Assessing barriers to effective coverage with health services

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Why is it relevant to highlight barriers to effective coverage?

Tackling barriers contribute to:

- Improving overarching health system performance;
- Reducing health inequities;
- Improving financial protection;
- Enhancing responsiveness to non-medical needs and ensuring patient-centred care;
- Ensuring the right to health of all.

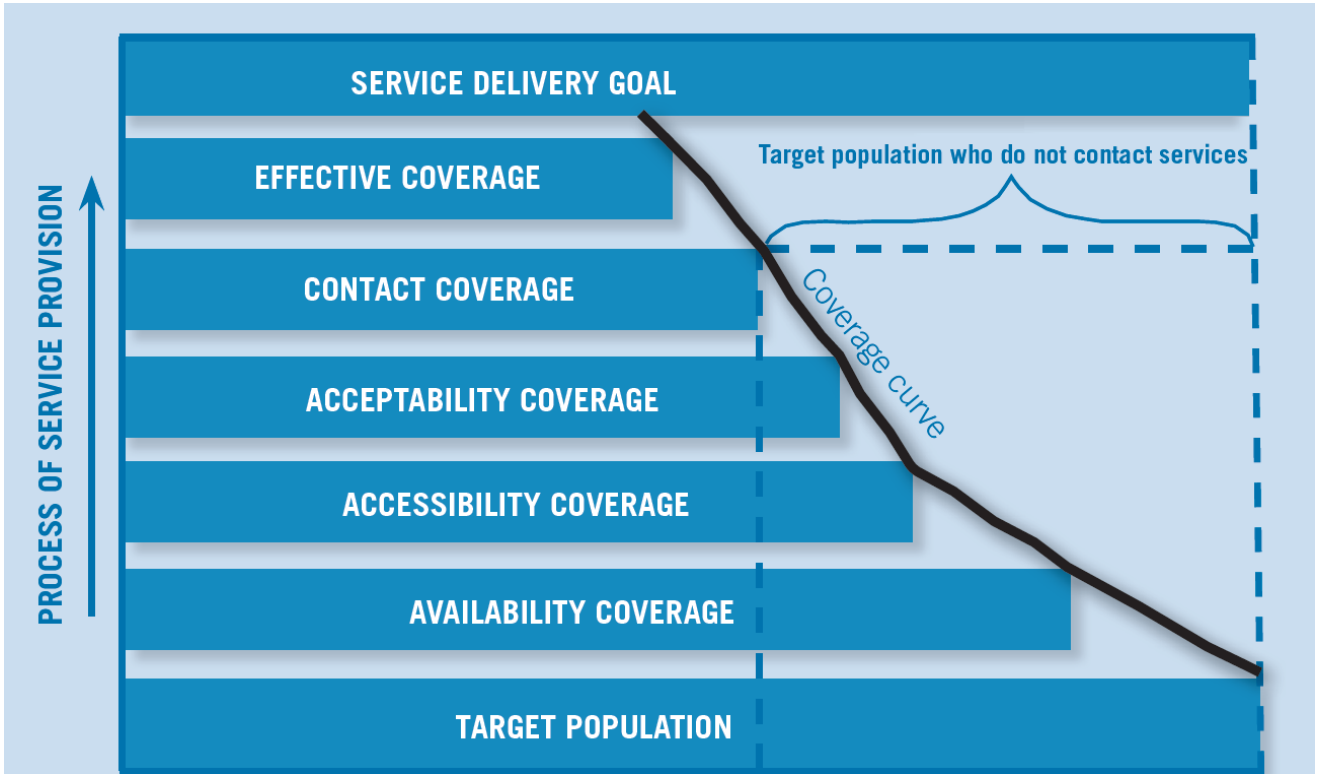
WHO General Programme of Work

Page 13:

- *The main challenge to making progress towards UHC comes from persistent barriers to accessing health services. […]*
- *Equity of access is central to UHC […].*
- *The WHO Secretariat will work with countries to identify barriers to access health services and provide evidence-based solutions to support progressive expansion in access, while ensuring the highest possible quality, including patient safety.*

WHO (2019). Thirteenth General Programme of Work 2019-2023: Promote health, Keep the world safe, Serve the Vulnerable. Geneva
https://apps.who.int/iris/bitstream/handle/10665/324775/WHO-PRP-18.1-eng.pdf

Tanahashi framework for effective coverage



Source: Adapted from Tanahashi T, 1978

Definitions

Effective service coverage

Effective service coverage is defined as the proportion of people in need of services who receive services of sufficient quality to obtain potential health gains.

