

For Better Health and Better Quality of Life

Health Agenda for the Americas 2008–2017 Expresses Pan American Commitment

Washington, D.C., Oct. 1, 2007 (PAHO)– The countries of the Americas have agreed to work together to improve the health of their peoples through a new Health Agenda for the Americas 2008–2017, a document that spells out priority areas of action for addressing the trends and challenges in the Region over the next 10 years.

Approved and launched at the General Assembly of the Organization of American States in Panama City (June 2007), the Health Agenda establishes specific regional objectives in eight areas of action designed to reduce inequities among and within the countries:

1. **Strengthening the National Health Authority.** National Health Authorities should strengthen institutional capacity to exercise their steering role in health and intersectoral leadership. The authority should foster comprehensive social and community participation and strengthen primary health care.
2. **Tackling health determinants.** To effectively protect poor, marginalized, and vulnerable populations, determinants of health and variables related to social exclusion, exposure to risks, unplanned urbanization, and climate change must be addressed. Many of these determinants require the participation of other government agencies, making interinstitutional consensus building and intersectoral efforts necessary.
3. **Increasing social protection and access to quality health services.** The Health Agenda for the Americas seeks to address the uncertainty generated by the labor market and its impact on family incomes, social security, and access to health care. Health expenditures can be catastrophic for families without access to insurance systems.
4. **Diminishing health inequities.** Profound inequities persist in the Region, both between and within countries. Although 91.4% of births in the Americas were attended by skilled personnel, approximately 7 out of every 10 deliveries in Guatemala (2004) and Haiti (2000), and 4 out of every 10 in Bolivia (1999–2003) took place without expert care. In Ecuador, only 30% of births among indigenous women were attended by skilled personnel, as opposed to 86% among white women and 80% among mestizo women.
5. **Reducing the risk and burden of disease.** While continuing efforts to control the transmission of infectious diseases, the countries should emphasize action for the prevention and control of noncommunicable diseases, which have become the main cause of death and morbidity in the Region.
6. **Strengthening the management and development of health workers.** The countries are experiencing severe and critical shortages of doctors and nurses, due in part to domestic and external migration of these professionals.
7. **Harnessing knowledge, science, and technology.** The countries should synthesize, systematically assess, and use knowledge in decision-making to select relevant, effective interventions, with equity as the criterion, within the context of specific national circumstances.
8. **Strengthening health security.** The countries should prepare for and implement intersectoral measures to deal with disasters, pandemics, and diseases that affect national, regional, and global health security.

PAHO, founded in 1902, works with all the countries of the Americas to improve the health and raise the quality of life of their peoples. It also serves as the Regional Office for the Americas of the World Health Organization.

Migration Creates Special Challenges for Health

Demographic information is essential for health planning

Washington, D.C., Oct. 1, 2007 (PAHO)— Migration flows in Latin America and the Caribbean have produced important demographic changes that present special challenges for the health sector, says a new report released today by the Pan American Health Organization (PAHO).

According to the 2007 edition of the PAHO report *Health in the Americas*, large movements of people into and out of different regions and countries have changed the structures of families and populations both in the places people migrate to and in those they leave behind, in some cases exacerbating inequities in health status and the provision of health services.

“The absorption of massive numbers of immigrants and, conversely, the emigration of large groups of the population from one country to another pose challenges for health systems, which may collapse in the receptor countries under the weight of the new demands for services or in the source countries where demand dries up,” says the report.

Internal migration also can have a major impact on population health insofar as it “also results in inequities and disparities in terms of access to goods and services for a significant portion of the migrant population and for the receptor population.”

The report offers an analysis of external and internal migration trends in the PAHO region and ways these can affect social and health conditions. The analysis is presented in Chapter 2, “Health Conditions and Trends,” of *Health in the Americas*.

Among the major migration trends the report says should be taken into account by health planners and policymakers are the following:

- An estimated 20 million people from Latin America and the Caribbean currently reside outside their country of birth.
- Emigration from Latin America and the Caribbean has increased markedly in recent years, with some 75 percent of emigrants destined to the United States. Flows have also increased to Europe, particularly Spain.

- Migration within Latin America and the Caribbean has remained stable, with flows largely targeting traditional receptor countries such as Argentina, Costa Rica and others.
- Internal migration has resulted in Latin America and the Caribbean having the highest degree of urbanization in the developing world, with three-quarters of the population living in urban areas.
- Migration has intensified the trend toward aging of the Latin American and Caribbean population, as younger people emigrate and elderly people stay behind.
- Net out-migration from the countryside has contributed to demographic destabilization and intensified aging of the population in rural areas.
- Although migrants tend to raise their incomes by migrating, many—especially recent immigrants—face difficulties in getting access to goods and services.
- Immigrants without legal status are especially vulnerable to difficulties with integration, which can have an impact on their health.
- Trends point to a significant “feminization” of migratory flows in Latin America and the Caribbean, with specific characteristics that should be taken into account in health-sector planning and policies.

The PAHO report emphasizes that health planners and policymakers should consider demographic information as an “essential input” for assessing the health situation, formulating health policies, allocating resources, and conducting follow-up and monitoring.

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