

Countdown to 2015
Maternal, Newborn & Child Survival

Cape Town, April 2007

Understanding Coverage Gaps and Equity

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The coverage gap

Mind the gap: equity and trends in coverage of maternal, newborn, and child health services in 54 Countdown countries

Countdown 2008 Equity Analysis Group

Countdown Equity Working Group:
Henrik Axelson, Stan Bernstein, Ties Boerma,
Jennifer Bryce, Yohannes Kinfu, Betty
Kirkwood, and Cesar Victora

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The coverage gap

How far from 100%* is the mean level of coverage?

(*) or from the target coverage

Service	Approximate Coverage (%)
FP	45
SBA	55
ANC	85
ORT	40
ARI	30
Measles	80
BCG	70
DPT	60

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The coverage gap: methods

- Household survey data (DHS, MICS) from 54 Countdown countries, 1990–2006
- Aggregate index based on 4 intervention areas
 - family planning
 - maternal and newborn care
 - immunization
 - treatment of sick children
- The four areas were given equal weight
- Analyses of current levels and trends in the coverage gap measure by wealth quintile

Countdown 2008 Equity Analysis Group, 1 August 2008

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Methods: variables

Topic	Indicators
Family planning	Contraceptive prevalence/unmet needs
Maternal and newborn care	Antenatal care (1+ visit) Skilled attendant at delivery
Immunization	BCG DPT3 Measles
Treatment of sick children	ORT Careseeking for pneumonia

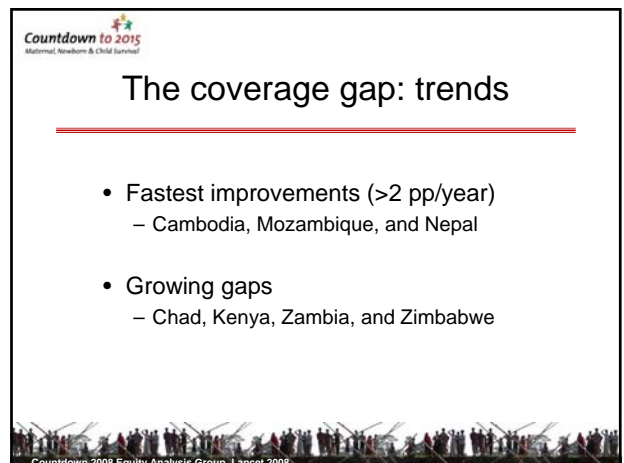
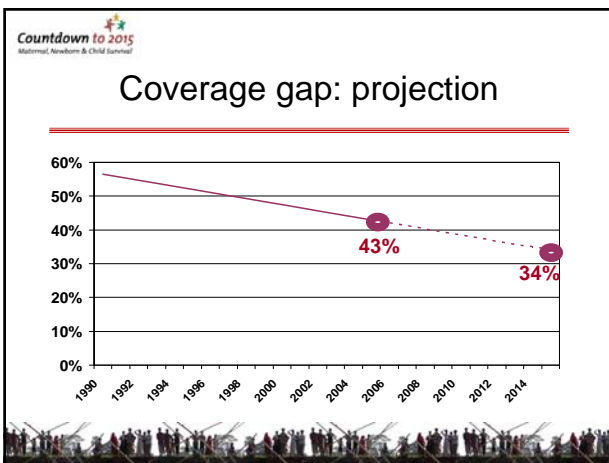
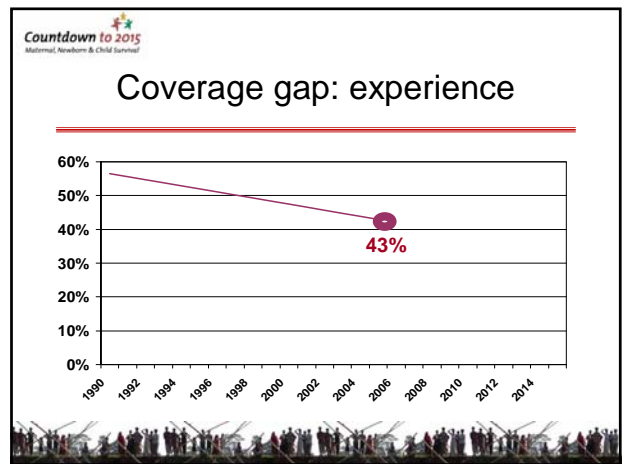
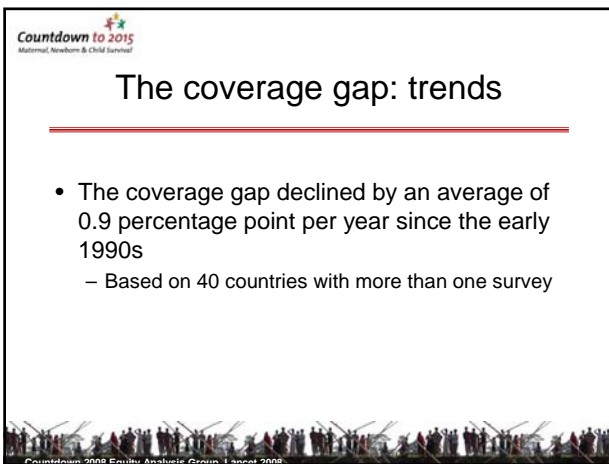
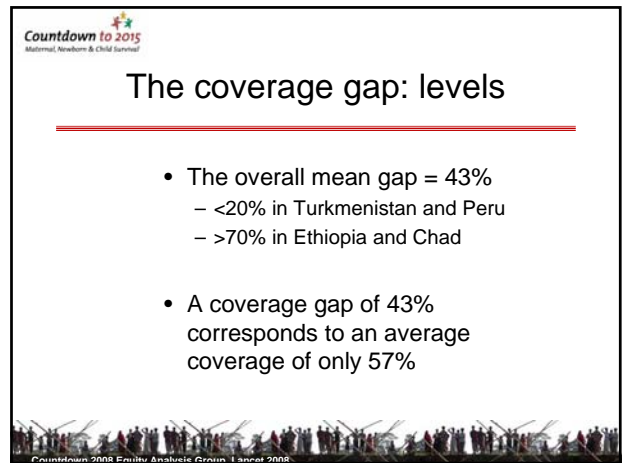
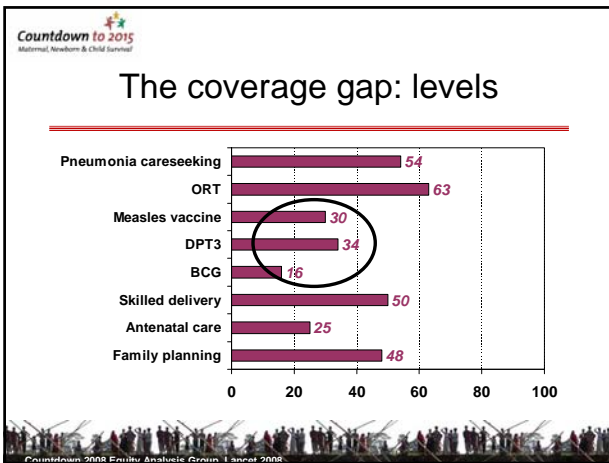
Countdown 2008 Equity Analysis Group, 1 August 2008

