

# ENAP and EPMM Country Profile | May 2023

## Guatemala



### Key Demographics

|   |   |
|---|---|
| <b>18,092,000</b><br>Total population <sup>1</sup> (2023)                       | <b>360<sup>i</sup></b><br>Number of maternal deaths <sup>2</sup> (2020) |
| <b>4,966,000</b><br>Women of reproductive age (15-49 years) <sup>1</sup> (2023) | <b>5,030</b><br>Number of stillbirths <sup>2</sup> (2021)               |
| <b>431,000</b><br>Total number of births <sup>1</sup> (2023)                    | <b>4,000</b><br>Number of neonatal deaths <sup>2</sup> (2021)           |

<sup>i</sup> Numbers of maternal deaths have been rounded according to the following scheme: < 100 rounded to nearest 1; 100-999 rounded to nearest 10; 1000-9999 rounded to nearest 100; and ≥ 10 000 rounded to nearest 1000

### National Mortality Targets

Year

|   |             |
|---|-------------|
| <b>100 per 100,000 live births</b><br>MMR (Target) <sup>3</sup> | <b>2025</b> |
| <b>NO DATA</b><br>SBR (Target) <sup>3</sup>                     |             |
| <b>12 per 1,000 live births</b><br>NMR (Target) <sup>3</sup>    | <b>2025</b> |

### Additional Indicators

Value (%) Year

|  |             |             |
|--|-------------|-------------|
| Low birth weight <sup>ii</sup>                                       | <b>11</b>   | <b>2015</b> |
| Immediate breastfeeding  | <b>63</b>   | <b>2015</b> |
| Caesarean section rate   | <b>26</b>   | <b>2015</b> |
| Demand for family planning satisfied with modern methods (SDG 3.7.1) | <b>70.6</b> | <b>2023</b> |

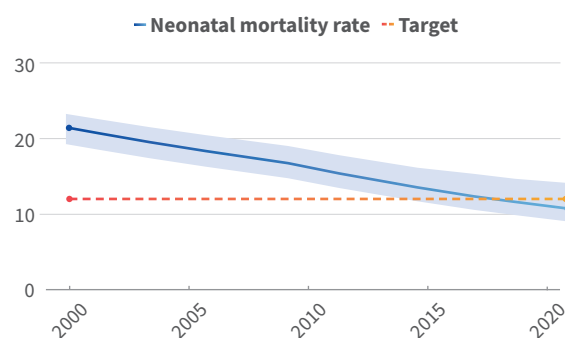
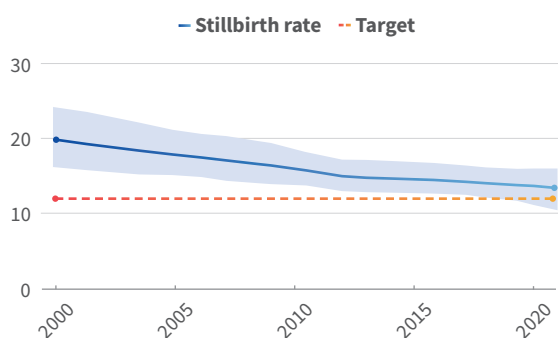
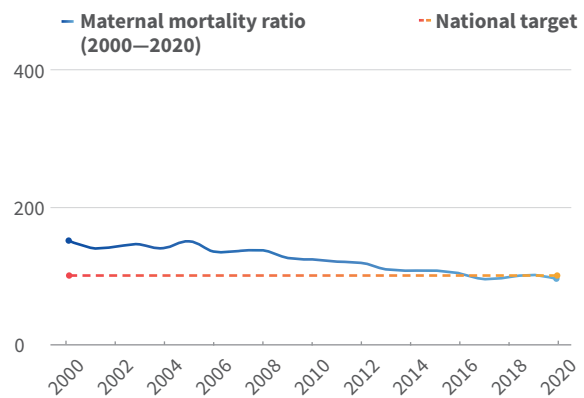
<sup>ii</sup> % of live births that weighed less than 2500 g

### National Policies

Status

|   |     |                                      |
|---|-----|--------------------------------------|
| Costed RMNCH strategy/plan including MNH                    | No  | <span style="color: red;">●</span>   |
| RMNCH/MNH plan updated to include quality of care standards | Yes | <span style="color: green;">●</span> |
| Eight ANC contacts  | No  | <span style="color: red;">●</span>   |
| Birth/Labour companion                                      | Yes | <span style="color: green;">●</span> |
| Labour Care Guide/Revised partograph                        | Yes | <span style="color: green;">●</span> |
| PNC updated with WHO recommendations                        | Yes | <span style="color: green;">●</span> |
| Birth registration  | Yes | <span style="color: green;">●</span> |
| Maternal death registration with civil registrar            | Yes | <span style="color: green;">●</span> |
| Neonatal death registration with civil registrar            | Yes | <span style="color: green;">●</span> |
| Stillbirth registration                                     | Yes | <span style="color: green;">●</span> |

