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ACTIVITIES MEMBERS

- CISS and ILO agree to work together for the universalization of social security.
- CISS and ISSA sign memorandum of understanding for social security.
- CISS participates in the Pension Forum in Spain.
- The International Labor Organization commemorates 100 years.
- Social protection will be possible for 577 thousand workers in Chile.
- Support in payments to social security to benefit workers.
- The IX Encinas 2019 International Education Congress was held.
- The Social Security Institute of Paraguay celebrates 76 years of service.
- Permanent Seminar on Welfare in the Americas. For the implementation of social protection, regardless of salary.
- IMSS pilot program for domestic workers starts on March 31.
- CISS participates in the World Social Security Forum.

ARSII celebrated 15 years of providing services.

"Social security and the world of work must be subject to constant review, reflection and changes." Ernesto Murra, Minister of Labor and Social Security.

Agreement between NIB and the Ministry of Social Development to make services more efficient.

Independent affiliation guarantees access to IESS services and benefits.

EsSalud: Policlinics Guillermo Kaelin and Alberto Barton receive international accreditation.

Synthetic blood vessels generated in ISSSTE’s Centro Médico Nacional 20 de Noviembre.

The Ecuadorian Social Security has its investment bank.

Volunteering, fundamental part of SSVMN.

ISSF achieved coverage of almost 230 thousand insured in 2018.

ANSES performs mobile operation in neighborhoods.
A CISS for the change of era

Gibrán Ramírez Reyes

During the 1951 Inter-American Conference on Social Security, Eva Perón said that “the task in favor of social security will be to incorporate every man and every woman into the organization of the people, whose backbone is the organization of workers.” That is to say, the one who had a job would automatically have welfare and progress for himself and his people in the present and in the future. The work was, thus, everything; political identity and great paradigm of wellbeing, besides being the backbone of the social content of democracies in the 20th century.

The assumptions were not verified, and especially since 2008 it has become clear that the road to building wellbeing can not only be work. Today, the dynamics of work, the new labor markets, automation and the processes of precarization force to rethink paths that are more convenient for people. We have to talk about new visions of wellbeing; we have to build the paradigm of the 21st century.

The CISS has a lot of work for this management. The discussion has to be based on four axes: 1) the universalization of social security, especially one that is not necessarily linked to work, that is to say, 2) with mechanisms of inclusion for vulnerable populations, which is also 3) sustainable in time, and incorporate 4) forms of social, national and international cooperation. The most constant vehicle for dialogue will be this Inter-American Welfare Gazette.

From here we will reflect on these and other issues, but, most importantly, we will encourage the exchange between the CISS membership; the exchange of what and how other member institutions do to achieve some of the shared goals. Thus, we will have a constantly alive organism, with greater internal communication. Each institution shall describe its successes, its successful institutional routines or, in general, the most relevant and satisfactory facts.

In this first issue, the Mexican Institute of Social Security will talk about one of its main experiences in the four subjects, that is to say: the IMSS-Welfare Program, before IMSS-Prospera and in the IMSS-Coplamar origin (General Coordination of the National Plan for Deprived Areas and Marginalized Groups). In addition to being an influence that can inspire similar advances in other parts of the Americas, it constitutes a comprehensive public policy, anchored in the community, aimed at the population not entitled to social security, which has remained for 40 years, with efficiency and effectiveness greater than other programs aimed at expanding access to the effective exercise of the right to health. From now on, and as it will happen in the future, other members will put on the table some of their activities and practices to achieve well-being.

Welcome to the polyphony.

Gibrán Ramírez Reyes
General Secretary
When I arrived at the Mexican Institute of Social Security (IMSS), I made a commitment to contribute from this trench to guarantee access to health for all Mexicans throughout the life cycle as a fundamental step to achieve progress with justice.

The Fourth Transformation of the country headed by President Andrés Manuel López Obrador requires it. Do not leave anyone behind; Equalize everyone and ensure that regardless of their social status, employment and without distinction and without privileges, they can enforce the right to health enshrined in Article 4 of the Constitution.

But the commitment is not only that Mexicans have access to health services and medicines, the project is a long-term one, that there is well-being for life, so the premise of work is that the IMSS must serve Mexicans from before birth with prenatal care, to a good to die with palliative care, always seeking a decent, quality service and close to people.

The IMSS will be present throughout the life cycle, particularly in key stages: a childhood formed by healthy habits, youth with hope and freedom, full productive age and dignified and respected elderly people.

To meet this goal, Social Security has outlined six specific objectives: an inclusive IMSS that moves towards a Single Health System; a preventive and integral IMSS; a nearby IMSS; a sustainable and transparent IMSS; an IMSS that collaborates with all areas of government and throughout the national territory; and an IMSS that submits to the global quality exams to the social evaluation.

In the Institute we recognize that there are different realities and challenges to face the different health needs of the population entitled and not entitled, but we are working to address them with the best conditions.

We also know that although the IMSS focuses its efforts on caring for its members of the mandatory regime, that is, those who access our health and social security services through employer-employee quotas, we also have the desire to be a tool of the Mexican state to equalize our society from the value of justice, to meet the most pressing health needs of the country, particularly with those who have less, the most marginalized.

