

DISPARITIES IN HEALTH CARE



CHALLENGES TO THE PHYSICIANS

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I. Introduction:

- Many developing countries, including Kenya, face many challenges in health care some of which are outlined below:
 - 1.1 Relatively High fertility Rates
 - 1.2 High mortality from preventable diseases.
 - 1.3 Changing life style such as increasing tobacco consumption and increase in non-communicable diseases.



Challenges Continued

- 1.4 New and re-emerging diseases especially viral diseases
- 1.5 Declining life expectancy
- 1.6 Inadequate and poorly focused and/or targeted goals in disease control
- 1.7 Civil unrest with its implications for health services



Challenges continued

- 1.8 Huge burdens of infectious diseases such as HIV/AIDS and tuberculosis
- 1.9 Increasing burdens of non-communicable diseases such as Heart diseases, Cancer [such as prostate cancer, metabolic disorders like diabetes
- 10.0 Slow pace in embracing new technology



Challenges continued

11.0 A steady rise in the socially disadvantaged groups i.e. women, children and the disabled populations whose access to reasonable health care is very limited.

12.0 Low immunization cover rate.



II. Overview of Some important issues in Health Care

- Disparities in health care present major challenges to all of us.
- In developed countries the entire population is living longer and healthier lives than ever before while in developing countries like Kenya, the vast majority of the population still lack access to reasonable health care and it is worse for the disadvantaged groups such as children, women and the disabled..



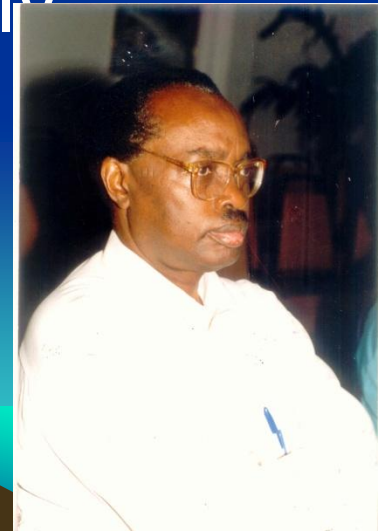
Overview Continued

- The gap between the haves and have-nots is widening. In terms of infectious diseases, new ones are emerging, caused by viruses that mutate quickly. Some infectious diseases previously controlled and/or eradicated such as multi-drug resistant Tuberculosis are re-emerging with vengeance.




Overview Continued

- Another major health burden that is emerging arises from human behavior e.g. Tobacco consumption leading to increased lung cancer and vascular diseases e.g. coronary diseases, peripheral Vascular diseases globally



Overview continued

- Although the gains in health and life expectancy have not been uniform, it can generally be said that some of the general achievements in most but not all countries include:
 1. Widespread eradication of small pox by 1977 in most countries
 2. Polio remains a problem in only a few countries
 3. Pertussis, measles, Tetanus and diphtheria remains problems only in parts of the developing world
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Overview Continued

4. Countries that made quick technical progress reduced infant mortality considerably. This progress has been least in sub-Saharan Africa. Children born in low income countries have much smaller chances of leading a long life with good health than those in high income countries.



Overview Continued

- On the negative side, health inequities remain a major problem with women, children and the disabled being the major victims.
- We know that given equal health opportunities, women generally live longer than men in most societies. Climatic and geographical conditions also impact on diseases e.g. malaria, oncocerciasis, Helminthic infections.




III. The agenda for Action

- The agenda for action in health care should include the application of measures such as cost-effective health interventions, improving the policies and platform that support quality health care delivery and reducing barriers to access to health, identifying priority areas and mobilizing additional financial and human resources.



