Mexico

Gezondheidsstelsels

Economic classification: **Upper Middle Income**

Health systems summary

The Mexican Health System is complex; made up of public healthcare and employer-funded insurance schemes as well as private health insurance schemes that involve out of pocket payment. Employees of the state are provided for by the Institute for Social Security and Services, while non-state employees are provided for through the Mexican Institute of Social Security. Employees of the navy, armed forces and oil industry all have their own arrangements. For those that are unemployed or are in poverty, healthcare is provided for through Sistema de Protección Social en Salud (Seguro Popular). Serguro Popular was introduced as a step towards ensuring Universal Health Coverage in Mexico and currently covers approximately 42.2% of the population. Those covered receive selected healthcare treatments free at the point of service. The poorest Mexicans do not have to contribute to the scheme while those with an income pay a small fee based on earnings. Still, however, out of pocket payments remain high at 41% of total health expenditure.

One of the main drawbacks to the Mexican health system is the lack of continuity of care. If you are in one system you usually cannot use the facilities of another (with some exceptions). This means that if employment status changes during treatment individuals often must switch facilities.

Indicators

Where is the country's government in the journey towards defining 'Obesity as a disease'?	Some progress
Where is the country's healthcare provider in the journey towards defining 'Obesity as a disease'?	Some progress
Is there specialist training available dedicated to the training of health professionals to prevent, diagnose, treat and manage obesity?	No
Have any taxes or subsidies been put in place to protect/assist/inform the population around obesity?	Yes
Are there adequate numbers of trained health professionals in specialties relevant to obesity in urban areas?	Some progress
Are there adequate numbers of trained health professionals in specialties relevant to obesity in rural areas?	No
Are there any obesity-specific recommendations or guidelines published for adults?	Yes
Are there any obesity-specific recommendations or guidelines published for children?	Yes
In practice, how is obesity treatment largely funded?	Out of pocket

Perceived barriers to treatment

- Lack of political will, interest, and action
- Food cost and availability
- Lack of training for healthcare professionals
- Poor health literacy and behaviour
- Obesity not recognised as a disease

Summary of stakeholder feedback

In Mexico, obesity is said to be increasingly prioritised by the government, with slow shifts towards recognising it as a disease. This is partly due to the high and increasing prevalence and the impact this is having on the health system. Many healthcare professionals are said to consider obesity only as a risk factor for other diseases, with many considering it to be a problem of the individual. As a result, people living with obesity are routinely stigmatised within the health system.

Stakeholders reported that the typical cut off used for initiating treatment is BMI ≥ 30 Kg/m² but government funding tends to not be given for obesity itself but rather obesity-related co-morbidities. Treatment within the public system is therefore limited, with long waiting times between appointments, a lack of personalised treatment and low success rates. In the private system on the other hand, there tends to be more successful weight loss and more treatment options (e.g. psychological and behavioural treatments). Unfortunately, this treatment in the private system is usually paid for out of pocket because of the lack of insurance coverage for obesity treatment. Obesity treatment in Mexico is therefore inaccessible for many and only those that have comorbidities enter the system in the first place.

It was noted that although Mexico has clinical guidelines and a national obesity strategy, both are not fully implemented. Stakeholders felt that the obesity strategy does not go far enough and so despite the prevention campaigns and the introduction of taxes, obesity rates are still rising, particularly in rural areas and among children.

Stakeholders also agreed that appropriate specialist obesity training is limited in Mexico. As a result, there are limited obesity specialists in urban areas, with virtually none in rural areas. This situation is worsened by private hospitals promoting ‘bariatric tourism’ that results in qualified bariatric surgeons focussing on treating overseas visitors.

Innovative technologies to connect rural populations to primary health care centres have been trialled in Mexico but success has been limited by lack of internet access in these areas. Other applications are said to have limited uptake.l

Based on interviews/survey returns from 20 stakeholders

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