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The role of health posts in primary care in the Americas region and their impact on the community. A systematic review.

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Abstract

Introduction: Primary Health Care (PHC) is fundamental to reducing equity gaps in the Americas, where health posts translate public policies into territorial interventions. Given the persistent fragmentation and instability of health systems, this study analyzed the role of health posts in PHC and examined their community impact from a health, structural, and managerial perspective.

Materials and Methods: A conducted a systematic review following the PRISMA 2020 guidelines and the PECO framework. The search was performed between December 2025 and March 2026 in PubMed, LILACS, and SciELO. Primary quantitative articles published from 2021 onward in Scopus Q1/Q2 journals, conducted in the Americas, and focused on the impact of primary healthcare facilities were included. Qualitative studies, editorials, and those conducted at secondary or tertiary levels were excluded. Of the 186 records identified, 11 studies were selected, and their methodological quality was assessed using the Joanna Briggs Institute (JBI) tools.

Results: The studies were concentrated in Brazil (63.6%), Peru, Ecuador, and Chile. Nine articles reported favorable findings on primary health care (PHC) performance, one reported mixed results, and another focused on structural gaps. Home visits and mobile teams strengthened initial access in vulnerable populations. The study observed positive impacts on herd immunization, timely diagnosis, and chronic disease follow-up, which reduced avoidable hospitalizations and infant mortality. However, limited diagnostic tools, equipment deficiencies, drug shortages, and a lack of personnel in rural areas constrained the capacity to address health issues.

Conclusion: Health posts are essential for health equity in the Americas. While they expand access to prevention and reduce morbidity and mortality, budget constraints and organizational shortcomings threaten their effectiveness. Consolidating their impact requires sustainable structural investment that increases local capacity to resolve health issues.

Keywords: Primary Health Care; health posts; access to health services; community health; Region of the Americas.

Introduction

In the health system, Primary Health Care (PHC) represents an organizational and ethical pillar that focuses on the health of individuals throughout all stages of life, providing a comprehensive, rapid, and equitable response. It coordinates the health system through health promotion, disease prevention, rehabilitation, and palliative care, which are managed directly with the community, and is not limited to a single level of care [1]. PHC has been recognized as a fundamental strategy for reducing disparities, expanding coverage, and transforming health systems. Consequently, in the Region of the Americas, an agenda focused on strengthening policies, services, and investment based on this approach has been gaining ground [2].

In the daily dynamics of health systems, health posts play a crucial role in translating health policies into concrete responses on the ground. This increases their importance in environments with social conditions that hinder immediate access to services, such as population dispersion, limited resource availability, and geographical distance [3]. Their contribution goes beyond basic consultations; they link to other levels of care, ensure continuous follow-up, facilitate case referrals, and provide more structured care through health education, early disease detection, and the promotion of preventive practices that strengthen collective protection and self-care. Although their potential has not yet been fully realized across the Americas, their capacity to respond can be significantly expanded when families, community leaders, and the general population support these efforts [4].

Despite the renewed discourse that has positioned primary health care (PHC) as the organizing principle of health systems, substantial gaps persist in the Americas, restricting the expected performance of health facilities. Progress achieved in recent decades has been uneven and, in many cases, unstable [5]. Although several countries have promoted reforms aimed at universal access, segmented coverage, management weaknesses, poor coordination between levels of care, and marked inequalities in the availability of personnel, material resources, and structural conditions still coexist [3]. Service fragmentation continues to affect continuity and quality of care, increasing strain on the user experience and exacerbating deficiencies. This likely results from difficulties in maintaining effective community engagement mechanisms and adapting institutional responses to increasingly complex epidemiological scenarios [6]. In this context, analyzing the role of health posts in the region requires considering their scope in the managerial, community, and organizational spheres, and adopting a perspective that goes beyond their direct care function.

