



Uruguay



This map is an approximation of actual country borders.

The Eastern Republic of Uruguay is a representative democracy; public officials stand for office every five years. The country is divided into 19 departments. Uruguay lies on a vast plain, whose highest points are less than 600 metres above sea level. The literacy rate is approximately 98%, which is among the highest in the Americas. Uruguay is also one of the countries in the Americas with the longest life expectancy at birth and lowest infant and maternal mortality rates. The portion of the total population over age 65 is 13.4%. A total of 41% of the country's population resides in the capital city, Montevideo. In 2002, Uruguay faced one of the most serious economic and financial crises of its history. The poverty rate increased from 15.3% in 2001 to 32.1% in 2004, especially among children aged 0 to 5 years (56.5%). According to data from the most recent National Household Survey, this trend is now reversing. Some 5.4% of Uruguay's population lives in unauthorized settlements. International emigration is another phenomenon that has characterized Uruguay in recent decades. Among the total population, the leading causes of death are diseases of the circulatory system (33.0%), followed by malignant neoplasms (23.5%) and external causes (5.7%, especially traffic accidents). Accordingly, health problems among the young in Uruguay are consistent with those of developing countries, while those affecting the older population are similar to trends in the developed countries.

HEALTH & DEVELOPMENT

The Uruguayan Constitution mandates that the State legislate all health- and public-hygiene-related issues and provide prevention and care services free of charge only to the indigent population and people who cannot afford them. The Ministry of Public Health (MPH) is the agency responsible for setting standards and regulating the health sector, developing prevention programs, and administering assistance.

The Uruguayan economy is based on the production and export of primary goods, especially livestock. This makes it very vulnerable to the subregional context and very exposed to the world market. The performance of the Uruguayan economy over the last 50 years has been modest: the real GDP growth rate between 1960 and 2004 was 1.9%, while the world average was 3.7%.^a After the economic and financial crisis of 2002, the country entered a growth phase in mid-2004.

Health services coverage among the total population is 43% for the public sector and 46% for the private sector (approximately 10% has no formal coverage), while the public sector accounts for 25% of the total health expenditure and the private sector, 75%.^b

The current government, which came to power in March 2005, has proposed a reform of the health sector with a view to achieving universal coverage with equity. Its linchpins are: a) the creation of an integrated national health system; b) the transfer of MPH health services to an autonomous agency; and c) the creation of a national health fund.

Uruguay has an aging population; 3.2% of the total population is aged 80 or older. Chronic noncommunicable diseases account for 70% of deaths and 60% of the country's total health care expenditures. A 2006 survey found that among the adult population aged 25 to 64, 60% was obese, 34% had high blood pressure, 33% had high cholesterol, 38% had sedentary lifestyles, 31% were smokers, and 7% were diabetics. Consequently, only 1 in every 100 adults in this age group has none of these problems.

Land area ¹	176 215 km²
Total population (2005) ¹	3 241 003
Life expectancy at birth in years (2006) ¹	75.3
Annual rate of population growth (2005) ¹	0.6%
Urban population as a % of total population) ¹	92.0%
Illiteracy rate of population aged 15 and older (2006) ¹	2.3%
Per capita GDP in US\$ (2005) ²	5081
Health expenditure as a % of GDP (2004) ²	9%
Total per capita health expenditure in US\$ (2004) ²	365
Human Development Index ³	0.838 (rank: 46)
Unemployment rate (January-March 2007) ¹	9.9%
Infant mortality (2006) ²	10.5 per 1,000
Maternal mortality per 100,000 live births (2006) ²	12.7%
Incidence of reported AIDS cases (2005) ²	300

Sources:

1. National Statistics Institute (INE): <http://www.ine.gub.uy/enha2006/>
2. Ministry of Public Health. National Accounts. 2006: <http://www.msp.gub.uy/>
3. UNDP. Human Development in Uruguay. Montevideo: UNDP, 2005.

^a United Nations system in Uruguay. CAC (2005) and UNDAF (2007-2010). Montevideo: U.N.; 2006. p. 14 et seq.

^b Uruguay. Ministry of Public Health (on line) 2006. (Access date: 4 July 2006): http://www.msp.gub.uy/noticia_523_1.html

PARTNERS & EXTERNAL COOPERATION

PAHO/WHO is actively providing technical cooperation in Uruguay pursuant to resolutions of the Directing Councils and national and departmental health authorities. However, owing to Uruguay's classification as a middle-income country, it is not a major recipient of financial cooperation from a number of sources.

