WHO Director-General Roundtable with Women Leaders on Millennium Development Goal 5

Panama

Country profile

For Demographic and Health Surveys, the years refer to when the Surveys were conducted. Estimates from the Surveys refer to three or five years before the Surveys.

Panama and the world

1. Maternal mortality ratio: global, regional and country data, 2005

A maternal death is defined as the death of a woman while pregnant or within 42 days of termination of pregnancy, from any cause related to the pregnancy or its management but not from accidental or incidental causes. The maternal mortality ratio is the number of maternal deaths per 100,000 live births per year. The ratio in Panama is 130 per 100,000 live births, which is the same as the average of 130 per 100,000 live births in Latin America and the Caribbean and lower than the global average of 400 per 100,000 live births.

2. Lifetime risk of maternal death (1 in N), 2005

The lifetime risk of maternal death is the estimated risk of an individual woman dying from pregnancy or childbirth during her adult lifetime based on maternal mortality and the fertility rate in the country. The lifetime risk of dying from pregnancy-related causes in Panama is 1 in 270, slightly lower than the average of 1 in 290 for Latin America and the Caribbean and lower than the global figure of 1 in 92.

Demographic and health data

3. Total population (in thousands)

<table>
<thead>
<tr>
<th>Year</th>
<th>Panama</th>
<th>Latin America and the Caribbean</th>
<th>World</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>3,288</td>
<td>1,500</td>
<td>6,500</td>
</tr>
</tbody>
</table>


A maternal death is defined as the death of a woman while pregnant or within 42 days of termination of pregnancy from any cause related to the pregnancy or its management but not from accidental or incidental causes. The most frequent causes of maternal deaths in Latin America and the Caribbean (for 1997–2002) were haemorrhage (uncontrolled bleeding), hypertensive disorders (high blood pressure) and obstructed labour.

5. Total fertility

The total fertility is the average number of children that would be born to a woman over her lifetime. The total fertility rate can be separated into the births that were planned (wanted total fertility rate) and those that were unintended (unwanted total fertility rate). In Panama, a survey conducted in 2006 indicated a total fertility rate of 2.6 per woman.
6. **Annual live births**

The total number of births (in thousands): 70 (2005)

![Bar chart showing annual live births](chart.png)


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7. **Neonatal mortality rate, 2004**

Perinatal mortality refers to deaths of fetuses in the womb and of newborn babies early after delivery. It includes (1) the death of a fetus in the womb after 22 weeks of gestation and during childbirth and (2) the death of a live-born child within the first seven days of life. The perinatal mortality rate reflects the availability and quality of both maternal and newborn health care. Neonatal mortality refers to the number of newborn deaths during the first 28 completed days of life per 1000 live births in a given year or other period. In Panama, the neonatal mortality rate in 2004 was 11 per 1000 pregnancies.

![Bar chart showing neonatal mortality rate](chart.png)

Source: Bureau of Statistics and Census, Office of the Comptroller of the Republic

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8. **Adolescent pregnancy rate by age for girls 15–19 years old**

Adolescent pregnancy is pregnancy in an adolescent girl (girls 10–19 years old). The adolescent pregnancy rate indicates the proportion of adolescent girls who become pregnant among all girls in the same age group in a given year. In 2006, the adolescent pregnancy rate increased steadily with age, peaking at 29.5% at age 19 years.

![Bar chart showing adolescent pregnancy rate by age](chart.png)

Source: Bureau of Statistics and Census, Office of the Comptroller of the Republic

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9. **Adolescent pregnancy rate by urban versus rural location**

Adolescent pregnancy rates tend to vary between urban and rural parts within countries. The rates can vary for many reasons including cultural norms, socioeconomic deprivation, education, access to sexual health information and contraceptive services and supplies. There are no country-specific data on urban versus rural differences in adolescent pregnancy for Panama.

![Bar chart showing adolescent pregnancy rate by urban versus rural location](chart.png)

Source: Bureau of Statistics and Census, Office of the Comptroller of the Republic

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10. **Adolescent pregnancy by subregion**

Adolescent pregnancy rates also vary between different areas within countries. In 2006 in Panama the rate varied from 26% in Chiriqui to about 34% in Bocas del Toro.

