Strategic sector cooperation between Denmark and Mexico on strengthening primary healthcare

April 2016

Annex overview

Acronyms and abbreviations

CIMT	Medical Technology and Telephony Services in the Capital Region of Denmark
DAK-E	Danish Quality Unit of General Practice
DGIS	Dirección General de Información en Salud
DGPLADES	Dirección General de Planeación y Desarrollo en Salud
DHA	Danish Health Agency
DHDA	Danish Health Data Authority
DKK	Danish Kroner
DMoH	Danish Ministry of Health
CENETEC	Centro Nacional de Excelencia Tecnológica en Salud
GP	General Practitioner / family doctor
HC	Health Counsellor
HEC	Centre for Health Economics
ICT	Information and Communication Technology
IDB	Inter-American Development Bank
IMSS	Instituto Mexicano del Seguro Social
INT	International Affairs
ISSSTE	Instituto de Seguridad y Servicios Sociales de los Trabajadores del Estado
MFA	Ministry of Foreign Affairs of Denmark
Model	Comprehensive Healthcare Model - Modelo de Atención Integral de Salud
MoU	Memorandum of Understanding
NCD	Non-communicable diseases
PAHO	Pan American Health Organisation (Regional Office of the WHO)
PMH	Centre for Primary Healthcare, Elderly Policy and Health Law
SALUD	Secretariat of Health in Mexico

SC	Steering Committee
SHS	State Health Services
SSC	Strategic Sector Cooperation
SP	Seguro Popular
WG	Working Group
WG-I	Working Group I
WG-II	Working Group II

SSC Project – Denmark & Mexico

Thematic focus	The SSC aims at strengthening the primary healthcare level in Mexico in light of the shared challenge in Denmark and Mexico of a growing burden of non-communicable diseases (NCDs). DMoH and SALUD have agreed that the project focus for the SSC should be on strengthening the primary healthcare. The development of a strong primary healthcare sector is an essential element in the current implementation of the Comprehensive Healthcare Model in Mexico, which aims at ensuring universal access, quality of care and cost effectiveness. The SSC will contribute to the implementation of the Model by improving cooperation and communication between primary healthcare providers. Hence, the project will include three complementary result areas: 1) communication and referral mechanisms, 2) IT-systems and digital communication, and 3) efficient use of data equipment and telemedicine. These are all areas where Danish health authorities and other partners have relevant competences and experience and where there is potential for building a strong, equal and lasting partnership between Denmark and Mexico. The SSC between Denmark and Mexico addresses the Sustainable Development Goal 3 to "*ensure healthy lives and promote well-being for all at all ages*" with a specific focus on targets 3.4 and 3.8: - 3.4: "By 2030, reduce by one third premature mortality from NCDs through prevention and treatment and promote mental health and well-being" - 3.8: "Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all" The cooperation between Denmark and Mexico will respond to these goals by sharing best practices and knowledge that could contribute to the implementation of a healthcare initiative in Mexico (the Comprehensive Healthcare Model) and thereby strengthening primary healthcare.
Summary of the preparation project	The purpose of the preparatory project phase was to identify an area of interest for cooperation within health that would benefit both Denmark and Mexico. As many other countries, Mexico is facing challenges in its healthcare system. Despite achieving close to universal health coverage, the Mexican authorities strive to provide effective access for the whole population to quality health services and prevention at the primary level in order to address the existing inequalities in access to healthcare.

