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Social Change and Health Policy in Venezuela

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Objectives: To review the social change that occurred in Venezuela in 1990 and to identify the emergence of a new health policy.

Methodology: Descriptive analytical.

Results: The article describes four events related to the health situation in Venezuela in 1990: 1) the application of neoliberal measures; 2) government health policy of 1993, which reduced state involvement in health service delivery and established unequal models of health management; 3) the deterioration of living conditions; and 4) the reduction of supplies for health diagnosis and treatment.

The authors define the concept of health, the health care model, the Strategic Social Plan and the implementation of the Misión Barrio Adentro, launched in 1998 by the government through the constitutional process in the midst of the violent reaction of economic and political dominating sectors of the country.

In this sense, the State defines “primary care” as a pathway to secure the right to health, better quality of life and universal access to resources and health services. The Integral Health Care Model has four objectives: a) health promotion, b) the prevention of diseases, c) the participation of organized communities, and d) strengthening the infrastructure of the primary care level by reorganizing health services and increasing social spending.

The Strategic Social Plan is a tool to develop the leadership capacity and to promote changes in quality of life and health. The Misión Barrio Adentro is characterized as an initiative originated at the request for collaboration from the Venezuelan Mayor of Caracas to the Cuban Health Brigade to plan medical attention; under this plan, health professionals can travel, mobilize and organize neighborhoods in order to achieve their social mission. The eight characteristics of this mission are: 1) health promotion and prevention; 2) social participation; 3) determining four levels of care; 4) extension of coverage and accessibility; 5) health care planned as needed; 6) the organization of networks by levels of care; 7) the application of appropriate health technology and better qualified services; and 8) cooperation and international solidarity.

The essential elements for developing the national public health system are the following: the governmental political goodwill; guaranties for exercising the right to health; the application of principles of universality, comprehensiveness, equity and solidarity; the appropriate financing by the state; the development of social security and health service networks. Finally, the authors show four achievements on increasing quality of life of the Venezuelan population due to advances in new health policies: the reduction of inflation, unemployment and extreme poverty; reduction in infant mortality rates; increasing preschool and basic education rates; and the minimum wage increase.

Conclusions: For the authors, social change allows the ample development of health policy in Venezuela. The authors conclude that the new policy is based on the right to health, equity and solidarity.