

Mexico's Commitment to Global Health



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In Mexico, cardiovascular disease has been a primary public health concern since the late 1990s because it is the leading cause of premature and preventable death. Containment of noncommunicable diseases (NCD) is a priority for the health sector, given the growing impact on the working-age population.

The government, headed by the Ministry of Health, in 2000, created the PAE (Programa de Acción Específico), which focused on early detection and delay of NCD complications, based on the main topics of the World Health Organization's (WHO) recommendations: 1) public health—epidemiological surveillance and health education; 2) medical interventions—improving access and quality of medical services; and 3) health regulation policies [1].

As a part of the commitment settled in May 2012 at the World Health Assembly, Mexico has strengthened his policies and action programs to meet the U.N. political declaration on NCD and to achieve the goal of a 25% reduction in premature NCD mortality by 2025.

THE MEXICO DECLARATION FOR CIRCULATORY HEALTH

Recently, at the World Congress of Cardiology and Cardiovascular Health 2016, held in Mexico City, the Mexico Declaration was established. The Mexico Declaration is primarily focused on improving circulatory health of all people, by setting global strategies and targets to reduce the burden of heart disease and stroke. The emphasis of the declaration is to support the WHO Global Action Plan 2013 to 2020 for NCD reduction, through advocacy to politicians and policy makers for funding and implementation of national action plans, and to achieve an effective communication with policy makers, health professionals, and the general public [2].

MAIN INTERVENTIONS IN MEXICO

In 2010, the CONACRO (Consejo Nacional para la Prevención y Control de las Enfermedades Crónicas No Transmisibles) was established as the main conductor of permanent surveillance on the prevention and control of NCD most prevalent in the Mexican population. The aim was to establish different institutional mechanisms for prevention and control by the creation of instruments capable of addressing effectively the needs for comprehensive health care to the affected populations, leading to the creation of the Integrated Health Programs.

In 1988, the federal government established an ambitious program focused on the development of the population in extreme poverty, by providing support for

education, health, nutrition, and income, including the active participation of state and municipal governments. This program is called Prospera and is intended to be a social inclusion program that under responsibility schemes enables families to improve their living conditions and to access social development with equal opportunities. It is estimated that it benefits approximately 6.1 million families throughout the republic [3].

As part of the Integrated Health Programs, the 2 main programs, PREVENIMSS (Integrated Health Programs from The Mexican Social Security Institute) and PREVENISSSTE (Institute for Social Security and Services for State Workers) focus on the prevention and control of NCD, mainly obesity, arterial hypertension, smoking, diabetes, nutrition, depression, and alcoholism. Their slogan is “Checkup, measure, and move yourself.” [3,4].

Private sector initiatives

One of the most important initiatives, developed by the Carlos Slim Institute of Health, uses a preventive strategy called MIDO (which translates as Integrated Measurement for Early Detection). The main objective of MIDO is the restructuring of the first level of care, composed by health units where general medical services are provided. MIDO emphasizes the importance of primary care centers, because they are where 80% of the diseases are observed and where there are major problems of quality of care and medical coverage [5].

Focused on the detection of arterial hypertension, diabetes, chronic kidney disease, obesity, and cardiovascular disease, the purpose of MIDO is to diagnose all patients prior to the establishment of disease stages, providing a better opportunity to combat NCD [5].

LAWS PROHIBITING SMOKING IN ENCLOSED SPACES IN MEXICO

Recently, Mexico passed federal and state-level laws banning smoking in indoor spaces. These actions are totally in accordance with measures proposed in WHO's Framework Convention on Tobacco Control, article 8, ratified by Mexico in 2004, based on the evidence that secondhand smoke causes diseases among smokers and nonsmokers.

A strong legislation that promotes 100% smoke-free spaces, it is difficult to achieve without the consensus of political forces, health authorities, civil society, and academic and research institutions. The challenges are beyond the adoption of strong laws. There is no safe level of exposure to secondhand smoke; the only effective intervention to protect Mexican people from such harmful exposure is by promoting 100% smoke-free indoor air.

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Successfully implementing the agreed-on measures, ensuring compliance, and evaluating their impact are some of the upcoming tasks. These tasks will include promoting initiative laws locally, applying fiscal policies to discourage consumption, promoting cessation, and preventing consumption among young people. Recently, the WHO report on the global status of the tobacco epidemic recommended 6 actions: 1) monitor the prevalence of smoking and prevention policies; 2) protect people who use snuff; 3) provide support for giving up smoking; 4) warn about the damage caused by smoking; 5) strengthen advertising bans against promotion by the tobacco industry; and 6) tax tobacco products [6].

REFERENCES

1. National Ministry of Health. Action Program: Cardiovascular Diseases and Hypertension. National Action Program. 2001. Available at: http://www.salud.gob.mx/unidades/cdi/documentos/enf_cardiovasculares.pdf. Accessed October 25, 2016.
2. World Heart Federation. The México Declaration. World Congress of Cardiology & Cardiovascular Health. June 2016. Available at: <http://www.world-heart-federation.org/wcc-2016/the-mexico-declaration/>. Accessed October 25, 2016.
3. National Ministry of Health. Specific Action Program: Prevention and Control of Obesity and Cardiovascular Risk. Report from The National Center for Prevention Programs and Disease Control [serial online]. 2013-2018. Available at: http://www.cenaprece.salud.gob.mx/interior/PAES2013_2018.html. Accessed October 25, 2016.
4. National Ministry of Health. National Strategy for Prevention and Control of Overweight, Obesity and Diabetes. Report from The National Ministry of Health. September 2013. Available at: http://promocion.salud.gob.mx/dgps/descargas1/estrategia/Estrategia_con_portada.pdf. Accessed October 25, 2016.
5. Carlos Slim Foundation. [Integrated Measurement for Early Detection (MIDO)]. Available at: <http://www.salud.carlosslim.org/casalud/mido-medicion-integrada-para-la-deteccion-oportuna/#>. Accessed October 25, 2016.
6. Valdés-Salgado R, Ávila-Tang E, Stillman FA, Wipfli H, Samet JM. Laws that ban smoking in indoor places in Mexico. *Salud Publica Mex* 2008; 50(Suppl 3):S334–42.