THE EXPERIENCE OF NICARAGUA: REVOLUTION AND BEYOND

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In 1979 with the triumph of the Sandinista Liberation Front the revolutionary government defined health as a right of all the people and the responsibility of the state together with the organised population. During the decade of the 80s a National Unified Health System provided free and universal health care to broad sectors of the population. The commitment to Primary Health Care and the effectiveness of the community-based health campaigns were recognised by the World Health Organisation. Through massive immunisation and education campaigns community volunteers changed the concept of health for a few of the elite to that of health for all. New facilities were constructed, personnel were trained, polio was eradicated and health indicators improved considerably.

However, during the 80s the Nicaraguan Revolution was subjected to a long and devastating counter-revolutionary war supported financially (and morally) by the Government of the United States. Social programs - health, education, and social welfare - continued to have priority, in spite of the need for funds for defence. Nevertheless, the ability to maintain services was affected by the deliberate attacks against health and education workers, health facilities, and schools.

The elections in 1990 resulted in the defeat of the Sandinista Revolutionary Government, which was replaced by a broad-coalition government lead by Violeta Chamorro de Barrios. That government, which promised an end to the war and economic instability, was supported by the U.S. and other countries interested in the integration of Nicaragua and the other Central American countries into the process of globalisation and free and open markets. The economic cabinet was committed to an unquestioning implementation of neo-liberal economic policies defined by the World Bank and the IMF.

Table 1: Demographic and epidemiological profile of Nicaragua

- Life expectancy: 67 years
- Elevated rates of maternal mortality with considerable sub-registry
- Infant mortality: 49.8 per 1,000 live births
- High prevalence rates for transmitted and parasitic diseases
- Increased incidence of chronic diseases, accidents, and domestic violence
- Problems of disability and malnutrition
- Low economic income of the population: estimated at $496.00 per capita in 1993
- Estimated population 4.2 million
- Unequal population distribution with the major concentration on the Pacific Coast
- The rural population represents 48.3% of the total population
- Elevated population growth of 3.5% annually
- Fertility rate of 5 children per woman

Source: Nicaraguan Ministry of Health, 1996

The Nicaraguan Constitution states that the Nicaraguan people have the right to health and that the State will establish the basic conditions for health promotion, protection, and rehabilitation. The Chamorro government's National Health Policy, elaborated in 1993, recognises that health is a basic

right of the population, and that people should have access to integral health care. However, the policy stresses the ability of the people to elect their health services.

The Chamorro government began to initiate a wide-ranging process of transformation of the Health system with a redefinition of the health model, including decentralisation of services to the municipal level and the search for alternative financial support of the public sector. There has been an enormous impulse toward the development of the private sector and of an optional social security system, with the transformation of health into another market commodity.

The modernisation of the Health Sector in Nicaragua has been financed by the World Bank, the Norwegian Government, and the Nicaraguan Government. It is characterised by a strategy of decentralisation, and reorganisation including the proposal of a new Public Health law, with emphasis on SAP for the extension of services to the population. It also includes a programme to improve the quality of care, the participation of the community, and the modernisation of information systems.

So, what has happened?

SAPs and the pauperisation of Nicaragua

The implementation of the Structural Adjustment Programme in 1990 and the subsequent negotiation of the ESAF (Extended Structural Adjustment Facility) have been designed to reduce the external debt, one of the highest per capita in the world: six times the annual GNP.

Table 2: Gap between the rich and the poor

1992	27.3
1995	53.2

20% of the poorest household receive 1.07% of the wealth
20% of the richest households receive 52% of the wealth
Source: FIDEG

Table 3: Poverty as measured by unmet basic needs method

	1985	1993 - Total	1993 - Rural
Households in poverty	63.1%	75%	87.3%
Households in extreme poverty	12%	43.6%	60%

Source : FIDEG

Table 4: Poverty measured by the poverty line method

	1993
Poverty	56%
Extreme poverty	23%

Source: World Bank

The SAP has had a dramatic impact in all spheres, especially in health and education.

Principal health problems in Nicaragua

Access to basic services, among them health, is a fundamental right of all people. A country's just and equitable development is inconceivable without taking into account the integral health of its population. However, through the Structural Adjustment Programme, the groundwork has been laid for major deterioration in the population's health; subsidies for all basic services and products of primary necessity have been eliminated, eminently preventive programs such as "complementary food" programs were abandoned, and the coverage for the majority of health services to the population was reduced.

