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E. PROGRESS TOWARD ACHIEVEMENT OF THE HEALTH-RELATED MILLENNIUM DEVELOPMENT GOALS IN THE REGION OF THE AMERICAS

Introduction

1. The Millennium Development Goals (MDGs),¹ set in 2000 by the 189 member countries of the United Nations through the Millennium Declaration, were reaffirmed at the Summit of 2010. The Member States of the Pan American Health Organization (PAHO) have expressed a clear commitment to meeting the targets set to reach the [MDGs](#), in the conviction that health is an essential factor in social, economic, and political development. The Organization has deemed that the best way to make progress toward meeting these targets is to improve equity in health both among and within countries, giving priority to vulnerable areas and groups, as well as populations living in poverty. The MDGs and their associated targets are key dimensions of the [PAHO](#) commitment to health policies with quantifiable results.

2. This report is based on the commitments made during the 45th Directing Council of 2004, which adopted resolution [CD45.R3](#) on the MDGs and health targets ([CD45/8](#)); the report of the World Health Assembly [A63/7](#) (2010) and Resolution [WHA63.15](#) (2010); and the resolution of the Millennium Summit adopted by the United Nations General Assembly ([A/RES/65/1](#)[2010]) as it pertains to the Region of the Americas. The report also proposes strategic action for the next four years.

¹ There are eight Millennium Development Goals. They refer to the eradication of poverty, universal primary education, gender equality, the reduction of child mortality, the improvement of women's health, combating HIV/AIDS, malaria, and other diseases, environmental sustainability, and development of a global partnership for development.

Background

3. The year 2010 marked four-fifths of the way to the target date set for achieving the MDGs, a time frame that began in 1990 and will end in 2015. Although the Region of the Americas seems to be on the way to achieving of the health-related MDGs, it must be recognized that the regional averages tend to conceal major disparities among and within the countries. Moreover, the rate at which the targets are met differs from country to country, regardless of the level of development.

4. According to estimates by the Economic Commission for Latin America and the Caribbean ([ECLAC](#)), between 2003 and 2008 the proportion of people living in poverty in Latin America and the Caribbean fell by 11 percentage points, decreasing from 44% to 33%; similarly, the proportion of people living in extreme poverty fell from 19% to 13%. Even with this progress, it was calculated that in 2008, 180 million people were living in poverty and 71 million in extreme poverty. For this reason, in the [Inter Agency Report on MDGs](#) it was agreed that three aspects of equality would be emphasized: equal rights, the closing of gaps, and the welfare of future generations through sustainable development (1–2).

5. With the adoption of Resolution [CD45.R3](#) in 2004, the countries have implemented activities with support from the Organization's different technical areas, emphasizing measurement, quality, and monitoring of the progress made toward meeting the targets. Furthermore, through numerous documents, the countries have made a commitment to:

- reduce subnational inequalities (in 2006 [CD47/INF/2](#) , [CD47/inf/1](#) and in 2007 [CSP27/14](#));
- reduce poverty and hunger (RIMSA [CD46/14](#) [2005], [CD48/19. Rev. 1](#) [2008]);
- improve nutrition (in 2006 [CD47/18](#), [CD47.R8](#) and [CD49/23. Rev. 1](#) 2009);
- reduce gender inequity ([CD46/12](#) [2005]);
- reduce infant mortality (in 2006 [CD47/12](#), [CD47/11. Rev. 1](#), [CD47.R19](#), [CD47.R10](#), and in 2008 [CD48/7](#), [CD48.R4](#), [Rev. 1](#));
- improve maternal health ([WHA55.19](#)²[2002] and [A57.13](#) [2004]) ;
- combat HIV/AIDS (in 2005 [CD46/20](#) and [CD46.R15](#)), malaria ([CD46/17](#) [2005], and in 2007 [CSP27/9](#) and [CSP27.R11](#)); and tuberculosis (in 2005 [CD46/18. Rev.1](#) and [CD46.R12](#));
- promote sustainable development (in 2008 [CD48/16](#), [CD48/16, Add. II](#), and in 2010 [CD50/19](#), [CD50/19, Add. I](#) and [CD50/19, Add. II](#));

² This document is currently available in English only.

