Latin Americans Efforts to Achieve the Millennium Development Goals: An Update on Progress

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I. The Millennium Development Goals
II. Latin America Profile
III. An Update on Progress
IV. Efforts to Achieve the MDG-4
Family and Child Health in the Americas: Efforts to Achieve the Millennium Development Goals

I. The Millennium Development Goals
In 2000, 189 countries signed up to the Millennium Declaration—a global commitment to halve extreme poverty and achieve equitable and sustainable development for all. The agreement led to the creation of a historic framework revolved around eight goals: the Millennium Development goals (MDGs), which centre on targets around poverty, education, gender, health, environment, and global partnerships—to be met by 2015.

In the same year, world leaders met in New York to attend the UN MDG review summit, to reenergise commitments and determine how to accelerate progress in the coming years.
MILLENNIUM DEVELOPMENT GOALS

1. End Poverty and Hunger
2. Universal Education
3. Gender Equality
4. Child Health
5. Maternal Health
6. Combat HIV/AIDS
7. Environmental Sustainability
8. Global Partnership

Pan American Health Organization
Are required only 5 years to meet MDG-4, which proposed a two-thirds reduction in mortality in children under 5 years from 1990 to 2015.
The countries have different degrees of progress in each of the life course stages.
QUESTIONS

● Will the countries of our hemisphere achieve the MDG-4 for 2015?

● Poor development Countries with high childhood mortality rates, will achieve the MDG-4 for 2015?

● Developing countries with low childhood mortality rates, will achieve the MDG-4 for 2015?

● Which factors affect the achievement of MDG-4 for 2015?
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II. Latin America Profile
CAUSES OF DEATH IN CHILDREN < 5 IN THE AMERICAS REGION

- Malnutrition: 3%
- Pneumonia & ARI: 12%
- Diarrhea: 12%
- Respiratory & infectious diseases: 27%
- Other: 6%
- Accidents: 6%
- Asphyxia: 29%
- LWB & Prematurity: 24%
- Congenital anomalies: 10%
- Perinatal: 58%

Source: Estimates of FCH /HL-based PAHO/HSD/HA data, 2009
EVOLUTION OF MORTALITY IN CHILDREN UNDER 5 YEARS IN THE REGION OF THE AMERICAS. RATES PER 1000 LIVE BIRTHS

Source: Estimates of FCH /HL-based PAHO/HSD/HA data, 2009
NEONATAL MORTALITY RATE IN RELATION TO TOTAL NUMBER OF DEAD IN < 5 YEARS AND < 1 YEAR

Source: Estimates of FCH /HL-based PAHO/HSD/HA data, 2009
Significant decrease in mortality in children under five years:

- 52% from 1990 to 2010
- More than 306,000 deaths avoided

Changes in the Mortality:

- Decrease in post neonatal mortality (diarrhea, respiratory and infectious diseases)
- Greatest relevance of neonatal mortality in < 5 years and infants mortality
LAC PROFILE-2

- Lack of priority in the political agenda of the neonatal component.
- Absence of action plans.
- Deficiency of the data by geographic area - only national averages available.
- Deficient care in health facilities. No implementation of evidence-based neonatal interventions.
- High proportion of people without access to health facilities – 30%.
LAC PROFILE-3

- Low percentage of GDP for health.
- Poor coordination among cooperation agencies in countries.
- NGOs work in the community without adequate coordination with Ministries of Health.
- Pre-Service, Training in health (medicine-nursing) misinformed the epidemiological reality and productivity in Public Health.
- Poor monitoring, supervision and evaluation in the countries plan of actions.
PROPORTION OF TIME SPENT AT VARIOUS ACTIVITIES DURING THE PEDIATRIC TRAINING COMPARED TO THE BACK OF GRADUATE WORK

