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Using a Small Lever to Achieve Big Outcomes in a Devolved Health System: 20 Years of Programa Sumar in Argentina

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ABSTRACT

Incremental health system transformations towards universal health coverage run the risk of losing sight of the overarching objectives and can lose momentum in the implementation process. Argentina's Programa Sumar is a program born out of response to both urgent and long-standing health challenges. Starting with a relatively small share of the government's budget for health, the Program over the last 20 years has gradually expanded in pursuit of increasing access to quality health care, fostering coherence through policy alignment and coordination in a highly decentralized system, and achieving its performance objectives through conditional transfers linked to results. This commentary reflects on how Programa Sumar created and has sustained its approach to health system transformation and provides four lessons: 1) distribute leadership across levels of government to enhance autonomy, collaboration, and implementation; 2) expand gradually, with a clear long-term vision – Programa Sumar took an incremental approach to expansion in terms of regions, populations, services, and management capacities; 3) ensure evolution through solid and flexible design – the Program needed both the flexibility to adapt strategies to various challenges and a constancy of purpose; and 4) compromise to make progress. The Argentine experience with Programa Sumar shows that strengthening a scheme does not have to mean adopting a fragmented approach. Instead, by implementing Programa Sumar thoughtfully and collaboratively, the reform has developed a solid foundation with the flexibility to adapt across geographies and time, creating the necessary conditions for expansion to and greater coherence across the entire system.

Introduction

Incremental health system transformations run the risk of losing sight of the overarching objectives and can lose momentum in the implementation process. Argentina's Programa Sumar, however, has for the last 20 years gradually expanded in pursuit of increasing access to quality health care, fostering coherence in a highly decentralized system and achieving its performance objectives. This commentary reflects on how Programa Sumar created and has sustained its approach to health system transformation as part of the special issue on Objective-Oriented Health Systems Reform.

Context

Argentina is a middle-income country whose provincial authorities were established before it became a federation. The provinces retain significant autonomy, and the current federal arrangement remains a source of tension, particularly related to the distribution of governmental revenue amid frequent political and socioeconomic

crises. Related challenges include the centralization of tax revenue collection at the federal level, lack of clear guidelines for equitably distributing funds among provinces, and financial difficulties at the provincial level.

This tension pervades into Argentina's health system, which is comprised of three sectors: public, social security, and private. Formal workers, retirees, and their families have health insurance through the social security subsystem, while people who can afford to pay voluntary health insurance premium are covered through the private sector.¹ The decentralized public health system is managed at provincial and municipal levels. It provides free health coverage to all inhabitants, mainly to the poorest segment of the population (approximately 20 million people), which lacks formal health insurance coverage.² The federal Ministry of Health (MoH) holds a stewardship and sector coordination role—its Federal Health Council is an institutional forum for consensus-building and common policy making with provincial health authorities. While the federal government is responsible for raising revenue, however,

the federal MoH has a modest role in financing and no authority to determine how provincial health systems are organized. Provincial and municipal administrations have allocation authority over 80% of health-related public expenditure. This asymmetry between taxation powers and expenditure responsibilities places provinces in a situation of permanent fiscal imbalance.

Programa Sumar's Health Reform Objectives

An unprecedented socioeconomic crisis in 2001 caused many population groups in Argentina to lose their health insurance coverage due to increased unemployment. This placed a heavy burden on the public health system. At that time, almost half (48%) of the population lacked formal health insurance coverage, and 65% of children were uninsured.³ Basic health indicators worsened, including an increase in the child mortality rate.⁴ The crisis also highlighted the lack of effective federal stewardship and coordination across the health system, poor performance at the primary care level, and marked inefficiencies in resource allocation. In response to both the urgent crisis and the long-standing challenges, in 2004, the federal MoH launched a health reform to reinforce the public health system.⁵ Originally called Plan Nacer, in 2012 the program was renamed as Programa Sumar. (This name or “the Program” are used henceforth).

While the Program has expanded its strategies incrementally, its long-term vision has been in place from the start,⁶ with its four objectives: 1) to reach the entire population that lack formal health coverage; 2) to institutionalize a more equitable financing model aligned with prioritized results; 3) to encourage a performance-based management culture at all levels of the health system; and 4) to standardize coverage and purchasing practices across schemes with both public and private providers.

First, the federal MoH introduced conditional budget transfers linked to population health results. Under the Program, funds are transferred to provinces and municipalities via capitation payments based on: 1) the enrollment of eligible population who effectively received a preventive service in the last 12 months; and, 2) provincial performance on health output indicators (such as prenatal care, vaccine coverage, healthy child and adolescent visits, adequate care for patients with diabetes and hypertension and cancer prevention).⁵ The Program initially focused on key services for pregnant women and children, and has gradually expanded coverage by adding new primary and secondary preventive services. As of 2024, the Program covers more than

700 health services organized in 50 care pathways within its benefit package.

To promote equity, the Program started in the poorest and least-developed provinces in the northern region, and then expanded to the rest of the country. It took ten years for the Program to cover 100% of the population that previously lacked formal health insurance coverage (approximately 38% of the population).

