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# **INTEGRATION OF EQUITY INTO HEALTH POLICIES RELATED TO HEALTH OF MOTHERS AND CHILDREN IN MACEDONIA**

## **Context and Significance**

**E**quity in health status means that all individuals are able to enjoy their highest health potential, regardless of their social position and other circumstances determined by social factors. The different socio-economic status of individuals in society creates differences in the level of vulnerability and in the level of resilience to negative life events whether they are social, economic or health related. Because of this, various population groups face different health risks, health problems and barriers to health services which in turn results with uneven chances of achieving good health (1, 2). Big part of the public health programs do not take into account these differences and are not sufficiently oriented towards reducing health inequalities. This is largely due not only to lack of specific interventions, but also due to the failure to reach the vulnerable groups and to address the social determinants of health (3).

Although insufficient in volume, the existing data shows that people from lower socio-eco-

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conomic position in the country have a poorer health status and have adopted a number of unhealthy lifestyles like smoking, unhealthy diet, alcohol abuse etc. Infant mortality rate shows disparities within the indicator according to socioeconomic characteristics of the mother. One of the main determinants of infant mortality is the mother's educational level. Continuously, the rate of infant mortality is lower among infants of mothers with higher levels of education compared to those whose mothers have no education or incomplete primary education. In 2014 the highest mortality rate was observed in mothers with no education or incomplete primary education (12,4%), while the lowest rates are still held in mothers with higher education (6,6%) (4).

Although there is a general downward trend in infant mortality over the last decade, the values pertaining to the national average actually mask the discrepancies within the indicator. The real situation shows that the progress is not equal for all groups making existing inequalities becoming even worse.

Table 1 - Infant mortality in the Republic of Macedonia: deaths per 1000 live births according to mother's educational level, 2008-2014

<b>Educational status of the mother</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
Without or incomplete primary education	12,6	12,6	14,0	10,6	15,9	16,4	12,4
Secondary education	9,5	12,6	7,3	7,0	9,0	7,4	9,3
Higher or high education	2,5	5,0	2,5	2,4	4,7	5,9	6,6
Average	9,7	11,7	7,6	7,5	9,8	10,2	9,9

In 2014, 51,7% of all infant deaths occurred during the neonatal period or the first month of life (0 to 28 days). The main medical cause of neonatal deaths is preterm birth (73%). Although most of the causes of this condition are unknown, the data at global level show that preterm birth is highly associated with smoking during pregnancy, poor nutrition, psychosocial stress, hard physical work, untimely and inadequate care during pregnancy, low educational level of the mother and teenage pregnancy. All these factors tend to accumulate in women facing poverty. The fact that disparities in infant mortality still persist, lead to the conclusion that the Millennium Development Goals (MDGs) will not be achieved without reduction of this differences. Future efforts should be directed in reducing

differences in infant mortality between different groups through interventions that will increase the availability of health services for all pregnant women regardless of socioeconomic status, but also through interventions that take into account social determinants of health (8).

### **Examples of interventions that aim to reduce disparities in infant mortality in the Republic Macedonia**

There are numerous positive examples of interventions designed to reduce these inequalities in Macedonia. With the Action plan for improving the maternal health and reducing perinatal and infant mortality 2013-2014, a number of activities were envisaged and implemented aimed to increase the availability of certain types of services necessary to promote perinatal health like strengthening the capacities of family doctors to provide family planning services and providing funds to cover the cost of participation for antenatal services for vulnerable groups of women (Roma, unemployed, welfare beneficiaries). With the annual preventive Program for active health protection of mothers and children, targeted activities that aimed to improve the health of those two vulnerable groups are conducted continuously, but neither in scope nor in content they are sufficient to reduce the equity gap.

In 2012-2013, the Regional Office for Europe, as a part of its technical support to member states in promoting equity in national health programs, provided a process of training of a multidisciplinary country team in order to strengthen the capacity in reorienting strategies, programs and activities (SPA) related to MDGs 4 and 5 for greater health equity with an explicit but not exclusive focus on the Roma population (9). The same team made further review and reorientation of the Program for active health protection of mothers and children in order to identify the barriers faced by certain groups of women in access to programme interventions and to create facilitators aimed to reduce or remove existing barriers to services, especially for the most disadvantaged. The whole process was described through case study and published on the website of the World Health Organization (10).

