



Mexico



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The United Mexican States is a representative democratic republic with 31 states and a Federal District. Mexico is a country in demographic transition, with a complex epidemiological profile characterized by the growth of noncommunicable diseases, accident rates and unhealthy lifestyle behaviours. The marked historical structural inequities and income concentration that have led to inequities in access to basic services, opportunities, and social participation continue to persist. The poorer states are located in the country's southern region and have the highest concentration of rural and indigenous population groups and the highest disease prevalence and mortality rates for preventable causes. The highest indices of marginalization are found in Chiapas, Oaxaca, Guerrero, Hidalgo, and Veracruz.

HEALTH & DEVELOPMENT

The health system has evolved since the second half of the last century, with three principal providers: the Secretariat of Health (SSA), Social Security (Mexican Social Security Institute (IMSS) and the Social Security Institute for State Workers (ISSSTE)), and the private sector.

Overall general mortality has fallen from 10 per 1000 in 1970 to 4.5 per 1000 in 2004; however the decline has been smaller among ethnic minorities and rural populations.

Infant mortality has been declining. The states of Chiapas, Oaxaca, and Guerrero have high rates, and mortality rates among indigenous children are highest.

Maternal mortality fell from 89.0 to 65.2 per 100 000 live births between 1990 and 2003. The leading causes of death continue to be associated with hypertension, hemorrhages, and other complications of delivery that could be avoided by targeting efforts to areas of higher risk, especially in rural areas and indigenous groups.

Communicable diseases are exhibiting a downward trend. In 2004, there were 3406 cases of malaria (mainly *Plasmodium vivax*) and 8202 cases of dengue. The majority of cases were reported in Chiapas, Oaxaca and Sinaloa. Over 70% of dengue cases were reported in Veracruz. The prevalence of tuberculosis has declined in recent years, with the directly observed treatment, short-course (DOTS) coverage reaching 100% in 2005; one-quarter of the tuberculosis cases are associated with diabetes, malnutrition, HIV/AIDS, or alcoholism. HIV prevalence in young people aged 15-24 has declined since 2001, except among intravenous drug users in the northern part of the country; an estimated 180 000 people were living with HIV/AIDS in 2005.

The incidence of noncommunicable diseases is increasing, representing 73.3% of the mortality rate in the year 2000 (versus 49.8% in 1980). There is a high prevalence of hypertension (30%), diabetes (10.1%), and hypercholesterolemia (43%). Diabetes is the leading cause of death in women and the second in men.

Risky behaviors and risk factors such as being overweight and obesity have increased in all groups of society, mainly in urban areas, affecting 51.8% of women between the ages of 12 and 49 (60% in the northern part of the country) and 5.5% of children under 5^a. In 2002, 26.4% of the urban population aged 12-65 (14.3% rural) were smokers; approximately 32 million people aged 12-65 years consumed alcohol^b. Violence against women and the violation of their sexual and reproductive rights have been well documented; 60% of health service users reported having experienced at least one episode of violence.^c

Total population (2005) ¹	
% of the population under 15 (2005) ¹	31
% rural population (2005) ¹	24
Life expectancy at birth (2005) ²	75.7
Mortality in children under 5 per 1000 live births (2004) ²	22.9
Maternal mortality ratio per 100 000 live births (2004) ³	62.6
Total health expenditure as a % of the Gross Domestic Product (2004) ⁴	6.5
Public health expenditure as a % of total Government Public Expenditure (2004) ⁴	11.9
Human Development Index ranking among 177 countries (2003) ⁵	53
Gross national income (GNI) per capita US\$ (2004) ⁶	6770
% of population under the national poverty line (1995-2002) ²	9.9
Adult literacy rate (15+ literate) (2005) ²	92.6
% of population with sustainable access to improved water source (2002) ⁵	91
% population with sustainable access to improved sanitation (2002) ⁵	77

Sources:

¹ United Nations Population Division

² Health Situation in the Americas. Basic Indicators 2005. Pan American Health Organization

³ Salud Mexico 2004. Información para la rendición de cuentas. Secretariat of Health - Mexico

⁴ Basic Indicators, Mexico. SSA-PAHO 2004

⁵ Human Development Report 2005

⁶ World Development Indicators 2005 (The World Bank)

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> National Crusade for Quality Health Services, with the participation of public and private institutions The SSA's Popular Health Insurance (2003) is a type of voluntary public insurance for people without access to Social Security; 5 million families will be covered by the end of 2006 The System for Social Protection in Health, with the collaboration of the SSA, IMSS, and ISSSTE, anticipates 100% coverage of the population by 2010 Human Development Programme, "Oportunidades" (<i>Opportunities</i>), aimed at reducing extreme poverty. 	<ul style="list-style-type: none"> Unequal access, financing, and health outcomes as a result of segmentation in the delivery of services Need to guarantee high quality services and adequate health financing.

^aNational Nutrition Survey. Nutritional status of children and women in Mexico. SSA. INSP. INEGI, 1999.

^bNational Addictions Survey. ENA. Instituto Nacional de Salud Pública y Secretaría de Salud de México, 2002.

^cNational Survey on Violence against Women. Instituto Nacional de Salud Pública y Secretaría de Salud de México, 2003.

PARTNERS

The International Technical Cooperation in Health is progressing toward joint action among countries in order to overcome obstacles to health development and address common health problems. Cooperation is taking place with other middle-to-high-income countries: Argentina, Brazil, Chile, China, South Africa and Thailand.

Important health cooperation partners include the Organization of American States (OAS), United Nations (UN) agencies such as PAHO/WHO, UNDP, UNFPA and UNICEF (all working through the UN Development Assistance Framework (UNDAF)), national and international nongovernmental organizations (NGOs); and country cooperation agencies.

Among the bilateral cooperation agencies, the United States Agency for International Aid Development (USAID) supports tuberculosis control.

Multilateral cooperation with financing from international financial institutions.

PAHO/WHO STRATEGIC AGENDA (2004-2007)

The PAHO/WHO technical cooperation strategy in Mexico seeks to improve the response capacity of national health institutions, serve as a catalyst, and mediate to reach consensus, advocate for health, and systematize and share information on the Mexican Health System's opportunities and successful experiences.

- **Equity in Health.** Facilitate the sharing of international experiences linked to the national social protection strategy, help meet the goals of improving access to services through an intercultural approach; facilitate the coverage and participation of indigenous communities; and support research on traditional medicine. Promote recognition and education about the sexual and reproductive rights of the people and the protection of women; support integrated approaches to improve health care for immigrants, displaced persons, and people in border areas, coordinating the cooperation of multiple organizations and agencies.
- **Risk reduction and health promotion.** Collaborate with the SSA in the formulation and implementation of health protection and promotion policies within the framework of globalization and consumerism. Guarantee environmental protection, healthy environments; food safety, food and nutrition security; the promotion of mental health with the reduction of violence and accidents; emergency and disaster prevention and mitigation and the promotion of family and community health, with emphasis on integrated care.
- **Surveillance, prevention, and control of diseases.** Technical cooperation with the SSA, public health institutions, and research institutes to ensure active epidemiological surveillance of neglected communicable diseases; maintain surveillance, prevention, and control of infectious diseases, vaccine-preventable diseases, and noncommunicable diseases such as diabetes, hypertension and cancer.
- **Quality of services and health system performance.** Provide technical assistance for greater development of the SSA's steering and leadership function and for the preparation of Official Mexican Standards. Support improvements in managerial quality and performance; build capacity in drug and health technology management; information systems and globalization in health.



ADDITIONAL INFORMATION

WHO country page <http://www.who.int/countries/mex/en>

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