Lessons from past primary health Care

The arrival of the new century has seen a resurgence of interest in the debate about Primary Health Care (PHC) within the public health setting, thereby giving it a fresh impetus. This is taking place within an international setting which still pays tribute to ultra-specialization in knowledge and public health practices and continues clinging to promises made by those who led neoliberal sanitarily reforms during the 1990s. PHC have thus been positioned as a legitimate option for overcoming existing problems in the current context of health system fragmentation and, once more, as a viable solution capable of confronting many of the health sector's ongoing problems.

However, it should be remembered that the yearnings and expectations being awakened today by the renewed debate concerning PHC have already been experienced (to a certain extent) at the end of the 1970s and beginnings of the 1980s. It is thus worth asking ourselves the question, "What have we learned from this experience?"

There is an overwhelming amount of literature regarding PHC, just as the experience of all the people who have worked in (and been attended by) PHC institutions, programmes and services is broad and diverse. Thus, in spite of the extraordinary potentiality provided by computer science for analyzing data and records, it is almost impossible to synthesize the findings and experiences which, in the light of PHC actions, have appeared during throughout the last 30 years.

However, accumulated, sustained knowledge-based reflection lets us read the past with the express intention of extracting useful learning (to the extent that this is possible) which will enable us to deal with the uncertainty offered by the immediate future with greater lucidity.

I therefore think that it is worth highlighting four lessons warranting sensible analysis by all those leading the revitalized PHC today. Firstly, primary attention means different things to different people. Such disparity of opinion thus led to differing traditions and practices, not all of them coinciding. Secondly, it was not enough to have commendable proposals and clear goals and there were more than enough ongoing calls and recommendations emanating from international sanitary organisms for maintaining continuity and coherent action. Thirdly, the impact of the PHC strategy seems to be greater in countries having less inequality in their income distribution. Fourthly, if PHC marked the beginning of a change in the paradigm in exercising public health in Latin-America, such change was not all-embracing and suffered the reverses implicit in a complex process.

Work aimed at the future vindicating and renewing PHC foundations must therefore not just strike up critical dialogue with the past and define differential ways of insertion into local contexts, but must also be irrevocably linked to the search for real equity in society.

Juan Carlos Eslava
Public Health Department
Medicine Faculty, Universidad Nacional de Colombia