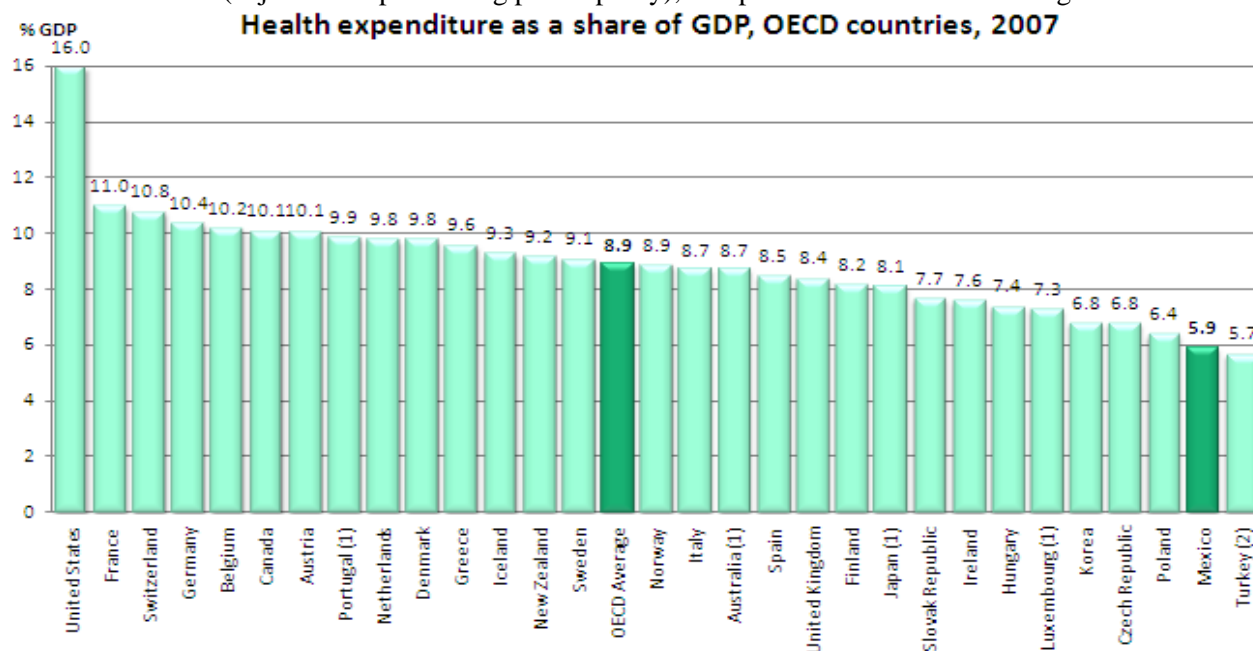




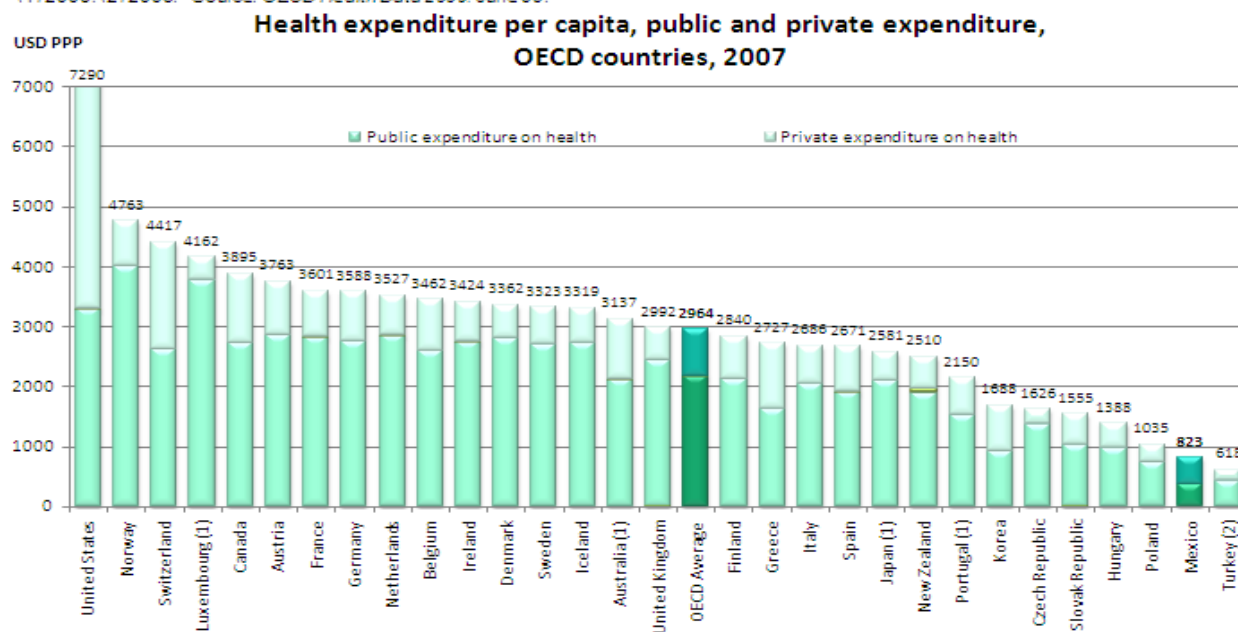
## OECD Health Data 2009 How Does Mexico Compare

