LAUNCH
INEQUALITY MONITORING IN SEXUAL, REPRODUCTIVE, MATERNAL, NEWBORN, CHILD AND ADOLESCENT HEALTH
A STEP-BY-STEP MANUAL

WEDNESDAY, 2 FEBRUARY 2022
**PART 1**

**Host:** Ms Femi Oke

**Welcome:** Dr Zsuzsanna Jakab, Deputy Director General, WHO Geneva

**SRMNCAH Inequities what do we know:**
- Dr Christina Pallitto, Scientist, Sexual and Reproductive Health and Research Department, WHO Geneva
- Dr Theresa Diaz, Unit Head, Epidemiology, Monitoring and Evaluation Unit, Maternal, Newborn, Child and Adolescent Health and Ageing Department, WHO Geneva

**Inequality Monitoring in SRMNCAH: A Step-by-Step Manual:**
Dr Ahmad Reza Hosseinpoor, Lead, Health Equity Monitoring, Department of Data and Analytics, WHO Geneva

**Panel: Reflection on the manual and SRMNCAH health inequities**
- Prof Paula Braveman, School of Medicine, Department of Family and Community Medicine, Center on Social Disparities in Health, University of California, San Francisco, USA
- Prof Asha George, School of Public Health, University of the Western Cape, South Africa
- Dr Ana Paula Belon, School of Public Health, University of Alberta, Edmonton, Canada
- Dr Oscar J Mujica, Regional Advisor, Social Epidemiology & Health Equity, Department of Evidence and Intelligence for Action in Health, PAHO
- Dr Betzabe Butron Riveros, Regional Advisor, Unit of Healthy Life Course, PAHO

**Closing remarks:** Dr Samira Asma, Assistant Director General, Division of Data, Analytics and Delivery for Impact, WHO Geneva

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**PART 2**
PART 1

• Welcome
• SRMNCAH Inequities: What do we know?
• Launch of the Manual
Opening remarks

Dr Zsuzsanna Jakab
Deputy Director-General WHO
Geneva
SRMNCAH Inequities: What do we know?

Dr Theresa Diaz
Unit Head, Epidemiology, Monitoring and Evaluation Unit, Maternal, Newborn, Child and Adolescent Health and Ageing Department, WHO Geneva

Dr Christina Pallitto
Scientist, Sexual and Reproductive Health and Research Department, WHO Geneva
Overview

• Conceptual framework

• Global monitoring of SRMNCAH & relevant data sources

• Examples of SRMNCAH inequality

• What we don’t know
Health inequality is a measured difference in health between population subgroups and is one metric used to assess health equity (the absence of unjust, unfair and avoidable or remediability health inequalities).
Tropical Medicine and International Health

A.-B. Moller et al. Monitoring maternal and newborn health
Current availability of disaggregated data by key variables of equality

<table>
<thead>
<tr>
<th>Source</th>
<th>Indicators</th>
<th>Inequality Dimensions</th>
<th>Surveys</th>
<th>Summary Measures</th>
<th>Website</th>
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<td>Wealth-based</td>
<td>139</td>
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<td><a href="http://www.countdown2030.org/country-profiles">http://www.countdown2030.org/country-profiles</a></td>
</tr>
</tbody>
</table>
Within countries there are inequalities by place of residence, education and wealth quintiles
Residence-based inequalities in child treatment for pneumonia symptoms – data available for 94 countries (from 2010 or later)

- Smallest inequalities
  - Argentina
  - Tonga
  - Uruguay
  - Serbia
  - Kiribati
  - Guyana
  - Bosnia and Herzegovina
  - Trinidad and Tobago
  - Jamaica
  - Viet Nam
  - El Salvador
  - Cuba
  - Bhutan
  - Indonesia
  - Albania
  - Dominican Republic
  - Uganda
  - Peru
  - Cambodia
  - Tajikistan
  - Egypt
  - Kenya
  - Jordan
  - Kyrgyzstan
  - Burundi
  - Lesotho
  - Armenia
  - Guatemala
  - Liberia
  - Togo
  - Democratic Republic of the Congo
  - Central African Republic

