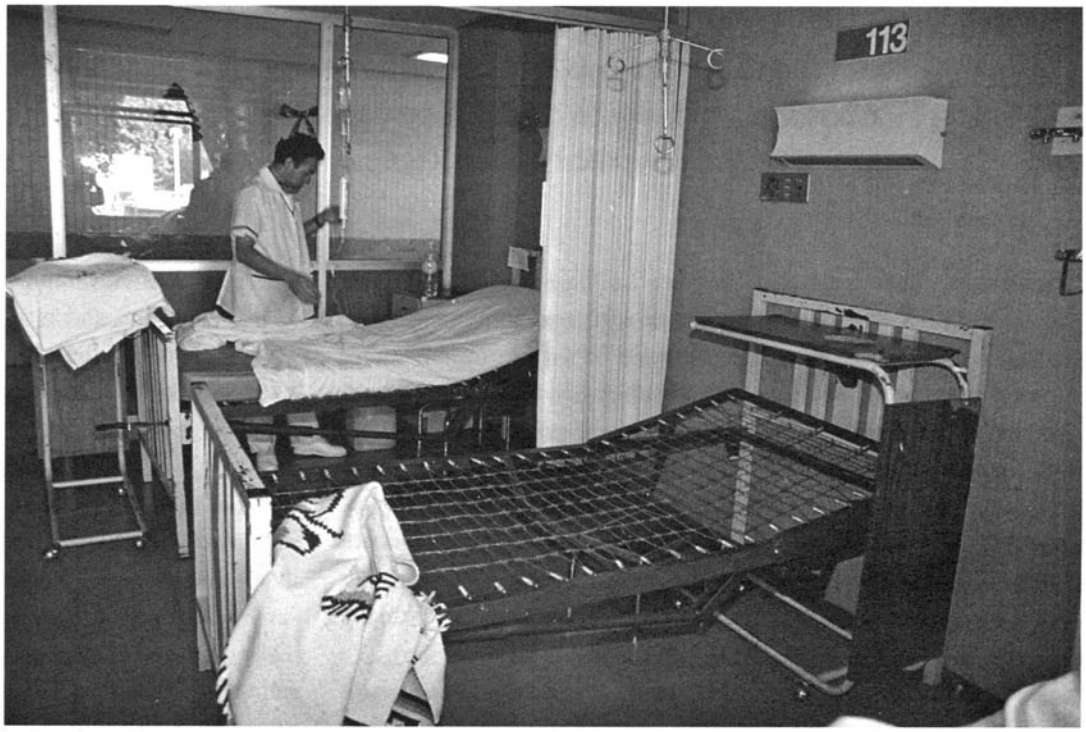

Germán Romero/Cuartoscuro

Five Notes About Health Care in Mexico

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One: Balancing Prevention and Cure

Any modern health system must both prevent and treat diseases. This is its main task. Such a serious responsibility is often associated with its capacity to provide integral care to the individual and the community.

Mexico is suffering today from an incoherent government combination of prevention and cure, in which the state tends to disavow its responsibility.

To meet this responsibility, these systems use, first, health promotion and education (for example in the free textbooks distributed by the Ministry of Education) and preventive campaigns (like the Health Ministry's twice-yearly National Vaccination Weeks).

Prevention also includes other actions to diminish risk factors (frequently related to life style like excessive tobacco, alco-

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hol or drug consumption or high-risk sexual-reproductive practices) that may eventually cause illness. Finally, prevention also aspires to reducing accidents, homicides, certain environmental risks and some strictly work-related conditions.

