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Economic, social and cultural rights in Guatemala: a selective briefing

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Introduction

Guatemala has some of the worst human development indicators in Latin America and the Caribbean. Its poor performance in comparison to its Central American neighbors and other countries in the region is all the more striking given the country's available resources.

This briefing highlights some of the key areas of Guatemala's underperformance in terms of outcomes in relation to core aspects of the rights to health, education and food. It focuses on child malnutrition, infant and child mortality, maternal mortality and basic educational completion as areas of core obligation which governments must address as a priority and without delay.

Based on a comprehensive analysis of the latest available data, including national household surveys, the sections below outline the scale and prevalence of each problem and the striking disparities that exist between indigenous and non-indigenous Guatemalans, women and men, urban and rural inhabitants, and between the richest and poorest sectors of the population. They also indicate the rate of progress made in recent years. They thus provide a concise snapshot of the enjoyment of the right to health, education and food in Guatemala, as a first step towards assessing compliance by the state with its human rights obligations – including minimum core obligations, guarantees of non-discrimination and obligations of progressive realization.

The briefing summarizes some of the major policy shortcomings which have prevented the country from making the significant improvements which could reasonably have been expected of it. The briefing highlights some of the challenges facing the new government of President Alvaro Colom if it is to meet its stated commitment to advance the human rights of all Guatemalans.

I. The right to health and education in Guatemala: a snapshot

Guatemala is a middle-income country which has experienced modest but stable economic growth in the 12 years since the end of the internal armed conflict. Yet it has the highest human poverty index¹ in the Americas after Haiti, worse than that of lower-income Honduras and Nicaragua, and markedly higher than other countries with comparable demographic composition but lower income per capita, such as Bolivia and Ecuador [see Appendix, Fig 1].

The following analysis of selected indicators reveals that an alarming proportion of the population continues to be deprived of essential elements of the rights to health, food and education.

1.1 Child malnutrition

One in two children under five in Guatemala is chronically malnourished². At 49.3%, Guatemala's rate of child stunting (an indicator of chronic malnutrition measured in terms of low height for age) is the highest in Latin America, worse than that of most sub-Saharan African countries, and the fifth worst in the world³. The World Food Program and the Economic Commission for Latin America and the Caribbean have estimated that 39,000 children under 5 died in Guatemala in the year 2004 alone for reasons related to malnutrition, accounting for 40% of all child deaths in the country that year.⁴

Chronic malnutrition is far higher among indigenous children, 70% of whom are chronically malnourished as compared to 36% of non-indigenous children under 5⁵. More than half of rural children are chronically malnourished as compared to just over a third of urban children⁶. According to the latest comparative data compiled by the World Health Organization, the percentage of stunted children among the poorest quintile was the highest in Guatemala of anywhere in the world.⁷ Children in the poorest quintile are up to seven times more likely to be malnourished than those of the richest quintile⁸.

Guatemala has made sluggish progress in reducing chronic malnutrition. In the 1990s the rate of progress was the slowest in Latin America⁹. The gap between Guatemala and its Central America neighbours is now far wider than it was several decades ago.¹⁰ In fact chronic malnutrition among children under five worsened notably between 1999 and 2002 - the only country in Central America to have witnessed a deterioration over this period.¹¹ The areas of the country with the highest levels of chronic malnutrition are the predominantly indigenous regions of the North, Northwest and Southwest.¹² A more recent household survey on maternal and child health, due to be published in 2007, has not yet been carried out, delaying efforts to identify progress or deterioration in these alarming levels of deprivation.

¹ The HPI is a composite index made up of the following indicators of deprivation: the percentage of people expected to die before age 40; the percentage of adults who are illiterate, the percentage of people without access to health services and safe water and the percentage of underweight children under five. Source: UNDP

² Encuesta Nacional de Salud Materno-Infantil 2002 (ENSMI 2002)

³ United Nations Development Program (UNDP), Human Development Report 2007/2008. According to UNDP, only Yemen, East Timor, Nepal and Burundi have worse rates of child stunting. Guatemala's is on a par with Niger.

