



# Primary health care as the foundation of El Salvador's health system reform\*

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## ABSTRACT

*The Alma-Ata Declaration on primary health care (PHC), issued 40 years ago, is one of the pillars of El Salvador's health system reform, which in 2010 embarked on a path toward achieving significant advances in health. The values, principles, and elements of PHC have been an essential component of the reform's design and implementation.*

*The following elements have been identified as factors that contribute to the improvement of health indicators: free services, expanded coverage, organization of the levels of care, stronger health promotion, and political will. These factors have not occurred in isolation, but rather as part of a process of change involving other social programs that have helped to reduce poverty and inequality. This overall context has contributed to the improvement of health indicators.*

*Health system reform now needs to overcome its current challenges, including its eroding legitimacy in the eyes of the public and the influence of the biologicistic concept of "good medicine," as well as negative trends that affect management, such as insufficient funding and unequal distribution of the health budget, poor working conditions for health personnel, impersonal care, and poor-quality services.*

*Progress in reforming the health system will depend on its capacity to reinvent itself, move beyond the conflicts it has generated, and identify the needs of health workers and citizens alike.*

## Keywords

Health care reform; primary health care; public health policy; El Salvador.

Four decades ago, the 1978 conference at Alma-Ata marked the beginning of one of the greatest paradigm shifts in the history of world health—namely, introduction of the concept of primary health care (PHC). The importance of this event lies in the fact that it recognizes the political, economic, and social dimensions of

health as well as the need to address inequalities in health, later incorporated into the goal "Health for All by the Year 2000" (1).

In the Region of the Americas, the PHC strategy and its main message began to drift away from the original intent as a result of changes in the focus of international health agencies and the processes of globalization (2), which tended to reduce it to narrowly focused programs (3). However, the original message was revitalized in several countries within the framework of the thirtieth anniversary of Alma-Ata. It is now recognized that improved levels of health are

achieved through a PHC-based health policy that includes universal financial coverage regulated or overseen by the government, equitable distribution of resources, integrated services, and zero or low co-pays for services at the first level of care (4).

## History of the health system reform and PHC in El Salvador

A few successful PHC-based community and institutional experiments were undertaken in El Salvador during and after the armed conflict, but they failed to become public policy. On the contrary,

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the end of the 1990s saw the growth of a movement for neoliberal reforms, which mobilized doctors, trade unions, and the general population, to go on strike and take to the streets in demonstrations and white-coat marches<sup>2</sup>, forcing negotiation with the government to halt initiatives toward privatization. In 1999, the movement led to the creation of the Council on Health Sector Reform (*Consejo de Reforma del Sector Salud* – CRSS), which was entrusted with reforming the sector in consultation with a group of public and private institutions. The Council concluded that the Salvadoran health system had adopted a centrist model that excluded much of the population and constrained the democratic exercise of decision-making (5).

Based on this conclusion, a comprehensive health system reform was proposed in 2000 (6). However, lack of political will to implement it led to new social conflicts that culminated in the appointment of a national commission to follow up on the proposed comprehensive health system reform. This group drafted a series of regulatory documents for the national health system but failed to produce a national health policy.

In 2010, the Ministry of Health (MINSAL) introduced health system reform, based on more than a decade of discussions and debates between different sectors, focusing on people-centered care and the right to health.

The reform's design is based on PHC and its values: the right to health, equity, and solidarity (2), through the establishment of free health care (7). The reform focuses on the principles of social participation, responsibility and accountability, and intersectorality, the latter through creation of the Intersectoral Commission on Health (*Comisión Intersectorial de Salud* – CISALUD) (8).<sup>3</sup> It emphasizes integrated care, the family and community perspective, and health promotion and disease prevention at all levels by expanding the first level of care (FLC) at the base, while

making it clear that FLC is not synonymous with PHC (9).

