas. Adolescent health cannot be addressed solely as an issue confined to the health sector. Public agents at all three levels of government need to collaborate to optimize resources and foster constant interaction through technical groups, commissions, and committees, enabling dialogue between the health, education, social assistance, culture, justice, sports, and leisure sectors.

In the debate about adolescent health, education should be considered a key element in implementation, given its potential to influence behaviors, since it is the area that interacts directly with adolescents for a long period. When health education activities are articulated within the school's political-pedagogical project and the work plan of the health teams, the actions reinforce each other

and achieve positive impacts among all those involved, whether professionals, students, or family members.

In this sense, the School Health Program (PSE)<sup>35</sup>, launched in 2007 as an intersectoral action between the Ministry of Health and the Ministry of Education, is a great example of how to promote joint actions for prevention, promotion and attention to health in the school environment. For most adolescents in Brazil, the PSE is the main way of contacting health professionals. The PSE's methodological guide organizes health topics into priority areas of action, such as: healthy eating, sexual and reproductive health, oral health, culture of peace, immunization and mental health. The PSE has the potential to promote the timely identification of health problems, bring health teams closer to students and optimize the referral time to specialized services for the identification of health problems.

Strengthening the PSE as a structuring program for the relationship between primary care and basic education reinforces the importance of intersectoral collaboration, directly contributing to the formation of healthier citizens. Changing the current paradigm of the PSE, with the consistent and permanent inclusion of adolescents, could transform it into a leading global example of a peer education program and adolescent engagement in health issues.

Developing adolescent leadership skills on health issues within the school environment can enhance health literacy among the population, leading to more effective health interventions and creating a powerful network to combat fake news. This impacts not only their peers at school but also their families and communities. It's important to highlight that family involvement through positive parenting during adolescence is crucial for developing these strategies. Engaging adolescents and their families on health issues is not an easy task; it requires sensitizing professionals, actively listening without judgment, and creating horizontal spaces for building health knowledge.

Youth engagement initiatives are powerful tools for increasing self-care and self-esteem among adolescents in social settings. The Adolescent Citizenship Center (NUCA)<sup>36</sup>, for example, is an initiative that falls within the context of the UNICEF Seal, in municipalities in the North and Northeast regions of Brazil. NUCA is a space for adolescents to develop their capacities for community engagement, peer education, and political advocacy on issues related to their well-being. It brings together adolescents in their own territories – whether rural, urban, or indigenous. The premise of NUCA is that adolescents are the greatest experts on their own realities. By fostering participation and offering tools, the program not only promotes active citizenship and the development of leadership, communication, and organizational skills, but also directly contributes to improving health indicators through adolescent engagement in topics such as immunization, access to PHC, psychosocial care, and adolescent health records. As an example of NUCA's work, one can cite the active participation of adolescents, nationwide, during the application of the Gama indicators in Brazil, as well as in the process of listening to and validating the adolescent's digital health booklet and in national and international seminars on mental health and teenage pregnancy.

By involving adolescents in the planning and execution of health actions, programs become more relevant, sustainable, and effective. The knowledge and creativity of adolescents, when properly directed, can generate innovative solutions to persistent public health challenges. However, the implementation of these strategies is not without challenges. The financial sustainability of programs and the maintenance of the quality of engagement initiatives depend on robust public policies and continuous funding. The training of professionals to work with participatory methodologies, the guarantee of safe spaces for youth expression, and overcoming institutional barriers that underestimate the

capacity of adolescents are other obstacles to be overcome. Furthermore, it is fundamental to ensure that engagement is inclusive, reaching adolescents from different social, cultural, territorial, and ethnic backgrounds.

## **Primary Health Care as the organizer of comprehensive and integrated health care for adolescents**

PHC represents the first level of contact individuals have with the National Health System. In Brazil, the potential coverage of PHC in October 2025 was 98.92%<sup>37</sup>. However, PeNSE showed that only half of the adolescents interviewed sought health care in the last 12 months<sup>13</sup>. If PHC has broad coverage throughout the national territory, what is the pragmatic impediment to access to comprehensive and integrated care for adolescents? An integrative review study on the role of PHC in the comprehensive care of adolescents identified obstacles to expanding access for this population. One of the obstacles relates to professional qualification; few had specific training for adolescent care, while most professionals had limitations in providing quality care, admitting a lack of knowledge on how to manage specific conditions. The obstacle of training substantially impacts another necessary prerequisite for comprehensive care: building a bond between professionals and adolescents<sup>38</sup>.

The biomedical model of care, still used in PHC, maximizes barriers to care and compromises the active listening to the subjective aspects of adolescents and, consequently, the building of bonds between the adolescent and the primary health care team. This process ultimately culminates in a negative view of adolescents by professionals, and these, in turn, do not attribute to the UBS the role of guaranteeing their right to health. The findings of this review highlight the need for

investment in professional training and the expansion of agendas beyond clinics, so that they can effectively promote spaces for dialogue and strengthen intersectoral networks of comprehensive and integrated care for adolescents.

