

Interview: Pablo Kuri – Undersecretary of Prevention and Health Promotion, Ministry of Health of Mexico



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In public health everything is a priority. The Undersecretary of Prevention and Health Promotion explains how Mexico's Ministry of Health is handling the country's changing epidemiological profile without forgetting communicable diseases and other urgencies affecting the Mexican population.

You have been reappointed as Undersecretary of Prevention and Health Promotion in December 2012. What have been your main priorities since then?

Non-communicable diseases such as obesity and diabetes are particularly high on the agenda, but not the only priority for the Ministry of Health. We must not forget emerging and reemerging communicable diseases, such as gastro-intestinal infections, which Mexicans may not die from but still get sick of, especially in low-income rural areas. Other problems we have to face and are often overlooked are: pregnancy in adolescence; HIV, which in Mexico has stalled but is still present; maternal health, which has seen significant improvement, but is still an issue; addiction problems with alcohol and tobacco but also with drugs; and – given the recent outbreaks in the US – even vaccine-preventable diseases such as measles. Fortunately thanks to the extensive vaccination coverage Mexico has in place we have not had recent cases. Last, but not least, besides communicable and emerging non-communicable diseases, we also have to face climate changes and challenges connected with natural disasters, which have an impact on health. As you can see the panorama is complex, as is the agenda.

According to the 2012 National Health Survey, seven in ten Mexicans are suffering from overweight. Given the changing and worrying epidemiological profile of the population, the Mexican government implemented a National Strategy Plan aimed at preventing overweight, obesity and diabetes. What are some of the first trends and results you have observed one year after its implementation?

Obesity is not something you can change in one or two years, so it's early to talk about results. It is a multi-factorial and long-term run. You have to first deal with the social determinates of health. These are all the conditions not connected to the health system, but having incidence on it: education, work,, income, taxes, among others. These are all non-health issues but reflect how we still have a lot to do.

We may not have results so far, but have implemented initiatives, have process indicators in place and are monitoring their development. For example, we have launched a media campaign to raise awareness about diabetes, have banned advertising of junk food for children and have implemented taxes on sugary drinks. Also, there was a change in Article 3 of the Constitution, which prohibits junk food in schools, and we have the guidelines and are being implemented.

We have very quantifiable goals;in the last national nutritional and health survey 25 percent of the population was under metabolic control, and the first goal is to increase it to 30 percent, the second is to stop the increase in diabetes and the third is to have the majority of Mexicans undergo a screening process for these diseases at least once a year. These are our three main goals and we are working on them.

Obesity and diabetes are global challenges because so far there has not been a policy that has had a big impact. There are some good practices implemented in the US, for example, but I think it is mainly due to the individual leadership of the First Lady, who has been committed to stopping child obesity.

Mexico is moving towards the creation of a universal healthcare system under the concepts of convergence and portability of services. Most of the interviewees we have met welcome this move, though question how this can happen, especially given the fragmentation of the Mexican health system. What are the main challenges the system faces in your opinion?

Despite the need for a reform, moving towards a universal healthcare system is not easy, as the Ministry of Health has several issues to deal with, such as different systems, resources and even financing. Institutions such as the Mexican Social Security Institute (IMSS) and *Seguro Popular* are financed in very different ways, but that does not mean that it is impossible to achieve, for example, in the Northern State of Sonora, there is a new hospital, that provides universal health coverage.

But, once again, that is medical care and not prevention: we should not forget the importance of financing prevention. Currently 20 percent of the *Seguro Popular* budget is for prevention but the challenge is how to use the money properly and wisely. Resources are never enough, but we should not forget all the advantages of our public health system in Mexico: contraception, vaccination, decreasing HIV and many other achievements, such as the work with local communities and families.

The other thing that is usually forgotten is the human factor: what about the people that actually provide healthcare services? Are they trained on regular basis? They should be very well paid, trained regularly and have incentives, since it is the most important resource of the system because an institution is made of people.

What are the most important items on your personal agenda as Undersecretary of Prevention and Health Promotion for the coming years?

Continue working on prevention for non-communicable disease, without forgetting emerging diseases. Today we have a new pandemic, Ebola, and we need to be ready to face it, as it is an issue of health security and national security. Nowadays there are no borders for diseases, so it is

imperative to have global and regional responses. Another issue is climate change, which has an effect on health and it is starting to happen.

Indeed you have to prioritize things in the agenda, but never forget that in health everything is a priority. You can put things in a scale but if you forget number 25 in your agenda, it can easily become number one. In Mexico, for instance, we have eradicated polio since 1990, however, if we do not vaccinate, we might witness what is happening in countries with on-going wars and other conflicts, where they cannot vaccinate and are currently facing an outbreak.

With regard to public health we usually say "no news is good news". However, when you have bad news it not only is a health issue, as it can easily become a social problem and a security issue. An example of this happened earlier in 2014, when CNN created the word "fear-bola" to describe the fear from Ebola.

There is always room for improvement in public health, and there will always be new challenges, but it is important to never forget that public health is not an individual work, but teamwork that cannot be done by improvising. If you improvise, you are lost!

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