The latest MINSAL report (10) cites the following achievements: (a) reduction of the maternal mortality rate from 66.29 per 100 000 live births in 2006 (8) to 27.4 per 100 000 in 2016, ranking El Salvador among the five countries with the lowest rate in the Region (10); (b) an increase in infant vaccination coverage, from 89.1% and 84.7% in 2008, for the pentavalent and triple viral vaccines, respectively, to 93.9% and 94.6% in 2016 (11); (c) an increase in hospital delivery coverage, from 43.9% in 2005 (8) to 99.1% in 2016 (10); (d) a 15 percentage point reduction in chronic malnutrition among children under 5 years, from 29% in 1990 to 14% in 2014 (10); (e) an increase in exclusive breastfeeding for the first six months of life from 31.4% in 2011 to 47% in 2015, ranking El Salvador the second highest country in the Region for this indicator (11); and (f) improvement of health coverage in the poorest municipalities, following the introduction of community family health teams (*equipos comunitarios de salud familiar* – ECOSFs), from 59% in 2007 to 78% in 2011 (12). ECOSFs engage in health promotion, disease prevention, medical care, and rehabilitation (13). However, there have also been a few setbacks, such as an increase in infant mortality, from 7.7 per 1,000 live births in 2008 to 9.8 per 1,000 in 2016 (11), in part due to the prevalence of teen pregnancy, which in 2016 accounted for 30% of all pregnancies in El Salvador (10).

### PHC as a pillar of the reform

It has been shown that countries achieve greater health benefits when they strengthen and expand their first level of care by implementing a PHC-based model (14). The results obtained from the Salvadoran PHC-based health system reform process can be attributed to five factors, discussed below.

1) The establishment of free services and the expansion of coverage at the first level of care. The elimination of co-pays in the health services reduced economic barriers (4, 15). Whereas out-of-pocket expenditures by Salvadoran households represented 87% of total private spending on health (34% of national expenditure) in 2010, by 2015 this figure was down to 82% (28% of national expenditure) (10, 11).

Similarly, hospital discharges in 2011 were up 51.27% relative to 2008 (12, 16).

Between 2010 and 2016, a total of 536 community-based teams were deployed. Each team consisted of a physician, a nurse, a nursing auxiliary, three health promoters, and a polyvalent assistant. This outreach was accompanied by a significant increase in the MINSAL budget for the first level of care, from 35% to 38% (11).

Human resources were shifted between the FLC and hospitals. Between 2008 and 2016, a total of 7,000 health worker positions were created at the different levels of care, especially the FLC, by expanding community family health teams (ECOSFs) and community family health units (UCSFs)<sup>4</sup>, which were deployed in more than half the municipalities in the country (10, 11, 16).

2) Hospital feudalism<sup>5</sup> was dismantled and replaced with efficient and effective response from the health services. Reconfiguration of the management model through the creation of comprehensive, integrated service networks (*redes integrales e integradas de servicios de salud* – RISSs) made it possible to reorganize the services and restructure the functions of hospitals at the second and third levels. The RISSs manage the delivery of appropriate care from the time patients walk in the door at the FLC all the way up to hospitals at the highest level of complexity, enhance the effectiveness of territorially focused strategies, and track the registration, evaluation, and individual follow-up (13) of the entire assigned population (16).

The hospitals are staffed with specialist and subspecialist physicians depending on their level of complexity. In addition, obstetrician/gynecologists, internists, and pediatricians are assigned to the 39 ECOS at the FLC (11) with a

<sup>2</sup> *White-coat march* was the term used to refer to demonstrations organized by medical associations to protest the privatization of health care.

<sup>3</sup> The CISALUD brings together more than 40 public, autonomous, private, and grassroots institutions to address the social determinants of health.

<sup>4</sup> The term *community family health units* refers to basic care units at the local level, previously called *health units*. These units provide health education, health promotion, disease prevention, treatment, and rehabilitation. Depending on the level of care, the services may be basic, intermediate, or specialized.

<sup>5</sup> *Hospital feudalism* is a term introduced by the author to characterize the isolated management of hospitals within the health system, which "subjugates" its first-level establishments, magnifying their functional or dysfunctional capacity as independent "fiefdoms".

view to decentralizing patient monitoring and follow-up.

