## CHILD HEALTH INEQUALITIES AND THE SOCIAL DETERMINANTS OF HEALTH

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Women's, Children's & Adolescents' Health

## The last SDG

"to increase significantly the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts."



17.18 Data, monitoring and accountability



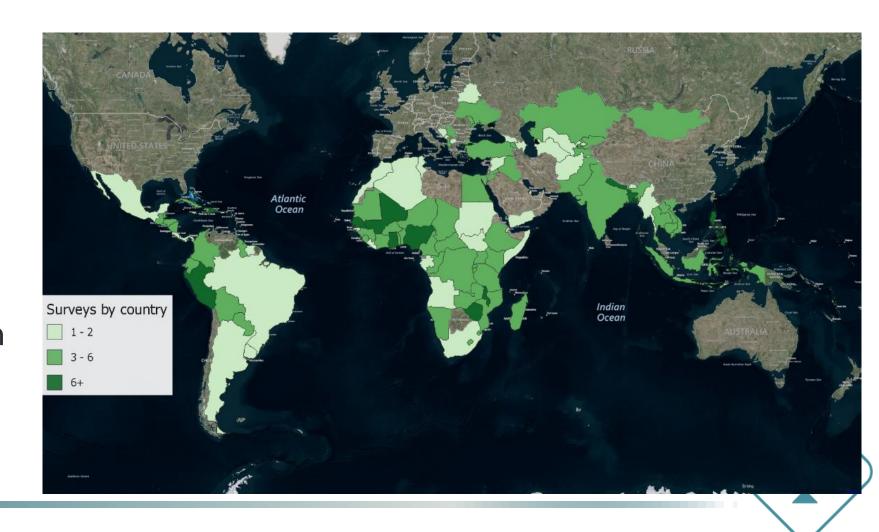
## SDGs and Countdown to 2030: leave no one behind



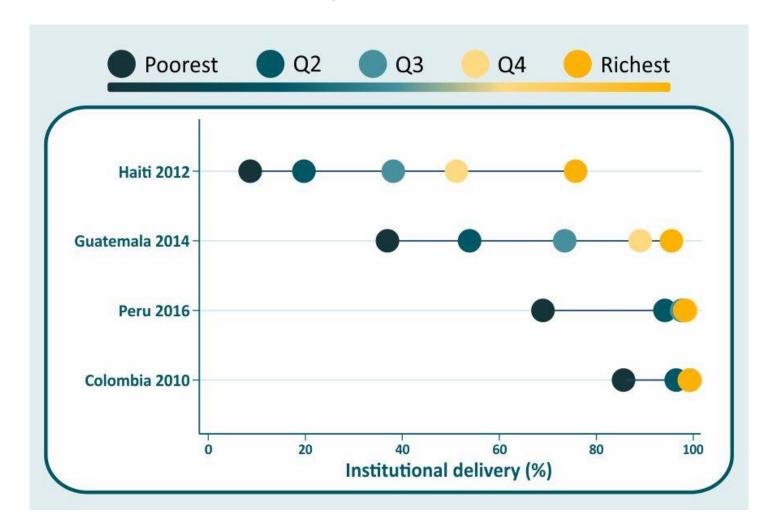


## Data sources: national surveys

- 115 countries
- 384 surveys
- ~6 million women
- ~4 million children



## Classical breakdown by wealth quintiles

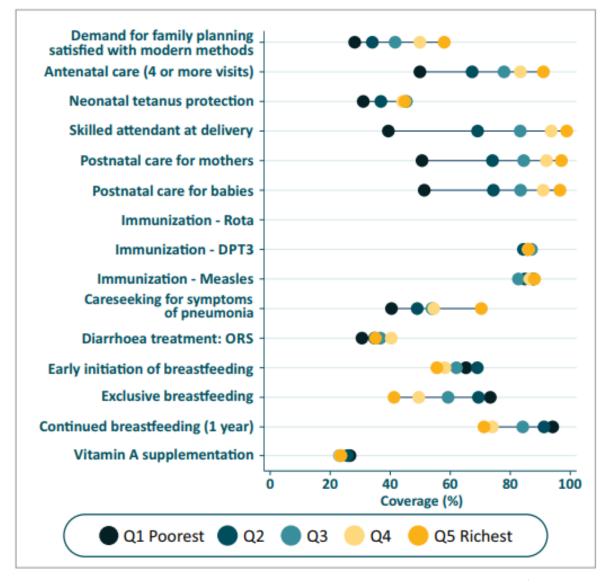




## Countdown

- Country equity profiles
- Focus on intervention coverage
- The "equiplot"
  - A user-friendly way of presenting equity gaps

