



Southwest Institute for Health Disparities Research

The Mexican Healthcare System and the US-Mexico Migratory Population

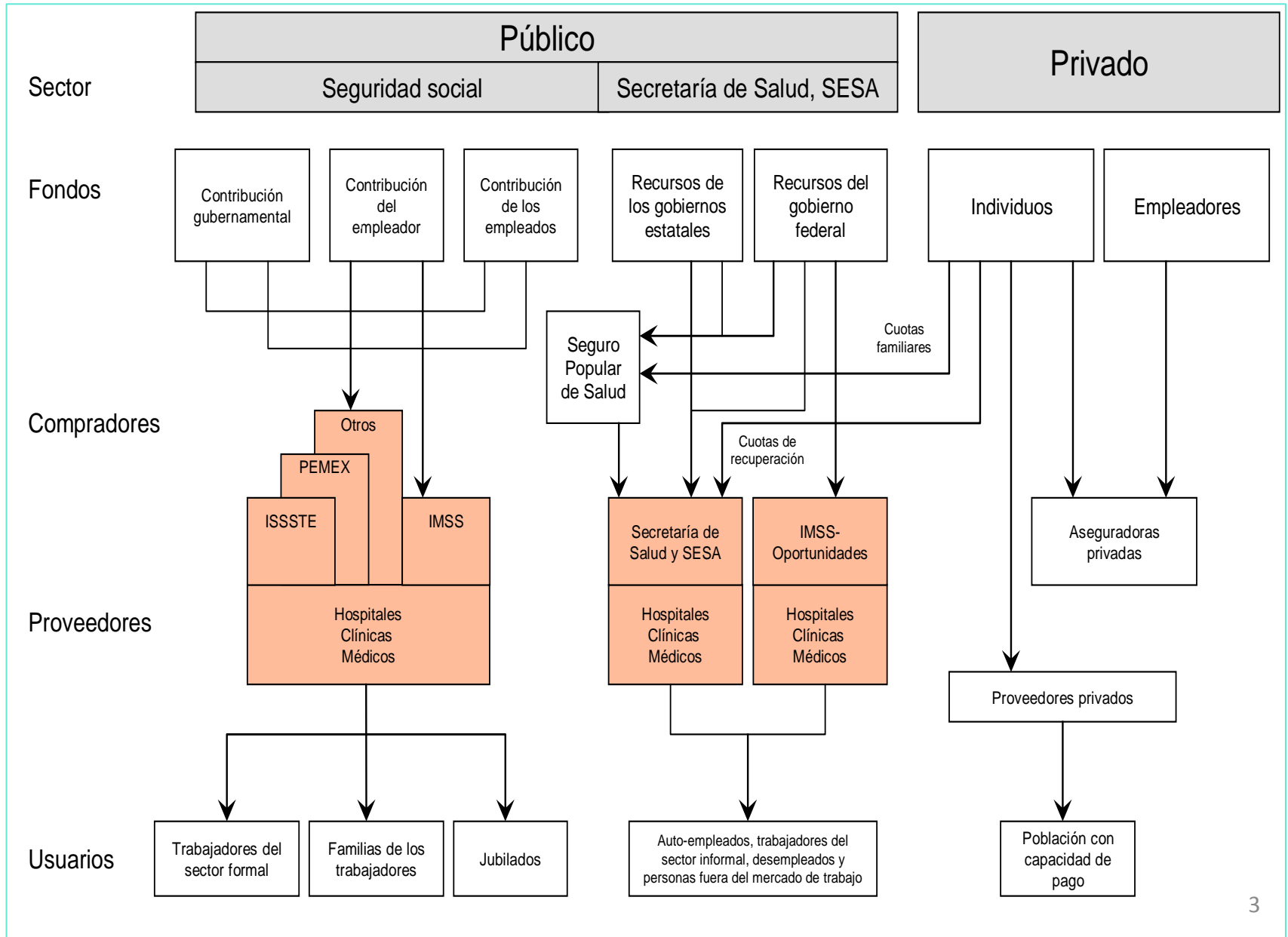
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New Mexico State University
December 2, 2016

OBJECTIVES

- **Describe the national health system of Mexico**
- **Inform academics, researchers and students in the U.S. about the health system in Mexico and increase opportunities for collaborative work**
- **Encourage research into the health status and health care needs of the mobile, transborder population**

NATIONAL HEALTH SYSTEM OF MEXICO



NATIONAL HEALTH SYSTEM OF MEXICO

In accordance with federal health law, Mexico's National Health System is administered by government agencies at the federal, state and local levels; private providers; and not-for-profit organizations

a) *Seguridad Social* / federal social security institutions (IMSS, ISSSTE, PEMEX, SEDENA, and SEMAR)

Services are provided on a prepaid basis by contributions from employers and employees and the federal government:

- IMSS (private sector, government and employees),
- ISSSTE (Federal government and employees),
- PEMEX (National Oil company and employees),
- SEDENA (Army) or SEMAR (Navy).

b) *Secretaría de Salud (SESA)*/ federal, state and jurisdictional health departments

- Provides health care to those not covered by the federal social security institutions mentioned in (a)
- Financed by resources from the federal government, state governments and individuals (sliding scale according to income level)
- A specific program that targets the underserved, “IMSS-Opportunities or PROSPERA”, is financed with federal funds and delivered through IMSS health services.

c) “Seguro Popular en Salud” (SPS) / the People’s Health Insurance Fund

- Financed by federal resources, state resources and family contributions.
- Administered by state government
- State governments use funds to contract through SESA to finance health services
- Designed to reach persons not receiving social security/health insurance and not already registered with the *Secretaría de Salud*
- SPS began in 2004, serving 5.3 million Mexicans
- As of 2015, SPS is covering 57.1 million Mexicans

d) The private sector

- Is financed out of pocket by individuals at the time they receive the services
- And by premiums from private insurance companies

Level of decision responsibility

NATIONAL HEALTH SYSTEM

NATIONAL
(SESA, IMSS, ISSSTE . . .)



STATE / DELEGATIONAL
(SESA, IMSS, ISSSTE . . .)



JURISDICTION / ZONE
(SESA, IMSS, ISSSTE . . .)

NATIONAL COORDINATION OF NATIONAL
HEALTH SYSTEM: Secretary of Health

- Each institution designs policies, programs, budget and evaluation according to the national health system



STATE COORDINATION: Secretary of Health

- Each institution designs policies, programs, budget and evaluation according to the national and state health system



JURISDICTIONAL COORDINATION: Secretary of Health

- Each institution applies federal and state policies and programs
- Coordinates health clinics and hospitals

