

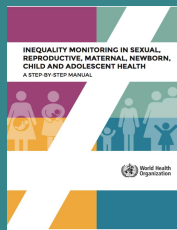
# LAUNCH

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

WEDNESDAY, 2 FEBRUARY 2022



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# LAUNCH AGENDA

## 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



## PART 2

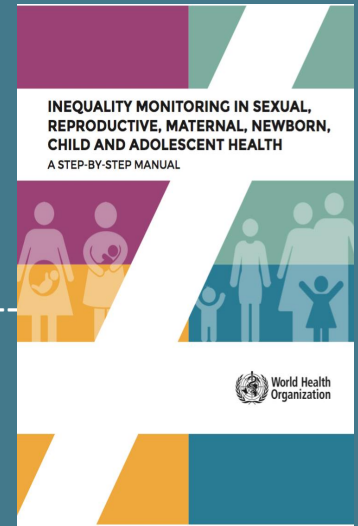


**Panel: Reflection on the manual and SRMNCAH health inequities**

- 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





## PART 1

- **Welcome**
- **SRMNCAH Inequities: What do we know?**
- **Launch of the Manual**



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# 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**

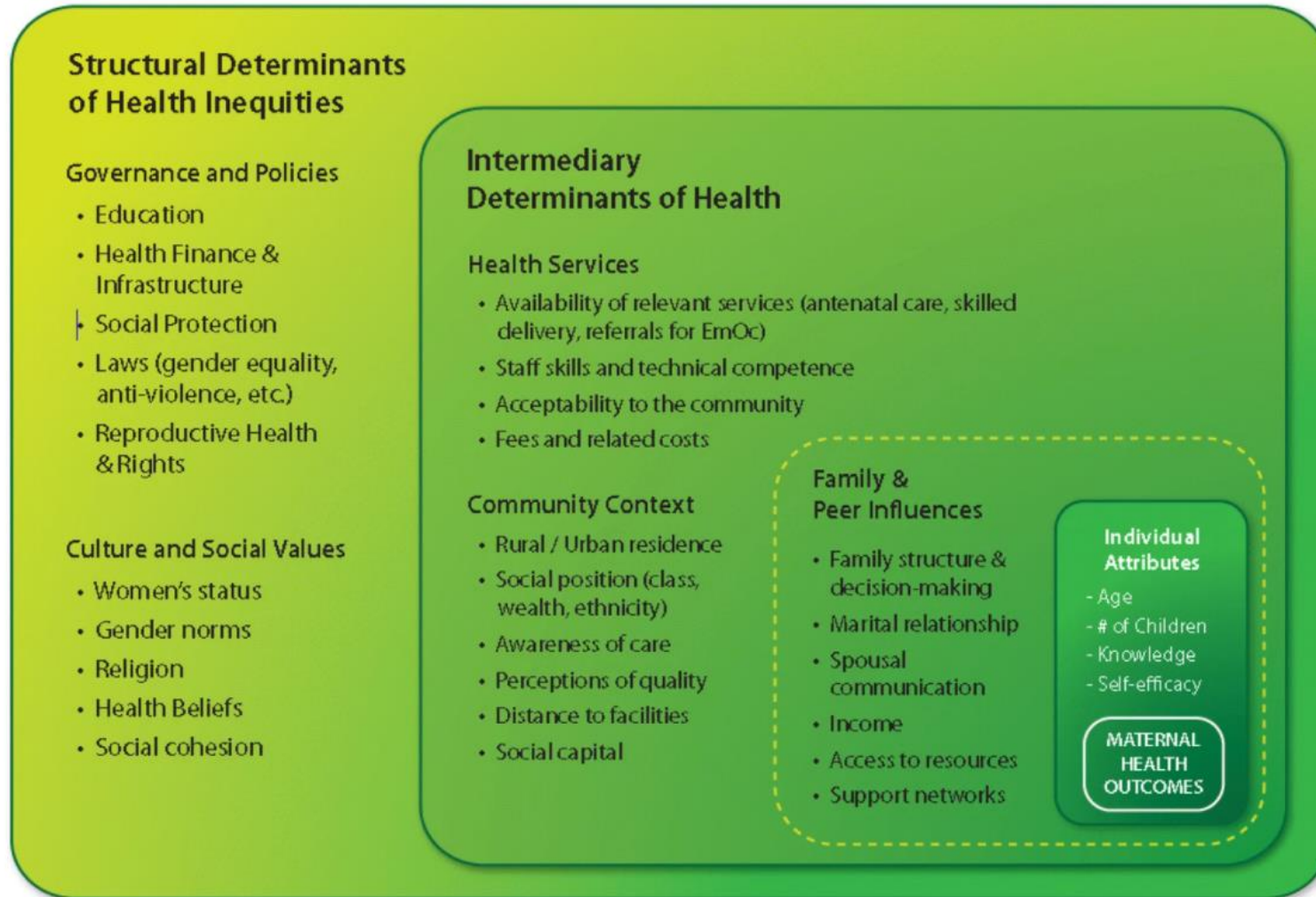
# Overview



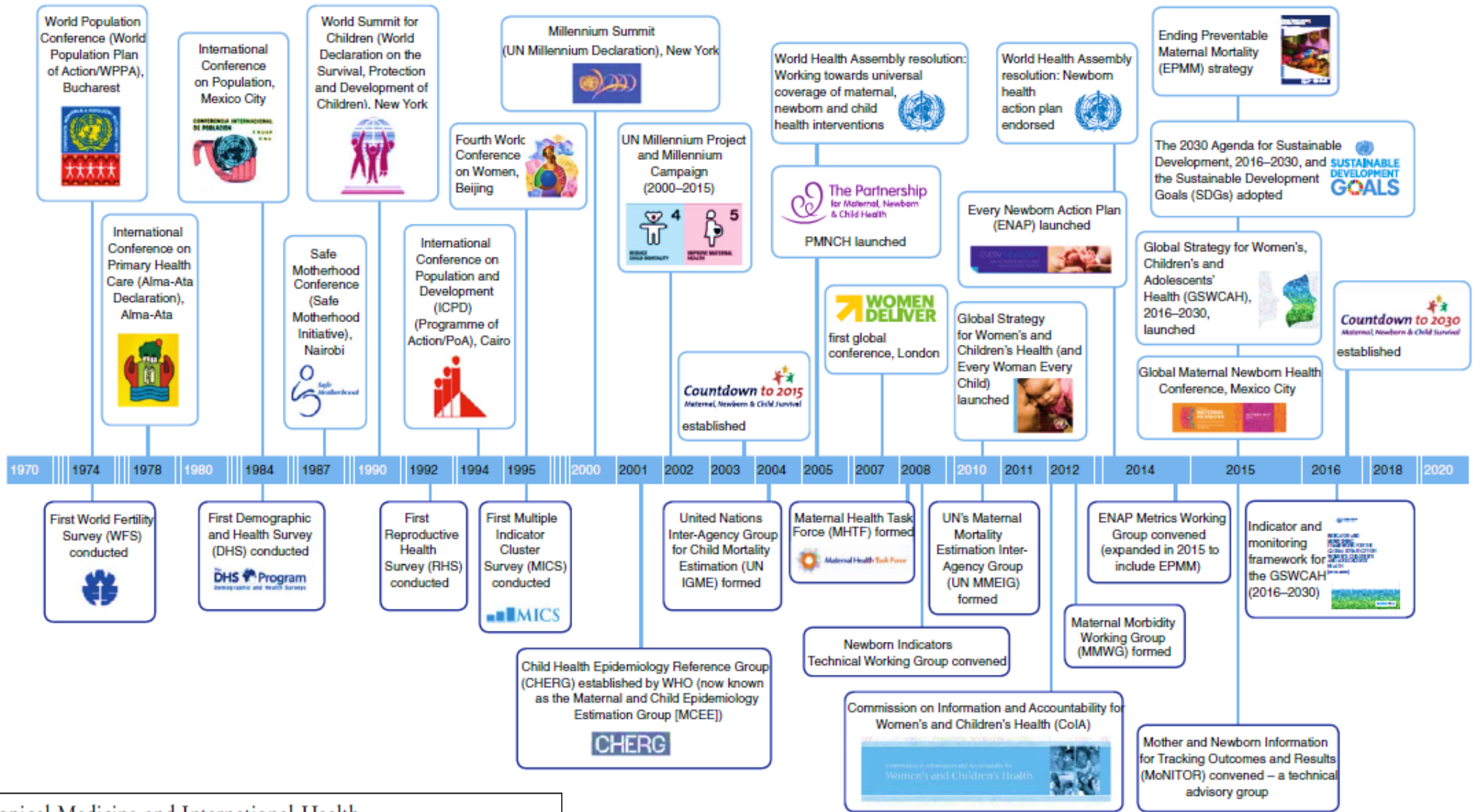
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- Conceptual framework
- Global monitoring of SRMNCAH & relevant data sources
- Examples of SRMNCAH inequality
- What we don't know