	Initially, the duration of the preparatory project had an estimated length of nine months, from October 2015 to June 2016. According to the close relationship and the identification of several issues of common interest a seminar was held in December 2015 in Mexico to define specific topics of collaboration. In addition it was announced that the President of Mexico, Lic. Enrique Peña Nieto, would visit Denmark in April 2016. This visit is considered an extraordinary opportunity and ideal occasion for the signing of a specific agreement - the SSC project - at the highest level possible. Hence, the estimated length of the preparatory project was significantly shortened, and the process of identifying a common area of cooperation and mutually formulating the relevant outputs and activities for the SSC project was accelerated. Based on a fact-finding mission by DMoH to Mexico in December 2015, a study tour to Denmark by representatives from SALUD in the beginning of February 2016 and continuous dialogue between the two ministries through the HC, it was possible to identify an area of cooperation. Expected results and the partners involved are included under the chapter "Project Description".
Background	Mexico is a federation consisting of 32 states and 2,438 municipalities. Mexico counts approximately 120 million inhabitants being the second largest country by population in Latin America. In 2004, the publicly funded universal health insurance, Seguro Popular (SP), was introduced, which ensured access to a health insurance primarily at the State Health Services for approximately 50 million Mexicans. This group was previously at risk of being unable to afford healthcare. The introduction of SP has had positive effects substantially reducing the number of people experiencing health expenditures and improved key parameters especially for the poor (e.g. related to mortality and use of health services). Yet, Mexico faces a persistent challenge to guarantee quality healthcare on an equal basis. The country has one of the highest out-of-pocket payment rates for health among the OECD countries, an indicator of the difficulties in gaining access to quality healthcare. Combined with demographic and epidemiological pressures, Mexico is facing high mortality rates caused by chronic diseases such as diabetes. NCDs in Mexico are not diseases of the affluent. The Southern regions of the country are the poorest, where the disease burden of communicable, maternal, and perinatal diseases are still very high. Meanwhile, the Southern regions experience the highest absolute burden of non-communicable diseases. Several major development challenges are currently threatening Mexico's healthcare system, including a) a shift in disease burden from infectious diseases to NCDs and mental illnesses, b) inequality in access to quality health services deriving from a fragmented healthcare system characterised by several providers of healthcare, and c) incoherence in primary healthcare. These three challenges have been identified as major issues affecting all

	Mexicans but especially placing a burden on the poorest and those with the lowest access to health. There is an urgent need for overcoming these challenges. As mentioned, SALUD is currently in the process of implementing a new healthcare model in Mexico to ensure the quality and equity of medical care as well as standardise the package of interventions among the different segments of the population provided by the public health institutions at national level. The healthcare model is named the Comprehensive Healthcare Model (Model) and is based on the establishment of healthcare networks that will connect healthcare institutions (units) and improve patient flows. The Model introduces a categorisation of healthcare units and sets standards for services to be provided by each category of healthcare unit. As illustrated in the baseline (Annex 1), the Model introduces a strengthening of the primary care level through a reorganisation of the current national healthcare system at state level. Today, outpatient care at primary level is designed to treat mainly acute disorders. With the need to ensure early detection of NCDs and mental illnesses followed by treatment and follow-up, the implementation of the Model is highly needed. It will be the responsibility of the health units in outpatient care to act as the first access point for the patient to the health system, equivalent to the role and functioning of general practitioners in Denmark. The aim is to resolve the majority of all requests in these health units. In this regard, Mexico and Denmark have a common policy goal, which is to move away from a high dependency on hospital care and improve access to quality health services in local communities. This, however, requires a change of perception on how to use the healthcare system. Improving access and quality of care at the primary level will be crucial in order to build trust among patients and healthcare workers and ensure that more patients will contact local health units instead of going directly to the hospital. Strengthening the health service network is a key priority in the Model and involves improving communication between the different health facilities and different levels of care. The aim is that the health services provided by the State Health Services should respond to the needs of the population regardless of employment status and previous or future affiliated health institution, cf. 39% of the population are privately insured through their job and 7% of the population are state employees and holds a social security insurance as explained in Annex 1. This also implies that the systems should be able to communicate when a person moves from one health provider to another.

