



CÁNCER DE MAMA
TÓMATELO
A PECHO



Fundación
Mexicana
para la Salud

Global surgery and UHC: Lessons from GTF.CCC and Mexico's Seguro Popular

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Mexican Health Foundation

Triad:

Evidence, advocacy, action

**Evidence-based
Advocacy**

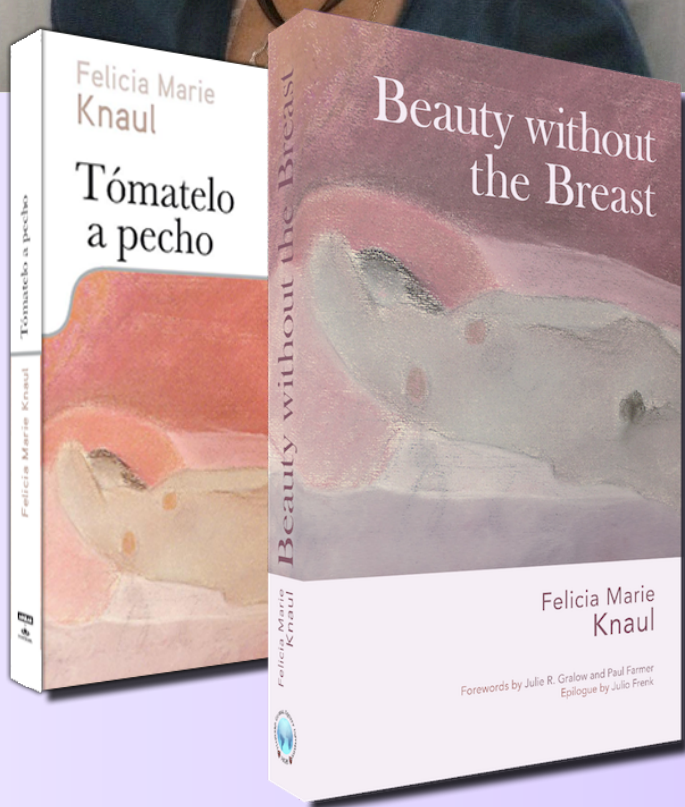
**Advocacy-
inspired Evidence**

**Action:
projects, programs, policies**

Living & Learning

Allan Brandt
Medical Historian







Global Task Force on Expanded Access to Cancer Care and Control in Developing Countries

= global health
+ health systems
+ cancer care



The quest for universal health coverage: achieving social protection for all in Mexico

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Summary

Mexico is reaching universal health coverage in 2012. A national health insurance programme called *Seguro Popular*, introduced in 2003, is providing access to a package of comprehensive health services with financial protection for more than 50 million Mexicans previously excluded from insurance. Universal coverage in Mexico is synonymous with social protection of health. This report analyses the road to universal coverage along three dimensions of protection: against health risks, for patients through quality assurance of health care, and against the financial consequences of disease and injury. We present a conceptual discussion of the transition from labour-based social security to social protection of health, which implies access to effective health care as a universal right based on citizenship, the ethical basis of the Mexican reform. We discuss the conditions that prompted the reform, as well as its design and inception, and we describe the 9-year, evidence-driven implementation process, including updates and improvements to the original programme. The



Closing the Cancer Divide: An Equity Imperative

Expanding access to cancer care and control in LMICs:

~~M1. Unnecessary~~

~~M2. Unaffordable~~

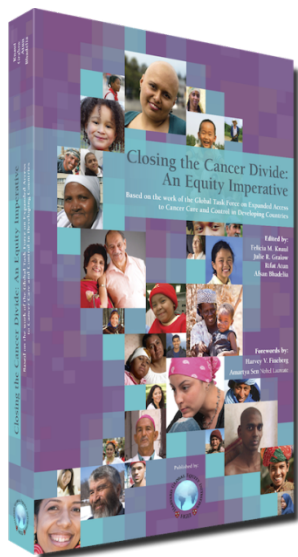
~~M3. Impossible~~

~~M4. Inappropriate~~

I: *Should* be done

II: *Could* be done

III: *Can* be done



1: Innovative Delivery

2: Access: Affordable Meds, Vaccines & Tech's

3: Innovative Financing: Domestic and Global


4: Evidence for Decision-Making

5: Stewardship and Leadership

The Cancer Divide: An Equity Imperative

Cancer is a disease of both rich and poor;
yet it is increasingly the poor who suffer:

