

Health Inequalities in Latin America and the Caribbean: *A Sustainable Development Goal baseline for women, children and adolescents*



Health Inequalities in Latin America and the Caribbean: A Sustainable Development Goal baseline for women, children and adolescents



Washington, D.C., 2022

Health Inequalities in Latin America and the Caribbean: A Sustainable Development Goal baseline assessment for women, children, and adolescents

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ISBN: 978-92-75-12574-8 (PAHO)

ISBN: 978-92-806-5263-5 (UNICEF)



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Suggested citation. Health Inequalities in Latin America and the Caribbean: A Sustainable Development Goal baseline assessment for women, children, and adolescents. Washington, D.C.: Pan American Health Organization and United Nations Children's Fund; 2022. License: CC BY-NC-SA 3.0 IGO. PAHO: <https://doi.org/10.37774/9789275125748>.

Cataloguing-in-Publication (CIP) data. CIP data are available at <http://iris.paho.org>, at <https://www.unicef.org/lac/publicaciones> and at <https://www.everywomaneverychild-lac.org/e/press/publications/>.

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Acknowledgements

The work on this publication was led by Oscar Mujica and Antonio Sanhueza from the Pan American Health Organization (PAHO) and Liliana Carvajal from the United Nations Children's Fund (UNICEF), with the collaboration of Daniel Antiporta and Daniel Cueva (Consultants) on behalf of Every Woman Every Child Latin America and the Caribbean (EWEC-LAC). Other contributors include Sonja Caffè (PAHO), Vicky Camacho (United Nations Population Fund, UNFPA), Pedro Bernal Lara (Inter-American Development Bank, IDB) and Walter Mendoza (UNFPA).

Sincere thanks are due to the members of the Executive Management Committee of the EWEC-LAC initiative for their support in the process: Maaïke Arts (UNICEF), Amparo

Gordillo (World Bank), Deborah Horowitz (United States Agency for International Development, USAID), Emma Iriarte (IDB), and Enrique Vega (PAHO), as well as Ugo Castillo (EWEC-LAC Technical Secretariat) and María Alejandra Berroterán (EWEC-LAC Communications and Advocacy coordinator).

Special thanks to Aluisio Barros, Cesar G. Victora, and Luis Paulo Vidaletti from the International Center for Equity in Health (ICEH), Federal University of Pelotas, Pelotas, Brazil for producing the inequality analysis for this report.

This publication was produced with financial support from USAID. The opinions expressed by the authors do not reflect the views of USAID.

Abbreviations and acronyms

2030 Agenda	2030 Agenda for Sustainable Development
DHS	Demographic and Health Survey
EDSA	Encuesta de Demografía y Salud
ENDES	Encuesta de Demografía y de Salud Familiar
ENSANUT	Encuesta Nacional de Salud y Nutrición
EWEC-LAC	Every Woman Every Child Latin America and the Caribbean
LAC	Latin America and the Caribbean
MDG	Millennium Development Goal
MICS	Multiple Indicator Cluster Survey
SDG	Sustainable Development Goal

Summary

This report assesses country-level social inequalities in health in the Latin America and the Caribbean (LAC) region in about 2014, as a baseline for the 2030 Agenda for Sustainable Development, with a focus on Sustainable Development Goal 3, related to health and well-being. To this end, the report analyzes national data from 22 countries with available data on five priority health coverage and outcome indicators focusing on the health of women, children, and adolescents: demand for family planning satisfied with modern methods; adolescent birth rate; births attended by skilled health personnel; neonatal mortality; and under-five mortality. Birth registration, an indicator under Sustainable Development Goal 16, is also included in the analysis given its centrality to ensuring fundamental rights and access to health services. To assess social inequalities in these indicators, six key stratifiers were used depending on data availability: wealth; place of residence; subnational region; the child's sex; women's/maternal education; and women's age group. Specifically, simple inequality measures known as absolute and relative gap measures were estimated for each country and indicator using all stratifiers, and complex measures were estimated with a focus on assessing wealth-based inequalities.

The LAC region showed, on average, good coverage of health services and low outcome prevalence in most indicators. Although there were no apparent patterns in the inequalities, in some instances, positive health outcomes

were more frequently observed among households in the highest wealth quintile compared to those in the bottom quintile. Most within-country inequalities also favored those living in urban populations over those in rural populations, and women with at least secondary education over those with no educational attainment. Marked subnational differences within countries were also present in most indicators. Besides some inequalities favoring adult women for satisfied demand of family planning with modern methods and females for neonatal mortality, disaggregation by age group for women and by sex for children did not reveal large or consistent inequality gaps.

Despite the overall regional performance being on track to achieve the 2030 Agenda for Sustainable Development for most indicators, inequalities remain among the major challenges. Hence, national efforts should primarily focus on reducing these within-country inequalities. In addition, there should be a particular focus on improving health outcomes and coverage in some countries to address persistent health challenges among women, children, and adolescents. Finally, given the limited data availability for health-related indicators in countries in the LAC region, it is imperative that regional and national institutions allocate resources to improve the collection, reporting, and monitoring of these health-related outcome and coverage indicators, with the goal of promoting better evidence-based policymaking.

Health Inequalities in Latin America and the Caribbean:
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Introduction

The Latin America and the Caribbean (LAC) region achieved considerable health gains during the period of the Millennium Development Goals (MDGs). While some health indicator targets for the 2030 Agenda for Sustainable Development (2030 Agenda) (1, 2) have already been met in several countries in the region,¹ others have not yet been achieved.² Despite not meeting the maternal mortality MDG target, a substantial reduction in preventable maternal deaths in LAC was achieved by 2015, mainly attributable to national efforts in expanding access to maternal and reproductive services, as well as improvements in nutrition, education, and other social determinants.

Global partnerships and regional health movements have been crucial in offering technical assistance to national governments to support their efforts in closing the inequality gap and leave no one behind. For instance, the Global Strategy for Women's, Children's, and Adolescents' Health 2016–2030 (Global Strategy) (3) provides a road map to accelerate the work towards improving the health and well-being of women and children. In spite of the progress achieved on health indicators and their determinants across countries in the LAC region, within-country health inequalities have persisted as these have not been explicitly considered as MDG indicators or Sustainable Development Goal (SDG) indicators.

The particular relevance of health inequalities in the LAC region has been addressed by the regional interagency mechanism Every Woman Every Child Latin America and the Caribbean (EWEC-LAC). The Global Strategy was updated in 2015 for the period 2016–2030 to include adolescents,

given their centrality to achieving all health-related targets and to the overall success of the 2030 Agenda. The Global Strategy, with the agreement of United Nations Member States, is a revitalized commitment within the 2030 Agenda to "end preventable deaths among all women, children and adolescents, to greatly improve their health and well-being and to bring about the transformative change needed to shape a more prosperous and sustainable future" (3). EWEC-LAC adapted the approach of the Global Strategy to the context of the Americas context by applying an explicit equity lens. EWEC-LAC monitors, addresses, and advocates to reduce social inequalities in women's, children's, and adolescents' health. It supports the monitoring of health inequalities through numerous activities, ranging from building technical capacities in countries in the LAC region through regional workshops to analyzing bottlenecks to reduce inequalities in regional and national health outcomes.

This publication provides evidence of baseline³ levels and inequalities for a set of selected priority health-related indicators to monitor the LAC region's progress in the context of the 2030 Agenda. By presenting within-country inequalities, it identifies the social subgroups that are further behind in some health-related indicators, facilitating stakeholders to work in a targeted manner to achieve a better and healthier world for all women, children, and adolescents regardless of their social status.

1 For example, Sustainable Development Goal (SDG) Target 3.2 on neonatal and under-five mortality

2 For instance, the SDG 3.1 Target on maternal mortality.

3 Country-specific baseline years are around 2014 and specified in Table 2.

1. Methodology

This report focuses on reproductive, maternal, neonatal, child, and adolescent health. It provides a baseline assessment, around 2014, for six selected women's, children's, and adolescents health-related indicators in 22 countries in the LAC region. These indicators^{4,5} are

detailed in Table 1 and are: (1) demand for family planning satisfied with modern methods; (2) adolescent birth rate; (3) births attended by skilled health personnel; (4) neonatal mortality; (5) under-five mortality; and (6) birth registration.

Table 1. Indicators related to the Sustainable Development Goals (SDGs)

Indicator	Type	SDG no.	SDG definition	Numerator	Denominator
1 Demand for family planning satisfied with modern methods (%)	Coverage	3.7.1	Proportion of women of reproductive age (aged 15–49 years) who have their need for family planning satisfied with modern methods	Number of women of reproductive age (15–49 years) currently using, or whose sexual partner is currently using, at least one modern contraceptive method ^a	Women aged 15–49 years currently married or in union in need of contraception
2 Adolescent birth rate (15–19 years) (per 1,000)	Outcome	3.7.2	Adolescent birth rate (aged 15–19 years) per 1,000 women in that age group	Number of births that occurred in the 1–36 months before the survey to women aged 15–19 years old at the time of the birth	Exposure to childbearing by women aged 15–19 years (1–36 months before the survey)
3 Births attended by skilled health personnel (%)	Coverage	3.1.2	Proportion of births attended by skilled health personnel	Number of births attended by skilled health personnel	All live births in the last 2 years (MICS ^b) or 3 years (DHS ^c) preceding the survey, women 15–49
4 Neonatal mortality rate (per 1,000 live births)	Outcome	3.2.2	Probability of a child dying during the first 28 days of life	Deaths at age 0–28 days	Surviving children at beginning of specified age range during the specified time period
5 Under-five mortality rate (per 1,000 live births)	Outcome	3.2.1	Probability of dying between birth and 5 years of age, expressed per 1,000 live births	Deaths at age 0–4 years (also includes deaths reported as age 0–59 months and 0–59 days)	Surviving children at beginning of specified age range during the specified time period
6 Birth registration (%)	Coverage	16.9.1	Proportion of children under 5 years of age whose births have been registered with a civil authority, by age	Number of children under the age of five whose births are reported as registered with the relevant national civil authorities × 100	Total boys and girls under five years of age

a Modern contraceptive methods include female and male sterilization, intrauterine device (IUD), implant, injectables, oral contraceptive pills, male and female condoms, vaginal barrier methods (including diaphragm, spermicidal foam, jelly, cream, and sponge), lactational amenorrhea (LAM) method, emergency contraception, and other modern methods not reported separately (e.g. for example, contraceptive patch or vaginal ring).

b Multiple Indicator Cluster Survey.

c Demographic and Health Surveys.

4 All of these indicators are health-related indicators that are part of SDG 3 (Health and well-being), except for indicator (6) on birth registration which is an SDG 16 (Peace, justice, and strong institutions) target and is included due to its relevance to ensure other fundamental rights and access to health services.

5 Indicators (1), (3), and (6) are health-related coverage indicators, whereas (2), (4), and (5) are health outcome indicators.

Table 2. Surveys included in the analyses, showing year and sample sizes

Country	Year	Source	Households surveyed	Children	Women
				< 5 years	15–49 years
Argentina	2011	MICS	23,791	8,800	21,660
Barbados	2012	MICS	2,872	465	1,543
Belize	2015	MICS	4,636	2,537	4,699
Bolivia (Plurinational State of)	2016	EDSA	14,655	4,957	11,814
Colombia	2015	DHS	44,614	11,759	38,718
Costa Rica	2011	MICS	5,561	2,274	5,084
Cuba	2014	MICS	9,494	5,667	8,995
Dominican Republic	2014	MICS	31,167	19,981	29,200
Ecuador	2012	ENSANUT	19,866	10,416	20,550
El Salvador	2014	MICS	11,732	6,874	12,507
Guatemala	2014	DHS	21,383	12,440	25,914
Guyana	2014	MICS	5,077	3,358	5,076
Haiti	2016	DHS	13,405	6,530	14,371
Honduras	2011	DHS	21,362	10,888	22,757
Jamaica	2011	MICS	5,960	1,639	5,032
Mexico	2015	MICS	10,076	7,566	11,362
Panama	2013	MICS	9,882	5,846	9,431
Paraguay	2016	MICS	7,313	4,625	7,311
Peru	2016	ENDES (DHS)	32,615	69,372	33,135
Saint Lucia	2012	MICS	1,718	291	1,253
Trinidad and Tobago	2011	MICS	5,573	1,199	4,123
Uruguay	2012	MICS	3,568	1,599	2,753

DHS – Demographic and Health Surveys; EDSA – Encuesta de Demografía y Salud; ENDES – Encuesta de Demografía y de Salud Familiar; ENSANUT – Encuesta Nacional de Salud y Nutrición; MICS – Multiple Indicator Cluster Survey.