Project description	The strategic sector cooperation between Mexico and Denmark is focused on strengthening primary healthcare. Mexico and Denmark take a step further in an already good and existing cooperation between the countries. In 2013, a MoU was signed to ensure increased cooperation, exchange of knowledge and sharing of experiences in the area of health. **Scope of the SSC project** The current implementation of the new healthcare model is to ensure equal access to health services, contribute to the standardisation of services and practices within the health sector, optimise the use of resources in a more cost effective way, and to optimise health infrastructure. This is done through reinforcing the role of the primary care level. Numerous institutions provide healthcare in Mexico. To ensure a better overview of the service providers, the Model introduces a categorisation of the suppliers of healthcare services and sets standards to what the units are required to deliver. The units are categorised in groups from A to G, where healthcare units identified as belonging to group A offer a limited service portfolio, whereas services provided by category G units are highly specialised. Categories A, B and C are approximately corresponding to the primary healthcare sector as defined in Denmark. As the implementation of the Model is currently underway, and as SALUD is concentrating on rolling out the implementation successfully, SALUD has requested DMoH to contribute to the implementation through the SSC. In this context, DMoH has found it relevant to focus on essential elements of the Model, where DMoH and relevant partners have experience and knowledge that could inspire and raise awareness in Mexico about strengthening the primary healthcare. Danish competencies are relevant in terms of patient flows, communication in the primary sector as well as across different levels, experiences with the use of e-Health and digitalisation. Hence, DMoH and other relevant Danish competencies could contribute to strengthening cooperation and communication within healthcare networks in Mexico. The implementation has been initiated with a pilot project in four federal states in Mexico (Durango, Guanajuato, Hidalgo and Yucatán). The four states represent more than 12 million citizens of Mexico. They have been chosen based on their need of improving primary healthcare and their interest in the implementation plans of SALUD. All four states have a poverty incidence higher than the national average, experience major health challenges and score medium-high within the national marginalization index. Following these four states, SALUD will continue the implementation in other states with the aim of completing the implementation of the Model in all 32 states before the end of 2018. DMoH will support the implementation in the four states with a view to identifying best practices, especially with using health data and digital

communication that could benefit the implementation of the Model in the remaining states.

The potential for involving civil society organizations from both Denmark and Mexico, e.g. unions and patient organizations, will be further explored as part of the SSC project.

Three complementary result areas

To achieve the overall objective and to guide and identify relevant activities to be carried out during the project period, the contributions to this project has been categorised into three complementary result areas:

1. Communication and referral mechanisms
2. IT-systems and digital communication
3. Efficient use of data equipment and telemedicine

These three result areas and their respective outputs and activities, which are presented later in the proposal, are considered to be of great importance in supporting the implementation of the Model. This is a current demand from SALUD that DMoH and other relevant experts have the competencies to support.

To accomplish the tasks two technical Working Groups (WGs) will be established. The representatives in the WGs are experts with high technical level and practical experience from Denmark and Mexico. The tasks of the two WGs are described in the following.

Working Group I: Communication in Primary Healthcare

WG-I is responsible for delivering outputs 1 and 2. Output 1 involves activities to exchange knowledge about communication and referrals in healthcare networks at primary and secondary level. The output consists of preparation of written information and training of trainers to improve knowledge and capacity in communication and referrals in healthcare networks (primary and secondary level) in the four states.

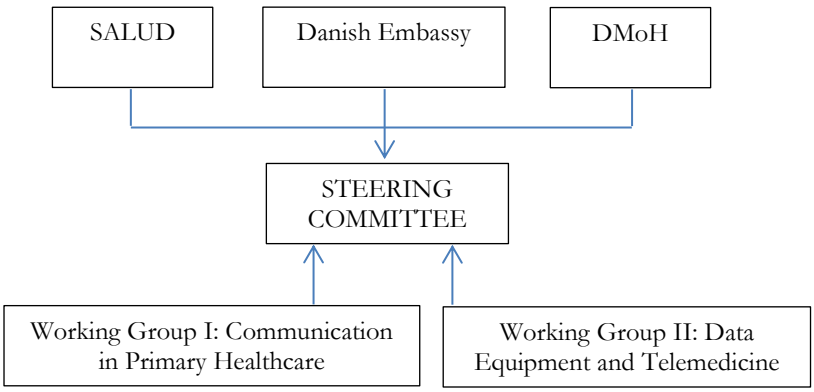
Output 2 consists of developing a roadmap for IT-systems and digital communication identifying critical system and infrastructure requirements, targets, drivers and timeline for developing integral management systems in a Mexican context. An integral management system is a means to support communication and referrals in healthcare networks, hence ensuring profitable synergies between output 1 and 2. This is the reason behind merging outputs 1 and 2 into WG-I.