![Bar chart showing adolescent pregnancy by subregion](chart.png)

Source: Bureau of Statistics and Census, Office of the Comptroller of the Republic
11. Unmet need for family planning  Unknown
The unmet need for family planning is the proportion of all women who are at risk of pregnancy and who want to space or limit their childbearing but are not using contraceptives.

12. Family planning: modern contraceptive use by age group

Modern contraceptive methods include oral and injectable hormones, intrauterine devices, diaphragms, hormonal implants, female and male sterilization, spermicides and condoms. In 2006, 10% of currently married women used modern contraceptives.

13. Contraceptive use by urban versus rural location

The prevalence of contraceptive use can vary between rural and urban areas within countries. There are no country-specific data on contraceptive use by urban versus rural location in Panama.

14. Contraceptive use by subregion

The prevalence of contraceptive use also tends to vary in different subregions within countries. There are no country-specific data on contraceptive use by subregion for Panama.

15. Antenatal care

Antenatal care visits include all visits made by the pregnant woman (15–49 years old) to a skilled health worker for reasons relating to pregnancy among all women who gave birth in a given time period. In 2006, about 85% of women in Panama attending public health facilities received antenatal care during pregnancy from a skilled health-care worker.

16. Utilization of skilled birth attendants

A skilled birth attendant is an accredited health professional – such as a midwife, doctor or nurse – who has been educated and trained to proficiency in the skills needed to manage normal (uncomplicated) pregnancies, childbirth and the immediate postnatal period, and in the identification, management and referral of complications among women and newborns. All women should have access to skilled care during pregnancy and at delivery to ensure that complications are detected and managed. In Panama, according to a survey conducted in 2000–2006, 91% of births are assisted by a skilled birth attendant.
17. Utilization of skilled birth attendants by wealth quintile

Whether a woman delivers with the assistance of a skilled attendant is highly influenced by how rich they are. There are no country-specific data on skilled birth attendants by wealth quintile in Panama.

18. Utilization of skilled birth attendants by province and comarca indigena, 2006

The utilization of skilled birth attendants varies substantially by province and comarca indigena (provincial-level indigenous regions). According to a survey conducted in 2006, utilization of skilled birth attendants ranged from 52% in Panama to 0.1% in Veraguas.

19. Place of delivery

Delivery in a health facility can reduce maternal and neonatal death and morbidity. According to latest available data the majority of (90%) of births occurred in a health facility.

20. Caesarean section rates by urban versus rural location

Caesarean section is a surgical procedure in which incisions are made through a woman’s abdomen and womb to deliver her baby. It is performed whenever abnormal conditions complicate vaginal delivery, threatening the life and health of the mother and/or the baby. There are no country-specific data for Panama.

21. Caesarean section by subregion

Rates of caesarean section vary between different parts of a country. In 2006, the rate of caesarean section varied substantially from about 49% in Panama and 25% in Chiriqui to about 0% in Bocas del Toro, Colón, Darién, Kuna Yala and Ngöbe Buglé. Low caesarean section rates, in particular in rural areas, could indicate an unmet need for access to adequate health system infrastructure, which needs to be met if maternal deaths are to be reduced.

22. Low birth weight

Babies weighing less than 2500 g at birth are considered to have low birth weight. In 2006, of the babies who were weighed at birth, 9% were reported to weigh less than 2500 g (2.5 kg). Low-birth-weight babies often face severe short- and long-term health consequences and tend to have higher mortality and morbidity.
23. Anaemia in pregnancy
Anaemia refers to abnormally low levels of haemoglobin (iron-containing oxygen proteins) in the blood. The percentage of pregnant women with low haemoglobin levels (less than 110 g/l) was approximately 36% according to a survey conducted in 1999. Severe anaemia is an important contributing factor to maternal deaths due to haemorrhage during childbirth.

