

COUNTRY PROFILE: HONDURAS

Overview of Honduras' health system

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LIST OF ABBREVIATIONS

AIDS	Acquired immune deficiency syndrome
CESAMO	Health center with physician and dentist
CESARD	Rural Health Center
DALY	Disability-adjusted life Year
GDP	Gross National Product
GNI	Gross National Income
HDI	Human Development Index
HIV	Human immunodeficiency virus
IHSS	Instituto Hondureños de Seguridad Social
ILO	International Labour Organization
NCD	Non-Communicable Disease
NGO	Non-Governmental Organization
OAS	Organization of the American States
PAHO	Pan American Health Organization
PATH	Program for the Administration of Lands in Honduras
PPP	Purchasing Power Parity
SS	Secretaria de Salud
TB	Tuberculosis
US\$	United States dollar
WHO	World Health Organization

1. COUNTRY AT A GLANCE

Table 1. Country at a glance

Component	Details/indicator/year	Data
Population	Population growth (2016)	1.7 ^a
	Population, total (2016)	9,112,867 ^a
	Percentage of the population living in urban areas (2017)	55 ^a
	Population median age (years) (2013)	21.9 ^b
Geography	Honduras is a Central American country with most of its coast located on the Caribbean side. It is west of Guatemala and El Salvador and West and East of Nicaragua. The capital is Tegucigalpa. It is a mountainous country for more than three-fourths. The climate is tropical and generally hot although it varies from tropical in the lowlands to temperate in the mountains.	
Ethnic composition	Almost all mestizo (86.6%). However, along the Caribbean coast, Blacks of West Indian origin and Garifuna make up a significant part of the population.	
Government	Honduras is a presidential republic. The president serves as chief of state and the head of the government. The current constitution was approved on 11 January 1982 with several amendments throughout the last decades. The legislative branch is based on a bicameral model, with the National Congress (Congreso Nacional). Its members are elected directly every 4 years. The highest court is the Supreme Court of Justice (Corte Suprema de Justicia) with judicial and constitutional jurisdiction.	
Economic and infrastructure data	Gross Domestic Product (GDP; at Purchasing Power Parity, at current international \$, 2016)	43,2 billion ^a
	Gross Domestic Product (GDP; current US\$, 2016)	21,5 billion ^a
	Gross National income (GNI) per capita PPP (current international \$, 2016)	4,410 ^a
	Economic growth as percentage of GDP (2016)	3.6 ^a
	Gini-index (2015)	50.1 ^a
	HDI (2015)	0.625 (ranked 130) ^c
	Poverty headcount ratio at national poverty lines as percentage of population (2015)	63,8 ^a
	Percentage of adult literacy as percentage of people ages 15 and above (2016)	89 ^a
	Education Gender parity index for primary and secondary school enrolment (2015)	1.189 ^a
	Percentage of population with access to improved sanitation facilities (2015)	82.6 (rural: 77.7; urban: 86.7) ^a
	Percentage of population with access to electricity (2014)	87 (rural: 76; urban: 99) ^a

