



Health financing strategies for breast and cervical cancer in LAC

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The Problem

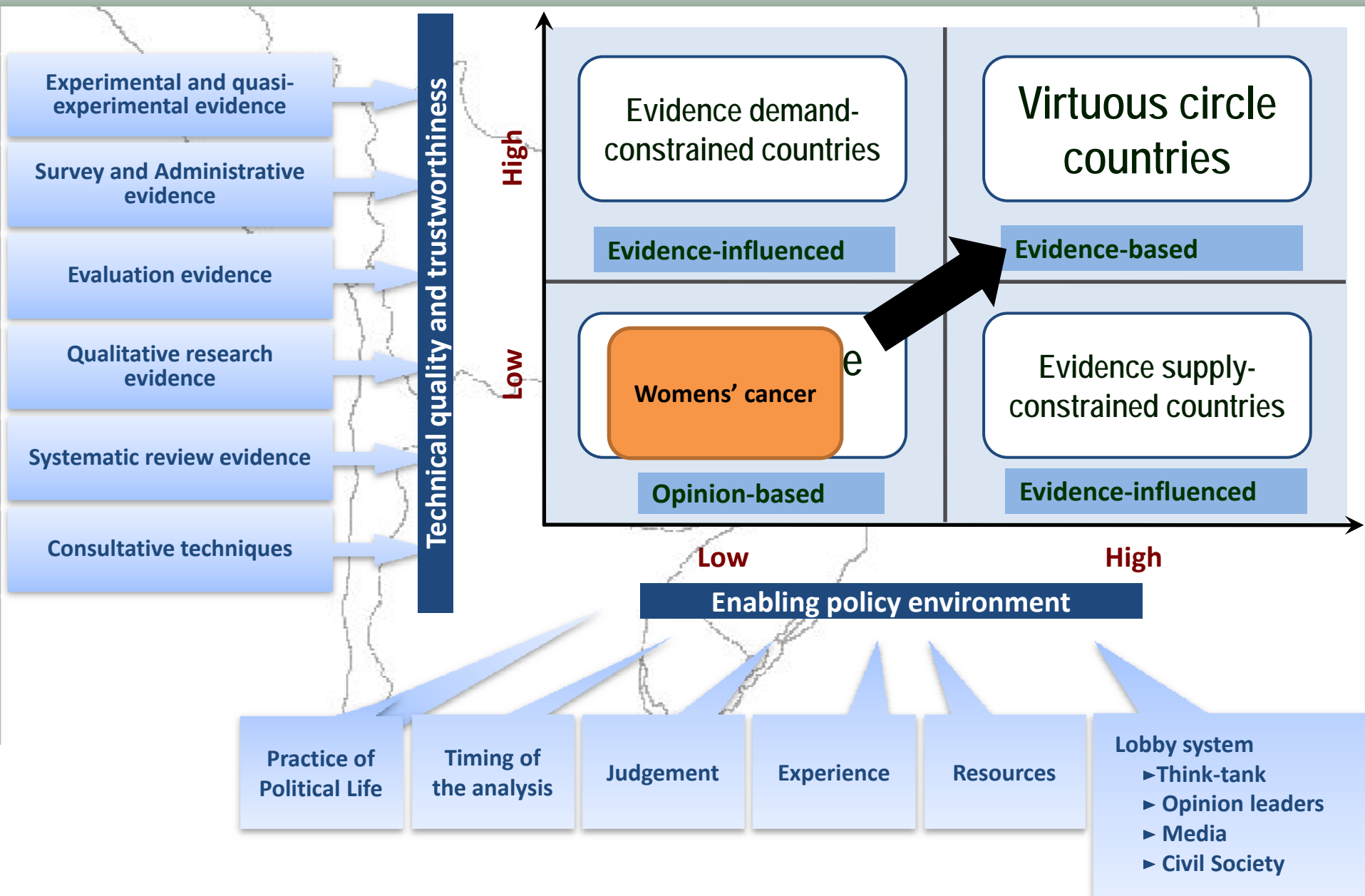
Is there a path towards allocative efficiency for breast and cervical cancer?

Do we know all stakeholders to whom we can ask for more money?

Are we sure that new money will improve health systems performance and will contribute to better address cancer challenges?

There is a need to build a new framework for allocative efficiency and sustainability and to improve technical efficiency and institutions in order to better address cervical and breast cancer in LAC.

How to build a good environment for healthy financial decisions?



