

COMMENTARY

A Perspective from Mexico

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ABSTRACT

As Binder *et al.* describe in their article in this issue of the *Journal*, most of the work of National Public Health Institutes (NPHIs) falls into the category of public goods. This is certainly true for the National Institute of Public Health (Instituto Nacional de Salud Pública (INSP)) of Mexico. Our mission is to contribute to social equity by improving public health in Mexico and Latin America, through the generation of knowledge, innovation in health systems, and public health training. At INSP, we believe that public health is a collective responsibility and that the state has a primary role in promoting and protecting the population's health. Binder *et al.* have performed a service by drawing attention to the importance of NPHIs and the challenges associated with funding public goods functions.

Journal of Public Health Policy (2008) 29, 26–31.

doi:10.1057/palgrave.jphp.3200168

Keywords: National Public Health Institutes, Mexico

FORCES CONTRIBUTING TO THE DIVERSITY OF NPHIS

History, location in the health sector – as it determines their relationships and interactions with other health organizations – and funding make for a diverse population of National Public Health Institutes (NPHIs).

History

The School of Public Health of Mexico, created in 1922 within the Federal Ministry of Health, was in charge of providing training to the public health workforce throughout Mexico and served other Latin American countries, too. Epidemiologic surveillance,

prevention programs, and health promotion were the responsibility of other parts of the Ministry until they were decentralized and responsibilities transferred to the states in the 1980s.

Instituto Nacional de Salud Publica (INSP) was created in 1987 by the Mexican government to support a health reform process designed to achieve a more equitable, effective, and efficient health system. The Ministry assumed responsibility for policy definition and conduct, including strategic planning; generating information for regulatory purposes; and analysis and performance evaluation. In support of the Ministry, INSP was charged with high-level training and research to advance knowledge on public health problems.

Impact of INSP's Position within the Health Sector

INSP interacts easily with epidemiologic surveillance and health programs, because of its position in government. INSP has access to health services information collected by other parts of the Ministry and it contributes to technology, planning help, and strategic program development support.

Multiple Funding Sources

For many NPHIs, the ability to extend and diversify their public health roles is dependent on their ability to obtain resources other than those in the government budget. Approximately one-third of INSP's research budget is from government, and two-thirds from grants and collaborative projects with other institutions.

As much as possible, INSP's research priorities are driven by the burden of disease and suffering, our commitment to addressing inequities in health. INSP sets research priorities in consultation with public health stakeholders – the Ministry and colleagues in state and municipal programs, resulting in a mission-oriented research agenda that can be modified as conditions change. A Commission of the highest ranking INSP researchers reviews proposals from individual researchers, striking a balance between research that addresses priorities identified through consultation and studies proposed by researchers. Setting research priorities in this way protects against undue influence of grant and donor funds.

CORE ATTRIBUTES AND FUNCTIONS OF PARTICULAR
IMPORTANCE AT INSP

Several of the Core Attributes and Functions described in the NPHI Framework developed by the International Association of National Public Health Institutes (IANPHI) are of particular importance at INSP. These include the Core Attribute of a *scientific basis for programs and policies* and the Core Functions of *human resources development* (Core Function 8) and *public health research* (Core Function 10).

Scientific Basis for Programs and Policies

Scientific bases for programs and policies are core attribute of NPHIs. Developing that science and using it to drive public policy constitute a public good. INSP's commitment to using data and information to inform policy and programs is an essential part of our identity.

Periodic countrywide health and nutrition surveys, which provide information on the health status of the Mexican population at the state level, as well as the coverage, quality, and use of and satisfaction with the performance of health services, represent a good example of INSP's role. We also use scientific approaches to evaluate the performance and impact of nationwide social programs, such as *Oportunidades*, a program of cash incentives for education, health, and nutrition targeted at the lowest income sector, and the National System of Social Protection for Health (*Seguro Popular*), a health insurance program for families that have no access to the social security system. Findings from these evaluations have provided data for decision-making and facilitated adjustments to these major governmental social interventions aimed at reducing poverty and providing more equal access to health services.