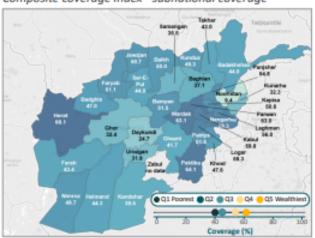
#### Wealth Quintiles



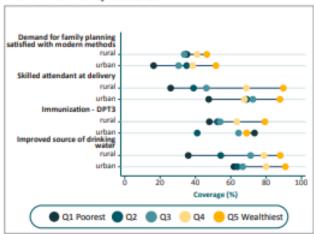
#### **Afghanistan Profile**

#### **Coverage of essential RMNCH interventions**

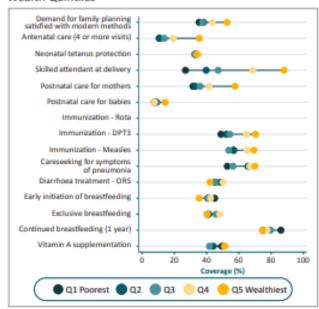
#### Composite coverage index - subnational coverage



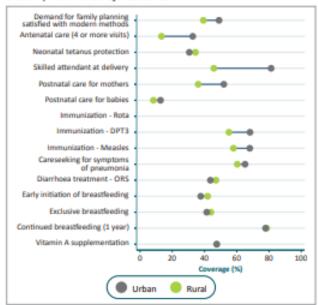
#### Wealth and area of residence



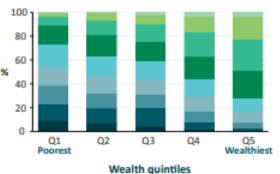
#### Wealth Quintiles



#### Urban | rural area of residence



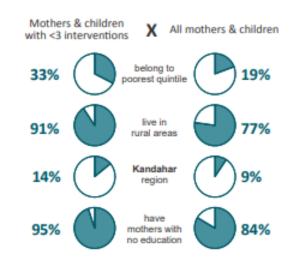
#### Co-coverage of essential interventions



## Number of interventions 0 • 1 • 2 • 3 • 4 • 5 • 6 • 7 • 8

- antenatal care (4+ visits) \* tetanus toxoid during pregnancy
   skilled attendant at delivery \* child received vitamin A supplementation
   BCG (tuberculosis) vaccination \* DPT3 (diphtheria-tetanus-pertussis)
- BCG (tuberculosis) vaccination DPT3 (diphtheria-tetanus-pertussis) vaccination • measles vaccination • improved drinking water source

#### Mothers & Children 27.6% received less than 3 interventions





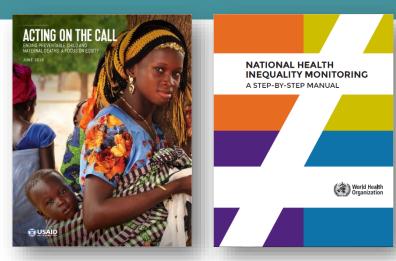
## Dissemination: WHO Health Equity Monitor

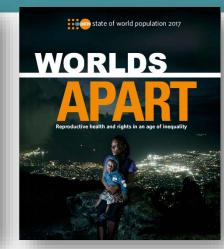






World Health Organization









## Beyond wealth quintiles

**Analysis** 

#### BMJ Global Health

## Analyses of inequalities in RMNCH: rising to the challenge of the SDGs

To cite: Victora C, Boerma T, Requejo J, et al. Analyses of inequalities in RMNCH: rising to the challenge of the SDGs. BMJ Glob Health 2019;4:e001295. doi:10.1136/ Cesar Victora, <sup>1,2</sup> Ties Boerma, <sup>3</sup> Jennifer Requejo, <sup>4</sup> Marilia Arndt Mesenburg, <sup>2</sup> Gary Joseph, <sup>2</sup> Janaína Calu Costa, <sup>2</sup> Luis Paulo Vidaletti, <sup>2</sup> Leonardo Zanini Ferreira, <sup>2</sup> Ahmad Reza Hosseinpoor, <sup>5</sup> Aluisio J D Barros



