

Examining and Building Strategies for Health Equity Across the Americas



Instituto Nacional
de Salud Pública

"Building and Implementing Evidence-Based Equity Policies"

Dr. Juan Ángel Rivera Dommarco

Director General del Instituto Nacional de Salud Pública



Introduction

- **Malnutrition in all its forms and poor diets are the largest risk factors responsible for the global burden of disease.**
- **Therefore, ending all forms of malnutrition by 2030 is an international priority.**



Introduction

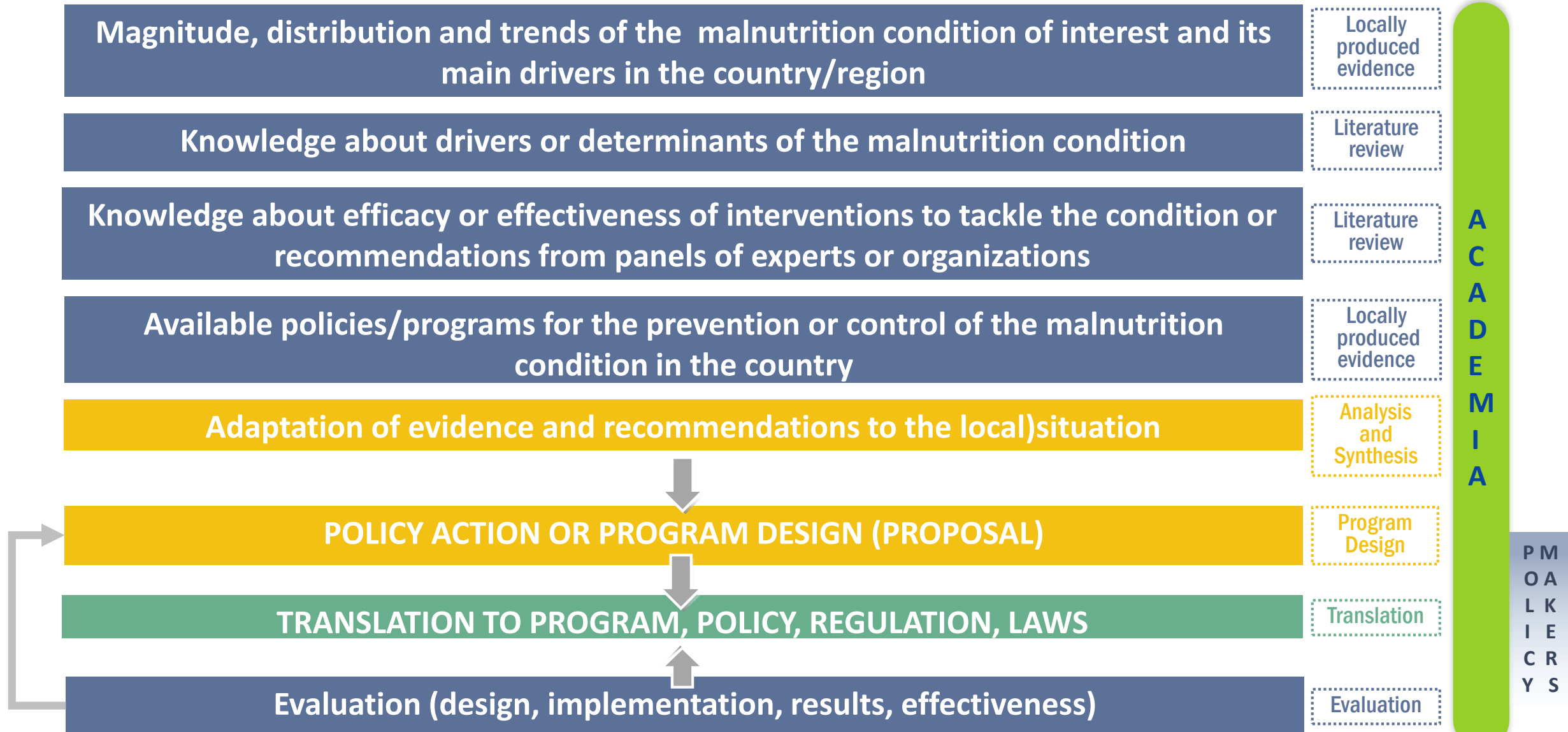
- Policy actions aimed at ending all forms of malnutrition should be evidence based
- Bridging the gap between scientific evidence and policy planning should be a priority in order to be effective in the fight about malnutrition.
- Policies for ending malnutrition should consider equity as central



