

 Early Warning System

IADB-ME-T1402

Supporting the health care system in Mexico in responding to COVID-19.



## Quick Facts

<b>Countries</b>	Mexico
<b>Financial Institutions</b>	Inter-American Development Bank (IADB)
<b>Status</b>	Proposed
<b>Bank Risk Rating</b>	U
<b>Borrower</b>	Government of Mexico
<b>Sectors</b>	Education and Health, Technical Cooperation
<b>Investment Type(s)</b>	Grant
<b>Investment Amount (USD)</b>	\$ 0.25 million



### Project Description

Support the Secretary of Health of the government of Mexico City (Sedesa), in the context of COVID-19, in strengthening the epidemiological surveillance system, which ensures the investigation of cases, the follow-up of contacts and the visualization of chains transmission, through the integration of a health information system, capable of generating data in real time for decision-making. Likewise, contribute to the improvement of the timely and quality care of patients by promoting the application of new technologies such as telehealth.

The first case of COVID-19 in the country was registered on February 28 and the first death from this cause occurred on March 18 of the same month. As of September 29, 2020, Mexico has confirmed 738,163 cases of COVID-19, of which 24,842 remain active. According to data from the Ministry of Health (SS), Mexico City (CDMX) and the State of Mexico account for 28% of confirmed cases, and the cases range from 4,930 cases in Colima to 149,386 in CDMX. Figures as of September 29 show that, of the confirmed cases, 24% have been hospitalized and 76% have been outpatient. Confirmed deaths from coronavirus at the moment are 77,163 with a fatality rate of 10%. The high rates of diabetes and obesity in the country put the population (even young) at a higher risk of complications and death. As of September 23, CDMX had carried out 6,114 tests for the identification of the SARS-COV2 virus in hospitalized patients, of which 47% gave a positive result.

The changes in the health establishments put into operation after the hospital reconversion will continue at least until October and it is being contemplated that the fixed infrastructure can attend to other health problems permanently. One example is maintaining beds for COVID-19 care for seasonal influenza patients. The SS has stated that it is a priority to ensure a timely diagnosis of influenza and COVID-19 as transmission will continue during the influenza season. It is for this reason that monitoring the use of available resources (beds, ventilators, etc.) and strengthening information systems for the follow-up of patients and their possible hospitalization is critical.

Timely, reliable and timely information in the context of COVID has been key for decision-making for Mexico and the states. However, the epidemiological information system feeds on data from state health systems, which differ in their degree of maturity and technological integration. For example, not all states already have an electronic health record in place.

The Sedesa serves the open population, not entitled to any social or private security insurance scheme, through its network of services. As of July 31, 2020, 4,171,062 people were affiliated with the CDMX Free Access to Medical Services and Medications program, focused on the medical care of people without social security in the city. In addition, 115,033 referral procedures were carried out from Primary Health Care units to second and third level facilities. Regarding infrastructure, Sedesa has 374 medical units at the first level of care and 32 at the second level. Within the second-level facilities, there is a specialty hospital.



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## Investment Description

- Inter-American Development Bank (IADB)



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## Contact Information

### ACCOUNTABILITY MECHANISM OF IADB

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