

# PAHO and the MDGs

## Progress on the health-related Millennium Development Goals



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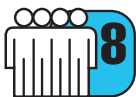


World Health  
Organization

REGIONAL OFFICE FOR THE Americas



**P**ople in the Americas are healthier today than they were 15 years ago, when the Millennium Development Goals (MDGs) were adopted. Life expectancy in the region has increased, and mortality has declined, despite an aging population. The following graphs illustrate progress to date on the health-related MDGs and targets in Latin America and the Caribbean. They also highlight the technical cooperation between PAHO's secretariat—the Pan American Sanitary Bureau—and PAHO Member States that contributed to these advances. The data used are the most recent available from PAHO Member States. Additional data will need to be collected and analyzed at the regional, subregional, country, and subnational levels to provide a final accounting of the region's performance on the health-related MDGs.



More details on the region's progress toward the health-related MDGs may be found in the 2015 PAHO report "Progress on the Health-related Millennium Development Goals."

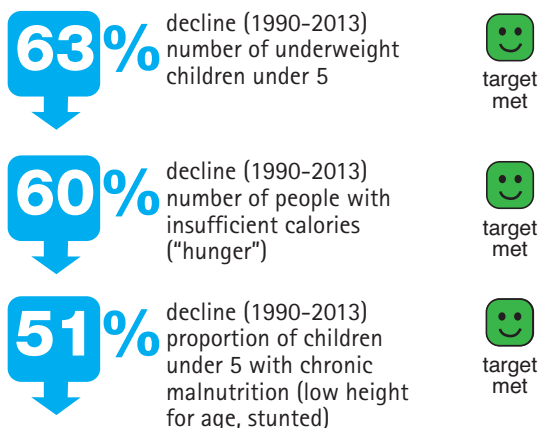
September 2015



# MDG 1 Eradicate extreme hunger and poverty

Target 1.C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger  
 1.8 Proportion of underweight and stunted children under 5, Latin America and the Caribbean, 1990-2013

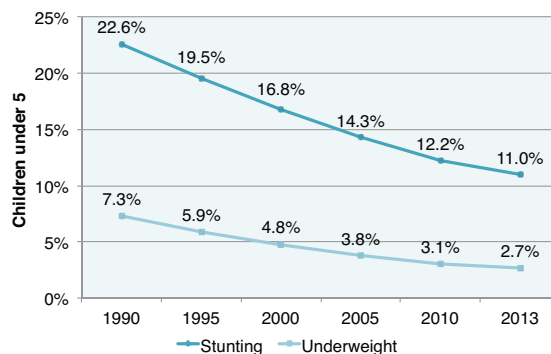
By 2013, Latin America and the Caribbean as a subregion had already exceeded the MDG targets for reducing hunger. Nevertheless, 11 countries had not met the targets at the national level, and some 37 million people remained hungry, without access to sufficient food to meet their caloric needs.



## Some PAHO Governing Body resolutions related to MDG 1

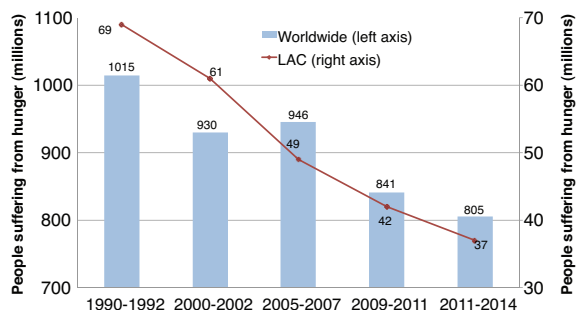
- CD47.R8 Regional strategy and plan of action on nutrition in health and development, 2006-2015, 47th PAHO Directing Council, 2006.
- CD50.R11 Strategy and Plan of Action for the Reduction of Chronic Malnutrition, 50th PAHO Directing Council, 2010.
- CD51/DIV/7 Health and the Millennium Development Goals: From Commitment to Action (PAHO Director's Annual Report 2011), 51st PAHO Directing Council, 2011.
- CE154.R2 Plan of Action for the Prevention of Obesity in Children and Adolescents, 154th Session of the PAHO Executive Committee, 2014.

