

**The Millennium Development Goals  
and the challenges facing Latin America  
and the Caribbean in making progress  
towards higher levels of well-being,  
better human capital, and more  
equal opportunities**



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## Contents

|  |    |
|--|----|
| Introduction.....  | 7  |
| I. Poverty in Latin America and the Caribbean .....  | 15 |
| Introduction .....   | 15 |
| 1. Absolute poverty and the Millennium Development Goals .....   | 16 |
| 1.1 Recent poverty trends in Latin America .....   | 16 |
| 1.2 Progress towards achieving the first target of the Millennium Development Goals.....                                   | 18 |
| 2. Recent trends in income distribution.....   | 21 |
| 3. Poverty, labor markets and family structures.....   | 22 |
| 3.1 Cross countries and cross deciles evidence .....   | 23 |
| 3.2 Poverty and family .....   | 23 |
| 3.3 Labor productivity, employment, family structure and changes over time in poverty incidence .....                      | 24 |
| 4. Policy implications .....   | 25 |
| 4.1 Social programmes for poverty reduction.....   | 26 |
| 4.2 Labor market policies.....   | 29 |
| 4.3 Policy implications for public finances .....  | 30 |
| II. Hunger and Malnutrition in Latin America and the Caribbean.....  | 33 |
| Introduction .....   | 33 |
| 1. Current situation .....   | 34 |
| 1.1 Food insecurity and undernourishment .....   | 35 |
| 1.2 Malnutrition .....   | 36 |
| 1.3 Micronutrient deficiencies .....   | 39 |
| 1.4 The most vulnerable groups .....   | 40 |
| 2. Progress toward the hunger targets.....   | 41 |
| 2.1 Progress in reducing undernourishment.....   | 42 |
| 2.2. Progress in the reduction of malnutrition .....   | 43 |
| 3. Malnutrition and policies.....  | 44 |
| 3.1 Food policies and programmes .....   | 44 |
| 3.2 Policy recommendations.....  | 46 |
| III. Education in Latin America and the Caribbean .....  | 49 |
| 1. The educational situation in Latin America and the Caribbean: broad view of the second Millennium Development Goal..... | 49 |
| 2. The financing of education .....  | 53 |

|     |  |    |
|-----|--|----|
| 3.  | Education quality .....  | 58 |
| 4.  | Challenges and proposals.....  | 61 |
| IV. | The Health Situation in Latin America and the Caribbean.....   | 63 |
|     | Introduction .....   | 63 |
| 1.  | Current regional panorama .....  | 65 |
| 1.1 | Trends.....  | 65 |
| 1.2 | Mortality among the under fives.....   | 65 |
| 1.3 | Maternal mortality and the proportion of births attended by trained personnel .....                                      | 67 |
| 1.4 | Incidence of HIV/AIDS .....  | 69 |
| 1.5 | Incidence of malaria, TB and other diseases .....  | 71 |
| 2.  | Policies to be developed to achieve the health-related MDGs .....  | 73 |
| 2.1 | Health Agenda for the Americas: A political commitment to achieve the Millennium Development Goals.....                  | 73 |
| V.  | Situation and Challenges for Children and Adolescents .....  | 77 |
|     | Introduction .....   | 77 |
| 1.  | Children's priority for achieving the MDGs.....  | 78 |
| 1.1 | Giving the children the best start in life.....  | 78 |
| 1.2 | Helping to achieve the survival and full development of children and adolescents.....                                    | 78 |
| 1.3 | Helping children and adolescents to receive good quality education and ensure they learn and complete their studies..... | 79 |
| 1.4 | Cooperating to create an environment of protection in favour of children and adolescents.....                            | 79 |
| 1.5 | Promoting the right to knowledge of and protection from HIV/AIDS .....   | 80 |
| 1.6 | Promoting greater and more equitable investment in favour of children and adolescents.....                               | 80 |
| 1.7 | Helping children and adolescents receive immediate and prioritized care in emergency situations.....                     | 80 |
| 2.  | Strategic actions.....   | 81 |
| 2.1 | HIV/AIDS.....  | 81 |
| 2.2 | Chronic malnutrition.....  | 81 |
| 2.3 | Disparity and social exclusion.....  | 82 |
| 2.4 | Emergencies.....   | 83 |
| 3.  | Adolescents: focus of attention in a young continent.....  | 84 |
| 3.1 | Demographic situation .....  | 85 |
| 3.2 | Education of adolescents.....  | 85 |
| 3.3 | The challenges facing adolescents.....   | 86 |
|     | Bibliography .....   | 89 |

## Figures

|          |  |    |
|----------|--|----|
| Figure 1 | Latin America: Trends in poverty and indigence, 1980-2006 .....  | 16 |
| Figure 2 | Latin America (17 countries): Progress in reducing extreme poverty between 1990 and 2006 .....   | 19 |
| Figure 3 | Latin America (17 countries): Rates of growth per capita GDP needed to halve the 1990 extreme poverty rate by 2015 .....                 | 20 |
| Figure 4 | Latin America (15 countries): Changes in the Gini coefficient, 1990, 1998/1999-2003/2005 .....   | 22 |
| Figure 5 | Latin America (16 countries): Rates of indigence and non-indigent poverty, by household and family type, urban areas, 2002.....          | 24 |
| Figure 6 | Latin America and the Caribbean (18 countries): Relationship between malnutrition (stunting), undernourishment and extreme poverty ..... | 35 |

|           |  |    |
|-----------|--|----|
| Figure 7  | Latin America and the Caribbean (24 countries): Dietary energy supply (DES) and undernourished people, 2000-2002 .....   | 36 |
| Figure 8  | Latin America and the Caribbean (35 countries and territories): Low birth weight, 1990-2001.....   | 37 |
| Figure 9  | Latin America and the Caribbean (28 countries and territories): Underweight (global malnutrition) in children under five years of age, 1996-2002.....  | 38 |
| Figure 10 | Latin America and the Caribbean (25 countries): Stunting (chronic malnutrition) in children under five years of age, 1996-2003.....  | 39 |
| Figure 11 | Andean countries: Regional prevalences of underweight and stunting in children under five years of age, 1998-2000 .....  | 40 |
| Figure 12 | Latin America and the Caribbean (32 countries): Progress towards undernourishment target.....  | 42 |
| Figure 13 | Latin America and the Caribbean (25 countries): Progress towards the malnutrition target – underweight.....  | 44 |
| Figure 14 | Latin America and the Caribbean (26 countries): Completion of primary school, population of 15-19 years of age.....  | 50 |
| Figure 15 | Latin America and the Caribbean (24 countries): Net preschool enrolment rate .....   | 51 |
| Figure 16 | Latin America and the Caribbean (25 countries): Completion of secondary education, population of 20-24 years of age.....   | 52 |
| Figure 17 | Latin America and the Caribbean (22 countries): Trends of public expenditure on education as a proportion of GDP.....  | 55 |
| Figure 18 | Latin America and the Caribbean (14 countries): Annual costs generated by repeating students as a percentage of GDP.....   | 57 |
| Figure 19 | Latin America and the Caribbean (8 countries): Completion of secondary education, total and disaggregated for women, poorest income quintile, rural residents and ethnic groups (2001-2004)..... | 60 |
| Figure 20 | Main causes of mortality in children under five years of age in the Region of the Americas .....   | 66 |
| Figure 21 | Annual average reduction of the mortality rate in children under five years of age in the Region of the Americas.....  | 67 |
| Figure 22 | Avoidable maternal deaths .....  | 68 |
| Figure 23 | Prenatal care by place of residence.....   | 69 |
| Figure 24 | Estimates of life expectancy at birth in 2010 among populations with or without AIDS in Caribbean countries, between 1990 and 2002 .....   | 70 |
| Figure 25 | Distribution and trend of the prevalence of malaria, by groups of countries classified by their GDP per capita, Region of the Americas, between 1990 and 2002 .....                              | 71 |
| Figure 26 | Distribution and trend of the prevalence of tuberculosis, by groups of countries classified according to their GDP per capita, Region of the Americas, between 1990-1995 and 1997-2002.....      | 72 |
| Figure 27 | Performance of essential public health service functions (EPHFs) in the Region of the Americas.....  | 74 |

**Tables**

|         |  |    |
|---------|--|----|
| Table 1 | Latin America (18 countries): Poor and indigent, 1989/1995-2003/2005 .....   | 17 |
| Table 2 | Caribbean (21 countries and territories): Poor and indigent 1989-2005.....   | 18 |
| Table 3 | Caribbean (5 countries): Social vulnerability index.....   | 21 |
| Table 4 | Latin America and the Caribbean (18 countries): Number of years of schooling needed to have the same or lower probability of being poor than the average among employed persons of 20-29 years of age in each country..... | 51 |
| Table 5 | Latin America (22 countries): Global estimate of the total and additional costs of fulfilling the four educational targets for 2015.....   | 54 |
| Table 6 | Expenditure per pupil and teachers wages: Countries of Latin America vs. Western Europe and North America .....  | 56 |

## Introduction

At the threshold of this new century, the international community gave renewed consideration to the development agenda from a comprehensive perspective; and in September 2000, 147 heads of State and Government and 189 United Nations Member States signed a new global pact for development, whose political expression was the Millennium Declaration. The Declaration laid the foundations for a development agenda based on values that profoundly redefine international relations for the twenty-first century: freedom, equality, solidarity, tolerance, respect for nature and shared but differentiated responsibilities.<sup>1</sup>

One year later, at the 56th session of the General Assembly, the United Nations Secretary-General presented a *Road map towards the implementation of the United Nations Millennium Declaration (A/56/326)*, which proposed dividing sections III and IV of the Declaration into 18 targets and 48 indicators, to form what are now known as the Millennium Development Goals (MDGs).<sup>2</sup> Quantitative and time-limited targets were set to establish a stable and homogeneous monitoring system, while recognizing that quantitative monitoring is easier for some targets than for others. As a result, the MDGs have become the United Nations System's navigation chart; and the Secretary-General was asked to set up monitoring and accountability mechanisms at the national, regional and global levels, to support Member States, with a view to clarifying responsibilities between the State, the private sector and civil society.

As a result, international consensus has coalesced around the idea that the economic system should be compatible and consistent with broad social goals, including the exercise of economic, social and cultural rights. Within this framework, sustained efforts are needed to enable developing countries to thoroughly fulfill their commitments, redistributing and mobilizing additional domestic resources, reforming institutions to adapt them to national

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<sup>1</sup> See General Assembly Resolution 55/2. Millennium Declaration Document A/RES/55/2.

<sup>2</sup> Section III, entitled "Development and poverty eradication", and Section IV, "Protecting our common environment" focus on how to achieve sustainable development by eradicating poverty, emphasizing the importance of halving the number of people living on less than one dollar per day. Any effort aimed at achieving sustainable development demands a concerted effort to reduce poverty and find solutions to problems of hunger, malnutrition, and disease. To achieve progress in this process, developing countries will need political and financial commitment from richer countries.

priorities, and adopting effective economic and social policies to stimulate economic growth that each country can make their own.

The countries of Latin America and the Caribbean face these challenges with manifest contrasts. Per capita income growth over the last few decades has generally been disappointing (way below the rates recorded by members of the Organisation for Economic Co-operation and Development (OECD) or by South East Asian countries). The same is true in terms of poverty reduction and income distribution. In contrast, there has been greater convergence with OECD countries on reducing infant mortality, increasing life expectancy, and access to basic services. In the education area, results are positive in terms of the near universal expansion of primary school enrolment; but there are clear achievement backlogs at secondary school level, in the quality of education as measured by effective learning outcomes and equity of attainment.

In the economic domain, the region has been falling behind the developed world in terms of output per capita since the early 1970s, and the gap has widened further over the last few years.<sup>3</sup> The recovery of growth since 2004, although positive, does not reverse the situation described. This has been occurring against a backdrop of increasing unemployment and informality, at least up to 2004. This, together with the greater labour market flexibility associated with open economies and the reform process, has had a critical impact on social protection. Moreover, progress has been undermined by major natural disasters, particularly in the Caribbean.<sup>4</sup>

Income distribution in the region displays tremendous rigidity, a factor that undoubtedly limits the potential for reducing extreme poverty and fulfilling the MDGs. Inequality of income is matched by a highly unequal distribution of assets, mainly land, capital, education and technology. Thus, one of the conditions for improving the income distribution is by redistributing productive assets. The evidence also shows that a good distribution of assets, which generates a universe of robust small businesses, is associated with a better distribution of income and less concentration of power generally. Accordingly, policies aimed at democratizing access to productive assets –capital, technology, training and land– are essential for both growth and equity. In the case of human capital, this redistribution can only be done gradually over time, through education, nutrition and health.

It is also essential to increase macroeconomic stability, understood in a broad sense to encompass not only fiscal control and low levels of inflation, but also stability in economic growth and external accounts. Experience shows that achieving price stability or rapid growth with a misaligned exchange rate is costly in the long run —as are procyclical policies that aggravate the effects of international business cycles on the economy, or an overly rigorous application of price stabilization goals, while ignoring other dimensions of stability and the transition costs that counterinflationary policies can generate. All of this ends up affecting the living conditions and assets of lower-income groups in particular.

In this context, it is urgent to consolidate systems that allow for coordination between the economic and social authorities, with social priorities placed at the core of economic policy design. Given the excessive rates of poverty for our level of development, backlogs in human

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<sup>3</sup> In the period 1990-2004, the average annual rate of GDP growth was just 2.7%, i.e. about half the 5.5% recorded in 1950-1980. At the same time, the performance of Latin America and the Caribbean in the 1990s was clearly inferior to that of other developing regions, especially Southeast Asia which grew at an average rate of 6%.

<sup>4</sup> Hurricane Ivan in 2004 made Caribbean countries acutely aware of their true susceptibility and vulnerability to natural disasters, as their leading GDP contributor (tourism) was brought to a standstill. ECLAC socioeconomic analysis showed that both developed and least developed countries in the Caribbean had suffered serious effects and social repercussions. Infrastructural damage to the private and tourism sector also had indirect ramifications to GDP, unemployment, housing, health and education.



capital and major social and productive inequalities, a comprehensive policy is needed that combines universal social policy and compensatory protection networks, with an economic policy design that explicitly incorporates social objectives.

International experience and the region's own history show that social development should be seen as the outcome of three basic factors: (1) a long-term social policy aimed at increasing equity and guaranteeing inclusion; (2) stable economic growth that generates sufficient quality jobs and a favourable environment for small business development; and (3) a reduction in the internal dualism of productive sectors, to reduce productivity gaps between the various economic activities and productive agents.

Given the relation that undeniably exists between economic and social development, it is essential to design integrated policy frameworks. These should take explicit account of the relation between development and equity, as well as the links that exist within social policies, which play a strategic role in tackling poverty and inequality, addressing the problem of social vulnerability associated with economic volatility, and overcoming the human capital backlogs that hold back economic growth.

It is in this perspective of development, and the major challenges described above, that progress towards the MDGs in the region needs to be considered (ECLAC and other UN agencies, 2005). In 2005 (*ibid*) an evaluation was made of the possibilities for fulfilling each of the MDGs, based on the trends of basic indicators from the start of the last decade until now. Significant differences between the region's countries in terms of their chances of achieving those targets were highlighted, by projecting trends and predicting which countries are on track towards fulfilling the goals, and which are unlikely to achieve them by 2015 if current trends are maintained.

The 2005 document also showed that the number of years needed to achieve the targets on extreme poverty and hunger would be significantly reduced if the fruits of economic growth were more fairly distributed. In this regard, a key aspect of the inequities characteristic of the region is the fact that inequalities in people's access to well-being are largely determined by the characteristics of their family of origin. The negative impact on well-being opportunities exerted by a constellation of factors (low household income, low education level of parents, lack of access to basic services, etc.) is highly relevant in the early stages of children's lives, limiting their chances of gaining well-being at an early stage, sometimes irreversibly. Possibly the clearest examples of this are the chronic malnutrition that affects an average of one in every five children in the region, and is associated with the extreme poverty in which their families live; and also the difference in educational achievements depending on the socioeconomic condition of the families in question. Poverty and inequality are thus transmitted from one generation to the next. Consequently, public policies not only need to be integrated, efficient in their use of resources, and effective in terms of the goals being pursued; they should also prioritize actions to inhibit the mechanisms of inter-generational transmission of inequality, and avoid their worst effects in the early stages of the life cycle.

This document takes up a number of the points raised in the aforementioned report (ECLAC and other UN agencies, 2005). It provides further discussion on the type of problems and challenges facing the region in five areas that are either included in the MDGs or closely related to them (poverty, child malnutrition, education, health and children); and it makes recommendations for the region's governments and countries in those areas. A summary of what is proposed in those domains throughout this document is presented below.

## **In relation to poverty**

Although the incidence of poverty in Latin America has fallen over the last four years, in the wake of higher per capita GDP growth, the unsatisfactory average economic performance of the previous two decades means that very high levels of poverty persist. Moreover, poverty has been resistant to growth in that period, partly because its determinants have followed a countercyclical trend, but in particular because income distribution is not improving and remains more unequal than in any other region in the world. At the present time, per capita income is 15% above that recorded 25 years ago, while the incidence of poverty is just beginning to recover in relation to its level of the early 1980s. This, in conjunction with demographic growth, results in the fact that there are now an additional 70 million poor people than there were in that period.

To make progress in reducing poverty and extreme poverty, in accordance with the first of the Millennium Development Goals, a fairer income distribution would make it possible to achieve the established target with lower growth rates, or enable current rates to reduce the incidence and absolute number of people living in poverty more quickly. Reversing the historical trend also requires social spending not to behave procyclically (i.e. increasing in times of boom and decreasing in periods of stagnation or economic depression), but to follow a countercyclical path to mitigate the negative impact of adjustments and volatility on population groups with the least resources.

Key factors affecting poverty include the low labour productivity of groups in the bottom income deciles, compounded by low quality jobs, and family structures involving high rates of dependency, particularly in those sectors. As a result, the income distribution within low-income poor families, with low labour participation rates, results in very low per capita income. It is therefore necessary simultaneously to increase labour productivity and the participation rate among poor families.

Policies are also needed on labour supply and demand, to generate more productive jobs and provide training to enable poor sectors to engage with better levels of income in the labour market. Short-term policies, particularly transfers to poor sectors, need to be coordinated with long-term policies to strengthen their human capital. Recent experience has sought to combine both levels, through monetary transfers to beneficiary households, conditional on school attendance and health and nutritional care of children of both sexes. Lastly, action is required on two fundamental aspects of public finance: the level and structure of taxation, with a progressive distribution of tax payments; and the level and structure of social spending, with the same distributional aims for the benefit of low-income sectors.

## **In relation to child malnutrition**

Nutritional status is a further indicator of the social inequalities prevailing in Latin America and the Caribbean; and it is simultaneously both a cause and a consequence of poverty. Although countries have made significant progress towards the targets defined in the MDGs over the last few years, the effort needs to be sustained to complete the course. Although enough food goods and inputs are produced in our region to meet the population's energy needs three times over, 52 million people do not have access to sufficient food, 7.3% of boys and girls under five years of age are underweight for their age, and 15.6% show signs of stunting. Paradoxically, at the same time, the region shows a progressive increase in problems of overweight and obesity.

The panorama is highly heterogeneous, with a wide variety of situations coexisting both between countries and within them. There are differences both in the intensity in which the different factors of food vulnerability are present, and in the various stages of the demographic and epidemiological transitions that coexist in the region. In this setting, the most vulnerable groups are ethnic minorities (indigenous and Afro-descendant) living in poverty, who are exposed to high environmental risks and live in rural areas, although a larger absolute number live in the outskirts of large cities.

To move towards the definitive eradication of the scourge of hunger and malnutrition, two key elements need to be kept in mind. Firstly, considering the close interaction that exists between the various sources of vulnerability (e.g. health, nutrition, education, housing, work and the environment), a relative consensus has emerged over the last few years on the need to direct actions in a comprehensive and participatory way, with a view to turning the vicious circle of hunger and poverty into a virtuous circle that empowers the synergies generated between sectors by analysing and working together. Secondly, considering the crucial effect it has on the life cycle, the fight against malnutrition (particularly chronic) requires effort and commitment to be sustained over time, with comprehensive government policies targeting children under three and pregnant and breast-feeding mothers.

## **In relation to education**

Although primary education is virtually universal across the region, this second MDG needs other more ambitious targets —not only because the gap that remains to achieve this MDG is small, but particularly because primary schooling is clearly insufficient in Latin American and Caribbean countries if education is expected to leverage the escape from poverty, increase productivity, reduce social inequalities, and move towards the information society.

Estimates by ECLAC and UNESCO, made in 2004 using 2000 data, show that a group of 22 of the region's countries would need resources totaling nearly US\$149 billion over the period 2000-2015 to fulfill educational targets by 2015. This means combining greater efficiency in the use of available resources, and expanding both public and private funding.

It is also essential to improve education quality, mainly measured in terms of learning outcomes, where data from standardized tests reveal the persistence of very major shortcomings. Relevance, pertinence and equity are the three axes that should guide quality improvements. Major inequalities persist in this area, to the detriment of children from ethnic minorities, poor families and rural areas. Policies are needed to close the gaps, by providing special technical and financial support to schools serving those groups.

Given this situation, challenges are posed on four levels to move towards quality education for all, with specific proposals in each domain. The first challenge is to expand access to education from preschool through to secondary, while promoting permanency in the system and the completion of school cycles. The second is to guarantee basic learning outcomes that are equivalent for all, thus producing a stronger and more effective social impact, by detecting and addressing the critical factors that undermine the quality of teaching available. The third is to ensure that educational opportunities are fairly distributed among the whole population and at all school levels, while making sure that expansion at the higher levels does not sacrifice good quality universal primary education. And the fourth challenge is to optimize resource use to raise educational standards and learning outcomes among the population.

## **In relation to health**

Three of the eight goals and seven of the 18 targets of the MDGs explicitly concern health issues. Despite the heterogeneity of conditions and institutions involved in this field, there are common denominators in relation to coverage and access to basic services, and in terms of social health protection in the countries of the region. The right to health in the framework of the MDGs has thus placed health care investment at the centre of social development. The major inequalities that exist in access to and use of health services, as well as in health outcomes, raises the need for specific steps to reduce the equity gaps prevailing in this area as a condition for attaining the health-related MDGs.

In this setting, the countries of the region need to focus their efforts in six domains. First, faster progress is needed towards substantially reducing inequities among health outcomes and access to basic services. Second, significant headway needs to be made on social protection in the health area, without which it is impossible to extend the coverage of the key actions needed by the public health situation. Current levels of combined public and private spending need to be increased, along with a substantial improvement in the allocation of sector resources to improve the infrastructure of health service provision and access to potable water and sanitation, which in turn would have a major impact on primary health at the community level. Fourth, health care services need reorientation based on a renewed strategy for primary health care. Fifth, public health infrastructure requires sustained strengthening. Sixth and last, progress is needed in the formulation and implementation of intersectoral policies and actions that have real repercussions on the economic and social determinants of the health goals contained in the MDGs.

The Health Agenda for the Americas 2008-2017, currently being developed and discussed by PAHO/WHO member States, will serve as a strategic tool to guide the response of the region's countries to these challenges.

## **In relation to children and adolescents**

The MDGs represent a chance to focus political will on fulfilling the rights of individuals, particularly those who form the main stock of human capital that will be responsible for social, economic and political development tasks in the next generation, namely children and adolescents. This is particularly important in Latin America and the Caribbean, which is still a young region, since 37% of its 576.5 million inhabitants are children and adolescents —children and adolescents whose development and rights are threatened by the poverty situation that affects 209 million Latin American and Caribbean people.

Guaranteeing the rights established in the Convention on the Rights of the Child means promoting a good start in life for children of both sexes, ensuring that all babies are registered at birth and have access to good health care, adequate nutrition, potable water and safe sanitation. It also means laying the foundations for learning and school achievement, and protecting them against violence, abuse, abandonment, exploitation and discrimination.

Governments need to develop public policies to protect children from preventable diseases, promote immunization against the most common childhood illnesses, and support education programs targeting adolescents and young people to prevent and reduce the transmission of HIV/AIDS. Another priority should be to promote high quality education, with special consideration for indigenous and afro-descendant children, workers, and those affected by violence and disabilities. It is also essential to protect children and adolescents against

abandonment, child labour, commercial sexual exploitation, and violence in the home, schools, institutions and communities.

Achieving all of these objectives will require greater and more equitable social investment; and legal commitments need to become budgeted public policy decisions with resources allocated to fulfill the rights of children and adolescence.

## **The necessary interdependence**

Lastly, synergies and complementarities need to be strengthened in the various domains. Educational improvements have direct impacts on reducing malnutrition and child mortality; and, conversely, a reduction in child malnutrition results in more equal access to education and expected achievement paths. In general, health and education reinforce each other mutually, permitting increases in human capital that can generate more equal opportunities in the world of work and faster economic growth, which in turn has a positive effect on poverty reduction. Economic growth is also necessary to create additional resources for investment in health and education improvements; and it is important that this growth be matched by active employment policies, given the positive impact on poverty reduction of higher labour productivity and a larger proportion of the population in work.

The problems and challenges have been identified. They call for commitment from Governments, as well as from civil society and international cooperation; they require solid and effective institutions to make progress, supported by social pacts that give legitimacy and continuity to actions and policies; and they require agreements between countries that promote and strengthen commitments, both inward- and outward-looking.



# I. Poverty in Latin America and the Caribbean

## Introduction

Poverty incidence in Latin America is reducing following economic recovery in the last four years (2003-2006). In fact, the region has turned in its best economic performance in 25 years. Progress with poverty reduction responds to falling unemployment rates –due primarily to a strong upswing in numbers of jobs– and also to improving income distribution in several countries.

These good news concerning the social panorama (ECLAC, 2006a), should not hinder two underlying results. First, a constant and negative response of poverty incidence to GDP growth providing evidence of the existence of strong countercyclical forces operating through the determinants of poverty. Second, large ratchet responses of poverty incidence to GDP per capita levels, providing evidence of important changes in the structural factors that link the incidence of poverty to the level of economic development as measured by output per capita.

This chapter explores in a preliminary way the policy implications of the above findings. Whereas the good news is that poverty incidence is reducing due to economic growth, the bad news is that the trend is far less sensitive than the one experienced when poverty increased. Today, income per capita is close to 15% higher than 25 years ago. The incidence of poverty, however, has just recovered the relative level showed in the early eighties and, because of demographic growth, there are 70 million additional poor people.

Public policy lessons are quite straightforward. Economic and financial crises have large social costs that should not be ignored. Following the debt crises not only did output fall but much worst has been the increase in the incidence of poverty. The relevant fact is that output has recovered much faster than poverty reduction. In terms of this last indicator it has taken 25 years to reach the pre debt crisis situation, whereas it took 16 years to recover the level of output per capita. Thus, social policy can not compensate for real economic vulnerability, especially when stabilization policies rely on important cuts in public social spending, and private and market solutions without good regulations exclude large part of the population from social benefits.

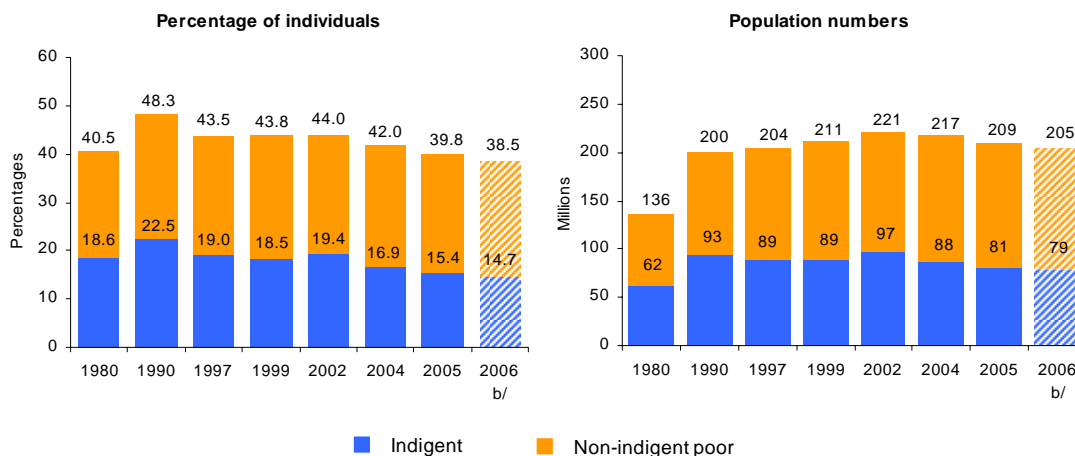
# 1. Absolute poverty and the Millennium Development Goals

## 1.1 Recent poverty trends in Latin America

A long-term view of poverty trends shows that the region has taken 25 years to reduce poverty to 1980 levels. The encouraging progress seen recently must not be allowed, therefore, to obscure the fact that poverty levels remain very high and that the region still has a major task ahead.

According to the last Social Panorama of Latin America (ECLAC, 2006a), in 2005 39.8% of the region's population was living in poverty and 15.4% of the population was extremely poor or indigent. The poor thus numbered 209 million in total, of which 81 million were indigent (see figure 1). For the first time after 25 years the incidence of poverty is similar to the pre debt crisis figures but represents 70 million additional inhabitants due to demographic growth. In 2006, the percentage of poor is expected to decline by just over one percentage point, to 38.5%, and the percentage of indigents by around half a percentage point, to 14.7%. If those results are achieved, the number of poor and indigent would decline again, to 205 million and 79 million, respectively.

