NORTH AMERICAN OBSERVATORY on Health Systems and Policies

North American COVID-19 Policy Response Monitor: Mexico

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What is the North American COVID-19 Policy Response Monitor?

The North American COVID-19 policy monitor has been designed to collect and organize up-to-date information on how jurisdictions are responding to the crisis. It summarizes responses of health systems as well as wider public health initiatives. The North American policy monitor is an offshoot of the international COVID-19 Health System Response Monitor (HSRM), a joint undertaking of the WHO Regional Office for Europe, the European Commission and the European Observatory on Health Systems and Policies. Canadian content to HSRM is contributed by the North American Observatory on Health Systems and Policies (NAO).

Contents

1. Preventing transmission

This section includes information on key public health measures that aim to prevent the further spread of the disease. It details how jurisdictions are advising the general public and people who (might) have the disease to prevent further spread, as well as measures in place to test and identify cases, trace contacts, and monitor the scale of the outbreak.

1.1 Health communication

On January 9, 2020, Mexico initiated its official communication regarding the COVID-19 pandemic and outlined its national preparations to address the outbreak (Secretaria de Salud, 2020a). The federal ministry of health (SSa for its acronym in Spanish) has since provided daily technical reports and press briefings (gob.mx, 2020a). Decrees and official information have been published in the Diario Oficial de la Federación (the Mexican government's primary official publication).

On February 28, President Andres Manuel Lopez Obrador announced the country's first confirmed case of disease caused by COVID-19, identified as a person who had recently traveled to Italy (Secretaria de Salud, 2020b). Among the strategies to address the pandemic, the SSA established a three-phase approach, with the first being dealing with imported cases, the second, initiation of community transmission, and the third nation-wide, expanded transmission (gob.mx, 2020b). On March 24, the SSA announced the beginning of Phase 2 in COVID-19 outbreak in Mexico. On March 31, Mexico's General Health Council (CSG for its acronym in Spanish) –a body chartered by the Constitution to address public health emergencies and chaired by president Obrador, declared a national health emergency due to the COVID-19 pandemic (Secretaria de Salud, 2020d). On April 21, Lopez-Gatell announced the beginning of Phase 3 in the spread of COVID-19 in Mexico (Secretaria de Salud, 2020e).

With regard to preventive public health communication, the government held a press conference on March 5 where it sought to deter Mexicans from panic shopping for health consumables, stating that this would negatively affect healthcare workers by contributing to shortages of necessary medical supplies (Secretaria de Salud, 2020ab). On March 10, the government provided information regarding mental health and strategies to cope with stress and anxiety triggered by the pandemic (Secretaria de Salud, 2020ae).

The SSA developed a website for the public to provide general and preventive information about COVID-19. The website includes information about transmission, preventive measures, and the identification of symptoms that require medical care, treatment, and care (Secretaria de Salud, 2020x). The SSA also included on its website different strategies for the population to cope with isolation, information on how to talk to children about the virus and social distancing strategies and advice for the care of older adults (Secretaria de Salud, 2020aj) (Secretaria de Salud, 2020f).

1.2 Physical distancing

During Phase 1 of the pandemic, the federal government on March 4 reiterated that measures such as greeting without physical contact and suspending large and/or indoor group activities were not necessary, as the country was not in a state of emergency due to COVID-19 (Secretaria de Salud, 2020aa). The next day, the government again recommended avoiding strict and unnecessary measures as there were only

five confirmed cases (all imported from abroad) (Secretaria de Salud, 2020ab). Also, the president himself continued with his usual political rallies in close personal contact with the population and publicly encouraged everybody to hug (Díaz, 2020). Preventive measures recommended since March 6 include hand washing and covering the mouth and nose with a flexed elbow or tissue when coughing or sneezing; the use of a mask was recommended only for people confirmed to have COVID-19, but not as a measure to prevent the transmission (Secretaria de Salud, 2020x) (Secretaria de Salud, 2020ac).

