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Challenges and opportunities for building a health and safety program for SUS workers

Desafios e oportunidades para construir um programa de saúde e segurança da trabalhadora e do trabalhador do SUS

SUS workers play an essential role in ensuring the health and well-being of the Brazilian population. However, they face a series of challenges that compromise their health and safety, such as dissatisfaction, accidents, and illness due to the lack of adequate protection measures in work environments and processes¹. This scenario is exacerbated by the lack of systematic actions to care for workers' health and safety, which are often not incorporated in a planned and structured way by the management of the Unified Health System (SUS)².

The SUS currently employs around 4 million workers, representing approximately 10% of the formally employed population. This contingent ranges from health professionals, such as nurses and doctors, to support workers, such as ambulance drivers and cleaning services. The diversity of management models and employment relationships, which includes statutory, temporary, CLT, and outsourced contracts, among others, reflects the complexity and fragmentation of labor relations in the system³.

Since its creation, the SUS has faced major challenges in its consolidation, exacerbated by its link to the market and the neoliberal offensive that promotes the privatization of public health. This process not only favors private hospitals and health insurance but also results in the precariousness of services and working conditions, negatively impacting both SUS users and workers⁴.

The health of these workers is seriously compromised by a variety of occupational risks. SUS professionals are exposed to dangerous pathogens, toxic substances, radiation, excessive noise, and conditions that lead to musculoskeletal disorders. In addition, they face chronic stress and emotional overload, which contributes to the high prevalence of mental disorders such as burnout syndrome. The risks of accidents, such as injuries from sharps, also increase the vulnerability of these workers, highlighting the urgent need to implement preventive measures and strengthen health and safety standards¹.

In this context, the federal government reaffirms its commitment to decent and dignified work, highlighting the health and safety of SUS workers as one of its priorities. To this end, the National Program for Comprehensive Attention to the Health and Safety of SUS Workers (PNAIST/SUS) is being developed, which seeks to promote health and prevent work-related diseases and illnesses, as well as offering health care and promoting the mental health of these professionals⁵.



The PNAIST/SUS adopts workers' health as its model and social control as its principle, strengthening the formation of local committees and workers' forums to ensure their active participation in decisions that affect their working conditions. This participation is a fundamental component of the program's governance system, ensuring that policies are effective and aligned with workers' real needs⁶.

To coordinate the drafting and implementation of the PNAIST/SUS, the Department of Health Work Management and Regulation (DEGERTS), in partnership with the National Council of Health Secretaries (CONASS) and the National Council of Municipal Health Secretaries (CONASEMS), approved the creation of a Technical Commission (TC) at the Tripartite Interagency Commission (CIT). This commission, set up by Minister's Office of the Ministry of Health (GM/MS) Order No. 3,115 of January 24, 2024, includes representatives from all the secretariats of the Ministry of Health, the National Health Surveillance Agency (Anvisa), the Pan American Health Organization (PAHO), the Oswaldo Cruz Foundation (Fiocruz), and other entities, as well as guests such as the Public Ministry of Labor and the Ministry of Labor and Employment⁵.

The drafting of the PNAIST/SUS is being carried out in a participatory, democratic, and bottom-up manner. To this end, in addition to the TC meetings, workshops were held in all the states and the Federal District, in partnership with the GERIR Research Group of the Nursing School of the Federal University of Bahia. In these workshops, representatives of Health Councils, Intersectoral Commissions for Workers' Health, trade unions, special indigenous health districts, universities, SUS managers, and workers discuss and identify priorities for the program, which are then translated into objectives, guidelines, and lines of action⁷.

However, the implementation of the PNAIST/SUS faces major challenges that reflect the complexity of employment and working conditions in the SUS. Among the main obstacles are the unsatisfactory conditions faced by workers in the Indigenous Health Subsystem (Sasi-SUS), who suffer from a lack of resources and adequate support. The diversity of the category, which includes generational, educational, and occupational variations, makes the standardization of work management policies in the SUS a challenge. In addition, the context of intense monetary and fiscal policy disputes restricts the investments needed to implement the program effectively. Thus, the implementation of the PNAIST/SUS requires a coordinated effort to overcome these structural challenges, ensuring that health and safety policies meet the diversity and real needs of SUS workers.

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