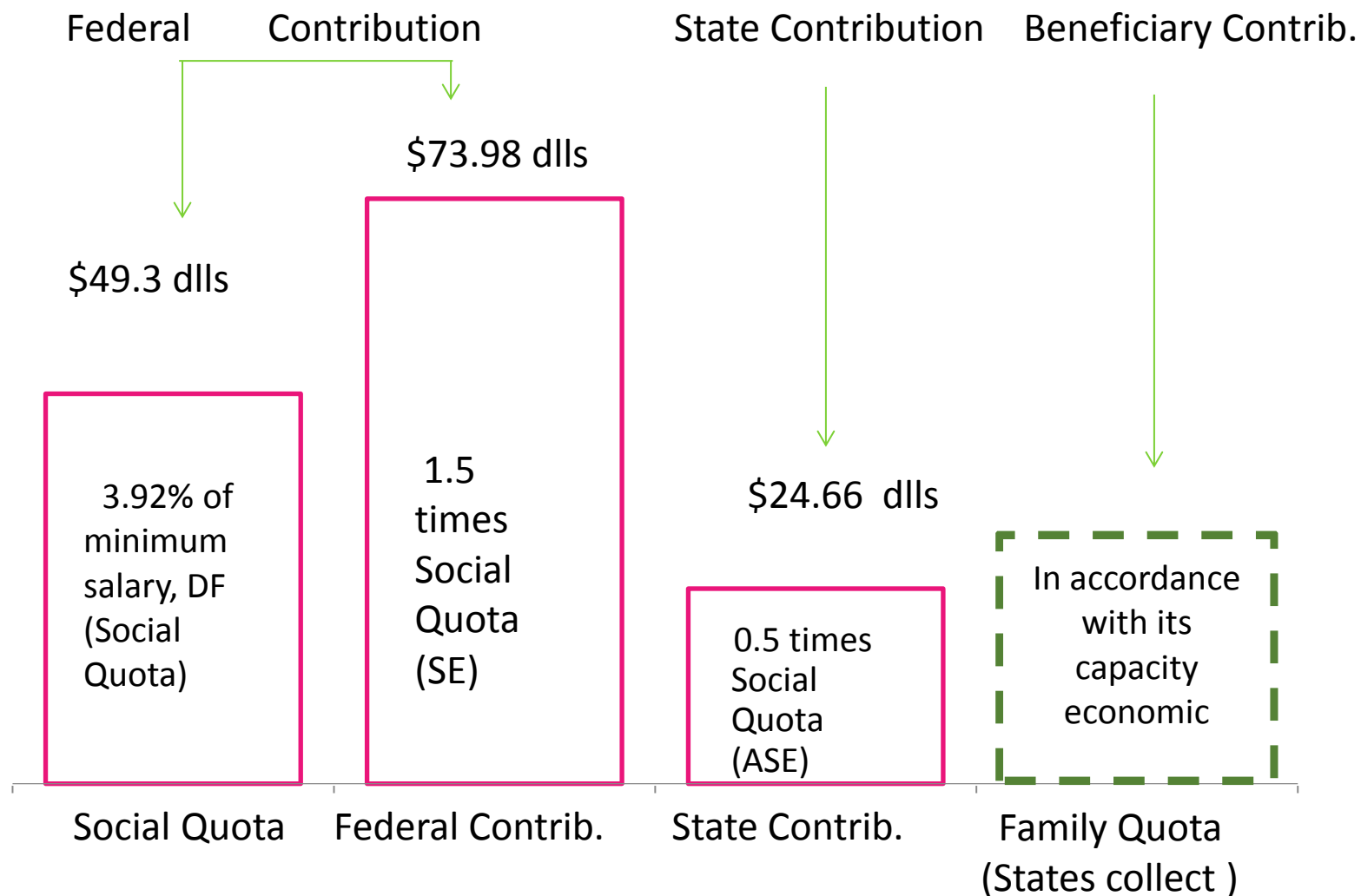
Decision and responsibility levels

The National Health System is organized by offices and institutions of the Public Administration, both federal and local.

- The Ministry of Health coordinates the National Health System, and is responsible for:
 - Establishing and conducting the national health policies.
 - Coordinating health service programs through the different agencies and institutions of the Federal Public Administration.
- The State governments will contribute in implementation of the National Health System, within the limits of their territories and in coordination with the Secretary of Health (SESA).
 - The State governments will plan, organize and develop state health systems in their corresponding territory subdivisions, procuring their programmatic participation in the National Health System.

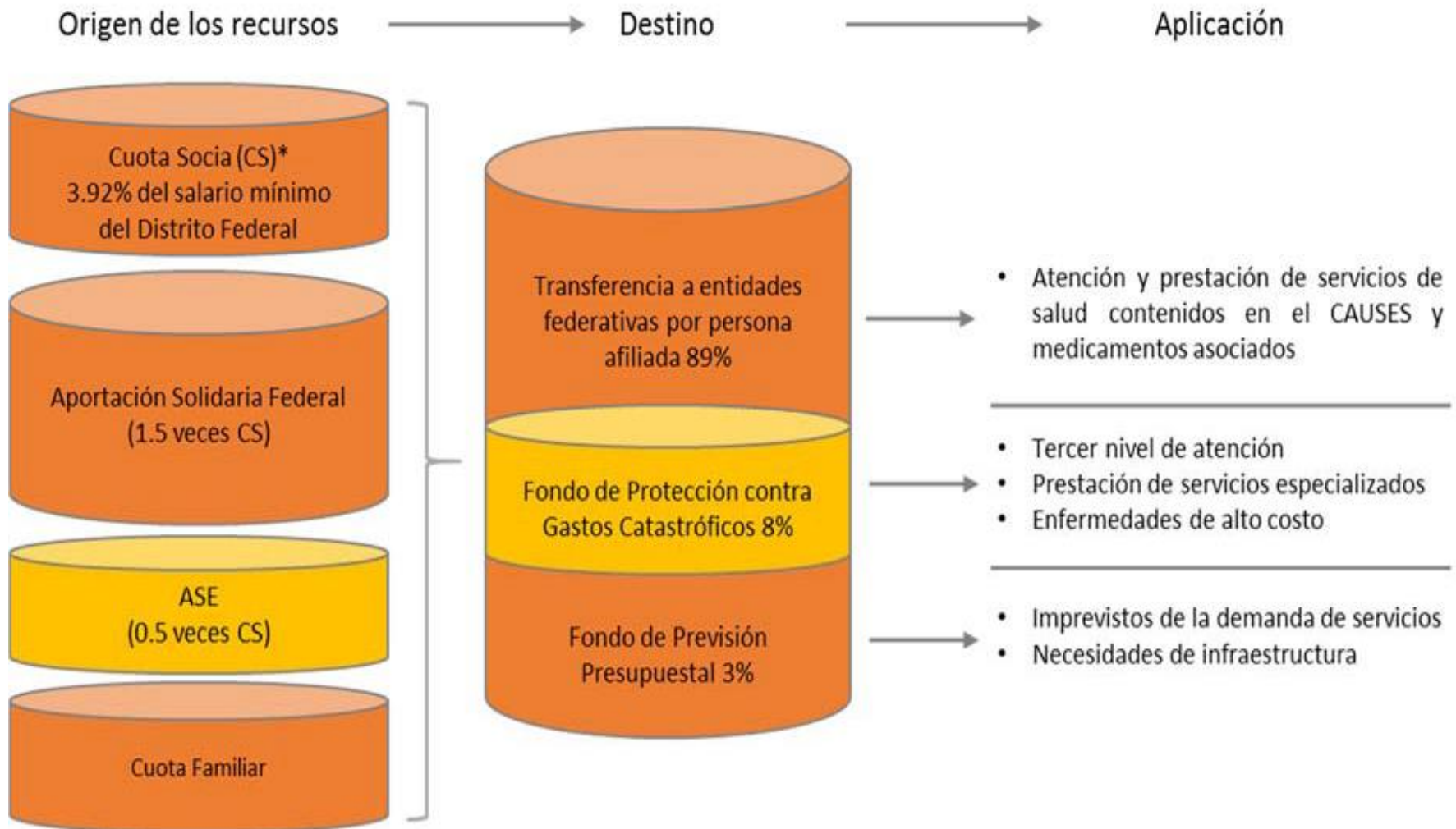
Financing of Seguro Popular de Salud (SPS)

