How to Ensure Quality Health Care and Coverage of Uninsured Populations

Argentina's Plan Nacer/ Programa Sumar

WORLD BANK GROUP

PROJECT DATA

PARTNER ORGANIZATION:
World Bank

ORGANIZATION TYPE:
Multilateral

DELIVERY CHALLENGE:
Government coordination

DEVELOPMENT CHALLENGES:
Infant mortality; Maternal mortality

SECTOR:
Health, nutrition, and population

COUNTRY:
Argentina

REGION:
South America

PROJECT DURATION:
APL-1: 2004–10
APL-2: 2006–12
PPHIDP: 2011–15

PROJECT TOTAL COST:
APL-1: US$135.8 million
APL-2: US$300.0 million
PPHIDP: US$400.0 million

ORGANIZATION COMMITMENT:
APL-1: US$135.8 million
APL-2: US$300.0 million
PPHIDP: US$400.0 million

CONTACTS

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Overview

How can a developing country provide free basic health care to poor pregnant mothers and children? How can it expand such a program to provide more comprehensive services to a wider group of beneficiaries? This case study analyzes the "silent revolution" that changed the organizational culture of the health system in Argentina in a way that improved health outcomes, improving the lives of millions of people.

The case traces the implementation of Plan Nacer—Argentina's health coverage program for uninsured pregnant women and children under the age of six—tracking its evolution into the much more comprehensive Programa Sumar. It examines how complex health sector reforms were successfully conceived, designed, and executed and how the program was implemented in a way that achieved results.

Key contextual conditions: As a result of the 2001–02 financial crisis, millions of Argentines lost their health insurance, straining the country's already overburdened public health system and causing infant and maternal mortality to rise. Reform-minded specialists at the Ministry of Health in Argentina and the World Bank viewed the deterioration as an imperative issue to confront—and also as an opportunity to innovate and experiment. They pushed a bold health sector reform idea (results-based financing) that increased health outcomes, improving the lives of millions of poor people.

Key stakeholders: The Ministry of Health, provincial governments, the World Bank, the Federal Council of Health (COFESA), provincial health services, and women and infants/children.

Lessons Learned

- Good political leadership and team cohesion, the implementing team's experience in the provinces, strong technical design, and a long-term vision from the original program conceptualization were key success factors.
- The solid relationship built between the government and the World Bank enabled a long-term engagement that was able to outlive administrative cycles.
- Lessons from the first nine pilot provinces helped policy makers fine-tune the rollout of the program to the rest of the country.
- Lower levels of commitment in some larger provinces and their slow acceptance of the new institutional arrangements and performance incentives were roadblocks that were eventually overcome.

- Political changes at the highest levels threatened to slow the program's expansion, but support from the provinces prevented the program from being downsized.
- Ownership of the program was transferred to the provinces, which rallied behind the program's continuity.
- On-the-ground activities boosted provider and physician engagement by incorporating distance-learning programs in family medicine, scholarships, and other incentives to encourage staff support.
- The program attempted to create a measure of social accountability by strengthening the communications program through community outreach activities, but it still has a long way to go in terms of generating demand and creating sustained behavior change in beneficiaries.
- Buy-in and consensus to install a complex results-based financing mechanism that changed incentives across the healthcare provision system were crucial for success at different levels of government.
- Close collaboration with other social protection programs proved critical in expanding coverage and exploiting synergies that have had a positive impact across the country.
- The Nacer/Sumar team realized early on that fostering an institutional environment that allows acting upon data is critical. Audit and information systems provide constant data for improving and adapting the program.

Development Challenges

- The 2001–02 financial crisis threw millions of Argentines out of work, causing them to lose their health insurance. One of the results was a rise in infant and maternal mortality, especially among vulnerable groups.
- Argentina's fragmented, decentralized public health system was further weakened in the aftermath of the financial and economic crises.

Delivery Challenges

- The weak institutional capacity of provincial health ministries made data collection very difficult.
- The program had to develop an extensive audit system to ensure accountability and course correction.
- Strong stakeholder collaboration and a reactivation of the nascent relationship between the central government and the provinces were needed to make the program work.
- Complex intergovernmental relations for service provision.

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