

15th
GENERAL MEMBERSHIP MEETING
of the **REPRODUCTIVE HEALTH**
SUPPLIES COALITION
20-24 OCTOBER
MEXICO CITY

mexico
2004-2014
REPRODUCTIVE HEALTH
SUPPLIES COALITION



Reproductive Health Equity Gaps & Achievements the *Salud Mesoamérica 2015* Experience

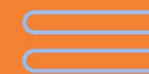
Dr. Emma Iriarte
Executive Secretary



AVAILABILITY



QUALITY



EQUITY



CHOICE

SALUD
SECRETARÍA DE SALUD



“

“A women attends her family planning visits: The women had been using the 3 month injectable. When she arrived at the health center, I explained to the patient that we didn't have any. Later, I gave her a 1 month injectable. She came back a month later for her injection, but again, we didn't have the method because we were in a shortage.”

SM2015 & THE STRATEGIC PILLARS OF THE COALITION

Availability, Equity, Quality & Choice



- % of health facilities that have permanent availability of all 5 types of modern FP methods



- % female health facility patients of reproductive age that are given FP counseling (norms)
- % unmet need for contraception



- SM2015 focuses in the poorest 20%



- Increase in types of methods available in the 8 Mesoamerican countries

Key Messages

5 things unique to SM2015



Changing conversations and practices

Working with governments



Using incentives to accelerate results



Establishing clear rules of the game



Results

5 I. Changing conversations and practices

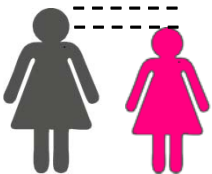
Inequality in the region



Only **1 of every 2** pregnant women give birth assisted by trained personnel



Twice as many children <5 years of age in the poor population die compared to the regional average



A 5-year-old child from the poorest 20% is **6 cm shorter** than a child from the wealthiest 20%

