



# The Policy of Primary Healthcare in Mexico

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## Abstract

Research indicates that numerous developing countries are focusing on healthcare development because improving healthcare leads to a more rapid national development. (Salud Mesoamericana) Mexico's healthcare policy is at its peak of innovation; however, in spite of their numerous attempts to create an efficient and high quality healthcare system, they still encounter basic healthcare issues between states. Significant differences can be seen between Chiapas and Jalisco, Chiapas having the lowest GDP and Jalisco State having one of the highest GDP in Mexico. In my study I will focus on Mexico's health policy and do a comparative analysis between the states of Chiapas and Jalisco; I will examine 1) the healthcare policy of Mexico, 2) database that indicates where Mexico fails or succeeds in addressing basic primary healthcare issues like preventive health measures (providing clinicians and quality physicians) and health promotion, and 3) Mexico's healthcare policy in a broader scope, to indicate the effects of these issues on the development of Mexico's healthcare system more broadly. Using a database from the Pan American Health Organization, the Mesoamerican Health organization, and relevant research that examines healthcare policy in Mexico, I will compare the policy implementation of an effective primary healthcare system between the states of Chiapas and Jalisco and discuss the implementations of this on a healthcare system.

## Background

### Primary Healthcare:

- Essential health care; based on practical, scientifically sound, and socially acceptable method and technology; universally accessible to all in the community through their full participation; at an affordable cost; and geared toward self-reliance and self-determination (WHO & UNICEF, 1978).

### Mexico Healthcare Policy:

- Seguro Popular** (Popular Insurance) Mexico's Ministry of Health program that provides healthcare insurance to low income families who can not afford health insurance.
- Instituto Mexicano de Seguro Social-Oportunidades** (Mexican Institute of Social Security-Opportunities) Provides healthcare services to employees, funded through taxes paid to social-security.
- Private Sector Health Insurance**

## Methodology

### Literature Review

- Source in Reference Section

### Data Analysis

- Data from:

- The Pan American Health Organization
- Salud Mesoamericana
- World Health Organization

### Factors:

- How Primary Healthcare is incorporated within Mexico's healthcare policy
  - IMSS Oportunidades, Seguro Popular, Private-Sector
- Primary Healthcare elements that I looked at:
  - Primary healthcare centers per population
    - i.e.: health clinics
  - Physicians, nurses and resources available per population



## State of Jalisco and Chiapas



## Results

Mexico's healthcare policy is divided into three sectors

- Private
- Social security
- Government funded

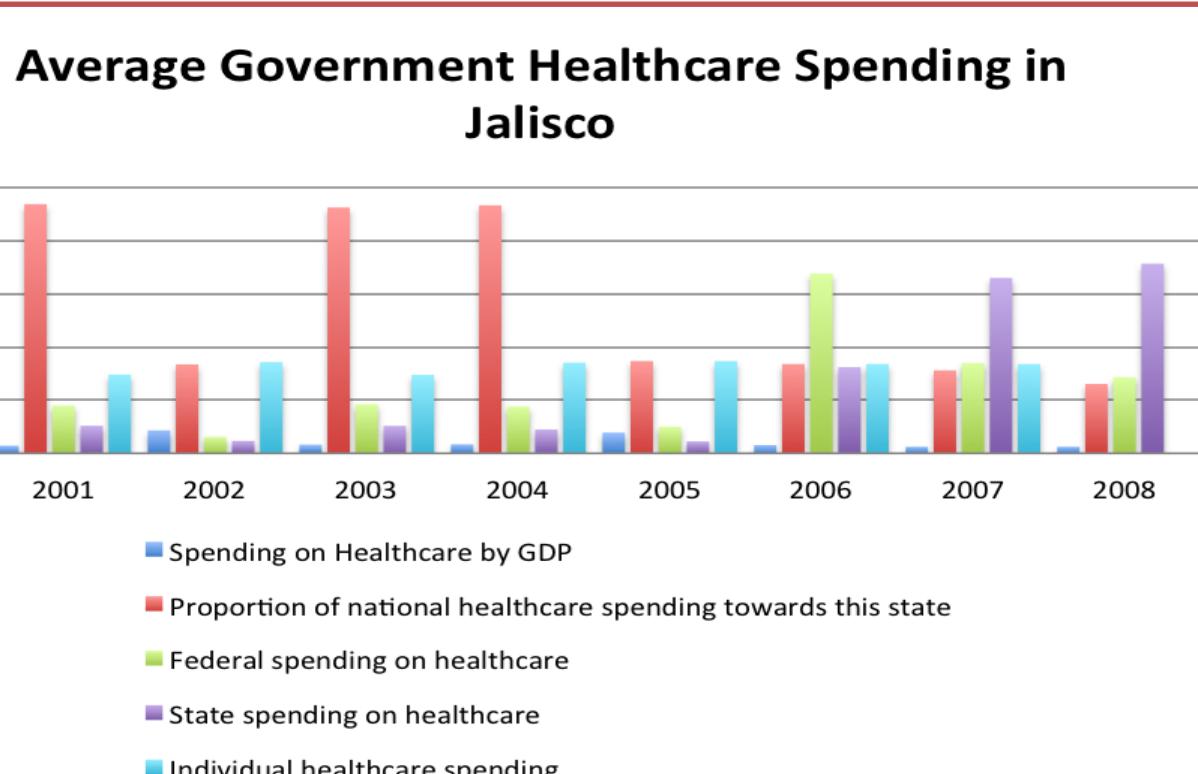
This issue allows for inefficient funding towards an effective primary healthcare system in rural and poor regions of Mexico

