

## **Health Inequalities, Level Differentials and Progress Assessment: Case of Measles Vaccination Coverage in India**

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*This paper attempts to assess progress in measles vaccination coverage in India using a method that accounts both for health inequalities and level-differentials with the help of data from the National Family Health Surveys (NFHS) for 1992-1993 and 2005-2006. Methods such as rate-ratio, rate-differentials, concentration index, group analogue of Gini coefficient and level-sensitive progress index have been adopted for this purpose. Results indicate that there are high income-related and group-related inequalities in measles vaccination coverage. The intersectional group of rural-female-SC ST, particularly from Bihar and Uttar Pradesh, are most disadvantaged. The progress is biased as richer and advantaged sections benefited disproportionately from expansion in coverage. Tamil Nadu, West Bengal and Kerala emerge as best performers. Supplementary immunization activities for measles can be effective in promoting health equity in a cost-effective manner. Rural areas and regions with high concentration of SC and ST communities should be explicitly targeted. Like Polio, global declaration for elimination of measles is important to generate political will for rapid progress.*

### **Introduction**

In recent years several studies have monitored and assessed progress towards health-related Millennium Development Goals (MDGs). Without exception, most of them employ methods such as rate-ratios and rate-differentials while assessing inter-temporal, inter-regional and inter-group progress. However, such analysis overlooks two fundamental concerns: first, the focus exclusively rests on population averages, thus ignoring the inherent health inequalities; and second, it does not account for differences in the level of the indicator against which comparisons are displayed. In fact, health deprivations are disproportionately borne by certain identifiable sections of the society. But despite increasing policy

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