

SALUD MESOAMERICA 2015 INITIATIVE-WEF-LAC REGIONAL DATA

SALUD MESOAMERICA 2015'S ADVANCEMENTS

- Salud Mesoamerica 2015 is initiating its first operations in Belize, El Salvador, Guatemala, Nicaragua, Honduras, Panama, and shortly thereafter, in Costa Rica and Mexico's State of Chiapas. The operations will directly improve the health conditions of 1.8 million extremely poor women and children under five years living in 121 municipalities.
- The announcement was made by the president of the Inter-American Development Bank and the initiative's donor-partners—the Carlos Slim Institute of Health, the Bill & Melinda Gates Foundation, and the Government of Spain—during a press conference at the World Economic Forum on Latin America on Tuesday, April 17, in Puerto Vallarta, Mexico.
- This is the first regional public-private initiative of this magnitude in Latin America carried out to reduce health equity gaps in the poorest population groups, and is expected to become a reference point for other regions. Salud Mesoamerica 2015 operations are focused on maternal, newborn, reproductive and child health services, with an emphasis on nutrition and vaccination.

GOALS

After carrying out a health evaluation of the poorest population groups, each government in the Mesoamerican region committed itself to specific targets and indicators for malnutrition, vaccination, and maternal and infant mortality and morbidity. For Mesoamerica as a whole, the initiative's goals are as follows:

- Reduce by 15 percent infant mortality among the poorest 20 percent of the region's population.
- Provide health services to 260,000 poor children to reduce chronic malnutrition.
- Reduce by 15 percentage points the rate of anemia among children under two years in seven of the eight countries in the region¹.
- Ensure that 90 percent of children under two years among the poorest 20 percent of the population complete their vaccination schedules.
- Increase by 50 percent births attended by skilled personnel, in order to reduce deaths of mothers and newborns.

INEQUITIES IN MESOAMERICAN HEALTH CONDITIONS

- The Mesoamerican countries have a high rate of maternal mortality. In Honduras, Guatemala, and El Salvador, 110 women die during pregnancy, childbirth or postpartum per 100,000 live births. This is compared with an average maternal mortality rate in Latin America of 85 per 100,000 cases
- Only 50 of 100 poor women are cared for by skilled personnel during childbirth, compared to 92 of 100 women in the wealthiest 20 percent of the population.
- The mortality rate of poor children under five years is 63.6 per thousand live births, compared to the regional average of 33.3 per thousand live births. That is, twice as many poor children die than in the general population.
- 80 percent of all cases of infant mortality (excluding Guatemala) occur during the first 28 days of life. Neonatal mortality is related to low access to qualified staff during childbirth and the first days of life.

Ave. Samuel Lewis, Obarrio - Torre
HSBC, Piso 14
Panamá, Panamá

Apartado postal: 0816-
02900 zona 5
Telef. (+507) 2060900

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- In Mesoamerica, some 2.5 million children under five suffer from chronic malnutrition; for some Central American countries, this rate is higher than levels found in Africa. Malnutrition can result in a difference in height of up to six centimeters between a poor and well-off child, in addition to affecting cognitive development, school performance, and chances of escaping from poverty. An estimated 32 of every 100 poor children under five years of age suffer from such impacts on physical and cognitive development, compared with four of 100 children in the richest 20 percent of the population.
- Only 57 percent of children under 5 years of age in Mesoamerica receive vaccinations on a timely basis.

RESOURCES

Salud Mesoamérica 2015 has US\$142 million available to provide grants to countries and will leverage US\$54 million in counterpart funding from governments, for a total of nearly US\$200 million in investments for the target population. The first eight operations represent an investment of US\$55 million, of which US\$34 million is from the initiative and more than US\$21 from the country counterparts. It is significant that these operations represent a direct investment of US\$30 per beneficiary, which is almost three times higher than public spending in some Central American countries on basic health services for the poorest 20 percent of the population (see breakdown of resources below).

INNOVATIONS

The initiative introduces the results-based-financing model in which governments and the IDB agree on targets for coverage and quality of services within a given time period. Funds transferred by the IDB, in addition to counterpart funding, allow the operations to be carried out. After the implementation is concluded, an outside and independent institution determines whether the results have been achieved. If so, the IDB transfers to the government the equivalent of half of its cash contributions as an incentive to finance activities in the health sector.

Examples of innovation in interventions include the following:

- Micronutrient feeding for children between six and 24 months to reduce anemia and improve skills.
- Expansion of new vaccines such as rotavirus to significantly reduce deaths in children under five years from diarrheal disease. For the first time introduce the use of zinc in Mesoamerica for the treatment of diarrhea, an intervention whose effectiveness has been proven.
- The provision of health technologies, such as the use of a hydrostatic balloon to stop postpartum hemorrhage, which is one of the three leading causes of maternal death.
- A payment scheme applied to the health network based on persons served, days of care, provision of a basic package of services, and user satisfaction.
- Provision of incentives, such as payment of transportation costs for pregnant women and midwives to health facilities for prenatal care and institutional delivery.

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DETAILS OF RESOURCES

Salud Mesoamérica 2015

Investment by country (millions of US\$)

COUNTRY	Initiative Funding	Government counterpart	Country totals
El Salvador	10.4	5.2	15.7
Guatemala	27.9	13.9	41.8
Panama	4	3.5	7.5
Belize	1.5	1	2.5
Costa Rica	3.5	3	6.5
Honduras	15.2	10.1	25.3
Nicaragua	11.1	5.5	16.5
Mexico-Chiapas	13.6	11.6	25.2

Salud Mesoamérica 2015 - First Operation by country (millions of US\$)

COUNTRY	*Total contribution from the Initiative	Government counterpart	Total first phase
El Salvador	6.5	3.3	9.8
Guatemala	7.7	3.9	11.6
Panama	2	1.7	3.7
Belize	0.8	0.5	1.3
Costa Rica	2	1.7	3.7
Honduras	6	4	10
Nicaragua	4.7	2.3	7
Mexico-Chiapas	4.5	3.9	8.4
Total	34.2	21.3	55.5

The total contribution includes the portion to be transferred to the government upon fulfillment of the agreed targets equivalent to half of the government counterpart

For more information contact:

Angela Funez. angelaf@iadb.org. Tel. + 507 206 0912

Senior Communications Specialist for Central America, Mexico and Dominican Republic

Inter-American Development Bank

Ave. Samuel Lewis, Obarrio - Torre
HSBC, Piso 14
Panamá, Panamá

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