

53rd DIRECTING COUNCIL

66th SESSION OF THE REGIONAL COMMITTEE OF WHO FOR THE AMERICAS

Washington, D.C., USA, 29 September-3 October 2014

Provisional Agenda Item 8.6

CD53/INF/6
22 July 2014
Original: English

D. STATUS OF THE MILLENNIUM DEVELOPMENT GOALS

1. In 2000, the 189 member countries of the United Nations signed the Millennium Declaration, which set eight Millennium Development Goals (MDGs); these goals were reaffirmed in 2010 at the United Nations Summit on the Millennium Development Goals. These goals refer to the eradication of poverty; universal primary education; gender equality; reduction of child mortality; improvement of maternal health; combating HIV/AIDS, malaria, and other diseases; environmental stability; and development of a global partnership for development.

2. This report covers progress in achieving the health-related MDGs and the latest advances toward meeting the commitments assumed during the 45th Directing Council in 2004, which adopted Resolution [CD45.R3](#) on the MDGs and health targets (CD45/8); the report of the World Health Assembly ([A63/7](#) and [WHA63.15](#) [2010]); and the Millennium Summit resolution ([A/65/L.1](#) [2010]) as it pertains to the Region of the Americas.

3. In response to requests in resolutions, the progress and milestones attained toward meeting the MDGs vary from one country to another, within each country, and from one goal to another. The analysis of the global and regional picture is based on country data available to WHO, complemented by statistical modeling to fill the data gaps. There is an urgent need to strengthen country health information systems in order to accurately monitor progress towards achieving the targets at global, national, and subnational levels.

Background

4. Although the Region of the Americas is well on its way to attaining the health-related MDGs, which include drinking water and sanitation as health determinants, these advances have been made at the national level and do not necessarily correspond to the progress made at the subnational level, since there are still areas and municipalities that remain completely outside the achievements of MDGs. The reasons is that the national averages tend to conceal major intra-country and inter-country disparities and that

varying paces in progress toward meeting the goals continue to be characteristic of our Region.

5. In 2012, the Economic Commission for Latin America and the Caribbean (ECLAC) reported that an estimated 167 million Latin Americans live in poverty. Of this total, 66 million people live in conditions of extreme poverty with insufficient income for an adequate diet. As a result, eradication of chronic malnutrition continues to be unmet goal in some countries; chronic malnutrition tends to be concentrated in the interior municipalities and areas of countries (1).

6. 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 goals.

7. This progress report is based on data provided by the Member States and published annually by PAHO in the framework of the *Regional Core Health Data and Country Profile Initiative* (CD40/19 [1997], [CD45/14](#) [2004] and [CD50/INF/6](#) [2010]).

Analysis of the Current Situation

8. The analysis of the current status of the MDGs was based on the best official and reliable information in the Region from 1990 to 2013, which covers 92% of the time period allotted for achievement of the MDGs.

9. When routine data was not available, country estimates and international organization calculations had to be used, which do not always coincide. This progress report is based on data provided by the Member States and published annually by PAHO within the framework of the Regional Core Health Data and Country Profile Initiative (CD40/19 [1997]), inter-agency groups such as the UN Inter-agency Group for Child Mortality Estimation (coordinated by UNICEF), the Maternal Mortality Estimation Inter-Agency Group (coordinated by WHO), the WHO/UNICEF Joint Monitoring Programme (JMP) for Water Supply and Sanitation, and estimates from the Economic Commission for Latin America and the Caribbean (ECLAC/CELADE).

10. PAHO is implementing a strategy to strengthen vital statistics and health statistics ([CD48/9](#) [2008]) with three components: *a*) work with countries to strengthen and improve data generation; *b*) coordinate with international agencies to avoid duplication; and *c*) apply different techniques or hypotheses to calculate indicators.

11. In 1990, the Latin American and Caribbean (LAC) **infant mortality** rate was 43 per 1,000 live births, and in 2012, 16 per 1,000, a reduction of 63%. MDG 4 is analyzed by mortality of children <1 year of age, since in the Region of the Americas this age group accounts for more than 70% of the deaths in children under 5.

12. According to estimates by the interagency group¹, the **maternal mortality** rate (MMR), which was 110 per 100,000 live births in the Americas in 1990, fell to 68 per 100,000 in 2013, for an overall reduction of 37%, or an annual average of -2.0%. Latin America, not including the Caribbean subregion, saw a 40% reduction in its MMR in the same period, while the reduction for the Caribbean was 36%. The data available show that maternal mortality continues to decline, but the magnitude of the changes in the last eight-year period (2005–2013) has not been as great as in previous periods. If the countries continue to accelerate their efforts at the same pace, 17 of the 31 countries in the Region are on track to meet the MMR commitment for 2015; 11 are making progress; two have failed to make sufficient progress; and one has made no progress. In 2012, a regional plan to accelerate the reduction of maternal mortality was approved and a strategy was adopted to incorporate the surveillance of severe maternal mortality.