LAC's financial challenges

New financial challenges for NCD's

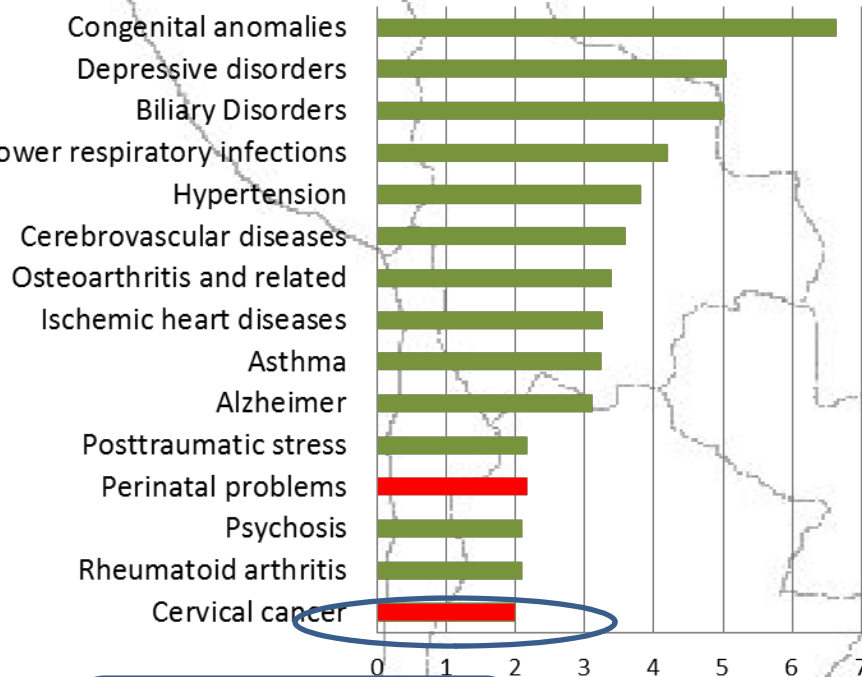
1. Insufficient financing for a new health Intelligence for addressing NCD's
2. Insufficient and non-sustainable financing of selected NCD's programs
3. Insufficient financial dialogue with Ministries of Economy, and new stakeholders (RBF)
4. Urban health is new challenge
5. Insufficient institutional conditions for creating evidence-based financial decisions

Insufficient financing for a new health Intelligence for addressing NCD's

1. Not enough impact evaluations are done
2. Few Experimental and quasi-experimental evidence
3. Risk factors surveys are not widespread available
4. National burden of disease studies are available only in Argentina, Brazil, Chile and Peru and even there, breast and cervical cancer does not appear as one of the most relevant causes of disease and does not track enough financing → need to perform sub-national studies

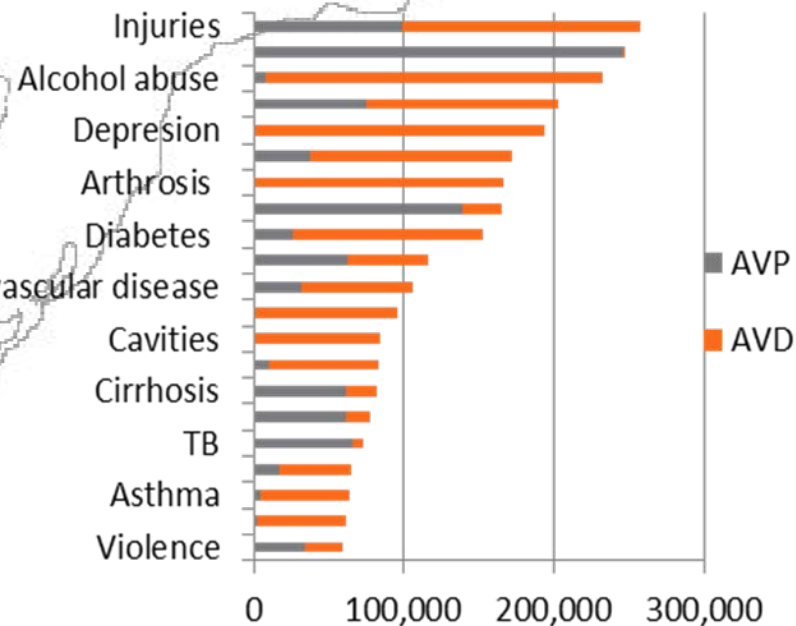
Examples of Burden of disease studies in Peru and Chile

Burden of diseases in Chile (percentage)



