

## Strengthening of stewardship

To ensure access, quality, and equity

The health system reform was aimed mainly at attaining universal coverage of the population with equity, quality and sustainability, based on a comprehensive notion of health as a fundamental human right.

The new system, which saw its inception in 2005, guarantees quality care to all from birth to death, with all components including promotion, prevention, care and rehabilitation.

The competence of the State in terms of stewardship, financing, and provision of health services was reformulated in the health reform. In all material aspects, it entailed the replacement of a model purely reactive to disease by one oriented to prevention and health promotion. The new model prioritises first level care and a change of habits, and is enhanced by user participation.

The Ministry of Health (MoH) reinforced stewardship, assuming its health governance role, to guarantee the respect of this fundamental human right for the whole of the population.

In the fulfilment of that role, in 2015 the Ministry of Public Health defined the 2020 National Health Objectives to guide the attainment of concrete and measurable outcomes by all health system institutions.



"[...] I urge you, from the depth of my feelings, convictions, and responsibilities, to work together in the construction of a country where being born is not a problem, being young is not suspicious, and growing old is not a curse.

A country where food, education, health, and decent work are rights for all everyday; a country that is self-relying; a country that has recovered its capacity to dream, and to make dreams come true."



President of the Republic
Final paragraph of inaugural address to the General Assembly
of the Legislative Power after taking office,
on March 1st, 2005.



# Public Policies on Sexual and Reproductive Health

Universal, comprehensive, and equity-based 2005 - 2016





# Full enjoyment of sexual and reproductive health

## To build equity

At the regional level, Uruguay has had an early development of sexual and reproductive health (SRH) actions. The International Conference on Population and Development (ICPD) of 1994 and the Consensus of Montevideo of 2013 paved the way for the development of policies in this field. At a national level, the support of organized civil society has been key.

Since the year 2005, Uruguay has accelerated these processes. A number of laws have recognized sexual and reproductive rights, and a significant set of policies and programs have gradually translated them into concrete benefits.

The Ministry of Health (MoH) has created regulations for these laws, and institutions and health staff across the system have received guidance for the implementation and provision of comprehensive SRH services. The result is a wide basket of SRH services comparable to that of more advanced countries, with universal access for the whole of the population.

Citizen participation and the work of health teams were key factors to humanise all levels of care.

The advances made and the pending issues - particularly in relation to unplanned teenage pregnancy- show that the full exercise of sexual and reproductive rights is a condition for building equity and social justice.

## Strengthened stewardship over the whole of the national health system

The MoH exercises the governance of health in defence of sustainability, universal access and equity. It defines health policies and their implementation to translate the new rights into concrete benefits that enhance the life quality of citizens.

of co-payments in prenatal care

Para-clinical tests at no cost for pregnant women to ensure proper pregnancy care, including scans and laboratory tests.

No-cost mammograms

of breast cancer and PAP smears In both cases

for the early detection for the early detection of cervical cancer. performed accord to the technical

**PAP** smears and

auidelines of Mol

and health

Institutions are

violence cases, define issues. All National Integrated Care Syster (SNIS) providers are required to have teams specialized in domestic violence

in domestic violence (2006)

mandated to provide care in domestic as serious public health

the creation and conditioning of differentiated and appropriate facilities for comprehensive A free-of-cost,

facilities (2007) The MoH recommends

adolescent health care. mandatory adolescent health card was

Adolescent health

in contracts with **JUNASA (2008)** Health service

introduced in 2009.

providers are obliged under contract with the National Health Board (JUNASA) health care

performance goals which are defined by the health authority to enhance the quality and equity of benefits are obliged to provide

Services and

Comprehensive Health Care **Programmes** (2008)

The MoH defines to meet result-based a catalogue of service and comprehensive programmes that all public and private institutions of the National Integrated Care System (SNIS)

Free-of-charge tubal ligation

Vasectomy and tubal ligation are incorporated to comprehensive health programmes and the service catalogue

free-of-charge

and vasectomy (2010)

as mandatory

5-year impact plan and strategies for pregnant women, men, families,

congenital

and health teams:

Impact plan to eliminate services (2010) Organizes the SRH syphilis (2010) services that are to be

comprehensive healt programmes in all quaranteeing universa access to those rights, the services and

(2011)

Technical Guidelines issued by the MoH between 2008 and 2016 to provide guidance for the management of institutions

Health Approach; HIV infection, Guidelines for Diagnosis, Monitoring and Antiretroviral Therapy; People with Disabilities;

Temporary and Permanent Contraceptive Methods; Estimate of Needs and Procurement of SHR Inputs; Elimination of

Sexual Diversity; Domestic Violence; Menopause; New-born Follow-up and Low Birth Weight; Child Development Surveillance;

Implementation of SRH Services; Breastfeeding Best Practices; Best Practices in Adolescent Health; Comprehensive Adolescent

part of the

of SRH services

All public and private institutions provide SRH services through multidisciplinary teams and with a comprehensive approach. They offer all the benefits mandated by Law 18.426.

methods (2011)

Institutions of the National Integrated Care System are mandated to provide a basic basket of contraceptive methods including free condoms for male and female users of public health services,

and with a minimum

co-payment at private

institutions.

(2011) First plan for the integral prevention of cervical cancer. coordinating actions a first, second and third

the Prevention

of Cervical Cancer

cross-sectorial health care and Aimed at reducing

**Plan (2012)** 5-year perinatal

territorial inequities.

**Purchase** 

of contracen

in the Budge

Law (18.719

The purchase

of contraceptive

administration.

Municipalities,

Distribution

2010)

and early childhood plan to coordinate and cross-institutiona promotion actions with an equity and rights-based approach

Determines requirements in terms of services and infrastructure for a better operation and monitoring of pregnancy, childbirth, postpartum and newborn care.

of maternity wards (2012)

of intrauterine contraceptive devices (IUCD) as a cost-free mandatory benefit in Comprehensive Healt Programmes, If the IUCD is supplied by t

**IUCD** 

New Perinata as mandatory **Clinical History** benefit (2012) (SIP) (2012) Includes the placemen

congenital syphilis and vertical transmission of HIV; Prevention of Iron Deficiency; Pregnancy, Child Birth and Postpartum;

Infection: Guidelines for Diagnosis, Monitoring and Antiretroviral Therapy; Early Detection of Breast Cancer; Elimination of

Tuberculosis-HIV Co-Infection; Cervical Cancer; HIV Counselling in Vulnerable Populations and New Diagnostic Algorithms, HIV

congenital syphilis and vertical transmission of HIV, 2nd edition; Guidelines for First Level Care of People with HIV; Health and

Sexual Diversity, and Guidelines for the Diagnosis, Treatment and Epidemiologic Surveillance of Sexually Transmitted Diseases.

Optimization of the use of SIP, a computerized tool epidemiological and performance analysis. Institutions are mandated to share MoH, it is also cost-free the results related to

months

the SIP area with their technicians every six

women with syphilis and HIV (2012)

for pregnant

vaccination for the Establishes obligatory audits in all cases for pregnant women with reactive syphilis and/or HIV screening tests

of HPV vaccine (2012)Inclusion of cost-free,

non-compulsory HPV

Regulation of the Lav and a manual of

procedures to ensure the right to quality health care, dignified treatment and respec of rights in the implementation of

In order to facilitate early detection and fast referral to health services, health providers must offer fast tests and prescribe them always upon voluntary interruptio request of the user, of pregnancy (VIP).

including counselling

of AHR Services (2014)

health care, with no exclusions

and those suffering discrimination and segregation.

Establishes the conditions in terms of human resources. equipment, services and the licensing process for the nstallation of clinic providing assisted

**Complexity AHR** (2014)Public and private

Universal access to sexual and reproductive

New laws and health programmes guarantee universal and equitable access

to sexual and reproductive health care, with a special focus on the most vulnerable

human reproduction services (AHR).

for the care of acute sexua assault victims

the life cycle of the

entities of the National Integrated Care Systen are obligated to low-complexity assisted human reproduction techniques (AHR) High-complexity techniques were regulated in 2015.

