Officially named United Mexican States, Mexico is a federal, representative, and democratic republic. The federation consists of 32 states, including the government of Mexico City, seat of federal government.

11th most populous country in the world, with over 128.5 million residents, 77% living in urban areas.

Upper middle-income economy, with one of the highest per capita incomes in Latin America, second largest economy in Latin America

Approximately 15 million people identify as Indigenous (12% of total pop.), speaking 68 languages and living often in small, isolated communities

State intervention in energy sector and public infrastructure projects, challenges from income inequality, corruption, and cartel-based violence

Highly integrated with the U.S. via trade and nearshore manufacturing, low unemployment, inflation gradually decreasing

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Mexican Healthcare, Contrasts and Vulnerabilities

Although committing to a universal health care system, the necessary resources have not yet been made available, and a wholesale reform of the system remains pending.

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Reading time

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As the second most populated country (after Brazil) in Latin America and the Caribbean, Mexico has one of the largest healthcare markets in the Americas and, in a country as economically unequal as Mexico, where 40% of wealth is held by 1% of the population, effective public healthcare can help act as an equalizer, bridging the gap in access to basic services, including those guaranteed by the Mexican constitution. In fact, since the Mexican Social Security Institute (IMSS) was established in 1943, the Mexican public healthcare system has evolved and expanded to incorporate more members of the population and provide coverage for a wide range of services from disease screening and prevention to the treatment of catastrophic diseases and conditions.

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Mexican healthcare system is characterized by the coexistence and overlapping of various private and public health schemes. **The public sector covers most of the population and is divided into two main categories: (i) while contributors to social security are cared for by different institutions according to the type of organization they work for, (ii) the government offers basic medical services in local clinics to anyone who is not inscribed in a particular health program.** Overall, Mexican healthcare system is considered of good standards, affordable and especially large cities have excellent hospitals and clinics, staffed by highly trained and often English-speaking doctors. Many Mexican doctors go to medical school or do extra training in the United States or Europe and many still perform house visits, a rarity in modern medicine. However, there is still a high number of people who cannot afford more than the most basic care. As well, the Mexican government has one of the lowest per capita healthcare expenditures of all OECD countries and, despite its public healthcare is used by most Mexicans, the private healthcare sector has grown considerably and is driven by increasing disposable income, the growth of medical tourism, and a demand for higher quality healthcare services.

Public Healthcare Delivery

In spite of the complex and elaborate provisioning and delivery system, public healthcare is provided to all Mexican citizens, as guaranteed by Article 4 of the Constitution and is fully or partially subsidized by the federal government. **Coverage eligibility stems from employment status, and the delivery system depends on whether a beneficiary works in the public or private sector, and whether their employment is formal or informal.** The system is thus segmented across diverse public and private payers and providers consisting of three main components operating in parallel: 1) employment based social insurance schemes, 2) public assistance services for the uninsured supported by a financial protection scheme, and 3) a private sector that includes hospitals, clinics, service providers, insurers, and pharmaceutical and medical device manufacturers and distributors. The social insurance schemes are managed by highly centralized national institutions while coverage for the uninsured is operated by both state and federal authorities and providers.

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In most cases, social insurance institutions own their health infrastructure and hire salaried employees, who are mostly unionized through institutional trade unions. These institutions deliver a wide range of promotional, preventive, curative and rehabilitation services, with few exceptions (for example, cosmetic surgery and prosthesis), but there are no defined benefit packages, which vary across the coverage schemes.

The over 96,000,000 Mexicans accessing public healthcare receive medical attention through 5 different avenues.

a) According to the National Statistics Bureau (INEGI), **over 51% of public health coverage comes from IMSS, the Instituto Mexicano del Seguro Social (Mexican Social Security Institute), the system which covers formal employees working in the private sector as well as retirees, their families, and a small proportion of people with other forms of employment.**

The IMSS program is a tripartite system funded equally by the employee, the private employer, and the federal government and currently covers around 68,659,149 people, according to IMSS. Further, within IMSS there exists the *IMSS-Opportunidades*, a program established out of the Program to Combat Poverty, which is specifically targeted towards aiding the poorest individuals in the country in both the health and educational fields. This program is completely funded by the government.

b) **The *Instituto de Seguridad y Servicios Sociales de los Trabajadores del Estado* (ISSSTE), Institute for Social Security and Services for State Workers, attends to the health and social care needs of government employees at the local, state, and federal levels (as well as their spouses, and underage children), from public officials to public school teachers and police officers.** Over 13 million people are covered by the ISSSTE.

c) **PEMEX, the State-owned petroleum company**, covers its employees and family members health services through a separate institution.