- Middle inequalities
  - Ukraine
  - Paraguay
  - Suriname
  - Pakistan
  - Kazakhstan
  - Thailand
  - India
  - Nepal
  - Mongolia
  - Malawi
  - Sierra Leone
  - Mexico
  - Nepal
  - Honduras
  - South Africa
  - Afghanistan
  - Eswatini
  - Rwanda
  - Tunisia
  - Ghana
  - Sudan
  - Gabon
  - Colombia
  - Algeria
  - Côte d’Ivoire
  - United Republic of Tanzania
  - Madagascar
  - Yemen
  - Cameroon
  - Congo
  - Chad

- Largest inequalities
  - Belarus
  - Sao Tome and Principe
  - Zambia
  - Republic of Moldova
  - Guinea
  - Costa Rica
  - Panama
  - Namibia
  - Timor-Leste
  - Papua New Guinea
  - Philippines
  - Mozambique
  - Belize
  - Myanmar
  - Burkina Faso
  - Niger
  - Senegal
  - Gambia
  - South Sudan
  - Bangladesh
  - Angola
  - Zimbabwe
  - Comoros
  - Iraq
  - Haiti
  - Benin
  - Mal
  - Lao People’s Democratic Republic
  - Guinea-Bissau
  - Ethiopia
  - Mauritania

Source: Global Health Observatory – Health Equity Monitor Database
Education-based inequalities in child treatment for diarrhoea (ORS) – data available for 98 countries (from 2010 or later)

- Source: Global Health Observatory – Health Equity Monitor Database
Wealth-based inequalities in skilled care at birth – data available for 97 countries (from 2010 or later)

Source: Global Health Observatory – Health Equity Monitor Database
Higher wealth, education and age are more likely use modern contraception

Improvements in access to modern contraceptives observed but unmet need remains high.

Unmet need especially high among adolescents, migrants, urban slum dwellers, refugees, women in postpartum period.

Similar patterns for many SRH issues (residence, education and wealth quintiles)

Socio-demographic and economic inequalities in modern contraception in 11 low- and middle-income countries: an analysis of the PMA2020 surveys | Reproductive Health | Full Text (biomedcentral.com)
C-section

Who is getting c-sections?

Within country inequalities in caesarean section rates: observational study of 72 low and middle income countries. (https://www.bmj.com/content/bmj/360/bmj.k55.full.pdf)
Unsafe abortion

Impact of laws and policies

• Greater risk of **unsafe** abortion in countries with greater legal restrictiveness

• In settings where abortion is illegal, poverty is associated with greater risk of unsafe abortion (not shown)

Some experiences are associated with gender and other inequalities and can increase SRMNCAH morbidity and mortality

- Violence against women and girls
- Female genital mutilation (FGM)
- Child marriage
- Disrespect and abuse during childbirth
- Forced sterilization
Conceptual Framework Health Inequities:

What we don’t know

• **Lack of data for some dimensions of inequality:**
  o Race or ethnicity
  o Sexual orientation
  o Gender identity
  o Internally displaced, refugees, migrants
  o Adolescents and young people
  o Disabilities
  o Subnational: district or community levels
  o Prison or institutionalized populations

• **Little data on service-related**
  o Availability of service and treatments
  o Quality of services
  o Equity and dignity in services
  o Uptake of services

• **Emerging data on impact of the COVID-19 pandemic on inequalities**
• Despite these gaps, for sexual, reproductive, maternal, newborn, child and adolescent health, we do have much information on inequalities
• However, most analyses have been done by global and/or academic institutions or national statistic offices.
• What we need are simple practical tools for monitoring inequalities that can be used by front line health care workers and anyone involved in monitoring and evaluation and programme planning
Inequality Monitoring in SRMNCAH
A Step-by-Step Manual and A Companion Workbook

Dr Ahmad Reza Hosseinpoor
Lead, Health Equity Monitoring
Department of Data and Analytics
WHO Geneva
Despite these gaps, for sexual reproductive, maternal, newborn, child and adolescent health, we do have much information on inequalities. However, most analysis have been done by global and/or academic institutions or national statistic offices. What we need are simple practical tools for monitoring inequalities that can be used by frontline health care workers.
Overarching vision: good health and well-being for all through more equitable SRMNCAH service access and use

Rationale: regular monitoring of inequalities in SRMNCAH is a critical input for equity-oriented SRMNCAH programming
About these resources

Aim:

• To help *people involved in monitoring and evaluation* in countries adopt regular monitoring of SRMNCAH inequalities that, in turn, informs focused efforts to address situations of inequity.

