

Smart Spending for Health

Social Protection and Health Division Regional Policy Dialogue Report 2023



Washington, D.C. / United States



Authors:

Pamela Góngora-Salazar, Marcella Distrutti, Úrsula Giedion, Sebastian Bauhoff, Sofía Castro Vargas, Florencia Magdalena Méndez, Mariángela Chávez.

Keywords:

smart spending, health efficiency, health, primary health care, hospitals, healthcare networks, pharmaceutical policies, priority-setting, regional policy dialogue.

JEL codes:

H11, H21, H51, H61, I1, P46

Copyright © 2023 Inter-American Development Bank ("IDB"). This work is subject to a Creative Commons license CC BY 3.0 IGO (<https://creativecommons.org/licenses/by/3.0/igo/legalcode>). The terms and conditions indicated in the URL link must be met and the respective recognition must be granted to the IDB.

Further to section 8 of the above license, any mediation relating to disputes arising under such license shall be conducted in accordance with the WIPO Mediation Rules. Any dispute related to the use of the works of the IDB that cannot be settled amicably shall be submitted to arbitration pursuant to the United Nations Commission on International Trade Law (UNCITRAL) rules. The use of the IDB's name for any purpose other than for attribution, and the use of IDB's logo shall be subject to a separate written license agreement between the IDB and the user and is not authorized as part of this license.

Note that the URL link includes terms and conditions that are an integral part of this license.

The opinions expressed in this work are those of the authors and do not necessarily reflect the views of the Inter-American Development Bank, its Board of Directors, or the countries they represent.



CONTENTS

1	INTRODUCTION AND EVENT OVERVIEW	4
---	--	---

2	OPENING REMARKS & SETTING THE STAGE: Why is Smart Spending for Health Important for the Region?	7
---	--	---

3	SESSION 1: How Big are the Potential Gains and What can we do to Increase Efficiency in Healthcare Spending?	10
---	---	----

4	SESSION 2: Delving Into Three Areas of the Health System to Promote Smarter Healthcare Spending in the Region	15
---	--	----

	Deep Dive I: Inefficiencies and Potential Gains in Primary Healthcare	16
--	--	----

	Deep Dive II: Inefficiencies and Potential Gains in Hospitals and Healthcare Networks	20
--	--	----

	Deep Dive III: Inefficiencies and Potential Gains in Pharmaceuticals, Medical Devices, and Health Procedures	25
--	---	----

5	SESSION 3: Health-Finance Synergy & Political Economy	32
---	---	----

6	CLOSING REMARKS & LAUNCH OF FLAGSHIP REPORT	36
---	--	----

7	ACKNOWLEDGEMENTS	40
---	-------------------------------	----

8	ANNEXES	42
---	----------------------	----



INTRODUCTION AND EVENT OVERVIEW





The Social Protection and Health (SPH) Division of the Inter-American Development Bank (IDB) hosted its annual Regional Policy Dialogue (RPD), [Smart Spending for Health](#), from October 2nd to 4th 2023 in Washington D.C., United States. The RPD brought together over 120 participants, including leaders from over 24 countries, ministers and vice-ministers of health, vice-ministers of finance and directors of budget, and regional and global experts in health spending efficiency.

The objective of the annual RPD is to highlight the importance of specific public policy topics and to promote the dialogue among senior government officials from Latin America and the Caribbean (LAC), the IDB, and worldwide experts. It enables the exchange of innovative strategies, experiences, and insights on crucial subjects, and helps participants identify potential areas for operational engagement and collaboration.

The 2023 RPD focused on the need to promote smart spending on health, as mobilizing additional resources for health is challenging under today's

macroeconomic outlook. Government resources for healthcare in the LAC region face constraints due to insufficient tax revenues, high levels of debt further exacerbated by the recent pandemic, and economic upheavals resulting from global imbalances. Conversely, pressures to increase healthcare spending are mounting as countries seek to adopt new technologies and meet growing demands to treat aging populations and an increasing prevalence of chronic conditions. In addition, there is a need to invest in pandemic preparedness for future emergencies and to address the health consequences of the increase in poverty caused by the COVID-19 pandemic.

Countries in the region spend too little on healthcare, averaging 8.6% of GDP, compared to the OECD's 13.9%¹. Still, they could improve the health of their populations by optimizing their spending. Smart spending centers on implementing policies that maximize health-related value for the population within the budget. Through this approach, countries in the region could extend life expectancy by 3-5 years without increasing healthcare

¹WHO Global Health Expenditure Update 2022. Last updated: April 3rd, 2023. <https://apps.who.int/nha/database>



expenditures. Given the stringent financial constraints that LAC countries grapple with, prioritizing spending efficiency in the healthcare sector is crucial. This will not only enhance the quality of healthcare services but also drive the region closer to the goal of Universal Health Coverage (UHC).

In this context, the RPD provided a setting to enable a discussion between ministries of finance and ministries of health, as well as LAC countries, regarding the benefits to be gained from a more efficient expenditure of the healthcare budgets. Our aim was to encourage the adoption of strategies that allow for more intelligent healthcare spending decisions in three areas: primary healthcare, hospitals and healthcare networks, and pharmaceuticals, medical devices, and health procedures.

The RPD was divided into three sessions. The first session highlighted the importance of improving the efficiency of health spending in light of the current macroeconomic context, emphasizing the potential gains from smart spending strategies. The presentations touched on the main sources of inefficiencies in health systems in LAC and the relevance of interventions from a public financial management approach.

The second session explored inefficiencies, potential gains, and efficiency-enhancing interventions in three specific areas of the healthcare system: (Deep Dive I) primary healthcare, (Deep Dive II) hospitals and healthcare networks, and (Deep Dive III) pharmaceuticals, medical devices, and health procedures.

The latter focused on priority-setting in healthcare and the potential of generic and biosimilar substitution strategies.

The third session of the RPD underscored the importance of encouraging collaboration between health and finance ministries and addressing political economy issues that hinder the implementation of smart spending policies in health.

The RPD meeting featured presentations by global experts on each topic, along with discussion panels involving regional experts and policymakers. Additionally, case studies from the LAC and other regions were presented, and group activities were organized to foster participants' discussions. All presentations, graphical note taking, photos, and videos from the event can be found on the [SPH Regional Policy Dialogue Website](#).

The meeting closed with the launch of SCL/SPH's 2023 flagship document "[Smart Spending for Health: How to Make Each Dollar Count](#)", with the participation of Karina Rando, Minister of Health of Uruguay; Mary D. Munive, Second-Vice President & Minister of Health of Costa Rica; Amanda Glassman, Executive Advisor to the IDB President; William Savedoff, Senior Partner at Social Insight; and Marcella Distrutti, IDB Senior Health Specialist.



