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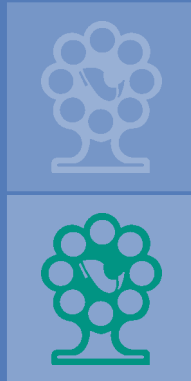
CUADERNOS FUNSALUD

Número 35

Research on Health Policies and Systems: FUNSALUD's Interest in the Matter

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Geneva, Switzerland
October 11, 2001

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FUNDACIÓN MEXICANA PARA LA SALUD, AC
INSTITUCIÓN PRIVADA AL SERVICIO DE LA COMUNIDAD



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 Mira por
los demás

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Geneva, Switzerland

October 11, 2001



The Alliance for Health Policy
and Systems Research

Guillermo Soberón • José Cuauhtémoc Valdés-Olmedo
Gregorio Martínez-Narváez • Felicia Knaul
José Antonio Izazola-Licea • Gustavo Nigenda



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RESEARCH ON HEALTH POLICIES AND SYSTEMS:
FUNSALUD'S INTEREST IN THE MATTER

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This document was translated into English by Moira de Chermont.

Presentation

Last July, the Mexican Health Foundation (FUNSALUD), was invited by the Alliance for Health Policy and Systems Research to present a case study on the participation of the Mexican Health Foundation in issues regarding health policies and systems, since its contributions to this subject are so widely recognized throughout the international community.

The case study was presented on October 11, 2001 in Geneva, Switzerland, at the Forum 5 meeting of the Global Forum for Health Research that included the following studies:

- The South African Health System Fund, by Gcinille Buthelezi
- FUNSALUD, presented by Guillermo Soberón
- ASSALUD of Colombia, carried out by Francisco Yepes and
- Research Institute for Thai Health Systems, by Wiput Phoolcharoen

The document containing the Foundation's experiences, entitled *Research on Health Policies and Systems: Funsalud's Interest in the Matter*, was carried out by the following: Guillermo Soberón, Cuauhtémoc Valdés, Gregorio Martínez Narváez, Felicia Knaul, Antonio Izazola and Gustavo Nigenda.

In order to make these studies more accessible to a non-specialized public, mainly from the entrepreneurial milieu and the community integrated by FUNSALUD, we are currently publishing the aforementioned symposium in *FUNSALUD Notebooks*. The document narrates FUNSALUD's experience in the important field of health policies; an experience that has enabled it to help civil society organizations find ways to contribute to the country's development.

FUNSALUD has been characterized as a private sector center for analysis and critical opinion, with the capacity to influence, through proposals and well-founded information, the decision-making processes of health authorities with regards to the evolution, implementation and function of the National Health System. It influences decision-makers through the dissemination of information, research results and proposals that allow it to formulate recommendations derived from said results. FUNSALUD's critical voice is a crucial function that requires it to maintain a prudent distance from the public and social sectors in order to evaluate, from a fair and objective point of view, the policies and programs of the National Health System. It deserves to participate in such tasks because it has earned the right, through its own efforts, to compile and analyze valuable information from the health system to support decision-making processes, thereby helping to improve the performance of the National Health System.

In conclusion, FUNSALUD represents a positive experience. It has been a forum where the private, public and academic sectors, as well as international organizations, come together to develop programs that benefit health. It has been a mechanism through which to mobilize financial resources in order to attain the highest levels of health. It has been able to contribute to the reform of the Mexican National Health System and has also influenced reforms in Latin America and the Caribbean. It has helped solve specific health sys-

tem problems in Mexico and other Latin American countries. It speaks with an independent voice about health problems in Mexico.

José Cuauhtémoc Valdés Olmedo
General Coordinator

Executive Summary

The Mexican Health Foundation (Fundación Mexicana para la Salud, FUNSALUD) was founded in May 1985 by a group of nearly 100 businessmen representing Mexico's private sector. FUNSALUD directed its efforts towards encouraging appropriate health policies, among them the formation of highly qualified human resources and the furthering of health research in Mexico.

The Foundation bases its institutional activities on strategic alliances with academic institutions, private sector businesses and government offices, international organizations, civil society organizations and foundations abroad. It ensures that its actions benefit the greater majority instead of satisfying individual needs. Its efforts started with the Health and Economy Study (HES) and the institutional organization to support such research,¹ and others institutional programs oriented to support health policies in Mexico. The principal products of the Foundation are: data banks, information, proposals, work methods, research results, publications in scientific magazines and books, conferences and academic activities. It has tried to be selective of programs

¹ These include: the Health and the Economy Center (now the Center for the Social and Economic Analysis of Health), the José Luis Bobadilla Inter-American Network on Health Policy, the SIDALAC Initiative, the Consultancy Services.

undertaken by starting with a state-of-the-art study on a concrete theme, in order to determine: what is done, who does it; what should be done and is neglected and the reasons for this. It is on the lookout for new opportunities and support projects that respond to high-priority health problems, ensure institutional participation on aspects that have not been covered by other organizations, and guarantee the fulfillment of our objectives.

FUNSALUD has been characterized as a private sector center for analysis and critical opinion, with the capacity to influence, through proposals and well-founded information, the decision-making processes by health authorities, with regards to the evolution, implementation and function of the national health system. It influences decision-makers through the dissemination of information, research results and proposals that allow it to formulate recommendations derived from said studies. FUNSALUD's critical voice is a crucial function that forces it to maintain a prudent distance from the public sector and the social sector in order to evaluate, from a fair and objective point of view, the policies and programs of the national health system. It deserves to participate in such tasks because it has earned the right, through its own efforts, to compile and analyze valuable information from the health system to support the decision-making processes thereby helping to improve the performance of the National Health System.

