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**Investing in a Healthier Nicaragua**

 Nicaragua is a country plagued by a history of political unrest, and is characterized by an extreme gap between the urban and rural sectors. For the better half of the 17th and 18th centuries, Nicaragua was a product of imperialism, subjected to control from the Spanish, British and Mexican empires (Arguello, 2021). Upon independence, Nicaragua fell to the Samoza Family who ruled for 44 years, until the Sandinista National Liberation Front (FSLN) eventually took control (Arguello, 2021). Today, political tension still exists in Nicaragua, with the current president, President Ortega, posing as a dictator by dismantling nearly all checks and balances, while suppressing freedoms and utilizing violence as a control tactic (World Report, 2020). The political unrest that has hung over Nicaragua since its establishment, has contributed to a multitude of barriers preventing Nicaragua from obtaining good health for its people.

This report outlines the necessary changes that must implemented in Nicaragua in order to achieve Sustainable Development Goal #3: Good Health and Wellbeing. The Sustainable Development Goals are a set of 17 goals created by the United Nations in 2015 to create a shared understanding of priority in the healthcare world including a universal way in which to evaluate their progression worldwide. SDG #3 states “Ensure healthy lives and promote well-being for all at all ages” (Sustainable Development, 2021). In order to achieve SDG #3, Good Health and Well-being in Nicaragua, Ortega’s presidency must be terminated with increased efforts to end corruption, asylum must be established for doctors residing in Nicaragua, and roads and hospitals must be constructed to bridge the gap between the health of those living in rural and urban areas.

 One of the largest threats to the health of the Nicaraguan people is the presence of their own government. The current regime is an autocracy, with officials practicing torture and using fear to establish dominance. In order to increase the safety and security of the people, President Ortega’s dictatorship must be terminated, and funds must be allocated to dismantle the corruptive schemes currently in place. Nicaragua broke world news headlines in 2019 after reports of the government’s response to protests were published. According to the Human Rights Watch, in April 2018 a group of peaceful protestors were the subject of retaliation by government officials and pro-government groups, resulting in 300 citizens dead and over 2,000 injured, with many detained. The report claims that many of the citizens detained by the police faced serious abuses sometimes resulting in death, such as electrical shocks, severe beatings, fingernail removal and at times asphyxiation (Humans Rights Watch, 2019). Despite the atrocious crimes listed above, the homicide rate of Nicaragua is much lower than that of its neighbors: Costa Rica, Honduras and El Salvador. In fact, Nicaragua has the lowest homicide rate in all of Central/South America, at 8.3 murders per 100,000- a number drastically smaller than that of Costa Rica which is closer to 70 murders per 100,000 (United Nations Office on Drugs and Crime, 2019). However, international officials are aware that many of the homicides in Nicaragua go unreported, so the real number is most likely much higher. Crime is related to poor health, as violence can lead to premature death or non-fatal injuries. People who survive violent crime are also more likely to experience mental distress and reduced quality of life, leading to negative health outcomes (Healthy People 2030, 2020). With President Ortega still in power, the citizens of Nicaragua will continue to fear for their safety, hindering the achievement of well-being for all.

 The current government not only plays a role in the violence and crime present in Nicaragua, but the government also has a direct effect on the performance and availability of physicians in the country. The second change that must be made to improve the health of Nicaragua, is the necessary funding to provide asylum in the country of Nicaragua for physicians. The exile of physicians in Nicaragua was not a global concern until the coronavirus pandemic, when it became apparent that doctors and the government were not in agreement. Nicaragua has had an extremely adverse reaction to the pandemic compared to other leading world countries. Since the beginning of the pandemic, Nicaraguan political officials have repeatedly denounced mask mandates and supported the continuance of large gatherings (Kahn, 2021). Nicaraguan public officials have reported very low incidence and prevalence rates of COVID-19, to which many physicians have spoken out, rejecting these numbers and insisting that the actual numbers are much higher (Sherman, 2021). In response, the Vice President of Nicaragua and wife of President Ortega, Rosario Murillo, has accused the physicians of practicing “health terrorism” and have made threats against doctors if they continue to publicize their criticism of the government. Dr. Leonel Arguello, a doctor and epidemiologist who has since fled Nicaragua, has explained to the press how he is aware of at least five physicians who left due to government intimidation, and nearly 400 who were fired or exiled for treating those injured during protests (Sherman, 2021). Physicians comprise a large part of healthcare, and are limited resources at times. The reduction of physicians in Nicaragua can make it more difficult for citizens to seek treatment, ultimately leading to deterioration of health, and poor quality of care. By creating asylums, or safe spaces for doctors to practice in Nicaragua, the physicians would not have to flee the country, and would be able to continue to treat their patients, furthering the attainment of SDG #3: good health and well-being.