### Progress to meet Maternal, Newborn Mortality and Stillbirth Reduction Targets

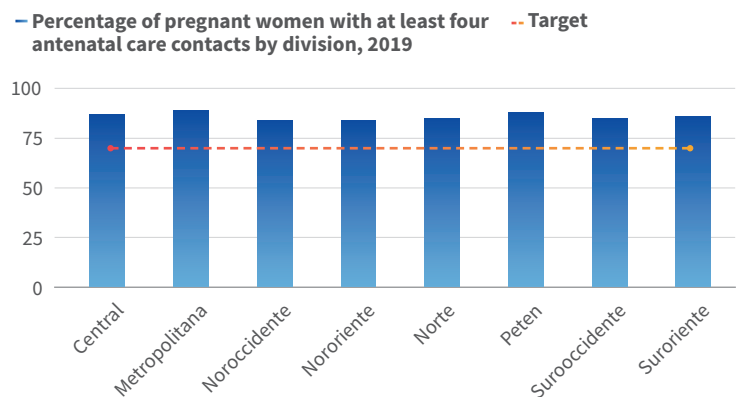
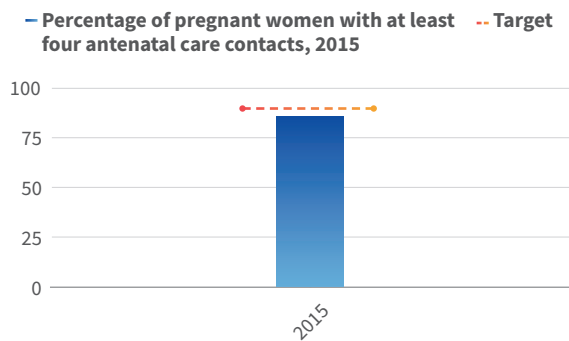




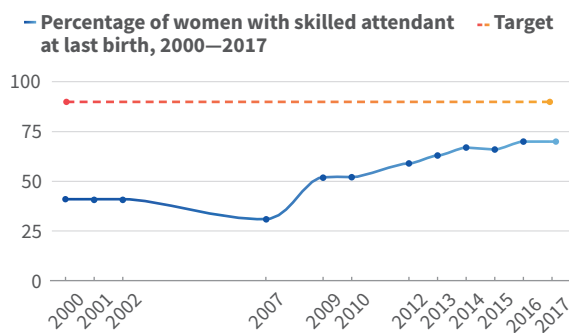
## Progress to meet ENAP EPMM Coverage Targets



### Four or more Antenatal Care Contacts<sup>10</sup>



### Skilled Attendant at Birth<sup>10</sup>



Percentage of women with skilled attendant at last birth by division

NO DATA



### Postnatal Care for Women<sup>10</sup>

Percentage of women with postnatal care within two days for birth

NO DATA

Percentage of women with postnatal care within two days for birth by division

NO DATA



### ENAP Target 4

| Scaling up small and sick newborn care  | Status                                 |
|---|--|
| National strategy/implementation plan for scale-up  | No <span style="color:red">●</span>    |
| Specific budget line in the national plans (and where relevant subnational plans)   | No <span style="color:red">●</span>    |
| Standardized designs and floor plans to deliver level 2 package of services   | No <span style="color:red">●</span>    |
| Defined Human Resources staffing norms for level 2 newborn care   | No <span style="color:red">●</span>    |
| Defined list of essential equipment needed for level 2 small and sick newborn care <sup>iii</sup>   | Yes <span style="color:green">●</span> |
| Data system to record admissions, outcomes, and quality of care for level 2 newborn care  | No <span style="color:red">●</span>    |
| Policy provision of free transport of small and sick newborn (either government-provided or voucher for transport)  | Yes <span style="color:green">●</span> |
| Coordination mechanism linking improvement of level 2 newborn care with improving maternity services to prevent major conditions causing newborn deaths <sup>iv</sup> | Yes <span style="color:green">●</span> |
| Provision in policy/guidelines for engagement of families in the care of babies   | Yes <span style="color:green">●</span> |
| System for post discharge follow-up of babies to improve survival, growth and development   | Yes <span style="color:green">●</span> |



