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HEALTH CARE IN THE PROGRAM OF THE GOVERNMENT OF NATIONAL RECONSTRUCTION OF NICARAGUA

(Item presented by the Government of Nicaragua)

> "I aspire to nothing for myself, and want only to see Nicaragua a free and sovereign state, with no foreign intervention in our internal affairs."
> Augusto C. Sandino, Pensamientos 1979.

The Sandinist Revolution is spreading as a practical reality into every socioeconomic and political sphere of our society. The general guidelines of the process give direction to the activities of the various components of the Nicaraguan State, which is increasingly responding to the interests of the majority of our people who are the deprived, the exploited masses.

The main purpose of the present paper is to portray, in all its magnitude, the transformation that Nicaraguan society is now undergoing, and to do so in terms of the health sector.

The Nicaraguan Epidemiological Profile

On the day of victory of the Sandinist Revolution the health/disease picture was like that of any other country in which the interests of a privileged few prevail over those of the deprived many, that is, like that of societies divided between two major poles, one of a minority that hold all the wealth, and enjoy all the privileges and hence better conditions of life, and a dispossessed majority living in the deepest poverty and hence suffering the full brunt of privation while doing all the productive labor.

Thus we find that the profile of Nicaraguan pathology is marked by the following essential features:

a. There is an enormous underrecording of vital statistics because the reporting system is inoperative, not to say nonexistent, and the coverage of the health care services meager. To this must be added the interest of the Somoza Government in concealing the true situation, which is itself an indictment of that unjust regime for its policy of manipulating statistics to hide the truth.

b. The data on health impairment depict the society as a homogeneous whole, and make it impossible to identify the class facing the worst problems, which are, essentially, undernutrition as the basic problem, aggravated by the infectious-contagious and parasitic diseases. As a result, the very nature of the phenomenon becomes impossible to determine.

In view of the foregoing, let us consider the available data:

Basic Information

In 1978 Nicaragua had a population of 2,409,584 people of which 52 per cent lived in the countryside.

Its age and sex structure was as follows:

0 - 4 years	17.2%
5 - 14 years	30.9%
15 - 49 years	42.9%
50 and older	9.0%
Male	49.07%
Female	50.93%

The country is divided into three zones with the following population distribution:

	%	D/Pop.
Pacific	62.09	82.1
North Central	29.64	21.3
Atlantic	8.27	3.0
Total	100.00	20.3

Of this population, 30 per cent lives in localities of more than 20,000 inhabitants. An estimated 50 per cent of it is illiterate; 72 per cent of the urban population lives in significantly overcrowded conditions; and 76 per cent of the rural and 32 per cent of the urban population is without appropriate excreta disposal systems.

Mortality

No death certificates are issued in Nicaragua, and the data presented here must therefore be regarded as questionable.

In the official data for 1969 the crude mortality rate was estimated at 8.2 per 1,000 inhabitants (15,938 recorded deaths). By 1975, according to the same sources, the mortality rate was 8.5 per 1,000. However, CELADE studies place the country's real mortality rate at 16.4 per 1,000,[1] or double the official estimates.

The differences are even greater in the case of infant mortality. The official data place this rate at 45 per 1,000 live births in 1971 and at 46 per 1,000 live births in 1973.[2] CELADE has estimated it at 121 per 1,000 in 1976-77.[3]

Life expectancy at birth during the period 1970-75 is estimated by CELADE at 52.9 years, though we are sure that the real rate must have been much lower.

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1 Syncrisis: The Dynamics of Health - XI Nicaragua
2 See World Health Statistics Annual (1972 and 1973-76) WHO
3 Behan, H and Pumante, D. CELADE Serie A, No. 1036, San José, Diciembre de 1977.

Causes of Death

As can be seen in Tables 1 and 2, the deaths are from diseases preventable by simple technology (tetanus, measles, pertussis, parasitic diseases). Note that undernutrition does not figure as a cause of disease, though the deaths from measles, pertussis, etc., incontrovertible attest to its presence.