In conclusion, FUNSALUD represents a positive experience. It has been a forum where various sectors: private, public and academic sector as well as international organizations, come together to develop programs that benefit health. It has been a mechanism for the mobilization of financial resources in order to attain the highest levels of health. It has been able to contribute to the reform of the Mexican National Health System and has also influenced reforms in Latin America and the Caribbean. It has helped

to solve specific health system problems in Mexico and other Latin American countries. It speaks with an independent voice about health problems in Mexico.

List of Abbreviations

| | |
|-------------|--|
| BOD | Burden of Disease |
| CASEsalud | Center for Social and Economic Analysis in Health |
| CONALEP | National Professional Technical Education College |
| IDB | Inter-American Development Bank |
| FONPROESA | Fund for Health and the Economy Program |
| FUNSAUD | Mexican Health Foundation (Fundación Mexicana para la Salud) |
| GRD | Groups related by their diagnosis |
| HES | Health and the Economy Study |
| HIV / AIDS | Human Immunodeficiency Virus / Acquired Immuno Deficiency Syndrome |
| HTCG | Horizontal Technical Cooperation Group |
| ICHSRI | International Clearinghouse for Health System Reform Initiatives |
| IMSS | Mexican Social Security Institute |
| JLB Network | Jose Luis Bobadilla Network |
| LAC | Latin American and Caribbean |
| MoH | Ministry of Health |
| NGO | Non Governmental Organization |
| NHA | National Health Accounts |
| PAHO | Pan American Health Organization |
| SIDALAC | Regional HIV / AIDS Initiative for Latin America and the Caribbean |

STD
UNAIDS

Sexually Transmitted Diseases
United Nations HIV / AIDS Program

1. Origins and Scope of FUNSALUD

The Mexican Health Foundation was born during Mexico's 1984 and 1985 economic crisis. At the time, our currency went through a strong devaluation, which resulted in the flight of capitals, a distrust in investments and tensions between the public and private sectors. During those same years, the Health Ministry launched a program to promote the Mexican pharmaceutical industry, thereby attempting to increase the presence of national companies over the existing transnational. The economic crisis generated a decrease of provisions that created tension between health authorities and the pharmaceutical industry in general.

Given the situation, a group of entrepreneurs, led by Carlos Abedrop,² told the incumbent Health Minister, Guillermo Soberón, that there were ways for the private sector to participate in favor of social causes. They proposed that businessmen should support health objectives through actions that supported the National Health System's programs. In order to carry out their plan, they needed to establish a mechanism, which, in time, became the Mexican Health Foundation (FUNSALUD). At the time, no other civil society organizations participated in this type of activity,

² Owner of one of the banks that years earlier had been expropriated when banks were nationalized.

although some had already established a few community programs, such as family planning.

A group of Founding Associates, comprising nearly 100 businessmen from the most representative sectors of Mexico's private sector established, in May 1985, the Mexican Health Foundation (Fundación Mexicana para la Salud-FUNSAUD), a civil association that did not belong to the public sector but had the ability to interact with it. The new institution decided to direct its efforts towards the formation of highly qualified human resources and to the furthering of health research in Mexico. Once the Foundation was established, the entrepreneurs visited the President of the Republic, Miguel de la Madrid, who voiced his approval regarding the creation of a civil society organization that would be involved in socially transcendent tasks that complemented the State's role regarding the protection of the Mexican population's health. Moreover, since its inception, the Foundation obtained support from the Health Ministry and the Federal Government, as well as from the Carnegie Corporation of New York, the Rockefeller Foundation and the Pan American Health Organization (PAHO).

2. Factors that helped the development of FUNSALUD

During the past 16 years, the Associates have maintained the Foundation by donating their time, talent and financial resources. The Associates are a mixture of highly respected businessmen from the most diverse branches of the country's economy. At the moment, there are almost 200 Founding and Active Associates, as well as 27 enterprises, known as Institutional Associates. There have been eight Boards of Trustees, elected by the Assembly every two years, which means almost half of the Associates, have served, at one time or another, on this collegiate body. Through its existence, FUNSALUD has combined the interaction of an entrepreneurial platform committed to social issues and an efficient operational infrastructure based in academics, which is the secret to its success. This means that the institution combines the ability of a group of entrepreneurs and enterprises and the professional expertise of its Executive Presidency in the health field to develop a clearly defined social objective.

From the very beginning the Foundation decided that its activities should complement those of other academic and health institutions from the public, social and private sectors, and that it should focus on national health priorities as defined by the country's health authorities. Therefore, it only needs a minimum operational structure to carry out its activities, with highly trained personnel in the Executive Presidency, which is integrated by an Executive President, a

General Coordinator, two Directors and three Program Coordinators, in order to execute and implement the tasks at hand. For the projects to be carried out, consultants and experts on specific issues are called in. They are hired for specific tasks and for a limited time, which allows them to continue to collaborate with their original institutions. FUNSALUD's ability to hire the best has been proven. When it sends out a summons, those who heed the call are usually the best in their field. They contribute and commit, beyond their institutional affiliations, towards a concrete goal and to generate products that contribute to improve the population's health levels. It has endeavored to improve the talent through the ideal mixture of complementary capabilities. It combined the institution's operational staff, who coordinated the projects, with teams made up of consultants, thereby combining entrepreneurial commitment, academic capabilities, an intelligent use of resources and ties with research and higher learning institutions.

There is an important experience that is worth sharing. At the very beginning of the Foundation's life, the Founding Associates asked health researchers and experts to submit proposals, confident that they would be able to finance them. This obviously generated a great deal of expectations. The response was such that FUNSALUD's Associates quite soon realized that they lacked the resources to satisfy their research needs. Consequently, not only were their response capabilities reduced; they were completely unable to respond. This situation caused deception and disillusionment. The institution became known as the "Mexican Health Frustration". That is why the idea of carrying out "state-of-the-art" studies was born. This is to ensure that FUNSALUD knew about the problems it could face and avoid making other mistakes such as the one just mentioned.

