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Country Report

Argentina: current activities in the field of quality in health care

JOSÉ MARIA PAGANINI

Argentina is the second largest country in South America (3 761 274 km^2). In 1998 the total population was estimated at 35.8 million, and around 88.6% live in urban areas. The per capita income is US$ 9300 and the unemployment rate is around 12.5%.

Life expectancy at birth is 75.5 years for the period 1995–2000. The crude mortality rate for period 1990–1995 was 7.7‰, the maternal mortality rate for 1995 was 4.4 per 10 000 and the infant mortality rate in the same year was 22.2‰. The three most important causes of mortality for all ages and both sexes are cardiovascular diseases, malignant tumors and cerebrovascular diseases. According to the United Nations Development Program, Argentina is included in the group of countries with high levels of human development (index 0.884 in 1993), although great disparities exist between the country's different population groups.

The country is divided into 23 provinces and a Federal District and, according to the National Constitution, it is a Federal Republic with a democratic government. The Constitution establishes that all such political–administrative units are responsible for the care and health protection of all members of the population. In recent years Argentina has experienced a period of economic stability with an annual inflation rate of 0.5% and a positive rate of economic growth. However, despite such positive macro-economic indicators, analysis of income distribution in the period 1974–1998 indicates a steady increase in economic and social differences. In 1974, the low-income population (income of around US$200 per month), which represents 30% of the country's total population, received 11.2% of the total income and in 1998 only 8.2%. On the other hand, the high-income group (income around US$ 2600 per month), representing 10% of the total population, received 28.2% in 1974 and 36.7% in 1998. There is no doubt that this situation affects the quality of life for a large section of the population, and that it is also reflected in access to basic health services and in the quality of care for those receiving it.

Some basic data from the health sector indicate that there are 26.8 physicians and 5.4 graduate nurses per 10 000 population and 4.5 beds per 1000. The per capita expenditure on health is calculated at around US$550 and total health expenditure is around 7% of the gross national product. The medical care system consists of three models:

(i) the government or 'public' system is financed from general revenues and provides services at public hospitals. These hospitals are mainly provincial or municipal hospitals. They are free of charge although some mechanisms are underway to establish some type of charge through direct users' contributions or social security reimbursement. However, the latest figures indicate that only around 15% of the hospitals' operating budgets come from users' fees. The other 85% comes from general revenues. These hospitals have evident problems of quality and efficiency of services;
(ii) the social security system provides financing mechanisms for health care to around 65% of the population, including governmental or labor union insurance mechanisms (around 300 institutions) and the private pre-paid system (around 200 institutions);
(iii) The private system comprises private hospitals and the services provided by most solo practitioners. The reimbursement mechanisms applied by social security and pre-paid systems are oriented mainly to controlling costs, making operation of the private sector very difficult.

The population coverage of these different systems is not easy to identify. Theoretically the whole population has the right of access to the public system. However, the real coverage is estimated from the system's bed capacity as 45% of the population. The social security system and the private sector provide the remainder – around 55% of all coverage. The demand for health care is divided according to the capacity to pay. The poor and the lower middle class are served by the public system. The middle class utilizes private hospitals financed by the social security system. The upper class has access to exclusive private hospitals through pre-paid systems.

From this brief background it is clear that the Argentinean health care system is a combination of different subsystems. The possibilities and incentives to provide quality in health

Address correspondence to J. M. Paganini, Centro INUS, Facultad de Ciencias Medicas, Universidad Nacional de La Plata, Calle 60 y 120, (1900) La Plata, Argentina. Tel/Fax: +54 221 423 5755. E-mail: cinus@netverk.com.ar

care are not clear. Public hospitals are suffering from lack of an adequate budget to cover operational costs and appropriate maintenance of their basic infrastructure. Most private hospitals are facing problems related to the financing mechanisms that influence the quality of their services.

From this scenario quality of care concerns everybody, not only the public and the users, who are starting to demand better services, but also the service providers, (medical and other health care professional associations, private hospital associations, schools of medicine, financing institutions and the government). Despite such concerns, advances in the evaluation and implementation of quality initiatives at the hospital level are difficult to achieve and those that do exist are quite diverse. From these initiatives it is possible to identify several that could be taken as background information to characterize the quality of the health care movement in Argentina.

One initiative that is worth mentioning is the work done by the Technical Institute for Accreditation of Health Care Services (ITAES in Spanish). This is a non-governmental organization created from the coincident willingness of a group of leading hospitals plus the main Confederation and Chambers of health care organizations, a number of financial entities and some scientific societies. The professional group that constitutes ITAES is one of the most experienced groups on health services accreditation in the country and in Latin America. They made a substantial contribution to the Accreditation Manual for Latin America and Caribbean Hospitals (PAHO/HSD-SILOS 13) [1]. Currently ITAES is providing accreditation services to private and public hospitals on a voluntary basis and is developing standards and manuals for ambulatory care and accreditation of health care networks. Another initiative is one under the leadership of the National Association of Medical Audit that has the purpose of promoting quality of care evaluation and of organizing courses and seminars oriented to health care professionals.

Argentinean Medical Scientific Societies are also playing a role in the quality of care arena by promoting the definition of structure and process standards for specialized hospital services.

Recently the National Academy of Medicine created a commission that offers professional re-certification for specialties on a voluntary basis. In this way the National Academy is introducing, on the practitioner's side, another element related to quality of care.

Most health care financing institutions in this country implement quality of care evaluation programs through medical audit for services already provided. In general, these programs are accomplished in isolation and are not being integrated into a more comprehensive program to promote quality. Some others are presently working on the definition and implementation of accreditation manuals oriented towards the analysis of structural hospital indicators.

Another interesting initiative is being developed under the leadership of the School of Medical Sciences of the National University of La Plata. An Inter-institutional Quality of Care Commission was appointed with representatives from medical institutions, private hospitals, health care and government organizations and financial institutions. This initiative was started in 1995 with the unique characteristic that it is being coordinated by a medical school that provides both scientific support for the definition and implementation of health care standards and the academic background to develop a teaching and learning process. With the active participation of faculty members, emphasis is oriented to support hospitals' self-evaluation as an important strategy for institutional change towards total quality management and as a first step to external accreditation.

The Interdisciplinary University Center for Health (INUS in Spanish) of the School of Medical Sciences is actively participating in this initiative. Basic health care standards for the evaluation of several health care institutions are being applied and self-evaluation activities on a voluntary basis are supported. There are important working relationships between INUS, ITAES and the National Association for Medical Audit.

The National Government under the leadership of the Ministry of Health is implementing the National Program for Quality Assurance with two components oriented towards professional certification and hospital certification: categorization and accreditation. The National Commission for Hospital Accreditation is working with the traditional approach that defines norms and standards of medical practice with consultation of scientific associations, academic and health care institutions. This effort is another contribution to the diverse, complex and still to be fully developed quality of care process.

When the Argentinean society as a whole realizes that quality of care is a basic individual right and an important component of equity in health, most of these previously described initiatives will be requested to move beyond simple theoretical definition. Political and practical solutions to support and facilitate real changes in health practice at the local level are imperative, specifically in those services oriented to the most needy segment of the population.

References

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