The path that the IMSS has taken in the Fourth Transformation is that of the Welfare Plan, which aims to ensure that no Mexican is left homeless in case of emergency that endangers his life.

To do this, we will address the health needs of the population with the greatest responsibility and to the limit of our work and financial capacities, without sparing or bureaucratising efforts.

With an effective administration of resources, eradicating corruption and privileges, with republican austerity to take better advantage of Mexicans’ money.

We will turn our efforts so that in those states that do not yet have coverage of the IMSS-Welfare program, they will soon be able to join the benefits of free medication and care.

This way, the IMSS assumes the task of giving life, contributing and walking towards a Unified Health System, where the wound of pain that divides Mexicans between those who live longer and better because they have the resources and those who live less is reconciled and with a lower quality of life because they were born in vulnerable families, mostly indigenous, elderly or living with a disability.

The task and responsibility is enormous, but the IMSS is neither going to disappoint history nor the Mexican people.

Germán Martínez Cázares
Head of the Mexican Social Security Institute
In Finland, from January 2017 to December 2018, more than 2,000 unemployed people were benefited with a state aid of approximately $630 per month, as part of a pilot program run by the Social Security Institution of that country. The objective: to ensure a basic income to this population sector damaged by the turbulent economic circumstance and disadvantaged by the difficult access to work.

The preliminary results of this experiment, outlined by a team of researchers from the same institute, were less optimistic than expected. It was concluded that, despite the fact that users reported being happier than when they did not participate in the program, there was no increase in labor insertion rates, this being one of their main purposes.

On the one hand, this anecdote exemplifies a recurring event in the field of social policy, very well and is also one of the most used arguments by critics of the welfare state: that some measures, such as universal income or other transfers and services, they do not have as an ultimate goal the individual and social wellbeing, but are designed as mechanisms to maintain and reproduce a market economy, sustained in turn by an active, healthy and formalized labor force.

On the other hand, policies that have had social objectives such as the reduction of poverty and inequality, have generated structural exclusions of some groups and an unequal fulfillment of their rights, as well as deficiencies in the quality of services. This is why social policies, including those related to social security, must be reconsidered and designed from a different approach to the current one.
Social security, as an instrument to achieve the full well-being of people, must guarantee the conditions of common life that arise in the objective dimension, and promote the satisfaction that is contemplated in the subjective dimension. The pending task on this route is to eliminate the present and future fears that prevail as clouds threatening existence and hindering the horizon of happiness.

The setback during the neoliberal period

During the eighties, the countries of America reoriented their welfare strategy, abandoning the universalization of social policy as the pillar of it, and adopting targeting as the new paradigmatic scheme. After that change in the way of directing the actions of the State, which had the objective of facing the economic crisis and reducing the external debt in a scheme linked to the principles of efficiency and effectiveness of the market -limiting the margin of state action - It has been demonstrated that its goals were not satisfactorily fulfilled: poverty and inequality remained and prevailed, the struggle of countries to combat informality still stands and even formal employment has become precarious.

In this way, the neoliberal project created strong and harmful consequences for the hemispheric welfare, worsening the inequality gaps and producing a stratification in the access to social security. The control was given, primarily, through the integration of individuals to formal schemes of work, which definitively excluded large sectors of the population, depriving them of the enjoyment of rights previously provided by the State and linked, for example, to health and pensions, which tended unreflectively to privatization.

These policies and their consequences encouraged dialogue in international organizations on the possibilities of the universalist component in State action, whose proposed alternatives can be summarized as follows:

- Basic Universalism
- Contributory Insurance
- Essential transfers or protection floor
- Social protection as a human right.

From this space of debate and reflection, it is proposed that these, in an effort to improve the living conditions of the entire population, must guarantee the ultimate objective, personal and collective welfare, with a comprehensive approach and rights.

The welfare issue

Secularly, actions aimed at the pursuit of well-being were inextricably linked to the struggle of workers for their rights, such as fair wages, shorter working days and protection in the event of a decrease or total loss of work capacities. Thus, for years, the desire for wellbeing went hand in hand with the creation of health institutions and the expansion of human rights. The success was such that it was thought that the growth of the labor force, as a result of modernization and industrialization, would lead to more formal jobs and the almost total extension of social security.

Time showed that this estimate was not met, due to the uneven development and changes derived from globalization. Labor markets changed, informal work increased and even in the more developed countries there are temporary, home or automated jobs that do not have any kind of social security. Likewise, societies and their environment have been transformed and now face problems such as the growing aging, the epidemiological transition, new risks at work and welfare in natural disaster contexts.

In this situation, it is necessary to suggest a redefinition of the concept of well-being for our century: a universal one, with the guiding principle of human dignity. That works so that all people are guaranteed freedom, equal rights and minimum conditions to have a decent life. That it be useful to generate the necessary mechanisms to promote economic solvency, universal public health, opportunities for human development and the reduction of inequality. In short, it is an inescapable duty to build a new paradigm for well-being in the 21st century.

Dimensions of well-being

There are two dimensions of well-being: an objective and a subjective one. The objective refers to state actions aimed at satisfying the common requirements of people, thus contributing to the dignification and progressive improvement of their living conditions. These are aspects that can be measured, evaluated, compared and assigned externally. The subjective is happiness and satisfaction with life.