The Federal Government's support has been very important throughout FUNSALUD's institutional life. Thanks to

its support, the Foundation was able to launch its activities. The government equaled the contributions donated by the Founding Associates. Once, during difficult economic times, it also supported the Foundation with a contribution concurrent to funds donated by the Ex Presidents of the Board of Trustees. By gaining the government's confidence, FUNSALUD has earned the right to participate in Swaps³ to support social projects. However, it is important to emphasize that this support has in no way subjected the Foundation to government policies and programs. FUNSALUD has always maintained close ties with the health authorities without sacrificing its right to an independent opinion. It has the ability to make its own decisions and the freedom to act towards government or the private sector in any manner it deems fit, even though it has been a platform that has enabled enterprises and persons interested in health, to contribute to concrete social causes. On many occasions, the Presidents of the Republic themselves have stressed the importance of the Foundation and have said that it is an example of how, in a modern state such as Mexico, the State should interact with civil society organizations. In any case, the Foundation does not participate in any activities that have party or religious affiliations nor does it indulge in any proselytizing.

The Foundation bases its institutional activities on strategic alliances with academic institutions, private sector businesses and government offices, international organizations, civil society organizations and foundations abroad. We have achieved a multiplier effect by making sure that our actions benefit the greater majority instead of satisfying

³ Swaps refers to the buying of Mexican external debt at lower than nominal price and selling it to the government of Mexico at nominal price. The earning is given to authorized institution provided it is applied at social programs.

individual needs. The principal products of the Foundation are: data banks, information, proposals, work methods, research results, publications in scientific magazines and books, conferences and academic activities. Moreover, we have tried to be selective with regards to the programs we undertake by starting with a state-of-the-art study on a concrete theme, in order to determine what is done and who does it as well as what should be done and is neglected and the reasons for this. We are therefore on the lookout for new opportunities and support projects that respond to high-priority health problems, insure institutional participation with respect to aspects that have not been covered by other organizations, and guarantee the fulfillment of our objectives.

One of the institutions we have interacted with the most regarding health policies and programs has been the National Public Health Institute and many of its directors and researchers. As we mentioned earlier, the products presented by the FUNSALUD can be characterized as public or semi-public goods since they fundamentally benefit all the people or groups covered by or who receive healthcare from public sector institutions. As we shall see further on, this has been the fundamental characteristic of consultancy services. When projects are backed by businesses, particularly the pharmaceutical sector, an ethical code has been established to make sure the support being given is not used for commercial purposes or that the results of the projects being undertaken are free from any type of external influence.

The confidence, know-how and economic support offered to FUNSALUD by the Carnegie Corporation of New York between 1985 and 1997 towards its institutional development and specific programs on maternal and child health (MCH), was a determining factor. Moreover, support provided by the Rockefeller Foundation regarding distinct undertakings carried out by the institution was also of the utmost importance.

We must not forget to mention the encouragement and support received from those who have presided over the different Boards of Trustees and from other Associates.⁴ From a substantive point of view, the work carried out by several persons⁵ has been invaluable.

⁴ Carlos Abedrop, Rubén Aguilar, Manuel Arango, Enrique R Bours, Jaime Constantiner, Pablo Escandón, Antonio Gutiérrez Cortina, Antonio López de Silanes, Manuel Martínez Domínguez, Ernesto Rubio del Cueto, Guillermo Salas, Alfredo Santos.

⁵ Pedro Arroyo, Julio Frenk, Mariano García Viveros, Octavio Gómez Dantés, Antonio Izazola, Felicia Knaul, Gregorio Martínez Narváez, Gustavo Nigenda, Guillermo Soberón, Cuauhtémoc Valdés Olmedo, Beatriz Zurita.

3. From Health and the Economy to the Center for Social and Economic Analysis in Health (CASEsalud)

One might say that the present reform of the health sector in Mexico began in 1983. Back then, neither academics nor politicians had much use for the word reform and its meaning. However, the changes initiated in 1983 were aimed at redefining the structure and functions of the health system. The fashionable concept at the time was a “structural change in health”. This reform came about after a thorough evaluation of public health services and policies carried out by a special group known as the “Coordination of Health Services for the Office of the President”. Its specific task was to evaluate current health services and propose ways and means to organize a health system that could provide universal coverage. This group, led by Guillermo Soberón, submitted its proposal to the incumbent government, specifically to President Elect Miguel de la Madrid, and a handful of his future Cabinet members. The proposal included five macro level strategies: i) decentralization, ii) functional and administrative modernization of the Health Ministry, iii) sectorial and iv) inter-sectoral coordination and v) community participation. It adapted five micro level strategies: i) financing, ii) health research, iii) human resources, iv) health information and v) supplies for the health system. Within this structural change, the most important program was the decentralization of Health Ministry services which, at the time, provided healthcare to

approximately 35% of the population, mainly the poorest. The objective of decentralization was to create State-level healthcare systems by unifying all publicly funded institutions and making the State administration responsible for a larger portion of the financial needs. The decentralization process was later considered an important strategy in the reform plans of many other developing countries. Structural change also included the other strategies we have already mentioned, which were aimed at promoting the integration of all health institutions connected to the health system that had grown and developed for years without any type of order or articulation. It also envisioned greater coverage for the population and the need for a more equitable distribution of available resources.

Obviously, the implementation of these strategies for structural change had to be negotiated with all interested parties within the health system, which turned the whole affair into a political issue and, at the end of the day, it only partially accomplished its goals. For instance, the decentralization process was completed in only 14 of the 31 Mexican States and the Federal District. However, the seeds of a more ambitious reform were sowed in those years.

In the nineties, the winds of reform were already blowing all over Latin America. The international community, including development banks, was eager to participate in this effort. It was finally FUNSALUD's opportunity to articulate the efforts of various stakeholders and design a reform plan to be proposed to the health authorities that could reflect a true assessment of the Mexican Health System's situation. Julio Frenk carried out both the assessment and the plan (entitled "Health and Economy Study" or HES), with the support of a research team from FUNSALUD and other institutions.

