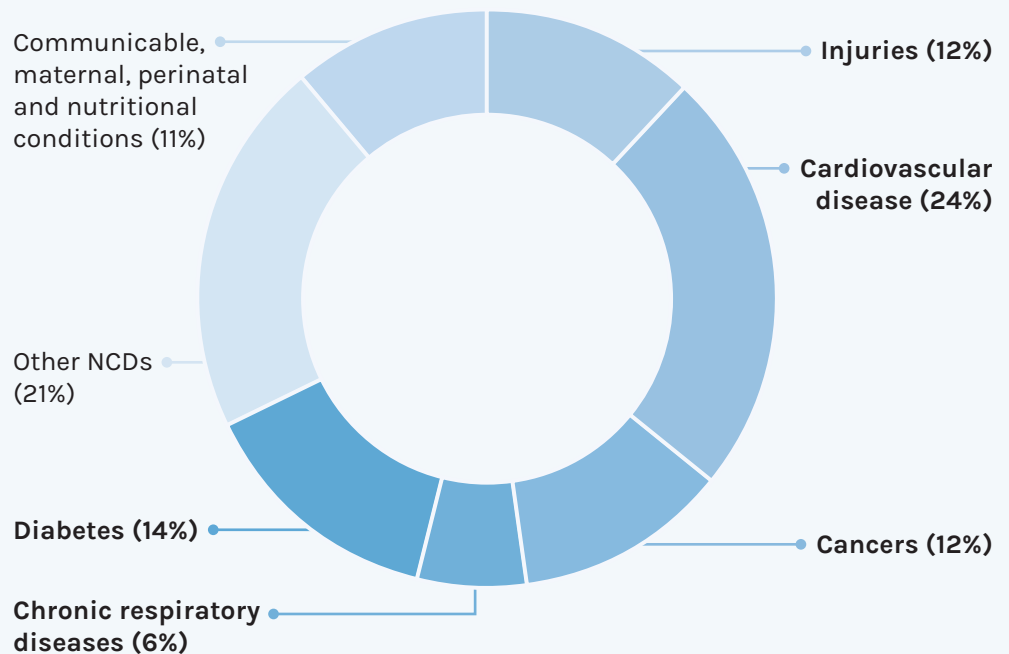


WHY NCDs: NEED FOR A SHIFT IN POLICY AGENDA



PROPORTIONAL MORTALITY (% OF TOTAL DEATHS, ALL AGES, BOTH SEXES)²



HEALTH IMPACT

- NCDs contribute to 77% of all deaths in Mexico.³
- The probability of death between ages 30 to 70 years from one of the four NCDs in Mexico is 16%.⁴



SOCIETAL IMPACT

- As of 2015, 85.2% of Mexico's population was using improved sanitation facilities and 96.1% of the population were using improved drinking-water sources.⁵
- Per the World Health Organization in 2015, the average life expectancy at birth is 77.2 years.⁶



ECONOMIC IMPACT

- In 2014, Mexico spent 6.3 % of GDP on health services.⁷
- Out-of-pocket expenditure is 44% of total the health care costs in Mexico, compared to 18.4% worldwide.⁸
- In 2002, the health expenditure per capita in Mexico was \$389.26 USD. In 2014, that has risen to \$677.19 USD.⁹

BUILDING A CASE FOR MAJOR NCDs



CARDIOVASCULAR DISEASES (CVDs)

- As of 2014, CVDs are the leading cause of NCD mortality in Mexico. 24% of all deaths in Mexico are due to CVDs.¹⁰
- CVDs caused approximately 172,000 deaths amongst Mexican men, and an additional 130,000 deaths among women in 2012.¹¹



CANCER

- In 2014, approximately 33,900 men and 38,000 women died of cancer.¹²
- Prostate cancer is the leading cause of cancer-related deaths in males and breast cancer is the largest in females.¹³
- According to the American Society of Clinical Oncology, Mexico has hard regulations against tobacco and smoking, but increased industrialization and environmental pollution have led to higher levels of smoke exposure.¹⁴
- In 2012, 148,000 Mexicans were newly diagnosed with Cancer and the risk of getting cancer before the age of 75 was 13.4%.¹⁵