# Conceptual Framework Health Inequities: Example Maternal Health



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 remediable health inequalities)



Tropical Medicine and International Health



# Current availability of disaggregated data by key variables of equality

## • HEAT and GHO Health Equity Monitor

- 36 indicators including coverage and outcomes
- 6 inequality dimensions
- >450 surveys in 115 countries (1991 – 2019)
- 19 summary measures of absolute and relative inequity

[https://www.who.int/data/gho/health-equity/assessment\\_toolkit](https://www.who.int/data/gho/health-equity/assessment_toolkit)

## • DHS Program STATcompiler

- 23 indicator categories
- 4 inequality dimensions
- >300 surveys in 90 countries (1985 – 2020)

<https://www.statcompiler.com>

## • International Center for Equity in Health | Pelotas

- 22 Indicators including coverage and outcomes
- 4 inequality dimensions
- 111 LMICs

<https://www.equidade.org/dashboard>

## • Countdown to 2030/UNICEF Equity Profiles

- 14 coverage indicators
- Wealth-based inequalities
- 139 countries

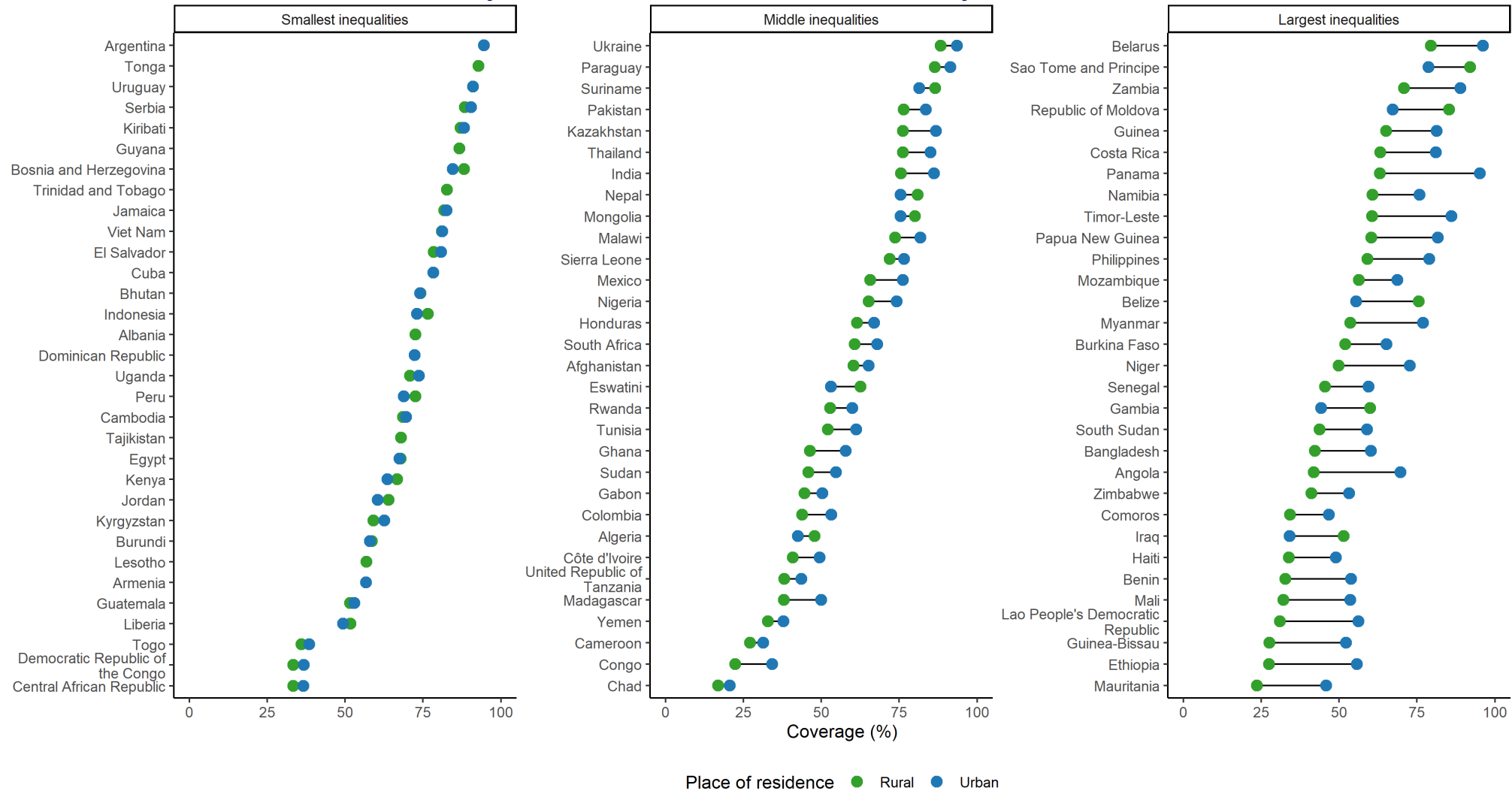
<http://www.countdown2030.org/country-profiles>



Within countries  
there are inequalities  
by place of residence,  
education and wealth  
quintiles

