

Argentina



Argentina is the southeasternmost country in South America and shares borders with Chile, Bolivia, Paraguay, Brazil, and Uruguay. It borders the Atlantic Ocean on the east and the Andes on the west. Its mainland area is 2,791,810 km², divided into five geographical regions: the northwest, the northeast, Cuyo, the central or pampa region, and Patagonia. Argentina is governed as a representative federal republic. Its political and administrative divisions include the autonomous city of Buenos Aires (the nation's capital and seat of the federal government) and 23 provinces, which in turn have departments and municipalities.

Argentina is a middle-income country that experienced sustained economic growth in the 2006–2010 period, despite a temporary contraction due to the international crisis of 2008–2009.

The country has extremely good capacity in the health field, and has made significant advances, most notably in improving the coordination of the health system and strengthening it in various sectors and levels.

MAIN ACHIEVEMENTS

HEALTH DETERMINANTS AND INEQUALITIES

Between 2006 and 2010, Argentina consolidated the recovery that followed the political and economic crisis of 2001. Between 2003 and 2009, the incidence of poverty declined from 54% to 13%, and extreme poverty from 27.7% to 3.5%.

After peaking at 20.7% in 2003, unemployment began to decline steadily and systematically in 2004, reaching 7.4% in the first quarter of 2011. The proportion of the employed receiving less than US\$ 1 a day fell from 12.9% in 2002 to 0.5% in 2009.

The literacy rate in the 15- to 24-year age group differs little by gender, with values close to 100% for both sexes. The country has exceeded its goal of ensuring that 40% of employed women work in non-agricultural jobs. Women hold 40% of senior public and private posts, and occupy over 30% of the seats in the National Legislature.

THE ENVIRONMENT AND HUMAN SECURITY

Sanitation conditions have continued to improve. In 2010, 83.9% of the population had access to water from the public network (79.7% in metropolitan Buenos Aires and 94.3% in Patagonia). Currently, 74% of municipalities have municipal solid waste management plans.

Road safety has been addressed with advocacy and mechanisms that include the Federal Pact on Traffic and Road Safety and the National Agency of Road Safety.

HEALTH CONDITIONS AND TRENDS

Life expectancy at birth has continued to rise (75.7 years as of 2010), and the infant mortality rate declined from 25.6 per 1,000 live births in 1990 to 12.1 in 2009 (a 52.7% reduction).

Selected basic indicators, Argentina, 2005–2010.

Indicator	Value
Population 2010 (millions)	40.1
Poverty rate (%) (2009)	13.0
Literacy rate (%) (2009)	97.7
Life expectancy at birth (years) (2010)	75.7
Crude mortality rate (per 1,000 population) (2007–2009)	7.0
Infant mortality rate (per 1,000 live births) (2009)	12.1
Maternal mortality rate (per 100,000 live births) (2009)	55.0
Physicians per 1,000 population (2005)	3.2
Hospital beds per 1,000 population (2008)	4.1
DPT3 immunization coverage (%) (2009)	94.0
Births attended by trained personnel (%) (2008)	99.5

In 2009, indigenous transmission of the rubella virus was interrupted. The two cases reported in the country that year were the last cases of indigenous transmission of the virus in the Americas, while 2008 marked the last case of human rabies in Argentina. Reports of canine rabies declined gradually (six cases in 2009). The last cases of indigenous measles transmission were reported in 2000 in Córdoba, though various cases of imported measles occurred between 2008 and 2011.

In 2009, 81.4% of the adult population reported having monitored their blood pressure in the last two years. Between 2005 and 2009, blood glucose monitoring in diabetic patients increased from 69.3% to 75.7% of that population. In 2009, tobacco consumption in those 18 years and older was 27.1% (a 2.6% reduction from the 2005 level), while second-hand exposure to smoke declined to 40.4%. The HIV screening test is administered to 90% of pregnant women, and 80% of those infected receive antiretroviral treatment to prevent vertical transmission of the virus.

