

Estrategias para avanzar hacia la salud universal

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Assessing health systems for UHC:

A rapid review of policies, plans and practices, including PHC



1st global survey
on health systems
& PHC



- Complete
- In progress
- No information

Con tecnología de Bing

Responses from 29 countries: February 2025 to April 2025.

Survey Overview:

Modules (estimated response time)

Module sections

Key informants

I. Governance (≈ 40 min)	1. Reforms, legislation, policies and plans	Directorate for health sector planning + MoH & national institutes responsible for: - Comm. & civil society engagement - Coordination of EPHFs - Multi-sectoral policy development
	2. Social participation and civil society engagement in health	
	3. Essential public health functions (EPHFs)	
	4. Multisectoral policy and action to address wider determinants of health	
II. Health financing (≈ 10-15 min)	1. Funding and allocation	Directorate for health sector financing and national health insurance programmes
	2. Purchasing and payment methods	
III. Health and care workforce (≈ 10-15 min)	1. Health and care workforce governance	Directorate for health and care workforce
	2. Profile of health and care workforce	
	3. Health and care workforce education, licensing & regulation	
IV. Service delivery (≈ 40 min)	1. Selection and planning of services	Directorate for health and social services
	2. Service design and organization of delivery	
	3. Quality of care and patient safety	
V. Measurement, monitoring and evidence use (≈ 20-30 min)	1. Health systems performance assessment, research & learning	Directorate for health sector monitoring & evaluation + national health statistics institute
	2. Quantitative indicators	

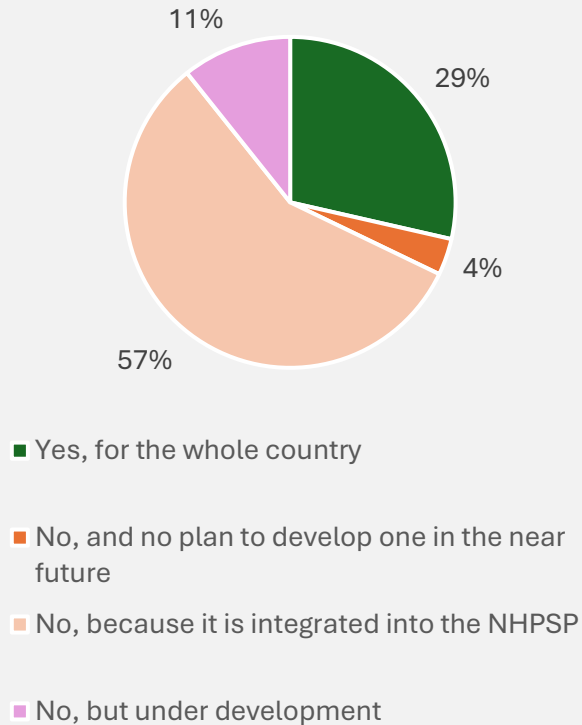
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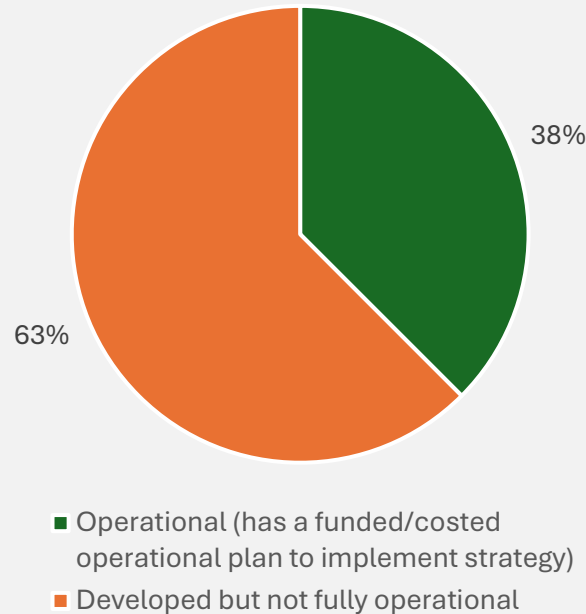
Governance

86% of 28 countries have a standalone PHC policy (or as part of the NHPSP), but 1 in 3 lack a dedicated implementation department.

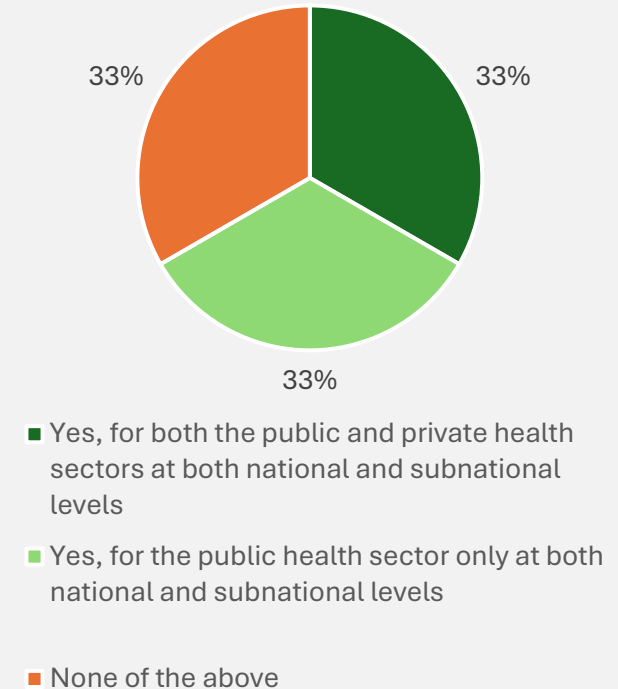
Does your country have a standalone PHC policy, strategy, or development plan?



*At what stage of development /implementation is the PHC plan/policy, strategy or plan?
only if you answered 'yes' to the previous question*



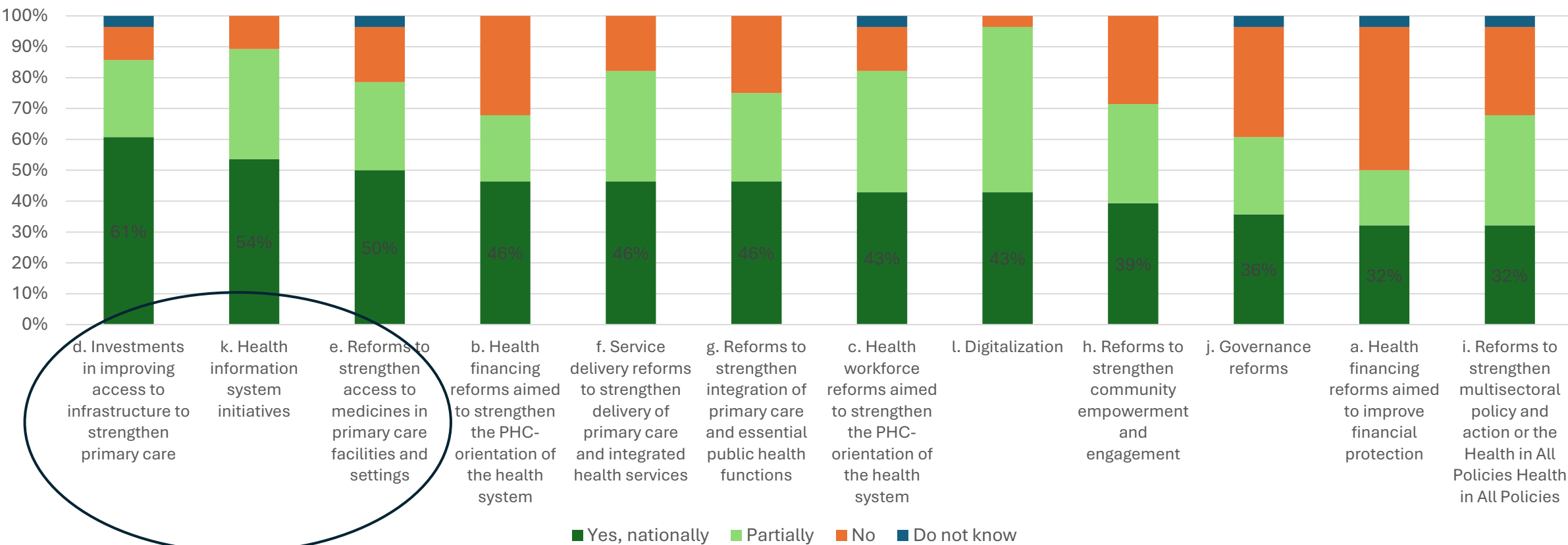
*Does your country have a dedicated department or unit within the Ministry of Health that is responsible for implementing the PHC policy?
only if you answered 'operational' to the previous question*



Most countries have taken key steps to strengthen PHC governance, with 57% of 28 enacting PHC-focused reforms or policies in the past five years.

