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Diverging Roads for Social Protection in Health in Mexico

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Objectives: To compare the content, actions and major areas of tension between national and local health policies in Mexico between 1994 and 2006.

Methodology: Descriptive analytical.

Results: The authors report that differences between national and local health policies depend on the ideological framework to which each are ascribed. Indeed, while the national ideology is based on neoliberalism, the local character maintains a perspective that takes the social state as guarantor of individual rights. According to the authors, to compare and contrast the two policies one must take into account the deployment of specific actions during the presidential terms of six years ranging from 1994 to 2000 and from 2000 to 2006. The main points of comparison are the strategies, priority programs and budget resources to strengthen health services both nationally and locally.

For the authors, national health policies and local levels have in common the aim of guaranteeing the right to health, but differ in the content of the priority programs for exercising this right. Nationally, the program of National Health Insurance reinforces the program through providing a prepaid package of health services in clinics and hospitals, which subordinates the universality and gratuity of services to the users. In local politics, the Food Support Program, Medical Services and Free Drugs for seniors and other people, however, generally favor universality and gratuity of services.

The authors argue that the budgetary resources strengthen health services in the priority programs of both the national and local level. However, between 2004 and 2005, although the Popular Health Insurance financed the local health systems according the number of affiliates, federal resources and solidarity contributions, all of the systems finances were insufficient to operate state health programs. Moreover, the Medical Services Program and Free Drug and Food Support increased its local resources to fund the free services provided by the Ministry of Health in the Federal District. Public financing assumed its health priorities at this level with criteria of equity and need.

Conclusions: For the authors, there remains a contradiction: the national health policy reflects the logic of "universal" in accordance with the laws of the market and prepaid packages of health care services, while local health policy proposes a universal, comprehensive, and publically-funded system.