Chapter 1.1.4

THE CHALLENGES OF HEALTH SYSTEMS IN DEVELOPING COUNTRIES

Victor Inem
University of Lagos, Nigeria

What is a health system?

The World Health Organisation(WHO) defines a health system as 'all the activities whose primary purpose is to promote, restore, or maintain health' (1) while the World Bank defines it more broadly to include factors interrelated to health, such as poverty, education, infrastructure and the broader social and political environment (2).

A country's health system is influenced by the national economic system. A good health system consists of five inter-related components.

- the development of health resources;
- organised arrangement of health resources;
- delivery of health care;
- economic support; and
- management.

Simply put, a health system is a coherent whole consisting of many inter-related parts, both sectoral and inter-sectoral. It also includes the community itself, which together with the formal health system affects the health of the population.

The term 'health system' therefore encompasses the workforce, institutions, commodities, information, financing and governance strategies that support the delivery of prevention and treatment services. Its core functions consists of providing essential health services, generating human and physical resources, financing these services and resources, and collecting data to inform planning and policy development. Further, responsible leadership is necessary to guide and co-ordinate these interdependent functions towards the best possible outcomes
The main objectives of a health system are to respond to people's needs and expectations by providing services in a fair and equitable manner.

Health systems in developing countries

The current health systems in developing countries are founded on systems designed during the colonial rule to cater to the needs of colonial troops, civilian expatriates and a small native population of favored urban elites. About half a century ago, the responsibility for planning and providing health and medical services for entire populations, most of whom were rural and more than half of whom were living below the poverty line, fell upon the doctors. Having been trained in the colonial power system and being unable to understand the size and complexity of the health problems, weaknesses and strengths of their own country and with no training in planning, organisation and management, their reactions were to expand the existing medical services with slight modifications. As a result, developing countries were left with systems of medical care which were very much Western and urban-centred and which failed to meet even the basic needs of the vast majority of the population living in rural areas.

In considering the impact of the legacy of colonialism on health systems in developing countries, a significant historical and current role has been played by mission hospitals and other faith-based organiSations in providing health services specifically in rural areas. Almost half of the health services in some African countries are run by churches, in parallel to government systems in rural areas. Private sector services tend to be mostly offered in urban areas, although a number of private general practitioners are often found in rural areas as well. So there are three health systems in rural areas that need to be considered: public (government), non-profit (faith-based) and private.

It became quite obvious to those who had been working in the rural areas for some years during the African post-independence period that these systems were not meeting the health needs of the people.

Urban and rural developmental challenges

The consequences of prolonged lack of rural development are capable of devastating the economic and political life of any nation. The neglect of rural development as an essential national goal has led to the migration of youth from rural areas to urban centres. This trend has escalated the problem of unemployment, particularly among young graduates. Some unemployed women go into prostitution as a survival strategy, thus escalating the prevalence of sexually-

transmitted infections which, in the context of the HIV/AIDS pandemic in Africa in particular, constitutes a major threat.

In developing countries there are often gross service inadequacies in urban centres - of basic municipal services like potable water, electricity, refuse sewage systems as well as educational facilities and residential accommodation. Coupled with decreasing interest in agricultural work and the severe lack of access roads in the rural areas, food scarcity continues to worsen.

Effect of socio-economic conditions on the disease burden

Overcrowding of urban centres caused by lack of adequate housing contributes to the prevalence of communicable diseases. In addition unhealthy life styles (diet, lack of exercise, smoking and alcohol use) aggravates the prevalence of non-communicable diseases. The quadruple burden of disease - comprising non-communicable disease, communicable diseases, mental health and trauma - is becoming a modern-day plague in developing countries.

In addition to promoting disease, the lack of health facilities and other basic necessities of life discourages medical doctors and others health care providers from residing and working in the rural areas. This tends to perpetuate the urban-centric nature of the health service, with severe overcrowding and overburdening of the urban hospitals. These lead to a decrease in the quality of care and lives of the population, as well as an overall reduction in productivity in the country which, in turn leads to poor national economy - and the vicious cycle continues.

