The Health System in Argentina

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The modern health system of Argentina was developed between 1945-1955, a period of economic bonanza characterized by industrialization, rapid urbanization and activist labor organizations. During the ensuing years it evolved in three sectors: public, social security and private, with separate services, population coverage and funding. During the 1980s and 1990s, the health system has experienced further transformations, as neoliberal policies took hold in the country and dictated a reduction of state involvement in social services in favor of privatization and decentralization of health care. The result has been increased fragmentation, inequity and inefficacy, as health care is increasingly prey to the economic interests of private corporations, trade union bureaucracies and the medical professional and technology establishments. The expectation of popular sectors of society are that progressive policies will be followed with much needed public health policies based on equity and efficiency.

Introduction
Argentina, in the southern tip of South America, has a population of 40 millions. In the second half of the 19th century and first half of the 20th century, Argentina received a huge influx of immigration from virtually all countries of Europe, intermixing with the existing population. In recent times, immigration comes primarily from neighboring countries (Paraguay and Bolivia) with strong Amerindian ancestry. Currently, about 50% trace their origin to Italian immigrants and 25-30% to Spaniards. The official language is Spanish and the majority of the population is nominally of catholic faith.

Politics and Economics
Argentina is a federal republic with a presidential system, with 24 political jurisdictions (23 provinces and the autonomous City of Buenos Aires, site of the National government). Each province has its own constitution and elects its governing officials. At the beginning of the 20th century, Argentina’s economy boomed, but political and economic crises were recurrent. The economic crisis was eventually brought under control by 2004, and economic growth resumed. However, poverty and indigence continued to be very prevalent and the distribution of income remained highly unequal: in 2003 the poorest 10% of households had an average monthly income per person of USD 16, compared with USD 590 among the wealthiest 10% of households. Further, the poorest quintile’s share of national income between 1992 and 2005 decreased from 4.8% to 3.1%, while that of the wealthiest quintile increased from 50.6% to 54.7%. The policies of the last quarter of the 20th century drastically changed the landscape of the health system, which regressed from that of a publicly funded health system, to one in which the interests of private for-profit corporations became prevalent.

Epidemiologic profile
Ukraine declared independence from the Soviet Union in 1991. Table 1 shows some key demographic, economic and health indicators of Argentina. Life expectancy is 75.24 years and crude mortality 8/10,000, of which 35% is due to cancer, 20% to cardiovascular diseases and 10% to infections. Diseases of poverty (infections and malnutrition) are still a major problem. Maternal mortality is unacceptably high (44 per 100,000), one-third of which is due to complications arising from illegal voluntary abortion. Infant mortality is 13.3 per 1,000, and its main causes are pre-natal conditions (52%) and congenital anomalies (27%).

Table 1. Argentina. Basic demographic, socioeconomic and health indicators

<table>
<thead>
<tr>
<th>Population (millions)</th>
<th>Gross National Product per capita (in current US dollars)</th>
</tr>
</thead>
<tbody>
<tr>
<td>39.356.385</td>
<td>9,126</td>
</tr>
<tr>
<td>89.9</td>
<td></td>
</tr>
<tr>
<td>Urban population</td>
<td></td>
</tr>
<tr>
<td></td>
<td>17.5</td>
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<tr>
<td>Percentage of population under poverty</td>
<td>97.2</td>
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<tr>
<td>(defined by a complex index of the Census Bureau to denote “unsatisfied basic needs”)</td>
<td>77.0</td>
</tr>
<tr>
<td>Literacy (percentage of population of 10 years of age or older who know how to read and write)</td>
<td>42.5</td>
</tr>
<tr>
<td>Population with drinking water</td>
<td>17.5</td>
</tr>
<tr>
<td>Population with sewage drain</td>
<td>700,000</td>
</tr>
<tr>
<td>Crude birth rate (per 1000 population)</td>
<td>4.0</td>
</tr>
<tr>
<td>Approximate annual number of live births</td>
<td>10.1</td>
</tr>
<tr>
<td>Annual population growth (per 1000)</td>
<td>2.3</td>
</tr>
<tr>
<td>Fertility rate</td>
<td>75.24</td>
</tr>
<tr>
<td>Life expectancy at birth</td>
<td>5.07</td>
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<tr>
<td>Crude general mortality rate (per 1000)</td>
<td>4.4</td>
</tr>
<tr>
<td>Maternal mortality rate (per 1000 live births)</td>
<td>4.3</td>
</tr>
<tr>
<td>Infant mortality rate (per 1000 live births)</td>
<td>35.3</td>
</tr>
<tr>
<td>Under-5 mortality rate (per 1000 live births)</td>
<td>15.6</td>
</tr>
<tr>
<td>Public expenditure in health, total (% of Gross National Product)</td>
<td>2.28</td>
</tr>
<tr>
<td>Expenditure in medical care in the public system (% of Gross National Product)</td>
<td>0.70</td>
</tr>
<tr>
<td>Expenditure in health care in the Obras Sociales (% of Gross National Product)</td>
<td>53.065</td>
</tr>
<tr>
<td>Physicians (per 10,000 population)</td>
<td>32.1</td>
</tr>
<tr>
<td>Nurses (per 10,000 population)</td>
<td>3.8</td>
</tr>
</tbody>
</table>

