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FROM THE AMERICAN PEOPLE

Universal Health Coverage in Latin America and the Caribbean Region

A Guide to the Literature



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Message from the USAID LAC Bureau Health Team

In recent decades, the Latin America and Caribbean (LAC) region has been a global pioneer in developing and implementing approaches to health sector reform, and universal health coverage (UHC) is one of the most complex and ambitious sets of reforms that is being undertaken by many countries in the region. The LAC Regional Health Team commissioned this bibliography and literature guide as a resource for those working on UHC in the region and globally.

The bibliography comprises citations for a wide range of documents describing UHC efforts in Latin America and the Caribbean that were published approximately between 2000 and mid-2014. The peer-reviewed and gray literature collected here documents the LAC region's rich experience, insights into the challenges encountered, and approaches used to advance UHC in many different settings. The guide summarizes key UHC topics and contains a detailed description of the literature search methodology that was employed to generate the bibliography. These materials may assist others in conducting related searches or updating this one. The database itself is available in electronic format upon request.¹

Since the 1990s, the LAC region has moved rapidly from being dependent on foreign assistance in key areas of health service delivery to being mostly self-reliant. During this 25-year period, average health indicators have improved markedly in the majority of LAC countries. However, large disparities persist in health outcomes and access to quality health services – even while most LAC countries have achieved middle-income status. Reliable access to quality, affordable healthcare is far from universal.

Hence, a primary focus of the U.S. Agency for International Development's (USAID's) scaled-back health investment in the region is on how to address health inequalities, especially in maternal, child, and reproductive health and preventable infectious diseases. Wide gaps in these and other health outcomes are often associated with differences in income, ethnicity, location of residence (urban, rural), distribution of healthcare providers, and overall management and governance of the health sector. Well-implemented UHC can be an important part of correcting those gaps.

The goals of UHC generally include making quality healthcare available to all and providing financial protection to individuals and families against impoverishment as a result of illness or injury. In addition, UHC proponents are often seeking financial sustainability for the healthcare sector as a whole. Challenges are now relevant for every country in the world, with high stakes for individuals and society. We hope this compilation of resources will prove to be a useful tool for those interested in the promise of UHC for improving health for all.

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¹ An electronic version of this database will be available after June 2015 on Website: <http://www.apromiserenewedamericas.org/apr/>.

Universal Health Coverage in Latin America and the Caribbean Region: A Guide to the Literature

Global support for universal health coverage (UHC) is gathering momentum as a means of improving access to quality healthcare for people around the world. UHC implementation requires the coordination of many elements, including health financing mechanisms, service delivery systems, management and organizational structures, an appropriate and well-trained health workforce, health information systems, an effective supply chain for pharmaceuticals and other health commodities, an adequate physical infrastructure, regulatory and governance protocols, measurement and evaluation procedures, and accountability assessments. UHC's fundamental goal is to extend the benefits of quality healthcare to those who have previously been excluded or underserved as a result of poverty, rural residence, ethnicity, or other factors associated with social marginalization. It is among the most complex and challenging public policy goals for any country.

This guide and bibliography present an orientation to published literature since the early 2000s on the development of UHC in the Latin America and Caribbean (LAC) region. Based on a search of the peer-reviewed and gray literature (see methods section for details), the guide identifies seven key topics and highlights key reports and journal articles. The full bibliography, which compiles 485 citations, is included in this publication and will be available via a searchable database after June 2015 at: <http://www.apromiserenewedamericas.org/>.

THE SEVEN KEY TOPICS:

1. Defining universal health coverage
2. Distinct aspects of the UHC movement in the LAC region
3. Structural and organizational changes related to healthcare expansion in LAC
4. Financing strategies related to healthcare expansion in LAC
5. Strategies to extend and expand access to healthcare and equity of services in LAC
6. Major obstacles in implementing UHC in LAC
7. Issues related to future UHC implementation and expansion of healthcare

TOPIC 1: DEFINING UNIVERSAL HEALTH COVERAGE

As the concept of universal health coverage has evolved, experts and stakeholders have used different technical definitions, with broad consensus around ensuring that all people can access needed health services without incurring significant financial burdens. The World Health Organization (WHO) defines UHC as “ensuring that all people can use the promotive, preventive, curative, rehabilitative, and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship.”¹ The World Bank Group’s definition focuses on “people having access to the healthcare they need without suffering financial hardship.”² In 2014, the Pan American Health Organization (PAHO) adopted a regional strategy for UHC that highlights expanding equitable access to comprehensive services, eliminating out-of-pocket expenditures, and leveraging inter-sectoral action to address social determinants of health.

The literature search identified the following parameters that help define the scale and scope of UHC:

- Public and private options exist for providing insurance, services, and other funding mechanisms. UHC is not by definition an exclusively public function.
- “Universality” refers to complete population coverage under a given country’s own UHC plan and is meant to include equitable access to quality care for marginalized and hard-to-reach populations, and those on the lower end of the economic spectrum.
- The inclusion of specific services under UHC – the “benefit plan” – varies according to the country’s policies, politics, and resources. It may include most health services or a set of essential services. The plan may incorporate a timeline for phasing in service expansion to cover additional healthcare services, populations, and points of access.
- Governance and management structures may be provided by the state or by private vendors through centralized or decentralized organizational structures.
- Acceptance of the UHC model is promoted by reform efforts that reflect the cultural heritage, values, and health and economic priorities of people served.
- Many UHC advocates stress a need for balance between preventive and treatment services, while ensuring that diagnostic, rehabilitative, and palliative services are available for those in need.

¹ http://www.who.int/health_financing/universal_coverage_definition/en/

² <http://www.worldbank.org/en/topic/universalhealthcoverage/overview#1>

Key Articles and Reports (see bibliography and <http://www.apromiserenewedamericas.org/>)

Bump, J. (2010). *The long road to Universal Health Coverage: A century of lessons for development strategy*. Seattle, WA: PATH.

Giedion, U., Alfonso, E. A., & Diaz, Y. (2013). *The impact of universal coverage schemes in the developing world: A review of the existing evidence*. UNICO Studies Series. Washington, DC: World Bank Group.

Heredia, N., Laurell, A. C., Feo, O., Noronha, J., González-Guzmán, R. & Torres-Tovar, M. (2014). *The right to health: What model for Latin America?* *The Lancet*. Published online October 16, 2014.

Horton, R. & Das, P. (2014). *Universal health coverage: not why, what, or when – but how?* *The Lancet*. Published online October 16, 2014.

