



# **The Mexican Health Care System**

## **A Federal Perspective**

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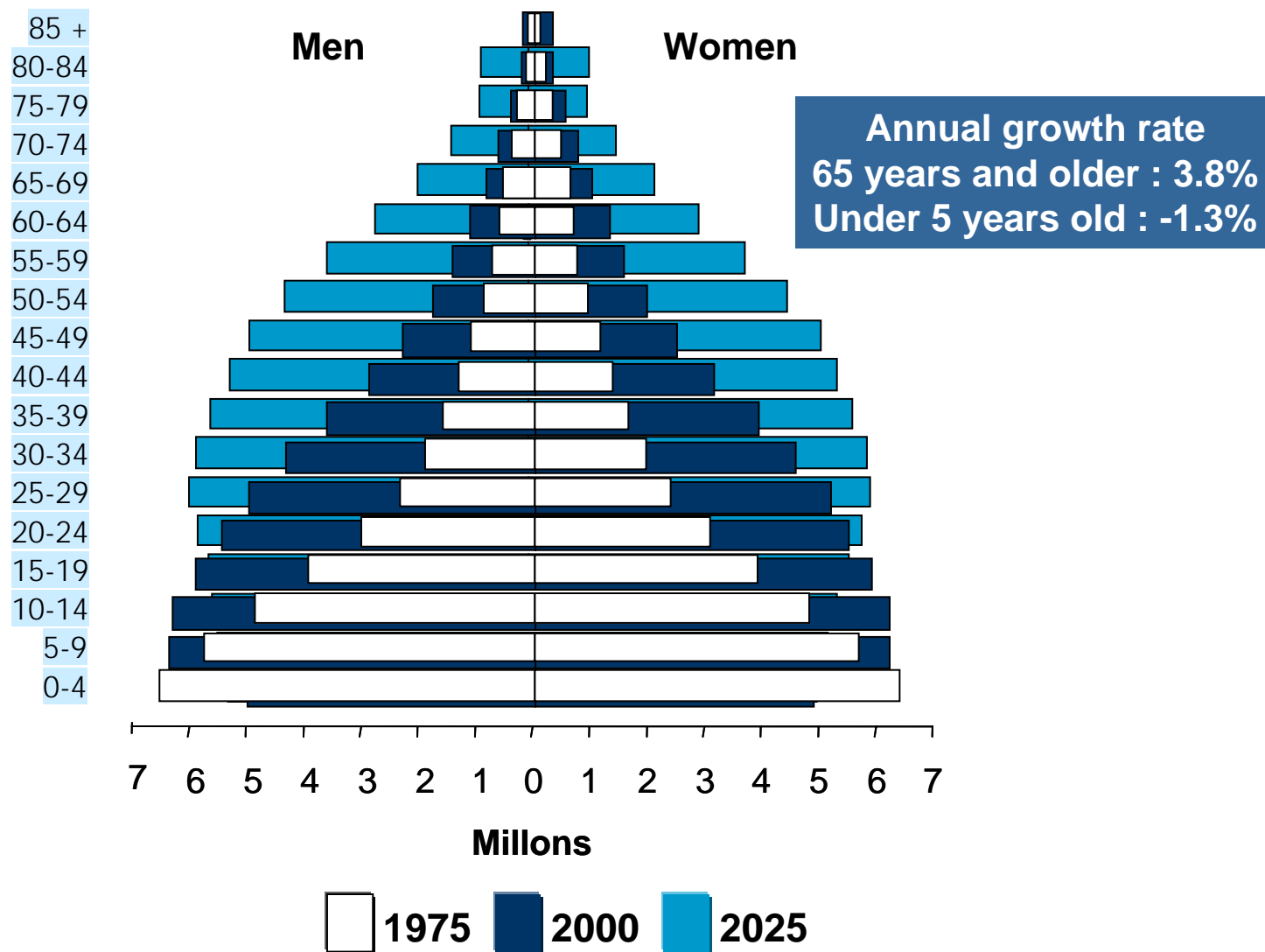