Investments in infrastructure and access to medicines are prioritized nationally in over 60% of countries.

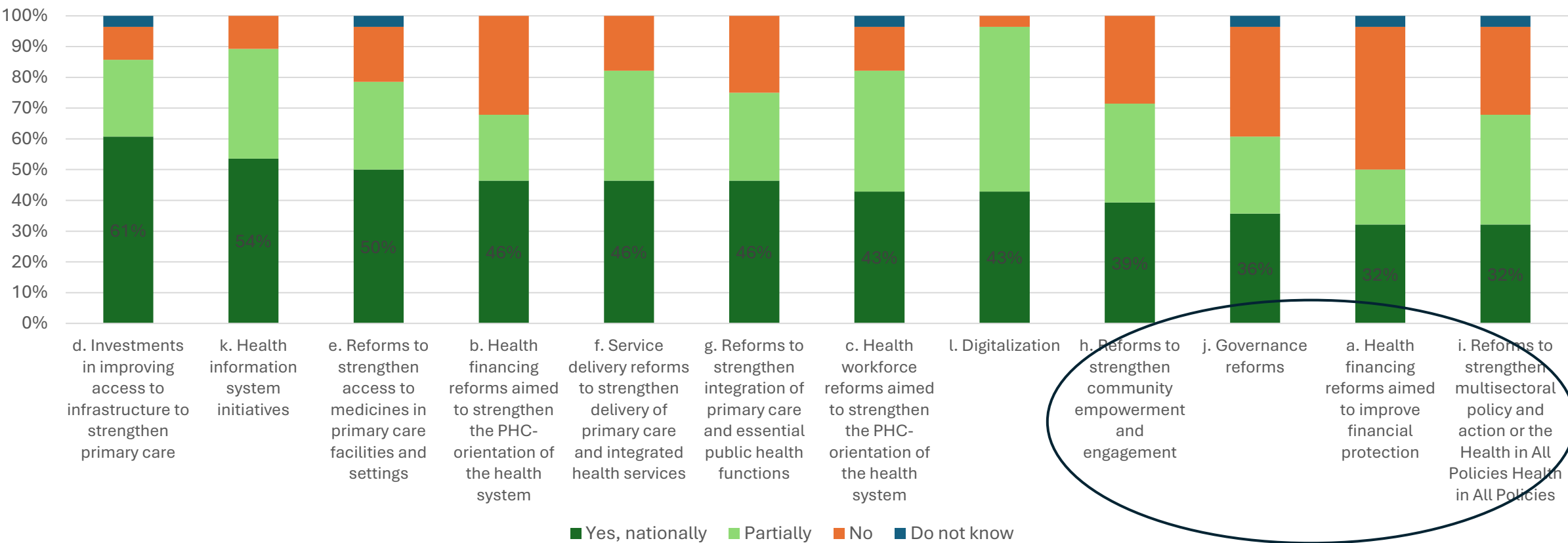
Within the past 5 years, has your country implemented reforms and/or initiatives for strengthening PHC-oriented health systems in any of the following areas:



Most countries have taken key steps to strengthen PHC governance, with 57% of 28 enacting PHC-focused reforms or policies in the past five years.

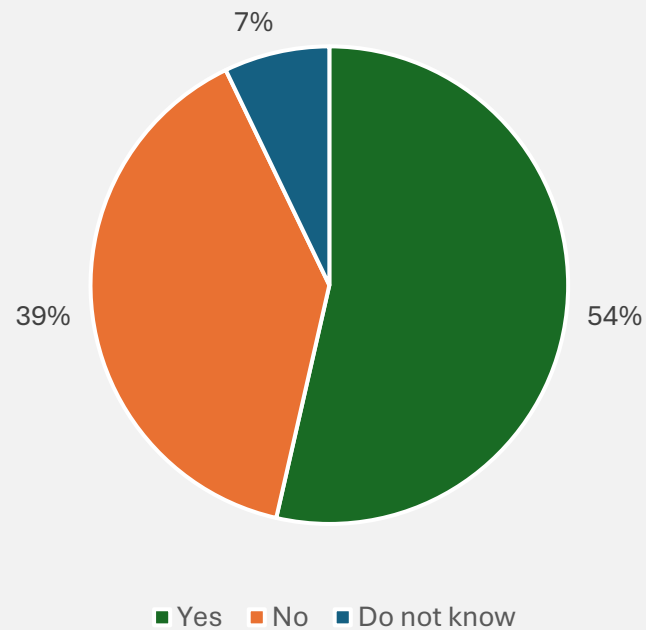
Investments in infrastructure and access to medicines are prioritized nationally in over 60% of countries.

Within the past 5 years, has your country implemented reforms and/or initiatives for strengthening PHC-oriented health systems in any of the following areas:

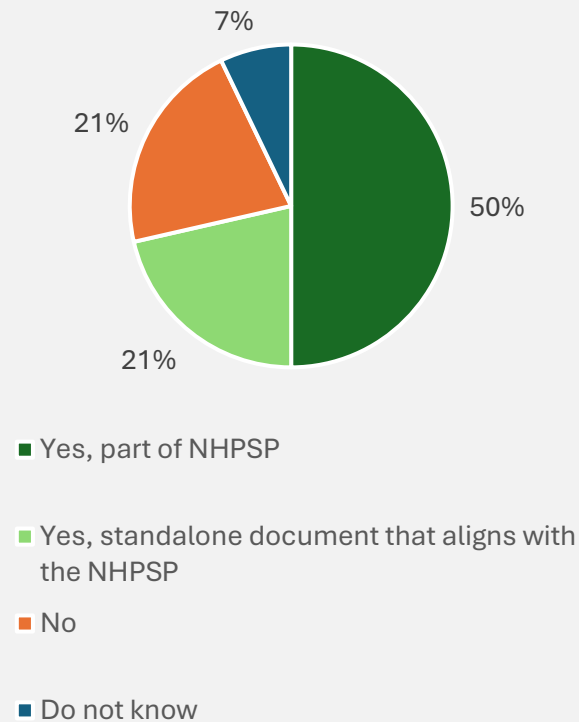


Over half of the countries have assessed EPHF capacities in the last 5 years, yet action plans are still developing

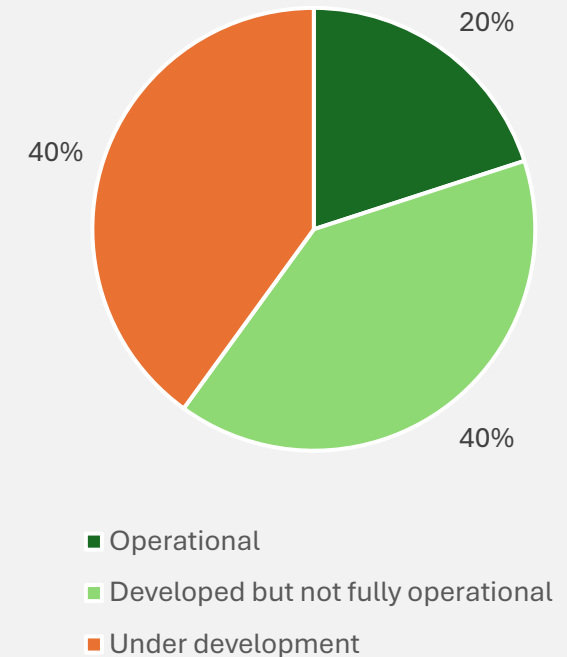
In the last 5 years, has the country assessed its capacities to implement the EPHFs?



