

# The Salud Mesoamerica Initiative

*A reference in global health*

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# What is the Salud Mesoamerica Initiative?

## ■ Public-private partnership

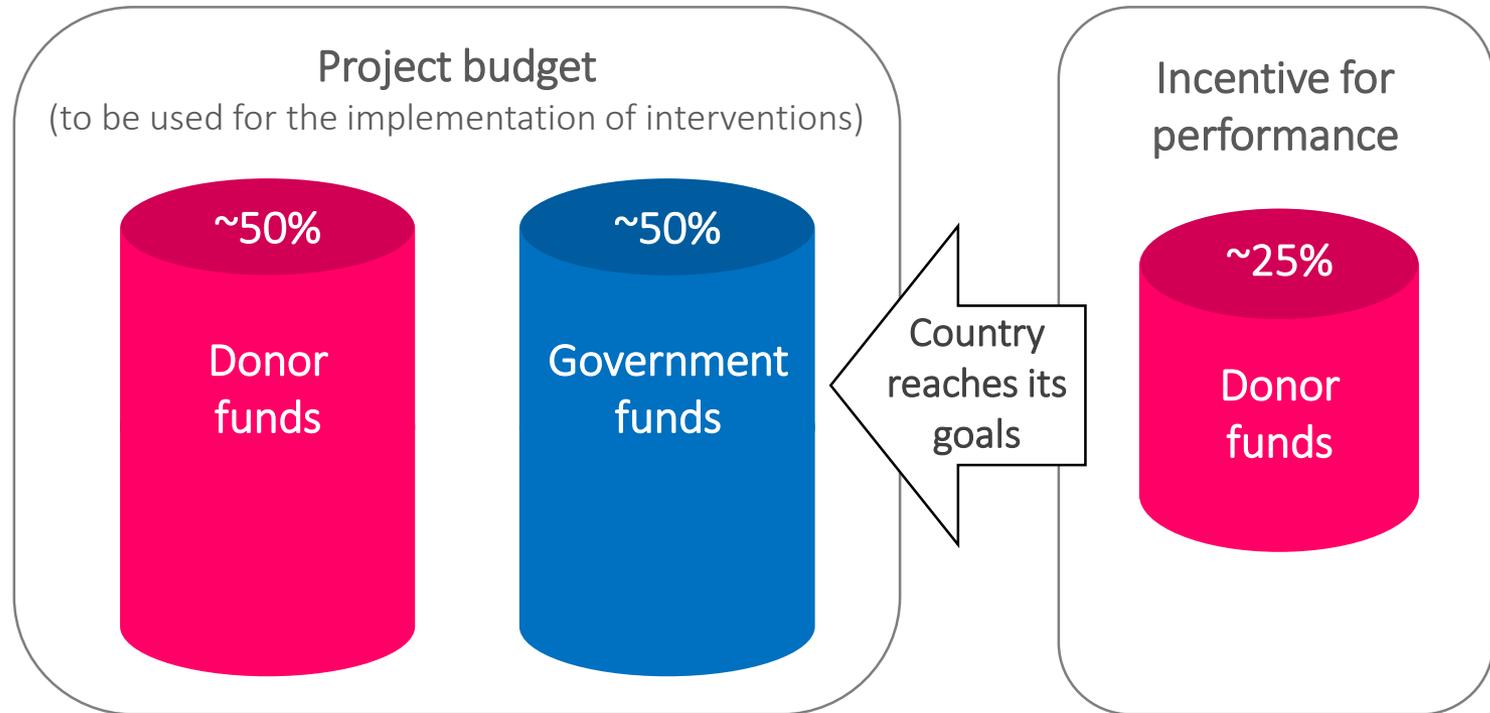
- Bill & Melinda Gates Foundation
- Carlos Slim Foundation
- Cooperation agencies of Spain and Canada
- 7 Governments of Central America and Chiapas, Mexico
- Inter-American Development Bank



## ■ Objective

- To reduce inequalities in maternal, neonatal, childhood and adolescent health, in the poorest quintile of the population

# The SMI Model: Results-based financing



- **Donation** funds (US\$128 million) and **Government** funds (~US\$55 million)
- **4.72 USD have been mobilized** by governments for every dollar invested
- **Per capita investment** in health in the selected communities increased in average **from 2 to 30 USD**.