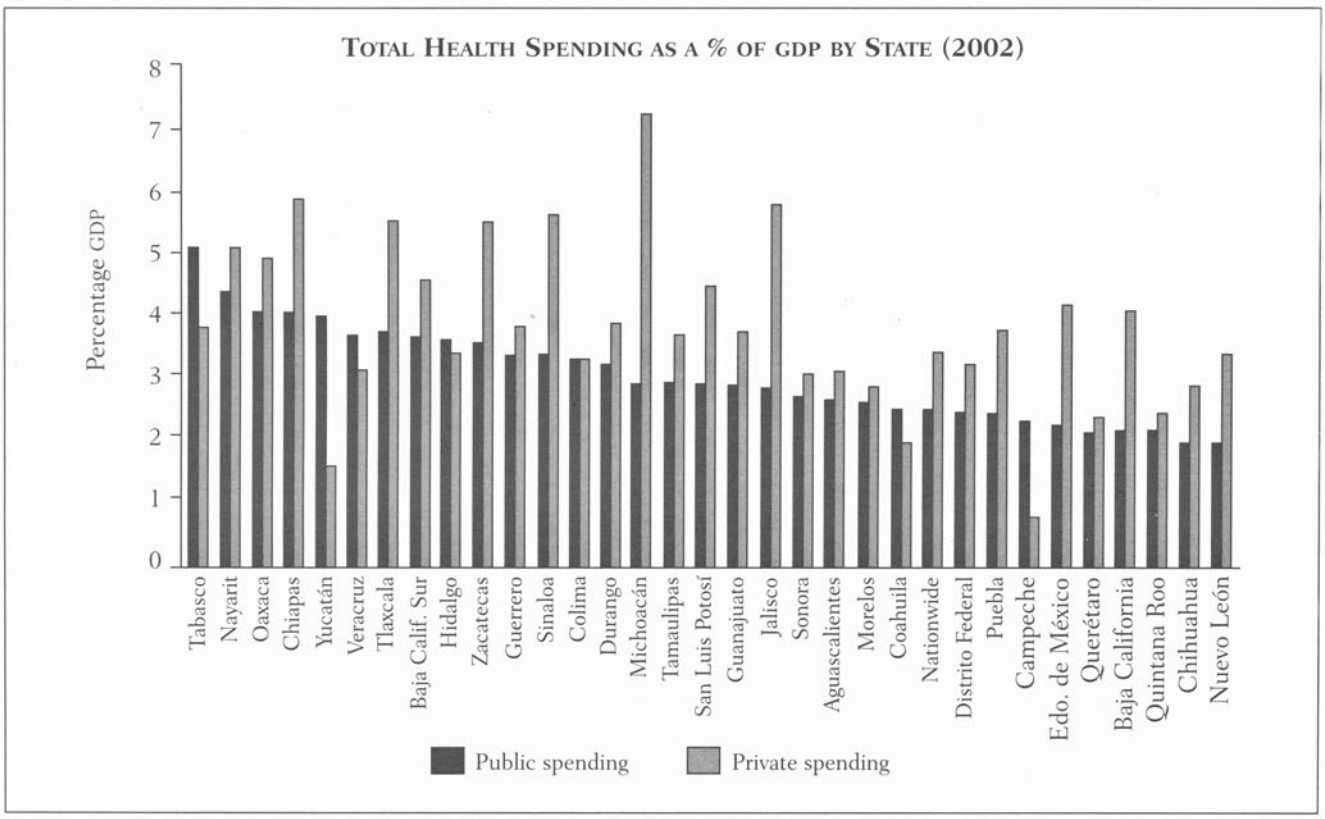
But once a person has become ill, the health system must be able to provide integral care: diagnosis, treatment and rehabilitation.

Therefore, it is useful to distinguish between health care system users and patients. Strictly speaking, a user who is vaccinated and a mother who gives birth are basically healthy, while a person ill with and being monitored for diabetes or with terminal cancer have seen their welfare diminished; they are in danger, the victims of a disease, and they are suffering. While a user enters and leaves the system voluntarily, the patient is a kind of sun in the care network, a sun whose movements order the entire system of planets seeking to care for his/her illness.

Therefore, the quality of any health system is expressed in its real capacity to implement preventive policies that effectively avoid disease and, to that same extent, consistently improve the health of the population, and in the order, precision and extent of the doctors' and nurses' interventions to restore health to someone who has fallen ill.

Two: But in Mexico, Prevention and Cure Do Not Work

Despite the fact that in 2002, 5.8 percent of the gross domestic product was spent on health, the National Health System (whose public-private design was created by the last Institutional



Mexico should improve the quality of its clinical treatment, extending the IMSS Model of Integral Medical Care to the entire country.

Revolutionary Party administrations) does not adequately prevent illness nor treat disease.

