MEXICO PAHO/WHO COUNTRY COOPERATION STRATEGY 2026-2030



INTRODUCTION

The PAHO/WHO Country Cooperation Strategy (CCS) is the medium-term strategic framework for PAHO/WHO's collaboration with a Member State, in support of its national health policies, strategies and plans. The PAHO/WHO-Mexico CCS (2026-2030) was developed jointly with the Ministry of Health through a participatory process with National Health System institutions, academia, civil society, PAHO/WHO Collaborating Centres, cooperation partners and the UN system. It was signed on 1 July 2026.

It defines five strategic priorities and 16 strategic results:

1. **NCDs, cancer and mental health**
2. **Health system stewardship and PHC for universal health**
3. **Comprehensive care throughout the life course**
4. **Climate resilience, disease control and emergencies**
5. **Regulatory strengthening and health self-sufficiency**

The CCS is aligned with Mexico's National Development Plan (2025-2030) and Health Sector Programme (2025-2030), the UN Sustainable Development Cooperation Framework for Mexico (2026-2031), WHO's GPW14, the Sustainable Health Agenda for the Americas 2018-2030 and the PAHO Strategic Plan 2026-2031.

ABOUT US

The PAHO/WHO Country Office in Mexico City has a team of 27 personnel.

In the past biennium (2024-2025), total funding received was US$ 5.64 million, with a utilization rate of 99.9%.

The 2026-2027 Biennial Work Plan is US$ 7.71 million: by September 2026, 34% funded and 94% of available funds used.

PARTNERSHIP ENVIRONMENT

PAHO/WHO works with the Ministry of Health and National Health System institutions, COFEPRIS, state and local governments, academia, civil society, the UN Country Team and 12 PAHO/WHO Collaborating Centres. Mobilized resources total US$ 1.83 million and EUR 1.5 million in 9 projects, with partners such as the European Union, UNOPS and FIFA.

COUNTRY CONTEXT

Mexico is a federal republic of 32 federal entities (31 states and Mexico City) and 2,462 municipalities plus 16 Mexico City boroughs. It has a population of 133.3 million (2025), with a median age of 30 years; 88% live in urban areas and 23% will be aged 60 or over by 2050. It is a pluricultural country: 19.4% of the population self-identifies as Indigenous and 2% as Afro-Mexican. Mexico is the second-largest economy in Latin America (GDP US$ 1.61 trillion, 2024). Multidimensional poverty fell from 46.8 to 38.5 million people between 2022 and 2024, but inequality remains high (Gini 0.452) and 55% of workers are informal. Health financing was 2.9% of GDP in 2023, and about half of the population lacks social security. The Government is advancing towards a Universal Health Service that integrates IMSS, ISSSTE, IMSS-BIENESTAR and PEMEX.

PROGRESS ON HEALTH OUTCOMES

Mexico has eliminated poliomyelitis (1994), rubella (2015), measles (2016) and neonatal tetanus (2017), as well as onchocerciasis (2015), trachoma (2017) and dog-transmitted rabies (2019). Autochthonous malaria cases fell by 94.5% between 2018 and 2023, infant mortality declined from 13.5 to 12.5 per 1,000 live births (2013-2024) and life expectancy reached 75.7 years. The country has advanced in regulating tobacco, trans fats and sugar-sweetened beverages. However, maternal mortality remains at 34.7 per 100,000 live births (2024), and vaccination coverage fell below 95% (DTP 78%, MMR 69% in 2024), leading to the re-emergence of measles (6,213 cases in 2025) and pertussis.

KEY CHALLENGES

NCDs caused 62.5% of deaths in 2024; 18.3% of adults live with diabetes (one third undiagnosed), 29.9% with hypertension and 37.1% with obesity. Mental health is a growing burden (8,837 suicides in 2023; 3.7 psychiatrists per 100,000 population). Other challenges include health system fragmentation, shortages and unequal distribution of health workers (2.4 physicians per 1,000), high adolescent fertility, record dengue (125,160 cases in 2024), rising TB, HIV and syphilis, antimicrobial resistance, human mobility and the growing health impacts of climate change. The widest gaps affect Indigenous, Afro-Mexican, rural and migrant populations.

