



PAN AMERICAN HEALTH ORGANIZATION  
WORLD HEALTH ORGANIZATION



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### **C. MILLENNIUM DEVELOPMENT GOALS AND HEALTH TARGETS IN THE REGION OF THE AMERICAS**

#### **Introduction**

1. The Member States of the Pan American Health Organization (PAHO) have expressed a clear commitment to achieving the Millennium Development Goals ([MDGs](#)), in the conviction that health plays a crucial role in social, economic, and political development. The MDGs and their related targets are key to PAHO's commitment to health policies with quantifiable results. The Organization believes that the best way to address the MDGs is by strengthening equity in health through technical cooperation in priority countries and in the interior of middle-income countries, based on comprehensive, integrated interventions that prioritize vulnerable areas and groups and populations living in poverty.

2. This report responds to the commitment made in 2011 to report on the Region's progress and challenges in achieving MDGs directly related to health.

3. The report also includes some lines of discussion on health-related areas of the post-2015 Development Agenda stemming from the international meeting organized by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) that took place in Botswana in early March and from the regional consultations to address the commitments included on the United Nations Agenda.

#### **Background**

4. 2013 offers a two-year margin to support the countries through intersectoral and interinstitutional strategies aimed at stepping up the pace of progress towards the MDGs for 2015. The Region of the Americas is on the path to achieving MDGs related to health, which includes progress in water and sanitation services and in health determinants. These advances, however, occur at the national level and are not comparable to advances at the subnational level.

5. According to data from the Economic Commission for Latin America and the Caribbean (ECLAC), while poverty and extreme poverty levels are lower than ever in the Region, they are still a problem that must be tackled as a critical health determinant at the regional and national levels. ECLAC estimates that 167 million Latin Americans were living in poverty in 2012. Of these, 66 million were living in extreme poverty, with incomes insufficient to ensure an adequate diet. Reducing chronic malnutrition therefore continues to be a priority.<sup>1</sup>

### **Current Situation Analysis**

6. Progress towards the MDGs varies from country to country in relation to every goal. In its analysis of the period from 1990 to 2011, this report uses information provided by the countries (referred to as PAHO), including routine registries and estimates generated by each country, and also draws on estimates provided by the Economic Commission for Latin America and the Caribbean (ECLAC/CELADE), which heads the Inter-agency Group (1, 2).

7. MDG 4 is evaluated based on mortality in children under one year of age, since this group accounts for over 60% of deaths in children under five in the Region of the Americas. This analysis draws on estimates generated by the Inter-agency Group. UNICEF is responsible for monitoring and evaluation of this indicator.

8. **Infant mortality** continues to decline in the Region. In Latin America and the Caribbean, the infant mortality rate (IMR) was 42 per 1,000 live births in 1990 compared to 16 per 1,000 live births in 2011, representing a 62.0% reduction (3).

9. An estimated 170,000 childhood deaths occurred in the Americas in 2011. Barbados, Canada, Chile, Costa Rica, Cuba, the United States of America, and Uruguay registered the lowest IMR (5 to 12 per 1,000 live births), while Bolivia and Haiti presented the highest levels (40 to 45 per 1,000 live births).

10. The series are more unstable in Caribbean countries (English and French-speaking) due to their small populations; the situation in these countries is more homogeneous compared to Latin American countries. The French Departments of the Americas (French Guiana, Guadeloupe, and Martinique) and Anguilla present the lowest IMR (under 12 per 1,000 live births), while Guyana and Suriname have the highest rates in the subregion, with 39 and 26 per 1,000 live births, respectively.

11. Public health interventions that have contributed to reductions in infant mortality include: (a) advances in high-impact, low-cost primary care; (b) mass immunization programs; (c) oral rehydration therapy; (d) well-child check-ups; (e) expanded coverage

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<sup>1</sup> Hacia el desarrollo Sostenible: América Latina y el Caribe en la Agenda post-2015. Draft for discussion. Feb 2013. Inter-agency Report coordinated by ECLAC.

of basic services, especially drinking water and sanitation; (f) higher levels of schooling among the population, declines in fertility, and poverty reduction.

