Final Report

Seminar on universal health coverage as a mechanism to facilitate regional integration

Intra-Regional Relations

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I. RAPPORTEUR’S REPORT

1. The Seminar on Universal Health Coverage as a Mechanism to facilitate Regional Integration was organized by the Permanent Secretariat of the Latin American and Caribbean Economic System (SELA), jointly with the Inter-American Conference on Social Security (CISS). It was held in Mexico City, Mexico, on 27 and 28 November 2019.

2. The objectives of the meeting were as follows: i) Share a vision of policies and programmes for universal health coverage in Latin America and the Caribbean; ii) Assess the role of regional infrastructure and governance that ensures universal health coverage in Latin America and the Caribbean; and iii) Identify opportunities for South-South Cooperation (CSS) in the health sector as a mechanism to promote regional integration.

3. In accordance with the planned agenda, four working sessions were held. The first session is an introduction, which provided a context for health within the social dimension of Latin American and Caribbean integration and the initiatives that have been driving regional and subregional health institutions. The second one addressed the public policies and programmes implemented on health and its promotion as a mechanism to provide tools for universal access to health services and coverage were discussed. The third section focused on discussing the issue of financial protection of health services in LAC and how to strengthen them in order to provide better and more efficient services. And finally, the fourth session collected the main views of different organizations on the issue of access and universal health coverage to achieve greater technical cooperation in that area in the region and identify what the options are for regional interaction. Prior to the closing ceremony, a session of conclusions and recommendations was held. In addition, a panel was conducted on the analysis of public policies focused on improving the quality of the provision of health services, according to the vision and experience of international and inter-governmental organizations.

4. The seminar was targeted at the national health policy authorities of SELA Member States, representatives of regional and international organizations, experts and academics linked to the subject of universal coverage and access to health.

5. Participants included specialists from public institutions and government representatives from SELA Member States: Ministry of Health and Welfare of Barbados; Superintendency of Social Security of Chile; Secretariat of Foreign Affairs of Mexico, Ministry of Health of Mexico (SSA); Mexican Social Security Institute (IMSS); National Institute of Public Health of Mexico (INS); Institute of Social Security of the Mexican Armed Forces; Embassy of Nicaragua, Embassy of Panama, Ministry of Health of Dominican Republic; and Embassy of Uruguay.

6. Also attending the seminar were representatives of the following regional organisations: Council of Ministers of Health of Central America and the Dominican Republic (SECOMISCA); MERCOSUR Social Institute (ISM); Andean Health Agency, Hipólito Unane Convention (ORAS-CONHU) of the Andean Integration System; Pacific Alliance (AP); Economic Commission for Latin America and the Caribbean (ECLAC); Inter-American Development Bank (IDB); Pan American Health Organization (PAHO/WHO); Centre for Social Security Studies (CIESS); Inter-American Conference on Social Security (CISS); and Permanent Secretary of the Latin American and Caribbean Economic System (SELA).
From the private and academic sectors, representatives of the following institutions participated: Centre for Economic Research and Teaching (CIDE); Centre for Research in Policies, Population and Health; Universidad Autónoma de México (UNAM); Mexican Health Foundation (FUNSALUD); Venezuelan Society of Childcare and Pediatrics; and Caritas International, among others.

The list of participants and the presentations delivered during the seminar, as well as the agenda, are available at SELA’s Web site (www.sela.org).

The photographs taken during the event can be seen in the photo gallery.

Speakers at the opening session included the following personalities: Ambassador Oscar Hernández, Director of Relations for Integration and Cooperation of the Permanent Secretariat of the Latin American and Caribbean Economic System (SELA); María Cecilia Díaz Acuña, Health Systems and Services Advisor of the Representation of the Pan American Health Organization (PAHO) in Mexico; Daniel Cámara Avalos, Deputy Director General for Hemispheric and Security Affairs of the Ministry of Foreign Affairs of Mexico; Daisy Corrales, Director of the Inter-American Centre for Social Security Studies (CIESS) of the Inter-American Conference on Social Security (CISS); David Razú Aznar, Director of Institutional Linking and Evaluation of Delegations of the Mexican Social Security Institute (IMSS); and Gibrán Ramírez Reyes, Secretary General of the Inter-American Conference on Social Security (CISS).