HEALTH POLICIES, THE HEALTH SYSTEM, AND SOCIAL PROTECTION

The Ministry of Health developed the nation's Federal Health Plan for 2010–2016, and the Office of Health Promotion and Chronic Disease Prevention and Control was created to address the growing problem of chronic diseases from an intersectoral perspective. In 2010, the National Bureau of Mental Health and Addictions was reestablished, and the National Mental Health Law was enacted.

Insurance in Argentina's Health System

Argentina's public health system provides coverage for basic services to everyone, even if they also are covered by social security or private insurance.

In 2011, the public sector provided universal coverage. The national health plans (*obras sociales*) covered formal workers and their dependents (38.8% of the population); the National Institute of Social Services for Retirees and Pensioners, better known by the acronym PAMI, covered retirees and pensioners along with their spouses and children (8.3%); provincial social systems covered provincial civil servants and retirees and their dependents (13.7%); and the private sector provided coverage to its voluntary members (9.0%). The system provides coverage for goods and services needed for prevention, diagnosis, and treatment, both medical and dental, as stipulated by the Compulsory Medical Program.

The National Health Authority's mandate includes ensuring the population's access to the Compulsory Medical Program, as well as regulating and monitoring fulfillment of obligations and service quality by the social protection system (social security) and prepaid medical plans (private sector). The public sector also ensures that the population has insurance through specific plans, programs, and law. For example, Plan Nacer provides public health insurance for mothers and infants without coverage, and the Programa Remediador ensures access to essential drugs.

The Compulsory Medical Program includes coverage of less common, high-cost services by administering special programs that are funded by the Collective Redistribution Fund.

Social coverage has been strengthened thanks to the various entities that manage social insurance (social protection programs), at various levels and for various population groups. The last five years have seen a notable increase in financial resources, with health spending reaching 10% of the gross domestic product (GDP) in 2008.

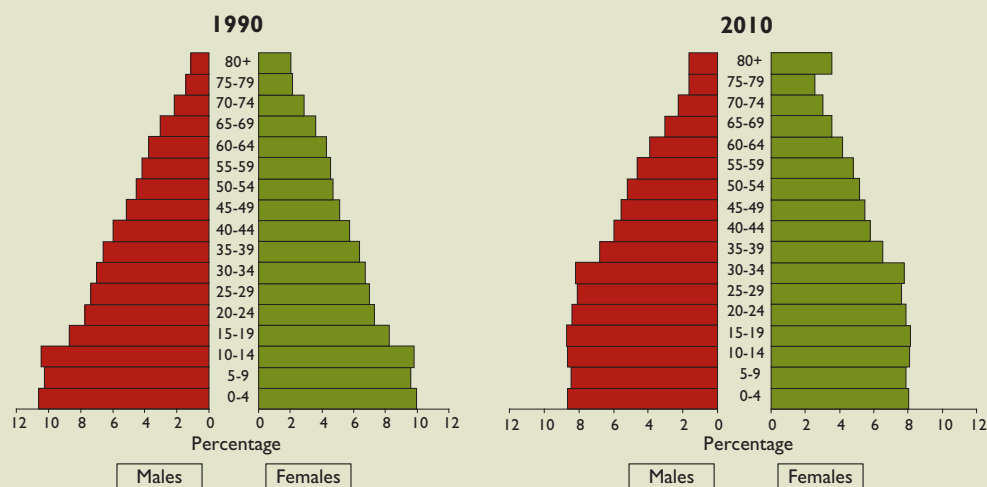
The health sector is composed of a number of systems and institutions, including 24 national and provincial systems, social programs at the provincial level and in other governmental sectors, the National Institute of Social Services for Retirees and Pensioners, and multiple companies that provide prepaid medical care, as well as several mutual insurance companies in the private sector. This complex system of social protection and health care coverage provides for the country's various populations. The public sector has continued to ensure care for the maternal and infant population through *Plan Nacer* and access to essential drugs through *Programa Remediador*.

In 2008, the National Cervical Cancer Program was created, and in 2011 the human papillomavirus vaccine was introduced for 11-year-old girls. The 2007–2010 period saw enhanced rehabilitation services and the execution of the Federal Program of Recreation and Sports for Persons with Disabilities.