In the Region of the Americas, primary care has been fundamental in bringing services to communities that are often left out of the system and in expanding vaccination coverage. This, in turn, clarifies the role of health posts when analyzing their contribution to actions that generate specific changes in the community. This was the case during Vaccination Week in the Americas 2024, when more than 65 million doses were administered in 34 countries through strategies tailored to each territory's conditions and targeting groups with the greatest barriers to access [7]. A similar contribution is evident in the approach to chronic diseases, where the HEARTS in the Americas initiative has strengthened control of hypertension and cardiovascular risk through community-based services, with implementation in 34 countries and more than 10,950 primary care health centers [8]. This is further supported by experience across the region, where community participation has proven a valuable resource for sustaining service delivery, especially in contexts of crisis or high social vulnerability [9]. Similarly, the Pan American Health Organization has emphasized that

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consolidating primary care is essential to advance maternal health and minimize persistent inequities between women and newborns who face greater risk conditions [10].

Despite their importance, most studies focus on specific programs or concrete clinical outcomes, relegating a broader understanding of their role within the community to the background. Consequently, the role of health posts in their relationship with the community and in local organization remains unclear. A review of 142 publications from Latin America and the Caribbean highlighted the need to strengthen more stable, collaborative, and continuous primary care strategies, while also noting that the region is not starting from scratch but has prior experience [3]. Similarly, other authors indicate that, although primary care development depends largely on each location's institutional conditions and remains uneven, community engagement could strengthen primary care responsiveness [9]. Therefore, a gap persists in the academic discussion on how health posts simultaneously influence continuity of care, community engagement, and the health response in territories marked by fragmentation and inequality.

Given this context, we need to broaden our understanding of the role of health posts in Primary Health Care, recognizing them not only as spaces for providing basic services but also as mechanisms that can influence the stability of care, prevention, community engagement, and the territorial organization of services. For this reason, this article analyzes the role of health posts in Primary Health Care in the Region of the Americas and examines their impact on the community from health, structural, and managerial perspectives.

Materials and methods

Studio design

This study is a systematic review, conducted according to the 2020 PRISMA guidelines.

Scenery

This study was conducted at the Faculty of Medical Sciences of the Technical University of Machala. The study period was from December 1, 2025, to March 30, 2026.

Research question

What is the role of health posts and their first-level care equivalents (Exposure) in health, structural, and managerial impact (Outcome) in communities in the Region of the Americas (Population)?

The research question was formulated under the PECO scheme:

P (Population): Communities in the Region of the Americas, especially those in situations of social, geographical or rural vulnerability.

E (Exposure): health posts or similar and equivalent low-complexity establishments at the first level of care.

C (Comparison): A strict comparison with another system is not established (since it is an integrated review of observational, ecological and cross-sectional studies), although the text contrasts dynamics between urban and rural areas, as well as the presence and absence of sufficient resources.

O (Result / Outcome): The impact on the community from the health (access, prevention and control of chronic diseases), structural, and managerial perspectives.

Eligibility criteria

Inclusion criteria:

Study design and type: Primary articles on quantitative studies and service evaluations with objective results, such as ecological, cross-sectional, analytical observational, cohort, and quasi-experimental designs.

Time frame: Studies published from 2021 onwards.

Editorial quality: Research from journals classified in the Q1 and Q2 quartiles according to the Scopus platform.

Geographic scope: Studies conducted in countries of the Americas Region.

Object of study: Research that has specifically analyzed health posts or equivalent first-level establishments (basic units of low complexity and territorial proximity in vulnerable scenarios).

Results: Studies whose findings explicitly reflect the role of these centers in Primary Health Care (PHC) and their impact or repercussions on the community.

Exclusion Criteria:

Level of care: Research conducted in hospitals or in second- and third-level care services.

Geographic scope: Studies conducted outside the Region of the Americas.

Type of publication: Editorials and works without reported empirical evidence.

Methodology: Exclusively qualitative research.

Search strategy

The search was conducted in PubMed/MEDLINE, Scopus, Web of Science, LILACS, and SciELO, covering January 10, 2015, to March 1, 2026 (last updated: March 31, 2026).

We used MeSH and DeCS descriptors with Boolean operators, including the terms “primary health care”, “health post”, “rural health services”, “Americas”, and “Latin America”. We limited results to English or Spanish. In addition, we reviewed references and secondary literature using snowballing.

Selection of studies

Two independent reviewers screened titles, abstracts, and full texts; they resolved discrepancies by consensus or with a third reviewer. Bibliographic management was performed using Zotero, eliminating duplicates by matching DOIs, titles, and authors. We documented the screening process using a flowchart according to PRISMA 2020 guidelines.

