

# PREFACE

Over the last several years, the concept of equity has emerged as a primary guiding principle for the work of the Pan American Health Organization (PAHO). In particular, PAHO has been gathering information on, and examining issues related to, disparities in health in the Americas, especially as they relate to socioeconomic factors. Research findings from this effort have important implications for the Organization's work, in that they provide an empirical basis on which to build claims of health inequities and move toward a more equitable distribution of the determinants of health outcomes. The development of a robust interpretation of the concept of equity is crucial for the advancement of its application in the provision of appropriate technical cooperation by the Organization. The articles gathered in this publication represent an important step in that direction, in the measure in which they represent the status of the issues and dilemmas faced by the PAHO Secretariat in making equity an operational concept for its work in the Region. The challenge immediately before the authors is to show how this principle and the insights it yields into the distribution of health—dependent as this is on differences in education, income, class, ethnicity and race, geographic location, gender, and other distinctions—can underpin the Organization's work at the operational level and be incorporated into technical cooperation activities.

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# INTRODUCTION

In October 1999, PAHO held its first Organization-wide technical discussion of equity, sharing perspectives developed by different Organizational divisions and among those working at the country level. This publication includes the presentations made at that meeting and is intended to provide a broad basis for discussion as well as to stimulate future thought. The collection stands as an initial effort to interpret the concept of equity for application to the various areas of PAHO's work.

The individual articles were developed independently and reflect different approaches to the interpretation of health equity. Many of the perspectives expressed in the collection extend from the conceptual work developed by other scholars and researchers or emerge from PAHO's ongoing work with collaborating institutions. Present project partners include the Rockefeller Foundation, the World Bank, UNDP, and CARICOM, as well as several universities and professional and academic associations in the Region. This diversity has presented challenges of its own. The job of the editors has been to clarify the authors' ideas and otherwise encourage dialogue that will eventually result in conclusions, recommendations, and actions to be taken. A common understanding of how to translate the concept would allow us to apply it to PAHO's programs and technical cooperation, and to identify concrete and practical interventions and establish priorities which will contribute to increased equity in health in the countries of the Americas.

This collection is organized into three sections: "Conceptual and Contextual Aspects of Health Equity," "Priorities for Incorporating Equity into Technical Cooperation in Health," and "Making Health Equity Work at the Country Level."

In the introductory chapter, Sir George Alleyne, the Director of PAHO, provides a context for discussing equity and health, including the philosophical tenets of the concept and its recent historical development within the international health arena. In particular, he emphasizes the contribution of the "Black Report" and the "Acheson Report," especially in their emphasis on social determinants of health. Further, Dr. Alleyne links past concerns with poverty to current equity and health projects, noting that current research indicates that not only absolute levels of poverty but also relative deprivation appears to affect health disparities. Finally, Dr. Alleyne provides suggestions for the role that organizations such as PAHO and WHO can play in promoting equitable health situations, focusing on information collection and technical cooperation.

In "Assessing Equity in Health: Conceptual Criteria," Bambas and Casas build and expand on the definition of equity for health developed by Margaret Whitehead. They explore the implications of Whitehead's criteria for establishing health disparities as equitable or inequitable, including avoidability and choice, but also including a much overlooked criterion of responsible agency. The discussion provides a more detailed explanation of each of the criteria and explains why they are relevant to the issue, demonstrating

how they can then be applied to specific situations in order to gauge the level of equity or inequity present. This model provides a basis on which subsequent discussions of equity that present empirical information on disparities among populations can be guided and interpreted.

The second chapter, “Health Disparities in Latin America and the Caribbean: The Role of Social and Economic Determinants,” by Casas, Dachs, and Bambas, provides an overview of the current empirical information available on various aspects of socioeconomic inequalities in the Region. The authors first establish the general social and economic context of Latin America and the Caribbean, including changes in the distribution of income and education, both within and between countries and regions. After discussing the present paucity of information in the Region, the article reviews the data available for distributions of health between countries, and focuses on disparities within countries: among groups with different levels of income and education, populations living in different geographic locations, among ethnic groups, between men and women, among those with different levels of physical and financial access to health services, and for migrants. Finally, strategic areas for the Organization are suggested, as are conclusions and issues for further investigation.