However, with the announcement of Phase 2 on March 24, the SSA launched the National Healthy Distance Day (Jornada Nacional de Sana Distancia) ("Day", in spite the fact the program referred to continuous actions along the duration of the emergency) to promote physical distancing, self-isolation, and basic hygiene measures to prevent the spread of the virus (Secretaria de Salud, 2020c) (Secretaria de Salud, 2020aa). The program was initially intended to operate from March 23 to April 30 (Secretaria de Salud, 2020z), but was extended to May 30, following the announcement on April 21 of Phase 3 of the COVID-19 pandemic. The program also stipulates that all non-essential outdoor activities must be avoided (Secretaria de Salud, 2020g). On March 31, the obligatory nation-wide stoppage of non-essential economic activities was stated as the critical strategy to ensure compliance with social distancing (Secretaria de Salud, 2020d). On April 27 Dr. Lopez-Gatell expressed doubts about the utility of wearing masks by the general population (Presidencia de la Repubica, 2020e).

1.3 Isolation and quarantine

On March 12, the SSA introduced measures to ensure safe distancing in schools and workplaces during each of the three phases of the pandemic. In Phases 1 and 2, measures at schools included symptom screening filters, cancelling classes for groups with at least one case of COVID-19, and closing schools with more than one class group having a case of COVID-19. For Phase 3, schools were closed at all education levels. For the workplace, measures during Phase 1 were oriented to awareness and adoption of safe hygiene practices and the identification of symptoms among workers. Phase 2 involved the cancellation of in-person work if at least 10% of personnel tested positive for COVID-19 within a single week. Phase 3 required the cancellation of all non-essential in-person work (Secretaria de Salud, 2020ag).

On March 14, the SSA urged Mexican citizens to avoid non-essential international travel (including tourism or recreational) and encouraged those already abroad, planning to return in the short term, to use the available commercial options for their return. The SSA also requested that all travelers arriving in Mexico report any symptoms of respiratory disease (fever, cough, sneeze, general discomfort, headache, or difficulty breathing) to a member of the International Health Team conducting surveillance at each of the country's entry points. On March 20, Mexico and the U.S.A. announced the closure of their land borders for any non-essential travel, with the exception of essential work and commercial travel (BBC News, 2020). The Mexican airline Interjet announced a temporary suspension of all its international fights as of March 24 (Interjet, 2020).

In addition, on March 23 the government decreed isolation measures for personnel in the Federal Public Administration and the Financial Administration Units, including alternating working days for employees with children younger than 12, and home-office for employees aged 60 and older (Presidencia de la Repubica, 2020c). On April 6 the government announced they are considering to contract foreign health workers as necessary, interpreted by some to signify the possibility of collaboration with the Cuban government's international health workers (Presidencia de la Repubica, n.d.).

As part of the National Healthy Distance Day, the SSA announced on March 24 that all non-essential events, both public and private, would be cancelled and prohibited at all three levels of government (federal, state, and municipal) beginning March 23 (Secretaria de Salud, 2020aa). Furthermore, on April 9, Secretary of the Interior Olga Sánchez Cordero and Secretary of Foreign Relations Marcelo Ebrard Casaubon urged all federal authorities to discourage the population from visiting beaches and other touristic sites to prevent a massive spread of the virus. They also encouraged the population to stay home during the COVID-19 outbreak (Secretaria de Salud, 2020al).

1.4 Monitoring and surveillance

The General Directorate of Epidemiology (DGE for its acronym in Spanish) published the Standardized Guideline for Epidemiological and Disease Laboratory Surveillance for 2019-nCOV (Lineamiento Estandarizado para la Vigilancia Epidemiológica y por Laboratorio de Enfermedad por 2019-nCOV) on February 7, 2020. These guidelines operationally defined probable cases based on the occurrence of acute respiratory disease in people of any age, in addition to having a history of recent travel to China or being in contact with a confirmed or presumed case up to 14 days before the onset of symptoms. A confirmed case was then defined as a "person who meets the operational definition of probable case and has a laboratory-confirmed diagnosis issued by the Instituto de Diagnostico y Referencia Epidemiologicos (InDRE)".

