

THE ARGENTINE HEALTHCARE SYSTEM

TPG/IHA Educational Summit Report

Buenos Aires, March 21-26, 2026

Katharine Guptill, Sc.D.



Educational Summit: Executive Summary

US healthcare executives face mounting pressure to control costs, expand access, and modernize care delivery — challenges that no single domestic model has yet solved. Studying how other countries' structure and finance their healthcare systems offers a rare opportunity to stress-test assumptions, identify blind spots, and surface ideas that have worked on a scale in different contexts.

Argentina presents a particularly instructive case. Its system combines universal coverage mandates, fragmented multi-payer financing, a growing chronic disease burden, and an ongoing digital health transformation — dynamics that mirror, in compressed form, pressures already reshaping the US market. For executives responsible for strategy, policy, and resource allocation, understanding how Argentina navigates these tensions — what is working, what has failed, and why — yields insights that are applicable to decisions being made in American boardrooms today.



Argentina maintains a **complex, highly fragmented healthcare system** composed of three primary sectors: **public, social security (union-based insurance)**, and **private insurance**. While the country spends a relatively high share of GDP on healthcare compared to regional peers, outcomes vary significantly across provinces, reflecting persistent inequities in access, financing, and quality of care.

Recent reforms under President **Javier Milei** have focused on **fiscal austerity, deregulation, and market-oriented restructuring**, with implications for pharmaceutical pricing, public health programs, digital health infrastructure, and foreign investment. These changes occur within the broader context of Argentina's epidemiologic transition toward chronic disease burden and an aging population.

A delegation of 16 US healthcare executives was in Argentina March 24, the [Day of Remembrance for Truth and Justice](#), marking the 50th anniversary of the 1976 military coup. It is a national public holiday honoring victims of the dictatorship. Significant protests, marches, and events took place in Buenos Aires, emphasizing

Nunca más" (Never again). While the holiday created some logistical challenges, the delegates were able to get a unique view into Argentine culture.

Throughout the visit, US healthcare executives found similarities, differences and, importantly, opportunities between the two healthcare systems:

1. A mirror on fragmentation — and a warning. Argentina's system suffers from 300+ competing insurance funds, severe provincial disparities, and siloed payers and providers. US executives will recognize echoes of their own system's fragmentation and can draw lessons on what happens when coordination mechanisms are absent at scale.

2. Austerity and deregulation have real consequences. Under President Milei, Argentina cut public health budgets, reduced immunization programs, and removed pharmaceutical price controls — triggering access gaps and public backlash. This is a live case study in what aggressive cost-cutting without structural reform does to population health outcomes.

3. Digital health and interoperability are the central reform lever. Argentina is pursuing a national Digital Health Agenda in 2026 — EHR interoperability, e-prescribing, AI-enabled chronic disease management, and telemedicine. US executives building similar infrastructure can learn both from Argentina's ambitions and from the barriers (political will, provincial variation, funding gaps) they're encountering.

4. Value-based and performance-based models are gaining traction. Argentina's Programa Sumar tied federal funding to measurable provincial outcomes — improving neonatal mortality and reducing low birth weight. This validates the value-based care playbook that many US systems are still struggling to implement domestically.

5. The chronic disease burden is the universal challenge. Argentina is in an epidemiological transition with rising rates of cardiovascular disease, cancer, and diabetes overwhelming systems designed for acute care. What Argentina is wrestling with in population health management is directly applicable to US strategy.

6. International partnership and market opportunity are real — but complex. With Argentina actively seeking US commercial alignment, there are concrete opportunities in digital health, insurance, biotech, and pharmaceuticals. However, regulatory uncertainty, macroeconomic volatility, and provincial variation demand careful due diligence from any US organization considering engagement.

7. Primary care is the foundation, not a footnote. Hospital Italiano, Hospital Alemán, and Buenos Aires' CeSAC community health centers demonstrate what coordinated primary care actually looks like: interdisciplinary teams, behavioral health integration, geographically defined population management, and continuity of care. Their hospital-at-home programs deliver improved outcomes at lower cost — a model the US should take seriously.

Educational Summit: Context, History, Implications

Country Context

Argentina is a South American country bordered by Chile, Bolivia, Paraguay, Brazil, Uruguay, and the Atlantic Ocean. Its geography includes four major regions: the Andes, the North, Patagonia, and the Pampas. The country has a population of approximately **46 million people**, with **over 90% residing in urban areas**, primarily in the Buenos Aires metropolitan region.