 The final, and arguably one of the most important investments that must occur to better the overall health of Nicaragua, is to strengthen the infrastructure in order to bridge the gap between the rural and urban regions of the country. The world of healthcare in Nicaragua is a paradox. Nicaragua is regarded as the second poorest nation in the Western Hemisphere- yet unlike in the United States, healthcare is free. Many global health professionals have sought to answer the question: How can a nation with free healthcare, have such poor health? A comprehensive examination of the rural/urban disparities helps to explain this phenomenon. While health indicators can be helpful resources when evaluating the overall health of a country, health measures such as maternal mortality are not always representative of the entire country. For example, the overall maternal mortality rate of Nicaragua is 98 deaths per 100,000 live births (World Bank, 2017). The maternal mortality rate on its own however, does not demonstrate that more than seventy percent of maternal deaths occur in rural areas (Sequiera et al., 2008). In fact, in rural areas, 73% of households have unsafe drinking water and 66% do not have access to electricity (Sequiera et al., 2008). As mentioned previously, Nicaragua has government-sponsored healthcare, allowing for primary care visits at no cost, among other benefits. However, nearly 40% of the population does not have access to medical services (Hope Clinic International, 2017). Investments in infrastructure, such as the construction of usable roads or a new hospital/clinic in rural areas could allow more Nicaraguans to have access to healthcare services. Paul Farmer demonstrates this through his work via Partners in Health. As seen in Mountains Beyond Mountains by Tracy Kidder, Paul Farmer has improved the health and wellbeing of thousands of Haitans through the creation of Zanmi Lasante, a community-based clinic in Cange- a rural sector of Haiti. According to Partners In Health, between January 2016 and September 2019, Zanmi Lasante experienced over 28,000 patient visits, solely in the mental health department (Partners In Health, 2020). A project like Zanmi Lasante should be mirrored in Nicaragua, as we have seen the success of a rural clinic in increasing means of access to healthcare. The creation of infrastructure and the funding to create a clinic in the rural sector would help close the gap between healthcare access for those living in rural and urban areas.

 Healthcare in Nicaragua has been built upon a strong foundation with free healthcare for all citizens. However, there is an abundance of barriers that prevent many Nicaraguans from receiving these benefits. Today we explored three necessary changes that must be implemented in order to fortify the overall health of the nation and expand healthcare coverage. We first discussed the interconnectedness between politics and health, as we explored how the current regime utilizes torture and fear to maintain their illegitmate power, leading to weak health outcomes. To overcome this problem, President Ortega’s presidency should be terminated, and funds should be allotted to counter the corruptive enterprises within the government. Next, we examined the adverse effects of the government’s response to the coronavirus pandemic, specifically looking at the efflux of physicians from Nicaragua. It is in Nicaragua’s best interest to create asylums for physicians in Nicaragua, to allow the doctors to continue practicing medicine and treating their patients. Finally, we considered the drastic differences between the rural and urban regions, especially as it contributes to a deficit in healthcare access. Utilizing Paul Farmer’s Zanmi Lasante as a model, a clinic should be created in the rural sector, along with better roads and transportation. The overarching goal is to achieve SDG #3: Good Health and Wellbeing. One of its targets, target 3.8, is to “achieve universal health coverage” (Sustainable Development, 2020). By enacting these three changes, Nicaragua will be closer to attaining this target, placing the nation in a better position to ultimately achieve SDG #3: Good Health and Wellbeing.

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