The Health System in Mexico and the Social Determinants of Health

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**National Health System in Mexico**

**Health**: priority requirement to reach an adequate quality of life.

The Coordination of the National Health System is in charge of the Ministry of Health.

However, the Ministry is NOT the financing the System.

*José María Rodríguez, MD, Physician during the revolutionary phase and founder of several institutions of health in Mexico*
## Basic Functions of the National Health System

<table>
<thead>
<tr>
<th>Function</th>
<th>Strategies</th>
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<tbody>
<tr>
<td>1. Effective direction of the sector</td>
<td>1. Strengthen and modernize the protection against health risks</td>
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<td>2. Strengthen and integrate the actions of health promotion, prevention and disease control.</td>
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<td>2. Sustainable equitable funding.</td>
<td>3. Placing quality in the permanent agenda National Health System.</td>
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<td>3. Generation of adequate and timely resources.</td>
<td>4. Developing tools for planning, management and evaluation for the National Health System.</td>
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<td>5. Organize and integrate the provision of services of the National Health System.</td>
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<td>6. Ensure adequate financial resources to carry out the actions of protection against health risks and health promotion.</td>
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<td>7. Consolidate financial reforms to ensure universal access to health services to every person.</td>
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<td>1. Investment in systems, information technologies and communications to improve efficiency and integration of the sector.</td>
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<td>2. Strengthen research and education in health to develop knowledge and human resources.</td>
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<td>3. Support the provision of health services by developing the necessary infrastructure and equipment.</td>
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The Health System in Mexico is composed by three subsystems:

**Public Sector**
1. Social Security
2. Ministry of Health, State Health Services

**Private Sector**
3. Private medical assistance 20%

Insurance companies and service providers at private practice and hospitals, also including alternative medicine.
In 2030, Mexico will count with an integrated and universal Health System which will guarantee the access to essential health services for the whole population.
Towards universal health

Popular Health Insurance (Seguro Popular de Salud)

Mechanism in which the State ensures timely access, without discrimination of medical services to low-income population, those who do not have employment or are self-employed, those who are not insured in any social security institution and do not attend due to high costs of medical treatments.

The health care coverage is voluntary and public.

In ten years, health care coverage expanded from 44 million to 105 million Mexicans.
The strengthening of public finance is also closing the gap in terms of per capita allocations among the population without social security and the population covered by social security.

The inequities in the distribution of public resources between the states have also been reduced, including the inequalities in state contributions to finance health.

Challenges and Perspectives of the Health System

- Continue to improve the distribution of public resources between populations and states, and ensure greater budgetary commitment by local authorities.

- **Achieving the right balance between investments in health promotion and disease prevention and curative services.**

- Reducing gaps or health inequalities through interventions targeted at vulnerable groups and marginalized communities.

- Continue to provide quality health services towards a universal and effective coverage.

- Improve the health information system, incorporating the private sector to consolidate databases and improve the regulations in this area.
Challenges and Perspectives of the Health System

• Improving health conditions of people by working on the social determinants of health.

• Develop public policies and sectorial and intersectorial actions of health promotion and disease prevention.
Provides people with the necessary means to improve their health and to exercise a better control over it.

*Ottawa 1986*

Enables people to have a greater control over their determinants of health and thereby improve it.

*Bangkok 2005*
Chain of social health determination

SOCIAL DETERMINANTS

Work
Schooling
Urbanization
Social Networks
Economic
Housing
Migration
Etc...

DETERMINANTS OF HEALTH

Nutrition and beverages
Physical Activity
Stress builders and its perception
Access and adequate use of preventive health services
Personal and environmental hygiene

Non risk alcohol consumption
Exposure to Tobacco
Insecure conditions and behaviour
Responsible and protected sexuality
Access to vaccination and monitoring
Consumption of non-prescription drugs

HEALTH SERVICES

Capacity of developing their maximum potential
The conditions in which people are born, grow, live, work, reproduce, age and die; included in the health system.

These circumstances are determined by the distribution of money, power and resources in a global, national and local scale, which is also defined by political will (especially with one of the worst Ginny Coefficients).

