

Honduras



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

Total population ¹	8 045 990
% Under 15 ¹	38,4
Life expectancy at birth ¹	73,6
Under-5 mortality rate per 1000 (2010)	30
Maternal mortality rate per 100 000 live births (2010) ⁴	100
Total expenditure on health as % of GDP ⁴	8,7
General government expenditure on health as % of general government expenditure ³	15,2
Human Development Index Rank, out of 186 countries ²	120
% Adult (15+) literacy rate ⁴	85
% households with access to improved drinking water source ¹	86
% households with basic sanitation ¹	78,2

Sources:

1. Statistic National Institute <http://www.ine.gob.hn/drupal/>
2. United Nations Development Programme http://www.undp.un.hn/publicaciones_INDH.htm
3. Honduras Ministry of Finance <http://www.sefin.gob.hn/?p=16004>
4. World Health Statistics 2013

The country is located in the centre of Central America; it is divided in 18 departments and 298 municipalities. The government is elected every four years, and the last authorities came into office in January 2010 after the most important political crisis of the last two decades, the 2009 coup d'état.

According to the Honduras National Statistics Institute (SNI), there are 8 ethnic groups representing 7,2% of the country's population. The Economically Active Populations (EAP) represents 42,1% (2010) with a growth rate of 3,4%. According to the World Bank, from 2000 to 2010 about 7,5% of the population have left the country. The external debt by the 2010 was US\$3,700 million, growing 12,1% between 2009 and 2010. The Honduras Central Bank reported a maintained annual growth of country economy of 6%, but as consequence of the political crisis, there was a negative growth of 2,1% during 2009.

There has not been a significant change in the poverty rate, by 2010; 58,8% of the population were living under the line of poverty and 36,4% lived in extreme poverty. Of the 89,5% of children enrolled in primary school, only 60% reach the sixth grade. In response to all the social difficulties that are affecting the country, the Government has created a long term vision plan called "Visión de País 2010 – 2038 y Plan de Nación 2010- 2022"

HEALTH & DEVELOPMENT

According to the National Statistics Institute, by 2006 the coverage of health services provided by the Secretary of Health was of 60%, 15% by Social Security Institute (IHSS), 10% by the private sector and 15% has no access to health services. The lack of Health Information System (HIS) is an important challenge. It is necessary to improve the health competencies to produce the required information for policy makers.

The vulnerability of the country to natural disasters (hurricanes, flooding and landslides) has consequently classified the country as one of the three most vulnerable countries in the world to climate change effects. Violence has risen considerably. The homicide rate in 2010 was 75,5 per 100 000 and estimated in 87 per 100 000 population to date. During 2010, there were 385 homicides in women (6,2% of all homicides) which, according to newspaper sources compiled by Women Rights Center (CDM), correspond to 55% of femicides (186 deaths). By June 2011 195 femicides had been reported. The Human Rights National Commissioner has reported that the national budget for national security has been increased from 2006 to 2010 in a annual average of US\$44,6 million; however, violence is rapidly increasing due to drug traffic and organized crime. Men and young people (20 - 29 years old) are the most affected group with a proportion of 93,8% and 34,8% respectively.

Teenagers represent 38,8% of the population. The 21,5% of girls between 15 and 19 years old, in 2006, were reported pregnant, this group are also most affected by sexual assault, with the 59% of all reported cases in 2010.

The political crisis in 2009, in additions to the international economic crisis, occurred simultaneously with an outbreak of the AH1N1 flu, together with the strongest dengue outbreak in the last 20 years. The number of deaths caused by AH1N1 flu was 16, compared to 83 by dengue. The increasing mortality was impacted by the interruptions of health services due to the internal division of the society and the curfews established during the coup.

The Secretary of Health has developed and implemented a National Health Plan called "Plan de Salud 2010-2014"; they are also developing a Health Sector Reform Process that is advancing very slowly. Supported by the Global Fund, there are two active projects in HIV and malaria. Two new projects on orphans with HIV and tuberculosis are to be implemented. The country will be requesting a continuance of the time frame to completeness for IHR. The ministry of health has improved the regulatory framework related to women and newborns and introduced of rotavirus (2010) and pneumococcal (2011) vaccines in the national immunization scheme.

