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## FEATURED Q&A

# How Achievable Is Universal Health Care in the Region?



Latin American countries have identified health care as a priority, but obstacles such as funding have stood in the way of expanding care. // File Photo: Brazilian Government.

**Q Bolivian President Evo Morales announced on Sept. 4 that his plan for universal health insurance will be put into motion next year. He said health care will be financed with federal funds, and the insurance plan will be provided at no cost to beneficiaries. Meanwhile, although Brazil's 1988 Constitution includes free public health care as a constitutional right, in practice its decentralized health system faces several challenges to deliver on that promise, particularly as government budget cuts amid an economic recession in recent years have resulted in funding shortages for local hospitals and clinics. What are the biggest obstacles to free and universal access to health care in Latin America? How close are countries such as Bolivia and Brazil to achieving their health care goals, and what should their governments' areas of focus be to get there?**

**A Paula R. Pohlmann, assistant professor of medicine at the MedStar Georgetown University Hospital and former physician at the Porto Alegre Metropolitan Health Department in Brazil:** "Morales must be commended for his initiative and potential legacy. Universal health insurance represents a major social advancement for people living in underserved geographic areas. It should not jeopardize the private sector; those who can afford must continue using private services when available. In Brazil, the 1988 Constitution transformed health into an individual right, creating a public, universal and decentralized health system called Sistema Único de Saúde (SUS). We should understand that SUS is a result of 200 years of development on the matter, starting with the creation of Brazil's first medical schools

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## TODAY'S NEWS

### POLITICAL

## Guatemalan High Court Rules CICIG Chief Can Return

Guatemala's Constitutional Court ruled that Iván Velásquez, the head of the U.N.-backed anti-corruption commission in the country, can return to Guatemala. The ruling came less than two weeks after President Jimmy Morales banned Velásquez from returning.

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### ECONOMIC

## Nexa Resources to Invest \$1.17 Billion in Peru, Brazil

The mining company is planning investments over the next five years in several zinc and copper projects, its general manager said.

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### POLITICAL

## Military Action in Venezuela Not Off the Table: Almagro

No option should be ruled out regarding a "military intervention to overthrow [Venezuelan President] Nicolás Maduro's regime," OAS Secretary General Luis Almagro said Friday.

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Almagro // File Photo: Organization of American States.

## POLITICAL NEWS

## Military Action in Venezuela Not Off the Table: OAS Chief

Military action to restore democracy and end the humanitarian crisis in Venezuela is not off the table, the secretary general of the Organization of American States said Friday during a visit to the Colombian city of Cúcuta, on the country's border with Venezuela, the Associated Press reported. "With respect to a military intervention to overthrow Nicolás Maduro's regime, I don't think any option should be ruled out," Luis Almagro told reporters. "What Nicolás Maduro's regime is perpetrating are crimes against humanity, the violation of the human rights and the suffering of people that is inducing an exodus. Diplomatic actions should be the first priority, but we shouldn't rule out any action." Almagro has been outspoken about Venezuela, but his comments on Friday marked the first time he had publicly echoed remarks last year by U.S. President Donald Trump who raised the possibility of a "military option" in Venezuela. In a tweet, Venezuelan Vice President Delcy Rodríguez denounced Almagro's statements as "vulgar and grotesque." During his trip, Almagro met with Colombian government officials and aid workers struggling with an exodus of Venezuelan migrants who have flooded into Colombia. Almagro said the ultimate answer to the crisis is the restoration of democracy in Venezuela. "The international community has to provide answers. We can't allow a dictatorship in Venezuela that affects the security of the entire region through drug trafficking, organized crime and the deep humanitarian crisis it has created," he said.

## Guatemalan High Court Rules CICIG Chief Can Return

In a unanimous ruling late Sunday, Guatemala's Constitutional Court ruled that Iván Velásquez,

the head of the United Nations-backed International Commission Against Impunity in Guatemala, or CICIG, can return to the Central American nation, Prensa Libre reported. The ruling amounted to a rebuke of President Jimmy Morales who on Sept. 4 ordered that Velásquez, who was in the United States at the time, be barred from re-entering Guatemala. A CICIG anti-corruption investigation led to



Morales // File Photo: Guatemalan Government.

the 2015 resignation of former President Otto Pérez Molina. The commission has also been investigating Morales, who has accused it of overstepping its bounds. Morales' barring of Velásquez came just days after he announced that his government would not renew CICIG's mandate, which expires next September. Presidential spokesman Jorge Brito told Prensa Libre that the government had not yet been notified of the court's ruling, while the country's human rights ombudsman, Jordán Rodas, called the court's ruling "excellent news for Guatemalan justice" in a tweet.

