Immunization and health insurance in Mexico: lessons from a fragmented system
1. Overview of the fragmented health system

2. Immunization, a national health policy

3. Key functions for immunization

4. Challenges for improving performance

5. Lessons from Mexico
1. Overview of the fragmented health system
Six separate insurance institutions vertically integrated, provide differential access, coverage, and prices to its segmented population based on their employment status.
Seguro Popular was created because it was unfair that half of the population was not protected by a public insurance scheme.

<table>
<thead>
<tr>
<th>Year</th>
<th>Social Security</th>
<th>Assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1943</td>
<td>Social security</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Formal workers &amp; not poor</td>
<td></td>
</tr>
<tr>
<td>2003</td>
<td>IMSS, ISSSTE &amp; other SSI</td>
<td>Seguro Popular</td>
</tr>
</tbody>
</table>

The 12% not covered by any public health insurance scheme is either young people who don’t affiliate or people living in highly deprived areas with no access to health care services.
Seguro Popular increased public expenditures on health for its targeted population

SPSS: Seguro Popular
It also reduced financial health inequities with social security insurance schemes.

Public spending on health (%) by type of population covered

- **With social security**
  - 2000: 67.6%
  - 2012: 55.1%

- **Without social security**
  - 2000: 32.4%
  - 2012: 44.9%

*Seguro Popular begins*

Nota: *Para 2012 las cifras son preliminares*

Fuente: Secretaría de Salud, DGIS, SICUENTAS, 2012
However, it has not reached its target population and has not addressed the fragmented structure of the health system.

<table>
<thead>
<tr>
<th>Population</th>
<th>Without social security</th>
<th>With social security</th>
<th>Private insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Affiliated population(%)</td>
<td>uninsured</td>
<td>Seguro Popular</td>
<td>Private job</td>
</tr>
<tr>
<td>12</td>
<td>43</td>
<td>33</td>
<td>5</td>
</tr>
<tr>
<td>Spending per capita</td>
<td>$100</td>
<td>$170</td>
<td>$180</td>
</tr>
</tbody>
</table>

Source: World Bank, 2018
2. Immunization, a national health policy
Immunization has had an important contribution in reducing infant mortality in the past 25 years.
All Mexicans are entitled to routine vaccines free of charge

- Immunization is a national health policy
- All plans provide the same vaccines
- Currently, it includes 17 vaccines that protect against 15 diseases
Coverage ranged from 96 to 64 percent in 2017 across the 32 Mexican states due to varying degrees of operational capacity, resources allocated and accurate information.
Except for some exceptions, states with fewer nurses were the same with lower immunization rates.
States with lower fully covered drugs were not necessarily those with lower immunization rates.

Full prescription drug coverage by state, 2006

- Sinaloa
- Yucatán
- Aguascalientes
- Chihuahua
- Nayarit
- Campeche
- Tabasco
- Guerrero
- Baja California
- Nacional
- Veracruz
- Querétaro
- Puebla
- México
- Quintana Roo
- San Luis Potosí
- Hidalgo

63: National
Between 2012 & 2016, 10 states failed to reach the national goal of 90 percent coverage

Full scheme coverage rates for children less than 1 year old

Source: Health of the Mexican Population, MOH, 2016
3. Key functions for immunization
Each public health insurance finances, procures, and delivers immunization services separately.
Seguro Popular finances, CENSIA procures vaccines & the 32 State Health Services delivers them

On average, $170 million annually are allocated for immunization

CENSIA: MOH federal agency the stewards and finances immunization
Despite having an instrument for monitoring resource allocation for immunization, outcome indicators suggest underperformance in several states.

- Operating cold chains (%) by state, 2014
Although the procurement process is led by IMSS, each of the five social security institutions (SSI) finance & deliver immunization in their own facilities.
Different coverage rates between insurance schemes are due to higher stockouts on state health services financed by Seguro Popular.

<table>
<thead>
<tr>
<th>2013</th>
<th>National</th>
<th>Seguro Popular</th>
<th>IMSS</th>
<th>ISSSTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>FS &gt;1 year</td>
<td>84</td>
<td>81</td>
<td>96</td>
<td>94</td>
</tr>
<tr>
<td>FS &lt;1 year</td>
<td>85</td>
<td>88</td>
<td>94</td>
<td>102</td>
</tr>
<tr>
<td>DTP3</td>
<td>98</td>
<td>99</td>
<td>95</td>
<td>104</td>
</tr>
</tbody>
</table>

FS: Full Scheme

Source: CENSIA, Secretaría de Salud
Current governance and stewardship instruments are insufficient to ensure effective and timely coverage immunization rates.
Since 2013, the Federal Government through IMSS has implemented a national procurement process paying lower prices and saving money.
An integrated system is needed to have complete, reliable and timely information for planning, M&E, and coordinating better the system as a whole.
4. Challenges for improving performance
## Challenges of a fragmented system

<table>
<thead>
<tr>
<th>Stewardship</th>
<th>Financing</th>
<th>Delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of an integrated information system provide unreliable coverage rates</td>
<td>Ineffective resource tracking mechanism to fully understand expenditures</td>
<td>• Multiple and diverse purchasers challenge effective procurement and distribution of vaccines</td>
</tr>
<tr>
<td>Ineffective monitoring &amp; evaluation</td>
<td>Diversity &amp; number of purchasers hinders effective financing</td>
<td>• Diversity &amp; number of purchasers hinders effective procurement &amp; distribution</td>
</tr>
<tr>
<td>Diversity &amp; number of purchasers hinders effective planning</td>
<td>Lack of accountability provide no incentives to invest in cold chain infrastructure</td>
<td>• Global shortage of vaccines</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Reaching the most deprived zones</td>
</tr>
</tbody>
</table>
Windows of opportunity for improving performance

**Stewardship**

Scale-up the electronic immunization card may provide reliable and the complete information needed

A 2017 immunization law seeks to guarantee vaccination as a universal right & protect immunization from budget cuts

Timely planning process based on demographic and epidemiological needs, as well as the international market conditions, including exchange rates and vaccines production capacity

**Financing**

Participating in the PAHO revolving fund may increase the negotiating power in the international vaccine market and save important financial resources

A recent centralization strategy may help to be more efficient for the procurement, financing and delivery of vaccines

**Delivery**

New vaccines could be introduced and coverage expanded due to increased financing with the new law and a more efficient procurement integrated strategy
4. Lessons from Mexico
Lessons from Mexico

• Despite being an example worldwide in immunization, you should keep up with your performance on all key functions: stewardship, financing, and delivery

  ▪ Fragmentation is not good for immunization: too many unaligned purchasers hinder effective procurement & distribution

  ▪ Investing in an integrated reliable and accurate information system is key for planning, monitoring and evaluation

  ▪ To address global vaccine shortages, countries need to participate in global funds to have more negotiating power in the international vaccine market
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