- strengthen health systems that are based on primary care and respond to the health determinants (in 2008 [CD48/14, Rev. 1](#), [CD48/14, Add II](#), and in 2009 [CD49.R22](#));
- strengthen vital and health statistics ([CD48/9](#) [2008], [CD49/16](#) [2009], in 2007 [CSP27/13](#), [CSP27/12](#) and [CD50/INF/6](#) [2010]).

6. This progress report is based on the data provided by the Member States and published annually by PAHO within the framework of the Regional Core Health Data and Country Profile Initiative ([CD/45/14](#) [2004] and [CD50/INF/6](#) [2010]), and on global data generated by the United Nations Inter-Agency and Expert Group on MDG Indicators, which provides standardized figures based on population projections or adjusted data (1–3).

Analysis of the current situation

7. The degree of progress toward achievement of the MDGs varies from country to country and target to target.

8. For the purposes of this report, both the information from the countries (referred to here as “PAHO”), routine records, and country calculations, and from the estimates of the Economic Commission for Latin America and the Caribbean (ECLAC/CELADE), which oversees the interagency group, were considered.^{3,4,5,6}

9. A study was conducted using information for the period 1990-2009, equivalent to 76% of the time allotted for achieving the MDGs. The problems that affect use of the information from routine systems are primarily lack of coverage of the numerator and/or denominator of the indicators. This makes it necessary to use calculations done by the countries and international organizations, which do not always coincide.⁷

³ Pan American Health Organization. Health Information and Analysis: Health Situation in the Americas: Basic Indicators for 2004 to 2010. Washington (D.C.) USA.

⁴ Comisión Económica para América Latina y el Caribe/Centro Latinoamericano y Caribeño de Demografía. Tasas de mortalidad infantil estimadas según quinquenios. Países de América Latina 1950-2050 [Internet]. CEPAL/CELADE. Santiago de Chile, Chile (accessed 1 November 2010). Available at: http://www.eclac.org/celade/proyecciones/basedatos_BD.htm.

⁵ Institute for Health Metrics and Evaluation. Neonatal, postneonatal, childhood, and under-5 mortality for 187 countries, 1970-2010: a systematic analysis of progress towards millennium development goal 4 [Internet]. IHME; 2010 [accessed 1 November 2010]. Available at: <http://www.healthmetricsandevaluation.org/resources/datasets/2010/mortality/results/child/child.html>.

⁶ United Nations Children's Fund/World Health Organization/World Bank/United Nations Population Division. The Inter-agency Group for Child Mortality Estimation: Trends in infant mortality rates (1960-2009) [Internet]. IGME; 2010 [accessed 1 November 2010]. Available at: http://www.childinfo.org/mortality_imrcountrydata.php.

⁷ PAHO is executing a strategy for improving vital and health statistics ([CD48/9](#) [2008]) that consists of two components: a) working with the countries to strengthen and improve statistics, and b) coordinating

10. MDG 4 is analyzed with the data from PAHO, using mortality in children under 1 year of age, since this age group accounts for 80% of the deaths in children under five.

11. **Infant mortality** continues to move downward in the Region. In 1990, the infant mortality rate (IMR) was 42 per 1,000 l.b. (live births.) in Latin America and the Caribbean and in 2009, 19 per 1,000 l.b., for a 55% reduction and an annual average reduction of 2.9% (4). It is calculated that in 2009 there were 199,000 infant deaths in the Americas. Some public health measures that have contributed to this decline are: progress in the implementation of the high-impact, low-cost primary health care strategy; free universal programs for routine vaccination; oral rehydration therapy; child growth and development monitoring; increased coverage of basic services, especially drinking water and sanitation; an increase in the educational level of the population, especially women; declining fertility; and poverty reduction.⁸ It should be noted that there is great heterogeneity among the countries of the Region and among population groups and territories within countries.