2

OPENING REMARKS & SETTING THE STAGE:

*Why is Smart Spending for Health
Important for the Region?*





The event opened with remarks from **Dr. Ferdinando Regalia**, IDB Social Sector Manager. In his address, he highlighted the unique challenges of the healthcare sector, which extends beyond fiscal metrics to directly impact lives and well-being. He emphasized the delicate balance required between meeting public health needs and maintaining fiscal sustainability. In this context, Dr. Regalia underscored the need to enhance the efficiency of healthcare spending as a key strategy to balance the tension between limited budgets and escalating healthcare demands. The speech established the tone for the event, focusing on strategic, immediate "quick wins" in healthcare spending, while also considering long-term, comprehensive strategies for smarter, more effective healthcare expenditure. To this end, Dr. Regalia emphasized the importance of close cooperation between finance and health ministers as a key factor in achieving more efficient health spending. He concluded his presentation by affirming the IDB's active



role as a collaborator in supporting Latin American and Caribbean (LAC) countries in their pursuit of smart health spending.

In line with these opening remarks, **Amanda Glassman**, IDB Executive Advisor to the President, emphasized that while resources will be scarce on the revenue side in the challenging macroeconomic context, countries will have to manage increased pressures on their health expenditures due to a combination of longstanding pressures coming from a changing demographic and epidemiological landscape, and new responsibilities that have emerged because of the pandemic.

She mentioned projections that indicate a 2% to 3% annual rise in per capita spending over the next 30 years in the region, referring to one of the IADB/SPH publications [“Future Health Spending in Latin America and the Caribbean: Health Expenditure Projections & Scenario Analysis”](#). While stressing the need to improve the efficiency of health spending amid reduced fiscal space for health, she





also highlighted some of the challenges associated with doing so, such as the limited flexibility to change and reallocate public spending. As an example, she noted that policies often do not favor options like covering only interventions that provide the best value for money, as evidenced by the limited use of economic evaluations in health decision-making in Latin America. She concluded by urging policymakers to ensure that, even in the most difficult macroeconomic circumstances, the provision of essential health services is protected from budget cuts.



A Minister of Finance and a Minister of Health talk about health spending (Part I)



→ 3

SESSION 1:

How Big are the Potential Gains and What Can We do to Increase Efficiency in Healthcare Spending?





Before delving into specific policies for smarter healthcare spending in the region, three presentations provided a comprehensive overview, outlining key inefficiencies in health systems, possible policy solutions, and the expected benefits of these policies.

Dr. Sebastian Bauhoff, IDB Principal Health Economist, delivered the first presentation, focusing on the potential gains from smart spending in the health sector. According to a recent IDB study, LAC countries could increase their average life expectancy by 3.4 years by improving health spending efficiency ([Efficiency of Health Systems in Middle-Income Countries and Determinants of Efficiency in Latin American and the Caribbean](#)). He noted that gains in health outcomes can be achieved at different levels of the health care system. For instance, routine care at the primary care level can significantly reduce healthcare spending and improve outcomes for patient with non-communicable diseases. Rationalizing hospital length of stay and Caesarean section rates could enhance both efficiency and the quality of care. Additionally,



promoting unbranded generics, which currently have low penetration in the region (29% market share compared to the European average of 52%), could yield important benefits.

In the second presentation of this session, Dr. Cheryl Cashin, Managing Director at [Results for Development](#), discussed the primary sources of inefficiency in health systems. She began by discussing the concept of allocative efficiency, which focuses on funding services that produce the most valuable outcomes (“do the right things”), and technical efficiency, which optimizes care inputs and processes to maximize outcomes and minimize costs (“do things right”). She then delved into crucial sources of inefficiency in health systems, such as “how health financing is organized”, “which services and inputs are financed and delivered/used”, “how inputs are procured”, “how services are organized and delivered”, and “how processes are managed”. In her takeaways, she stressed the importance of adopting a holistic strategic policy approach to improve the efficiency of health spending, underscoring





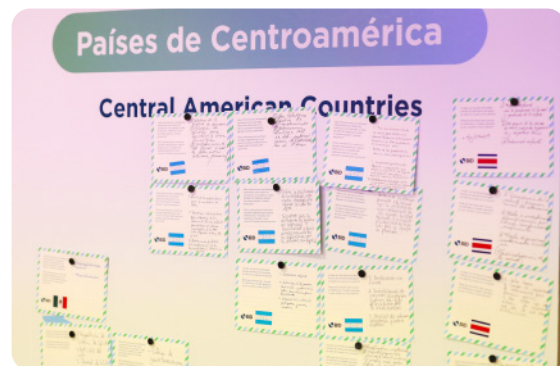
the need to start small, learn and adapt to create the necessary structural conditions for efficient health spending.

The session concluded with a presentation from **Dr. H el ene Barroy**, Senior Public Finance Expert at the [World Health Organization \(WHO\)](#), who emphasized the pivotal role of Public Financial Management (PFM) in healthcare. Dr. Barroy underscored how effective PFM influences health outcomes by ensuring proper resource allocation, monitoring, and utilization. She highlighted

the interaction between PFM and healthcare financing, affecting various efficiencies and the overall delivery of healthcare. Stressing the significance of PFM across the budget cycle, she advocated for collaboration between health and finance sectors, adaptable multi-year budgets, and Program-Based Budgeting, as demonstrated by South Africa's response to the COVID-19 pandemic. She closed her presentation by emphasizing that addressing financial fragmentation, enhancing spending capabilities, and monitoring performance are crucial for optimizing healthcare funding and outcomes.

Q&A session

In this first Q&A session, discussions included a range of topics: the challenges of task shifting in healthcare, the adjustment of budgets for program-based approaches, and the question of whether PFM strategies in health are universally applicable or context-specific. The conversations also touched on viewing healthcare spending as a smart investment rather than a mere expenditure, and on the imperative to address the implementation challenges of program-based budgets, particularly under emergency conditions like pandemics. Furthermore, the session highlighted the important role of data availability and appropriate metrics for measuring healthcare efficiency, discussing what the optimal starting point for efficiency initiatives could be, whether within finance ministry structures or within the health sector itself. Finally, the conversation underscored the complexity of determinants of health outcomes, influenced by factors beyond well-executed spending, emphasizing the need for accurate measurement of both financial execution and healthcare delivery.



During the event, participants were also encouraged to share through "postcards" their thoughts on the main causes of health inequities in their countries and the strategies they would like to see implemented.



