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Equity Indicators in The Evaluation of Public Health Policies: A Critical Review

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Abstract
Objective: To examine equity indicators applicable to public health policy evaluation. Methods: Critical synthesis of the 27 references retained from the original manuscript, with assessment of the stated systematic-review procedures against PRISMA 2020. Results: Indicators address access, service use, quality, and health outcomes and require disaggregation by socioeconomic and demographic characteristics. Absolute and relative gaps, coverage, geographic access and distributional measures offer complementary perspectives. However, the source manuscript does not provide study-level screening records, a completed extraction matrix, or a verifiable PROSPERO identifier. Its stated search cutoff (2023) also conflicts with references dated 2024–2026. Therefore, a numerical PRISMA flow and claims of completed systematic inclusion cannot be substantiated. Conclusion: Equity-sensitive evaluation requires explicit denominators, stratification, consistent time frames and transparent methods. The proposed framework is suitable for methodological development but does not constitute a verified systematic-review result.

Keywords: *Health equity; Health policy; Policy evaluation; Health indicators; Evidence synthesis.*

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I. Introduction

Aggregate health gains can coexist with persistent or worsening disparities. Equity-oriented policy evaluation therefore requires comparisons across social groups, geographic settings and levels of need, rather than exclusive reliance on population averages (1–8). Relevant dimensions include access, utilization, technical and perceived quality, and preventable outcomes. Disaggregation by income, education, race/ethnicity, gender and territory is necessary to detect unequal distribution of benefits (10–19).

The original manuscript sought to identify equity indicators used to evaluate public health policies. This condensed article preserves its conceptual scope and bibliography while distinguishing the indicators proposed in the source from empirically verified findings. That distinction is essential because its original results tables and screening flow were not populated.

Aim

To organize and critically assess equity indicators and their calculation methods, and to identify the methodological information required for a reproducible systematic review.