⁴ Comisión Económica para América Latina y el Caribe/Programa Mundial de Alimentos, *El Costo del Hambre: Impacto Económico y Social de la Desnutrición Infantil*. Centroamérica y República Dominicana. (CEPAL/PMA 2007)

⁵ ENSMI 2002

⁶ Ibid.

⁷ World Health Organization Statistical Information System, Core Health Indicators <http://www.who.int/whosis/database/core/>

⁸ Marini A, Gragnolati M., *Malnutrition and Poverty in Guatemala*. World Bank Policy Research Working Paper (2003)

⁹ World Bank, *Poverty in Guatemala* (2003). The annual reduction rate over this period was nearly twice as fast in Bolivia, which was the second slowest at reducing malnutrition in the region.

¹⁰ Food and Agriculture Organization, FAOSTAT. The chronic malnutrition rate is now more than 30% higher than that of neighbouring El Salvador, a country with comparable rates in the mid-1960s.

¹¹ ENSMI 2002 and FAOSTAT. The rate increased from 46.4% to 49.3%.

¹² ENSMI 2002

1.2 *Infant and child mortality*

According to the latest available household survey data, the infant mortality rate in Guatemala is 38 deaths per 1,000 live births.¹³ This is the highest rate of any country in Central America¹⁴. The United Nations Children's Fund (UNICEF) ranks Guatemala as having the fourth worst infant mortality rate in Latin America and the Caribbean, after Haiti, Bolivia and Guyana¹⁵. The mortality rate for children under 5 is 53 per 1,000 live births, again a higher rate than many of the other countries in Latin America¹⁶.

Ethnic and urban/rural disparities are marked. The child mortality rate among indigenous children is more than 30% higher than among the non-indigenous. The infant mortality rate is 37% higher among the rural population than among the urban.¹⁷

Infant mortality rates have decreased significantly in the 15 years prior to the latest survey.¹⁸ However, decreases have been less marked among the indigenous population.¹⁹ Infant mortality rates among the non-indigenous population dropped by 53%, whereas among the indigenous population they dropped by only 36%. Between 1998 and 2002, the infant mortality rate decreased by 43% among the highest socio-economic quintile, whereas the decrease among the poorest section of the population was only 14%.²⁰ During this period, child mortality decreased most rapidly in the Metropolitan region (around the capital, Guatemala City) and in the Southwest, whereas the rate more than doubled in the drought-stricken Southeast region. This has resulted in a widening gap between regions with the lowest and highest mortality rates.²¹

1.2 *Maternal mortality*

According to recent UNICEF data, Guatemala and Bolivia together share the worst maternal mortality rates in all of Latin America at 290 deaths per 100,000 live births.²² UNICEF's figures are adjusted to take into account under-reporting. Yet even comparing officially-reported data, Guatemala does not fare much better: according to the latest available official data from 2003, the rate stood at 153 per 1,000²³ - the fifth worst officially-reported rate in Latin America²⁴.

Indigenous women face a grossly disproportionate risk of dying as a result of pregnancy or childbirth. Of every four women who die, three are indigenous. This fact is all the more startling given that the majority of births are to non-indigenous women.²⁵

The regions with the highest rates of maternal mortality are those of the North, Northwest and Southwest with the largest proportion of indigenous population, the highest rates of poverty,

¹³ ENSMI 2002

¹⁴ CEPAL, Anuario Estadístico de América Latina y el Caribe (2006)

¹⁵ UNICEF (United Nations Children's Fund). State of the World's Children (2007).

¹⁶ *ibid*

¹⁷ ENSMI 2002.

¹⁸ *Ibid.* Between 1987 and 2002 the rate fell by approximately 44%.

