

Health policies and systems in Latin America: regional identity and national singularities

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Latin American societies are marked by profound socioeconomic inequalities that originated in the colonial period and were reiterated by the 20th-century processes of capitalist modernization, whose main characteristics were the countries' peripheral role in the global economy and limited social redistribution. Throughout the last century, various Latin American countries developed segmented social protection and health systems tied to the formal labor markets which excluded the majority of the population due to high levels of informality^{1,2}.

Latin American countries' historical and structural characteristics and development models influenced the paths and specificities of the national systems for social protection. The state was responsible for the reproduction of inequalities through regressive tax systems and stratified social policies. In some countries, it has subsidized the development of private sectors in the provision of social services, as in education and health³. In addition, contextual and political conditioning factors – economic cycles, government projects – influenced social policies at each historical moment. Finally, we highlight the importance of specificities in the different social policy areas – like health – which display singularities in the historical processes of societies given the different objects of intervention, backgrounds, and political stakeholders.

In the 1980s and 1990s, Latin American states underwent important transformations amid processes of economic liberalization and democratization at different paces and with different intensities, with major implications for social policies. Various countries launched reforms in their health systems with differing orientations, depending on their structural, institutional, and political and contextual conditions.

In the 2000s, the election of Center-Left governments in some countries⁴ raised expectations for changes in the development models, with greater emphasis on social issues, while encouraging the debate on the relations between politics, democracy, and redistribution. The region witnessed positive experiences in the reduction of inequalities, associated with the redistributive effect of social policies and the increase in the workers' income^{5,6,7}.

However, the mid-2010s saw a new turnaround in various Latin American countries. The new scenario was characterized by economic and political instability, the rise of neo-

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liberal and neoconservative governments, and threats to democracy and social rights, that had been hardly conquered in previous years.

We are living in difficult times. Contemporary capitalism is characterized by neoliberalism and financialization⁸, undermining the possibilities of counterbalancing the perverse effects of markets through the social and democratic state. Reflection on the nature and meaning of social policies in peripheral countries is all the more necessary in such a context.

This Supplement of CSP features a set of articles by authors from different countries that explore the manifestations of these processes in Latin American health systems, discussing their international and national conditioning factors and contributing to the identification of similarities and differences between the various cases. The publication was supported by the Support Program for Research, Development and Innovation in Public Health (Inova-Ensp), edital 2013.

The *Perspectives* section offers an analysis of the political struggles involving different projects for social and health policies. In the *Thematic Section*, two papers explore social protection models in Latin America and the dynamics of recent reforms. The *Essay* section then features studies on the complexity of international and national interaction in health policies: the first on South-South cooperation in health and the second on the relationship between the global dimensions and national dynamics in public-private relations in health, especially in the so-called public-private partnerships.

The *Articles* section begins with two papers on strategic issues for health systems – the privatization of healthcare and the organization of primary care – based on studies that cover various countries in South America. A second group of four articles presents case studies on the experience of health policies in Colombia, Mexico, and Brazil. These countries are important not only in demographic, territorial, and economic terms, but also because they underwent health system reforms in recent decades. The reforms had different orientations and time frames, expressing the diverse political projects and structural difficulties faced by Latin American nations.

The issue closes with an interview with Asa Cristina Laurell. Internationally renowned as one of the leading representatives of social thinking in health in Latin America, the author addresses the different health system reforms in Latin America in recent decades, the main conditioning factors and stakeholders, and the challenges at multiple levels for strengthening the right to health.

The thematic issue thus aims to contribute to our understanding of both the regional identity and peculiarities of Latin American countries, as well to reflect on the complexity of challenges for expanding social rights and building more comprehensive and egalitarian health systems in Latin America. We hope you enjoy this edition of the journal!

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