The Standardized Guideline also includes the operational definition for what constitutes "contacts" and the contact tracking algorithm (Secretaria de Salud, 2020w). In early April, the Basic Guide for Prehospital Systems for COVID-19 updated the operational definition of COVID-19 based on the improving definitions of probable and confirmed cases. This revised definition of "probable case" removed the condition of travel to China, and focused instead solely on the presence of symptoms: "Person of any age who in the past seven days has had at least two of the following signs and symptoms: cough, fever, or headache. In addition to having at least one of the following: dyspnea, arthralgia, myalgia, odynophagia/pharyngeal burning, rhinorrhea, conjunctivitis, or chest pain." The definition of a "confirmed case" remained the same as defined in February (Secretaria de Salud, 2020r).

The Standardized Guideline also includes specific procedures for epidemiological surveillance of COVID-19 with standards for collecting, handling, delivering, and processing samples taken from individuals with probable infection and the process for monitoring, alerting, and reporting test results and new positive cases infection (Secretaria de Salud, 2020w).

On March 11, the SSA announced that Mexico was invited by the World Health Organization (WHO) to participate in its COVID-19 surveillance team due to the strength of its surveillance system and its response to the pandemic's early phases (Secretaria de Salud, 2020af). On March 16, the SSA announced that the Health and Epidemiological Intelligence Unit (UIES for its acronym in Spanish) would serve as the country's lead monitor for the pandemic both nationally and worldwide. UIES has a permanent link with the states, communicates with their health services, and monitors mass media and official sources across the world. It performs surveillance based on data and events drawn from social networks and media outlets, and produces daily reports (Secretaria de Salud, 2020ah). In addition to UIES efforts, an interactive map of the COVID-19 incidence rates at the state level was produced and is updated by the SSa (Secretaria de Salud, 2020h).

The SSa uses a sentinel model of respiratory disease surveillance, as recommended by the WHO since 2006, and used for the H1N1 epidemic in 2009, which was adapted to monitor COVID-19 in Mexico instead of applying massive population testing. The sentinel model is based on a sample of 475 primary care units representative of the national health system at all levels of care, who send laboratory specimens taken from patients with severe respiratory disease to state laboratories for confirmation of presumptive diagnoses. On April 8 Dr. Lopez-Gatell announced that the number of COVID-19 cases was in fact much larger than reported to date through the sentinel system (Presidencia de la Repubica, 2020a). The number of total cases was confusingly reported to be about eight times larger, yet this multiplication factor was not explained. Analysis have pointed out to faulty reporting by Dr. Lopez-Gatell, including the use of numerators and denominators with at least two weeks difference and suggesting that the multiplier should be around 30 (Erdely, 2020). However, based on the report by Lopez-Gatell, the current sentinel model for COVID-19 in Mexico estimates that the epidemic in the country is eight times the number of confirmed cases (Presidencia de la Repubica, 2020a).

1.5 Testing

Regarding actions taken beyond the health sector, on March 1 the SSA announced that no measures (e.g., screening, testing) were taken at airports. This decision was based on the low number of confirmed cases at the time, so containing the virus domestically was not deemed necessary (Secretaria de Salud, 2020y)

The Standardized Guideline described above requires that any individual who meets the operational definition of a probable case be tested. According to the guideline, all test samples were to be sent to the InDRE for analysis (Secretaria de Salud, 2020w). However, on March 15 it was announced that 16 public laboratories and three private hospitals across the country were approved to conduct tests for COVID-19 (Secretaria de Salud, 2020ah). In addition to these developments, on March 10 screening measures were published to identify COVID-19-related symptoms in travelers from international flights upon arrival in Mexico (Secretaria de Salud, 2020ae).

In the national context, there is increased social concern and pressure surrounding testing, with the public expressing frustration at the reduced coverage of tests and reporting on the existence of rapid tests for COVID-19, which are not used in Mexico. To respond to the public's concerns, a press conference led by Dr. Lopez-Gatell was held on April 1. He explained that Mexico is using the polymerase chain reaction (PCR) method to test for the virus, which is the standard testing method recommended by the WHO. It was also emphasized that the PCR method is used by most countries, including Germany and Canada, and that these two countries are not using rapid tests. Additionally, it was highlighted that the rapid test announced by the U.S.A is, in fact, a test whose detection mechanism is the PCR (Presidencia de la Repubica, 2020b).

