



## OFFICE OF THE PRESIDENT

# LATIN AMERICA IN THE GLOBAL HEALTH CONCERT

Presented by President Julio Frenk at the Latin America Healthcare  
and Life Sciences Conference 2015 in Miami, Florida  
on September 29, 2015

I would like to thank the *Financial Times* for the invitation to this important conference.

This morning I will briefly discuss with you the role of the Latin American region in the concert of nations, with emphasis on healthcare. My main message is that recently Latin America has been a rich source of policy innovations that should nourish both the international debate and the design of national policies.

Yet, when referring to success stories in developing countries, the global public debate tends to concentrate in China and India. When discussing social and economic problems, the African continent usually occupies center stage. The fact is that Latin America rarely attracts the attention of those interested in development issues. Why this bewildering lack of interest on the part of bilateral agencies, multilateral health institutions, and global philanthropic organizations for Latin American countries?

One of the reasons is the false perception that countries in this part of the world are not as poor as African and Southern Asian countries. However, there are major differences among and within countries in Latin America. Bolivia, El Salvador, Guatemala, Honduras and Nicaragua are all nations with a low human development index. Brazil, being the giant of the Southern American subcontinent, has the most unequal income distribution in Latin America, which is itself the most unequal region in the world. Indigenous populations in Bolivia, Guatemala, Mexico and Peru show infant mortality rates comparable to those of many African nations.

But the other and more important reason why the presence of this region in the global dialogue should be expanded is that Latin America has been a source of policy innovations that can be more easily adapted in other developing regions. I believe that the Latin American region has relevant political, economic, and social lessons to share with the rest of the world. Outstanding examples include the successful transition to democracy and the attainment of macroeconomic stability. But the most relevant arena for the purpose of this conference refers to social policy. In recent years, Latin American countries have designed and implemented some of the most innovative policies to fight poverty and extend social protection in health.

*\*President of Miami University and former Minister of Health of Mexico (2000-2006)*

According to the UNDP, poverty in Latin America and the Caribbean was reduced by almost half in the past decade.<sup>1</sup> Between 2000 and 2012, more than 56 million people were lifted out of poverty in this region.

In terms of social protection in health, Latin America has generated some of the most interesting policy innovations of the past 20 years and may become the first region in the world to reach universal health coverage (UHC), one of the main targets of Sustainable Development Goal number 3.

During the past few decades, several Latin American countries have led the world in the search for innovative ways to address the common challenges faced by all countries: the imperative to achieve the best health outcomes in a rapidly changing context characterized by a deep epidemiologic transition, the emergence of powerful but costly technologies, and the rise in people's expectations.

In addition to Colombia, whose elegant reform was eloquently discussed in the keynote address of this conference by Minister Gaviria-Urbe, we could mention major health care expansion efforts made by Brazil, Chile, Costa Rica, and Mexico.

In Mexico, I had the privilege of leading a reform that established a system of social protection in health in 2003. This system reorganized and increased public funding by a full percentage point of GDP over eight years in order to provide, through a public insurance scheme called *Seguro Popular*, universal health insurance, including the 50 million Mexicans, most of them poor, who had been excluded until then from conventional social insurance schemes.

*Seguro Popular* guarantees access to over 250 essential services, including all interventions offered at the primary and secondary levels of care. It also covers a package of over 60 costly interventions, including treatment for all cancers in children, HIV/AIDS, cataracts, and cervical and breast cancer, among others. The number of individuals enrolled in *Seguro Popular* is now close to 55 million persons.<sup>2</sup>

The policy lessons derived from these regional initiatives are so rich, that *The Lancet*, one of the leading medical journals in the world, recently devoted one of its issues to the discussion of UHC in Latin America. Let me conclude my remarks by briefly discussing three of the characteristics of a health system model that is emerging in Latin America identified by *The Lancet* series.<sup>3</sup>

First, UHC in Latin America is increasingly grounded in the idea that traditional social insurance schemes have excluded large sectors of the populations, which encourages social inequality by leaving the poor behind. As the reports in *The Lancet* point out, in most Latin American countries, the protection of health is being recognized as a **citizenship right** and is being gradually **de-linked from formal employment and labor market status**.

Second, the new model has embraced the idea of '**explicit entitlements**,' which adopt the form of covered health interventions: the Mandatory Health Plan in Colombia, the Universal Catalogue of Essential Health Services of *Seguro Popular* in Mexico, the AUGE program in Chile, the Essential Health Insurance Plan in Peru, and the Comprehensive Health Care Plan in Uruguay. The constitution of many Latin American countries included rights, rules, and standards related to health, but lacked a legal definition of the

entitlements that ensue from them.

A third characteristic of the emerging Latin American model is the expanded scope of health reforms associated with it. Many reforms implemented in the second half of the past century were designed around specific delivery interventions targeted mostly to maternal and child health. The new reforms implemented in the region are broader in three ways: i) they move beyond the delivery function to also address challenges related to stewardship and financing; ii) they include initiatives to deal not only with the unfinished agenda, but also with non-communicable diseases and injuries; and iii) they include both comprehensive personal health services and interventions to address upstream social determinants of health.

I believe that this gives you an idea of the policy innovations that are being developed in Latin America to confront its own challenges. It also gives you a hint of its enormous potential contribution to the solution of the problems in other parts of the developing world.

## References

<sup>1</sup> BBC News. UNDP: Poverty down in Latin America and the Caribbean. Available at: <http://www.bbc.com/news/world-latin-america-28946221>. Accessed September 18, 2015.

<sup>2</sup> Comisión Nacional de Protección Social en Salud. Informe de Resultados 2013. Available at: [http://gaceta.diputados.gob.mx/Gaceta/62/2014/feb/Inf\\_SS-20140205.pdf](http://gaceta.diputados.gob.mx/Gaceta/62/2014/feb/Inf_SS-20140205.pdf). Accessed September 20, 2015.

<sup>3</sup> Frenk J. Leading the way towards universal health coverage: A call to action *Lancet* 2015;385(9975):p1352-1358.