Examining and Building Strategies for Health Equity Across the Americas

"Building and Implementing Evidence-Based Equity Policies"

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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

1. Magnitude, distribution, and trends of the malnutrition condition of interest and its main drivers in the country/region - Literature review
2. Knowledge about drivers or determinants of the malnutrition condition - Literature review
3. Knowledge about efficacy or effectiveness of interventions to tackle the condition or recommendations from panels of experts or organizations - Literature review
4. Available policies/programs for the prevention or control of the malnutrition condition in the country - Locally produced evidence
5. Adaptation of evidence and recommendations to the local situation - Analysis and Synthesis

POLICY ACTION OR PROGRAM DESIGN (PROPOSAL)

TRANSLATION TO PROGRAM, POLICY, REGULATION, LAWS

Evaluation (design, implementation, results, effectiveness)

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.
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

Probability rate (± 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

North: Stunting = 7.8%, Beneficiaries of program = 4.2%
Center: Stunting = 27.8%, Beneficiaries of program = 29.8%
México City: Stunting = 9.7%, Beneficiaries of program = 0%
South: Stunting = 66%, Beneficiaries of program = 54.6%
Tasa de Probabilidad (I.C. 95%) de participación en el programa Oportunidades para hogares con <5 años en 1999

Thank you