

Health in Latin America and the Caribbean

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Over the past few decades, major improvements in health status have occurred throughout the region. Child deaths in the region have declined dramatically. Improved family planning and reproductive health services have had a positive impact on fertility, maternal mortality and morbidity and child health. The U.S. Government, through USAID, has been one of the principal health sector donors in countries where these improvements have occurred. However, much remains to be done.

USAID supported maternal and child health care programs targeting mothers and children in the most vulnerable groups, including indigenous peoples, low income groups and rural populations. To help prevent and control infectious diseases, programs work with at risk populations in the most severely affected areas. The programs help to increase access to and use of high-quality, voluntary family planning/reproductive health services, particularly in rural areas where public health services are limited. The President's Emergency Plan for AIDS Relief (PEPFAR), through USAID, supports activities in two focus countries (Haiti and Guyana). Additionally, USAID implements HIV/AIDS programs in Bolivia, Brazil, Dominican Republic, El Salvador, Guatemala, Honduras, Jamaica, Mexico, Nicaragua and Peru and regional HIV/AIDS programs in the Caribbean and Central America. USAID also helps countries improve the quality of health service delivery and to mobilize resources to extend health protection to underserved groups.

USAID assisted health activities include but are not limited to:

Caribbean

Guyana has an estimated 11,000 people infected by HIV. AIDS is the leading cause of death among people in the 25- to 44-year-old age group and the second leading cause of all deaths. Surveys show there are an estimated 4,200 children in Guyana orphaned by HIV/AIDS and thousands more vulnerable to its effects. Through USAID, PEPFAR is funding activities to support full national scale-up of prevention, treatment, and care and support programs. To prevent the spread of HIV/AIDS, USAID continues to support the Ministry of Health to expand prevention of mother-to-child transmission to attain integrated, national coverage and to date reaches nearly 75% of all pregnant mothers annually with counseling and testing and preventative treatment when needed. USAID also supports training and service delivery focused on reaching vulnerable populations with risk reduction practices and linking them to services such as counseling and testing and HIV/STI treatment when necessary. Nearly 20,000 counseling and testing sessions are supported annually. To care for and support AIDS patients, USAID provides training to volunteers in home-based and palliative care support services, including counseling on ensuring adherence to drug regimens. In addition, USAID has collaborated with the private sector to provide micro credit for HIV-infected persons to help them improve their economic status. USAID implements the care and support program implementation through a network of 20 non-governmental, community and faith-based organizations. To date, they provide support to over 700 orphans and vulnerable children and an additional 730 persons living with HIV/AIDS. This same network of organizations also provided prevention education and reinforcement to nearly 30,000 persons with abstinence, faithfulness, and other prevention programs in just six months.

Central America

Guatemala's maternal mortality ratio (MMR) of 153 deaths per 100,000 live births is one of the highest in Latin America. Among rural Mayan women, the MMR increases to 221 deaths per 100,000 live births. To address this problem, USAID worked with Guatemala's Ministry of Health to develop an innovative scholarship training program for 120 Mayan midwives that combines Western medicine and Mayan culture. To qualify for the program, applicants must be Mayan, reside near communities with high maternal mortality, and be proficient in the local language. Graduates of the program become skilled providers who can detect and refer complications, train and supervise

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traditional birth attendants, provide quality pre- and postnatal care, and attend births. Graduates return to their communities to work at health facilities or with local organizations and commit to serving as midwives for at least two years after completing the training.

South America

USAID is assisting the Brazilian National TB Control Program to expand Directly Observed Therapy Short-course Strategy (DOTS) in selected Rio de Janeiro and São Paulo municipalities where the TB disease burden is highest. When USAID initiated its five-year TB program, only 7% of Brazil's priority municipalities TB programs offered directly observed TB treatment. Today, due in large measure to USAID assistance, more than 80% of priority municipalities offer DOTS. In addition to USAID-financed projects to develop better TB drugs, USAID is providing training to 9,000 health professionals in Brazil to collect reliable information regarding tuberculosis treatment outcome and to feed data into the Brazilian National Health Information System, thus improving TB surveillance and decreasing unknown treatment outcome rates. USAID is also training more than 25,000 Brazilian health professionals, including 800 laboratory technicians and nearly 200 laboratory managers, to work effectively within the World Health Organization DOTS system.