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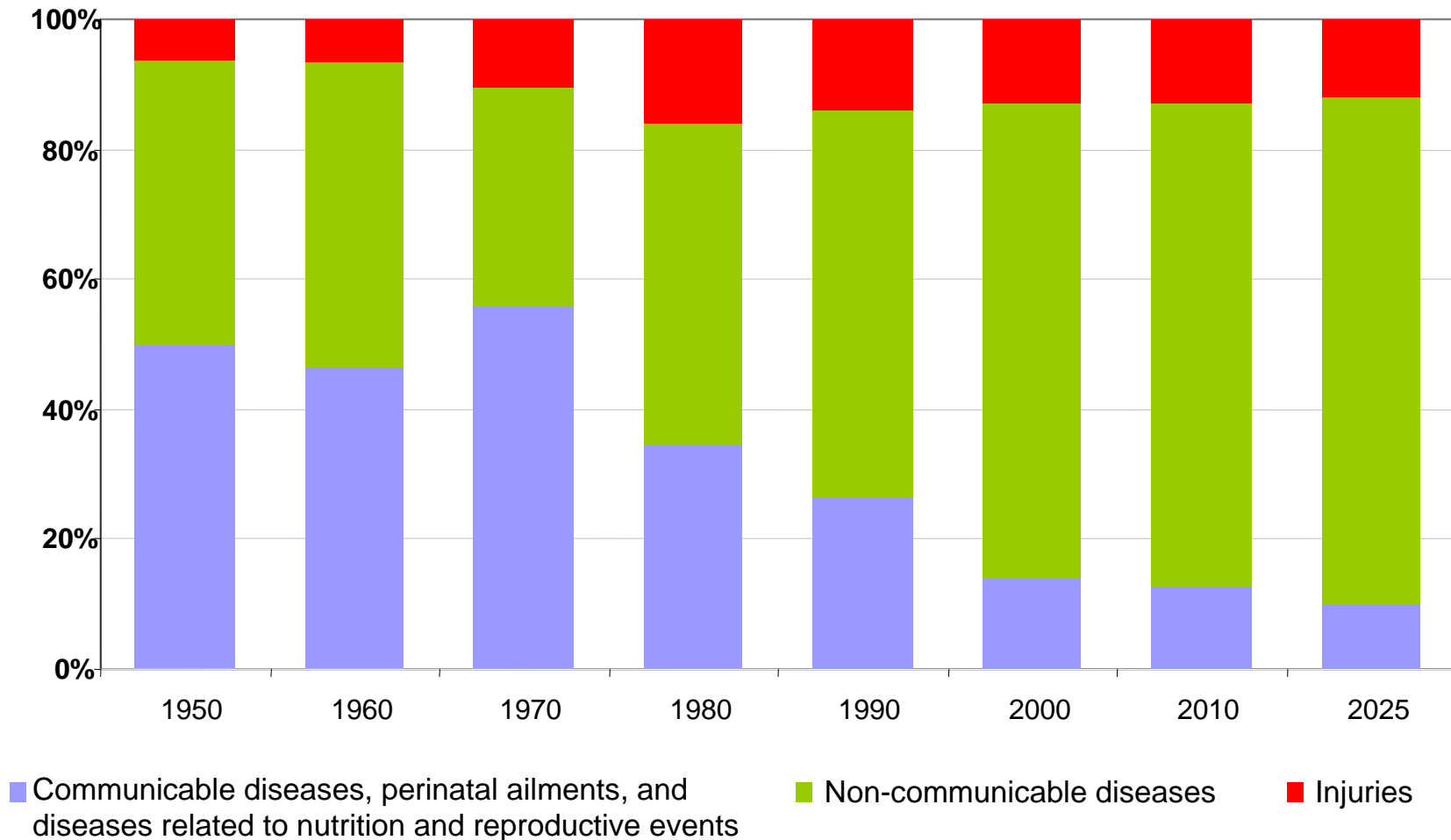
# Health Situation in Mexico

