

EXECUTIVE SUMMARY

In the context of current PAHO/WHO agreements with USAID, SIDA, and AECL, research was carried out to gather information on social protection in health schemes (SPHS) aimed at mothers, newborns, and children in the Latin American (LA) Region. In order to do so, a cross-sectional descriptive analysis based on a literature/internet review and secondary sources was carried out.

For the purposes of this study, SPHS were defined as public interventions directed at allowing groups and individuals to meet their health needs and demands through access to health care goods and services in adequate conditions of quality, opportunity, and dignity, regardless of their ability to pay.¹

The information gathered during the research process served as the knowledge base for a comparative analysis with two objectives:

- a) Identify, describe, and document different models of/experiences with SPHS in LA as they relate to Maternal, Neonatal, and Child Health (MNCH);
- b) Based on the different models/experiences identified, develop a comparative analysis of the strengths and weaknesses of different SPHS for mother, newborn, and child populations in terms of their ability to expand coverage of health services, increase equity in the access to care and offset social determinants that negatively effect health status and/or the demand for health care.

a) Description of SPHS currently in place in the region

A typology of SPHS was developed based on the work of the Organization for Economic Cooperation and Development (OECD) Development Centre and OECD Health Project (Drechsler D., Johannes J., 2005; Colombo F., Tapay N., 2004) as well as on Wouter van Ginneken's and Bonilla and Gruat's work for ILO (Van Ginneken, 1996; Bonilla and Gruat, 2003) and on our own observations.

1. This definition is derived from the PAHO-WHO Resolution CSP26.R.19 of September 2002, which defines Extension of Social Protection in Health -ESPH as the "society's guarantee, through the different public authorities, that individuals or groups of individuals can meet their needs and demands in health through adequate access to the services of the system or those of any of the existing health subsystems in the country, regardless of their ability to pay."

b) Analysis of strengths and weaknesses

A multi-country cross sectional analysis based on literature/internet review and secondary sources was conducted. We based our analysis of strengths and weaknesses on four principles, selected both for their well-documented importance on MNCH and because they serve as points of consensus among experts in maternal, newborn, and child health (WHO, 2005; United Nations -UN- Millennium Development Project, 2005; Interagency Strategic Consensus for Latin America and the Caribbean, 2003). The following principles were selected:

- I. Equity is central to MNCH;
- II. MNCH is strongly linked to larger social determinants of health;
- III. Improving coverage of and access to technically appropriate interventions is crucial to achieving better outcomes in MNCH;
- IV. Context matters in the performance of SPHS. Any analysis of SPHS must be rooted in their social, political, and economic context.

According to these principles, three performance parameters were defined:

- i. The ability of the SPHS to increase equity in the access to care and/or in the utilization of health services;
- ii. The extent to which the SPHS contributes to offsetting social determinants that affect health status and/or hinder the demand for health care - i.e. the role the SPHS plays in shaping the social environment in ways that contribute to better health;
- iii. The ability of the SPHS to expand coverage of and increase access to technically appropriate health interventions by eliminating one or more causes of exclusion from health care.

Seven SPHS were selected and characterized using this framework: Bolivia's Mother and Child Universal Insurance (Seguro Universal Materno Infantil, SUMI), Brazil's Family Health Program (Programa Saúde da Família, PSF), Chile's Mother and Child Social Health Protection Policy (MCHSHPP), Ecuador's Free Maternity Law (Ley de Maternidad Gratuita y Atención a la Infancia, LMGYAI), Honduras's Mother and Child Voucher (Bono Materno-Infantil, BMI), Mexico's OPORTUNIDADES Program and Peru's Integrated Health Insurance (Seguro Integral de Salud, SIS).

The selection was based on the availability of reliable information and the scheme's importance in the country, as measured by the resources allocated to it as well as its priority on the public agenda. The strengths and weaknesses of the selected SPHS were analyzed according to the schemes' compliance with the three performance parameters established above.

Additionally, acknowledging the importance of social and political context on the performance of health interventions (Commission on Social Determinants of Health- CSDH 2005, UN Millennium Development Project, 2005), the general setting in which each SPHS operates was also examined. The elements used to describe the general situation included the country's poverty level, per capita income, education level, percentage of population living in rural dwellings or remote settlements, population's ethnic background, access to water/sanitation/electricity, and employment condition (level of unemployment and share of formal vs. informal workers). Where information was available, women's status, institutional strength, distribution of power, and governance were also included in the analysis.²

Our main findings from the analysis of the seven SPHS were the following:

a) Four of the seven schemes under analysis - Bolivia's SUMI, Brazil's PSF, Chile's MCHSHPP, and Mexico's OPORTUNIDADES - have increased equity in the access to and/or utilization of health services. Three schemes, Ecuador's LMGYAI, Honduras's BMI, and Peru's SIS, show mixed results, and, in some cases, have increased inequity in the access to and/or utilization of health services.

b) All of the schemes under consideration helped to offset at least one of the negative social determinants of health, most frequently poverty, but only four of the analyzed schemes - Bolivia's SUMI, Brazil's PSF, Chile's MCHSHPP, and Mexico's OPORTUNIDADES - had a clear and unambiguous effect. The amount of investment in the program, the degree of coverage, continuity over time, the improvement of women's social status within the family, and the explicit promotion of the right to

2. For the purposes of the analysis we adopted the United Nations Development Fund (UNDP) definition of governance (UNDP, 1997) as "the exercise of political, economic and administrative authority in the management of a country's affairs at all levels". The definition comprises the complex mechanisms, processes, relationships, and institutions through which citizens and groups articulate their interests, exercise their rights and obligations and mediate their differences.

health appear to be crucial factors in the ability of the SPHS to tackle negative social determinants.

c) All seven schemes under analysis contributed to reducing the impact of at least one cause of exclusion from health care. Most of the schemes removed economic barriers to health care. However, the analysis of Bolivia's SUMI, Honduras's BMI and Peru's SIS shows that in ethnically diverse countries and/or countries with geographically dispersed human settlements, removing economic barriers alone does not guarantee access to health care.

d) Only two schemes - Brazil's PSF and Chile's MCHSHPP - have increased coverage of technically appropriate health interventions. Three schemes - Bolivia's SUMI, Ecuador's LMGYAI and Peru's SIS - have placed additional constraints on the health system by increasing the demand for health services without expanding provision, resources, and infrastructure accordingly.

e) Only in two cases - those of Chile's MCHSHPP and Bolivia's SUMI - have schemes achieved more than 60% coverage of the eligible population. Along with continuity over time and investments in resources and infrastructure, institutional capacity and decentralization of the scheme's management seem to play an important role in achieving the expected coverage.

f) Although not enough data has been collected regarding financial sustainability, three of the seven schemes - Bolivia's SUMI, Ecuador's LMGYAI, and Honduras's BMI - reportedly face financial shortages that threaten their sustainability.

This report argues that the improvement of mother, newborn, and child health can only be achieved through a holistic approach, combining interventions that address social, economic, cultural, age related and ethnic barriers to accessing health care. This multifaceted approach must be based on a long-term societal and political agreement.