

Healthcare Access Inequities: Multi-Island Micro Eastern Caribbean States

Roxanne Brizan
MPhil Candidate
Department of Economics
UWI, St Augustine Campus
October 10, 2013

Structure of Presentation

- ▶ Introduction
- ▶ Objectives
- ▶ Overview of the literature
- ▶ Methodology
- ▶ Results and discussion
- ▶ Conclusions
- ▶ Recommendations

Introduction

- ▶ Improving healthcare access: a major challenge for any health system.
- ▶ “Multi-island states”: those islands with several island dependants but operate as one national (economic and political) entity.
- ▶ Eastern Caribbean: Antigua and Barbuda, Grenada Carriacou and Petit Martinique, Saint Kitts and Nevis, and Saint Vincent and the Grenadines.

Introduction

- ▶ Healthcare objectives must be social space and environment specific.
- ▶ Paucity of information on the dynamics of the island dependants of multi-island states.
- ▶ Need for tailored interventions to tackle specific barriers particular to multi-island states.

Objective of the Study

- ▶ To evaluate the healthcare access challenges of multi-island micro states of the Eastern Caribbean.

Overview of the Literature

- ▶ Access is a fairly ambiguous term, that is defined in many ways: Guillford *et al.* (2002), Peters *et al.* (2012) and Savedoff (2009).
- ▶ Access: availability of health services, coverage, outcome, and impact (United Nations, 2010).
- ▶ Access to healthcare is a fundamental human right recognized in human rights documents and other related declarations and policies.

Overview of the Literature

- ▶ Improvements in global health indicators such as life expectancy and infant mortality. However,
 - Total health expenditure as % of GDP remains low.
 - Out-of-pocket expenditure comprises > 50% of private expenditure on health.
- ▶ Global access challenges presented in different forms.
- ▶ Severity of application to multi-island states- not sufficiently examined.

Methodology

- ▶ Use of framework proposed by Jacobs *et al.* (2012) to examine access challenges in the context of multi-island states; Ensor and Cooper (2004) and Peters *et al.* (2012).
- ▶ Combined to develop a more comprehensive structure for capturing challenges to accessing healthcare.
- ▶ Jacobs *et al.* (2012) uses disaggregation of demand and supply factors and applying these to the various dimensions of access.
- ▶ Uses rudimentary framework by Ensor and Cooper (2004) based on demand and supply barriers.

Methodology

- ▶ Ensor and Cooper (2004) encompasses some of the elements presented by the economic theory of health care demand by Grossman (1972).
- ▶ Alongside, framework by Peters *et al.* (2008) which examines access challenges via four dimensions;
 - Geographical accessibility
 - Affordability
 - Availability
 - Acceptability

Methodology

- ▶ Advantages of the framework;
 - It allows for the identification of the different dimensions and aspects of healthcare access barriers.
 - Allows for specific intervention or combination of intervention to be identified that can address these barriers.
 - Allows for the interventions proposed to be assessed based on their appropriateness to identified access barriers.

Results and discussion

- ▶ Multi-island states- varying dynamics.

Table 1. Selected dynamics of Multi-island states

Largest Area	Largest Population	Largest island dependant (population)	Largest Number of Island Dependants
Antigua and Barbuda (443.6 km ²)	Grenada, Carriacou and Petit Martinique (111,764)	Nevis (11,415)	St Vincent and the Grenadines (Archipelago of islands)

- ▶ Ministry of Health (MOH) entity responsible for healthcare in these multi-island states.

Results and discussion

- ▶ Healthcare- largely government funded, ranging from 6 to 10% of total government expenditure.
- ▶ Growing elderly populations and prevalence of chronic non-communicable diseases; increasing demand for healthcare.
- ▶ Different governance structure for Saint Kitts and Nevis allows for greater disaggregation of data via Nevis Island Administration, which enables more evidence-based public policy.