WG-I will include Danish health professional experts with competencies and practical experience in general practice as a specialty, the use of clinical guidelines, as well as health data and health registers (particularly in the areas of diabetes, mental health, cardiovascular diseases and cancer). Central to

	this WG is also the participation of experts with technical competencies and practical experience in data collection, documentation, standardisation and IT-infrastructure as well as experts with competencies in execution and project management. The WG-I will include relevant Mexican partners such as Dirección General de Tecnologías de la Información, Direccion General de Información en Salud and Centro Nacional de Excelencia Tecnológica en Salud (CENETEC). **Working Group II: Data Equipment and Telemedicine** WG-II will be responsible for deliverables in output 3, which includes knowledge exchange about efficient use of data equipment and telemedicine. Output 3 consists of preparing written information on business case and evaluation models and training in how to use these models. This should lead to descriptions of concrete ideas and (as far as possible) plans for the use of data and telemedicine with increased focus on benefit realisation and cost effectiveness in the primary level in Mexico. The WG will include Danish experts with competencies and practical experience within health services, and in particular competencies with pre-hospital and out-of-hospital services. Central competencies in WG-II also include knowledge and practical experience within e-health evaluations and project management, including the use of business cases and benefits realisation. The WG-I will include relevant Mexican partners such as CENETEC. **Expected results** The expected results from the SSC are a strong, equal and rewarding partnership between SALUD, DMoH and other relevant experts. Exchanging knowledge and identifying "next-steps" can be a valuable to support the development of new initiatives that can contribute to the Mexican aspirations for healthcare, guaranteeing better access and the right to equal quality health for all by ensuring coherence in primary healthcare. Specifically the three challenges identified in the baseline (Annex 1) are addressed using e.g. e-Health as a tool to assist the patient with a chronic or mental disease, increase quality of care within primary healthcare services and assist in the development of integrated health services networks. **Partners** Besides involving experts form SALUD and DMoH, the SSC project also involves other relevant experts and external competencies. The Danish healthcare system is characterised by its decentralised structure, where the provision of healthcare is delegated to other levels of Government. The Parliament and the Government at national level set the regulatory framework, whereas the responsibility for running the healthcare system is placed within the five Regions. Hence, the competencies

	concerning the Danish healthcare system are widespread and go beyond DMoH. Therefore, the Regions and the municipalities should also be able to contribute to the SSC project. In addition, external competencies have been identified as relevant to the SSC project. These competencies are not available within Danish authorities and could include representatives from e.g. Danish Quality Unit of General Practice (DAK-E), Centre for IT, Medical Technology and Telephony Services in the Capital Region of Denmark (CIMT), University of Copenhagen, and civil society. All tasks and responsibilities are described in more detail in the section about the "Management set-up".
Purpose, results, outputs & indicators	The purpose of the SSC project is to strengthen primary healthcare in Mexico by supporting SALUD in the implementation of the Comprehensive Healthcare Model. Developing a strong primary healthcare sector is an important tool to ensure the national goals in health including universal access, quality of care and cost effectiveness. The project will focus on three result areas, including 1) communication and referral mechanisms, 2) IT-systems and digital communication and 3) efficient use of data equipment and telemedicine. Each result area corresponds to the three outputs below.
Objectives	The overall objective of the SSC project is to contribute to the implementation of the Healthcare Model by improving cooperation and communication between primary healthcare providers.
Result indicator	Two overall result indicators are relevant: • Deliverables in the form of a roadmap, cost effective evaluation forms, and cases to provide a basis for new development and implementation projects in Mexico • Knowledge and best practices on how to strengthen cooperation and communication in the primary level in Mexico These will be verified through: - Yearly SSC reports - Progress reports half yearly before each SC meeting - Minutes from the Steering Committee and the WGs technical meetings - Completed roadmap - Booklet, publications and reports with Danish experiences relevant for the implementation of the Model - Study tours, training seminars and workshops reports and participant evaluations