As a result of this ongoing dialogue between the hospitals and the FLC, by 2016 more than 99% of births were attended at the second or third level of care, depending on the complexity of the case, unlike the situation prior to implementation of the RISSs (10, 16).

3) Emphasis on health promotion. The promotion of healthy lifestyles, an intersectoral approach, and citizen participation are key elements in annual planning and policy-making, among other activities.

At the national level, CISALUD engages in intersectoral coordination between public, autonomous, and private institutions, and the general population, on initiatives for the prevention and control of diseases and emergencies (8). At the local level, the intersectoral approach is seen in established contexts such as municipal committees on civil protection.

The National Health Forum<sup>6</sup> has succeeded in developing consensus on a strategic decision-making process that emphasizes equity, quality, and inclusion, as well as an intersectoral approach based on the social determinants of health through a broad process of proactive and vigilant citizen participation within the framework of exercising the right to health (7).

4) Political will that enables this process to unfold. The reform has had the necessary political will to ensure its funding. National expenditure on health increased by 43%, from US\$ 1,270 million in 2007 to US\$ 1,821 million in 2016, while as a percentage of gross domestic product (GDP) it rose from 6.3% to 6.8% during the same period (10, 17).

5) Transformation of the health system in the context of overall national transformation. The progressive reforms have affected the entire social fabric, not just the field of health, and have had a major impact on social well-being, as seen by the declines in poverty, unemployment,

and inequality (15). The results obtained from the reform process should not be interpreted as isolated events; rather, they should be seen as the outcome of a national transformation represented by a series of social programs ultimately aimed at the redistribution of wealth and the generation of long-term structural changes.

Coupled with the health reform, programs that help to feed schoolchildren, give them milk, pay for their uniforms and school supplies, provide temporary income support, ensure a basic universal pension for older adults, and provide agricultural assistance, among others, have helped to reduce poverty. Between 2008 and 2013, the country's income poverty rate fell from 46.4% to 34.8%, and extreme poverty saw a drop from 15.4% to 9.1%. Similarly, El Salvador's Gini coefficient improved from 0.47 in 2009 to 0.41 in 2013 (18).

### Difficulties and challenges facing the reform

Despite these achievements, only 1.3% of the population attributes success to the current government (19). It can be said that, despite the successful reform, it has not yet reached "people's hearts". The reform has not had much media coverage; the quality of service remains poor (poor patient care, shortages of medicines and medical supplies, etc.); and it is currently facing public rejection.

The perception of MINSAL performance has declined. From being ranked one of the three most respected institutions, it has dropped to 10th place, with a rating of 5.59 on a scale of 1 to 10 (19), its lowest standing in eight years. As Laurrell (15) has pointed out, health, traditionally the legitimizing purview of progressive governments, has become a factor in their de-legitimization.

Another challenge has been the inability to "sell" the population on the value of the integrated social approach to health. Perceptions about "good medicine" in terms of hospitals, medical care, medicines, and health technology have led to health reform being treated as a matter of technology and funding, without looking at the best ways to address the health needs of the population (20). On top of all these concerns, managerial and administrative shortcomings

are raising new challenges for the reform that cannot be postponed: correcting the insufficient and unequally distributed health budget, which fosters inequities in health financing between the poor and the well-to-do; improving the working conditions of health personnel, which have deteriorated in recent years, by providing decent infrastructure, sufficient supplies, and adequate equipment, mental health care for staff, employee incentives, etc.; humanizing treatment; and improving the quality of services, which includes eliminating administrative and operational bureaucracy; continuing to strengthen MINSAL stewardship; and elevating health system reform to the level of State policy, thus legally ensuring its sustainability.

### Final considerations

As the Salvadoran health reform progresses, it becomes clear that universal public health systems achieve better health outcomes when they engage the citizenry in management and social oversight, include the participation of other sectors, and maintain an ongoing commitment to redress social inequalities. Achieving equity in health policies and the health system is an absolute imperative. Of the levels of care, the first level is the most equitable, since it is less costly and reduces health gaps for marginalized and impoverished populations (14, 17).