# Demographic Transition in Mexico



# Epidemiological Transition in Mexico

## Mortality Distribution 1950-2025

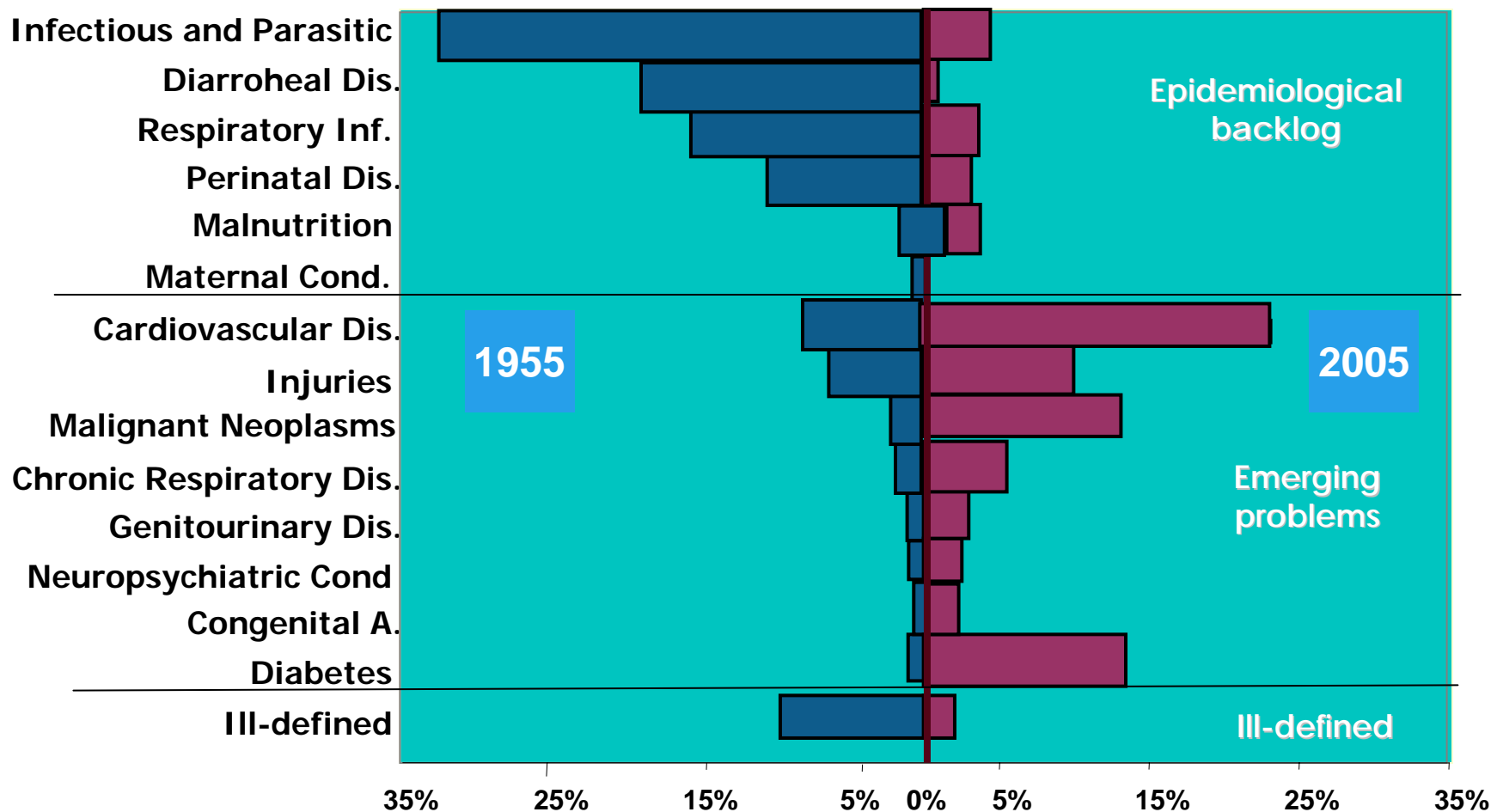




# Epidemiological Transition in Mexico

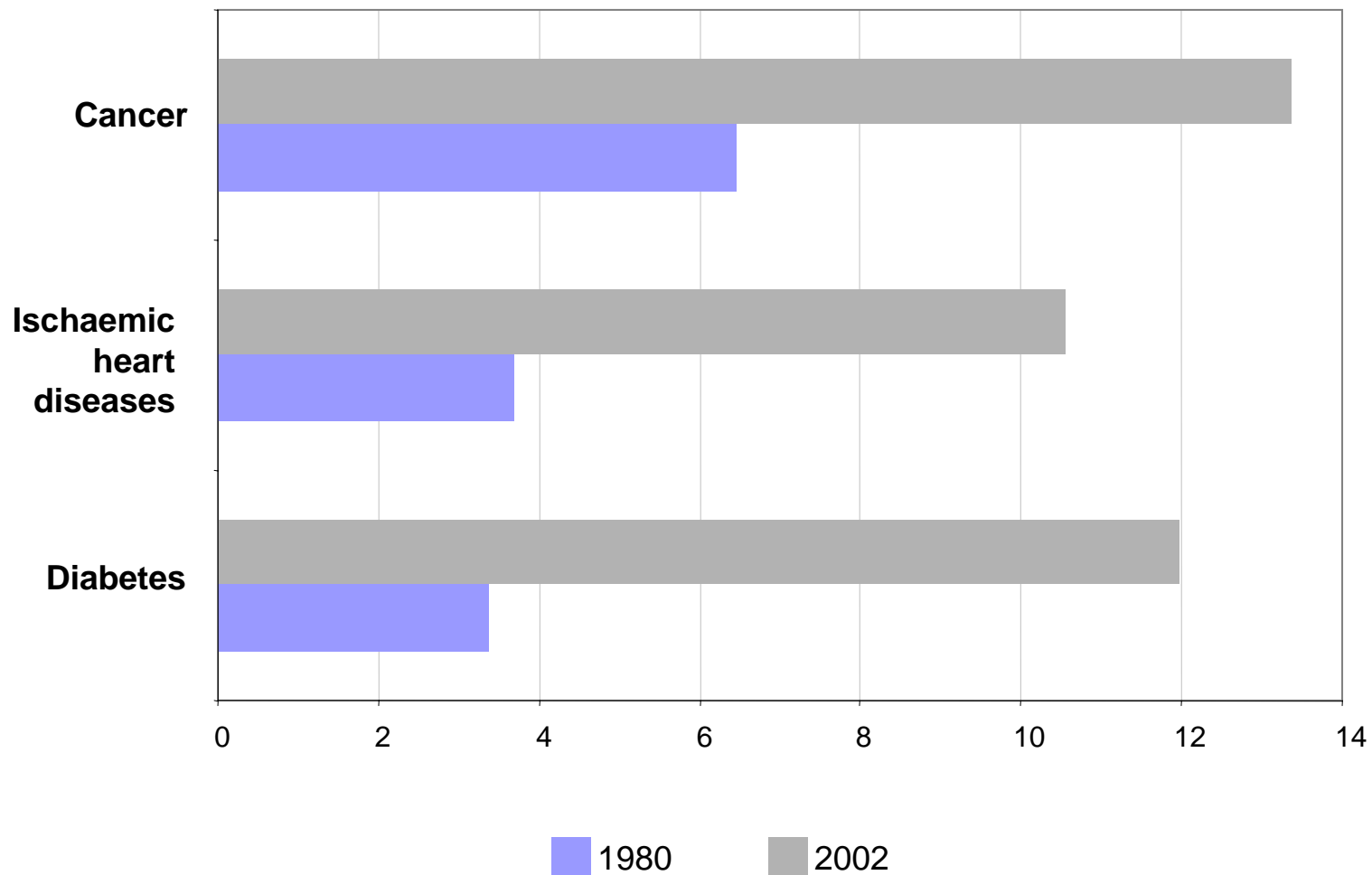
## Selected causes of death

### Mexico, 1955-2005

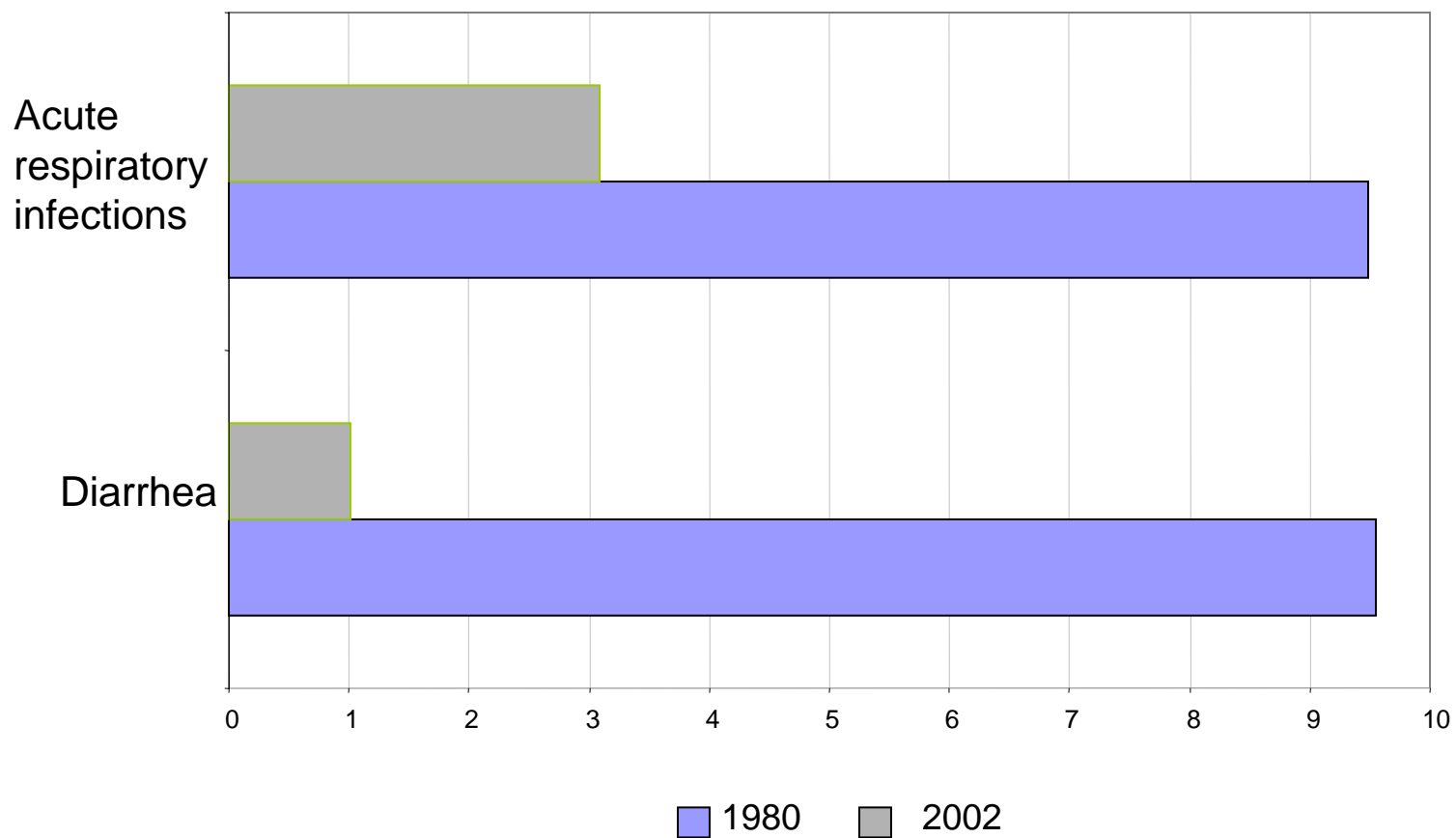


Source: INEGI/Sec Salud. Mortality Database

## Deaths Attributed to Cancer, Ischaemic Heart Diseases and Diabetes as % of Total Deaths, Mexico 1980-2002



## Deaths Attributed to Diarrhea and Acute Respiratory Infections as % of Total Deaths, Mexico 1980-2002



## Challenges to the Health Care System

- ✓ Increasing costs to treat the demand of chronic diseases and longer treatments
- ✓ Continue to deal with infectious diseases
- ✓ Emerging health risks: obesity, depression and smoking
- ✓ Coping with re-emerging diseases (TB, SARS, Influenza Pandemic, HIV, etc)



# Organization of the Mexican Health Care System

## Mexican Health Care System Basic Components

1. Governmental organizations: providing services for the uninsured population (Ministry of Health and IMSS-Oportunidades)
2. Social Security: covering workers in the formal private sector of the economy, state and federal workers, the armed forces and employees of the national oil company (IMSS, ISSSTE, PEMEX)
3. Private sector: made up of an unorganized myriad of health care providers working in hospitals and clinics on a for-profit basis