In 2005, United Nations agencies in the country, working with national authorities, conducted a "Common Country Analysis"³¹ (almost simultaneously with that of the Country Cooperation Strategy (CCS)). That effort has resulted in the preparation of the "United Nations Development Assistance Framework (UNDAF) 2007-2009," currently under way, which has identified four national cooperation priorities:

1. Achieving sustained and sustainable economic growth, with emphasis on diversifying production; penetrating international markets; working to increase scientific and technological innovation in production processes; and increasing investment.
2. Reducing the high levels of poverty, which Uruguayan society has achieved in recent years (especially among the younger generations), with emphasis on the eradication of extreme poverty.
3. Reducing inequities (economic, social, intergenerational, gender, regional, and ethnic).
4. Promoting the exercise of all human rights and buttressing democracy by increasing citizen, political, and social participation.

In December 2006, the United Nations World Assembly designated Uruguay as one of eight countries to implement the "One UN" pilot initiative. At the same time, the CCS was initiated, identifying the strategic lines of action indicated below (see Strategic Agenda).

In 2004, Uruguay and Italy signed a Memorandum of Understanding (MOU), resulting in a €15 million credit for the procurement of equipment for the public health sector. The MOU represents the largest investment in health thus far for the current administration.

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> • Government with an absolute parliamentary majority • National and departmental policies with a social approach based on the reduction of inequities • Greater focus on citizen participation, decentralization, and the intersectoral approach 	<ul style="list-style-type: none"> • Country's foreign debt burden (87% of GDP), with limited mobility for investment • Social response of the health sector to the demographic and epidemiological transition and to the needs of vulnerable groups • Growth of poverty and extreme poverty, especially among children • Strengthening of essential public health functions (EPHFs) • MERCOSUR in crisis

PAHO/WHO STRATEGIC AGENDA (2006-2011)

Based on joint work with the national health authorities and broad participation by other relevant health actors in the country, the following general lines of technical cooperation have been identified in the Country Cooperation Strategy (2006-2011):

1. Health Policy and the National Health System. The National Health Authority (NHA) decided to shift the approach to health care toward an Integrated National Health Care System, with emphasis on equity, universal access, and disease prevention. The priority objectives are the strengthening of NHA leadership, the evaluation and monitoring of performance of the EPHFs, the decentralization of the State Health Services Administration (ASSE), the identification of a Primary Health Care (PHC)-based provider model, and the establishment of national health accounts. The NHA also identified as priority areas the development of a pharmaceuticals policy, the enactment of a health workers law, the launch of the Observatory of Human Resources in Health, in-service training and training in PHC, and an ongoing training program for the certification and recertification of health professionals.

2. Epidemiological and Social Determinants of Health. Due to the demographic and epidemiological profile, the country must make capacity building in disease prevention and communicable and noncommunicable disease control part of the health agenda and encourage the adoption of new lifestyles and care for emerging and exotic diseases.

3. Health Information Systems, with Special Emphasis on the Identification of Vulnerable Groups and Situations. Development of a national health surveillance system (including the social, environmental, and economic determinants of health) to better identify vulnerable groups and allow for better decision-making on coverage and access. Also, relevant, up-to-date information, and encouragement and support for the development and use of virtual public information media, as well as social communication in health promotion and disease prevention.

4. The International Approach and Global, Regional, and Subregional Coordination. Strengthening of national capacity for meeting international commitments; achievement of the Millennium Development Goals (MDGs); International Health Regulations (IHR2005); integrated health interventions in border areas; surveillance, prevention, and control activities targeting hydatidosis and Chagas' disease; the participation of Uruguayan authorities at meetings and activities of the SGT-11 and other MERCOSUR agencies.

5. Implementation of the Productive and Healthy Communities Strategy.

6. Research, Development, Innovation, and Technology Transfer. Access to relevant, up-to-date information, encouragement and support for the development of a virtual library of health legislation, and public information and social communication in the areas of health promotion and disease prevention. The country's proven experience in the areas of food monitoring and food safety are assets that can be shared with other countries of the Region, while its outstanding experience in the control of tobacco use is part of the same context.



ADDITIONAL INFORMATION

WHO country page <http://www.who.int/countries/ury/>
Country office web site <http://www.ops-oms.org.uy/>

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