HEALTH SITUATION

Despite significant progress in the health of its population, Guatemala is still experiencing numerous health-related problems such as communicable diseases, chronic undernutrition and maternal mortality, with an increase in recent years of noncommunicable diseases and injuries due to external causes such as road traffic or violence.

Over the last 25 years, mortality due to communicable diseases has decreased by 63% while mortality due to noncommunicable diseases has increased by 61%. The mortality rate due to communicable diseases remains high in children under 5 and the mortality rate due to noncommunicable diseases is increasing in adults over 45. Chronic diseases are the main cause of death in the general population.

An analysis of all health indicators reveals significant differences between population groups and indicates that the health-care challenges are greater in regions with predominantly indigenous, rural and poor populations.

Given its situation, Guatemala faces the following challenges:
- The need to reduce inequalities and encourage greater participation by decision-makers, thus empowering the population to exercise its right to health and to benefit from de facto cultural inclusion.
- The need to develop an integrated and intersectoral approach to the political, economic and social determinants of health at national, regional and local level, with special emphasis on guaranteeing health equity and the right to health.
- The need to increase government expenditure on health and the budget of the Ministry of Public Health and Social Welfare, boosting expenditure on more vulnerable populations and incorporating results-based management and cost efficiencies.

HEALTH POLICIES AND SYSTEMS

Poverty and inequality are some of the structural problems Guatemala faces. Inequality – not only of income, but also of unequal access to health care, education and technology, among other things – accounts for the discrepancy in the level of development reported for different segments of the population. Poverty affects more than half the population, but is mainly concentrated in rural communities. Social violence and insecurity, combined with high levels of conflict and the polarization of Guatemalan society, are creating additional obstacles to the country’s development. Alongside growing social challenges related to mining and the exploitation of natural resources, respect for human rights and the exclusion of indigenous populations, these problems impede efforts to draw up a national development strategy. At the same time, they put further pressure on the health-care system which has to cope with the consequences of violence and conflict (it has been estimated that crime and violence cost the country 7% of its GDP in 2012).

The monitoring of progress towards the Millennium Development Goals (MDGs) indicates that in spite of the efforts made, Guatemala still needs to address certain challenges before it can meet the targets for poverty, chronic undernutrition, maternal mortality, HIV prevention, and environmental protection.

Total expenditure on health as a percentage of GDP has risen in the last 10 years, but the health-care system continues to rely on private expenditure, primarily out-of-pocket spending. This means that Guatemala has the highest level of private expenditure as a proportion of total health expenditure of any Latin American country.

The Guatemalan health system consists of a public and a private sector. The former includes the Ministry of Public Health and Social Welfare, the Guatemalan Social Security Institute, the Military Health Service, and other government bodies that provide health services. The latter includes various for-profit and non-profit providers as well as traditional local providers. All these coexist within a compartmentalized and fragmented system.

COOPERATION FOR HEALTH

Classification as a middle-income country makes it difficult for Guatemala to access nonreimbursable cooperation for development. Despite this, Guatemala continues to benefit from bilateral cooperation with various countries, notably the United States of America, Spain, Japan, Sweden and Canada. Guatemala also receives reimbursable cooperation for its health sector, mainly from the International Bank for Reconstruction and Development (IBRD), the Inter-American Development Bank (IDB) and the Central American Bank for Economic Integration (CABEI).

The United Nations system is a notable provider of multilateral cooperation; Guatemala has representatives from UNDP, UNICEF, UNFPA, WFP, UNESCO, FAO, UNAIDS, OHCHR and the World Bank. The United Nations system carries out its work in Guatemala within the framework of the United Nations Development Assistance Framework (UNDAF).

In addition, Guatemala receives assistance from the Global Fund to Fight AIDS, Tuberculosis and Malaria.

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<tr>
<th>Strategic Priorities</th>
<th>Main Focus Areas for WHO Cooperation</th>
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| **STRATEGIC PRIORITY 1:**  
  Strengthen the management, organization and funding of the national health system  
  • Help to achieve universal health coverage through integrated networks of health services  
  • Strengthen the role of the national health authority in driving and leading intra- and intersectoral action  
  • Support the process of reaffirming the right to health, prioritizing the most vulnerable and marginalized sections of the population |
| **STRATEGIC PRIORITY 2:**  
  Contribute to achievement of the health-related MDGs as well as post 2015 development goals  
  • Help to reduce inequalities of access to reproductive, maternal, neonatal and infant health services  
  • Support national scaling up of strategies and programmes to reduce chronic undernutrition in children under 5  
  • Support the strengthening of national information, surveillance and accounting systems, in line with the recommendations of the United Nations Commission on Information and Accountability for Women’s and Children’s Health |
| **STRATEGIC PRIORITY 3:**  
  Reduce the burden of communicable and noncommunicable diseases, including injuries caused by social violence and mental health  
  • Support efforts to control and eliminate communicable diseases prevalent in the country and neglected diseases  
  • Boost national response capacities to prevent, treat and monitor noncommunicable diseases, including mental disorders  
  • Provide technical back-up to national initiatives with a view to mainstreaming the public-health perspective when addressing the problem of illegal drugs |
| **STRATEGIC PRIORITY 4:**  
  Address the socioeconomic determinants of health in an integrated and intersectoral manner  
  • Provide technical assistance to address the determinants of health from the perspective of national development strategies, through participative processes  
  • Support national institutions to ensure that health policies, plans and programmes can be developed, designed and implemented in accordance with applicable national and international human rights instruments relating to health  
  • Support the development of legislation, policies and programmes that focus on preventing and raising awareness of the consequences of social violence and road-traffic injuries |
| **STRATEGIC PRIORITY 5:**  
  Develop health information and analysis systems, surveillance of and prompt response to epidemics, pandemics, emergencies and humanitarian disasters  
  • Help to strengthen the national and local capacities of the national health information system  
  • Support comprehensive monitoring of the national health situation  
  • Support implementation of the International Health Regulations (IHR) |