Current healthcare spending	90.6 bn USD
Healthcare expenditure as share of GDP (average)	5.4-5.5%

Note: Health spending is the final consumption of health care goods and services (that is, current health expenditure) including personal health care (such as curative care, rehabilitative care, long-term care, ancillary services and medical goods) and collective services (such as prevention and public health services as well as health administration), but excluding spending on investments.

Health Spending Per Capita, Comparison by Countries (US dollars)

USA	14,570 (2023)
Germany	5,832 (2022)
Mexico	610 (2021)

Sources: Eurostat, 2022 / Centers for Medicare & Medicaid Services (US) / World Bank

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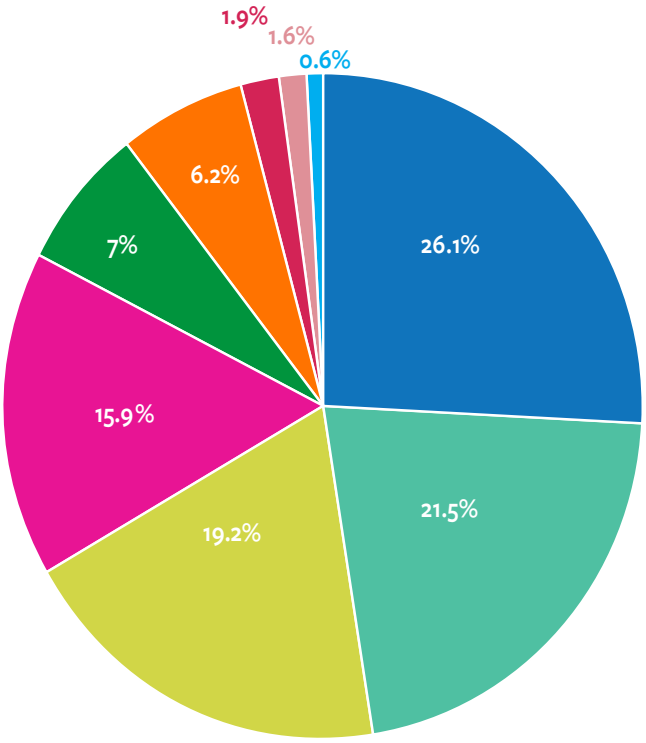
Distribution of the Health GDP in Mexico in 2022, by Segment



Hospital services 26.1%
Associated goods and services 21.5%
Outpatient medical services 19.2%
Unpaid health-related work 15.9%
Manufacturing of health care goods 7%
Public health administration 6.2%
Ancillary health care activities 1.9%
Taxes 1.6%
Centers and residences for health care and social assistance 0.6%

Notes: GDP = Gross Domestic Product
Source Statista 2024

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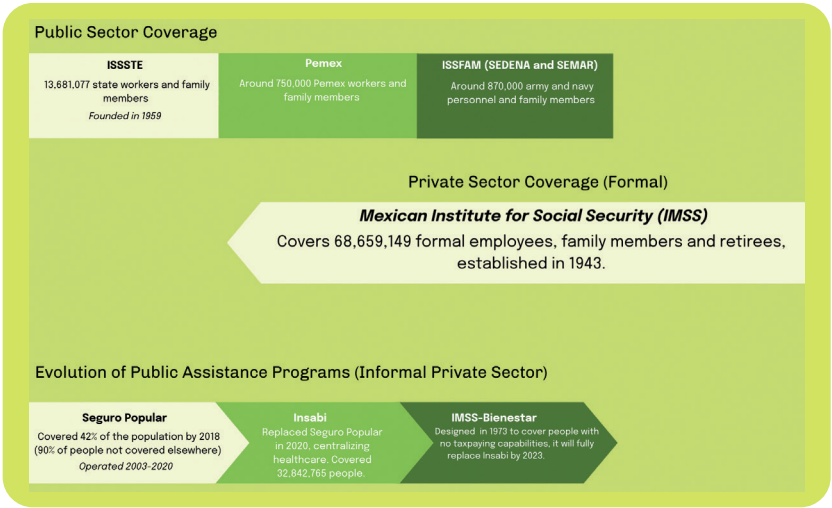
Public healthcare units (2019) of which:	22,831
Hospitals (124 highly specialized and 3,114 accredited private hospitals)	4,629

Registered physicians' offices (2024)	**81,945**
of which:	
76,754 with 0-10 employees	
4,206 with 11-50 employees	
548 with 51-100 employees	
437 with 101+ employees	

Source: Data Mèxico, Gobierno de Mèxico

d) The Ministry of National Defense (SEDENA) and the Secretariat of the Navy (SEMAR) offer medical attention to service members and their families through the Social Security Institute for the Mexican Armed Forces (ISSFAM).

