DOI: http://dx.doi.org/10.22185/24487147.2024.119.06

Social protection in Mexico

La protección social en México

Héctor García Hernández
Liliana Giraldo Rodríguez

Instituto Nacional de Geriatría, México

Abstract

Social protection (PS) is a mechanism aimed to respond to the risks that the population faces in the course of life. In Mexico, PS has been in constant transformation. Because of this, policies and programs have been generated for this purpose; however, it's creation has been disorganized and repetitive. In this sense, the Mexican PS is made up of an institutional framework that is unconnected with each other, which makes difficult to measure. The objective of this work is to measure PS for 2016, 2018 and 2020, based on four dimensions: a) access to health; b) work; c) orphanhood, disability, and old age; and d) low income, proposed by the National Council for the Evaluation of Social Development Policy, in order to contribute to it's analysis and monitoring.

Key words: Social protection, social security, public policies.

Resumen

La protección social (PS) es un mecanismo dirigido a responder a los riesgos que enfrenta la población en el curso de vida. En México, la PS ha estado en constante transformación. Debido a ello, se han generado políticas y programas para tal fin; sin embargo, su creación ha sido desorganizada y repetitiva. En este sentido, la PS mexicana está compuesta por un entramado institucional inconexo entre sí, lo que hace complicado su medición. El objetivo de este trabajo es medir la PS para 2016, 2018 y 2020, con base en cuatro dimensiones: a) acceso a salud; b) trabajo; c) orfandad, discapacidad y vejez; y d) bajos ingresos, propuestas por el Consejo Nacional de Evaluación de la Política de Desarrollo Social, con el fin de contribuir a su análisis y monitoreo.

Palabras clave: Protección social, seguridad social, políticas públicas.

Introduction

Social protection (SP) has its origins in the Universal Declaration of Human Rights (UDHR) enacted in 1948 by the United Nations and the International Covenant on Economic, Social and Cultural Rights of 1966. Both instruments recognize the rights to social security, work, and protection of adequate living standards for individuals and families and the enjoyment of the highest attainable standard of physical and mental well-being (Cecchini *et al*., 2014). The States play a key role in creating and consolidating systems that ensure the coordination of various programs aimed at providing protection against risks such as illness, disability, maternity, accidents, unemployment, or old age (Massé, 2011). Currently, the right to SP is enshrined in most Constitutions. However, this legal mandate often fails to materialize as a right in almost all legal systems (Schüring, 2021).

Historically, the concept of SP has been defined and understood in different ways depending on the ideological forces and its role in a country's social policy, which has resulted in as many social protection systems as nations. (Schüring, 2021; Cárdenas, 2013; Cecchini, 2019). Moreover, there is confusion surrounding the terms social security (SS), social insurance, social assistance, and social protection, which are sometimes used interchangeably (Cárdenas, 2013; Devereux *et al*., 2012), making its analysis and study difficult.

SP is generally defined as a fundamental mechanism to contribute to the full realization of the economic and social rights of the population, including social security, work, protection of adequate standards of living for individuals and households, as well as the enjoyment of the highest level of physical, mental, economic, and social well-being (Cecchini *et al*., 2014; ILO, 2011). So, SP becomes a central part of social policy, which is an essential component of welfare regimes (Cecchini & Martínez, 2011; Cecchini *et al*., 2015). Specifically, SP includes the basic guarantees that ensure protection aimed at preventing or alleviating poverty, vulnerability, and social exclusion. Such guarantees can be achieved through contributory, non-contributory, and market-based schemes.

The contributory component includes programs that ensure workers and their families. This scheme requires monetary contributions. It is also known as social security. It includes health insurance, maternity-related insurance, pensions, unemployment, and disability insurance, among other benefits. Non-contributory schemes do not require a contribution and are

generally funded by taxes under the principle of solidarity, targeting populations in poverty and vulnerability. Among the instruments used are cash and in-kind transfers, consumption subsidies, emergency employment programs, and the promotion of social services. Lastly, the market-based scheme utilizes regulations and standards that protect the worker and reduce the risk associated with unemployment and labor precarity through norms that formalize labor relations, promote unionization, prohibit child labor, establish a minimum wage, etc. (Cecchini, 2019). Some argue that SP components are exclusive to the State (Sojo, 2017) and that involving the private sector and the market sectorizes and focuses SP, diminishing the State's responsibility (Morales, 2006).

In low and middle-income countries, the dominant model of SP has been non-contributory cash or in-kind transfers to groups considered eligible due to conditions of poverty and vulnerability. Given the importance of SP in reducing poverty and economic and social inequalities, countries are increasingly adopting forms of universal SP. In consequence, programs and policies are being generated to ensure equitable access to basic services and protect the rights of vulnerable groups as components of SP.

Social Protection in Mexico

In Mexico, SP is understood as the protection of individuals' and households' economic security against life events such as unemployment, illness, disability, death, and old age. It also considers the limitations households may face in obtaining sufficient income to acquire a basic food basket (Cárdenas, 2013). According to the National Council for the Evaluation of Social Development Policy (Consejo Nacional de Evaluación de la Política de Desarrollo Social, CONEVAL), SP encompasses social security. This is the definition of SP that will be used in the present work. Within SP, CONEVAL divided the risks to be faced into four dimensions: a) access to health; b) work; c) orphanhood, disability, and old age; and d) low income.[1] The selection of these risks was supported by the social rights established in the General Law of Social Development and the dimensions used to measure poverty (Cárdenas, 2013). However, the Mexican Constitution does not recognize the right to a universal system of SS or SP (Valencia, 2013).