Ottersen, T., & Norheim, O. F. (2014). *Making fair choices on the path to universal health coverage*. *Bulletin of the World Health Organization*, 92(389). Published online October 16, 2014.

TOPIC 2: DISTINCT ASPECTS OF THE UHC MOVEMENT IN THE LAC REGION

The LAC region, with a history of socioeconomic inequalities, has become a global leader in the UHC movement as countries try to correct health inequalities through diverse and ambitious reform efforts. Its unique set of political, economic, and social circumstances, together with shared language across much of the region, has fostered the development of a “right to health” movement that includes a demand by citizens and civil society for UHC. In addition, health reforms have been driven by the epidemiological transition in the burden of disease from infectious diseases toward noncommunicable and chronic diseases. This shift has been particularly prominent in Mexico, Costa Rica, and Colombia, increasing the need for new kinds of healthcare services in those countries. The LAC region has led the way in implementing innovative health financing, organizational and governance models, and service delivery mechanisms to meet the health needs of people with limited resources.

The literature search identified factors shaping UHC-oriented health reforms, including:

- Many LAC countries responded to the International Conference on Primary Healthcare at Alma-Ata in 1978 with health sector reforms. The Declaration of Alma-Ata expresses “the need for urgent action by all governments, all health and development workers, and the world community to protect and promote the health of all the people of the world.” The assertion of primary healthcare and the central responsibility of governments in improving health led to PAHO’s Regional Declaration and Renewal Initiative and the Framework for Strengthening Health Systems.
- Current models of UHC in LAC prioritize the need to address the persistent challenge of social and economic inequality that is evident in access to care and health outcomes for reproductive, maternal, newborn, and child health; infectious diseases; and noncommunicable and chronic diseases.
- Civil society organizations, often leading the social movements, have promoted health as a right of all citizens. These actions and framing health as a right have led to demands for health protection and promotion across sectors and, in many countries, the codification of health service availability, healthy and safe working conditions, and adequate housing and nutritious food.

Key Articles and Reports

(see bibliography and <http://www.apromiserenewedamericas.org/>)

Atun, R, Monteiro de Andrade, L.O., Almeida, G. et al. (2014). Health-system reform and universal health coverage in Latin America, *The Lancet*. Published online: October 15, 2014.

Bárcena, A. (2014). Health protection as a citizen’s right, *The Lancet*. Published online: October 15, 2014.

Frenz, P., & Titelman, D. (2013). [Health equity in the world’s most unequal region: A challenge for public policy in Latin America]. *Rev Peru Med Exp Salud Publica*, 30(4), 665-670.

Pan American Health Organization. Health in the Americas: 2012 edition. Regional outlook and country profiles.

Yamin, Alicia Ely & Frisanchio, Ariel. (2014). Human-rights-based approaches to health in Latin America, *The Lancet*. Published online. October 16, 2014.

TOPIC 3: STRUCTURAL AND ORGANIZATIONAL CHANGES RELATED TO HEALTHCARE EXPANSION IN LAC

The LAC region's UHC literature documents several countries' efforts to make fundamental changes in the structure of health sectors in the region. These changes aim to increase efficiency and effectiveness and to improve the accessibility of basic health services for underserved populations, which would reduce the health disparities between populations. The literature examines both the historical context underpinning the development of countries' health systems and the ways in which their structures have evolved over time in response to political pressures, resource availability, and managerial capacity.

The literature search identified several structural and organizational changes related to UHC, which are described below:

- Health reforms since the 1980s are best understood in the context of structural adjustments. These policies weakened health ministries and social security institutions with long periods of financial and resource constraint, which catalyzed a reform process.
- Expansion of health services under UHC has often targeted vulnerable groups such as women and children, those in the lowest wealth quintile, or those with catastrophic illnesses needing expensive treatment. Targeting vulnerable groups requires extensive policy and structural reform.
- The level of service access and quality often differs by population. Typically, a more resource-rich social security system serves “formal” salaried workers (and perhaps their families), while a relatively resource-poor public system run by the ministry of health serves economically disadvantaged populations. Poorer people may seek care from private sector providers if public services are not available, resulting in high out-of-pocket costs and risk of financial distress.
- Service integration and decentralization are two major structural reforms throughout the LAC region. The impact of these reforms on underserved populations has been variable, as have implementation efforts. Integration of services (e.g., combining reproductive, maternal, newborn, and child health, and infectious disease programs into a primary care model) is intended to improve clinical outcomes and streamline management. Decentralized management, budgeting, and service delivery are intended to improve responsiveness to local needs.

Key Articles and Reports

(see bibliography and <http://www.apromiserenewedamericas.org/>)

Cotlear, Daniel Gómez-Dantés, Octavio, Knaul, Felicia et al. (2014). Overcoming social segregation in healthcare in Latin America, *The Lancet*. Published online October 15, 2014.

Giedion, U., Alfonso, E. A., & Diaz, Y. (2013). The impact of universal coverage schemes in the developing world: A review of the existing evidence. *UNICO Studies Series*. Washington, DC: World Bank Group.

Heredia, N., Laurell, A. C., Feo, O., Noronha, J., González-Guzmán, R. & Torres-Tovar, M. (2014). The right to health: what model for Latin America? *The Lancet*.

Latko, B., Temporão, J. G., Frenk, J., Evans, T. G., Chen, L. C., Pablos-Mendez, A., de Ferranti, D. (2011). The growing movement for universal health coverage. *The Lancet*, 377(9784), 2161-2163.

Maceira, D. (1998). Income distribution and the public-private mix in healthcare provision: The Latin American Case. Washington, D.C.: Inter-American Development Bank.

TOPIC 4: FINANCING STRATEGIES RELATED TO HEALTHCARE EXPANSION IN LAC

Financial strategies to improve population coverage and reduce out-of-pocket costs have presented a challenge to countries in the LAC region. Most countries in LAC have dual “insurance” systems – a contributory system for formal employees in the public and private sectors, and a government-subsidized system for low-income populations. In the subsidized system, bringing access and quality of care up to desired levels often requires significant increases and innovations in funding. Countries have used multiple approaches to build and maintain these systems, including hybrid systems that combine financing mechanisms – gradual equalization of coverage using both payroll taxes and general revenue to support a national equity fund that finances a standard benefit plan.