12. **Maternal mortality** has declined in the Region, although the trends vary among countries. The maternal mortality ratio (MMR) in Latin America and the Caribbean was 140 per 100,000 live births in 1990, and 80 in 2010 (9,726 deaths in the Americas), a 41% reduction, with an annual average decline of 2.6% (4). Based on data from 33 countries and territories in the Region, the MMR declined in 25 countries. The Central American Isthmus showed reductions in the MMR ranging from 8.0% and 54.5%. In the Spanish-speaking Caribbean (Dominican Republic and Cuba) reductions in the maternal mortality ratios ranged from 9.6% to 57.5% in some countries, while increases of between 15.9% and 86.4% were observed in others. Nearly all the countries in the Andean Area and Southern Cone show reductions in the MMR ranging from 2.1% to 66.5%. Significantly, in several countries strategies such as expanded prenatal care coverage, deliveries attended by trained staff, and access to and use of contraceptives are helping to reduce maternal mortality. Currently, reported increases in the MMR may be due to improved monitoring and reporting of events, rather than an actual increase in mortality.

13. Estimates of new **HIV** infections in the countries of the Region (5) reflect a reduction in morbidity and mortality. In 2011, the Region accounted for nearly 6% of all new HIV infections worldwide (147,000 cases): 83,000 in Latin America, 51,000 in North America, and 13,000 in the Caribbean (5). The Caribbean is among the subregions that present the greatest decline in new infections relative to 2001 figures (42% fewer new infections). Moreover, the number of children who contracted HIV dropped by 24% in Latin America and 32% in the Caribbean in a two years period (2009-2011). The Joint United Nations Program on HIV/AIDS (UNAIDS) is responsible for monitoring goals 6A and 6B. While still not halted, the epidemic is starting to be reversed (5). As of the end of 2011, 68% of HIV-positive people in Latin America and the Caribbean had received treatment. This percentage surpassed the world average of 54%. Moreover, the percentage of HIV-positive pregnant women that had received antiretroviral medications in Latin America and the Caribbean rose from 36% to 70%.

14. For the 2000-2011 period, the Region reported a 58% reduction in morbidity, and a 70% reduction in mortality from **malaria**. Seventeen of the 21 malaria endemic countries had successfully reduced this disease in 2011, with 12 of those countries registering reductions of over 75% and the other five, over 50%. Of the four countries that presented increases, only one has shown a downward trend (with reductions beginning in 2005) and is on track to achieving the goal (6).

15. All 35 Member States have made progress in **tuberculosis** control, with a detection rate of 84% of the cases that WHO estimated for the Region of the Americas in 2011. Despite progress in control of this disease, however, multidrug resistance and

coinfection with HIV (TB/HIV) still pose a significant challenge that must be addressed. According to the WHO Global Tuberculosis Report 2012 (which compiles data reported by the countries of the Region), the incidence of tuberculosis in the Americas is declining at a rate of 4% annually, making it the region with the fastest rate of decline in the world. Moreover, the Region of the Americas has already reached and surpassed the goals proposed for 2015 of reducing tuberculosis prevalence and mortality by 50%.<sup>2</sup>

16. According to the data reported on **sustainable access to safe water**, access to improved water sources was 96% (99% in urban areas and 86% in rural areas) in the Region of the Americas (2010). The same figure for Latin America and the Caribbean was 94% (98% in urban areas and 81% in rural areas) (7, 8). It should be noted that no systematized information is available on water quality for the 86% of homes with access to piped water (1, 2), despite the known presence of contaminants that pose a health risk. In addition, increased use of bottled water has been observed (4), which threatens the human right to access to water (6) and poses an environmental challenge that requires further study.

17. Coverage levels of improved **basic sanitation** are at 88% in the Region of the Americas (91% in urban areas and 74% in rural areas). The same figure for Latin America and the Caribbean is 80% (84% in urban areas and 60% in rural areas). In addition to continuing to promote this service in rural and peri-urban areas, it is also necessary to make progress in the quality of this service, in reducing unimproved sanitation services and defecation in the open, and in urban wastewater treatment. The lower income quintiles pose the greatest challenge in this regard (8). It is important to point out that 25 million people in Latin America and the Caribbean still defecate in the open.

### **Progress in the Commitments Made in 2011**

18. Work will continue along the strategic lines proposed in 2011 for achieving the MDGs: (a) Review and consolidation of information systems; (b) Strengthening of systems based on Primary Health Care (PHC); it is proposed that the health systems of municipalities in more highly vulnerable situations be strengthened with the renewed PHC framework; (c) Reduction of inequity within countries, giving priority to the most vulnerable municipalities and excluded population groups, as a response to the Social Determinants of Health (DSS). It is proposed that initiatives targeting such municipalities and groups, such as “Faces, Voices and Places,” Healthy Municipalities, the Alliance on Nutrition and Development, and Safe Motherhood be strengthened; (d) Public policy-making to ensure the sustainability of achievements and reaffirm “health in all policies.”

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<sup>2</sup> World Health Organization. Global tuberculosis control 2010. Geneva (Switzerland): WHO; 2010.

