



Honduras



© Perry-Castañeda Library Map Collection

Total population (2005) ¹	7 205 000
% under 15 (2005) ¹	39
% rural population (2005) ¹	54
Life expectancy at birth (2004) ²	67
Under-5 mortality rate per 1000 (2004) ²	41
Maternal mortality ratio per 100 000 live births (2000) ³	110
Total expenditure on health as % of GDP (2004) ⁴	6.9
General expenditure on health as % of general government expenditure (2004) ⁴	16.1
Human Development Index Rank, out of 177 countries (2003) ⁵	116
Gross National Income (GNI) per capita US\$ (2004) ⁶	1030
% of population living below national poverty line (1990-2002) ⁵	53
Adult (15+) literacy rate (2003) ⁵	80
% population with sustainable access to improved water source (2002) ⁵	90
% population with sustainable access to improved sanitation (2002) ⁵	68

Sources:

- ¹ United Nations Population Division
- ² World Health Report 2006
- ³ World Health Report 2005
- ⁴ WHO data on National Health Accounts
- ⁵ Human Development Report 2005
- ⁶ World Development Indicators 2005 (World Bank)

Honduras is a Central American country undergoing a demographic transition that has had a democratic government for 26 years. More than 1 million Hondurans of indigenous or African ancestry remain highly marginalized, with limited access to basic services and low levels of social participation. More than half the population lives in poverty, with black and indigenous populations suffering from marked economic and educational inequality and inequality in access to services. In 2000, the foreign debt represented 68% of the gross national income (approximately US\$ 5000 million). Unemployment rose substantially between 1999 and 2004, with an increase in hidden underemployment. Under the Pan American Health Organization (PAHO)/WHO Strategic Plan 2003-2007 Honduras is designated a priority country, being one of the four poorest highly indebted countries in the Region of the Americas. This implies intensified technical cooperation to bridge the health gaps both inside the country and with other countries of the Region.

HEALTH & DEVELOPMENT

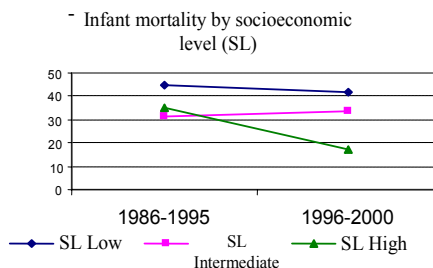
The health system is fragmented, with little coordination among providers such as the Secretariat of Health (SS), the Honduran Social Security Institute (IHSS), and the private sector. The result is a duplication of responsibilities and a backlog of services, leaving some areas unprotected. Roughly 30.1% of the population receive no health care, 83% are uninsured, and there is marked exclusion of ethnic minorities and rural populations. Health expenditure is among the lowest in the Region.

High maternal and infant mortality rates due to high rates of adolescent pregnancies, low levels of maternal education, and limited access to services, safe drinking water, and sanitation, in addition to a high prevalence of child malnutrition.

Prevalent communicable diseases such as malaria, leishmaniasis, Chagas' disease, sexually transmitted infections (Honduras accounts for 60% of HIV/AIDS cases in Central America) and tuberculosis. Diabetes, hypertension, and cancer are on the rise. Ethnic minorities suffer from high rates of morbidity and mortality. There is high incidence

of Chagas' disease among the Tolupanés, Lencas, and Chortís in the central, southwestern, and northwest regions, respectively; there has been a substantial increase in HIV/AIDS among the Garífunas along the northern coast.

The Poverty Reduction Strategy Paper (PRSP) formulated in 2001 and the Government Plan for the Health Sector 2002-2006 seek to improve basic health conditions and reduce inequity; protect the human environment and promote health; improve primary care coverage and access; and guarantee the quality and efficiency of services.



Note: y-axis should read: Rate per 1000 lb

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> • Strategic Plan for the Health Sector 2021, with the sector-wide approach (SWAp); formulation of national policies for maternal and child health, nutrition, and national health development policies • Creation of inter-institutional mechanisms for cooperation (Sector Roundtables) and social participation (consultative groups) • The Government prioritized the PRSP, targeting improvements in education, electrical power, and telecommunications, with a limited impact on poverty, health, water, and sanitation • In 2005, Honduras reached the culmination point in the Heavily Indebted Poor Countries Initiative (HIPC II), in its debt relief process • Long tradition of social participation in health. 	<ul style="list-style-type: none"> • Disjointed, uncoordinated health system • Lack of clarity in the decentralization process (2004); the creation of 20 departmental and metropolitan health regions without clear overall organization • Inequity and low coverage in the health sector • Social violence (gangs) with unsustainable preventive measures • Weak information systems and epidemiological surveillance • Human resource (HR) development policy without planning, needs assessment, or characterization of existing HR • Lack of training in public health • Slow and complex bureaucratic process; political instability with frequent changes of authority • North American Free Trade Agreement between Central America and the United States of America (USA) would have an adverse impact on agricultural products.

