



El Salvador



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El Salvador is a representative republic, with a democratically elected government, organized with executive, legislative and judiciary powers. It forms part of the Central American Integration System. It has about 21,000 km² extension area organized into 14 departments and 262 municipalities.

HEALTH & DEVELOPMENT

Health Systems and Services: The organization and functioning of the national health system is based on the integral primary health care and nowadays it is facing transformations. The system is highly fragmented and segmented constituting parallel health systems according to capacity of payment and insertion in the formal labor market. This leaves a group of the population excluded from the social protection on health. Ministry of Health takes care of 75% of the population, Social Security Institute (ISSS), 21%; Teacher's Welfare and Military Health, enrolled about 2% of the population. However, 41.7% of the population show limitations to access health services and 78% does not have public or private health insurance OPS (2004). These institutions do not form an integrated health service network and do not share responsibilities for the population's health. This generates inefficiencies that limit access and coverage. The National Health Expenditure (Private and Public) decreased from 7.7% (2002) to 6.1% (2008) of the Country's Gross Domestic Product (GDP). The Ministry of Health's expenditure is low in absolute terms and as percentage of the GDP.

Family and Community Health along the Life-Cycle: In 2008 the infant mortality rate was 16 per 1,000 live births, and children under 5 years rate was 19 per 1,000 live births (National Family Health Survey 2008). Over 30% of pregnancies occur in women between 15 and 19 years. The use of contraceptives rate is 72.5% (National Family Health Survey 2008). There is a high prevalence of chronic malnutrition, size delay, anaemia and other micronutrient deficiencies in children, and high prevalence of overweight and obesity among adults. There is a low mother's milk breastfeeding practice: in 2008, just 31% of children received 6 months-breastfeeding. Pre-schooled children, and especially children under 2 years, represent a highly vulnerable group to develop anaemia due to iron deficiency. In fact, the prevalence is 21% in children between 1 and 5 years in urban area and 26% in rural area (National Family Health Survey 2008).

Non-Transmissible Chronic Diseases: They represent 74.2% of all deceases occurred in 2007: external cause injuries (aggressions) are in first place followed by cardiac illnesses, cancer, renal insufficiency and diabetes. Between 2003 and 2008 overweight among children under 5 years increased from 3.6% to 4.2%, at national level. 31.6% of the women in fertile age suffers overweight and 25.6% suffers obesity. According to recent studies, renal chronic disease is becoming a public health issue in certain areas of the Country. It is estimated that one out of two women has suffered violence from her partner during marital life, and one out of 10 women suffered sexual violence, probably before 19 years old. Homicide rate in 2008 was 60.8 per 100,000 inhabitants (higher than during the civil war). In the first semester 2008, 17.2% of injuries and the 12.4% of traffic fatalities corresponded to younger than 17 years. There is an increase in depression, suicide, suicidal attempts, anxiety and psychosis mainly among young women and younger. There is an increase of alcohol and other psychoactive substances consumption by the younger, mainly men. Most disabled persons are young and live in rural area with scarce access to rehabilitation services.

Transmissible Diseases: El Salvador keeps actions, control and surveillance programs for the most prevalent transmissible diseases. Elimination of leprosy had been achieved. Dengue: from 2000 to 2005, 70,945 suspected cases were reported: 28,352 were laboratory-confirmed cases, 95% classic and 5% hemorrhagic. In 2009, 11 fatalities due to hemorrhagic Dengue were reported. H1N1 Flu: in 2009, El Salvador reported 838 cases and 33 fatalities. Malaria: in 2008, 33 cases were reported, out of which 22 autochthonous. Tuberculosis: Incidence dropped by 49% between 1997 and 2006, the success of the treatment almost reaches 88%. HIV/AIDS: 22,210 cases were reported up to December 2008: 62% HIV and 38% AIDS. 82% correspond to persons between 15 and 49 years, and 6 out of 10 cases are men. According to ONUSIDA, the estimated HIV prevalence is 0.8% of population between 15 and 49 years. End 2009, the budget for Expanded Immunization Program was increased in order to improve coverage mainly against Rotavirus. Rabies' vaccine was changed to vero cells and a campaign against Pneumococcal was performed among children with risk factors. Chagas Disease: in 2009, *R. prolixus* was eliminated. Rabies: in 2006 and 2007, 2 cases of human rabies per year were reported.

