

Access to health Care: challenges of delivering services to rural and remote populations in Guyana.

BSc Lecture presentation in Global Health Issues,
Imperial College London

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Content

- Characteristics of a good health system
- Main features of health access
- Definition of rural and remote communities
- Types of health care facilities
- Types of care delivery challenges to rural and remote communities using Guyana as a case study.



Learning Outcomes

Be able to describe some of the:

Key features of health care access.

General approaches to delivering care to indigenous populations.

Geographical concepts in care delivery

Challenges of health care delivery in rural and remote areas

Rationale for Health Systems

“Better health is the *raison d’être* of a health system, and unquestionably its primary or defining goal...”

World Health Organisation

A Good Health System

“The essence of a satisfactory health service is that the rich and the poor are treated alike, that poverty is not a disability, and wealth is not advantaged.”

Aneurin Bevan

In simple terms, it should be good, responsive and fair.

Urban v. Rural Health Care Systems

“..., the health system had ...never been able to deliver even the most basic services to people in rural areas. Health facilities and clinics had been built, but primarily in urban areas.... Major urban hospitals received around two-thirds of all government health budgets, despite serving just 10% to 20% of the population.”

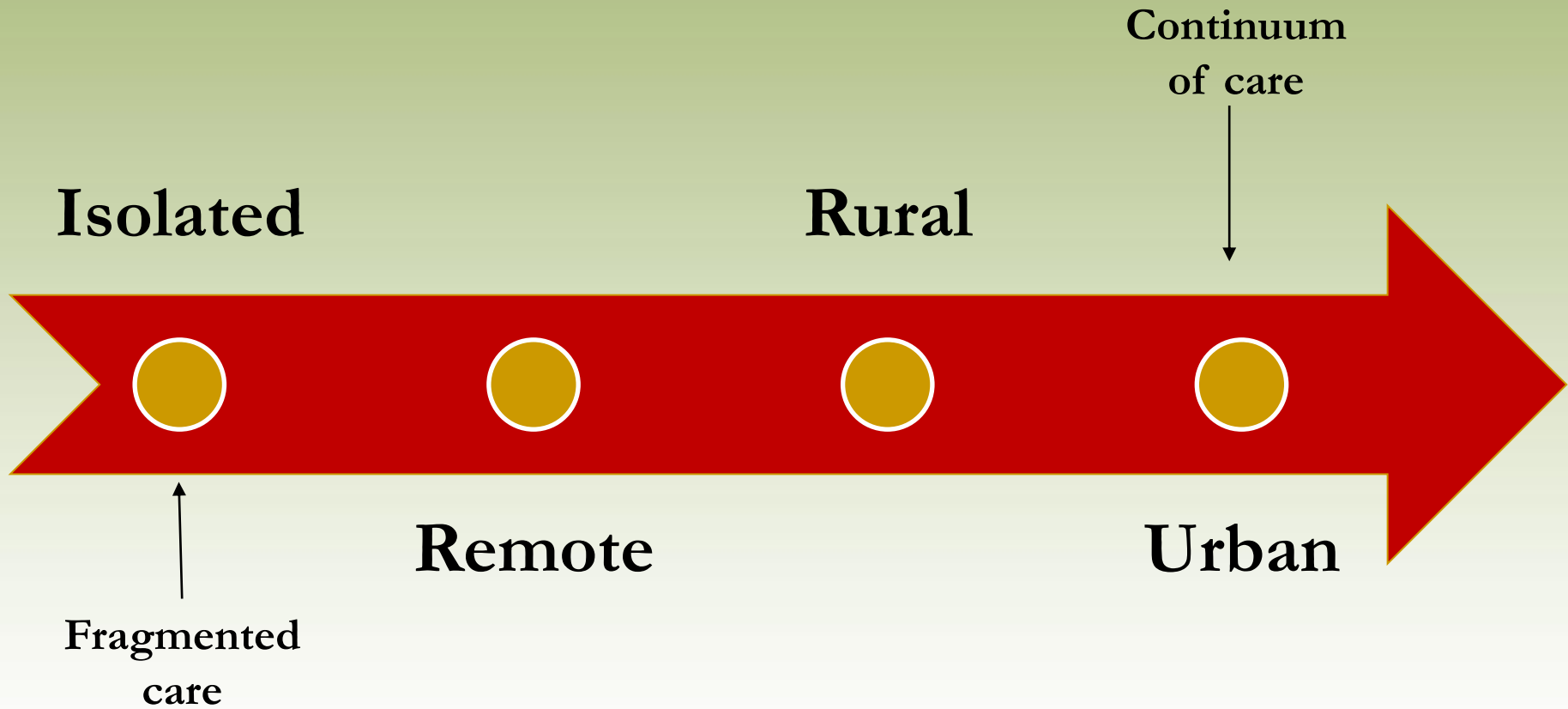
WHO report of 2000

Rural, Remote & Isolated

Variety of definitions: No universal standard.

- **Rural:** < 30000 pop in an area 30 mins drive from pop centre > 30,000. (most suburban areas in US & Canada)
