Global Journal of human-social science: H Interdisciplinary
Volume 24 Issue 5 Version 1.0 Year 2024
Type: Double Blind Peer Reviewed International Research Journal
Publisher: Global Journals
Online ISSN: 2249-460X & Print ISSN: 0975-587X

Reorganization of the Mexican Health System: The Extinction of INSABI and the Consolidation of IMSS-Bienestar

By María Magaly Vargas Ruiz

Abstract- The aim of this article is to analyze the restructuring of the Mexican health system with the dissolution of the Health Institute for Well-being (INSABI) and the consolidation of the Mexican Social Security Institute for Well-being (IMSS-Bienestar) as the main provider of free health services for the population without social security. The research uses qualitative methods for a descriptive and comparative analysis of the health system before and after the transition from INSABI to IMSS-Bienestar. A documentary and legislative review was conducted, examining decrees and laws, in addition to academic literature on the organization of health systems. The latest reorganization of the Mexican health system represents a strategic change in the delivery of public health services in Mexico. This transition seeks to address the operational deficiencies of INSABI, optimize resource management, and ensure more efficient and equitable health coverage. With the consolidation of IMSS-Bienestar, the goal is to overcome the historical fragmentation of the Mexican Health System.

Keywords: *mexican health system, IMSS-BIENESTAR, universal healthcare, public policies.*

GJHSS-H Classification: *LCC RA395.M6, RA395.A3*

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I. Introduction

Since the Alma-Ata Declaration in 1978, the pursuit of an equitable and just health system has been a global aspiration, based on the premise that health is a fundamental human right and that all individuals, regardless of their socioeconomic status or affiliation with a social security system, should have access to quality healthcare.

In the Mexican context, inequity in access to health services has been a persistent challenge. Despite the efforts made by the government over the decades, the gaps in universal coverage, quality, and satisfaction with healthcare services remain significant.

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The objective of this article is to analyze the recent restructuring of the Mexican health system, focusing on the extinction of the Health Institute for Well-being (INSABI) and the consolidation of IMSS-BIENESTAR as the main provider of free health services for the population without social security. The reasons behind these reforms, their impact on the organization and operation of the health system, and the implications for the quality and accessibility of health services in Mexico are examined. Additionally, the administrative restructuring and the challenges faced by IMSS-BIENESTAR in its new centralized role within the health sector are addressed.

Qualitative research methods were used for the descriptive and comparative analysis of the Mexican health system before and after the extinction of INSABI and the consolidation of IMSS-Bienestar. Document review and legislative analysis were conducted based on the analysis of decrees and laws related to the transition from INSABI to IMSS-BIENESTAR. Likewise, a review of academic literature and previous studies on health systems was carried out. This methodology allows for a rigorous and comprehensive analysis of the transformation of the Mexican health system, providing a solid basis for evaluating current reforms and their future implications.

The justification for the development of this study lies in the need to understand and evaluate the recent reorganization of the Mexican health system, marked by the extinction of the Health Institute for Well-being (INSABI) and the consolidation of IMSS-BIENESTAR as the main provider of free health services. This restructuring has significant implications for the efficiency, accessibility, and equity of healthcare in Mexico. Given the importance of the health system in reducing inequalities and its impact on the social and economic development of the country, it is crucial to analyze how these changes contribute to the improvement of universal coverage and the provision of health services, and whether they address the historical challenges of fragmentation and lack of integration. This study provides a comprehensive view of the structural changes and their consequences, offering data and analysis that can guide future policies and improve the health system in Mexico.

II. Organization of Health Systems

The Health System (HS) is configured as a network of interconnected services with the primary objective of ensuring the well-being of the population. Its mission ranges from promoting health and preventing diseases to providing quality medical care and equitable distribution of resources (Pan American Health Organization, 2024).

The foundations of modern HS date back to the late 19th and early 20th centuries, when the hygienist movement and social reforms drove the creation of public health systems to combat infectious diseases and improve the sanitary conditions of the population.

