Innovation in reducing out-of-pocket cost for health care and TB-related cost coverage.

...Country perspective1

“Detener la tuberculosis...es compromiso de todos”
Tuberculosis in Mexico, 2012

21,426 registers of TB all forms (prevalence)

19,735 TB new cases

- 80.7% pulmonary
- 1.5% meningea
- 5.9% nodal
- 11.9% other forms

- 129 with DR
- 18.5% with diabetes
- 5.6% TB/Aids
- 11% in pediatrics (<19 años)
- *2,531 TB deaths


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**Mexico 2003**
- n = 598

**Mexico 2007**
- n = 652

**Mexico 2012**
- n = 1,201

9.3% increase from 2003 to 2007
84% increase from 2007 to 2012
101% increase from 2003 to 2012

Fuente: Plataforma Única de Información/SUIVE/DGE/SS.
2012 25/02/2013

Mexico 2003
N= 1,469

Mexico 2007
N= 3,130

Mexico 2012
N= 4,024

174% increase from 2003 to 2012

*Fuente: Plataforma Única de Información/SUIVE/DGE/SS. Preliminar 2012 25/02/2013
15 Estates concentrate 85% of total national

% de negativización to 6 months of treatment:
• MDR = 79%
• XDR = 66%

629 cases enrolled with second line drugs 2010-2012

Fuente: PNT / MACRO TB MFR * Al 28/02/2013
Heterogeneous Health System
MoH: 56%
• Regular attention
• Popular health care (SEGURO POPULAR)

Population coverage:
• Social Security (IMSS): 40%
• ISSSTE 3%
• Private 1%

TB Prevalence:
• MoH: 70%
• IMSS: 27%
• ISSSTE: 2%
• Private: 1%
52 millions 871 thousand 916 coverage till October 2012
The facts:

SPPS/Seguro Popular
- 100% coverage capacity for TB prevalence (health care)
- Diagnosis and treatment of:
  - TB sensitive
  - TB MDR

- Majority % in poverty: (without job)
  - Needs of alimentary dispenses (food)
  - Needs to go to HC to take DOT
- With some comorbidities:
  - DM: 1 of each 5: 21% and
    - 50% of TB-MDR with DM
  - Malnutrition: 10%
  - AIDS: 6% (All Forms)
  - Alcohol and Drugs abuse 5%
TB Social Protection System in Mexico (SEGURO POPULAR)

Estrategies:

1. Deliver free essential of health services (full coverage for Dx and Tx)
2. Education for self-care in health;
3. Promotion of a better nutrition
4. Reinforcement to offer: 266 interventions for free access, among of them is the prevention and tuberculosis control including MDR.

“The epidemiological surveillance of TB is in a better coverage levels of SEGURO POPULAR to detect in time other needs of TB patients in order to implement an integral (holistic care)".
More facts:

Seguro Popular:

CAUSES: Catalogo Universal de Servicios de Salud:

266 interventions:

Num. 106: Dx and Tx of TB
Num. 107: Dx and Tx of TB-MDR

• BCG
• TB Chemioprophilaxis (H)
• Diagnosis and treatment of:
  • Malnutrition
  • Diabetes
  • HIV-Aids
Perspective:

URGENT:

• To impeach the over counter selling of TB medication in the private pharmacies.

• Strengthen alliances with:
  • Chest specialists,
  • Infectologists,
  • Generalists and internists as well as:
    • Pharmacists, medicine schools and high concentration hospitals
Perspective cont´n:

• Strengthen **food supply support** programs for patients
  - Provide **transportation support** for patients and family members
  - Provide **holistic attention** for people affected by TB with **co-morbidities** such as HIV/AIDS, diabetes and those with substance abuse (alcohol and drugs), and homelesse.
Perspective cont´n:

• Development of TB research in the private system:
  • Diagnostics kind
  • Treatment schemes
  • MDR TB schemes

• To apply the scale of default treatment risk in all TB patients including MDR and sensitives

• Strengthen promoters contracts for individualized care for high default treatment risk patients.
Perspective cont´n:

• To consolidate...

• Elimination of catastrophic economic burden of TB for:
  • Patients
  • Government
Muchas gracias,
Thank you very much,
Muito obrigado.

“Detener la tuberculosis…es compromiso de todos”