

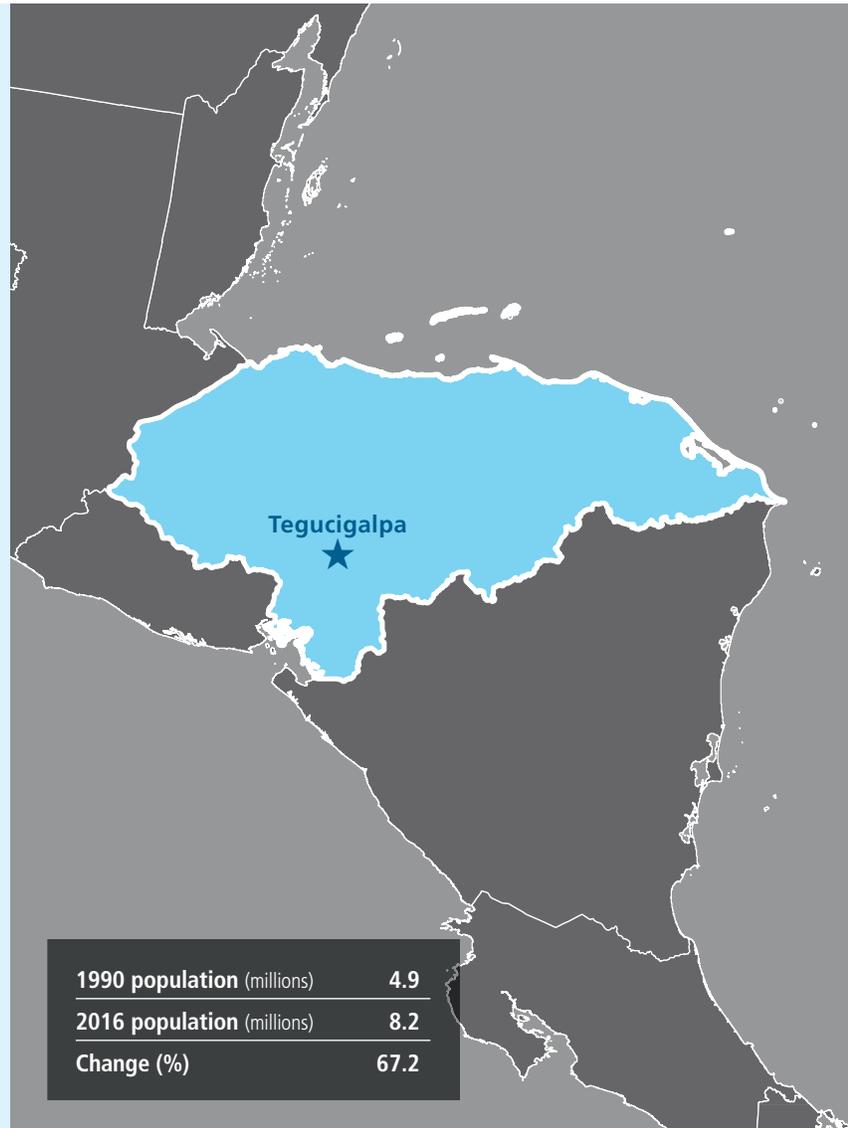


HONDURAS

SELECTED BASIC INDICATORS

1990–2015

	1990 value	Value and year	Change (%)
Gross national income by purchasing power parity (PPP, US\$ per capita)	...	4,570 (2014)	...
Human development index	0.507	0.606 (2013)	19.6
Mean years of schooling	3.5	6.2 (2014)	76.3
Improved drinking-water source coverage (%)	73.0	91.0 (2015)	24.7
Improved sanitation coverage (%)	48.0	83.0 (2015)	72.9
Life expectancy at birth (years)	66.7	73.5 (2014)	10.2
Infant mortality (per 1,000 live births)	45.7	24.0 (2013)	-47.5
Maternal mortality (per 100,000 live births)	...	74.0 (2013)	...
TB incidence (per 100,000 population)	114.0	35.4 (2013)	-68.9
TB mortality (per 100,000 population)	6.4	2.9 (2013)	-54.7
Measles immunization coverage (%)	90.0	98.0 (2015)	8.9
Births attended by trained personnel (%)	...	72.0 (2015)	...