After World War I, the United Kingdom marked a milestone by recognizing the need to restructure its health systems under the principle of universal coverage. In 1920, the Dawson Report of Penn laid the groundwork for this transformation, promoting a comprehensive health policy and linking local government with the medical needs of the community. This report laid the foundations for classifying health services and articulating primary and secondary care centers, representing the fundamental precedent for the development of HS worldwide (Consejo Consultivo de Servicios Médicos y Afines, 1964).

In the 1970s, the Alma-Ata Declaration established the values of equity, social justice, and the right to health for all, assigning states the responsibility to improve the health of their population through health systems based on Primary Health Care (PHC). These values remain relevant; however, health systems are affected by global changes, making it difficult to achieve universal access to health and service financing, thus hindering the fulfillment of the Alma-Ata objectives. The renewal of PHC seeks to strengthen health systems through three pillars: valuing human resources, promoting the innovative use of technology, and developing a sustainable financing model. This renewal aims to improve the health of the population, reduce inequalities, and achieve sustainable development. Actions such as investing in the training of PHC professionals, implementing innovative technologies, and developing equitable financing models are required (Organización Panamericana de la Salud [OPS], 2020 & OPS, 2019).

The National Health System in Mexico dates to 1943, with the creation of its main institutions: the Secretariat of Health and Welfare, now known as the Secretariat of Health (SS), and the Mexican Social Security Institute (IMSS). The Mexican Health System is composed of three subsectors: social security managed by the IMSS, public health services provided by the Secretariat of Health, and the private sector. Each is responsible for financing and providing health services at different levels of care through their respective institutions, but without effective articulation among them. The federal government, through the Secretariat of Health, has been responsible for the regulatory function (Secretaría de Salud [SS], 2007 & OPS 1998).

Aspect	INSABI	IMSS-BIENESTAR
Creation Context	*Motivation:* Replace Popular Insurance, guaranteeing free health services and medications for all people without social security. *Legal Basis:* Reform of the General Health Law and the Law of National Health Institutes. Start Date: January 1, 2020.	*Motivation:* Expand and guarantee the provision of free health services to people without social security. *Legal Basis:* Presidential decree based on the Constitution and various federal laws. Start Date: August 31, 2022.
Organization	*Structure:* Decentralized entity sectorized in the Secretariat of Health, with legal personality and its own assets. *Governance:* Coordination with the Secretariat of Health. *Autonomy:* Limited due to its sectorization.	*Structure:* Decentralized entity with legal personality and its own assets, not sectorized. *Governance:* Governing Board composed of representatives from various secretariats and the IMSS, led by a General Director appointed by the President. *Autonomy:* Technical, operational, and managerial.
Functions and Responsibilities	*Main Objective:* Guarantee the free provision of health services and medications to people without social security. *Key Actions:* Integration and articulation of public health institutions, provision of free services and medications. *Coverage:* Coordination agreements with federal entities to execute the provision of services.	*Main Objective:* Provide comprehensive free care to people without social security through the Comprehensive Health Care Model (MAIS). *Key Actions:* Disease prevention, health promotion, epidemiological surveillance, and provision of outpatient and hospital health services. *Coverage:* Coordination with federal entities for the provision of services.
Financing and Resources	*Funding Sources:* Health Fund for Well-being (replacing the Catastrophic Expense Protection Fund), federal and state resources. *Resource Management:* The fund is allocated to diseases causing catastrophic expenses, infrastructure needs, and medication supply.	*Funding Sources:* Federal and local budget, donations, own income, and other allocated resources. *Resource Management:* Mechanisms for administration, verification, and accountability.
Impact and Challenges	*Positive Impact:* Replace Popular Insurance, ensuring free health services and medications to a large population without social security. *Challenges:* Effective integration and articulation of the National Health System, efficient management of the new fund, and financial sustainability.	*Positive Impact:* Universal coverage for people without social security, improvement in public health through prevention and promotion. *Challenges:* Sustainable financing, effective coordination, operational capacity.