On April 2, Dr. Lopez-Gatell confirmed that Mexico will not use rapid tests for COVID-19 unless these are approved by international health authorities. However, he announced that 31 state government public health laboratories are conducting the standard test for COVID-19, in addition to auxiliary surveillance laboratories such as those in the National Institute for Respiratory Diseases, the National Institute for Medical Sciences and Nutrition and tertiary care social security hospitals in Mexico City (Precidencia de la Republica, 2020b).

2. Ensuring sufficient physical infrastructure and workforce capacity

Infrastructure and workforce capacity are crucial for dealing with the COVID-19 outbreak, as there may be both a surge in demand and a decreased availability of health workers. This section considers the physical infrastructure available in the jurisdiction and where there are shortages, it describes any measures being implemented or planned to address them. It also considers the health workforce, including what jurisdictions are doing to maintain or enhance capacity, the responsibilities and skill-mix of the workforce, and any initiatives to train, protect or otherwise support health workers.

2.1 Physical infrastructure

On March 24, the SSa announced that the Mexican Armed Forces will join the national efforts to fight the COVID-19 pandemic. To this end, the Secretary of National Defense (SEDENA for its acronym in Spanish) activated the standard disaster relief protocol known as Plan DN-III, while the Secretary of the Navy (SEMAR for its acronym in Spanish) formulated the Plan Marina (Marine Plan). These plans added medical and nursing specialists, centers for voluntary isolation, permanent as well as temporary hospitals, and transportation logistics (Secretaria de Salud, 2020c). SEDENA was also given charge of managing 31 state hospitals that had been recently transferred from state authorities to the federal Institute for Wellbeing (Instituto de Salud para el Bienestar, INSABI) (MSN News, 2020). On April 9, it was estimated that 120 hospitals across Mexico had been strengthened or reconverted to be primarily used to provide services to patients with COVID-19 (Secretaria de Salud, 2020am).

Besides the DN-III and Marina plans, the government sought the participation of private hospitals in the fight against COVID-19. A decree was published on March 27 declaring extraordinary actions to combat COVID-19 in line with the General Health Law, including the "use as auxiliary elements all the medical and social assistance resources of the public, social and private sectors existing in the affected and neighboring regions (Presidencia de la Repubica, 2020d)." On April 13 the government signed the "Together against COVID-19" (Juntos contra COVID-19) agreement with the National Association of Private Hospitals –an interest group mostly of large hospitals– and the Mexican Consortium of Hospitals, a commercial association grouping close to 40 medium-sized hospitals. This agreement committed 146 private hospitals across 27 states to allocate 50% of their bed capacity (about 10% of total capacity in the private sector and close to 50% among signatory hospitals). The agreement was for one month only, from April 23 to May 23, aiming to relieve non-COVID-19 related public hospital demand through a fee agreement based on government-set prices. Private hospitals will provide childbirth, pregnancy and puerperium, diseases of the appendix, hernias, and complicated gastric and duodenal ulcers (Secretaria de Salud, 2020i) (Secretaria de Salud, 2020j). It is worth noting that private hospitals, particularly large ones, were operating at around 50% capacity even before COVID-19 and focused on elective procedures that would have likely diminished in demand due to the pandemic, so the agreement seemed to be a win-win for all parties (Gonzalez Block, 2020).

In addition, actions have been taken to ensure the availability of sufficient medical supplies. The March 27 agreement also gave special powers to the government to purchase equipment without competitive bidding. Specific regulations for the acquisition and manufacture of ventilators during the COVID-19 pandemic were published on April 6 (Secretaria de Salud, 2020k). On April 17 it was announced that along with the SSA, the Secretary of Foreign Relations has been working to acquire approved medical supplies

and personal protective equipment (PPE) for health workers from abroad. In specific, an airlift was arranged with China to purchase medical supplies including ventilators, medication, and PPE, using the spare capacity from the main airline Aeromexico (Secretaria de Salud, 2020l). SEDENA and Marina were also tasked with facilitating procurement at international level (El Economista, 2020b)

Related to security at health facilities, as of April 18 members of the National Guard were placed at about 100 IMSS and 150 INSABI hospitals, to provide security to health personnel and to guard the transfer of medical supplies (Secretaria de Salud, 2020an).