Argentina's population is largely of European descent, reflecting historical immigration from Italy and Spain. Spanish is the national language, and Roman Catholicism is the predominant religion.

Like many upper-middle-income countries, Argentina is in the **third stage of the epidemiologic transition**, characterized by declining infectious disease burden and increasing prevalence of chronic diseases such as cardiovascular disease, cancer, and diabetes. Life expectancy averages **78 years**, with women living significantly longer than men. Fertility rates are near replacement levels.

Significant disparities exist between provinces in both health spending and outcomes. Wealthier provinces spend up to **six times more per capita on healthcare** than poorer provinces, which experience **higher maternal mortality (8x), infant mortality (2x), and lower screening rates** for chronic disease.

Historical Development of the Healthcare System

Argentina's commitment to universal access to healthcare is reflected in its constitutional and legal framework. The national Ministry of Health was formally established in the 1940s and expanded under President Juan Domingo Perón in 1949, when public health policy shifted toward prevention and population health management.

During the Perón era, labor unions were authorized to establish healthcare coverage systems for workers, resulting in the creation of union-based health insurance funds known as **Obras Sociales**. These programs operated independently of the Ministry of Health, creating parallel systems of financing and care delivery. This institutional separation marked the beginning of Argentina's structural fragmentation.

In the 1970s, governance of public hospitals was decentralized to provincial authorities, further contributing to variation in resource allocation and service delivery across regions.

Today, Argentina’s healthcare system operates across three interconnected sectors:

Public Health Sector

The public system is funded through general taxation and administered by provincial and municipal governments. It provides care at no cost to approximately **36% of the population**, primarily individuals without formal employment-based insurance coverage.

Social Security Sector (Obras Sociales)

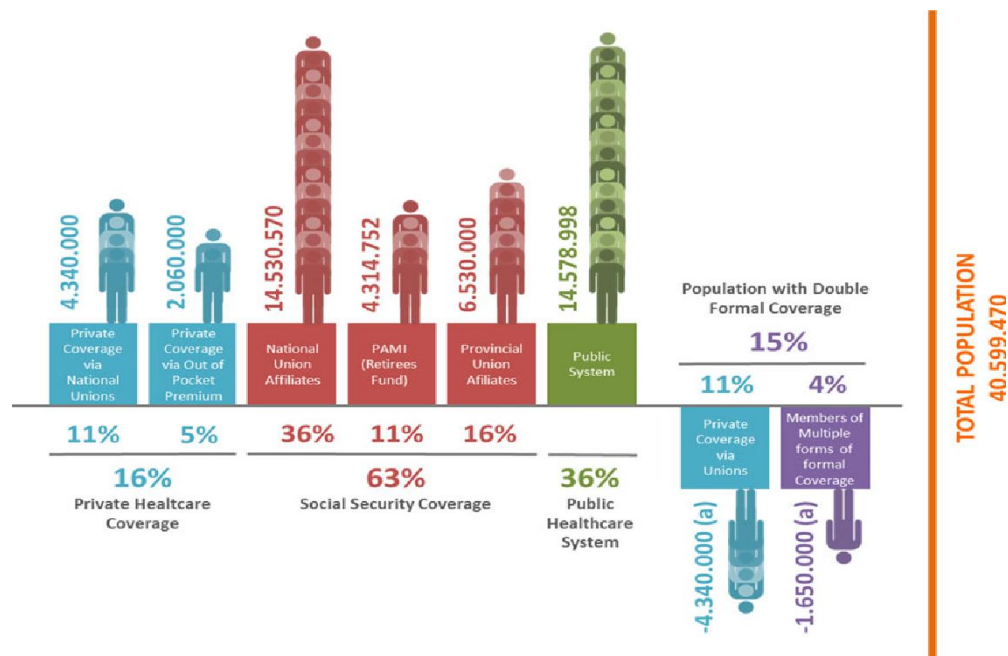
Approximately **63% of Argentines** receive coverage through employer-funded union insurance programs financed through payroll contributions. These plans vary significantly in size, benefits, and financial stability. More than **300 Obras Sociales** operate nationally. Smaller Obras Sociales face higher administrative costs and unstable risk pools, which may limit their ability to cover high-cost treatments. Reforms in the 1990s allowing beneficiaries to choose among Obras Sociales increased competition but also led to segmentation of risk pools and disparities in benefits.

Retirees are covered through the national pensioner health program **PAMI**.

