

Meet The Team



Mildred Espinoza
Team Mentor



Susan Groenwald



Brian Hamilton
Team Mentor



Gil B. de Góes MBA - Business Analytics



Khaled Alshaikh
Business Analytics Major



Rebeca Serrano
BS – Legal Studies



Shabab Anwar MBA – Business Analytics















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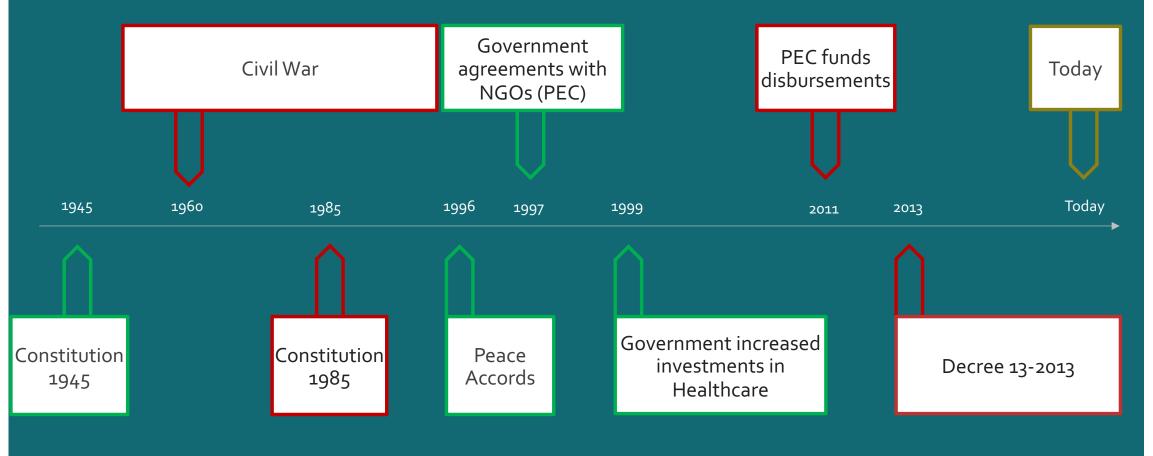






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Historical context of the Healthcare System of Guatemala









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Demographic Aspects of Guatemala

- Guatemala is the most populous country in Central America (16.9 million inhabitants).
- > than 50% lives in rural areas and is of Mayan descent.
- > than 20 different languages and only 40% have Spanish as their native language.
- The poverty rate is 53%, and 13% are extreme poor.
- 78% of the population has access to safe water
- 12% has improved sanitation.







Education in Guatemala

Education in Guatemala

- Six years of elementary education are mandatory
- Majority of Guatemalans do not reach high school; 41% of all 13-18 year olds are out of school; 61% of those are indigenous
- Literacy rate is 78% and lowest in Central America. Females aged 15-24 are twice as likely as males to be illiterate mostly in rural areas.
- Education dollars spent is the lowest in Central America
- Universities require entrance exams, but there exist no formal educational program standards or accreditation process for education institutions
- The oldest university in Guatemala (and the only state university) is the *Universidad de San Carlos de Guatemala*. It was founded in 1652 by a catholic priest
- Higher education is provided by one state and four private universities. There are also institutes and schools. In some universities, a
 Baccalaureate degree is offered in Arts and Science after four years of study. In Medicine, the course leading to medical licensure lasts
 for seven years (three years at university, followed by four years' professional experience). A professional qualification for engineering is
 awarded after five or six years. Short-term studies lead to the diploma of Técnico after three years. University teachers must hold at least
 a "Licenciatura".
- The Minister of Health and Social Affairs dictates criteria for education programs and there is a national nursing organization. What regulations, if any, would we be required to comply with if we deliver any nursing education to Guatemalan residents?







