

Argentina

Population : 40 660 417 (92.4% Urban; 7.6% Rural) 1% growth annually

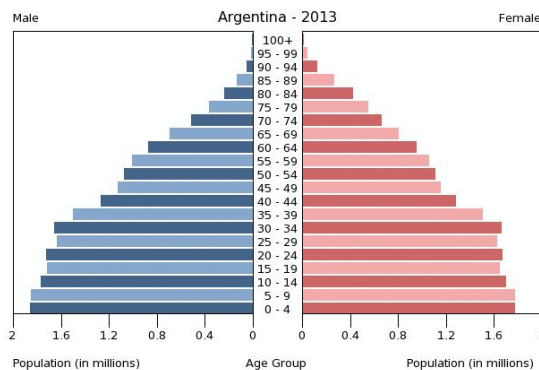


President: Cristina Fernandez de Krichner (PJ; 54.11% of votes 2011 elections)

Average salary: 17 414\$US/year

GDP: 484.6G\$ in 2013

GDP per sector: Manufacturing (19%), Finance and business (16%), Commerce and tourism (15.7%), Agriculture (9%), Communications (8.9%), Health (8.1%)



Languages spoken : Spanish (Castillano), English (42.6%), Italian (1.5 million), German, Local dialects.

Life expectancy: 72 years in men, 79 years in women.

Burden of disease (% in 2010): Ischemic Heart Disease (11.4%), Stroke (6.8%), Lower respiratory infections (5.2%), Road Injury (4.0%), Preterm birth complications (3.8%). Rising problems: Self-harm (3.0%), Interpersonal violence (2.5%), Colorectal cancer (2.3%), HIV (1.3%, 181% growth from 1990).

Top causes of mortality and morbidity: Cardiovascular disease (23%), Tumors (20%), Respiratory problems (14%), Digestive diseases (11%), Strokes (7%), Injuries (6%), Infectious diseases (4%)

Health Care System (8.1% of a 484.6G\$ GDP in 2013):

- 1. Public system (50%):** 90% by the government (40% fiscal returns, 50% direct contribution). Includes baseline coverage for the whole population. Medication is not entirely covered. Requires contribution by the users at every visit (between 1.55 and 15.50\$CAD).
- 2. Private system (5%):** Financed partly by the private users (20% repaid by the government, working under an user-payer system)
- 3. Obras sociales (45%):** Financed by the syndicates and the employers of public companies (70% contributions, 30% repaid by the government). Works as an insurance policy to treat only workers and retired workers in private hospitals. Some cover is not included (prescription drugs, private clinics).

Health care delivery

- a. Infrastructural systems:*** Under provincial control
Informatisation of patient's files is heterogenous inside Argentina.
Access to quality infrastructures is slow in the public system and may delay diagnosis and treatment.
Access to family doctors is easier in great centers than in rural areas.
74% of low-income wait more than 24 hours to consult a health professional
Considered deficient in many areas of the country; would need innovation.
- b. Allocation of resources:*** 4.9% of the GDP is spent in the public services while 3.2% of the GDP is spent in the private services
- c. Role of governments:*** The National government finances about 20% of the public expanses while provinces spend the 80% left.
- d. Pharmaceuticals:*** 85% of pharmaceutical laboratories are of Argentinian capital in order to decrease medical costs.
- e. E-health:*** Actually at an embryonic level. The informatisation of patient's files is starting to deploy (50% completed) while legislation is lagging behind.
One issue is to connect provincial databases with national databases.
Moreover, most information exists physically and their access is complicated, such as birth certificates, which never had the chance to be computerized.
The informatisation of healthcare resources is 80% complete.
Citizen's record computerization is the main issue at the moment.
Regulations need to be voted in order to keep the confidentiality of patient's records.
Long-term objective: Resolve the fragmentation of healthcare transformation in order to allow a greater transparency and efficiency of the healthcare program.

Medical expenditures: The average family spends 53\$AGD/month for health. About 68% is spent in pharmaceuticals. 5.5% of households spent over 40% of their revenues in health; 1.7% crossed the poverty line after health payments.

Stigmas and medical customs: The public system is less used by the richer classes because considered less equipped and efficient than the private one.
Abortions are illegal in Argentina and are condemned to 1-4 years of prison for the woman and the practitioner. Despite these sentencies, 400 000 to 500 000 illegal abortions take place every year.
Medical tourism has an increasing presence in the country, especially in the domain of aesthetic surgery

Corruption in Argentina:

Governmental transparency and accountability: Corruption index of Argentina is between 1-1.9, which is the highest from *Transparency International*. The main issue concerning healthcare is the financing of the political parties by pharmaceutical companies, which rise up to 30% of the funds of the political campaigns. Once the president is elected, they sell advantageously their medication at higher prices than the cost of production.

Argentina is also a big importer of primary substances for drugs such as cocaine and heroine, which are sold to Mexican cartels in order to finance the argentinian government. Laws regulating the importation of these substances still contain many flaws.

NGO, Watchdogs and UN: *Transparency International* stirred up some progress recently made to decrease corruption, such as the 2009 money laundering law. However, much amelioration is still possible: access to public datas, increase of power of the anti-corruption institutions (*Anti-corruption Office, National Audit General, General Controller Office*), improve accountability, separation of the judiciary and political influences, increase of judiciary transparency, apply severe sanctions toward illicit financing of political parties. Surveys show that 22% of Argentinian believe that NGOs are corrupted; that number rises to 78% about the government and to 26% about health services.

Solutions in order to eradicate issues of access to health care

1. Ensure that the human resources are adequately spread between rural areas and urban areas. Offer a bonus to doctors who work in rural regions.
2. Increase public prevention of NCDs similarly to the programs done in well-developed countries
3. Reform the political parties financing in order to increase transparency.
4. Nationalise pharmaceutical companies or regulate the costs of medication, which are the biggest expanses of the public.
5. Transfer funding from the private system to the public system in order to increase its efficiency and modernity while equalising both systems.
6. Legalise abortion and facilitate access ton palliative care in the public system.

Some other websites than the ones suggested consulted for this paper:

http://www.who.int/nha/docs/es/Argentina_NHA_report_spanish.pdf

http://www.who.int/health_financing/documents/argentina_cavagnero.pdf?ua=1

<http://www.healthmetricsandevaluation.org/sites/default/files/country-profiles/GBD%20Country%20Report%20-%20Argentina.pdf>

<http://www.healthcareitnews.com/news/working-towards-single-electronic-health-record-every-citizen?single-page=true>

<http://argentina.angloinfo.com/healthcare/people-with-disabilities/disability-services/>

<http://www.refworld.org/docid/3df4be0d29.html>