Journal of BTHA, Volume XII, 2008

The Health Care Service in Argentina

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Visitors and tourists to Argentina will find a different health care system to that of the UK. Insurance is vital as emergency care for the ill British visitor will depend upon access to private health care. Repatriation costs are very expensive.

The structure of health care services in Argentina consists of three subsectors: the public sector, national insurance (social security funds) and the private (prepaid) health care. They provide a large sectors of the population with a health care system until the 1970s.

Coexistence of these diverse subsectors and strategies implemented by the governments – both national, province governments and city councils – give the health system some peculiar operative features. These have major consequences, concerning population access to service, and quality of goods and services rendered within different jurisdictions, varying even within the same province. The outcome is a material inequality in health care and the funding of the diverse subsectors in the Argentinian health system, concerning *per capita* expenditure, the population included and the services rendered. This is due to system fragmentation, lack of coordination, integration organizational heterogeinity, diverse funding and differences in access possibilities not only between but with sub sectors. There is also lack of lineal relationship between employment and health coverage. With differences between the population's health indicators. Scarce or nonexistent integration between public and private sectors and fragmentation within each of them have been highlighted and intensified by two factors:

1. Public health services decentralisation; with detachment from health institutions, by national government passing them on to provincial administration and city council levels. The national administration gave province states all health institutes under its command located in the provinces, and state provinces followed suit with respect to city councils. As a consequence, national government stopped sending provinces the budget items to fund health care and education.
2. The serious economic crisis in recent years, gave rise to major social difficulties linked with unemployment, marginalization ,poverty and increase in black economy employment, None contribute financially to the social security funds and receive public (hardly ever private) health care.

Health expenditure has three main funding sources: family direct expenditure (prepaid health systems included), the three administration levels (national, province level and city councils) and employees and employers, who pay for the social security funds. Private subsector represents 40-50% of overall health exenditure. The rest goes for the social security funds and the public sector and is 8% of Argentina's GDP (Gross Domestic Product).

The public subsector

The public subsector is divided according to different jurisdictions (national, province and city councils), with no coordination. The central level (Department of Health of Argentina) is in charge of comprehensively managing the system through regulations

and programmes. Province governments have autonomy concerning health policies and are in charge of rendering health services. The public sector offers general and cost-free access. *Most health services demand comes from people with no or insufficient coverage. The population under 15 are least covered (44%) whereas people over 65 receive the largest share 81.3% of the coverage.*

Management is decentralised. Due to the remarkable diversity in social and economic development of the regions, with inequalities in the public expenditure per person in each of the 24 provinces, sharp dissimilarities exist between public hospitals according to their being ascribed either to national, provincial or municipal levels.

Health care system funding is by three different means, one for each of the subsectors making part of it. The public subsector is financed through taxes, levies and special excises collected by all three administration levels (national, provincial and municipal) and which are used mainly to give health care to those people with scarce financial resources and those lacking any official health coverage.

National government manages a compensating fund aimed at redistributing certain budget items among the Social Security Funds with more economic resources and those with less in order to ensure an equitable health coverage to all workers. It also covering the expenditure of all decentralised entities and programmes created by it: REMEDIAR (medicines), community medicine (general practitioners), Mother-Child care scheme vaccination, etc. It compensates the differences in resources and health performance/indicators between the provinces through primary level interventions. 67% of the population with no health coverage live in provinces whose governments are unable to provide the minimum coverage .

66% of the public sector's health expenditure comes from provincial governments and is allocated to hospitals. City councils spend 15% of the overall public expenditure, mainly through Primary Health Care Centres.

Social Security Funds (National Insurance)
Almost 53% of Argentinians receive their health care coverage through the Social Security Funds or private insurance (see below). Money is automatically deducted from worker's wages and contributed into the Social Security Fund. Each Social Fund is managed the Social Security Fund. Each Social Fund is managed by the corresponding guild/trade association, and as a consequence these guilds/trade associations receive and manage large sums of money from workers through their Social Fund. As membership in a guild/trade association and the subsequent financial contribution to the guild by the worker are not compulsory in Argentina, and yet affiliation to a Social Security Fund is, guilds/trade associations receive in this way an amount of money that would otherwise not be available to them.

The system in 1990 allowed the Social Security Funds to outsource to private health insurance (prepayment) companies through special schemes .Meanwhile some Social Security Funds purchased private health care suppliers in charge of directly providing these services to their members.

There are currently 290 Social Security Funds throughout Argentina. This system is formed by:

1. National Social Service (National Social Security Funds, "OSN").
covering all retired workers pensioners throughout the country, their under age children and many disabled; trade union Social Services, run by the guilds/trade unions, and also the Managerial Social Services (Management Staff).

2. Provincial Social Security Funds ("OSP").
24 Provincial Benefit Institutes providing health care and pensions schemes.

3. Social Security Funds under special regulations: for members of the armed forces, staff of the national universities and of the judiciary and legislative power.

4. Mother-child care National Social Security Fund ("Cuidarnos) provides specific medical specialities covering all aspects of mother and child health.

5. Primary Health Care ("APS"), (for those with no health coverage) and by the Compulsory Emergency Health Services (PMO)

The National Insurance is financed through the officially contracted workers' individual contributions and those of their employers, which are transferred to the Social Security Funds (National, provincial, municipal and others) and their expenditure finances the health care provided to all those formally belonging to the work market.

The beneficiaries of some national Social Security Funds have been allowed since 1993 to freely choose their health care coverage.Those who shift to a Social Security Fund which provides more services (thus a richer one) are generally the wealthiest individuals. This entails a transfer of their contribution to their new Social Security Fund. This way the poorest Social Security Funds become poorer while the richest increase their resources and ensures that coverage differs from one Social Security Fund to another. This is the so-called adverse selection mechanism.

This has led to some private suppliers' inability to pay their taxes and to carry out any technological and building updates and refurbishings and rendered them indebted to staff and suppliers.

The private subsector
The private subsector's financial resources come from families' direct expenditure and voluntary health insurance premiums. In early 2007 with the objective to control the cost increase in the health care of the private prepaid health services users, two possibilities were approached: 1) an individual contribution- quota rise by around 20%, also adding new services (such as gym, optician's or beauty products' discounts), or 2) a much lesser increase, by only 5%, but with additional payments by the affiliates with each service actually received. Most affiliates chose the first option.

As with the UK health care, there have been many recent changes to the Argentina Health Service, with fragmentation resulting in inadequate health care provisions for vulnerable groups. Tourists should ensure they are well protected with travel health insurance care.

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