Does the country have a unified action plan in place for strengthening capacities to implement the EPHFs?



At what stage of development and implementation is the unified action plan for EPHFs?



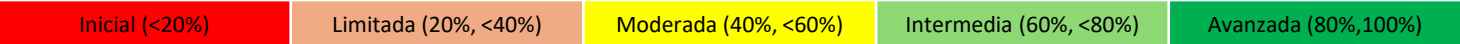
Just a quarter have accountability and transparency systems for EPHF tracking, while countries have moderate capacity to implement EPHFs

- The majority of EPHFs show a moderate level of capacity (40–59% of standards met).
- There are variations in EPHF performance across countries.
Latin America demonstrates relatively higher capacity, while the Caribbean faces more limited capacities.
- Only 35% of countries achieve moderate capacity across all EPHFs, while 43% have limited capacity (20–39%).
- Most countries have the necessary legal and organizational frameworks in place, but face challenges in oversight, evaluation, and resource allocation—particularly in EPHFs related to ensuring access.
- Financial, technological, and human resource limitations (both in number and in required competencies) hinder the effective implementation of the EPHFs.

Analysis of EPHF capacities, by type of capacity and level of development

Ciclo de políticas	FESP	Promedio	Formal	Estructural	Supervisión	Desempeño
Evaluación	FESP 1	2	3	2	2	3
	FESP 2	3	4	4	3	3
	FESP 3	2	1	2	2	2
Desarrollo de políticas	FESP 4	3	3	3	3	3
	FESP 5	2	2	3	2	1
Asignación de recursos	FESP 6	3	3	3	2	2
	FESP 7	2	2	3	3	2
	FESP 8	3	3	2	4	3
Acceso	FESP 9	3	3	3	2	2
	FESP 10	3	3	3	2	2
	FESP 11	2	3	3	1	2

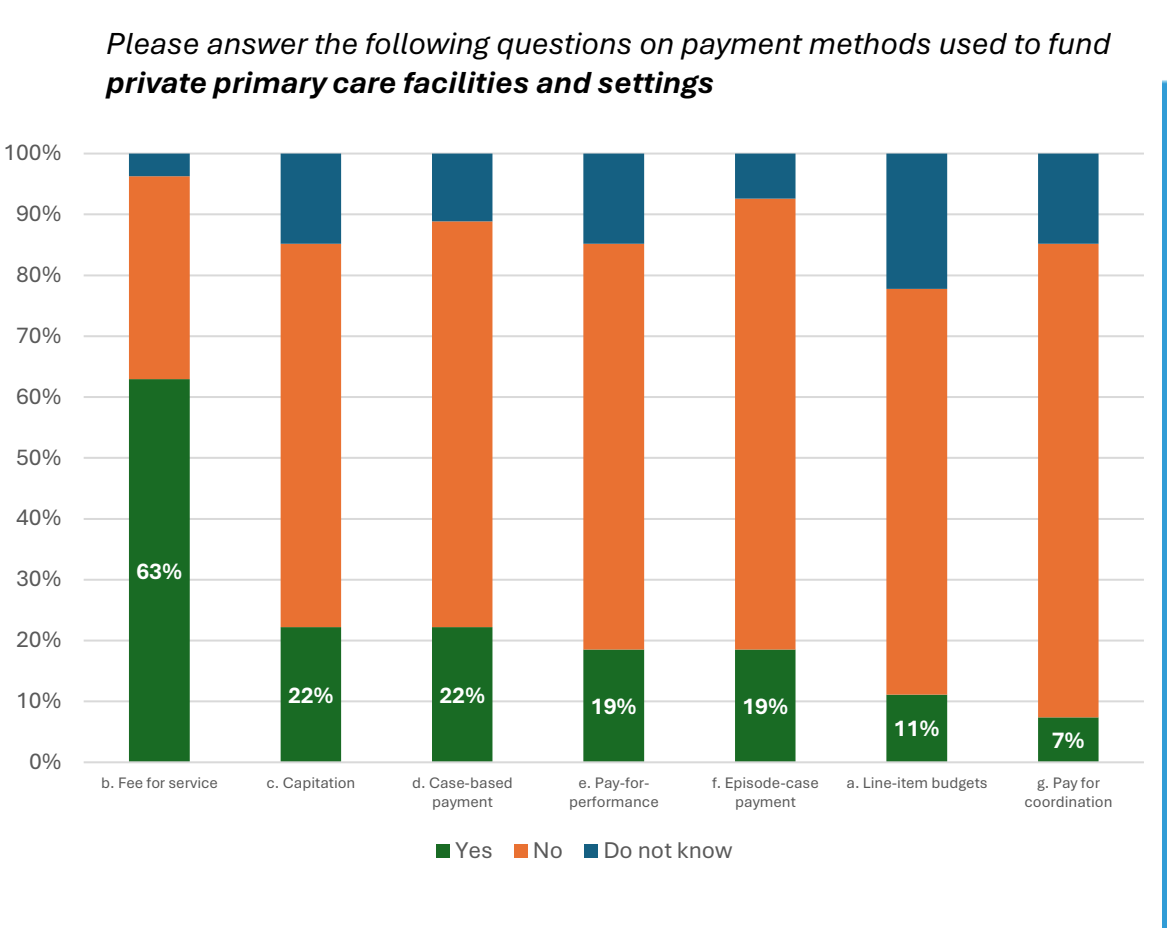
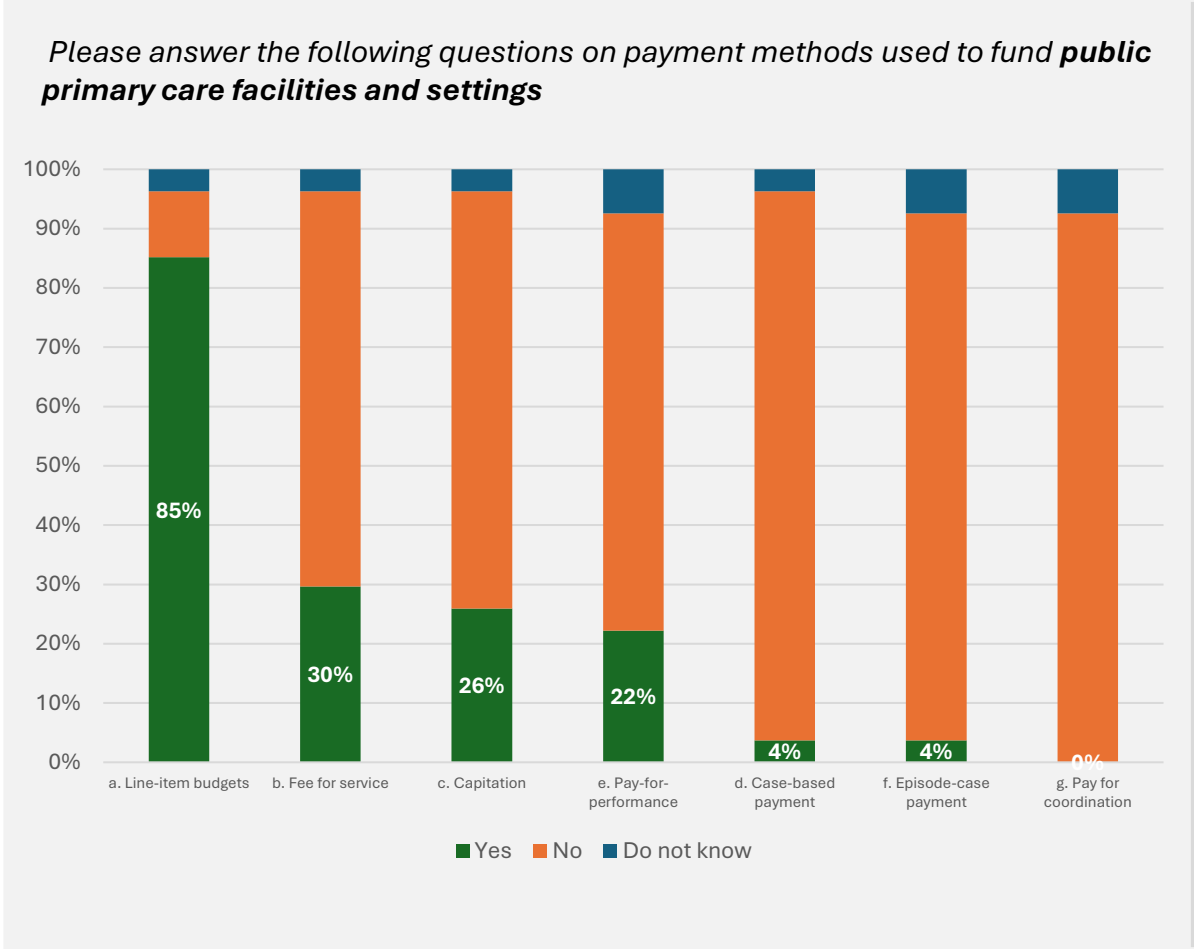
*Representa el promedio de 14 países de la Región de las Américas



