SPOTLIGHT ON **MEXICO**

PROGRESS OVERVIEW

Mexico has seen a significant reduction in under-five mortality in recent years, from 46 deaths per 1,000 live births in 1990 to 15 per 1,000 in 2013, meeting its MDG 4 target ahead of schedule. However, despite progress at national level, there are disparities between states and among different population subgroups, especially among indigenous groups and between rural and urban areas. In the south of Mexico, a child's risk of dying during their first year is 4% higher than in the rest of the country, and 14% higher for early neonatal mortality. While the proportion of births attended by a skilled attendant rose from 77% to 96% as a national average between 1990 and 2012, only 61% of births had a skilled attendant present in Chiapas, one of the most marginalised states. Newborn mortality rates have failed to keep pace with overall declines in child mortality, constituting 45% of all child deaths in 2013. Mexico is severely off track for the MDG target on maternal mortality; if average rates of progress since 1990 continue, the target will not be achieved before 2030.

OUTCOMES

MDGs

Child mortality rate: 15 per 1,000
MDG target: 15 per 1,000 – MET
Number of child deaths per year: 33,000
Average annual rate of reduction (2000–2013): 5.1%
Equity of progress (2000–2012):

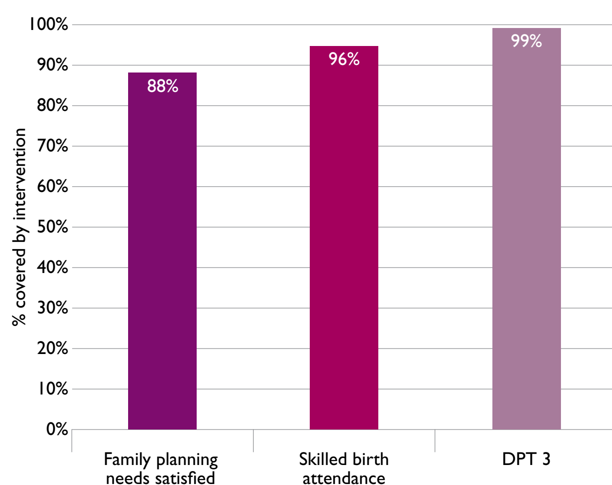
- Regions: Decreasing inequality
- Urban/rural: Decreasing inequality

POST-2015

On track for post-2015 nationally: Yes
On track for all groups:

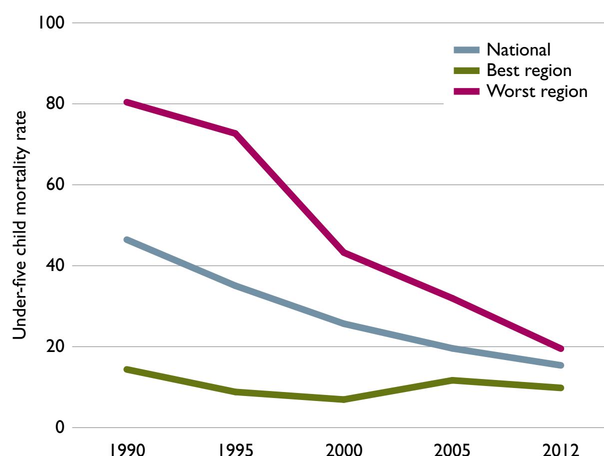
- Regions: Yes
- Rural and urban: Yes
- Economic groups: No data

Figure 22: Coverage of interventions (national average)



Disaggregated data not available.

Figure 23: Trends in under-five child mortality rate



Policy spotlight: protection from financial hardship on the road to Universal Health Coverage

Until 2006, access to social security in Mexico was dependent on working in the formal sector. While the Ministry of Health was responsible for providing health services to the significant number of people working in the informal economy, demand outstripped supply, leading to high levels of out-of-pocket spending on health by Mexico's poorest families. In 2000, it was estimated that between 3 million and 4 million families were forced to make catastrophic or impoverishing expenditure on health. In an attempt to pursue Universal Health Coverage, the government introduced General Health Insurance, *Seguro Popular*, in 2006, funded by increased public budget allocation to health. This insurance is open to all citizens, and contributions are proportionate to ability to pay. The programme has increased access to healthcare for disadvantaged groups, although challenges remain. Out-of-pocket spending on health remains stubbornly high, at 50% of total expenditure. More affluent citizens who could help to contribute to pooled financing opt out of the scheme due to the poor quality of services.

Complementary drivers of change

- The conditional cash transfer scheme, Prospera (formerly Oportunidades) has improved access to health and nutrition services for the poorest people.

Outstanding challenges

- **Malnutrition**: Despite some progress in recent years, chronic malnutrition among children remains a significant barrier to ending preventable deaths. While rates of malnutrition are falling, in rural areas the rate is around twice as high as in urban areas, and rates have fallen faster in the north and central regions than in the south. Households with low income and indigenous groups have the highest prevalence of food insecurity. On average, between 1999 and 2012, the rate of child malnutrition fell by one percentage point per year. At this rate, it would take nearly 15 years to eradicate chronic malnutrition. Further steps are required to tackle the structural causes of malnutrition beyond nutrition interventions, including food insecurity.
- **Quality of healthcare**: The lack of correlation between skilled birth attendance and maternal mortality in Mexico is one manifestation of the significant variation in quality of health services. Capacity-building and improvements in infrastructure are needed urgently in areas that have disproportionately high maternal and child mortality rates.

See Appendix 3 for guidance on interpreting data, and References section for sources used for policy analysis.