**FIGURE 1**  
**LATIN AMERICA: TRENDS IN POVERTY AND INDIGENCE, 1980-2006<sup>a</sup>**



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of household surveys conducted in the respective countries.

<sup>a</sup> Estimates for 18 countries of the region plus Haiti. The figures shown on the orange section of the bars represent the percentage and total number of poor (indigents plus non-indigent poor).

<sup>b</sup> Projections.

The last four years (2003–2006) have thus seen Latin America's best performance, in terms of social indicators, for 25 years. For the first time the poverty rate has come below the figure for 1980, and the new figures show a reduction for the third consecutive year in the absolute numbers of poor and indigent, which is unprecedented in the region. As a result, the projected number of poor for 2006 should be similar to 1997, thus regaining the level observed before the Asian crisis. The reduction in poverty and indigence in recent years is partly due to the upswing in economic growth in the region; the second factor underlying the positive poverty and indigence trends is the distributive change in some countries.



As it can be seen in table 1, a large group of Latin American countries show declines in both poverty and indigence rates compared with measurements taken around 2000 and 2002. The largest improvements were seen in Argentina, where they represented a recovery from the severe crisis that struck the country in the first few years of this decade, and the Bolivarian Republic of Venezuela, which experienced a sharp drop in per capita GDP in 2002 and 2003 but, in the upswing that followed, was able to improve on the pre-crisis situation. Between 2001-2002 and 2004-2005, Chile, Colombia, Ecuador, Mexico and Peru also saw steep falls in poverty levels. The percentage of indigents declined significantly in these countries, as well as in Bolivia, Brazil, Costa Rica, El Salvador and Panama. At the other extreme, the Dominican Republic and Uruguay are the only countries where both poverty and indigence rates worsened between 2002 and 2005. Between 2002 and 2004, both countries witnessed a significant decline in living standards, together with an increase in the poverty rate, of almost 10 percentage points in the Dominican Republic and just under 6 points in Uruguay. Later, between 2004 and 2005, the two countries made partial recoveries and reduced the percentage of poor. So, even though the indicators had not improved sufficiently to regain pre-crisis levels by 2005, they have nevertheless regained a downward trend.

Table 2 presents poverty estimates for Caribbean countries prepared using a wide range of different methodologies, so extreme caution is called for in comparing them with each other and with those for Latin America calculated by ECLAC and presented in table 1. It is, nonetheless possible to draw some general conclusions about extreme poverty in the subregion. Haiti is the country with the highest rate of indigence, not only in the Caribbean but in the entire region. Dominica, Grenada, Guyana, Saint Kitts and Nevis, Saint Vincent and the Grenadines, and Suriname also have high poverty rates. At the other extreme, absolute poverty levels in Antigua and Barbuda, Barbados and the Bahamas are as low as they are in highly developed countries (ECLAC, 2005 and 2006e).

**TABLE 1**  
**LATIN AMERICA (18 COUNTRIES): POOR AND INDIGENT, 1989/1995-2003/2005**  
(Percentages of the population)

| Country                            | 1979/1988         |      |          | 1989/1995         |      |          | 1989/1999          |      |          | 2000/2002         |      |          | 2003/2005         |      |          |
|------------------------------------|-------------------|------|----------|-------------------|------|----------|--------------------|------|----------|-------------------|------|----------|-------------------|------|----------|
|                                    | Year              | Poor | Indigent | Year              | Poor | Indigent | Year               | Poor | Indigent | Year              | Poor | Indigent | Year              | Poor | Indigent |
| Argentina <sup>a/</sup>            | 1980 <sup>b</sup> | 5.8  | 1.5      | 1990 <sup>b</sup> | 21.2 | 5.2      | 1999               | 23.7 | 6.6      | 2002              | 45.4 | 20.9     | 2005              | 26.0 | 9.1      |
| Bolivia                            | ...               | ...  | ...      | 1989 <sup>c</sup> | 52.6 | 23.0     | 1999               | 60.6 | 36.4     | 2002              | 62.4 | 37.1     | 2004              | 63.9 | 34.7     |
| Brazil                             | 1979              | 45.1 | 21.9     | 1990              | 48.0 | 23.4     | 1999               | 37.5 | 12.9     | 2001              | 37.5 | 13.2     | 2005              | 36.3 | 10.6     |
| Chile                              | 1987              | 45.1 | 17.4     | 1990              | 38.6 | 13.0     | 1998               | 23.2 | 5.7      | 2000              | 20.2 | 5.6      | 2003              | 18.7 | 4.7      |
| Colombia                           | 1980              | 42.3 | 17.4     | 1994              | 52.5 | 28.5     | 1999               | 54.9 | 26.8     | 2002              | 51.1 | 24.6     | 2005              | 46.8 | 20.2     |
| Costa Rica                         | 1981              | 23.6 | 6.9      | 1990              | 26.3 | 9.9      | 1999               | 20.3 | 7.8      | 2002              | 20.3 | 8.2      | 2005              | 21.1 | 7.0      |
| Dominican Republic                 | ...               | ...  | ...      | ...               | ...  | ...      | 2000               | 46.9 | 22.1     | 2002              | 44.9 | 20.3     | 2005              | 47.5 | 24.6     |
| Ecuador <sup>a</sup>               | ...               | ...  | ...      | 1990              | 62.1 | 26.2     | 1999               | 63.5 | 31.3     | 2002              | 49.0 | 19.4     | 2005              | 45.2 | 17.1     |
| El Salvador                        | ...               | ...  | ...      | 1995              | 54.2 | 21.7     | 1999               | 49.8 | 21.9     | 2001              | 48.9 | 22.1     | 2004              | 47.5 | 19.0     |
| Guatemala                          | 1980              | 71.1 | 39.6     | 1989              | 69.1 | 41.8     | 1998               | 61.1 | 31.6     | 2002              | 60.2 | 30.9     | ...               | ...  | ...      |
| Honduras                           | 1988              | 76.1 | 57.7     | 1990              | 80.8 | 60.9     | 1999               | 79.7 | 56.8     | 2002              | 77.3 | 54.4     | 2003              | 74.8 | 53.9     |
| Mexico                             | 1984              | 42.5 | 15.4     | 1989              | 47.7 | 18.7     | 1998               | 46.9 | 18.5     | 2002              | 39.4 | 12.6     | 2005              | 35.5 | 11.7     |
| Nicaragua                          | ...               | ...  | ...      | 1993              | 73.6 | 48.4     | 1998               | 69.9 | 44.6     | 2001              | 69.4 | 42.4     | ...               | ...  | ...      |
| Panama                             | 1979 <sup>a</sup> | 36.1 | 16.4     | 1991 <sup>a</sup> | 39.9 | 16.2     | 1999 <sup>b/</sup> | 25.7 | 8.1      | 2002              | 34.0 | 17.4     | 2005              | 33.0 | 15.7     |
| Paraguay                           | 1986 <sup>d</sup> | 51.5 | 18.6     | 1990 <sup>d</sup> | 43.2 | 13.1     | 1999               | 60.6 | 33.8     | 2001              | 61.0 | 33.2     | 2005              | 60.5 | 32.1     |
| Peru                               | ...               | ...  | ...      | ...               | ...  | ...      | 1999               | 48.6 | 22.4     | 2001 <sup>e</sup> | 54.8 | 24.4     | 2004 <sup>e</sup> | 51.1 | 18.9     |
| Uruguay <sup>a</sup>               | 1981              | 12.8 | 3.3      | 1990              | 17.9 | 3.4      | 1999               | 9.4  | 1.8      | 2002              | 15.4 | 2.5      | 2005              | 18.8 | 4.1      |
| Venezuela (Bolivarian Republic of) | 1981              | 25.0 | 8.6      | 1990              | 39.8 | 14.4     | 1999               | 49.4 | 21.7     | 2002              | 48.6 | 22.2     | 2005              | 37.1 | 15.9     |

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of household surveys conducted in the respective countries.

<sup>a</sup> Urban areas.

<sup>b</sup> Greater Buenos Aires.

<sup>c</sup> Eight Departmental Capitals and the city of El Alto.

<sup>d</sup> Metropolitan area of Asuncion.

<sup>e</sup> Figures from the National Institute of Statistics and Informatics (INEI) of Peru. These values are not comparable with those of earlier years because of changes in the sample framework of the household survey.

**TABLE 2**  
**CARIBBEAN (21 COUNTRIES AND TERRITORIES): POOR AND INDIGENT, 1989-2005**  
*(Percentages of the population)*

| Country                | Year        | Poor              | Indigent | Country                          | Year               | Poor              | Indigent |
|------------------------|-------------|-------------------|----------|----------------------------------|--------------------|-------------------|----------|
| Anguilla               | 2002        | 23.0              | 2.0      | Haiti                            | 2001               | 75.0              | 56.0     |
| Antigua and Barbuda    | Around 1990 | 12.0              | ...      | Jamaica                          | 1990               | 28.4              | ...      |
| Bahamas                | 2001        | 9.3               | ...      |                                  | 2005               | 14.8              | ...      |
| Barbados               | 1997        | 13.9              | 1.0      | Puerto Rico                      | 1989               | 58.9 <sup>b</sup> | ...      |
| Belize                 | 2002        | 33.5              | 10.8     |                                  | 2005               | 44.9 <sup>b</sup> | ...      |
| British Virgin Islands | 2002        | 22.0              | 1.0      | Saint Kitts and Nevis            | 2000 (Saint Kitts) | 30.5              | 11.0     |
| Cuba                   | 1999        | 20.0 <sup>a</sup> | ...      |                                  | 2000 (Nevis)       | 32.0              | 17.0     |
| Dominica               | 2002        | 39.0              | 15.0     | Saint Vincent and the Grenadines | 1996               | 37.5              | 25.7     |
| Dominican Republic     | 2000        | 46.9              | 22.1     | Saint Lucia                      | 1995               | 25.1              | 7.1      |
|                        | 2005        | 47.5              | 24.6     | Suriname                         | 2000               | 69.2              | ...      |
| Grenada                | 1998        | 32.1              | 12.9     | Trinidad and Tobago              | 1992               | 21.2              | 11.2     |
| Guyana                 | 1993        | 43.2              | 20.7     | Turks and Caicos Islands         | 1999               | 25.9              | 3.2      |
|                        | 1999        | 35.0              | 21.3     | United States Virgin Islands     | 2000               | 32.5              | ...      |

Source: ECLAC (2006a).

<sup>a</sup> Urban areas only; refers to “population at risk of poverty”.

<sup>b</sup> Official poverty line of the Federal Government of the United States of America.

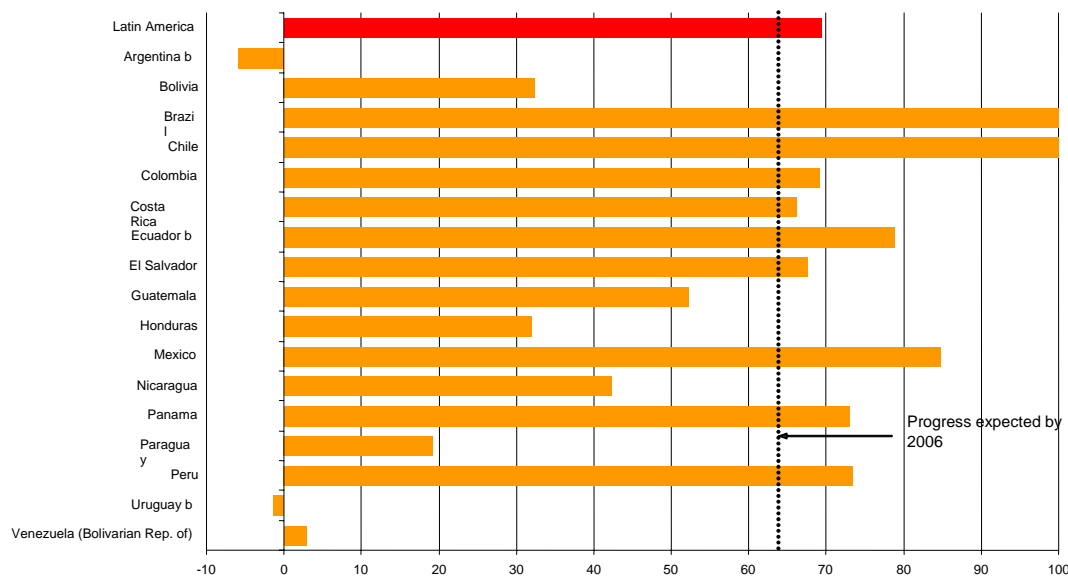
## 1.2 Progress towards achieving the first target of the Millennium Development Goals

Based on the progress expected in 2006 and economic growth recorded between 1991 and 2006, it may be inferred that a large group of countries have a high probability of meeting the first target of the Millennium Development Goals (MDGs), which is to halve, between 1990 and 2015, the proportion of people who are living in extreme poverty.

The reduction in extreme poverty projected for 2006 corresponds to a 69% advance towards achieving the first target of the MDGs. This progress is slightly greater than the elapsed portion of the period for achieving the target.<sup>5</sup> It may thus be said that the region as a whole is on track towards meeting its commitment to halve the 1990 extreme poverty rate by 2015 (see figure 2). Brazil and Chile have already met the poverty reduction target. Costa Rica, Ecuador, El Salvador, Mexico, Panama and Peru should also achieve the target simply by maintaining per capita income growth at a similar rate to the average for the last 16 years. In turn, Colombia and Uruguay would have to achieve an annual growth rate slightly higher than its 1991-2006 average, which may be feasible in view of their recent economic growth rates. Uruguay in particular, given the small difference that separates its current indigence rate from the target, is considered to be within the group very likely to meet the target (ECLAC 2006a). With respect to the small and vulnerable economies of the Caribbean, the paucity of trends data makes it difficult to evaluate progress. Nevertheless, it must be noted that frequent natural disasters –such as hurricanes, storms and volcanic eruptions– or exogenous economic shocks –such as an increase in oil prices– have a disproportionate impact on the poor and those with incomes that are barely above the poverty line, and may end up jeopardizing Caribbean countries’ chances of meeting the first target of the MDGs (ECLAC, 2005 and 2006d).

<sup>5</sup> A total of 25 years (from 1990 to 2015) was envisaged for the target. Of this period, 16 years have elapsed, which represents 64% of the time stipulated.

**FIGURE 2**  
**LATIN AMERICA (17 COUNTRIES): PROGRESS IN REDUCING EXTREME POVERTY**  
**BETWEEN 1990 AND 2006<sup>a</sup>**  
*(Percentages)*



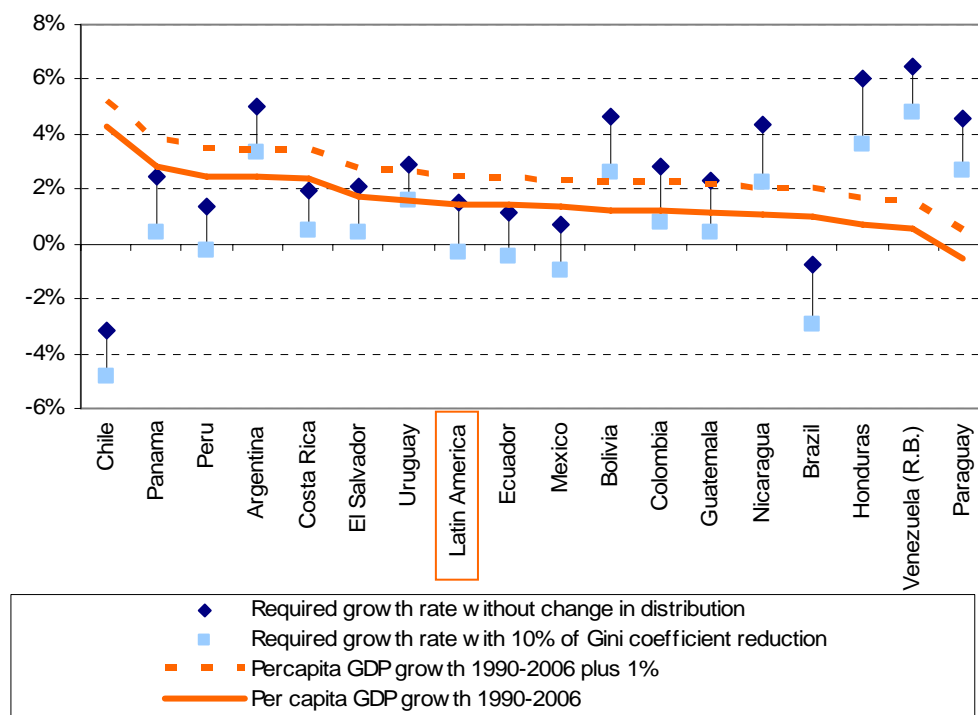
Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of household surveys conducted in the respective countries.

<sup>a</sup> The percentage progress is calculated by dividing the reduction (or increase) in indigence expressed in percentage points observed in the period by half of the indigence rate for 1990. The dotted line represents the percentage of progress expected by 2006 (64%).

<sup>b</sup> Urban areas.

For countries that have made less progress than expected, (i) managing to keep their future growth rates above the average for 1990-2006, and (ii) improving income distribution in order to raise the living standards of the poor would make it more feasible to halve poverty by 2015 (see figure 3). Progress in this regard would also increase the chances of halving extreme poverty within the time allowed of countries with the region's highest poverty rates, such as Bolivia, Guatemala, Honduras, Nicaragua and Paraguay. These are no small efforts in terms of growth and better distribution of its fruits, but the region's recent positive performance in these aspects provides grounds for greater optimism as regards the possibility of reaching the first target of the MDG (see figure 3).

**FIGURE 3**  
**LATIN AMERICA (17 COUNTRIES): RATES OF GROWTH IN PER CAPITA GDP NEEDED TO HALVE THE 1990 EXTREME POVERTY RATE BY 2015**  
*(Percentages)*



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of household surveys conducted in the respective countries.

These goals might be particularly difficult to achieve in Caribbean countries where socio economic vulnerability is subject to natural disasters. In exploring the framework for the social dimension of vulnerability to a natural disaster, ECLAC suggests that it is the dynamic interplay between the factors of social susceptibility and resilience that results in a weak or strong position of social vulnerability. Factors of social susceptibility may include female headship; substandard housing; low health status; living in disaster prone areas; and a low level of economic well-being. Social resilience, on the other hand, may include adequate levels of education; favorable health and well being; possessing strong social capital; economic well-being and adequate levels of housing.

Under this vulnerability framework, ECLAC pinpointed the most vulnerable Caribbean countries. The sub-domains used were, education, health, security and social order, resource allocation, and communication prospects. Statistics indicate Grenada as being the most vulnerable (0.496), followed by St. Lucia (0.490), Belize (0.473), and finally St. Vincent and the Grenadines (0.456) (see table 3).

**TABLE 3**  
**CARIBBEAN (5 COUNTRIES): SOCIAL VULNERABILITY INDEX**

| Sub-National Domains             | Belize | Grenada | St. Kitts and Nevis | St. Lucia | St. Vincent and the Grenadines |
|----------------------------------|--------|---------|---------------------|-----------|--------------------------------|
| Education                        | 0.619  | 0.609   | 0.513               | 0.623     | 0.658                          |
| Health                           | 0.252  | 0.300   | 0.333               | 0.333     | 0.283                          |
| Security and Social Order        | 0.234  | 0.121   | 0.173               | 0.336     | 0.186                          |
| Resource Allocation              | 0.349  | 0.427   | 0.291               | 0.342     | 0.280                          |
| Communications Prospects         | 0.995  | 1.000   | 0.999               | 0.999     | 1.000                          |
| Social Vulnerability Index (SVI) | 0.473  | 0.496   | 0.421               | 0.490     | 0.456                          |

Source: ECLAC 2006 publication: “The Impact of Natural Disasters on Households in Caribbean SIDS: Extreme Events and other human induced disasters on LAC,” prepared by A. Kambon.

## 2. Recent trends in income distribution

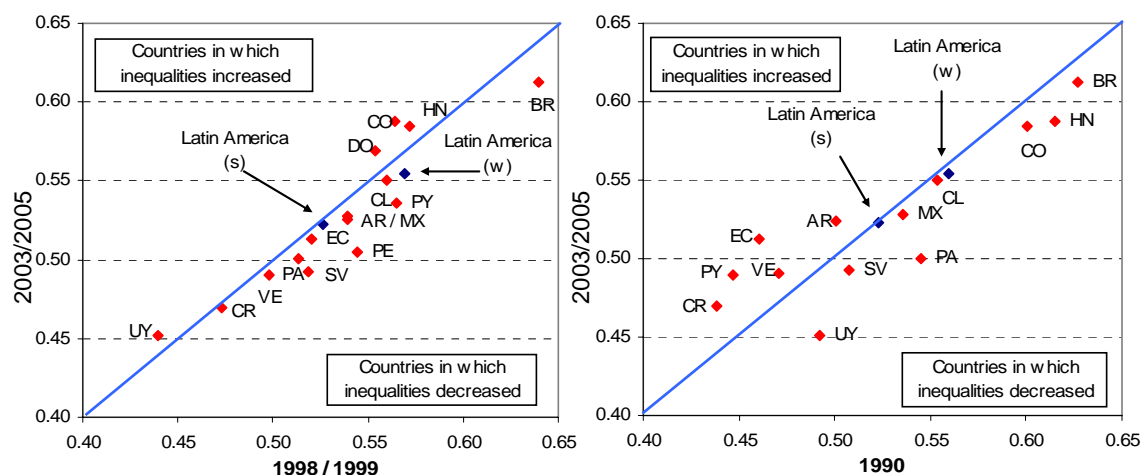
Latin America’s strongly inequitable and inflexible income distribution has historically been one of its most prominent traits, and high and persistent poverty rates are highly related to such inequitable distribution. Latin American inequality is not only greater than that seen in other world regions, but it also remained unchanged in the 1990s, then took a turn for the worse at the start of the current decade.

According to the most recent household surveys data, however, several countries have achieved improvements in distribution in recent years. Although small, these gains at least represent progress with respect to the rigidity or even the deterioration of distribution in earlier periods.

The comparison of the distribution of household per capita income between 2003-2005 and 1998-1999 shows that the gap between the poorest and richest groups is narrowing in most of the countries examined. In fact, the ratio between the income of the richest 10% and the poorest 40% declined by between 8% and 23% in Argentina, Bolivarian Republic of Venezuela, Brazil, Ecuador, El Salvador, Mexico, Panama, Paraguay and Peru. In all these cases, this result reflected a combination of gains made by the first four deciles and losses sustained by the richest one. Chile and Costa Rica posted no change in this indicator, while Colombia, Dominican Republic, Honduras and Uruguay recorded increases, of which the highest was 13%. The incipient trend towards distributive improvement is corroborated by the use of a synthetic indicator, such the Gini index, to summarize income distribution data for the whole population. Between 1998-1999 and 2003-2005, Brazil, El Salvador, Paraguay and Peru showed appreciable decreases, of between 4% and 7%, in this indicator. Honduras was the only country to post a strong rise in the Gini coefficient (see figure 4).

A longer-range stock-taking, for the 1990-2005 period, reveals a more uneven picture. In those 15 years, two countries, Uruguay and Panama, achieved a large improvement in distribution (data from urban areas in both cases), with reductions of 8% in the Gini coefficient. These are followed by Honduras, with a decrease of 4%. By contrast, Ecuador (urban areas) and Paraguay (metropolitan area of Asunción) saw this indicator rise by around 10%, which represents a strong increase in income concentration. Argentina (Greater Buenos Aires), the Bolivarian Republic of Venezuela and Costa Rica also recorded significant declines, of between 4% and 7%.

**FIGURE 4**  
**LATIN AMERICA (15 COUNTRIES): CHANGES IN THE GINI COEFFICIENT,**  
**1990, 1998/1999-2003/2005<sup>a</sup>**



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of household surveys conducted in the respective countries.

Note: Latin America (s): simple average for Latin America  
 Latin America (w): weighted average for Latin America

<sup>a</sup> Calculated on the basis of per capita income distribution. The figure for Latin America refers to a simple average of the Gini coefficients of 13 countries with comparable information for the period 1990-2005.

<sup>b</sup> Data on urban areas for Argentina, Ecuador, Panama and Uruguay.

<sup>c</sup> Data on urban areas for Ecuador, Panama and Uruguay. Data for Argentina refer to Greater Buenos Aires and those for Paraguay, to the metropolitan area of Asunción.

### 3. Poverty, labor markets and family structures

Measured in absolute terms, as in the case of ECLAC estimates, poverty incidence represents the share of total population living in households where income per capita is lower than the poverty line. A poverty trap results from the interactions between labor productivity, household members' behavior in the labor market and family structures. Labor productivity of poor household members is constrained by both lack of human capital and access to non-white-collar informal job opportunities. Underemployment and low income do not increase the opportunity costs of family care, thus raising the number of dependants among low-income households. The combination of low earnings from those economically active, and high dependency ratios (larger family or household group relying on these low earnings), lead household incomes per capita fall below the poverty line. This, in turn, limits the formation of human capital in poor households. Such is a vicious circle of poverty reproduction.

There are important linkages between economic performance and the way society benefits from it through the capacity to generate income in the labor market. Total income per occupied person is largely determined by labor productivity, and therefore is pro cyclical (that is, increases with boom periods and decreases during recessions or low-growth periods). But as it refers to total income, it could be influenced by countercyclical transfers (increasing during critical periods) allocated to poor families, and by other financial transfers such as remittances and income in kind. Also, as in Latin America total income of poor families is largely composed

from labor income, a pro-cyclical behavior is expected. Other tendencies being constant, and in absence of countercyclical social protection policies, poverty incidence would increase along the recession and decrease along boom periods. This behavior is reinforced by conditions where labor force participation is also pro cyclical due to restrictions in poor income households that prevent secondary economically active members to apply for subsistence income jobs.

Based on a typology of countries grouped according to their rank on poverty incidence, it can be strongly stated that the above behavior holds true to a large extent in Latin America and the Caribbean. The main factors affecting poverty are threefold: (i) low labor productivity associated to bad quality jobs; (ii) highly dependant family structures (as reflected in past fertility and family composition decisions); and (iii) gender-role rigidities within poor households that limit their labor force participation. With respect to this last point, it must be noted that even where women have high rates of participation in the labor force –such as in Caribbean countries– large labor income gaps between men and women still exist, with a negative impact on female poverty (ECLAC and other United Nations Agencies 2005 and ECLAC, 2006d).

### **3.1 Cross countries and cross deciles evidence**

There are important characteristics that discriminate among country groups. First, labor income per worker in countries with the largest incidence of poverty is one fourth of that of the countries showing less incidence of poverty, and half of that of countries ranking in the second place. Second, poor countries' low productivity is embedded in bad quality jobs associated to low-capital-intensive non-white-collar informal job opportunities. Three, low subsistence earnings in poorer countries imply larger occupational rates among the economically active but also lower participation and unemployment rates as the result of the need of persons to provide for their own subsistence and family care. In fact, higher dependency ratios per occupied person in poorer countries result from still high fertility rates. The large shares of members in need of care imply lower total income per capita together with low participation rates.

The same results hold when comparing across deciles of the income distribution in Latin America. First, labor and total income per capita, as well as the share of other non labor sources in total income, is significantly smaller in the lower deciles. Second, lower productivity is associated to the lack of job market opportunities to access white collar formal employment. Third, poor households show higher dependency ratios and lower participation rates, denoting disincentives as the result of lower occupational and higher unemployment rates.

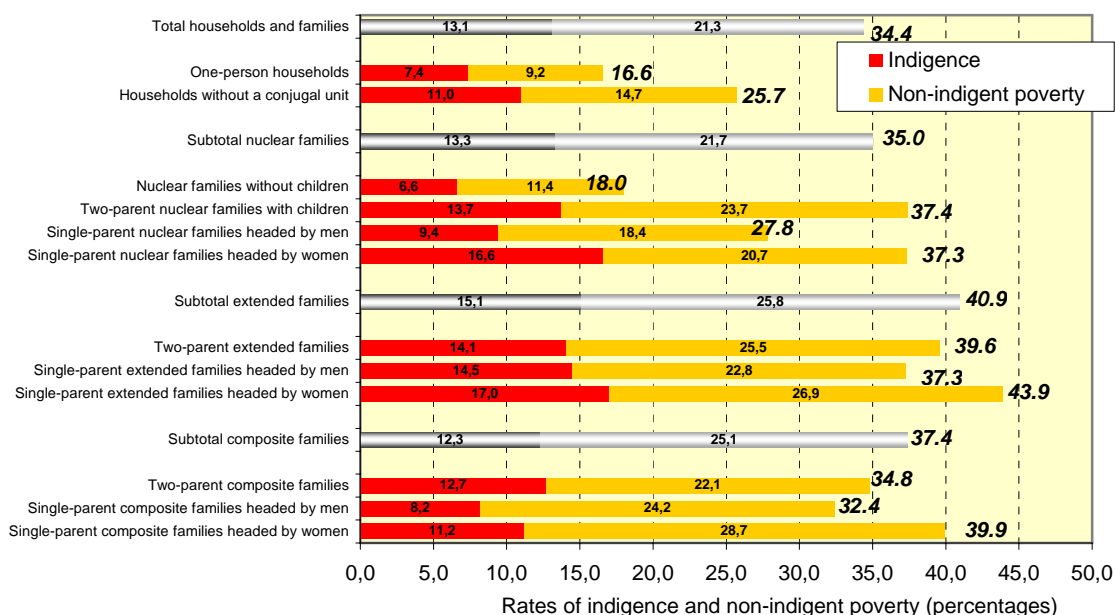
Poor human capital endowments of labor force members from low income households affect their labor opportunities and increase unemployment. Higher unemployment and low earnings for the poor reduce the opportunity cost of labor and, in turn, labor force participation. The need to perform family care roles strengthens the constraints for labor force participation and human capital investment. Low human capital investment, in turn, promotes higher fertility rates and increases dependency ratios, affecting income per capita levels. Again, poverty is trapped in a vicious circle.