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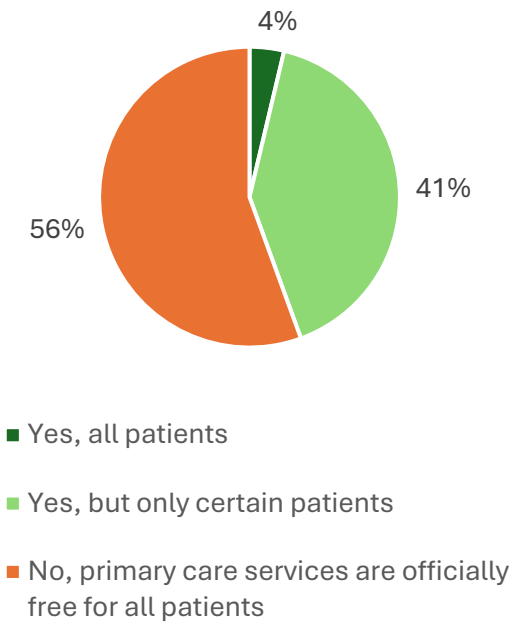
Health financing

Most public primary care facilities are financed via line-item budgets, while private facilities rely more on fee-for-service models.



Despite 56% of 27 countries offering free publicly funded primary care and 78% having measures to reduce financial barriers during emergencies, catastrophic health expenditures remain a concern, affecting up to 7.8% of the population

Do patients have to pay official charges to access publicly funded primary care services?



Are there defined measures to ensure financial barriers do not impede access during public health emergency events?

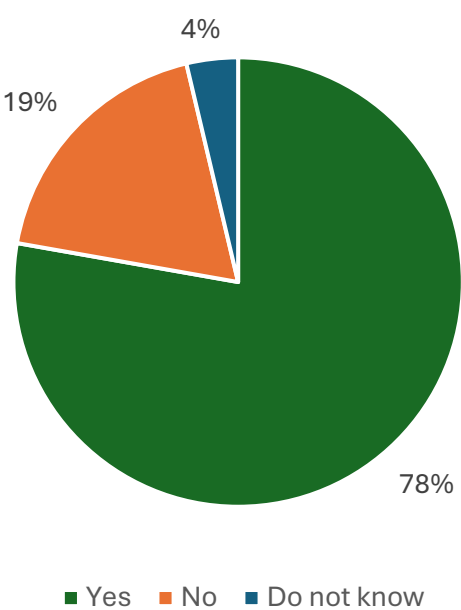
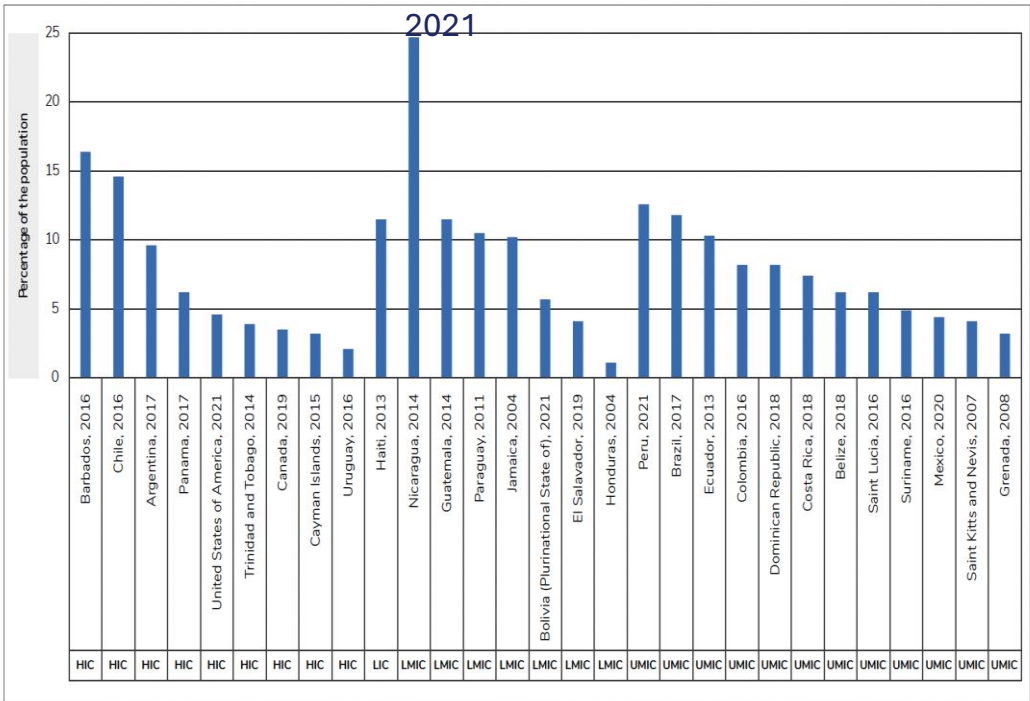


Figure 13. Incidence of catastrophic OOP health spending as tracked by SDG indicator 3.8.2 at the 10% threshold, most recent year, 2004 – 2021



Notes: HIC, high-income country; LIC, low-income country; LMIC, lower-middle-income country; UMIC, upper-middle-income country.

Pan American Health Organization. Progress in universal health in the Americas: addressing unmet healthcare needs, gaps in coverage, and lack of financial protection through primary health care. Washington, D.C.: PAHO; 2024. Available from: <https://doi.org/10.37774/9789275129470>.

