

Costa Rica



<http://www.who.int/countries/en/>

WHO region	Americas
World Bank income group	Upper-middle-income
CURRENT HEALTH INDICATORS	
Total population in thousands (2015)	4807.9
% Population under 15 (2015)	22.3
% Population over 60 (2015)	12.8
Life expectancy at birth (2015)	77.1 (Male) 82.2 (Female) 79.6 (Both sexes)
Neonatal mortality rate per 1000 live births (2015)	6.2 [4.6-8.1]
Under-five mortality rate per 1000 live births (2015)	9.7 [7.7-12.2]
Maternal mortality ratio per 100 000 live births (2015)	25 [20 - 29]
% DTP3 Immunization coverage among 1-year-olds (2014)	91
% Births attended by skilled health workers (2014)	99.2
Infants exclusively breastfed for the first 6 months of life (%) (2011)	33
Density of physicians per 1000 population (2013)	1.113
Density of nurses and midwives per 1000 population (2013)	0.771
Total expenditure on health as % of GDP (2014)	9.3
General government expenditure on health as % of total government expenditure (2014)	23.3
Private expenditure on health as % of total expenditure on health (2014)	27.3
Adult (15+) literacy rate total (2007-2012)	96
Population using improved drinking-water sources (%) (2015)	99.6 (Urban) 97.8 (Total) 91.9 (Rural)
Population using improved sanitation facilities (%) (2015)	92.3 (Rural) 94.5 (Total) 95.2 (Urban)
Poverty headcount ratio at \$1.25 a day (PPP) (% of population) (2009)	3.1
Gender Inequality Index rank out of 155 countries (2014)	66
Human Development Index rank out of 188 countries (2014)	69

Sources of data:
Global Health Observatory May 2016
<http://apps.who.int/gho/data/node.cco>

HEALTH SITUATION

With an estimated population of 5 million people, three quarters of whom live in urban areas, and a life expectancy at birth of 79.6 years (82.1 for women), Costa Rica has achieved a minimal dependency rate and benefits from a demographic dividend which will last until 2045.

Costa Rica has met 54% of the Millennium Goals; while 19% have been partially achieved and 27% are yet to be attained. However, indicators show average values at the national level, which reflects strong performance compared to most countries in the region. This is due to investment in social protection, especially in the areas of education and health. Nevertheless, there are significant disadvantages among the following population groups: people with disabilities, immigrants, seasonal workers and indigenous people.

Chronic noncommunicable diseases (CNCDs) and their risk factors, road incidents and person-to-person violence stand out as the primary causes of morbidity and mortality, while perinatal causes, pneumonia and diarrhoea are no longer health problems.

Environmental strengths have positioned Costa Rica as a responsible innovator with regard to ecological issues; however, the country has yet to achieve universal access to water. In addition, it has poor coverage of wastewater treatment and below-optimal management of solid waste.

Costa Rican society is being influenced by four cultural transformations: increasing use of information and communication technologies, tourist and immigrant influence, a rising number of non-Catholics, and civil insecurity.

HEALTH POLICIES AND SYSTEMS

The Constitution of Costa Rica recognizes the right to health through its recognition of the right to life. The General Health Act of 1973 defines public health as a public asset and specifies that it is the role of the State to ensure that it is provided through the health-care system, which provides health services, water and sanitation. Health services are delivered through the public and private sectors. The public sector is dominated by the Costa Rican Social Security Administration (CCSS), an autonomous institution responsible for the financing, purchase and provision of individual, unlimited services without co-payments. The CCSS is funded through contributions from beneficiaries, employers and the State, and administers three regimes: sickness and maternity insurance; disability, old-age and life insurance; and the non-contributory system. It also provides services in its own facilities or those under contracts in the private sector through management agreements. The private sector comprises a wide network of outpatient and special services providers that are financed by out-of-pocket payments and private insurance premiums. As the directing entity of the system, the Ministry of Health is tasked with policy direction, health regulation, and the planning of research and technology development. It oversees institutions such as the Centres for Education and Nutrition (CEN), Children's Centres for Food and Nutrition (CINAI), the Institute for Alcoholism and Pharmacotherapy (IAFA) and the Costa Rican Institute for Research and Education on Nutrition and Health (INCIENSA). The National Insurance Institute is responsible for covering occupational and road-traffic risks and for providing related care services.

Costa Rica is making significant progress towards Universal Health Coverage. It has passed legislation to roll out health insurance nationwide. 94.4% of the population is currently covered by the different insurance regimes.

The country recognizes the weaknesses of the Ministry of Health's governance function, which are due to (i) organizational, monitoring and evaluation problems, inadequate demarcation of functions and lack of coordination with the CCSS; (ii) effective access to health services, since the service provision model does not fully meet the needs and expectations of the population. In addition, there are issues with equity, quality and timeliness, and the country still needs to adapt to the new demographic profile. There is also inadequate care for people with problems caused by psychoactive substance abuse.