Fig. 1: Comparative Analysis: INSABI vs. IMSS-BIENESTAR Own elaboration based on the General Health Law 2020 and 2023

Aspect	2019	2023
Objective	Strengthen the free provision of health services	Regulate and consolidate the Health System for Well-being
Institutional Structure	Creation of INSABI	Centralization in IMSS-BIENESTAR
Financing	Health Fund for Well-being; federal and state contributions	Consolidation of resources in IMSS-BIENESTAR; Health Fund for Well-being under IMSS-BIENESTAR
Service Provision	Guarantee of free services without discrimination	Expansion of the Health Care Model for Well-being
Transparency and Supervision	Supervision and transparency mechanisms	Strengthening of supervision under IMSS-BIENESTAR and the Secretariat of Health
Intergovernmental Coordination	Coordination agreements between the Federation and federal entities	Integration of services under IMSS-Bienestar; 30-year agreements

Fig. 2: Comparative Analysis of Major Modifications to the General Health Law 2019 vs. 2023. Own elaboration based on the Reform Decrees to the General Health Law 2019 and 2023

III. Mexican Health System

Since the early 1940s, the integration of public assistance and health has been a recurring idea among Mexican doctors. At the First National Assistance Congress in 1943, the importance of combining both areas to improve social medicine was highlighted. This integration was realized on October 15, 1943, when the creation of the Secretariat of Health and Assistance (SSA) was decreed, merging the Secretariat of Public Assistance and the Department of Public Health. The SSA focused on both medical assistance and public

health, standing out for the construction of civil hospitals and the organization of campaigns against diseases such as smallpox.

In that same year, the Mexican Social Security Institute (IMSS) and the Children's Hospital of Mexico were also established. The IMSS realized the idea of a mandatory social security system, covering risks such as work accidents, occupational and non-occupational diseases, maternity, disability, old age, and death.

In this context, the Mexican health system was divided between those with defined health rights under the Social Security Law (beneficiaries) and those with less precise rights (general population). However, the expansion of the informal economy made it necessary to seek new mechanisms to extend social protection in health.

In 1960, the Institute of Security and Social Services for State Workers (ISSSTE) was created, expanding social benefits for government employees. From 1959 to 1964, both IMSS and ISSSTE significantly expanded their coverage and service capacity (Gómez-Dantés & Frenk, 2019).

The National Health System (SNS) of Mexico has undergone constant transformation since its creation in 1943, with the establishment of SSA and IMSS, along with other National Health Institutes. From its inception, the System has aimed to guarantee comprehensive health for the Mexican population, focusing on social medicine, specialized medical assistance, and research. A constant challenge has been to expand coverage to the entire population, including the growing needs of the informal sector.

During the 1970-1976 term, the National Health Plan (PNS) defined the activities of the health sector and established the foundations for planning and programming actions, including social responsibility and the creation of the national hospital system. Resources were centralized, and health houses were implemented in rural communities to offer basic medical care. The plan prioritized the provision of free services to the population without resources and the expansion of coverage in the rural sector (Secretaría de Salubridad y Asistencia, 1979).

In the next term, the focus was on the decentralization of health services, formalized in 1984 with the General Health Law, granting federal entities the direction and coordination of services. During 1988-1994, decentralization was maintained, but resources were centralized for the National Solidarity Program. In the 1995-2000 term, the health system was reorganized with sector reform aimed at expanding coverage and improving the quality of services (Ejecutivo Federal, 1996).

Between 2000 and 2006, social policy was based on equity, quality, and financial protection, creating the System of Social Protection in Health (SPSS) and the Popular Insurance (Gómez-Dantés & Frenk, 2020). During 2007-2012, the objectives focused on improving health, reducing inequalities, and combating poverty (Secretaría de Salud 2007). From 2013-2018, the Health Sector Program sought to ensure effective and quality access to services and progress towards a universal National Health System (SS, 2013).