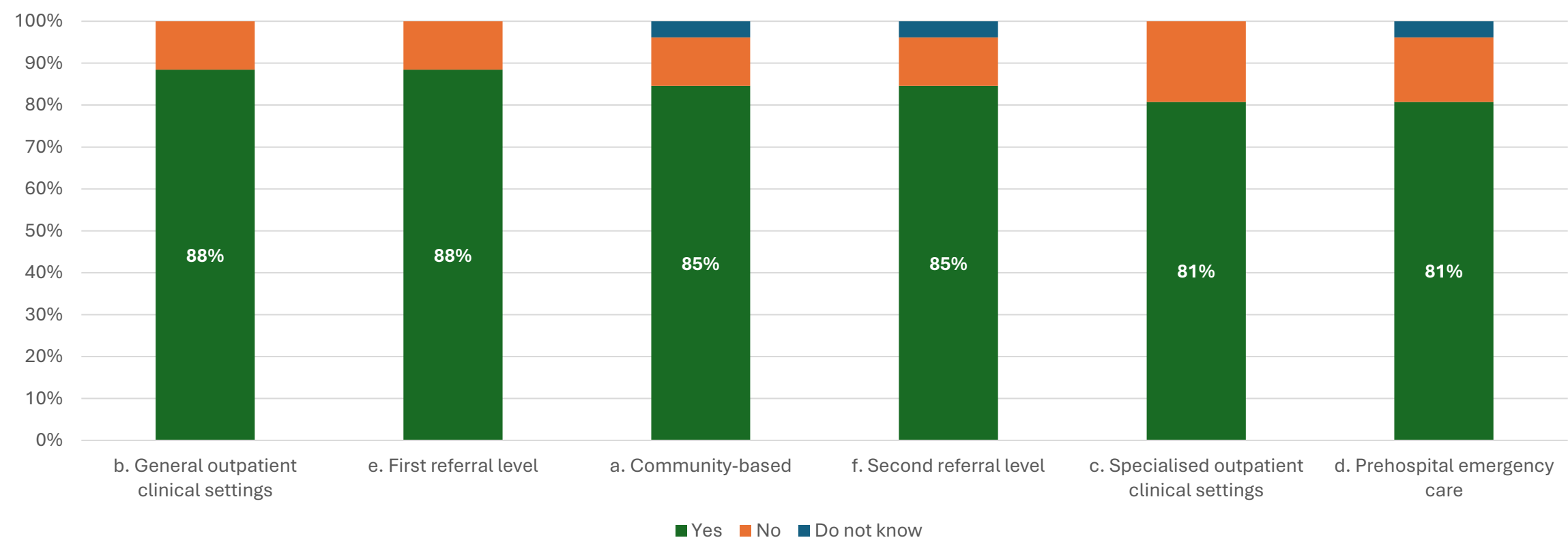
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Three horizontal bars of different colors and lengths are positioned below the number 3. From top to bottom, they are: a yellow bar that starts under the number and extends to the right edge of the frame; an orange bar that starts under the number and extends to the right; and a blue bar that starts under the number and extends to the right.

Service delivery and access

Roles and functions of service delivery platforms are explicitly defined in over 80% of countries

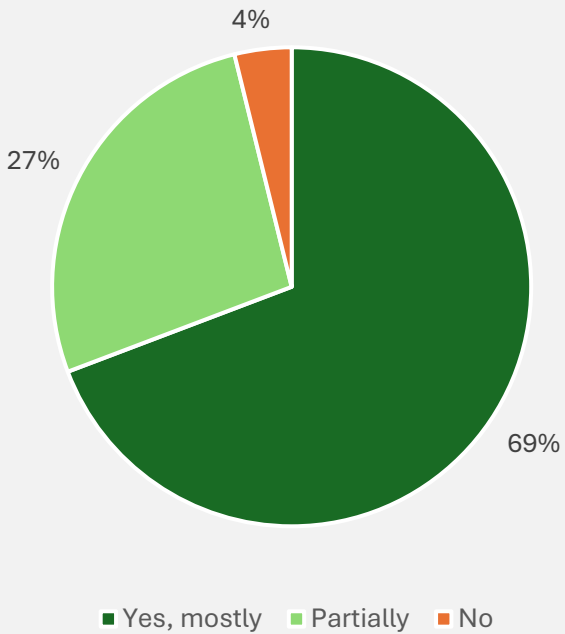
Are the roles and functions of the following types of service delivery platforms explicitly defined?



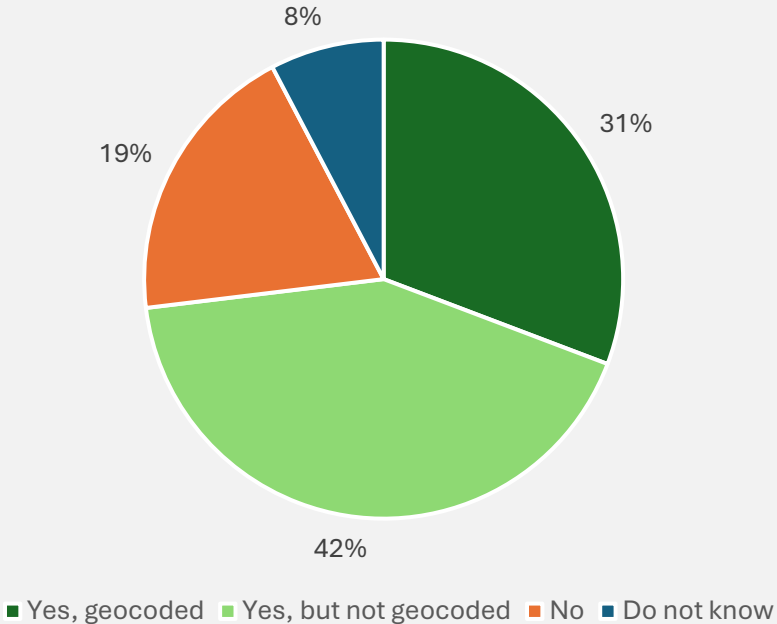
Geographic planning is established in many countries, with 69% of countries planning service delivery to population distribution.

However, only 31% use geo-coded databases

Is the geographic distribution of service delivery platforms planned relative to population distribution?

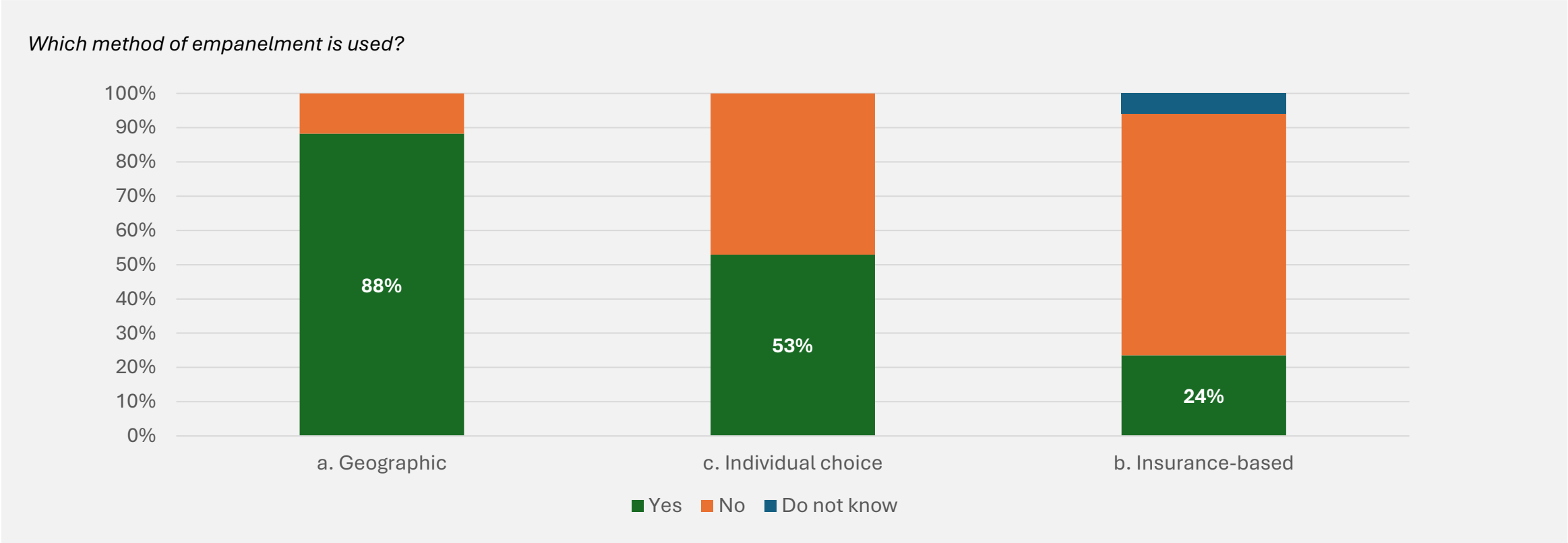


Does your country have a geo-coded database (such as a master facility list) that identifies where service delivery platforms and settings are located?