19. As for the post-2015 Development Agenda **on the health issue**, following WHO indications, PAHO has carried out regional consultations with the heads of health systems and services and with key stakeholders who are not always included in decision-making, such as mayors, indigenous and Afro-descendant leaders, and civil society organizations. There is consensus on the need to prioritize universal access to health care, understood as guaranteeing enjoyment of the right to health, by supporting health services coverage as well as interventions that act on social determinants of health as the priority objective to be presented on the post-2015 Development Agenda. It also proposes to examine the conclusions and outcomes of the meeting held in Botswana; continue to make progress in the MDGs directly related to health; optimize a healthy life throughout the life cycle as an overarching objective; take into account the rise in noncommunicable diseases (NCD); and promote universal coverage that should include, the goals of access to all key interventions and strengthening health systems. It will be necessary to ensure that all the countries study these results and to obtain a commitment to advance in access to health for all the inhabitants of the Americas.

#### **Action by the Directing Council**

20. The Directing Council is requested to take note of this report and make any observations and recommendations it deems pertinent.

#### **References**

1. United Nations. Millennium Development Goals 2010: Avances en la sostenibilidad ambiental del desarrollo en la América Latina y el Caribe. Santiago (Chile): ONU; 2010 (Inter-agency Report coordinated by ECLAC) [cited 2011 Jan 28]. Available from: <http://www.eclac.cl/publicaciones/xml/6/38496/2009-696-ODM-7-completo.pdf>.
2. Joint United Nations Programme on HIV/AIDS. Global report: UNAIDS report on the global AIDS epidemic 2012. Geneva (Switzerland): UNAIDS; 2012 [cited 2013 Feb 15]. Available from: [http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2012/gr2012/20121120\\_UNAIDS\\_Global\\_Report\\_2012\\_with\\_annexes\\_en.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2012/gr2012/20121120_UNAIDS_Global_Report_2012_with_annexes_en.pdf).
3. United Nations Children's Fund; World Health Organization; The World Bank; United Nations Population Division. Levels & Trends in Child Mortality, Report 2012. New York: UNICEF; 2012 (Estimates developed by the UN Inter-agency Group for Child Mortality Estimation).

4. World Health Organization. Trends in maternal mortality: 1990 to 2010. WHO, UNICEF, UNFPA and World Bank estimates [Internet]. Geneva, (Switzerland): OMS; 2012 [cited 2013 Feb 15]. Available from:  
[http://www.unfpa.org/webdav/site/global/shared/documents/publications/2012/Trends\\_in\\_maternal\\_mortality\\_A4-1.pdf](http://www.unfpa.org/webdav/site/global/shared/documents/publications/2012/Trends_in_maternal_mortality_A4-1.pdf).
5. Joint United Nations Programme on HIV/AIDS. UNAIDS World AIDS Day Report 2012 [Internet]. Geneva (Switzerland): UNAIDS: 2012 [cited 2013 Feb 15]. Available from:  
[http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2012/gr2012/JC2434\\_WorldAIDSday\\_results\\_en.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2012/gr2012/JC2434_WorldAIDSday_results_en.pdf).
6. World Health Organization. World Malaria Report 2012 [Internet]. Geneva (Switzerland): WHO; 2012 [cited 2013 Feb 15]. Available from:  
[http://new.paho.org/hq/index.php?option=com\\_docman&task=doc\\_view&gid=19706&Itemid=&lang=en](http://new.paho.org/hq/index.php?option=com_docman&task=doc_view&gid=19706&Itemid=&lang=en).
7. World Health Organization; United Nations Children's Fund. A Snapshot of Drinking-water and Sanitation in the MDG Region Latin-America & Caribbean, 2010 Update. A regional perspective based on new data from the WHO/UNICEF Joint Monitoring Program for Water Supply and Sanitation [Internet]. New York: UNICEF; 2010 [cited 2013 Feb 20]. Available from:  
[http://www.wssinfo.org/fileadmin/user\\_upload/resources/1284626181-LAC\\_snapshot\\_2010.pdf](http://www.wssinfo.org/fileadmin/user_upload/resources/1284626181-LAC_snapshot_2010.pdf).
8. United Nations Children's Fund and World Health Organization. Progress on drinking water and sanitation: 2012 update [Internet]. New York: UNICEF/WHO: 2012 (Report prepared by the WHO/UNICEF Joint Monitoring Program for Water Supply and Sanitation) [cited 2013 Feb 15]. Available from:  
[http://www.who.int/water\\_sanitation\\_health/publications/2012/jmp\\_report/en/index.html](http://www.who.int/water_sanitation_health/publications/2012/jmp_report/en/index.html).