Figure 1. Proportion of underweight and stunted children under 5, Latin America and the Caribbean, 1990-2013

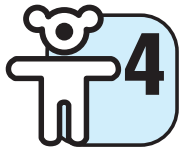


Source: WHO, 2014

Figure 2. Hunger worldwide and in Latin America and the Caribbean (in millions of people affected), 1990-2014



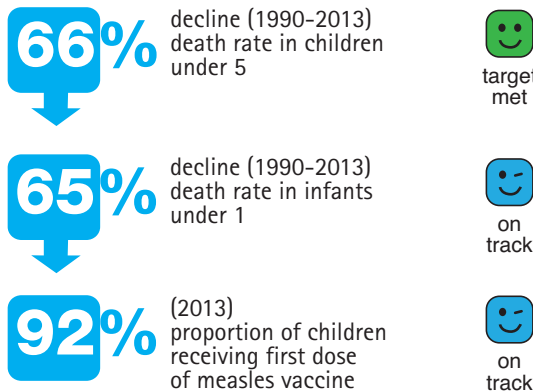
LAC: Latin America and the Caribbean  
 Source: FAO, 2014



# MDG 4 Reduce child mortality

Target 4.A: Reduce by two-thirds, between 1990 and 2015, the under-5 mortality rate

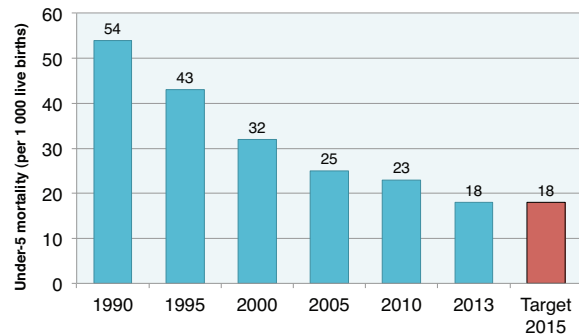
By 2013, Latin America and the Caribbean had achieved the MDG 4 target for reducing child (under 5) mortality and were on track to achieve the target reductions for infant (under 1) mortality by 2015. This progress resulted from improvements in interventions including immunization, oral rehydration, and prenatal care, as well as improvements in education and reduced poverty. However, the mortality declines in Latin America have been greater than in the Caribbean, and under-1 mortality remains twice as high in the latter.



## Some PAHO Governing Body resolutions related to MDG 4

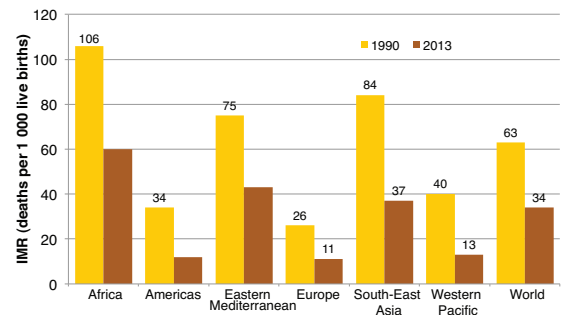
- CD44/12 Integrated management of childhood illnesses (IMCI) and its contribution to child survival in the attainment of the Millennium Development Goals, 44th PAHO Directing Council, 2003.
- CD48.R4 Regional Strategy and Plan of Action for Neonatal Health within the Continuum of Maternal, Newborn, and Child Care, 48th PAHO Directing Council, 2008.
- CD50.R12 Strategy and Plan of Action for the Elimination of Mother-to-child Transmission of HIV and Congenital Syphilis, 50th PAHO Directing Council, 2010.
- CSP28.R20 Strategy and Plan of Action for Integrated Child Health, 28th Pan American Sanitary Conference, 2012.
- CD53.R13 Plan of Action for the Prevention of Obesity in Children and Adolescents, 53rd PAHO Directing Council, 2014.