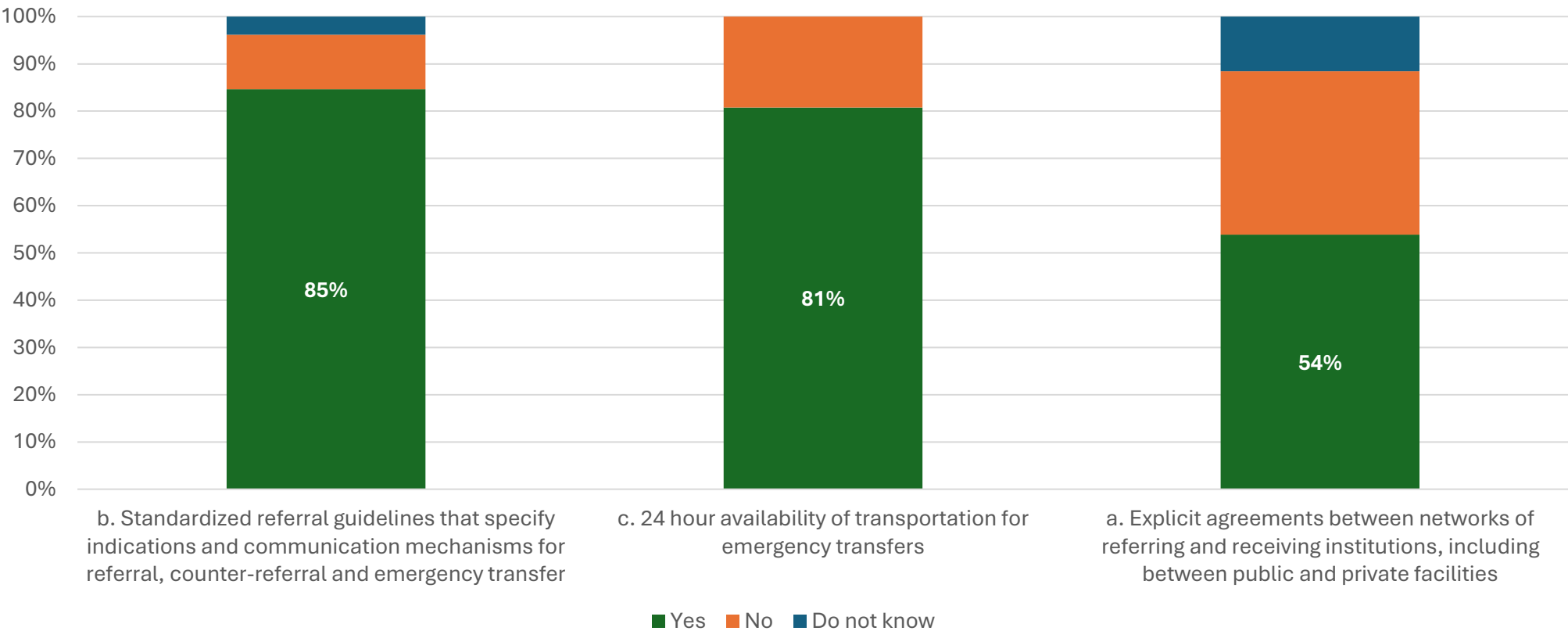
42% of 26 countries have empanelment systems for the whole population, while 23% apply them to select sub-groups or areas

Geographic is most common



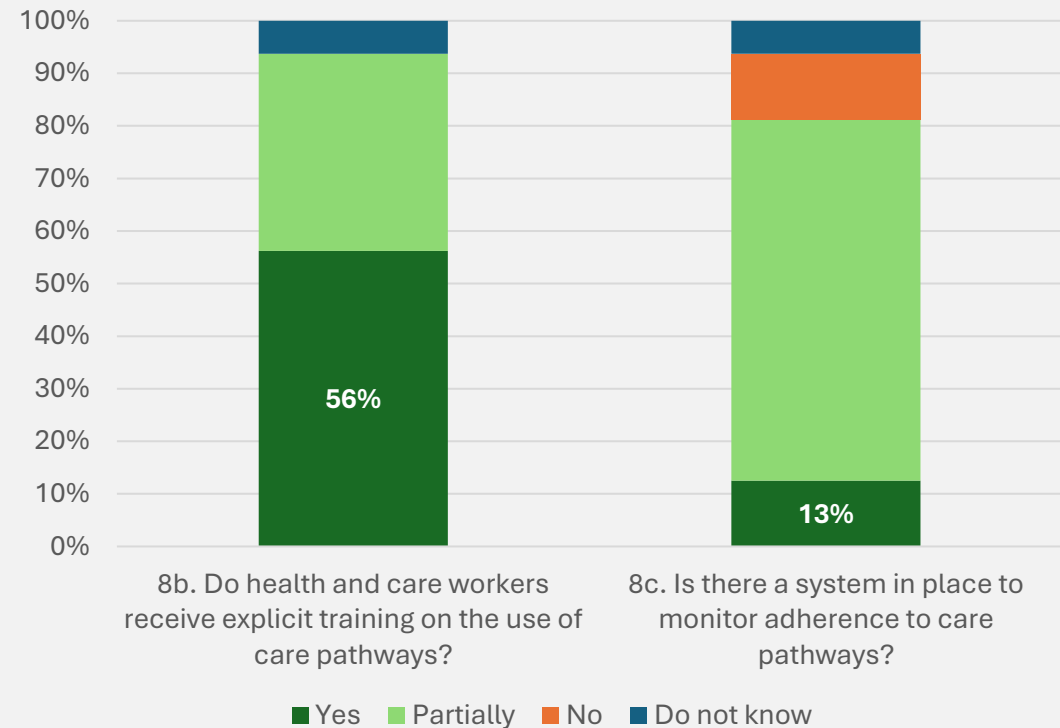
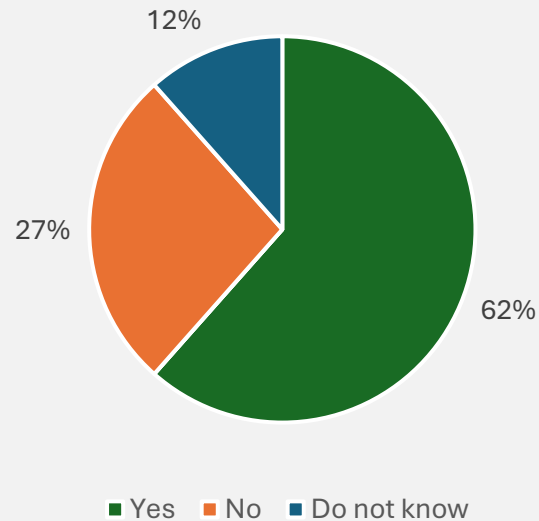
While standardized referral guidelines are implemented in 85% of countries, only 54% have inter-institutional agreements in place

Are the following mechanisms in place to support patient referral, counter-referral, and emergency transfers?



