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Leonardo Teixeira Lage
ORCID: 0009-0009-2193-8755
Federal University of Rondonópolis
E-mail: tlage.lt@gmail.com

Allam Marcelo Munhoz Melo
ORCID: 0009-0005-9324-1608
Federal University of Rondonópolis
E-mail: allamcruzeiro@hotmail.com

André Demambre Bacchi
ORCID: 0000-0002-5330-3721
Federal University of Rondonópolis
E-mail: bacchi@ufr.edu.br

Lisie Souza Castro
ORCID: 0000-0002-1179-805X
Federal University of Rondonópolis
E-mail: lisie.castro@ufr.edu.br

DECENTRALIZATION OF RAPID TESTING FOR HIV DIAGNOSIS: IMPLEMENTATION BY PRIMARY CARE IN RONDONÓPOLIS-MT

DESCENTRALIZAÇÃO DA TESTAGEM RÁPIDA PARA DIAGNÓSTICO DO HIV: IMPLEMENTAÇÃO PELA ATENÇÃO PRIMÁRIA EM RONDONÓPOLIS-MT

DESCENTRALIZACIÓN DE LAS PRUEBAS RÁPIDAS PARA EL DIAGNÓSTICO DEL VIH: IMPLEMENTACIÓN POR PARTE DE LA ATENCIÓN PRIMARIA EN RONDONÓPOLIS-MT

CRediT

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ABSTRACT
This study analyzed the decentralization of rapid testing for HIV in Primary Care in Rondonópolis, Mato Grosso, focusing on the challenges faced by health professionals and the training necessary for the implementation of this policy. Quantitative, transversal study, carried out in 2024 with 111 APS professionals, using questionnaire with sociodemographic data, information on the rapid testing service and non-SIAN records. Most of the participants were female, aged between 23 and 29, and 65.76% had less than five years of experience in APS. Identified statistically significant differences between the professional categories in terms of training, highlighting Enfermagem as the most qualified. Among the untrained, 44.44% cited lack of incentive as the main reason, and 15.8% performed the tests without formal training. The above highlights the need to strengthen interprofessional training and expand access to specific training to promote early detection of HIV in primary care.
KEYWORDS: HIV. Primary Health Care; Point-of-Care Testing; Health Policy.

RESUMO
Este estudo analisou a descentralização do teste rápido para HIV na Atenção Primária em Rondonópolis, Mato Grosso, com foco nos desafios enfrentados pelos profissionais de saúde e na capacitação necessária para a implementação dessa política. Estudo quantitativo, transversal, realizado em 2024 com 111 profissionais da APS, utilizando questionário com dados sociodemográficos, informações sobre o serviço de teste rápido e registros no SINAN. A maioria dos participantes era do sexo feminino, com idade entre 23 e 29 anos, e 65,76% possuíam menos de cinco anos de experiência na APS. Identificou-se diferença estatisticamente significativa entre as categorias profissionais quanto à formação, destacando-se a Enfermagem como a mais qualificada. Entre os não capacitados, 44,44% citaram a falta de incentivo como principal motivo, e 15,8% realizaram os testes sem capacitação formal. Os achados ressaltam a necessidade de fortalecimento da formação interprofissional e ampliação do acesso a capacitações específicas para aprimorar a detecção precoce do HIV na Atenção Primária.

DESCRITORES: HIV; Atenção Primária à Saúde; Testes Imediatos; Política de Saúde.

RESUMEN
Este estudio analizó la descentralización de la prueba rápida de VIH en la Atención Primaria en Rondonópolis, Mato Grosso, enfocándose en los desafíos enfrentados por los profesionales de salud y la capacitación necesaria para implementar esta política. Se realizó una investigación cuantitativa y transversal en 2024 con 111 profesionales de APS, mediante cuestionario con datos sociodemográficos, información sobre el servicio de testeo rápido y registros del SINAN. La mayoría de los participantes eran mujeres entre 23 y 29 años, y el 65,76% tenía menos de cinco años de experiencia en APS. Se identificó una diferencia estadísticamente significativa entre las categorías profesionales en cuanto a la capacitación, destacando Enfermería como la más capacitada. Entre los no capacitados, el 44,44% señaló la falta de incentivos como principal motivo, y el 15,8% realizaba pruebas sin formación formal. Los hallazgos evidencian la necesidad de fortalecer la formación interprofesional y ampliar el acceso a entrenamientos específicos, con el fin de mejorar la detección precoz del VIH en el ámbito de la Atención Primaria.