At the beginning of the decade, FUNSALUD was already trying to convince Mexican society to move ahead with the

reform program, and complete the decentralization program that had been halted in 1988. Between 1990 and 1993, FUNSALUD organized seminars and a series of other academic and non-academic activities to let people know the reform was incomplete. As a non-profit, non-governmental organization (NGO), FUNSALUD was the first institution of its kind to embark on such an enterprise. At the time, only the Mexican government had the authority to design, produce, and implement and sanction reform proposals. Some people within the government sphere did not necessarily deem FUNSALUD's role in the matter convenient, but the Foundation was able to obtain the support of many social groups that the government had not taken into consideration. Among them was an important group of entrepreneurs and other civil society institutions.

As an NGO, FUNSALUD has always counted on groups of Mexican businessmen for their support. It managed to convince its partners that the HES was a way for the reform process in Mexico to solve a series of backlogs that the health system had been unable to overcome with the structural change strategies. FUNSALUD's Associates provided different types of support to the project in addition to financial resources.

It is important to mention that FUNSALUD was able to carry out its evaluation, definition of the main concepts of the study and generation of results and recommendations independently and without the intervention or influence of any external forces. Its recommendations focused mainly on the improvement of health services and conditions in the poorest sectors of Mexican society, and the reduction of the prevailing unfair practices regarding the allocation of resources in this country. At all times, the aim was to improve the health system and benefit lower-income groups, not help promote the interests of certain groups that already had ways to promote their specific interests.

In the early nineties, a series of tools were already available to evaluate the health conditions of a population and define how to better allocate the scarce resources. Some of them were still only at the pilot stage. The study was able to implement these tools to evaluate the health conditions of the Mexican population and the structural and organizational status of the health system. These included: i) national health accounts (NHA), ii) the burden of disease (BOD) and iii) political mapping methodologies. In fact, the first time the method to evaluate the BOD was formally applied worldwide, happened in Mexico through the HES.

The results and conclusions of the HES were published in 1994 while a new political administration was taking over the reigns of government. Although the new administration took some of the recommendations proposed by HES into consideration, its distrust of FUNSALUD did not allow the proposals to be fully discussed and implemented. Even though the administration has launched its Reform Program and has included some of FUNSALUD's proposals, very little specific reference has been made to our report. Anyhow, this reform proposal was more ambitious than the previous one since it encompassed all social assistance organizations and social security institutions, the three levels of healthcare, and it also included re-launching the decentralization strategy.

At this point in time, it may yet become a success story. It has taken almost 20 years of reform efforts to draw the full circle since many complex factors are involved. Despite the fact that FUNSALUD's proposals have encountered many obstacles along the way, the possibility of implementing the recommendations published in 1994 is now greater than ever. Today, Julio Frenk is Mexico's Health Minister. This situation in itself does not guarantee the completion of the circle but it certainly creates greater opportunities for its success. It is also important to mention that the political scenario has changed. The new Mexican democracy requires

greater definition and invites us to meet many new political players. However, FUNSALUD's HES proposal was specifically based on a democratic philosophy, in which the health system would not only be a way to distribute resources and improve social welfare but also a means to promote the participation of all social groups in health issues and support the country's economic development.

In 1994, after the completion of the HES study, a Center for Health and the Economy was created within FUNSALUD. As mentioned earlier, Julio Frenk was appointed Executive Vice-president and Director of the Center. When he left to join the World Health Organization in 1998, the Center was reduced to a program coordinated by Beatriz Zurita, since we needed to diminish its scope. Since Julio Frenk's appointment as Health Minister, the Center has been reestablished, under the direction of Felicia Knaul, and is now known as the Center for Social and Economic Analysis in Health (CASEsalud).

4. The José Luis Bobadilla Inter-American Network on Health Policy

In October of 1996 while on duty for the Inter-American Development Bank (IDB), Jose Luis Bobadilla (JLB) took a flight from Lima, Peru to Santiago, Chile. It would be the last stop on his journey before going back to Washington, DC but the plane never made it to its final destination. Only a few minutes after take off, the plane crashed into the water, killing all passengers. Some of the bodies were never recovered, among these the body of Jose Luis.

Jose Luis was a member of an outstanding class at the National University of Mexico's School of Medicine. His talents were quickly directed towards becoming a top-notch researcher. After some time in Mexico, where he collaborated with FUNSALUD and helped to found the Mexican National Public Health Institute, he was hired by the World Bank to promote the use of methodological tools to define health policies. Afterwards, Jose Luis moved to the IDB to continue his career, but only a few months after his new appointment, his destiny caught up with him.

The idea of naming a scheme after Jose Luis Bobadilla, quickly took root when all his former colleagues at the institutions where he had worked, readily supported the idea. This would focus on providing decision-makers, at every level of the health ministries, with certain tools that would help them make better and more informed decisions.

Enough support within the IDB was drummed up to finance the project that would cover all of Latin America and the Caribbean, wherein FUNSALUD would be in charge of its operation. In FUNSALUD, the project took shape by adapting initiatives that were already in use, which only needed the addition of a few new components. Therefore, in no time at all, the project for the JLB Network was defined and ready to start operations with the financial support of the IDB. However, since the authorization of the Mexican Health Ministry was needed to start the project, negotiations took a little longer than planned. The Network began to operate six months later than it had originally intended.

The position of the Mexican Health Ministry in this affair was somehow difficult. Although the money coming from the Bank was a “grant”, not a loan, the Ministry questioned FUNSALUD’s leadership in the project. By the time these negotiations took place, FUNSALUD was already well known because of the publication of the HES project, wherein Julio Frenk and a team of researchers proposed a plan to reform the Mexican Health System. This was perhaps the first time that a private, non-profit institution had been able to reach a sound definition regarding a set of policies to promote the so-called improvement of the health system. The Health Ministry did not feel comfortable with FUNSALUD’s participation and considered the Foundation to be more of a competitor than a collaborator.

