

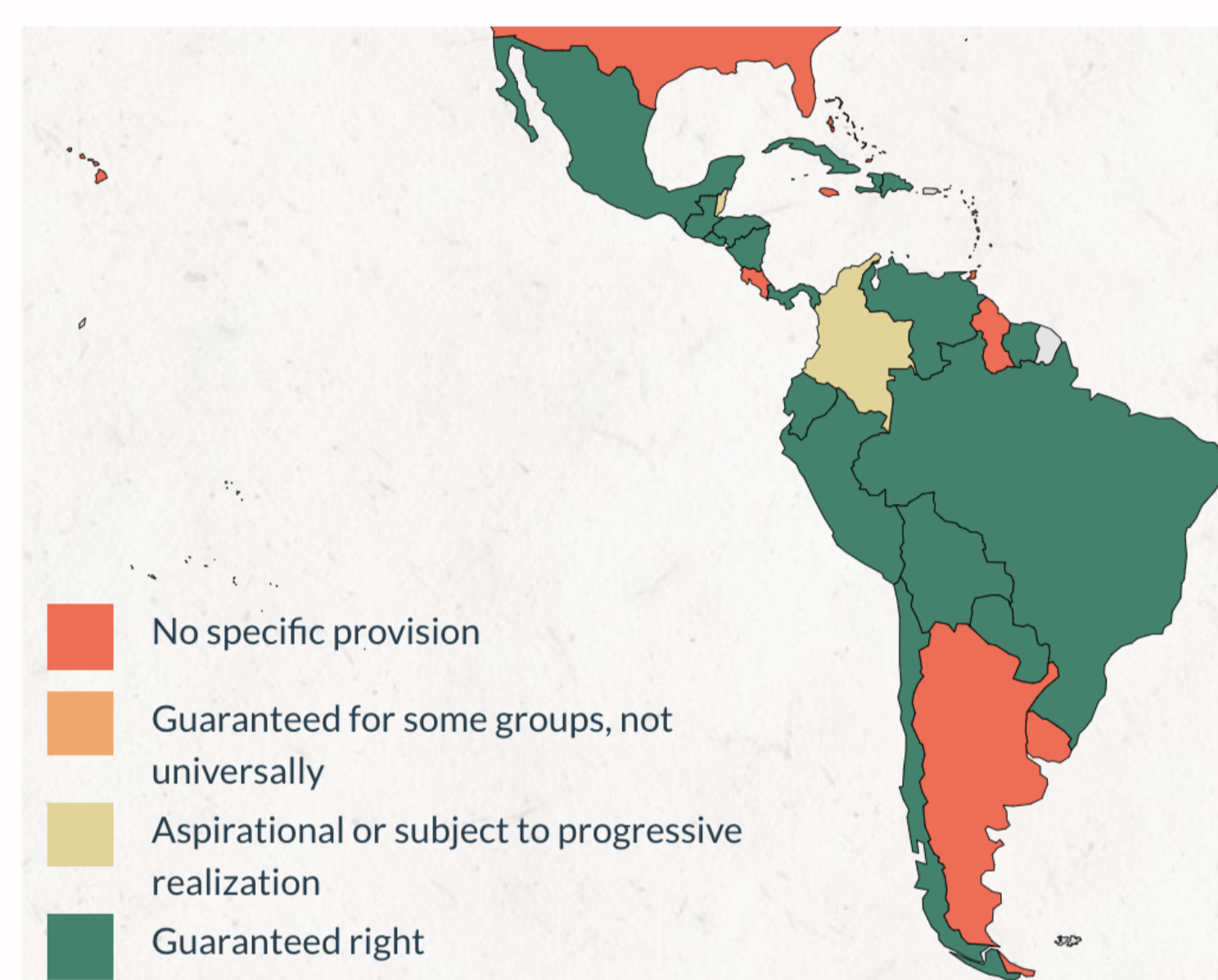
Health Rights and Access in Latin America

