Analysis of UHC Implementation Status
Argentina 2022
Civil Society Consultation
CSEM UHC2030

Presentation

Fundación Huésped[1], as part of the CSEM, coordinated a national consultation in which civil society organizations from all over the country[2] made contributions on the fulfillment of SDGs and the goals to achieve Universal Health Coverage (UHC)[3] in Argentina. Their contributions to the global report are detailed below.

Introduction

Argentina is a federal country in which each province is in charge of health care and implements its own health policies under the leadership of the National Ministry of Health. Its health system is made up of three sectors: the public sector, the social security sector (healthcare services) and the private sector. Access to the public health sector is universal and free of charge for all citizens and is financed by the state -national or provincial. The federal organization of the Argentine state powers establishes the authority of the provinces through their legislatures to adhere to and regulate national laws. Although the right to health is guaranteed by the legal framework, its access is very heterogeneous throughout the national territory.

Civil Society Perspectives on Achieving Universal Health Coverage

ENSURING POLITICAL LEADERSHIP BEYOND HEALTH

The National Council on Social Policies of the Presidency of the Nation is responsible for coordinating with the areas of the national State that implement social policies to promote the fulfillment of the SDGs, but it does not have the power to directly implement health policies. With the aim of improving efficiency in the administration of resources, it prepared a Guide for provincial adaptation of SDGs[4], instructions for provincial governments to implement them, and a Manual for local adaptation of SDGs in municipal administration plans[5]. The fragmentation of the system and federalism make it difficult for access to be uniform and equitable throughout the territory. The representatives of the participating SOs expressed their lack of knowledge and disagreement with the coordination mechanism, and questioned the limited participation

[1] Fundación Huesped https://www.huesped.org.ar

[2] The call was made to a total of 74 civil society organizations from all over the country. A total of 25 organizations registered for the consultation, of which 17 participated. We would like to thank the following for their collaboration: *Agrupación Mariela Muñoz*, the Health and Population Area of *Instituto de Investigaciones Gino Germani UBA, Asociación Civil por la Igualdad y la Justicia (ACIJ), Cámara de Instituciones de Diagnóstico Médico, FADEPOF, Fundación Convivir, Fundación Huésped, Fundación HCV Sin Fronteras, Fundación Mundo Sano, Grupo Transparencia Salteña GTS - ATTTA Salta, Intercambios AC, Promotores juveniles Rio Negro, RAJAP, RAP +30, Todos Frente al Chagas*.

[3] https://www.uhc2030.org/our-mission/

[4] Guide for provincial adaptation of SDGs: https://acortar.link/sX1bE - Accessed in May 2021.

[5] Manual for local adaptation of SDGs in municipal administration: https://acortar.link/5zfsZ - Accessed in May 2021.

granted and the lack of control mechanisms. The difficulty of sustaining long-term links and strategies with those responsible for state administration, often associated with changes in administration and/or personnel, was described as an obstacle. The lack of training of public officials and the need to show short-term results were seen as weaknesses when implementing long-term policies. At the same time, the implementation of evaluation and monitoring systems and public data for accountability was seen as a necessity.

LEAVE NO ONE BEHIND

The Argentine public healthcare system is universal and free of charge and includes medication, clinical and surgical care and hospitalization, but access to this right is not equitable. The main barriers identified by the participating organizations are discrimination, lack of training of health personnel, lack of respect for self-identity and self-perceived name (in transgender persons) and their recording in the medical history. The groups described by the participants as experiencing gaps in quality are the lower-income social sectors, indigenous peoples, the transgender community, and people with disabilities. Sex workers are another group that presents inequities in access to health services. The barriers are the stigma and discrimination that surround the practice of sex work. The services identified as the most difficult to access are urology and gynecology for transgender populations and mental health and dentistry as cross-cutting for all groups.

REGULATE AND LEGISLATE

There are no mechanisms for monitoring the impact of the legislation and its regulations to evaluate the need for their modification. The control mechanism for civil society, guaranteed by the legislation, is the request for public information through administrative channels. There is little legislation that guarantees the participation of organized civil society in the planning and execution of public policy. An example of this is the Law on Comprehensive Response to HIV, Viral Hepatitis, other Sexually Transmitted Infections and Tuberculosis.

MAINTAINING THE QUALITY OF CARE

From the social organizations, the medical training of the professionals was positively valued, but their perspective on rights was negatively valued. The stratification of the system and the lack of comprehensiveness in public administration levels were seen as an obstacle. The organizations refer to the need for better formal complaint channels that have an impact on the quality of care, and are especially concerned about the resistance of private health systems in accessing prolonged treatment, where addiction treatment for problematic substance use and mental health are identified as emblematic cases.

