

## **Research to support equitable health systems in sub-Saharan Africa (800-1200)**

### **Towards health system equity: A systematic review on barriers and solutions to living a healthy lifestyle and promoting well-being for all.**

#### **Introduction**

Sustainable development Goals (SDGs) were adopted in 2015 by all United Nations member states to achieve peace and prosperity of people and planet by 2030. SDG 3 focuses on ensuring healthy lives and promoting well-being for all, at all ages. If a healthy lifestyle must be guaranteed for all, then there must be access to equitable healthcare by all including the physically challenged and the low-income earners densely populated in sub-Saharan Africa (SSA). Health equity is achieved when everyone can access quality healthcare without going through financial hardship. Accessibility implies physical, economic and information accessibility as well as non-discrimination. Preventive and curative quality health services must be available before a population can be assured of a healthy lifestyle.

SSA continues to constantly lag behind other countries of the world in health equity. Low income per capita, HIV, gender discrimination, neglected tropical diseases and many more characterize SSA and are some of the hindrances that plague equity. Barriers to timely and adequate healthcare indicate health inequalities and should be addressed hastily if SDG 3 must be met <sup>1</sup>. The study aims to identify barriers and proffer pragmatic approach to tackle the problem of health equity in SSA.

#### **Method**

Pubmed was searched for articles in English from sub-Saharan African countries that linked health equity to policy making and health economics. The search included terms and key words like 'equity', 'health care', 'health system', 'sub-Saharan', 'policy making', 'Health economics' and 'Africa'. The review addresses challenges faced in an attempt to ensure health equity in sub-Saharan Africa and offered practical ways to solve them. It is qualitative based review. Studies that highlighted the major hurdles to making and implementing policies were also included. Paper selection was done by reviewing abstracts, topics as well as supplementary references gotten from such papers. Data was also obtained from WHO and World bank. Only papers published between 2005 and 2020 were included in the study. A total of 23 papers met the inclusion criteria for the study and data were extracted from these. All the papers were from countries in the sub-Saharan Africa. Data was synthesized using narrative description.

#### **Results**

Discrimination and stigmatization are identified as key barriers associated with health equity. Studies has shown that sex workers, people living with HIV and prisoners are less likely to seek for health interventions because of the fear of discrimination and stigmatization <sup>2</sup>.

Besides, illiteracy vis a vis ignorance is another significant barrier to health equity. Some people do not see the need to visit the healthcare center because their symptom is not bothering them. How do you explain a female that feels a mass in her breast but does not think it is important to visit the health center to have it checked and accessed because it is not painning her? Or a person with multiple sexual partner who does not even know that he must get tested every three to six months to be aware of his HIV status?

Furthermore, lack of funding of healthcare services and insurance of quality health services; direct out of pocket payment for healthcare services; dysfunctional health system structure, misappropriation of scarce and limited resources and poor rapid response to early warnings, awareness, risk reduction and health emergencies management are identified prominent barriers to health equity.

## **Discussion**

For an equitable health system to be achieved in SSA, people must be able to access quality healthcare services without the fear of being judged or criticized. Decriminalization and destigmatization are measures that must be fully activated to achieve equity <sup>3</sup>.

Knowledge is power. Information accessibility is crucial to health equity. Everyone must be able to access accurate health information. All information needed by individuals to make informed decision about their health must be made available to them.

A lot of countries in SSA fall short of the Abuja declaration target of allocating 15% of their annual budget to improve the health sector <sup>4,5,7,8</sup>. Increasing the budget and subsequently funding for healthcare can help achieve health equity. Increased political will to prioritize healthcare and good leadership both play a critical role for the attainment of well-being for all.

Tackling dysfunctions in the health system structure peculiar to SSA is non-negotiable <sup>6</sup>. The health system structure of the primary, secondary and tertiary healthcare services must be strengthened so as to restore order and sanity to healthcare. Once all tires of healthcare services are functional and strengthened, access, and by default equity becomes attainable.

Strengthening the health system structure and adequate funding also allows for effective implementation of health policies which positively influences the attainment of health equity. Besides, strengthening the healthcare system can help the vulnerable and marginalized group access health care services and address the issue of health inequity.

Furthermore, increasing human health resources is crucial to the attainment of healthy lifestyle. Retrenchment and recruitment restrictions of health workers, unreplenished brain drain of health workers by reason of poaching to industrialized countries such as Europe and North America and lack of integration and organization of traditional health practitioners seen by some 70% of Africa population have continued to deprive poorer and rural communities access to health, thereby threatening health equity <sup>9</sup>.

Improving the countries capacities for early warnings, awareness, risk education and management of health emergencies and prioritizing decision making to focus on using the scare and limited

resources judiciously and equitable and what framework needs to be used to appropriate these resources can all significantly address the problem of health inequality.

Failure to implement these measures have been linked to the high burden of preventable deaths in SSA<sup>10</sup>.

## Conclusion

Our study identified the barriers facing health equity in sub-Saharan Africa. It is paramount that these problems be addressed if health equity and by extension SDG 3 is to be met.

## References

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