Honduras is located in Central America and borders El Salvador, Nicaragua, Guatemala, and the Atlantic and Pacific Oceans. It is divided politically into 18 departments and 298 municipalities. Indigenous and Afro-descendant people make up 8.6% of its population, with nine indigenous groups present in the country.

The estimated population in 2016 was 8,189,501.

In 1990, the population pyramid had an expansive structure, but since then, it has displayed a regressive trend, with a decline in the percentage of the population under 20. This reflects the lower fertility and mortality rates of the past two decades.

Life expectancy at birth was 73.5 in 2014.

Per capita gross domestic product (GDP) was US\$ 2,495 in 2015. Honduras is transitioning from a mainly agricultural to an industrial economy, with industry already representing 20% of GDP.



SOCIAL DETERMINANTS OF HEALTH

The country's high levels of income inequality are reflected in a Gini coefficient of 0.54 for 2013. In 2012, one out of five Hondurans lived on less than US\$ 1.90 a day. In 2013, 65% of households were living below the poverty line and 43% were living in extreme poverty. The economically active population was 44.0% in 2014, and 5.3% of the active population was unemployed.

The 88% of the population who were over the age of 15 had an average of 7.5 years of schooling, although coverage of secondary education was less than 30%.

Approximately 1 million households depend on firewood for cooking and heating, posing a risk of significant environmental pollution. In 2015, 91.2% of the population had access to clean drinking water, while 82.6% had access to basic sanitation.

In 2010, 64% of households had waste collection services. However, the majority of municipalities have garbage dumps that pollute the soil, air, and water.

People over 60 are a highly vulnerable age group, since they tend to suffer from poorer social and health conditions. Approximately 46.6% do not have any formal schooling, and 79.7% lack social security coverage. Some 44.5% of the population aged 60-69 live in extreme poverty, a figure that increases to 51.2% among people aged 70-79.

The main objective of Country Vision 2010-2038 is the pursuit of greater solidarity and equity among the country's inhabitants, with gender equity as a cross-cutting principle.

HEALTH SITUATION AND THE HEALTH SYSTEM

In 2013, the reported maternal mortality ratio was 74 deaths per 100,000 live births. Institutional delivery coverage was 83%.

In 2007-2012, the infant mortality rate was 24 deaths per 1,000 live births. The leading causes of death were perinatal disorders, congenital malformations, pneumonia, diarrhea, and child malnutrition. The under-5 mortality rate was 29 deaths per 1,000 live births.

Immunization coverage in the population under 1 year in 2015 was 100% for BCG, 99% for poliomyelitis, 100% for rotavirus, 99% for the pentavalent vaccine, and 99% for pneumococcus. In the population aged 12-23 months, measles immunization coverage was 98%.

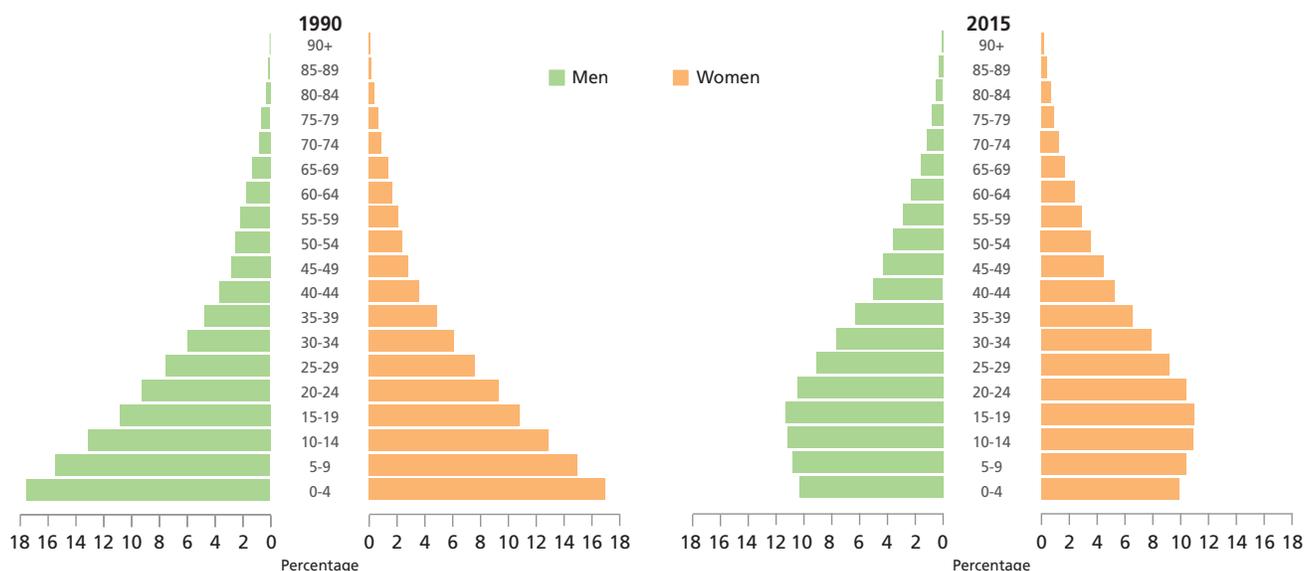
In 2013, 19% of deaths were caused by perinatal disorders, 18% by circulatory system diseases, and 10% by respiratory system diseases.

