# The Salud Mesoamerica Initiative: Context & Model

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## Mesoamerica





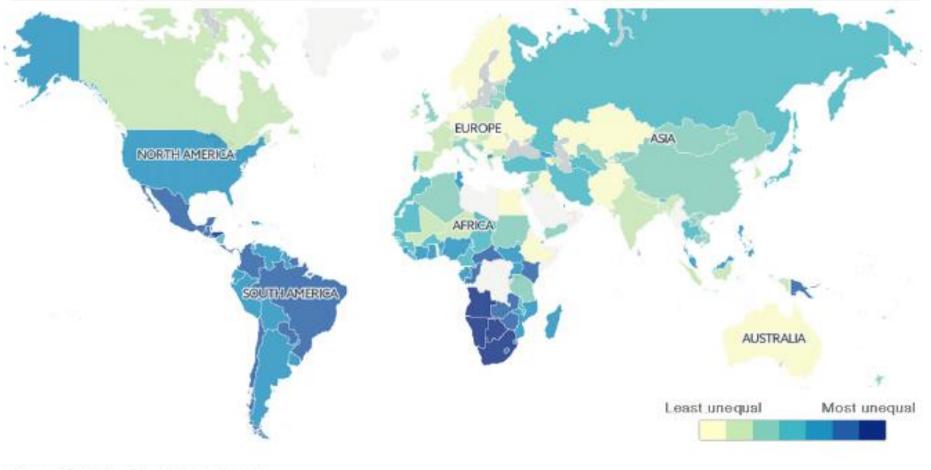




## The most unequal regions in the world

WORLD ECONOMIC FORUM

GINI index measure of inequality



Source: GINI Index (World Bank estimate)

Source: Latin America is the world's most unequal region. Here's how to fix it, World Economic Forum, 2016

