

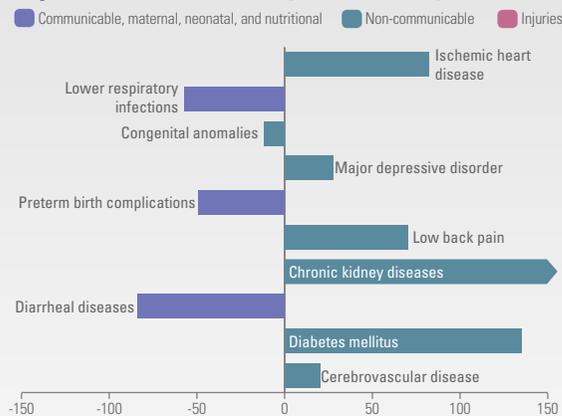
# NICARAGUA

A social health insurance mechanism covers about 18% of the population. There is limited financial protection, and out-of-pocket costs are high. Certain communicable diseases remain important causes of mortality and morbidity, but noncommunicable diseases are the rising burden. The density of skilled health professionals is currently very low, but with relatively slow population growth, it may be feasible to meet the 22.8 per 10 000 population indicative threshold by 2035. The distribution of physicians also shows persistent regional disparities, posing challenges to accessibility; the financial incentives should be improved to address this challenge. Although the ratio of nurses to doctors presented here is above the OECD average, other evidence points to an excessive reliance on physicians and a scarcity of nurses. Quality control mechanisms of the workforce also appear to require improvement, in particular in relation to setting up accreditation mechanisms for health education institutions and strengthening the regulation and licensing of health workers.

## POPULATION AND HEALTH

|   |             |        |
|---|-------------|--------|
| Population [all (000s); proportion under 15 (%); proportion over 60 (%)]                    | 5.8; 34; 6  | (2010) |
| Annual population growth rate (%)   | 1.4         | (2010) |
| Population living in urban areas (%)  | 58          | (2011) |
| Gross national income per capita (PPP int. \$)  | 3730        | (2011) |
| Population living on <\$1 (PPP int. \$) a day (%)   | -           |        |
| Total expenditure on health as a percentage of gross domestic product (%)                   | 10.1        | (2011) |
| General government expenditure on health as a percentage of total expenditure on health (%) | 54          | (2011) |
| External resources for health as a percentage of total expenditure on health (%)            | 10.8        | (2011) |
| Life expectancy at birth (years) [all; female; male]  | 73; 76; 70  | (2011) |
| Total fertility rate (per woman)  | 2.6         | (2010) |
| Neonatal mortality rate (per 1 000 live births)   | 12          | (2011) |
| Infant mortality rate (per 1 000 live births)   | 22          | (2011) |
| Under-five mortality rate (per 1 000 live births)   | 26 [22-32]  | (2011) |
| Maternal mortality ratio (per 100 000 live births)  | 95 [54-170] | (2010) |
| Births attended by skilled health personnel (%)   | 73.7        | (2007) |
| Antenatal care coverage - at least one visit (%)  | 90.2        | (2007) |
| Antenatal care coverage - at least four visits (%)  | 77.7        | (2007) |
| Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%)  | 98          | (2011) |
| Postnatal care visit within two days of birth (%)   | 7.0         | (2007) |

## Top 10 causes of morbidity and mortality (DALYs)



Disability-adjusted life years (DALYs) quantify both premature mortality (YLLS) and disability (YLDs) within a population. The top 10 causes of DALYs are ranked from top to bottom in order of the number of DALYs they contribute in 2010. Bars going right show the percent by which DALYs have increased since 1990. Bars going left show the percent by which DALYs have decreased.

## HUMAN RESOURCES FOR HEALTH

### AVAILABILITY

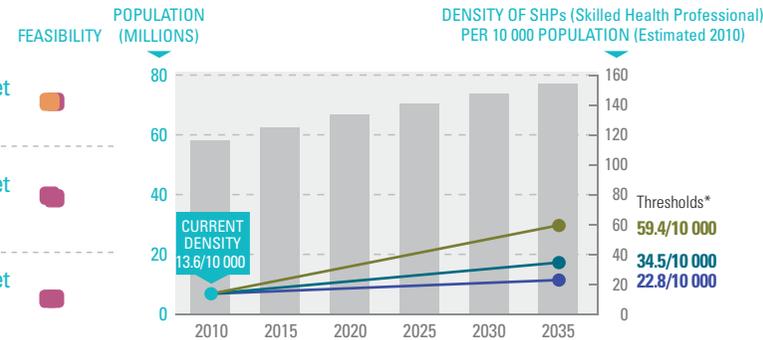
Feasibility of achieving thresholds: ■ Most likely ■ Somewhat likely ■ Least likely

#### TO MEET THRESHOLDS BY 2030, REQUIRES:

122% increase to meet 22.8/10 000 threshold

236% increase to meet 34.5/10 000 threshold

479% increase to meet 59.4/10 000 threshold



### ACCESSIBILITY

SUB-NATIONAL LOW NATIONAL AVERAGE SUB-NATIONAL HIGH

#### GEOGRAPHICAL DISTRIBUTION OF PHYSICIANS

(density per 10 000 population)

1.0 Physicians 3.7 Physicians 7.0 Physicians

### ACCEPTABILITY

The ratio of nurses to physicians is **ABOVE** the OECD average.



### QUALITY

Is there evidence that the country has mechanisms in place to:

ACCREDIT training institutions for:

|             |   |
|-------------|---|
| Dentists    | ✗ |
| Midwives    | ✗ |
| Nurses      | ✗ |
| Pharmacists | ✗ |
| Physicians  | ✗ |

REGULATE:

|             |   |
|-------------|---|
| Dentists    | ? |
| Midwives    | ✗ |
| Nurses      | ? |
| Pharmacists | ? |
| Physicians  | ✗ |

LICENSE/RE-LICENSE:

|             |   |
|-------------|---|
| Dentists    | ? |
| Midwives    | ✗ |
| Nurses      | ? |
| Pharmacists | ? |
| Physicians  | ✗ |

## HRH GOVERNANCE

Is there evidence that the country is adopting recommended good practices on HRH:

### Leadership and Partnership

Is there government leadership on health workforce policy and management? ✓

Is there intersectoral and multi-stakeholder partnership to inform health workforce policy and management? ✓

### Policy and Management

Is existing health workforce policy and human resource management:

related to population health needs? ✓

informed by data and strategic intelligence? ✓

addressing pre-service education? ✓\*

addressing geographical distribution and retention? ✓\*

addressing health workforce performance (e.g. competence, responsiveness and productivity)? ✓\*

addressing international mobility of health workers; and where relevant the WHO Code of Practice on the International Recruitment of Health Personnel? ✓\*/✓

### Strategy/Plan and Finance

Is there a national HRH strategy/plan resulting from the above mechanisms? ✓

For which period? 2010

Does the strategy/plan account for the financial costs and resource requirements to implement it? ✗

✓ = Yes ✓\* = Partial ✗ = No ? = Insufficient data

\*See Annex 1 for full explanation on country profile methods and sources.