Second Global Symposium
ON HEALTH SYSTEMS RESEARCH

BEIJING • 31 OCTOBER – 3 NOVEMBER 2012
Inclusion and Innovation towards
Universal Health Coverage

Facultad de Medicina
Clínica Alemana - Universidad del Desarrollo
Centro de Epidemiología y Políticas de la Salud

Assessing equity in access of national health systems

Authors:

Jeanette Vega, Ximena Aguilera, Iris Delgado, Claudia González, Lucy Poffald, Macarena Hirmas, Manuel Nájera, María Cristina Escobar.
Centro de Epidemiología y Políticas de Salud. Facultad de Medicina Clínica Alemana de Santiago-Universidad del Desarrollo, Chile.

Background:

Based on the Tanahashi framework we developed a methodology to assess equity in access to care in health systems through a combination of quantitative and qualitative analysis measuring effective coverage using one prevalent tracer conditions subjected to program as the main outcome indicator. The study was done in Chile, a country with a long history of universal health coverage (UHC) using hypertension as the tracer condition.

Methodology:

We tested the framework in La Florida, a large municipality of Santiago. We collected information from routine sources on core and other indicators across Tanahashi's domains of access and from individuals using a representative population based household survey and qualitative studies using focus groups and key informants. We analyzed individual and community information on bottlenecks, obstacles and facilitators of equitable access through desk and clinical registries reviews.

Results:

In spite of the high coverage of the health system (measured by hypertension preventive and curative care as tracer conditions), barriers to prevention, case detection and treatment exist and disproportionally affect the most needy and vulnerable subgroups, especially individuals from the lowest socioeconomic subgroups. A clinical data desk review showed that even after taking into account the losses to follow up, the overall effective coverage of the hypertensive preventive and care program is only 14.2% at 18 months. The approach allows equity assessment by comparing population-specific coverage by equity stratifiers and comparing effective coverage of different health centers.

Take home message:

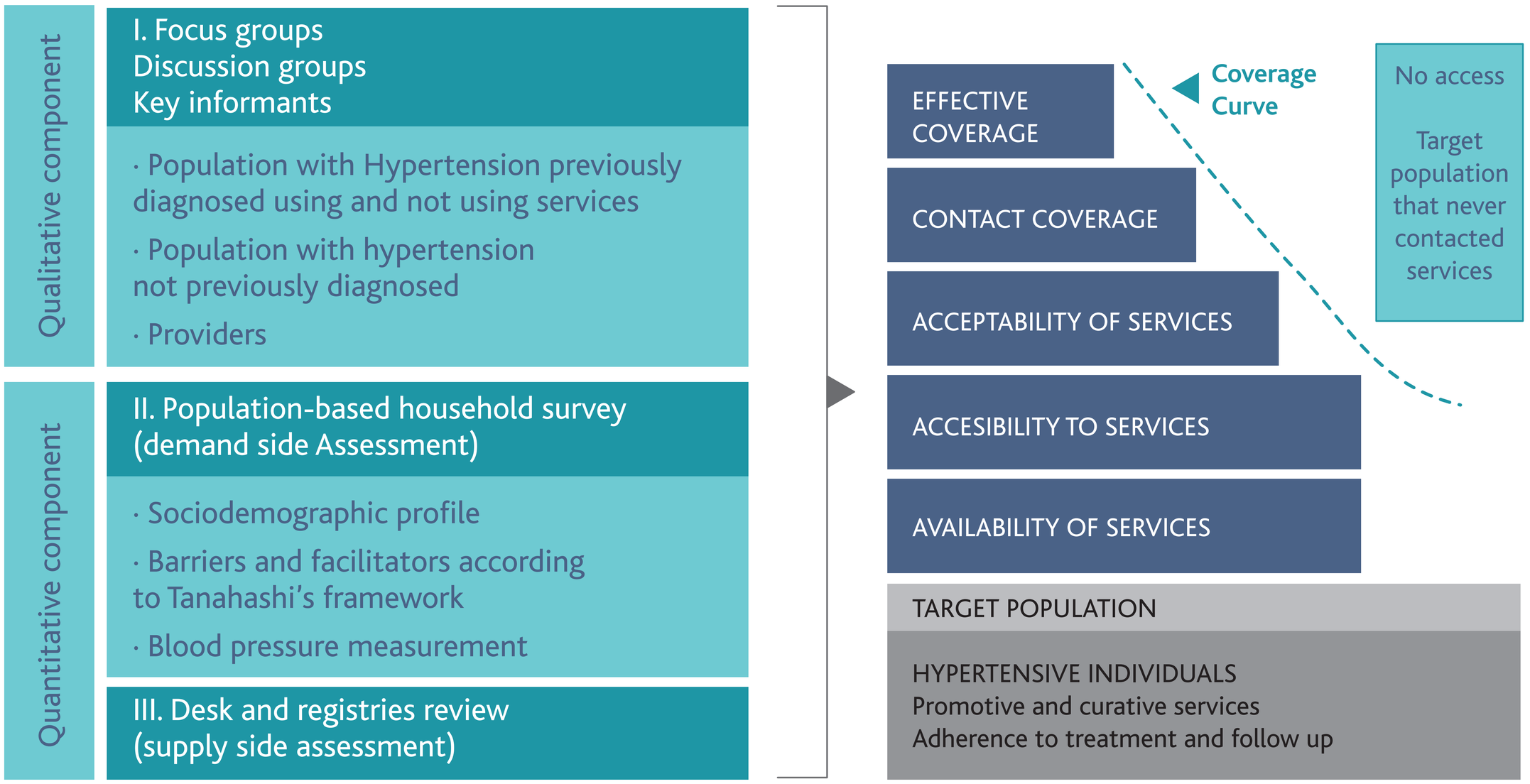
Our results confirms the inverse care law whereby the better-off tend to receive more and higher-quality health care, even in systems with UHC, reaffirming that the health-systems objective of UHC loses its meaning unless accompanied by a commitment to equity of access and deliberate interventions to ensure this.

