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Instituto Nacional  
 de Salud Pública



# Promoting access to cancer medicines in Mexico: *Seguro Popular* key policy components

**Daniela Moye-Holz**

Anahí Dreser

Octavio Gómez-Dantés

Veronika J. Wirtz



# Disclosure Conflicts of Interest



**None**



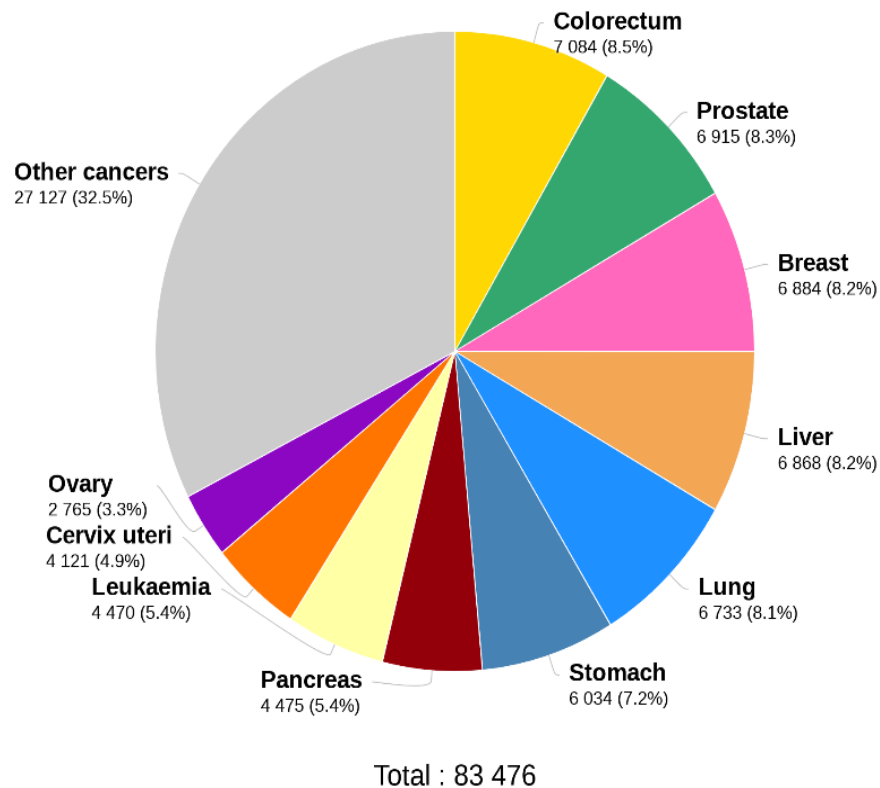
# Background



- Essential medicines: those that satisfy the priority health needs of the population
- Due to the growing cancer burden, the concept of essential medicines includes cancer medicines for effective treatment and control.
- Access to cancer control services – essential cancer medicines – part of health coverage towards Universal Health Coverage (UHC)

