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The Strategy of Primary Health Care: progression or regression in the right to health?

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Ase I, Burijovich J. La estrategia de Atención Primaria de la Salud: ¿progresividad o regresividad en el derecho a la salud? [The Strategy of Primary Health Care: progression or regression in the right to health?] Salud Colectiva (Buenos Aires, Argentina) 2009 enero-abril; 5(1): 27-47.

Objectives: To analyze the tensions between Primary Health Care and the approach of the Right to Health, from the new legislation applied in the province of Cordoba, Argentina.

Methodology: Descriptive analytical.

Results: For authors, international treaties provide a legal framework guaranteeing the right to health. However, there are limitations in their application. To identify these limitations, the authors begin by pointing out two core principles of the implementation of these rights: progressive implementation and the prohibition of regression. The first prioritizes the implementation of rights as a way to engage and ensure compliance. The second establishes the non-restriction of rights, although they undergo changes. The authors say the focus of the Right to Health is to implement an effective health care system, one that's efficient, integrated and accessible to all and in accordance with international standards.

From this frame of analysis, the authors identify five aspects that make the application of this focus difficult in the arena of politics of health care: 1) the minimal rights of the poverty-stricken population; 2) the sectoral vision of health politics; 3) the biological focus; 4) the search for maximum well-being with the maximum use of available resources; y 5) asymmetrical relations.

In this way, the authors analyze five situations in where the focus of the Right to Health enters into tension with the paradigm of selective primary Health Care: a) the abandonment of integrated and continuous politics; b) the lack of social justice; c) the vertical and paternal system of health care planning; d) the distorted evaluation of health indicators; and e) the standardized application of programs.

Next, the authors examine four critical aspects of the implementation of health legislation in the province of Córdoba, Argentina: a) the establishment of health institutions; b) the decentralization and dismantling of these institutions in provinces; c) the health regulations of international organizations; and d) the physical and financial limitations of provincial states.

Thus, the authors identify three focuses of tension in Cordova between the new health legislation and the overall concept of primary health care: 1) the limited provision of health services, 2) the granting of legal status to the Integrated System of Provincial Health, and 3) the nullification of the basic pack of social security benefits. They note that previous legislation offered minimal, select, and targeted benefits only to the very poor and without a comprehensive perspective. In this regard, they propose the need to incorporate in the policy of primary health care a set of postulates that is part of the approach of the Right to Health: a) just comprehensiveness contributes to the best articulation of sectoral proposals for the use of resources, b) inter-sectoral systems utilize better human and financial resources, and reduce the fragmentation of state practices, and c) mainstreaming builds consensus and promotes trans-disciplinary agency.

Conclusions: For the authors, the international regulatory framework of the Right to Health is a benchmark of complex application. While at the institutional level it is accepted that the innovative principles of comprehensiveness, transversality and inter-sectoral cooperation ensure the best health care, the tensions between this new approach and old practices of Primary Health Care impede their proper implementation.