In social sciences there are attempts to tie the objective and subjective well-being, but no agreement in the matter has been reached. The two dimensions are not exclusive, but the realization of one does not necessarily imply the achievement of the other. You can have minimal objective conditions of existence and not achieve happiness; in the same way that you can be happy, despite not living under those conditions.
Universalization is the way
The approach that will be made from the CISS in the pursuit of welfare, is the universalization of social security, understanding that this is not the end, but the means for the welfare of the population in the Americas. That is, coverage is not everything and must be combined with a scheme that, from a rights-based approach aimed at dignifying the person’s life, ensures quality and access to services and transfers that are granted by the State for their protection.

This process must be progressive, with special attention to groups traditionally excluded by the social and economic structure, overcoming the debate on formality and informality of work and making visible sectors that, due to their condition and the nature of the work they perform, are not in possibility to achieve an economic independence that allows them to contribute to the traditional social security schemes: children, peasants and day laborers, domestic workers, students, freelancers, and so on. The new scheme should aim to establish a de-commodification of the individual in the access to social security, by means of transfers that do not depend on schemes of recognition and accreditation based on the position that people occupy in the labor market.

For this reason, we not only bet on the recognition, increase and promotion of more human rights as the sole objective for the reduction of social inequalities, but we propose an assurance of individuals for their condition of person. A vision of the individuals as subjects of rights, as a first link, will allow to guide the collective well-being and the reflection on the ways of contributing, solidarity and living social security in unfavorable national environments with symptoms of structural exclusion.

To achieve this goal, it is necessary to modify the mechanisms for the provision of services and financing. The chosen instruments should not reproduce the existing inequalities, nor create new ones. In turn, the sufficiency and sustainability of financial resources must be prioritized, considering aspects that exceed the strictly monetary and taking into account contributory and non-contributory mechanisms through which these systems access them.

From the CISS we understand the need to promote formal employment, but we believe that the efforts should be aimed at guaranteeing the wellbeing of people, taking into account the different realities that they live. Do we want to make people change their way of life just to formalize their job? The answer from the CISS is no, and that implies taking into account that people can contribute, be supportive and contribute to social security through their participation in government programs, care networks or support for the prevention of diseases in their communities. The above, escapes the economic vision of the contribution to social security, and enters the field of a new collective agreement for welfare from freedom.

Linking social security with well-being and well-being with happiness
For the neoliberal doctrine, the State was an obstacle to happiness. The financial crisis of 2008 and the growth of inequality blew up this belief. Well-being in the 21st century implies, in consequence, revaluing the role of the State, not only as a guarantor of dignified living conditions, but also as a promoter of the happiness of the peoples.

The universalization of social security is an important vehicle for achieving well-being; distributes or redistributes resources so that people can live without fears, with certainty and desires. Therefore, it is necessary to understand the changes in work schemes, in non-nuclear families, climate change, the challenges of migration, demographic changes and new epidemiological transitions. People are happier in more egalitarian societies, where access to decent housing, good education, health services, unemployment insurance and pensions are a true reality.

Social security is a necessary condition to guarantee human dignity, promoting, in turn, the attainment of happiness. Without social security, people are at the mercy of fears, events and circumstances that are beyond their control and are capable of seriously affecting their present and future lives; at the mercy of natural disasters, economic crises, accidents, illnesses or dismissals.

Welfare in the 21st century overcomes neoliberal paradigms and recovers the logic of collective happiness, as an end that can be achieved through mutual protection and institutional redesign. In the CISS, the winds of change blow in favor of well-being.
The building is small and modest, at least in comparison with the gigantic buildings of Reforma Avenue. Through its corridors you can see the bustle of a hundred employees coming and going everywhere. Our interviewee’s office is large, austere and well-ordered. One of the walls has a huge map of Mexico where all the medical units of the IMSS Bienestar are located. On another wall, several paintings with photographs of beneficiaries of indigenous communities and a medical unit are hung. On the desk, a package of ordered papers indicates in its own way the pending tasks of the day.

Gisela speaks pertly.

First experiences

It is difficult to find an official who loves the institution he works for, but it is really what seems to happen to Gisela Lara with IMSS-Bienestar. And that despite the fact that, according to what she tells us, she entered into it because of a misunderstanding.

I finished my career in the eighties, and when I signed to do my social service, I assumed I was signing up for a Pemex unit, because the community was called Agua Dulce, just like another town south Veracruz, but it turned out that it was not: a tiny unit, where I was the only and first doctor. It turned out that it was not Pemex, but Coplamar.

“This is going to be your clinic” - they told me, “you have to arrive and have a meeting with your community. Tell them your name, the schedule for your consultations. They have never had a doctor, you have to explain what a doctor is for.”

