A Comprehensive Analysis of the Current Healthcare

System in Argentina

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Argentina is a country with a complex history known for its rich culture and beautiful natural landscape. With a high percentage of the population living in urban areas and a demographic transition showing the population leveling off, people are affected mainly by noncommunicable, age-related diseases. The burden of all disease is higher in rural areas that are more affected by economic difficulties and are more likely to rely on public healthcare. Despite its numerous economic recessions throughout the past two decades, Argentina has developed a universal and private healthcare system that allows all citizens to get medical coverage. They believe that care is a constitutional right and have developed one of the most comprehensive coverage catalogs globally with public, social security, and private sectors. However, with wide regional economic disparities, an aging population, and the existing burden of noncommunicable diseases, their healthcare system needs to prioritize affordable primary care and an increase in federal healthcare funding. Therefore, Argentina's complex healthcare system would be optimized with increased restrictions and more financial support to decrease inequalities and give quality care to all its citizens.

Geography and Population

Argentina is located in South America and borders Chile, Bolivia, Paraguay, Brazil, and Uruguay. It has a long coastline along the Atlantic Ocean. The overall climate of Argentina is temperate, but there are pockets of arid desert in the north and frigid tundra in the south. Argentina has diverse geography with four main regions that it can be divided into: the Andes, The North, Patagonia, and The Pampas (Eidt, 2021). The Andes can be found along the country's western border with Chile and are characterized by tall, snow-capped mountains. The tallest mountain in South America, Aconcagua, is in the north of the Andes region in Argentina. The next region is the North, composed of dry lowlands along the borders of Paraguay and

Bolivia. It can be split up into the divisions of Gran Chaco and Mesopotamia, both of which are

very hot and dotted with thorny plants that require little water. The third region is Patagonia,

which spans the southern section of Argentina. Patagonia is distinguished by its cooler climate,

plentiful lakes and mountains, and glaciers. Much of the landscape was cut by receding glaciers.

The final region is The Pampas, which spans the majority of the country and is where most of

Argentina's population lives. Pampas means "flat plain" in Quechua, which is precisely how to

describe the region. It's covered with grassy plains and fertile land perfect for agriculture.

Argentina has a population of 45,864,941, according to a July 2021 estimate (Central

Intelligence Agency, 2021). Of this population, 91.9% live in urban areas, and only 8.1% live in

rural areas (Eidt, 2021). Most people living in urban areas live in Buenos Aires, the capital, with

about one-third living in the metro area. Other urban areas are present in Argentina's northern

and central parts, while Patagonia remains sparsely populated.

The majority of the Argentine population, 86.4%, is of European ancestry (Eidt, 2021).

Most of these people are descendants of immigrants from Italy and Spain. The second-largest

ethnic group in Argentina at 6.5% are mestizos, people with mixed indigenous and European

ancestry. Two other small yet significant minorities are indigenous people with 3.4% and Arabs

with 3.3%. The notable Arab population is a result of immigration in more recent years.

Religion has a long history in Argentina, but most people identify as non-practicing with

a religious identity. 80% of the population is Roman Catholic, primarily due to the large groups

of Italian and Spanish people; another 5% are Protestant (Eidt, 2021). Argentina also boasts the

largest Jewish and Muslim populations in South America.

The national language of Argentina is Spanish, which is a result of the history of Spanish

colonialism over the country (Eidt, 2021). However, because of European immigration from

other nations, especially Italy, the Argentine dialect of Spanish absorbed words and phrases from other languages. As a result, some significant minority European languages spoken in Argentina are Italian, French, English, and German. The two most significant indigenous languages spoken are Quechua and Mapudungun.

Country Context and Culture

Argentina has had a long and turbulent history since the Spanish colonization of the land began in the 16th century (BBC, 2019). In 1776, Spain established the Spanish Viceroyalty of the River Plate. After many years under Spanish rule, the Argentine people fought in their war of independence between 1810-16, where they came out victorious at the end of the war. However, once becoming independent, the nation was plagued with a long period of political turbulence and a civil war to establish control over the country. After the civil war, in 1861, newly-formed Argentina united with the separate independent city of Buenos Aires, finally welding the nation into the Argentina that is seen today.

Starting in 1880, Argentina stabilized and experienced rapid economic growth and liberalization. Eventually, the nation grew to have the 7th highest per capita income globally. However, the Great Depression stopped this growth in its tracks, and Argentina has never recovered. In 1930, the nation endured an armed coup and military dictatorship that lasted two years. One of the most monumental elections in Argentine history is the election of Juan Perón in 1946, who is the most influential politician in the nation's history. Even today, there is still a political party based on his ideologies. A significant factor in his popularity was his wife Evita, who had a prominent role in strengthening labor relations. Unrest returned in 1955 when violent uprisings supported by the military forced Perón to resign and go into exile. For decades,

Argentina experienced unrelenting political instability between periods of military dictatorships and democracy, where Perón briefly returned to power at one point.

