

Trends in health inequalities in developing countries



As a result of several studies, a coherent view of reproductive, newborn, maternal, and child health inequalities has begun to emerge.¹⁻⁷ Overall, and in most countries, inequalities have been decreasing. However, inequalities have been growing in a small but substantial proportion of countries, and in many of these countries, a decline in health status and health-service coverage among poor populations is part of the cause. In *The Lancet Global Health*, Cesar Victora⁸ and colleagues present the findings of the latest study of these trends. The focus of the Article is inequalities in service coverage—as measured by a composite reproductive, maternal, newborn, and child health service indicator—in developing countries as a whole and in economically defined country sets. The main finding of this research is that coverage inequalities have been decreasing in the past 20 years because of faster progress within poor populations and rural populations.

Victora and colleagues do not discuss variations in individual-country experiences, and neither do they assess differentials in health status. But these factors have been investigated in other studies, such as that by Wagstaff and colleagues,¹ who showed that, between 1990 and 2011, overall health-service coverage increased and coverage inequalities fell on average and in most countries (findings similar to those of Victora and colleagues). But the outcomes of Wagstaff and colleagues' more detailed investigations are much less reassuring: in 28% of countries, coverage inequalities have risen, and in 24%, coverage among the poorest 40% of the population has decreased.¹ Trends for health status were also less encouraging than those for service coverage—health-status inequalities have increased in 42% of countries, and health status among the poorest 40% of the population declined in about a quarter of the countries.¹

A similar picture emerges from several other studies that have been done in the past few years. The only study of child mortality, for which trends are especially difficult to assess because of the large sample sizes required, was done by Eran Bendavid,² who reported faster declines in child mortality among poor populations than among wealthier populations overall and in 61 of the 85 countries he studied

between 2002 and 2012. The remaining studies focused on health-service coverage. Two covered several types of reproductive, maternal, newborn, and child health interventions: Sarah Alkenbrack and colleagues³ reported overall inequality declines for the four intervention types that they examined, and Victora and colleagues⁴ noted a similar trend for the several interventions that they studied. Others have focused on specific types of reproductive, maternal, newborn, and child health intervention. For example, John Ross⁵ showed that the poor-rich disparity in terms of contraceptive prevalence fell overall and in three-quarters of 46 countries followed. Similarly, two multicountry investigations^{6,7} of changes in immunisation inequalities showed overall reductions but wide intercountry variations.

The findings of all these studies are remarkably similar. To some degree, such similarity is unsurprising, because all the investigators used the same—and only—sources of suitable information: household survey data from the well known Demographic and Health Survey and Multiple Indicator Cluster Survey programmes. But in other respects, the approaches taken vary substantially—for example, the investigators look at many different health indicators, use many different definitions of inequality, and measure change in many different ways. The similarity of results despite such difference in approach makes the results mutually reinforcing and produces an unusually distinct picture of a glass that is clearly more than half full, but still well over a quarter empty.

Davidson R Gwatkin

Results for Development Institute, 1111 19th Street NW,
Washington, DC 20005, USA
davidsonrgwatkin@gmail.com

I have no conflicts of interest.

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See [Articles](#) page e402

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