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The coverage gap: levels

Service	Coverage Gap Level (%)
Pneumonia careseeking	54
ORT	63
Measles vaccine	30
DPT3	34
BCG	19
Skilled delivery	50
Antenatal care	25
Family planning	48

Countdown 2008 Equity Analysis Group, 1 August 2008



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Monitoring equity

- What types stratification?
 - Wealth quintiles**
 - Maternal education
 - Urban/rural
 - Gender
 - Ethnic groups
 - Etc


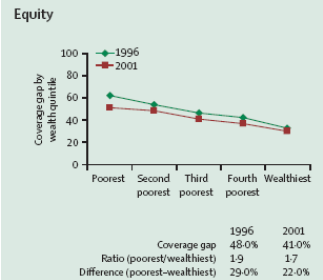


Photo: O Manzal

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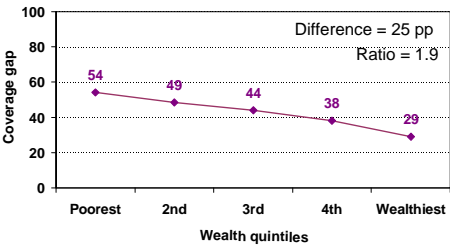
Equity in Countdown 2015



	1996	2001
Coverage gap	48.0%	41.0%
Ratio (poorest/wealthiest)	1.9	1.7
Difference (poorest-wealthiest)	29.0%	22.0%

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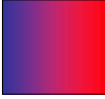
Equity: overall gap