For more information visit the link: https://www.paho.org/en/mexico

OUR STRATEGIC PRIORITIES & DELIVERABLES



01 Reduce the burden of disease associated with NCDs, cancer and mental health disorders

STRATEGIC DELIVERABLES

- Expanded control of NCDs, especially cancer, hypertension and diabetes, in first-level care through HEARTS, the breast cancer strategy and National Medical Care Protocols (PRONAM).
- Comprehensive mental health interventions in services and communities, covering addictions, suicide prevention and dementia care, with full respect for human rights.
- Intersectoral action on NCD risk factors (tobacco, alcohol, obesity, unhealthy diets, road traffic injuries, violence) and effective regulatory and fiscal policies.

EXPECTED OUTCOMES

- NCD share of total deaths (baseline: 62.5%, 2024)
- Diabetes prevalence in adults (baseline: 18.3%; 1 in 3 with glycaemic control)
- Tobacco use, ages 12-65 (baseline: 15.1%, 2025); suicide rate (baseline: 6.8 per 100,000, 2023)

02 Strengthen Ministry of Health stewardship and the articulation of the National Health System, centred on PHC, towards universal health

STRATEGIC DELIVERABLES

- Strengthened institutional capacities of the Ministry of Health to guarantee the right to health with equity, efficiency and continuity of care across the life course.
- PHC-based Integrated Health Services Networks, with digital transformation, telehealth and interoperable information systems, prioritizing Indigenous and Afro-descendant peoples, people in human mobility and persons deprived of liberty.
- Training and availability of human resources for health, including community and traditional agents, through PAHO's Virtual Campus for Public Health.
- National Public Health Service supported to coordinate across government levels and apply the Essential Public Health Functions (EPHF).

EXPECTED OUTCOMES

- Physicians per 1,000 population (baseline: 2.4; OECD average 3.5)
- Health financing as % of GDP (baseline: 2.9%, 2023); reduced out-of-pocket spending
- EPHF assessment completed and improvement plan under way

Recent results (2025-2026)

2,665	34.5 M	32
HEARTS units self-assessed	measles vaccine doses supported	states in the EVITAR strategy

03 Promote comprehensive health care, guaranteeing equitable access throughout the life course

STRATEGIC DELIVERABLES

- Integrated care policies for children, adolescents, workers, older persons and people with disabilities or dependency, in line with the Decade of Healthy Ageing.
- Local government and health sector leadership in intersectoral action, with community, user and caregiver participation.
- Comprehensive sexual and reproductive health interventions to reduce maternal and infant mortality, focusing on Indigenous and rural communities.

EXPECTED OUTCOMES

- Maternal mortality ratio (baseline: 34.7 per 100,000 LB, 2024)
- Infant mortality rate (baseline: 12.5 per 1,000 live births, 2024)
- Adolescent fertility rate (baseline: 61 per 1,000 women aged 15-19)

04 Build climate-resilient populations and health systems to sustain communicable disease control, advance elimination and ensure timely emergency response

STRATEGIC DELIVERABLES

- Integrated strengthening of information systems, epidemiological, environmental and genomic surveillance and public health laboratories, with quality and biosafety standards, for disease control, elimination and AMR prevention.
- Outbreak control of vaccine-preventable diseases and vaccination support to reach 95% coverage, using nominal information systems for immunization monitoring and ESAVI surveillance.
- One Health action, IHR implementation and surveillance at points of entry, with risk communication for emergencies and multi-hazard events.

EXPECTED OUTCOMES

- DTP / MMR coverage (baseline: 78% / 69%, 2024; target: 95%)
- Measles cases (baseline: 6,213 in 2025)
- Tuberculosis incidence (baseline: 15.6 per 100,000, 2024)

05 Strengthen the National Regulatory Authority and promote health self-sufficiency through regional networks in science, innovation, research and production

STRATEGIC DELIVERABLES

- COFEPRIS strengthened as a reference regulatory authority meeting international standards, including regulation of AI in health.
- Policies and mechanisms to improve equitable access to medicines, medical devices and high-complexity technologies.
- Collaboration among scientific, academic and research institutions to develop and produce strategic medicines and supplies.

EXPECTED OUTCOMES

- COFEPRIS status (target: WHO-Listed Authority)
- Wider access to essential medicines via PAHO Revolving Funds
- Increased national production of strategic medicines and supplies

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