The literature search identified key aspects of health financing to implement UHC, including:

- Two general models to moving toward universal health insurance coverage are: (a) use of a combination of compulsory health insurance plans available via public or private sources for the entire population; or (b) use of a single, unified health insurance system, typically financed via taxes and managed by the state.
- UHC reforms may pool health risks and share healthcare costs across the entire population using taxes to cover the whole population. Alternatively, taxes can be used to target specific groups, especially poorer, marginalized, or hard-to-reach populations, through separate programs, leaving existing insurance arrangements essentially unchanged.
- Fragmented financing of the health sector can include sources such as general tax revenues, specific health taxes and fees, payroll taxes and social security contributions, and private, out-of-pocket expenditures for part or all of services received. Changes in the structure of healthcare financing can be challenging both politically and administratively.

Key Articles and Reports

(see bibliography and <http://www.apromiserenewedamericas.org/>)

Daniels, N., Bryant, J., Castano, R. A., Dantes, O. G. & et al. (2000). Benchmarks of fairness for healthcare reform: A policy tool for developing countries. *Bulletin of the World Health Organization*, 78(6), 740-750.

Fineberg, H.V. (2006). Health reform in Mexico: A work in progress. *The Lancet*, 368(9549), 1755-1756.

Savedoff, W., de Ferranti, D., Smith, A. L., & Fan, V. (2012). Political and economic aspects of the transition to universal health coverage. *The Lancet*, 380(9845), 924-932.

Titelman, D., Cetrángolo, O. & Acosta, O.L. (2014). Universal health coverage in Latin American countries: how to improve solidarity-based schemes, *The Lancet*. Published online October 16, 2014.

Vargas, V. & Poblete, S. (2008). Health prioritization: The case of Chile. *Health Affairs*, 27(3), 782-792.

TOPIC 5: STRATEGIES TO EXTEND AND EXPAND EQUITABLE ACCESS TO HEALTHCARE IN LAC

WHO identifies equity as a major component of UHC and defines equity as: “the absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically.”³ Countries in the LAC region have used policy development and innovative mechanisms to address health equity, reduce poverty, and improve collaboration and cooperation across sectors.

The literature search identified valuable lessons learned that underscore the challenges in achieving UHC against a backdrop of long-standing social and economic inequality. Aspects of this backdrop are:

- Countries need to move beyond traditional insurance and contributory schemes, build on existing systems and accomplishments, and use models from multiple sectors to expand access to comprehensive quality services. Successful coordination of these components needs to build on the notion that improved health for all is in the interest of the middle and upper classes.
- Extending health services to new groups of people requires health system strengthening to improve the supply side as demand increases. This is essential not only to meet growing demand, but also to reduce fragmentation in existing systems and fill gaps in services of specific groups.
- The process of increasing the participation of vulnerable groups in the health reform process has demonstrated success in improving health equity and moving toward UHC.
- The social determinants of health are key drivers of some of the persisting inequity in the region. LAC has been a leader in developing broad inter-sectoral strategies and multipronged approaches to address the social determinants of health, beyond service delivery per se.

³ World Health Organization. (2013). Universal health coverage: Report by the Secretariat. Geneva, Switzerland: World Health Organization.

Key Articles and Reports

(see bibliography and <http://www.apromiserenewedamericas.org/>)

Cotlear, Daniel Gómez-Dantés, Octavio, Knaul, Felicia et al. (2014). Overcoming social segregation in healthcare in Latin America, *The Lancet*. Published online October 15, 2014.

Esteves, R. J. F. (2012). The quest for equity in Latin America: A comparative analysis of the healthcare reforms in Brazil and Colombia. *International Journal for Equity in Health*, 11, 6.

King, G., Gakidou, E., Imai, K., Lakin, J., Moore, R. T., Nall, C., Llamas, H. H. (2009). Public policy for the poor? A randomised assessment of the Mexican universal health insurance programme. *The Lancet*, 373(9673), 1447-1454.

Petrera, M., Valdivia, M., Jimenez, E., & Almeida, G. (2013). Equity in health and healthcare in Peru, 2004-2008. *Rev Panam Salud Publica*, 33(2), 131-136, 134 preceding 131.

Ruiz Gomez, F., Zapata Jaramillo, T., & Garavito Beltran, L. (2013). Colombian healthcare system: Results on equity for five health dimensions, 2003-2008. *Rev Panam Salud Publica*, 33(2), 107-115.

TOPIC 6: MAJOR OBSTACLES IN IMPLEMENTING UHC IN LAC

The LAC region has faced obstacles in implementing UHC – several of these have been mentioned in the prior sections. Limited financial resources, fragmented health service delivery, and social inequity continue to create barriers to universal health coverage in the region.

The literature highlights several specific obstacles, including:

- Despite increased overall health spending, expanded human resources, and health infrastructure in the LAC region, the distribution of resources and access to health services has been uneven among different groups. UHC is not an automatic result of increased health sector resources.
- As UHC measures increased access to services, the demand for health services will also rise. The literature highlights examples of individuals seeking preventive and primary care, as well as secondary and tertiary care services that currently are not available because of location or transportation barriers, cost prohibitions, or other restrictions. Lags in supply-side capacity to provide and pay for services may slow progress in achieving UHC from the user's point of view.
- In assessing whether obstacles to UHC have been successfully addressed, factors such as the following are important indicators to monitor: service utilization, quality of services, appropriateness and acceptability of the services available (i.e., effective access), level of equity in service distribution, and ultimately, health outcomes.

Key Articles and Reports

(see bibliography and <http://www.apromiserenewedamericas.org/>)

Arteaga, O., Astorga, I., & Pinto, A. M. (2002). [Inequalities in public healthcare provision in Chile]. *Cad Saude Publica*, 18(4), 1053-1066.

Barraza-Llorens, Bertozzi, Gonzalez-Pier, & Juan Pablo. (2002). Addressing inequity in health and healthcare in Mexico. *Health Affairs*, 21(3), 47-56.

Knaul, F. M., & Frenk, J. (2005). Health insurance in Mexico: Achieving universal coverage through structural reform. *Health Affairs*, 24(6), 1467-1476

Savedoff, W., de Ferranti, D., Smith, A. L., & Fan, V. (2012). Political and economic aspects of the transition to universal health coverage. *The Lancet*, 380(9845), 924-932.

Willis, K., & Khan, S. (2009). Health reform in Latin America and Africa: Decentralisation, participation and inequalities. *Third World Quarterly*, 30(5), 991-1005.

TOPIC 7: ISSUES RELATED TO FUTURE UHC IMPLEMENTATION AND EXPANSION OF HEALTHCARE

Future UHC implementation and healthcare expansion in LAC will occur within a context of changes confronting many countries around the world. These include a demographic transition toward an aging population and the consequent demand for different types of health services; an epidemiologic transition from infectious diseases to noncommunicable and chronic diseases, and the associated need for rehabilitative, palliative, and long-term care; and the continuing expansion of health technologies and pharmaceuticals, many of which may increase the cost of care.