Table 1

TEN PRINCIPAL CAUSES OF DEATH
1976

Enteritis and other diarrheal diseases	1,631
Heart and circulatory diseases	1,563
Accidents, poisoning, and violence	1,525
Influenzas and pneumonias	590
Other diseases of the digestive tract	425
Malign and benign tumors	402
Other bacterial diseases	341
Tetanus	229
Measles	182
Malaria	91
Other causes	5,370
Total	12,349

Table 2

TEN PRINCIPAL CAUSES OF DEATH AMONG CHILDREN UNDER ONE YEAR OF AGE
Nicaragua, 1976

Enteritis and other diarrheal diseases	1,111
Other bacterial diseases	295
Tetanus	150
Other heart and circulatory diseases	89
Other causes of perinatal mortality	74
Meningitis	65
Measles	60
Influenza and pneumonia	60
Malaria	36
Pertusis	24
Other causes	1,484
Total	3,448

Morbidity

Lack of morbidity surveys and the inadequacy of the coverage of medical care greatly undermine the validity of the following data:

Table 3

TEN PRINCIPAL DISEASES IN NICARAGUA, 1976

Other helminthiases	45,460
Malaria	26,228
Enteritis and other diarrheal diseases	22,404
Influenza and pneumonia	21,656
Other genito-urinary diseases	11,397
Acute respiratory infections	10,495
Bronchitis, emphysema and asthma	10,466
Bacillary dysentery and amibiases	6,077
Other diseases of the skin and subcutaneous cell tissue	5,977
Other causes	73,741
Total	241,275

Table 4

PRINCIPAL DISEASES IN CHILDREN UNDER ONE YEAR OF AGE
Nicaragua, 1976

Enteritis and other diarrheal diseases	5,205
Influenza and pneumonia	2,602
Bronchitis, enphysema and asthma	1,675
Acute respiratory infections	1,498
Other diseases of the skin and subcutaneous cell tissue	672
Other helminthiases	668
Avitaminosis	398
Other diseases of the digestive tract	530
Skin and subcutaneous cell tissue infection	392
Other diseases of the respiratory tract	388
Other causes	4,447
Total	18,475

Undernutrition

We regard undernutrition as the truest expression of the injustice of the social system, because it reflects how the members of that society really live.

The Somoza domination under which the country languished for 45 years and whose overthrow by the popular struggle, fought with the FSLN in the forefront of battle, cost thousands of lives, is conveyed in a skewed (minimized) picture by the following data:

Table 5

UNDERNUTRITION AS A CAUSE OF DEATH IN CHILDREN UNDER ONE YEAR OF AGE
Nicaragua, 1976

Age	Percentage	Expected Deaths
1 Day	4.3	575
1-6 Days	9.1	1,218
7-27 Days	14.8	1,980
28 Days-11 months	71.8	9,607
	100.0	13,380

The Somoza dictatorship used the health institutions as a political trench. The inefficiency and corruption that pervaded the public agencies in the previous government, particularly the health system, and the anarchy that prevailed in the sector were reflected in the multiplicity of institutions for dealing with one and the same problem, which resulted in a dissipation of effort, the unnecessary proliferation of facilities, and a scandalaous squandering of technical, human and financial resources. The health policies differed, as did the manpower training criteria, with the institution programming them.

In the last few years Nicaragua has gone through dramatic political situation that is familiar to all and became militarily acute in the last two years. The physical destruction of installations, equipment and materials of the health services come to several millions of cordobas.

And the injury to the population has been even greater, so that attending to its health needs entails not only a restoration of the services to the pre-war level, but a yet further substantial improvement to meet new demands. To cite just one example: the country had been suffering from a shortage of hospital beds, having only 2.6 per 1,000 inhabitants. However, four of the principal hospitals were utterly destroyed during the bombings, and another nine were left with between 30 per cent

and 70 per cent of their original capacity. The same could be said of the state of many health centers, of the installed equipment, and particularly of the human resources, which are insufficient to cope with the work of reconstruction. In this situation, the Ministry of Health has no choice but to develop a massive plan for the training of professional, technical and auxiliary staff and for the construction of health posts and centers, and municiapl and deparmental hospitals.

Health in the Revolutionary Process

With the installation of the Government of National Reconstruction, the health of the people has become a priority. The Government Program has taken the accurate measure of the chaotic situation I have described and of the magnitude of the health/illness problem. The Revolution heralds no mere reform of what is, but far-reaching economic and social change, a transformation of the entire situation, and the building of the new over the remains of the old, not the patching up of an obsolete and non-functioning structure as was the health sector, but the creation of a qualitatively different structure.