Private Sector

Private insurance, known as **prepaga**, covers approximately **16% of the population**. Some Obras Sociales contract with private insurers to provide expanded benefits. Private coverage is regulated by requirements to provide a standardized benefits package.

Figure 1. Argentinean healthcare system: segments and population covered (Novick, 2017)



Mandatory Benefits Package (PMO)

Argentina requires social security and private insurers to provide a standardized benefits package known as the **Programa Médico Obligatorio (PMO)**. The PMO defines a broad set of covered services, including inpatient and outpatient care, pharmaceuticals, mental health services, rehabilitation, dental services, and palliative care (Abeldaño, 2022).

The PMO is considered one of the most comprehensive standardized benefits packages in Latin America, covering a large majority of essential medical services.

Structural Challenges

Argentina's healthcare system faces several persistent challenges:

- Fragmentation across financing and delivery systems
- Geographic inequities in funding and outcomes
- Administrative inefficiencies due to small insurance risk pools
- Rising prevalence of chronic disease
- Fiscal instability and inflation
- Uneven access to primary care services
- Variation in benefit coverage across Obras Sociales

Major Reform Efforts: Programa Sumar

Argentina's 2001 economic crisis left a significant portion of the population without employer-sponsored coverage, resulting in a dramatic increase in the number of people relying on the Public Health System and an erosion of basic health indicators such as an increase in child mortality rates. With support from the World Bank, the government launched **Programa Sumar**.

Programa Sumar expanded access to essential health services for uninsured populations and introduced performance-based financing mechanisms linking federal funding to provincial outcomes.

Key elements of the program include:

- federal budget allocations tied to preventive service delivery
- incentives for improved maternal and child health outcomes
- standardized coverage across provinces
- strengthened data monitoring and evaluation systems
- expanded coverage of over 700 health services across multiple care pathways

Evaluations of the program have demonstrated improvements in neonatal outcomes and reductions in low birth weight (Sabignoso, 2024).

Recent Policy Developments Under President Javier Milei (2023–2026)

The Milei administration has implemented significant structural reforms focused on fiscal discipline, deregulation, and market liberalization.

Fiscal and Institutional Reforms

The administration reduced public healthcare expenditures, including workforce reductions within the Ministry of Health. Budget reductions affected public health programs related to immunization, infectious disease management, and cancer services.

The government has emphasized deficit reduction and efficiency improvements across public institutions.

Pharmaceutical Policy Changes

Recent reforms include removal of certain price controls on pharmaceuticals and adjustments to patent regulations designed to facilitate foreign market participation. These policy changes may increase incentives for multinational pharmaceutical investment but may also increase out-of-pocket costs for patients.

Domestic manufacturing capacity is expanding through partnerships with multinational firms and regional vaccine production initiatives.

Digital Health Strategy

Argentina is pursuing nationwide adoption of interoperable electronic health records as part of its Digital Health Agenda 2026. Planned initiatives include:

- electronic prescribing systems
- integration of vaccination records
- expanded use of telemedicine
- AI-enabled chronic disease management tools
- interoperability across provincial health information systems

Regulatory Developments

Regulatory reforms are being implemented through Argentina's FDA, **ANMAT (Administración Nacional de Medicamentos, Alimentos y Tecnología Médica)**, including updated rules facilitating importation of certain medical devices.

International Alignment

The government has pursued closer bilateral cooperation with the United States and other Western partners in trade, regulatory policy, and healthcare innovation. Argentina has also reassessed participation in multilateral health organizations.

Epidemiological Considerations

Argentina continues to monitor infectious disease risks, including dengue and yellow fever outbreaks, while managing the increasing burden of chronic disease associated with an aging population.

Implications for US Healthcare Executives

Argentina's current reform trajectory is not just a foreign policy story — it is a real-time experiment in what happens when a healthcare system undergoes rapid deregulation, digital modernization, and fiscal retrenchment simultaneously. For US executives, the relevance is both strategic and operational.

What to watch — and why it applies at home

Austerity has a clinical cost. Argentina's cuts to immunization, cancer screening, and infectious disease programs produced measurable access gaps almost immediately. For US executives navigating Medicaid funding pressures or value-based contract design, Argentina illustrates the downstream clinical and financial consequences of reducing preventive care investment — costs that don't disappear, they shift and compound.

Deregulating pharmaceuticals is a double-edged lever. Removing price controls attracted multinational investment but raised out-of-pocket costs for patients. US executives involved in formulary design, PBM strategy, or drug pricing policy will find Argentina's experience a useful reference point for anticipating market responses to deregulation — including who absorbs the cost when controls are lifted.