Figure 1. Under-5 mortality rate (per 1 000 live births), Latin America and the Caribbean, 1990–2013



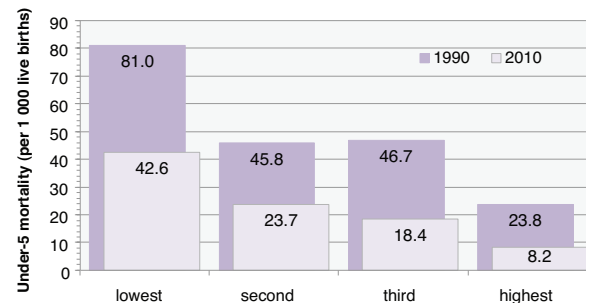
Source: IGME, 2014

Figure 2. Infant mortality rate (IMR), WHO regions, 1990 and 2015



Source: IGME, 2014

Figure 3. Under-5 mortality (per 1 000 live births) by country quartile of income, Latin America and the Caribbean, 1990 and 2010



Source: PAHO, 2015.



## MDG 5 Improve maternal health

Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio

Target 5.B: Achieve, by 2015, universal access to reproductive health

Maternal mortality in the Americas as a whole and in Latin America and the Caribbean as a subregion has declined respectively an average of 2.0% and 2.2% per year since 1990. This improvement fell far short of the annual 5.5% declines that were needed to meet the MDG target of achieving a total reduction of 75% by 2015. Improving access to and quality of sexual and reproductive health care for women remains a major challenge in the region. This includes care before conception, during pregnancy and childbirth, as well as neonatal care. It also means attention to the social determinants of maternal health.

**42%** decline (1990-2013) maternal mortality ratio



unmet

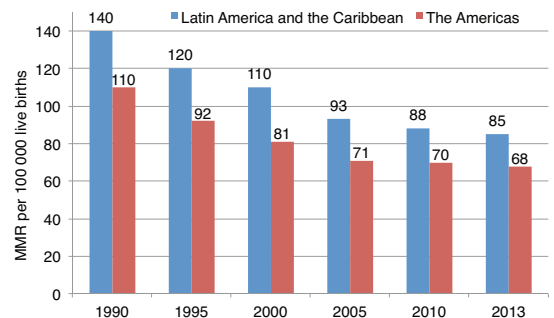
**94%** (2013) proportion of births attended by skilled health personnel

**73%** (2014) prevalence of contraceptive use

### Some PAHO Governing Body resolutions related to MDG 5

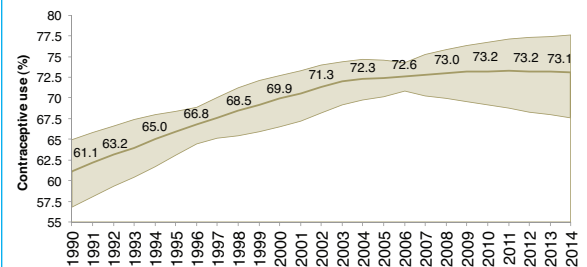
- CSP26.R13 Regional Strategy for the Reduction of Maternal Mortality and Morbidity, 26th Pan American Sanitary Conference, 2002.
- CSP26.R14 Creation of a Voluntary Fund for the Reduction of Maternal Mortality in the Americas, 26th Pan American Sanitary Conference, 2002.
- CD47.R19 Neonatal health in the context of maternal, newborn, and child health for the attainment of the development goals of the United Nations Millennium Declaration, 47th PAHO Directing Council, 2006.
- CD51.R12 Plan of Action to Accelerate the Reduction in Maternal Mortality and Severe Maternal Morbidity, 51st PAHO Directing Council, 2011.
- CD53.R14 Strategy for Universal Access to Health and Universal Health Coverage, 53rd PAHO Directing Council, 2014.