Environment Health: 87% of the urban population and 52% of rural one has access to safe water. Only 77% of solid waste is channeled to sewages. Around 2,000 km² are exposed to moderate and severe impacts due to floods, about 4,000 km² to different types of landslides and 10,000 km² could be affected by droughts. 2001's earthquakes, "Stan" storm, "Iamatepec" volcano eruption and 2009's rains and other disasters, sum up over 5,000 fatalities, more than 1 million people affected and economic losses for over 2 billion dollars.

Total population (2009) ¹	6,163,000
% population under 15 years (2010) ²	31.9
% population distribution rural (2010) ¹	39
Life expectancy at birth in years (2009) ¹	71.7
Infant mortality rate under 5 years per 1000 live births (2007) ¹	21.5
Maternal mortality ratio per 100 000 live births (2005) ¹	71.2
Total expenditure on health as % of GDP (2008) ³	6.1
Public health expenditure as % of Gross Domestic Product GDP (2008) ³	3.6
Ministry of Health's expenditure as % of GDP (2009) ³	2.2
Public health expenditure as % of General Government Expenditure (2008) ³	15.2
Human Development Index in relation to 177 countries (2009) ⁴	106
Gross Domestic Income (GDI) per capita US\$ (2008) ⁴	6,630
% of homes in poverty condition (2008) ⁵	40
Adult (15+) literacy rate (2006) ¹	82
% of population with piped water supply access (2008) ⁶	78.7
% population with sustainable access to improved sanitation (2006) ¹	94

Sources:
 1/Basic Indicators (2009). PAHO/WHO.
 2/Projection CELADE (CEPAL)
 3/Ministry of Health El Salvador, Health Accounts 2008,2009.
 4/World Development Indicators database, April 2010.
 5/ http://hdrstats.undp.org/en/countries/country_fact_sheets/cty_fs_SLV.html
 6/ DIGESTYC Multiple Purpose Household's Survey (EHPM) 2008

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> In June 1st, 2009, a new Government of a different political trend, took office after 20 years of same party administering the Country. During the second semester 2009, the new Government outlined the social policy and strategic lines of its development plan centered around the proposal of an Universal Social Protection System articulated into: urban and rural solidarity-communities, temporary income support program, universal basic pension and elder-adult integral program; actions directed to the vulnerable populations, increasing social security coverage and single register of beneficiaries. In this context, the Ministry of Health has formulated a Health Policy and strategies for its implementation and has institutionalized an Intersectoral Committee (CISALUD), formed by Government's representatives; civil society and other main stakeholders, as a discussion forum for main health problems and its determinants. 	<ul style="list-style-type: none"> The possibility of developing public health essential functions by the Ministry of Health institutions is limited due to the lack of an adequate legislative framework. There exists gaps and inequities in health financing and expenditure and inefficiency in the use and distribution of resources among the levels of care, historical-based budgets not linked to the planning cycle. Limited development of planning systems in general and specially on Human Resource in health, as well as weak regulation and profile definition capacities and health staff capacity and management system. Inadequate coverage and low quality health services, which are fragmented and segmented. Particularly, there is a limited intersectoral approach and gender focus, which results in: Low prenatal, childbirth, postnatal care, as well as staff lacking of capacity on immediate care to the newborn. Low coverage of family planning.

