EDITORIAL

Universal health coverage in Latin America?

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This issue of Medicina Social/Social Medicine offers two articles critical of so-called Universal Health Coverage (UHC), one by Mishra and Seshdari and the other by Waitzkin. The debate surrounding UHC has been around for a while. In Latin America progressive governments have worked towards guaranteeing the universal right to health through a unified, free, public health system, whilst neoliberal governments have implemented policies based on public-private insurance schemes and competition between public and private health service providers. The debate therefore involves two different and opposing perspectives based on contrasting views of the world and society. Competition between public and private insurance forms part of the neoliberal doctrine while a unified, free, public health system is linked to the welfare state. The doctrinal and ideological nature of the neoliberal approach is clearly demonstrated by the fact that it is modeled on the most expensive and inefficient health system in the world: that of the US.

The economic failures of the neoliberal model have become increasingly evident during the "Great Recession", and the extensive social welfare deficit is the model's Achilles heel. It neither generates wealth to redistribute nor justifies its existence with social benefits. It is in this context that we must analyze the ideological offensive behind UHC. This movement tries to address two objectives. One is economic: the opening of the health sector to private profit. The other is social: fulfilling the widely accepted societal value that health should be a human right available to all; no one should die or become ill because of lack of money.

Few could object to the idea of universal health coverage; the problem lies in defining exactly what is meant by the term. Given its ambiguity, it is often difficult to detect the implicit motivations of its supporters. A seemingly pragmatic view is that lack of access to healthcare is essentially a financial problem: people do not receive needed health services because they can not pay for them, and the state does not provide them because of a lack of resources. In order to solve this problem, a mechanism has been proposed: public and/or private insurance to pay for the delivery of public and/or private services. The separation of functions between fund management/procurement and the actual provision of services forms the basis for creating a health market within which the government plays a regulatory role. This separation is necessary to make healthcare into a commodity, and fund management a financial, commercial activity. This results in the so-called New Public Management of state health services. This is nothing other than the masked promotion of the private sector. Sweden and England are paradigmatic examples of this.

The logic of insurance and public-private service delivery also requires a defined benefits package so that the private sector (in particular) can calculate production costs and profit margins. Those Latin American countries which have implemented UHC – among them Colombia, Mexico and Peru – have found that the insurance model has restricted the

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right to health and heightened inequality and inequity in service access. The same is happening in Spain under the Partido Popular; there UHC has been fiercely resisted by health workers and the *Podemos* party.

Despite the accomplishments of existing universal healthcare systems and the resistance to UHC, it remains the dominant or hegemonic model in health reform. Its main sponsor is the World Bank and it has been accepted by the World Health Organization (WHO), whose three-dimensional coverage scheme – population, services, and costs – implicitly assumes a model which includes insurance. Private foundations, such as the Rockefeller Foundation and, significantly, the World Economic Forum as well as the prestigious medical journal *The Lancet*, have also joined in the call for UHC.

These institutions have funded research on health reforms and then supported the publication of their findings. These studies are often carried out by the same individuals responsible for the reforms. A classic case is that of Mexico. Julio Frenk, former Mexican Health Secretary and later Dean of the School of Public Health at Harvard University in the US, has written countless articles on the virtues of *Seguro Popular*, a UHC-style reform which he implemented. His articles are then uncritically cited by other authors. By contrast, studies on unified, free, public health systems are often considered "gray literature" and, consequently, not given the same attention by the scientific global health community.

Because of its many failures and the fraud and scandals associated with it implementation, the enthusiasm for UHC now seems to be moderating. The Colombian reform, considered as the success story to be followed, is especially exemplary because it literally went bankrupt. In addition, a systematic analysis, commissioned by the World Bank on the impact of UHC on health, failed to show any health benefits; this study has also contributed to tarnishing UHC's prestige. The explanation offered for this dismal finding is that UHC is a financial scheme and is not intended to improve health. This explanation offends our collective intelligence, particularly that of the scientific community interested in public health.

In their article, Mishra and Seshdari review the possible consequences of UHC and its focus on individual healthcare in India. They discuss how the model neglects population health and ignores the social, political, and economic determinants of health. They go on to warn of the expansion of a private healthcare system that is either poorly regulated or not regulated at all. They predict that UHC will not solve the problems of inequity in health and that it is far from ensuring Alma Ata's call for Health for All.

Waitzkin's perspective is different. He questions why the US organization MEDICC supported the Spanish translation and presentation of *The Lancet*'s publication on UHC in Latin America at an international conference in Cuba, the only country in Latin America with a universal, free, equal, and public healthcare system. Waitzkin revisits the Latin American debate on the issue and concludes by demanding a space that pays equal attention to the critics and proponents of UHC.

We welcome this discussion with the hope that it contributes to the ideological debate surrounding UHC and to mobilizing popular resistance against it.