



THE UNIVERSITY  
OF ARIZONA

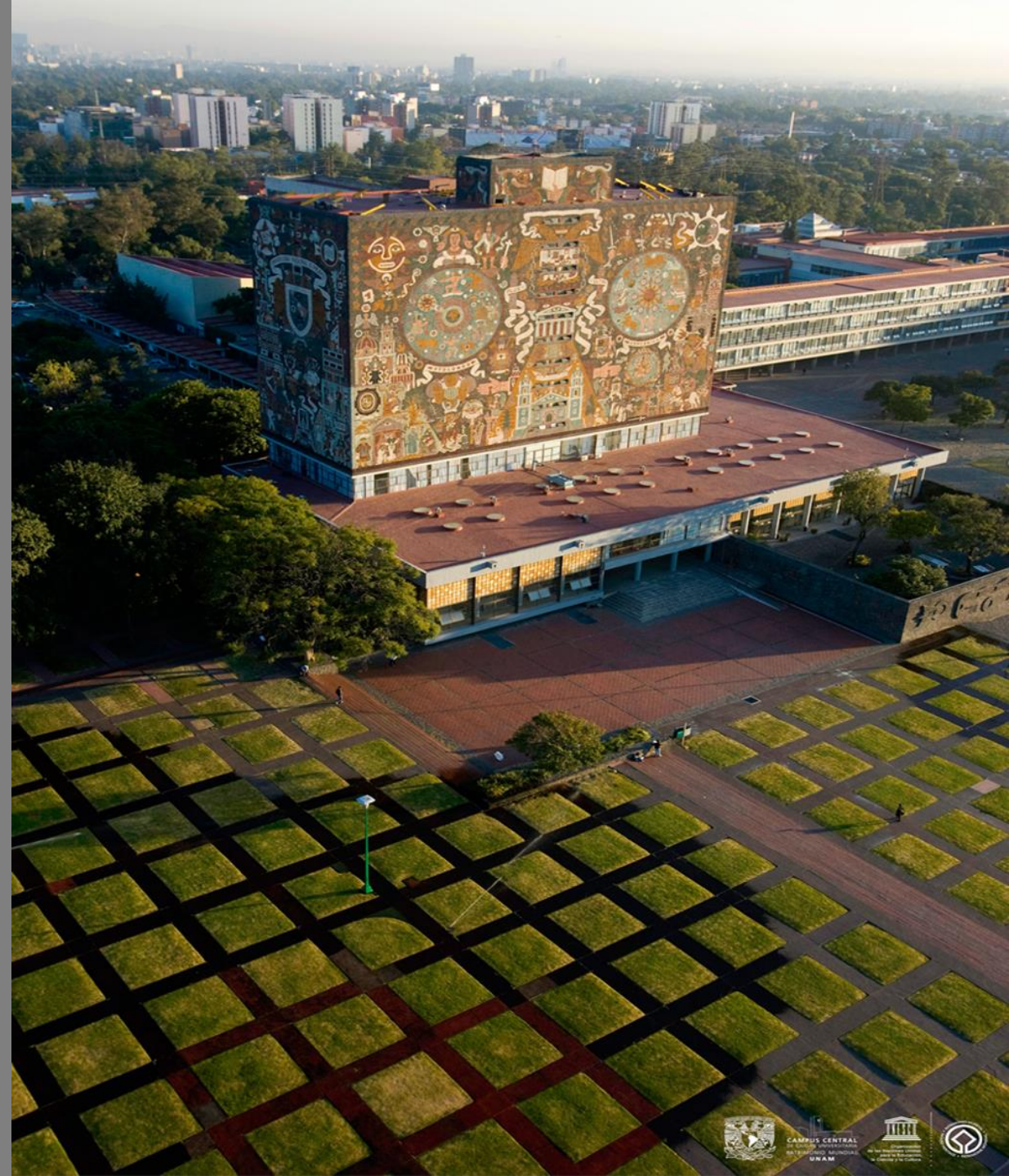
# Health in Mexico: a personal perspective

