Stretching the Safety Net

**Falling ill is no longer an economic disaster**

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IN SOME RICH countries it remains a distant hope, but in Mexico free universal health care became more or less a reality this year. Having insurance used to be contingent on having a salaried job, which left about half of Mexico’s population with only the most basic care. But since 2004 a programme called Seguro Popular (Popular Insurance) has been gradually rolled out all over the country to provide better services to those without employment-linked insurance. The overwhelming majority of Mexicans are now covered—“a remarkable feat”, according to the *Lancet*, a British medical journal.

To cover the uninsured, the government has increased its spending on health from 5% of GDP at the turn of the century to nearly 6.5%, which is still lower than in most of the rich world. More than 200 new hospitals and 2,000 clinics have been built and thousands more renovated. The ratio of doctors to patients is up by more than half.

Mexicans’ health has perked up dramatically in some areas. Since 2008, when Seguro Popular began providing a vaccine against rotavirus, a common cause of diarrhoea, deaths from the illness have fallen by 60%. When the programme started to pay for treatment of acute leukaemia in children, the survival rate improved from three in ten to seven in ten. Nearly a third of women with breast cancer used to abandon treatment because they could not afford it. Since 2008, when treatment became free, the drop-out rate has come down almost to zero.

Insurance has saved many people from another affliction: poverty. When the poorer half of the population had to pay for medicines or procedures not covered by state hospitals, millions of families were bankrupted by illness. Julio Frenk, a former health secretary who oversaw the beginning of Seguro Popular and is now dean of Harvard’s School of Public Health, recalls meeting a family in which the mother had needed a Caesarean section and the baby had spent a couple of weeks in intensive care. The child survived, but the medical bill cost his father his animals and tools and meant that his brother had to be taken out of school. “People liquidated their productive assets and their poverty was transmitted to the next generation,” says Mr Frenk. Until the late 1990s nearly 7% of families were dragged below the poverty line each year by medical emergencies. By 2010 the figure had fallen to less than 3%.

Seguro Popular is still a work in progress. Quality is patchy and people in remote regions have to trek a long way to see a doctor. Mr Frenk estimates that about 5% of the population are still not covered. Some conditions are not yet being paid for. There is a shortage of specialist doctors, and some rural clinics are manned by students.

There are also big regional disparities. Nine out of ten pesos going on Seguro Popular are spent by state governments, and the results are mixed. “We need to work on accountability,” acknowledges Salomón Chertorivski, the health secretary. When some states inexplicably paid far more than the market value for certain drugs, the federal government set maximum prices for medicines. There have been reports of bent doctors tricking people into paying for their supposedly free care. The government has introduced a system of certification for clinics. But in rural areas it is still hit-and-miss—one reason why Mexico’s infant-mortality rate remains stubbornly high.

Success in treating communicable diseases has brought new problems. The biggest killer now is diabetes, brought on by sugary diets and sedentary lifestyles. Mexicans are among the world’s fattest people: 70% are overweight, more than in the United States. A third of women are obese, double the OECD average. On a per-head basis, Mexico has the world’s highest consumption of Coca-Cola. In rural areas seven out of ten children have a fizzy drink with their breakfast, according to Consumer Power, a civil organisation. Public sports facilities are scarce, which may help to explain why Mexico came only 39th in this year’s Olympics, level with Georgia, which has only a small fraction of its population. Health care may be expanding rapidly, but so are waistlines.