Digital health interoperability is hard everywhere — and the stakes are high. Argentina's Digital Health Agenda 2026 is pursuing the same goals US health systems have been working toward for years: interoperable EHRs, e-prescribing, telemedicine integration, and AI-enabled chronic disease management. The barriers Argentina faces — provincial variation, legacy infrastructure, political will — are structurally similar to the challenges US executives face across state lines and across competing health information networks.

US-Argentina alignment creates tangible opportunity. The Milei government's deliberate pivot toward US commercial and regulatory partnership opens doors for American healthcare organizations in pharmaceuticals, medical devices, digital health, and insurance. For executives with international growth mandates, Argentina represents an early-mover market — but one that requires local knowledge and tolerance for regulatory flux.

The risks are real and should be priced in. Macroeconomic volatility, persistent payer fragmentation, and uneven provincial implementation capacity mean that any engagement strategy must account for execution risk. The opportunity is genuine; so is the complexity.

The core takeaway for US executives is this: Argentina is not a cautionary tale or a model to replicate wholesale — it is a live case study in tradeoffs that US healthcare leaders are also navigating, on different terms but toward the same fundamental goals of access, quality, and financial sustainability.

Educational Program: Briefings and Roundtables

The delegates had the opportunity to engage with representatives from the US Embassy, the Argentine Ministry of Health, and the Biotech Industry. Common themes threaded throughout the conversations.

Bottom line: Argentina's healthcare system is being rebuilt in real time — there are opportunities for investment of capital, technology, or partnerships.

1. **Digital Health & AI: A Ground-Floor Partnership Opportunity** Argentina's Ministry of Health is actively building out health data infrastructure — standardization, interoperability, master patient indexes, and e-prescribing — and is in the early stages of AI governance. They want a "human-in-the-loop" model and are prioritizing data quality before scaling AI tools. For US executives in health tech, analytics, or AI-enabled care, this is a rare chance to help shape a national framework rather than retrofit into an established one.
2. **A Biotech Sector Rich in Talent, Starved for Capital:** Argentina has ~340 biotech firms, world-class scientific talent, and a lower cost structure — but is constrained by economic instability and limited venture capital. For US pharma and biotech executives, this signals a strong case for R&D partnerships, contract manufacturing, and talent acquisition at favorable economics, with a 1–3-year window before the sector stabilizes and costs rise.
3. **System Reform Is Opening Doors — But Requires a Regulatory Strategy:** The Ministry is explicitly exploring private sector participation in nationally administered hospitals, promoting generics, and restructuring toward efficiency and market competition. Universal access remains constitutionally protected, but the *delivery model* is up for reinvention. US executives in hospital management, insurance, or pharmaceuticals should be developing regulatory engagement strategies now, as the rules of market participation are actively being written.

US Embassy Briefing: Navigating Argentina's Healthcare Opportunity -- the Window Is Open



Bottom line: Argentina is a high-potential emerging market with a narrow window of favorable alignment to the US, but success will require localized strategies and tolerance for policy uncertainty.

The Summit's educational component began on Monday with an engaging session with several leaders from the US Embassy for an **Embassy Policy Briefing with U.S. Mission Leadership**. This special briefing (typically reserved for Congressional Delegations) was moved from the Embassy to the Four Seasons Hotel due to elevated security risks resulting from the Iran war and Argentine protestors. The delegation met with senior advisors representing the embassy Offices of Economic/Commerce, Politics, Communication, and with the CDC Director in Argentina.

Argentina is undergoing rapid political, economic, and healthcare transformation under President Javier Milei. His administration is focused on economic stabilization, deregulation, and attracting foreign investment, while also pursuing significant healthcare reforms aimed at reducing costs.

The healthcare system, which guarantees universal access as a constitutional right, is facing tension between cost containment and maintaining access to care. Reforms include deregulation, removal of price controls, and potential restructuring of regulatory agencies (Milei reduces the number of ministries from 15 to 8, Ministry of Health survived), though uncertainty remains—particularly around the proposed Health Technology Assessment (HTA) framework. The country is in an epidemiologic transition facing both an increase in chronic disease and a resurgence in communicable diseases such as Dengue Fever.

Economically, Argentina shows signs of stabilization with a declining rate of inflation (~31.5% lowest in ~8 years) and projected GDP growth (4%), but high unemployment (7.5%) and social pressures persist. The government is highly aligned with the United States and is actively seeking deeper commercial and strategic partnerships.

