Health Inequalities in Latin America and the Caribbean

A baseline for the Global Strategy
for Women's, Children's and Adolescent's Health

PAHO
Pan American Health Organization
World Health Organization
REGIONAL OFFICE FOR THE Americas

unicef
for every child

EVERY WOMAN EVERY CHILD
FOR HEALTHY AND EMPOWERED WOMEN, CHILDREN AND ADOLESCENTS
LATIN AMERICA AND THE CARIBBEAN

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Washington, D.C., 2023

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Abbreviations and acronyms

2030 Agenda	2030 Agenda for Sustainable Development
ANC	antenatal care
CIX	concentration index
COVID-19	novel coronavirus 2019
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
HIV/AIDS	human immunodeficiency virus and acquired immunodeficiency syndrome
LAC	Latin America and the Caribbean
MDG	Millennium Development Goals
MICS	Multiple Indicator Cluster Survey
SD	standard deviation
SDG	Sustainable Development Goal
SII	Slope Index of Inequality
UNICEF	United Nations Children's Fund

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Introduction

The 2030 Agenda for Sustainable Development (2030 Agenda) was launched in 2015 as a further commitment to global development, based on the progress achieved in the Millennium Development Goals (MDGs), to ensure a path of peace, prosperity, and health for all people. Governments across the world committed to track progress on the 17 Sustainable Development Goals (SDGs) to address national challenges and systematize successful experiences. The scope of the SDGs includes critical topics such as poverty, health, nutrition, education, energy, diversity, and others to achieve a better and more sustainable future. The world has shown promising progress in education, water, and infectious diseases during the past five years. However, progress is still uneven and insufficient in other domains, for instance the domain of maternal and child health included in SDG 3, which aims to "ensure healthy lives and promote well-being for all at all ages."

The current novel coronavirus 2019 (COVID-19) pandemic heavily threatens the progress on the SDGs, putting at risk the achievement of the goals by 2030. Mounting COVID-19 infections, overburdened health systems, and economic crises are challenging the already uneven progress towards the SDGs, and these problems are likely to exacerbate the existing widespread within-country social inequalities.

Despite the strong commitment of the 2030 Agenda to "leave no one behind" and its priority on those nations further behind, the SDGs do not explicitly consider reducing within-country disparities in any of their targets or aims. In this sense, global and regional partnerships, initiatives, and strategies, such as The Global Strategy for Women's, Children's and Adolescents' Health 2016-2030 (Global Strategy) and Every Woman Every Child Latin America and the Caribbean (EWEC-LAC), have been essential in bringing a focus on health equity. The Global Strategy provides a roadmap to accelerate work towards the improvement of the health and well-being of women, children, and adolescents. It aims to end preventable deaths **(survive)**, ensure health and well-being **(thrive)**, and to expand enabling environments **(transform)**, with its objectives and targets aligned to the SDG, thus aspiring to a future of equitable development. EWEC-LAC is the regional inter-agency coordinating mechanism to analyze and adapt the Global Strategy to the context of Latin America and the Caribbean (LAC) by applying an equity lens. The initiative's principal activities are to monitor, address, and advocate to reduce social inequalities in maternal, child, and adolescent health. In this context, EWEC-LAC currently monitors 32 indicators, reflecting the LAC region's priorities, among which some are included in the 2030 Agenda and in the Global Strategy.

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LAC achieved considerable gains during the MDG era, especially in terms of poverty and income inequality. Some SDG targets have already been met in various countries in the LAC region, for instance those related to child survival in SDG 3. However, there has been limited progress in areas with significant gains during the pre-SDG era, such as reductions in poverty, hunger, and maternal mortality.

Progress on maternal and reproductive health services was mainly attributable to national efforts, especially those expanding access to health services, as well as improvements in nutrition, education, and other determinants, which are expected to have contributed to reductions in preventable maternal deaths in LAC up to 2015. However, the goal of the MDG's was not achieved, falling short 38 percentage points from the original target of a 75% reduction in maternal mortality, with around 7,300 reported deaths due to maternal causes in 2015. Although some progress has been achieved on maternal health and its determinants across the LAC region, quantifying reductions in within-country

health inequalities is less straightforward since this has not been explicitly considered as an MDG or SDG target.

The regional health challenges and efforts described above led the Pan American Health Organization and UNICEF, on behalf of EWEC-LAC, to prepare this document, aiming to provide a comprehensive baseline of maternal, child, and adolescent health inequalities in Latin America and the Caribbean. This report constitutes an effort from EWEC-LAC to share high-quality evidence for monitoring of inequalities in the context of the 2030 Agenda for Sustainable Development. It is based on information from national household demographic surveys focusing on 18 of the 32 EWEC-LAC indicators (of which 16 are indicators of the Global Strategy) in 22 countries of the LAC region. This regional baseline report identifies health indicators and population subgroups that require special attention and establishes a methodology for tracking progress in reducing between- and within-country disparities to achieve the SDGs.

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1. Methodology

Countries and surveys

This report includes all data available from national-level population-based household surveys related to the Global Strategy, EWEC-LAC and Sustainable Development Goal 3 (SDG 3) indicators for 22 countries in the LAC region. Official data from the latest national household surveys, for the period 2011–2016, are included to describe the regional baseline context of the SDG 3 indicators. Details on the surveys used for each country, such as their year, source, and sample size, are available in Table 1.

In general, the survey programs for different countries explore key variables related to reproductive, maternal, neonatal, child, and adolescent health and employ similar methodologies for sampling and data collection (*1, 2*). Additional information on the methods employed by two key surveys, Demographic and Health Surveys (DHS) (*3*) and Multiple Indicator Cluster Surveys (MICS) (*4*), can be found on their corresponding websites.

Indicators

The Global Strategy and EWEC-LAC include various indicators for women's, children's, and adolescents' health. The present report gathered 18 indicators available in the national surveys: 6 indicators of health service coverage, 4 health outcome indicators, 4 nutrition indicators, and 4 other relevant indicators. Health service coverage indicators include the demand for family planning satisfied with modern methods, antenatal care (at least four visits), antenatal care quality, skilled attendance at delivery, postnatal care for the baby, and postnatal care for the mother. Health outcome indicators include adolescent birth rates and neonatal, infant, and under-5 mortality rates. Nutrition indicators include early initiation of breastfeeding, exclusive

breastfeeding, child overweight, and child stunting. Finally, other relevant indicators include improved drinking water sources, improved sanitation, birth registration, and violence against women. Table 2 presents all indicators, types, and definitions. More details are available from the International Center for Equity in Health's website (*5*). Figure 1 shows the indicators in the life course perspective framework, and Table 3 presents summary statistics.

Equity stratifiers

Assessment of health inequalities requires critical health indicators, such as those defined in the previous subsection, and socioeconomic dimensions that help to identify groups in the social gradient. These socioeconomic dimensions, usually referred to as equity stratifiers, relate to economic status and education among other dimensions. This report considers six equity stratifiers that correspond to these socioeconomic dimensions:

1. **Wealth quintiles:** Wealth was measured via a country-specific asset index used in household surveys that includes, for each surveyed household, assets such as appliances, building characteristics, and other related economic status characteristics. The index is estimated using a factor analysis to identify a composite score considering selected variables. The index is then split into quintiles (Qs): Q1 (poorest), Q2, Q3, Q4, and Q5 (wealthiest). More information is available from the DHS (*6*) and MICS (*7*) websites.

2. **Place of residence:** The criteria used to assign place of residence differ according to country and usually refer to population groups by economic activity, geographical area, and so forth. The categories considered in the present report for this stratifier are urban areas and rural areas as defined in specific household surveys.

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3. Subnational region: This dimension refers to the geographic disparities within country areas representing the selected surveys' sampling domains. The number of categories for this stratifier largely depends on the country. Some countries do not report any subnational divisions, while others have up to 26 different subnational regions (i.e., Ecuador).

4. Sex: This stratifier corresponds to the sex of the child (among children less than 5 years of age) and has two values: male and female.

5. Women's/maternal education: This stratifier is available for some indicators and refers to the highest educational level achieved by women with children. Although the availability of educational information varies across surveys, when available this stratifier has up to three categories: none (no formal education), primary (including both women with any primary education and those with a complete primary education), and secondary or higher (including women with both a partial and a full higher education).

6. Age group: This stratifier, when available, refers to the age group of the woman or mother. It has two values: adolescent (15–19 years old) and adult (20–49 years old).

Measures of inequality

Social inequalities refer to systematic differences in opportunities, outcomes, or rewards between social groups due to their social gradient position. For instance, those at the lower level of the social gradient usually have a shorter life expectancy than those at the top. Disparities in health indicators due to social stratification are referred to as social inequalities in health.

This report presents two simple measures of inequality: absolute gaps and relative gaps, which respectively represent absolute (e.g., richest minus poorest) and relative (e.g., richest divided by poorest) differences within health-related indicators. Thus, they highlight the gaps between the worst off and better off in each country as classified via the equity stratifiers mentioned previously.

Furthermore, the report provides two complex measures of inequalities based on wealth: the Slope Index of Inequality (SII) for absolute inequality and the concentration index (CIX) for relative inequality. The SII shows the difference, for a given health indicator, between the wealthiest and the poorest considering information for all other groups. On the other hand, the CIX describes the extent to which an indicator is concentrated in the wealth spectrum. Positive SII/CIX values represent a distribution in the health indicator that favors the rich and is usually observed for health coverage indicators, where wealthier populations tend to have better outcomes. In contrast, negative values represent higher values of the health indicator among the poor relative to the wealthy. These are commonly observed with outcomes such as child mortality or stunting, which are more frequent among the less wealthy population. Additional information about the SII and CIX measures of inequality can be found in Annex A**.**

Finally, a comparison between the absolute wealth-based inequality revealed by the SII and the national performance of the indicator is provided to offer further details on the context of inequalities. As such, this analysis can show, for example, whether a country exhibits few inequalities but weak national performance.

Technical considerations

This report includes surveys from 22 countries. Some of the largest countries in LAC, including Brazil and the Bolivarian Republic of Venezuela,

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were not included due to lack of data from standardized surveys. Another country that was not included for similar reasons was Chile.

The majority of surveys included information on all or most selected indicators and equity stratifiers. Nonetheless, there are some instances where stratification was not possible due to unavailable data (i.e., Cuba) or a small sample size (i.e., Saint Lucia), leading to missing inequality estimates. There was no information for rural areas in Argentina; thus, only urban estimates are shown.

The wealth dimension is estimated by household per country as opposed to being estimated by woman or child; thus, a given wealth quintile can include a larger population than others, even if the number of households is similar across quintiles. Further information regarding the methodology of wealth stratifiers and complex measures of inequality can be found in Annex A, Annex B and the World Health Organization's Handbook on Health Inequality Monitoring (*8*).

Surveys were carried out from 2010 onwards, with a median year of 2014. Information on indicators such as antenatal, delivery, and postnatal care was collected for births that took place two (for DHS surveys) or three (for MICS surveys) years prior to the survey, thus contributing to the time lag relative to when these interventions actually took place. Therefore, for most countries, the data may not reflect the current situation in terms of coverage or inequalities.

Lastly, due to the nature of surveys that ask the mother or caregiver about past events, precision of maternal recall could bias the findings for coverage indicators related to antenatal, delivery, and postnatal care; early initiation of breastfeeding; and birthweight.

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Figure 1:

Maternal, child, and adolescent health indicators in the life course spectrum

REPRODUCTIVE HEALTH

- Demand satisfied for family planning with modern methods
- Adolescent birth rate

MATERNAL HEALTH

- Antenatal care (at least four visits)
- Antenatal care quality
- Skilled attendance at delivery
- Postnatal care for the mother

LIFE COURSE

OTHER RELEVANT INDICATORS

- Birth registration
- Violence against women
- Improved drinking water source
- Improved sanitation

NEONATAL HEALTH

- Postnatal care for the baby

NUTRITION

- Early initiation of breastfeeding
- Exclusively breastfed
- Child overweight
- Child stunting

MORTALITY

- Neonatal mortality rate
- Infant mortality rate
- Under-5 mortality rate

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2. Results

Regional and country-specific results for all 18 indicators are described in the following subsections. The heatmaps in Figure 2 and Figure 3 present national performance levels for selected indicators, color-coded differently by type of indicator. The desired level for a coverage indicator is close to 100% (green) as opposed to 0% (red). In contrast, the aim for an outcome indicator is a low level close to 0 (green) as opposed to a higher level (red). Annex C shows the specific numeric performance for each country and indicator.

The heatmaps are also useful for describing indicator availability by country, as the gray color represents missing data. For example, whereas information on antenatal visits and water supply is available for all countries, data on violence against women are available for only five countries. Mortality indicators could be calculated only for surveys with full birth histories; however, many countries have valid data from vital registration records or national censuses that were not used in this report.

Overall, LAC shows median values of around 80% for coverage indicators. Nutrition indicators such as early initiation of breastfeeding and exclusive breastfeeding display particularly low median values. In the case of several coverage and nutrition indicators, Haiti had the lowest values among countries with available data. Marked between-country inequalities were found for some indicators, in particular postnatal care for the baby and the mother, improved sanitation, and skilled birth attendance at delivery (Figure 4). Likewise, the outcome indicators show at least one outlier (Haiti) with high child and under-5 mortality rates.

Annex B provides a summary table with absolute and relative inequality measures by equity stratifier, indicator, and country. The disaggregated data (i.e., disaggregated by equity stratifiers) used to calculate these measures are presented in Annex C. In general, within-country inequalities in maternal, child, and adolescent health indicators were

strongly patterned along the social gradient in the Latin America and the Caribbean region. National coverage levels and subregional levels were also related to the magnitude of these inequalities. For instance, there were wide inequality gaps by place of residence favoring those living in urban areas except in the Caribbean, where those differences were minimal.

Inequalities based on wealth were widespread across countries and indicators, with particularly marked inequalities in indicators such as improved drinking water and sanitation and antenatal quality care. However, there was an exception to this pattern for early initiation of breastfeeding, which was consistently higher among lower-income populations. On the other hand, health inequalities by child sex were not particularly wide for most of the indicators, showing unfavorable results for males relative to females only in child survival indicators.

The educational level of women and mothers was important in numerous indicators such as antenatal and postnatal care, as unfavorable results were systematically observed for women with lower educational attainment and their children. Lastly, analyses of subnational regions by country revealed wide gaps in critical indicators, despite high levels of national coverage or low outcome rates/prevalence. Guyana and Panama were noteworthy examples of countries with geographical disparities among regions for several indicators.

The following subsections describe in detail the findings for each health service or outcome indicator. Each subsection provides information on five main points: (a) information available across surveys, (b) median regional and national performance, (c) within-country inequalities, (d) the contrast between national performance and absolute wealth-based inequalities, and (e) comparisons between wealth-based complex measures of disparities.

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Figure 2:

Heatmap of coverage by indicator and country

Subregion	Country	Antenatal care (4 or more visits)	Antenatal care quality (blood and urine tests, and blood pressure)	Early initiation of breastfeeding	Exclusive breastfeeding (0-5 months)	Birth registration	Family planning satisfied with modern methods	Improved sanitation (not shared)	Improved drinking water source	Postnatal care for the baby	Postnatal care for the mother	Skilled attendance at delivery
South America	Argentina	89.8	97.3	52.7	33.5	100.0		93.1	98.0			
	Bolivia (Plurinational State of)	85.6		55.0	58.3							89.8
	Colombia	89.6	93.8			96.8	86.5	87.8	91.0			96.3
	Ecuador	88.2		52.4	41.8			78.8	85.1			91.1
	Guyana	86.7	93.6	49.2	23.3	88.7	52.4	86.9	94.2	94.1	93.2	92.4
	Paraguay	93.6	94.5	49.5	31.3	93.0	86.4	79.9	95.2	93.2	94.5	95.5
	Peru	95.7	93.2	51.0	69.8		64.2	68.6	90.5	93.6	95.5	93.2
	Uruguay	76.8	98.1	76.5		99.8		94.0	99.4			98.2
Mesoamerica	Belize	92.6	97.2	68.3	33.2	95.7	66.0	86.9	96.7	95.0	96.7	96.8
	Costa Rica	90.2	94.0	59.6	32.5	99.7	89.3	94.5	99.2			98.4
	El Salvador	90.1	94.8	42.0	46.7	98.5	84.8	77.0	95.2	95.9	93.7	97.7
	Guatemala	85.9	62.8	63.1	53.2		65.3	78.6	84.7	8.1	77.7	68.1
	Honduras	88.4	86.0	63.8	31.2	93.6	76.0	77.0	88.7		84.9	84.7
	Mexico	94.3	90.3	51.0	30.8	95.0	86.1	93.6	98.1	93.2	95.2	97.7
	Panama	87.9	86.8	47.0	21.5	95.6	76.4	84.8	94.9	93.4	92.2	91.6
The Caribbean	Barbados	87.9	99.3	40.3	19.7	98.7	70.7	95.2	99.7		96.9	98.9
	Cuba	97.8	98.1	47.9	33.2	100.0	89.7	90.7	94.0	98.0	99.2	99.4
	Dominican Republic	92.9	97.2	38.1	4.7	88.0	85.2	82.1	91.4	94.7	94.5	98.7
	Haiti	64.3	75.7	47.4	39.9	84.8	43.1	33.2	73.8	42.9	28.7	41.5
	Jamaica	85.6	97.4	64.7	23.8			86.3	94.6			99.1
	Saint Lucia	90.3	95.9	49.6	3.5	92.0	72.5	89.7	99.0		91.5	98.7
	Trinidad and Tobago	87.3	97.7	46.3	21.5	96.5	64.3	93.8	99.0		92.0	98.0

Coverage indicators   0%   50%   100%

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Figure 3:

Heatmap of prevalence or rate by indicator and country

Subregion	Country	Outcome indicator							
		Adolescent birth rate (15–19 years old)[a]	Infant mortality rate	Improved drinking water source	Neonatal mortality rate	Overweight in under-5 children	Stunting in under-5 children	Under-5 mortality rate	Violence against woman (physical, psychological, or sexual)
South America	Argentina								
	Bolivia (Plurinational State of)	71.0	24.0		15.0		16.0	29.0	
	Colombia	77.2	15.8	9.4	9.8			18.8	41.3
	Ecuador			6.2		8.3	24.6		
	Guyana	77.2	31.1	12.3	21.2	5.5	11.3	36.5	
	Paraguay	76.0	17.8	9.1	8.2	13.2	5.6	19.6	
	Peru	62.9	15.0	7.0	9.1	8.0	13.1	18.7	15.5
	Uruguay			12.5					
Mesoamerica	Belize	82.2	13.3	11.9	8.2	8.1	14.9	17.0	
	Costa Rica			6.2					
	El Salvador	75.5	16.8	8.3	10.0	6.6	13.6	19.9	
	Guatemala	93.5	30.0	14.8	17.5	5.1	46.7	38.5	16.4
	Honduras	99.0	23.7	9.5	16.5	5.6	22.7	29.4	22.4
	Mexico			10.1		5.1	12.4		
	Panama			7.3					
The Caribbean	Barbados			2.5		12.9	7.7		
	Cuba								
	Dominican Republic	91.4	30.9	13.7	24.8			35.3	
	Haiti	59.4	57.8		31.7	3.9	21.9	82.4	22.3
	Jamaica			16.1					
	Saint Lucia			27.6		6.3	2.5		
	Trinidad and Tobago			16.1		12.6	9.2		

a   Color code for adolescent birth rate capped at 100.

Outcome indicators   0   50   100

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Figure 4:

Boxplots of coverage indicators with outliers

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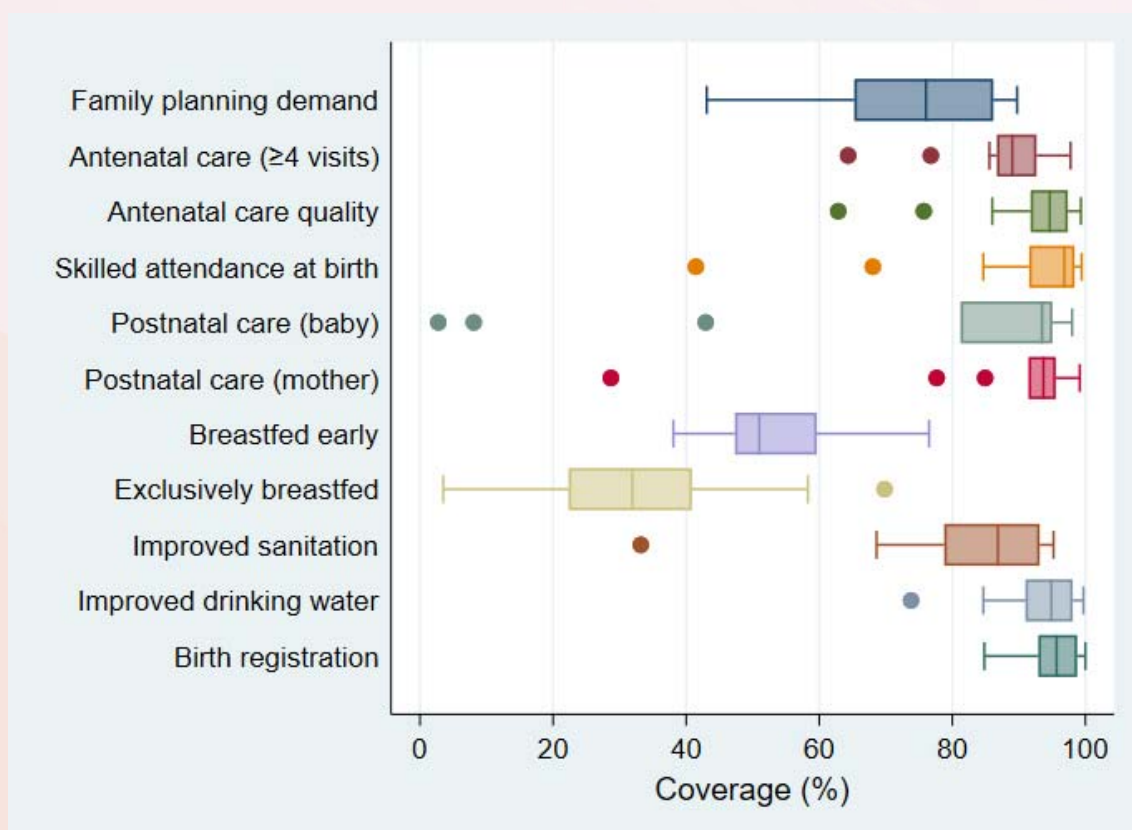
Reproductive health

Adolescent birth rate

Number of births to women aged 15 to 19 years per 1,000 women in that age group that occurred in the 36 months prior to the survey.

Information on births among adolescent women was available for only 11 countries. The median regional adolescent birth rate was around 77 births per 1,000 women aged 15 to 19 years, ranging from 59 in Haiti to 99 in Honduras. All South American countries were below or at the regional median, whereas most Central American countries had values above the regional median. Peru exhibited the lowest adolescent birth rate in South America (63 births per 1,000 adolescent women).

Inverse associations between wealth and adolescent births were present in all countries, with similar magnitudes (Figure 5). The wealth gap was narrowest in Belize (62 births per 1,000 adolescent women) and largest in the Dominican Republic (140 births per 1,000 women). Wealthier populations showed adolescent birth rates as low as 20 births per 1,000 women (Colombia). In contrast, the poorest populations had up to eight times those rates, for instance the Dominican Republic (172 births per 1,000 adolescent women).

Adolescent birth rates were higher in rural than urban areas in all countries, often 1.5 or 2 times higher. Belize was the country with the narrowest gap, while Peru had the widest gap (74 births per 1,000 adolescent women). Although all urban populations had adolescent birth rates below 100 births per 1,000 adolescent women, only rural populations in four countries were below the same threshold (Figure 6).

There were marked differences in adolescent birth rates by geographical region and women's education in all countries. El Salvador had the narrowest gap by subnational region, while Peru and Guyana had the widest gaps (Figure 7). The widest difference by educational level was seen in Haiti, where adolescent women with a secondary education or more showed a low birth rate of 33

births per 1,000 adolescent women. In comparison, those with no formal education exhibited a rate of 205 births per 1,000 adolescent women (Figure 8).

Demand for family planning satisfied with modern methods

Proportion of women of reproductive age (15–49 years) who are sexually active and who have their need for family planning satisfied with modern methods (i.e., oral contraceptives, intrauterine device, etc.).

Data on family planning and coverage of modern methods were available for 17 countries. The regional median prevalence of women whose demand for family planning was satisfied with modern methods was 76%, with the highest coverage in Cuba (90%) and Costa Rica (89%). There were marked differences between some countries of up to 47 percentage points, with Haiti having only 23% coverage nationwide.

Inequalities suggesting a higher proportion of family planning needs satisfied with modern methods among women belonging to the wealthiest households than among those from the poorest households were found for all of the countries in LAC other than Paraguay (Figure 9). Nonetheless, the magnitude of the gap by wealth varied widely across LAC. Narrower gaps were observed for Paraguay, El Salvador, and Colombia, where all groups had coverage of around 80% or more. On the other hand, wider gaps were seen in Guatemala, Belize, and Panama, where the most impoverished groups had coverage levels close to half of the target population.

Inequalities by place of residence were mixed and generally small across countries (Figure 10). The two countries exhibiting the widest gaps in this coverage indicator between urban and rural areas (with greater coverage for urban areas) were Peru (11 percentage points) and Guatemala (13 percentage points). On the other hand, inequalities suggesting greater coverage in rural areas were found in Guyana, Saint Lucia, and Paraguay, with coverage levels four to eight percentage points higher for rural than urban areas. Gaps among

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subnational regions varied by country; Panama and Peru showed the widest gap, whereas regional differences within Mexico and the Dominican Republic were small (Figure 11).

Inequalities by women's education were small except in Panama, where those with a secondary education or higher had at least two times the coverage of those with no education (Figure 12). Further analysis between age groups showed, however, that coverage among adolescent girls was markedly lower than coverage among older women in all countries other than Peru (Figure 13).

The comparison of the SII and national performance levels identified countries with important inequality gaps, low national coverage, or both (Figure 14). In the former category, Mexico and Costa Rica had high national performance levels (around 90%) but wide inequalities. Although Haiti and Saint Lucia showed relatively low inequality (SII < 10), their performance levels were below 50% and 75% for this indicator, respectively. Guatemala and Panama exhibited the highest absolute inequalities, with less than 80% of women having their demand for family planning satisfied.

Maternal health

Antenatal care (at least four visits)

Proportion of women of reproductive age (15–49 years) with a live birth in the past two (MICS) or three (DHS) years who had at least four or more antenatal care visits with a skilled provider.

Information regarding coverage of antenatal care with four or more visits was available for all countries. Median regional coverage was high (89%), ranging from 64% in Haiti to over 97% in Cuba.

Inequalities by wealth quintile were small across countries, frequently showing the richer population with higher coverage (Figure 15). Haiti and Panama had the widest gaps, with a twofold difference in coverage between the two extreme quintiles in Haiti. In Mexico and Peru, all of the quintiles were

clustered except for the poorest quintile, which was further away than the others. The opposite situation was found in Trinidad and Tobago, where poorer quintiles were clustered except for the richest one.

Urban-rural differences tended to be small, with a few countries showing higher coverage levels in rural than urban areas (e.g., Barbados, Uruguay) (Figure 16). However, the sample sizes in Uruguay and Barbados were small, and thus the results shown in Figure 16 must be interpreted with caution.

Inequalities between subnational regions varied by country from less than five to over 40 percentage points. The widest gaps among subnational regions were observed in Ecuador, Guyana, Panama, and Uruguay (Figure 17).

Colombia and Panama had the widest disparities according to women's education, with approximately twofold differences in favor of those with a secondary education or higher (Figure 18). Uruguay exhibited differences in the opposite direction, as coverage was seven percentage points lower among women with a secondary education than among those with a primary education. Adolescents tended to have lower coverage than older women; however, differences were small in most countries with the exception of Uruguay, which had a small number of adolescents surveyed (Figure 19).

Despite good national performance, most countries had wide inequality gaps (SII > 10 and coverage > 85%). In addition to reducing the inequality gap, Uruguay and Haiti (shown on the left side of the panel) must catch up with the other nations in LAC in terms of their antenatal care coverage (Figure 20).

Antenatal care quality (selected routine ANC tests)

Proportion of all pregnant women with at least one antenatal visit who had their blood pressure measured and who underwent blood and urine tests.

Information regarding antenatal care quality was assessed in all countries except the Plurinational State of Bolivia and Ecuador. The median regional coverage level was 95%. Countries such as Barbados, Cuba, and Uruguay covered almost all of the population, whereas Guatemala and Haiti had the lowest coverage levels (63% and 76%, respectively).

Inequalities suggesting greater coverage for women in the wealthiest households than for those in the poorest households were observed across countries (Figure 21). The widest gaps were in Guatemala, Haiti, and Panama. However, most nations had high coverage in all wealth quintiles (above 80%), especially those in the Caribbean (Barbados, Belize, Dominican Republic, Jamaica, and Trinidad and Tobago). A noteworthy finding was that the richest quintile in Costa Rica underperformed in comparison with the other quintiles.

Urban-rural gaps were generally small to minimal in LAC, although Guatemala and Panama had gaps above 15 percentage points (Figure 22). Differences among regions varied widely, from a few percentage points to over 50 percentage points in Guyana and Panama (Figure 23).

Disparities by women's education were considerable in LAC, favoring those with higher educational attainment (Figure 24). For example, Panama and Guatemala showed a twofold difference between those with a secondary education and those with no education. Nonetheless, some countries exhibited inverse differences wherein coverage among those at lower educational levels was up to four percentage points higher than coverage among those with a higher education. Adolescents and older women showed similar coverage except in Panama and Saint Lucia, where the former exhibited lower levels (Figure 25).

The majority of countries performed relatively well at the national level, but there is still an absolute inequality gap (Figure 26). Particularly challenging situations were found in Guatemala and Haiti, where the absolute gap was very high (SII > 40) and national performance was below 80%.

Skilled attendance at delivery

Proportion of births attended by skilled health personnel.

Information on skilled attendance was available for 21 countries. Median coverage in LAC was high (96.8%), with most countries having coverage levels above 90%. Haiti, Honduras, the Plurinational State of Bolivia, and Guatemala were the exception, with the former showing a coverage level below 50%.

Inequalities suggesting greater coverage of this indicator among women in the wealthiest households than among those in the poorest households were present in all countries with available data. The magnitude of inequalities across quintiles was mixed (Figure 27). In some countries, coverage levels were high in all quintiles (e.g., Uruguay); in others, only the poorest quintile (Q1) exhibited significantly lower coverage (e.g., Panama); and in still others there were gradient-like differences across quintiles (e.g., Guatemala). Inequalities were not measurable in Cuba due to lack of data, but national coverage was 99%.

Coverage in urban areas was higher than in rural ones, particularly in the Plurinational State of Bolivia, Guatemala, Haiti, Honduras, Panama, and Peru (Figure 28). Although there were two instances where rural populations showed higher coverage (Barbados and Cuba), the magnitude of these differences was very small.

Differences by subnational regions varied across countries. While the difference was around 50 percentage points in Panama, Guatemala, and Guyana, it was below three percentage points in Barbados, Cuba, and the Dominican Republic (Figure 29).

Women with a higher education showed higher coverage levels for skilled attendant births, with at least twofold differences for Panama, Guatemala, and Haiti (Figure 30). On the other hand, coverage for skilled attendant births was similar across countries among adolescent mothers and older women (Figure 31).

The SII suggests that most countries need to focus their efforts on closing their existing wealth-

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based disparities, especially those with moderate absolute disparities (SII > 20) such as Peru and Panama (Figure 32). Haiti and Guatemala should also increase their national coverage substantially in order to catch up with the other nations.

Postnatal care for the mother

Proportion of women of reproductive age (15–49 years) who received a postnatal checkup within two days of their last delivery.

Information on postnatal care for mothers was available for 15 countries. All countries with information about postnatal care for babies had data for mothers. Barbados and Saint Lucia had information for mothers but not babies.

The regional median coverage level was similar to that found for infants (around 94%); however, the range was not as extreme as in that indicator. The lowest coverage level was approximately 30% (Haiti), and the highest was close to 100% (Cuba).

Inequalities suggesting greater coverage levels for women in the wealthiest households than for those in the poorest households were present in most countries except Barbados and Trinidad and Tobago (Figure 33). Peru and Panama particularly exhibited underperformance in their lowest quintile in comparison with the wealthier quintiles. Gradient-like differences by wealth were observed in Haiti, Guyana, and Honduras.

Overall, coverage was higher in urban than rural areas, although six countries exhibited virtually no urban-rural inequalities (e.g., Cuba) (Figure 34). Rural populations of Panama, Honduras, and Guatemala performed worse than any other country areas with the exception of some areas of Haiti.

Consistent with the postnatal care findings for babies, Panama and Guyana showed considerable differences by subnational region (Figure 35). Important differences by geographical location were also observed for Peru, Honduras, and Guatemala.

Coverage of postnatal care was also higher among women who had a higher education (Figure 36),

with a twofold difference in Panama. Only three countries, all from the Central America subregion, had absolute differences below five percentage points.

Moderate wealth disparities and high coverage levels were present in most countries (Figure 37). Haiti was the outlier country, with the highest absolute wealth-based inequality and the lowest national performance level.

Neonatal health

Postnatal care for the baby

Proportion of last-born infants of women of reproductive age (15–49 years) who received a postnatal checkup within two days of birth.

Information on postnatal care for infants was available for 13 countries. Findings on postnatal care for infants should be interpreted with some caution due to differences between the questions in DHS and MICS surveys.[1] Median coverage was around 93% with wide differences in LAC; for example, some countries such as Guatemala had coverage below 10%. All other countries, except Haiti and Honduras, had a coverage level above 90% with respect to postnatal care for the baby.

Estimated inequalities implied that in the majority of countries, especially Haiti, Guyana, Panama, and Honduras, a greater proportion of infants born into the wealthiest households than the poorest households received postnatal care within two days of birth (Figure 38). While Haiti had a more gradient-like difference across quintiles, Guyana's poorest quintile performed substantially worse than the other quintiles. However, some countries showed mixed correlations with wealth. For instance, Guatemala had a higher coverage level among the poorest population.

Urban populations generally had higher coverage levels for this indicator, with moderate to small absolute gaps (Figure 39). Differences by place

1   While DHS surveys ask about children born in the last two years, MICS surveys ask about those born in the last three years, which can affect estimates differently due to recall bias.

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of residence were almost nonexistent in Belize, Trinidad and Tobago, and the Dominican Republic. In Guatemala, rural populations showed a smaller advantage in comparison with their urban peers.

Guyana and Panama revealed marked subnational gaps (around 40 percentage points). Cuba, on the other hand, showed the narrowest difference by subnational region (Figure 40). Although only five countries had available data by sex of the child, differences were minimal in all instances (Figure 41). Higher maternal education was directly associated with higher coverage of postnatal care for the child, with differences above 30 percentage points in some countries (Figure 42).

Most countries exhibited optimal coverage and moderate wealth disparities (Figure 43). Guatemala showed small disparities, but coverage performance levels were low relative to the other nations.

Mortality

Neonatal mortality rate

Number of deaths in children aged 0 to 30 days per 1000 live births during the specified time period.

Mortality data were available in only 11 countries. The median neonatal mortality rate was 15 deaths per 1000 live births (‰). The nation that performed the best was Belize (8‰), while the two countries in the Caribbean with available data showed the highest rates (32‰ in Haiti and 25‰ in the Dominican Republic).

Estimates of neonatal mortality by subgroups tend to show high variability due to a relatively small number of deaths in each group. Although no clear inequalities by wealth were observed (Figure 44), rates were generally lower in the richest quintiles than in the poorest quintile. Mortality rates were higher in rural than urban areas in most countries (Figure 45). Exceptions to this pattern were Belize, Honduras, and the Dominican Republic, although only the latter showed an absolute gap above 5‰.

Haiti exhibited the widest gap among geographical regions (35‰). However, Peru, Honduras, Guyana, and the Dominican Republic showed considerable

gaps as well (>15‰) (Figure 46). Moreover, mortality rates were higher among children of mothers with lower educational levels than among children of mothers with higher levels of education (Figure 47). Differences by maternal education were as large as fourfold for Paraguay and threefold for Peru. Neonatal mortality rates were higher among boys than girls in all countries except Honduras, where there was a slightly higher estimate for girls (Figure 48).

Infant mortality rate

Number of deaths in children less than 1 year old per 1000 live births during the specified time period.

Information on infant mortality was available for 11 countries. The median mortality rate was around 24‰, ranging from 13‰ in Belize to 58‰ in Haiti.

Mortality was inversely related to wealth in all countries. The highest mortality rate was observed in the second wealthiest quintile in Haiti (Figure 49). The poorest quintile in Guatemala performed worse than any other country quintile with the exception of Haiti's quintiles. A noteworthy result was found in Belize, where most quintiles were clustered except for the richest, which performed substantially better. The pattern in the Dominican Republic was the inverse of that observed in Belize, with the poorest quintile having a mortality rate close to 40‰.

In Belize and the Dominican Republic, mortality was higher in urban than rural areas, but opposite trends were observed in Colombia, El Salvador, Guatemala, Guyana, and Peru; differences between urban and rural areas were small in Honduras, Haiti, and Peru. The widest gap was found in Guyana, with a difference of 25‰ (Figure 50).

As was the case for neonatal mortality, Haiti had the widest gaps between geographical regions (a threefold difference) (Figure 51). Mortality rates were higher for boys than girls in all countries except Colombia, where the rates were practically the same (Figure 52). Maternal education was inversely associated with infant mortality except in the Dominican Republic and Honduras (Figure 53).

While Haiti showed the highest infant mortality

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rate, its absolute inequality was relatively small (SII < –10). On the opposite side, Guatemala and Paraguay exhibited moderate national performance levels but extreme wealth-based disparities (Figure 54).

Under-5 mortality rate

Number of deaths in children less than 5 years old per 1000 live births during the specified time period.

Information on under-5 mortality was available for 11 countries. The median mortality rate was 29 per 1,000 live births (or 29‰), ranging from 17‰ in Belize to 82‰ in Haiti. Guyana and Guatemala had the highest rates in South and Central America, respectively.

Mortality was strongly related to family wealth in all countries, with unusually wide inequalities in Guatemala, Haiti, and Paraguay (Figure 55). Moreover, the difference between the richest quintile and the poorest quintile in Haiti was close to 40‰. Nonetheless, the wealthiest quintile in Haiti performed worse than any other country's poorest quintile. Differences by wealth were also found in countries with relatively low rates such as Belize, where the difference between extreme quintiles was about 10‰.

Mortality was higher in rural than urban areas with a few exceptions, notably Belize, the Dominican Republic, and Honduras. Guyana had the broadest gap by place of residence (more than twofold between areas) (Figure 56). There were large differences in mortality among subnational regions in all countries, particularly Guyana, Haiti, and Honduras (Figure 57).

Mortality rates were higher among boys in all countries other than Honduras, where rates were very similar (Figure 58). Maternal education was inversely related to under-5 mortality in all countries, with extreme differences up to 72‰ (Paraguay) favoring those at higher educational levels (Figure 59).

Haiti was the outlier in terms of the SII versus national performance, with moderate inequality and the highest mortality rate (Figure 60). Guatemala and Paraguay had the lowest SII, indicating wide disparities affecting the most impoverished populations; however, the former also needs to decrease national under-5 mortality rates substantially.

Nutrition

Early initiation of breastfeeding

Proportion of last-born children of women of reproductive age (15–49 years) who were put to the breast within one hour of birth.

Information on early initiation of breastfeeding was available for 21 countries. Median coverage of early initiation was 51%, and no country reached levels above 80%. Uruguay and Belize led LAC with coverage levels of 76% and 68%, respectively.

In contrast to all other coverage indicators, early initiation of breastfeeding was most frequent among less wealthy families (Figure 61). Very low coverage levels (<30%) were found in the richest quintiles of the Dominican Republic, Guyana, and Peru.

Coverage was often higher in rural than urban areas (Figure 62). Peru showed the widest gap by place of residence (25 percentage points). Nearly all countries showed important variations by subnational regions (Figure 63). Trinidad and Tobago was the only exception to this pattern.

Boys and girls exhibited similar coverage levels, although it is important to note that information was disaggregated by sex in only five of the 21 countries with data available for this indicator (Figure 64). Maternal education was inversely related to early initiation of breastfeeding except in Uruguay and Guyana. In Honduras, Panama, Guatemala, the Dominican Republic, and Peru, there were differences of more than 20 percentage points favoring mothers at lower educational levels (Figure 65).

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The comparison between national performance and the SII showed a scattered scenario wherein a common feature was a higher proportion of last-born children put to the breast within one hour of birth in the poorest households than in the wealthiest households (SII < 0). Peru and Guatemala are the countries with the highest wealth-based inequality; however, in Peru, around one out of two children had early initiation of breastfeeding (Figure 66).

Exclusive breastfeeding

Proportion of last-born children under 6 months of age who were fed with only breast milk in the 24 hours preceding the interview.

Most countries had information on exclusive breastfeeding among children younger than 6 months. The exclusive breastfeeding indicator showed poorer performance relative to other coverage indicators as depicted in the heatmap (Figure 2), with a regional median of 31.9%. The lowest coverage level was found in Saint Lucia (3.5%), while the highest was found in Peru (69.8%).

In several countries, coverage was higher in the poorest quintiles than in their wealthier counterparts (Figure 67). The largest gap was found in Guatemala, where the absolute difference was around 50 percentage points. However, a few countries showed opposite patterns; for example, the wealthiest quintile in Argentina exhibited higher coverage for this indicator. Other countries with different trends included Costa Rica, Haiti, Jamaica, and Mexico. The Dominican Republic showed the narrowest gaps, although all quintiles performed worse than any of the quintiles in the other LAC countries.

Inequalities suggesting a greater proportion of last-born children in rural than urban areas being exclusively breastfed were observed across most countries, with Costa Rica and Trinidad and Tobago as notable exceptions (Figure 68). For example, rural-urban differences in this indicator were above 10 percentage points in Ecuador and El Salvador. Large subnational differences were found in most

countries, especially Ecuador, Honduras, and Peru; for the latter, the gap was 70 percentage points (Figure 69). Coverage of this indicator was higher for children born to mothers with lower educational attainment; for example, in Guatemala, the difference was more than 30 percentage points between children of mothers with no education and children of mothers with a secondary education or higher (Figure 70). There was no clear pattern by sex of the child (Figure 71).

The plot between the SII and national performance suggested that efforts should be primarily focused on improving national coverage of this indicator, while countries such as Honduras and Guatemala have an urgent need to reduce absolute wealth-based disparities (Figure 72).

Child overweight

Proportion of children under 5 years old who are overweight or obese (BMI for age Z-score > +2 SD).

The primary data needed to estimate child overweight, child anthropometric (length/height and weight) information, were available for 13 countries. The regional median prevalence was 7%, ranging from 4% in Haiti to 13% in Paraguay. The other two Caribbean countries, Barbados and Trinidad and Tobago, showed a high national prevalence close to that of Paraguay.

Overweight prevalence increased with family wealth in a few countries, but for the most part there were no clear inequalities by wealth (Figure 73). Among the countries that did show patterns according to wealth, there was a wide gap in Peru between extreme quintiles and a gradient effect across quintiles. However, a different pattern was observed in Guatemala and Honduras, where most quintiles were clustered except for the wealthiest quintiles, which had a higher prevalence. Mexico and Haiti showed the narrowest inequalities by wealth across LAC.

Likewise, urban-rural differences were small in most countries, with a higher prevalence among urban populations (Figure 74). Only two countries, Belize and Peru, showed urban-rural gaps greater

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than five percentage points. Barbados, Saint Lucia, and Ecuador were the only countries with inequalities favoring rural populations, although these differences were minimal.

Guyana and Peru showed the widest gaps among geographical regions, with a fourfold difference between extreme regions (Figure 75). Ecuador and Paraguay also had considerable differences by regions, with absolute differences above eight percentage points. In most countries, the prevalence was higher among boys, but the reverse pattern was observed in a few countries (Barbados, Mexico, and Guatemala). The widest inequality gaps by sex were found in Saint Lucia and Barbados (Figure 76). Inequalities were small by maternal education, although the prevalence was higher among children whose mothers had a higher educational level (Figure 77).

The SII indicated a higher prevalence in wealthier populations, although the magnitudes were small. Two important exceptions were Peru and Paraguay, the former with the highest SII and the latter with a moderate SII and high overweight prevalence (Figure 78). Furthermore, Paraguay, Barbados, and Trinidad and Tobago may need to engage in efforts to reduce disparities and the overall national prevalence. In contrast, Saint Lucia and Ecuador showed minimal disparities but a national prevalence above 5%, which will demand a focused effort to reduce the national indicator.

Child stunting

Proportion of children under 5 years old with chronic malnutrition (height for age Z-score < -2 SD).

Information on stunting was available for 14 countries across LAC. The median prevalence was 13.4%, ranging from 2% in Saint Lucia to 47% in Guatemala. Countries from South America had a prevalence below 15% with the exception of Ecuador (where the national prevalence was 25%) and the Plurinational State of Bolivia. Other countries with a national stunting prevalence above 15% were Guatemala, Panama, and Haiti.

In contrast to overweight, stunting prevalence showed clear patterns, with inverse associations with wealth and a higher rural prevalence (Figure 79). The widest gaps by wealth were found in Guatemala, Honduras, and Peru. The former showed an absolute difference of more than 40 percentage points between the extreme quintiles. Most Caribbean countries and Paraguay had a stunting prevalence below 20% in all wealth quintiles. Again, inequalities favoring rural populations were wider in Guatemala, Honduras, and Peru, although the urban population in Guatemala showed a higher prevalence than the urban or rural population in any other country (Figure 80).

Gaps between subnational regions were marked in some countries, including Guatemala, Honduras, Peru, Ecuador, and Belize (Figure 81). The widest relative gap between subnational regions was found in Peru, where the level of stunting was 14 times greater in the subregion with the highest prevalence than in the subregion with the lowest prevalence. Boys tended to have a higher prevalence than girls, but differences were minimal (Figure 82). Significantly higher stunting was revealed in children whose mothers had low levels of education. Fourfold and larger differences were found in several countries, including Paraguay and Honduras (Figure 83).

Guatemala was the extreme outlier in the comparison between national performance and the SII, suggesting the need for this country to close the inequality gap while also reducing the national prevalence (Figure 84).

Other relevant indicators

Improved drinking water source

Proportion of people living in households using an improved drinking water source.

Information on drinking water was available for 21 countries. The median coverage level was 95%, ranging from 74% in Haiti to close to 100%

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in Barbados. All nations other than Haiti showed coverage of at least 80% or more nationally.

Analyses of water supply by wealth must be interpreted with caution because water facilities are one of the variables included in the household asset index for calculating wealth quintiles. Large inequalities indicating greater access to an improved drinking water source among the wealthiest households than among the poorest households were present in most countries, particularly Haiti, Ecuador, Colombia, and Paraguay (Figure 85). Peru and Haiti showed gradient-like disparities by quintiles, while in Colombia and Panama all quintiles were clustered except the poorest one. In nine countries, the coverage level was below 80% in the poorest quintile and close to 100% in the richest quintile, with absolute gaps up to 60 percentage points (Haiti).

In most countries, coverage was substantially higher in urban than rural areas, particularly in Colombia, Ecuador, Haiti, Honduras, and Peru (Figure 86). Both urban and rural coverage levels were high in Argentina, Barbados, Belize, Costa Rica, Saint Lucia, and Trinidad and Tobago. Ecuador, Guyana, and Panama showed the widest gaps among geographical regions (Figure 87). Only Barbados and Trinidad and Tobago did not exhibit sizeable differences between areas.