Figure 1. Maternal mortality ratio (MMR) estimated per 100 000 live births, the Americas and Latin America and the Caribbean (1990-2013)



Source: MMEIG

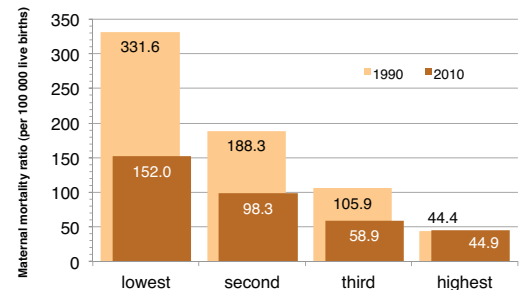
Figure 2. Estimated percentage of married or cohabiting women who use some form of contraception, Latin America and the Caribbean, 1990-2014



Source: UN, 2014.

Note: The shaded area represents the 95% confidence interval.

Figure 3. Maternal mortality ratio by country quartile of income, Latin America and the Caribbean, 1990 and 2010



Source: PAHO 2015.

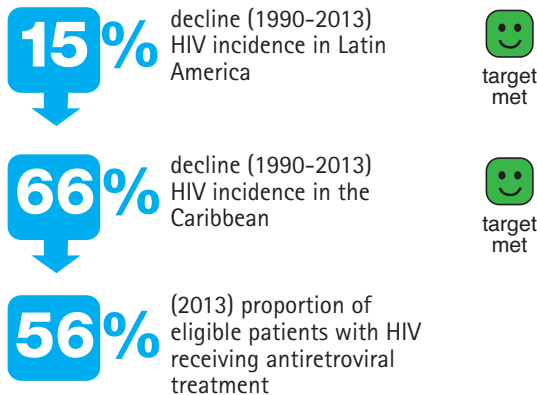


## MDG 6 Combat HIV/AIDS, malaria and other diseases (HIV)

Target 6.A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS

Target 6.B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it

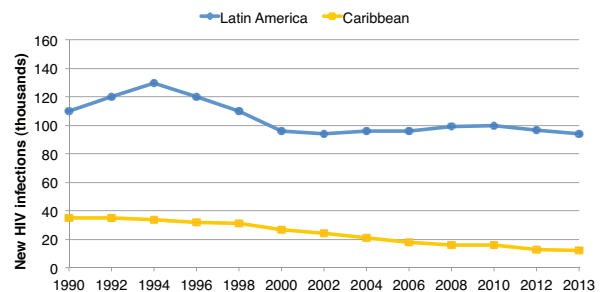
Although Latin America and the Caribbean both reduced the incidence of HIV between 1990 and 2013, the number of people with HIV in Latin America actually increased by 33% between 2003 and 2013, while the number in the Caribbean declined 11%. However, the number of new HIV infections in children fell 22% in Latin America and 72% in the Caribbean between 2001 and 2013.



### Some PAHO Governing Body resolutions related to MDG 6 (HIV)

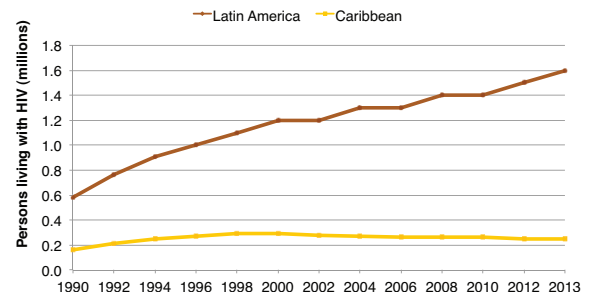
- CD45.R10 Scaling-up of Treatment within a Comprehensive Response to HIV/AIDS, 45th PAHO Directing Council, 2004.
- CD46.R15 PAHO Regional Strategic Plan for HIV/AIDS/STIs, 2006–2015, 46th PAHO Directing Council, 2005.
- CD46/20 Access to Care for People Living with HIV/AIDS, 46th PAHO Directing Council, 2005.
- CD50.R12 Strategy and Plan of Action for the Elimination of Mother-to-Child Transmission of HIV and Congenital Syphilis, 50th PAHO Directing Council, 2010.