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Abstract

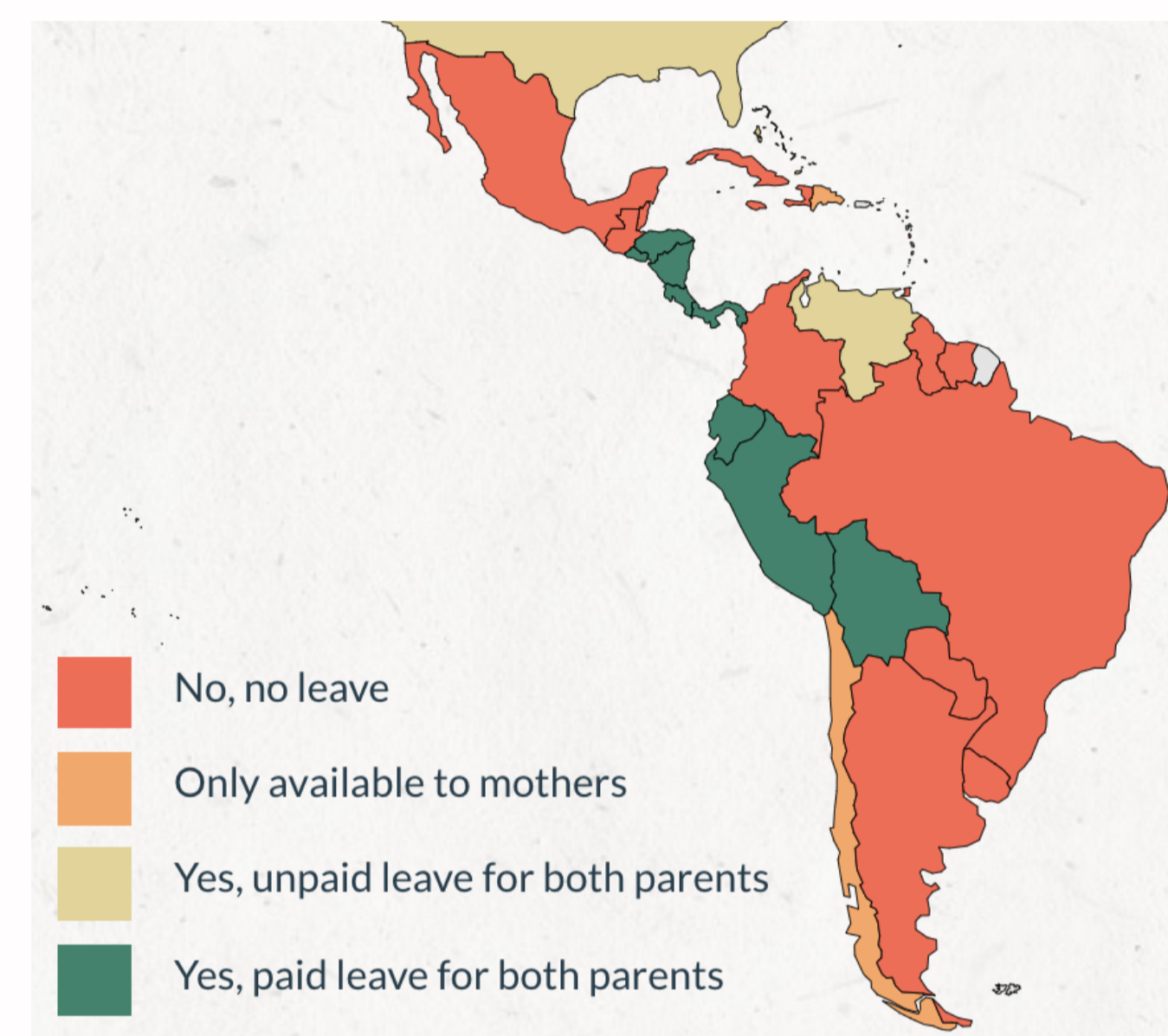
We argue that, for a citizen to truly benefit from the constitutional right of health, it would require the country's labor policies to align in such a way that citizens are given the flexibility in their work lives to care for their health and well-being, as well as the health and well-being of their families. World Policy Analysis Center Data was used to determine the labor policies and constitutional rights in Latin America. Constitutional rights were compared against health policy variables for each country. Of the total 20 eligible Latin American countries, 14 guarantee the right to health in their constitutions.

Background



Does the constitution guarantee citizens the right to health? [1]

The legal right to health is used both as an instrument to demand governments to provide health care as well as a form of improving health and reducing health inequalities. [3]



Are working men and women guaranteed leave to meet their family's health needs? [2]

Healthcare facilities and services may be available in a country but are futile if they are inaccessible to those to who need them. [4]

What role, if any, do constitutional guarantees and leave policies play in health quality in Latin American countries?

