

INTERNATIONAL HEALTH

Venezuela's Barrio Adentro: Community Focus on Primary and Preventative Care

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*"Politics is public health in the most profound sense."
—Dr. Rudolf Virchow*

Hugo Chávez, Venezuela's sometimes controversial leader, has recently initiated sweeping health care reforms, targeting the country's poor. The program, titled *Barrio Adentro* ("in the neighbourhood"), is intended to sharply contrast previous Latin American health reforms that followed neoliberal policies prescribed by the World Bank (WB) and International Monetary Fund (IMF). While neoliberal policies are governed by market capitalism and assert that the pursuit of economic self-interest will create the greatest good for the greatest number, *Barrio Adentro* is based in human rights, and international cooperation.

By addressing the political context that led to Chávez's rise, and neoliberal health reform in other Latin American countries, this paper will show that *Barrio Adentro* is an unique and effective primary care initiative that rejects neoliberal trends in Latin America, placing renewed emphasis on primary and preventative health care.

HUGO CHÁVEZ'S RISE TO POWER

In 1998, Venezuelans elected Hugo Chávez, choosing a president who openly supported deep political and social change, and rejected previous neoliberal reforms imposed by foreign lending agencies. This public desire for change had been building since the 1980s. Corruption, government policies that cut social spending, and a growing divide between the country's rich and poor led to a growing loss of confidence in the legitimacy of the political system and compelled the masses to demand change in the late 1990s. In 1989, saddled with massive debt, then-president Carlos Andrés Pérez had signed a lending agreement with the IMF that included a Structural Adjustment Plan (SAP). Interestingly, this agreement was made in secret, never being submitted to parliament and was not disclosed to the public until after its signing.² The SAP in Venezuela was similar to



A stand of flags in the heart of Havana, Cuba which blocks the view of the American Embassy and its signage (which often sprouts democratic and capitalistic propaganda) from an important city square. Photographer: Jason Cummings (2006).

others around the world: it called for decreased public spending in all sectors, based on the underlying neoliberal belief that market capitalism is more efficient than state-directed social programming.^{3,4} During the three years of implementation of this plan, there was a further regressive distribution of wealth, as levels of poverty took a qualitative leap. Due to the terms of this agreement and other conditions, social spending fell from 11.8% of GDP in 1980-81 to 8.5% in 1990-91 (from \$480 to \$300 per capita).⁵

Chávez vehemently opposed these neoliberal policies imposed by foreign lending institutions. He said, "While the neoliberal plans are based on the inhumane premise that the best social policy is a good economic policy, the Agenda Bolivariana [Chávez's platform] affirms the principle that the best social policy is that which responds to the population's needs".⁶

NEOLIBERAL HEALTH REFORM IN LATIN AMERICA

The World Bank and IMF have played a significant role in shaping health policy throughout Latin America since the 1980s. The economic crisis of the 1980s accentuated the poor health status of Latin Americans, revealing a significant divide between monies spent on health care and outcomes.⁴ In Structural Adjustment Policies (SAPs) prescribed by the WB and IMF, health reform was tied to the lending intended to reduce the huge debts of Latin American governments. The neoliberal SAPs called for a reduction in the role of governments in health care delivery, with the intention that this might increase equity, efficiency and improve quality of care and user satisfaction through a market capitalism approach.⁷

In the World Bank's 1993 document *World Development Report: Investing in Health*, the organization advocates governments of poor countries around the world limit state investment in health care to low-cost services that target the poor, and encourage competition in financing and delivery of health services by facilitating greater private sector involvement.⁷ This strategy seems to have been unpopular and unsuccessful throughout much of Latin America.

Chile, Columbia, Mexico and Brazil partially privatized the management and delivery of publicly funded health services through World Bank plans.⁴ In Chile, there has been little evidence that the reforms reduced inequalities or inefficiencies. Health care has become fragmented among social classes and a small percentage of the population consumes a large percentage of health resources. Co-payments have created barriers to care for those with lower income.⁴ In Columbia, World Bank plans were comprehensively followed. While these reforms led to a large increase in health care spending, a large percentage of the population continues to be without care. Similar to Chile, high co-payments limit access for the poor and result in exacerbating health inequities between classes.⁴ In Mexico and Brazil, neoliberal reform has also reduced access to health care for the poor and working class, and has burdened the public system with high risk patients while private insurance companies make significant profits.⁸ These inadequacies of neoliberal health care reform set the regional context for massive and innovative restructuring of Venezuelan primary health care.