Health system	Health expenditure as percentage of GDP (2014)	8.7 ^a
	Public expenditure on health as percentage of total health expenditure (2014)	51 ^a
	Out-of-pocket health expenditure of total health expenditure	43 ^a
	Health expenditure per capita, PPP (constant 2011 international \$) (2014)	400 ^a
	Number of physicians per 1000 population (2005)	0.39 ^a
	Number of nurses and midwives per 1 000 population (2005)	1.133 ^a
	Percentage of births with skilled attendants (2012)	83 ^a
	Average life expectancy in years (2015)	73 ^a
	Hospital bed per 1000 (2012)	0.7 ^a
Disease burden	HIV prevalence as percentage among adults 15-49 (2016)	0.4 ^a
	Incidence of TB per 100 000 population per year (2015)	43 ^a
	Deaths due to HIV/AIDS per 100 000 (2012)	22 ^b
	Cause of death by NCD as percentage of total (2015)	60 ^a
	Maternal mortality rate per 100 000 births (2010, national estimate)	73 ^a
	Infant mortality rate per 1 000 births (2016)	16 ^a
	Under-five mortality rate per 1 000 births (2015)	19.4 ^b
	Death by violence (interpersonal violence) (2015)	6,900 ^d
Top five causes of mortality as percentage of deaths (2012) ^e	1. Ischaemic heart diseases	14.4
	2. Stroke	8.3
	3. Interpersonal violence	7.3
	4. HIV/AIDS	4.6
	5. Lower respiratory infections	4.4
Top five causes of DALYs¹ (2012) ^e	1. Neuro-psychiatric conditions	ND
	2. Maternal, neonatal, nutritional	ND
	3. Others NCD ²	ND
	4. Cardiovascular diseases and diabetes	ND
	5. Suicide, homicide and conflict	ND

^a World Bank World Development Indicators [World Bank a]; ^b WHO Global Health Observatory [WHO a]; ^c UNDP; ^d WHO Global Health Estimates 2015: Deaths by Cause, Age, Sex, by Country and by Region, 2000-2015 [WHO d]; ^e WHO Honduras: WHO Statistical profile [WHO b].

¹ Disability-adjusted life years (DALYs) are the sum of years of life lost due to premature mortality (YLL) and years of healthy life lost due to disability (YLD).

² Including non-malignant neoplasms; endocrine, blood and immune disorders; sense organ, digestive, genito-urinary, and skin diseases; oral conditions; and congenital anomalies

2. COUNTRY CONTEXT

2.1 COUNTRY HISTORY AND POLITICAL SYSTEM

Honduras has been inhabited since well before the 1st century by indigenous people, notably the Lencas near the Guatemala border and the Mayas. It was actually the centre of Mayan civilization for a while. The first European to arrive in Honduras was Christopher Columbus in 1502. The presence of gold quickly stimulated the Spanish conquest. With the rapid exhaustion of gold in 1548, the development of the region was rather slow, partly hindered by endless pirate attacks as well as British strategy to control the coastal areas (Clegern, Woodward and Moncada, 2017).

Honduras got independent from Spain in 1821 with the end of the Captaincy general of Guatemala that was composed of today's Guatemala, El Salvador, Costa Rica, and Nicaragua. It ephemerally joined the Mexican Empire until 1823, when the former captaincy united under the United Provinces of Central America. However, strong tensions opposed the Liberal and the Conservatives, the latter being backed up by the Church. The arrival of the Liberal at power escalated quickly into a civil war and in 1838 the Union collapsed (Clegern, Woodward and Moncada, 2017).

Honduras tried several times to restore the Union without much success. With the Conservatives ruling the country, the Church played a significant political role. It is not until the 1870s that the Liberals got in power again. The same Liberals resisted in 1885 an attempt by Guatemala to unify the isthmus by force. By the end of the 19th century, despite tentative by the governments to attract foreign investment and stimulate economic growth, Honduras remained the poorest state on the isthmus (Clegern, Woodward and Moncada, 2017).

The role of banana companies, predominantly foreign-owned, played a crucial role in the economy and in politics for the first half of the 20th century (BBC). A shift appeared after World War I with the creation of the National Party, mixing Conservatives and disenchanted Liberals. The National party eventually gained power in 1932, although its policy had little difference with liberal policies. The power alternated between the National Party and the Liberals until 1963 where the president Ramón Villeda Morales was overthrown by the military. In 1969, in the midst of severe demographic and socio-economics issues, a soccer game with El Savador triggered what would be later known as the "Soccer War" over boundary dispute that lasted 100 hours. In 1981, the country elected a civilian government after 17 years of almost continuous military rule. With the new Liberal President Roberto Suazo Córdova, strong relations with the United States were tied. The United States indeed had a strong military presence in Honduras to fight the Nicaraguan guerrillas "Contra". In 1998, Honduras heavily suffered from hurricane Mitch, with billion worth of damages (Clegern, Woodward and Moncada, 2017).

