

# Guatemala



## Health systems

Economic classification: **Upper Middle Income**

### Health systems summary

Access to healthcare in Guatemala is guaranteed under the Guatemalan constitution. Care is provided free at point of service in the public sector, but it is widely recognised that there are numerous barriers to care in practice, particularly for the indigenous Mayan population and those in rural areas. Care is increasingly being outsourced to private companies, meaning that some services are only available privately and at cost to individuals. It appears that much of these challenges can be attributed to limited funding for the public system, with healthcare spending (as a share of GDP) one of the lowest in Central America. Out of pocket expenditure currently constitutes 50% of healthcare expenditure and there are low levels of private insurance coverage. The Guatemalan Institute for Social Security provides insurance for formal sector workers.

Guatemala's health system currently spends much of its resources on treatment rather than prevention. Major health challenges in Guatemala include high rates of malnutrition and maternal and infant mortality.

### Indicators

Where is the country's government in the journey towards defining 'Obesity as a disease'?	No
Where is the country's healthcare provider in the journey towards defining 'Obesity as a disease'?	No
Is there specialist training available dedicated to the training of health professionals to prevent, diagnose, treat and manage obesity?	No
Have any taxes or subsidies been put in place to protect/assist/inform the population around obesity?	No
Are there adequate numbers of trained health professionals in specialties relevant to obesity in urban areas?	Some progress
Are there adequate numbers of trained health professionals in specialties relevant to obesity in rural areas?	No
Are there any obesity-specific recommendations or guidelines published for adults?	Not known
Are there any obesity-specific recommendations or guidelines published for children?	Not known
In practice, how is obesity treatment largely funded?	Out of pocket

## Perceived barriers to treatment

Lack of political will, interest and action	Food cost and availability	Poor health literacy and behaviour	Lack of training
Influence of food industry	Social determinants of health	Cultural norms/traditions	

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## Summary of stakeholder feedback

Malnutrition remains a major challenge in Guatemala. While obesity is a form of malnutrition, in Guatemala, undernutrition rather than overnutrition is perceived to be the greater and more important challenge. As a result, stakeholders reported that obesity is not yet considered to be a disease or a priority, and so there are limited to no policies and resources in place concerning it. Obesity in Guatemala is generally only present in the urban areas, while undernutrition is the main challenge in rural areas.

Most stakeholders felt that healthcare providers and professionals considered and treated obesity as a risk factor rather than a disease. Similarly, it was reported that insurers felt that obesity treatment (particularly seeing a nutritionist and bariatric surgery) was a cosmetic concern rather than a medical one. Due to this lack of prioritisation of obesity, obesity treatment is typically only given in the presence of comorbidities and is limited in the public sector. Most obesity care in Guatemala is thus delivered privately, at great expense to the individual.

There appears to be no specialist obesity training available in Guatemala that allows health professionals to become an obesity specialist. There is, however, some limited obesity training available to nutritionists and endocrinologists.

*Based on interviews/survey returns from 6 stakeholders*

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