KNOWLEDGE, TECHNOLOGY, AND INFORMATION

The use of information technology has been strengthened, with interconnections among the various entities related to the health sector. Increased scientific output of Argentine institutions in 2008 was reflected in 7,928 documents being issued, representing annual growth of over 20%.

Population structure, by age and sex, Argentina, 1990 and 2010.



MAIN CHALLENGES AND PROSPECTS

Despite the progress made, 23.5% of the indigenous population still has unmet basic needs, as opposed to 14.3% of the overall population. In 2005, some indigenous communities had illiteracy rates in excess of 20%.

The conversion of forest to agricultural land has contributed to intense deforestation in some areas, with concomitant deterioration in environmental conditions. Along with climate change (melting glaciers and increasing rains), this has had various economic and health impacts. In some rural areas, sanitation (safe drinking water and connection to sewerage systems) remains poor.

Most emergencies and disasters in Argentina are associated with intense snowfalls, forest fires, periods of drought, and floods. In 2007, northern Patagonia suffered a drought that was responsible for the death of some 800,000 head of cattle, and an estimated loss of 15 to 20 million tons of grain. The eruptions of the Chaitén and Puyehue volcanoes (in 2008 and 2011, respectively), which are both located in Chile, produced ash clouds that affected three provinces in Argentina and caused economic damage to fish farming, livestock operations, and tourism.

The maternal mortality rate was unchanged between 1990 and 2008, fluctuating between 40 and 42 deaths per 100,000 live births annually, though there are significant differences between and within provinces (the averages are two to three higher times in the poorer provinces than they are nationally). In 2009, maternal mortality reached 55 per 100,000 live births, an increase of 38.5%, attributed to the A(H1N1) influenza pandemic. Although infant mortality has continued to decline (12.1 per 1,000 live births as of 2009), it could be further reduced by action directed at preventable deaths, in particular those involving problems originating in the perinatal period, which represent 49.3% of deaths. Infant mortality rates range from 8.3 per 1,000 live births in the province with the lowest rate to 24.2 per 1,000 in the province with the highest.

Some preventable communicable diseases related to vectors and zoonoses persist, including dengue (at epidemic levels), residual foci of malaria, and the occasional re-emergence of jungle yellow fever. Leprosy continues to be a public health problem (354 cases were reported in 2010). The HIV epidemic is concentrated, with an estimated prevalence of 0.4% in the population 15 years and older (12% among men who have sex with men, 6.1% among drug users, 5% among sex workers, and between 24% and 34% among transsexuals). In 2009, 11,000 new cases of tuberculosis were reported (26.6 per

100,000 population). In 2010, over 6 million inhabitants were estimated to suffer from mental disorders, including 1.6 million with depression and 1.7% with alcohol abuse or dependency.

Chronic, noncommunicable diseases are responsible for 80% of deaths (2008 figure), with 33% caused by cardiovascular disease and 20% by cancer. The population continues to have a high proportion of risk factors: physical inactivity (68.9%), overweight (64.2%), obesity (29.7%), hypertension (36.7%), and daily smoking (23.6%).

Levels of violence and injury have persisted or increased. There were 47 deaths per 100,000 population due to external causes in 2009, 55% of which were due to accidents (primarily traffic accidents). Of note in this connection is risky behavior on the roads, including failure to use seat belts and drinking before driving.

The great number and diversity of entities that make up the social protection system and health care system continue to present a challenge for the leadership role of the national health authority, making it more difficult to achieve integration and coordination in the fragmented and segmented health sector.

Economic, social, and democratic progress is expected to continue in the next five years. Despite efforts toward greater equity in health, inequities and inequalities between different population groups will persist, to the detriment of marginalized groups. The implication of this is that improving health conditions in the provinces of the north and the marginalized areas of the metropolitan Buenos Aires area is a health priority.

The fragmentation of health services will continue to be one of the major challenges for organizing health and social services response, particularly given the increasing aging of the population and the increase in chronic diseases and associated disabilities.

To the extent that leadership is strengthened at various levels, it should help further the integration and strengthening of the health system's various entities. In addition, it will be necessary to make the sector more financially sustainable, make the distribution of its resources more equitable, and improve performance at the country's different decision-making levels and in its different areas of action, so as to achieve a more efficient and equitable health system.