Annual contribution per person, 2015

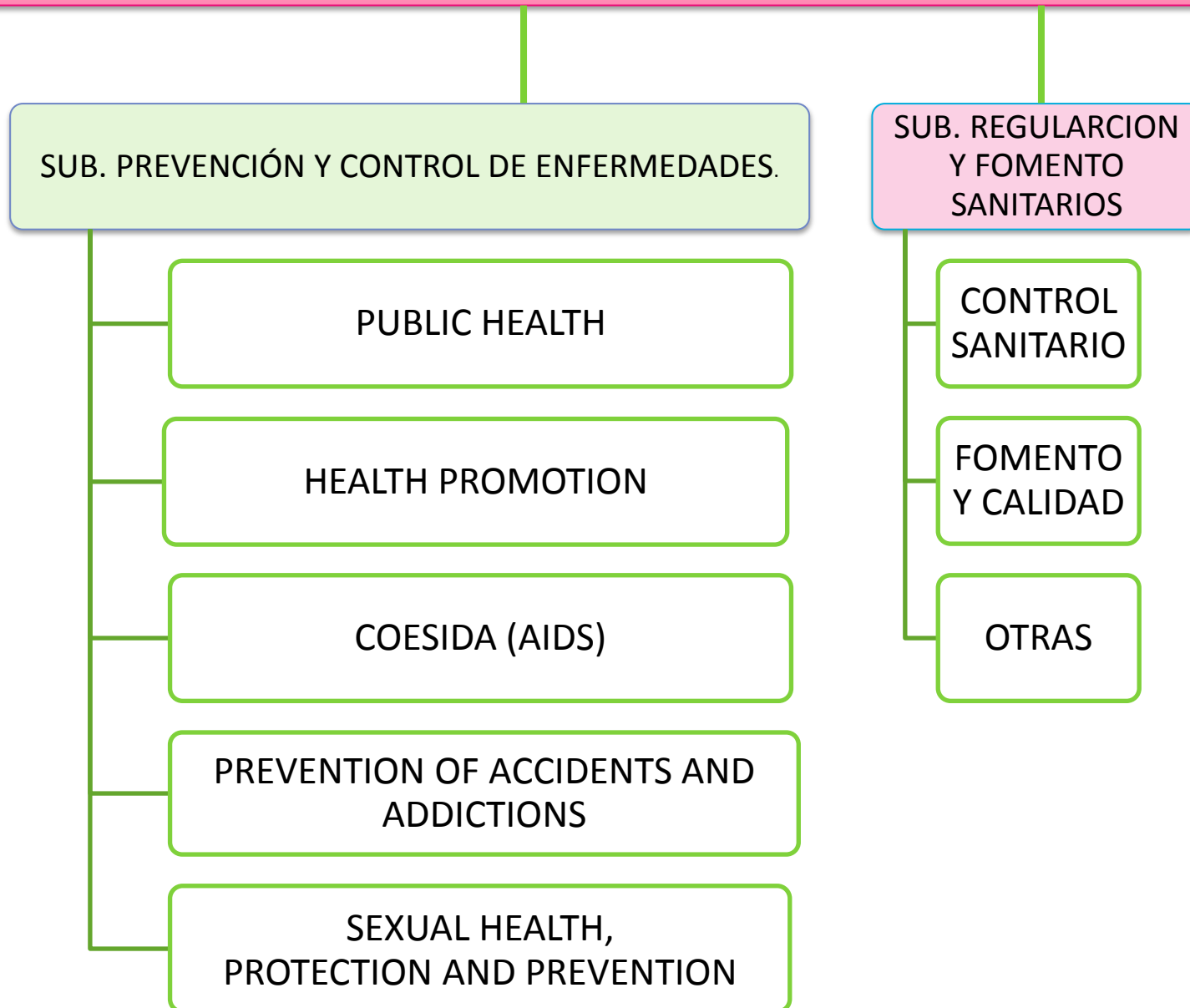


Source: Health Law.

Origin and application of financial resources, Seguro Popular (SPS)



SECRETARIA DE SALUD DE NUEVO LEON (SESA)