The overall health care problems have been further compounded by the following factors:

1. The inverted pyramid structure of health care delivery, in which about 65% to 80% of the people live in rural areas while only about 20% of existing health care is available to them. On the other hand, 20% of the people live in the cities and towns and receive 80% of the medical and health care.
2. The hour glass effect in which resources are made available to primary and tertiary health care systems with little or no emphasis on secondary care.
3. Most fully qualified doctors, nurses and other health staff will not live in rural areas; and, of those who do, many are not fully able to relate to the rural people.

4. Sixty to eighty percent of all deliveries are conducted by indigenous midwives, generally known as traditional birth attendants.
5. Various national health schemes are vertical programmes funded /run by international aid agencies addressing, for example, TB, HIV/AIDS, leprosy.
6. Some programmes have begun to be integrated - like the IMCI (integrated management of childhood illness) - but the impact on the population is doubtful.
7. Vital statistics recording etc., have been introduced from time to time. This is usually necessary in the early stages of providing improved health services but, in the maintenance stage of these programmes, considerable duplication of activities has occurred with many health programmes having their own sets of workers running alongside government services
8. Various NGOs were not relating to, or were running parallel to, government health programmes.
9. Private Public Partnerships are viewed with suspicion by both parties.

Recommendations to address the multiple challenges of health systems in developing countries

Achieving better rural health requires a large number of interrelated actions, ranging from the formulation of comprehensive health policies to the identification of disadvantaged groups whose health needs must be clearly specified.

Not all developing countries are the same. This diversity means that the countries themselves will have to decide their priorities for action depending on differences in the conditions affecting health, the quality and the quantity of public and personal health services, access to external / donor funding and so on.

A system of health care which would reach the majority of the rural population in spite of the barriers constituted by difficult terrain, geographical isolation and poverty, needed to be evolved.

The primary health care or primary care approach is recommended as the structural arrangement to plan, deliver, supervise, monitor and evaluate the impact of services delivered to the rural population.

Conclusion

Doctors need to be trained to recognise the social determinants of disease. The training of young doctors provided by medical schools does not always take the realities of developing countries into full consideration and what is taught is not always relevant to the socio-cultural, economic and health needs of the majority of people among whom doctors work.

Some steps to re-orient young doctors to 'serve the people' have been introduced in the form of rural internships, youth corps services , mobile hospitals, medical camps, etc., but have failed to generate a real interest and desire among them to go out to the rural areas.

Attracting and retaining doctors and health personnel generally in the rural areas of is a major challenge to the provision of health care to people in developing countries which, among other things, needs to be addressed.

References

1 WHO. *Healthy Development.The World Bank Strategy for HNP Results.* World Bank, Geneva. Annex L, 24 April 2007.

2. Boelen C, Haq C, Hunt V, Rivo M, Shahady E *Improving health systems. The contribution of family medicine. A guidebook*. Singapore: World Organization of Family Doctors; 2002.

3. World Bank. Timetable for change. In *Better Health in Africa: Experiences and Lessons Learned.* USA:World Bank. 1995. p 171-178. doi.org/10.1596/0-8213-2817-4.

4. Ogbalu MMN. *Rural development and the health system in primary health care. A mass oriented health system*. 2009. p47-49.

This article is a chapter from the ***WONCA Rural Medical Education Guidebook***. It is available from www.globalfamilydoctor.com.

Published by:
WONCA Working Party on Rural Practice
World Organization of Family Doctors (WONCA)
12A-05 Chartered Square Building
152 North Sathon Road
Silom, Bangrak
Bangkok 10500
THAILAND

manager@wonca.net

Suggested citation: Inem V, The challenges of health systems in developing countries. In Chater AB, Rourke J, Couper ID, Strasser RP, Reid S (eds.) *WONCA Rural Medical Education Guidebook.* World Organization of Family Doctors (WONCA): WONCA Working Party on Rural Practice, 2014. www.globalfamilyldoctor.com (accessed [date]).