### **3.2 Poverty and family**

Families' quality of life and well-being are related to their structure and to the stage they have reached in the family life cycle. In Latin America, smaller households (one-person households or nuclear families without children) and single-parent families headed by men are concentrated in the highest income quintile. Conversely, larger families (two-parent nuclear families with children, extended families and composite families) and single-parent families headed by women are concentrated in the poorest quintile.

An analysis of poverty and indigence rates by type of household confirms that these rates are highest among extended and composite families and, within this group, among single-parent households headed by women. Poverty rates are also higher among nuclear families, especially two-parent nuclear families with children and single-parent nuclear families headed by women. Poverty and indigence rates are lowest among one-person households and nuclear families without children, both of those consisting of a young couple just beginning the family life cycle and those consisting of an older couple whose children have formed households of their own (see figure 5).

**FIGURE 5**  
**LATIN AMERICA (16 COUNTRIES):<sup>a</sup> RATES OF INDIGENCE AND NON-INDIGENT POVERTY,<sup>b</sup> BY HOUSEHOLD AND FAMILY TYPE, URBAN AREAS, 2002**



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from household surveys conducted in the countries.

<sup>a</sup> Simple average.

<sup>b</sup> The figures to the right of the bars are the rates of total poverty, including indigence.

### 3.3 Labor productivity, employment, family structure and changes over time in poverty incidence

Differences over time in the incidence of poverty can be analyzed identifying the relative importance of changes in labour markets and in family structures. This can be done distinguishing two main components: changes due to improvements in income per occupied persons –a proxy for labour productivity– and changes in the number of occupied per total population. If income per occupied goes up, especially in the lower deciles of the income distribution, it will foster poverty reduction. Similarly, an increase in the number of occupied per total population, resulting from the interaction of household members' behaviour in the labour market and changes in family structures, will contribute to a decrease in the percentage of people living below the poverty line.

Using estimates of the impact of changes in these two components between around 1990 and 2005 by decile of the income distribution, it is possible to examine the linkages between economic performance and households' capacity to generate income in the labour market in Latin



America and the Caribbean. In Chile, for example, both forces contributed to poverty reduction: first, income per occupied increased between 1990 and 2003; second, there was a larger number of occupied persons per total population. As a result, whereas in 1990 poverty incidence was at 38.6%, in 2003 it decreased to 18.7% (see table 1). In sum, Chilean poverty incidence was reduced because of a significant rise in labour productivity, as well as an important increase in the number of employed persons per total population, in all deciles but especially in the lower ones. In contrast, countries like Argentina or Bolivia have seen no significant reductions of poverty incidence largely because falls across deciles in income per occupied person was not compensated enough by gains in the number of occupied in the total population.

## 4. Policy implications

Sustained **economic growth** is a necessary condition for poverty reduction, especially when it translates into more and better jobs for the poor. A larger number of decent employment opportunities are a prerequisite for the success of poor households' efforts to attain financial self-reliance. However, given the multidimensional and multicausal nature of poverty, while economic growth is essential for initiating and maintaining processes for eliminating this phenomenon, growth alone cannot overcome the range of structural factors that drive its intergenerational reproduction (ECLAC and other United Nations Agencies, 2005 and ECLAC, 2006b).

This calls for the active participation of the State through the implementation of social programmes and policies as well as labour market policies oriented towards poverty reduction. **Social programmes and policies**, in particular, need to merge long-term measures, including support for human and social capital formation to help families overcome the determinants of structural poverty, with short-term assistance to protect against transitory shocks. Consensus exists that a key aspect of human capital formation and accumulation is guaranteed universal access to high-quality education and health services, whose effects may be seen in the next generation. More immediate results, instead, can be obtained through cash or in-kind transfer programmes for poor households, which allow large sections of the population to improve their well-being and raise their income and consumption levels above indigence and poverty thresholds in the short term. **Labour market policies**, in turn, need to focus on the “demand side” – contributing to increase the demand for labour by employers–, the “offer side” –improving the quality of the labour supply–, as well as on filling the gaps between demand and offer –by improving the quality and efficiency of the match of workers to jobs and training (ECLAC 2004a and 2006b).

Sustained public effort is required for the proper execution of social poverty reduction programmes. It is therefore essential to improve **public finances** and to have a solid social institutional framework in place, capable of maintaining programmes' continuity and consistency over time and making sure that their long-term objectives are fulfilled, especially given the multiple short-term demands that governments in the region usually face (ECLAC 2006b).

## 4.1 Social programmes for poverty reduction<sup>6</sup>

Poverty reduction social programmes implemented in Latin America and the Caribbean reflect the multidimensional nature of poverty and aim at reducing it both by mitigating its most immediate effects and through capacity-building.

Social programmes in the region have a long history of multidimensional interventions designed to strengthen human capital, with the ultimate goal of offering productive opportunities and improving the family and community environment. The two most widespread types of programmes are “**employment-related emergency programmes**”, combining emergency short-term support, medium and long-term capacity building and measures to facilitate productive opportunities, and “**conditional transfer programmes**,” which use monetary transfers and conditioning rules as vehicles for generating synergies between different dimensions of human capital, and between these and the short-term alleviation of poverty. Many of these programmes have arisen in response to the vagaries of the business cycle and economic crises. Because the negative effects of such crises –including increased unemployment and poverty– have been so long-lasting, however, these programmes are gradually coming to be permanent components of social policy.

The diversity of social programmes implemented in the region is seen in their wide range of objectives and areas of action:

- “Social benefits” programmes, which include conditional transfer programmes, act to alleviate the effects of poverty through monetary transfers, social housing and food programmes.
- Special transfers to poor families, grouped under the category “management of social risks and vulnerability”, provide compensatory emergency assistance to the unprotected; this category includes employment-related emergency programmes.
- Some programmes respond to the specific needs and characteristics of particular population groups such as young people, the disabled and ethnic groups.
- “Public programmes focusing on production and employment” aim at enhancing productive capacity among the poorest sectors through vocational skills acquisition and training components, proposals for productive projects and improved access to credit and micro credit.
- “Community-oriented programmes and social investment funds” prioritize community participation in the process of improving those same communities’ living standards.

### 4.1.1 Employment-related emergency programmes

Employment-related emergency programmes have been applied in a number of countries across the region (Argentina, Bolivia, Chile, Colombia, Mexico, Peru and Uruguay, among others) and have generally had wide coverage.<sup>7</sup> They typically provide short-term jobs to semi-skilled or unskilled workers in labour-intensive projects involving the creation or repair of economic, social and community infrastructure; in exchange for their participation in such projects, beneficiaries receive payment in the form of cash or food transfers.<sup>8</sup> Increasingly, the aim is to relate these

<sup>6</sup> This section is based on chapter 5 of ECLAC (2006b), pp 139-168.

<sup>7</sup> In terms of the number of beneficiaries, the “*Jefes y Jefas*” programme in Argentina covers 10.7% of the economically active population, the direct employment programmes in Chile 7.8%, and PANES in Uruguay 7.2%.

<sup>8</sup> In relative terms, wages paid to beneficiaries are worth between 43% and 100% of the minimum wage, except in the cases of “*Programa Proempleo*” in Chile and “*Empleos en Acción*” in Colombia, which pay benefits above the legal minimum wage.

programmes to more general initiatives by making benefits conditional on school attendance or by establishing links with the general social safety net. Some programmes include the payment of social security and health contributions and coverage of workplace accident insurance, creating links with the general social protection system.

Programmes of this type originated as emergency measures to alleviate the effects of the crisis that struck the region in the 1980s. Since then they have become one of the Latin American and Caribbean countries' habitual responses to high rates of unemployment and to the increase in informal activity and poverty caused by the region's low and volatile rates of economic growth. These programmes have direct countercyclical effects on household incomes (enabling families to increase their resources under adverse economic circumstances) and play a major role in furnishing social protection by transferring funds to prevent family incomes from falling below critical levels. The transfers received by households also protect their human capital, particularly by improving food security and encouraging young people not to drop out of school. While originally linked to the business cycle and crises, problems of structural unemployment and the persistence of poverty in the region have turned these programmes into increasingly permanent measures that are less and less related to that cycle.<sup>9</sup> They can therefore be viewed as poverty reduction programmes that make use of employment-related measures.

Evaluations of employment-related emergency programmes show that they have been relatively successful in terms of targeting, because most beneficiaries have been below the poverty or indigence threshold;<sup>10</sup> programmes with the broadest coverage have even succeeded in reducing the aggregate rate of extreme poverty.<sup>11</sup> In terms of employment, these programmes have had positive effects in creating temporary short-term jobs.<sup>12</sup> There is no consensus, however, regarding the capacity of temporary employment programmes to create stable jobs. Programmes should thus include tools and mechanisms to help beneficiaries make the transition to permanent employment, through productive initiatives, training programmes and job search assistance (see section 4.2 below).

One of the continuing challenges faced by these programmes is in fact the need to endow beneficiaries with new productive capacities and to avoid lapsing into a situation where they are simply providing those beneficiaries with unrequited subsidies. Another challenge is that women who are the heads of households with several small children usually face conflicts between their childcare obligations, household chores, and the need to go out to work to support the family. Furthermore, a controversial aspect of temporary employment programmes has been the decision as to what level of transfer payments is most appropriate to maximize participation by the poorest groups as well as their welfare, without introducing employment disincentives. The most common practice consists of paying low wages as a targeting mechanism based on beneficiary self-selection, thereby discouraging individuals from participating in the programme if they already have a job or are in a position to work. All these points need to be taken into account in the design of employment-related emergency programmes to ensure that they benefit those who need them most.

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<sup>9</sup> This explains why they are often continued once the recession or crisis has passed, as has occurred in Argentina and Uruguay.

<sup>10</sup> For example, 80% of beneficiaries in the “*Trabajar*” programme in Argentina came from the poorest 20% of households; and 90% of workers included in the “*Programa de emergencia social productivo*” (PESP) in Peru were poor.

<sup>11</sup> In the “*Jefes y Jefas*” programme in Argentina, poverty among participants fell from 82% to 70%, and extreme poverty dropped from 51% to 29%.

<sup>12</sup> In the case of “*Jefes y Jefas*”, for example, 26% of the beneficiaries would not have found employment and 23% would have been inactive if the programme had not been implemented.

### 4.1.2 Conditional transfer programmes

Conditional transfer programmes usually involve a transfer of funds to poor families, who, in return, undertake to meet certain educational, health and nutrition targets. The combination of monetary (or in-kind) assistance with education or health-care requirements makes it possible to combine short-term poverty relief with a long-term objective: the development of human capital assets with a view to overcoming the intergenerational reproduction of poverty. Programmes of this type are premised on the fact that the poorest people lack opportunities and are unable to cope adequately with adverse situations, and thus sustain major losses of human capital in terms of education, health or both. These programmes also represent a novel synthesis, combining innovative elements with certain features of interventions that have a long track record in the region. Examples of the latter are direct monetary transfers to families (included in numerous welfare programmes), conditionality (included in the employment-related emergency programmes described in section 4.1.1 above) and multisectoral interventions (included in school meals programmes, among others).

The main innovations consist in the overarching emphasis placed on the co-responsibility of beneficiary families; conditionality used as an incentive at the family level (rather than as a mechanism for self-selection and targeting) and as a means of coordinating short- and long-term targets; the explicit priority given to the search for sectoral synergies in human capital accumulation, not only among school-age children but also in early childhood; and the predominant role accorded to women as benefit recipients and in their role in implementation and monitoring.

The type of conditionality used in such social programmes in the region does not vary greatly from one case to another. In the area of education, children are required to maintain a minimum level of school attendance, which varies between 80% and 90%. In health and nutrition, the transfer is conditional on visits to primary health-care centres so that children and their mothers can receive preventive health-care and nutritional services. Another common characteristic is the focus on the family as the basic intervention unit and the important role of women within the household. Women are the direct recipients and managers of the transfers in the family group and act as promoters in the dissemination of activities and supervision of operations locally, all of which contributes substantially to gender empowerment. Nonetheless, the conditionality of benefits can have counterproductive effects not envisaged at the programme design stage, with negative repercussions on family well-being. These kinds of effects may arise as a consequence of a lack of knowledge, problems in making the rules of the operation known, or the use of unduly strict conditions.<sup>13</sup>

Many conditional transfer programmes have abundant resources and apply relatively clear eligibility criteria; both of these factors enable countries to achieve broad coverage of their population. Two major programmes are “*Bolsa Família*” in Brazil and “*Oportunidades*” in Mexico, both of which cover a large percentage of the population (16% and 25% respectively). Programmes implemented in Chile, Colombia and Jamaica also have wide coverage, ranging from 4% to 9% of the population. Neither of these programmes’ budgets exceeds 0.35% of GDP. In fact, at 0.32% of GDP, “*Oportunidades*” in Mexico and the Programme for Advancement through Health and Education (PATH) in Jamaica represent the largest budgetary allocations.

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<sup>13</sup> For example, the evaluation of the “*Bolsa Alimentação*” programme implemented in four north-eastern communities in Brazil found that, six months into the programme, the beneficiary children had put on less weight per month than the comparison group. This was attributed to the fact that mothers were afraid that they would lose the benefit if their children put on weight, believing that their presence in the programme was because their children weighed less than normal.

Independent evaluations indicate that conditional transfer programmes have made a significant contribution to human capital accumulation: on the one hand, they have made a positive educational impact, in both the short and the medium terms, as measured by indicators such as school enrolment and attendance rates, grade promotion and increased levels of schooling; on the other, the effect of these programmes in terms of health and nutrition outcomes is also positive, with significant increases in preventive health check-ups, access to health services and the use of out-patient services. Furthermore, in most of these programmes, monetary transfers have boosted household income, although the transfers have not always been large enough to make a significant impact on the poverty rate.

Finally, another very important aspect of the conditional transfer programmes implemented in the region is the stronger institutional framework in which their design and application have been set. Both “*Oportunidades*” and “*Bolsa Familia*” are examples of the consolidation of scattered initiatives as the result of a political consensus to create institutions with enough power to coordinate these efforts. Apart from the conditionality of transfers, institution-building is clearly one of the key factors in the relative success and broad coverage achieved by these programmes.

## 4.2 Labor market policies

The labour market is one of the main links between changing production patterns and social equity. Income earned by workers is the principal means of financing the basic needs of the great majority of families in the region: earned income ranges from a minimum of 63% of the income of the families in Brazil to a maximum of 90% in Nicaragua. However, high rates of unemployment and underemployment make it difficult for the poor to get out of poverty through the labour market. Thus, in the absence of significant unemployment insurance programs<sup>14</sup> it is evident the need to implement labour market policies which can help the unemployed to find occupations more quickly, avoid that the employed become unemployed, and foster employment growth. These policies can also facilitate linkages between workers and jobs, lower job search costs, and improve the capacities of the unemployed as well as of the employed in micro and small enterprises.

In order to improve the transparency of labour markets, it is essential to develop better systems of information (on employment opportunities and labour supply) and **labour intermediation**. These foster mobility, within a single sector and between sectors, as well as geographically, and provide important information for training programmes. Even though intermediation is a low-cost and effective instrument, more efforts need to be deployed to extend its coverage. This calls for incorporating new technologies and establishing various types of cooperation between the public and private sectors. To exploit their potential to the full, intermediation and information systems must be tied in more closely with active labour market policies (including training, production and technological development, job promotion for specific groups of workers) and, where appropriate, passive labour market policies too (policies which compensate workers for loss of jobs and income).

**Labour demand** can be stimulated by means of macroeconomic, sectoral or territorial policies and, above all, policies designed to increase employment via specific programmes and to encourage labour recruitment in the private sector. Aside from macroeconomic policies aimed at

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<sup>14</sup> Barbados is the only country from the CARICOM region that has an unemployment benefit and national insurance (social security) scheme. This legislation was passed under the National Insurance and Social Security Act, Cap 47 1966, and is payable for each day of unemployment except Sundays for a maximum of 26 weeks in a continuous period of unemployment; or for an aggregate of 26 weeks in the 52 weeks immediately before the current week of unemployment.

safeguarding employment levels and dampening its volatility over the long term, policies for productive development can boost employment demand indirectly by improving the way in which the production apparatus operates. Particularly effective tools in this regard include policies to improve the situation of small and medium-sized enterprises, the regional development of certain production clusters as well as to provide incentives for labour-intensive activities, such as tourism and housing construction. Policies to encourage employment demand from the private sector also usually consist of state subsidies for the recruitment of additional workers, covering some or all wage and other labour costs.

Finally, to improve poor people's job opportunities, it is crucial to restructure **education and vocational training systems** in the region, to bring them in line with changing realities. Noteworthy innovations in the field of vocational training include trainer diversification, the increased involvement of private institutions and the concentration of the financing and regulation of training in the public sector. Efforts are also being pursued to make vocational training activities more demand-led, in many cases by means of in service training for skilled staff who play a key role in keeping their companies competitive. Specialized vocational training programmes have also been developed for unemployed groups with specific problems, including poorly educated young people and women, and workers in low-productivity, low-wage jobs (such as own account workers and microentrepreneurs). (ECLAC 2004b and 2007).

### 4.3 Policy implications for public finances<sup>15</sup>

Improving public finances –through changes in the level and composition of the tax burden– and properly managing social policies –by making social expenditures countercyclical and flexible, as well as orienting them towards sectors and sub sectors with a progressive impact on income distribution– are key to sustain poverty reduction programmes.

#### 4.3.1 Fiscal policy

The financing of social expenditure depends both on the structure of the labour market and on the taxation system. Given that only a fraction of Latin American and Caribbean workers enjoys well-paid decent jobs, with access to social services and contributing to social security, many others will have to rely on their own family members or on public assistance. However, the low tax burden in the region makes it difficult to protect the most vulnerable sectors of society and to finance social policies that increase poor people's opportunities and their access to services.

Latin American and Caribbean countries have a tax burden of around 18% of GDP, half of that of OECD members (36%). The tax burden of countries of the region is on average a third of what it would be expected according to their per capita income levels, so that in absolute terms countries could increase their tax burden between 3 and 4 percentage points of GDP. These additional resources could generate the necessary funds to finance social poverty reduction programmes as well as non-contributory social protection systems.

Another difference with developed countries –where tax systems are able to revert the concentration of primary income resulting from the action of market forces– is that most Latin American and Caribbean countries' tax systems are regressive, as they cannot even maintain the distribution of income set by the market. This is the result of tax systems strongly oriented towards indirect taxes, as well as of benefits and exemptions mostly favouring the rich.

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<sup>15</sup> This section is based on chapter 5 of ECLAC (2006c), pp. 128-134, chapter 2 of ECLAC (2006b), pp. 60-72 and chapter 2 of ECLAC (2006c), pp.113-171.

However, to increase the tax burden and to achieve more progressive tax systems is far from easy. To increase tax collection is feasible especially when the macroeconomic environment is favourable. In cases where it is becoming increasingly difficult to introduce new taxes or raise tax rates, the elimination of exemptions and the limitation of tax deductions could serve as important sources of tax revenues in the future. Improvements in tax administration can also play an important role.

Far from recommending simple and general solutions, the aim would be to initiate a series of reforms on a sustained basis with a view to creating a stronger, more mature system of government financing. Such reforms will be essential components of the effort to consolidate public policies that contribute to poverty reduction. Clearly, a lasting consensus will have to be built in order to ensure the success of these initiatives.

As the region strives to reach the necessary agreements for the adoption of a fiscal covenant to reinforce financing for poverty reduction programmes, factors that will have to be taken into consideration include the following: (i) the political and institutional difficulties involved in introducing reforms to strengthen the public sector's solvency and to distribute the tax burden more equitably; (ii) the constraints imposed by macroeconomic conditions, inasmuch as the experience of the past two decades has shown that macroeconomic stability, understood as rapid and stable growth in conjunction with low inflation, is the main prerequisite for an increase in tax revenues; and (iii) fiscal policy priorities as they relate to expenditure vis-à-vis the wide range of demands for resources for purposes that are not necessarily linked to social protection.

#### **4.3.2 Social public expenditure**

The level of public social expenditure in Latin American and Caribbean countries varies widely but has, in any event, risen sharply over the past 15 years. Although in the second half of the 1990s the trend varied from one country to another, during the early years of this century social expenditure has tended to climb in most countries, rising to a weighted average of nearly 15% of GDP.

The level of social expenditure, however, is not the only relevant consideration. Its sectoral composition –among main areas of spending such as education, health and nutrition, housing and sanitation, and social security and welfare– is also important in terms of redistribution of assets and resources to different socio-economic groups. Increases in expenditure must reflect, therefore, the needs of each society, rather than budget inertia or pressure from interest groups.

ECLAC (2006c) found that the distributive effect of social expenditure has a significant and positive impact on the incomes of the poorest households: around the year 2000, while social expenditure raised total primary household income by 17%, it almost doubled the income of the poorest quintile, for which the increase amounted to 86% of primary income.

There is also a certain degree of consensus in recognizing that, in the recent past, Latin America's fiscal policies have been procyclical. To reverse this situation, countries need to take advantage of periods of economic growth to set up or strengthen mechanisms for ensuring the intertemporal consistency of public expenditure. In particular, it is necessary to reduce the vulnerability of social expenditure, since it is more procyclical than other items of public expenditure in the region. Past events have demonstrated, however, that it is exceedingly difficult to achieve a priority status for social expenditure.

Even though the fiscal responsibility laws approved during the past decade have certainly stemmed the growth of national debt levels in some cases, few countries have explicitly set out to make their macro-fiscal rules countercyclical. An interesting example of countercyclical fiscal policy is the structural surplus rule applied by Chile in recent years, according to which any

increase in public expenditure is determined on the basis of trend GDP, regardless of fluctuations in actual GDP. This ensures a stable and neutral trend in expenditure, at least in theory, while also reducing the likelihood of sudden corrections and, in practice, conferring a degree of certainty on the pluriannual implementation of public projects and programmes.



## **II. Hunger and malnutrition in Latin America and the Caribbean**

### **Introduction**

The current nutritional situation of Latin America and the Caribbean (LAC) is an indicator of its social inequalities. With food production currently tripling the energy requirements of the population, there are 53 million people who have no access to sufficient food, whereas 7% of children under five years of age have low weight for age and 16% have a low height-age ratio. In this way, the characteristics shown by the nutritional profile of the LAC population are not fortuitous but a reflection of the great income inequalities and of the insufficient relevance given to food and nutrition in these countries' political agendas.

The significance of this problem is not limited to the ethical imperative of standing up for the rights of citizens. Besides this, and because of its permanent effects on physical and psychomotor development, hunger and malnutrition have become one of the main mechanisms for transmitting poverty and inequality among generations. Therefore, preventing and mitigating their consequences, leads to a reduction of the public and private costs derived from this scourge (because of its impact on the health and educational systems, consumption, production, and economic growth), which according to our primary estimates for Central American countries were between 2% to 11% of GDP in 2004 (ECLAC-WFP, 2006).

Despite significant differences among LAC countries and important regional improvements in the last decades, problems of hunger and malnutrition persist. These problems derive mainly from restrictions to access food generated by inequalities (social, economic, and cultural) and which, in some cases, make it difficult to fulfill the second target of the Millennium Development Goals (MDGs) to “reduce by half the proportion of people who suffer from and hunger by the year 2015”, and even less likely the attainment of other international commitments involving greater efforts. This happens in a paradoxical situation of food sufficiency and increase of overweight and obesity regional prevalence.

Within this context, the need to have social policies aimed at reducing malnutrition and hunger becomes obvious. What matters is to analyze the most adequate substantive components and the management schemes to maximize the impact and efficiency of such policies.

The following chapter describes the present situation of malnutrition and food insecurity in the region and the progress obtained to achieve the MDGs related to hunger, according to the latest official information available. Also, it contains a brief review of main policies and programmes under implementation in LAC, as well as some recommendations to be considered by decision makers.

## 1. Current situation

Hunger is a consequence of insufficient food consumption, which relates to nutrition insecurity, and its most evident indicator is child malnutrition. In Latin America and the Caribbean this situation is very much associated to social inequalities. While the regional production of foodstuffs in the biennium 2001-2003 was enough to supply the caloric requirements of three times the population and the national dietary energy supplies (DES) were enough to cover the minimum (some 1,815 kcal/per/day) –and, in almost every case, the average of requirements (some 2.100 kcal/per/day)–, 53 million people didn't have sufficient access to food. Complementarily, around 2004, 96 million didn't have enough income to buy a basic food basket and in the early 2000's, 7.3% of children under five years of age suffered underweight and 15.6% suffered stunting.

Studies undertaken by ECLAC in the region, as well as those carried out by various researchers around the world indicate that food insecurity and hunger are closely linked to extreme poverty. As shown in the figures below, extreme poverty<sup>16</sup> increases the probability of undernourishment<sup>17</sup> and malnutrition,<sup>18</sup> explaining up to 50% of their variance. Nevertheless, each of these is a different phenomenon with specific characteristics.<sup>19</sup> Therefore, policies that aim to their eradication must develop integral-complementary efforts maintaining independent components.

The region's nutritional situation is extremely diverse, with a great deal of disparities both between and within countries. These differences are expressed both in terms of the intensity with which the different factors of nutritional vulnerability manifest themselves, as well as in terms of the different stages in the demographic and epidemiological transitions that LAC countries are undergoing.

These differences are also shown to have national economic impact through higher costs in health and education systems (private and public) and in productivity losses. According to ECLAC-WFP (2006) estimates for Central American countries and Dominican Republic in 2004, they totaled some 6,658 million dollars, which were equivalent to 2% to 11% of their GDP.

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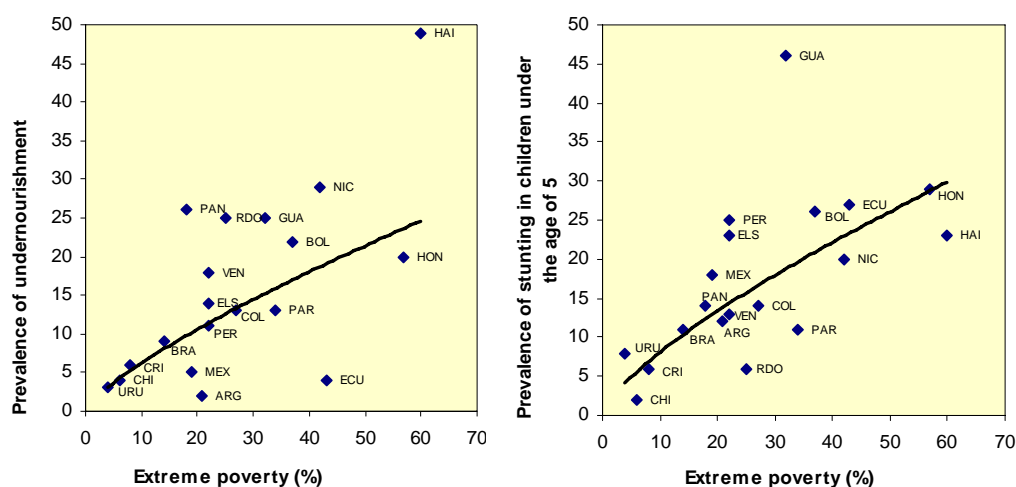
<sup>16</sup> Family per capita income below that required to purchase the basic food basket that fulfills all minimum daily energy requirements (also called indigence).

<sup>17</sup> Energy intake below the physiological minimum required in each country (around 1,800 Kcal/person/day), depending on its demographic structure.

<sup>18</sup> Anthropometric ratios below -2ds of the median for the age, according to the PAHO/WHO. Low weight=global malnutrition, low height=chronic malnutrition.

<sup>19</sup> Studies carried out over the past ten years verify an income-caloric intake elasticity equivalent to 0.2 - 0.3; a -0.5 per capita income-low weight elasticity in school children, and a negative association between per capita income and percentage of boys and girls with low birth weight (Berhman and Rosenzweig, 2004). For further details see "Hunger and Malnutrition", J. Berhman, H. Alderman, and J. Hoddinott. Copenhagen Consensus Challenge paper, 2004.

**FIGURE 6**  
**LATIN AMERICA AND THE CARIBBEAN (18 COUNTRIES): RELATIONSHIP BETWEEN MALNUTRITION (STUNTING), UNDERNOURISHMENT AND EXTREME POVERTY**



Source: ECLAC/WFP (2005b).

Finally, it is important to note that to greater or lesser degrees, the region's countries face both the problems of insufficient food intake and imbalances in dietary composition. The latter is expressed in the lack of micronutrients (iron, iodine, zinc, and vitamin A), and a growing excess of macronutrients (rich in saturated fats), which leads to obesity and other pathologies.