To improve UHC with equity, policies and programs must be designed and implemented to enable access across the entire social gradient, especially for disadvantaged groups.

Key words:

Assess equity, system bottlenecks, tracer interventions, universal health coverage.

La Florida Health Service 365.674 inhabitants



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Barriers And Facilitators To Health Care Access: A Qualitative Systematic Review.

Authors:

Macarena Hirmas, Lucy Poffald, Anita María Jasmen, Ximena Aguilera, Iris Delgado, Claudia González, Manuel Nájera, Jeanette Vega.
Centro de Epidemiología y Políticas de Salud. Facultad de Medicina Clínica Alemana de Santiago-Universidad del Desarrollo, Chile.

Background:

An equitable health system is one that provides services according to needs independent of the capacity to pay. Considerable gains in health's level and advances in universal health care have been achieved. However, not all subgroups have equally benefit from these advances. Several studies have examined health programs looking for barriers and facilitators of access to health care, in order to identify the bottlenecks in the process of access.

Methodology:

A qualitative systematic review was conducted during 2010 in order to systematize barriers and facilitators of access to care. Published period 2000-2010. Scientific papers and gray literature were reviewed. Scientific assessment criteria were applied: CASPe and STROBE.

Results:

19 scientific articles were selected from 1,160 results and 8 reports from 13 documents of gray literature. Barriers exist in all contexts and in different health systems. 230 barriers and 35 facilitators were identified and classified according to Tanahashi´s model: 25 correspond to availability (people for whom service is available), 67 accessibility (who can use service), 87 acceptability (who are willing to use service) and 51 to contact (who use service); the largest proportion corresponds to acceptability and accessibility. The facilitators identified are personal factors, relationship with providers,social support, information and services adaptation. Figure 1.

Take home message:

The identification of barriers and facilitators takes place mostly in people who have contacted services. Few studies were identified for those who do not contact. Barriers and facilitators identified are socially determined and require joint action with other sectors beyond health to be reduced.
To achieve equity in health, barriers and facilitators should be identified in the most vulnerable populations with no or insufficient access and the stages where barriers obstruct the service provision.
Tanahashi' s model is useful to systematize barriers and facilitators in specific dimensions that can be transformed into an instrument or checklist for future researches in access.

Key words:

Review, access, universal coverage, equity in health.

Figure 1. Major barriers identified according Tanahashi's Model