DESCRIPTORES: VIH; Atención Primaria de Salud; Política de Salud.

1 INTRODUCTION

Human Immunodeficiency Virus (HIV) remains a major public health challenge as it is the causative agent of Acquired Immunodeficiency Syndrome (AIDS)[1]. Transmission occurs primarily through bodily fluids, such as blood, semen, and vaginal secretions, as well as through vertical transmission during pregnancy, childbirth, or breastfeeding[2]. In 2023, it was estimated that 1.3 million people were newly infected with HIV globally, and approximately 630,000 died because of the infection[3]. Early and rapid diagnosis is critical as it enables the initiation of treatment in the early stages, interrupts transmission chains, and reduces the risk of severe complications[3,4].

In Brazil, the Unified Health System (Sistema Único de Saúde [SUS]) plays a central role in addressing HIV/AIDS, ensuring universal access to diagnostic and treatment strategies[5]. Since 2012, rapid testing has been decentralized to Primary Health Care (PHC) settings, expanding its availability and strengthening the bond between health services and the community[6]. This policy aims to bring healthcare closer to people's everyday lives, thereby ensuring the comprehensiveness of health interventions.

However, the effective implementation of decentralization faces several challenges. Proper training of multidisciplinary teams is essential to ensure quality diagnosis, counseling, case reporting, and referral to treatment. Within this framework, Primary Health Care stands out as a strategic level of care for the consolidation of universal access to rapid testing, as it encompasses key actions in prevention, health promotion, and coordination of care throughout the whole life [7].

In this context, the use of rapid testing in Basic Health Units reflects important progress but also reveals persistent gaps in the implementation of decentralized HIV control policies. Therefore, the present study aimed to analyze the process of decentralizing HIV rapid testing services within PHC in Rondonópolis, Mato Grosso, by investigating the challenges faced by healthcare professionals and the employee training required to effectively implement this policy.

2 THEORETICAL FRAMEWORK

The decentralization of health services has been understood as a key policy for offering care to regional realities, considering the specific needs of each territory. In Brazil, this strategy is supported by the Unified Health System (Sistema Único de Saúde – SUS), established by the 1988 Federal Constitution, which is grounded in the principles of universality, comprehensiveness, equity, and social participation[8]. These principles aim to ensure that the population has access to healthcare services at all levels of care in a continuous and coordinated way.

Within this framework, the decentralization of rapid HIV testing in Primary Health Care (PHC) represents a significant advancement in efforts to expand access to diagnosis, enabling the service to reach all the population, including those in more vulnerable areas. The Family Health Strategy

(Estratégia Saúde da Família – ESF) plays a central role in coordinating and organizing healthcare delivery and access, in order to offer care within the SUS through effective tools and strategies. It aims to foster more effective, meaningful, and context-sensitive relationships of care within community and family settings [9,10].

In the Brazilian context, HIV remains a priority public health issue, with the potential to cause severe immunological complications as well as significant psychosocial and socioeconomic repercussions. The importance of early and accurate diagnosis has been well established[2,3,4] and through the decentralization of rapid tests to Basic Health Units (Unidades Básicas de Saúde – UBS), SUS has been successful on early detection [5].

The official introduction of rapid testing in PHC was formalized by Ordinance No. 77 of January 12, 2012, issued by the Ministry of Health, which aimed to expand testing access and promote the inclusion of the most vulnerable populations[6]. Complementarily, the *Technical Manual for the Diagnosis of HIV Infection* (4th ed.) provides guidelines to ensure safe and reliable testing procedures[7].

