**WHO**

**Guatemala: Position Paper**

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Topic 1: Non-Communicable Diseases (NCD)

Guatemala constitutionally is a democracy. The 14th anniversary of the signing of the Peace Accords, which marked the end of over 30 years of civil war, was celebrated in 2010. Guatemala’s population was estimated in 2010 at 14,377,000 inhabitants.[6] As Guatemala is a lower middle income country[[[1]](#footnote-1)], so NCDs in LMICs is very relevant to the country. In Guatemala Coronary Heart Diseases is the third leading cause of death in the country, with influenza and pneumonia as the leading cause, and violence in second.[[[2]](#footnote-2)] Currently in Guatemala the probability of dying between ages 30 and 70 years from the 4 main NCDs is 14%. Interestingly, this percentage is the same as the United States of America.[[[3]](#footnote-3)][[[4]](#footnote-4)] Guatemala has partially implemented a national plan for the prevention and control of NCDs and their risk factors. Policies to promote physical activity have also been partially enforced.[[[5]](#footnote-5)] Much data is lacking from the country of Guatemala currently, there is no NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targets.[3] Many other statistics are completely missing as Guatemala doesn't have the funds to invest in monitoring to properly investigate many crucial statistics.

According to the WHO, the median age in Guatemala was 19.4 years in 2013[[[6]](#footnote-6)], with 40.4% of the population below the age of 15, and a mere 6.6 over the age of 60 in the same year.[[[7]](#footnote-7)] This means that prevention and education are highly viable areas of focus. NCDs will become a huge issue in coming years because of Guatemala’s aging population. Money and effort spent now could have an enormous impact in the long term health outcomes as the young population of Guatemala ages. Education is the cheapest method to lower the death rate from NCDs, and a balanced approach including both education and cost effective measures for prevention would be the most ideal.

Additionally, a focus on prevention measures will help to relieve pressure on an already badly taxed and underfunded public health system in Guatemala. The public healthcare system desperately needs to expand to meet the basic needs of Guatemalans, and avoiding the additional burden of an aging population suffering from NCDs in mass will be critical to future growth and stability. Guatemala believes very strongly in the importance of universal healthcare. Current Guatemalan health care is split up into three main divisions: the public, private non-profit, and the private for-profit sectors. Making sure there is enough funding to cover the population's health care needs is very important. In Guatemala taxation and tax revenues have been low (10.4% of GDP in 2009), which limits available resources to implement public policies on expanding basic service coverage.[6] Guatemala also wants to make sure that the spending on health care is at the recommended 10%.

Topic 2: Global Pharmaceutical Development and Universal Access to Medication

Guatemala has large availability and pricing problems. This is a problem that is faced by so many Low and Middle income countries, and Guatemala is no exception. Guatemala's average availability of all surveyed medications was very low. In Guatemala currently, public hospitals have the highest availability of medicines with the average being 46%.[[[8]](#footnote-8)] In the private sector the average was even lower than public hospitals at 35%.[9] In the private sector, the highest and lowest priced medicines were 22.7 and 10.7 times more expensive than their international reference price comparison. Obviously this isn't ideal and needs to be lowered in order to meet people's health care needs. Treatments were generally unaffordable, costing as much as 15 days wages for a course of ceftriaxone.[9] One of the primary uses of ceftriaxone is in the treatment of pneumonia, which is the 'leading cause of morbidity and mortality in Guatemala' as of 2003.[10]

Currently there are no functional regulations in place to monitor drug pricing. The lack of pricing regulation and monitoring is really something that Guatemala believes in improving. There is specific problems with health care and medicines for children in Guatemala as well. Guatemala has the highest rate of chronic malnutrition in children under five in all of Latin America[11]Children in Guatemala are dying from treatable diseases because they're not receiving they appropriate medications they need.[9] This is causing a high mortality rate for children under 5. In addition there is also the problem of having to wait for essential medicines that have been remade to be better suited for children may be under patent and therefore more expensive in Guatemala for up to 5 to 15 years after becoming generic in the US.[9]

These problems are compounded by the rate of low and inconsistent availability of critical compounds in both public, PROAM, and private outlets. The means that, in many cases, even the poorest people in Guatemala must pay the highest prices for medication that is only in stock at a private pharmacy.[9]

In the paper, 'Intellectual property and access to medicines: an analysis of legislation in Central America' published in the World Health Bulletin in 2009, the study's authors Alejandro Cerón & Angelina Snodgrass Godoy investigate the complicated relationship between changing intellectual property (IP) rights and access to medication in Central America. The picture of Guatemala is particularly disorganized: in an effort to balance the country's trade and public health interests, Guatemala has passed and repealed IP-restrictive legislation. The enormous costs associated with the development, testing, and marketing of a compound mean that drug companies will be inclined to protect their investment before considering the public health outcomes in a new market. A country with unstable IP and drug policies will have a great deal of trouble providing a viable market for a drug company to enter. Guatemala certainly qualifies: between 2000-2006, there were seven major decrees relating to IP restriction levels that directly impacted the accessibility to medications in the country.[12]

Moving forward, it will be important for Guatemala's government to balance public health concerns with those of the pharmaceutical market. It is critical that the public and PROAM outlets for medications catch up to and pass the current standard of private pharmaceutical outlets. Guatemala should represent an appealing and largely untapped market to the producers of many compounds, but if their legislation blocks entry or creates undue expense, access to critical medications will remain difficult.