### 1.1 Food insecurity and undernourishment

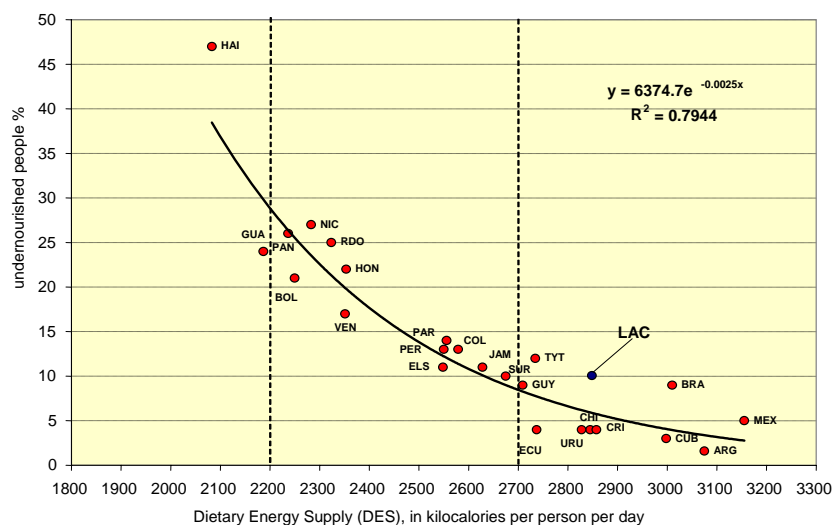
LAC is a region rich in food, with great extensions of fertile land and an agricultural and livestock production representing 6.5 percent of the total GDP, with an average production around 2.850 kcal/per/day, placing this region in the mid-high levels of food supply.<sup>20</sup>

In spite of the above, there are significant differences among the economies with greater or lesser ability to satisfy the potential demand for food, showing different agricultural development, productivity, and income levels. For instance, even though by 2000 agricultural productivity in the region had reached US\$3,307 per capita, in Bolivia, Haiti and Honduras the farming production was less than one half that figure.

From 1990 to 2002, food supply showed significant heterogeneity. While Argentina, Brazil and Mexico had a Dietary Energy Supply (DES) of over 3,000 kilocalories per person, per day, others had less than 2,500 kcal/per/day. Standing out amongst the latter are Guatemala, Haiti, and partially, Nicaragua, countries meeting the minimum requirement but exhibiting high vulnerability with a DES of less than 2,200 kcal/per/day.

<sup>20</sup> See ECLAC (2004c), p. 100.

**FIGURE 7**  
**LATIN AMERICA AND THE CARIBBEAN (24 COUNTRIES): DIETARY ENERGY SUPPLY (DES)**  
**AND UNDERNOURISHED PEOPLE, 2000-2002**  
*(In kilocalories and percentages)*



Source: ECLAC and other United Nations Agencies (2005), page 64.

According to FAO estimates, the population with insufficient access to food in the first years of the present decade was concentrated primarily in Brazil (15.6 million), Colombia (5.7 million), Mexico (5.2 million), Bolivarian Republic of Venezuela (4.3 million) and Haiti (3.8 million).<sup>21</sup>

## 1.2 Malnutrition

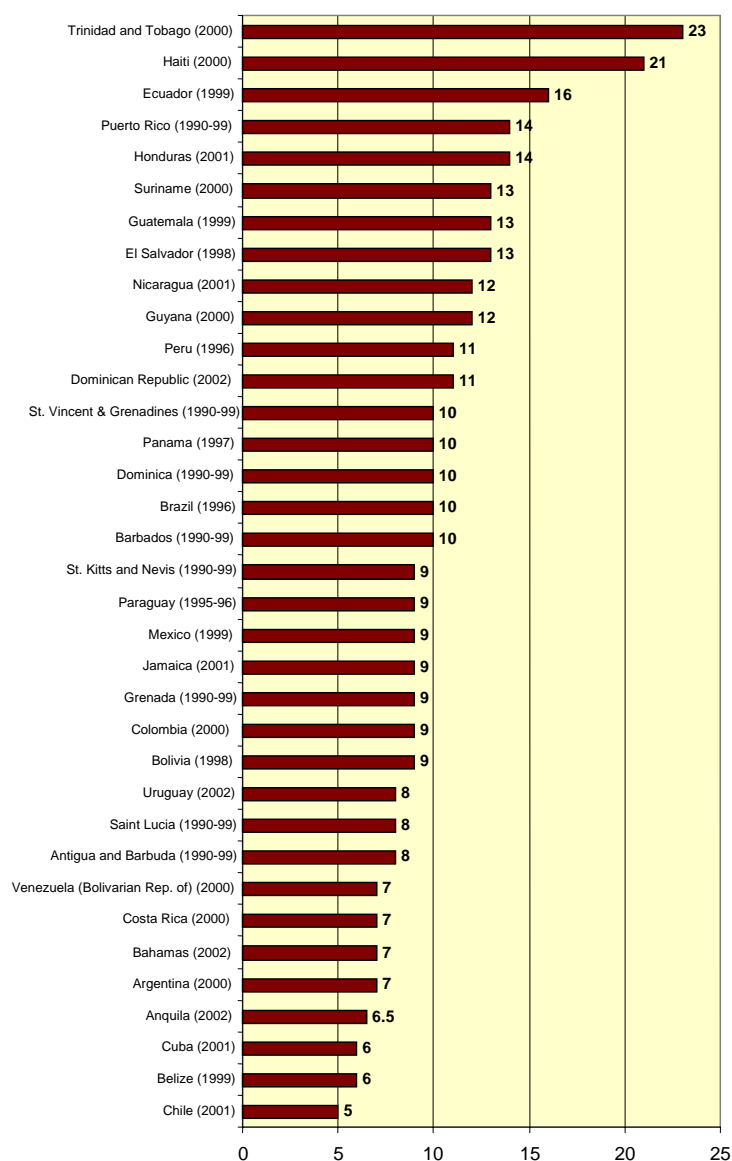
Malnutrition among children under five years of age is one of the most direct effects of hunger and, in light of the available empirical evidence, is still a major challenge to be faced by the region.

A newborn with low birth weight (LBW) –less than 2500 grams– is a consequence of pre-term birth and/or fetal malnutrition. According to De Onis et al. (1998), the higher the global malnutrition prevalence in a country, the higher the proportion of LBW due to intrauterine growth retardation (IUGR); therefore it becomes an important indicator for policy making in countries with high levels of nutritional vulnerability.

LBW increases the risk of death in infancy and of malnutrition throughout the life cycle, negatively affects physical and intellectual development, reduces the ability to learn and to work in adulthood and, among women, increases the probability of reproducing the phenomena in subsequent generations.

<sup>21</sup> For more information, see [http://www.fao.org/documents/show\\_cdr.asp?url\\_file=//docrep/007/y5650e/y5650e06.htm](http://www.fao.org/documents/show_cdr.asp?url_file=//docrep/007/y5650e/y5650e06.htm).

**FIGURE 8**  
**LATIN AMERICA AND THE CARIBBEAN (35 COUNTRIES AND TERRITORIES): LOW BIRTH WEIGHT, 1990 – 2001**  
*(In percentages)*



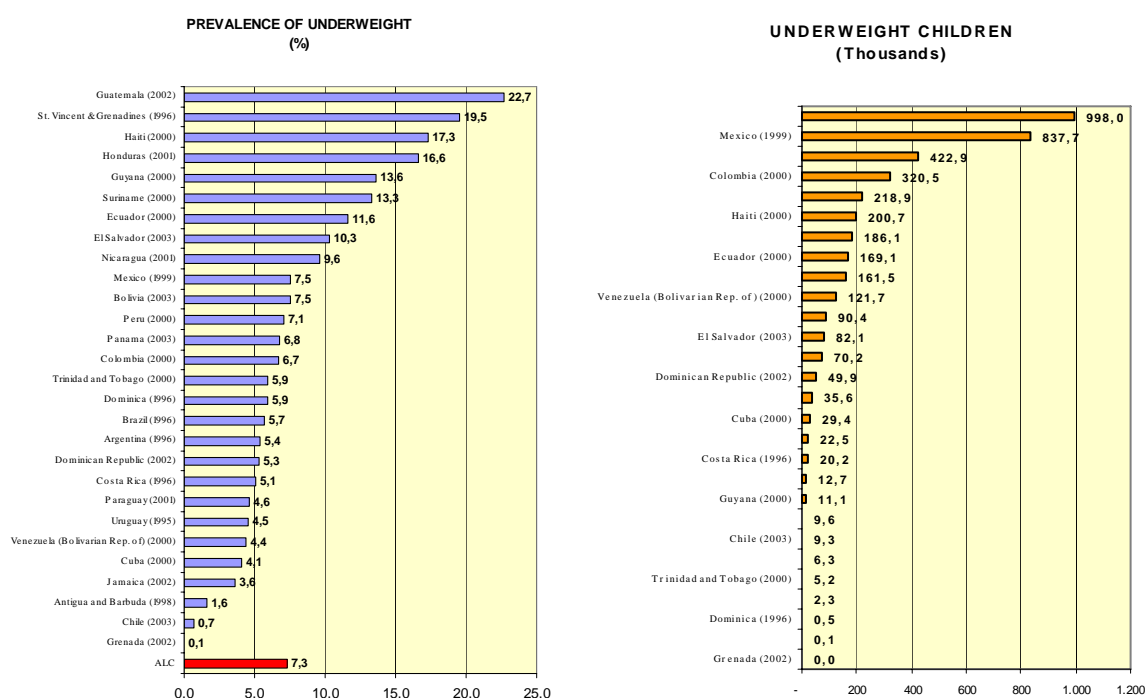
Source: UNICEF/WHO (2004).

In LAC, the percentage of LBW reaches 9%, underscoring the high rates found in Honduras (14%), Ecuador (16%) and, particularly, in Haiti (21%), and Trinidad and Tobago (23%). These last two cases surpass even the levels found in Sub-Saharan Africa. On the contrary, Chile, Cuba and Belize show a low level of LBW (6%), which is lower than the average observed in industrialized nations.

Regarding the prevalence of underweight (low weight for age or global malnutrition)<sup>22</sup> LAC shows positive improvements between the periods 1988-1991 and 2000-2002. However, the region still has 4.1 million underweight children and, as can be seen in the following graph, current prevalence remain high in many countries particularly in Guatemala, Saint Vincent and The Grenadines, Haiti, Honduras, Guyana, Su0rinam, Ecuador and El Salvador, where underweight affects between 10% and 23% of children under five years of age.

Brazil, Mexico, Guatemala, Colombia, Haiti and Peru are the countries with the greatest number of cases with underweight children and concentrate 73% of the cases in the region.

**FIGURE 9**  
**LATIN AMERICA AND THE CARIBBEAN (28 COUNTRIES AND TERRITORIES):**  
**UNDERWEIGHT (GLOBAL MALNUTRITION) IN CHILDREN UNDER FIVE YEARS OF AGE**  
**1996 – 2002**



Source: ECLAC, own elaboration based on data from the World Bank, UN Department of Economic and Social Analysis (DESA), Macro –Demographic and Health Survey (DHS), UNICEF– Multiple Indicators Cluster Surveys, UN Standing Committee on Nutrition and country reports (Antigua and Barbuda, Grenada, Dominica, Saint Kitts and Nevis).

Stunting (low height-for-age or chronic malnutrition) is a serious problem in the region, with a prevalence that duplicates underweight (15.6% vs. 7.3%) with 8.8 million of children showing stunted growth. The highest prevalences are in the same countries indicated above, with Guatemala standing out since, even though it shows progress, it maintains the worst situation in the region, with a value almost eighteen times higher than the expected average value (2.5 percent).<sup>23</sup>

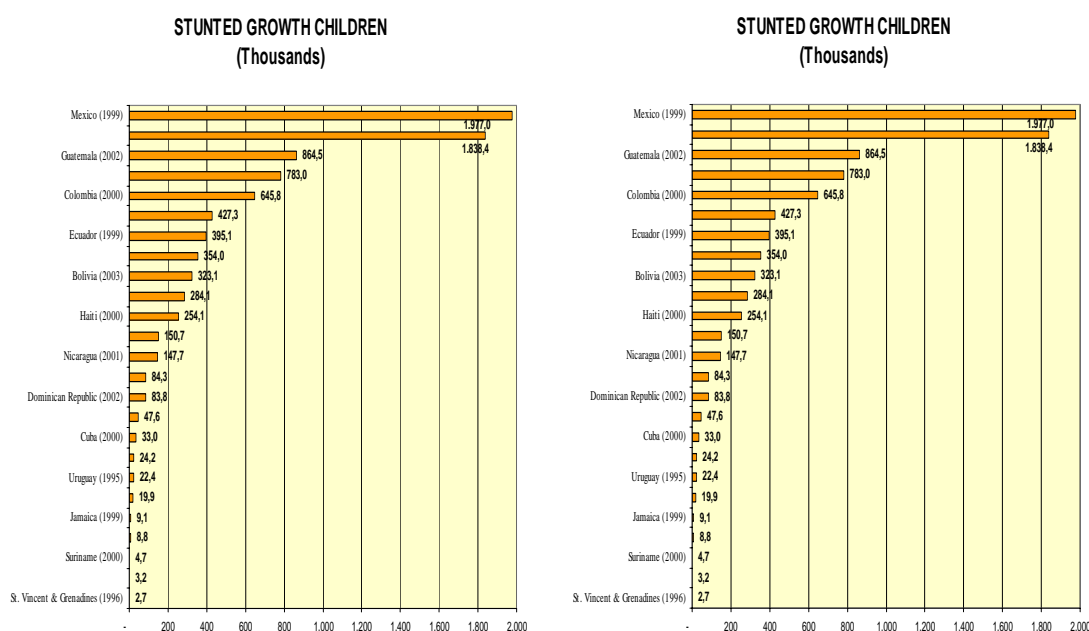
<sup>22</sup> Monitoring indicator for the hunger related target of the Millennium Development Goals.

<sup>23</sup> The figures presented in this document are the most recently available according the NCHS standards. The new WHO Child Growth Standards developed in its Multi Centre Growth Study may make some changes in them. See <http://www.who.int/nutrition>.

Even though Mexico and Brazil are in the middle of the distribution, both countries concentrate 43% of the total cases of stunting, proportion that grows up to 74% when Guatemala, Peru, Colombia and Argentina are taken into account.

When comparing underweight and stunting among different subregions of LAC, it is important to note that there are significant differences between Latin American and English speaking Caribbean countries. While the first show higher prevalence in the second indicator, the latter do so in the first indicator.

**FIGURE 10**  
**LATIN AMERICA AND THE CARIBBEAN (25 COUNTRIES): STUNTING (CHRONIC MALNUTRITION) IN CHILDREN UNDER FIVE YEARS OF AGE, 1996 – 2003**



Source: ECLAC, own elaboration based on data from the World Bank, UN Department of Economic and Social Analysis (DESA), Macro – Demographic and Health Survey (DHS), UNICEF - Multiple Indicators Cluster Surveys, UN Standing Committee on Nutrition and country reports.

### 1.3 Micronutrient deficiencies

Micronutrient deficiencies denote a “hidden” form of malnutrition and a serious public health problem. The most frequent types of deficiencies are those related to iron, vitamin A, and zinc. To a lesser degree, deficiencies of folic acid, some vitamins of the B complex and iodine registered.

Iron deficit anemia is one of the major pathologies related to micronutrient deficiencies in LAC, with greater prevalence among pregnant and breastfeeding women and in children under 2 years old. Some examples: 78% of children under 2 years old, 12% of children 5-9 years old, and 52% of pregnant women were diagnosed with anemia in Jamaica in 1987; in Grenada (1986) 53.6% of pregnant women, 61.7% of breastfeeding women and 59.7% of preschool children showed some level of anemia and low ferritin level; Cuba recorded an iron deficiency rate of 43.1%; in Mexico (1999), anemia prevalence of 27.8% among pregnant mothers between 12 and 49 years old was identified, while the prevalence of iron deficiency reached 52% in 2003; in Venezuela, anemia prevalence of

38.1% was discovered in children from two to seven years old; in the Dominican Republic (1993) between 21 and 38% of school children showed anemia in different regions of the country.

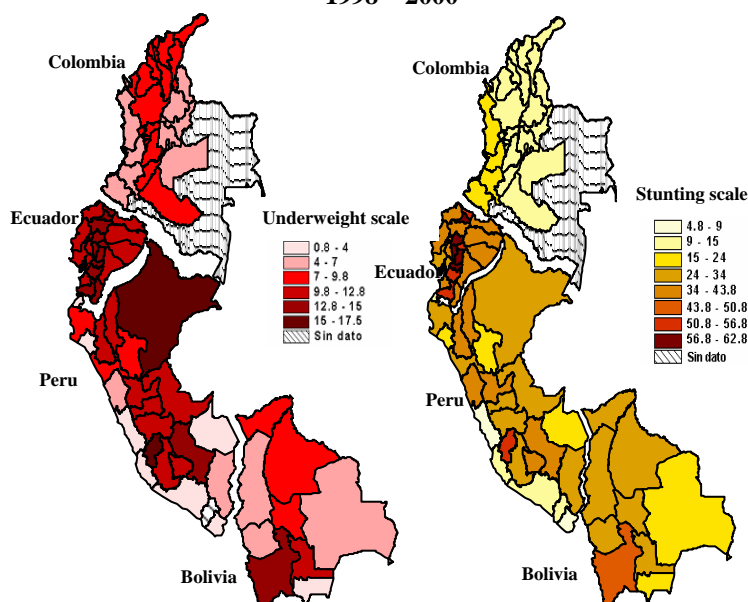
In the case of Vitamin A, available studies emphasize its moderate importance in Honduras together with the fact that it reaches 27 percent of all children under five in Mexico.

Finally, the existent background information indicates that zinc deficiency would not represent significant nutrition problems. Taking the above into account, policy orientation should focus basically on lowering the incidence of iron deficit, without neglecting the epidemiologic vigilance or the other programs relating to micro nutrients fortification.

## 1.4 The most vulnerable groups

A very relevant characteristic of malnutrition in LAC is the disparity showed among populations, which, as indicated before, is another indicator of inequality. The prevalences, regarding different indicators, are not homogeneous between or within countries with significantly higher levels of vulnerability among indigenous, rural, poor and low education populations. Consequently, these characteristics, together with the risks derived from environmental problems that arise from the high frequency of natural disasters and from geopolitical factors ensuing from social and armed conflicts, become the key factors of nutritional vulnerability.

**FIGURE 11**  
**ANDEAN COUNTRIES: REGIONAL PREVALENCES OF UNDERWEIGHT AND STUNTING**  
**IN CHILDREN UNDER FIVE YEARS OF AGE**  
**1998 – 2000**



Source: ECLAC, special processing of national Demography and Health Surveys of Bolivia (1998), Colombia (2000) and Peru (2000); Integrated System Social Indicators of Ecuador (SIISE) and Children and Household Indicators Survey of Ecuador (EMEDINHO), 2000.

As it was indicated in the 2005 inter-agency report on MDGs and in other specialized documents,<sup>24</sup>

<sup>24</sup> See ECLAC and other United Nations Agencies (2005), ECLAC-WFP (2005a) and ECLAC-WFP (2005b).



- “The prevalence of both underweight and stunted children in the under-five population varies significantly from one socio-economic group to another. Children living in extreme poverty are from two to six times more likely than non-poor children—and twice as likely as non-indigent poor children—to be either underweight or stunted. This lends further support to the idea that each country should implement specific policies and strategies and that these initiatives should not be geared exclusively to the indigent population.”
- “Children living in rural areas are consistently and significantly more likely than urban children to be undernourished, they are 1.5 to 3.7 times more likely to be underweight. The countries with the biggest gaps in this respect are Peru (with underweight prevalences of 11.8% in rural areas and 3.2% in urban areas), Bolivia (14.0% and 6.2%), Dominican Republic (8.6% and 3.9%) and Brazil (9.2% and 4.6%). In addition, rural children are between 1.5 (Dominican Republic) and 3 times (Peru) more likely than urban children to suffer from chronic undernutrition or stunting.”
- “With respect to ethnic and racial factors, there is evidence that indigenous people—who tend to be concentrated in rural areas—and people of African descent are more vulnerable than the mestizo and white populations. However, it should be noted that most household and health surveys identify ethnicity on the basis of the language used in the household, rather than cultural traits, family ties or self-identification. In many cases, respondents who belong to ethnic minorities are not reported as such because Spanish is spoken in most communities and there is little bilingual or intercultural education. Except in Brazil and Trinidad and Tobago, people of African descent are usually not identified as a separate group, even though various estimates indicate that in some countries they account for significant shares of the population (nearly 25% in Colombia and 10% in Peru and Ecuador).” [...] “The situation varies also among the different indigenous groups in a country. For example, in Peru and Bolivia, Quechua speakers are more vulnerable than Aymara speakers: these groups’ underweight rates are 15% and 7%, respectively, while their stunting prevalences are about 48% and 35%, respectively.”
- “Mother’s educational level is another fundamental aspect. In the Andean countries, the underweight prevalence of children under five years of age is 30% to 40% lower among those whose mother had primary education when compared to those whose mother had no education.” Although the impact of education is positive within indigenous and non indigenous peoples, what has been observed in Bolivia and Peru is that the gaps between both groups are not reduced by education.
- “Underweight and stunting shows a continuous growth from birth to 18-24 months of life, then they diminish or keep stable.” This is highly relevant for policy regarding the long term consequences in the life cycle.
- “The countries with the highest rates of undernutrition and extreme poverty are also the ones that will continue to post the highest rates of population growth in the coming decade.”

## 2. Progress towards the hunger targets

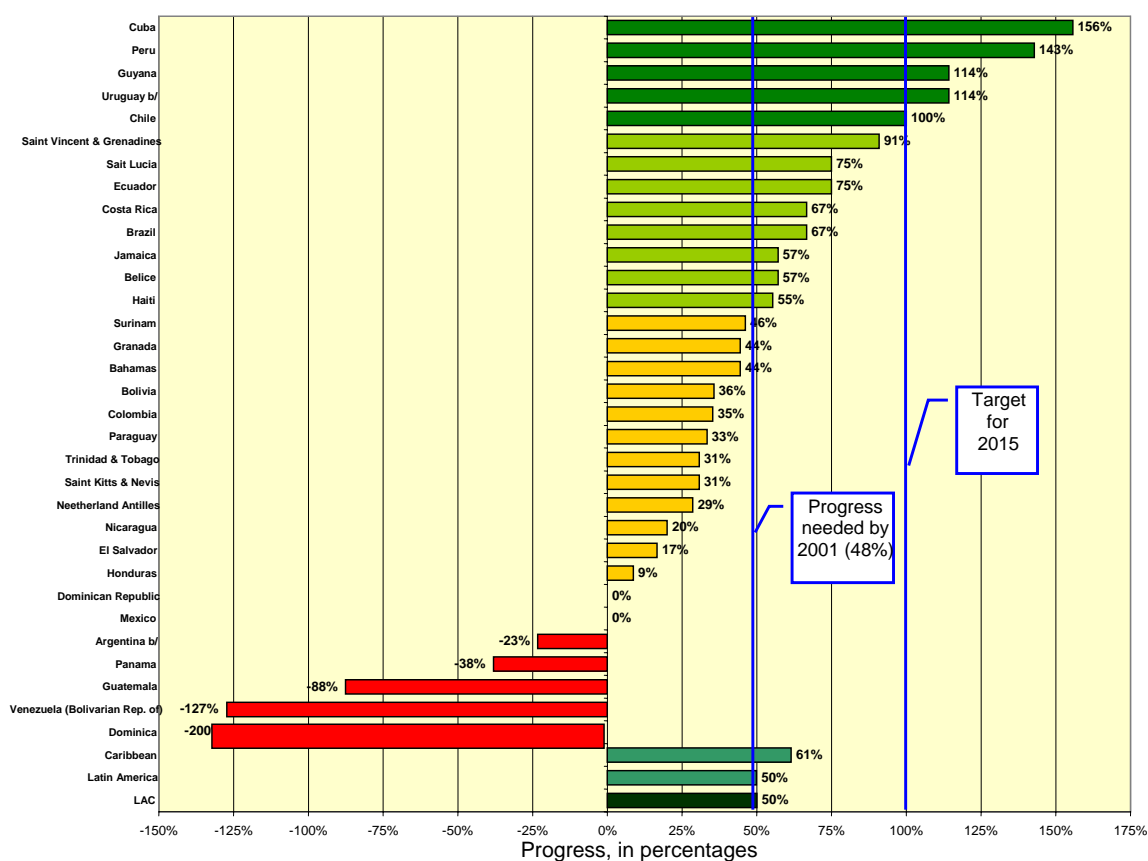
There are two targets to be met by 2015 under the first Millennium Development Goal: to halve the proportion of people living in extreme poverty in 1990, and to reduce by fifty percent the prevalence of hunger in 1990 (as per the undernourishment and underweight indicators).

## 2.1 Progress in reducing undernourishment

Latin America and the Caribbean show proper progress with respect to the time elapsed by 2001 (48%). However, as noted earlier, region-wide figures mask considerable disparities between countries and do not provide a basis for an accurate assessment of their chances of reaching the target.

The progress shown by Cuba, Peru, Guyana, Uruguay and Chile surpasses the target for 2015. Further, eight countries (four Caribbean and four Latin-American) show progress above midterm target. Consequently, unless there is significant economic deterioration or natural disasters, it is likely that they will sustain such progress throughout the coming decade.

**FIGURE 12**  
**LATIN AMERICA AND THE CARIBBEAN (32 COUNTRIES): PROGRESS TOWARDS THE UNDERNOURISHMENT TARGET**  
*(In percentages, by 2000 – 2002)*



Source: ECLAC, own elaboration based on data from FAO (2004).

<sup>a</sup> Urban sector.

A third group shows less progress than expected to achieve the target, but with important differences: while Suriname, Grenada and Bahamas are almost on track, the progress of Nicaragua, El Salvador and Honduras is significantly lower. These countries are followed by the Dominican Republic and Mexico whose DES increment is only equal to the population growth and do not show any progress to achieve the target. Therefore, in the upcoming years the food supply of these five

countries needs to be increased significantly faster than it has in the past. Nevertheless, to achieve the target, the access to food supply of the more vulnerable groups should be increased.

Finally, Argentina, Panama, Guatemala, the Bolivarian Republic of Venezuela and Dominica show significant regression in DES, which means that their food supply has grown more slowly than the population and/or inequality has increased. Regarding ECLAC estimates for 2005, they should expand their food supply more than twice as fast as in the 1990s, particularly in the case of Guatemala. In the case of the other three countries, it seems to be more a problem of accessibility to food supply than a matter of availability.

## 2.2 Progress in the reduction of malnutrition

Estimates based on nutrition studies conducted in the last two decades suggest that most Latin American and Caribbean countries have made significant strides towards the target of halving the prevalence of underweight children. From the early 1990s until the last measure made, they show a weighted average progress of 54% towards the target. However, if the annual country progress is used to estimate the weighted average for 2002, it grows to 66%, when the minimum requirement at that point was 48%. Regarding these estimates, the region as a whole seems likely to meet the target of reducing the prevalence of underweight children under the age of 5 from the average of 10.3% to 5.2%. This would bring the number to just below 2.9 million by 2015, reducing the underweight population in this age group by 1.4 million.

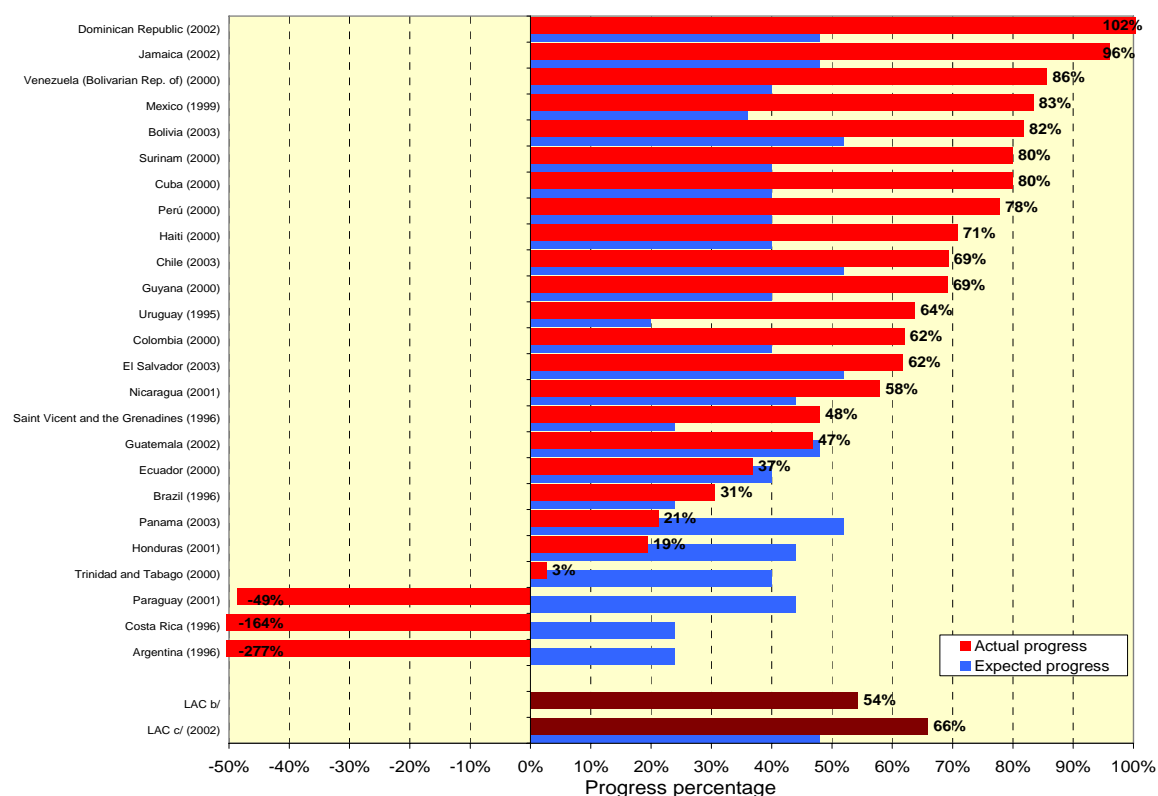
As it was mentioned before, in LAC, the situation between and within countries is not homogeneous. Therefore, region-wide averages hide some insufficient advances in Trinidad and Tobago, Honduras, Panama, Ecuador and Guatemala and even important regressions in Argentina, Costa Rica and Paraguay. It is important to underscore that Argentina, Panama and Honduras also show poor advances or regression in undernourishment, with the situation being most critical in the latter given its prevalences.