When we started, **2X** as many poor children died compared to national averages

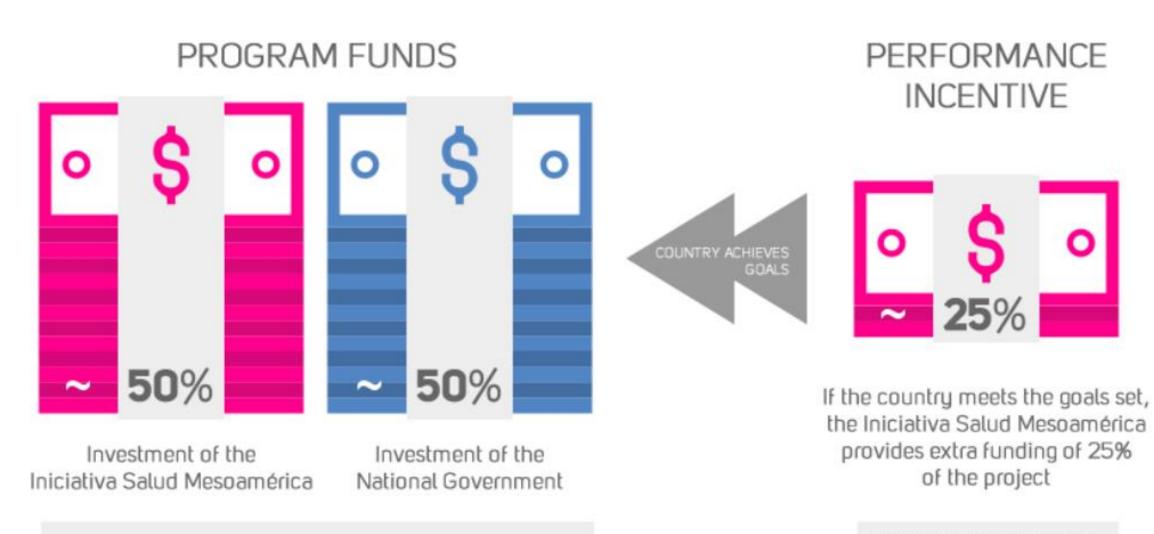


## FUNDACIÓN Carlos Ilim

BILL& MELINDA GATES foundation





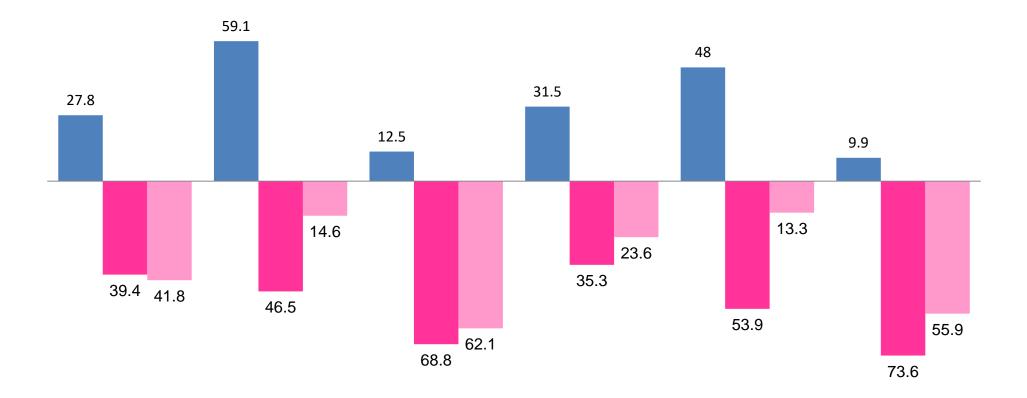


TO BE USED IN TARGETED AREAS

FOR DISCRECIONAL USE IN THE HEALTH SECTOR

## What does SMI aim to change?

#### SMI Areas: Baseline situation (2012) – Child Health



Complete vaccination for age, according to vaccine card Anemia, children 6-23 months Stunting, children 0-59 months

#### Population Health Metrics, 2015: Salud Mesoamérica 2015 Initiative: design, implementation, and baseline findings

## What does SMI aim to change?

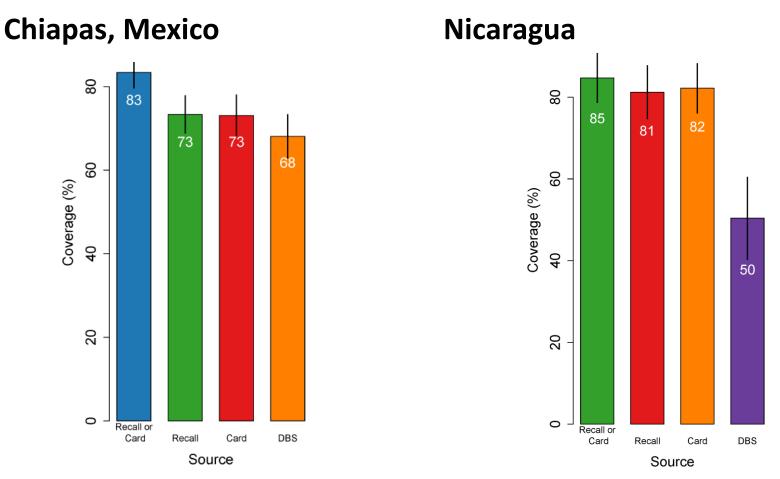
#### SMI areas: baseline situation (2012) – quality of care

Honduras Nicaragua	Neonatal complications managed according to the norm	40.0%	
	Obstetric complications managed according to the norm	38.3%	
	Continous availability of equipment and supplies for EmONC		60.
	Neonatal complications managed according to the norm	10.0%	
	Obstetric complications managed according to the norm	39.0%	
	Continous availability of equipment and supplies for EmONC	35.7%	
Belize	Neonatal complications managed according to the norm	23.7%	
	Obstetric complications managed according to the norm	21.8%	
	Continous availability of equipment and supplies for EmONC	0.0%	

0.0%

## What does SMI aim to change?

SMI Baseline areas: Crude vs Effective Coverage of Measles Immunization in Mexico and Nicaragua, 2012



Citation: Colson KE, Zúñiga-Brenes P, Ríos-Zertuche D, Conde-Glez CJ, Gagnier MC, Palmisano E, et al. (2015) Comparative Estimates of Crude and Effective Coverage of Measles Immunization in Low-Resource Settings: Findings from Salud Mesoamérica 2015. PLoS ONE 10(7): e0130697. <u>doi:10.1371/journal.pone.0130697</u>