However, bridging the gap between scientific evidence and policy planning is rarely achieved...



Model for evidence based design of policies or programs



Modified from: "Rivera J. Improving nutrition in Mexico: the use of research for decision making. Nutrition Reviews . 67(Suppl. 1):S62-S65"

Interaction between the National Public Health Institute (INSP) and decision makers for designing the nutrition component of PROGRESA-OPORTUNIDADES-PROSPERA

INSP research early 1990's:

Nutrition Conditions

- ✓ High prevalence of stunting and anemia, given Mexico's GDP and development
- ✓ Nutrition inequities: Need to target in low income and indigenous population
- ✓ Evidence about the need to target interventions first 1000 days of life
- ✓ Need to improve micronutrient and not only energy and protein intake

Social Response to Undernutrition:

- ✓ Disappointing results despite high expenditure in food distribution programs
 - Inadequate targeting
 - Inappropriate intervention (not evidence based) including inadequate foods distributed
 - Lack of monitoring and evaluation



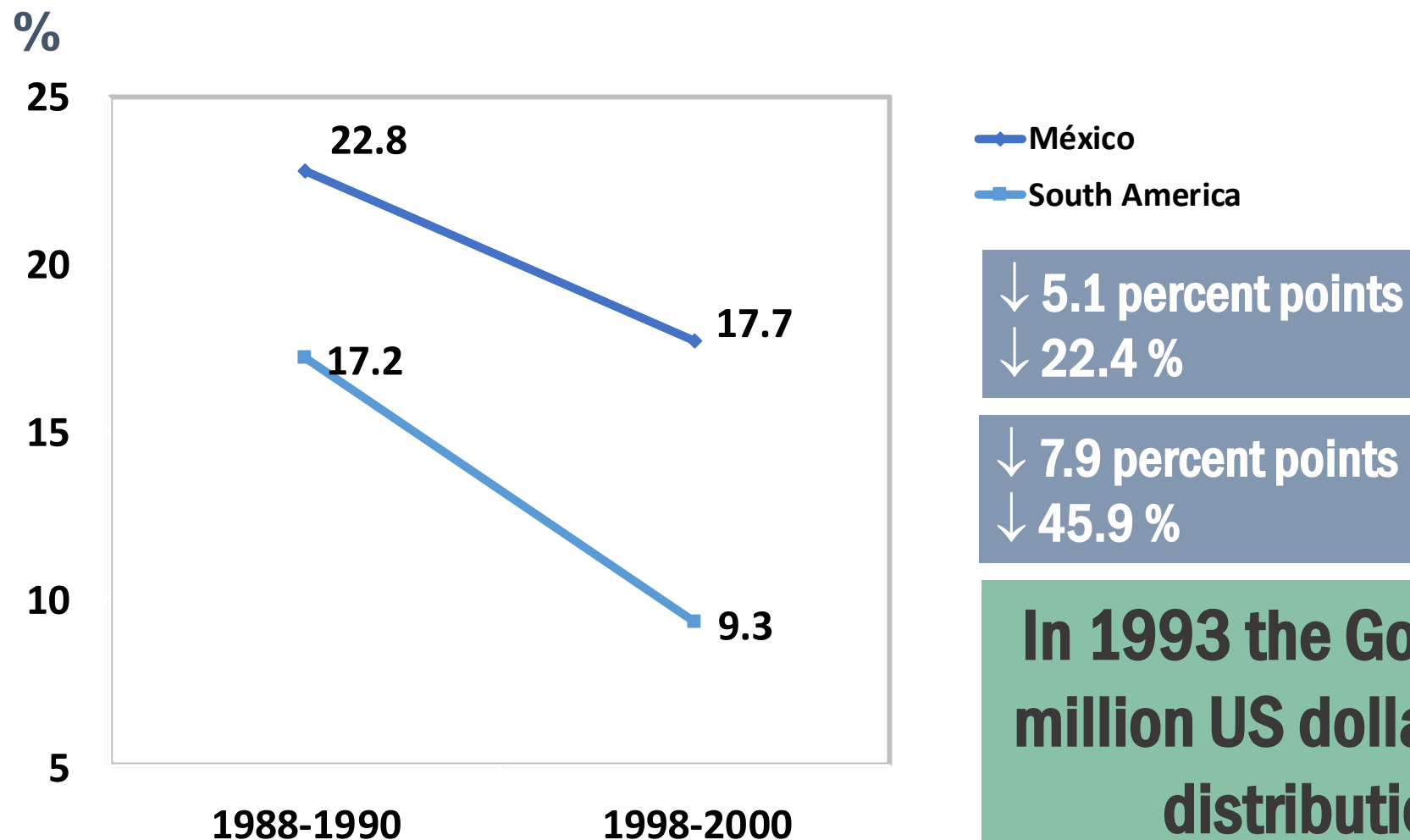
Prevalence of stunting in children < 5 y in Mexico in 1988