2.2 Workforce

Mexico is providing training to health personnel using three online courses. One prepares health care workers to treat the SARS-CoV-2 infection in primary care settings, and another covers methods for detection, prevention, and response (Secretaria de Salud, 2020p). A third course provides online training for health personnel assisting patients and family members with COVID-19-related anxiety. This course offers strategies for health care providers to keep calm and provide proper services to patients and their families who are anxious or angry (Secretaria de Salud, 2020p).

In April a guideline was published with recommendations for the correct use of N95 and KN95 masks, designed for use against bioaerosols, and covers three key elements: sealing, stability, and compatibility (*Recomendaciones Uso Correcto Respirador 2020.Pdf*, n.d.).

Additional efforts include workshops for representatives from other Latin American countries, to address strategies and training during the pandemic (Secretaria de Salud, 2020ad).

On March 24, with Phase 2 in the spread of COVID-19 and given the shortage of medical personal on leave as previously mentioned , a national call was made to recruit specialized personnel in intensive care, emergency, internal medicine, pneumology, infectiology, and anesthesiology to collaborate to address the pandemic. Similarly, IMSS and INSABI, joined efforts for comprehensive hospital management of critically ill patients due to COVID-19 (Secretaria de Salud, 2020c). By April, more than 19,000 health professionals had signed up to confront the pandemic. Among those, 6,548 were medical personnel and 12,605 were nursing personnel, including international recruitment as mentioned before (Secretaria de Salud, 2020q).

3. Providing health services effectively

This section describes approaches for service delivery planning and patient pathways for suspected COVID-19 cases. It also considers efforts by jurisdictions to maintain other essential services during periods of excessive demand for health services.

3.1 Planning services

On April 5, the SSA released the Plan for Hospital Reconversion aiming to restructure the public health units and focus essential services to COVID-19 patients and requiring the establishment of hospital COVID-19 committee setting out plans for the management of critical areas and hospital support staff; the provision of general measures for accessing hospitals and clinics for both staff and patients; freeing up hospital beds of non-essential care, allocating beds according to need and offering telehealth when possible (Secretaria de Salud, 2020v). Pregnancy and delivery care as well as sexual and reproductive services were protected (Secretaria de Salud, 2020ak).

IMSS and INSABI joined efforts for comprehensive hospital management of critically ill patients due to COVID-19 (4). In Coahuila state the local IMSS and SSA hospitals were coordinated in response to an outbreak of COVID-19 among IMSS personnel (IMSS, 2020a). The local IMSS hospital is treating all COVID-19 cases, separating in one floor health personnel from the SSA to care for the non-insured, and in other floors IMSS personnel to cater for their beneficiaries. The hospital, on its part is caring for the routine needs of the insured and the non-insured, using only its own personnel(IMSS, 2020a) (IMSS, 2020b).

Another guideline implemented by the federal government is the Guide for Temporary Care Centers and Mobile Hospitals, with technical requirements for the provision of temporary care centers and mobile hospitals for patients with COVID-19. Temporary care centers were to be placed in parking lots and spaces next to reconversion hospitals allowing for the differentiation between patients with suspected or confirmed COVID-19 and other pathologies (Secretaria de Salud, 2020u).

Most recently, a Body Management Guide for COVID-19 (SARS-CoV-2) in Mexico was announced on April 21. This guideline intends to help health officials manage family members who may be restricted from accompanying their sick and deceased loved ones. Institutions must designate a member of the health team to maintain permanent communication with the family and follow the guidelines for ethical and safe transportation and final disposal of dead bodies that present confirmation or suspicion of COVID 19. Furthermore, guidelines are provided to handle large numbers of deceased in Phase 3 of the pandemic, and for the correct filling out of the death certificate (Secretaria de Salud, 2020s).

