

Paraguay



<http://www.who.int/countries/en/>

WHO region	Americas
World Bank income group	Lower-middle-income
CURRENT HEALTH INDICATORS	
Total population in thousands (2010)	6687
% Population under (2005)	32.78
% Population over 60 (2008)	8.01
Life expectancy at births (2010) Total, Male, Female	72 (Male) 75 (Both sexes) 78 (Female)
Neonatal mortality rate per 1000 live births (2009)	12 [8-18] (Both sexes)
Under-5 mortality rate per 1000 live births (2010)	22 [16-31] (Both sexes)
Maternal mortality ratio per 100 000 live births (2010)	99 [60-160]
% DPT3 Immunization coverage among 1-year-olds (2011)	87
% Births attended by skilled health workers (2010)	84.6
Density of physicians per 1000 population (2010)	
Density of nurses and midwives per 1000 population (2010)	
Total expenditure on health as % of GDP (2011)	9.7
General government expenditure on health as % of total government expenditure (2011)	16.4
Private expenditure on health as % of total expenditure on health (2011)	61.4
Adult (15+) literacy rate total (2005)	93.9
Population using improved drinking-water sources (%) (2010)	99 (Urban)
Population using improved sanitation facilities (%) (2010)	88 (Urban) 58 (Total) 39 (Rural)
Poverty headcount ratio at \$1.25 a day (PPP) (% of population)	7.2
Gender-related Development Index rank out of 148 countries	95
Human Development Index rank out of 186 countries (2011)	111

Sources of data:
Global Health Observatory – April 2014
<http://apps.who.int/gho/data/node.cco>

HEALTH SITUATION

Paraguay has achieved many significant public health achievements. Health care has expanded notably due to the elimination of public health care charges, the creation of 754 Family Health Units, and the advancement of the Integrated Networks of Health Services. In just a few years, these strategies have achieved a doubling of access to the health system for the poorest quintile of the population. In addition, the coverage of the sexual and reproductive health services has been increased and infant mortality was reduced. Public resources allocated increased to S\$124 per capita (about 3% of GIP), with a growing direct out of pocket payment (60%).

Despite these advances, Paraguay still has some challenges related to universal access to basic services, affecting mainly the people from rural areas, indigenous people, and lower-income people and in some cases women and children. Noncommunicable Chronic Diseases (NCCD) constitute a real threat to the social and economic development of the country. Currently NCDs, particularly cardiovascular diseases which are the leading cause of deaths, surpass the burden of communicable diseases. Infant mortality is still high in regional departments with greater rural population and indigenous communities, as well as maternal mortality and adolescence pregnancy. Road safety, access of elderly people and people with disabilities to services, food safety and access to sanitary services, particularly for rural population, remain health challenges.

HEALTH POLICIES AND SYSTEMS

The Constitution of 1992 established that the State shall protect and promote health as an essential human right and to the best interest of the community (art. 68). Values assumed by the health sector are universal coverage, integrity of its services, equitable benefits, solidarity and social responsibility.

The Paraguay Health National System (SNS) is regulated by Law 1032/96, and establishes that the system will provide services through the public, private or public-private subsectors, from health insurances and universities. (art. 4). It includes the establishment of the National Health Council as a coordinating body of inter-institutional participation of the public and private health sector (art. 19).

MoH takes the leading role for programs and activities of the health sector to guide and regulate public and private actions that impact individual and collective health (decree 21376/98). During 2005-2008, the motto "Building a State Policy Together – Health for All with Equity" has led the work in health.

Between 2008 and 2013, the Institutional Strategic Plan (PEI) was developed that reflected the Government health goals. The National Plan of Development and the National Plan of Extreme Poverty Reduction have been the basis for the PEI. The PEI for the 2013-2018 period is based on principles of universality, social inclusion, social equity, integrity, complementarity, efficiency, quality, sustainability and sustainability. It is oriented towards four cross-sectorial approaches: Right to health; gender equity; inter-culturality; and social determinants. The PEI 2013-2018 has identified three pillars for work: 1. strengthening the steering role; 2. strengthening the provision of health services (promotion, prevention, attention, and rehabilitation) focused on right, equity, gender and inter-culturality; and 3. Guaranteeing transparency, efficiency, efficacy, civic participation and management quality.

COOPERATION FOR HEALTH

Paraguay has received cooperation aid through different modalities. In terms of bilateral cooperation Paraguay has received support from the governments of Germany, Canada, China, Korea, Spain, United States of America, France, Israel, Japan, and United Kingdom of Great Britain.

