

COVERAGE OF SURGICAL CARE IN RURAL MEXICO

SYMPOSIUM SURGERY IN LOW
RESOURCE SETTINGS
2014

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CHIAPAS

- Almost 5 million inhabitants
- 27% of the people is indigenous and speaks an indigenous language
- 36% of occupancies are autosubsistent farming
- 29.8% of population lives in very poor socioeconomic circumstances



CHIAPAS POLITICS

- In 1994 Zapatistas violent surrection
Since then non-violent resistance to the government
- Since 2003 autonomous system including health care and education and product cooperations
- Conflict situation in many rural communities with political division



CHIAPAS RURAL HEALTH CARE SYSTEM

- The rural health care coverage exists of a government program that started to grow substantially from 2008 on, called “Seguro Popular”. Solidarity program from the social insurance program for the working class (IMSS)
- Private sector with poor or no quality control by the government
- Zapatistas autonomous health system

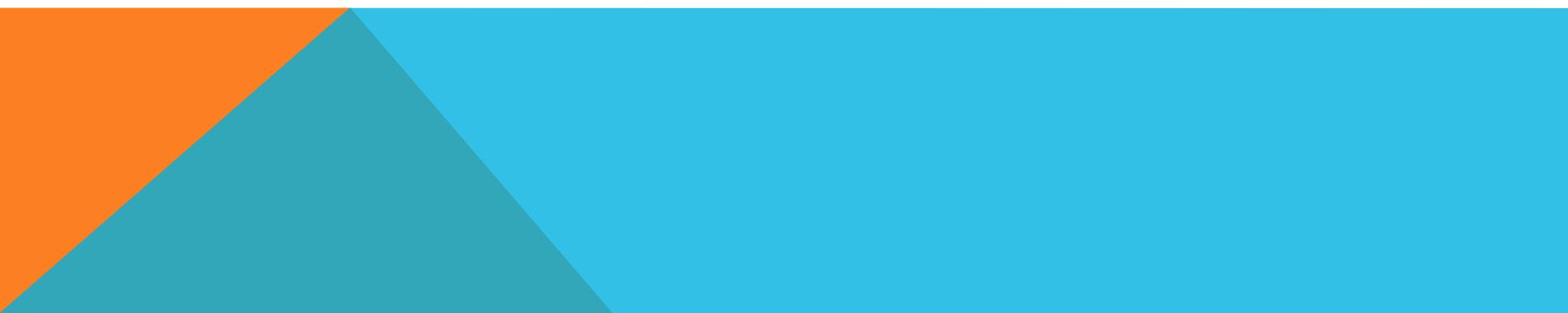


SEGURO POPULAR

- Universal health care with a basic package of coverages
- 3.5 million affiliates in Chiapas (70%)
- Focus on decentralization
- Studies have demonstrated that private (catastrophic) health care expenditure has not diminished



SURGERY COVERAGE

- Seguro popular covers 66 surgical interventions
 - In Chiapas in 2012 total of surgical interventions by government institutions 96,546
 - Because of oversaturation in urban hospitals and no continuity of care in rural hospitals no 24 hour accessibility to surgical care
 - Only two third level hospitals in the whole state
 - Government rural surgery campaigns to aument coverage
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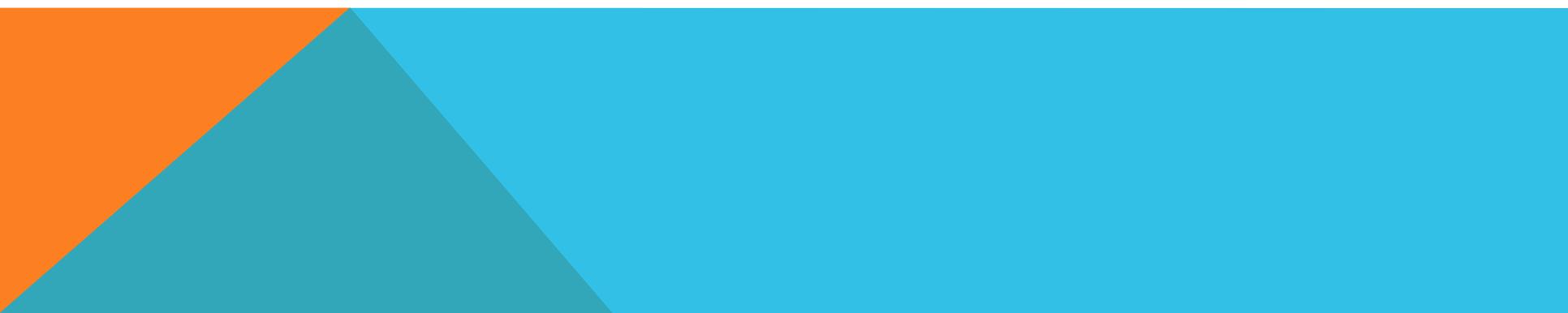
GOVERNMENT RURAL SURGERY CAMPAIGNS