- **Remote:** Community located over 350 km from the nearest service centre having year-round road access.
- **Isolated:** an area with scheduled flights and good telephone services; but without year-round road access.

Geographic Continuum



Urban v. Rural

Urban care:

- Hospital dominated / specialist care
- Diverse care services/ good referral services
- High levels of private care services (unregulated fee charging)

Rural care:

- Regional & Cottage hospitals & health centres
- Fragmented care approach based on individual disease control
- Limited resources, no continuum of care

Essence of Access



medications

What is
Access?



medical services

- It is the extent to which products and services may be obtained at a level of effort and cost (monetary, convenience & social) that is acceptable to and within the means of poor and vulnerable groups.



Why is Access important ?

- **Access is at the heart of what health systems DO!**
- **Advocacy promotes Access**
- **Without Access services are undeliverable.**



Access is not just a Strategic Priority.
It is the reason for our Existence!

Access Benchmarks



medications

Benchmarks



medical services

- 2 key benchmarks - DFID
- Financial and social costs
- Is it within the reach and means of the collective grouping of poor, marginalized and vulnerable groups?



Components of Access

Effective Access must address a combination of these factors:

- **Affordability**- cost, user fees, clients ability v. willingness to pay, availability of services in rural and remote communities, perception of quality (reduced waiting times, travel & better service), provision of holistic services.
- **Convenience** (accessibility)- availability of services, waiting, opening & closing times, after hours services, reduced travel, provision of holistic services.

Components of Access

Effective Access, contd:

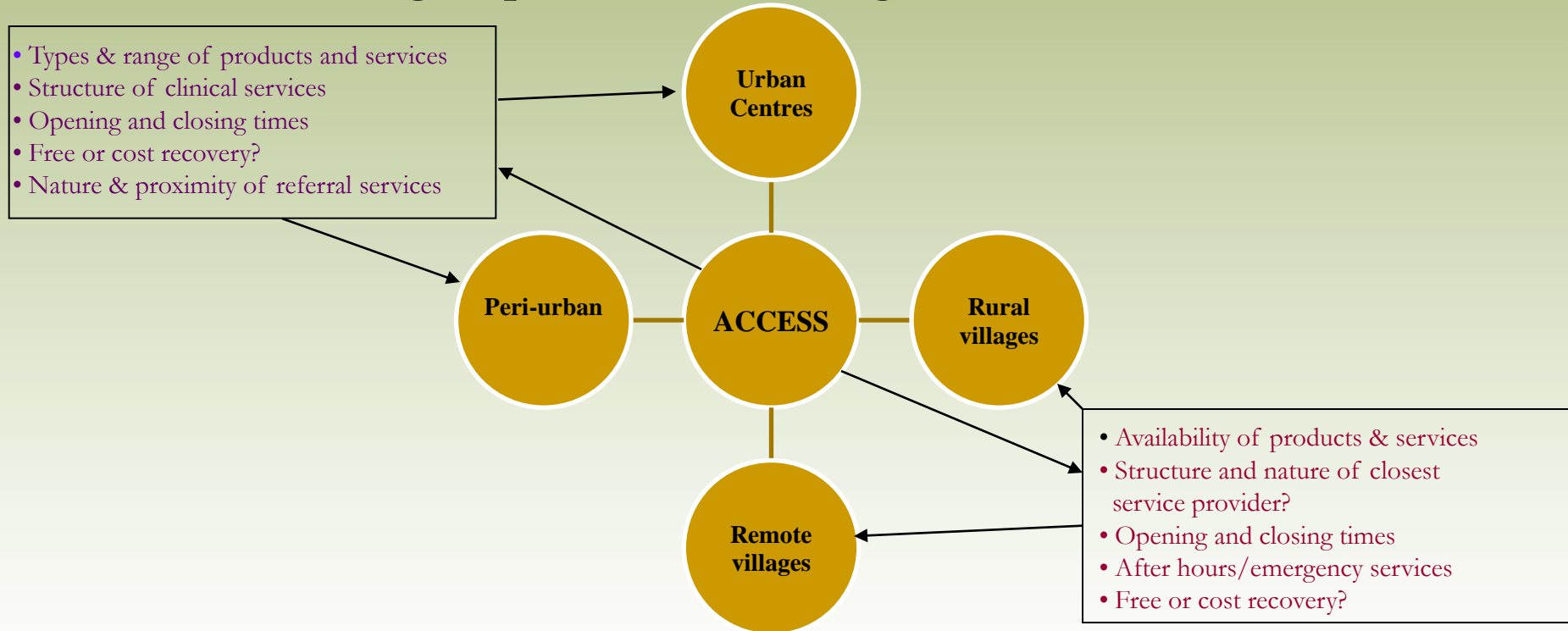
- **Social** (acceptability)- meeting needs of various social groups; gender, ethnic, youth, elderly, gay, lesbian, rural, urban, semi-urban, etc.
- **Cognitive**- increasing knowledge about, creating & sustaining awareness of, and availability of products, sites of service and benefits of behaviour change.



Client empowerment and increased usage

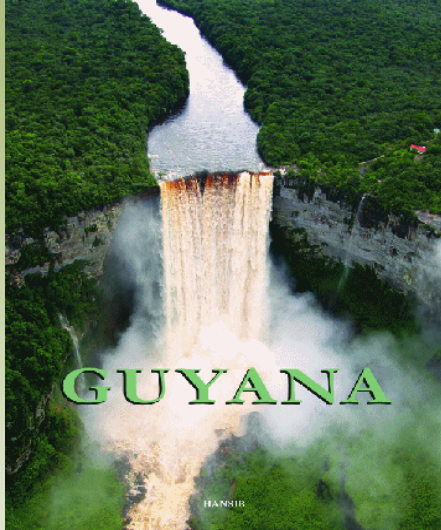
Access & Health Care

- To effectively promote Access, we must reach poor and vulnerable groups in the following locations:



- What does Access mean in each of these contexts?

