

Health inequality monitoring: with a special focus on low- and middle-income countries

Lecture 1: Introduction

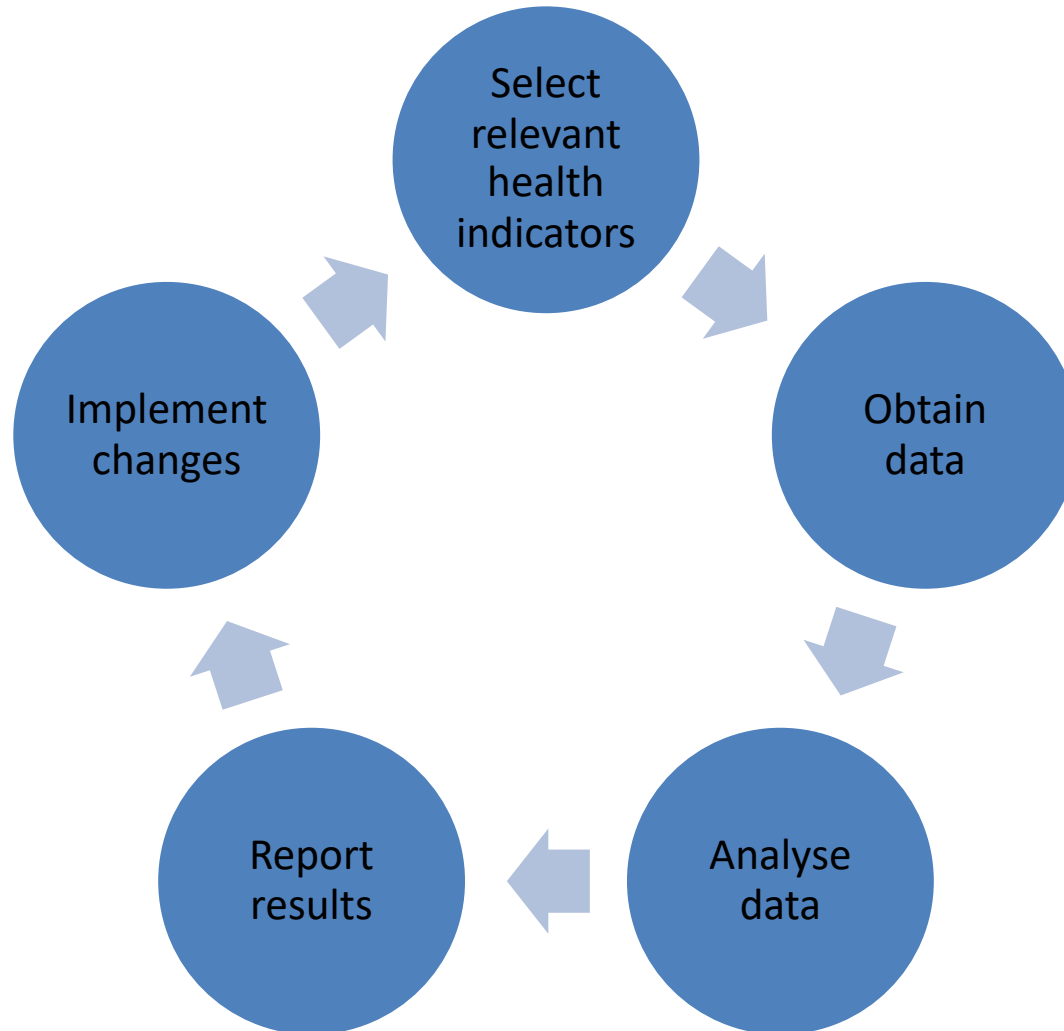


**World Health
Organization**

What is monitoring?

- Monitoring is repeatedly answering a given study question over time
- It helps to determine the impact of policies, programmes and practices, and to indicate whether change is needed

What is involved in health monitoring?