IV. Reorganization of the Mexican Health System 2019-2024

It is worth mentioning that during the 2019-2024 term, two modifications were made to the National Health System; both aimed at expanding health coverage for the population without social security in Mexico and ensuring the free provision of medical services and medications.

In 2019, the Institute of Health for Well-being (INSABI) was created to guarantee the gratuity of health services to the population without social security, through the strengthening of the first level of care and the rector function of the System (SS, 2019). The creation of INSABI represents a significant restructure, eliminating the Popular Insurance and creating a new organization focused on the integration of the National Health System and the administration of a specific fund for catastrophic expenses and infrastructure needs. However, on April 25, 2022, the Chamber of Deputies approved the reform of the General Health Law to dissolve INSABI, transferring public health services to IMSS-Bienestar (Cámara de Diputados LXV Legislatura, n.d.). This measure is part of the consolidation of the policy of universality of free and quality health services.

In this same Federal Public Administration, in August 2022, the Mexican Social Security Institute for Well-being (IMSS-Bienestar) was created; based on the expansion of a pre-existing program, aimed at comprehensive care and health promotion for the population. The Decree aims to create the decentralized public body called Health Services of the Mexican Social Security Institute for Well-being (IMSS-Bienestar), to guarantee universal and free access to medical and hospital services for people without affiliation to social security institutions (Ejecutivo Federal, 2022a).

IMSS-BIENESTAR is a decentralized public body with technical and administrative autonomy but is subject to the tutelage of the Federal Government. It also has its own assets, i.e., resources and assets intended to fulfill its purposes. This body is characterized by its universality and equality, providing medical care without discrimination to all people without social security. The quality of its services is fundamental, so they must be timely, effective, and of high quality. Regarding care models, it can opt for the Comprehensive Health Care Model of IMSS or the Health Care Model for Well-being, both focused on comprehensive care and linking health services with community action.

The functions of IMSS-BIENESTAR include the provision of medical and hospital services, encompassing preventive, curative, and rehabilitation medical care, as well as the supply of medicines and other associated supplies. It must also ensure the necessary infrastructure and equipment for the provision of these services. Regarding human resources, it is responsible for hiring and managing the necessary medical, technical, and auxiliary personnel. It is also responsible for planning and programming, developing plans and programs for service provision. Evaluating and monitoring the quality of services are essential, as well as linking with other government sectors and civil society for health promotion.

It is important to note that the Decree (2022) is a general framework and its implementation will require the development of various legal and regulatory instruments, as well as the allocation of sufficient budgetary resources. Additionally, the success of IMSS-BIENESTAR will largely depend on coordination between different levels of government, active participation from civil society, and the commitment of health personnel.

The Decree (2022) creating IMSS-BIENESTAR represents a significant initiative in public health policy in Mexico. Below is an analysis of its most relevant aspects:

Objectives and Justification: The expansion of health coverage has as its main objective to provide free health services to the population without social security, especially in regions with high and very high marginalization. This initiative is justified in Article 4 of the Constitution, which guarantees the right to health and establishes the need for a health system for well-being. The IMSS-BIENESTAR program has demonstrated its effectiveness and efficiency for over 40 years, covering 19 federal entities and benefiting 11.6 million people. The Comprehensive Health Care Model (MAIS) has been fundamental for the provision of free medical services and medicines.

Structure and Governance: The structure and governance of IMSS-BIENESTAR are based on a decentralized organization with technical, operational, and management autonomy, as well as legal personality and its own assets. The direction is managed by a Governing Board, chaired by the Secretary of Health, composed of senior officials from various secretariats and the IMSS, ensuring broad and multidisciplinary representation. Among its functions and attributions is the operation of health care models and coordination of actions with other levels of government and public and private entities, as well as carrying out disease prevention, health promotion, and epidemiological surveillance actions.

Resources and Financing: The financing of IMSS-BIENESTAR will come from federal contributions, i.e., the federal budget allocated by the Congress of the Union; from donations, resources from donations by individuals or entities; and from own income generated by the provision of services or the disposal of assets. The administration of these resources is governed by principles of efficiency and accountability, with established mechanisms for their management, verification, and transparency.