The first major precedent for SP is the establishment of social security in 1943, with the founding of the Mexican Social Security Institute (Instituto Mexicano del Seguro Social, IMSS), along with the issuance of Arti-

[1] Low income is defined as the amount that cannot exceed the well-being line, that is, the acquisition of the basic food basket and other non-food goods (Valencia, 2013).

cle 123 of the Constitution and the Social Security Law (Ley de Seguridad Social, LSS). Both, along with the Federal Labor Law (Ley Federal del Trabajo, LFT) and the Law of the Institute of Security and Social Services for State Workers (Ley del Instituto de Seguridad y Servicios Sociales de los Trabajadores del Estado, LISSSTE), link SS to the employment status of government employees and private workers (Cárdenas, 2013; Correa, 2021). However, this way of configuring the country's legal and normative framework left Mexicans in informal employment out of SP, who —in the second decade of this century— represented more than 50 per cent of the population (Cárdenas, 2018; ILO, 2022) and belonged to the lower income strata with worse labor conditions (Cárdenas, 2013).

Multiple SP programs have been implemented to remedy this gap (Cárdenas, 2013), and these have emerged gradually, providing a momentary "solution" to the great exclusion of Mexicans from SS. Among them, we can mention the General Coordination of the National Plan for Depressed Areas and Marginalized Groups (Coordinación General del Plan Nacional de Zonas Deprimidas y Grupos Marginados, IMSS COPLAMAR), which has changed its name -now IMSS Welfare- and aimed at providing basic health services to vulnerable populations. There is also the creation of the Social Protection System in Health (Seguro Popular) in 2003, the progressive formation of non-contributory pensions managed by the now-defunct Ministry of Social Development (Secretaría de Desarrollo Social, SEDESOL), and many other programs generated by local governments, like employment support programs, childcare programs, life insurance for vulnerable populations, and so on (Cárdenas, 2013; Cárdenas, 2018; Valencia E, 2013). The creation of so many SP-related programs generated hundreds of duplications and a lack of synergy between them. The problem is of such magnitude that the inventory of the CONEVAL on Social Development Programs and Actions in 2016 reported 75 federal programs linked to social protection and 1190 at the local level (Cárdenas, 2018).

In Mexico, SP has experienced limited expansion of spending, scant integration of social security policies, and an increase in non-contributory programs to protect the poorest and most vulnerable (Valencia *et al*., 2013). The current SP system could be described as an "institutional framework", which is a set of institutions, subsystems, contributory and non-contributory programs, and projects, completely dispersed and with serious duplications, addressing health, pensions, work, and income issues. The serious consequence of having this configuration is the inequity and inefficiency

that it generates, in addition to the likely long-term financial unsustainability and the difficulty in finding coverage gaps (Cárdenas, 2018).

Measurement of social protection

Given the importance of SP for the well-being of populations, its measurement represents a fundamental part for the (re)definition of possible SP policies. In the literature, three methods for measuring it are found. The first is indirectly, focusing on the measurement of certain components of SP, mainly affiliation with health services and pensions, (Sojo, 2017; Cárdenas, 2013; Cárdenas, 2018), as they receive the greater public budget (Ocampo, 2016). An example of this is the assessment of SP based on the percentage of pension coverage, with countries like Switzerland or the Netherlands having 100 per cent, and others like the Plurinational State of Bolivia having only 24.7 per cent. The major drawback of quantifying only one element of SP is that it does not allow observation of what happens with other components and in different age groups.

The second method is through the construction of indexes. The Social Protection Index (SPI) by Ocampo J. A. and Gómez N. encompasses certain variables, considering the characteristics of universality, solidarity, and social spending of SP. With the index, the authors studied 18 Latin American countries over the past decade and noted that all had shown improvement, albeit differential, in SP (Ocampo, 2016). One of its main limitations is not being specific to each country and omitting data to fully evaluate SP.

The third method is with surveys, an example of which is the survey conducted by the International Labour Organization (ILO) in each member country, where information on contributory and non-contributory systems is collected. With this information, the ILO calculated indicator 1.3.1 on SP, of the Sustainable Development Goals (SDGs). Global SP reported in 2021 was 46.9 per cent, while 53.1 per cent —around 4.1 billion people— lacked it. With significant inequalities, SP reached 83.9 per cent of the population in Europe and Central Asia, while in the Americas region, it was 64.3 per cent, and in Africa, it was 17.4 per cent. For Mexico in 2020, the result was 62.4 per cent (ILO, 2021).

Therefore, the objective of this work is to measure SP in Mexico for the period 2016, 2018, and 2020, based on the four dimensions: a) access to health; b) work; c) orphanhood, disability, and old age; and d) low income, proposed by CONEVAL, at the state level, disaggregated by sex and deciles of per capita income.

Materials and methods

A secondary data source study was conducted, employing the National Survey of Income and Expenditures in Households (Encuesta Nacional de Ingresos y Gastos en Hogares, ENIGH). This is a probabilistic, stratified, two-stage, and cluster-based survey, and its results can be generalized to the entire population; it is conducted by the National Institute of Statistics and Geography (Instituto Nacional de Estadística y Geografía, INEGI).

Considering the different ways of measuring SP, the ENIGH was used in the present study for the following reasons: 1) Mexico lacks a national information system on SP; 2) the ENIGH is representative at the national and state level, their survey is periodic (every two years) and it allow disaggregation by sociodemographic characteristics; and 3) the ENIGH captures all dimensions of SP, based on the definition used by CONEVAL.

