

## Health at a Glance 2019

- Lowest rate of smokers and third lowest consumers of alcohol across OECD countries
- Third highest growth rate in life expectancy gains across OECD countries



- Highest diabetes prevalence and hospital admissions across OECD countries
- Highest 30-day mortality after a heart attack across OECD countries
- The proportion of healthcare costs paid out-of-pocket by households is second highest in the OECD



# Mexico

## How does it compare?



Mexico is one of the few OECD countries where gains in life expectancy have not slowed down in recent years. Nevertheless, life expectancy remains approximately five years below the OECD average (75.4 and 80.7 years, respectively).

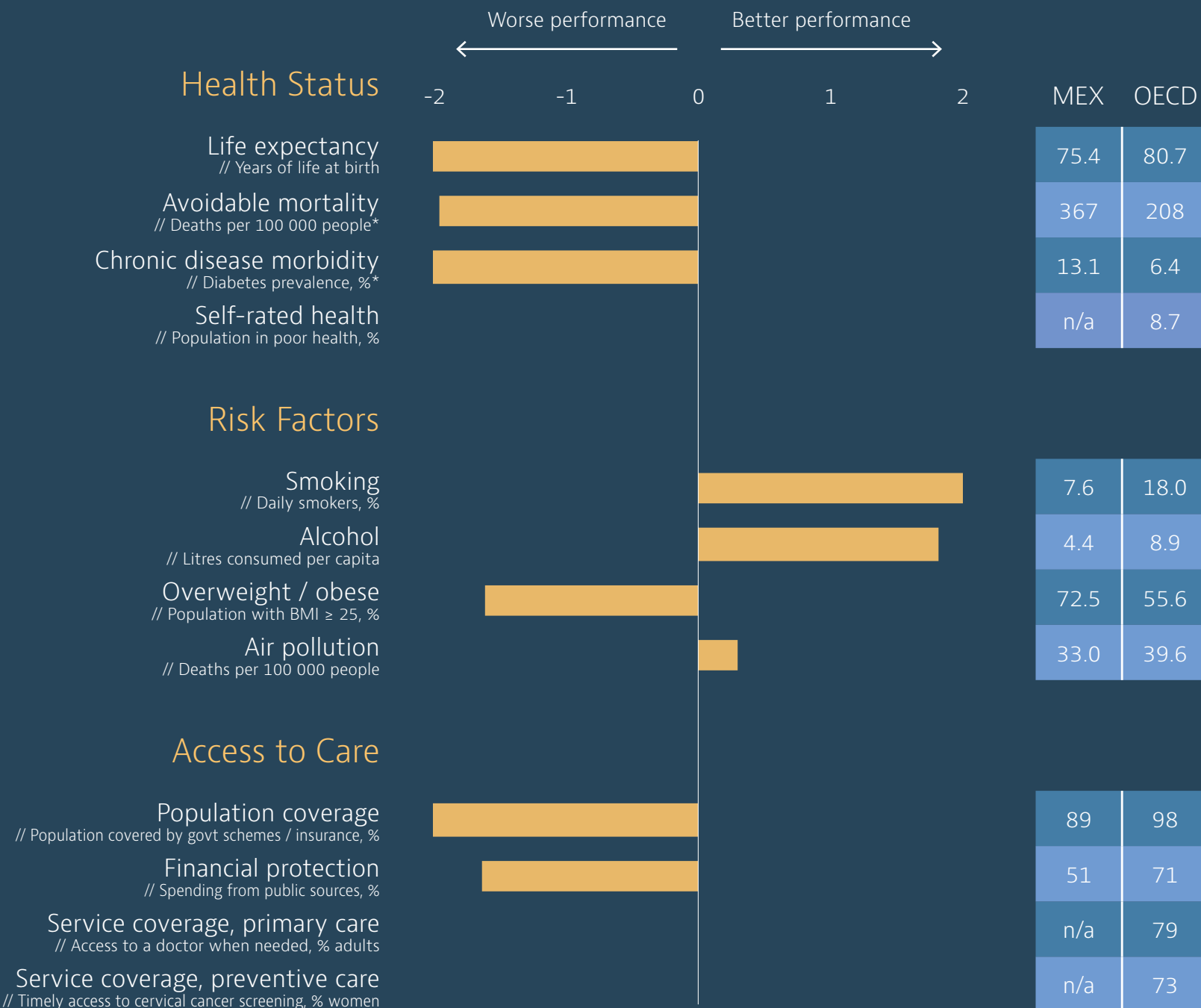
Health care expenditure comprises 5.5% of GDP, which is amongst the lowest across OECD countries. Health insurance coverage for vulnerable populations has expanded over time, but gaps remain. Coverage for a core set of health services in Mexico is the lowest in the OECD at 89.3%. Out-of-pocket payments remain high at 41% of total health expenditure.

Indicators highlight some quality of care concerns – for example, avoidable admissions for diabetes are nearly twice the OECD average (249 per 100 000 people), and 30-day mortality after a heart attack is almost four times the OECD average (27.5%).