Labor Regime: The protection of labor rights in IMSS-BIENESTAR ensures that the rights of transferred workers will be respected. For new personnel, labor conditions will be governed by Article 123, section B, of the Constitution.

Transition and Operation: The implementation phases of IMSS-BIENESTAR include the installation of the Governing Board, which must be carried out within 30 days after the publication of the decree. During the transition, the IMSS will continue to operate the IMSS-BIENESTAR program units to ensure the continuity of operations. Additionally, the transfer of services will be carried out through coordination agreements with the federal entities, ensuring an orderly and efficient transition.

The main positive impacts expected from this latest modification are related to universal coverage and public health improvement; as it seeks to ensure that all people without social security have access to quality health services, which could significantly reduce health disparities; simultaneously, through prevention and health promotion, an improvement in public health indicators is expected.

This reorganization also presents potential challenges, such as sustainable financing, inter-institutional coordination, and operational capacity. This is due ensuring the continuous availability of financial resources is crucial for the program's sustainability; likewise, effective coordination between various governmental and non-governmental entities will be key to the success of IMSS-BIENESTAR. On the other hand, expanding and maintaining operational capacity to cover new areas and populations could require significant efforts in terms of infrastructure and human resources.

a) *Comparative Analysis: General Health Law Reforms of 2020 vs. 2023*

In the three past years Mexican government has implemented significant modifications to the Health System, with the aim of expanding coverage and improving the quality of services for the population without social security. Two key initiatives in this effort are the creation of the Institute of Health for Well-being (INSABI) in 2019 and the Mexican Social Security Institute for Well-being (IMSS- BIENESTAR) in 2022. Below is a comparative analysis examining the contexts of creation, organizational structures, functions, sources

of financing, labor regimes, and challenges of both programs, highlighting their similarities and differences in the pursuit of a more inclusive and efficient health system in Mexico.

INSABI was created with the objective of replacing Popular Insurance, guaranteeing free health services and medications to all people without social security, including foreigners. The creation of INSABI involved reforms to the General Health Law and the Law of National Health Institutes, coming into effect on January 1, 2020. It is a decentralized entity sectorized in the Secretariat of Health, with legal personality and its own assets. However, its autonomy is limited due to its sectorization. Coordination with the Secretariat of Health is fundamental for the integration and articulation of the institutions of the National Health System (SS, 2019).

IMSS-BIENESTAR arises with the intention of expanding and guaranteeing the provision of free health services to people without social security, consolidating and expanding the existing IMSS-BIENESTAR program. It was established by a presidential decree, based on the Constitution and various federal laws, beginning its operations on August 31, 2022. It is a decentralized entity with legal personality and its own assets, not sectorized, which gives it greater technical, operational, and management autonomy. Its governance is managed by a Governing Board, composed of representatives from various secretariats and the IMSS, and headed by a General Director appointed by the President of the Republic (Cámara de Diputados LXV Legislatura, n.d.).

INSABI's main objective is to guarantee the free provision of health services and medications to people without social security. Its actions focus on the integration and articulation of public health institutions and the provision of free services and medications through coordination agreements with federal entities, while IMSS-BIENESTAR seeks to provide comprehensive free care to people without social security through the Health Care Model for Well-being (MAS-BIENESTAR) (Ejecutivo Federal, 2022b). Its key actions include disease prevention, health promotion, epidemiological surveillance, and the provision of outpatient and hospital health services. It coordinates with federal entities to ensure the provision of services.

INSABI is financed through the Health Fund for Well-being, which replaces the Fund for Protection against Catastrophic Expenses, in addition to federal and state resources. This fund is allocated to the care of diseases that cause catastrophic expenses, infrastructure needs, and the supply of medications, ensuring efficient resource management. On the other hand, IMSS-BIENESTAR obtains its financing from the federal and local budget, donations, own income, and other allocated resources. It implements mechanisms for the administration, verification, and accountability of these resources, ensuring transparent and efficient management. INSABI aimed to achieve significant improvements by replacing Popular Insurance, ensuring free health services and medications to a large population without social security (Ley General de Salud [LGS], 2020). Its challenges included the effective integration and articulation of the National Health System, efficient management of the new fund, and long-term financial sustainability.

