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**Argentina profile of the sexual and reproductive
health services available at primary care level**

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Assignment

Design your country profile of sexual and reproductive health services available at primary care level ([The role of primary care in enhancing sexual and reproductive health – Laura Guarenti](#)).

Introduction

Argentina is the second largest country in South America with an estimated population of 40, 276, 000 inhabitants. Life expectancy is quite high within the region, though the total expenditure on health per capita is around \$1,387 according to WHO statistics. Ninety-two percent of the population live in urban areas and have access to improved water and sanitation services. As regard sexual and reproductive health care, the use of contraceptive methods is relatively high in the country (65%). Most births are attended by skilled health personnel (89%). Based on WHO guidelines, pregnant women in Argentina have more than 4 antenatal care visits (at least 5).¹

Health care system in Argentina

Argentina's health care system is very complex, designed as a three-tiered web in which functions are not clearly delimited. The first health care tier is the public level run by federal, provincial and municipal governments. Public hospitals and community health centres are included in this level.

The second tier, which resembles certain organizations in the US, is a sort of a "social insurance" system. As Ronald Labonte accurately describes in his article "*Wasted resources a major problem for Argentinian health care system*", funding in this system is provided through a payroll tax. The government then transfers this money to social work agencies called *obras sociales*. These agencies establish contracts with private or public hospitals and other health care centers to provide services to agency members.²

The third tier is the private system (clinics and private hospitals) that provides services on a prepaid insurance basis. Though it is the smallest tier of all, it is the most profitable thanks to the contracts they keep with the other two sectors.

One of the main problems of the Argentinian health care system is that most people resort to the public level in the end since they cannot afford any of the other two sectors, and the public level is ill-equipped for such a large population. And it does not necessarily fail for lack of resources but rather for an inefficient management of resources. Another difficulty is that Argentina is one of the most medicalized countries in the world with almost no emphasis on prevention. When Argentinians have a sore throat or a minor illness, they attend the most sophisticated health centers in big cities, instead of seeking professional's advice at one of the primary health care centers. Many (even professionals) have the misconception that primary health care is run by the most inexperienced professionals, which only increases the loss of prestige of this crucial sector.

Primary health care in Argentina

For many years, Argentina was oblivious to the worldwide tendency of encouraging primary health care. But since the crisis that brought the country to an almost halt in 2001,

the situation has started to change. Probably not to a very large scale, but small focalized projects have begun to reverse medicalization in the country. In 2002, the Government declared sanitary emergency and as a result, a new project called PROAPS- REMEDIAR was set in motion. The main goal of this programme was to guarantee free and universal access to standardized and essential medications to those who rely exclusively on the public health care system. Ever since then, primary health care centers (known as CAPS –Centros de Atención Primaria de Salud) have been in charge of providing patients with basic medications.³

“REMEDIAR” became the starting point for other programmes also focused on primary health care. In 2004, the government made a proposal to organize the public health system under the vital concept of primary health care. But even though the project was well intentioned, the implementation of such a programme is still far from being possible.³

Service provision, human resources and their competencies

As regards primary health care, and especially sexual and reproductive health, the public level is organized in primary health care centers (CAPS for its acronym in Spanish). Nowadays, there are 6433 CAPS in Argentina, 54% in the provinces and 45% in the capital city of Argentina, Buenos Aires. Approximately 3,200 professionals work for each CAP.⁴ Most people have free access to all the programmes run by CAPS, but there are certain medications and services which are only provided to people who do not belong to any other level of health care (social insurance or private sector). CAPS are responsible for 53% of the medical appointments/visits performed at the public health care level.⁵

Argentina has 32 physicians and 3, 2 nurses every 10,000 inhabitants, which reflects the lack of planning by the government and universities as a whole.⁶ Many physicians end up working as nurses. And the government has not introduced any plan to encourage young people to become nurses yet.

