**Socioeconomic determinants of infant mortality**

* To reach development goals: Influential bodies advocate for more resource to be directed towards health sector/medical treatment.
* Assess relative importance of major socioeconomic determinants of population health; measured in IMR
* Five Socioeconomic factors: GNI/capita, poverty rate, income equality (Gini index), and young female illiteracy rate.
* Analysis stratified for low-, mod- and high- income countries at global level

Results: In order of importance, GNI/capita, young female illiteracy, and income equality predicted 92% of the variation in national IMR whereas public spending on health and poverty rate were non-significant determinants when adjusted for confounding.

low-income countries, female illiteracy was more important than GNI/capita.

Income equality (Gini index) was an independent predictor of IMR in middle-income countries only.

In high-income countries none of these predictors was significant.

Conclusions: The relative importance of major health determinants varies between income levels, thus extrapolating health policies from high- to low-income countries is problematic.

**Background:**

* While IMR was reaching a steady decline, recent years it has reversed. Due to AIDS and other illnesses.
* This is a Millennium Development Goal for the world; allowing humanity to progress further.
* The WHO suggested: increased spending within health sector will reduce IMR
* Major causes of child death (illnesses), indirectly preventable through socioeconomic progress (nutrition, housing, hygiene, education, gender equality, and human rights).
* For example, the association between female literacy and health [12-14] is hardly controversial but it is not known whether it is the reading skills per se or other immeasurable effects of increased gender equality that contribute most to child survival.
* Gross National Income clearly associated with IMR; but doesn’t provide policy makers guidance on how to most efficiently reduce mortality.

**Results**

* 3 socio-economic variables predicted 92% of the variation of national IMR at global level.
  + GNI/capita: strongest
  + Young female illiteracy rate (most important in low income countries but also in middle income countries)
  + Income distribution (gini index): most important in middle income countries
  + Public health spending didn’t have an impact (unlike previously thought); when GNI/capita is taken into account
  + High income countries no significant association between socio-economic factors and IMR.

**Discussion**

* Intermediate and proximate level determinants such as immunization rate, knowledge of oral rehydration therapy, access to sanitation, and electricity had stronger correlations with child mortality than GNI/capita.
* in low- and middle-income countries, crude socioeconomic variables such as GNI/capita, female illiteracy rate, and income distribution (Gini index) explain a large part of the variation in IMR. However, such factors are less important in high income countries.

**Conclusions**

* Crude macro measurements of public health sector spending do not have an independent effect on health gains.