Currently, IMSS-BIENESTAR seeks to achieve a positive impact by guaranteeing universal coverage for people without social security and improving public health through prevention and health promotion (LGS, 2023). However, it faces challenges such as the need for sustainable financing, effective coordination among various entities, and the expansion of its operational capacity (Figure 1).

Both modifications to the Health System represent significant efforts by the Mexican government to improve access to health and reduce inequalities in medical care, each with its own strengths and challenges to overcome.

The reforms of the General Health Law in Mexico have been fundamental in redefining and strengthening the country's public health system. The transition from INSABI to IMSS-BIENESTAR reflects an effort to improve the structure and operation of the health system in Mexico. While the 2019 reform sought to expand free health services coverage, facing various operational and administrative challenges, the 2023 reform seeks to improve the efficiency, coordination, and quality of health services through a more centralized and organized structure. This comparative analysis examines the main modifications made to the General Health Law, highlighting their advantages and disadvantages to better understand their impact on the Health System in Mexico.

The reforms of the General Health Law in Mexico have undergone significant changes between 2019 and 2023 (SS, 2019 & SS, 2023). Below is a detailed analysis of the modifications introduced in both years, highlighting their impacts on the structure and operation of the country's health system:

Objective: In 2019, the creation of the Institute of Health for Well-being (INSABI) had as its main objective to strengthen the free provision of health services and expand medical care coverage. However, it faced operational challenges and a lack of clarity in some administrative processes. In contrast, the 2023 reform attempts to consolidate the Health System for Well-being under IMSS-Bienestar, which provided greater clarity in roles and responsibilities, and improved operational structure and efficiency. Nevertheless, this centralization could generate rigidity in local adaptation and face challenges in the integration of existing systems.

Institutional Structure: The institutional structure of INSABI in 2019 was characterized by its administrative autonomy, allowing more direct management of health services. However, there were challenges in initial coordination with other entities and duplication of functions with existing institutions. In 2023, centralization under IMSS-BIENESTAR simplified the structure, improving coordination with IMSS. This reorganization, although beneficial, also carries the risk of bureaucratization and possible resistance to changes.

Financing: Both reforms ensured federal and state contributions. In 2019, the Health Fund for Well-being faced challenges in the efficient distribution and management of funds. The consolidation of resources under IMSS-BIENESTAR in 2023 offered greater control and efficiency in fund allocation, although centralization could limit local flexibility in resource use.

Service Provision: In terms of service provision, both reforms guaranteed free services and focused on equity and non-discrimination. The initial implementation in 2019 had quality issues, while the 2023 reform established a standardized Health Care Model for Well-being, improving coverage and quality of services. However, integrating services can be challenging in the short term.

Transparency and Oversight: The 2019 and 2023 reforms established mechanisms for oversight and transparency. The 2019 implementation had inconsistencies, while in 2023, oversight and transparency were strengthened under IMSS-Bienestar, which is expected to improve accountability. It should be noted that this could increase the administrative burden.

Intergovernmental Coordination: The 2019 reform allowed flexible coordination agreements with federal entities but faced challenges in effective implementation. In 2023, long-term coordination agreements (30 years) were established to provide greater stability in service provision, although with the risk of lack of adaptability to future changes.

Figure 2 presents a comparison of the main modifications introduced to the General Health Law between the 2019 and 2023 reforms, highlighting changes in objectives, institutional structure, financing, service provision, transparency, and intergovernmental coordination.

The analysis of the General Health Law reforms in 2019 and 2023 reveals significant evolution in the strategy of the public health system in Mexico. The creation of the INSABI in 2019 marked an initial effort to guarantee the free provision of health services to the population without social security. However, this reform presented multiple operational and coordination challenges, leading to a new restructuring in 2023.