12. Based on the official figures that PAHO receives from its Member States, the lowest IMR are seen in Canada, Chile, Costa Rica, Cuba, the United States of America, and Uruguay, (from 6 to 10 per 1,000 l.b., depending on the series used); Bolivia and Haiti have the highest figures (from 50 to 80 per 1,000 l.b., depending on the series)—values eight times higher than in the countries with the lowest rates.

13. In the Caribbean countries (English- and French-speaking), the series are more unstable because small populations are involved and their situation is more homogeneous than in the Latin American countries. The French Departments of the Americas (Guadeloupe, French Guiana, and Martinique) and Anguilla have the lowest IMR (below 10 per 1,000 l.b.) while Guyana, Suriname, and Trinidad and Tobago have the highest in the subregion (20-40 per 1,000 l.b. according to different estimates).

14. **Maternal mortality** in the Region has declined, but with trends that differ from country to country. In 1990, the maternal mortality ratio (MMR) was 140 per 100,000 live births in Latin America and the Caribbean and 84 in 2008, a 40% reduction, with an average annual reduction of 3% since 1990. The number of maternal deaths in the Americas in 2008 is calculated at 10,242 (5).

with international organizations to avoid duplication of efforts and the use of techniques or hypothesis that differ when calculating the indicators.

⁸ This statement is also supported in paragraph 4 of this same document. In 1990 there were 200 million poor and 93 million people living in extreme poverty; in 2007 there were 184 million poor and 68 million living in extreme poverty. In 2008, notwithstanding the food crisis, the number of poor fell to 180 million; however, the number of people living in extreme poverty rose to a 71 million. Therefore, according to the 2008 data from ECLAC, the number of people living in extreme poverty increased, but at the same time it can be said that poverty in general has fallen since 1990 (by 11 percentage points and 20 million people).

15. Based on the official figures that PAHO receives from its Member States, the percentage change in the maternal mortality ratio (MMR) was analyzed, using the MMR figures available in 2000 as the baseline and comparing it with the most recent figures available between 2005 and 2009. If a country did not have the MMR for 2000, the figure for 1999 or 2001 was used.

16. This downward trend is observed in 15 countries of the Region, which show different degrees of progress ranging from -2.9% up to -44.3%. In addition, there are countries that reported increases until 2008, an increase largely attributable to improvements in the monitoring of maternal deaths – for example, greater capture of the indirect causes of death observed in Canada, the United States, and the Dominican Republic. It should be pointed out that for 2009, we expect an increase in maternal mortality in some of the countries due to the 2009 influenza A (H1N1) epidemic.

17. It is important to note that in several countries, the expansion of coverage in prenatal care, delivery by skilled birth attendants, contraceptive access and use, and the intensification of maternal mortality surveillance are strategies that are contributing to lower maternal mortality. Nevertheless, although the maternal mortality indicator has improved, the analysis is hindered by a lack of information in the series, because of the size of populations and/or the scarcity of sources that cover all the years foreseen for the analysis of the MDGs. It should be pointed out that reducing maternal mortality remains a pending issue and that most of the countries in the Region will not succeed in meeting the target by the established date.

18. Concerning the calculation of the number of new **HIV** infections for the countries of the Region, a reduction in morbidity has generally been observed, with differing trends in mortality (6). In 2009, around 7% of the total new HIV infections worldwide—that is, 179,000 cases—corresponded to the Region; of these, 92,000 occurred in Latin America, 70,000 in North America, and 17,000 in the Caribbean (3). UNAIDS is responsible for monitoring the achievement of Targets 6A and 6B.

19. At the global level, the epidemic has not yet been halted or turned around; however, some regions are beginning to see stabilization. In the Americas, the epidemic continues to be concentrated in men who have sex with men, male and female sex workers, and injection drug users. According to the WHO, UNAIDS, UNICEF Progress Report 2010, among low- and middle-income countries, in 2009, the Latin American and Caribbean Region had the highest antiretroviral treatment coverage, at 50%, a 2% increase over 2008. In children under 15, antiretroviral treatment coverage rose from 40% to 58% between 2005 and 2009. From 2005 to 2009, antiretroviral prophylaxis coverage for pregnant women in Latin America and the Caribbean grew from 43% to 54%, and in children born to HIV+ women, it went from 39% to 48% (6).