Data collection and extraction

A standardized form was designed for the collection of information for each study, which includes: author, year, country, design, population, characteristics of the preventive intervention, comparators (if applicable), main results, limitations, and conclusions of the authors.

Evaluation of methodological quality

The risk of bias was analyzed using specific tools: RoB 2 for clinical trials, ROBINS-I or JBI for observational studies, CASP for qualitative studies, and AMSTAR-2 for systematic reviews. The overall quality of the evidence was assessed using the GRADE system.

Summary of results

Because of study heterogeneity, we performed a narrative synthesis (SWiM), grouping evidence by intervention type (caregiver education, skin care, mobilization, nutrition, and technological support) and describing the direction of effect and the certainty of the evidence.

Results

Participating Studies

The analysis included 11 studies. The initial identification was of 186 articles (Figure 1).

Characteristics of the studies

The final sample consisted mostly of research conducted in Brazil, which contributed seven studies, representing 63.6% of the total. Peru contributed two articles, while Ecuador and Chile each contributed one study. Methodologically, ecological designs predominated, followed by cross-sectional, retrospective cohort, and quasi-experimental studies. Overall, this distribution shows that the available evidence on the role of health posts and equivalent primary care facilities was concentrated in areas of high social and territorial vulnerability, with an emphasis on access, prevention, community work, problem-solving capacity, and response to populations facing greater barriers to care. Overall, nine articles reported predominantly favorable findings, one presented mixed results, and another focused on the service's structural limitations.

Main results

Table 1 highlights the importance of analyzing primary care as a timely community response, especially in environments of high social and territorial vulnerability. Studies generally indicate that health posts' contributions included preventive actions and were not limited to providing care, although outcomes depended on their actual capacity.

Figure 1. PRISMA flowchart of the study identification and selection process.