In this process, the continuous employee training of healthcare professionals emerges as a critical component[11]. To ensure that expanded access to diagnosis is effective, it is essential that physicians, nurses, dentists, pharmacists, psychologists, and other members of the health care team are fully prepared to perform rapid testing, conduct pre- and post-test counseling, interpret results, and, most importantly, provide patient-centered care with confidentiality and respect. The lack of standardized team training can overburden professionals already tasked with multiple responsibilities and may negatively affect service quality and effectiveness.

Furthermore, the decentralization of rapid testing strengthens interdisciplinarity and integrated care networks, as HIV diagnosis in PHC must be linked to secondary and tertiary care services. This coordination ensures that individuals diagnosed with HIV receive appropriate clinical support, laboratory monitoring, and access to antiretroviral therapy[8]. Thus, the health care does not end with initial testing, but it must continue through the establishment of a care plan that promotes treatment adherence, appropriate epidemiological surveillance, and ongoing prevention and health promotion actions within the community.

Thus , the decentralization of HIV diagnosis within PHC is not merely an operational practice but part of a broader strategy to reorganize SUS according to principles of comprehensive care, regionalization of services, and continuous professional education. By expanding and consolidating the provision of rapid tests in health units closest to the population, the system moves toward reducing access inequities and strengthening healthcare networks, thereby contributing to an effective national response to HIV[12].

3 METHODOLOGY

This study employed a quantitative approach with a cross-sectional, descriptive, and exploratory design. The research was conducted in Rondonópolis, in the state of Mato Grosso, Brazil, between May and August 2024. The primary objective was to investigate the decentralization of rapid HIV testing within Primary Health Care (PHC), focusing on the healthcare professionals training and the challenges associated with implementing this policy in Basic Health Units (BHUs).

The target population consisted of higher-education healthcare professionals affiliated with Family Health Strategy (FHS) teams in the municipality. The inclusion criteria for the sample were as follows:

- Being a higher-education healthcare professional;
- Being directly affiliated with PHC services in Rondonópolis.

Rondonópolis has 66 Family Health Strategy teams, with at least three higher-education professionals in each team, resulting in an estimated total of 198 PHC professionals. To obtain a representative sample, the sample size was calculated based on the total number of healthcare professionals working in PHC in the municipality, adopting a 95% confidence level and a 5% margin of error. Based on these parameters, the final sample included 111 healthcare professionals. The website SurveyMonkey was used for the sample size calculation and to ensure representativeness.

Primary data were collected through structured interviews conducted at 40 Basic Health Units on weekdays during morning and afternoon shifts. Participant selection was based on convenience sampling, considering geographic proximity and logistical accessibility to optimize time and available resources. Although this method may limit the generalizability of findings, it ensured the feasibility of the study within the operational constraints of the municipality.

The interviews were conducted by the researcher using a structured questionnaire administered via Google Forms. The instrument included sociodemographic variables (sex, age, professional category), length of professional experience, aspects related to the rapid testing service, and factors influencing professional training.

In addition to primary data, secondary data were collected from the Municipal Health Department of Rondonópolis. These data were extracted from the Notifiable Diseases Information System (Sistema de Informação de Agravos de Notificação – SINAN) and included the number of HIV cases reported through rapid testing in the municipality, both before and after the decentralization of the policy. All secondary data were irreversibly anonymized in accordance with Resolution No. 738, dated February 1, 2024, which regulates the use of data for scientific research involving human subjects.

The collected data were organized in spreadsheets using Microsoft Excel® (2018 version), resulting in the systematization and accessibility of information for analysis. Statistical analyses were performed using JAMOVI software (version 2.0), incorporating both descriptive and inferential approaches. To examine the relationship between professional training and the performance of HIV rapid testing, the chi-square test of independence (χ^2) was applied, with the significance level set at $p < 0.05$. This method was used to compare the proportions of formal training across different professional categories, enabling the identification of potential significant differences in the distribution of training and in the execution of testing procedures among those categories.