Multilateral partners working at country level are the Inter-American Development Bank (IDB), World Bank (WB), European Union (EU), Organization of American States (OAS), and the United Nations (UN) system. Bi-regional cooperation includes cooperation between European Union and Mercosur. Cooperation with Mercosur has been facilitated by IDB, OAS, Global Policy Forum of the United Nations, and the National Bank of Economic and Social Development from Brazil (BNDES). Paraguay has benefited from South-South and triangular cooperation with Argentina, Brazil, Chile and Mexico. Triangular cooperation projects have been supported by PAHO/WHO through the Technical Cooperation among Countries initiative (TCC).

WHO COUNTRY COOPERATION STRATEGIC AGENDA (2010-2013)

Strategic Priorities	Main Focus Areas for WHO Cooperation
<p>Strategic priority 1: Development of cross-sectorial structural changes that prioritize health as a human right and social asset. Changes that are guaranteed by the State, with a focus on gender equality, inter-culturality, participation and social works, in terms of life quality.</p>	<ul style="list-style-type: none"> • Technical cooperation to strengthen the national health authority capacity to perform its leading role; improve analysis and policy formulation, regulation, strategic planning and implementation of changes in health systems; and, increase the cross-sectorial coordination at local and national levels. • Institutional development plans to improve the financing mechanisms performance. • Technical cooperation to reduce the social exclusion and to expand social protection schemes. Hence, it would strengthen social and public insurances, and improve coverage programs and strategies.
<p>Strategic priority 2: Strengthening the National Health System based on the Primary Health Care Strategy, focused on Social Determinants and through the organization of service networks.</p>	<ul style="list-style-type: none"> • Technical cooperation to implement strategies to strengthen health services, and to integrate the provided services in a unique network model that includes public and private providers. • Promotion of equitable access to primary health care services and to medical products and health technologies. • Support primary health care interventions in specific territories (Paraguayan Chaco and Triple Border) and/or vulnerable groups (indigenous communities and women and children) through the Primary Health Care Strategy.
<p>Strategic priority 3: Incorporation of health policies in the social sustainable development</p>	<ul style="list-style-type: none"> • Technical cooperation to strengthen programs and plans for emergencies, risk reduction, and recovery of affected population. • Technical cooperation to strengthen capacities to introduce health promotion into programs to focus on social and economic health determinants and to contribute to poverty reduction and sustainable development. • Reinforce health sector leadership to promote a healthy environment and to influence public policies in all sectors to fight fundamental causes of environmental threats to health, food safety, nutrition, and chronic diseases related to food.
<p>Strategic priority 4: Development of human resources in a triple perspective: normative, knowledge management, and work approach.</p>	<ul style="list-style-type: none"> • Technical cooperation to develop human resources for health plans and policies and to strengthen capacities and human resources information system. • Development of tools to improve human resources for health management. • Strengthening institutions and development of training programs improve management capacities.
<p>Strategic priority 5: Strengthening the Information system, with emphasis in basic statistics, epidemiological information and information on inequalities, research and communication for the knowledge management for decision making.</p>	<ul style="list-style-type: none"> • Technical cooperation, to improve health information systems, especially vital statistics at regional and national level; increasing equitable access to information, sharing information and, and use of evidence-based information on health for decision-making. • Technical cooperation to promote research in priority areas, including health system research and operational research, based on ethical principles. • Technical cooperation to collect, compile and analyze social and economic data related to health, disaggregated by sex, age, ethnic group, income.
<p>Strategic priority 6: Attention to risk factors and social determinants for high burden epidemic diseases, as well as communicable, noncommunicable, and neglected diseases that affect family and community health.</p>	<ul style="list-style-type: none"> • Maintain and increase capacity in detection and control of preventable diseases by vaccines, emerging infectious and re-emerging infectious diseases, neglected and zoonotic diseases, and other communicable diseases, which are significant in the country due to their epidemic or endemic nature. • Creation of mechanisms through social communication and health services to prevent and decrease morbidity and mortality, and disabilities due to chronic noncommunicable diseases, mental disorders, and violence and trauma, particularly those related to road safety. • Health improvement in the key stages of the life cycle, facilitating resources application to the mother, newly born, child, adolescent and youth care.
<p>Strategic priority 7: Development and strengthening of PAHO/WHO as an organization of excellence in Paraguay for technical cooperation in health, through the exercise of their mandates with leadership, responsibility and accountability.</p>	<ul style="list-style-type: none"> • Development of technical cooperation strategies to comply with the mandate of pushing forward the global health agenda, the agenda of the Americas, UNASUR and MERCOSUR in Paraguay. • Strengthening the effective presence of PAHO/WHO in Paraguay, in order to implement the Cooperation Strategy 2010-2013 aligned to the national strategy and health plan, and in collaboration with United Nations agencies and programs in the country, and with the Cooperation Desk (requires clarification). • Implementation of reforms in the planning process, works and evaluation of PAHO/WHO at country, regional and global level, in accordance with the WHO General Programme of Work and with the Health Agenda for the Americas.

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