On the other hand, the Dominican Republic has already reached the target and Jamaica is almost there; the Bolivarian Republic of Venezuela, Bolivia, Mexico, Surinam, Cuba and Peru have made more than 75% of the progress needed and will probably reach the target before 2015.

Progress in Haiti, Chile, Guyana, Uruguay, Colombia, El Salvador, Nicaragua, Saint Vincent and the Grenadines, and Brazil has equaled or exceeded the expected minimum between measures. This lets us presume that these countries are likely to meet the target, barring any major economic downturns, natural disasters or the discontinuation of current policies and programmes.

Regarding the importance of stunting prevalence in the LAC region, it seems relevant to comment on the progress observed in the last decade. Between 1990 and 2002, the percentage of children with low height for age dropped from 19.1% to 15.6% in the region as a whole, but Panama and Argentina show significant increments, which is consistent with their regressions in underweight. Twelve countries show improvements higher than the average, while only the Dominican Republic, Jamaica, Chile and Uruguay have improved more than 40% in the period.

**FIGURE 13**  
**LATIN AMERICA AND THE CARIBBEAN (25 COUNTRIES): PROGRESS TOWARD THE MALNUTRITION TARGET – UNDERWEIGHT<sup>a</sup>**  
*(In percentage, around 2002)*



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of figures from the Database on Social Statistics and Indicators (BADEINSO) (<http://www.eclac.cl/badeinso/Badeinso.asp>); United Nations Millennium Indicators Database [online] ([http://millenniumindicators.un.org/unsd/mi/mi\\_goals.asp](http://millenniumindicators.un.org/unsd/mi/mi_goals.asp)); Opinion Research Corporation - ORC Macro, Demographic and Health Surveys (DHS) (<http://www.measuredhs.com>); World Bank, World Development Indicators (WDI) (<http://www.worldbank.org/data/onlinedatabases/onlinedatabases.html>); and United Nations Children's Fund (UNICEF), Global Database on Child Malnutrition (<http://www.childinfo.org/eddb/malnutrition/index.htm>).

<sup>a</sup> Refers to each country's most recent available figure on undernutrition between 1995 and 2002.

<sup>b</sup> Weighted average of the countries' prevalence at the year of measure.

<sup>c</sup> Weighted average of the countries' prevalence estimated for 2002, according to the progress obtained between measures.

### 3. Malnutrition and policies

#### 3.1 Food policies and programmes

The goal of a food policy is to help overcome food insecurity in the population. This means enabling people to have, at all times, physical and economic access to enough safe and nutritive foods to satisfy their nutritional needs and their preferences, in order to lead an active and healthy life.

To fulfill this goal, countries in the region have broached various intervention strategies, from the area of food production and marketing to emergency aid programs. Nonetheless, when attempting to identify specific policies to protect food security and nutrition, data collected show important variations partially due to differences in the problem itself in each of the countries. Most Latin American countries tend to have specialized political instances at the central level and in

almost all cases there is a national policy, but many of them do not have juridical safety for long term interventions.

As INCAP noticed for Central American countries “even though most of the policies and plans have been created taking into account the availability, access to, consumption, and biological utilization of food, there is an emphasis on the biological utilization and on consumption” ... “In practice, in many cases, the interrelationships for coordination lack the necessary coherence, particularly with production and access policies, so that it becomes necessary to consider macro-economic policies, globalization and interregional trade together with processes to modernize and decentralize the state in order for those plans to acquire a more realistic approach and to become politically viable, as well as technically and economically feasible” (2003).

In the case of the English and French speaking Caribbean countries, policy orientations seem to be rather subsumed within anti-poverty policies, including care for vulnerable groups (children, women, and people living in rural areas) and the protection of health, education, and nutrition rights; Bahamas, Belize, Guyana, and Trinidad and Tobago stand out as the only ones where one can identify nutritional policies or specific nutritional plans which are fundamentally geared towards problems with micro nutrient deficiencies. This is understandable to the degree that, in those countries, the problem is more centered on those aspects rather than in underweight or stunting (ECLAC-WFP 2005a).

At the level of food programs already existing in the countries, they focus on technology transfers to improve production (in volume and quality), school feeding, promotion of mother-child health (with promotion of breastfeeding by the mother), strengthening of foods with micro nutrients (basically iron, iodine, and vitamin A), recovery of critical cases, and mitigation of food vulnerability in the wake of natural disasters and social conflicts.

More recent experiences are the integral anti-poverty programs and social safety nets, including nutrition as objectives and as a mean, through conditional food and economic transfers. Some examples are *Bolsa Familia* in Brazil, *Oportunidades* in Mexico, *Red de Protección Social* in Nicaragua, *Programa Familias* in Colombia, *Programa de Asignación Familiar* in Honduras among others.

In the case of member countries of the Organization of Eastern Caribbean States (OECS), there is a growing implementation of social security networks aimed at the most vulnerable. Provision of such services plays a key role in alleviating poverty and in providing basic living conditions. Because they are based on the system of pension contributions, which works on the basis of a formal economy, there have been limitations as to the participation of those most in need, who are mainly independent rural workers (Caribbean Development and Cooperation Committee, 2004: 4).

International cooperation has been most relevant in implementing the above mentioned programs, particularly among Central America and Andean countries, supporting government institutions in defining policies and designing programs. They include international agencies (like WFP, FAO, INCAP, UNICEF, SICA, and CAN) and donor nations. Financing for the food comes mostly from national appropriations, banks (BCIE, BM y BID) and, to a significant degree, from donations of donor countries and agencies (mainly WFP and USAID). The work of national and international NGOs helps with the implementation of operational tasks.

Finally, it is important to mention some regional and sub-regional initiatives that have been undertaken by some countries and international agencies. These include the Latin America and Caribbean Without Hunger by 2025 initiative promoted by the governments of Brazil and Guatemala and supported by FAO; the PAHO Regional Strategy of Nutrition in Health and Development; Regional Programme for Infant Stunting Eradication, promoted by Central American Governments, WFP and IDB; and ECLAC and WFP studies to estimate the cost of malnutrition in the region, whose estimates for Central America were presented in Panama in June 2007.

## 3.2 Policy recommendations

Two elements appear to be of great relevance when attempting to formulate and implement policies against hunger and malnutrition.

First, over the past years, social policy designers have increasingly fostered inter-sectoral articulation in order to face social problems in an integral and participatory manner. This orientation is based on a systemic view that highlights the strong interaction among various sources of vulnerability (such as health, nutrition, education, housing, jobs, and environment). Overall, these sources spearhead the vicious circle of poverty and, in turn, a positive impact exerted on each of them unleashes a chain of positive effects on the others in such a way that it is possible to identify a virtuous circle of major synergies when analyzing and working on them jointly.

Second, the fight against malnutrition (particularly stunting - chronic malnutrition) requires sustained efforts and commitments, with targeted interventions on children under 3 years of age and pregnant and lactating women, all of whom are undergoing crucial nutritional vulnerability periods within their life cycle.

Within this framework, a general set of policy guidelines follows, some of relatively short-term and others of more long-term implementation:

- ❑ Promote breastfeeding (exclusive until 6 months of age), providing appropriate conditions for working mothers.
- ❑ Maintain and improve food fortification programmes with micronutrients, which have proved to be highly cost-effective in reducing gaps in health, learning and productivity.
- ❑ Provide food supplements and promote their consumption among pregnant and lactating women as well as for infants and pre-school children.
- ❑ Promote and improve food consumption practices based on highly nutritious local and traditional products, taking into account cultural and ethnic diversities.
- ❑ Establish cash and food transfer programmes for people living in extreme poverty, in exchange for participating in primary health care and education services, community work, training, literacy programmes, etc. Several countries in the region have adopted this approach, with programmes that have been positively assessed so far (see above, I.4.1.2).
- ❑ Strengthen preventive actions, especially through public information programmes, education in food and nutrition, and communicating best practices on child care, hygiene, parasite elimination, healthy food habits, and food handling and preservation, targeted at the most vulnerable groups.
- ❑ Institute or optimize emergency food protection systems in cases of natural disasters and social conflicts, guaranteeing direct support for children and their mothers.
- ❑ Improve investment in and management of education and health services, in order to extend coverage and increase supply quality so as to achieve higher levels of food security and access to health care.
- ❑ Improve infrastructure of: water and sanitation infrastructure in marginal areas in order to reduce the transmission of diseases associated with malnutrition; irrigation in order to increase agricultural productivity in dry areas; roads to facilitate trade of local products and food distribution in emergency situations.
- ❑ Facilitate access to productive assets including land, equipment and financing for the most vulnerable families. This should be complemented with soil improvement, water

management and food storage programmes, as well as actions to enhance productivity and diversification, especially for subsistence farmers.

- ❑ Improve the productive processes of agricultural goods through investment in new technologies, training and hygiene, especially in terms of food handling in commercial establishments and in households, along with effective health control systems to protect children from diseases originating in the various stages of production and distribution
- ❑ Advocate for a fair international trade system of agricultural goods, especially regarding the effects of subsidies and other protection mechanisms implemented by developed countries. Despite facilitating access to food for some sectors of the population, these measures limit the competitiveness of the region's small and micro agricultural producers (who are usually the most vulnerable) as well as local food security.

The priority of each initiative for each country depends on its nutritional and epidemiological profile and on the national programmes that are undergoing.





### **III. Education in Latin America and the Caribbean**

#### **1. The educational situation in Latin America and the Caribbean: a broad view of the second Millennium Development Goal**

Education has a key role to play in development, not only as a fundamental human right but also because it contributes to productive development, promotes intergenerational equity, and empowers people to pursue their life projects and exercise citizenship. Furthermore, education today is gaining a new impetus and greater strategic importance in the light of the changes caused by globalization, in which new productive patterns place a higher value on information and knowledge;<sup>25</sup> and because of the need to educate citizens in the ethics of human rights and democratic participation. This requires citizens and human resources with the skills to participate in new modes of production, participation and coexistence. All of this explains the commitment shown by Governments towards decisive progress on educational achievement and relevant learning outcomes.

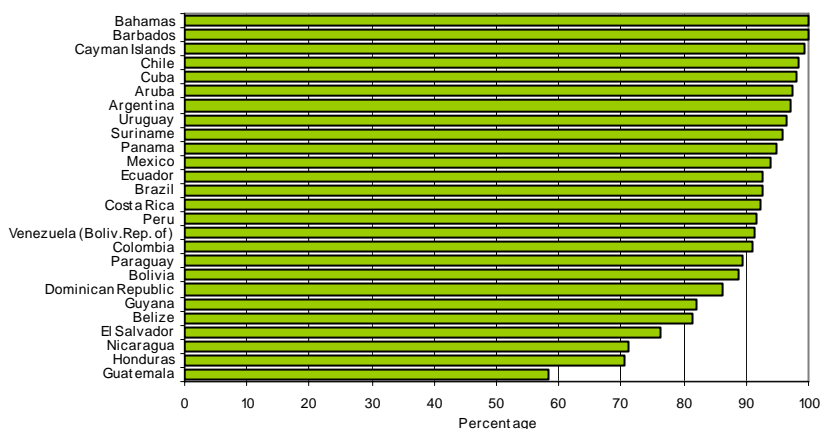
The second Millennium Development Goal is set in this context, and establishes universal completion of primary education by 2015 for all children as target 3. Nonetheless, in Latin America and the Caribbean it is possible to formulate more ambitious targets for this goal, given the high rates of primary school completion in the region (as shown in figure 1, 88.1% of the 15-19 year age group had completed primary education in 2002),<sup>26</sup> and the fact that gender equity in the completion of primary school had been achieved in 1992 and was still being maintained a decade later (ECLAC and other United Nations Agencies, 2005).

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<sup>25</sup> One of the most salient features of the Caribbean is its relatively higher levels of education than the majority of populations in the rest of the developing world. Having a competitive advantage in knowledge makes the Caribbean a better place to assimilate and adapt to sophisticated technology. Investors seek to enhance their competitiveness by establishing their operations in proximity to knowledge rather than labour pools, since the cost of labour at present provides a relatively small advantage compared to the cost of information.

<sup>26</sup> The 15-19 age group is used because it is assumed that at that persons who have not completed primary education are no longer in the education system. With regard to the net enrolment rates for primary education, the simple average for Latin America and the Caribbean of the enrolment rate of boys and girls of eight years of age was 7.0% in 2004 (UNESCO 2007b).

**FIGURE 14**  
**LATIN AMERICA AND THE CARIBBEAN (26 COUNTRIES): COMPLETION**  
**OF PRIMARY SCHOOL, POPULATION OF 15-19 YEARS OF AGE**



Source: For the Caribbean countries and Aruba: UNESCO Institute for Statistics (UIS). For Cuba: data from the 2002 population census. For Latin American countries: household surveys compiled and processed by ECLAC. All of the information has been organized in accordance with ISCED 97. Taken from UNESCO (2007b).

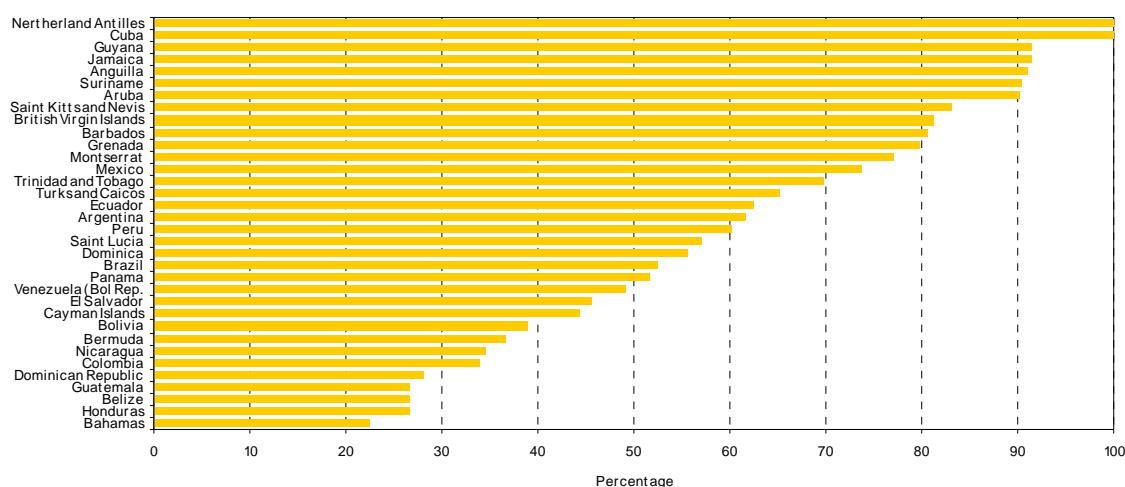
Nonetheless, the regional situation shows that primary education is not a sufficient condition for poverty reduction, promotion of equity and development of the human capital needed for greater productivity. So it is unsurprising that the commitments assumed by governments in Latin America and the Caribbean within the Santo Domingo Regional Framework of Action for the Americas (UNESCO, 2000b), and in the Summit of the Americas in 1998, set a broader set of educational objectives and targets for achievements in the domains of pre-primary, primary, secondary education and adult literacy. For the same reason, it has been considered necessary to redefine the targets to be achieved by 2015 in Latin America and the Caribbean (ECLAC-UNESCO, 2005) as follows:

- *Universalize pre-primary education*, raising the net enrolment rate among children between three and five years of age to 100% by 2015 in all countries of the region.
- *Ensure universal completion of the primary cycle*, raising that achievement level to 100% of the population of 15-19 years of age, i.e. an age-group close to the age of completion but which no longer belongs to the population group attending this school cycle.
- *Raise the secondary education coverage rate to 75%*, targeting a net enrolment rate of at least 75% by 2015.
- *Eradicate adult illiteracy*, i.e. provide literacy skills for all people of 15 and older who are currently illiterate, as well as others in that category between now and 2015. From that year onward, fulfillment of this target would be assured insofar as the second target is achieved.

*Progressive universalization of preschool education* is justified because of the importance of providing early childhood services for the development of children's skills and subsequent social integration. Participation in preschool education programmes is associated with substantial benefits throughout the life cycle, both in terms of progress and performance through the educational system, and in long-term social integration. These points suggest that investments in pre-primary education should be a government priority in Latin America and the Caribbean (Villatoro, 2007).

According to ECLAC and other United Nations Agencies (2005), roughly 69.5% of Caribbean children were enrolled in preschool education in 2002, compared to 42.5% in Latin America (see Figure 15).

**FIGURE 15**  
**LATIN AMERICA AND THE CARIBBEAN (24 COUNTRIES):**  
**NET PRESCHOOL ENROLMENT RATE**  
(Percentages)



Source: Database of the UNESCO Institute for Statistics (UIS).

**TABLE 4**  
**LATIN AMERICA AND THE CARIBBEAN (18 COUNTRIES): NUMBER OF YEARS OF**  
**SCHOOLING NEEDED TO HAVE THE SAME OR LOWER PROBABILITY OF BEING POOR**  
**THAN THE AVERAGE AMONG EMPLOYED PERSONS OF 20-29 YEARS OF AGE IN EACH**  
**COUNTRY**

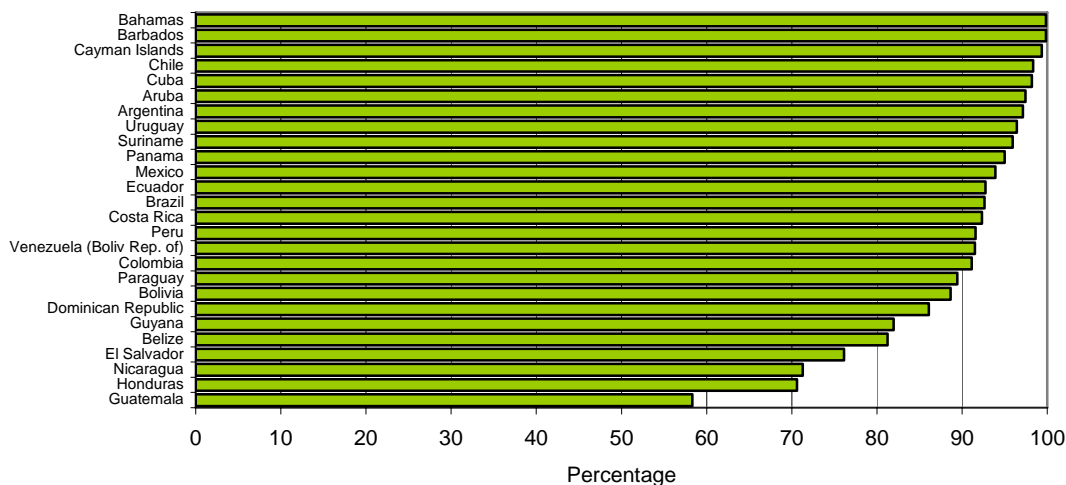
| Country  | Average poverty level among employed persons | Minimum number of years of schooling | Average labour income (in PL) |
|--|--|--------------------------------------|-------------------------------|
| Argentina, 1999  | 11.5%  | 11                                   | 3.7                           |
| Bolivia, 1999  | 38.7%  | 13                                   | 3.4                           |
| Brazil, 1999   | 22.5%  | 8                                    | 3.0                           |
| Chile, 2000  | 10.1%  | 12                                   | 4.1                           |
| Colombia, 1999   | 33.8%  | 11                                   | 2.7                           |
| Costa Rica, 1999   | 7.5%   | 10                                   | 4.4                           |
| Ecuador, 1999  | 51.4%  | 12                                   | 2.4                           |
| El Salvador, 1999  | 25.6%  | 10                                   | 2.9                           |
| Guatemala, 1998  | 34.0%  | 9                                    | 1.9                           |
| Honduras, 1999   | 58.9%  | 9                                    | 2.7                           |
| México, 2000   | 22.5%  | 10                                   | 3.3                           |
| Nicaragua, 1998  | 52.8%  | 11                                   | 2.9                           |
| Panama, 1999   | 10.8%  | 11                                   | 3.5                           |
| Paraguay, 1999   | 28.5%  | 12                                   | 2.9                           |
| Peru, 1999   | 22.3%  | 11                                   | 2.5                           |
| Dominican Rep., 1997                                     | 15.6%  | 11                                   | 3.6                           |
| Uruguay, 1999  | 5.8%   | 9                                    | 3.8                           |
| Venezuela, 1999 <sup>a</sup><br>(Bolivarian Republic of) | 32.8%  | 11                                   | 3.1                           |

Source: ECLAC (2004a).

<sup>a</sup> National total.

*Completion of secondary school* is crucial for poverty reduction, since it increases the return to additional years of schooling in the form of higher wages. Graduation from secondary education nowadays is seen as a threshold that gives individuals a high chance of avoiding absolute poverty throughout their working life, given the higher income obtainable as result of completing and graduating from that education cycle (ECLAC, 2004a, chapter V). Estimates made at the start of the decade (ECLAC, 2004a) suggest that the region on average needs a minimum of 10 to 13 years of formal education (depending on the country), and in many cases completion of secondary school, to have a probability of 90% or more of not falling into or remaining in poverty (see Table 3). Moreover, schooling requirements increase as education undergoes a progressive devaluation (in terms of wage returns per years of schooling), reflecting higher average educational attainment in society and greater productive and cultural demands (ECLAC, 2004a and 2004b). Specifically, the returns to primary education declined in the region during the 1990s (ECLAC, 2002b).

**FIGURE 16**  
**LATIN AMERICA AND THE CARIBBEAN (25 COUNTRIES): COMPLETION OF SECONDARY EDUCATION, POPULATION OF 20-24 YEARS OF AGE**



Source: For the Caribbean countries and Aruba: UNESCO Institute for Statistics (UIS). For Cuba: data from the 2002 population census. For Latin American countries: household surveys compiled and processed by ECLAC. All of the information has been organized in accordance with ISCED 97. Taken from UNESCO (2007b).

Note: The 20-24 year age group was used because it is close to the secondary school graduation age, but represents a group that is no longer attending that level of education.

At the secondary level, the average net enrolment rate for the region in 2004 was 71.8%, according to the UIS database. Nonetheless, a large proportion of pupils drop out of secondary school, particularly children from poor families; and the figures vary widely between countries. According to data for 2000/2001, net enrolment rates ranged from 26% in Guatemala and 36% in Nicaragua, to rates close to or above 70% or 80% in Barbados, Cuba and Jamaica in the Caribbean; and Argentina, Chile, Mexico, Peru and Uruguay in Latin America (ECLAC-UNESCO, 2004).

*The gradual eradication of adult illiteracy* would help reduce extreme poverty, increase social cohesion and inclusion, and promote productivity and growth. Eradicating illiteracy means providing for those who did not have access to formal education and those that abandoned it early to start work and then lost the ability to read and write. This target will not only make it possible to reduce social marginalization, but also pave the way for further training and skill development,

better job performance, and a reduction in infant mortality rates associated with illiteracy among mothers. An estimated 36 million inhabitants of Latin America and the Caribbean claim not to have basic reading-writing skills, which is a serious impediment to their social inclusion (ECLAC and other United Nations Agencies, 2005).

## 2. The financing of education

The four targets discussed above pose challenges both in terms of improving the management and efficiency of educational systems, and also in terms of the financial resources needed to fulfill them by 2015.

According to ECLAC and UNESCO estimates, made in 2004 using 2000 data, a group of 22 of the region's countries would need resources totaling nearly US\$149 billion over the period 2000-2015 to fulfill educational targets by 2015 (ECLAC-UNESCO, 2005). This figure represents about 7.5 percentage points of the 2000 GDP of the 22 countries considered, and 20 percentage points of the GDP of Brazil in that year.

If these countries want to fulfill the four targets, they would need to spend an additional US\$13.56 billion per year, approximately, for 11 years up to 2015. According to this projection, roughly 60% of these resources (US\$90 billion for the period 2005-2015) would come from the public budget if those 22 countries were to maintain the fraction of GDP that they currently destine for pre-primary, primary and secondary education, and provided they achieve an average economic growth of 2.6% per year during the period. This would require additional resources amounting to about US\$60 billion<sup>27</sup> (see table 5).

According to estimates made in the aforementioned document, the resources needed to universalize pre-primary education, considering the relatively low levels of coverage in this educational cycle, represent just over 40% of the total resources for all four targets, i.e. an estimated total of US\$64.6 billion. In the case of universalization of primary education, reducing the repetition rate and raising expenditure per pupil in the countries with the greatest backlogs, roughly US\$21.5 billion would be needed, i.e. just 14.4% of the total for the four targets. Extending secondary coverage to 75% by 2015 (already achieved in four countries), would require around US\$59.3 billion, i.e. 39.8% of the total for the four targets. Lastly, eradicating adult illiteracy by 2015 would require a total of US\$6.9 billion, representing 4.6% of total additional resources and serving an average of 2.9 million people per year.<sup>28</sup>

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<sup>27</sup> This projection was made using relatively low growth estimates which at that time represented the average rates for the last few years. Given the significant acceleration of growth over the last two years, the scenario is more positive in terms of the availability of resources from the public budget.

<sup>28</sup> Of the total of US\$6.9 billion, 54% would be spent by Brazil and Mexico, countries that would need to serve about 1.6 million people per year.

**TABLE 5**  
**LATIN AMERICA (22 COUNTRIES): GLOBAL ESTIMATE OF THE TOTAL AND ADDITIONAL COSTS OF FULFILLING**  
**THE FOUR EDUCATIONAL TARGETS FOR 2015**  
*(Percentages of GDP and millions of dollars at 2000 prices)*

| Target  | Year 2000          |                    |                           |                            | Year 2010                         |  | Year 2015                         |  | Total additional resources to attain targets (US\$ mill.) b | Total additional resources to attain target without quality inc. d |
|---|--------------------|--------------------|---------------------------|----------------------------|-----------------------------------|--|-----------------------------------|--|---|--|
|   | Net enrolment rate | Cost per capita a/ | Cost total (US\$ mill.) b | Total cost as % of GDP2000 | Total cost per year as % of PIB c | Additional resources needed in year (US\$ mill.) b | Total cost per year as % of PIB c | Additional resources needed in year (US\$ mill.) b |   |  |
| <b>Total targets</b>                            | ...                | ...                | <b>60664</b>              | <b>3,06</b>                | <b>2,83</b>                       | <b>12288</b>                                       | <b>2,71</b>                       | <b>18823</b>                                       | <b>148811</b>   | <b>124069</b>  |
| 1. Universalize pre-primary education           | 51                 | 483                | 5928                      | 0,30                       | 0,44                              | 5341   | 0,48                              | 8134   | 64120   | 61975  |
| 2. Ensure universal attainment of primary cycle | 93                 | 445                | 27011                     | 1,36                       | 1,11                              | 1569   | 1,01                              | 2424   | 18939   | 12230  |
| 3. Raise coverage of secondary education to 75% | 62                 | 784                | 27725                     | 1,40                       | 1,28                              | 4897   | 1,22                              | 7723   | 58871   | 42983  |
| 4. Eradicate adult illiteracy                   | 11 e/              | 160                | ...                       | ...                        | ..                                | 481  | ..                                | 543  | 6881  | 6881   |

Source: Economic Commission for Latin America and the Caribbean (ECLAC), estimates on the basis of *Global Education Digest 2003 – Comparing Education Statistics Across the World*, Montreal 2003, UNESCO Institute for Statistics (UIS). See ECLAC-UNESCO, 2005.

<sup>a</sup> Cost per pupil enrolled in public schools.

<sup>b</sup> Additional cost in each year indicated needed to achieve coverage consistent with achieving the target, compared to the expenditure that would be needed to maintain coverage as in 2000. Figures expressed in millions of dollars at 2000 prices.

<sup>c</sup> Historical growth hypothesis (1990-2002 annual average rate of 2.6%).

<sup>d</sup> Additional cost to attain coverage consistent with achieving the target, not considering the increases in costs per capita in countries with figures below the median, a criterion used as an approximation to improvements in the quality of the education service. Unless otherwise indicated, the remaining figures and tables take this gradual quality improvement into account.

