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Rights to Health, Basic Medical Attention and Conditional Transfers of Cash in Latin America

A M. Fonseca

A Ávila

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Objectives: There are two main goals of this article: to examine the relationship between the right to health programs and bonded cash transfer, and to identify the different strategies adopted by different countries in order to comply with the conditions defined for optimal health.

Methodology: Descriptive and analytical

Results: The authors present their argument in three parts. They begin by drafting a brief tour of the historical model of social protection in Latin America and the Caribbean to provide the context (where and how these emerging programs came from.) Next, they listed and described the programs of bonded cash transfer in the different countries of the region and their criteria of inclusion, selection and operation with beneficiary populations.

Third, the authors summarize the elements that the programs have in common. They found similarities between the focus of targeting poor families with children and adolescents and the co-responsibility for health and education components. The authors note that these programs do not guarantee health as a right, because they only provide access to basic, limited care to mother-child groups; such membership does also not guarantee access to other levels of health care, where more specialized care is required. They suggest, therefore, that it is not possible to establish a direct and integral relationship between the right to health and bonded transference programs. These programs are only attacking one part of the health problems and for only a fraction of the population. The authors realize the challenges faced by such programs.

Conclusions: For the authors, the conditional help programs are only isolated mechanisms in achieving established goals, and although they may help a little in the short term to alleviate some unsatisfactory situations, they don’t introduce any commitment to further integral health care, much less the right to health. Finally, the authors note that these programs are not able to create a synergy that alters the course of poverty and its consequences.