¹⁹ *Ibid.*

²⁰ *Ibid.*

²¹ Flores, W, Inequidades geográficas en la mortalidad infantil: magnitud y factores asociados (2005)

²² WHO/UNICEF/UNFPA Estimates of maternal mortality for 2005. Two countries in the Caribbean, Guyana and Haiti have even higher rates at 470 and 670 respectively.

²³ Ministerio de Salud Pública y Asistencia Social (MSPAS), Estudio de Línea Basal de Mortalidad Materna (2003)

²⁴ UNDP Human Development Report 2007/08: reported maternal mortality ratio.

²⁵ MSPAS 2003. 73% of maternal deaths are indigenous women, despite the fact that 52% of births are to non-indigenous women.

and the greatest problems of access to emergency obstetric services.²⁶ The department of Alta Verapaz, for example, has an officially-reported rate worse than that of several sub-Saharan African countries. Ninety-four per cent of deaths occur in women with only primary education or less.²⁷

According to the latest comparative data available, the percentage of births attended by skilled health care personnel in Guatemala is the lowest in Latin America (41%).²⁸ This is only slightly higher than in Sierra Leone, the country with the lowest human development index in the world.²⁹

Disaggregated data from the last household survey on maternal and child health in 2002 revealed striking ethnic, geographic and socioeconomic disparities. Less than a fifth of indigenous women are attended by a skilled birth attendant as compared to 57% of non-indigenous births.³⁰ In rural areas the percentage was less than half that of urban areas.³¹ Ninety percent of women from the wealthiest quintile had births attended by skilled attendants, while this was the case in only 9% of births in the poorest quintile.³² Although a 2006 household survey on living conditions indicates a slight improvement in the percentage of births facilitated by skilled birth attendants, the increase was more notable in relation to non-indigenous births.³³

There has been a marked difference across regions in the progress made towards achieving the Millennium Development goals with respect to maternal mortality³⁴. In several departments with the highest rates, the situation has deteriorated. These departments are those with the highest fertility rates, greater need for family planning resources and the lowest use of birth control methods.³⁵ Guatemala has the highest fertility rate in Latin America and the second to lowest rate of contraceptive use in Latin America with only 43 % of married women ages 15-49 using contraceptives.³⁶

1.4 Educational completion and achievement

With a 94.6% rate in 2004, Guatemala presents a poorer primary net enrolment rate than the regional average³⁷. Although it has made steady progress towards universalization of access to primary education since 2000, the rate of growth of Guatemala's net enrolment rate lags behind most countries in the region.³⁸

In contrast to most other countries in the region, where more girls are enrolled in primary school than boys, in Guatemala the enrolment rate is 4% higher for boys.³⁹ There are also marked geographic disparities: the predominantly indigenous department of Alta Verapaz, for example, has a net enrolment rate of only 77%, more than 17% below the national average.

²⁶ Secretaría de Planificación y Programación de la Presidencia (SEGEPLAN), Hacia el Cumplimiento de los Objetivos de Desarrollo del Milenio en Guatemala, II informe de avances (2006)

²⁷ MSPAS 2003.

²⁸ UNDP Human Development Report 2007/2008

²⁹ *ibid*

³⁰ ENSMI 2002

³¹ ENSMI 2002. 29% of rural births and 65% of urban births were attended by skilled personnel.

³² SEGEPLAN 2006

³³ Encuesta Nacional de Condiciones de Vida (ENCOVI) 2006. 24% of births to indigenous women are attended by a skilled birth attendant, as compared to 68% of non-indigenous women.

³⁴ SEGEPLAN 2006

³⁵ *ibid*

³⁶ UNICEF State of the World's Children 2007

³⁷ Ministerio de Educación, 2006. Regional data from UNESCO Database <http://gmr.uis.unesco.org/selectIndicators.aspx>.

³⁸ Ministerio de Educación; UNESCO Database.

³⁹ In 2006, the net enrolment rate for boys was 96.32. For girls it was 92.55. Source: Ministerio de Educación.