The relationship between the SII and national performance showed a small number of countries with high coverage and low inequality levels (Figure 88). Most countries had a moderate to high absolute gap (SII > 20) despite their high coverage, which indicates the need to prioritize efforts to reduce inequality gaps rather than increase national coverage levels. The only exception was Haiti, where there is a need for both actions.

Improved sanitation

Proportion of people living in households using an improved, non-shared toilet facility.

Similar to data on improved drinking water sources, information on sanitation was available

for 21 countries. Regional median coverage with respect to improved sanitation was 86.9%; the lowest and highest coverage levels were 33% and 95% in Haiti and Barbados, respectively.

As in the case of improved water sources, analyses of sanitation by wealth must be interpreted with caution because proxies for this variable are part of the household asset index for calculating wealth quintiles. Vast inequalities suggesting greater access to improved sanitation in the wealthiest households than in the poorest households were present in LAC and especially marked in Peru (Figure 89). Coverage in the wealthiest quintile was close to 100% in all countries other than Haiti. The quintiles that performed the worst were the first four quintiles in Haiti (Q1–Q4) and the poorest quintiles in Peru and Paraguay. The difference between the wealthiest quintile (Q5) and the next wealthiest quintile (Q4) was close to 30 percentage points in Haiti. On the opposite side, the difference between the lowest quintile (Q1) and the next to lowest quintile (Q2) in Paraguay was around 50 percentage points.

In most countries, particularly Peru, coverage tended to be markedly higher in urban than rural areas (Figure 90). Exceptions were Barbados, Costa Rica, and Uruguay, where coverage in urban and rural areas was similar. Urban areas in Haiti underperformed relative to all other country areas except rural areas in Peru. Massive differences between geographical regions were found in several countries, particularly Guyana and Panama (Figure 91).

Patterns similar to the one observed for improved drinking water sources were revealed in the SII and coverage plot (Figure 92). However, only four countries had a small absolute gap and high coverage levels. Most countries had large inequality gaps (SII > 40). Peru had the widest gap and Haiti had the lowest coverage, indicating the urgency to reduce the inequality gaps in these nations.

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Birth registration

Proportion of all live births that were registered among women of reproductive age (15–49 years) in the last five years.

Information on birth registration was available for 17 countries. Birth registration exceeded 99.5% in four countries (Argentina, Costa Rica, Cuba, and Uruguay), and the regional median was 96%. The lowest coverage levels were found in Haiti, the Dominican Republic, and Guyana, all below 90%.

In several countries, most of the wealthiest quintiles had birth registration rates greater than 95%, whereas the poorest households generally had lower birth registration rates (Figure 93). Only two of the poorest quintiles across countries performed below 80% (the Dominican Republic and Haiti). Inequalities were the narrowest in Costa Rica and Barbados.

The results revealed a systematic pattern of higher coverage in urban than rural areas, although the differences were generally small (Figure 94). Likewise, subnational regional differences were small, with Guyana, Honduras, Panama, and the Dominican Republic being the exceptions (Figure 95). These countries, as well as Mexico and Paraguay, showed absolute differences above 13 percentage points by maternal education favoring those with a higher education (Figure 96). There were no significant differences in birth registration by gender (Figure 97).

Due to the high coverage for this indicator, the plot between the SII and national performance suggested that efforts should be focused on reducing inequalities in most countries (Figure 98).

Violence against women

Proportion of women of reproductive age (15–49 years) ever married or in a union who have experienced any form of physical, psychological, or sexual violence by a current or former partner in the previous 12 months.

Information on violence against women was the least available in LAC, with only five countries having data for this outcome. Thus, results should not be generalized to the entire region.

The national prevalence of violence ranged from 15.5% in Peru to 41.3% in Colombia. The median prevalence across the five countries was around 22%. No clear socioeconomic inequality patterns were observed in any of the nations (Figure 99). However, the prevalence was usually lower in the richest quintiles than in the poorest ones. Violence was notably higher in Colombia, where all quintiles other than the wealthiest quintile had a prevalence above 40%. The wealthiest quintile in Peru showed the lowest prevalence, with around one in 10 women in that quintile experiencing violence.

The prevalence of violence tended to be higher in urban than rural areas in all countries (Figure 100), although absolute differences were smaller than four percentage points (Honduras and Haiti). The narrowest gap by place of residence was found in Peru.

Wider inequality gaps were shown by subnational regions, with absolute gaps higher than 10 percentage points and relative gaps of almost 2 in all countries except Colombia (Figure 101). Differences by education were small, with a slightly higher prevalence among women at higher educational levels (Figure 102). In Haiti, Honduras, and Peru, adolescent women suffered from violence more than their adult peers (Figure 103). Finally, two countries had moderate absolute wealth-based inequalities in violence, although only Colombia showed a higher prevalence (Figure 104).

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3. Discussion

The Latin American and Caribbean region showed, on average, good coverage of health services and a low outcome prevalence for most indicators. Although regional median levels were mostly satisfactory relative to the 2030 SDG targets, there are still several challenges to be faced in LAC. Median levels hide significant variability between countries. Thus, innovative nationwide strategies are needed in some countries to catch up with regional median performance and meet the SDG targets.

Despite the wide differences between countries, social inequalities are the main challenge in terms of the health of women, children, and adolescents in Latin America and the Caribbean. Even if the national level of a given indicator was satisfactory, subgroups of women and children were further behind their peers at the social gradient's top. For instance, five of the 11 countries with under-5 mortality data had rates below the SDG target of 25 under-5 deaths per 1000 live births. However, four nations had rates above 25 in the poorest quintile of children. All countries had at least one geographical region with mortality above the target.

Wealth-based inequalities often showed higher levels in coverage indicators and lower levels in outcome indicators among the wealthiest households relative to the poorest. Although there was no apparent gradient-like disparity in some instances, the wealthiest quintile was consistently better off with respect to several indicators. Absolute inequality gaps above 20 percentage points and twofold relative gaps favoring the most affluent quintile were not unusual. Exceptions to this pattern were early initiation of breastfeeding, exclusive breastfeeding, and child overweight. In particular, rates for the first two were substantially higher among the most impoverished populations, whereas rates for the latter were lower among these populations. Complex measures of wealth-

based inequalities supported the findings shown in the analyses of simple measures. The median slope index of inequality and concentration index were positive for coverage indicators and negative for outcome indicators.

Most within-country inequalities favored the wealthiest, those living in urban areas, and women at higher educational levels. Marked subnational differences were also noted for most indicators. Disaggregation by age group (for women) and sex (for children) did not reveal large or consistent inequality gaps. When inequalities were found for indicators disaggregated by these stratifiers, the results favored adult women and females, respectively. For example, boys were at higher risk of mortality and stunting, probably as a result of biological factors rather than discrimination or gender bias.

This document reports inequalities by most social stratifiers prioritized by EWEC-LAC. Although data on ethnicity were limited, performance on health indicators was systematically lower among indigenous than non-indigenous populations in Latin America and the Caribbean (9). Evidence from national and subnational regions in the Americas has revealed a higher stunting prevalence and more inadequate coverage of health services such as antenatal care and skilled birth attendance.

A regional analysis of standardized surveys by ethnicity showed widespread inequalities in reproductive and maternal health coverage indicators. National surveys have several limitations with respect to extrapolating findings by ethnicity since they are not designed to include representative samples for these groups. However, subnational results aimed at representing indigenous communities support these findings and even suggest a wider gap. For instance, indigenous children in Peru had twice the prevalence of stunting of their non-indigenous peers (10), and

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coverage of skilled birth attendance was twice as high among non-indigenous than indigenous women in Ecuador (*11*).

Assessment of inequalities could be expanded to consider more than one stratifier at a time, producing two or more layered comparisons. For instance, double disaggregation using wealth and ethnicity would estimate the difference between the most impoverished indigenous population and the wealthiest non-indigenous one. The intersectionality of two or more social stratifiers is strongly related to more extreme disparities. Intersectional comparisons uncover the real-world conditions of the most vulnerable populations and portray the challenges they face daily. However, many countries do not monitor these inequalities or do not have adequate data to estimate such disparities.

Comprehensive and standardized information systems could strengthen monitoring of inequalities in the LAC region. Unfortunately, this report could not include countries that lack recent standardized surveys, such as Brazil, Chile, and the Bolivarian Republic of Venezuela. Although the availability of data analyzed in this report for the

Plurinational State of Bolivia was limited, a recent study incorporating different data sources up to 2016 revealed national inequality patterns similar to those of some of the countries in LAC (*12*). The adolescent pregnancy rate was around 15% at the national level, with no significant change since 2003 and a 60% higher rate in rural populations.

Information systems are crucial tools to describe, analyze, and improve women's, children's, and adolescents' health, especially during the current pandemic. COVID-19 has seriously impacted the Latin American and Caribbean region, making it the epicenter of the pandemic for a long period, deterring progress in the SDGs, and increasing persistent inequalities in LAC. The pandemic has also affected most national statistics offices in the LAC region (88%) (*13*), challenging data reporting quality and systems.

Additional challenges in the context of the COVID-19 pandemic are economic crises and overburdening of health systems, which could primarily affect the delivery or quality of health services. The majority of financial resources are being allocated to fight the spread of diseases in the LAC region, the pandemic's current epicenter. Limited funding, overburdened

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systems, and inadequate information systems could worsen the widespread inequalities described in this report. Therefore, specific efforts to monitor national inequalities in reproductive, maternal, neonatal, child, and adolescent health should be heightened during these challenging times.

A number of complex and multidimensional factors within and outside of the health sector affect the health and well-being of women, children, and adolescents, underlining 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 and particularly vulnerable groups and communities, will be essential for better results and enhanced accountability. Structural stakeholder engagement requires establishing formal and functional mechanisms at the community, social service provision, and policy levels.

Furthermore, national governments should redesign or develop programs, interventions, and services to specifically reach and address the needs of the most affected and vulnerable groups.

Stakeholders need to emphasize that policies should be relevant and locally adapted, considering local challenges in access to and delivery of health services. Various tools and approaches have been developed that can support systematic analyses of barriers and challenges and the creation of equity-based approaches (e.g., INNOV8) (14).

The focus on indicators specific to the health of women, children, and adolescents is crucial and timely for the sustainable development of our region. The demographic dividend is expected to last around a few more decades in several countries of the LAC region, and this dividend can be translated into accelerated economic growth and social development if adequate conditions exist. These conditions rely not only on birth or mortality rates but also on high-quality health services that can thrive and transform the current context. Thus, reducing inequality gaps, especially those in reproductive and adolescent health, is crucial in providing the optimal conditions to capitalize on the demographic dividend in Latin America and the Caribbean.

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4. Conclusion

Wealth-based inequalities in women's, children's, and adolescents' health favoring the wealthiest populations persist in most countries of the Latin American and Caribbean region. Data on social inequalities show better health outcomes and coverage for those in urban areas and those at higher educational levels. Further analyses revealed significant disparities by subnational regions. Despite the overall regional satisfactory performance on reproductive, maternal, neonatal, child, and adolescent health indicators, inequalities are among the major challenges to achieving the 2030 Agenda.

National efforts should primarily focus on reducing the within-country disparities found in rural, poor, indigenous, and Afro-descendant populations. In particular, countries such as the Plurinational State of Bolivia, Guatemala, and Haiti need to improve their national performance across a number of these indicators. Addressing these inequalities that affect the health of women, children, and adolescents not only is a matter of human rights and justice but is also essential to accelerate progress towards achievement of the SDGs in the LAC region.

Given some of the data limitations described here, it is imperative that regional and national institutions allocate resources to improve the collection, reporting, and monitoring of health-related data, which would consequently enable better reporting and monitoring of social inequalities in health. This is particularly important to promote evidence-based policy-making in LAC, especially during the COVID-19 pandemic, which has brought a new urgency to the need to address these inequalities. As noted, the pandemic has substantially affected the LAC region and hindered progress towards the SDGs; moreover, it has challenged the sustainability of earlier gains and potentially increased inequalities. Hence, decisive action is critical to mitigate the impact of the COVID-19 pandemic and continue advancing towards the SDG targets.

The data presented in this report underline the need to shift the health agenda to develop and incorporate an equity lens to view policies and approaches to health interventions. This shift entails moving from equity-blind strategies, which may inadvertently contribute to perpetuating health inequalities, to promote transformative policy environments that ensure that no woman, child, or adolescent is left behind. Therefore, it is essential that LAC countries review and revise their policies to create a policy environment promoting equity.

The fight against social inequalities is necessary and timely in the LAC region. National and regional partnerships, such as EWEC-LAC, are crucial in offering technical assistance to national governments to support their efforts in closing the inequality gap and leaving no one behind. EWEC-LAC offers this report as a starting point to inform national institutions about the collective challenges ahead and opportunities to achieve a better and healthier world for all at all ages.

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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 rates at the national level.

Countries should implement or expand the availability of 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 system 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 LAC.

Finally, given the importance of the availability of high-quality data for health indicators, 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 such inequalities are likely to have grown during the COVID-19 pandemic. This is essential to promote evidence-based health policies that target improvements in health outcomes and coverage for women, children, and adolescents in LAC.

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Annexes

Annex A: Information on complex measures of inequality

Inequality measures based on wealth quintiles

Two summary inequality measures are included in the results: the slope index of inequality (for absolute inequality) and the concentration index (for relative inequality). Their definitions and interpretations are presented below.

Slope Index of Inequality (SII)

The SII is a measure of absolute inequality calculated through a logistic regression model that takes the natural logarithm of the odds of the dependent variable to create a continuous criterion upon which linear regression is conducted. This approach allows the calculation of the difference in percentage points (or in deaths per 1,000 live births for a mortality rate indicator) between the fitted values of the health indicator for the top and bottom of the wealth distribution.

This index is derived through regression of the health outcome on the midpoints of the ranks obtained by ordering the sample according to the explanatory variable when using grouped data. The ranks are scaled so that the values range from zero to one. The SII is the slope of the resulting regression line, and it represents the absolute difference in the fitted value of the health indicator between the highest (score of 1) and the lowest (score of 0) values of the socioeconomic indicator rank.

Concentration Index (CIX)

The CIX is a measure of relative inequality expressed on a scale from –100 to +100, with zero representing an equal distribution of the attribute across the wealth scale. Positive CIX values represent higher indicator values for the wealthiest households than the poorest households, and they are usually observed for health coverage indicators. Negative values represent higher indicator values for the poorest than the richest households and are usually observed for outcomes such as mortality or stunting.

The CIX is based on a concept similar to the Gini index for income concentration. It expresses how far from total equality a given distribution is. The CIX uses an analogous approach by ranking individuals according to socioeconomic position on the x-axis and plotting, for example, cumulative intervention coverage on the y-axis. Thus, if every wealth quintile had 20% of all vaccines distributed in a population, for instance, the line would be exactly on the diagonal and there would be no inequality. Typically, however, health interventions are more concentrated towards the wealthier groups and the CIX assumes a positive value, as the curve is below the diagonal.

Annex B: Absolute and relative measures of inequality by equity stratifier, indicator, and country

Indicator	Indicator Unit	Country	Source	National Indicator Value	Absolute Gap[a]						Relative Gap[b]						Complex Measures	
					Wealth	Place	Sex	Education	Subnational	Woman age	Wealth	Place	Sex	Education	Subnational	Woman age	CIX_w[c]	SII_w[d]
Adolescent birth rate	Births per 1,000 women aged 15-19 years	Belize	MICS 2015	82.2	62.2	23.3	.	29.8	44.3	.	2.3	1.3	.	1.4	1.7	.	.	.
		Bolivia (Plurinational State of)	EDSA 2016	71.0	.	51.0	.	.	.	.	.	1.9	.	.	.	.	.	.
		Colombia	DHS 2015	77.2	118.1	61.6	.	149.1	54.8	.	6.9	2.0	.	3.2	2.0	.	.	.
		Dominican Republic	MICS 2014	91.4	140.3	28.7	.	138.1	59.8	.	5.4	1.3	.	3.3	1.8	.	.	.
		El Salvador	MICS 2014	75.5	81.3	26.9	.	153.7	29.0	.	3.3	1.4	.	5.3	1.5	.	.	.
		Guatemala	DHS 2014	93.5	103.6	51.5	.	127.5	77.6	.	3.6	1.8	.	3.4	2.4	.	.	.
		Guyana	MICS 2014	77.2	139.8	28.4	.	108.6	126.0	.	7.7	1.5	.	14.8	3.1	.	.	.
		Haiti	DHS 2016	59.4	83.7	29.5	.	171.5	45.6	.	4.4	1.7	.	6.2	2.0	.	.	.
		Honduras	DHS 2011	99.0	116.8	37.7	.	89.0	91.3	.	3.3	1.5	.	2.4	2.1	.	.	.
		Paraguay	MICS 2016	76.0	110.4	46.2	.	113.0	70.6	.	5.0	1.8	.	1.6	2.2	.	.	.
		Peru	ENDES (DHS) 2016	62.9	102.4	74.2	.	128.8	105.8	.	6.0	2.5	.	3.4	3.9	.	.	.
Antenatal care (4 or more visits)	Percentage	Argentina	MICS 2011	89.8	9.1	.	.	9.1	7.3	5.5	1.1	.	.	1.1	1.1	1.1	2.0	9.5
		Barbados	MICS 2012	87.9	6.9	-14.0	.	.	11.4	.	1.1	0.9	.	.	1.1	.	2.6	13.2
		Belize	MICS 2015	92.6	4.1	1.3	.	4.2	8.3	1.2	1.0	1.0	.	1.0	1.1	1.0	1.0	5.7
		Bolivia (Plurinational State of)	EDSA 2016	85.6	.	12.4	.	.	13.2	.	.	1.2	.	.	1.2	.	.	.
		Colombia	DHS 2015	89.6	15.3	10.2	.	45.6	14.3	5.1	1.2	1.1	.	2.0	1.2	1.1	3.8	18.9
		Costa Rica	MICS 2011	90.2	12.6	3.2	.	0.9	12.6	4.2	1.1	1.0	.	1.0	1.1	1.0	2.8	13.5
		Cuba	MICS 2014	97.8	.	-1.0	.	.	4.9	-1.6	.	1.0	.	.	1.1	1.0	.	.
		Dominican Republic	MICS 2014	92.9	4.6	1.0	.	17.9	7.3	2.9	1.1	1.0	.	1.2	1.1	1.0	1.4	6.4
		Ecuador	ENSANUT 2012	88.2	17.1	9.8	.	22.8	30.0	1.0	1.2	1.1	.	1.3	1.4	1.0	3.9	21.1
		El Salvador	MICS 2014	90.1	13.8	4.0	.	11.7	6.6	-0.4	1.2	1.0	.	1.1	1.1	1.0	2.8	14.5
		Guatemala	DHS 2014	85.9	13.0	4.0	.	9.6	5.1	1.6	1.2	1.0	.	1.1	1.1	1.0	2.9	14.5
		Guyana	MICS 2014	86.7	6.7	0.9	.	33.8	29.3	1.2	1.1	1.0	.	1.6	1.4	1.0	2.1	9.1
		Haiti	DHS 2016	64.3	40.8	15.3	.	34.6	21.6	10.4	1.9	1.3	.	1.8	1.4	1.2	13.0	46.9
		Honduras	DHS 2011	88.4	15.1	5.2	.	18.0	23.9	2.4	1.2	1.1	.	1.2	1.3	1.0	3.4	17.7
		Jamaica	MICS 2011	85.6	12.0	-0.8	.	.	.	0.6	1.2	1.0	.	.	.	1.0	2.2	10.6
		Mexico	MICS 2015	94.3	9.9	2.5	.	24.4	6.4	1.5	1.1	1.0	.	1.3	1.1	1.0	2.2	11.5
		Panama	MICS 2013	87.9	23.0	14.2	.	52.4	38.6	5.5	1.3	1.2	.	2.3	1.7	1.1	6.2	31.0
		Paraguay	MICS 2016	93.6	12.5	4.3	.	27.3	21.9	1.7	1.1	1.0	.	1.4	1.3	1.0	2.5	13.4
		Peru	ENDES (DHS) 2016	95.7	8.4	4.2	.	8.5	12.3	3.3	1.1	1.0	.	1.1	1.1	1.0	1.6	9.3
		Saint Lucia	MICS 2012	90.3	.	-3.0	.	.	.	.	.	1.0	.	.	.	.	.	.
		Trinidad and Tobago	MICS 2011	87.3	9.2	-9.2	.	-0.9	10.6	.	1.1	0.9	.	1.0	1.1	.	0.9	6.0
		Uruguay	MICS 2012	76.8	15.5	-13.3	.	-7.5	33.0	46.8	1.2	0.9	.	0.9	1.5	2.0	2.6	15.4
Antenatal care quality (blood and urine test and blood pressure)	Percentage	Argentina	MICS 2011	97.3	3.6	.	.	-2.0	4.8	-2.2	1.0	.	.	1.0	1.1	1.0	0.7	4.0
		Barbados	MICS 2012	99.3	3.3	-1.1	.	.	1.7	.	1.0	1.0	.	.	1.0	.	0.6	0.0
		Belize	MICS 2015	97.2	-1.3	0.6	.	-1.8	6.1	11.0	1.0	1.0	.	1.0	1.1	1.5	-0.8	-1.0
		Colombia	DHS 2015	93.8	8.9	5.8	.	28.9	7.6	-2.1	1.1	1.1	.	1.4	1.1	1.0	2.1	11.2
		Costa Rica	MICS 2011	94.0	-11.1	-1.0	.	10.0	12.2	-0.1	0.9	1.0	.	1.1	1.1	1.0	-1.1	-7.0
		Cuba	MICS 2014	98.1	.	-1.8	.	-1.9	5.8	1.4	.	1.0	.	1.0	1.1	1.1	.	.

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Indicator	Indicator Unit	Country	Source	National Indicator Value	Absolute Gap[a]						Relative Gap[b]						Complex Measures	
					Wealth	Place	Sex	Education	Subnational	Woman age	Wealth	Place	Sex	Education	Subnational	Woman age	CIX_w[c]	SII_w[d]
Antenatal care quality (blood and urine test and blood pressure)	Percentage	Dominican Republic	MICS 2014	97.2	2.4	0.2	.	8.7	3.4	11.2	1.0	1.0	.	1.1	1.0	1.6	0.6	2.4
		El Salvador	MICS 2014	94.8	4.1	0.5	.	4.6	5.6	9.4	1.0	1.0	.	1.1	1.1	1.5	1.0	5.1
		Guatemala	DHS 2014	62.8	52.3	23.4	.	42.6	38.9	-1.9	2.4	1.4	.	2.0	1.9	1.0	17.3	60.0
		Guyana	MICS 2014	93.6	13.1	6.5	.	10.3	58.4	12.3	1.2	1.1	.	1.1	2.4	1.6	3.7	20.5
		Haiti	DHS 2016	75.7	36.8	13.4	.	29.6	23.1	-5.6	1.6	1.2	.	1.5	1.4	0.9	9.7	44.0
		Honduras	DHS 2011	86.0	24.9	11.7	.	29.9	24.1	-1.7	1.3	1.1	.	1.5	1.3	1.0	6.0	32.4
		Jamaica	MICS 2011	97.4	3.5	-1.6	.	-2.7	.	2.2	1.0	1.0	.	1.0	.	1.0	0.2	1.4
		Mexico	MICS 2015	90.3	10.8	5.5	.	38.5	12.2	9.0	1.1	1.1	.	1.7	1.1	1.6	3.0	12.8
		Panama	MICS 2013	86.8	26.4	16.6	.	48.7	48.6	-9.6	1.4	1.2	.	2.1	2.0	0.9	6.8	34.4
		Paraguay	MICS 2016	94.5	11.4	5.9	.	28.3	12.5	5.4	1.1	1.1	.	1.4	1.1	1.3	2.9	16.0
		Peru	ENDES (DHS) 2016	93.2	15.2	10.5	.	17.1	18.4	-2.2	1.2	1.1	.	1.2	1.2	1.0	3.1	18.9
		Saint Lucia	MICS 2012	95.9	4.9	-5.9	.	-4.2	.	.	1.1	0.9	.	1.0	.	.	1.2	6.3
		Trinidad and Tobago	MICS 2011	97.7	-0.4	-0.9	.	0.4	2.2	.	1.0	1.0	.	1.0	1.0	.	0.3	0.8
		Uruguay	MICS 2012	98.1	0.8	0.6	.	2.0	4.1	0.3	1.0	1.0	.	1.0	1.0	1.0	0.2	1.6
Birth registration	Percentage	Argentina	MICS 2011	100.0	0.0	.	0.0	0.0	0.0	.	1.0	.	1.0	1.0	1.0	.	.	.
		Barbados	MICS 2012	98.7	0.2	-1.3	-0.1	.	1.7	.	1.0	1.0	1.0	.	1.0	.	0.2	0.2
		Belize	MICS 2015	95.7	4.9	1.8	0.7	-0.1	4.7	.	1.1	1.0	1.0	1.0	1.1	.	0.9	5.5
		Colombia	DHS 2015	96.8	2.7	1.4	0.5	.	2.4	.	1.0	1.0	1.0	.	1.0	.	0.5	2.5
		Costa Rica	MICS 2011	99.7	1.0	0.7	-0.2	1.1	2.2	.	1.0	1.0	1.0	1.0	1.0	.	0.3	1.3
		Cuba	MICS 2014	100.0	.	0.0	0.0	0.0	0.0	.	.	1.0	1.0	1.0	1.0	.	.	.
		Dominican Republic	MICS 2014	88.0	25.9	7.8	-0.5	37.1	18.4	.	1.4	1.1	1.0	1.7	1.2	.	6.2	32.8
		El Salvador	MICS 2014	98.5	0.6	-0.4	-0.2	0.8	1.6	.	1.0	1.0	1.0	1.0	1.0	.	0.1	0.7
		Guyana	MICS 2014	88.7	10.5	2.3	0.6	19.0	26.6	.	1.1	1.0	1.0	1.3	1.4	.	2.5	13.8
		Haiti	DHS 2016	84.8	19.7	8.4	1.1	13.5	16.8	.	1.3	1.1	1.0	1.2	1.2	.	5.1	25.8
		Honduras	DHS 2011	93.6	3.6	2.0	-0.1	-1.0	26.0	.	1.0	1.0	1.0	1.0	1.4	.	0.8	4.1
		Mexico	MICS 2015	95.0	8.5	1.9	-1.0	13.4	7.0	.	1.1	1.0	1.0	1.2	1.1	.	1.9	10.8
		Panama	MICS 2013	95.6	7.0	5.1	0.8	15.6	19.0	.	1.1	1.1	1.0	1.2	1.2	.	1.8	9.6
		Paraguay	MICS 2016	93.0	13.0	4.7	0.4	19.6	8.9	.	1.2	1.1	1.0	1.3	1.1	.	3.3	18.2
		Saint Lucia	MICS 2012	92.0	9.1	-1.1	1.1	-1.5	.	.	1.1	1.0	1.0	1.0	.	.	3.1	18.2
		Trinidad and Tobago	MICS 2011	96.5	5.4	-3.1	-0.1	-1.1	2.4	.	1.1	1.0	1.0	1.0	1.0	.	1.0	5.9
		Uruguay	MICS 2012	99.8	0.5	-0.1	-0.2	0.0	0.4	.	1.0	1.0	1.0	1.0	1.0	.	0.1	0.6
Early initiation of breastfeeding	Percentage	Argentina	MICS 2011	52.7	1.3	.	.	4.3	20.5	-5.2	1.0	.	.	1.1	1.5	0.9	-0.7	-3.1
		Barbados	MICS 2012	40.3	-2.3	7.9	.	.	38.8	.	0.9	1.2	.	.	2.4	.	1.4	4.2
		Belize	MICS 2015	68.3	13.6	-2.7	.	-0.9	33.0	5.8	1.2	1.0	.	1.0	1.7	1.1	-3.3	-13.1
		Bolivia (Plurinational State of)	EDSA 2016	55.0	.	8.0	1.2	-2.9	18.1	.	.	1.2	1.0	0.9	1.4	.	.	.
		Costa Rica	MICS 2011	59.6	14.1	6.8	.	9.7	20.1	2.3	1.3	1.1	.	1.2	1.4	1.0	-6.5	-22.4
		Cuba	MICS 2014	47.9	.	10.0	.	.	12.8	14.7	.	1.2	.	.	1.3	1.3	.	.
		Dominican Republic	MICS 2014	38.1	28.9	3.9	.	24.4	41.3	1.9	2.4	1.1	.	1.7	3.1	1.1	-13.4	-29.5
		Ecuador	ENSANUT 2012	52.4	16.0	13.9	1.7	12.0	45.8	3.1	1.4	1.3	1.0	1.2	2.3	1.1	-5.8	-18.8
		El Salvador	MICS 2014	42.0	20.8	11.8	.	9.7	16.9	7.9	1.7	1.3	.	1.2	1.5	1.2	-8.5	-21.0
		Guatemala	DHS 2014	63.1	32.7	15.0	-1.5	22.8	27.0	1.7	1.7	1.3	1.0	1.5	1.6	1.0	-11.0	-40.3
		Guyana	MICS 2014	49.2	29.7	8.4	.	-24.4	40.6	11.0	2.1	1.2	.	0.5	2.4	1.2	-11.1	-32.0
		Haiti	DHS 2016	47.4	11.2	5.7	-0.3	7.7	19.1	-0.9	1.3	1.1	1.0	1.2	1.5	1.0	-4.0	-13.5
		Honduras	DHS 2011	63.8	23.4	12.9	2.4	20.1	28.2	-1.7	1.4	1.2	1.0	1.4	1.5	1.0	-7.4	-27.2
		Jamaica	MICS 2011	64.7	0.0	3.8	.	.	.	5.3	1.0	1.1	.	.	.	1.1	-1.5	-6.7
		Mexico	MICS 2015	51.0	14.2	4.7	.	-1.0	18.6	2.1	1.3	1.1	.	1.0	1.4	1.0	-6.5	-16.7
		Panama	MICS 2013	47.0	19.4	13.4	.	22.4	47.8	-5.0	1.5	1.3	.	1.5	2.2	0.9	-12.0	-33.7
		Paraguay	MICS 2016	49.5	9.4	2.7	.	14.8	37.4	-0.4	1.2	1.1	.	1.3	1.9	1.0	-5.6	-14.8
		Peru	ENDES (DHS) 2016	51.0	45.5	25.8	0.2	26.8	47.9	8.8	2.7	1.6	1.0	1.6	2.5	1.2	-17.5	-50.4
		Saint Lucia	MICS 2012	49.6	.	-0.1	.	.	.	.	.	1.0	.	.	.	.	.	.
		Trinidad and Tobago	MICS 2011	46.3	9.5	-4.1	.	4.7	9.2	.	1.3	0.9	.	1.1	1.2	.	1.7	0.4

Health Inequalities in Latin America and the Caribbean
A baseline for the Global Strategy for Women's, Children's and Adolescent's Health

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Indicator	Indicator Unit	Country	Source	National Indicator Value	Absolute Gap[a]						Relative Gap[b]						Complex Measures	
					Wealth	Place	Sex	Education	Subnational	Woman age	Wealth	Place	Sex	Education	Subnational	Woman age	CIX_w[c]	SII_w[d]
Early initiation of breastfeeding	Percentage	Uruguay	MICS 2012	76.5	0.1	4.5	.	-7.5	20.0	13.0	1.0	1.1	.	0.9	1.3	1.2	-0.7	-6.2
Exclusively breastfed (0-<6 months)	Percentage	Argentina	MICS 2011	33.5	-25.5	.	-1.3	-4.2	15.6	.	0.5	.	1.0	0.9	1.7	.	6.9	15.6
		Barbados	MICS 2012	19.7	.	.	.	.	.	.	.	.	.	.	.	.	.	.
		Belize	MICS 2015	33.2	.	15.1	8.6	2.6	20.9	.	.	1.6	1.3	1.1	1.8	.	-1.3	-4.0
		Bolivia (Plurinational State of)	EDSA 2016	58.3	.	18.5	.	.	.	.	.	1.4	.	.	.	.	.	.
		Costa Rica	MICS 2011	32.5	.	-3.8	2.7	20.0	17.3	.	.	0.9	1.1	1.7	1.8	.	-3.9	-3.5
		Cuba	MICS 2014	33.2	.	15.8	4.0	.	33.6	.	.	1.5	1.1	.	2.9	.	.	.
		Dominican Republic	MICS 2014	4.7	3.5	-1.0	-1.5	10.8	8.5	.	2.0	0.8	0.7	4.0	11.4	.	-17.9	-5.6
		Ecuador	ENSANUT 2012	41.8	17.6	28.0	1.4	10.3	67.7	8.9	1.5	1.9	1.0	1.3	9.4	1.3	-7.9	-20.3
		El Salvador	MICS 2014	46.7	9.8	21.5	9.9	-0.4	30.1	.	1.2	1.6	1.2	1.0	1.9	.	-6.3	-15.3
		Guatemala	DHS 2014	53.2	50.4	23.8	3.1	37.8	50.3	-2.5	3.0	1.6	1.1	2.1	3.0	1.0	-20.1	-58.8
		Guyana	MICS 2014	23.3	9.6	12.8	-2.1	7.2	38.8	.	1.4	1.9	0.9	1.3	4.9	.	-11.3	-13.5
		Haiti	DHS 2016	39.9	-3.2	-1.3	-0.9	3.4	27.1	-1.7	0.9	1.0	1.0	1.1	1.9	1.0	2.5	4.8
		Honduras	DHS 2011	31.2	28.7	20.1	7.4	25.4	65.5	-3.7	2.3	2.0	1.3	2.1	5.8	0.9	-21.9	-40.9
		Jamaica	MICS 2011	23.8	.	-1.3	1.1	.	.	.	.	0.9	1.0	.	.	.	-5.2	-2.9
		Mexico	MICS 2015	30.8	14.3	0.9	-0.9	13.2	35.7	.	1.7	1.0	1.0	1.5	3.1	.	-8.4	-11.1
		Panama	MICS 2013	21.5	19.0	14.2	0.6	40.1	57.9	.	2.0	1.9	1.0	3.4	5.1	.	-22.1	-18.0
		Paraguay	MICS 2016	31.3	5.0	6.7	-2.4	-5.8	32.9	.	1.2	1.2	0.9	0.8	3.9	.	-7.2	-8.6
		Peru	ENDES (DHS) 2016	69.8	30.1	21.2	6.1	12.9	70.4	1.5	1.5	1.3	1.1	1.2	3.4	1.0	-9.7	-37.9
		Saint Lucia	MICS 2012	3.5	.	.	.	.	.	.	.	.	.	.	.	.	.	.
		Trinidad and Tobago	MICS 2011	21.5	.	-14.8	-6.0	.	24.0	.	.	0.4	0.8	.	3.8	.	.	.
Family planning satisfied with modern methods	Percentage	Barbados	MICS 2012	70.7	12.0	0.9	.	.	15.2	16.0	1.2	1.0	.	.	1.2	1.3	4.9	19.1
		Belize	MICS 2015	66.0	20.8	-0.3	.	29.0	30.3	20.7	1.4	1.0	.	1.8	1.6	1.4	5.5	22.1
		Colombia	DHS 2015	86.5	5.9	4.3	.	12.9	8.4	15.3	1.1	1.1	.	1.2	1.1	1.2	1.6	8.0
		Costa Rica	MICS 2011	89.3	8.6	0.2	.	9.9	8.0	13.4	1.1	1.0	.	1.1	1.1	1.2	2.0	11.3
		Cuba	MICS 2014	89.7	.	3.1	.	-3.1	7.0	17.3	.	1.0	.	1.0	1.1	1.2	.	.
		Dominican Republic	MICS 2014	85.2	9.0	-0.6	.	7.6	5.2	18.6	1.1	1.0	.	1.1	1.1	1.3	1.7	8.6
		El Salvador	MICS 2014	84.8	5.4	4.5	.	-4.4	8.6	14.6	1.1	1.1	.	1.0	1.1	1.2	1.4	6.8
		Guatemala	DHS 2014	65.3	29.3	12.9	.	16.0	21.3	16.2	1.6	1.2	.	1.3	1.4	1.3	9.1	34.6
		Guyana	MICS 2014	52.4	12.5	-7.8	.	4.4	22.6	38.9	1.3	0.9	.	1.1	1.6	3.3	4.9	15.3
		Haiti	DHS 2016	43.1	8.0	5.0	.	4.5	15.4	14.9	1.2	1.1	.	1.1	1.5	1.5	3.5	8.9
		Honduras	DHS 2011	76.0	10.6	5.0	.	15.6	21.8	9.4	1.2	1.1	.	1.3	1.4	1.1	2.8	11.9
		Mexico	MICS 2015	86.1	11.4	3.0	.	3.5	6.0	24.0	1.1	1.0	.	1.0	1.1	1.4	2.9	13.8
		Panama	MICS 2013	76.4	30.5	8.5	.	42.4	74.9	41.9	1.5	1.1	.	2.1	5.7	2.2	7.6	33.1
		Paraguay	MICS 2016	86.4	-0.5	-4.0	.	9.3	9.6	5.0	1.0	1.0	.	1.1	1.1	1.1	-0.6	-3.0
		Peru	ENDES (DHS) 2016	64.2	18.8	10.9	.	18.1	44.0	5.4	1.4	1.2	.	1.4	2.2	1.1	5.6	20.8
		Saint Lucia	MICS 2012	72.5	4.1	-6.2	.	4.4	.	13.6	1.1	0.9	.	1.1	.	1.2	2.0	8.7
		Trinidad and Tobago	MICS 2011	64.3	18.0	0.4	.	1.0	15.9	3.1	1.3	1.0	.	1.0	1.3	1.0	5.0	18.3
Improved drinking water source	Percentage	Argentina	MICS 2011	98.0	5.5	.	.	.	6.7	.	1.1	.	.	.	1.1	.	1.0	7.9
		Barbados	MICS 2012	99.7	1.4	0.6	.	.	0.5	.	1.0	1.0	.	.	1.0	.	0.3	9.6
		Belize	MICS 2015	96.7	3.7	0.6	.	.	6.1	.	1.0	1.0	.	.	1.1	.	0.8	4.0
		Colombia	DHS 2015	91.0	38.0	30.6	.	.	16.0	.	1.6	1.5	.	.	1.2	.	7.5	65.8
		Costa Rica	MICS 2011	99.2	3.2	1.2	.	.	3.3	.	1.0	1.0	.	.	1.0	.	0.7	7.8
		Cuba	MICS 2014	94.0	.	7.6	.	.	12.8	.	.	1.1	.	.	1.1	.	.	.
		Dominican Republic	MICS 2014	91.4	13.3	7.3	.	.	14.4	.	1.2	1.1	.	.	1.2	.	2.9	16.0
		Ecuador	ENSANUT 2012	85.1	52.4	31.4	.	.	47.6	.	2.1	1.5	.	.	1.9	.	11.9	65.3
		El Salvador	MICS 2014	95.2	13.8	8.6	.	.	6.5	.	1.2	1.1	.	.	1.1	.	2.9	18.3
		Guatemala	DHS 2014	84.7	30.0	17.5	.	.	25.6	.	1.4	1.2	.	.	1.4	.	7.3	38.1
		Guyana	MICS 2014	94.2	20.2	6.4	.	.	64.7	.	1.3	1.1	.	.	2.9	.	4.1	28.0
		Haiti	DHS 2016	73.8	63.6	36.0	.	.	46.0	.	2.8	1.6	.	.	1.9	.	18.3	77.1
		Honduras	DHS 2011	88.7	37.5	18.3	.	.	33.7	.	1.6	1.2	.	.	1.5	.	8.3	54.1

Indicator	Indicator Unit	Country	Source	National Indicator Value	Absolute Gap[a]						Relative Gap[b]						Complex Measures	
					Wealth	Place	Sex	Education	Subnational	Woman age	Wealth	Place	Sex	Education	Subnational	Woman age	CIX_w^c	SIL_w^d
Improved drinking water source	Percentage	Jamaica	MICS 2011	94.6	8.8	9.9	.	.	.	.	1.1	1.1	.	.	.	.	2.0	12.6
		Mexico	MICS 2015	98.1	7.2	4.6	.	.	4.5	.	1.1	1.0	.	.	1.0	.	1.4	8.6
		Panama	MICS 2013	94.9	24.1	14.5	.	.	54.1	.	1.3	1.2	.	.	2.2	.	4.8	69.8
		Paraguay	MICS 2016	95.2	21.0	8.8	.	.	16.1	.	1.3	1.1	.	.	1.2	.	4.1	31.5
		Peru	ENDES (DHS) 2016	90.5	28.3	19.5	.	.	31.4	.	1.4	1.3	.	.	1.5	.	6.6	42.0
		Saint Lucia	MICS 2012	99.0	2.0	1.1	.	.	.	.	1.0	1.0	.	.	.	.	0.4	2.2
		Trinidad and Tobago	MICS 2011	99.0	2.6	0.8	.	.	1.9	.	1.0	1.0	.	.	1.0	.	0.6	4.2
		Uruguay	MICS 2012	99.4	2.2	9.3	.	.	4.3	.	1.0	1.1	.	.	1.0	.	0.4	3.0
Improved sanitation (not shared)	Percentage	Argentina	MICS 2011	93.1	16.7	.	.	.	11.8	.	1.2	.	.	.	1.1	.	3.4	23.3
		Barbados	MICS 2012	95.2	5.6	-0.8	.	.	4.0	.	1.1	1.0	.	.	1.0	.	1.3	7.6
		Belize	MICS 2015	86.9	35.4	9.7	.	.	24.7	.	1.6	1.1	.	.	1.3	.	8.5	50.9
		Colombia	DHS 2015	87.8	35.5	21.2	.	.	12.8	.	1.6	1.3	.	.	1.2	.	8.7	53.2
		Costa Rica	MICS 2011	94.5	9.4	1.3	.	.	3.0	.	1.1	1.0	.	.	1.0	.	2.3	14.2
		Cuba	MICS 2014	90.7	.	3.8	.	.	8.3	.	.	1.0	.	.	1.1	.	.	.
		Dominican Republic	MICS 2014	82.1	44.8	7.9	.	.	18.1	.	1.9	1.1	.	.	1.3	.	10.9	55.6
		Ecuador	ENSANUT 2012	78.8	58.1	23.8	.	.	31.0	.	2.4	1.4	.	.	1.5	.	14.9	67.8
		El Salvador	MICS 2014	77.0	48.2	25.1	.	.	29.4	.	2.0	1.4	.	.	1.5	.	13.4	59.8
		Guatemala	DHS 2014	78.6	28.2	9.9	.	.	12.2	.	1.4	1.1	.	.	1.2	.	7.1	33.0
		Guyana	MICS 2014	86.9	29.0	5.6	.	.	62.5	.	1.4	1.1	.	.	2.9	.	7.3	40.4
		Haiti	DHS 2016	33.2	63.8	22.3	.	.	28.8	.	10.4	1.9	.	.	2.4	.	37.3	68.3
		Honduras	DHS 2011	77.0	49.6	12.7	.	.	50.0	.	2.0	1.2	.	.	2.4	.	12.7	57.4
		Jamaica	MICS 2011	86.3	31.9	-2.5	.	.	.	.	1.5	1.0	.	.	.	.	8.0	45.1
		Mexico	MICS 2015	93.6	17.9	7.2	.	.	6.2	.	1.2	1.1	.	.	1.1	.	3.9	24.4
		Panama	MICS 2013	84.8	47.3	17.8	.	.	93.5	.	1.9	1.2	.	.	237.6	.	11.8	68.1
		Paraguay	MICS 2016	79.9	66.7	25.4	.	.	35.0	.	3.1	1.4	.	.	1.6	.	15.7	76.5
		Peru	ENDES (DHS) 2016	68.6	77.3	49.0	.	.	47.5	.	4.7	2.6	.	.	2.2	.	23.9	86.5
		Saint Lucia	MICS 2012	89.7	31.5	-6.6	.	.	.	.	1.5	0.9	.	.	.	.	7.0	40.8
		Trinidad and Tobago	MICS 2011	93.8	13.8	-3.0	.	.	6.3	.	1.2	1.0	.	.	1.1	.	2.8	17.6
		Uruguay	MICS 2012	94.0	10.1	-1.1	.	.	6.9	.	1.1	1.0	.	.	1.1	.	1.9	10.5
Infant mortality rate	Deaths per 1,000 live births	Belize	MICS 2015	13.3	12.6	-5.6	2.4	0.0	19.9	10.2	4.9	0.7	1.2	1.0	4.7	6.5	-15.3	-12.7
		Bolivia (Plurinational State of)	EDSA 2016	24.0	.	.	.	.	.	.	.	.	.	.	.	.	.	.
		Colombia	DHS 2015	15.8	16.5	9.2	0.0	37.9	10.8	13.6	4.1	1.7	1.0	3.8	1.9	9.0	-19.5	-16.5
		Dominican Republic	MICS 2014	30.9	1.3	-11.1	4.9	-1.9	19.1	25.8	1.1	0.7	1.2	0.9	1.8	8.2	0.1	0.2
		El Salvador	MICS 2014	16.8	13.6	8.8	0.6	17.5	14.8	16.2	2.3	1.7	1.0	2.1	2.7	12.4	-17.7	-18.9
		Guatemala	DHS 2014	30.0	23.6	8.1	4.3	22.6	17.9	25.6	2.3	1.3	1.2	2.2	1.9	8.6	-14.1	-27.2
		Guyana	MICS 2014	31.1	7.1	24.9	9.3	19.8	33.5	26.1	1.3	3.0	1.4	1.8	4.4	8.1	-6.6	-13.4
		Haiti	DHS 2016	57.8	14.4	1.9	7.3	21.4	55.5	49.2	1.3	1.0	1.1	1.5	3.0	8.2	-2.7	-9.9
		Honduras	DHS 2011	23.7	12.5	-2.4	0.9	-2.9	34.4	19.8	1.7	0.9	1.0	0.9	3.1	8.2	-7.9	-11.8
		Paraguay	MICS 2016	17.8	21.5	3.0	3.6	71.8	24.2	13.9	5.7	1.2	1.2	5.8	2.8	6.7	-22.5	-27.4
		Peru	ENDES (DHS) 2016	15.0	14.8	10.1	6.7	17.3	23.5	9.9	3.3	1.8	1.6	2.5	4.4	4.6	-18.6	-15.1
Neonatal mortality rate	Deaths per 1,000 live births	Belize	MICS 2015	8.2	7.0	-0.6	0.6	-1.9	11.0	6.8	3.9	0.9	1.1	0.7	4.7	7.9	.	.
		Bolivia (Plurinational State of)	EDSA 2016	15.0	.	.	.	.	.	.	.	.	.	.	.	.	.	.
		Colombia	DHS 2015	9.8	7.4	4.3	1.3	16.5	5.6	9.1	2.6	1.5	1.1	2.9	1.8	12.2	.	.
		Dominican Republic	MICS 2014	24.8	-2.6	-11.2	3.7	-2.8	18.0	21.3	0.9	0.6	1.2	0.9	2.1	8.8	.	.
		El Salvador	MICS 2014	10.0	2.5	1.8	2.7	5.5	9.5	10.3	1.3	1.2	1.3	1.3	2.8	16.7	.	.
		Guatemala	DHS 2014	17.5	11.0	5.6	5.5	11.6	10.4	15.2	1.9	1.4	1.4	1.9	1.9	9.0	.	.
		Guyana	MICS 2014	21.2	-6.1	18.7	7.7	4.3	22.1	16.0	0.7	3.7	1.4	1.3	4.4	6.3	.	.
		Haiti	DHS 2016	31.7	-3.8	1.1	2.5	2.3	35.0	25.8	0.9	1.0	1.1	1.1	3.4	7.4	.	.
		Honduras	DHS 2011	16.5	6.6	-3.5	-0.7	-4.4	18.8	14.2	1.5	0.8	1.0	0.7	2.8	8.8	.	.
		Paraguay	MICS 2016	8.2	8.5	4.1	5.6	22.9	12.0	7.5	3.3	1.6	2.1	4.5	3.5	10.6	.	.
		Peru	ENDES (DHS) 2016	9.1	7.8	5.5	3.8	12.3	15.2	6.0	3.3	1.7	1.5	2.7	5.0	4.6	.	.