This financing scheme has strengthened strategic purchasing functions in provincial health systems as a means to expand and improve coverage of a package of prioritized preventive primary health care services, with the ultimate objective of reducing morbidity and mortality.³ Rigorous impact evaluations have been carried out by the federal MoH with the support of the World Bank, which show significant improvements in service utilization and health status among the Program's beneficiaries. Furthermore, analyses show that the Program is highly cost-effective in terms of financing maternal health services.^{7,8}

Argentina's experience with Programa Sumar shows that appropriately designed and implemented conditional transfers linked to results can be powerful drivers of health system transformation.^{9,10} Although the Program represents less than one percent of the average annual provincial health budgets, it has significantly contributed to improved health system performance,¹¹ as well as overall health outcomes.

Core Components of Programa Sumar

While Programa Sumar is best known for its results-based financing strategy, it also encompasses related levers to improve the public health system. Four core components have contributed to the Program's success:

- **Well-designed intergovernmental transfers linked to results**

The Federal MoH, in consultation with provinces, developed the Program with a consistent and sophisticated mechanism of conditional budget transfers between federal and provincial levels over the course of two years (2003–2004). It clearly delineates: an amount to transfer based on the incremental cost to cover a relatively small Health Benefit Package¹²; allocation criteria that combine an equity measure (life expectancy) and performance measures (health outputs and outcomes); an explicit condition that the funds can only

be used to purchase the Program's benefit package from public facilities; and public facilities' autonomy to allocate transferred funds to provide those benefits. Provinces must co-finance Programa Sumar by providing 15% of the amount provided by the national government. The transparent and predictable transfer mechanism incentivizes performance improvement and has strengthened the purchasing function within provincial MoHs.

- **Dedicated management teams lead the process**

From the Program's start, the federal MoH in Argentina recognized that financial reforms are also managerial and organizational reforms. Thus, improving the purchasing function in the provinces required building new managerial and organizational competencies. The Program is managed by dedicated multidisciplinary teams at both the federal and provincial levels. Dedicated management units at the provincial level enable institutional autonomy and leading the change management process. Developing highly specialized management teams has enabled the Program to function for two decades with a degree of insulation from administrative and political instability.

- **Close supervision and tailored technical assistance to provinces**

Increased autonomy without strategic guidance can widen inequities and result in more inefficiencies and fragmentation. During implementation, the federal MoH deployed supervisory teams to monitor and support the dedicated management teams, and to sustain the ongoing dialogue across provinces. This was done in recognition that financial incentives alone are insufficient to sustainably improve local decision-making. The technical assistance was also crucial to support provincial governments (particularly in low-performance provinces) as they developed plans and introduced new results-driven management tools. Providing tailored technical support required building cooperative relationships and appropriate conditions so stakeholders can contribute to improving overall performance.

- **Rigorous and independent verification**

The effectiveness of the transfers under Programa Sumar depends on a robust auditing scheme designed to guarantee the veracity of the reported results and ensure consistency and transparency across provinces. The federation defined rules and target results for the use of capitation transfers by the provinces, enrollment

of eligible beneficiaries, co-financing responsibilities of provinces and facilities, and the autonomy to allocate funds, among other practices. Adherence to the rules is systematically verified by internal and external auditors, with monetary penalties for violations. A private external auditor acts as an impartial third party whose findings are binding. The external audit is a central part of the general system of supervision and quality improvement.

Lessons from Programa Sumar on Iterative Design and Implementation

For the past 20 years, Programa Sumar's implementation has been an iterative process. Building on its core components, it has expanded gradually while constantly fostering the engagement of three levels of local actors (provinces, municipalities, and public health facilities). It continually refines policies, strengthens managerial capacities, and coordinates across levels of government. The Program's impact is evident from the fact that the Federal government extended its original plan to finance the Program for only the first 5 years. The Program has been adopted as a permanent governance instrument that reduces inequalities and promotes performance improvement. The Program's experience offers four lessons:

- **Distribute leadership**

Establishing Programa Sumar did not require passing a new law. Instead, it operates within preexisting institutional arrangements. Because it neither required reassigning decision-making authority (between the federal and provincial levels) nor threatened their interests and rights, it was able to be rapidly introduced.

Furthermore, the Program was designed in close consultation with provinces. Successfully implementing health-system reform depends on both the capacity and the engagement of the implementers. People tend to support policies and programs that they help create. Skipping the "involvement and participation" of stakeholders can be tempting from the perspectives of both expediency and timing, however, non-participatory approaches risk failure at the implementation stage.

Neither money nor autonomy alone can create transformational change. Under Programa Sumar, provincial governments and providers are accountable for the funds they allocate and, importantly, for the results they achieve. The use of results-based funds distribution strengthens preexisting provincial leadership and increases the financial autonomy of public providers. By offering information management tools, supervision, and support, the Program has promoted

effective decision-making by local governments and facilities.

Finally, health-system transformation requires the full involvement of empowered health workers as the key agents of change. Hence, Programa Sumar gave providers the autonomy to allocate funds for their own benefit and thus have a more direct influence over the processes they manage.