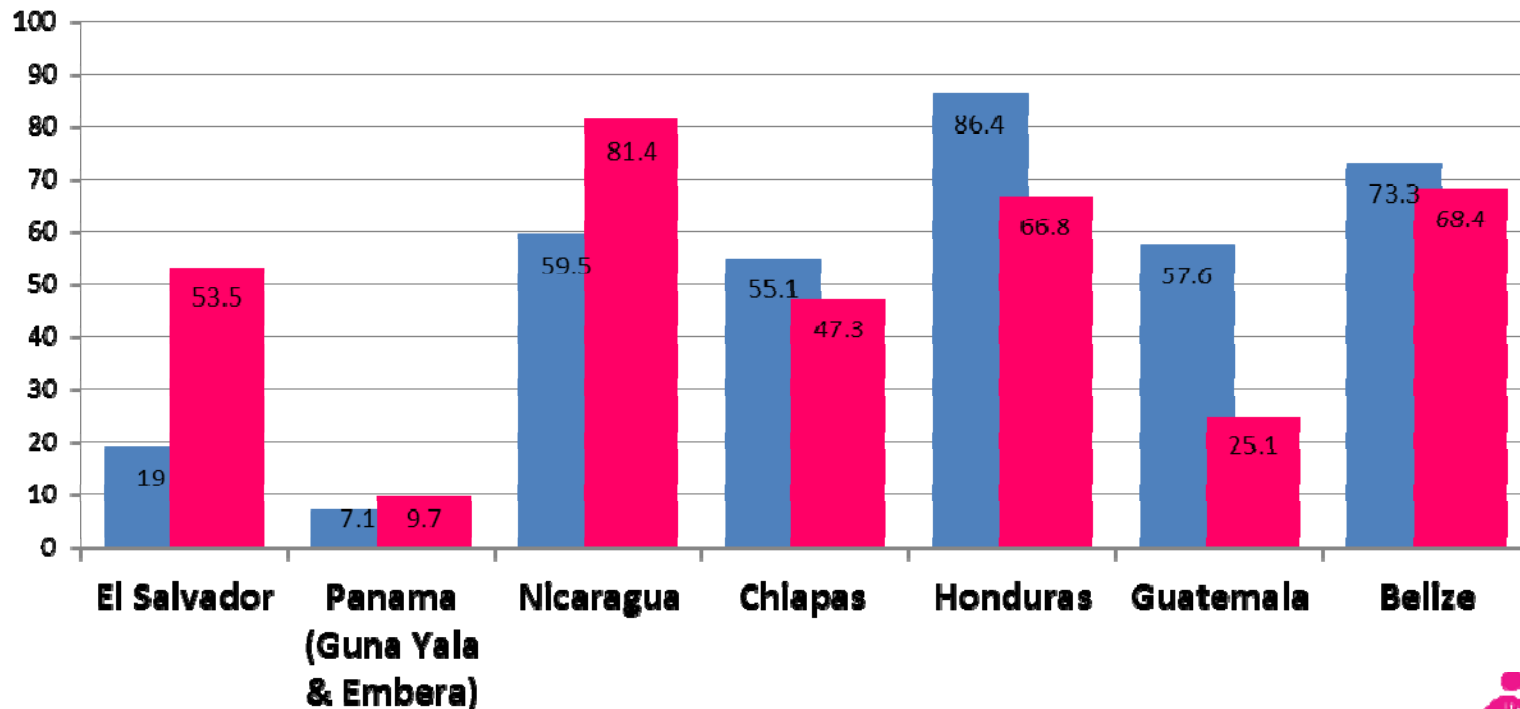


I. Changing conversations and practices

Inequality in the region – Family Planning in SM2015 Areas

Availability of Family Planning Methods and Contraceptive Prevalence Rate in SM2015 areas

- Permanent availability of modern family planning methods (condom, pills, injectables, IUD)
- Contraceptive prevalence rate



II. Working with Governments



Focus

20% poorest: rural & hard to reach areas, indigenous populations

+ 1.8 million women and children under 5



SM2015 RBF-Model

Donated funds: \$66m (SM2015) + domestic funds: \$40m (countries)

