Frequently Asked Questions about measuring and monitoring health inequalities
Preface

In the last 10 years, the countries of Latin America and the Caribbean (LAC) have made significant progress in women’s, children’s and adolescent’s health. But even with these advances, inequalities in access and coverage of health services between and within countries in the region have persisted, and they are sometimes expanding. Systematically, inequalities are related to social factors, including gender, age, ethnicity, income, education, among others.

Three of the main challenges to respond to inequalities in health have to do with: (a) the lack of available evidence on the magnitude of health inequalities between and within the countries of the region, (b) the information gap on the barriers and facilitating factors that affect access to health among populations living in situations of vulnerability and inequity, and (c) the lack of knowledge and appropriate communication about available equity-based strategies, interventions, tools and instruments.

To support the countries of the region in closing these gaps in evidence and strategic information, the interagency regional mechanism “Every Woman Every Child Latin America and the Caribbean (EWEC-LAC)” works to support countries in analyzing the health inequalities and their multi-sectoral determinants, and in adopting and implementing pro-equity health strategies and evidence-based interventions to encourage countries to meet the goals and targets established in the Global Strategy for Women’s, Children’s and Adolescents’ Health (2016-2030), aligned within the Sustainable Development Goals (SDG).

This material gathers the basic questions frequently asked about issues of inequality and equity and presents some of the actions EWEC-LAC has been developing in the region.
What are health inequalities?

Health inequalities are quantifiable differences in health between two or more groups of the population. Those groups are defined by biological variables such as age, sex, genotype; or by social circumstances like gender, ethnicity, socioeconomic level, access to basic goods and services, and many others. The latter are denominated social inequities in health.

What is the difference between “inequalities” and “inequities” in health?

Inequities refer to health differences that are not only unnecessary and evitable but arbitrary and unfair. That is, unlike health inequalities, health inequities imply a value judgment on the justice or injustice of such difference.

Not all health inequalities are health inequities. Measuring health inequalities is a good start point to value and identify health inequities, with the intention of reducing them and eventually eliminating them using pro-equity policies and interventions.
What are equity stratifiers?

Equity stratifiers are proxy variables of the social determinants of health: the so-called “causes of the causes” of health inequalities.

In general, equity stratifiers represent the dimensions of social inequality (ethnic, gender, geographical, economic, educational, environmental, and others). In the measuring and monitoring process, stratifiers are the criteria for making social groups on which health differences are quantified. The most frequently used equity stratifiers are:

- Ethnic group
- Religion
- Place of residence
- Occupation
- Educational level
- Socioeconomic status
- Gender
- Access to basic services and resources
- Social capital
- Place of residence

How are social inequalities in health measured?

There are two fundamental steps to measure health inequalities:

1. Calculate health indicators, disaggregated by equity stratifiers.
2. Calculate the inequality metrics. There are two general types of inequality metrics: simple and complex. Both can express inequalities in relative and absolute terms. For more information, go to the Step by Step Guide from this series.
How are social inequalities in health monitored?

There are five steps to monitor health inequalities:

1. Identify available key indicators with disaggregated information at a subnational level: health and population indicators, and equity stratifiers (socioeconomic indicators, gender, ethnic group, among others).

2. Data gathering: collect the identified indicators on the same level of geospatial disaggregation and around the same time frame.

3. Data analysis: calculate the inequality metrics for the selected equity stratifiers and interpret the results.

4. Presentation of results: review current status, changes over time, benchmarking (comparative evaluation) and prioritization.

5. Implement changes: advocate, lobby, and improve programs and interventions to reduce the identified inequalities.

What is benchmarking (comparative evaluation)?

Benchmarking is one of the analytical steps of monitoring (along with the evaluation of the current state, temporary changes, and prioritization). Benchmarking is the process of comparing data of several countries to contextualize the degree of inequality of a country and to get a sense of how wide, or narrow those inequalities may be.

Benchmarking involves the comparison of the performance among countries or territories of the same region or income level, and with similar human capital and social development.
What is the importance of measuring and monitoring inequities?

Measurement is important because it generates evidence on the presence, magnitude, and trends of inequities in the population.

Monitoring inequities is important to systematically provide information for formulating and implementing new policies, programs, and practices to reduce inequities.

Along with the implementation of such interventions, monitoring inequalities can help to reach equity in health; also, to generate more fair and inclusive societies.

What is EWEC-LAC doing to foster the measurement and monitoring of social inequalities in health?

a. Mapping data sources.
   To improve the understanding of which data are being used by the countries and through which sources, EWEC-LAC is running a source data mapping exercise. With this, the group expects to identify key sources that can be used for future monitoring of inequities on a regional, national and sub-national level.

b. Creating a list of reproductive, maternal, neonatal, child and adolescent health; and equity stratifiers.
   This list includes availability, relevance, and validity of these indicators, taking into account global strategies regarding those subjects.

c. Developing national profiles of maternal, child, and adolescent inequalities in health.
   In collaboration with strategic national and subnational actors, EWEC-LAC is developing national profiles to identify and visualize current inequalities and inequities in maternal health, child, and adolescent health on a sub-national level.

d. Producing a regional report regarding health equity in Latin America and the Caribbean.
   To identify the status of inequalities, concerning maternal, neonatal, child, and adolescent health in Latin America and
the Caribbean, the “Health Equity Report 2016” has been developed (www.everywomaneverychild-lac.org/e). This report synthesizes the available information to describe the (in)equitable coverage of interventions regarding reproductive, maternal, neonatal, child and adolescent health of the region.

**Capacity building among key stakeholders at national and sub-national levels for data analysis in measuring and monitoring of social inequalities in health.**
EWEC-LAC is implementing workshops to the technical teams of health ministries at national and sub-national levels.

**Designing a roadmap for guiding countries to the institutionalization of measuring and monitoring social inequalities in health.**
EWEC-LAC is in the process of identifying and documenting different efforts done by countries of the region towards making the measurement and monitoring of inequalities sustainable and institutional on national and sub-national levels.

**References**

Every Woman Every Child Latin America and Caribbean (EWEC LAC) is the regional coordination mechanism for the Global Strategy for Women’s, Children’s and Adolescents’ Health in the context of Latin America and the Caribbean. EWEC-LAC catalyzes and supports countries in their efforts to meet the goals and targets set out in the Global Strategy and align with the Sustainable Development Goals, with a focus on reducing health inequalities.

EWEC-LAC collaborates with key stakeholders in the region including governments, international development agencies, civil society representatives, academic institutions, professional institutions and non-governmental organizations to catalyze and support country-led efforts with the objective to reduce disparities in access to quality health services.

www.everywomaneverychild-lac.org/e