DIABETES

- The prevalence of diabetes in Mexico was 14.8% in 2017, compared to 8.8% worldwide per the International Diabetes Federation.¹⁶
- Approximately 37.4% of adults with diabetes in Mexico are undiagnosed.¹⁷
- Diabetes related expenditures for adults are approximately \$957.30 USD per person.¹⁸ By 2045, this is estimated to fall to \$761.10 per person with diabetes.¹⁹
- In 2016, 45,100 Mexicans aged 30-69 died from diabetes related causes.²⁰

NCDs IN MEXICO: WHAT NEEDS TO BE DONE?

Governments cannot solve the problems of high disease burden without additional resources. The successful management of the NCD crisis requires the adoption of efficient and effective partnerships with the private sector. The Global Initiative on Health and the Economy recommends that the Mexican government focus on improving the following areas of its approach to PPPs in the health system:



- Strengthen cross-departmental coordination on NCD policies through the Office of the Deputy President.



- Strengthen the centralized health information center and establish improved methods for the surveillance of population data.



- Partner with the private sector in the promotion of preventative policies and campaigns for healthy living.



- Review the model for Public-Private Partnerships in the areas of the medical training and education, preventative and primary care delivery.



- Establish a policy environment which is conducive to attracting private investment in the healthcare sector through incentives such as tax benefits, regulatory predictability, human talent, respect for property and the rule of law.



- Encourage the piloting of innovative financing mechanisms to supplement government insurance providers and pool risk among the least developed.

The Global Initiative on Health and the Economy's (GIHE) mission is to champion good health policies as vital to advancing economic growth. The GIHE is dedicated to assembling government decision makers, community influencers, and key business leaders in an effort to find creative solutions to today's health needs.

For more information, contact Catherine Mellor at cmellor@uschamber.com or visit www.uschamber.com/global-initiative-health-and-the-economy



U.S. CHAMBER OF COMMERCE
Global Initiative on Health and the Economy

SOURCES

¹ http://www.who.int/nmh/countries/mex_en.pdf?ua=1

² http://www.who.int/nmh/countries/mex_en.pdf?ua=1

³ http://www.who.int/nmh/countries/mex_en.pdf?ua=1

⁴ http://www.who.int/nmh/countries/mex_en.pdf?ua=1

⁵ http://apps.who.int/iris/bitstream/handle/10665/250863/ccsbrief_mex_en.pdf?sequence=1&isAllowed=y

⁶ http://apps.who.int/iris/bitstream/handle/10665/250863/ccsbrief_mex_en.pdf?sequence=1&isAllowed=y

⁷ http://apps.who.int/iris/bitstream/handle/10665/250863/ccsbrief_mex_en.pdf?sequence=1&isAllowed=y

⁸ <https://data.worldbank.org/indicator/SH.XPD.OOPC.TO.ZS>

⁹ <https://data.worldbank.org/indicator/SH.XPD.PCAP?end=2014&locations=MX&start=2001>

¹⁰ http://www.who.int/nmh/countries/mex_en.pdf?ua=1

¹¹ http://www.who.int/nmh/countries/mex_en.pdf?ua=1

¹² http://www.who.int/cancer/country-profiles/mex_en.pdf?ua=1 (p. 1)

¹³ http://www.who.int/cancer/country-profiles/mex_en.pdf?ua=1 (p. 1)

¹⁴ <https://am.asco.org/obesity-and-state-cancer-incidence-and-mortality-mexico>

¹⁵ <http://www.cancerindex.org/Mexico>

¹⁶ <http://reports.instantatlas.com/report/view/846e76122b5f476fa6ef09471965aedd/MEX> p. 2

¹⁷ <http://reports.instantatlas.com/report/view/846e76122b5f476fa6ef09471965aedd/MEX> p. 2

¹⁸ <http://reports.instantatlas.com/report/view/846e76122b5f476fa6ef09471965aedd/MEX> p. 2

¹⁹ <http://reports.instantatlas.com/report/view/846e76122b5f476fa6ef09471965aedd/MEX> p. 2

²⁰ http://www.who.int/diabetes/country-profiles/mex_en.pdf