Group activity

To conclude the morning session, participants gathered in groups organized by country to discuss, in their perception, the main sources of inefficiency in the health system (of each country). Participants received a deck with 12 cards, each representing a source of inefficiency, and was given the task of prioritizing them and sharing their views with other groups. The main sources of inefficiency in health systems identified were:

- 1. Medicines:** Underuse of generics/biosimilars and higher than necessary prices for medicines (including inefficient procurement and supply chain systems).
- 2. Medicines:** Inappropriate and ineffective use of medicines.
- 3. Medicines:** Use of substandard and counterfeit medicines (inadequate pharmaceutical regulatory systems).
- 4. Health services:** Overuse of health services, including diagnostic procedures, and clinical waste.
- 5. Health services:** Inappropriate hospital admissions and length of stay.
- 6. Health services:** Inappropriate hospital size and bed distribution.
- 7. Health services:** Suboptimal quality of care and medical errors.
- 8. Health workers:** Inappropriate or costly staff mix, unmotivated workers, absenteeism.

9. Health interventions/technologies: inefficient mix (e.g., funding high-cost, low-effect interventions vs. low-cost, high-impact interventions).

10. Health interventions/technologies: insufficient emphasis on health promotion and preventive measures; overuse of hospital care.





SESSION 1: *How Big are the Potential Gains and What Can We do to Increase Efficiency in Healthcare Spending?*



→ 4

SESSION 2:

Delving into Three Areas of the Health System to Promote Smarter Healthcare Spending in the Region





As mentioned in the introduction, this session explored inefficiencies, potential gains, and efficiency-enhancing policies in three specific areas of the health system: (Deep Dive I) primary care, (Deep Dive II) hospitals and health networks, and (Deep Dive III) pharmaceuticals, medical devices, and health care procedures. Each Deep Dive began with a presentation providing an overview of the sources of inefficiency and the interventions to be implemented in each area, followed by case studies to demonstrate how some of these efficiency-enhancing interventions can be implemented on the ground, and what challenges and enabling factors can contribute to their success.

Deep Dive I: Inefficiencies and potential gains in primary health care.

This session started with a presentation from **Dr. Frederico Guanais**, Deputy Head, Health Division, [Organization for Economic Co-operation and Development \(OECD\)](#), who provided an overview on the critical role of primary healthcare (PHC) in improving health efficiency by reducing preventable hospitalizations and emergency room visits. He cited countries like the UK and Denmark as examples of effective primary care systems leading to cost-effective healthcare management and lower hospital admissions for chronic conditions. Despite proven benefits and associations with reduced mortality and increased longevity, he noted that primary health care is often underfunded, particularly in Latin America and the Caribbean (LAC). Dr. Guanais identified key efficiency drivers such as patient registration, high-quality care, financial incentives, and a robust digital health infrastructure. He also highlighted the importance of good workforce planning, skill mix, and community-based care to promote health

efficiency in primary care, as well as the need to increase efforts to collect data on patient needs, preferences, and outcomes. He concluded by advocating for an additional investment of 1.4% of GDP in OECD countries, mostly in primary care, to improve health systems and public health outcomes.

In line with some of the successful case studies mentioned by Dr. Guanais, **Dr. Michael Kidd's** presentation focused on how new models of PHC are helping to improve efficiency. Dr. Kidd, Professor of [Global Primary Care, at the University of Oxford \(UK\)](#) and Director of the [Centre for Future Health Systems, at the University of New South Wales \(Australia\)](#), highlighted the shifts that some health systems are already promoting to achieve value-based care, a concept that includes (i) improving population health, (ii) reducing the cost of care, (iii) improving the patient experience, and (iv) improving provider satisfaction (i.e., the Quadruple Aim).



He emphasized the transition from an illness-centered system to one that prioritizes wellness, incorporating patient activation and person-centered care. Dr. Kidd also mentioned the shift from multiple independent and sometimes competing providers to a coordinated and multidisciplinary health care team involving all levels of health care, different types of providers, health care sectors and non-healthcare sectors. Drawing on lessons from the United States, Canada, Australia, Denmark, and China, Dr. Kidd invited representatives from the region to consider the role of multidisciplinary family health teams in promoting value-based healthcare and efficiency. This requires physician training in community settings, strategies to ensure workforce retention, and, in some cases, workforce reform.

In the context of rural populations, he underscored the role of telemedicine and other digital health innovations and urged countries to invest in primary care research and to better understand population health, health-seeking behavior, and patterns of health service use.

Before delving into the case studies, **Dr. James Fitzgerald**, Director of [Health Systems and Services at the Pan American Health Organization \(PAHO\)](#), highlighted the vital role of a diverse and well-rounded primary healthcare (PHC) workforce in remedying inefficiencies in health systems. He pointed out that the composition of each PHC team should be tailored to the unique needs and characteristics of the local population and territory. Dr. Fitzgerald stressed the pressing need to confront the acute shortage in the healthcare workforce.

According to WHO's data, the estimated deficit of healthcare professionals is at least 600,000 in the LAC region. He emphasized that a significant portion of this crisis is attributed to the region's 'brain drain'—the migration of health workers to other areas—which demands immediate and focused attention.

To achieve an effective health coverage rate of 80%, he noted the need to increase the number of health professionals: 20.7 physicians, 70.6 nurses and midwives, 8.2 dentists, and 9.4 pharmacists per 10,000 inhabitants. To address the health workforce gaps and shortages in the region, Dr. Fitzgerald advocates for an intersectoral approach. This includes reforms to enhance incentives and regulatory frameworks to improve salaries and working conditions. In addition, education policies are needed to enrich health workforce training and research. Collaboration among ministries of health, labor, and information technology is also necessary. Before closing his presentation, Dr. Fitzgerald called on countries in the region to prioritize investments in four key areas: (i) integrated planning for PHC personnel, including having georeferenced health facilities; (ii) strengthening of interprofessional teams; (iii) enhancing competencies and specialization capacities in PHC and public health, which includes continuous training programs; and (iv) engaging in digital transformation to expand the reach of primary healthcare services.



Case study 1.1. Role and impact of PHC nurse practitioners in Canada

Presented by: Dr. Denise Bryant-Lukosius, professor at [McMaster University School of Nursing](#)

Numerous studies have consistently underscored the pivotal role of nurses in primary healthcare (PHC) settings, demonstrating how their extensive involvement and expertise are instrumental in enhancing the efficiency and effectiveness of healthcare delivery. This presentation explored the role of Primary Health Care Nurse Practitioners (PHCNPs) in Canada in enhancing healthcare accessibility and efficiency, particularly in rural and remote communities. Since their introduction in the 1960s, PHCNPs have proven effective in managing chronic

diseases, reducing mortality, and improving patient satisfaction. They have also been successful in reducing emergency visits and hospitalization rates, thereby lowering healthcare costs. Despite these successes, challenges such as uneven regional distribution, legislative and practice scope barriers, and slow system integration persist. The effectiveness of PHCNPs in long-term care and other settings underscores the need for strategic workforce planning and evidence-informed policies. Canada's experience highlights the crucial role of dedicated funding, flexible reimbursement models, and stakeholder engagement in fully realizing the potential of PHCNPs to improve healthcare delivery and outcomes.