Table 3. Regional medians per indicator around year 2014

Indicator	Indicator unit	SDG 2030 global target	Median	Lowest	Highest
Demand for family planning satisfied with modern methods	Percentage	95 ^a	76	43.1	89.7
Adolescent birth rate	Births per 1,000 women aged 15–19 years	N/A	77.2	59.4	99
Births attended by skilled health personnel	Percentage	95 ^a	96.8	41.5	99.4
Neonatal mortality rate	Deaths per 1,000 live births	12	15	8.2	31.7
Under-five mortality rate	Deaths per 1,000 live births	25	29	17	82.4
Birth registration	Percentage	95 ^a	95.7	84.8	100

a Goal of 95% for coverage indicators is based on interpretation of universal coverage.

Table 4. National performance for selected SDG indicators for coverage and health outcome indicators around year 2014

		SDG INDICATOR					
		3.7.1	3.7.2	3.1.2	3.2.2	3.2.1	16.9.1
Subregion	Country	Demand for family planning satisfied with modern methods (%)	Adolescent birth rate (births per 1,000 women 15–19 years)	Births attended by skilled health personnel (%)	Neonatal mortality (deaths per 1,000 live births)	Under-five mortality (deaths per 1,000 live births)	Birth registration (%)
South America	Argentina						100
	Bolivia		71	89.8	15	29	
	Colombia	86.5	77.2	96.3	9.8	18.8	96.8
	Ecuador			91.1			
	Guyana	52.4	77.2	92.4	21.2	36.5	88.7
	Paraguay	86.4	76	95.5	8.2	19.6	93
	Peru	64.2	62.9	93.2	9.1	18.7	
	Uruguay			98.2			99.8
Mesoamerica	Belize	66	82.2	96.8	8.2	17	95.7
	Costa Rica	89.3		98.4			99.7
	El Salvador	84.8	75.5	97.7	10	19.9	98.5
	Guatemala	65.3	93.5	68.1	17.5	38.5	
	Honduras	76	99	84.7	16.5	29.4	93.6
	Mexico	86.1		97.7			95
	Panama	76.4		91.6			95.6

Table 4. (continued).

		SDG INDICATOR					
		3.7.1	3.7.2	3.1.2	3.2.2	3.2.1	16.9.1
Subregion	Country	Demand for family planning satisfied with modern methods (%)	Adolescent birth rate (births per 1,000 women 15–19 years)	Births attended by skilled health personnel (%)	Neonatal mortality (deaths per 1,000 live births)	Under-five mortality (deaths per 1,000 live births)	Birth registration (%)
The Caribbean	Barbados	70.7		98.9			98.7
	Cuba	89.7		99.4			100
	Dominican Republic	85.2	91.4	98.7	24.8	35.3	88
	Haiti	43.1	59.4	41.5	31.7	82.4	84.8
	Jamaica			99.1			
	Saint Lucia	72.5		98.7			92
	Trinidad and Tobago	64.3		98			96.5

Information was extracted from standardized national household surveys (Table 2), which render comparable data given their similarities in methodologies for sampling and data collection approaches (4, 5). To gain an insight into the regional panorama, medians⁶ of national progress in all six indicators are presented in Table 3 and country-specific values are detailed in Table 4. For the regional analysis, medians were preferred over mean values given the spread of the national values, which would largely influence mean but not median values. In addition, standard summary measures of within-country health inequalities

are calculated by using the following six dimensions of socioeconomic stratification:⁷ household wealth; place of residence (urban and rural); subnational region;⁸ sex of the child (when applicable); women's/maternal education, and women's/maternal age. This report presents simple measures of inequality. These are the absolute and relative gaps that represent absolute and relative differences within the health-related indicators, thus highlighting the gaps between the worst-off and best-off for each country as measured by the stratifiers mentioned above.

6 For each indicator, the median corresponds to the indicator value for the country in the middle when ordering countries from lowest to highest indicator values.

7 Survey estimates for these inequalities are available in Annex A. They are presented for each country and can be filtered by indicator and social stratifier.

8 Specific subnational regions for each country are listed in Annex B.

2. General findings

Overall, as illustrated in Table 3, baseline regional medians for health outcome indicators are relatively close to their SDG global targets for 2030. The baseline regional medians for most health-related coverage indicators included in this analysis exceeded universal coverage, except for the demand for family planning satisfied with modern methods, which is below it. Despite the favorable country average performance at the regional level, the analysis revealed substantial between-country inequalities. These inequalities were particularly wide for some indicators, such as the one related to the presence of skilled birth attendants at delivery. Moreover, there was a relationship between health outcomes and coverage with socioeconomic strata of the women, children, and adolescents represented in the data analyzed for this report.

Wealth-related inequalities were widespread across countries and indicators, showing more extreme results for the indicator on the proportion of births attended by skilled personnel. Moreover, all indicators showed wide

inequality gaps by place of residence, favoring those living in urban areas. Only three indicators calculated differences by sex of the child. While health inequalities by sex were not large for birth registration, some inequality gaps were shown for child survival indicators, showing greater mortality rates for males compared to females.

Inequalities by women's or maternal educational level were found in all six indicators, and are particularly large for adolescent birth rates. These results depict worse health outcomes for those women or mothers with lower educational attainment. Analyses by subnational regions for each country revealed wide gaps in critical indicators, despite high national coverage levels or low outcome prevalence/rates, with considerable differences for the demand for family planning satisfied with modern methods.

3. Key findings by indicator

3.1 Demand for family planning satisfied with modern methods

In relation to the coverage of satisfied family planning with modern methods, the regional median was close to 76%, and there were important differences between countries. For example, only about 43% of households in Haiti had their demand for family planning satisfied with modern methods compared to almost 90% in Cuba. Across all countries with available data, except Paraguay, the analysis revealed higher coverage levels for the wealthiest

households compared to the poorest (Figure 1). Inequality patterns by place of residence were mixed for this indicator (Figure 2). Peru and Guatemala exhibited the widest rural-urban divide among countries with available data. Specifically, coverage levels among households in urban areas were higher than those among households in rural areas by about 11 and 13 percentage points, respectively.

Figure 1. Proportion of women of reproductive age (aged 15–49 years) who have their need for family planning satisfied with modern methods (%): inequalities by wealth quintiles

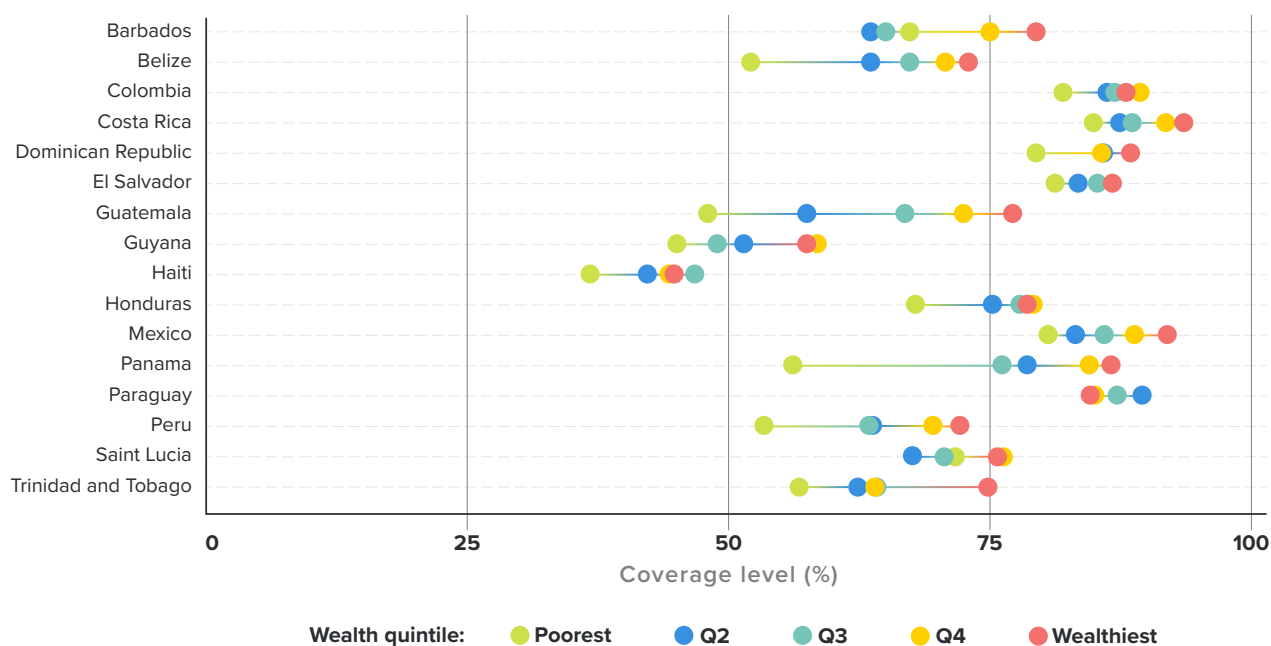


Figure 2. Proportion of women of reproductive age (aged 15–49 years) who have their need for family planning satisfied with modern methods (%): inequalities by place of residence

