11-12-2009

The Public and the Private: Insurers and Medical Attention in Mexico

S Tamez
C Bodek
C Eibenschutz

Follow this and additional works at: http://digitalrepository.unm.edu/lasm_cucs_en

Recommended Citation
http://digitalrepository.unm.edu/lasm_cucs_en/51

This Article is brought to you for free and open access by the Latin American Social Medicine at UNM Digital Repository. It has been accepted for inclusion in English by an authorized administrator of UNM Digital Repository. For more information, please contact disc@unm.edu.
Objectives: To analyze the evolution of private health insurance in Mexico during from 1986-1992, compared with the development of the insurance industry in Chile, Brazil and Argentina.

Methodology: Descriptive analytical.

Results: For authors, the Mexican State has contributed to the expansion of the private health insurance industry in the country, which has led to the deterioration of public health. To this end, the authors begin by analyzing six key aspects of state reform applied to the health sector in Mexico: a) reducing public expenditure and implementation of adjustment policies, b) tolerance to the increased presence and competitiveness of private insurers, c) increasing foreign investment and nullifying state oversight to the private sector, d) the provision of private health insurance to public employees, and e) the relaxation of the functions of insurers to increase their market under of the North American Free Trade Act.

According to the authors, between 1986 and 1992 the insurance industry grew considerably in Chile, Brazil, Argentina and Mexico. However, when comparing the development achieved in each country, the following features appeared: a) the steady increase of gross domestic product (GDP) in Chile and Mexico encouraged the growth of the insurance industry in these countries, b) in Mexico, supplementary private insurance experienced more growth than its public counterpart, c) in Argentina, there was a substantial decrease of life insurance, and d) in Brazil, the universal right to health care reform slowed down the privatization of health insurance in the country.

The authors then distinguish four moments of the evolution of the health insurance industry in Mexico between 1984 and 1991: 1) the growth of industry in respect to injury and illness issues, 2) the different social actors struggling against inequality in the process of privatization, 3) the support of government policy to private medical practices, and 4) the advance of neoliberal proposals on the agenda of health under President Ernesto Zedillo’s term.

Conclusions: For authors, the State has encouraged the expansion of privatization in health care in Mexico. They conclude that the neoliberal model contributes to the maintenance of social inequality and inequality in access to health services.