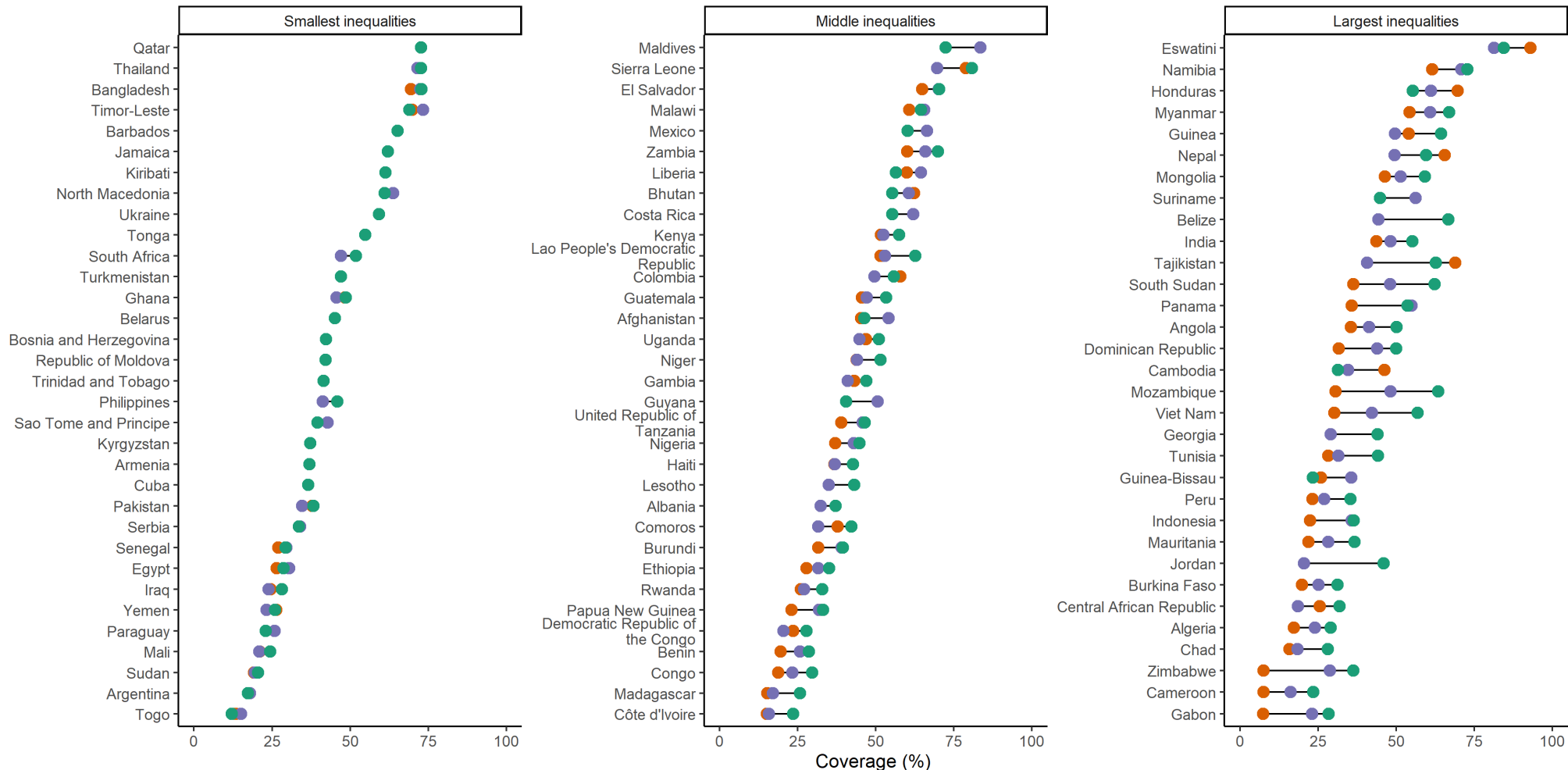


# Residence-based inequalities in child treatment for pneumonia symptoms – data available for 94 countries (from 2010 or later)



• Source: Global Health Observatory – Health Equity Monitor Database

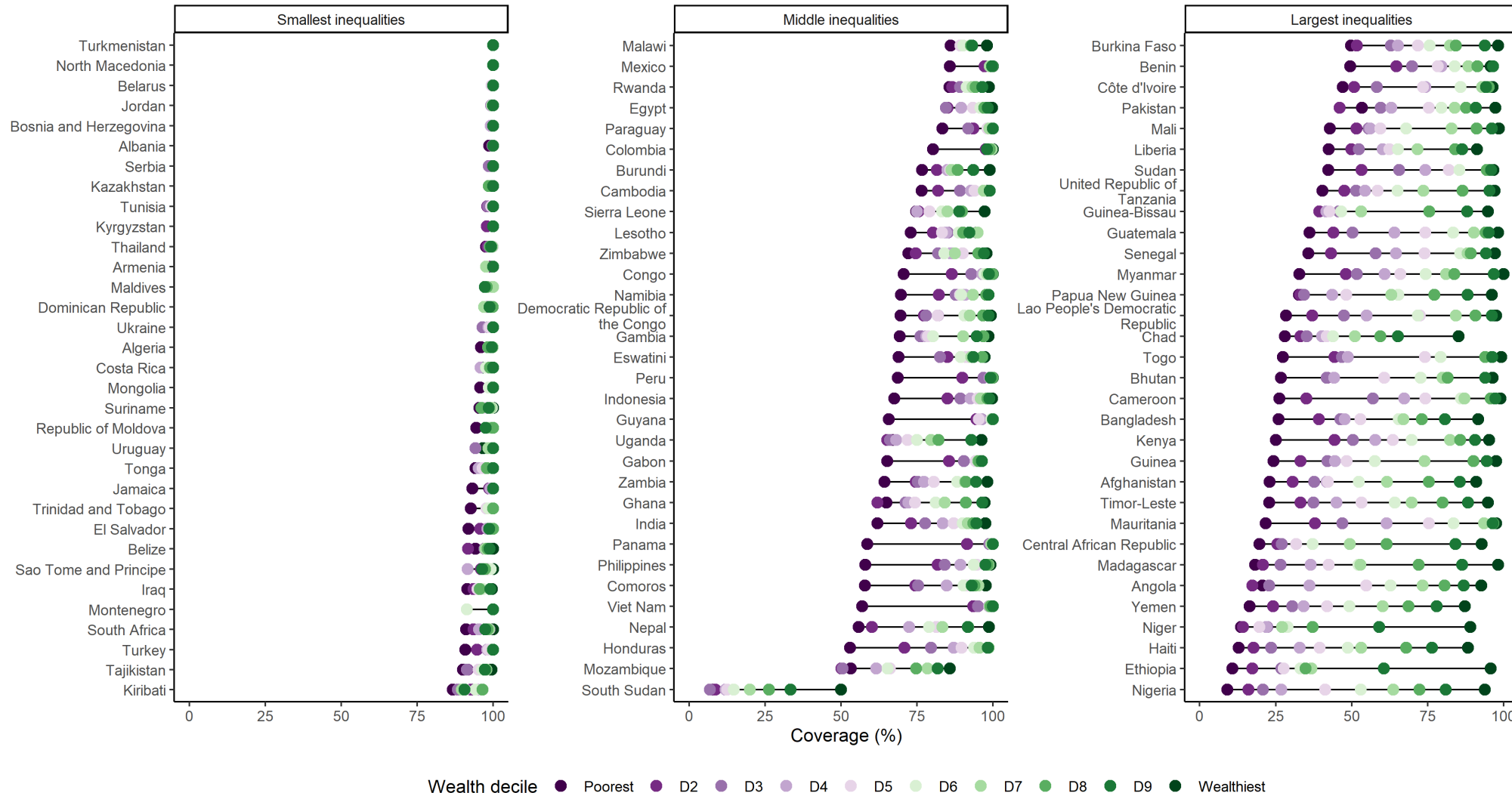
# Education-based inequalities in child treatment for diarrhoea (ORS) – data available for 98 countries (from 2010 or later)