## José Narro

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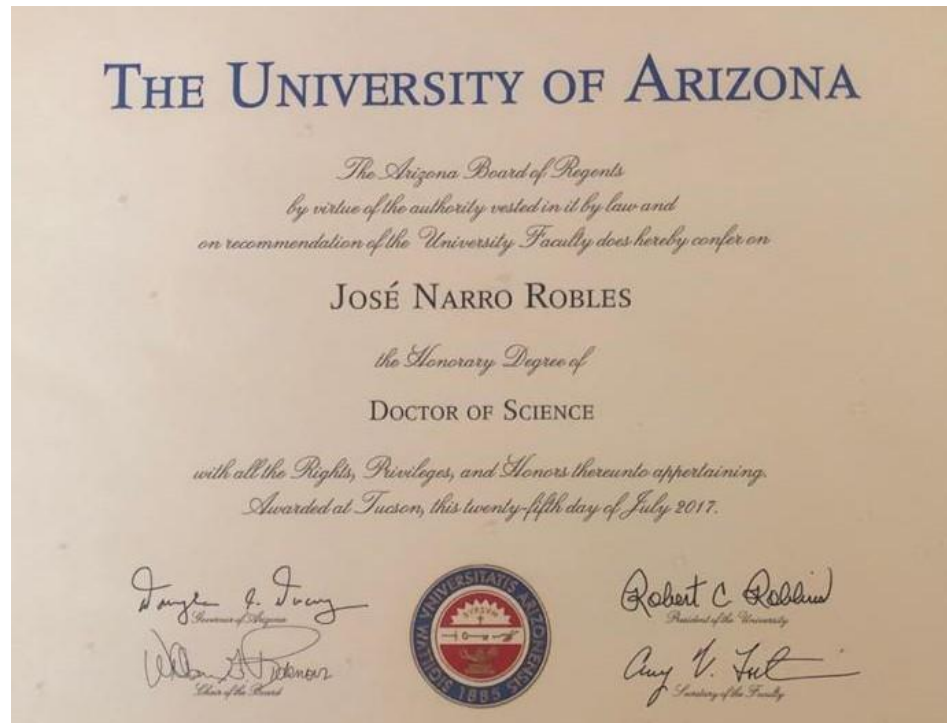
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# Content

1. The greatness of Mexico and its problems today and always
2. The importance of health and its evolution
3. The Health System in Mexico
4. Health, Covid-19 and other current problems
5. Final words





# 1. THE GREATNESS OF MEXICO AND ITS PROBLEMS TODAY AND ALWAYS



# Mexico is a great nation! Great and with greatness!

**Great**



**Greatness**



# Mexico is great

Due to:

- It has a capital demography (11th in the world)
- It has an enviable geographic extent and location (14)
- Robust economy (15)
- Biodiversity and natural capital (top ten)
- Tourism, exportation, coasts (first 15)





# The greatness of Mexico

It has to do with our history, with national feats, with the pride of being and belonging:

- Millennial culture: literature, music, visual arts, poetry, philosophy, humanities, astronomy, chemistry, medicine, ecology, among others.
- Similarly, popular culture: gastronomy, celebrations, ceremonies.
- Development of Institutions.
- Identity, symbols.
- World-class characters.

# ... And yet Mexico has secular problems

- Poverty and inequality
- Few years of education
- Violence and insecurity
- Detachment from the rule of law
- Health gaps
- Exclusion of important groups

Many of these problems have worsened in recent years, but this is not the forum to discuss them.



# Poverty and inequality

- Poverty and inequality are historical and serious problems in Mexico. For inequality, it ranks 138 out of 157 nations.
- They are not problems inherited from the 20th century, or from Independence or even from the Viceroyalty of New Spain.
- We are part of the most unequal region on the planet.



