Health Systems Evaluations in Mexico

Enabling factors, actors and instruments

July 2022

WG2: Priority 1

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Contents

List of acronyms

CIDE	Center for Research and Teaching in Economics (*Centro de Investigación y Docencia Económicas,* in Spanish)
CISS	Center for Health Systems Research (*Centro de Investigación en Sistemas de Salud,* in Spanish)
CIEE	Evaluation and Surveys Research Center (*Centro de Investigación en Evaluación y Encuestas,* in Spanish)
CLEAR-LAC	Center for Learning and Results for Latin America and the Caribbean (*Centro para el Aprendizaje en Evaluación y Resultados para América Latina y el Caribe*, in Spanish)
CONEVAL	National Evaluation Council (*Consejo Nacional de Evaluación de la Política de Desarrollo Social*, in Spanish)
CPHR	Center for Public Health Research
FUNSALUD	Mexican Foundation for Health (*Fundación Mexicana para la Salud*, in Spanish)
GDPE	General Directorate for Performance Evaluation
HS	Health Systems
HSS	Health System Strengthening
HSSEC	Health Systems Strengthening Evaluation Collaborative
INSP	National Institute of Public Health (*Instituto Nacional de Salud Pública,* in Spanish)
MoH	Ministry of Health
Progresa	Education, Health and Feeding Program (*Programa de Educación, Salud y Alimentación*, in Spanish)
UNAM	National Autonomous University of Mexico (*Universidad Nacional Autónoma de México*, in Spanish)

Introduction to the Health Systems Strengthening Evaluation Collaborative

Health systems strengthening (HSS) is widely understood to be key to achieving universal health coverage and to ensuring robust responses to health emergencies. In recent decades, global health investors have put more attention and investment towards HSS, leading to accelerated efforts to evaluate HSS policies and programs initiated by those investments. Yet, a common definition and framework for how to evaluate HSS interventions remains elusive, hampering efforts to strengthen, coordinate and amplify HSS programs.

The Health Systems Strengthening Evaluation Collaborative (HSSEC) brings together key global and national stakeholders to suggest ways to strengthen the quality of evaluations of health systems strengthening (HSS) investments in LMICs and to improve coordination across stakeholders in this space. The Collaborative believes that to move HSS evaluation beyond its current fragmented form, leadership and commitment for advancing and changing ways of working must come at least partially from the joint action of three key groups of stakeholders: (i) country-level stakeholders, including governments, practitioners, and communities, (ii) donors that fund HSS and HSS evaluation, and (iii) evaluators and academics who are involved in HSS evaluation.

As part of the HSSEC, a working group was convened to look at HSS evaluations from a national perspective and to identify lessons learned and opportunities for further strengthening HSS evaluations. The first priority identified by the group was to build a better understanding of the institutional structures and processes that support HSS evaluation, and to find opportunities to strengthen processes to enhance national health systems (HS) evaluation capacity and better respond to institutional needs.

Two light-touch case studies from Mexico and Thailand were identified as examples of countries with thriving HSS evaluation ecosystems, from which useful lessons could be drawn.

This report presents the findings from the light-touch case study in Mexico.

Objectives

The key objectives of the case studies were to understand:

- The institutional structures and processes that support HSS evaluation
- The process through which HSS evaluation capacity (individual, organizational and system level) is identified and utilized to address evaluative needs
- The enablers of and barriers to HSS evaluation ecosystems at the country level

Methods

Three types of documents were gathered and reviewed for this case study: (1) the normative and institutional documents that have guided the design and implementation of health programs and policy evaluations over the past 20 years in Mexico; (2) most of the institutional reports on the evaluations of health programs and policies developed over the past 20 years in Mexico; and (3) the scientific papers that present the results and impacts of health programs and policies in Mexico over the past 20 years.

In addition, interviews with six researchers and former government officials involved in the evaluation of health programs and policies were developed to gather their views on the past, present and future of health systems evaluation in Mexico.

