



Mexico needs to tackle ever rising obesity, says OECD

Mexico needs serious investment in prevention programmes to address its massive, and still rising, obesity rate, according to a new OECD report.

Health at a Glance 2013 says that Mexico is second only to the United States for overall obesity. Nearly one-third of adults (32.4%) in Mexico were obese in 2012, up from 24% in 2000. Nearly one-third of Mexican children are also overweight or obese. Diabetes, the chronic disease most directly linked with obesity, now affects many adults (ranging from an estimated 9.2% based on the National Health and Nutrition Survey 2012 to nearly 16% according to the International Diabetes Federation's 2011 Diabetes Atlas).

Mexico has recently developed a comprehensive package of measures to fight obesity, including actions in three aspects: a) prevention and promotion of healthy life styles; b) medical care and c) regulation on information, advertisement and taxes on sugar-sweetened beverages and fast food. This renewed commitment to addressing the problem is a welcome development, but needs to be carried through with effective implementation and sustained investment. Previous OECD analysis showed that a package of measures including health education, regulation of food advertising to children, fiscal measures involving a combination of food taxes and subsidies, together with lifestyle counselling by family doctors, could be implemented for an annual cost of USD 12 per person in Mexico.

Life expectancy now lowest in OECD

Life expectancy in Mexico has increased much more slowly over the past ten years than in other OECD countries. Mexico now has the lowest life expectancy of all OECD countries. While it increased by three years on average across OECD countries between 2000 and 2011 (rising from 77.1 years to 80.1 years), it increased by less than one year in Mexico (from 73.3 to 74.2 years). This means the gap in longevity between Mexico and other OECD countries has widened from about four years to six years.

The slow progress in life expectancy in Mexico is due to harmful health-related behaviours including poor nutrition habits and very high obesity rates, increasing mortality rates from diabetes and no reduction in mortality from cardiovascular diseases, very high death rates from road traffic accidents and homicides, as well as persisting barriers to access to high-quality care, says the OECD.

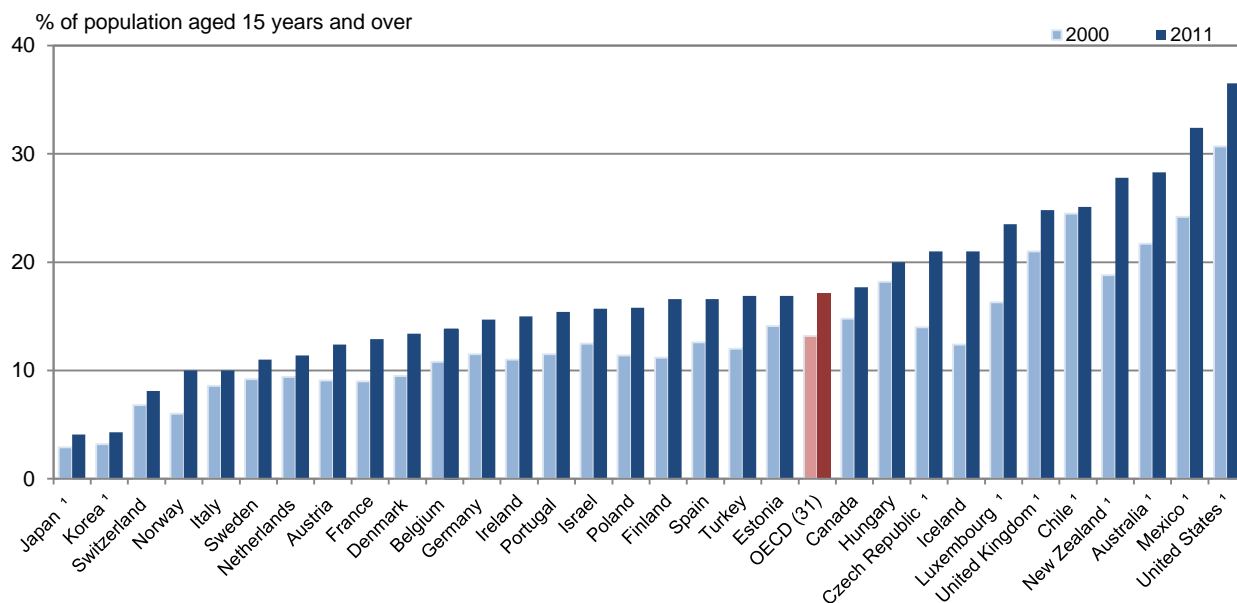
Increasing access to quality healthcare

Giving more people access to good quality, affordable healthcare is essential. *Seguro Popular*, introduced in 2004, has greatly expanded health coverage for the poor and uninsured in Mexico, with most of the population covered by 2011. But the range of health services and goods covered remains limited. Mexican households paid a higher share of direct out-of-pocket payments than in any other OECD country in 2011. Nearly half of all health spending in Mexico was paid directly by patients, compared with an OECD average of 20%. The high burden of out-of-pocket spending creates barriers to health care access, particularly for low-income groups and highlights the need to progressively expand the health service coverage.

