Pan American Health Organization
Regional Office of the World Health Organization

EquiLAC

PROJECT BRIEF

Background

The Latin America and Caribbean (LAC) region has experienced remarkable progress in terms of health outcomes, enjoying a relatively good position in the developing world context. Unfortunately, this apparent privileged position in terms of accomplishments is based on regional averages that hide troubling and persistent problems among and within the countries. LAC is one of the most unequal regions of the world in terms of socioeconomic disparities, which are closely associated with political marginalization, inequitable access to public services and poor utilization of health care. These disparities threaten the health gains of the last few decades and jeopardize growth and development. A study comparing infant mortality rates in the Region for a period of 40 years concluded that despite a sizable reduction in infant mortality, whether or not income related, levels inequality in infant mortality rates among countries have remained almost constant.[1] Another report notes that despite the regional reduction in maternal mortality in LAC, only 5 countries are on track to reach MDG-5 for reducing maternal mortality by 75 per cent by 2015 and that, at the present pace, the goal will not be achieved. Other concerning situation is the fact that mortality rates have increased in 8 countries since 1990, and continue to be over 200 deaths for every 100,000 children born alive in many others. These results clearly indicate deficiencies in health systems, policies and services.

Levels of mortality and morbidity differ greatly by economic, social, and geographic boundaries both within and between countries and are concentrated among disadvantaged populations, who also experience earlier onset of chronic diseases and higher levels of disability. To appreciate the critical situation of inequality in health and health care in the Region, it is necessary to understand the extent of differentials in the Region. Life expectancy in Haiti is 61 years while in Costa Rica people can expect to live

[1] Schneider, M C et al. Trend of infant mortality ratio among countries in the Region of the Americas, 1955-1995. Journal of Epidemiology and Community Health 2002;56:538-541

79 years. Guyana has an infant mortality rate of 45/1,000 live births, while in Chile, only 4 out of every 1,000 live births result in infant death. A woman born in LAC is 27 times more likely to die as a result of pregnancy complications than a woman born in the United States. A child born in Guyana is 10 times more likely to die before reaching the age of 5 than a child born in Chile. Haiti maternal mortality rate of 670/100,000 live births is more than 250 times greater than Barbados's rate.[2, 3, 4]

Within countries, similar differences exist. Within Bolivia, maternal mortality ranges from 124 deaths/100,000 live births in valley areas to 352/100,000 in rural areas that are predominantly indigenous. In Alagoas, one of the poorest states in Brazil, the infant mortality rate is 52/1,000 live births, while in Rio Grande do Sul, one of the richest states, the rate is 14/1,000.5

While poverty is still one of the major determinants of inequity, recent studies have shown that health inequities exist even in the absence of poverty and in countries that offer universal coverage to their population. Thus far, evidence on why socioeconomic inequalities persist in countries with health systems policies that target the removal of barriers to access in health care is still limited. More needs to be known about which countries have been successful in reducing or eliminating inequities in their health systems and how the different approaches to the organization and financing of health systems affect their performance in terms of equity.

Rationale

The central role of health policies, health systems, and health services is to meet needs, mitigate risks, and protect populations from harm, disease, and disability; yet, potentially, they can also play a role in increasing inequalities and exclusion. The Pan American Health Organization (PAHO) continues to target poverty and inequity as part of its unfinished agenda. Included in the Organization's strategic vision for 2008-2012 is equity in access to timely and quality health goods and services, as well as access to reliable, validated health information, based on scientific evidence. Equal access to care is also described by PAHO as the foundation of an equitable health system and its

[2] United Nations Development Program, HDI trends and indicators (1980-2007).
[3] Mothers and Children: Make Them Count. Available at http://www.paho.org/english/dd/pin/ptoday01_apr05.htm
[4] UNICEF, United Nations Children's Fund. Monitoring the Situation of Children and Women. Available at www.childinfo.org.
[5] IBGE, Social Indicators 2007, Brazil.

evaluation and promotion is one of the eleven essential public health functions, which represent a fundamental set of actions that should be performed by the health system to improve the health of populations.

As in European countries, many countries in the region of the Americas have placed equity high in their health policy agenda. This level of commitment emphasizes the need for evidence and knowledge to facilitate monitoring efforts and guide equity-oriented health policies.

Project Description

The EquiLAC project calls for the systematic assessment of equity in health systems in the Region. The background for this work is based on prior case studies performed during the late 1990s dealing with the measurement of health and health systems inequalities and inequities in the Latin American and Caribbean Region.[6] EquiLAC I included case studies from Brazil, Ecuador, Mexico, Jamaica, and Peru. All the country case studies found significant pro-rich inequities in health care utilization. While inequities in preventive care were more pronounced than inequities in curative care for Brazil, Ecuador, and Mexico, the reverse was observed for Jamaica and Peru.

EquiLAC II studies seek to update and further expand on the concepts and methods of the EquiLAC I studies by measuring health systems inequalities and inequities and assessing possible determinants over time to inform policies on the evolution of inequalities in the different health systems settings.

The main goal of the project is to increase understanding and knowledge of the evolution of health system inequalities and their sources in the region of the Americas by producing evidence to support policy development, and performance monitoring, and evaluation. The specific objectives of the project include the following:

1. Facilitate relevant cross-country studies to systematically assess equity in national health systems and investigate possible determinants of inequalities;
2. Strengthen partnerships with research institutions and bilateral, multilateral, and international organizations;

[6] Publication available at: http://publications.paho.org/product.php?productid=622&cat=0&page=1).

3. Promote networking among researchers, policy makers, and institutions involved in the project;

4. Share experiences and build capacity in the methods to measure and explain health care inequalities.

The project, which is divided in three phases, provides a framework for the assessment of health systems inequality among countries of the Region using data from large-scale national surveys. The first phase of the project calls for the development of country studies to measure inequalities in health and health care utilization. The second phase deals with inequalities in financing, expenditures, and public subsidies. The third phase calls for studies on inequalities in health outcomes (infant mortality, under five mortality, stunting, underweight, life expectancy, maternal mortality, mortality of diabetes mellitus, etc) and supply and distribution of health services (physicians, nurses, hospitals, health centers, etc). All studies are expected to be submitted for publication in peer-reviewed journals. Full country reports and policy briefs will be disseminated by PAHO.

The first set of studies uses the same methodology as the report "Income-Related Inequality in the Use of Medical Care in 21 OECD Countries" by van Doorslaer and Masseria (OECD 2004)[7], also described in the World Bank publication titled "Analyzing Health Equity Using Household Survey Data" (World Bank 2008)[8]. Countries will be included in this project based on data availability, resources, and interest from member countries. Countries with at least two or more years of available data will be able to participate in the project to explore the evolution of inequalities over time and to identify determinants of health inequalities in their systems. The strength of evidence will improve as more countries participate in this project to encompass the many variations of health systems in the Americas.

These studies will serve as the basis for a comparative report on equity in health and health care in the Americas. The report will examine cross-country evidence on the changes and levels of inequalities in health care, whether differences in inequalities reflect differences in health systems and policies, and if policies and programs have

[7] Available for download at http://www.oecd.org/dataoecd/14/0/31743034.pdf

[8] Available for download at http://siteresources.worldbank.org/INTPAH/Resources/Publications/459843-1195594469249/HealthEquityFINAL.pdf

evolved over time to achieve better outcomes for their population. Evidence from these studies will be available for the formulation of relevant policies. The audience for these studies includes ministries of health, economic development agencies, national and international organizations, policy makers, researchers, and health agencies in the Americas.

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