In 1982, Argentina engaged in a significant war with the British over controlling the Falkland Islands off of the southern coast. They lost the war, and the British still retain full sovereignty over the islands despite Argentina's persisting claim today. Another significant moment in Argentine history is the terrorist bombing of the Jewish Community Center of Buenos Aires, where 85 people lost their lives. Currently, the blame is on Iran-backed Hezbollah, but the bombing remains unsolved today as investigators keep mysteriously disappearing. Since then, Argentina has been in several debt crises where the government cannot pay back its insurmountable debts to other nations. Because of the 1999 debt crisis, the peso and economy are still struggling to rebound back to the pre-Great Depression peak. One recent moment of pride for the Argentine people was the decision of Pope Francis to lead the Vatican in 2013.

Argentine culture is heavily influenced by the European roots of the immigrants from Southern European nations. The tango and the gaucho are two of the most recognizable elements (Eidt, 2021). Poor European immigrants in Buenos Aires invented the tango; it combines elements of Spanish flamenco and Argentine milonga. Gauchos defy the general trend in Argentine culture, which primarily centers around the culture of porteños, people from Buenos Aires. They are from the rural parts of the nation but have a significant effect on the identity of the rest of the country. Gauchos are the Argentine mestizo version of the classic American cowboy, portrayed as drunken nomads always on the hunt for wild horses and cows. However, their characteristics of self-reliance, perseverance through hardship, and love of the land are revered throughout Argentina. As a result, they heavily influence Argentine poetry and art.

Additionally, sports are very important to Argentine people. The two largest sports are polo and soccer, which European immigrants brought over. Polo became popular because of the massive open areas of The Pampas and the supply of wild horses to domesticate (Eidt, 2021). Further, soccer is a staple in the nation, as it is in most Latin American countries. One of the most famous soccer players in the world, Lionel Messi, was born in Argentina and has played on the Argentina national team.

Furthermore, food is a staple of Argentine culture. Steak and other beef are the clear greatest food elements of the nation due to the ample supply of cows and expansive areas for cattle ranches. Consequently, Argentina boasts the second-highest beef consumption globally after neighboring Uruguay (Eidt, 2021). Another well-recognized food from Argentina is yerba mate, a tea-like drink derived from the mate plant native to the country. It's a caffeine-rich drink that recently gained popularity in the United States. The final notable culinary element of Argentine culture is red wine. Because of the temperate climate and flat plains, it's the perfect conditions for vineyards to grow grapes for wine.

Economy and Demographics

Argentina's economy suffered multiple fluctuations during the past two decades due to natural disasters and political events that it still has not recovered from. The economy is heavily export-oriented, with a large agricultural and industrial sector exporting soybean products, corn, and delivery trucks (Argentina, 2021). Argentina's total GDP in 2020 was $383.067 billion and has been on the decline since the economic recession in 2017 when the country's agricultural production was impacted by droughts (GDP, 2020). This is the country's second economic decline in the 21st century after the 2001 depression, caused by tax policy and other international financial crises (Saxton, 2003, pp. 2). Argentina's GNI per capita is $20,210 with a Gini index of

41.4, slightly higher than the international average, indicating an unequal distribution of income

(GNI, 2019). Argentina has a low unemployment rate compared to world averages, and 35% of

its population is below the poverty line (Argentina, 2021). Historically, Argentina had a booming

economy with abundant natural resources, but with a series of misguided policy decisions and

climate crises, it has turned turbulent with high public debt and inflation.

Argentina's basic demographic information includes a low birth and death rate and a

higher percentage of the population in urban areas. Argentina has the third-highest population in

South America, behind Brazil and Colombia, with a total population of 45,864,941 as of July

2021. The percentage of people in urban areas of 91.9% is high, with the most populated city

being Buenos Aires. The crude death rate is 7.36 deaths per 1000 people, and the birth rate is

15.8 births per 1000 people annually. At birth, the life expectancy is 78.07, with females living

6.39 years longer than males. There are an average of 2.2 children born per woman, which

closely matches the global fertility rate of 2.3. This may be due to the prevalence of

contraceptives being 81.3% despite the importance of the Catholic religion in the country's

culture (Argentina, 2021). These demographics contribute to Argentina's demographic and

epidemiological transitions and prevalence of disease.

Demographic and Epidemiological Transition

Argentina is in the third stage of demographic transition. The third stage of demographic

transition is characterized by a decreasing death rate and a decreasing birth rate. In stage three,

the population should begin to stabilize. Argentina's death rate has been decreasing since the

1970s and is currently 7.6 per 1,000 people (Death Rate, 2019). The birth rate started falling in

the late 1970s and is still decreasing today. The birth rate in 2019 was 16.83. Nevertheless,

Argentina's population is still growing, with about 45 million people today (Birth rate, 2019).