Facets

- 
- 1. Exposure to risk factors**
 - 2. Preventable cancers (infection)**
 - 3. Death and disability from treatable cancer**
 - 4. Stigma and discrimination**
 - 5. Avoidable pain and suffering**

Facet 5: The most insidious injustice: the pain divide

**Non-methadone, Morphine
Equivalent opioid consumption per
death from HIV or cancer in pain:**

Poorest 10%: 54 mg

Richest 10%: 97,400 mg

US/Canada: 270,000 mg

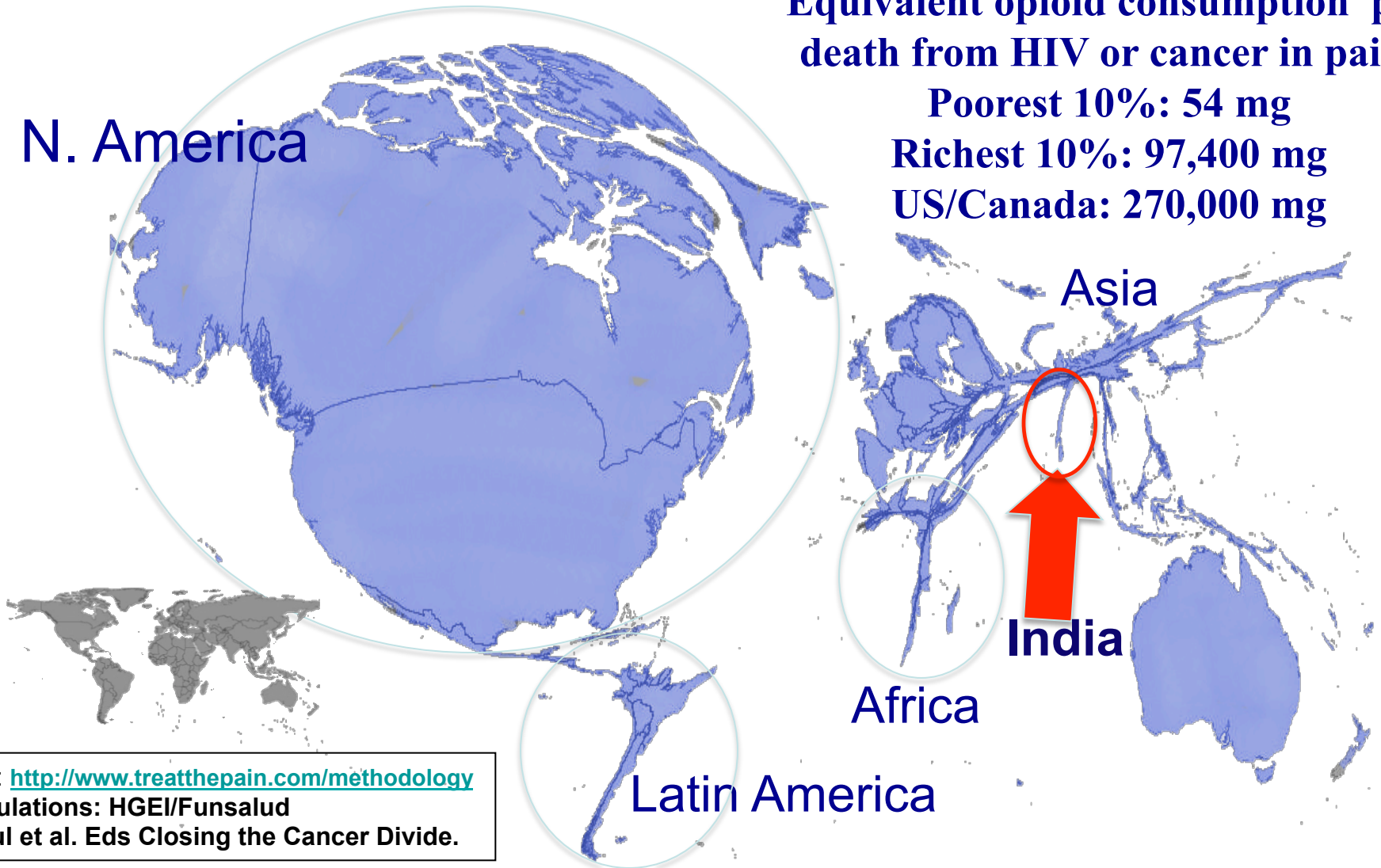
N. America

Asia

India

Africa

Latin America



The costs of *in*action are huge:

