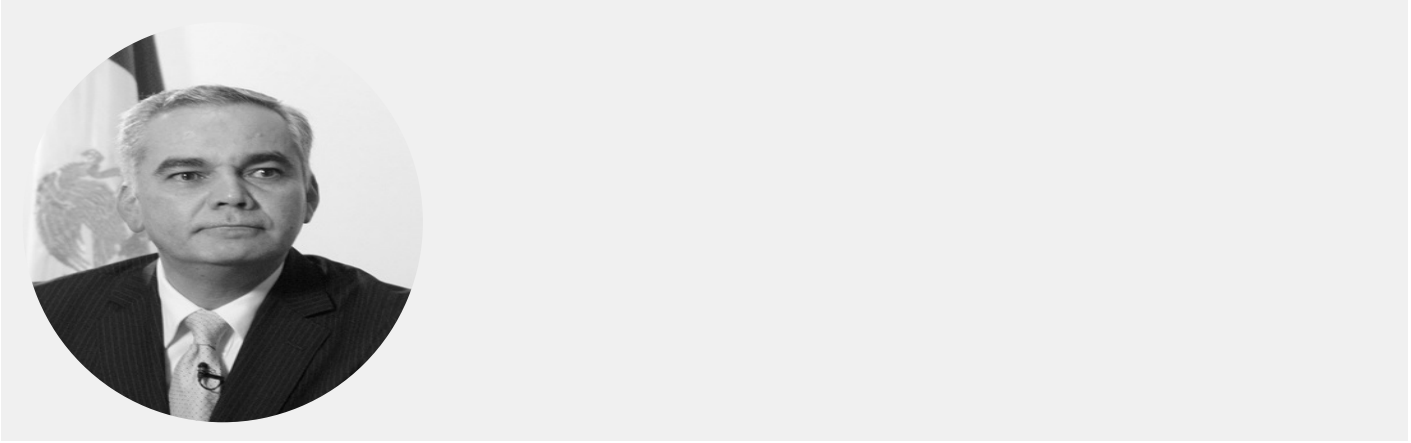
Seguro Popular – Dr. Gabriel O'Shea Cuevas, Federal Commissioner – Mexico



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Healthcare coverage has gone a long way in Mexico after the implementation of the Seguro Popular in 2004 and today 57.3 million Mexicans are affiliated to the public health insurance scheme. The federal commissioner discusses the institution's major milestones, its challenges and the efforts to ensure a better quality of services to the population.

What mission were you entrusted with when you were appointed as federal commissioner of Seguro Popular back in 2012?

When I was appointed, I was already well versed, as I used to serve as Minister of Health for the State of Mexico, when it was ruled by the current president Enrique Peña Nieto. For this reason I am very familiar with the objectives and goals that are high on his agenda with regard to healthcare, namely ensuring universal coverage and quality.

However, universal coverage is not only about health policy; it is about having somewhere to go if you have a midnight health-related emergency! We are proud to announce that a decade after its implementation of Seguro Popular, today 57.3 million Mexicans are incorporated in the national health insurance program. Over this time the number of interventions covered by the program has increased exponentially: the number of interventions covered increased more than three times, from 90 to 285, while the number of drugs included increased by more than 300 percent.

What healthcare services are included in the catastrophic health expenditure fund?

The fund has been prioritized based on the epidemiology of the Mexican population and currently encompasses a number of ailments, such as prostate and breast cancer, leukemia, lymphoma, marrow and cornea transplants, renal failure, among others, which can be a dramatic reason of impoverishment. It was expanded to include 59 interventions, from the four included back in 2004. Still, there are about 15 diseases in the waiting line. I wish I could provide Mexicans solutions for all their afflictions but, unfortunately, we depend on decisions made by the government.

What are some of the most important challenges the Seguro Popular is currently facing?