Indicator	SII[d]	Indicator Unit	Country	Source	National Indicator Value	Absolute Gap[a]						Relative Gap[b]						Complex Measures	
						Wealth	Place	Sex	Education	Subnational	Woman age	Wealth	Place	Sex	Education	Subnational	Woman age	CIX_w[c]	SII_w[d]
Overweight in under-5 children		Percentage	Barbados	MICS 2012	12.9	-2.5	-0.8	-4.0	.	2.2	.	0.8	0.9	0.7	.	1.2	.	7.1	4.7
			Belize	MICS 2015	8.1	5.1	5.0	1.8	7.2	5.3	.	2.1	1.8	1.3	2.7	1.9	.	16.1	7.2
			Ecuador	ENSANUT 2012	8.3	-1.4	-0.8	0.6	0.9	10.8	0.9	0.8	0.9	1.1	1.1	3.7	1.1	-0.4	-0.2
			El Salvador	MICS 2014	6.6	3.4	1.7	-0.4	2.8	1.7	.	2.0	1.3	0.9	1.6	1.3	.	17.9	6.8
			Guatemala	DHS 2014	5.1	2.7	0.6	1.3	0.8	2.8	1.0	1.6	1.1	1.3	1.2	1.7	1.2	7.4	2.4
			Guyana	MICS 2014	5.5	2.4	0.1	0.1	-4.1	21.2	.	1.4	1.0	1.0	0.6	7.4	.	6.5	2.3
			Haiti	DHS 2016	3.9	1.6	-0.3	1.7	-0.5	2.7	2.8	1.5	0.9	1.5	0.9	2.2	1.7	6.0	1.4
			Honduras	DHS 2011	5.6	5.1	2.3	0.7	3.6	5.2	0.1	2.1	1.5	1.1	1.9	2.8	1.0	15.3	5.0
			Mexico	MICS 2015	5.1	0.8	0.3	-0.3	1.8	3.0	.	1.2	1.1	0.9	1.5	1.8	.	0.8	0.3
			Paraguay	MICS 2016	13.2	7.0	1.9	2.4	6.8	8.2	.	1.7	1.2	1.2	1.8	1.9	.	9.7	7.0
			Peru	ENDES (DHS) 2016	8.0	11.5	5.9	2.6	7.5	19.9	-0.8	4.6	2.6	1.4	5.0	8.9	0.9	28.4	13.8
			Saint Lucia	MICS 2012	6.3	3.9	-1.7	5.0	1.4	.	.	1.8	0.7	2.3	1.3	.	.	2.5	1.1
			Trinidad and Tobago	MICS 2011	12.6	2.1	0.5	3.5	-0.5	6.4	.	1.2	1.0	1.3	1.0	1.7	.	5.6	4.4
Postnatal care for the baby		Percentage	Belize	MICS 2015	95.0	0.5	0.0	.	2.9	6.0	3.6	1.0	1.0	.	1.0	1.1	1.0	0.5	2.6
			Cuba	MICS 2014	98.0	.	1.1	.	.	2.6	-2.0	.	1.0	.	.	1.0	1.0	.	.
			Dominican Republic	MICS 2014	94.7	3.6	-0.2	.	9.0	6.4	-0.7	1.0	1.0	.	1.1	1.1	1.0	0.8	4.3
			El Salvador	MICS 2014	95.9	4.2	2.8	.	5.0	5.1	0.1	1.0	1.0	.	1.1	1.1	1.0	1.1	5.9
			Guatemala	DHS 2014	8.1	-7.5	-2.6	0.6	-8.3	9.3	0.9	0.3	0.7	1.1	0.4	5.5	1.1	-22.2	-10.7
			Guyana	MICS 2014	94.1	15.4	7.0	.	18.7	43.0	1.4	1.2	1.1	.	1.2	1.8	1.0	4.3	24.9
			Haiti	DHS 2016	42.9	50.8	20.0	0.4	33.0	14.5	-0.4	3.2	1.6	1.0	2.3	1.4	1.0	22.2	52.9
			Honduras	DHS 2011	81.3	25.3	13.9	-0.6	29.2	22.2	3.1	1.4	1.2	1.0	1.5	1.3	1.0	7.0	32.5
			Mexico	MICS 2015	93.2	11.2	7.4	.	15.9	10.3	0.8	1.1	1.1	.	1.2	1.1	1.0	2.8	14.6
			Panama	MICS 2013	93.4	21.4	16.5	.	42.6	39.0	-1.3	1.3	1.2	.	1.8	1.6	1.0	5.6	39.1
			Paraguay	MICS 2016	93.2	14.2	9.9	.	33.1	12.9	2.5	1.2	1.1	.	1.5	1.1	1.0	3.3	17.6
			Peru	ENDES (DHS) 2016	93.6	6.0	5.0	-0.1	3.8	20.0	-1.9	1.1	1.1	1.0	1.0	1.3	1.0	1.4	6.1
			Trinidad and Tobago	MICS 2011	96.3	-4.5	-0.3	.	-1.1	7.7	.	1.0	1.0	.	1.0	1.1	.	-0.3	-2.4
Postnatal care for the mother		Percentage	Barbados	MICS 2012	96.9	-13.1	-2.6	.	.	4.7	.	0.9	1.0	.	.	1.0	.	-2.3	-17.6
			Belize	MICS 2015	96.7	5.5	1.0	.	1.3	7.2	-1.2	1.1	1.0	.	1.0	1.1	1.0	1.1	5.8
			Cuba	MICS 2014	99.2	.	-0.6	.	.	2.4	-0.2	.	1.0	.	.	1.0	1.0	.	.
			Dominican Republic	MICS 2014	94.5	4.7	0.2	.	9.4	6.5	1.6	1.1	1.0	.	1.1	1.1	1.0	1.0	5.0
			El Salvador	MICS 2014	93.7	1.9	1.9	.	2.5	5.2	1.3	1.0	1.0	.	1.0	1.1	1.0	0.7	3.8
			Guatemala	DHS 2014	77.7	32.0	14.9	.	22.7	25.8	-1.4	1.5	1.2	.	1.3	1.4	1.0	9.1	41.6
			Guyana	MICS 2014	93.2	14.3	6.7	.	17.7	33.5	0.7	1.2	1.1	.	1.2	1.5	1.0	3.9	24.8
			Haiti	DHS 2016	28.7	47.3	17.4	.	29.7	22.3	7.4	5.6	1.8	.	3.4	2.4	1.3	30.1	49.0
			Honduras	DHS 2011	84.9	30.5	16.9	.	33.7	29.8	-3.8	1.5	1.2	.	1.6	1.5	1.0	7.9	40.2
			Mexico	MICS 2015	95.2	6.3	4.1	.	4.6	8.0	1.1	1.1	1.0	.	1.1	1.1	1.0	1.3	7.4
			Panama	MICS 2013	92.2	25.5	19.1	.	53.1	49.9	3.4	1.3	1.2	.	2.2	2.0	1.0	6.6	44.4
			Paraguay	MICS 2016	94.5	12.1	7.6	.	32.6	10.7	2.5	1.1	1.1	.	1.5	1.1	1.0	2.9	16.3
			Peru	ENDES (DHS) 2016	95.5	13.2	10.3	.	13.8	25.6	3.6	1.2	1.1	.	1.2	1.3	1.0	2.8	16.2
			Saint Lucia	MICS 2012	91.5	.	3.2	.	.	.	.	.	1.0	.	.	.	.	.	.
			Trinidad and Tobago	MICS 2011	92.0	-4.9	-0.6	.	7.4	8.2	.	0.9	1.0	.	1.1	1.1	.	-0.7	-3.4
Skilled attendant at delivery		Percentage	Barbados	MICS 2012	98.9	0.0	-1.7	.	.	2.9	.	1.0	1.0	.	.	1.0	.	0.4	2.8
			Belize	MICS 2015	96.8	6.4	2.3	.	2.4	9.9	0.5	1.1	1.0	.	1.0	1.1	1.0	1.1	7.3
			Bolivia (Plurinational State of)	EDSA 2016	89.8	.	20.7	.	33.7	21.5	0.7	.	1.3	.	1.5	1.3	1.0	.	.
			Colombia	DHS 2015	96.3	11.1	10.0	.	42.7	10.1	-0.7	1.1	1.1	.	1.8	1.1	1.0	2.7	16.0
			Costa Rica	MICS 2011	98.4	2.7	2.1	.	2.4	4.3	-2.3	1.0	1.0	.	1.0	1.0	1.0	0.7	3.1
			Cuba	MICS 2014	99.4	.	-0.8	.	.	1.6	-3.1	.	1.0	.	.	1.0	1.0	.	.
			Dominican Republic	MICS 2014	98.7	1.0	0.5	.	1.9	2.2	-0.2	1.0	1.0	.	1.0	1.0	1.0	0.2	0.9
			Ecuador	ENSANUT 2012	91.1	18.3	14.9	.	25.5	32.2	2.2	1.2	1.2	.	1.4	1.5	1.0	4.2	24.6
			El Salvador	MICS 2014	97.7	5.5	3.3	.	5.9	4.1	2.2	1.1	1.0	.	1.1	1.0	1.0	1.3	7.8
			Guatemala	DHS 2014	68.1	56.6	27.3	.	49.6	53.0	2.9	2.4	1.5	.	2.2	2.3	1.0	18.8	70.2

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Indicator	Indicator Unit	Country	Source	National Indicator Value	Absolute Gap[a]						Relative Gap[b]						Complex Measures	
					Wealth	Place	Sex	Education	Subnational	Woman age	Wealth	Place	Sex	Education	Subnational	Woman age	CIX_w[c]	SII_w[d]
Skilled attendant at delivery	Percentage	Guyana	MICS 2014	92.4	20.7	9.6	.	17.8	53.0	1.5	1.3	1.1	.	1.2	2.2	1.0	5.7	33.8
		Haiti	DHS 2016	41.5	66.6	31.1	.	45.1	32.1	-4.8	5.4	2.0	.	3.6	2.2	0.9	31.3	69.9
		Honduras	DHS 2011	84.7	37.2	19.4	.	38.5	31.4	2.7	1.6	1.3	.	1.7	1.5	1.0	9.5	49.2
		Jamaica	MICS 2011	99.1	3.5	1.7	.	.	.	-2.9	1.0	1.0	.	.	.	1.0	0.6	4.5
		Mexico	MICS 2015	97.7	8.0	5.7	.	19.7	6.8	1.0	1.1	1.1	.	1.2	1.1	1.0	1.7	10.6
		Panama	MICS 2013	91.6	27.9	21.3	.	55.9	50.6	-3.2	1.4	1.3	.	2.3	2.0	1.0	7.4	51.3
		Paraguay	MICS 2016	95.5	12.1	7.8	.	27.0	9.6	1.3	1.1	1.1	.	1.4	1.1	1.0	3.0	17.6
		Peru	ENDES (DHS) 2016	93.2	26.2	20.3	.	26.2	34.0	-3.5	1.4	1.3	.	1.4	1.5	1.0	5.7	38.7
		Saint Lucia	MICS 2012	98.7	.	1.5	.	.	.	.	.	1.0	.	.	.	.	.	.
		Trinidad and Tobago	MICS 2011	98.0	-0.4	1.1	.	0.8	2.9	.	1.0	1.0	.	1.0	1.0	.	0.5	1.9
		Uruguay	MICS 2012	98.2	-1.1	1.6	.	-1.7	5.8	2.2	1.0	1.0	.	1.0	1.1	1.0	0.1	-1.1
Stunting in under-5 children	Percentage	Barbados	MICS 2012	7.7	4.5	-0.8	2.5	.	3.4	.	2.4	0.9	1.4	.	1.5	.	-7.3	-2.6
		Belize	MICS 2015	14.9	20.7	7.1	2.5	15.4	25.1	.	4.8	1.7	1.2	2.5	4.1	.	-27.7	-23.3
		Bolivia (Plurinational State of)	EDSA 2016	16.0	.	11.5	0.6	23.9	21.4	.	.	1.9	1.0	3.0	3.5	.	.	.
		Ecuador	ENSANUT 2012	24.6	21.0	9.6	1.5	19.7	36.7	1.9	2.4	1.5	1.1	2.0	4.4	1.1	-18.7	-27.1
		El Salvador	MICS 2014	13.6	18.3	5.2	3.3	15.1	5.5	.	4.5	1.5	1.3	2.5	1.5	.	-26.1	-21.1
		Guatemala	DHS 2014	46.7	48.9	18.6	1.3	41.2	43.0	1.8	3.8	1.5	1.0	2.6	2.7	1.0	-21.7	-56.0
		Guyana	MICS 2014	11.3	13.1	3.2	2.6	6.8	23.7	.	2.8	1.4	1.3	1.6	4.2	.	-29.9	-20.4
		Haiti	DHS 2016	21.9	24.7	5.9	4.2	17.4	12.9	1.6	3.6	1.3	1.2	2.2	1.8	1.1	-21.8	-29.3
		Honduras	DHS 2011	22.7	34.0	14.2	3.5	38.5	41.2	-0.5	5.2	2.0	1.2	4.8	6.9	1.0	-32.3	-42.6
		Mexico	MICS 2015	12.4	18.0	8.8	1.1	15.2	8.2	.	4.7	1.9	1.1	2.4	2.0	.	-29.1	-21.5
		Paraguay	MICS 2016	5.6	11.5	3.9	2.3	18.8	8.3	.	15.7	2.0	1.5	6.2	3.6	.	-42.0	-15.4
		Peru	ENDES (DHS) 2016	13.1	26.7	18.5	1.8	25.8	31.1	-4.7	8.4	3.3	1.1	4.0	14.5	0.7	-42.4	-33.5
		Saint Lucia	MICS 2012	2.5	5.2	-1.5	3.0	4.9	.	.	51786.6	0.6	4.0	4.8	.	.	-31.9	-5.3
		Trinidad and Tobago	MICS 2011	9.2	-6.1	2.6	5.7	-3.7	9.8	.	0.6	1.3	1.9	0.6	2.7	.	5.6	3.0
Under-5 mortality rate	Deaths per 1,000 live births	Belize	MICS 2015	17.0	17.7	-5.2	3.7	3.4	23.1	14.0	6.5	0.7	1.2	1.2	5.0	7.7	-18.0	-19.1
		Bolivia (Plurinational State of)	EDSA 2016	29.0	.	.	.	.	.	.	.	.	.	.	.	.	.	.
		Colombia	DHS 2015	18.8	20.3	12.2	0.6	50.4	10.7	15.7	3.9	1.8	1.0	4.3	1.7	8.4	-20.2	-22.4
		Dominican Republic	MICS 2014	35.3	7.9	-11.4	5.5	13.5	19.5	29.7	1.3	0.7	1.2	1.4	1.8	8.4	-2.8	-6.3
		El Salvador	MICS 2014	19.9	17.5	10.8	1.6	19.5	15.6	17.7	2.3	1.7	1.1	2.1	2.4	9.5	-19.1	-24.0
		Guatemala	DHS 2014	38.5	35.8	13.3	5.4	31.9	24.2	32.7	2.8	1.4	1.1	2.4	2.0	8.4	-17.9	-44.7
		Guyana	MICS 2014	36.5	8.7	27.0	10.0	26.0	39.5	30.1	1.3	2.7	1.3	1.8	4.0	7.8	-5.8	-13.7
		Haiti	DHS 2016	82.4	34.0	6.3	11.7	42.5	57.4	68.7	1.6	1.1	1.2	1.7	2.1	7.7	-5.5	-28.4
		Honduras	DHS 2011	29.4	19.0	0.5	-0.1	3.2	45.5	25.6	1.9	1.0	1.0	1.1	3.3	9.1	-10.2	-19.0
		Paraguay	MICS 2016	19.6	25.0	3.0	4.1	72.5	29.3	15.9	6.5	1.2	1.2	5.8	3.1	7.4	-24.2	-32.6
		Peru	ENDES (DHS) 2016	18.7	20.3	12.1	5.3	25.3	33.0	12.8	3.6	1.8	1.3	2.8	4.4	4.9	-22.3	-25.2
Violence against woman (physical, psychological, or sexual)	Percentage	Colombia	DHS 2015	41.3	6.6	2.8	.	1.2	8.4	-7.2	1.2	1.1	.	1.0	1.2	0.8	-3.4	-9.1
		Guatemala	DHS 2014	16.4	-0.6	3.0	.	3.9	11.8	-0.4	1.0	1.2	.	1.3	2.1	1.0	1.0	1.2
		Haiti	DHS 2016	22.3	4.0	4.4	.	1.4	12.2	11.6	1.2	1.2	.	1.1	1.9	1.5	-0.3	-0.2
		Honduras	DHS 2011	22.4	-0.1	4.4	.	2.6	15.3	5.8	1.0	1.2	.	1.1	1.9	1.3	-1.1	-0.8
		Peru	ENDES (DHS) 2016	15.5	4.8	1.8	.	0.7	13.7	4.7	1.5	1.1	.	1.0	2.5	1.3	-7.0	-6.1

a   The absolute gap reflects the absolute difference in the indicator between the socially better-off and the socially worse-off. For example, data for Barbados indicates that, based on 2012 data, the wealthiest households (socially better-off) had their demand for family planning satisfied with modern methods by approximately 12 percentage points more than the poorest households (socially worst-off). For all countries and pairings of indicator and social stratifier, we substract the indicator value for the social group with the lowest indicator value among the majority of countries from the indicator value for the social group with the highest indicator value among the majority of countries, so that the majority of absolute simple inequality measures are positive. Negative absolute inequality measures should especially be interpreted with caution if not looking at the confidence intervals for the data points used in estimation.

b   The relative gap reflects the relative difference in the indicator between the socially better-off and the socially worse-off. For example, data for Barbados indicates that, based on 2012 data, the wealthiest households (socially better off) had their demand for family planning satisfied with modern methods by approximately 1.2 times more than the poorest households (socially worst-off). For all countries and pairings of indicator and social stratifier, we divide the indicator value for the social group with the highest indicator value among the majority of countries by the indicator value for the social group with the lowest indicator value among the majority of countries, so that the majority of relative simple inequality measures are greater than 1. Relative inequality measures below 1 should especially be interpreted with caution if not looking at the confidence intervals for the data points used in estimation.

c CIX_w: Concentration Index based on wealth quintiles.

d SII_w: Slope Index of Inequality based on wealth quintiles.

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Annex C: Data disaggregated by equity stratifier for each indicator and country

Indicator	Indicator Unit	Country	Source	National Indicator Value	Wealth		Place		Sex		Education		Subnational Region		Woman age	
					Poorest (20%)	Wealthiest (20%)	Urban	Rural	Female	Male	None^a	Secondary^+	Lowest Value	Highest Value	15–19 yrs	20–49 yrs
Adolescent birth rate	Births per 1,000 women aged 15-19 years	Belize	MICS 2015	82.2	109.1	46.9	69.7	93.0	.	.	108.5	78.7	64.6	108.9	.	.
		Bolivia (Plurinational State of)	EDSA 2016	71.0	.	.	58.0	109.0	.	.	.	.	.	.	.	.
		Colombia	DHS 2015	77.2	138.1	20.0	63.6	125.3	.	.	217.7	68.6	54.9	109.7	.	.
		Dominican Republic	MICS 2014	91.4	172.4	32.1	84.8	113.5	.	.	197.0	58.9	78.2	138.0	.	.
		El Salvador	MICS 2014	75.5	116.8	35.5	65.2	92.1	.	.	189.6	36.0	63.8	92.9	.	.
		Guatemala	DHS 2014	93.5	142.7	39.1	64.3	115.8	.	.	180.9	53.4	55.0	132.5	.	.
		Guyana	MICS 2014	77.2	160.8	21.0	56.5	84.9	.	.	116.5	7.9	60.8	186.8	.	.
		Haiti	DHS 2016	59.4	108.6	24.9	43.3	72.8	.	.	204.7	33.2	43.9	89.5	.	.
		Honduras	DHS 2011	99.0	166.8	50.0	81.9	119.7	.	.	150.9	61.9	81.5	172.7	.	.
		Paraguay	MICS 2016	76.0	138.4	27.9	61.0	107.2	.	.	286.9	173.9	56.5	127.2	.	.
		Peru	ENDES (DHS) 2016	62.9	122.9	20.5	48.3	122.5	.	.	182.3	53.5	36.8	142.5	.	.
Antenatal care (4 or more visits)	Percentage	Argentina	MICS 2011	89.8	86.2	95.3	89.8	.	.	.	82.3	91.4	86.9	94.2	85.1	90.5
		Barbados	MICS 2012	87.9	87.5	94.4	82.7	96.7	.	.	.	87.9	83.7	95.1	.	85.9
		Belize	MICS 2015	92.6	90.6	94.7	93.4	92.1	.	.	90.6	94.8	89.1	97.4	91.6	92.9
		Bolivia (Plurinational State of)	EDSA 2016	85.6	.	.	89.6	77.2	.	.	79.3	92.5	.	.	.	.
		Colombia	DHS 2015	89.6	81.0	96.2	92.4	82.3	.	.	46.4	92.0	78.3	92.5	85.6	90.6
		Costa Rica	MICS 2011	90.2	84.2	96.8	91.5	88.3	.	.	89.6	90.6	84.9	97.5	86.7	90.8
		Cuba	MICS 2014	97.8	.	.	97.5	98.5	.	.	.	97.8	94.8	99.7	99.2	97.5
		Dominican Republic	MICS 2014	92.9	89.6	94.2	93.2	92.2	.	.	77.0	94.9	89.0	96.3	90.7	93.6
		Ecuador	ENSANUT 2012	88.2	78.8	95.9	91.6	81.8	.	.	69.8	92.6	68.8	98.8	85.9	86.9
		El Salvador	MICS 2014	90.1	83.8	97.6	91.8	87.8	.	.	81.3	93.0	86.0	92.6	90.4	90.0
		Guatemala	DHS 2014	85.9	81.3	94.2	88.4	84.4	.	.	81.9	91.5	84.3	89.3	84.6	86.2
		Guyana	MICS 2014	86.7	83.4	90.1	87.4	86.5	.	.	54.2	88.0	67.0	96.3	85.8	87.0
		Haiti	DHS 2016	64.3	46.4	87.2	74.3	59.0	.	.	43.5	78.1	55.7	77.3	55.3	65.7
		Honduras	DHS 2011	88.4	81.3	96.3	91.2	86.0	.	.	75.6	93.6	71.2	95.1	86.5	89.0
		Jamaica	MICS 2011	85.6	77.3	89.3	85.2	86.0	.	.	.	85.8	.	.	85.0	85.7
		Mexico	MICS 2015	94.3	87.8	97.8	94.9	92.4	.	.	71.9	96.3	90.0	96.4	93.0	94.5
		Panama	MICS 2013	87.9	74.2	97.3	93.3	79.1	.	.	40.9	93.3	58.2	96.9	83.3	88.8
		Paraguay	MICS 2016	93.6	86.2	98.7	95.3	91.0	.	.	69.7	96.9	74.1	96.0	92.2	93.9
		Peru	ENDES (DHS) 2016	95.7	91.2	99.5	96.8	92.6	.	.	88.5	97.1	86.5	98.8	92.8	96.2
		Saint Lucia	MICS 2012	90.3	.	.	87.8	90.8	.	.	.	91.8	.	.	.	90.7
		Trinidad and Tobago	MICS 2011	87.3	85.8	95.0	83.9	93.1	.	.	88.1	87.2	81.2	91.8	.	89.0
		Uruguay	MICS 2012	76.8	84.5	100.0	76.2	89.5	.	.	82.5	75.0	64.3	97.3	44.6	91.3
Antenatal care quality (blood and urine test and blood pressure)	Percentage	Argentina	MICS 2011	97.3	96.1	99.6	97.3	.	.	.	100.0	98.0	93.6	98.4	95.4	97.6
		Barbados	MICS 2012	99.3	96.7	100.0	98.9	100.0	.	.	.	99.3	98.3	100.0	.	98.8
		Belize	MICS 2015	97.2	97.8	96.5	97.6	97.0	.	.	100.0	98.2	93.5	99.6	33.2	22.2
		Colombia	DHS 2015	93.8	88.2	97.1	95.3	89.5	.	.	66.2	95.1	88.6	96.1	92.1	94.2
		Costa Rica	MICS 2011	94.0	93.1	82.0	93.6	94.6	.	.	84.3	94.3	86.6	98.7	93.9	94.0
		Cuba	MICS 2014	98.1	.	.	97.6	99.4	.	.	100.0	98.1	94.0	99.8	11.2	9.8

Indicator	Indicator Unit	Country	Source	National Indicator Value	Wealth		Place		Sex		Education		Subnational Region		Woman age	
					Poorest (20%)	Wealthiest (20%)	Urban	Rural	Female	Male	None[a]	Secondary*	Lowest Value	Highest Value	15–19 yrs	20–49 yrs
Antenatal care quality (blood and urine test and blood pressure)	Percentage	Dominican Republic	MICS 2014	97.2	95.8	98.2	97.3	97.1	.	.	89.4	98.2	95.2	98.6	31.0	19.8
		El Salvador	MICS 2014	94.8	93.1	97.1	95.0	94.5	.	.	91.4	96.0	90.5	96.0	27.2	17.8
		Guatemala	DHS 2014	62.8	38.4	90.8	77.4	54.0	.	.	41.8	84.5	45.0	83.8	61.4	63.3
		Guyana	MICS 2014	93.6	84.4	97.5	98.6	92.0	.	.	84.4	94.7	40.6	99.0	32.3	20.1
		Haiti	DHS 2016	75.7	57.2	94.0	84.1	70.7	.	.	56.6	86.2	64.9	87.9	70.8	76.4
		Honduras	DHS 2011	86.0	71.8	96.8	92.2	80.4	.	.	64.6	94.5	70.9	95.0	84.7	86.4
		Jamaica	MICS 2011	97.4	96.5	100.0	96.7	98.3	.	.	100.0	97.3	.	.	99.2	97.0
		Mexico	MICS 2015	90.3	84.5	95.3	91.7	86.2	.	.	53.6	92.1	83.4	95.6	25.3	16.3
		Panama	MICS 2013	86.8	70.8	97.2	93.2	76.6	.	.	44.2	93.0	48.8	97.4	78.9	88.5
		Paraguay	MICS 2016	94.5	88.2	99.6	96.8	90.9	.	.	67.9	96.2	86.1	98.6	26.8	21.4
		Peru	ENDES (DHS) 2016	93.2	83.0	98.2	95.9	85.5	.	.	78.5	95.6	79.4	97.8	91.4	93.5
		Saint Lucia	MICS 2012	95.9	90.6	95.5	90.9	96.9	.	.	100.0	95.8	.	.	.	97.4
		Trinidad and Tobago	MICS 2011	97.7	96.1	95.8	97.3	98.2	.	.	97.3	97.7	96.0	98.2	.	99.0
		Uruguay	MICS 2012	98.1	97.6	98.5	98.2	97.5	.	.	96.6	98.6	95.9	100.0	98.4	98.0
Birth registration	Percentage	Argentina	MICS 2011	100.0	100.0	100.0	100.0	.	100.0	100.0	100.0	100.0	100.0	100.0	.	.
		Barbados	MICS 2012	98.7	98.2	98.5	98.3	99.5	98.7	98.8	.	98.7	98.3	100.0	.	.
		Belize	MICS 2015	95.7	93.5	98.5	96.8	95.0	96.1	95.3	96.9	96.8	93.4	98.1	.	.
		Colombia	DHS 2015	96.8	95.5	98.1	97.2	95.8	97.0	96.5	.	.	95.0	97.4	.	.
		Costa Rica	MICS 2011	99.7	99.0	100.0	100.0	99.3	99.6	99.8	98.7	99.9	97.8	100.0	.	.
		Cuba	MICS 2014	100.0	.	.	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	.	.
		Dominican Republic	MICS 2014	88.0	72.5	98.3	90.0	82.2	87.8	88.3	56.9	94.0	74.5	92.9	.	.
		El Salvador	MICS 2014	98.5	98.2	98.8	98.3	98.7	98.4	98.6	97.8	98.6	97.6	99.2	.	.
		Guyana	MICS 2014	88.7	84.2	94.8	90.5	88.2	89.1	88.4	71.5	90.5	66.8	93.4	.	.
		Haiti	DHS 2016	84.8	74.7	94.4	90.4	82.0	85.4	84.2	76.1	89.6	75.5	92.3	.	.
		Honduras	DHS 2011	93.6	91.6	95.2	94.6	92.7	93.5	93.6	95.1	94.0	71.7	97.6	.	.
		Mexico	MICS 2015	95.0	90.3	98.8	95.5	93.5	94.5	95.6	82.5	95.9	90.9	97.9	.	.
		Panama	MICS 2013	95.6	90.2	97.2	97.6	92.6	96.0	95.2	81.6	97.2	81.0	100.0	.	.
		Paraguay	MICS 2016	93.0	86.1	99.1	94.8	90.2	93.2	92.8	70.0	89.7	88.4	97.4	.	.
		Saint Lucia	MICS 2012	92.0	90.9	100.0	91.1	92.2	92.5	91.4	93.0	91.5	.	.	.	.
		Trinidad and Tobago	MICS 2011	96.5	94.2	99.7	95.2	98.3	96.5	96.5	97.5	96.3	95.7	98.1	.	.
		Uruguay	MICS 2012	99.8	99.5	100.0	99.8	99.9	99.7	99.9	99.8	99.8	99.6	100.0	.	.
Early initiation of breastfeeding	Percentage	Argentina	MICS 2011	52.7	56.9	55.5	52.7	.	.	.	56.2	51.9	45.6	66.1	48.3	53.5
		Barbados	MICS 2012	40.3	28.2	30.5	37.4	45.3	.	.	.	40.3	27.7	66.5	.	45.1
		Belize	MICS 2015	68.3	75.1	61.5	69.9	67.1	.	.	67.5	68.4	50.3	83.3	73.0	67.3
		Bolivia (Plurinational State of)	EDSA 2016	55.0	.	.	52.4	60.4	55.6	54.4	50.6	53.5	48.0	66.1	.	.
		Costa Rica	MICS 2011	59.6	67.3	53.2	56.8	63.6	.	.	66.3	56.7	47.3	67.3	61.6	59.3
		Cuba	MICS 2014	47.9	.	.	45.3	55.3	.	.	.	47.7	42.0	54.9	60.5	45.8
		Dominican Republic	MICS 2014	38.1	50.0	21.1	37.1	41.0	.	.	58.2	33.8	19.8	61.2	39.6	37.7
		Ecuador	ENSANUT 2012	52.4	61.2	45.2	47.7	61.6	53.3	51.5	61.2	49.2	35.1	80.9	54.9	51.8
		El Salvador	MICS 2014	42.0	51.6	30.8	37.0	48.8	.	.	48.5	38.8	33.5	50.5	48.1	40.3
		Guatemala	DHS 2014	63.1	77.4	44.7	53.4	68.4	62.4	63.9	73.2	50.3	48.7	75.7	64.5	62.8
		Guyana	MICS 2014	49.2	57.8	28.0	42.8	51.2	.	.	25.4	49.8	29.9	70.5	58.0	47.1
		Haiti	DHS 2016	47.4	52.0	40.8	43.5	49.3	47.2	47.5	52.0	44.3	37.0	56.1	46.6	47.5
		Honduras	DHS 2011	63.8	76.1	52.7	56.8	69.7	65.0	62.7	75.7	55.6	52.9	81.2	62.5	64.2
		Jamaica	MICS 2011	64.7	67.2	67.2	63.0	66.8	.	.	.	64.5	.	.	69.1	63.8
		Mexico	MICS 2015	51.0	56.6	42.3	49.8	54.6	.	.	48.5	49.4	43.0	61.6	52.6	50.5
		Panama	MICS 2013	47.0	60.4	41.1	41.9	55.2	.	.	65.0	42.6	39.1	86.9	42.8	47.9
		Paraguay	MICS 2016	49.5	57.0	47.6	48.5	51.2	.	.	62.7	47.9	40.0	77.4	49.2	49.6
		Peru	ENDES (DHS) 2016	51.0	71.7	26.2	44.2	70.0	51.1	50.9	73.2	46.5	31.2	79.1	58.6	49.8
		Saint Lucia	MICS 2012	49.6	.	.	49.7	49.6	.	.	.	50.7	.	.	.	52.7
		Trinidad and Tobago	MICS 2011	46.3	43.3	33.8	47.8	43.7	.	.	50.6	45.9	42.6	51.8	.	48.3

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A baseline for the Global Strategy for Women's, Children's and Adolescent's Health

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Indicator	Indicator Unit	Country	Source	National Indicator Value	Wealth		Place		Sex		Education		Subnational Region		Woman age	
					Poorest (20%)	Wealthiest (20%)	Urban	Rural	Female	Male	None^a	Secondary*	Lowest Value	Highest Value	15–19 yrs	20–49 yrs
Early initiation of breastfeeding	Percentage	Uruguay	MICS 2012	76.5	71.6	71.4	76.3	80.8	.	.	70.8	78.3	68.7	88.7	85.5	72.5
Exclusively breastfed (0–<6 months)	Percentage	Argentina	MICS 2011	33.5	30.4	55.9	33.5	.	32.9	34.2	30.2	34.4	22.9	38.5	.	.
		Barbados	MICS 2012	19.7	.	.										
		Belize	MICS 2015	33.2	45.3	.	24.4	39.5	37.7	29.1	34.7	32.1	27.8	48.7	.	.
		Bolivia (Plurinational State of)	EDSA 2016	58.3	.	.	52.4	70.9	.	.					.	.
		Costa Rica	MICS 2011	32.5	33.4	.	34.3	30.5	34.0	31.3	47.8	27.9	21.5	38.8	.	.
		Cuba	MICS 2014	33.2	.	.	29.6	45.4	35.0	31.0	.	33.3	17.8	51.3	.	.
		Dominican Republic	MICS 2014	4.7	7.2	3.7	5.0	4.0	4.0	5.5	14.3	3.5	0.8	9.3	.	.
		Ecuador	ENSANUT 2012	41.8	50.2	32.6	32.9	61.0	43.4	41.9	47.7	37.4	8.1	75.8	35.3	44.2
		El Salvador	MICS 2014	46.7	55.7	45.8	37.2	58.7	51.7	41.8	42.6	43.0	35.2	65.3	.	.
		Guatemala	DHS 2014	53.2	75.3	24.9	37.6	61.4	54.8	51.7	71.3	33.5	25.0	75.3	55.3	52.8
		Guyana	MICS 2014	23.3	30.9	21.3	13.7	26.5	22.2	24.4	29.2	22.0	10.0	48.8	.	.
		Haiti	DHS 2016	39.9	33.9	37.1	40.7	39.5	39.4	40.4	46.2	42.7	30.1	57.1	41.3	39.7
		Honduras	DHS 2011	31.2	51.5	22.8	19.9	40.0	35.0	27.7	47.7	22.3	13.7	79.2	34.1	30.4
		Jamaica	MICS 2011	23.8	20.6	.	24.3	23.0	24.3	23.3	.	23.7			.	.
		Mexico	MICS 2015	30.8	33.7	19.5	30.6	31.4	30.4	31.3	41.5	28.3	17.3	53.0	.	.
		Panama	MICS 2013	21.5	38.1	19.1	16.6	30.8	21.8	21.1	56.9	16.9	14.1	72.0	.	.
		Paraguay	MICS 2016	31.3	36.3	31.2	28.4	35.1	30.0	32.4	26.7	32.5	11.5	44.4	.	.
		Peru	ENDES (DHS) 2016	69.8	86.0	55.8	63.2	84.3	72.9	66.8	79.7	66.8	29.6	100.0	68.5	70.0
		Saint Lucia	MICS 2012	3.5	.	.										
		Trinidad and Tobago	MICS 2011	21.5	.	.	26.8	12.0	18.6	24.6	.	22.4	8.4	32.4	.	.
Family planning satisfied with modern methods	Percentage	Barbados	MICS 2012	70.7	67.3	79.4	71.0	70.2	.	.	.	70.7	64.6	79.8	55.9	71.9
		Belize	MICS 2015	66.0	52.2	73.0	65.8	66.1	.	.	36.2	65.2	50.3	80.7	46.8	67.5
		Colombia	DHS 2015	86.5	82.1	88.0	87.5	83.3	.	.	74.1	87.0	82.6	91.0	71.8	87.1
		Costa Rica	MICS 2011	89.3	84.9	93.6	89.4	89.2	.	.	79.2	89.1	86.1	94.1	76.5	89.9
		Cuba	MICS 2014	89.7	.	.	90.5	87.4	.	.	92.8	89.7	85.7	92.7	72.8	90.1
		Dominican Republic	MICS 2014	85.2	79.5	88.5	85.0	85.6	.	.	77.3	84.9	82.6	87.7	67.7	86.3
		El Salvador	MICS 2014	84.8	81.3	86.7	86.4	81.9	.	.	88.3	83.9	79.5	88.1	71.1	85.7
		Guatemala	DHS 2014	65.3	47.9	77.2	72.6	59.7	.	.	56.0	72.0	54.5	75.9	50.1	66.3
		Guyana	MICS 2014	52.4	45.1	57.6	46.8	54.6	.	.	47.6	52.0	39.6	62.2	16.7	55.6
		Haiti	DHS 2016	43.1	36.8	44.8	46.1	41.1	.	.	40.3	44.7	34.0	49.4	28.7	43.6
		Honduras	DHS 2011	76.0	68.0	78.6	78.6	73.5	.	.	62.3	77.9	61.1	82.9	67.4	76.8
		Mexico	MICS 2015	86.1	80.7	92.0	86.9	83.9	.	.	82.9	86.3	83.9	89.9	63.1	87.1
		Panama	MICS 2013	76.4	56.1	86.6	79.1	70.7	.	.	37.5	79.9	15.8	90.7	36.0	78.0
		Paraguay	MICS 2016	86.4	85.1	84.7	84.9	89.0	.	.	76.4	85.7	81.3	90.9	81.6	86.7
		Peru	ENDES (DHS) 2016	64.2	53.4	72.2	67.0	56.1	.	.	49.2	67.3	35.8	79.8	59.0	64.4
		Saint Lucia	MICS 2012	72.5	71.7	75.8	67.4	73.6	.	.	68.9	73.3	.	.	59.5	73.1
		Trinidad and Tobago	MICS 2011	64.3	56.8	74.8	64.4	64.0	.	.	63.4	64.4	53.3	69.2	61.3	64.3
Improved drinking water source	Percentage	Argentina	MICS 2011	98.0	94.1	99.6	98.0	.	.	.	.	.	92.9	99.7	.	.
		Barbados	MICS 2012	99.7	98.6	100.0	99.9	99.3	.	.	.	.	99.4	99.9	.	.
		Belize	MICS 2015	96.7	94.6	98.4	97.1	96.4	.	.	.	.	93.3	99.4	.	.
		Colombia	DHS 2015	91.0	61.8	99.8	98.1	67.5	.	.	.	.	83.8	99.9	.	.
		Costa Rica	MICS 2011	99.2	96.8	100.0	99.7	98.4	.	.	.	.	96.6	99.9	.	.
		Cuba	MICS 2014	94.0	.	.	95.6	88.0	.	.	.	.	86.3	99.1	.	.
		Dominican Republic	MICS 2014	91.4	83.7	97.1	93.2	85.9	.	.	.	.	81.4	95.8	.	.
		Ecuador	ENSANUT 2012	85.1	47.3	99.7	94.3	62.8	.	.	.	.	51.1	98.7	.	.
		El Salvador	MICS 2014	95.2	85.2	99.0	98.5	89.9	.	.	.	.	92.1	98.6	.	.
		Guatemala	DHS 2014	84.7	68.7	98.6	94.7	77.3	.	.	.	.	70.4	96.0	.	.
		Guyana	MICS 2014	94.2	78.8	99.0	98.8	92.5	.	.	.	.	34.2	98.9	.	.
		Haiti	DHS 2016	73.8	34.5	98.1	95.7	59.7	.	.	.	.	50.8	96.8	.	.
		Honduras	DHS 2011	88.7	62.3	99.8	98.1	79.8	.	.	.	.	65.4	99.1	.	.

Indicator	Indicator Unit	Country	Source	National Indicator Value	Wealth		Place		Sex		Education		Subnational Region		Woman age	
					Poorest (20%)	Wealthiest (20%)	Urban	Rural	Female	Male	None[a]	Secondary+	Lowest Value	Highest Value	15–19 yrs	20–49 yrs
Improved drinking water source	Percentage	Jamaica	MICS 2011	94.6	89.3	98.1	99.1	89.2	.	.	.	.	.	.	.	.
		Mexico	MICS 2015	98.1	92.5	99.8	99.2	94.5	.	.	.	.	95.0	99.5	.	.
		Panama	MICS 2013	94.9	75.9	100.0	99.7	85.2	.	.	.	.	45.6	99.7	.	.
		Paraguay	MICS 2016	95.2	78.8	99.9	98.5	89.7	.	.	.	.	83.9	100.0	.	.
		Peru	ENDES (DHS) 2016	90.5	71.4	99.7	95.2	75.7	.	.	.	.	66.4	97.8	.	.
		Saint Lucia	MICS 2012	99.0	97.2	99.3	99.8	98.8	.	.	.	.	.	.	.	.
		Trinidad and Tobago	MICS 2011	99.0	97.2	99.8	99.3	98.5	.	.	.	.	97.9	99.7	.	.
		Uruguay	MICS 2012	99.4	97.5	99.6	99.9	90.6	.	.	.	.	95.7	100.0	.	.
Improved sanitation (not shared)	Percentage	Argentina	MICS 2011	93.1	82.3	99.0	93.1		.	.	.	.	85.0	96.8	.	.
		Barbados	MICS 2012	95.2	91.8	97.4	94.9	95.7	.	.	.	.	93.1	97.0	.	.
		Belize	MICS 2015	86.9	63.3	98.7	92.6	82.8	.	.	.	.	71.4	96.2	.	.
		Colombia	DHS 2015	87.8	64.4	99.9	92.7	71.5	.	.	.	.	80.4	93.2	.	.
		Costa Rica	MICS 2011	94.5	87.2	96.6	95.0	93.7	.	.	.	.	92.9	95.9	.	.
		Cuba	MICS 2014	90.7	.	.	91.5	87.7	.	.	.	.	87.1	95.3	.	.
		Dominican Republic	MICS 2014	82.1	52.0	96.8	84.1	76.2	.	.	.	.	69.8	87.9	.	.
		Ecuador	ENSANUT 2012	78.8	41.0	99.1	85.8	62.0	.	.	.	.	60.6	91.6	.	.
		El Salvador	MICS 2014	77.0	50.3	98.5	86.5	61.4	.	.	.	.	62.5	91.9	.	.
		Guatemala	DHS 2014	78.6	66.5	94.7	84.3	74.4	.	.	.	.	70.4	82.7	.	.
		Guyana	MICS 2014	86.9	69.2	98.2	90.9	85.3	.	.	.	.	33.5	96.0	.	.
		Haiti	DHS 2016	33.2	6.8	70.6	46.8	24.4	.	.	.	.	20.3	49.2	.	.
		Honduras	DHS 2011	77.0	47.8	97.5	83.6	70.8	.	.	.	.	34.9	84.9	.	.
		Jamaica	MICS 2011	86.3	67.1	99.1	85.2	87.7	.	.	.	.	.	.	.	.
		Mexico	MICS 2015	93.6	81.8	99.7	95.3	88.1	.	.	.	.	90.9	97.1	.	.
		Panama	MICS 2013	84.8	52.7	100.0	90.7	72.9	.	.	.	.	0.4	93.9	.	.
		Paraguay	MICS 2016	79.9	31.5	98.2	89.5	64.0	.	.	.	.	57.1	92.2	.	.
		Peru	ENDES (DHS) 2016	68.6	20.9	98.1	80.5	31.5	.	.	.	.	40.0	87.5	.	.
		Saint Lucia	MICS 2012	89.7	67.3	98.8	84.4	91.0	.	.	.	.	.	.	.	.
		Trinidad and Tobago	MICS 2011	93.8	84.8	98.6	92.5	95.5	.	.	.	.	90.8	97.1	.	.
		Uruguay	MICS 2012	94.0	86.7	96.9	93.9	95.1	.	.	.	.	89.3	96.1	.	.
Infant mortality rate	Deaths per 1,000 live births	Belize	MICS 2015	13.3	15.8	3.2	16.7	11.1	12.1	14.5	11.5	11.5	5.3	25.3	1.9	12.1
		Bolivia (Plurinational State of)	EDSA 2016	24.0	.	.	.	.	.	.	.	.	.	.	.	.
		Colombia	DHS 2015	15.8	21.9	5.4	13.2	22.4	15.9	15.8	51.5	13.6	12.1	22.9	1.7	15.3
		Dominican Republic	MICS 2014	30.9	27.2	25.9	33.6	22.5	28.4	33.3	27.4	29.3	22.6	41.7	3.6	29.4
		El Salvador	MICS 2014	16.8	24.0	10.4	13.2	22.0	16.5	17.1	32.8	15.3	8.8	23.6	1.4	17.6
		Guatemala	DHS 2014	30.0	41.1	17.6	24.9	33.0	27.8	32.2	42.1	19.5	19.1	37.1	3.4	29.0
		Guyana	MICS 2014	31.1	33.8	26.7	12.2	37.1	26.4	35.6	46.3	26.4	9.9	43.5	3.7	29.7
		Haiti	DHS 2016	57.8	62.5	48.2	56.6	58.5	54.1	61.4	67.2	45.8	27.9	83.3	6.8	56.0
		Honduras	DHS 2011	23.7	30.0	17.5	25.0	22.6	23.3	24.1	20.2	23.0	16.6	51.0	2.8	22.6
		Paraguay	MICS 2016	17.8	26.0	4.5	16.6	19.6	15.9	19.5	86.7	14.9	13.8	38.0	2.4	16.3
		Peru	ENDES (DHS) 2016	15.0	21.4	6.5	12.2	22.3	11.5	18.2	28.7	11.4	6.8	30.3	2.7	12.6
Neonatal mortality rate	Deaths per 1,000 live births	Belize	MICS 2015	8.2	9.4	2.4	8.5	7.9	7.8	8.4	5.5	7.4	3.0	14.0	1.0	7.7
		Bolivia (Plurinational State of)	EDSA 2016	15.0	.	.	.	.	.	.	.	.	.	.	.	.
		Colombia	DHS 2015	9.8	12.1	4.7	8.6	12.8	9.1	10.4	25.1	8.6	7.2	12.9	0.8	9.9
		Dominican Republic	MICS 2014	24.8	20.6	23.2	27.5	16.4	22.9	26.6	21.2	23.9	16.1	34.0	2.7	24.1
		El Salvador	MICS 2014	10.0	12.1	9.6	9.3	11.0	8.6	11.3	16.2	10.7	5.3	14.8	0.7	11.0
		Guatemala	DHS 2014	17.5	23.9	12.9	13.9	19.5	14.7	20.1	24.3	12.7	11.2	21.5	1.9	17.1
		Guyana	MICS 2014	21.2	18.1	24.2	7.0	25.7	17.2	24.9	21.0	16.8	6.5	28.6	3.0	18.9
		Haiti	DHS 2016	31.7	27.7	31.5	30.9	32.1	30.4	32.9	28.3	26.0	14.5	49.5	4.0	29.9
		Honduras	DHS 2011	16.5	19.0	12.4	18.4	14.9	16.9	16.2	12.3	16.7	10.5	29.3	1.8	16.1
		Paraguay	MICS 2016	8.2	12.2	3.7	6.7	10.7	5.3	10.9	29.4	6.6	4.7	16.8	0.8	8.3
		Peru	ENDES (DHS) 2016	9.1	11.1	3.4	7.6	13.1	7.1	10.9	19.4	7.1	3.8	19.0	1.7	7.7