At this time Mexico was spending 2 million Dollars per day in food distribution programs



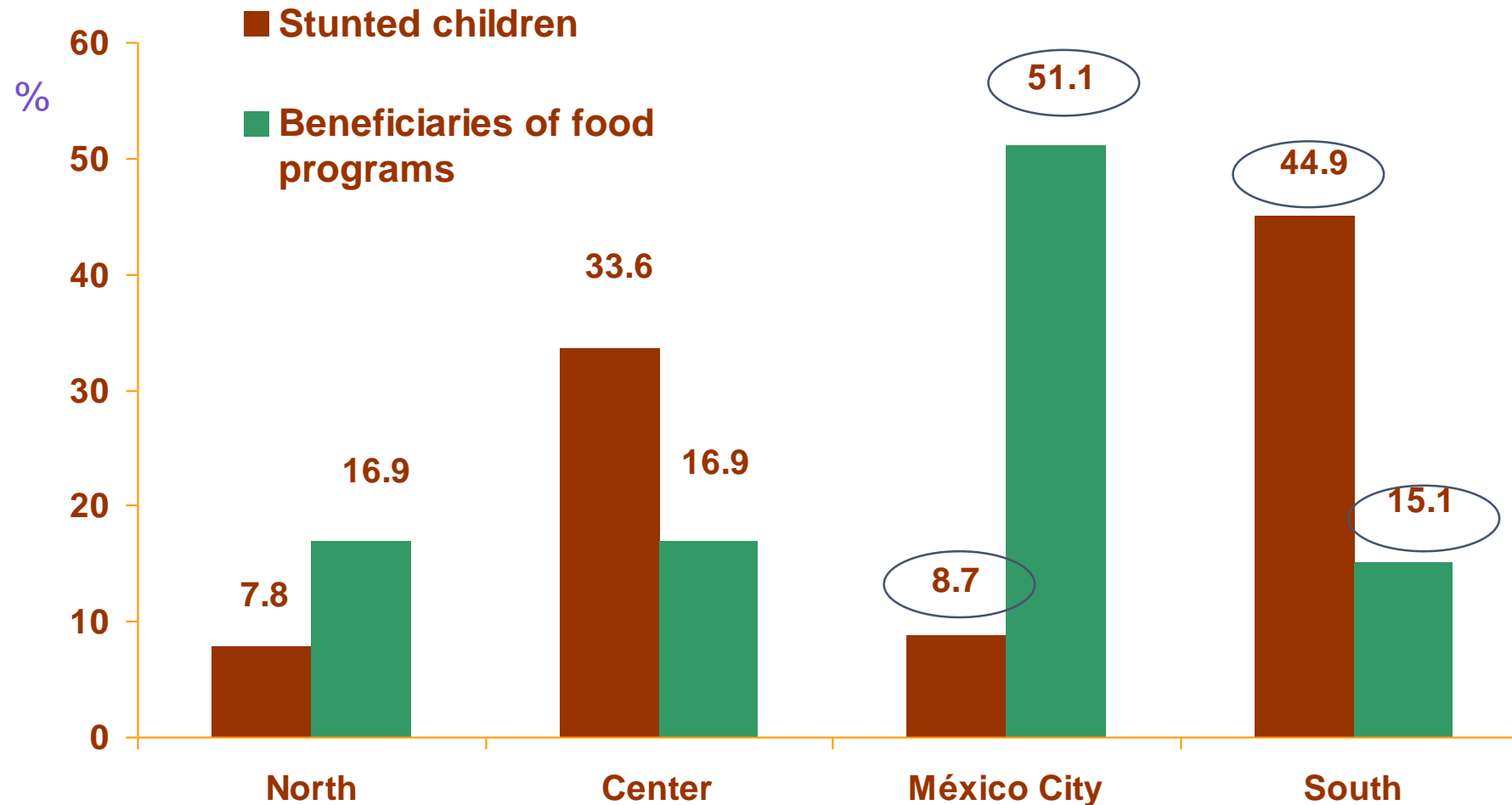
Rivera Juan A. Improving nutrition in Mexico: the use of research for decision making. Nutr Rev 2009; 67:62-65.