## Evolution of the Mexican Health Care System

- ✓ Developed and evolved under the sponsorship of the State
- ✓ In the 1930's, the concept of welfare became “social assistance” as a compulsory activity of the State
- ✓ The idea of health care as a universal right began to be discussed
- ✓ The Ministry of Health was created in 1937 with the purpose of delivering medical care to the whole population (goal yet to be fulfilled)
- ✓ In the 1940's, Mexico changed its model of economic development


## Evolution of the Mexican Health Care System

- ✓ Public resources devoted to health care were concentrated on the production of qualified manpower and hospitals.
- ✓ This resulted in the establishment of the current social security institutions, each of them with their own facilities and salaried personnel:
  - ✓ **Mexican Institute of Social Security (IMSS), 1943:** provides medical care to industrial and formal sector workers
  - ✓ **Institute of Social Security and Services for the State's Workers (ISSSTE) 1960:** this agency provide services to federal and state government workers.
  - ✓ **Other social security services:** were created for strategic groups (the military, oil workers and the armed forces)




The National Medical Center,  
inaugurated in 1963.





## Evolution of the Mexican Health Care System

- ✓ Therefore what is known in Mexico as the “Social Security System”, provides the following services to their beneficiaries:
  - ✓ Health care coverage including medicines
  - ✓ Unemployment insurance
  - ✓ Disability insurance
  - ✓ Life insurance
  - ✓ Retirement benefits



## Evolution of the Mexican Health care System

- ✓ In contrast, the **Ministry of Health and IMSS-Oportunidades**, only offer health care services to those not covered by the Social Security System: the poor population, informal sector workers and self-employed
- ✓ To complete the picture, private individual and group practice is the way in which a minority of the population (individuals with high socioeconomic status) receive medical care through fee-for-service or pre-pay schemes

# Financial Scheme

Institution	Financiers		
IMSS	Employee	Employer	Federal Government
ISSSTE	Employee		Federal Government
Ministry of Health			Federal Government

