

Cartas ao Editor

Public health in Argentina *Saúde pública na Argentina*

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Sir - The financial crises that face Latin American countries led governments to reformulate the goals that States will assume in the future. Under high inflation rates and unprecedented levels of unemployment, growth in their economies is perceived as a difficult objective. The free-market, often used in these countries as a decision-making tool, requires that "non-productive costs" be cut⁵. This circumstance is particularly serious for those professionals who are directly involved in the public health field.

The administration and management of public health in Argentina have experienced, for the last decades, a series of frustrations and disappointments. Thus, a diagnosis of the situation is necessary for the design of a successful program of intervention. There are 34.6 million inhabitants in Argentina, of which 88% live in urban areas². Approximately 24% of the total population lives in the surroundings of Buenos Aires. This area has suffered an explosive and unplanned growth in the last fifty years. It is not uncommon to observe that the pluvial and sewages systems are insufficient for such a large

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population. It is believed that 54% of the population living in the province of Buenos Aires is living under conditions of extreme health risk¹.

Nativity and mortality rates have been stable for the last years, however, neonatal and maternal mortality rates do not show signs of improvement³. Poverty and extreme poverty in some urban areas reached 20%. Cardiovascular diseases, cancer, and injuries are as common as infections, malnutrition, and tuberculosis, mainly in the provinces of the northeast and northwest. Deficient sanitary conditions have resulted in recent outbreaks of cholera in northwest Argentina⁴.

The expenditure in health, over US \$5 billion, represents approximately 8% of the gross national product⁴. However, most of this budget is spent on medical drugs. The social security system, the province and local states, and the nation and armed forces provide health coverage to 21 million people. Thus, about twelve million people (36,9% of the total population), is either covered by private health insurance companies or virtually uncovered by the current health care system⁴.

Although this is a rough description of the conditions of public Health in Argentina, politicians and managers may find it useful as a general framework for the organization and pursuing of public health goals. Following the principles of universal coverage, equity, efficacy and community participation, the state in Argentina must face the needs of its community. To accomplish this goal, the state has to provide universal availability of drinking water, protection of the environment, and health protection for the homeless, the poor, and the old.

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