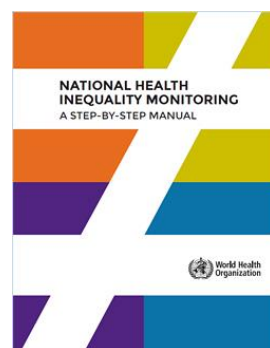


WHO health inequality monitoring tools and resources

The **Handbook on health inequality monitoring: with a special focus on low- and middle-income countries (2013)** is a user-friendly resource, developed to help countries establish and strengthen health inequality monitoring practices. The handbook elaborates on the components of health inequality monitoring. Throughout the handbook, examples from low and middle-income countries are presented to illustrate how concepts are relevant and applied in real-world situations. It is recognized in the 2014 British Medical Association Medical Book Awards as *Highly Recommended* in the Public Health category. An eLearning module based on the Handbook provides a more hands-on education experience, allowing learners to navigate through key messages and discussion points. For more information, see: http://www.who.int/gho/health_equity/handbook/en/



The **National health inequality monitoring: a step-by-step manual (2017)** was designed as a highly accessible, practical reference to encourage and strengthen the practice of health inequality monitoring. The manual is organized according to a flow chart, which shows the steps and sub-steps of the health inequality monitoring cycle, with key questions and itemized checklists of data requirements, analysis/reporting activities and/or decision points. While the manual focuses on health at the national level, the step-by-step approach may be applied to monitor inequalities within any defined population, ranging from a community context to a multinational context. For more information, see: http://www.who.int/gho/health_equity/manual/en/

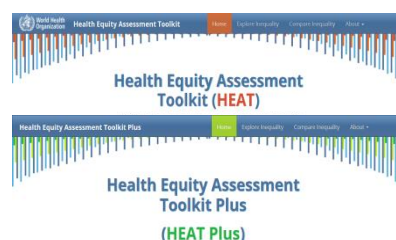


The **Health Equity Monitor (2013–2018)** serves as a platform for the Global Health Observatory health inequality database and theme page (containing interactive data visuals, country equity profiles, feature stories, analysis tools and publications). Updated regularly, the Health Equity Monitor is a repository of disaggregated data from over 100 countries (primarily low- and middle-income countries). For more information, see: http://www.who.int/gho/health_equity/en/ & Data Resource Profile: WHO Health Equity Monitor (HEM). *Int J Epidemiology* 2016 45 (5): 1404-1405e. <https://doi.org/10.1093/ije/dyw176>

Health Equity Monitor



The **Health Equity Assessment Toolkit (2016–2018)** is a software package that facilitates the assessment of within-country health inequalities. Users can create customized visuals based on disaggregated data or summary measures. There are two editions of the toolkit: HEAT, Built-In Database Edition, which includes the Health Equity Monitor database; and HEAT Plus, Upload Database Edition, which allows users to upload and work with their own database. To access HEAT and HEAT Plus, see: http://www.who.int/gho/health_equity/assessment_toolkit/en/

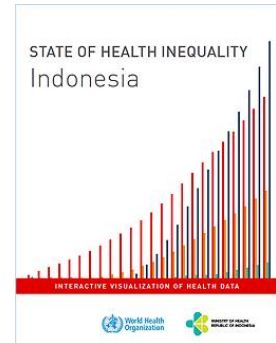


Statistical codes (2017), prepared for application in R, Stata, SAS and SPSS, facilitate calculating disaggregated estimates from household survey data, accounting for survey sampling design. For more information about these statistical codes, see:

http://www.who.int/gho/health_equity/statistical_codes/en/

State of health inequality: Indonesia (2017) showcases the state of inequality in Indonesia, drawing from the latest available data across 11 health topics (53 health indicators), and eight dimensions of inequality. In addition to quantifying the magnitude of health inequality, the report provides background information for each health topic, and discusses priority areas for action and policy implications of the findings. This report was prepared as part of a capacity-building process, which brought together a diverse network of stakeholders committed to strengthening health inequality monitoring in Indonesia. For more information, see:

http://www.who.int/gho/health_equity/report_2017_indonesia/en/



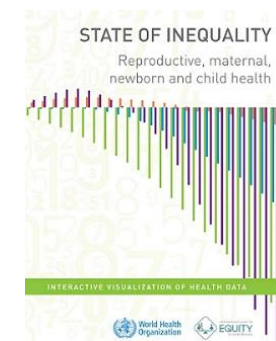
State of inequality: Childhood immunization (2016) provides an overview of the latest situation and change over time in childhood immunization. The report draws on data about five childhood immunization indicators, disaggregated by four dimensions of inequality, and covering 69 countries. The findings of this report indicate that there is less inequality now than 10 years ago. The current situation in many countries shows that further improvement is needed to lessen inequalities; in particular, inequalities related to household economic status and mother's education were the most prominent. This report is accompanied by electronic interactive visuals, which facilitates thorough and customizable exploration of the data. The report received the 2017 British Medical Association Medical Book Awards Top Prize in the Digital and Online Resources category. For more information, see:

http://www.who.int/gho/health_equity/report_2016_immunization/en/



State of inequality: Reproductive, maternal, newborn and child health (2015) encompasses the current and past state of inequality in a country, and thus indicates how a country is performing (level of inequality) and how a country has progressed over time. It covers 23 health indicators within RMNCH: 17 indicators pertaining to RMNCH interventions, 3 indicators about child malnutrition, and 3 indicators about child mortality with data from 86 low- and middle-income countries for latest status analyses, and 42 low- and middle-income countries for change over time analyses. It showed within-country inequalities have narrowed, with a tendency for national improvements driven by faster improvements in disadvantaged subgroups. However, inequalities still persist in most reproductive, maternal, newborn and child health indicators. This report is accompanied by electronic interactive visuals, which facilitates thorough and customizable exploration of the data. For more information, see:

http://www.who.int/gho/health_equity/report_2015/en/



Explorations of inequality: Childhood immunization (2018)

This report takes a detailed look at the current status of childhood immunization in 10 priority countries: Afghanistan, Chad, Democratic Republic of the Congo, Ethiopia, India, Indonesia, Kenya, Nigeria, Pakistan and Uganda. In each country, childhood immunization coverage is broken down by multiple factors to show inequality according to child, mother, household and geographical characteristics. Then, the report employs multiple regression analysis to identify factors that are associated with immunization coverage. A multicountry assessment illustrates similarities and differences between countries.

The findings of the report show how a child's likelihood of being vaccinated is affected by compounding advantage or vulnerability; they also provide insight into how policies, programmes and practices can be targeted to promote universal childhood immunization coverage. Interactive visuals and tables accompany the report, enabling further exploration of the data. For more information, see:

http://www.who.int/gho/health_equity/report_2018_immunization/en/

