Comparative Health Systems in Latin America: Organization, Results and Equity

Daniel Maceira, Ph. D.

danielmaceira@cedes.org
Latin American and Caribbean Health Care Systems

Heterogeneity

- Sources of Financing
- Regulatory Framework
- Institutional Capacity of Social and Private Insurance Mechanisms
- Managerial Skills
- Coordination among Subsystems (Non-planned Costs Subsidies and Creaming)
- Coverage
- Outcomes and Equity Results

Daniel Maceira, Ph.D.
Tasa de Mortalidad Infantil

Gráfico mostrando la tasa de mortalidad infantil desde 1985 hasta 2003 para diferentes regiones y países. Los datos indican una tendencia de reducción en la tasa de mortalidad infantil durante este período. Las regiones y países representados incluyen LAC Promedio, Europa del Este Promedio, Rusia, Arabia Saudita, Sudáfrica y Malasia.
Trends & Regional Diversity
Epidemiological Profiles LAC

Año 2008

Lesiones
No Transmisibles
Transmisibles

Media = 29
PBI per capita and Health Care Expenditures, per capita

Gasto Total en salud per cápita dólar PPP cte 2005
Año 2009

PBI per cápita dólar PPP cte 2005
Infant Mortality Rate and per capita Health Expenditures
Evolution per capita Health Expenditures

Gasto Total en Salud per cápita (U PPP del 2005)
Financial Issues
OOP Expenditures as % Total Health Exp.: Eastern Europe

The graph shows the percentage of out-of-pocket expenditures as a percentage of total health expenditures for different countries in Eastern Europe over the years 1995 to 2003. The countries included are Estonia, Poland, Lithuania, Slovakia, Hungary, Czech Republic, Latvia, and Croatia. The graph indicates that the percentage of OOP expenditures has generally increased over time for most countries.
OOP Expenditures as % Total Health Exp.: Amérlica Latina

![Graph showing OOP Expenditures as % Total Health Exp. for América Latina over years 1995 to 2003 for different countries: Argentina, Costa Rica, Mexico, Chile, and Trinidad y Tobago.](image-url)
PBI per capita and OOP Health Expenditures

Año 2009

Gastos de bolsillo en salud (% GTS)

PBI per cápita (U PPP constantes 2005)

- Guatemala
- Paraguay
- Haiti
- Ecuador
- Nicaragua
- Dominicana República
- Honduras
- El Salvador
- Brasil
- Jamaica
- Bolivia
- Costa Rica
- Barbados
- Belize
- Panama
- Argentina
- Guyana
- Suriname
- Colombia
- Trinidad y Tobago
- Mexico
- Chile
- Bahamas
Public-Private Participation in Health, 2009

Participación del Gasto Público y Privado en el Gasto Total en Salud - Año 2009

Media 2009 = 56,7 %
Media 2005 = 54,1 %
Media 2000 = 48,7%
Organizational Issues
# Latin America & Caribbean, Basic Indicators

<table>
<thead>
<tr>
<th>Country</th>
<th>PBI per cáp, USD PPP 2005</th>
<th>Per Capita Health Expenditures USD PPP 2005</th>
<th>Health Expenditures (% del PBI)</th>
<th>% Public over Total Health Exp.</th>
<th>% OOP Health Exp. Over Total</th>
<th>Infant Mortality Rate</th>
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Source: World Development Indicators - World Bank 2009
Alternative Social Health Insurance Schemes in LAC

Aseguramiento Social
- Segmentado
- Público Integrado
- Intensivo en Contratos
- Público con Subcontratos
Two Dimensions of Health Care Systems

- Financial Sources
- Insurance Mechanisms

Public Sector
- Social Security Institutions
- Management of Resources
- Service Provision

Private Sector

Efficiency and Coverage
Incentives and risk
transfer or absorption

Equity and Coverage Coordination and Risk sharing among subsystems
Debate

• Higher Public Sector Involvement in Financing Health Care implies a Move towards Equity.

• However, OOP expenditures are still high, specially in low income countries.

• Income inequalities within countries create equity gaps in health sector, which are sustain by subsystems “natural population groups”, leading to different health according to ability to pay.

• Trends hide experiences to learn from => Organizational matters affect equity outcomes, based on: lack of strong insurance strategies and weak managerial skills, affecting quality and opportunity of care.