

From the Editors

An important theme emerging in health services policy is that an individual's health – or lack of – is often attributable to situations and circumstances far beyond his or her control. We now understand that low levels of education, unemployment, poverty and other socio-economic factors too often also equate with poor health and lower life expectancies. Policy makers seeking to address health inequities will need to look outside of the traditional boundaries of health services to arrive at solutions and strategies to address the issue.

As Marmot and Allen (2014) explain:

“To reduce health inequalities requires action to reduce socio-economic and other inequalities. There are other factors that influence health, but these are outweighed by the overwhelming impact of social and economic factors – the material, social, political, and cultural conditions that shape our lives and our behaviors.”

The authors in this issue of *World Health & Population* tackle the impact of health inequity with a series of international papers examining inconsistencies in care based on gender, political climate, disease state and birth place. Each paper identifies inequities that lead to poorer outcomes, and thus have important implications for health services planning.

The first article reports on the stigma experienced by many people living with HIV (PLWH) in Southwest China. Yu (2018) and his research partners conducted a qualitative study to look at the impact of

stigma on the daily lives of PLWH, as well as the strategies they use to cope with it. After interviewing PLWH and people in their close communities, the researchers found stigma was an extreme problem for most people. This, in turn, led to decreased self-esteem, and other symptoms including depression, anxiety and psychological distress. The researchers found that the families of PLWH were most often the major factor in stigmatization due to factors such as culture and lack of understanding. The researchers also found that educating families about HIV actually helped to reduce their intolerance. The researchers conclude with a call for the development of culturally tailored programs to help overcome HIV stigma.

In India, Sandeep G. and colleagues (2018) used data gathered in a national survey to look at gender differences in self-reported heart disease and risk factors. Their paper examines gender differences in the prevalence of heart disease in men and women, the attendant socio-economic and biological risk factors, and treatment options that both genders sought. Interestingly, they found that while men and women report similar prevalence rates, there are clear differences in the treatment they seek for their symptoms. Women tend to seek care at lower services levels such as private clinics and physicians, even though they tend to have higher levels of multimorbidity. Men, on the other hand, tended to seek care in private or public hospitals. Since private clinics and physician's offices rarely have sophisticated diagnostic facilities, it may be that the women who frequent them are not diagnosed and treated as accurately or successfully as men. The authors

recommend further investigation to understand the differences in care-seeking between men and women with heart disease, and the policy implications.

In Brazil, Tovani-Palone (2018) describes inconsistent care provided to people with nonsyndromic cleft lip/palate (NSCL/P), and some of the reasons that this disparity may occur. There are more than 200,000 people in Brazil with NSCL/P, many of whom have anatomic deformities involving the lip, alveolar ridge and palate. Treatment typically involves multiple surgeries and interventions throughout their lives. As Tovani-Palone describes, although Brazil has a unified health system, there is significant inconsistency in both health coverage and treatment in craniofacial centres across the country – resulting in significant inequity. The author calls for new policy to standardize practice among the various centres as well as increased focus on NSCL/P issues in undergraduate medical education. He also calls for monitoring of redistributed coverage and services to ensure health planners have the data necessary to improve quality of life for NSCL/P patients.

In a Southern area of India, Mony and his team (2018) examined the chronic problem of inconsistent reporting of low birth weights. Low birth weights are estimated for 30 percent of births. However, the authors report that this figure is consistently under-reported by government as 12%, which leads to mismatched resource allocation. As the researchers point out: “Lower birth weight babies experience poor outcomes, not only in terms of morbidity and mortality in childhood and adult life, but also in terms of education and earnings in later life.” Because birth weights were under reported, eligible children were not receiving interventions they were entitled to which often lead to life-long difficulties. The researchers sought to address this

imbalance by creating a simple program for validating birth weights. Research nurses with training in proper infant weighting techniques, reweighed babies born in a range of health facilities approximately one day after their birth. Overall, the results showed significant differences in the weights reported by untrained personal compared to those with training. The authors suggested an easy remedy might be to replace the beam scales commonly in use with digital scales. They also recommended standardized training of healthcare personnel. Both measures would ensure more accurate birth weight reporting and concomitant improved flow of supportive resources.

The editors welcome your comments and insights on these or any article published in *World Health & Population*.

– The Editors

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