



MINISTRY OF HEALTH
REPUBLIC OF GHANA



Health Finance
& Governance
Expanding Access. Improving Health.



**FINANCIAL PROTECTION AND IMPROVED ACCESS TO HEALTH CARE:
PEER-TO-PEER LEARNING WORKSHOP
FINDING SOLUTIONS TO COMMON CHALLENGES
FEBRUARY 15-19, 2016
ACCRA, GHANA**

Day 1, Session VI





Improving health coverage for the poor in Mexico: the role of Seguro Popular

Accra, Ghana

February 2016

Contents

- 1. Why was Seguro Popular created?**
- 2. What were its main goals?**
- 3. How was it implemented?**
- 4. What did Seguro Popular achieved?**
- 5. What are the main challenges ahead?**

1. Why was Seguro Popular created?

It was unfair that more than half of the population was not protected by a public insurance scheme

1943

Social security

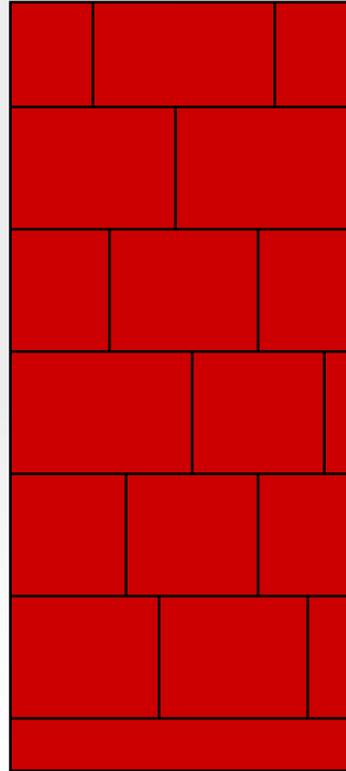


Formal workers & mostly not poor



2003

IMSS & ISSSTE



Assistance

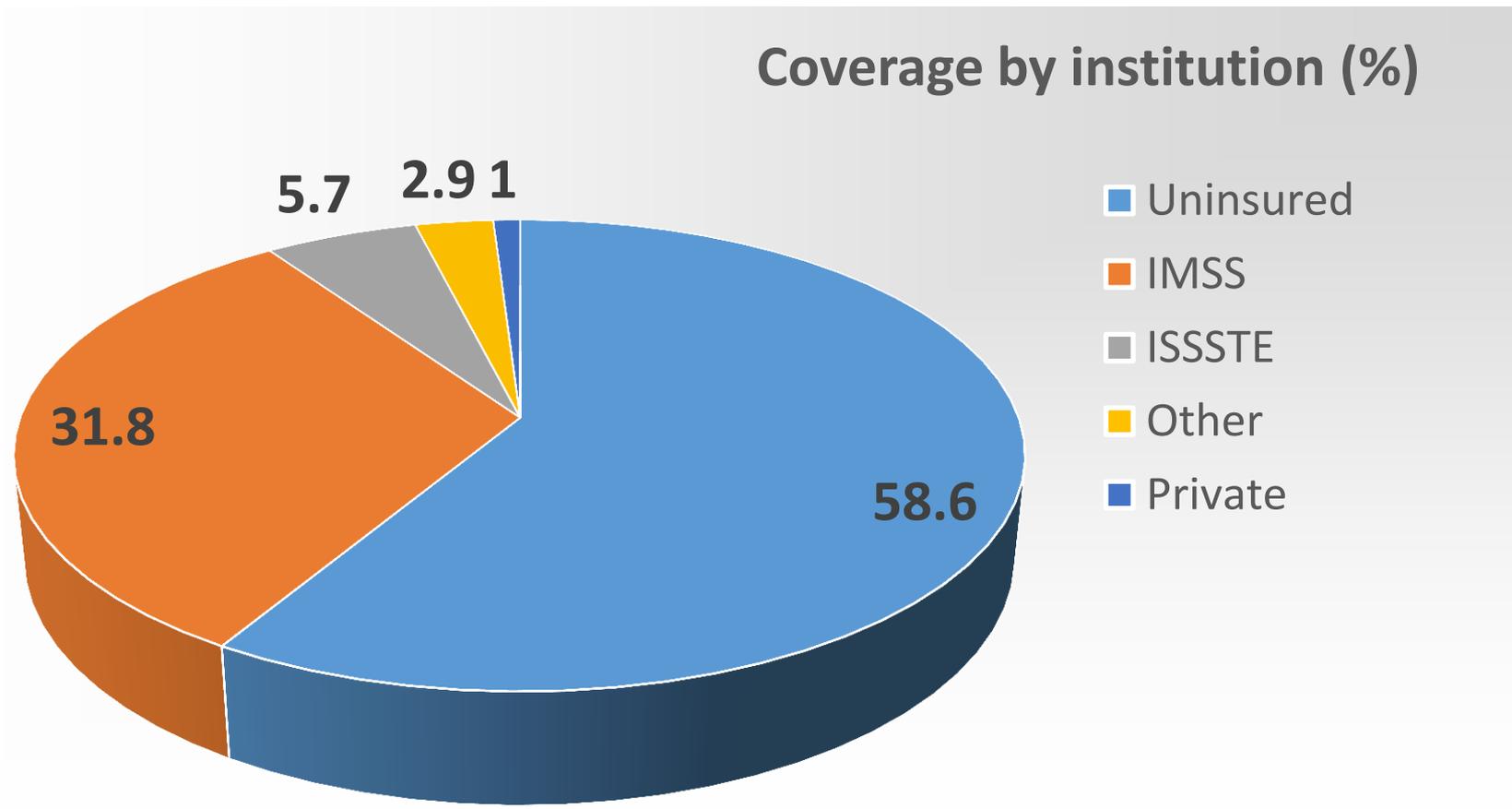


Informal workers & mostly poor



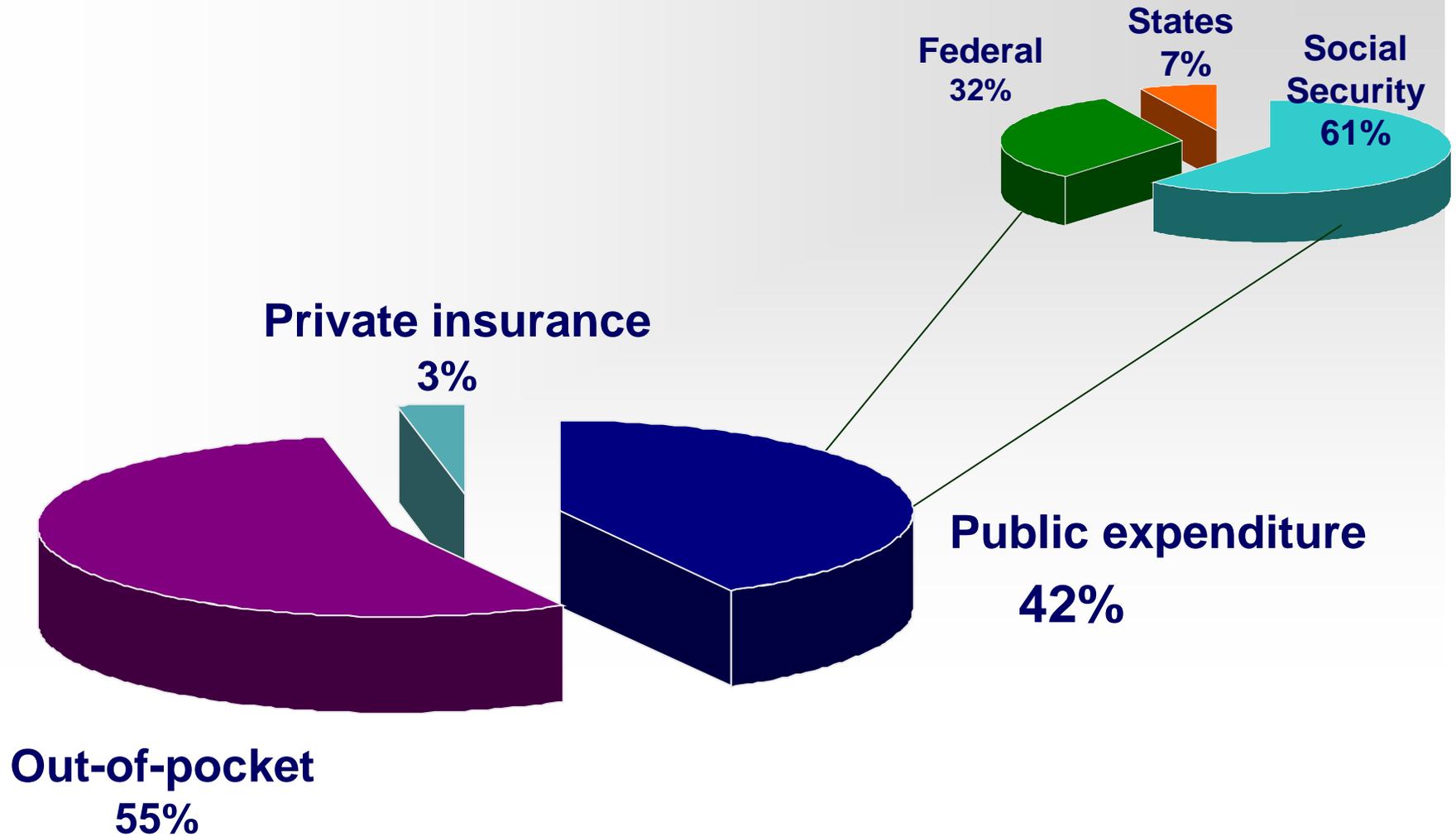
Seguro Popular

Health insurance coverage in Mexico before Seguro Popular



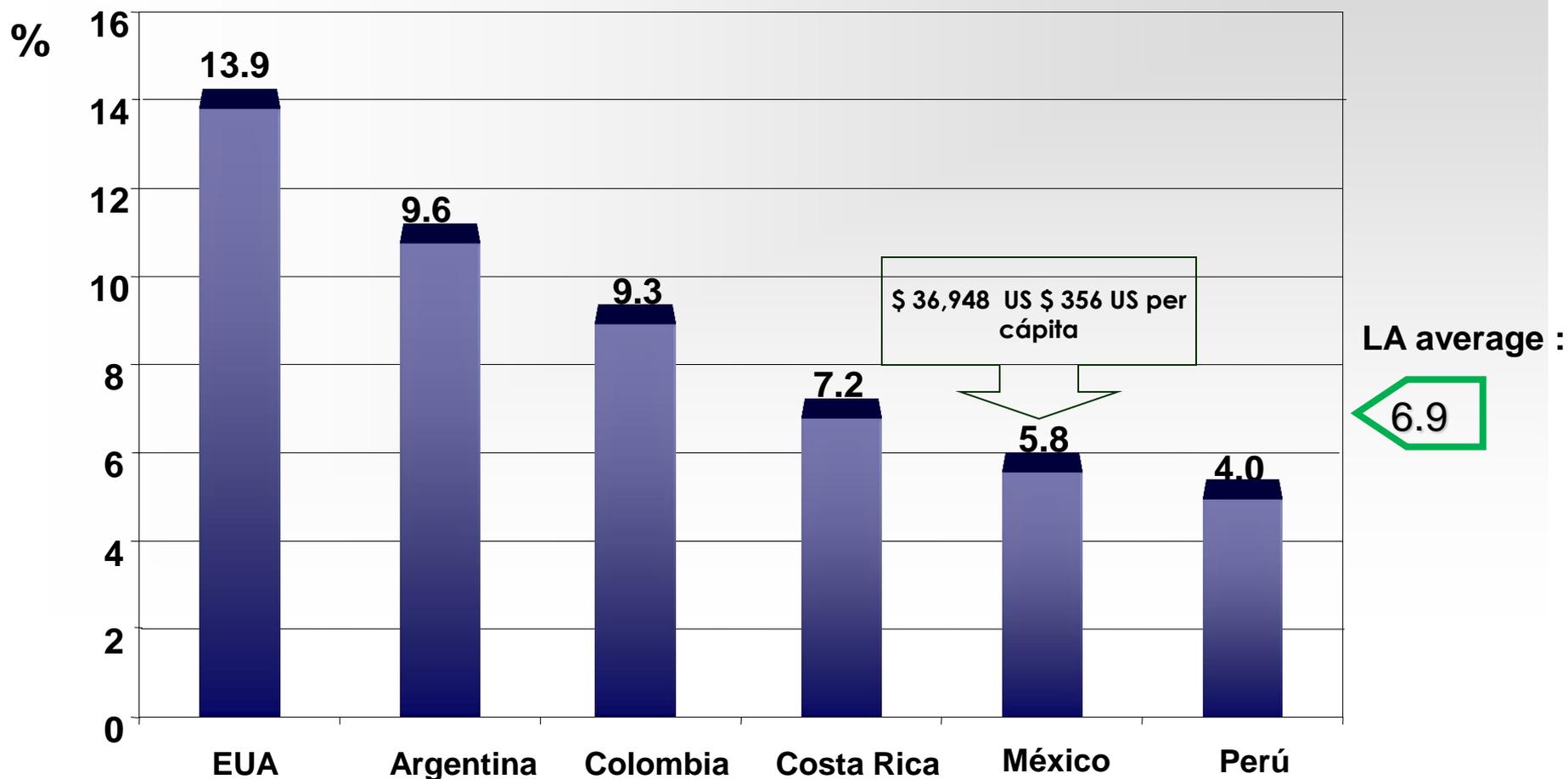
Source: National Health Survey, 2000

Out-of-pocket was the main source of health care funding



Mexico needed more money for health

