World Health Organization

Country Cooperation Strategy *at a glance*

Guatemala

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Land area[1]	108 889 km^2
Total population (2006)[2]	12 911 000
Indigenous Population (2006)[3]	40%
Urban Population (2006) [2]	47.6%
Life expectancy at birth (2006) [2]	68.2
Annual Population Growth (2004) [2]	2.4%
Per capita GDP US$ (2005)	2400
Total per capita health expenditure US$ (2003)[4]	235
Per capita government health expenditure US$ (2003)[4]	93
Human Development Index (rank) (2004)[5]	0.673 (118)

Sources:

[1] National Statistical Institute
[2] PAHO/WHO Basic Indicators 2006
[3] Ethnic and cultural diversity: National Human Development Report of Guatemala 2005
[4] World Health Report 2006
[5] Human Development Report 2006
[6] Second Report on Advancing the Millennium Development Goals 2006, Presidential Secretariat for Planning, Government of Guatemala

Guatemala is a democratic republic consisting of 22 departments and which is in the process of restoring its social system after several decades of armed conflict. It is the most populous nation in Central America, whose population is largely poor, rural, young, and indigenous. Its crude birth rate is 33.8, with a total fertility rate of 4.2 (6.2 in indigenous families), the highest in the Region. It is a multiethnic, multicultural nation with 23 linguistic groups. The net schooling rate at the primary level was 92.3% between 2000-2004, with a literacy rate of 82.2% in the 15-24 age group. The income ratio between the highest and lowest 20% of the population was 20.5% between1984-2003, and the dependency ratio was 89.6 for 2006, the highest in the Hemisphere.

HEALTH & DEVELOPMENT

The country's political and social model has not succeeded in eliminating exclusion, linked to the lack of sustainable growth and inadequate domestic redistribution. In the structural area, the main problems are the high concentration of land ownership; low taxation (around 9% of GDP); the high concentration of wealth; and difficulties in implementing more effective social policies. Guatemala's public health expenditure is among the lowest in the Americas (around 1% of GDP); 20% of its population lacks regular access to health services; and the quality and effectiveness of public services are limited.

Social violence and lack of citizenship security have reached alarming levels. In the period 2003-2006 more than 2,000 women died violently. The United Nations System (UNS) keeps phase I of security, increasing it occasionally to phase II for certain areas of the country.

Data regarding the monitoring of the Millennium Development Goals (MDG) indicates only a remote possibility of achieving indicators 8, 10, and 16 and notes that 21.5% of the population lives on less than US$ 1 per day (2005), largely in rural and indigenous areas[6]. Approximately 49% of children under 5 suffer from chronic malnutrition (68% among indigenous children), and 30% of pregnant women have nutritional deficits. Food insecurity has worsened in recent years, and pockets of populations with acute and severe malnutrition have reappeared.

In 2004, infant mortality of 39 per 100 000 live births was reported, the third highest in the Americas, and under-5 mortality of 48 per ,000 live births, the fourth highest in the Americas. The estimated maternal mortality rate in 2000 was 153, with the figure for the indigenous population three times higher than for the non indigenous population. Guatemala has the third-lowest contraceptive use in the Americas. Some 75% of the population had access to an improved source of drinking water in 2002 (90% of the urban and 60% of the rural population), and the figure for improved sanitation facilities was 47% (77% urban and 17% rural) [6]. The HIV/AIDS epidemic is growing and the male/female ratio is 1:1, with low antiretroviral (ARV) coverage. The estimated incidence of tuberculosis is 80 per 100 000, and the country reports 60% of the malaria cases in Central America.

Great strides have been made in vaccination coverage: there have been no cases of polio since 1990 or measles since 1997. Over 92% of infants are covered by the immunization program, which includes 10 vaccines. In recent years, progress has been made in controlling malaria, Chagas' disease, and onchocerciasis.

Total health expenditure rose from 4.7% of GDP in 1999 to 5.4% in 2003, while government health expenditure fell from 48.3% to 39.7% in that same period and private expenditure increased from 51.7% to 60.3%.