Background

In a context of political democratization, a health reform was implemented in Mexico in 2004.[1] This reform increased public funding to provide, through an insurance scheme called *Seguro Popular*,

[1] The process of political democratization was implied by the election in 2000 of a president from an opposition party– the first since the creation of the authoritarian National Revolutionary Party, which held uninterrupted power in Mexico for 71 years.

comprehensive health care to the non-salaried population, which represented half of the total population (Frenk et al, 2006). One of the central elements of this reform was an evaluation strategy with three components: (1) the monitoring of personal and public health services, (2) the evaluation of health programs and (3) health systems performance assessment (Figure 1).

Figure 1. Monitoring and evaluation framework of the Mexican health reform

(Ruelas & Gómez-Dantés, 2017)

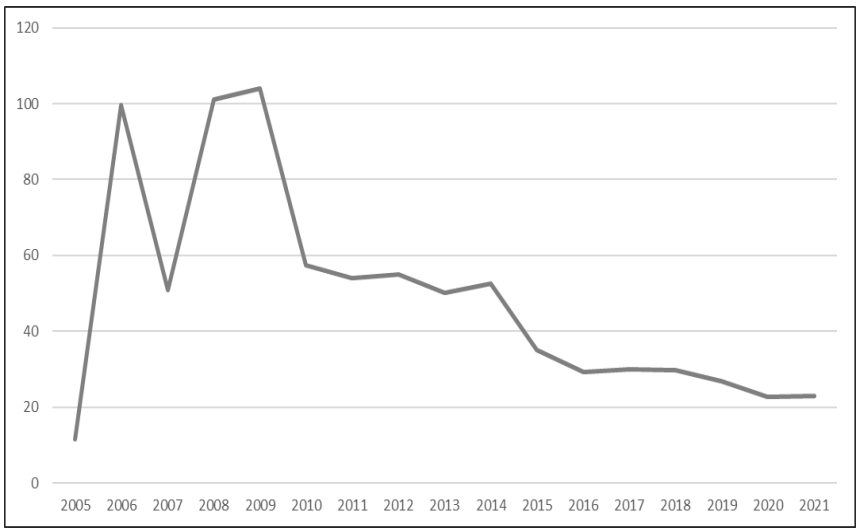
This evaluation strategy remained in place for a period of 18 years and three political administrations (2000–2006, 2006–2012 and 2012–2018), but with significant variations, both in the importance given to its various components and in the resources devoted to the overall evaluation activities (Table 1 and Figure 2). This strategy, implemented by the Ministry of Health (MoH), was complemented by several actions developed by the National Evaluation Council (CONEVAL), which monitors the legally mandated evaluation of all social development programs, including health programs.

Table 1: Support to the components of the health systems evaluations strategy by three political administrations, Mexico 2000–2018 (Ruelas et al, 2017).

Administration	Monitoring of personal and public health services	Program evaluation	Health system performance assessment
2000 – 2006	++	+++	+++
2006 – 2012	+++	+++	++
2012 – 2018	-	++	+

- No support, + low support, ++ medium support, +++ high support

Figure 2. Budget of the General Directorate for Performance Evaluation (GDPE) of the Ministry of Health, Mexico 2005–2021 (Expenditure budget of the Federation, Mexico 2005–2021).



The present government of Mexico (2018–2024) has shown little interest in the evaluation of national and state health systems, has devoted few resources to evaluation procedures and has only preserved the program component of the evaluation strategy mentioned above.

Evolution of the domestic health systems research agenda

In addition to a political climate that facilitated the implementation of accountability procedures, such as the evaluation of social development programs, health systems evaluations benefited from a rich health research environment, which started to mature in Mexico in the early 1980s as part of a health reform that intended to expand health care coverage. This reform involved the strengthening of health systems research to generate the evidence to guide the implementation of the reform measures (Soberón-Acevedo, 1987). This strengthening trend included the creation of the Center for Public Health Research (CPHR) in 1984, which developed research on topics, such as the epidemiological transition in middle-income countries, the quality of neonatal care, the effectiveness of primary health care interventions and the determinants of physicians supply and employment (Frenk et al, 1996; González-Block, 2009). In 1987, CPHR merged with the School of Public Health of Mexico and the Center for Research in Infectious Diseases to create the National Institute of Public Health (*Instituto Nacional de Salud Pública*, in Spanish, or INSP), the tenth national institute of health in Mexico. These institutes constitute the core of health research and graduate medical training in the country. In 1998, INSP established a center for research and teaching in health systems, the Center for Health Systems Research (*Centro de Investigación en Sistemas de Salud,* in Spanish, or CISS).