In this new structure, health is no longer an abstraction, but becomes a historically determined reality. It is the outcome of a new way of life for human beings, of how they relate to nature in order to transform it and obtain from it what they need for their overall development. Health comes to be viewed as one of the general conditions of life, indissolubly bound up with the entire movement of socioeconomic or political development of Nicaraguan society.

This is why the policies of the health sector and its objectives are the expression in this specific field of the general guidelines of the Revolution.

It is the organized people who have made the Revolution and who are building it in its present phase. Hence, the structure of the Ministry of Health is not something outside the Popular Organizations, but, to the contrary, is grounded in the Revolution, so that these Organizations guide the activity and the building of their own health. The work of the Ministry of Health is organically linked to the Revolution carried forward by the Popular Organizations.

The Organization of the Ministry of Health

The organization of health care in our country, its structure and programs of work, is grounded in the following principals:

- Responsibility of one single government agency for the administration of the national health services.

- Regulatory centralization and operational decentralization of the tasks in health, based on a pyramidal national structure, with the regulatory agency charged with implementing the country's health policy at the vertex, and an extensive network of preventive and curative services at the base of the pyramid, which will cover the entire country.

- Work will proceed on an institutional, collective basis at all levels of the organization.

- The health activities will be comprehensive and planned.

- The objectives of the program cannot be satisfactorily attained without the positive participation of the people.

- Our health organization will have the dynamism and flexibility it needs to assimilate and incorporate of scientific and social advances and to renew itself in response to the demands of the situation in order to meet the health needs of the society.

- The concepts that will prevail in health practices are the following: A recognition of the existing relationship between health-illness and the socioeconomic structure.

- Preventive control of disease through early diagnosis and timely treatment.

- A consensus that curative medicine, however refined its techniques, is by itself incapable of significantly reducing the high indexes of morbidity and mortality in our country.

- The right to health to all the inhabitants of the country.

Organizational structure

The Ministry of Health will be structured in three hierarchical levels:

1. Central level
2. Departmental level
3. Health Area level

Each of these levels will be responsible for the delivery of the following services:

Central level

National Hospitals
Central Preventive Medicine Laboratory
National Manpower Training Units
Other National Units

Departmental level

Departmental Hospital
Departmental Preventive Medicine Laboratories
Departmental Manpower Training Units
Other Departmental Units

