URUGUAY PAHO/WHO COUNTRY COOPERATION STRATEGY 2023-202724

Pan American Health Organization
World Health Organization
Americas Region



INTRODUCTION

The WHO Country Cooperation Strategy (CCS) is the medium-term strategic framework for WHO's collaboration with a Member State, in support of the country's National Health Development Policy, Strategy, and Plan. The WHO Uruguay Country Cooperation Strategy (2023-2027), was developed through extensive consultations with the Ministry of Health, other health-related line ministries, the UNCT, the private sector, legislators, development partners, civil society etc., to objectively identify factors hindering effective health service delivery and recommend solutions.

The five strategic priorities of the WHO-Uruguay CCS (2023-2027) are aligned with the 13th WHO General Plan of Work, the Sustainable Health Agenda for the Americas 2018-2030, and the PAHO Strategic Plan 2020-2025, the United Nations Sustainable Development Cooperation Framework and WHO's General Programme of Work (GPW).

ABOUT US

The WHO Country Office in Uruguay.
As of 2024, the office has 23 staff in total (7 Staff -1 is CPCP staff-, 9 contingent workers and 7 consultants.
In the past biennium the total funding received by the country office was US$ 3,878,552 and the utilization rate was 98%.

PARTNERSHIP ENVIRONMENT

WHO collaborates actively with a range of humanitarian and development partners, the United Nations Country Team (UNCT), and the 58 operational partners convened by the WHO-led Health Cluster.

COUNTRY CONTEXT

Uruguay has 19 departments and a population of 3.5 million, with 16% aged 65 years or older. It is a high-income country with political, democratic and social stability. In 2023, its GDP per capita was USD 22,422, and infant mortality was 7.3 per thousand live births (2023)Its universal and equitable health system integrates public and private providers in the National Integrated Health System. Uruguay allocates 6.5% of its GDP to public health expenditure, and out-of-pocket expenditure was 17.4% in 2020. The Ministry of Public Health established the National Health Objectives 2030, aligned with the SDGs and the goals of the WHO General Programme of Work

PROGRESS ON HEALTH OUTCOMES

Uruguay has made significant health progress, with life expectancy at 78.33 years in 2022. The country boasts high vaccination coverage, with 93% completing one of the region's most comprehensive schemes. Uruguay is recognized as a leader in tobacco control, reducing smoking prevalence from 35.6% in 2001 to 22.3% in 2019. However, challenges persist. Non-communicable diseases (NCDs) cause 85.5% of deaths, while obesity and overweight affect 62.9% of adults and 12.3% of children under 4. Socio-environmental health determinants, including climate change, pose additional risks. Uruguay continues addressing health inequities, focusing on vulnerable groups such as children, women, and older adults, as part of its commitment to improve equity.

KEY CHALLENGES

Among the main health challenges in Uruguay are disparities in access to integrated and quality services, especially for vulnerable populations, which contribute to high preventable morbidity and mortality. Waiting times for consultations and treatments are a public concern. There are challenges in governance, regulation of providers, distribution of human resources and complementarity between health system providers. Limited intra- and intersectoral collaboration has slowed progress towards the SDGs, with significant challenges in early childhood. Strengthening the first level of care, integrating services and improving multisectoral coordination are key priorities to promote equity and effectiveness.

For more information visit the link: https://www.paho.org/paraguay

OUR STRATEGIC PRIORITIES & DELIVERABLES



Promote healthy environments and lifestyles, mental health, and reduction risk factors.

01

STRATEGIC DELIVERABLES

- .1. Reduction of overweight and obesity.
- 1.2. Promotion of well-being and mental health
- 1.3. Reduction of tobacco use and problematic use of alcohol and other psychoactive substances.
- 1.4. Expansion of the initiative of healthy municipalities, communities, educational centers and workplaces.

EXPECTED OUTCOMES

- Prevalence of overweight and obesity in the population aged 15 to 64 years below 58.5%.Prevalence of tobacco use in the population aged 15 years and older below 18.6%

Reduced avoidable burdens of morbidity, mortality and disability throughout the life course.

02

STRATEGIC DELIVERABLES

- 2.1. Reduction of morbidity, mortality and disability due to non-communicable diseases, accidents and road accidents
- 2.2. Reduction of morbidity, mortality and disability due to mental disorders and suicidethrough community care models.
- 2.3. Reduction of violence, with emphasis on gender and generational violence,through community-based approach models.
- 2.4. Reduction of morbidity, mortality and disability due to communicable diseases.

EXPECTED OUTCOMES

- Mortality rate due to cardiovascular diseases in people under 70 years of age less than 64.6 per 100,000 hab.
- Incidence rate of tuberculosis per 100,000 inhabitants below 26.8 per 100,000 hab.

Intervene in a timely manner throughout the life course through primary care, access to primary care and effective intersectoral coordination.

03

STRATEGIC DELIVERABLES

- 3.1. Consolidation of integrated networks of health services through the improvement of the first level of care, the coordination of social health services and access for people with disabilities.
- 3.2. Care of elderly people in a situation of fragility and healthy aging.
- 3.3. Expansion of palliative care coverage.
- 3.4. Reduction of the prevalence and severity of prematurity, developmental disorders in girls, boys and adolescents, and the incidence of unintended pregnancy in adolescents..

EXPECTED OUTCOMES

- Infant mortality rate less than 6.3 per thousand live births.
- Palliative care coverage rate in the population requiring it greater than 65%.

Build an institutional culture of quality, safety, and efficiency in health care, towards a system centered on people and with social participation.

04

STRATEGIC DELIVERABLES

- 4.1. Strengthen the governance of the National Integrated Health System in its areas of oversight and accountability, social participation, training, provision and distribution of human resources, regulation of medicines, vaccines, and critical supplies, and evaluation of health technologies.
- 4.2. Optimize access, opportunity, and use of information by citizens, providers, and government through the improvement of electronic medical records, digital health, and integrated health surveillance of “One Health.”
- 4.3. Improve the quality of care, patient safety, and control of care-associated infections based on continuous improvement strategies, protocolization of care, and monitoring and evaluation.

EXPECTED OUTCOMES

- Proportion of virtual consultations over total outpatient consultations of specialties included in SINADI registered in HCEN greater than 10%.
- National rates of pneumonia associated with mechanical ventilation per 1000 days-use in ICU-MQ less than 11.37 per 1000 days-use.

Strengthening the response of the health system and the community to emergencies, disasters, and epidemics

05

STRATEGIC DELIVERABLES

- 5.1. Strengthening the coordination, response capacity, and resilience of healthcare structures through the implementation of an Emergency Operations Center and the modernization of its infrastructure and management.
- 5.2. Development of policies for hospital and prehospital management based on risks and vulnerabilities.
- 5.3. Training of health personnel and the community in emergency and disaster prevention, early warning systems, risk maps, and action protocols.

EXPECTED OUTCOMES

Implementation of an Emergency Operations Center.
Service personnel from the public provider and communities with training in emergencies and disasters.

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