The questions of the entire survey were reviewed to identify those within the definition of SP, which were then operationalized to generate dichotomous values. Subsequently, variables were grouped according to the dimension to which they belonged (health, work, orphanhood/disability/old age, and income), to obtain the percentage of total SP, which was disaggregated by sex and state. This was done for the last 3 editions of the ENIGH (2016, 2018, and 2020).

In the first dimension, 13 variables were grouped for each of the three years; in the second, 24 variables from the ENIGH 2020, 22 from 2018, and 22 from 2016 were grouped; in the third, 9 variables from the ENIGH 2020, 8 from 2018, and 8 from 2016 were grouped; and in the last, 10 variables from the ENIGH 2020, 8 from 2018, and 8 from 2016 were grouped. The difference in the number of variables between the surveys was due to the appearance or extinction of social programs over time. The variables are listed in Annex 1.

The health services dimension includes all questions referring to affiliation with a health institution. The variables in the work dimension encompass compensation for work-related accidents, dismissal, cash transfers focused on labor support, as well as all benefits for work. The orphanhood/disability/old age dimension includes variables related to contributory and non-contributory pensions, disability insurance, life insurance, and cash transfers from social programs targeting disability and orphanhood. Lastly, the low-income dimension gathers all variables focused on cash transfers, whether conditional or not, due to a situation of social vulnerability.

For each estimation, the coefficient of variation (CV) was calculated. The CV is a measure of the quality of estimates from probability sampling surveys. The CV facilitates the interpretation of the statistical precision of the estimates and their reliability. For surveys that involve housing, households, or other units other than economic ones, a value of 0 per cent-14 per cent, 15 per cent-29 per cent and greater than or equal to 30 per cent, represents a high, moderate, and low level of reliability of the estimate, respectively (INEGI, 2017).

Results were also studied by deciles of per capita income. The deciles were obtained using CONEVAL's poverty methodology, which uses the ENIGH as the primary source of information; therefore, both data sources are compatible. The methodology is available on the CONEVAL website (CONEVAL, n.d.).

For this statistical analysis, STATA-14 software was used.

Results

Upon expanding the base, the total population was 122,760,869, 125,189,618, and 126,838,467 inhabitants for 2016, 2018, and 2020, respectively. The percentage of individuals with total SP for 2016 was 85.44 per cent, in 2018 it was 84.95 per cent, and in 2020 it was 75.04 per cent, indicating a decrease in the number of Mexicans with at least one dimension of SP in each ENIGH exercise. Upon reviewing the information by sex, it is observed that women have a higher percentage of SP compared to men in all years (Table 1).

The dimension of health services presented the highest percentages in 2016 and 2018, with over 80 per cent of Mexicans having affiliation with the healthcare system, but in 2020 there was a drop of more than 10 percentage points to end at 69.81 per cent. The next dimension with the widest reach is associated with work, which saw a small increase in each period. The orphanhood and disability dimension showed a slight increase between 2016 and 2020, while the one associated with low income decreased during the same period. Regarding sex differences, in the dimension associated with health services, women had higher percentages of SP compared to men; this situation is reversed in the dimension associated with work. In 2020, men had 23.92 per cent coverage while women had 5.46 per cent. For the dimension associated with old age, disability, and orphanhood, men had slightly higher percentages (around 2 percentage points) than women. Meanwhile, in the dimension associated with low income, it is higher in the case of women (Table 1).

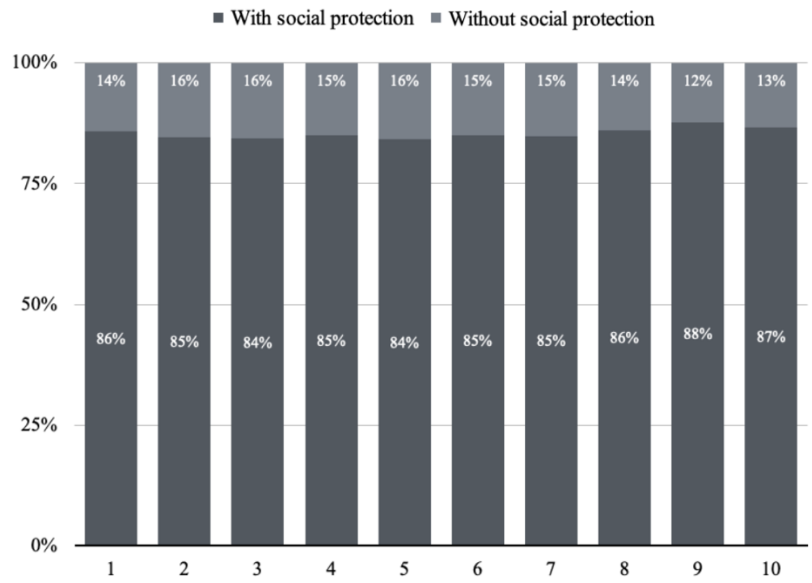
Table 1: Percentage of the population with social protection