Agenda for action continued

- Under what you may call the agenda for action, the major issues include:
 1. Selection of interventions based on information and intervention cost effectiveness
 2. Improving and strengthening health care facilities
 3. Determining priorities for research
 4. Mobilizing more resources and investing in health .
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Agenda for action continued

5. Greater application of science and technology for disease control
6. Gender differentials in health
7. Selective interventions in
 - a) infectious diseases e.g. TB, HIV/AIDS, Vaccine preventable diseases, Diarrheal diseases and malaria

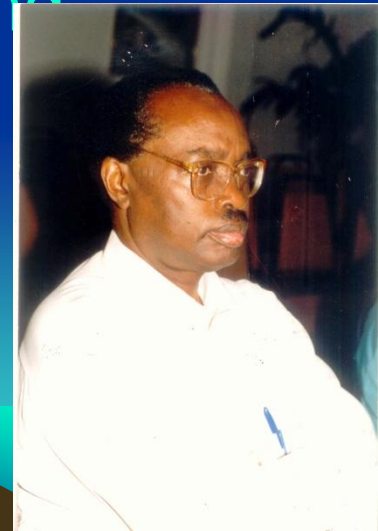


Agenda for action continued

- b) Non-communicable diseases
- c) Risk factors-water, Tobacco, alcohol
- d) Strengthening Health systems e.g. i.

Surveillance and response

- ii. Information to improve decision-making in Health
- iii. Natural disaster mitigation and relief
- iv. Tackling drug resistance



Agenda for action continued

e) Strengthening personal health care services e.g.

- i. Primary health care
- ii. District hospitals
- iii. Strong regional centers to cater for emergency medical services



IV. Addressing Health priorities

- In addressing the health care priorities we must start by identifying cost-effective interventions for those diseases that present the largest health burdens. In our situation it is the communicable (infectious) diseases such as HIV/AIDS, Multi-drug resistant Tuberculosis, vaccine preventable diseases, Diarrheal and respiratory diseases.



Addressing Health Priorities continued

- We must then proceed to determine How to deliver the interventions effectively, efficiently and equitably. Using science and medicine, many interventions have been shown to be effective, using this knowledge together with economic analyses of cost-effectiveness so as to achieve the most gains in health care, even with limited resources.



Addressing Health priorities continued

- It has been shown that many countries with limited resources have achieved a lot compared to others which are in similar economic status.
- While it is easy to identify the priorities and disparities in health, it takes the combined use of science and medicine together with judicious use of resources in order to achieve the gains and reduce the disparities. Many examples illustrate how successes have been achieved with very

Addressing Health Priorities continued

- Some examples are:
 1. In Egypt the diarrheal treatment programme reduced the mortality attributed to diarrhea by 82% among infants and 62% among children. This was done through judicious use of oral rehydration salts, training of workers etc
 2. In Thailand, the enforcement of the



Addressing Health priorities continued

100% condom use programme by brothels free of charge for sex workers with a provision of appropriate severe penalties resulted in reduction of STDs from 200,000 to 15,000 and the rate of new HIV infections dropped 5 fold.

3. In some southern African countries Measles elimination strategy resulted in a drop in measles cases from 60,000 to 117.



Addressing Health Priorities continued

4. In China, the TB control programme achieved 95% care rate.

There are many more examples I could quote but the above ones illustrate that despite weak health care systems, successes are possible that have been registered using science and medicine and judicious use of resources even under conditions of dire poverty, weak or non-existing health care infrastructure.



Addressing health care priorities continued

- Some countries with weak health systems have achieved successful public health interventions and have implemented them in ways that also served to strengthen the system. For instance, the control of onchocerciasis in sub-Saharan Africa is a good example of this process.
- In endemic areas as much as 90% of the population may be infected and more than a third of the adult population may be blind. Control efforts included:




Addressing health care priorities

Continued


- Weakly sprays to kill the vector fly at their breeding sites
- Distribution of the new drug, ivermectin to kill the worms in the humans.
- Public and private collaboration in research on drug production
- Annual drug treatment for 15-20 years. This latter effort is as it were, a community directed treatment. The health workers and the community manage the treatments. This latter effort can be an important backbone of even a weak health care system and can be used to distribute vitamin A, Azithromycin to treat trachoma among the poor, to distribute Abendazole for worms and even vaccines and HIV/AIDS drugs.