Health System in Argentina
In contrast to the relative homogeneity and rather unified health systems prevalent in Western Europe, Latin America is characterized by the world’s highest degree of inequality in income distribution, with coexistence of groups that are part of modern dynamic areas of the economy, with those with aged-old patterns of life, still relatively untouched by modern industry and commerce, and with the disenfranchised who live on the limits of survival. The significant economic setbacks of the 1990s increased concentration of wealth in fewer hands, affected employment and quality of life, and rendered health systems less able to provide equitable services to most people.

Like most countries in Latin America, Argentina has developed a mixed health system with a combination of: (a) remnants of an old welfare state with an extensive network of public hospitals and health centers, (b) a social health insurance system for formally employed workers, and (c) a concentrated for-profit private health insurance sector (‘prepaid medicine’), providing services to middle-upper and upper classes.
The three major health sectors that exist today in Argentina (public, social security and private) evolved in a somewhat sequential manner, following political and economic circumstances.

1. The first stages of a public sector originated in religious and public charity hospitals of the 19th century and it eventually developed into an extensive and centralized public system, through the building of many hospitals during the economic boom of post-world wars periods (1918-1929 and 1946-1954). During the economic crises of the 1980s and 1990s, the International Monetary Fund and the World Bank imposed privatizations that weakened the public system by successive fragmentations, decentralizations, and dilution of responsibilities, while the social security and, private sector, in contrast, expanded even more, with two strategies: (a) setting up for-profit health care to their beneficiaries. In the 1990s, as neoliberal policies pushed privatizations further, the private sector took on an additional financial role, expanding even more, with two strategies: (a) setting up for-profit health care to their beneficiaries. In the 1990s, as neoliberal policies pushed privatizations further, the private sector took on an additional financial role, expanding even more, with two strategies: (a) setting up for-profit health care services to the provinces, the national Ministry of Health, has as its main functions: I. registration and accreditation of all individuals or companies involved in supplying, producing, fractioning, import/export, deposit and marketing of products described above; II. market regulation (price control). ANMAT’s budget is insufficient to enforce its regulations, and often obtains funds from the pharmaceutical and food industries, that is, the very players that it is charged with regulating and controlling.

Structure of the Health System in Argentina

The Health Workforce

The latest survey of health professionals was conducted in 2004 from national census data of 2001. There were about 300,000 health professionals with university degrees in 11 different professions, of which 121,076 were physicians (32.1 per 10,000 at the time of the survey) and only 12,614 were certified nurses. This strikingly inadequate 10:1 ratio improved to 1:1 when all categories of nurses were considered, which is still woefully inadequate. While the