The literature offers both success stories and challenges for the future, including:

- Several countries in the region have invested in expanding and training the health workforce, leading to an increase in the ratio of doctors per person, the number of nurses, and the number of medical schools, hospitals, and health facilities. Processes to improve the quality of provider training and incentivize providers to work in underserved areas require ongoing development.
- Several countries in the region have advanced significantly in terms of health infrastructure and technology, made possible through sustained economic growth. After a decade of investment in strengthening health systems, the LAC region now ranks highest among developing countries in public health expenditures.
- While the increase in health resources has been associated with improved service delivery, equity in access to healthcare and health outcomes remains a challenge for the region. In addition to ethnicity and income, the literature identifies geographical location of those seeking care as another constraint to equitable access in the LAC region.
- Noncommunicable and chronic diseases, which require rehabilitative and palliative care as well as diagnostic and curative services, will require extensive changes in healthcare delivery and may offer opportunities to reduce costs while improving patient care.
- Long-term political support, policy interventions, financing, and service delivery strategies are essential for countries to sustain and grow progress toward UHC.

Key Articles and Reports

(see bibliography and <http://www.apromiserenewedamericas.org/>)

Bachelet, M. (2014). Towards universal health coverage: applying a gender lens, *The Lancet*. Published online October 15, 2014.

Frenk, J. (2014). Leading the way towards universal health coverage: a call to action, *The Lancet*.

Monteiro de Andrade, L.O. et al. (2014). Social determinants of health, universal health coverage, and sustainable development: case studies from Latin American countries, *The Lancet*. Published online October 15, 2014.

Titelman, D., Cetrángolo, O. & Acosta, O.L. (2014). Universal health coverage in Latin American countries: how to improve solidarity-based schemes, *The Lancet*.

Vega, J. & Frenz, P. (2014). Latin America: priorities for universal health coverage, *The Lancet*. Published online October 16, 2014.

Methods Part I: Search Strategy Methodology

INTRODUCTION

This literature search was conducted between June and August of 2014. In October 2014, a series of 13 papers on Universal Health Coverage in the Latin America and the Caribbean Region was published in *The Lancet*. These 13 articles were added to the search results. Selection criteria were developed to limit articles in the search to those published from 1990 to the present time. The search focused on two types of literature: peer-reviewed journal articles and other published reports in the gray literature (i.e., published materials that do not undergo a peer review process and are not available in academic journals). A list of search terms was developed to capture various elements of the topic "Toward Universal Health Coverage in Latin America and the Caribbean Region: A Bibliography." Search terms were also translated into French, Spanish, and Portuguese.

The search was conducted in a systematic way, starting with entering individual terms and adding other terms using a Boolean approach (i.e., using AND and OR to string search terms together) to expand or limit the results and to ensure that all available articles were identified. Alternative terms were used to ensure that the process included articles and reports whose titles were phrased differently but were conceptually similar. A full list of the search terms used is documented in Table 2.

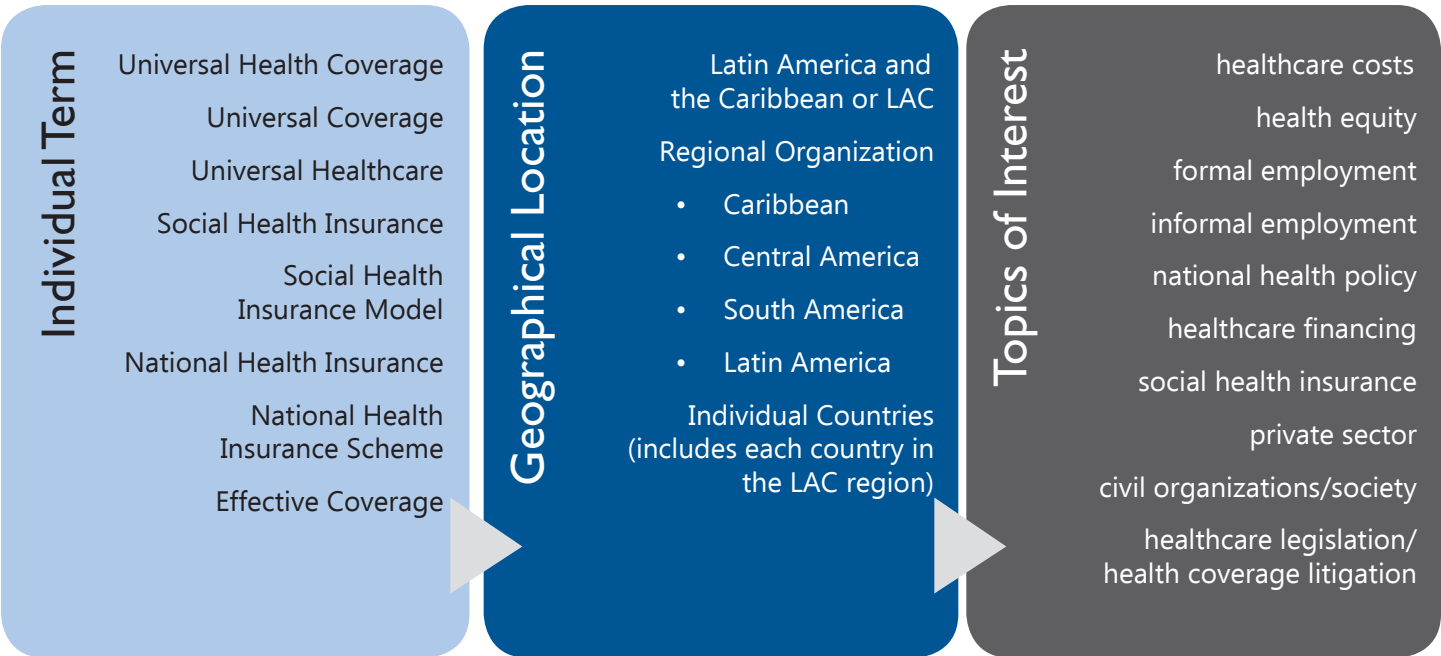
The search terms were used to search several databases: PubMed, Cochrane Collection, ProQuest, and Scopus for English, French, and Spanish. For the Portuguese search, Medline, Lilacs, WHOLIS, PAHO and SCOPUS were used. The same search terms were used to conduct Internet searches using Google Scholar and international organizations and government websites. Search results were reviewed to determine relevance to universal health coverage, quality of the publications and methods and adherence to inclusion and exclusion criteria. Documents deemed relevant, of acceptable quality, and within the inclusion criteria guidelines, were added to a reference manager (EndNote), which also effectively served as a database. This software organizes, when available, bibliographic information, notes, sortable terms, and full text documents or PDF links.

