

# Mexico

Population (in millions) (2011)	<b>114.8</b>
Country classification (2012)	<b>Upper-middle-income</b>
Gross national income per capita (PPP int \$) (2011)	<b>\$15 390</b>
Total health expenditure as % of GDP (2010)	<b>6.32%</b>
Per capita total health expenditure (PPP int \$) (2010)	<b>\$959.32</b>
Per capita government health expenditure (PPP int \$) (2010)	<b>\$469.19</b>
Life expectancy at birth (in years) (2009)	<b>76</b>
Human Development Index (2011)	<b>0.770</b>
Median age (in years) (2010)	<b>27</b>
Total fertility rate per woman (2010)	<b>2.3</b>

The Government of Mexico reports as follows.

## National coordination

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.

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.

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

## Awareness-raising and partnerships

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.

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.

## Evidence-based policy and data for action

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.

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.

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.

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.

There is no national public health research agenda for viral hepatitis. Viral hepatitis serosurveys are not conducted regularly.

## Prevention of transmission

Information was not provided on whether there is a national policy on hepatitis A vaccination or whether the government has established the goal of eliminating hepatitis B.

Information was not provided on the percentage of newborn infants nationally in a given recent year who received the first dose of hepatitis B vaccine within 24 hours of birth or the percentage of one-year-olds nationally (ages 12–23 months) in a given recent year who received three doses of hepatitis B vaccine.

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

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.

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.

dles and cannulas are always available in all health-care facilities.

Information was not provided on official government estimates of the number and percentage of unnecessary injections administered annually in health-care settings.

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.

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

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.

## Screening, care and treatment

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.

Information was not provided on whether the government has national policies relating to screening and referral to care for hepatitis B or hepatitis C.

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.

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.

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

The Government of Mexico did not indicate a need for assistance from WHO in relation to viral hepatitis prevention and control.