PARTNERS

International cooperation (IC) is important to the Honduran economy and national health development. The Government supports the PRSP and the United Nations (UN) Millennium Development Goals (MDGs) for greater social and economic development, reducing poverty in the context of globalization. Success will depend largely on technical and financial support from cooperation partners.

Among the bilateral partners, Germany, Japan, Spain and the USA contribute 68% of resources; Canada, France, Italy, the Netherlands, Sweden, Switzerland and the United Kingdom of Great Britain and Northern Ireland also contribute significantly. The Central American Bank for Economic Integration (CABEI), the European Union, the Inter-American Development Bank and the World Bank account for 87% of multilateral cooperation; UN agencies (FAO, ITU, PAHO/WHO, UNAIDS, UNDP, UNFPA, UNICEF and WFP) also contribute. Reimbursable financing contributes to accelerated economic growth and investment in human capital, concentrating resources to reduce rural and urban poverty and guarantee the sustainability of the PRSP.

The Technical Secretariat for International Cooperation (SETCO) sets the priorities and goals of the investment and public spending programme, monitors the execution of activities, and formulates IC policies and strategies.

After Hurricane Mitch, the IC substantially increased its contributions, which accounted for some 30% of the health budget in 2004; however, the cooperation has been rather disorganized, leading to the creation of tripartite coordinating bodies (Government, civil society, and IC) aimed at harmonizing and aligning IC, with PAHO playing a key role in the health sector.

The relevant actors in the health sector are the ministries of the social and economic sector, the Honduran Social Security Institute, private providers, the National Water and Sanitation Board, the public ministries (oversight agencies linked with the sector), public and private universities, professional schools, the Association of Municipalities of Honduras, national and international nongovernmental organizations (NGOs), UN agencies, country cooperation agencies, and lending institutions (Banks).

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> • Six sector roundtables: health, education, justice, safety, water, and agroforestry; with representatives from the Government, civil society, and cooperation agencies • IC mechanisms for dialogue that meet regularly • The G-15, created to coordinate IC after Hurricane Mitch, meets at the Advisory Group with IC agencies and civil society groups to coordinate technical and/or financial assistance to the National Development Program • Donor Roundtable on Health and Reform (CESAR) with PAHO/WHO as Secretariat. 	<ul style="list-style-type: none"> • Strengthen the institutional capacity of the Ministry of Health to improve management, planning, exercise of the steering role, and the execution and evaluation of programmes and projects • IC should adapt planning, monitoring, and evaluation formats and frameworks to the conditions and priorities of the country • Improve the coordination of IC to avoid duplication, and adopt a programmatic, rather than project-based, approach • Favour impact rather than process indicators • Improve recording of the official information on IC.

PAHO/WHO STRATEGIC AGENDA (2006-2010)

The PAHO/WHO technical cooperation strategy in Honduras is designed to forge partnerships and promote the coordination of IC, aligning and harmonizing cooperation in the health sector to promote equity, combat disease, improve quality, and prolong the lives of Hondurans. This strategy uses the PRSP as a framework and is geared to the attainment of the MDGs; its goal is to foster leadership and strengthen the institutional capacity of the Ministry of Health and other actors, coordinating the PAHO/WHO response to country priorities at the global, regional, subregional, and national levels. The strategic agenda is as follows:

- **Support the primary health care strategy.** Improve access to services; integrate priority programs and health services; guarantee basic services, extending social protection in health; develop an effective referral and communications system; guarantee reliable, integrated, and timely information.
- **Develop the SWAp in health.** Promote health policies based on a long-term National Health Plan, the PRSP and the MDGs. Align and manage resources, coordinating external and sectoral support; analyze trends and cost-effectiveness, and develop monitoring and evaluation indicators.
- **Intensify decentralization of the health sector.** Promote sustainable reform, increasing quality service delivery, coverage, and efficiency; analyze and redefine the steering role; ensure adequate HR in areas of extreme poverty; buttress decision-making with epidemiological analysis, equity, and the gender approach, with special emphasis on the MDGs.
- **Address the socioenvironmental determinants of health.** Adopt the principles of health promotion, intra- and intersectoral coordination (interprogrammatic action), and social participation in the formulation and execution of health, food, and nutrition programmes. Improve the ability to identify, characterize, and handle problems in the areas of sanitation and environmental health, workers' health, chemical substances, and natural and man-made disasters.

ADDITIONAL INFORMATION

WHO country page <http://www.who.int/countries/hnd/en/>
PAHO/WHO country office web site <http://www.paho-who.hn/>

© World Health Organization 2006 - All rights reserved.

The Country Cooperation Strategy briefs are not a formal publication of WHO and do not necessarily represent the decisions or the stated policy of the Organization. The presentation of maps contained herein does not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delineation of its frontiers or boundaries.

