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Health Reforms in Mexico City. 2000-2006

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Laurell A. La reforma de salud en la Ciudad de México, 2000-2006. [Health Reforms in Mexico City. 2000-2006.] Medicina Social (Montevideo, Uruguay) 2008 mayo; 3(2): 170-183.

Objectives: To describe the reform applied to the health system of Mexico City between 2000 and 2006 and to present their results.

Methodology: Descriptive analytical.

Results: The author describes the reform of health services that began during the leftist government of Mexico City, headed by Andres Manuel Lopez Obrador between 2000 and 2006.

The author outlines the circumstances surrounding the development of four sources of health system reform during that period:

1) Free services and medicines based on the universal right to health and equity. This side project is opposed to the federal project of Popular Insurance, which still retains the commercial vision of health. The author further relates that the lack of budget and infrastructure in each state government is a constraint for implementing the free services.

2) The introduction of an alternative care model based on four actions: a) strengthening health security through surveillance and the organization of medical emergencies before any disaster, b) education, promotion and the prevention of chronic degenerative diseases, c) timely access to services and the implementation of anti-discriminatory policies aimed at gender, ethnicity and sexual preference, and d) citizen involvement through the formation of local health committees. The author notes that, however, the lack of democratic organizations has prevented the institutionalization of this model.

3) The institutional reconstruction based in five actions: a) strategic and systematic planning of health needs, b) implementing a control system of inputs, c) establishing a table of medications d) the transformation of the bidding scheme, and e) the implementation of an ethics statement ensuring transparent management of government.

4) The legislation on the right to health is detectable in the following actions: the functioning of the free programs, the implementation of campaigns on the rights of users in the medical units and the establishment of mechanisms to channel complaints to officials at the highest level.

In this context, the author mentions five outcomes of this reform: a) increasing coverage and access to medical care, b) expansion of hospital infrastructure, c) the reduction of household spending on medical care, d) ensuring the right to health, and e) reduced mortality rates.

Conclusions: For the author, reform of the health system guarantees the universal right to health in the Mexican population. She concludes that the reconstitution of ethics, institutions and the operation of free programs encourage the provision of health services and a decline in mortality.