Healthcare Access Inequities: Multi-Island Micro Eastern Caribbean States

Roxanne Brizan
MPhil Candidate
Department of Economics
UWI, St Augustine Campus
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Structure of Presentation

- Introduction
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- Methodology
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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.

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.

Methodology


- 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

<table>
<thead>
<tr>
<th>Largest Area</th>
<th>Largest Population</th>
<th>Largest island dependant (population)</th>
<th>Largest Number of Island Dependants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antigua and Barbuda (443.6 km²)</td>
<td>Grenada, Carriacou and Petit Martinique (111,764)</td>
<td>Nevis (11,415)</td>
<td>St Vincent and the Grenadines (Archipelago of islands)</td>
</tr>
</tbody>
</table>

- 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

<table>
<thead>
<tr>
<th>Access Dimensions</th>
<th>Demand</th>
<th>Supply</th>
</tr>
</thead>
</table>
| **Geographical Accessibility** | • Distance between island dependants.  
• Type of transportation available.  
• Timing issue. | • Location of healthcare facilities.  
• No health facilities on some island dependants. |
| **Affordability** | • Transportation cost.  
• Opportunity cost. | • Cost and prices of services. |
| **Availability** | • Asymmetrical information.  
• Information accessibility on healthcare providers, hours of operation and location.  
• General health education. | • Lack of specialized care on island dependants.  
• Lack of organized emergency services.  
• Motivation of staff. |
| **Acceptability** | • Community & cultural expectations. | • 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.
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


THANK YOU!