In the early 21th century, Honduras remained one of the most violent country in the world. A military coup took place in June 2009 and the country got suspended by the Organization of America States (OAS), as the international community by the voice of the United Nations passed a resolution that recognized ousted president Manuel Zelaya as the rightful president. The elections that took place led to the victory of Profirio Lobo, although in-exiled Zelaya didn't take part in the race. The elections were not recognized by several countries in South America. Lobo

and Zelaya however meet in Colombia in May 2011 and this meeting paved the way to an agreement and the reinstatement of Honduras within the OAS. The November 2013 elections opposed Zelaya's wife Xiomora Castro from the Freedom and Refoundation Party and Juan Orlando Hernández from the National Party, the later arriving first. Protests broke out with suspicion of frauds and although irregularities were detected by international observers, the elections were validated (Clegern, Woodward and Moncada, 2017).

More protests erupted in 2015 with a corruption scandal being revealed within the government. Although President Hernández acknowledged that he had received contributions from the companies involved in the scandal, he stayed in power. In order to tackle crime-related violence, an OAS mission was set up, the Support Mission Against Corruption and Impunity, with some positive effects (Clegern, Woodward and Moncada, 2017).

2.2 POPULATION

The total population of Honduras is little over 9 million (World Bank a, 2017) with a vast majority of mestizo (ie. mixture between Spanish and Indian), accounting for almost over 8 out of 10 people (86,6%) (Britannica). Black people are more present on the Caribbean coast, where they speak English rather than Spanish, the official language of Honduras. Approximately 50% of the population is under 23 years. Two-thirds (63%) of the population is catholic, and almost a quarter (23,%) is evangelical protestant (Clegern, Woodward and Moncada, 2017). The population grow very fast in the first part of the 20th century, with the development of the fruit production. Most of the population lives in the city (55%). Life expectancy is 73 years old (World Bank a, 2017). The country is at the same time the largest and less inhabited in Central America (Larousse, 2017).

2.3 ECONOMY

Table 2. Economic measures of Honduras

Indicator (year)	Data
Gross National income (GNI) per capita PPP (current international \$, 2016)	4,410 ^a
Economic growth as percentage of GDP (2016)	3.6 ^a
Present value of external debt as percentage of the GNI (2016)	31 ^a
Gini-index (2015)	50.1 ^a
HDI (2015)	0.625 (ranked 130) ^b
Poverty headcount ratio at national poverty lines as percentage of population (2015)	63.8 ^a
Percentage of unemployment as percentage of the total labor force (2016)	6.3 ^a

^a World Bank World Development Indicators [World Bank a]; ^b UNDP

Although the economic outlooks are quite favourable, Honduras still has the highest level of economic inequality of Latin America (World Bank b, 2017). The 1954 strike of banana workers had major positive outcomes with the promulgation of a labour code that is considered as one of the best in Latin America (Clegern, Woodward and Moncada, 2017). It helped increased the standard of living.

The United States are the first commercial partner of Honduras, Honduras exporting for a third (35.8%) toward the United States and importing for 43.4% from the United States (Clegern, Woodward and Moncada, 2017).

Agriculture is an important driver of the economy but has lost one-third of its revenue over the past decades (World Bank Honduras b, 2017). It accounts for most of the sells to foreign countries (Larousse, 2017), including the wood industry that has been nationalised in 1974 (Larousse, 2017). Although it accounts for little more than 10% of the GDP, it still employed two-fifths of the population. Banana production with United States companies such as Chiquita and Dole plays a disproportional role. Other export crops are coffee, tobacco and sugarcane.

Honduras took a great loss during Hurricane Mitch in 1998 that devastated Honduran agriculture and transportation infrastructure, with at least 5,000 dead and 70% of the country's crops being destroyed (BBC, 2012).