# Why is SMI different?



Results-based financing model

20%

POOREST

Focus on the poorest 20%



Cost-effective and evidence-based interventions



Direct technical assistance



Clear and externally verified goals



Systemic approach, integrated into the continuum of care



Perspective both from the supply and demand sides

# Why is SMI different?

**From...**

**To...**

Beneficiaries and donors...

Partners and co-investors

Financing supplies: buying micronutrients...

Financing results: reducing anemia

Thinking about what and whom to support...

Focusing efforts on how to solve a social problem and in reaching set targets

Intolerance to risks and resistance to change...

Taking intelligent, calculated risks, motivating growth

Define every intervention and solution...

Define goals and create conditions for collaboration and innovation to motivate local solutions

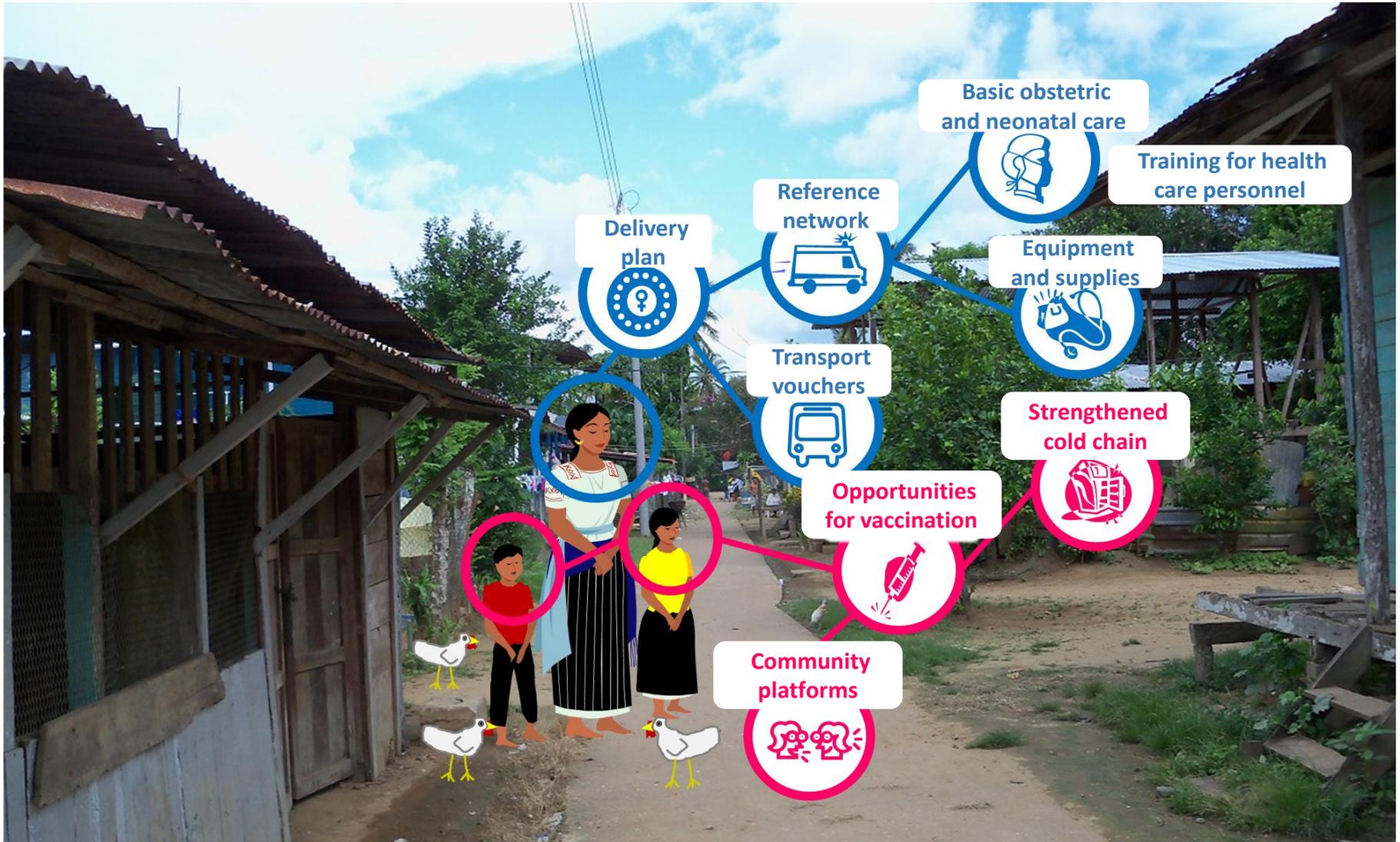
Assume that a difference was made...

