1. The Latin America and Caribbean (LAC) region fares well on achievement of the MDG targets when compared with other regions, but the region has great disparities between and within countries on these goals. The region is also performing better than the rest of the developing world in relation to child mortality, having achieved more than 70% of the progress needed to reduce under-five mortality by two-thirds. However LAC still faces serious challenges regarding maternal mortality, achieving good public and individual health and alleviating poverty. For LAC, the MDGs are a historic opportunity to address all forms of inequality and attain the political will needed to achieve these goals.

2. The LAC region is on track to achieving MDG 4, according to the Inter-Agency Group for Child Mortality Estimation. LAC experienced a 57 percent decline in under five mortality, at an average annual rate of reduction of 4.3 percent in the two decades between 1990 and 2010. Similarly, the infant mortality rate (IMR) in the region declined 58 percent in the same period. Similarly, the infant mortality rate (IMR) in the region declined 58 percent in the same period.

3. The new challenge for the region is neonatal mortality. In most LAC countries, neonatal mortality rate (NNR) accounts for about half of the IMR (Graph 1). Efforts to improve access to opportune and quality neonatal care are in the agenda for many countries in the region.

4. Undoubtedly, many of these deaths are related to the lack of prompt and effective health care. Strategies to reach MDG 4 are: (i) appropriate home care and timely treatment of complications for newborns; (ii) integrated management of illnesses for those under five; and (iii) expanded immunization and nutrition programs. These strategies need to be complemented by interventions for maternal health that involve access to skilled and quality care during pregnancy, childbirth and the postpartum period.

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1 The Millennium Declaration is the political manifestation of 189 countries' commitment to development based on values that will promote freedom, equality, solidarity, tolerance, respect for nature, and common responsibilities. The specific objectives, known as the Millennium Development Goals, are a "road map towards the implementation of the Millennium Declaration" which include eight goals, 18 targets and 48 indicators. 1990 was established as the baseline, with the aim of reaching the targets in 25 years.


3 According to the World Bank's Global Monitoring Report 2012: Food Prices, Nutrition, and the Millennium Development Goals, the LAC region has already reached the targets on extreme poverty, primary completion, gender equality and access to safe water.

4 Under-5 mortality rate is measured as the number of deaths of children under 5 per 1,000 live births; and infant mortality rate as the number of deaths of babies under one year of age per 1,000 live births. According to the 2011 report by the UN Inter-agency Group for Child Mortality Estimation, a country or region is on track to achieve MDG 4 if its under-five mortality rate is less than 40 deaths per 1,000 live births in 2010 or the average annual rate of reduction of under-five mortality is at least 4 percent over 1990–2010.

5 Neonatal mortality rate is the number of deaths during the first 28 completed days of life per 1,000 live births in a given year or period.
**MDG 5: Improve Maternal Health in 1990-2015**

5. Maternal mortality is a key health indicator that shows the widest gaps between rich and poor, both between countries and within them. Among the 13 LAC countries that had a maternal mortality ratio (MMR) higher than 100 per 100,000 live births in 1990, progress on maternal mortality between 1990 and 2010 is mixed. MMR declined 41% in the region between 1990 and 2010, from 140 to 81 per 100,000 live births. However, MMR ranged from 25 in Chile to 350 in Haiti in 2010, and the lifetime risk of maternal death (the probability that a woman will die from complications of pregnancy and childbirth) was estimated at 1 in 520, compared to the 1 in 4200 estimate for high income countries. Similarly, Chile MMR, the lowest in the region, still lags behind compared to the estimated 14 per 1,000 live births in high income countries (Graph2).

6. Obtaining maternal mortality data continues to be a challenge in LAC; as a result, official estimates still observe important differences (Graph 3). Accurate measurements require complete and accurate civil registration systems with good attribution of cause of death. Indeed, several countries’ civil vital registration systems still need major adjustments.