Figure 1. Estimated number of new HIV infections, Latin America and the Caribbean, 1990–2013



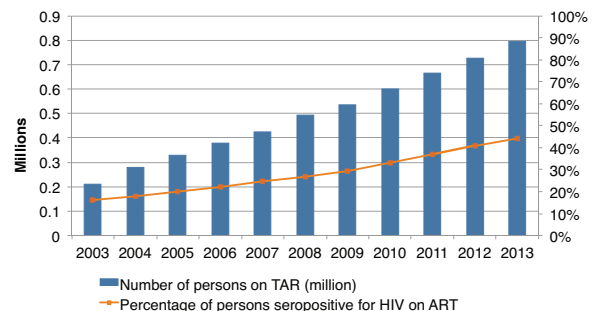
Source: UNAIDS, 2014.

Figure 2. Estimated number of persons living with HIV, Latin America and the Caribbean, 1990–2013



Source: UNAIDS, 2014.

Figure 3. Number and proportion (%) of HIV-positive adults and children receiving antiretroviral therapy in Latin America and the Caribbean, by year, 2003–2013



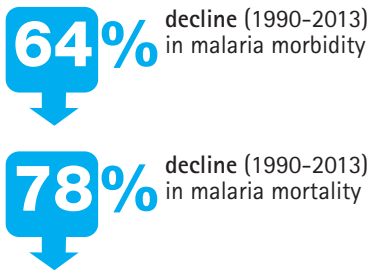
Source: PAHO, 2014.



## MDG 6 Combat HIV/AIDS, malaria and other diseases (Malaria)

Target 6.C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases

Thirteen of the 21 malaria-endemic countries and territories in Latin America and the Caribbean achieved the regional target of reducing malaria cases by 75% between 2000 and 2013, and five other countries are close to this target. This progress has led to greater interest in and accelerated efforts toward elimination of malaria, and 14 countries have expressed commitment to that goal. Nevertheless, some 120 million people in 21 countries remain at risk of malaria.



target met

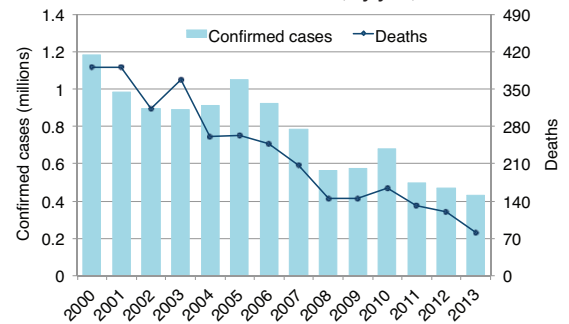


target met

### Some PAHO Governing Body resolutions related to MDG 6

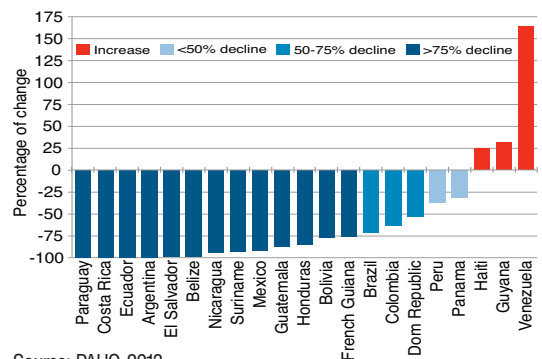
- CD46.R13 Malaria and the Internationally Agreed-upon Development Goals, Including Those Contained in the Millennium Declaration, 46th PAHO Directing Council, 2005.
- CSP27.R11 Malaria in the Americas (progress report), 27th Pan American Sanitary Conference, 2007.
- CD51.R9 Strategy and Plan of Action on Malaria, 51st PAHO Directing Council, 2011.