Guyana



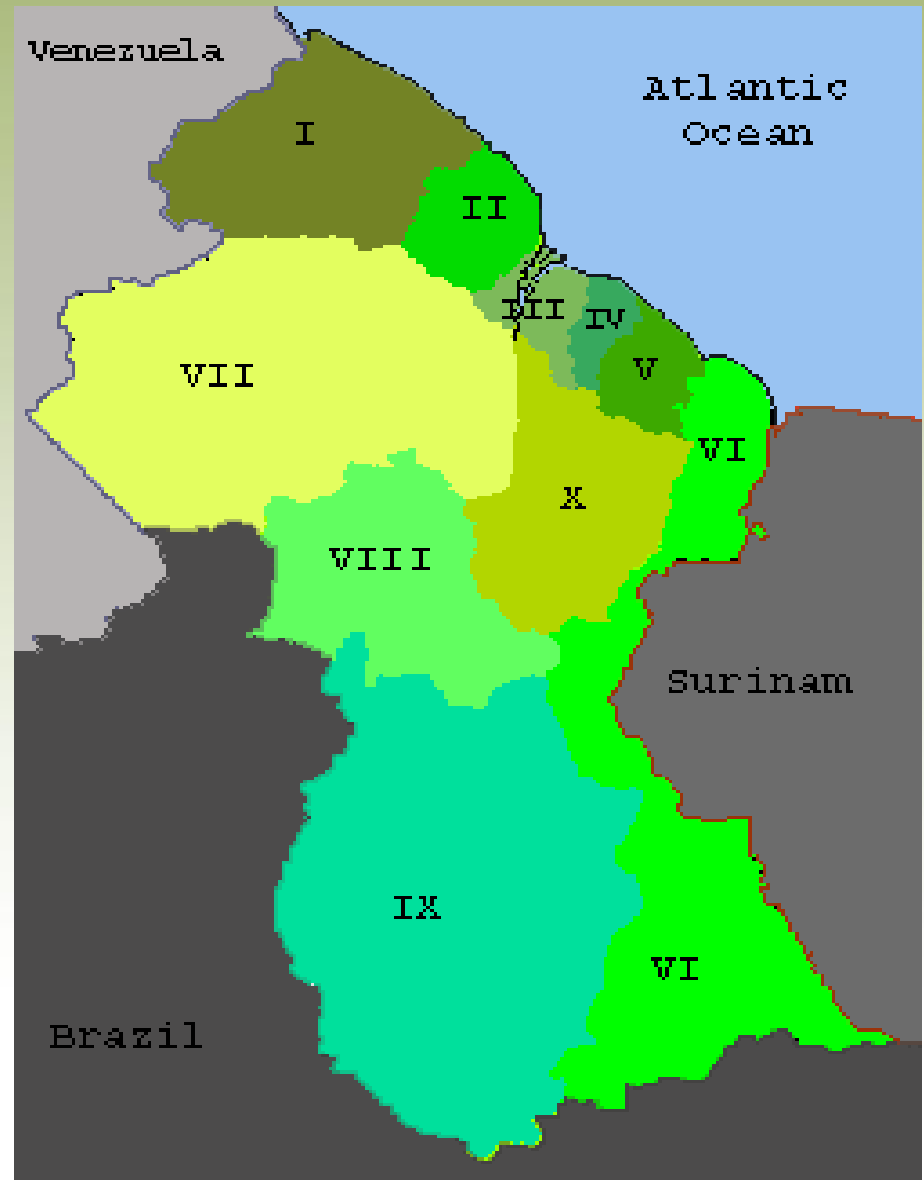
Guyana

- Capital: Georgetown
- 6 Ethnic Groups
- Located on the South American continent
- Historically, part of the Caribbean
- Population: 751,223
- 10 Administrative Regions



Administrative Regions

- Hinterland Regions:
1,7,8,9
- Coastal Regions:
2,3,4,5,6 and 10



A wide, calm river flows through a dense, green forest. The water is a light blue-grey color. The banks are lined with thick vegetation. In the foreground, a patch of reddish-brown soil is visible, partially covered by green bushes. The sky is blue with scattered white clouds.