Case study 1.2. Advancing PHC: Emerging Innovations in the United States

Presented by: June-Ho Kim, Interim Director of Primary Health Care at [Ariadne Labs](#)

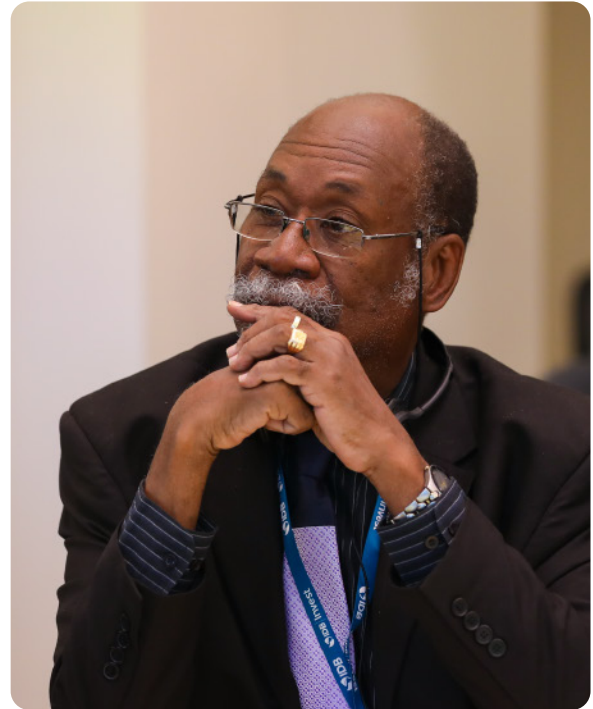
This presentation focused on the link between primary health care (PHC) and smart spending in the U.S. healthcare system. It began by highlighting the challenges facing the U.S. health care system, such as lack of integration between the public health and primary care systems, fee-for-service reimbursement that rewards volume over quality, low allocations for PHC (about 5% of total healthcare spending), a shortage of primary care physicians, and inadequate social services. In response to these challenges, several innovations are emerging to address the "5Cs" of quality PHC: first-Contact accessibility, Continuity,

Comprehensiveness, Coordination, and person-Centeredness. These innovations include New Sites of Care, with large corporations such as Walmart entering the healthcare sector, the emergence of virtual-first primary care services, and home-based care to improve accessibility and value. Among other innovations, the presentation stressed the appearance of integrated primary care models, increasing cross-sector collaboration to address health-related social needs, and the promotion of payment models that enable and require better care coordination and population health management. The presentation concluded by highlighting the role of community health workers and comprehensive data systems in understanding population needs.



Q&A session

This second Q&A focused on retaining talent amidst high service demand and limited professional supply. Concerns were raised about attracting and retaining staff under heavy workloads, and the disinterest of new generations in long medical careers. The discussion also covered the cultural transition in healthcare towards primary care and the importance of culturally sensitive staff management, including task shifting. Participants also addressed the impact of health worker migration, notably in countries like Jamaica, and the need for replacements. Finally, participants and speakers emphasized the need for a holistic healthcare approach, extending beyond treating diseases to encompassing community, empowerment, discrimination issues, and the sustainability of primary care models in the long term.





Deep Dive II: Inefficiencies and Potential Gains in Hospitals and Healthcare Networks

The second day of the meeting began with two presentations addressing sources of inefficiency in hospitals and healthcare networks, along with strategies to tackle them.

Dr. Ignacio Astorga, IDB Lead Health Specialist, talked about the relevance of [health investment Master Plans with a network approach](#), promoting a shift from a reactive to a strategic, efficient approach in healthcare infrastructure investment. The development of these plans encompasses several components: (i) conducting a diagnosis, which involves a demand assessment through demographic and epidemiological analysis; (ii) analyzing the healthcare network, which includes evaluating the current number and distribution of beds, hospital production levels, and organization of Primary Health Care (PHC) facilities, along with identifying gaps; (iii) assessing available resources, such as human resources and digital health; and (iv) projecting future demand for services and resources. Dr. Astorga noted that, generally, countries focus their efforts mostly on construction but devote little time to this type of detailed analysis, crucial for guiding investments and ensuring the appropriateness of the hospital's size, location, and level (e.g., types of services offered). He also underscored the critical role of network governance and the importance of hospitals operating within a network to bridge gaps. Finally, he highlighted the



main characteristics of future hospital constructions, stressing the need for them to be flexible, adaptable, polyfunctional, safe, environmentally friendly, centered on patient experience, and process-oriented.

The second presentation focused on inefficiencies within public hospital operations in the LAC region. **Dr. Jerry La Forgia**, Chief Technical Officer and Co-Founder at [Aceso Global](#), emphasized that hospitals account for 40% to 80% of public health spending and are among the primary sources of inefficiency in health systems. He highlighted external sources of inefficiency, such as payment systems, governance issues (e.g., insufficient managerial autonomy), and care coordination challenges (e.g., weak formal links with PHC providers). These factors contribute to budget overruns, extended lengths of stay, and preventable or inappropriate admissions, among other issues. In addition, Dr. La Forgia identified



internal inefficiencies, including poor overall management (e.g., unqualified senior managers), inadequate clinical processes (e.g., improper application of clinical protocols), and non-clinical issues (e.g., patient flow bottlenecks, poor input management). These lead to low quality of care, delays or repetitions in treatments and tests, overcrowding, and underutilization of operating theaters,

among other problems. Furthermore, he discussed various interventions that could be implemented to mitigate these challenges. These include performance-based global budgets, performance incentives, managerial skill development, performance monitoring, talent management, patient flow logistics, and standardized cost accounting systems.





Case study 2.1. The experience of Diagnosis Related Groups (DRGs) in Chile

Presented by: Camilo Cid, Director, Chile's National Health Fund (FONASA)

This presentation outlined the evolution of Diagnosis-Related Groups (DRGs), initially developed in the United States to measure the quality of hospital services, into tools for allocating financial resources. DRGs categorize hospital cases into groups that are clinically similar and expected to consume similar levels of hospital resources. In Chile's healthcare system, DRGs have been instrumental in promoting efficiency and equity in resource allocation, and in establishing a transparent and competitive pricing system. The Chilean DRG system is a part of a broader strategy aimed at enhancing hospital performance, which includes implementing a base price with adjustments based on the area and specialization to account for greater complexity and a focus on increasing overall production. For instance, from January to June 2023, there was a 6.6% increase in production across 68 public hospitals. The implementation of DRGs in Chile has been gradual and has required robust technical institutions capable of maintaining continuity and incorporating lessons learned. According to Dr. Cid, this tool facilitates credible dialogue with the Ministry of Finance and a technical consensus mechanism among health sector institutions, including FONASA (Chile's national health fund), the Ministry of Health, and health services.

