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IMPLEMENTATION OF THE INTERNATIONAL COVENANT ON
ECONOMIC, SOCIAL AND CULTURAL RIGHTS

Reports submitted in accordance with Council resolution
1988 (LX) by States Parties to the Covenant, concerning
rights covered by articles 10-12

Addendum

PANAMA*

/9 February 1981/

ARTICLE 12: RIGHT TO PHYSICAL AND MENTAL HEALTH

- A. Principal laws, administrative regulations, collective agreements and other measures designed to promote and defend the right of all persons to enjoy the highest attainable standard of physical and mental health, and decisions of relevant courts

The Social Security Fund of Panama, established by Act No. 23 of 1941, was later converted, through various changes and additions, into the Social Security Institution, which implements articles 105 and 106 of the National Constitution of the Republic.

Article 105 of the Constitution. "Every individual has the right to the security of his economic means of subsistence in case of incapacity to work or to obtain remunerated employment. Social security benefits shall be granted and administered by autonomous agencies and shall cover illness, maternity, disability, family allowance, old age, widowhood, orphanhood, compulsory lay-offs, occupational accidents and diseases, and all other contingencies that may be covered by social assistance and social security. The law shall provide for the establishment of such services to the extent that the need requires."

* The present document contains the report of Panama concerning rights covered by article 12 of the Covenant. For the first part of the report of Panama, concerning rights covered by articles 10 and 11, submitted on 16 May 1980, see document E/1980/6/Add.20.

Article 106. "The State may establish supplementary funds with contributions from employees of public and private enterprises in order to improve social security pension benefits. The law shall regulate this matter."

A chronological survey of the provisions of our social security laws reflects the approach of improving social security in parallel with the historical, social and political development of the nation. The Act now in force, No. 15 of 31 March 1975, expressly guarantees the right to social security to the country's workers and their families.

Article 2 of this Act states that all workers employed by the State or by natural or juridical persons operating in the national territory, and independent, seasonal or casual workers are governed by the mandatory social security system. The Act provides guarantees for any workers who join the voluntary system; it assigns to the mandatory system those groups of workers for whom the protection of social security measures is deemed advisable. It should be noted that our legislation in the matter of voluntary social security is flexible and democratic and that it protects foreign workers employed in the national territory by international organizations.

Panamanian social security covers the following contingencies or risks:

Illness

Maternity

Occupational hazards

Disability

Old age

Death

Funeral grant

1. Illness

Act No. 15 of 31 March 1975, in articles 39, 40, 41 and 42, provides for the protection of all economically active government, private, independent and farm workers, their families, spouses or companions, their children under 18, and their parents, if they are entirely dependent on the worker or are disabled. Benefits include medical and surgical treatment, pharmaceutical and dental benefits, hospitalization and X-rays. Depending on the illness, a one-year temporary disability benefit may be granted.

2. Maternity

Medical and surgical treatment, pharmaceutical and dental benefits, X-rays, hospitalization, and pre-natal and nutrition supervision are granted to all insured female workers and the spouses or companions of insured workers during pregnancy. An economically active female worker with a minimum of 9 monthly contributions in

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the 12 months preceding the seventh month of pregnancy is also granted paid maternity leave six weeks before and eight weeks after delivery, in accordance with articles 43 and 44 of Act No. 15 cited above. There are also programmes of talks on maternal health and responsible parenthood.

3. Occupational hazards

Under Cabinet Decree No. 68 of 31 March 1970, every worker who suffers an occupational accident is protected; the worker has the right to receive medical and surgical treatment, hospitalization, dental care, laboratory service, X-rays, home nursing care and temporary disability allowances or grants for occupational hazards. He receives a disability pension.

4. Disability

Pursuant to articles 45, 46, 47, 48 and 49, Act No. 15 applies to every economically active worker who, because of illness or physical or mental disturbance, is deemed, by the report of the Certifying Medical Committee and the ruling of the Benefits Committee, to be incapacitated for work. He shall continue, although disabled, to receive medical and surgical treatment, pharmaceutical and dental benefits, X-rays, hospitalization and physical rehabilitation therapy. He will also receive a survivor's pension.

5. Old age

Articles 50, 51, 52, 53, 54, 55 and 56 of Act No. 15 govern the retirement pension payable to an economically active worker who has reached, in the case of men, the age of 60 or the age of 55, in the case of women. If the worker desires early retirement at age 55 (for men) or age 50 (for women), he or she receives an old age pension.

6. Death

Under articles 55 and 56 of Act No. 15, the widow of a deceased economically active or pensioned insured worker, a companion who lived at least for five years with the deceased without there being any legal impediment to their marrying, minor children under 14 years or under 18 years if they are students, and parents of the deceased if he had no spouse, companion or children, have the right to receive medical and surgical treatment, hospitalization, dental care, X-rays and laboratory services.