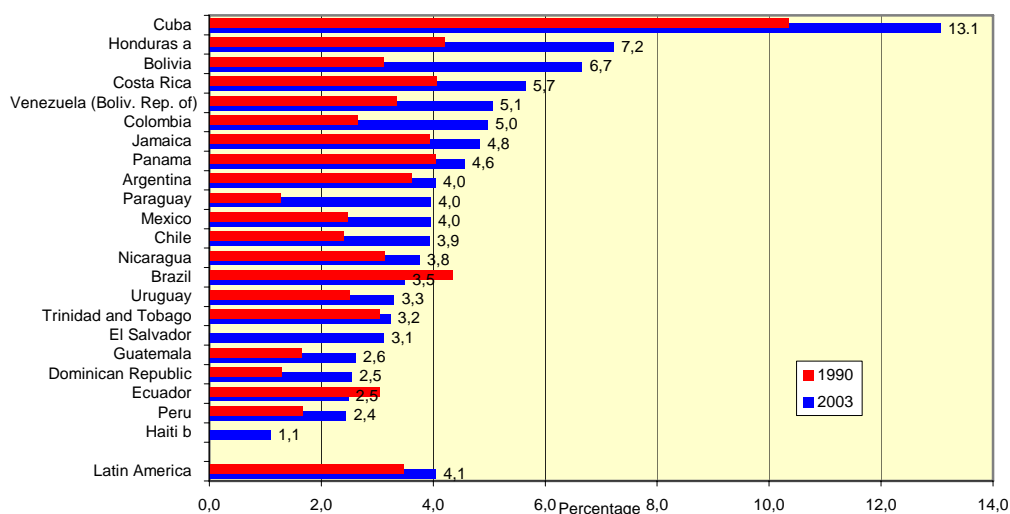
<sup>e</sup> In this case, the rate refers to adult illiteracy.

..- The figure is close to zero (0).

It is clearly important to rank educational changes by their impact on pupil attainment, since this would make it possible to optimize the targeting of investment in education. Nonetheless, making social expenditure on education more effective and efficient is not sufficient. It is also crucial, as the countries of the region argued in their efforts to reform education in the 1990s and early part of this decade, to have Governments that are committed to raising public investment in education, both in absolute terms and as a percentage of GDP, and to obtain additional resources from private and external sources.

In terms of financial effort, Latin American and Caribbean countries on average currently devote roughly 4% of their GDP to education. This represents a considerable effort, considering the increase in education spending in the region from 1.1% of GDP in the last decade (as a simple average from 3.0 in 1990 to 5.0 in 2005), which is reflected in an increase in expenditure per pupil (see figure 17).

**FIGURE 17**  
**LATIN AMERICA (22 COUNTRIES): TREND OF PUBLIC EXPENDITURE ON EDUCATION**  
**AS A PROPORTION OF GDP**  
*(Percentages)*



Source: ECLAC, database on social spending.

<sup>a</sup>The final figure corresponds to 2004.

<sup>b</sup>Relates to 2000.

Although this represents positive progress and government willingness to contribute additional resources to education, it is not enough to have a vigorous effect on more equal opportunities and qualitative improvements in competitiveness through more skilled human resources. Moreover, the gaps are striking in terms of expenditure per pupil and teachers' wages when the countries of the region are compared with those of the OECD (see Table 6). This is explained mostly by the huge gap in GDP per capita between the two groups of countries. The situation is even more serious when one considers that the countries of the region that need to make the quickest progress, and from further back, are those that invest least in education (in absolute terms), given that their GDPs are lower and they have less administrative capacity to execute additional resources.

**TABLE 6**  
**EXPENDITURE PER PUPIL AND TEACHERS WAGES: COUNTRIES OF LATIN AMERICA**  
**VS. WESTERN EUROPE AND NORTH AMERICA**

| Countries                               | Public spending on education as a percentage of GDP (2004) | Expenditure per pupil at primary school (in PPP dollars) (2001) | Basic wage of teachers after 15 years <sup>b</sup> (in PPP dollars) (2002-2003) | Pupils per teacher in primary school (2004) |
|---|--|---|---|---|
| Argentina                               | 4  | 1,418   | 9,508   | 17  |
| Bolivia                                 | 6.4  | 276   | 5,318   | 24  |
| Brazil                                  | -  | 731   | 11,860  | 24  |
| Chile                                   | 4.1  | 1145  | -   | 34  |
| Colombia                                | 4.9  | -   | -   | 28  |
| Costa Rica                              | 4.9  | 1,319   | -   | 22  |
| Cuba                                    | -  | -   | -   | 10  |
| Ecuador                                 | -  | -   | 2,669   | 23  |
| El Salvador                             | 2.8  | 467   | 11,304  | -   |
| Guatemala                               | -  | 342   | -   | 31  |
| Honduras                                | -  | -   | -   | 34  |
| Mexico                                  | 5.3  | 1,131   | 16,720  | 27  |
| Nicaragua                               | 3.1  | -   | -   | 35  |
| Panama                                  | 3.9  | -   | -   | 24  |
| Paraguay                                | 4.4  | -   | 7,825   | 27  |
| Peru                                    | 3  | -   | 5,661   | 25  |
| Dominican Republic                      | 1.1  | 435   | -   | 21  |
| Uruguay                                 | 2.6  | -   | 5,787   | 21  |
| Venezuela (Bolivarian Republic of)      | -  | -   | -   | -   |
| <b>LATIN AMERICA AVERAGE</b>            | 3.88 <sup>a</sup>  | 807.1 <sup>a</sup>  | 8,516.8 <sup>a</sup>  | 25 <sup>a</sup>                             |
| <b>WESTERN EUROPE AND NORTH AMERICA</b> | 5.89 <sup>a</sup>  | 5,030 <sup>a</sup>  | 36,770 <sup>a</sup>   | 14.1 <sup>a</sup>                           |

Source: ECLAC-UNICEF (2006) on the basis of UIS data.

Notes: <sup>a</sup> Unweighted simple average. <sup>b</sup> Teachers' wages refer to the lowest qualification category.

Account also needs to be taken of the overwhelming weight of current expenditure in the composition of total public spending, and also in much of private spending. Current expenditure, which normally exceeds 90% of total public education expenditure in the countries of the region, is mainly used to pay wages of teachers and administrative staff, and to a lesser extent to maintain educational infrastructure. Hence, one of the advantages of diversifying funding sources is to make expenditure more flexible, to make it possible to invest in the priorities set by governments for achieving their own objectives. New funding sources would make it possible to finance programmes aimed directly, for example, at improving continuity within the education system, especially in the more vulnerable and lower-income sectors; and to improve management of the education system to ensure that current expenditure has a greater impact on the equity, quality and efficiency of the system.

Clearly, the bulk of educational resources come from government budgets. Public expenditure also depends on tax revenue, transfers between expenditures that the government makes to various sectors and services, economic growth in the country, and the obtaining of off-budget funding of domestic or external origin. Increases in private funding depend on the value families attach to educational spending when allocating the household budget. Other complementary sources



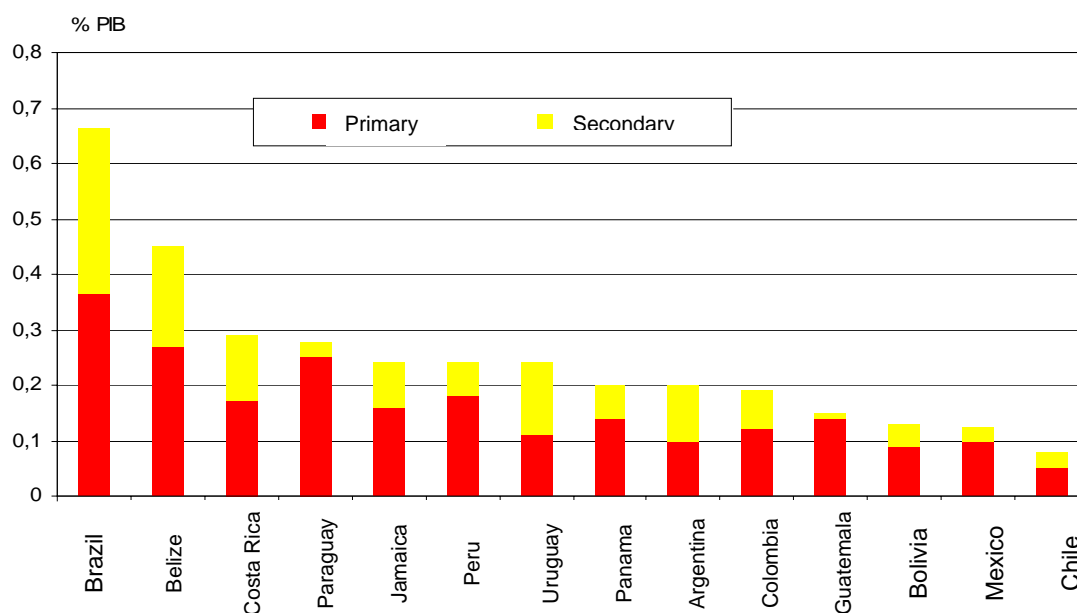
include the business sector, bilateral and multilateral international cooperation, and contributions from charity foundations, religious groups and non-governmental organizations.

Lastly, it is not just a matter of investing more, since expenditure also needs to become more efficient. Measuring the efficiency of education systems is no easy task. An approximation can be obtained by studying internal efficiency indicators such as the on-time graduation rate of students, expected graduation time, and repetition rate. The latter is displayed in Figure 18, which shows that the costs involved vary from one country to another, but in all cases represent a non-negligible proportion of GDP, amounting to nearly 0.7% of GDP in Brazil, and less than 0.1% of GDP in Chile. Countries such as Ecuador, Guyana, Bolivia and Jamaica report repetition rates below 5% for first grade, while in Uruguay, El Salvador, Paraguay, Costa Rica and Guatemala repetition rates for that grade are 15% or more.<sup>29</sup>

An increase in the public budget for education thus occurs in circumstances where expenditure efficiency faces problems such as high repetition rates, backlog, and school dropout. It is calculated that the region wastes about US\$12 billion per year with current repetition rates (PPP dollars at constant 2000 prices) (UNESCO, 2007b).

Reducing the internal inefficiencies of the education system is particularly urgent in the current situation of resource scarcity. It is essential that countries with high rates of backlog and repetition adequately identify the causes of such resource losses, and develop cost-effective policies to make the region's educational systems more efficient. In most countries, it makes good business sense to universalize entry at an early age and improve the rate of progression and retention within the system, given the saving to be gained through greater systemic efficiency.

**FIGURE 18**  
**LATIN AMERICA AND THE CARIBBEAN (14 COUNTRIES): ANNUAL COSTS**  
**GENERATED BY REPEATING STUDENTS, AS A PERCENTAGE OF GDP**



Source: UNESCO Institute for Statistics (UIS).

<sup>29</sup> This information needs to be interpreted with care, however, because factors such as automatic promotion and the methods used to collect and process data can impair the comparability of the figures.

### 3. Education quality

For most of the twentieth century, education policies focused mainly on guaranteeing the population's access to education services, particularly at the primary level. Thanks to these efforts, the region can claim significant progress, as outlined above. Nonetheless, over the last two decades, it became increasingly clear that access did not guarantee the pursuit and conclusion of studies; and that passing through the education system did not guarantee achievement of desired learning outcomes.

From the mid-1980s onwards, the region's countries began to pay increasing attention to education quality. Although it is not easy to specify the meaning and dimensions of education quality, the Dakar Framework for Action (2000) highlights student attitudes and motivations, contents (relevance or alignment of the curriculum to the local reality), processes (teacher skills and pedagogic strategies) and systems (resource management and allocation). Recently, the EFA Global Monitoring Report Team 2005 designed a quality framework that distinguishes the characteristics of students, context, inputs and outcomes.

As effective learning outcomes serve as a proxy for education quality, countries were encouraged to set up national systems to evaluate pupils' academic achievements. By applying standardized tests focusing basically on subjects considered crucial –language and communication, mathematics and sciences– such systems have generated a large body of information, showing the following.<sup>30</sup>

- Average levels of academic achievement by students in most of the region's countries are far removed from those expected by the proposed curricula and objectives.
- Students' academic achievements correlate closely with the socioeconomic level of their families, which shows that education systems are unable to guarantee equivalent education outcomes among individuals from different socioeconomic levels, which seriously impairing the achievement of greater equity in education.
- In cases where time-based comparisons can be made, the gaps between students according to socioeconomic status tend to persist through time, thereby demonstrating a lack of progress in this area.
- There are significant cases where education institutions, operating in particularly unfavourable circumstances, have achieved notable results. This shows that given certain management and resource endowment conditions, education can fulfill its role in promoting more equal opportunities (UNESCO, 2002).

Some of the region's countries have also made efforts to generate comparable information on the academic attainment of their students. Of these, the initiative encompassing the largest number of countries was the first International Comparative Study conducted by UNESCO in 12 Latin American countries in 1997 (see UNESCO, 1998, 2000a and 2001), which showed that performance levels among participating countries, apart from Cuba, did not display significant differences.

A smaller group of countries is participating in the Programme for International Student Assessment (PISA), which, unlike most national studies, seeks to evaluate reading-writing, numeracy and scientific skills among the 15-year-old pre-adult population. This study is being undertaken independently of the school grade being followed, and in the light of a set of domains

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<sup>30</sup> National studies can be obtained from the website of the Programme for the Promotion of Educational Reform in Latin America and the Caribbean (PREAL) in the corresponding section: [http://www.preal.org/Grupo.asp?Id\\_Grupo=3&Id\\_Seccion=29&Id\\_Seccion2=139](http://www.preal.org/Grupo.asp?Id_Grupo=3&Id_Seccion=29&Id_Seccion2=139).

and skills considered critical for performing effectively in today's world, whether or not included in current curricula contents. The PISA has shown that participating countries from the region achieve systematically lower performance levels than those recorded in OECD countries — a comparison that tends to receive major press coverage. Even more worrying, the tests show that young people from the participating countries have serious difficulties in performing the most elementary tasks proposed by the PISA. This means that they have a weak academic training which seriously restricts their prospects in terms of the challenges of modern life.

Both international studies verify the findings outlined above regarding poor levels of performance and gaps between socioeconomic groups. On the other hand –and this is the full half of the glass– they recognize successes achieved by schools with low-income students. In other words it is possible to reverse the socioeconomic determinants of student performance, so educational paths can make a significant difference in people's lives.

Nonetheless, the emphasis on academic results in standardized tests risks losing sight of other aspects that are crucial for understanding what quality education is.<sup>31</sup> From the standpoint of education as a fundamental human right, it needs to be considered in at least three central substantive domains, namely: (i) the extent to which education allows people to develop **relevant** learning outcomes in conformity with the features and challenges of contemporary society; (ii) the extent to which education is **pertinent** to the specific conditions of individuals and, therefore, capable of ensuring that educational experiences are consistent with the characteristics, needs, expectations and views of what is an essentially diverse population; and (iii) the extent to which education ensures rights for all and thus promotes **equity**.

From a rights perspective, education quality needs to include these three substantive aspects. An inequitable education, for example, cannot be considered a quality education because it undermines people's right to a decent life and well-being. Nor is an education that is not relevant a quality education, since it does not empower people for their future lives, which is one of its basic purposes.

Considered as a right for all, quality education calls for government commitment with public action to fully enforce it. Public governance and action need capacity to achieve the objectives referred to here in terms of coverage, completion of studies, academic achievements and the closing of equity gaps. An efficient State is crucial in this regard, since it means good use of the resources that society makes available to uphold the right to a quality education. This raises two additional factors that help compose a broad overview of quality education: the effectiveness and the efficiency of education systems.

In this regard, the region has made substantial progress<sup>32</sup> in establishing regulations that promote relevancy and pertinence, but the results vary in terms of effectiveness. There are also significant efficiency shortcomings (which impact on the aspects mentioned in the section on financing) and equity.

Key variables for the effectiveness of education, such as access, completion of studies and academic attainments, vary greatly between different social groups. Despite the significant progress recorded in the region, not only do challenges remain in terms of achievements, learning and efficiency, but these also affect the population in different ways.

The available evidence reveals systematic differences to the detriment of rural populations, indigenous groups (or Afro-descendants in Brazil) and lower-income sectors, particularly those living in situations of indigence. Educational backlogs form part of a social

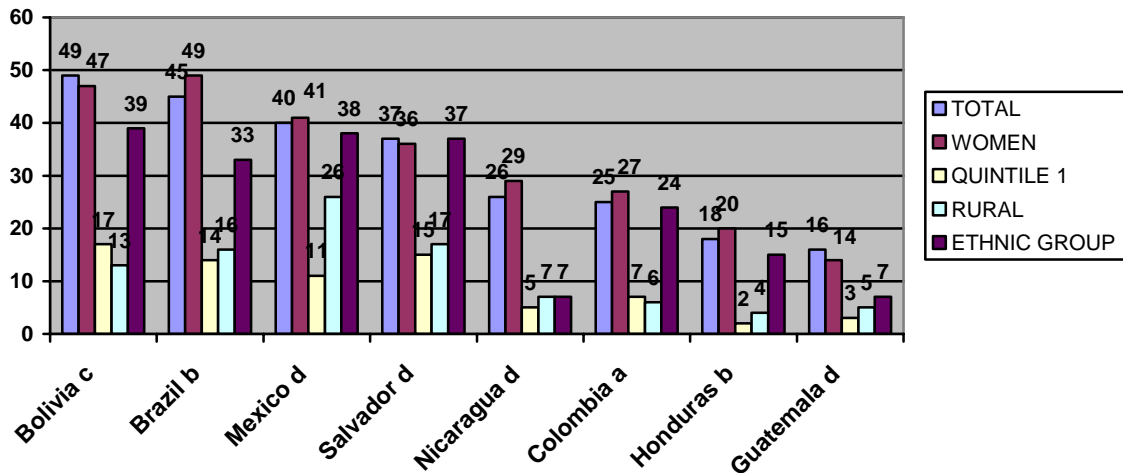
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<sup>31</sup> The following reflections are based on UNESCO (2007a).

<sup>32</sup> For details of the regional education system see UNESCO (2007b).

structure of marginalization; and, in that regard, education has failed to help compensate for other social differences, but tends, on the contrary to reproduce them. When one considers that completing secondary education is the most important educational achievement threshold, providing clear conditions for overcoming poverty or not falling into it, achievement gaps to the detriment of poor people, ethnic minorities and the rural population, show that education is not currently succeeding as a key mechanism for overcoming the intergenerational reproduction of poverty (see Figure 19).

**FIGURE 19**  
**LATIN AMERICA AND THE CARIBBEAN (8 COUNTRIES): COMPLETION**  
**OF SECONDARY EDUCATION, TOTAL AND DISAGGREGATED**  
**FOR WOMEN, POOREST INCOME QUINTILE, RURAL**  
**RESIDENTS AND ETHNIC GROUPS,**  
**EIGHT COUNTRIES (2001-2004)**  
*(Percentages)*



Source: Prepared by the authors, on the basis of special calculations made by the ECLAC Social Development Division, from household surveys in 18 of the region's countries.

Notes: <sup>a</sup> 2004 data; <sup>b</sup> 2003 data; <sup>c</sup> 2002 data and <sup>d</sup> 2001 data.

The total population includes ethnic minorities, the poor and rural residents, among others; so the gap with these groups would be much greater if the national average did not include these population segments.

On the other hand, the largest gaps are seen through differences in economic incomes and conditions of extreme poverty among the population, and are smaller in relation to zone of residency, ethnic identity and gender. In fact, gender differences are not only of smaller magnitude, but are starting to emerge to the detriment of the male population. Nonetheless, the latter should not be taken to mean that problems of discrimination against women and girls that are not recorded in the aggregate variables have been overcome: they continue to occur in daily life and at school, and are often present in biases in teaching.

In the Caribbean region there is clear evidence of a vicious circle between access to education and massive rural poverty incidence. Recent suggestions from FAO<sup>33</sup> highlight the fact that poverty is highly concentrated in the rural parts of the Caribbean because education does not reach these rural

<sup>33</sup> Sourced from the website: <http://www.fao.org/newsroom/en/news/2006/1000292/index.html>.

areas. The report further states: “In Jamaica, the rural poverty rate is three times higher than the urban poverty rate, while in Guyana, almost the entire population is poor” (FAO, 2006).<sup>34</sup>

## 4. Challenges and proposals

The educational situation in the region shows significant progress following decades of efforts made by Governments and countries at large. But there are also major constraints that undermine full exercise of the right to education and limit its impacts on individual development, poverty reduction, productivity growth, and the promotion of equity.

This poses challenges on four levels for moving towards a quality education for all: access (with permanency and completion), universal achievement of basic and relevant learning outcomes for all, equity and efficiency, and timely and sufficient financing. Within this framework, and in the light of the diagnostic presented above, the following proposals are made.

### In terms of access and completion:

- (1) Expand access to education from preschool through secondary, together with permanency in the system and completion of school cycles.
- (2) Maintain a system of information and exchange between the system and the education community, including families, which expands the possibilities available to the latter to support and demand access, permanency and completion of a quality education, especially among lower-income sectors.
- (3) Maintain and deepen policies of direct monetary transfers to families to dissuade the poor from taking their children out of school because of opportunity costs.
- (4) Generate intersectoral and community programmes that have a more systemic impact on conditions of access to formal education for people living in situations of vulnerability, responding to individual needs in the light of the diversity of the situations in which they live.
- (5) Make the supply of the formal education system more flexible to provide relevant services to all people –including young people and adults– in a lifetime education perspective, including literacy.

### In terms of learning outcomes:

- (6) Guarantee basic learning outcomes that are equivalent for all, thus producing a stronger and more effective social impact, by detecting and tackling the critical factors that undermine the quality of teaching available.
- (7) With wide-ranging participation from teachers and communities, design strategies to improve the cultural relevance of learning outcomes and development of the skills needed to live in a world of changing employment, political and cultural demands.
- (8) Improve the teaching career throughout its structure, from initial training and first job programmes, through in-service training and pedagogic updating for teachers,

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<sup>34</sup> “Education is essential for the rural poor, many of whom are women. It is also essential for rural children who lose their parents to AIDS. Field schools need to be developed to provide essential skills and knowledge to orphaned children. Educating the rural poor contributes to preventing the (HIV) pandemic from expanding rapidly in rural areas...” (FAO, 2006).

promoting both symbolic and material recognition of teachers who “make a difference” in students’ learning.

- (9) Encourage schools to internalize a sense of commitment and mission, since the ethos of the school is a decisive factor in its operating capacity, and thus has an impact on improving learning.
- (10) Use learning assessment systems to improve pedagogic supply and support, and target efforts to ensure that the instrument serves to apply programmes aimed at improving systemic quality.

### **In terms of equity:**

- (11) Make sure educational opportunities are fairly distributed throughout the whole population and at all school levels, and that expansion at the higher levels does not occur at the expense of good quality universal primary education.
- (12) Strengthen and increase programmes targeted on school infrastructure, teacher training, learning materials, connectivity, timetable extension and school meals, to ensure that support provided for the educational performance of more vulnerable groups achieves sustained effects through time and succeeds in narrowing achievement gaps between the different groups.
- (13) Strengthen policies and mechanisms to adapt the curriculum and make it more flexible at all levels and in all modalities, to move towards the development of inclusive schools capable of valuing diversity and responding to it.
- (14) Adequately manage the subsidy tool to improve the supply of public education, access to it, and progress made by students from low-income families.
- (15) Promote social skills among students including greater ethical commitment towards justice and equal opportunities. The contribution of education to social equity involves not only better opportunities for gaining access to the system, but also developing a greater sense of solidarity and responsibility for others among children, young people and adults.
- (16) Ensure fully cost-free education, going beyond the absence of fees to encompass aspects such as opportunity and transaction costs, and those arising from payment for services that are not provided in public schools.

### **In terms of efficiency and financing:**

- (17) Make education systems more efficient, in terms of optimizing resource use to raise educational standards and learning outcomes among the population.
- (18) Sharply reduce problems of repetition, school dropout and backlog, which are the worst form of resource wastage in the system; overcome the culture of repetition and implement a pedagogy of success in the school community.
- (19) Improve aspects of systemic governance and operation, to reduce costs that do not have a major impact, and improve the impact in the case of fixed costs.
- (20) Mobilize various funding sources to complement State financing, increasingly using private resources, which including those from the family, international cooperation, the private sector, and charities.
- (21) Reinforce education spending to protect it from cycles of boom and financial crisis, to maintain continuity and progressiveness in the financing of the system.

## **IV. The Health Situation in Latin America and the Caribbean**

### **Introduction**

#### **Equity challenges in regional development and their health impact**

The Millennium Development Goals, as set out in the Millennium Declaration, have placed investment in public health at the centre of the development agenda in the twenty-first century. Three of the eight MDGs explicitly concern health issues; and seven of the 18 targets relate directly to responsibilities in that sector. The high priority accorded to health reflects the new consensus that sees it not only as the outcome of greater and better development, but also as a trigger for conditioning factor for development.

In the 1990-2002 period, which represents half of the time established for achieving and monitoring the MDGs, considerable progress has been made on health issues in Latin America and the Caribbean, as shown by sharp reductions in child mortality and the consequent impact on increasing life expectancy at birth, according to the national averages of the different countries.<sup>35</sup> Nonetheless, the region's health continues to display major disparities between and within countries, caused by geographic, ethnic, age, education level and income distribution inequities in the supply of health care, and in the access to and use of health services and their outcomes.

Although on average the region has made 61% of the progress needed to achieve target 5 (MDG 4) of reducing the mortality rate among children under five years of age, and 60% towards reducing infant mortality, substantial efforts are still needed to reach the targets agreed upon, especially among the region's most vulnerable population groups. With regard to the reduction of maternal mortality, which corresponds to target 6 of MDG 5, the main challenges relate to timely access to a set of essential obstetric care services; improvement of the technical quality of those services; and a strengthening of information systems.

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<sup>35</sup> PAHO (2002), pp. 1-89.

With regard to containing the spread of HIV/AIDS (target 7, MDG 6), the infection has spread rapidly throughout all subregions especially via the sexual route. However, between 2004 and 2006 the total number of infected persons did not increase significantly.<sup>36</sup> In 2006, there were about 2 million people infected in Latin America and the Caribbean, 13% of them living in the Caribbean subregion. Although significant progress has been made on the availability of medication and support measures for people affected by HIV/AIDS in some countries, efforts need to be intensified and preventive interventions need to be increased, including education and social participation. Gender inequities are reflected in the transmission of the HIV infection, since women have little access to health goods and services outside of the reproductive domain, and little decision-making power in relation to their sexuality.

The situation and trends for reducing mortality and the prevalence of certain diseases such as malaria and tuberculosis (target 8, MDG 6) remained broadly unchanged in 1990-2002, in contrast to progress made on indicators of infant and child mortality.

A specific approach is therefore needed to reduce existing inequity gaps, forge greater social cohesion in the health area, and strengthen citizens' rights on health issues –three fundamental elements for achieving the MDGs. Interventions should focus on reducing inequities in terms of availability, access and use of health goods and services, which in turn will help reduce inequities in health outcomes. For that purpose, the most vulnerable social groups need to be prioritized, including the poorest populations; indigenous peoples; ethnic minorities; migrant groups and people displaced by war or political conflict, or by natural disasters; and those with physical and mental disabilities. In this context, it is clear that public policy needs to concentrate on increasing access to health systems among currently excluded groups, by progressively expanding the coverage of health services and eliminating access barriers to those services –whether economic, ethnic, cultural or gender-based and those associated with the employment status. This raises the need to develop social health protection schemes to reduce the financial burden on families –protecting them from the risk of falling into poverty as a result of catastrophic out-of-pocket expenses– and guarantee access to a set of services whose content and delivery modality should be defined through dialogue with the community, and determined by the social, demographic, economic and epidemiological characteristics of each country.

Bearing in mind that the health situation is highly dependent on social and economic factors, and that the actions needed to address most of these determining factors require commitment from a broad range of government sectors, the interventions described should form part of a framework of public health protection and production policies. In addition, the panorama of health in the Americas, and the determinants thereof, call for public health policies to be developed with participation from the community and conducted by sound and respected health authorities. Achieving this requires prioritizing comprehensive and synergetic approaches to work in the most vulnerable municipalities of each country, with the aim of developing local capacities, strengthening intersectoral work from the grassroots level, and pooling efforts with other agencies to meet the inequity challenge faced by this region.

Nearly 30 years on from the “Health for All” commitment proclaimed in Alma Ata, primary health care needs reassessing to guarantee universal coverage through health promotion and prevention activities, equitable distribution of human and financial resources, accountability, social participation and development of systems that ensure high-quality services. Only in this way will it be possible to satisfy the conditions needed to move towards fulfillment of the Millennium Development Goals.

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<sup>36</sup> UNAIDS-WHO (2006).



## **1. Current regional panorama**

### **1.1 Trends**

The regional health panorama reflects the coexistence of damage caused by transmissible diseases such as tuberculosis, malaria and HIV/AIDS, with chronic-degenerative type diseases and trauma, which have replaced transmissible diseases as the main cause of illness and death in all countries in the region. Although significant improvements have been made in the average morbidity and mortality figures, the wide disparities that exist within and between countries are the most outstanding feature of the health situation in the region.

Disparities in health outcomes stem from inequities in the supply of, and access to, health goods and services as well as other goods and services that have a direct impact on the health situation, such as food, safe water and sanitation, and are intimately related to socioeconomic factors. The consequence of this dynamic is the exclusion of millions of people: roughly 100 million of the region's inhabitants lack access to basic health care, and about 220 million have no health insurance of any kind. Health exclusion is intimately linked to poverty, marginalization and racial, social and gender discrimination, as well as to other forms of social exclusion and conditions such as language, informal employment, geographic isolation, level of schooling, and the quantity of information available to health service users. Countries that have a more equal income distribution and have implemented policies to counteract the socioeconomic factors that worsen health conditions and/or inhibit demand for health care by excluded social groups, achieve a much longer life expectancy and better health indicators. The social determinants of health need to be addressed effectively with a view to protecting the poorest, marginalized and vulnerable populations.