Health expenditure as percentage of GDP



2. What were its main goals?

Main goals were financial protection oriented

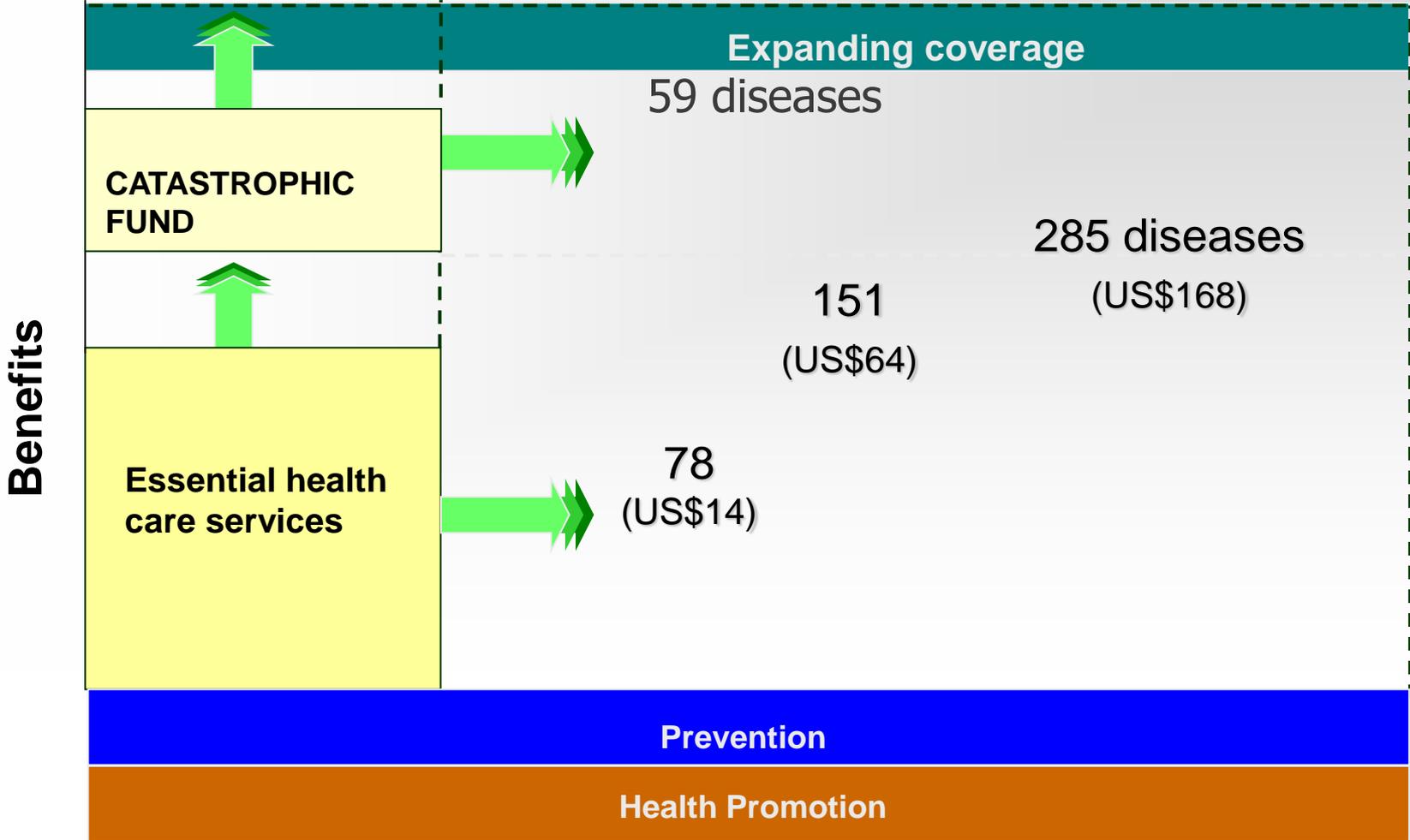
- 1.** Moving forward towards enforcing the right to universal health protection
- 2.** Increasing public health expenditures gradually, fiscally responsibly, and financially sustainable
- 3.** Providing health financial protection to everyone, specially the poor
- 4.** Achieving a better allocation of resources between medical care and public health
- 5.** Creating incentives to meet health expectations and needs of the population

