

TECHNICAL NOTES

Equity country profiles

Data sources

Health indicator and dimension of inequality data were sourced from publicly available Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS) and Reproductive Health Surveys (RHS). DHS, MICS and RHS are large-scale, nationally representative household surveys that collect data through standardized, face-to-face interviews with women aged 15–49 years in especially low- and middle-income countries. Country income group was determined using the World Bank classification as of July 2017.

Disaggregated data are the product of a reanalysis of DHS and MICS micro-data by the WHO Collaborating Center for Health Equity Monitoring (International Center for Equity in Health based in the Federal University of Pelotas, Brazil), and can be freely accessed from the WHO Health Equity Monitor database (www.who.int/gho/health_equity/en/).

The survey tools used by DHS, MICS and RHS permit direct comparisons between surveys, and it is assumed that the survey design and implementation quality are sufficiently similar between DHS, MICS and RHS, across countries and over time. In a few cases there may be minor differences between the data reported here and in previous DHS, MICS or RHS country reports due to small discrepancies in the time span, definition and/or calculation of some indicators.

Equity country profiles are presented for 111 countries, where a DHS, MICS or RHS was conducted between 1991 and 2015 and where data are publicly available.

Health indicators

Reproductive health intervention indicators include contraceptive prevalence (modern and traditional methods), contraceptive prevalence (modern methods), demand for family planning satisfied (modern and traditional methods) and demand for family planning satisfied (modern methods). **Maternal health intervention** indicators include antenatal care (at least one visit), antenatal care (at least four visits), births attended by skilled health personnel and pregnant women sleeping under insecticide-treated nets. **Newborn and child health intervention** indicators include BCG immunization coverage among one-year-olds, children aged 6–59 months who received vitamin A supplementation, children aged less than five years sleeping under insecticide-treated nets, children aged less than five years with diarrhoea receiving oral rehydration salts, children aged less than five years with diarrhoea receiving oral rehydration therapy and continued feeding, children aged less than five years with pneumonia symptoms taken to a health facility, DTP3 immunization coverage among one-year-olds, early initiation of breastfeeding, full immunization coverage among one-year-olds, measles immunization coverage among one-year-olds and polio immunization coverage among one-year-olds. The **composite coverage index** is a weighted score reflecting coverage of eight reproductive, maternal, newborn and child health interventions along the continuum of care. **Child malnutrition** indicators include stunting prevalence in children aged less than five years, underweight prevalence in children aged less than five years and wasting prevalence in children aged less than five years. **Child mortality** indicators include neonatal mortality rate, infant mortality rate and under-five mortality rate.

Detailed information about the criteria used to calculate the numerator and denominator values for each indicator is available in the WHO Indicator and Measurement Registry, under the topic “Health Equity Monitor” (www.who.int/gho/indicator_registry/en/).

Dimensions of inequality

Health data were disaggregated by five dimensions of inequality: economic status, education, place of residence, age and sex, wherever applicable. Economic status was determined at the household level, using a wealth index. Country-specific indices were based on owning selected assets and having access to certain services, and constructed using principal component analysis. Within each country the index was used to create quintiles, thereby identifying five equal subgroups that each account for 20% of the population. Note that certain indicators have denominator criteria that do not include all households and/or are more likely to include households from a specific quintile; thus the share of the population for a given indicator may not equal 20%. Education refers to the highest level of schooling attained by the woman, or in the case of newborn and child indicators, the mother. Three subgroups were defined: no education, primary school, and secondary school or higher. For place-of-residence classifications (that is, urban or rural), country-specific criteria were applied. Age was categorized into two subgroups of 15–19 years and 20–49 years.

Analysis

Micro-level DHS, MICS and RHS data were used to generate national average and disaggregated estimates for each indicator. Survey design specifications were taken into consideration in the estimation. The same methods of calculation were applied across all surveys to generate comparable estimates across countries and over time.

Point estimates of disaggregated data are presented alongside 95% confidence intervals (CIs), and the population share of the subgroup. The population share for each indicator is the percentage of the affected population – the indicator denominator – represented by the subgroup in a given country.

Observations were excluded on a case-by-case basis if data about the relevant health indicator and/or the dimension of inequality were not available, or if the sample size was too low to report a valid estimate for one or more of the relevant subgroups (that is, less than 25 cases, or in the case of mortality indicators, less than 250 unweighted person-years of exposure to the risk of death). Situations of low sample size (that is, 25–49 cases, or in the case of mortality indicators, 250–499 unweighted person-years of exposure to the risk of death) were noted. The composite coverage index for a given subgroup was not calculated when any of the eight component indicators had a sample size of less than 25 cases.