For U.S. stakeholders, Argentina represents a market of emerging opportunity—particularly in healthcare services, insurance, pharmaceuticals, and innovation—though regulatory complexity and ongoing policy shifts require careful navigation. Overall, Argentina presents a high-potential but evolving environment, where engagement now may shape future market access, partnerships, and system development.

Argentina's Biotech Industry: Landscape, Innovation, and Economic Challenges

Bottom Line: Act now while Argentina's biotech talent is world-class, the costs are low, and the competition for partnerships hasn't yet arrived.

Argentina's biotechnology sector is highly developed in talent and infrastructure but constrained by limited funding and economic instability. Under current conditions, the country presents strong opportunities for international collaboration and investment. Dr. Jaime Bortz, CEO of Biocientífica, provided an overview.



BioScientífica exemplifies the sector's strengths, combining manufacturing, innovation, and service-based models to compete globally. The company has expanded into contract services and R&D outsourcing, leveraging Argentina's highly skilled workforce at significantly lower cost.

The broader biotech ecosystem includes approximately 340 companies, with strong concentration in human health and agricultural biotechnology. While the sector ranks among the top globally in number of firms, it faces hurdles to expansion due to economic instability, high degree of regulation, reduced government support and limited venture capital.

Dr. Bortz is optimistic. He believes that the austerity measures of the Milei Administration are necessary and appropriate, putting the Argentine Biotech industry back on track to moderate growth in 1-3 years.

Ministry of Health Roundtable: Argentina's Healthcare Transformation amid the Changing Political and Commercial Environment

Bottom line: Argentina's Ministry of Health is actively looking for US partners to help build a modernized system.



The delegation was fortunate to be received by the Minister of Health, **Dr. Mario Ivan Lugones**, and his cabinet for a Roundtable. Our conversation was enriched by the fact that we'd observed some of Argentina's approach to healthcare technology and academic hospitals. It meant for a lively Q&A session.

The Ministry of Health of the Nation of Argentina is the central government body responsible for setting national health policy, regulating the healthcare system, and coordinating public health efforts across Argentina's highly decentralized system. While provinces retain primary responsibility for delivering care, the Ministry provides overall strategic direction, ensuring alignment across jurisdictions through a federal model of governance. Its role includes overseeing vaccination campaigns, health regulation, and national programs aimed at improving access, quality, and equity in care.

The Ministry focuses on planning, regulation, and coordination rather than direct service delivery. It establishes national standards, manages health data and surveillance systems, regulates healthcare professionals and facilities, and oversees critical agencies such as ANMAT (Administración Nacional de Medicamentos, Alimentos y Tecnología Médica is Argentina's premier scientific and technical regulatory agency, equivalent to the U.S. FDA.) and ANLIS Malbrán (National Institute of Infectious Diseases). It also leads national initiatives in primary care, workforce development, and public health programs, while coordinating with provinces and municipalities to implement policies across the public, social security, and private sectors.

Argentina operates a federal health system, in which primary responsibility for care delivery resides with provinces, while the national Ministry sets policy frameworks, regulatory standards, and targeted funding programs. Public financing is derived from national and provincial taxes, mandatory employer-based insurance contributions (“obras sociales”), and private insurance markets. National programs help address disparities across provinces with differing fiscal capacity.

Officials emphasized a policy direction focused on efficiency, market competition, and fiscal discipline, consistent with broader government priorities to control inflation and reduce structural deficits. Current reform discussions include exploring private sector participation in selected nationally administered hospitals, while maintaining the Ministry's primary role as regulator rather than direct provider.

A major strategic priority is health data standardization and interoperability across Argentina's fragmented system of provincial and institutional information platforms. The Ministry is establishing national standards, master patient indexes, and digital tools (including e-prescribing and citizen-facing health applications) to improve data quality, transparency, and continuity of care. Financial and non-financial incentives encourage provincial adoption of interoperable systems through national programs such as SUMAR.

Officials described Argentina as being in an early stage of artificial intelligence adoption, with current focus on strengthening data quality, privacy protections, and ethical governance frameworks before scaling AI-enabled decision tools. Consensus exists that AI should support clinical decision-making but maintain a “human-in-the-loop” model to preserve professional accountability.

Key system challenges identified by Ministry leadership include rising costs associated with aging populations, expanding disability benefits, growth in high-cost therapies, and the need to strengthen prevention strategies for conditions such as stroke. Additional priorities include improving transparency, reducing inefficiencies, and promoting appropriate use of generics to manage pharmaceutical spending.