Results and discussion

Table 2. Barriers to accessing healthcare in multi-island states of the Eastern Caribbean

Access Dimensions	Demand	Supply
Geographical Accessibility	<ul style="list-style-type: none"> • Distance between island dependants. • Type of transportation available. • Timing issue. 	<ul style="list-style-type: none"> • Location of healthcare facilities. • No health facilities on some island dependants.
Affordability	<ul style="list-style-type: none"> • Transportation cost. • Opportunity cost. 	<ul style="list-style-type: none"> • Cost and prices of services.
Availability	<ul style="list-style-type: none"> • Asymmetrical information. • Information accessibility on healthcare providers, hours of operation and location. • General health education. 	<ul style="list-style-type: none"> • Lack of specialized care on island dependants. • Lack of organized emergency services. • Motivation of staff.
Acceptability	<ul style="list-style-type: none"> • Community & cultural expectations. 	<ul style="list-style-type: none"> • Quality of care/stigma.

Results and discussion

- ▶ $P_m = (P_{mu}, P_{md}, P_{mo}, \text{ and } P_{mi})$ where;
 - P_m - price of obtaining medical care.
 - P_{mu} - direct price of medical care.
 - P_{md} - distance cost.
 - P_{mo} - opportunity cost of treatment.
 - P_{mi} - payments made to the facility for commodities.
- ▶ Acceptability: important to examine social and cultural expectation in the context of health care (Declaration of Alma Ata).

Results and discussion

- ▶ Antigua and Barbuda: language barrier due to migration.
- ▶ Factors hindering access are not mutually exclusive and may interact with each other.
- ▶ Common reaction: increase health infrastructure to increase and improve access to healthcare.

Conclusions

- ▶ Geographical accessibility- one of the main inequities in multi-island states of the Eastern Caribbean.
- ▶ Before intervening in the market for healthcare the reasons for the intervention should be clear (Ensor and Cooper 2004, 9).
- ▶ Unique situations require careful assessment and unique solutions.

Recommendations

- ▶ **Improvement of Health Information Systems: use of e-health and telemedicine.**
- ▶ e-Health “is the use of information and communication technologies for health to treat patients, pursue research, educate students, track diseases, and monitor public health” (WHO, 2013).
- ▶ In Indonesia, simple tele-diagnostics was used to diagnose disease of the eye.

Recommendations

- ▶ Development of e-health dependant on country's capacity with respect to availability of equipment, existing telecommunications infrastructure and the enthusiasm of the users.
- ▶ Requires strategic planning and political commitment and investment to the effort.

Recommendations

- ▶ Use of Geographic Information Systems (GIS) to inform health care policy.
- ▶ Comprehensive review of health financing systems of multi-island states through National Health Accounts (NHA) estimation.

Recommendations

- ▶ Develop profiles of the type of emergency services available on island dependant and existing procedures for dealing with emergencies.
- ▶ Expanded hours of operation at public health facilities, particularly on the island dependants where no hospital/public health facilities exist.
- ▶ Training of non-health professionals to become certified first responders in emergency services.
- ▶ Transportation subsidies provided to persons seeking care on main island that may not be available on island dependant.
- ▶ Inclusion of a private sector mapping exercise which can fit into the long term recommendation of NHA; information to populace.

References

- ▶ Chudi, Perpetus Ibekwe. 2010. *Healthcare problems in Developing countries*. Medical practice and Reviews Vol 1 (1), pp. 9-11 April 2010. Available online at <http://www.academicjournals.org/mpr>.
- ▶ Ensor, Tim and Stephanie Cooper. 2004. *Overcoming Barriers to Health Service Access and Influencing the Demand Side Through Purchasing*. World Bank, Health, Nutrition and Population (HNP) Discussion Paper. September 2004.
- ▶ Howard, Michael, Althea La Foucade and Ewan Scott. 2009. *Public Sector Economics for Developing Countries: 2nd Edition*. Mona Jamaica: UWI Press. Chapter 8.
- ▶ Peters, David H, Anu Garg, Gerry bloom, Damian G. Walker, William R. Brieger, and M. Hafizur Rahman. 2008. *Access to Health care in Developing Countries*. Annuals of the New York Academy of Science Vol.1136; 161-171. June 2008.
- ▶ Jacobs, Bart, Por Ir, Maryam Bigdeli, Peter Leslie Annear, and Wim Van Damme. 2012. *Addressing access barriers to health services: an analytical framework for selecting appropriate interventions in Asian Countries*. Health Policy and Planning 2012; 27: 288-300.

THANK YOU!