Towards greater equity in health for mothers and newborns

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The issue of equity in health outcomes, and in access to essential primary-health-care services, is receiving greater attention in the field of maternal, newborn and child health. This focus is increasingly supported by emerging evidence and research on the extent of disparities in health and other development areas. Inequities are defined as systematic differences between population groups that are unfair and avoidable, and generally include disparities related to socio-economic position, gender, ethnic group and place of residence, among other factors.

Having a skilled attendant at delivery – a key intervention for improving maternal and neonatal health and survival – is among the most inequitably distributed health interventions. Figure 2.6 shows the average share of births attended by skilled health personnel, based on results from recent national surveys of low- and middle-income countries. There are marked inequalities between the regions of the world, with Europe and Central Asia showing the highest coverage levels for all income groups, and sub-Saharan Africa and South Asia in particular trailing well behind.

In addition to variations between regions, within each region there are important disparities by socio-economic position – as observed by comparing skilled attendance at delivery across income quintiles. Among the poorest 20 per cent of South Asian mothers, fewer than 10 per cent of births are delivered by a skilled attendant, compared to 56 per cent of births for mothers from the richest income quintile in that region. The other developing regions exhibit similar disparities; even in Europe and Central Asia – where most countries with survey information are former socialist republics – the proportion of deliveries attended by skilled health personnel is significantly lower for the poorest women than for the most affluent.

Other measures of disparity in health-care provision are also pronounced. Urban mothers and children in developing countries tend to have greater access to health care and better health status than their rural counterparts. Socio-economic inequities are similarly marked within urban areas, where health conditions among slum dwellers are particularly adverse. Within countries, state and provincial differentials in maternal and child health are also often wide, as exemplified by the sharp variations in health indicators between Brazil’s more prosperous southern states and its more impoverished north-eastern regions.

Poor mothers and children are underserved along the whole continuum of care. Data from several sub-Saharan African countries were used to document the proportion of mothers and children who received a package of four essential interventions: antenatal care, skilled attendance at delivery, post-natal care and childhood immunization. Coverage with all four interventions was two to six times higher – depending on the country – among the richest groups than it was in the poorest groups. This inequitable pattern of health-care...