Output 1	**Knowledge exchange consisting of written information and training to improve delivery on communication and referrals in patient pathways and healthcare networks (primary and secondary level)**
Output 1.1 indicator	Develop one booklet describing the Danish healthcare system
Output 1.2 indicator	One one-day kick-off forum followed by a four-day workshop focusing on communication and referral in networks
Output 1.3 indicator	Four publications in English and Spanish of relevance for the implementation of the Model comprising Danish cases of primary healthcare services within diabetes, mental health, cardiovascular diseases and cancer
Output 1.4 indicator	One one-week study tour to Denmark for 6 Mexican representatives
Output 1.5 indicator	Three one-week training seminars on how to improve communication and referrals
Output 2	**A roadmap for IT-systems and digital communication produced leading to development of integral management system**
Output 2.1 indicator	One one-day kick-off forum followed by a four-day workshop focusing on IT-systems and communication
Output 2.2 indicator	Two one-week workshops mapping existing IT-infrastructure and identifying requirements for development of IT-systems and digital communication
Output 2.3 indicator	Roadmap developed for IT-systems and digital communication
Output 2.4 indicator	One verification seminar to present and agree on the results of the roadmap
Output 3	**Knowledge exchange consisting of written information and training in models for evaluation and benefit realisation to develop plans for efficient use of data equipment and telemedicine**
Output 3.1 indicator	One one-day kick-off forum followed by a four-day workshop focusing on data equipment and telemedicine based on primary healthcare
Output 3.2 indicator	Business cases (short description provided in the work plan) and evaluations from Danish telemedicine projects in English and Spanish
Output 3.3 indicator	One one-week study tour for six Mexican representatives to Denmark to understand relevant Danish solutions

Output 3.4 indicator	Two one-week workshops to train in models and draft plans on how to increase capacity and cost effectiveness through use of data, digital equipment and telemedicine
Activities	It might be relevant to adjust the activities for 2017 and 2018 as a result of the refinements at the kick-off forum in 2016 and SC decisions based on clarifications of the project's deliverables and the SSC progress reports.
Management set-up	A SSC Steering Committee (SC) will be established. The SC will approve annual work plans and budgets and thereby provide overall project management based on ownership, a common understanding of the purpose and approach towards the project. It is also the task of SC to approve the annual and final reporting. The SC will receive progress reports prepared by the WGs before each SC meeting. The SC meeting will discuss and approve the progress reports. It will meet biannually to decide on needed adjustments and changes to the annual work plans and budgets. Terms of Reference for expert input from the DMoH and consultants will be agreed upon during the meetings in the SC or in email procedures agreed upon. Terms of Reference for the SC will be developed before the first SC meeting and approved during that first meeting in the SC. The SC consists of members from DMoH, SALUD and the Danish Embassy. Observers are the HC and representatives from the WGs, who will prepare and present progress reports to the SC and other technical briefings as demanded by the SC. The meetings are expected to be held via video conference, but whenever possible the meetings will be coordinated during visits by DMoH to Mexico and by SALUD to Denmark. The SC secretariat, responsible for organising the SC meetings and preparing agendas, will be a joint responsibility between the HC, DMoH and SALUD. The set-up for the SSC Steering Committee is illustrated as follows: 