Figure 1. Morbidity and mortality from malaria, Latin America and the Caribbean, by year, 2000–2013



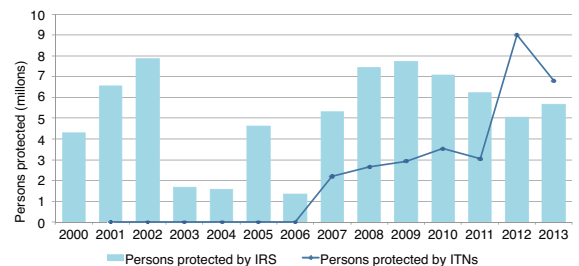
Source: PAHO, 2013.

Figure 2. Percentage change in number of confirmed cases of malaria, by country, Latin America and the Caribbean, 2000–2013



Source: PAHO, 2013.

Figure 3. Number of persons protected by indoor residual spraying (IRS) and insecticide-treated mosquito nets (ITNs), Latin America and the Caribbean, by year, 2000–2013



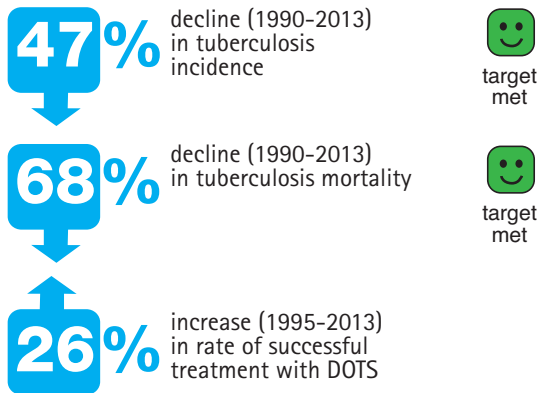
Source: PAHO, 2013.



# MDG 6 Combat HIV/AIDS, malaria and other diseases (TB)

Target 6.C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases

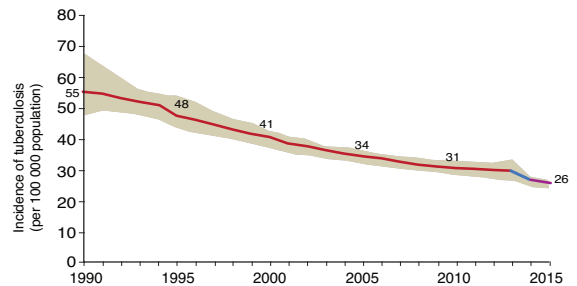
Latin America and the Caribbean exceeded the global target of reducing tuberculosis (TB) prevalence and deaths by 50% between 1990 and 2015. Nevertheless, TB continues to cause suffering and death, especially in countries of the region that fall in the lowest quartile of the United Nations Human Development Index.



### Some PAHO Governing Body resolutions related to MDG 6

- CD46.R12 Regional Strategy for Tuberculosis Control for 2005–2015, 46th PAHO Directing Council, 2005.
- CD51/15 Roundtable on Antimicrobial Resistance, 51st PAHO Directing Council, 2011.

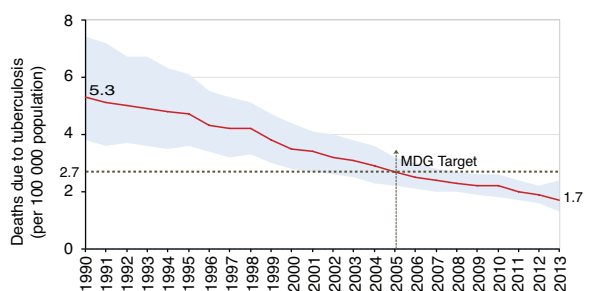
Figure 1. Estimated incidence of tuberculosis, all forms, by year (per 100 000 population) and levels of uncertainty, Region of the Americas, 1990–2015



Source: WHO, 2014.

Note: The shaded area represents the level of uncertainty to 95%, and within which the true value can be found.