The prevalence of disability in the population was 4.4% in people over 10 years of age in 2012. In 2013-2014, 6.4% of disabilities were severe.

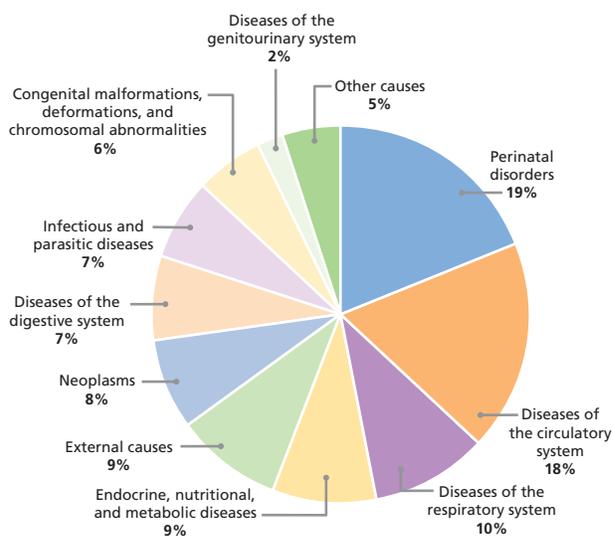
Dengue is endemic in Honduras, and the largest outbreak in the past 10 years occurred in 2010. Chikungunya virus was introduced in 2014, causing an epidemic that peaked at 1,057 cases per 100,000 population in 2015. Zika virus was introduced into the country at the end of that year.

Malaria transmission has fallen sharply in Honduras over the past decade. However, 921 cases were reported in 2015, a 56% increase over the previous year.

Distribution of the population by age and sex, Honduras, 1990 and 2015



Proportional mortality (% of all deaths, all ages, both sexes), 2013



A total of 2,060 cases of leishmaniasis were reported in 2015. In 2014, there were 48 reported cases of Chagas disease transmitted by *Trypanosoma cruzi* in children under 15 and 58 cases in the population aged 15 and over.

In 2015, the prevalence of human immunodeficiency virus (HIV) was 0.4% in the population aged 15-49, transmitted mainly by heterosexual contact. The reported tuberculosis rate was 32 cases per 100,000 population.

The prevalence of diabetes mellitus in the adult population is 7.4%, and the prevalence of hypertension is 22.6%.

In 2015, the death rate from road traffic accidents was 15.5 per 100,000 population, with 24.9% of these deaths in young adults aged 20-29.

Alcohol consumption averaged 4 liters per capita in 2010.

In 2011-2012, the prevalence of chronic malnutrition was 23% in children under 5, with higher rates in the children of mothers without schooling and from poor households. Some 34% of the population over 20 is overweight and 21% is obese, while 18.7% of adolescents aged 13-15 are overweight and 5.4% are obese.

The health system consists of a public and a private sector. The former includes the Ministry of Health (MoH) and the Honduras Social Security Institute (IHSS).

The MoH serves the entire population in its own facilities staffed by its own physicians and nurses, but it is estimated that only 50%-60% of Hondurans regularly use these services. The IHSS covers 40% of employed economically

active individuals and their dependents, using its own and contracted facilities.