- 30,000 interventions in the last 3 years
Principally salpingoclasys and vasectomy, also cleft lip and -palate, cataract, abdominal hernias
cholecystectomy and hysterectomy
- Public-private partnerships with (inter)national NGO's, fundatios, medical associations
- No costs for patients



GOVERNMENT RURAL SURGICAL CAMPAIGNS

Objective:

- To make surgical interventions accessible for the remote poor population
 - Cooperation between different national and international teams with the aim to exchange experiences and technological innovations
 - Act of altruism?
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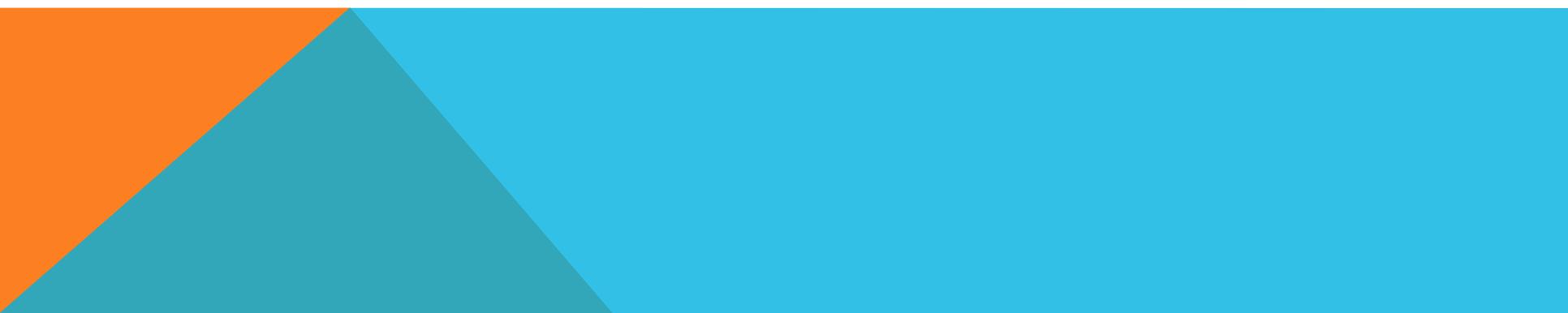
GOVERNMENT RURAL SURGICAL CAMPAIGNS



HOSPITAL SAN CARLOS



HOSPITAL SAN CARLOS

- Non profit rural hospital run by sisters of charity of St Vincent de Paul
 - Primarily serves the indigenous population
 - Mission: To provide accesible quality care
with an intercultural focus
To fill in gaps in the government
health care
 - Two third of hospital income from donations, one third from out of pocket patient payments
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HOSPITAL SAN CARLOS

- Strengthens its care with input from volunteer doctors
- Large network of general practitioners and specialists
- Good planning of volunteers important to obtain benefits for the patient care



SURGERY DEPARTMENT IN HOSPITAL SAN CARLOS

One surgeon who works in the afternoons and evenings and every other weekend

450 to 500 interventions per year (including campaigns)

Principal interventions:

Apendicectomy

Cholecystectomy

Amputations

Explorative laparotomy

Hernioplasty

Wound debridations



SURGERY DEPARTMENT IN HOSPITAL SAN CARLOS

- Irregular presency of surgeon because of medical director charge in government hospital during the day
- Lack of motivation; working conditions for surgeons in rural environment not as in the cities...



SURGICAL CAMPAIGNS IN HOSPITAL SAN CARLOS

- On a voluntary basis, team pays own travel costs
- Teams from Mexico and abroad
- To make the campaigns more sustainable the teams bring surgical sets, sutures, gloves and other material



SURGICAL CAMPAIGNS IN HOSPITAL SAN CARLOS 2014

January: Cleft lip and palate 12 interventions (team from Wisconsin, yearly campaigns since 1995)

March: gynecology 26 and urology 8 interventions
(Team from Italy, yearly campaigns since 2003)

June: Gynecology 19 interventions (Mexican gynecologist)

July: Gynecology 6 interventions (gynecologist from Texas)

November: Gynecology 15 interventions (Mexican gynecologist)



ORGANIZATION OF CAMPAIGNS

- Patient selection in outpatient clinic, promotion by local radio
 - First day of campaign evaluation of patients by surgeon with lab results
 - One general physician of the hospital takes charge of preoperative and postoperative care at the ward, supervised by the team
 - Any physician of the hospital interested can join the surgeries and learn
 - Communication after campaign
- 



CONCLUSION ?

Surgical campaigns:

Altruism or surgical coverage increase?



INTERESTED?

www.hospitalsancarlos.org

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Biggest need urology, oncology
and pediatric surgery, but
other specialisations also are very
welcome!

Spanish speaking
not necessary





SYMPOSIUM
SURGERY IN LOW RESOURCE SETTINGS
NOVEMBER 14TH-16TH 2014

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