

Short Communication

Will President Claudia Scheinbaum's Health Policies and Programs Produce Better Health for Mexico's People?

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Received Date: 28 January, 2024; Published Date: 14 February, 2025

Keywords:

Health Policy; Administration; Medical Supplies; Disease Prevention; Health Insurance.

Citation:

Browner CH, Fernández GL (2024) Will President Claudia Scheinbaum's Health Policies and Programs Produce Better Health for Mexico's People?. Digital J Sci 2(2): 115.

Abstract

Claudia Scheinbaum's election as Mexico's first female president and only second progressive leader in a century marks a significant moment. The victory follows a campaign that promised to build upon the social reforms initiated by her predecessor, Andrés Manuel López Obrador. We assess the promises of Scheinbaum's administration for health policy and healthcare and consider troubling obstacles.

Introduction

The election of Claudia Scheinbaum Pardo as Mexico's first female president and only second progressive leader in a century marks a significant moment. The victory follows a campaign that promised to build upon the social reforms initiated by her predecessor, Andrés Manuel López Obrador (AMLO), and advance the ruling MORENA party's vision for Mexico's Fourth Transformation (4T)¹. Scheinbaum's governing philosophy is encapsulated in AMLO's slogan, "*primero los pobres*" (first the poor), which highlights government responsibility towards the nation's most marginalized citizens. As outlined in the president's initiative, *República Sana* (RS), healthcare will be a key concern. Broadly, RS aims to fortify public healthcare while also empowering the nursing workforce. The initiative is geared towards the aspirational goal of transforming

Mexico's fragmented public healthcare system into a cohesive federal structure. Healthcare delivery in Mexico today is characterized by a multitude of entities, ranging from the Social Security Institute to state-run healthcare programs plus a robust private sector. While the IMSS-Wellbeing Program (National Mexican Institute of Social Security and Wellbeing), initiated in 2022, has seen enrollment of 68% of the uninsured population, significant challenges remain.

By¹ naming his administration the Fourth Transformation, AMLO sought to rhetorically link it to the three earlier transformational periods in Mexican history: the Independence Movement (1810-1821), *La Reforma* (1858-1861), and the Mexican Revolution (1910-1920).

Statement of the Issues

Republica Sana aims to achieve the following goals:

- One of the public's perennial complaints is the long waiting times for appointments in public clinics and hospitals. Particularly in isolated rural areas, shorter waiting times have been impossible because rural hospitals generally lack full-time doctors and specialized diagnostic and surgical equipment. Guaranteeing care for the millions of uninsured in rural communities and elsewhere, including establishing laboratories throughout, will require an enormous expansion of clinical care.
- Chronic shortages of medicines and medical supplies has been another key complaint. This will be ameliorated through an allocation of 250 billion pesos (around US \$12.4 billion) in 2025 and 2026, with distribution beginning in March of this year.
- To reduce the number of citizens without access to formal medical care, the IMSS-Bienestar Institute will seek to enroll the millions still without health insurance.
- Disease prevention initiatives will be expanded to reduce the massive and growing problems of adult and childhood obesity and to improve the public healthcare system's capacity to monitor chronic disease. In March 2025 sale of junk foods like chips and sugary soft drinks in public schools will be banned nationwide.
- Modernizing the public healthcare system will allow Mexicans enrolled in any government-run healthcare program to receive care at their nearest public healthcare facility -- or any other of their choosing (October 17, 2024).

Three new programs targeting inequality are illustrative of the President's agenda: a universal pension for women aged 60-64, grants for high school students enrolled in public schools, and the *Casa a Casa* (Home to Home) program of home visits for the elderly and disabled. Hiring an additional 22,000 healthcare workers should help ensure that the Casa a Casa program reaches those most in need (December 30, 2024).