Difference = 25 pp
Ratio = 1.9

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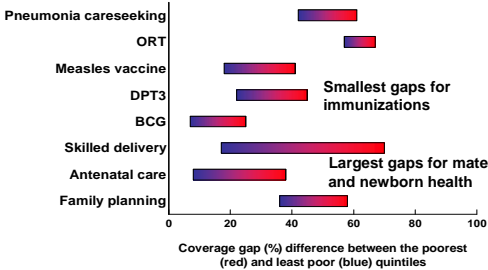
Equity: overall gap



Coverage gap (%) difference between the poorest (red) and least poor (blue) quintiles

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Coverage gaps by intervention



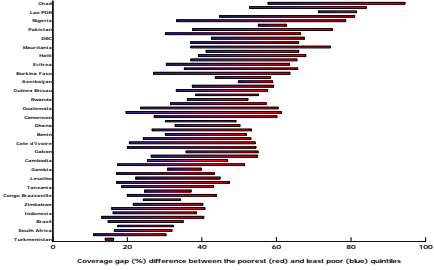
Smallest gaps for immunizations

Largest gaps for maternal and newborn health

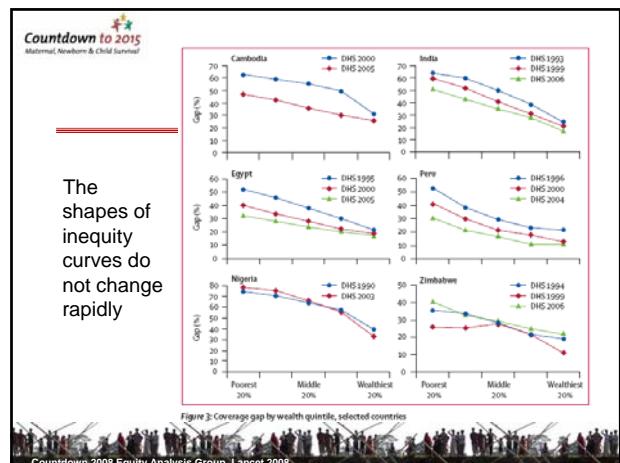
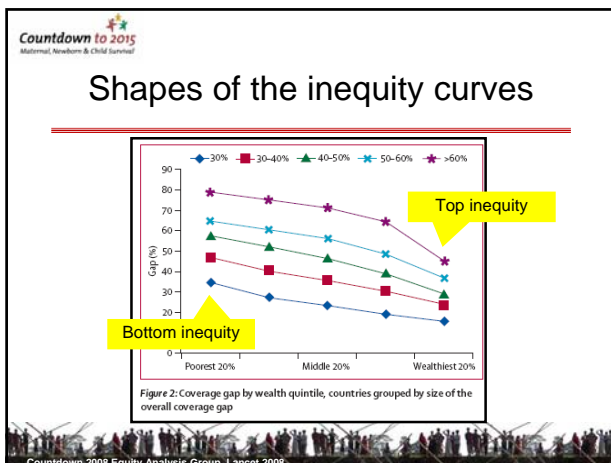
Coverage gap (%) difference between the poorest (red) and least poor (blue) quintiles

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Coverage gaps by country



Coverage gap (%) difference between the poorest (red) and least poor (blue) quintiles



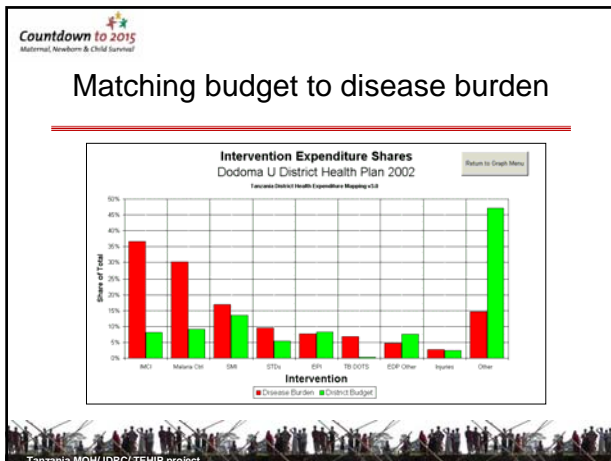
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- ## Summing up
- Assessing inequities is important for moral and practical reasons
 - Changes in coverage are far too slow for reaching the MDGs
 - Particularly among the poorest
 - Mainstreaming equity considerations in planning and policymaking can contribute to faster progress