INSP was involved in the development of the evidence that guided the design and implementation of the health reform implemented in 2004, which provided social protection in health to the salaried population through Seguro Popular (Frenk, 2006). The Mexican Health Foundation (*Fundación Mexicana para la Salud,* in Spanish, or FUNSALUD), a private think tank, also generated evidence and policy proposals used in the 2004 Mexican health reform (Soberón & Valdés, 1995).

In addition to supporting public policies, INSP created the foundations of epidemiologic and health systems research in Mexico, which helped to develop, among other things, a strong in-country health systems evaluation capacity. In fact, in 2004 INSP established the Evaluation and Surveys Research Center (*Centro de Investigación en Evaluación y Encuestas,* in Spanish, or CIEE) to generate knowledge, evidence and capacity to improve decision making and welfare in Mexico. Other public academic institutions and various private consultancy firms also started to develop strong evaluation abilities at the turn of the century.

The evolution of the domestic health systems research agenda has been very erratic. In fact, there is no health systems research agenda. Each institution involved in health systems research has developed its own research and identified its own research priorities without any coordination with health authorities or other research institutions. Presently, there are no HSS evaluation priorities, due mostly to the fact that the present federal administration (2018–2024) has shown little concern for transparency, accountability or the evaluation of public programs and policies.

Actors

Since the late 1990s, the most important institutional actor in developing health systems research in Mexico has been INSP, mainly the CISS and CIES. INSP has developed the largest part of health systems research and has been directly involved in the evaluation of the two most significant social development programs implemented in Mexico in the past three decades: (1) *Progresa*, a conditional cash transfer program introduced in the late 1990s to enhance the basic capabilities of families living in extreme poverty and (2) *Seguro Popular*, a program designed to provide social protection in health to the non-salaried population (Frenk J & Gómez-Dantés, 2017). The results of these evaluations — both of which used experimental designs — were crucial to the continued existence of these programs through several political administrations (Rivera et al, 2004; King et al 2009).

Other public academic centers have also been involved in health systems research, such as the School of Medicine, of the National Autonomous University of Mexico (*Universidad Nacional Autónoma de México,* in Spanish) and the master's program in social medicine, at the Metropolitan

Autonomous University, Xochimilco, Mexico. Two other prestigious academic centers have also been involved in the research in health systems and evaluation: (1) *El Colegio de México* and (2) the Center for Research and Teaching in Economics (*Centro de Investigación y Docencia Económicas,* in Spanish). The concern for evaluation and the use of evidence for policy making, for example, explains the establishment within the Center for Research and Teaching in Economics (CIDE) of the Center for Learning and Results for Latin America and the Caribbean (*Centro para el Aprendizaje en Evaluación y Resultados para América Latina y el Caribe*, in Spanish, or CLEAR-LAC), which is part of the Global Evaluation Initiative.

In the private sector, FUNSALUD has been one of the few institutions involved in the generation of information and evidence for decision making in health, mostly regarding information on the levels of financial protection in health of the Mexican population, generated by its Competitiveness and Health Center.

Between 2002 and 2018 there were strong linkages between the national government and the various health systems evaluation actors, public and private. As mentioned above, the Social Development Law 2004, mandates the implementation of design, process, and impact evaluation of all the social development programs of the federal government, including health programs. These evaluations are supervised by CONEVAL, in coordination with the Ministry of Finance, which started to formally support the periodical evaluation of national social development programs. This requires a continuous relationship between three actors: (1) CONEVAL, (2) the evaluation units of all public health agencies (MoH and social security agencies), and (3) the heads of all federal health programs. These programs, in turn, hire public and private academic institutions and private consultancy firms to implement the required evaluations, which are mostly financed by the regular budget of each federal health program. Multilateral and bilateral agencies, and philanthropic institutions have played a marginal role in financing health systems and health program evaluations.