	ENIGH 2016			ENIGH 2018			ENIGH 2020		
Dimension	Total n=122,760,869 % (CV*) IC**	Men n=59,369,916 % (CV*) IC**	Women n=63,390,953 % (CV*) IC**	Total n=125,189,618 % (CV*) IC**	Men n=60,763,345 % (CV*) IC**	Women n=64,426,273 % (CV*) IC**	Total n=126,838,467 % (CV*) IC**	Men n= 61,289,685 % (CV*) IC**	Women n= 65,548,782 % (CV*) IC**
Social protection	85.44% (0.19) 85.10-85.77	83.73% (0.24) 83.33-84.12	87.03% (0.22) 86.65-87.41	84.95% (0.21) 84.59-85.30	83.25% (0.25) 82.84-83.66	86.55% (0.24) 86.12-86.96	75.04% (0.28) 74.62-75.44	73.36% (0.33) 72.88-73.82	76.61% (0.29) 76.17-77-04
1) Associated with health services	82.87% (0.22) 82.50-83.23	80.73% (0.27) 80.29-81.16	84.87% (0.24) 84.46-85.27	82.38% (0.24) 81.98-82.76	80.35% (0.28) 79.90-80.79	84.29% (0.27) 83.84-84.72	69.81% (0.33) 69.36-70.25	67.84% (0.38) 67.33-68.35	71.65% (0.34) 71.17-72.13
2) Associated with work	18.66% (0.78) 18.37-18.94	23.28% (0.92) 22.86-23.70	14.33% (1.08) 14.03-14.64	19.47% (0.73) 19.19-19.74	24.17% (0.85) 23.77-24.58	15.03% (1.04) 14.73-15.34	19.55% (0.65) 19.30-19.80	23.92% (0.76) 23.56-24.27	15.46% (0.93) 15.18-15.75
3) Associated with orphanhood / disability / old age	12.24% (1.16) 11.96-12.52	12.96% (1.37) 12.61-13.31	11.56% (1.38) 11.26-11.88	12.41% (1.08) 12.15-12.68	13.01% (1.28) 12.67-13.34	11.85% (1.28) 11.56-12.15	13.67% (1.00) 13.40-13.94	14.16% (1.16) 13.84-14.48	13.21% (1.15) 12.92-13.52
4) Associated with low income	14.50% (1.28) 14.14-14.87	10.71% (1.60) 10.38-11.05	18.05% (1.32) 17.59-18.53	12.60% (1.25) 12.30-12.92	8.60% (1.58) 8.34-8.87	16.38% (1.30) 15.96-16.80	8.66% (1.25) 8.45-8.88	7.76% (1.59) 7.52-8.00	9.51% (1.41) 9.25-97.8

*CV = coefficient of variation.
**95% Confidence Interval.
Source: Own elaboration based on ENIGH 2016, 2018, and 2020 data.

The analysis by deciles shows a drop in the percentage of the population with SP in the study period. In 2016 and 2018 (figures 1 and 2), the percentage of total SP remains constant in all deciles, except for decile 1. In 2020 (Figure 3), the percentage of people with SP decreased compared to previous years, with the greatest impact on the poorest deciles.

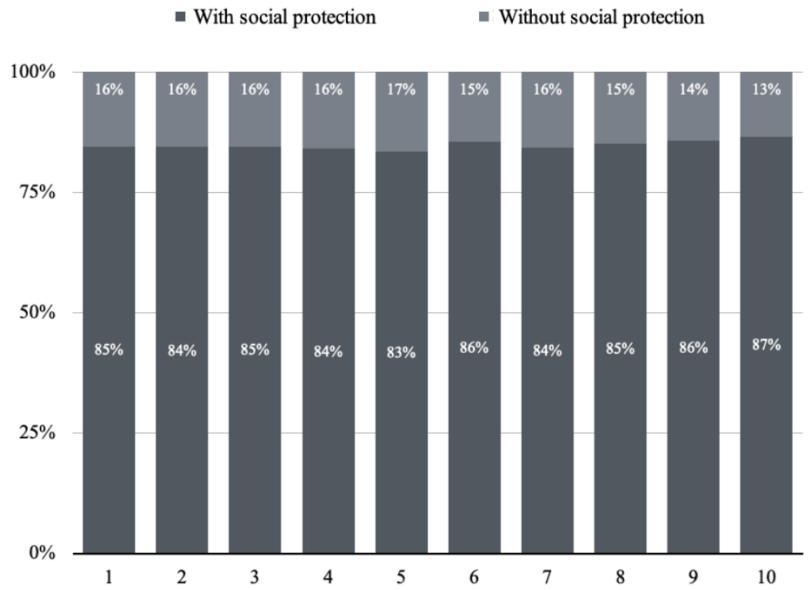
Figure 1: Percentage of social protection according to per capita income deciles in 2016



Source: Own elaboration based on ENIGH 2016 data.

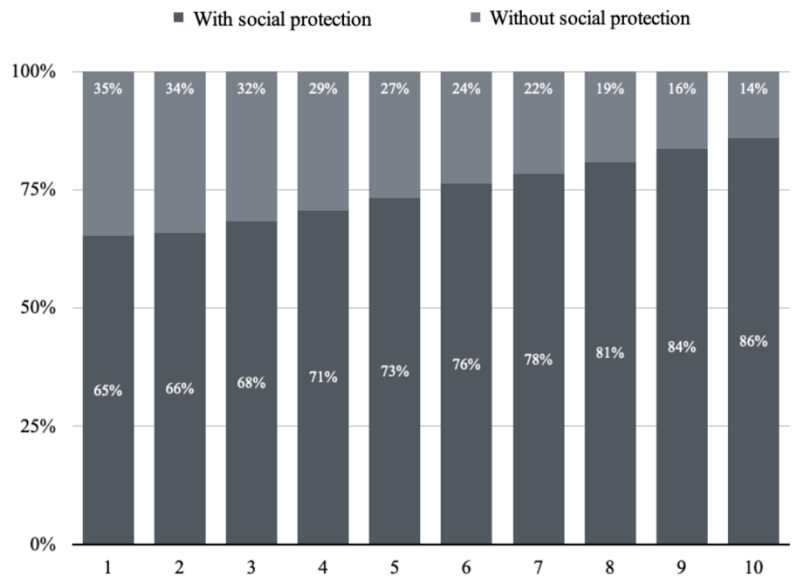
At a regional level, there was significant heterogeneity in the percentage of total SP among the states. Those with the highest values in all three years were: San Luis Potosí, Colima, and Baja California Sur; while those with the lowest were the State of Mexico, Michoacán, and Jalisco. Figures 4, 5, and 6, show the SP distribution in 2020 by state for the total population, men, and women. The southern region had the lowest social protection percentage compared to the north.