3. How was it implemented?

5 pillars were used to build Seguro Popular

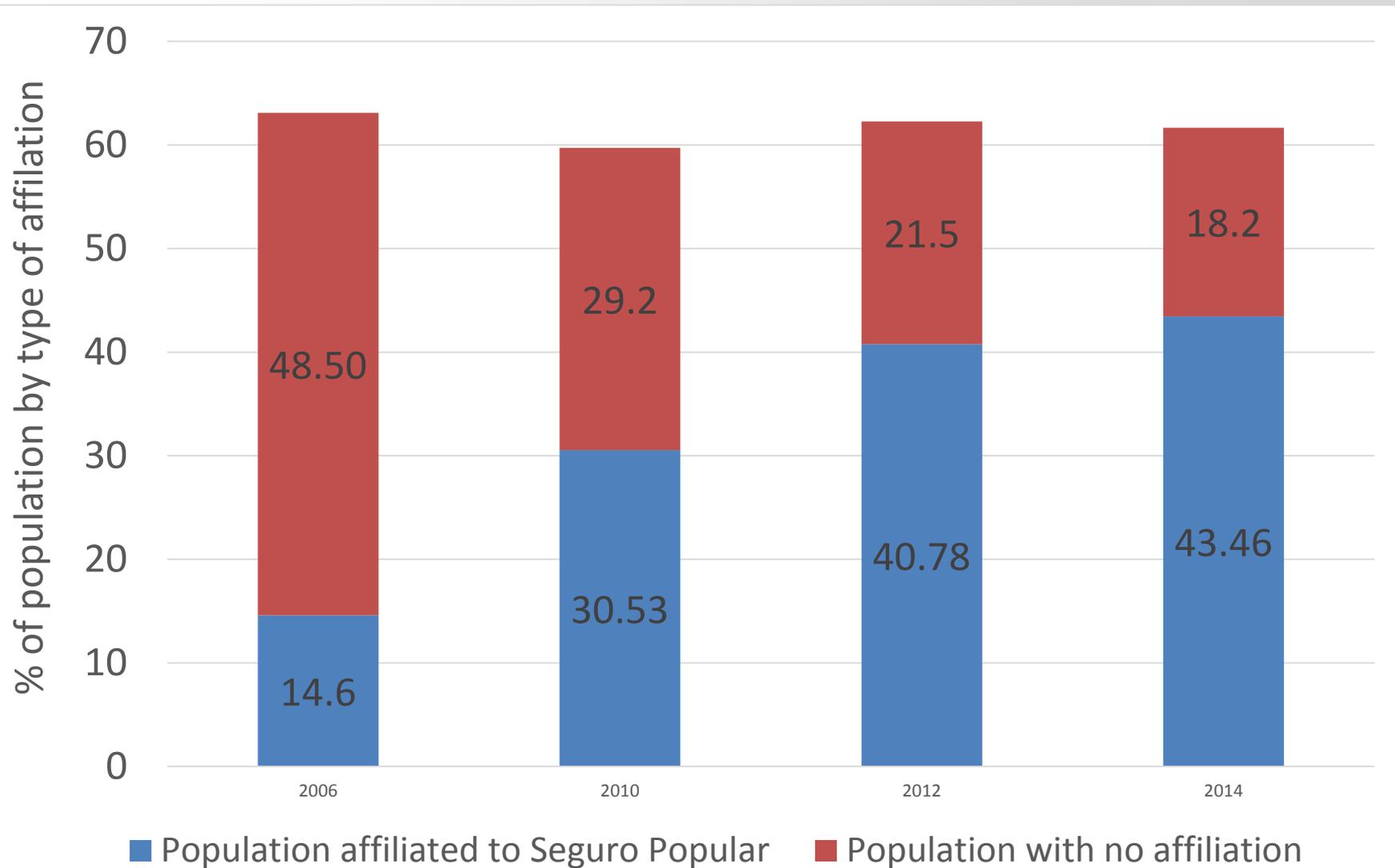


Defining an explicit benefit package was useful for estimating costs, planning, and tailoring to population needs