Although primary health care (PHC) is the backbone of UHC, health professionals do not initially choose to work at the first level of care, due to deficiencies in working conditions, difficulties in interdisciplinary work and the culture of hierarchies among disciplines and among different professionals and agents. In addition to this, a gap in salaries between different health sectors, levels of government or different provinces (e.g., hospital, ward, municipal, provincial and private levels) generates inequalities in the quality of care, lack of specialties or difficulties in training.

INVEST MORE, INVEST BETTER

The general perception of the organizations participating in the consultation is that the budget is not sufficient, and has even been decreasing.

The investment demands collected in the consultation were as follows:

- Salary improvements for health personnel;
- Increased and continuous training of health professionals;
- Greater investment in prevention services;
- Access to public data for information-based planning;
- Reduction of digital gaps and access to information (Electronic Health Record);
- Public production of medicines;
- Simplification of administrative bureaucracy;
- Mechanisms for the participation of civil society in decision making;
- Strategies for monitoring and evaluation of public policy implementation processes and compliance with goals;
- Observatory to monitor public spending. Transparency and accountability;
- Training for those responsible for the implementation of public policies.

CATEGORY 6: MOVING FORWARD TOGETHER

The experiences of civil society participation are scarce and non-binding. They are more frequent in the national state and are more related to scientific societies. Community planning and participatory budgeting processes are nonexistent. Civil society organizations play an important role in the dissemination of information and in linking the community with public policies, which in general is not leveraged by the state. To obtain specific information on the exercise and execution of public policies that have not been published, the mechanism available to civil society is to request access to public information through administrative channels.

These are mentioned as successful experiences:

- the Permanent Commission on Disability of the Autonomous City of Buenos Aires;
- the National Adolescent Health Council;
- the Interministerial Commission on HIV of the Province of Buenos Aires.

CATEGORY 7: GENDER EQUALITY

The organizations pointed out that the social role assigned to women and girls "as caregivers" generates an added difficulty to the access barriers that the health system already has, affecting not only their right to health but also their educational and labor insertion. This further deepens social inequalities that are exacerbated in the case of low-income populations and/or transgender people. It was stated that the weaknesses in the provision of health services are usually evidenced in specialties and subspecialties, in particular: obstetrics, pediatrics and mental health. The lack of training in diversity and respect for gender identity become very obvious obstacles when it comes to access to gynecological care for trans men.

As a challenge, the following is identified: the modification of undergraduate curricula for the training of health professionals in rights, gender and care of non-binary people.

CATEGORY 8: EMERGENCY PLANNING

During the pandemic, a mandatory social isolation was established, and the health services prioritized were emergency care and COVID-19 consultations. Scheduled health services for both clinical and surgical care were interrupted, and scheduled consultations were resolved only by video calls. Civil society organizations that focus on access to health care reported an increase in demand. According to the participants, those most affected were people with structural deficits whose access to food and income was compromised. In the context of the COVID-19 pandemic, the organized civil society did not participate in the development of health access strategies or in specific policies in response to the pandemic. PHC was disadvantaged by the lack of scheduled or on-demand care and limited by technologies that, although they offered access channels, deepened inequalities secondary to information gaps.

The challenges identified to improve the system and prepare PHC for the next pandemics were: to equip health teams with technological tools and provide them with real and symbolic tools to manage them; to generate mechanisms for access to digital prescriptions; and to reduce the informatics gap in low-income communities.

CATEGORY 9: LOOKING AHEAD TO 2023

Looking ahead to 2023, the participants in the consultation considered the following to be fundamental:

- advance in the generation of data to enable evidence-based planning;
- generate whistle-blowing mechanisms so that public officials are accountable to society for their actions;
- training of public officials;
- generate spaces for the participation of organized citizens in the planning, execution, monitoring and evaluation of public policies;
- reduce inequalities secondary to the fragmentation of the health system, such as differences in fees or training between professionals from different systems or levels;
- support long-term policy planning;
- reduce taxes on high-cost medicines, reduce the chain of intermediaries, promote joint state purchasing and strengthen public production of medicines to improve costs and access to them.

Conclusions

In short, the consultation carried out shows the perception of the participating civil society organizations that the Argentine public health system -whose particularity is that it claims to offer universal access to all those who need it- is fragmented and segmented, since it depends on structural factors and social, economic and territorial determinants that affect the population in a heterogeneous manner and therefore its access is inequitable. From Fundación Huésped, as a member of the CSEM, we understand that it is demanded to sustain a political leadership that contemplates achieving equitable universal health coverage with quality services and welfare for all: A strengthened health system that invests more and better involving everyone, public sector, academia, private sector and civil society at the center of its strategies, and ensures access to health for the most vulnerable and unprotected sectors.