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Health systems in developing countries: Some tips on how to do away with inequalities in access to healthcare services

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In 1978, the World Health Assembly met and agreed that there was a need for access to healthcare services for all irrespective of socioeconomic status, creed and where people live. This was famously known as the 'Alma Ata Declaration' [1]. Past forward several decades however, many governments in developing countries have not shown responsible commitment to this declaration, and the result has been ineffective healthcare services for all; and in particular, unequal healthcare services delivery between those living in urban and rural areas. And even with the metamorphosis of Alma Ata Declaration into one of the Millennium Development Goals (MDGs) and recently into the third goal of the Sustainable Development Goals (SDGs) [2], from India to Uganda and Nepal to Nigeria, the situation seems to be the same.

However, as a firm believer of the proverbial 'half bread is better than none', I feel there is a need to deliver even the ineffective healthcare services equally in these countries; while at the same time trying to do better. For this reason, I propose three levels of healthcare services delivery: multi-level collaborative healthcare services delivery, encouraging communities to take charge of their healthcare services delivery, and empowering communities with basic healthcare services skills.

1. Multi-level collaborative healthcare services delivery

In Nigeria for instance, there are three levels of government-the Federal, the States and the Local Governments. Each of these levels is saddled with the responsibility of governance at its own level, although the Federal Government which is the center exerts a huge influence on the other two levels. In addition, the hospitals owned by the Federal Government, followed by those owned by the States usually have better human, material and financial resources than those owned by the Local Governments. However, since all the people of the country need health services, in the spirit of justice and fairness, they should have equal access to these services. For this reason, I suggest rotation of expert staff

in which a consultant or a specialist in particular field will be scheduled to work full time in a rural area (at the primary level of healthcare service delivery) for at least two months in a year. This should be done on rotational basis so that the communities can have access to such specialists' services throughout the year.

Consequently, when you have paediatricians, gynaecologists and stroke specialists offering services in such areas, it may help reduce child and maternal mortality, and disability due to stroke. Similarly, the three levels of government can collaborate in providing facilities for effective healthcare services delivery for all. In this regard, some of the facilities such as the CT scan and MRI that may not be available at the primary healthcare level, can be temporarily transported to that level for effective service delivery. This is because establishing collaborative relationship between different levels of healthcare systems may help tackle the challenges of healthcare services delivery [3].

2. Encouraging communities to take charge of their healthcare services delivery

Rather than making the communities to be passive stakeholders of their health services, it is important that they are made active stakeholders whereby they are allowed to co-design and guide how their health services should take effect [4]. That way, they can demand for their most pressing health services needs such as provision of antenatal, stroke rehabilitation and pharmaceutical services. This is because, the influential roles of health services consumers on healthcare services delivery cannot be overemphasized [5].

In addition, making the consumers active stakeholders has an ethical foundation in terms of according respect and justice to them [6]. When people feel respected and valued, they are more likely to accept the services rendered. Satisfaction with healthcare services has a significant positive relationship with outcomes [7].

Abbreviations: MDGs, Millennium Development Goals; SDGs, Sustainable Development Goals.

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3. Empowering communities with basic healthcare services skills

There are basic skills in healthcare services that are so essential for the members of the community to be trained to acquire to help manage common problems. For instance, cardiopulmonary resuscitation skills can be taught to all and sundry in the community to enable them offer help during emergency anytime, anywhere. Similarly, basic skills during labour and management of fever in children can also be taught to prevent child and maternal mortality and disability. In doing this, I mean we can borrow a leaf from the concept of self-management where patients with long-term conditions are empowered with the skills to manage their conditions 24/7. The concept of self-management has been applied with success in many conditions such as osteoarthritis, diabetes and stroke [8,9]. This will help in maximizing access to healthcare services by everyone in our societies irrespective of their economic status and positions in the society.

Finally, in summary, providing healthcare services for all requires out of the box thinking in utilizing and sharing the existing available human, material and financial resources collaboratively between different levels of government or levels of healthcare services delivery.

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