Rates for primary completion are markedly lower than the regional average at 70%. Around a third of 12 year old children in Guatemala do not finish primary school.⁴⁰ Completion rates for girls are significantly lower than for boys (an 8.4% gap in 2004).⁴¹ Very high rates of repetition and late school entry mean that the net completion rate (percentage of students who complete sixth grade at the appropriate age) is very low at 39%⁴².

The primary causes of school desertion are the need for children to undertake paid work or (in the case of girls) responsibilities in the household. Illness is also a significant factor, particularly in indigenous communities.⁴³ Guatemala also compares very poorly with its Central American neighbors in terms of enrollment in secondary education, with significantly lower gross enrollment rates than all countries including Honduras and Nicaragua (see Appendix - Graph 2).

Guatemala has the lowest adult and youth literacy rates in Latin America among countries that have available data⁴⁴. Youth literacy (15-24 years) is significantly higher for men than women (a gap of 6%), and far lower for indigenous and rural populations than non-indigenous and urban ones (a gap of 18% and 19% respectively).⁴⁵ Analysis of educational achievement shows that across generations in Guatemala, indigenous women have the lowest educational achievement rate.⁴⁶

Projections in relation to the relevant Millennium Development Goals indicate that the net enrolment rate will reach the MDG target only with sustained growth of that rate by 4% a year. It is very unlikely that Guatemala will achieve the desired outcome for completion rate. This would require an annual growth of that rate by 5% a year, an improvement of the promotion rate by 2.9% a year, and a reduction of the repetition rate by 1,45% - all of these figures being far beyond the country's historical record.⁴⁷

2 Policy responses and new government commitments

Over the last decade, successive Guatemalan governments have put in place a number of initiatives aimed at tackling malnutrition, child and infant mortality, maternal mortality and lack of access to primary education. These have been framed within the context of the implementation of the 1996 Peace Accords, which included numerous commitments to tackle poverty, discrimination and the systematic denial of the economic and social rights of the majority of the population. They have also been prompted by international efforts to achieve compliance with the Millennium Development Goals.

Despite modest progress in some areas, as signaled earlier, the persistence of acute levels of deprivation and disparity over recent years points to the failure of government health and education policies to address the underlying determinants of these problems, and to the lack of political will to resource and implement policies effectively.

In the field of nutrition, the Food Security Policy adopted in 2005 following media exposure of chronic levels of malnutrition in the east of the country has served to advance the issue on the national political agenda and spawned a range of initiatives aimed at promoting the availability of foodstuffs, people's capacity to access and benefit from them, and the

⁴⁰ UNESCO Database; ECLAC, Millennium Development Goals: A Latin American and Caribbean Perspective (2005)

⁴¹ SEGEPLAN 2006.

⁴² Instituto Centroamericano de Estudios Fiscales (ICEFI), Más y Mejor Educación (2008-2021) ¿Cuanto nos cuesta? (2007)

⁴³ SEGEPLAN 2006.

⁴⁴ UNESCO (United Nations Educational, Scientific and Cultural Organization) Institute for Statistics. 2007. The youth literacy rate in 2005 was 82.2%.

⁴⁵ SEGEPLAN 2006

⁴⁶ *ibid*

⁴⁷ Informe sobre Avances "Hacia el cumplimiento de los objetivos de desarrollo del milenio en Guatemala", SEGEPLAN, March 2006, available at <http://www.segeplan.gob.gt/docs/ipc/IIinform-e2005/IIinfo-rme05.htm>.

treatment and prevention of malnutrition.⁴⁸ To date, the achievements have been modest and have not been evaluated officially through systematic impact assessment. The proliferation of unconnected programs, and the lack of coordination between them, has prevented an integrated approach to the problem. Poor targeting appears to have hampered the effectiveness of flagship programs such as “Vaso de Leche” and “Alimentación Escolar”, which have had a limited impact on children living in extreme poverty and did not reach those outside the school system. The Food Security Policy does not appear to have been allocated the resources needed to implement and monitor it.⁴⁹

