Diagonal approaches: The Mexican way

According to one of its leading proponents, Jaime Sepúlveda 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 national 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 campaign, the Universal Vaccination Programme, national health weeks); vitamin A supplementation and anemia prevention (national health weeks); and vitamin A supplementation and anemia prevention (national health weeks). These programmes have led to significant declines in under-five mortality rates.

In recent years, several comprehensive reviews of evidence-based child survival interventions have reaffirmed that existing low-cost interventions can avert up to two thirds of under-five mortality and over half of neonatal mortality. In addition, 88 up to 98 per cent of maternal deaths are preventable.

Towards a unified framework for ensuring health outcomes for mothers, newborns and children

In recent years, governments and development partners have renewed their commitment to achieving the health-related MDGs, emphasizing the need for community partnerships to support families in improving their care practices for children. This has triggered a renewed interest in another principle of primary health care, namely the need for community partnerships to support families in improving their care practices for children.

A renewed recognition of the principles of primary health care, which emphasizes the supremacy and community partnership in the survival, growth and development of children. This renewed resolution would translate effectively into joint or coordinated regional strategies. At the same time, experts in maternal, newborn and child health are increasingly coalescing around a set of strategic principles based on the lessons of the past century. These principles are threefold, namely:

1. Equitable financing mechanisms
2. Social mobilization
3. Monitoring and information systems

The ‘health systems development for outcomes’ approach to health-service delivery combines the strengths of selective/vertical and comprehensive/horizontal approaches. This new approach is being adopted as the framework for scaling up cost-effective intervention packages and integrating them into a continuum of care for mothers, newborns and children. It emphasizes the expansion of evidence-based, high-impact health, nutrition, HIV and AIDS, and water, sanitation and hygiene interventions and practices, and underlines the importance of removing system-wide bottlenecks to health-care provision and usage. If