

# THE SHAPE OF THINGS TO COME

## COUNTRY CASE STUDY

### MEXICO

## Countries in Profile: Mexico

### Health Reforms Address Double Burden of Disease

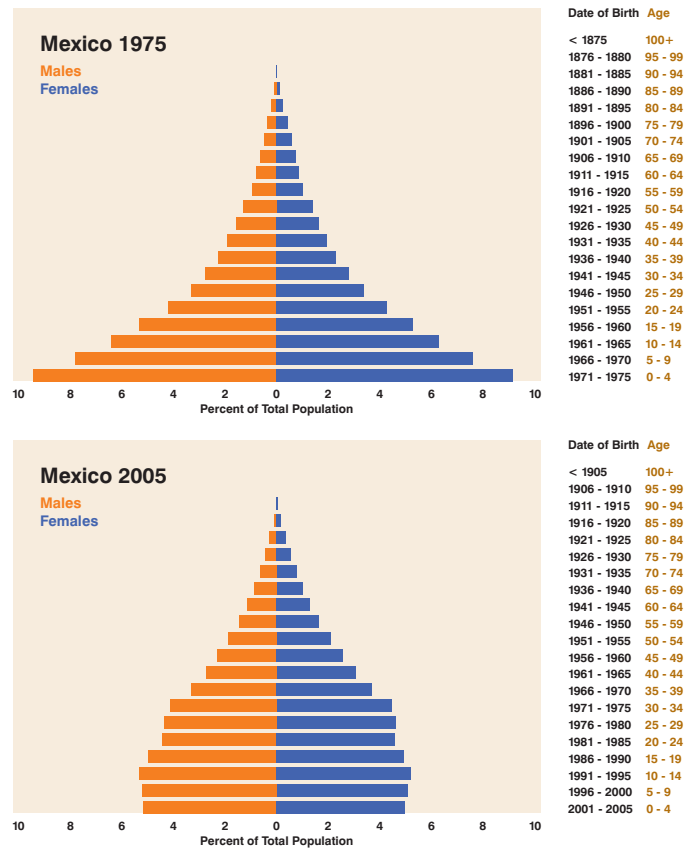
Perhaps the most unique feature of Mexico's demographic and health situation is the stark difference in social and economic status between subpopulations. In many respects, Mexico resembles a developed country completing the demographic transition, with a life expectancy of 75 years, and crossing into the transitional age structure category. At the same time, marginalized populations within indigenous regions of the country more closely resemble the demographic characteristics found in the very young age structure that lag far behind in health, economic and social status. Interestingly, within the Mexican state of Chiapas, demographic statistics more resemble a conflict-marked country with a very young or youthful age structure. In 1994, after the North American Free Trade Agreement (NAFTA) was signed, Zapatista rebels began the "Ya Basta" uprising in Chiapas. The conflict, focused on issues of land reform and globalization, faced rapid reprisals from the Mexican army, and the Zapatistas and the government currently remain in a tense standoff.

This marked difference between subpopulations in Mexico has left the country facing a double burden of disease. As a country moves through the demographic transition, it also goes through an epidemiologic transition whereby the diseases of poverty persist even as diseases of affluence become more prevalent. Eventually, as overall health continues to improve, the country will leave behind most of the diseases of poverty. The health system of Mexico, in the middle of this transition, faces the double burden of disease. While still suffering from illnesses associated with poverty, including malnutrition, communicable diseases and reproductive health problems, other diseases typically associated with industrialized societies have emerged, creating a higher strain on health resources. These include conditions such as cardiovascular disease, obesity and cancers.<sup>1</sup>

Mexico's development of a transitional age structure occurred very recently and very rapidly. The country had a very young age structure as recently as 1990. In 15 years' time, the age structure progressed through two categories, reaching the transitional type in 2005. It is projected to remain in, but be nearing completion of, the transitional category in 2025.

**Figure 1**  
Mexico's Age Structures, 1975 and 2005

Mexico's age structure profile changed dramatically in a short period of time. In 1975, with nearly 73 percent of the population younger than 30, Mexico's age structure held a classic pyramid shape, with significantly decreasing proportional size among each successive older age group. By 2005, the share of the population under 30 had declined to 59 percent, and the younger half of the profile was much more balanced.