The private sector serves some 10%-15% of the population: those who can afford to pay or are covered by private insurance. An estimated 17% of Hondurans do not have regular access to health services.

Total per capita health expenditure was US\$ 212 in 2014, representing 8.72% of GDP. Public spending (MoH plus IHSS) amounted to 4.4% of GDP. Out-of-pocket spending made up 50% of total health expenditure.

The National Health Model, approved in 2013, emphasizes primary health care. The Directorate-General of Human Resources Development, also created that year, is responsible for health worker development.

In 2013, the country had 10.0 physicians, 3.8 nurses, and 0.3 dentists per 1,000 population.

In 2015, health services management was decentralized in 82 municipalities across 15 departments in the country, covering a population of 1,337,874.

The National Health Model has guided the implementation of 500 primary health care teams serving rural and remote areas of the country. The teams, each consisting of a physician, a nurse, and a health promoter, give priority to communities living in extreme poverty, environmentally vulnerable conditions, and situations of violence. By mid-2015, a total of 367 teams were already working in the field and serving 1.4 million people, promoting qualitative improvements in their attitudes and habits.

In 2014, the MoH created the Information Management Unit, which is responsible for ensuring that information is accurate, timely, and appropriate for health planning, organization, direction, control, and evaluation. Since 2016, the country's 28 hospitals have had an information system.

ACHIEVEMENTS, CHALLENGES, AND OUTLOOK

Prior to 2015, there was no law that legally defined the national health care model or mechanisms for regulating it. That year, the National Congress approved the Framework Law on Social Protection, which establishes a new modality for social protection. The law envisages a unified universal public health insurance system with coordinated benefits and services provided by the contributory and subsidized systems.

The new model encourages a diversity of participating sectors and entities, with clear separation of the system's functions. This will require a new and improved organizational structure for social security that strengthens its steering role, the creation of a health oversight agency, and designation of the IHSS as the insurer of the national health system.

More effective application of the model also requires further improvement of public health service management and greater human resource development.

Efforts are being made to promote and strengthen multisectoral partnerships and the generation of evidence for the Health in All Policies approach, especially in relation to noncommunicable diseases and injuries due to external causes. Further development of national capacity and competencies for measuring equity and inequalities in health is also necessary, as is effective implementation of the human rights and gender/ethnic equality approaches.

The Government has identified the following health challenges: (i) restructuring the MoH to strengthen its

steering role and implement the separation of functions; (ii) implementing the Results-based Management Monitoring and Evaluation System, thereby strengthening the Integrated Health Information System; (iii) developing public policies that promote healthy habits and lifestyles; (iv) implementing the International Health Regulations; (v) monitoring compliance with the Framework Convention on Tobacco Control; (vi) retrofitting infrastructure to achieve optimal operation of the health services network; (vii) conducting research on indigenous and Afro-descendant populations to learn about evidence-based interventions; (viii) hiring relevant, high-quality human talent in the necessary numbers, especially to strengthen the first level of care and ensure the continuity of the model; and (ix) strengthening activities to ensure quality care and patient safety in health facilities.

ADDITIONAL POINTS

Several of the policies developed over the past 5 years are designed to have an impact on health determinants and equity.

Country Vision 2010-2038 sets goals for the gradual achievement of greater equity under the next few administrations, establishing solidarity and equity as criteria for State intervention in the social sectors, including health. The goals include equal access to quality services in education, health, vocational training, social security, and basic services.

The Government's Strategic Plan 2014-2018 establishes objectives aimed at increasing employment and reducing poverty, stabilizing the national economic situation, shoring up the country's infrastructure and logistical development, strengthening democratic governance, and protecting citizen security.

Within this framework, the Government has created the Better Life Program to protect the population living in extreme poverty through several projects: Healthy Housing, Creating Jobs and Opportunities, Let's Develop Honduras, and the Better Life Voucher. As of 2015, these projects had benefited 150,000 people through conditional cash transfers and housing improvements.

The country's environment policy is being updated. The environmental regulatory framework includes policies on the drinking water and sanitation sector and on the rational management of chemical products, as well as the climate change law, which is linked with the National Climate Change Strategy 2010.