Innovations in Local Health Care Management: An Approximation from the Case of the Municipality of Rosario from 1995-2000

C Jiménez

Follow this and additional works at: http://digitalrepository.unm.edu/lasm_cucs_en

Recommended Citation

Objectives: To analyze health policies implemented by the municipality of Rosario in the 1990s and to describe their actions from the incorporation of policy innovations at the levels of care, management and financing in health.

Methodology: Descriptive analytical.

Results: The author describes the situation of the municipality of Rosario in 1990 as affected by the destruction of regional economies, population growth, impoverishment and lack of health coverage, which has led to investigate two mitigation strategies: decentralization of services and the establishment of social participation through the implementation of programs to promote health and disease prevention.

For the author, health policies are usually developed on three levels: 1) attention, 2) management, and 3) funding. To identify the political context determinant of innovation or reforms there should be incorporated into each level a set of three sub-dimensions: a) the cause or origin, b) actors, with their support, alliances and coalitions, and c) factors of limitation or resistance to change.

Thus, the author lists and describes the following innovations in health management in Rosario, deployed between 1995 and 2000: 1) the opening of the Laboratory for Medicinal Specialties, 2) the creation of the Health Institute “Juan Lazarte” for higher postgraduate training in Public Health, and 3) the formation of the Assistance Center for the Diagnosis, Treatment and Second Level of Care. These innovations have been limited by the presence of the following constraints: the development of the economy, the deployment of organizational skills and lack of competent professionals.

As for the origin of the above innovations, the author considers that they are due to a combination of experiences similar to those that occurred in Israel, Chile and Brazil. However, in its specificity, the convergence of social actors in the management processes in Rosario has four special characteristics: a) the confluence of civic organizations with the Ministry of Health, the medical association and the university, b) deployment of planning and the organization of changes in the provision of services, c) human resources training, and d) social participation.

The author identifies five constraints to these innovations: 1) the organizational culture, 2) management skills, 3) policy guidelines, 4) professional culture, and 5) demand. Finally, the author identifies changes in care, management and financing. Usual care in health facilities has been complemented with home care and rehabilitation. Management, now more organized and territorial, covers activities related to production and distribution of drugs. International funding helps combat the shortage.

Conclusions: The author concludes that the policy management in the context of reforms in Rosario favors the search for consensus, and the invitation and participation of different sectors and social actors. The main limitation lies in managing these changes in the organizational skills of the working institutions.