

A results-based approach to improving health in Latin America and the Caribbean

Inaugural WHO Partners Forum Case Study

Challenge

Despite experiencing significant economic growth over the last decade, countries in Latin America and the Caribbean continue to be the most unequal in the world in terms of income. This inequality affects access to health services for many, especially those living in remote areas or in vulnerable situations, primarily indigenous populations. Estimates by the United Nations Economic Commission for Latin America show that 30% of the region's population lives in poverty and 40% of the poor are young people.¹ About 30 women die from pregnancy or childbirth-related events daily,² of whom a significant number are adolescents, and about 400 children die before reaching their fifth birthday,³ with almost half of these deaths occurring among newborns. Nearly all these deaths are preventable, with better access to quality health services for the poor as a critical influencing factor.

Solution

The Pan American Health Organization (PAHO) and Global Affairs Canada (GAC) address these challenges through a regional approach, the Integrated Health Systems in Latin America and the Caribbean Project (IHSLAC). The collaboration focuses on maternal, newborn, child, and adolescent health in 11 countries: Bolivia, Colombia, Ecuador, Guatemala, Guyana, Haiti, Honduras, Nicaragua, Paraguay, Peru and Suriname.

The partnership aims to improve the health of vulnerable children, young girls, and women and is based on implementing shared priorities from GAC's Feminist International Assistance Policy, PAHO's Strategic Plan 2014-2019 and WHO's 12th General Programme of Work 2014-2019.



Results-based management drives implementation of the GAC-PAHO partnership, with agreed results, indicators for success and the corresponding activities to achieve them. Activities and financial resources are aligned to a collective logic model within three programmatic areas: health systems, disease case management and prevention and nutrition.

To avoid duplication and maximize resources, funds are allocated for implementation as an integral part of PAHO's detailed planning process. The framework and its comprehensive monitoring do not restrict learning during implementation and allow for adjustments in the mutual interest of the partnership.

Beyond coordination and reporting, GAC and PAHO worked hard to forge a meaningful partnership responsive to the needs of the other. Through regular, informal discussions, the partners understand the details of the collaboration's successes, challenges, nuances and subtleties. By investing in building the partnership, both organizations are stronger together.

¹ Naciones Unidas Comisión Económica para América Latina y el Caribe. CEPALSTAT. Santiago, Chile: CEPAL. Available at: <http://websie.eclac.cl/infest/ajax/cepalstat.asp?carpeta=estadisticas>.

² Pan American Health Organization. 51st Directing Council, 63rd Session of the Regional Committee, Washington, D.C., USA, 26-30 September 2011. Plan of action to accelerate the reduction in maternal mortality and severe maternal morbidity.

³ Pan American Health Organization. 28th Pan American Sanitary Conference, 64th Session of the Regional Committee, Washington, D.C., USA, 17-21 September 2012. Strategy and Plan of action for integrated child health.

The collaboration also serves to build a broader coalition by reinforcing PAHO's role as the leading voice for public health in the Americas. By leveraging PAHO's regional public health expertise and credibility, GAC enhances its health sector efforts in the region.

The IHSLAC project promotes and strengthens inter-programmatic collaboration among PAHO technical departments at the regional headquarters and within country offices towards increasing the effective and efficient use of resources and ensuring that action is human-rights-based as well as gender- and culturally sensitive.

In this context, PAHO supports local governments to adapt and implement policy and technical guidance so that it has a tangible effect in communities. In doing so, PAHO supports partners to translate best practices into practical tools and enables an environment for multi-stakeholder dialogues and participation.

For example, in Colombia's maternal and neonatal mortality reduction initiative, three PAHO programmes jointly support enhanced community participation to improve access to and quality of maternal and neo-natal services. In Guatemala, Honduras, Paraguay and Peru, the partnership supports an integrated approach to empower indigenous women to take action in reducing maternal deaths through collaboration between communities and ministries of health.

Impact

The IHSLAC project has achieved important results at regional and country levels, including the development of a Regional Plan of Action for implementation of the Global Strategy for Women's, Children's, and Adolescents' Health. Further, the strengthened skills of more than 20 000 health professionals have improved quality of and access to culturally sensitive health services.

Strengthening community participation has demonstrated a range of benefits, such as:

1. Improved access to and quality of care through consideration of community practices, behaviors and social norms;
2. Increased knowledge and practices among mothers, pregnant women and the broader community to identify at-risk pregnancies, support timely access to health services and promote pre/post-natal visits; and,

3. Improved collaboration to address maternal health and reduce maternal mortality through culturally sensitive approaches toward safe birth, including a focus on the empowerment of indigenous women.

In addition to the health results in these 11 countries, the GAC-PAHO partnership serves as a best practice within PAHO, demonstrating that aligning health priorities with a partner can produce approaches that are flexible and results-based and that can strengthen collaboration and impact. Regular monitoring facilitates effective implementation, reporting and mitigation efforts; frequent, informal engagement are keys to substantive partnership.

Conclusion



PAHO's relationships with national and local government partners allowed the IHSLAC project to influence and nourish collaboration, and to mobilize other partners towards common goals.

The IHSLAC project demonstrates that improving the quality and timeliness of health services for women, mothers and newborns is possible only through better community integration. Community participation is essential to ensure better access and services for these groups. The project also showed that, to improve access and health outcomes for indigenous communities, inter-cultural dialogue is critical to understand their perceptions and the barriers they face in accessing health services.

Although health outcomes drive the collaboration, GAC and PAHO's investment in building their partnership fostered a project that reinforced mutual priorities; facilitated agile adjustments that could accommodate unpredictable, country-based emergencies or challenges; and reinforced each organization's excellence in responding to countries' needs, within a regional approach.