Additionally, HIV notification data extracted from SINAN, from 2008 to 2023, was analyzed using a zero-inflated Poisson regression model. This model was selected due to the nature of the dataset, which exhibited an excess of zero counts resulting from prolonged periods without notifications from Primary Health Care (PHC). The model enabled the assessment of notification trends starting in 2022, considering structural factors such as the decentralization of testing and the expansion of professional training.

Finally, qualitative data obtained from open-ended survey questions were organized and analyzed through thematic categorization, with responses grouped according to semantic similarities. This process was conducted systematically and rigorously, allowing the identification and interpretation of factors influencing both professional training and the execution of HIV rapid testing.

The research project was approved by the Research Ethics Committee of the Federal University of Rondonópolis (UFR), under opinion number 6.848.979 and CAAE: 77523924700000126. All participants signed the Informed Consent Form (ICF), ensuring confidentiality and anonymity of the information provided. The study adhered to ethical guidelines for research involving human subjects, as established by Resolution No. 466/12 of the Brazilian National Health Council.

4 DISCUSSION AND ANALYSIS OF RESULTS

A total of 111 healthcare professionals from 40 Family Health Strategy (FHS) teams in the municipality of Rondonópolis, Mato Grosso, were interviewed. Most participants were female (75.68%), from 23 to 79 years old, with predominance in the 23–29 age group (40.54%). Regarding the length of service in Primary Health Care (PHC), most professionals had relatively short tenure, with 65.76% reporting less than five years of experience in PHC, as shown in Table 1.

Table 1. Demographic and Professional Characteristics of 111 Primary Health Care Professionals in Rondonópolis – MT

VARIABLES	N	%
SEX		
Female	84	75,68
Male	27	24,32
AGE GROUP		
23 to 29 years	45	40,54
30 to 39 years	36	32,43
40 years or older	30	27,03
YEARS OF SERVICE IN PHC		
Less than 6 months	23	20,72
1 to 5 years	50	45,04
5 to 10 years	22	19,82
10 to 20 years	14	12,61
More than 20 years	2	1,80
PROFESSION		
Nurse	39	35,14
Physician	36	32,43
Dentist	29	26,13
Pharmacist	5	4,50
Psychologist	2	1,80

Source: Elaborated by the authors based on 2024 research data.

Among the professionals performing HIV rapid tests, 15.8% reported doing so without either in-person or remote professional training. Within this group, 53.84% belonged to the medical category, while only 5.12% were in Nursing. This highlights a potentially harmful practice in which some professionals carry out testing procedures without adequate training. Table 2 presents a statistically significant difference among professional categories regarding training for HIV rapid testing ($\chi^2 = 78.01$, $p < 0.001$), indicating that training levels vary considerably between professions. A predominance of nurses among trained professionals was observed (94.8%), suggesting that training efforts have been concentrated largely within this category.

Additionally, two trained respondents reported not performing rapid testing: one cited lack of time or patient demand, and the other stated that they considered HIV testing to be an exclusive responsibility of the Nursing staff. These findings underscore the need to broaden the scope of

employee training to include other professionals, ensuring that testing responsibilities are not overly centralized and that all professionals involved are properly prepared to perform the procedure.

Table 2. Number and Percentage (%) of Professionals Trained and Performing HIV Rapid Testing in the Municipality of Rondonópolis, Mato Grosso (2024)