This growth is because of the long life expectancy, as people live longer today than before. The life expectancy in Argentina is around 78 years in 2021 compared to 66 in 1970 (Life expectancy at birth, 2019).

Argentina is in the late third stage of epidemiological transition. The third stage of epidemiological transition is characterized by a mix of noncommunicable and communicable diseases. Argentina is faced with noncommunicable diseases such as heart disease, stroke, COPD, chronic kidney disease, and Lung cancer (*Argentina*, 2017). In addition to these noncommunicable diseases, lower respiratory infections continue to affect Argentinians. Lower respiratory infections are the second cause of death in Argentina, just behind heart disease (*Argentina*, 2017). Air pollution has been associated with both lower respiratory infections and lung cancer. Since most of the population lives in urban areas, higher air pollution may be a driving factor in these illnesses (Kurt et al., 2016). Due to the mix of communicable and noncommunicable diseases in the top 3 causes of death, Argentina is still in the third change of epidemiological transition.

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Burden of Disease and Health Statistics

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The burden of disease in Argentina is focused on noncommunicable diseases. These diseases are associated with an aging population, in which Argentinian's life expectancy has continued to grow. While these noncommunicable diseases like heart diseases, stroke, kidney diseases, diabetes, and cancers have no cure, there are treatments available and some lifestyle decisions that can prevent these diseases (*Global Health Estimates: Leading causes of Dalys*, 2019). For example, smoking tobacco increases the risk of heart disease, and in Argentina, 28% of males smoke tobacco. In comparison, only 15% of females smoke tobacco (*Prevalence of current tobacco use (% of adults) - Argentina*, 2018). Despite the immense burden of

noncommunicable diseases, primary care is not emphasized in Argentina. However, primary care is essential in finding these noncommunicable diseases before they escalate to limit the damage done before treatment.

Neonatal disorders are the sixth-highest cause of DALYs in Argentina. Maternal and neonatal health need to be improved within Argentina (*Global Health Estimates: Leading causes of Dalys*, 2019). The maternal death rate is 38/1,000 births despite 99.5% of births attended by skilled attendants (*Argentina (ARG) - demographics, health & infant mortality*, 2020). The maternal mortality rate is extremely high given these statistics and the fact that 90% of women receive at least four neonatal doctor's visits during their pregnancy (*Argentina (ARG) - demographics, health & infant mortality*, 2020). However, there may be geographical disparities in maternal health between the urban and rural populations due to geographical access to healthcare.

Neonatal, first four weeks of life, mortality is 6 per 1,000 births, infant mortality is 8.2 per 1,000 births, and children under five mortality is 9.3 per 1,000 births (*Argentina (ARG) - demographics, health & infant mortality*, 2020). Based on these statistics, if a child makes it past the neonatal stage, their chance of living to five is pretty high. The measles vaccine is given to 84% of children under one. The measles vaccination rate is vital as there have been measles outbreaks worldwide in places where measles is not endemic. In 2016, 92% of infants received three doses of the DTP vaccine, but this rate has fallen to just 74% in 2020 (*Argentina (ARG) - demographics, health & infant mortality*, 2020). The fall in vaccination rate could be due to the pandemic closing healthcare facilities and the focus on COVID-19 rather than childhood diseases. Comprehensive primary care can help increase the measles vaccination rate and provide preventative information for noncommunicable diseases.

Health System and Health Programs

The healthcare system in Argentina consists of three different components: the public

system, the social security system, and the private system. The public system exists to serve the

poor and uninsured populations within the country. About 26% of Argentinians receive their

healthcare through this system (Novick, 2017, pp. 93). These health facilities and public

hospitals are funded by provincial and local taxes that all citizens contribute towards (Belló and

Becerril-Montekio, 2011). The federal government pays for only 2% of all health expenses, so

this public system is primarily funded by the provincial health ministries (Novick, 2017, pp. 96).

The social security system serves 48% of the population and is run by a national workers union,

which comprises nearly 300 smaller unions that are trade- and region-specific (Novick, 2017, pp.

93). This system primarily covers the working class and unionized workers and is funded by

employer and employee payroll contributions. Similar to the United States, the employers can

decide which private provider they would like to use and specify what coverage plans they

would like to be available for their employees (Palacios, Espinola, and Rojas-Roque, 2020). The

private healthcare system, which 16% of Argentinians use, provides care for wealthy individuals

and is paid for out-of-pocket (Novick, 2017, pp. 93).

