## Introduction

In Mexico, the health environment is complex due to a range of challenges associated with various health problems. It is characterized by high rates or proportions of such non-communicable diseases as cancer, diabetes, and cardiovascular ailments and such infectious diseases as HIV and tuberculosis and some reproductive health problems . Moreover, the low quality of services and lack of access to care as related to the rural and indigenous populations also contribute to the challenges of the health environment. The analysis of these challenges and the effect of the existing and recent health system infrastructure reforms form the basis for obtaining an understanding of the potential impacts the problems and policy changes can have on the status of health in the country. It can be accomplished through the examination of the social determinants of health and the recent reforms to assess the implications of the structural changes, such as the demolition of Seguro Popular and the establishment of INSABI for the health equity and coverage in the country on the overall well-being of the nation, especially given its socioeconomic environment and subsequent health outcomes.

## Health Challenges in Mexico

Mexico is confronted with a variety of health concerns that are affecting the country’s population and healthcare system. It is clear that these challenges are related to Mexico’s socioeconomic situation and the deficiencies that are observed in the healthcare infrastructure. In particular, noncommunicable diseases (Barquera et al., 2020), communicable diseases, and substantial maternal, neonatal, and child health issues can be singled out.

### Prevalence of Non-Communicable Diseases (NCDs):

NCDs are known as the main reasons affecting Mexican people, and to be more precise, cardiovascular diseases, diabetes, or neoplasm. They account for about 75% of the whole death rate in the country (Alegre-Díaz et al., 2016). Thus, such excessive burden impacts Mexico’s healthcare system enormously. To promote secure health authorities should concentrate on those areas and consider risk factors such as troubling daily diets, inactivity, and overweight or obesity and tobacco use.

### Infectious Diseases and Public Health Concerns:

These days, when the healthcare conditions have substantially improved, infectious diseases also remain a vital challenge. Despite the possibility of efficient treatment, diseases like tuberculosis, dengue, or Zika are still widespread across the nation. The reason for their immediate danger is poor existing healthcare conditions, the lack of prevention or adequate measures of control, as well as the evident disparity of assistance. Particularly, rural and undeserved areas suffer the most from the viral infections and the lack of control . What exacerbates the notorious conditions is the global pandemic of coronavirus, which put the entire support under substantial stress and revealed some critical deficiencies.

### Maternal and Child Health Issues:

Maternal and child health is still a considerable issue in Mexico. The maternal mortality ratio remains somewhat higher in this nation than in others at a similar level of economic profitability. The gap between rich and poor remains critical because pregnancy and childbirth are extremely dangerous situations for women in poorer socioeconomic groups. Even though services offering prenatal, obstetric, and postnatal care are available, not all patients can access such services . Therefore, findings in context of maternal and child health issues are likely to overall generalizable to the country as a whole (Lozano et al., 2011).

## Social Determinants of Health

The health outcomes in Mexico are profoundly impacted by social determinants at multiple levels:

* Intrapersonal Level: Health behaviors in Mexico are determined by the individual’s personal beliefs and attitudes about health. Values instilled by traditional medicine and cultural practices influence people’s perceptions about health and health-related activities​​. The extent of people’s personal agency, including self-efficacy and perceived control, determines how people engage in health-promoting activities. Furthermore, the specific levels of education and income affect people’s behaviors moderated by personal factors, such as adopting preventive health measures and using health services (Marmot & Bell, 2012)​​.
* Interpersonal Level: Social support from families, friends, and communities have major implications for one’s health. Cultural and general social influences/impacts result in a communal decision about use and adherence to treatment​​. Hence, one’s peers can either sanction or disparage one’s health-promoting behaviors and actions​, depending on the current social norms and the specific interaction with an individual.
* Community Level: Healthcare services in Mexico remain largely imbalanced regarding their presence in the areas. Specifically, the availability of health services is greatly skewed in Mexico City​​; the socioeconomic status directly affects health status by influencing access to necessary materials and services. Cases in water quality, proper use of sewage systems, and decent housing greatly affect health outcomes, especially in the less privileged areas (Marmot & Bell, 2012).

## Health System Reforms and Their Impact

Mexico’s health system has seen several significant reforms that were aimed at improving access to health services and reducing inequities. The development of Mexico’s health system began after the Mexican Revolution, although not until 1943 with the foundation of the Mexican Social Security Institute . The institution was a critical step in the history of Mexico’s health service delivery, though it only served the formal sector. With time, the health system continued to grow and became more comprehensive for groups such as government employees and the military (Gonzalez Block et al., 2020).