13. Strategies contributing to decline in MMR include: expanded prenatal care coverage, delivery by skilled birth attendants, and access to and use of contraceptives. In countries where mortality rates are reported to be rising, increased rates could be due to improved monitoring and reporting of events and not necessarily to a real increase in number of deaths. The WHO is responsible for monitoring this indicator. (See footnote.)

14. Estimates of new **HIV infections** in the countries in the Region reflect a reduction in morbidity and mortality in the last decade. In 2012, about 6% of the total new HIV infections worldwide—that is, 146,000 cases—were reported in the Region. Of these, 86,000 occurred in Latin America, 48,000 in North America and 12,000 in the Caribbean. The Caribbean shows one of the biggest drops in new infections (down 52%) compared with 2001. The number of new infections in Latin America fell 11% in the same period while in North America they increased by 4%.

15. New infections in children show one of the greatest declines, supported by the commitment of countries to the Regional Initiative for the Elimination of Mother-to-Child Transmission of HIV and Congenital Syphilis. Coverage of pregnant women who receive antiretroviral drugs for preventing mother-to-child transmission reached 95% in the Caribbean and North America and 83% in Latin America in 2012, leading to reductions in the number of children with HIV, which between 2009 and 2012 dropped by 71% in the Caribbean and 29% in Latin America. North America maintained low stable levels.

16. Latin America and the Caribbean coverage in **antiretroviral treatment** was 75% in 2012. The goal is universal access to antiretroviral treatment (defined as 80% or more of those in need of treatment actually receiving it). The treatment coverage for children under 15 years old was 67% in 2012. However, the new treatment eligibility criteria for antiretroviral treatment published by WHO in 2013 recommend an earlier start of antiretroviral treatment, implying that a larger number of persons living with HIV are

¹ The study is based on statistics from: the Maternal Mortality Estimation Inter-Agency Group (MMEIG), “Trends in Maternal Mortality 1990-2013,” coordinated by the World Health Organization and published in 2014.

in immediate need of treatment. Further efforts to expand access to antiretroviral treatment are necessary, since the coverage rate drops to 48% under the new criteria. The countries of Latin America and the Caribbean are taking steps toward intensified action and expansion of successful approaches, with focus on the HIV care continuum. New targets have been set for the year 2020, pushing for earlier diagnosis (90% of persons living with HIV having received a diagnosis), earlier treatment of HIV (90% of persons eligible for treatment receiving ART) and effective viral suppression (90% of persons in treatment virally suppressed).

17. During 2000-2013, the Region reported a 59% reduction in **malaria** morbidity and a 72% reduction in malaria-related mortality. Of the 21 countries in which malaria is endemic, 18 reported a reduction by 2013, and of those, 13 registered reductions of over 75% and two others, reductions of over 50%. As of 2011, two countries, Argentina and Paraguay, reported that they had no cases of autochthonous malaria. In 2014 Argentina sent a request to the Director-General of the World Health Organization to initiate the process leading to certification of the elimination of malaria from the country. The countries in Central America and on the Island of Hispaniola adopted a resolution to eliminate malaria from their territories by 2020. This work is being supported by a project financed by the Global Fund. At the same time, three countries in the Region—Guyana, Haiti, and Venezuela—reported increases in the number of cases during the period.

18. With respect to **tuberculosis**, according to WHO estimates for the Region of the Americas in 2012, the 35 Member States reported 79% of estimated TB cases. Nevertheless, multidrug resistance (MDR) and tuberculosis/HIV co-infection still pose a challenge, despite progress made toward their control. For the Region, the rate of reduction of TB incidence from 1990 to 2012 was 52%, with a 3.6% reduction between 2011 and 2012. In recent years the Region has been facing difficulties in reaching populations vulnerable to the disease, in the poor and marginal neighborhoods of large cities. As a result, in 2013, PAHO began application of a working framework for the control of tuberculosis in large cities to improve these populations' access to quality care. The Region of the Americas has already met and surpassed the targets of a 50% reduction in TB prevalence and mortality rates by 2015.

19. With respect to **sustainable access to safe water** in the Region of the Americas, in 2010, it was reported that 96% of the total population had access to improved water sources (99% in urban areas and 86% in rural areas). However, when only the LAC region is considered, access drops to 94% (98% in urban areas and 81% in rural areas). Of the 86% of households with access to piped water, there is no systematized data on water quality. In spite of this high percentage of coverage, many disparities persist, especially in suburban and dispersed rural areas, as well as among indigenous and African-descent populations.

20. The inter-agency group is responsible for measuring these two indicators, specific responsibility rests with UNICEF and WHO, which, through the WHO/UNICEF Joint

Monitoring Programme (JMP) for Water Supply and Sanitation, utilize data from household surveys and censuses, with standardized definitions to ensure comparability over time and between countries.

