Inequality and Social Policies Produce Erroneous Inequality in Mexico

C Eibenschutz
S Támez
I Camacho

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

Recommended Citation
Eibenschutz, C; S Támez; and I Camacho. "Inequality and Social Policies Produce Erroneous Inequality in Mexico." (2009).
https://digitalrepository.unm.edu/lasm_cucs_en/63

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 discuss the concepts of equity and inequality in health care, and to identify its undifferentiated use, as well as to review the degree of social inequality and health inequity that exist in Mexico.

**Methodology**: Descriptive analytical.

**Results**: The authors discuss the perspective of two intergovernmental organizations on the definition of health equity. For the World Health Organization (WHO), equity is the achievement of "maximum welfare" in certain countries and search for "minimums of well-being" in poor countries. For the World Bank (WB), however, equity consists in the opening of investments in the health sector through a public-private mix in health care, accompanied by the involvement of private insurance and the provision of public health services by the state.

Later, the authors introduce five indicators which they believe help to define more appropriately inequality and equity in health care: 1) multidimensionality, 2) unfair, unjust, avoidable and unnecessary disparities, 3) discrimination, 4) poverty, and 5) precarious and insufficient social processes. Then, with the support of other authors, they discuss five elements that promote equity and equality in health care associated with social justice: a) the establishment of epidemiological diagnoses, b) the creation of models of care, c) ensuring the right to health and development of citizen consciousness, d) rejection of the mix model of public-private, and e) the universal system of health care, financed by the state and supported by citizen participation.

Thus, the authors present their own notion of equity on criticizing the undifferentiated use of inequality and inequity. They propose using the concept of inequality to indicate the differential distribution of the process of health-disease and epidemiological profiles according to social class; so, the use of the term equity would be kept for identifying those processes that ensure better care for the health needs in different social groups.

The authors then go on to review five characteristics of social inequality and inequity in health in Mexico since the imposition of neoliberal policies and The North American Free Trade Agreement: 1) rising unemployment, 2) poor distribution of national wealth to health and education services, 3) inequitable decentralization and health reform privatization, 4) increasing of inequity in health, and 5) ignorance of the public about their rights, and individual and collective obligations to the State.

**Conclusions**: The authors conclude that inequality and inequity are not synonymous. They suggest the use of “inequality” to describe the epidemiological profiles and “inequity” to characterize the poor distribution and access to health care. According to the authors, the socio-economic polarization, the privatizing health reform, and the incomplete citizenship obstruct the decrease of health inequality in Mexico.