Verify that targets and objectives were met

Hide failures due to not reaching targets...

Openly discuss why our particular approach did or did not work

# Model centered on people



# Project phases

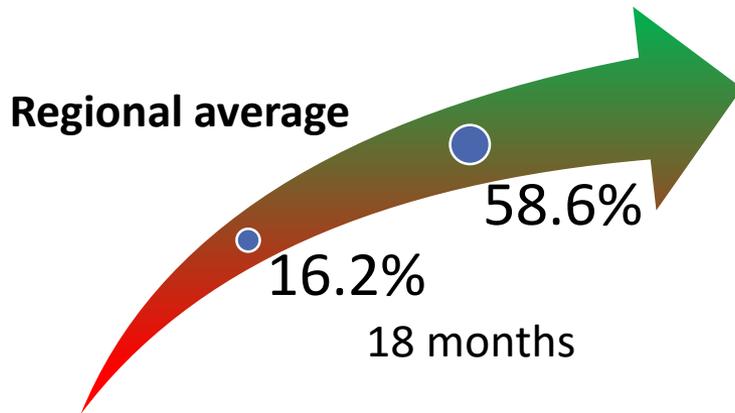


# We are generating **measurable impact**

		<b>2013</b>	<b>2017</b>
<b>Honduras:</b> Neonatal complications managed according to norms.		10%	42.90%
<b>El Salvador:</b> Use of modern methods for family planning.		53.90%	75%
<b>Nicaragua:</b> Contraceptive methods after birth.		43.50%	85.60%
<b>Belize:</b> Neonatal complications managed according to norms.		23.70%	53.50%

# Improvement in maternal care

## Adequately equipped health care facilities for the management of pregnancy and delivery



1,052 health care facilities (100% in the selected communities) improved their availability of essential equipment and supplies for maternal and child care

### Example: Honduras

	Baseline(%)	18-Month(%)
<b>Indicator 7020</b>		
<b>Equipment</b>		
Scale with measuring rod	60.0	82.8
Gynecological exam table	60.0	100
CLAP obstetric tape	57.1	97
Gestogram	34.3	100
Lamp	48.6	100
Sphygmomanometer <sup>1</sup>	48.6	100
Stethoscope	57.1	100
Fetoscope	22.9	96.6
Thermometer	31.4	100.0
Reflex Hammer	8.6	69.0
Perinatal maternal medical history	60	96.6
Perinatal maternal card	60	96.6
Referral forms	34.3	96.6
Robes or sheets for patients	40	93.1
Set for IUD Insertion <sup>2</sup>	25	100
Equipment cart <sup>2</sup>	0	100
<b>Pharmacy inputs</b>		
(Iron + Folic acid)/ Multivitamin	61.5	93.3
Nitrofurantoin	26.9	53.3
Cephalexin	38.5	46.7
Tetanus vaccine <sup>3</sup>	42.3	91.3
Ayre palettes/swabs	23.1	73.3
Pap smear slides	n/a	76.7
<b>Laboratory inputs</b>		
Rapid Syphilis test/dark field microscope/ equipment for enzyme immunoassay <sup>4</sup>	75	100
Rapid HIV/AIDS test/fluorescence microscope <sup>4</sup>	50	100
Urine protein strips/urinalysis equipment	100	100
Blood glucose strips/glucose meter	0	75
Hemocue/automated cell counter	50	100
Microcuvettes <sup>5</sup>	100	50
Pregnancy test kit <sup>5</sup>	100	100