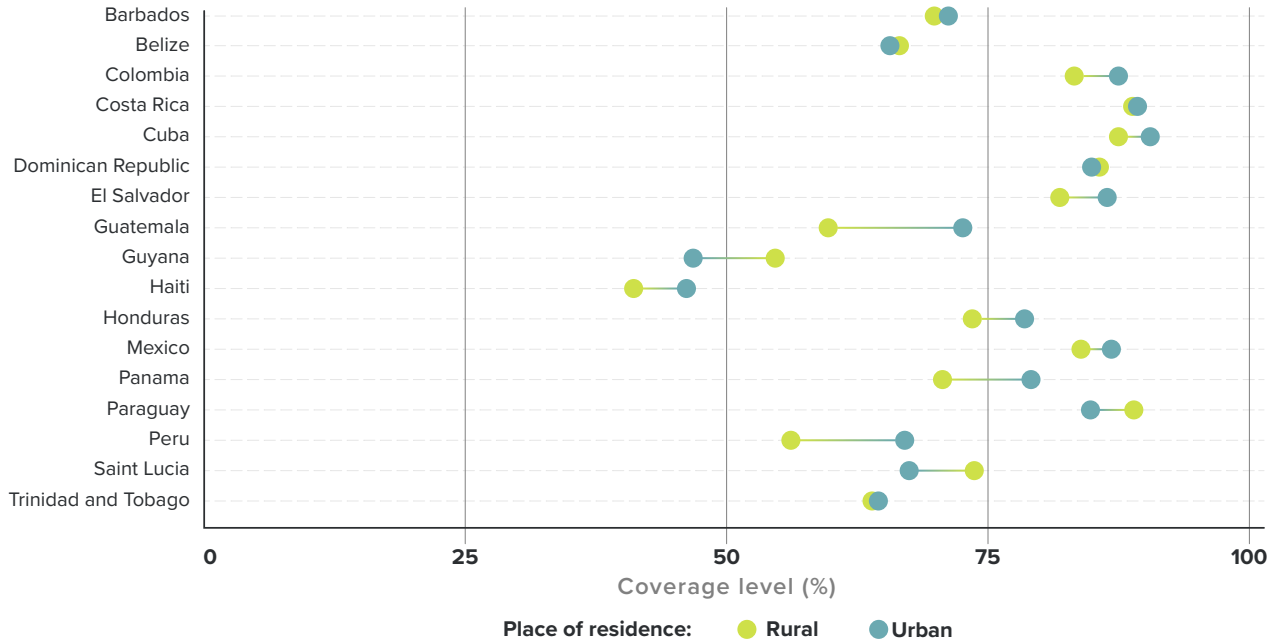
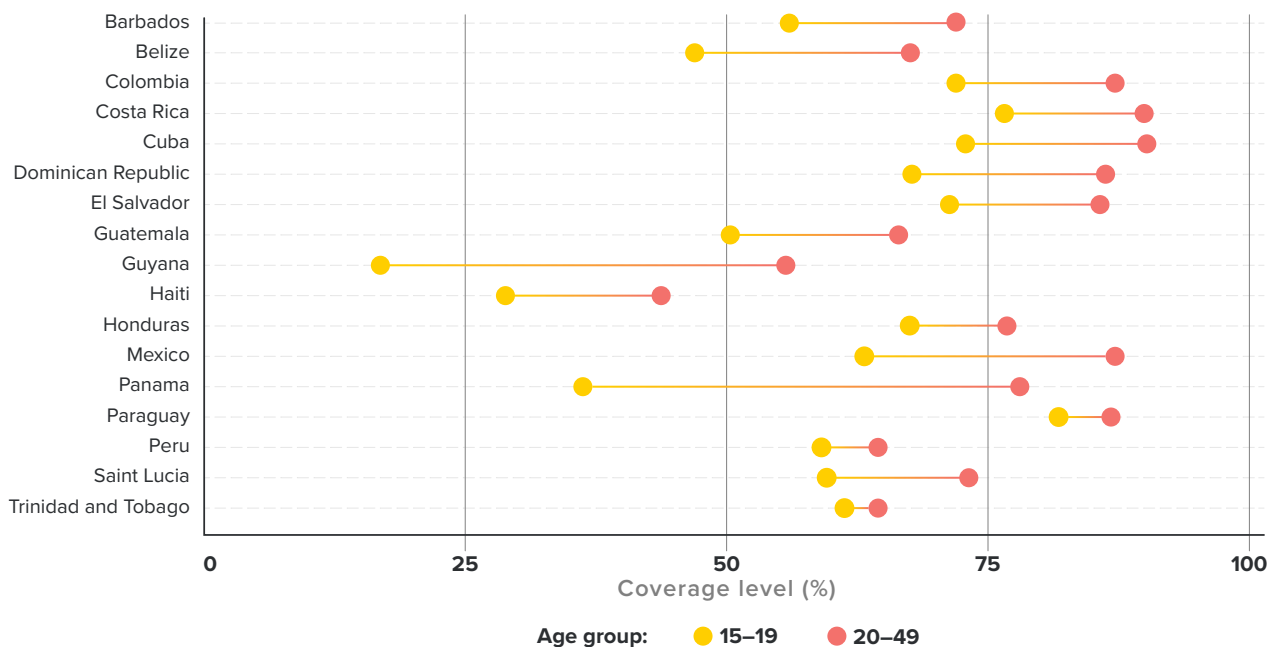


Figure 3. Proportion of women of reproductive age (aged 15–49 years) who have their need for family planning satisfied with modern methods (%): inequalities by woman age group



Women with higher educational attainment had consistently higher coverage levels than their counterparts with lower education, especially in Panama and Belize, with 42.4 and 29.0 percentage point differences, respectively. Adolescent girls showed lower coverage of family

planning than did older women in all countries with available data, with absolute gaps as high as 40 percentage points in Guyana and Panama (Figure 3). Paraguay, Peru, and Trinidad and Tobago showed minimal differences across age groups.

3.2 Adolescent birth rate

The regional adolescent birth rate per 1,000 women aged 15–19 years ranged from about 59 in Haiti to about 99 in Honduras, with a regional median of almost 77. In all 10 countries where these data were available, adolescent birth rates were lower among the wealthiest households compared to the poorest (Figure 4). The wealthiest populations had substantially lower adolescent birth rates than their poorer peers, especially in the Dominican Republic, where the gap between richest and poorest reached 140 births per 1,000 adolescent women.

Adolescent birth rates were higher in rural areas than in urban areas in all countries, with rates twice as high in rural areas in countries such as Colombia, Guatemala, and Peru (Figure 5). There were substantial differences

in adolescent birth rates between geographical regions within Guyana, Peru, and Honduras. For example, adolescent birth rates in subnational regions with the highest birth rates exceeded those of regions with the lowest rates by approximately 126, 106, and 91 more births per 1,000 women aged 15–19 years in each of these countries, respectively. Women's educational level played an essential role in these inequalities across all countries with available data, showing favorable rates for those with secondary education or higher compared to lower educational levels. For instance, the difference in births per 1,000 women aged 15–19 years for adolescent women with at least secondary schooling compared to those with primary schooling was about 149 in Colombia (Figure 6).

Figure 4. Adolescent birth rate (births per 1,000 adolescent women aged 15–19 years): inequalities by wealth quintiles

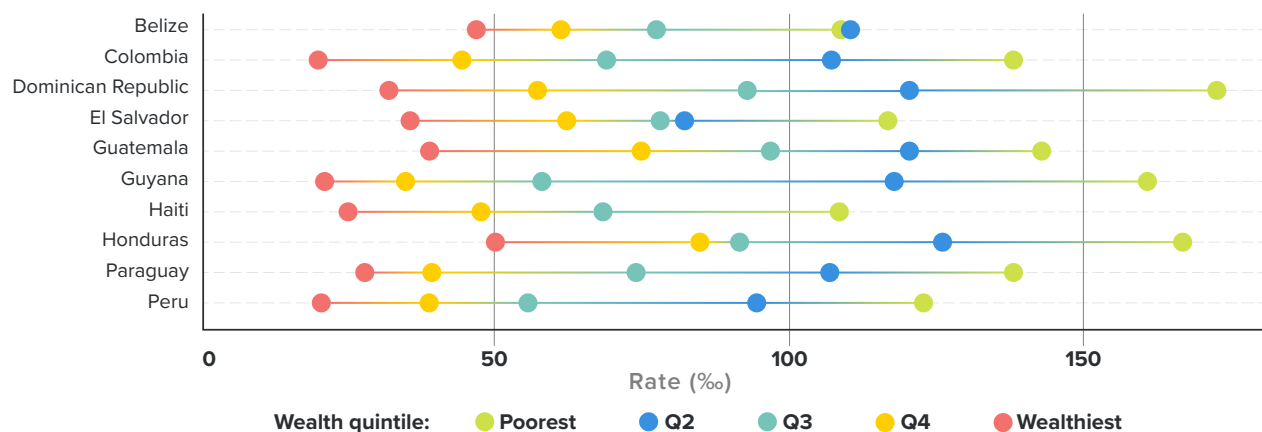


Figure 5. Adolescent birth rate (births per 1,000 adolescent women aged 15–19 years): inequalities by place of residence

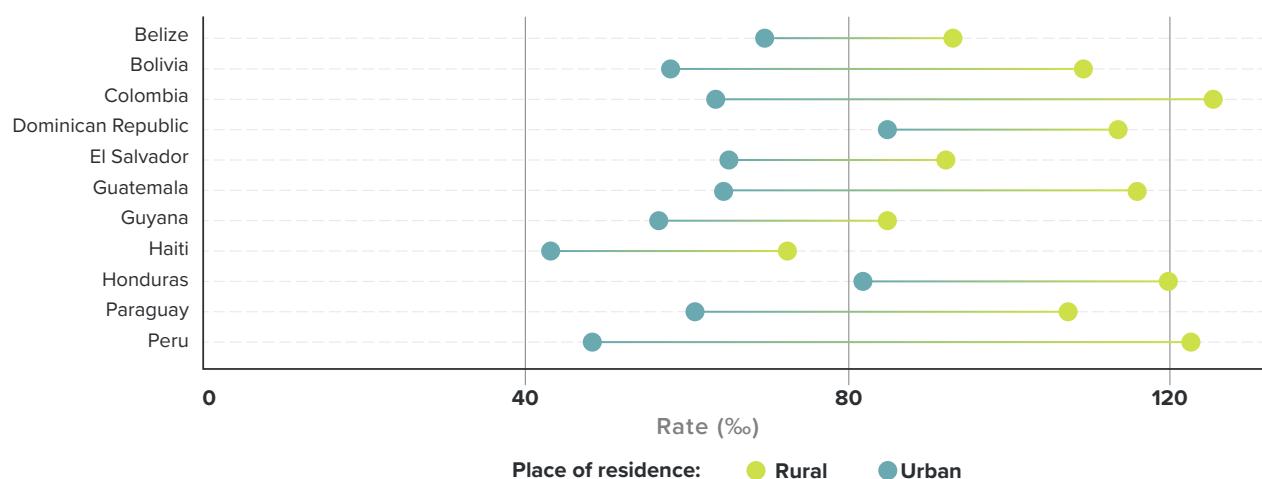
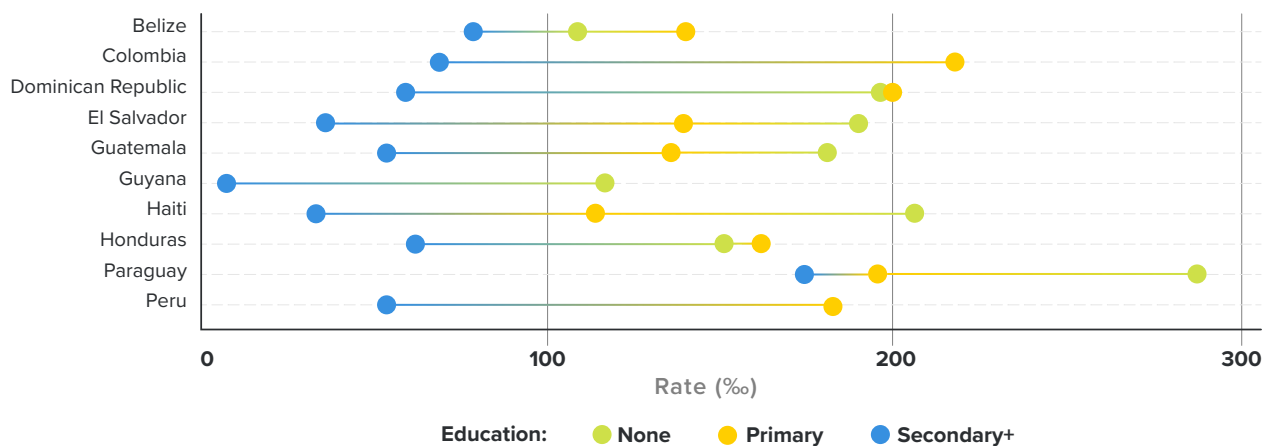


Figure 6. Adolescent birth rate (births per 1,000 adolescent women aged 15–19 years): inequalities by women’s education



3.3 Births attended by skilled health personnel

The regional median of births attended by skilled health personnel was 96.8%. Inequality measures for this indicator suggested a higher proportion of births attended by skilled health personnel for women in the wealthiest households compared to those living in the poorest households. In particular, coverage levels for this indicator were higher for the wealthiest households relative to the poorest by

a difference of more than 25 percentage points in five countries (Figure 7). In addition, for most countries, coverage levels for women in the wealthiest households were close to 100%, compared to levels as low as 15%, 40%, and 61% for women in the poorest households in Haiti, Guatemala, and Honduras, respectively.