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The Challenges

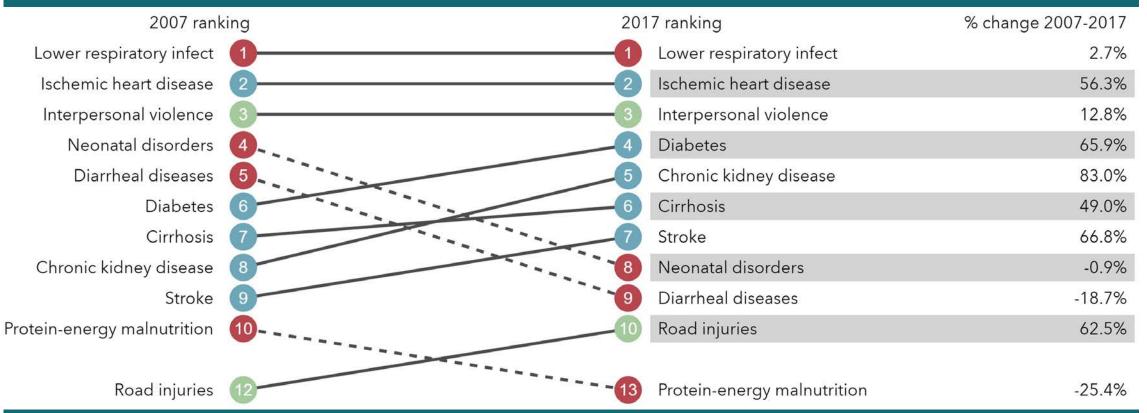
- Guatemala's health system shows inequality, fragmentation, and inefficiency
- Health professional density differences in urban and rural areas are dramatically different (25.7 versus 3.0 health professionals per 10,000 population)
- Disparities between Mayan and non-Mayan women's access to a delivery facility and by a trained provider (36% vs 73%).
 - Infant mortality (34 per 1,000 live births) rates higher than the Central American averages (18 per 1,000 live births)
 - Maternal mortality ratio 19% higher than the average for Central America
- Children younger than 5 years of age with chronic malnutrition 55% higher than the Central American average







What causes more deaths (2007 – 2017)







