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Costa Rica Gets National Health Policy Moving, Aiming to Strengthen Other Development Areas

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Announcing the new Política Nacional de Salud early this month, Costa Rica’s President Luis Guillermo Solís described health in this Central American nation as a process linked to democracy. The concept must be closely related to a logic of participation as well as to stronger consciousness of what health means to development ranging from communities to the Costa Rican state, Solís told an attentive audience packing the Casa Presidencial Auditorium on Aug. 3, as he presented the document.

The policy aims at equal access to quality health services—focusing on primary care—and, reaching beyond this specific area of action, it also seeks to reduce social gaps. The initiative covering most of the present administration’s term (2014-2018) is based on the government’s three main fields of action—promoting economic growth, eliminating extreme poverty, and fighting corruption. Thus, it is social policy as well, as health officials told NotiCen.

The policy views "Costa Rica’s health as a process attached to democracy," and its "wider perspective must be linked to ... stronger consciousness of what public health means for the development of communities, of towns, of cities, and, in a more general sense, of the Costa Rican state," Solís explained.

Emphasis on wide participation  
It is a participatory policy backed by the country’s universities as it includes innovation and technological development, the president added. "Although the government is responsible for establishing policy, it can only be implemented with the participation of those who are responsible for its execution and those who are its beneficiaries, meaning the people of Costa Rica," he said.

The initiative covers five basic areas—multisector coordination and citizen participation in public health; equitable and universal health actions; healthy lifestyle practices, recreation and sports; environmental health; and comprehensive risk management and climate change adaptation—and is based on instruments such as the Plan de Gobierno and the Plan Nacional de Desarrollo 2015-2018.

With a population of just over 4.8 million people, this Central American nation shows, since the mid-1990s, poverty levels varying around 20%. In the latest Instituto Nacional de Estadística y Censos (INEC) data, the present poverty level is 22.4%, while extreme poverty is estimated at 6.7%. During the 2010-2014 period, poverty rose from 21.2% to the present 22.4%, and extreme poverty jumped from 5.8% to 6.7%.

Speaking last year to mark the International Day for the Eradication of Poverty, Solís said on Oct. 17—just over five months after being sworn in for the 2014-2018 presidential period—that his campaign promise in the social field went from reducing to eliminating extreme poverty in Costa Rica.
The president said that one of the actions in that direction was a series of social maps—which he then presented—showing in detail down to the neighborhood level the country’s sectors with the highest poverty and extreme poverty indicators.

Official data show that 75 of the 472 districts in the country’s 81 cantons (municipalities) have the most critical social and economic figures, accounting for 61% of the nation’s poverty and 51% of its extreme poverty, and are home to 46% of the population that cannot meet its basic needs, including basic health care.

**Principles of social inclusion and human development**

Thus, the new policy centers, among other principles, on social inclusion and a sustainable and inclusive focus of human development, according to the text presented and signed earlier this month by the president.

The first "is the condition in which rights, duties, equality ... of people and social groups in situations of disadvantage and vulnerability are recognized, regardless of gender, ethnic origin, sexual orientation, or ideology," the document states.

The human-development component implies "recognition of the state’s responsibility to create conditions for people's well-being and development in a context of environmental, social, and economic sustainability," it points out. "Thus, actions derived from this policy must promote sustainable use of natural resources and respect of human rights" besides "promoting a healthy environment where adequate conditions for future generations are guaranteed."

It also prioritizes a gender focus, "recognizing the differences between women and men in their health needs and problems in order to plan comprehensive actions that are adequate for their biological and social particularities, guaranteeing equal participation ... in decision making at a political, economic, and social level."

Caja Costarricense de Seguro Social (CCSS) president Rocío Sáenz says the initiative "establishes, as a national health policy, that we resume primary health care" with a high international image for its general social policy. During the 1980s and 1990s, first-level health care was strengthened, "but, regrettably, this was not completed" as a process, she told NotiCen.

"We have major challenges there," a field in which the CCSS—which manages the country’s public hospitals and health centers—"has weight, through the Equipos Básicos de Atención Integral en Salud," added Sáenz, referring to the community health units known by their acronym EBAIS.

"So, from this policy’s more philosophic perspective," the new policy aims at reinforcing that level by "resuming primary health care through participation, working with communities, promoting health," and implementing a patient-centered model, added the Costa Rican physician and former health minister.

Sáenz explained that the new policy goes beyond health services, which are not its only component, as it also focuses on issues such as the quality of water for communities, regulating drugs and other medical products, research, and technologic development. It also focuses strongly on nutrition, which deals with healthy habits, people’s access to healthy food, she added, stressing that the policy includes and reaches beyond health services.
It thus strengthens Costa Rican democracy in general, Sáenz said, pointing out that health is a key issue in this country, where it has historically been a continuous component of the state’s social policies.

Expressing a coinciding view, Health Minister Fernando Llorca told NotiCen, in a separate interview, that "Costa Rica is a country that’s fortunate to have enjoyed a state policy in public health through different moments in its history. This policy is another moment, another stage, and it seeks broad participation. We want to involve many institutions, beyond the health sector, and that is something new and really important."

The policy’s wide reach responds to the fact that the CCSS—whose services are under pressure from massive demand—cannot solve by itself many of the country’s present health problems, the minister pointed out. "We want to comply with the Pan American Health Organization’s slogan, which recommends 'Health in All Policies'" he underlined.

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