While DRGs are complex and may demand years to fully mature, countries can progressively implement changes that guide them toward case-based payment systems. These changes might include costing exercises for key interventions and procedures carried out in hospitals. Such gradual adaptations can help enhance healthcare efficiency and resource management.





Case study 2.2. Brazil's experience optimizing patients flow in the emergency room of public hospitals: Project "Lean nas Emergências"

Presented by: Marco Saavedra Bravo, Continuous Improvement Manager, Hospital Sírio-Libanês (Brasil)

In Brazil, a collaboration between the national public health system (Unified Health System – SUS) and the private Hospital Sírio-Libanês, through the Program for Support to the Institutional Development of the Unified Health System (PROADI-SUS), is enhancing patient flow in the emergency rooms of public hospitals. The "Lean nas Emergências" project deploys two coaches (a doctor and a process specialist) to work with hospital staff for about six months. The aim is to review and optimize both clinical and managerial processes in urgent and emergency care settings. Implemented in over 160 hospitals across the country, the project has achieved outstanding outcomes, including a 39% reduction in emergency department overcrowding, a 46% decrease in the length of stay for non-hospitalized patients, and a 41% reduction in the length of stay for hospitalized patients. Additionally, the project incorporates a monitoring phase to help sustain these improvements. This initiative demonstrates a successful public-private partnership in healthcare, contributing to improve hospital efficiency in Brazil.





Before jumping into the next deep dive, participants were invited to play a board game about the inefficiencies in PHC, hospitals and health networks. It was a great opportunity to share experiences and thoughts while having fun!





Deep Dive III: Inefficiencies and Potential Gains in Pharmaceuticals, Medical Devices, and Health Procedures

In the afternoon of the second day of the meeting, presentations and case studies addressed the need to increase the efficiency of spending on pharmaceuticals, medical devices and healthcare procedures. The focus was on the adoption of generics and biosimilars (Panel A) and on the implementation of explicit priority setting (Panel B) as two promising strategies that can help to reduce waste and improve the value for money of health spending.

Panel A. Increasing the supply and demand of generic drugs and biosimilars

The first presentation, by **Dr. Veronika Wirtz**, Professor at [Boston University School of Public Health](#), began by showing that pharmaceutical expenditure

is a significant part of health expenditure in the region, greatly borne by households. She then emphasized the critical role of pharmaceutical spending in contributing to waste and inefficiency, showing that 4 out of 10 common sources of healthcare inefficiency identified by the WHO are related to pharmaceuticals. One important source of inefficiency is the expenditure on branded drugs when generic or biosimilar substitutes are available. The substitution of brand-name medicines with quality-assured generics and biosimilars is crucial for reducing the cost of health care, both for payers and for the budget. The presenter pointed out that generics are on average 3 to 10 times cheaper than the original products and cited studies by the IDB indicating potential savings of up to \$116 million for public payers in the Dominican Republic and up to [\\$315 million for households in Chile](#). As showed by Dr. Wirtz, despite the huge potential for improvement in the efficiency of pharmaceutical spending through increasing the use of generics and biosimilars, their penetration is still low in the region. The presentation also addressed some barriers to adopting biosimilars and generics, such as the lack of market authorization processes across the region. The presenter offered a portfolio of policy interventions that could help to boost both the supply and demand for biosimilars and generics. These include the adoption of administrative





and legislative measures to facilitate the early and agile entry of biosimilars and generics, as well as the implementation of pricing policies and incentives to promote both their supply and demand. The presentation concluded by underscoring two key conditions for the success of any of these policies: an appropriate regulatory framework (e.g., streamlined definitions and requirements for approval across the region) and confidence in the quality of generic and biosimilar medicines.

Dr. Wirtz's presentation was followed by a panel discussion moderated by Pamela Góngora-Salazar, IDB Health Senior Associate. In this panel, Dr. Adriana Ivama-Brummell, a health regulatory expert from the [Brazilian Health Regulatory Agency \(Anvisa\)](#), and Dr. Jaime Espín, a professor at the [Andalusian School of Public Health](#), shared the experiences of Brazil and Spain in increasing supply and demand for generic and biosimilar medicines.

Dr. Ivana-Brummell detailed how a health crisis in Brazil, characterized by limited access, low-quality medicines, and high prices, created the opportunity to adopt a policy aimed to expanding the use and availability of generics in Brazil. Interventions included stricter regulatory standards and communication strategies. The implementation of generic drug policies since 1999 resulted in significant benefits, such as increased access and improved medication quality.

In Spain, according to Dr. Espín, the decision to increase the availability and use of biosimilars was due to its low penetration rate compared to other European countries and the need to control rising pharmaceutical spending.





Interventions included strengthening biosimilar prescription quotas, economic incentives for prescribers, centralized purchases, and education for doctors and patients. He also showed that the savings generated by these measures are estimated to be around 27,000 million euros between 2009 and 2022, and that the potential will only increase in the future as more biosimilars become available on the market as more biologic drugs lose patent protection. He also underscored that the benefits go way beyond generating savings and include crucial aspects such as improving the sustainability of the health system, enhancing the value for money of pharmaceutical spending and increasing the competition in the pharmaceutical sector.

When asked for specific recommendations for the LAC region, Dr. Ivana-Brummell emphasized the importance of identifying clear objectives and building a solid foundation for the generics market. She called on countries to collaborate regionally. Dr. Espín added that the implementation of incentives and training programs is essential to ensure the effective use of biosimilars and highlighted the benefits of joint negotiation and procurement of biosimilar medicines. He concluded by emphasizing the increasingly crucial role that biosimilars will play in improving the efficiency of public pharmaceutical expenditure in the region.

Panel B. Improving decision-making about what to finance for the population

The second part of this third deep dive included two presentations about the role of explicit priority-setting in healthcare to promote efficiency in the LAC health systems, and a panel on the Argentinean experiences with the design of a health benefits package that was supported by [CRITERIA](#) network on explicit priority setting of the IDB.



Ursula Giedion, co-Coordinator of [IDB's CRITERIA Network and nonresident fellow at CGD](#), highlighted the urgency of an explicit priority setting in light of the increasing gap between available resources and need, which necessarily results in some sort of rationing, either implicit or explicit. The presentation showed the relative merits of explicitly



setting priorities when compared with implicit rationing and mentioned the adoption of explicit health benefits packages as a way of consigning explicit priority setting decisions into a policy tool. The presenter highlighted the potential of evidence-based explicit prioritization as a mechanism for improving the efficiency of health care spending, citing some concrete examples and demonstrating the opportunity cost—in terms of life years—of ignoring the cost-effectiveness of new technologies in coverage decisions. She concluded her presentation by addressing the widespread phenomenon of healthcare judicialization in the region, urging policymakers to reflect on the crucial balance between safeguarding the individual rights of patients through judicial access to necessary but often very costly and frequently not cost-effective medicines, and ensuring collective rights by granting access to indispensable services for all.

