

Equity in Healthcare: Status, Barriers, and Challenges

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Abstract

Global health provides a challenge for primary care and general practice which will become increasingly important in the future as the prevalence of multimorbidity increases. There is increasing likelihood of survival from acute illnesses and increase in the elderly population. This literature review focuses on the health inequities, the role of family medicine and the factors that are essential in overcoming these inequalities.

Health disparities refer to gaps in the quality of health and delivery of health care across racial, ethnic, gender and socioeconomic groups. The health disparities vary among different countries and the factors that lead to these disparities differ across the world. Family medicine plays a crucial role in bridging this gap and is an essential backbone of the society in developing nations as well as the wealthier nations in providing equity in health care to all people. There are many factors leading to inequity in health care. Family medicine should be recognized as a specialty across the world, as family medicine with its person centered care can bring about a global change in health care. This issue has to be taken up more seriously by the institutions like the WHO, UN and also individual governments along with the political parties to create uniformity in health care. In the current setting of the global economic and financial crisis, a truly global solution is needed. The WHO has come up with various strategies to solve the issue of financial crises and ensuring equity in health globally. This will ensure equal health care to all people especially the underprivileged in developing countries who do not have access to better healthcare due to lack of resources. This factor is a major contributor to the premature death of individuals at all stages of life from new born to the elderly and includes infant mortality and mortality due to chronic diseases. This is important in creating uniformity in health care across the world but has to be considered at a global level to have an impact.

Keywords: Family practice, health, health care disparities and health services

Introduction

Increasing disparities in health, including concerns regarding health of the poor, has resulted in emergence of “health inequalities”, as an important issue for Health Care Planners and Policy makers (1). “Equity in Healthcare” is an ethical concept and is based on the right of an individual to have access to healthcare. “Social Justice” or “Fairness” are terms used in a similar context but mean different things to different people at different times (2).

“Equity in Health Care” means that health resources are allocated and health care services are received according to need. Payment is made according to ability to pay. It underlines a commitment to ensure guaranteed access, high quality and acceptability in healthcare services for everyone. International efforts towards achieving health equity have focused on reducing the dramatic health disparities between better and worse off nations even though the evidence demonstrates large health disparities between social groups within countries(2).

Global health offers a challenge for Family Physicians, as they become more important in future due to the rise in prevalence of multi-morbidity; a result of increasing likelihood of survival from acute manifestations of illness, ageing population and as the cost of care increases with increasing availability of technologic interventions(3). Family Physicians play a fundamental role in providing equity in healthcare by looking after the needs of the underserved populations. This issue should be taken up as a challenge at the global level before we face an irresolvable crisis (4).

Family Physicians are trained to provide comprehensive health care based in a well coordinated manner and can handle a complex set of problems in a patient with ease and efficiency. They are considered the first step of contact with the healthcare delivery system (5) and have a patient centered role (6)

This article focuses on equity in health care, role of Family Medicine in providing it and challenges it faces in doing so. The second objective is to focus on the barriers in providing equity in health care with a vision to overcome them.

Achieving Health Equity - from root causes to fair outcomes

“Equity in Healthcare” is provision of equal health care to all regardless of different levels of social advantage or privilege(2). It ensures equitable health care provision to individuals in equal need (often referred to as horizontal equity), irrespective of individual’s socio-economic status, gender, race etc. It highlights targeting those with poor health status, larger disease burden and fewer resources. It favors populations and countries with the greatest burden of poverty and disease. Equity in healthcare provision ensures that people have access to a minimum standard of healthcare, based on concept of equal access for equal need. Inequities in health care results from disparities among groups of people with variable social position based on factors like income, occupation, education, geographic location, gender and race/ethnicity etc(7). Such disparities result in inequities in health and are considered avoidable, unfair and unjust(8).

Provision of access to healthcare for all in need requires economic means and political will. Evidence demonstrates pervasiveness of inequities in health and healthcare both between and within countries at different stages of development(9). The second half of the 20th Century saw improvement in life expectancy and child survival but progress among disadvantaged groups has been slow, resulting in inequities in health and healthcare that have persisted and in some case even widened(10).

Poor and marginalized segments of society have more needs for health care than their rich counterparts. However, access to healthcare still follows the inverse care law and the availability of good quality healthcare

seems to be inversely related to the need for it(1).

Currently, a significant majority of the world’s population is without appropriate healthcare, mainly due to financial constraints or a lack of governmental will to provide sufficient funds for provision of basic health care along with the education and training of doctors. As a result, there are insufficient numbers of qualified doctors in most parts of the world including wealthier nations.

A paper from Libya examined primary health care components namely manpower, equipment, space arrangements and management systems in Benghazi city. A sample of 9 health centres and 7 polyclinics were selected for gathering information. Facilities were well staffed. The medical and management side appeared strong in terms of education, experience and skills. Facilities had full equipment but were neither well utilized nor well maintained. Facilities had either started or were in the process of initiating system based management techniques. Human resource development activities were not emphasized at primary health care level. Decision making processes at these facilities require improvement through participation. Demand analyses should help to manage equipment and material resources. Development of systems and manuals should be encouraged to improve standards.