Invest *IN* action

- ⌚ Tobacco is a huge economic risk: 3.6% lower GDP
- ⌚ Total economic cost of cancer, 2010: 2-4% of global GDP



1/3-1/2 of cancer deaths are “avoidable”:
2.4-3.7 million deaths,
of which 80% are in LIMCs



Prevention and treatment offers
potential world savings of
\$ US 130-940 billion

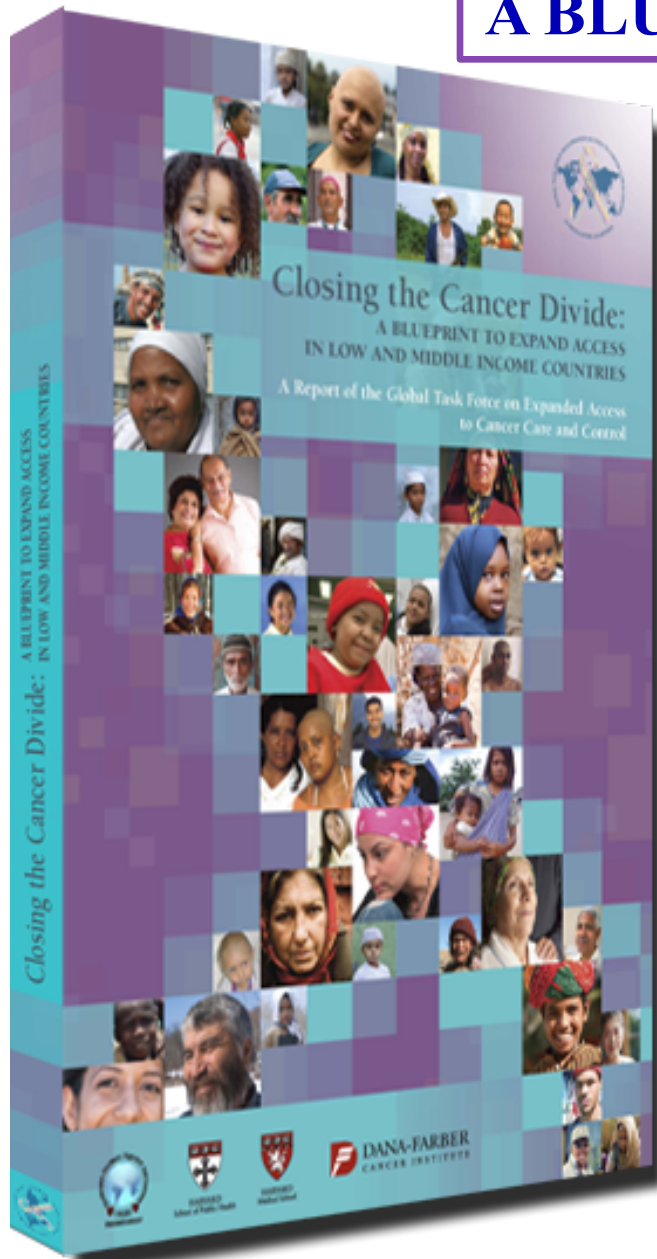
The costs to close the cancer divide are and may be less than many fear:

- ⌘ Pain medication is cheap
- ⌘ Prices drop: HepB and HPV vaccines
- ⌘ Delivery & financing innovations are underutilized & undeveloped so that purchasing is fragmented and procurement is unstable



Pooled procurement and cost-spreading:
Lifebox (pulse oximeters)

Closing the Cancer Divide: A BLUEPRINT TO EXPAND ACCESS IN LMICs



Applies a diagonal approach to avoid the false dilemmas between disease, disciplinary and **specialist** silos -that continue to plague global health

The Diagonal Approach to Health System Strengthening

- ⌚ Rather than focusing on either disease-specific vertical or horizontal-systemic programs, harness synergies that provide opportunities to tackle disease-specific priorities while addressing systemic gaps and optimize available resources
- ⌚ Diagonal strategies **major benefits**: ➔ $X = > \Sigma$ parts
 - ⌚ Bridge disease divides using a life cycle response
 - ⌚ avoids the false dilemmas between disease silos -CD/ NCD- that continue to plague global health
 - ⌚ Generate positive externalities: e.g. women's cancer programs fight gender discrimination; pain control 4all

Diagonal Strategies: Positive Externalities

- ⌚ **Promoting prevention and healthy lifestyles:**
 - ⌚ Reduce risk for cancer and other diseases
- ⌚ **Reducing stigma for women's cancers:**
 - ⌚ Contributes to reducing gender discrimination.
 - ⌚ Investing in treatment produces champions
- ⌚ **Pain control and palliation**
 - ⌚ Reducing barriers to access is essential for cancer, for other diseases, and for surgery.