• Source: Global Health Observatory – Health Equity Monitor Database

Mother's education    ● No education    ● Primary school    ● Secondary school +

# 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

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

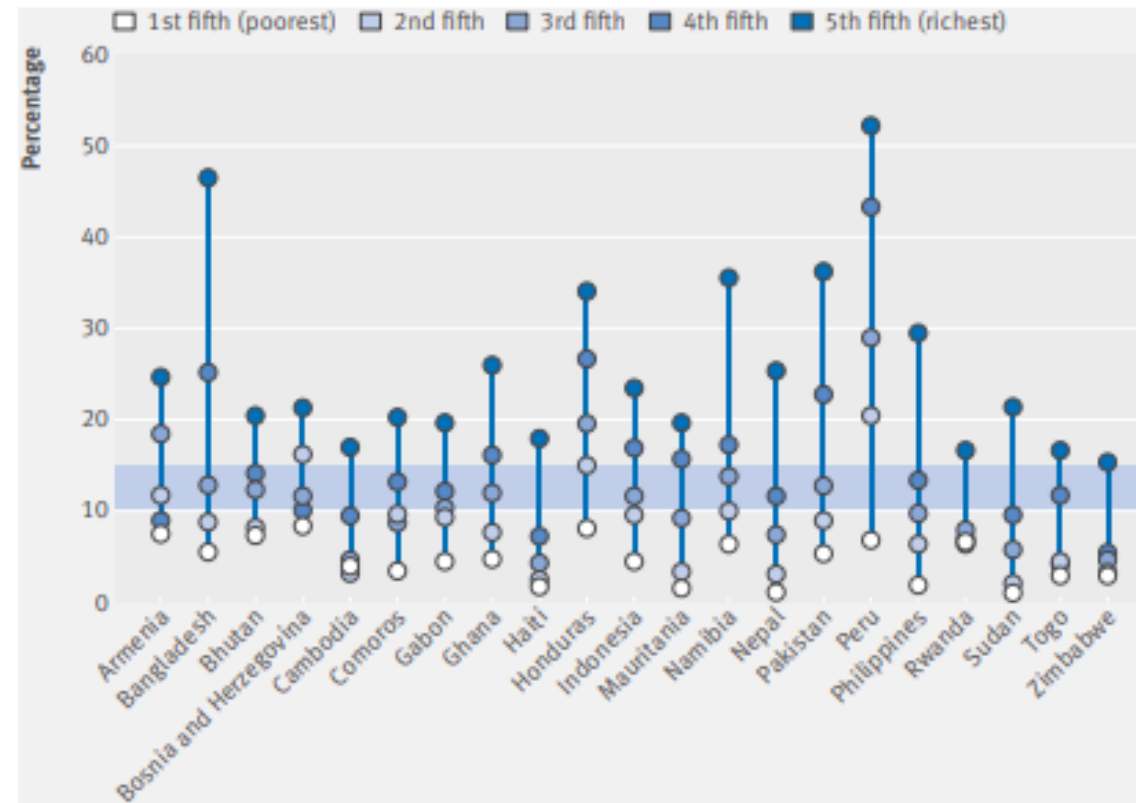
## Contraception use and unmet need



- 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.

# C-section

Who is getting c-sections?



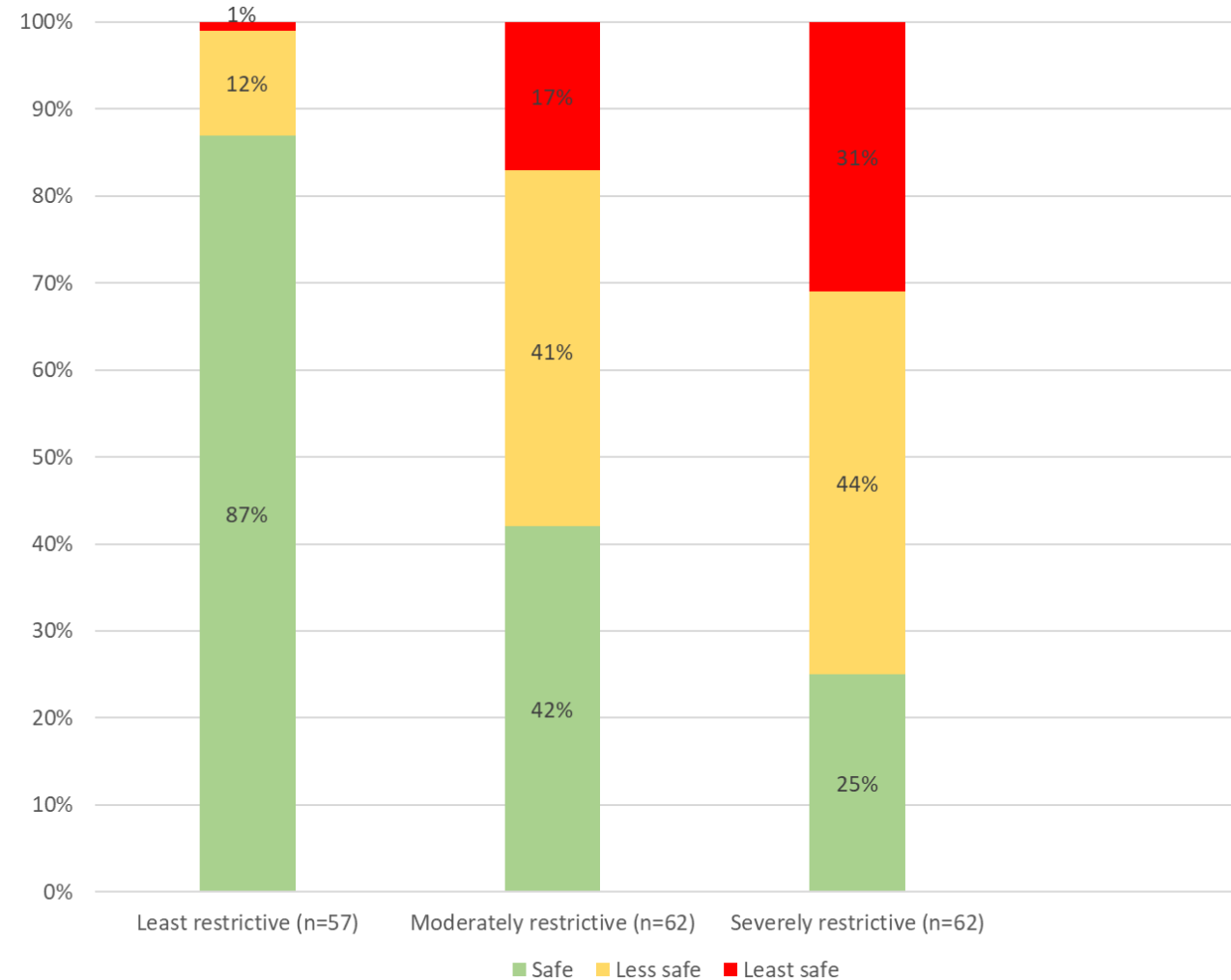
**Fig 2 | Caesarean section rates by economic status in selected countries (demographic and health surveys or multiple indicator cluster surveys 2010-14). Circles indicate countries, with each country represented by five circles (one for each wealth subgroup). Vertical blue lines indicate the difference between the minimum and maximum rate in each country. The blue horizontal band indicates the range 10-15%**

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)