Disbursements based on results-incentives

\$30 per person



Set and negotiate objectives with governments

6 changes in national policies

Performance indicators per country

Indicators for monitoring implementation and decision-making



Proper synergy with stakeholders

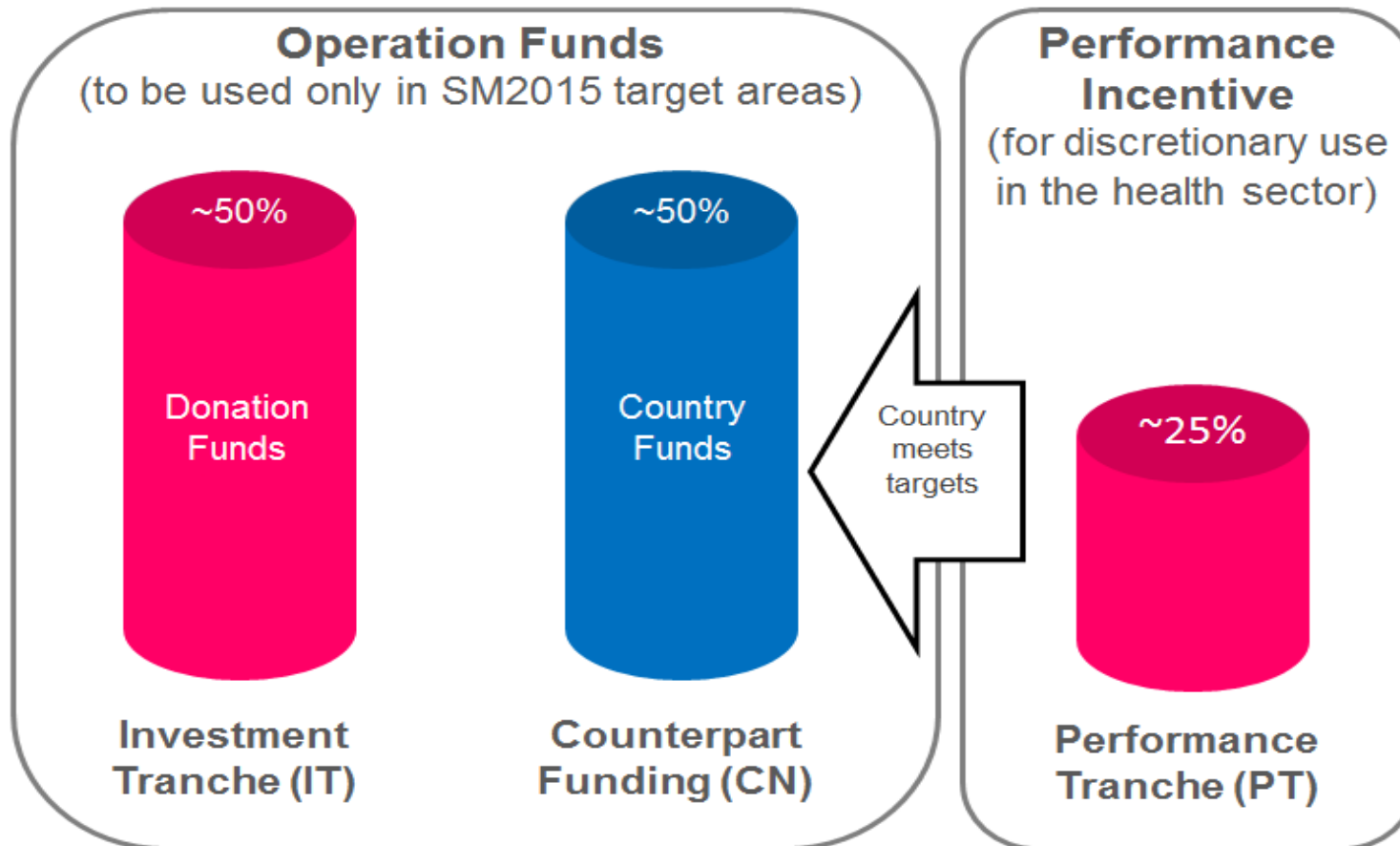
Private sector: 2 donors: BMGF and ICSS

Public sector: 8 countries and 1 donor: GoS, greater scale and sustainability

IDB: experience and presence in the region

III Incentives to scale-up results

SM2015 RBF Model: Contract IDB/Countries



IV Clear rules of the game

20%

POOREST

Target the poorest 20%



Cost-effective, evidence based strategies



Minimum List of Indicators



Independent robust verification of results



‘All or Nothing’ Scoring

IV Clear rules of the game

Example of SM2015 Targets – Guatemala

| Key Performance Indicator | Baseline | 54 Month Targets |
|---|----------|------------------|
| Unmet need for family planning | 74.9% | -7 PP |
| Institutional birth by trained personnel (CAPs and CAIMI) | 16.7% | +13 PP |
| Post-partum care within 48 hours | 9.6% | + 8 PP |
| Post-natal care within 48 hours | 8.6% | + 8 PP |
| Anemia in children 6-23 months | 68.8% | - 15 PP |
| Management of Obstetric Complications | 0% | + 40 PP |

