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Healthcare Accessibility in Developing Countries: A Global Healthcare Challenge

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ABSTRACT

Access to healthcare is a fundamental human right and a pillar of the country's sustainable development. Rural residents face a variety of challenges to accessing healthcare across the world. The Geneva report by the International Labour Organization shows that 56 percent of rural residents lack access to essential healthcare services. The study's primary objective was to address the challenges of healthcare accessibility in rural areas of developing countries. In this research article, we have addressed the significant barriers to access to healthcare existing in the community. Every year, over 600,000 women die from preventable causes. These women die without skilled care or due to traditional, harmful birth practices used by their families or untrained attendants. Vaccines are estimated to save children under five from 2.5 million deaths annually. Lifesaving vaccinations are unavailable to one out of every five children. One major issue is shortages of workers, which are made worse by imbalances in the workforce. Transport barriers often hinder healthcare access in rural areas. Globally, many countries are working with the World Health Organization to provide essential health services to the most vulnerable and needy. Governments and other international organizations can introduce new policies to improve the health and life expectancy of rural populations in developing countries by increasing access to healthcare.

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Introduction

The COVID-19 pandemic has increased uncertainty among underprivileged groups by decreasing social mobility, limiting access to healthcare services, and reducing their food security. During this pandemic, we realized the healthcare system could not deliver appropriate and continuous treatment to needy populations. Irrespective of their financial status, people could not get the necessary treatment for COVID-19. During this period, people succumbed to death due to inadequate access to healthcare, irrespective of rural and urban areas. It is pivotal to identify and understand the flaws in the healthcare system in rural areas of developing countries. According to The International Labour Organization, the Geneva report shows that 56 percent of people living in rural areas worldwide do not have access to essential healthcare services. "The Global report evidence on inequities in rural health protection: new data on rural deficits in health coverage for 174 countries" reveals significant healthcare access disparities between rural and urban areas around the globe, particularly in developing countries [1].

Countries that have successfully reduced rural inequalities have relied on various policies, including access to healthcare services and investments in infrastructure and public services. A key area to reduce disparities is social protection. Accessibility to healthcare is one of the significant components of social protection. It is difficult to quantify and assess the extent of disparities. Accessibility in healthcare includes availability, affordability, and financial protection. People in rural areas continue to lack access to primary healthcare and health education despite the advancements in medicine. Although most people live in rural areas, most resources are concentrated in the cities [2-7]. The primary objective of this research was to address the disparities in healthcare accessibility in developing countries, a prevailing global healthcare challenge.

The Rationale of the Study

This study explains the need for a comprehensive and systematic approach to addressing healthcare gaps in rural areas. Our focus is to address the lack of accessibility to healthcare, shortage of health workers, inadequate funding, out-of-pocket payments, and lack of health education and awareness on communicable and non-communicable diseases. This approach should be based on universality and equity and call for a shared burden and financing approach. In this context, the primary objective of this study was to highlight the challenges in a multi-sectoral approach addressing accessibility to healthcare services and their root causes both within and beyond the health sector in rural areas of developing countries.

What is Healthcare Accessibility?

Healthcare accessibility is an individual's access and ability to

obtain essential health services such as prevention, diagnosis, treatment, and management of diseases, illnesses, disorders, and other illnesses that can impact their health. Access to healthcare means having "the timely use of personal health services to achieve the best health outcomes" [8]. It comprises four components: coverage, services, timeliness, and workforce [9].

Why do Rural Residents Need Access to Primary Healthcare?

In rural communities, primary healthcare is an essential service. Primary care providers treat a wide range of medical issues. A primary care practice serves as the patient's first point of entry into the healthcare system and the continuing focal point for all needed healthcare services. Primary healthcare services promote health promotion, disease prevention, health maintenance, institutional delivery, and maternal & child health services. It maintains routine immunization services and health education for adolescent girls and newly married couples. It is equally important to promote breastfeeding practices among pregnant women and new mothers, as well as to raise awareness and treat chronic and acute diseases.

Core Voluntary Contribution Donor to World Health Organization (WHO)

Many countries are joining with the WHO to bring essential health services to the most vulnerable. This valuable support enables the WHO to act quickly, where and when necessary, without delays or limitations. Several countries contribute to the Flexible Fund, including the United Kingdom, Sweden, Australia, the Netherlands, Denmark, Finland, Qatar, Belgium, Switzerland, France, Spain, and Ireland, enabling WHO to respond rapidly to global health trends and reach the Sustainable Development Goals (SDGs) [10].