## López Obrador Taps Restaurant Owner as Security Chief

Mexican President-elect Andrés Manuel López Obrador started a nationwide tour on Sunday, introducing his new civilian head of security to reporters at Mexico City's international airport, the Associated Press reported. Daniel Asaf, a restaurant owner, will lead López Obrador's security team, which will be made up of 20 civilians instead of the traditional secret service-style brigade, when he takes office Dec. 1. The president-elect often interacts closely with voters, shaking hands, posing

## NEWS BRIEFS

## Cuba's Díaz-Canel Voices Support for Same-Sex Marriage

Cuban President Miguel Díaz-Canel told television broadcaster Telesur on Sunday that he supported "marriage between people without any restrictions." Díaz-Canel said recognizing same-sex marriage, an issue that has been widely discussed as the island drafts a new constitution, is "part of eliminating any type of discrimination in society."

## Nexa Resources to Invest \$1.17 Billion in Peru, Brazil Over Five Years

Brazil-based miner Nexa Resources will invest \$1.17 billion over the next five years in projects to mine copper and zinc in Peru and Brazil, the company's general manager said Friday, Reuters reported. Of that total, approximately \$816 million will be destined for projects in Peru, including \$555 million for copper mining and \$216 million for zinc mining, Ricardo Porta told the wire service. The company is focused on raising its reserves, which have been growing at about 5 percent annually, Porta added. "Between Brazil and Peru, we have seven projects," Porta said. Nexa expects to produce some 600,000 metric tons of zinc this year, he said.

## Brazil Poised to Launch Small Satellites

Brazil is ready to launch commercial rockets carrying small satellites from its Alcântara Launch Center as soon as it agrees to protect U.S. technology, according to Luiz Fernando Aguiar, an air force officer who manages the country's space program, Reuters reported Friday. Without an agreement, no U.S. rocket can launch from the South American country. During U.S. Defense Secretary James Mattis' visit to Brazil last month, the two countries signed a deal to share real-time tracking data in space to avoid collision.

for pictures and listening to their requests. In front of thousands of supporters gathered in the city of Tepic later that day, López Obrador expressed his desire to continue this practice, shouting, "You are all going to take care of me. The people are going to take care of me," the AP reported. His security plan has raised concerns among supporters. The last electoral cycle in Mexico was the bloodiest in recent history, with more than 145 politicians killed in the past year. Also on Sunday, gunmen dressed as mariachi musicians opened fire, killing five people and injuring eight, in Mexico City's Tepito district, known as home to the La Unión drug gangs, El Universal reported. Last year was Mexico's most violent year on record with more than 25,000 homicides, and murders increased by 16 percent in the first half of this year.

## ECONOMIC NEWS

# Panama Canal May See Fewer Ships Due to Trade Tensions

Increasing trade tensions between the United States and China may drive down the amount of ships passing through the Panama Canal, Jorge Quijano, who heads the organization that manages the canal, told Reuters on Thursday. "Most cargoes passing through the Panama Canal come from or go to the United States and China," he said. "Tensions between them could ultimately have an impact on the amount of loadings using the waterway in any direction." U.S. President Donald Trump is seeking to levy tariffs on \$200 billion worth of Chinese imports, escalating the trade war between the world's two largest economies, Bloomberg News reported. Quijano said bulk cargo of grains from Brazil could increase instead. Earlier this year, farmers in Brazil's Mato Grosso State signed an agreement with the canal to increase the use of the waterway in exchange for reduced transport costs. Demand for U.S. liquefied gas in Japan and Mexico, among other countries, could also offset the lower number of vessels going to China, Quijano said.

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in 1808, enabling the training of doctors. This was followed by religious charities and philanthropy, allowing the construction of hospitals. In parallel, basic sanitation was instituted and further developed. Among the greatest challenges for implementation and maintenance of universal health insurance at any location are appropriate and stable transparent financing, professional valuation, availability of continued education, adequate management for prioritization and expansion, definition of system metrics and desired outcomes, and maintenance of constant system audit and review. One of the main sources of financing for universal health care is inevitably tax revenue. Therefore, a major challenge for Morales will be to establish and secure a clear path for the application of those resources, which should be resistant to constantly changing markets. Success is also directly related to appropriate valuation of professionals, which leads to competition for jobs, naturally improving the overall quality of care."