V Results – SM2015 Baseline

Child Health - SM2015 Areas

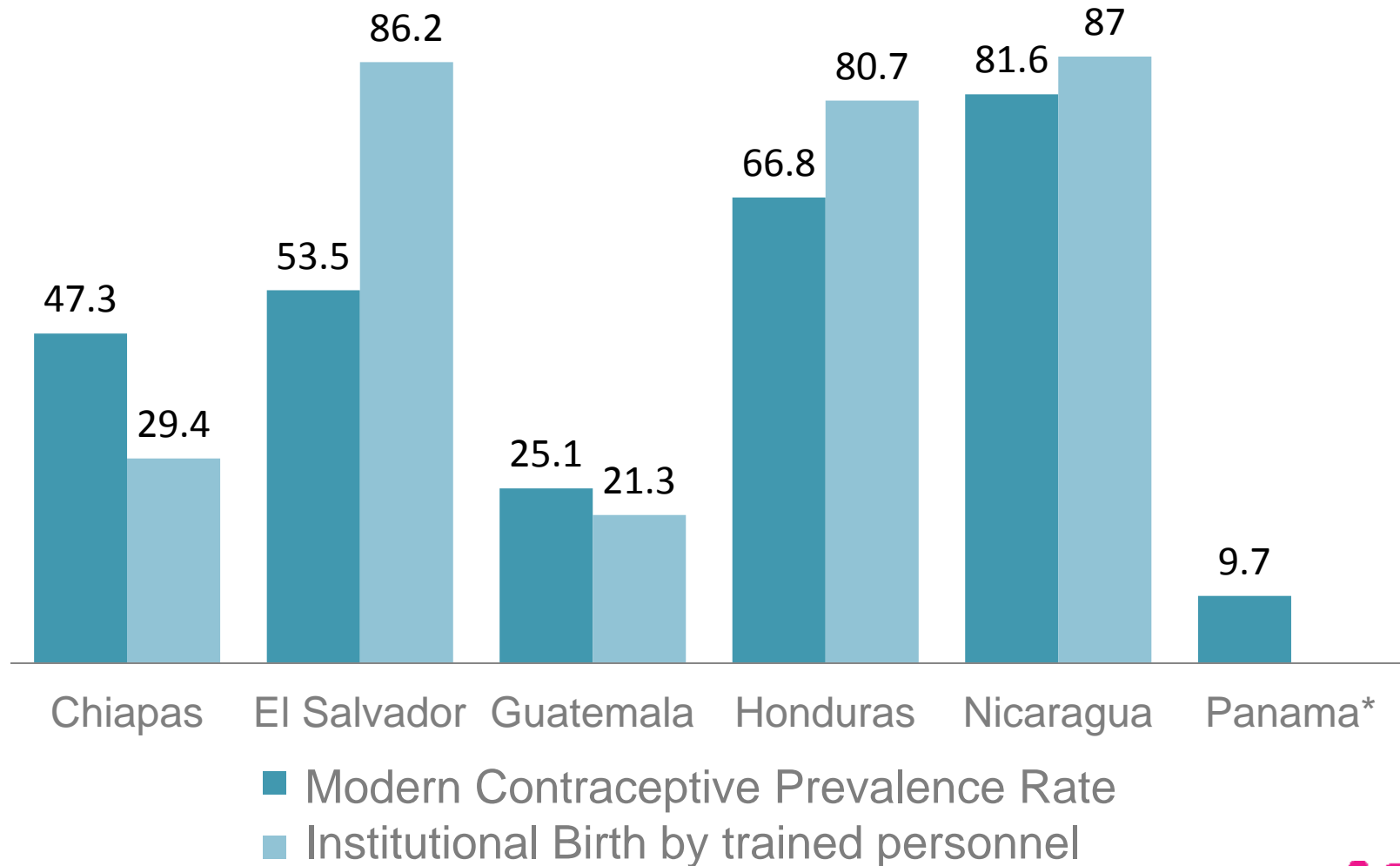


- Complete vaccination for age (opportunity), according to vaccine card
- Anemia, children 6-23 months
- Stunting, children 0-59 months