**SECRETARIA DE SALUD DE
NUEVO LEON**
**DIRECCIÓN GENERAL DE SERVICIOS
DE SALUD**

**DIR. ENSEÑANZA E
INVESTIGACIÓN**

DIR. ADMINISTRATIVA

**DIR. SALUD Y
BIENESTAR**

DIR. PLANEACIÓN

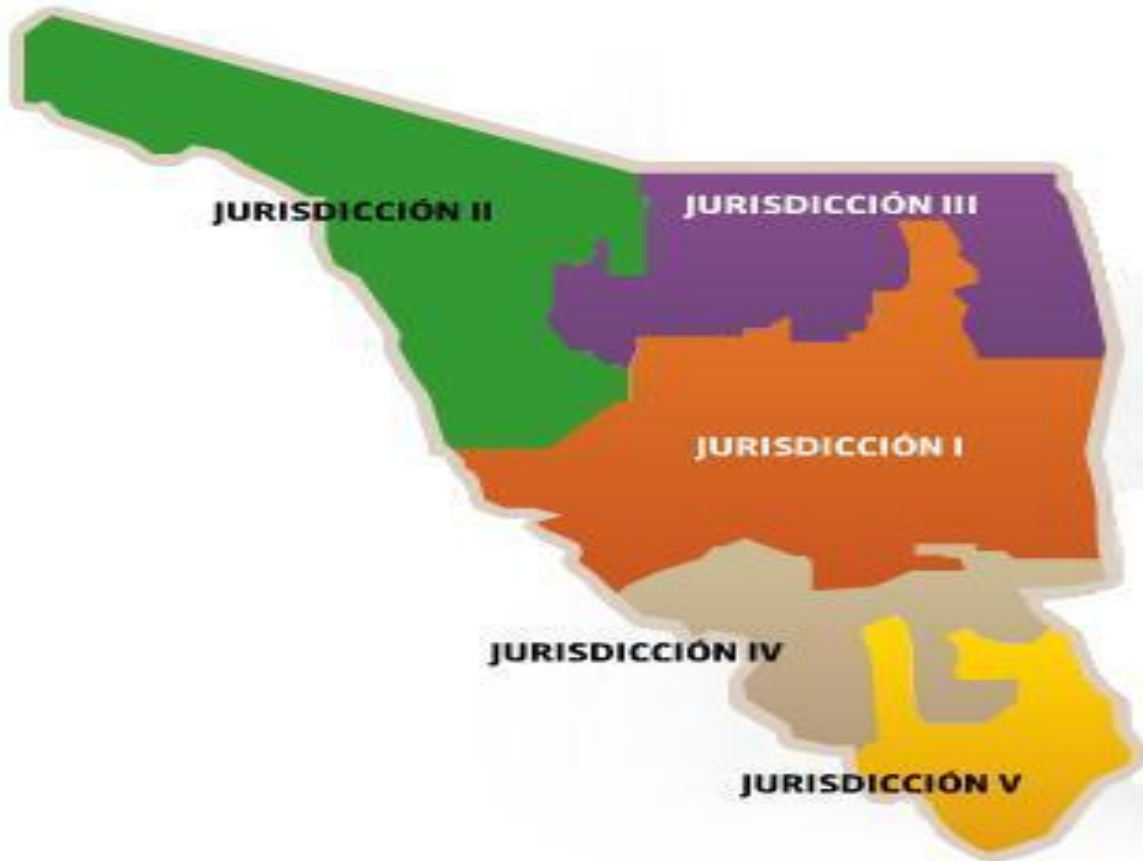
**DIR. PROTECCIÓN
SOCIAL EN SALUD**

**DIR. JURISDICCIONES
SANITARIAS**

**DIR. SALUD MENTAL
Y ADICCIONES**

DIR. JURIDICA

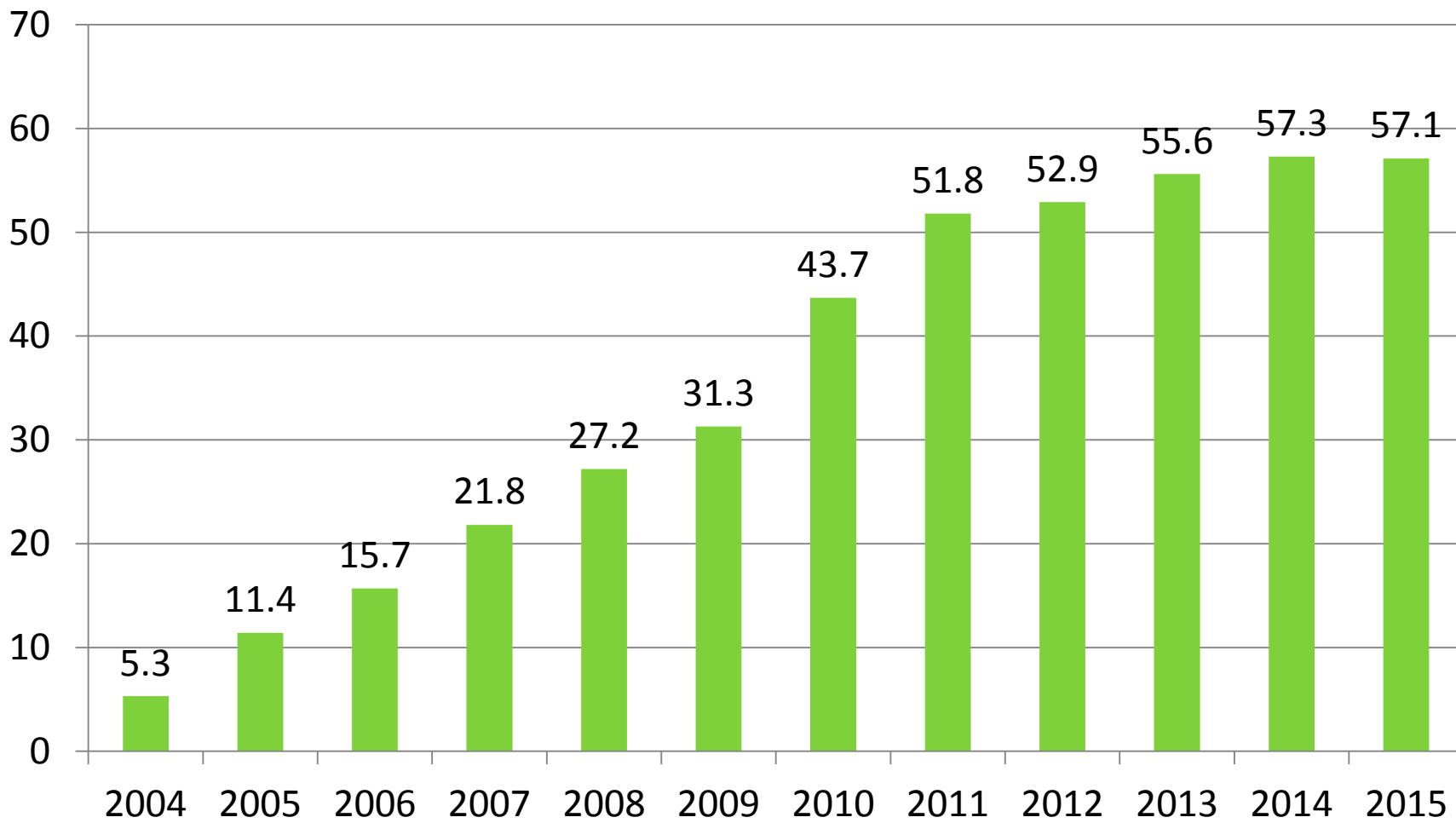
Jurisdictional Divisions State of Sonora



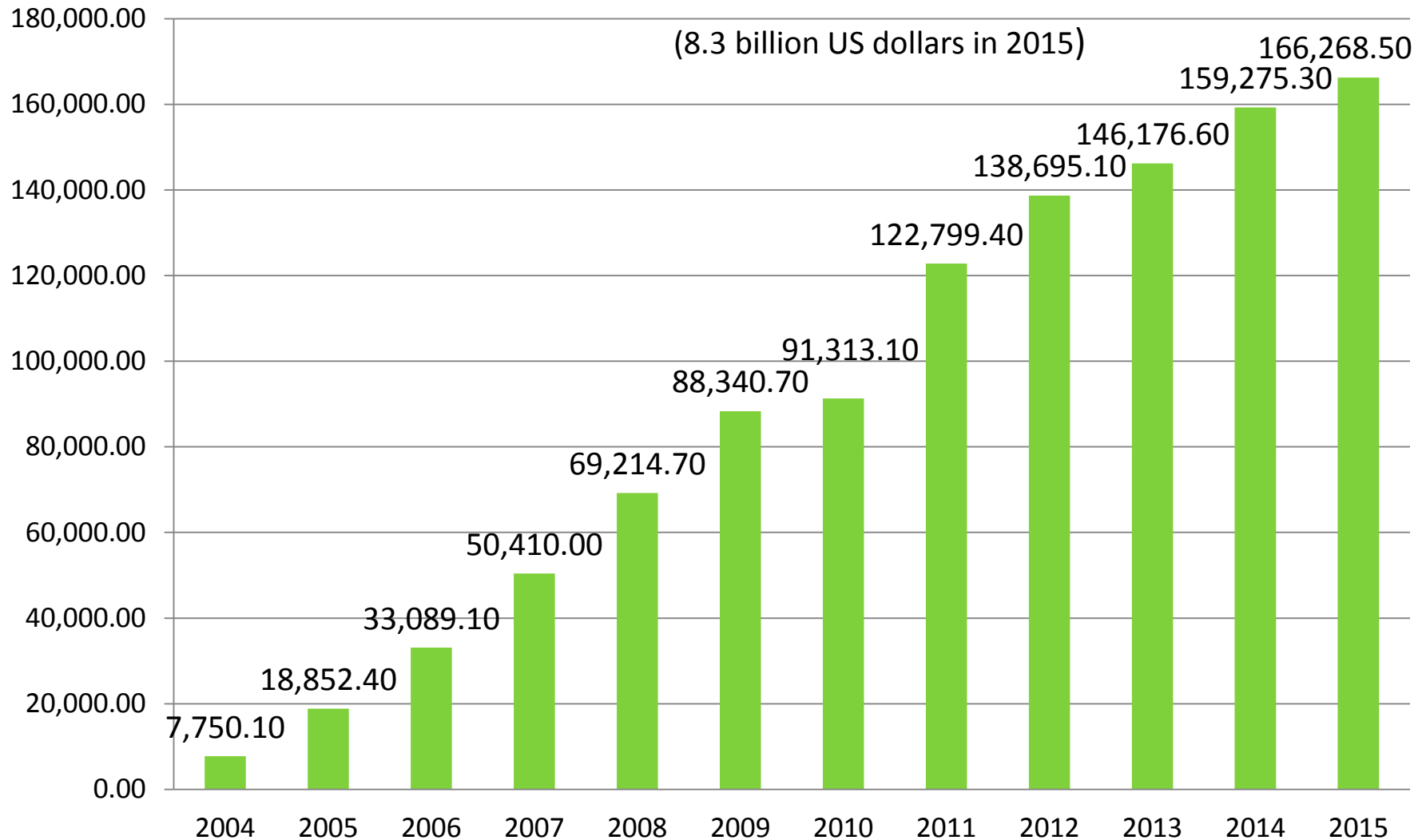
STRUCTURE OF THE HEALTH JURISDICTIONS

Jefe	Cd. Juárez Chihuahua
Jurisdiccional	Dr. Juan Noé López Soto
2	Coordinator of health services
3	Coordinator of epidemiology
4	Coordinator of preventive medicine
5	Coordinator of reproductive health
6	Coordinator of child and adolescent health
7	Coordinator of administration
8	Coordinator of planning and sectors
9	Coordinator of training and teaching
10	Coordinator of Seguro Popular
11	Head of information and public relations