COOPERATION FOR HEALTH

The priorities of the Policy for International Cooperation 2014-2022 are to align international cooperation with national development plans, to determine the country's status as a provider and recipient of international cooperation (bearing in mind that international cooperation decreased when the country reached an upper-middle-income level per capita); focus on vulnerable populations and border areas; ensuring accountability and giving preference to initiatives that establish long-term capacity to improve public management.

International cooperation projects encompass a variety of topics, for example: organ, tissue and cell donation and transplantation; evaluation of health technologies; regulation of nuclear energy; tobacco control; radiation and radioactive residue management; family agriculture and food and nutrition safety; comprehensive management of solid and electronic waste; communicable diseases (HIV, malaria); prevention of teenage pregnancy; active ageing; and national health accounts.

PAHO/WHO works with the Ministry of Health, the Costa Rican Social Security Administration (CCSS), a number of inter-institutional commissions at the national level, public universities, and United Nations agencies operating in the country. The national mechanism for coordination between national and social entities for the implementation of the 2030 Agenda is being developed.

WHO/PAHO COUNTRY COOPERATION STRATEGIC AGENDA (2016–2019)

Strategic Priorities	Main Focus Areas for WHO Cooperation
<p>STRATEGIC PRIORITY 1: Move towards universal health care by strengthening health system governance through social participation, intra- and intersectoral coordination and intercountry cooperation</p>	<ul style="list-style-type: none"> • Strengthen governance and health system performance through sectoral analysis and institutional development • Specify areas of intervention to achieve financial stability of health insurance and health sector institutions • Focusing on primary health care, increase access to comprehensive, quality services organized in integrated networks, and strengthen primary-level care taking into account vulnerable groups • Formulate policy options which bring together ethical principles and scientific evidence to ensure equitable, timely and quality access to health-care technologies through systematic evaluation • Strengthen national capacities for intercountry cooperation for health and development
<p>STRATEGIC PRIORITY 2: Strengthen training, planning, management and regulation at the national level for human resources for health while reducing gaps in terms of availability, distribution, productivity and quality which affect the performance of the Costa Rican health system</p>	<ul style="list-style-type: none"> • Provide technical support to develop policy options, mechanisms for negotiation, and strategies for implementation and monitoring which address the critical issues of education and employment, with a view to achieving Universal Health Coverage • Provide technical support for the development and implementation of a national planning mechanism for human resources for health, based on an integrated information system which identifies gaps in human resources which affect health system performance • Facilitate partnerships and joint interventions to help regulate the training of technical experts and professionals in the health system, in order to maximize their success in guaranteeing the right to health, and ensure efficient management of health care, decent jobs and balance in the labour market • Provide technical support in the creation of institutional capacities for competency training as a cross-cutting component of strengthening the essential functions of public health, including research
<p>STRATEGIC PRIORITY 3: Reduce the burden of chronic noncommunicable diseases through intersectoral collaboration to address their determinants, by developing initiatives for health promotion, risk reduction, early detection, monitoring and surveillance, and ensuring timely treatment</p>	<ul style="list-style-type: none"> • Promote the strengthening of information systems for monitoring, surveillance and evaluation of policies on protective and risk factors • Support the implementation and evaluation of health promotion and preventive interventions to control the number of individuals who are overweight or obese from an early age, sodium and salt intake, tobacco use and the harmful use of alcohol • Strengthen national capacities for timely detection and control of cardiovascular diseases, cancer, diabetes mellitus, and chronic kidney disease from non-traditional causes • Strengthen national capacities for surveillance and treatment in the area of mental health • Help to establish intersectoral partnerships for the prevention and treatment of injuries associated with mobility and road safety
<p>STRATEGIC PRIORITY 4: Strengthen comprehensive management of health risks associated with significant public health events, food and nutrition safety, environmental health, climate variability and adaptation to climate change</p>	<ul style="list-style-type: none"> • Strengthen leadership and health-sector capacities for comprehensive management of health risks through an intersectoral approach to their determinants • Enhance information management and health and environment expertise to enable different State sectors to coordinate their actions • Strengthen the basic capacities for preparedness, alert and response that are required to implement the International Health Regulations (2005), and to manage emergencies and disasters
<p>STRATEGIC PRIORITY 5: Improve the health situation of the population and quality of life in an equitable manner and throughout the life course, through health promotion and addressing social determinants</p>	<ul style="list-style-type: none"> • Strengthen health promotion and social participation to develop healthy practices throughout the life course • Strengthen health-sector capacities for the implementation of the 2030 Agenda for Sustainable Development, by improving health-status monitoring and promoting the “health in all policies” approach • Help to broaden effective access to key interventions throughout the life course