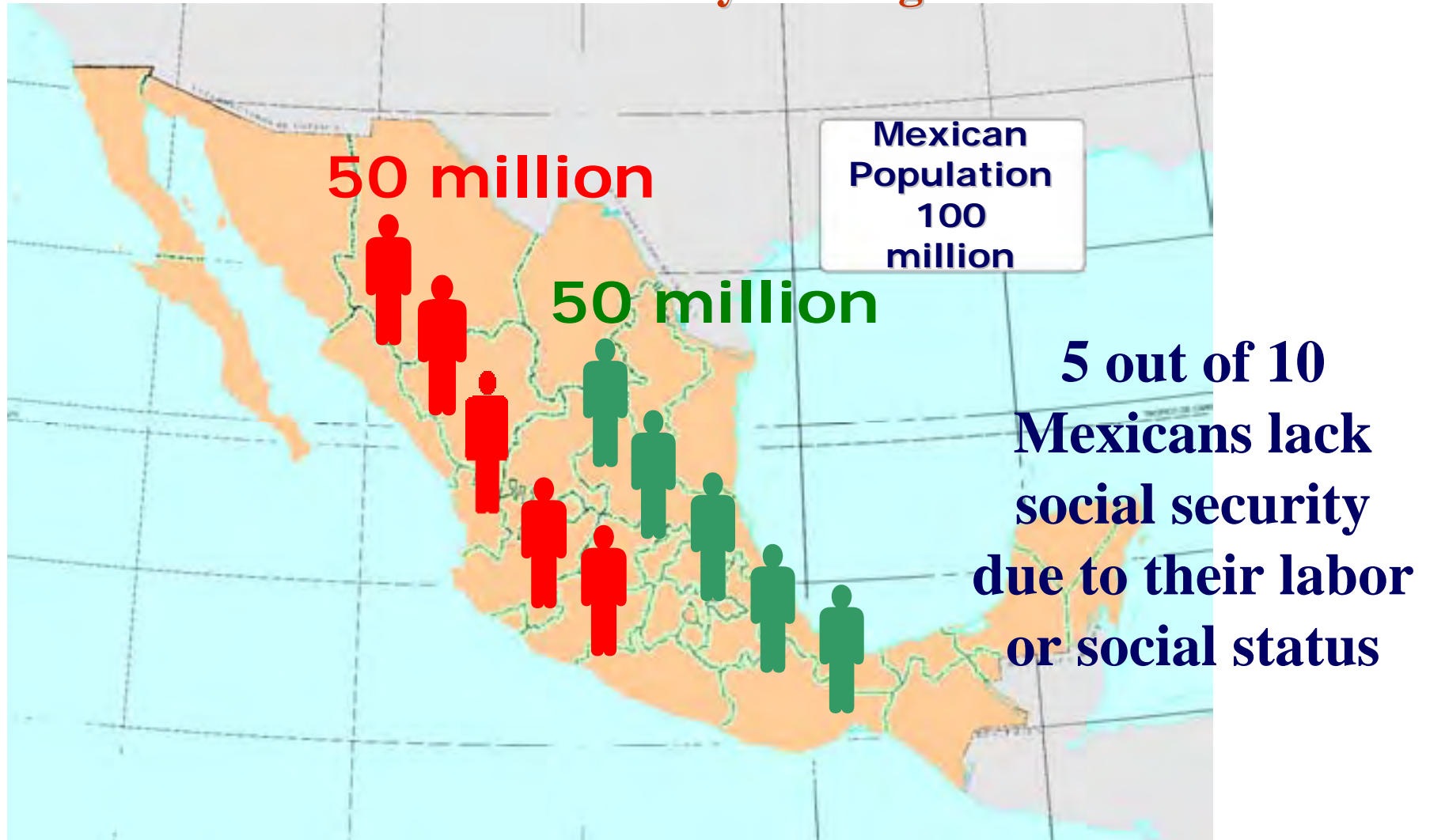


## The Mexican Health Care System

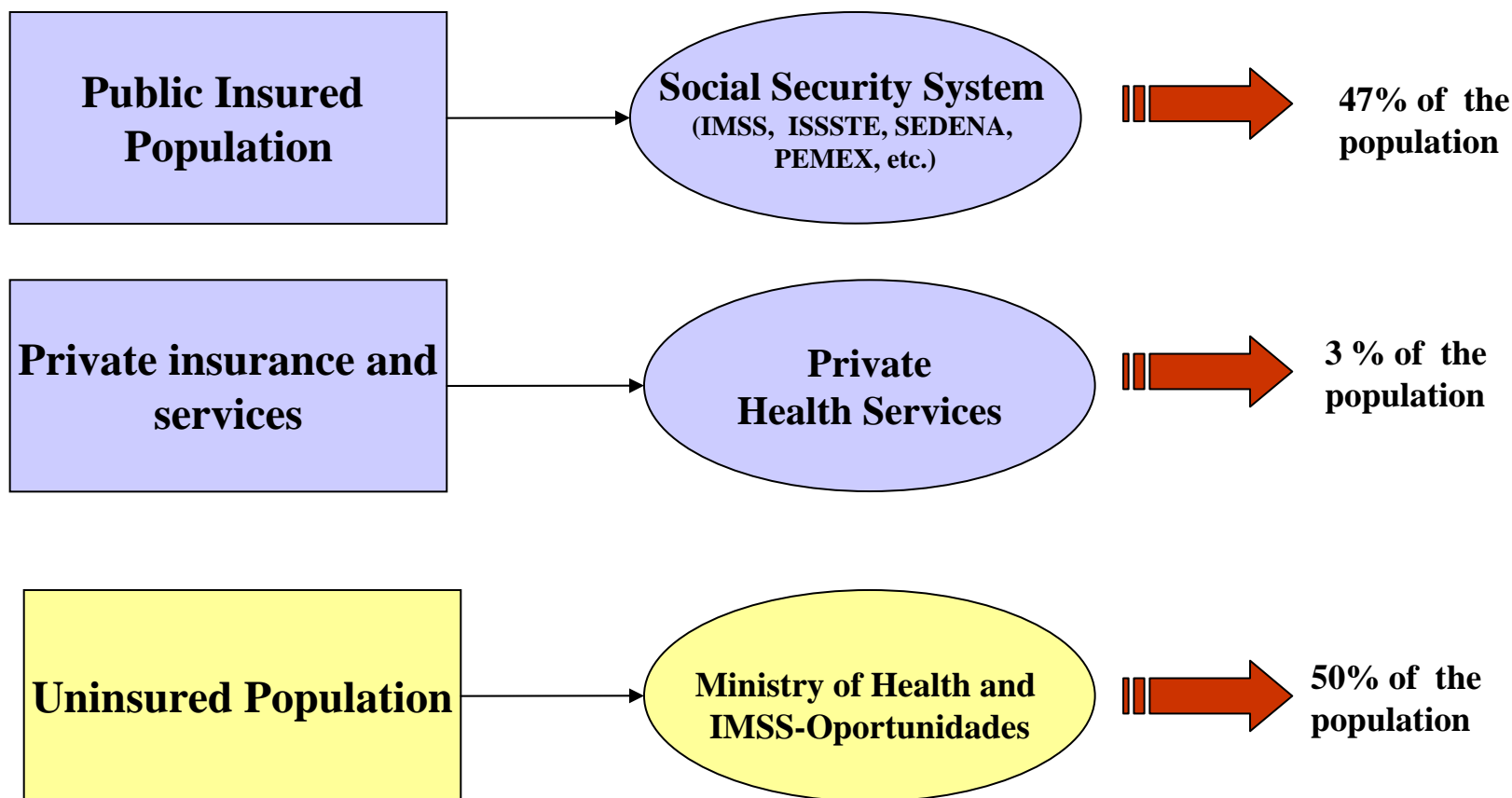
### Main Problems :

