

## Colombia



<http://www.who.int/countries/en/>

WHO region	Americas
World Bank income group	Upper-middle-income
<b>CURRENT HEALTH INDICATORS</b>	
Total population in thousands (2015)	48228.7
% Population under 15 (2015)	24.3
% Population over 60 (2015)	10.8
Life expectancy at birth (2015) Total, Male, Female	71.2 (Male) 78.4 (Female) 74.8 (Both sexes)
Neonatal mortality rate per 1000 live births (2015)	8.5 [5.7-13.2]
Under-five mortality rate per 1000 live births (2015)	15.9 [10.9-23.7]
Maternal mortality ratio per 100 000 live births (2015)	64 [56 - 81]
% DTP3 Immunization coverage among 1-year-olds (2014)	90
% Births attended by skilled health workers (2013)	98.7
Infants exclusively breastfed for the first 6 months of life (%) (2010)	43
Density of physicians per 1000 population (2010)	1.471
Density of nurses and midwives per 1000 population (2010)	0.616
Total expenditure on health as % of GDP (2014)	7.2
General government expenditure on health as % of total government expenditure (2014)	18.1
Private expenditure on health as % of total expenditure on health (2014)	24.9
Adult (15+) literacy rate total (2007-2012)	94
Population using improved drinking-water sources (%) (2015)	96.8 (Urban) 91.4 (Total) 73.8 (Rural)
Population using improved sanitation facilities (%) (2015)	81.1 (Total) 67.9 (Rural) 85.2 (Urban)
Poverty headcount ratio at \$1.25 a day (PPP) (% of population) (2010)	8.2
Gender Inequality Index rank out of 155 countries (2014)	92
Human Development Index rank out of 186 countries (2014)	97

**Sources of data:**  
Global Health Observatory May 2016  
<http://apps.who.int/gho/data/node.cco>

### HEALTH SITUATION

Colombia has a declining fertility rate and an ageing population with a predominantly urban distribution. Fertility and birth rates have decreased while life expectancy has increased from 68 (1985-1990) to 74 (2015-2020). Between 2005 and 2013, the leading causes of death were diseases of the circulatory system (29.9%), followed by other noncommunicable diseases (24.3%), cancers (17.8%), injuries from external causes (16.8%), communicable diseases (6.8%), and neonatal disorders (2.4%).

In 2014, Colombia reported that chikungunya virus had been introduced into its national territory. During 2015, 359 725 cases of chikungunya were reported, of which 0.9% were laboratory-confirmed. Furthermore, from the onset of the epidemic (October 2015) until epidemiological week 18 (EW 18) in 2016, 80 793 cases of Zika virus infection were reported (6.1% laboratory-confirmed), of which 14 365 were in pregnant women (20.5% laboratory-confirmed). Prior to EW 18, 35 241 cases of malaria were reported; of these, 62.7% were due to *P. falciparum*, and there have been 20 deaths. The health system covers 95% of the population in 2015. Private-sector health institutions account for 97% of all health institutions. Between 2010 and 2013, 2.7 million new members were registered with the health system. However, situations of inequity persist, particularly in remote areas and among indigenous populations and persons of African descent. Modern sanitation system coverage in urban areas is 92% while in rural areas it is 15%. A total of 2.1 million people in Colombia have no access to health services. The Central Registry of Victims contains the names of 7 999 663 people (March 2015); the principal factor here is forced displacement (84.6%). Armed conflict has an adverse impact on infrastructure and access to public services. Between 2000 and 2013, infant mortality was more than halved, thus making it possible to save the lives of 7000 children under 1 year of age. Thus, the Millennium Development Goal (MDG) of reducing the mortality rate to 17.47 per 1000 births in 2015 was achieved ahead of time. Between 2001 and 2015 the number of maternal deaths per 100 000 live births fell from around 100 to 64. In 2013, 18% of maternal deaths occurred in the population aged between 10 and 19; 24% of maternal deaths occurred in the indigenous and Afro-Colombian populations; and 30% of cases occurred in mothers with a primary or sub-primary level of education (MDG report, UNDP, 2015). In 2013, the rate of tobacco use among adults was 12%; it was higher among men (18.8% compared to 7.4% among women) and among people aged 18-34. 4.2% of children smoke. 53% of people aged 18-64 comply with physical activity recommendations.

### HEALTH POLICIES AND SYSTEMS

In 2015, Colombia experienced an economic recovery and made the transition toward an improved health system: key health-sector legislation was enacted, for example the Statutory Health Act (Act 1751) – a pioneering piece of legislation in terms of basic welfare law – and the National Development Plan (Act 1753), which builds on the significant progress made by the General System of Social Security in Health during the last four years and emphasizes fundamental topics such as equity, access, quality, timeliness, trust, legitimacy and sustainability of the system. It includes strategies such as the integrated health-care policy (PAIS), the new integrated health-care model (MIAS) that comprises primary health care (PHC), a family and community health care focus, risk management, and a differential approach, as well as the development of the 10-Year Public Health Plan (2012-2021) in the regions, the creation of a unit to administer system resources, and the strengthening of pharmaceutical policy (implemented in 2012). The Government is pursuing peace talks in Cuba with the armed group Revolutionary Armed Forces of Colombia (FARC) and is initiating talks with the National Liberation Army (ELN). As a result of the Havana talks, Colombia now has a public health and post-conflict policy jointly coordinated by the Ministry of Health and the Ministry for Post-conflict. It also has a programme for psychosocial and integrated health care for victims of armed conflict (PAPSIVI), which guarantees the right to health and the restoration of physical, mental and psychosocial conditions within the framework of the relief and rehabilitation measures established by the Victims Act, which was a national milestone.