Immigration is an important phenomenon and every year thousands of Hondurans leave the country, mainly for the US. The lack of Honduras way of transportation, due to its relief and its economic situation, still hinders its full economical blossom.

2.4 ENVIRONMENT

The country is mainly mountainous with 70% of its territory over 300 meters and 55% over 600 m (Larousse). It is located on the isthmus and while it has a large Caribbean coast, it has little access to the Pacific with a small seaboard in the Fonseca gulf. The Caribbean was for a long time rather uninhabited but has benefited from the development of the banana boom in the 20th century (Larousse). Two fifths is covered by forest (Clegern, Woodward and Moncada, 2017).

Four geographic regions can be distinguished (Clegern, Woodward and Moncada, 2017):

- The eastern Caribbean lowland accounts for one-fifth of the territory with a hot and humid climate. Lumbering plays an important role as it is densely forested. It has a low density and the population still relies mainly on subsistence agriculture and fishing.
- The northern coastal and alluvial plains and coastal sierra is more densely populated and has four of the five most important harbours of Honduras. It has the only national's railroads service and agriculture is bountiful, thanks to favourable soil (bananas, rice, yuca, manioc, corn, etc.)
- The central highlands are the most immense region, accounting for up to two-thirds of the country. The highest point, Mount Las Minas, is located in this region and rises to 2,849 metres. The soils are also rather favourable thanks to lava and volcanic ashes. Most of Hondurans live here.

- Finally, the Pacific Lowlands are the smallest region. Centred on the Gulf of Fonseca, coffee is produced on its fertile soils.

The Pacific regions occasionally have summer hurricanes with heavy rains that can cause dramatic floods while the Pacific plains and mountains receive little to no rain during winter time.

2.5 INDIGENOUS POPULATION

The situation of indigenous population in Honduras is critical, according to a recent report from the United Nations (United Nations Special Rapporteur on the Rights of Indigenous Peoples). There is no precise or up-to-date data on this part of the population and estimations vary. According to the 2001 National census, 7% of the total population is indigenous or from African descent but this number is likely to be bigger. A 2007 census led by indigenous communities showed that indigenous or from African descent constituted up to 20% of the total population, with 80% living on their traditional lands (United Nations Special Rapporteur on the Rights of Indigenous Peoples, 2016).

The main challenges for these communities are the protection of their lands rights, the violence they face when claiming these rights, their difficulties to access justice and finally the impunity of institutional violence they suffer from. As of today, they still suffer from an historical marginalisation and the lack of social development.

This situation is concerning despite growing acceptance regarding their rights and culture. Indeed, in 1994, Honduras became one of the few Latin American countries to ratify the International Labour Organisation's Indigenous and Tribal Peoples Convention (ILO 169). It is the most extensive and important operative international law that protects those specific communities (Minority Rights Group International, 2017). As for the Miskito, they live in the Department of Gracias a Dios and the 2001 census counted 51,607 of them.

The State agencies that manage these issues are the Office of the Special Prosecutor for Ethnic Groups and Cultural Heritage and the Directorate of Indigenous and Afro-American Honduran Peoples. Some NGOs have raised their concern of the inadequacy of some international development programs in regards of indigenous challenges and features. For example, the World Bank's Program for the Administration of Lands in Honduras (PATH) encourages individual ownership, an approach that is in conflict with indigenous traditional community ownership custom (Minority Rights Group International, 2017).