	SALUD representatives: - General Director, International Affairs - General Director, Health Planning and Development - (Advisers Coordination, Under Secretariat of Integration and Development of Health Sector) Danish embassy representative: - The Danish Ambassador to Mexico - Health counsellor will participate as observer DMoH representatives: - Head of Division, Centre for Health Economy - Head of Division, International Affairs WG-I and WG-II: The technical WGs are observers in the SC and responsible for delivering outputs 1+2 respectively and output 3. Each WG will be affiliated to a project manager, who will be responsible for: - Coordinating activities between the WG members in Denmark and Mexico - Reporting the status of the activities to SC through progress reports and seminar and workshop reports and participant evaluations - Ongoing contact to DMoH - Preparing the annual work and budget plans including targets/milestones, major activities and a plan for technical input and budget for the expected activities together with DMoH and HC - Providing monitoring input for the progress reports Additionally to the Danish project manager, each WG will be affiliated to a Mexican counterpart. As there is envisaged a substantial synergy between the activities of the two WGs, strong coordination between the project managers will be important.
Contribution of the partner organisations	The partners have specific responsibilities during the project process; hence, the different roles and areas of responsibility are illustrated in the following. **SALUD** The role of SALUD is to: - Identify relevant experts to participate in the described activities - Prepare the experts that will participate in the specific activities in order

	to ensure expected outcomes of their participation - Prepare practical arrangements and logistics for activities held in Mexico, e.g. meeting rooms and related facilities - Be in contact with relevant Mexican stakeholders - Share the experience obtained from the activities of the SSC-project with other experts of the Mexican healthcare system - Cover costs related to e.g. domestic travel for Mexican experts - Follow, evaluate and adjust activities together with DMoH - Monitor and evaluate the SSC project process provided by the WGs SALUD will cooperate closely with the HC. **Danish Ministry of Health** The role of the International Affairs Unit (INT) in DMoH is to: - Coordinate the activities within DMoH - Practical preparation of the experts (e.g. travel information) - Practical arrangements and logistics for activities - Follow, evaluate and adjust activities together with SALUD - Provide overall management of project process and economy (settlement of accounts with MFA) - Contact to the Danish stakeholders - Annual and final reporting - Monitor and evaluate the SSC project process provided by the WGs The role of the Centre for Health Economy (HEC) in DMoH is to: - Coordinate the activities within DMoH - Identify relevant experts - Technical preparation of the experts on their participation in the specific activities - Prepare TOR for the experts on their participation in the specific activities - Ensure technical preparation - Contact to the Danish stakeholders - Monitor and evaluate the SSC project process - Prepare the annual work and budget plans including targets/milestones, major activities and a plan for technical input and budget for the expected activities together with INT, HC and WGs **The Danish embassy in Mexico City** The role of the embassy is to facilitate the project. The HC is the main contact to SALUD and DMoH and will function as the intermediate between the two ministries supporting the project during the project period with the identified activities. It is also the responsibility of the HC to organise the meetings in the Steering Committee, where SALUD and

