

The refounding of health systems in Latin America and the Caribbean. New hope from the South

Antonio Hernández Reyes

State reforms and health systems

Several decades after the first wave of state reforms, we can observe the neoliberal disaster manifested in an era of intense demonstrations, protests and struggles against exclusionary policies in Latin America and the Caribbean.

In that first stage of state reform, loans from international organizations were promoted, serving as a basis for the construction of legal frameworks (constitutional reforms, laws, decrees, ministerial resolutions, among others),^{1,2} This facilitated the installation, in the political symbolic plane, of a structural crisis of the State in Latin American and Caribbean societies.

The State, as a social relationship, is defined as an institutional condensation that reflects its colonial, patriarchal, monocultural and social legacies, which are expressed through state officials, bureaucratic elites, laws and constitutions, among other scaffolding and established institutional architectures.³ These State reforms had an institutional impact on four aspects:

- a) political institutions and the organization of the State,
- b) fiscal, tax and decentralization institutions,
- c) the institutions of sectoral economic policies, and
- d) social policy institutions (health, pensions, social policies, etc.).⁴

Progressive and democratic political processes in the region have tried in the past decade, with many difficulties, errors and limitations, to uncover the need to dismantle and denaturalize the fallacies installed in the common-sense of State reforms.⁵ However, it has not been possible to establish, so far, a strategic collective exercise that gives centrality to the key debate on the alternatives for building a new democracy and State in Latin America and the Caribbean.

Boaventura de Sousa Santos⁶ states that while social movements demanded that the State create universal public goods, decommodify certain collective and common goods for life so that they would not be at the mercy of capitalism and thus guarantee political and territorial sovereignty, the opposite was happening. This is especially true of exclusionary societies, with the colonial legacies and inequalities that constitute the foundations of Latin America and the Caribbean.⁷

The dynamics of State reconfiguration delimited new forms of institutionality and governance characterized by a lack of boundaries between public and private spheres. The public sphere, which extends far beyond the state, is the space of common, collective and universal issues for life. This space has been erased. The State has been transformed into a field of predation and reproduction of heterogeneity and inequality.³

Antonio Hernández Reyes

Physician.

Researcher, expert in Health Systems and Policies, Working Group on International Health and Sanitary Sovereignty of the

Latin American Council of Social Sciences (CLACSO).

Email: antoniohernandezreyes@gmail.com

Received: November 11, 2021.

Accepted: December 15, 2021.

Conflict of interest: none.

Health systems have suffered the effects of state reforms, being devalued as social conditioners, as well as abandoned and forgotten as mediating processes that determine the health of societies. In spite of this, health systems can play a key role in the construction of citizenship and social equality, in the distribution of wealth and in the dynamization of popular power, improving the wellbeing and quality of life of peoples.⁸

Meanwhile, the liberal sanitary political complex and its current technocracies have taken advantage of the conceptualization of the apparatus and administrative bureaucratic body of health systems, for their functionalization and appropriation under neoclassical theory and business administration schools.⁴ This has caused the management of health systems to be plagued by processes and tools that have been imported directly from the world of business and capital; at the same time it makes people believe that these "experts", with their sophisticated terminology and paraphernalia, are the bearers of the sacred fire of public health.

Thus, health systems have been maintained as an apparatus external to society, governed by the state healthism of the "specialists". At the same time, there has been an acceptance that within this apparatus – under new public management - market niches for private goods and services can be created under the dynamics of commodification (goods and services) and financialization (coverage and risk policies).

In contrast, for critical theory, health care systems are collective institutions with a that are historically and temporally constructed, representing the socio-cultural and material response that a State and society give to the priorities, needs and demands of a population's collective health.⁹

In the face of these complexities, it is not enough to repeat slogans and narratives that call for rejecting the hegemony of the colonial neoliberal political complex. Part of the failure to dismantle neoliberalism is rooted in the discrepancies between what has been proposed and what ends up being done in the system. On the one hand, there has been a desire to build health

sovereignty, but on the other, the health agenda has been handed over to multilateral cooperation agencies.

That is why, from the Latin American critical perspective on health, it is urgent to work on a new theorization of health systems that implies, first of all, the assumption of epistemological limits and approaches as a necessary option.

A new epistemological horizon

This new epistemological horizon aims to provide an approach and a theoretical reflection on the basis of which to take action. That is to say, its purpose is to open up new questions and new theoretical approaches from the epistemologies of the South.

This, precisely, has been the work of the Regional Working Group on International Health and Health Sovereignty (GT SISS) of the Latin American Council of Social Sciences (CLACSO), which aims to problematize the weaknesses and critical knots of health systems in a comparative way, to develop a conceptual-methodological understanding and explanation that allows us to dismantle the fallacies of the hegemonic proposal and, especially, to begin to think of alternative proposals to refound health systems in new configurations aimed at providing quality of life and well-living in our societies of the South.

It is from this trajectory that the need to promote decolonial processes and spaces for the construction of critical knowledges emerges. These kinds of processes and spaces are key to strengthening the capacities of key actors, both in the State and in social movements (unions, civil society organizations, social organizations, others), as well as in academic institutions capable of generating alternative epistemologies and popular, democratic and transformative hegemonies, thus disrupting the coordinates of the debate in the struggle of ideas and knowledge for a transformative political action from the global South.¹⁰

One of the categories that need to be overcome is that of "reform", since it is a functionalized, worn out, obsolete concept and, especially, one instrumentalized by the health

agenda of the liberal political complex in Latin America and the Caribbean. We considering that rejecting the terms "reform", "modernization", "present state" or "intelligent state", opting instead for "refoundation"¹¹, allows for the configuration of a new starting point.

