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Short Communication

Access to health services and health inequalities in remote and rural areas

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ABSTRACT

Access to health care includes the availability, accessibility, awareness, accommodation or adequacy, affordability, and acceptability of health services. Scarce health facilities, long distances to health facilities, shortages of medicine, level of poverty, shortages of doctors, dentists, and other health professionals, level of education and knowledge among populace on orthodox treatment practices are factors that affects access to health care. Level of awareness among the populace of preventive and curative services offered by health facilities, absence of health insurance, and inability to afford the cost of health services are obstacles limiting rural people from recognizing and achieving the health and social related Sustainable Development Goals (SDGs), that requires that access to good quality healthcare is improved significantly in rural areas and under-served population.

Health inequalities exist both between and within developed and developing countries, both between and within urban, semi-urban and rural areas. Health inequalities are determined by various socioeconomic factors: such as age, sex, race, ethnicity, education, income, social status, unemployment and place of residence of the population. The factors that give rise to, and worsen, inequalities in health are multidimensional. Interventions in addressing health inequalities would involve economic policies, strategic health planning, health education on avoidable risk factors for poor health, use of telemedicine/tele dentistry, and reduction of unmet healthcare needs among various population groups. Other interventions are poverty eradication interventions especially in remote and rural areas, healthcare financing through budgetary allocation, and improving access to health service through universal health coverage, with an organized and efficient health system.

Keywords: Access, Healthcare, Health care System, Health care Inequalities, Rural. SDGs

INTRODUCTION

Good health, social and economic development are linked inseparably, hence it is essential for governments and development agencies to commit resources to the health sector [1]. Scarce health facilities, long distances to health facilities, lack of effective and well-organized transportation systems, lack of basic health-facility

infrastructure, insufficient health personnel and inability to afford the cost of health services are obstacles[2] limiting rural people from recognizing and achieving the social and health related Sustainable Development Goals (SDGs) [3]. This requires that access to good quality health care is improved significantly in rural areas and under-served populations [3].

Difficulties with transportation and communication, shortages of doctors, dentists, and other health professionals, limited or lack of health care facilities, level of education and knowledge among the populace about treatment practices [1], shortages of medicines [3], short opening hours of some health care facilities, financial constraints and poverty are barriers [2] to accessing quality health care in rural and remote areas. Level of unemployment, unequal distribution of health resources, awareness among the populace of preventive and curative services offered by health facilities, and absence of health insurance are also barriers [2] to access to quality health care in rural and remote areas.

Access to health services

Access to quality health care services [4] is a persistent issue in most developing countries, but the extent and seriousness of its impacts differ with each locality and region. Access to health care includes the availability [5], accessibility, awareness [6], accommodation (the extent to which the health service provider's operations like facility structures, appointment or referral systems, waiting times, working hours are organized in ways that meet the limitations and preferences of the patient), acceptability (the level to which the patient is comfortable with the services of the health provider, and vice versa in respect of services provided, social, religious or cultural concerns) and affordability of health services [2,5]. Different population groups have different health needs, which are health inequalities [5]. These health inequalities are frequently considered in terms of socioeconomic position, race, ethnicity, geographical location, gender and age [2,5]. Access to health services is a major health issue and limited access affects the performance of health care systems locally and globally. Lack of access to health care reduces the opportunity to obtain and appropriately use quality health services which is important for a person's well-being and optimal health [2].

The economic and social structure in rural areas is poor, and as a result, the access to doctors, dentists, particularly specialists, hospital services, preventive care and emergency services, is limited [2]. This is further worsened by the lack of transportation for rural dwellers that live a long distance from health care facilities and among rural dwellers that live along water bodies. The consequences are poor management [4] of certain illnesses and delayed care for emergencies leading to poor health outcomes and even premature death [2]. Affordability varies with the seasons, and the irregular and unreliable nature of the income of some rural dwellers [1].

The challenges associated with access to health care are common in African countries [2, 3, 5], with about one health care worker per thousand people in some developing countries in Africa. The vast rural areas in sub-Saharan Africa are either underserved or un-served with reports of lack of, or limited access to health care due to shortages of skilled health care workers [3], geographical accessibility of the health care facilities, long waiting hours and poor service quality. Difficulty in attracting and retaining health

professionals [4], absence of health facilities and medicines, lack of career progression opportunities for health professionals and absence of health insurance [5] affects access to health services in remote and rural areas.