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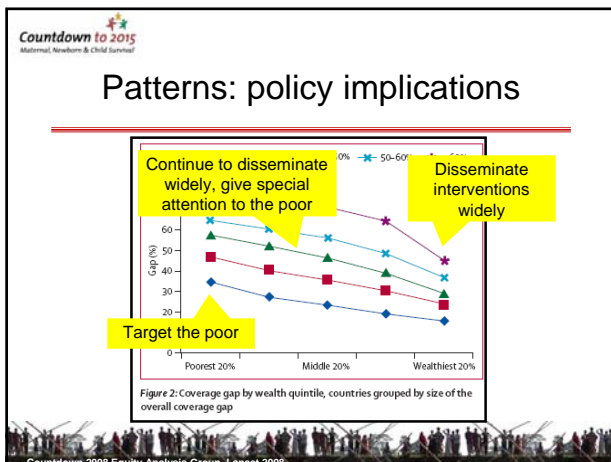
What can countries do? (Ministries of Health)

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- ## What can countries do?
- Recognize that health services often contribute to increasing inequities**

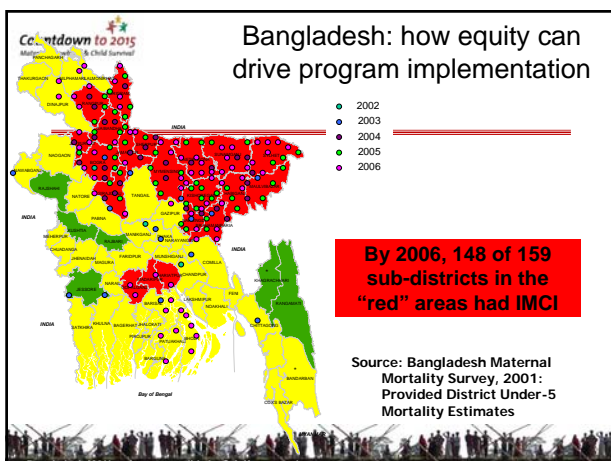
- Countdown to 2015
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- ## What can countries do?
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 - Prioritize diseases of the poor**



- Countdown to 2015
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- ### What can countries do?
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 - Prioritize diseases of the poor
 - **Consider the pattern of inequity**



- Countdown to 2015
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- ### What can countries do?
- Recognize that health services often contribute to increasing inequities
 - Prioritize diseases of the poor
 - Consider the pattern of inequity
 - **Deploy/improve services where the poor live**



- Countdown to 2015
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- ### What can countries do?
- Recognize that health services often contribute to increasing inequities
 - Prioritize diseases of the poor
 - Consider the pattern of inequity
 - Deploy/improve services where the poor live
 - **Employ appropriate delivery channels**

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Delivery channels: community case-management



Inhale Medicine | University of Liverpool | IMPPE - APSCN Evaluation

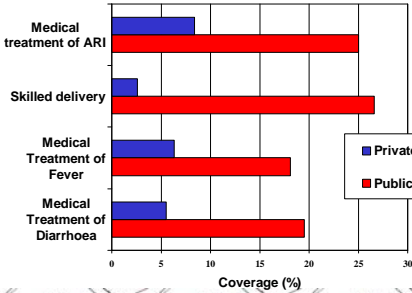
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- Employ appropriate delivery channels
- **Remove financial barriers (user fees, etc)**

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Coverage among the poorest by the public and private sectors



Service	Private (%)	Public (%)
Medical treatment of ARI	~8	~25
Skilled delivery	~3	~28
Medical Treatment of Fever	~6	~18
Medical Treatment of Diarrhoea	~5	~20

>50 countries with DHS surveys

Gwatkin, Rutisha, Victora - Lancet 2005

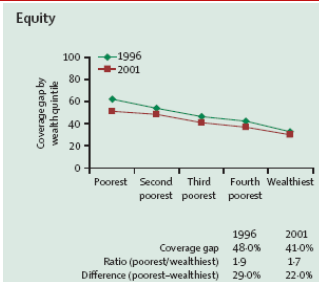
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What can countries do?

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- Prioritize diseases of the poor
- Consider the pattern of inequity
- Deploy/improve services where the poor live
- Employ appropriate delivery channels
- Remove financial barriers (user fees, etc)
- **Monitor implementation, coverage and impact with an equity lens**


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Equity in Countdown 2015



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