Overall, discussions highlighted opportunities for bilateral collaboration in digital health standards, AI governance, pharmaceutical regulation, and health system financing, reflecting shared structural challenges between Argentina and the United States.

Educational Program: Clinical Site Visits

The goal of the clinical site visits was to introduce the delegation to the Argentine health system. On Wednesday, the delegation visited two premier private, not-for-profit hospitals and the premier public primary care clinic in Buenos Aires. Multiple themes were exposed.

Bottom line: Argentina's best hospitals and clinics are doing more with less — and the innovations they've developed under pressure may be exactly what capital-rich US health systems need to see.

1. Integrated Care Models Are Thriving Under Constraint — and Offering a Mirror to US Systems. Hospital Italiano has spent 20+ years building a homegrown AI-enabled, population health-oriented system — including a clinical AI assistant, home-based care for 3,000 patients, and longitudinal EHR — all within a resource-constrained environment. Hospital Alemán is deploying AI in radiology, OR scheduling, and clinical documentation without a national regulatory framework to guide them. These institutions are solving the same problems US health systems face, often with fewer resources, making them compelling benchmarks and potential learning partners. However, homegrown systems do limit interoperability.

2. The Financial Pressure Playbook Looks Familiar — With Some Unique Twists. Both hospitals are navigating rising pharmaceutical costs, high-cost therapy mandates, currency volatility affecting capital equipment, and government-regulated premiums. US executives in managed care, specialty pharmacy, or health technology will recognize these dynamics immediately. The difference is that judicial mandates forcing coverage decisions and near-total dependence on imported medical technology add layers of unpredictability that require locally adapted financial strategies.

3. Community-Based Primary Care Is Delivering Outsized Impact. The CeSAC model — interdisciplinary teams, geographically assigned populations, behavioral health integration, and social services under one roof — is serving 70,000 residents per clinic with genuine community connection. At a time when US health systems are struggling with care fragmentation and social determinants of health, this model offers a tangible, functioning example worth studying.

Hospital Italiano de Buenos Aires

Hospital Italiano de Buenos Aires represents a distinctive hybrid healthcare model combining elements of U.S.-style integrated delivery systems with European social medicine traditions. Founded in 1853 for the Italian immigrant population, the private, non-profit institution integrates clinical care, education, and research within a unified system anchored by a major hospital campus in Almagro and an extensive outpatient network. Its ownership of both care delivery and a health plan enable strong alignment across primary, specialty, and tertiary services, supported by an advanced electronic health record that facilitates care continuity and coordination across the patient journey.



The organization is widely recognized as a leader in clinical quality, academic medicine, and health system innovation in Latin America. It provides comprehensive specialty and high-complexity services while training future healthcare professionals through its affiliated university institute. Strong capabilities in digital health, research, preventive care, and chronic disease management enable the institution to operate as a data-driven system focused on population health and value-based care, demonstrating how high-quality coordinated care can be delivered efficiently within constrained economic environments.

Tour: Digital Health and Innovation at Hospital Italiano de Buenos Aires

We met with the leadership at Hospital Italiano de Buenos Aires' IT development department to examine its integrated care model and digital health strategy. The institution operates two hospitals, multiple primary care centers, and an affiliated health plan covering approximately 150,000 members.

Hospital Italiano has invested more than two decades in developing advanced health informatics capabilities, supported by a dedicated data science workforce and clinical data repository. The hospital uses longitudinal electronic health records to support population health management, research, and care coordination. Their EMR is home grown, so not portable to any other health system in Argentina.

A key innovation is its AI-enabled clinical assistant ("Tana"), which synthesizes structured and unstructured patient data to help clinicians quickly access relevant clinical insights while maintaining human oversight.

The hospital also operates a large home-based care program serving approximately 3,000 patients through telehealth, remote monitoring, and hospital-at-home services, helping alleviate inpatient capacity constraints.

Overall, Hospital Italiano demonstrates how integrated financing, digital infrastructure, and AI-enabled tools can improve care coordination, efficiency, and system capacity within a resource-constrained healthcare environment.

Hospital Alemán

Hospital Alemán is one of Argentina’s most respected private, non-profit hospitals, known for delivering high-quality, patient-centered care within the country’s mixed public-private system. Founded in 1867 by the German community in Buenos Aires, the institution reflects a strong tradition of clinical excellence, European-influenced care standards, and nonprofit governance emphasizing transparency, quality, and long-term sustainability. Despite operating in a volatile economic environment and without a fully integrated payer-provider structure, the hospital maintains strong operational discipline and consistently delivers premium care across a wide range of specialties, including cardiology, oncology, surgery, intensive care, and women’s and pediatric health. Except for emergencies and transplants, the hospital generally does not serve patients covered by the public health system.

