Dr. José Narro Robles – Secretary of Health, Mexico



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In an exclusive interview, Dr. José Narro Robles, Secretary of Health of Mexico, provides insight into the main challenges of the domestic healthcare system and his strategic priorities to improve the quality of life for Mexican citizens, while highlighting his commitment to better leveraging the financial resources of a public health system that strives to become more efficient, integrated and responsive to the needs of its entire population.

You were appointed Secretary of Health of Mexico by President Enrique Peña Nieto in February 2016. Given the current government has just over two more years left in power, on which strategic areas will you concentrate your efforts to concretely strengthen the Mexican health system?

First, I would like to highlight that it is truly an honor for me to be part of the government of President Enrique Peña Nieto and to be assigned the mission of improving the health services available to our population. Considering that the current government indeed has two years left in power, the Secretariat of Health will mainly concentrate its efforts on two strategic axes: consolidating the reforms and initiatives that were implemented before my appointment and addressing the remaining challenges that our healthcare system still faces.

On one hand, we have to move forward all the initiatives that have not been yet fully implemented in order to ensure that the progress already made will not be lost, especially in critical areas such as vaccination. Over the last three and a half years, the Mexican government has for example performed nearly 300 million vaccinations and invested more than 21 billion Mexican Pesos [around USD 1.12 billion] in vaccine purchasing, while the outcomes of our country's vaccination

program have been extremely positive. Therefore, we have a duty to ensure the consolidation of these successful initiatives, and guarantee that there is no disruption in their implementation and development.

On the other hand, we need to develop new solutions to tackle some of our national healthcare challenges, which comprise multiple dimensions. We have for example decided to move forward on the implementation of exchange of services between the different social security institutions that constitute our public health system. In the meantime, we want to strengthen our prevention, diagnostic and treatment capacity, especially for chronic, non-communicable diseases. Furthermore, we also want to advance in some sensitive topics such as degenerative diseases, while new viral infections such as the Zika virus are currently threatening the entire continent – including the United States. Last but not least, we want to address the teenage pregnancy issue our country is currently facing, the rising prevalence of which is a cause of great concern. Looking at all these strategic priorities and their crucial importance to our population, it is obvious we cannot really afford to be selective, and will have to simultaneously handle and advance several crucial projects over the next two years.

To increase our social impact, I also want to develop and implement specific national programs for all our research and medical institutions. For example, we have already defined a strategic program for the National Institute of Oncology, which notably includes the implementation of a national cancer register. The latter will enable us to understand more accurately the dynamics of the disease in our country, which will then be paramount for designing national prevention and treatment programs.

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The Mexican public health system is notably composed of three main social security institutions, IMSS, ISSSTE and Seguro Popular, to which beneficiaries are affiliated based on their employment situation. This so-called “fragmentation” of Mexico’s health system is a result of the country’s history but the current government is committed to creating more efficiency within it. What are the main outcomes you expect to reach by implementing exchange of health services within the different social security institutions?

Our overarching objective is to display better results with the resources our public health system currently holds, which implies developing new mechanisms to deliver our services in a more efficient manner. We also want to bring our services – even the most specialized ones – closer to

the population. For example, some patients from Baja California still need to go to Mexico City to receive specific diagnostic tests or treatments within the social security institution they are affiliated to. We want to ensure that they can receive this medical service, at the same level of quality, in Baja California – even if it could mean receiving the service through a different social security institution than the one they are affiliated to for some specific services.

While the improvements in terms of patient outcomes that these exchanges of services will generate are particularly obvious, they will also engender substantial savings for the different social security institutions and tremendously optimize their resource allocation.

We understand a first step in this upcoming exchange of services will initially concern 100 medical interventions, whose administrative and medical processes are currently under assessment by the different social security institutions. Once an agreement on this initial package is reached, what are the next steps you envision towards building a more efficient and integrated health system in Mexico?

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First, it is important to learn lessons from past projects. In Mexico, we have already tried to implement similar initiatives within our health system, but they didn’t display the outcomes we expected for two main reasons: either the scope of these projects was too limited, or not enough efforts were invested in the design phase. These are two mistakes we do not want to replicate as we try to generate better efficiencies within our overall health system.

Looking at the next phase, we want to broaden our collaborative scope of action and notably include infrastructure development within this new, integrated approach. When considering the construction of a new hospital for example, it should no longer be approached from the perspective of a single social security institution, but with a comprehensive, systemic development vision.

The design of our current health system is a result of country’s history and the evolution of its employment context over the last 70 years. Therefore, our main social security institutions display decades of regulations, processes but also cultures that have been separately and somehow distinctly evolving. The current government is now trying to better attend to our population’s needs by fully leveraging the resources, capacities and processes of these different social security institutions, and by following a long-term, systemic approach that will in turn generate savings for Mexico’s health system in general and these social security institutions in particular.

In 2016, Mexico's Secretary of Treasury announced new health budget cuts. Given this budget constraint and the time you will need to generate new efficiencies with the implementation of exchange of services, how do you plan to finance the improvement of Mexico's health system in the short-term?

