This edition of *Saúde e Sociedade*, besides bringing to debate current issues and original articles, brings also papers that try to minimize the existing gaps in the history of Primary Health Care in São Paulo in the context of Brazilian Public Health. The well succeeded experiences of integrating collective and individual actions, such as the ones developed in São Paulo, have been little used for support of national processes of change over the last twenty years, in spite of their potential contribution to enlighten the present challenges for achieving integrality of assistance.

Existing advances in the integration of collective and individual actions have many times been lost during the making of the Public Health System, among the processes of municipalization and the search for new models of care. Examples of these were the engagement of primary care with the existing Woman’sIntegral Health Care Program (Programa de Atenção Integral à Saúde da Mulher, PAISM); the progresses obtained at involving the population of a given area in the planning of sanitary responsibility projects (through processes of territorialization); and also many of the experiences of Health Councils (Conselhos de Saúde), created within the sphere of the primary health care units. All these issues are still relevant.

We still do not have an institutional culture that treats health as an Estate Policy, rather than a Government policy. Therefore, changes of the administration, which are always positive as a part of the democratic process, result in the abandon – partial or complete – of gatherings and achievements of the preceding period, which disqualifies the work of many professionals who have dedicated their lives to public health. Unfortunately this has been all too frequent along the history of our estate.

Because of that, it is a great thrill to us to highlight, in this issue of *Saúde e Sociedade*, part of this history. We hope that it will be a matter of inspiration for an ongoing debate about primary care in the light of its historical framing, so that the preceding experiences may be used as a critical gauge for evaluation of new projects. We also hope that this will help us to stop beginning from the scratch regularly.

This issue brings not only papers of historical approach, but also evaluations and analysis of primary care’s current characteristics in São Paulo, and the account of some changes of the Estate Policy of Support to Primary Care that will redefine the actions of the estate in this field.

We would like to thank this journal for supporting our proposal for a special issue focusing on São Paulo’s primary care, and to the authors for their engagement.

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