

IMPROVING HEALTH SYSTEM EFFICIENCY

MEXICO

Catastrophic Health Expenditure Fund

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ABBREVIATIONS

ALL	Acute Lymphoblastic Leukaemia
CAUSES	Universal Health Services Catalogue, <i>Catálogo Universal de Servicios de Salud</i>
CHEF	Catastrophic Health Expenditure Fund, <i>Fondo para la Protección contra Gastos Catastróficos</i>
CNPSS	National Commission for Social Protection in Health, <i>Comisión Nacional de Protección Social en Salud</i>
CSG	General Health Council, <i>Consejo de Salubridad General</i>
DGCES	General Directorate of Quality Health Education, <i>Dirección General de Calidad y Educación en Salud</i>
FPP	Fund for Budget Prvision, <i>Fondo de Previsión Presupuestal</i>
MOH	Ministry (or Secretariat) of Health, <i>Secretaría de Salud</i>
PDO	Public Decentralized Organisms, <i>organismo público descentralizado</i>
REPPS	State Regimes for Social Health Protection, <i>Regímenes Estatales Para la Protección social en Salud</i>
SESA	State Health Services, <i>Servicios Estatales de Salud</i>
SPS	Popular Health Insurance, <i>Seguro Popular de Salud</i>
SPSS	Social Health Protection System, <i>Sistema de Protección Social en Salud</i>

EXECUTIVE SUMMARY

The health sector in Mexico underwent a major transformation after the creation of the Social Health Protection System in 2003. A significant innovation of this system was the creation of a specific fund – the Catastrophic Health Expenditure Fund – aimed at eliminating a source of inequity in the health system. The Fund was created in line with the Mexican Government’s commitment to assure access to health services for populations with no social security. Thus, services became available for this previously disadvantaged group for any health condition approved by the National Health Council. The Fund also aimed to support states to finance the treatment of illnesses that represent a risk of catastrophic expense from the institutional point of view. Thus, funds will cover and guarantee access for the affiliated population to costly, specialized treatment (1). In summary, the Fund was designed to support not only the universalization strategy called vertical coverage, but also the so-called horizontal population coverage, which broadens the health coverage of population groups through affiliation to the Social Health Protection System.

Ten years after the launch of the Catastrophic Health Expenditure Fund, the results are encouraging. Each year, the lives of more than 150 000 Mexicans of all ages are saved or improved because of assured access to treatment they would not otherwise have been able to afford. Of course, this is far from meeting the needs of such a densely populated country, and there is yet a long way to go. But it does give cause for optimism.

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INTRODUCTION

The three major aims of this study were to identify: i) the extent to which the Catastrophic Health Expenditure Fund (CHEF) has diminished inequities in access to health services and thus on health status; ii) whether the CHEF has improved the responsiveness of health-care service providers; and iii) how the Fund can contribute to accomplish universal health coverage in Mexico.

In order to assess the impact of the CHEF, the following activities were undertaken:

- a description of the ethical, political, technical and financial criteria used to select health conditions for CHEF coverage;
- an analysis of the strategies used by health units to access CHEF resources;
- a review of the processes used by health-care service providers and the National Commission for Social Protection in Health (CNPSS) to meet the needs of beneficiaries, and to offer timely health care and follow-up;
- identification of the number of patients receiving health care disaggregated by health condition, year, state and amount paid to the service provider;
- a comparison of access to and use of services before and after CHEF implementation for health conditions that generate catastrophic expenditure; and
- an estimate of the impact on health resulting from selected interventions covered by the CHEF to date.

Following a historical review of the health system in Mexico, the objectives and activities are discussed in three sections: the selection criteria for illnesses covered by the Fund; the inclusion of health service providers; and health-care processes and results. A summary of the outcomes of the study along with specific recommendations are provided in the discussion and conclusions sections at the end of the document.

The most important information sources used were the CNPSS outcome reports, and external evaluations performed by the Ministry of Health, the National Council for Social Policies Evaluation and other academic institutions. Significant input also came from scientific articles, statistical data derived from the administrative registers of health surveys, as well as unpublished studies and doctoral theses.

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