SEARCH STRATEGY FOR ENGLISH TERMS

The search strategy utilized an iterative approach that started with the use of each individual term and progressed to include different phrasing, acronyms, and similar terms. The second step incorporated the addition of a geographical location term that focused on both country names and regional groupings. The third step layered an additional topic of interest, such as healthcare costs, equity, and financing policy as demonstrated in Figure 1 below.

- Individual Term: i.e., Universal Health Coverage OR (ALL ALTERNATIVE TERMS).
 - Alternative Terms: (Universal Coverage) OR (Universal Healthcare) OR (Social Health Insurance) OR (Social Health Insurance Model) OR (National Health Insurance) OR (National Health Insurance Scheme) OR (Effective coverage) AND [other search terms].
- Individual Term AND Geographical Location: Universal Health Coverage OR (ALL ALTERNATIVE TERMS) AND (LAC or any other country/geographical point of interest).
 - Locations: By region (Caribbean, Central and North America, South America, and Latin America).
 - Individual countries categorized into regions: All countries within the region were searched by name in at least one database.
 - When the longer, alternative term search produced too many items, Universal Coverage AND (country) was used, followed by a second search of National Insurance AND (country).
- Individual Term AND Geographical Location AND Topic of Interest: Universal Health Coverage OR (ALL ALTERNATIVE TERMS) AND (LAC or any other country/geographical interest) AND (topic of Interest).
 - Topics of Interest: healthcare costs, health equity, formal employment, informal employment, national health policy, healthcare financing, social health insurance, healthcare legislation/health coverage litigation, national health policy, private sector, and civil organizations/ societies.

Figure 1. List of Search Terms



PEER-REVIEWED ARTICLE SEARCH – DATABASES AND DECISION PROCESS

To search databases, search term equations and inclusion/exclusion criteria were established.

1. The search terms included the concepts of health access and quality, health systems, healthcare financing and financing structures, implementation, health equity, and so on, as mentioned above.
2. All countries within the LAC region were considered for inclusion, except those under foreign rule. Puerto Rico, Martinique, French Guiana, and the Virgin Islands were excluded as their health systems were influenced by their corresponding federal power.
3. The search was then divided into three parts: countries with UHC, countries with some UHC, and countries not considered to have UHC, as demonstrated in Table I below. In addition, all countries were individually researched in that order. This ensured that essential countries were captured immediately, but all countries of interest were included. Only Anguilla was in the third category of countries with no UHC; data were not available for Bermuda.
4. A trial run using several health-related databases was conducted; resulting articles were analyzed for relevance, which then informed the use of the databases employed for searching peer-reviewed articles.
5. As searches were completed, they were documented in a search term tracker. The tracker captured the search criteria, the database used, and results, to help inform the usefulness of the search terms and the information captured.

Table I. Division of Countries by UHC Status

Countries with UHC		Countries with Some UHC	
Antigua and Barbuda	Cuba	Belize	Mexico
Argentina	Grenada	Bolivia	Nicaragua
Aruba	Guyana	Costa Rica	Panama
Bahamas	Montserrat	Dominican Republic	Paraguay
Barbados	Netherlands Antilles	Ecuador	Peru
Brazil	Saint Kitts and Nevis	El Salvador	Suriname
British Virgin Islands	Saint Lucia	Haiti	Trinidad and Tobago
Chile	Saint Vincent and the Grenadines	Honduras	Uruguay
Colombia		Jamaica	Venezuela

Source: Based on Table 5.1 in Chapter 5 of PAHO. (2012). Health Systems and Social Protection in Health, Health in the Americas (2012 ed.). Countries were classified as providing no UHC if they only provided social security-based coverage. Countries with 100 percent public coverage were considered "Countries with UHC." Countries with less than 100 percent public coverage were considered "Countries with some coverage."

GRAY LITERATURE SEARCH – SOURCES AND DECISION PROCESS

As gray literature is an important complement to the academic and peer-reviewed resources, a process for selecting articles and reports from it was developed.

1. The websites of relevant organizations, e.g., the Pan American Health Organization (PAHO), the World Bank Group, The Inter-American Development Bank (IDB), and the World Health Organization, were searched using key terms, such as Universal Health Coverage and other alternative terms, as well as the geographic and topical terms mentioned above.
2. Some ministry of health and other government websites were also explored to identify documents from individual countries; results were limited to nonanalytic, nonspecific information and, therefore, were excluded.
3. The websites of Spain's Agencia Española para la Cooperación Internacional y el Desarrollo (AECID, the Spanish Agency for International Development Cooperation) and the Canadian International Development Agency (CIDA) were searched using Google and other search engines; relevant documents were reviewed for their support of UHC efforts in the LAC region.
4. Google Scholar was also used to successfully identify the relevant gray literature through systematic searches using the terms above.
5. Consultation with PAHO was initiated for further identification of relevant information and documents on this topic.
6. Findings were limited to reports and presentations with clear narratives, citations, and evidence. Webpages, news articles, meeting announcements, and synopses and factsheets were excluded.
7. As searches were run, they, like the peer-reviewed results, were documented in the search term tracker. The tracker captured the searches themselves, the gray literature search options used, and results to help inform the usefulness of the search terms and the information captured.

In this iterative process, decisions were made or revised during the peer-reviewed and gray literature searches to respond to common or emergent issues and new options uncovered during the search process. The types of decisions are described below:

1. When using multiple synonyms for search terms, only about 5 percent to 10 percent of relevant information was captured. Therefore, searches were conducted with shortened Individual Terms (e.g., universal coverage) AND [an essential Topic of Interest]. These searches captured the relevant information from previous searches plus new articles. This process generated positive results with only about half of the “white noise” or irrelevant background documents of the larger searches. A similar process was used with a geographical location in place of the essential topic of interest.
2. Using the criteria limitations of peer-reviewed articles, scholarly editorials were included in search engine results and retained if they were considered rigorous enough by the publishing institution.
3. Articles and gray literature that focused on health access and universal provision of specific programs, such as vaccine, HIV service, etc., were eliminated unless they were specifically linked to the health systems as a part of a mechanism to realize UHC.
4. In PubMed, using the regional name “Latin America and Caribbean” was not effective in generating relevant results. Therefore, the search was broken into two regional categories: “Latin America” and “Caribbean.” Using these locations, “Caribbean” and “Latin America” generated the same list of articles when combined with the other topics of interest (e.g., there was repetition for both searches). Therefore, only one set of regional terms was applied for later searches.
5. While searching the Cochrane Collection, the randomized controlled trials and technical results generated did not prove relevant for the scope of the current literature review; future use of the database was suspended.