In the area of health, efforts over the last decade to extend primary health service coverage to the rural poor by contracting non-governmental service providers has had limited impact in improving access to timely and quality health services in practice.⁵⁰ Despite some success in extending immunization and pre-natal services in rural areas, the human and material resources provided to the extension coverage program have been inadequate to overcome the formidable economic, geographical and cultural barriers which hinder access to necessary services and have fuelled persistently high levels of maternal and child mortality in Guatemala.⁵¹

In many parts of the country, preventable maternal death can be directly attributed to the cost, distance and time involved in accessing emergency obstetric services.⁵² Ongoing research by CESR and ICEFI in the region of Alta Verapaz indicates that many deaths are due to the lack of ambulances or other affordable means of transportation to the nearest hospital, to absence in some hospitals of personnel trained to deal with emergencies or basic resources such as blood banks, to the direct and indirect costs involved for the families in seeking services, and to the well-founded fear of many indigenous women of being treated in a discriminatory and culturally-inappropriate manner.

A recent study that compares Guatemala with its Central American neighbor, Honduras, provides an interesting contrast. Honduras was able to reduce maternal mortality rates by 40% over a period of 7 years, due to its strong political commitment to the issue, while Guatemala, despite its greater wealth, has a higher maternal mortality ratio and there is no firm evidence of maternal mortality change over the same time period.⁵³

In terms of education, a recent study by ICEFI identified several factors as the key determinants of lack of access to quality education in Guatemala, including the wide-scale prevalence of child malnutrition; household income poverty resulting in child labour, high repetition rates and high desertion especially among girls; ineffective provision of bilingual education and the low level of training and salary afforded to teaching staff.⁵⁴

While some initiatives have been undertaken by previous governments to address a number of these determinants, such as the provision of grants as an incentive to families to send girls to school, their effectiveness has been found to be limited by arbitrariness in the application of

⁴⁸ *Análisis de la Situación de la Seguridad Alimentaria y Nutricional de Guatemala*, Document prepared by the UN system, Group for Food and Nutrition Security, Guatemala, September 2003

⁴⁹ ICEFI, *Análisis Presupuestario de la Política Nacional de Seguridad Alimentaria y Nutricional de Guatemala* (December 2007) –Unpublished–

⁵⁰ W. Flores, *Los elementos fundamentales del sistema de salud de Guatemala, dinámica de su estructura, funcionamiento y desempeño*. Report presented to UNDP (2007)

⁵¹ *ibid*

⁵² W. Flores and D. McCoy, *Making progress – slow, but with grounds for some optimism. Maternal and Child Health and Equity in Guatemala: An analysis of the clinical, health systems and underlying reasons, with recommendations for national and international stakeholders*, Background paper for the MDG taskforce on Maternal and Child Health (2004)

⁵³ Shiffman J, Garcés Del Valle AL. *Political history and disparities in safe motherhood between Guatemala and Honduras*. *Population and Development Review* 2006; 32: 53-80.

⁵⁴ ICEFI, *Más y mejor educación (2008-2021), ¿Cuanto nos cuesta?* (2007)

criteria for targeting⁵⁵. A number of widely-consulted civil society proposals, such as the implementation of a system of conditional transfers to tackle economic barriers to education, have yet to be implemented and would require funding that far exceeds the budget assigned in recent years to education.⁵⁶

Indeed the ineffectiveness of government policies to date can in large part be attributed to the woefully inadequate investment of resources to health, education and other areas of social spending.⁵⁷ A key indicator of policy effort is the degree to which sufficient resources are allocated to the health and education system and equitably distributed in line with needs and priorities. However, resources allocated to social spending in Guatemala (totalling less than 8% of GDP) have fallen short of the Peace Accord commitments and appear woefully inadequate considering Guatemala's level of per capita income and the state of human development in the country. Guatemala's public expenditure ratio is the lowest of all Central American countries at 18% of GDP in 2005. Social spending per capita is less than 200 US dollars, well below the Latin American average of 658 US dollars.⁵⁸

