

## SURVEY HIGHLIGHTS

The respondent reviewed 25 items of information that the government of Mexico reported for the 2013 World Health Organization Global Policy Report on the Prevention and Control of Viral Hepatitis in WHO Member States.

- ✓ The government information was thought to be accurate for **24.0%** of items.  
Survey points marked "accurate": 3.1, 3.3, 3.4, 3.5, 4.1 and 4.6.
- ✗ The government information was thought to not be accurate for **32.0%** of items.  
Survey points marked "not accurate": 1.1, 1.2, 1.3, 2.1, 2.2, 4.2, 4.4 and 4.7.
- The respondent took no position on the government information for **8.0%** of items.  
Survey points marked "take no position": 3.2 and 4.3.
- ⊘ The respondent did not select an answer for **36.0%** of items.  
Survey points for which no answer was selected: 4.5, 4.8, 4.9, 4.10, 5.1, 5.2, 5.3, 5.4 and 5.5.

## Survey comments from Fundación Mexicana para la Salud Hepática:

## Information reported by government (2012–2013)

## Civil society respondent comments (2014)

- ✓ To our knowledge, this information is accurate.

**3.1** There is routine surveillance for viral hepatitis. There is a national surveillance system for the following types of acute hepatitis: A, B, C and D, but not for any type of chronic hepatitis.

*The Mexican government does not have specific programmes dedicated exclusively to the prevention and control of viral hepatitis. The government does vaccinate against Hepatitis B and screens blood in blood banks, but those measures are not part of comprehensive strategies.*

**3.3** Information was not provided on whether liver cancer cases are registered nationally. Cases with HIV/hepatitis coinfection are not registered nationally. The government publishes hepatitis disease reports annually.

*The Mexican health system cannot provide those as a whole. Their different institutions (Instituto Mexicano del Seguro Social, Instituto de Seguridad y Servicios Sociales de los Trabajadores del Estado, Secretaría de Salud, Seguro Popular) can provide separate data.*

*There is no specific report for hepatitis.*

**3.4** Hepatitis outbreaks are required to be reported to the government and are further investigated. Information was not provided on whether there is adequate laboratory capacity nationally to support investigation of viral hepatitis outbreaks and other surveillance activities.

*The outbreaks reported area basically hepatitis A. There is a national network of laboratories.*

**4.1** Information was not provided on whether there is a national policy on hepatitis A vaccination.

*Vaccination for Hepatitis A is not a public policy in Mexico.*

**4.6** Information was not provided on whether there is a national policy on injection safety in health-care settings, or whether single-use or auto-disable syringes, needles and cannulas are always available in all health-care facilities.

*There is a policy about injection safety and biologics disposal for the whole health system.*

\* World Hepatitis Alliance member.

# Mexico

## Fundación Mexicana para la Salud Hepática continued

**x** *To our knowledge, this information is not accurate.*

### Information reported by government (2012–2013)

**1.1** Information was not provided on whether there is a written national strategy or plan that focuses exclusively or primarily on the prevention and control of viral hepatitis.

**1.2** Information was not provided on whether there is a designated governmental unit/department responsible solely for coordinating and/or carrying out viral hepatitis-related activities, or how many people work full-time on hepatitis-related activities in all government agencies/bodies.

**1.3** Information was not provided on whether the government has a viral hepatitis prevention and control programme that includes activities targeting specific populations.

**2.1** Information was not provided on whether the government held events for World Hepatitis Day 2012 or funded other viral hepatitis public awareness campaigns since January 2011.

**2.2** Information was not provided on whether the government collaborates with in-country civil society groups to develop and implement its viral hepatitis prevention and control programme.

**4.2** Information was not provided on whether the government has established the goal of eliminating hepatitis B.

**4.4** Information was not provided on whether there is a national policy that specifically targets mother-to-child transmission of hepatitis B.

### Civil society respondent comments (2014)

*The Mexican Government does not have a written national strategy or plan focused on any aspect of viral hepatitis.*

*The Mexican Government does not have a designated unit/department responsible solely for coordinating and/or carrying out viral hepatitis-related activities.*


*The Mexican government does not have specific programmes dedicated exclusively to the prevention and control of viral hepatitis. The government does vaccinate against Hepatitis B and screens blood in blood banks but those measures are not part of comprehensive strategies.*

*In all World Hepatitis Day Events since 2011 the Government has not been present.*

*There is no formal collaboration with civil society; some sporadic activities at the state level.*

*Hepatitis B vaccination has been in place since 1998. In 2012 almost 18 million children were vaccinated. Fundación Mexicana para la Salud Hepática was the main force behind the approval of the vaccine in 1998.*

*There is no specific programme.*

 We take no position regarding this statement.

