

# Salud Mesoamerica Initiative



The Salud Mesoamerica Initiative (SMI) is a public-private partnership aimed at reducing health inequities by improving access to quality services for **1.8 million poor women, children, and adolescents** in the Mesoamerican region.

**DONORS** Gates Foundation · Carlos Slim Foundation · Governments of Canada and Spain · Inter-American Development Bank (administrator)

**COUNTRIES** Belize · Costa Rica · El Salvador · Guatemala · Honduras · Mexico (State of Chiapas) · Nicaragua · Panama

**OPERATIONS STARTED** **2011**  
10 YEARS OF IMPLEMENTATION

**NUMBER OF OPERATIONS (MAXIMUM)** **3**  
PER COUNTRY

**TARGETED POPULATION** **20%**  
POOREST POPULATION

**OPERATIONS ACHIEVEMENTS** Significant improvements in the coverage and quality of maternal-neonatal and childcare in the targeted areas, from reproductive health to antenatal care, pregnancy, delivery, postpartum, immediate newborn care, children under 5 years of age and adolescent care.



## An innovative development model

The SMI supported the transformation of national health systems to expand access, use, and quality of services among the poorest women, children and adolescents in Mesoamerica.



### Innovations in the Design

- **Results-based financing model** with quality, coverage and impact indicators.
- Large-scale **independent external measurements** using measurement as an intervention.
- **Direct technical assistance** based on needs and at the sub-national levels.
- **Planning based on expected results** rather than on activities, financed outputs or budget line items.
- **Three interconnected phases for results:** 1st phase for health system readiness followed by two phases of coverage and quality results.
- **Catalytic funding** to close gaps and introduce innovations (on average less than 1.5% of the national health budget).



### Innovations in Implementation

- **Clear outcome indicator targets** and flexible operational plans that could be adjusted as needed based on continuous quality improvement.
- **Continuous tracking** of results using indicators from regular information systems of ministries of health in combination with monitoring of implementation plans and results of external measurements.
- **Local implementation** by Ministries of Health with their own staff, inputs and infrastructure.



### Innovations in Measurement

- **Measurement** of coverage and quality outcome indicators, and health impact indicators.
- **Large-scale household and health facility surveys** that provided a comprehensive view of the health system and population health needs.
- **Indicator framework** that includes the continuum of maternal and child health and goes beyond interventions directly implemented to measure health system strengthening.

# Results by country

## Chiapas, Mexico

Management of obstetric complication with quality

**+28pp\***  
2017

DIRECTLY ATTRIBUTABLE TO SMI



Baseline (2012): 37%

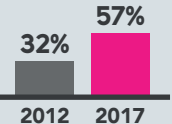
Immediate postpartum care with quality

**+37pp\***  
2017

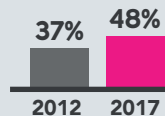
DIRECTLY ATTRIBUTABLE TO SMI

Baseline (2012): 0%

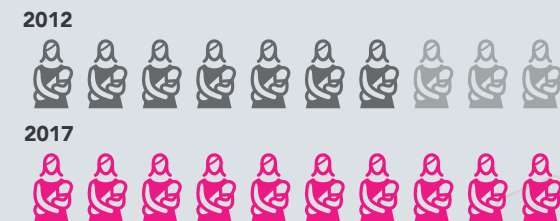
Quality antenatal care



Women who delivered their baby in a health facility

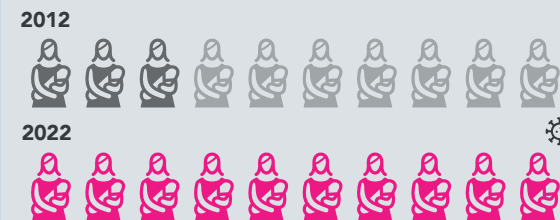


Women who received quality care during childbirth

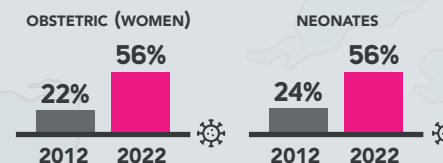


## Belize

Women who received quality care during delivery



Complication that received quality care



## Honduras

Early antenatal care

**+10pp\*** 2017 **+6pp\*** 2022

DIRECTLY ATTRIBUTABLE TO SMI

Baseline (2012): 49%

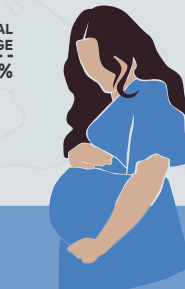
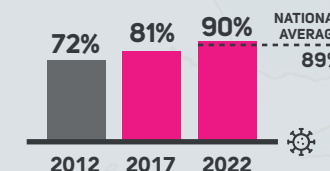
Management of neonatal complications with quality

**+49pp\***  
2022

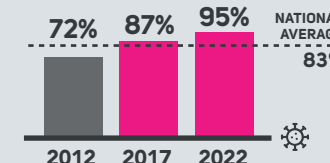
DIRECTLY ATTRIBUTABLE TO SMI

Baseline (2012): 9%

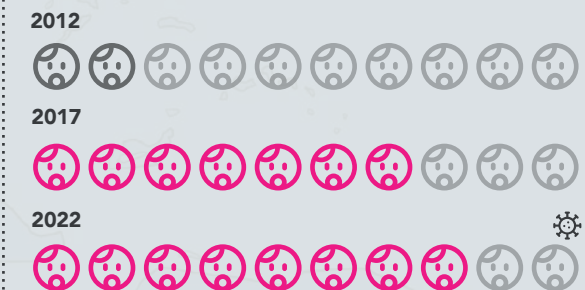
Women who received 4 or more antenatal care



