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When it comes to health care in Mexico, "universal" has never meant equal, particularly when it came to the access to adequate care for the country's 52 million uninsured. Civil society organization Fundar reached out to grassroots organizations and policymakers to change this. The campaign had an impact on both health spending and on Fundar itself.

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The following case describes how a research organization with a background in budgetary analysis developed a successful advocacy strategy on health policy in Mexico. This is a summary of a more in-depth study prepared by Almudena Ocejo as part of the Learning Program of the International Budget Partnership's Partnership Initiative. The PI Learning Program seeks to assess and document the impact of civil society engagement in public budgeting.

Download a PDF of the complete case study at http://internationalbudget.org/wp-content/uploads/Full-FUNDAR-case-study-final.pdf.

MEXICO: FROM RESEARCH TO ADVOCACY IN HEALTH

In 2009 Mexico City-based *Fundar Centro de Análisis e Investigación* (Fundar) decided that the country's universal health policy was not serving the poor and socially excluded as intended. Mexico's *Seguro Popular* (SP), the agency tasked with providing health care to the country's 52 million uninsured, simply did not have the resources needed to provide adequate care, and Fundar was determined to change this.

In three years, by reaching out to grassroots organizations, as well as to policymakers, Fundar has had a real impact on the transparency of health spending — but the work has also had a surprising impact on the organization itself. In addition to offering lessons on how to make budgets more pro-poor, this case study offers important insights on how to construct an inclusive and effective multilevel advocacy campaign.

THE ISSUES: HEALTH CARE THAT IS UNIVERSAL BUT NOT EQUAL

Mexico has provided universal health care for decades, but universal has never meant equal. Beginning in the 1960s, private-sector workers with insurance and government employees received quality health care from well-resourced government institutions (while the wealthiest retained the option for private care). Meanwhile, the half of the population that is uninsured — perhaps because they are unemployed or working in the informal sector — were expected to seek care at public hospitals and clinics run by State Health Ministries, which not only provided poor service but often charged prohibitively high fees.

The 2003 General Healthcare Act was expected to address the gap. By creating a Social Protection System for Health (Sistema de Protección Social en Salud, SPSS), it intended to create a more equitable and efficient health system that would guarantee the right to health for all. The SP was the agency given the task of implementing the new system. Within seven years, the SP reached its goal of signing up all 52 million uninsured. Touted as a "passport" to quality health care, affiliation with the SP was intended to guarantee health rights by granting access to any of the facilities in the National Health System, but this has not been true in practice. Most of the population, especially in rural areas, only has access to public clinics and hospitals, which remain inadequately resourced. Poor infrastructure, insufficient or inadequately trained personnel, and short stocks of medical supplies are just some of the problems that continue to prevail.

The reason for this, however, was not just insufficient budget allocations but also poor budget management. Given that the health system in Mexico is decentralized, the federation transfers 80 to 85 percent of the resources to the state authorities to meet the health needs of those without insurance. But in many cases state-level budget information is unavailable, and there is a lack of coordination among various agencies and entities involved in executing and monitoring SP resources.

After investigating the situation, Fundar found that state agencies at times paid premiums to benefit private interests, such as pharmaceutical companies. They also found that there was a lack of information about how much insured families spend out of pocket on

health care, which makes it difficult to establish concrete measures to mitigate this expense. And while some of the spending was opaque or inefficient, there was a persistent underspending of resources intended for infrastructure.

While the problems were clear, the pathways to influence were not.

There is little tradition in Mexico of policy dialogue between civil society organizations (CSOs) and the government, nor are there rules or procedures for enabling effective interaction between citizens and public servants. In designing its advocacy strategy, Fundar had few examples to follow.

THE CAMPAIGN

Fundar is a civil society organization established in 1999 to strengthen citizen participation in social issues. From the beginning, it emphasized the monitoring of government budgets as a tool to protect and promote respect for human rights. Fundar saw itself as providing the kind of technical analysis that would allow other citizen groups to mobilize more effectively.

