

Argentina



<http://www.who.int/countries/en/>

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| WHO region | Americas |
| World Bank income group | Upper-middle-income |
| CURRENT HEALTH INDICATORS | |
| Total population in thousands (2013) | 41446 |
| % Population under 15 (2013) | 24.2 |
| % Population over 60 (2013) | 15.1 |
| Life expectancy at birth (2013) | 76 (Total) 73 (Male) 80 (Female) |
| Neonatal mortality rate per 1000 live births (2013) | 7 [7-7] |
| Under-5 mortality rate per 1000 live births (2013) | 13 [13-14] |
| Maternal mortality ratio per 100 000 live births (2013) | 69 [60-81] |
| % DTP3 Immunization coverage among 1-year-olds (2013) | 81 |
| % Births attended by skilled health workers (2012) | 99.7 |
| Density of physicians per 1000 population (2013) | 3.859 |
| Density of nurses and midwives per 1000 population (2004) | 0.481 |
| Total expenditure on health as % of GDP (2013) | 7.3 |
| General government expenditure on health as % of total government expenditure (2013) | 31.8 |
| Private expenditure on health as % of total expenditure on health (2013) | 32.3 |
| Adult (15+) literacy rate total (2011) | 97.9 |
| Population using improved drinking-water sources (%) (2012) | 99 (Total) 99 (Urban) 95 (Rural) |
| Population using improved sanitation facilities (%) (2012) | 97 (Total) 97 (Urban) 99 (Rural) |
| Poverty headcount ratio at \$1.25 a day (PPP) (% of population) (2010) | 0.9 |
| Gender Inequality Index rank out of 148 countries (2012) | 71 |
| Human Development Index rank out of 186 countries (2012) | 45 |

Sources of data:
Global Health Observatory, April 2015
<http://apps.who.int/gho/data/node.coo>

HEALTH SITUATION

The maternal mortality ratio remained stable for 20 years until 2009. Then, for the first time, maternal mortality decreased significantly during three consecutive years. Although this trend is positive, consolidation and development efforts are needed to increase the chance of reaching the target of 1.3 per 10 000 by 2015.

An estimated 110 000 (88 000-140 000) people are living with HIV/AIDS; 60% are aware of their serological status. Among other sexually transmitted infections, maternal syphilis is the most prevalent at national level. The highest rates of congenital syphilis are found in the north-east.

Among communicable diseases, Chagas disease, tuberculosis and leprosy persist, visceral leishmaniasis is gaining a foothold, dengue is spreading and yellow fever is confined to the provinces of Corrientes and Misiones. The risk of contracting malaria is extremely low, confined exclusively to *P. vivax*. The areas of risk are the departments of Orán and San Martín in the province of Salta, and to a lesser extent the provinces of Corrientes and Misiones. It should be stressed that no autochthonous cases have been confirmed in the last three years, and therefore Argentina has initiated the formal WHO certification process for the elimination of autochthonous malaria transmission.

Noncommunicable diseases account for more than 60% of deaths in Argentina. Cardiovascular diseases are the principal cause of death, followed by malignant tumours.

HEALTH POLICIES AND SYSTEMS

Argentina has adhered to the Paris Declaration and accepted the United Nations commitment to strengthening country capacity in order to achieve the development targets set out in the Millennium Development Goals. Argentina has demonstrated able leadership at the international level and is a skilful negotiator at Latin American and international forums. The country plays a very important role in the following areas: medicines; reducing salt and trans fat intake, as a national policy to reduce the risk of noncommunicable diseases; implementation of IHR, particularly in relation to Chagas disease; vaccine-preventable diseases, with 19 vaccines included in the national immunization programme; transplants; blood transfusion safety; and others.

In recent years, Argentina has inaugurated public policies to achieve greater social inclusion and promote and protect human rights (equal marriage and gender identity, human trafficking, mental health).

The country has made considerable progress in various areas of primary health care, focusing its actions on health equity and social justice (universal allowance per child and per pregnancy), with a strong push towards more extensive health coverage (e.g. the REMEDIAR and SUMAR programmes and the Essential Public Health Functions (FESP) project).

