Obesity Health System Country Report Card

Mexico

Economic Classification

Upper middle income[1]

Mexico is considered to be a developing economy. In 2017, the unemployment rate was estimated to be 4.1%[2].

Health System Summary

The Mexican Health System is complex; made up of public, state and employer-funded insurance programmes and 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 to as a step towards ensuring Universal Health Coverage in Mexico and it is currently provides approximately 55 million Mexicans with healthcare[3]. 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.

One of the main drawbacks to the Mexican health system is the lack of continuity of care. If you are in one system, typically, you cannot use the facilities of another[4]. This means that if employment status changes during treatment individuals have to switch facilities.

Overall summary

Where your country's government in the journey towards defining 'Obesity as a disease'? (🟢: Defined as disease, 🟠: Partial, 🔴: No, ⚪: Not known)	🟡
Where is your country's healthcare provider in the journey towards defining 'Obesity as a disease'? (🟢: Defined as disease, 🟠: Partial, 🔴: No, ⚪: Not known)	🟡
Is obesity treatment largely covered by government funding, insurance or out of pocket expense? This indicates how the obesity treatment financing mechanisms facilitate equitable access to care. (🟢: Government, 🟠: Insurance, 🔴: Out of pocket expense, ⚪: Not known)	🔴

[1] World Bank economic classification by GNI per capita (June 2018) https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups (last accessed 09.11.2018)

[2] https://www.un.org/development/desa/dpad/wp-content/uploads/sites/45/WESP2018_Annex.pdf (last accessed 11.10.19)

[3] http://www.worldbank.org/en/results/2015/02/26/health-coverage-for-all-in-mexico (last accessed 26.10.18)

[4] Except in the instance of obstetric emergencies

At what level of obesity are people usually eligible to access healthcare? (🟢: BMI ≥30, 🟠: ≥ 35, 🔴: ≥35 + co-morbidities or ≥ 40 kg/m², ⚪: not defined or not known)	
Is there a system for training health professionals to recognise, treat and manage obesity? (🟢: Yes, 🟠 : Partial, 🔴: No, ⚪: Not known)	
Are there adequate numbers of trained health professionals in specialties relevant to obesity in urban areas (e.g. endocrinologists, bariatric surgeons)? (🟢: Yes, 🟠 : Partial, 🔴: No, ⚪: Not known)	
Are there adequate numbers of trained health professionals in specialties relevant to obesity in rural areas (e.g. endocrinologists, bariatric surgeons)? (🟢: Yes, 🟠 : Partial, 🔴: No, ⚪: Not known)	
Have any fiscal measures have been put in place to protect/assist/inform the population around obesity? (🟢: Yes ,🟠 : Partial, 🔴: No, ⚪: Not known)	
Has any government body published any obesity-related treatment recommendations or guidelines for <u>adults</u>? (🟢: Yes, 🟠: Partial, 🔴: No, ⚪: Not known)	
Has any government body published any obesity-related treatment recommendations or guidelines for <u>children</u>? (🟢: Yes, 🟠: Partial, 🔴: No, ⚪: Not known)	

Findings from stakeholders[5]

Overview of stakeholder feedback

In Mexico, obesity is considered to be a risk factor rather than a disease. For this reason, it was said that government funding tended to not be given for obesity itself but rather obesity-related co-morbidities. Stakeholders felt that even healthcare professionals consider obesity to be a problem of the individual, leaving patients to be routinely stigmatised.

Although everyone living with a BMI ≥30 Kg/m² are eligible for treatment, it is generally only available as an 'out of pocket' (OOP) expense. Treatment within the public system can be limited, with long waiting times between appointments, a lack of personalised treatment and low success rates. In the private system on the other hand, treatments tended to be more successful with more options available (e.g. psychological and behavioural treatments). Unfortunately, this treatment in the private system tended to be paid for OOP because of the lack of insurance coverage for obesity treatment. As a result, the availability of obesity treatment was generally limited.

It was felt that severe obesity was more recognised, with there being a small supply of bariatric and endocrinology specialist physicians. Still, unless you met a strict criteria most were only offered

[5] Note that this section is based on interviews and/or survey returns from 17 stakeholders & an extensive literature review

lifestyle intervention. It was noted that although clinical guidelines exist, they were generally not implemented.

Despite Mexico having a national obesity strategy, stakeholders felt that it does not go far enough, and it is not fully implemented. While the positive prevention campaigns and the introduction of taxes were recognised, it was noted that obesity rates are still rising, particularly in rural areas and among children. The majority of stakeholders considered the lack of education on health eating and health living to be an issue, with parents and grandparents compensating for difficult living environments with food.

It was agreed that appropriate specialist obesity training is limited in Mexico. As a result, there was said to be 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 tourists.

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.

Top barriers to be obesity treatment

Stakeholders believed the following to be the top barriers to obesity treatment in the Mexico[6]:

1. Obesity not recognised as a disease
2. Obesogenic environment
3. Lack of appropriately trained health professionals
4. Obesity felt to be the responsibility of the Individual
5. Lack of education/awareness of healthy living
6. Market/Economic pressures
7. Lack of multi-disciplinary teams
8. Lack of physical inactivity

[6] In no particular order