Total health spending accounted for 5.9% of GDP in **Mexico** in 2007, one of the lowest shares among OECD countries and three percentage points lower than the average of 8.9% in OECD countries. Health spending as a share of GDP is highest in the United States (which spent 16.0% of its GDP on health in 2007), followed by France (11.0%) and Switzerland (10.8%).

**Mexico** also ranks well below the OECD average in terms of health spending per capita, with spending of 823 USD in 2007 (adjusted for purchasing power parity), compared with an OECD average of 2964 USD.



(1) 2006. (2) 2005. Source: OECD Health Data 2009, June 09.



(1) 2006. (2) 2005. Data for Belgium, Denmark and the Netherlands are current expenditures (excluding investment). Source: OECD Health Data 2009, June 09. Data are expressed in US dollars adjusted for purchasing power parities (PPPs), which provide a means of comparing spending between countries on a common base. PPPs are the rates of currency conversion that equalize the cost of a given 'basket' of goods and services in different countries.

Between 2000 and 2007, health spending per capita in **Mexico** increased, in real terms, by 3.6% per year on average, a growth rate similar to the OECD average (3.7% per year).

The public sector is the main source of health funding in all OECD countries, except the United States and **Mexico**. With 45% of health spending paid from public sources in 2007, **Mexico** and the United States have the lowest public share of all OECD countries. By comparison, the OECD average was 73%.

### **Resources in the health sector (human, physical, technological)**

Health care supply is low in **Mexico** by OECD standards. In virtually all dimensions for which data are available, **Mexico** lies well below average.

While the number of doctors per capita increased substantially in **Mexico** over the past decade or so, up from 1 practising doctor per 1 000 population in 1990 to 2 in 2007, the doctor-to-population ratio in **Mexico** was well below the OECD average of 3.1 in 2007. There were 2.4 nurses per 1 000 population in **Mexico** in 2007, four times less than the average of 9.6 in OECD countries.

The number of acute care hospital beds in **Mexico** was 1.0 per 1 000 population in 2007, about a quarter the OECD average of 3.8 beds per 1 000 population.

During the past decade, there has been rapid growth in the availability of diagnostic technologies such as computed tomography (CT) scanners and magnetic resonance imaging (MRI) units in most OECD countries. In **Mexico**, the number of MRIs remains the lowest in the OECD, at 1.5 per million population in 2007, compared to the OECD average of 11 per million population. The number of CT scanners in **Mexico** stood at 4 per million population in 2007, also well below the OECD average of 20.

### **Health status and risk factors**

Most OECD countries have enjoyed large gains in life expectancy over the past decades, thanks to improvements in living conditions, public health interventions and progress in medical care. Since 1960, **Mexico** experienced one of the largest increases in life expectancy in the OECD area, with gains of over 17 years. Nonetheless, at 75 years in 2007, life expectancy at birth in **Mexico** remains four years lower than the OECD average (79 years).

Infant mortality rate in **Mexico** is the second highest among OECD countries, at 15.7 deaths per 1 000 live births in 2007, compared with the OECD average of 4.9. However, it has fallen greatly over the past decades, down from 79.4 deaths per 1 000 live births in 1970.

Obesity rates have increased in the past two decades in all OECD countries, although there remain notable differences across countries. The obesity rate in **Mexico**, based on self-reported data, stood at 30% in 2006, and is higher than in all other OECD countries except the United States.<sup>1</sup> The time lag between the onset of obesity and increases in related chronic health problems (such as diabetes or asthma) suggests that the rise in obesity that has occurred in **Mexico** and most other OECD countries will have substantial implications on the future incidence of health problems and related spending.

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<sup>1</sup> It should be noted however that the data for the United States are more accurate than those from most other countries since they are based on *actual measures* of people's height and weight, while estimates for other countries are generally based on *self-reported* data, which generally under-estimate the real prevalence of obesity.

More information on *OECD Health Data 2009* is available at [www.oecd.org/health/healthdata](http://www.oecd.org/health/healthdata). Note that *OECD Health Data 2009* is available in Spanish.

For more information on OECD's work on **Mexico**, please visit [www.oecd.org/mexico](http://www.oecd.org/mexico).