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The Effects of the Transformations of the Public Health System on Equality in Mexico, 1995-2002

N Linares

O López

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Objectives: To identify the possible effects of “reform interventions” on health equity in the states of Mexico between 1995 and 2002 and to analyze the characteristics of the inequalities and inequities in health.

Methodology: socio-epidemiological, ecological and comparative. As secondary sources of information the authors used records databases and indexes of Inequalities in Health. The analysis of inequality is made by comparing the results related to health and access to services as well as their ethical and social justice criteria.

Results: The authors show that between 1995 and 2002 the overall relative inequality increased by 30% in the states of Mexico. They state that while the relative disparity in living conditions declined 12% in 11 states, it is actually higher when incorporated in the measurement indicators for the “reform interventions”. In any case, inequality in access to health services is very high at 65% of the states.

Inequalities in health care can be identified in particular through the cumulative incidence of tuberculosis, infectious disease mortality, low life expectancy at birth, infant mortality and low average of births attended by trained personnel. But these inequalities are caused by defective decentralization of health services, low annual per capita income, the high degree of marginalization and illiteracy in some southern states, central and western country (unlike the northern states and the Federal District, which have better social security coverage, income and health expenditure). From an ethical perspective and social justice perspective, this situation did not guarantee the right to health in 2002 nor in the foreseeable future.

For authors, the deterioration of living conditions in certain regions of the country and consecutive social, economic, political and demographic polarization between states in Mexico is due to the application of neoclassical economic thinking and neoliberal ideology over the past three decades. It is corroborated by increasing impoverishment and violence, as well as increased privatization, the domination of the market economy and the growing invasion of foreign capital. In this context, interventions in health reform have led to the consolidation of two processes: 1) decentralization of public services and the creation of state health systems, and 2) the corporatization/privatization of services formerly held by the public sector. This sharpens the poor coverage and access to health services, with consequent increases in inequality.

Conclusions: To the authors, between 1995 and 2002 the levels of inequality-inequality in the states of Mexico have not improved significantly. According to them, the effect of health reform interventions to achieve equity in health has not been as successful as expected.