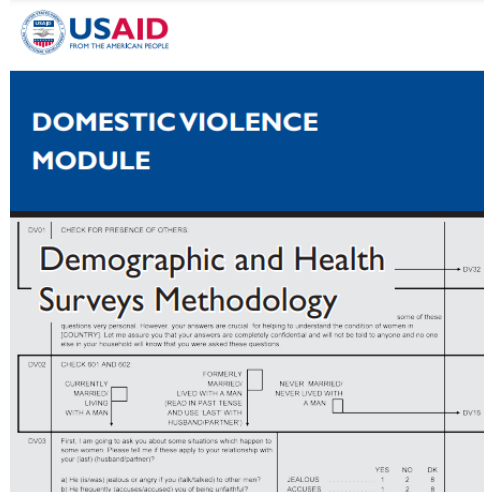
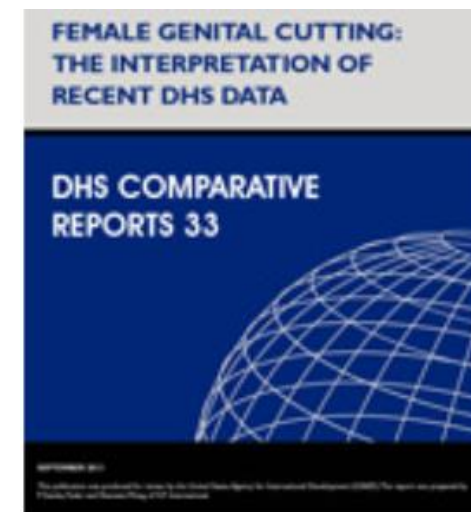
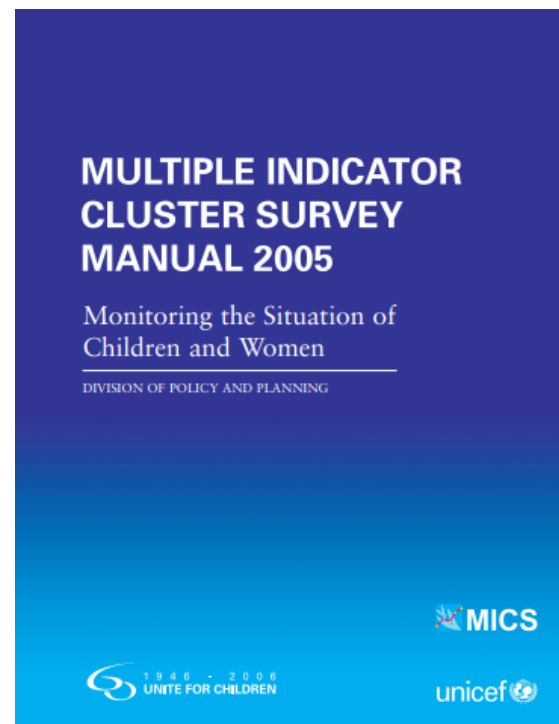


- *Ganatra et al., 2017, Global, regional, and subregional classification of abortions by safety, 2010-2014: estimates from a Bayesian hierarchical model. Lancet, 390: 2372-2381.*

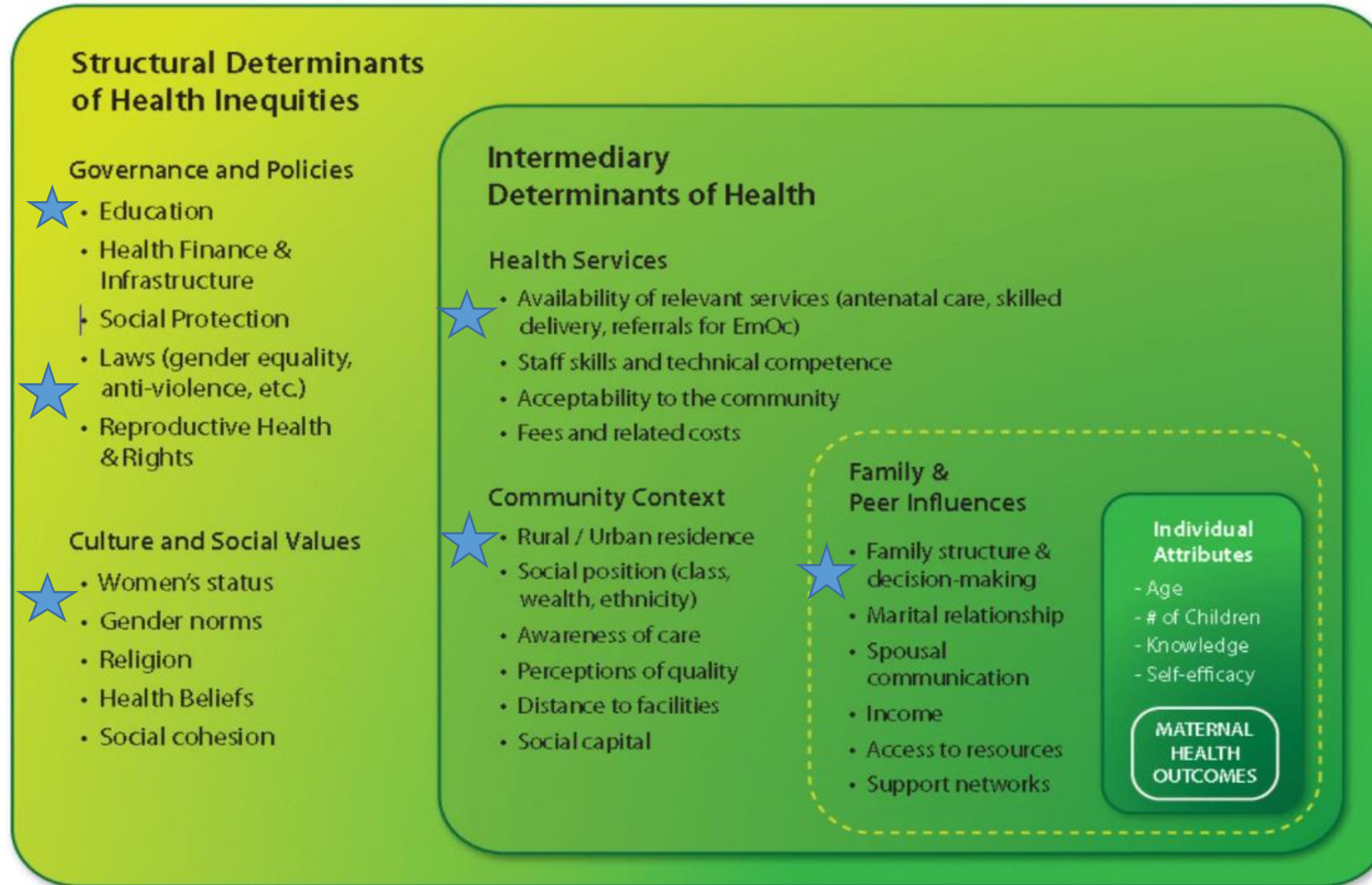


# Some experiences are associated with gender and other inequalities and can increase SRMNCAH morbidity and mortality

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



# Conceptual Framework Health Inequities:



Jolivet, R.R., Moran, A.C., O'Connor, M. et al. Ending preventable maternal mortality: phase II of a multi-step process to develop a monitoring framework, 2016–2030. BMC Pregnancy Childbirth 18, 258 (2018).