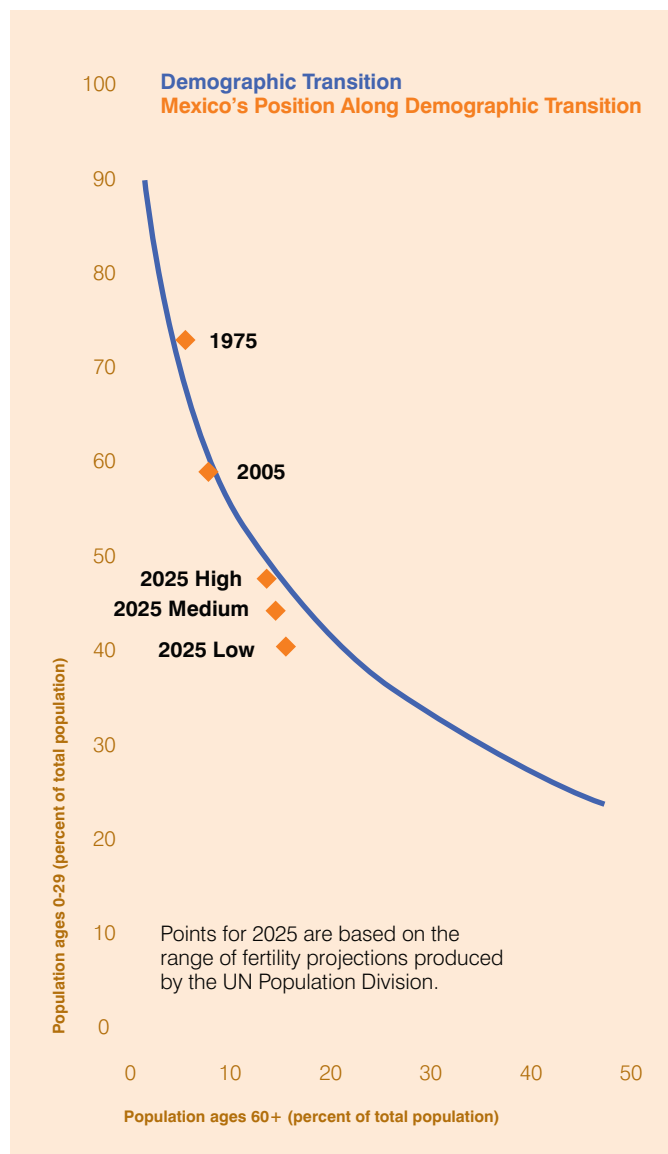


Until the early 1970s, when the population reached 54 million (up from 20 million in 1940) and the average woman had 6.5 children, Mexico's population policies were traditionally pro-natalist. Change occurred when the National Family Planning Program was created in 1972 followed by the National Population Council in 1974. By the latter half of the 1970s, family planning began to gain widespread acceptance with an estimated 42 percent of Mexican women of childbearing age using contraceptive methods.

Through the National Family Planning Program, states provided free family planning services and information as mandated under the general population law of 1974. This increased availability of health services led to a rapid decline in fertility and is today viewed as one of the most successful family planning programs. The strength and success of the family planning program and the fact that per capita income rose above \$5,000 in 1990 led the United States Agency for International Development (USAID) to withdraw support for contraceptives beginning in 1992.<sup>2</sup> After the International Conference on Population and Development in 1994, Mexico was one of the first countries (and the first in Latin America) to replace population-control strategies with rights-based policies and programs.<sup>3</sup>

**Figure 2**  
**Mexico's Position Along the Demographic Transition**

Mexico progressed along the demographic transition in a fairly typical way, beginning with falling death rates in the 1930s, followed by a period of rapid growth. Between 1955 and 1975, the population growth rate exceeded three percent annually. The 1970s saw the beginning of fertility decline and major reform of population policy.