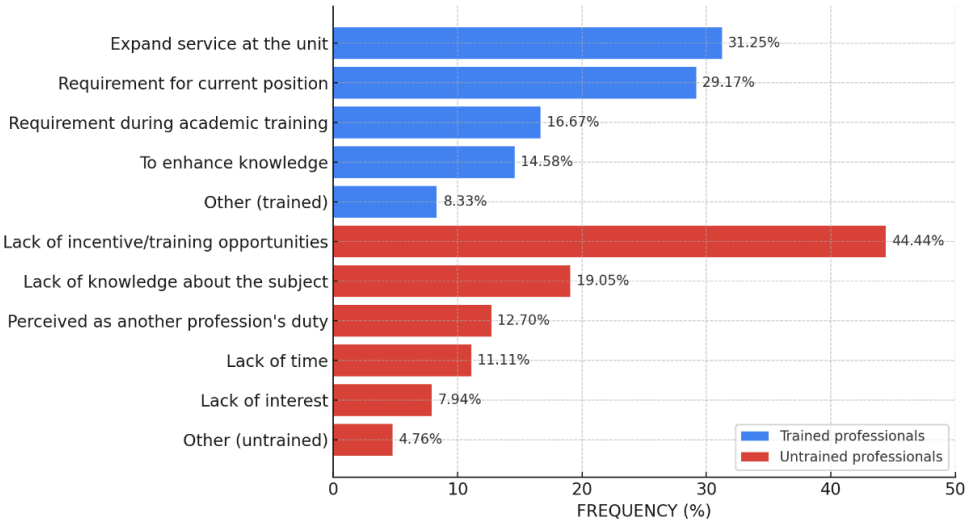
	Trained		Performs HIV Rapid Test		Significance
Profession	**N**	**%**	**N**	**%**	
Nurse (n=39)	37	94,8	39	100	
Physician (n=36)	6	16,6	13	36,1	
Pharmacist (n=5)	3	60	3	60	p<0,001*
Dentist (n=29)	0	0	0	0	
Psychologist (n=2)	2	100	2	100	
Total (N=111)	48	43,2	57	51,3	* Chi-square test

Source: Elaborated by the authors based on 2024 research data.

Regarding the reasons that led PHC professionals to undergo training, 31.25% reported that the expansion of rapid testing services at their unit was the main factor; 29.17% stated that it was a prerequisite for assuming their position; 16.67% mentioned it was a requirement during their academic training; and 14.58% sought to enhance their knowledge independently.

Among those who were not trained, 44.44% cited a lack of institutional encouragement as the primary reason, 19.05% reported being unfamiliar with the subject, 12.70% believed that rapid testing was another professional's responsibility , 11.11% mentioned lack of time, and 7.94% expressed no interest in performing the service (Figure 1).

Figure 1. Reasons Reported by Primary Health Care Professionals in Rondonópolis, MT, for Undergoing or Not Undergoing Training to Perform HIV Rapid Testing



Source: Elaborated by the authors based on 2024 research data.

Based on the dataset extracted from SINAN, it was possible to identify the total number of HIV notifications made using rapid testing (RT) between 2008 and 2023, distributed across different levels of healthcare (N = 1,465). As shown in Table 3, Secondary Care was responsible for most reported cases diagnosed in the municipality throughout this period, whereas Primary Health Care (PHC) only began contributing to notifications in 2022, with a total of 14 cases (0.95% of the total).

According to the same table, the participation of PHC in HIV diagnosis in Rondonópolis shows an initial trend toward decentralization, with a statistically significant increase in the number of tests performed from 2022 onward (β = 2.6961, p = 0.0058, based on a zero-inflated Poisson regression model). This increase is likely to reflect improvements in professional training and the availability of HIV rapid testing within PHC services, although the absolute number of notifications remains low.

Table 3 - Number of HIV Notifications Reported Using Rapid Testing (RT) in Secondary and Primary Health Care in Rondonópolis, 2008–2023

	Secondary Care		Primary Care	
Year of Diagnosis	**N**	**%**	**N**	**%**
2008 - 2021	1194	100,00	0	0,00
2022	133	99,25	1	0,75
2023	124	90,51	13	9,49
Total	**1451**	**99,04**	**14**	**0,96**

Source: Elaborated by the authors based on 2024 research data.

Furthermore, 82.45% of the healthcare professionals who reported performing HIV rapid testing stated that they personally completed the notification form at the time they saw the patient . However, 17.55% indicated the use of alternative methods, such as asking another professional to

complete the form, calling a supervisor for additional guidance, or referring the patient to the Specialized Care Service (SAE) without filling out the notification form.

