

Mexican health care reform has been convoluted and ineffective

August 18 2009

A Policy Forum published in this week's open access journal *PLoS Medicine* argues that twenty-five years of health care reforms in Mexico have increased insurance coverage but have not resulted in greater efficiency and have not significantly reduced health inequities despite their costs in a country that has huge divisions between the rich and the poor.

Health care reform in [Mexico](#) attracted international attention with the introduction in 2003 of the Seguro Popular—known as the "People's Health Insurance," a voluntary program designed by the federal government and promoted as a program to provide free [health care](#) insurance to the poorest of the poor. It was praised by former US President Bill Clinton and became the subject of a special series in *The Lancet* in 2006. Despite this international acclaim it has been controversial in Mexico, says a new analysis by Nuria Homedes (University of Texas-Houston) and Antonio Ugalde, who put the Seguro Popular within context of a "convoluted" history of health reforms in Mexico. They argue that despite evidence of improved access to medical care, the Seguro Popular has centralized funding for health care away from the state level, has done little to improve efficiency of the health system, and is nowhere near its ambition of enrolling the entire population with health insurance by 2010.

According to Homedes and Ugalde, the last 25 years of Mexico's history of health reforms shows the federal government shifting back and forth between centralization and decentralization, in a manner that has

impeded the development of health care capacity in the country. The first reform was introduced in the 1980s after a severe recession in Mexico. As a condition of receiving loans from the World Bank and International Monetary Fund, Mexico had to reduce its public expenditure, including spending on healthcare services, and decentralize the Ministry of Health in a manner that according to the authors did not devolve decision-making authority adequately. Further reform overseen by the World Bank in 1994 advanced this decentralization program and attempted to increase the role of the private sector in health care, but this faced political opposition. The authors argue that this is the context in which Seguro Popular was introduced in 2003. Early evaluations show that the Seguro Popular has improved access to medical care, including the treatment of diseases such as diabetes, asthma and arthritis, but the authors argue that has resulted in increased administration costs and has done little to increase quality or efficiency of service. The authors suggest that universalizing coverage through the Mexican Institute of Social Security would have accomplished the same at a considerably lower cost.

In a Perspective article accompanying the Policy Forum, Jason Lakin of the Harvard School of Public Health says that Homedes and Ugalde have provided a "broader analysis and historical context, and they deserve immense credit for doing so." However, he says that they leave a number of questions unanswered and do not provide any clear alternative for dealing with low efficiency or quality in the health sector.

More information: Homedes N, Ugalde A (2009) Twenty-Five Years of Convuluted Health Reforms in Mexico. *PLoS Med* 6(8): e1000124.
[doi:10.1371/journal.pmed.1000124](https://doi.org/10.1371/journal.pmed.1000124)

Source: Public Library of Science ([news](#) : [web](#))

Citation: Mexican health care reform has been convoluted and ineffective (2009, August 18)
retrieved 11 May 2024 from <https://medicalxpress.com/news/2009-08-mexican-health-reform-convoluted-ineffective.html>

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