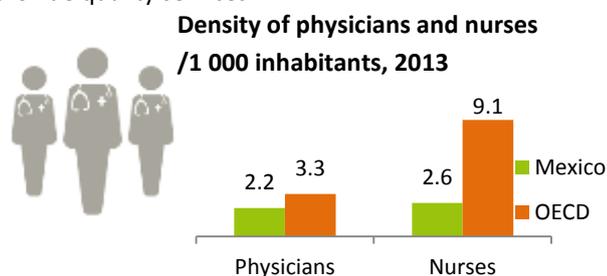


Although many health indicators are improving in Mexico, the country has the lowest life expectancy in the OECD (74.6 compared to the OECD average of 80.5 years). The gap in longevity has widened from 4 years in 2000 to 6 years in 2013. This is due to unhealthy lifestyles with higher risk factors to health leading to chronic diseases and mortality, but also to persisting barriers of access to high-quality health care services. For an in-depth analysis of the Mexican health care system, read the newly published [OECD Reviews of Health Systems: Mexico 2016](#).

## Improve access to healthcare services of high quality

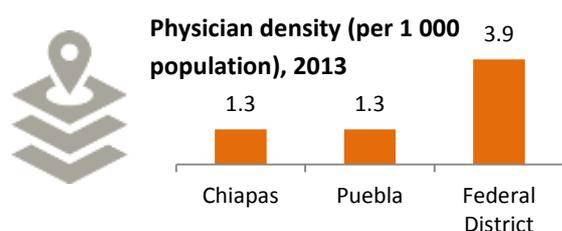
▶ **The supply of health workers in Mexico has increased over the past decade, but remains low by OECD standards, in particular the number of nurses**

The lack of health workforce puts a lot of pressure on the healthcare system and it endangers its potential to provide quality services.



▶ **Besides the lack of workforce, the geographical distribution of doctors in Mexico is unequal. Rural, vulnerable populations are the most affected**

While physician density in the Federal District is elevated, other, less densely populated departments present unwarranted variations in health care use because of a lack of supply.



To read more about our work: [OECD Health Statistics 2015](#), [Health at a Glance 2015](#), [Towards High-Performing Health Systems](#) and [Geographic Variations in Health Care: What Do We Know and What Can Be Done to Improve Health System Performance?](#)

## Improve quality of care for cardiovascular disease

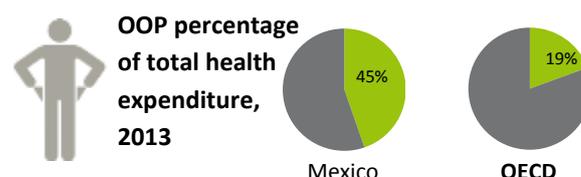
▶ **Survival rates from cardiovascular diseases are much lower in Mexico than in other OECD countries**

Whereas mortality from ischemic heart disease in the OECD decreased by 45% between 1990 and 2013, in Mexico it was nearly unchanged at 140 deaths per 100 000 population<sup>3</sup>. Quality of care for life-threatening conditions such as heart attack (AMI) or stroke should improve in order to increase survival rates and cope with expected increases in cardiovascular diseases.

To read more about our work: [OECD Reviews of Health Systems: Mexico 2016](#), [Health at a Glance 2015](#) and [Cardiovascular Disease and Diabetes: Policies for Better Health and Quality of Care](#)

▶ **Although decreasing, private out-of-pocket (OOP) expenditure on health in Mexico is still the highest in the OECD**

Despite decreasing from 55% in 2005, 45% of all health spending in Mexico was paid directly by patients in 2013, compared with the OECD average of 19%. The high burden of out-of-pocket spending creates financial barriers to health care access, particularly for low-income groups and highlights the need to progressively expand affordable health service coverage.



### What can be done?

- Retain workforce by creating secure and attractive pay and working conditions, including opportunities for continuing professional development
- Develop modern, accessible information systems and tele-health to overcome geographical barriers to health care access
- Continue and accelerate increases in governmental expenditure on health
- Regulate growth in private pharmacies offering medical consultations

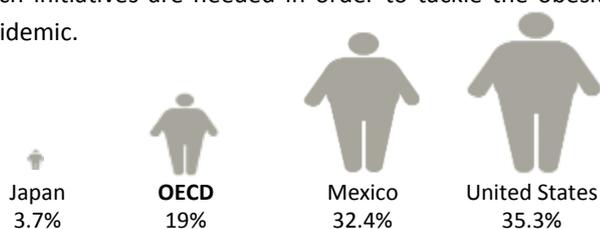
### What can be done?