Despite high expenditures* undernutrition did not drop at the expected rate during the period 1990-2000



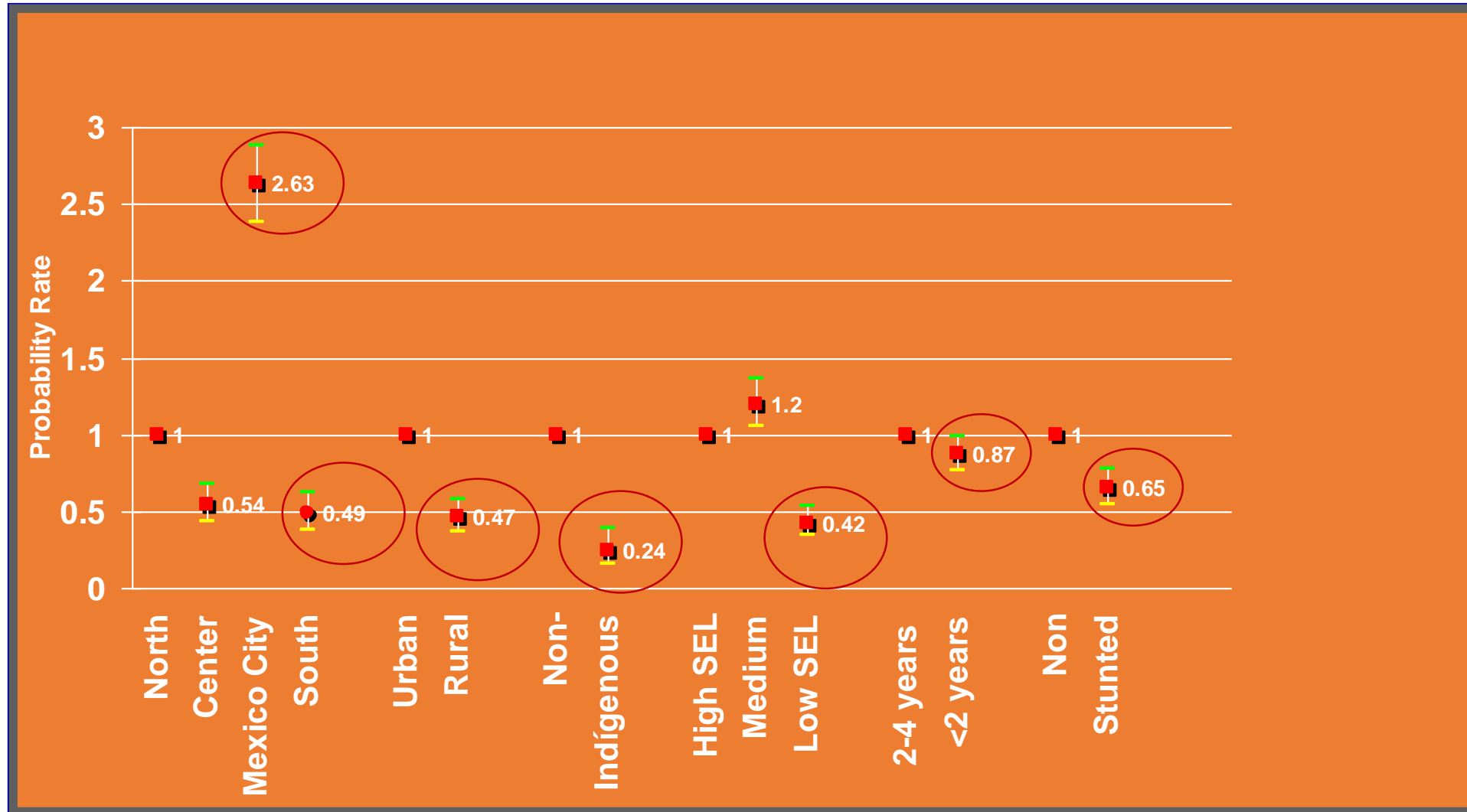
In 1993 the Government spent 2 million US dollars per day in food distribution programs