### COOPERATION FOR HEALTH

**United Nations Development Assistance Framework (UNDAF) 2015-2019:** the health priorities are in line with the National Development Plan 2014-2018 and are included in section 1 "Peacebuilding" and section 2 "Sustainable Development" of UNDAF, which seek to strengthen national and subnational capacities for the transition towards peace, and reinforce the State to reduce population, regional and gender disparities, thus moving toward equity and social mobility and promoting a culture of gender equality. Emphasis has been placed on the need to overcome barriers to access, reduce the burden of disease, and prevent chronic noncommunicable diseases and HIV.

**Bilateral donors:** Spain, Germany, the United States of America, Switzerland, the Republic of Korea, the European Union, Israel, Japan, Canada, Finland, Norway and Ireland.

**Multilateral organizations:** IOM, UNFPA, FAO, UNICEF, UNDP, UNODC and the International Atomic Energy Agency. Collaboration with international financial institutions such as IMF, the Inter-American Development Bank and the World Bank. **Non-State actors:** Give To Colombia, Plan International, Children International, Global Communities, International Planned Parenthood Federation, Ayuda en Acción; World Diabetes Foundation, American Cancer Society, Star of Hope International. Colombia also participates in regional and subregional organizations for cooperation and integration, such as the Andean Community of Nations (CAN), the Union of South American Nations (UNASUR), and OECD. The country is working to renew a framework convention between the Andean Parliament and WHO/PAHO. Colombia is proactive in the following areas of international action: (i) promoting access to affordable and equitably-priced quality medication; (ii) reshaping global drugs policies and giving a public health focus to national drugs policies; (iii) health promotion and public health management of chronic noncommunicable diseases; and (iv) capacity-building in the context of the International Health Regulations (IHR), by contributing its experience to development of the regional and global health agenda.

**The 2030 Agenda and the Sustainable Development Goals (SDGs):** Under Decree 280/2015, the Government has established the High-Level Inter-institutional Commission for the preparation and effective implementation of the Post-2015 Development Agenda. The Colombian Agency for International Cooperation reporting to the President (APC-Colombia) has incorporated the three dimensions of development envisaged by the SDGs (social, economic and environmental) into its 2015-2018 International Cooperation Roadmap, and United Nations agencies will coordinate with the Government through UNDAF to this end.

## PAHO/WHO COUNTRY COOPERATION STRATEGIC AGENDA (2011–2014)

Strategic Priorities	Main Focus Areas for WHO Cooperation
<b>STRATEGIC PRIORITY 1:</b> Support strengthening of the health authorities to develop public policy to reduce inequities in health, through an approach based on social determinants and risk factors	<ul style="list-style-type: none"> <li>• Support equitable health policy-making and strategic planning</li> <li>• Support the development of health system policies and regulations to reduce inequities and inequalities, with a differential approach that takes into account population, gender, human rights, and cultural diversity</li> <li>• Support the design and implementation of intersectoral work models and social participation, with emphasis on the social determinants at national, departmental, and local levels, to strengthen the impact on the social determinants of health</li> </ul>
<b>STRATEGIC PRIORITY 2:</b> Support strengthening of the Colombian health system, based on primary health care (PHC), in order to improve access, timeliness, quality, economic sustainability, and health impact	<ul style="list-style-type: none"> <li>• Strengthen institutional capability for the design and implementation of models based on PHC and the differential approach, which improve access, quality, and timeliness of care, within the framework of health insurance</li> <li>• Strengthen national capability for the design and implementation of policies and strategies to develop human resources for health that satisfy national needs</li> <li>• Offer technical support for producing evidence and developing information, knowledge, and communication management systems that facilitate decision-making, monitoring, and evaluation of health processes and interventions</li> </ul>
<b>STRATEGIC PRIORITY 3:</b> Strengthen interventions to address health challenges associated with demographic, epidemiological, and environmental changes	<ul style="list-style-type: none"> <li>• Support development of strategies and concentration of national and subnational priorities on attaining, monitoring and evaluating the MDGs</li> <li>• Support interventions that mitigate the impact of demographic changes and the epidemiological situation, with emphasis on health promotion and disease prevention</li> <li>• Support national and subnational capacity-building to strengthen inspection, surveillance and control, and the identification and management of environmental risks and implementation of the healthy environments strategy</li> <li>• Strengthen health actions in response to complex emergencies and natural disasters in order to reduce preventable morbidity and mortality</li> </ul>
<b>STRATEGIC PRIORITY 4:</b> Support strengthening of international cooperation and relations to help Colombia meet its national health targets and reinforce its role in international forums	<ul style="list-style-type: none"> <li>• Promote and coordinate technical cooperation for health between countries, at the subregional, regional, and global levels</li> <li>• Play an active role in national and interagency coordination for greater aid effectiveness</li> </ul>

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