**HEALTH INEQUALITY ASSESSMENT: REPRODUCTIVE, MATERNAL AND CHILD HEALTH IN UGANDA**

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**Background:** Health inequalities continue to persist around the world in general, and particularly in low- and middle income countries. Inequalities in health are evident in the unequal way that health services are accessed by people of different income levels/economic status, gender, social classes and ethnic groups. They also manifest in variations in health outcomes according to education level, and in the tendency for health systems to better meet the needs of populations in certain geographical areas[[1]](#footnote-1). Now is especially a time to confront health inequalities since social determinants of health and progress towards universal health coverage have emerged as priorities for global health. Identifying where inequalities exist and monitoring how they change over time is essential to creating an equity-oriented health sector and provides a basis for incorporating equity into evidence-based health planning.

**Objective:** To assess health equity reproductive, maternal, newborn and child health interventions by analyzing survey data for levels, trends and disparities.

**Methods:** Two most recent available data from the Uganda Demographic Health surveys (2006, 2011) was analyzed looking at six coverage indicators and two equity stratifiers: wealth and region. Inequalities were assessed with two summary indices for absolute inequality and two for relative inequality.

**Results:** By economic status,the least equitable interventions were coverage of skilled birth attendant and modern contraceptive use. In terms of absolute inequality, SBA is the least equitable (diff: 44.7 vs 26.4; SII: 48% vs 31%) but in terms of relative inequality, Modern contraceptive use is the least equitable (ratio: 3.1 vs 2; CIX: 19% vs 13%). The most equitable coverage indicator was DPT vaccine. By region, attendance of 4+ antenatal care visits was highest in Kampala, followed by Karamoja and the eastern region had the lowest coverage in both years. Coverage increased over time nationally and this was primarily due to government scale up of care by introduction of health sub-districts and abolition of user fees at public health facilities. The inequalities in health have remained largely unchanged over time due to worsening poverty levels and increased fertility especially among poorest populations.

**Conclusion:** Health inequality monitoring should be given more emphasis as an important part of overall health sector planning and ensure that data get used for effective action. The most inequitable interventions should receive attention to ensure that all social groups are reached.

1. WHO 2013 Handbook on health inequality monitoring: with a special focus on low- and middle-income countries [↑](#footnote-ref-1)