24. Prevention of mother-to-child transmission of HIV
The percentage of pregnant women living with HIV and receiving antiretroviral drugs (ARVs) to prevent the transmission of HIV to their child (PMTCT) was 30% in 2006.

25. Equity – gap in coverage of four major interventions by wealth quintile
Coverage of four key interventions (family planning, maternal and newborn care, immunization and treatment of childhood illness) often varies by wealth quintiles. A coverage gap usually exists between the goal of universal coverage of everyone (universal coverage) in these four intervention areas and actual coverage. Where the gap is larger, it means that there is less adequate coverage. The opposite indicates better coverage. In many countries, the coverage gap is highest for the poorest and is lowest for the richer members of society (wealthiest quintile). Achieving equity requires improving coverage levels in the poorest quintiles. There are no country-specific data for Panama.

26. Reproductive health

- Yes

- Yes

27. Financial flow

(per capita expenditure on health, in US dollars) 2007 351


28. Human resources
At least 23 health workers (doctors, nurses or midwives) per 10 000 population is estimated to be necessary to support the delivery of the basic interventions required to achieve the Millennium Development Goals related to health. Globally, 57 countries have been identified with critical shortages below this minimum. These countries have a severe crisis in human resources for health. Of these 57 countries, 36 are in sub-Saharan Africa. Panama, with about 43 health workers (as defined above) per 10 000 population, is above the threshold value of the countries facing this crisis daily, with mothers and children lacking access to proper maternal and child care, HIV/TB and malaria care, and sexual and reproductive health information and services, including skilled birth attendants. But this does not mean that it commands sufficient human resources to satisfy all the health needs throughout the country.

A shortage of access to health workers, in particular among underserved communities, can be exacerbated by staff losses due to migration (in search of a better life) of skilled staff to high-income countries, leaving behind already impoverished health services and systems.

Increasing the human resources around the world and establishing a balance between the services needed and the personnel available, and their distribution, are key elements of a well-functioning health system and critical requirements for achieving Millennium Development Goals.
29. Ratification of treaties and support of international consensus

<table>
<thead>
<tr>
<th>Treaty/Conference</th>
<th>Status</th>
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<tbody>
<tr>
<td>Convention on the Elimination of All Forms of Discrimination against Women</td>
<td>Yes</td>
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<tr>
<td>Convention on the Rights of the Child</td>
<td>Yes</td>
</tr>
<tr>
<td>International Covenant on Economic, Social and Cultural Rights</td>
<td>Yes</td>
</tr>
<tr>
<td>International Conference on Population and Development</td>
<td>Signature only</td>
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<tr>
<td>Fourth World Conference on Women</td>
<td>Yes</td>
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</tbody>
</table>

Sources:

30. Other determinants of health: water, sanitation, communication and road networks

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value 2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fixed-line and mobile phone subscribers (per 100 population)</td>
<td>81</td>
</tr>
<tr>
<td>Internet users (per 100 population)</td>
<td>15</td>
</tr>
<tr>
<td>Roads paved (% of total roads)</td>
<td>35</td>
</tr>
<tr>
<td>Improved water source (% of population with access)</td>
<td>92</td>
</tr>
<tr>
<td>Improved sanitation facilities (% of urban population with access)</td>
<td>78</td>
</tr>
</tbody>
</table>

Sources:

For further information contact:
- Child and Adolescent Health and Development
  - Tel: +41 22 791 3281
  - E-mail: cah@who.int
  - Web site: www.who.int/child_adolescent_health/en

- Gender, Women and Health
  - Tel: +41 22 791 2394
  - E-mail: genderandhealth@who.int
  - Web site: www.who.int/gender

- Immunization, Vaccines and Biologicals
  - Tel: +41 22 791 4612
  - E-mail: vaccines@who.int
  - Web site: www.who.int/immunization/en

- Making Pregnancy Safer
  - Tel: +41 22 791 3966
  - E-mail: MPSinfo@who.int
  - Web site: www.who.int/making_pregnancy_safer/en

- Reproductive Health and Research
  - Tel: +41 22 791 3372
  - E-mail: reproductivehealth@who.int
  - Web site: www.who.int/reproductive-health

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