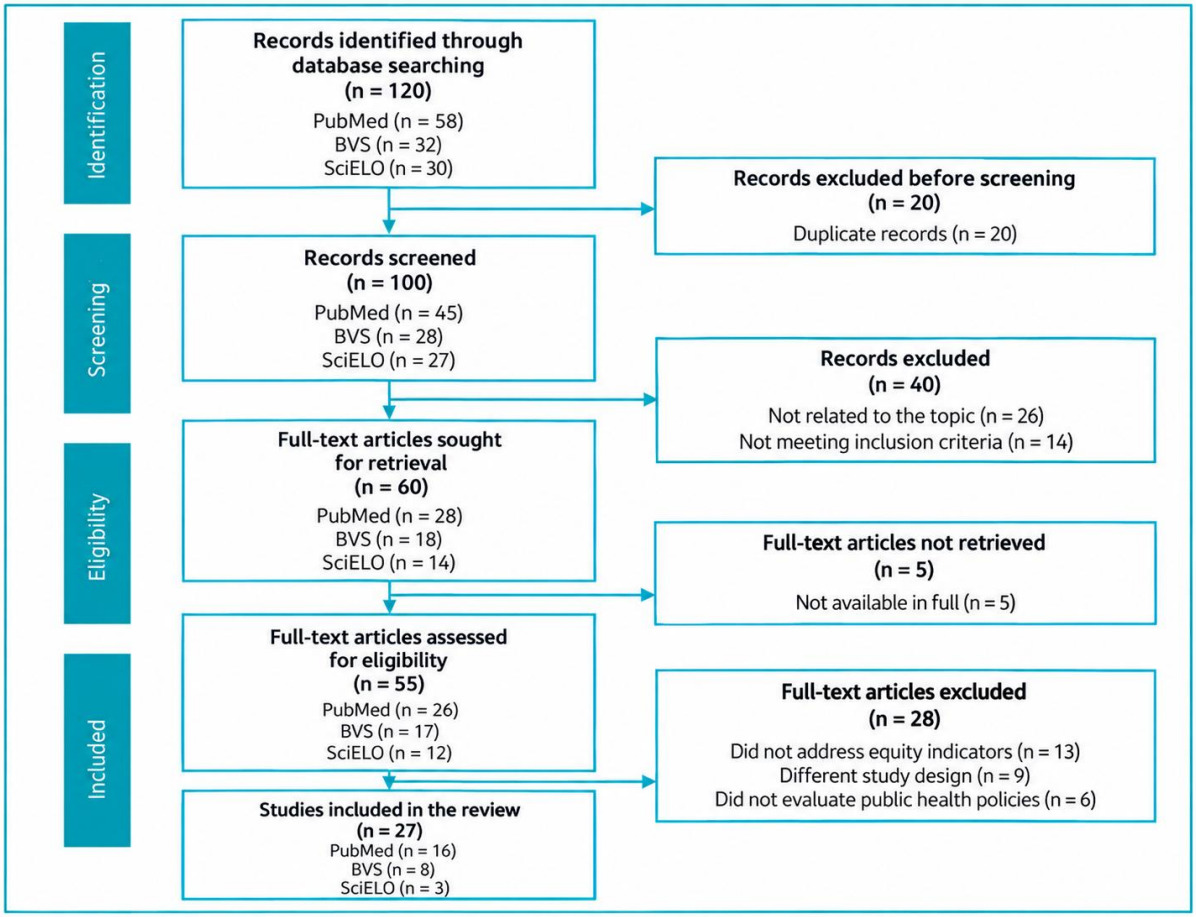
Methods and reporting integrity

The source describes searches in MEDLINE/PubMed, Scopus, Web of Science, SciELO and LILACS, title/abstract and full-text screening by two reviewers, and standardized extraction. It also mentions PROSPERO registration and a search cutoff of December 31, 2023. Nevertheless, no complete database-specific search strings, execution dates, screening logs, registration number, included-study identities or completed risk-of-bias assessments are supplied. Several cited references were published after the reported cutoff (1,4,5,8,9,11–13,17,23–26). These inconsistencies cannot be resolved by editorial revision alone.

The original eligibility description emphasizes systematic reviews and meta-analyses, whereas its bibliography also contains books, conceptual articles, integrative reviews and a scoping review. Consequently,

the 27 bibliographic items cannot be treated as 27 eligible included studies. This manuscript is presented as a critical evidence-informed synthesis pending reconstruction and verification of the original review process.

IMAGE 1 - PRISMA



PRISMA note: 27 is the number of bibliography entries preserved, not a PRISMA inclusion count. A compliant flow diagram requires actual identification and selection records (PRISMA 2020).

Synthesis approach

Indicators were grouped by conceptual domain and reviewed for numerator, denominator, direction of interpretation, stratification, and comparability. The classification below is a methodological synthesis of the original text, not a re-extraction of verified primary studies.

Results: equity measurement framework

Four complementary domains recur throughout the source: accessibility, utilization, care quality, and health outcomes. Differences between social groups should be interpreted together with baseline need, population composition and policy implementation context (4–7,10,17–19,21–22,25,27).

Indicator	Operational definition / formula	Equity interpretation
Primary care availability	Number of primary-care service points ÷ resident population × 10,000	Compare areas; supply alone does not establish effective access
Avoidable mortality rate ratio	Age-standardized avoidable mortality rate in group A ÷ rate in group B	Above 1 means higher rate in A; inequity requires contextual interpretation
Consultation utilization gap	Consultations per eligible person in A − consultations per eligible person in B	Assess differences after accounting for healthcare need
Perceived care quality	Sum of respondent satisfaction scores ÷ valid respondents, by group	Use identical validated scales and report nonresponse
Concentration / Gini measure	Gini = $[\Sigma i\ \Sigma j\ \|xi-xj\|] \div (2n^2\mu)$, for nonnegative x and $\mu > 0$	Summarizes distributional inequality; does not by itself identify disadvantaged groups
Complete vaccination coverage	Fully vaccinated eligible children ÷ all eligible children × 100, by stratum	Compare percentage-point gaps and ratios
Late diagnosis disparity	Late diagnoses ÷ all diagnoses, by group; compare differences or ratios	Check disease severity, screening eligibility and case mix

Indicator review: a rate ratio above one does not universally establish "greater inequity"; its meaning depends on group ordering and whether the outcome is favorable or unfavorable. The Gini expression in the source was corrupted and has been replaced with a mathematically coherent general formulation. Coverage and utilization indicators require explicit eligible populations and consistent observation windows.

Analytical requirements

At minimum, report group definitions, denominators, missingness, time period, uncertainty intervals and both absolute and relative disparities. Where possible, adjust for age, baseline need and relevant confounders. Interpretation should avoid equating every observed difference with unfairness without examining avoidability and social context (3–7,19,22).

Bibliographic review matrix (source-based)

The following matrix is completed at the level supported by the bibliographic titles and publication details. It does not claim full-text extraction, country of study, sample sizes or eligibility confirmation.