2020 National (2015)

SNIS institutions must provide care to acute sexual violence patients that receive urgent and emergency services throughout

**Health Objectives** 

The MoH defines health objectives and goals based on the priority health issue many of them relate

identification of to the SRH area

**Women Healt** 

First setting for the construction of health policies centred on sexual health and reproductive health from a rights and gender-based approach. Has beer a Programmatic Area

since 2014.

Space specialized in health promotion with community participation of policies for the comprehensive care of HIV-AIDS carriers.

# **STD/AIDS Priority**

strategies. Its first duty

## is granted official status (2005)

The National Commission for the Fight Against AIDS (CONASIDA) becomes official as an institution and inter-sectorial space for dialogue, political proposals, and actions.

After its regulation the law passed in 2001 becomes effective, enabling women to be accompanied by a person of thei choice during labou

# of women during

Created by the Moto monitor and diminish to its minimum expression the deaths related to pregnancy, childbirth, abortion, and postpartum, as long as these deaths are avoidable

## for the Reduct of Maternal Mortality (2006)

Mainstreams a gender-based all public for the follow-up of policies for the equality of women

## **Plan of Equal** and Rights (2007

approach and engages organizations, allowing

# **First Nationa**

## Law on Health Reform: Nationa Svstem (18.211

Articulates publi and private providers to provide comprehensive healtl care. Changes the financing model to ensure universal access to every resident of the country, privileging

solidarity through the

National Health Fund.

# Law on Sexual

Incorporates all aspects of sexual and reproductive health and mandates private and public providers o create services and offer specialized care Guarantees free access to contraception methods in public

### Law on sexua education in the Genera Education

(18.437, 2009) Institutionalizes sexua education at all levels of formal education. from preschool to teacher training incorporating it in a crosscutting

education system.

### in the Childhoon and Adolescence Code (18.590,

Makes Uruguay

to accept the adoption

the first country in Latin America of children manner in the forma

### Law on Sexual (18.561, 2009) Establishes preventiv

and out-of-cour mechanisms for the investigation and penalization of sexual harassmen in the workplace and in teacher-studer

## Law on the Right to Gende

Recognizes the right of all people to change their name and sex in identification documents, according with their personality and gender identity, regardless of their biological sex.

## of the National on SRH (2010)

mechanism methods is included of cooperation and in the national budge joint work among for the 2010-2015 government bodies, society in SRH public and coverage is also expanded to include nolicies from the Military Hospita a comprehensive the Police Hospital perspective. Created in 2004. and Social Security.

First cross-institutional organizations and civi

## Health Centres Pilot experience

promoting cultural

and institutional change for the integration of lesbian, gay, trans, (LGTBI) people to health

## **Sexual Educatio** and Sexual **Rights (2011)**

Mechanism of articulation of Lav 18.426 on SRH, among health, education an social development authorities, with the support of UNFPA.

# (18.868, 2011)

Bans pregnancy testi or medical certificatio requirements for job hiring, promotions, or employment continuity, both in the public and

private sector

## on the Voluntar of Pregnancy (18.987, 2012)

Decriminalises the voluntary interruption of pregnancy by decision of the woman including adolescents provided the conditions establishe by the law are met.

### Law on the Right to time off for and Developme testing (19.121

Caribbean adopt

promotes sexual

services and the

orientations.

education, universa

access to sexual and

respect of all sexua

Consensus: a commo

Montevideo

Latin America and the Grants a day off to male public worke for prostate-specific antigen (PSA) testing, ultrasound or urology agenda on population and development that

## and Care (19.161 Expands maternity

Law of Maternit

accessible to all women with infertilit allowance to male and issues – regardless of female private sector sexual orientation workers, and newborn or marital status- both care leave, which may in public and private be enjoyed either by the father or the

### **Assisted Human** Law (19.167, 2013)

Ensures quality care

Legalises marriage of same-sex couples and introduces relevant family law aspects, such as the right to adopt of

prevention strategy (2016

Its design starts with strong political commitment and the participation of MoH MIDES, MEC, OPP, ASSE ANEP, INAU, and the support of UdelaR and UNFPA. The "Sex Guru' application provides information on SRI rights and services among other topics.