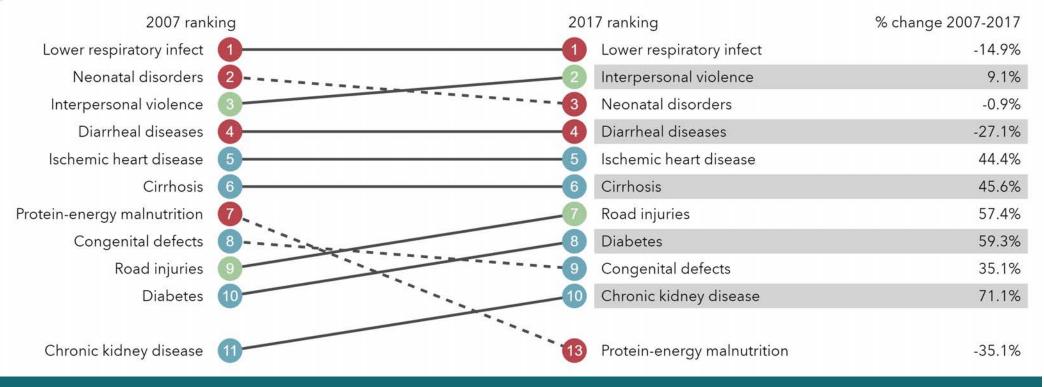


Top 10 causes of premature death for all ages 2007-2017

Communicable, maternal, neonatal, and nutritional diseases

Non-communicable diseases

Injuries







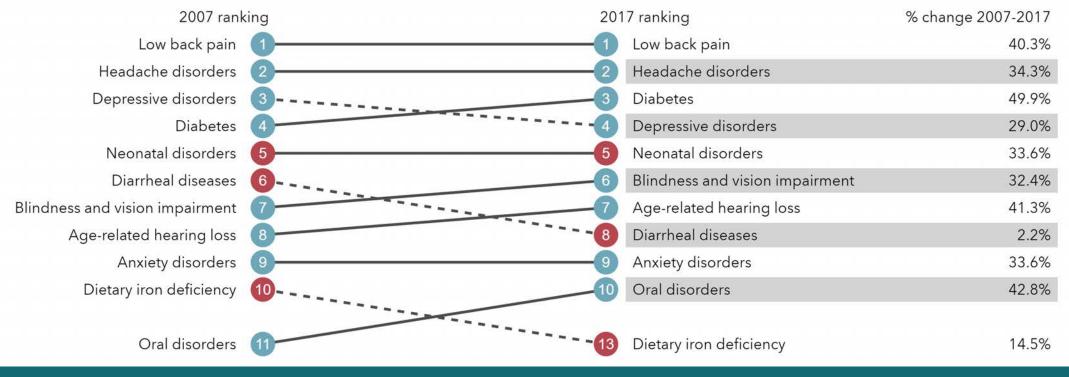


Top 10 causes of disability 2007-2017

Communicable, maternal, neonatal, and nutritional diseases

Non-communicable diseases

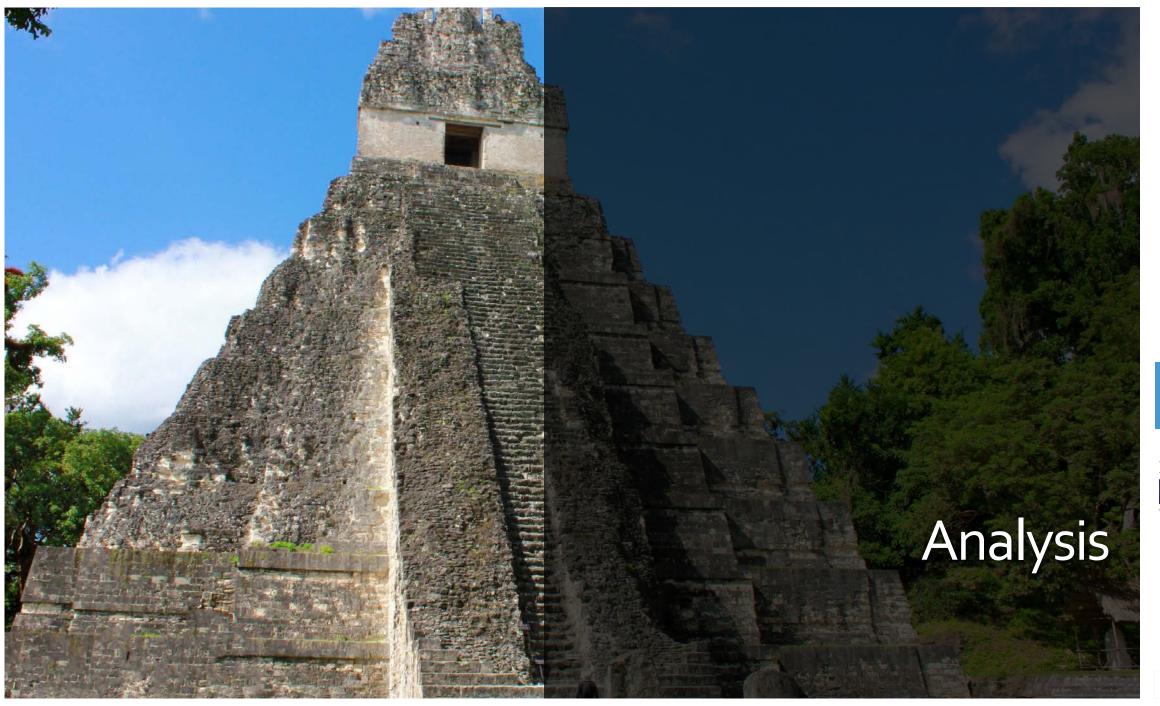
Injuries

















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Community Health Workers

- History
- Guatemala is one of the first countries in the Americas to establish community health worker (CHW) programs, and CHWs have served a central role in both large-scale national programs and small-scale nongovernmental organization (NGO) projects.
- The government approved the decree 13-2013 which prohibits the association of state institutions with NGOs, that created a big negative impact in the program in 2013.
- The reason for the decree 13-2013 was the high levels of between the govern and the NGOs

- Incentives
- The main incentives for CHWs were community recognition, family support and a government stipend of US\$ 50 per month.
- Impact
- The main impact of the SIAS
 program was the improvement
 in access to basic health
 services and a reduction in
 health inequities among the
 rural indigenous Mayan
 population of Guatemala. The
 effects of closure of the SIAS
 program are not yet
 documented.

- HIVE
- The proximity with the government could make feasible experiments to test new relations between the government and NGOs.







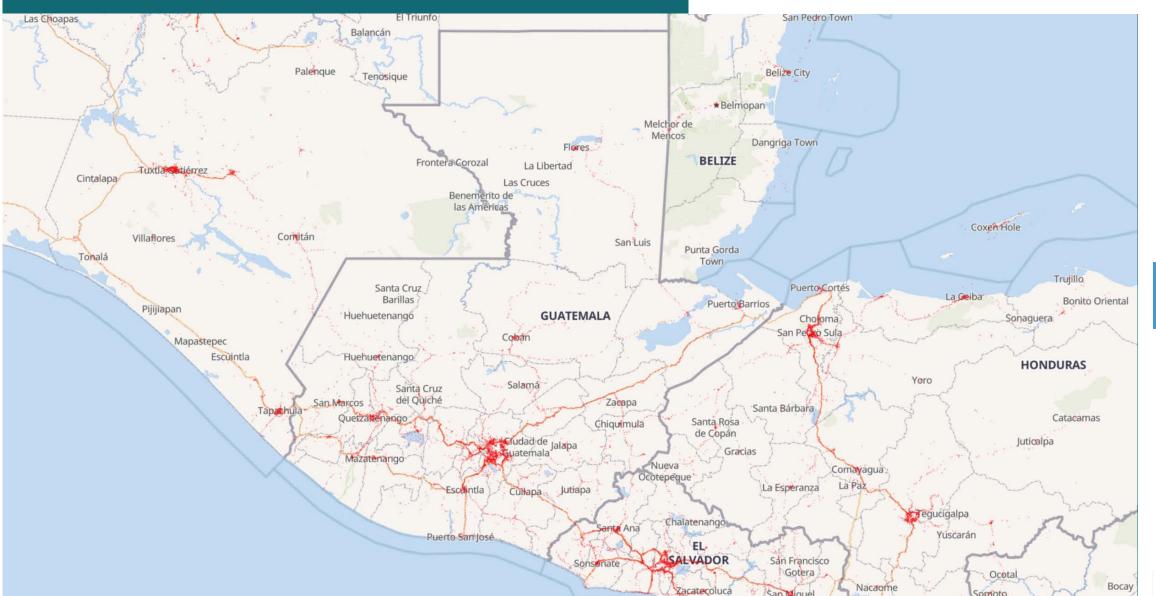
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Cell Phone Service