And I ended up in a Totonac area north of Veracruz that scared me: when you’re 22 years old you feel like you need a doctor to tell you if it’s okay or not what you’re doing. I got even more scared when I learned that people did not speak Spanish. They explained to me that there would be a nurse who would be my interpreter from Totonaco to Spanish. It was really complicated. But after eight days I said to myself “Let’s see, Gisela, here you will be a year: you either learn Totonaco or you stay mute, because nobody speaks Spanish”. And by December - I arrived in July - I already

IMSS-Well-being is a peculiarity of the Mexican system of health. It is a program of the Mexican Institute of Social Security (IMSS), but in practice quite autonomous, with a particularly low budget - no less than $ 50 a year per patient - and in charge of providing health services to those who have no type of insurance, neither public nor private: above all indigenous people from marginalized populations and far from the main urban centers. The issue is that, despite what might be thought after what has been said, this program has managed to maintain the lowest mortality rates in all the country’s health institutions in its work areas.

And it is not something new in any way. Since its foundation in 1979, when it was called IMSS-Coplamar, it has always had few resources, a similar work method, the same target population and notable results. This has not only caught our attention in the CISS, but also that of the incoming government, which is currently discussing the possibility of replicating its method of work throughout the health system.

We spoke with Gisela Lara, the new holder of the program, and who has been working on it for 36 years, in order to help us understand such facts and the perspectives that this recent governmental interest opens up to them.
had a good command of the language and chatted with people in my spare time.

When they told me that I should introduce myself to the community, I told the nurse, ‘let’s see, I want to tell them what my name is, what time we are going to be present, from what day to what day. Prepare my speech in your language.’ The population gathered the following day. They were all there: men, women, authorities. I read the speech, and nothing happened. All the authorities were applauded, why not me? ‘I think that it is not common here that strangers are applauded.’ Then, the nurse told me, ‘let’s see doctor, let me give your speech.’ She read it and everyone applauded. ‘Ah, well, Totonac is written in one way and spoken in another way,’ she said.

The work method

The IMSS Welfare staff usually explains their results for their community work; in particular, by a certain specific method that has had few changes since its foundation, and with which you have become familiar for decades.

IMSS Welfare has not changed much since it was Coplamar, more than 40 years ago. The model continues being the same from its foundation. It is based on what we call the MAIS - Model of Comprehensive Health Care- (Modelo de Atención Integral a la Salud), composed of two parts: the medical, assistance, first and second level, and the community part.

That second part is very strong in the program; it is what makes us different from the rest of the health sector. We work hard with community participation. We sensitize the population so that they identify the causes of the disease and they themselves seek, with our advice, ways to remedy them.

We have only 190 administrative commands at the central level, and 26,000 workers, but what saves us is that we also have around 350,000 volunteers who work organized in health committees, rural assistants and promoters who go from house to house (at a rate of ten homes per developer). The promoters visit the families, review their booklets (each member of the family has theirs, with the actions that must be done by age group in a preventive manner), and evaluate what actions have not been met to send them to the clinic and to be done.

Besides that, they supervise that people have a clean house, that if they do not have drainage, they have a latrine that should be clean, put lime on it frequently. If they do not have drinking water, they should boil it. Without the community part, the program would be like any other part of the health sector: assistance. And we are preventive.

Each beginning of year there is a meeting with the community attended by men and women, and a joint diagnosis is made. We inquire about what illnesses they suffer from, how much they have progressed since last year, how the goal or action they planned is going. So when the diagnosis is re-read, the goals are rearranged, we follow up on a situation that was truncated. For example, “the new authority will go again to the municipal presidency to continue with the procedures to have edible water”.

A diagnosis is made, the causes of the health problems are detected, solutions are sought, it is decided who will carry them out, and a time frame is set to comply with such actions. We only help them make the decisions.

There is also a day we call, “Community Day,” where the entire population is dedicated to cleaning up their community, burning trash or burying it, getting rid of pots and pans with water. People already do it on a daily basis. That’s great, because the people in the community are working for themselves.

There are children who were not born when the clinic arrived, now they are teenagers and at home they always saw this type of practice, and continue to do so. When a clinic arrives, it becomes a growth pole because people arrive from other places that do not bring this type of health education, and we must start the process again. It is a daily task, that is our job, we fight, but we do not get tired. On the contrary, it is a challenge. Thus, preventing is cheaper than curing. That’s a fact.

The third level of attention

The same lack of resources that prompted the IMSS-Bienestar to create this system of community participation also led it to develop, in 1997, an ingenious model to take the third level of medical care to marginalized rural areas. A system that has already been emulated by the IMSS under the ordinary regime and that is being studied, even exported to other countries that have already shown interest.

Could you tell us about it?
It is a little less than one thousand pesos (52 dollars) per year per person, assigned to the program to attend to everything we do. At an operational and physical level, our infrastructure is first and second level, so we had to be creative to grant the third level of attention. We do this in coordination with the IMSS of the ordinary regime, which provides us with the specialists willing to work with us in rural areas.

How do we do it? The program pays the travel expenses, we carry trailers from the ordinary regime, in which sometimes a mammographer is taken; we also have laboratories, ambulatory surgery rooms. We use them in surgical meetings, now called Wellbeing Surgical Days, but in essence the model of carrying the third level has been the same: they are people of the ordinary regime who serve in rural areas, in specialties such as pediatric surgery, oncological gynecology, urology, laparoscopy, ophthalmology. All that is very expensive, and those people would not be able to pay for it. And since they do not have social security, they could not do it in any government hospital. We have population with popular insurance, but not all the people we serve have the possibility to go to the city and spend three, four days paying a hotel to undergo surgery. That’s why we take the services to them.