Methods

World Policy Analysis Center Data was used to determine the labor policies and constitutional rights in Latin America. Constitutional rights were compared against health policy variables for each country. Countries were categorized into "Least consistent" "Aspirational" and "Most consistent" based on the consistencies of health policy and constitutional rights (See Table 1). Least consistent countries were defined as those who guarantee the right to health in their constitution, but do not guarantee leave for children's and/or family health needs. Most consistent countries were defined as those who guarantee the right to health in their constitution, and provide the highest level of leave to their citizens for the entire family's health needs. Aspirational countries were defined as those who have "aspirational" guarantees for the right to health in their constitution, yet do not guarantee leave for children's health needs and/or family health needs. Four case studies were performed as exploratory analyses using the Global Burden of Disease study to provide insight into the health access and quality in the region.

Case Studies

EL SALVADOR "Most Consistent"

The country began the process of establishing a National Health System (NHS) in 2009. The National Integrated Health System Law was officially approved in May 2019.

Due to these reforms, the country saw an increase of

135%

in the use of preventative services. [5]

The ten-year progress report of NHS efforts notes that the communities are still struggling to address the challenges posed by **non-communicable diseases, violence, and mental health.**

Much of the barriers to overcoming these challenges are related to the **high prevalence of gang violence.** [6]

COSTA RICA "An Anomaly"

While Costa Rica **does not guarantee the right to health** in their constitution, they **provide paid leave for men and women for children's health needs.**

ARTICLE 21

"THE RIGHT TO LIFE"

The government passed resolutions which have acted as the guarantee to health for their citizens. These resolutions were motivated by Article 21 of the constitution, which discusses the right to life. They argue that the right to health is implied in this article.

In 1973, the **General Law of Health** was passed which affords the **right to healthcare provisions for all citizens.**

NON-COMMUNICABLE DISEASES

are Costa Rica's predominant health burden. This is a reflection of their **high life expectancy** and **improved health conditions.**



INCREASING VIOLENCE



Even though the country is largely not involved in the violence that has ensued in the region in recent years, the **DALYs of violence are still increasing year-to-year** [7].

MEXICO & GUATEMALA "Least Consistent"

The Guatemalan and Mexican constitutions **grant all people protection to their health. Neither country has policies to provide leave, paid or unpaid, to working men and women to care for their children or their families.**

GANG VIOLENCE

Both countries struggle with high DALYs of violence, due to high incidences of gang and domestic violence.

HEALTH COVERAGE INEQUALITY

Inequalities are an issue for health coverage in Mexico and Guatemala, particularly in rural areas. It is estimated that basic health and nutrition services only reach 54% of citizens in rural areas in Guatemala. [8]

Results

Table 1: Country Classifications

Most Consistent Countries	
1	El Salvador
2	Peru
Least Consistent Countries	
1	Brazil
2	Guatemala
3	Mexico
4	Paraguay
5	Suriname
Aspirational Countries	
1	Colombia
2	Belize

Of the total 20 eligible Latin American countries, 14 guarantee the right to health in their constitutions. Only four countries do not guarantee the right to health for their citizens. **Half of the region does not guarantee leave for children's health needs, and over half of the region does not guarantee leave for family's health needs.** Case studies into four Central American countries showed a high variation of policies and rights existing across countries and notably different health outcomes in each.

Analyses of El Salvador, the "most consistent" country, Mexico and Guatemala, the "least consistent" countries, and Costa Rica, a country labeled "an anomaly" (because they do not have a constitutional guarantee to health, but are known to have the best health outcomes in the region), revealed the degree to which **constitutional guarantees and health policies can facilitate improved health outcomes** and highlighted **key barriers to good health outcomes that are not addressed by constitutional guarantees or labor policies.**

El Salvador, labeled a "most consistent" country, **has seen unprecedented health improvements in the last decade.** However, there are still barriers to good health outcomes such as the presence of **gang violence** and the **efficiency of health care coverage**, which **persist.** Costa Rica's context shows that **addressing barriers to health goes beyond constitutional rights and labor policies.**

Conclusion

Guaranteeing the right to health in a constitution should be taken seriously and be accompanied by the appropriate labor policies. A critical discussion of the efficacy of constitutional guarantees and leave policies would shed light on identifying interventions and policies to improve health outcomes in this region.

References

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