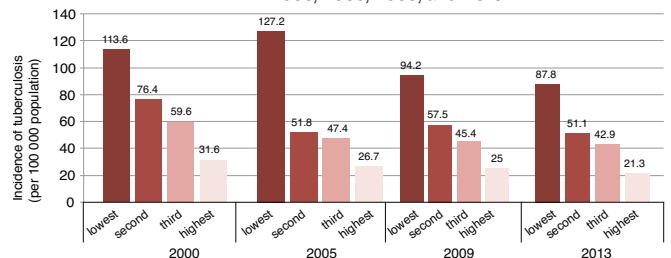
Figure 2. Estimated trend in mortality from tuberculosis, all forms, and levels of uncertainty, Region of the Americas, 1990–2013



Source: WHO, 2014.

Note: The shaded area represents the level of uncertainty to 95%, and within which the true value can be found.

Figure 3. Incidence of tuberculosis by country quartile in the Human Development Index, Region of the Americas, 2000, 2005, 2009, and 2013



Source: PAHO, 2014.





## MDG 7 Ensure environmental sustainability

Target 7.C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation

Latin America and the Caribbean will have achieved the MDG target for access to safe drinking water by the end of 2015, but major gaps remain in access for rural populations. Improving such access is one of the most effective public health interventions. Progress has also been made in increasing access to basic sanitation services, but not enough for the region to meet the MDG sanitation target by 2015. Equity gaps also remain a major challenge: while 88% of the region's urban population has access to sanitation, the figure for the rural population is only 64%.

**67%**

increase (1990-2015) proportion of the population with access to safe drinking water



target met

**48%**

increase (1990-2015) proportion of the population with access to basic sanitation

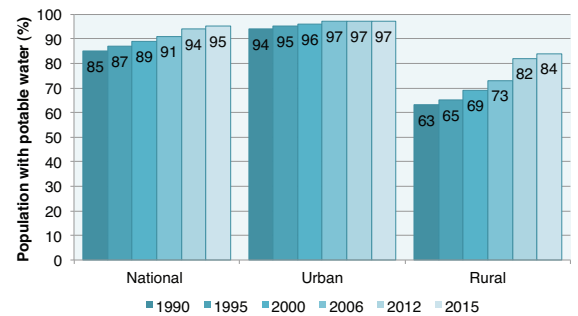


unmet

### Some PAHO Governing Body resolutions related to MDG 7

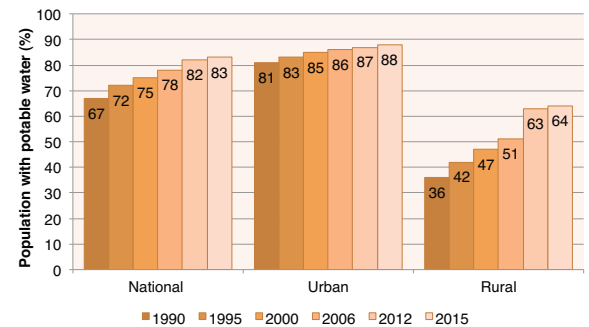
- CD35.R15 International Drinking Water Supply and Sanitation Decade: Report on the Situation in the Region at the end of the decade (1981-1990), 35th PAHO Directing Council, 1991.
- CD43.R15 Health, Drinking Water, and Sanitation in Sustainable Human Development, 43rd PAHO Directing Council, 2001.
- CD50.R14 Pan American Centers (takes note of the signing of the agreement between the Government of Peru and PAHO for the transformation of the Pan American Center for Sanitary Engineering and Environmental Sciences, CEPIS, into the Regional Technical Team on Water and Sanitation, ETRAS, located in Peru), 50th PAHO Directing Council, 2010.

Figure 1. Population (%) with sustainable access to drinking water supply, by urban or rural residence, Latin America and the Caribbean, 1990-2015



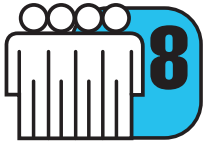
Source: WHO/UNICEF, 2015.

Figure 2. Population with access to sanitation services, by urban or rural residence, Latin America and the Caribbean, 1990-2015



Source: WHO/UNICEF, 2015.