Distribution of stunted children < 5 years of age and beneficiaries of food programs in Mexico by region in 1988



Rivera Juan A. Improving nutrition in Mexico: the use of research for decision making. Nutr Rev 2009; 67:62-65.

Probability rate (\pm 95% C.I.) of participation in Food programs in households with children < 5 years of age in 1988



Summary of Reasons for low effectiveness of Food Programs in Mexico

- Inadequate targeting
 - Emphasis in urban areas
 - Lack of targeting to children under 2 years
- Foods distributed
 - Not appropriate for young children (not complementary foods)
 - No rich sources of micronutrients
- Education component weak
- Duplication of actions and programs
 - Lack of coordination
 - Programs did not integrate food, health and education
- Lack of evaluation

Interaction between the National Public Health Institute (INSP) with Mexican Government for the design of the nutrition component of PROGRESA-OPORTUNIDADES-PROSPERA

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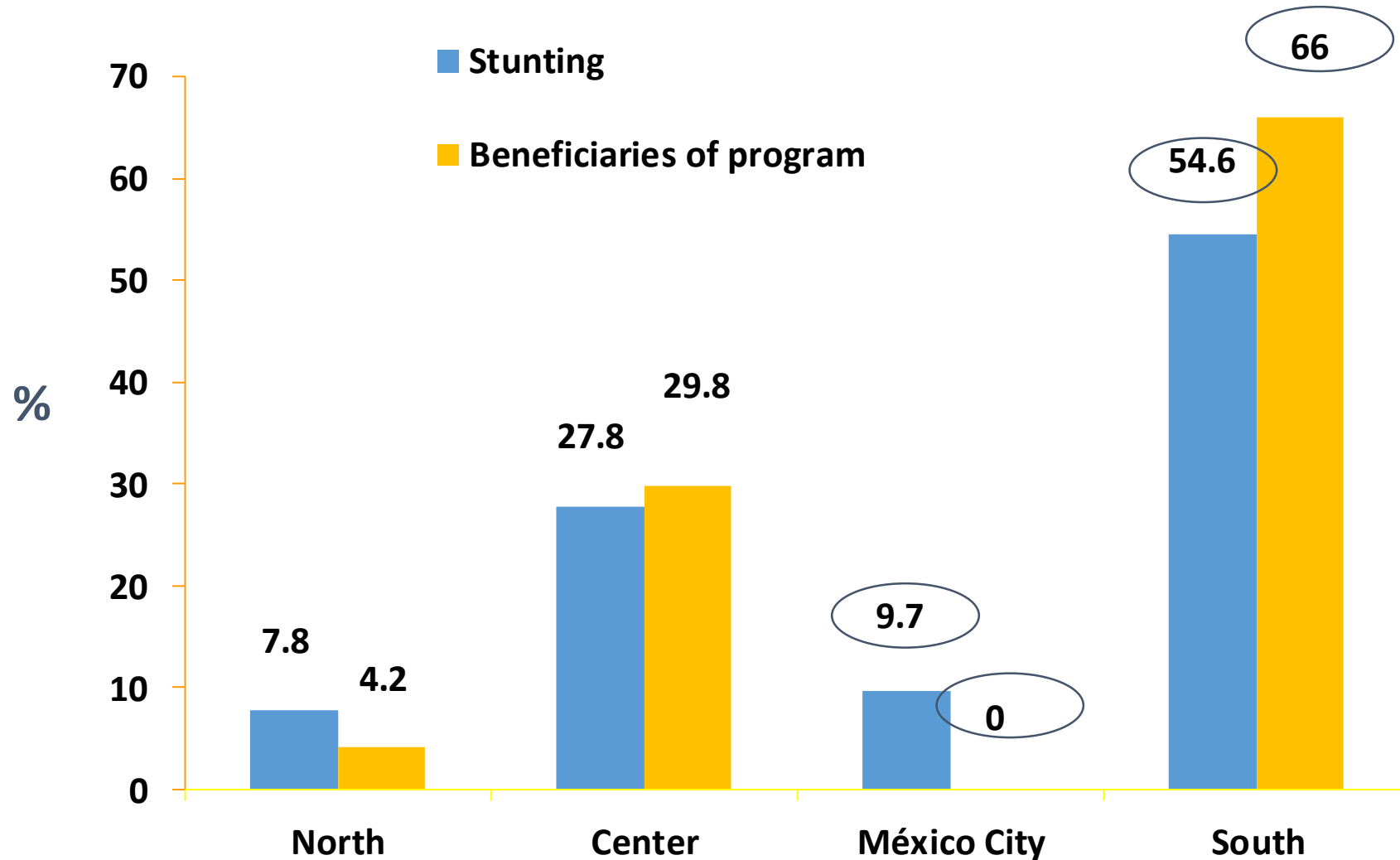
Recommendations

- ✓ **Adequate targeting**
 - Low income and indigenous households, rural areas.
 - Children < 2 y and pregnant women
- ✓ **Evidence based interventions**
 - Complementary foods specifically designed for children < 2 y
 - Nutrition education
- ✓ **Coordination of programs and actions to improve efficiency**
- ✓ **Evaluation imbedded in the program design**