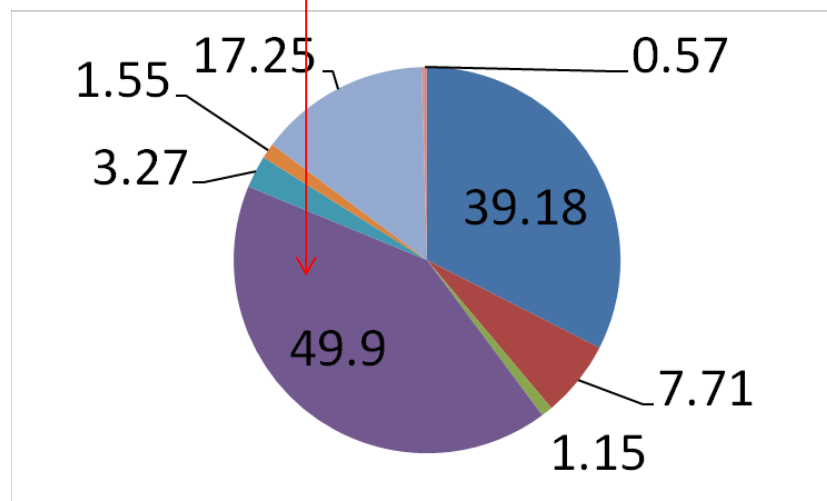
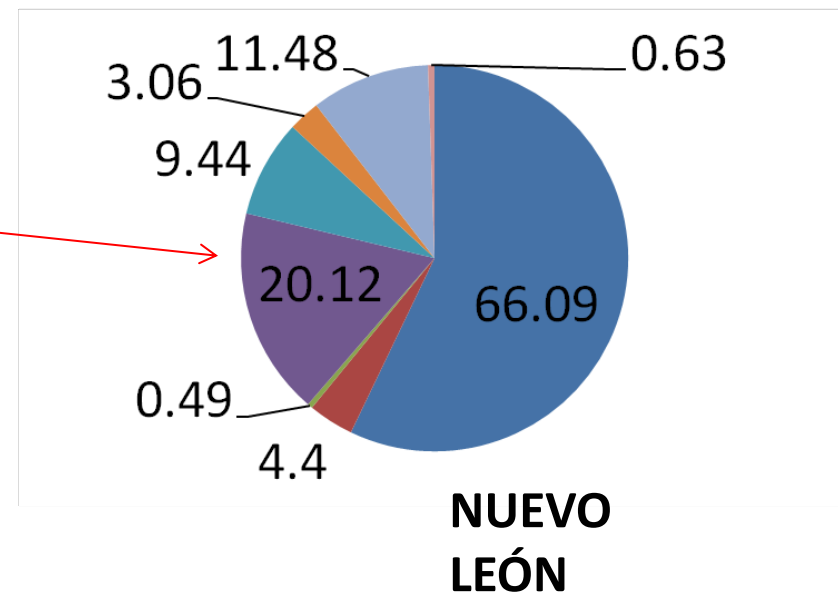
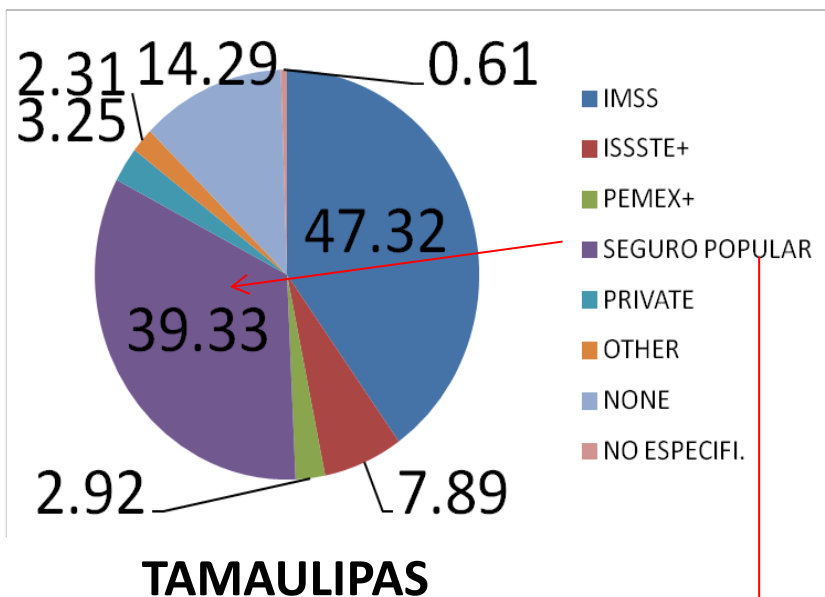
Coverage of Seguro Popular de Salud (SPS), 2004-2015 (Millions of people)