21. The global MDG target for **sanitation** will likely be missed in the Region, despite the advancement of several countries. For the entire Region of the Americas, coverage with improved basic sanitation is 88% (91% in urban areas and 74% in rural areas), and for Latin America and the Caribbean alone the percentage is 80% (84% in urban areas and 60% in rural areas). Some 109 million people in Latin America and the Caribbean have no access to improved sanitation, and of these, 30.4 million still have no access to a toilet or latrine.

22. Many people continue to face a scarcity of **medicines** in the public sector, forcing them to the private sector where prices can be substantially higher. In the Region of the Americas, only 22 countries (71%) have adopted a pharmaceutical policy, and implementation plans are under way in 66% of these countries. Countries have made important strides in improving regulatory frameworks and developing regulatory systems to ensure the quality, safety and efficacy of medicines and other health technologies. Countries are strengthening national processes to assess medicines and medical products and define mechanisms for the systematic incorporation of health technologies in health systems, thus supporting progress towards universal health coverage. Out-of-pocket expenditure remains high; 78% represents private out-of-pocket cost, while moneys spent on pharmaceutical products by public institutions correspond to approximately 22% of this category. Annual per capita expenditure on medicines in the countries in the Region varies considerably, from an estimated US\$ 7.50² in Bolivia to more than \$160 in Argentina. Lack of reliable information on effective access to medicines remains a challenge because it is difficult measure.

Progress in the Commitments

23. The following strategic lines for MDG achievement, established in 2011, continued to be pursued: *a)* Review and consolidation of information systems; special attention has been given to improving data production and collection among the Caribbean's English-speaking countries; *b)* Strengthening of systems based on primary health care (PHC), giving priority to the most vulnerable municipalities 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; and *d)* Public policy-making to ensure the achievements' sustainability and reaffirm "health in all policies."

24. In addition, the following actions continue to be promoted: *a)* joint efforts among countries in the Region; considering that some must speed up activities underway particularly for the targets that lag behind, such as the safe motherhood initiative, and

² Unless otherwise indicated, all monetary figures in this report are expressed in United States dollars.

progress to achieve water as a universal human right; *b*) continue PAHO's leadership role in monitoring and technical cooperation to improve performance of PHC-based health systems and promote water and sanitation systems; and *c*) strengthening of health information systems to make increasingly valid, reliable and real-time data available through routine systems.

Action by the Directing Council

25. The Directing Council is requested to take note of this status report at 15 months before the target date for the MDGs, and it is asked to give its comments and suggestions so that the work of PAHO in this line of technical cooperation can proceed and further promote achievement of the health-related MDGs.

26. The Member States are requested to intensify and scale up their efforts to decrease the existing gaps in achieving the MDGs through pointed actions and the intensification of national and subnational initiatives to comply with the accelerated plans already approved ([CD51.R12](#) [2011], [CD48.R10](#) [2009]).

27. The Ministries of Health of the Region are called upon to consolidate information systems through the Basic Health Indicators initiative, with emphasis on data at the subnational level and from the perspective of social determinants. At the same time, it is important to focus on monitoring the indicators of equity in order to better understand and address the MDG challenges at the subnational level and move forward with strategies aimed at universal health coverage in order to guarantee the right to health.

28. It is recommended that the final report on MDG achievement in the Region be submitted in 2015 as well as a continuation strategy for post-2015 at the regional, national and subnational levels in order to continue advancing the targets, goals and indicators that have lagged behind.

References

1. Economic Commission for Latin America and the Caribbean. 2010 Millennium development goals report. Achieving the millennium development goals with equality in Latin America and the Caribbean: progress and challenges. Santiago DE Chile: ECLAC; 2010 (Interagency Report coordinated by ECLAC) [cited 2013 Dec 13]. Available from: <http://www.cepal.org/cgi-bin/getProd.asp?xml=/publicaciones/xml/5/39995/P39995.xml&xsl=/tpl-i/p9f.xsl&base=/tpl/top-bottom.xsl>
2. Bautista Justo J. El derecho humano al agua y al saneamiento frente a los objetivos de desarrollo del milenio (ODM) [Human right to water and in light of the millennium development goals]: Santiago de Chile: Naciones Unidas; 2013

(CEPAL – Colección Documentos de proyectos) [cited 2013 Dec 13]. Available from: <http://www.cepal.org/publicaciones/xml/8/49558/Elderechohumanoalagua.pdf>

3. Economic Commission for Latin America and the Caribbean; United Nations Development Group-Latin America and the Caribbean. Sustainable development in Latin America and the Caribbean: follow-up to the United Nations development agenda beyond 2015 and to Rio+20 [Internet]. Santiago de Chile: ECLAC; 2013 (Inter-agency report coordinated by ECLAC) [cited 2013 Dec 13]. Available from: http://www.eclac.org/publicaciones/xml/6/50796/RIO_20-Rev2ing.pdf

- - -