e) An additional public healthcare insurance program, called *Seguro Popular*, was created in 2003 to subsidize individuals not covered by other programs (informal employment, self-employed, unemployed or those out of the labor force). The program originated in a 1983 amendment to Article 4 of the Constitution that read "every person has the right to health protection," but which for two decades the government struggled to realize. **The system behind Seguro Popular slowly took shape as evidence accumulated about the economic and medical hardship of the uninsured, who made up almost half the country. It was an important affirmation of the principle that social protections should be expanded to all Mexicans, regardless of their work status, and not just those with formal employment.** By 2018, Seguro Popular covered 42% of the population, generating massive improvements in health outcomes, however the program was managed at state level and, because of its decentralized nature, was closed in June 2020 as susceptible to corruption, and parts of the system were dismantled. In 2020, the Institute of Health for Welfare (*Insabi - Instituto de Salud para el Bienestar*) replaced Seguro Popular. Under this system, public healthcare would be recentralized, and operated by both the Federal, and state governments. Transition to *Insabi* sought to address medication scarcity and expand access to healthcare, but its inability to do so has led to its elimination in 2022 and to the transition into *IMSS-Bienestar* (*Instituto Mexicano de Seguro Social y Bienestar*), an ambitious endeavor meant to assume a crucial role in reshaping Mexico's healthcare system, by providing healthcare services especially to underserved areas and vulnerable populations. **The IMSS-Bienestar program, initially founded in 1973 to offer healthcare services to the most vulnerable and marginalized communities, many with no taxpaying capabilities, may offer Mexico the opportunity for significant improvement. It currently covers over 13 million people and will allegedly continue to grow through agreements between the states and the federal government.** Since *Seguro Popular* closure, however, the percentage of the population covered declined sharply (by 16.8% between 2018 and 2020) and improvements in key indicators such as maternal mortality seem to have reversed. Patients are waiting longer to see doctors, paying more out of pocket, and encountering medicines shortages.



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Funding for certain types of specialized care, such as childhood cancers, has also fallen.

Mexico's private health subsystem is large and growing, representing a significant component of the country's healthcare system, as a response to the limitations of the public sector within the context of an increasingly competitive economy and an ageing population. Underfunding and inefficiency have led to government health service shortages, providing the private sector with an opportunity for their fulfilment. Up to 45% of total outpatient consultations and 19.5% of hospital care are supplied by private providers. Public healthcare services are preferred for the more costly care while the private sector is often the first choice of care for minor conditions as well as for continued care among the wealthy, particularly those covered by private health insurance. Private providers are also the main source of care for the uninsured. Among the patients covered by social insurance institutions, up to 32% of outpatient care and 14.1% of hospital care is provided by private providers. In the case of the non-insured, up to 33% of total outpatient consultations and 14.8% of hospital care is supplied by private providers.

Health Challenges

National health spending has grown in recent years (averaging 5.4% of GDP) but is lower than the Latin America and Caribbean average (7.4%) and considerably lower than the OECD average (8.8%). **Public spending accounts for 58% of total financing, with private contributions being mostly comprised of out-of-pocket spending. The private sector, while regulated by the government, mostly operates independently.**

Health challenges are not solely limited to resources and services, the system faces challenges with obesity, diabetes and other chronic diseases, violence, as well as with health inequity, despite the efforts put forward by authorities to diminish inequalities. **As revealed by the 2020 census, 70.9% of Mexicans are covered by public healthcare. While this represents significant coverage increases since the 1990s (partially spurred by Seguro Popular), entitlement to coverage does not always account for the quality or availability of medical attention, which often pushes people into the private healthcare sector, and leaves the most vulnerable populations with no access at all. Private sector services serve approximately 25-30% of the Mexican population (this includes the overlap between the two systems) and are in high demand.** Currently, 2.3% of the population is insured through the private medical and accident insurance while over 32 million Mexicans (26.5%) have no access to any form of healthcare.

