

Towards A New Health Paradigm In Mexico: Continuity With Change?

Dr. Juan Manuel Lira Romero PhD*

*Physician, orthopedic surgeon.

Master in Health Services Administration and Management.

Doctor in Governance and Public Management.

Former public official in the Mexican health sector.

Abstract

The text examines the progress in achieving universal health coverage in Mexico under the government of Andrés Manuel López Obrador (AMLO). The government aimed to implement policies that would protect the most vulnerable groups and transform the country's healthcare system. However, they faced the inertia of previous health policies and challenges posed by the COVID-19 pandemic.

The text explains the concept of "path dependence" in Mexico's healthcare system, where each regime established and consolidated its own policies over decades. During the neoliberal period, policies were implemented to leave healthcare in the hands of the market, but with mixed results.

The 4T government (Fourth Transformation) sought to break away from this path dependence by creating the Institute of Health for Wellbeing (INSABI) and eliminating the Seguro Popular program. However, the implementation of INSABI faced challenges due to preexisting issues in the healthcare system, such as shortages of medicines and medical equipment, corruption, and a lack of specialists.

While the neoliberal path dependence was contained, there were also negative consequences, including medicine shortages and difficulties in accessing public healthcare services. The incoming government will face the challenge of consolidating the transformation of the healthcare system, improving the health of Mexicans, federalizing the healthcare system, and establishing a healthcare model that prioritizes the fulfillment of the human right to health.

In conclusion, there is a need to establish a new paradigm of health in Mexico that combines continuity and change, with the goal of achieving universal healthcare services and a counter-hegemonic care model. If an approach focused on the population's needs is achieved, it will be possible to attain the long-awaited universality in healthcare that Mexicans deserve.

Keywords: health system in Mexico. Health in the 4T. AMLO and the health system. Neoliberal path dependence.

Analysis

With the triumph of the left in Mexico in 2018 clearly showed the will of the Mexican people to make a radical change in the conduct of the country that was aggrieved by decades of a neoliberal agenda and corruption. The new government initiated a series of policies aimed at the social protection of the most unprotected groups, “for the good of all first the poor” went from a political campaign slogan to the ideological underpinning of what President Andrés Manuel López Obrador (AMLO) would call as the “Fourth Transformation” (4T) of the country’s public life.

On the issue of health, upon taking office, AMLO stated:

“The health sector is a disaster. Education is bad, but the health system is worse, so I will develop a plan because people are dying of lack of medical care. The purpose is that there will be free medical care and medicines for the entire population” (AMLO, 2018).

The president promised to transform Mexico’s healthcare system and provide universal healthcare coverage for all Mexicans, which has been outlined for many years but never achieved.

Two years after the end of the current administration, what progress has been made in universal health coverage? What has been the result of the policies implemented by the government in the health system? Does the new health paradigm in Mexico require continuity or a change in health policies for the next six years?

The “path dependence” of health care in Mexico

According to Barba (2021), regimes are built through long and complex historical processes that feedback or reinforce the repetition of patterns, generating historical institutionalism; this inertia in institutional practices is known as “path dependence.” For

example, in the history of Mexico, each regime has institutionalized its health policies, which have been implemented over a transsexennial period:

Legacy structure: Comprised between 1857-1982, it covers the reformist period (constitution of 1857), the Mexican revolution, the post-revolutionary republic (constitution of 1917), as well as the period known as “stabilizing development” (from the 50s to the 70s of the 20th century). During this period, the health institutions that currently provide care to the Mexican population were created and later consolidated: the Mexican Social Security Institute (IMSS), the Ministry of Health (SS), the Institute of Security and Social Services for State Workers (ISSSTE), Social Security for the Armed Forces and the IMSS Coplamar Program.

Neoliberal exploratory period: 1982-2018. In this stage, neoliberal health policies were implemented, and the ideological formulation that the government should leave health care in the hands of the market gave rise to the Social Protection System in Health (SPSS) with its operating arm called Seguro Popular. The results of attempting a universal health system during this “exploratory” period have two opposing positions; the first argues that Seguro Popular had a positive impact on the health of Mexicans (Knaul et al., 2012), while the second according to Tamez and Eibenschutz (2008) and, Flamand and Moreno (2015), posit that there was a detriment in the quality of medical care, greater inequity in health and its effect on out-of-pocket spending was very limited; while Rivera et al. (2019) state that the Seguro Popular did not have a significant effect on the use of preventive services, specifically cancer and chronic degenerative diseases. In this sense, a systematic review of the impact of Seguro Popular, Colchero et al. (2022) conclude that in 60% of the literature, statistically significant differences were found to the detriment of medical care.