Table 5: Principal health problems in Nicaragua

GENERAL CONDITIONS

- Insufficient availability of potable water, with consequent consumption of water of poor quality
- Insufficient disposal and treatment of human wastes and residual water
- Insufficient collection, treatment, and disposal of solid wastes
- Non-existent urban zoning
- Persistent industrial contamination
- Deficient control of quality of foods, especially meat and milk products
- Frequent natural disasters: volcanic eruptions, hurricanes, tidal waves, earthquakes

Nutrition:

- Protein and caloric consumption is below the standard requirements and is deteriorating
- High prevalence of protein and caloric malnutrition in general and especially in under-5 year age group, being a direct cause of infant and perinatal mortality

HEALTH PROBLEMS

- Transmissible diseases that persist, increase and the risk of outbreaks and epidemics
- Acute diarrhoeal diseases and other infectious intestinal diseases
- Perinatal mortality related to the attention at birth and care of the newborn
- Acute respiratory infections
- Maternal mortality
- Preventable diseases
- Tuberculosis
- Sexually transmitted diseases
- Tropical diseases: Malaria, Dengue
- Rabies
- Cholera
- Leptospirosis
- Persistence of and increase in accidents and violence
- Problems related to development such as chronic malignant diseases and malignant neoplasms
- The number of disabled persons has increased
- Increased mental illness
- High incidence of occupational-related accidents and illnesses

Source: Government of Nicaragua, Ministry of Health, Report 1990-1995

The coverage of prevention and promotion programs in women's health dropped by 11%. Only 72% of pregnancies received prenatal care; the coverage of the "Uterine Cervical Cancer Control" programme also diminished by 63%.

According to the registries of MINSA, in Region I, maternal mortality shows extremely high figures: one in every 66 women of childbearing age dies due to pregnancy, delivery and port-partum causes. At a national level the maternal mortality index, according to the Women Health Network ranges between 159 and 300 for every 100,000 live births depending on the geographic location.

There is an under-reporting of deaths due to clandestine abortions because they may be reported as accidental deaths due to intoxication with pesticides or overdosage of malaria treatment, for example.

Violence-based morbidity and mortality have been increasing. According to police reports this kind of violence has unemployment and the presence of alcohol as common denominators.

According to National Police Registers a total of 176 persons committed suicide in 1996, an average of 14.6 per month. 135 males and 45 females, 124 were under 30 years of age. One person was a 14 year old girl in the Child-to-Child programme carried out by CISAS.

The principal causes of suicide were related to depressive-emotional and/or economic problems. Forms of suicide included hanging (76), and ingestion of poison (tablets used to preserve basic grains) (66). Firearms accounted for only 14 deaths. 34 other persons attempted suicide. This suicide rate represents a 33% increase in suicide since 1995.

As a consequence of the economic crisis and prevailing unemployment, the phenomenon of child labour began to grow starting in 1991. More than 400,000 children and adolescents involved in child labour. The government has defined no governmental policy for them.

It is calculated that by 1996 20,000 children were on the streets in different cities, in situations of grave risk, exposed to violence, mistreatment, sexual aggression and drug addiction.

Basic economic indicators (Tables 6-10)

Table 6: GNP per capita

1990	$467.00
1996	$438.00

** 25% of the internal necessities are met by external resources.*

Table 7: Percentage of the national health budget in relation to the GNP

1989	5.01
1990	4.97
1991	4.22
1992	4.15
1993	3.96

Table 8: Per capita expenditure for health ($US)

1989	35.02
1990	20.09
1991	15.50
1992	15.22
1993	16.51

Table 9: Per capita expenditure for education ($US)

1990	20.50
1995	18.50

Table 10: Illiteracy > 15 years

1990	23%
1995	30%

Elections 1996

In October 1996 elections were held in Nicaragua, the winner being Dr. Arnoldo Aleman, leader of the Liberal Alliance, and well-known Somocista, the followers of the military dictator overthrown by the Sandinistas in 1979. A new government was installed on January 10, 1997. This government promises to address property issues and to create sources of employment in order to stem the economic crisis. Most of the new government cabinet posts have been filled with older (even elderly people). Liberal Alliance members, many without the necessary education and background or experience to carry out their work in the present situation, are dominated by the new economic order.

The new Minister of Health, when meeting with the National Health Council, stated that the Liberals had election promises to keep. That would mean changes in the personnel in political posts and technical levels. On the 17th of January the Minister called for the resignation of all the Directors of the Ministerial Departments, 27 Hospitals and the 17 SILAIS or Regional Integrated Health Systems. Most of the personnel are fairly young, well-educated persons, technically prepared and recent graduates of the Masters Programme in the School of Public Health.

The World Bank and World Health Organisation have made considerable investments in the Health Sector, especially in management training. Obviously there will be a reaction on their part to the new developments. Several experts believe that this decision of the Government will lead to chaos and will not be sustainable over the next nine months.

In addition, there is particular concern on the part of both government and NGO personnel with respect to the position of the government as regards women's health and reproductive rights. The Minister of Education of the Chamorro government, a member of Opus Dei, the conservative right wing of the Catholic Church, who is very powerful in the Vatican, has been reappointed as the Minister of Education in the Aleman government. He and his close circle promote a gender and generational position that is in direct opposition to that of the progressive women's movement, and to the Platform for Action of the Cairo and Beijing UN Conferences.

Challenges

One of the main challenges that civil society, particularly the social movements,has before it is to participate in the drafting of our countries' social and economic policies so that integral and sustainable development for men and women is genuinely promoted.

Alternatives

- NGO sector development: Alternative health centres and programs
- Networking, especially among women: Women's Health Network, Anti-violence Network
- Participation in the National Health Council and on Joint Commissions: Maternal mortality, Breast-feeding Promotion Commission, AIDS Commission.
- Initiative for Nicaragua - Women and men discussing alternative plans and policy proposals in a variety of fields including environment, education, health, sustainable development, population, etc.
- International Networking