## Recommendations for the Integration of Equity into Health Policies related to Mother and Child Health

“We want to see better health and well-being for all, as an equal human right. Money does not buy better health. Good policies that promote equity have a better chance. We must tackle the root causes (of ill health and inequities) through a social determinants approach that engages the whole of government and whole of society. “

*Dr Margaret Chan,  
WHO Director-General*

To be effective, health systems need to be adapted to the needs of different population groups. To this happens, health policies need to incorporate the principles of equity and respect for human rights, and to address the social determinants of health, the conditions in which people are born, grow, live, work and age, including their access to health services.

Although there is a belief among policy makers that the principle of equity and fairness are sufficiently incorporated into existing policies, yet not enough attention is paid to this problem. Addressing the social determinants of health require a major political commitment, health system that is oriented towards achieving equity and coherent policies among different sectors. The health system oriented towards achieving equity must take into account the heterogeneity of the population and have to address differences in exposure and vulnerability. When it comes to the health of mothers and children, it could be achieved through:

- **Review of progress in MDG 4 and 5 and defining the goals of nationwide post - 2015 agenda** that reflects the commitment to reduce the existing inequalities in the health status of mothers and children. In the future, no intervention should be defined without taking into account the needs of all socioeconomic groups of mothers and children.
- **Define the indicators that will measure the reduction of the equity gap**, and completely change the understanding of progress.
- **Investing in data.** There is a need for interventions that would improve the scope and quality of data that the health information system is generating, both in terms of data disaggregation regarding the socio-demographic characteristics of the mother, and in terms of providing conditions for vulnerable mothers not to “be lost” in the sys-

tem. This could be achieved by further data collection through field surveys among population that is not sufficiently covered by existing health information system.

- **Addressing inequalities in national policies**, creating policy framework that recognizes and promotes the importance of reducing the differences in the health status of mothers and children as a way of improving the health of the population. It is largely in line with further implementation of the Health 2020 Strategy of the Republic of Macedonia and its Action Plan for Public Health.
- **A continuous institutional capacity building**. There is a need for strong institutions that are able to support policy-making in health and other sectors that have impact on health and that can manage the input from other parts of the society such academia, science and civil society. For this to happen there is a need to strengthen the capacity of different public health professionals on the concept of equity in order to address the social determinants of health in existing and planned policies. People involved in the creation of policies have to be sensitized to diversity in order to adapt the interventions to the needs of different groups of mothers and children.
- **Review of existing policies and their reorientation towards achieving greater equity**. A number of strategic documents related to the health of mothers and children (National Strategy for Safe Motherhood, the National Strategy for Sexual and Reproductive Health and others) should be revised and reoriented in order to address the existing inequalities.
- **Equity in financing of the health services** – eliminating the financial barriers to health services that influence not only accessibility but also the quality of the services during pregnancy, delivery and neonatal period (e.g eliminate co-payments for health services during pregnancy, define an essential package of antenatal services, etc.).
- **Strengthening of the human resources at health system level** in order to achieve equity in access and equity in quality of services. All health care professionals who provide services in the area of safe motherhood (family planning, antenatal care, intrapartum and postnatal care) from all levels of the health system especially from primary level, should be able to provide health care sensitive to the needs of different groups of women and thus be in a position to reduce number of different barriers.
- **Strengthening of inter-sectoral approach** - establish coordination mechanisms between different sectors - health, education, finance,

social security and environment in order to maximize the synergy in efforts to address social determinants of health (creating inter-sectoral teams that will perform reorientation of existing policies, expanding safe Motherhood Committee and the Committee for the promotion, protection and support of breastfeeding with representatives from other sectors, etc.).

If the concept of equity is not sufficiently respected during creation and implementation of the strategic documents, there is risk of compromising of their success and risk of further deepening of the inequalities. If we do not improve the health of those most vulnerable, we are compromising the success of all other efforts of the society (11).

## Executive Summary

The different socio-economic status of individuals in society creates differences in the level of vulnerability and in the level of resilience to negative life events. Different population groups face a different health risks and barriers to health services and have uneven chances of achieving good health. Big part of the public health programs do not take into account these differences and are not sufficiently oriented towards reducing health inequalities. The current data show that people from lower socio-economic position in the country have a poorer health status and have adopted a number of unhealthy lifestyles. The infant mortality rate (IMR) is multiple times lower in infants born from mothers with higher level of education compared to those whose mothers have no education or incomplete primary education. Although there is a general downward trend in infant mortality over the last decade, the values pertaining to the national average actually mask the differences. There are many positive examples of public health interventions that aim to reduce these differences in the health status of mothers and children, but further efforts are needed to reduce them at policy and health system level. There is a risk of compromising the success of all other efforts of the society to improve the health of these vulnerable groups if public health interventions did not address the needs of different groups of women and children.

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