

## EDITORIAL

# Lessons from Mexico's H1N1 Influenza Outbreak

*Latin American Social Medicine Association, Mexico Region, A.C.*

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1. Mexico needs to rebuild an efficient epidemiological monitoring system which can react in a timely manner to unusual infectious outbreaks. SINAVE, the National Epidemiologic Monitoring System, showed itself incapable of responding opportunely and effectively to the increase of pneumonia cases which was reported as early as February 2009. Nor did SINAVE pay sufficient attention to the inhabitants of Gloria, Perote, Veracruz when they complained of an outbreak of respiratory illness.

2. Priority should be given to forming teams with the technical capacity to identify the earliest cases of any new outbreak and then to immediately establish quarantine procedures. These teams should be housed within the National Public Health System and should be properly structured, well organized, and coordinated on the national level. There can be no doubt that the recent public health emergency in Mexico demonstrated the disorder and disorganization which have resulted from dismantling of Mexico's national public health system. The deficiencies in Mexican public health result from several decades of disinvestment in the public sector and from policies favoring privatization and technological dependency on transnational companies. The lack of effective and consistent communication, guidance, and policies in response to the emergency made clear just how the current system reinforces social exclusion by not responding to the needs of the population.

3. There is also a need for experienced communication teams with a real desire to inform the population on effective preventive measures which can be adopted from the very first moments of a health emergency. This will avoid the overreactions which occur when a situation seems to be getting out of control. These teams must have

access to reliable and timely information in order to help both the government and the citizens to respond appropriately. Given the absence of such reliable and opportune information and the freedom enjoyed by the Mexican press – whose principal aim is profit – the epidemic became the target of sensationalism. The result was unnecessary panic and the spread of disinformation, even outside of Mexico.

4. The government must provide sufficient financing to make Mexico technologically independent. It must support research while at the same time investing in human resources and health infrastructure. Mexico must have the ability to develop its own pharmaceuticals and vaccines. Mexican public health workers should be able to identify specific pathogens in specialized laboratories. The sanitary emergency made clear that the dismantling of the public institutions and the privatization of health-related goods and services have weakened the central role of the Ministry of Health and of the Mexican government. BIRMEX (Biologicals and Reagents of Mexico) has been left to the transnational companies whose priorities are their own profits and the defense of their monopoly on the patents of biologicals, drugs, and vaccines. As a consequence, INDRE (the National Epidemiological Reference Institute) was not able to analyze this new virus. And possibly this was not the first new pathogen missed by INDRE.

5. The health emergency underlined the necessity of a national system of universal and free medical care based on Primary Health Care. This national system should redistribute human and material resources according to territorial needs and existing social disadvantages; only such redistribution would foster health equity. The billions of dollars invested

in *Seguro Popular* (Popular Insurance<sup>1</sup>) did not protect Mexico from the negative consequences of our lack of a universal health care system. The government cannot continue to disinvest in the infrastructure supporting public health, the social security system, biomedical research, and technological development. Nor can the government continue favor privatization of health services and the interests of those transnational firms involved in health insurance, pharmaceuticals, medical technology, hospitals, control of biologicals, meat production, etc.

6. The Mexican health emergency also highlights the need for health education. This was sorely lacking. Official health education was limited to informing the public about those measures that had been decided “from above.” These measures were imposed upon the public with no attempt made to foster new protective behaviors. Nor were precise explanations offered for the specific measures suggested by the government. The result was that, even with the best of intentions, some schools required every entering student to complete a disease registry *using the same pen!*

7. Those who make decisions on matters of health should have the proper training and knowledge about the matters under their jurisdiction. Having decided upon the adoption of effective measures, they must also be able to communicate with the Press in a coherent fashion. Doing so allows them to build confidence and gain credibility. This avoids the publication of contra-

dictory data and conflicting rationales for public health measures, both of which occurred during the emergency. This served only to increase fear, panic, and distrust.

8. Immediate action is needed to redistribute social wealth. Health comes about in a society where each citizen benefits from a certain minimum standard of well-being. This minimum includes food security, a healthy environment (tipping the balance towards the interests of the population, not those of the corporations that destroy the environment, like those in Perote, Veracruz), access to work, the guarantee of decent wages, the development of policies that guarantee viable socio-economic development, etc. We can no longer tolerate an economic system that guarantees the continuous appropriation into private hands of Mexico’s natural and socially produced wealth, while it simultaneously – and unjustly – socializes the losses of private firms.

9. In addition to the specific microbe, every epidemic requires a social and cultural context in order to reproduce and develop. A healthier future for Mexico will only come with the guarantee to all of certain minimums of well-being, including access to health services, environmental protection, and governmental policies which protect the public rather than transnational corporations such as the pharmaceutical companies and meat companies which have damaged the environment.

*A better world and a better Mexico, yes, they are possible!*

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<sup>1</sup> According to the Office of the Mexican President “*Seguro Popular* is a voluntary, public insurance plan offering a specified packaged of health services. The option of a public health plan provides financial security to those Mexicans who are not enrolled in the Social Security System. By establishing a system of pre-payment, *Seguro Popular* reduces the number of Mexicans forced into poverty each year because of medical expenses. With the adoption of the General Law on Health Reform, *Seguro Popular* went from being a government program and became a legalized institution.” (translated by the editors).

<http://www.presidencia.gob.mx/programas/?contenido=34635v>