	DMoH will provide input.
Justification of proposed methodology, activities and input in relation to expected results (simple theory of change)	The government-to-government cooperation is a new and strategic way of addressing sustainable development bound to the professional expertise and know-how of line ministries in Denmark. The objective is to strengthen long-term bilateral relations between public authorities in Denmark and selected partner countries through dynamic and equal partnerships, where knowledge exchange and information sharing are the key elements of the cooperation. Mexico and Denmark faces complex and challenging healthcare needs. Changes in demographics and disease-burdens puts pressure on the existing health systems. Equal access to quality healthcare services is a priority of the Federal Government in Mexico. In 2002, as an attempt to eliminate inequality in access to healthcare services, Mexico created a system to guarantee universal access to healthcare services for all Mexicans regardless of their social or employment status. The Comprehensive Healthcare Model is an essential initiative to ensure universal **effective** access to healthcare. It is a necessary step to ensure the population that is not only covered by insurance but also have access to adequate services based on the health need of the individual. The Model focuses on increasing access to health through strengthening primary care. This is also the second objective of the overall National Plan for Health and Development 2012-2018. Primary care in Mexico is relatively underfunded and distant from the needs of the individual patients. The result is high mortality among patients with chronic diseases, overcrowding of hospital facilities and high out-of-pocket spending among others. (See Annex 1). The strategic sector cooperation will address some of the areas in the Model, in which SALUD identifies that DMoH can contribute. The SSC is defined to support the implementation in the four federal states initiating the implementation of the model with a pilot project (Durango, Guanajuato, Hidalgo and Yucatán). To underpin change in Mexico the approach is not to apply Danish solutions and systems directly in a Mexican context but first to create room for inspiration and new ways of approaching challenges. Second to create forums for dialog and exchange of knowledge and experience and third to coproduce solutions applicable in the local context. All of this happens both when the counterparts meet physically in Mexico or Denmark and by working together via videoconference, e-mails etc. in between the workshops, training seminars and study tours. This method ensures that the partnership creates valuable learnings and knowledge for the benefit of Mexico and Denmark. As DMoH and the other involved Danish experts do not have the

	qualifications to advise on initiatives in a Mexican context (and visa-versa), the role of the Danish partners is to identify and share best practices in areas where Denmark has knowledge and experience that can be of inspiration to the Mexican counterparts. Hence, it is essential that both parties act humbly towards each other and respect that differences exist. **Risks and dependencies** The concrete outputs and activities outlined in the SSC project are subject to a number of risks and dependencies, which could result in re-scoping of the project. As mentioned earlier it might be relevant to adjust the activities for 2017 and 2018 as a result of the refinements at the kick-off forum in 2016 and SC decisions based on clarifications of the project's deliverables and the SSC progress reports. Generally for all three outputs, the results are dependent on the cooperation between the Mexican and Danish stakeholders, access to information and the ability to recruit the right experts and trainers for training. Specifically, the deliverables and activities related to output 2, the roadmap for IT-systems and digital communication, are subject to a number of preconditions. Particularly the scope of this output depends on the existence and detail of treatment manuals as well as their consistency across the four states. Also the timeline for output 2 is dependent on access to the results of the mapping on e-health in Mexico, which is in the making and foreseen finished in the 3rd quarter of 2016. Also a number of risks concerning the implementation of the new Model of healthcare should be highlighted. Risk levels in the implementation differ substantially depending on the nature and specific characteristics of each state. SALUD has identified risks in connection with the implementation of the Model. Some states have a small number of high-level risks, while others have a greater number of detailed risks that have to do with their potential responsiveness, capacity, and the degree of ownership to the Model. SALUD, however, believes that the risks of the program overall are minimal. The four pilot states have been chosen in an analysis of high potential impact and low risks. According to SALUD, all states have been identified as willing to transform and improve. A driver for change in the SSC project is a change of perception on how to use the healthcare system in Mexico. Improving access and quality of care at primary level is essential in order to build trust among patients and healthcare workers respectively. Full impact of the project should therefore be viewed in relation to the progress in change of perception. According to SALUD risks in the implementation of the Model are diminished by ensuring accountability mechanisms and implementing each objective of the Model on a local level among others.
Environmental, gender	The overall observed development challenges that the SSC project is

and social impacts – and improvements to good governance	responding to are related to social impact, gender and improvements to good governance. The SSC is believed to have a direct positive social impact. NCDs and mental illnesses are high impact and low visibility diseases with the highest toll on the poorest segments of the Mexican population. Core to the project is a direct engagement with the primary sector improving governance in order to achieve better access to healthcare. In the end, the result of the Model is a more people-centred and responsive health system limiting the need for out-of-pocket payments. The activities in the project are gender neutral. It is however traditionally the women, who are gatekeepers to the family's health. As observed during the fact-finding mission to the Hidalgo province it was clear that the women in the small communities met regularly in order to receive education related to prevention of certain diseases and receive information on how to tackle health related issues.