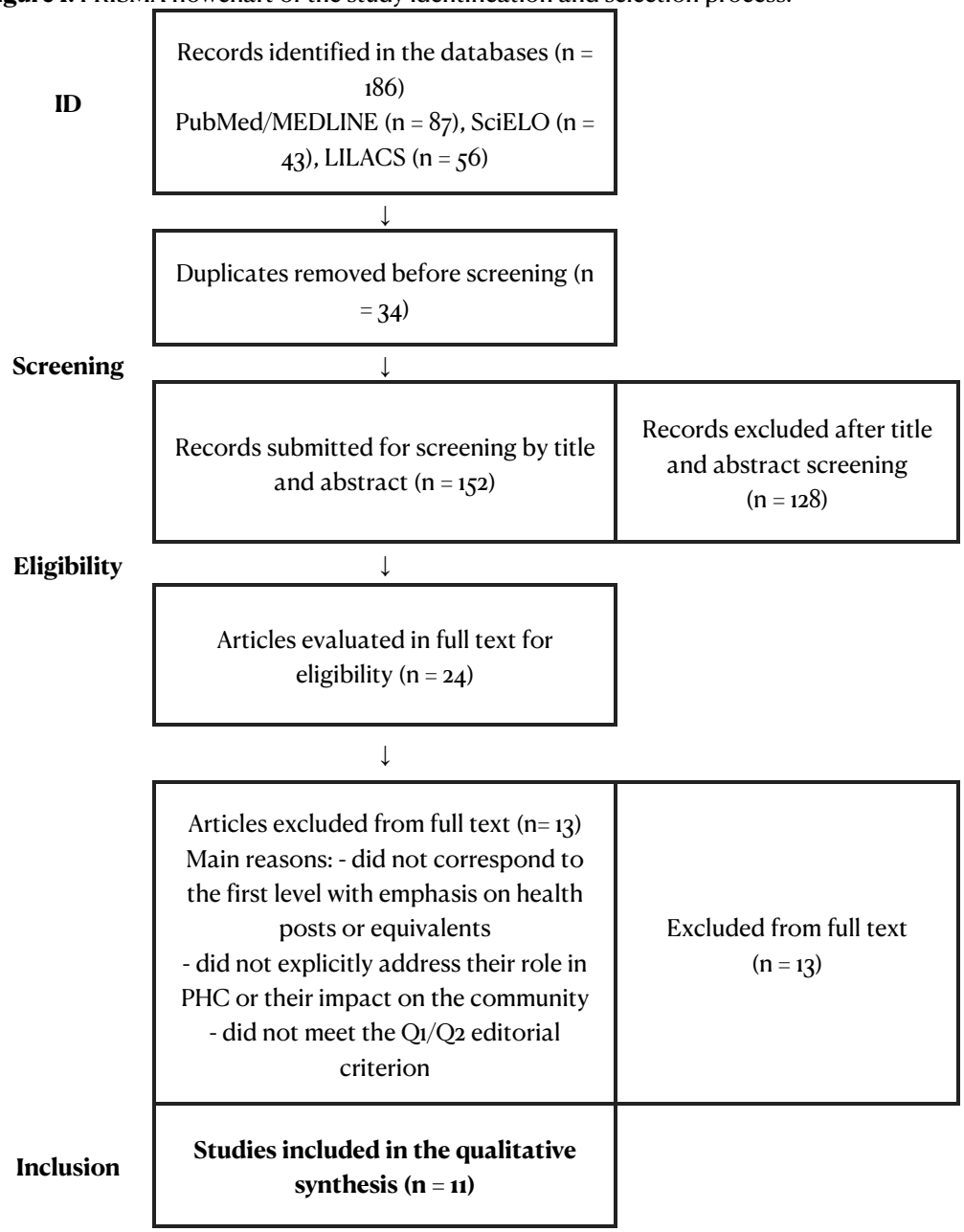

Table 1. Summary of included studies.

Author, year	Country	First-level role	Main impact
Lord et al., 2025(11)	Peru	First contact in rural areas	High demand for care in a context with structural limitations
Carneiro et al., 2022(12)	Brazil	Territorial expansion of the APS	Lower hospitalization and infant mortality
Kessler et al., 2024(13)	Brazil	Territorial and home monitoring	Better focus of care
Puschel et al., 2024(14)	Chili	Prevention and screening	Improved immunization performance
Albitres-Flores et al., 2025(15)	Peru	Timely diagnosis of NCDs	Better diabetes control
Castanheira et al., 2024(16)	Brazil	Organization of the care model	Greater comprehensiveness and problem-solving ability
Schenkman and Bousquat, 2024(17)	Brazil	Territorial response in remote areas	Greater efficiency of the model
Bastos et al., 2022 (18)	Brazil	Population protection	Reducing inequalities in vaccination
Pinto et al., 2024(19)	Brazil	Monitoring of vulnerable populations	Lower incidence and mortality from AIDS
Teixeira et al., 2024(20)	Brazil	Home and community coverage	Reduction in mortality from COVID-19 and cardiorespiratory causes
Galárraga et al., 2024(21)	Ecuador	Territorial approach to services	Greater access to preventive care

Table 2 shows that health posts and similar services encompass multiple functional areas, such as maintaining preventive actions, responding to vulnerable situations, and carrying out their work in the field, and are not limited to a single function: expanding access. At the same time, the summary reveals that this contribution was not uniform, as favorable effects coexisted with structural limitations that conditioned the effective reach of primary health care in the community.

Table 2. Summary of findings by thematic axes.

Thematic axis	Studies that support it	Main finding
Access and first contact	Galárraga et al., 2024 (21); Teixeira et al., 2024 (20); Schenkman and Bousquat, 2024 (17); Kessler et al., 2024 (13); Lord et al., 2025 (11)	The first level strengthened initial access through territorial coverage, home visits and mobile strategies, with special relevance in vulnerable populations.
Promotion and prevention	Bastos et al., 2022 (18); Puschel et al., 2024 (14); Galárraga et al., 2024 (21); Teixeira et al., 2024(20)	Primary health care showed favorable effects in vaccination, detection of health problems and preventive care, although with persistent gaps in screening.
First level problem-solving ability	Albitres-Flores et al., 2025 (15); Lord et al., 2025 (11); Castanheira et al., 2024(16)	The response capacity was greater in services with diagnostic resources, a clear operational organization and technical support; however, structural limitations continued to condition their scope.
Monitoring of chronic diseases	Lord et al., 2025 (11); Albitres-Flores et al., 2025 (15); Pinto et al., 2024(19)	The first level played a key role in the control and monitoring of chronic diseases, conditioned by the availability of supplies and institutional preparedness.
Home visits and territorial work	Kessler et al., 2024 (13); Teixeira et al., 2024 (20); Schenkman and Bousquat, 2024 (17); Galárraga et al., 2024(21)	The territorial approach and home visits strengthened the recruitment, monitoring and continuity of care.
Impact on vulnerable populations	Carneiro et al., 2022 (12); Bastos et al., 2022 (18); Pinto et al., 2024 (19); Schenkman and Bousquat, 2024 (17); Lord et al., 2025 (11)	The impact was greatest in socially and geographically vulnerable populations, where it helped to reduce inequalities and improve health outcomes.
Structural barriers and service limitations	Lord et al., 2025 (11); Puschel et al., 2024 (14); Castanheira et al., 2024(16)	Limitations persisted in equipment, medicines, staff and organization, which restricted the community reach of the first level.