# Background - MEXICO

Estimated number of deaths in 2018, Mexico, all cancers, both sexes, all ages

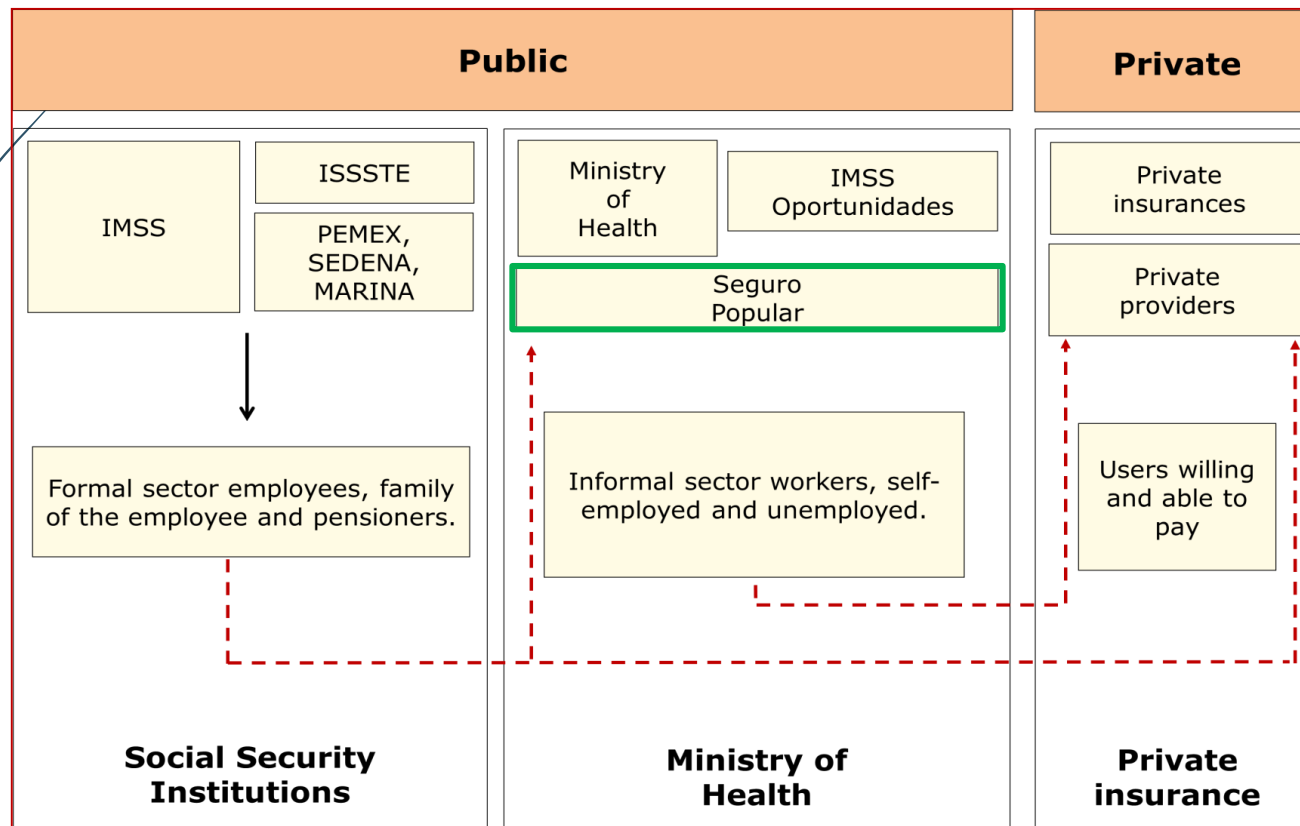


- Cancer – leading cause of mortality and disability worldwide (also in LMIC)
- In Mexico: 13% of deaths due to cancer
  - Leukemia – children
  - Breast and cervical cancer – women
  - Colorectal, lung, and prostate cancer – men

\*Late diagnosis of most cases

# Background – Mexico's Seguro Popular (SP)

- 2003 – reform to General Health Law = System of Social Protection in Health → Insurance component
  - Seguro Popular (SP) for non-salaried population (> 40% population)



# Objective

- Analyze Mexico's experience in expanding access to essential cancer medicines through SP to move towards UHC.
- By describing key components of SP using the WHO Access to Medicines Framework





# Methods



- Document analysis (public data, laws and policies, government reports and documents)
- Scoping literature review
- Study in 2017:
  - Survey - WHO/HAI methodology (availability, prices, and affordability data)
  - Stakeholder interviews

# Results. SP & WHO Access Framework

## Selection (Coverage)

- CAUSES - list of essential health interventions and medicines
- FPGC - list of high-cost interventions (including cancer) with treatment protocols (covered medicines)

## Pricing and reimbursement

- Capitation system
- List of reference prices for reimbursement of covered medicines
- Compliance with prices negotiated by the CCNPMIS

## SP - Access to Medicines

## Financing

- Funds from federal and state governments, plus individual contribution
- 89% goes to CAUSES (30%-medicines)
- 8% to FPGC

## Healthcare & Procurement/Supply Systems

- Accreditation of health facilities
- Different procurement/supply mechanisms



# Results. Selection of Cancer Medicines for SP's FPGC

- 33 cancers/66 interventions covered (+ pediatric cancers)
- Treatment protocols – basic cancer care

Formulary	Number of cancer medicines included	Generic cancer medicines	Patented cancer medicines	Cancer medicines WHO-EML (2015)
SP (FPGC)	90	70	20	45/48

## Results. Financing of SP and medicines

- Reimbursement to health providers:
  - Based on SP coverage
  - No coverage – patients pay OOP and/or facility covers costs/charity

Year	Paid Interventions (n)		Paid amount (Mexican pesos, in millions)	
	Total	Cancer (%)	Total	Cancer (%)
2017	239,229	<b>25,176 (10.5%)</b>	12,574.8	<b>4,260.4 (33.9%)</b>

# Pricing of SP's (cancer) medicines

- Capitation system and max. reference reimbursement prices

	Comparison SP prices vs IRP (2017)		Comparison 2017 Survey Prices vs SP prices	
Mechanism	Cancer Medicines Included	Ratio \$/IRP	Cancer Medicines Included	Ratio \$/SP\$
SP Reference Price	51 generic	0.92	25 generic	1.04 (0.1-1.39)
CCNPMIS (negotiation)	10 patented	0.66	6 patented	1.00 (0.80 – 1.35)