Figure 7. Proportion of births attended by skilled health personnel (%): inequalities by wealth quintiles

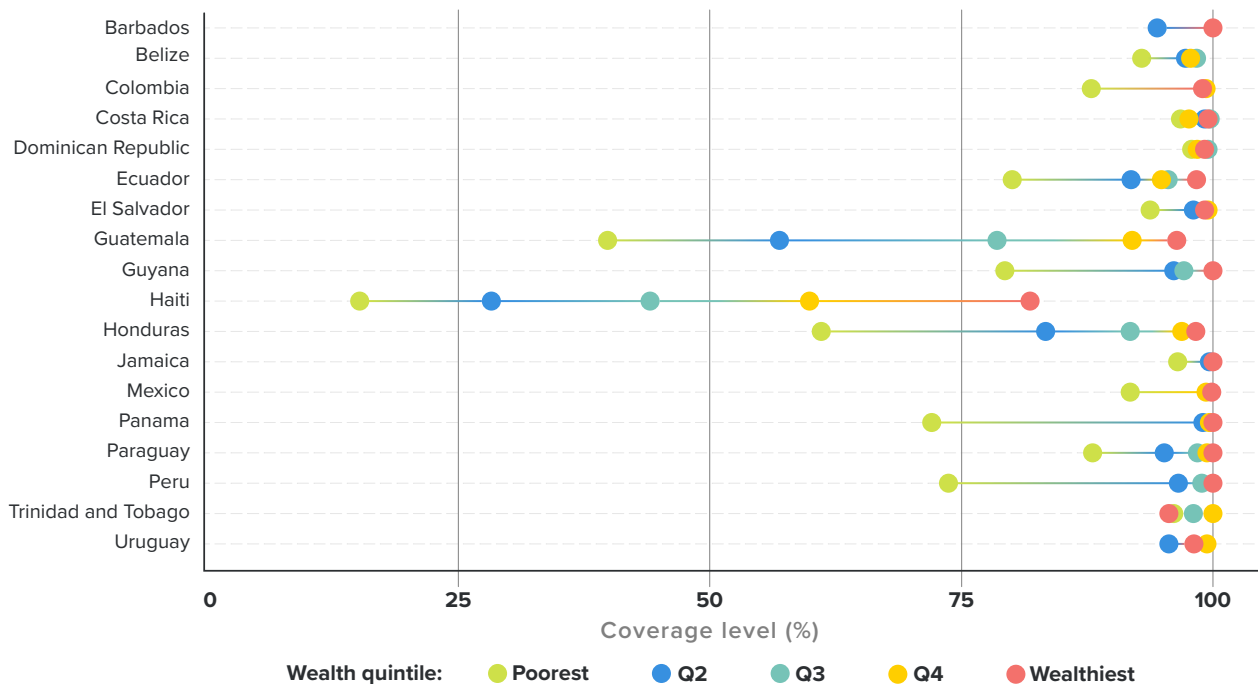


Figure 8. Proportion of births attended by skilled health personnel (%): inequalities by place of residence

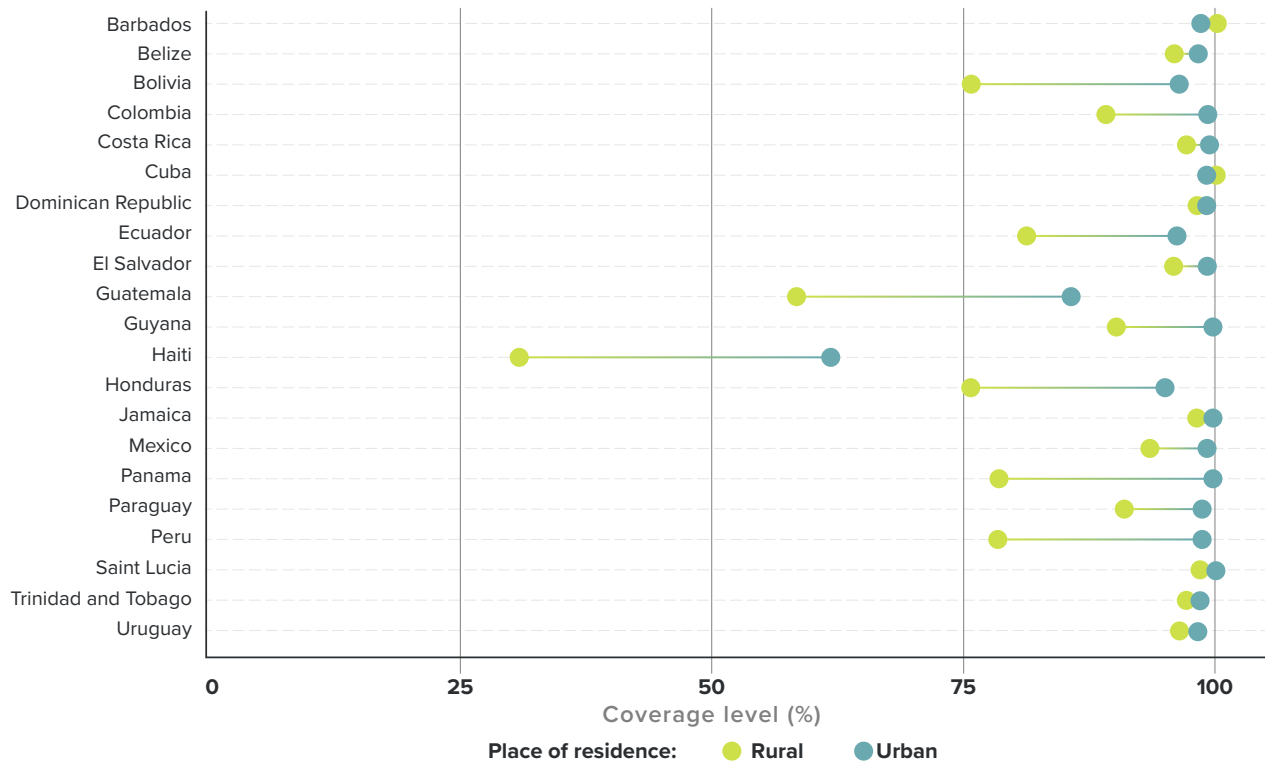
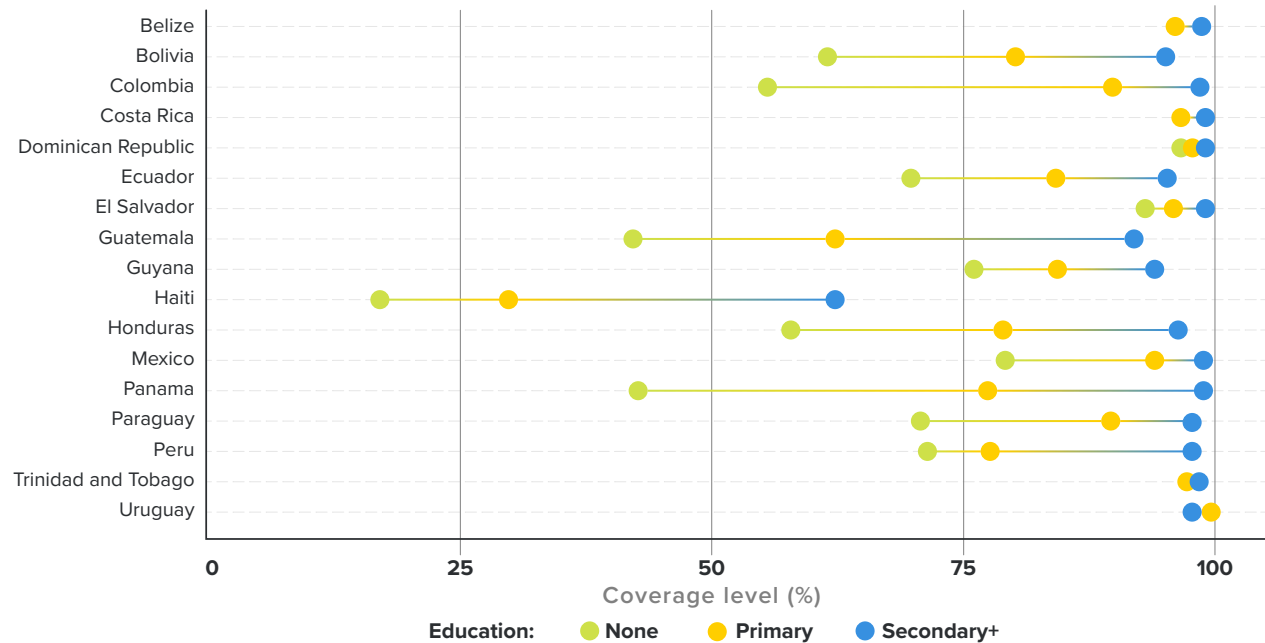


Figure 9. Proportion of births attended by skilled health personnel (%): inequalities by women's education



Coverage levels for this indicator were also found to differ by place of residence. For instance, in 8 out of the 21 countries where data were available, the proportion of births attended by skilled health personnel for women in urban areas exceeded that for women in rural areas by more than 10 percentage points (Figure 8). Subnational differences for this indicator exceeded 30 percentage

points in several countries in the region. Women with higher education showed higher coverage for births attended by skilled health personnel, with more than a twofold difference for Guatemala, Panama, and Haiti (Figure 9). However, adolescent mothers had similar coverage levels for this indicator as older women across countries.

3.4 Mortality indicators

Two mortality indicators are presented in this report: neonatal and under-five mortality, with median regional levels of about 15 and 29 deaths per 1,000 live births, respectively. Hence, among the 11 countries with available data, the regional median neonatal mortality rate was close to the global SDG target for 2030 of 12 deaths per 1,000 live births, and there seems to be even better regional progress for under-five mortality, which has already reached the global SDG target for 2030 of 25 deaths per 1,000 live births.

Neonatal mortality was strongly related to wealth in most countries, mainly favoring the wealthier population (Figure 10). However, this indicator might have potential data issues due to low sample size, especially for comparisons across wealth quintiles. Neonatal mortality showed a substantial

difference by place of residence and subnational region, consistently favoring those living in urban populations. Maternal education had a significant impact on neonatal mortality inequalities to the detriment of those children whose mothers had lower levels of educational attainment. There were 12.3, 16.5, and 22.9 more neonatal deaths per 1,000 live births for children born to mothers with no educational attainment compared to those with at least secondary education in Peru, Colombia, and Paraguay, respectively (Figure 11). These were the largest absolute gaps in neonatal mortality for the maternal education stratifier. Male neonates showed higher mortality rates than their female counterparts, particularly in Guyana with almost eight more male than female neonatal deaths per 1,000 live births (Figure 12).