Health at a Glance 2013 also shows that the supply of health services in Mexico remains very low by OECD standards. This creates substantial barriers to effective access to care. Despite a large increase in the number of doctors since 1990, Mexico had 2.2 doctors per 1 000 population in 2011, one fewer than the OECD average of 3.2. There were also only 2.7 nurses per 1 000 population, three times less than the OECD average of 8.8. The supply of hospital beds in Mexico (1.7 per 1 000 population) is

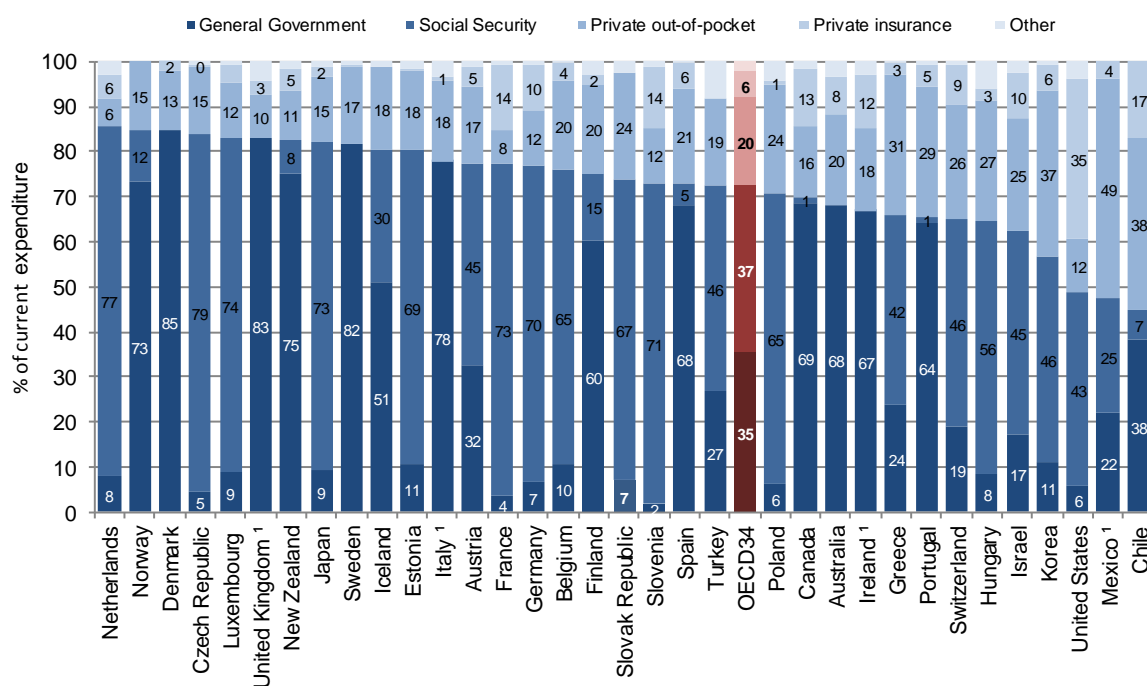
also the lowest among all OECD countries, and nearly three times lower than the OECD average. Reducing inequalities in access to care across the country will require targeting resources more precisely on where they are most needed.

Obesity rate among Mexican adults is exceeded only in the United States



1. Data are based on measurements rather than self-reported height and weight.
Source: Health at a Glance 2013

Share of direct out-of-pocket payments for health services is highest in Mexico (2011 or nearest year)



1. Data refer to total health expenditure.
Source: Health at a Glance 2013

These are some of the main findings from the latest edition of *Health at a Glance* published by the Paris-based OECD. This report brings together data on a wide range of health issues including health status, risk factors to health, health care access and quality, as well as health expenditure.

Journalists can download the report from the OECD's protected site or contact the OECD Media Division (tel. 33 1 45 24 97 00 or news.contact@oecd.org).

For any question on the publication, journalists are invited to contact Michele Cecchini (tel. 33 1 45 24 78 57 or michele.cecchini@oecd.org) or Gaetan Lafortune (tel. 33 1 45 24 92 67 or gaetan.lafortune@oecd.org).

More information is also available at www.oecd.org/health/healthataglance.