Healthcare Services are a Growing Need in Rural Areas

An estimated 1.2 billion people live in acute poverty on a multidimensional basis in 111 developing countries [11]. Many people suffer from preventable and curable diseases due to a lack of accessibility to healthcare services. These developing countries are facing a population explosion over time. Meeting the needs of these vulnerable populations is a big challenge. Geographic accessibility in healthcare refers to the geographic distance and time that must be traveled to reach the service delivery point for healthcare needs. According to a recent study, improving service accessibility can help lessen socioeconomic disparities in healthcare provision [12]. To overcome the prevailing scenario, the government should introduce new strategies, including more primary healthcare centers and hospitals with skilled medical staff in these rural areas as per the population ratio.

Challenges to Access Healthcare Services in Rural Areas

Several challenges hinder people's access to healthcare in rural areas, despite the facilities being available. Here we have brought attention to significant challenges faced by people living in rural areas, such as lack of health workers, less attention in providing healthcare services, delay in accessing emergency obstetric care, immunization accessibility, the rising cost of health services, burden of communicable & non-communicable diseases, lack of transportation facilities, lack of Telemedicine & Digital health, lack of clear priorities, lack of adequate planning mechanism, inadequate health education, health insurance coverage, and social stigma. Below are detailed explanations of each challenge.

Lack of Health Workers

The availability of skilled health workers is a prerequisite for access to quality health care. A shortage of health workers in rural and urban areas can cause gaps in the health workforce. Health outcomes are related to the availability of skilled physicians, nurses, and midwives. The quality of care provided by skilled health workers is significantly affected by their working conditions. In addition to the lack of such workers, low wages and unsafe workplaces are among the core reasons for health worker shortages. Consequently, the impacts on health can be very severe and lead to unnecessary loss of life.

The International Labour Organization study found that rural residents are excluded from healthcare even if the law guarantees access to healthcare. The health workforce in rural areas is only 23 percent, even though half the world's population lives there. According to the International Labor Organization, rural areas need 7 million of the 10.3 million health workers [9]. A shortage of healthcare professionals in rural areas can restrict access to healthcare by limiting the supply of available services. There is a direct relationship between the ratio of health workers to the population and the survival of women during childbirth and children in early infancy. "As the number of health workers declines, survival declines proportionately." (Global Shortage of Health Workers) To meet global health needs, a well-trained, adequate, and available health workforce is crucial [13-17].

Less Attention to Providing Healthcare Services to the Rural Population

Primary healthcare is the backbone of a country's health system. It is patients' first point of contact and provides clinical management at peripheral levels. Healthcare services are vital to good health, yet rural residents face different barriers to access to healthcare. People in rural areas have limited access to primary care physicians than residents of urban areas.

Primarily, the healthcare system was built years ago and did not meet the demand of the present population. Rural areas lack adequate primary and secondary healthcare facilities. The health system in developing countries only provides better and quality healthcare services to the urban population. Ideally, people should be able to conveniently access services like primary healthcare, dental care, and emergency care. The WHO states that universal health coverage is a priority, as laid out in the Alma Ata four decades ago. Nevertheless, primary healthcare remains inadequate in the developing world, despite the proven benefits of reducing morbidity and mortality.

Many rural residents in developing countries live without sufficient income and lack nutritious and adequate food, safety, and a low standard of living. They often get neglected from the benefit of the healthcare system due to a lack of accessibility and knowledge. Developing countries have a significant gap between socioeconomic status and healthcare accessibility. In addition to being older, sicker, and poorer than their urban counterparts, people in rural areas have less access to primary care providers.

Delay in Accessing Emergency Obstetric Care

Access to quality care has been identified as a critical determinant of preventable maternal deaths [18, 19]. There is a woman who dies from pregnancy or childbirth complications every day of the year [20]. There are over 600,000 deaths among women each year [21]. Many of these women die without skilled care or with traditional, harmful practices used by their families or untrained birth attendants. Evidence suggests that at least 80 percent of the daily toll of 1600 maternal and 5000 newborn deaths due to pregnancy complications can be prevented or treated for little or no extra cost, even in resource-poor areas [21].

Globally, about 63 percent of women receive support and care during birth from a skilled health worker. The proportion is as low as 34 percent in African countries [22]. Prenatal care is less likely to be received by rural mothers, and births are more likely to occur outside hospitals in rural areas than in urban ones. We must solve this problem systematically by enhancing healthcare accessibility to prevent maternal and child health problems amongst the rural population.