## 2. THE IMPORTANCE OF HEALTH AND ITS EVOLUTION

# The importance of health

It is about:



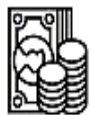
An essential **human right** and element of **national security**



An indispensable **social equalizer** and a key factor of the **unity of society**



A component of **individual and collective development**, and a fundamental element of **inclusion and stability**



A trigger for **economic growth and productivity**, therefore representing a **social investment with valuable returns**

**The pandemic has forced us to reassess the importance of health**

**Health** is not everything, but without it there is almost nothing



# Health through the years

We are living an **epidemiological transition** and **another demographic** one, both of which reflect achievements but entail challenges that we must face

- The **demographic transition** forces us to take advantage of the **demographic dividend** and **promote healthy aging**. In 2020, a total of 15.0 million people aged 60 years and over (11.9% of the total) was estimated, while it is roughly calculated that in 2050 the figure will rise to about 32.4 million (21.5% of the total).
- Regarding the epidemiological transition, it should be remembered that between 1980 and 2019, infectious diseases decreased, giving way to non-communicable diseases.

# Health through the years

In Mexico for the last 50 years:

- Life expectancy at birth increased by almost 15 years
- The structure of general mortality changed radically
- Infant mortality decreased by almost 85 percent
- Most of the health infrastructure was developed in these years

# Health through the years

## Epidemiological transition

- Between 1980 and 2019, infectious diseases decreased, giving way to non-communicable diseases.
- 85 percent decrease in mortality from infectious and parasitic diseases.
- 34 percent increase in mortality from cardiovascular diseases; 71 percent in the rate of malignant tumors; and 296 percent in the death rate from diabetes.



# Health through the years

1980		2019	
<b>Infectious diseases</b>		<b>Non-communicable diseases</b>	
1. Infectious and parasitic diseases	13.7%	1. Cardiovascular diseases	21%
2. Pneumonia and influenza	8.8 %	2. Diabetes mellitus	14%
3. heart disease	8.1 %	3. Cancer	12%
Short, sudden and fast-resolving illnesses		Long-term illnesses in which control is often the optimal response.	

This has impacted the cost of healthcare significantly

Source: INEGI



### 3. THE HEALTH SYSTEM IN MEXICO

# Mexico a nation of institutions

- A hospital (that of Jesus) with 497 years of existence.
- A University (UNAM) founded 470 years ago.
- The oldest financial institution in Latin America (Nacional Monte de Piedad) with 246 years of existence.
- Hospital Civil de Guadalajara with 227 years of operation.
- Collegiate health authority (General Health Council) with 180 years.
- Social security system (78 years).



# Health institutions

The Health System in Mexico consists of two sectors: public and private. The *public sector* includes the Social Security institutions: IMSS, ISSSTE, PEMEX, SEDENA, SEMAR, as well as the institutions and programs that serve the population without social security: Ministry of Health, State Health Services, IMSS-Bienestar (Wellbeing) program . The *private sector* includes insurers and service providers who work in private medical offices, clinics and hospitals.



**SALUD**

SECRETARÍA DE SALUD



**SEDENA**

SECRETARÍA DE LA DEFENSA NACIONAL



**SEMAR**

SECRETARÍA DE MARINA

# Characteristics of the Health System

- The health system in Mexico is:
  - By administrative management: with partial decentralization, tendency to re-centralization and dependent on employment status
  - Due to its coverage: partial, with duplications and marked deficiencies
  - By the source of financing: mixed, public and private
  - Due to the distribution of resources: inequitable and inertial

# Characteristics of the Health System

- Due to the technical organization of the services: scarcely articulated and of free demand
- For its quality: heterogeneous
- By the type of services: with an emphasis on personal and curative services
- By the level of intervention of providers and users: barely participatory

# Organization of services

## **The diversity of public institutions generates inefficiencies in the system:**

- Excess personnel in some areas while others are understaffed
- Higher costs
- Bureaucratic procedures
- Absence of information crossings between the beneficiaries' databases
- Low portability between systems
- Inequality in the quality of services



# Organization of services

## **Inefficiencies are accompanied by:**

- Lack of coverage
- Fragmentation and duplication
- Healing approach
- Misdirected spending

# Health Resources of public institutions - Mexico 2018

- Number of medical units: 24,000



- Hospital beds 90,000



- Number of physicians: 234,000



- Number of nurses: 325,000



# Health resources for the population

## Mexico 1980 - 2018

<b>Year</b>	<b>Number of units</b>	<b>Hospital beds</b>	<b>Number of physicians</b>	<b>Number of nurses</b>
1980	7,983	47,602	54,648	78,525
2018	23,848	90,159	234,591	324,887