The availability of comprehensive health services remains an unachieved target throughout most of Latin America and the Caribbean. The MDGs have highlighted the importance of strengthening the response of health systems to the population's needs. Given this reality, many countries are promoting social health protection schemes –particularly mother-child schemes– to improve people's access to health care. Although many of these interventions have well documented impacts on certain health processes and outcomes, additional comparative analyses are needed to identify lessons learned; understand the role played by these interventions in the wider institutional framework of existing health systems; their impact on equity; and their relation to social determinants of health, such as socioeconomic situation, gender and ethnic origin.

### **1.2 Mortality among the under-fives**

In 2004, 10 countries from the Latin American and Caribbean region (Bolivia, Brazil, Dominican Republic, Ecuador, Guatemala, Guyana, Haiti, Honduras, Paraguay and Peru) reported an under-fives mortality rate above 40 per 1,000 live births. Between them, these countries are responsible for roughly 274,000 deaths among children under five years of age, equivalent to 60.6% of all deaths in this age group in Latin America and the Caribbean (PAHO/WHO-USAID, 2004; ECLAC and other United Nations Agencies, 2005).

Another 10 countries (Bahamas, Barbados, Bolivarian Republic of Venezuela, Chile, Costa Rica, Cuba, Saint Lucia, Saint Vincent and the Grenadines, Trinidad and Tobago, and Uruguay) had under-fives mortality rates of below 20 per 1,000 live births, thus highlighting the major disparity that exists among the region's countries. For example, data obtained from surveys and administrative records by age for the last available year, show that the under-fives mortality rate varied between 8 and 119 per 1,000 live births among the countries of Latin America and the

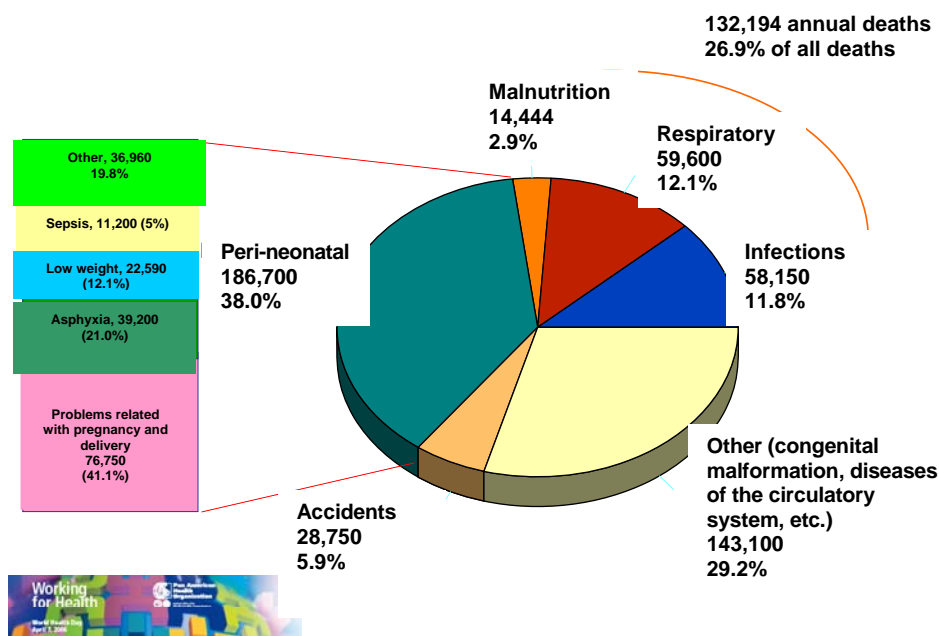
Caribbean (WHO, 2005). More worrying still, national averages do not reflect the disparities that exist within countries.

Mortality among the under fives is closely associated with social and economic determinants such as the mother's education, the economic income of the household and access to clean water. Ethnic origin, the level of family incomes and place of residence seem to be the most important determinants of mortality among children under five years of age in seven of the region's countries (Bolivia, Brazil, Colombia, Dominican Republic, Guatemala, Haiti and Peru).

Although there are large social differences in terms of mortality among the under-fives in practically all countries of the region, the highest rates are systematically found among the poorest social groups (ECLAC and other United Nations Agencies, 2005). The illiterate population of 15 and older accounts for 9.5% of the region's total population, which puts women in a situation of major backlog that limits their development opportunities and acts as a very powerful determinant of mother-child health. Nonetheless, while access to sanitation and potable water, household income and the level of the mother's education are the most important determinants of mortality among the under fives, lack of perinatal care is an increasingly important cause of infant mortality (children under one year old), and lack of access to appropriate neonatal care is the main cause of death during the first year of life (see figure 20) (PAHO/WHO-USAID, 2004; WHO, 2005).

**FIGURE 20**

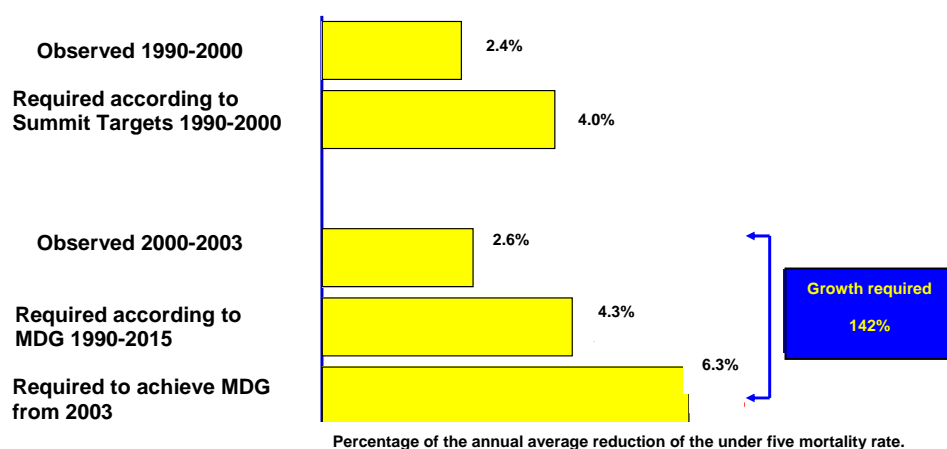
**MAIN CAUSES OF MORTALITY IN CHILDREN UNDER FIVE YEARS OF AGE IN THE REGION OF THE AMERICAS**  
(2003 Estimates)



Source: Estimates by PAHO Child and Adolescent Health Unit (FCH/CA), on the basis of data from the Health Analysis and Information Systems Area (AIS), 2004.

Despite the major progress achieved by the region in terms of reducing mortality among children under five, further efforts are needed to achieve the targets agreed upon in the MDGs (see Figure 21). Primary health care, through preventive actions and treatment, and access to perinatal services play a decisive role in reducing mortality among children under five. Nonetheless, health actions alone are insufficient, given the importance of social and economic factors in this domain. Reducing the mortality gap among children born to mothers without education compared to those whose mothers have secondary education or higher, in countries such as Brazil, Colombia and Peru, indicates the importance of intersectoral actions to achieve these health objectives.

**FIGURE 21**  
**ANNUAL AVERAGE REDUCTION OF THE MORTALITY RATE IN CHILDREN UNDER FIVE YEARS OF AGE IN THE REGION OF THE AMERICAS**  
*(Comparison between observed figures and figures proposed at international summits)*



Source: Estimates by PAHO Child and Adolescent Health Unit (FCH/CA), on the basis of data from the Health Analysis and Information Systems Area (AIS), 2004.

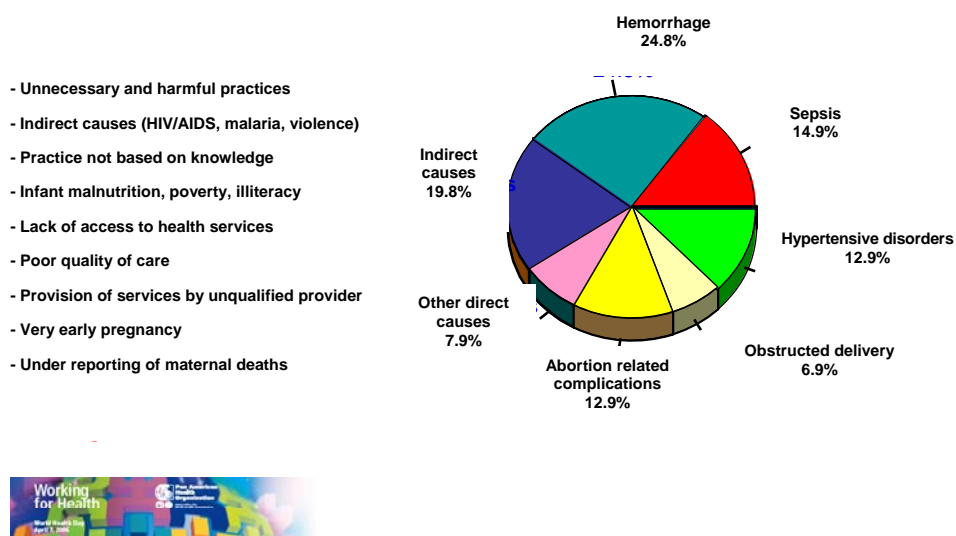
### 1.3 Maternal mortality and the proportion of births attended by trained personnel

Every year in Latin America and the Caribbean about 20,000 women die as a result of complications in pregnancy and childbirth. In 12 of the region's countries, the maternal mortality rate is above 100 deaths per 100,000 live births (PAHO, 2004). Most of such deaths are avoidable (Interagency Regional Task Force for the Reduction of Maternal Mortality, 2003) (see Figure 22). Teenage pregnancy, mostly undesired, accounts for 20% of all pregnancies in many countries and poses a challenge for the future mothers and their children. There is a serious problem of under-registration of maternal deaths in many countries, so the figures reported need to be interpreted bearing in mind the problems of scarcity of reliable sources for their detection and registration - which affects reliable estimation of the maternal mortality rate. Nonetheless, maternal mortality and morbidity associated with its causal factors clearly represent a serious public health problem

in the region. The virtual stagnation of both rates and the absolute number of maternal deaths in Latin America and the Caribbean in the last decade should be a cause for alarm.

Two of the main causes of the high indices of maternal mortality in the region are delay in seeking health services –because of a failure to recognize danger signs– and a lack of timely access to health care during childbirth and postpartum by trained personnel, with appropriate quality standards (PAHO/WHO-USAID, 2004). The relation between maternal mortality and timely access to adequate health care is so close that maternal mortality is used as a proxy for inequity in access to health services in many countries (WHO, 2005). Most of the mothers who die are poor, of indigenous origin, with low levels of education living in rural areas (Interagency Regional Task Force for the Reduction of Maternal Mortality, 2003; WHO, 2005). These deaths have enormous social, economic and emotional repercussions for the families and communities in question, and are a decisive factor in the intergenerational transmission of poverty.

**FIGURE 22**  
**AVOIDABLE MATERNAL DEATHS**

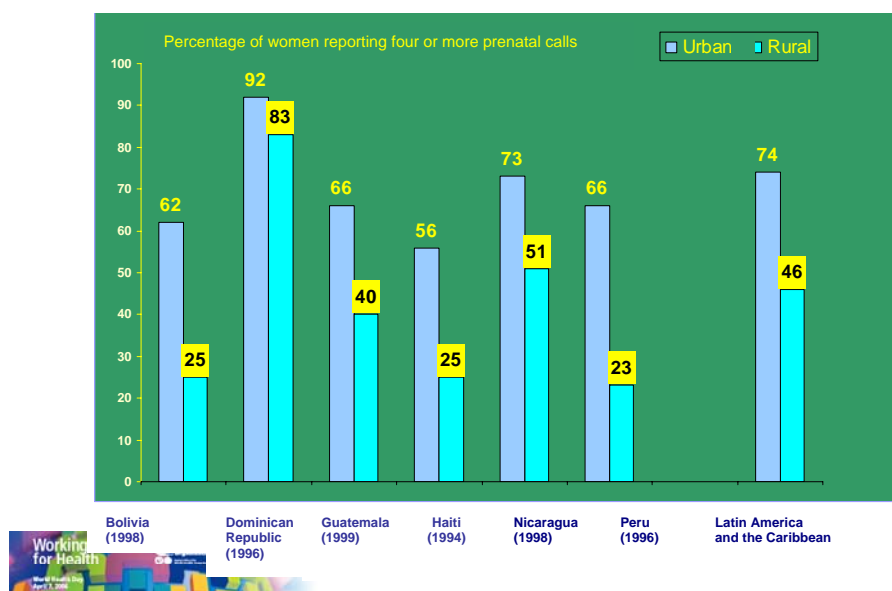


Source: Estimates by the Women's Health Unit/CLAP (FCH/CLAP-WR), on the basis of data from the Health Situation Analysis and Trends Unit (AIS), Pan-American Health Organization (WHO) 2004.

One of the factors most closely associated with a reduction in maternal morbidity and mortality is professionally attended delivery, since this helps to avoid complications and allows for subsequent monitoring by referring cases to other services, including family planning and the treatment of sexually transmitted diseases. As much as 71.8% of the maternal mortality rate is explained by the lack of this important service. For every 1% increase in access to safe child birth, in general, 4.4 maternal deaths could be eliminated for every 100,000 live births.<sup>37</sup> Major differences persist among the countries of the region in terms of professionally attended childbirth and prenatal care as a result of disparities between geographic regions, economic income and place of residence (urban/rural). The latter is one of the most important determinants of access to perinatal care (see Figure 23).

<sup>37</sup> PAHO/WHO (2004).

**FIGURE 23**  
**PRENATAL CARE BY PLACE OF RESIDENCE**  
*Great disparities persist among women in urban and rural areas*



Source: AbouZahr and Wardlaw (2004).

Nonetheless, the reduction of maternal mortality is not guaranteed merely by attaining a given threshold in terms of professionally attended childbirth, but depends largely on the effectiveness and quality of the delivery of health services. For example, despite the fact that in the Dominican Republic, Guyana and Paraguay more than 85% of all deliveries are attended by professionally trained personnel, the rate of maternal mortality is above 100 for every 100,000 births in these three countries, owing to problems in care quality.

#### 1.4 Incidence of HIV/AIDS<sup>38</sup>

HIV/AIDS infection has spread rapidly throughout all subregions of Latin America and the Caribbean, mainly via the sexual route. Gender inequities have contributed to the variation in the pattern of transmission over the last few years. Currently the epidemic is affecting women more than men –especially in the Caribbean subregion–, increasing mother-to-child transmission. The Caribbean shows the highest prevalence among adult women (aged 15 years or over) in the region, and the world's second highest after Sub-Saharan Africa.

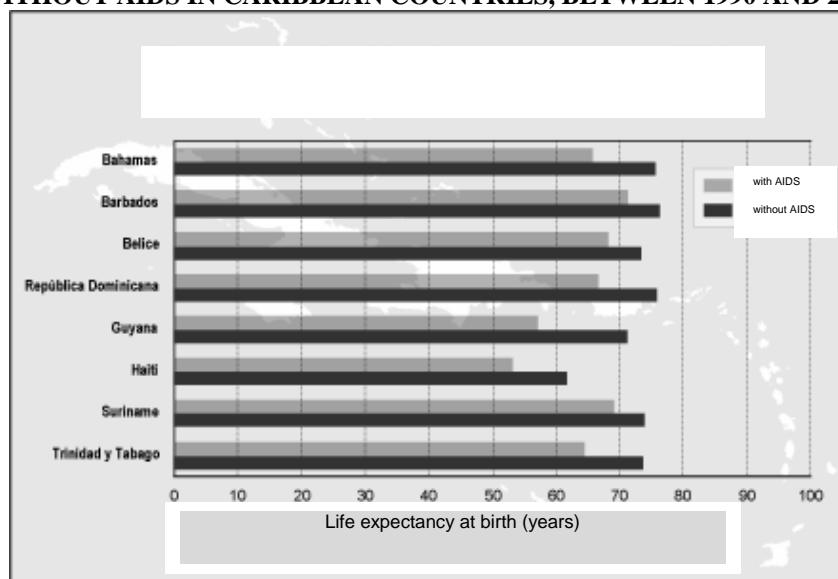
Ten of the region's countries account for 90% of people with HIV, with Brazil and Haiti those with the largest number of people infected by the virus. In the year 2006, HIV adult prevalence was estimated at 2.2% in Haiti and 0.5% in Brazil. It must be noted that when prevalence among adults is higher than 3%, negative effects are felt on productivity, service provision, child and elderly care, as well as on social development.

Out of 27 countries of the region that have provided information about HIV-AIDS, eight show an adult prevalence rate higher than 1%, including five with rates higher than 2%. Of these five, four –Bahamas, Guyana, Haiti and Trinidad and Tobago– are located in the Caribbean.

<sup>38</sup> Data source: UNAIDS-WHO (2006).

About three fourths of the 250,000 people living with HIV in the Caribbean subregion reside in Haiti and the Dominican Republic. In the subregion, the characteristics of the HIV-AIDS epidemic and the actions taken by the countries vary considerably in terms of intensity and coverage. However, adult HIV prevalence is high in all the countries of the region with the exception of Cuba, where the adult prevalence rate is lower than 0.1%. AIDS is the main cause of death among people aged 15 to 44, and about 27,000 people –children and adults– were infected in the subregion during 2006. As in other regions in the world, the epidemic takes place in a context of poverty and gender inequalities, with women representing 50% of adults living with HIV. About 19,000 people died of HIV-AIDS in the Caribbean in 2006. In the high-incidence countries, HIV-AIDS has a strong impact on the mortality rate and has contributed to a decrease in life expectancy. Mortality associated with HIV-AIDS has reduced life expectancy by eight years in Haiti and by more than four years in Guyana, Bahamas and Trinidad and Tobago. In other countries hard hit by the epidemic, life expectancy has decreased between 2 and 3.5 years (see figure 24).

**FIGURE 24**  
**ESTIMATES OF LIFE EXPECTANCY AT BIRTH IN 2010 AMONG POPULATIONS WITH OR WITHOUT AIDS IN CARIBBEAN COUNTRIES, BETWEEN 1990 AND 2002**



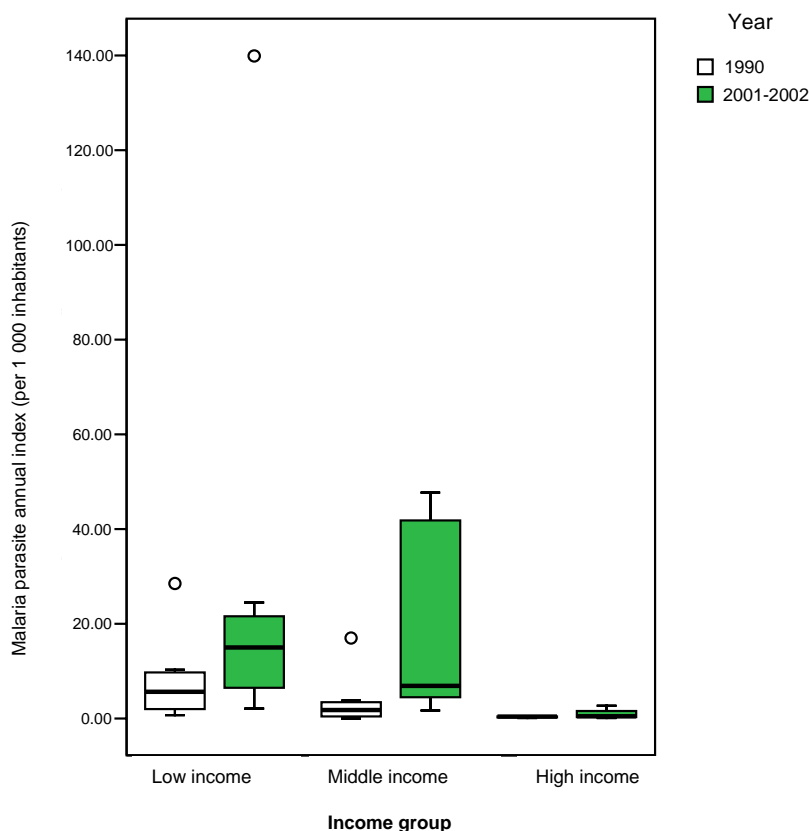
Source: US Census Bureau. International Programmes Center. International Data Base and unpublished tables.

In Latin America, 140,000 people were infected with HIV during the year 2006, bringing to 1.7 million the number of people living with the virus –32,000 of them children aged 15 years or less. Even if most infected people live in the bigger countries –two-thirds of all the people living with the virus residing in Argentina, Brazil, Colombia and Mexico and a third of them, or about 620,000 in Brazil only– the highest prevalence of HIV is found in the smaller Central American countries. Belize and Honduras show prevalence rates of 2.5% and 1.5%, respectively. One of the most important causes of the spread of HIV in Central America is unprotected sex, both in commercial sex as well as in sex between men. In Latin America, about 65,000 people died of HIV-AIDS in 2006.

## 1.5 Incidence of malaria, TB and other diseases

In contrast to progress made on indicators of infant and child mortality, the situation and trends in relation to the reduction of mortality and prevalence of certain diseases such as malaria and tuberculosis show either regression or little change in the period 1990-2002 (see Figures 25 and 26).

**FIGURE 25**  
**DISTRIBUTION AND TREND OF MALARIA PREVALENCE, BY GROUPS OF COUNTRIES CLASSIFIED ACCORDING TO THEIR GDP PER CAPITA, REGION OF THE AMERICAS, BETWEEN 1990 AND 2001-2002**



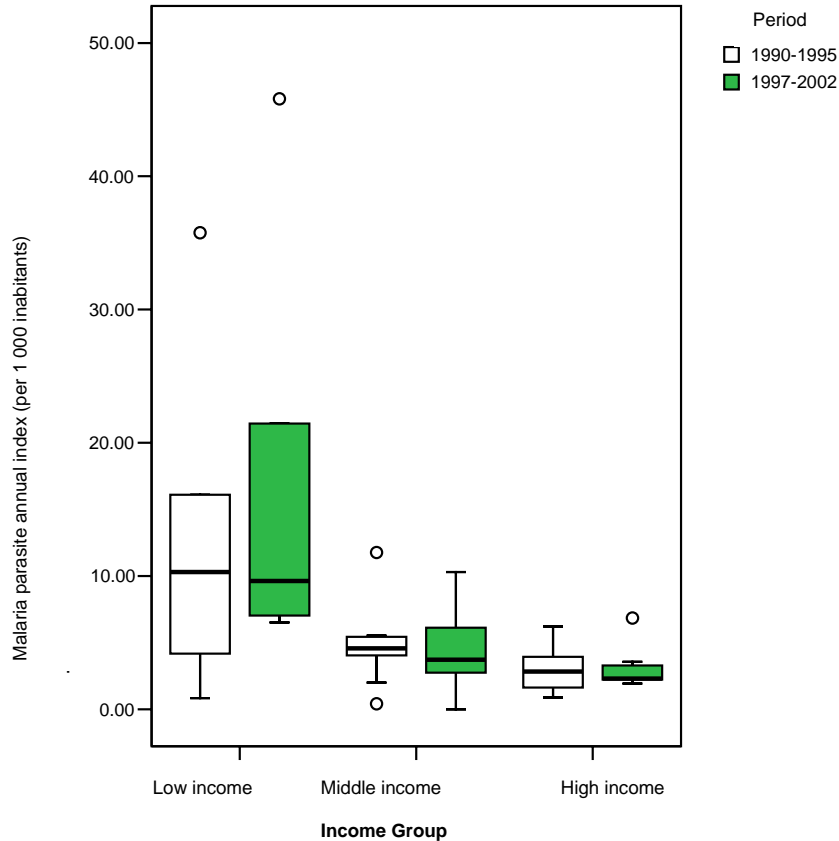
Note: Grouped according to the median value of GDP per capita in 1990-2001 for each country where data is available: Low income (US\$1,875-US\$4,394): Bolivia, Ecuador, Guatemala, Guyana, Haiti, Honduras, Jamaica, Nicaragua, Peru, and Saint Vincent and the Grenadines; Middle income (US\$4,395-US\$6,712): Belize, Brazil, Colombia, Dominica, Dominican Republic, El Salvador, Grenada, Panama, Paraguay, Saint Lucia, Trinidad and Tobago, and Bolivarian Republic of Venezuela; High income (US\$6,713-US\$28,730): Antigua and Barbuda, Argentina, Bahamas, Barbados, Chile, Costa Rica, Mexico, Saint Kitts and Nevis, and Uruguay.

The incidence of malaria in Latin America and the Caribbean is much lower than in Africa and Asia, the parts of the world worst affected by this disease. Nonetheless, of the region's 35 countries and territories, 21 report active transmission of malaria in at least one geographic area. Most cases of malaria occur in scattered, rural, poorer and less developed zones. Deficiencies in water supply and sanitation helped to aggravate the situation, and make the incidence of the disease more likely. In 2003, about 850,000 cases of malaria were recorded throughout the region, the largest numbers occurring in Brazil and in countries of the Andean subregion, which accounted for 82% of all cases. Nonetheless, Guyana and Suriname have the highest risk of transmission, with over 200 cases per 1,000 inhabitants in 2003.

It is estimated that about 370,000 people were suffering from tuberculosis (TB) in Latin America and the Caribbean in 2002, with some 150 dying of the disease each day. Peru, Haiti and

Bolivia are countries with the largest number of cases in the region. Most of those infected are young adults of productive age, in a ratio of five women for every eight men. The incidence of TB is strongly related to poverty, conditions of social marginalization, and HIV/AIDS. The HIV/AIDS epidemic poses enormous challenges for the fight against TB, since the latter is one of the most frequent causes of secondary infection and death among HIV/AIDS sufferers.

**FIGURE 26**  
**DISTRIBUTION AND TREND OF THE PREVALENCE OF TUBERCULOSIS, BY GROUPS OF COUNTRIES CLASSIFIED ACCORDING TO THEIR GDP PER CAPITA, REGION OF THE AMERICAS, BETWEEN 1990-1995 AND 1997-2002**



Note: Grouped according to the median value of GDP per capita in 1990-2001 for each country where data is available: Low income (US\$1,875-US\$4,394): Bolivia, Ecuador, Guatemala, Guyana, Haiti, Honduras, Jamaica, Nicaragua, Peru, and Saint Vincent and the Grenadines; Middle income (US\$4,395-US\$6,712): Belize, Brazil, Colombia, Dominica, Dominican Republic, El Salvador, Grenada, Panama, Paraguay, Saint Lucia, Trinidad and Tobago, and Bolivarian Republic of Venezuela; High income (US\$6,713-US\$28,730): Antigua and Barbuda, Argentina, Bahamas, Barbados, Chile, Costa Rica, Mexico, Saint Kitts and Nevis, and Uruguay.



## **2. Policies to be developed to achieve the health-related MDGs**

### **2.1 Health Agenda for the Americas: A political commitment to achieve the Millennium Development Goals**

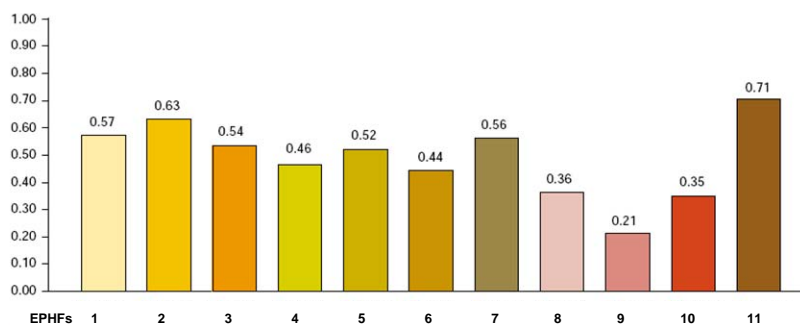
Governments in the region are working to establish a joint health agenda to guide collective action by national and international partners interested in helping to improve the health of the peoples of the region. The Health Agenda for the Americas is a response to the health needs of the regional population and reflects the commitment of countries to work together. It incorporates and complements the global agenda contained in the 11th General Programme of Work of the WHO, approved by member states in the World Health Assembly of 2006, and is aligned with the MDGs. The Agenda sees health as an essential human right and is guided by the principles of universality, access and inclusion among health systems; Pan-American solidarity; equity in health; and social participation in the definition, execution and evaluation of public policies. The Agenda puts forward eight areas of action, including the following:

#### **(a) Strengthening the National Health Authority**

It is the State's responsibility to guarantee the right to health and serve as governing body in health sector in its role as national health authority. The national health authority should take an active part in addressing issues relating to human welfare, including: globalization, migration, social protection, respect for and protection of health-related human rights, public safety and security, the labour market, the composition of public spending, equality of opportunities and reduction of poverty and inequality. An important part of its governing role is to ensure fulfillment of essential public health service functions (EPHFs). Resolution CD42/15 of the 42nd Directing Council of PAH/WHO calls upon member States to measure their performance in those functions and improve practice. In addition, the United Nations General Assembly adopted Resolution A/RES/60/35 urging Member States to integrate public health into their national economic and social development strategies, to develop good public health practices and develop the capacities needed for implementation of the International Health Regulations. The adoption of this regulation in 2005 represented a major step forward since it facilitates coordination between countries and provides a framework for recognizing, reporting and responding to public health emergencies.