# What we don't know



- **Lack of data for some dimensions of inequality:**

- Race or ethnicity
- Sexual orientation
- Gender identity
- Internally displaced, refugees, migrants
- Adolescents and young people
- Disabilities
- Subnational: district or community levels
- Prison or institutionalized populations

- **Little data on service-related**

- Availability of service and treatments
- Quality of services
- Equity and dignity in services
- Uptake of services

- **Emerging data on impact of the COVID-19 pandemic on inequalities**

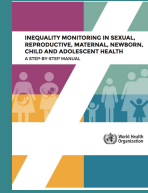
# CONCLUSIONS



- 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



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# Inequality Monitoring in SRMNHCAH A Step-by-Step Manual and A Companion Workbook

Dr Ahmad Reza Hosseinpoor  
Lead, Health Equity Monitoring  
Department of Data and Analytics  
WHO Geneva





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



**COMPANION WORKBOOK**

EXERCISES TO GUIDE THE PROCESS OF INEQUALITY  
MONITORING IN SEXUAL, REPRODUCTIVE, MATERNAL,  
NEWBORN, CHILD AND ADOLESCENT HEALTH



# Background

**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.

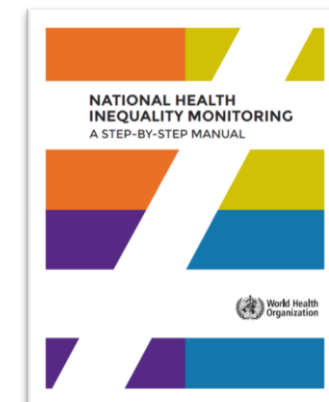
## Scope:

- Step-by-step manual: technical guidance, terminology, best practices
- Companion workbook: application exercises

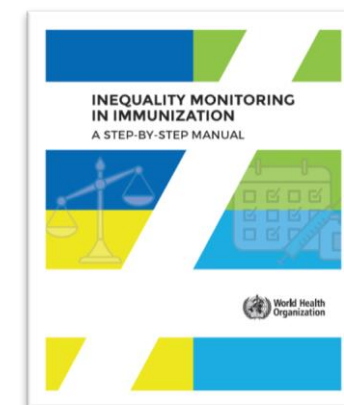


## Concept based on existing WHO resources:

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



*Inequality monitoring in immunization: a step-by-step manual*

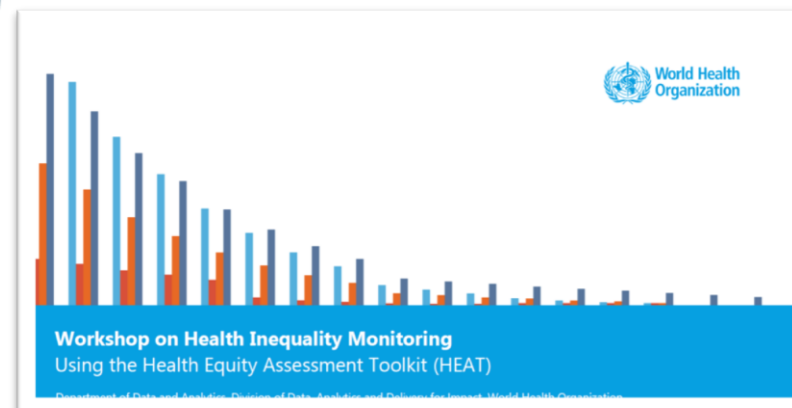


# Development of the Step-by-Step Manual

## Exercises for applying the concepts of SRMNCAH inequality monitoring adapted from:

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

# Development of the Companion Workbook



# 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

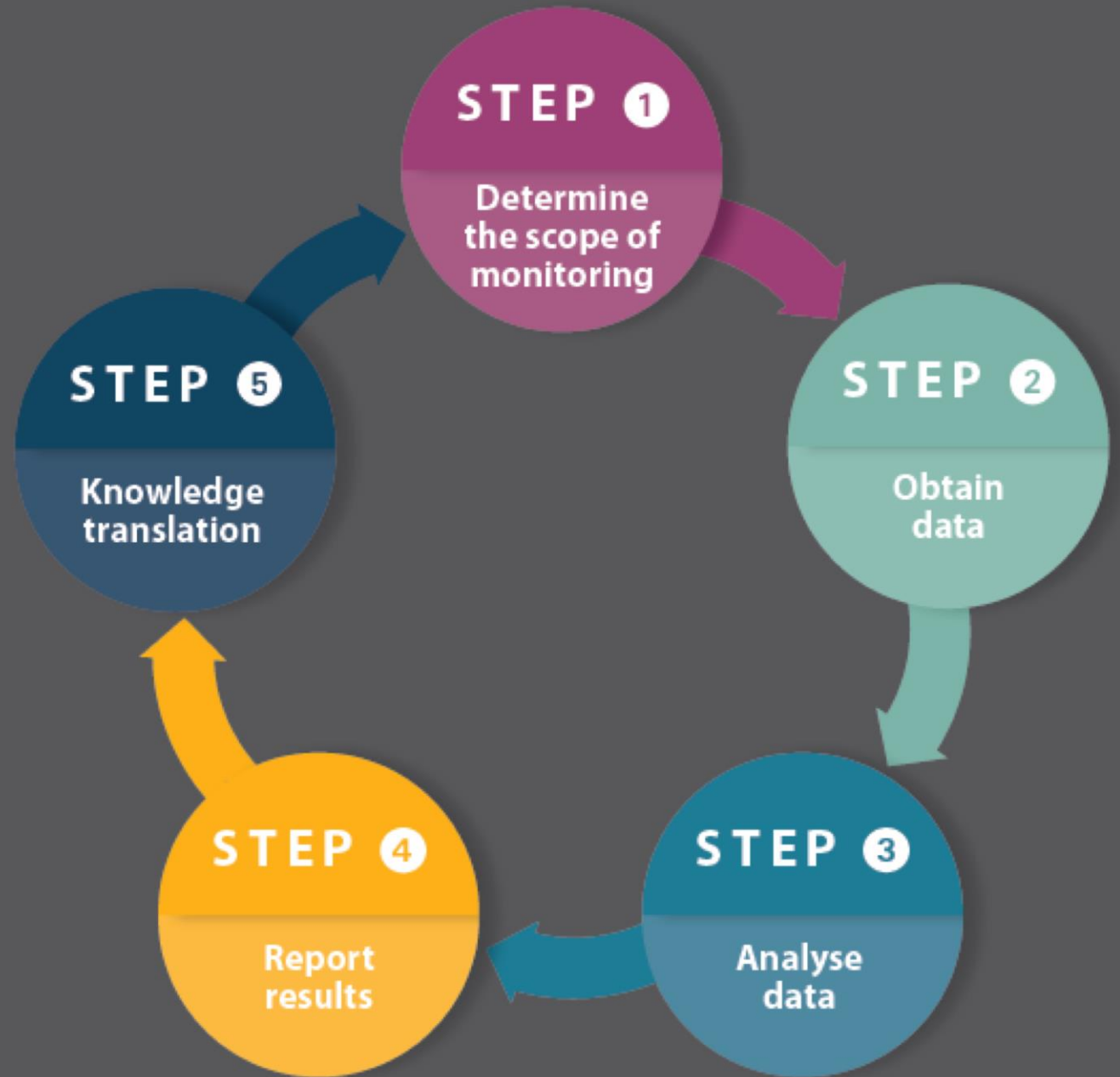
**Health Equity Monitoring team led resource development**