- CD51.R4 Strategy and Plan of Action on Urban Health, 51st PAHO Directing Council, 2011.



## MDG 8 Develop a global partnership for development

Target 8.E: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries

Eighteen of 20 Latin American and Caribbean governments surveyed in 2010 reported having a public health or social security system that provides medicines, including essential medicines free of charge. In addition, 85% of governments surveyed reported having programs that cover the cost of medicines for treatment of noncommunicable diseases.

**90%** of PAHO Member States surveyed report having a public health or social security system that provides medicines (2010)

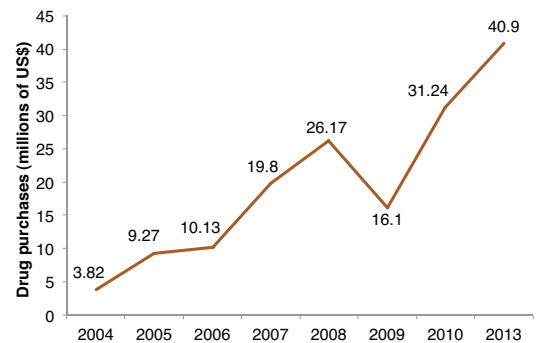
**90%** of governments surveyed reported having programs that cover the cost of essential medicines (2010)

**56%** increase in value of medicines procured Strategic Fund (1990-2013)

### Some PAHO Governing Body resolutions related to MDG 8

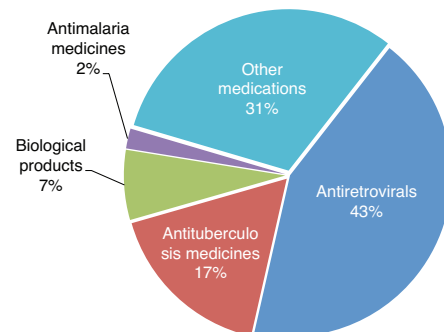
- CD45.R7 Access to Medicines, 45th PAHO Directing Council, 2004.
- CD46/19 Country-focused Cooperation and National Health Development, 46th PAHO Directing Council, 2005.
- CD48.R15 Public Health, Innovation, and Intellectual Property: A Regional Perspective, 48th PAHO Directing Council, 2008.
- CD50.R9 Strengthening National Regulatory Authorities for Medicines and Biologicals, 50th PAHO Directing Council, 2010.
- CSP28.R9 Health Technology Assessment and Incorporation into Health Systems, 28th Pan American Sanitary Conference, 2012 .

Figure 1. Procurement of medicines with the support of the PAHO Strategic Fund and related interventions, Latin America and the Caribbean, by year, 2004-2010



Source: PAHO, 2014.

Figure 2. Purchases of medicines through the Strategic Fund, product category, Latin America and the Caribbean, 2010



Source: PAHO, 2014.

- CD53.R2 Plan of Action on Health in All Policies, 53rd PAHO Directing Council, 2014.



## REMAINING CHALLENGES

Maternal, neonatal and infant mortality, and as chronic malnutrition remain very high among the poorest segments of the population.

Reproductive health methods are used insufficiently, which is reflected in elevated rates of fertility among adolescents and in the persistence of HIV/AIDS, particularly among young people ages 15 to 24 years.

Access to basic sanitation lags behind, access to safe water, particularly among the poorest communities and residents of rural areas.

## CONCLUSIONS

- Information systems: continue strengthening health information systems, particularly on the targets identified in SDG 3: ensure healthy lives and promote well-being for all at all ages.
- Collaborating Centers: widen and deepen the functioning of the PAHO/WHO network.
- Access to universal health coverage: continue increasing the coverage of health services to achieve universality.
- Health in all policies: include health in all policies that have an impact on social determinants and promote an inter-sectorial approach.
- Environment: mitigate the health effects of environmental risks, promoting multi-sectorial cooperation.
- Equity: reduce and eventually eliminate health-related inequalities that are arbitrary, unnecessary, avoidable and unfair.



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