UHC: a quest (Mexico – Lancet 2012)

- (1) universal **enrolment** entitles all people to benefit from health services funded by publicly organised insurance;
- (2) regular access to **a comprehensive package** of health services with financial protection for all
- (3) universal **effective** coverage guarantees to all on an equal basis, the **maximum attainable health results** from an appropriate package of high-quality services that also prevents financial shocks by reducing out-of-pocket payments

Huge steps in the transition thru reform toward Universal Health Coverage in many countries

Examples:

- *Brazil*
- *China*
- *Colombia*
- *Chile*
- *EEUU (Affordable Care Act)*
- *El Salvador*
- *Peru*
- *South Africa*
- *Taiwan*
- *Mexico: Seguro Popular de Salud*

Yet...often in the context of rapid, profound, polarized and complex epidemiological transition or battling fragmented health systems

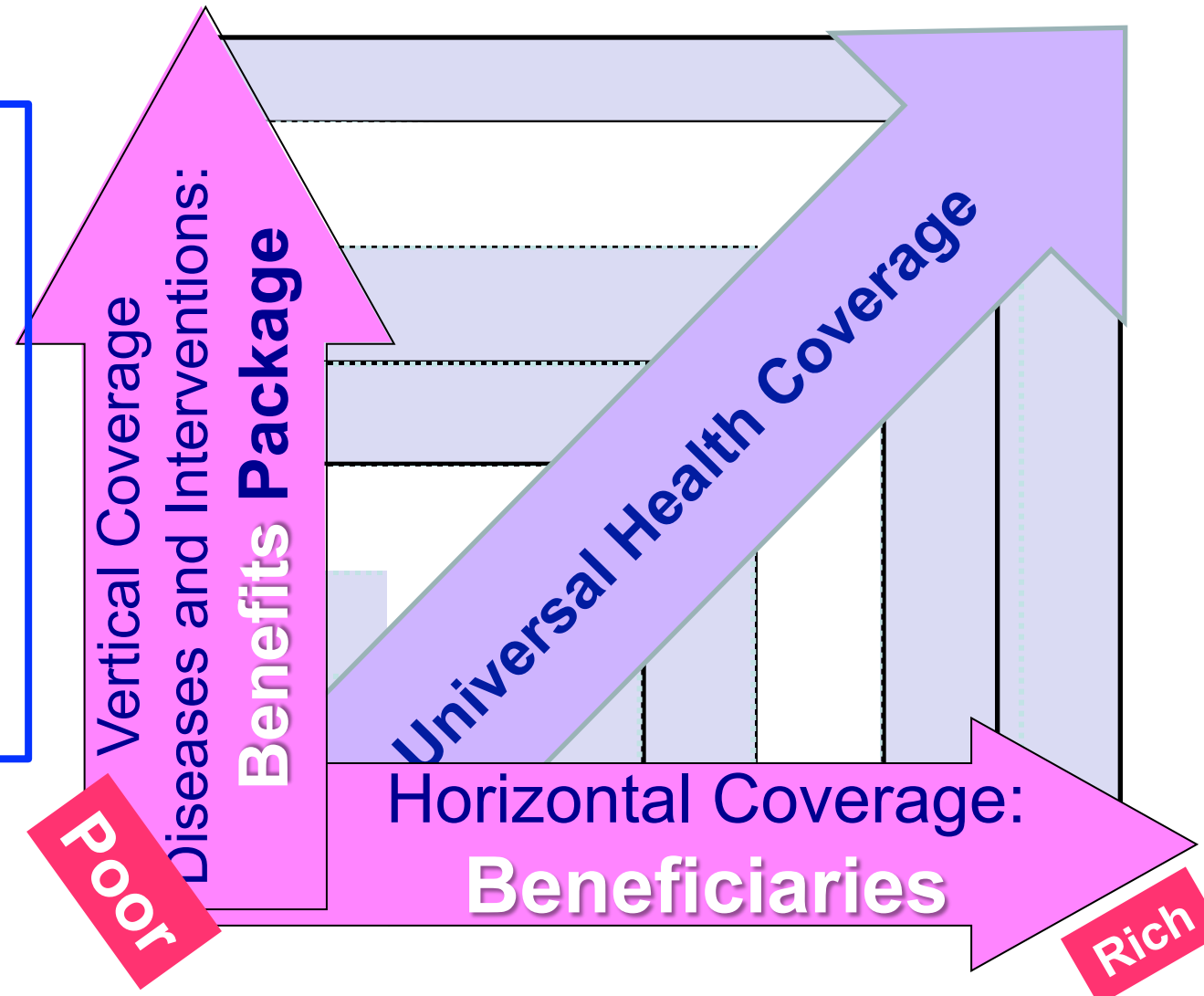
Mexico's 2003: major health reform created *Seguro Popular*

