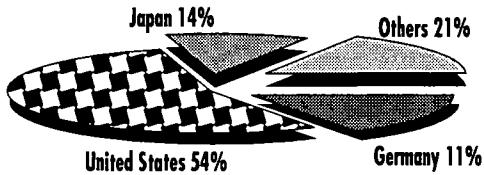


**IMPORT MARKET SHARES OF
MEDICAL DEVICES AND EQUIPMENT, 1993**



Source: *Secretaría de Comercio y Fomento Industrial (SECOFI)*,
Secretariat of Commerce and Industrial Development.

In 1993, however, Canada exported \$4.7 million worth of ambulances to Mexico. Between 1990 and 1993, Mexico's imports of ambulances from all sources jumped 126 percent from US \$111 million to US \$253 million. Canada's share of the market for imported ambulances was approximately 1.4 percent.

Exports to Mexico of medical equipment in 1993, other than ambulances, totaled \$1.5 million. These exports fell into four categories: reagents, needles and catheters, artificial body parts and radiation apparatus. Imports of these products increased by 41 percent between 1990 and 1993. Canadian value-added included in U.S. exports to Mexico are not included in these figures.

Data on trade in services is not available, but Mexican imports of health care services are believed to be significant and growing.

While the increase in Canadian exports to Mexico in percentage terms is encouraging, the absolute value of the sales is small. Nonetheless, these data indicate an increased interest in the Mexican market on the part of Canadian suppliers.

COMPETITION

Imports from three countries account for 80 percent of Mexico's imports of medical devices and equipment (see chart). The U.S. share of the import market dropped from 58 percent in 1990 to 54 percent in 1993. Japan more than doubled its share to 14 percent over the same period, while Germany's share fell by three percentage points to 11 percent in 1993.

American and German suppliers are not focused in any particular market segment. Japanese imports tend to be technologically-sophisticated. For the most part, they fall into three categories: electro-diagnostic equipment, X-ray films and plates, and X-ray equipment.

The United States dominates the market for imported services. In particular, U.S. Health Management Organizations (HMOs) have been moving aggressively into Mexico. Employers and workers usually pay into an HMO plan that covers basic health care through a network of clinics and member doctors. Critics say this concept will not work in Mexico because few Mexicans can afford private insurance. Nonetheless, HMOs are targeting niches which do not necessarily depend on private health insurance.