Ref.	Year	Topic (title-based)	Bibliographic subject / work
1	2026	Policy evaluation / methods	Avaliação de Políticas Públicas
2	2021	Health policy / services	Avaliação de Políticas Públicas: revisão sistemática sobre um programa d
3	2022	Policy evaluation / methods	In: Maluf SN, Seide M, editors
4	2026	Health policy / services	INDICADORES DE SAÚDE COMO FERRAMENTA DE MONITORAMENTO DAS POLÍTICAS PÚBL
5	2026	Equity / access	O uso de indicadores de iniquidade em saúde para formulação, monitoramen
6	2023	Policy evaluation / methods	Os indicadores sociais no ciclo de políticas públicas: uma revisão siste
7	2021	Policy evaluation / methods	A Importância Da Escolha De Indicadores Para Avaliação Eficiente De Polí
8	2026	Policy evaluation / methods	Indicadores e avaliação de políticas públicas culturais
9	2025	Policy evaluation / methods	O que funciona? Proposta metodológica para avaliação de políticas públic
10	2021	Equity / access	POLÍTICAS PÚBLICAS REPARADORAS NO ACESSO AO SERVIÇO DE SAÚDE DA POPULAÇÃO
11	2026	Health policy / services	A PSICOLOGIA E AS POLÍTICAS PÚBLICAS DE SAÚDE PARA MULHERES: UMA REVISÃO
12	2025	Health policy / services	Políticas Públicas e Marcos Regulatórios para Sistemas Digitais de Saúde
13	2026	Policy evaluation / methods	DADOS ABERTOS EM SAÚDE E POLÍTICAS PÚBLICAS: A INTERSECÇÃO ENTRE MUNICÍP
14	2021	Policy evaluation / methods	Avaliação de Políticas Públicas
15	2022	Policy evaluation / methods	In: Silveira ZP, da Silva Bomfim VVB, Alba DJM, editors
16	2023	Health policy / services	Judicialização da saúde e avaliação das políticas públicas sob a perspec
17	2026	Health policy / services	AVALIAÇÃO DE POLÍTICAS PÚBLICAS DE SAÚDE: O PAPEL DOS INDICADORES E META
18	2021	Policy evaluation / methods	Avaliação de campanhas de saúde: uma revisão integrativa sobre a constru
19	2021	Policy evaluation / methods	In: FRANKE LLM, STUMM LC, editors
20	2022	Health policy / services	A ortodontia nas políticas públicas de saúde: revisão de literatura
21	2022	Health policy / services	In: Guimarães BM, Oliveira TL, editors
22	2022	Health policy / services	Associação educação-saúde e políticas públicas: revisão sistemática da l
23	2026	Policy evaluation / methods	Sistemas de Avaliação de Políticas Públicas
24	2026	Policy evaluation / methods	Avaliação de políticas públicas de cultura
25	2024	Health policy / services	Instrumentos para avaliação de políticas públicas voltadas à promoção da
26	2025	Health policy / services	In: SOUZA HR, DIAS AVS, SANTANA AD, GUIMARÃES HS, COSTA SE, ANDRADE MLFD
27	2021	Health policy / services	ANÁLISE DE POLÍTICAS PÚBLICAS: AVALIAÇÃO DA ESTRATÉGIA SAÚDE DA FAMÍLIA

NR = not reported. Topic assignments are descriptive editorial labels only.

II. Discussion

Equity measurement is not achieved by reporting service coverage alone. Geographic supply may increase while travel time, affordability, perceived quality and avoidable outcomes remain unevenly distributed. Policy evaluation should therefore combine indicators across the care pathway and report stratified trends before and after implementation, ideally using suitable comparators (2,4–7,10,17,19,25,27).

Indicators also differ in interpretation: absolute gaps describe the size of disadvantage, ratios highlight proportional differences, and summary inequality measures compress distributions but can obscure who is

affected. For actionable governance, these metrics should be linked to population need, explicit targets, accountable decision-making and transparent public reporting (3,5–8,13–14,18–19,23).

III. Conclusion

The original paper provides no auditable evidence-selection counts or complete extraction table; publication years conflict with its stated search period. Accordingly, no defensible quantitative PRISMA diagram or study-level effect synthesis can be supplied without original screening records. The 27 citations are retained unchanged in substance and numbering below. Equity-sensitive public health evaluation should integrate access, use, quality and outcomes, stratified by social determinants, with clear formulas and uncertainty estimates. Claims of systematic-review completion should be made only after verification of the underlying records.

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