Affiliation:

- 2004: 6.5 m
- 2012: 54.6 m

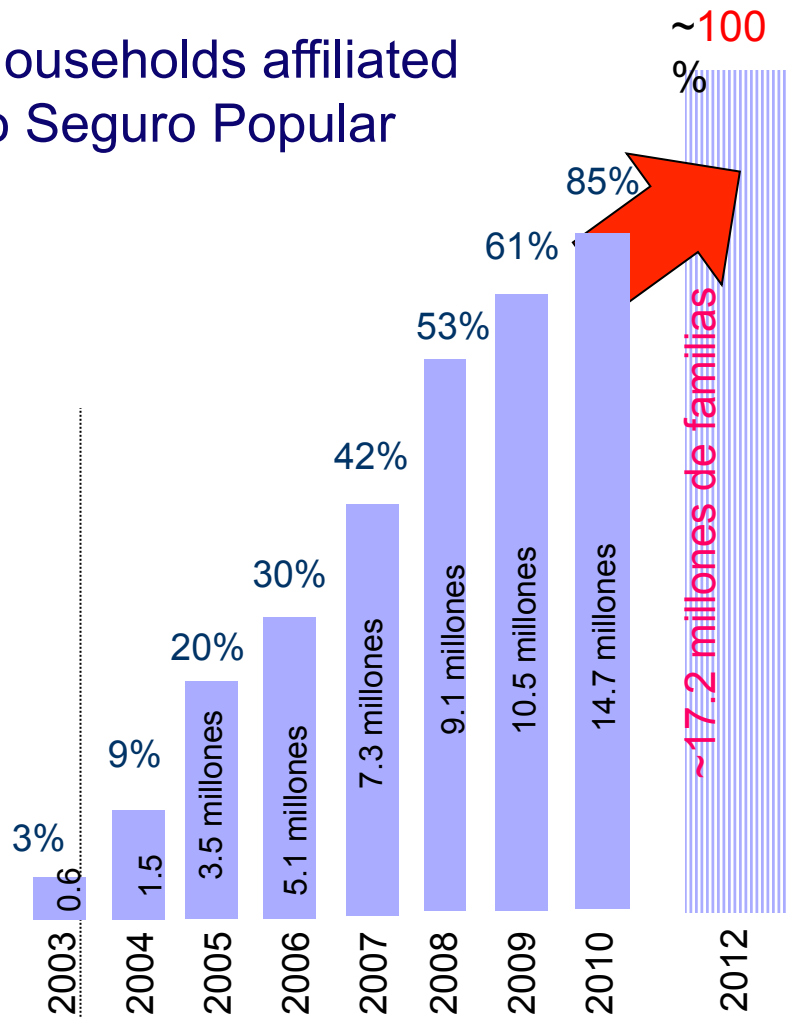
Benefit package:

- 2004: 113
- 2012: 284+57



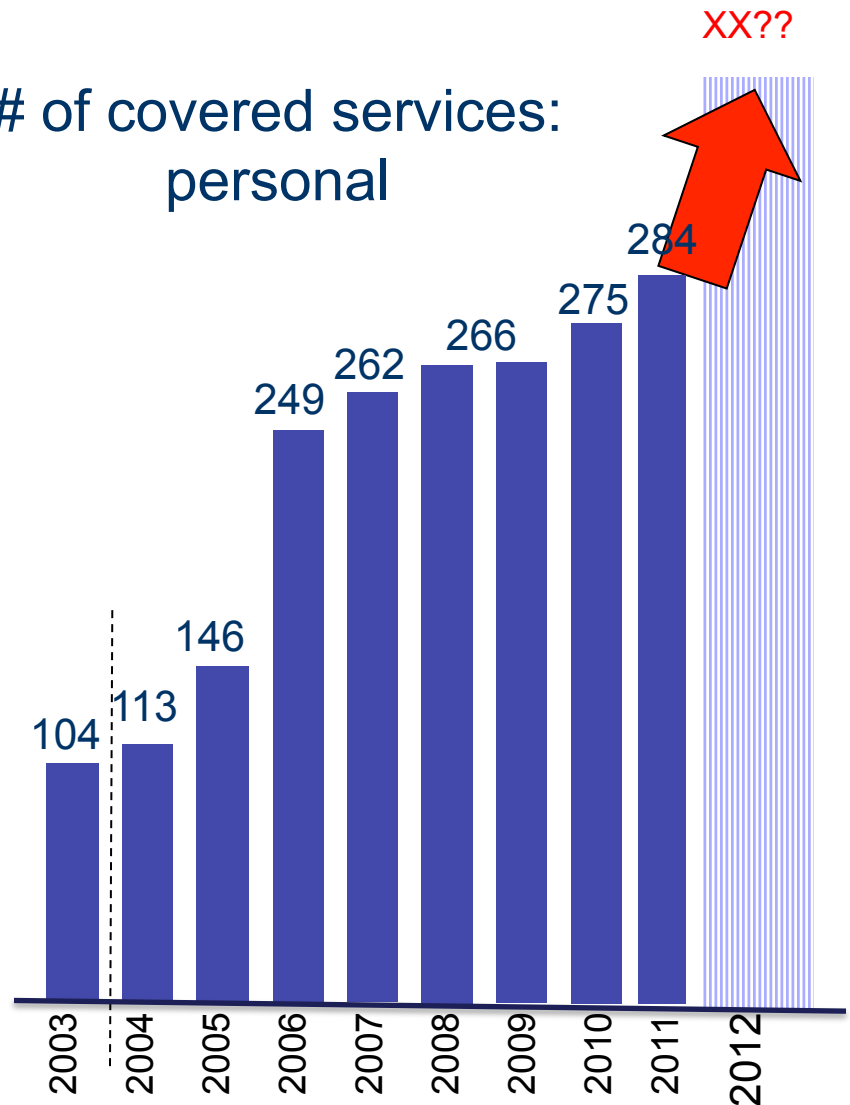
Increase in population coverage + expansion of package of services