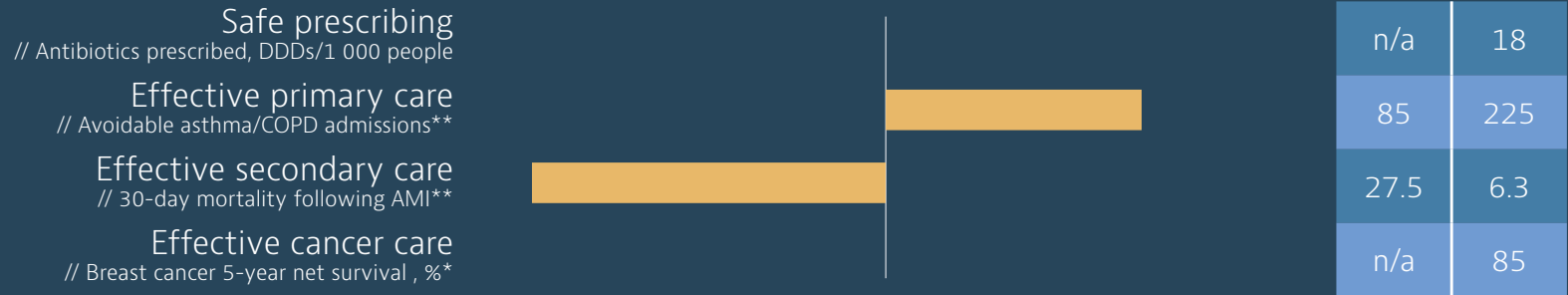
Rates of smoking (7.6%) and dependent drinkers (1.3%) are relatively low in Mexico. Poor diets and sedentary lifestyles means a large proportion (72.5%) of the population are either overweight or obese.



# How far is Mexico from the OECD average?



## Quality of Care



## Resources



Key data available for download here:  
[www.oecd.org/health/health-at-a-glance.htm](http://www.oecd.org/health/health-at-a-glance.htm)

Notes – These charts indicate how far a country is from the OECD average, based on the standard deviation. \*age-standardised. \*\*age-sex standardised. AMI = acute myocardial infarction; BMI = body mass index; COPD = chronic obstructive pulmonary disease; DDD = defined daily dose; PPPs = purchasing power parities.

## Mexico

### How does it compare?

*Health at a Glance 2019* compares key indicators for population health and health system performance across OECD members, candidate and partner countries. It highlights how countries differ in terms of the health status and health-seeking behaviour of their citizens; access to and quality of health care; and the resources available for health. Analysis is based on the latest comparable data across 80 indicators, with data coming from official national statistics, unless otherwise stated.

## Mexico: Selected issues

### Reducing obesity and diabetes

Nearly three-quarters (72.5%) of adults in Mexico are either overweight or obese, putting the country in second place among OECD countries. The trend begins at a young age, with children in Mexico more likely to be overweight or obese than the average child living in the OECD (37.7% and 31.4%, respectively).

Obesity is a key risk factor for various chronic conditions including type 2 diabetes. As of 2017, 13% of the adult population had diabetes in Mexico, which is more than double the OECD average and the highest amongst member countries. Mexico also has the highest rate of hospital admissions for diabetes. This figure has declined by 25% since 2012. Between 2012 and 2017 the number of admissions for amputations related to diabetes increased by over 10%, a worrying worsening in the quality of ongoing control and management of the disease.

Tackling obesity requires a suite of complementary good practice policies (*The Heavy Burden of Obesity: The Economics of Prevention*, OECD, 2019). Examples include reformulation of foods and beverages to reduce levels of saturated fat, sugars and sodium, and communication policies such as mass media campaign, food labelling and advertising prescriptions. Doctors, in particular general practitioners, also play an important role in optimising the prevention, diagnosis and management of diabetes, which stops the escalation of adverse health outcomes.

### Limiting the financial burden of health payments on households

In Mexico, approximately 90% of the population is covered for a core set of health services. This is the lowest in the OECD with most countries providing full coverage. As of 2017, just over half (52%) of all healthcare was financed by government, below the OECD average of 73%. The country has the second highest proportion of direct payments by households, which made up a further 41% of health spending.

Excessive out-of-pocket payments restrict people's access to services and can lead to financial hardship. 5.5% of households in Mexico experience catastrophic health expenditure, with poor households disproportionately affected.

Universal health coverage also depends on the range of services covered and the degree of cost sharing. To ensure everyone has access to necessary services, it is common for countries to develop an equal benefits package. For such a system to be sustainable, services in the package should be subject to rigorous analysis, notably through the use of Health Technology Assessments (*How OECD health systems define the range of goods and services to be financed collectively*, OECD, 2016).

## Mexico

How does it compare?

Health at a Glance 2019: OECD Indicators  
[www.oecd.org/health/health-at-a-glance.htm](http://www.oecd.org/health/health-at-a-glance.htm)