Suffice it to consider that, following World Bank recommendations, the Mexican Social Security Institute (IMSS) says it works on supposedly improving family medicine in which first-level care is an institutional priority.[1] To that end, it has equipped 101 units with computers, servers and printers to create electronic medical files. But the IMSS also established the PREVENIMSS-Integrated Health Programs, which aims at the systematic, ordered implementation of actions linked to health promotion, nutritional monitoring, disease prevention, detection and control, and reproductive health, by age groups. While the IMSS is awash in a total lack of clinical policies for caring for patients, its officials happily stated that, "By December 2002, 5,226,412 'health cards' had been handed out to those affiliated to the IMSS. This new focus has a long-term vision that will have an influence on creating a culture of the individual sharing responsibility for his/her own health through actions of education, prevention and health promotion among children, teenagers, women, men and older adults."[2]

And that is not all. Since 2002, the IMSS of "the government of change,"[3] Vicente Fox's IMSS, changed the health part of the Opportunities Human Development Assistance Program (Basic Package) into an institution especially designed to give highly specialized care to medical conditions.[4] The authorities have reported that they are working with "the 13 actions of the essential health package, the food supplements for under-fives, pregnant and nursing women, and health education and promotion with sessions on 35 issues in 660 operational modules. By December 2002, 275,172 families were being monitored."[5]

In addition, emphasizing self-health care, the current administration's 2001-2006 National Health Program has sought to make national "policies" jibe with the management, "preventive-ist" vogues imposed by Dr. Gro Harlem Brundtland's World Health Organization.

And all this is happening when in 1999, 443,950 people died. Approximately half of this number, 52.1 percent, died from one of the following five causes: heart disease (ischemia and acute attack of the myocardium); malignant tumors (of the digestive tract, the stomach, liver and gall bladder and the genital-urinary tract, the cervix and prostate gland); diabetes mellitus; traffic accidents; and liver disease (alcoholism and hepatitis).

This situation, that should be dealt with by balanced, resolved preventive and curative policies, is often "resolved" in government discourse by a never-proven "epidemiological transition."[6] This, more than orienting these policies, tends to have a vested interest in masking the disease and death of the Mexican population.

As has been pointed out on more than one occasion, this mixture of public health with medical care is the main service provision problem currently facing the health sector.

The fact that the IMSS, the main national public health institution designed to treat disease, is deficiently performing its preventive work indicates that, since Guillermo Soberón headed up the Health Ministry, those in political posts responsible for health care in Mexico have been on the wrong track.[7]

THREE: WHAT HAS FAILED?

Undoubtedly, priorities should be reconsidered before undertaking to map national health and disease.

In the first place, Mexico should improve its population's health with effective prevention policies that are part of real strategies both inside and outside the sector.

For this to happen, the current institutional format of the Ministry of Health should be broadened out, concentrating exclusively on the tasks of community health, with the entire cooperation of the other branches of the public administration directly involved in the matter (notably the Ministries of Education, of the Environment and Natural Resources and of Agriculture, among others).

In the second place, Mexico should improve the quality of its clinical treat-

TABLE 1
THE LEADING CAUSES OF DEATH IN MEXICO (1922-1995)

CAUSE[1]	YEAR								
	1922	**1930**	**1940**	**1950**	**1960**	**1970**	**1980**	**1990**	**1995**
Pneumonia and influenza/ influenza and pneumonia	11.2	11.0	16.3	16.7	12.5	17.2	8.8		
Diarrhea and enteritis/gastroenteritis and colitis/enteritis and other diarrheal diseases/infectious intestinal diseases	7.1	18.1	21.0	17.2	14.1	14.8	9.5		
Fever and paludal cachexia/malaria	6.9	6.2	5.2	5.5					
Whooping cough	3.9	4.2							
Smallpox	3.3	3.9							
Violent or accidental deaths/accidents, poisoning and violence/accidents			5.1	5.9	3.2		11.1	9.3	8.3
Measles			3.9						
Certain early childhood diseases/ early childhood diseases/certain causes of perinatal morbidity and mortality				6.0	10.4	5.2		5.5	
Malignant tumors					2.8	3.8	6.1	9.7	11.2
Heart diseases						6.9	8.5	12.5	14.8
Diabetes mellitus								6.1	7.7
Cerebro-vascular disease									5.4
% of total deaths per year due to five leading causes	**32.4**	**43.4**	**51.6**	**51.3**	**43.0**	**48.0**	**44.0**	**43.1**	**47.4**

[1] As one would expect, the International Disease Classification (IDC) used for grouping these ailments changed during the century (WHO, 1993); but beyond these changes, it is quite easy to see the progressive modification of the profile itself.