20. For the period 2000-2009, the Region reported a 52% drop in morbidity from **malaria**, along with a 61% drop in mortality from this cause; 18 of the 21 countries with endemic malaria managed to lower their numbers by 2009. Of these, nine have reported reductions of over 75%; while five of them have had reductions of over 50%. Since 2005, there has been a sustained reduction in transmission in the Americas (7).

21. With respect to **tuberculosis**, 23 countries in the Region have made progress. Nevertheless, multidrug resistance still poses a challenge. The 2010 WHO report on tuberculosis control, (which contains data reported by the countries of the Region) notes a 4% annual rate of reduction in TB incidence in the Americas, making it the Region of the world with the sharpest decline. At the same time, the Region of the Americas has already met the targets of a 50% reduction in the TB prevalence and mortality rates set for 2015 (8).

22. With respect to **sustainable access to safe water**, the responsibility in the interagency group rests with UNICEF and WHO, agencies that, through the Joint Monitoring Program (JMP) use information based on household surveys and censuses, with standardized definitions to ensure comparability in time and between countries. According to the available regional JMP data for 2008, access to improved water sources stands at 93% (97% in urban areas and 80% in rural areas). The challenge is greater among the population in the lowest income quintiles. The JMP will improve monitoring by providing a breakdown of the data, which will make it possible clarify the definition of the sources of access to improved water and pay closer attention to the measurement of water quality. Work is beginning on the preparation of post-2015 indicators on the right to clean water and sanitation, recently declared a human right by the United Nations General Assembly (9).

23. In regard to **basic sanitation**, according to the JMP data for 2008, there is 80% coverage with improved basic sanitation in the Region. In rural areas, this coverage is only 55%, making it necessary to continue promoting this service in rural and peri-urban areas. Furthermore, progress needs to be made in improving service quality, reducing unimproved sanitation services and defecation in the open, and improving wastewater treatment in urban areas (9). The challenge is greater among the population in the lowest income quintiles (2).

Proposal

24. In order to meet the targets it is necessary: a) to guarantee joint efforts among the countries of the Region, considering that some must speed up activities; b) to maintain the leadership of the Member States with technical assistance from PAHO for monitoring and technical cooperation to improve health system performance; and c) to improve national health information systems to ensure increasingly valid, reliable and timely data from the usual systems.

25. The countries will be requested to continue pursuing the following strategic lines for the achievement of MDGs: (a) review and consolidation of information systems; establishment of nominal registries that make it possible to assess coverage gaps. Likewise, use technology resources to create an integrated system designed to facilitate timely decision-making; (b) strengthening of systems based on primary health care (PHC). It is proposed that the health systems of different levels of government that are 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. It is proposed that initiatives targeting such municipalities and groups, such as Faces, Voices, and Places, healthy municipalities, the Alliance for Nutrition and Development, Safe Motherhood, and other initiatives aimed at consolidating citizen rights (identity, access to social programs, citizen participation, surveillance, etc.), and territorial social management be strengthened; (d) development of public policy to ensure the sustainability of achievements and action on the social and environmental determinants of health through the promotion of “health in all policies.” It is proposed that advantage be taken of all political and technical forums to bring the issue of the challenges of equity in our Region to the forefront; and, (e) intensification of intersectoral and interagency work to pool and target efforts.

Action by the Directing Council

26. The Directing Council is requested to give priority to this line of technical cooperation and activities that further promote achievement of the MDGs by 2015.

27. The [Member States](#) are requested to intensify their efforts to achieve the MDGs through targeted actions in the five proposed strategic lines

28. It is recommended that a progress report be prepared in 2013 in preparation for the consolidated report that will be submitted to the United Nations General Assembly in 2015.

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