



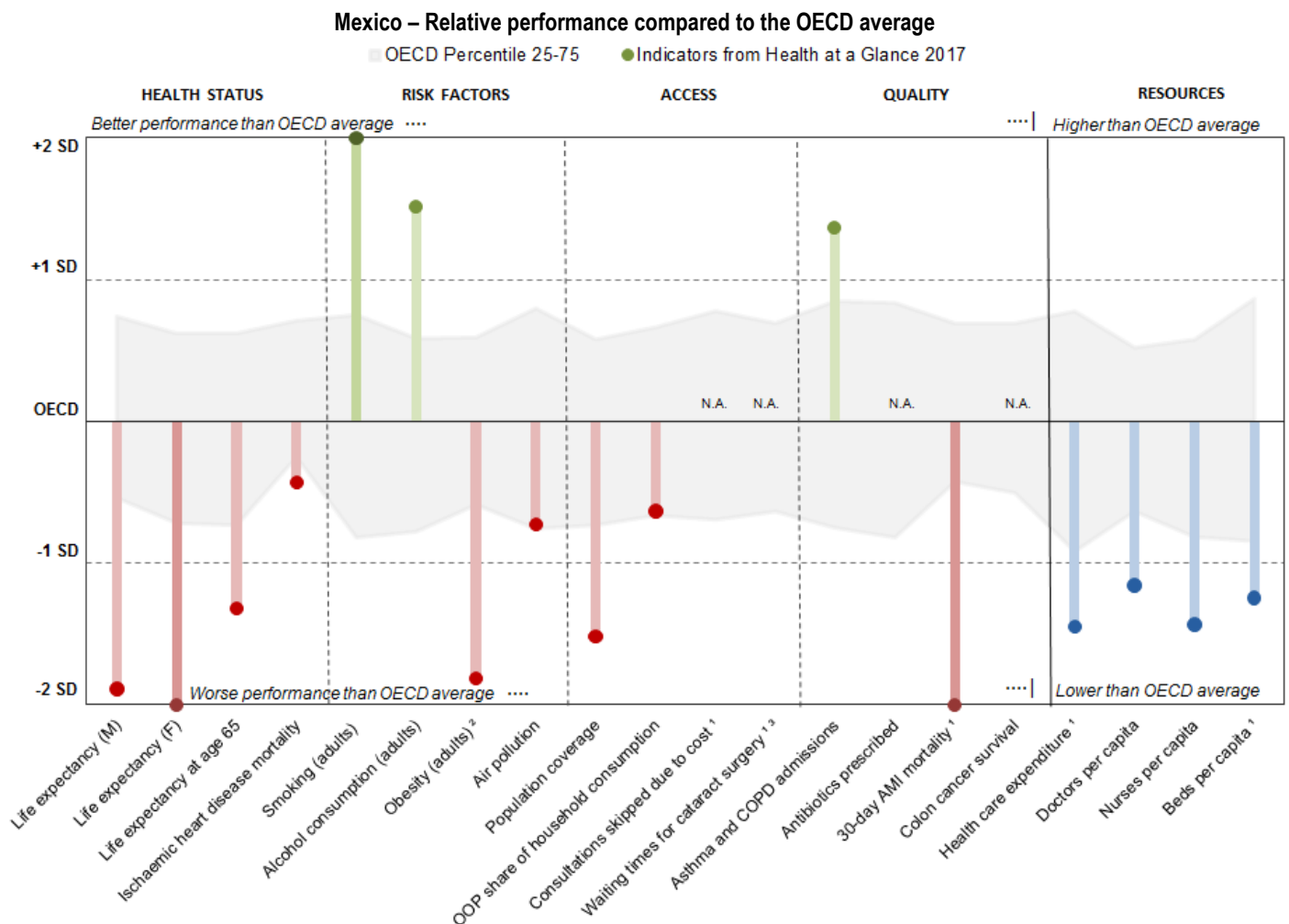
How does Mexico compare?