## **External expert review group**

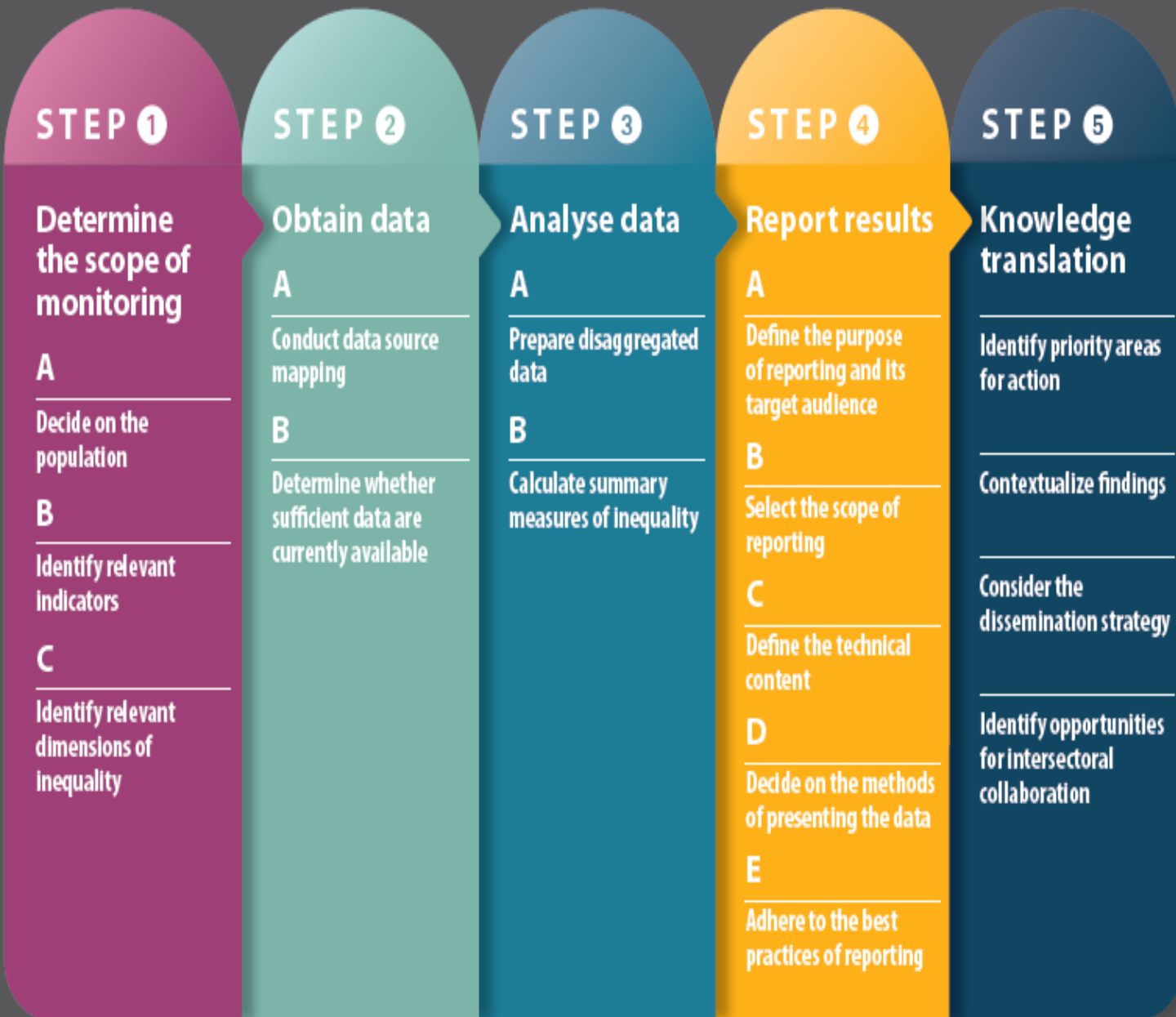
- *15 people from academic, UN Agencies, government, NGOs*

**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**

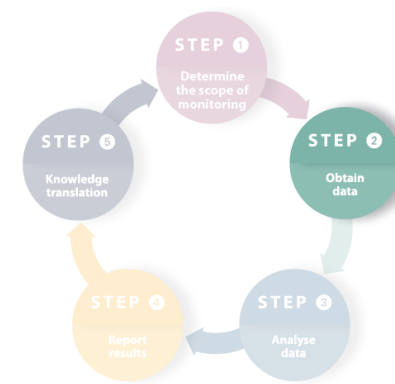


## STEP

2

Obtain data

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

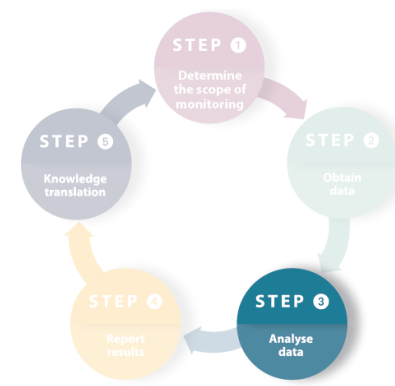


# STEP

3

Analyse data

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



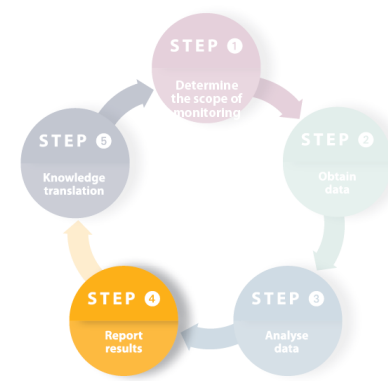


# STEP

4

## Report results

- A. Define 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**



**STEP**

**5**

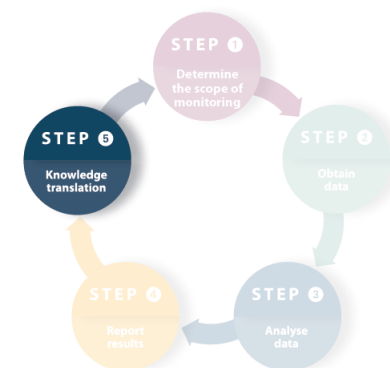
Knowledge  
translation

**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.

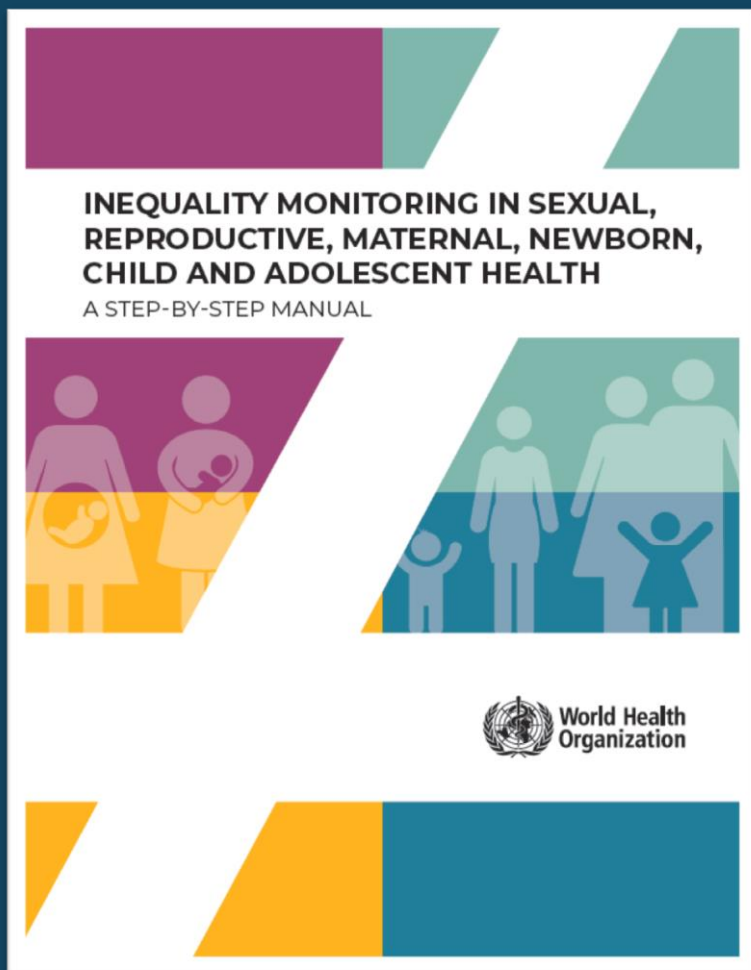
### 1C. Identify relevant dimensions of inequality