Role of Family Medicine in Society

Equity is one of the core principles of the Primary Health Care(11). Family physicians are considered the back bone of the health care system and provide comprehensive care to families, irrespective of age, gender, or illness(12). They are capable of providing care for the majority of conditions encountered in the ambulatory setting and integrate all necessary health care services along with provision of preventive, promotive and rehabilitative services to each member of the family.

Globalization trend is having pronounced effects on health

care(13) through influences on economic and social determinants that are threatening equity. New emerging challenges require new approaches to organizing services, with a specific focus on people and populations and their illnesses rather than specific diseases alone. Family medicine is an area of expertise providing health care based on the principle of comprehensive, and coordinated approach to achieve early recognition and management for the multiplicity of conditions likely to be long-standing and life-threatening(6,14). These aspects of Family Medicine make it the unique specialty that can help promote Equity in Healthcare delivery.

Examples from family medicine:

Family Physicians cater to all age groups with a cost effective approach and refers those requiring specialized care. It has been shown that patients receiving care from Specialists providing care outside their area of expertise have higher mortality rates for community-acquired pneumonia, acute myocardial infarction, congestive heart failure, and upper gastrointestinal hemorrhage(15). A higher rate of referral and investigations are offered by other Specialists, eventually leading to increased burden on health care services(16).

Early detection of breast cancer,(17) cervical cancers,(18) and colorectal cancer(19) is significantly higher with increasing numbers of Family Physicians in comparison to other Specialists. Family Physicians play a vital role in preventing disease as well as promoting healthy lifestyle, as first contact in the community. They manage most common illnesses in the community.

Increased accessibility to Primary Healthcare Physicians has shown better population health and lower total healthcare costs(20). Family practice is associated with reduced socio-economic disparities in overall mortality, infant mortality and low birth weight, stroke mortality, self-reported health and avoidable hospitalizations(21).

The equity-enhancing effect of primary care is evident through a research, with 17% lower post neonatal mortality in high income populations having a good number of primary care physicians, in comparison to 7% in low income population areas deprived of primary care physicians(22).

Barriers to health care

Lack of Primary Care Physicians globally is a concern since a majority of care is specialist oriented that contributes to high-priced healthcare, particularly in wealthier nations.

Lack of support from the government, including failure to recognize Family Practice as a distinctive entity in the health care system, with disproportionate allocation of funds for tertiary care(23), lack of support from the other health care professionals and with a sense of questionable financial stability leads to increased preference of subspecialty for future specialization and career choice. Lack of recognition of Family Medicine as a distinct Specialty has led to limited training opportunities for doctors in primary care and failure to incorporate as a subject in the curriculum for undergraduate teaching(23). As a result of such neglect, there is scarcity of leaders and role models in this emerging specialty.

Time constraint is a barrier to effectively address the multiple complex problems presented by patients in primary care(25).

Language barriers, low education, and poverty also lead to decreased preventive care and discomfort with male health care providers leading to poor attendance(26). Cultural beliefs of Patient and Health Care Providers may not be compatible, leading to suboptimal health outcomes and health care inequity (27,28).

Issues of poverty are real with 108 and 91 nations deemed low and middle income respectively. Nations will need to decide if universal healthcare is a spending priority for them or not. The sequel of poverty

and lack of appropriate healthcare creates an exponentially increasing financial burden, perhaps even higher than the cost of strategic programs designed to provide universal healthcare. This burden includes issues of public health, sanitation, clean drinking water supplies, poor nutrition and housing among others.

If individual poor nations cannot economically provide these healthcare services - should wealthier countries be assisting? Certainly wealthy countries have a vested interest in global health, with disease outbreaks, pools of unimmunized people, and lack of equity and parity leading to social unrest and wars.

Economics of health equity:

Economics of health equity is measured using tools such as the Gini index(29). The Gini coefficients or index is a measure of the inequality of a distribution, a value of 0 expressing total equality and a value of 1 maximal inequality.

The following points should be considered while providing resources in order to maintain equality.

1. Equal life chances: life outcomes should be determined by individual choices and not conditions beyond an individual's control.
2. Equal concern for people's needs: those goods and services understood as necessities should be distributed to those otherwise unable to access them.
3. Meritocracy: positions in society and rewards should reflect differences in effort and ability, based on fair competition.

Impact of financial crisis on Health : A truly Global Solution

In the last few months, the forecasts for economic growth in all parts of the world have been revised(30).