Enabling factors in the development of health systems evaluation capacity

There were four enabling factors in the development of health systems evaluation capacity in Mexico:

- A supportive legal framework
- Strong commitment to transparency, accountability, and evaluation
- The translation of this commitment into institutional, financial, and political support
- The availability of technical expertise (Ruelas et al, 2017)

The legal framework has been crucial in the development of health systems evaluation capacities. Two laws were passed by the Mexican Congress at the turn of the century: (1) the Access to Public Information and Transparence Law 2002 and (2) the Social Development Law 2004. This last law created the CONEVAL, which was established to coordinate and monitor the evaluation of all social development programs in Mexico, which were mandatory from that date (Wikipedia: National Council for the Evaluation of Social Development Policies [CONEVAL]). CONEVAL is also responsible for the multidimensional measurement of poverty in Mexico every two years (CONEVAL: Multidimensional measurement of poverty in Mexico: an economic wellbeing and social rights approach). This includes measuring the various types of deprivation experienced by people living in porverty, such as poor health care, lack of education and inadequate living conditions.

Through the Social Development Law 2004, a national system for performance evaluation was also created, jointly coordinated by CONEVAL and the Ministry of Finance.

At the turn of the century, there was also a high level of commitment to transparency, accountability, and evaluation. Both the president of Mexico and the minister of health were convinced that transparency, accountability, and evaluation were crucial for democracy and essential for the success of public policies.

This commitment was translated into institutional, financial and political support. The minister of health, for example, turned a small evaluation department that was nested in the General Directorate for Health Information into a GDPE, which was given an independent budget (see Table 1). Evaluation initiatives also demanded high-level support to overcome resistance by those being evaluated and, eventually, to promote the adoption of recommendations. The political support of the minister of health was particularly strong between 2001 and 2006 as demonstrated by the dissemination of evaluation results, both in the media and academic publications.

There have been various sources of funding for health systems research and for the development of in-country evaluation capacity in Mexico over the past 25 years. The salaries of researchers in public, academic institutions have been mostly covered by public budgets. However, resources to finance research projects and the launching of teaching programs have usually come from private global foundations (e.g., The Rockefeller Foundation, the Ford Foundation, the W.K Kellogg Foundation and the Bill & Melinda Gates Foundation), and from bilateral and multilateral institutions (e.g., USAID, IDRC, the Inter-American Development Bank and the World Bank). For example, in the late 1990s, the Kellogg Foundation financed the first research-oriented graduate program within the School of Public Health of Mexico, at INSP: the master's in science (MSc) in health systems. Another teaching program that has contributed to the development of health systems research and evaluation is the MSc program in health economics, established as a joint program by INSP and CIDE in 1998.

Even though evaluation capacities matured as part of the development of research capacities in health systems, which were partly funded by international organizations and foundations, the funding for specific evaluations came from the regular budget of the programs that were evaluated. The evaluations of *Progresa* and *Seguro Popular*, for example, were both financed with resources of these two programs. This was aided by the fact that the Social Development Law 2004 mandated the periodic evaluation of all social development programs, as will be discussed in the following section.

Finally, the availability of technical expertise within the MoH, various national academic institutions and the private consultancy sector also helped the development of a solid evaluation culture in the health sector in Mexico. There were also strong links with global academic institutions involved in evaluation activities, such as the Harvard School of Public Health and The School of Public Health of the University of North Carolina.

Evolution of evidence for HSS

Information and evidence have been identified since the 1980s as a key inputs of public health policies in Mexico and their generation has been formally promoted through the establishment of a strong national health information system and the creation and strengthening of health research institutions, such as INSP. Some private think tanks, such as FUNSALUD, have also contributed to the generation of information and evidence for public policies.

The national health information system provides periodic information on resources, services, health risks and conditions (Lozano & González-Block, 2006). This information system has a survey module that generates periodic health and nutrition surveys.

A group of methodologies have also been consistently used in academic centres in Mexico to generate evidence for policy and decision making. The burden of disease methodology has been employed to measure the national burden of disease since the early 1990s (Gómez-Dantés et al, 2016). Cost-effectiveness analysis was utilized to identify interventions covered by *Seguro Popular* (González-Pier et al, 2006). The National Health Accounts methodology has been used to generate financial information that has nurtured the design of health policies in Mexico over the past 25 years. The measurement of the levels of financial protection in the health of the Mexican population has been used both for the design of health policies and the assessment of health system performance (Knaul et al, 2006).

