

Maternal and Child Health Strategic Approach – Latin America and the Caribbean

Objectives

By 2013, USAID will work with national governments and national and international partners to implement sustainable approaches that will help improve equitable health services with an aim in priority countries to:

- Decrease U5MR by 25 percent
- Decrease MMR by 25 percent
- Decrease malnutrition by 15 percent

In other ongoing MCH programs

- Increase the use of AMTSL in four Central American countries from a range of 3 percent to 7 percent to 75 percent in each of the four focus countries (El Salvador, Honduras, Guatemala, and Nicaragua)
- Define parameters for graduating a country to sustaining partner status in health and draft multiyear phase-out plans in three or four LAC countries (depending on defined parameters)

In all LAC MCH programs

- Increase skilled attendance at birth by 5 percent in the two lowest quintiles
- Decrease newborn mortality by 5 percent in the region
- Increase access to essential newborn care by 5 percent among the poorest quintile in the region

Problem statement

MCH program efforts in the LAC region vary depending on level of need and status of current health indicators. Bolivia, Guatemala, and Haiti are the high-priority countries of the region for MCH work. Reaching the poorest-quintile women and children through more efficient health systems so as to ensure sustainability of health improvements is the focus of efforts in the other ongoing MCH programs of Dominican Republic, El Salvador, Honduras, Nicaragua, and Peru.

MCH Priority Countries

BOLIVIA
GUATEMALA
HAITI

Inequities in the region remain the largest barrier to sustainable improvements in health. In Bolivia, infant mortality is 72/1,000 for the poorest quintile versus 27/1,000 for the richest. In Honduras 43.2 percent of the poorest children suffer stunting, versus 5 percent of the wealthiest. In Guatemala 9.3 percent of the poorest women have a SBA versus 91.5 percent of the wealthiest quintile. Additionally, a PAHO study found that approximately 47 percent of the population in LAC is excluded from health services.

What has been accomplished to date

As the LAC region has achieved many successes related to maternal and child survival, Missions have moved to targeted programs according to country context, with the goal of ensuring that past gains are sustainable and addressing barriers to continued improvement. In general, funding is directed less toward nationwide IMCI and immunizations and has moved more into targeted quality-of-care programming with an emphasis on ensuring that country health systems operate efficiently and are able to reach the poorest of the poor. The exception to this targeting of resources is Haiti, where the Mission supports almost 50 percent of the primary care health system of the country.

Challenges

The major challenges for USAID's MCH programs in the region include:

- Rich-poor disparities in access to quality health services
- Urbanization

Strategies

The key strategy of the LAC bureau is to sustain gains made to date and to target efforts to the poorest quintile

of women and children of the region, especially in the LAC focus countries of Haiti, Bolivia, and Guatemala.

The regional program makes strategic investments to inform policy change through targeted research and pilot multicountry interventions.

Priorities for both priority and other ongoing MCH programs include:

- Moving from knowledge to practice replacing expensive cascade training models through utilization of research on the barriers to implementation of clearly effective practices
- Decreasing neonatal sepsis at hospital and community levels
- Continuing to support maternal mortality reduction by improving surveillance through Reproductive Age Mortality Surveys (RAMOS) and development of a “real-time” reporting system to be pilot tested in two to three countries
- Slowing development of antimicrobial resistance through an ecological community/institution initiative involving prescribers, users, and drug quality (priority maternal and child high-use drugs)
- Preventing and treating postpartum hemorrhage through high-quality antenatal care (prevention and treatment of anemia), universal AMTSL, and improved coverage and quality of postpartum care
- Identifying treatment care practices that are contributing to pregnancy-induced hypertension (PIH), which has become the leading cause of maternal mortality in the region, and addressing those issues
- Determining which factors affect a country’s ability to sustain improvements in maternal and child health, prevent backsliding of gains, and address these factors
- Ensuring that public resources are used primarily to benefit the poorest of the poor through tracking funding flows and programming to address discrepancies
- Identifying and addressing systemic inefficiencies due to corruption, mismanagement or poor resource allocations
- Improving health information systems so that service and outcome data are reliably tracked in-country

It is anticipated that this careful targeting of vulnerable countries and sub-populations will result in substantive improvements in health care by 2013.