Just a few days ago we had an event in Huetamo, state of Michoacán, where about 450 surgeries were performed. For the first time, laser equipment was taken to treat diabetic retinopathy. We solve people’s vision problems overnight.

We just did another one in Jáltipan, on gynecology oncology, which cost us around one and a half million to serve 2,500 people. This cost refers to extra expenses for the transfer of specialists, to provide oncological gynecology care to many women in the southern region of the state of Veracruz, who in other conditions would not have how to travel to the municipal heads.

We get groceries with the town councils. Volunteers cook—that’s where the community organization comes in again; On that occasion around 10,000 servings were served between breakfasts, lunches and dinners. Our community action staff is responsible for bringing patients from the smallest locations to the place where the medical specialists are; they pick them up in vehicles, we attend them, we review them, they receive surgery, and we take them back to their communities. The patient does not pay anything at all, they just give us time to cure their need for third level health.

What problems have they had?
One weakness of the program is that we would like to have, in some way, base specialists, in all shifts, in order to give the population the attention it is entitled to: they are Mexicans, although they live in places so far from urban areas. That is a weakness of the program, which is not in our hands to solve; Because they are so far away, it is not easy for specialists to want to move to those areas. Therefore, we cover shifts with residents.

Another weakness is that we lack the budget to maintain the upkeep of hospitals up to date. As a rule, we carry out preventive maintenance ourselves. Just as we talk about preventive health, we must do it with the infrastructure to prevent it from falling. Sometimes we have so few resources that we have to decide whether to hire doctors and buy medicines or have infrastructure. Obviously, our priority is the first thing, so the infrastructure is a bit behind, as well as the hospital equipment.

Challenges for the program in the coming years

The incoming government of Mexico has shown an interest in extending the IMSS-Welfare method to the health system as a whole, and negotiations are continuing on how this could be achieved and the budgetary and personnel transfers that it would entail. Obviously it is not easy, neither politically nor technically. What have you thought about doing in this regard?

There is talk that our model has been successful, but all the parts of the sector have to sit down to see the different programs of the other institutions, to take the best of each one. I wish our model were the best one! And I know that they have been talking and saying that this is how they expect it to work. That does not mean that we do not recognize that in other areas of
the sector there are good things that could be adopted as well. We all must sit down to see the best way to unify a model for the benefit of Mexicans. I think there's still a bit of work to be done on that.

If necessary, we are in the best position to implement our model in other states where we are still not present. It is a challenge and we know how to do it. We have been in this for many years. And I think that, like me, all my colleagues are also in the best disposition. If in the end it is decided that our model is going to be the starting point for universalization, then we take the challenge.

The social dynamics of urban and/or non-marginalized areas

Possibly, the community actions on which the preventive system of the IMSS-Bienestar has been based depend to a large extent on the strong traditional ties of the communities in which they have worked, especially indigenous peoples. By extending the system to more urban, modern and individualized areas, these same methods could lose their effectiveness.

It will be a challenge to enter urban areas; it will not be easy to get people to participate as in more closed populations, but I think it is possible. We have people who know very well how to work with the population, we have different disciplines in the community action part. Surely among anthropologists, sociologists, we would see how to make people participate. With the retirees we could work with that organization that we have in more closed populations, maybe not 100 percent as we do in those places, but we can do it, in coordination with the authorities. It is not the same model of the rural area, but you can, we already have it, for example, in some areas of Mexico City and Monterrey.

Final words

It is a program that serves the poorest of Mexico's poor, the most vulnerable, and I wish there was a little more budget, because I believe that the population we serve requires the same attention as that of urban areas. We would like to bring all the technology and medicines that are required for this population to have health.

That is what we have to say about IMSS-Bienestar. Good thing she was born 40 years ago, and has life for another 40 or 50 more. It was a wise move to bring health services to such distant places, because, as I said before, we have been a growth pole, and that has determined that governments have turned their eyes to them to build roads, bring light, schools. There is still a long way to go, there are places far away, without attention yet, which must be assisted, too. The government can not look away. There are many factors that allow people's lives to be better, and health is one of them.

Gisela Lara Saldana is a surgeon from the Universidad del Noroeste in Tampico, Tamaulipas (1978) and has a specialty in hospital administration from the National Institute of Public Health of Mexico (1988). In 1982 she joined the IMSS-Coplamar program as a special doctor in a rural medical unit in Tamaulipas. In the last 40 years she has played multiple roles in the health sector at the state and federal levels; except for the period 2003-2006, in which she served as Federal Deputy of the LIX Legislature.

In 2007 she was appointed national coordinator of the Community Action Program (PAC) of the then IMSS-Oportunidades (and now IMSS-Bienestar). The PAC builds community networks in marginal rural and urban areas, which carry out prevention campaigns and continuous monitoring of the population in order to guarantee their effective access to health services.
Women in America: between informality and inequality

By: CISS Research Team

As every March 8, today we commemorate the women who died in 1857 for raising their voices and protesting against unequal and unfair pay in their work, compared to men. This date seeks to raise awareness of the inequality gaps between men and women that persist to this day in various aspects such as the work of women, their remuneration and, consequently, their social security.