Dissemination, deliberation, and discussion of HSS evidence with government stakeholders

There are presently no formal mechanisms in Mexico to disseminate and discuss HSS evidence. Between 2001 and 2006 there was a National Health Forum, where the results of the annual health system performance assessment were presented and discussed. These forums were headed by the president of Mexico and the minister of health and attended by all state ministers of health and the heads of the main public health institutions. Unfortunately, this forum was discontinued in 2007 due to a declining concern for transparency and accountability.

Nowadays there are events for the occasional formal presentation of HSS evidence, such as the most recent results of the National Burden of Disease Project or the main results of the latest National Health and Nutrition Survey. Most of the evidence for HSS is disseminated through conventional channels and utilized by academic institutions, such as scientific publications, seminars and scientific congresses; these are rarely attended by government stakeholders or decision makers.

Making evaluation results useful to national governments

There have been countless efforts in Mexico to make the products of evaluations and HSS research available to government stakeholders, with inconsistent results.

The results of program evaluations are usually presented to high officials of public health agencies, the heads of those programs and their teams. This information and evidence are usually used to redesign and adjust the programs, and for accountability purposes. By law, social development programs should establish a working plan to implement the recommendations generated by the evaluations and should present periodic reports on its progress. The Ministry of Finance is planning on using the results of evaluations and reports on the implementation of their recommendations for the annual allocation of resources to these programs.

One of the few evaluation reports that receives major public attention is the biannual report published by CONEVAL on the levels of poverty in the Mexican population, which includes, as mentioned above, the levels of access to health care services (CONEVAL: Medición de la pobreza). The results of this report are usually discussed in the national and local media, policy circles and in most academic institutions.

The dissemination of the products of HSS research among government stakeholders is usually more erratic. These stakeholders rarely read the scientific articles published by health systems researchers and almost never meet with them, except in those events where relevant health system topics are discussed. In the past years, institutions involved in HSS research have been using research-translation instruments to reach decision makers, such as executive synthesis and policy briefs. There is no available information on the impact of this approach.

Very few researchers use face-to-face meetings with government stakeholders to discuss their research findings. However, there are a few research areas in which these meetings do take place, such as HIV and AIDS, and maternal mortality. This is explained by the fact that civil society organizations working in these fields are very resourceful and tend to facilitate these encounters.

Lessons from health systems evaluation in Mexico

There are two main lessons from the Mexican experience in the field of health systems evaluations:

- Evaluations demand high-level support to finance them, implement them, overcome resistance and, eventually, promote the adoption of recommendations.
- Long-term sustainability of evaluation efforts is an elusive goal and requires strong institutions.

The future for HSS evaluation in Mexico looks challenging. Very few health programs and policies are being evaluated, and public resources for these types of activities have decreased dramatically. The present government has no intention of evaluating its main health interventions, programs or reforms, most notably the creation of the Health Institute for Welfare, which replaced *Seguro Popular* in 2019.

Summary of Key Information Interviews

Below is a summary of the results of interviews held with six key actors involved in evaluation processes in the health sector in Mexico:

What are the strengths of the evaluation of health programs and policies in Mexico?	What are the main obstacles faced by the evaluation of health programs and policies in Mexico?	What could be done to improve the evaluation of health programs and policies in Mexico?
• The institutionalization of social programs evaluations through the Social Development Law and CONEVAL. • The development of strong technical evaluation capacities at the national level.	• Evaluation is not yet seen as an activity that can help improve health programs and policies; there is resistance and skepticism. • Public officials are afraid of being poorly evaluated, and both national and local congresses are reluctant to use evaluations for decision making. • There are a lack of evaluation capacities at the local (state) level.	• Give autonomy to CONEVAL, which currently depends on the Ministry of Welfare. • Strengthen evaluation capacities at the local (state) level. • Define a strategic agenda for the evaluation of health programs and policies. • Convince multilateral agencies and development banks to demand evaluations of all programs in which these agencies are involved. • Improve the dissemination of the benefits of the evaluations among public officials and members of Congress.

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