Javier Guzmán, Director of Global Health Policy and Senior Fellow at [Center for Global Development](#), outlined seven key lessons in health priority-setting: 1. It is about seizing a window of opportunity and sustained political will. In the United Kingdom, for example, NICE was successful, partly because politicians saw the value of arm's-length decision-making; 2. It is critical to make priority setting an institutional mandate; 3. It is about identifying entry points, requiring a clear definition of the problem being addressed (i.e., resource allocation is different from quality improvement issues);



4. Beyond good will, it is also important to establish strong, well-defined institutional arrangements; 5. Clarity of process and the robustness of methods are also crucial; 6. It is also about legitimacy. Understanding how stakeholder participation will function throughout the process and under what conditions is essential; and finally, 7. It is all about implementation. Whatever is agreed upon the design of the policy must align with the available resources (financial, human, etc.). The implementation of explicit priority setting is a challenge and should not be underestimated. The presenter concluded that achieving the goal of universal health coverage will not be easy, but mature priority-setting systems are a step in the right direction.



These presentations were followed by a panel discussion on Argentina's experience in designing a health benefits package and a presentation on the political economy issues that emerge when implementing efficiency-enhancing policies.

The panel was moderated by **Mario Sánchez, IDB Principal Sector Specialist**. During the discussion, **Sonia Tarragona**, Chief of Staff of [the Ministry of Health in Argentina](#), and David Arruachán, General Manager of the [Argentine Health Superintendency](#), presented the Argentine Plan for Integrated Health Services (PAISS), designed with the support of the IDB's CRITERIA network. The design of this HBP included the integration of health interventions across priority areas of care, such as immunization, mental health, pregnancy, early childhood care, cancer prevention, and non-communicable chronic diseases. The plan was developed through an analytical methodology and a multi-stakeholder consultation process. PAISS is part of Argentina's strategy to reduce health system fragmentation, improve health access and equity, and achieve established health goals.

Three key lessons were highlighted in the panel discussions: First, the importance of an adequate timing of the health benefits package design process; the success of the health benefits package depends critically on when to start the process and the alignment between the completion of the PBS development and the political timing of the local context. In the case of Argentina, the project was initiated at a time when there was a shared interest between the Ministry of

Health (uninsured public sector) and the Superintendence of Health (social security sector) to build a joint benefit plan in a highly fragmented system.





The design took longer than anticipated and was finalized at the end of a government's term. Given the uncertainty that changes of government with potentially different priorities may create for the PAISS, there is a risk to the definitive adoption and implementation of the health benefits package. In retrospect, it would have been important to analyze to a greater extent the tradeoffs between validation with the actors and improvement of data and methods on the one hand, and early achievement of results on the content and cost of the PAISS.

Second, both panelists agreed on the importance of the participatory process that accompanied the design of the PAISS. Technical leaders within the Ministry of Health and the Superintendence of Health obtained support for PAISS from provincial ministries and other key actors through continuous work throughout the development of the PAISS. As one panelist put it, "A decision that comes down from the top down has no legitimacy and cannot be implemented because obstacles immediately appear."

Third, the PAISS has contributed to operate as an articulator of one of the most fragmented health systems in the world. It has promoted technical cooperation among different actors, including the Ministry of Health and the Superintendence of Health Services. It has also made it possible to think of the PAISS as an articulator of the main functions of a health system, stating that a benefit plan is not just a list of ranked benefits, but a commitment to guarantee effective coverage for a set of prioritized interventions for all, and that this requires articulating the functions of the health system around these: their financing (sources, pooling, and allocation), the way these services will be delivered, paid and financed and how their quality and access will be assured and monitored.





The deep dive concluded with a group activity in which participants were asked to imagine that they were advising a decision-maker from a Latin American and/or Caribbean country on whether to allocate public funding for a high-cost drug whose patent has already expired, therefore allowing for generic substitution. This provided an opportunity for country representatives to discuss the criteria that should guide investment decisions and the strategies that should be adopted to make the drug more affordable for the health system. Interestingly, most groups questioned the coverage of the suggested high-cost medicine on grounds of health care efficiency and there was a consensus around promoting the supply and demand of its generic version to reduce waste and improve the efficiency of pharmaceutical health care spending.





SESSION 3:

*Health-Finance Synergy
& Political Economy*





Dr. Camilla Vammalle, Senior Policy Analyst at the [OECD](#), provided some opening remarks emphasizing the critical and complex nature of this dialogue. She highlighted the OECD's creation of a joint network to facilitate it and emphasized that countries can take advantage of the budget cycle (planning, formulation and approval, execution, and revision and supervision) to establish effective communication between finance and health. Additionally, she shared some best practices, including linking the budget to health objectives, defining clear criteria for determining the level and allocation of public spending, establishing credible monitoring and control mechanisms during budget execution, and ensuring a regular and independent reviews of healthcare spending to enhance efficiency and effectiveness.



Mestas Valero, Vice Minister of Health Benefits and Insurance at the Ministry of Health in Peru; and Ramiro Guerrero, IDB Principal Specialist and former Deputy Minister of Health and Social Protection in Colombia.

Following the presentation, a discussion panel was moderated by Eduardo González Pier, Senior Technical Director for Health Financing at [Palladium](#). The panel included four guests: Jessica Roxana Camacho, Director of the General Directorate of Public Budget in Peru; José Hugo Valle, Vice Minister of Financial Administration in Guatemala; and **Ciro Abel**





The panel aimed to underscore the importance of coordinated efforts between the ministries of health and finance in policy design and implementation. The panelists shared experiences on fostering effective, balanced, and sustainable dialogue between the two ministries. They stressed the need for ongoing and constructive communication, focusing on reaching agreements that extend beyond the negotiation phases of the budget cycle. The significance of data digitization and interoperability in supporting ministry discussions was also emphasized.

Regarding inter-ministerial relations, the panelists emphasized the importance of

clear and aligned guidelines to prevent unwanted political consequences during budget approval. They pointed out an inverse relationship between healthcare profitability and political profitability, underscoring the need for meticulous planning and efficient management of healthcare resources. The discussion also touched on maintaining consistent health policies during government transitions, emphasizing transparency and dialogue in these processes. Finally, the panelists highlighted the focus on results and accountability in health resource management as key to achieving a more efficient and equitable system.