6. “After completing 16 searches with the elongated, relevant terms, ProQuest was used for a shorter set of UHC-related terms (Universal Coverage AND [country of interest]), followed by a secondary search (National Insurance AND [country of interest]) to ensure all literature on forms of coverage were captured for all countries.
7. Also using ProQuest, when individual country searches generated fewer than three results, searches were repeated in PubMed to assure saturation of search databases.
8. Using Scopus, UHC alternative terms and the “OR” function were problematic and, thus, a shortened, more direct set of terms, such as “universal health coverage,” was included.
9. The databases available through BIREME's¹ Virtual Health Library were searched by an individual from PAHO. The search terms identified above as part of the English- and Spanish-language searches were given to BIREME and translated into Portuguese search terms, then the search was run with the same exclusions as above. The Portuguese-language results were identified, retrieved, and sorted by exclusion and inclusion criteria by the research team.

¹ BIREME - PAHO - WHO

Latin American and Caribbean Center on Health Sciences Information. According to the website, the Latin American and Caribbean Center on Health Sciences Information, also known by its original name Regional Library of Medicine (BIREME, acronym in Portuguese), is a Pan American Health Organization/World Health Organization (PAHO/WHO) specialized center oriented to technical cooperation in scientific health information. The headquarters of BIREME has been located in São Paulo, Brazil, in the central campus of the Universidade Federal de São Paulo (UNIFESP) since its creation in 1967, according to an agreement between PAHO and the Government of Brazil. <http://www.paho.org/bireme/>

INCLUSION AND EXCLUSION CRITERIA

During the process of winnowing the search findings to relevant and acceptable documents, inclusion and exclusion criteria were applied. These lists were developed a priori and then were adjusted based on the results of the search, as needed.

Figure 2a. Peer-Reviewed Literature	
Inclusion Criteria Included all articles on all LAC countries except foreign territories. Included all articles on universal health coverage definition and background information. Included all articles on South America, Central America, and the Caribbean as related to UHC. Included all articles in LAC region that covered the following topics: healthcare costs, health equity, formal employment, informal employment, national health policy, healthcare financing, social health insurance, healthcare legislation/health coverage litigation, national health policy, private sector and civil organizations/societies as related to UHC.	Exclusion Criteria Excluded all United States and other non-LAC countries. Excluded all Affordable Care Act (ACA)-, Massachusetts-, Oregon-, and Vermont-related articles. Excluded all articles prior to 1980, although articles were reviewed for relevance. Only articles from 1990 onward were ultimately included. Excluded all articles about Medicare and Medicaid. Excluded all articles referring to health programs “coverage” or “universal” but not specifically concerned with a tenant of UHC, (e.g., articles about breastfeeding, vaccination, and kidney failure, etc., but not in relation to UHC). Excluded all nonanalytic scholarly articles (e.g., “comment” or “correspondence” articles that remained despite the scholarly journal limiter).

Figure 2b. Gray Literature	
Inclusion Criteria Included all reports and PowerPoints (with accredited sources) on all LAC countries except foreign territories. Included all reports and PowerPoints (with accredited sources) on UHC definition and background information. Included all articles on South America, Central America, and the Caribbean as related to UHC. Included all reports in the LAC region that covered the following topics: healthcare costs, health equity, formal employment, informal employment, national health policy, healthcare financing, social health insurance, healthcare legislation/health coverage litigation, national health policy, private sector and civil organizations/societies as related to UHC.	Exclusion Criteria Excluded all United States and other non-LAC countries. Excluded all Affordable Care Act (ACA)-, Massachusetts-, Oregon- or Vermont-related reports. Excluded all articles prior to 1980, although articles were reviewed for relevance. Only articles from 1990 onward were ultimately included. Excluded reports about Medicare and Medicaid. Excluded all reports referring to health programs “coverage” or “universal” but not specifically concerned with a tenant of UHC (e.g., reports and other gray literature about breastfeeding, vaccination, and kidney failure, etc., but not in relation to UHC). Excluded all conference documents and other nonanalytical sources.

STRATEGY FOR FRENCH, SPANISH, AND PORTUGUESE LANGUAGE SEARCHES

To address resources in the primary languages in the region, the essential English-language search terms were identified and translated into Spanish, Portuguese, and French. If academic searches in the databases provided relevant results in Spanish or French, the keywords for these resources were recorded and compared to the list of terms already identified (Table 2). These terms corresponded to the proposed Spanish and French terms. They were useful in gray literature identification, but few large-scale analytic gray literature options exist in Spanish or French that are not also available in English.

Spanish Search Terms: English terms were first identified in documents that had English and Spanish translations via International Development Bank (IDB) and Pan-American Health Organization (PAHO) technical documents. The search terms were then translated by analysts with the relevant language skills and located in other documents to confirm appropriate use of the term. Ministry of Health and Ministry of Finance searches were conducted in Google using the Spanish search terms AND (ministerio [country]). Relevant reports identified in this search that also met inclusion criteria were added to EndNote.

Portuguese Search Terms: Search strategies applied in English were used to search the Portuguese literature. Translators from BIREME used the same exclusion and inclusion criteria as well as search terms to generate results in Portuguese. The results generated were then selected for review and/or revision based on their relevancy and quality, and duplicates were removed before adding to the final bibliography.

French Search Terms: English terms were first identified in documents that had English and French translations via WHO technical documents. The search terms were then translated and located in other documents, using an approach similar to the one used for the Spanish terms.

