2026

HEALTH dynamics and disease MANAGEMENT

in Latin America and the Caribbean

PAN AMERICAN LIFE INSURANCE GROUP

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Executive Summary

Healthcare systems rarely change overnight. However, subtle shifts in science, regulation, and clinical practice are constantly reshaping how care is delivered across the region.

Global scientific research, the approval of new therapies, and the continuous updating of clinical practice guidelines shape, in a sustained and often imperceptible way, the epidemiological profile of populations and the demands placed on health systems. This report examines these interconnected dynamics across our region, offering healthcare professionals a practical perspective on the direction of clinical care, healthcare investment, and resource allocation in the years ahead.

The evidence generated today by clinical research often foreshadows what will be evaluated and approved by regulatory bodies tomorrow. The approved guidelines, in turn, feed into the updating of clinical guidelines that ultimately determine which patients receive treatment, with which interventions, and what the cost is to the system. Understanding this continuum—from research to regulation, and from regulation to clinical practice—is essential to understanding the forces that drive healthcare trends and system transformation.

Based on concrete data applicable to the regional context, this report seeks to be an informative reference that supports the analysis of relevant trends in clinical, institutional and health policy practices. Also presented are the initiatives of Pan-American Life that accompany and respond to this health dynamic in the region.

THE STARTING POINT

Dynamic Evolution of Diseases in the Population

Before exploring approved research, therapies, and treatments, it is necessary to understand the context: how the distribution of diseases evolves in the population. We analyzed the 2022–2025 period through three dimensions. Most common diseases, fastest growing diseases, and diseases with the highest cost per person.

1. Prevalence: What are the Most Common Diseases?

Prevalence reflects which diseases affect a higher percentage of the population in a given period. The following graph shows how the positions of the main disease categories have remained—or changed—in terms of their frequency. (Table 1):

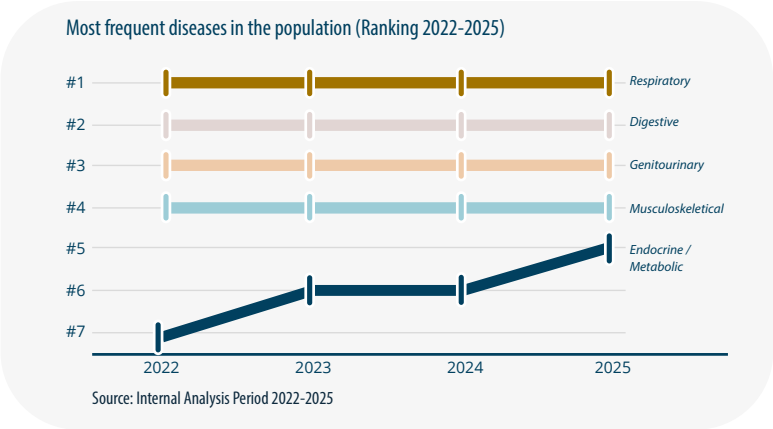


Table 1. Main health conditions among Pan-American Life (PALIG) members in Latin America and the Caribbean. (Source: PALIG claims data 2022-2025).

The ranking of the three most frequent disease categories did not change compared to the previous year: **respiratory, digestive and genitourinary diseases remain in the top spots.**

Metabolism-related diseases (diabetes, obesity, thyroid) climb from 7th to 5th place, displacing infectious diseases.

This change confirms an epidemiological transition in certain populations within the region (such as the insured population of Pan-American): these are transitioning epidemiologically from acute infectious diseases towards chronic non-communicable diseases, which require continuous management and represent a higher cost per patient.