Although decisive steps have been taken to recognize that social security is a right, access to it remains strongly linked to people’s employment relationships. Social security as a tool for generating well-being presents a differentiated access for women, both because of their participation in the informal market and because of the proportion of time they devote to unpaid work.

According to ILO data (2018), in Latin American countries women are 75% more susceptible to informality than men, which excludes them from access to social security systems and exposes them to multiple risks in different stages of their lives that reduce their well-being. Labor markets drive many women to informality, leaving the marital bond as one of their few access routes to social security, which further undermines their autonomy, perpetuating their exclusion and relegating them to dependents.

It seems then that the answer is simple: to ensure the incorporation of women into the formal work environment. However, taking data from UN Women (2017), women spend 2.5 times more time than men in unpaid care and work at home activities, making their total workdays even longer.

Therefore, it would be misleading to think that gender equality is promoted only through incorporation into formal employment without considering the hours of unpaid work. As if that were not enough, ECLAC (2016) points out that women who go out to work allocate a considerable part of their own income to pay other women to do the work of domestic care and chores. This situation widens the gender gaps by moving the problem of the informality of employment to the domestic worker, which hardens the barriers of women’s access to social security.

Therefore, this day of women, from the CISS we endorse our commitment to design public policies that encourage co-responsibility of governments in the care of infants, elderly, sick people and people with disabilities.

In addition, we call on all those actors with the ability to generate cutting-edge strategies to break the sexual division of domestic work and care, through the extension of maternity and paternity leave under criteria of gender equality, for example.

Therefore, regardless of their employment status, the establishment of a social security regime that safeguards the right of women to social welfare requires the revaluation of women’s historically invisible work, which has been essential for the functioning of society without obtaining the corresponding recognition and leveling.

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CISS and ILO agree to work together for the universalization of social security

Gibran Ramírez Reyes, head of the Inter-American Conference on Social Security, participated as a speaker in Geneva of the Vision Zero Strategy and Program Meeting for International Organizations and National Institutions, organized by ISSA (International Social Security Association), between February 27 and on March 1.

During the meeting held at the headquarters of the International Labor Organization in Geneva, Gibran Ramírez Reyes, Secretary General of the CISS, and Isabel Ortiz, Director of the Department of Social Protection of the ILO, agreed on the development of a joint agenda to advance in the universalization of social security for domestic workers, informal workers and migrants.

Currently, the CISS forms a permanent commission to monitor and follow up on the implementation of the Pilot Plan for Affiliation to Domestic Workers, carried out by the Mexican Institute of Social Security and the Ministry of Labor, in Mexico.

The meeting was also attended by Sergio Velasco, Social Security Economist; Karuna Pal, Head of Programming, Partnership and Knowledge Sharing Unit of the ILO, and Barbara Gonzalez of the CISS, in which the participation of the Inter-American Conference in the Global Social Week, emblematic event at the world level of the ILO, was committed.

ISSA (International Social Security Association)

Gibran Ramírez also spoke to the Secretary General of ISSA, a leading global organization in social security issues, Marcelo Caetano, and assured the participation of the organization he leads over the World Social Security Forum, in which he will present the proposal of the Americas for the universalization of social security, with special emphasis on domestic workers and day laborers.

Presentation by Ramírez Reyes in the framework of the event Vision Zero Strategy and Program Meeting for International Organizations and National Institutions

At the event organized by ISSA, in which representatives of international organizations, associations and public institutions from around the world participate, Gibran Ramírez Reyes will present his proposal to introduce a new paradigm of the Welfare of the 21st century, which takes into account the new challenges and pending tasks of social security in the continent.
CISS and ISSA sign memorandum of understanding for social security

The holders of both international organizations, Gibrán Ramirez Reyes and Marcelo Caetano, signed a memorandum of understanding to carry out joint activities that extend the Social Security in the societies of their respective memberships in a sustainable manner.

The Secretary General of the CISS, Gibrán Ramirez, emphasized that the joint work will be carried out along with the ILO. In turn, his Brazilian counterpart, Marcelo Abi-Ramia Caetano, expressed his interest in deepening the relationship with the Inter-American Conference to find common ground for the expansion of social security.

The International Social Security Association (ISSA for its acronym in English) is the leading organization in the world on issues of social protection. The memorandum includes the realization of technical activities with other international organizations, and the promotion of international cooperation actions in the field of dissemination, consultancy and training, among others.

As part of the joint work between both organizations, the CISS will participate in the World Social Security Forum, ISSA’s flagship event, to be held in Brussels, and in which the Inter-American Conference will present the proposal of the Americas, for the universalization of social security, with special emphasis on domestic workers and day laborers.

The ISSA brings together experts in social security and prevention from some 350 institutions located in more than 150 countries, and offers a unique platform and network for sharing advances and good practices in social security.

CISS participates in the Pension Forum in Spain

The House of Mexico in Spain held the Forum “Future of pensions Spain-Mexico” in which experts from both countries participated to analyze the problem of pension systems and possible alternatives to address them urgently.