Table 3 shows that the methodological quality of the studies ranges from moderate to high, which lends greater rigor to the review as a whole. The most favorable assessments were observed in cohort studies, quasi-experimental designs, and ecological studies based on large populations. In contrast, the main limitations were concentrated in cross-sectional designs or in studies with less capacity to establish temporality and causality.

Table 3. Methodological quality of the included studies

Author, year	Design	Critical tool	Assessment	Synthetic justification
Lord et al., 2025(11)	Cross	JBI	Moderate	Useful for characterizing the context, with limited causal inference.
Carneiro et al., 2022(12)	Longitudinal ecological	Adjusted for eco-friendly	High	Based on population data and consistent health outcomes.
Kessler et al., 2024(13)	Cross	JBI	Moderate	Relevant for describing territorial work, with analytical limits.
Puschel et al., 2024(14)	Retrospective cohort	JBI	Moderate	It facilitates temporal analysis, but its scope is conditioned by the quality of the records.
Albitres-Flores et al., 2025(15)	Quasi-experimental	JBI	High	Appropriate design for analyzing the impact of the intervention.
Castanheira et al., 2024(16)	Evaluative research	JBI / adapted	Moderate	It allows for the evaluation of service organization, with restricted inference.
Schenkman and Bousquat, 2024(17)	Ecological	Adapted for ecological use	Moderate	Useful for territorial analysis, without extrapolating results to the individual level.
Bastos et al., 2022(18)	National Ecological	Adapted for ecological use	High	Extensive coverage and robust analysis of population inequities.
Pinto et al., 2024(19)	Retrospective cohort	JBI	High	Consistent evidence of the relationship between coverage and outcomes.
Teixeira et al., 2024(20)	Ecological	Adapted for ecological use	High	Consistent for evaluating population coverage and outcomes.
Galárraga et al., 2024(21)	Quasi-experimental	JBI	High	Group comparison that reinforces the assessment of the effect.

Discussion

The evidence showed that health posts and equivalent first-level facilities played a significant role in Primary Health Care in the Region of the Americas, particularly in access, prevention, chronic disease management, and response in contexts of social and territorial vulnerability [12, 18-21]. Thus, the capacity to maintain territorial proximity, identify needs, and respond to populations with greater access difficulties constitutes the added value that these services provide [11, 13, 17]. Other recent studies on primary care in rural and remote areas of Brazil concur with this interpretation and describe factors influencing the first level of care: territory, specific work organization, and population dispersion [22, 23].

The findings on access and first contact were also clear; for example, in certain cantons of Ecuador, preventive care and the use of mobile teams improved the diagnosis of certain

pathologies [21]. Other authors also observed that municipalities with a larger primary health care network had a greater number of home visits and more extensive vaccination coverage [20], unlike what was reported in another article, which indicated that the quality of these visits was higher when there were defined territories, evaluation of indicators, and risk criteria [13]. In addition, another study identified the territorial organization of primary care as a central component of local efficiency and effectiveness in remote rural municipalities [17]. Globally, these results reinforce the idea that effective access to PHC depends not only on formal coverage but also on the service's ability to actively project itself toward the community, in line with what qualitative studies on PHC physicians in remote rural areas of Brazil have described [24].