3.2 Managing cases

On February 28, states across the country announced direct phone lines for counselling in case the public had questions or doubts, and especially for those with symptoms of respiratory disease or considered in high-risk groups. People with mild cases were recommended to stay home, consult their primary care physician if they presented symptoms, and only visit their hospital if the symptoms persisted or worsened (Secretaria de Salud, 2020b).

As of March 3 there were still no hospitalizations due to COVID-19. Therefore, the SSA focused on promoting the COVID-19 Guidelines for Patient Care. These guidelines included guidance for primary care

staff about the identification of cases, the assessment of a patient's criteria for ambulatory treatment, hospitalization referral, and patient follow-up. For the second and third levels of medical care, the guideline provides advice on the assessment of respiratory symptoms, hospitalization criteria, patient transfer, intensive care unit protocols, and exceptions for acceptance into the ICU. Hospitals were required to retrain staff with these guidelines for their own protection, especially those involved in emergency treatment (Secretaria de Salud, 2020t).

3.3 Maintaining essential services

To continue providing essential health services to the population, on April 6 the SSA announced that federal and local authorities must guarantee access to sexual and reproductive health services during the COVID-19 pandemic (Secretaria de Salud, 2020ak) and published the Guideline for the Prevention and Mitigation of COVID-19 in the Case of Pregnancy, Childbirth, the Puerperium, and the Newborn was published on April 14. These norms and guidelines reinforced the protection of sexual and reproductive health already mentioned and outlined the measures needed to maintain maternal and perinatal health among all pregnant women across Mexico, irrespective of their COVID-19 status, including pregnant women in isolation (Secretaria de Salud, 2020ak).

4. Paying for services

Adequate funding for health is important to manage the excess demands on the health system. This section considers how jurisdictions are paying for COVID-19 services. The subsection on health financing describes how much is spent on health services, where that money comes from, and the distribution of health spending across different service areas. The section also describes who is covered for COVID-19 testing and treatment, whether there are any notable gaps (in population coverage and service coverage), and how much people pay (if at all) for those services out-of-pocket.

4.1 Health financing

On March 5 the federal government established a strategy to determine the probable health cost needs per patient, based on a worst-case scenario for Mexico. This strategy outlined the government's cautionary measures taken just eight days after the first case (Secretaria de Salud, 2020ab). Two days later, on March 7, the National Health Committee approved a plan to address the procurement of medical supplies for all states (Secretaria de Salud, 2020ad).

On March 11, the Secretary of the Treasury and Public Credit (SHCP for its acronym in Spanish) started planning on the need for an economic boost to the different industries and suppliers engaged with handling the pandemic (Secretaria de Salud, 2020af). To this end, a task force was created to continuously evaluate the financial need, technical requirements, and real-time changes as the pandemic began impacting the economy (Secretaria de Salud, 2020ai).

Additionally, the INSABI allocated 4.5 billion pesos to purchase consumable materials, medicines, and equipment. Authorities acknowledge that the health system has a budget for fiscal year 2020 of more than 1 billion pesos (Secretaria de Salud, 2020c). In addition, a total of more than 15 billion pesos were earmarked to support the COVID-19 response programs in the states (Secretaria de Salud, 2020c). Another strategy, mentioned above, is to involve private hospitals in the care of patients covered by their public insurance plans or tax funding through fee for service set at government prices (Secretaria de Salud, 2020i).

The Mexican Association of Insurance Institutions announced that COVID-19 was not covered in regular insurance policies given exclusions for pandemic diseases. Private insurance covers about 7% of Mexicans through diverse policies, not including accident insurance (Gonzalez Block, 2020). However, they were committing to fund policy holders for all their expenses up to the limit of their policies. To make this possible, however, the Mexican Government needed to approve the modification of the insurance charter, else the insurance companies were liable to pay additional taxes for these services(El Economista, 2020a).

5. Governance

The governance of the health system with regard to COVID-19 relates to pandemic response plans and the steering of the health system to ensure its continued functioning. It includes emergency response mechanisms, as well as how information is being communicated, and the regulation of health service provision to patients affected by the virus.