7. Rates of teen pregnancy range from less than five to over 20 percent of total birth deliveries in the Americas. Central America is particularly affected with Nicaragua (25.2%) and El Salvador (22.8%) having the highest rates of the Sub-region. The risk of death and complications from pregnancies and deliveries is greater among young women, so it is crucial for the region to prevent unintended pregnancies and delay second or third pregnancies. The challenge is ahead for the region - prevention, appropriate health care and support needs to be in place to face this social problem. The use of all types of contraceptives among women of reproductive age ranges from 87% in Brazil to 25% in Bolivia. Marital status plays an important role on the access to contraceptive methods among young women, particularly among 15 to 19-year olds unmarried women who are sexually active. They are less likely to access/use contraceptive methods.

8. Reducing maternal and child mortality requires a comprehensive approach to health care for women during their reproductive years, starting with access to contraception, birth deliveries and the secondary prevention of cervical and breast cancer. LAC needs to provide universal maternal and child health coverage with effective and affordable interventions, such as care

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**Graph 1. Infant and Neonatal Mortality in Selected LAC Countries**

Source: Estimations by the UN Inter-agency Group on Child Mortality Estimation 2011. The group is led by UNICEF and the WHO; also includes World Bank and the United Nation Population Division of the Department of Economic and Social Affairs as full members.

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6 The maternal health goals are to (a) reduce the mortality ratio by three quarters from 1990-2015, and (b) achieve universal access to reproductive health care by 2015. The maternal mortality ratio (MMR) is the number of maternal deaths per 100,000 live births during a specified time period, usually 1 year.
for newborns and mothers, nutrition services for infants and young children, vaccination, and prevention and management of diarrhea, pneumonia, sepsis, HIV/AIDS and malaria. The health system and quality of care—from public health and primary to tertiary health care—plays a key role in preventing maternal mortality. This strongly suggests that quality of reproductive health and delivery care as well as health care network response, also have to be developed and measured.

**LAC Reproductive Health and Maternal and Child Health Action**

9. The region has demonstrated its commitment to the reduction of infant and maternal mortality with the approval of legislation to protect mothers and children, as well as the establishment of several health insurance schemes: Plan Nacer in Argentina, Universal Mother and Child Insurance in Bolivia, Bolsa Familia and Family Health Program in Brazil, Mother and Child Social Health Protection Policy in Chile, Free Maternity and Child Care Law in Ecuador, Mother and Child Voucher in Honduras, Oportunidades and Seguro Popular in Mexico, and Integrated Health Insurance in Peru, are some examples. Despite these efforts, the region has some work ahead on the improvement of quality and opportunity health care delivery to ensure infant and maternal health continue to improve, especially in countries unlikely to reach the MDGs.

10. The Bank currently finances 21 projects in LAC that include maternal and child health/reproductive health components or activities. These projects aim to contribute, directly or indirectly, to reducing maternal and child mortality. Some projects focus entirely on MCH interventions, as in Guatemala, while others include MCH as part of the support to the achievement of broader health goals in the country. Most projects implement activities related to the strengthening of the MCH care delivery, while others provide incentives for the demand of such services. Some of the most successful country initiatives supported by the Bank in LAC have been in place for over a decade, such as Plan Nacer in Argentina, which supports capitation payments for MCH. More recent initiatives promote management and quality of maternal care to adolescents with payment for results in Brazil and prevention of teen pregnancy assessments in Ecuador, El Salvador and Nicaragua.

11. The World Bank Reproductive Health Action Plan (WB-RHAP 2010-2015) provides the framework for the development of efforts advocating for better RH outcomes, particularly for the poor and the vulnerable, in the context of the Bank’s overall strategy for poverty alleviation and health system strengthening.

12. Bank Results-based financing approaches should continue to be used in projects focusing on MCH/RH. Knowledge and convening services in LAC will continue to focus on the main identified areas of need: Producing more knowledge on prevention of neonatal mortality and teen pregnancy, development of quality maternal and child health care networks; Sharing knowledge to promote examples of success in the region on prevention and reduction of maternal mortality, teen pregnancy, and regulation and management of MCH; South-south exchange programs and making sure the knowledge products and convening services are language accessible.
Graph 3. Maternal Mortality Ratio (MMR) Estimates by Source in LAC


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