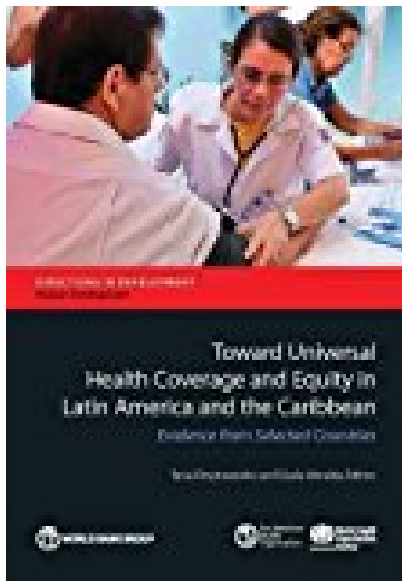


Toward Universal Health Coverage and Equity in Latin America and the Caribbean Evidence from Selected Countries Directions in Development



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BOOK SYNOPSIS

Over the past three decades, many countries of Latin America and the Caribbean have recognized health as a human right. Since the early 2000s, 46 million more people in the countries studied are covered by health programs with explicit guarantees of affordable care. Reforms have been accompanied by a rise in public spending for health, financed largely from general revenues that prioritized or explicitly target the population without capacity to pay. Political commitment has generally translated into larger budgets as well as passage of legislation that ring-fenced funding for health. Most countries have prioritized cost-effective primary care and adopted purchasing methods that incentivize efficiency and accountability for results, and that give stewards of the health sector greater leverage to steer providers to deliver on public health priorities. Evidence from the analysis of 54 household surveys corroborates that investments in extending coverage are yielding results. Though the poor still have worse health outcomes than the rich, disparities have narrowed considerably - particularly in the early stage of the life course. Countries have reached high levels of coverage and equity in utilization of maternal and child health services; coverage of noncommunicable disease interventions is not as high and service utilization is still skewed toward the better off. Catastrophic health expenditures have declined in most countries; the picture regarding equity, however, is mixed. While the rate of impoverishment owing to health-care expenditures is low and generally declining, 2-4 million people in the countries studied still fall below the poverty line after health spending. Efforts to systematically monitor quality of care in the region are still in their infancy. Nonetheless, a review of the literature reveals important shortcomings in quality of care, as well as substantial differences across subsystems. Improving quality of care and ensuring sustainability of investments in health remain an unfinished agenda.

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