SDG 3: Ensure healthy lives and promote well-being for all at all ages in Latin America and the Caribbean

Key regional statistics on SDG 3

- Infant mortality fell substantially in all the countries of Latin America and the Caribbean between 2000 and 2015, by a regional average of 36.3%. However, national averages mask large gaps. For example, the infant mortality rate of the indigenous population in 11 countries of the region is 1.8 times that of non-indigenous people.

- Over the past 15 years, various health system reforms —underpinned by higher spending on health, up from 1.4% of GDP in 2000 to 2.2% in 2015 in Latin America and reaching an average of 3.0% in five Caribbean countries— have made it possible to expand coverage and ensure equity in access, especially for the first few deciles.

- Although the gaps in access to health systems between deciles narrowed, a 37 percentage-point difference persists between decile 1 and decile 10 in the region.

- It is estimated that 38 million people in the region suffered from severe food insecurity in 2016 and that more than 7 million children suffer from malnutrition in the region.

- With respect to the incidence of human immunodeficiency virus (HIV) infections, progress was made between 2010 and 2015, with an average of 0.17 new cases per 1,000 uninfected population, with a marked difference between women and men (0.10 and 0.29, respectively) and age groups (0.02 among those aged under 15 years and 0.25 among those aged over 15).

- Young people aged 15–24 continued to account for a third of all new HIV infections in 2016, and there were some 120,000 new HIV infections in the region that year. The spread of HIV is particularly serious in prisons in Latin America and the Caribbean.

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1 The analysis of the Sustainable Development Goals (SDG) presented here is the outcome of the discussions held within the framework of the third meeting of the Forum of the Countries of Latin America and Caribbean on Sustainable Development, convened under the auspices of the Economic Commission for Latin America and the Caribbean (ECLAC) in Santiago, from 24 to 26 April 2019.
• Between 2013 and 2016, the region made major progress towards achieving the 90-90-90 target by 2020—that 90% of all people living with HIV will know their HIV status; that 90% of all people diagnosed with HIV will receive sustained antiretroviral therapy; and that 90% of all people receiving antiretroviral therapy will achieve viral suppression—reaching respective rates of 81%, 72% and 58% in Latin America and 64%, 81% and 67% in the Caribbean.

• The drug-related mortality rate in Latin America and the Caribbean reached 14.9 per 1 million inhabitants in 2015.

• Maternal mortality is still significantly higher in Caribbean countries than in developed regions. In most Caribbean countries, the ratio was somewhere between 25 and 100 maternal deaths per 100,000 live births.

• The Latin America and Caribbean region has one of the highest adolescent fertility rates in the world (48% higher than the world average). At present, the majority of Caribbean States retain restrictive legislation and practices regarding adolescent access to sexual and reproductive health care services, including contraception, due to the requirement for parental consent and sociocultural barriers. Laws are not consistent with the Caribbean reality of early initiation of sexual activity among adolescents.

• The Caribbean is the global epicentre of non-communicable diseases (NCDs), with 70% of all deaths attributable to these diseases. Mortality in the subregion from NCDs is the highest in the Americas, with an estimated 40% of these deaths occurring prematurely in those under 70. Heart attacks, strokes and diabetes cause most premature deaths, and hypertension is the leading risk factor. Diabetes prevalence in the subregion is also twice that of global rates.

**Key messages from the region on the issues addressed by SDG 3 and its targets**

• Great strides have been made in improving the health of millions of people in the region: maternal and infant mortality rates have declined, life expectancy continues to rise and the fight against certain infectious diseases has progressed steadily.

• In Latin America and the Caribbean, the definition of health has evolved from the absence of disease to a multidimensional concept, which covers individuals’ interactions with their sociocultural and environmental context.

• However, health systems in the region still have highly varied characteristics—in terms of investment, out-of-pocket costs, integration of the public health and social security systems, health-care coverage and outcome indicators—that reflect differences in the historical evolution of the welfare State.

• In order to reduce inequalities in the health domain, progress must be made in universalizing coverage and access to quality services, so that all people can prevent, detect and treat their health problems.

**Challenges and opportunities for the implementation, follow-up and review of SDG 3 and its targets**

**Challenges**

• Although employment-related affiliation or contribution to health systems has increased and socioeconomic gaps have narrowed, there is still a long way to go before more equitable access levels are attained.

• In the region, there was a slight increase in the prevalence of overweight and obesity in children, in line with the global trend.
Despite the steep decline in fertility rates in Latin America and the Caribbean in recent decades, it remains high among adolescent girls, a worrying situation given the adverse effects on children born to adolescent mothers and their families. Young women living in rural areas are more likely to be adolescent mothers than those in urban areas and, within each area, those in the lowest income quintile are more likely to become mothers, perpetuating the cycle of poverty and entrenching education gaps. Meanwhile, although the incidence of motherhood among indigenous adolescents has fallen in most countries of the region, the percentage is still double that of non-indigenous adolescents.

It is estimated that the number of new HIV infections among adult men in the region has increased recently.

Health benefits and coverage remain highly segmented in the region, as shown by the large differences in the quality of services accessed by different population groups, representing an obstacle to progress on equality.

Many countries have to cope with the challenges still posed by communicable diseases such as cholera, dengue and Chagas disease, as well as some emerging threats, such as the Zika and chikungunya viruses.

Opportunities

The progress made in reducing transmission of HIV to children was due to greater prevention of mother-to-child transmission and actions for the dual elimination of transmission of HIV and syphilis.

With regard to access to contraceptives, their prevalence is high in most of the countries of the region, more so in some cases than in developed countries. Emergency contraception is legal in all the region’s countries except Honduras. Although emergency contraception has recently begun to be used more widely, there are formidable barriers to accessing it in the public sector in several countries.

Lessons learned and good practices with respect to SDG 3 and its targets

Health systems in Latin America are organized through public sector services for people living in poverty, social security services for formal workers and private services for those who can afford them. Few countries have universal health systems that can be accessed independently of employment status, as is the case of Brazil’s Single Health System (SUS).

Access to adequate sexual and reproductive health services is crucial to moving towards achieving target 3.7 of the 2030 Agenda for Sustainable Development and the commitments of the Regional Gender Agenda. In most Latin American countries, such services are guaranteed by a law or decree, or even under the national constitution. In many cases, this right was recognized following the International Conference on Population and Development, held in 1994.

Recommendations from Latin America and the Caribbean to achieve SDG 3 and its targets

It is important to consider the dimensions of people’s current state of well-being —such as income, housing, health, education, social relations, security and subjective well-being— but also to take into account the natural, human, economic and social resources required for the long-term sustainability of well-being.
In the region, concerted efforts are required to achieve universal health coverage and sustainable financing of health; to tackle the growing burden of non-communicable diseases, including in mental health; and to address antimicrobial resistance and environmental factors that contribute to poor health, such as air pollution and lack of safely managed water and sanitation.

Efforts need to be stepped up to reach those who are still not receiving treatment for HIV because they have not been diagnosed and those groups whose retention in health services is low owing to stigmatization and discrimination.

Together with the increase in life expectancy, the epidemiological transition in the region is reflected in the higher incidence of non-communicable chronic diseases, among older persons and in people in the earlier stages of the life cycle, which is putting pressure on health and social security systems.