A distinctive feature of Hospital Alemán is its in-house prepaid health plan (“Plan Médico”), which complements—but does not fully integrate with—its provider operations. This plan offers members comprehensive coverage, including consultations, diagnostics, hospitalization, mental health services, and medications, often with minimal or no copayments depending on the plan tier. Additional benefits include priority access to appointments, guaranteed hospital admission, pharmacy discounts, and digital service management, supporting continuity of care and patient loyalty. Through this hybrid approach, the hospital combines elements of integrated care with a flexible financing model typical of Argentina’s private healthcare system.



Tour: Innovation, Financing Pressures, and Care Coordination at Hospital Alemán

The delegation met with leadership from Hospital Alemán in Buenos Aires to discuss clinical innovation, financial sustainability, and care delivery challenges in Argentina’s evolving healthcare environment.

Hospital Alemán is actively exploring artificial intelligence applications to improve efficiency and clinical workflow. Current initiatives include AI-assisted radiology interpretation (initially deployed during COVID-19), automated clinical documentation, and optimization of operating room scheduling and chemotherapy infusion capacity. Hospital leadership emphasized that national regulatory frameworks for AI remain limited, prompting the hospital to develop internal governance guidelines focused on privacy protection and ethical use.

Financial sustainability is a central concern. Hospital Alemán operates its own insurance plan for a portion of patients, but premiums are government-regulated while pharmaceutical costs continue to rise significantly. Leadership cited medication expenditures as one of the fastest-growing cost drivers and relies on health technology assessment processes, price negotiations with manufacturers, and participation in clinical protocols to manage access to high-cost therapies. Judicial mandates requiring coverage of specific treatments present an additional financial pressure.

Quality measurement and patient safety programs track indicators such as infection rates, readmissions, falls, and pressure ulcers. While some reporting processes are automated, others remain manual, creating opportunities for further digital transformation. Patient satisfaction surveys are routinely conducted, though public reporting of quality metrics remains limited.

Leadership emphasized ongoing dependence on imported medical technologies, including advanced imaging equipment and robotic surgery platforms, highlighting the impact of currency volatility and trade policy on capital investment decisions.

Overall, Hospital Alemán illustrates how Argentine private hospitals are balancing innovation, cost pressures, regulatory constraints, and care quality improvement, while exploring AI-enabled tools to reduce administrative burden and improve clinical productivity.

Primary Healthcare: Argentina 's Centros de Salud y Acción Comunitaria

Primary care in Argentina is highly decentralized, with provinces and municipalities holding primary responsibility for planning, funding, and delivering services through local health centers and community-based networks. The Ministry of Health does not directly operate most facilities but serves as the national steward, setting policy, establishing standards, coordinating public health programs, and providing targeted funding.

Centros de Salud y Acción Comunitaria, CeSACs, are community-based primary care centers located in the City of Buenos Aires that **serve as a point of entry into the public health system**. The clinics combine traditional health services with strong community engagement. CeSACs provide scheduled and walk-in consultations, preventive care, maternal-child health, chronic disease management, and health promotion activities. Each center is geolocated and assigned to specific neighborhoods, ensuring residents have a designated care team. Funded through the city's public health budget, CeSACs emphasize interdisciplinary teams and local outreach, making them a cornerstone of Buenos Aires' strategy to improve equity and access within Argentina's universal healthcare system.

Tour: CeSAC 15 - Flagship Primary Care Center



The Undersecretary of Primary, Outpatient, and Community Care and the Medical Director led the delegation on a tour of **CeSAC 15** located in the historic San Telmo neighborhood of Buenos Aires. The site operates in a renovated historic building and serves as a comprehensive community health hub providing medical, behavioral health, social services, pharmacy, and diagnostic care.

The CeSAC model demonstrates a structured, territorially aligned approach to primary care delivery, with responsibility for defined neighborhood populations. Interdisciplinary teams proactively manage community health needs through both clinic-based services and outreach, including home visits. The center serves approximately 70,000 residents within its catchment area, with an estimated 25,000–30,000 relying primarily on the public system for care.