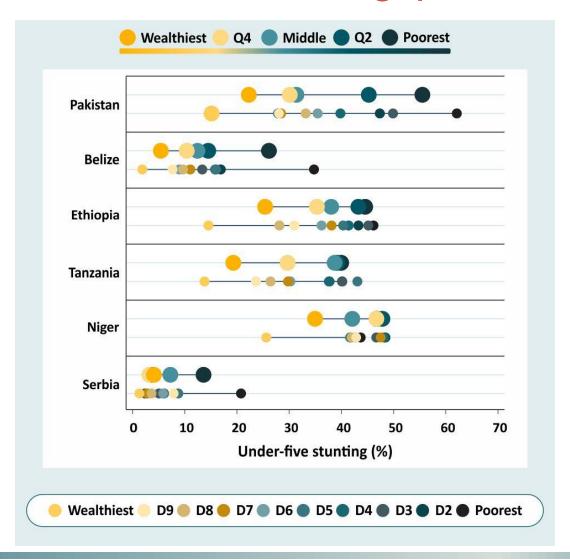
## New ways to study (old) inequalities

- Wealth deciles
- Ethnicity
- Religion
- Age
- Intersectionality
  - Wealth and residence
  - Wealth and gender
  - Wealth and ethnicity
- Etc.

- Challenges
  - Innovate
  - Be user-friendly
  - Think about your audience
  - Highlight policy implications
  - Think outside the box

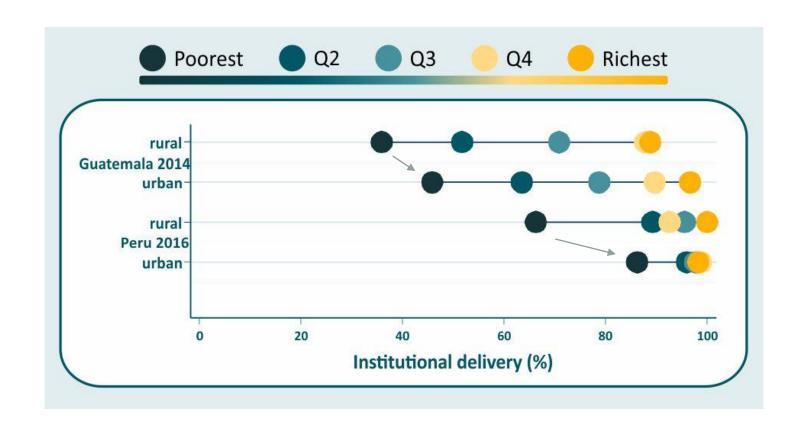


## Wealth deciles reveal wider gaps than quintiles



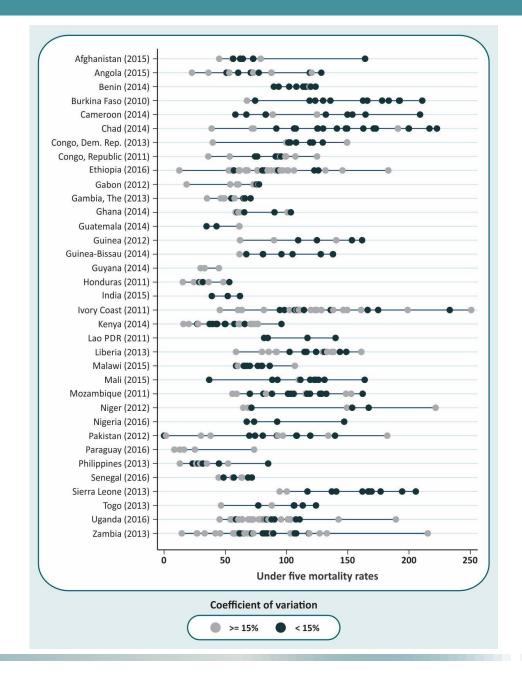


## Urban-rural and wealth-related gaps interact





# Massive ethnic differences in underfive mortality





### What to do?

- Recognize that health services are often part of the problem!
- Innovate in the analyses of inequalities in health
- Use equity analyses for
  - Advocacy
  - Policymaking and programming
  - Evaluation of program impact