During his presentation, the Secretary General of the CISS, Gibrán Ramirez Reyes, said that “the issue has not been politicized enough, does not stand out in the public opinion or in the published opinion. In not many years from now and if we do not do something soon, Mexico is going to be a country of poor old people.”

For Ramírez Reyes, the main problems that a pension reform should attack are: the low percentage of contribution, that is, the amount of salary that workers contribute with, a problem that can not really be attacked while wages are so low because instantaneous impoverishment of the workers would be caused (that would be a second problem). The third refers to the fragmentation of existing pension systems that, in turn, reproduces and deepens inequalities. Fourth, the limitation of institutional design, which does not take into account the structural informalities of our economy and thinks only of the fantasy of progressive formalization, leaving more than half of the Economically Active Population aside and out of the discussion.

In the forum held on March 21, companies and organizations such as the Bank of Spain, Association of Collective Investment Institutions and Pension Funds (INVERCO), and the Business Association of Insurance UNESPA, among others, also participated. In addition, it was attended by the Ambassador of Mexico in Spain, Roberta Lajous Vargas.
The International Labor Organization commemorates 100 years

Social protection will be possible for 577 thousand workers in Chile

Support in payments to social security to benefit workers

The IX Encinas 2019 International Education Congress was held

The Social Security Institute of Paraguay celebrates 76 years of service
Permanent Seminar on Welfare in the Americas

On April 3, the CISS will carry out the Permanent Seminar in Colombia, which is a continuous, plural and inclusive space for the exchange, discussion and rigorous analysis of welfare in the countries of the Americas. The event will be attended by experts from all over the continent, such as Germán Martínez, Silvia Giorguli, Pablo Yanes and Gibran Ramirez, among others, who will contribute to identifying the main limitations to universalize well-being in the Americas, and the mechanisms for protection and ideal social security to overcome such difficulties.

For the implementation of social protection, regardless of salary

The Minister of Labor, Alicia Arango, acknowledged that 44% of workers who earn less than a minimum wage do not have any type of protection and social security. “We can not continue working only with the 8.3 million pensioners that the system has and 14 million people who work, who do not contribute and without any right to a pension, that is, they are unprotected, but that is the reality,” she said, while in a meeting with congressmen. “We seek to implement a minimum floor of social protection, which means that workers who earn less than a minimum wage, have the right to instruments such as the Periodic Economic Benefits (BEPs), or encouragement to voluntary pension savings so that when they reach the old age, have a saving,” said the minister.

IMSS pilot program for domestic workers starts on March 31

The Director General of the Mexican Institute of Social Security (IMSS), Germán Martínez Cazares - also President of the CISS - announced that on March 31 the pilot program will begin to guarantee access to social security for domestic workers, with which will receive medical and hospital care, medication, obstetric care, temporary disability permits, disability and life pension, fund for retirement, among other benefits.

The head of the Institute said that the start of this scheme and of incorporation to the mandatory regime of the IMSS, will be given with an act in the Congress Unit of the National Medical Center Siglo XXI, within the framework of the International Day of Domestic Workers.

Martínez Cazares explained that those who pay between April 1 and April 20 the corresponding IMSS fee, to insure the working person of the household, from May 1 will be able to enjoy the services provided by Social Security.

CISS participates in the World Social Security Forum

The Forum, organized by ISSA (International Social Security Association), will take place in Belgium, from October 14 to 18, 2019, and will be sponsored by the public social security institutions of that country.

The Inter-American Conference on Social Security will participate in this initiative with the construction of a new paradigm of well-being in the 21st century.

This forum is the largest and most important international event on social security, and has the participation of more than 150 countries, including ministers, administrators, presidents, directors and senior management of the social security administration.

The Forum program will analyze and discuss fundamental problems and key challenges facing social security. One of the highlights will be the Summit with influential decision makers from around the world.

During the Forum, ISSA will also award the Outstanding Social Security Achievement Award, launch new and updated Guidelines in key areas of social security administration, and present news from the ISSA Center for Excellence.
ARSSS celebrated 15 years providing services

"Social security and the world of work must be subject to constant review, reflection and changes": Ernesto Murro, Minister of Labor and Social Security

The business representation of the Social Security Bank (BPS) presented the book "The Future of Work and its impact on Social Security." The activity was attended by the Minister of Labor and Social Security, Ernesto Murro, ACT / EMP specialist (ILO) Lorenzo Peláez, and the business representative director of the Social Security Bank, Elvira Dominguez. It is the first of a series of activities to be held this year in Uruguay, in commemoration of the centennial of the International Labor Organization (ILO).

Agreement between NIB and the Ministry of Social Development to make services more efficient

Bailey-Sobers, "on average, only about 25,000 people join with several grants per year, so those people will initially benefit from this MoU agreement with the NIBTT."

Independent affiliation guarantees access to IESS services and benefits

The Ecuadorian Institute of Social Security, IESS, promotes independent affiliation between the different unions and sectors of the country, a modality aimed at people who perform an economic activity, who do not work under a dependency relationship and want to access the benefits and benefits that the institution provides.