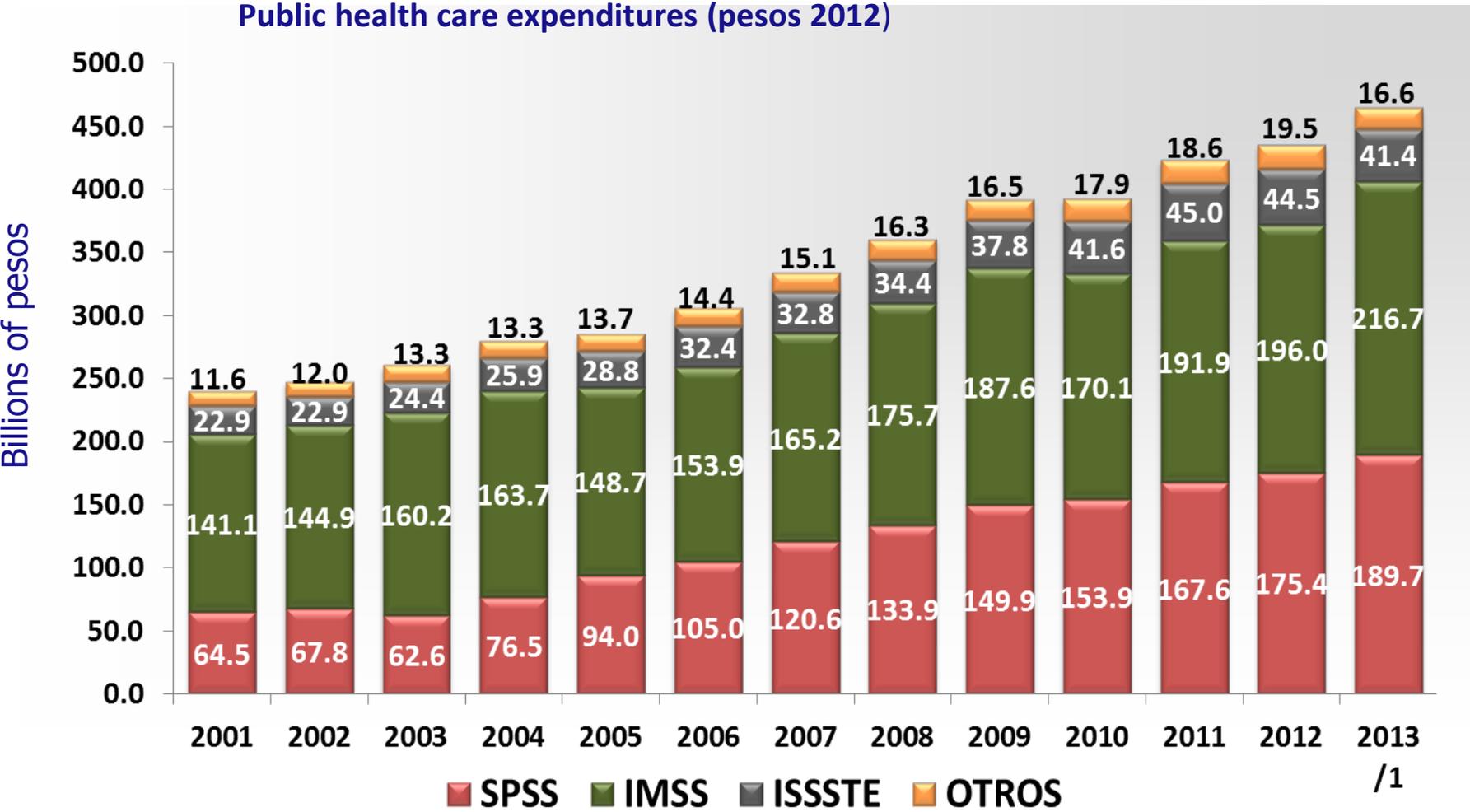


4. What did Seguro Popular achieve?

Seguro Popular has reduced the uninsured population in Mexico in the past decade

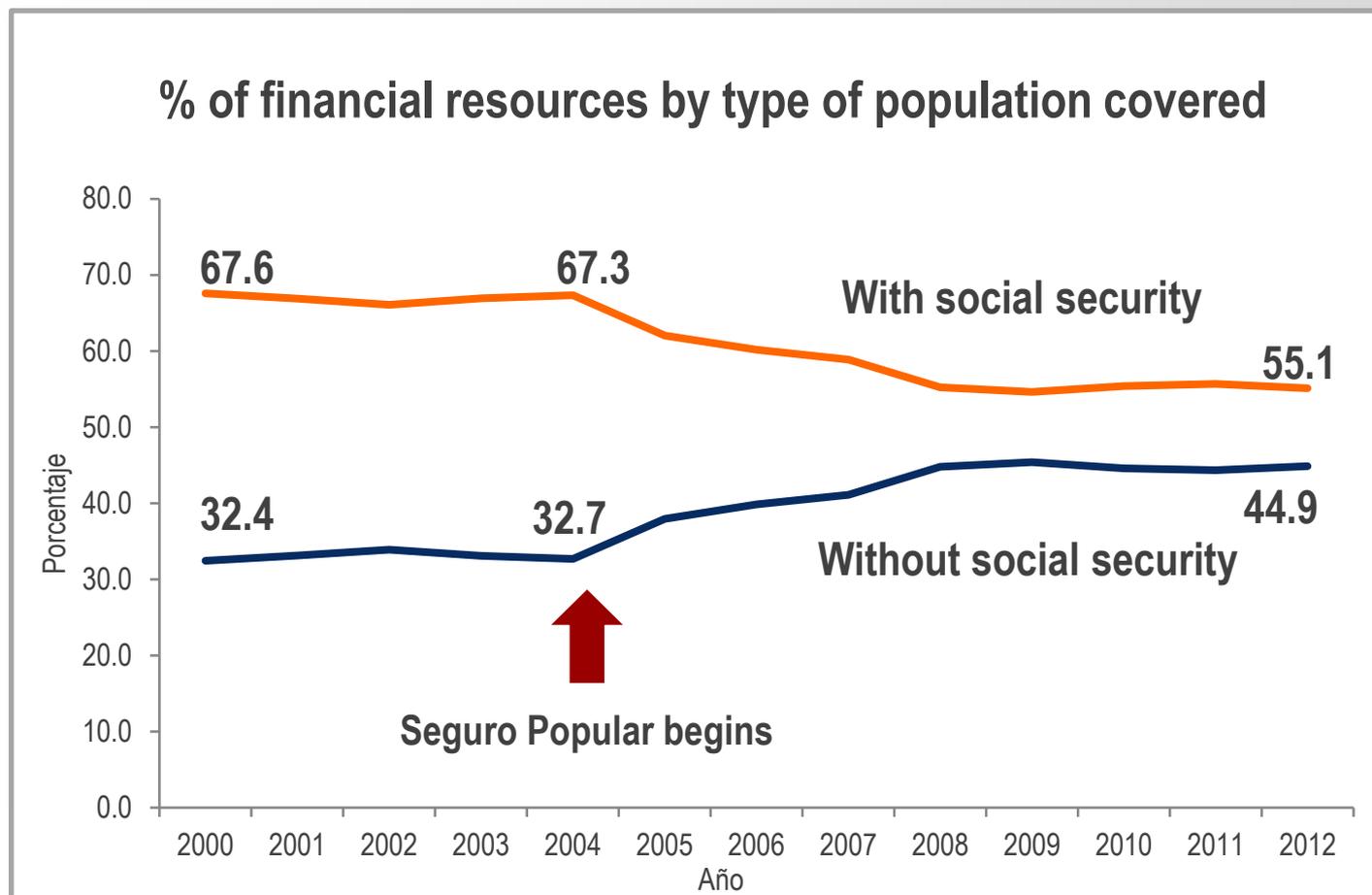