V Results – SM2015 Baseline

Women's health – SM2015 Areas

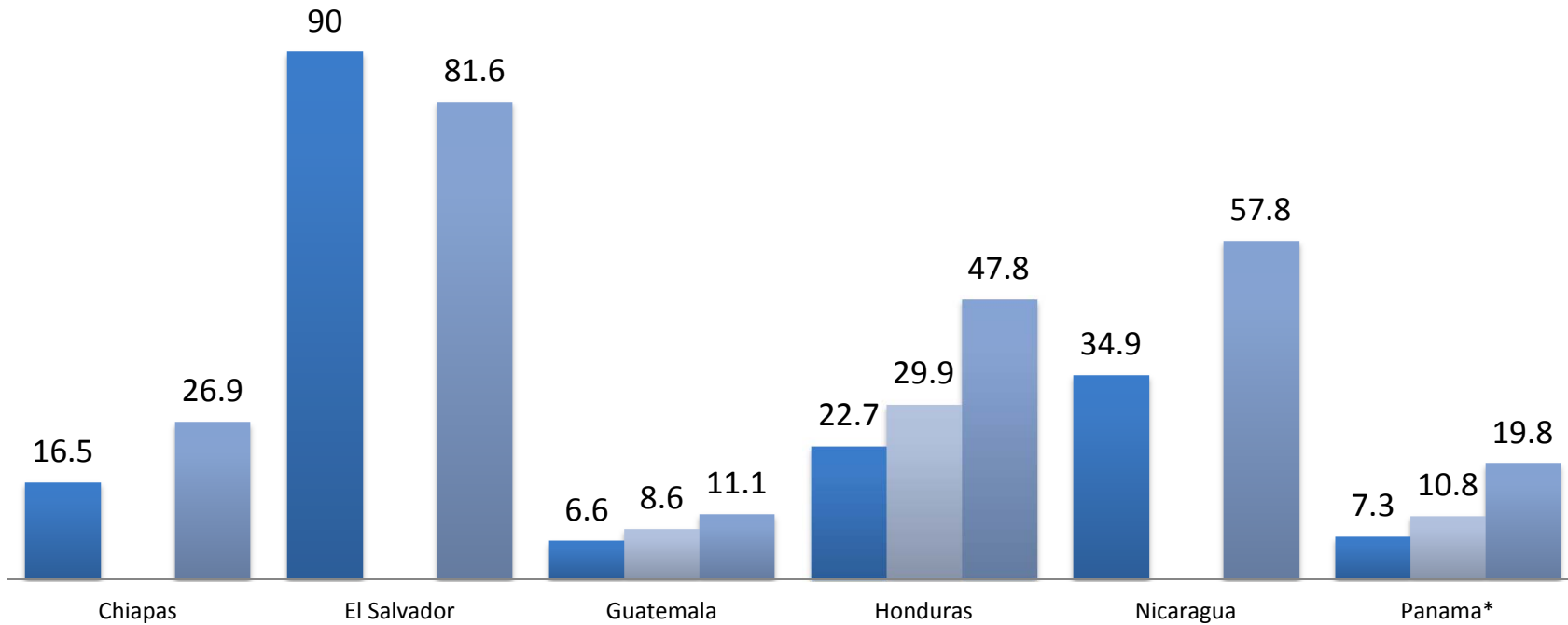


■ Modern Contraceptive Prevalence Rate
■ Institutional Birth by trained personnel



V Results – SM2015 Baseline

Neonatal health – SM2015 Areas



- Post-natal care within 24 hours
- Post-natal care within 48 hours
- Post-partum care within 7 days of birth

