

# Child health and nutrition in Peru within an antipoverty political agenda: a Countdown to 2015 country case study



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## Summary

**Background** Peru is an upper-middle-income country with wide social and regional disparities. In recent years, sustained multisectoral antipoverty programmes involving governments, political parties, and civil society have included explicit health and nutrition goals and spending increased sharply. We did a country case study with the aim of documenting Peru's progress in reproductive, maternal, neonatal, and child health from 2000–13, and explored the potential determinants.

**Methods** We examined the outcomes of health interventions coverage, under-5 mortality, neonatal mortality, and prevalence of under-5 stunting. We obtained data from interviews with key informants, a literature review of published and unpublished data, national censuses, and governmental reports. We obtained information on social determinants of health, including economic growth, poverty, unmet basic needs, urbanisation, women's education, water supply, fertility rates, and child nutrition from the annual national households surveys and the Peruvian Demographic and Health Surveys. We obtained national mortality data from the Interagency Group for Child Mortality Estimation, and calculated subnational rates from 11 surveys. Analyses were stratified by region, wealth quintiles, and urban or rural residence. We calculated coverage indicators for the years 2000–13, and we used the Lives Saved Tool (LiST) to estimate the effect of changes in intervention coverage and in nutritional status on mortality.

**Findings** From 2000 to 2013, under-5 mortality fell by 58% from 39·8 deaths per 1000 livebirths to 16·7. LiST, which was used to predict the decline in mortality arising from changes in fertility rates, water and sanitation, undernutrition, and coverage of indicators of reproductive, maternal, neonatal, and child health predicted that the under-5 mortality rate would fall from 39·8 to 28·4 per 1000 livebirths, accounting for 49·2% of the reported reduction. Neonatal mortality fell by 51% from 16·2 deaths per 1000 livebirths to 8·0. Stunting prevalence remained stable at around 30% until 2007, decreasing to 17·5% by 2013, and the composite coverage index for essential health interventions increased from 75·1% to 82·6%, with faster increases among the poor, in rural areas, and in the Andean region. Socioeconomic, urban–rural, and regional inequalities in coverage, mortality, and stunting were substantially reduced. The proportion of the population living below the poverty line reduced from 47·8% to 23·9%, women with fewer than 4 years of schooling reduced from 11·5% to 6·9%, urbanisation increased from 68·1% to 75·6%, and the total fertility rate decreased from 3·0 children per woman to 2·4. We interviewed 175 key informants and they raised the following issues: economic growth, improvement of social determinants, civil society empowerment and advocacy, out-of-health and within-health-sector changes, and sustained implementation of evidence-based, pro-poor reproductive, maternal, neonatal, and child health interventions.

**Interpretation** Peru has made substantial progress in reducing neonatal and under-5 mortality, and child stunting. This country is a good example of how a combination of political will, economic growth, broad societal participation, strategies focused on poor people, and increased spending in health and related sectors can achieve significant progress in reproductive, maternal, neonatal, and child health. The remaining challenges include continuing to address inequalities in wealth distribution, poverty, and access to basic services, especially in the Amazon and Andean rural areas.

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## Introduction

Countdown to 2015 is a global initiative for tracking progress towards the UN Millennium Development Goals (MDG) 4 (to reduce under-5 child mortality by two-thirds between 1990 and 2015) and 5 (to reduce maternal mortality by three-quarters between 1990 and 2015) in 75 countries where most maternal and child deaths occur. The 2014 Countdown report<sup>1</sup> highlights that

deaths of under-5 children have almost halved globally since 1990, but it also warns that fewer than 12 countries are to reach MDG4. In 42 of 62 Countdown countries with data, more than 30% of under-5 children are stunted.<sup>1</sup> The data reports are complemented by country case studies, particularly where substantial progress has been achieved, such as Bangladesh, Niger, and Tanzania.<sup>2–4</sup>

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For the UN Millennium Development Goals see <http://www.un.org/millenniumgoals/>

