Lecture 1: Introduction

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

1. Select relevant health indicators
2. Obtain data
3. Analyse data
4. Report results
5. Implement changes
**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