# A typical day in public health institutions



More than a million daily medical care services

About 4.3 thousand births



Almost a million consultations

Almost 100,000 emergencies



Ten thousand surgeries

More than 16 thousand hospitalizations





# Comparative statistics on health status and risk factors

	México	USA	OECD
Population (millions, 2019)	124.9	328.0	
Life expectancy at birth	75.4	78.6	81.0
Infant mortality 2017 (per 1,000 live births)	12.1	4.8	3.5
Overweight and obesity (% of the adult population)	72.5	71.0	58.2
Overweight and obesity (% of children ages five to nine)	37.5	43.0	31.4
Diabetes (type I and II among adults)	13.1	10.8	6.4
Top three causes of death	<ul style="list-style-type: none"> <li>• Coronary heart disease</li> <li>• Diabetes</li> <li>• Cancer</li> </ul>	<ul style="list-style-type: none"> <li>• Coronary heart disease</li> <li>• Lung cancer</li> <li>• Chronic obstructive pulmonary disease</li> </ul>	<ul style="list-style-type: none"> <li>• Coronary heart disease</li> <li>• Alzheimer's and other dementias</li> <li>• Stroke</li> </ul>
Main three risk factors in health	<ul style="list-style-type: none"> <li>• High fasting plasma glucose</li> <li>• High BMI</li> <li>• High blood pressure</li> </ul>	<ul style="list-style-type: none"> <li>• Tobacco</li> <li>• High blood pressure</li> <li>• High fasting plasma glucose</li> </ul>	

Source: Institute of Global Health Sciences. UCSF

# Comparative performance of health systems

	México	USA	OECD
Health expenditure per person (in PP dollars, 2018)	1,138	10,586	3,994
Health expenditure (percentage of GDP)	5.5	16.9	8.8
Out-of-pocket expenses (percentage of household consumption)	3.6	2.8	3.3
% of households with catastrophic health expenditures	5.5	7.4	5.8
Hospital beds (per 1,000, population 2018)	1.4	2.8	4.7
Physicians (per 1,000) population)	2.4	2.6	3.5
Nurses (per 1,000 population)	2.9	11.7	8.8

Source: Institute of Global Health Sciences. UCSF

# Some problems of public health institutions in Mexico

- Insufficient funding
- Predominance of hospital and curative care
- Deficit of preventive programs for non-communicable diseases
- Poor management

# Some recent mistakes

- Disappearance of the Seguro Popular without the required preparation
- Budget cuts
- Increased medicine shortage
- New centralization of attributions
- Weakening of preventive programs

