

# WHO Mexico leader says 2021 to be year without COVID vaccine



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**Cristian Morales**, leader of the [World Health Organization \(PAHO/WHO\)](#) in Mexico, said that **he didn't expect there to be a vaccine** against **COVID-19** next year and, if one is discovered, it will only **be given to a small part of the population**.

*"2021 is going to be a year without vaccines. We hope that one will be discovered in 2021, but that does not mean that we have the capacity to distribute it in a single campaign for 120 million people. That is not going to happen in 2021,"* he said.

In the webinar "Pandemic: a global perspective about the problem", given by [TecSalud](#), he said that **hospital retrofitting** and other actions had prevented the **Mexican health care system** from collapse. However, he said that it has **deficiencies** which have been causing **problems** for **decades**.

*"Mexico has a very old-fashioned health system (...) tremendously inefficient, and focused on highly specialized hospitals, which means setting aside **primary care**,"* he said.

**Dr. Guillermo Torre**, Rector of [TecSalud](#), also took part in the talk, which was moderated by Dr. **Fernando Castilleja**, Director of Wellbeing and Prevention at **TecSalud**. They gave an account of the challenges that **COVID-19** has caused globally.



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## No vaccine expected in Mexico until 2022

Morales said that in the event that a vaccine is discovered in 2021, only a **portion of the population would be given it.**

*“Hopefully, we will get **20% of the population vaccinated, if one is found in 2021.***

*“We’re looking at 2022 or 2023 to eventually exit the COVID-19 pandemic,” he said.*

He pointed out that we cannot only continue with **lockdown** as a preventative measure; the health system also needs to implement a **proactive strategy** of tracking **COVID-19** cases in communities before they increase in **severity.**

To implement this type of strategy, he said that **antigenic tests**, which **detect COVID-19 cases** quickly, need to be **brought to Mexico**; only thus will the system be able to **control** and **treat** cases in the absence of a vaccine.



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Morales said that since 2016, Mexico and other countries in the region have already made progress by working with the PAHO to better organize themselves in the event of a health emergency by **creating more resilient health systems**.

*“We were a very long way from both universal coverage and universal access to health care, and from being adequately prepared for a situation like the one that occurred.*

*“It’s very difficult to speak of success when there have been **91,000 deaths in Mexico**. However, part of what was achieved is that **the health system did not collapse as we thought it might**, based on what was happening in Europe,” Morales said.*

He said that this was due to deployment by the authorities and inclusion of the PAHO and the WHO in decision-making, a **hospital retrofitting rate of 389% between February and July**, and a **reduction of 60% in population movement** across the 32 states.

*“We must be very clear on that. We were totally overwhelmed by **a virus that moved around world** at an impressive speed, something unprecedented in the history of humanity,” Morales added.*



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### **The diagnosis: the Mexican health system was overwhelmed**

Morales pointed out that efforts should be focused on **improving the level of primary care and thinking about a universal health system** that guarantees access and coverage, not only for **COVID-19** but other problems that affect the **Mexican mortality** rate.

*“In Mexico, people die unnecessarily from malaria, tuberculosis, Chagas disease, maternal mortality, and many other things that shouldn’t happen in a country which is the **13th most important global economic power** but still do,”* he said.

***“Any health system that just waits for patients to arrive, even if it has lots of ventilators or has done a lot of hospital retrofitting, is always going to be a failure,”*** he shared.

*“In addition to high-quality health care systems, **it’s necessary to have the capacity to create policies that promote health across all areas,** and which can impact social and environmental health factors,”* Morales added.

The WHO representative in Mexico said that **dialog is important so as to be able to define the best actions** that allow the greatest number of lives to be saved during what remains of the

pandemic.

*“This is an opportunity to come to a great consensus with entrepreneurs, with the private sector and non-profit organizations, with civil society organizations, etc., to make progress towards **modern, universal, and resilient health systems**,”* said Morales.



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## **An unprecedented struggle for health systems**

For Dr. Torre, the pandemic has caused the largest health crisis that our country has faced in years: something that was not contemplated in the early months of 2020.

*“If we go back to January or February of this year, we thought it was very far off. We talked about China, what had happened with **SARS** and **MERS**, but then it went to Europe, to Italy. Then it arrived in Spain.*

*“When we saw it getting closer, reaching the United States, and **the WHO declared it (a pandemic)**, I had a very legitimate concern about what we were going to do about our **health care provision**,”* recalled the TecSalud rector.

Dr. Torre described the **public health system** in Mexico as fragile, as a result of the difference in the **percentage of COVID-19 patient deaths** across the public and private sectors.

*“In the private health sector, we have a mortality rate of 10%, which we have also seen in some segments of the public sector, but our largest health provider in the country (**the IMSS**) has a **mortality rate of between 40 and 50%**.*

*“We need to pause, look at the experiences of other countries and our own, accept that we have a fragile system, and ask ourselves how we can improve it. We need to **improve community health**,”* said Torre.

To do this, he suggests having the necessary medical equipment and trained personnel in more hospitals, **so that the public sector can offer patients a higher standard of care.**

He added that there were **three major challenges** for the Tec's health system:

- *The role of the doctor in patient management.*
- *How to provide treatment strategies to the population as a health care provider.*
- *How to influence the creation of a health care policy at national level.*



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### **A call to strengthen the culture of care**

Dr. Torre proposed the creation a strategy that develops a **health care culture** for communities.

**He said that this would involve making members of the community the spokespersons for a culture of prevention** using well-known practices, such as **hand washing, wearing face masks,**

and **avoiding large gatherings**.

*“We have to change the global strategy: we need to focus on prevention, on wellbeing, to avoid complications in everything that is preventable (...) the key is how to **exploit community networks** ,”* added Dr. Torre.

Torre concluded by talking about the importance of having an impact on **public health policies** in order to make decisions for the future that focus on people’s wellbeing.

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