The session concluded with a presentation from **Dr. Agnès Soucat**, Director of Health and Social Protection, [French Development Agency](#), on the complexities of political economy in healthcare systems. She discussed how political and bureaucratic failures, rooted in asymmetries of information, hinder effective healthcare delivery. Additionally, she pointed out the limitations of self-regulation in areas like medical education financing and selection processes. Dr. Soucat also highlighted the balance between market mechanisms and public interest in healthcare financing, with a significant portion being publicly funded. The presentation underscored the

importance of universal health coverage as a social contract and the complex interplay between clients, citizens, providers, and policymakers. She advocated for a comprehensive approach to enhance efficiency in healthcare, focusing on cost control, conflict of interest mitigation, societal dialogue, knowledge over mere data, long-term human resource planning, and self-regulation.



→ 6

CLOSING REMARKS & LAUNCH OF FLAGSHIP REPORT





Video II: A Minister of Finance and a Minister of Health talk about health spending (Part II)



Dr. Pablo Ibararán, IDB Social Protection & Health Division Chief, closed the event by expressing gratitude to all country representatives, speakers, and the organizing team. He underscored the significance of continuous and constructive dialogue between health and finance ministries. Dr. Ibararán reflected on how efficient health spending enhances the overall health of the population, emphasizing that healthcare goes far beyond fiscal numbers, impacting the lives and well-being of millions of people. He highlighted the potential for efficiency





improvements in health systems across the LAC Region, stressing the role of institutional frameworks, data-driven decision-making, and citizen engagement. Dr. Ibararán also acknowledged the strategic importance of quick wins in policymaking for long-term, complex policy development. He concluded his remarks by affirming the IDB commitment to proactive, ongoing support in promoting efficient health spending and called for a continuous dialogue and collaboration on this agenda.

All country representatives and speakers were afterwards invited to the launch of

SCL/SPH's 2023 flagship document "[Smart Spending for Health: How to Make Each Dollar Count](#)". The launch started with a presentation from William Savedoff, Senior Partner at Social Insight, one of the authors of the publication.

After providing an overview of the content of the Flagship document, there was a panel moderated by Marcella Distrutti, IDB Senior Health Specialist, featuring the participation of Karina Rando, Minister of Health of Uruguay; Mary D. Munive, Second Vice President & Minister of Health of Costa Rica; and Amanda Glassman, Executive Advisor to the IDB President.





We invite you to watch the video of the flagship launch event and the closing video of the 2023 SPH Regional Policy Dialogue "Smart Spending for Health".

VIDEO SMART SPENDING FOR HEALTH EVENT



VIDEO RECAP OF RPD SMART SPENDING FOR HEALTH



→ 7

ACKNOWLEDGEMENTS





THIS EVENT WAS A GREAT SUCCESS, MADE POSSIBLE BY THE UNWAVERING COMMITMENT AND SUPPORT OF MANY INDIVIDUALS

To the ministers, vice ministers, directors, secretaries and analysts of the ministries of health and finance of our region: thank you very much! Your commitment and enthusiasm for improving health in our region has been evident and inspires us all.

To all the experts who joined us: thank you very much! Your knowledge and experience, as well as your provocative and novel reflections, have helped us to better understand the challenges and opportunities we face in the region.

Thanks to the team from the IDB Knowledge, Innovation and Communication Sector (KIC) for their support in the logistical coordination, transmission, Zoom, photographs, and audiovisuals of the event. In particular, we would like to thank Silvia Morón, Enrique Sandoval, Eliezer Ruiz, Sergio González, Hugo Ramallo, Luis Murillo, Soledad Planes and the translators.

We are also grateful with those in responsible for the coordination in the hall, sound and technical support: Ariel Valladares, Diego Castañeda, Yosheline Zarate, and José Dubon.

At the IDB Health and Social Protection Division, thanks to Marcella Distrutti and Pamela Góngora for conceptualizing and

leading the organization of this dialogue, as well as to Úrsula Giedion, Sebastian Bauhoff, Jorge Ruiz and the entire Red Criteria team.

To the team that supported us in the logistics of the event: Angélica Méndez, Sandra Iriarte, Virna Queirolo, Sheyla Silveira, Martha Guerra, Sofia Castro, Mariángela Chávez, and Florencia Magdalena Méndez.

To the Communications team: Wagner Rech, Narumi Akita, and Eugenia Simhan. To all colleagues in the bank and the division involved in helping us in one way or another to make this a success, your active participation has been very important for this conversation.

Finally, we would like to thank RDP Consultores who were directly involved in the organization of this event: Paula Guevara, Rogelio Umaña, Ariana Bonilla, Jorge Arias, and Luis Ortiz

Thank you very much! We know that there is a lot of work behind an event like this to ensure that everything goes smoothly. We thank you for all your effort and commitment. It has been a fantastic meeting!



ANNEXES



Day 1: Monday, October 2

08:30 a. m. **Registration & coffee**

09:00 a. m. **Welcome & opening remarks**

Ferdinando Regalia, Social Sector Manager, Inter-American Development Bank (IDB)

09:20 a. m. **Setting the stage: increasing the efficiency of health spending to realize untapped potential and manage future crisis**

Amanda Glassman, Executive Advisor, Inter-American Development Bank (IDB)

09:40 a. m. **Improving health by increasing the efficiency of spending**

Sebastian Bauhoff, Principal Health Economist, Inter-American Development Bank (IDB)

10:00 a. m. **Mains sources of inefficiencies in health systems and potential “quick-wins”?**

Cheryl Cashin, Managing Director, Results for Development (R4D)

10:20 a. m. **Recess (15 minutes)**

10:35 a. m. **Bringing a PFM dimension to the efficiency discussion: a Win-Win Agenda for Ministries of Health and Finance**

Helène Barroy, Senior Public Finance Expert, Department of Health Systems Financing and Economics, World Health Organization (WHO)

11:00 a. m. **Q&A and interactive session**

12:00 p. m. **Lunch**

Deep Dive I

Inefficiencies and potential gains in primary health care

01:30 p. m. **Presentation 1.1.** Efficiency and PHC: Delivering more and better services to the population

Frederico Guanais, Deputy Head, Health Division, Organization for Economic Co-operation and Development (OECD)

02:00 p. m. **Presentation 1.2.** New models of PHC and how they contribute to improve efficiency

Michael Kidd AO FAHMS, Professor of Global Primary Care, University of Oxford (UK), and Director of the Centre for Future Health Systems, University of New South Wales (Australia)

02:30 p. m. **Presentation 1.3.** Health workforce: optimizing PHC

James Fitzgerald, Director of Health Systems and Services, Pan American Health Organization (PAHO)



03:00 p.m. **Recess (15 minutes)**

03:15 p. m. **Case study 1.1.** Role and impact of PHC nurse practitioners in Canada
Denise Bryant-Lukosius, Professor, McMaster University School of Nursing (Canada)

03:35 p. m. **Case study 1.2.** Advancing PHC: Emerging innovations in the United States
June-Ho Kim, Interim Director of Primary Health Care, Ariadne Labs

04:00 p. m. **Q&A**

04:30 p. m. **Closing of day 1**

06:00 p.m. **Welcoming cocktail at Smoke & Mirrors**
Buses depart from the IDB HQ lobby at 5:30 p.m.