Figure 2: Percentage of social protection according to per capita income deciles in 2018



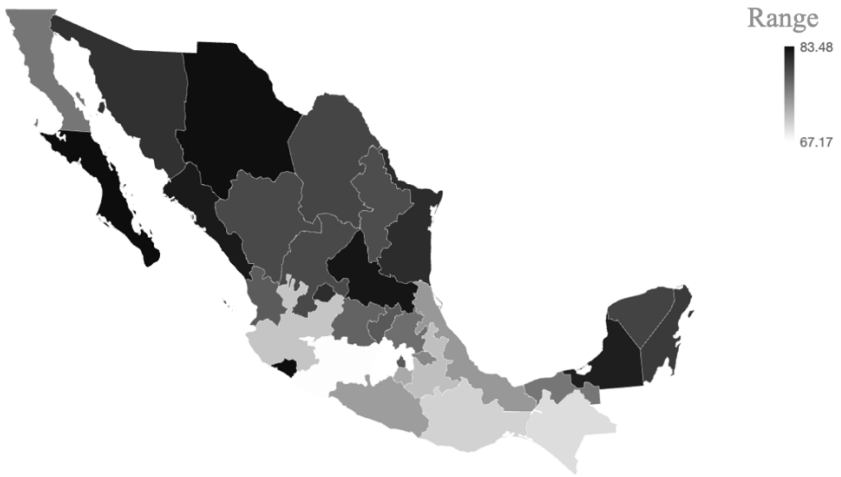
Source: Own elaboration based on ENIGH 2018 data.

Figure 3: Percentage of social protection according to per capita income deciles in 2020



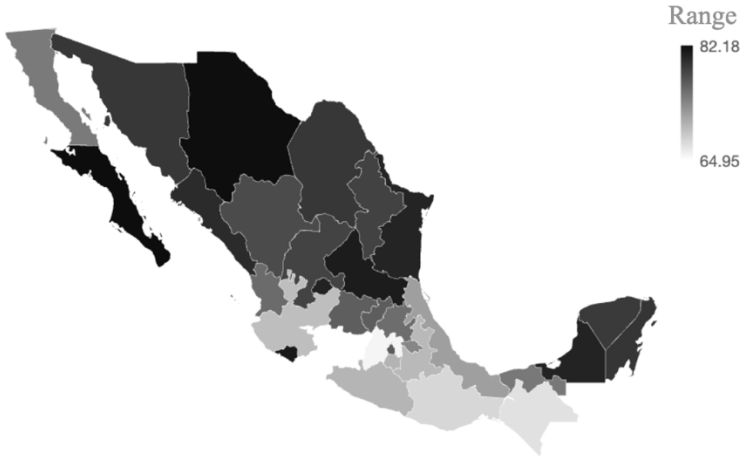
Source: Own elaboration based on ENIGH 2020 data.

Figure 4: Percentage of social protection in 2020 by state for the entire population



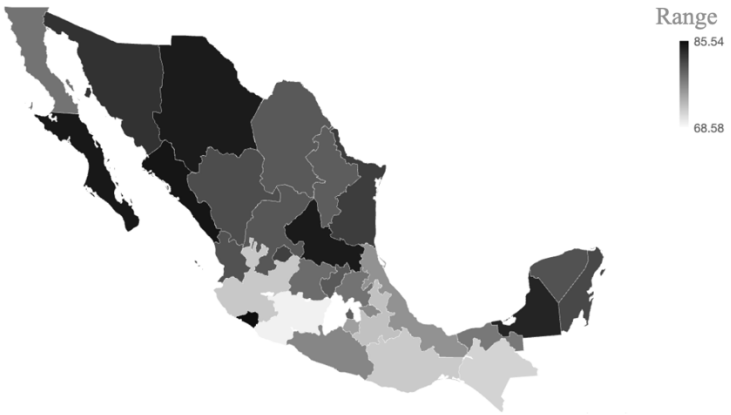
Source: Own elaboration based on ENIGH 2020 data.

Figure 5: Percentage of social protection in 2020 by state for men



Source: Own elaboration based on ENIGH 2020 data.

Figure 6: Percentage of social protection in 2020 by state for women



Source: Own elaboration based on ENIGH 2020 data.

The coefficients of variation for all estimates were below the value of 15, indicating high reliability. However, when employing further disaggregation (by other variables such as locality or education) there is a risk of compromising the quality of the estimates.

Discussion and conclusions

The ideal scenario of comprehensive social protection (SP) for the entire population in Mexico has not yet been achieved. The obtained value of 75.04 per cent contrasts with the 62.4 per cent reported by the ILO for 2020. This difference may stem from the standardized nature of the survey conducted by the ILO to measure this indicator which may not be specific to each country and therefore may omit certain social assistance programs or labor benefits.

