

## Health equity gauges

**Editor** – As highlighted by the *Bulletin's* special theme of inequalities in health (Vol. 78, No.1), the central challenge of health equity research now lies in translating the evidence into action to redress inequities. In an effort to advance these frontiers, the Catholic University of Chile, supported by the Rockefeller Foundation, convened a meeting of technical experts and practitioners in Puyuhuapi, Chile, in October 1999, which forged a comprehensive agenda for future work on indicators for health equity. On behalf of all the participants, this letter is about just one aspect of that agenda: devising and using indicators that are relevant for national and global policy.

At the national level, although documentation of inequalities in health is becoming more common, monitoring systems are lacking. South Africa's "equity gauge" is the unique result of legislators, researchers and civil society working together to assess and monitor equity in a post-apartheid setting. It is proposed that parallel monitoring efforts should begin in a small number of vanguard countries as demonstration sites and later be expanded to other countries. Envisaged are equity gauges developed in local contexts that draw on a wide array of sources including nongovernmental organizations, national public health surveillance systems, vital statistics registries, academic institutions and politicians. Equity-monitoring initiatives will be the subject of a follow-up meeting to be held in South Africa in August 2000.

Likewise there are no global standards or guidelines for monitoring social inequalities in health. On the other hand, much effort is going into gathering health-related data. This includes, but is not limited to, the following: the Demographic Health Survey, the Living Standards Measurement Surveys of the World Bank, UNICEF cluster surveys and sentinel surveillance, UN Population and Statistics division surveys, the WHO Virtual Network for Descriptive Epidemiology (VINEDE), EUROSTAT, and a new grass-roots network called INDEPTH (International Network for the Demographic Evaluations of Populations and their Health). Although health inequalities have not featured as key considerations in their design, these diverse instruments have great potential to provide

a more accurate and comprehensive picture of global health inequalities. As a start, it is important not to overlook information on health inequalities which might be gleaned from existing sources, of which a thorough synthesis should be made. Next, it is imperative that we engage in a more forward-thinking analysis of the types and sources of health and socioeconomic indicators needed to assess inequalities. Such a process would yield pragmatic suggestions on how best to modify existing data platforms and build new efforts for more effective global monitoring of health inequalities. ■

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