3. HEALTH SYSTEM

3.1 OVERVIEW

In epidemiological transition, Honduras' health system has to face three different challenges. While infectious diseases are still prevalent at high rate, chronic diseases are growing and finally death related to violence are very high. The country has however made progress regarding the fight against poverty, within the Millennium Development Goal framework (PAHO). Access to healthcare services remains a major issue. (Carmenate-Milián, Herrera-Ramos, Ramos-Cáceres,

Lagos- Ordoñez, Lagos- Ordoñez et al, 2017). The Ministry of Health provides services for 60% of the population, while the IHSS accounts 12% and the private sector for 10%. 9 out of 10 Honduran are not covered by health insurance and 1.5 million (18%) people have no access to health care services (Carmenate-Milián, Herrera-Ramos, Ramos-Cáceres, Lagos- Ordoñez, Lagos- Ordoñez et al, 2017).

3.2 ORGANIZATION

The health sector is composed of a public and a private sector. On one hand, within the health public sector, 2 institutions play a different role. The Ministry of Health (Secretaria De Salud, SS) is responsible for the steering and regulation while the Honduran Social Security Institute (Instituto Hondureño de Seguridad Social, IHSS) is responsible of collecting and managing fiscal resources, including the mandatory contributions from the workers and employers. On the other hand, the private sector is composed of both profit and non-profit institutions. 60% of the Honduras have regular access to the services provided by the Ministry of Health (Bermúdez-Madriz, Sáenz, Muiser and Acosta, 2011).

The main difficulties identified in 2017 for the health system is how to reduce the gap in health exclusion. A weak government, a poor system management of the capacities and a rigid human resources administration hinder this goal. The fragmentation lead to challenges in the articulation of the different stratus of the health system and a duplication (Carmenate-Milián, Herrera-Ramos, Ramos-Cáceres, Lagos- Ordoñez, Lagos- Ordoñez et al, 2017).

3.3 CAPACITY

The primary care is provided by the Rural health center (CESARD) and the Health center with physician and dentists (CESAMO). The Ministry of Health has 1,635 care centers including 7 national hospitals. The IHSS has 2 hospitals and the private sector manages 1,131 care centers. Honduras is the penultima country in Central America in regards of the hospital beds coverage, only surpassed by Guatemala. There are 6,590 hospital beds in the country, with 77% belonging to the Ministry of Health, 14% to the IHSS and 9% to the private sector. duplication (Carmenate-Milián, Herrera-Ramos, Ramos-Cáceres, Lagos- Ordoñez, Lagos- Ordoñez et al, 2017).

In 2015, there were as 10,995 registered doctors (Central Bank of Honduras, 2015) with a wide disparity between the different departments. For example, there was 23,8 doctors per 10,000 in Francisco Morzan and only 2 per 10,000 in Lempira. There is also a strong disparity for the professional nurses, with only 2 nurses per 10,000. The migration of the professionals is a large phenomenon, and it is estimated that between 1996 and 2010, over 5,000 health professionals have emigrated (Carmenate-Milián, Herrera-Ramos, Ramos-Cáceres, Lagos- Ordoñez, Lagos- Ordoñez et al, 2017).

3.4 POLICY ENVIRONMENT

In 2010 was implemented the Health National Plan 2010-2014 (Plan Nacional de Salud 2010-2014), within the National Plan 2010-2022 and the Country Vision 2010-2038 framework. It aims was to decrease the unmet needs of services, increase the services of quality and decrease the infantile

and maternal mortality rate. It seeks to have universal health coverage with an integrated and plural health system. It also created an information system designed has a tool to better plan and evaluate public health intervention and design.

3.5 HEALTH FINANCING

Table 3. Health financing data for Honduras

Indicator	Data
Health expenditure as percentage of GDP (2014)	8,7 ^a
Annual public expenditure on health as percentage of total health expenditure (2014)	51 ^a
Public expenditure on health as percentage of general government expenditure (2014)	15,4 ^a
Out-of-pocket expenditure on health as percentage of total private expenditure (2014)	88,1 ^a
Health expenditure per capita PPP (constant 2011 international \$) (2014)	400 ^a

(a) World Bank World Development Indicators [World Bank a]

The health expenditure was in 2014 of 400\$ per capita. The government allows 15,4% of its expenditure to health, including salaries of doctors and medical workers. In the mid-2000s, non-reimbursable international cooperation resources were reduced drastically (PAHO, 2009). The financial resources of the Ministry of Health come from for 76% from the Tesoro Nacional, 11% from external credits, 9% from donation and 4% from Honduras Debt Relief effort (Secretaría de Salud, 2010).