#### Information reported by government (2012–2013)

**3.2** There are standard case definitions for hepatitis. Deaths, including from hepatitis, are reported to a central registry. Of the hepatitis cases, 10.2% are reported as “undifferentiated” or “unclassified” hepatitis.

#### Civil society respondent comments (2014)

*There is a classification but that category is mixed with hepatic diseases. All kinds of hepatitis viruses are mixed together.*

 No response selected

**4.5** Information was not provided on whether there is a specific national strategy and/or policy/guidelines for preventing hepatitis B and hepatitis C infection in health-care settings, or whether health-care workers are vaccinated against hepatitis B prior to starting work that might put them at risk of exposure to blood.

*There are initiatives for general precautions but not a specific programme dedicated to preventing hepatitis in health-care settings.*

**4.8** Information was not provided on whether there is a national infection control policy for blood banks and whether all donated blood units (including family donations) and blood products nationwide are screened for hepatitis B and hepatitis C.

*The government does vaccinate against hepatitis B and screens blood for hepatitis B and hepatitis C in blood banks, but those measures are not part of comprehensive strategies.*

**4.9** Information was not provided on whether there is a national policy relating to the prevention of viral hepatitis among people who inject drugs.

*There is no national policy regarding the issue.*

**4.10** Information was not provided on whether the government has guidelines that address how hepatitis A and hepatitis E can be prevented through food and water safety.

*There are guidelines focused on hepatitis A.*

**5.1** Information was not provided on how health professionals obtain the skills and competencies required to effectively care for people with viral hepatitis. Information was not provided on whether there are national clinical guidelines for the management of viral hepatitis and for the management of HIV, and whether the latter include recommendations for coinfection with viral hepatitis.


*Health professionals specialised during their residence and attending to congresses. There are guidelines for hepatitis C and HIV; both include coinfection.*

**5.3** Information was not provided on whether people testing for hepatitis B or hepatitis C register by name, and whether hepatitis B or hepatitis C tests are free of charge for all individuals or compulsory for members of any specific group.

*The tests are performed free only when you donate blood in blood banks (hepatitis B and hepatitis C). No name is captured and there is no compulsory testing for any group.*

# Mexico

## Fundación Mexicana para la Salud Hepática continued

 No response selected

### Information reported by government (2012–2013)

5.4 Information was not provided on whether publicly funded treatment is available for hepatitis B or hepatitis C and, if so, who is eligible for this.

5.5 Information was not provided on whether any drug for treating hepatitis B and hepatitis C is on the national essential medicines list or subsidised by the government.

### Civil society respondent comments (2014)

*Hepatitis B is covered in Instituto Mexicano del Seguro Social and Instituto de Seguridad y Servicios Sociales de los Trabajadores del Estado (50% of the population) with access to entecavir. Seguro popular (people without social security) does not cover hepatitis B.*

*Hepatitis C is covered in Instituto Mexicano del Seguro Social and Instituto de Seguridad y Servicios Sociales de los Trabajadores del Estado with access to pegylated interferon, no access to boceprevir. Telaprevir has not been launched in Mexico.*

*Seguro Popular formally included in 2012 hepatitis C as part of the coverage, but only one hospital is providing interferon treatment. Of course, no access to boceprevir or other new drugs.*

*Seguro Popular only covers people under age 50.*

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### Statement from Fundación Mexicana para la Salud Hepática regarding key hepatitis policy issues in Mexico:

The Mexican health system works in silos – different parts do not communicate and do not coordinate. In the case of HIV/AIDS, there is a National Council against AIDS that helps as a governance body to coordinate activities. In this council, civil society organisations have representation.

Hepatitis C in Mexico should be treated in a similar fashion. We should have a national programme and a council making sure that the response against hepatitis is coordinated among different institutions in Mexico.

The role of Government would be to create this programme and council, making sure that the decisions taken by this body are mandatory. The Government should also provide high-level representatives for the discussions.

The role of civil society would be to monitor the implementation of public policy and collaborate to raise awareness among the general population. There is also a critical role to make sure patients adhere to treatment to make sure that investment is not wasted. This could be done by support groups backed by governments (federal and state) as well as pharmaceutical companies.