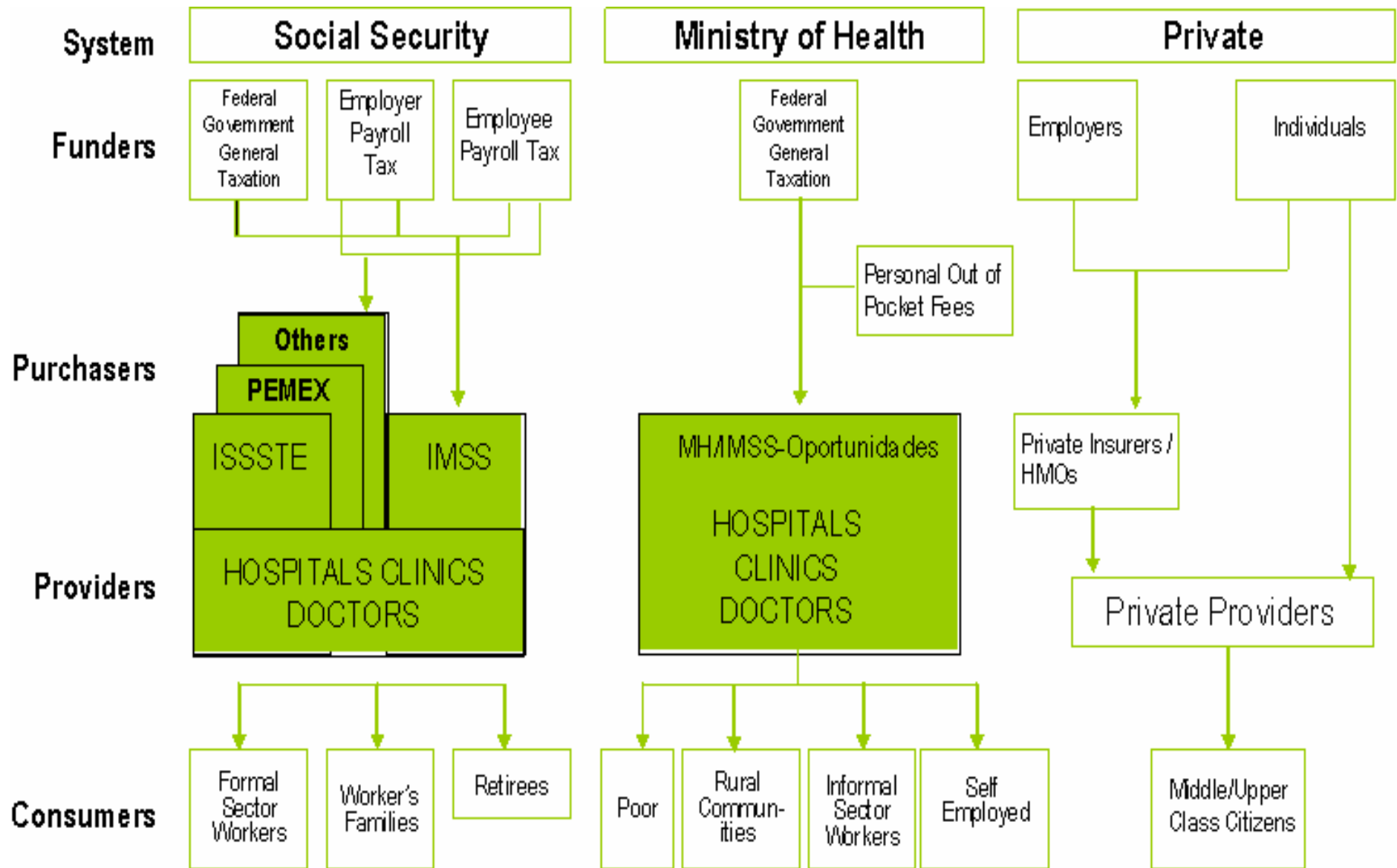
- ✓ Fragmentation and lack of coordination
- ✓ Inequity in access to care
- ✓ Dissatisfaction with services provided
- ✓ Imbalance in resources

## Present Situation: Population without social security coverage



## Population Coverage in Health Care System







# The Health Care Delivery Model

## Health Care Delivery Model

Institutional Health Services

Tertiary Care



Secondary Care



Primary Care



Population

## Health Care Delivery Model

**Health Promoter**



- Trained community personnel
- Health Promotion & prevention
- Provides attention to simple health related problems

First contact between the community and the health care system



**Home Visits**  
Covers 15 families



- Community Health Shelters
- Provided by the community
- Stores basic goods and carries out daily activities



## Health Care Delivery Model

**Community  
Health  
Coordinator**



- Has technical or paramedic training
- Coordinates, advises and supervises the Health Promoter
- Provides Health Education
- Carries out public health related actions



**Functions done in a  
territorial district**

## Health Care Delivery Model

**Mobile Health  
Teams**



- Advise, supervise and train the Health Promoter and the Community Health Coordinator
- Consist of a physician, a nurse, a Health Promoter and a dentist
- Deal with more complex health problems
- Prevent & promote individual and community actions
- Control epidemic outbreaks



**Are responsible for a  
micro- region**



## Health Care Delivery Model

**Community  
Health  
Center**



- **Composed of a physician and 1 or 2 nurses**
- **Offers indoor and outdoor activities to promote better health**
- **Surveillance of the population under its responsibility**



**One Community  
Health Center for  
every 500 families**

## Health Care Delivery Model

**Supervisor  
Teams**



- Composed of a physician and 1 nurse or trained staff
- They control and provide follow up treatment; also, they supervise the Health Center personnel
- Provide training to the community and institutional personnel
- Verify adequate input of data into health information systems



**It works within a  
specific geographic  
zone**



## Health Care Delivery Model

**Health  
Jurisdiction**  
**(Basic  
Administrative  
Health Unit)**



- Coordinates, integrates and monitors Health Programs
- Regulates the functions of hiring, training, information, logistic and coordination with other counties, communities and social organizations
- Directs management of the state's health services



**Region**



# The Migrant Health Program

## Migrant Health Program Background

- ✓ In September 2000, the Joint Statement for Migrant Health was signed by the Head of HRSA and the Mexican Ministry of Health
  
- ✓ The two main objectives were:
  - ✓ to develop activities to meet the health needs of Mexican migrants and
  - ✓ to strengthen binational collaboration on Migrant Health issues
  
- ✓ Therefore, the Ministry of Health included in its Health Plan 2001-2006, a Program specifically designed to address the health of migrant population:
  - Programa de Salud del Migrante (Migrant Health Program)

## Objective

To protect the health of the migrant population and their families at their final destination, with specific strategies for **binational** collaboration on health promotion and health care delivery services that are **culturally appropriate**.