Figure 10. Neonatal mortality rate (deaths per 1,000 live births): inequalities by wealth quintiles

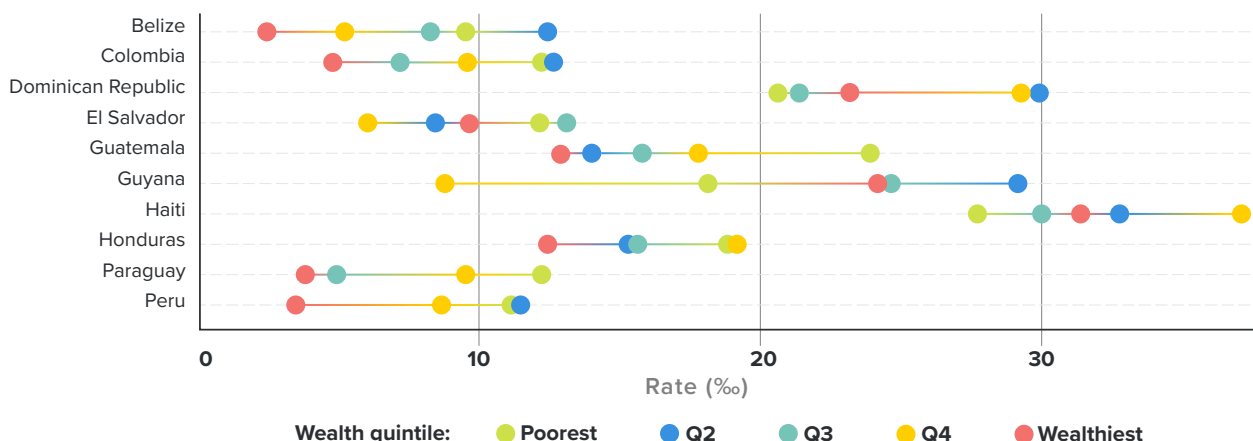


Figure 11. Neonatal mortality rate (deaths per 1,000 live births): inequalities by maternal education

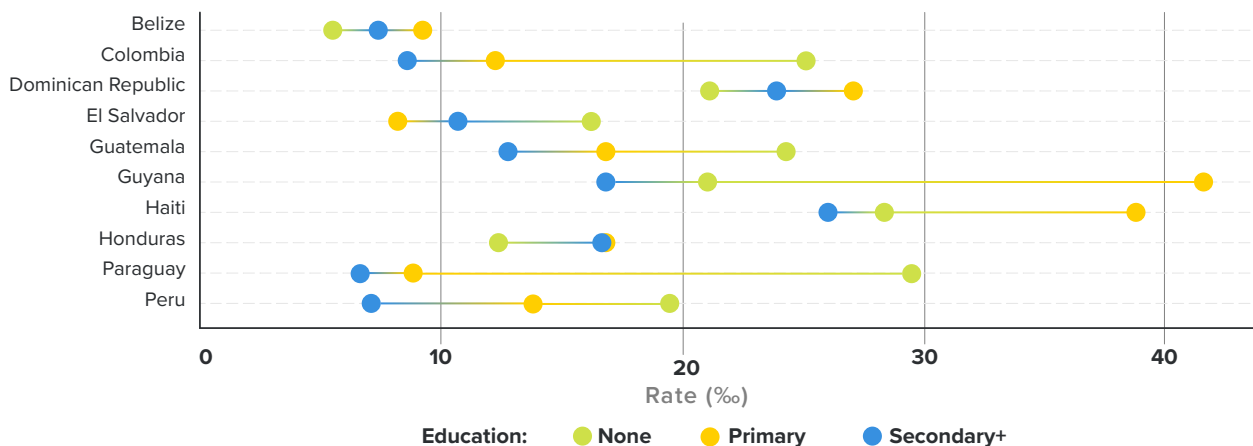


Figure 12. Neonatal mortality rate (deaths per 1,000 live births): inequalities by sex of child

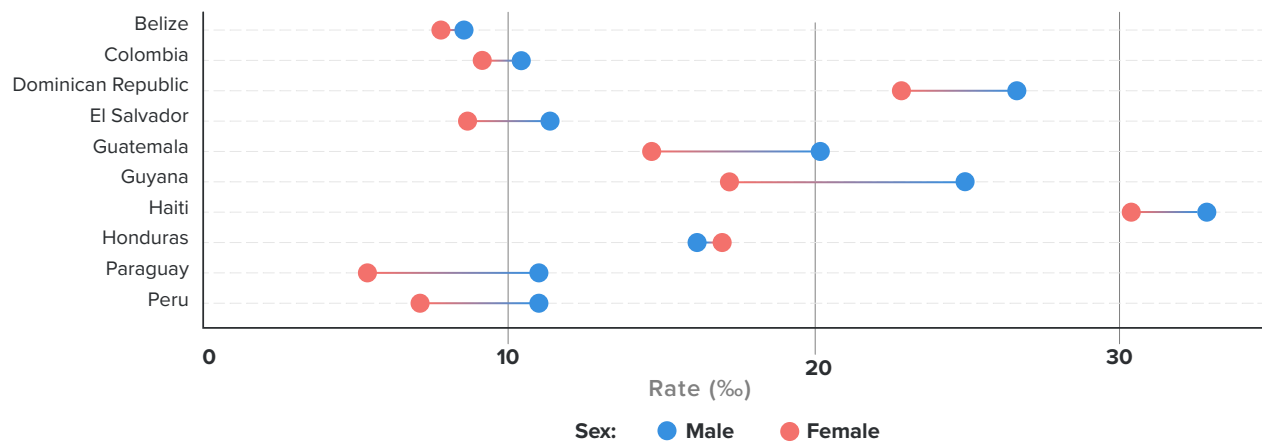


Figure 13. Under-five mortality rate (deaths per 1,000 live births): inequalities by wealth quintiles

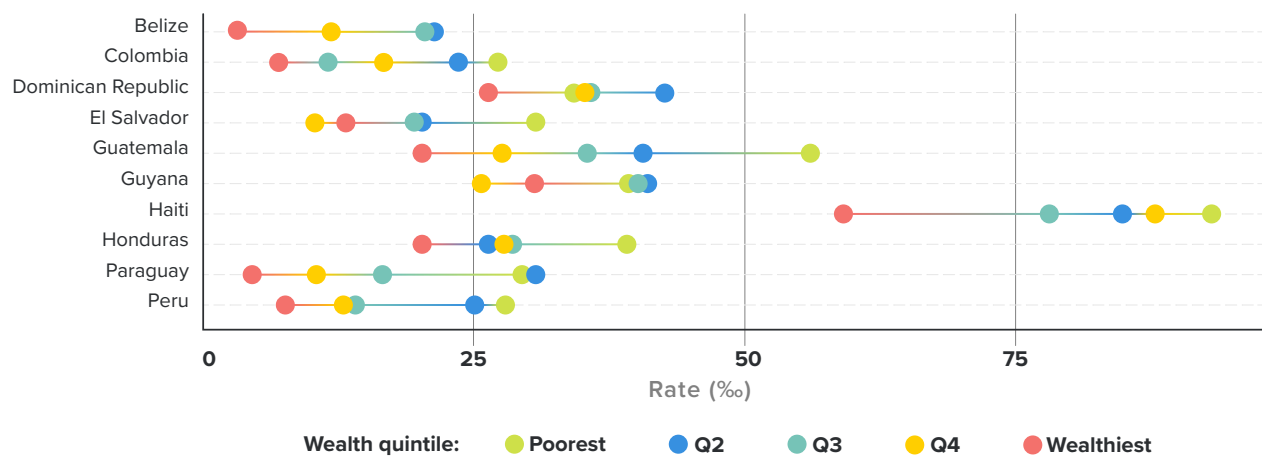
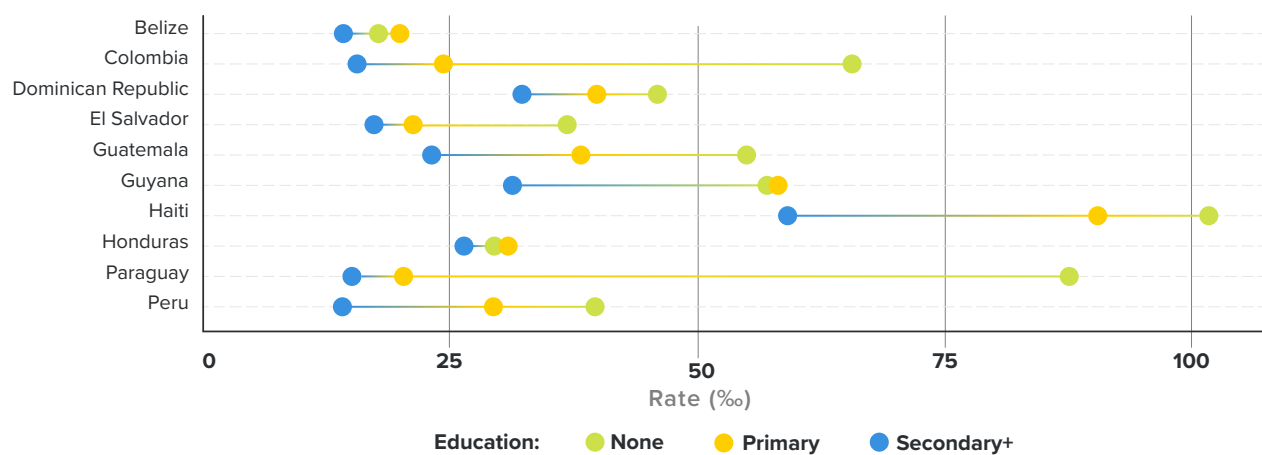


Figure 14. Under-five mortality rate (deaths per 1,000 live births): inequalities by maternal education



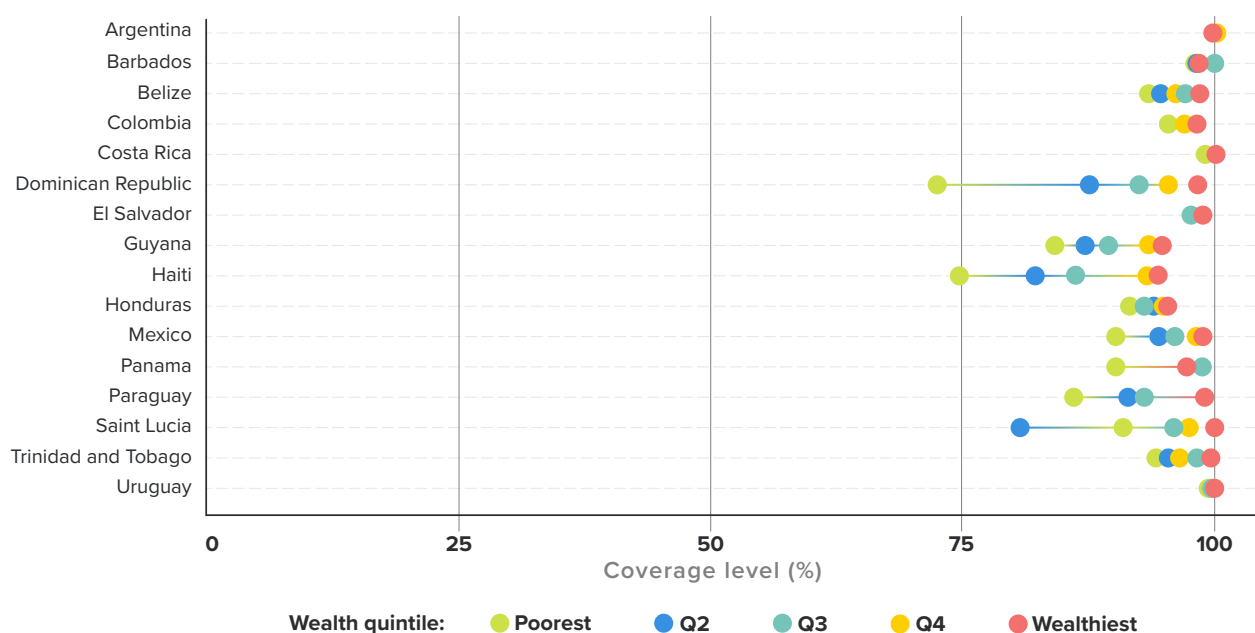
Under-five mortality rates showed similar gaps in inequality. For example, the greatest rates were about 35, 36, 38, and 82 under-five deaths per 1,000 live births in the Dominican Republic, Guyana, Guatemala, and Haiti, respectively. Among these countries, Haiti and Guatemala showed the largest gaps in under-five mortality rates by wealth quintile (Figure 13). Haiti and Honduras had the widest absolute gaps between geographical regions. Boys had higher mortality than girls in all countries with available data, although the difference was less marked in Colombia. Children whose mothers had lower education levels showed significantly higher under-five mortality rates in all countries with available data, with vast differences, such as in Paraguay, Colombia, and Haiti about 72, 50, and 42

more deaths per 1,000 live births for under-fives born to mothers with at least secondary education compared to no educational attainment (Figure 14).

3.5 Birth registration

Finally, birth registration was analyzed as an additional indicator given its essential role to guarantee fundamental rights and access to health services. The regional median coverage for this indicator was close to 96%, and coverage exceeded 95% in most countries.⁹ Inequalities by wealth were sizeable (Figure 15). The birth registration rate was particularly high among the wealthiest households, whereas the poorest households in some countries¹⁰ showed coverage levels below 75%.