The closing session was led by Ambassador Oscar Hernández, Director of Relations for Integration and Cooperation of the Permanent Secretariat of the Latin American and Caribbean Economic System (SELA); María Cecilia Díaz Acuña, Health Systems and Services Advisor of the Representation of the Pan American Health Organization in Mexico (PAHO); and Daisy Corrales, Director of the Centre for Social Security Studies (CIESS) of the Inter-American Conference on Social Security (CISS).
II. CONCLUSIONS

The main conclusions and ideas that emerged during the presentations and debates that took place during the various working sessions of the Seminar were read, including:

1. Ensure access to health from primary care.
2. Understand health as a fundamental human and social right.
3. Promote the concept of well-being and social protection.
4. Importance of understanding regional experiences to achieve multilateral regional institutional strengthening.
5. Introduction to the concept of inter-cultural health.
6. Commitment to undertake actions to share information and best practices in prevention of psychosocial risks at work.
7. Importance of considering psychosocial risks, impact on fiscal aspects and effect on labour productivity.
8. Importance of comprehensive care for migrants.
9. The notion of inclusive social development privileges equality, inclusion and the rights of all people. Strengthen the economic, social and cultural rights agendas.
10. Protect achievements and avoid setbacks in economic dynamism, and in tax restrictions.
11. Facing the critical knots – structural and emerging ones – affecting the region: It is urgent to strengthen the social agenda in the face of major challenges.
12. Design of social policies with a focus on law.
14. Creation of partnerships and social pacts and to consolidate State policies.
15. Common challenges that show the needs to be met by all age groups, socio-economic levels and institutions. Considering health risks, aging, chronic diseases and cancer, infectious diseases, reproductive health, mental health and disability.
16. Re-organize funding sources and move towards their unification.
17. Reduce the per capita expenditure allocation gap.
18. Align funding with the health needs of the population.
19. Reduce gaps in health service funding, increase access to health services, and reduce catastrophic out-of-pocket costs in health.
20. Centralized public procurement, planning and distribution of supplies (medicines, infrastructure and personnel).

21. Grant priority to first-level care.

22. Coordination: "Integrated health service networks involving all public, federal or local health institutions".

23. Make strides towards universal health with equity, quality and sustainability necessarily implies increasing public funding, directing resources primarily to the first level of care, with clear efforts to improve equity and efficiency of both funding and health system organization.

24. The implementation of results-based funding models has proven to be a useful tool for efficiently channelling spending at the first level of care and improving population health indicators.

25. Promote and consolidate mechanisms for purchasing medicines and supplies in a transparent and scaled way to improve efficiency in government spending and Social Security.

26. It is urgent to improve the delivery of preventive services and strengthen health promotion to improve sanitary outcomes and reduce health spending at specialized levels.

27. Complete the affiliation of the population to achieve universal health insurance coverage.

28. Review the series of health benefits so as to meet the current needs of the population and the epidemiological profile.

29. Decoupling health systems from labour markets would provide better health service systems as well as better labour markets.

30. Health care as a universal right, not an employment right.

31. Financial Protection is not guaranteed by offering formal coverage of a service package.

32. Improve the quality of public services and remove barriers to access to improve human health and thus enhance human capital (health, education, etc.).

33. Health systems in the region should implement a new generation of reforms that guarantee equal access to high-quality comprehensive health services with financial protection for all citizens.

34. The essential functions of the State are social promotion and protection.

35. The importance of knowing and taking advantage of policies and experiences at the global and regional levels that are considered best practices to be followed and implemented in order to homologate protocols and improve the approach to health problems and health outcomes.

36. Investment is not necessarily reflected in better health outcomes, so health funding is a necessary but not a sufficient factor.
37. The factors with a negative impact are: corruption, high transaction costs and low quality of care in the provision of health services.

38. Importance of generating regional mechanisms to facilitate mobility and incorporation of health personnel into health systems in various countries.

39. Nutrition is a result and an element to build well-being and health. Nutritional advancement does not necessarily occur in the general and universal health agendas, but specific actions are required. The region has legal, thematic and trade and human mobility frameworks that define the key elements to incorporate nutrition into regional integration processes, as well as platforms to do so. Such integration, however, faces challenges related to fiscal gaps that determine very regressive patterns for the nutrition of the poorest population, the advancement of urbanization, the impacts of climate change and the increase in obesity as a result of unhealthy diets even in countries with people in hunger. Key actions for a nutrition integration agenda include defining public advocacy strategies vis-à-vis the impact of nutrition on climate change and the viability (human capital) of countries, the development of protocols for the nutritional protection of the population in mobility, the "nutritional" audit of trade agreements and the extension of South-South cooperation from countries that have successfully made strides in containing malnutrition, overweight and obesity (Peru, Bolivia, Costa Rica).

40. Health, as a human right, involves enjoying the highest possible level of physical and mental health, both in normal situations, as well as during emergencies and disasters. This requires rethinking regional health systems based on facilities that are resilient to climate change and natural threats from disasters.

41. A well-organized social response is required for a comprehensive approach to quality in the provision of health services, while avoiding a fragmented approach.

42. Improve the resolution capacity at the first level of care.

43. Strategic planning for training and inclusion of human resources for health in order to strengthen and ensure quality in the provision of health services.

44. Continuing education and human resources management policy for health.

45. Quality in the provision of services as an equalizer and means to achieve equity.

46. Use of evidence to improve the quality of health services.

47. Change the dialogue to position quality as a concept beyond the biomedical care context.