There may also be value in collaboration with other Central American countries so that the region comes to represent something more like a single market and less like a tangled legislative wilderness.

Topic 3: Gender Based Inequities in Global Health

Reproductive health represents a significant disparity between Guatemalan men and women. While some of this is due to the difficulty all Guatemalans experience in accessing critical medications and care, much of the risk is due to the country's incredibly high birth rate, with a national average of nearly 5 births per mother [10[[9]](#footnote-9)]. These means that the average mother has a very high exposure to the potential risks and complications associated with pregnancy. Considering the unreliable access to something as simple as antibiotics to treat a minor infection, pregnancy represents a risk in Guatemala that it doesn't in countries with a better public health system.

The fertility rate of 5 children per mother hides another inequity in Guatemalan society. The birth rate for educated urban women is much lower (around 2, and on the decline), whereas the rates for rural, indigenous, and women with no education remain extremely high. The rate is highest for women with no education, but that group includes a disproportionate number of indigenous and rural women. The death rate is also highest for women with no education: 66.5% of maternal deaths involved women with no education.

These issues are difficult to address, as 43.4% of Mayan (indigenous) population is monolingual, speaking 1 of 21 languages other than Spanish [10]. This is especially problematic in a country that does not have the infrastructure required to help these women access pregnancy education in the language that they speak.

Despite the difficulties such an initiative would represent, educating women about pregnancy and childbirth, especially in the highest risk groups, will greatly improve health outcomes for women in Guatemala. What Guatemala would suggest would suggest is the introduction of local maternity clinics where there are doctors that speak the local language. Having doctors that can actually communicate with patients and are accessible in rural environments would help to provide safe medical care to the population who are most at risk, the rural and indigenous population.

A large issue globally is mental health, in Guatemala there is a huge deficit in the mental health of men. The leading cause of death for men in Guatemala is homicide. Though some of this can almost certainly be attributed to the decades-long civil war, it may be beneficial to increase access to psychiatric and psychological treatment in some cases. In 2014 the number of psychiatrists working in the mental health sector per 100, 000 people was 0.29, a number that has fallen dramatically since 2011. Smoking and alcohol awareness education would also benefit men in both rural and urban areas.

1. Statistics', B. K. (n.d.). Guatemala. Retrieved from <http://data.worldbank.org/country/guatemala> [↑](#footnote-ref-1)
2. Violence in Guatemala. (n.d.). Retrieved from <http://www.worldlifeexpectancy.com/guatemala-violence> [↑](#footnote-ref-2)
3. Guatemala. (n.d.). doi:10.1787/888933190326

   <http://www.who.int/nmh/countries/gtm_en.pdf> [↑](#footnote-ref-3)
4. Guatemala. (n.d.). doi:10.1787/888933190326

   <http://www.who.int/nmh/countries/gtm_en.pdf> [↑](#footnote-ref-4)
5. Model charter policies discussed. (1961). National Civic Review Nat Civic Rev, 50(7), 342-400. doi:10.1002/ncr.4100500703

   <http://www.idf.org/sites/default/files/attachments/Guatemala_Scorecard.pdf>

   6 Salud en las Américas Health in the Americas. (n.d.). Retrieved from <http://www.paho.org/salud-en-las-americas-2012./index.php?option> [↑](#footnote-ref-5)
6. 7 By country | Guatemala - statistics summary (2002 - present). (n.d.). GHO | By country | Guatemala - statistics summary (2002 - present). Retrieved from <http://apps.who.int/gho/data/node.country.country-GTM> [↑](#footnote-ref-6)
7. 8 Guatemala. (n.d.). SpringerReference. doi:10.1007/springerreference\_44017

   <http://apps.who.int/iris/bitstream/10665/136864/1/ccsbrief_gtm_en.pdf> [↑](#footnote-ref-7)
8. 9 Angela Anson - Brooke Ramay - Antonio Ruiz deEsparza - Lisa Bero <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3503802/>

   10 Guatemala - Health in the Americas 2007. (n.d.). Retrieved from <http://ais.paho.org/hia_cp/en/2007/Guatemala%20English.pdf?ua=1>

   11 Guatemala. (n.d.). Retrieved from <http://www.savethechildren.org/site/c.8rKLIXMGIpI4E/b.6151425/k.F449/Guatemala.htm>

   12 (n.d.). WHO | Intellectual property and access to medicines. Retrieved from <http://www.who.int/bulletin/volumes/87/10/08-056010/en/> [↑](#footnote-ref-8)
9. 10 Guatemala - Health in the Americas 2007. (n.d.). Retrieved from <http://ais.paho.org/hia_cp/en/2007/Guatemala%20English.pdf?ua=1> [↑](#footnote-ref-9)