Indicator	Indicator Unit	Country	Source	National Indicator Value	Wealth		Place		Sex		Education		Subnational Region		Woman age	
					Poorest (20%)	Wealthiest (20%)	Urban	Rural	Female	Male	None[a]	Secondary+	Lowest Value	Highest Value	15–19 yrs	20–49 yrs
Overweight in under-5 children	Percentage	Barbados	MICS 2012	12.9	14.2	11.7	12.7	13.4	15.1	11.1	.	13.2	11.7	13.9	.	.
		Belize	MICS 2015	8.1	4.7	9.8	11.2	6.2	7.2	9.0	4.2	11.4	5.9	11.2	.	.
		Ecuador	ENSANUT 2012	8.3	7.9	6.5	8.0	8.8	8.0	8.6	7.8	8.6	4.0	14.8	9.5	8.6
		El Salvador	MICS 2014	6.6	3.5	7.0	7.3	5.6	6.8	6.4	4.4	7.2	5.7	7.5	.	.
		Guatemala	DHS 2014	5.1	5.0	7.7	5.6	4.9	4.5	5.8	5.3	6.1	3.9	6.7	6.0	5.0
		Guyana	MICS 2014	5.5	5.3	7.7	5.6	5.5	5.4	5.6	9.9	5.8	3.3	24.5	.	.
		Haiti	DHS 2016	3.9	3.5	5.0	3.7	4.0	3.0	4.7	4.4	3.9	2.3	5.0	6.7	3.9
		Honduras	DHS 2011	5.6	4.4	9.5	6.8	4.6	5.2	5.9	3.9	7.4	2.8	8.0	5.6	5.5
		Mexico	MICS 2015	5.1	4.2	5.0	5.2	4.9	5.3	5.0	3.4	5.2	3.8	6.9	.	.
		Paraguay	MICS 2016	13.2	9.8	16.8	14.0	12.0	12.0	14.4	8.2	15.0	8.8	17.0	.	.
		Peru	ENDES (DHS) 2016	8.0	3.2	14.7	9.7	3.8	6.7	9.3	1.9	9.4	2.5	22.5	7.3	8.1
		Saint Lucia	MICS 2012	6.3	5.1	8.9	4.9	6.6	3.8	8.9	4.5	5.9	.	.	.	.
		Trinidad and Tobago	MICS 2011	12.6	11.4	13.5	12.8	12.3	10.9	14.4	13.1	12.6	9.8	16.2	.	.
Postnatal care for the baby	Percentage	Belize	MICS 2015	95.0	92.7	93.3	95.0	95.0	.	.	93.8	96.7	92.6	98.6	98.0	94.4
		Cuba	MICS 2014	98.0	.	.	98.3	97.2	.	.	.	98.0	97.2	99.8	96.2	98.3
		Dominican Republic	MICS 2014	94.7	92.5	96.1	94.6	94.8	.	.	86.7	95.6	89.9	96.4	94.1	94.8
		El Salvador	MICS 2014	95.9	93.2	97.3	97.1	94.3	.	.	92.0	97.1	92.8	97.9	96.0	95.9
		Guatemala	DHS 2014	8.1	11.0	3.6	6.4	9.0	8.4	7.8	13.0	4.7	2.1	11.4	8.8	7.9
		Guyana	MICS 2014	94.1	84.2	99.5	99.5	92.5	.	.	76.6	95.3	57.0	100.0	95.3	93.9
		Haiti	DHS 2016	42.9	23.4	74.2	56.3	36.3	43.1	42.8	25.9	58.8	34.6	49.2	42.6	43.0
		Honduras	DHS 2011	81.3	64.4	89.7	88.8	74.9	81.0	81.5	61.1	90.3	67.3	89.5	83.7	80.5
		Mexico	MICS 2015	93.2	87.2	98.3	95.0	87.6	.	.	79.2	95.1	87.7	98.0	93.8	93.0
		Panama	MICS 2013	93.4	78.5	99.9	99.7	83.3	.	.	56.5	99.1	61.0	100.0	92.3	93.6
		Paraguay	MICS 2016	93.2	84.5	98.8	97.1	87.3	.	.	63.5	96.6	87.1	100.0	95.3	92.8
		Peru	ENDES (DHS) 2016	93.6	87.6	93.6	94.9	89.9	93.5	93.6	91.2	95.1	78.5	98.5	91.9	93.8
		Trinidad and Tobago	MICS 2011	96.3	96.4	91.8	96.2	96.5	.	.	97.3	96.2	92.3	100.0	.	97.2
Postnatal care for the mother	Percentage	Barbados	MICS 2012	96.9	100.0	86.9	95.9	98.5	.	.	.	96.9	95.3	100.0	.	99.1
		Belize	MICS 2015	96.7	92.9	98.4	97.3	96.3	.	.	96.0	97.3	91.2	.	97.7	96.5
		Cuba	MICS 2014	99.2	.	.	99.0	99.6	.	.	.	99.2	.	99.6	99.3	99.1
		Dominican Republic	MICS 2014	94.5	91.9	96.5	94.6	94.3	.	.	86.2	95.5	89.6	96.1	93.2	94.8
		El Salvador	MICS 2014	93.7	93.2	95.1	94.5	92.6	.	.	91.9	94.4	91.5	96.8	92.7	94.0
		Guatemala	DHS 2014	77.7	60.9	92.9	87.4	72.5	.	.	66.2	88.9	67.9	93.7	78.7	77.4
		Guyana	MICS 2014	93.2	84.5	98.8	98.3	91.6	.	.	76.6	94.3	64.7	98.2	92.7	93.4
		Haiti	DHS 2016	28.7	10.4	57.6	40.3	22.9	.	.	12.6	42.3	15.4	37.7	22.2	29.6
		Honduras	DHS 2011	84.9	65.5	96.1	94.1	77.2	.	.	61.3	95.1	63.1	92.9	87.8	84.1
		Mexico	MICS 2015	95.2	91.5	97.8	96.2	92.2	.	.	91.6	96.2	89.6	97.6	94.3	95.4
		Panama	MICS 2013	92.2	74.5	100.0	99.5	80.4	.	.	45.4	98.4	50.1	100.0	89.4	92.7
		Paraguay	MICS 2016	94.5	87.5	99.6	97.5	89.9	.	.	63.5	96.1	87.9	98.6	92.4	94.9
		Peru	ENDES (DHS) 2016	95.5	85.0	98.1	98.2	88.0	.	.	84.0	97.8	74.4	100.0	92.4	96.0
		Saint Lucia	MICS 2012	91.5	.	.	94.1	91.0	.	.	.	92.6	.	.	.	92.2
		Trinidad and Tobago	MICS 2011	92.0	92.7	87.8	91.8	92.4	.	.	85.2	92.7	89.4	97.6	.	93.7
Skilled attendant at delivery	Percentage	Barbados	MICS 2012	98.9	100.0	100.0	98.3	100.0	.	.	.	98.9	97.1	100.0	.	98.1
		Belize	MICS 2015	96.8	92.9	99.3	98.2	95.9	.	.	96.0	98.4	90.1	100.0	97.3	96.8
		Bolivia (Plurinational State of)	EDSA 2016	89.8	.	.	96.4	75.7	.	.	61.4	95.1	74.4	95.9	90.4	89.7
		Colombia	DHS 2015	96.3	87.9	99.0	99.2	89.1	.	.	55.7	98.4	88.9	99.0	95.8	96.5
		Costa Rica	MICS 2011	98.4	96.7	99.4	99.3	97.1	.	.	96.6	99.0	95.7	100.0	96.4	98.7
		Cuba	MICS 2014	99.4	.	.	99.2	100.0	.	.	.	99.4	98.3	100.0	96.8	99.9
		Dominican Republic	MICS 2014	98.7	97.9	98.9	98.8	98.3	.	.	97.0	98.8	97.3	99.5	98.6	98.7
		Ecuador	ENSANUT 2012	91.1	80.0	98.4	96.1	81.2	.	.	69.8	95.3	67.3	99.5	92.6	90.3
		El Salvador	MICS 2014	97.7	93.7	99.3	99.1	95.8	.	.	93.0	99.0	95.5	99.7	99.4	97.2
		Guatemala	DHS 2014	68.1	39.9	96.4	85.7	58.4	.	.	42.4	92.0	40.0	92.9	70.3	67.5

Indicator	Indicator Unit	Country	Source	National Indicator Value	Wealth		Place		Sex		Education		Subnational Region		Woman age	
					Poorest (20%)	Wealthiest (20%)	Urban	Rural	Female	Male	None[a]	Secondary+	Lowest Value	Highest Value	15–19 yrs	20–49 yrs
Skilled attendant at delivery	Percentage	Guyana	MICS 2014	92.4	79.3	100.0	99.7	90.2	.	.	76.1	93.9	46.0	99.0	93.7	92.1
		Haiti	DHS 2016	41.5	15.2	81.8	62.0	30.9	.	.	17.2	62.3	26.8	59.0	37.3	42.1
		Honduras	DHS 2011	84.7	61.1	98.3	95.0	75.7	.	.	57.9	96.4	62.9	94.3	86.8	84.0
		Jamaica	MICS 2011	99.1	96.5	100.0	99.8	98.2	.	.	.	99.1	.	.	96.7	99.5
		Mexico	MICS 2015	97.7	91.9	99.8	99.2	93.5	.	.	79.1	98.9	92.9	99.7	98.5	97.5
		Panama	MICS 2013	91.6	72.1	100.0	99.7	78.4	.	.	42.8	98.7	49.4	100.0	89.0	92.1
		Paraguay	MICS 2016	95.5	87.9	100.0	98.6	90.8	.	.	70.7	97.7	90.4	100.0	96.6	95.3
		Peru	ENDES (DHS) 2016	93.2	73.8	100.0	98.6	78.3	.	.	71.5	97.7	65.7	99.7	90.1	93.7
		Saint Lucia	MICS 2012	98.7	.	.	100.0	98.5	.	.	.	98.5	.	.	.	98.5
		Trinidad and Tobago	MICS 2011	98.0	96.1	95.8	98.4	97.3	.	.	97.3	98.0	96.0	99.0	.	98.5
		Uruguay	MICS 2012	98.2	99.2	98.1	98.2	96.6	.	.	99.4	97.8	94.2	100.0	99.7	97.5
Stunting in under-5 children	Percentage	Barbados	MICS 2012	7.7	7.5	3.1	8.0	7.2	6.4	8.9	.	7.8	6.4	9.8	.	.
		Belize	MICS 2015	14.9	26.1	5.4	10.6	17.6	13.7	16.2	25.5	10.1	8.1	33.2	.	.
		Bolivia (Plurinational State of)	EDSA 2016	16.0	.	.	12.2	23.7	15.7	16.3	35.7	11.8	8.4	29.8	.	.
		Ecuador	ENSANUT 2012	24.6	36.3	15.2	21.2	30.8	23.9	25.3	39.4	19.7	10.8	47.5	23.4	25.4
		El Salvador	MICS 2014	13.6	23.6	5.3	11.4	16.6	12.0	15.3	24.8	9.8	10.9	16.4	.	.
		Guatemala	DHS 2014	46.7	66.3	17.4	34.7	53.3	46.0	47.3	67.2	26.0	25.3	68.3	45.3	47.0
		Guyana	MICS 2014	11.3	20.3	7.3	8.8	12.0	9.9	12.5	17.2	10.5	7.5	31.2	.	.
		Haiti	DHS 2016	21.9	34.1	9.4	18.0	23.9	19.9	24.0	31.5	14.0	17.2	30.1	19.6	21.2
		Honduras	DHS 2011	22.7	42.1	8.1	14.6	28.8	20.8	24.3	48.5	10.1	7.0	48.2	23.0	22.6
		Mexico	MICS 2015	12.4	22.9	4.9	10.2	18.9	11.8	13.0	25.9	10.7	8.5	16.7	.	.
		Paraguay	MICS 2016	5.6	12.3	0.8	4.0	7.9	4.4	6.7	22.4	3.6	3.2	11.5	.	.
		Peru	ENDES (DHS) 2016	13.1	30.2	3.6	8.0	26.4	12.2	14.0	34.4	8.6	2.3	33.4	17.5	12.8
		Saint Lucia	MICS 2012	2.5	5.2	0.0	3.7	2.2	1.0	4.0	6.2	1.3	.	.	.	.
		Trinidad and Tobago	MICS 2011	9.2	8.8	14.9	8.1	10.7	6.4	12.1	6.0	9.7	5.7	15.5	.	.
Under-5 mortality rate	Deaths per 1,000 live births	Belize	MICS 2015	17.0	20.9	3.2	20.2	15.0	15.1	18.8	17.7	14.3	5.7	28.8	2.1	16.1
		Bolivia (Plurinational State of)	EDSA 2016	29.0	.	.	.	.	.	.	.	.	.	.	.	.
		Colombia	DHS 2015	18.8	27.3	6.9	15.3	27.5	18.4	19.1	65.8	15.4	14.7	25.4	2.1	17.8
		Dominican Republic	MICS 2014	35.3	34.3	26.4	38.0	26.6	32.4	37.9	45.8	32.3	24.4	43.8	4.0	33.7
		El Salvador	MICS 2014	19.9	30.7	13.2	15.4	26.3	19.1	20.7	36.8	17.3	11.4	27.0	2.1	19.8
		Guatemala	DHS 2014	38.5	56.1	20.3	30.1	43.4	35.8	41.1	54.9	23.0	25.4	49.5	4.4	37.1
		Guyana	MICS 2014	36.5	39.4	30.6	16.0	43.0	31.4	41.3	57.2	31.2	13.2	52.7	4.4	34.5
		Haiti	DHS 2016	82.4	93.1	59.1	78.4	84.7	76.4	88.2	101.6	59.0	53.2	110.6	10.3	79.0
		Honduras	DHS 2011	29.4	39.2	20.1	29.1	29.6	29.4	29.3	29.6	26.3	19.7	65.2	3.1	28.7
		Paraguay	MICS 2016	19.6	29.5	4.5	18.4	21.4	17.4	21.5	87.6	15.1	13.8	43.0	2.5	18.4
		Peru	ENDES (DHS) 2016	18.7	27.9	7.7	15.4	27.6	16.0	21.3	39.6	14.3	9.8	42.7	3.3	16.1
Violence against woman (physical, psychological, or sexual)	Percentage	Colombia	DHS 2015	41.3	40.0	33.4	41.9	39.2	.	.	39.3	40.5	36.7	45.1	34.4	41.6
		Guatemala	DHS 2014	16.4	14.6	15.2	18.1	15.1	.	.	13.5	17.5	10.8	22.7	16.0	16.4
		Haiti	DHS 2016	22.3	22.0	17.9	24.8	20.4	.	.	20.3	21.7	13.5	25.7	33.6	22.0
		Honduras	DHS 2011	22.4	19.9	20.0	24.5	20.1	.	.	20.2	22.8	17.3	32.6	27.7	21.9
		Peru	ENDES (DHS) 2016	15.5	14.7	9.9	15.9	14.1	.	.	14.7	15.4	9.4	23.1	20.0	15.3

a   Marked values correspond to indicator values for the group attaining at least primary education instead of none.

Health Inequalities in Latin America and the Caribbean
A baseline for the Global Strategy for Women's, Children's and Adolescent's Health

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Tables and Figures

Table 1: Surveys included in the analyses

Country	Year	Source	Households surveyed	Children < 5 years	Women 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 2: Indicator definitions, numerators, and denominators

Indicator	Type	SDG number	Definition	Numerator	Denominator
Antenatal care quality (blood pressure, urine test, blood test) (%)	Coverage	N/A	Percentage of women aged 15–19 and 15–49 years having a live birth, receiving antenatal care on at least one occasion and undergoing a set of at least 6 basic interventions during their antenatal medical visits	Women in which blood and urine samples were collected, and blood pressure was measured during any antenatal care visit × 100	Women 15–49, who had at birth in the period define by the survey and received at least one antenatal care visit
Antenatal care, four or more visits (%)	Coverage	N/A	Percentage of women aged 15–49 who have had a live birth and who received antenatal care on four or more occasions	Number of women aged 15–49 who have had a live birth and who received antenatal care on four or more occasions × 100	Total number of women aged 15–49 who had a live birth in the same period
Birth registration (%)	Coverage	16.9.1	Boys and girls under 5 years of age whose births have been registered with a civil authority	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
Demand for family planning satisfied with modern methods (%)	Coverage	3.7.1	Percentage of women of reproductive age (15–49 years) wishing to have no (additional) children or to postpone the next child who are currently using a modern contraceptive method	Number of women of reproductive age (15–49 years) currently using, or whose sexual partner is currently using, at least one modern contraceptive method × 100	Women aged 15–49 years currently married or in union in need of contraception
Early initiation of breastfeeding (%)	Coverage	N/A	Percentage of boys and girls born in the last 24 months who were placed in the mother's breast within one hour of their birth	Number of boys and girls born in the last 24 months who were placed in the mother's breast within one hour of their birth × 100	Total number of children born in the last 24 months among women aged 15–49 years
Exclusive Breastfeeding (%)	Coverage	N/A	Percentage of infants 0–5 months of age who are fed exclusively with breast milk	Infants 0–5 months of age who received only breast milk during the previous day × 100	Infants 0–5 months
Improved drinking water source (%)	Coverage	6.1.1	Percentage of the population using improved water sources that meet accessibility, availability and quality criteria	Population using improved water sources that meet accessibility, availability and quality criteria × 100	Total population
Improved, non-shared toilet facilities (%)	Coverage	6.2.1	Percentage of the population living in households using an improved, non-shared toilet facility	Population living in households using an improved, non-shared toilet facility × 100	Total population
Postnatal care for the baby (%)	Coverage	N/A	Percentage of newborns who had contact with a health care provider within 2 days after birth	Number of newborns (out-of-hospital birth) who had a postnatal care visit within the first 48 hours after delivery, plus the number of infants born in a hospital or health care facility in a given period before the survey × 100	Number of live births in the same time period
Postnatal care for the mother (%)	Coverage	N/A	Percentage of women who had a postpartum control with a healthcare provider within 2 days after delivery.	Number of women with a live newborn in a given period prior to the survey who received a postnatal checkup within 2 days after delivery × 100	Number of women aged 15–49 who had a live newborn in the same period determined prior to the survey
Skilled attendant at delivery (%)	Coverage	3.1.2	Births attended by trained personnel for every 100 registered births	Number of births attended by health personnel (doctors, nurses, midwives) trained to provide obstetric care × 100	Total number of births registered in the same period.
Adolescent birth rate (births per 1,000 women aged 15–19 years)	Outcome	3.7.2	Annual number of births to women aged 15–19 years per 1,000 women of that age group	Number of births that occurred in the 1–36 months before the survey to women in the 15–19 years old at the time of the birth	Number of women-years (aged 15–19 years) of exposure in the 1–36 months before the survey (expressed per 1,000 women years)

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Indicator	Type	SDG number	Definition	Numerator	Denominator
Infant mortality rate (deaths per 1,000 live births)	Outcome	N/A	Risk of dying for a boy or girl before reaching the first year of life in a given place and period, if exposed to the experience of age-specific mortality	Number deaths in children under 1 year of age × 1,000	Number of live births in the same year and place
Neonatal mortality rate (deaths per 1,000 live births)	Outcome	3.2.2	Probability (expressed per 1000 live births) of a child dying during the first 28 days of life, for a given period and place, being subject to age-specific mortality rates in that period	Number deaths in children under 28 days of life × 1,000	Number of surviving children at beginning of specified age range during the specified time period
Overweight in under-5 children (%)	Outcome	2.2.2	Prevalence of overweight (weight for height >+2 standard deviation from the median of the World Health Organization (WHO) Child Growth Standards) among children under 5 years of age	Number of children with BMI-for-age > +2 SD × 100	Live children under-5 years, height and weight measured, not flagged
Stunting in under-5 children (%)	Outcome	2.2.1	Prevalence of stunting (standard deviation of height/length for age <-2 of Stunting patterns for children under five years of the World Health Organization (WHO) median)	Number of boys and girls under 5 years of age below minus two standard deviations (-2 SD) regarding height/length-for-age of WHO Stunting patterns median × 100	Total boys and girls under 5 years of age
Under-5 mortality rate (deaths 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	Number deaths in children under 5 years of age × 1,000	Number of live births in the same year and place
Violence against woman (physical, psychological, or sexual) (%)	Outcome	5.2.1	Women and girls from 15 to 49 years of age who have ever had a partner and have suffered physical, sexual or psychological violence by a current or previous partner, in the previous 12 months	Number of woman aged 15–49 who have experienced physical, psychological or sexual violence by a current or former partner in the previous 12 months × 100	Women aged 15–49 who have ever had a partner

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Table 3: Regional medians per indicator

Indicator	Indicator unit	SDG 2030 global target	Median	Lowest	Highest
Adolescent birth rate	Births per 1,000 women aged 15-19 years	N/A	77.2	59.4	99.0
Demand for family planning satisfied with modern methods	Percentage	95[a]	76.0	43.1	89.7
Antenatal care (4 or more visits)	Percentage	N/A	89.0	64.3	97.8
Antenatal care quality (blood and urine test, blood pressure)	Percentage	N/A	94.6	62.8	99.3
Births attended by skilled health personnel	Percentage	95[a]	96.8	41.5	99.4
Early initiation of breastfeeding	Percentage	N/A	51.0	38.1	76.5
Postnatal care for the baby	Percentage	N/A	93.5	2.8	98.0
Postnatal care for the mother	Percentage	N/A	93.7	28.7	99.2
Birth registration	Percentage	95[a]	95.7	84.8	100.0
Improved sanitation (not shared)	Percentage	95[a]	86.9	33.2	95.2
Improved drinking water source	Percentage	95[a]	94.9	73.8	99.7
Exclusive Breastfeeding	Percentage	N/A	31.9	3.5	69.8
Neonatal mortality rate	Deaths per 1,000 live births	12	15.0	8.2	31.7
Infant mortality rate	Deaths per 1,000 live births	N/A	23.7	13.3	57.8
Under-5 mortality rate	Deaths per 1,000 live births	25	29.0	17.0	82.4
Overweight in under-5 children	Percentage	0[b]	6.6	3.9	13.2
Stunting in under-5 children	Percentage	0[b]	13.4	2.5	46.7
Violence against woman (physical, psychological, or sexual)	Percentage	0[b]	22.3	15.5	41.3

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

b   Goal of 0% is based on interpretation of eradication.

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Figure 5:

Equiplot by wealth for adolescent birth rate

Number of births to women aged 15 to 19 years per 1,000 women in that age group that occurred in the 36 months prior to the survey
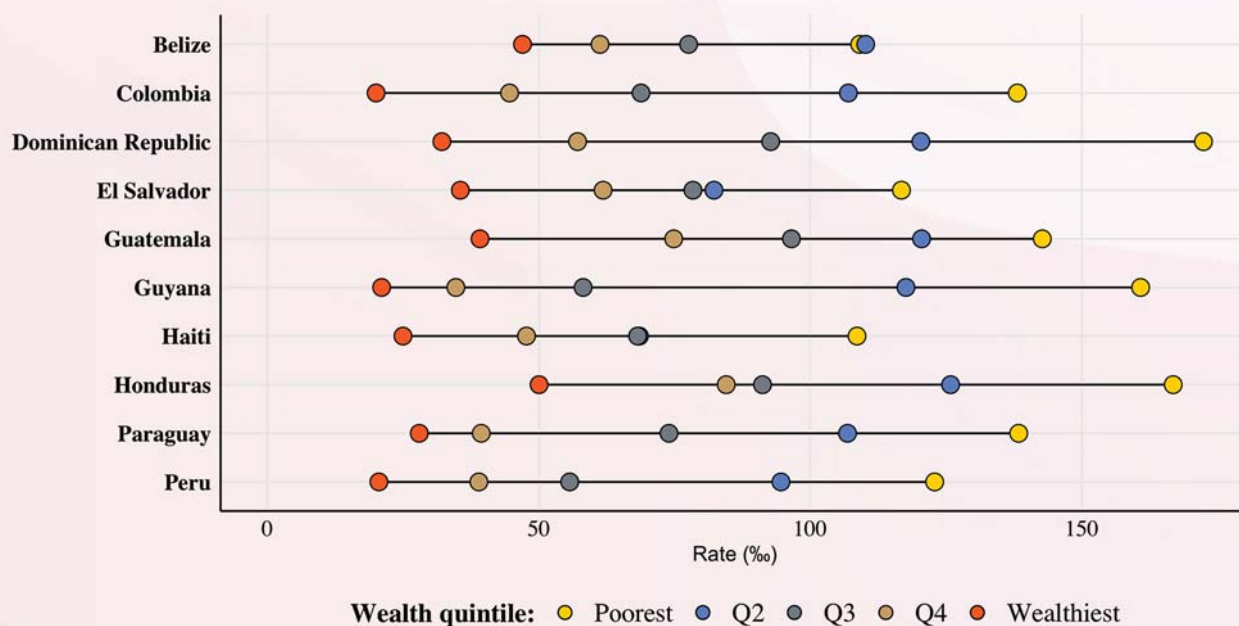
Figure 6:

Equiplot by place of residence for adolescent birth rate

Number of births to women aged 15 to 19 years per 1,000 women in that age group that occurred in the 36 months prior to the survey

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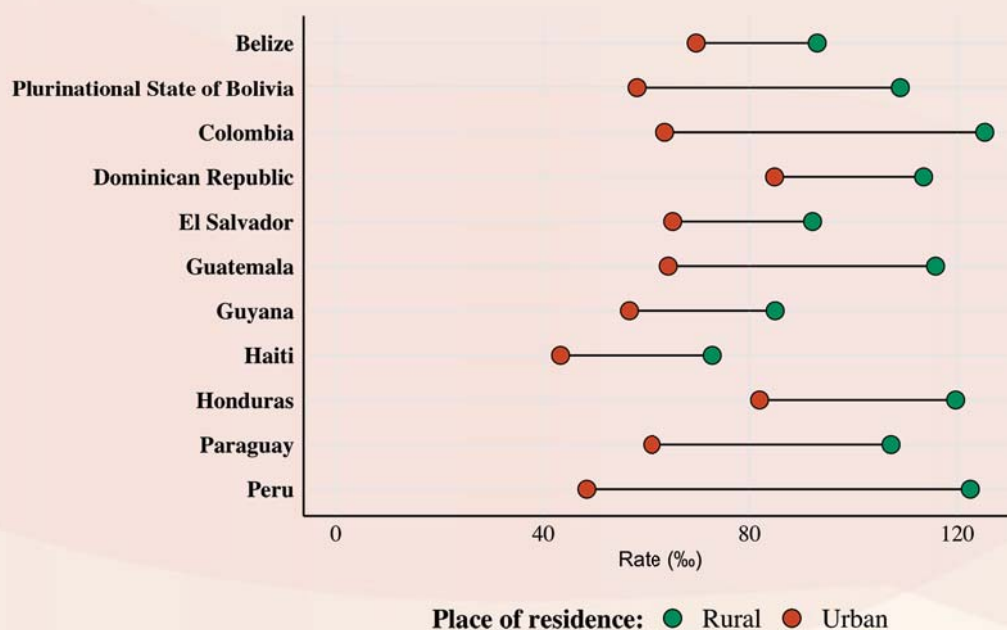
Figure 7:

Equiplot by subnational region for adolescent birth rate

Number of births to women aged 15 to 19 years per 1,000 women in that age group that occurred in the 36 months prior to the survey
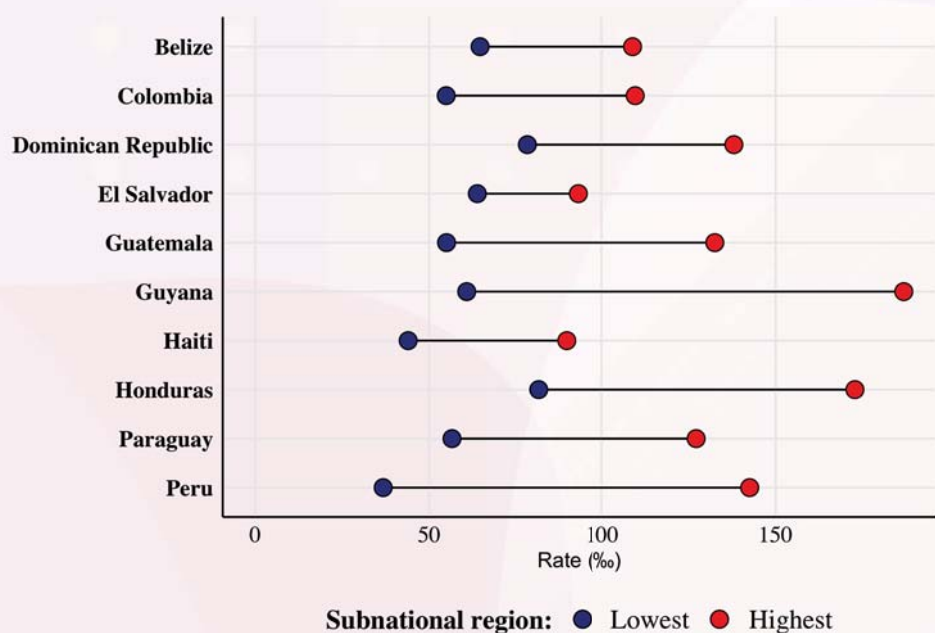
Figure 8:

Equiplot by women's education for adolescent birth rate

Number of births to women aged 15 to 19 years per 1,000 women in that age group that occurred in the 36 months prior to the survey

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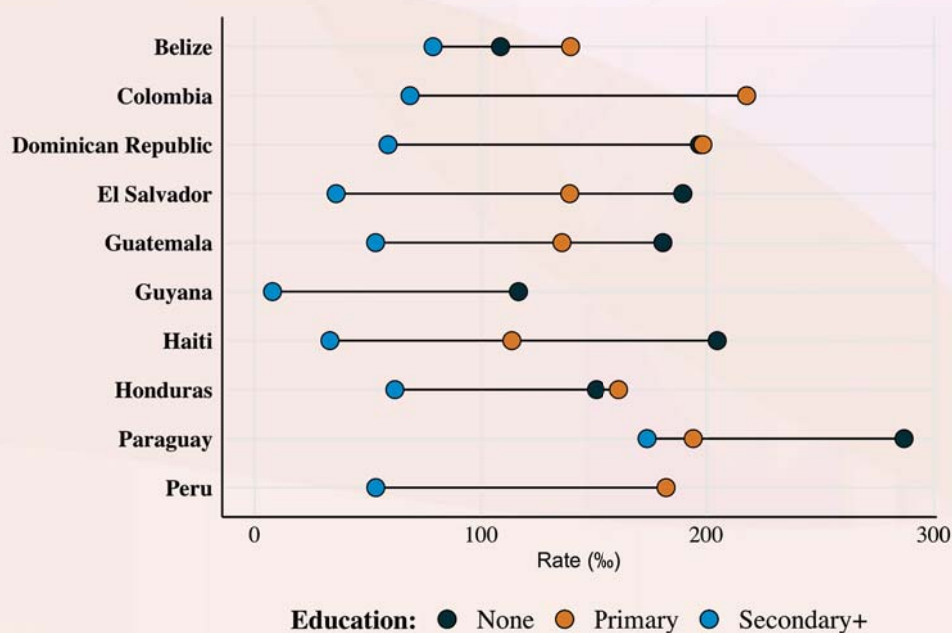
Figure 9:

Equiplot by wealth for family planning

Proportion of women of reproductive age (15–49 years) who are sexually active and who have their need for family planning satisfied with modern methods (i.e., oral contraceptives, intrauterine device, etc.)
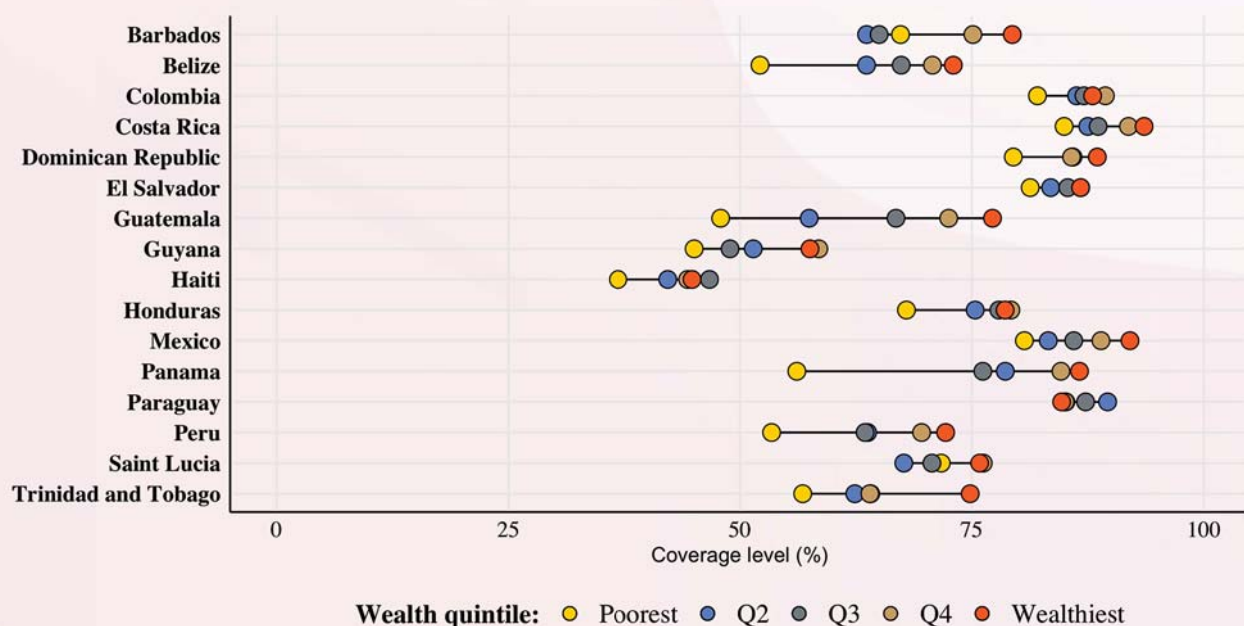
Figure 10:

Equiplot by place of residence for family planning

Proportion of women of reproductive age (15–49 years) who are sexually active and who have their need for family planning satisfied with modern methods (i.e., oral contraceptives, intrauterine device, etc.)

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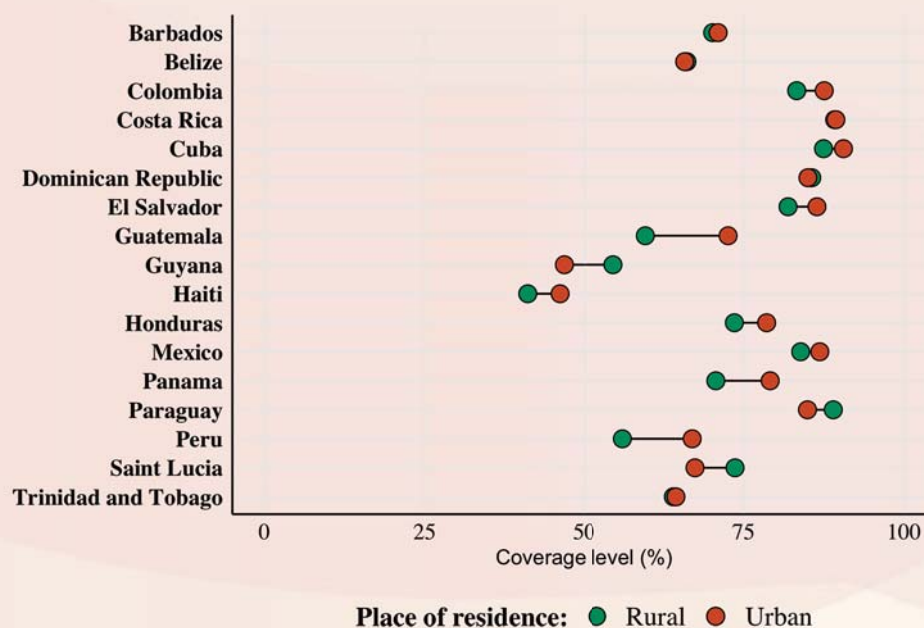
Figure 11:

Equiplot by subnational region for family planning

Proportion of women of reproductive age (15–49 years) who are sexually active and who have their need for family planning satisfied with modern methods (i.e., oral contraceptives, intrauterine device, etc.)
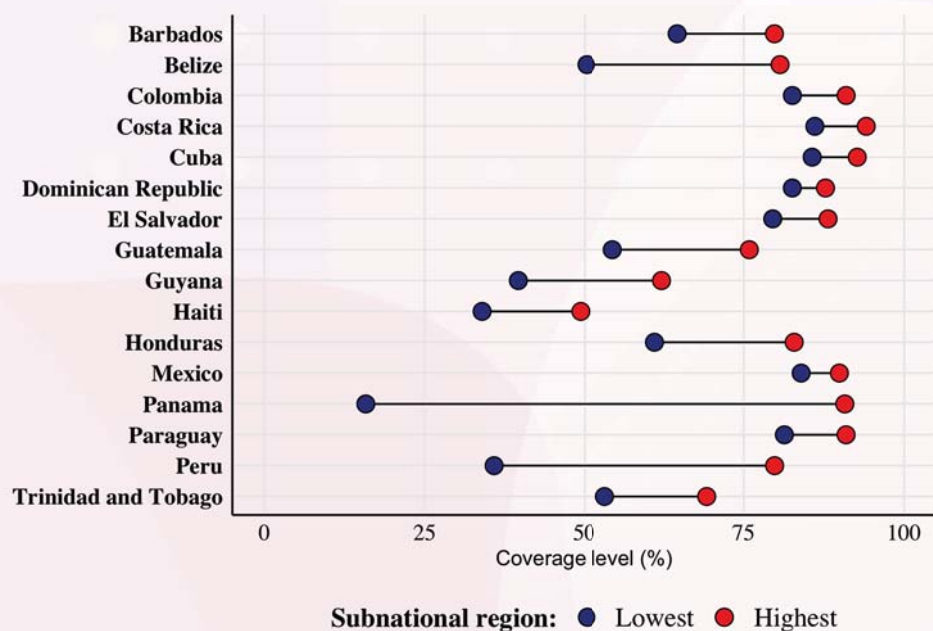
Figure 12:

Equiplot by women's education for family planning

Proportion of women of reproductive age (15–49 years) who are sexually active and who have their need for family planning satisfied with modern methods (i.e., oral contraceptives, intrauterine device, etc.)

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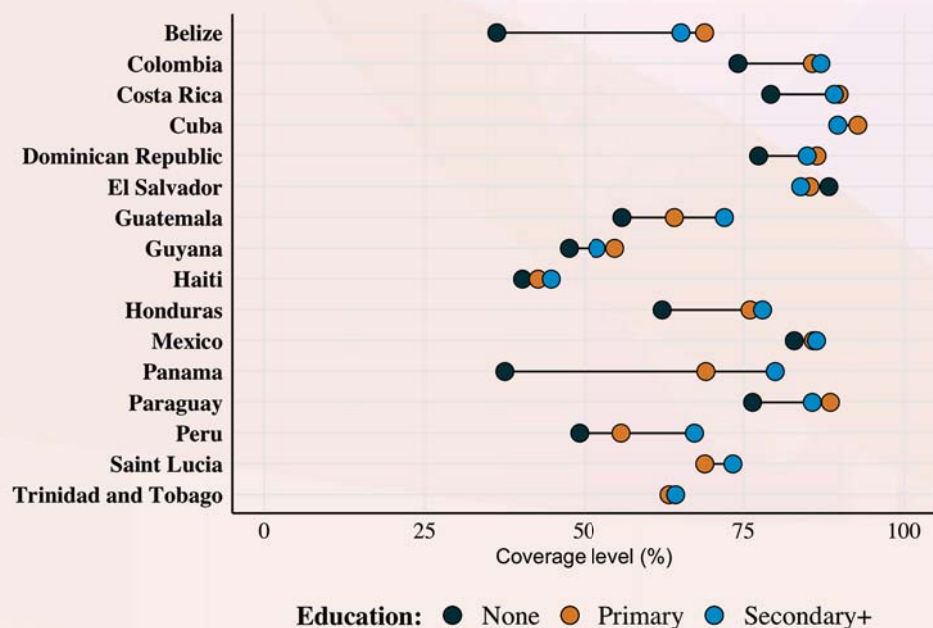
Figure 13:

Equiplot by age group for family planning

Proportion of women of reproductive age (15–49 years) who are sexually active and who have their need for family planning satisfied with modern methods (i.e., oral contraceptives, intrauterine device, etc.)
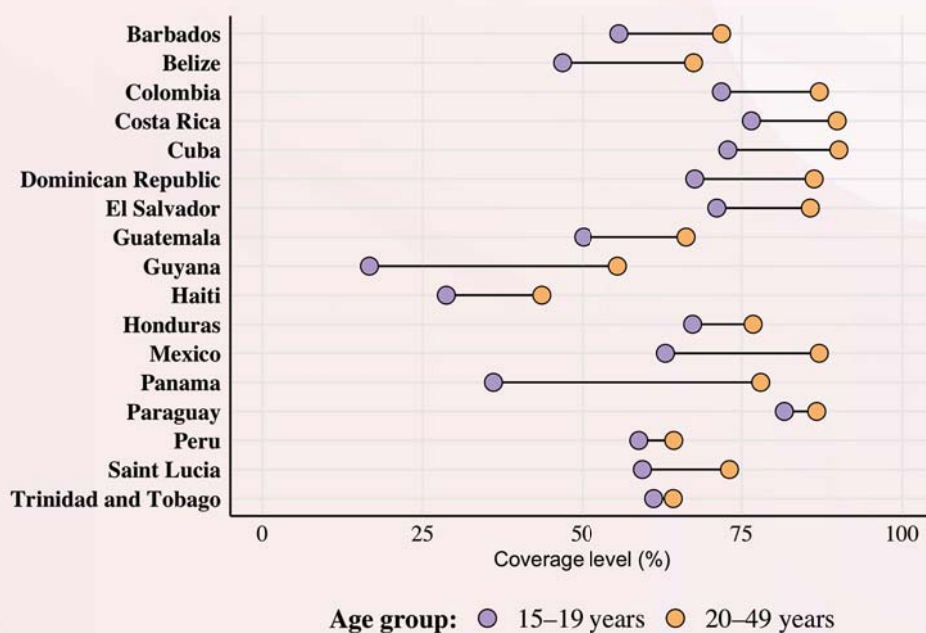
Figure 14:

National performance and SII for family planning

Proportion of women of reproductive age (15–49 years) who are sexually active and who have their need for family planning satisfied with modern methods (i.e., oral contraceptives, intrauterine device, etc.)