Immunization Accessibility

Immunization can reduce infant and child mortality. Vaccines are estimated to prevent 2.5 million deaths among children under five. A vaccine-preventable disease still kills one child every 20 seconds. One in five children cannot receive lifesaving vaccinations [23]. Despite progress toward reducing child mortality and improving access to immunizations, under-5 mortality continues to be a problem in developing countries. Africa and Asia account for 93 percent of all under-5 deaths [24]. There is still a lack of access to protection against deadly diseases such as tetanus, measles, and diphtheria in developing countries. A study estimates that 24 million or 20 percent of children born yearly do not receive lifesaving vaccinations [25]. Vaccine delivery is hampered in developing countries by weak health systems, logistical and infrastructure obstacles, and funding shortages. With an extra $1 billion (about $3 per person in the US) each year, all children in 72 of the world's poorest countries would be able to receive vaccines [26].

Out-of-Pocket Healthcare Costs

A person's financial situation also plays an essential role in determining their general health. Increased healthcare costs and affordability are inversely related to decreased utilization [27-30]. Other than the direct cost of treatment, indirect costs deter the poor from seeking treatment. Low socioeconomic income groups in these countries suffer disproportionately from diseases but often lack access to affordable healthcare. The social exclusion of rural dwellers is caused by socioeconomic differences, poverty, lack of awareness, and transportation accessibility [31-33]. Health departments need to work closely with the people to discuss health issues and find solutions. Taking feedback from healthcare workers is also crucial. The public health department can utilize this information and update the health policies and budget to accommodate the changes accordingly. Those with low incomes have less education and are less concerned about their health. Continuing health education is essential for vulnerable people to become aware of healthcare services, benefits, and other services available in the nearest healthcare centers. There is a close connection between underfunding and the availability of healthcare services. The extent of impoverishing out-of-pocket payments is also substantial in rural areas. Out-of-pocket payments account for 42 percent of health expenditures in Africa and 46 percent in Asia [34].

The Burden of Communicable & Non-Communicable Diseases

In rural areas, infectious diseases are the leading cause of morbidity and mortality. Malaria, Tuberculosis, Cholera, HIV/AIDS, and other diarrheal diseases and children's diseases like diphtheria, neonatal tetanus, whooping cough, and measles are still significant problems among the rural population. Remote areas lack access to screening and diagnostic services, resulting in delayed treatment and poor outcomes [13]. No communicable diseases (NCDs) like hypertension, cardiovascular disease, cancer, chronic lung disease, and diabetes can cause high morbidity and mortality rates globally. NCDs caused approximately 38 million deaths (68%) in 2012; by 2030, this number is expected to reach 52 million [35, 36]. Around 80 percent of NCD deaths occur in low- and middle-income countries, and 42 percent occur before age 70 [35]. NCDs now cause 7.9 million deaths annually in South-East Asia Region (SEAR) or 55 percent of all deaths [36]. Self-management is key to preventing NCDs through continuous access to healthcare facilities.

Lack of Transport Facilities

Transportation and communication between rural areas and large population centers are usually complex in developing countries. Access to healthcare services is inversely related to distance or travel time to a health facility [37, 38]. Transport barriers are often cited as barriers to healthcare access in rural areas. A barrier to Transportation can result in delayed medication use, rescheduling, and missed appointments. As a result, chronic illnesses may be poorly managed, leading to lower health outcomes [39]. Patients with the highest disease burden face more significant transportation barriers, so eliminating these barriers is necessary to prevent worsening health [40].

Role of Telemedicine and Digital Health

The use of telemedicine in developing countries has met with limited success, primarily due to a lack of infrastructure. With the use of digital technologies, spatial health inequalities can be addressed in several ways. Various technologies can deliver digital health services, including telemedicine, telehealth, telecare, and assistive technologies. Health and medical services can be delivered more effectively in remote and rural areas with the help of telemedicine. Many healthcare professionals can be found using the same platform at no additional cost. Electronic Health Records provide accurate, up-to-date, and complete patient information at the point of care, even in remote areas. Centralized Electronic Health Records can be used for research. This data can also generate vital statistics. Integrating electronic health records allows patients to move from rural to urban healthcare facilities quickly. As a result, fewer tests will need to be repeated. Health records can be retrieved and compared with previous treatments and procedures. The patient can actively manage his or her health condition. A centralized Electronic Health Records (EHR) system and telemedicine will help developing countries provide better healthcare access.

