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The World Bank, pharmaceutical policies and health reforms in Latin America

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Objectives: This article has two main objectives. One is to examine the correspondence between World Bank pharmaceutical policies in Latin America and recommendations made in World Bank documents, and the other is to analyze the implementation of these recommendations.

Methodology: Bibliographical and document review, and in-depth interviews.

Results: The authors claim that health care systems spend a relatively high percentage of their resources on purchasing drugs, while the poor spend a disproportionate segment of their income on drugs. There is ample evidence in the literature that these medicines are poorly utilized. The explicit goals of the reforms led by the World Bank were to improve equity, efficiency, quality, and user satisfaction --difficult goals to achieve if medications are not affordable. The authors found that the World Bank identified and recommended a set of suitable measures to be taken to meet Latin America's pharmaceutical needs. They note that these recommendations were, however, ignored in the reforms supported by the World Bank and that the majority of loans that included pharmaceutical measures allocated funds only for drug purchases. The authors propose four hypotheses for understanding the World Bank's failure to support its recommendations: 1) a lack of pharmaceutical experts with influence in the World Bank; 2) the World Bank's tendency to exclude interventions not related to infrastructure, institutional development, or equipment purchases; 3) opposition by countries to financing pharmaceutical interventions; 4) the liberal ideology of World Bank policy decision-makers. The authors analyze these hypotheses, but conclude that it is difficult for external researchers to verify their validity, given the Bank's lack of transparency.

Conclusions: The pharmaceutical needs of Latin America's health systems correspond closely to those expressed in the 1993 World Bank Report which dealt with the need to rationalize drug expenditures and use. This would include improving production, prescribing, dispensing, consumption, and industry regulation --areas that require technical help. The WHO contributes to some extent, but its resources are limited. World Bank loans could be used to complement WHO efforts.