Scope:

• Step-by-step manual: technical guidance, terminology, best practices
• Companion workbook: application exercises
Development of the Step-by-Step Manual

Concept based on existing WHO resources:

*National health inequality monitoring: a step-by-step manual*

*Inequality monitoring in immunization: a step-by-step manual*
Exercises for applying the concepts of SRMNCAH inequality monitoring adapted from:

- Health inequality monitoring training workshops
- Health inequality monitoring eLearning courses
Contributors

Coordinating group
Three departments at WHO HQ:
- Data and Analytics
- Maternal, Newborn, Child and Adolescent Health, and Ageing
- Sexual and Reproductive Health and Research

Health Equity Monitoring team led resource development

External expert review group
- 15 people from academic, UN Agencies, government, NGOs

WHO colleagues from Regions and HQ
Cycle of health inequality monitoring
Cycle of health inequality monitoring

**STEP 1**
Determine the scope of monitoring

- **A** Decide on the population
- **B** Identify relevant indicators
- **C** Identify relevant dimensions of inequality

**STEP 2**
Obtain data

- **A** Conduct data source mapping
- **B** Determine whether sufficient data are currently available

**STEP 3**
Analyse data

- **A** Prepare disaggregated data
- **B** Calculate summary measures of inequality

**STEP 4**
Report results

- **A** Define the purpose of reporting and its target audience
- **B** Select the scope of reporting
- **C** Define the technical content
- **D** Decide on the methods of presenting the data
- **E** Adhere to the best practices of reporting

**STEP 5**
Knowledge translation

- Identify priority areas for action
- Contextualize findings
- Consider the dissemination strategy
- Identify opportunities for intersectoral collaboration
A. Decide on the population
B. Identify relevant indicators
C. Identify relevant dimensions of inequality
A. Conduct data source mapping
B. Determine whether sufficient data are currently available
A. Prepare disaggregated data
B. Calculate summary measures of inequality
A. Define purpose of reporting and target audience
B. Select the scope of reporting
C. Define the technical content
D. Decide upon methods of presenting data
E. Adhere to best practices of reporting
Identify priority areas for action
Contextualize findings
Consider the dissemination strategy
Identify opportunities for intersectoral collaboration
Example

**STEP 1**
Determine the scope of monitoring

A. Decide on the population
B. Identify relevant indicators
C. Identify relevant dimensions of inequality

**KEY QUESTION**
Which dimensions of inequality are relevant for monitoring SRMNCAH?

**CHECKLIST**
- Select the common dimensions of inequality.
- Select other context-specific dimensions of inequality.
- Explore the application of double or multiple disaggregation.
1C. Identify relevant dimensions of inequality

Are the following common dimensions of inequality applicable to the monitoring population and package of SMNCAH indicators identified above? If so, which subgroups would be expected to be advantaged or disadvantaged?

<table>
<thead>
<tr>
<th>Dimension of Inequality</th>
<th>Applicable?</th>
<th>How?</th>
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</thead>
<tbody>
<tr>
<td>Sex</td>
<td></td>
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<tr>
<td>Economic status</td>
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<td>Education level</td>
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<td>Place of residence</td>
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<tr>
<td>Age</td>
<td></td>
<td></td>
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<tr>
<td>Subnational region</td>
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</tbody>
</table>
Now available for download
WHO resources for health inequality monitoring:

- **Handbook**
  - Health Inequality Monitoring
  - with a special focus on low- and middle-income countries

- **Global reports**
  - State of Inequality
  - Reproductive, maternal, newborn and child health

- **Health Equity Monitor**
  - HEAT and HEAT Plus
  - Global reports
  - World Health Organization (WHO)

**Other resources**

- Handbook Health Equity Monitor
- HEAT and HEAT Plus
- Global reports
Panel Discussion
Panel: Reflection on the manual and SRMNCAH health inequities

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Closing remarks: Dr Samira Asma, Assistant Director General, Division of Data, Analytics and Delivery for Impact, WHO Geneva
Closing remarks

Dr Samira Asma
Assistant Director General
Division of Data, Analytics and Delivery for Impact
WHO Geneva
Thank You

STEP-BY STEP MANUAL
https://www.who.int/publications/i/item/9789240042438

COMPANION WORKBOOK
https://www.who.int/publications/i/item/WHO-DNA-MCA-SRH-2022.1