One of the main challenges comes with the insufficiency of funds, an aspect the president is well aware of. In recent times, we issued a reform that will become effective in 2015 and has a lot to do with the direction the money and funds should take. Even after a ten-year existence, the Seguro Popular system is still in a process of depuration; in the past, we used to send money to each and every one of the Mexican states, but, to our disappointment, it was not always used to solve health-related problems.

With the new modifications to the General Health Law, we will have much more control over financial resources and how these are used. With the new reform, we will clarify the status of each organization and will give us higher supervision power over the expenses and the usage of funds. We can lawfully sanction the misuse of funds or the delay of payments. One interesting aspect of this new legislation is that we can send money not only in cash, but also in kind: we will be able to send drugs and medical-related equipment so we can be sure that those funds will be properly used. This practice ensures an additional advantage, as it is the case of the consolidated procurement among IMSS (the Mexican Institute of Social Security), ISSSTE (the Institute for Social Security and Services for State Workers) and SEDENA (the Mexican *Secretariat* of *National Defense), among others. This will also ensure that all the drugs will be in stock whenever the patient gets their prescription. To make this more efficient, we've also penalized the inappropriate usage of funds.*

Additionally, we are working really hard in terms of portability of our services, so any Mexican citizen can choose where to treat their disease according to their convenience; this will create a healthy rivalry between healthcare providers to see which one of them gets the money of the affiliated person.

Can you talk about the willingness of the private sector to generate partnerships that can assist you in your endeavors?

It’s a slow but steady process. For example, we recently had a private investment to attend patients with cancer within our catastrophic health expenditures fund; they opened 5 new clinics with the best equipment available. Overall, the most important aspect is the life quality and expectancy of our population. That means that any kind of help for us will be well-received.

How is the Mexican epidemiological profile changing over time and what is Seguro Popular doing to tackle them before they manifest?

We are mostly affected by illnesses that you find in the “developed world”. Lamentably, the treatment of those illnesses is more expensive than a common cold. For each patient we need to invest much more than 50 or 60 years ago. Life expectancy in the fifties for a Mexican was between 40 and 45 years. In 2014 it is 75 years! We have to finance medicines for a constantly aging population and that is certainly expensive.

By introducing comprehensive healthcare and having various specialties in the same facilities we foster prevention; for example, in a single visit to one of our oncological clinics, you can get psychological, surgical oncologist as well as other related services, everything is done in one facility.

A common topic is the quality of the medical services; what is your take on that regard?

First of all we launched a satisfaction survey among the beneficiaries of the service; we are really concerned about what people think of our services because this will automatically guide us in the right direction. In those surveys we ask them to grade services such as waiting times, equipment in the clinic, medical supplies, and pharmacies, among others. Second, we launched a macro process of distribution program to monitor the management of every sub-area of institutions from a centralized perspective. Third, each state will be able to generate similar monitoring, but at a federal level. Finally, we created a unified management system so we can let the beneficiaries about their rights and limitations.

The procurement of drugs at state level is something worth mentioning. Can you tell us about the measures you’re taking on this affair?

As I previously mentioned, consolidated procurement is a very important method of cutting unnecessary costs. Last year, we saved MXN $3,751 million thanks to this method of procurement of drugs, vaccines and medical supplies in general. We cannot force all the states to enter this program however, I am confident that most of the states will adopt this strategy sooner than later because it is a proven and obvious saving method.

What are the main priorities for the next five years?

We want to be able to exchange services from ISSSTE and IMSS. Any patient should be welcome to both institutions no matter if they are affiliated. Before proclaiming victory in our universal healthcare endeavor, we should create a synergy of information systems of several governmental institutions so that they speak a common language.

What are your personal aspirations? Where would you like to see Mexico in the future?

One of my dreams is that the 57.3 millions of affiliates have access to every service and medicine at our disposal. The main dream I have is to see a healthy population that doesn't require lots of medicines because our prevention campaigns worked efficiently. Universal healthcare in Mexico is still in its infancy but, if we intend to develop it, we will certainly need extra funding and capital; there is no other way to give our population the services they deserve.

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