The Expanded Program on Immunization is implementing the Vaccination Supplies Stock Management (VSSM) software in 10 of 18 Department (Atlántida, Choluteca, Cortes, Olancho, Colón, Intibucá, Isla de la Bahía, Lempira, Valle, and Yoro) in order to maintain quality in the cold chain and stock control vaccines and syringes.

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> • The implementation of the Strategy for Accelerated Reduction of Maternal Mortality and Child to reduce rates of child and maternal mortality • Reduction of the under- five mortality rate from 48 per 1 000nb in 1991 to 30 in 2006. • The coverage of vaccines has been sustained up of 95% in all antigens during the last five years. • Improvement in the regulatory framework related to women and newborns. • Introduction of rotavirus (2010) and pneumococcal (2011) vaccines in the national immunization scheme. • Implementation of Vaccination Supplies Stock Management (VSSM) software in 10 of 18 Department (Atlántida, Choluteca, Cortes, Olancho, Colón, Intibucá, Isla de la Bahía, Lempira, Valle, Yoro) • In 2010 the anti-tobacco law " Ley especial para el Control del Tabaco" was presented, regulated and being implemented • There is a commitment to improve water and sanitation and particularly solid waste management 	<ul style="list-style-type: none"> • Positioning WHO and PAHO to strengthen the Ministry in its role of stewardship of the NHA and health sector reform. • The policy decision of the Ministry of Health as a priority to maintain health of women and children • Maintaining high immunization coverage • Political support to continue implementing the law of vaccines. • Addressing environmental determinants of health, human security and reduce vulnerability by emergencies and disasters and support the sector in adaptation to climate change threat

PARTNERS

International cooperation and donors have expressed their support and endorsement to the current authorities in the framework of the Country Vision and National Plan for the period 2012-2014; this instrument supports the appropriation compliance and alignment for the fulfillment of the Paris Declaration. However, the country has been evaluated with unacceptable levels of corruption.

One of the requests for cooperation over the next two years is to cover the fiscal budget gap for the achievement of priority actions. However, there is no evidence of congruency between the requests for cooperation with the priorities established in the Nation Plan and cross-sector harmonization of these, creating an environment of uncertainty and mistrust within the cooperation.

The availability of support has been expressed by all donors with the request for the creation of a monitoring mechanisms and evaluation that demonstrates the efficiency and effectiveness of aid in the country.

Other donors and cooperation agencies besides the UNS in the sector are represented by IDM, WB, JICA, USAID, CIDA (Canada); the health multi-sector donors table is coordinated by PAHO/WHO, who also sits on the CCM for the GFATM, chairs the UNAIDS Theme Group, among other bodies in the country.

UN System has completed the UNDAF 2012-2016, which was signed by all parties in early 2011.

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> Prevention and control of communicable diseases, vector-borne diseases, tuberculosis, sexually transmitted infections, diarrhea, pneumonia, mental health disorders, maternal and neonatal mortality, and patient safety Mitigation of health problems related to emergencies and disasters, human security, nutritional and food security, healthy lifestyles and unhealthy environments Reduction of child and maternal mortality rates 	<ul style="list-style-type: none"> Positioning WHO and PAHO to strengthen the Ministry in its role of stewardship of the NHA and Health Sector Reform Develop and maintain appropriate organizational conditions for a coordinated technical cooperation process, according to the rules and procedures under the UN System, governmental and non-governmental bodies

PAHO/WHO STRATEGIC AGENDA

- Develop and maintain appropriate organizational conditions for a coordinated technical cooperation process
- Address the environmental determinants of health, human security and reduce vulnerability to imminent emergencies and disasters with the aim of improving the health status and quality of life
- Strengthen epidemiological surveillance, prevention and control of communicable and non-communicable diseases
- Contribute to improved maternal and neonatal health, child and adolescents health using the life course approach.
- Support the integration of the health system with primary health care and social protection components
- Contribute to improved quality of care, strategic management and accountability in the health sector
- Continue supporting institutional strengthening with enhanced competencies for health management

ADDITIONAL INFORMATION

WHO country page <http://www.who.int/countries/>

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