

Primary Health Care in Brazil

Brazil launched a Public Health project in the 1970s that aimed at a new explanatory model for the health-disease-healthcare process, testing new proposals for intervening in health services organization. The possibility of expanding primary care under the paradigm of social determination of disease meant organizing the health system and services in keeping with the population's needs, with primary care serving as the gateway to a hierarchically organized health system.

In the 1990s, with the creation of the Unified National Health System (SUS), the challenge was to reformulate the Ministry of Health's priorities for organization of primary care, or basic health care as it is also referred to in Brazil. This involved organization based on integration between the health unit and the community (or between providers and users) within a given territory, the reference for which was the Family Health Program (FHP), created in 1994.

The FHP became a model for the organization of health activities and services in which the primary care level was included in basic care through the SUS. Since the FHP was created, the conditions have changed for its financial and political support, indicating planning of its expansion, induced by standardization of the health system's decentralization.

In addition to these organizational proposals, in large cities and metropolitan areas the Family Health Strategy has faced other challenges in defining public policies to approach complex issues like the urban socio-environmental context and provision of care targeting the family nucleus in its development and health-illness process. Specifically in relation to lower-income groups, health professionals are generally unfamiliar with their notion of the family and its composition, organization, and survival strategies, and therefore need to respect the family in this context, beyond their own personal experience or horizons.

Currently in a phase of nationwide expansion, Brazil's FHP is defined by a set of actions and services that extend beyond medical care, organized according to recognition of the population's needs, identified by establishing a social bond between the population and health professionals in permanent contact with the respective territory. Thus, the primary care perspective has been updated in various public policies in Brazil, the aim of which is social protection through the guarantee of universal, comprehensive care. This further confirms the assertion by several authors and the article submitted for debate, namely that Primary Care assumes diverse meanings according to the way it is structured in the various health systems.

In 2005, different research institutions responded to the call by the Brazilian Ministry of Health (which aimed to meet the need to establish a monitoring and evaluation system for expansion of primary care in the country) by developing studies to establish a baseline for analyzing this expansion in cities with more than one hundred thousand inhabitants. Based on a term of reference with recommendations reached by consensus, the studies were expected to contribute to the elaboration of political/organizational, management, and health care indicators. Each institution elaborated its own methods and used diverse instruments to approach Primary Health Care managers, health professionals, and users.

This Supplement, proposed by researchers in charge of the above-mentioned studies in the States of Rio de Janeiro and São Paulo, presents the results of the research conducted in all regions of Brazil and reflects on the challenges raised by the project for the expansion of Primary Care, based on the wealth of the various regional and municipal studies and related themes. The special thematic issue also provides a forum for exchange by the different research groups that emerged in response to this theme: Primary Health Care in Brazil.

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