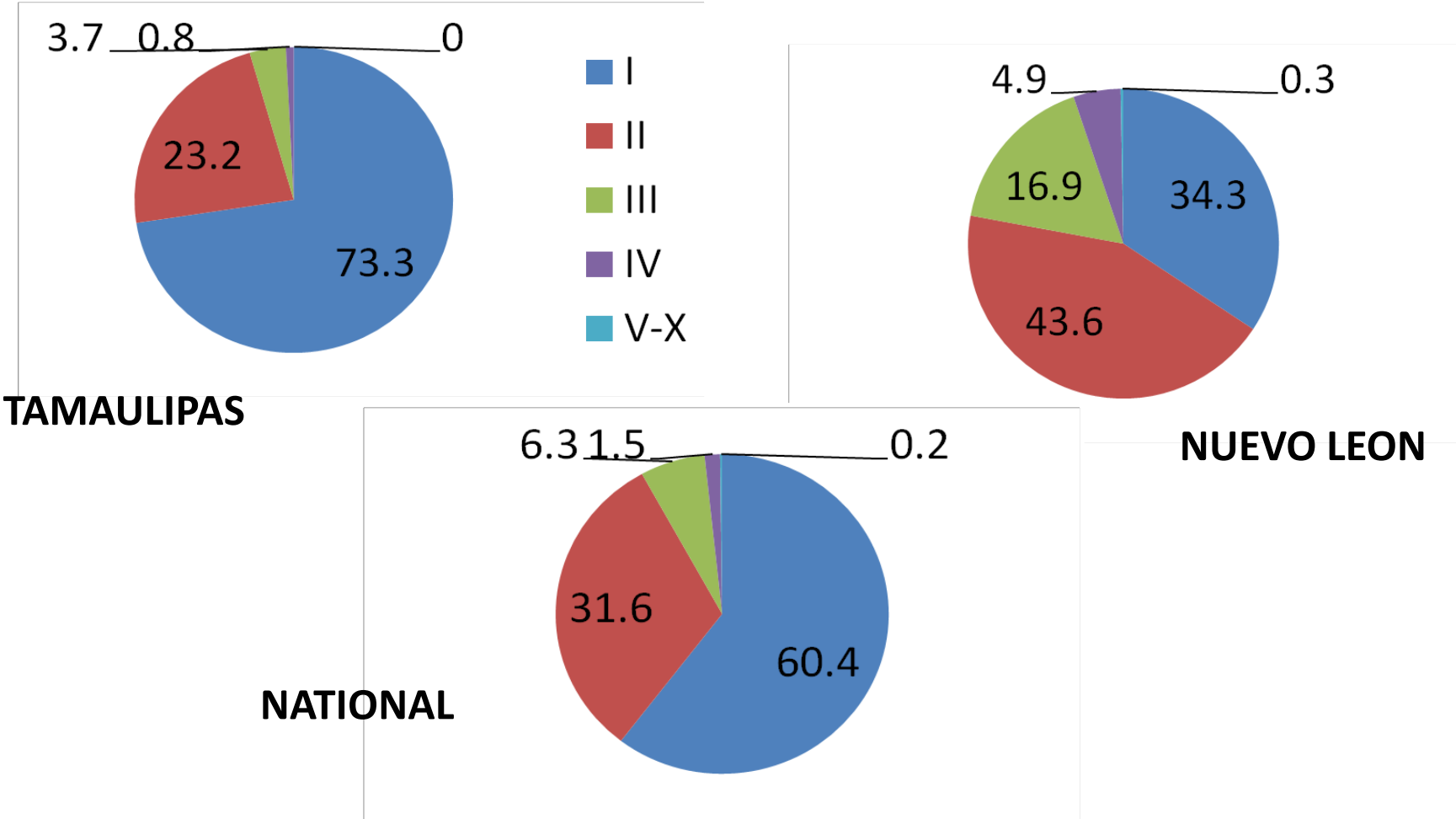
Budget of Seguro Popular de Salud (SPS) 2004-2015 (millions of pesos)



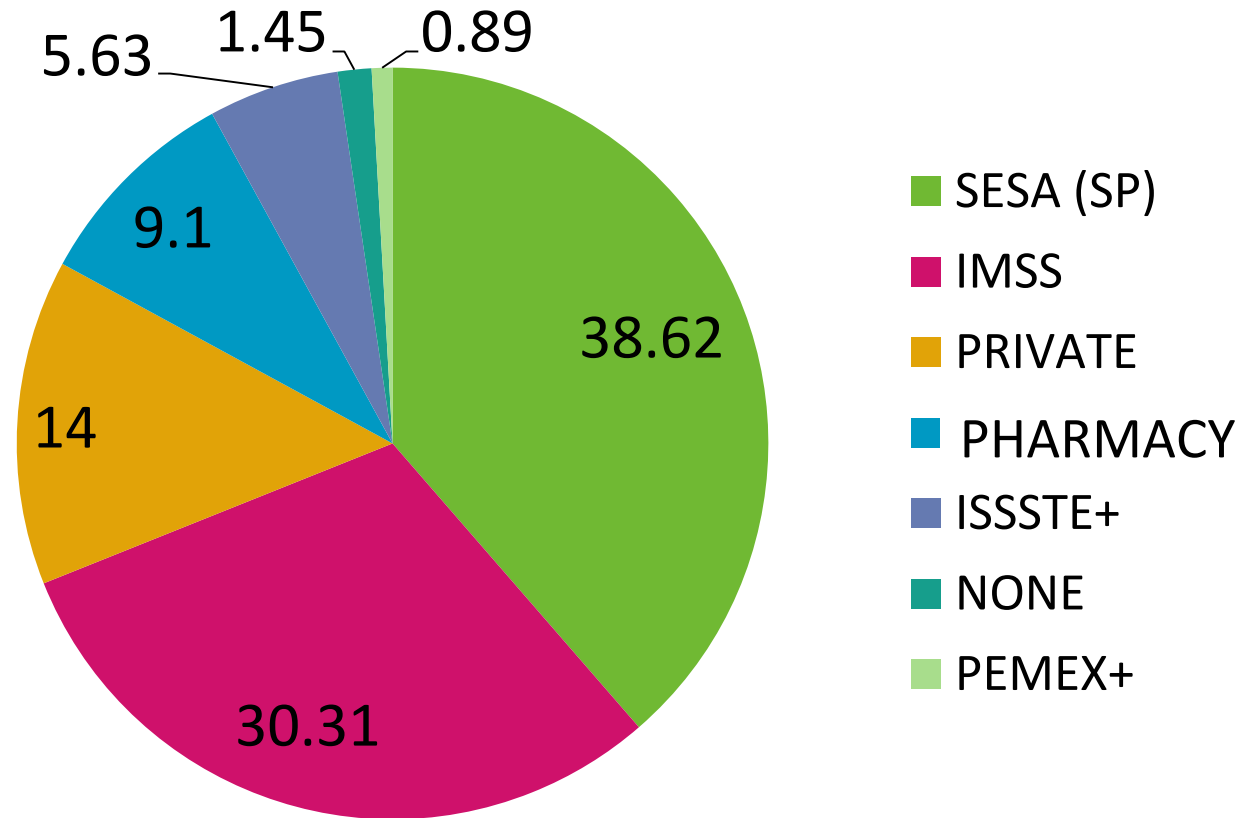
% Distribution of population by health insurance/provider affiliation and state



% Distribution of population of Seguro Popular de Salud (SPS) by income decile and state



% Distribution of last health institution used, national population



Source: Intercensal Survey. INEGI. 2015.

Summary

- The Mexican health system has achieved high coverage. However, there are important issues yet to resolve:
 - Inequality and lack of access to health services among rural, marginalized and indigenous populations
 - Variable quality in basic health services
 - Duplication in services due to poor coordination (People share IMSS & ISSSTE; ISSSTE & PRIVATE; SESA & OPORTUNIDADES)
 - Under appreciation for Seguro Popular in some cultural subpopulations, who continue to spend resources on private health care services