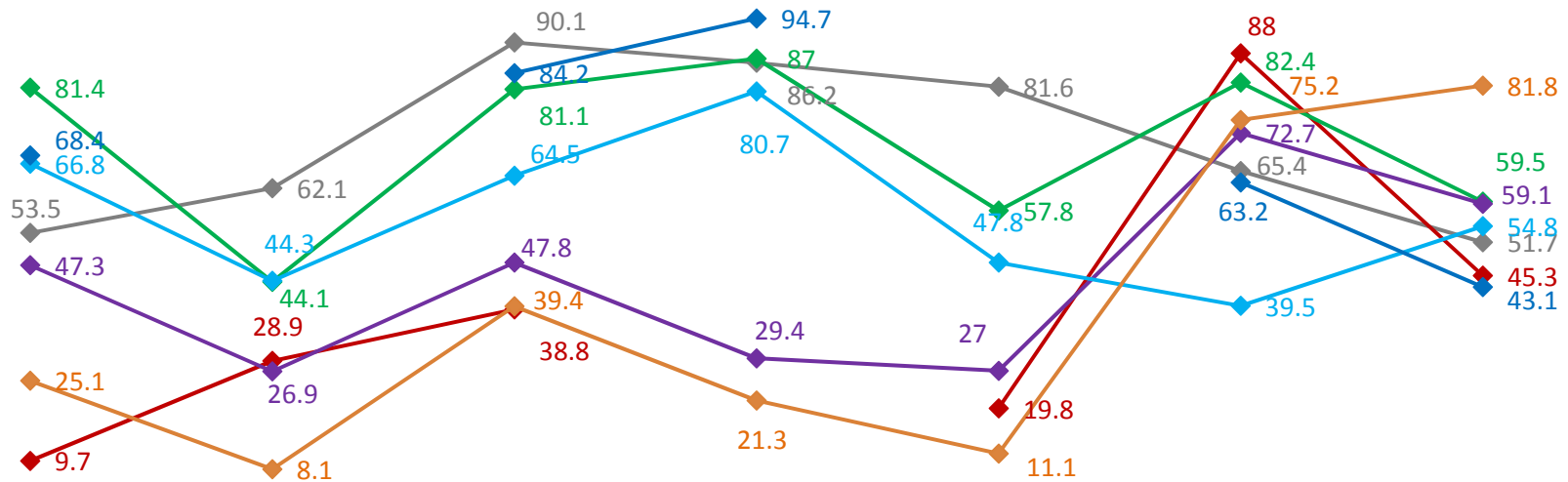


V Results – SM2015 Baseline

Continuity of Care – SM2015 Areas



◆ El Salvador ◆ Panamá ◆ Nicaragua ◆ Chiapas
 ◆ Honduras ◆ Guatemala ◆ Belice *



Modern Contraceptive Prevalence rate Prenatal care during the 1st trimester At least 4 prenatal visits by Dr. or nurse Institutional Birth by skilled personnel Post-partum care by Dr. or nurse within 7 days of birth Immediate initiation of Breastfeeding Exclusive Breastfeeding at 6 months