Cervical cancer
appears in in the
bottom of the
burden

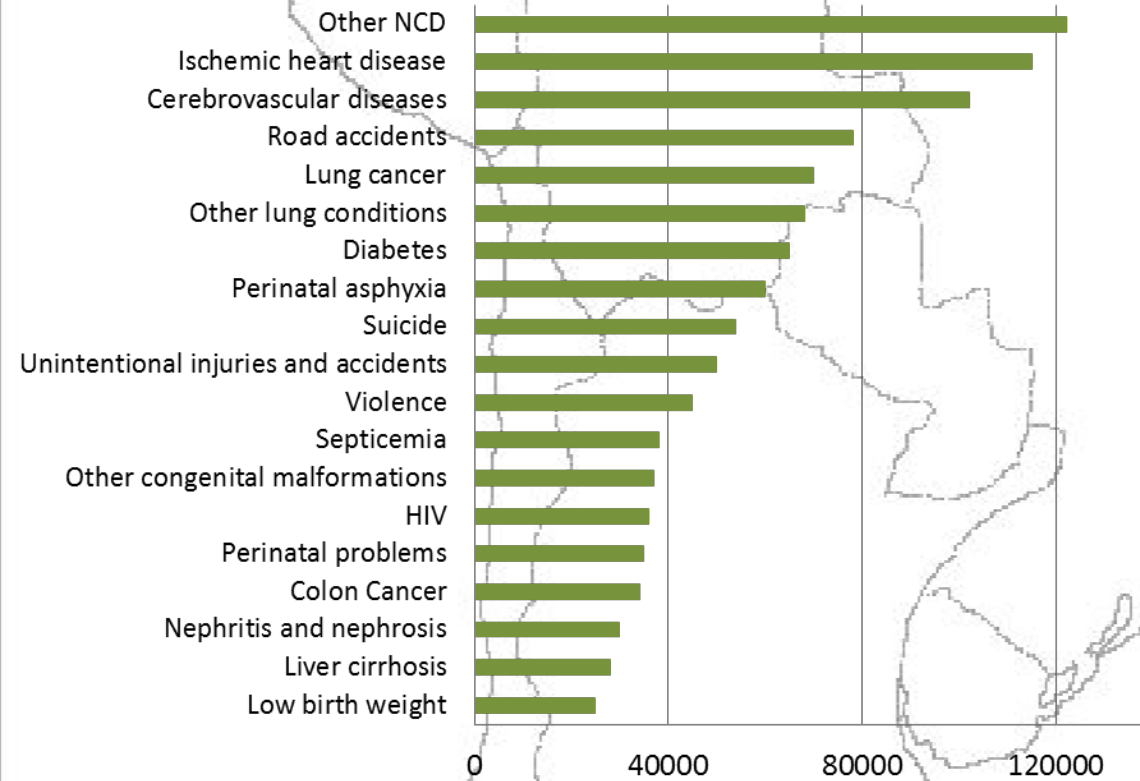
BOD in Peru



Case of Argentina: Burden of disease study

National burden of disease study

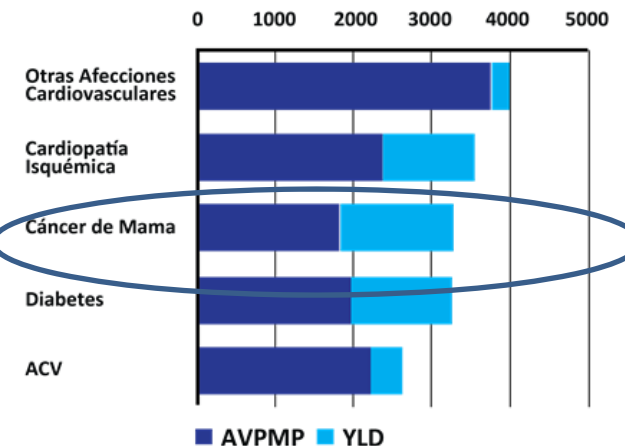
Disability-adjusted Life years in Argentina



New studies of BOD in megacities (Cordoba, Buenos Aires) evidence NEW results



BOD in Cordoba- Women



Cervical cancer does not appear in the national BOD survey BUT it appears when we work at a **sub-national level**