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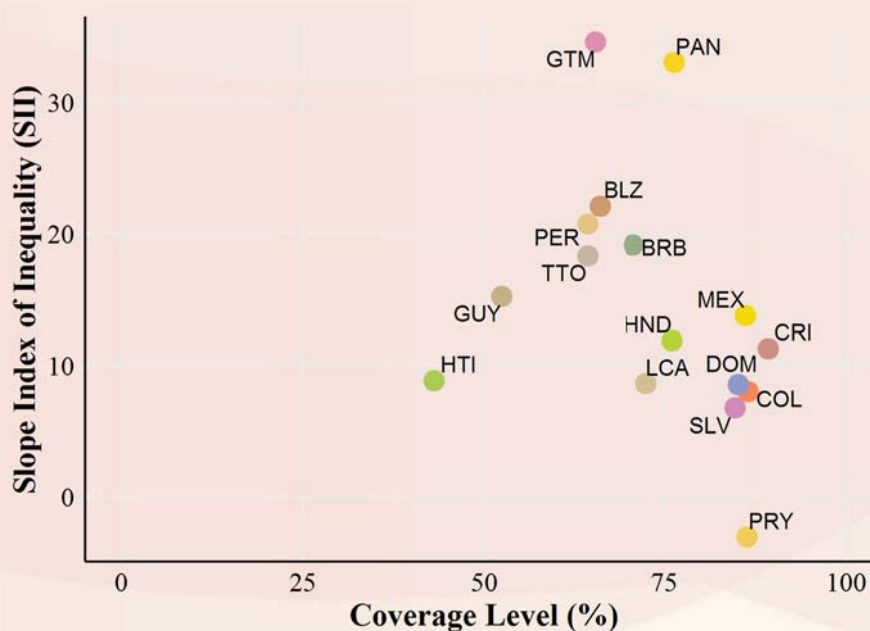
Figure 15:

Equiplot by wealth for antenatal care

Proportion of women of reproductive age (15–49 years) with a live birth in the past two (MICS) or three (DHS) years who had at least four or more antenatal care visits with a skilled provider
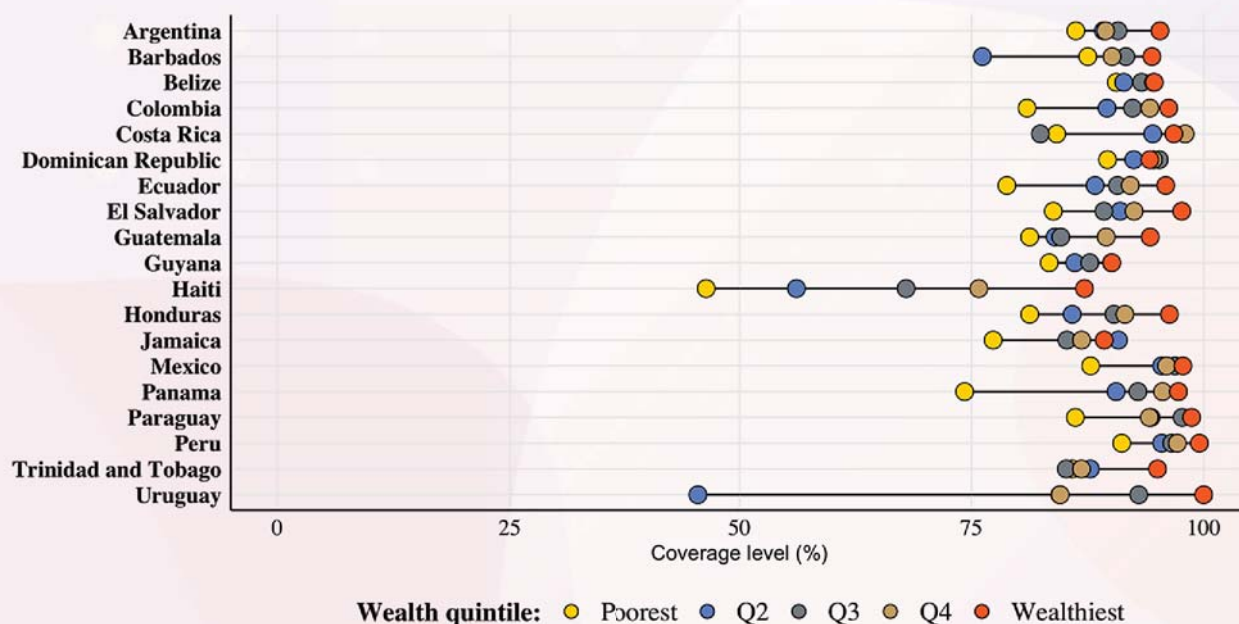
Figure 16:

Equiplot by place of residence for antenatal care

Proportion of women of reproductive age (15–49 years) with a live birth in the past two (MICS) or three (DHS) years who had at least four or more antenatal care visits with a skilled provider

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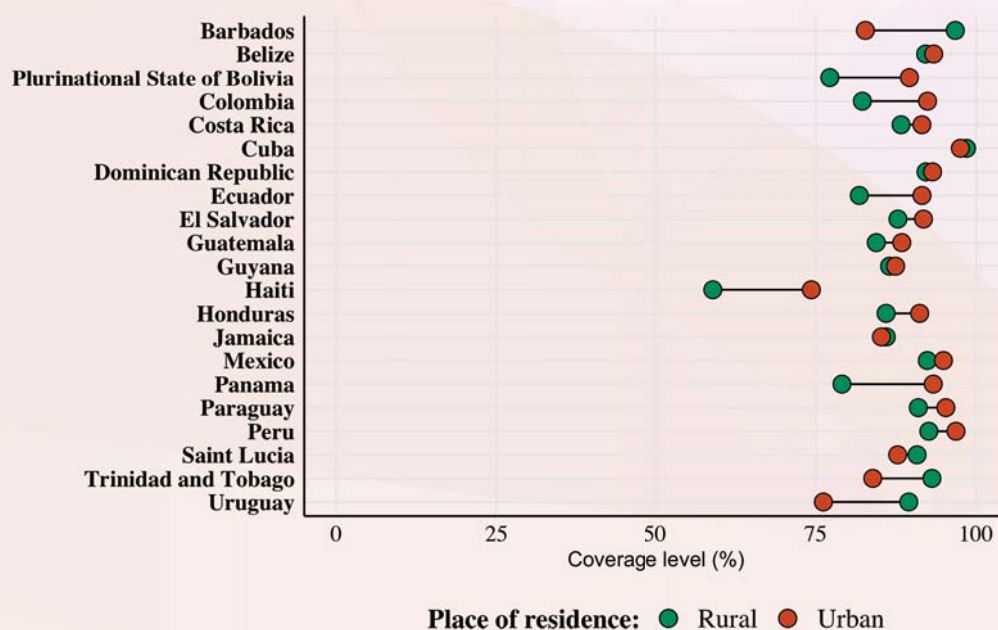
Figure 17:

Equiplot by subnational region for antenatal care

Proportion of women of reproductive age (15–49 years) with a live birth in the past two (MICS) or three (DHS) years who had at least four or more antenatal care visits with a skilled provider
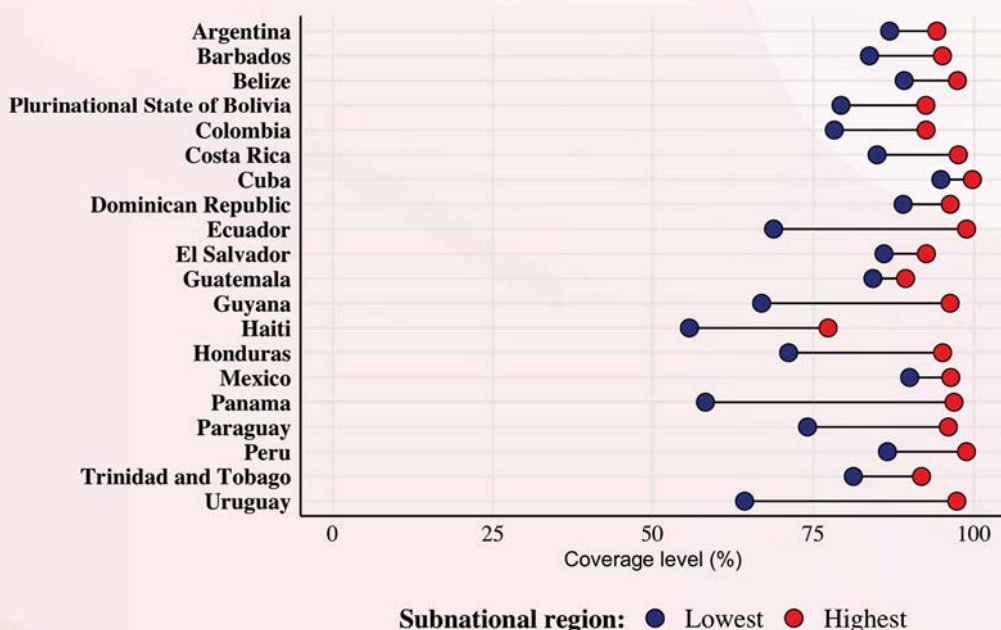
Figure 18:

Equiplot by women's education for antenatal care

Proportion of women of reproductive age (15–49 years) with a live birth in the past two (MICS) or three (DHS) years who had at least four or more antenatal care visits with a skilled provider
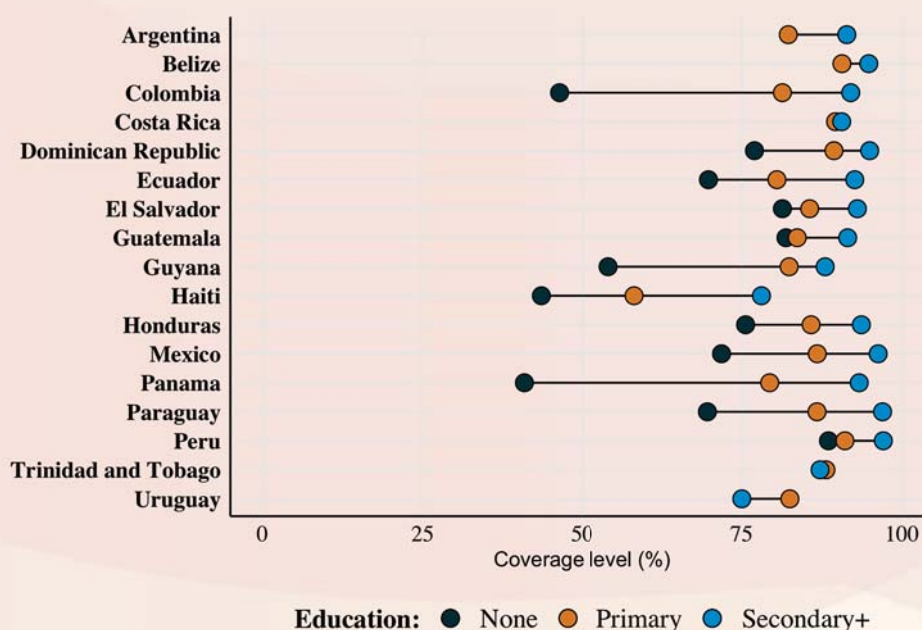
Figure 19:

Equiplot by age group for antenatal care

Proportion of women of reproductive age (15–49 years) with a live birth in the past two (MICS) or three (DHS) years who had at least four or more antenatal care visits with a skilled provider
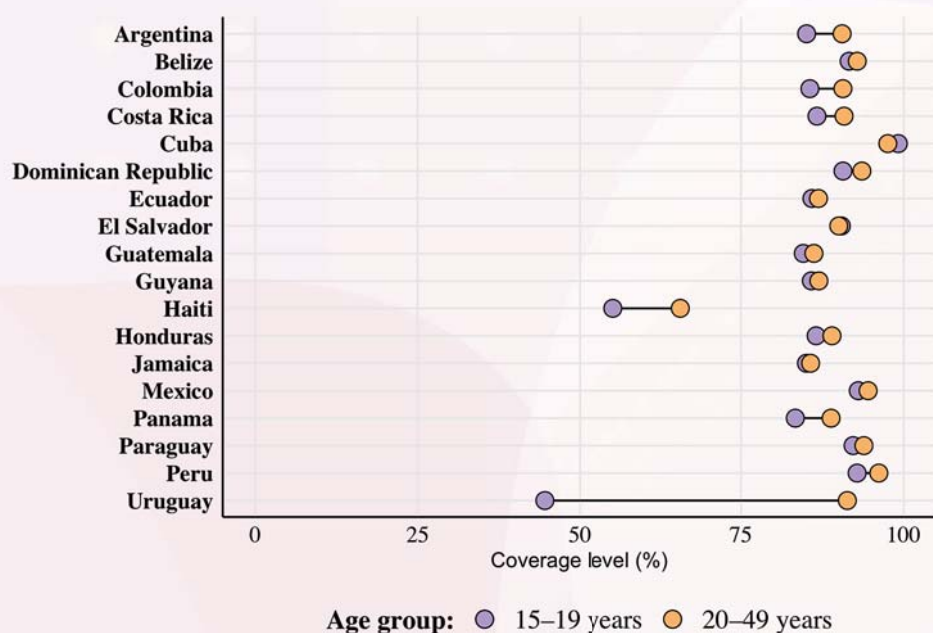
Figure 20:

National performance and SII for antenatal care

Proportion of women of reproductive age (15–49 years) with a live birth in the past two (MICS) or three (DHS) years who had at least four or more antenatal care visits with a skilled provider

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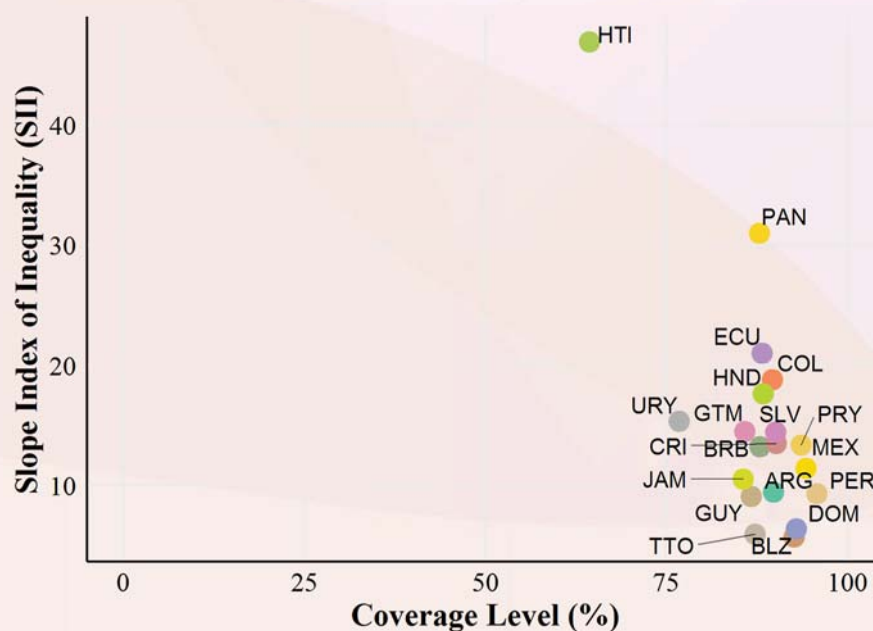
Figure 21:

Equiplot by wealth for antenatal care quality

Proportion of all pregnant women with at least one antenatal visit who had their blood pressure measured and who underwent blood and urine tests
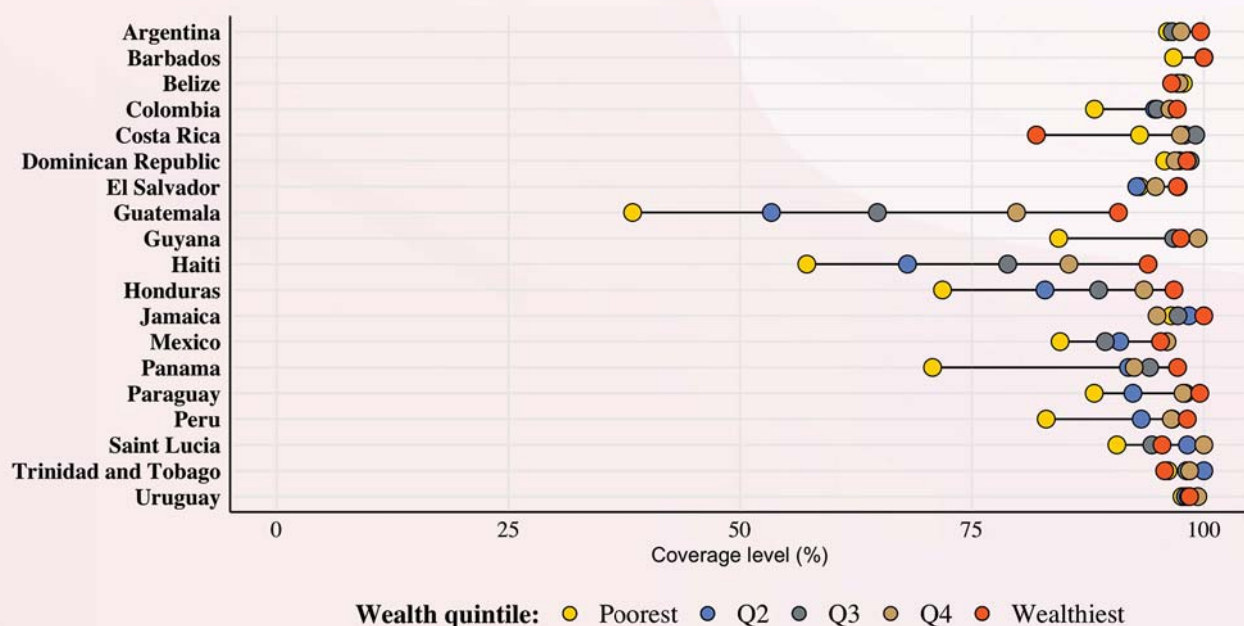
Figure 22:

Equiplot by place of residence for antenatal care quality

Proportion of all pregnant women with at least one antenatal visit who had their blood pressure measured and who underwent blood and urine tests

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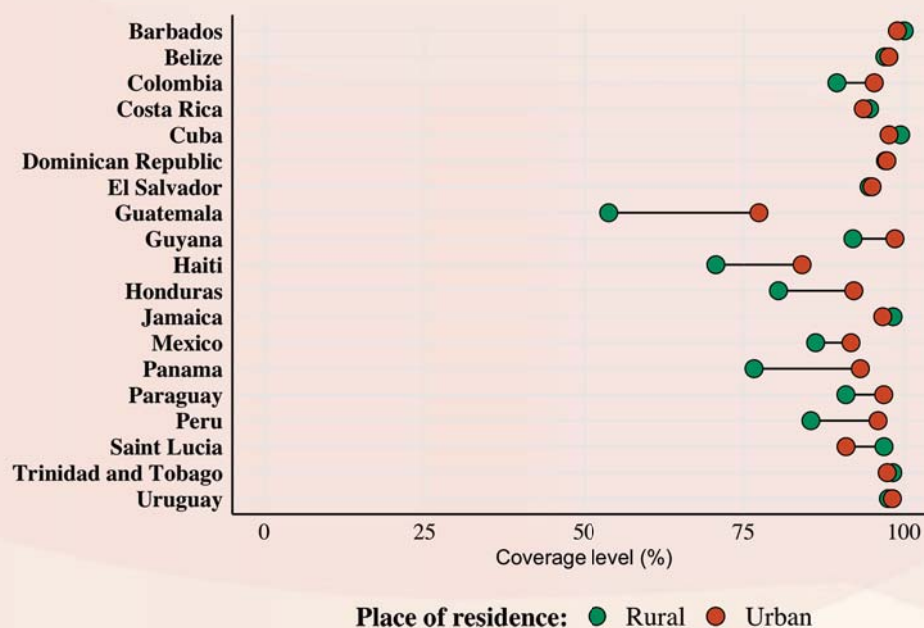
Figure 23:

Equiplot by subnational region for antenatal care quality

Proportion of all pregnant women with at least one antenatal visit who had their blood pressure measured and who underwent blood and urine tests
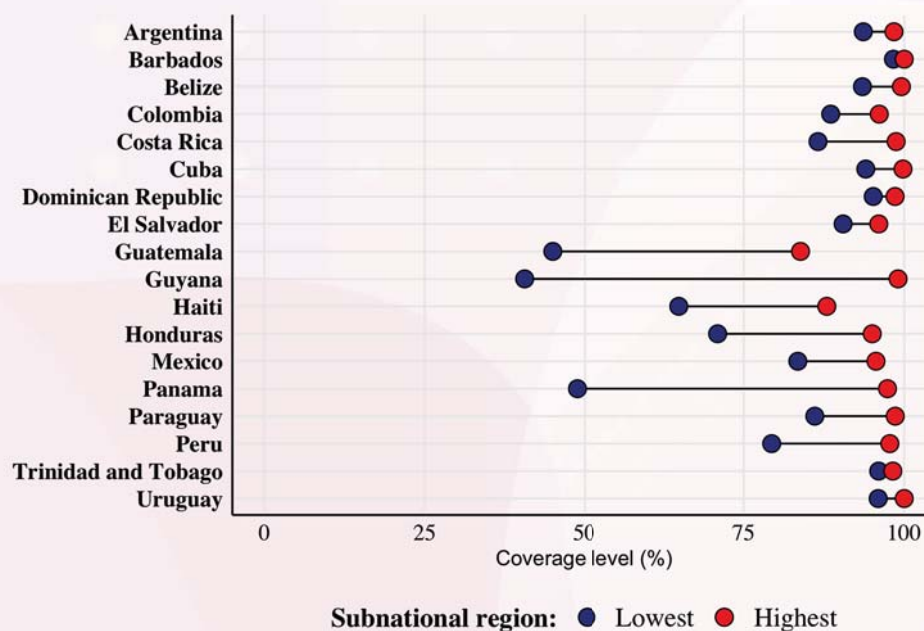
Figure 24:

Equiplot by women's education for antenatal care quality

Proportion of all pregnant women with at least one antenatal visit who had their blood pressure measured and who underwent blood and urine tests

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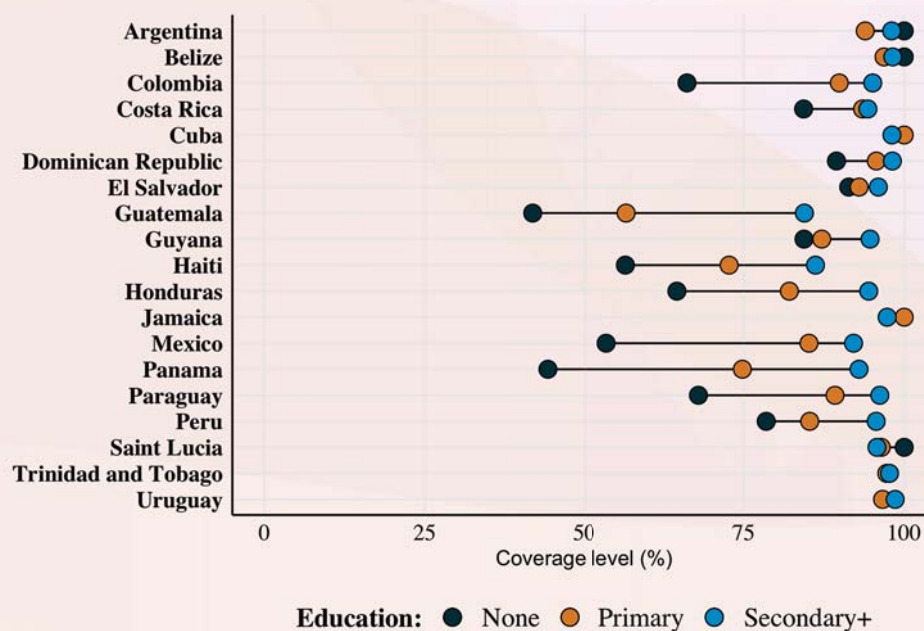
Figure 25:

Equiplot by age group for antenatal care quality

Proportion of all pregnant women with at least one antenatal visit who had their blood pressure measured and who underwent blood and urine tests
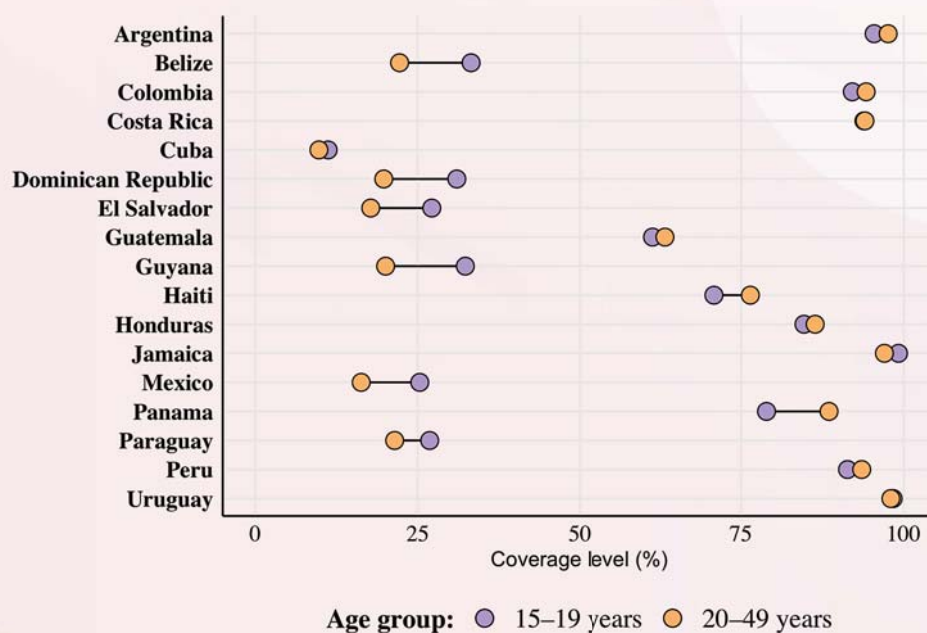
Figure 26:

National performance and SII for antenatal care quality

Proportion of all pregnant women with at least one antenatal visit who had their blood pressure measured and who underwent blood and urine tests

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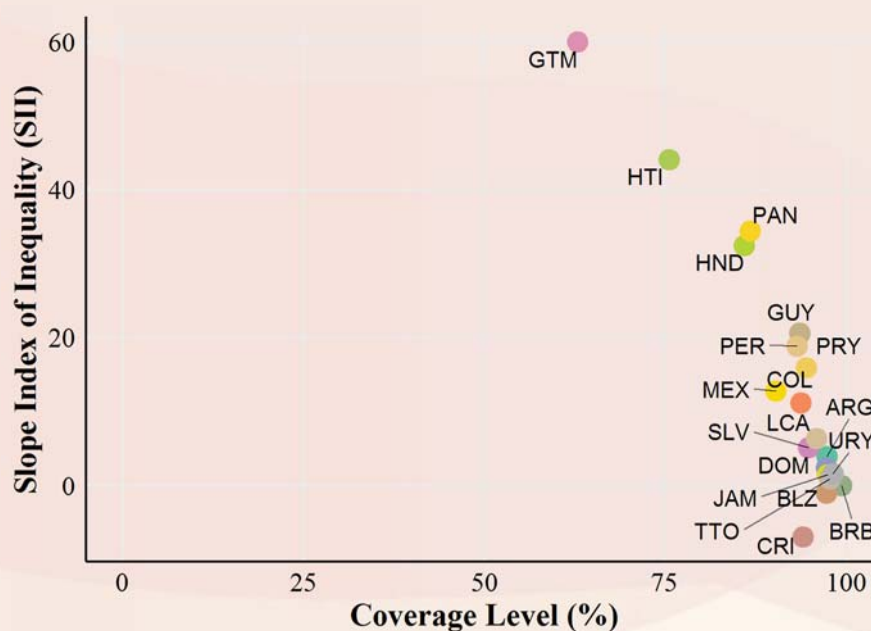
Figure 27:

Equiplot by wealth for skilled birth attendance

Proportion of births attended by skilled health personnel
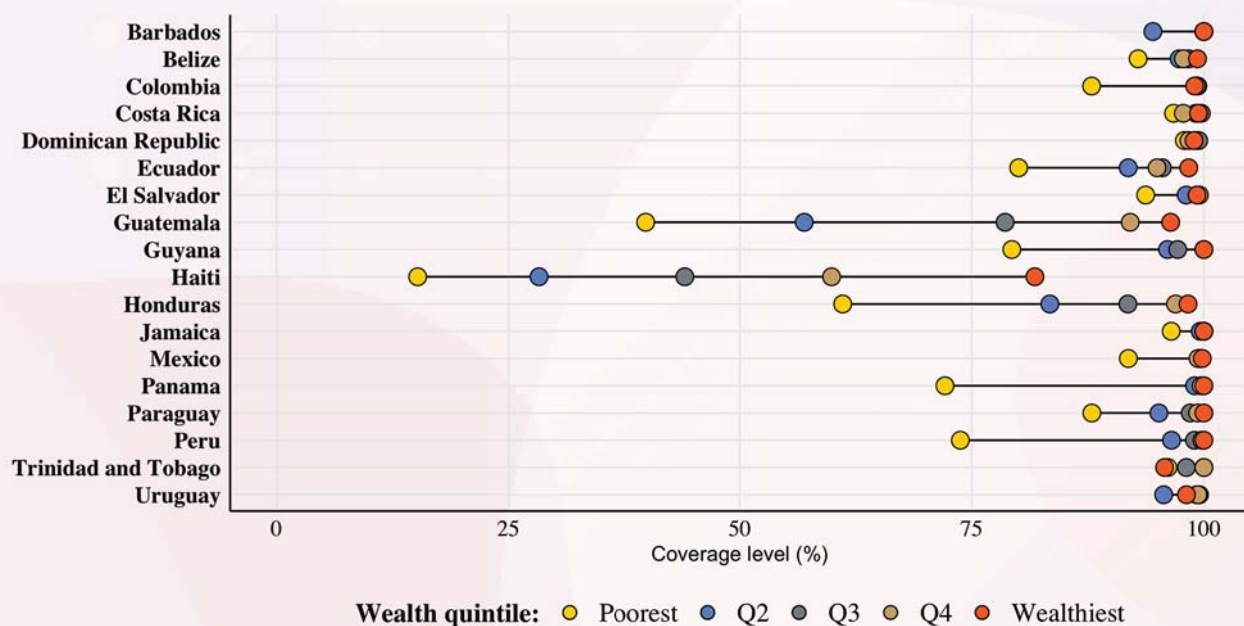
Figure 28:

Equiplot by place of residence for skilled birth attendance

Proportion of births attended by skilled health personnel

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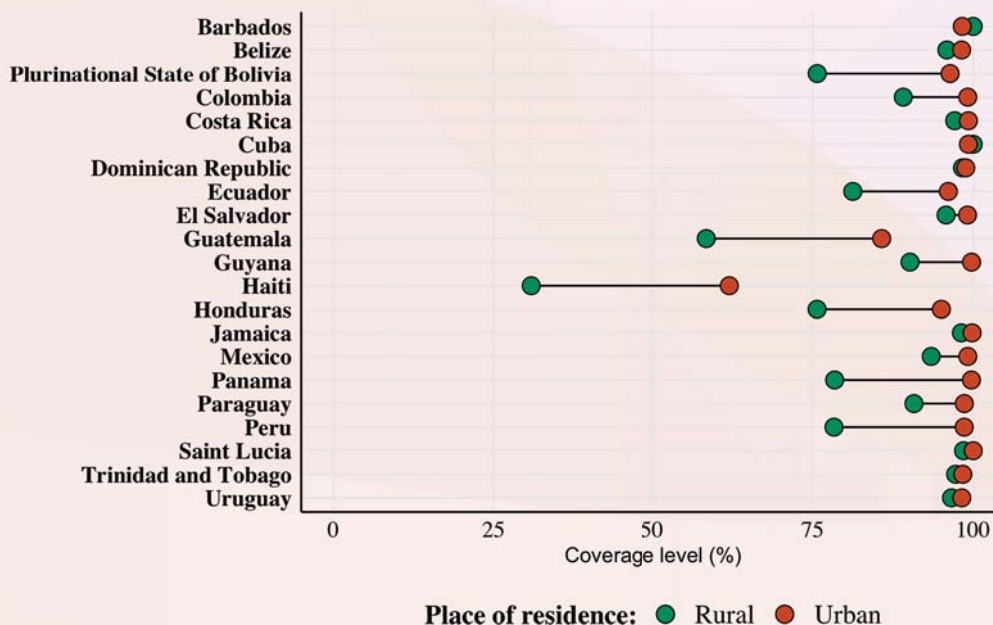
Figure 29:

Equiplot by subnational region for skilled birth attendance

Proportion of births attended by skilled health personnel
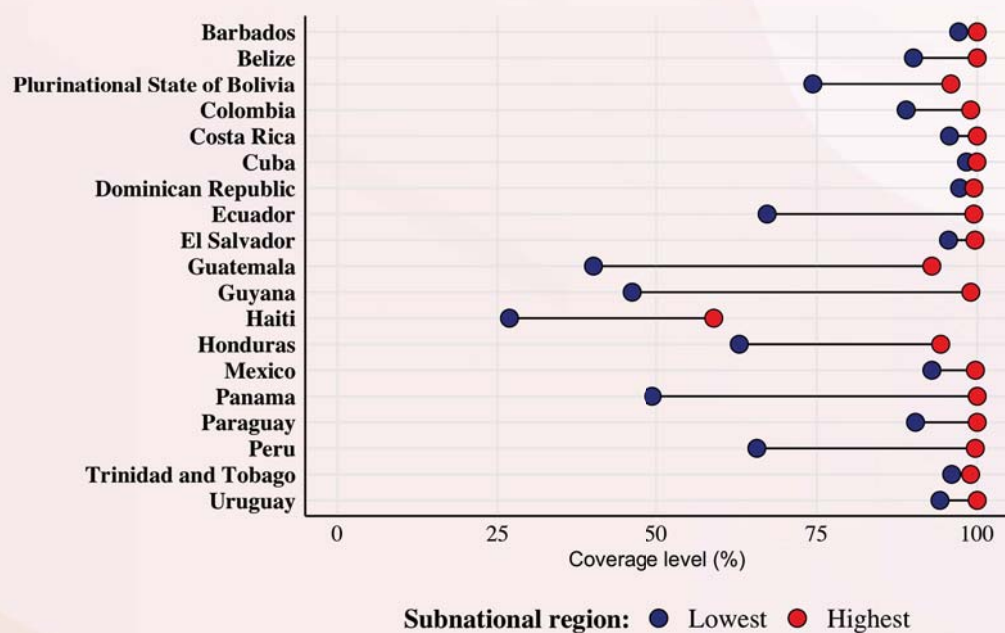
Figure 30:

Equiplot by women's education for skilled birth attendance

Proportion of births attended by skilled health personnel
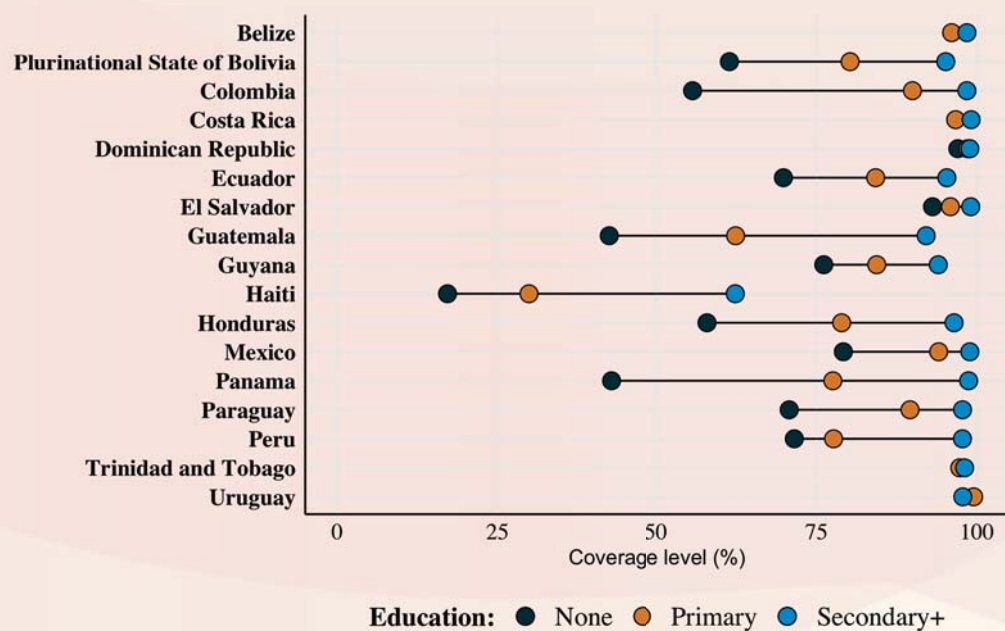
Figure 31:

Equiplot by age group for skilled birth attendance

Proportion of births attended by skilled health personnel
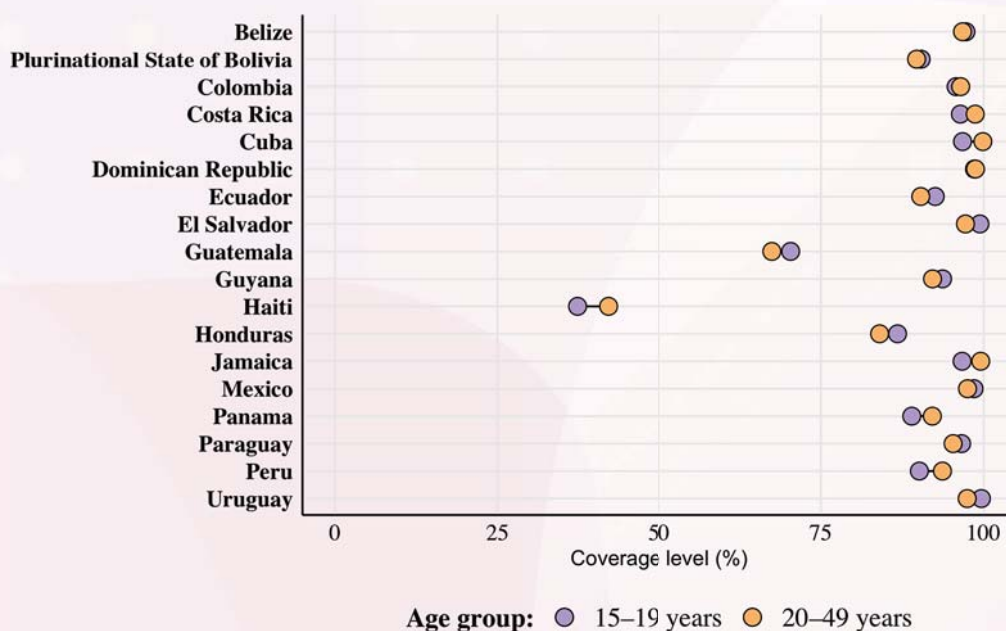
Figure 32:

National performance and SII for skilled birth attendance

Proportion of births attended by skilled health personnel
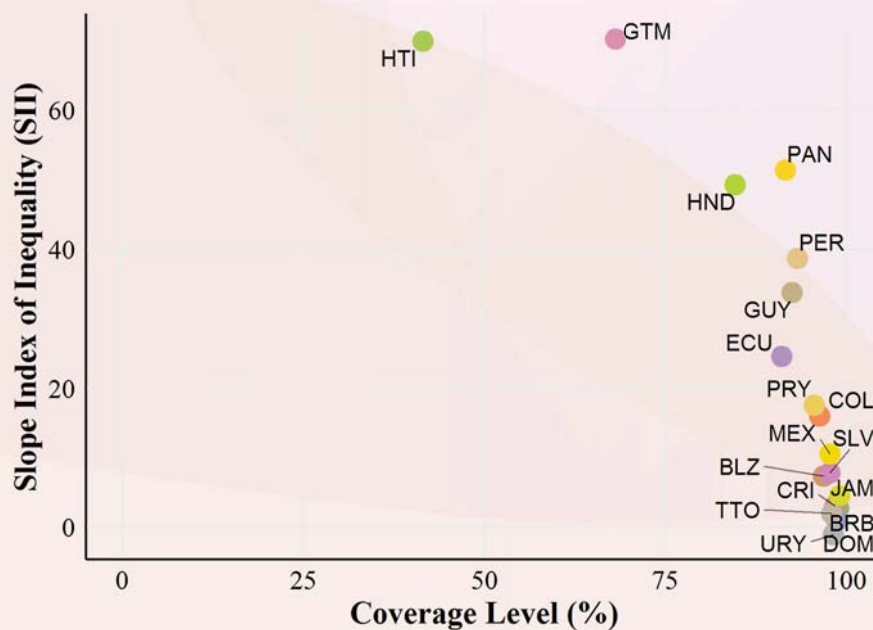
Figure 33:

Equiplot by wealth for postnatal care for the mother

Proportion of women of reproductive age (15–49 years) who received a postnatal checkup within two days of their last delivery
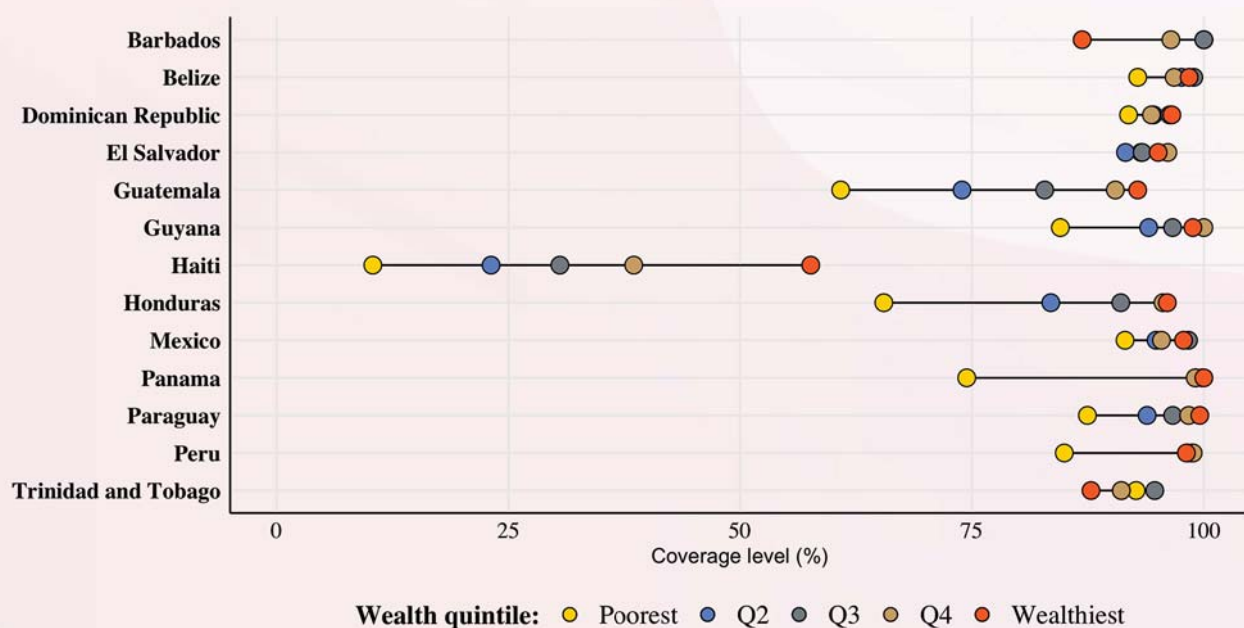
Figure 34:

Equiplot by place of residence for postnatal care for the mother

Proportion of women of reproductive age (15–49 years) who received a postnatal checkup within two days of their last delivery

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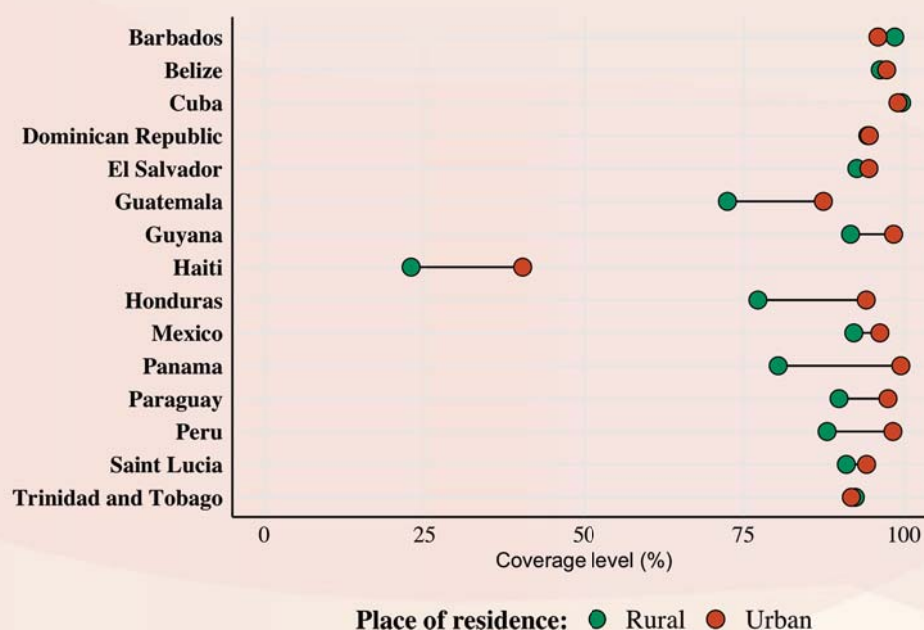
Figure 35:

Equiplot by subnational region for postnatal care for the mother

Proportion of women of reproductive age (15–49 years) who received a postnatal checkup within two days of their last delivery
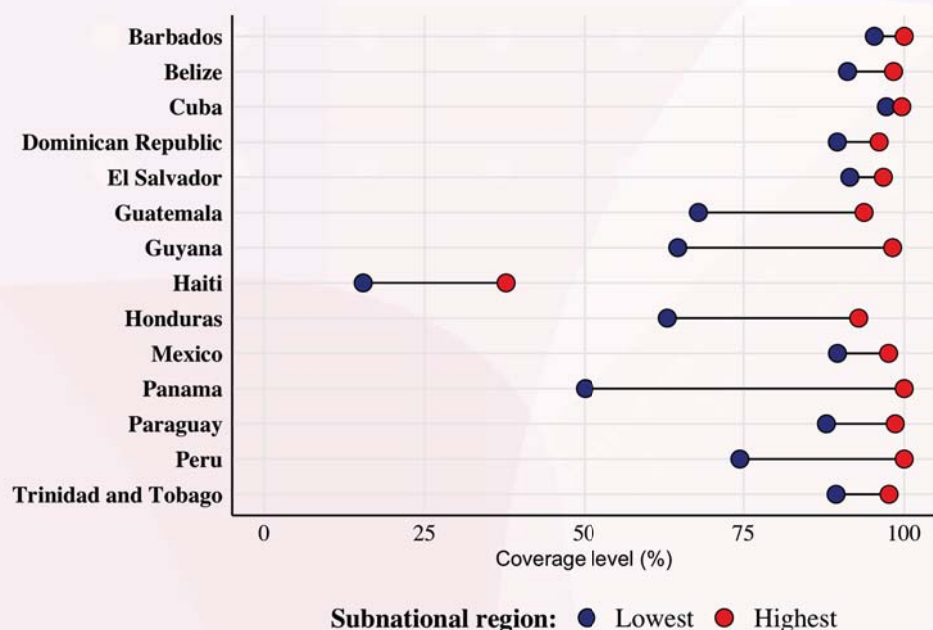
Figure 36:

Equiplot by women's education for postnatal care for the mother

Proportion of women of reproductive age (15–49 years) who received a postnatal checkup within two days of their last delivery

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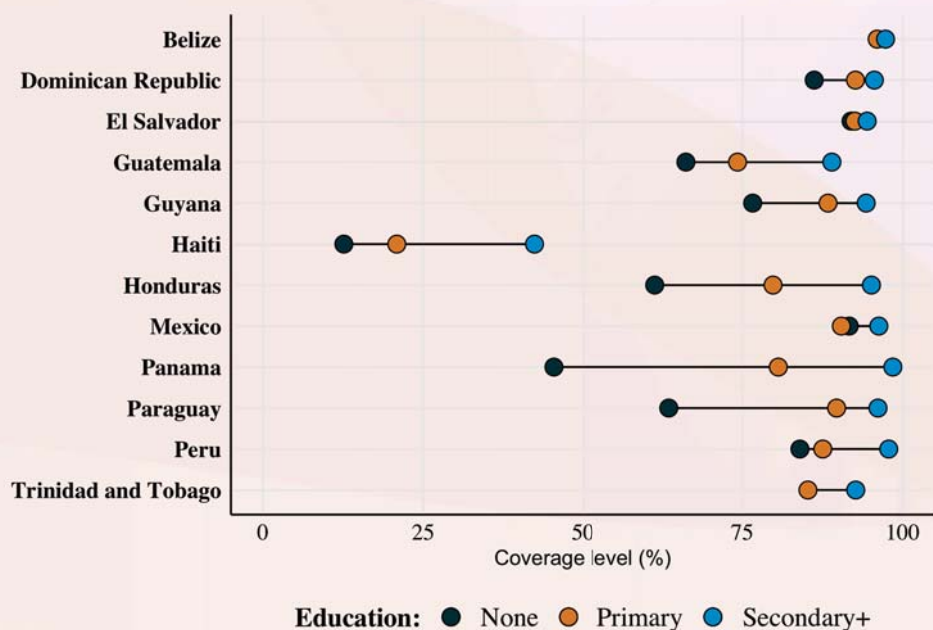
Figure 37:

National performance and SII for postnatal care for the mother

Proportion of women of reproductive age (15–49 years) who received a postnatal checkup within two days of their last delivery
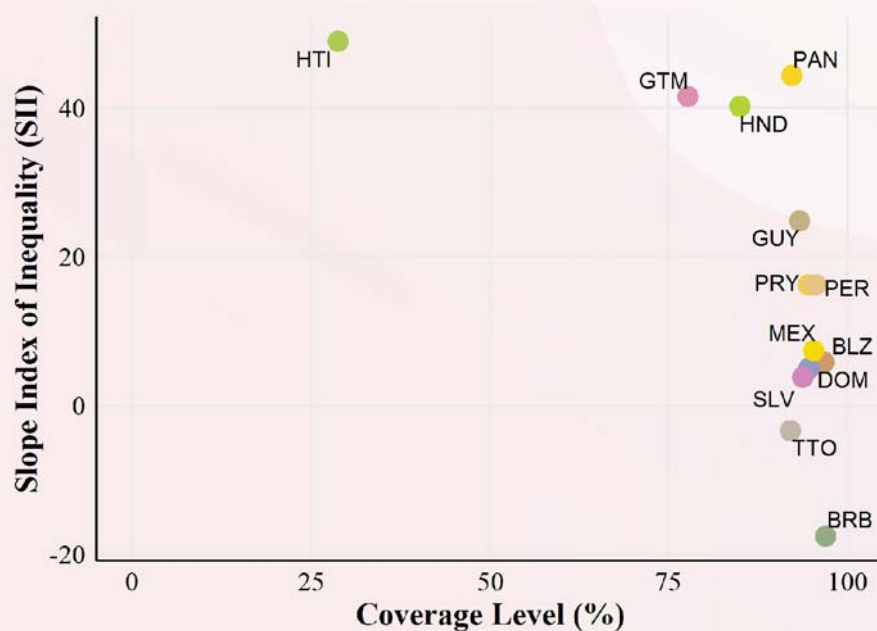
Figure 38:

Equiplot by wealth for postnatal care for the baby

Proportion of last-born infants of women of reproductive age (15–49 years) who received a postnatal checkup within two days of birth