The next two articles examine how to craft policies to promote equity in health. Using the concept of “developmental cocktails” to create intersectoral synergy, Eduardo Doryan raises key issues in combining an equity approach with attention to poverty to create policy that accelerates the pace of human development in underdeveloped countries. The question, as he poses it, is how to invest resources to simultaneously create growth and decrease inequality. Doryan then ties the discussion into the three core issues of the upcoming *World Development Report*—empowerment of the disadvantaged; security, livelihood, and risk management policies for nations; and opportunity for investment and sustainable economic development. These core issues, he says, can be used as a cross-sectoral framework for human development.

Adam Wagstaff demonstrates how to use empirical findings to link research to policy-making in order to further two of the broad goals of the health sector: 1) income protection, specifically out-of-pocket payments and income loss due to illness and 2) focusing on the health of the poor through access to health care and the non-medical determinants of health. Intercountry comparisons show how the architecture of systems creates differential financial burdens between income groups through regressivity of payments, threat of poverty due to out of pocket payments, and the availability of private insurance vs. publicly funded systems. Wagstaff then provides a methodology for predicting the health impact of specific interventions, such as reducing travel time for the poor to medical facilities, broadening insurance coverage, and improving the quality of medical services.

Framing the discussion within social, economic, and cultural human rights and modern concepts of social justice, Piedad Córdova makes a cogent argument that the State is the responsible agent for ensuring fair background conditions and institutions as well as addressing those social factors that affect health equity. Córdova emphasizes how factors that especially affect women and ethnic minorities, such as violence, exclusion, marginalization, and discrimination, generate inequitable social conditions that can eventually manifest as health inequities. The State has the duty to recognize social factors of inequity and progressively address them and create fair background institutions in which the population can direct political will. Further, the egalitarian construction of political power; reduction of corruption; and support for economic, social, and cultural rights can increase resources available for the equitable construction of a society. Córdova suggests

that, based on this discussion and the need to strengthen social institutions and political processes, international cooperation should focus on information gathering and dissemination, and training, so that countries may attain the capacity to make their own development plans.

The book's second section focuses on equity in relation to several priority areas for the Organization, including establishing measuring methodologies as well as addressing 1) risk factors in disease prevention and control, 2) maternal mortality, 3) safe drinking water, and 4) access to and financing of health services. These articles present current information from LAC on the issue, including statistics and measuring practices, as well as methodological problems and additional information needed in order to establish equity in health.

"La Medición de las Desigualdades en Salud" ("The Measurement of Health Inequalities") discusses the use of several indicators of health disparities, as well as the purposes of and complications involved in using them. Measurement indicators of inequality can help to determine when there is equity in health, and how to identify equity gaps. The authors discuss relative and absolute measures of inequality, population attributable risk, the slope index of inequality and relative index of inequality, and the Gini coefficient and concentration index. The article also explains the problems of taking into account only extremes of privilege and deprivation, and concludes by emphasizing that measuring and documenting inequalities is imperative for establishing a basis on which to develop policies and interventions.

The next chapter, "Noncommunicable Diseases and Risk Factor Surveillance," deals with how to address equity concerns in the area of risk factors for noncommunicable diseases, which tend to be linked to both behavior and biology, two factors with seemingly different implications in terms of *avoidability* and *choice*. For instance, behaviors are usually thought of as chosen, but the concentration of risky behaviors among those in lower socioeconomic groups raises questions as to the degree of choice actually at work within this population group. As our perceptions of choice change, so do specific senses of avoidability, e.g. behaviors are avoidable in a different sense if they are based on sociological/cultural phenomena such as advertising rather than individual autonomous choice. Other risk factors for disease, such as exposure to health hazards, also are discussed, as are limitations of the measurements, quality of registries, and the difficulties of mixing data sources. The authors provide suggestions for reducing inequalities and give an example of how to use information on the prevalence of risk factors among socioeconomic groups to guide program planning.

In the area of health promotion and protection, maternal mortality is strongly concentrated among those women in low socioeconomic positions. Because maternal mortality has a significant impact on the affected women and their families and is also highly avoidable, addressing this health problem presents great potential for reducing one area of health inequity. "Health Equity and Maternal Mortality" provides a brief overview of the magnitude and causes of maternal mortality, the context of delivery practices in the Region, and the causes of insufficient attendant care at birth. The authors then review typical measures of maternal mortality, including maternal mortality ratio and rate, as well as lifetime risk. The discussion then turns to limitations of the measures and difficulties with surveillance before reviewing some of the disparities in health expectancies, including maternal mortality, for different socioeconomic and geographical groups. The authors conclude with recommendations for action to reduce maternal mortality, as well as an argument for why the topic is a priority area for health equity.