### Figure 3 Current Demographic Statistics for Mexico<sup>4</sup>

Population 1980 68 million  
Population 2005 107 million  
Population 2025 (medium fertility projection) 129 million  
Population 2050 (medium fertility projection) 139 million  
Median population age 25 years  
Population under age 15 31%  
Total fertility rate (2005-2010) 2.15  
Contraceptive prevalence rate (modern methods, 1997) 56%  
Unmet need for family planning no data  
Life expectancy 74 years male, 79 years female  
HIV prevalence rate (ages 15-49, 2005) 0.3%  
GNI per capita (Atlas method, current US\$, 2005) \$7,310  
Population living below poverty line 20%  
Unemployment rate (2004) 3%  
Adult literacy rate (2004) 90% female, 92% male  
Arable land (% of total, 2003) 13

The recent emergence of a democratic government in Mexico has had profound effects on the health system, ushering in radical health reforms. After more than 70 years of dominance, the Institutional Revolutionary Party (PRI) was defeated by the center-right PAN (the National Action Party) party. Vicente Fox succeeded PRI president Ernesto Zedillo in the 2000 presidential election, Mexico's first truly democratic election in a century.<sup>5</sup> The 2006 election, after very close balloting, led Felipe Calderón, the PAN candidate, to be declared the winner by the electoral tribunal.

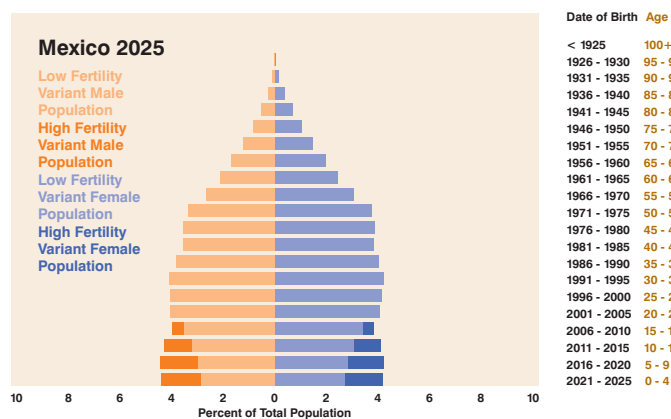
Overwhelmed by the double burden of disease and facing stark inequalities in access to health care, the new democratic era empowered the people and government to embrace a rights-based health agenda. Although social insurance has been offered in Mexico for more than 50 years, it was limited in scope and left the majority of the population vulnerable to impoverishment in the face of poor health. About half of the population lacked health insurance, and the poorest paid the most for health services. Research showed that catastrophic health care costs were impoverishing families, creating a cycle of poverty that crossed generations. Mexico faced a paradox: While good health care was needed to combat poverty, the high costs of health care services were contributing to that impoverishment.<sup>6</sup>

The period from 2000 through 2006 has been quite remarkable for Mexico. The change in regime from near dictatorship to democracy in 2000 led to radical health systems reforms. A cornerstone of these reforms is the *Seguro Popular* program, an extension and outgrowth of the *Oportunidades* program. *Oportunidades* is Mexico's national health, nutrition and education program designed to interrupt the intergenerational transmission of poverty. Started in 1997, the strategy is based on cash transfers to female heads of household predicated on the performance of responsibilities including sending children to school, nutritional supplementation, clinic attendance and the use of preventive health measures such as reproductive health services.<sup>7</sup> While successful, *Oportunidades* could not keep up with the emerging double burden of disease, requiring a new and expanded program. Initiated in 2004, *Seguro Popular* aims to realize national universal health insurance by 2010.<sup>8</sup>

Mexico's health care reform efforts combine a strong analytical foundation with the creation of a social movement for change. The reforms are being watched closely by international partners as a test case for how radical and well-planned health reform can help mitigate the effects of difficult development, demographic and epidemiologic transitions. With substantial investment in research, evaluation and advocacy, interest in the program's successes is high, as evidenced by a recent series in *The Lancet*.<sup>9</sup> However, the reforms are still being fully implemented, and the administrations of the ruling PAN party have given voice to more socially conservative views. Abortion remains illegal (with a few exceptions), and gender inequality and violence against women remain major challenges for Mexico.

**Figure 4**  
**Mexico's Potential Age Structures, 2025**

Under the UN's high-fertility scenario for 2025 – in which Mexico's fertility rate would rise from its current level of 2.15 to 2.4 children per woman – the country would remain in the transitional structure category. However, unless the government pursues an actively pro-natalist policy or there is a general collapse of the health care system and family planning program, an increase in fertility rates is unlikely. In contrast, under the UN's low-fertility projection, fertility rates would decline to 1.4 children per woman, pushing Mexico into the mature age structure category. Perhaps more likely is the medium-fertility variant between these two extremes, which assumes a decline in fertility rates to 1.9 and the population's continued progression through the transitional structure category.



Endnotes

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