Many of the challenges facing Mexican healthcare date back in time and administrations. For example, Mexico faces an acute shortage of medical professionals. Every year, about 17,500 new physicians graduate from medical school and 12,500 new specialists are licensed. By 2023, the combined physician workforce was nearly 666,000 people. **Of these, an estimated one third of licensed physicians do not provide direct healthcare services, suggesting that the actual number of practicing physicians**

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Life Expectancy at Birth	Internet Users	National Poverty Line
76 years	98.8 million (76% of pop.)	43.9% (2020) 55.7 million people

Sources: World Bank/ www.cia.gov

Total no. of licensed doctors, 2023	666,000 (of which around 324,292 are practicing doctors)
No. of General and Family Medical Practitioners	385,000 (of which around 115,004 practice the profession)
No. of Specialists Medical Practitioners	281,000 (of which around 209,288 practice the profession)

Source: WHO – Global Health Workforce Statistics Database/ The Lancet Regional Health Americas

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is lower. The states with highest number of general practitioners and family doctors are Mexico City (41,400), the State of Mexico (37,100) and Jalisco (36,200). While there are 53,000 specialist doctors in the country's capital, 19,900 in the State of Mexico and 19,600 in Baja California. The concentration of providers in urban areas, where compensation and quality of life are better, worsens the physician shortage in rural regions where healthcare needs are greatest, disproportionately impacting vulnerable populations. While the Mexican government has proposed the hiring of Cuban doctors and the establishment of the National Recruitment and Hiring Session for Specialized Physicians, factors such as corruption, lack of security for doctors, and inefficient systems have not yet been addressed. Efforts to increase the internal supply of physicians face further challenges as only 15 of over 165 medical schools in Mexico are accredited by the COMAEM (Mexican Council for the Accreditation of Medical Education), leading to significant variability in the quality of medical education, thereby complicating efforts to develop a qualified domestic workforce to address the country's healthcare needs.

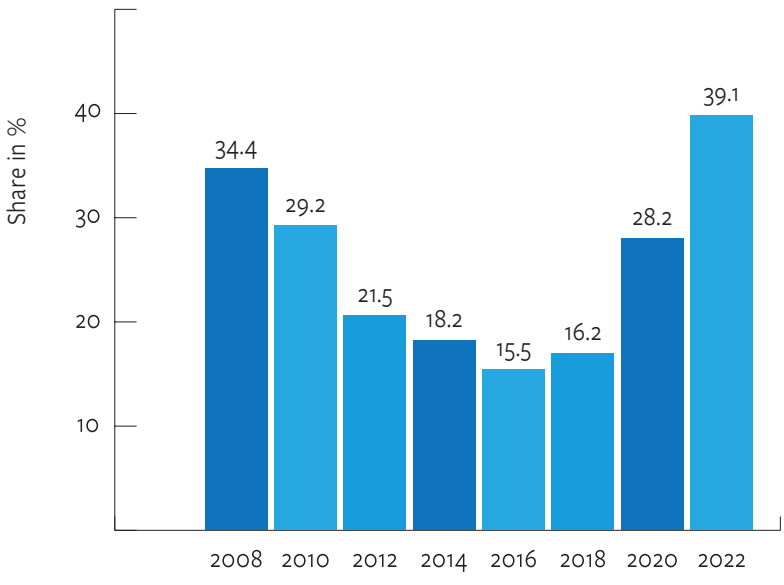
A general doctor in Mexico earns around MX$10,125 (US$485.31) per month, which is MX$62.31 (US$2.99) per hour worked. A specialist earns approximately MX$18,000 (US$ 862.78) per month or MX$111 (US$5.32) per hour, depending on their level of expertise and area of care. 72% of the total number of doctors work in the public sector. Meanwhile, doctor specialists work largely in the private sector. Approximately 55% of these specialists are concentrated in Mexico City, State of Mexico, Jalisco, Nuevo Leon, Guanajuato, and Puebla.

> **Mexico has a well-established regulatory framework and a robust healthcare system, providing a favorable environment for companies to operate. The country's proximity to the US also offers advantageous market access to North America.**

Mexico has a well-established regulatory framework and a robust healthcare system, providing a favorable environment for companies to operate. The country's proximity to the US also offers advantageous market access to North America. Nevertheless, approval processes and bureaucratic procedures are burdensome, causing lengthy waits for registration and authorization of pharmaceuticals and medical devices. For anything applied to entering the country, whether a device, instrument, or pharmaceutical, a sanitary registration issued by COFEPRIS, the Federal Commission for Protection against Health Risks (Comisión Federal para la Protección contra Riesgos Sanitarios) is mandatory. However, COFEPRIS is undergoing major restructuring due to alleged corruption concerns, which has caused a significant backlog of registrations, import permits, and Good Manufacturing Practices (GMP) certifications.

COFEPRIS regulates approximately 14% of Mexico's economy and it is estimated that it regulates 45% of every peso spent by Mexican households, primarily goods that fall into the following main categories: food and beverages, healthcare, personal care, and tobacco. Part of COFEPRIS' transformation strategy includes plans to digitalize its procedures and go paperless by 2030. In the meantime, companies continue to struggle with delayed response times.

Share of Vulnerable Population Due to Lack of Access to Health Services in Mexico



Source Statista 2024

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