Knaul et al., “The quest for universal health coverage: achieving social protection for all in Mexico”

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Introduction

- universal coverage has three parts:
  - everyone is entitled to benefit from health services funded by publicly organized insurance
  - regular access to a comprehensive package of health services with financial protection for all
  - everyone is guaranteed on an equal basis the maximum attainable health results from an appropriate package of high-quality services

- Mexico has made significant advances towards universal coverage, particularly on the first two parts, while the third part is a continuous challenge

- a major milestone in 2012 was the provision of insurance to 52.6 million previously uninsured Mexicans

- vision of reforms: reorganize the health system by functions, improve equity and efficiency, and achieve effective universal coverage

- stewardship by Ministry of Health, financing by a public insurance scheme, service delivery by public and private accredited providers
Universal health coverage and social protection of health

• access to insurance has to be decoupled from employment
• adoption of a comprehensive notion of social protection of health
• comprehensive approach:
  – protection against health risks through surveillance, preventive, and regulatory activities
  – protection of patients through quality assurance of healthcare
  – financial protection against the economic consequences of disease and injury

The Mexican health reform: design and execution

• 2003 reform embedded all three aspects above in the concept of social protection of health
• public health interventions, institutions, and dedicated financing are providing protection against health risks
• system-wide initiatives that enhance patient safety, effectiveness, and responsiveness are protecting the quality of healthcare
• Seguro Popular is continually expanding protection against the financial shocks of disease and disability
• previously the health system was segmented and unequal and out-of-pocket costs were high
• financial reorganizations were aimed at correcting the imbalances in the system
• supply-side reforms: hospital management reform, improved schemes for drug supply, outcome-oriented information systems, long-run investment in health infrastructure, technology assessment
• public health reforms: protected fund for community services, personal health promotion and diseases prevention guides, comprehensive reorganization of regulatory activities, major investments
• separation of funding between personal health services and health-related public goods
Implementation of the Mexican health reform

- continuous evidence-based policy reformulation
- strengthening and reformulation of programs for poor families
- expenditure controls for states
- regulation of drug prices
- co-responsibility is a key element of the reform
- health promotion and strategy of wellness checkups, promotion of preventive care

Effects of the Mexican health reform

- improvement in financial imbalance
- increase in health expenditures
- gaps between public and private expenditure are beginning to close
- additional public resources have mainly been allocated to institutions caring for the previously uninsured
- allocation of federal resources across states improved
- expanded insurance for the nonsalaried did not have a negative impact on the labor market
- continuous growth in the number of covered people and utilization
- growth in health infrastructure and personnel; the expansion of human resources remains a challenge
- short-term evaluations found no impact on service use, but long-term evaluations find significant increases
- coverage and effective coverage have increased
- health conditions show improvement on most dimensions
- people find that health services have become more responsive to their needs
- significant reduction in catastrophic health expenditures and out-of-pocket spending
Ongoing challenges to the SSPH

- need to more efficiently use available resources and improve quality
- need further decline in out-of-pocket spending, which is an inefficient way of financing healthcare
- need more human and organizational resources and improvements in resource flows
- there are several bottlenecks, especially in some specialties that need to be solved
- improving access in remote rural areas remains a challenge
- population aging must be planned for
- structural limitations in absorptive capacity for the substantial expansion in resources brought by the reform
- challenging reorganization of the health system by functions
- implementation of purchaser-provider split within states is ahead

The future of the Mexican health system: a new generation of reforms

- the ultimate objective of the 2003 reform was the egalitarian realization of the right to social protection of health
  - generally applicable rules of access to a comprehensive package of services provided with similar quality
  - financial protection for all
- next stage: financial arrangements, managerial capacities, and operation of the healthcare model
- financial reform for improved resource mobilization
- fiscal reforms to replace payroll contributions, to eliminate firm tax deductions, and to disincentivize informality
- pooling of resources across the population
- managerial reforms to consolidate the separation of the financing and delivery functions in all public institutions and to strengthen managerial capacity at all levels
- reform operation of healthcare model to adapt service delivery to chronic disorders and injuries
• protect investment in non-personal community health services
• invest in health systems research

Global implications of the Mexican health reform

• example of successfully guaranteeing social protection of health to the non-salaried population through legislated access to a comprehensive package of services
• social protection of health is a universal right for all citizens, independent of their employment status
• importance of monitoring and assessment
• potential to expand coverage to reach the poor and non-salaried workers
• importance of continuity
• programs can continue through economic downturns and crises
• importance of long-term investment in the development of research and educational institutions that generate evidence for policy design and implementation
• developing countries can expand financial coverage for treatment of chronic diseases
• creation of a separate and protected fund for public goods, and especially community health services and personal and non-personal public health interventions
• clear definition of priorities