<table>
<thead>
<tr>
<th>Health care coverage</th>
<th>I</th>
<th>II</th>
<th>III</th>
<th>IV</th>
<th>V</th>
<th>Total Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obra social</td>
<td>54.6</td>
<td>49.0</td>
<td>60.4</td>
<td>67.8</td>
<td>64.5</td>
<td>56.0</td>
</tr>
<tr>
<td>Private</td>
<td>5.5</td>
<td>4.7</td>
<td>6.9</td>
<td>10.5</td>
<td>23.1</td>
<td>10.1</td>
</tr>
<tr>
<td>Public</td>
<td>61.4</td>
<td>45.8</td>
<td>32.2</td>
<td>21.6</td>
<td>12.1</td>
<td>25.5</td>
</tr>
<tr>
<td>Unknown</td>
<td>0.5</td>
<td>0.5</td>
<td>0.5</td>
<td>0.1</td>
<td>0.3</td>
<td>0.4</td>
</tr>
<tr>
<td>Total</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
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Table 2. Percentages of types of health care coverage by income quintiles, 2005. (Quintile I is the poorest, quintile V is the wealthiest.)
number of physicians was high, its geographic distribution was markedly inequitable, ranging from 11.1/1000 in Buenos Aires to 1.5/1000 in the province of Santiago del Estero.

Most physicians work part-time in the public sector and in their own private practices, with a dual allegiance that leads to a lack of commitment towards the public system and the patients’ interests, including the unethical practice of siphoning patients, able to pay with their own funds, away from public hospitals to their private practices. While organized medicine has consistently opposed full-time employment in public hospitals, many young physicians are joining the growing movement for a national unified health system.

Hospital Network

Of a total of 153,065 hospital beds, about 50% belong to the public sector (76,885 beds in 1,319 hospitals). About a thousand public hospitals are run by the provinces, while the remainder are run by municipalities. The national ministry of health administers only four national hospitals. Forty seven percent of hospital beds are in the private sector (76,885 beds in 1,319 hospitals). About a thousand public hospitals are run by the provinces, while the remainder are run by municipalities. The national ministry of health administers only four national hospitals. Forty seven percent of hospital beds are in the private sector, while the remaining 3% belong to obras sociales. The public hospital network is open to anyone and nominally free of charge, covering 47% of the population.

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Primary Health Care

In the early eighties Argentina developed a primary health care (PHC) strategy for its public sector to provide care to the poor and the uninsured, structured around 6,290 PHC centers throughout the country, funded by provinces or municipalities. Centers in rural areas follow a geographic and demographic perspective and are staffed by community health workers (non-physicians). Those in slums and poor neighborhoods of large cities count on physicians and follow a model of care based on demand and supply, with little idea about their population and its epidemiology. PHC centers provide ambulatory care and refer patients to secondary and tertiary levels of care according to need, without much regionalization nor coordination, and with the shortcomings characteristic of a fragmented system. Recently there has been a revival of the PHC strategy at the national Ministry of Health, which funded a program Remediar, by which a standard package of common medications are delivered periodically and free of charge to the 6,290 ambulatory health centers throughout the country.

Preventive Medicine

As one of its main functions, the national Ministry of Health is responsible for preventive medicine programs nationwide that are negotiated at COFESA for their implementation in the provinces. These programs include prevention of maternal and infant mortality, of cervical cancer, of AIDS and sexually transmitted diseases, of addictions, of epidemic or endemic infections such as tuberculosis, dengue and Chagas disease, and many others. The Ministry of Health is also responsible for the national immunization program.

Medical Care to Senior Citizens

The Programa de Asistencia Médica Integral (PAMI, Comprehensive Medical Care Program) was created in 1971 to concentrate health services to retired citizens under a single, universal and mandatory coverage. It currently provides health insurance to about 4 million people, including about 91% of the population older than 65 years, the disabled, the beneficiaries of pensions, and the war veterans. The PAMI is financed by general taxation to salaries of employees and to incomes of retired citizens, as well as subsidies from the government. Primary care services, specialty care and hospital admissions are provided by private physicians and hospitals under contract with the PAMI administration by the system of capitation. In addition, there are separate contracts for other types of services, such as drug benefits, dentistry and mental health.

Drug Benefits

In the public sector, medicines are free to patients admitted in hospitals, although the prescribed medications are often not available and the patient has to buy them in the private market. Until recently, there were no free medications in public sector ambulatory centers. To correct this, the National Ministry of Health recently created the program Remediar, by which a standard package of common medications are delivered periodically and free of charge to the 6,290 ambulatory health centers throughout the country.

Table 3: Characteristics of the health system of Argentina.