

11-10-2009

"Barrio Adentro" in Venezuela: Participative Democracy, South-South Participation and Health for Everybody

C Muntaner

F Armada

H Chung

R Mata

L Williams

See next page for additional authors

Follow this and additional works at: https://digitalrepository.unm.edu/lasm_cucs_en

Recommended Citation

Muntaner, C; F Armada; H Chung; R Mata; L Williams; and J Benach. ""Barrio Adentro" in Venezuela: Participative Democracy, South-South Participation and Health for Everybody." (2009). https://digitalrepository.unm.edu/lasm_cucs_en/42

This Article is brought to you for free and open access by the Latin American Social Medicine at UNM Digital Repository. It has been accepted for inclusion in English by an authorized administrator of UNM Digital Repository. For more information, please contact disc@unm.edu.

Authors

C Muntaner, F Armada, H Chung, R Mata, L Williams, and J Benach

Document CUCS # 23C

RMS20083(4)Muntaner-Armada

Muntaner C, Armada F, Chung H, Mata R, Williams L, Benach J. "Barrio Adentro" en Venezuela: democracia participativa, cooperación sur-sur y salud para todos. ["Barrio Adentro" in Venezuela: Participative Democracy, South-South Participation and Health for Everybody.] Medicina Social (Montevideo, Uruguay) 2008 Noviembre; 3(4): 306-322.

Objectives: To describe the reforms implemented in 2003 to primary health care in Venezuela as part of the mission "Barrio Adentro" and to analyze impact indicators of their operations, as well as the challenges facing this mission.

Methodology: Descriptive analytical. Study based on interviews with politicians, users, and teams of health officials, and the review of newspaper articles, legislation passed by the executive branch of Venezuela, and epidemiological records. Two of the authors of this article participated in the implementation of the Mission.

Results: The authors analyze changes in health policies in Venezuela that occurred within a framework of events linked to the implementation of the neoliberal model in this country: 1) the external debt and declining oil revenues which together contributed to the economic crisis in 1989. 2) The succinct implementation of neoliberal measures. 3) The promotion of the decentralization of government health services in 1993. 4) The increase in private investment in medical care in the face of the deterioration of public services. 5) The governmental implementation of the Misión Barrio Adentro in 1998. This program established initially four operative stages: a) the formulation and implementation of an integrated model of health care, b) the implementation of prevention and health promotion programs; c) the formulation of a Strategic Social Plan; and d) the request for cooperation from the mayor of Caracas to the Cuban Health Brigade to plan medical attention, leading to the implementation of Barrio Adentro in 2003. This mission was founded on principles of equity, universality, accessibility, solidarity, cross-sectors management, cultural sensitivity, participation and social justice. Within this context, the authors identify two movements of political resistance to the mission: first, the private press, as opposed to the presence of Cuban doctors and, secondly, the national medical association, which questions the ability and training of these professionals, as well as the drugs distributed by the Mission.

In its second phase, the Mission Barrio Adentro set six objectives: 1) the consolidation of primary care, 2) the opening of a second level of care, 3) the implementation of specialized care programs in hospitals, 4) the formulation of plans for a rapid formation of Venezuelan health workers, and 6) the institutional adaptation. In order to measure its advance, the authors examine the following epidemiological indicators used by the Mission between 2004 and 2005: the increase in the diagnosis and monitoring of patients with chronic diseases, the increase in infectious and respiratory diseases, and the decline in mortality in children under four years old. Finally, the authors say, the most important challenges of the Mission are twofold: first, to integrate the health services of regional and local governments and their suppliers and, secondly, to increase the study of its implementation.

Conclusions: The Mission Barrio Adentro was developed in opposition to neoliberal policies. The authors conclude that this program contributes to international cooperation, the expansion of health care coverage, the universalization of the right to health care, the rising inclusion of institutions and the opportunity for training resources. These health policies impact positively on the quality of life of users.