

Comparative Health Systems: Primary Health Care in the cities of Lisbon and Rio de Janeiro

Primary Care is the designation for organizations of health systems that seek to attain the benefits of universal access. In this issue, a group of researchers, professionals of the sector and managers from Brazil and Portugal present a series of articles that describe experiences, analyze processes and results and highlight future limits and prospects.

In recent years, the cities of Rio de Janeiro and Lisbon have participated in the implementation of Primary Health Care (PHC) Reforms that have expanded services, innovated in mechanisms of governance and given greater autonomy to technical teams. In Rio de Janeiro, the Family Clinics were created in 2009; in Lisbon, the Family Health Units (FHU) – models A and B, were established from 2006 onwards. The FHUs have achieved more efficiency, more accessibility, a better working environment and greater citizen satisfaction, in short: enhanced quality. In the city of Rio de Janeiro, the expansion of services, through coverage with complete family health teams, increased from 3.5% (December 2008) to 65% (December 2016), encompassing four million “cariocas” (Rio inhabitants).

Historical, political, legal, cultural, and organizational issues determine the differences in PHC performance in both cities. These differences are inspirational in terms of the potential for implementation in the other city. In the period from 2009 to 2016, Rio de Janeiro learned from the National Health System of Portugal and used many of its mechanisms of governance in its Reform. These include: the portfolio of services; performance-based payment indicators generated by electronic medical records in health units; seminars on accountability to society; the creation and enhancement of the Residency Program in Medicine and Family Health Nursing. It also developed new management tools, being the first city to use georeferencing tools to define the geographical area (territory maps) of each micro-area and team in a Family Clinic, in addition to creating a health promotion network with physical activities and expansion of the so-called “Carioca Health Academies.”

A crucial aspect of the Reform in Portugal was the creation of a mission team to support the transformation process that put organizational change side by side with a focus on the training of professionals who would participate in this process (executive directors and clinical councils). The training involved the introduction of new management and leadership models and the collaborative development of innovation projects that helped to involve other professionals in the “positive environment” of change.

The future of Primary Care reforms in both Rio de Janeiro and Lisbon will depend heavily on attention given to crucial issues such as training and research, enhancement of information and communication systems, gains in efficiency and management, development of clinical and health governance, quality and good practices. The future depends a lot on people, teamwork, a culture of health, organization, intervention in the community, the creation of workspaces and conditions with motivated professionals who enjoy their work.

An important note about this edition: in respect to both traditions, the articles of the authors of the Portuguese authors are presented in “Portuguese from Portugal,” with their orthographic nuances and tradition, some quite different from the Portuguese spoken in Brazil.

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