Health at a Glance provides the latest comparable data and trends on the performance of health systems in OECD countries. It provides striking evidence of large variations across countries in health status and health risks, as well as in the inputs and outputs of health systems. This edition contains a range of new indicators, particularly on risk factors for health. It also places greater emphasis on time trend analysis. Alongside indicator-by-indicator analysis, this edition offers snapshots and dashboard indicators that summarise the comparative performance of countries, and a special chapter on the main factors driving life expectancy gains.

Overview of health system performance in Mexico

Life expectancy in Mexico is one of the lowest across the OECD. This can be explained in part by the limited resources available for health, with consequent impacts on access and quality of care. High obesity rates are also a major public health concern. Nevertheless, important progress has been made, with life expectancy 14 years higher today than it was in 1970. The figure below shows how Mexico compares across these and other core indicators from Health at a Glance.



¹ Standardisation of interquartile range excludes outliers (at least ± 3 standard deviations from the average) that cause biased statistical distributions. ² Includes measured and self-reported obesity rates. ³ Values for Australia and Canada are reported in median (rather than mean) number of days. AMI = acute myocardial infarction (heart attack), COPD = chronic obstructive pulmonary (lung) disease, OOP = out-of-pocket payments.



How does Mexico compare?

- **Health status:** life expectancy at birth was 75 years in 2015, as compared with the OECD average of 80.6. Though life expectancy has increased substantially since 1970, progress has slowed since the early 2000s.
- **Risk factors:** Mexicans have the second highest prevalence of obesity in the OECD (33% of adults), and highest overall share of population overweight or obese (73%). However, the country also has the lowest rates of daily smoking (7.6% compared to an OECD average of 18.4%) and consumes little alcohol (5.2 litres of annual pure alcohol per capita compared to an OECD average of 9.0 litres).
- **Access:** access to care, measured for example by population coverage for health insurance, is below the OECD average in Mexico, although it has improved substantially over time due to the Seguro Popular reforms.
- **Quality of care:** mortality rates following acute myocardial infarction (heart attack) are the highest in the OECD, at 28% of admissions (nearly four times higher than the OECD average of 7.5%). At the same time, Mexico performs relatively well in terms of minimising hospital admissions for conditions that can be successfully treated in primary care settings, such as asthma and COPD.
- **Resources:** health spending averages \$1 080 per person (adjusted for local costs), four times lower than the OECD average of \$4 003. Mexico has 2.4 doctors per 1000 population relative to 3.4 on average across the OECD, and less than one-third the number of nurses and hospital beds per 1000 population than the OECD average.