HEALTH CARE REFORM IN VENEZUELA

Chávez's first years in office did not include the massive increases in social spending that were anticipated after the re-writing of the Venezuelan constitution. But, buoyed by high oil prices in the first few years of the twenty-first century, the government has been increasingly able to assign resources to social spending such as health care and education.⁶ Since 2003, using a model founded in international cooperation that emphasizes "South-South" solidarity rather

than "North-South" aid, Venezuela has been able to make massive reforms to their primary care system that has been creative, community-based, and had enormous implications about access to care for the poor.⁸

Soon after his election in 1998, Hugo Chávez and his government set about redrafting the Venezuelan constitution. Contained within this new constitution was the interesting concept of social debt – a concept that the population was owed "reparations" for wealth, health and dignity that they had lost as a result of previous policies.⁹ Three articles in particular addressed health care and are paraphrased here:

health is viewed as a human right that the state is obligated to guarantee; the state has a duty to create and manage a universal, integrated public health system providing free services and prioritizing disease prevention and health promotion; the public health care system will be publicly funded by taxes, social security, and oil revenues and developing human resource policy to train professionals for the new system.^{1,3}

On this foundation *Barrio Adentro* was built.

Heavy rains in December of 1999 led to flooding throughout the country, particularly affecting those living in barrios or slums that surrounded Venezuela's cities. The Mayor of Libertador, a poor municipality just outside the capital Caracas, asked for help from Venezuelan doctors. Due to security concerns and little financial incentive, the physicians refused.^{3,9} At that time, the majority of physicians were working in wealthy states while 60% (70 million) of the population did not have access to primary care, with the poor being most adversely impacted.⁹ With no help coming internally, Cuba sent 58 doctors to the barrios in Caracas' periphery. Within months, Chávez noticed the program and began working on a larger agreement. As part of the broader Bolivarian Alternative for the Americas (ALBA) – a political, social and economic alternative to the Free Trade Agreement of the Americas (FTAA) – Venezuela trades oil and other products and services with Cuba in exchange for health care professionals and supplies.^{9,10} By 2004, more than 10 000 doctors, dentists and ophthalmologists were providing primary care and giving free Cuban-supplied medications to Venezuelans in the government's *Barrio Adentro* program.³

Barrio Adentro means "inside the neighborhood" and is a community-based program that expands Venezuela's health care network into poor and underserved areas, emphasizing primary and preventative care. The goal of this *mision* (part of a larger social policy, including education, employment and food security *misiones*) is to have one community health centre for every 250 families in marginalized communities. As of April 2006, more than 1,000 health centres had been built with 5,000 more planned to be constructed. Each centre is staffed by a multidisciplinary team, including a Cuban physician specializing in integrated family medi-

cine, a community health worker and a health promoter. All personnel live in the neighbourhood with the doctor living on the top floor of the health centre. All services and medications are free and are accessible 24 hours per day.^{8,11}

Each centre is supported by a health committee made up of members of the community that co-manage and administer the centre. This committee is one vehicle used to emphasize community participation in health. For example, if there are health concerns raised due to a lack of potable water, people are encouraged to organize with the support of the health committee and demand the government to make potable water accessible in the community. Reports show that the Venezuelan government is responsive to this participatory democracy.^{9,11}

Barrio Adentro's success in improving access has been astonishing. In 1998, almost one third of Venezuelans who suffered acute medical problems did not see a doctor.⁵ This program has led to increased access to care for those in need. Comparing 2004 figures to pre- *Barrio Adentro* figures is remarkable: 76 million physician visits in 2004 compared to 20 million in the conventional system; 2,500 primary care centres, with 5000 more being built compared to 1500 previously; the number of dentists has increased from 800 to 4,600; the number of nurses has increased from 4,400 to 8,500; opticians from 0 to 500.⁹ There has also been improvement in access to follow-up of chronic illnesses. For example, prior to this health care reform, there were fewer than 2 million hypertension follow-up appointments per year. Now, there are more than 12 million.⁹

