



Costa Rica is located in Central America and its territory stretches for 51,100 km². The country borders with Nicaragua to its north, Panama to its southeast, the Caribbean Sea to its east, and the Pacific Ocean to its west. It has a varied topography, encompassing three mountain systems with elevations between 900 and 1,800 m above sea level; the Great Central Valley, where 60% of the population lives; and the coastal plain, partially blanketed by tropical forest. The capital is San José, and the country is divided into 7 provinces and 81 cantons, or municipios.

Selected basic indicators, Costa Rica, 2009–2010.

Indicator	Value
Population 2010 (millions)	4.6
Poverty rate (%) (2009)	21.7
Literacy rate (%) (2009)	96.9
Life expectancy at birth (years) (2010)	79.2
General mortality rate (per 1,000 population) (2009)	3.5
Infant mortality rate (per 1,000 live births) (2010)	9.5
Maternal mortality rate (per 100,000 live births) (2010)	21.1
Doctors per 1,000 population (2009)	1.9
Hospital beds per 1,000 population (2010)	1.2
DPT3 immunization coverage (%) (2010)	88.0
Births attended by trained personnel (%) (2010)	100.0

Costa Rica has 4.56 million inhabitants and a per capita income of US\$ 10,200. Among health achievements, these 2010 statistics stand out: an infant mortality rate of 9.5 per 1,000 live births, maternal mortality of 21.1 per 100,000 live births, and life expectancy at birth of 79.2 years.

The proportion of households living in extreme poverty rose from 3.3% to 3.5% between 2007 and 2008, a level that exceeds the Millennium Development Goal (MDG) target.

The health sector is made up of several public entities: the Ministry of Health, the Costa Rica Social Security Fund (CCSS), the National Insurance Institute, the Costa Rica Water and Sewer Institute, the Institute on Alcoholism and Drug Dependency, and the Costa Rican Institute for Research and Education on Nutrition and Health. In 2010, health expenditure as a percentage of gross domestic product (GDP) came to 10.9% (67% public and 33% private), with the highest share (86%) coming from CCSS funds.

MAIN ACHIEVEMENTS

HEALTH DETERMINANTS AND INEQUALITIES

The achievements in health are due to, among others, improvements in societal determinants such as the literacy rate (97%) and net rate of schooling (almost 100%).

There are gaps between the needs of people living in slums and the institutional capacity to meet those

needs. Funds to improve dwellings are a low proportion of the total housing budget, but in 2007 the number of makeshift residences was reduced and access to basic services was improved.

THE ENVIRONMENT AND HUMAN SECURITY

Between 2006 and 2010, various laws and standards were promulgated to regulate health-related public and private services and to protect people's health. Among these new laws were the Comprehensive Waste Management Law and the National Vaccination Law. In addition, the International Health Regulations were ratified by executive decree, and the National Liaison Center, a Ministry of Health department that watches for domestic and international alerts, was established.

Between 2006 and 2010, the population with access to drinkable water increased from 81.2% to 89.5%. Although investments have been made in sewerage and wastewater treatment, most people use septic tanks, which provided a 72.3% level of coverage in 2010.

Efforts to improve solid waste collection, treatment, and disposal have been put in place. A manual was written in 2007 to help municipalities prepare solid waste management plans, and in 2008 a solid waste plan was set up for the country as a whole.

Costa Rica currently imports 12,000 tons of pesticides annually. Of this amount, 25% is used on rice and banana crops. Many pesticide products are low-risk, but some are highly toxic. In line with the Montreal Protocol, the country reduced methyl bromide use by 60%, but the remaining usage will be difficult to eliminate, given the existence of crops with severe pest problems.

The Ministry of Health and the Social Security Fund: Two Key Actors in Costa Rica's Health Sector

The Ministry of Health was reorganized between 2006 and 2011. The stated strategic objective of the current health policy is "to move forward from disease management toward health promotion, position health as a social value, and guide social actors toward monitoring and controlling health determinants in a fair, evidence-based manner."

The Costa Rica Social Security Fund continues to be the main public entity that provides health services to the population. It is organized functionally according to levels of care and territorially into seven regions.