Social Determinants of Health

- Education
- Nutrition
- Basic Services
- Poverty (Socio economic status)
- Inequality

Many of the social determinants of health fall out of the health sector, therefore, intersectoral and integral actions are very important.
Health Determinants

Social and community conditions

Individual lifestyle factors

General socioeconomic, cultural, and environmental conditions

Living and working conditions

Source: Dahlgren and Whitehead 1991
How determinants of health act upon the population

- They affect directly or indirectly the health of the people.
- They act on its own or interrelated with each other.
- The sum of the determinants build up the health of one person.
- A single determinant can have multiple effects on the health of the people.

Now, consider 30% of the population is below poverty line.
Approach by determinants

1. Identify new or unknown health needs (own info. system)

2. Analyse all the health determinants that impact on that problem

3. Prioritize the main determinants that influence the problem

4. Address the purpose of the causes and modify these determinants

Examples of health determinants:

- 30% of the population adds salt to their food
- 90% of the obese think they are only overweighted
- 25% never brush their teeth
- 10% have difficulty accessing water
Intervention by determinants

Allows:

• Anticipation to the onset of the disease
• Improvement of prosperity and wellbeing of the population, healthier people
• Reduction of health expenses
• Generate an environment of stability and equity
Conclusions

• The biggest challenge of the current Mexican health system is to seek alternatives to strengthen its integration, so a common set of benefits is ensured to all the people, providing universal and equal health services, warranting the right to protection of health.

• For the sustainable performance of a health system, it is necessary to strengthen and integrate the actions of health promotion, prevention and control of diseases.

Towards the building of a new health culture that benefits the handling of health determinants.
An example: The National Agreement for Alimentary Health.

An example of integral policy and interdisciplinary effort

Academia Nacional de Medicina de México
Septiembre 2011
Rationale

Alimentary health continues to be a problem of extremes in Mexico, on one side desnutrition (even when rapidly diminishing) shows the differences in access to food and health.

On the other side, the excess represents our worse Public Health Problems

In the last three decades the prevalence of obesity has increased threefold.

- Now, 7 out of 10 mexicans (35 millones de adultos) are overweight or obeses, placing Mexico as a high prevalence country
Goals

1. In children, reverse the trend and have no increase for the 2006-2012 period.
2. For adolescents, stop the progression of overweight and obese
3. For adults reduce the speed of the increased prevalence
Who is part of the Agreement

- Federal Government
- Health
- Education
- Labor + 12 more

- Society
- Academy of Medicine
- Organized groups
- Industry

- State and Local Governments
- Media
Acuerdo Nacional para la Salud Alimentaria. 
Estrategia contra el Sobrepeso y la Obesidad Programa de Acción en el Contexto Escolar

Lineamientos para el Expendio o Distribución de Alimentos o Bebidas 
en los Establecimientos de Consumo Escolar de las Plantas de Educación Básica

La escuela es el espacio ideal en que se fomentan hábitos saludables...

<table>
<thead>
<tr>
<th>Categoría</th>
<th>Productos que cumplen con criterios</th>
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<tbody>
<tr>
<td>Bebidas secundaria</td>
<td>49</td>
</tr>
<tr>
<td>Leche</td>
<td>6</td>
</tr>
<tr>
<td>Yogurt y alimentos lácteos fermentados</td>
<td>57</td>
</tr>
<tr>
<td>Jugos</td>
<td>11</td>
</tr>
<tr>
<td>Néctares</td>
<td>80</td>
</tr>
<tr>
<td>Botanas</td>
<td>191</td>
</tr>
<tr>
<td>Galletas, pastelillos, confites y postres</td>
<td>1480</td>
</tr>
<tr>
<td>Oleaginosas y leguminosas secas</td>
<td>12</td>
</tr>
<tr>
<td>Alimentos líquidos de Soya</td>
<td>64</td>
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<td>1950</td>
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</table>
Empresas firmantes del Código PABI

Total de empresas: 34
Porcentaje de la pauta: 87%
Five steps for your health
National council in Chronic diseases,
New Law for alimentary health for workers
Action program for children
Reduction of fat and calories in Stated promoted breakfasts
+ 103 additional activities
What we have accomplished in 18 months:

- Better quality on oils and fats:
  - Changes in milk availability
  - Fats on bread industry
  - Better oils available
- Specific program for adults and children
- Frontal labeling in progress
- Increased number of products with calories restrictions
- “Healthy pause” in process
- New marketing contract for children.