2. Growth Acceleration: Which Diseases are Growing the Fastest?

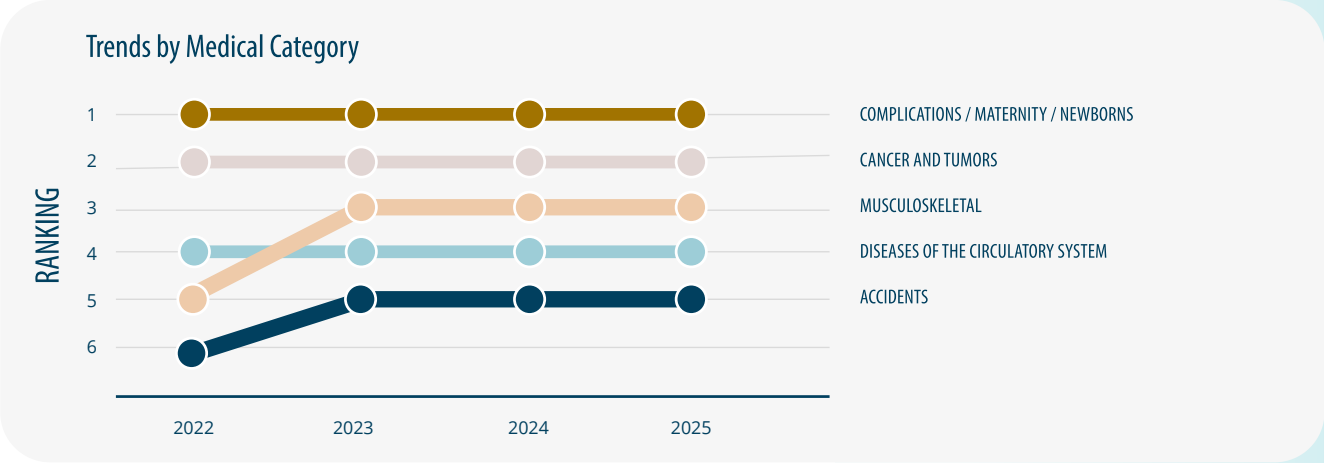
Growth acceleration evaluates the increase in the frequency of a disease from one year to another. Assessing disease impact requires considering not only case volume and growth, but also how that growth is evolving over time.

Three trends stand out clearly:

- **Metabolic diseases** (diabetes, obesity, cholesterol) are the ones that show the most consistent acceleration each year.
- **Mental health disorders** climb from the 11th place to 2nd place in growth rate, an increase that the pandemic accelerated and has not been reversed.
- **Cancer** maintains a constant presence among the five fastest accelerating categories throughout the analyzed period.

3. Cost: Which Diseases Represent the Highest Cost per Patient?

Frequency alone does not determine the magnitude of the impact. This chart shows which categories have the highest cost per patient—regardless of how many people suffer from them:

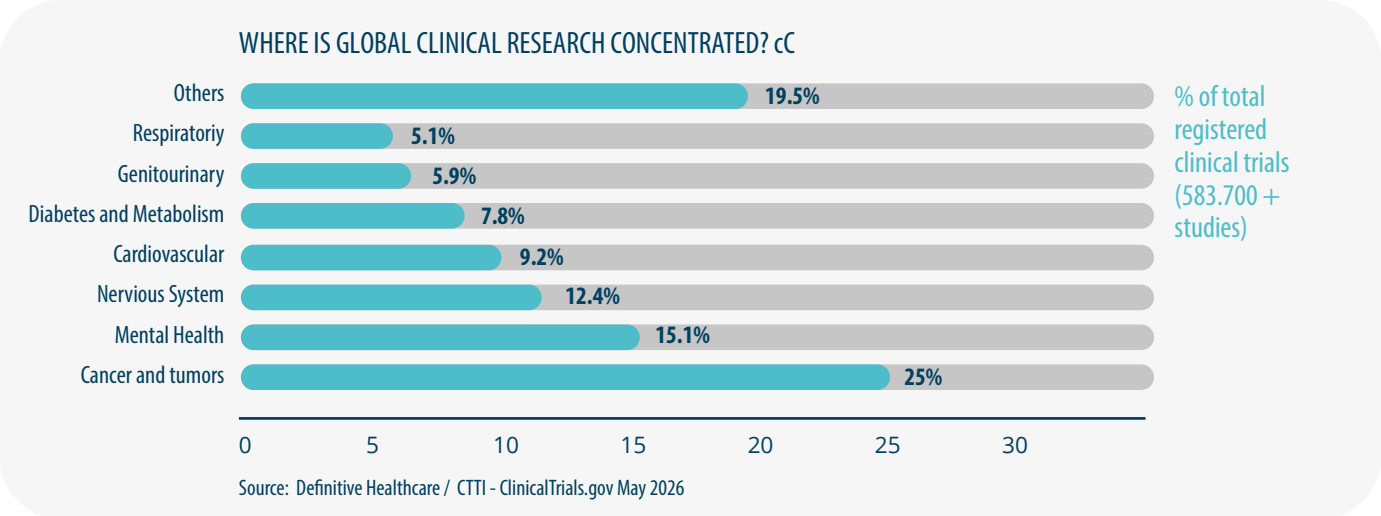


- **Benign and malignant neoplasms (cancer)** have maintained second place in cost per patient since 2022: modern cancer treatments are significantly more expensive than traditional treatments.
- **Musculoskeletal diseases** climbed from 5th to 3rd place: spinal surgeries, joint prostheses and prolonged rehabilitation increase the cost per episode.
- **The combination of frequency, cost, and rate of increase in metabolic diseases and cancer** represents the greatest projected health risk for populations in the coming years.