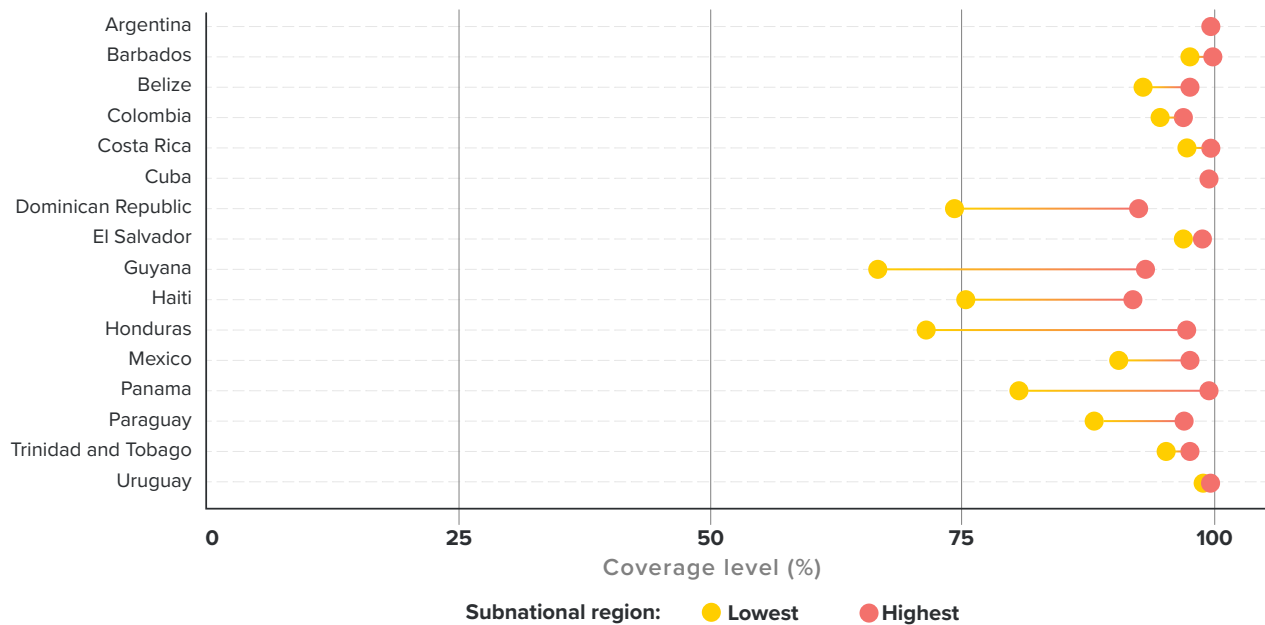
Figure 15. Birth registration (%): inequalities by wealth quintiles



9 The Dominican Republic, Guyana, Haiti, Honduras, Paraguay, and Saint Lucia were exceptions.

10 For instance, the Dominican Republic and Haiti.

Figure 16. Birth registration (%): inequalities by subnational region



Differences by place of residence or sex of the child were overall minimal across countries. However, living in specific subnational regions and maternal education played a significant role in within-country inequalities. Panama, Honduras, and Guyana showed the most significant

absolute gaps by subnational regions with about 19, 26, and 27 percentage point differences across regions (Figure 16). Last, children born to mothers with higher educational levels had a higher coverage of birth registration, especially in the Dominican Republic, Guyana, and Paraguay.



4. Conclusions

Substantial wealth-based inequalities in women's, children's, and adolescents' health favoring the wealthiest populations persist in most LAC countries. Inequalities in health outcomes and coverage are also advantageous for those in urban areas and with higher educational attainment. Despite the overall regional satisfactory performance on reproductive, maternal, neonatal, child, and adolescent health indicators, inequalities are among the major challenges to achieving goals and targets proposed in the 2030 Agenda. Some countries present relatively worse health outcomes and wider gaps in their health coverage compared to other countries in the region, indicating an additional need for prioritization of overall health improvement, in addition to closing inequalities.

National efforts should primarily focus on reducing within-country disparities found by area of residence (urban and rural), wealth (poorest and wealthiest), and education level (no educational attainment, primary education, and secondary education). Additional disparities related to ethnicity (indigenous, and Afro-descendant populations) have also been documented elsewhere (6, 7, 8). Addressing the inequalities that affect the health of women, newborns, children, and adolescents is not only a matter of human rights and social justice but also essential to accelerate progress towards achievement of the SDGs in the LAC region.

The COVID-19 pandemic has brought a new urgency to addressing health inequalities, as it has substantially affected the LAC region and threatened the progress of the SDGs and their sustainability. The pandemic has also affected most national statistics offices in the LAC region (9), challenging data reporting quality and systems. Limited funding, overburdened systems, and inadequate information systems could potentially increase persistent social inequalities in health. Therefore, specific efforts to monitor national inequalities in reproductive, maternal, neonatal, child, and adolescent health should be heightened during these challenging times.

Overcoming within-country social inequalities is long overdue in the LAC region, and multisectoral interventions are necessary if countries plan to meet the targets of the 2030 Agenda, especially those related to SDG 3 (10). Recognizing that many complex and multidimensional factors within and outside of the health sector affect the health and well-being of women, children, and adolescents underlines the importance of a multisectoral approach involving many sectors and stakeholders, including governmental and nongovernmental actors, civil society, academia, the private sector, and communities. Optimal participation of stakeholders, including young people, will be essential for better results and enhanced accountability, in particular through the involvement of vulnerable groups and communities.

5. Recommendations

Based on the evidence presented here, which unveils important equity gaps among the key health coverage and outcome indicators analyzed, this report makes the following recommendations. First, national efforts should primarily focus on reducing within-country inequalities in women's, children's, and adolescents' health-related indicators. Although the regional median for most of the indicators analyzed seems to be on track to achieve SDG 3 targets, progress is uneven across countries. Thus, some countries also need to place special emphasis on improving overall achievement related to health outcomes and coverage levels at the national level.

Countries should implement or expand availability to innovative approaches and models of care, including telemedicine and digital health services, and decentralized distribution of essential commodities such as contraceptives. In addition, the continuity of maternal and other sexual and reproductive health services, including services for gender-based violence against women, should be maintained, ensuring respect for the decisions and rights of women and girls.

Multisectoral and social protection approaches and programs should be implemented alongside health systems interventions to mitigate the economic impact of the COVID-19 pandemic on vulnerable and marginalized communities. International agencies and regional partnerships also have an important role to play here, as they can strengthen, finance, implement, and integrate women's, children's, and adolescents' health into COVID-19 preparedness and response actions by providing technical support to Ministries of Health and related partners across the region.

Finally, regional and national institutions need to allocate optimal resources to maintain, strengthen, or revitalize information systems to collect, report, and monitor social inequalities in health, especially as these are likely to have grown during the COVID-19 pandemic. This is essential to promote evidence-based health policies that target improvements for the health outcomes and coverage for women, children, and adolescents in the region.

References

- 1 Pan American Health Organization. Final Report on the health related Millennium Development Goals in the Region of the Americas. Washington, D.C.: PAHO, 2017 [cited 20 July 2021]. Available from: <https://iris.paho.org/handle/10665.2/34118>
- 2 United Nations Inter-agency Group for Child Mortality Estimation (UN IGME). Levels & Trends in Child Mortality: Report 2020, Estimates developed by the United Nations Inter-agency Group for Child Mortality Estimation. United Nations Children's Fund, New York, 2020.
- 3 United Nations. The Global Strategy for Women's, Children's and Adolescents' Health (2016–2030). New York, NY: United Nations; 2016 [cited 20 July 2021]. Available from: <https://www.who.int/docs/default-source/mca-documents/global-strategy/ewec-globalstrategyreport-200915.pdf>
- 4 Corsi DJ, Neuman M, Finlay JE, Subramanian SV. Demographic and health surveys: a profile. *International Journal of Epidemiology* 2012; 41(6): 1602–13.
- 5 Hancioglu A, Arnold F. Measuring coverage in MNCH: tracking progress in health for women and children using DHS and MICS household surveys. *PLoS Medicine* 2013; 10(5): e1001391-e.
- 6 Del Pino S, Sánchez-Montoya SB, Guzmán JM, Mujica OJ, Gómez-Salgado J, Ruiz-Frutos C. Health Inequalities amongst People of African Descent in the Americas, 2005–2017: A Systematic Review of the Literature. *Int J Environ Res Public Health*. 2019 Sep 8;16(18):3302
- 7 Díaz A, Arana A, Vargas-Machuca R, Antiporta D. Situación de salud y nutrición de niños indígenas y niños no indígenas de la Amazonia peruana [Health and nutrition of indigenous and nonindigenous children in the Peruvian Amazon]. *Rev Panam Salud Publica*. 2015 Jul;38(1):49–56. Spanish. PMID: 26506321.
- 8 Pan American Health Organization. ENCUESTA DE SALUD, NUTRICIÓN Y DESARROLLO de los niños menores de 5 años, pertenecientes a los cantones de Sucúa, Taisha y Tiwintza, en la provincia de Morona Santiago 2017–2018. Quito: PAHO; 2019 [cited 30 July 2021]. Available from: <https://www.paho.org/es/file/88749/download?token=Jbo971BE>
- 9 United Nations. The Sustainable Development Goals Report 2020. New York: UN, 2020.
- 10 Garzón-Orjuela N, Samacá-Samacá DF, Luque Angulo SC, Mendes Abdala CV, Reveiz L, Eslava-Schmalbach J. An overview of reviews on strategies to reduce health inequalities. *Int J Equity Health*. 2020 Oct 28;19(1):192.