#### Preventive interventions

\*Breastfeeding8,38-40 Insecticide-treated materials26-28,32,33 Complementary feeding9 Water, sanitation, hygiene10 Hib vaccine<sup>22</sup> Zinc11,12 Vitamin A13-15 Antenatal steroids<sup>36</sup> Newborn temperature management12,41,47,48 Tetanus toxoid42-44 Nevirapine and replacement feeding30,31 Antibiotics for premature rupture of membranes46 Clean delivery12,37 Measles vaccine<sup>25</sup> Antimalarial intermittent preventive treatment in pregnancy34,35

#### **Treatment Interventions**

Oral rehydration therapy <sup>16,17</sup>
Antibiotics for pneumonia23,24
Antimalarials <sup>29</sup>
Antibiotics for sepsis <sup>41</sup>
Newborn resuscitation <sup>41,45</sup>
Antibiotics for dysentery <sup>18,19</sup>
Zinc <sup>20,21</sup>
Vitamin A <sup>13,14</sup>

1 Level 1 (sufficient) evidence

Hib=Haemophilus influenzae type b

2 Level 2 (limited) evidence

 Exclusive breastfeeding in the first 6 months of life and continued breastfeeding from 6 to 11 months

 $\Box$ 

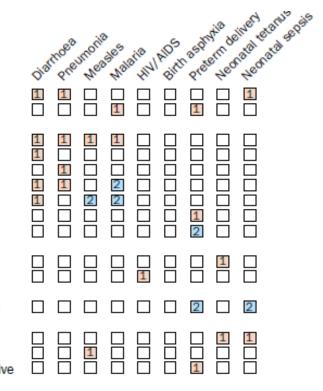
Figure 1: Child survival interventions with sufficient or limited evidence of effect on reducing mortality from the major causes of under-5 deaths

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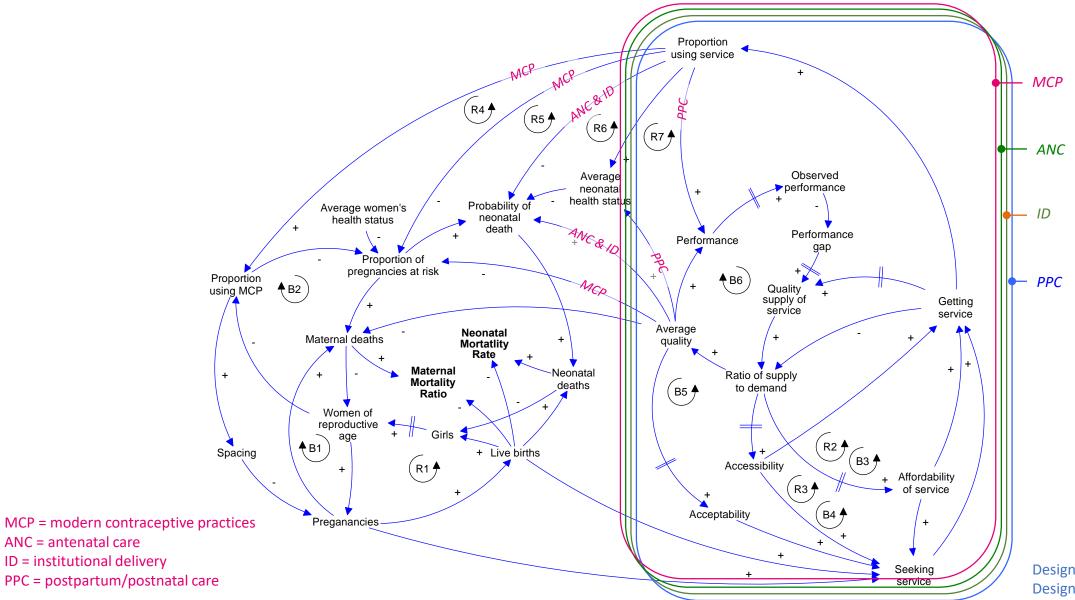
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Example of Lancet Ranking of cost-effective interventions for children <5

# RBF +



## Factors involved in Reducing Maternal and Neonatal Mortality, Honduras



Designed with the Social Systems Design Lab, WUSTL, 2016



### VALE DE APOYO AL PUERPERIO 7 DIAS





Mesoamerica Today: Results and what we've learned

2'