# Improvement in **maternal care**

## Quality pre and postnatal care for timely risk detection

- Percentage of deliveries with a **prenatal visit before the 12th gestational week**

38.4%



54.1%

- **Deliveries in health care facilities**

75.1%



83.7%

- Percentage of women **checked on week after delivery**

50.7%



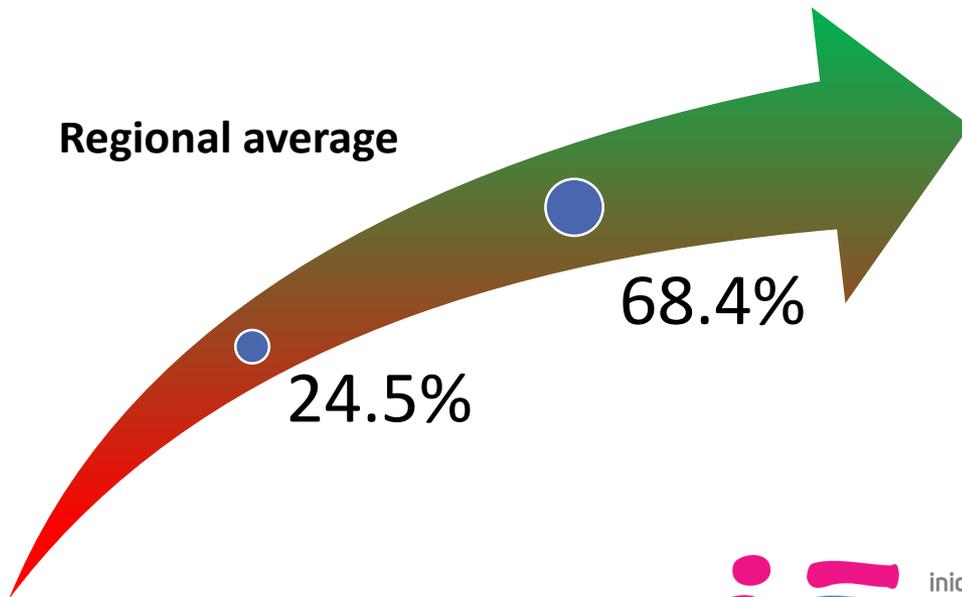
83.0%



# Reducing **maternal and neonatal deaths**

## Health care facilities with equipment for adequately managing obstetric and neonatal emergencies

- **Equipment** (Oxygen, breathing masks, IV packs)
- **Pharmacy** (Oxytocin, Magnesium sulfate, hydralazine)



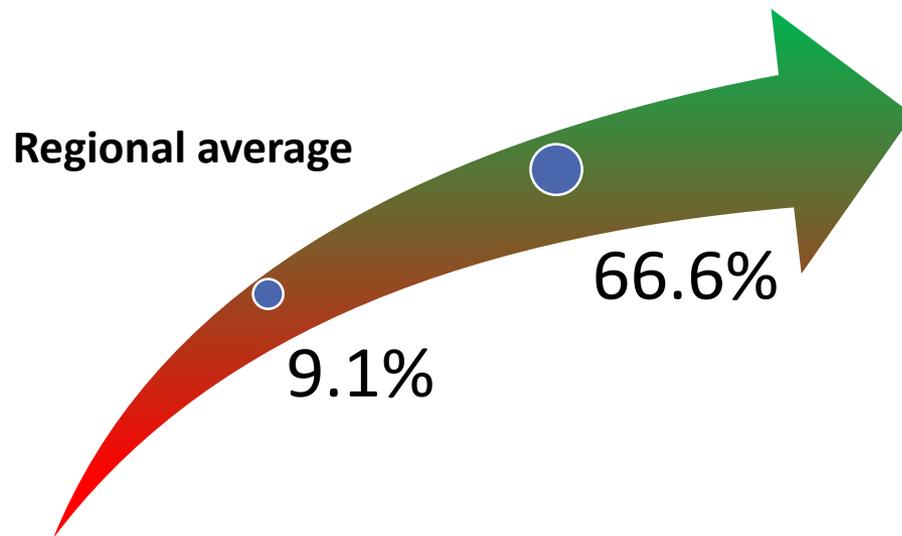
# Quality care **in pregnancy, delivery and post-partum**