Staffing includes 84 professionals and 30 medical residents across disciplines such as primary care, pediatrics, gynecology, mental health, nutrition, social work, dentistry, pharmacy, and diagnostics. The center emphasizes integrated behavioral health, with a notably high number of psychologists reflecting Argentina’s strong cultural prioritization of mental health services. Preventive care services such as vaccination, prenatal care, and chronic disease management are core functions.



Patients access services through a centralized city-wide automated system, including appointment scheduling via phone or WhatsApp, with georeferencing to the nearest CeSAC. Walk-in demand is substantial, averaging approximately 16 unscheduled visits per physician daily. Typical appointment length is approximately 30 minutes, with waiting times for non-urgent appointments ranging from one to three weeks depending on seasonal demand.

The city of Buenos Aires has implemented a shared electronic health record across public facilities. This enables continuity of care between primary care centers and public hospitals. CeSACs operate primarily as outpatient care hubs; emergency and weekend care is handled by hospitals.

The center also integrates community-oriented programming, including group therapy, women’s support groups, mindfulness workshops, adolescent programming, and therapeutic gardening initiatives. Medication access is supported through an onsite pharmacy, particularly important for patients unable to afford medications independently. Overall, the CeSAC model illustrates a population-health-oriented primary care infrastructure with strong emphasis on interdisciplinary coordination, behavioral health integration, social determinants of health, and government-funded access to essential services.



What most impressed the delegation was the energy in the facility. The providers were laughing and talking, greeting patients with hugs and smiles. It was a place of ‘community’ and that showed on the faces of patients and providers alike.

Conclusion: Key Learnings to Take Back to the US

This delegation of US healthcare executives studied Argentina's healthcare system firsthand — its structure, reforms, and ongoing pursuit of universal coverage — to surface insights directly applicable to improving healthcare in the United States.

1. A mirror on fragmentation — and a warning. Argentina's system suffers from 300+ competing insurance funds, severe provincial disparities, and siloed payers and providers. US executives will recognize echoes of their own system's fragmentation and can draw lessons on what happens when coordination mechanisms are absent at scale.

2. Austerity and deregulation have real consequences. Under President Milei, Argentina cut public health budgets, reduced immunization programs, and removed pharmaceutical price controls — triggering access gaps and public backlash. This is a live case study in what aggressive cost-cutting without structural reform does to population health outcomes.

3. Digital health and interoperability are the central reform lever. Argentina is pursuing a national Digital Health Agenda 2026 — EHR interoperability, e-prescribing, AI-enabled chronic disease management, and telemedicine. US executives building similar infrastructure can learn both from Argentina's ambitions and from the barriers (political will, provincial variation, funding gaps) they're encountering.

4. Value-based and performance-based models are gaining traction globally. Argentina's Programa Sumar tied federal funding to measurable provincial outcomes — improving neonatal mortality and reducing low birth weight. This validates the value-based care playbook that many US systems are still struggling to implement domestically.

5. The chronic disease burden is the universal challenge. Argentina is in an epidemiological transition with rising rates of cardiovascular disease, cancer, and diabetes overwhelming systems designed for acute care. What Argentina is wrestling with in population health management is directly applicable to US strategy.

6. International partnership and market opportunity are real — but complex. With Argentina actively seeking US commercial alignment, there are concrete opportunities in digital health, insurance, biotech, and pharmaceuticals. However, regulatory uncertainty, macroeconomic volatility, and provincial variation demand careful due diligence from any US organization considering engagement.

7. Primary care is the foundation, not a footnote. Hospital Italiano, Hospital Alemán, and Buenos Aires' CeSAC community health centers demonstrate what coordinated primary care looks like: interdisciplinary teams, behavioral health integration, geographically defined population management, and continuity of care. Their hospital-at-home programs deliver measurably better outcomes at lower cost — a model the US should take seriously.

References

1. Novick G. Health care organization and delivery in Argentina: a case of fragmentation, inefficiency and inequality. *Global Policy* vol 8 suppl 2, 2017.
2. Abeldaño R. The Health Care System in Argentina. *Global Dynamics of Social Policy* CRC 1342, No. 27; *Country Briefs*, 2022. Edited by Gabriela de Carvalho, Mai Mahmoud
3. Rubenstein A, Zerbino MC, Cejas C, and López A. Making Universal Health Care Effective in Argentina: A Blueprint for Reform. *Health Systems & Reform*, 4(3):203–213, 2018
4. Sabinoso M, Sparkes S, and Earle A. Using a Small Lever to Achieve Big Outcomes in a Devolved Health System: 20 Years of Programa Sumar in Argentina. *Health Systems & Reform*, 10(3), 2024.