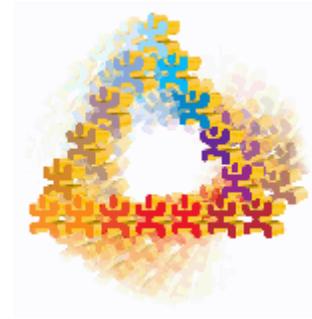




CARMEN Country Profiles: Paraguay



In 2002, based on the 2002 WHO Global Burden of Disease data¹, noncommunicable diseases (NCDs) accounted for 75% of the total 26,914 deaths in Paraguay. The leading cause of death among the noncommunicable diseases was cardiovascular disease, with an Age Standardized Mortality Rate (ASMR) of 291 per 100,000 (48.7%). Malignant neoplasms followed, with an ASMR of 141 per 100,000 (23.6%). Diabetes was responsible for an ASMR of 58 per 100,000 cases (9.7%); and chronic respiratory diseases, for an ASMR of 25 per 100,000 (4.3%). The remainder was due to other non-specified conditions.

Date	Evolution of the CARMEN Initiative
2005	CARMEN School

The National Constitution declares that “The State will protect and promote the health as a right of the individual and for the own good of the community”.² The Mission of the National Health Policy for the 2003–2008 period has been defined as “the health improvement of the target community, which is the Paraguayan population”. In this context, it is attempted to develop and to strengthen the National Health System through the following strategies: reorganizing the health services, vitalizing the directive role of the Health Ministry, decentralizing of the health sector, promoting and financing health.

The country is devoted to preparing its National Plan of NCDs. Paraguay is still in the process of national discussions. The National Consultation for the Regional Plan received a great deal of valuable response and witnessed active participation, and a consensus on the major lines

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

² Pan American Health Organization. *Regional Core Health Data Initiative. Country Health Profiles*. 2002.

of action, which means that most of the construction of the Plan is already. The approval of the Regional Plan will promote the progress of the National Plan.

Paraguay is also in the process of implementing a surveillance system through the STEPS Strategy proposed by the WHO. The following Risk Factors are to be included in the surveillance system: tobacco, physical inactivity, unhealthy diet and alcohol. The National Survey on Risk Factors is in its final stage of preparation and mobilization of resources before being conducted. The implementation of integrated prevention strategies – following a regional survey of risk factors - in a selected region (Guairá) is also awaiting initiation.

The country is in the learning process of forming its interinstitutional network, the mobilization of policy actors and the establishment of strategic alliances. The network is under the process of development for formulating the tenders, of both the National Plan and of the surveillance system, and especially of the National Survey on Risk Factors. To date, the responses to the convocation have been excellent and supportive, both from the public institutions and from the organized community. The various actors in the field of Public Health, such as the scientific societies, the universities, and others are recognizing the importance of joint action taken against the risk factors and of the comprehensive approach of health promotion. Results of impact are not yet available, as the process has just begun recently.

Paraguay is participating in the CARMEN School Project. The country held training in a number of modules of Evidence-Based Public Health in 2005, for professionals coming from various institutions. Furthermore, the country has announced its interest in participating in the CARMEN Policy Observatory.