The research in the scientific and technological area accounts for 0,04 % of the GDP, below the average of 0,69% of the Latin America (Carmenate-Milián, Herrera-Ramos, Ramos-Cáceres, Lagos- Ordoñez, Lagos- Ordoñez et al, 2017).

3.6 COUNTRY DISEASE PROFILE

Table 4. Country disease profile

Indicator (year)	Data
Age-standardized DALYs per 100 000 for communicable, maternal, perinatal and nutritional conditions (2015)	5,411 ^a
Age-standardized DALYs per 100 000 for non-communicable diseases (2015)	14,173 ^a
Age-standardized DALY for 100 000 injuries (2015)	6242,5 ^a
Infant mortality rate per 1 000 births (2016)	16 ^b
Maternal mortality ratio (national estimate, per 100,000 live births) (2010)	73 ^b

Estimated cases of Malaria (2014)	3,380 ^c
Number of reported death due to Malaria (2014)	2 ^c
Incidence of TB per 100 000 population per year (2015)	43 ^b
HIV prevalence as percentage among adults 15-49 (2016)	0.4 ^b
Death due to AIDS	1100 ^d
Cause of death by NCD as percentage of total (2015)	60 ^b
Death by violence (interpersonal violence) (2015)	6,900
<hr/>	
Top five causes of mortality as percentage of deaths (2012) ^c	1. Ischaemic heart diseases (14,4%)
	2. Stroke (8,3%)
	3. Interpersonal violence (2,6%)
	4. HIV/AIDS (4,6%)
	5. Lower respiratory infections (4,4%)
<hr/>	
Top five causes of DALYs ³ (2012) ^c	1. Neuro-psychiatric conditions
	2. Maternal, neonatal, nutritional
	3. Others NCDs ⁴
	4. Cardiovascular diseases and diabetes
	5. Suicide, homicide and conflict

^a WHO Global Health Estimates 2015: Disease burden by Cause, Age, Sex, by Country and by Region, 2000-2015 [WHO c] ; ^b World Bank World Development Indicators [World Bank a] ; ^c WHO Global Health Observatory [WHO a] ; ^d WHO Global Health Estimates 2015: Deaths by Cause, Age, Sex, by Country and by Region, 2000-2015 [WHO d]

Honduras is among the countries that are epidemiologically transitioning. While infectious diseases as respiratory and digestive diseases are still frequent, chronic degenerative disease such as cancer are growing. At the same time, lifestyle-related and external cause of death such as those due to violence account for a considerable part of deaths. Between 2000 and 2012, deaths due to stroke and interpersonal violence increased while those due to HIV/AIDS and lower respiratory infection decreased. Within the top five causes of mortality in 2012 (WHO b), we can find ischaemic heart diseases (14.4%), interpersonal violence (2.6%) and lower respiratory infections (1.6%).

The country still faces challenges regarding infectious diseases such as dengue, tuberculosis and HIV/AIDS, which are all the more monitored given their high level of transmission. The vaccination coverage from children between 12 and 23 months was 99% for the DPT (diphtheria, pertussis and tetanus), 99% for the BCG (tuberculosis) and 95% for the measles (Bermúdez-Madriz, Sáenz, Muiser and Acosta, 2011).

³ Disability-adjusted life years (DALYs) are the sum of years of life lost due to premature mortality (YLL) and years of healthy life lost due to disability (YLD).

⁴ Other non-communicable diseases (NCDs) including non-malignant neoplasms; endocrine, blood and immune disorders; sense organ, digestive, genito-urinary, and skin diseases; oral conditions; and congenital anomalies.

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