

Treating Obesity Seriously in Mexico: Realizing, Much Too Late, Action Must Be Immediate

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Mexico declared an epidemiological alert in 2016 after realizing, much too late, its critical situation, with more than 72% of its adult population with overweight or obesity and nearly 100,000 diabetes-related deaths each year (1). Despite these alarming statistics, preventing and controlling obesity and associated diseases remain to be taken seriously. It wasn't until 2010 that a national plan to overcome obesity was designed by the government. Progress was made in 2014 when an excise tax was placed on sugary beverages. Evaluations showed decreased consumption for two consecutive years and increased water consumption during the same period (2,3), with models projecting positive impacts for future years (4). Notwithstanding, the food industry has prevented additional nutrition policies from being truly effective (5) through interference in front-of-pack labeling, marketing to children, and healthy school initiatives, among others. Furthermore, aggressive and unethical marketing practices have caused mothers to be unsure of breastfeeding their children, giving Mexico an exclusive breastfeeding rate of only 14%, one of the lowest rates in the world (6).

Paradoxically, the national health budget has progressively received cuts since 2013, constituting 3.1% of the total budget in 2013 and only 2.3% in 2018, a decrease of US \$5.1 billion (7). The funding allocated to the prevention and control of obesity and diabetes has been even more dismal, never reaching 1% of the health budget. This yearly reduced funding illustrates Mexico's unwillingness to critically tackle obesity and its accompanying comorbidities. Nonetheless, amid recent presidential elections, there is some hope that the health sector and civil society will collaborate to encourage and support government action and investment in cost-effective prevention policies, such as (1) front-of-pack warning labels for unhealthy food products and beverages, (2) efficient regulation of junk-food marketing directed at children, and (3) regulation and promotion to protect exclusive breastfeeding. Likewise, the current soda tax must be reinforced and raised to protect public health nutrition policy design and implementation from conflict of interest and industry interference.

Along with preventive measures, the health care response to treat and manage obesity must be dramatically improved. Most medical professionals are not taught how to prescribe proper diet, physical activity, and lifestyle modifications necessary to prevent and control obesity, diabetes, and other noncommunicable diseases. Moreover, BMI screening, diagnosis, and treatment are not standard procedures in primary care settings; the norm for obesity treatment is outdated and does not consistently include evidence-based recommendations or drugs approved by the Ministry of Health, creating confusion among professionals.

In fact, the National Academy of Medicine of Mexico calls for diverse indicators of obesity to be enforced as an obligatory part of the clinical record (8,9). Even more unsettling, public primary care clinics in Mexico are not required by law to hire registered dietitians; if one is hired, it is in place of a nurse or social worker, which undermines holistic approaches to treatment. Furthermore, when awareness and early diagnosis campaigns are implemented, their budgets rarely include an evaluation component or monitoring system; only a few qualitative internal assessments have been released. Therefore, a systematic practice for evaluating and adapting obesity-related policies and programs is urgently needed.

Although authorities are aware of the obesity burden in Mexico, a constructive response has been difficult to implement. Tackling obesity requires financial investment and immediate action from government, health professionals, and civil society to launch successful programs and campaigns that improve the norms of treatment and promote lifestyle changes. The way Mexico chooses to move forward will affect its ability to reach nine Sustainable Development Goals given their direct connection to poverty, education, and gender (10). These diseases dramatically influence a society's well-being as well as its ability to reach an equitable status and live sustainably.

Given the challenge of treating obesity seriously in Mexico and its immediate implications, this experience should serve as a learning opportunity for countries with large populations that have not yet reached this stage in the epidemiological transition. These countries should react more quickly to avoid the economic and social burdens faced in Mexico and not wait until a third of their population has obesity to take action. 

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