Seguro Popular increased public health expenditures



Fuente: PEF & public account /1 Budgeted

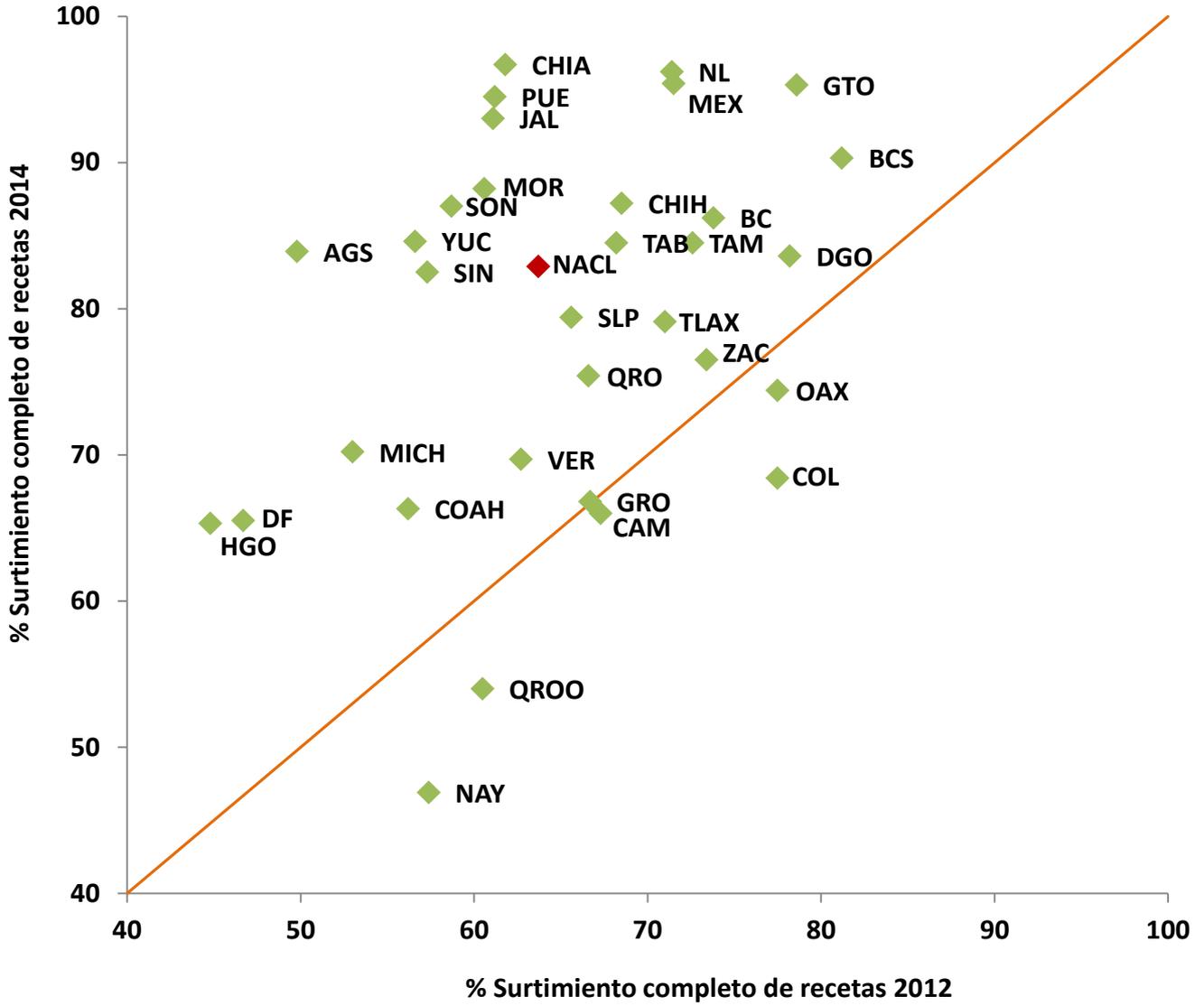
It also reduced financial inequities between public health institutions



