



Costa Rica



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Costa Rica's territory is comprised of 51 000 km² of land, divided into seven provinces and 81 cantons. The IX National Population Census of 2000 recorded 3 810 179 inhabitants, and official projections put the increase in the population for 2005 at 13.5%, or 4 325 808 inhabitants. The fertility and birth rates between 1990 and 2004 fell by 34.4% and 36.7%, respectively, leading to a 21.8% reduction in the number of children under 15 in that same period. Life expectancy at birth, in contrast, rose 7.7% from 74.46 to 80.20 years, reflected in a 21.3% increase in the population aged 65 and over. These demographic changes played a role in the modification of health system priorities and international technical cooperation strategies. Over the past 15 years, the fertility rate in adolescents has fallen 99.78 to 66.66 per 1000 births, and the proportion of hospital deliveries is 98%, with similar rates in rural and urban areas. It is worth mentioning that the proportion of children with low birthweight is higher in urban areas, which could be indicative of a significant deterioration in the quality of life of urban families. As to morbidity, it should be noted that while certain diseases such as malaria have declined, others such as tuberculosis and HIV/AIDS, as well as breast and lung cancer, have increased.

HEALTH & DEVELOPMENT

Although Costa Rica has one of the highest rankings in the Americas on both the Human Development Index (HDI) and the Gender-related Development Index (GDI), it fell to 44th and 47th place, respectively, during the period 2000–2005. Access to drinking water is, overall, more than 94%; however, in 1995 it was 99.2% in urban areas and only 88.5% in rural areas. Over 90% of the population in urban and rural areas has excreta disposal services. The average illiteracy rate is 4.7%, but there is a slight gender difference in favor of females, and for each illiterate person in urban areas, there are three in rural areas. The crude primary schooling rate has steadily risen to 99%, while at the same time the dropout rate has fallen to 6.5%.

The country's macroeconomic situation has had its ups and downs. Between 1992 and 1997, the economy grew by 5.8% in terms of GDP. However, between 1998 and 1999, it plummeted to 1.9%, falling to 1.5% in 2000. In 2003, it exhibited a 6.5% growth rate but fell to 4.1% in 2004 and 2005. In 2005, inflation was 14.1%, the highest in eight years and higher than the 10% goal set by the Central Bank. This was attributable to external factors and the impact of oil prices and the devaluation of the colón against the dollar, as well as to domestic factors such as Central Bank losses.

The general election of February 2006 for the period 2006-2010 were won by the National Liberation Party (PLN), with only a 1.1% lead over the Citizen Action Party (PAC) and a 35% abstention rate, the highest in the country's history. The Government was installed on 8 May 2006 without a majority in the Legislature, which means that it must negotiate critical issues such as the free trade agreements with the other parties. The bipartisanship between the PLN and the Christian Social Unity Party (PUSC) that had prevailed in recent decades became a tripartisanship in 2002 with the emergence of the PAC, which bumped the PUSC to third place in the last Government election. During the previous administration, the issue of corruption had dominated the political scene, and the Legislature did not pass any laws to improve public administration or undertake fiscal reform.



INTERNATIONAL COOPERATION

In the first five years of this decade, international cooperation was geared mainly to concluding the sectoral reform processes to ensure that the health system would keep the gains in health that had been achieved (development of the Ministry's steering role in health, expansion of coverage, reduction in communicable diseases - chiefly diarrhoeal diseases and acute respiratory infections, and reduction in infant mortality), and be able to tackle challenges such as effective performance of the sectoral steering role functions, ensuring sustainable financing of the health system, and fighting emerging diseases such as noncommunicable diseases and HIV/AIDS, as well as the threat of new epidemics such as influenza and obesity. The country also receives assistance for developing more effective health surveillance systems to deal with the challenges in environmental health and develop disaster preparedness programs.

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> • The change in administration in May 2006 • The sustainable economic growth of the past 15 years • The country's social tranquility • The multiparty administration and legislature • The country's relatively low unemployment rate • The educational level of the population • The Human Development Index • The increase in foreign investment • The coverage achieved by its health system • The good health indicators achieved 	<ul style="list-style-type: none"> • Reaching national agreements in the legislature • Recharging the economy to sustain economic growth • Reaching national agreements among the country's different sectors • Negotiating national agreements in the Legislature • Provide sources of quality employment for new generations • Generalize secondary education and reduce the dropout rate • Consolidate the sectoral steering role in health • Improve management in the health system • Extend social protection in health to excluded groups • Bridge the gaps in health • Maintain and improve achievements in health • Obtain sustainable financing for public health insurance

PAHO/WHO STRATEGIC AGENDA (2004-2010)

The medium-term cooperation strategy with Costa Rica for the period 2004–2010 is geared to providing technical cooperation in five areas identified as priorities:

1. **International Health Cooperation:** Its purpose is to provide assistance to the country so that it can participate in Central American cooperation forums such as the Central America and Dominican Republic Meeting on Health (RESSCAD) and the Council of Ministers of Health of Central America (COMISCA) and meet its international commitments within the framework of the Millennium Development Goals.
2. **Reduction of exclusion and inequities in health:** Its purpose is to help the country reduce health inequalities that primarily affect indigenous populations, immigrants, and the cantons with the lowest social development indexes.
3. **Policy, steering role, and organization of the health sector:** Its purpose is to assist the Ministry of Health in the performance of its sectoral steering role functions and in its role as a promoter of social policies related to health. This includes support for the organizational development processes carried out by the Ministry.
4. **Health financing:** This is aimed at improving performance of the steering role function of regulating health expenditure and financing and developing a system to produce satellite health accounts that will help to control the quality of health expenditure and the allocation of resources to sector institutions.
5. **Strengthening of the health services, water, and sanitation network:** Its purpose is to improve equity in access to quality services by improving supply to meet the demands of the population.

The Country Cooperation Strategy 2004–2010 (CCS) is under implementation and is being applied through a biannual program coordinated with the country. Its execution has implied changes in the functional organization of the PAHO/WHO Representative Office in Costa Rica.

ADDITIONAL INFORMATION

WHO country page <http://www.who.int/countries/cri/en/>
WHO Country Office website <http://www.cor.ops-oms.org/>

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