Due to Argentina's decentralized healthcare system, there are extreme regional inequalities and

disparities. Therefore, many of their health programs have focused on collaboration and

resource-sharing to help integrate these three systems and make them less fragmented. For

example, the Argentina Essential Public Health Functions and Programs Project (FESP) was

implemented in 2006 after the debt crisis and was put in place to reduce health risk factors,

increase coverage, and improve the administration of the healthcare system (Ojea, 2014). It was

designed to accomplish these goals by using a database to consolidate resources to reduce the

disparities between different regions. It was quite successful in reaching its goals and resulted in decreased smoking prevalence, increased TB treatment adherence, and helped provinces earn their public health certifications (Ojea, 2014). Another successful program in Argentina is known as Remediar. It has been in place since 2002 and supplies essential medication to individuals without the economic resources to pay for them through the public system. It serves over 16 million people and allows patients at local health centers to leave with the medicines they desperately need (¿Qué es Remediar?, 2020).

Priorities in Health

In Argentina, healthcare is believed to be a constitutional right. Therefore, their public system effectively acts as a universal healthcare system that allows all people in Argentina, including visiting foreigners, to receive the medical care that they need. Also reflective of their desire to provide everyone with healthcare, they have one of the most extensive catalogs of covered benefits globally (Novick, 2017, pp. 94). Currently, because of the Catholic church's influence in Argentina, there is an effort to separate healthcare from religion. Their recent efforts have been quite successful; in 2020, the country legalized abortions through the 14th week of pregnancy (Moore, 2020). Argentina also prioritizes implementing new medical technologies, most likely due to the increase in hard-to-treat noncommunicable diseases. When considering new medical technology, safety is the main component factored in, and others such as cost and efficiency are not as important (Novick, 2017, pp. 94). This results in using a lot of medical technology that is too expensive for many patients to use. The final priority of Argentina's healthcare system is integration between the public, private, and social security systems. Citizens often have overlapping forms of health coverage, meaning that they often have social security coverage in addition to either public or private coverage. However, because there

are no formal billing guidelines on a national level, a person could receive care at a public health

facility, so their insurance company could never receive a bill for the service (Novick, 2017, pp.

94). To remedy this, the Ministry of Health has created a digital health network that allows

providers to access patient data across multiple health facilities and create an integrated network

of data (Argentine Ministry of Health, pp. 2). The country will need to consider trending data

when deciding the health system's priorities in the coming years.

<div align="center">**Trend Data and Expected Future Trends**</div>

Argentina will have an aging population and possible widespread regional economic

inequalities in the future. The population growth rate will continue to steadily decrease with a

decreased fertility rate but will still surpass 50 million by 2031. This means that combined with

an increased life expectancy into the 80s by 2040, Argentina's population will be getting older,

creating specific geriatric healthcare needs (Argentina Population, 2021). The economy is

predicted to grow slower in 2022 and will continue to remain uncertain due to the pandemic.

Economic forecasts show high inflation rates and labor informality concerns. If policy change

does not target social expenditures to more vulnerable populations, the poverty levels and

income inequalities will continue to rise (Argentina Economic, 2021).

<div align="center">**Expert Recommendations**</div>

Due to the regional nature of Argentina's healthcare system, great care needs to be taken

to ensure equal access to and quality of healthcare throughout the country. Since there is so little

federal funding for the public system, regions can have vastly different resources from one

another. These differences in funding can have fatal consequences. For example, in 2012, the

neonatal mortality rate in Buenos Aires was 6, but it was 11.7 in the rural province of Formosa

(Novick, 2017, pp. 96). To fix these inequalities, more funding needs to come from the federal

government to supplement scarce regional funding to ensure that people living in less affluent

provinces can still get quality healthcare.

　　Another reform that needs to occur is to decrease catastrophic healthcare spending.

Catastrophic spending is defined as utilizing more than 40% of one's income to pay for

healthcare expenses, and currently, over 6% of Argentinian households are experiencing this

(Novick, 2017, pp. 95). In addition, there are no uniform guidelines for coverage that dictate how

different procedures and diagnoses are billed across regions in Argentina, so some groups are

unequally burdened with financial responsibilities depending on what part of the country they

live in. To prevent these detrimental bills, there needs to be formal guidelines created to ensure

uniform costs.

　　With an aging population, Argentina will continue to experience an increase in

noncommunicable disease cases. At this time, only 9% of the health care budget is spent on

health promotion and disease prevention (Novick, 2017, pp. 96). More of the budget needs to be

allocated to these areas to educate populations about the social and cultural determinants of

health to live healthier lifestyles and work to prevent the development of noncommunicable

diseases.

　　Overall, the fact that Argentina has a universal health care system is fantastic for the

country's citizens. However, the public, private, and social security systems are highly

fragmented and poorly integrated. This has only furthered the divide between the urban and rural

populations regarding resources, access to, and the quality of healthcare. Hopefully, Argentina

can create meaningful reform that will allow its healthcare system to serve its people more

effectively.

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