Primary Health Care in Guatemala
Notes and contributions from an urban perspective

Guillermo Hegel, MDS. MPH.
Guatemala
Guatemala

- 18 million inh.
- 50% lives in poverty
- 25% lives in the metropolitan area
- Rapid urbanization, by 2030 Guatemala would be urban
- One of 20 countries in the world with highest inequalities
Guatemala’s national health system

- **2.3%**
  General Government Health Expenditure / GDP
  
  Source: WHO. 2014

- **52%**
  Out-of-pocket expenditure / THE
  
  Source: WHO. 2014

- **49.6%**
  of population covered by MoH
  
  Source: MoH. 2012

- **15.7%**
  Social insurance coverage
  
  Source: MoH. 2012

- **Unregulated private-for-profit sector**
  
  Source: Flores, 2008

- **Fragmented**
Understanding of Primary Health Care

- **Policy-makers**: silver bullet to improve access and hospital care
- **Health professionals**: biomedical focus & targeting populations through first line services
- **Patients**: hospital preference, lack of services and medicine.
- **General public**: relates health to health determinants and illness to health care
- **Private-for-profit**: shaping perception of hospital and biomedical care

Primary Health care needs to improve, but hospitals makes the headlines

“...service logic is not universalistic but targeting the poor. Not all the poor however, only the extreme poor. Not even all the extreme poor, only in selected communities. And not these communities as a whole, only their women and children. But not all women, only those in reproductive age. This ends up being a targeting of targeting of targeting. It is all the more exclusionary because the services offered don’t even cover the needs of all under-5’s and women in reproductive age. These are no more than the famous ‘cost-effective interventions’ that we know since the days of Primary Health Care: a basic package for child survival that has been repackaged (...) in Guatemala over the last 35 years”

respondent from academia, 2016
Official place of PHC in Guatemala

- **First democratic election** (1954)
  - 1st reform period: health, education, agriculture and labour

- **2nd period of dictatorship and 30 years of civil war** (1978)

- **Alma Ata Declaration** (1968)
  - Multisector PHC

- **Signature of peace agreements** (1996)
  - 2nd reform period
  - ‘Instancia Nacional de Salud’ (INS)

- **Health Inclusive Model (MIS)**
  - 1st Pilot, Medicus Mundi Navarra/INS

- **1998**
  - Health coverage extension plan (PEC)

- **2002**
  - Decentralisation framework

- **2008**
  - My Family is Progressing
    - Poverty reduction programme

- **2010**
  - Zero hunger pact
    - Multisector PHC

- **2012**
  - Shift from MIS to Integrated Health Service Delivery Network (IHDSN)

- **2014**
  - Renewed compromise to implement MIS by MoH
What about Primary Health Care in Villa Nueva?

Rural to urban in less than 30 years
1976

Source: Villa Neva Planning Department, National Institute of Statistics, 2002
The Local Health System of Villa Nueva

Municipality of Villa Nueva
Health providers

Low Population Coverage
Low Financial Protection
Limited Service Coverage

Health Providers
- MoH/Public
- Social Insurance/Public
- Private for-profit
- Municipality/Public

MoH Districts
- Ciudad Real
- Mezquital
- Peronia
- Villa Nueva

Current situation of PHC in Villa Nueva

General understanding of main actors that primary health care is more than only health services

Active dialogue and participation of communities, reinforced x Urban HEART

Memorandum of understanding between MoH and local government

Political will to define an interinstitutional framework for action: municipal health policy

Inefficiencies within the administrative bodies of MoH

Lack of resources consolidates over-targeted approach of PHC

Lack of coordination with other health providers including within the MoH

Rural approach mismatches with new urban reality
<table>
<thead>
<tr>
<th>Principal Challenges ahead</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pilot project to develop Guatemala’s 1&lt;sup&gt;st&lt;/sup&gt; Integrated health services delivery network</td>
</tr>
<tr>
<td>High rotation of authorities of MoH</td>
</tr>
<tr>
<td>Decentralisation framework as means to improve equitable primary health care</td>
</tr>
<tr>
<td>Interest of different sectors lead by MoH to implement an integral health reform</td>
</tr>
<tr>
<td>Introduction of Health-in-All policies into the planning cycle of local governments</td>
</tr>
</tbody>
</table>
Thank you for your attention!

For more information:

guillermo.hegel@villanueva.gob.gt - https://www.villanueva.gob.gt