WHAT IS BEING RESEARCHED?

Research is the first stage of the continuum that projects and transforms the future of medicine. What is being tested today in clinical trials, for example, can become medicine, devices, and protocols that will define the standard of care in the next 5 to 10 years.

ClinicalTrials.gov, the world's largest public registry of clinical trials currently houses more than 586,000 historically registered studies. Its distribution accurately reveals what is being bet on:



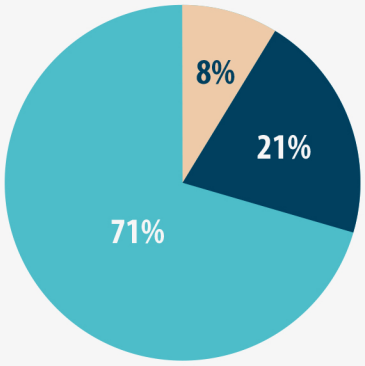
Cancer and Chronic Diseases: Current Situation

- Cancer leads research with 1 in 4 clinical trials worldwide (25%); the most researched area by a wide margin.
- Chronic diseases (cardiovascular and endocrine-metabolic) represent 17%.
- Mental health accounts for 15% of active clinical trials, reflecting a growing recognition of its global burden; however, research continues to focus on new drugs while non-pharmacological interventions (psychotherapy or integrated care models) are progressing at a slower pace.
- Diseases of the nervous system (Alzheimer’s, Parkinson's, multiple sclerosis) rank third with 12%.
- Most trials are looking for drugs that stop the progression of the disease, not reverse it.

Investment in Research: Perspectives and Opportunities

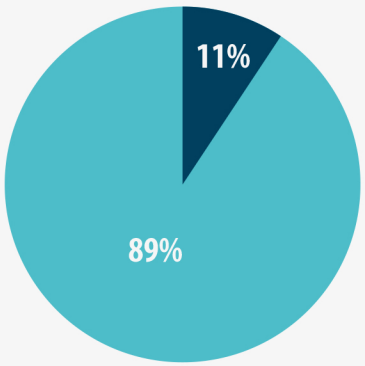
The greatest effort in research is being made by the pharmaceutical industry, followed by independent academic institutions and governments.

WHO FUNDS GLOBAL CLINICAL TRIALS?



- Pharmaceutical Industry & Biotechnology
- Government / NIH / Public Entities
- Academic Institutions / Others

IN ONCOLOGY: PATIENTS IN TRIALS BY SPONSORS TYPE



- Pharmaceutical Industry & Biotechnology
- Government / NIH / Public Entities

Sources: MarketsandMarkets 2024 Unger et al,. J Clin Oncol 2024 (Fred Hutch Cancer Center) IQVIA R&D Trends 2024

KEY FACT

The biopharmaceutical industry is the primary funder of clinical research globally. In oncology, its role is particularly pronounced: in the United States, industry-sponsored trials enroll substantially more patients than federally funded studies—nearly 10 times more in adult populations (Unger et al., 2024).

The pharmaceutical industry funds trials seeking regulatory approvals for new drugs, which determines which treatments are developed and reach the market.

Areas of Highest Growth in Research

- Treatments that harness the body's immune system to fight cancer: the most dynamic area in oncology in the last 5 years.
- Drugs targeting specific genetic mutations: allow the same type of cancer to be treated in different ways depending on the genetic profile of the tumor.
- Treatments for neurological diseases that seek to stop or reverse brain damage.
- New therapies for schizophrenia and severe depression that act through mechanisms different from current medications.
- Artificial intelligence tools for diagnostic imaging: the fastest growing area in medical devices.