Knowledge and understanding of the barriers to health care in rural and remote areas is important in designing more effective interventions to overcome these barriers for all underserved or un-served patients in different geographical settings and regions. Residents in rural and remote areas have the same rights [2, 4] to quality health care as their urban counterparts. Overcoming or reducing the barriers to healthcare access is essential for improving health status, and achieving the social and health related Sustainable Development Goals (SDGs) [3] that requires that access to good quality healthcare is improved significantly in rural areas and under-served populations.

Health inequalities

Health is affected by a range of personal, social, economic and environmental factors that change over time [7-8]. These include: income and social status; childhood experiences; physical environments; employment and working conditions; education; social support networks; personal behaviors and coping skills; access to healthcare; individual genetics, culture and lifestyle [7-8]. The social factors are the situations into which people are born, grow, live, work, and age. Healthcare structures are put in place to deal with medical conditions. Social determinants of health refers to the social [7] and economic factors that relate to a person's place in society, such as education, occupation or income [8]. These are in turn fashioned by wider forces that vary between developed and developing countries: economics, social policies, and politics, including the distribution of money, power and resources at global, national and local levels [8]. The factors that influence disparities in healthcare are multidimensional and interlinked [8].

Poor access to health care, especially in developing low-income countries, and remote and rural areas reflects health inequalities [5,7,9-10] Health inequalities is differences in health status, or in the distribution of health determinants among different population groups [7,9-10] such as differences in mortality rates between people from different social classes.

Health inequalities [8, 10] are determined by various socioeconomic factors that reflect on and affect other components of a health system, resulting in poor health outcomes, mortalities and financial losses [11]. Socioeconomic inequality in health exists regardless of countries development status and advances of health system [12]. Some health inequalities are attributable to genetics, environmental conditions [10] or lifestyle choices that are mainly beyond the control of health policies [12]. This type of health inequalities is inevitable [11].

The causes of health inequalities may be deep-rooted in political and social decisions and priorities [13] resulting in unequal distribution of income, power and wealth. A policy for reducing health inequalities should reduce or remove health status differences or health inequities caused by unfair and avoidable factors [12]. Regional and geographical differences [14] in the availability of healthcare services including infrastructure, equipment, and number of health professionals exist. They exist both between and within developed and developing countries and both between and within urban, semi-urban and rural areas.

Health within a population is strongly linked to the distribution of wealth within that population, [12] and this is especially so in developing low income countries with large numbers of people living in remote and rural areas. There is a positive impact of good health on various aspects of economic life in countries, including productivity,[15] income,[15] consumption, as well as economic growth.[14-15] Access to quality health care is a significant factor in promoting the economic growth of a country [14-15]. Poor health reduces work hours, efficiency [14] and recreational time. Academic achievement is also impaired as well as loss of time at school and play among children. The health of the general population of a nation depends in part on access to health care.[11]The major determinants which varies from developed to developing countries, urban to rural areas range from the availability of health infrastructure, health insurance and health services (medical, dental, nursing, pharmacy, emergency, radiological, laboratory etc), to the quality and effectiveness of health professionals and personnel, the financial resources to access general and specialised care by patients and available health system.[11]

Health inequalities exist and the factors that give rise to, and worsen, inequality in health are multidimensional. Interventions [12] in addressing health inequalities would involve economic ,public, social and environmental policies, strategic health planning, health education on avoidable risk factors for poor health, use of telemedicine/tele-dentistry, [9] and reduction of unmet healthcare needs among various population groups. Poverty eradication interventions [12] especially in remote and rural areas, public health reforms, healthcare financing through budgetary allocation, and improving access to health service through universal health coverage with a functional health system towards achieving social and health related Sustainable Development Goals are also interventions to address health inequalities in remote and rural areas.

CONCLUSION

Poor access to health care and health inequalities exists in remote and rural areas. The factors that give rise to, and worsen, the situation are multifactorial. Universal health coverage with functioning efficient health systems, economic policies, poverty eradication interventions especially in remote and rural areas, strategic health planning, accessible roads and healthcare financing through budgetary allocation could address poor access to health care and health inequalities in remote and rural areas.

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