The 2023 reorganization, which consolidated the Health System for Well-being under IMSS-Bienestar, focused on improving the efficiency and quality of services through a more centralized structure. This consolidation brought several advantages as well as some challenges that need to be considered.

Advantages:

- Clarity in Roles and Responsibilities: The 2023 reform more clearly defines the roles and responsibilities of the different entities, improving coordination and reducing the duplication of functions.
- Operational Efficiency: Centralization under IMSS-BIENESTAR aims to facilitate more efficient resource management and better implementation of health services.
- Improvement in Service Quality*:* The standardization of the Health Care Model for Well-being seeks to elevate the quality of services provided, ensuring broader and more equitable coverage.
- Strengthened Supervision and Transparency: More robust mechanisms for supervision and transparency were implemented, improving accountability and resource management.

Challenges and Disadvantages:

- Risk of Bureaucratization: Centralization can lead to greater bureaucracy, which could slow decision-making and adaptation to local needs.
- Resistance to Change: The restructuring may face resistance from both local entities and personnel, which could affect the effective implementation of the reform.
- Limited Flexibility: Centralization may reduce the ability of local entities to adapt services to the specific needs of their communities.
- Increased Administrative Burden: The new supervision and transparency mechanisms may increase the administrative burden, requiring more resources and time for compliance.

The reforms of the General Health Law in Mexico reflect a continuous commitment to improving the public health system and ensuring equitable access to health services. The transition from INSABI to IMSS-BIENESTAR represents a significant step towards more efficient and higher-quality service delivery. However, it is crucial to address the challenges of centralization and ensure that the implemented mechanisms are sufficiently flexible and adaptable to respond to the diverse needs of the Mexican population. With constant oversight and necessary adjustments, these reforms have the potential to positively transform the landscape of public health in Mexico.

V. Conclusion

The transition from INSABI to IMSS-BIENESTAR reflects an effort to improve the structure and operation of the health system in Mexico. While the 2019 reform was based on the free provision of health services, the 2023 reform seeks to consolidate and optimize this objective under a more centralized model; therefore, it is crucial to monitor and address potential challenges associated with centralization and system integration to ensure efficient and equitable health service delivery across the country.

In a period of three years, Mexico has experienced two significant changes in its health system with the creation of INSABI and IMSS-Bienestar. These initiatives reflect an effort to improve access to health services for the population without social security, but they also present various implications and costs that need to be carefully evaluated:

Implications:

- Transition and Adaptation of the System: The creation of INSABI and IMSS-BIENESTAR has involved a complex transition from previous models such as Seguro Popular. This process of change has required the restructuring of institutions, the adaptation of new care models, and the training of personnel. This transition involves not only logistical and operational challenges but also the need to ensure that during the process, health services remain uninterrupted for users.
- Interinstitutional Coordination: Both programs require effective coordination between various government entities, both at the federal and state levels. The decentralization of IMSS-BIENESTAR and the sectorization of INSABI within the Secretariat of Health demand precise synchronization in policy implementation, resource allocation, and service delivery. Lack of coordination can result in duplication of efforts, waste of resources, and fragmented service delivery.
- Impact on the Quality of Care: While the goal is to improve the quality of health services, the implementation of these programs also entails risks. Rapid expansion and the inclusion of a larger number of beneficiaries can put pressure on existing infrastructure and medical personnel, which could negatively affect the quality of care. It is essential to ensure that resources and infrastructure expand proportionally to demand.

Costs:

- Initial and Ongoing Financing: Establishing new entities like INSABI and IMSS-BIENESTAR requires significant initial investment in infrastructure, technology, and human resources. Additionally, continuous financing is needed to maintain and expand services. In a constrained economic context, securing these funds can be challenging. The cost of the transition, along with the sustained financing of these programs, represents a considerable burden on the federal and state budgets.
- Administrative and Operational Costs: The administration and operation of these new health systems involve high costs. This includes resource management, implementation of new technologies, personnel administration, and quality supervision of services. The need to establish efficient administration and accountability mechanisms to avoid corruption and resource mismanagement also implies additional costs.
- Long-term Economic Impact: Although initial and operational costs are high, the long-term economic benefits can be significant if the programs are implemented correctly. A more inclusive and efficient health system can reduce costs associated with preventable diseases, improve labor productivity by maintaining a healthier population, and decrease health inequalities, contributing to a more equitable and stable society.