Understanding that the processes of public space governance, including health systems, are transitional, allows us to see that building new ones implies the possibility of unfinished, complex processes, in permanent transition, movement and change. Adopting this transitional approach to policies, strategies and changes for a refoundation implies a canonical challenge, since it implies abandoning the ideology that transformation only begins when the new administration "arrives", when it is announced or simply when the leader or the authority in charge says so.⁶ Transformation arises in the very interstices of the hegemonic model, where it breaks down due to its inability to provide a solution to reality, transformation is erected from the ground up.

Refounding health systems

Within this framework, the Latin American Conference on the Refoundation of Health Systems, organized by the WG SISS, recently took place. It was a three-day virtual event that brought together 70 institutions, research centers, universities and social movements from more than 20 countries that met to generate discussions along the following thematic axes:

1. Keys to the re-foundation of health systems: decolonizing theories and policies.
2. From the myth of PHC to integral health care and well-living.
3. The new cartographies of the system-networks: towards an intersectional and plurinational public health architecture.
4. Political economy of health systems in the 21st century.
5. Social movements, territory and health sovereignty: collective action for the re-foundation of health systems.

In each of the panels, the roadmap for the re-foundation of health systems was discussed with experts on the topic and with the audience

present. The papers are available on the website: <https://pensamientocriticoensalud.org/>.

This new epistemological perspective that has opened up, allows for the resignification of theories and policies on health systems for Latin America and the Caribbean. Refoundation does not mean the elimination of existing health systems but presupposes, instead, the recognition of the reengineering capabilities and the institutional-organizational architectures that underpin the refoundation of the public sphere, and in this case the (re)construction of health systems for the challenges of the 21st century.¹¹

The recently held conference on Refoundation sought to propose a "categorical rethinking", not only a change of terms. The epistemic-theoretical intention is not limited to copying categories or concepts but, rather, attempts to make a problematizing integration into a new categorical corpus. It is a discussion on the previous paradigms, in contrast with the new ones from the South and for the South. Reality, thought through the previous category, is not the same. Thus, the epistemic intention inevitably implies a transformation of the previous content of the concept or category, so that the new content of the concept or category is relevant to the reality studied and addressed.¹²

Finally, more than representing a semantic change or replacing reforms, reformisms or the dynamics of institutional arrangements as founding theses, the struggle for the refoundation of the State is not only a political struggle in the strict sense, but also a social and cultural struggle for symbols, mentalities, habitus and subjectivities. It is the struggle for a new hegemony.⁶

Reference

1. Girón A. Fondo Monetario Internacional: de la estabilidad a la inestabilidad. El Consenso de Washington y las reformas estructurales en América Latina. En: Lechini, G. *La globalización y el Consenso de Washington: sus influencias sobre la democracia y el desarrollo en el sur*. Buenos Aires: CLACSO; 2008. 45-59.

2. Laurell A. Las reformas de salud en América Latina: procesos y resultados. *Cuad Relac Labor*. 2016; 34 (2): 293-314.
3. O'Donnell G. Teoría democrática e política comparada. *Dados*, 1999; 42(4): 655-690.
4. Basile G. Primera parte: especificidad de los sistemas de salud desde la geopolítica de Latinoamérica y el Caribe. En: Basile G, Hernández A, editores. *Refundación de sistemas de salud en Latinoamérica y el Caribe: descolonizar las teorías y políticas*. Buenos Aires: CLACSO; 2021. 19-35.
5. Basile G, Hernández A, editores. *Refundación de sistemas de salud en Latinoamérica y el Caribe: descolonizar las teorías y políticas*. Buenos Aires: CLACSO; 2021. 366 p.
6. De Sousa B. *Refundación del estado en América Latina: Perspectivas desde una epistemología del sur*. México: Siglo XXI Editores; 2010. 281-297.
7. Quijano A. Colonialidad del poder, cultura y conocimiento en América Latina. *Dispositio*, 1999; 24(51): 137-148.
8. Laurell A. *Impacto del seguro popular en el sistema de salud mexicano*. Buenos Aires: CLACSO; 2013.
9. Basile G. *Repensar y descolonizar la teoría y políticas sobre Sistemas de Salud en Latinoamérica y Caribe*. Colección de los Cuadernos del Pensamiento Crítico Latinoamericano. Buenos Aires: CLACSO; 2020.
10. Basile G. Salud Internacional Sur Sur: hacia un giro descolonial y epistemológico. En *II Dossier de Salud Internacional Sur Sur*, CLACSO; 2018. 40 p.
11. Basile G. Tercera parte: refundación de los sistemas de salud en Latinoamérica y el Caribe. Apuntes para repensar y descolonizar las teorías y políticas. En: Basile G, Hernández A, editores. *Refundación de sistemas de salud en Latinoamérica y el Caribe: descolonizar las teorías y políticas*. Buenos Aires: CLACSO; 2021. 64-97.
12. Segales J. *¿Qué significa pensar desde América Latina?* Madrid: Ediciones Akal; 2014. 285 p.