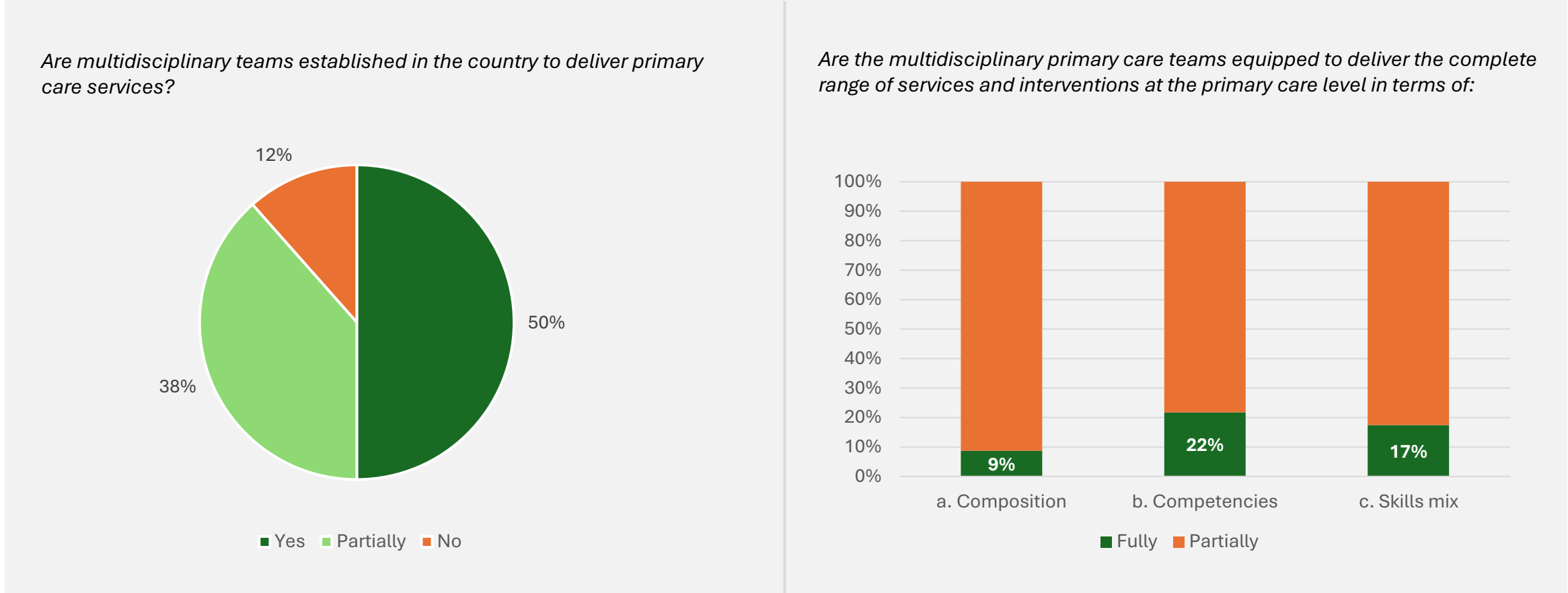
62% of 26 countries have developed patient care pathways, and in 56% of countries, health workers receive explicit training on their use

Have patient care pathways been developed for common conditions/diseases in the country?



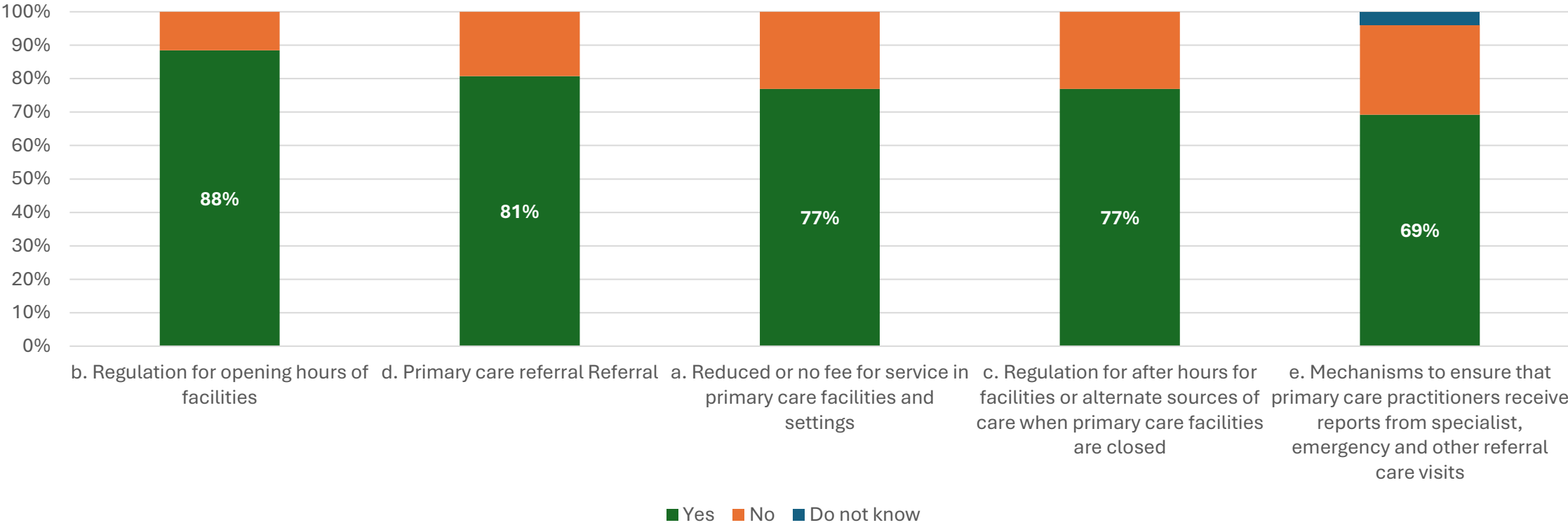
50% of 26 Countries Have Established Multidisciplinary Teams for Primary Care Services

In Most Cases, These Teams Lack Adequate Composition, Competencies, and Skill Mix



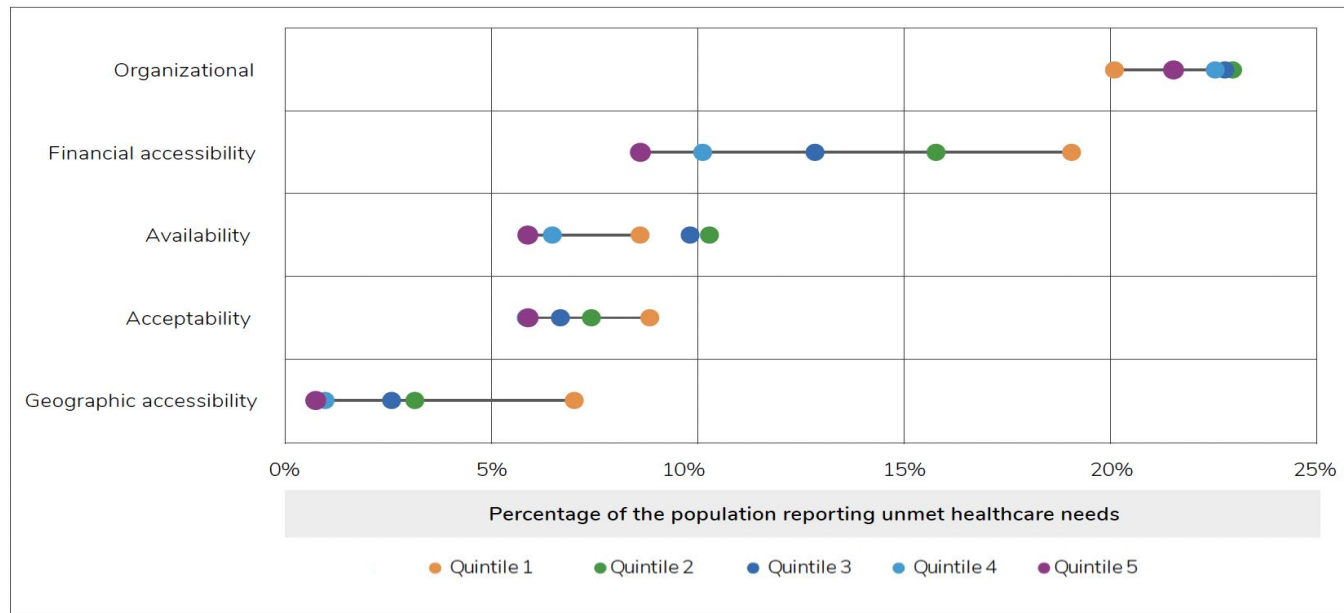
Between 69% and 88% of Countries Implement Mechanisms to Support Access to Primary Care, Including Reduced Fees and Referral Networks

Are the following systems or mechanisms in place to support access to primary care facilities and setting21 as the first point of contact for most health needs?



