

Current challenges and prospects for the health care systems in Latin America and the Caribbean: Universal social protection and responses to the HIV/AIDS Epidemic

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GTZ Conference Report

On the initiative of the Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ), a conference entitled “Current challenges and prospects for the health care systems in Latin America and the Caribbean: Universal social protection and responses to the HIV/AIDS Epidemic” was held in Brazil from 31 May to 4 June 2004. At the invitation of the regional GTZ sector network “Health and Social Protection”, the Pan American Health Organization (PAHO), the International Labour Organization (ILO) and the Brazilian Ministry of Health, and with financial support from the GTZ Backup initiative, some 80 representatives from 15 countries in Latin America and the Caribbean attended the week-long event in the Brazilian capital Brasília. Participants included health ministry employees and representatives of bilateral and multilateral development cooperation and of civil society, including organisations representing people living with HIV. They were able to use the conference as a platform for detailed exchange of experience and know-how, cross-sectoral dialogue and establishment of an interdisciplinary approach to the two main problem areas confronting the health care and social security systems of the countries on the subcontinent.

The idea for the conference had emerged exactly a year previously at two consecutive seminars held in Santiago de Chile. In cooperation with the Economic Commission for Latin America and the Caribbean (ECLAC/CEPAL), the sector network “Health and Social Security” had addressed the issues of HIV/AIDS and financing of health care at two separate events. This gave rise to the participants expressing the wish to arrange a follow-up conference to continue working on these two topics jointly using an integrative approach.

The subsequent conference in Brasília in 2004 was attended by a much broader circle of participants, with the attendance of female representatives from the Caribbean countries appearing to be particularly significant. Thanks to support from the PAHO it proved possible to overcome the language barriers existing between the mainly Anglophone Caribbean and the predominantly Spanish-speaking Latin American countries. Representatives of civil society, particularly self-help groups and support organisations from the AIDS movement, played an active part in the conference, raising relevant issues and broadening the approaches used to overcome problems in this area. At the same time the discussion contributed to raising awareness among civil society of issues surrounding sustainable health care financing and the importance of viable social protection systems.

The innovative impetus created by the conference for South-South cooperation is of crucial importance. The participants of the preceding two seminars in Chile deliberately chose Brazil, the largest country in the subcontinent, to host the conference, be-

cause for many years now Brazil has been developing its own ideas and pursuing promising approaches both in the design of its health care system and in its national AIDS policy. For example, since 1988 – at a time when most other countries in the region were still pursuing market-oriented reforms clearly favouring privatisation – Brazil has geared its health policies towards universal social protection and public financing with a highly decentralised component. Although there are still considerable shortcomings in practice, the Sistema Único de Saúde (Single Health System SUS), funded partly by contributions but mainly by taxation, provides – at least in theory – all citizens of the country with access to free health care.

In recent times the Brazilian AIDS programme has received attention from around the world. On the basis of its social protection system, with its emphasis on universality and solidarity-based financing, Brazil today offers people infected with HIV comprehensive health care, including access to antiretroviral therapy (ART). For this to be possible it is a key prerequisite that Brazil promotes domestic production of medicinal drugs and the manufacture of generic drugs for ART, includes clear political support for and in determined advocacy of the liberalisation of patent rights at the international level. In the meantime the Brazilian AIDS programme can point to measurable successes with impacts far beyond the health sector, to the extent of being significant for the national economy. Campaigns aimed at prevention and awareness-raising have led to a fall in the rate of new infections, and thanks to the widespread use of ART the SUS is now achieving annual net savings of more than EUR 1.8 billion as a result of the great reduction in the prevalence of opportunistic infections and other concomitant diseases of AIDS.

Based on these two pillars of Brazilian health and social policy, the government in Brasília launched a regional AIDS programme. The first phase of Brazil's "Programme of International Cooperation" (PCI) focussed on providing drugs for the treatment of AIDS and on improving the economic and social conditions surrounding the treatment of AIDS. In this context the Brazilian approach appears intriguing in as much as it promotes not only the production but also the acceptance of generic drugs for ART. In the end this means strengthening the position of countries of the developing world on issues relating to drugs and patent rights.

During the forthcoming second phase, the PCI is placing even more emphasis on pursuing an integrative approach to fighting the epidemic which includes human rights issues, participation in society and social justice. The guiding principles of this new, but already established South-South cooperation are an important source of various starting points for a joint, coordinated approach pursued by international development cooperation. GTZ's work is clearly geared towards capacity building among stakeholders with a view to promoting processes of sustainable social change. Its socio-political projects and programmes rank social justice and equal access to social services as foremost priorities. GTZ's activities in the field of social protection are strongly geared towards solidarity-based financing mechanisms, universal social protection and fair access to services.

German development cooperation can also draw on many years of comprehensive experience in various countries and continents, and can demonstrate extensive development-policy expertise. This aspect appears to be particularly important in relation to supporting South-South cooperation, not least because of the difficulties the Brazilian

cooperation programme is coming up against in the non-Portuguese-speaking partner countries in Africa. In particular, GTZ's effective integration and its cooperation with the World Health Organisation (WHO) in Kenya, along with its health sector activities in other PCI partner countries in sub-Saharan Africa, provide additional opportunities and comparative advantages for South-South cooperation.

In other areas, too, though, there is interesting potential for GTZ supporting technical cooperation between developing countries. Contacts have been established, for example, with Chile's social insurance fund FONASA, which is looking for partners for its consultancy work in the region. German development cooperation has a record of comprehensive experience and acknowledged successes in the field of quality management, particularly in El Salvador and Bolivia, and can contribute its experience in South-South cooperation both in the HIV/AIDS sector and in the provision of advisory services for health care systems and health care reforms and for social protection institutions. The strategies to empower young people that have been developed primarily in the Dominican Republic and Paraguay also add an important specific element to the integrative approach pursued by Brazil's cooperation programme PCI. In view of the reform of Latin American health care systems in an effort to bring about sustainable financing of catastrophic diseases such as AIDS, GTZ is also adopting interesting routes in El Salvador to overcome the institutional segmentation that exists in most countries. A district approach, initially for young people, is to lead to an expansion of social protection and thereby to higher efficiency in the health system. Like effective quality management, these kinds of approaches are crucial for the success of WHO's 3 by 5 Initiative.

Conclusion

The conference in Brasília not only strengthened and stepped up current South-South cooperation, it also initiated technical cooperation between developing countries in other areas and opened up new perspectives. The impetus for overcoming cultural and language barriers between Latin America and the Caribbean deserves special mention here, although further activities and initiatives are required to put this on a sustainable footing.

The conference participants agreed to continue their horizontal cooperation at the Latin American AIDS conference scheduled for April 2005 in Santiago de Chile, and to evaluate the steps taken so far. In addition, a follow-up meeting is to be held in Paraguay in the second half of 2005, and is to be devoted to quality management, workplace policies with private-sector and public-sector employers, and the integration of job-dependent and other social protection systems.