Mexico | Pharmacy-linked clinical services

V7 commercial-content edition / V5 analytical baseline | 22 October2026

Market intelligence across twelve business families, public commercial evidence and an original analysis of care use and payment. This integrated English edition covers the analytical content of the Spanish V5 baseline; pagination and wording are adapted rather than translated page by page. Statistical results and source cutoff remain unchanged: 21 October 2026. No new market observations are claimed.

Executive finding

The aggregate observations do not support describing the CAF channel mainly as free consultation: 97.70% reported consultation payment when a pharmacy consulting room was the only reported care location. Specific chains can still advertise free guidance. The survey does not identify the amount paid or its recipient.

Original finding	Weighted estimate / 95% CI
CAF among people receiving care in their last limiting-health episode	21.04% [20.51-21.57]
Consultation payment, CAF only	97.70% [97.43-97.97]
Same payment, 2024 episodes only	97.54% [97.22-97.85]
Laboratory payment, CAF only	6.41% [5.95-6.87]

CAF means consultorios adyacentes a farmacias / pharmacy-associated consulting rooms. Survey place coding does not identify ownership, pharmacy chain, physician or a commercial contract. Twelve research families are not twelve mutually exclusive markets.

1 | Scope, corrections and uncertainty

Earlier risk	Evidence-based resolution
Treating ENIGH access as unavailable	A valid GET recovered the official ZIP: 9,055,376 bytes with CRC and SHA-256 checks. An earlier HTML response did not establish source unavailability.
Counting sources as product value	The material asset is the auditable survey cross-tabulation, design, cohorts, attribution and decisions, not four added references.
Assigning multi-provider payments to CAF	CAF-only and combined-location episodes are separated; even CAF-only does not prove medicine/lab purchase at the pharmacy.
Equating survey year and episode year	66.45% of CAF-only episodes were reported for2024; others include earlier years and nine missing dates.
Turning weighted persons into TAM	Last reported episode/person is not annual visits. No monetary TAM without frequency and attributable realised amount.

Verified within the retained research: official file recovery, variable/code checks, 308,598 records, 39,672 CAF records and aggregate computations. Reasonable inference: segment paid consultation, free guidance, memberships and subsidies rather than imposing one chain model on the channel. Open hypothesis: relative price affects choice; no causal effect was estimated.

Unresolved: realised tariffs, retained flows, annual frequency, current activity/costs and demand for this study. No contacts, interviews, proprietary surveys, purchases, registrations or external commitments were made. Historical observations are not current2026 activity.