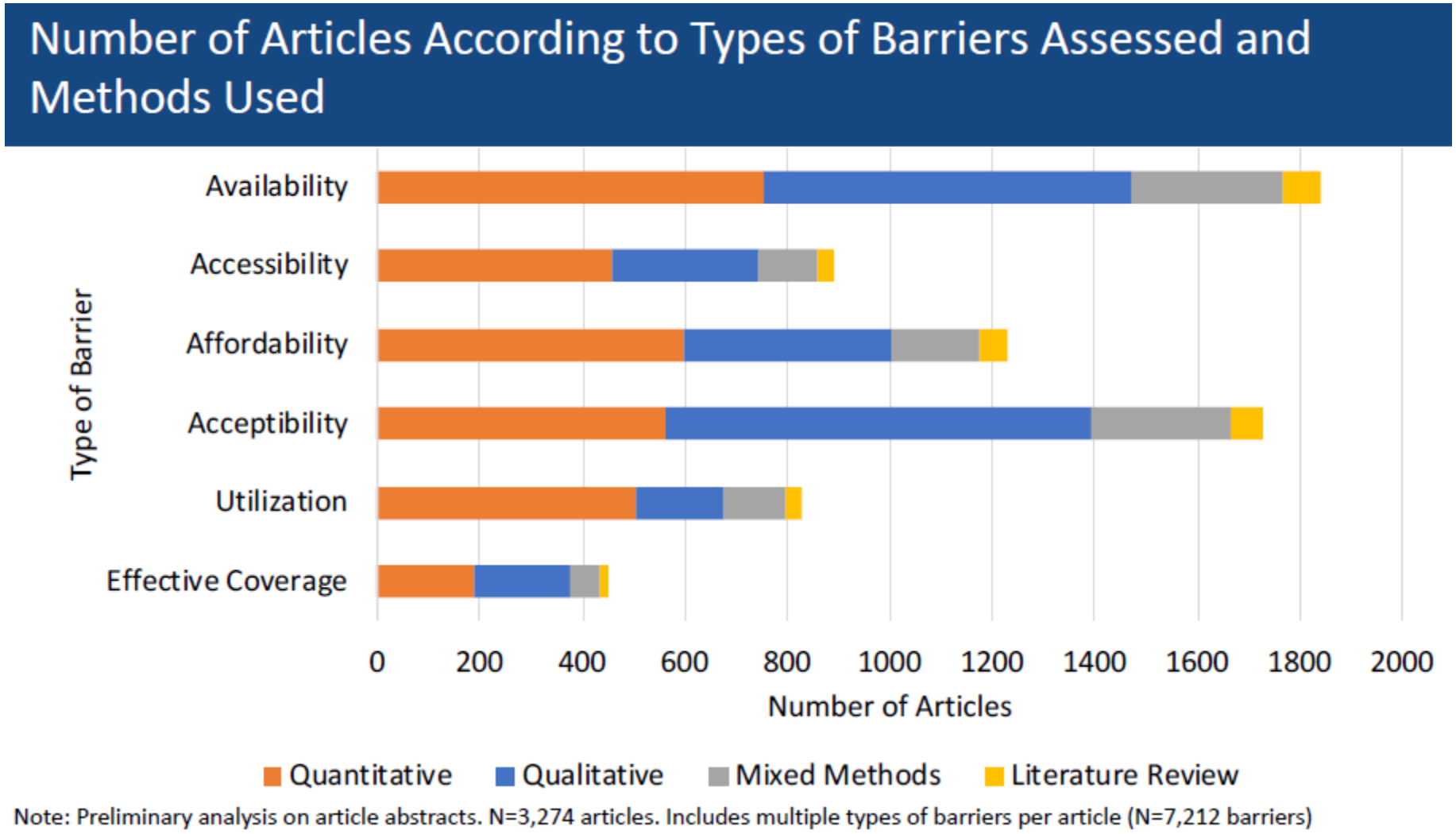
Effective coverage indicators capture a country's efforts to meet people's needs for quality health services, and are the preferred indicators for monitoring the service coverage dimension of UHC. Unfortunately, for many important health areas, indicators of effective coverage are not widely available, either due to lack of investment in data collection or difficulties around defining an operational indicator for a particular health service. In these cases, other indicators associated with effective coverage must be used.