It is worth noting that those who supported FUNSALUD’s participation within IDB knew that the experience it had gained with the HES and its publication made it the perfect candidate for this project. FUNSALUD’s strong ties with the Harvard’s School of Public Health also guaranteed its ability to generate good results.

The JLB Network consists of five elements: i) Policy-making Tools, ii) a Research Prize, iii) Graduate Scholarships, iv) a Leadership Forum, and v) the International Clearinghouse

for Health System Reform Initiatives (ICHSRI). FUNSALUD had already established the Leadership Forum and the ICHSRI a few years before the establishment of the Network. The forum was designed jointly with Harvard University and its purpose was to invite health ministers in the region to discuss issues regarding the reform process and thereby reach common conclusions. The ICHSRI was aimed at collecting and distributing information regarding the reform process taking place within developing countries through a web page and a newsletter. The Research Prize was the first initiative, designed by FUNSALUD, to honor the memory of Jose Luis Bobadilla. Several agencies and contributors were happy to provide financial support to set up the Prize, among them the World Bank, IDB, PAHO, the Rockefeller Foundation and the Population Council. FUNSALUD's Board of Trustees also authorized a fund to help establish the Prize.

When the JLB Network was launched, two more components were added to its agenda: policy-making tools and graduate scholarships. The Network and all its components began operations in October 1998. Almost three years later, it has generated a series of products that have helped it to expand its ability to share information on ways to support the development of reform procedures in several countries by training policy-makers. It also supports research efforts and high-level discussion of issues within health ministries and social security institutions.

So far, the Network has organized one Leadership Forum and has provided training programs for people from over 20 countries in the region. This enabled them to learn about the tools that will help them calculate their NHA, the BOD, and policy mapping. In the near future, the Network will also help them program human resources for health. It has also sponsored the studies of five post-graduate students for master and doctoral degrees at the Mexican Na-

tional Public Health Institute. The ICHSRI has a web page on-line that averages 16,000 consultants per month, and a newsletter that is published every three months. With more products still to come, the Network's first stage will be completed in June 2002.

The future of the Network after June 2002 is quite promising. Contributors are prepared to find mechanisms to finance the second stage and FUNSALUD is planning to diversify its number of partners, hence the new source of funds. This time, and not by chance, the Health Ministry is ready to support the establishment of a Mesoamerican Network through a strategy that will permit access, at national level, to information, training programs and experiences regarding methods to promote reform and the decision-making process.

5. Other FUNSALUD programs

One of the Foundation's most visible programs has been the development of human resources and it is probably the most welcomed by the academic community. This FUNSALUD program contains three different courses of action: i) the repatriation of Mexican scientists, ii) support to do research for doctoral thesis in Mexico and iii) short term training in prestigious institutions abroad. One hundred thirty (130) people have been repatriated, most of whom have since occupied key positions in health and higher learning institutions. Over 60% now collaborate in National Health Institutes and 25% work in public universities, where most of the research capacity is concentrated in Mexico. The program *Do your thesis in Mexico* helped 23 students with their doctoral thesis in prestigious universities abroad whose contents had something to do with health issues that are relevant to Mexico's needs. The final stage included field experience in a Mexican institution. Several of these thesis contained specific health policy issues, such as financing services, allocation of resources for research, and the cost of drugs, among others. Finally, the program *Incubation of Talents* has given five researchers from the National Health Institutes the opportunity to participate in short term training abroad to improve the quality and technology of clinical services.

Since 1992, FUNSALUD has awarded nine Biennial Prizes. The purpose of these Prizes is to recognize the depth

and quality of research projects carried out by Mexican Scientists in the areas of dermatology, diabetes, medical education, gastric and enteric infections, ophthalmology, environmental health and organ transplants. The other two prizes have special characteristics since one is applied to the institutional development of health and the other is awarded to a young researcher who specializes in the study of diabetes. The companies of some of the Foundation's Associates sponsor the Prizes. Although the winning studies have mainly focused on scientific studies, some of them have contained issues that have a bearing on public policies, such as those related to environmental problems.

The efforts of the Nestlé Fund for Human Nutrition are directed in several directions. a) encouraging faculties and schools of medicine throughout the country to include nutrition in their academic program. It has published a text book on *Medical Nutriology*; b) every two years it celebrates an international conference on human nutrition.; c) it has carried out relevant studies on the nutritional state and epidemiological profile of Yucatan's urban and rural zones. It is now about to start a similar study in Aguascalientes and another in the Oaxaca mountain range.

The Foundation has consolidated its efforts with the National Autonomous University of Mexico, the Health Ministry, and the National Council for Science and Technology in order to establish the develop of genomic medicine in our country. These four institutions recently established a Promoting Consortium, whose principal objective is to develop a Center for Genomic Medicine and, at the same time, encourage alliances among Mexican institutions that carry out this type of research. Moreover, the Foundation participates in the National Human Genome Commission, an advisory organ to the Minister of Health that helps to define policies regarding research, education and the dissemination of knowledge derived from the explanation of what the human genome is.

FUNSALUD's editorial activities have produced materials that have had an important bearing on health policies. Some basic ideas regarding health policies have been disseminated through the following books: i) *Economy and Health*, ii) *Proposals for the reform of the health system*, iii) *Health Observatory* and iv) *Towards a Healthier Mexico*. Our newsletters, *FUNSALUD Notebooks* and *Informing and Reforming*, are quite popular in academic circles as well as in health policy circles.