Women who delivered in a health facility with qualified personnel



Newborns who received routine newborn care with quality



## Guatemala

Timely antenatal care

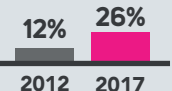
**+8pp\***  
2017

DIRECTLY ATTRIBUTABLE TO SMI

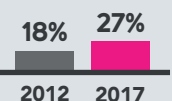


Baseline (2012): 20%

Women who received quality antenatal care



Institutional delivery by a doctor or nurse



Routine newborn care with quality

**+31pp\***  
2017

DIRECTLY ATTRIBUTABLE TO SMI



Baseline (2012): 1%

Postpartum contraception

**+9pp\***  
2017

DIRECTLY ATTRIBUTABLE TO SMI



Baseline (2012): 14%

Postpartum care within 7 days of delivery

**+14pp\***  
2017

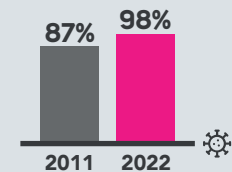
DIRECTLY ATTRIBUTABLE TO SMI



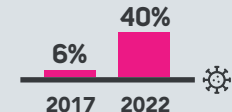
Baseline (2012): 18%

## El Salvador

Institutional delivery by qualified personnel



Neonates who experienced complications and received quality care



## Nicaragua

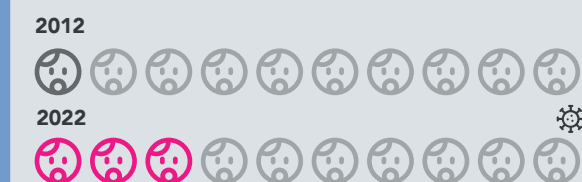
Management of neonatal complications with quality

**+36pp\***  
2022

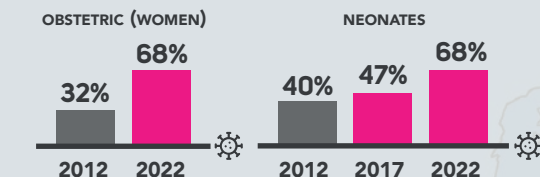
DIRECTLY ATTRIBUTABLE TO SMI

Baseline (2012): 40%

Newborns who received routine newborn care with quality



Complication that received quality care



## Costa Rica

Reduction in adolescent fertility rate

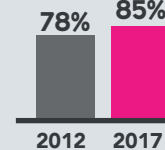
**-11.3%**  
2017

DIRECTLY ATTRIBUTABLE TO SMI



## Panama

Women who received quality care during delivery



BASELINE

SMI RESULT

DESPITE COVID

\*PP PERCENTAGE POINTS ACCORDING TO THE EFFECT IDENTIFIED BY THE IMPACT ASSESSMENT



iniciativa  
salud  
mesoamérica



Administrator

## Impact evaluation at the regional level

Statistically significant results



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salud  
mesoamérica

Between 2011 and 2017

**Women who received 4 or more  
antenatal quality care visits**

In the two poorest quintiles of the targeted areas

**+12** PERCENTAGE  
POINTS



Between 2012 and 2017

**Quality of antenatal care**

**+6** PERCENTAGE  
POINTS

Honduras, Nicaragua, Chiapas (Mex.) and Guatemala



Between 2012 and 2022

**Timely antenatal care**

**+6** PERCENTAGE  
POINTS

Honduras and Nicaragua



**Management of neonatal  
complications with quality**

**+14** PERCENTAGE  
POINTS

Honduras, Nicaragua, Chiapas (Mex.) and Guatemala



**Management of neonatal  
complications with quality**

**+22** PERCENTAGE  
POINTS

Honduras and Nicaragua



**Consumption of 50 or more  
micronutrient sachets**

**+8** PERCENTAGE  
POINTS

Honduras, Nicaragua, Chiapas (Mex.) and Guatemala



**Consumption of 50 or more  
micronutrient sachets**

**+15** PERCENTAGE  
POINTS

Honduras and Nicaragua



All results directly attributable to the SMI

### Data sources

Data from the Salud Mesoamerica Initiative focus areas: data were collected by the Institute for Health Metrics and Evaluation at the University of Washington (<https://www.healthdata.org/>) for all measurements. Indicators were calculated by NORC at the University of Chicago (<https://www.norc.org/>) as part of the final evaluation of the Initiative. For more information, see: NORC Global (2024). Final Evaluation of the Salud Mesoamerica Initiative. NORC Global, NORC at the University of Chicago. Chicago, IL, USA. Impact Evaluation of Salud Mesoamerica Initiative on Adolescent Fertility in Costa Rica', IDB Publication: <https://publications.idb.org/en/impact-evaluation-salud-mesoamerica-initiative-adolescent-fertility-costa-rica>

National averages: Belize 2015-2016 Multiple Indicator Cluster Survey; El Salvador 2014 MICS; Guatemala 2014-2015 National Survey on Maternal and Child Health; Honduras 2011-2012 Demographic and Health Survey; Mexico 2015 National Survey of Boys, Girls and Women; Nicaragua 2011-2012 Demographic and Health Survey; Panama 2013 Multiple Indicator Cluster Survey.

FUNDACIÓN  
Carlos Slim

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Canada



Gates Foundation

BELIZE

COSTA RICA

EL SALVADOR

GUATEMALA

HONDURAS

MEXICO

NICARAGUA

PANAMA