

“Policies for innovation”: evidence-based policy innovation – transforming constraints into opportunities



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Man has created new worlds – of language, of music, of poetry, of science; and the most important of these is the world of the moral demands, for equality, for freedom, and for helping the weak.

KARL POPPER.¹

Health policy in developing countries is increasingly committed to the worlds of science and equity. Evidence-based policy-making can thus be conceived as an innovation process integrating, within politics, the values of healthy life, objective truth and fairness. Innovation becomes particularly important to support the political processes of decentralization, poverty reduction and regional integration. Health metrics are increasingly focusing on inequities and therefore on the potential as well as on the urgency for improvement. Comparative sociology, economics and health system sciences are responding through innovative social and policy arrangements as well as through improved evaluation methods.

This article presents case studies in innovation at the two health system poles of decentralization and regionalization. Attention is given to the role of evidence-based financial protection policy implementation by local health authorities. Two case studies are presented to illuminate evidence-based policy-making at the regional level: *Salud Migrante*, a pilot project to develop binational health insurance for Mexican migrants in the United States, and the Mesoamerican Health System, a multi-national effort to address disease control and health system strengthening. These examples suggest that research can be an invaluable tool to transform what are political constraints for policy-making at local and regional levels into opportunities to move towards new organizational frontiers.

Health system vulnerability

Middle-income countries, particularly in Latin America, are finding it increasingly difficult to extend health care through traditional social security institutions due to increasing costs

of medical care, growing competitiveness from international markets, and the growth of the informal sector. Innovative social protection models are thus being designed and implemented to reduce catastrophic family health expenditure, channel national and state subsidies and to encourage family prepaid contributions².

Mexico's System of Social Protection in Health was thus established in 2003 through a Constitutional amendment with the aim of reaching universal coverage of pre-paid health care for 2010³. Seguro Popular was established to implement the programme through payments to state health authorities based on strengthening infrastructure, meeting federal standards and promoting the voluntary and in most cases contributory affiliation by families to the insurance scheme. Yet reaching this goal may not be easy, particularly in poor states where the proportion of the uninsured is highest and the health system capacity gap also the greatest. Furthermore, health expenditure is currently being channelled through out-of-pocket private health care for about half of the total, involving families across the social spectrum.

Adding to this complexity is the fact that 11.8 million Mexicans work as migrant labour in the United States of America, accounting for 10% of the population. They also leave behind close to 4 million relatives, and have 4 million US-born children with them, for a total of close to 20 million of population that rely to different extents on institutions both sides of the border⁴. Up to one third of financing for private care in Mexico could be resourced from the remittances sent by migrants. These families face a complex scenario for health insurance. They express health needs in both countries, they face highly differentiated service and insurance demand and supply factors across them, including insurmountable barriers for comprehensive health insurance in the United States. The question is whether Seguro Popular will be able to insure health needs in Mexico and to reduce private expenditure. Another question is whether Seguro Popular can provide a backbone of services to support returning migrants and to provide health care for needs that cannot be insured abroad.

Looking South, Mexico shares an ecology with its Central American neighbours and needs to address health issues such as malaria, dengue and HIV-AIDS from a regional standpoint. Mexico also has an important number of

Guatemalan migrants and is a pass-through country for migrants to the United States. Mexico and Guatemala have just established a Binational Health Commission, while Central American countries have kept a common health agenda for decades. Thanks to long-standing research on health and migration, Mexico is now leading a Global Fund financed project to pilot strategies to promote migrant HIV-AIDS prevention and promotion in border-crossing points throughout Central America and Mexico. More recently, presidents of Central American countries plus Mexico and Colombia agreed to develop the Mesoamerican Health System, an evidence-based policy development platform led by the National Institute of Public Health (INSP).

Strengthening local capacities and knowledge brokering

To address the need to strengthen research capacity at state level in Mexico a number of research and policy institutions joined forces to establish the consortium Health Systems Research for State Sector Development (INDESES). This effort is being supported through national and international funding and collaboration, including Mexico's Science and Technology Institute (CONACYT), the Canadian Health Services Research Foundation (CHSRF), IDRC and the Alliance for Health Policy and Systems Research. INDESES aimed to strengthen specially the demand of health systems research by state policy-makers and managers through assessing and intervening along the four "A"s of research – acquisition, assessment, adaptation and application.

INDESES developed a curriculum originally structured by CHSRF's EXTRA training programme, aiming to strengthen evidence-based policy-making through increasing capacity to utilize research⁵. The focus has been on multi-institutional managerial teams to address their coordination issues through research-based interventions. Specific tools to strengthen the interface between researchers and users were also developed. Literature synthesis methods were developed on the basis of international experience focusing on interventions for vulnerable groups. On this basis a listening exercise was developed to identify policy-maker and managerial concerns. CHSRF's 1:3:25 executive summary format was also implemented to provide an effective means to divulge research results.