Health Area level

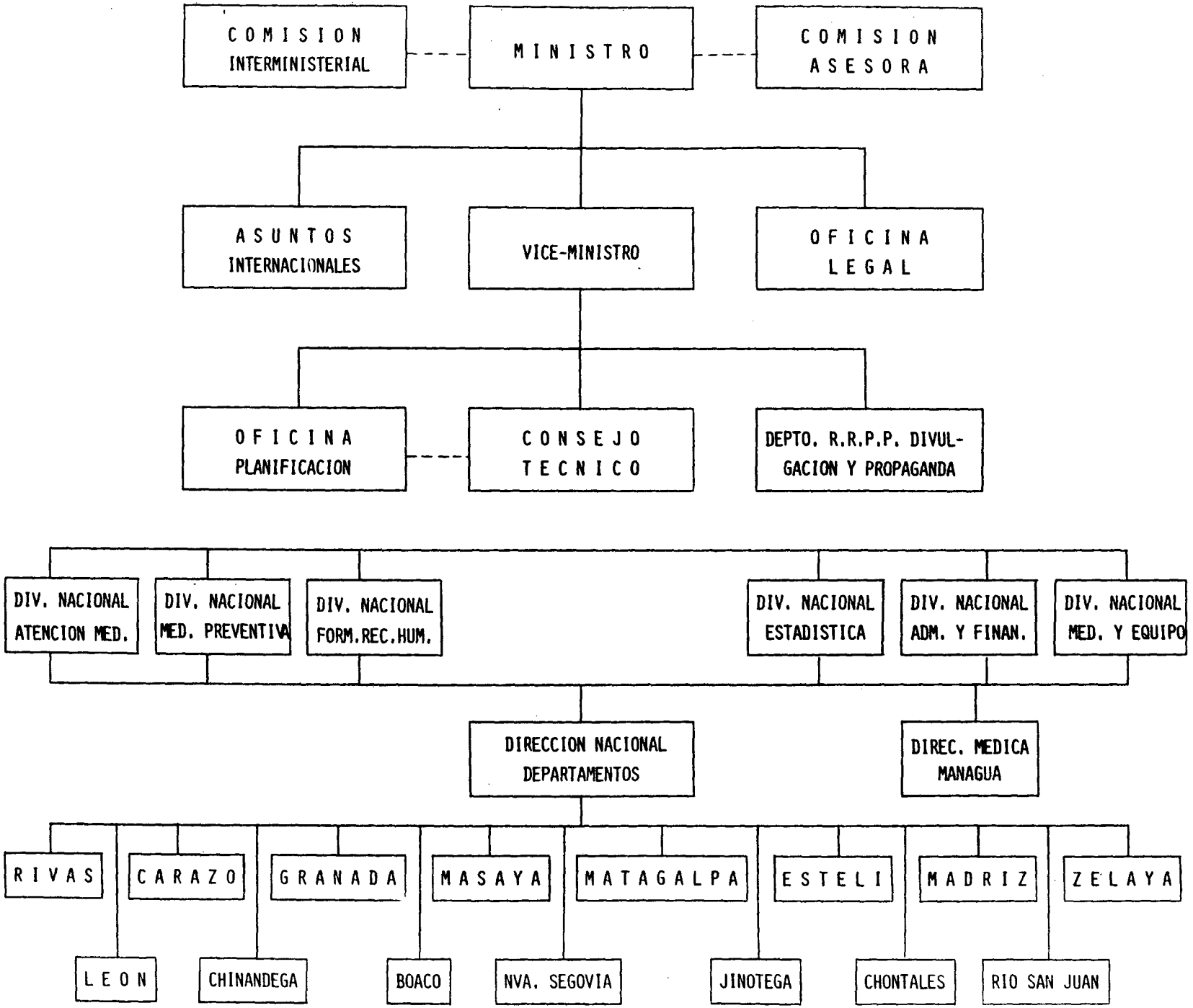
The health centers (with and without in-patient facilities) are the lowest hierarchical level of the organization. The health posts, satellite units and mobile units will be run from this last level and will be the front-line outposts of the health centers in the community. No unit under a health center will outrank any other, regardless of its professional qualifications and technological endowment, and each will be under the charge of one single individual, who will be the chief.

This organization of the health sector in its responsibility of offering Comprehensive Care to the Population calls for the operation of undifferentiated "Polyvalent Units" (health centers and their dependencies) that are capable of providing this comprehensive care to the inhabitants and their environment within well-defined, relatively small territorial subdivisions. These health units are now few and underequipped, but they look forward to the prospect of being augmented and intimately linked to the community in the immediate future, and will constitute the most sensitive and responsive components of the network of preventive care

services. Their operations will change revolutionarily from being confined to passively receiving the members of the community who come to it, to one in which its medical, technical and auxiliary staff and the mass organizations move out to solve the problems in their area of influence. They will have to adapt the National Health Plan to their own health situations. Their functions will be the promotion, protection and recovery of the health of individuals and the collective.

The other units in the preventive care network will support the primary operations of these units through a simple, effective referral system. This structure will make it possible to implement the regulatory centralization and operational decentralization and to introduce an operational dynamic that will assure better care to the community (with its active participation) through interrelationships and cooperation among all the units providing the service, which will be delivered with the more specialized centers supporting those at the lower level.

The initial step to organize a Unique Health System is shown in the following provisional organogram, as we are operating accordingly.


COMISION INTERMINISTERIAL
MINISTRO
COMISION ASESORA
ASUNTOS INTERNACIONALES
VICE-MINISTRO
OFICINA LEGAL
OFICINA PLANIFICACION
CONSEJO TECNICO
DEPTO. R.R.P.P. DIVULGACION Y PROPAGANDA
DIV. NACIONAL ATENCION MED.
DIV. NACIONAL MED. PREVENTIVA
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