Most CAPS have GP, gynecologists, psychiatrists and pediatricians who offer their services to teenagers, pregnant women and any patient who want to discuss their sexual and reproductive life with a medical professional. From the age of 13, contraceptive methods (such as pills and condoms) are offered for free at any CAPS or public hospital. Teenagers do not need authorization from their parents as long as they understand what they are being told by the physician. Adolescent pregnancy is another issue discussed at CAPS. Abortion is prohibited in Argentina so the public health system offers psychological help for those girls whose pregnancies have been unwanted as well as after-day pills. Screening for STDs is also for free and so are medications for the treatment of HIV. Teenagers can also take part in coursework which main goal is to encourage a responsible sexual attitude in high-risk groups. They have their own counselor whom they can talk to in main hospitals or at CAPS. Mammography is also for free, though patients have to wait for a long time before they can be screened, and the same applies to PAP and colposcopy. Screening programmes are enforced but the number of patients exceeds the capacity of the system.

As regards pregnancies, in most CAPS and public hospitals, patients are seen 5 times before the delivery of the baby. Antenatal care is done by midwives, gynecologists and only now, by some GP who have specialized in maternal health. CAPS follow normal pregnancies and refer high risk pregnant women to more complex centers. However, many

large hospitals are still in charge of checking both normal and complicated pregnancies and therefore, they are clearly outnumbered.

Sexual and reproductive health services not being provided at PC level

In general terms and mainly depending on the region, the PC level does not provide the following services:

- Contraceptive pills or condoms (it depends on availability)
- Infertility service.
- Abortion of unwanted pregnancies.
- Screening for ovarian cancer.
- Research projects.
- Screening for genetic defects in antenatal care.
- Amniocentesis and chorionic villus sampling.
- Genetic counselling.
- Medical imaging in pregnancy. (Ultrasounds are not available in all CAPS)
- Dental care during pregnancy.
- Postpartum psychiatric problems.
- Vaginal deliveries with forceps or vacuum extractor system.

Abortion in Argentina is strictly limited by law. The Ministry of Health in Argentina carried out a study about abortion which was released in June 2007. Using figures from the National Health and Nutrition Survey, the study concluded that at least 460,000 up to 615,000 illegal and unsafe abortions occur every year. But no law concerning legal abortion has been passed during the last 15 years.⁷

Barriers to access SHR services in Argentina

Unfortunately, even though there is no restriction by law, not everyone can access SHR services in Argentina. There are many reasons that prevent people from using PC facilities, such as:

- Lack of information. Many people ignore they can get family planning or free contraception at CAPS.
- Segmentation of the health care system. Health care lacks continuity because patients alternate their social insurance or private system with public health care. (Usually they stop seeking medical services if they lose their jobs until it is too late)
- Long waiting time and unavailability of resources.
- Doctors are not well-equipped for prevention. Medical courses and programmes do not emphasize prevention.
- Distance and weak infrastructure.
- Social and religious taboos.

References

1. World Health Organization. Argentina health profile. Geneva: World Health Organization. Available from: <http://www.who.int/countries/arg/en/>
2. Labonte R. Wasted resources a major problem for Argentinian health care system. Canadian Medical Association. Canada; 1992. Available from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1336497/pdf/cmaj00261-0124.pdf>
3. Stolkiner A, Comes Y, Garbus P. Alcances y potencialidades de la Atención Primaria de la Salud en Argentina. Argentina; n.d. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1413-81232011000600019&lng=en&nrm=iso .
4. Ministerio de Salud de Argentina. PROAPS, REMEDIAR. - Edición Especial - Presidencia de la Nación. *Caracterización de los centros de salud del País*. Available from: http://www.femeba.org.ar/fundacion/quienessomos/Novedades/proaps_remediar_verntura.pdf
5. Ministerio de Salud de Argentina. Programa "REMEDIAR+Redes". Available from: <http://www.REMEDIAR.gov.ar/>
6. Organización Panamericana de la Salud. Bases para un plan de desarrollo del recurso humano en Salud. Argentina; 2007. Available from: <http://www.saidem.org.ar/docs/Textos/Ministerio%20de%20Salud%20-%20OPS.%20Bases%20para%20un%20Plan%20de%20Desarrollo%20de%20RRHH%20en%20Salud.pdf>
7. Carbajal M. Las cifras para abrir el debate. Argentina; 2007. Available from: <http://www.pagina12.com.ar/diario/elpais/1-85908-2007-06-02.html>