Annex A. Inequality Table

Country	Indicator	Indicator Unit	Source	National Indicator Value	INEQUALITY MEASURES BY SOCIAL STRATIFIER																								
					Wealth				Place				Sex				Education				Subnational Region				Woman age				
					Indicator Value by Group		Simple Inequality Measure		Indicator Value by Group		Simple Inequality Measure		Indicator Value by Group		Simple Inequality Measure		Indicator Value by Group		Simple Inequality Measure		Indicator Value by Group		Simple Inequality Measure		Indicator Value by Group		Simple Inequality Measure		
					Poorest (20%)	Wealthiest (20%)	Absolute Gap ^a	Relative Gap ^b	Urban	Rural	Absolute Gap ^a	Relative Gap ^b	Female	Male	Absolute Gap ^a	Relative Gap ^b	None ^c	Secondary ⁺	Absolute Gap ^a	Relative Gap ^b	Lowest Value	Highest Value	Absolute Gap ^a	Relative Gap ^b	15-19 yrs	20-49 yrs	Absolute Gap ^a	Relative Gap ^b	
Barbados	Demand for family planning satisfied with modern methods	Percentage	MICS 2012	70.7	67.3	79.4	12.0	1.2	71.0	70.2	0.9	1.0	.	.	.	.	70.7	.	.	64.6	79.8	15.2	1.2	55.9	71.9	16.0	1.3	
Belize	Demand for family planning satisfied with modern methods	Percentage	MICS 2015	66.0	52.2	73.0	20.8	1.4	65.8	66.1	-0.3	1.0	.	.	.	.	36.2	65.2	29.0	1.8	50.3	80.7	30.3	1.6	46.8	67.5	20.7	1.4
Colombia	Demand for family planning satisfied with modern methods	Percentage	DHS 2015	86.5	82.1	88.0	5.9	1.1	87.5	83.3	4.3	1.1	.	.	.	.	74.1	87.0	12.9	1.2	82.6	91.0	8.4	1.1	71.8	87.1	15.3	1.2
Costa Rica	Demand for family planning satisfied with modern methods	Percentage	MICS 2011	89.3	84.9	93.6	8.6	1.1	89.4	89.2	0.2	1.0	.	.	.	.	79.2	89.1	9.9	1.1	86.1	94.1	8.0	1.1	76.5	89.9	13.4	1.2
Cuba	Demand for family planning satisfied with modern methods	Percentage	MICS 2014	89.7	.	.	.	.	90.5	87.4	3.1	1.0	.	.	.	.	92.8 ^c	89.7	-3.1	1.0	85.7	92.7	7.0	1.1	72.8	90.1	17.3	1.2
Dominican Republic	Demand for family planning satisfied with modern methods	Percentage	MICS 2014	85.2	79.5	88.5	9.0	1.1	85.0	85.6	-0.6	1.0	.	.	.	.	77.3	84.9	7.6	1.1	82.6	87.7	5.2	1.1	67.7	86.3	18.6	1.3
El Salvador	Demand for family planning satisfied with modern methods	Percentage	MICS 2014	84.8	81.3	86.7	5.4	1.1	86.4	81.9	4.5	1.1	.	.	.	.	88.3	83.9	-4.4	1.0	79.5	88.1	8.6	1.1	71.1	85.7	14.6	1.2
Guatemala	Demand for family planning satisfied with modern methods	Percentage	DHS 2014	65.3	47.9	77.2	29.3	1.6	72.6	59.7	12.9	1.2	.	.	.	.	56.0	72.0	16.0	1.3	54.5	75.9	21.3	1.4	50.1	66.3	16.2	1.3
Guyana	Demand for family planning satisfied with modern methods	Percentage	MICS 2014	52.4	45.1	57.6	12.5	1.3	46.8	54.6	-7.8	0.9	.	.	.	.	47.6	52.0	4.4	1.1	39.6	62.2	22.6	1.6	16.7	55.6	38.9	3.3
Haiti	Demand for family planning satisfied with modern methods	Percentage	DHS 2016	43.1	36.8	44.8	8.0	1.2	46.1	41.1	5.0	1.1	.	.	.	.	40.3	44.7	4.5	1.1	34.0	49.4	15.4	1.5	28.7	43.6	14.9	1.5
Honduras	Demand for family planning satisfied with modern methods	Percentage	DHS 2011	76.0	68.0	78.6	10.6	1.2	78.6	73.5	5.0	1.1	.	.	.	.	62.3	77.9	15.6	1.3	61.1	82.9	21.8	1.4	67.4	76.8	9.4	1.1
Mexico	Demand for family planning satisfied with modern methods	Percentage	MICS 2015	86.1	80.7	92.0	11.4	1.1	86.9	83.9	3.0	1.0	.	.	.	.	82.9	86.3	3.5	1.0	83.9	89.9	6.0	1.1	63.1	87.1	24.0	1.4
Panama	Demand for family planning satisfied with modern methods	Percentage	MICS 2013	76.4	56.1	86.6	30.5	1.5	79.1	70.7	8.5	1.1	.	.	.	.	37.5	79.9	42.4	2.1	15.8	90.7	74.9	5.7	36.0	78.0	41.9	2.2
Paraguay	Demand for family planning satisfied with modern methods	Percentage	MICS 2016	86.4	85.1	84.7	-0.5	1.0	84.9	89.0	-4.0	1.0	.	.	.	.	76.4	85.7	9.3	1.1	81.3	90.9	9.6	1.1	81.6	86.7	5.0	1.1
Peru	Demand for family planning satisfied with modern methods	Percentage	ENDES (DHS) 2016	64.2	53.4	72.2	18.8	1.4	67.0	56.1	10.9	1.2	.	.	.	.	49.2	67.3	18.1	1.4	35.8	79.8	44.0	2.2	59.0	64.4	5.5	1.1
Saint Lucia	Demand for family planning satisfied with modern methods	Percentage	MICS 2012	72.5	71.7	75.8	4.1	1.1	67.4	73.6	-6.2	0.9	.	.	.	.	68.9 ^c	73.3	4.4	1.1	.	.	.	.	59.5	73.1	13.6	1.2
Trinidad and Tobago	Demand for family planning satisfied with modern methods	Percentage	MICS 2011	64.3	56.8	74.8	18.0	1.3	64.4	64.0	0.4	1.0	.	.	.	.	63.4 ^c	64.4	1.0	1.0	53.3	69.2	15.9	1.3	61.3	64.3	3.1	1.1
Belize	Adolescent birth rate	Births per 1,000 women aged 15-19 years	MICS 2015	82.2	109.1	46.9	62.2	2.3	69.7	93.0	23.3	1.3	.	.	.	.	108.5	78.7	29.8	1.4	64.6	108.9	44.3	1.7	.	.	.	.
Bolivia (Plurinational State of)	Adolescent birth rate	Births per 1,000 women aged 15-19 years	EDSA 2016	71.0	58.0	109.0	51.0	1.9
Colombia	Adolescent birth rate	Births per 1,000 women aged 15-19 years	DHS 2015	77.2	138.1	20.0	118.1	6.9	63.6	125.3	61.6	2.0	.	.	.	.	217.7 ^c	68.6	149.1	3.2	54.9	109.7	54.8	2.0	.	.	.	.
Dominican Republic	Adolescent birth rate	Births per 1,000 women aged 15-19 years	MICS 2014	91.4	172.4	32.1	140.3	5.4	84.8	113.5	28.7	1.3	.	.	.	.	197.0	58.9	138.1	3.3	78.2	138.0	59.8	1.8	.	.	.	.
El Salvador	Adolescent birth rate	Births per 1,000 women aged 15-19 years	MICS 2014	75.5	116.8	35.5	81.3	3.3	65.2	92.1	26.9	1.4	.	.	.	.	189.6	36.0	153.7	5.3	63.8	92.9	29.0	1.5	.	.	.	.
Guatemala	Adolescent birth rate	Births per 1,000 women aged 15-19 years	DHS 2014	93.5	142.7	39.1	103.6	3.6	64.3	115.8	51.5	1.8	.	.	.	.	180.9	53.4	127.5	3.4	55.0	132.5	77.6	2.4	.	.	.	.
Guyana	Adolescent birth rate	Births per 1,000 women aged 15-19 years	MICS 2014	77.2	160.8	21.0	139.8	7.7	56.5	84.9	28.4	1.5	.	.	.	.	116.5	7.9	108.6	14.8	60.8	186.8	126.0	3.1	.	.	.	.
Haiti	Adolescent birth rate	Births per 1,000 women aged 15-19 years	DHS 2016	59.4	108.6	24.9	83.7	4.4	43.3	72.8	29.5	1.7	.	.	.	.	204.7	33.2	171.5	6.2	43.9	89.5	45.6	2.0	.	.	.	.
Honduras	Adolescent birth rate	Births per 1,000 women aged 15-19 years	DHS 2011	99.0	166.8	50.0	116.8	3.3	81.9	119.7	37.7	1.5	.	.	.	.	150.9	61.9	89.0	2.4	81.5	172.7	91.3	2.1	.	.	.	.

Annex A. Inequality Table (continued).

Country	Indicator	Indicator Unit	Source	National Indicator Value	INEQUALITY MEASURES BY SOCIAL STRATIFIER																							
					Wealth				Place				Sex				Education				Subnational Region				Woman age			
					Indicator Value by Group		Simple Inequality Measure		Indicator Value by Group		Simple Inequality Measure		Indicator Value by Group		Simple Inequality Measure		Indicator Value by Group		Simple Inequality Measure		Indicator Value by Group		Simple Inequality Measure		Indicator Value by Group		Simple Inequality Measure	
					Poorest (20%)	Wealthiest (20%)	Absolute Gap ^a	Relative Gap ^b	Urban	Rural	Absolute Gap ^a	Relative Gap ^b	Female	Male	Absolute Gap ^a	Relative Gap ^b	None ^c	Secondary ^d	Absolute Gap ^a	Relative Gap ^b	Lowest Value	Highest Value	Absolute Gap ^a	Relative Gap ^b	15–19 yrs	20–49 yrs	Absolute Gap ^a	Relative Gap ^b
Paraguay	Adolescent birth rate	Births per 1,000 women aged 15–19 years	MICS 2016	76.0	138.4	27.9	110.4	5.0	61.0	107.2	46.2	1.8	.	.	.	.	286.9	173.9	113.0	1.6	56.5	127.2	70.6	2.2	.	.	.	.
Peru	Adolescent birth rate	Births per 1,000 women aged 15–19 years	ENDES (DHS) 2016	62.9	122.9	20.5	102.4	6.0	48.3	122.5	74.2	2.5	.	.	.	.	182.3 ^e	53.5	128.8	3.4	36.8	142.5	105.8	3.9	.	.	.	.
Barbados	Births attended by skilled health personnel	Percentage	MICS 2012	98.9	100.0	100.0	0.0	1.0	98.3	100.0	-17	1.0	.	.	.	.	.	98.9	.	.	97.1	100.0	2.9	1.0	.	.	.	.
Belize	Births attended by skilled health personnel	Percentage	MICS 2015	96.8	92.9	99.3	6.4	11	98.2	95.9	2.3	1.0	.	.	.	.	96.0 ^f	98.4	2.4	1.0	90.1	100.0	9.9	11	.	.	.	.
Bolivia (Plurinational State of)	Births attended by skilled health personnel	Percentage	EDSA 2016	89.8	.	.	.	.	96.4	75.7	20.7	1.3	.	.	.	.	61.4	95.1	33.7	1.5	74.4	95.9	21.5	1.3	.	.	.	.
Colombia	Births attended by skilled health personnel	Percentage	DHS 2015	96.3	87.9	99.0	11.1	1.1	99.2	89.1	10.0	1.1	.	.	.	.	55.7	98.4	42.7	1.8	88.9	99.0	10.1	1.1	.	.	.	.
Costa Rica	Births attended by skilled health personnel	Percentage	MICS 2011	98.4	96.7	99.4	2.7	1.0	99.3	97.1	2.1	1.0	.	.	.	.	96.6 ^g	99.0	2.4	1.0	95.7	100.0	4.3	1.0	.	.	.	.
Cuba	Births attended by skilled health personnel	Percentage	MICS 2014	99.4	.	.	.	.	99.2	100.0	-0.8	1.0	.	.	.	.	.	99.4	.	.	98.3	100.0	1.6	1.0	.	.	.	.
Dominican Republic	Births attended by skilled health personnel	Percentage	MICS 2014	98.7	97.9	98.9	1.0	1.0	98.8	98.3	0.5	1.0	.	.	.	.	97.0	98.8	1.9	1.0	97.3	99.5	2.2	1.0	.	.	.	.
Ecuador	Births attended by skilled health personnel	Percentage	ENSANUT 2012	91.1	80.0	98.4	18.3	1.2	96.1	81.2	14.9	1.2	.	.	.	.	69.8	95.3	25.5	1.4	67.3	99.5	32.2	1.5	.	.	.	.
El Salvador	Births attended by skilled health personnel	Percentage	MICS 2014	97.7	93.7	99.3	5.5	1.1	99.1	95.8	3.3	1.0	.	.	.	.	93.0	99.0	5.9	1.1	95.5	99.7	4.1	1.0	.	.	.	.
Guatemala	Births attended by skilled health personnel	Percentage	DHS 2014	68.1	39.9	96.4	56.6	2.4	85.7	58.4	27.3	1.5	.	.	.	.	42.4	92.0	49.6	2.2	40.0	92.9	53.0	2.3	.	.	.	.
Guyana	Births attended by skilled health personnel	Percentage	MICS 2014	92.4	79.3	100.0	20.7	1.3	99.7	90.2	9.6	1.1	.	.	.	.	76.1	93.9	17.8	1.2	46.0	99.0	53.0	2.2	.	.	.	.
Haiti	Births attended by skilled health personnel	Percentage	DHS 2016	41.5	15.2	81.8	66.6	5.4	62.0	30.9	31.1	2.0	.	.	.	.	17.2	62.3	45.1	3.6	26.8	59.0	32.1	2.2	.	.	.	.
Honduras	Births attended by skilled health personnel	Percentage	DHS 2011	84.7	61.1	98.3	37.2	1.6	95.0	75.7	19.4	1.3	.	.	.	.	57.9	96.4	38.5	1.7	62.9	94.3	31.4	1.5	.	.	.	.
Jamaica	Births attended by skilled health personnel	Percentage	MICS 2011	99.1	96.5	100.0	3.5	1.0	99.8	98.2	1.7	1.0	.	.	.	.	.	99.1	.	.	.	.	.	.	.	.	.	.
Mexico	Births attended by skilled health personnel	Percentage	MICS 2015	97.7	91.9	99.8	8.0	1.1	99.2	93.5	5.7	1.1	.	.	.	.	79.1	98.9	19.7	1.2	92.9	99.7	6.8	1.1	.	.	.	.
Panama	Births attended by skilled health personnel	Percentage	MICS 2013	91.6	72.1	100.0	27.9	1.4	99.7	78.4	21.3	1.3	.	.	.	.	42.8	98.7	55.9	2.3	49.4	100.0	50.6	2.0	.	.	.	.
Paraguay	Births attended by skilled health personnel	Percentage	MICS 2016	95.5	87.9	100.0	12.1	1.1	98.6	90.8	7.8	1.1	.	.	.	.	70.7	97.7	27.0	1.4	90.4	100.0	9.6	1.1	.	.	.	.
Peru	Births attended by skilled health personnel	Percentage	ENDES (DHS) 2016	93.2	73.8	100.0	26.2	1.4	98.6	78.3	20.3	1.3	.	.	.	.	71.5	97.7	26.2	1.4	65.7	99.7	34.0	1.5	.	.	.	.
Saint Lucia	Births attended by skilled health personnel	Percentage	MICS 2012	98.7	.	.	.	.	100.0	98.5	1.5	1.0	.	.	.	.	.	98.5	.	.	.	.	.	.	.	.	.	.
Trinidad and Tobago	Births attended by skilled health personnel	Percentage	MICS 2011	98.0	96.1	95.8	-0.4	1.0	98.4	97.3	1.1	1.0	.	.	.	.	97.3 ^h	98.0	0.8	1.0	96.0	99.0	2.9	1.0	.	.	.	.
Uruguay	Births attended by skilled health personnel	Percentage	MICS 2012	98.2	99.2	98.1	-1.1	1.0	98.2	96.6	1.6	1.0	.	.	.	.	99.4 ⁱ	97.8	-1.7	1.0	94.2	100.0	5.8	1.1	.	.	.	.
Belize	Neonatal mortality rate	Deaths per 1,000 live births	MICS 2015	8.2	9.4	2.4	7.0	3.9	8.5	7.9	-0.6	0.9	7.8	8.4	0.6	1.1	5.5	7.4	-1.9	0.7	3.0	14.0	11.0	4.7	.	.	.	.
Bolivia (Plurinational State of)	Neonatal mortality rate	Deaths per 1,000 live births	EDSA 2016	15.0	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Colombia	Neonatal mortality rate	Deaths per 1,000 live births	DHS 2015	9.8	12.1	4.7	7.4	2.6	8.6	12.8	4.3	1.5	9.1	10.4	1.3	1.1	25.1	8.6	16.5	2.9	7.2	12.9	5.6	1.8	.	.	.	.
Dominican Republic	Neonatal mortality rate	Deaths per 1,000 live births	MICS 2014	24.8	20.6	23.2	-2.6	0.9	27.5	16.4	-11.2	0.6	22.9	26.6	3.7	1.2	21.2	23.9	-2.8	0.9	16.1	34.0	18.0	2.1	.	.	.	.
El Salvador	Neonatal mortality rate	Deaths per 1,000 live births	MICS 2014	10.0	12.1	9.6	2.5	1.3	9.3	11.0	1.8	1.2	8.6	11.3	2.7	1.3	16.2	10.7	5.5	1.5	5.3	14.8	9.5	2.8	.	.	.	.
Guatemala	Neonatal mortality rate	Deaths per 1,000 live births	DHS 2014	17.5	23.9	12.9	11.0	1.9	13.9	19.5	5.6	1.4	14.7	20.1	5.5	1.4	24.3	12.7	11.6	1.9	11.2	21.5	10.4	1.9	.	.	.	.
Guyana	Neonatal mortality rate	Deaths per 1,000 live births	MICS 2014	21.2	18.1	24.2	-6.1	0.7	7.0	25.7	18.7	3.7	17.2	24.9	7.7	1.4	21.0	16.8	4.3	1.3	6.5	28.6	22.1	4.4	.	.	.	.