Regarding the decline in SP coverage in 2020, it is possibly related to the discontinuation of the *Seguro Popular* and the creation of the Institute of Health for Welfare (INSABI) in 2019. Upon examining each dimension (Table 1), the first dimension experiences a sharp decrease in coverage. The *Seguro Popular* rapidly enrolled Mexicans since its inception and, by 2018, reached a percentage of 44.63 per cent, higher than that of social security institutions (Correa, 2021). However, the results of the 2022 ENIGH are needed to determine if this decline in enrollment is solely due to the structural changes associated with this organizational transformation or if

INSABI has failed to organize adequately, consequently leaving millions of Mexicans without health coverage.

For dimensions 2 and 3, the percentage increase is likely related to programs implemented by the current administration. This is primarily seen in the expansion of non-contributory pension coverage from 2018 to 2020, which has been extended nationwide and provides economic support to over 8 million elderly adults (Méndez, 2020; ILO, 2022; CONEVAL, 2021). Additionally, other social programs such as the Support for Working Mothers Welfare and the Life Insurance for Female Heads of Household have boosted coverage in these dimensions.

The decline in the fourth dimension may be attributed to the dismantling of various non-contributory cash transfer programs since the arrival of the new political administration in 2018. Particularly, the PROSPERA-OPORTUNIDADES program was phased out, one of the most significant poverty alleviation programs in Mexico (Correa, 2021; Cárdenas, 2018; Blofield, 2021). According to CONEVAL, the number of households benefiting from PROSPERA exceeded 6.8 million in 2016 (Cárdenas, 2018). Despite the creation and promotion of social programs during this period, such as the Youth Writing the Future scholarships or support from the PROCAMPO program, these transfers are not reflected in population coverage. Furthermore, during 2020, amidst the health crisis, the Mexican state did not reinforce social transfer programs as other countries did (e.g., Colombia, Argentina, and Brazil), focusing solely on formal workers and neglecting informal workers and their families (Blofield, 2021). This undoubtedly weakened SP in Mexico.

The results of the 2022 survey need to be analyzed to assess the temporal findings of this study and confirm the persistence of this decline in the coverage of the fourth dimension.

Moreover, the coverage percentage by deciles of per capita income for SP is higher among the wealthiest individuals. This is likely due to their predominant access to social security provided by formal employment (Valencia, 2013); as evidence suggests, higher-income individuals have greater social security enrollment, the contributory component of SP (Sojo, 2017). Over time, the dismantling of social programs (such as *Seguro Popular* or PROSPERA) has significantly impacted SP for lower-income individuals, indicating that the current social policy strategy -replacing programs with newly created ones- is not yielding the expected results.

Regarding sex-based evidence, total SP coverage is higher among women, primarily driven by affiliation with health services. Women have

greater contact with the healthcare system; for example, they represented over half of the *Seguro Popular* beneficiaries (CNPSS, 2020). However, in dimensions 2 and 3, this situation is reversed, favoring men. This aligns with evidence of the gender wage gap, with more men in formal employment sectors and higher incomes (INEGI, 2020).

This study proposes a measure to monitor SP coverage progress in Mexico. However, it has limitations: firstly, the lack of consensus in the definition of SP, along with the ambiguity of the term. Thus, this study refers to the CONEVAL concept. Secondly, these data only reflect coverage and do not represent access, quality, or availability. Therefore, having some dimension of SP does not guarantee its effectiveness. Thirdly, there is no distinction between contributory and non-contributory SP, despite significant differences between them (García, 2022). Therefore, understanding SP in this way, without distinguishing social security, perpetuates the inequity generated by the organizational and legal structure of the social security system. Fourthly, the risk classification used to measure the percentage of SP cannot be disaggregated for age groups; some dimensions encompass all ages (health services), while others may be specific to each group, making age-specific analysis of SP complex. The current classification needs to be reviewed, and new proposals formulated to address SP. Despite these limitations, this study advocates for specific SP studies for each country due to the variability in their social protection systems, providing more precise data on the phenomenon, although they cannot be compared internationally.

In conclusion, the institutional framework of SP must be constantly monitored and assessed, and this research contributes to that task. Based on the analysis, it was found that social policy was heavily modified by the change in government from a right-wing to a left-wing administration. Changes in cash transfer programs (whether conditional or unconditional) and within the healthcare system altered the percentage of the population with SP. The system needs profound transformations as it is inefficient, inequitable, incomplete, fragmented, segmented, and financially weak (Valencia, 2013). Furthermore, its measurement -regardless of the methodology- will always be partial until a unified and congruent Social Protection System is established in line with reality.