OPPORTUNITIES	CHALLENGES
• Peace agreements (basis for a national development agenda agreed on by the conflicting parties and a stepping stone to the MDGs and their targets) • Fifteen years of democratic opening. Ten years since the signing of the Peace Agreements • Political parties working together to establish medium-term social programs • Ministry of Health with a proposal for National Health Development Agenda (DNS), within the framework of the Sector-wide Approach to Health (SWAp)	• Inequitable development and health model • Reducing discrimination and racism • Increasing tax revenues and improving the social redistribution of wealth • Increasing the budget allocated to the Ministry of Public Health (MSPAS) • Reducing the mainly rural and indigenous poverty level from 56% • Reducing the proportion of children under 5 with chronic malnutrition from 49% • Need to increase basic health service coverage • Fragmented health services system, with human resources gap • Improving health information systems

INTERNATIONAL COOPERATION

Guatemala's classification as a middle-income country makes it ineligible for non reimbursable financial cooperation. Nevertheless, external resources remain an important part of the investment for social development to bridge the equity gaps among population groups and to respond to the threat of natural disasters.
The cooperating agencies and countries that invest the most in health and maintain offices in the country are: AECI/Spain, USAID/USA, SIDA/Sweden, CIDA/Canada, GTZ/Germany, JICA/Japan, Norad/Norway and the MINSAP/Cuba; added to these are contributions from the Netherlands, the United Kingdom of Great Britain and Northern Ireland, China (Province of Taiwan), the Bolivarian Republic of Venezuela, and the European Union. The UNS has Representative Offices from the UNDP, UNICEF, WFP, UNFPA, UNESCO, FAO, OACNUDH, UNAIDS, UNV, and the World Bank, and the CCA/UNDAF for 2005-2008 is in force. The most relevant humanitarian assistance in recent years came as a result of Hurricane Stan in October 2005, some US$ 20 million were mobilized.

OPPORTUNITIES	CHALLENGES
• International cooperation relations with the Government and civil society organizations are based on mutual respect and on joint work agreements. • Two CCA/UNDAF exercises were performed in the country • Political parties have presented two instruments for joint efforts: the Country Vision Plan and the Shared National Agenda. • Ministry of Health has a National Health Agenda 2006-2020. • SWAP process in health is accepted and under way for implementation in the coming years.	• Systematic holding of health roundtables for dialogue between the government and international cooperation agencies, programs and NGOs • Improving public expenditure on health sector priorities linked to international cooperation funds • Developing a civil service policy that encourages greater stability among human resources working in health and other social sectors, linked to recognition of a career in administration

PAHO-WHO STRATEGIC AGENDA (2006-2011)

Seven general orientations have been identified that describe the interactions that should be established between PAHO/WHO and the institutions, organizations, and agencies in the country to foster national health development:

1. Work on greater opportunities for dialogue among the health and development actors in the country, helping to promote joint strategies and complementarity in the use of the resources of each;
2. Share information more, rationalize procedures, and develop strategic partnerships with other agencies, funds, and organizations that cooperate in health. Promote the alignment and harmonization of technical cooperation (TC);
3. Contribute to technical and managerial strengthening of MSPAS so that it leads the sector and guarantees execution of the essential public health functions and their financing;
4. Cooperate in the execution of public policies and programs aimed at reducing inequities, especially those geared to the poor, the indigenous population, and women. Fulfillment of the MDGs and the health-related Peace Agreements;
5. Collaborate in mobilizing resources for the health sector that will strengthen the ability of national institutions to manage these resources;
6. Promote sustainable, adequate management of socio sanitary and health information to improve decision-making on national priorities and meet international commitments;
7. Foster the generation and transfer of know-how to meet the health challenges the country face

Three major areas of work were defined, consisting of **11 Objectives and 51 Strategic Proposals**, which are the basis for defining technical cooperation with the country in the next six years and define the expected results of the cooperation and the means that will be used for its implementation. The Areas were defined using the categories that PAHO has been promoting within the framework of its Work Plan 2002-2007. Several strategic objectives correspond to each, as listed below:

Area I. Addressing the unfinished agenda: Reduce the prevalence and incidence of communicable diseases (STI/HIV, dengue, malaria, tuberculosis, and acute diarrheal and respiratory infections); control the environmental factors that affect health; improve the response of the health services; overcome the lags in the health of women, girls, and boys.

Area II. Protecting achievements: Keep under control the diseases in which progress toward elimination is being made in the country; consolidate efficient, effective models of service delivery and supply management; maintain the progress made in information systems.

Area III. Facing new challenges: Tackle emerging and reemerging diseases; develop healthier spaces; improve health regulations; address violence and accidents using a public health approach.

ADDITIONAL INFORMATION

WHO Country Office web site **http://www.ops.org.gt**
WHO country page **http://www.who.int/countries/gtm/es**