Selected policy issues

Payments by households for health are the second highest in the OECD

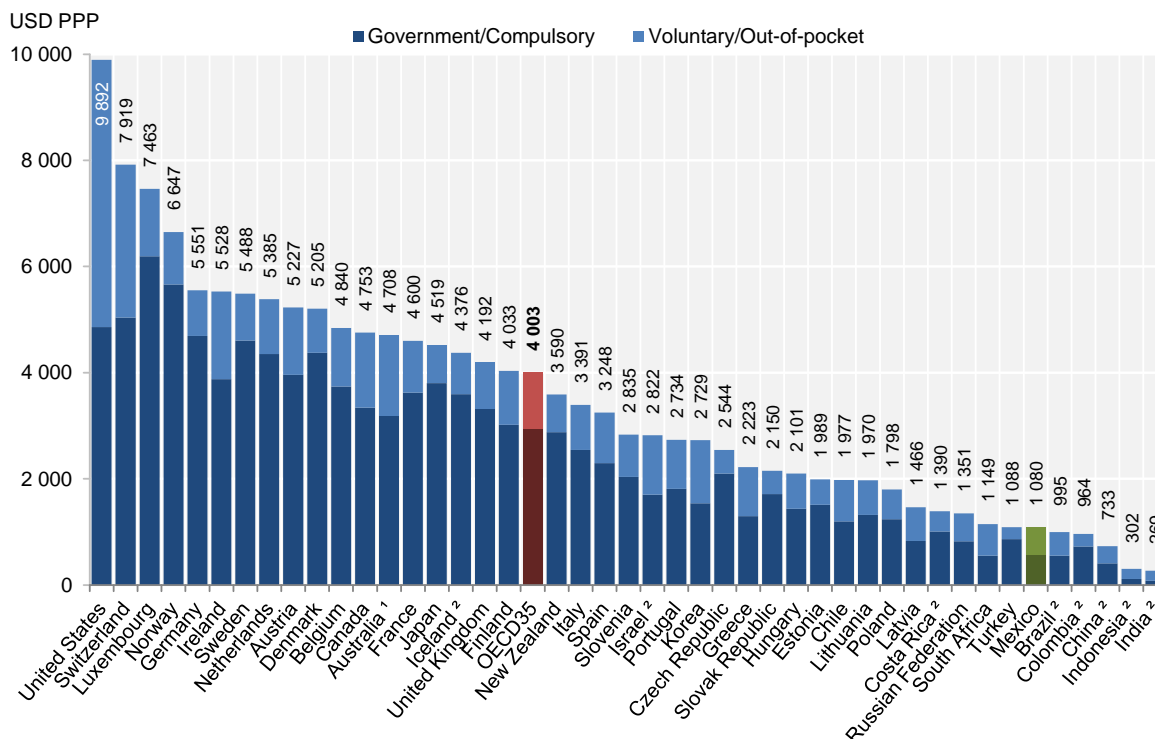
Over the last decade, concerns about access to care and the impoverishing effects of health care costs shouldered directly by households led authorities to invest more in health. The *Seguro Popular* programme has been a successful example of expanding health care coverage to Mexicans not already affiliated to the social security system. Since its introduction in 2004, it has expanded health insurance coverage to an additional 50 million people. Consequently, the share of out-of-pocket (OOP) payments as a share of health spending has fallen by 12.6% since 2009.

But more should be done. Whilst allocating additional resources to health is not enough in itself to guarantee better health outcomes – such money needs to be spent wisely – in 2016, Mexico spent \$1 080 per person (adjusted for local living standards), the lowest amount across the 35 OECD countries, and the third-lowest in the OECD as a share of GDP. Furthermore, the growth rate of health expenditure has slowed in recent years, and remains slightly lower than the OECD average, unlike other OECD countries with GDP levels comparable to Mexico. The country's health system struggles with inefficiencies and remains vastly fragmented, with distinct sub-groups offering different levels of care, to different groups of people, and at different prices. This is an aspect of Mexico's health system that needs to be improved.

How does Mexico compare?



Health expenditure per capita, 2016 (or nearest year)



Some of the consequences of relatively low government spending on health are worse access to care and a high financial burden on households. In Mexico, household OOP payments still remain high, at 41% of overall health spending, the second highest in the OECD and double the OECD average of 20%.

The health workforce is also stretched and resources need to be distributed more evenly across the country. Despite an increasing number of doctors and nurses over the past decade, Mexico still has relatively few health workers, particularly nurses (2.8 nurses per 1 000 population, compared with an OECD average of 9). The geographic distribution of these doctors and nurses is also an issue. While Mexico City has 3.9 physicians per 1 000 population (above the OECD average of 3.4), it ranges from only 1.3 to 2.2 in other states.

