Poverty, hunger and health in Latin America and the Caribbean: Progress and challenges facing the Millennium Development Goals

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After stagnating in 1997-2002, poverty and indigence rates have fallen sharply in recent years, but the percentage of people living in poverty is still close to the 1980 levels.
According with the projection for 2006, the region is on track towards meeting the commitment to halve extreme poverty rate by 2015.
Progress in reducing undernourishment, but there are considerable disparities among countries

Latin America and the Caribbean (32 countries): progress toward undernourishment target
(in percentages, by 2000-2002)

Target for 2015 (100%)
Progress needed by 2002 (48%)

Malnutrition: most LAC countries have made significant strides towards the target of halving the prevalence of underweight children

Latin America and the Caribbean (25 countries): progress toward the malnutrition target-underweight \(^a/\)

(in percentages, around 2002)

\(^a/\) Refers to each country’s most recent available figure on undernutrition between 1995 and 2002.

\(^b/\) Weighted average of the countries prevalences at the year of measure.

\(^c/\) Weighted average of the countries prevalences estimated for 2002, according to the progress obtained between measures.
On average, the region has made 61% of the progress needed to reduce mortality rate among children under five years of age and 60% to reduce infant mortality, (MDG 4, target No.5).

With regard to the reduction of maternal mortality (MDG 5, target No. 6), there is a wide margin of uncertainty due to lack of reliable sources to detecting and recording it. However it seems that there is lack of enough progress of this indicator.
Progress in some health’s areas concerning to MDG (II)

- With regard to containing the spread of HIV/AIDS (Target No. 7, MDG 6), the infection has spread throughout all subregions.

- However, between 2004 and 2006 the total number of infected persons did not increase significantly. In 2006, there were about 2 million people infected in Latin America and the Caribbean, 13% of them living in the Caribbean subregion.

- With regards to reducing mortality and the prevalence of certain diseases (Target No. 8, MDG 6), incidence of malaria remained mostly unchanged (the region represents just 2.5% of world cases). There has been some progress in tuberculosis (DOTS strategy was launched in 1994).
Nevertheless, the levels are very high and these averages mask deep disparities among countries and within countries.

- These gaps are highly correlated with other dimensions of social exclusion such as:
  1. Asymmetries on labor market
  2. Level of education
  3. Gender discrimination
  4. Ethnic discrimination
  5. Area of residence
Policy Implications: Poverty

- **Sustained economic growth** is a necessary condition, especially when it translates into a more and better jobs for the poor.

- **Social programs and policies**: need to improve social institutions and move toward the universalization of social protection (pensions and health coverage).

- **Labor market policies** need to follow a comprehensive approach (labor supply and demand and more adaptability, but with social protection).

- **Public finance**: Fiscal pact to increase and improve the quality of public revenues.
Policy Implications: Hunger and Malnutrition

- Target interventions on children under 3 years of age and pregnant and lactating woman.
- Maintain and improve food fortification programs with micronutrients: highly cost-effective in reducing gaps in health, learning and productivity.
- Extent coverage of school feeding’s programs.
- Maintain and improve conditional cash and food transfer programs (primary health and education).
- Improve the productive process of agricultural sector through investment in infrastructure (roads and irrigation) and new technologies.
Policy Implications: Health

Health Agenda for the Americas

- Strengthening the National Health Authority.
- Integration of public and social security systems.
  - Solidarity: Access to services regardless of contributions, payment capacity and individual risk levels.
  - Establish benefits with universal coverage and guaranteed entitlements.
- Tackling the social determinants of health (specially sanitation and safe drinking water).
- Prevention: including the expansion of primary care and decentralization.
- Attendance of births by skilled personnel (82% on average in the region) to further reduce maternal and infant mortality.
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