The Salvadoran health reform can only move forward if it is better able to respond to the expectations of a changing society by implementing appropriate health services that meet both current demand and people's new needs, and if it can inspire health workers to re-engage in the process. This will require new leadership and commitment to a broad social compact for health that resets the compass to its true north: primary health care.

**Conflicts of interest.** None declared.

**Disclaimer.** Authors hold sole responsibility for the views expressed in the manuscript, which may not necessarily reflect the opinion or policy of the RPSP/PAJPH or the Pan American Health Organization (PAHO).

<sup>6</sup> The National Forum on Health is one of the pillars of the Salvadoran health reform. It provides a space in which citizens can organize to affirm their right to health. It is organizationally and administratively independent of MINSAL and does not receive public funding. Its community leadership promotes participation in health policy-making and social oversight at the different levels of health care.

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## RESUMEN

## La atención primaria de salud como fundamento de la reforma de salud salvadoreña

Desde la Declaración de Alma-Ata, y durante sus 40 años de vigencia, la atención primaria de salud (APS) se ha convertido en uno de los fundamentos de la reforma de salud salvadoreña iniciada en el 2010. Los valores, principios y elementos de la APS han sido una pieza esencial de su diseño e implementación para alcanzar logros importantes in la salud. La gratuidad y la ampliación de la cobertura, el ordenamiento de los niveles de atención, el impulso a la promoción de la salud y la voluntad política se identifican como factores que han permitido la mejora de los indicadores sanitarios, pero no de manera aislada, sino integrados a un proceso de transformación junto a otros programas sociales, que han abonado a la reducción de la pobreza y a la disminución de las desigualdades; estos, a su vez, han contribuido a la mejora de los indicadores de salud. La reforma de salud debe superar las dificultades actuales que enfrenta, como la deslegitimización frente a la opinión pública, la concepción biologicista de la “buena medicina” y superar aspectos negativos de su gestión como el presupuesto de salud insuficiente y desigual, las condiciones laborales precarias para el personal de salud, el trato deshumanizado y la baja calidad de los servicios. El avance de la reforma estará condicionado a su capacidad de reinventarse, superar las contradicciones que ha generado e ir al encuentro de las necesidades de los trabajadores de salud y la ciudadanía.

## Palabras clave

Reforma de la atención de salud; atención primaria de salud; políticas públicas de salud; El Salvador.

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## Atenção primária à saúde como pilar da reforma da saúde em El Salvador

### RESUMO

Desde sua origem na Declaração de Alma-Ata e nos seus 40 anos de existência, a atenção primária à saúde (PHC) se consolidou como um dos pilares da reforma da saúde de El Salvador iniciada em 2010. Os valores, os princípios e os elementos da PHC são peças fundamentais do planejamento e implementação para o alcance de grandes conquistas em saúde.

Gratuidade, expansão da cobertura, organização dos níveis de atenção, incentivo à promoção da saúde e vontade política são identificados como fatores que vêm possibilitando melhorar os indicadores de saúde. Não se trata de um efeito isolado, mas integrado a um processo de transformação junto com outros programas sociais que têm contribuído para reduzir a pobreza e as desigualdades. Isso, por sua vez, ajuda a melhorar os indicadores de saúde.

A reforma da saúde precisa superar as atuais dificuldades como a deslegitimação perante a opinião pública e a concepção biologicista de "boa medicina" e enfrentar as deficiências administrativas e de gestão como um orçamento de saúde insuficiente e desigual, condições de trabalho precárias para os profissionais da saúde, o trato desumanizado e a baixa qualidade dos serviços.

O avanço da reforma está condicionado à capacidade de reinventar-se, superar as contradições geradas e atender as necessidades dos profissionais da saúde e da sociedade.

### Palavras-chave

Reforma dos serviços de saúde; atenção primária à saúde; políticas públicas de saúde; El Salvador.

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