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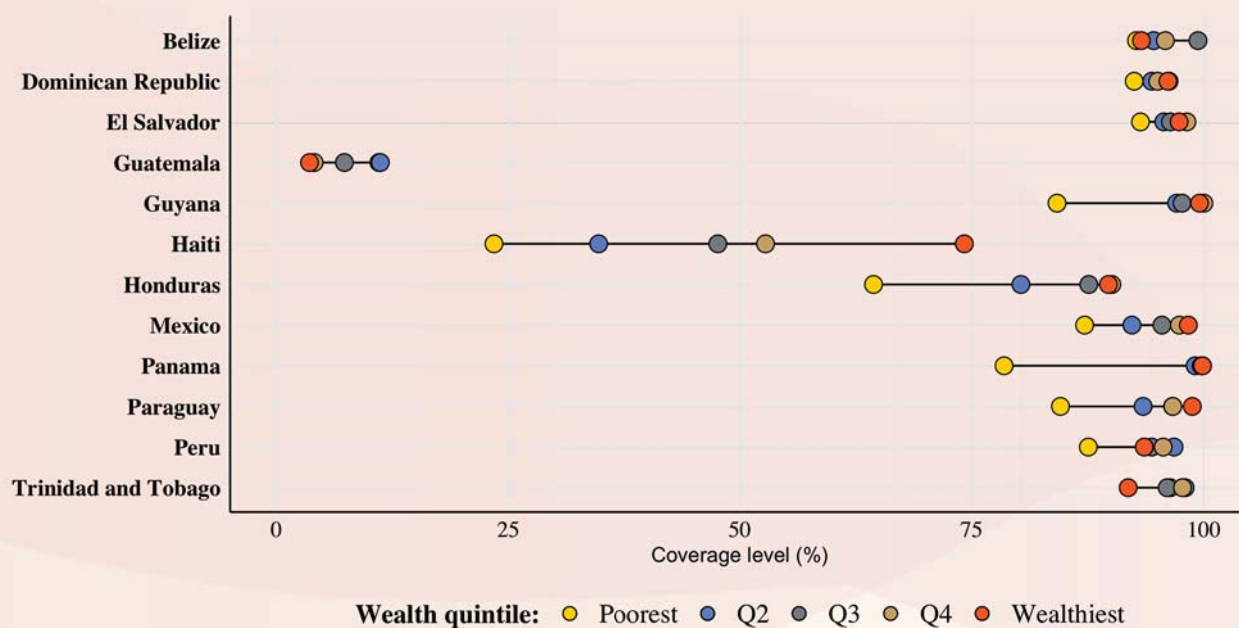
Figure 39:

Equiplot by place of residence for postnatal care for the baby

Proportion of last-born infants of women of reproductive age (15–49 years) who received a postnatal checkup within two days of birth
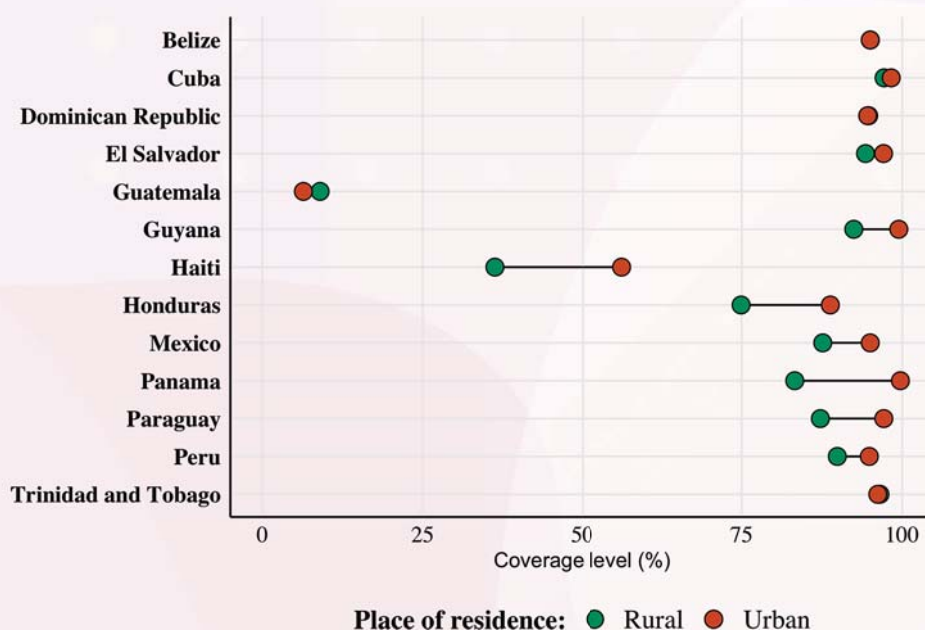
Figure 40:

Equiplot by subnational region for postnatal care for the baby

Proportion of last-born infants of women of reproductive age (15–49 years) who received a postnatal checkup within two days of birth

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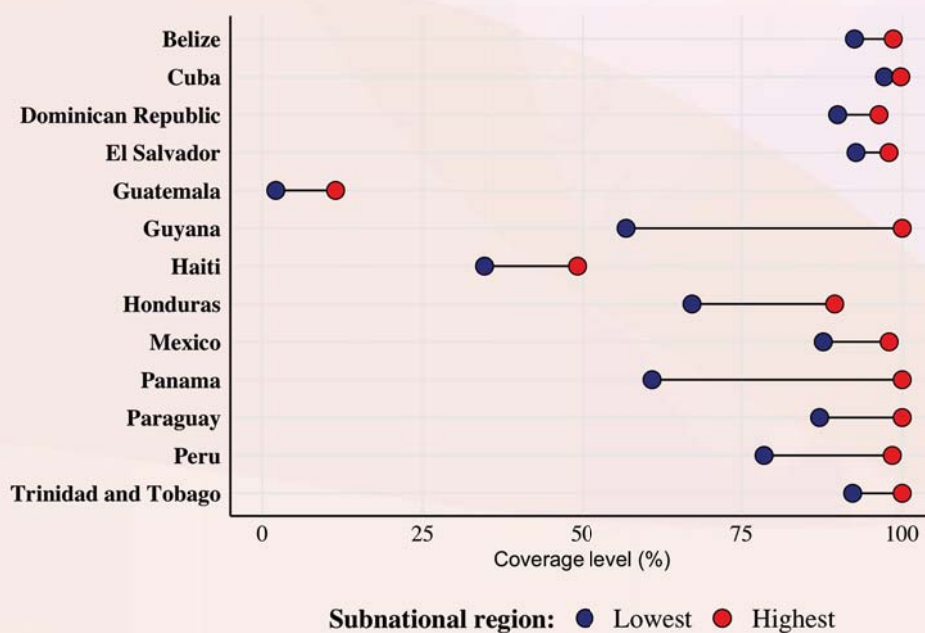
Figure 41:

Equiplot by sex of child for postnatal care for the baby

Proportion of last-born infants of women of reproductive age (15–49 years) who received a postnatal checkup within two days of birth
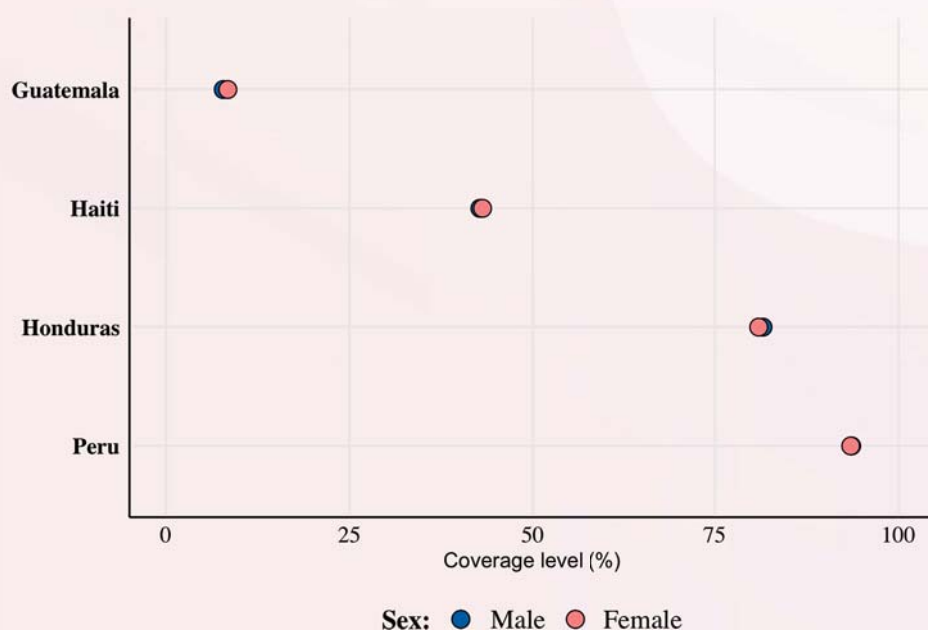
Figure 42:

Equiplot by women's education for postnatal care for the baby

Proportion of last-born infants of women of reproductive age (15–49 years) who received a postnatal checkup within two days of birth

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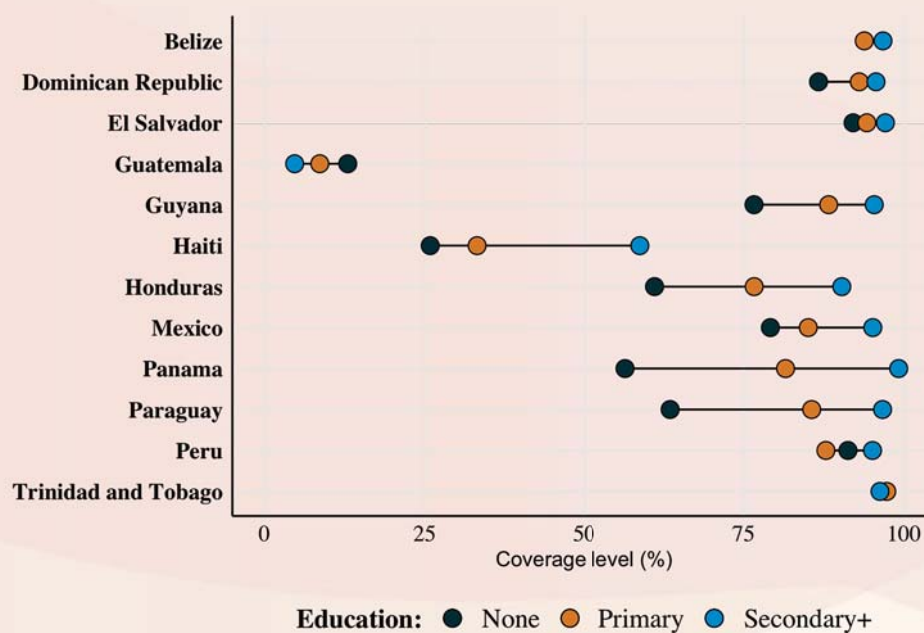
Figure 43:

National performance and SII for postnatal care for the baby

Proportion of last-born infants of women of reproductive age (15–49 years) who received a postnatal checkup within two days of birth
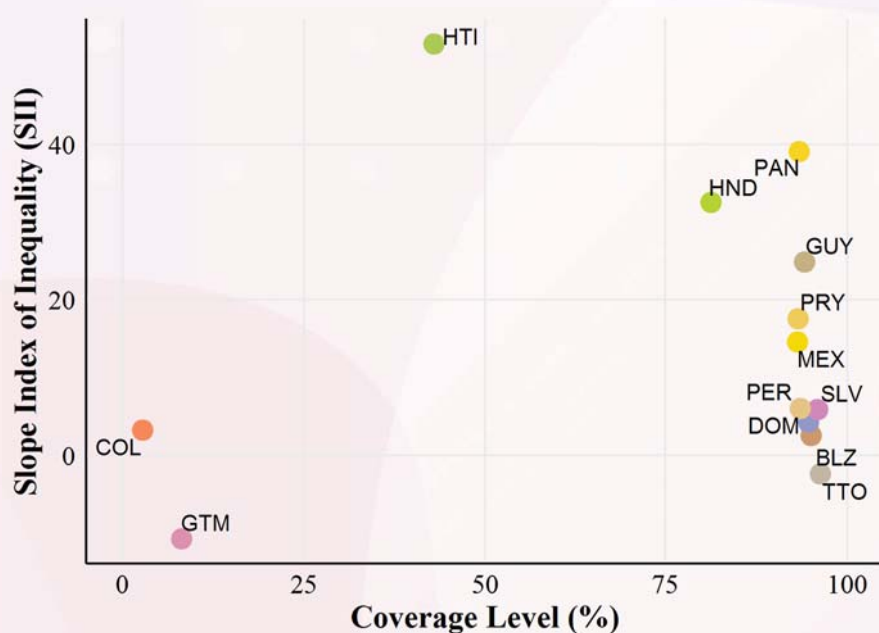
Figure 44:

Equiplot by wealth for neonatal mortality

Number of deaths in children aged 0 to 30 days per 1,000 live births during the specified time period

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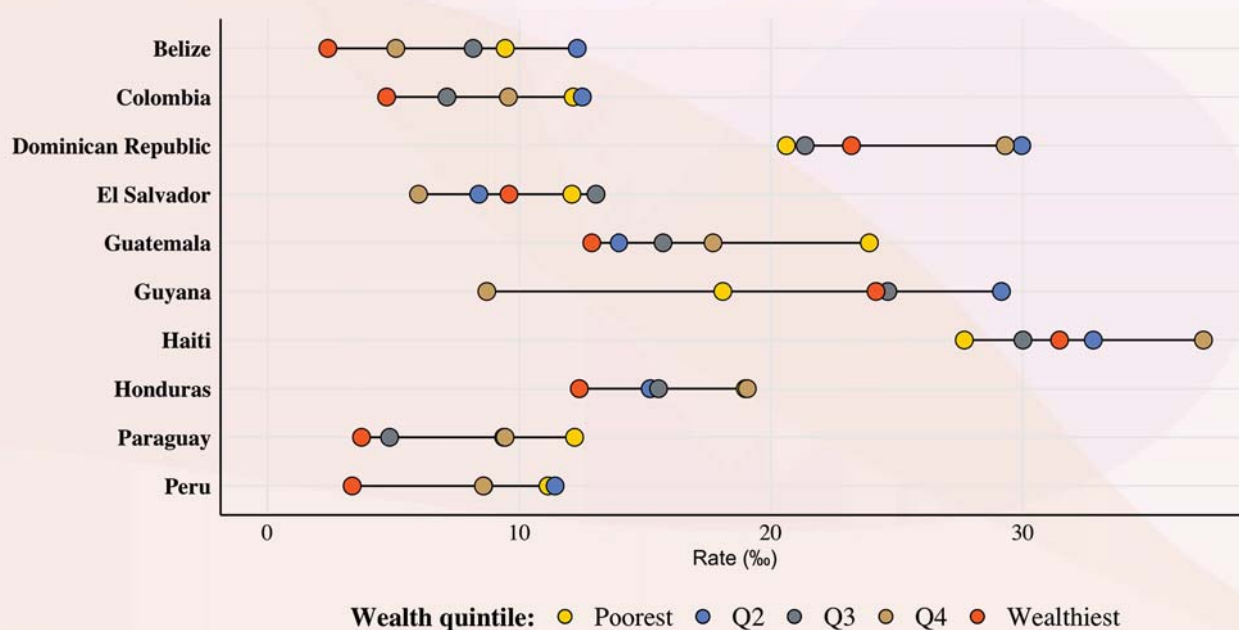
Figure 45:

Equiplot by place of residence for neonatal mortality

Number of deaths in children aged 0 to 30 days per 1,000 live births during the specified time period
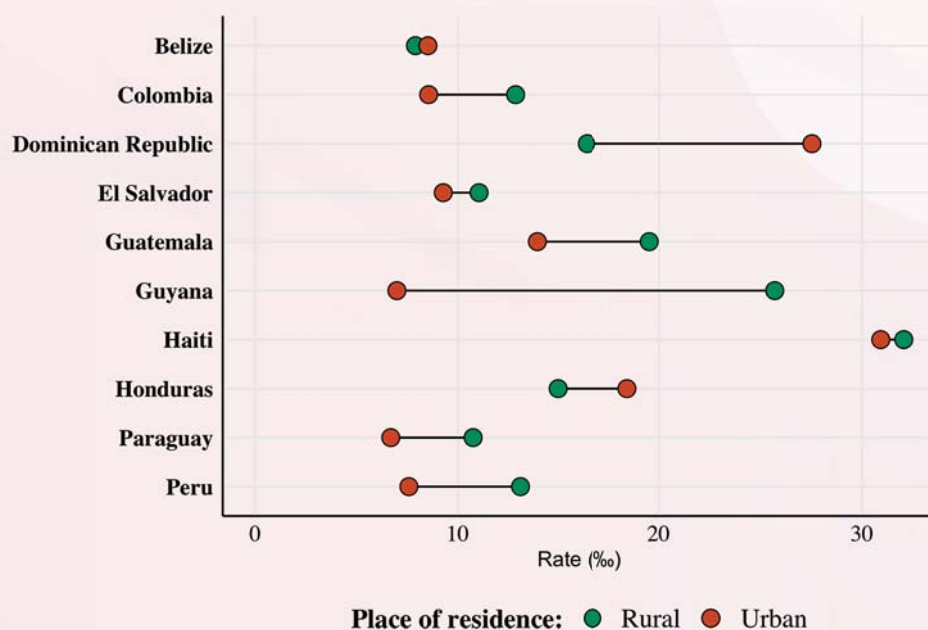
Figure 46:

Equiplot by subnational region for neonatal mortality

Number of deaths in children aged 0 to 30 days per 1,000 live births during the specified time period

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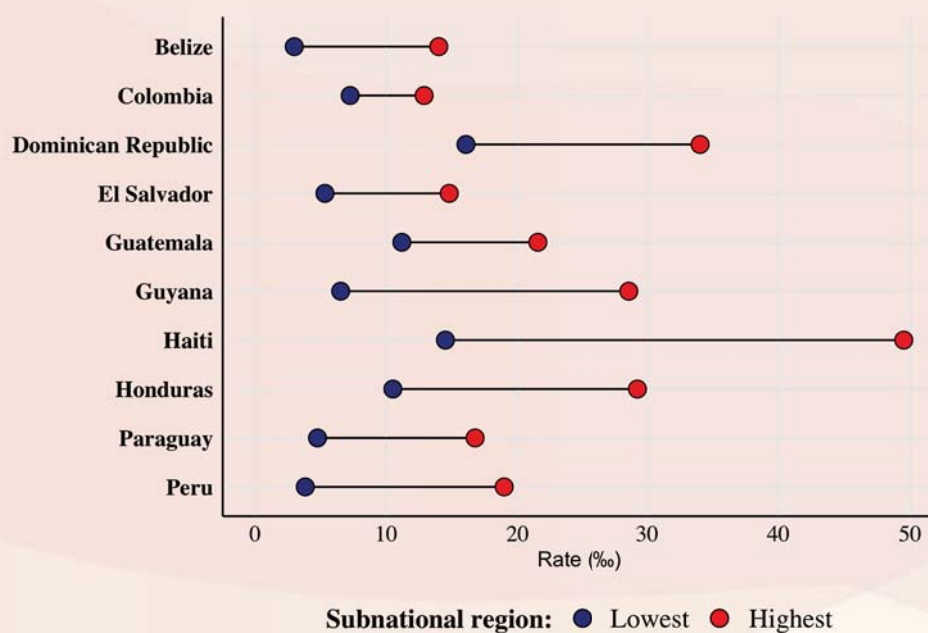
Figure 47:

Equiplot by women's education for neonatal mortality

Number of deaths in children aged 0 to 30 days per 1,000 live births during the specified time period
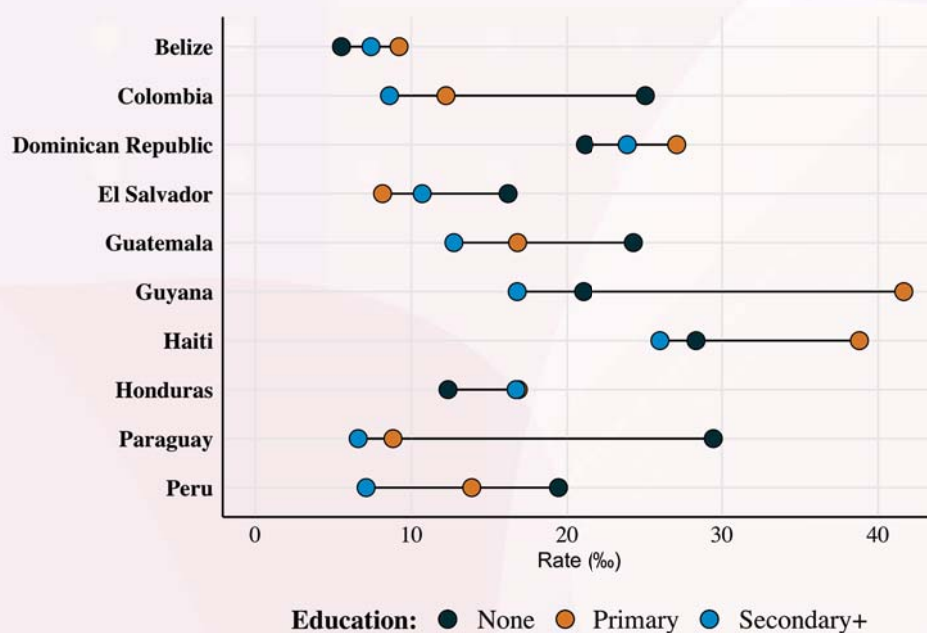
Figure 48:

Equiplot by sex of child for neonatal mortality

Number of deaths in children aged 0 to 30 days per 1,000 live births during the specified time period

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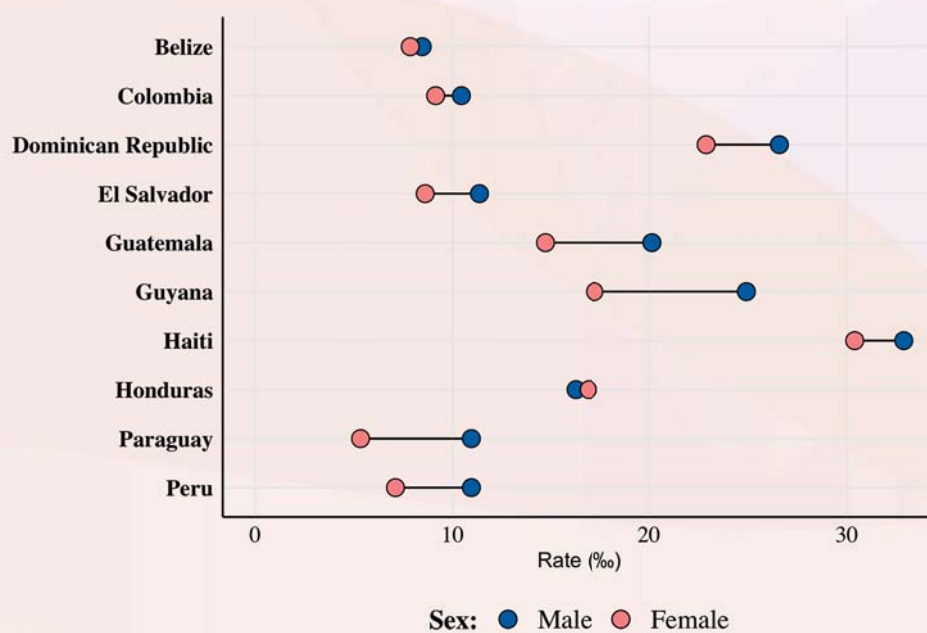
Figure 49:

Equiplot by wealth for infant mortality

Number of deaths in children less than 1 year old per 1,000 live births during the specified time period
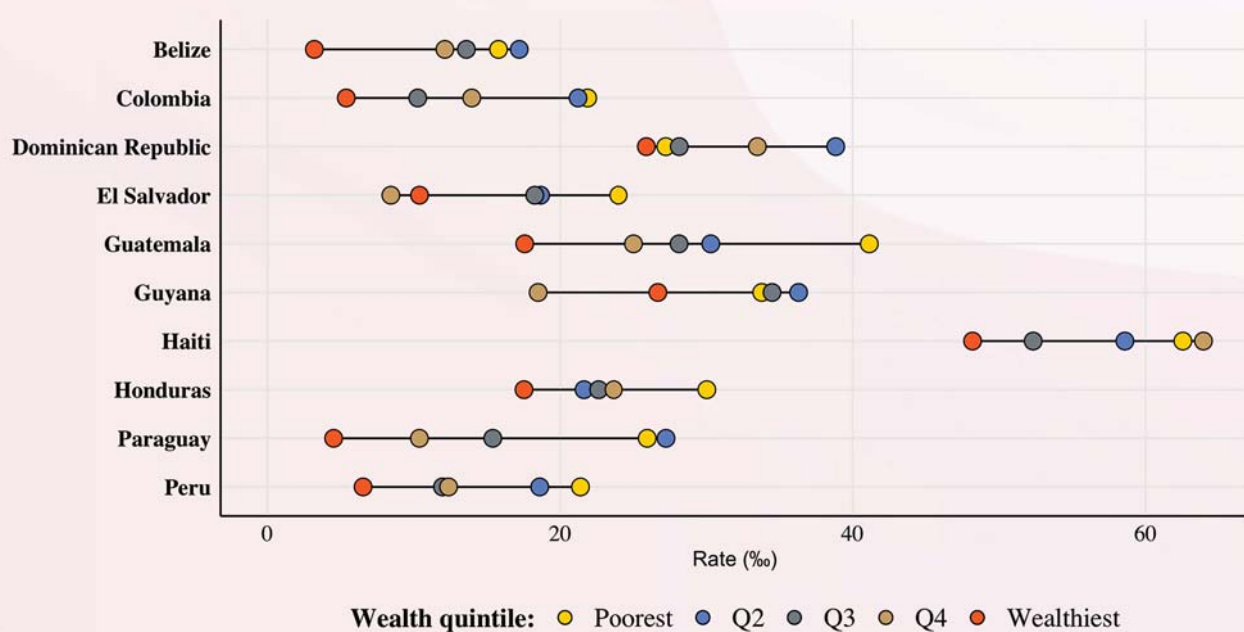
Figure 50:

Equiplot by place of residence for infant mortality

Number of deaths in children less than 1 year old per 1,000 live births during the specified time period

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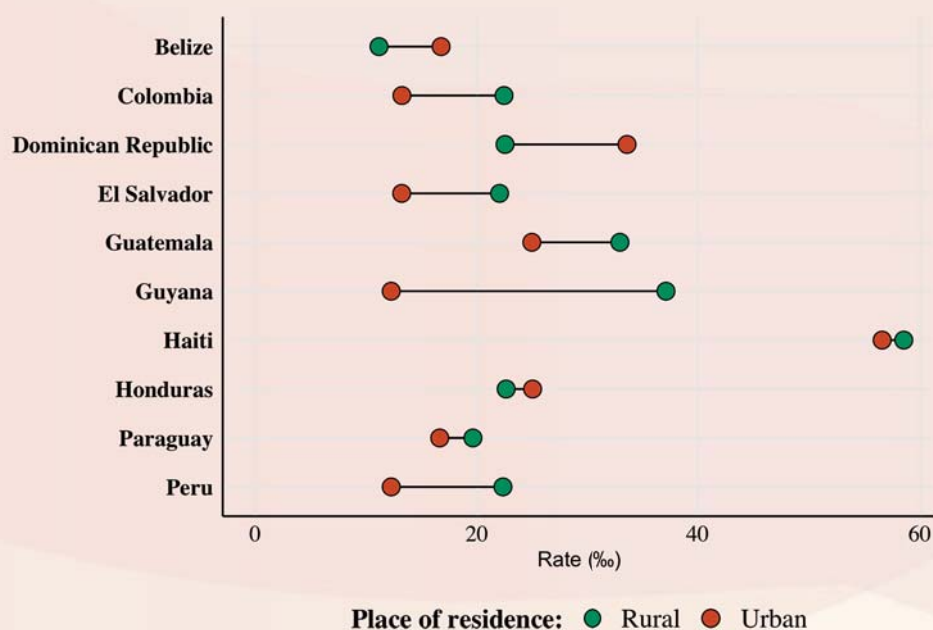
Figure 51:

Equiplot by subnational region for infant mortality

Number of deaths in children less than 1 year old per 1,000 live births during the specified time period
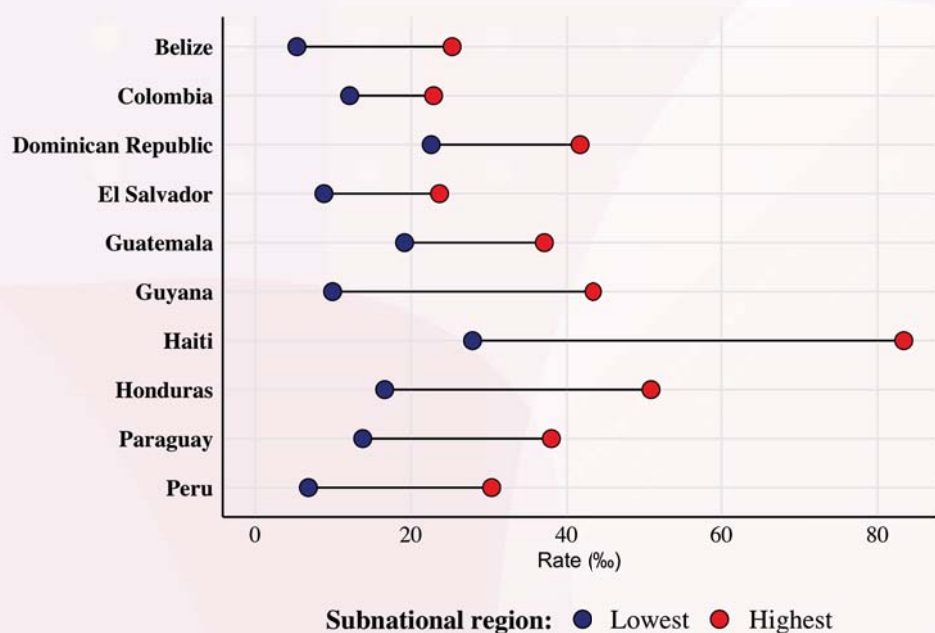
Figure 52:

Equiplot by sex of child for infant mortality

Number of deaths in children less than 1 year old per 1,000 live births during the specified time period

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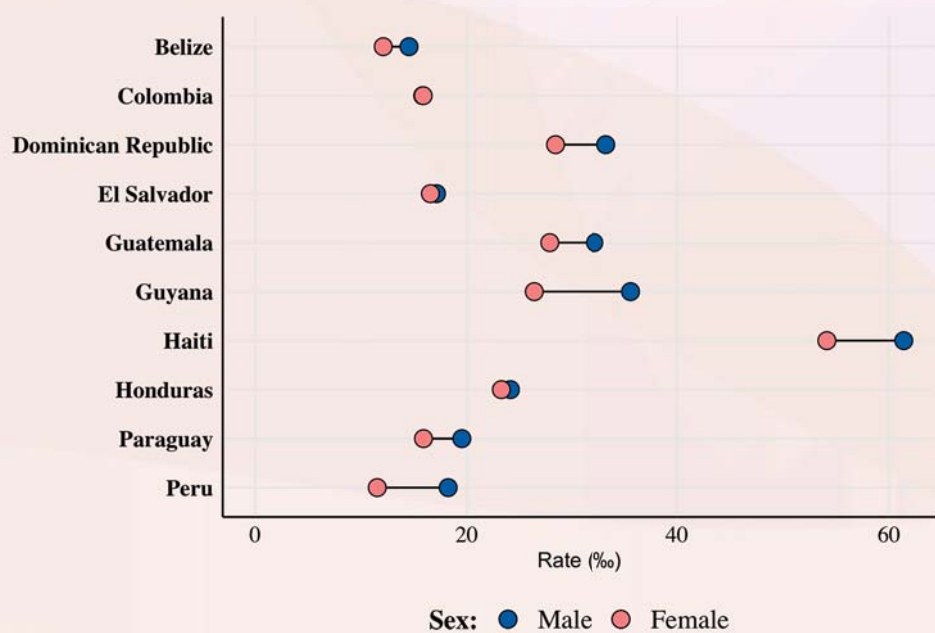
Figure 53:

Equiplot by women's education for infant mortality

Number of deaths in children less than 1 year old per 1,000 live births during the specified time period
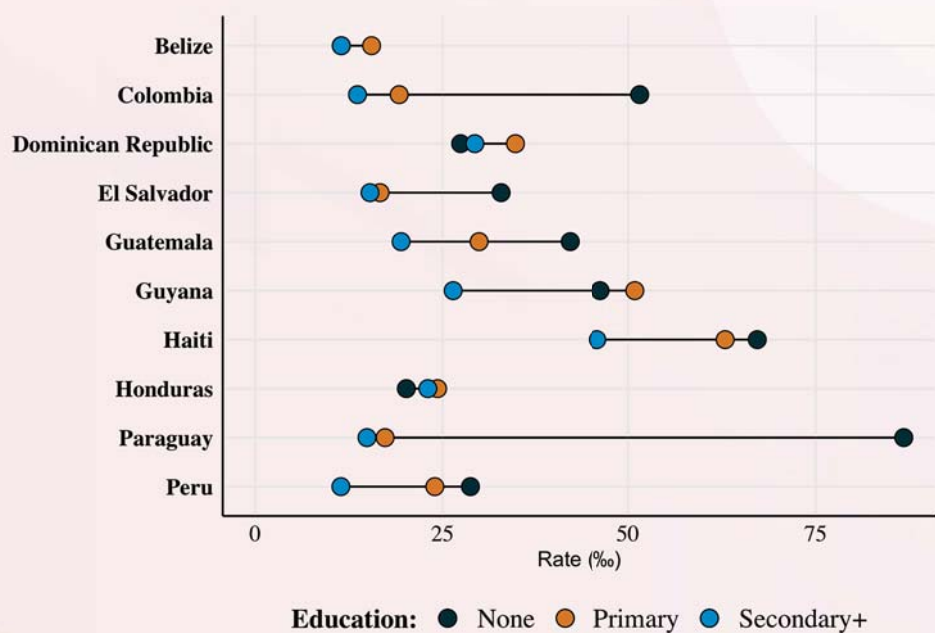
Figure 54:

National performance and SII for infant mortality

Number of deaths in children less than 1 year old per 1,000 live births during the specified time period

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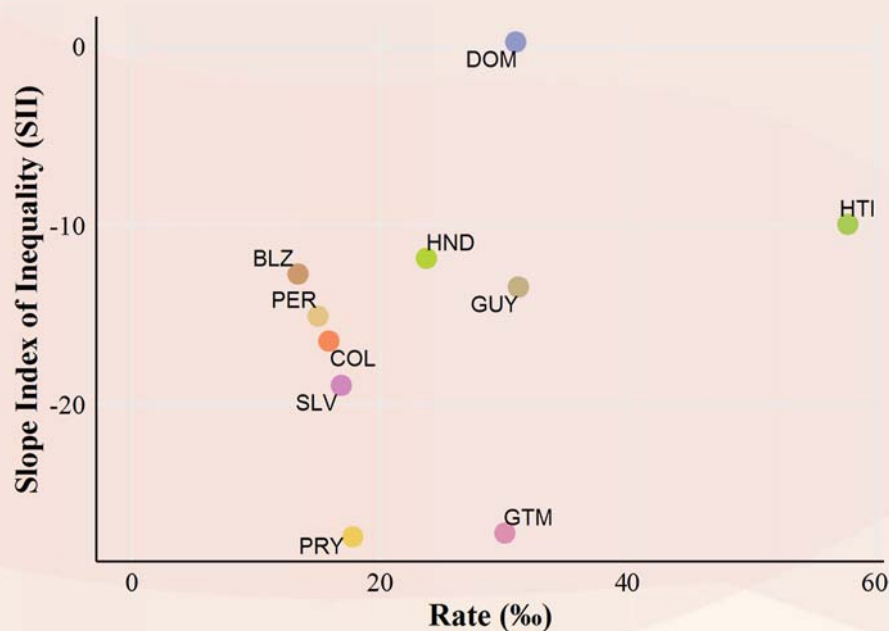
Figure 55:

Equiplot by wealth for under-5 mortality

Number of deaths in children less than 5 years old per 1,000 live births during the specified time period
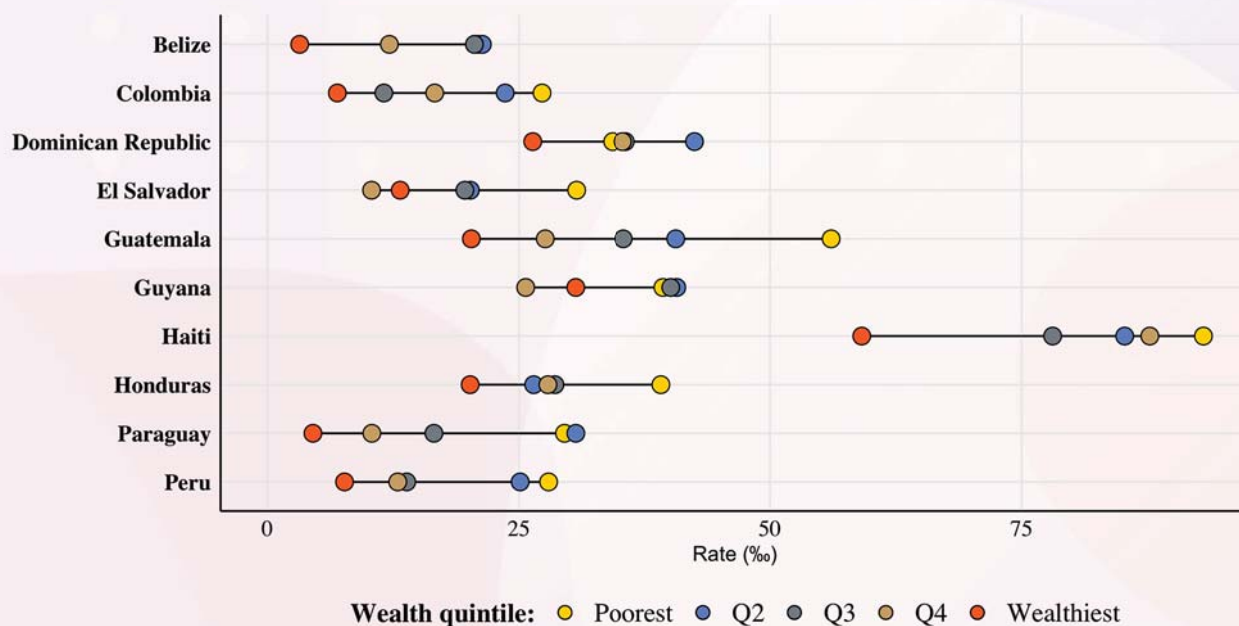
Figure 56:

Equiplot by place of residence for under-5 mortality

Number of deaths in children less than 5 years old per 1,000 live births during the specified time period

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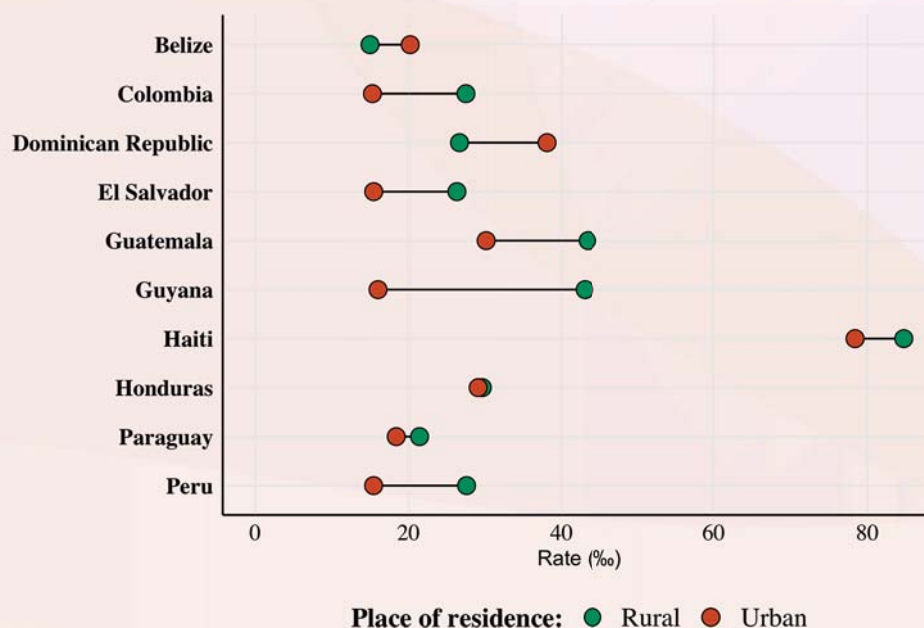
Figure 57:

Equiplot by subnational region for under-5 mortality

Number of deaths in children less than 5 years old per 1,000 live births during the specified time period

Subnational region: ● Lowest ● Highest
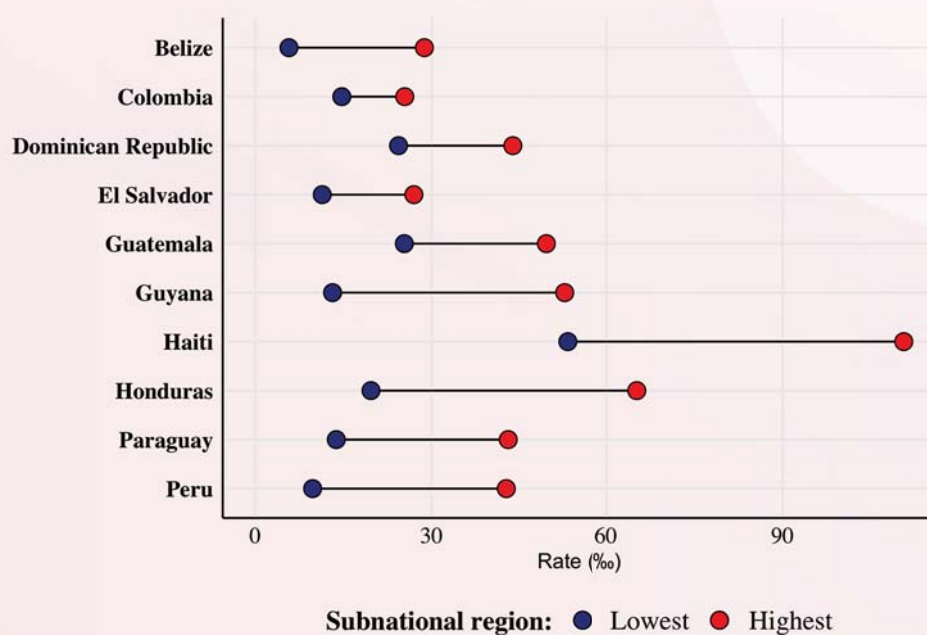
Figure 58:

Equiplot by sex of child for under-5 mortality

Number of deaths in children less than 5 years old per 1,000 live births during the specified time period

Sex: ● Male ○ Female
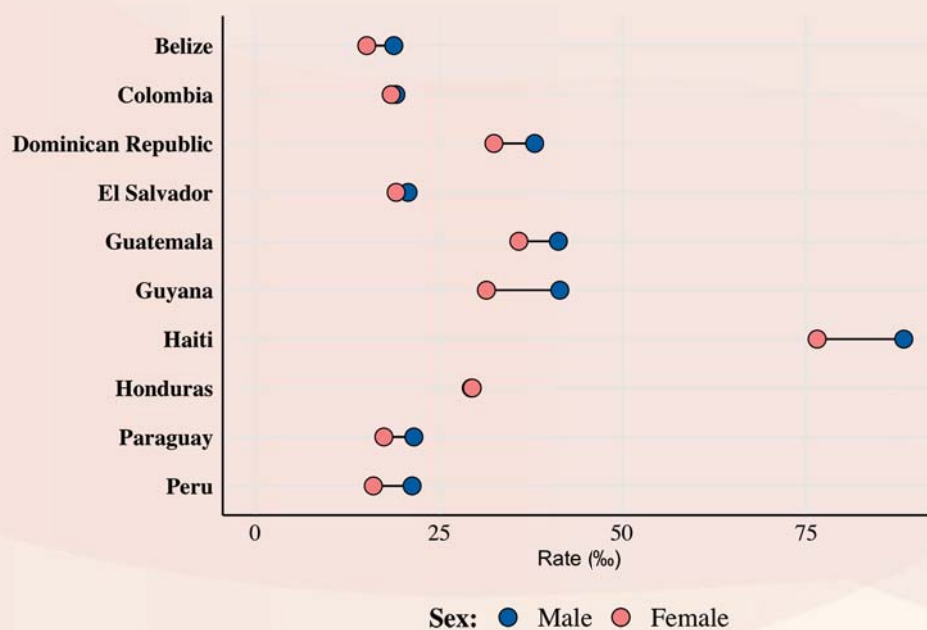
Figure 59:

Equiplot by women's education for under-5 mortality

Number of deaths in children less than 5 years old per 1,000 live births during the specified time period
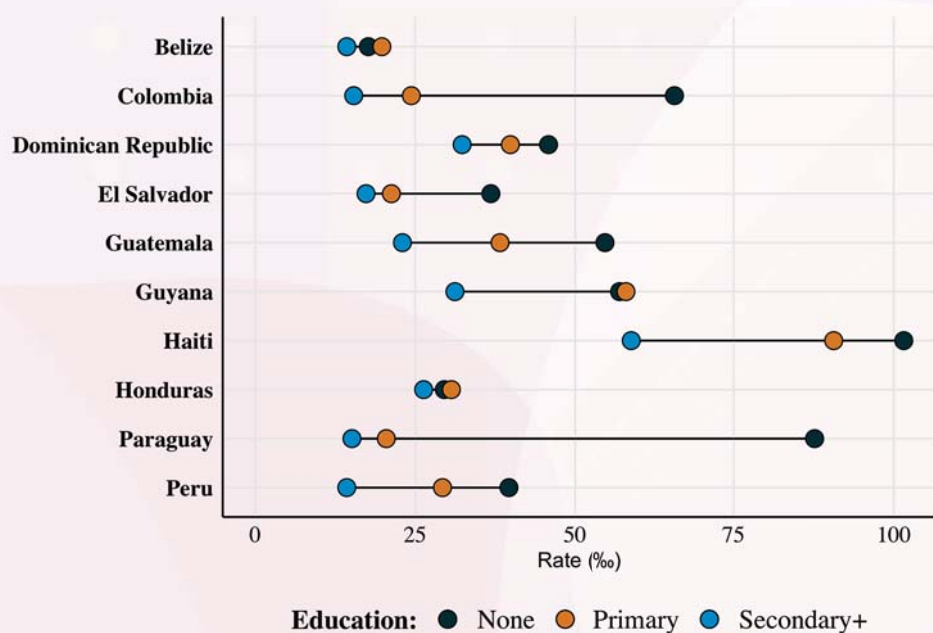
Figure 60:

National performance and SII for under-5 mortality

Number of deaths in children less than 5 years old per 1,000 live births during the specified time period

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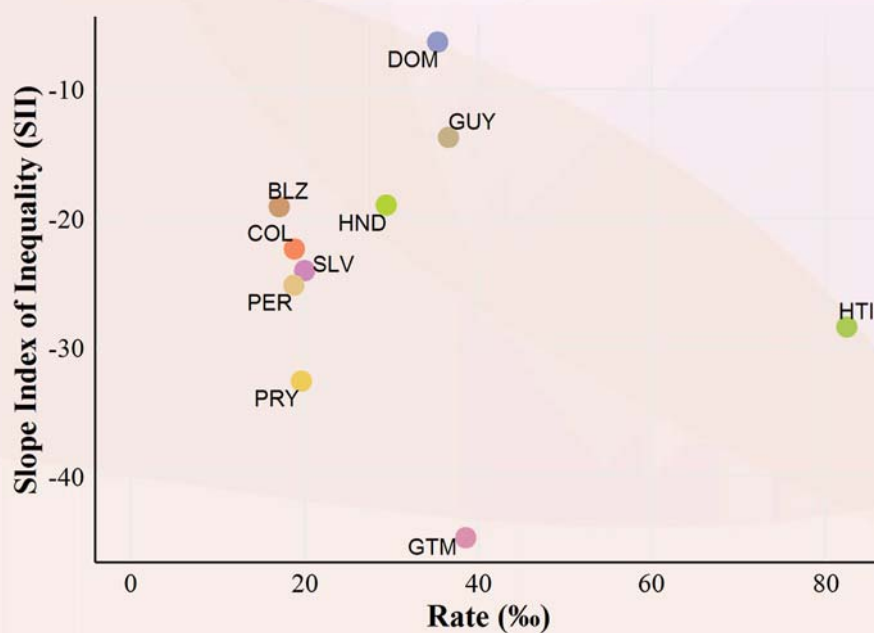
Figure 61:

Equiplot by wealth for early initiation of breastfeeding

Proportion of last-born children of women of reproductive age (15–49 years) who were put to the breast within one hour of birth
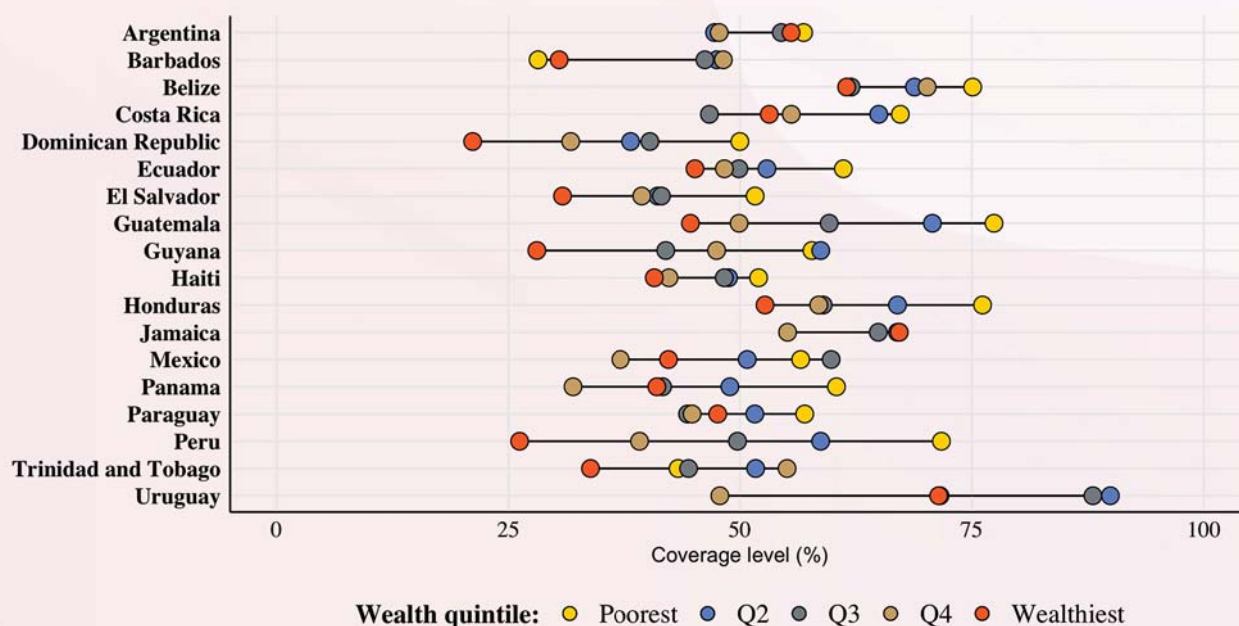
Figure 62:

Equiplot by place of residence for early initiation of breastfeeding

Proportion of last-born children of women of reproductive age (15–49 years) who were put to the breast within one hour of birth
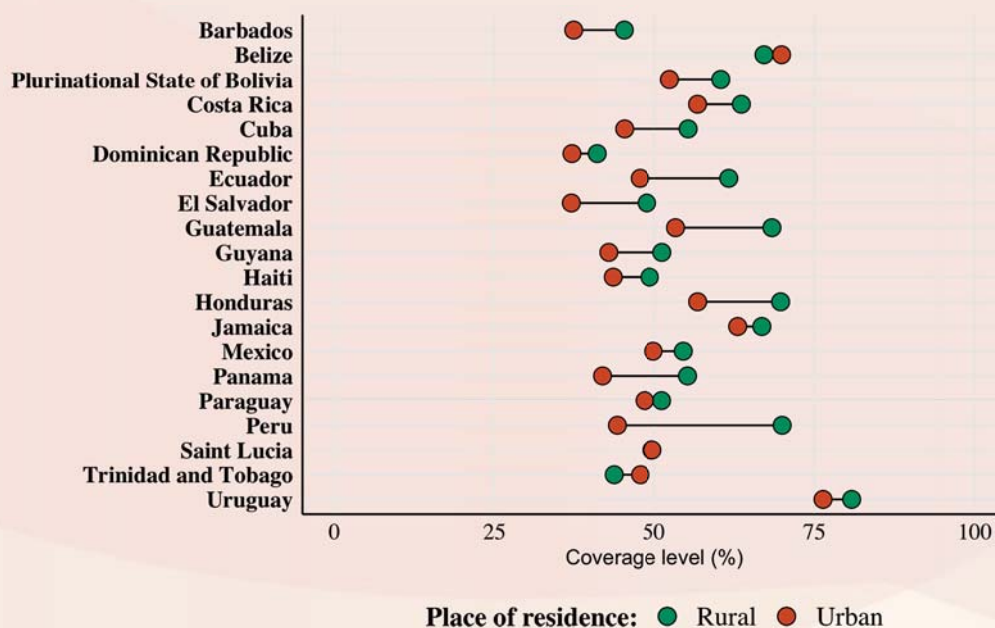
Figure 63:

Equiplot by subnational region for early initiation of breastfeeding

Proportion of last-born children of women of reproductive age (15–49 years) who were put to the breast within one hour of birth
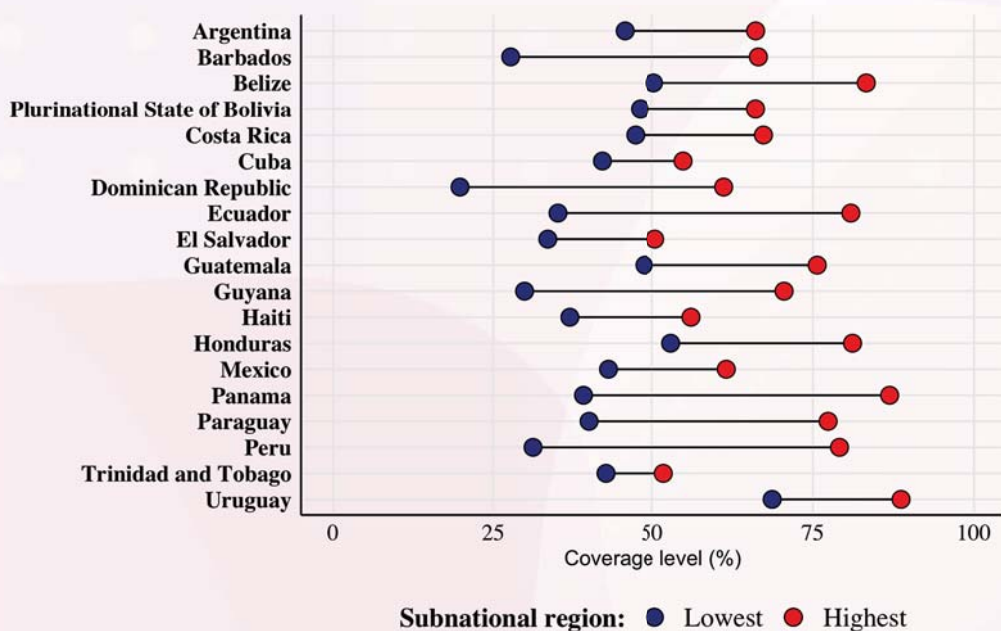
Figure 64:

Equiplot by sex of child for early initiation of breastfeeding

Proportion of last-born children of women of reproductive age (15–49 years) who were put to the breast within one hour of birth

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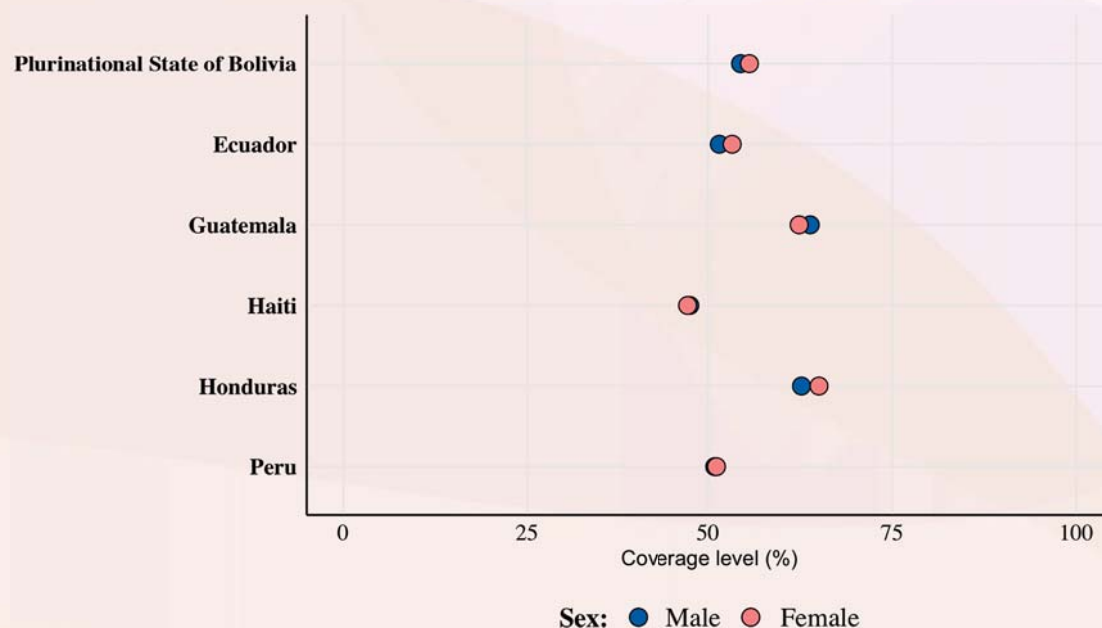
Figure 65:

Equiplot by women's education for early initiation of breastfeeding

Proportion of last-born children of women of reproductive age (15–49 years) who were put to the breast within one hour of birth
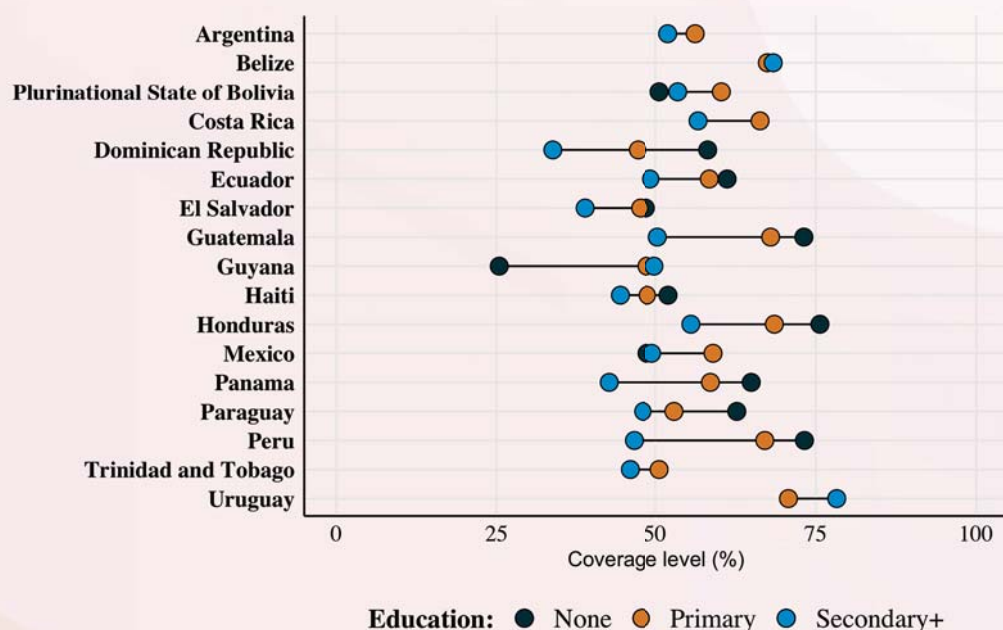
Figure 66:

National performance and SII for early initiation of breastfeeding

Proportion of last-born children of women of reproductive age (15–49 years) who were put to the breast within one hour of birth
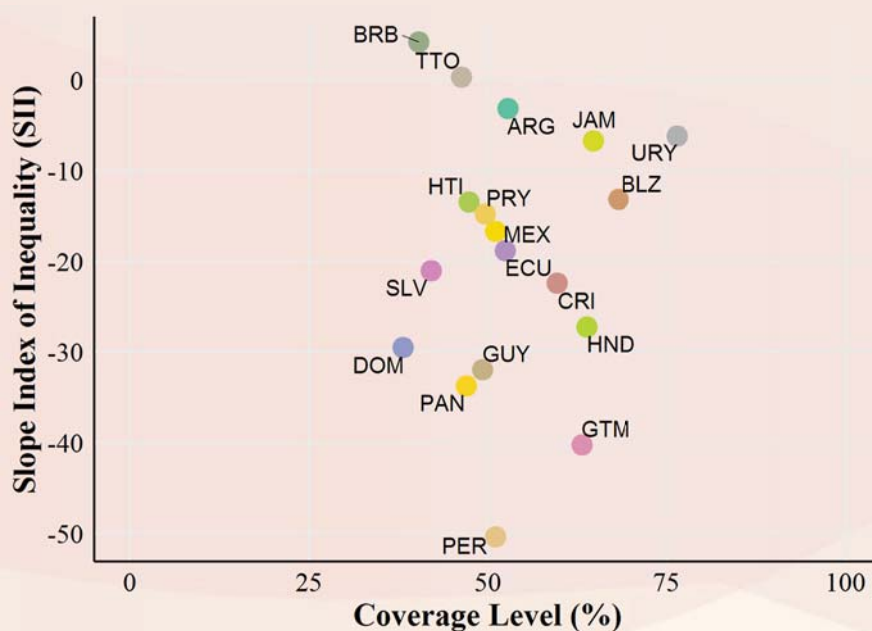
Figure 67:

Equiplot by wealth for exclusive breastfeeding

Proportion of last-born children under 6 months of age who were fed with only breast milk in the 24 hours preceding the interview
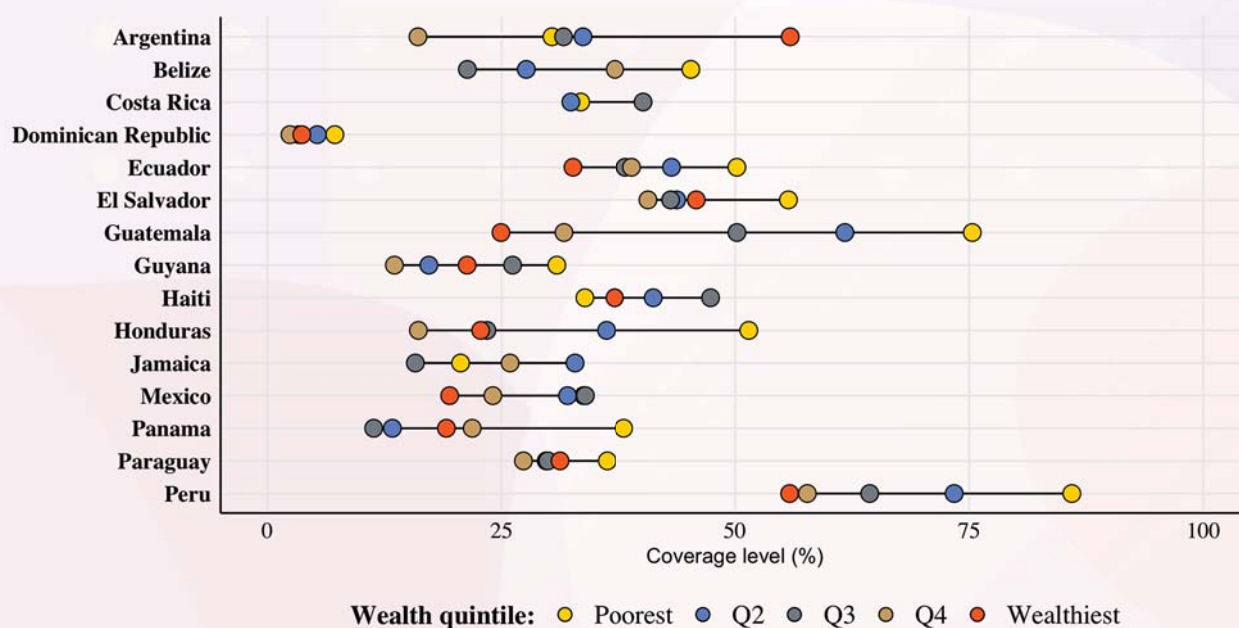
Figure 68:

Equiplot by place of residence for exclusive breastfeeding

Proportion of last-born children under 6 months of age who were fed with only breast milk in the 24 hours preceding the interview
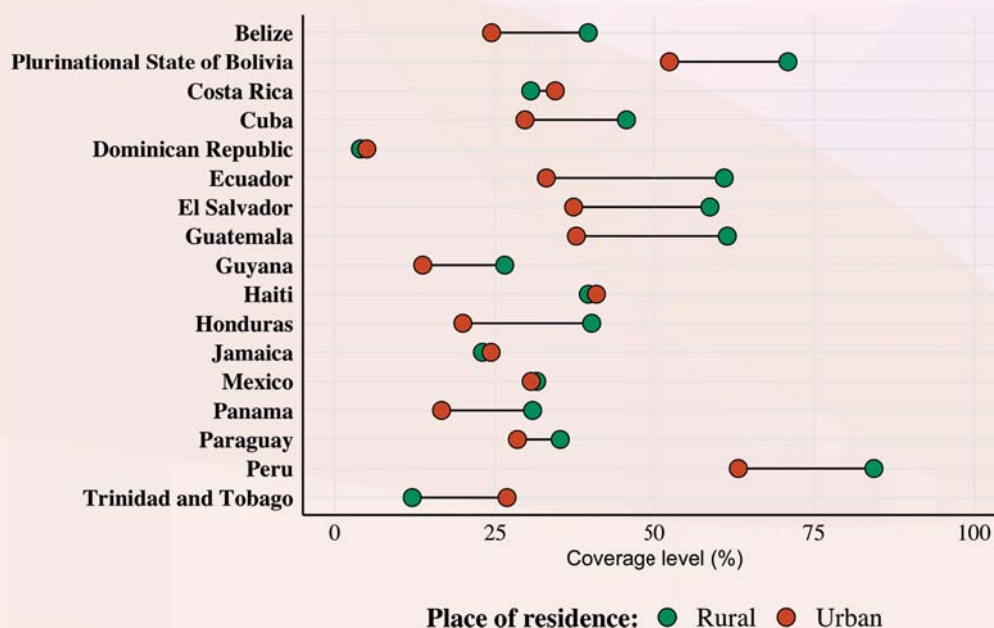
Figure 69:

Equiplot by subnational region for exclusive breastfeeding

Proportion of last-born children under 6 months of age who were fed with only breast milk in the 24 hours preceding the interview
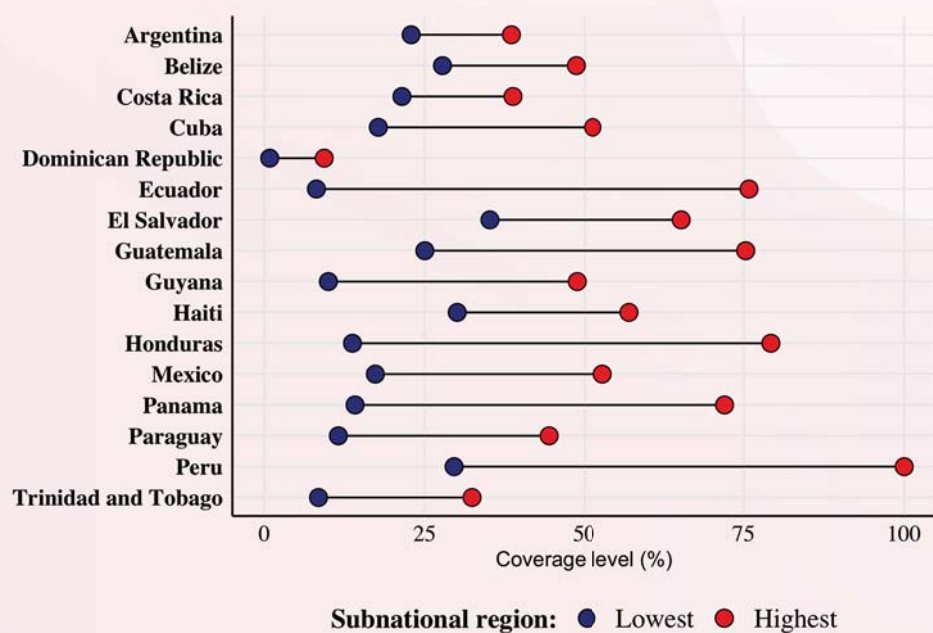
Figure 70:

Equiplot by women's education for exclusive breastfeeding

Proportion of last-born children under 6 months of age who were fed with only breast milk in the 24 hours preceding the interview

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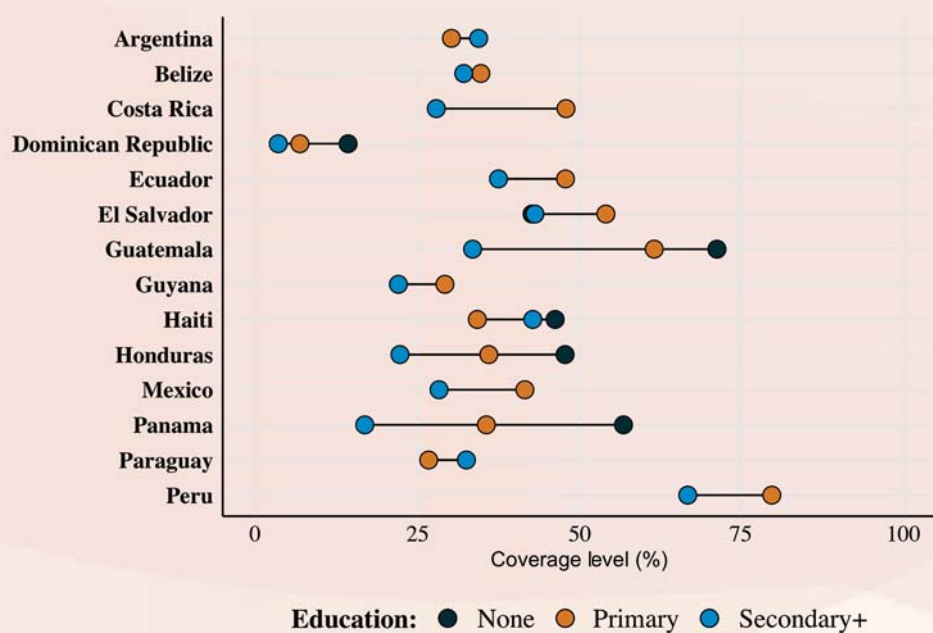
Figure 71:

Equiplot by sex of child for exclusive breastfeeding

Proportion of last-born children under 6 months of age who were fed with only breast milk in the 24 hours preceding the interview
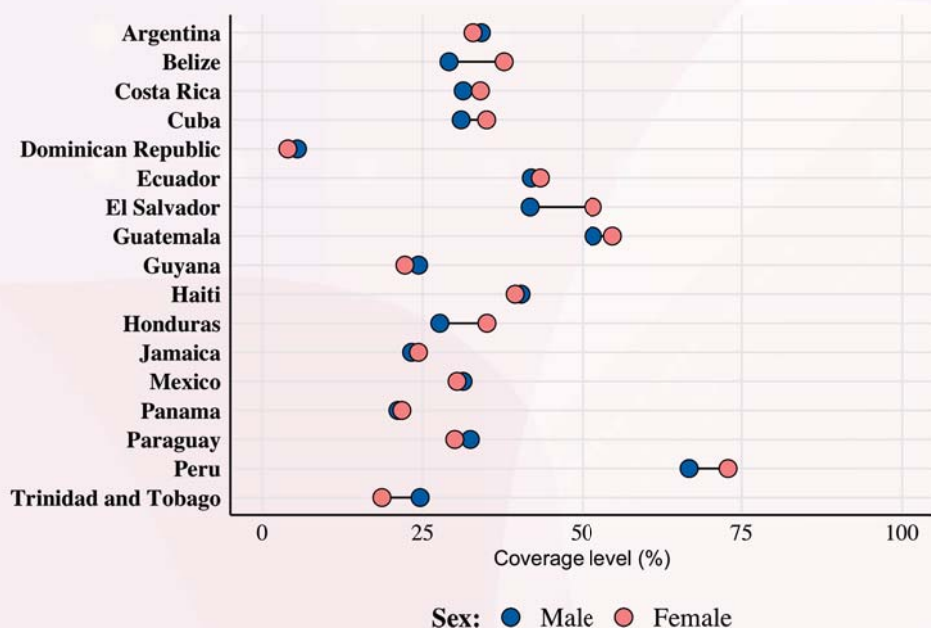
Figure 72:

National performance and SII for exclusive breastfeeding

Proportion of last-born children under 6 months of age who were fed with only breast milk in the 24 hours preceding the interview

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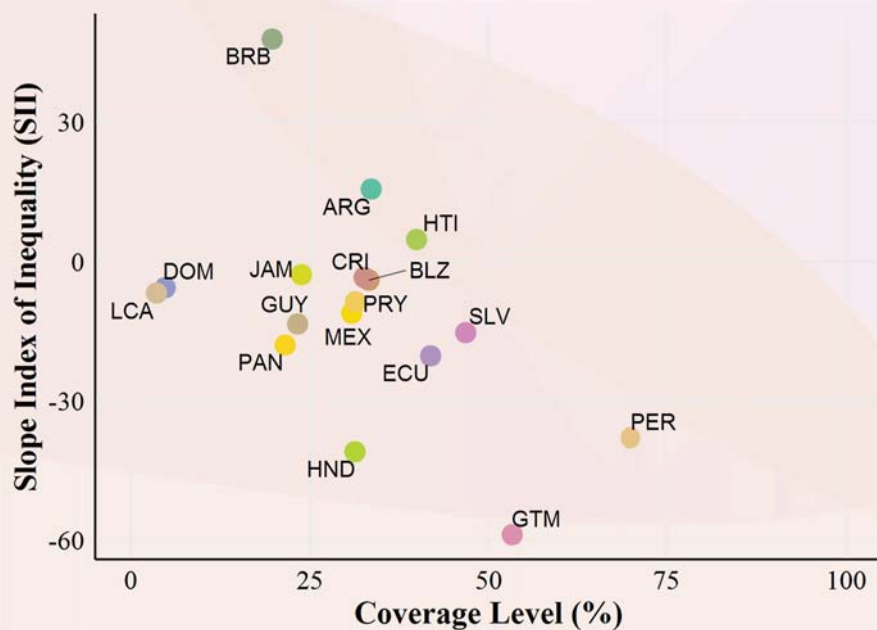
Figure 73:

Equiplot by wealth for child overweight

Proportion of children under 5 years old who are overweight or obese (BMI for age Z-score > +2 SD)
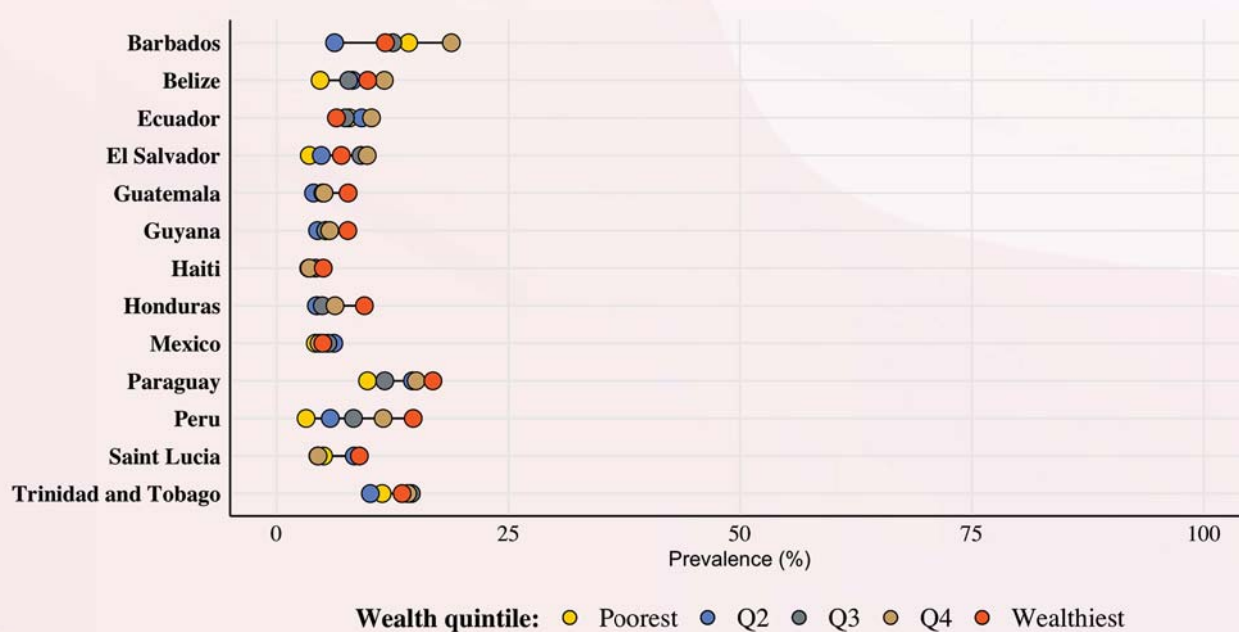
Figure 74:

Equiplot by place of residence for child overweight

Proportion of children under 5 years old who are overweight or obese (BMI for age Z-score > +2 SD)

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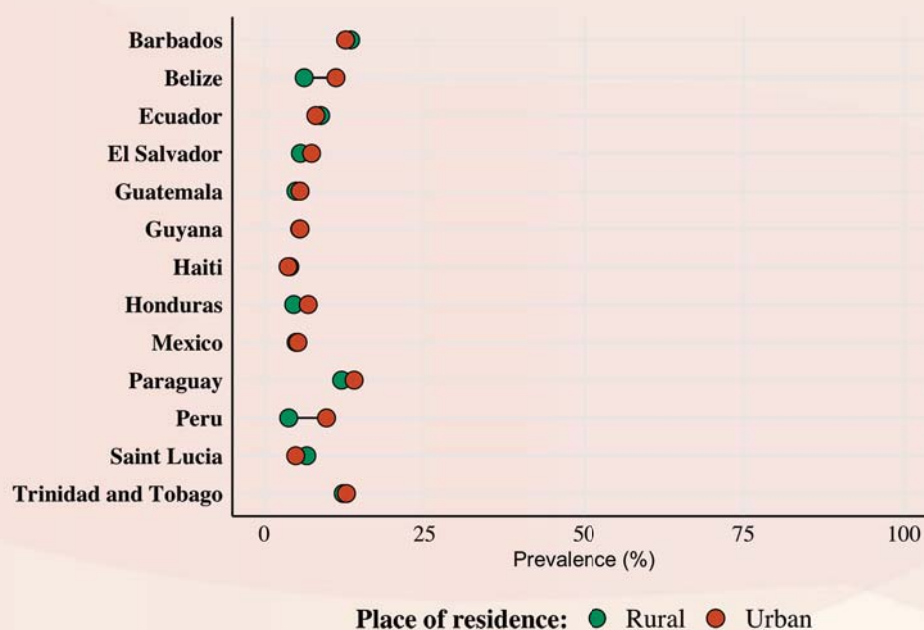
Figure 75:

Equiplot by subnational region for child overweight

Proportion of children under 5 years old who are overweight or obese (BMI for age Z-score > +2 SD)
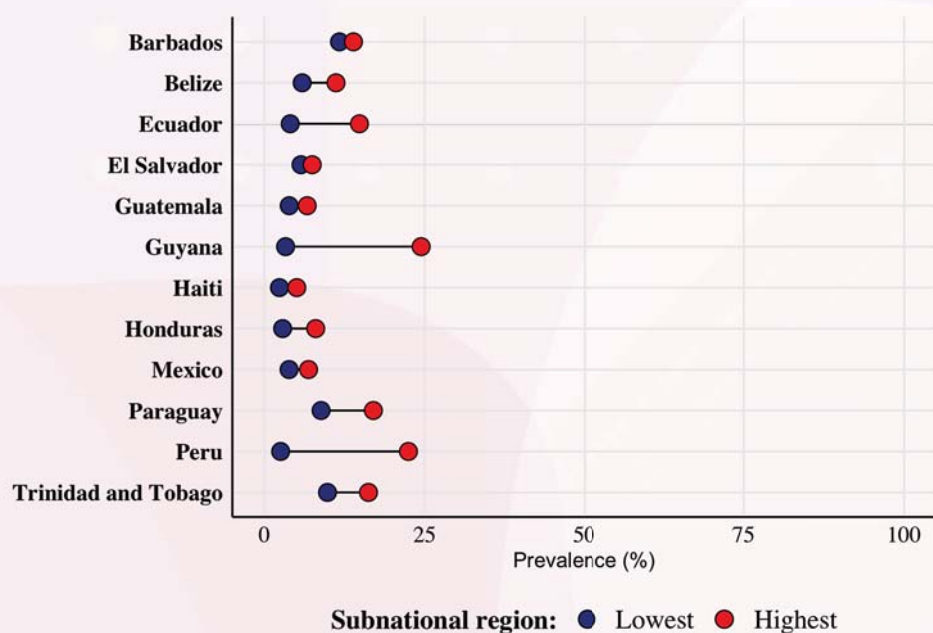
Figure 76:

Equiplot by sex of child for child overweight

Proportion of children under 5 years old who are overweight or obese (BMI for age Z-score > +2 SD)

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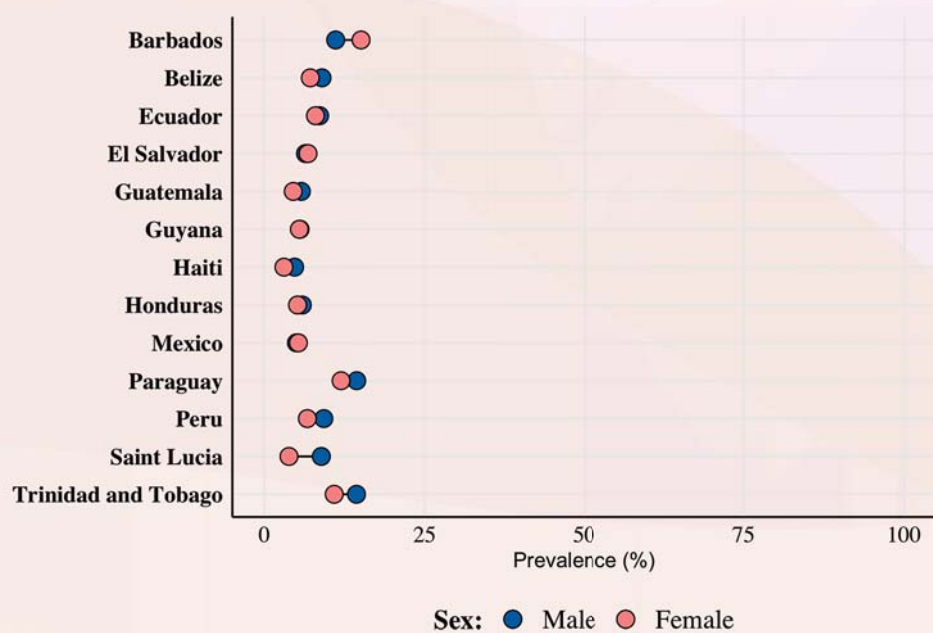
Figure 77:

Equiplot by women's education for child overweight

Proportion of children under 5 years old who are overweight or obese (BMI for age Z-score > +2 SD
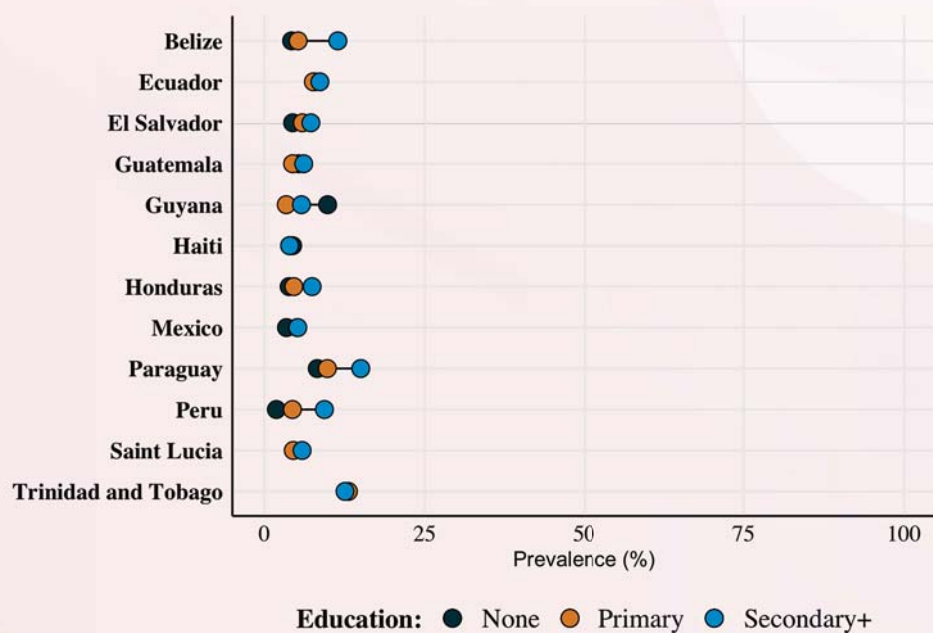
Figure 78:

National performance and SII for child overweight

Proportion of children under 5 years old who are overweight or obese (BMI for age Z-score > +2 SD)

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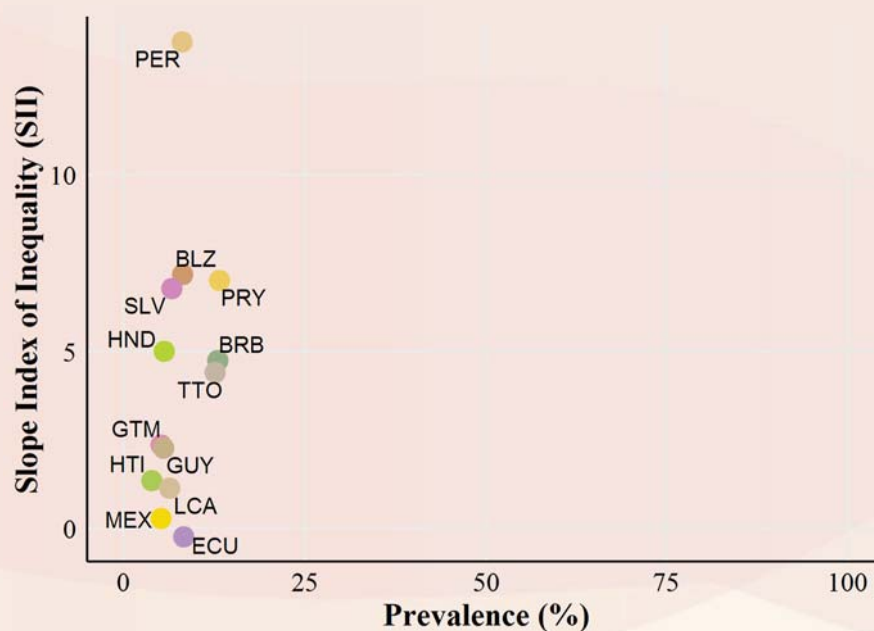
Figure 79:

Equiplot by wealth for child stunting

Proportion of children under 5 years old with chronic malnutrition (height for age Z-score < -2 SD)
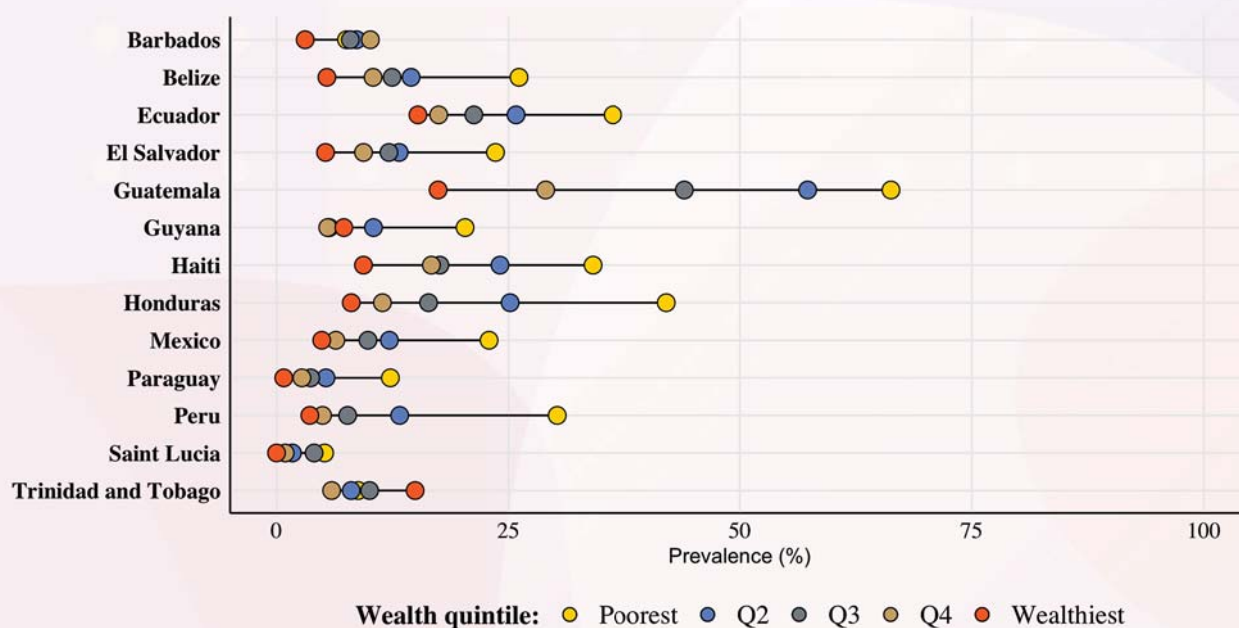
Figure 80:

Equiplot by place of residence for child stunting

Proportion of children under 5 years old with chronic malnutrition (height for age Z-score < -2 SD)

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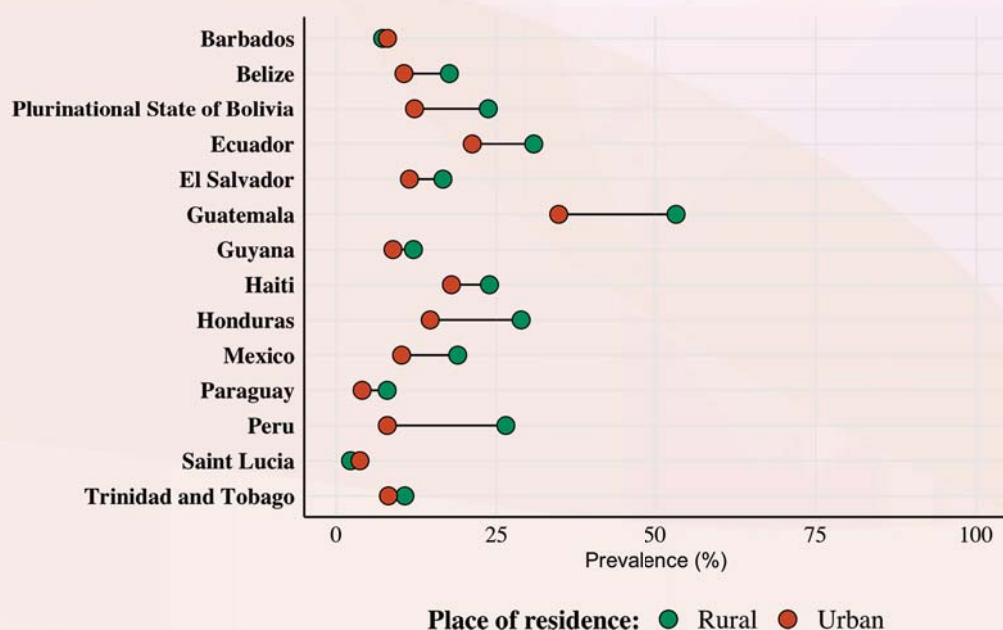
Figure 81:

Equiplot by subnational region for child stunting

Proportion of children under 5 years old with chronic malnutrition (height for age Z-score < -2 SD)
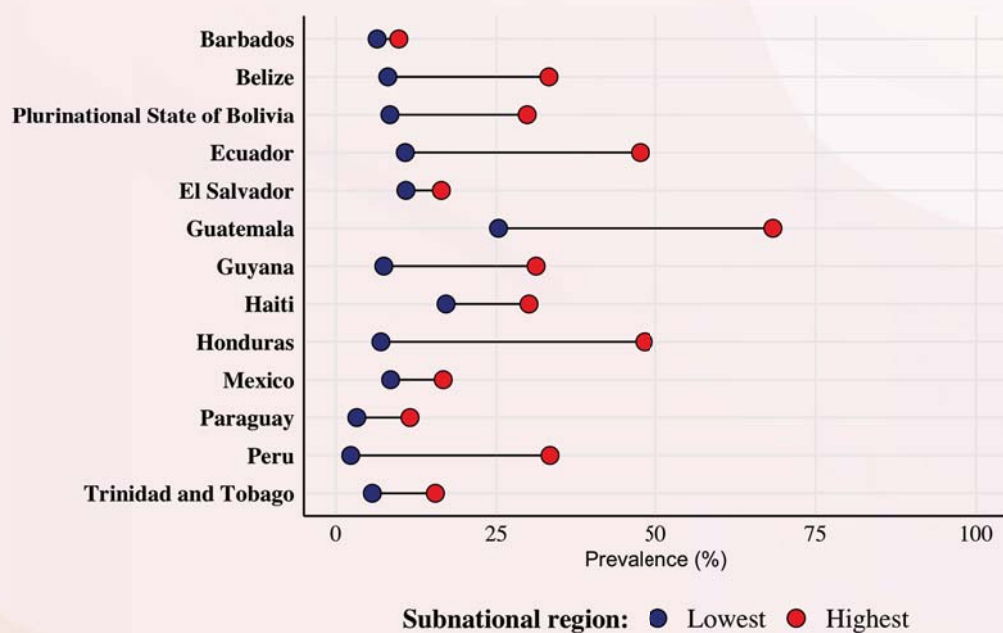
Figure 82:

Equiplot by sex of child for child stunting

Proportion of children under 5 years old with chronic malnutrition (height for age Z-score < -2 SD)

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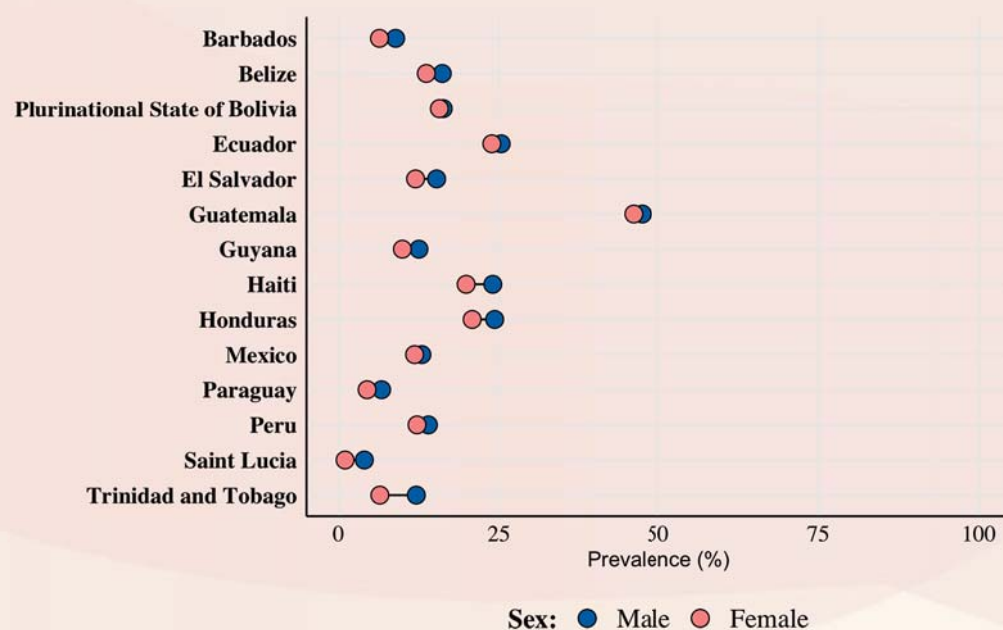
Figure 83:

Equiplot by women's education for child stunting

Proportion of children under 5 years old with chronic malnutrition (height for age Z-score < -2 SD)
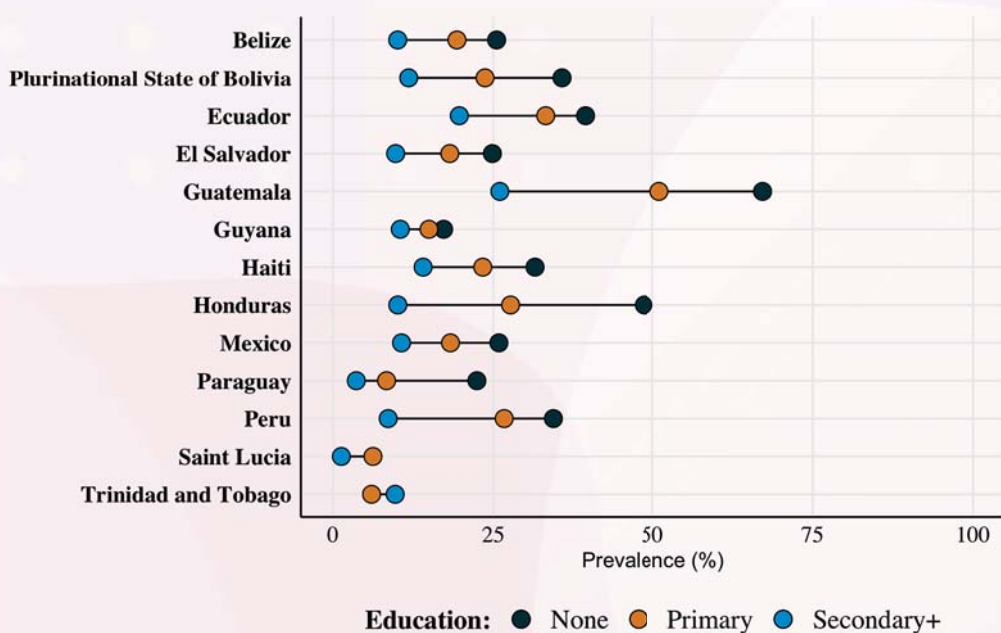
Figure 84:

National performance and SII for child stunting

Proportion of children under 5 years old with chronic malnutrition (height for age Z-score < -2 SD)

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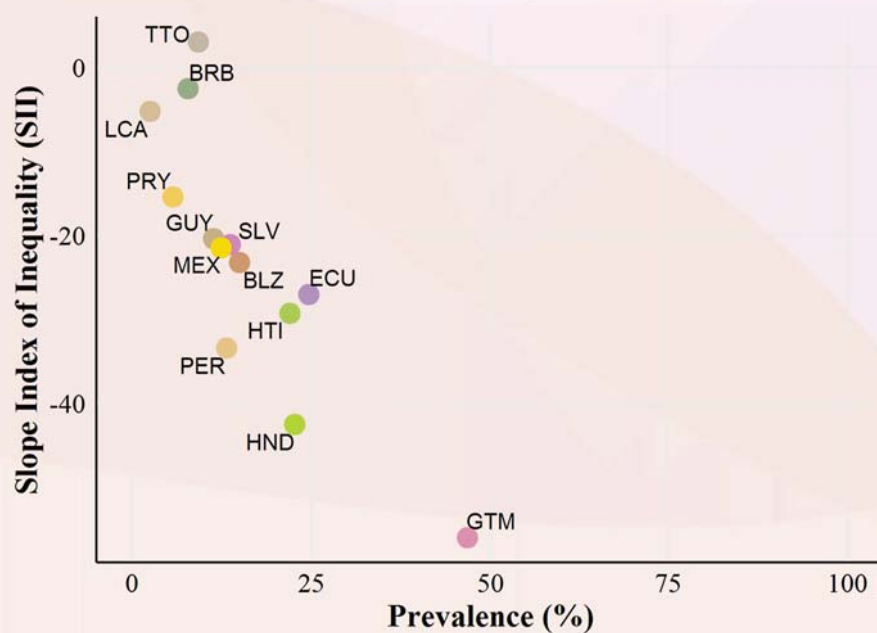
Figure 85:

Equiplot by wealth for improved drinking water source

Proportion of people living in households using an improved drinking water source
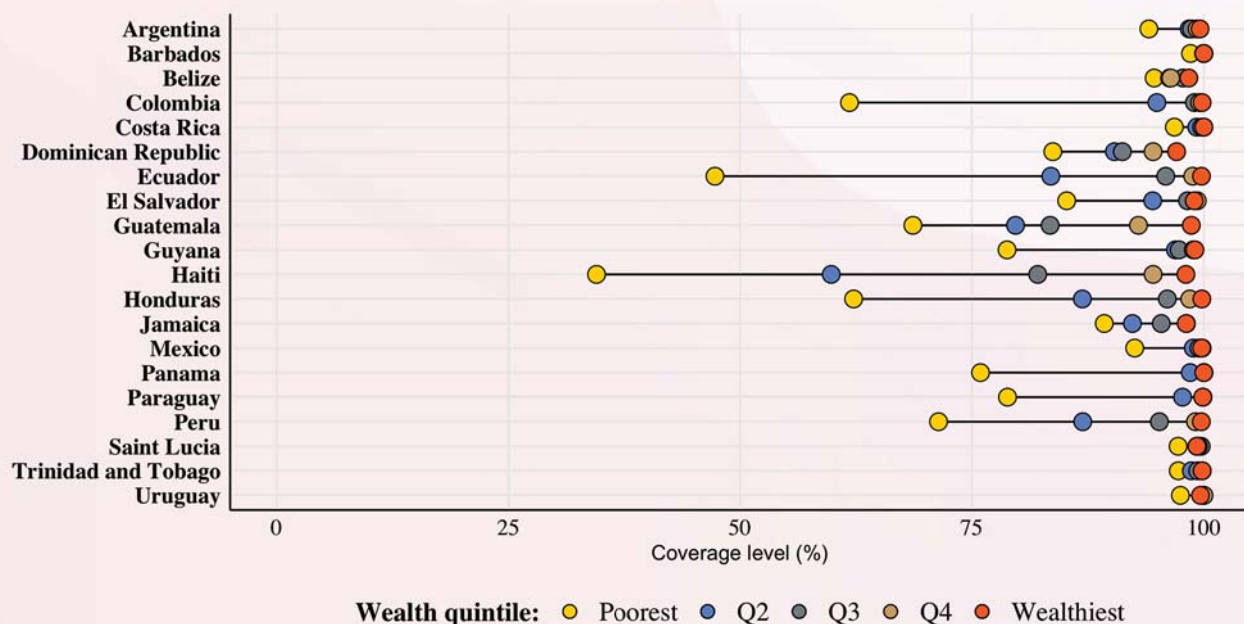
Figure 86:

Equiplot by place of residence for improved drinking water source

Proportion of people living in households using an improved drinking water source

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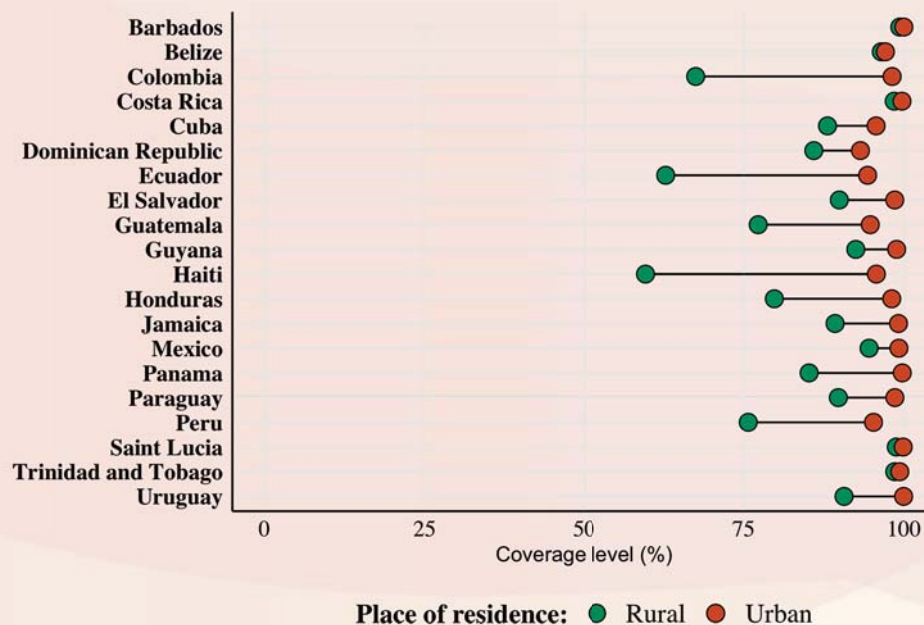
Figure 87:

Equiplot by subnational region for improved drinking water source

Proportion of people living in households using an improved drinking water source
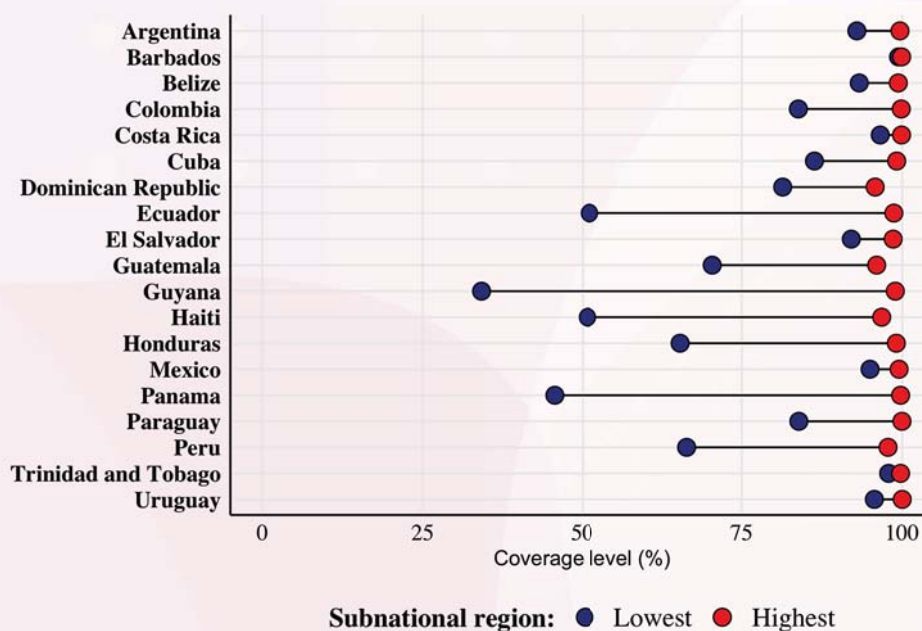
Figure 88:

National performance and SII for improved drinking water source

Proportion of people living in households using an improved drinking water source

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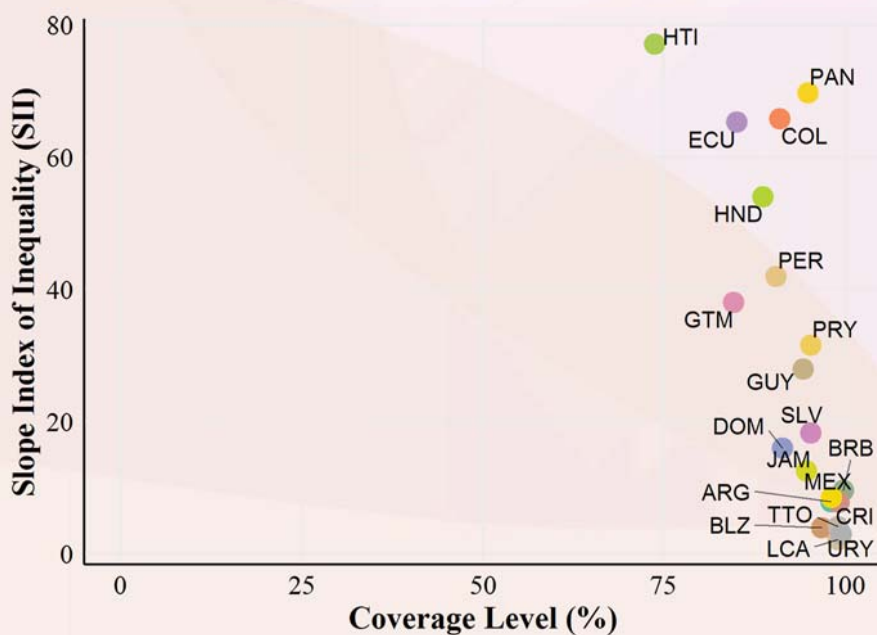
Figure 89:

Equiplot by wealth for improved sanitation

Proportion of people living in households using an improved, non-shared toilet facility
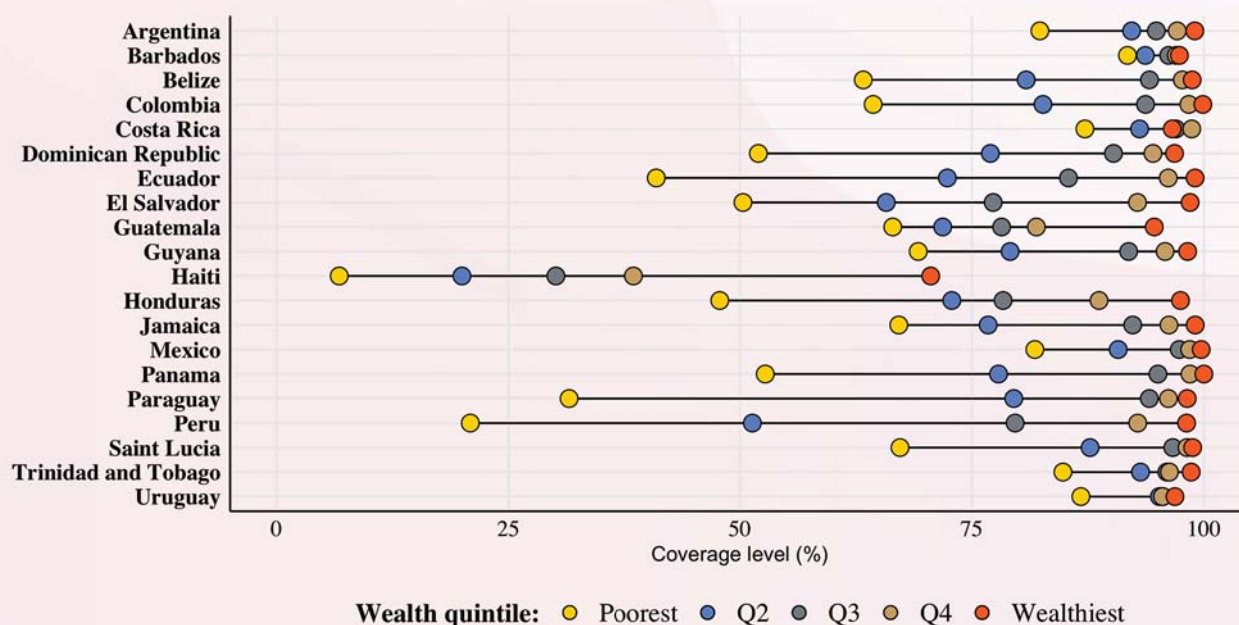
Figure 90:

Equiplot by place of residence for improved sanitation

Proportion of people living in households using an improved, non-shared toilet facility

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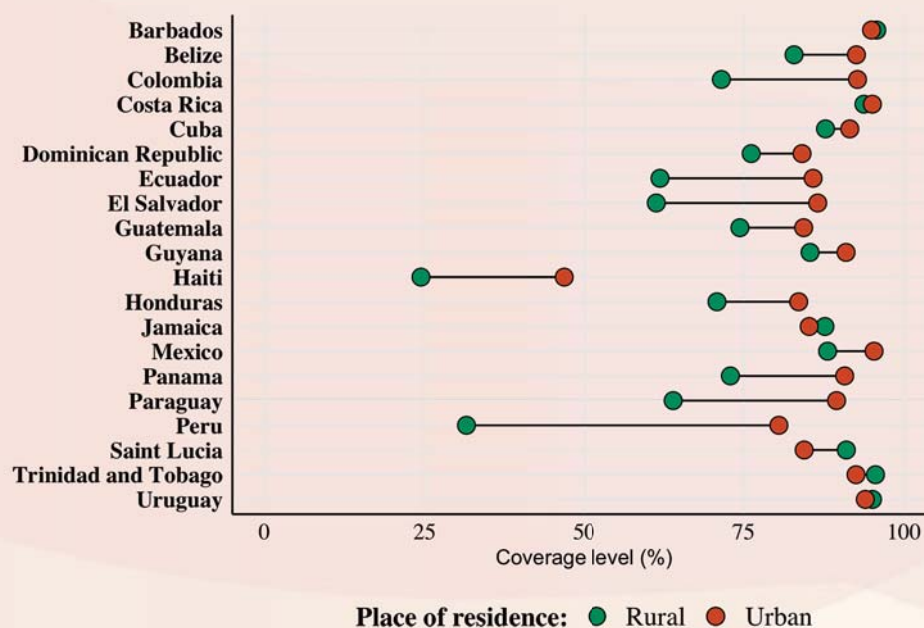
Figure 91:

Equiplot by subnational region for improved sanitation

Proportion of people living in households using an improved, non-shared toilet facility
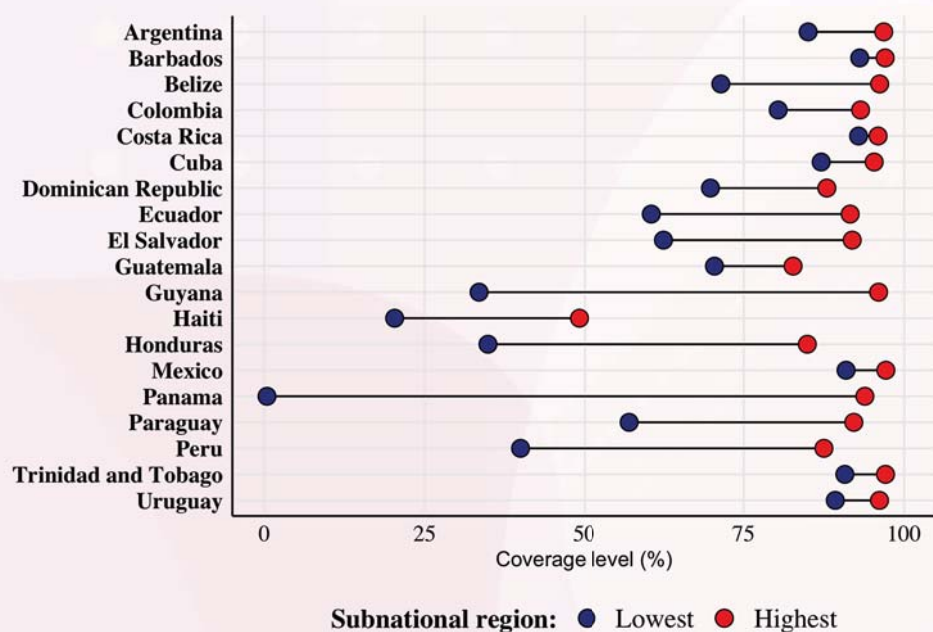
Figure 92:

National performance and SII for improved sanitation

Proportion of people living in households using an improved, non-shared toilet facility

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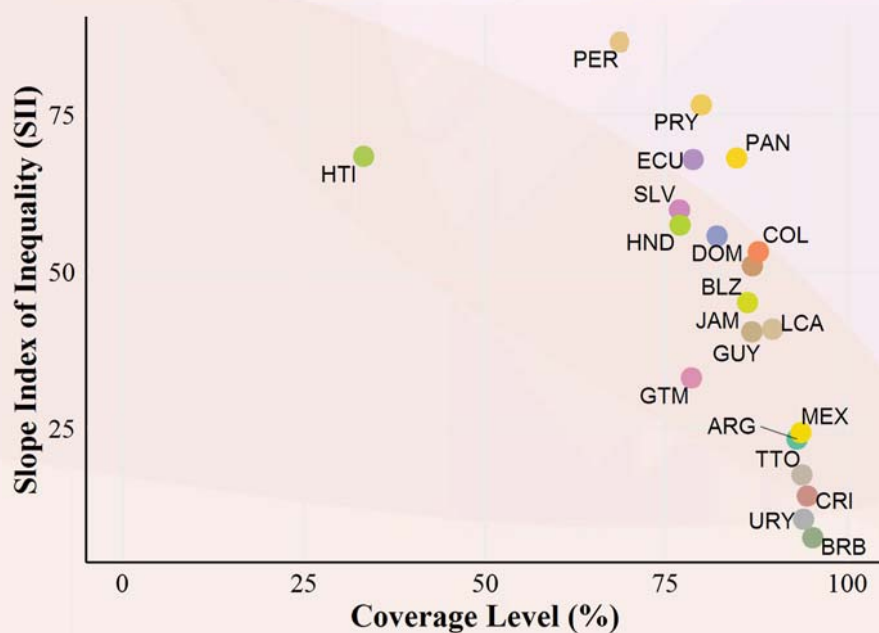
Figure 93:

Equiplot by wealth for birth registration

Proportion of all live births that were registered among women of reproductive age (15–49 years) in the last five years
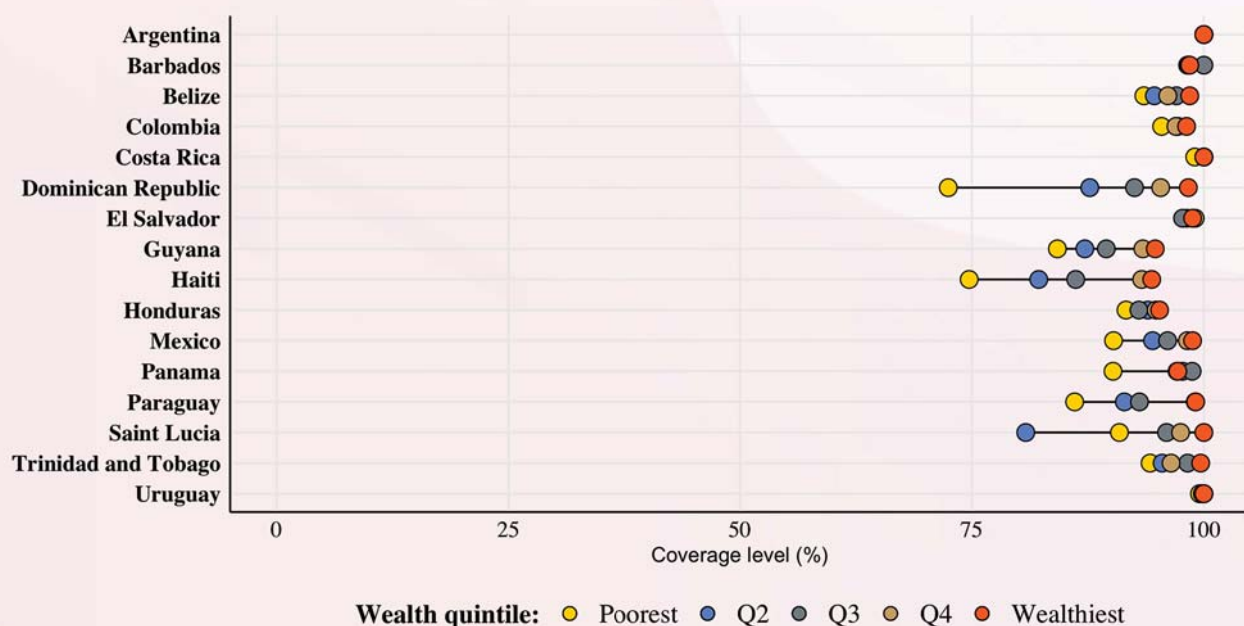
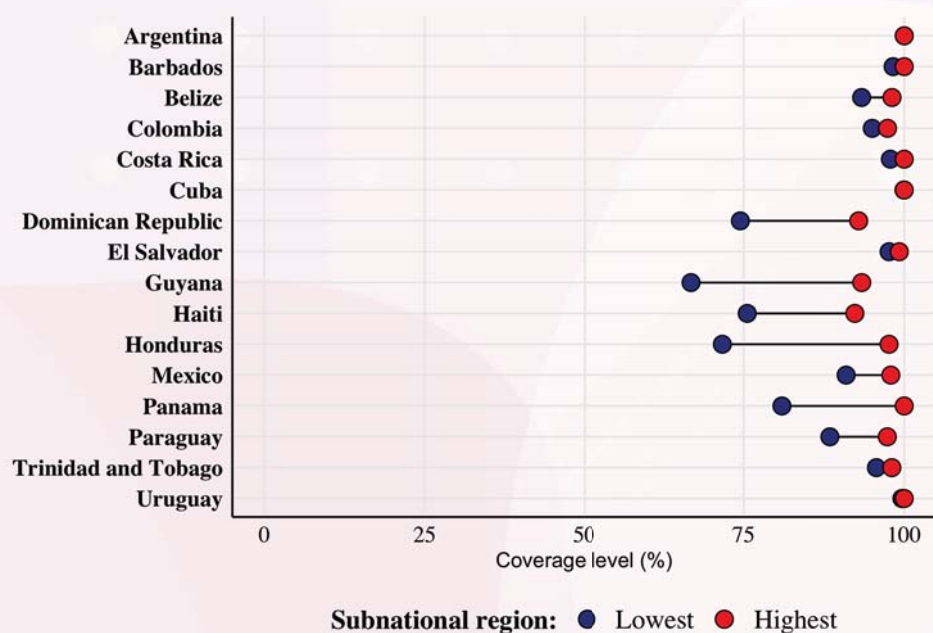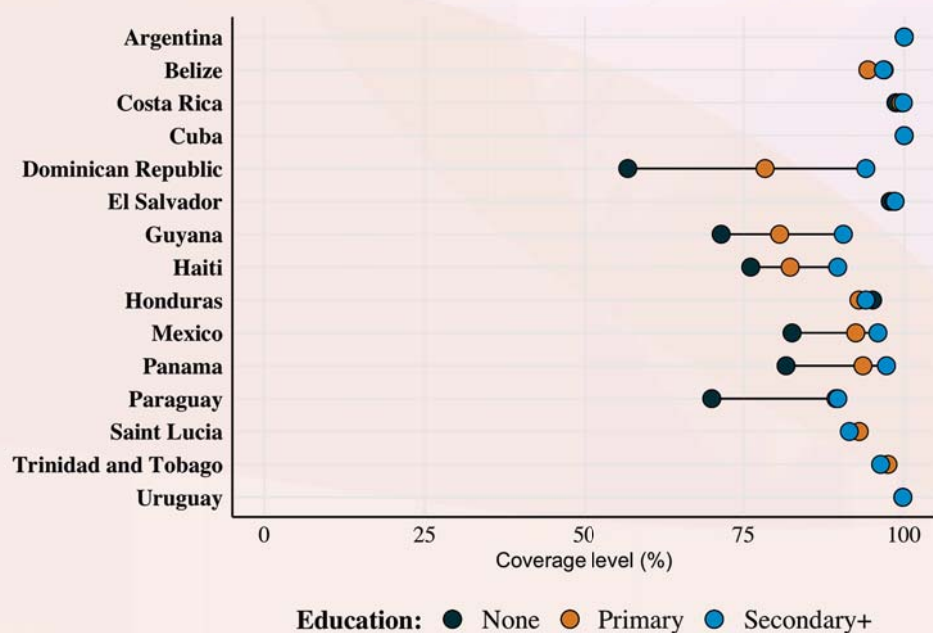*Figure 94:*

Equiplot by place of residence for birth registration

Proportion of all live births that were registered among women of reproductive age (15–49 years) in the last five years

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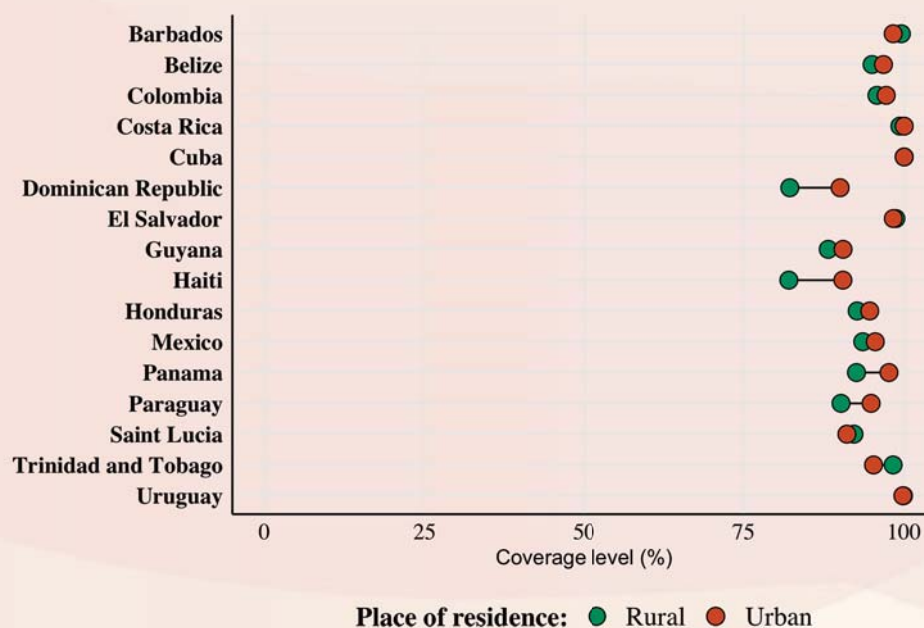
Figure 95:

Equiplot by subnational region for birth registration

Proportion of all live births that were registered among women of reproductive age (15–49 years) in the last five years

Figure 96:

Equiplot by women's education for birth registration

Proportion of all live births that were registered among women of reproductive age (15–49 years) in the last five years
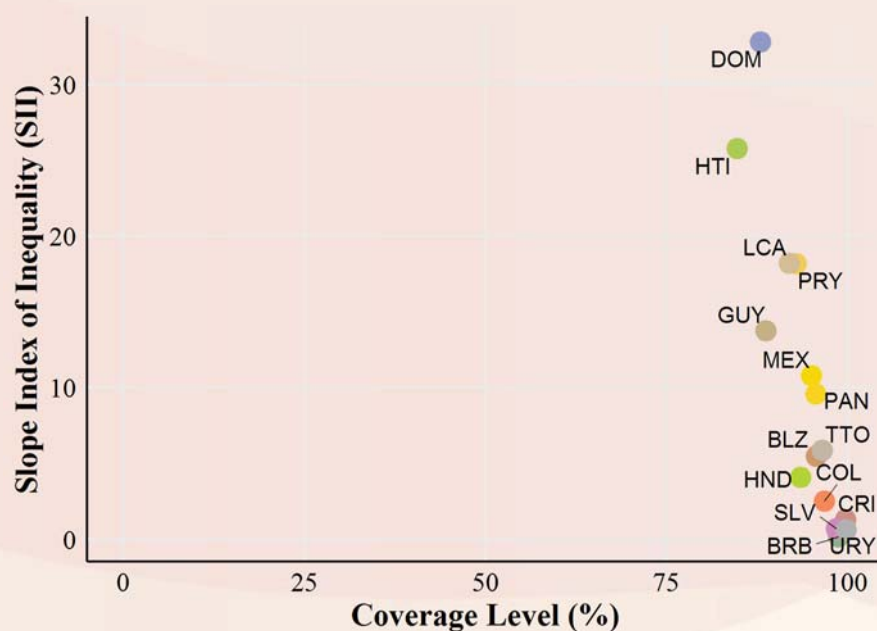
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Figure 97:

Equiplot by sex of child for birth registration

Proportion of all live births that were registered among women of reproductive age (15–49 years) in the last five years
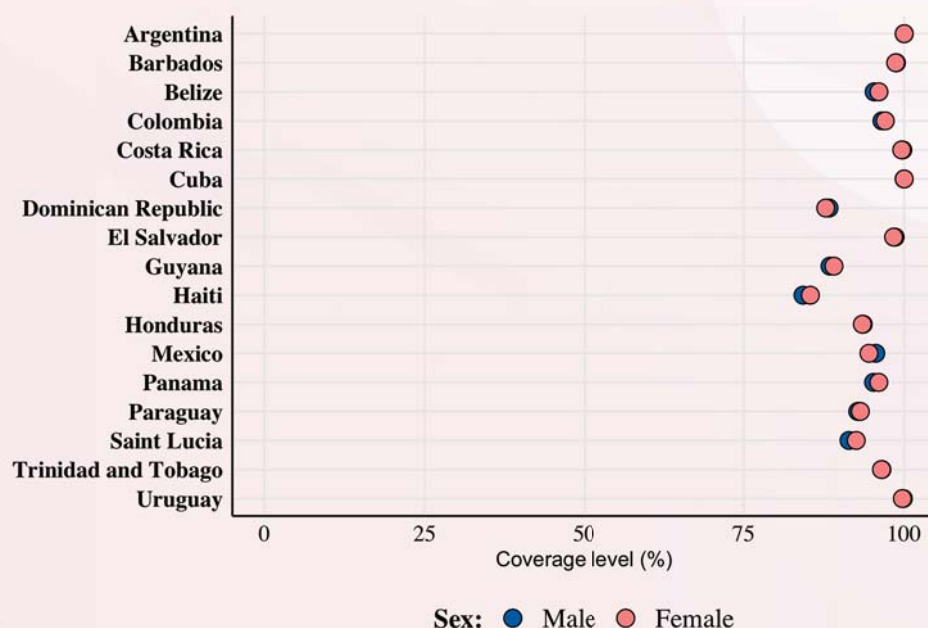
Figure 98:

National performance and SII for birth registration

Proportion of all live births that were registered among women of reproductive age (15–49 years) in the last five years

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Figure 99:

Equiplot by wealth for violence against women

Proportion of women of reproductive age (15–49 years) ever married or in a union who have experienced any form of physical, psychological, or sexual violence by a current or former partner in the previous 12 months
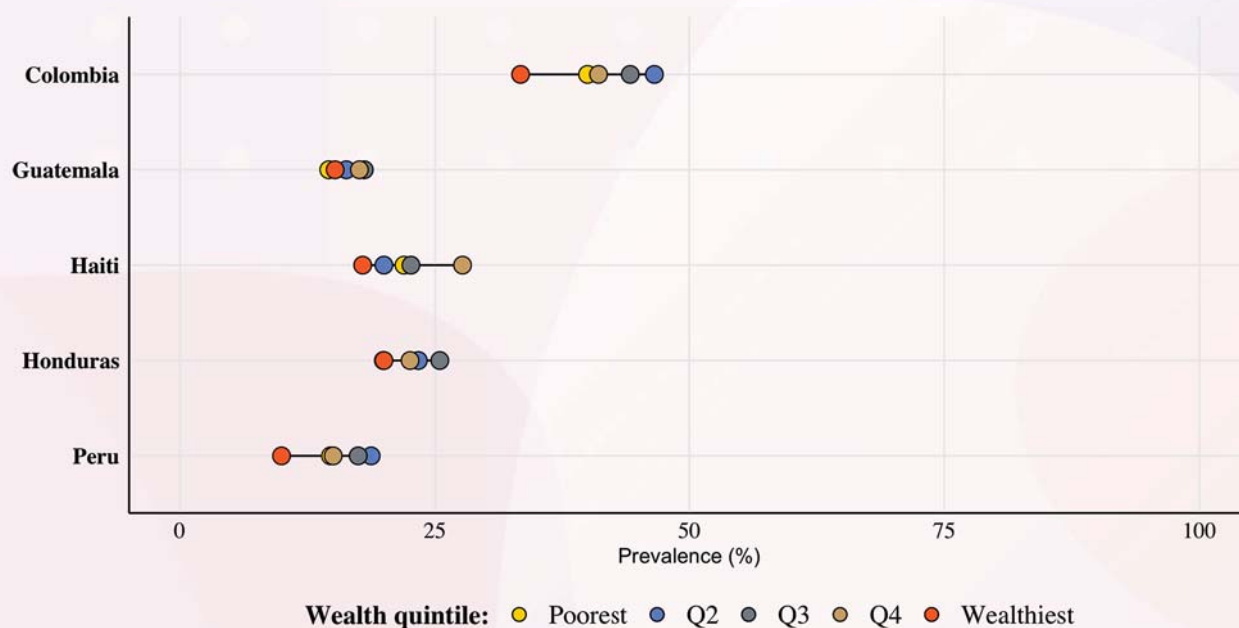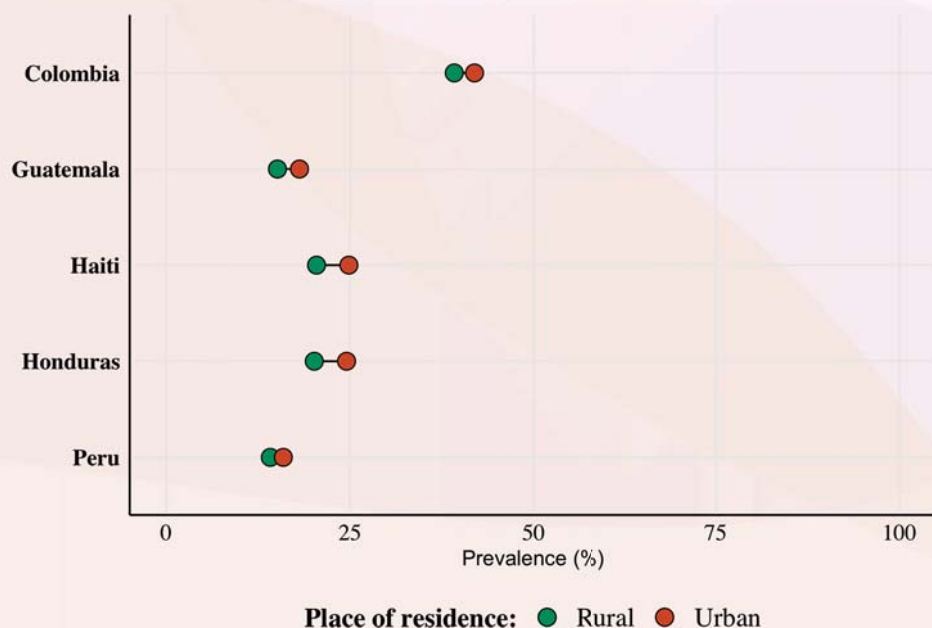

Figure 100:

Equiplot by place of residence for violence against women

Proportion of women of reproductive age (15–49 years) ever married or in a union who have experienced any form of physical, psychological, or sexual violence by a current or former partner in the previous 12 months
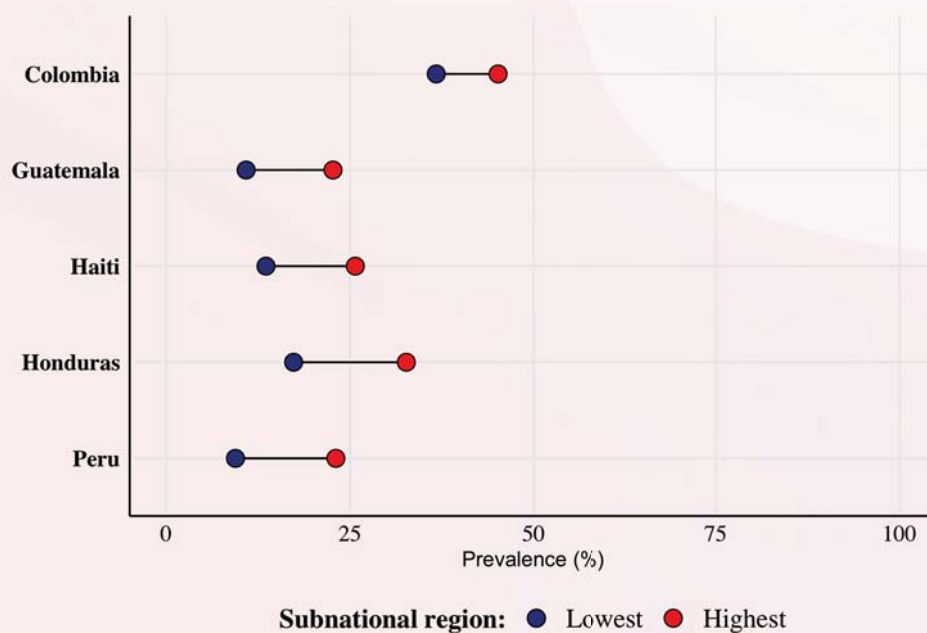
Figure 101:

Equiplot by subnational region for violence against women

Proportion of women of reproductive age (15–49 years) ever married or in a union who have experienced any form of physical, psychological, or sexual violence by a current or former partner in the previous 12 months

Figure 102:

Equiplot by women's education for violence against women

Proportion of women of reproductive age (15–49 years) ever married or in a union who have experienced any form of physical, psychological, or sexual violence by a current or former partner in the previous 12 months
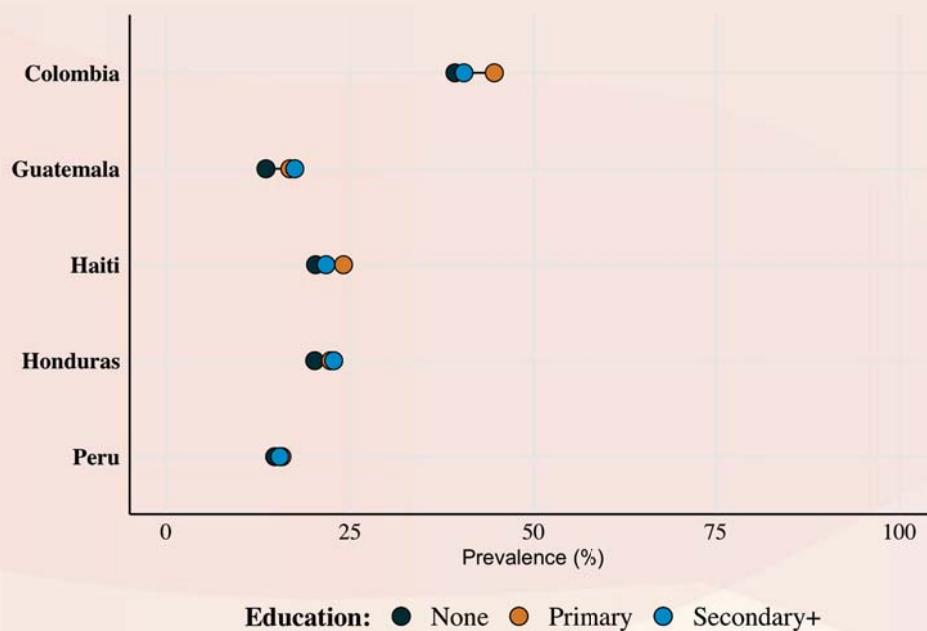
Health Inequalities in Latin America and the Caribbean
A baseline for the Global Strategy for Women's, Children's and Adolescent's Health

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Figure 103:

Equiplot by age group for violence against women

Proportion of women of reproductive age (15–49 years) ever married or in a union who have experienced any form of physical, psychological, or sexual violence by a current or former partner in the previous 12 months
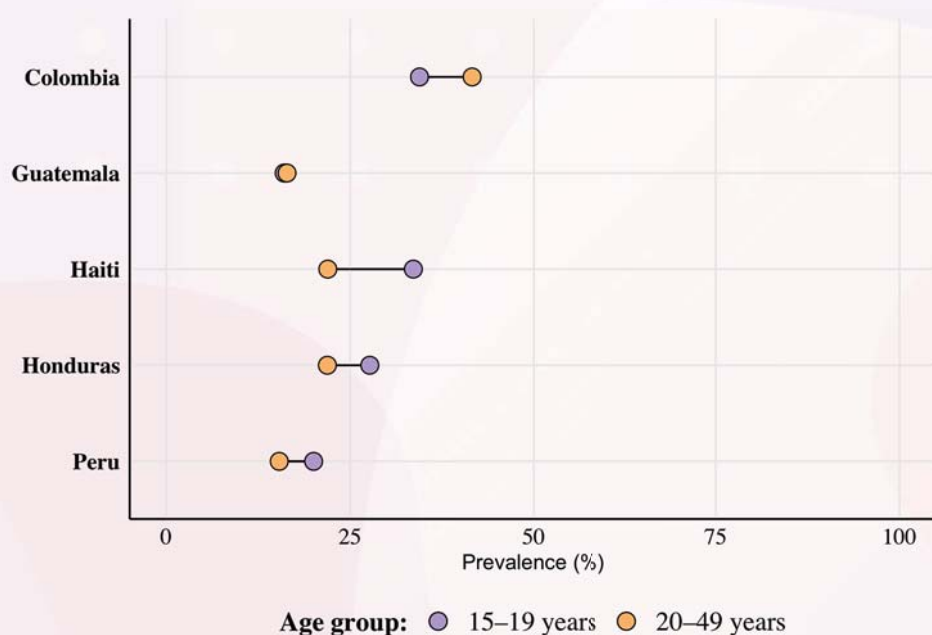

Figure 104:

National performance and SII for violence against women

Proportion of women of reproductive age (15–49 years) ever married or in a union who have experienced any form of physical, psychological, or sexual violence by a current or former partner in the previous 12 months
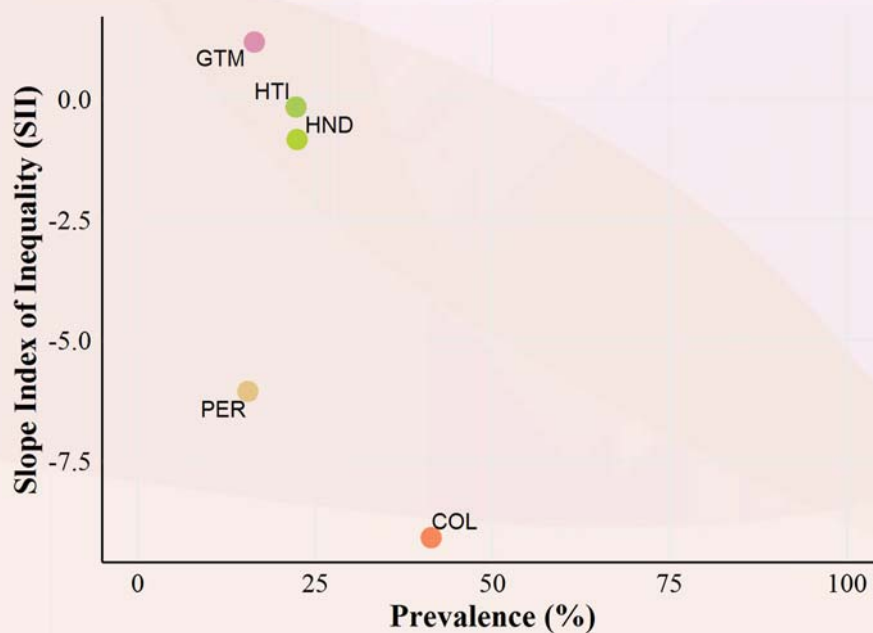
The Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) aims to "achieve the highest attainable standard of health for all women, children and adolescents." Accordingly, it specifies relevant statistical indicators and sets clearly defined targets to be achieved by 2030. Given the emphasis on the collection and availability of Global Strategy data, it is possible to track universal progress towards its targets.

In general, health-related indicators from the Global Strategy measure health outcomes and coverage at the country level by employing averages. However, given the nature of the data, inequalities in health outcomes and 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 that 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: Latin America and the Caribbean (LAC). The analysis suggests that reducing within-country disparities is a priority, as widespread social inequalities in health are identified among LAC countries.

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