

7-9-2008

# Service decentralization in Cordoba, Argentina: Democratic reliability and neoliberal development

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## Recommended Citation

Ase, I. "Service decentralization in Cordoba, Argentina: Democratic reliability and neoliberal development." (2008).  
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## DOCUMENT CUCS # 40A

### SC20062(2)Ase

**Ase I. La descentralización de servicios en Córdoba (Argentina); la confianza democrática y el desarrollo neoliberal [Service decentralization in Cordoba, Argentina: Democratic reliability and neoliberal development]. Salud Colectiva (Buenos Aires) 2006 May-August; 2(2):199-218.**

**Objectives:** To characterize the decentralization process of health services in the province of Cordoba; to analyze the process of implementing the decentralization policy and to compare results before and after; to highlight the importance of provincial and local policy processes in health services reforms. These policies were implemented to improve service efficacy, efficiency and quality, and to increase democratization and community participation.

**Methodology:** Descriptive analytical. Based on the final report "*La descentralización de servicios de salud en Córdoba. ¿lógica sanitaria o lógica económica?*" [Health services decentralization in Cordoba. Serving health or serving economics?"] (2004).

**Results:** Four hypotheses are proposed. The first hypothesis claims that health service decentralization did not result in the hoped-for benefits. The second states that implementation of the policy was guided by short-term financial criteria. The third hypothesis is that the dominant criteria impeded those who promoted the decentralization process at the central provincial level from promoting the development of institutional or managerial abilities. And the fourth is that the results of the decentralization process were also shaped by the position assumed by each municipality. The article is divided into two sections. In the first part, the features of the process are described, and in the second, the results are analyzed in terms of local health system operation.

Three types of behavior in relation to decentralization were observed in the municipalities of the province: active acceptance, passive acceptance and resistance. The provincial level was able to deal with local administrative problems quite appropriately. Nevertheless, it was not fully able to leverage its potential to coordinate between local actors.

**Conclusions:** Public health reconfiguration, modernization and decentralization in Argentina in 1995 were promoted by political changes and by immediate economic and fiscal circumstances. Nevertheless, initial expectations were frustrated. The provincial jurisdiction was able to accomplish little of the hoped for development of state capacities. Each municipality built its new health system according to the strategies of local actors. The author proposes the need to construct analytical frameworks for understanding the processes for constructing the system at the local level.