7. Funeral grant

A grant is paid to the survivors of the deceased to aid in paying funeral expenses.

B. 1. Information on measures taken to reduce infant mortality and still-births

There are programmes of health care services and activities for the country's entire population, such as environmental sanitation, the supply of drinking water, latrines, health care for mothers, pre-natal health and talks on responsible parenthood.

The infant mortality rates in Panama are as follows:

Rural area: Deaths per 1,000 live births were 45.9 in 1968, 39.2 in 1973 and 28.0 in 1978;

Urban area: Deaths per 1,000 live births were 30.8 in 1968, 26.7 in 1973 and 22.6 in 1978.

These figures show that infant mortality has declined in Panama during the last 10 years.

2. Information on measures taken to promote the healthy development of children

Every administrative district in the country has a health centre with programmes for mothers and children and for integrated child care, with childhood diseases being attended to promptly. There are also nutrition education activities for individuals and organized groups within the communities for the purpose of imparting basic principles of nutrition, such as nourishment during pregnancy and milk consumption for pre-school, school, and adolescent children.

There are supplementary feeding programmes for families and for mothers and children. Food is distributed to all beneficiaries (nursing mothers, pregnant women and pre-school children) as a preventive measure, regardless of their nutritional status.

Production projects at the family and community level are increasingly being used to improve the availability of food and consequently the population's nutritional status.

The child guidance centres receive direct counselling from nutrition professionals on the planning of their menus and on checking the weight and height of the children attending them.

All the programmes mentioned above are designed to improve the nourishment of groups with nutritional deficiencies.

The ongoing programme to immunize the population against diseases that can be prevented by vaccination, especially poliomyelitis, tuberculosis, diphtheria, whooping cough, tetanus and measles, has likewise been intensified.

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3. Information on measures taken to protect and improve all aspects of the environment, including the working environment

Environmental health programmes include: sanitary inspection of housing and public establishments, inspection of food shops, inspection for and control of animal diseases, inspection of work places, monitoring and control of environmental pollution, monitoring of drinking-water quality, construction of drinking-water sources (water conduits, wells), construction of latrines, quality control of medicaments, monitoring and control of communicable disease vectors.

4. General programmes and specific measures, including vaccination programmes, to prevent, treat and combat epidemic diseases, occupational and other diseases, and accidents in rural and urban areas

Since 1974 there have been no clinical cases of yellow fever, owing to mass vaccination of the entire population and an active control campaign which has led to the eradication of *Aedes aegypti*, and consequently of yellow fever and dengue fever from urban areas. Diseases such as cholera, plague and smallpox do not exist in Panama.

• Poliomyelitis has not appeared in Panama since 1972 owing to mass vaccination carried out by the health authorities. There is an influenza virus epidemic alert system in the metropolitan region.

Malaria has declined sharply since 1970. Of the 675 cases in 1977, 120 were imported and the remainder domestic. In 1977 377,059 samples were taken and 90 per cent of the planned spraying activities were carried out.

Of the other diseases which are monitored, relapsing fever and lice-transmitted typhus have been eliminated from the country.

There has been a spectacular decline in whooping-cough morbidity and mortality since 1972, when 1,597 cases and 36 deaths occurred: in 1977 there were only 128 cases and no deaths. In 1978 only 32 cases and 1 death were reported.

Tetanus has declined considerably since 1974.

Measles is endemic, and epidemic outbreaks occur every two or three years; the last was in 1976.

Tuberculosis morbidity and mortality have declined since 1970.

All these figures indicate that in Panama there has been a decline in morbidity and mortality from all diseases, except measles, that can be prevented by major vaccination and environmental sanitation programmes. This has been made possible by the combined efforts of the community and the health sector, which have achieved high rates of vaccination coverage of the child population.

Sexually-transmitted diseases, in contrast, represent a grave public health problem; in 1978 1,853 cases were reported, giving an estimated rate of 207.7 per

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100,000 population. The regions worst affected by morbidity from this type of disease are Panamá, Bocas del Toro, Chiriquí and Colón, and mortality is worst in Colón, Bocas del Toro and Panamá.

Panama is gratified to report that the danger of epidemics has been declining in the country and that children can grow to adulthood in a favourable and healthy environment, which will benefit the country.

5. General programmes and specific measures to provide all age groups and all categories of the population, particularly in rural areas, with adequate health services, including adequate medical treatment in case of disease or accident

We believe that the content of the preceding paragraphs provides the information sought under paragraphs 5 and 6.

Statistical and other data on the exercise of the right to health, in particular, statistics on infant mortality, number of hospitals and hospital beds, etc.*

* The statistical data furnished by the Government of Panama in an annex to the present report will be available for consultation, upon request, in the files of the Secretariat.