

## Diagonal approaches: The Mexican way

According to one of its leading proponents, Jaime Sepulveda of Mexico's National Institute of Health, the diagonal approach is a "proactive, supply-driven provision of a set of highly cost-effective interventions on a large scale bridging health clinics and homes."

Vertical interventions are often the starting point of diagonal approaches, with the caveat that the number of these interventions be expanded over time with support from existing facilities and field workers. The diagonal approach stresses the importance of integration and coordination between vertical interventions, community-based initiatives and health facilities or extension services. It addresses a number of key issues by applying specific intervention priorities, including drug supply, facility planning, financing, human resources development, quality assurance and rational prescription.

In the 25 years from 1980–2005, Mexico implemented a number of successful vertical programmes that were subsequently scaled up. These programmes targeted diarrhoeal diseases (the distribution of oral rehydration salts and the Clean Water programme); vaccine preventable diseases (national vaccination days, measles vaccination campaigns, the Universal Vaccination Programme, national health weeks); vitamin A supplementation and anthelmintic therapy (national health weeks).

PROGRESA – a conditional cash transfer programme designed to engage the country's poorest families – provided financial incentives for improved health and nutrition practices, and for keeping children in school. Benefits are contingent on regular attendance at health clinics that supply essential health and nutrition services. Food supplements are distributed to all children aged 6–23 months and underweight children aged 2–4 years in targeted households. The programme has been associated with a strong positive impact on children's nutritional status.

A more comprehensive package covering the continuum of maternal, neonatal and child health has been introduced since 2001, when the Ministry of Health launched *Arranque Parejo en la Vida* (Equal Start in Life). This initiative promotes social and community participation, strengthens and expands antenatal and neonatal care, and provides folic acid supplementation for women, among other factors. It has reached a high level of coverage. Through Seguro Popular, a public health insurance initiative, maternal and child health became entitlements.

In part, the diagonal approach has emerged as a result of research into Mexico's health system and its development during the past 25 years. Unlike other approaches, its genesis appears to have emerged as a practical response to the growing complexity of disease profiles and the pressure faced by the country to develop health interventions and systems that provide quality services, are affordable, and reach the poorest and most marginalized populations.

Its implementation has led to Mexico being one of only seven countries on track to reach the Millennium Development Goals among the 60 nations selected in 2005 for priority attention by the Child Survival Countdown to 2015. The diagonal approach is now formalized and being championed by Mexico's former Minister of Health, Julio Frenk, who considers that the framework should be integrated into a broader health policy. It aims to bridge the dichotomies between horizontal and vertical approaches, intersectoral and sectoral policies, and national and international efforts by offering a 'third way' through which effective interventions become the drivers for health-system development.

*See References, page 106.*