EWEC-LAC: An Update

The Latin America and the Caribbean (LAC) region has achieved sustained progress in coverage of essential health indicators. However social inequalities persist as a major challenge for public health in the region. Differences in income, schooling, gender and ethnicity are structural factors that negatively affect the health of the most vulnerable women, children and adolescents. These existing inequalities in LAC are being aggravated and exacerbated by the COVID-19 pandemic.

The H6 United Nations agencies (UNICEF, PAHO, UNFPA, UNAIDS, UN Women and the World Bank), together with the Inter-American Development Bank and the United States Agency for International Development, have formed the Every Woman Every Child Latin America and the Caribbean Group (EWEC-LAC) as the regional interagency mechanism for coordinating the adaptation and implementation of the Global Strategy for the Women's, Children's and Adolescent's Health (2016-2030) in the region. The group shares the vision that an equity-focus is essential to ensure the well-being of the entire population.

EWEC-LAC has led the region on equity-focused analyses with an aim to identify, monitor, and ultimately address inequalities across various aspects of health care. Initial priority analytical work focused on key EWEC-LAC indicators: infant mortality rate and content of antenatal care visits as a proxy indicator for quality of care[1].

In terms of infant mortality, data available for 10 LAC countries from 2011 to 2018 demonstrate that while the median mortality rate was 21 per 1,000 live births, results ranged from 13 per 1,000 live births in Belize to 58 per 1,000 live births in Haiti. Infant mortality is inversely related to wealth in all countries (see Figure 1A). Haiti presents the widest gaps between geographical regions (see Figure 1b).

Data on content of antenatal care, defined as routine tests conducted during ANC visits, namely blood and urine tests and measure of blood pressure was available for 20 countries for the same period. The median coverage level was 95%, ranging from 63% in Guatemala to 99% in Barbados. Substantive wealth-related gaps were observed in Guatemala, Haiti, Honduras, and Panama (see Figure 2A). In nearly all countries, coverage was higher in urban areas than in rural areas, particularly in the same countries that presented wide wealth-related inequalities (see Figure 2B).
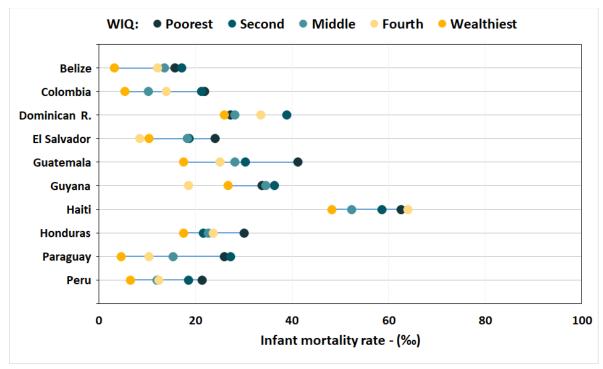
This analysis is part of the work on metrics and monitoring that EWEC-LAC is leading. It aims at monitoring key indicators that highlight health data inequalities at the regional, national and subnational levels[2]. This work will also allow for the documentation of gaps in current data, the identification of future areas of work and next steps in order to ultimately strengthen current strategic information systems.

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[1] Analyses were conducted in collaboration with the International Center for Equity in Health at the Federal University of Pelotas, using data from Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Survey (MICS)

[2] EWEC-LAC 2020 https://www.everywomaneverychild-lac.org/e/priority-indicators-women-children-adolescent-health/

Figure 1: Infant mortality rate by
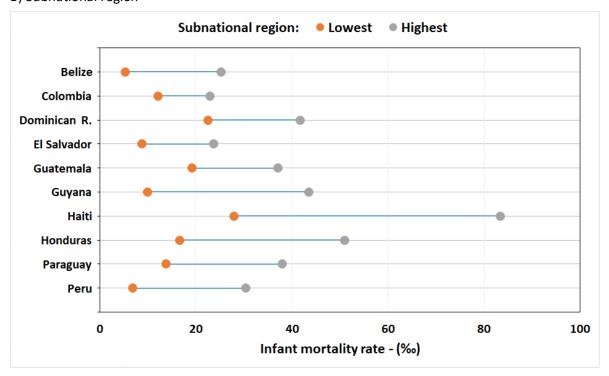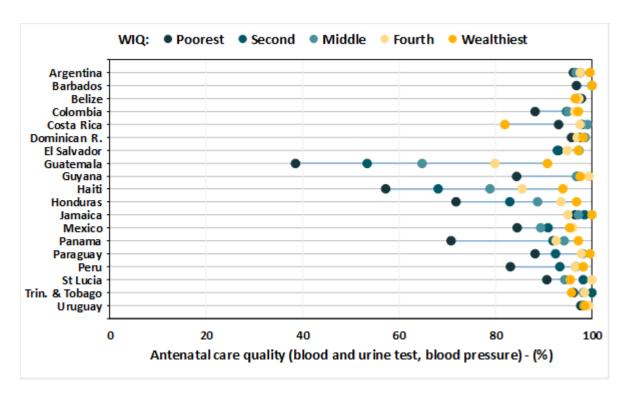
A) Wealth Quintile

B) Subnational region

Figure 1: Coverage level of Antenatal care quality by

A) Wealth Quintile

B) Area of residence

Area of residence: ● Rural ● Urban

Antenatal care quality (blood and urine test, blood pressure) - (%)