6. SIDALAC Initiative

SIDALAC, the regional HIV / AIDS Initiative for Latin America and the Caribbean, was established in 1995 in Mexico City. FUNSALUD acts as the executing agency. The initiative was originally promoted and financed exclusively by the World Bank, while UNAIDS provided the technical umbrella and administrative management—between the World Bank and FUNSALUD. More funding has been obtained from other bilateral or multilateral agencies. For instance a recent grant from the European Commission was obtained to fund studies in 16 Latin American countries to estimate the flows of financing and expenditures on HIV / AIDS or National HIV / AIDS Accounts.

Since its initial stages, the initiative has focused on the provision of relevant information to increase HIV / AIDS awareness and improving the decision-making process at different levels, and on the mobilization of resources for its prevention and control. Within this context, present objectives focus on: i) support and promotion of technical cooperation between countries; ii) the exchange of information through an electronic communications network; iii) an evaluation of the economic impact of HIV / AIDS and the burden it represents on health care systems throughout the Latin American and Caribbean region; iv) support and promotion of situation and response analysis on HIV / AIDS at national level; and v) collaboration

with the private sector to raise its awareness and promote its mobilization.

Current SIDALAC partners include a wide range of organizations, which, for the purpose of this evaluation, have been divided into primary and secondary groups. The primary group consists of national AIDS program managers in Latin America, regional NGOs and NGO networks, information and research centers, international organizations and other key partners. The secondary group includes AIDS program managers in the Caribbean, Theme Group Chairs and UNAIDS staff and focal points.

The main findings of an evaluation conducted by the UNAIDS Secretariat in 1999, pointed to the fact that SIDALAC has, in general terms, been successful in making its purpose known and understood. It has been appreciated and used by partners and beneficiaries for a variety of purposes that contribute to more relevant, effective, equitable and sustainable responses to HIV / AIDS.

Beyond the 1999 evaluation, SIDALAC has continued to pursue the conduct of research within LAC countries by following the general principle of horizontal technical cooperation. This focuses on discussing their needs with relevant partners and, according to SIDALAC's comparative advantage, draft a series of activities that meet with the approval of both sides of the technical cooperation.

Since 1999, SIDALAC has pursued, with the approval of relevant partners, the development, training and use of policy-making tools related to HIV / AIDS. The general pattern used by SIDALAC is based on the Health Sector Reform initiatives. In particular: i) its ability to improve its estimates on the BOD, including HIV / AIDS and other entities, ii) analysis of the political environment and feasibility of public policies with regards to HIV / AIDS, and iii) more importantly the estimation of the flow of financing and expenditures within the general framework of HIV / AIDS National Health Accounts.

One of SIDALAC's main purposes at this time is to institutionalize the estimation of HIV / AIDS Accounts within the National AIDS Programs. Indeed, SIDALAC has promoted and financed the building up of country capacities and the development of estimations in 20 Latin American and Caribbean countries. This is in collaboration with other relevant regional actors, such as the: Horizontal Technical Cooperation Group (this is a group of National AIDS Program Directors), regional LAC network on strategic planning on HIV / AIDS (REDPES), UNAIDS Secretariat in Geneva and their local consultants. The World Bank / UNAIDS and the European Commission provide funding. This approach has been suggested by UNAIDS as a monitoring tool for the implementation of strategic plans.

SIDALAC has continued to edit and publish books that provide an update focused specifically on Latin America and the Caribbean, based on its presentations in International Scientific Conferences.

Finally, SIDALAC has helped many countries, particularly Mexico, since it is the headquarters of the Initiative, to re-focus their priorities regarding their public policies on HIV / AIDS. These are in the areas of: political mapping; resource allocation in order to target cost-effective interventions and the prioritization of activities; monitoring the epidemic and the resources used to deal with it; and construction of alliances between governmental and non-governmental agencies to execute the national HIV / AIDS programs. There is ample evidence of the use of SIDALAC's materials, published electronically or in print, as well as workshops on relevant issues. Examples are: breastfeeding and women living with HIV or AIDS in developing countries, targeting prevention interventions in the groups, individuals who indulge in high-risk behavior, populations that may be the most vulnerable to HIV.

7. Consultancy Activities

The birth of consultancy services

FUNSALUD's technical consultancy service was born after the Federal Government started to decentralize health services. The Foundation received several requests from State governments, with new health systems that had previously been run by the central government, that now wanted technical support to organize their own. This coincided with a period when people began to take notice of the HES. In order to satisfy these requests, six projects were conducted: i) reorganization, ii) policy evaluation, and iii) information for local systems, iv) hospital re-engineering, v) evaluation systems and vi) health promotion in tourist areas.

The State Governments turned to FUNSALUD for help because the Foundation had already accumulated valuable technical data and had documented its past experiences. Moreover, it was able to summon consultants that were specialists in the required disciplines to solve the problems facing the decentralized systems.

Later, at the suggestion of the IDB and because of FUNSALUD's experience with its HES, these consultancy services, won through international bids, expanded to cover Latin America and Spanish speaking Caribbean countries. Most of these projects were part of more complete modernization and reform programs that had the financial backing

of these banks. Therefore, by 1995, consultancies were being performed in the Dominican Republic, Nicaragua, Peru, Ecuador and Argentina. The most relevant issues have been: formulation of health policies, sectoral financing and NHAs, evaluation of the sectoral reform; a study of the employment market focused on health, technological evaluation and organization of local health systems.

In Colombia, the Foundation won first place when it participated in an international contest to constitute a Coordinating Unit of Support Projects to reform the sector. However, despite the institutional interest resulting from this activity, no corresponding contract was signed, because the operational costs of an American firm associated with FUNSALUD carrying out this project, was unable to reduce prices and these were higher than the budget that the Health Ministry could cover.

In Mexico, projects have been carried out for an institution formed by professional technical personnel called the National Professional Technical Education College (CONALEP) and for the Mexican Social Security Institute (IMSS), the institution with the largest medical coverage in the country.