On March 4, a national meeting of state governors and health authorities was held to coordinate efforts in the response to COVID-19. During the meeting, state authorities agreed to participate in working groups to learn first-hand the national situation, updates, and the decisions made to address each step of the pandemic. It was also agreed that local and municipal governments will be involved and will collaborate on communicating cases, incidents, and necessary actions (Secretaria de Salud, 2020aa).

The government's decree of a national emergency on March 31, as mentioned above, was in fact a measure destined to place the brunt of worker protection on employers rather than on the government or on communities. Indeed, the government had the option of declaring a national health contingency, that according to article 429 of the Federal Labor Law would have enabled employers to furlough workers, substituting regular pay with payment of the minimum wage for the duration of the contingency. With the declaration of the national emergency employers are forced to pay full wages, or else to fire workers with the full indemnity according to law.

To maintain the national supply of medication and other health supplies, on April 2 the Federal Commission for the Protection of Sanitary Risks (COFEPRIS for its acronym in Spanish) announced that it will continue receiving procedures related to the authorization of health records and associated procedures for medicines and medical devices for the care of patients infected with COVID-19 (Secretaria de Salud, 2020m). In addition, COFEPRIS issues permits for the importation and exportation of medical supplies. On April 8 it was announced that COFEPRIS and the Secretary of Foreign Relations are working together to expedite the reception of national and international medical supply donations that meet quality, safety, and efficacy standards. To ensure that the donated items meet these standards, all materials are being evaluated by the Centro Nacional de Programas Preventivos y Control de Enfermedades (CENAPRECE) according to the specifications required for COVID-19 (Secretaria de Salud, 2020n).

To guarantee the reliability of the test results in the detection of COVID-19, the SSA established that the tests for detection of COVID-19 are supervised and evaluated by the InDRE (Secretaria de Salud, 2020m).

6. Measures in other sectors

Many measures beyond the immediate scope of the health system are being taken to prevent further spread of the virus. This section contains information on many of these areas, including border and travel restrictions and economic and fiscal measures, among others.

After the country announced Phase 2 of the COVID-19 pandemic on March 31, the CSG requested support from the agencies of the federal government and the three orders of government to ensure an immediate suspension of non-essential activities in the public, private, and social sectors across the country, for the period of March 30 to April 30 (Secretaria de Salud, 2020d). The population was also encouraged to avoid public spaces such as beaches. On April 2 the SSA and the Secretary of Tourism announced a protocol for hotels that are continuing to provide service during the quarantine. The protocol requested a halt to reservation bookings and the rescheduling of all current reservations. Conditions for guests involved in essential economic activities require providing proof of their essential activities as part of their jobs. Members of national associations of the hotel industry were authorized to accommodate foreign citizens while they wait to travel back home, but with a closure of all common areas. Foreign travelers are required to contact their diplomatic representatives to initiate their repatriation process. During this time, hotels are required to provide protective equipment (disposable or cloth surgical masks, disposable latex gloves, disposable or cloth caps) to their staff while at work (Secretaria de Salud, 2020o).

President Obrador announced an economic relief plan on April 22. The plan will be effective from March 22 until December 31, 2020 and includes 10 main strategies. These strategies include a moratorium on public servant layoffs and hiring, a reduction in the salaries of senior public officials (from deputy director to the president of the Republic) of up to 25 % progressively, and no year-end bonuses. Up to 14 unspecified undersecretaries across diverse ministries will be temporarily dissolved, yet personnel will only be relocated. The suspension of work with pay will be extended until August 1 for those in the public sector who are already in this situation. Government spending on programs is postponed, except for 38 priority programs, including the Pension for the Well-being of the Elderly and the Pension for the Welfare of People with Disabilities. In addition, three million loans will be granted to the low- and middle-income families (Precidencia de la Republica, 2020a). No measures were announced to relive the private sector, while efforts on their part to obtain funding from the Inter-American Development Bank were hampered following a policy of restraining public debt, even though the private sector was to pay for loans (El Pais, 2020).

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