It is not clear what the current economics have in store for low income and developing countries, but the predictions are highly pessimistic. Family medicine thus, has an important role in affluent as well as

MDG Goals	MDG targets	Initial	Recently	Target
Goal 1: Eradicate extreme hunger and poverty	To decrease poverty by half the initial value	42%	25%	21%
	To decrease undernourishment by half the initial value	20%	17%	10%
Goal 2: Achieve universal primary education	Universal education	83%	88%	100%
Goal 3: Promote gender equality	To promote Equal ratio of girls to boys	91	95	100
Goal 4: Reduce child mortality	To reduce it by 2/3rd of initial	107	74	34
Goal 5: Reduce maternal mortality	To reduce it by 3/4th of initial	480	450	120
Goal 6: Ensure environment sustainability	To increase access to sanitation by half of the initial value	57%	45%	28%
	To increase access of clean water by half of the initial value	28%	16%	14%

Source: UN Millennium Development Goal Report, 2009.

Table 1: Millennium Development Goal for developing countries

developing nations at this hour to bring about equity.

A global crisis requires global solidarity and actions.

The impact of the crisis will vary by country, but to sustain levels of health there is growing consensus as to what needs to be done.

People are the ultimate target of economic recovery(30).

Effects on health indicators:

Despite substantial progress in recent decades, with strategic planning and raising the bar of quality of health care provision, we still lag behind in providing health for those in dire need and are unable to achieve millennium development goals. In this instance developing countries lag

far behind as compared to developed ones(31).

Target and Recommendations :

Equity in healthcare must be made a priority by governments, where plans and reforms should focus on offering healthcare to all, regardless of social, economic or religious factors.

It is only through putting "Equity in healthcare" on the political agenda, that governments will be able to achieve this goal. There should be national legislature that entrenches values of equity and social justice, and lays the basis for the legal environment to promote equity. Health equity cannot be regarded as the responsibility of the health sector alone, it needs to be treated as an issue that requires collaboration among all stake holders including public, governmental and non-governmental sectors.

There are seven principles of action for addressing global health inequities(32).

- 1) Improving living and working conditions
- 2) Enabling healthier lifestyles
- 3) Decentralizing power and decision making
- 4) Conducting health impact assessments of multi-sectoral actions
- 5) Keeping equity on the global health agenda
- 6) Assuring that health services are of high quality and accessible to all.
- 7) To base equity policies, monitoring and evaluation.

Vision: Health Care Reform and Primary Care - The Growing Importance of the Community Health Center

By the year 2015 every country should have an integrated system for monitoring the health system equities that informs, monitors and evaluates health and other socio-economic policies (32).

There should be community health centers in every part, urban as well as rural areas of every nation, that provide health care to all the people irrespective of their ability to pay. The services rendered to insured patients and uninsured patients should be given equal importance and access to health care by allowing them to "pay-as-you can"(33).

This also requires transforming education to strengthen health systems focusing on equity in healthcare(34). In their commission report, Julio Frenk and colleagues highlight the expansion of "academic centres" to "academic systems" as a key process in the transformation of health professional education for a new century. Such a programme could enhance meaningful interprofessional education for medical students, favouring continuity of training and care, patient and community centredness, and social accountability.(34)

This system will allow equal access to health care to all irrespective of the nature of illness, gender, socio-economic status, race and the medically underserved population.

With set goals in mind can we achieve equity in health care at a global level.

Conclusion

To meet desired goals in achieving "Equity in Healthcare" is a real challenge for health care professionals and governments and requires a collaborative effort. The rate of progress needs to be accelerated and the poorest need to have full access to quality services, with investments made to meet targets.

This is a global issue and requires participation from all the countries to come forward to assist equity in health care. Similar to the collaborative efforts of all countries to eradicate AIDS, tuberculosis, and malaria, this issue should be brought forward on an International agenda, to support "Equity in Healthcare" and promote Family Practice as a separate specialty to help all population living in communities.

This goal cannot be achieved with effort of the health care sector alone but it involves all stakeholders at global level, so that equity in health care can be achieved for all, irrespective of the barriers of socio-economic status, gender or nature of illness. Thus equity in healthcare should be an important component in the future definition of general practice/family medicine.

Glossary

Horizontal equity:

Equal treatment for equal need

Vertical equity:

Extent to which individual's unequal in society should be treated preferentially

Comprehensive care:

It is a concept bringing together inputs, delivery, management and organization of services related to diagnosis, treatment, and care, rehabilitation and health promotion

Health Indicator:

A measure that reflects, or indicates, the state of health of persons in a defined population. Examples - rates of disease, disability and death.

Health Disparity:

A statistically significant difference in a health indicator between groups that persists over time.

Health:

A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

Autonomy:

It refers to the capacity of a rational individual to make an informed, un-coerced decision.

Globalization:

It is defined as increased interconnectedness and interdependence of people and countries, and generally includes two interrelated elements: the opening of borders to increasingly fast flows of goods, services, finance, people and ideas across international borders; and the changes in institutional and policy regimes at the international and national levels that facilitate or promote such globalization.

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