### Research in context

#### Evidence before this study

Peru is one of a handful of middle-income countries to have achieved the UN Millennium Development Goals (MDGs) 4 to reduce under-5 child mortality by two-thirds between 1990 and 2015, the nutrition indicator for MDG1 of halving the number of children who are underweight, and major reductions in neonatal mortality and child stunting. Even more remarkably, the gap has narrowed between rich and poor. We built our country case study on findings from previous studies about maternal and child health in Latin America and Peru. We searched in PubMed for all articles published between Jan 1, 2000, and March 8, 2015, using the search terms “Reproductive Health” AND Peru; ([Maternal Health] or [Maternal Mortality]) AND Peru; ([Neonatal Health] or [Neonatal Mortality]) AND Peru; ([Newborn Health] or [Newborn Mortality]) AND Peru; ([Child Health] or [Child Mortality]) AND Peru. We used the same search strategy for Latin America. Among the 2236 papers we identified, only six attempted to describe factors underlying progress achieved in reproductive, neonatal health or child health, and nutrition in Peru or Latin America. Two described changes in social determinants and health systems and broad health outcomes in Latin America, one described changes related to neonatal health progress in Peru, and three explained changes in diverse factors and

progress in maternal and child health in Brazil, Chile, and Mexico. An additional search in the webpages for relevant organisations (WHO, UNICEF, the World Bank, and The Partnership for Maternal, Newborn and Child Health) yielded a study on success factors in ten fast-track countries including Peru that relied on a qualitative study, and highlighted policy and programme lessons. We used Google with the same search terms that we used for published articles, and recommendations from experts, to search for unpublished material.

#### Added value of this study

Our study highlights the remarkable progress that Peru has made in child health and nutrition. Progress was made as a result of several contributing factors, including improvements in the social determinants of health, coordinated cross-sectoral antipoverty strategies, geographical targeting, health-sector reforms, and campaigns aimed at increasing coverage and equity of evidence-based health interventions.

#### Implications of all the available evidence

The main lesson learned is that the combination of macropolicy changes that are consistently focused on poor people, as well as a scaling up of specific interventions within a context of changing programmes, has led to measurable, equitable, and sustainable progress in the health of children in Peru.

Among all Countdown countries, Peru has had the second highest rate of reduction in under-5 mortality rate (U5MR; 6·2% reduction per year, down to 17 per 1000 in 2015). The maternal mortality rate in Peru has also reduced, by 4·2% a year (down to 89 per 1000 in 2013), and the nutrition indicator for MDG1 of reducing the number of children who are underweight by half has also been met.<sup>5</sup> Recently, Peru was ranked first among all low-income and middle-income countries in the reduction of early neonatal mortality.<sup>6</sup> Stunting prevalence remained stable at around 30–40% of children under 5 years from 1992 to 2007, followed by a rapid decline.<sup>5</sup> These achievements led Countdown to commission a case study aimed at documenting the progress in reproductive, maternal, neonatal, and child health in Peru and understanding their determinants, with particular emphasis on how different social groups have benefited from progress. This focus is particularly relevant to Latin America, where health inequalities persist as a major challenge.<sup>7,8</sup>

Peru is an upper-middle-income country that comprises vast, rural areas that are difficult to reach in the Andes and the Amazon basin. Since the 2000s, after a troubled period with dictatorships and guerrilla warfare, the country has transitioned to democracy and political stability.<sup>9</sup> Concurrently, Peru has had continued economic growth, and important policy and programmatic changes, both in the health sector and others. Despite such progress, Peruvian society, which embodies rich

cultural, ethnic, and social diversity, continues to show striking social disparities.

In this study, we assessed trends in health and nutrition of newborn babies and older children in Peru from 2000 to 2013, and explored potential causes of the changes observed, including social determinants of health, health systems, policies and financing, and the implementation of specific public health interventions in reproductive, maternal, neonatal, and child health in this period.

## Methods

### Study design and implementation

We did a country case study for Peru based on data from 2000 to 2013. We obtained data from several primary and secondary sources. Information on health systems and policy changes was obtained from key informants—including programme managers and health-care providers—through individual in-depth interviews and group discussions. We identified potential participants, all based in Peru, among representatives of national and regional governments, civil society, academia, and non-governmental organisations. Through snowball sampling, we identified informants who were familiar with policy, programming, and financing in the health and social development sectors since the 1990s. They were invited to participate in workshops where the objectives and preliminary results of our study were presented and discussed. We asked participants to describe the changes that took place in the country since

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