“Health Equity in Relation to Safe Drinking Water Supply” focuses on access to safe drinking water and demonstrates the potential health impact and high stratification of access according to geographic location and income. While the health equity argument turns on the basic need of all people for safe drinking water, the authors expand their discussion to include the necessity of broad population access to quality water for economic development. Because many governmental sectors as well as subpopulations have an interest in broad population access to quality water, the health sector must act in tandem with other sectors to advocate for infrastructure development.

The next chapter, “Access to and Financing of Health Care,” addresses how to assess equity in access to and financing of personal health care services. The chapter provides some empirical information on disparities in access to health care services and the differential burdens of financing among subpopulations in the Region. The authors also address measurement and surveillance issues related to access to services and the financial burdens of access, and discuss geographical, economic, and cultural barriers to access. The discussion concludes with a proposal to reduce such inequalities.

In the publication’s third section, several authors comment on their national-level perspectives of equity and health. Richard Van West-Charles ties equity to human development by drawing in concepts of deprivation and vulnerability as key factors. He contends that although health systems generally focus on curative medicine to address population health needs, the medical model is not a sufficient paradigm for the health system. Further, technology should benefit all segments of the population, and equity analyses should take into account both public and private sector resources. Van West-Charles ends his remarks with comments on financing and consumer choice, three facets of access to care, and the complementarity of efficiency/effectiveness and equity.

Hernán Málaga describes the relationships between material living conditions and the health status of populations in both Venezuela and Colombia, as well as the potential benefit of the healthy communities strategy in the effort to decrease inequalities and inequities. He provides specific examples of interventions developed in Colombia to address health problems declared as important by the communities themselves, and notes the basic principles that are guiding the country’s health sector reforms. This analysis of the situation leads him to the formulation of eleven guidelines for technical cooperation in health in Colombia.

Finkelman provides a framework of reference for Brazil by analyzing the Constitution and the consequent legal instruments related to health, as well as the main aspects of health sector reforms and the health care system organization, as they relate to equity. He then relates this frame of reference to the deep inequalities in Brazilian society, and presents evidence of these inequalities in material living conditions, health status, resources and coverage of health care services, and the financing of health care. By confronting the reality of inequality with the existing legal framework, he suggests a set of possible guidelines for technical cooperation in health in Brazil to address the problem of inequity.

“Agua para todos en el país de la fantasía” is a fable on the modernization of the State, the privatization of water services in developing countries, and the consequences for vulnerable populations in these countries. In this chapter, Paúlo César Pinto describes a possible scenario of what might happen in this process for both the economically better-off (i.e. improvements—with higher costs) as well as for the poor (an even smaller likelihood of access to quality water services in the near future). He ends by posing nine

questions to be answered in relation to how to expand the provision of safe water to economically depressed areas and population groups.

Finally, Fernando Lolas expounds on the necessity of good theory for practical action in “Ethics, Equity, and Practices in Health Institutions.” Theory “unmasks reality” and shows the infinite variety of circumstances, thereby strengthening our ability to transform values into policy and action. And while theory requires time for reflection, the urgency of work for those in the health field can create barriers for the integration of theory and practice. After an explication of the general usefulness of ethical theory to practical action, Lolas addresses the role of social institutions as conduits of justice, because, as he says, they convert ideals into practical principles and ideas into action.

Although equity in health has begun to flow freely into the mainstream literature, there is much work left to be done. “The Black Report” and the “Acheson Report” as well as the work of Margaret Whitehead, which were developed for the context of the United Kingdom, remain seminal conceptual and operational documents. But the concepts, values, and assumptions of these documents should be tested against the cultural context of other countries, which have different organizational and technical abilities and levels of development.

The articles presented here do not pretend to be the last word on the subject of equity and health in the Region of the Americas, but are meant to bring awareness to those working in different areas of health equity of each other’s work and perspectives. PAHO expects that as the topic continues to develop, communication and sharing knowledge on the topic will become a main priority for health equity in its own right. To this end, PAHO, through the Division of Health and Human Development, in association with the International Society for Health Equity, has established an equity email listserv that regularly distributes documents, news, and other relevant information on the development of this emerging and rapidly growing field of research and advocacy. We welcome comments on the perspectives presented in this publication, which can be sent to *HDP@paho.org*.

The Editors