Costa Rica has universal and collective medical social security. It covered 91.9% of the population in 2010. In coming years the health system's main challenge will be to financially sustain the Fund's coverage, given that users' main problem is the waiting lists for services.

HEALTH CONDITIONS AND TRENDS

Between 2006 and 2010, 102 maternal deaths were recorded. In 2010, the maternal mortality rate was 21.1 per 100,000 live births. Between 2006 and 2010, the infant mortality rate remained stable at some 9.4 per 1,000 live births.

Between 2006 and 2010, 84,443 dengue cases were reported, of which 471 were serious. Malaria cases dropped from 2,903 in 2006 to 114 in 2010, which means that the country has reached the MDG targets of reducing cases by at least 10% and of having no deaths.

The official vaccination series includes tuberculosis, hepatitis B, rotavirus, diphtheria, tetanus, whooping cough, *Haemophilus influenzae* type b, poliomyelitis, 13-valent and 23-valent pneumococcus, influenza, measles, rubella, mumps, and chickenpox. Between 2006 and 2010, there were no cases of vaccine-preventable disease, and levels of coverage were kept between 81% and 93% for tracer diseases.

Between 2002 and 2010, 2,278 HIV cases were recorded, for an annual incidence of 52.6 per 100,000 population. Men outnumbered women by a 3:1 ratio. Of these cases, 77.9% were concentrated in those 20 to 49 years old. There were 1,805 AIDS cases during the period. The incidence of AIDS rose from 3.6 to 4.3 per 100,000 population between 2006 and 2008, but fell back to 3.6 in 2009.

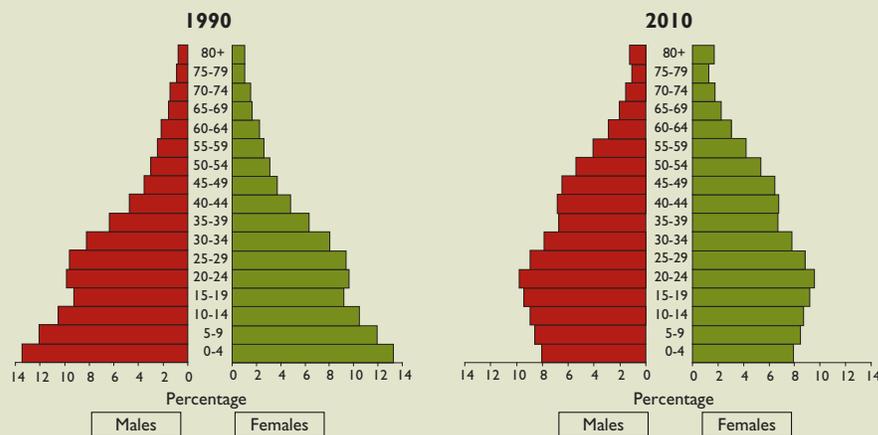
Between 2006 and 2010, the annual average incidence of tuberculosis was 11.4 cases per 100,000 population. Mortality was low and stable during the period, with an average of one death per 100,000 population.

Traffic accident deaths declined from 14.7 per 100,000 population in 2006 to 12.15 in 2010. Homicides rose from 6.8 per 100,000 in 2006 to 9.33 in 2010. These two causes of death occur primarily among young adult men.

Suicides diminished from 7.2 per 100,000 population in 2006 to 5.8 in 2010. Also in 2010, there were 158,476 psychiatric consultations (41% were new) and 329,349 hospital discharges, of which 1.7% were psychiatric. Psychiatric beds account for 16.76% of the 5,613 hospital beds, and 58.2% of them are in two specialized centers.

The proportion of persons who had ever smoked declined from 31.5% to 28.6% between 2006 and 2009.

Population structure, by age and sex, Costa Rica, 1990 and 2010.



Over that same period, the incidence of smoking among secondary school students remained stable, at 6.4%.