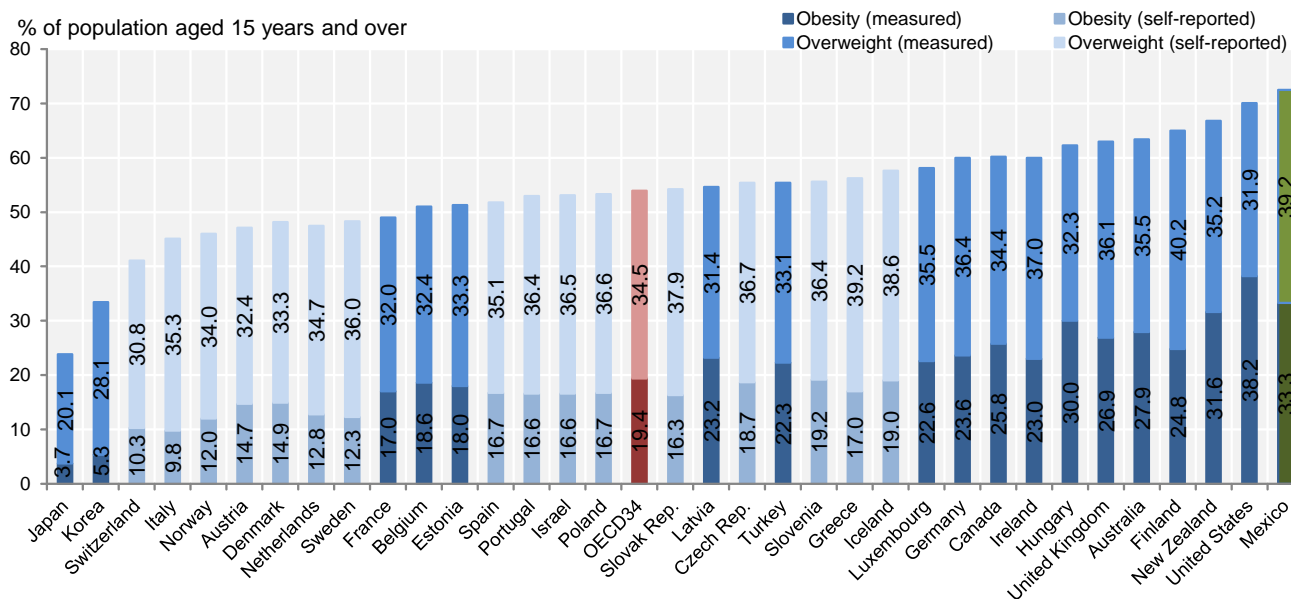
Obesity is drastically reducing the quality of life in Mexico and shortening life expectancy

At just over 33%, the rate of adult obesity in Mexico is the second highest in the OECD and much higher than the OECD average of 19.4%. Further, 35% of teenagers aged 12 to 19 are overweight or obese. Consumption of fruit is also among the lowest in the OECD. Obesity is a well-known risk factor for many chronic diseases. For example, it largely explains why Mexico has the highest prevalence of diabetes among OECD countries (15.8% of adults affected, more than double the OECD average of 7%). High obesity rates, along with other factors such as a lack of progress in reducing mortality from circulatory diseases, high death rates from road traffic accidents and homicides, as well as persistent barriers of access to quality care, explain why gains in life expectancy in Mexico have been slower in recent years (+3.8 years between 1985 and 2000, relative to +1.7 years between 2000 and 2015).

How does Mexico compare?



Mexico has the highest rate of overweight including obesity among adults, 2015 (or nearest year)



In response to the obesity challenge, Mexico has recently implemented several policies aiming to improve health among the population. These include taxation on sugar-sweetened beverages, nutritional labelling on food products, and better regulation of food advertising for children. Since the introduction of the sugar tax on drinks in 2014, the purchase of soft drinks has already fallen (5.5% decrease in the first year, followed by a 9.7% decrease in the second year), with the poorest households showing the biggest drops in consumption. Tackling obesity requires more than a single preventive measure, as fundamental change can only occur through wide-ranging strategies that address multiple determinants of health simultaneously.

Further reading

OECD (2017), "Obesity Update", OECD Publishing, Paris. <http://www.oecd.org/els/health-systems/Obesity-Update-2017.pdf>.

OECD (2016), *OECD Reviews of Health Systems: Mexico 2016*, OECD Publishing, Paris.

<http://dx.doi.org/10.1787/9789264230491-en>.

Health at a Glance 2017 website: <http://www.oecd.org/health/health-systems/health-at-a-glance-19991312.htm>.

Contacts:

Chris James (+33 1 45 24 89 69; chris.james@oecd.org), health.contact@oecd.org,
Health Policy Division, Directorate for Employment, Labour and Social Affairs