The crisis in Mexican healthcare stems from a prolonged period of neoliberal restructuring that underfunded public

health programs [1]. Preceding AMLO's administration, access to healthcare was further impeded by severe corruption and an emphasis on profit-driven healthcare which left vast swaths of the population with untreated health issues and a public healthcare system in disarray. At just 6% of GDP, Mexico has one of the lowest rates of healthcare spending among OECD countries and struggles to provide adequate care, particularly in outlying areas where maternal and infant mortality remain high, as do rates of chronic disease.

Discussion

As President Scheinbaum embarks on this wide-ranging health agenda, her administration faces multifaceted challenges. Ensuring that gains achieved under AMLO can be consolidated and expanded will require not only addressing the needs of those without social security but also improving access and quality of services for those covered under state-funded systems. The goal will be to create a balance between preventive and therapeutic care, placing increased emphasis on primary healthcare initiatives and public health education while enhancing existing clinical services. Importantly, the República Sana program centers mainly on curative care: identifying individuals already suffering from serious chronic disease, such as heart disease and diabetes, and establishing a treatment plan. There is little attention to genuine primary care, that is, a holistic care continuum that includes health promotion, disease prevention, treatment, rehabilitation, and palliation. Although President Scheinbaum's health secretary David Kershenovich has acknowledged that the system's current emphasis on curative medicine must be balanced with a greater commitment to health promotion and primary care, he has offered no specifics so far as to how this would be achieved (October 7, 2024). We suggest that it would be more worthwhile for the Scheinbaum administration to institute a policy genuinely based in primary healthcare and focus on preventive initiatives to encourage an absence of disease.

The Casa a Casa program also raises questions regarding resource allocation and efficacy compared with other healthcare delivery methods that could yield greater impact. Additionally, the feasibility and necessity of setting up laboratory services in all ambulatory clinics require

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Careful consideration of infrastructure, as the complexity of such a national initiative is daunting. It is also not clear that Scheinbaum's experience with a similar program in Mexico City has been sufficiently considered in the nationwide program's design.

Crucially, while thousands of health workers have been hired, scaling existing models presents its own challenges, particularly in ensuring consistent training and adequate support for new staff. The need for urgent surgeries in rural areas, as well as historical issues surrounding similar outreach initiatives, must also be addressed to avoid repeating past mistakes.

Scheinbaum's health strategy appears heavily based on technological solutions such as digitizing medical records and utilizing appointment apps (November 14, 2024). It is unclear whether the República Sana initiative has been formed with adequate consideration of the inherent importance of interpersonal relationships in medical care. The healing process often requires much more than just efficient scheduling or data management, but also trust, compassion, and personal interaction. A technological focus alone is likely to fall short of resolving the serious health problems the country faces.

Some of Scheinbaum's healthcare initiatives also appear unrealistic or unresponsive to public needs. For example, the President's vision of integrating all federal healthcare services into a single system by 2030, while commendable, overlooks immediate issues such as prolonged wait times for medical care and inconsistent access to medications. Likewise, while we appreciate Secretary Kershennobich's objective to reduce cases of chronic degenerative disease by 2030 (November 5, 2024), this is no substitute for a comprehensive primary healthcare program that prioritizes critical preventive measures such as universal access to clean water. Many other proposed initiatives such as well-baby care, prenatal screening, and breastfeeding support should already have been instituted during the

prior administration. While a transparent discussion about financing all these improvements is essential, the administration has not yet even opened the discussion.

Conclusion

President Claudia Scheinbaum's administration presents the potential for significant health transformation in Mexico, but achieving República Sana's goals will involve navigating numerous hurdles, requiring a commitment to involve citizens in the development of health policies, ensuring a more holistic approach to care, boosting funding, and addressing the systemic inequalities that have long plagued Mexican healthcare. In all events, Scheinbaum's desire to enact meaningful change and promote genuine health will significantly benefit from fostering a collaborative relationship with the public.

Note on contributors' contributions

Browner and Leal Fernández contributed equally to the research and writing of this paper.

Acknowledgement

The authors gratefully acknowledge Richard M. Rosenthal for editorial help and Meizhi Lui and the editorial team of the Mexico Solidarity Project for inspiration.

Funding

No external funding.

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