PARTNERS

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> The new Government is developing and making operational a Universal Social Protection Scheme (USPS) that will be piloted in some priority districts. The USPS is fully supported by all the United Nations agencies. Recently, it has been formed a Nutritional and Feeding Program directly coordinated by the Presidential Technical Secretariat that convokes all the relevant stakeholders on this issue. The new Government has formulated and approved the Intersectoral Five-Year Plan that articulates different ministries and governmental efforts around a medium-term programming cycle. The United Nations Agency began the new Country Joint Assessment in the context the UNDAF's formulation. It is expected that this process facilitates the alignment of UN's intervention to the new Government priorities. 	<ul style="list-style-type: none"> Lack of an intersectoral national plan for the integrated approach to prevention and control of chronic diseases and cancer. Inequitable access to family immunization and to new vaccines and absence of a national law on this regard, that includes and assures national resources for application and coverage. Weak mechanisms to promote feeding and nutritional security, to monitor nutritional status and the implementation of prevention and control strategies for micronutrients deficiencies. Limited response to public health events of national and international relevance and difficulties to accomplish the International Health Regulations requirements. Lack of policy and rehabilitation services for disable people and lack of attention to mental health including community based care and prevention of alcohol-related problems and psychoactive substances consumption. Limited approach to different violence manifestations and road safety. Insufficient water quality and domestic sewage water control and weak management of chemical substances and hazardous waste. Limited response to emergencies and disasters' situations, mainly at local level.

PAHO/WHO STRATEGIC AGENDA (2010-2011)

- Following a strategic review of the technical cooperation, PAHO/WHO Representation and the Ministry of Health led by the that new Government Authorities, agreed the strategic objectives listed below:
 - Restructuring of the National Health System based on the integral primary health care, as part of the social universal protection system mainly reinforcing Ministry of Health's governance on its dimension of stewardship, regulation, social participation and intersectorality.
 - Impulse the establishment of an integrated health services network including health public institutions, Ministry of Health, Salvadorian Social Security Institute, Teacher's Welfare and Military Health, that reflect the attributes of networks based on primary health care renewed and universal.
 - Improved public health surveillance of diseases, risk factors, social determinants and environmental health with an intersectoral and participatory approach.
 - Reduce risk factors and improved the attention of non-transmissible chronic diseases, including all type of violence, road accidents and promotion and decentralized mental health care.
 - Consolidate the achievements on the infant and mother's mortality reduction and face the challenges of populations at risk, especially adolescents, young's and other highly social excluded population groups.
 - Strengthen the response capacity of the health institutions and civil protection against natural disasters and their consequences on health and the functioning of the health system.
- The pivotal work of PAHO/WHO will consist on the coordination and cooperation with the Ministry of Health, as stewardship authority, jointly with national and sub national sectoral public entities and decentralized health service network and other intersectoral stakeholders in order to support the restructuring of the National Health System and the development of an universal health protection system. PAHO/WHO will facilitate the work of the sectoral and intersectoral integration through the support to national instances such as the Health National Council, the Public Health Superior Council and the Intersectoral Health Committee (CISALUD).
- Coordinating with the Ministry of Health and other external health cooperation stakeholders (Foreign Affairs' Ministry and Presidential Technical Secretariat) and United Nations system's Agencies, a consensus building forum will be established in order to align and harmonize health cooperation by integrating other United Nations Agencies and NGO's into joint programs, population, thematic or geographical priorities. Establishing cooperation monitoring mechanisms.
- PAHO/WHO Representation in El Salvador coordinates Ministry of Health's and National University's the literature centers and knowledge management and supports the establishment of the National Health Institute national strategy as a research, knowledge generator and strategic information source for the health system.
- PAHO/WHO will mobilize resources promoting the articulation and alignment of the cooperation with other stakeholders, strengthening technical resources on systems, policies, situation analysis, health services, family and community health, surveillance and control of diseases and human resources development, integrating sub-regional existing capacities of PAHO/WHO Representation in El Salvador and other countries aiming at accomplishing of the Health Agenda and Strategic Plan of Central America and Dominican Republic, developing a training program on international health, establishing an inter-program team for health promotion and integral and intersectoral approach to health and its determinants with a special focus on intercultural issues and gender.

ADDITIONAL INFORMATION

WHO country page <http://www.who.int/countries/slv/en/>
Country office web site <http://devserver.paho.org.els/>

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