- States like Chiapas are being affected by the poor centralization and misallocation of government spending within healthcare policy
- These issues inhibit proper implementation of primary healthcare

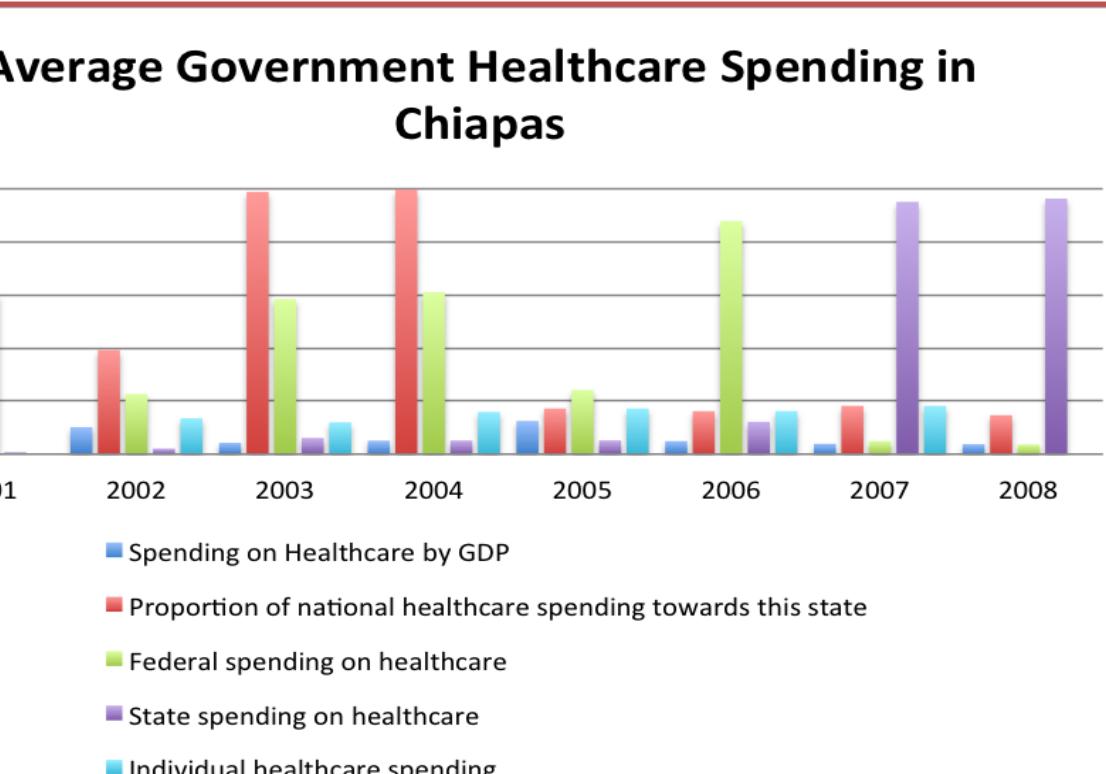
### Government Spending vs. Individual Spending

- "Increases in GDP had positive health effects" (Biggs 2010)
- "Richer means healthier"
- If the government is not allotting the proper funding for primary healthcare than the patient has to.
- In Chiapas, even though the government spending is less the individual patient spending is also less than in Jalisco. (Shown in Graphs 1& 2)