# Results. Supply and procurement of medicines

- Accreditation and portability
- 356 facilities accredited for FPGC interventions; 57 for paediatric cancers
- Procurement models/mechanisms:
  - Conventional Model
  - Outsourced Model
  - Hybrid Model
  - Direct Procurement

Procurement System	% Availability	Median MPR
Conventional Model (n=10)	66.1%	1.00
Outsourced model (n=6)	83.3%	1.08
Hybrid model (n=5)	74.2%	1.20

# Results. SP - Strengths and Limitations

## Selection (Coverage)

- + >90% cancer medicine in WHO-EML
- + Better availability of medicines with coverage
- Outdated treatment guidelines
- Prescription of non-covered medicines
- Non-coverage of advanced stages of cancer

## Pricing and reimbursement

- + Tabulators and reference prices = costs control
- + Guide and influence procurement
  - High procurement price variability
- Lack of monitoring on price compliance

## SP - Access to Medicines

## Financing

- + Pooling of resources
- + Financing of >80% validated cases
- Delayed reimbursement = use of other resources
- Lack of resources for medicines and diseases without coverage

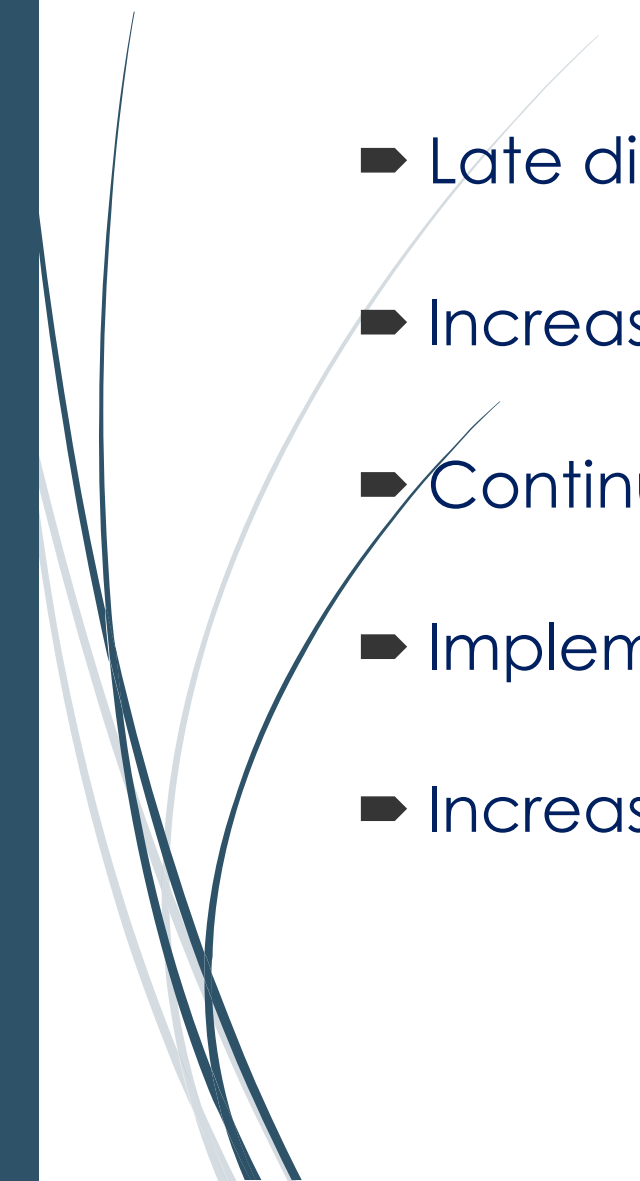
## Healthcare &

## Procurement/Supply Systems

- + Accreditation = equitable/harmonized healthcare
- Few accredited facilities = geographic barriers
  - Procurement models = different availability of medicines
  - Direct procurement




# Future Challenges & Implications

- Late diagnosis of cancer cases – coverage of only basic care
  - Increase coverage (new medicines, other prevalent cancers)
  - Continued out-of-pocket payments for medicines and high prices
  - Implementation of price and procurement monitoring systems
  - Increase accreditation of facilities (2<sup>nd</sup> level and private)
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# Future Challenges & Implications

- Need for Health System strengthening
  - No national pharmaceutical policy (NPP)
  - NPP & SP components paired with National Cancer Control Program
  - New government – SP might disappear
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# Conclusions

- Seguro Popular incorporated all 4 key components of the WHO Access Framework
- SP – Address challenges:
  - Routinely update treatment protocols
  - Expand cancer coverage
  - Expand the accreditation of facilities
  - Reduce bureaucracy and increase efficiency
- Improving access to cancer medicines as part of a strong national pharmaceutical policy coupled with National Cancer Control Plan



# THANK YOU!



# QUESTIONS?