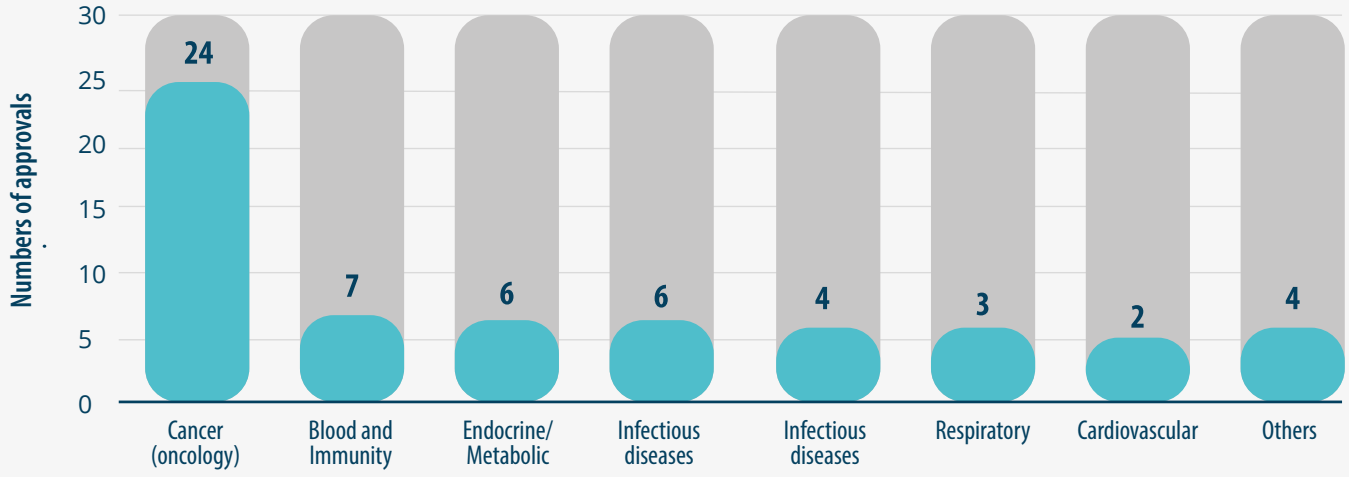
In oncology, the industry's global investment exceeds ***$80 billions annually*** - more than 11 times the budget of the U.S. National Cancer Institute (NCI), which is 6.8 billions. (Cancer Discovery) AACR, 2024

WHAT IS BEING APPROVED?

US Food and Drug Administration (FDA) approvals are the most direct indicator of the shift in standards of care. Drug and therapies/treatments studies are advancing towards the official application for approval. Each approved drug or device has three immediate implications: a clinical impact on quality of life, a cost that will enter the system, a new expectation for patients, and in many cases, a future update of medical guidelines that makes it a standard treatment.

In 2025, the FDA approved 46 new drugs and expanded the authorization of medical devices with artificial intelligence, especially diagnostic software, which exceeded 300 products. (FDA, 2025)

FDA APPROVALS IN 2025: WHAT NEW TREATMENTS HAVE ENTERED THE MARKET?



Source: FDA CDER/CBER 2025 - Nature Reviews Drug Discovery - Fierce Pharma 2026

AREA/MILESTONE	WHAT WAS APPROVED?	WHY DOES IT MATTER?
Cancer and tumors (~24 approvals)	14 new treatments, including 5 for lung cancer, and new options for other types of cancer such as breast cancer and some blood cancers.	It remains the main focus of innovation, with more precise treatments and better diagnostic support.
Blood and Immunity (7 approvals)	Three treatments for a rare inherited disease, including new options for hemophilia and thalassemia.	It addresses rare but highly complex diseases with few available alternatives.
Diabetes and Metabolism (6 approvals)	New treatments for genetically elevated cholesterol, acromegaly, and other metabolic conditions.	It introduces options in areas with unmet need, many with innovative approaches.
Pain and Antibiotics (New Historical Classes)	First treatment for acute pain in more than 20 years with no risk of addiction, and a new oral antibiotic for urinary tract infections in almost 30 years.	It closes historical gaps in areas where innovation had been limited.
Artificial Intelligence in Devices	Record year for devices with artificial intelligence, mainly for diagnostics, including non-invasive tests for Alzheimer's.	It accelerates and improves early detection, modifying standards of care.