## Graph 1: data from PAHO



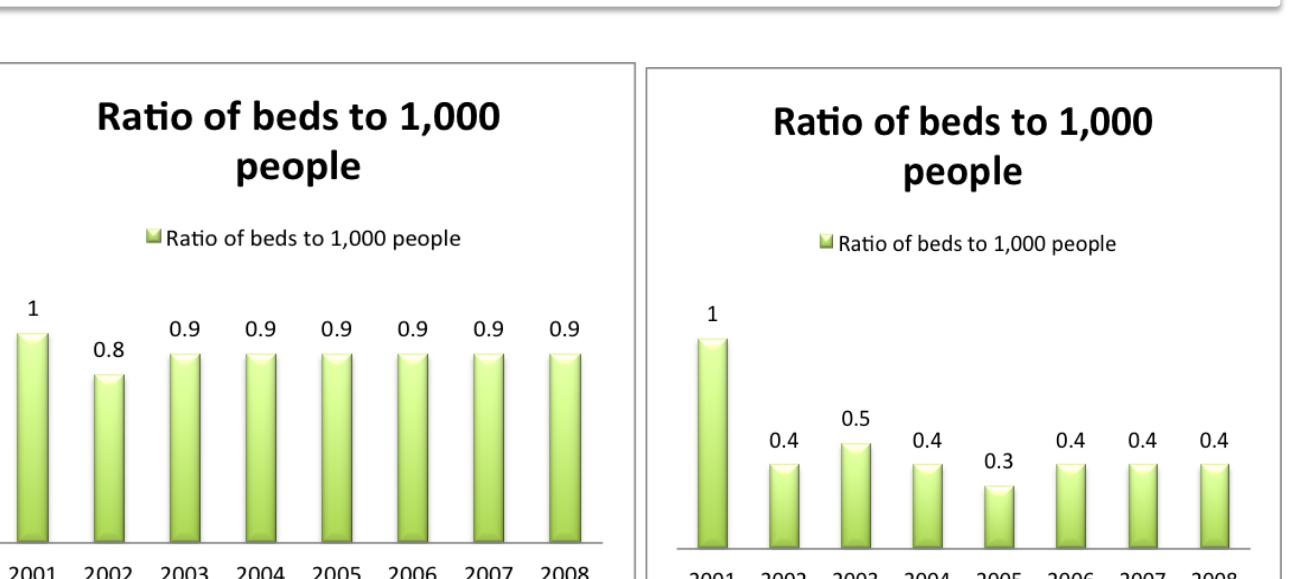
## Graph 2: data from PAHO



## Beds per Population

- Most states having less than one bed per 1,000 people
- Indicators like this show the lack of resources in two different states in Mexico.
- Chiapas having the least amount of beds per population for patient care
- Number has not significantly changed within the past few years.

## Data from PAHO

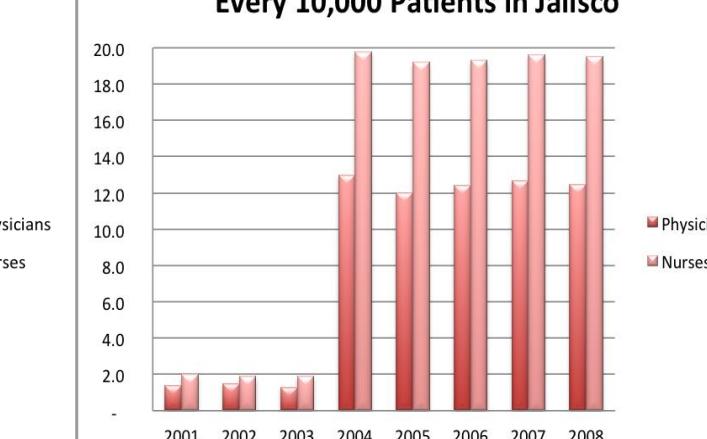
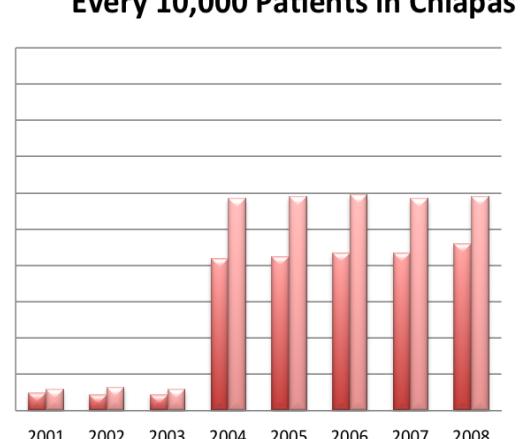


## Medical Professionals:

- Jalisco having a larger portion of physicians and nurses, than Chiapas, for their population (Data from the PAHO)

Medical Professionals Available for Every 10,000 Patients in Chiapas

Medical Professionals Available for Every 10,000 Patients in Jalisco



## Conclusion

- Mexico needs a healthcare reform in which they consolidate a universal healthcare system.
  - The disparities in access to primary healthcare have to do with the large inequalities amongst family income.
  - People can either afford a system that properly provided primary health services or one that provides them flawed services required by law.
- Physicians would rather work for a facility where they serve patients under the private sector rather than under IMMS or Seguro Popular.
  - In many cases patients, mostly in Chiapas, reported being turn away by physicians or being lied to because physicians had an overwhelmingly amount of patients to take care of.
- The misallocation of resources and funding create an ineffective primary health system.
  - Patients cannot regularly visit a physician and are only inclined to do so when they are in late stages of their illness.
- The inadequate implementation of Primary Healthcare within the policy inhibits Mexico's healthcare system from developing.
  - Physicians and Nurses are not accountable for the services they provide to their patients.
  - Low patient to medical professional ratio accounts for the large population that is being unattended.
  - Policy does not target rural regions, like those in Chiapas, which creates health disparities amongst disadvantage populations

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