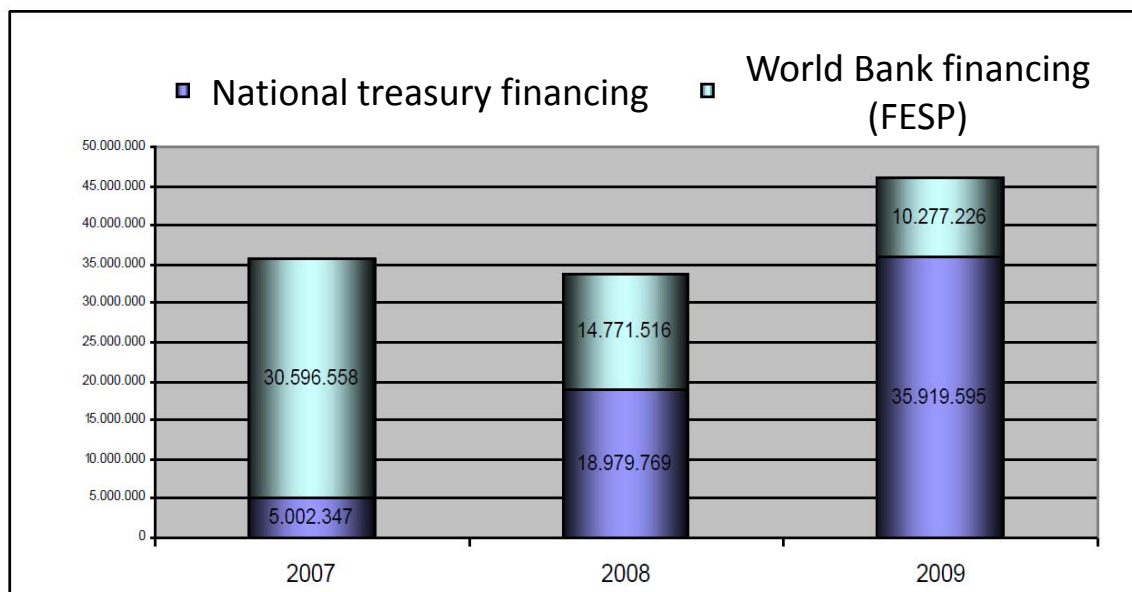
Need to revert the tendency of “insufficient and non-sustainable financing of NCDs”: case of Argentina

2001-2003: Not comprehensive program of vaccines. Low coverage (around 80%) with a basic package of 9 vaccines in the calendar, and with external financing of 85%.