### EPMM Target 4<sup>3</sup>

| Access to Emergency Obstetric Care (EmOC)  | Status                                 |
|--|--|
| National strategy/implementation plan for scale-up   | No <span style="color:red">●</span>    |
| Specific budget line in the national plans (and where relevant subnational plans)  | Yes <span style="color:green">●</span> |
| EmOC facility mapping showing the 2021 geographical distribution with MoH  | No <span style="color:red">●</span>    |
| Standardized designs and floor plans for the basic EmOC health facilities  | No <span style="color:red">●</span>    |
| Defined minimum number of midwives to be staffed in an EmOC health facility for providing 24h/7d care                      | Yes <span style="color:green">●</span> |
| Defined list of essential equipment needed for basic and comprehensive EmOC <sup>v</sup>                                   | NO DATA                                |
| Country capacity to provide yearly data on the performance of EmOC signal functions for measuring the availability of EmOC | No <span style="color:red">●</span>    |
| Proportion of functioning EmOC facilities  | 100% <span style="color:gray">●</span> |

<sup>iii</sup> CPAP, Oxygen systems, Pulse oximeter, Radiant warmer

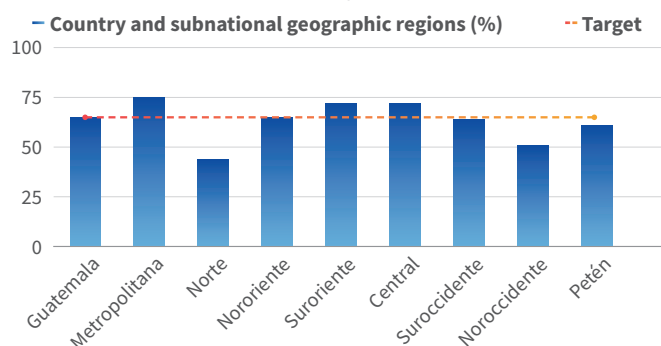
<sup>iv</sup> E.g., improved monitoring of labour, antenatal corticosteroids, infection prevention

<sup>v</sup> Complete manual vacuum aspiration set with different size cups, obstetric forceps, complete repair pack for tears, foetal stethoscope, vacuum extractor with different size cups, blood pressure monitor, capacity for blood transfusion, complete C section boxes



### EPMM Target 5<sup>3</sup>

**SDG 5.6.1: Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care by division (2018)**



**SDG 5.6.2: Extent to which countries have laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education, including Section (S1-EPMMS4) and Component (C1-C13) values (2019)**

| SDG 5.6.2              | Value   |
|------------------------|---------|
| Maternity Care         | NO DATA |
| Contraceptive Services | 85      |
| Sexuality Education    | 100     |
| HIV and HPV            | 65      |

## Progress toward ENAP EPMM Milestones<sup>3</sup>

### Policies/Planning, Investment, Response, Resiliency, Equity

|  |  |   |  |
|--|--|---|--|
| Budgeted RMNCAH strategy (including MNH)   | Yes <span style="color:green">●</span> | National emergency response plan                                    | No <span style="color:red">●</span>    |
| Subnational implementation plans at the State/Regional/Provincial levels                 | Yes <span style="color:green">●</span> | User-fee exemptions for MNH   | Yes <span style="color:green">●</span> |
| Subnational implementation plans at the district or an equivalent subnational unit level | No <span style="color:red">●</span>    | Insurance or financial protection scheme for MNH                    | No <span style="color:red">●</span>    |
| Budgeted/financed subnational plans  | Yes <span style="color:green">●</span> | Emergency transport system for MNH                                  | No <span style="color:red">●</span>    |
| Tracking for domestic research allocations for MNH                                       | No <span style="color:red">●</span>    | Community participation integration in the RMNCAH strategy/MNH plan | No <span style="color:red">●</span>    |
| Additional resources allocated for vulnerable population groups                          | Yes <span style="color:green">●</span> |   |  |