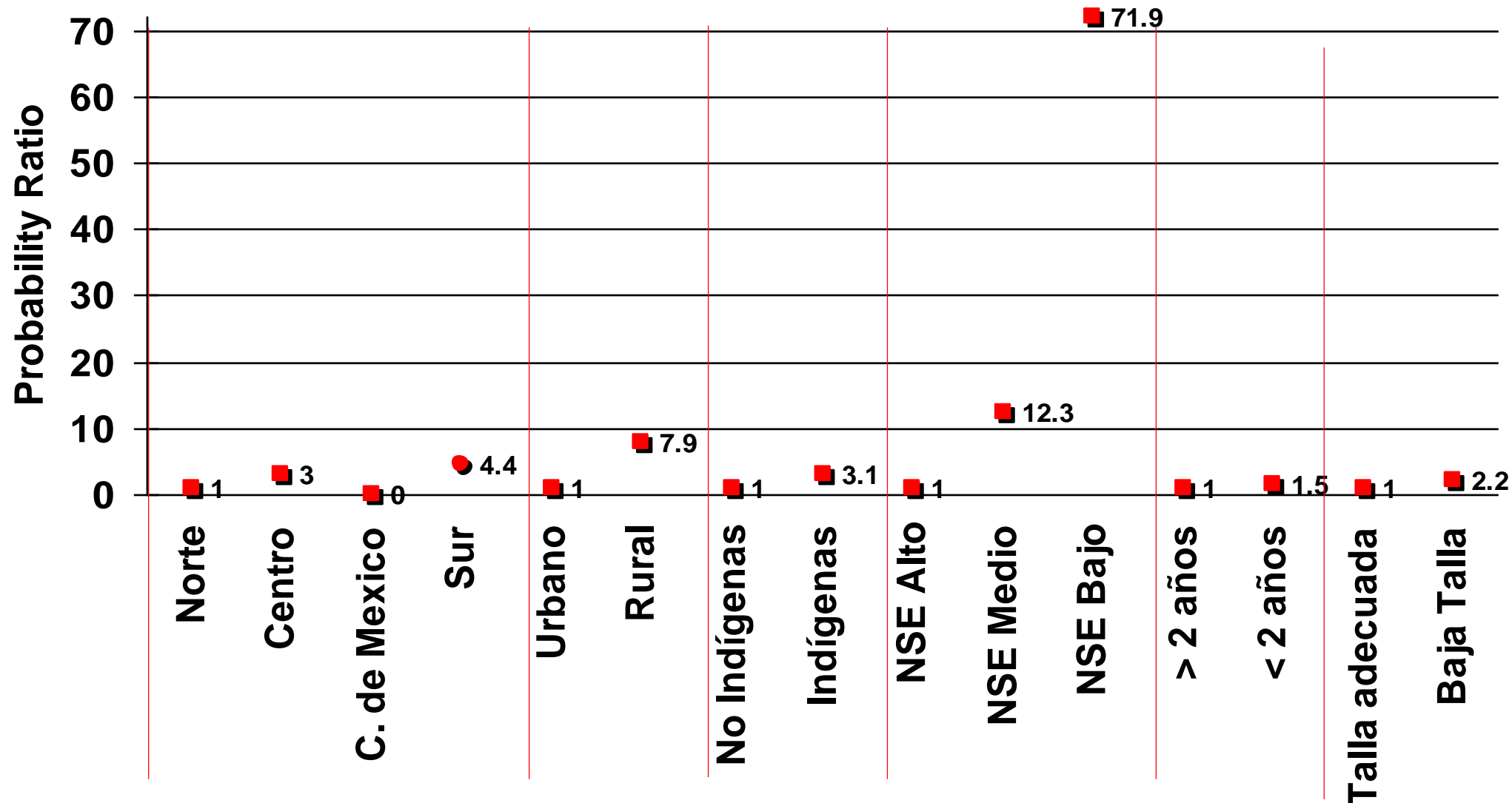
Design of Progresa based on the evidence presented and recommendations

- In 1997 Progresa was created and a nutrition component was included
- Conditional Cash Transfers used as incentives for investments in **nutrition, health and education**
 - Women (not men) receive transfers
 - Conditional on compliance with health, nutrition and school services
- Provided **fortified food supplement** for children and women
- Included a **nutrition education** component
- **Targeted to**
 - **Low income** households
 - **Rural areas** (during first phases)
 - Children < 2 years and **pregnant and lactating women**
- Included an **evaluation** component

Distribution of stunted children < 5 years of age and beneficiaries of food programs in Mexico by region in 1999



Tasa de Probabilidad (I.C. 95%) de participación en el programa Oportunidades para hogares con <5 años en 1999



Thank you



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