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Sustainable Development Goals: El Salvador

El Salvador is a small country on the west coast of Central America and has a population of about 6.5 million (El Salvador Population, 2021). El Salvador is ranked as a lower-middle income country with a GDP per capita of \$4,031 (World Bank, 2021). There is still a lot of room for improvement in health in El Salvador. Three specific areas that desperately need to be invested in to further promote health in the country are nutrition and food availability, security and safety for citizens, and the healthcare system as a whole.

First, there needs to be an investment in nutrition and food availability in order to improve health in El Salvador. The United Nations' World Food Program found that 14 percent of children under the age of five suffer from acute malnutrition, and 51 percent of children under the age of one suffer from anemia and iron deficiency, especially in rural areas (Borgen Project, 2017). These illnesses that start at an early age can lead to lifelong complications including kidney disease and ischemic heart disease. 20 percent of households in El Salvador are ranked as a Level Three or Four on the IPC scale. The IPC, or Integrated Phase Classification, is used by The Famine Early Watch Network in order to have measures for classifying food insecurity. The Crisis ranking, or class three, is characterized by households with a high or above-usual level of malnutrition or are barely coping to meet minimum food needs. The Emergency ranking, or class four, contains households that have large food consumption gaps that are reflected by "high or

above-usual malnutrition (IPC, n.d.).” Malnutrition and other illnesses related to lack of food availability have a substantial effect on health in El Salvador.

A constant cycle of natural disasters further exacerbates the problem of lack of food availability. A 2010 report by the UN Disaster Assessment and Coordination identified El Salvador as the most vulnerable country in the world, with 95% of the population being at risk from natural disasters (Shoda, 2012). The country is heavily dependent on import for major staples of their diet such as rice, beans, and corn. However, the most important agricultural products in El Salvador are coffee, cotton, corn, and sugarcane. An example of a natural disaster that decimated the agricultural products of El Salvador can be seen in Hurricane Mitch that hit in October 1998. The hurricane hit at a particularly devastating time for farmers, during the harvest of coffee, maize, and beans. This not only demolished the crops for that harvest year but also left many farmers without the means to produce a harvest the following year (OCHA, 1999). The country as a whole lost an estimated \$110,832 in production (PAHO, 1998). This loss of not only food but also revenue had disastrous effects on the health of the population and exemplifies why natural disasters cause such a large problem when it comes to food availability.

An investment is necessary in farmers and food production to decrease the effects of large natural disasters like Hurricane Mitch and to provide food security for the country as a whole. 45 percent of deaths among children under five can be attributed to malnutrition and that is not accounting for the extensive ranges of disease that malnutrition can cause later in life for children who do survive. Investing in farmers and creating more sustainable food systems for El Salvador would have a substantial impact on health due to the high rates of disease and death caused by malnutrition.

Second, there needs to be investment into overall safety and security for citizens. The number one cause of death in El Salvador from ages 5-49 is violence (GBD Compare, 2021). One of the major causes of this high rate is gang violence. In a country of 6.5 million, it is estimated that about 500,000 citizens are involved in gangs, which amounts to eight percent of the total population. (Zaidi, 2019). This high participation of citizens in gangs creates a state of violence and fear that the citizens of El Salvador have to continually endure and it has a substantial effect on the health of their citizens. The murder rate in El Salvador spiked in 2015 to more than 100 homicides per 100,000 residents which is significantly higher than the countries with the second highest rates, Honduras and Venezuela having only 59 per 100,000 (Zaidi, 2019). It is evident to see that this reign of gang brutality has become a significant health factor for the people living in El Salvador. However, mortality rates are not the only factor that the gang violence has affected. Children are not attending school, women and children are being raped, and families are being forced to flee from their towns (Zaidi, 2019). All of these factors combined negatively impact the overall health and well-being of El Salvador.

An investment in safety and security is crucial to improving the health of El Salvador. The country is not a safe place to live in and at any given moment a street or marketplace can turn into a violent gang battle. The most crucial way to decrease gang violence would be to invest in prevention. One of the most effective methods for reducing violence is preventing youth from becoming gang members in the first place. In El Salvador, it is difficult for youth to get a job and learn important life skills in the scarce economic climate. Generating job opportunities and providing government prevention programs where youth can go and learn specific skills to help them achieve in life is an important way to prevent gang violence. Youth who are employed have a purpose, a sense of belonging and meaning, and are kept off the streets, which is crucial in

decreasing violence (Brand-Weiner, 2020). Second, the investment should be made toward increasing second chance opportunities. As previously stated, approximately eight percent of the total population in El Salvador are involved in gangs. This portion of the population should not be overlooked and should be given economic and social alternatives, including second chances, in order to break the cycle of violence (Brand-Weiner, 2020). An example of this would be creating a program of education for those in prison or teaching life skills, so that once released, they would have a second chance at creating a life not involved with the gangs. A study conducted in 2010 in the US found evidence to support the use of both of these strategies and found them to be very effective in decreasing gang membership and as a result violence (Howell, 2010). Investing in prevention and second chance opportunities for youth and gang members of El Salvador is crucial to decreasing the violence and improving health outcomes in the country as a whole.

Finally, an investment should be made in the overall infrastructure and healthcare system of El Salvador. The quality of care in El Salvador is considered to be poor, with their system being ranked at 115 out of 190 total countries (Tandon, n.d.). The system is split up into a private and public sector. Even though the health care system has many hospitals, clinics and other care centers, the quality of healthcare they provide is inadequate, especially in the public sector. These hospitals tend to be understaffed, poorly equipped and have many flaws in regards to inequalities in access to better quality health services based on income levels. The private health providers tend to offer a better standard of care with better qualified physicians (El Salvador Health Insurance, n.d.). However, the enhanced care does come at a cost that only the wealthiest El Salvadorans are able to afford. Another significant problem in healthcare in El Salvador is the lack of physicians. There are approximately 1.6 physicians per 1,000 population in El Salvador.