Service coverage

Indicators of service coverage, which is defined as the proportion of people in need of a service that receive it, regardless of quality, are more commonly measured than effective coverage indicators. For example, the number of antenatal care visits can be ascertained by self-report in a survey, but determining the quality of care received during those visits is more challenging. In the absence of information on effective coverage, these indicators are often used for monitoring the coverage of health services, at the expense of capturing information on the quality of the services received. There is not always a definitive line separating effective service coverage and service coverage for a given health service, and therefore in some cases which label to use for an indicator may not be clear. This report often uses 'service coverage' as short-hand for both.

Source: Tracking universal health coverage: 2017 Global Monitoring Report. Joint WHO/World Bank Group report, December 2017, Geneva
https://www.who.int/healthinfo/universal_health_coverage/report/2017/en/

A wide variety of ways to measure barriers



Source: Methods used to assess barriers in the pathway to effective health coverage in low and middle-income countries: Preliminary findings from a systematic review. Report for Discussion at the WHO Workshop on Methods for Assessing Barriers on the Path the Universal Health Coverage (UHC), 2-3 May 2018 in Geneva Switzerland. Commissioned by GER/WHO/HQ to John Hopkins School of Public Health.

Availability- related barriers

Examples:

- Insufficient number or density of health facilities (or outreach mechanisms/ community-based service points);
- Inadequate number of appropriately skilled health personnel (including availability of same-sex provider where culturally appropriate);
- Scarcity of necessary health products/inputs (e.g. medicines, equipment, link to laboratory network, cold chain);
- Shortage or poorly functioning basic amenities like electrification, water and sanitation in facilities.

Accessibility-related barriers

Examples:

- Geographic/Transport-related:
  - Distance, availability of transport, time for transportation, road blockages;
  - Autonomy in movement (i.e., girls/women not allowed to go to the health centre without being accompanied by a male household member)
- Financial:
  - Direct: unaffordable out-of-pocket expenditures (e.g. co-payment, medicines);
  - Indirect: unaffordable opportunity costs (e.g. lost work, costs of child care), transport costs;
- Organizational and informational:
  - Schedules/opening times and systems to schedule appointments;
  - Administrative requirements (e.g. registration in local area);
  - Information on services in formats appropriate for the heterogeneity of the local population;
  - Challenges of working in the informal economy (no paid sick leave to go to an appointment).

Acceptability-related barriers

Examples:

- Cultural beliefs about health and illness, as well as perception of health needs;
- Extent of connectivity/ integration of health services with indigenous/traditional health systems;
- Gender norms, roles and relations which inhibit access (e.g. limited autonomy of some women in making decisions about their health, or gender norms on masculinity that delay treatment seeking);
- Age-appropriateness of services (e.g. are adolescent-friendly services provided);
- Perceptions of service quality, as well as perceived and actual corruption among health providers;
- Safety of service delivery points (e.g., especially in conflict zones or areas experiencing natural disasters);
- Discriminatory attitudes by providers (e.g. based on sex, ethnicity, marital status, religion, caste, disability, health status, or sexual orientation of the person seeking care) and extent to which confidentiality is protected.

Contact coverage

Contact coverage refers to the actual contact between the service provider and the user when services are available, accessible and acceptable.

