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Rio de Janeiro: Lessons learned, a legacy for primary care, and contributions for Brazil

In recent decades, several issues of this journal have covered Primary Health Care (APS) and Family Health Strategy (ESF) topics. When Rio de Janeiro turned 450, an issue was published with articles addressing the theme of the Primary Health Care Reform (PHC Reform) implemented at the municipal level from 2009 to 2015, in significant partnership with Lisbon[1,2].

Looking back at the history of RCAPS, in December 2008, Rio de Janeiro was the capital city with the lowest municipal public health funding and the lowest ESF coverage, with only 3.5% of its population. In 2015, after two RCAPS implementation administrations, coverage jumped to 50%, with more than three million people registered and monitored. The 2017-2020 period paralyzed the expansion of population coverage and the strategies to improve the axes of the then-implemented Reform. In 2021, amid the COVID-19 pandemic, the municipality resumed its political commitment and technical and financial investments to expand PHC as a necessary choice to defend a public and universal Unified Health System (SUS).

In 2025, when we celebrate 460 years of Rio de Janeiro, 15 years of its RCAPS, and 20 years of the Primary Health Care Mission of Lisbon and the Tagus Valley, we can affirm that both paths taken have some lessons learned that can be shared and debated with other Brazilian and Portuguese municipalities, especially those with large populations. The following stand out: (i) the motivation of professionals and teamwork as drivers for structural reforms; (ii) recording results with communication and dissemination, inducing good practices in other services; (iii) professional training within the Health Systems – strategic courses for training managers, preceptors and health professionals help to promote the desired cultural change; (iv) new facilities and equipment, enhancing spaces for serving and receiving clients; (v) computerization, information systems and the beginning of the long journey of digital health; (vi) pay-for-performance; (vii) contracting of services – defining indicators that can be measured automatically by information systems; (viii) technique; and (ix) political leadership.

The articles presented here can contribute to identifying the factors that will make it possible to deliver access to PHC to more than 81% of Rio residents in 2024 and present the challenges so that, besides coverage, the strategy is consolidated on strong pillars, grounded on scientific evidence, and investigated by the population as their social heritage.

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