Spending on health and education over recent years has been below that of almost all other countries in Latin America. Despite the commitment in the Peace Accords to increase resources in health and education, public spending in health has remained below 2.5% of GDP (only 14.9% of total social spending) and has declined since 2003. Spending on education as a percentage of GDP has remained below 3% and was less in 2006 than it was in 2001.⁵⁹ Despite recent legislative commitments to address malnutrition as a priority, the resources assigned between 2005 and 2007 to implement the Food Security Policy have averaged only 0.7% of GDP.⁶⁰

The lack of investment in social spending results in part from the unwillingness of successive governments of Guatemala to generate resources through fiscal reform, as mandated by the Peace Accords. Guatemala has the lowest tax burden in Central America (11.9% of GDP in 2002) and has a regressive structure which favours the middle class and disadvantages the poor. It also has among the lowest rates of income tax in the region and the most generous levels of tax exemption for businesses operating in the country⁶¹. The resistance by Guatemala's politically powerful business elite to the tax reforms contemplated in the peace agreements has created a stranglehold on the generation of resources which could be used for social spending.⁶²

Persistent inequities in the distribution of government spending have also hindered progress in improving health and education outcomes. The distribution of resources across regions and population sectors has been guided more by considerations of cost-efficiency and political patronage than equity or response to priority needs. Studies have also shown the distribution of health service resources (in terms of infrastructure, budget and personnel) to be highly inequitable and skewed towards the health needs of the urban, middle-class and non-

⁵⁵ Centro Internacional para Investigaciones en Derechos Humanos (CIIDH), *Más Becas para Más Educación: Análisis de los Programas del Ministerio de Educación y una Propuesta* (2007)

⁵⁶ ICEFI 2007

⁵⁷ World Bank, *Poverty in Guatemala, 2003*; R. Valladares, *Situación y tendencias del financiamiento de la Salud en Guatemala* (USAID, 2006)

⁵⁸ CEPAL, *Comisión Económica para América Latina y el Caribe. 2005. Dinámica demográfica y desarrollo en América Latina y el Caribe. Serie Población y Desarrollo No. 58.* Santiago de Chile.

⁵⁹ ICEFI, *El financiamiento de los derechos de las personas en Centroamérica.* Unpublished paper for the Informe del Estado de la Región 2008 (November 2007)

⁶⁰ ICEFI, *Análisis Presupuestario de la Política Nacional de Seguridad Alimentaria y Nutricional de Guatemala* (December 2007) –Unpublished-

⁶¹ ICEFI, *La Política Fiscal en la Encrucijada. El caso de América Central* (2007)

⁶² F. Valdes and M. Palencia, *Los dominios del poder: la encrucijada tributaria* (1998); Fuentes Knight, J A and Cabrera, M, *Pacto Fiscal en Guatemala: lecciones de una negociación*, Revista CEPAL (April 2006)

indigenous population.⁶³ Public spending in secondary education has also been shown to be regressive, benefiting the richest quintile disproportionately⁶⁴.

The newly-elected government of President Alvaro Colom, which took office on 14 January 2008, has stated that its overriding objective is “to improve the quality of life of all Guatemalans and to reduce poverty”⁶⁵. Promoting social development, particularly in rural areas, is one of the governments stated policy priorities, along with combating criminal insecurity, tackling corruption and strengthening democratic governance.