- **Expand gradually, with a clear long-term vision**

Programa Sumar arose from the federal authorities' awareness that the health system required profound and complex changes—and required time to evolve. As a result, the Program took an incremental approach to expansion in terms of regions, populations, services, and management capacities. This allowed implementers to learn from the implementation experience and to adjust their policy levers to the changing context. Policy instruments were also developed incrementally. For example, the Program did not initially have digital information systems, a costed benefit package, or PHC facilities with bank accounts. These instruments were created and improved during implementation.

Programa Sumar's early achievements and learnings motivated the federal Central Management Unit to elaborate a roadmap for expansion, which was accompanied by a minor increase in funding, to include new services and population groups. The World Bank played a central role in that process. It ensured the availability of additional funds, safeguarded central principles and rules, and promoted international recognition of the Program based on impact evaluation results. Likewise, political appreciation of the positive performance of the Program by influential provinces was decisive in garnering public support and internal political impetus for its ongoing expansion.

While its long-term vision was sustained, the conceptualization of the Program has evolved over time. At the outset, the MoH considered the Program as a strategy for introducing financial incentives linked to results. Over time, the MoH has shifted to defining the Program as a policy that promotes strengthening the provincial MoHs' strategic purchasing functions (such as multiple payment mechanisms, benefit package, provider autonomy, and reformulation of financial management rules).

- **Ensure evolution through solid and flexible design**

Transforming a health system requires a paradoxical combination: the flexibility to adapt strategies to various challenges and a “North Star,” the overarching

objective guiding the reform's actions.¹³ A key principle of the Program is to enforce a few central rules, while allowing broad local autonomy. The Program has a strong regulatory framework, with clear definitions of the specific responsibilities of each party and detailed rules and procedures. The federal MoH defines key rules (the benefit package, payment mechanisms, information standards, and principles of provider autonomy), while the provinces then determine how the rules are implemented (including setting benefit package rates, designing IT systems, and defining eligible expenses for facilities). In maintaining this balance and distributing leadership (our first lesson), the federal authorities engage with provincial-level participants in discussions of the Program's evolving design.

At the start, the foundational health financing arrangements for the Program were well-established, which included formula-based transfers to provinces, output-based payments, monitoring, and external verification. These elements were key to enabling subsequent evolution and growth of the Program over time,

The Program's flexibility has allowed it to be adapted to different provincial settings, and to constantly evolve and be refined.¹⁴ Programa Sumar played a central role during the COVID-19 pandemic, ensuring quick and sufficient funding for provinces while encouraging a concerted national response.¹⁵

Several improvements have been introduced into the Program. One major adjustment was the incorporation into the benefit package of comprehensive treatment for congenital heart disease, a leading cause of infant mortality in Argentina.¹⁶ This was an important milestone in the Program's evolution,¹⁷ as it required adapting the policy instruments to costly and complex interventions that can only be delivered in certain provinces. Since the introduction of this benefit, both the timely diagnosis of patients and the number of surgeries performed have increased significantly, while waiting lists have shortened.^{17,18}

- **Compromise to make progress**

Throughout the Program's evolution, the leaders of the Program made several compromises to overcome potential obstacles and resistance. First, the Program promoted profound institutional changes within provincial health systems despite the lack of a comprehensive health financing strategy at the federal MoH. Having a more comprehensive long-term vision at the federal level would have benefited the Program, enabling more profound improvements, creating

consistency across a fragmented policy space, and expediting implementation and expansion.

The MoH has used language strategically throughout implementation. Initially, the Program's narrative emphasized enhancing equity, protecting vulnerable populations, and investing additional funds in preventive services. It placed less emphasis on technical concepts. Furthermore, federal authorities avoided using terms (including "prioritization," "health insurance," "pay-for performance," or "benefit package") that were associated with privatization and budget cuts. The rhetoric used promoted public understanding of the Program's objectives, rather than its mechanisms.

Conclusion: A Platform for a More Comprehensive Reform

Programa Sumar has been strengthening the foundation of the public health system in Argentina, beginning with a systemic vision and extensive discussion. The Program has used its policy levers to slowly become a leading platform, fostering coherence and sharing in a highly decentralized system.

Although Programa Sumar has made great contributions to the public health system, important challenges remain. The program is still not part of a comprehensive health financing strategy at the federal MoH. The provinces value the program and comply with co-financing responsibilities, but just a few of them have invested additional resources to expand this model beyond the requirements defined by the Federation.

As Argentina's future health reform agendas are determined, the package of financing and performance management instruments developed by the Program can continue to be used and adapted to shape integration among different coverage schemes. In recent years, the federal MoH and the Superintendent of Health Services have used the Programa Sumar experience to work jointly on the development of a single benefit package for the entire population. Additionally, the dedicated fund for congenital heart disease that was introduced as part of the Program is being considered as a model for catastrophic insurance for the whole population.

The Argentine experience with Programa Sumar shows that strengthening a scheme does not have to mean adopting a fragmented approach. Instead, by implementing Programa Sumar thoughtfully and collaboratively, the reform has developed a solid foundation, creating the necessary conditions for expansion to and coherence across the entire system.

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