The World Health Organization estimates that countries with fewer than 23 healthcare workers per 10,000 population are likely to fail to achieve adequate coverage for primary healthcare (CDC, 2021).

The Ministry of Health and Social Welfare (MSPAS) is the government body given the responsibility of determining national health policy, monitoring its performance, and providing overall supervision of the healthcare system. The MSPAS was created to cover 80% of El Salvadorans, but actual coverage is much lower because of lack of resources. There are 427 total health facilities run by the Ministry including 16 hospitals (PAHO/WHO, 1998, p. 265). A 2005 MSPAS publication entitled “Quality Assurance of Services of Health in El Salvador” identifies five problem areas in the health care system. These problems are: preparation and resource adequacy, shortcomings in the management of healthcare supplies, gaps in monitoring and oversight, lack of standardization in service delivery, and the absence of a system of categorization (Ministry of Health and Welfare, 2005). Investing in these five problems directly would have an enormous impact across El Salvador on the quality of health care and giving access to all citizens, despite their socioeconomic status.

El Salvador is a country that desperately needs intervention to improve health in the country as a whole. In 2015, the United Nations met and established 17 intertwined global goals that are designed to be a “blueprint to achieve a better and more sustainable future for all.” (17 Goals, 2015) The root of each goal is to improve health for every population while tackling key problems and disparities between countries. Sustainable Development Goal three, good health and well-being, strives to “ensure healthy lives and promote well-being for all at all ages.” (17 Goals, 2015) Investing in sustainable food sources and giving the farmers the resources they need to produce crops will reduce malnutrition and have a substantial positive impact on health

in the country as a whole. Malnutrition causes large numbers of death in children under 5 and leads to severe health conditions later in life. Second, investing in prevention and second chance opportunities for youth in El Salvador will have a large impact on decreasing gang violence and bring peace and security to citizens living a life in fear. This would also positively impact health by decreasing homicide rates and giving people a more stable lifestyle, more access to care and education. Finally, an investment in the healthcare system and infrastructure as a whole would provide equitable opportunities for all citizens to have access to care and assist the country with training more doctors to provide a better quality of care. All of these investments combined would help the country of El Salvador take large strides towards achieving SDG three, good health and well being for all citizens.

Sources

Brand-Weiner, I. (2020, June 16). *Reducing violence in El Salvador: What it will take*.

Development Matters. Retrieved December 7, 2021, from

<https://oecd-development-matters.org/2018/01/17/reducing-violence-in-el-salvador-what-it-will-take/>.

Central America Health Profile. Centers for Disease Control and Prevention. (2021, March 16).

Retrieved December 7, 2021, from

<https://www.cdc.gov/immigrantrefugeehealth/profiles/central-american/index.html#healthcare-access>.

Common diseases in El Salvador: From mosquitos to chronic illnesses. The Borgen Project. (2017, September 3). Retrieved December 5, 2021, from <https://www.borgenmagazine.com/common-diseases-in-el-salvador/>.

El Salvador Health Insurance . Pacific Prime Insurance. (n.d.). Retrieved December 7, 2021, from <https://www.pacificprime.com/country/americas/el-salvador-health-insurance-pacific-prime-international/>.

El Salvador Statistics. (2021). Retrieved September 23, 2021, from <https://data.worldbank.org/country/el-salvador>

El Salvador Population (Demographics, Maps, Graphs). (2021). Retrieved September 20, 2021, from <https://worldpopulationreview.com/countries/el-salvador-population>.

Gbd compare (2021). *Institute for Health Metrics and Evaluation*. Data Visualizations. Retrieved September 20, 2021, from <https://vizhub.healthdata.org/gbd-compare/>.

Howell, J. C. (2010). *Gang Prevention: An Overview of Research and Programs* . *Office of Juvenile Justice and Delinquency Prevention*.

Integrated Food Security Phase Classification . IPC Portal. (n.d.). Retrieved November 14, 2021, from <http://www.ipcinfo.org/>.

Ministry of Health and Welfare (2005). National program: Quality assurance of services of El Salvador [data file]. Retrieved from http://www.mspas.gob.sv/pdf/prog_nac_serv_calidad/documento.pdf

OCHA. (1999, February 17). *Hurricane Mitch - its effects on the poor - El Salvador*. ReliefWeb. Retrieved October 15, 2021, from <https://reliefweb.int/report/el-salvador/hurricane-mitch-its-effects-poor>.

Pan American Health Organization/World Health Organization (PAHO/WHO) (2007). *Health system profile of El Salvador 2000-2005: Monitoring and analysis of change processes*.

Retrieved from

http://www.lachealthsys.org/index.php?option=com_docman&task=doc_download&gid=167

PAHO. (December, 1998). *Impact of Hurricane Mitch in Central America*. Pan American Health Organization/World Health Organization. Retrieved October 15, 2021, from https://www.paho.org/english/sha/epibul_95-98/be984mitch.htm.

Shoda, E. (2012, November 28). *Ready for the worst of nature*. The Guardian. Retrieved October 15, 2021, from <https://www.theguardian.com/journalismcompetition/el-salvador-disaster-planning>.

Tandon, A. (n.d.). Measuring Overall Health System Performance. *World Health Organization* .

The 17 Goals | Sustainable Development. (2015). *United Nations*. Retrieved September 22, 2021, from <https://sdgs.un.org/goals>

Zaidi, T. (2019, November 22). El Salvador: A country ruled by gangs. *The Guardian*. Retrieved September 22, 2021, from <https://www.theguardian.com/world/2019/nov/22/el-salvador-a-nation-held-hostage-a-photo-essay>