Nota: *Para 2012 las cifras son preliminares

Fuente: Secretaría de Salud, DGIS, SICUENTAS, 2012

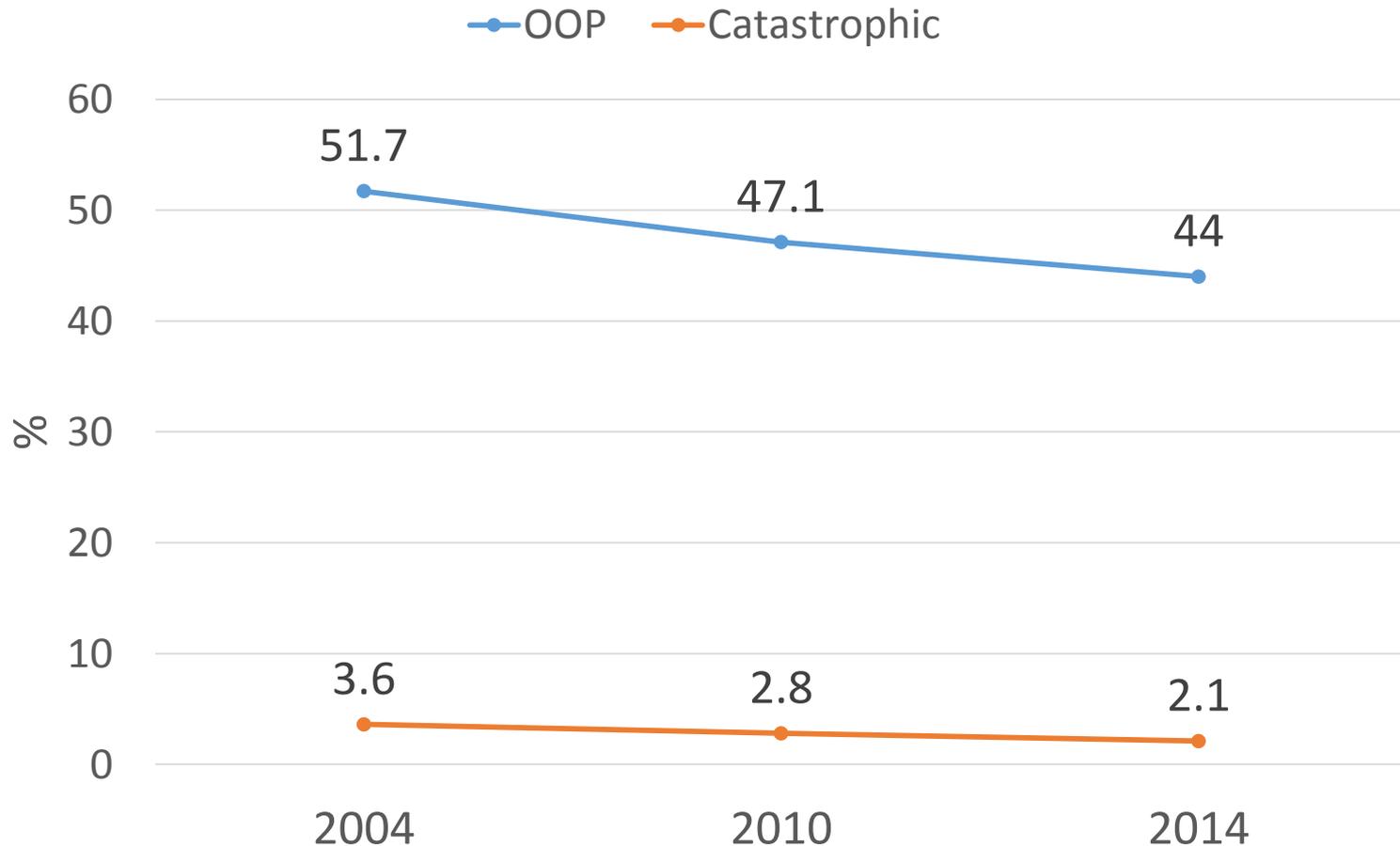
Effective access to prescribed drugs has improved in most states



25 of 32 states need to improve to achieve the 90% goal

Fuente: ENSANUT 2012. Estudio de satisfacción de usuarios del Sistema de Protección Social en Salud 2014.

Both OOP and catastrophic health expenditures have been reduced



¿Were the goals achieved?

1. Moving forward towards enforcing the right to universal health protection
2. Increasing public health expenditures gradually, fiscally responsibly, and financially sustainable
3. Providing health financial protection to everyone, specially the poor
4. **Achieving a better allocation of resources between medical care and public health**
5. **Creating incentives to meet health expectations and needs of the population**

5. What are the main challenges ahead?

To move forward, the Mexican system needs to address three key structural challenges



SALUD
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Using resources more efficiently