Disease prevention has also become a renewed focus within Venezuela since the advent of *Barrio Adentro*. Vaccination programs are emphasized, and 144 radio stations are working in conjunction with health teams to promote healthy lifestyles.^{9,11} Further, sports programs are receiving attention and funding to promote healthy lives.⁹

Health outcomes measures need to be further evaluated to get a better sense of the impact of this young program. However, the preliminary findings are positive. Morbidity and mortality data from 2003 to 2005 showed a significant decrease of mortality of children aged 1-4 of both pneumonia and diarrhea.³ An impact on infant mortality provides evidence that this program is most likely already having significant impact.

CONCLUSIONS

When compared to other health care reform in Latin America, *Barrio Adentro* appears exceptional in three ways. First, it rejects conventional neoliberal policies that place emphasis on market capitalism in health reform. Instead, *Barrio Adentro* places a renewed emphasis on the right to health care for all. Second, this reform employs a unique cooperative arrangement with Cuba that is based in "South-South" solidarity, not conventional "North-South" aid. Third, this project seems to be on a scale more significant than other primary and preventative health reforms in Latin America.

As a result of these unique characteristics, a number of questions are raised. Is this project sustainable? Will Venezuela be able to train their own healthcare practitioners to take over from Cuban doctors? Is this model transferable to other developing countries? Or, is Venezuela unique because of its oil revenue and close ties with Cuba? What lessons can we draw from this project that are applicable to Ontario health care?

Certainly, the uniqueness and preliminary success of *Barrio Adentro* make it an intriguing program that emphasizes the interconnection between public health and politics. †

REFERENCES

1. Feo O, Siqueira CE. (2004). An Alternative to the Neoliberal Model in Health: The Case of Venezuela. *International Journal of Health Services*. 34(2): 365-375.
2. Lander E. (2005). Venezuelan Social Conflict in a Global Context. *Latin American Perspectives*. 32(2): 20-38.
3. Muntaner C, Guerra Salazar RM, Benach J, Armada F. (2006). Venezuela's Barrio Adentro: An Alternative to Neoliberalism in Health Care. *International Journal of Health Services*. 36(4): 803-811.
4. Homedes N, Ugalde A. (2004). Why neoliberal health reforms have failed in Latin America. *Health Policy*. 71: 83-96.
5. Schuyler G. (2002). Globalization and Health: Venezuela and Cuba. *Canadian Journal of Development Studies*. 23(4): 687-716.
6. Parker D. (2005). Chavez and the Search for an Alternative to Neoliberalism. *Latin American Perspectives*. 32(2): 39-50.
7. World Bank. (1993). *World Development Report: Investing in Health*. Retrieved April 24, 2007 for the World Wide Web: <http://www.dcp2.org/file/62/World%20Development%20Report%201993.pdf>
8. Muntaner C, Guerra Salazar RM, Rueda S, Armada F. (2006). Challenging the Neoliberal Trend: The Venezuelan Health Care Reform Alternative. *Canadian Journal of Public Health*. 97(6): I-19-I-24.
9. Keefer C. Radio Interview with Dr. Carles Muntaner. Retrieved April 25, 2007 from the World Wide Web: <http://documents.amarc.org/files/2007-02-14/Barrio%20Adentro%20Interview.mp3>
10. Agreement between the President of the Bolivarian Republic of Venezuela and the President of the Council of State of Cuba, for the Application of the Bolivarian Alternative for the Americas. (2004). Retrieved May 29, 2007 from the World Wide Web: <http://www.mltoday.com/Pages/NLiberation/Cuba-VenezPact.html/>
11. UNICEF. (2005). Venezuela's Barrio Adentro: a model of universal Primary Health Care. *Immunization Plus Quarterly e-Newsletter*. Retrieved April 24, 2007 from the World Wide Web: <http://www.unicef.org/infobycountry/files/1PlusQuarterlyNewsletterJanMarch2005.pdf>

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