HEALTH POLICIES, THE HEALTH SYSTEM, AND SOCIAL PROTECTION

The Costa Rica Social Security Fund (CCSS) is the only public entity that provides health services. Functionally, it is organized into three levels of care, and, territorially, into seven regions. Primary care is provided by Basic Comprehensive Health Care Teams, located in all the 103 local health areas. Secondary care includes specialized services, hospitalization, and basic surgery in 10 large clinics and 13 peripheral and seven regional hospitals. Tertiary care consists of specialized treatment in 3 general hospitals and 5 specialized ones (gerontology, gynecology, pediatrics, psychiatry, and rehabilitation). Primary and emergency care is provided for all, but at the other levels, insurance is required. The CCSS, which is a collective universal medical social security system, covered 91.9% of the population in 2010.

The Advisory Commission on Drug Quality reviews and proposes standards for medicines and also monitors the implementation of the Central American Technical Regulation on Pharmaceutical Products. An Official List of Medicines has been maintained since 1982, in accordance with the National Drug Formulary.

KNOWLEDGE, TECHNOLOGY, AND INFORMATION

The Ministry of Health is developing a project that, at the CCSS level, would connect various central offices,

hospitals, and local health areas, in order to exchange consultations, carry out teleconferences, and develop electronic file systems.

Between 2006 and 2009, public spending on research and development increased from US\$ 97.2 million to US\$ 159 million (0.53% of GDP). Academia put in 48% of the total and the government 25%.

MAIN CHALLENGES AND PROSPECTS

Due to the international economic crisis that began in 2008, per capita income was lower in 2010 than it had been in 2006. In 2008, one of every three workers (the majority of whom had no secondary education) earned less than the minimum wage.

Between 2007 and 2010, 12 climate-change-related natural events were recorded. The emergency of May 2008 was especially striking, with a prolonged dry season in the north and the effects of Hurricane Alma in the south and in the central Pacific area.

Between 2006 and 2010, diseases of the circulatory system caused 25,592 deaths, with an annual average rate of 99.5 per 100,000 population. Cancer is the second leading cause of death, with a rate of 91.3 per 100,000 population, and accounted for the greatest number of years of potential life lost between 2006 and 2009. In men, the leading causes of cancer deaths are prostate cancer (17.6 per 100,000), stomach cancer (16.62), lung cancer (8.15), colon cancer (5.71), and liver cancer (4.83). In women, those leading causes are breast cancer (12.2 per 100,000), stomach cancer (8.68), colon cancer (5.87), cervical cancer (5.78), leukemias (3.80), and lung cancer (3.35).

The National Survey of Nutrition 2008–2009 found that 23.8% of children from 1 to 4 years old were at risk for malnutrition and 5.6% were malnourished. In addition, more than 20% of schoolchildren and adolescents were found to be overweight or obese.

According to surveys conducted in 2004 and 2010, diabetes among women was 50% higher at the end of that

period. The age cohort between 40 and 64 years old showed a rise from 11% to 16.2%. Hypertension rose 6%.

The prevalence of alcohol consumption among the young increased from 38.1% in 2006 to 53.5% in 2009; the incidence in 2009 was 18.7 per 1,000 students.

According to the judicial branch, the rate of domestic violence in 2004 was 114.5 cases per 100,000 population and 102.3 in 2007. In 2008, 11,028 cases of family violence were reported, with women making up 80% of the victims (402 per 100,000). The number of women murdered by a current or former partner increased from 16 in 2007 to 38 in 2008.

Sustaining the CCSS financially is a challenge for the health system, with users' main problem being the waiting lists for services. The CCSS is experiencing cash-flow problems, which affects efforts to close coverage gaps and simultaneously expand access to quality services.

The Ministry of Health has made efforts to more clearly define its leadership role, but the Ministry needs to develop strategies to strengthen that role. This would include building the skills of personnel and reinforcing the means of governance.

There is still a need to carry out changes and adjustments to the reforms developed in the 1990s. The goal is to maintain the universal social security system and strengthen leadership in making progress in health, based on the requirements of a globalized world and the postulates, values, and principles of Costa Rican society.

The digital divide among households is being bridged very slowly. The National Program for Educational Information Technology has little presence in schools with low-income students.

Produced in 2010, the country's second report on fulfilling the Millennium Development Goals indicated that progress had been made with regard to societal and health determinants, but challenges remained. Costa Rica's indicators show that the country is currently a contributor to technical cooperation rather than a recipient of it. This increases the challenge of mobilizing funds to overcome societal debts, maintain achievements, and respond to the commitments in the health agenda.