We are currently trying to find the best solution to overcome this additional challenge, which we did not anticipate when establishing our strategic action plan. These budget cuts are now a harsh reality, and we are left with no choice but to adapt our approach. Nevertheless, it is important to take into account the national and international economic situations which have led to these unfortunate recent cuts. Considering the current downturn affecting the international oil and gas industry, we indeed cannot blame the Mexican government, or the Secretary of Health, for the economic difficulties that these global headwinds inflict on Mexico, and the recent public budget cuts they entail.

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Nevertheless, in this difficult economic context, the Secretary of Health holds a heightened responsibility to better leverage its current financial resources. In this endeavor, we will need to further avoid any kind of inefficient resource allocation, while of course never compromising the quality of our delivery, which is the biggest challenge a government faces when its budget is under pressure. Mexico has been following a satisfactory trajectory in terms of healthcare outcomes over recent decades and, as Secretary of Health, my first and foremost mission is to ensure we do not lose the benefits of any of the achievements we have recently reached – whatever the country's economic situation is.

While privatization of Mexico's health system is naturally out of the question, how could a greater collaboration between the public and private sectors help deliver better health outcomes to Mexican patients?

As you said, the privatization of Mexico's health system is not an option: our public sector has to remain and even become evermore responsive and reliable for all the health needs of our population. Mexicans can already be extremely proud of the development of our public institutions, as our public health system contains more than 23,000 medical centers of all sizes throughout the country, more than 200,000 physicians, 300,000 nurses and 90,000 hospital beds. Furthermore, around 1,000,000 Mexicans on average attend public health institutions every day, which represent around 12,000 surgeries conducted daily and more than 16,000 hospitalizations.

On the other hand, it is true our country is in the lucky position to also rely on a strong, thriving private sector, which allowed Mexico to become a top 15 economy globally, while we now hold the ambition to join the global top ten in the coming years. Without any doubt, Mexico for example boasts world-class advanced manufacturing and export capacities, and the pharmaceutical and healthcare industries proudly stand as some of the most important sectors of our country's economy in this regard. In this equation, I also want to highlight the importance of civil society, which is gradually becoming more organized in Mexico and beginning to truly establish itself as the third pillar of our country.

I deeply believe we can reach greater health outcomes by better aligning the public and private sectors, which are truly complementary in our country. In the meantime, to fully benefit from this combined and heightened power of action, we need to urgently reduce inequalities within our society, while strengthening the fundamental responsibility that Mexico's public sector holds in terms of education and health.

You were rector of UNAM, one of the most prestigious universities in Latin America, between 2006 and 2015. As Secretary of Health, how do you want to partner with your counterpart from the Secretary of Education to further improve health outcomes in Mexico?

Reducing inequality and improving our economic competitiveness will mainly depend on our capacity to design and implement game-changing education, health and social programs. Looking at the health context in particular, improving healthcare outcomes will for example necessarily include the development of more efficient prevention systems, which should focus on the younger generations and be integrated within our education system.

In this regard, the ties between education and health have to be extremely strong and continuously strengthened, at all levels. Beside prevention programs, the healthcare eco-system has to develop stronger relationships and partnerships with university and research institutions to find new and better ways to deliver our services and design locally adapted healthcare innovations.

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We have a historical debt to the sectors of society that still display dramatic needs in terms of education and healthcare – be they Mexico's indigenous populations, children, or the very poorest in society – that we have to address. Nevertheless, reaching this fundamental objective must fall

within a long-term, comprehensive strategy. Our country has undeniably been able to progress in a tremendous and promising manner over recent years, but there is still a long way to go to truly reduce inequality and guarantee the access of our entire population to a better quality of public services, especially in terms of health and medical outcomes.

How can your extensive experience in the medical and academic fields help you bring a new perspective on Mexico's health issues?

I see myself as a proud and passionate public servant, a professor and a physician who has dedicated his life to the improvement of Mexico's health and education systems. I deeply believe in the fundamental role that the public sector holds within our society, and this is precisely why I chose to dedicate my career to our country's public system. When I was rector of UNAM for instance, I felt an immense pride in being able to contribute to the development of such an extraordinary institution, but also a huge responsibility, which you can only feel when you genuinely and truly hold the personal commitment to serve, help and develop public institutions.

I had the opportunity to work within the Secretariat of Health at different positions before being appointed Secretary of Health. I was notably general secretary of the Mexican Institute of Social Security (IMSS), while I also held several political positions. Nevertheless, the main lesson that I have learned throughout my career, and the main message I want to convey, is that all public servants hold the power to help our country and make a difference, whatever their positions are, as soon as they truly hold desire and the ambition to honestly serve our society.

Our country indisputably holds great potential, but also faces significant structural challenges that we still have to overcome. I am however confident the best times for Mexico are yet to come: we are moving in the right direction, and our country's recent progresses are undeniable and promising.

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