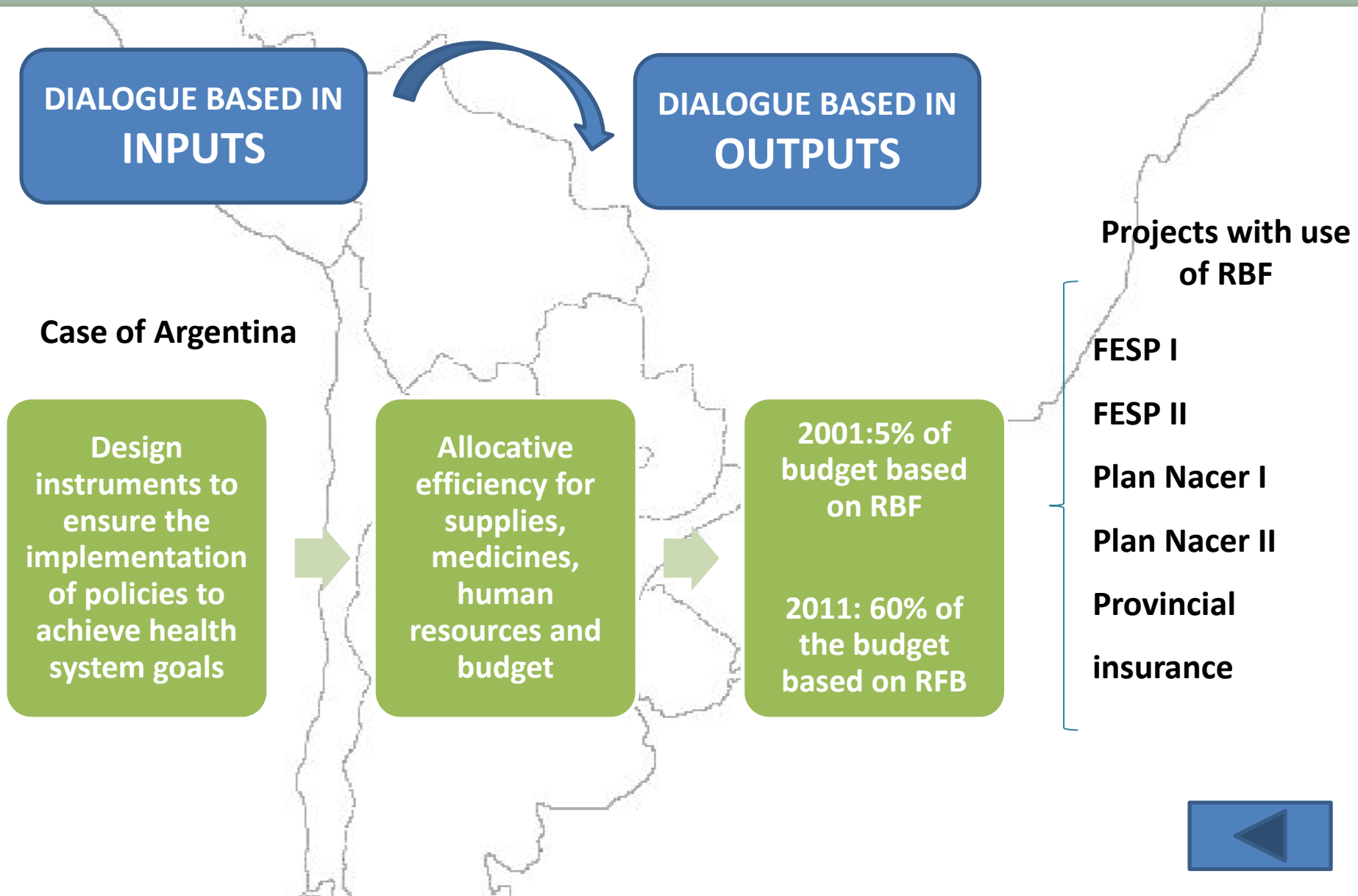


2012: Program with high coverage (92%), basic package of 17 vaccines in the calendar, evidence-based unit for introduction of new vaccines, own financing of 95% of vaccines in 2011 and tracking system for monitoring supplies (SMIS)

Reversion in
the financing
of vaccines

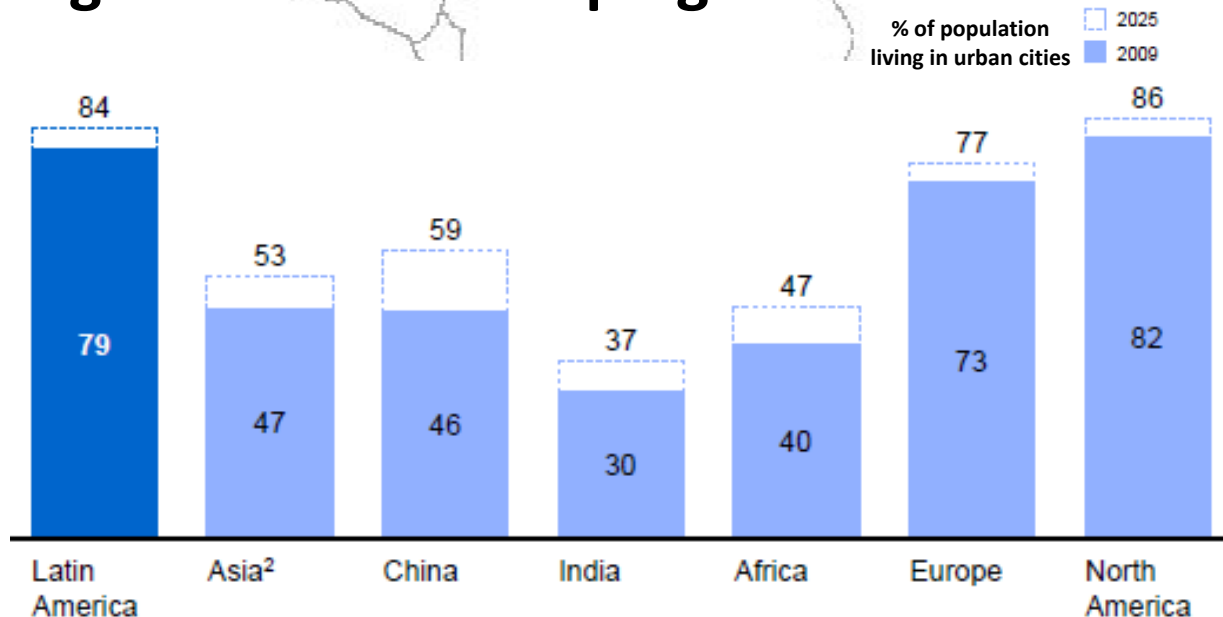


Need to create more SUSTAINABILITY and finance OUTPUTS



Urban health as a new challenge: MEGACITIES

Latin America is the most urbanized region in the developing world



² Excluding India and China

and this tendency is expected to grow...