President Colom’s 100 Day Plan has pledged to introduce reforms to the health and education sectors which will address the needs of all of the country’s population, particularly indigenous people and those living in rural areas. It proposes to improve the coverage and quality of services provided by hospitals and health centers across the country by contracting more doctors and medical personnel, creating an emergency plan to increase the necessary medical supplies and investing in the hospital network. The Plan includes a specific commitment to focus on the problem of extreme malnutrition in remote regions of the country.⁶⁶

With regard to education, the government has pledged to introduce a system of conditional grants for students from families living in extreme poverty, to boost resources and infrastructure for the nation’s schools, to increase coverage by assigning more teachers to areas in need, and to improve provision of bilingual education. The Plan signals a commitment to assign significantly increased resources to health and education, although at the time of writing discussions in the legislature on the financial envelope for the new plan had stalled.⁶⁷

For these encouraging commitments to bear fruit, the government of President Colom will need to confront two fundamental challenges which have been shirked by its predecessors. Given the investment and redistribution of resources required to realize the economic, social and cultural rights of all Guatemalans, the process of budgetary reorientation and fiscal reform will need to count on strong civil society support and backing from the international community in order to counter the resistance that can be expected from influential pockets of the private sector. A second challenge will be that of ensuring an integrated approach to health, education and nutrition policies, one which recognizes their interdependence and enables the necessary inter-institutional coordination. A holistic vision and steadfast political will are vital if this promising opportunity for human rights in Guatemala is not to be squandered.

⁶³ W. Flores, *Los elementos fundamentales del sistema de salud de Guatemala, dinámica de su estructura, funcionamiento y desempeño* (March 2007)

⁶⁴ ICEFI, *El financiamiento de los derechos de las personas en Centroamérica*. Unpublished paper for the *Informe del Estado de la Región 2008* (November 2007)

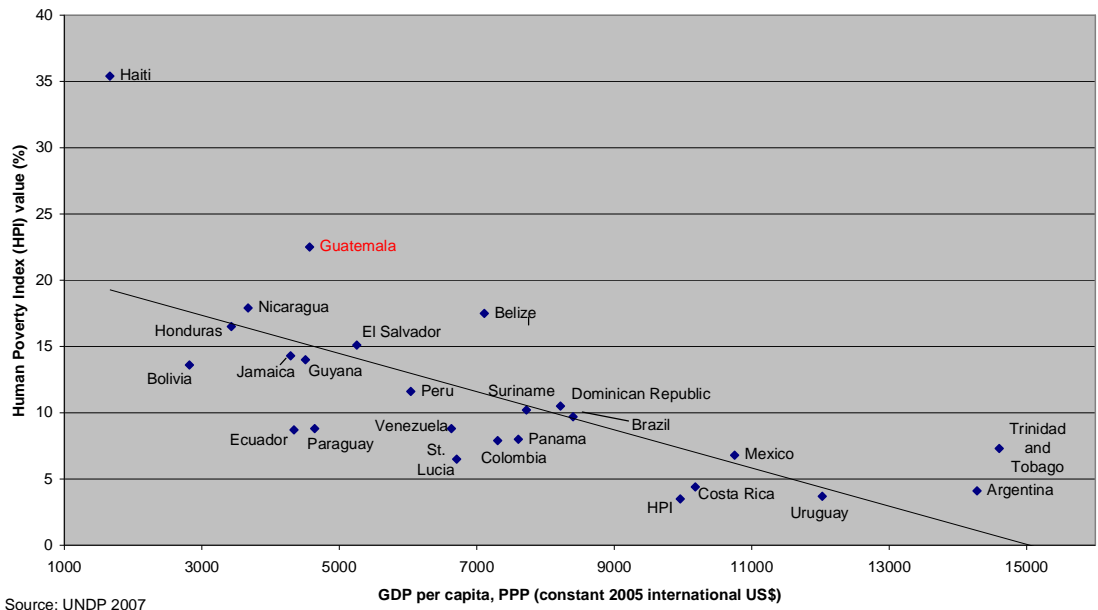
⁶⁵ Gobierno de Unidad Nacional, *Acciones de los Primeros 100 días de gobierno* (November 2007)

⁶⁶ *ibid*

⁶⁷ *Prensa Libre*, “Sin consensos para préstamos”, 29 January 2008

APPENDIX

Graph #1: Human Poverty Index % and GDP pc PPP 2007



Graph #2: Secondary Gross Enrolment Ratio (GER) and GDP pc PPP 2005