The data collected in this study highlighted the significant involvement of Nursing professionals in training for rapid testing. This finding aligns with the results described by Rocha, Santos, Conz, and Silveira[12], who observed in their research that nurses were the professionals most frequently engaged in training programs for testing and counseling. To support this observation, a study conducted in 98 Basic Health Units (BHUs) in the Seridó region of Rio Grande do Norte found that nurses played a leading role in all stages of the rapid testing process for sexually transmitted infections (STIs), with 96.7% of pre-test procedures, 89.2% of test administration, and 93.4% of post-test counseling[13].

The centralization of HIV rapid testing responsibilities on Nursing professionals reflects an excessive reliance on a single professional category, which may lead to occupational exhaustion and workload imbalance. This concentration of duties constitutes a barrier to the interprofessional efficiency that the Brazilian healthcare system seeks to achieve and may undermine the continuity of patient care. The lack of this training among physicians in the administration of rapid tests may reflect gaps in academic curricula as well as shortcomings in policies for promoting professional development. This deficiency may compromise the quality of care, increase the likelihood of diagnostic errors, and delay the initiation of antiretroviral therapy for HIV-positive patients.

Such centralization can result in significant delays in testing, thereby hindering early detection and timely treatment of HIV. The unavailability of trained personnel, whether due to absence or limited staffing, may disrupt care continuity and restrict patient access to diagnosis and appropriate management. Furthermore, it limits the development of HIV-related competencies and knowledge among other healthcare team members, ultimately weakening the team's overall capacity to address HIV-related issues effectively and in an integrated manner.

Among the untrained professionals (56.8%), the main reasons why it happened were the lack of training opportunities or institutional encouragement, as well as insufficient knowledge about the subject. A similar scenario was observed in the study by Araújo and Souza (2021)[13] regarding the lack of training for sexually transmitted infection (STI) testing services[11]. These findings suggest a breakdown in information flow and communication within the healthcare system.

In addition, the workload burden faced by healthcare professionals may hinder participation in training programs. In overburdened public health systems, professionals often prioritize addressing immediate demands over engaging in professional development initiatives, further limiting the expansion of rapid testing capacity within the system.

Therefore, it is essential to expand training opportunities for professionals from other categories and to reinforce the need for the entire healthcare team to engage in this service, ensuring that all members are both responsible for and confident in conducting rapid testing for sexually transmitted infections (STIs). By sharing responsibilities across professional roles, it is possible to prevent the overburdening of a single category, facilitate early diagnosis, and promote an interdisciplinary and multiprofessional approach to healthcare.

The study also revealed a predominance of women among higher-education professionals working in the Family Health Strategy (FHS), a trend that has been confirmed by studies conducted in other Brazilian municipalities[14]. Regarding age distribution, most professionals were between 23 and 29 years old. The average age was 34.7 years, with a median of 32 years and a standard deviation of ±10.215. Similar findings were reported by Gonçalves et al. (2014) in a study conducted in Montes Claros, Minas Gerais, where the average age of professionals was 31.7 years, with the majority falling within the 27–31 age range (53.3%)[16].

Regarding the length of professional experience in Primary Health Care (PHC), the study by Raimondi et al. (2019) found that 54.16% of respondents had been working in PHC teams for one to five years—a finding consistent with the present study, in which 45.04% of professionals also reported working from one to five years in PHC[17]. This reflects a significant proportion of young professionals, who are likely to be still closely connected to their academic training, which aligns with the recent involvement of PHC in HIV diagnosis efforts in Rondonópolis.

It is important to emphasize that the low number of HIV notifications originating from PHC does not necessarily indicate an absence of rapid testing services. Rather, it points to weaknesses in the notification process, which may lead to underreporting and an excessive reliance on referrals to Specialized Care Services.

Regarding untrained professionals, interviewees emphasized the lack of institutional support and the insufficient availability of training opportunities as the main reasons for the absence of qualification, in addition to limited knowledge on the topic. When these findings are compared to the reasons cited by trained professionals for having received instruction, it becomes clear that the decentralization of rapid testing services for sexually transmitted infections (STIs) is still not widely known among all PHC professionals. Moreover, training programs are not being offered to all healthcare workers within PHC, which represents a significant barrier to the effective implementation of this strategy.