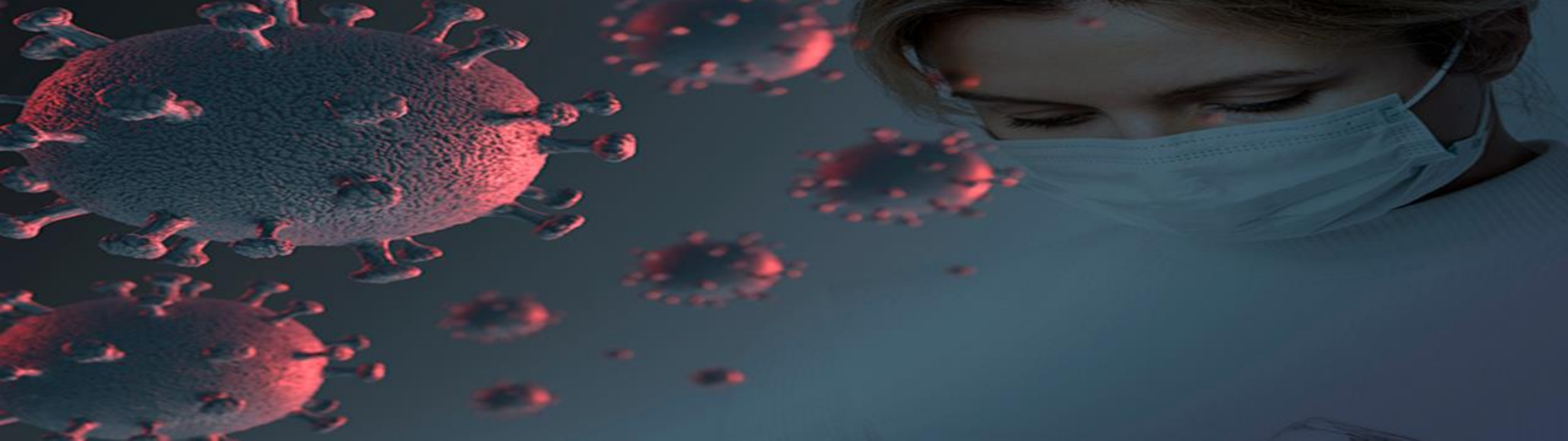


# The health of the institutions

- We have a public system with deficiencies and imperfections, but capable of providing answers, which has gradually improved and can be overcome.
- It has been built with many efforts and with the work of many generations.
- The response to the pandemic could have been better with a clearer strategy and greater foresight.

# Conclusions

- Substantially increase public investment for health
- Reform the system
- Organize a real National Health Service
- Single, public and decentralized service with universal coverage, which favors preventive care, primary care and general hospitalization, in a staggered manner.



## 4. HEALTH, COVID-19 AND OTHER CURRENT PROBLEMS

# Some health problems in Mexico

- Obesity, overweight and non-communicable diseases
- Double burden of disease at some areas
- Mental health and addictions
- Pregnancy in children and adolescents
- Geriatric care
- Lack of service coverage

# Health and Covid-19

Health has deteriorated in the last two years, exacerbated by Covid-19, among other reasons for:

- Disappearance of *Seguro Popular* without the required preparation
- Shortage of essential supplies
- Decreased vaccination
- And of course, due to the mismanagement of the pandemic:
  - First place in deaths by Covid-19 of health workers; second place in lethality; third in number of deaths; worst management among the top 53 economies (Bloomberg), and ranking 97th out of 98 nations (Lowy Institute). Institute for Global Health Sciences, UCSF



# The Covid-19 pandemic in Mexico

- At least three official data sources to know the dimension.
- The number of infections can be between 2.3 and 42.2 million cases.
- The official death toll varies between 212 and 330 thousand.
- Between January and August 2020, INEGI reported that the number of deaths from Covid-19 increased to 108,658, a figure that contrasts with the 64,414 reported on August 31, that is, 69% more.
- In the ten age groups considered by INEGI, Covid-19 was among the top ten causes of death and amid the 35-44, 45-54 and 55-64 age groups it was the leading cause.

# The Covid-19 pandemic in Mexico

- Excess deaths had a different behavior according to causes. For example, of the top ten, there are three that have significant growth:

• Influenza and pneumonia	↑	44%
• Heart disease	↑	38.6%
• Diabetes	↑	35.6%

- Similarly, there are three that decreased:

• Accidents	↓	19.9%
• Chronic obstructive pulmonary disease	↓	8.0%
• Homicides	↓	6.5%

# Arguments to support that there has not been a good management

- Mexico failed in its response to the pandemic relative to comparable countries.
- Under-registration of cases and deaths.
- High prevalence in chronic diseases.
- 50.6% of deaths were registered in those under 65, compared with 18.7% in the United States.
- With an average performance, 190 thousand deaths from all causes would have been prevented.

Source: Mexico's Response to Covid-19: A Case Study. Institute for Global Health Sciences, UCSF

# Arguments to support that there has not been a good management

- Mexico City has contributed disproportionately to mortality.
- About 58.5 percent of out-of-hospital deaths
- Great inequalities in access to tests and healthcare
- High percentage of deaths in hospitalized patients
- High number of deaths among health personnel
- High case-fatality ratio (four times the world number)

Source: Mexico's Response to Covid-19: A Case Study. Institute for Global Health Sciences, UCSF

# Other current problems

- Social polarization and risk of social fracture
- Weakening of democracy and the regime of institutions
- Breakdown of politics and distrust of politicians
- Risk of authoritarianism
- Collective "anesthesia" and fear in many groups and sectors (Dr. Julio Frenk)





## 5. Final words