There is intersectoral commitment to move to address the determinants of health through a territorial strategy launched by the Ministry of Health, which involves more than 800 municipalities enrolled in the healthy municipalities initiative.

Argentina possesses national capacities and the necessary human resources. Institutional mechanisms have been established to strengthen health in a federal context, for example the Federal Health Council (COFESA) and the Regional Health Council (CORESAS). These are health policy instruments that bring together national and provincial ministers.

COOPERATION FOR HEALTH

Argentina is strongly engaged in multilateral health cooperation; its principal partners are the United Nations (which cooperates under the 2011-2015 United Nations Development Assistance Framework), the World Bank, the Inter-American Development Bank, the European Union and the Global Fund.

Treaties and conventions exist between Argentina and the Ministries of Health or Environment in other countries. Argentina plays a very active role in MERCOSUR Health (Working subgroup n°11 – Intergovernmental Health Committees and Meetings of Health Ministers) and in the Union of South American Nations (UNASUR) – South American Council of Health and the South American Institute of Government in Health (ISAGS). Argentina also participates in Ibero-American Summit meetings.

There are 11 WHO Collaborating Centres in Argentina. Argentina actively encourages south-south and triangular cooperation thanks to the South-South and Triangular Cooperation Fund (FA.OR) of the Ministry of Foreign Affairs and Worship. An existing triangular cooperation agreement with the Pan American Health Organization (PAHO) has resulted in quality control activities focusing on medicines in Paraguay, the Dominican Republic and English-speaking Caribbean countries.

The agenda for cooperation with Argentina includes initiatives to reduce health inequities in order to guarantee universal health coverage through integrated service networks; prioritizing the most backward regions of the country (the North-East and North-West); giving impetus to IHR and policies focusing on the determinants of health; strengthening technologies, medicines and vaccines; accelerating chronic disease control efforts; and maintaining the progress achieved in maternal and infant morbidity and mortality.

PAHO/WHO COUNTRY COOPERATION STRATEGIC AGENDA (2012-2016)

| Strategic Priorities | Country Cooperation Strategy Focus Areas |
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| <p>STRATEGIC PRIORITY 1: Help give effect to public policies, health programmes and regulations through evidence and good health practices nationally and in the region.</p> | <ul style="list-style-type: none"> • Collaborate in strengthening the institutional capacities of the national and provincial ministries of health to enable them to carry out a directing role. • Harmonize technical cooperation between PAHO and the national Ministry of Health under the framework of the Federal Health Council (COFESA). • Support the establishment and strengthening of strategic intersectoral partnerships to strengthen public health capacities. |
| <p>STRATEGIC PRIORITY 2: Support the development of initiatives and technical tools to facilitate intra- and intersectoral partnership between national, provincial and municipal levels, with emphasis on bridging gaps.</p> | <ul style="list-style-type: none"> • Support the development of integrated health services by delimiting populations and territories. • Support the national plan to reduce maternal mortality in priority provinces and municipalities. • Support infant and teenage programmes focusing on the life course at national and provincial level. • Identify good practices, and support their dissemination and implementation in order to address health problems and determinants. |
| <p>STRATEGIC PRIORITY 3: Help to develop indicators and identify good practices to strengthen monitoring and evaluation processes and decision-making.</p> | <ul style="list-style-type: none"> • Support the monitoring, control and evaluation of health initiatives relating to communicable diseases. • Support the increased surveillance, monitoring, prevention and control of noncommunicable diseases and associated risk factors. • Support the development of initiatives that comply with the International Health Regulations (IHR). |
| <p>STRATEGIC PRIORITY 4: Support human resource development in accordance with federal public health priorities.</p> | <ul style="list-style-type: none"> • Develop partnership mechanisms between health and education authorities in order to adapt health worker training to the demands of a changed health system. • Promote the design of professional education systems, training in public health and learning networks. |
| <p>STRATEGIC PRIORITY 5: Help to boost Argentina's position in international public health, with emphasis on South-South cooperation and regional and subregional integration initiatives.</p> | <ul style="list-style-type: none"> • Support national efforts to expand technical cooperation with other countries. • Support national participation in international health forums • Promote and mobilize the capacities of PAHO/WHO collaborating institutions and national institutions of excellence to ensure their collaboration at national and regional level. |