Lack of Clear Priorities & Planning Mechanism

In the healthcare systems of developing countries, priorities are rarely defined clearly, concisely, and logically. There is even less likelihood of formulating realistic criteria for developing priorities. The priorities between primary and referral care services are seldom defined in general plans. Healthcare services and community-oriented activities need to be consistently balanced objectively. There has been an increase in health planning in developing countries, but its implementation has only sometimes been effective for distinct reasons. One of the most significant areas for improvement of many health planning endeavors is an overall health policy and a robust executive structure. Planners and decision-makers focus on economic development, while social and healthcare sectors are neglected, particularly in rural areas.

Inadequate Health Education

High morbidity and mortality, especially among infants and children, are an index of a community's health level and inadequate health education. It is possible to prevent many diseases without medical intervention if people are aware of them. People must be encouraged to take the necessary precautions on time. Most

childhood and nutritional diseases are prominent among these, especially during infancy. Health education on child immunization can prevent multiple vaccine-preventable diseases. Health education can contribute significantly to improving the quality of life. It provides individuals with the knowledge that they can prevent disease and thus change their lives.

Introduction of Health Insurance Coverage

"Health insurance" is an unfamiliar concept for most people living in developing countries. Many people assume the upper classes can only afford such social protection. Illness remains one of the greatest threats to income earning capacity for most people in developing countries. Health insurance schemes are an increasingly recognized tool to finance healthcare provision in low-income countries.

Social Stigma and Privacy Issues

In rural areas, social stigma and privacy concerns are more likely to act as barriers to healthcare access. Stigma is a robust social process characterized by labeling, stereotyping, and separation, which leads to status loss and discrimination [41]. Having a specific health condition is associated with stigma. The stigma associated with health may be experienced in multiple aspects of life. In health facilities, stigma negatively impacts people seeking health services when they are most vulnerable. Stigma manifests in several ways, from outright denial of care, substandard care, and verbal and physical abuse to more subtle forms, such as making people wait longer or passing their care off to juniors [42]. People with a specific disease are stigmatized within the healthcare system, which hinders accurate diagnosis, treatment, and successful outcomes [43, 44]. Healthcare workers may also suffer from stigmatized conditions, affecting their well-being. As a result, they may conceal their health status from colleagues and be unwilling to access or engage in healthcare [45, 46]. There are times when rural residents may feel uneasy or concerned about privacy when seeking care for mental health, substance abuse, sexual health, pregnancy, or even common chronic illnesses. Patients feel anxious about who might notice them receiving counseling or HIV testing services, which are not openly discussed.

Conclusion

Access to healthcare is a fundamental human right and a pillar of the country's sustainable development. It is a multidimensional challenge in rural areas of developing countries. We have found that significant healthcare access disparities still exist between rural and urban areas globally. People living in rural areas worldwide do not have access to essential healthcare services. The availability, affordability, and financial protection are determinants of accessibility in healthcare. Many people suffer from preventable and curable illnesses because healthcare services are not easily accessible. Quality healthcare is dependent on the availability of skilled health workers. A well-trained, adequate, and available health workforce is essential. A lack of access to healthcare reduced awareness of communicable diseases, and poor transportation facilities can negatively affect women's and children's health. Immunization services among rural residents can prevent maternal and child health problems and vaccine-preventable diseases. Public transportation service is vital in maintaining good health by accessing healthcare. With telemedicine support, remote and rural areas can receive health and medical services more effectively. As part of WHO's efforts to bring essential health services to those most in need in developing countries, many countries have partnered with WHO. It concludes that government and other international organizations can bring accessibility to healthcare to improve the living standard and life expectancy of people living in rural areas of developing countries.

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Ethical Approval

The Ethics Committee of the Research Division of the Organization approved this study.

Availability of Data and Materials

All data used for the study were extracted from published articles cited in the references.

Conflict of Interest

The authors declared no conflict of interest.

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Authors' Contributions

Juel Chowdhury contributed a selection of the research topic, review of manuscript, identifying the articles, selecting the articles, manuscript preparation, and drafting. Rejoice Puthuchira Ravi contributed to selection of the research topic, identifying the articles, selecting the articles, manuscript preparation and drafting. All authors have read and approved the final manuscript.

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