- Provide timely transportation of patients
- Promote evidence-based interventions at high-quality specialised health facilities such as stroke units
- Further strengthen integrated care models and financial incentives for improved performance
- Intensify prevention programmes to reduce obesity levels and other risk factors for CVD

## Tackle the obesity epidemic

► **Obesity levels have increased dramatically in Mexico and the country has now the second highest obesity levels in the OECD, only surpassed by the United States.**

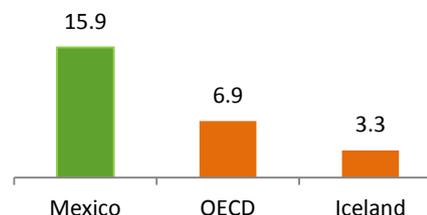
Mexico has increased taxes on sugar-sweetened drinks and processed foods with high caloric values, as well as regulated advertising of food products directed to children. Such initiatives are needed in order to tackle the obesity epidemic.



Prevalence of obesity (% of adult<sup>1</sup> population), 2013

Largely due to its high prevalence of obesity, Mexico faces serious public health consequences, especially cardiovascular diseases and diabetes. Mexico had a prevalence of diabetes (Type-1 and Type-2) of 15.9% in 2011, by far the highest among OECD countries, where the average was 6.9%.

## Prevalence of diabetes, % of adults 20-79 years, 2011



### What can be done?

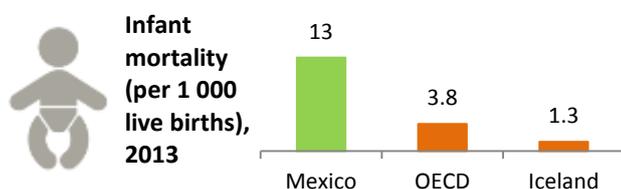
- Help consumers make informed choices through compulsory food labelling (using front-of-package guidelines)
- Support worksite and school-based health promotion programmes targeting different age groups and determinants of obesity
- Encourage intensive counselling of individuals at risk in primary care
- Promote active traveling alternatives like walking, bicycling and mobilisation by public transport to increase physical activity

To read more about our work: [Health at a Glance 2015, Obesity and the Economics of Prevention](#), and <http://www.oecd.org/els/health-systems/obesity-update.htm>

## Decrease infant mortality

► **Infant mortality in Mexico has decreased by 11.5% since 2009 – but it is still the highest among OECD countries**

Mexico's infant mortality rates are 10 times higher than Iceland (which has the lowest rate among OECD countries).



### What can be done?

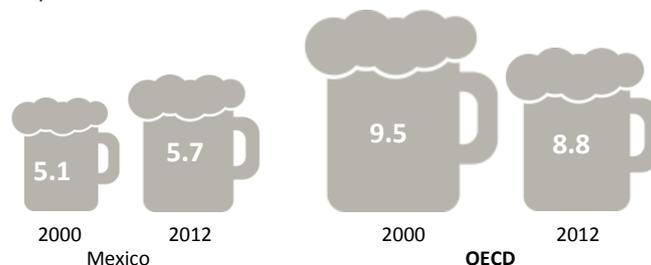
- Prevent teen-age pregnancies by offering sexual health education and facilitating access to contraceptives
- Promote access to prenatal and infant care
- Promote exclusive breastfeeding of newborns
- Identify and support newborns that need additional care (e.g. those that are low-birth-weight, sick or have an HIV-infected mother)
- Encourage child vaccination
- Establish higher targets for child well-being outcomes to create positive incentives to meet stated goals

To read more about our work: [Health at a Glance 2015](#) and [Doing Better for Children](#)

## Tackle harmful alcohol consumption

► **Alcohol consumption is falling in most OECD countries, but not in Mexico**

Mexico's alcohol consumption is low by OECD standards – but it is rising, in contrast to most OECD countries. This needs to be tackled because it is likely to complicate Mexico's worsening burden of chronic diseases. In addition, Mexico has much higher rates of road traffic deaths compared to OECD countries (17.4 vs 7.0 deaths per 100 000) and 23% of these fatal accidents involve alcohol.



### What can be done?

- Develop broader approaches to tackle harmful drinking including fiscal and regulatory measures
- Blood alcohol levels for driving should be lowered to 0.05% in all states
- Restrict sales of alcoholic drinks in petrol stations

To read more about our work: [Health at a Glance 2015](#) and [Tackling Harmful Alcohol Use: Economics and Public Health Policy](#)