



González García G. 50 años de políticas de salud. Buenos Aires: Ediciones ISALUD; 2025

Mariano Fontela¹

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ABSTRACT The book '50 años de políticas de salud' reviews fifty years of Argentine health reforms, from the 1973 National Integrated Health System (SNIS) experience to the centralized management of COVID-19. It blends policy analysis with first-person testimonies from federal and provincial decision makers, detailing ideals, implementation strategies, opposition, achievements, and disappointments. For Brazilian readers, it highlights shared features – federal governance, subsystem fragmentation, and marked inequities – while contrasting crisis coordination across countries. The volume discusses integration, social justice, gender and human rights, and managerial tools such as negotiated planning, measurable targets, and transparency. A chapter proposes ten concrete actions to guide future regional reforms in Latin America.

KEYWORDS Health policies. Policy analysis. Health systems reforms. Federalism.

RESUMEN El libro '50 años de políticas de salud' analiza las reformas del sistema sanitario argentino desde la experiencia del Sistema Nacional Integrado de Salud – SNIS (1973) hasta la gestión centralizada de la pandemia de COVID-19. Combina análisis de política, reconstrucciones históricas y testimonios de decisores nacionales y provinciales, mostrando ideales, estrategias de implementación, resistencias y resultados. Para lectores brasileños, ilumina paralelismos estructurales – federalismo, fragmentación e inequidades – y contrasta modos de coordinación en crisis. Examina integración sectorial, justicia social, género y derechos humanos, además de herramientas de gestión como planificación negociada, metas medibles y transparencia. Incluye un decálogo de acciones para orientar futuras reformas regionales en América Latina.

PALABRAS CLAVE Políticas de salud. Análisis de política. Reforma del sistema de salud. Federalismo.

¹Universidad Isalud –
Buenos Aires, Argentina.
marianofontela@hotmail.
com

THIS BOOK ANALYZES THE MAIN REFORMS

to Argentina's health system over the last 50 years, addressing issues as diverse as the management of health facilities, primary care, pharmaceutical policy, and health workforce planning¹. The analyses include a description of the ideals that inspired public policies, how they were implemented, and the hurdles and hindrances that emerged in response to the proposals advanced by successive governments.

Its 429 pages include first-person accounts by those who promoted these reforms from federal and provincial public administration. In extensive testimonies, they explain the motives and reasons that led them, at the time, to propose such reforms, as well as their current views on the possible causes of their achievements and disappointments.

For a Brazilian readership, the book may prove useful because the health systems of Argentina and Brazil share several distinctive features, such as a federal system of government, fragmentation among subsystems, and marked inequities in access to and quality of care.

The editor of this publication, Ginés González García (1945-2024), served as Minister of Health of the Province of Buenos Aires (1988-1991) and of Argentina (2002-2003, 2003-2007, 2019-2021). The book contains extensive testimonial references to the periods in which he held public office during half a century, the same period analyzed in its various chapters. These references range from his leading role in the implementation of the 1973 National Integrated Health System (SNIS), which was a precursor to the Brazilian Unified Health System (SUS), to his centralized leadership in the management of the COVID-19 pandemic, where visible differences can be observed against how coordination occurred in Brazil.

According to González García's own view, his terms at the head of the national Ministry of Health began amid successive crises, as had also been the case when he served as

provincial minister. This common feature, together with the emergence of certain political leaderships at each moment, would have favored the introduction of reforms in the health system, or at least the mitigation of the resistance they faced.

The book contains extensive descriptions of these crises and of the health policy alternatives debated at each point in time, but above all, it details the reasons that led policymakers to promote some reforms rather than others. In its pages, these reasons are explained in straightforward terms by those who held office during each period analyzed.

Somehow, this distinctive feature allows for an uncommon immersion into the inner workings of public policymaking: the concrete place and moment where specialized debates become lived situations experienced by equally concrete individuals. These issues are misunderstood in certain academic analyses, partly because such analyses often include those who assume that the tools of the social sciences authorize a kind of omniscient and deterministic narrative that knows more about the causes of decisions than the decision-makers themselves.

Even if that were the case, it remains surprising that the simple resource of asking them about their personal memories of the ideas, interests, or even fears that led them to choose one decision rather than another is nevertheless ignored, especially since their email addresses or social media profiles are now very easy to obtain. This may be due to a certain distrust regarding the veracity of such testimonies, to which one might add a possible ideological hostility on the part of the researcher toward those who governed in the past.

The opposite bias also exists: assuming that everything someone says about their own trajectory is absolutely true, or that their description of the context of a specific decision is exhaustive. Reality surely lies somewhere between these two positions, but it is hard to understand how one could claim that a

person's testimony about their own experience is completely irrelevant.

On the other hand, the book contains reflections on the way in which ideals formulated more than half a century ago may be put into practice in the coming years through a set of consistent health policies, including popular sovereignty, the organized community, and federalism, which González García considered 'necessary conditions for achieving social justice'. He also emphasized the importance of integrating highly fragmented health systems, and throughout the book, extensive analyses are provided of several examples of concrete policies that sought to promote such integration. The book also describes various dimensions of the relationship between public health and issues such as poverty, gender parity, and human rights.

In another section, González García explains how, throughout his long experience in implementing health policies, he applied various tools to put these ideals into practice: concerted planning; the development of the institutional capacity of federal and subnational government agencies; the assignment of explicit goals that could be measured periodically; and transparency in evaluating sectoral and territorial equity in the distribution of resources.

He himself also highlighted his persistent personal commitment to 'encouraging the building of consensus with scientific societies, universities, unions, companies, and civil society organizations, as well as with the most varied ideologies and the different government levels, in order to plan federal health policies that could be consolidated over time based on shared visions'. This disposition toward consensus-building was widely recognized by leaders of different political affiliations

and was reflected in the fact that the most important programs he launched during his ministerial terms lasted for decades, despite subsequent governments that were openly hostile to those of which González García had been a member.

A separate paragraph should be devoted to another noteworthy contribution of this compendium: the chapter 'How to Achieve Social Justice through Public Health', in which Federico Tobar analyzes ten proposals for the health system: classifying priority problems; defining the appropriate care model; establishing agreements between the federal government and the provinces to implement that model; accrediting providers; correcting inequalities in infrastructure and human resources; establishing named responsibility of services for the population under their care and of the population toward the services; building service networks; regulating insurers; assessing medical technologies; and regulating medicine prices.

According to González García, the greatest usefulness of this book would not derive from a revisionist account of the past, but from a systematization of experience intended to inspire future reforms of health systems in the region. For our part, we would add that the health histories of Brazil and Argentina are far from having formed long sequences of resounding successes, but neither have they been histories of inexorable failures. And even when defeats occur, one also learns from them. Sometimes more than from victories.

Authorship contributions

Fontela M (0000-0003-3449-5809)* is responsible for the manuscript. ■

Reference

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Editor in charge: Marcelo Moreira Rasga, Fundação Oswaldo Cruz (Fiocruz), Estratégia Fiocruz para a Agenda (EFA 2030), Rio de Janeiro (Rio de Janeiro/RJ), Brasil. Lattes: <http://lattes.cnpq.br/7851702065010431>, Orcid: <https://orcid.org/0000-0003-3356-7153>, e-mail: rasgamoreira@gmail.com