Despite the political will expressed through the aforementioned agreements, the performance of EPHFs remains poor in the countries of the region, and there is an urgent need to strengthen them with additional resources, particularly in the following areas: guarantee and improvement of the quality of health services; research in public health; development of human resources; and the regulatory and oversight capacity, which are the worst-performing EPHFs in the region of the Americas, as shown in figure 27.

**FIGURE 27**  
**PERFORMANCE OF ESSENTIAL PUBLIC HEALTH SERVICE FUNCTIONS (EPHFs) IN THE**  
**REGION OF THE AMERICAS**



Source: PAHO/WHO, Public health in the Americas. New concepts, performance analysis, and bases for action, Washington, DC: WHO, 2002

The health panorama in the Americas, and its determinants, highlight the need to develop public health policies with participation from the community and implemented by sound and respected health authorities. Partnership between government and civil society, and between various sectors, helps to reveal inequities in the health domain and place them on the social agenda. It also makes it easier to redirect resources towards critical areas where they are most needed. To achieve adequate intersectoral action, legal frameworks need to be established that allow the health authority to play its role and be held accountable for its performance.

### **(b) Reducing health inequities within and between countries**

It will be impossible to attain the MDGs in the region without drastically reducing current inequities arising from major geographic, ethnic, age, educational level and income distribution disparities. With the aim of achieving the health targets agreed upon in the MDGs, interventions need to focus on reducing inequities in healthcare delivery and in user access to health goods and services, which would result in more equitable health outcomes. For this purpose, the most vulnerable sectors need to be prioritized, including the poorest groups; indigenous peoples; ethnic minorities; migrant groups and those displaced by war or political conflict or by natural disasters; and those with physical and mental disabilities.

### **(c) Tackling the social determinants of health**

Inequities in health are related to socioeconomic factors. Health exclusion in the region appears to be strongly linked to poverty, marginalization and racial, social and gender discrimination; and it is compounded by other forms of social exclusion and conditions such as language, informal employment, geographic isolation, education level and the amount of information available to health service users. Countries with a more equal income distribution that have implemented policies to counteract the socioeconomic factors that worsen health conditions and/or inhibit demand for health care from excluded social groups, achieve a longer life expectancy and better health indicators.

The social determinants of health must be tackled in order to effectively protect poorer, marginalized, and vulnerable populations, and enable them to exercise their health rights. The health situation is highly dependent on socioeconomic factors; and the actions needed to address most of these determinants require commitment from a wide range of government sectors, particularly finance, labour, education and housing. With the aim of improving the health situation, the sector authority needs to strengthen its management capacity in the health sector and its intersectoral leadership at the national, subnational and local levels, convening and guiding its partners in the promotion, formulation and implementation of policies to achieve higher levels of human development. The health authority should promote social and community participation and encourage commitment from all stakeholders –including the private sector and socially excluded groups– to achieve national health goals.

**(d) Improving the response capacity of health systems to guarantee the right to health and extend social protection in the health area.**

Achieving universal access to health and improving social health protection are increasingly important issues, both in the political arena and in academic and technical debate across the region, since they are crucial for achieving sustainable human development. In this context, public policies need to focus on increasing access to health systems through a progressive expansion of coverage and collective funding of social health protection systems.

Although most of the region's countries have legislation establishing the universal right to health, in practice the exercise of that right is subject to access conditions and the availability of funding for public systems. This reality raises the need to develop insurance schemes to reduce the financial burden on families –protecting them against the risk of falling into poverty as a result of catastrophic out-of-pocket expenses– and guaranteeing access to a set of services defined through dialogue with the community and reflecting the social, demographic, cultural, economic and epidemiological characteristics of each country.

The extension of social health protection should be based on principles of access to services, financial protection, dignity in treatment and solidarity in financing. To ensure that social health protection is effectively extended, the response capacity of the health system needs to be improved (in terms of its coverage, capacity to resolve health problems and quality of care). This entails strengthening human resources, information systems, referral and counter-referral mechanisms, and the physical and technological infrastructure of health establishments – particularly in rural and periurban areas where health infrastructure is scarce or practically nonexistent– while promoting the public-private partnership that is most efficient and appropriate for satisfying the population's health needs. For that purpose it will be crucial to stress the primary health care strategy, including universal and equitable access to culturally acceptable health services.



## V. Situation and Challenges for Children and Adolescents

### Introduction

The Millennium Development Goals (MDGs) can only be achieved if children's rights to health, education, protection and equality are protected.<sup>39</sup> Nonetheless, figures for 2002 show that extreme poverty affects 41 million children in the region between birth and 12 years old, which means roughly two out of every five people living in extreme poverty are children. In addition, there are 15 million adolescents between 13 and 19 years of age living in conditions of indigence (ECLAC and other United Nations Agencies, 2005). Although progress has been made on child malnutrition, there are still roughly 4 million children under-five suffering from global malnutrition –or low weight for their age– i.e. roughly 7.3% of the population in this age group. In 2005 it was estimated that 15.6% of boys and girls under-five years of age were suffering from chronic malnutrition –small size for age– which means about 9 million children whose nutritional intake is inadequate in terms of the quantity and quality (see chapter II, above).

In Latin America and the Caribbean, it is possible to formulate more ambitious targets than the official ones in relation to the attainment of universal primary education (see chapter III, above) and the promotion of gender equality and autonomy for women, since most countries have achieved, or are about to achieve, targets such as equalizing enrolment rates between boys and girls. Although the target established in the fourth MDG –reduce child mortality to one third of its 1990 level– is quite demanding, the region has made significant progress. Mortality among children under-five fell from around 56 to 33 per 1,000 live births between 1990 and 2003, while infant mortality (children under one year of age) dropped from 43 per 1,000 live births to 26. In terms of maternal mortality, with a mortality rate of 190 per 100,000 live births, Latin America and the Caribbean is better placed than other developing regions (ECLAC and other United Nations Agencies, 2005).

Nonetheless, the results in terms of regional and national averages conceal major disparities between geographic areas, and between socioeconomic and ethnic groups. In Bolivia,

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<sup>39</sup> UNICEF. *Hacia el logro de los Objetivos de Desarrollo del Milenio y el pleno cumplimiento de los derechos de la Infancia en América Latina y el Caribe*, Nils Kastberg, Regional Director for Latin America and the Caribbean.

for example, in 2001 the infant mortality rate among the indigenous population was 75 per 1,000 live births (running as high as 102 per 1,000 in some departments), while the national average was 66 deaths per 1,000.<sup>40</sup> In Ecuador in 2001 the nationwide infant mortality rate was 29 per 1,000 live births, whereas the figure for the indigenous population was twice as high at 59.3.<sup>41</sup>

From the standpoint of development focused on children and adolescents, the following issues need to be considered: children's priorities for achieving the MDGs; strategic actions to overcome threats; and adolescents as legal subjects and a focus of attention in a young continent.

## **1. Children's priority for achieving the MDGs**

From the standpoint of the Convention on the Rights of the Child, the priorities for achieving the Millennium Development Goals need to focus on guaranteeing children's and adolescents' rights.

### **1.1 Giving children the best start in life**

The Convention on the Rights of the Child establishes that every child has the right to life, to be registered immediately after birth, and to have a name and nationality. In this context, providing the best start in life means ensuring that all babies are registered and, on a basis of equality, guaranteed access to good health care, adequate nutrition, potable water and safe sanitation; while laying the foundations for school learning and achievement. It also means protecting them against violence, abuse, abandonment, exploitation and discrimination.

According to UNICEF data for the period 1999-2005 (UNICEF, 2005), the regional average rates of birth registration were 89% overall, 92% in the urban area and 78% in the rural area. Despite the promotion of maternal breast feeding, there are no data available to calculate the regional average of exclusive breast-feeding among children under six months. Nonetheless, 49% of breast-feeding children receive breast milk with food supplements between six and nine months, and 26% receive breast milk continuously between 20 and 23 months. Lastly, UNESCO data show that for the 2002-2003 and 2003-2004 school years, average net enrolment rates in pre-primary education for Latin America and the Caribbean were 54.6% overall, 54.7% for girls and 53.7% for boys.

### **1.2 Helping to achieve the survival and full development of children and adolescents**

Public policy should include the development of programmes that ensure children's survival and protection from preventable diseases, to enable them to develop fully by the time they reach adulthood. They should also promote immunization against the most common childhood diseases, thanks to which polio and measles have been eradicated. In addition, education programmes targeting adolescents and young people should be supported, to prevent and reduce the transmission of HIV/AIDS; and efforts are needed to ensure orphaned children and adolescents and those vulnerable to AIDS receive care and attention (see 1.5 below).

The under-fives mortality rate in Latin America and the Caribbean fell from 56 to 33 per 1,000 live births between 1990 and 2003. Nonetheless, there are vast differences between countries: whereas in Cuba, eight out of every 1,000 live born babies do not live to see their fifth birthday, in Haiti the figure is 97.

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<sup>40</sup> Source: Bolivia, Ministry of Finance. Instituto Nacional, 2003. Características Sociodemográficas de la Población Indígena. La Paz, Bolivia. Serie IV: Estudios Temáticos, 2001.

<sup>41</sup> Source: INEC, Fourth Population Census and Fifth Housing Census 2001.

In 2005, over 90% of children under one were inoculated with DPT and against tuberculosis, polio, measles and hepatitis B, thereby helping to prevent these diseases and contribute to children's survival. Nonetheless, it is estimated that every year over 80 million children under five do not complete immunization programmes.

### **1.3 Helping children and adolescents to receive good quality education, and ensure they learn and complete their studies**

Another of the priorities of all Governments should be to promote mechanisms that ensure good quality education for all children and adolescents, which is fundamental to the promotion of peace and development of democracies. Governments must take steps to incorporate children and adolescents who are not attending school, with special consideration for indigenous girls, working children, and those affected by violence, disabilities and HIV/AIDS

Latin America and the Caribbean has made significant progress in terms of primary school attendance, although problems of school dropout persist in various grades of primary education. UNESCO data<sup>42</sup> show that, in the first grade of primary school, 1.8% of children drop out of the system in Costa Rica and about 19% of children drop out in Nicaragua and Colombia. In second, third and fourth grades, the dropout rate is below 1% in Costa Rica, Barbados and Mexico; but above 10% in Nicaragua, Guatemala and Saint Kitts and Nevis. At fifth grade, while dropout rates are lower in most countries, the situation remains worrying in Peru, Paraguay, Guatemala and Saint Kitts and Nevis, where more than 5% of children enrolled in that grade abandon their studies.

Moreover, ILO-IPEC data<sup>43</sup> show that school attendance rates among child laborers between five and 17 years of age vary among the countries that report data. In Honduras, Panama, Guatemala and Nicaragua, for example, under 50% of working children in this age group also go to school, whereas in Brazil, Peru, Chile and the Dominican Republic, over 80% of working children between five and 17 years old do so.

### **1.4 Cooperating to create an environment of protection in favour of children and adolescents**

Encouraging changes in societal behaviour and attitudes towards children, promoting respect for and dissemination of their rights, and fostering the creation and strengthening of protective environments for all children and adolescents is important for upholding the rights of the child. Given that responsibility for protecting children is a commitment of society and States, advocacy is needed to create regulations, policies, services and programmes to protect children and adolescents against abandonment, child labour, commercial sexual exploitation, trading, trafficking and violence in homes, schools, institutions and communities.

An important aspect of this concerns the laws and mechanisms issued for the purpose of protecting the rights of the child. All countries in the region have ratified the Convention on the Rights of the Child; and, with regard to child labour, most countries have ratified ILO Conventions 138 and 182 and have established a minimum age for employment at between 14 and 16 years old.

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<sup>42</sup> DevInfoLAC, UNESCO\_2005 EFA Global Monitoring Report.

<sup>43</sup> OIT-IPEC\_IPEC Info 1.0 and OIT-IPEC\_IPEC Info 2.0.

## **1.5 Promoting the right to knowledge of and protection from HIV/AIDS**

In 2006, it is estimated that there were about 2 million people in the region infected with HIV/AIDS, of whom 13% live in the Caribbean; in addition, in 2005 there were 54,000 boys and girls between birth and 14 years of age and 640,000 women over 15 years old infected with HIV/AIDS in the region (UNAIDS-WHO, 2006). The number of children orphaned as a result of AIDS in Latin America and the Caribbean rose from 54,000 in 1990 to 750,000 in 2005 (UNICEF, 2005); and it is forecast that there could be almost 1 million AIDS orphans in the region by 2010.

Data available for certain countries indicate the following percentages of women between 15 and 24 years of age who have wide-ranging and accurate knowledge on HIV/AIDS: Haiti, 14%; Bolivia, 22%; Cuba, 52%; Guyana, 36%; Suriname, 27%; and Trinidad and Tobago 33%.<sup>44</sup>

Accordingly, the recommendation is to develop strategies to improve knowledge on HIV/AIDS, to reduce the impact of the epidemic on children and their families, and to create mechanisms of prevention and information on this subject. Efforts also need to be made to ensure that AIDS-orphaned children are not discriminated against, and that they attend school and are provided with social and health services, including access to treatment.

## **1.6 Promoting greater and more equitable investment in favour of children and adolescents**

Implementation of the rights of children and adolescents requires greater and more equitable social investment, with political commitments being turned into budgeted public policy decisions that specify the amount and use of public funds allocated for upholding such rights. For that purpose, Governments should promote public policy monitoring in favour of children at the national and subnational levels, and support initiatives aimed at mobilizing all resources of society.

It is generally acknowledged that the social spending with the greatest benefits for children is of the basic type, i.e. targeting education, primary health care (including reproductive health), as well as nutrition, potable water and sanitation programmes. ECLAC and UNICEF (2002) have estimated that the additional social investment resources needed per year to guarantee coverage of basic social services amounts to about US\$30 per person, equivalent to an increase in expenditure of 8% of the total public budget or about 2.5% of GDP.

## **1.7 Helping children and adolescents receive immediate and prioritized care in emergency situations**

Wars, violence, accidents and natural disasters have serious consequences for the life and subsequent development of children and adolescents. Accordingly, the recommendation is to support children who are affected by humanitarian crises, guaranteeing their access to basic care, and promoting affective recovery projects that reunite them with their families, in an attempt to normalize their lives and put them back in school.

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<sup>44</sup> Source: [www.cepal.org](http://www.cepal.org) – CEPALSTAT, Social indicators and statistics database (BADEINSO).



## 2. Strategic actions

Overcoming factors that threaten the full development of children and adolescents requires strategic actions that help to achieve the goals contained in international commitments, particularly the MDGs, which mostly form part of national development plans in the region's countries. Special attention needs to be paid to the issues mentioned below, in which a number of challenges remain.

### 2.1 HIV/AIDS

Given the increasing effects of the HIV/AIDS epidemic in the region, the following challenges need to be posed at the outset (UNICEF, 2005):

- **Prevention:** Greater information needs to be provided to young people and adolescents, to enable them to develop aptitudes and have access to services to prevent this disease.
- **Vulnerability of women and adolescents to the epidemic:** Poverty and lack of education increase vulnerability to commercial sexual exploitation and, at the same time, result in diminished negotiation skills to demand protected sexual relations. Violence against girls, adolescents and women, whether in the home, school or workplace, also leaves them more exposed to the danger of contracting HIV.
- **Mother-to-child transmission:** As the epidemic affects women relatively more, there is a higher risk of mother-to-child transmission. It is estimated that just 33% of women in the region have access to mother-to-child prevention services.
- **Treatment and care:** The proportion of people living with HIV/AIDS without access to anti-retroviral drugs varies greatly, but only 10 countries report coverage above 50%.

To overcome these threats, the recommendation is to:

- Provide information on HIV/AIDS to young people and adolescents, and ensure their access to user-friendly and cost-free health services.
- Take steps to prevent mother-to-child transmission.
- Ensure that all children and adolescents living with HIV/AIDS have access to the necessary care and support, including antiretroviral drugs and medication to treat opportunistic infections related to HIV/AIDS.

### 2.2 Chronic malnutrition

Pending challenges:

- Roughly 9 million boys and girls from Latin America and the Caribbean suffer from chronic malnutrition, which is an indicator of extreme poverty and can have lifelong effects, including impairment of health and comprehensive childhood development. This scourge affects the poorest groups, particularly indigenous populations.
- **Unequal access to food:** The region produces enough food to satisfy the nutritional needs of the current population three times over; nonetheless, low incomes among the poorest sectors pose obstacles to food consumption in adequate quantity and quality. Depending on the country, a child living in extreme poverty is between two and six times more likely to suffer from malnutrition than one who is not poor.

Suggestions for overcoming these threats:

- Provide free school meals to all children.
- Design and implement community nutrition programmes for pregnant and breast-feeding mothers and children under-five years of age, and provide supplementary micronutrients where necessary.
- Make sure specific measures to combat poverty and chronic child malnutrition are included in national strategies and poverty reduction programmes.
- Establish a national priority of achieving greater, more efficient and equitable social investment to fight poverty and malnutrition among children.
- Strengthen public policy accountability at all levels of government, to ensure that social investment has a positive impact on the lives of children and adolescents.

### **2.3 Disparity and social exclusion**

Pending challenges:

- Inequality in the income distribution: Latin America and the Caribbean is the most unequal region of the world, with huge gaps between the richest and poorest groups. The poorest 20% of households receive between 2.2% and 8.8% of total income, while the richest 20% capture between 41.8% and 62.4%.
- Social exclusion: Indigenous and Afro-descendant peoples are the poorest groups, displaying the worst socioeconomic indicators and least access to knowledge and political participation.
- Disparities in access to education: One out of every four young people (15-19 years old) belonging to the poorest 20% of families fail to complete primary education, whereas just one out of every 25 do not complete this level in the richest 20%. There are also major inequalities in education associated with geographic location and ethnic origin. Educational inequalities are transmitted from parents to children, thereby perpetuating the intergenerational cycle of poverty; only 20% of young people whose parents did not complete primary education themselves do so.
- Gender inequality: Despite considerable progress towards the target of equality in primary school enrolment (in several countries girls have lower attendance rates than boys), for many girls between six and 12 years of age from poor families, attending and completing primary school continues to pose a major challenge. Moreover, parity in enrolment does not translate into better educational and employment opportunities for women, since they continue to occupy low-productivity and low-paid jobs, and income gaps in relation to men persist in most of the region's countries
- The effect of socioeconomic inequalities on child and maternal mortality: Inequalities relating to income level and ethnic origin have a major impact on patterns of infant and maternal mortality. Countries for which information is available report a higher level of infant mortality among the indigenous population; and the available data show that mortality in childhood is systematically higher among lower-income groups. Although maternal mortality affects all social strata, it is much more frequent among women from low socioeconomic groups and particularly acute among indigenous women and those living in rural areas.

- Exclusion among the rural population: Maternal and infant mortality, and lack of access to water and sanitation, have a disproportionate effect on the rural population.

How to make progress:

- Expand quality basic social and educational services and ensure universal access to them; encourage local solutions to the problem of access and coverage with broad community participation.
- Establish and/or strengthen national and local systems of good quality disaggregated information, to make it possible to formulate specific policies that are suited to the needs of children and adolescents of different ages, sex, ethnic origin and residency.
- Promote educational inclusion adequate policies for groups that suffer discrimination such as indigenous and Afro-descendant people.
- Address the issue of gender inequality in education, going beyond enrolment parity. Among other things, this means changing teaching methods and curricula contents that inculcate among children stereotyped social expectations and patterns for each sex.
- Expand access to child health and nutrition services, particularly in the most excluded communities, using strategies that are appropriate to their specific cultural needs.
- Expand access to potable water and sanitation, especially in rural areas.
- Address inequities in access to sexual and reproductive health services, through effective and targeted policies.
- Expand the prevalence of professionally attended childbirth and access to family planning methods, particularly for the most excluded population groups.

## 2.4 Emergencies

Threats in emergency situations:

- According to the World Disasters Report 2005 (International Federation of Red Cross and Red Crescent Societies, 2005), a total of 1,223 disasters were reported in Latin America and the Caribbean between 1995 and 2004, causing the deaths of 82,000 people and affecting 51 million inhabitants, with losses amounting to US\$149.34 billion.
- Of these disasters, 840 were natural phenomena, which were responsible for 86% of the deaths, affecting 99% of people and causing 98% of the losses.
- The most common natural phenomena in the region are hurricanes, tropical storms, flooding, drought, earthquakes, volcanic eruptions, landslips or mudslides.
- In most of the countries affected by natural disasters, the high level of losses has significantly disrupted efforts to improve conditions of life, while generating significant delays in the fight against poverty.
- As a developing region, Latin America and the Caribbean is vulnerable to natural disasters, since those who face the dangers are usually the poorest strata of the population, particularly women and children, who lack information and resources to take effective measures to protect their life and health.

Suggestions for facing disasters:

- Tools are needed to assess the impact of natural disasters on development.
- Countries that are natural-disaster-prone need information enabling them to analyse the problem of risk, evaluate the danger and their physical and social vulnerability, and make a study of the different scenarios of extreme events, with their potential consequences, in order to take the necessary measures before and after the disaster.
- To face natural disasters a risk management approach is suggested, covering administrative decision-making, organization and response capacity to apply policies, strategies and actions to reduce disaster risks (United Nations, International Strategy for Disaster Reduction, 2004). Comprehensive risk management involves two phases: pre-disaster and post-disaster. The pre-disaster phase includes identification, mitigation, transfer and prevention of risk. The post-disaster phase encompasses emergency response, rehabilitation and reconstruction. In addition, financial risk management needs to be considered, including risk financing and risk transfer (ECLAC, 2005).

### 3. Adolescents: focus of attention in a young continent

*“As they are still undergoing physical, intellectual, emotional and moral development, adolescents are fertile ground for cultivating the bases of their common solidarity, democratic and productive societies.”*<sup>45</sup>

A positive view of adolescents is characterized by the following elements:

- Adolescents are perceived, valued and respected as legal subjects with major potential for contributing to their own and society’s development.
- Many of the problematic behaviour patterns associated with adolescence are the result of “emotional illiteracy”, linked to failings and shortcomings in their immediate surroundings (family, school, community) and in the macro-environment.
- Adolescents know their needs and priorities, and they should be allowed to participate actively in decision-making spaces and in the different stages of public policy.
- The well being of adolescents depends closely on their relations with their immediate environment (families, schools and communities) and the treatment they received from its members.
- Adolescents are eager for recognition, orientation and support from their parents or tutors.
- Adolescents need to develop self-esteem, self-knowledge and a sense of belonging.

From this positive perspective, public policies and actions can be formulated that guarantee fulfillment of adolescent rights. These should:

- Be universal and holistic, recognizing the integral nature of individuals, and be centred on the broader surroundings in which adolescents live their lives.

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<sup>45</sup> UNICEF. Argumentos y herramientas para influenciar la inversión social a favor de los adolescentes de América Latina y el Caribe. Preliminary version, unpublished.

- Be preventive, and provide special attention to early adolescence (10-14 years old).
- Concentrate on the potential and capacities of adolescents, providing opportunities for them to adopt healthy practices, coexist in protective environments and develop the skills needed for citizenship and adult life.
- Provide special protection and restore the rights of adolescents that are in problematic situations or conditions of vulnerability.
- Engage active participation from adolescents in the design, implementation and evaluation of the policies, programmes and projects that benefit them.
- Be based on the principles of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW).
- Be guided by reliable, up-to-date and relevant information on the demographic, economic and social variables that affect adolescents and their surroundings.

### 3.1 Demographic situation

According to population projections and estimates published by the ECLAC Population Division (CELADE), in 2007 Latin America and the Caribbean has a population of 576.5 million inhabitants, of whom roughly 37% (213 million) are under 18 years old. In 1990, there were about 197 million young people under 18 in the region, representing 44% of the total population (443.7 million). The latest projections show that, by 2015, the region's total population will be 634.1 million people, with 214.5 million under 18 (i.e. 34% of the total population).

An analysis of the composition of the population shows that there were nearly 100 million adolescents (10-18 years old) in 2005, i.e. 18% of the total population compared to 20% of total population in 1990. By 2015, the population between 10 and 18 years of age is projected to be roughly 103 million, or about 16% of the total population. This age group is thus losing its relative weight in the regional population structure, owing to the effects of the demographic transition and reduction in the overall fertility rate during the last few decades.

### 3.2 Education of adolescents

Information obtained from ECLAC, based on UNESCO data,<sup>46</sup> shows that the net secondary school enrolment rate has risen from 29% in 1990 to 67% in 2004, with slightly higher levels for girls (68.6%) than for boys (64.7%). Countries such as Colombia, Ecuador, Guatemala, Mexico, Nicaragua, Panama and Venezuela have lower rates than the regional average.

This shows that, while progress has been made, further efforts are needed to ensure that adolescents remain in the education system, with the aim of universalization of secondary schooling, as has been achieved at the primary level. It will also be necessary to pool efforts to raise education standards, to give people sufficient years of schooling to aspire to better job and social welfare alternatives. It is also important that reforms in the education sector stress equal opportunities for access to better quality education and thus ensure that adolescents from vulnerable and excluded groups remain in the system. On this point, education needs to respond to the needs of diversity among different races and ethnic groups; timetables need to be flexible to adapt to the needs of adolescents; there needs to be gender equity; a second chance needs to be provided to those that have been left behind for various reasons; work training programmes

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<sup>46</sup> See ECLAC, Social Statistics and Indicators Database (CEPALSTAT, BADEINSO), [www.cepal.org/badeinso](http://www.cepal.org/badeinso).

should make it possible to create business management skills; and aptitudes need to be developed for daily life. It also need to be borne in mind that adolescent participation in the school domain helps to strengthen self-esteem, democratic values and the exercise of citizenship. Lastly, environments are needed that promote adolescent development with a view to guaranteeing their well-being.

### **3.3 The challenges facing adolescents**

#### **Early and undesired pregnancy**

The start of sexual relations at an early age with little information about the risks involved, results in an increase in adolescent fertility and the percentage of pregnant teenagers. A review of overall fertility in Latin America and the Caribbean shows a clear downward trend since the 1970s, reflecting by socioeconomic, cultural, gender and technological changes. Nonetheless, since the 1980s, the fertility rate among women under 20 years of age has displayed varying trends, with increases in a number of countries.

Latin America and the Caribbean has the highest percentage of live births to teenage mothers.<sup>47</sup> In addition, the specific fertility rate in the 15-19 years age group, 75.7 births for every 1,000 women, is second highest, exceeded only by Africa, while the world average is 52.9 births per 1,000 women. This situation generates additional health hazards, particularly perinatal risks; and it creates obstacles to school and job training, with attendant disadvantages in life prospects for both parents and offspring. The probability of being a mother in this stage of life is higher among poor adolescents, who are also more likely to be single mothers as a result of the father's absence and avoidance of responsibility. The fact that a large proportion of teenage pregnancy is undesired has implications for the exercise of gender rights and inequity.

#### **Labour exploitation**

Child and adolescent labour in Latin American and Caribbean countries has various causes and generates adverse consequences for children and adolescents and for their families and society. This phenomenon not only reflects poverty, but to some extent is also a sign of shortcomings and limitations. Most children and adolescents who work do so to provide for basic household needs, since family income is insufficient. Another group does so because of a positive perception that work is a mechanism for facing life. Although this is nothing new, recently there has been political will to eradicate labour exploitation of children and adolescents.

According to ILO/IPEC data<sup>48</sup> on 16 of the region's countries, the proportion of workers between 10 and 14 years of age in 2000-2004 was less than 40% in Belize, Brazil, Chile, Colombia, Costa Rica, Jamaica and Panama. In contrast, Bolivia, the Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Nicaragua, Paraguay and Peru all record figures above 40%. Only Bolivia, the Dominican Republic and Peru report under 40% of workers in the 15-17 year age group, while in the other countries of the region, the proportion varies between 41% (Ecuador) and 70% (Jamaica).

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<sup>47</sup> Jorge Rodríguez and Martín Hopenhayn, *Maternidad adolescente en América Latina y el Caribe: tendencias, problemas y desafíos*. Preliminary version, unpublished.

<sup>48</sup> OIT-IPEC\_IPEC Info 2.0.

## Violence, abuse, and abandonment

Many adolescents in the region are living in problematic situations or extreme vulnerability, e.g. those living on the street, the internally displaced and refugees, victims of sexual exploitation, abuse and violence, and those in conflict with the law.<sup>49</sup> These situations require strategies to be defined and special protection measures to be taken of a judicial, educational or welfare type, to help restore violated rights. In addition, preventive actions are needed to tackle the underlying causes of such problems and help create a protective environment for adolescents, in which families, schools and communities undertake to promote and protect their rights (enshrined in existing laws); Governments allocate public funds to prevent and eradicate abuse, and exploitation of adolescents; and the media publicize priority issues on human rights and denounce discriminatory attitudes.

Violence is one of the most serious problems affecting children and adolescence in Latin America and the Caribbean. According to the United Nations Secretary General's Study on violence against Children, its main forms include physical punishment as a form of discipline, sexual abuse, abandonment and economic exploitation. The available data show that every year over 6 million children suffer severe abuse in the countries of the region, and more than 80,000 die as a result of domestic violence. These high levels of violence violate rights and retard democratic and economic development in the countries concerned. Other important information to emerge from available studies is that between 10% and 36% of women, depending on the country, have suffered physical or sexual violence. Although sexual abuse is the least reported form of violence, it is known that the aggressors are generally men, and, in eight out of 10 cases, fathers, husbands or relatives.

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<sup>49</sup> UNICEF. Argumentos y herramientas para influenciar la inversión social a favor de los adolescentes de América Latina y el Caribe. Preliminary version, unpublished.





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