# Universal Health Coverage in Argentina and the promotion of effective coverage through Programa SUMAR

Dr. Martín Sabignoso
Coordinador Nacional del Programa SUMAR
Ministerio de Salud de la Nación

sumar

es más
salud pública

Ministerio de
Salud

Presidencia
de la Nación

- Health coverage in Argentina is **universal** by National Constitution. However, this is an implicit universal coverage: “Potentially, everything could be cover, for everyone, at any time”.
- Coverage is provided mainly through social security (65% of total population) and **public sector covers people who don´t have formal insurance.**
- The **2001 crisis** that brought about an increase in unemployment and many families lost their formal insurance. The most seriously affected were the children.
- **Federal country:** Provincial governments are responsible for the provision of healthcare under public coverage→ Differences in the quality of services among provincies.
- To **increase efficiency and equity within the public health** sector, in 2004 the National government implemented Plan NACER, defining for the first time an explicit set of health services for pregnant women and children up to 5 years of age without formal insurance. In 2012, Programa SUMAR was launched as the expansion of Plan NACER (children and adolescents up to 19 years of age and women and men up to 64 years of age).
- Programa SUMAR work under a **Results Based Financing (RBF)** scheme that, along with the **Health Service Plan**, aims to **transform the existing free (an implicit) universal coverage into effective coverage: Enrollment + Access + Quality.**
- **Impact evaluation results:** Significant reduction in the risk of neonatal death and in low birth weight.
- The **IMT** dropped by 25% (2004-2013) and there was **a huge reduction of 58% in the gap between the northern region rate and the national rate**

## *Most important lessons from Argentina's UHC experience*

1. P4P **improves the collection and use of data** for performance improvement, faster uptake of IT, and **better overall governance and accountability** are other important outcomes of the P4P programmes. It also helps to improve **clarification of the goals of providers**, improved measurement of provider activity and performance, and a **more informed dialogue between purchasers and providers**.
2. P4P appears to be having **a beneficial effect on the strategic purchasing role** in health systems that has been a very weak and neglected function in most systems. Systems used to be or **still are passive reimbursers**.
3. P4P is not an end in itself. It`s more effective when it is used in **combination with other actions** for improving quality and provider performance.
4. We learned that **the main functions of the heath system could be organized around a HBP**, including financing, purchasing and provider payment, the organization of service delivery, the regulation of insurers and providers.
5. **Autonomy** is a key concept because it generates new skills, increases satisfaction and encourages creativity. But it ´s important to reach a balance between the central guidelines and the autonomy of health teams. The lack of guidance on the use of money can weaken the incentive or cause tensions
6. **RBF can help to create organizations based on 5 excellence principles**: results orientation, citizen focus, magement by processes and facts, people development and involvement and continuous learning, innovation and improvement.