As early as 2001 Fundar was looking at the connections between health financing, health policy, health infrastructure, and the provision of health services. It redoubled these efforts following the creation of the SPSS, and by 2009, observing that the inequalities had persisted, decided to make a concerted effort to change the situation.

TACTICS IN THE CAMPAIGN FOR MORE EQUITABLE HEALTH CARE IN MEXICO

- Budgetary analysis coupled with grassroots monitoring to highlight the shortcomings in the policy of funding public health facilities
- Making concrete policy recommendations to lawmakers and state officials
- Partnering with local civil society groups to monitor state-level spending and deploy pressure at multiple levels of government
- Supporting the media to investigate deficits in the national health system

The organization specifically sought to improve the transparency and oversight of the SP's funding, pushing for greater openness at the state level and reforms at the national level for a more efficient expenditure control of SP resources.

Fundar began with applied research aimed at the legislature and the executive branch; building on its years of work in the sector, the organization highlighted the shortcomings and challenges of the current health finance policy and the resultant impact on marginalized communities. Fundar also sought partnerships with local organizations that focused on health issues in communities with a high degree of marginalization and on "supporting them in identifying problems and demanding their rights, and helping them develop skills in analyzing and monitoring public policies and budgets, and access to public information."

The first advocacy targets were the members of the Health Committee and the Budget and Public Accounts Committee in the legislature. Fundar suggested specific modifications to the federal budget article governing SPSS spending. The team later arranged three meetings with the executive, including the head of the *Comisión Nacional de Protección Social en Salud* (National Commission for Social Protection in Health, or CNPSS), the agency responsible for coordinating and supervising the SPSS at the national level.

The work with local CSOs did not begin as smoothly. Fundar had expected that the grassroots counterparts would monitor state budgets, but many were skeptical of the value of the effort. Still, the organizations did help Fundar to diagnose local problems that might have otherwise been neglected, and based on their feedback Fundar decided to put greater emphasis on the supply and availability of medicines and on out-of-pocket spending.

Still, by the end of 2009 the team felt that it was making little progress toward its lofty ambition of changing the way health resources were managed and scrutinized.

A new legislative Health Committee in 2010 brought renewed optimism. Two members of the committee in particular seemed open and receptive to Fundar's recommendations. Meanwhile, negotiations with the executive hit a setback.

One of the country's leading newspapers produced a series of scathing articles on the SP, based partly on Fundar's input and comments. Federal staff members let Fundar know that they were disappointed by its decision to take an "attack" strategy, and with that, the channels of communication closed.

With still no impact to speak of, Fundar began to refine some of its advocacy objectives and strategies at the end of 2010, opting to prioritize the effort to amend the federal budgeting rules of the SP to make those allocations easier to monitor, specifically to require public information on resources earmarked to address deficiencies in health infrastructure and equipment in states with the highest poverty rates. To accomplish this objective, Fundar continued its efforts to strengthen dialogue with legislative committees. It also began to organize a congressional forum on the right to health, and channeled the efforts of its local partners into this. Finally, it decided to seek a rapprochement with the federal institutions that monitor the SP's compliance with policy.

Fundar achieved two of the three objectives that year. It maintained an almost permanent presence in the Congress and organized a successful forum that featured a document targeted at lawmakers titled "Ten Health Commitments."

The team grew dispirited, however, when the 2011 Federal Budget Decree still did not include the amendments they had recommended. Meanwhile, the local advocacy strategy was also suspended as partners returned to their own agendas.

Fundar pursued its last remaining hope, revitalizing its relationship with the federal agency CNPSS. The CNPSS was willing to share information, establish future opportunities for dialogue to enrich the debate on the SP, and work in collaboration with Fundar to improve its operation. Before scheduling follow-up meetings with the CNPSS, the team decided to develop concrete proposals to improve operation of the SP and to better focus the discussion with the executive beyond exposing irregularities.