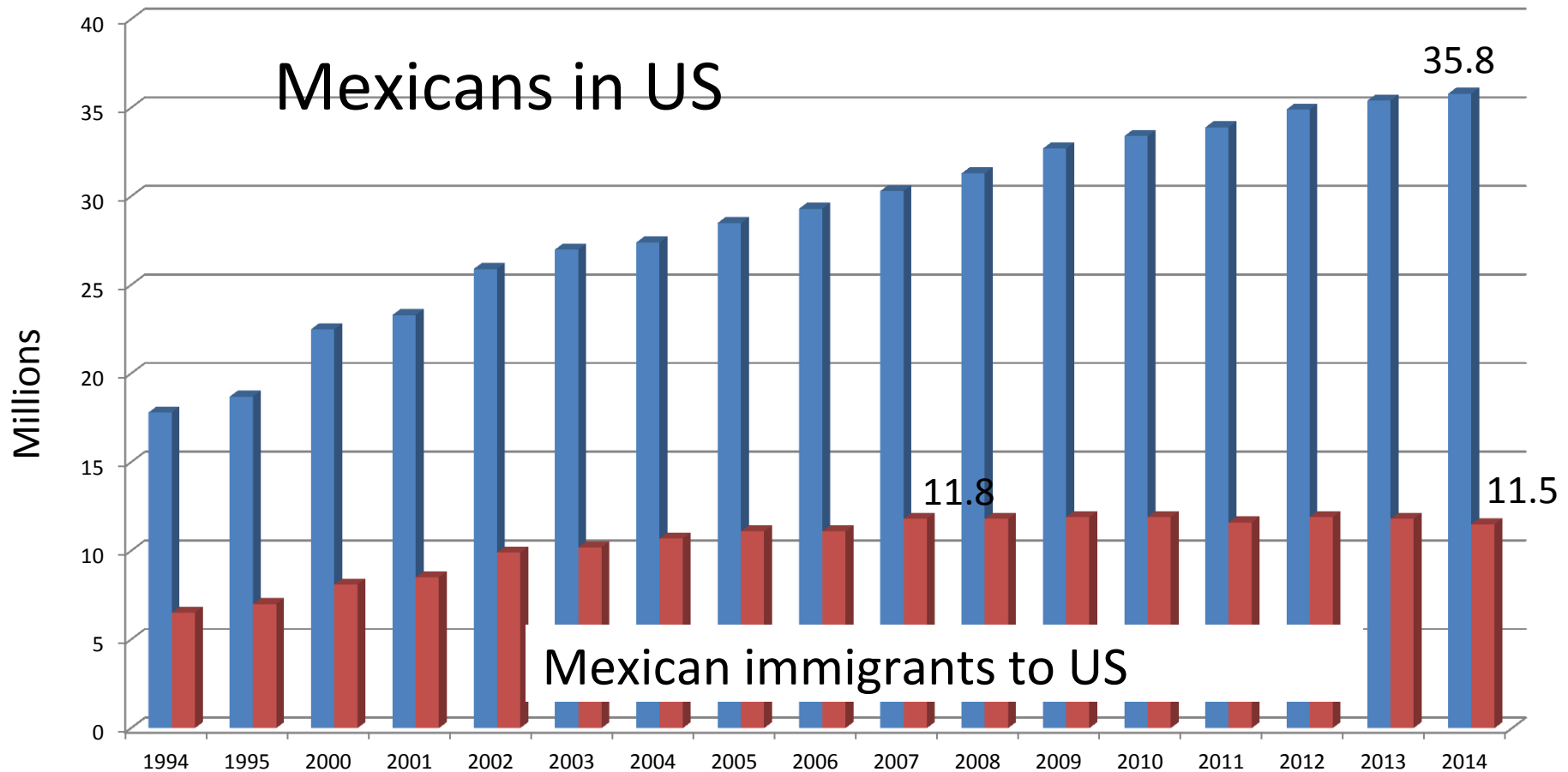
POPULATION MOBILITY AND HEALTH

Mobility and Health in the Migrant and Border Populations

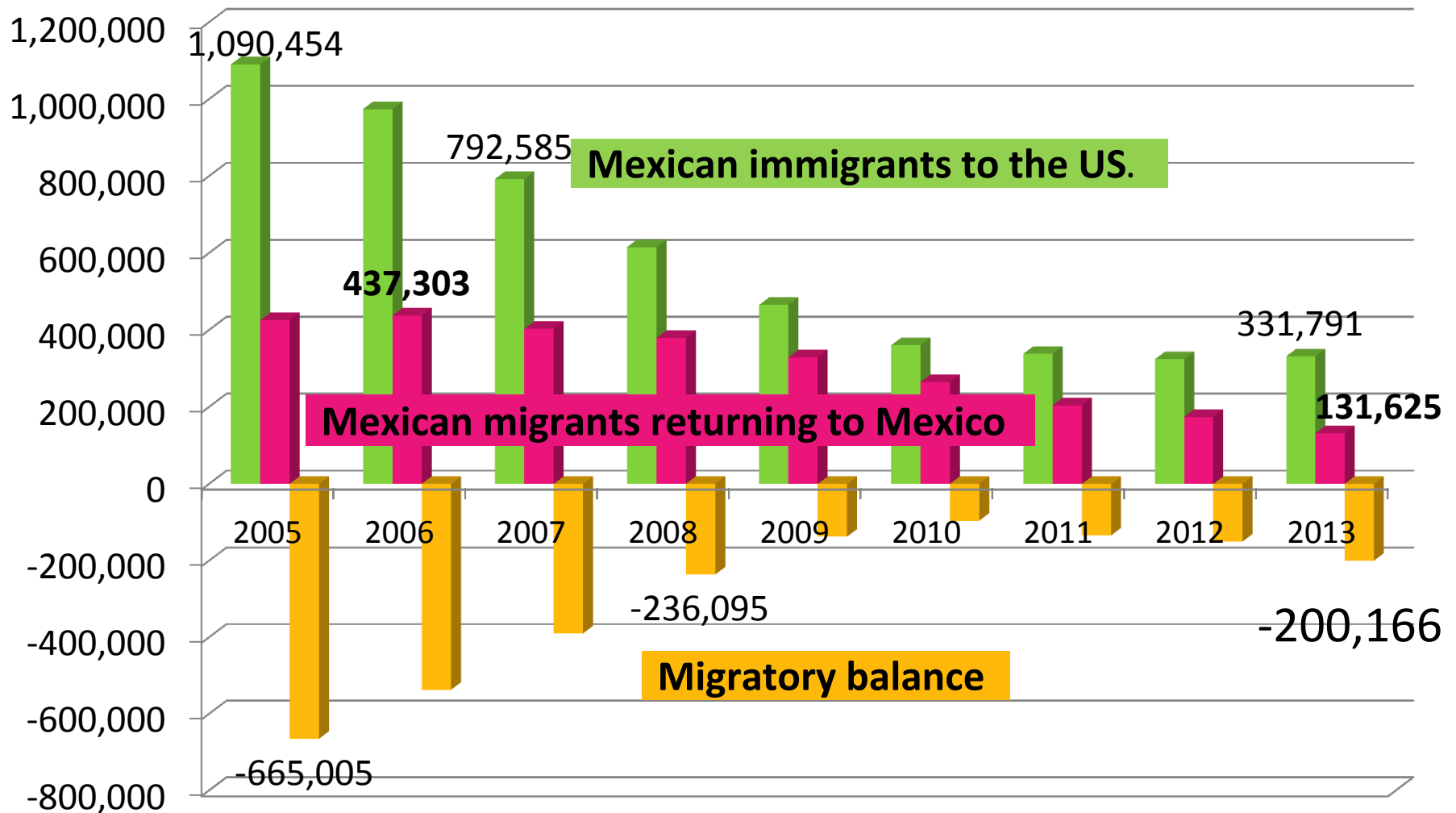
- We have information on migration patterns and population dynamics, but little on health in migrant populations.
- 4 of 10 Mexicans in the US do not have health insurance (CONAPO)
- Mexican and US residents cross the border daily in search of health services, including reproductive health and childbirth services, but we know little about these patterns
 - In addition to Mexican migrants, 100,900 Central American are returned by US migration through Mexico.
 - Refugees in Mexico (Central American and Haitian) are looking to pass to US
 - Many other migrant flows, including laborers, tourists, and others with unknown health care status and needs

Mexicans and Mexican immigrants in the U.S.

