El Salvador launched a health reform in 2009 with the aim of achieving universal health coverage. Accordingly, the Government launched a health policy designed to reclaim health as a responsibility of the State, thus reversing the slow and deliberate dismantling of the public health system. Furthermore, El Salvador rejects the mercantile approach to health, considering it to be a public good and a fundamental human right created by the interplay of socioeconomic, political, biological, cultural, demographic and environmental factors which result in the full development of human potential and long, healthy and productive lives. It is proposed to develop an integrated national health system with universal and equitable coverage and access, based on comprehensive intersectoral primary health care.

The health reform includes and develops eight themes: integrated and comprehensive health service networks; medicines and vaccines; emergency medicine; a National Health Institute; community participation and a national health forum; intra- and intersectoral collaboration; human resources development; and a single health information system. The budget of the Ministry of Health has been increased significantly.

**HEALTH SITUATION**

In 2011, the Ministry of Health reported significant lower mortality rates among 1-year-olds and children under 5. A total of 8.7% of live births are overweight; factors such as teenage pregnancy, inadequate prenatal care and maternal under-nutrition should be taken into consideration. Maternal mortality declined significantly in the period 1990-2012. Nevertheless, a large number of deaths continue to be preventable; 55% of maternal deaths were from indirect causes, most frequently teenage poisoning, chronic noncommunicable diseases and AIDS.

In 2012, road accidents were the main cause of death from external causes, according to hospital reports. Suicide was the next biggest cause of death. In both cases, most of the fatalities were men. As regards chronic diseases, the reported hospital case fatality rates were 12.6 for chronic renal disease, 8.8 for cancer, 4.5 for injuries, 4.4 for diabetes and 4.0 for high blood pressure.

Communicable disease morbidity continues to represent a significant disease burden for El Salvador. In 2012, there were continued reports of suspected cases of classic and serious dengue. The annual number of malaria cases was still falling with the ongoing implementation of the malaria pre-elimination phase. Since 1987, there have been no confirmed autochthonous cases of poliomyelitis due to wild poliovirus, and since 1996, there have been no confirmed autochthonous cases of measles. Only four isolated cases of rubella were reported in 2006 and the most recent case of human rabies was reported in 2008. The estimated incidence of tuberculosis has fallen from around 60 per 100 000 in 1994 to 35.2 in 2012. A total of 1541 cases of AIDS were reported in 2012. The Ministry of Health reports that cardiovascular diseases are the principal cause of death, followed by injury, chronic renal failure and diabetes.

**HEALTH POLICIES AND SYSTEMS**

El Salvador has strengthened its governance capacities for the management of external cooperation by setting national priorities in its five-year development plan for 2010-2014. It also has a United Nations Development Assistance Framework (UNDAF) for the period 2012-2015 which has been clearly defined and aligned with national priorities. A significant change has been made to the roles of Minister for Foreign Affairs and Deputy Minister for Development Cooperation, making them facilitators in project management. The external cooperation unit for health cooperation management at the Ministry of Health has been strengthened. The main bilateral partners are AECID (Spain), NORAD (Norway), CIDA (Canada), the World Bank, IDB and CDC-Atlanta.

**COOPERATION FOR HEALTH**

The health system reform has succeeded in mobilizing national and international resources to improve health infrastructure, outpatient and inpatient care, and laboratories and blood banks. Likewise, it has been deemed important to mobilize expertise for the new health-care delivery models. Resources from other sectoral stakeholders have been mobilized, and greater efforts have been made to synergize their activities in order to address the population’s health problems. There has been good mobilization of community resources and a strong social and civic engagement with health at regional and local levels. Additionally, El Salvador has strengthened its governance capacities for the management of external cooperation by setting national priorities in its five-year development plan for 2010-2014. It also has a United Nations Development Assistance Framework (UNDAF) for the period 2012-2015 which has been clearly defined and aligned with national priorities.
### Strategic Priorities

| Strategic priority 1: Contribute to strengthening governance, intersectoral strategy and international health cooperation for the national development of health. | • Strengthen the national health authority to ensure proper sectoral management and regulation and optimal performance of core public health functions.  
• Strengthen the legal framework and the intersectoral and community engagement strategies in order to address the social determinants of health.  
• Strengthen national capacities for international health cooperation according to national priorities and El Salvador’s participation in forums and initiatives at subregional, regional and global levels. |
| Strategic priority 2: Support the organization of integrated and comprehensive health service networks focused on individuals, families and communities and based on primary health care and human rights. | • Strengthen treatment and universal access to quality health services.  
• Support access to comprehensive and integrated health and nutrition services throughout the life course, with a focus on gender and rights. |
| Strategic priority 3: Strengthen development of human resources for health, research and development of expertise | • Contribute to the development of sufficient, competent and valued human health resources to respond to the health needs of the population.  
• Support the development and functioning of the National Health Institute, which encourages scientific research on health policies, systems and services and promotes knowledge management to ensure informed and evidence-based decision-making. |
| Strategic priority 4: Strengthen initiatives in the areas of environmental health, risk management and human safety | • Strengthen capacities for addressing the determinants of health.  
• Develop technical and legal instruments that promote healthy lifestyles, environmental surveillance, violence prevention and risk management. |
| Strategic priority 5: Contribute to the maintenance and continued furtherance of health achievements, with emphasis on vulnerable populations and equity | • One integrated surveillance system for public health, diseases, risks and determinants of health and the environment.  
• Prevention and control of communicable diseases, pandemic-prone diseases and diseases that can be potentially eliminated.  
• Comprehensive approach to chronic noncommunicable diseases, in particular kidney diseases with unknown causes.  
• Address comprehensive maternal and child health care and sexual and reproductive health.  
• Help to achieve immunization targets by guaranteeing safe immunization, resulting in the elimination or eradication of vaccine-preventable diseases.  
• Support the health sector and civil society in the national response to SDT/HIV/AIDS. |