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

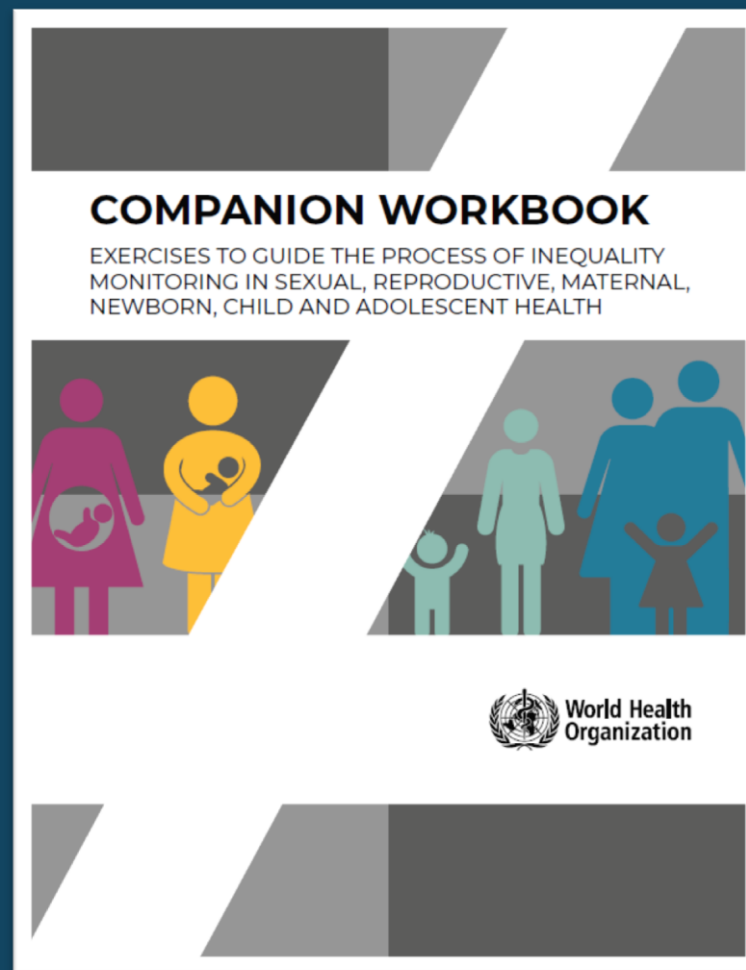
Dimension of inequality	Applicable?	How?
Sex		
Economic status		
Education level		
Place of residence		
Age		
Subnational region		

STEP 1

Example



<https://www.who.int/publications/i/item/9789240042438>



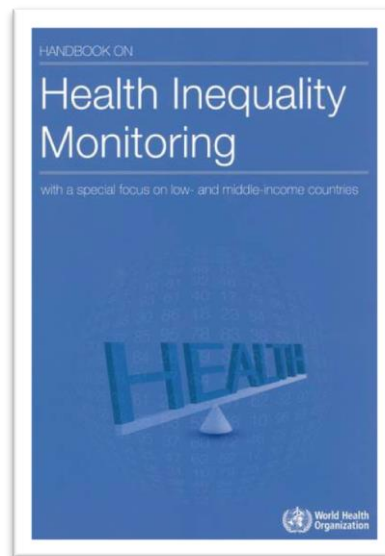
<https://www.who.int/publications/i/item/WHO-DNA-MCA-SRH-2022.1>

Now available for download

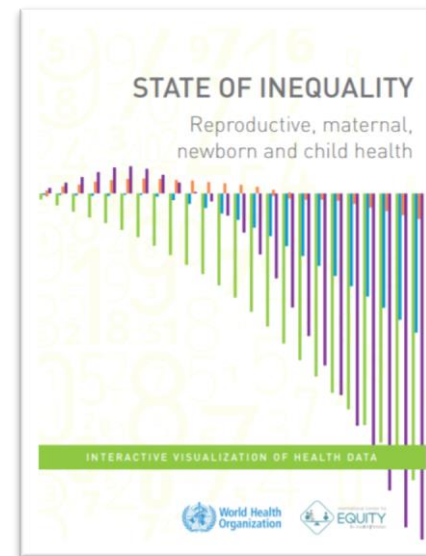
# WHO resources for health inequality monitoring:

Other resources

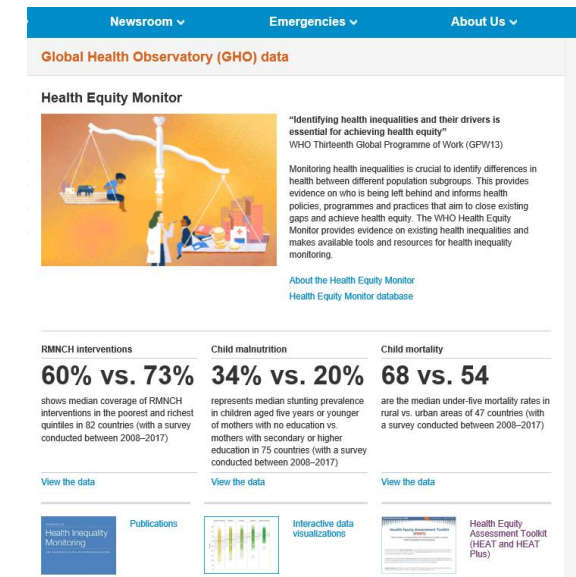
## Handbook



## Global reports



## Health Equity Monitor



The screenshot shows the Health Equity Monitor interface with a blue navigation bar. It includes a 'Global Health Observatory (GHO) data' section, a 'Health Equity Monitor' section with an illustration of a balance scale, and a summary table of key indicators.

RMNCH interventions	Child malnutrition	Child mortality
<b>60% vs. 73%</b>	<b>34% vs. 20%</b>	<b>68 vs. 54</b>
shows median coverage of RMNCH interventions in the poorest and richest quintiles in 82 countries (with a survey conducted between 2008–2017)	represents median stunting prevalence in children aged five years or younger of mothers with no education vs. mothers with secondary or higher education in 75 countries (with a survey conducted between 2008–2017)	are the median under-five mortality rates in rural vs. urban areas of 47 countries (with a survey conducted between 2008–2017)
<a href="#">View the data</a>	<a href="#">View the data</a>	<a href="#">View the data</a>

## HEAT and HEAT Plus



The screenshot shows the Health Equity Assessment Toolkit (HEAT) website. It features a blue navigation bar with the WHO logo and the title 'Health Equity Assessment Toolkit (HEAT)'. Below the navigation bar is a decorative bar with a colorful bar chart. The main text reads: 'HEAT enables the exploration and comparison of within-country health inequalities across countries.'



The screenshot shows the Health Equity Assessment Toolkit Plus (HEAT Plus) website. It features a blue navigation bar with the WHO logo and the title 'Health Equity Assessment Toolkit Plus (HEAT Plus)'. Below the navigation bar is a decorative bar with a colorful bar chart. The main text reads: 'HEAT Plus enables the exploration and comparison of within-country health inequalities across countries.'

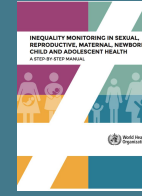


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Part 2

## Panel Discussion





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### 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
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- 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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## **Closing remarks**

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





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# 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>

