

Comprehensive Primary Health Care in Perspective: Latin American experiences

The main objective of this edition is to promote Latin American experiences of building and questioning of the several approaches of Primary Health Care (PHC) in a comprehensive perspective.

In 2008, a set of research proposals which included countries in Africa, Asia, Latin America and Australia was selected by Notice 'Revitalizando la salud para todos: Solicitudes de declaración de interés para participar de una nueva investigación y formación en la investigación de Atención Primaria en Salud', supported by Teasdale-Corti the Global Research Initiative. The objective was to encourage the training of researchers and knowledge production for consolidation of proposed Comprehensive Primary Health. Teams from seven countries in Latin America were selected: Argentina, Brazil, Colombia, Ecuador, El Salvador, Nicaragua and Uruguay. Proposals from Ecuador and Nicaragua, though not selected for funding by the Teasdale-Corti, participated in various activities offered by the training program of its research teams. The work developed by triads composed of researchers, junior and senior as well as managers and potential users of the results, helped identify the challenges posed to the setting up of public universal systems coordinated by a comprehensive PHC, here named 'Comprehensive Primary Health Care'. The different historical contexts and social protection models congregated a lot of experience in primary care, sometimes clearly selective, sometimes in search of leadership or even inclusion in national health systems.

This number starts at Debate Article authored by Mario Rovere, that causes us to question, yet it has achieved significant notoriety since Alma-Ata, the conceptual vagueness and practices developed under the generic cloak of primary care, coexisting often so harmonious despite the contradictions. Rovere points out the need to have a strategic perspective that considers the force field able to put into practice a transformer focus of PHC, which contributes to the real social, economic, political and cultural transformations in our societies in search for greater social justice. Excitingly, the article is discussed and complemented by Eleanor Minho Conill, who, besides historical elements, discusses the need to separate from the analytical point of view, actions / decisions taken in macro level (policy formulation), the meso level (management) and micro level (direct service provision) and its implications for the conduct of health reforms, particularly the PHC. Françoise Barten also highlights the misconceptions and practices pointed out by Rovere and highlights the relevance of researching systems and health policies as a potential tool to reduce the distance between discourse and practice. Jairnilson Paim, with the provocative title 'Primary Health Care: a recipe for all seasons?' invites us to rethink the PHC in terms of its various actors, hegemonic and

counter-hegemonic, noting that the organic approach to new players that emerge with the wide coverage by PHC strategies can unbalance the pair conservation-change, reinforcing the axis of transformation. Finally, Oscar Feo urges us to ponder why the term APS has generated much confusion and dissent. The present conflicts in Alma-Ata and his own translation of the term 'Primary Health Care' show some signs. Still in the atmosphere of Alma-Ata, Feo relaunches the questions posed by Mahler – OMS's director at the time – to help us analyze the course, hits and errors committed by PHC since then.

The studies that comprise this special issue present research experience of six countries mentioned above. More than a common axis, the perspectives presented demonstrate how each of these countries has been seeking to build health systems more equitable, universal, guided by a comprehensive primary care, although often constitute counter-hegemonic movements within each national reality. Militancy and research are mixed. The article of Analía Bertolotto *et al.* discusses how the marks of political repression in Argentina are expressed in conceptions of PHC, from different traditions of public health, training and practice of health professionals. The article authored by Patty Fidelis de Almeida *et al.* presents indicators for assessing care coordination by PHC, understood as an essential attribute of a comprehensive and whole approach in health, and examines possible relationships between coordination and better user's satisfaction with the performance of the teams of the Family Health in Brazilian urban centers. Roman Vega Romero *et al.* discuss how the context and content of health policies in the country influence the PHC model emerged in Bogotá, in the period 2004-2010, showing that although the PHC can achieve positive results in reducing health inequities, suffers constraints imposed by a health protection model with market orientation, segmented and fragmented.

The article by Erika Arteaga *et al.* presents the results of the construction of quality indicators to evaluate the implementation of a model of intercultural health in Ecuador, with the participation of users and indigenous providers, group not traditionally considered by state health policies. In some studies, the reconstituted history is the history itself of actors / researchers, more forceful case for the description and analysis of community health experience, emerged in the 1980s, during the civil war against the military dictatorship in El Salvador and reported by María Argelia Dubón *et al.* The challenges of building and maintaining rural community polyclinics in structures supported by local communities, as well as the recent movement of incorporation to Uruguayan national health system, are presented by Fernando Borgia *et al.*

Based on the findings of studies conducted in Africa and in Asia focusing on community dimensions of Primary Health Care in the context of Notice 'Revitalizando la salud para todos' (Revitalizing health for everyone) David Sanders *et al.*, address three aspects of PHC. Firstly, make a reflection on its history and factors affecting efforts to implement comprehensive conceptions of PHC. Then, discuss what has been accomplished in relation to the principles of the Declaration of Alma-Ata; and, finally, suggest reforms of health systems needed to achieve

those principles. In this publication, we associate to this initiative articles with results from multicenter evaluation of local experiences of Primary Health Care in Argentina, Paraguay and Uruguay, held with the support of the Network Systems Research and Health Services Cone South and funded by the International Development Research Centre (IDRC), Canada.

The articles presented by Sara Ardila Gómez *et al.* in a municipality in the Province of Buenos Aires; by María Isabel Rodríguez-Riveros *et al.*, in the town of Bañado Sur, outskirts of the capital city of Asuncion, Paraguay; and by Rosario Berterretche and Ana Sollazzo, with results of study of case in a health center in Montevideo, Uruguay, used the adaptation of rapid assessment methodology for primary care (PCATool) to analyse the attributes of PHC.

Another article in the same context, through comparative analysis, discusses similarities and specificities of four countries — Bolivia, Uruguay, Venezuela and Brazil — in the process of renewal of primary care in South America, as regards the attributes of a comprehensive design of PHC as a gateway, coordination, integration and social participation. It argues that, in the political context of the 2000s, with the new left and center-left governments, the focus of policy was geared towards universalization and care models founded on an full PHC, remaining, however, the challenges related to context institutional history of each country to the consolidation of primary care as a strategy of structuring their health systems.

In short, more than consensus around a single concept, the articles presented here converge in pursuit of uncovering the ways to construct integral approaches in PHC, each dependent on historical and social context.

Continuing the proposal of the covers this year, which are inspired by important expressions of Brazilian culture, we reinforce the principle that culture is health and life on a broader conception. This issue features the famous 'ribbons' Senhor do Bonfim in Salvador, birthplace of the national afro-brazilian traditions. Happy reading! Axé!

Patty Fidelis de Almeida, Ligia Giovanella and Roman Vega Romero
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