Policy-makers and managers were provided with a tool also developed initially by CHSRF's to assess their capacity to utilize research and to plan strategies to strengthen it accordingly^{6,7}. Results of a first wave of application were collated to test the tool and to obtain a diagnosis of utilization capacity at the aggregate level. Not surprisingly, results demonstrated widely differing capacities and strengthening needs according to level of development. Less evident were findings suggesting that research acquisition is a higher priority above analysis, adaptation and application. In richer states it was recommended to strengthen acquisition mainly through increasing the skill levels of managers. In poorer states preference was given to strengthening the importance accorded to research by top decision-makers. No major differences were detected across the various public

institutions or private providers, in spite the fact that they operate with very different resource bases. This suggests the importance that the socioeconomic context plays in determining research utilization patterns and capacities.

Much is being said about the importance of developing knowledge brokers as a bridge between researchers and users. To put this idea to the test, the National Institute of Public Health (INSP) developed State Centers for Health Systems Development (CEDESS) as a franchise-like arrangement for operation by interested nongovernment organizations working in health systems. Agreements are signed between INSP and the NGO, enabling them to offer, adapt and execute existing training courses and applied research protocols with state health agencies. CEDESS also disseminate research results through executive summaries and liaise INSP researchers with local projects and development programmes. Importantly, CEDESS do their work as far as possible with local academic and consulting agencies, thus strengthening local capacity. Activities have included the evaluation of the state immunization programmes, support for the development of a range of model innovations in selected municipalities, and training in evidence-based health promotion.

South-North collaboration for binational health insurance innovations

INSP established a collaboration between US and Mexico health providers, authorities and academics to develop *Salud Migrante*, an evidence-based binational health insurance for migrants. Innovation design were based on evidence coming from a wide range of intersectoral issues: the effects of remittances on private health spending in Mexico, catastrophic health spending in the US, lack of access to health services due to distrust, forced repatriation of migrants to Mexico due to unmanageable health conditions, the political pressure for regularization of migrants in the US as well as willingness to pay studies for highlighting the potential of cross-border health services.

Innovation design focuses on integrating the private not-for-profit health providers and insurance agencies in the US with the public health system in Mexico, with the aim of integrating as far as possible financing and referrals. A coalition of partners has been established and pilots are being prepared across two US and two Mexican states. The Mexican federal government has made critical commitments to support binational health insurance. On this basis, a package of essential primary care services is being designed for universal access by migrants in the United States, to be provided mostly by community health centres and insured through non-profit health plans. A key provision is that funding for services in the US should come from migrant contributions and other private or public sources. Migrants will be supported to access Seguro Popular in their states particularly to access secondary care services and to insure their dependents' integral care in Mexico. To this end, Seguro Popular promotion and affiliation will be made available in the United States through web-based facilities and with the support of community agencies.

The main challenge of *Salud Migrante* includes organizing the insurance scheme in such a way that it gains the migrants' trust to cross the border for secondary care and to reunite with a public service in Mexico that has not always responded to their needs. A key component to surmount this barrier will be the design and implementation of *Salud Migrante*, an agency in Mexico capable of articulating health service providers and insurers within each country and across the border.

Research is being undertaken to develop the operational platforms required for the sound operation of *Salud Migrante*. This involves a coalition of research and service provider partners and is being led by INSP. This effort represents a historic South-North collaboration in research and innovation. INSP is well prepared to assume this task given its full accreditation with the Council on Education for Public Health, the US body accrediting most schools of public health in the US.

South-South collaboration for regional integration

INSP is collaborating with efforts to establish the Mesoamerican Health System, an initiative recently announced by the presidents of Central America, Colombia and Mexico as part of their ongoing regional integration. With the international funding from partner countries, foundation and bilateral agencies, such a system aims to eradicate malaria and undernutrition, the control of dengue, lowering the costs of medicines and strengthening capacity to address emerging epidemiological risks. CISS is now leading a regional effort to assess research and epidemiological surveillance capacity by public health institutions in participating countries, an initiative funded by the International Association of National Public Health Institutes. Based on this assessment, a Mesoamerican Public Health Institute is being developed as a consortium to provide the secretariat and technical support coordination functions for the Mesoamerican Public Health System. This effort will

implement a range of programmes to strengthen health system capacity through applied research and training, thus ensuring that the vertical programmes at the core of the Mesoamerican system lead to a diagonal effort widely benefiting national health systems.

Lessons

Middle-income countries in Latin America and other regions have the capacity and indeed the imperative of promoting innovations for health systems integration through national-local, South-South and South-North collaboration. These efforts should be accompanied by North-South selective funding efforts and technology transfer to empower their Southern partners with the capacity to develop large-scale, international projects based on their proven technical and political leadership.

Research institutions can play a critical role to bridge across bureaucratic and international boundaries through mission-oriented research. Projects of sufficient scale and scope can lead innovation design, enable the incubation of new institutional arrangements and undertake piloting and evaluation. Research institutions in middle-income countries have in many cases developed sufficient networking, trust and accreditation by partners North and South to support this important role for innovation.

Innovations should also be supported through knowledge brokering and research capacity building efforts. Research institutions can play a key role to help in the assessment of the capacity to utilize research by programme managers and policy-makers, to train knowledge brokers based on such assessments, to facilitate the uptake of research by policy-makers through specific tools and methods, and to develop research and innovation priorities in critical health system development areas. □

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