Households affiliated to Seguro Popular

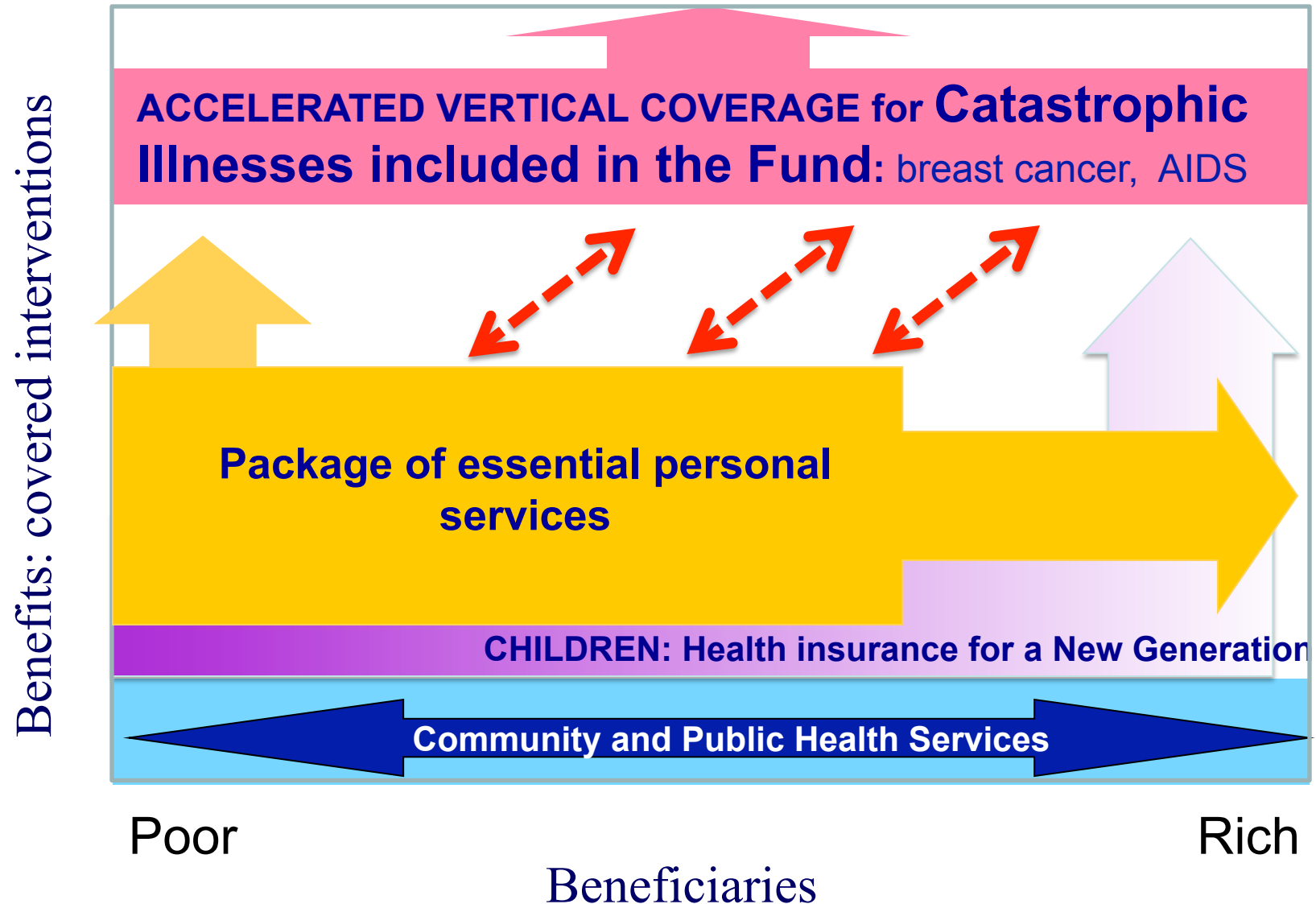


of covered services: personal

+



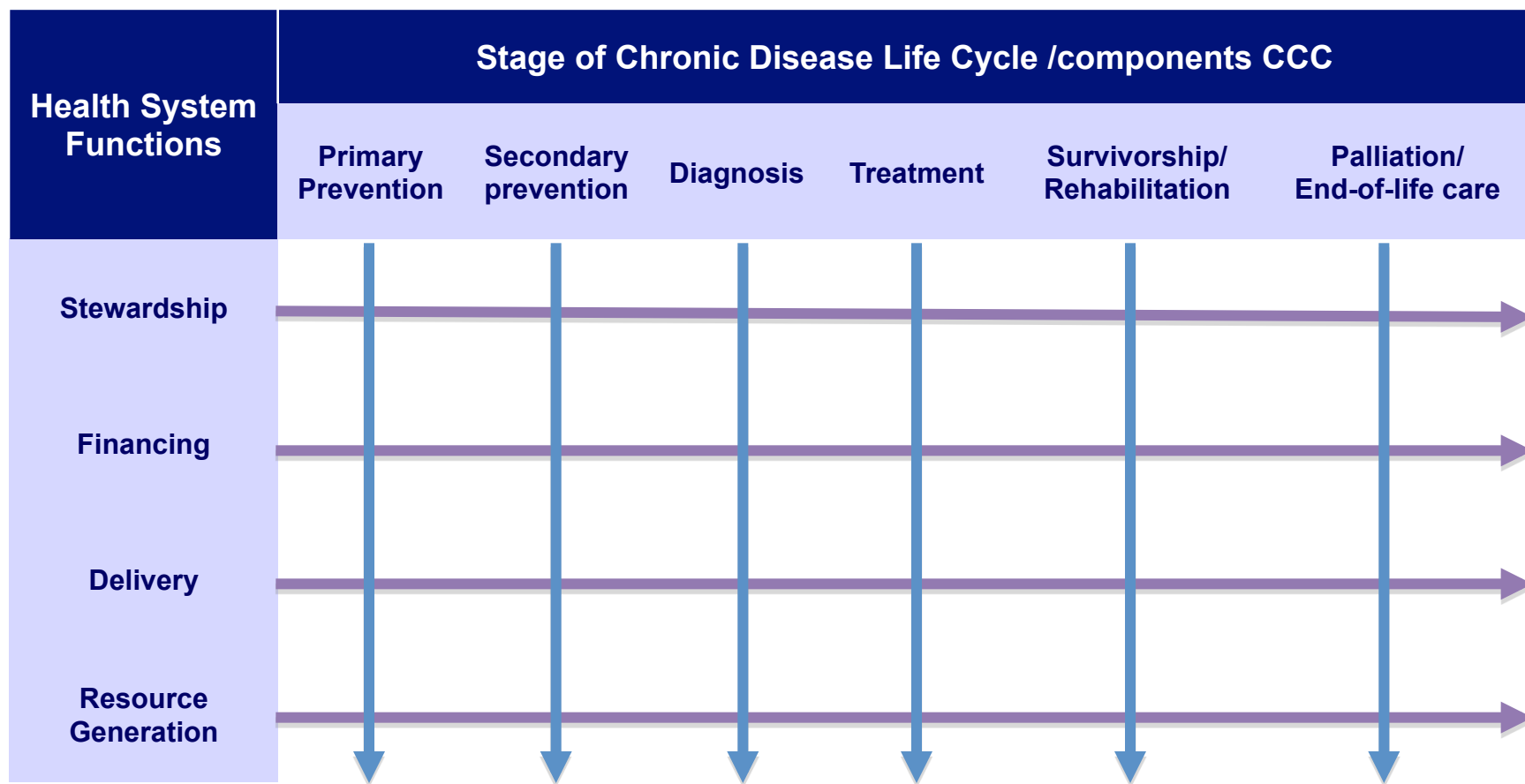
Delivery and financial protection challenges: Seguro Popular in Mexico