Addressing Health care priorities continued

- Thus, this community directed intervention and/or treatment could prevent, treat and eradicate a large number of disease burdens among the poor, disadvantaged and the disabled even in a country with glaring and immoral inequalities. It is a cost-effective way of dealing with the disparities. Our challenge as doctors and health care providers should be to advocate
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Addressing health care priorities continued

- Measures that reduce disparities in health. The results can be very rewarding and cost-effective especially in the area of the greatest disease burden ie Communicable diseases.
 - One of the major challenges for us as physicians is to engage in mission oriented and targeted research that must be responsive to the needs of our society. These needs are many and include the control or elimination of infectious and communicable diseases that pose the greatest threat,
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- The micronutrients deficiencies, Tuberculosis, HIV/AIDS, vaccine preventable diseases, maternal and infant mortality, safety in pregnancies and during labor etc. The technology for tackling these problems is already available. What is needed is a health system which is organized, focused and accessible to the less able in our society.



Addressing health care priorities continued

- It is precisely on these fundamental principles that a poor country such as Sri Lanka has reduced maternal deaths. A robust and equitable health system is an essential ingredient. We as physicians must learn to dispel cynicism in the face of what may seem as insurmountable or overwhelming challenges. A degree of informed optimism is essential.



V. Health Research

- I have spent some time talking about disparities in health compounding problems, overarching issues and also, I have made some suggestions on what fundamental issues in overcoming not only the inequities but in reducing the greatest areas of disease burdens in our society, even in the weakest of health care systems.



Health Research Continued

- Let me conclude by making a few remarks on health research. Health research is necessary in order to improve the design of health interventions, policies and service delivery.
- It must focus on diseases representing heaviest burden in our society. In this regard priority setting is critical in any country.



Health Research Continued

- It is our obligation to engage in research and lead the way. In this regard, I wish to pay special tribute to the late Professor L.S Otieno for his commitment to do research as a result of which he made immense contributions towards the Foundation of Renal Medicine in Kenya and in particular at the Medical School.
- He was always seeking for new knowledge. For instance, I still remember vividly that in



Health Research Continued

- The early 1980s he and I went out to many districts in Kenya to do field research which was on parasitic disease. He was studying Nephropathies in parasitic diseases such as Malaria and Schistosomiasis in terms of immune complex Nephropathies due to parasitic infections in Kenya. I was of course researching on Human Echinococcosis in Kenya which later led to my graduating the MD (Doctor of Medicine) degree of the University of Nairobi.



Health Research Continued

- The late Prof. Otieno made important contributions to our knowledge of Nephropathies in Malaria, Schistosomiasis and other parasitic diseases endemic in our country.
- His research was targeted and mission oriented. He was very prolific in original scientific publications and he abhorred regurgitation of other people's work.



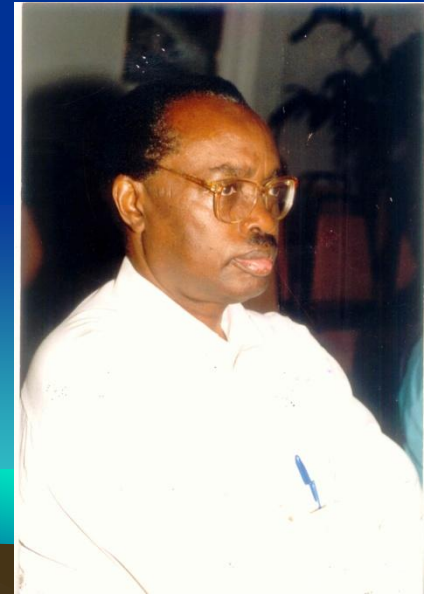
Health Research Continued

- Those of us in academia must seek to advance knowledge through original scientific research if our universities are to be the citadels of new knowledge production and not places for acquiring mere titles for the sake of it.
- In conclusion, ladies and gentlemen, I need to reiterate that disparities that exist in health and the challenges to all of us may seem insurmountable and overwhelming, but the technology for overcoming them do exist



Health Research Continued

- and there are many success stories in regions that are equally poor. We must endeavor to get our health care systems organized, focused, accessible, and regularly strengthened by informed research based policies.



Thank You

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