## Strategies of the Migrant Health Program

1. To strengthen Mexican institutional collaboration on migrant health
2. To promote binational public awareness of migrant health issues
3. To provide support services to the migrant population and their families
4. To foster binational research on migrant health

## Strategy 1. To strengthen Mexican institutional collaboration on migrant health

### Activities:

- ✓ Workshops for Health Professionals (Jornadas Informativas, IME)
- ✓ Advise the Mexican Congress on Migrant Health issues
- ✓ Collaboration with the Mexican Commission for the Development of the Indigenous Population
- ✓ Active participation in the U.S.-Mexico Border Health Association (USMBHA) programs
- ✓ Cooperation with the National Institute of Migration (INAMI)



The Governor of the Mexican state of Jalisco, inaugurates the 33rd Health Workshop for Health Professionals

## Strategy 2. To promote binational public awareness of migrant health issues

### Activities:

- ✓ Workshops on Health Promotion in Oral Health
- ✓ Signing of binational health collaboration agreements (Oregon and New Mexico)
- ✓ Creation of the California Mexico Health Initiative with the Office of the President, University of California
- ✓ Training workshops and health information sessions for “promotoras” (health promoters) within the migrant population.
- ✓ Collaboration with the National Center for Farmworker’s Health



## Strategy 2. To promote binational public awareness of migrant health issues



*La Salud en Movimiento.* Alejandro Caballero

**Binational Health Week and Binational Public Policy Forum:** An annual weeklong series of health promotion and education activities geared to the migrant population. The goal is to highlight the cooperation between our two countries to improve the health of Mexican migrants



Mexican Secretary of Health, Julio Frenk, in a BHW kick-off event in Nogales, México.

## Strategy 3. To provide support services to the migrant population and their families

### *Activities:*

- ✓ Mexico-Canada Temporal Agricultural Workers Program (PTAT): 11,720 Mexican workers were employed in Canada in 2005
- ✓ Sick Nationals Program
- ✓ Ventanillas de Salud (Health Windows): at the Mexican Consulates more than 150 thousand people have received counseling and referrals
- ✓ Affiliation of the Mexican migrant population to Popular Health Insurance
- ✓ Migrant Health web page

## Strategy 4. To foster binational research on migrant health

### *Activities:*

- ✓ Publication of the results and conclusions of the Public Policies Forums on Health and Migration.
- ✓ Financing binational research in collaboration with the UC and CONACYT.
- ✓ Collaboration with FUMEC on research projects
- ✓ Collaboration and academic linkage with Mexican and foreign Universities
- ✓ Publication of Migrant Health Fact Sheets, in collaboration with different U.S. states.





# Collaborative Opportunities with California

## Collaborative Opportunities

### *Workshops and exchanges for health care professionals*

#### ■ **California-Mexico Public Health Collaboration Planning Meeting**

Mexico's Migrant Health Program (Ministry of Health) and the CDHS Office of Binational Border Health are organizing a meeting November 8-10, 2006, in Mexico City. Meeting objectives include the following:

- Inform California health professionals about Mexico's health system and approaches to addressing priority health issues;
- Share information on health issues of mutual concern;
- Discuss programmatic and policy approaches used to address identified issues; and
- Identify specific opportunities for collaboration in the areas of communicable, chronic, and environmental diseases. A main goal is to build relationships between health professionals from California and Mexico.

## Collaborative Opportunities

### *Workshops and exchanges for health care professionals (Cont.)*

- **Health Promotion Workshop**

A workshop for CDHS/San Diego County/Imperial County and Mexican (federal and Baja California) health education/health promotion program managers to share information about effective health education models and strategies that are being used in Mexico and California to reach migrant populations (**November 16 & 17, 2006 in San Diego**).



## Collaborative Opportunities

### ***Increase CDHS participation in Binational Health Week***

- CDHS signed an agreement of collaboration with the President of the University of California in 2001
- CDHS programs will conduct their program activities (e.g., health screenings, health education and outreach) in coordination with other BHW events, such as health fairs, that will be held in 39 counties in California.

## Collaborative Opportunities

### ***Strengthening binational networks on health research***

- Identify and disseminate information on individuals and institutions doing research on migrant health topics
- With the California-Mexico Health Initiative we have developed the Binational Research Program on Migrant Health

### ***Develop a student exchange program***

- Short stays of medical students in Mexico
- We did an exchange program between Texas A&M University and Northwestern University.

## Collaborative Opportunities

### *Targeting health programs to vulnerable groups*

- Agricultural workers and their families and Indigenous populations
  - Address occupational pesticides exposures



***Thank you***

***Salud***