Then an unexpected opportunity arose. One of the lawmakers who had so enthusiastically cooperated with Fundar suggested that the group

approach a lawmaker from his party on the National Audit Oversight Committee. Fundar soon found themselves working closely with the technical advisors of that committee, and their recommendations were at last included in the 2012 budget.

Since then, the team has been invited to take part in working meetings with the CNPSS to discuss issues related to transparency of the SP. It is also entering into new discussions with the government oversight agencies responsible for monitoring public spending and with the agency that carries out evaluations of the country's social policies.

The Fundar team also plans to continue its legislative lobbying and to redesign its grassroots strategy.

CHANGES DUE TO THE CAMPAIGN

After three years, Fundar can claim two major achievements.

First, Fundar has influenced the process for publicly reporting the federal health budget aimed at the uninsured population. The campaign played an important role in introducing seven amendments to the 2012 Federal Budget Decree that were intended to improve transparency, expenditure control, evaluation, and accountability of the SP budget. For example, before these amendments were made, the states were not required to report the total amount received from the CNPSS for the purchase of medicines. And states are not required to report the composition of total health spending, including the proportional share of out-of-pocket spending.

At the moment, it is too early to know how the changes in the budget reporting process will be taken into account by health agencies at the federal and state levels. However, even if the changes achieved do not guarantee improvement in states' performance in providing health services, they are a first step with important implications. Considering the current political context, in which there is neither the interest nor the incentives to introduce controls for managing the health budget, the changes achieved pave the way for greater SP budget transparency and accountability by the federal government and the states, as well as improvements in the evaluation of the program.

Second, Fundar has made a valuable contribution to the capacity of civil society (including its own) to carry out advocacy on health. Today the team behind the health advocacy project has a more sophisticated understanding of the dynamics of working with the legislature and the formal procedure to be followed for introducing budget amendments. They have also communicated the significance of their budget analysis more clearly, seeing it as the first link in a long chain of actions that impact the provision of public services and the right to health.

While Fundar's first attempts at multilevel advocacy did not achieve any notable results at the local or state level, it has developed a stronger relationship and mutual understanding with grassroots organizations, and future efforts at a networked approach to advocacy will benefit from this. The policy changes described here will also make it easier for civil society organizations to monitor health spending at the state level.

Finally, Fundar has opened up new spaces for discussion with federal government agencies that have been historically reticent about collaborating with civil society organizations.

OUTCOMES OF FUNDAR'S CAMPAIGN ON THE RIGHT TO HEALTH

- Seven amendments to the 2012 Federal Budget Decree that are intended to improve transparency, expenditure control, evaluation, and accountability of the health care budget for the uninsured
- Building the capacity of civil society organizations to conduct advocacy in the health sector, including by building a national network and pioneering dialogue with lawmakers and officials in executive agencies

CONCLUSIONS

Mexico has progressed in the last 12 years toward a legal and institutional framework that is more conducive to citizen participation in public decision making. However, the legal framework has proved insufficient. Official channels for participation have been established to meet an obligation rather than to substantively involve the citizenry, and dialogue is still fragile and must be carefully negotiated, as the case of Fundar illustrates. Indeed, the possibilities of success for advocacy in Mexico seem to be associated with the "endurance" capacity of organizations. Fundar's first achievements only came at the end of an intense three-year campaign.

Fundar's experience, however, also points to a new possibility. Its work with the legislature and the executive agencies is building a tradition of engagement that is lacking; it sets a new standard for the right to participation. And as the campaign continues, Fundar is likely to strengthen entitlement of citizen groups to be heard in policy debates.

The grassroots organizations that initially viewed the organization's techniques with skepticism may be more enthusiastic after Fundar's initial success. And Fundar itself has learned about the importance of accommodating local agendas, and how to build a national advocacy platform collaboratively.

As Fundar builds a viable multilevel advocacy strategy, it also builds a better blueprint for a democratic policy process in Mexico.