

Atun et al., “Health-system reform and universal health coverage in Latin America”

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Introduction

- Latin American countries are characterized by sociocultural, economic, and political diversity, and high levels of socioeconomic and health inequalities
- in the 1980s health emerged as a fundamental human right and entitlement in Latin America
- social movements from the civil society used healthcare as a platform for reclaiming citizens’ rights
- reforms were underpinned by the principles of equity, solidarity, and collective action
- healthcare reforms combined demand-side changes to alleviate poverty with supply-side interventions, including expansion of service access and insurance coverage

Contextual challenges driving change in Latin American health systems

- demographic and epidemiological context: Latin American health systems could not effectively respond to the epidemiological transition, the rapid decline in total fertility rate to near or below replacement levels and the increased burden of non-communicable diseases and chronic illness

- political context: most Latin Americans had military dictatorships until the 1980s with low investment in social services and health systems
- economic context: most countries experienced boom and bust cycles, some with uncontrollably high inflations, recessions, and defaults, high levels of inequality
- social context: in response to the democratic deficit of military rule, social movements led by civil society emerged

Health system reforms in Argentina, Brazil, Chile, Colombia, Costa Rica, Cuba, Mexico, Peru, Uruguay, and Venezuela

- organization and governance
 - reorganization of health systems to address structural fragmentation
 - decentralization of decision making to provincial, state, and municipal government levels
 - improvement of regulatory functions
 - separation of financing and provider functions to improve health system efficiency
- health-system financing
 - with few exceptions, inequitable health financing and employment-based social insurance schemes hampered the achievement of universal health coverage
 - countries were characterized by parallel, segmented schemes for different social strata
 - financing reforms emphasized extension of social protection to the disenfranchised population
- resource management
 - pooling funds and using government revenues to expand health insurance and benefits for poorer people
 - increases in health expenditures and government share of health expenditures
- health service delivery
 - universal health coverage through comprehensive primary health care
 - incorporation of public health interventions
 - rights-based approach to health, citizen participation, community empowerment, and intersectoral collaboration

Health-system reform and progress towards universal coverage in Latin America: key achievements and lessons learned

- period of economic expansion, stability after military dictatorships, and reduced military spending created the fiscal space for increased health-system budgets
- three paths:
 - funding from many sources was pooled and an integrated health-care service network developed to create a unified health system with equal benefits for citizens (Brazil, Costa Rica, Cuba)
 - development of parallel insurance and service delivery subsystems for different population groups with differential benefits, leading to segregation by employment status (Argentina, Chile, Colombia, Mexico, Peru, Uruguay, Venezuela)
 - explicit entitlements of citizens to specific health services (all countries except Venezuela)
- wave of equity-oriented rights-based health-system reforms to rectify the undesired consequences of earlier policies
- in most countries, civil society played a crucially important part in shaping the reforms
- progress towards universal health financing with access to expanded package of health services
- efforts to establish payer systems to overcome fragmentation and segregation in financing combined with organizational reforms to overcome the fragmentation of service delivery
- almost all countries increased total health expenditures and the proportion of expenditures coming from public sources
- strong focus on development of comprehensive primary health care
- targeting poorer populations through supply-side (expanded coverage, scale up of services, and defined or guaranteed health benefits packages) and demand-side (conditional cash transfers to expand access) interventions, particularly for immunization and antenatal care
- where data available, we see that the mean level of maternity services has increased and the differences between richer and poorer segments of society have narrowed

- improvements in health outcomes: women, children, communicable diseases
- improvements in financial protection
- improvements in satisfaction with health systems

Future challenges for Latin American health systems

- socioeconomic inequalities in health outcomes
- fragmented organization and service delivery, segmentation of financing, poorly regulated private sector
- persistently inequitable financing
- aging societies
- rapid urbanization creating large conurbations and increasingly dispersed rural communities
- sustainability of health-system investments to achieve and maintain universal health coverage