Annex B. Subnational regions*

Country	Subnational region	Country	Subnational region
Argentina	Cuyo	Dominican Republic	Enriquillo
Argentina	Gran Buenos Aires	Dominican Republic	Higuamo
Argentina	NEA	Dominican Republic	Metropolitana
Argentina	NOA	Dominican Republic	Valdesia
Argentina	Pampeana	Dominican Republic	Yuma
Argentina	Patagonia	Ecuador	Azuay
Barbados	Christ Church and St. Philip	Ecuador	Bolívar
Barbados	St Michael	Ecuador	Cañar
Barbados	St. James, St. George, and St. Thomas	Ecuador	Carchi
Barbados	St. Lucy, St. Peter, St. Andrew, St. Joseph, and St. John	Ecuador	Chimborazo
Belize	Belize (excl. Belize City South Side)	Ecuador	Cotopaxi
Belize	Belize City South Side	Ecuador	El Oro
Belize	Cayo	Ecuador	Esmeraldas
Belize	Corozal	Ecuador	Galápagos
Belize	Orange Walk	Ecuador	Guayaquil
Belize	Stann Creek	Ecuador	Guayas
Belize	Toledo	Ecuador	Imbabura
Bolivia (Plurinational State of)	Chuquisaca	Ecuador	Loja
Bolivia (Plurinational State of)	La Paz	Ecuador	Los Ríos
Bolivia (Plurinational State of)	Cochabamba	Ecuador	Manabí
Bolivia (Plurinational State of)	Oruro	Ecuador	Morona Santiago
Bolivia (Plurinational State of)	Potosí	Ecuador	Napo
Bolivia (Plurinational State of)	Tarija	Ecuador	Orellana
Bolivia (Plurinational State of)	Santa Cruz	Ecuador	Pastaza
Bolivia (Plurinational State of)	Beni	Ecuador	Pichincha
Bolivia (Plurinational State of)	Pando	Ecuador	Quito
Colombia	Atlántica	Ecuador	Santa Elena
Colombia	Bogotá	Ecuador	Santo Domingo de los Tsáchilas
Colombia	Central	Ecuador	Sucumbíos
Colombia	Oriental	Ecuador	Tungurahua
Colombia	Orinoquía y Amazonía	Ecuador	Zamora Chinchipe
Colombia	Pacífica	El Salvador	Central
Costa Rica	Alajuela	El Salvador	Metropolitana
Costa Rica	Cartago	El Salvador	Occidental
Costa Rica	Guanacaste	El Salvador	Oriental
Costa Rica	Heredia	El Salvador	Paracentral
Costa Rica	Limón	Guatemala	Central
Costa Rica	Puntarenas	Guatemala	Metropolitana
Costa Rica	San José	Guatemala	Noroccidente
Cuba	Centro	Guatemala	Nororiente
Cuba	La Habana	Guatemala	Norte
Cuba	Occidente	Guatemala	Petén
Cuba	Oriente	Guatemala	Suroccidente
Dominican Republic	Cibao Nordeste	Guatemala	Suroriente
Dominican Republic	Cibao Noroeste	Guyana	Barima-Waini
Dominican Republic	Cibao Norte	Guyana	Cuyuni-Mazaruni
Dominican Republic	Cibao Sur	Guyana	Demerara-Mahaica
Dominican Republic	El Valle	Guyana	East Berbice-Corentyne
		Guyana	Essequibo Islands-West Demerara

*Subnational regions defined according to surveys included in this analysis

Annex B. Subnational regions (continued).

Country	Subnational region	Country	Subnational region
Guyana	Mahaica-Berbice	Panama	Panamá
Guyana	Pomeroon-Supenaam	Panama	Veraguas
Guyana	Potaro-Siparuni	Paraguay	Alto Paraguay
Guyana	Upper Demerara-Berbice	Paraguay	Alto Paraná
Guyana	Upper Takutu-Upper Essequibo	Paraguay	Asunción
Haiti	Aire Métropolitaine	Paraguay	Boquerón
Haiti	Artibonite	Paraguay	Caaguazú
Haiti	Centre	Paraguay	Central
Haiti	Grande Anse	Paraguay	Itapúa
Haiti	Nippes	Paraguay	Resto
Haiti	Nord	Paraguay	San Pedro
Haiti	Nord-Est	Peru	Amazonas
Haiti	Nord-Ouest	Peru	Áncash
Haiti	Rest-Ouest	Peru	Apurímac
Haiti	Sud	Peru	Arequipa
Haiti	Sud-Est	Peru	Ayacucho
Honduras	Atlántida	Peru	Cajamarca
Honduras	Choluteca	Peru	Cusco
Honduras	Colón	Peru	Huancavelica
Honduras	Comayagua	Peru	Huánuco
Honduras	Copán	Peru	Ica
Honduras	Cortés	Peru	Junín
Honduras	El Paraíso	Peru	La Libertad
Honduras	Francisco Morazán	Peru	Lambayeque
Honduras	Gracias a Dios	Peru	Lima
Honduras	Intibucá	Peru	Loreto
Honduras	Islas de la Bahía	Peru	Madre de Dios
Honduras	La Paz	Peru	Moquegua
Honduras	Lempira	Peru	Pasco
Honduras	Ocotepeque	Peru	Piura
Honduras	Olancho	Peru	Prov. Const. del Callao
Honduras	Santa Bárbara	Peru	Puno
Honduras	Valle	Peru	San Martín
Honduras	Yoro	Peru	Tacna
Mexico	CDMX-Edo México	Peru	Tumbes
Mexico	Centro	Peru	Ucayali
Mexico	Noreste	Trinidad and Tobago	East
Mexico	Noroeste	Trinidad and Tobago	North Central
Mexico	Sur	Trinidad and Tobago	North West
Panama	Bocas del Toro	Trinidad and Tobago	South West
Panama	Chiriquí	Trinidad and Tobago	Tobago
Panama	Coclé	Uruguay	Centro
Panama	Colón	Uruguay	Centro Sur
Panama	Darién	Uruguay	Este
Panama	Emberá	Uruguay	Litoral Norte
Panama	Herrera	Uruguay	Litoral Sur
Panama	Kuna Yala	Uruguay	Montevideo y Area Metropolitana
Panama	Los Santos	Uruguay	Norte
Panama	Ngäbe Buglé		

The 2030 Agenda for Sustainable Development (2030 Agenda) established in 2015 sets guiding principles to "achieve a better and more sustainable future for all." The Sustainable Development Goals (SDGs) included in the 2030 Agenda make explicit what this means by specifying relevant statistical indicators and setting clearly defined targets in them to be achieved by 2030. Given the emphasis on the collection and availability of SDG-related data, it is possible to track universal progress towards the SDG targets.

One of the SDGs, SDG 3, includes targets to improve health and well-being. In general, SDG health-related indicators measure health outcomes and coverage at the country level by employing averages. However, given the nature of the data, inequalities in health outcomes and the access to health services tend to be masked. Since it is important to strive for gains in health and well-being to be equitably distributed among individuals regardless of their wealth, educational attainment, and other factors relating to their social background, it is essential to first identify and quantify existing social inequalities in health.

To this end, this publication provides an overview of social inequalities in several indicators related to the health of women, children, and adolescents in a region deemed as one with high levels of inequality: the Latin America and the Caribbean (LAC) region. In order for it to serve as a baseline for the 2030 Agenda, emphasis is placed on examining these inequalities around year 2014. The analysis suggests that reducing within-country disparities is a priority, as widespread social inequalities in health are identified among LAC countries.