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<thead>
<tr>
<th>Activity</th>
<th>Proportion of Student Time</th>
<th>Proportion of Graduates Working</th>
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<td>Hospital (Internment)</td>
<td>70.0</td>
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<td>Ambulatory (primary care)</td>
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<td>Ambulatory specialized</td>
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<td>Hospital (Emergency care)</td>
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<td>Other</td>
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Source: OPS/ALAPE, 2000
- LAC 500,000 CHWs
- > 400 NGOs
- 30,000 students of medicine in rural areas
- 400 Schools of Medicine
- > 1000 training centers for nurses and auxiliary
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III. An Update on Progress
DECREASE (%) OF INFANT MORTALITY RATE (IMR) DURING PERIOD 2004-2009 AND ANNUAL PORCENTUAL VARIATION REQUIRED TO ACHIEVE MDG-4 BY 2015 IN THE REGION OF THE AMERICAS

<table>
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<th>Country</th>
<th>% 2004 – 2009 annual (IMR)</th>
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Source: Estimates of PAHO/HSD/HA data, 2010
FACTORS AFFECTING THE ACHIEVEMENT OF MDG-4 IN THE COUNTRIES OF THE REGION

Rate of reduction in mortality from 1990 to 2010

NEONATAL MORTALITY RATE IN RELATION TO TOTAL NUMBER OF DEAD IN < 5 YEARS AND < 1 YEAR

Source: Estimates of FCH /HL-based PAHO/HSD/HA data, 2009
Infant Mortality Rate in Various Indigenous & Non-Indigenous Communities in Latin America

Source: Estimations FCH, PAHO/WHO
Under 5 Mortality Rate in the Latin American Region x 1000 lb

8% of births
18% of deaths

RR = 5

32% of births
13% of deaths

Source: Estimations from FCH/CA with a data base from HIA-PAHO, 2008
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IV. Efforts to Achieve the MDG-4
ADVOCACY: NEONATAL HEALTH PRIORITY IN PUBLIC HEALTH AGENDA

An Interagency Strategic Consensus
REGIONAL STRATEGY AND PLAN OF ACTION FOR NEONATAL HEALTH WITHIN THE CONTINUUM OF MATERNAL, NEWBORN, AND CHILD CARE

Strategic Areas

1. Create an enabling environment for the promotion of peri-neonatal health.
2. Strengthen health systems to improve access to maternal, newborn, and child health services.
4. Develop and strengthen monitoring and evaluation systems.
Neonatal and child profiles with disaggregated countries data
The interventions that are presented in this document, they were selected on the basis of the current scientific evidence and in the analysis of its feasibility and its potential to reduce neonatal morbidity.

These interventions can be included in a package in accordance with the level of care that health systems offer.
Establishment of New WHO Collaborations Centers to support LAC priority Country.

- Texas Children’s Hospital, Houston, TX
- University of Colorado, Center for Global Health
- Maimonides University, Buenos Aires, Argentina
IMCI AS A KEY STRATEGY FOR IMPROVING CHILD HEALTH

- Management of sick children
- Nutrition
- Immunization
- Other disease prevention
  Promotion of growth and development

Integrated Management of Childhood Illness
IMMUNIZATION COVERAGES IN CHILDREN UNDER TWO YEARS IN LATIN AMERICA REGIONS

Source: Estimates of FCH /HL-based PAHO/HSD/HA data, 2010
ACCELERATE THE WORK WITH SCHOOLS OF MEDICINE AND NURSING
COMMUNITY INTERVENTIONS

- NGOs
- CHWs
Follow-up Monitoring and Evaluation
Gap to achieve MDG # 4 for mortality in children less than 5 years old by 2015

Necessary decline for fulfilling MDG: annual 4.4%

Source: Estimates of FCH /HL-based PAHO/HSD/HA data, 2009
The Challenge: Effective Evidence Based Interventions

Public Health Strategies

Vulnerable Population Priority Areas

Impact
Childhood Mortality Reduction
MDG#4
Family an Child Health in the Americas: Efforts to Achieve the Millennium Development Goals
April 29, 2011
Denver, Colorado

GRACIAS