Policy Brief

MINIMIZING INEQUITIES IN ACCESSING HEALTH CARE SERVICES

Task Force 6
Global Health Security and Covid-19
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Abstract

Health is essential in all forms of economic development. However, disparity across all aspects (geographic, gender, socioeconomics, etc.) hamper health service delivery and leads to inequity. This concern is critical, especially regarding access to essential health services, exacerbated in times of pandemic, more importantly in developing countries. To solve inequity, total alleviation and integration are critical to be implemented from all angles. This requires breaking down stigma across gender, geolocation, and economic disparity while designing and implementing effective policy instruments that address systemic inequity.

OBJECTIVE

This policy brief aims to recommend the G20 countries to minimize the impact of inequities that hamper essential health services delivery.
Challenges

Health inequities may refer to differences in access and eventually affect the health status amongst population groups. Many aspects are considered to tackle the disparity in terms of gender, geographical area, and socioeconomic background to ensure that all people get the same access to essential health services. The following details highlight some challenges in developing countries regarding gender inequities in accessing health care services.

Gender inequity exacerbates the shortage of access, particularly for women, which is unfortunate as it could impact the next generation. This can be seen in maternal death remains a significant problem in many countries, particularly in LMIC, as the rate of decline of maternal death remains unimproved. Income inequity between men and women exacerbates the inequalities in welfare and health, in which women in the healthcare sector earn 24% less than men. Moreover, women tend to care for family and thus participate less in the labor market, which affects their empowerment and increases vulnerability.

Challenges to accessing healthcare among women are explained by several factors, such as less power to decide, intersectionality between the disruption effect of the COVID pandemic, and being in the more vulnerable group. Women tend to have less power when it comes to household health decisions, particularly in developing countries. Moreover, women were affected by COVID-19 worse than men in accessing health services; particularly, it affected women's access to Maternal Newborn and Child Health (MNCH) and Sexual and Reproductive Health (SRH) services. Women with a disability, migrant women, and women of lower socioeconomic status face greater barriers to SRH access before the COVID-19 disruption and even worse during and after the COVID-19 pandemic.

Intersectionality between the gender gap and socioeconomic worsens the challenges in accessing healthcare services, meaning that women of lower socioeconomic status are more impacted by the challenges of accessing healthcare services. Socioeconomic disparity, especially poverty-driven, is an essential driver of health inequity. Poverty affects poor sanitation and nutrition, which leads to stunting and other innate health conditions. Women of a lower socioeconomic status have difficulty to access education leads to employment status, which later impacts access to health care coverage. Access to education affects understanding health factors and risks, which correlates with access to health care services. The labor market,
particular the informal one, is correlated with poor working conditions, which impacts workers’ health which further divides the opportunity of having better welfare and living condition.

Access to health care services among women in underserved areas is also worsened access to health care. Regional inequity affects health service quality, particularly when judging the supply side’s readiness. The gap between transportation and mobilization creates a gap in access when other supplies or infrastructures are available. The number of medical and healthcare workers, particularly in developing countries, is scarce and inadequate due to the complexity and high cost of training, education, and preparing medical and healthcare workers. In addition, poor distribution of HRH negatively affects the working delivery of healthcare, from primary to secondary level.

The inadequacy of financial protection schemes affects the ability to access health services. Poor integration of social safety net and lack of coordination between national and subnational governments in ensuring health delivery affects health care coverage. In addition, the privatization of healthcare services pulls up market mechanisms, making some services unavailable to the poor or middle-income. This includes assistive devices (e.g., glasses), or services associated with low awareness and/or willingness to pay (e.g., dental services). Above all, the COVID-19 pandemic exacerbates inequity of access, particularly among women in developing countries.
Recommendations

According to the challenges mentioned above that occur in most developing countries, some recommendations to tackle health disparities are formulated as the following:

1. We urge governments to implement pro-gender measures to narrow the gap between men and women through:
   a. Affirmative gender equity policies that are in line with the United Nations (UN) 2030 SDG (Gender Equality) to achieve gender parity directly or indirectly support the objectives of health equality.
   b. Improving access for women in the labor markets and reducing gender pay gaps will contribute to an increase in women’s empowerment.
   c. In the women-intensive sectors, reforms should support increasing women’s empowerment and productivity (e.g., access to technologies, training, and capital).

2. We urge countries to inherent strictly the pro-poor policy measures for reducing health inequity, including:
   a. Comprehensive design and effective implementation of social protection, particularly for the poor and lower-middle-income.
   b. Fiscal transfer measures to improve the nutritional and sanitary condition of poor and lower-middle income.
   c. Within the health systems, reforms could improve health coverage for all people.

3. We urge countries to accelerate and enhance cross-sector synergies to alleviate critical supplies of healthcare,
   a. Investment in transportation and infrastructure system,
      i. Particularly ones that can assist mobilization of people (such as public transport).
      ii. Improving extensive network of the referral system, particularly emergency support system.
   b. Investment in healthcare education to improve the quantity and quality of healthcare worker graduates,
      i. Digitalization of medical training to improve quality of care, including telemedicine to reach people in remote areas.
      ii. Offering incentives for better distribution (e.g., remote placement incentives for doctors) and a choice of enrolling in healthcare-related studies.

4. We suggest countries to ensure access for primary care, essentially to improve coverage with options to lever quality with opportunities to enhance the quality through other schemes,
a. Harboring investment for improving universal healthcare coverage, mainly through public healthcare insurance schemes,
   i. Urge countries to increase proportion of GDP for healthcare to be doubled by 2050.

b. Improving the coordination across various social assistance schemes, as well as private health insurance, to ensure adequate coverage,
   i. The integration of social protection needs to prioritize extensive coverage for poor and informal workers,
   ii. Coordination between national and sub-national governments in ensuring essential healthcare for all.
   iii. Implementing innovative means of healthcare financing to improve access to innovative medicine.
References


