CASE STUDY

# GUATEMALA

## Barriers to accessible, affordable and culturally acceptable care

### CONTEXT

**Guatemala is an upper-middle-income country[163] with a population of 16.3 million.[164] Over half of the population is indigenous – mainly Mayan groups. Guatemala has the largest economy in Central America, but has one of the lowest Human Development Index (HDI) and the highest inequality in the region.[165] Close to 60% of the population lives below the poverty line and 23.4% below the extreme poverty line.[166] Children and adolescents suffer a series of violations of their health rights, presenting several of the worst indicators in the region in terms of malnutrition, poverty, access to housing, education, water and sanitation.[167] When the data is disaggregated, the indigenous population and people living in rural areas are the worst affected.[166,168] This case study is informed by a review of barriers and bottlenecks to early childhood health and development (ECHD),[169] and complemented by interviews and a multi-stakeholder dialogue, mainly with civil society representatives. It highlighted several barriers that apply more broadly to the health of women, children and adolescents that must be addressed in order to implement ECHD mechanisms, structures and policies more specifically.**

## Experiences

- Stakeholders recognised that Guatemala has a robust legal system to support accountability processes and the protection of women, children and adolescents. However, policies and legislation were not enforced. **"Both CSOs and health workers need to understand the legal framework to implement it and make demands. There is a lot of ignorance and lack of knowledge of the current and complete legal framework."** *(CSO)*

- **"When the Development Law Council was created 10 years ago, there was a space for open dialogue with the community … however, since then, its mission – to offer to the health beneficiaries a platform [on which] to speak – has disintegrated. This space has now become a political power manipulation tool."** *(Academia)* Participants recognised the need to promote, maintain and strengthen spaces for genuine public dialogue and feedback. But it was important to ensure the space was not used for political purposes or co-opted by special interest groups.

- **"We need to have a dialogue exchange with community leaders and traditional birth attendants, not only train them in health systems but also learn from them about how they help the community to improve its health. We must have staff who speak the [community's] local language and know and respect their culture."** *(Government representative).* Stakeholders highlighted indigenous peoples' experiences of racist, discriminatory and culturally insensitive health care, and many women, children and adolescents have limited access to relevant health education and information in their own language. A culture of 'machismo' was also noted as limiting women's voice and participation in health.

- In addition, working more effectively across health and other sectors was highlighted. **"Another issue linked to structure, that is not discussed much, is that a lot of policies have come out, but none have been done in a coordinated manner; each focused on their own sectors (i.e. each separate for early childhood, adolescents, youth, children, etc) working in silos".** *(CSO).* As a result, accountability processes are addressed in a fragmented way. Civil society participants felt that their work was a **"process to recover the trust and credibility of the community, [and] can help to ensure that we are seen as allies and not as enemies."**

## RECOMMENDED ACTIONS

Participants identified emerging actions for consideration at the country level to address the bottlenecks and barriers to women's, children's and adolescents' health.

1. **"It is very important to have spaces for dialogue to help review the health system in a cultural context. It must also focus on rights, respect and collaboration, including families (both men and women)."** *(CSO)* Participants recommended promoting and maintaining spaces for dialogue and participation between the provider institutions, the community and the organizations that carry out or support accountability, taking care they do not become spaces for political manipulation unrelated to the right to health.

2. **"A good strategy is to create a national meeting (dialogue) to identify institutions, actors, experiences and lessons learned on the issue of accountability, and also to have the opportunity to create strategic alliances to help raise the issue on the national public health agenda."** *(Academia)* Inter-institutional alliances and cooperation are essential to this process. This includes building citizen awareness – especially of women, children and adolescents – of their rights and entitlements to health and well-being.

3. **"Accountability gives a clear idea of the challenges, opportunities and actions to assist these families (women, children and adolescents) that we want to assist and support."** *(CSO)* Strengthening comprehensive accountability for resources, service delivery and institutions is critical. This could include investing in the full cycle of accountability – monitor, review, remedy, act – to ensure the transparent use of resources (material, financial and human) and that the identified challenges to women's, children's and adolescents' health are acted upon; increasing accountability for service delivery to women, children and adolescents, particularly for indigenous populations.

4. **"It is important to create a space for dialogue and respect."** *(CSO)* **"We need to create a circle of trust. Listen to the complaints from the community leaders and their communities so that we can analyse well their requests and give them the appropriate answers."** *(CSO)* There is a critical need to promote responsive, humane and culturally sensitive health services for all women (especially indigenous and migrant women), children and adolescents in support of effective implementation of existing legal frameworks. The provision of dignified care would take full account of cultural differences and traditions.

Stakeholder commitment is critical for next steps and a clear plan of action, including who will do what, by when, and how progress will be monitored, reviewed and acted on. Follow-up at the country level already planned includes to continue reinforcing spaces for dialogue with the main stakeholders to help strengthen existing accountability mechanisms, and to propose concrete action plans to solve existing problems and guarantee everyone's right to health.

The full country case study is available at: www. www.iapewec.org/reports/annual-reports/iap-2020-report/casestudies.

## REFERENCES


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