

health.⁴ Today the PSF is the way into the SUS for over 60 million inhabitants, and is one of the largest primary care programmes in the world.⁵ Thus, a study like that of Macinko *et al*,⁶ which performed a longitudinal evaluation, at a national level, of a broad primary health care strategy, is important to consolidate this model of care in Brazil and also internationally, to contribute scientific evidence on the effectiveness of primary care, more than 25 years after Alma-Atta.

The use of secondary data is quite a useful tool for the analysis of contribution of primary health care. This paper evaluated primary health care in Brazil using an aggregate risk study. Brazilian states were classified by the general level of exposure to the Family Health Program in their environment. It is important to bear in mind that an aggregate risk study is rarely definitive. The main problem is a potential methodological bias (ecological fallacy). Otherwise, its longitudinal ecological approach, controlling for confounding factors, showed the important contribution of the Family Health Program to decreasing infant mortality in Brazil. The PSF should be acknowledged as a collective strategy to optimise health. In this sense, the ecological approach presents advantages to identify the collective effects of this strategy that should not be reduced to a purely individual health action (the “individualistic fallacy”).⁷

From the perspective of public policies, the study by Macinko *et al* provides

important evidence for managers, professionals, and population on a health action—the PSF—that has occupied an outstanding position in the field of public policies in Brazil. The development of creative strategies to evaluate national public policies in health is important to defend the use of public resources to improve the health conditions of the population and to seek equity, especially in areas with great inequalities such as in Brazil.

Macinko *et al* show the importance of performing studies using secondary data, and they emphasise that an accessible, comprehensive, coordinated, and longitudinal health care model based on promotion and protection, on early diagnosis, on the return to health of individuals and family, is essential to improve the health indicators. This study also contributes to identifying strategies to monitor the effectiveness of a national programme. Strategies that seek to qualify the public health policies by using scientific evidence, such as The Observatory on Public Policies and Health for Latin America, which is under the leadership of the University of Alicante, value this type of investigation to help managers in decision making.

This paper will certainly help further organisational models for health care in developing countries. It is important to recognise that the current status of each country is unique, but the expansion of primary health care is shaping the agenda for health care policy in the Latin American region.

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REFERENCES

- 1 **World Bank**. *World development report, 2000/2001: attacking poverty*. Washington: Oxford University Press, 2001.
- 2 **Brasil**. Ministério da Saúde, Secretaria Executiva/DATASUS. Indicadores e dados básicos, 2002, Brasil. <http://tabnet.datasus.gov.br/cgi/idb2002/matriz.htm#mort> (accessed 8 Feb 2004).
- 3 **Hartz ZMA**, Champagne F, Leal MC, *et al*. Mortalidade infantil “evitável” em duas cidades do Nordeste do Brasil: indicador de qualidade do sistema local de saúde. *Rev Saúde Pública* 1996;**30**:310–18.
- 4 **Brasil**. Ministério da Saúde. *Fundação Nacional de Saúde. Departamento de Operações. Coordenação da Saúde da Comunidade. Programa de Saúde da Família*. Brasília: Saúde dentro de casa, 1994.
- 5 **Ministério da Saúde do Brasil**. Programa Saúde da Família completa 10 anos, 2004. http://portalweb02.saude.gov.br/portal/saude/visualizar_texto.cfm?idtxt=20110.
- 6 **Macinko J**, Guanais FC, Souza MFM. Evaluation of the impact of the Family Health Program on infant mortality in Brazil, 1990–2002. *J Epidemiol Community Health* 2006;**60**:13–19.
- 7 **Krieger N**. Epidemiology and the web of causation: has anyone seen the spider? *Soc Sci Med* 1994;**39**:887–903.

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A poster display seen at a public health conference.

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