The Most Relevant Signs of the Year

- Cancer therapies account for more than a third of all pharmaceutical approvals. Each new cancer treatment enters the market without competition—at prices that can exceed USD 150,000 per year of treatment, reaching an average of USD 332,000 per year (Parexel, 2026; Wouters et al., 2023).
- 2025 was the year of medical AI: according to the FDA, more than 300 diagnostic devices were approved, mostly in radiology. Disease detection is being automated, which contributes to the early detection of cancer and can thus contribute to cost reduction and improvements in the quality of life and survival of people.
- Two decades-long gaps were closed in the same year: the first new non-addictive pain medication (in 20+ years) and the first new-class oral antibiotic for urinary tract infections (in almost 30 years). Areas that the market does not prioritize.
- Rare diseases are receiving increasing regulatory attention. Drugs for rare conditions have few or no competitors, making them inaccessible due to high costs.

WHAT IS BEING UPDATED IN THE MEDICAL GUIDELINES?

Clinical guidelines are documents that provide guidance and define standards on how to diagnose and treat patients. They are updated periodically by the world's leading medical associations, and their changes have a direct and measurable impact on the number of people who receive a diagnosis or treatment.

The key point: medical guidelines focus on controlling diseases, reducing complications, and improving people's quality of life. But, at the same time, **they can increase the number of diagnoses simply by changing the threshold that defines who has that disease**—without the disease actually increasing in the population. This effect has direct implications for populations.

AREA/CONDITION	GUIDE/SOURCE	WHAT CHANGED?	WHAT IS THE IMPACT?
Blood pressure (Circulatory system)	**ACC/AHA 2025**	The pressure that activates the treatment continues to be 130/80 mmHg. If it does not decrease with lifestyle changes in 3–6 months, starting medication is recommended. The goal now is to get below 120 mmHg.	Reduction of mortality and complications from hypertension. The number of people applying for medication is increasing. The increase in people with hypertension also increases the number of routine diagnostic studies for the disease.
Diabetes and Obesity (Endocrine/ Metabolic)	**ADA 2025-26 OMS · ACC · AACE**	GLP-1 and **GIP/GLP-1** drugs (such as semaglutide and tirzepatide) become first line for diabetics with kidney disease, heart problems or obesity. The WHO declared them essential medicines in September 2025.	The guide eliminates the requirement to have tried lifestyle changes before starting medication. Increase in the number of patients who will have access to these medications. A reduction in diabetes complications is expected with more rigorous glycemic control.
Cancer (Neoplasms) Detection	**USPSTF · ACS 2024**	Mammography: starts at age 40 (previously at age 50). Colon and rectum starts at age 45 (previously at age 50). Both changes are due to the increase in cases among young adults.	It has a positive impact on early cancer detection, improving quality and the survival of people with the diagnosis, but it also generates a greater demand for medical services and follow-up.
High cholesterol (Circulatory system)	**ESC/EAS 2025 AACE 2025**	Guidelines for LDL cholesterol control are becoming stricter. It is recommended to measure a specific cardiovascular risk marker (Lp(a)) at least once in the lifetime of every adult.	More patients with 'moderately elevated' cholesterol will now qualify for intensive treatment, which would reduce their risk of cardiovascular disease. The new drugs approved for difficult-to-control cholesterol are much more expensive.

The Case of Blood Pressure: A Lesson on How 'Prevalence' Changes

In 2017, US medical guidelines redefined high blood pressure: they lowered the threshold from 140/90 to 130/80 mmHg. This change alone caused the percentage of American adults diagnosed with hypertension to rise from 32% to 46%. **This did not mean that more people were sick, but rather that the criteria for diagnosing hypertension had changed.**

In 2025, new AHA-ACC guidelines replaced the previous ones in order to improve disease control and reduce complications: the guide recommends starting medication if blood pressure is not controlled with lifestyle changes within 3 to 6 months.

The Missing Angle: What About Prevention

Along with the aforementioned research, there is growing scientific evidence indicating that several of the diseases with the greatest impact on the population—type 2 diabetes, cardiovascular diseases, obesity, and certain types of cancer—can be prevented, treated, and in some cases reversed through sustained lifestyle changes.

Impact of interventions on lifestyle changes. In this field, the American College of Lifestyle Medicine (ACLM) is the internationally recognized medical organization of reference.

Founded in 2004, it is the leading medical organization that researches and promotes interventions based on behavioral change as formal medical treatment.

Its six pillars are: plant-based diet, regular physical activity, quality sleep, stress management, positive social connections, and absence of harmful substances.