The share of urban population went from 40% from 1950 to 80% in 2010

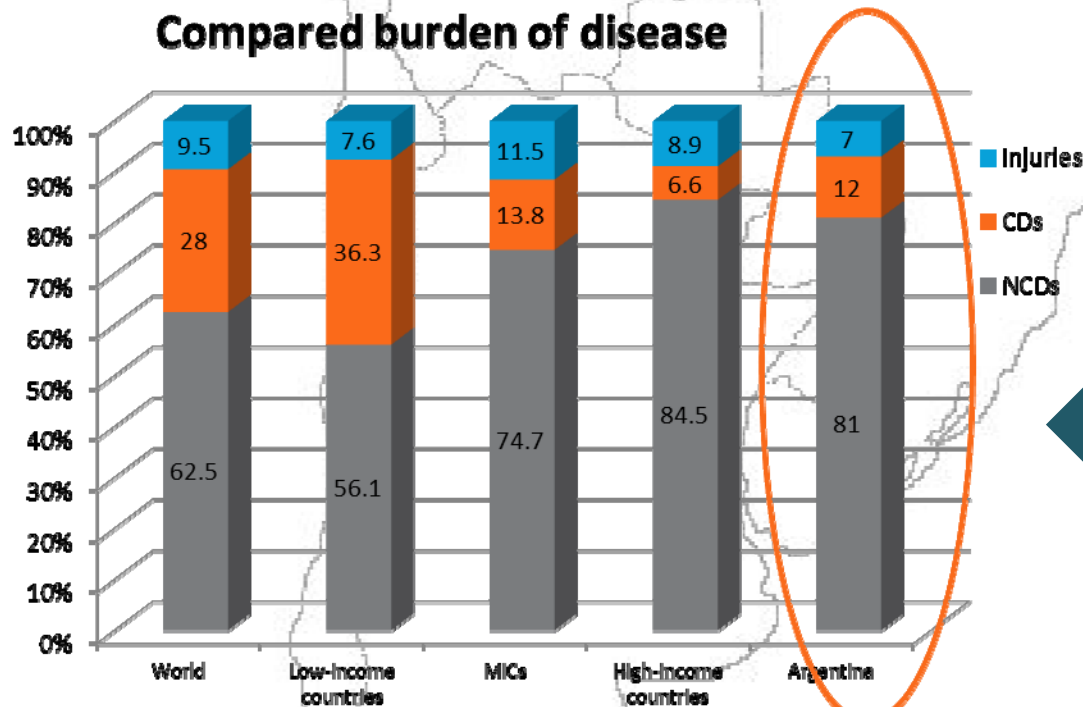
In LAC, 260 Million people (out of a total population of 580 M) live in 198 cities with more than 200,000 inhabitants

Currently, 95 Million people live in the 10 largest cities in LAC

By 2025, 85% of the population will be urban

Urban health as a new challenge: MEGACITIES

In countries with high rates of urbanization, burden of disease is concentrated in NCDs. Example: Argentina



Urban population in Argentina is the 96%

Urban health as a new challenge: MEGACITIES

How do we understand these differentiated challenges and find tailored financial **STRATEGIES for each territory?**



- 1. New financing for building new health Intelligence to better understand problems.**
- 2. New global consensus on key interventions**
- 3. New multi-sectoral consensus and strategies with key stakeholders.**

Some successful initiatives in combatting NCDs

Successful partnerships with the Argentina Association of Bakeries towards salt reduction

7,000 out of 28,000 bakeries engaged in salt reduction strategy in Argentina



RECOMENDACIONES PARA LA ELABORACIÓN DE PAN

Para la elaboración del pan utilizar hasta 750 g. de sal por cada bolsa de 50 Kg. de harina.

- Para la elaboración del pan sin sal no debe agregarse ese ingrediente en ninguna cantidad, y puede recurrir a condimentos naturales para saborizar (pimienta, ajo, cebolla, ají, etc.)
- Controlar la fecha de vencimiento de los productos antes de usarlos
- Mantener en heladera los alimentos perecederos (leche, mantecas, cremas, etc.)

IMPORTANTE:

- Lavarse frecuentemente las manos con agua y jabón: después de ir al baño, antes de entrar a la cuadra, luego de manipular desperdicios, después de tocar alimentos frescos (huevos, por ejemplo)
- Mantener el lugar, maquinarias y utensilios de trabajo limpios. Desinfectarlos antes y después de cada elaboración.
- Usar la ropa de trabajo adecuada y limpia: delantales, gorros, cofias.
- Si está resfriado o con enfermedad infectocontagiosa no asista al área de elaboración.

www.falpa.org.ar • www.inti.gob.ar • www.msal.gov.ar



Some successful initiatives in combatting NCDs

Food regulation: Partnership with private firms to reduce trans fat by 2014

Partnership with the Argentine market federation of fruits and vegetables for its distribution in local markets



ARGENTINA 2014
LIBRE DE GRASAS TRANS

Este verano...
¿Qué vas a preparar de rico y saludable?

¿Sabías que el consumo diario de frutas y hortalizas disminuye el riesgo de

- tener Obesidad?
- tener Diabetes?
- contraer Cáncer de Colon?
- padecer Enfermedades Cardiovasculares?
- padecer Constipación?