Core Function 8: Human Resources Development

To this day, INSP retains its leadership role in training. A graduate school in an NPHI fills an important national need – to produce future generations of public health leaders and professionals. INSP is one of the few NPHIs globally that awards masters and doctoral degrees. Professional training offers five concentrations in public

health, and masters- and doctoral-level degrees in several science concentrations. Training efforts depend on the active participation of all research groups at INSP. Links to other government organizations and institutes responsible for health programs and policy, and leadership from INSP investigators, focuses student education on critical public health issues. Currently, INSP has around 600 graduate students in its main campus in Cuernavaca and graduates more than 140 students each year.

INSP, the principal trainer of public health workers nationwide, also conducts distance learning to health workers participating in federal and state programs, and for other Latin Americans. Last year, 2,953 students in 32 locations participated in the 65 distance learning courses.

At its inception, INSP benefited greatly from technical assistance offered by universities in the United States and elsewhere. Ongoing relationships have led to a summer institute that offers more than 50 courses to national and international students. Researchers from partner universities lecture at the summer institute, renewing research collaborations with INSP investigators.

Last year, INSP became the only public health school outside the United States accredited by the Council on Education for Public Health, with the additional benefit of membership in the Association of Schools of Public Health. The interaction with other members of the Association provides new opportunities for collaboration as well as benchmarks for our teaching programs.

Core Function 10: Research

INSP studies both infectious and non-communicable conditions. INSP scientists recently developed and evaluated new strategies to interrupt malaria transmission in hyperendemic areas in Oaxaca. The success of these interventions shaped the malaria control program activities throughout malarious areas of Mexico, resulting in historically low malaria incidence levels. Central American countries have adopted similar interventions in endemic areas and are meeting with success as well (1,2). INSP investigators have also contributed to policies regarding tuberculosis surveillance and treatment (3); developed new strategies for cervical cancer surveillance (4); used data from the national nutrition survey to improve

Mexico's milk distribution program, including changing the products distributed (5); and provided inputs for new legislation to control the epidemic of tobacco use and promote tobacco-free environments in workplaces and homes.

BENEFITS OF THE CREATION OF IANPHI

IANPHI's creation allows INSP interact with other NPHIs and learn from their experiences. At a recent IANPHI meeting in Rio de Janeiro, for example, we had a chance to learn about the structure and organization of other Latin American NPHIs, demonstrating in the exchange, IANPHI's role enhancing regional and sub-regional linkages.

INSP works on regional issues – health inequities of indigenous groups and health challenges related to migration, for example – that are shared between Mexico's southern states and neighboring Central American countries. A new understanding of the situations in neighboring countries and a better grasp of possible strategies for providing public health services in the context of limited data and resources emerged out of our direct contact with the other NPHIs at the IANPHI meeting. We have proposed a collaboration to strengthen essential public health functions in Mesoamerica and the Dominican Republic through a network of NPHIs and partnering government or academic institutions. Given the regional nature of major public health problems, the principal collaboration is to create a consortium of NPHIs or developing NPHIs where the institutes would administer the resources and deliver most, if not all, of the consortium's initiatives. It would enhance specific regional public health functions that cannot be efficiently provided at the national level.

THE FUTURE

INSP has a track record in research, training, and service. Yet public health problems facing Mexico and our neighbors, and the need for trained public health workers, far outstrip our capacity to address current challenges and those of the future. Although INSP has been embracing technology by using distance learning, for example, to increase efficiency and effectiveness we need additional investment

to take advantage of new opportunities. We hope that IANPHI will provide ways to communicate persuasively to funders the importance of NPHIs and will encourage investments, letting us fulfill our vision of working for the collective good by addressing the collective responsibility for public health.

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