Most modern reforms in Mexico health system have been associated with achieving universal health coverage and addressing health inequities. The elimination of Seguro Popular and transition to Instituto de Salud para el Bienestar on January 1st, 2020 has been the most remarkable change. Seguro Popular was formed in 2003 to provide health insurance to the 50 million Mexicans who are not covered by the other social insurance, effectively reducing the number of uninsured Mexicans and their access to essential health services. Despite these achievements, the system continued to face funding shortfalls and inequalities in service delivery across the country which . INSABI was formed to eliminate these ambiguities. The institution was to offer free healthcare services to all Mexicans who are not covered by social insurance without the need for formal registration and enrollment.

Nonetheless, several challenges arose after the formation of INSABI regarding its ability to ensure health equity and universal access. Several challenges emerged such as the lack of budget for the implementation of the new programs, complications due to the mergers among health service networks, and the rather uncertain ability of the new system to provide all the health needs of the citizens. The debates that follow are about whether these reforms will work and whether the transition is realizable. The need for universal health coverage was not accompanied by discussion of effective funding, or improving the quality services and infrastructure that would support such an initiative. The implications of progress or lack of it would determine the future of the Mexican health system for the next few years (Knaul et al., 2020).

## Economic Perspectives on Health

In Mexico, the economic determinants of health help to understand the interconnections of public health policies, economic growth, and public finances. Health expenditure as a percentage of GDP has been increasing caused by the demographic and epidemiological transitions when the country’s population is aging, and there is an increase in chronic-degenerative diseases . However, the high percentage of health expenditure compared to the growth of the national economy is a challenge for public finances.

In general, health spending in Mexico is characterized by one of the lowest levels of public expenditure on health as a percentage of total health spending on the OECD . Public funds cover only 51% of the total health expenditure, and the remaining part is a direct payment from households through out-of-pocket expenses. Nevertheless, health spending has a greater impact on households since nearly 45% of total expenses paid out-of-pocket imply that Mexican health spending is characterized by a high level of direct payment. As a result, families face severe financial hardship to keep up with urgent treatment services outside of insurance plans, industrial medical services, and for medications. From a public finance perspective, the problem with high household out-of-pocket payments for health is that in the long run, it is associated with a high risk of urban poverty because catastrophic health expenses can wipe out family wealth as the consequences of high public investment are extremely low (León-Cortés et al., 2019).

## Strategies to Overcome Health Inequities

In order to effectively overcome the health inequities that are present in Mexico and are rife throughout its history, a multi-faceted approach combining intersectoral actions, social participation, and policy reforms must be taken. Intersectoral actions are those that go beyond the scope of healthcare. In broader terms, they include education, housing, and environmental policies, as well as health planning. These types of initiatives target socioeconomic determinants of health and can bring about substantial changes in overall health outcomes. For example, improved water quality and housing conditions can directly contribute to the reduction of infectious diseases, among other benefits.

Social participation is another indispensable strategy to counteract health inequities. It presupposes the involvement of communities in the process of policy-making and brings about more singular types of health action. When natives become a part of the decision-making process, it becomes possible to cater to the needs of specific populations, especially those who are often left out and do not contribute to the population’s aggregate need for healthcare services. Moreover, it can also improve the effectiveness of interventions executed on a local level (Frenk et al., 2006).

Policy reforms should target the structural segmentation that predicates the lack of resilient health care provision. They should aim to promote the interconnectedness of health service provision across different sectoral levels and different insurance schemes. Ideally, such policies should ensure that all individuals, no matter their employment and social insurance status, have access to health services. Such health policies of the future should be concerned with expanding coverage, increasing sustainability of health financing, and enhancing the quality of the provided care. To address these controversial points, a framework of universal health coverage should be developed, implemented, and properly financed (Frenk et al., 2006).

## Conclusion

In conclusion, addressing health inequities in Mexico effectively requires comprehensive strategies, which include both intersectoral action and increased social participation, as well as some radical policy measures aimed at uniting healthcare provision. The successful implementation of the identified strategies will allow to make substantial advancements in health equity and reach universal health coverage, thereby enhancing health outcomes for the entire Mexican population and creating a healthier future for everyone.

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