

What you need to know about key stakeholders and P&MA dynamics in Argentina for 2023 and beyond



Part 4 of 7

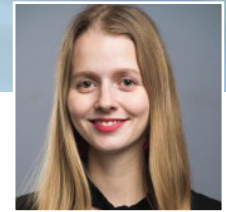
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Argentina

Argentina is a large upper-middle-income market with one of the highest percentages of GDP spent on healthcare in this region. The majority of Argentinians are covered through social security (~63%), while ~36% receive care through the public sector, and ~16% have private insurance, with ~10% of the population having multiple coverage (ie, either public and private, or provincial and national social security).

Drugs can be marketed in Argentina once approved by ANMAT, but reimbursement depends on their inclusion in formularies. Both public and private insurers have their own formularies, and coverage is very heterogeneous and largely driven by the drug's price. In theory, drug prices in Argentina are not regulated by law and can be set freely by the manufacturer. However, pricing is heavily influenced by contracting and government price rollback orders. Maximum price setting is expected to become more common since the establishment of an HTA body (CONETEC) in 2018, especially when it comes to innovative and high-cost medicines. Additionally, high-cost drugs for diseases with low incidence or those that require long-term treatment are subject to additional financial support through Sistema Unico de Reintegro (SUR), which redistributes funds on a national level to ensure equal access for all patients.

One of the most important challenges in Argentina is hyperinflation, which heavily impacts the pricing dynamics and affordability in the healthcare and pharmaceutical sectors. Moreover, the size of the country, decentralisation and fragmentation of the public health sector, and socio-economic factors lead to large differences in wealth, access to care, and quality of care



between and within provinces. Nevertheless, the increasing importance of HTA, relatively high spend on healthcare, and emerging mechanisms for redistribution of funds for high-cost medicines offer great opportunities to increase access to innovative treatments in an equitable manner.

Table 4: Key market access stakeholders in Argentina

RESPONSIBILITY	STAKEHOLDER		DESCRIPTION
Policy	MINSA	Ministerio de Salud–Ministry of Health	Responsible for national health policy
	SSSalud	Superintendencia de Servicios de Salud–Superintendence of Health Services	Health authority reporting to the president and responsible for the Compendio Nacional de Insumos para la Salud, which is the national reimbursable medicine formulary
Regulatory	ANMAT	Administración Nacional de Medicamentos, Alimentos y Tecnología Médica–Argentina Medicine Agency	National regulatory agency
HTA	CONETEC	Comisión Nacional de Evaluación de Tecnologías de Salud–National Commission for Health Technology Assessment	Evaluates the safety, efficacy/effectiveness, and efficiency of the health technologies proposed for incorporation into the National Compendium of Medicines. However, it currently has little relevance in the market access process
Payers/ Providers/ Others	OS	Obras Sociales–Insurance Plans	Union-backed, private health insurance entities (national or provincial) for workers that is co-financed by employers and employees
	PAMI	Programa de Atención Médica Integral– Integral Medical Attention Program	Obra social for pensioners and retired workers, elderly without pension (aged >70 years) and veterans from the Malvinas/Falkland War
	Prepago	Aseguradoras Privadas–Private Insurance Companies	National and international private health insurance companies

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