Te recomendamos:
Cada día consumir 2 porciones de frutas y 3 porciones de hortalizas



LAS FRUTAS Y HORTALIZAS DE ESTACIÓN ADEMÁS SON MÁS FRESCAS Y ECONÓMICAS

FRUTAS: Ciruelas, Sandías, Uvas. **VERDURAS Y HORTALIZAS:** Tomate, Calabaza, Zapallitos, Berenjenas

0800 222 1002
www.msal.gov.ar

Ministerio Nacional de
Medicina Preventiva y
de la Reproductiva Argentina

100 AÑOS
REPUBLICA
ARGENTINA

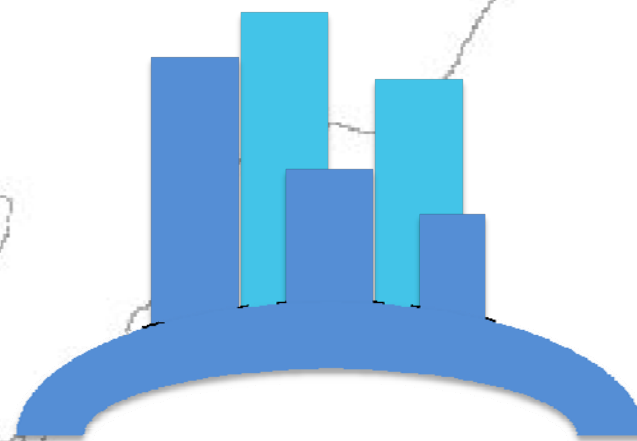
Ministerio de
Salud
Presidencia de la Nación

Some successful initiatives in combatting NCDs

BUILDING CONSENSUS BASED ON A TERRITORIAL APPROACH



**I. NETWORK OF HEALTHY
MUNICIPALITIES**



II. MEGACITIES

Some successful initiatives in combatting NCDs:

Healthy municipalities

PROGRAM CYCLE OF LIFE (PNMCS)

ADHERENT MUNICIPALITY	TITULAR MUNICIPALITY	RESPONSIBLE MUNICIPALITY	HEALTHY MUNICIPALITY
REQUIREMENTS <ul style="list-style-type: none">- Present a letter of intent to the Mayor or Municipal President- Presentation of a certificate signed by social, public and private organizations.	REQUIREMENTS <ul style="list-style-type: none">- Training of technical teams- Designation of a municipal counterpart- Formation of an intersectoral bureau	REQUIREMENTS <ul style="list-style-type: none">- Project Execution- Compliance with process goals- Favorable external evaluation	REQUIREMENTS <ul style="list-style-type: none">- Compliance with results goals- Favorable external evaluation
ENTRY	CERTIFICATION	ACCREDITATION	ACCREDITATION

Some successful initiatives in combatting NCDs:

Healthy municipalities network

PROGRAM ADVANCES 2008 - 2011

• INCREASE IN PARTICIPATING MUNICIPALITIES:

70% of the municipalities in the country are in the program

GOAL
750
NETWORK
MEMBERS

ACHIEVED
854
MEMBERS



70%
OF MUNICIPALITIES
IN THE COUNTRY
Are in the program

Some successful initiatives in combatting NCDs:

Healthy municipalities network

ADVANCEMENT OF INDICATORS

GOAL

750	400	100
MEMBERS IN THE NETWORK	TITULAR 350 ADHERENTS	REGIONS: NOA Y NEA

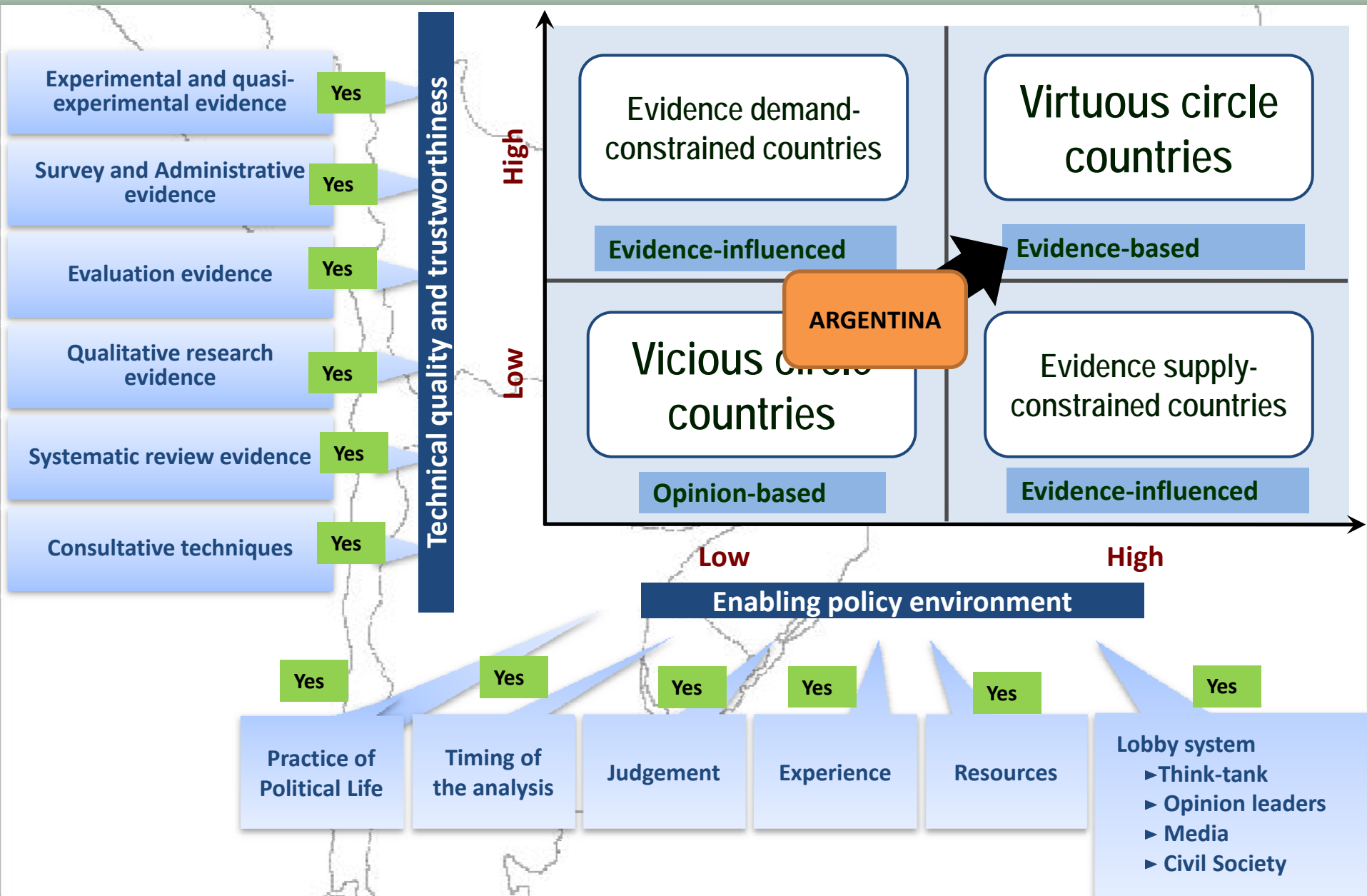
ACHIEVED



854	485	153
MEMBERS	TITULAR 369 ADHERENTS	REGIONS: NOA Y NEA



Do we have sufficient technical evidence in Argentina?



A faint, light-colored outline of a world map is visible in the background, centered behind the blue text box.

What's NEXT for
combatting NCDs in
LAC?

WE'VE ALREADY CHANGED THE CONSENSUS...

From a consensus on maternal health

	Examples of interventions	Examples of global initiatives
Maternal health	Skilled birth attendance; access to emergency obstetric care	Making Pregnancy Safer
Newborn and child health	Oral rehydration therapy; micronutrients; immunisation; antibiotics for lower respiratory tract infections	Integrated Management of Childhood Illness; Global Alliance for Vaccines and Immunizations; Global Alliance for Improved Nutrition
HIV/AIDS	Voluntary counselling and testing; condoms; prevention of mother to child transmission; combination antiretroviral therapy	3 by 5; GFATM; Presidential Emergency Plan for AIDS Relief
Tuberculosis	DOTS strategy for tuberculosis control; DOTS plus (for treatment of multidrug resistance)	Stop TB; GFATM
Malaria	Insecticide-treated nets; effective case management; indoor residual spraying	Roll Back Malaria; GFATM

GFATM=Global Fund to Fight AIDS, TB, and Malaria.




towards

A new consensus on interventions and global initiatives for:

- 1) NCDs and risk factors
- 2) Injuries and violence

NOW WE NEED TO CHANGE THE APPROACH...

- 
- 1** Strategic approach of territorial spaces, with focus in the BOD
 - 2** Multi-sectoral vision
 - 3** Partnerships with civil society, and private sector, based on specific problems.
 - 4** A new global, and multi-sectoral consensus for collective illness.



There is always a “caminito” to do it

A light gray outline map of South America serves as the background for the slide. The text is centered over the map.

Thank you
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