Control-care continuum

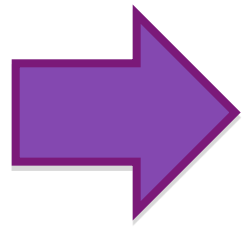
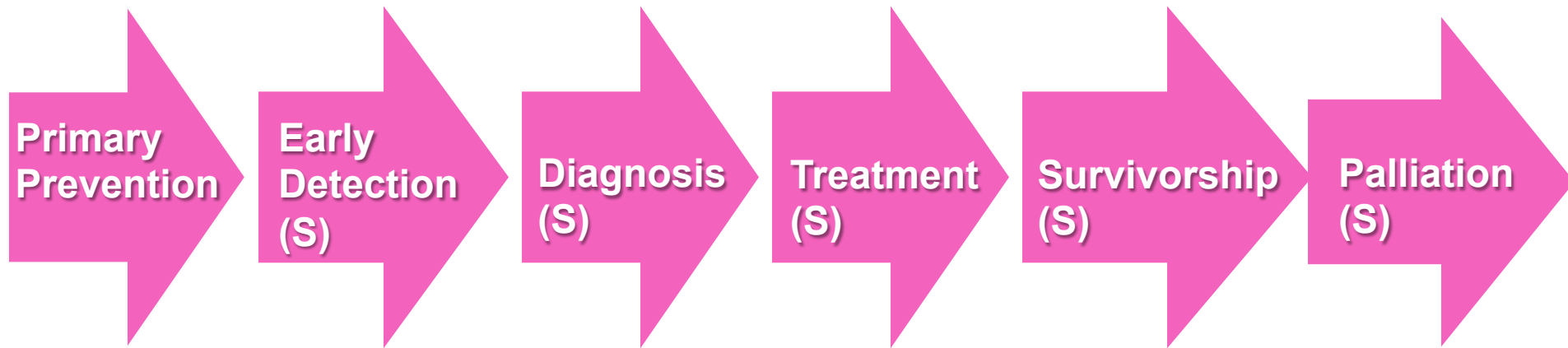
- **Lifecycle of chronic illness**
 - **Primary prevention**
 - **Secondary prevention (early detection)**
 - **Diagnosis**
 - **Treatment**
 - **Survivorship care**
 - **Palliative, end-of-life care**

Responding to the challenge of chronicity: Health system functions by care-control continuum



Effective financial coverage of a chronic disease: breast cancer

Cancer Control-Care continuum



Innovative delivery:
optimal tasking and
infrastructure utilization

Think diagonally:

- 1) Contribute to health system strengthening
– all functions bc surgery is a platform
- 2) Solve one of the key puzzles of UHC
- 3) Unlock a barrier that limits care for many diseases
- 4) Equity implications
- 5) Economic contributions

Relevance and Excellence:
Systems and specificity

**Be an
optimist
optimalist**