Table 2. Suggested Key Search Terms in English, Spanish, Portuguese, and French

Suggested Term	Proposed Spanish	Source	Proposed Portuguese	Source	Proposed French	Source
Universal Health Coverage	Cobertura Universal	IDB and PAHO Usage	Cobertura Universal (Seguro Saude) or (Cobertura Universal)	BIREME	Couverture Universelle De Santé	WHO Usage
Universal Healthcare	Universalización De Los Servicios De Salud	IDB and PAHO Usage	Cobertura Universal	BIREME	Not Applicable	N/A
Universal Coverage	Cobertura Universal	IDB and PAHO Usage	Not Applicable	Not Applicable	Couverture Universelle	WHO Usage
Effective Coverage	Cobertura Efectiva	IDB and PAHO Usage	Not Applicable	Not Applicable	Couverture Efficace	Own Knowledge/ Translation
Social Medicine	Medicina Social	IDB and PAHO Usage	Not Applicable	Not Applicable	Système Social D'assurance Maladie	Social Health Insurance System
Universal Access	Acceso Universal	IDB and PAHO Usage	Universalizacao or Universalidad or Accesibilidad	BIREME	L'accès À La Couverture Universelle	Access to Universal Coverage (WHO Usage – Not a French Idiom)
Universal Access to Health Services	Acceso Universal A Servicios De Salud	IDB and PAHO Usage	Acceso Universal/ Equidad En Salud	BIREME	Accéder Aux Services De Santé	WHO Usage – Access to Health Services
National Health Insurance	Not Applicable	Not Applicable	Programas Nacionais De Saude Cobertura Universal	BIREME	Nationale D'assurance Maladie	Translation Knowledge, Confirmed by WHO
National Health Systems	Sistemas Nacionales De Salud	IDB and PAHO Usage	Sistema Or Politica Or Programa	BIREME	Systèmes De Santé	Not Applicable
National Health Fund	Fondo Nacional De Salud	IDB and PAHO Usage	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Health Equity	La Equidad En Salud	IDB and PAHO Usage	Equidade Em Saúde	BIREME	Équité En Matière De Santé	N/A
Health Equity	La Equidad En Salud	IDB and PAHO Usage	Equidade Em Saúde	BIREME	Équité En Matière De Santé	N/A
Healthcare Cost	Costos De Salud	Knowledge, Google	Not Applicable	Not Applicable	Coûts Des Soins De Santé	WHO Usage
National Health Policy	Política Nacional De Salud?	Knowledge, Google	Política Nacional De Salud	Not Applicable	Programme Nationale Des Politiques Sanitaires	Translation WHO Usage
Health Systems Financing	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Le Financement Des Systèmes De Santé	WHO Usage
Health Policy	Política De Salud	IDB and PAHO Usage	Not Applicable	Not Applicable	Politiques Sanitaire	WHO Usage
Social Health	Las Obras Sociales	IDB and PAHO Usage	Not Applicable	Not Applicable	Not Applicable	N/A
Central America	América Central	Knowledge, Google	Centroamerica, "Central America" OR "America Central"	BIREME	Amérique Centrale	Dictionary Translation
South America	América Del Sur	Knowledge, Google	Sudamerica OR Mexico, America Do Sul, America Del Sur	BIREME	Amérique Du Sud	Knowledge/ Translation
Caribbean	Caribe	Knowledge, Google	Caribe	BIREME	Les Caraïbes	Dictionary Translation
Latin America	América Latina	Knowledge, Google	Latinoamerica, America Latina	BIREME	Amérique Du Sud	No Distinction between Latin and South America

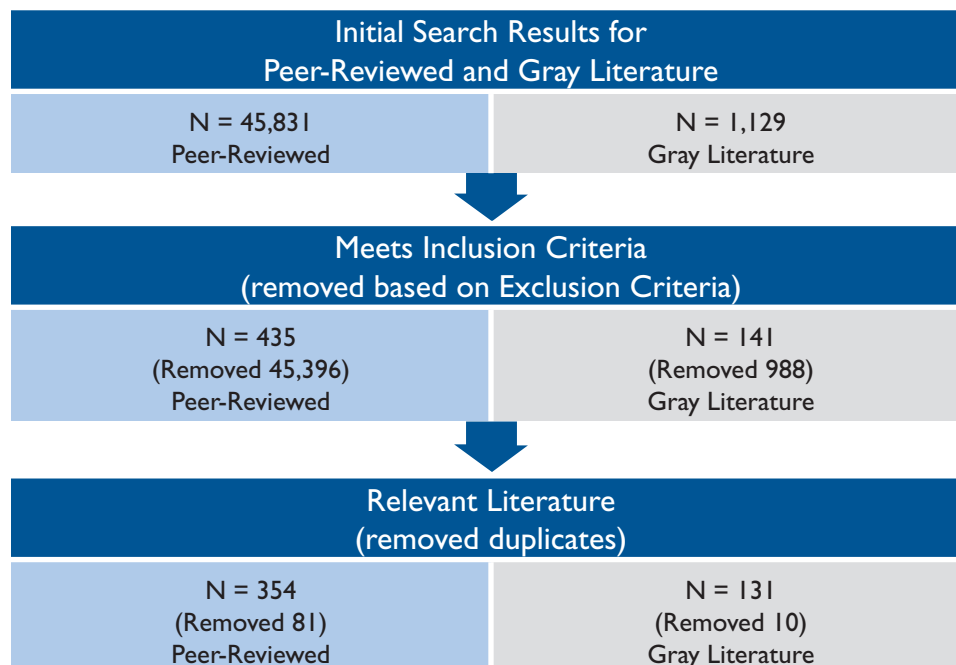
Methods Part 2: Search Results

IDENTIFICATION OF POTENTIAL LITERATURE

Overall, 45,831 articles in the peer-reviewed literature and 1,129 reports in the gray literature were initially identified by the search process, which applied the search terms in 306 runs in academic databases and gray literature search engines. To these 46,960 articles and reports, inclusion and exclusion criteria were applied to ensure that the relevant pool of literature across all four languages searched met the criteria described at the initiation of the search process. Approximately 90 percent of these initial documents were either not relevant to the search, were excluded by the a priori criteria, or were duplicate articles; these documents were removed to generate the final sample: 354 peer-reviewed articles and 131 gray literature reports as demonstrated in Figure 3 below. The most prominent reasons for excluding articles or reports from the sample were that an article or report focused on a country outside of the LAC region or the article was not primarily about UHC.

The academic results and gray literature were assigned labels by category based on their content. These categories (identified as “groups” in EndNote) were created to organize information for quick identification and use in harmony with the parameters of the literature search. The categories are demonstrated Figures 4 and 5 on the next page. They were developed from the search terms and areas deemed important for inclusion for the project. For example, if an article was originally collected as a background document during the search, it was tagged for inclusion in the “background group” as demonstrated in Figure 5; if an academic article included information on UHC and equity in Honduras, it was copied to the groups “Health Equity” and “Central and North America.”

