

Health Expenditures and Performance. The Análisis of the Financial Gaps in Buenos Aires Province.

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Abstract

Into the decentralized structure of the Argentinean health system, the province of Buenos Aires gives rise to diverse models of management and financing among its municipalities. The present study analyzes, on one hand, the influence of the indicators of demand and needs in the financing of health in Buenos Aires Province municipalities and, on the other one, proposes a way to measure the intermunicipal financing gaps. The objective is to obtain a perspective on the allocation efficiency for the local level, and for the system as a whole. In this direction, data of health financing was analyzed considering its correlation with demand and supply indicators, and an epidemiological index was designed on the basis of morbidity and mortality. Based on its allocation efficiency, a municipality was identified as a “pattern”, and the performance of each municipality and the system as a whole was analyzed in front of it. Results show a high correlation between municipal health expenditures and supply indicators (like hospital beds), with little incidence of morbidity and mortality, displaying a dissociation between health expenditures and sanitary needs. In 24 of the 117 municipalities with available information, health expenditures present as higher than expected considering their epidemiological profile, whereas the other 93 would be below their financial requirements. In global terms, the system shows deficit of 1,126 million of Argentinean Pesos (53% superior to the present budget), with deep gaps among municipalities. Also, the dispersion in the patterns of health financing is high, reaching a relation of 4.15:1. The gap between municipalities requires a cautious analysis in order to identify successful models of management, that could be replicated to diminish the system inefficiency. Finally, a debate around the criteria that condition the transference of coparticipables funds to municipalities is proposed, in order to obtain a greater association between health expenditures and results, with a smaller transference of risk towards the local levels.

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