The modifications to the health system in Mexico, through the creation of INSABI, replaced by IMSS-BIENESTAR, are important steps toward universalization and improvement of health service quality. However, these changes entail significant implications and costs; thus, it is important for the government to manage these challenges with careful planning, effective implementation, and constant supervision to ensure that the objectives of improving access and quality of healthcare are achieved sustainably.

In this context, the creation of IMSS-BIENESTAR is an ambitious measure aimed at strengthening the public health system in Mexico, providing comprehensive and free medical care to a broad population without social security. While it presents great opportunities to improve public health and reduce inequalities, its success will depend on effective implementation, adequate financing, and strong coordination among the different entities involved.

It is worth mentioning that the recent reform, which involves the extinction of the INSABI and the consolidation of IMSS- BIENESTAR, aims to address the issues resulting from the fragmentation of the system. Fragmentation has been an organizational characteristic of the Mexican health system, dividing its main functions (regulation, financing, operation) and segmenting the population. This fragmented structure has generated numerous challenges, such as duplication of efforts, inequalities in access to health services, and inefficient resource management.

The integration of services under IMSS-BIENESTAR seeks to unify the delivery of health services, reducing the duplication of efforts and resources. This unification can improve coherence and coordination in the provision of medical services at the national level. Additionally, by centralizing administrative and operational functions, the reform has the potential to establish uniform standards of quality and care. The centralization and standardization of services under IMSS-BIENESTAR can help reduce health access inequalities between different regions of the country, ensuring that the most vulnerable populations receive adequate care.

The centralized management of financial, human, and material resources under a single entity aims to optimize their use, ensuring they are allocated more equitably and efficiently throughout the country; this is expected to help overcome the negative effects of fragmentation, facilitating more efficient and equitable management of health resources in Mexico.

The reorganization of the Mexican health system presents both significant challenges and opportunities to improve health service delivery in Mexico. While centralization seeks to optimize efficiency and contribute to guaranteeing universal coverage, it is crucial that the implemented policies are flexible enough to adapt to the diverse regional realities of the country.

In a country as large and complex as Mexico, the advantages of centralization must be carefully balanced with its challenges. While centralization can improve the uniformity and efficiency of the health system, it is crucial to implement it in a flexible manner, allowing local entities to maintain some autonomy to respond to their specific needs.

It is worth mentioning that centralization can bring benefits, but it is also necessary to maintain some flexibility and decentralization to adapt to the specific needs of each region. In this context, it is essential that the centralization process includes robust mechanisms for local participation and feedback, ensuring that national policies are informed by the experiences and needs of communities at the local level. Additionally, investment in local capacities is necessary to ensure that regions are well-equipped to collaborate effectively with the centralized system.

In conclusion, centralization in a country like Mexico can offer significant benefits, but its success will depend on the ability to mitigate its disadvantages through careful implementation and flexible management that recognizes and responds to the diversity of the country.

The latest Mexican Health System reorganization represents a significant effort to overcome the challenges of fragmentation that have historically affected the sector. While centralization offers several advantages, such as service integration and process standardization, it also presents challenges that need to be carefully addressed. The key to the success of this reform will lie in its ability to adapt to local needs, foster interinstitutional collaboration, and ensure transparency and accountability. Continuous evaluation and evidence-based adjustments will be crucial to ensure that the benefits of this reform extend to the entire Mexican population, especially the most vulnerable segments.

Future research should focus on evaluating these aspects and providing empirical data that can guide the formulation of more effective and equitable health policies, ensuring that the benefits of this reorganization extend to the entire Mexican population.

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