SUS already has virtual platforms for training and supporting PHC professionals, such as the Open University of the Unified Health System (UNASUS), which offers self-instructional virtual courses aimed at training SUS professionals in various public health topics, including the comprehensive and integrated health of adolescents. Another SUS tool is the remote support rooms for primary health care professionals, known as telehealth rooms, which provide technical support, clarification of clinical cases, and guidance on protocols and workflows to specialists in various areas. Finally, it is important to provide primary health care professionals with virtual repositories of reliable information on adolescent health, such as the Oswaldo Cruz Foundation's Portal of Good Practices in Adolescent Health.

Expanding access to PHC for adolescents involves engaging them and their families in health issues and, consequently, developing positive parenting. PHC has a standardized range of services, including a category called child- and adolescent-centered care, with 28 services that should be offered by primary health care units throughout Brazil. This guide presents the service for adolescents unaccompanied by parents or guardians, provided the adolescent themselves desires it and, depending on the case, the health professional assesses the need. This requires a transformation in the relationships between professionals and users, through active listening without judgment, the creation of horizontal spaces for building health knowledge, and the transmission of information clearly and in simple language.

The ESF, present throughout the national territory, constitutes one of the fundamental pillars for adolescents' access to PHC. It is the health team that agrees upon, organizes,

and carries out the actions of the PSE, and it is the Community Health Workers (ACS) and Community Health Technicians Workers (TACS) who are responsible for conducting home visits in their assigned territory to identify health problems in the community and thus act as a community link between the health team and the population. This makes it possible to identify, communicate to the team, and guide the adolescent regarding their health. These ESF professionals, as well as those of the Multiprofessional Teams in PHC (eMulti), are prioritized in adolescent health qualification actions, in order to be attentive and vigilant to the health problems affecting boys and girls, often unidentified or even neglected by the family or community.

The organization of PHC is characterized by popular participation, through Health Councils, which play a strategic role in ensuring social participation and democratic control of health policies in the territory. This participatory space is open to all users of the Unified Health System (SUS) and becomes a powerful environment for adolescents and their families to have a voice in defining priorities and strategies in UBSs and in municipal policy as well.

UBSs, as public health facilities, must provide users with safe spaces that convey a sense of welcoming, security, and privacy. Person-centered care, taking into account individual needs, is essential for improving the quality of care for all age groups. This includes, in addition to the physical structure and services, the free distribution of supplies such as condoms and sanitary pads. The implementation of the Water and Sanitation for Health Facility Improvement Tool – Wash Fit aims to guarantee clean and safe restrooms, access to potable water, and adequate sanitation – a crucial factor for dignity, especially regarding menstrual dignity, where adolescents need privacy and infrastructure to manage their hygiene.

To ensure that PHC fulfills its role as the gateway to the SUS, it is essential to overcome the barriers that limit adolescents' access to

comprehensive and integrated care. Despite broad coverage, challenges such as the lack of specific professional qualifications, the persistence of the biomedical model, and the fragility in building relationships compromise the effectiveness of care. Investing in continuing education, expanding spaces for dialogue, and strengthening intersectoral strategies, such as the PSE and the ESF, are priority measures. Furthermore, it is fundamental to ensure welcoming, safe, and participatory environments, promoting autonomy and guaranteeing rights, so that adolescents recognize PHC as a reference for care.

## Final considerations

The overview of adolescent health indicators presented in the first section of this essay points to the need for consistent and coordinated actions by governments and society to break cycles of vulnerability, reduce inequalities, and promote social justice. The data presented, for the most part, are not available with information disaggregated from an ethnic-racial and gender perspective. It is necessary that public reports, technical documents, and academic studies dedicated to elucidating the status of the comprehensive and integrated health of adolescents pay attention to these nuances, giving visibility to parameters of race/color (Black, Indigenous, Quilombola adolescents), territory, disability status, sexual orientation, and gender identity.

Despite normative and programmatic advances in Brazil, significant gaps persist, such as the absence of a specific national policy for adolescents, which denotes weakness in advancing the agenda nationwide. PHC plays a central role as coordinator of health care for this population, articulating intersectoral actions and guaranteeing universal access, equity, and comprehensiveness for adolescents. The challenge for professionals and managers of the Brazilian Unified Health System (SUS) is how to transform guidelines

into effective practices and thus positively impact epidemiological and morbidity/mortality patterns in adolescence.

International recommendations point to ways to strengthen evidence-based policies and practices, focusing on priority issues such as mental health, nutrition, physical activity, violence prevention, and the promotion of equity. To achieve this, studies show that it is necessary to ensure intersectoral collaboration, public funding, the effective participation of adolescents as protagonists in their care process, and shared responsibility in health.

This essay, based on the analysis of national and international documents, recommends that SUS managers, health professionals, and scholars of adolescent health reflect on current practices in order to identify opportunities

and redefine strategies so that adolescents are truly placed at the center of government agendas, based on the understanding that this is a historical reparation in the construction of rights that have not yet been guaranteed. This measure is crucial so that we can incrementally offer future generations the necessary conditions for the full development of their human capital, which will impact today's adolescents as well as citizens of generations yet to be born.

## Authorship contributions

Ferreira RAB (0000-0002-7920-7658)\* and Phebo L (0009-0001-7028-4673)\* contributed equally to the preparation of the manuscript. ■

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