However, one-third of people forgo care due to financial and non-financial barriers.

Figure 5. Inequalities in unmet healthcare needs by type of barriers to access



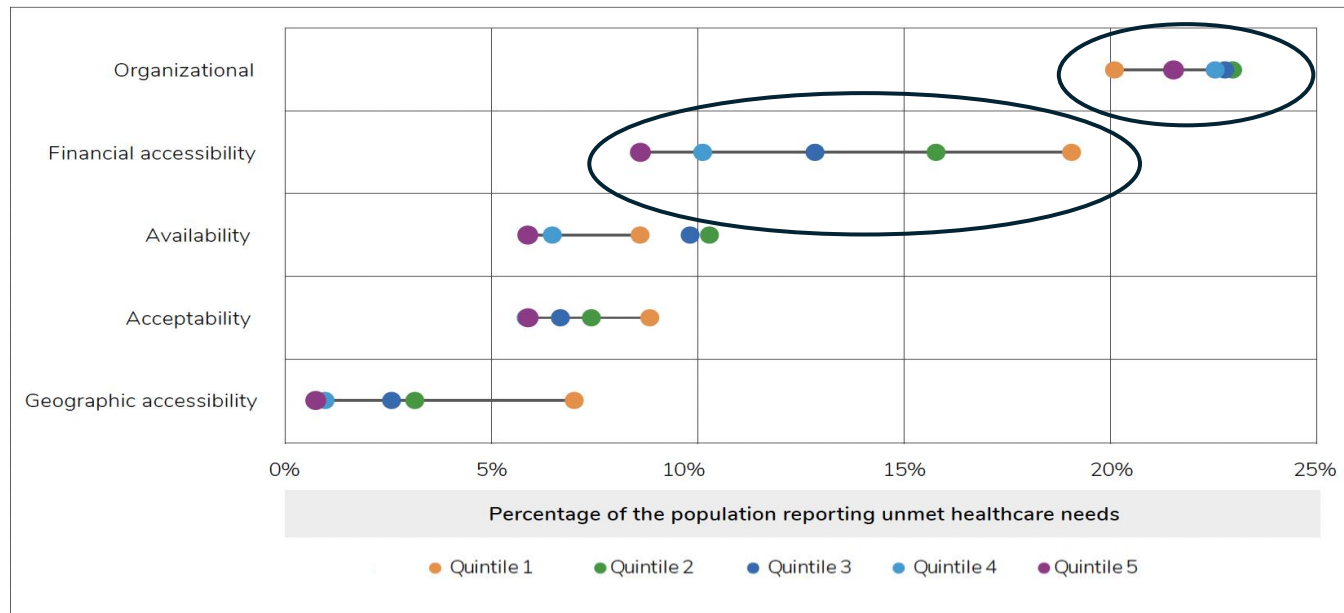
Non-financial barriers:
Organizational, availability, acceptability, and geographic challenges collectively account for over 40% of unmet health care needs.

Data source: Compiled from household surveys on living and health conditions.

Pan American Health Organization. Progress in universal health in the Americas: addressing unmet healthcare needs, gaps in coverage, and lack of financial protection through primary health care. Washington, D.C.: PAHO; 2024. Available from: <https://doi.org/10.37774/9789275129470>.

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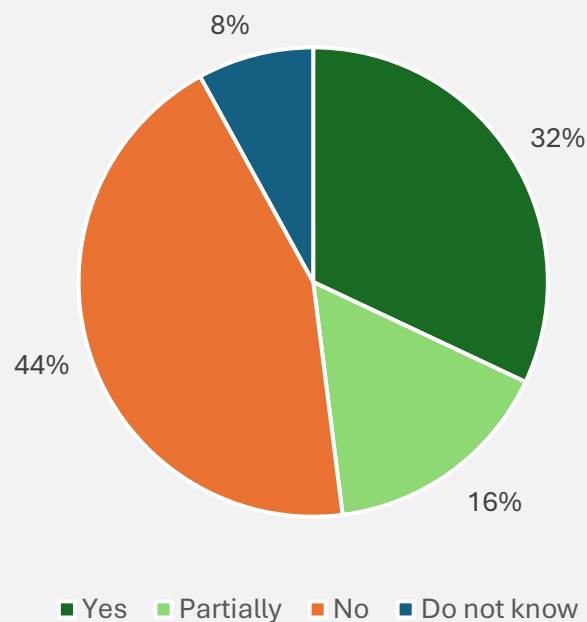
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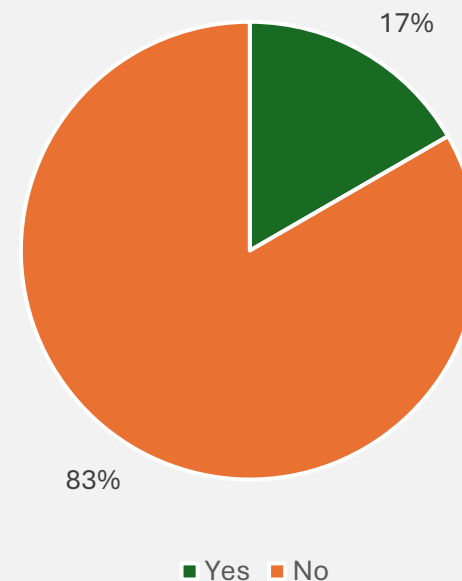
Pan American Health Organization. Progress in universal health in the Americas: addressing unmet healthcare needs, gaps in coverage, and lack of financial protection through primary health care. Washington, D.C.: PAHO; 2024. Available from: <https://doi.org/10.37774/9789275129470>.

Only 32% of countries conduct population surveys on barriers to accessing care, and 17% carry out patient surveys on patient-reported outcomes

Population surveys on barriers to accessing care and health outcomes



Population surveys on Patient-reported experiences



Key messages

- PHC remains central to advancing universal health coverage and resilient health systems in the Americas. Recent assessments reveal both progress and persistent gaps across governance, financing, service delivery, and measurement, shaping the region's PHC landscape.
- Most countries have taken significant steps to strengthen PHC governance, with 57% enacting PHC-focused reforms or policies in the past five years. Investments in infrastructure and access to medicines are prioritized nationally in over 60% of countries. However, only about half have dedicated departments or standalone action plans for essential public health functions (EPHFs), and just a quarter have robust accountability and transparency mechanisms for EPHF tracking. Many countries still face moderate capacity challenges in fully implementing EPHFs.
- Public funding for primary care is widespread, with 81% of countries delivering these services through all public sector facilities. Most public facilities are financed via line-item budgets, while private facilities rely more on fee-for-service models. Despite 56% of countries offering free publicly funded primary care and 78% having measures to reduce financial barriers during emergencies, catastrophic health expenditures remain a concern, affecting up to 7.8% of the population.
- Geographic planning and empanelment systems are in place in many countries, with 71% of the population linked to a primary care provider or team. However, only 42% of countries have comprehensive empanelment systems, and multidisciplinary teams, though established in half of countries, are often under-resourced. Mechanisms such as standardized referral guidelines and patient care pathways are increasingly common, yet training and inter-institutional agreements remain incomplete.
- A third of people still forgo care—often due to financial and non-financial barriers. However, population surveys on barriers to care and patient-reported outcomes are limited, hampering comprehensive assessment of equity and quality.