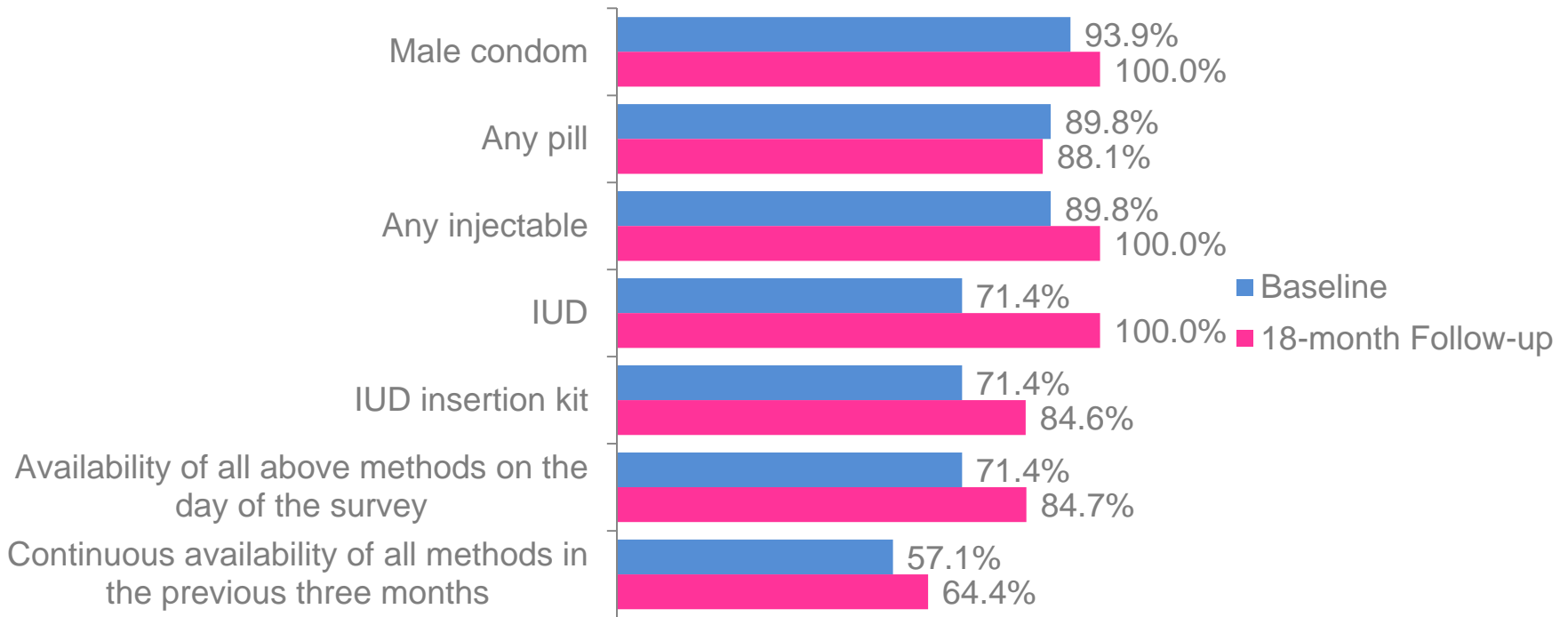


V Results – 1st Operation

Advances in Family Planning



Progress in Chiapas Continuous availability of modern FP methods

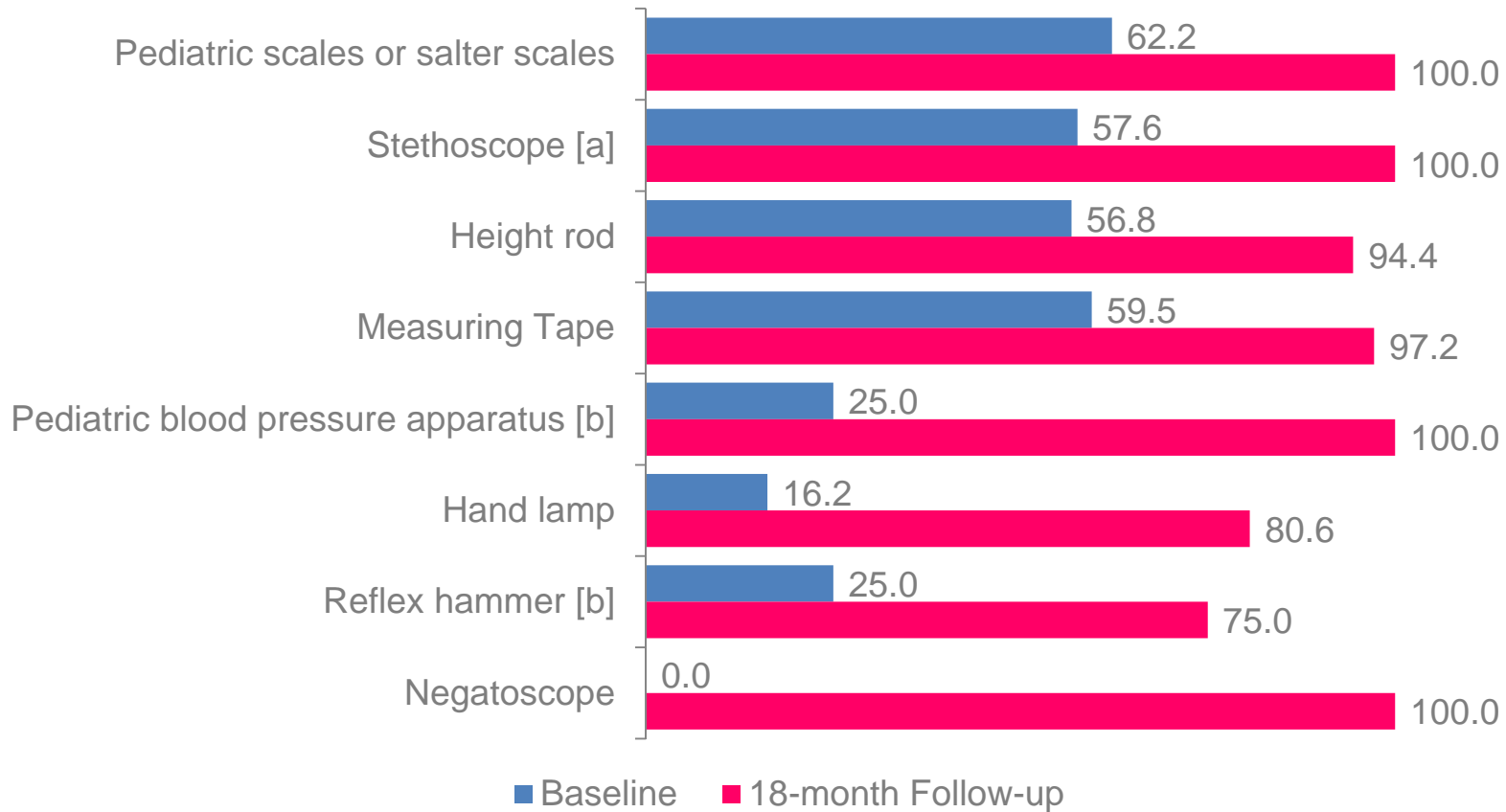


V Results – 1st Operation

Advances in Child Care



Key equipment for child care - Belize



V Results

What are we doing to reach SRH Goals?

✓ Policies, Norms and Guidelines

- New National Norms for reproductive health (BL & CR)
- Inter-sectorial actions to improve adolescent health (education and health)
- Inter-cultural approaches

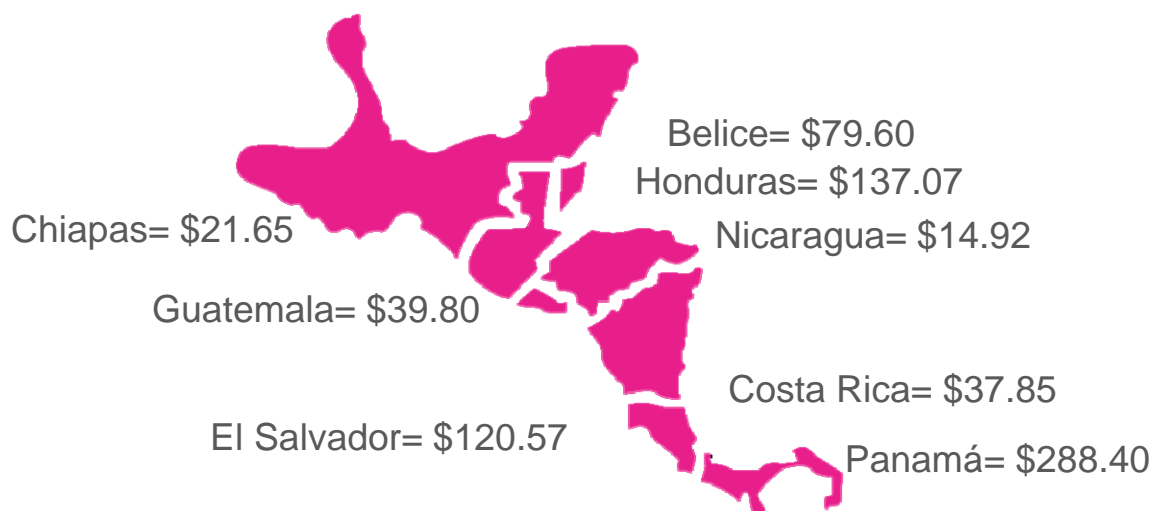
✓ Improving methods and services

- New family planning methods: Mesigyna (monthly injectable), Jadelle (implant), Mirena (IUD with levonorgestrel) in CR; Emergency Contraception in BL
- Improving the quality of family planning visits
- Community distribution of methods (CH, GU, BL, BI)
- Access to Pap smears

✓ Improving logistics and monitoring to ensure permanent availability

V Results

- ✓ Services improved for +1.700.000 women and children
- ✓ New nutrition norms will benefit +600.000 children
- ✓ 5.000 vouchers distributed to pregnant women to attend their birth in an institution
- ✓ +200.000 children will receive micronutrients for the first time
- ✓ Zinc included for the treatment of diarrhea in 6 national norms
- ✓ +1.000 health units strengthened with equipment, inputs and medications for maternal and child health
- ✓ EONC implementing in four countries



**Investment per person
(48 meses) : \$38.34**

V Results

Challenges and Next Steps



Data confirm that there are many challenges – **supply and demand** – to providing care in the poorest areas



The goals of the 2nd operation **are harder** than the first: coverage and quality



Focus on building institutional capacity – from **what** to **how**



More work ahead – **institutionalizing innovations** and **committing funds to the poor**

Thank you!