Guyana

Brazil

New transportation link between the two countries



BRAZIL

GUYANA

Barriers to Accessing Care

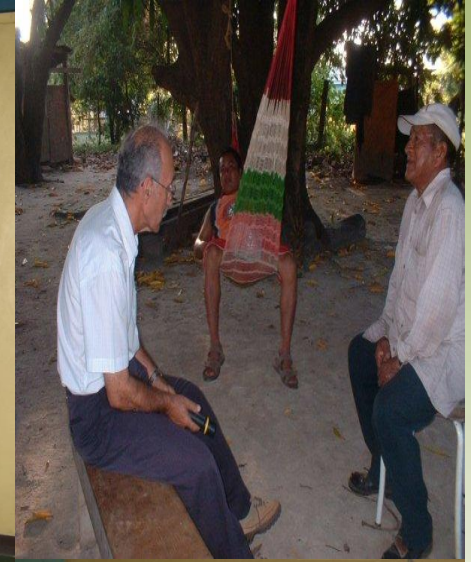
Shortage of health care providers

Poor facilities and limited supplies

Lack of emergency response services

Fragmented service & no continuum of care

Overlapping personal & professional roles



Distribution of Health Care Workers by Region

Region	Doctors		Nurses	
	No.	No. per 10,000 per.	No.	No. per 10,000 per.
Region 1	5	2.0	7	2.8
Region 2	13	2.6	14	2.8
Region 3	21	2.0	58	5.5
Region 4	287	9.0	575	18.1
Region 5	10	1.9	23	4.3
Region 6	40	3.2	197	15.6
Region 7	4	0.6	13	7.2
Region 8	2	1.9	3	2.8
Region 9	3	0.5	8	4.0
Region 10	10	2.4	70	16.6
Total	390	5.1	968	12.6

Barriers to Accessing Care

Long travel distances/
impassable roads in rainy
season

Lack of public
transportation/ expensive

Limited telephone and
Internet services.

User's fees



Types of Health facilities by Region

Type of Facility	National Total	Coastal Regions					Hinterland Regions				
		3	4	5	6	10	1	2	7	8	9
Specialist hospital*	4	0	2		2						
National hospitals	1	0	1	0	0	0	0	0	0	0	0
Regional hospitals	6	1	2	0	1	1	0	1	0	0	0
District hospitals	20	3	0	2	2	2	4	1	2	2	2
Health centers	133	13	39	15	28	12	3	12	3	5	3
Health posts	210	27	10	1	4	16	42	20	22	16	52
Private hospitals	6	0	6	0	0	0	0	0	0	0	0
Facility totals	380	44	60	18	37	31	49	34	27	22	57
% Total population		13.3	41.0	7.1	19.7	5.4	2.5	6.0	2.0	0.8	2.1

Barriers to Accessing Care

Limited economic resources- income and insurance

Adverse & unpredictable weather conditions

Threats to confidentiality & privacy

Local values & beliefs



Delivery strategies in Remote areas

District /cottage hospitals

Static health centres

Outreach clinics

Health Huts/ Posts

**Community Development Workers
(CHWs)**

Mobile units (single disease control)

Suggestions for Policy changes

1.

2.

3.

4.

5.

6.

An aerial photograph of a waterfall cascading over a dark, rocky cliff face. The water falls into a pool at the bottom, creating a misty spray. The surrounding landscape is covered in dense, lush green forest. The text "THANK YOU" is overlaid in white, bold, serif font on the left side of the image.

THANK YOU

Guidelines for Activity

The British Medical Association in a 2005 paper , *'Healthcare in a rural setting'* stated that: 'In the UK, rurality is now increasingly recognised as an issue worthy of its own policies.'

Exercise:- Make some suggestions for policy changes

Break into 4 groups of about 6-7 persons

Each group will consider 3 or 4 factors and make recommendations as to why and how the health care policy should change to provide greater access for rural and remote communities.

Problem-based learning Activity

Long travel distances

Lack of public transportation / expensive

Limited telephone and Internet services.

Limited economic resources- income and insurance

Adverse & unpredictable weather conditions

Limited availability of cultural appropriate services

User's fee

Shortage of health care providers

Poor facilities and limited supplies

Lack of emergency response services

Fragmented service & no continuum of care

Overlapping personal & professional roles

Local values & beliefs

Threats to confidentiality & privacy