**A** **Núria Homedes, vice president of the board of directors at Salud y Fármacos in Texas:** "Latin American health systems, except in Cuba and Costa Rica, have evolved in a fragmented manner: a social security system for those in the formal economy, a tax-financed system for the uninsured and private insurance for those who can afford it. The Costa Rican health reform of the 1970s expanded social security coverage to all the uninsured, creating a unified health system for all and, in my view, is the best performing health care system in the region. The systems have been affected by internal constraints and external interferences. Public investments in the health sector tended to be low and tilted toward hospital care at the expense of primary health care and public health activities, human resources were concentrated in urban areas and were dominated by the medical profession, professional associations tended to focus

on defending the benefits of their members rather than the health of all citizens, and regulation was lax and often marred with conflicts of interest. Compounding those problems, until recently, most Latin American governments were forced to limit social sector investments and received enormous pressures to decentralize and privatize their public health systems. All those externally induced policy changes, often misaligned with the plans of legitimate governments, consumed resources, did not take into consideration prior experiences and implementation constraints, opened doors to health businesses and limited the allocation of resources in the public health care delivery system while the cost of providing health services was significantly increased with the use of patented technologies and pharmaceuticals. Moreover, in several countries, citizens' constitutional right to health care was used to divert resources to cover the cost of very expensive procedures and pharmaceuticals of limited value. The government of Bolivia should be commended for its efforts. Existing evidence proves that single-payer systems are the most equitable and efficient, and Latin American governments ought to promote them."

**A** **Adriano Massuda, visiting scientist at the Harvard School of Public Health:** "Health system reform is key in overcoming social inequalities in Latin America. Brazil is an example of achievements, challenges and threats for the region. The Unified Health System (SUS) is underpinned by principles of universal, comprehensive and decentralized health care and is free of charge at the point of service. It has resulted in substantial progress toward universal access to health care and has resulted in major improvements in health and a reduction in inequality. However, the implementation of the SUS was incomplete, and structural fragilities persist. Obstacles to progress are low public funding (Brazil has among the lowest

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proportions of public spending on health); gaps in organization and governance, which overwhelms municipalities; and a fragile capacity of resource allocation (doctors are unequally distributed around the country and concentrated in the private sector). Consequently, differences in access to adequate care, financial protection and health outcomes persist. These problems will likely worsen due to economic and political crises and recently adopted long-term austerity measures. To overcome these structural challenges, Latin American governments must prioritize health as fundamental for social and economic development. It is necessary to ensure adequate public funding (at least 6 percent of GDP). Countries also must invest in an efficient and rational model of health care organization that is based on primary health care integrated into health care networks. Also, regulation is necessary to provide health resources in order to meet the public's health needs and foster inter-sectoral policies. For example, cash-transfer programs have provided great benefit to those who are most vulnerable."

**A** **Javier Gómez, executive director of Centro de Estudio para el Desarrollo Laboral y Agrario (CEDLA) in La Paz:** "President Morales' announcement comes after more than a decade after he took office and in the context of a sharp crisis in the country's health system ahead of next year's presidential election. The proposed \$200 million for the reform equals less than 10 percent of annual spending in health. It seems clear that the Bolivian health system's crisis extends to its financial model, the management and the levels of attention provided to it. However, it's even more evident that behind the successive reforms implemented or proposed, there has been an absence of a modernized reading of the country's epidemiological profile. In Bolivia, there is decentralized management where there is constant competition. The central govern-

ment must define our national policy and financing, whereas departmental governments have the responsibility to manage and provide the infrastructure, basic services, team and medicine in third-level establishments, and municipal governments share those responsibilities for hospitals at the first and second levels. Health is necessary for a good life, and the Bolivian state should guarantee access for everyone. Article 18 of the Constitution stipulates the right to universal, free and quality health care. However, many segments of the population remain excluded from the system, and health care isn't free even for those who do have health insurance. According to Bolivia's Health Ministry, only 37 percent of the population has health insurance in the short term, with the public sector covering just 12 percent, and the remaining 51 percent has no protection whatsoever. Individuals who make up the informal economy can only access public or private hospitals where they must pay for medical attention, medicine and hospitalization. Although costs for public medical attention are substantially lower than for private hospitals, they remain inaccessible for a mainly poor population. In addition to scarce health insurance, insufficient spending and a tight budget characterize the system, as well as growing out-of-pocket expenses."

**A** **Fernando Aith, professor at the School of Public Health at the University of São Paulo:** "The biggest obstacles to free and universal access to health care in Latin America have been difficulties with funding, on the one hand, and difficulties with educating a productive health sector workforce that is willing and able to practice everywhere, in both rural and urban areas. Bolivia and Brazil are on the right track, linking universal health systems to principles of solidarity and humanism. Their focus at this stage of development should be to reinforce primary health care services."

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