Ensure effective access with quality

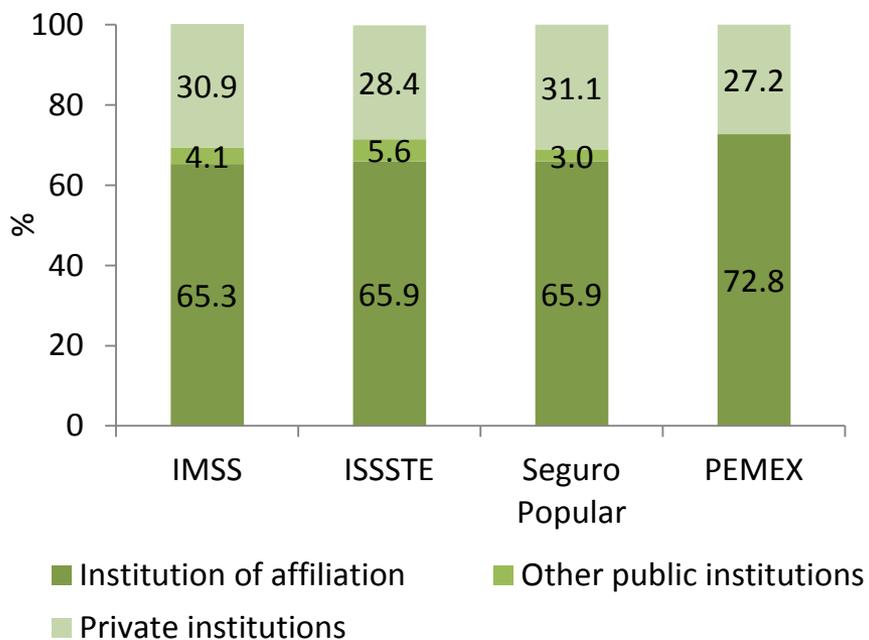
More responsive to health care needs

People use private services even if they have public insurance coverage

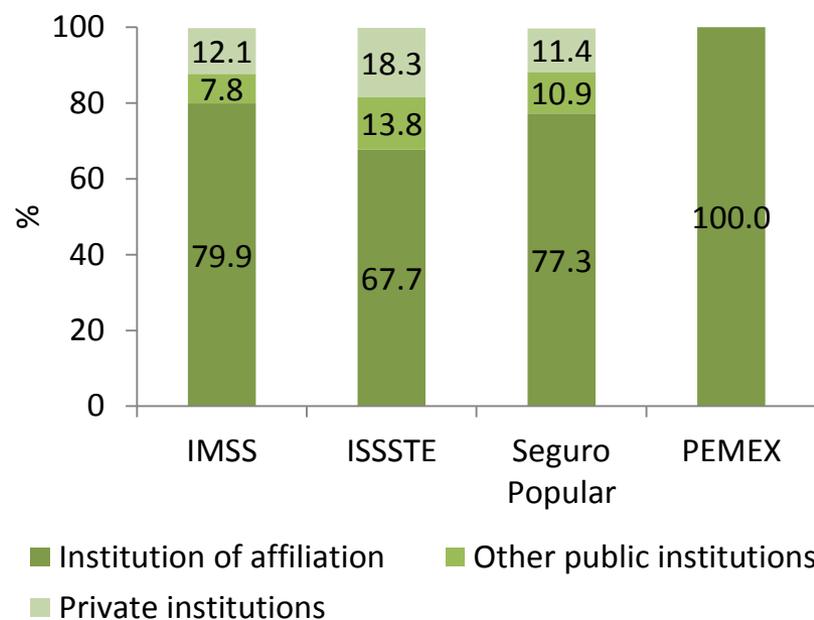


Utilization of services by affiliation, Mexico 2012

Outpatient services



Hospital services



It is essential to strengthen

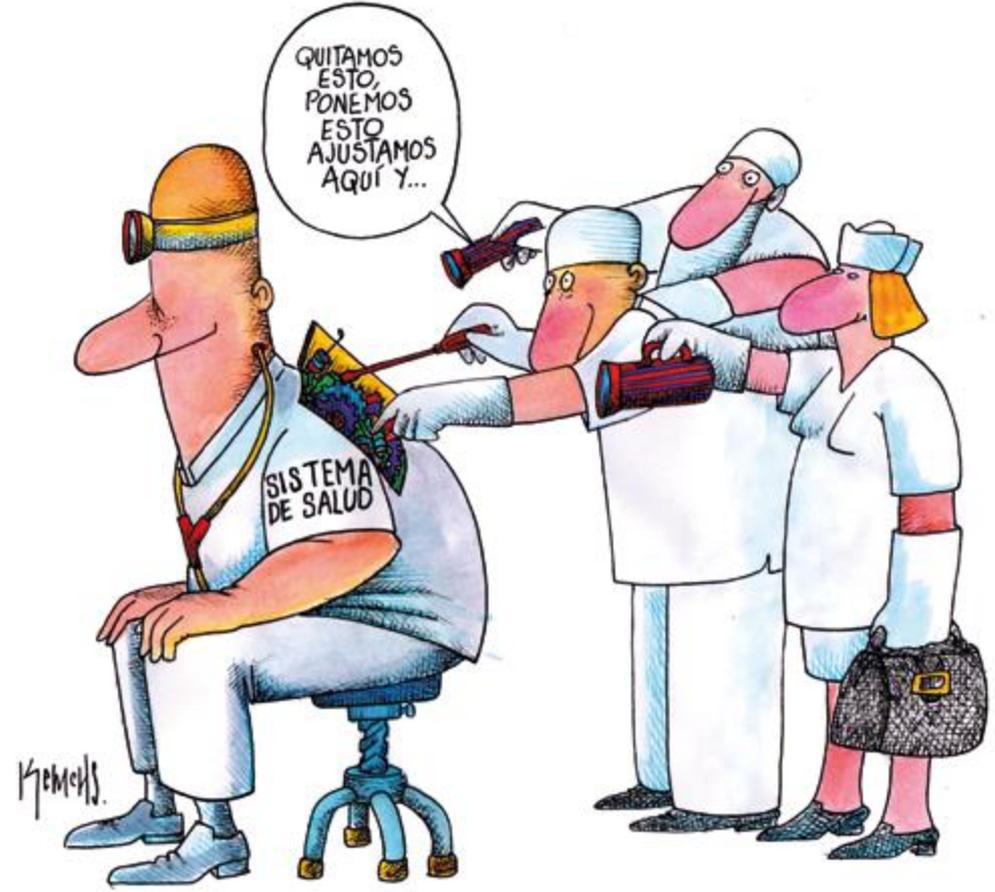
- **Effective access**
- **Primary care**

Main strategies to address challenges: the next stage of reform after Seguro Popular



| Challenges | Strategies |
|---|---|
| Using resources more efficiently | <ul style="list-style-type: none">▪ New legal framework to enforce more effective and transparent use of resources▪ Bulk purchasing of drugs at federal level to ensure resources from savings to improve health care delivery |
| Ensure effective access with quality | <ul style="list-style-type: none">▪ New autonomous federal regulatory agency to enforce quality of health care▪ Reliable and useful information systems for permanent monitoring and evaluation |
| More responsive to health care needs | <ul style="list-style-type: none">▪ Strategic purchasing of good quality care▪ Strengthen primary care thru more effective allocation of resources |

Thank you very much



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Appendix 1: Contributions

| Public insurance scheme | Contributions | | | |
|--------------------------------------|--------------------|---------------------------|----------------------|-------|
| | Shared | | State | Total |
| Mexican Institute of Social Security | Employee \$220 | Employer \$2080 | Government \$1100 | 3400 |
| Seguro Popular | Beneficiary \$0 | Federal & state \$1300 | Government \$1100 | 2400 |