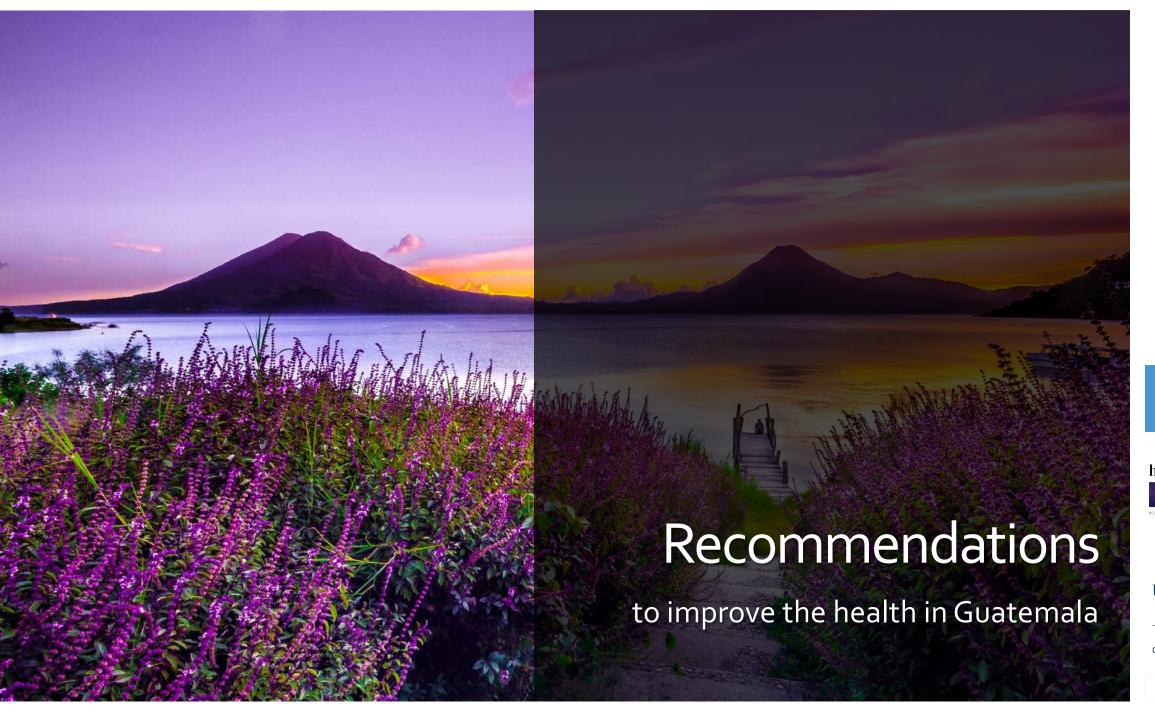








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Recommendation 1/3

- Extensive use of Community Health Workers (CWH)
 - They create a bridge between health care providers and communities that may have difficulty in accessing them.
 - provide health education and referrals for a wide range of services
 - provide support and assistance to communities, families and individuals with preventive health measures
 - access to appropriate curative health and social services.







Recommendation 2/3

- Diffusion of Health Care Innovations
 - Use of Influencers in the communities and virtual spaces (e.g. youtubers, bloggers, artists)
 - Use of Social Medias (e.g. Facebook, Pinterest, YouTube, Instagram, Twitter, Tumblr, reddit, etc.)
 - Publicity (Public Transportation, Churches, Schools, Universities)
 - Training of Community Health Workers







Recommendation 3/3

- Use of AI (specially ANN) software (improve the performance of health systems while reducing costs)
 - Optimizing CHW scheduling in communities
 - Support CWH decision making
 - Monitor in real-time the progression of epidemics
 - Track population health behavior and habits.
 - Improving treatment protocols.
 - Adapting to local cultures and languages







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