Sources: SSA, *Compendio histórico. Estadísticas Vitales 1893-1993. Estados Unidos Mexicanos* (Mexico City: Dirección General de Estadística, Informática y Evaluación, Secretaría de Salud, 1993), pp. 35-41; and *Mortalidad 1995* (Mexico City: Dirección General de Estadistica e Informática, Secretaría de Salud, 1996), p. 69.

ment, extending the IMSS Model of Integral Medical Care to the entire country.

Finally, private medicine, the insurance system associated with it and the pharmaceutical and medical equipment industries should be correctly regulated using the IMSS Model of Integral Medical Care. This would guarantee that they provide timely care and services in a modern regulatory framework.

At the dawn of the twenty-first century, then, Mexico should finally be able to efficiently measure the impact of its preventive policies through good practice signals in community health and consistently strengthen, once and for all, the clinical policies that guide doctors' and nurses' care of patients.

Politicians in charge of health must also intervene in the complex issue of medical training, regulating the excessive number of schools and their high enrollment, that can often barely offer their graduates the prospects of under– or unemployment. They should urgently adjust the study programs to the country's current health and disease profile, coherently consolidating the

distribution of doctors where they are needed.

Four: The "Change" Fox Did Not Make

Health in Mexico today is suffering from an incoherent government combination of prevention and cure, in which the state tends to disavow its responsibility for patient care in exchange for rudimentary health promotion and prevention.

In the last 22 years, the state says it is providing "health" services when, strictly speaking, it is barely distributing basic, essential packages. The government demands hikes in health spending, but if its "preventive" policies were radical, it should rather optimize the resources it already has and spend more and more appropriately, with new clinical parameters, on care for the patients with the diseases that plague and kill the Mexican population.

The Program of Free Medical Services and Medications operated by the current Mexico City government's Health Ministry has not incorporated alternative clinical policies for helping its patients and doctors either. Strictly speaking, it is a social strategy that includes some medical interventions.

In addition, poverty and inequality, domestic and foreign migration, dis-

Table 2
Social Security Health Care Coverage (1944-2000)

Year	Total Population	Population with Coverage	% of Population with Coverage	Coverage by Institution						
				IMSS (%)	ISSSTE (%)	PEMEX (%)	Nat. Railroad Company (%)	Ministry of Defense (%)	Nat. Military Service (%)	State (%)
1944		355,527		100.00						
1945		533,555		100.00						
1950	25,791,017	1,111,544	4.31	87.64		12.36				
1955		1,750,563		90.04		9.98				
1960	34,231,290	4,016,563	11.50	83.17	12.14	4.69				
1965	42,729,000	8,607,828	20.15	79.18	12.44	2.70	2.47	2.28	0.93	
1970	48,225,238	12,195,991	25.29	81.14	11.05	2.68	2.28	2.20	0.65	
1975	60,153,387	20,763,857	34.52	76.17	16.61	2.50	2.00	1.98	0.74	
1980	66,846,833	30,773,224	46.04	78.40	16.20	2.10	1.72	1.11	0.47	
1985	77,938,288	39,498,266	50.68	79.82	16.32	2.64		0.43	0.79	
1990	81,249,645	48,028,003	59.11	80.32	16.81	1.87		0.66	0.34	
1995	911,58,290	45,723,840	50.16	75.07	20.22	1.13		0.69	0.47	2.41
2000*	97,483,412	59,231,330	60.76	78.56	16.99	1.09		0.82	0.32	2.21

* The source consulted (Grupo Interinstitucional de Información en Salud, or GIIS) mentions an overestimation of the number of affiliated clients. The 2000 Census (INEGI 2000) reports that only 40.13 percent of the total population has a right to social security institutions' care.