The neoliberal Path dependence on health that the new government encountered hindered the way for a change of course since, when the Institutions are historically anchored and with powerful inertia in fully preconceived practices, they hinder or close the way for such a change of course (Pierson and Skocpol, 2008), a situation that was aggravated by the Covid-19 pandemic, but which reaffirmed the need to contain this inertia in the transsexennial health policies (Ruiz, 2020) pandemic, which reaffirmed the need to contain this inertia in transsexennial health policies. For this reason, the government of the

4T had to break with the inertia of previous governments by establishing a “containment bloc” in the public health policies that preceded it.

Containment block: It begins with the arrival of AMLO’s government, with a vision of a new health model for Mexicans based on three fundamental principles:

- 1.- A universal health system that provides all services to the entire population.
- 2.- Free medical care and medicines by strengthening the public health system.
- 3.- Fight against corruption in the health sector.

In order to comply with these principles, it was necessary to “contain” the transsexennial inertia of public policies in the health sector. The government, in 2019, through a new reform to the General Health Law, eliminated the 2003 health reform (Seguro Popular), creating the Institute of Health for Wellbeing (INSABI) (DOF, 2019a). It also suspended private medical expenses insurance for government employees, which amounted to 2,280 million pesos per year (Hernandez, 2019). In addition, it established a Coordination Agreement to guarantee the free provision of health services, medicines and other associated supplies for people without social security (DOF, 2020b) and finally suspended the purchase of medicines from several pharmaceutical companies and distributors for alleged acts of corruption (Jimenez and Urrutia, 2019).

INSABI began operations in January 2020, replacing Seguro Popular, and signing transfer agreements with some states; however, its operation was complicated by internal differences within the Ministry of Health team, the COVID-19 pandemic and long-standing chronic problems, including a lack of medicines and medical equipment, corruption, lack of medical specialists, bureaucratic inefficiencies and the lack of governmental experience of the officials in charge of the health system (Browner and Leal, 2022). Given the lack of results from INSABI, the government of the 4T decided to return to a centralized health system through a more “solid” institution and thus fulfill the promise of a universal health system, publishing a decree that the IMSS-Bienestar program would become a Decentralized Public Organization in charge of providing medical care and community action for the population without social security (DOF, 2022c).

This block of containment measures managed to curb the neoliberal path dependence on health; however, it was not without consequences for the health of Mexicans, according to the first strategic health evaluation report of the National Council for the Evaluation of Social Development Policy (Consejo Nacional de Evaluación de la Política de Desarrollo Social) (CONEVAL, 2022). According to the first strategic health evaluation report of the National Council for the Evaluation of Social Development Policy, the shortage of medicines increased, the health system became even more fragmented, and there was difficulty in accessing public health services with the consequent increase in the number of consultations in pharmacies adjacent to pharmacies (CAF), as well as an increase in waiting times and in the timely delivery of treatments. According to Pierson (2000), disrupting an established institutional alternative inevitably increases social costs of disrupting an established institutional alternative. Some of the consequences described by CONEVAL are explained not only by the “containment” effects of this administration but jointly as an effect of the covid-19 pandemic; however, Reich (2020) argues that changing the course of path dependence does not always work as expected, as is the case with the restructuring of the health system in Mexico.

In order to consolidate the fourth transformation of the country’s public life, AMLO (2022) has expressed that in his succession to office, there must be “continuity with change.” In terms of health, this means recognition of what has already been achieved in public health policies, with a reorientation of actions and efforts to materialize the original idea of achieving the universalization of health services through a new institutional and social paradigm that prioritizes not only the Constitutional fulfillment of the human right to health but also the establishment of a new health regime.

The government that begins at the end of 2024 will face challenges that must be addressed to continue the transformation of the health system: improving the health of Mexicans, deepening the process of federalization of the health system, consolidating a health model of the 4T against hegemony, making more efficient use of public resources, establishing a digital platform that interconnects the various public and private organizations, in addition to contributing to national development through health, among others.

If the government that heads the 2024-2030 administration materializes this “continuity with change” through a transition period

followed by a health model of transformation, respecting what has already been achieved but modifying the consequences left by the containment of the neoliberal path dependence, the consolidation of a counter-hegemonic health model and the longed-for universality of health could be achieved in the 2030-2036 administration.

Conclusion

Changes, of course, after a critical juncture require new paradigms. In order to promote and consolidate a new welfare state in Mexico whose axis is a progressive transformation of health, a new redefinition of social welfare is necessary, in which future changes in public policies materialize a new health regime for Mexicans. The actions taken by the current government to contain the neoliberal path dependence allow the establishment of a new health paradigm. For this, a transition stage is necessary, followed by a “transformation” health model for the government of 2024-2030 and a “consolidation” health model that should occur in the government of 2030-2036. The “containment” measures of this government set the tone to give continuity to what has already been achieved and to transform “continuity with change” with an innovative, progressive and inclusive vision. If the future debate on health in Mexico moves away from polarization and prioritizes the population’s needs, it will be possible to achieve the longed-for universality of health care that Mexicans deserve so much.