It is worth noting that during the interviews, with the consent and interest of the respondents, information was provided on how to access STI rapid testing training through the **TeleLab** online platform. This moment was used to emphasize the importance of team-based collaboration in offering such services to optimize population-level access to HIV and STI diagnosis.

This study presents several limitations that should be considered when interpreting its results. First, the use of convenience sampling in the selection of Basic Health Units (BHUs) may introduce sampling bias, thereby reducing the representativeness of the findings and limiting the generalizability of results to the municipality. Additionally, the sample included only higher-education professionals, excluding technical staff and community health workers, who also play a key role in PHC. Furthermore, the use of secondary data from the SINAN system is subject to issues such as underreporting and data entry errors, which may affect the accuracy of the figures regarding HIV diagnoses made within PHC. Finally, the cross-sectional design of this study provides only a snapshot of the current challenges and progress related to the decentralization of rapid testing and does not allow for causal or temporal analyses. Longitudinal studies are recommended to better understand the impacts and potential improvements over time, thus enabling more accurate evaluations of the effect of decentralization policies on early HIV detection.

5 CONCLUSIONS

This study examined the decentralization process of HIV rapid testing within Primary Health Care (PHC) in Rondonópolis, Mato Grosso, focusing on healthcare professionals training and the challenges encountered in the implementation of this service. The findings highlight meaningful progress yet also reveal structural weaknesses that require attention to improve the quality-of-care delivery.

The predominance of Nursing professionals in the performance of HIV rapid testing was evident, while the lower rates of training among other professional categories revealed an unequal distribution of responsibilities in this decentralization process. The concentration of duties within a single category may negatively impact on the efficiency and quality of care, ultimately hindering the early detection of new HIV cases.

Although decentralization policies were implemented in 2012, PHC still accounts for a small fraction of HIV diagnoses in the municipality. Greater integration of healthcare professionals and expanded training efforts are needed for PHC to effectively become a strategic point for early HIV diagnosis. The main barriers reported by professionals—such as the lack of training opportunities and unfamiliarity with the service—underscore the need for stronger institutional support to promote continuing education initiatives.

Moreover, a considerable portion of trained professionals reported using incorrect methods for completing compulsory notification forms, which undermines PHC's role in the decentralization effort. The lack of proper training limits the expansion of testing services and compromises healthcare providers' confidence and competence in performing HIV testing.

In conclusion, this study reinforces the importance of PHC in HIV early detection, particularly in vulnerable areas where rapid testing can play a crucial role in interrupting transmission chains and initiating timely care for diagnosed patients. For this potential to be fully realized, decentralization efforts must be accompanied by strategies that ensure interprofessional training and equitable access to capacity-building initiatives for PHC professionals.

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BIOGRAPHY OR CURRICULUM OF THE AUTHORS

Leonardo Teixeira Lage is a pharmacist and a resident in Family Health at the Federal University of Rondonópolis (UFR). He is currently pursuing a Master's degree in Biosciences and Health at the Federal University of Rondonópolis.

Allam Marcelo Munhoz Melo, 25 years old, a native of Rondonópolis, Mato Grosso (MT), holds a technical degree in Administration, is a pharmacist, and is currently a resident in the Multiprofessional Program in Family Health at the Federal University of Rondonópolis.

André Demambre Bacchi holds a Ph.D. and a Master's degree in Physiological Sciences with an emphasis on Pharmacology from the State University of Londrina (UEL). He holds a degree in Pharmacy from the same institution. Since 2010, he has been working as a professor in the areas of Pharmacology and Toxicology. Since 2018, he has also been working in the areas of Clinical Epidemiology and Biostatistics. He is an Adjunct Professor at the Federal University of Rondonópolis (UFR), a science popularizer, and an author.

Lisie Souza Castro holds a degree in Pharmacy from the Federal University of Mato Grosso do Sul (UFMS). She is a specialist in Clinical Analysis, and holds a Master's and a Ph.D. in Infectious and Parasitic Diseases from the UFMS School of Medicine. She is a staff member at the Federal University of Rondonópolis (UFR) in the Medicine course, holding the position of pharmacist-biochemist.