## • Patient management according to national and international standards

- Atención prenatal **32.5%** → **75.3%**
- Atención neonatal inmediata **13.2%** → **77.8%**
- Manejo de complicaciones obstétricas **6.0%** → **54.7%**
- Manejo de complicaciones neonatales **4.8%** → **59.8%**
- Anticoncepción postparto **28.2%** → **81.1%**

# Quality care in pregnancy, delivery and post-partum

## Adequately equipped health care facilities for childhood care



### Example: Nicaragua

	Baseline(%)	18-Month(%)
<b>Indicator 7010</b>		
<b>Equipment</b>		
Pediatric balance or scale	69.6	81.7
Standing balance or scale for children	53.6	98.3
Tallimeter or stadiometer	67.9	100.0
Stethoscope	57.1	100.0
Oral/axillary thermometer <sup>1</sup>	97.3	96.7
Growth card	89.3	95.6
Pediatric tensiometer <sup>2</sup>	15.8	50.0
Pediatric stethoscope <sup>2</sup>	31.6	50.0
<b>Pharmacy inputs</b>		
Packets/ Envelopes of ORS	78.8	100
Ferrous sulfate drops	57.7	90
Albendazol/Mebendazol	78.8	100
Antibiotics <sup>3</sup>	78.7	98
Ringer lactate/ Hartman solution/ Saline solution <sup>2</sup>	40	100
<b>Vaccines<sup>4</sup></b>		
Pentavalent	81.1	57.1
MMR	83.8	85.7
Rotavirus	81.1	78.6
Pneumococcal conjugate	43.3	50
BCG	73	42.9

# Innovating in childhood health

- Supplement with micronutrients for children 6 to 23 months to reduce the prevalence of anemia



More than 200,000 children have received micronutrients for the first time in history

- Management of diarrhea with zinc and oral rehydration salts in children under 5



Inclusion for the first time of zinc in diarrhea treatment guidelines in six countries



# What works?

Adaptive leadership dedicated to solve complex social problems

Trusted and influential organizations that allow experimentation:  
Donors and IDB

A committed and dedicated team

Quality data

Getting close to complexity

# Challenges

Sustainability – purposeful planning

Regional approach

Maintain achievements and changes in the organizational culture

- Institutional flexibility
- Team organization
- Tension between disbursement and results
- Institutional incentives
- Balance between speed and quality

# First spin-off: **Eliminating Malaria**

## The Regional Malaria Elimination Initiative

**Objective:** To accelerate the process towards elimination of malaria in Central America and the Dominican Republic by 2022.

- **Funded by:**
  - Bill & Melinda Gates Foundation
  - Carlos Slim Foundation
  - Global Fund to Fight AIDS, Tuberculosis and Malaria
  - Co-financing from participating countries
- **In collaboration and coordination with:**
  - IDB
  - PAHO-WHO
  - The Clinton Health Access Initiative (CHAI)
  - USAID

# The Regional Malaria Elimination Initiative

## General Principles:

- Catalytic and acceleration mechanism
- Build upon the successes in the region
- Provide resources to cover existing technical and financial gaps
- Invest in evidence-based, cost-effective interventions
- Focus on areas of high transmission
- Results-based financing with external verification of results



Thank you!

FUNDACIÓN  
*Carlos Slim*