References

- AMLO. (14 de diciembre de 2018). Versión estenográfica de la conferencia de prensa matutina del presidente Andrés Manuel López Obrador. Obtenido de lopezobrador.org.mx: <https://lopezobrador.org.mx/2018/12/14/version-estenografica-de-la-conferencia-de-prensa-matutina-del-presidente-andres-manuel-lopez-obrador-4/>
- AMLO. (23 de agosto de 2022). Versión estenográfica. Conferencia de prensa del presidente Andrés Manuel López Obrador . Obtenido de Gob.mx: <https://www.gob.mx/presidencia/es/articulos/version-estenografica-conferencia-de-prensa-del-presidente-andres-manuel-lopez-obrador-del-23-de-agosto-de-2022>
- Barba, C. (2021). El regimen del bienestar mexicano, inercias , transformaciones y desafios (Vol. 191). Ciudad de México: Serie Estudios y Perspectivas-Sede Subregional de la CEPAL en México.

- Browner, C., & Leal, G. (08 de junio de 2022). NACLA.org. Obtenido de The Mexican Health Care System Under the Administration of AMLO: <https://nacla.org/mexican-health-care-system-under-administration-amlo>
- Colchero, A., Gómez, R., & Bautista, S. (2022). A systematic review of the literature on the impact of the Seguro Popular. *Health Research Policy and Systems*, 20-42.
- CONEVAL. (2022). Evaluación estratégica de salud primer informe. Ciudad de México: Consejo Nacional de Evaluación de la Política de Desarrollo Social.
- DOF. (29 de NOVIEMBRE de 2019a). Decreto por el que se reforman, adicionan. *Diario Oficial de la Federación*.
- DOF. (09 de septiembre de 2020b). de Coordinación para garantizar la prestación gratuita de servicios de salud, medicamentos y demás insumos asociados para las personas sin seguridad social. *Diario Oficial de la Federación*.
- DOF. (31 de agosto de 2022c). DECRETO por el que se crea el organismo público descentralizado denominado Servicios de Salud del Instituto Mexicano del Seguro Social para el Bienestar (IMSS-BIENESTAR). *Diario Oficial de la Federación*.
- Flamand, L., & Moreno, C. (2015). La protección social durante el gobierno de Calderón: Avances y rezagos en el diseño y la implementación del seguro popular (2006-2012). *Foro Internacional*, 217-261.
- Hernández, A. (02 de enero de 2019). Gobierno notifica a Metlife cancelación de seguro de gastos médicos mayores. *El universal*. Recuperado el 16 de Octubre de 2022, de <https://www.eluniversal.com.mx/cartera/negocios/gobierno-notifica-metlife-cancelacion-de-seguro-de-gastos-medicos-mayores>
- Jimenez, N., & Urrutia, A. (13 de marzo de 2019). Gobierno anterior centró en 10 empresas la compra de medicinas del sector salud. *La Jornada*. Recuperado el 16 de octubre de 2022, de <https://www.jornada.com.mx/2019/03/13/sociedad/033n1soc>
- Knaul, F., González, E., Gómez, O., & García, D. (2012). The quest for universal health coverage: achieving social protection for all in Mexico. *Lancet*, 1259-1279.
- Pierson, P. (2000). Increasing Returns, Path Dependence, and the Study of Politics. *American Political Science Review*, 251-267.
- Pierson, P. (2020). Increasing Returns, Path Dependence, and the Study of Politics. *American Political Science Review*, 251-267.

- Pierson, P., & Skocpol, T. (2008). El institucionalismo historico en la ciencia política contemporánea. revista Uruguay de Ciencia Política, 7-37.
- Reich, M. (2020). Restructuring Health Reform, Mexican Style. Health Systems & Reform, 1-11.
- Rivera, M., Rhaman, M., & Galágarra, O. (2019). Preventive healthcare-seeking behavior among poor older adults in Mexico: the impact of Seguro Popular, 2000-2012. Salud Pública de México, 46-53.
- Ruíz, C. (2020). COVID-19 y protección social en México. La oportunidad para superar insuficiencia y segmentación. En C. Medel, A. Rodríguez, G. Jimenez, & R. Rojas, México ante el Covid-19: Acciones y Retos (págs. 48-63). Ciudad de México: UAM/ Consejo editorial Camara de Diputados .
- Tamez, S., & Eibenschutz, C. (2008). El Seguro Popular de Salud en México: Pieza Clave de la Inequidad en Salud. Revista de Salud Pública, 133-145.