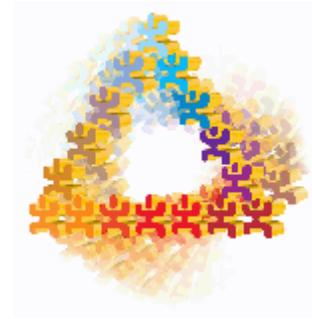




CARMEN Country Profiles: Nicaragua



In 2002, based on the 2002 WHO Global Burden of Disease data¹, noncommunicable diseases (NCDs) accounted for 75.6% of the total 25,676 deaths in Nicaragua. The leading cause of death among the noncommunicable diseases was cardiovascular disease, with an Age Standardized Mortality Rate (ASMR) of 304 per 100,000 (46.5%). Malignant neoplasms followed, with an ASMR of 119 per 100,000 (18.3%). Diabetes was responsible for an ASMR of 60 per 100,000 cases (9.2%); and chronic respiratory diseases, for an ASMR of 34 per 100,000 (5.3%). The remainder was due to other non-specified conditions.

Nicaragua became a CARMEN Member in 2004. The *National Health Plan* was created in 2004 and it serves for the period 2004-2015. The Plan draws up the strategies to be followed in Health Promotion and Disease Prevention:²

Health Promotion

- ➔ Implementation of a Communication Strategy and Community Health Action, for the development of critical thinking in the population
- ➔ Environment protection and education of children about the importance of environment protection
- ➔ Implementation of community programs - health and nutrition
- ➔ Coordination with the educational system – promotion of personal hygiene, oral health, nutrition, sexual behavior
- ➔ Promotion of physical activity, sports and recreation in the population, with emphasis on children, adolescents, and young adults

¹ World Health Organization. *WHO Global InfoBase Online. Country Profiles*. 2006.

² Ministerio de Salud, República de Nicaragua. *Política Nacional de Salud 2004-2015*. May 2004.

- ➔ Promotion of biosafety through trainings
- ➔ Coordination between the Ministry of Health, MITRAB, and the INSS for the promotion of occupational hygiene and injury prevention at work
- ➔ Participation of the Ministry of Health in educational campaigns for the prevention of traffic accidents
- ➔ Participation of the Ministry of Health in educational campaigns for the eradication of all forms of violence, and family violence in particular

Disease Prevention

- ☑ Development and strengthening of the surveillance system, including risks factors, such for communicable and noncommunicable diseases
- ☑ Strengthening the national and local actions aimed at the control and prevention of maternal and child mortality and introducing regular assessment
- ☑ Prevention and control of communicable and noncommunicable diseases, as well as the emerging and reemerging diseases
- ☑ Implementation of a comprehensive reproductive health plan that is adjusted to the needs and characteristics of each area, population group by sex and ages
- ☑ Implementation of a vaccination program that aims at total
- ☑ Monitoring and promotion of growth and development, prenatal care, safe delivery, and puerperium
- ☑ Promotion of exclusively breast-feeding for six months and supplementary feeding from then on until two years of
- ☑ Application of an intersectoral policy on food safety; prioritizing the education on healthy diet; supplementation of food with micronutrients
- ☑ Gender equity; integration of people with disabilities
- ☑ Development of counseling services; articulating the experiences and resources of institutions, such as the MECD and MIFAMILIA; trained staff to care for groups susceptible to violence, mental disorders, etc.
- ☑ Strengthening the mechanisms for water quality control
- ☑ Development of internal health actions – trained health personnel assisting at airports, border posts, and ports
- ☑ Increase in safe water coverage and accessibility