Organization of consultancy services

The Unit of Technical Consultancy is a branch of the Executive Presidency and has a Director in charge of promotion, integration of projects and their integral negotiation. He independently manages the recruitment and administration of consultancy staff. He follows a specific accounting system that is always subject to the norms and regulations of institutional auditing. Physically it occupies its own space, with its own lines of communication, computer systems and the installations necessary for the operations required by its technical projects.

The staff is minimal, just enough to efficiently carry out administrative duties. There is also a minimal technical staff to elaborate proposals and promote projects. But as they acquire more contracts, the staff increases to amply satisfy the development needs of each project. The professional and technical staff is recruited from other areas of FUNSALUD and from public and private institutions according to a pre-defined profile. Hiring may be temporary, part-time or full-time.

The Foundation also has ties with other associations, companies or academic institutions in Mexico and abroad. When it needs to elaborate a project abroad, it will always use a local associate company to guarantee that the products are adequately adapted to the local characteristics and needs. Sometimes, companies or consultants from abroad are also hired to work in Mexico.

Criteria used to accept the request for consultancy services

In 1996 and 1997, discussions regarding how these activities might affect the non-profit and philanthropic nature of the institution began to be heard in FUNSALUD. Minds were put at ease when the Steering Committee finally concluded that there was no risk of that eventuality since the resources received by the Foundation would be used to support its operations and there would not be any profit from which the staff could benefit. Moreover, the scope of the consultancy services was restricted according to certain types of projects: public interest (public goods), semi-public interest, semi-private interest and private interests. Public projects, regardless of the sector where they are generated, benefit the entire population. Semi-public projects refer to those entrusted by offices from the public sector, where there is no economic benefit for the contractor. On the other hand, semi-

private projects are those that benefit a group of enterprises, for example insurance companies, whose products benefit not one but all the members of said group. Finally, private projects are those that originate in a business or a person and whose products benefit it or him directly. FUNSALUD should definitely be involved with the first two, only once in a while with the third and almost never with the fourth. A special committee from the Steering Committee was established to look in to this matter.

Consultancy policies

The following institutional policy guidelines have been established for any project undertaken by FUNSALUD, in order to correctly develop consultancy projects, ensure that their products are accepted and that health institutions benefit from them:

- Make use of the reform, modernization and strengthening projects already being employed by the institution before FUNSALUD's intervention.
- Use the capabilities, knowledge and institutional potential as catalysts for the development of innovative aspects that contribute to the continuous modernization process of health services.
- Use staff within the institution that is already familiar with the operative and potential aspects of the system to help elaborate the consultancy projects.
- Explore, together with the institution receiving the consultancy services, whether or not the measures proposed by FUNSALUD will truly help solve their problems.
- Take innovative experiences that have been successful on other occasions, and adapt them to the circumstances of the new consultancy services.

- Establish, when convenient, FUNSALUD's commitment to accompanying the services in the instrumentation, implementation and evaluation of the proposed solutions.

Use of consultancy services for research on health policies and systems

Even when the consultancy process constitutes a service for public and private organizations, such as those organized and developed by FUNSALUD, part of it also contains references to research and development. In order to carry out a qualitative consultancy, it is necessary to review, with analytical criteria, the experiences regarding organization, planning and application of existing policies, strategies and methodologies regarding a determined subject.

It is also necessary to select the experiences that have been most successful and the circumstances in which they took shape, to evaluate whether they can be repeated or adapted in other circumstances. Generally, this analysis includes some type of research.

The development of new solutions or instruments used to solve problems or to implement health policies is an additional component since the consultancy must contribute some kind of innovation for it to be useful. Here are some examples:

- The Mexican Social Security Institute needed to train approximately 4,000 directors, scattered in 139 zones throughout the country, on the subject of modern management. FUNSALUD developed a method called self-training, directed by facilitators and supported by a specific selection of audiovisual and bibliographical material. The course (diploma level), demonstrated its advantages and the degree of acceptance.

- In order to actualize a model of family medicine in social security, wherein workers are given incentives and better quality controls, FUNSALUD, together with a company specialized in these matters, developed a computer program that facilitates the medical and managerial functions of these types of services.
- In order to establish programs for the renovation of healthcare equipment, a mechanism was designed to facilitate the acquisition of special equipment, through decentralization, using indicators that enabled an appropriate selection, according to the unit's capacity to solve problems and the needs of local services.
- To facilitate financial transactions within the sector, FUNSALUD has designed a methodology wherein Groups Related by their Diagnosis (GRD) are integrated. This method allows access to local prices and the basic GRDs from the beginning, which has many advantages with regards to saving resources and modulating medical conduct in each hospital.

8. Financing

FUNSALUD has been an efficient vehicle for the mobilization of resources from national and international contributors to benefit third parties and to improve the health of the Mexican population. The administration of funds has been one of the main factors of its success. Since its establishment, 446 funds have been managed for a total amount of 57.9 million dollars. The contributions have come from: abroad (61.2%); diverse national donors (29.8%) and from Federal and State Governments (9.0%). These have been allocated to benefit public health institutions (35.2%), civil society organizations (21.0%), FUNSALUD programs (35.7%) and private institutions (8.1%).

Over the years, the administration of the Foundation's resources has become more complex. Associates have been the sustaining force of the institutional patrimony. Their contributions cover almost 25% of total resources. FUNSALUD has participated in Swaps for a total of 20 million dollars, which has helped increase the institutional patrimony. The Federal Government has contributed, almost 9% of the patrimony and friends of the institution have contributed 5%.

In the year 2000 a Trust Fund of Ex-Presidents was established to help finance institutional activities, thanks to an initial donation by Carlos Abedrop. The Trust Fund has created a Committee formed by Ex Presidents of the Board of Trustees, and its objective is to collect 50 million pesos, and

use the accrued interest to help defray the Foundation's operational costs.

