

The Right to Health in Mexico in intensive care

The fourth part of the Mexican population does not have access to medical services, which violates their right to health, as mentioned in the analysis made by CONEVAL

Congregación Mariana Trinitaria is an organization that is committed to the health of Mexican people so, through its Network of Health, different mechanisms are designed so that more people have Right to Health and it also contributes to the National Health System.



According to the Diagnose on the Right to Health 2018 performed by the National Council for the Evaluation of Social Development Policy (CONEVAL), the Right to Health is a human right whose core is based on human dignity and it must be seen as a fundamental part to have access to a decent lifestyle.

The main results of that research show that in Mexico, despite the most recent advances in issues to guarantee that Right, there are still some challenges that may be identified through strategic indicators.

Being affiliated to any health institution is a characteristic that determines in a meaningful way the level of access that people may have to health care services. From 2008 to 2016, the lack of access to health services (considering the amount of affiliated people only) reduced by 22.9 percentage points, after decreasing from 38.4 percent to 15.5 percent in 2016, that is to say, 19 million people reported that they did not have access to health care services.

- Promoting the generation of human resources in health services, paying attention to the quality of their performance, and designing mechanisms to promote their distribution based on the different needs all over the country, especially in areas where they do not have enough qualified staff.
- Improving quality on health care services considering the patient as the most important part, as well as his/her needs, expectations, and preferences.
- Promoting the planning of public policies focused on the prevention and promotion of health, considering the attention to vulnerable groups, and the most important regions.
- Contributing to reduce meaningfully the incidence of the epidemic of obesity and overweight, paying special attention to children and adult women.

CMT and Health

Congregación Mariana Trinitaria, A.C. (CMT), offers on its Integral Model for Health, Social and Economic Development, and Welfare; a Network of Health, and it emphasizes that the loss of health implies several alterations in different areas. Usually diseases consist of a progressive deterioration of the quality of life, with serious complications that may cause disabilities or death.

People who are sick become less productive and that causes a slow deterioration of family economy so, CMT through the Network of Health aims to create and increase the opportunities to have access to health services for families, especially for those in vulnerable situations by offering integral solutions that fulfill quality standards and that may have positive impact on their life conditions.

Government obligations on Human Rights

Respect	Protect
The government must not intervene, obstaculize or block through actions or omissions, directly or indirectly, the exercise of social rights.	It is believed that the government must prevent that third-parties (individuals, groups, companies, institutions) lessen the enjoyment of the rights so, it must create laws and regulations to prevent affections and set penalties to breaches.
Guarantee	Promote
The government must make sure that holders could exercise them in situations when they cannot do it by themselves by using available and, proactive resources to decrease inequality and guarantee minimum standards for the enjoyment of rights.	It is related to the obligation to guarantee, and it takes measures for the adequate spread of information to optimize the enjoyment of rights.

*Source: CONEVAL.

It is mentioned that an important reason to decrease that indicator was the result of the advance on affiliations to the previous program called "Seguro Popular". The effect that "Seguro Popular" had on the access to health services was meaningful for people with low incomes.

In 2016, the 79.7 percent of the low-income population was affiliated to that system, as mentioned in the National Survey on Incomes and Household Expenses made by the National Institute of Statistics and Geography that year. Despite the advances on that topic, affiliation to systems, institutions or programs does not guarantee the access to services in time and according to quality standards, as also mentioned in that analysis.

TARGET GROUPS

Data from 2016 mentioned that 12 percent of the handicapped population faces problems to access health services, compared to 15.8 percent of unhandicapped people; that is to say that the first group has more access to health care services (considering the amount of affiliations).

The challenges

In the diagnose about access to health in Mexico, the following challenges were detected in order to move forward on the guarantee of rights:

- Develop the integration of public health systems by reducing fragmentation and improving mechanisms to activate coordinated actions among institutions.
- Improving the quality and efficiency of expenses on health by having clear criteria to detect urgent needs to assist people.
- Increasing health infrastructure, especially in first-level areas; improving their distribution based on the needs of the population, and giving priority to rural communities and areas that are difficult to access.

Components and CMT solutions in the Network of Health

Sub network	Component	Integral solutions
1. Infrastructure for health	Construction	<ul style="list-style-type: none"> •Gynecological attention •Medical attention for oncology patients •Training and support for dialysis •Mobile medical units •Medical attention for mental diseases •Research center
	Expansion	<ul style="list-style-type: none"> •Expanding infrastructure
	Improvement	<ul style="list-style-type: none"> •Improvement of medical infrastructure
2. Infrastructure for health	Equipment	<ul style="list-style-type: none"> •Medical equipment (furniture, vehicles, etc.)
	Supplies	<ul style="list-style-type: none"> •Prostheses •Orthopedic items •Different medication (except the controlled ones) •Security supplies for medical equipment (masks, gloves, medical gowns, etc.)
3. Pharmacies	Network of pharmacies	<ul style="list-style-type: none"> •Wound dressing materials •Materials for security •Chirurgical supplies •Community drugstores •Areas to grow plants for traditional medicine
4. Co-responsible medical attention	Virtual medical assistance	<ul style="list-style-type: none"> •Telemedicine (mobile units, penitentiaries, community centers, etc.) •Distance learning on sanitary education •Apps to promote health