Its main results and recent milestones:

In June 2025, the ACLM published the first international official clinical guide that positions lifestyle changes as a first-line treatment for type 2 diabetes and prediabetes—**with the support of 13 international medical associations.**

ACLM research shows that **intensive lifestyle interventions can achieve remission of type 2 diabetes**—meaning that patients no longer need medication—**at rates comparable to those of bariatric surgery.**

Since 2025, doctors can officially document 'type 2 diabetes in remission' as a clinical diagnosis in medical records (code E11.A in the ICD-10 system). This regulatory change opens the door for insurance companies to formally cover and recognize remission programs.

Between 2017 and 2023, published studies on lifestyle medicine in the PubMed medical database **grew by more than 300%, reflecting the field´s maturation.**

What the research data reveals

Of the more than **586,000 clinical trials** registered on ClinicalTrials.gov, the largest volume corresponds to pharmacological and biological studies. This shows that conventional medicine will continue to be predominantly pharmacological in the near future.

CONCLUSIONS: THE CYCLE THAT IS PART OF THE HEALTH DYNAMICS

The five key takeaways

1 Chronic diseases are becoming the primary focus of healthcare

Non-communicable diseases—metabolic, cardiovascular, oncological, mental—lead in frequency, growth rate and cost per patient. This epidemiological transition is consistent with global trends documented by the WHO and the Institute for Health Metrics and Evaluation (IHME).

2 Today's research predicts tomorrow's spending

With 52% of all clinical trials focused on cancer, mental health, and neurological diseases, these three areas will see the greatest innovations—and the highest costs—in the next 5-10 years. The relationship between active research and future health spending is well documented in scientific literature (IQVIA Pipeline Report 2024, GlobalData 2025).

3 Research has a structural bias towards medications

With 71% of clinical trial funding coming from the pharmaceutical and biotechnology industry, medicine is advancing primarily in commercially viable directions (MarketsandMarkets 2024; IQVIA R&D Trends 2024; Unger et al., JCO 2024).

4 Changes in medical guidelines amplify system costs

Redefining who has a disease—by lowering diagnostic thresholds—and expanding the indications for newer drugs has a multiplier effect on the number of patients requiring treatment. Examples include high blood pressure (2017 threshold), cancer screening (mammogram from age 40, colonoscopy from age 45), and GLP-1 and **GIP/GLP-1** medications illustrate this phenomenon with concrete data.

5 There is evidence that prevention works—but it remains the missing piece in investment

In 2025, the ACLM published the first medical guideline that positions lifestyle changes as the first line of treatment for type 2 diabetes. Evidence shows that interventions based on diet and physical activity can achieve remission of chronic diseases. However, these programs represent a tiny fraction of global health research and investment—an imbalance that has direct consequences for system costs and population health.

Cut-off date: may 2026.

WHAT IS PALIG DOING?

PALIG recognizes that health is built through timely action, access to quality care, and ongoing support that empowers individuals to achieve better health outcomes and an improved quality of life.

Guided by this commitment, PALIG develops initiatives aimed at both the prevention and comprehensive management of health conditions, addressing the evolving needs of its insured members.

Through its wellness programs, PALIG promotes the continuous management of common chronic diseases, including diabetes, hypertension, dyslipidemia, gastrointestinal, osteoarticular and spinal conditions, facilitating access to professional guidance, education resources, and practical tools that help individuals adopt healthier lifestyles, improve treatment adherence, and better manage their health daily.

Prevention remains a central pillar of PALIG's approach. The organization supports early detection initiatives designed to identify health conditions at their earliest and most treatable stages, creating opportunities for timely intervention and improved outcomes. One example is its regional breast cancer screening initiative, which has expanded access to preventive services while fostering greater awareness and a stronger culture of self-care throughout the communities it serves.

In addition, PALIG works closely with healthcare providers across the region to help ensure high standards of care. These efforts are complemented by benefits and services that enhance the member experience and facilitate timely access to healthcare solutions.
As healthcare needs continue to evolve, PALIG remains committed to strengthening and expanding its offerings, supporting policyholders at every stage of their health and well-being journey.

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Founded in 1911 and headquartered in New Orleans, Pan-American Life Insurance Group (PALIG) provides life, accident, and health insurance to more than 7.1 million policyholders in the United States, Latin America, and the Caribbean. With operations in 22 countries and more than 2,200 employees, PALIG holds an A (Strong) financial strength rating from Fitch Ratings and an A (Excellent) rating from AM Best, and provides reliable financial protection and well-being throughout life.

Learn more about how we are "Trust for Life" at **palig.com**

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