According to institutional policies, programs undertaken by the Foundation must be financed through specific donations and still generate additional resources for the institution. Certain financing mechanisms were designed to support the economy and health programs. In their first stage, they were sponsored by contributions from the Associates who collected funds from other sources. Then they were included in the budget and operational costs of FUNSALUD. Because of the 1999 and 2000 economic crisis faced by the institution, six enterprises established a fund, the FONPROESA Fund, to sponsor its activities and now a similar fund has been established, the CASEsalud Entrepreneurial Group. As stated earlier, consultancy services have been limited so that they generate income without causing the Foundation to lose its non-profit status.

An evaluation exercise helped identify the three economic dimensions of FUNSALUD, in order to determine its ability to mobilize and apply economic resources in favor of the health of the Mexican population, for which it has been rather successful.

The *Central Dimension* includes the resources that are applied to ensure a minimum platform of support for the realization of its substantive and adjunct functions. Sponsored directly by its patrimony—it integrated essentially the contributions of the Associates, Swaps and some contributions from the Federal Government. It is targeted towards the maintenance of the institutional infrastructure and to support certain projects that have generated interest and have themselves attracted more funds. In all, the central dimension of the Foundation has meant, since its establishment and up to June of this year, a total of almost 77.8 million pesos.

The *Programmatic Dimension* includes the central dimension as well as resources received by the Foundation from

distinct sources other than the patrimony, to carry out its programs. The resources from the central dimension have allowed the collection, between 1985 and June 2001, of 125.6 million pesos to finance the Foundation's projects; therefore the programmatic dimension represents resources for a total of 192.4 million pesos.

The *Extended Dimension* includes the programmatic dimension as well as funds managed by FUNSALUD, that are collected from national and foreign contributors in favor of programs or projects that are carried out in distinct health institutions and civil society organisms. Throughout the life of the institution, national and international contributions in the amount of 169.0 million pesos have been collected. Therefore, in its extended dimension, FUNSALUD has mobilized a total of 439.2 million pesos towards improving the health of Mexicans.

We have been able to multiply the economic resources donated by the Associates since the Foundation's establishment, in the following terms:

- For each peso contributed by the Associates, 3.9 pesos have been collected for the institutional patrimony.
- For each peso of the patrimony applied to certain projects of direct interest to the Foundation, 10.1 pesos were collected.
- For each peso contributed by Associates, 13.4 pesos were administered in funds from national and international contributors, deposited in FUNSALUD to support diverse health programs.

9. FUNSALUD as a Think Tank: Its Activities Cause Tension

FUNSALUD has been characterized as a private sector center for analysis and critical opinion, with the capacity to influence, with proposals and well-founded information, the decision-making processes of health authorities, with regards to the evolution, implementation and function of the national health system.

Given its nature, FUNSALUD represents a neutral forum where discussions and debates regarding the health system can be carried out, from an academic point of view and with independent opinions. It is not conditioned to the interests of health related institutions, in order to influence decision-makers through the dissemination of information, of discoveries found in the investigations and conclusions that allow it to formulate recommendations derived from said studies.

The value of the projects, the recognition of methodologies, the achievements, the important number of consultants and researchers it has managed to form, have allowed FUNSALUD to participate in the sphere of influence regarding Mexican and Latin American health policies and systems. However, this activity has generated tensions among protagonists in the public sector, the academic sector and the private sector, with regards to the legitimacy and participation of FUNSALUD in the health system reform policies.

In the case of the public sector, it was suspected that the Foundation was meddling in decisions that corresponded,

in a strict sense, solely to health authorities. Some of its public health programs were also criticized and questioned. As we have mentioned, FUNSALUD's activities are focused, according to its *Statutes*, in national health priorities, supporting public sector activities and avoiding the duplication of efforts. All this is done without interfering nor taking over any task pertaining to the State. However, it has been made clear that it does have the right and capability to carry out research and consequently have an opinion on health problems and programs. Moreover, contributions like HES have concurred with other proposals and, in any case, have been useful to the national health programs.

Due to their innovative nature, some of the Foundation's proposals regarding the economy and health do not concur with the outlines and interests of certain academic groups (some sectors of clinical doctors) or political groups (like the unions of social security institutions). Such is the case of its proposals regarding the subrogation of social security services, the development of insurance institutions that specialize in health and greater participation of the private sector in medical services. This has been seen, incorrectly, as a way to introduce models that go against the medical idiosyncrasy of the country with regards to current medical attention.

There has also been tension with the private sector itself, particularly when findings or conclusions from Foundation studies or projects go against specific interests or values of certain groups, e.g., the subrogation of health services. A code of ethics has been established for any project that is supported with funds from companies, especially pharmaceutical companies, to make sure that the support being given is not used for commercial purposes or that the results of the projects being undertaken are free from any undue external influence. FUNSALUD cannot afford to become a punching bag for the private and public sectors. There is no doubt that the Foundation's objective, based on the decision

of its founders, is to be a qualified representative of the private sector, without adopting any political affiliations or agreeing to any concrete policies.

FUNSALUD's critical voice is a crucial function that forces it to maintain a prudent distance from the public sector and the social sector in order to evaluate, from a fair and objective point of view, the policies and programs of the national health system. It deserves to participate in this task because it has earned the right, through its own efforts, to compile and analyze valuable information from the health system to support the decision-making processes thereby helping to improve the performance of the National Health System.

10. Conclusions

FUNSALUD represents a positive experience.

It has been a forum where the private sector, the public sector, the academic sector and international organizations, can come together to develop programs that benefit health.

It has been a mechanism for the mobilization of economic resources in order to attain the highest levels of health.

It has been able to contribute to the reform of the Mexican National Health System and has also influenced reforms in Latin America and the Caribbean.

It has helped solve specific health system problems in Mexico and other Latin American countries.

It speaks with an independent voice about health problems in Mexico.

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