DAY 2: Tuesday, October 3

09:00 a. m. **Recap of the previous session**

Deep Dive II

Inefficiencies and potential gains in hospitals and healthcare networks

09:05 a. m. **Presentation 2.1.** How to efficiently invest in health services?
Ignacio Astorga, Lead Health Specialist, Inter-American Development Bank (IDB)

09:30 a. m. **Presentation 2.2.** What matters? Improving key dimensions of hospital efficiency and performance
Jerry La Forgia, Chief Technical Officer and Co-Founder, Aceso Global

09:55 a. m. **Case study 2.1.** The experience of Diagnosis Related Groups (DRGs) in Chile
Camilo Cid, Director, Chile's National Health Fund (FONASA)

10:15 a. m. **Case study 2.2.** Brazil's experience optimizing patients flow in the emergency room of public hospitals: Project "Lean nas Emergências"
Marco Saavedra Bravo, Continuous Improvement Manager, Hospital Sírio-Libanês (Brasil)

10:35 a. m. **Recess (15 minutes)**

10:50 a. m. **Q&A and interactive session**

12:15 p. m. **Lunch**

01:30 p. m. **Recap of the previous session**

Deep Dive III

Inefficiencies and potential gains in pharmaceuticals, medical devices, and health procedures

Panel A. Increasing the supply and demand of generic drugs

01:35 p. m. **Presentation 3.1.** Healthcare savings: harnessing the power of generic and biosimilar substitution strategies
Veronika Wirtz, Professor in the Department of Global Health, Boston University School of Public Health

02:00 p. m. **Case study 3.1.** Supply and demand for generics: the experiences of Brazil and Spain
Adriana Ivama Brummel, Health Regulatory Expert, Brazilian Health Regulatory Agency (Anvisa)
Jaime Espín, Professor, Andalusian School of Public Health

Moderator: Pamela Góngora, Senior Health Associate, Inter-American Development Bank (IDB)

02:40 p.m. **Q&A**

Panel B. Improving decision-making about what to finance to the population

03:00 p. m. **Presentation 3.2.** Explicit priority-setting: A key input to improve the efficiency of health spending
Ursula Giedion, co-Coordinator of IDB's CRITERIA Network

03:20 p. m. **Presentation 3.3.** Success stories and lessons-learned in priority-setting in health
Javier Guzman, Director of Global Health Policy and Senior Fellow, Center for Global Development (CGD)

03:40 p.m. **Recess (15 minutes)**

04:00 p. m. **Case study 3.2.** Designing a new health benefits plan for Argentina: challenges and opportunities
Sonia Tarragona, Chief of Staff, Ministry of Health, Argentina
David Arruachán, General Manager, Health Superintendency, Argentina

Moderator: Mario Sánchez, Principal Sector Specialist, Inter-American Development Bank (IDB)

04:40 p. m. **Q&A**

05:00 p. m. **Closing of day 2**

DAY 3: Wednesday, October 4

09:00 a. m. **Recap of the previous session**

09:05 a. m. **Interactive session**

10:00 a. m. **Plenary: Enhancing the dialogue between the Ministries of Health and Finance**
Opening remarks: Camila Vammalle, Senior Policy Analyst, Public Management and Budgeting Division, Organization for Economic Co-operation and Development (OECD)

Moderator: Eduardo González Pier, Senior Technical Director for Health Financing, Palladium Group.

11:15 a. m. **The missing elements towards an effective efficiency agenda**
Agnes Soucat, Director of Health and Social Protection, French Development Agency

11:30 a. m. **Recess (15 minutes)**

11:45 a. m. **Closing of the event**
Pablo Ibararán, Social Protection & Health Division Chief, Inter-American Development Bank (IDB)

Launch of the Flagship: “Smart Spending for Health”

12:00 p. m. **Introductory video of the publication**

12:05 p. m. **Presentation: Smart Spending for Health**
William Savedoff, Senior Partner, Social Insight

12:20 p. m. **Panel discussion**
Karina Rando, Minister of Health, Ministry of Public Health, Uruguay
Mary D. Muniver, Second-Vice President & Minister of Health, Costa Rica
Amanda Glassman, Executive Advisor, Inter-American Development Bank (IDB)
William Savedoff, Senior Partner, Social Insight

Moderator: Marcella Distrutti, Senior Health Specialist, Inter-American Development Bank (IDB)

1:00 p. m. **Lunch**



Two pagers

- The Hidden Trade-Offs of High-Cost Drugs The case of Colombia: [Link](#)
- Los costos ocultos de los medicamentos de alto costo: Caso Colombia: [Link](#)
- How Much could Chilean Households Save if they Switched Toward Generic Drugs?: [Link](#)
- ¿Cuánto podrían ahorrar los hogares chilenos con la sustitución hacia medicamentos genéricos?: [Link](#)
- Room for Improvement Performance of Public Hospitals in Four LAC Health System: [Link](#)
- Margen de mejora: Desempeño de hospitales públicos en cuatro sistemas de salud de LAC: [Link](#)
- How to Improve the Impact and Sustainability of Health Projects: [Link](#)
- Cómo mejorar el impacto y la sostenibilidad de los proyectos en salud para la población: [Link](#)
- More Health for Your Money: Potential Gains by Improving Health Spending Efficiency: [Link](#)
- Más salud por peso invertido: beneficios potenciales de mejorar la eficiencia en el gasto de salud: [Link](#)

Technical Notes

- How Much Could Chilean Households Save and What Would They Gain by Using Generic Drugs Instead of Their Brand-Name Equivalents?/¿Cuánto podrían ahorrar y qué ganarían los hogares chilenos usando medicamentos genéricos en vez de sus equivalentes de marca? - [Link](#)
 - How Countries Spend their Health Resources?: The Case of Colombia/¿En qué gastan los países sus recursos en salud?: el caso de Colombia - [Link](#)
 - What Is the Opportunity Cost of Financing High-Cost Drugs?: The Case of Colombia/¿Cuál es el costo de oportunidad de financiar medicamentos de alto costo?: el caso de Colombia - [Link](#)
 - Eficiencia de los sistemas sanitarios en los países de renta media y determinantes de la eficiencia en América Latina y el Caribe/Efficiency of Health Systems in Middle-Income Countries and Determinants of Efficiency in Latin American and the Caribbean - [Link](#)
 - Reference Guide for Preinvestment Hospital Studies/Guía de referencia para estudios de preinversión hospitalaria - [Link](#)
- ### MOOC
- What to Finance in Health and at What Price? - [Link](#)
 - ¿Qué financiar en Salud y a qué precio? - [Link](#)





2023