Regarding the role of primary care in health promotion and disease prevention, findings include the mitigation of socioeconomic inequities during COVID-19 vaccination, thanks to the broad coverage of primary health care (PHC) [18]. On the other hand, disparities have been identified in cancer screening and brief counseling, despite good immunization performance [14]. Similarly, some authors have linked the territorial deployment of primary care to greater use of preventive actions [20, 21]. These results indicate that primary care can sustain relevant preventive interventions, although this performance is not equally robust across all components, especially when service organization or resource availability is insufficient [14, 16]. This heterogeneity aligns with recent reviews emphasizing that PHC resilience in Latin America depends largely on coordination among local organizations, community participation, and system support [25].

In the area of chronic diseases, the included studies reflected a dual scenario. A higher diagnosis of diabetes and high cholesterol was reported using point-of-care testing (POCT) devices [15], as well as a lower incidence and mortality rate from AIDS in the low-income population with greater primary health care (PHC) coverage [19]. In contrast, it was found that low-level rural facilities in Puno were managing a significant burden of hypertension and diabetes, without consistently having access to medications, diagnostic tests, or sufficient staff [11]. These findings suggest that primary care actively participates in detecting and monitoring chronic diseases, although the extent of its impact depends on adequate service preparedness. Supporting this interpretation, the literature on the sustainability of PHC in remote territories of the Brazilian Amazon concurs that primary care's problem-solving capacity is limited when logistical, organizational, and staffing gaps persist [23]. Community outreach and care model organization were also presented as crucial components. Arrangements based on family health and community agents more closely approximated comprehensive primary health care (PHC) [16], while other studies highlighted the importance of home visits and on-the-ground support, especially in vulnerable contexts [13, 17, 20]. Another study linked the expansion of primary care in the Brazilian Amazon to fewer hospital admissions for conditions that can be managed through timely outpatient care and to lower infant mortality [12]. Taken together, these results show that the community impact of primary care is amplified when service organization promotes continuity of care, territorial monitoring, and the capacity to identify risks and needs early. Recent research on PHC physicians in remote rural areas of Brazil has also described this relationship between work process, territorialization, and professional integration [24].

The review also showed that the community impact of primary care was not uniform nor always favorable. One study revealed significant structural limitations in preparedness to address hypertension and diabetes [11]; another identified gaps in some preventive activities

[14]; and other evidence showed differences in how local primary health care models are organized [16]. Rather than contradicting its relevance, these findings suggest that the effect of health posts and equivalent services in the community depends on specific conditions, including resource availability, diagnostic capacity, workflow organization, and institutional support. Although rural primary health care presents operational challenges that hinder comprehensive patient care, studies agree that it is an important strategic element [22, 23].

This review stands out for its clear delimitation of the topic, regional focus, consideration of both positive and critical evidence, and inclusion of recent studies. However, it also has limitations: the number of studies was limited; many focused on Brazil; the designs and outcomes varied; and although restricting the review to journals in the first and second quartiles improved editorial comparability, it may have reduced scope. In summary, the evidence analyzed indicates that health posts and equivalent facilities played an important role in access to and management of chronic diseases, prevention, and care for vulnerable populations. However, this contribution was not uniform, which prevented it from becoming a lasting community impact because organizational and structural barriers constrained it.

Conclusion

The systematic review concludes that health posts and their equivalent primary care facilities remain a strategic component of Primary Health Care in the Region of the Americas. Their importance extends beyond their role as the entry point to the system; it also manifests in their territorial proximity, the development of preventive actions, and their response to the health needs of communities facing greater social and geographic vulnerability. The reviewed data showed that this support was most evident in expanding access, early detection of health problems, strengthening prevention, monitoring chronic diseases, and providing care to historically disadvantaged groups. However, their effectiveness varies with specific conditions, such as work structure, resource availability, institutional capacity to address situations in remote areas, and the existence of territorial strategies. That said, health posts present a dual challenge: they are essential for health equity, but economic and organizational constraints limit their effectiveness. Therefore, strengthening the first level means not only ensuring territorial proximity, but also improving its capacity to solve problems, ensure continuity of operations, and strengthen relationships with the community.

Abbreviations

XXI: Twenty-one.

Supplementary information

Supplementary materials have not been declared.

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Authors' contributions

Nelson René Pereira Zambrano: Conceptualization, data curation, research, methodology, visualization, original draft writing.
Jorge Luis Gaibor Carpio: Conceptualization, data curation, research, project management, and writing of the original draft.
All authors read and approved the final version of the manuscript.

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