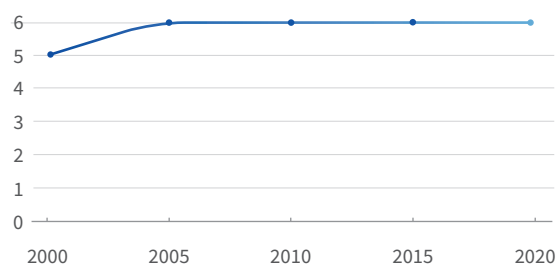


### Quality of Care, Health Workforce, Commodities and Data for Action<sup>3</sup>

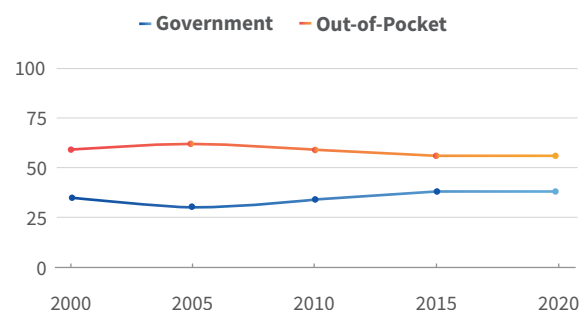
|  |                   |   |     |   |
|--|-------------------|---|-----|---|
| National quality of care standards for MNH   | Under development | Defined core competencies for newborn care, including small and sick newborn care   | Yes | ● |
| National quality of care standards for small and sick newborn care   | No                | Defined core competencies for community health or extension workers   | No  | ● |
| National quality of care plan included community participation in MNH for priority setting and planning    | No                | Tracking of availability and stock outs of essential MNH drugs (oxytocin)   | Yes | ● |
| National quality of care plan included community participation in MNH for monitoring and evaluation        | No                | Tracking of availability and stock outs of essential MNH drugs (heat stable carbetocin)   | No  | ● |
| Agreed set of quality of care indicators   | Yes               | Tracking of availability and stock outs of essential MNH drugs (magnesium sulfate)  | Yes | ● |
| National strategy for accrediting and contracting private sector for MNH                                   | No                | Tracking of availability and stock outs of essential MNH drugs (oxygen)   | Yes | ● |
| Maternal and perinatal death surveillance system in place for maternal deaths                              | Yes               | Tracking of availability and stock outs of essential MNH drugs (dexamethasone)  | Yes | ● |
| Maternal and perinatal death surveillance system in place for neonatal deaths                              | Yes               | Tracking of availability and stock outs of essential MNH drugs (caffeine citrate)   | No  | ● |
| Maternal and perinatal death surveillance system in place for stillbirths                                  | No                | Electronic individual patient-based data system for maternity care to include uterotonic use, labour monitor, breastfeeding, and neonatal resuscitation if needed | No  | ● |
| Integration of maternal and perinatal death surveillance system data and routine health information system | No                | Electronic individual patient-based data system for small and sick newborn care to include details on Kangaroo Mother Care, oxygen/CPAP use, antibiotics, etc.    | No  | ● |
| National strategy/plan for human resources for MNH   | No                | Mechanism for data sharing from the private/NGO sector  | No  | ● |
| Defined core competencies for midwifery practice (essential competencies as per ICM)                       | Yes               |   |     | ● |



### Current Health Expenditure (CHE) as % Gross Domestic Product (GDP)



### Domestic General Government Health Expenditure and out-of-pocket expenditure as % Current Health Expenditure<sup>10</sup>



### Research, Innovation and Knowledge Management<sup>3</sup>

|  |     |   |
|--|-----|---|
| National prioritized research agenda for MNH and stillbirth prevention | No  | ● |
| Identified innovation needs for MNH                                    | Yes | ● |
| National mechanism for sharing learning                                | No  | ● |

### Accountability<sup>3</sup>

|   |     |   |
|---|-----|---|
| Representation from civil society, women's groups, and parent advocacy groups in technical working groups | Yes | ● |
| Representation from parent advocacy groups for MNH and prevention of stillbirths                          | No  | ● |

### References

- 1 Maternal, Newborn, Child, and Adolescent Health and Ageing. Geneva: WHO Headquarters; 2023 (<https://platform.who.int/data/maternal-newborn-child-adolescent-ageing/indicator-explorer-new>, accessed 24 March 2023).
- 2 Trends in maternal mortality 2000 to 2020: estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division. Geneva: WHO Headquarters; 2023 (<https://www.who.int/publications/i/item/9789240068759>, accessed 23 March 2023).
- 3 Every Newborn Action Plan (ENAP) and Ending Preventable Maternal Mortality (EPMM), Joint Country Implementation Tracking Tool. 2022.
- 4 Global Preterm Birth Estimates 2014. WHO Headquarters; 2018 (<https://ptb.srhr.org/>, accessed 20 April 2023).
- 5 Countdown to 2030 Women's, Children's & Adolescent's Health. UNICEF; 2023 (<https://data.unicef.org/countdown-2030>, accessed 23 March 2023).
- 6 Family Planning 2030. (<https://fp2030.org>, accessed 19 April 2023).
- 7 Global Health Expenditure Database. 2023; (<https://apps.who.int/nha/database>, accessed 24 March 2023).
- 8 UN Inter-agency Group for Child Mortality Estimation (UN IGME). Never Forgotten: The situation of stillbirth around the globe. UNICEF; 2023 (<https://data.unicef.org/resources/never-forgotten-stillbirth-estimates-report>, accessed 24 March 2023).
- 9 UN IGME. Levels & Trends in Child Mortality, Report 2022, Estimates Developed by the United Nations Inter-Agency Group for Child Mortality Estimation. UNICEF; 2023 (<https://data.unicef.org/resources/levels-and-trends-in-child-mortality>, accessed 24 March 2023).
- 10 Maternal Mortality Data: Monitoring the situation of children and women. UNICEF; 2022 (<https://data.unicef.org/topic/maternal-health/maternal-mortality>, accessed 24 March 2023).