Figure 3. Literature Review Process



IDENTIFYING THE RELEVANT LITERATURE

The search of the academic literature resulted in 354 articles of relevance; the articles were selected from the searches of academic databases. These articles were identified and assessed through 155 applications of the search terms in English and Spanish, 106 in French and 1 in Portuguese using the strategy outlined in Figure 3 on the prior page and the summarized results in Figures 4 and 5 below. Of the 354 articles included, 49 percent were published in English and 38 percent in Portuguese.

Additionally, 131 gray literature sources met the criteria for inclusion based on 48 applications of the search terms (9 in English, 39 in Spanish) using the search terms outlined in Table 2 and the strategy outlined in Figure 3. English was the most common language, comprising 66 percent of the reports identified in the search; 10 articles were in both English and Spanish but were included with the English reports. Seventeen reports in Portuguese were found during the search of the peer-reviewed literature.

South America has reported the most articles and reports (231), largely because of the large number of countries in the subregion and the presence of several countries, particularly Colombia, Brazil, and Chile, that pioneered approaches to UHC. Central and North America (excluding the United States and Canada) overwhelmingly included information about Mexico, which has been cited often in research on health system reforms and UHC. Health systems (115), health equity (106), and health financing (57) are broad groupings of issues that include a range of ideas and approaches to realizing UHC.

The Caribbean subregion produced limited results (15), as few articles or reports were robust enough to include. Other areas with relatively fewer results are the role of the private sector (29), health and human rights (16), social medicine (11), formal employment implications regarding implementation of UHC (5), and civil organizations or civil society (3).

Figure 4. Literature Search Results

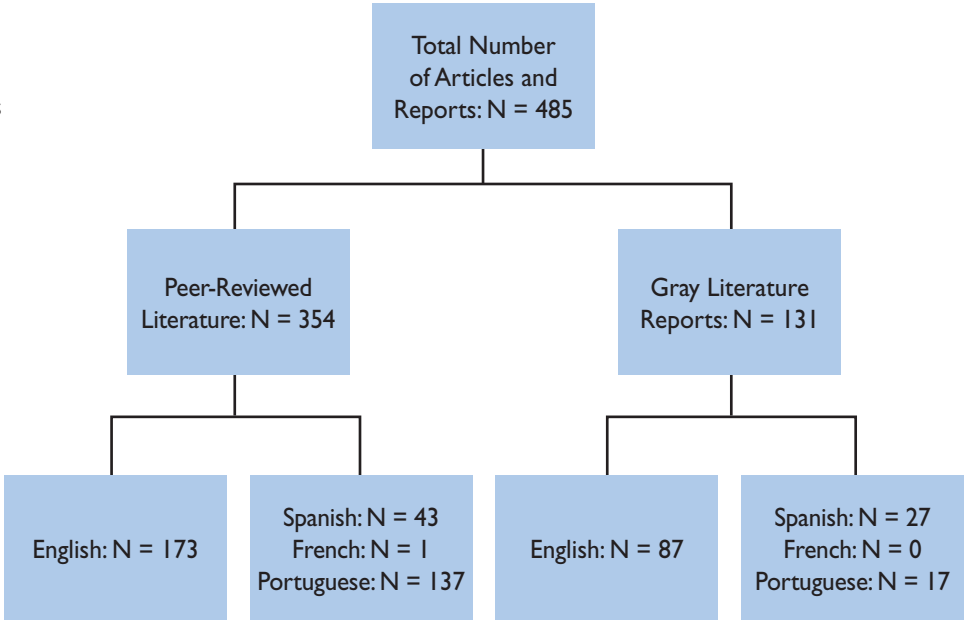
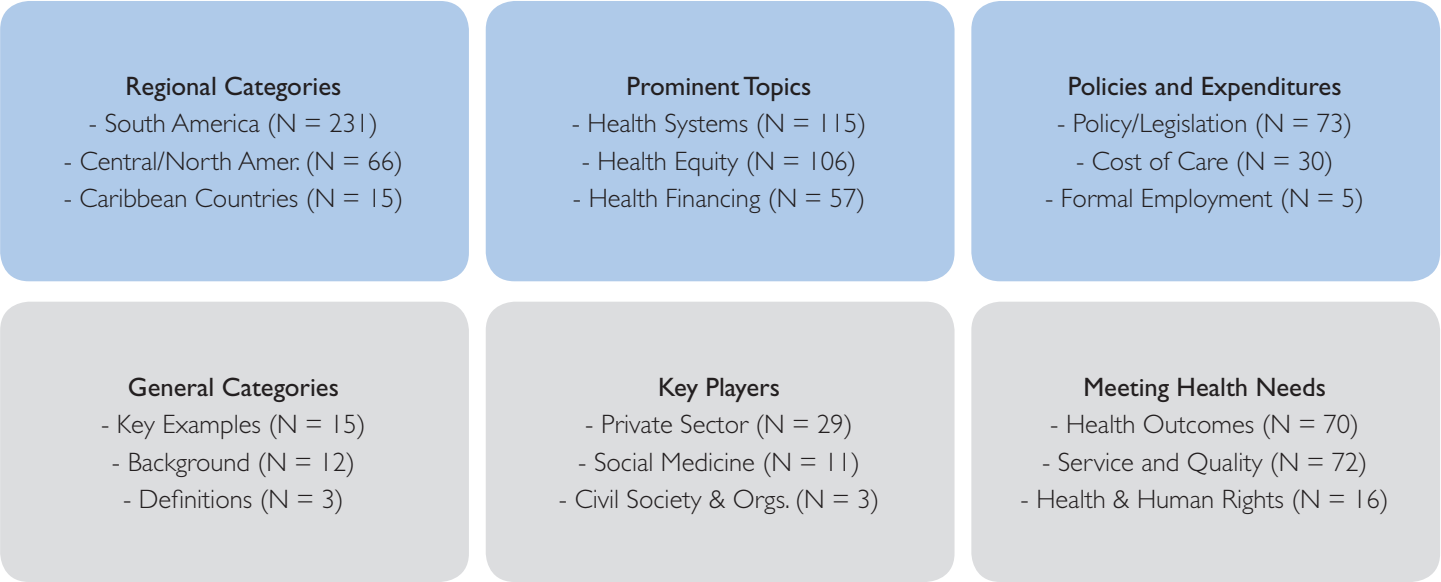


Figure 5. Summary of Literature Search Findings by Topic



Universal Health Coverage in Latin America and the Caribbean Region Bibliography

KEY

* at the end of the title indicates the original publication was in Portuguese

** at the end of the title indicates the original publication was in Spanish

[Title] indicates the original title was translated into English by the source and the database retrieved only the translated title

Note that citations were drawn from multiple source databases, and citation style varies within this bibliography.

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