References

Blofield, M., Lustig, N. y Trasberg, M. (2021). *La protección social durante la pandemia: los casos de Argentina, Brasil, Colombia y México. Documento de*

trabajo. EEUU: CEQ Institute. Recuperado de http://repec.tulane.edu/RePEc/ceq/ceq104S.pdf

Cárdenas, M.R., Cortés, F. y Escobar, A. *et al*. (2013). *Evaluación estratégica de la protección social en México.* 1ra Edición. México: CONEVAL. Recuperado de https://www.coneval.org.mx/Informes/Evaluacion/Estrategicas/Evaluacion_Estrategica_de_Proteccion_Social_en_Mexico.pdf

Cárdenas, M.R., Cortés, F. y Escobar, A. *et al*. (2018). *Evaluación estratégica de la protección social en México.* 2da Edición. México: CONEVAL. Recuperado de https://www.coneval.org.mx/InformesPublicaciones/Documents/Evaluacion-Estrategica-Proteccion-Social-segunda-edicion.pdf

Cecchini, S. (2019). *Protección social universal en América Latina y el Caribe, Textos seleccionados 2006-2019*. Chile: Naciones Unidas. Recuperado de https://www.cepal.org/es/publicaciones/44995-proteccion-social-universal-america-latina-caribe-textos-seleccionados-2006-2019

Cecchini, S., Filgueira, F., Robles, C. (2014). *Sistemas de Protección Social en América Latina y el Caribe. Una perspectiva comparada*. Chile: Naciones Unidas. Recuperado de https://www.cepal.org/es/publicaciones/36831-sistemas-proteccion-social-america-latina-caribe-perspectiva-comparada

CNPSS (2020). *Informe de Resultados del Sistema de Protección Social en Salud 2019*. México: CNPSS. Recuperado de http://www.transparencia.seguro-popular.gob.mx/contenidos/archivos/transparencia/planesprogramaseinformes/informes/2019/Informe_Resultados_SPSS_2019.pdf

CONEVAL (2021). *Nota técnica sobre la carencia por acceso a la seguridad social, 2018 - 2020*. CONEVAL: México. Recuperado de https://www.coneval.org.mx/Medicion/MP/Documents/MMP_2018_2020/Notas_pobreza_2020/Nota_tecnica_sobre_la_carencia_por_acceso_a_la_seguridad_social_2018_2020.pdf

CONEVAL (s/f). *Medición de la pobreza*. CONEVAL web page. [en línea]. Recuperado de https://www.coneval.org.mx/Medicion/MP/Paginas/Pobreza_2020.aspx [Accesado el 26/03/2022].

Correa, A., García, M. y Martínez, A. *et al*. (2021). *El sistema de protección social y laboral en México. Contribución paradójica a las lucha contra la desigualdad.* 1ra Edición. México: PNUD. Recuperado de https://www.undp.org/es/latin-america/publications/el-sistema-de-protección-social-y-laboral-en-méxico-contribución-paradójica-las-lucha-contra-la-desigualdad

Devereux, S., Eide, W.B. y Hoddinott, J. *et al*. (2012). *Social protection for food security. A zero draft consultation paper*. HLPE Project. Recuperado de https://www.fao.org/fileadmin/user_upload/hlpe/hlpe_documents/_Social_Protection/Social_Protection_e-consultation_V0_Draft_Report.pdf

García, H., Dávila, C.A. (2022). "Análisis de la mortalidad evitable en México durante el periodo 1998-2019". En *Población y Salud En Mesoamérica*. 20(1). https://doi.org/10.15517/psm.v20i1.50116

ILO (2021). *World Social Protection Report 2020-2022*. 1st Edition. Switzerland: ILO. Recuperado de https://www.ilo.org/global/research/global-reports/world-social-security-report/2020-22/lang--es/index.htm Recuperado de https://www.social-protection.org/gimi/gess/ShowCountryProfile.action?iso=MX [Accesado el 23/02/2022].

INEGI (2020). *Nota técnica. Encuesta Nacional de Ingreso y Gasto en los Hogares 2020*. INEGI. Recuperado de https://www.inegi.org.mx/programas/enigh/nc/2020/

INEGI. (2017). *Coeficiente de variación*. INEGI. Recuperado de https://extranet.inegi.org.mx/calidad/doc/FT_IC_P_COEFICIENTE-VARIACION_171205_20210908_act.pdf

Massé, G. (2011). "Indicadores de protección social a partir de fuente censal". En *Notas de Población* 92. 1ra Edición. Chile: CEPAL. Recuperado de https://repositorio.cepal.org/handle/11362/12884

Méndez, M. (2020). *Ficha inicial de monitoreo. Pensión para el Bienestar de personal adultas mayores*. CONEVAL. Recuperado de https://www.gob.mx/cms/uploads/attachment/file/601321/S176_PBAM.pdf

Morales, M.A. (2006). "Protección Social ¿concepto dinámico?". En *Revista Latinoamericana de Derecho Social*. 2(1). Recuperado de https://revistas.juridicas.unam.mx/index.php/derecho-social/article/view/9449/11487

Ocampo, J.A. y Gómez, N. (2016). *Social protection systems in Latin America: an assessment*, ESS (Extension of Social Security) Working Paper 52. Oficina Regional de la OIT para América Latina y el Caribe. Recuperado de https://www.ilo.org/wcmsp5/groups/public/---ed_protect/---soc_sec/documents/publication/wcms_538047.pdf

Schüring, E. y Loewe, M. (2021). *Handbook on Social Protection Systems*. 1st Edition. Germany: Elgar. Recuperado de https://www.elgaronline.com/view/edcoll/9781839109102/9781839109102.xml

Sojo, A. (2017). *Protección social en América Latina. La desigualdad en el banquillo*. Chile: Comisión Económica para América Latina y el Caribe. Recuperado de https://repositorio.cepal.org/bitstream/handle/11362/41105/6/S1600819_es.pdf

Valencia, E., Foust, D. y Tetreault, D. (2013). *Sistemas de protección social en América Latina y el Caribe, México*. 1ra Edición. Chile: CEPAL. Recuperado de https://www.cepal.org/es/publicaciones/4035-sistemas-proteccion-social-america-latina-caribe-mexico

Author's Summary CV

Héctor García Hernández

Médico cirujano de la Facultad de Medicina, Universidad Nacional Autónoma de México (UNAM), con posgrado en Maestría en Ciencias Sociomédicas en el área de la Gestión y Política de Salud realizada en la UNAM.