Source: Instituto Nacional de Estadística, Geografía e Informática, www.inegi.gob.mx, Instituto Mexicano de Seguro Social, www.imss.gob.mx, Sistema Nacional de Salud and Grupo Interinstitucional de Información en Salud.

In the arena of health and social security, the current administration betrayed its offer of "change" and today is reduced to unfortunate continuity.

eases among the rural and indigenous population and the physically and mentally challenged, among many other factors, increasingly weigh on the potential for an answer and the supposed "sovereignty" over the decisions of the National Health System.

Faced with the legacy of the PRI governments, during his presidential campaign, Vicente Fox heard three main demands: solving the problem of the chronic lack of medication in the public health care system; getting all the finished health infrastructure (health centers, clinics and hospitals), closed for budget reasons, up and running; and solving the problem of patients having to wait long periods for surgery.

Little or none of this has been done. Everyone who voted for "change" now pays more taxes and fees, pays for more medications that used to be free and receives the same or worse services than Fox inherited from the PRI. For those voters, the only return on "Foxism" has been the apocalyptic financial "diagnostic analysis" of the "liabilities" of the IMSS and the State Workers Institute for Social Security and Services (ISSSTE), which provides medical care for public employees and their families.

The case of the fantastic "star" health program, the so-called "Popular Insurance" publicized by the Health Ministry, is even worse. Offering to provide medical care that today's national system cannot guarantee; replacing care with general, rudimentary public health measures; with no firm basis of funding; charging patients for services through a pre-paid system; imposing on the states an authoritarian scheme of expenditures through the Finance Ministry; and exposing the work of doctors and nurses to the just demands of a population that has "purchased" a policy for which they will not receive anything in exchange, this "innovative program" —which is neither an insurance policy nor "popular"— is a candidate for being the biggest institutional fraud of the "administration of change." For example, Fox has promised that 5 million families (25 million Mexicans) will be affiliated by 2006. At the end of the day, the Popular Insurance just has a new image to distribute the same resources to the states that the PRI government did: 45 percent, medications; 23 percent, wages; 16.6 percent, equipment.

This shows that those currently in charge of health policy are profoundly confused about the difference between the final goal of any health system (improving people's state of health and curing disease) and one of its intermediate goals: financing service provision.

But citizen-voters are not concerned about the wherefore of that financing. Once their taxes are paid, when they get sick, what they expect is a system that can give a resolute, worthy medical response.

Thus, in the arena of health and social security, the current administration betrayed its offer of "change" and today is reduced to unfortunate continuity.

Five: What Is to Be Done?

It is simply ridiculous that those responsible for health policy should demagogically invoke a "democratization of health," when any day of the week, Mexican patients, despite their "civil, political and social rights" being established in the Constitution, pay for services that cannot cure them.

The only hope is that in 2006, the voters, including those who voted for "change," opt for a new elite. That new administration, when taking over public policy design and calling for decision-makers' accountability today, must formulate other actions that are up to the needs of the nation, able to balance with imagination, audacity and seriousness modern prevention and cure. VM

Notes

[1] The IMSS is the institution that provides medical care and pensions for private sector Mexican workers and their families. [Editor's Note.]

[2] Santiago Levy, IMSS. *Informe de la Dirección General XCII Asamblea General Ordinaria* (Mexico City: IMSS, 26 May 2003), pp. 29-31.

[3] This is how the Vicente Fox administration refers to itself. [Editor's Note.]

[4] The Opportunities Program is the Fox administration's main tool in social development and the fight against poverty and marginalization. [Editor's Note.]

[5] Santiago Levy, op. cit., pp. 42-43.

[6] The author is referring to the debate about the supposed transition in diseases among the Mexican population in which diseases typical of underdevelopment (above all gastrointestinal and respiratory illnesses) would make way for diseases more characteristic of developed countries (cardiovascular conditions, cancer, obesity, etc.). [Editor's Note.]

[7] Guillermo Soberón has been and continues to be one of the doctor-politicians most influential in defining health policy in Mexico. He was minister of health from 1982 to 1988 under the Miguel de la Madrid administration. Currently, he heads up the Mexican Foundation for Health. [Editor's Note.]