Inequity versus inequality

- Health **inequity**: unjust differences in health between persons of different social groups; a normative concept
- Health **inequality**: observable health differences between subgroups within a population; can be measured and monitored

Equity-based interventions

- Equity-based interventions seek to improve health outcomes in subgroups that are disadvantaged, while improving the overall situation
- Targeting expansions in health services specifically towards the most disadvantaged may be more successful and cost effective than using limited resources to create across-the-board increases in services where they are not required by all
 - For example, nutritional supplementation for children
- Interventions that do not have an equity focus may inadvertently exacerbate inequalities, even when national averages indicate overall improvements
 - For example, media campaigns and workplace smoking bans have shown evidence of increasing inequalities

What is health inequality monitoring?

- Health inequality monitoring describes the differences and changes in health indicators in subgroups of a population
- Special considerations:
 - the need for two different types of intersecting data: **health indicator** and **equity stratifier** data
 - the use of statistical measurements of inequality
 - the challenges of reporting on different health indicators by different dimensions of inequality

Why conduct health inequality monitoring?

- To provide information for policies, programmes and practices to reduce health inequity
- To evaluate the progress of health interventions
- To show a more-complete representation of population health than the national average
 - Indicates the situation in population subgroups
 - Disadvantaged subgroups may impede improvements in national figures

Total health inequality versus social inequality in health

- **Total inequality:** the overall distribution of health
 - Consider only health indicator variables (no equity stratifiers)
- **Social inequality:** health inequalities between social groups
 - Indicate situations of inequity, where differences between social groups are unjust or unfair
 - The emphasis of this lecture series

Making comparisons on a global level

- **Within-country inequality** exists between subgroups within a country, based on disaggregated data and summary measures of inequality
 - For example, comparing the difference between infant mortality rates among urban and rural subgroups
- **Cross-country inequality** shows variability between countries based on national averages
 - For example, comparing countries on the basis of national infant mortality rates
- **Cross-country comparisons of within-country inequality** are possible
 - For example, countries may be compared based on the level of rural–urban inequality in infant mortality rate within each country

How can health inequality monitoring lead to implementing change?

- Agenda-setting
 - Health inequality monitoring offers quantitative evidence for policy makers
 - Analytic data serve as an important basis for identifying where inequalities exist and how they change over time
 - Other factors to consider: contextual factors, political and popular support, funding, feasibility, timing, cost effectiveness, normative issues, etc.

How can health inequality monitoring lead to implementing change?

- Involving key stakeholders
 - The process of implementing change should involve a diverse group of stakeholders, as appropriate for the health topic
 - Key stakeholders may include representatives from government, civil society, professional bodies, donor organizations, communities and any other interested group
 - For example, the World Health Organization's Commission on Social Determinants of Health is a multisectoral effort to tackle the “causes of causes”
- Health inequality issues should be framed as broad problems
 - Intersectoral approaches help to drive multifaceted solutions and a wide base of support

Recommendations for promoting equity within the health sector

- Recognize that the health sector is part of the problem
- Prioritize diseases of the poor
- Deploy or improve services where the poor live
- Employ appropriate delivery channels
- Reduce financial barriers to health care
- Set goals and monitor progress through an equity lens

Source: Based on unpublished work by Cesar G Victora, Fernando C Barros, Robert W Scherpbier, Abdelmajid Tibouti and Davidson Gwatkin.

How are the social determinants of health related to health inequality monitoring?

- Health inequalities tend to stem from social inequalities
 - Equity stratifiers typically reflect social conditions
- Actions to lessen the impact of the social determinants of health promote equity, and thus reduce health inequalities
- Three principles of action to achieve health equity:
 - 1. Improve the conditions of daily life (the circumstances in which people are born, grow, live, work and age)
 - 2. Tackle the inequitable distribution of power, money and resources – the structural drivers of the conditions of daily life – at global, national and local levels
 - 3. Raise public awareness about the social determinants of health– measure the problem, evaluate action, expand the knowledge base and develop a workforce that is trained in the social determinants of health

Source: Based on the Final report of the Commission on Social Determinants of Health, World Health Organization, 2008.

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Full text available online:

http://apps.who.int/iris/bitstream/10665/85345/1/9789241548632_eng.pdf

HANDBOOK ON

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