Thus, the IESS carries out a process of socialization between various sectors and unions. This activity is developed within the National Agreement of Social Security, based on the pillars of solidarity and transparency, which allows contributing to the sustainability of the institution.

EsSalud: Policlinics Guillermo Kaelin and Alberto Barton receive international accreditation

"This accreditation is a pride for the Social Health Insurance, because it places us among the best and is a reflection of the culture of continuous improvement that exists in our institution," said EsSalud executive president, Fiorella Molinelli Aristondo.

The accreditation is granted taking into account international standards that guarantee that the health care provided to the patient meets safety and quality objectives.
Synthetic blood vessels generated in ISSSTE’s Centro Médico Nacional 20 de Noviembre

**Mexico ISSSTE**

With the aim of becoming a future clinical application for the generation of artificial and functional blood vessels that improve the quality of life, the Institute of Security and Social Services of State Workers (ISSSTE), carries out research regarding the Regenerative Medicine and Tissue Engineering.

Dr. Paul Mondragón Terán, who directs this project, points out that important advances have been made in the culture of endothelial cells for the generation of vascular structures in vitro.

"Tissue engineering has been used successfully for the production of tissues and organs in vitro, through the cultivation and differentiation of cells together with the use of biopolymers as scaffolds and their therapeutic application in regenerative medicine (Mason and Dunnill 2008; Athala 2011).

He explained that the advances recorded are from human endothelial cells, isolated from peripheral blood, meaning a non-invasive obtaining method (Fig. 1 A)).

"We have shown that these have the capacity to form micro-vasculature after subjecting them for a long time to various growth factors in the culture medium (Fig. 1 B, Fig. 2 A), B)), serving the previous results as relevant antecedents for its later application and integration into functional blood vessels", he said.

Dr. Mondragón Terán noted that there has been progress in the generation of tubular structures similar to smaller blood vessels, composed of fibers and nano fibers generated from a combination of different natural polymers, such as collagen, fibrin, gelatin , among others, reason why it advanced that the next step will be to make tests in animal models and later its use in clinical trials in humans.

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**The Ecuadorian Social Security has its investment bank**

**Ecuador IESS**

The Banco del Instituto Ecuatoriano de Seguridad Social (BIESS), a public financial institution based on investment banking criteria, was created in 2009. The pension funds of affiliates are channeled into two large segments: pledge, unsecured and mortgage loans; and, resources destined to investment projects that stimulate the Ecuadorian economy.

The financial resources of Ecuador's compulsory social security are administered by BIESS, which is owned by members of the Ecuadorian Social Security Institute.

The BIESS also has an exclusive line of credit for low-income housing with the lowest interest rate in the market, allowing the population of low social strata to access decent housing.

Unsecured loans are managed entirely online and are granted with the guarantee of 100% of the funds of unemployment and reserve of the affiliate; the pledge loan has a real guarantee constituted by jewelery owned by the applicant and the amounts to be borrowed depend on the value of the warranty.

The BIESS has allocated more than US $ 6,000 MM to emblematic projects for the benefit of the country that generate employment and dynamism in the economy.
Volunteering, fundamental part of SSVMN

The Life Insurance Society of the National Magisterium (SSVMN) reaffirms each year its commitment to volunteer with environmental, social and economic projects, achieving in the period 2017-2018, twelve activities lasting more than 3 thousand hours in nursing homes, children and national parks.

To do so, an internal program of institutional volunteering was developed, which has a total of 148 employees from the different departments that make up the Life Insurance Company.

The Insurance Company, in addition to being the administrator of the Mutual Policy of the workers of Costa Rican education, offers financial services and focuses its efforts developing training for the improvement of the finances of its members.

ISSFA achieved coverage of almost 230 thousand insured in 2018

In 2018, the Social Security Institute of the Armed Forces (ISSFA) registered a coverage of 229,449 insured, of which 41,254 correspond to military personnel in active service; 41,074, retirement pensioners and montepio; 135,837 dependents and beneficiaries; State pensioners, 3,724; aspirants and conscripts, 7,560.

During the presentation of the Accountability Report, the Director, captain EMC Alejandro Vela Loza, indicated the aspects in which the population covered has been addressed, noting some such as:

- Ecuador
  Instituto de Seguridad Social de las Fuerzas Armadas
  insurance granted, health, loans, investments, financial situation and normative aspects.

Regarding the delivery of the benefits, in 2018 the ISSFA granted a total of 2,886 insurance corresponding to Retirement, Severance, Mortality, Life, Professional Accidents and Global Compensation for a value of USD 62,666,047.

ANSES performs mobile operation in neighborhoods

With the aim that more and more Argentinian people can access their rights and are not limited by distances or transportation possibilities, ANSES carries out a service operation in different communities where all kinds of procedures and consultations can be carried out.

Some of the procedures that can be carried out without having to request a shift in advance are: accreditation of personal data; change of collection location; Family Allowances of Single Payment (Birth, Marriage, Adoption); presentation of Universal Assignment Notebook by Child; designation of agent for the collection of assets; Negative certification; CUIL record; granting shifts.

With regard to consultations and counseling, Family and Universal per Child assignments; Historical Repair program; date and place of collection; Labor history and constancy of Social Welfare Register (CODEM) can be performed.