Docente del Departamento de Salud Pública de la Facultad de Medicina. Jefe de Departamento de Investigación Epidemiológica Clínica en el Instituto Nacional de Geriatría con líneas de investigación sobre el sistema de salud, inequidad y mortalidad evitable principalmente.
Dirección electrónica: hgarciah@inger.gob.mx
Registro ORCID: https://orcid.org/0000-0002-1908-1176

Liliana Giraldo Rodríguez

Doctora en Ciencias en Salud Colectiva (Universidad Autónoma Metropolita-Xochimilco). Maestra en Demografía (El Colegio de México). Investigadora en el Instituto Nacional de Geriatría, sus líneas de investigación se centran, principalmente, en el análisis de las desigualdades y los determinantes sociales de la salud, el envejecimiento demográfico y la violencia. Algunos de los temas abordados en sus trabajos son: condiciones de vida de las personas mayores; violencia/maltrato/revictimización y discriminación hacia las personas mayores; familia y relaciones intergeneracionales; barreras para el acceso y atención a la salud de poblaciones vulnerables; políticas públicas.
Dirección electrónica: mgiraldo@inger.gob.mx
Registro ORCID: https://orcid.org/0000-0001-6541-865X

Annex 1: Variables used for the construction of the social protection value

Dimensions of social protection	ENIGH 2020	ENIGH 2018	ENIGH 2016
1- Associated with access to health (access to health institutions).	pop_insabi inst_1 inst_2 inst_3 inst_4 inst_5 inst_6 medtrab_1 medtrab_2 medtrab_3 medtrab_4 medtrab_5 medtrab_6	seg_pop inst_1 inst_2 inst_3 inst_4 inst_5 inst_6 medtrab_1 medtrab_2 medtrab_3 medtrab_4 medtrab_5 medtrab_6	seg_pop inst_1 inst_2 inst_3 inst_4 inst_5 inst_6 pres_1 pres_2 pres_3 pres_4 pres_5 pres_6

2- Associated with work.	Clave: “P035”-Indemnizaciones accidentes de trabajo Clave: “P036”-Indemnizaciones despido y retiro voluntario Clave: “P106”-Madres trabajadoras Clave: “P107”-Seguro Jefas Familia pres_1 pres_2 pres_3 pres_4 pres_5 pres_6 pres_7 pres_8 pres_9 pres_10 pres_11 pres_12 pres_13 pres_14 pres_15 pres_16 pres_17 pres_18 pres_19	Clave: “P035”-Indemnizaciones accidentes de trabajo Clave: “P036”-Indemnizaciones despido y retiro voluntario Clave: “P047”-Beneficio de empleo temporal pres_1 pres_2 pres_3 pres_4 pres_5 pres_6 pres_7 pres_8 pres_9 pres_10 pres_11 pres_12 pres_13 pres_14 pres_15 pres_16 pres_17 pres_18 pres_19	Clave: “P035”-Indemnizaciones accidentes de trabajo Clave: “P036”-Indemnizaciones despido y retiro voluntario Clave: “P047”-Beneficio de empleo temporal pres_7 pres_8 pres_9 pres_10 pres_11 pres_12 pres_13 pres_14 pres_15 pres_16 pres_17 pres_18 pres_19 pres_20 pres_21 pres_22 pres_23 pres_24 pres_25
3- Associated with old age, disability and orphanhood.	seg_vol1 seg_vol2 seg_vol3 seg_vol4 seg_vol5 Clave: ”P032” “P033”-Jubilaciones y pensiones Clave: “P104” -Bienestar AM Clave: “P105”-Pensión Bienestar discapacidad	seg_vol1 seg_vol2 seg_vol3 seg_vol4 seg_vol5 Clave: ”P032” “P033”-Jubilaciones y pensiones Clave: “P044”-Beneficio 65 y más	seg_vol1 seg_vol2 seg_vol3 seg_vol4 seg_vol5 Clave: ”P032” “P033”-Jubilaciones y pensiones Clave: “P044”-Beneficio 65 y más

4- Associated with income (monetary transfers for low income).	otorg_b forma_b c_futuro Clave: “P038”- Becas de gobierno Clave: “P043” - PROCAMPO Clave: “P045” - Otros adultos mayores Clave: “P048” - Otros programas sociales” Clave: “P101”- Beca PROSPERA Clave: “P102” - Beca Benito Juárez Clave: “P103” - Beca Jóvenes escribiendo el futuro Clave: ”P108”- Programa Jóvenes Construyendo futuro	otorg_b forma_b Clave: “P038”- Becas de gobierno Clave: “P042”- Beneficio PROSPERA Clave: “P043”- PROCAMPO Clave: “P045” - Otros adultos mayores Clave: “P046”- Tarjeta sin hambre Clave: “P048”- Otros Programas sociales	otorg_b forma_b Clave: “P038”- Becas de gobierno Clave: “P042”- Beneficio PROSPERA Clave: “P043”- PROCAMPO Clave: “P045” - Otros adultos mayores Clave: “P046”- Tarjeta sin hambre Clave: “P048”- Otros Programas sociales

*The “*Claves*” refer to the fact that the person interviewed is receiving monetary income, it is specified in quotes where it comes from (whether through transfers from social programs, scholarships, or employment benefits).