- Mexican immigrants to US decline; half are estimated to be undocumented (otro flujo)

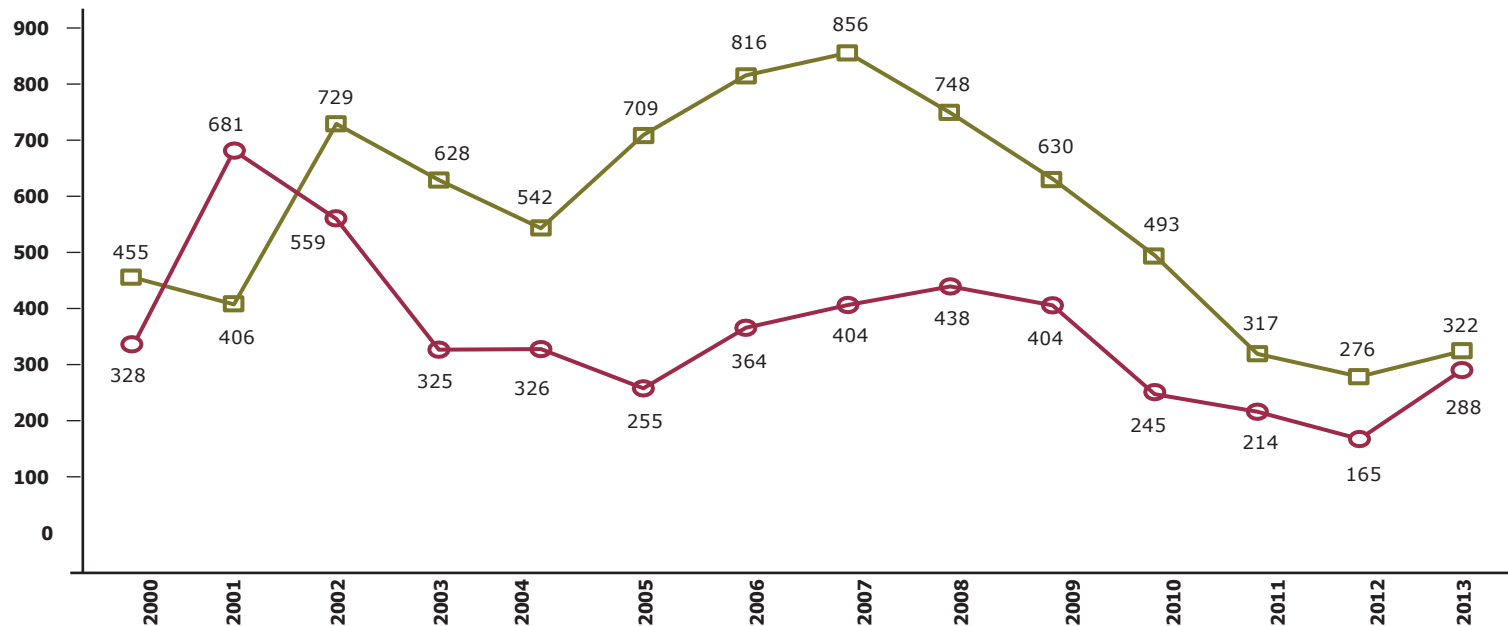


Balance of international migration flow in Mexico,* 2005-2013



*Source: CONAPO. Yearbook of migration and remittances. Mexico 2015

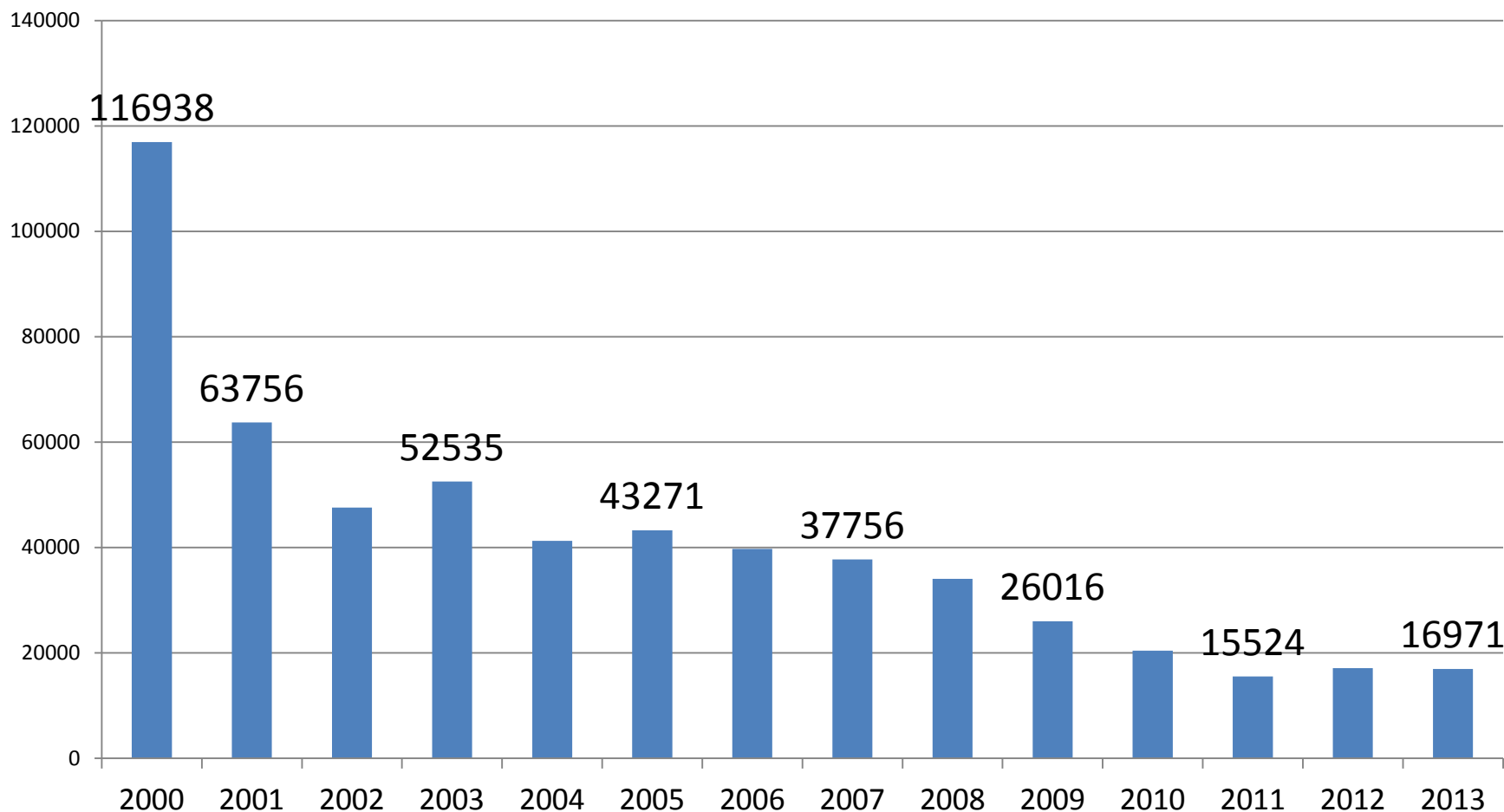
Overland labor migration flows Mexico-U.S., 2000-2013 (thousands)



■ Migrants to US from the south

○ Returning migrants to Mexico from the US

Events of repatriation of Mexican migrant children from the United States, 2000-2014*



Summary and recommendations

- ✓ The Mexican migrant population has the right to health services but some groups lack access or do not know how to access them
- ✓ The population of the region moves from one country to another with special health care needs, but services do not follow. Each country serves their own. Portability in some basic services is needed.
- ✓ Migratory flows have not incorporated the needs and information of the migrant health and reproductive health: of labor migrants, returnees, refugees, undocumented and those looking for lower cost services
- ✓ Bi-national working groups could form to clarify the problem and make recommendations.

iiii GRACIAS THANK YOU iiii

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