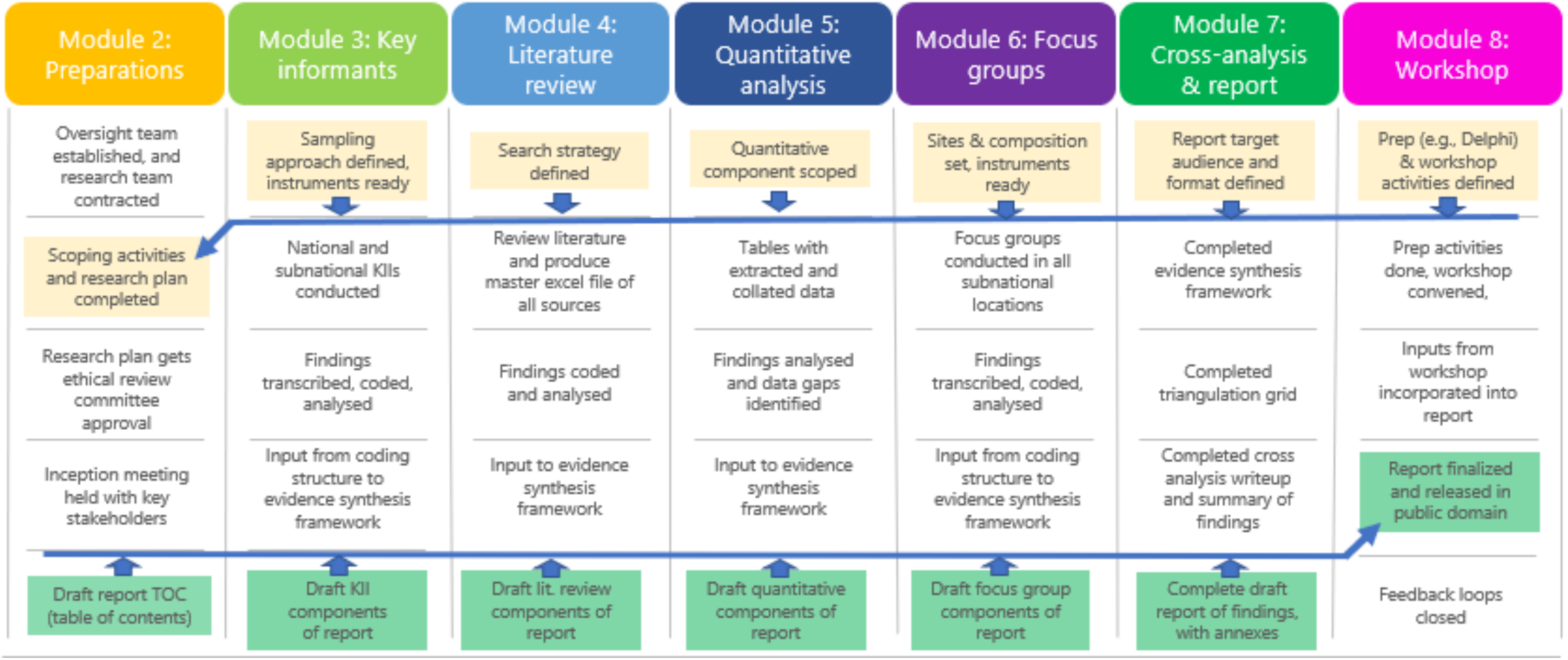
The lack of contact coverage is forgone care.

Effective coverage-related barriers

Examples:

- Lack of diagnostic accuracy;
- Insufficient provider compliance (e.g. related to low levels of training, lack of supportive system requirements such as protocols and guidelines, and deficient overall quality control mechanisms);
- Weak referral and back-referral systems;
- Inadequate treatment adherence, due to:
  - unclear instructions,
  - poor patient-provider relationship,
  - mismatch between treatment prescribed and patient compliance ability,
  - adverse socioeconomic conditions and
  - gender norms, roles, relations.

A mixed methods approach – the draft WHO handbook for conducting barriers assessments



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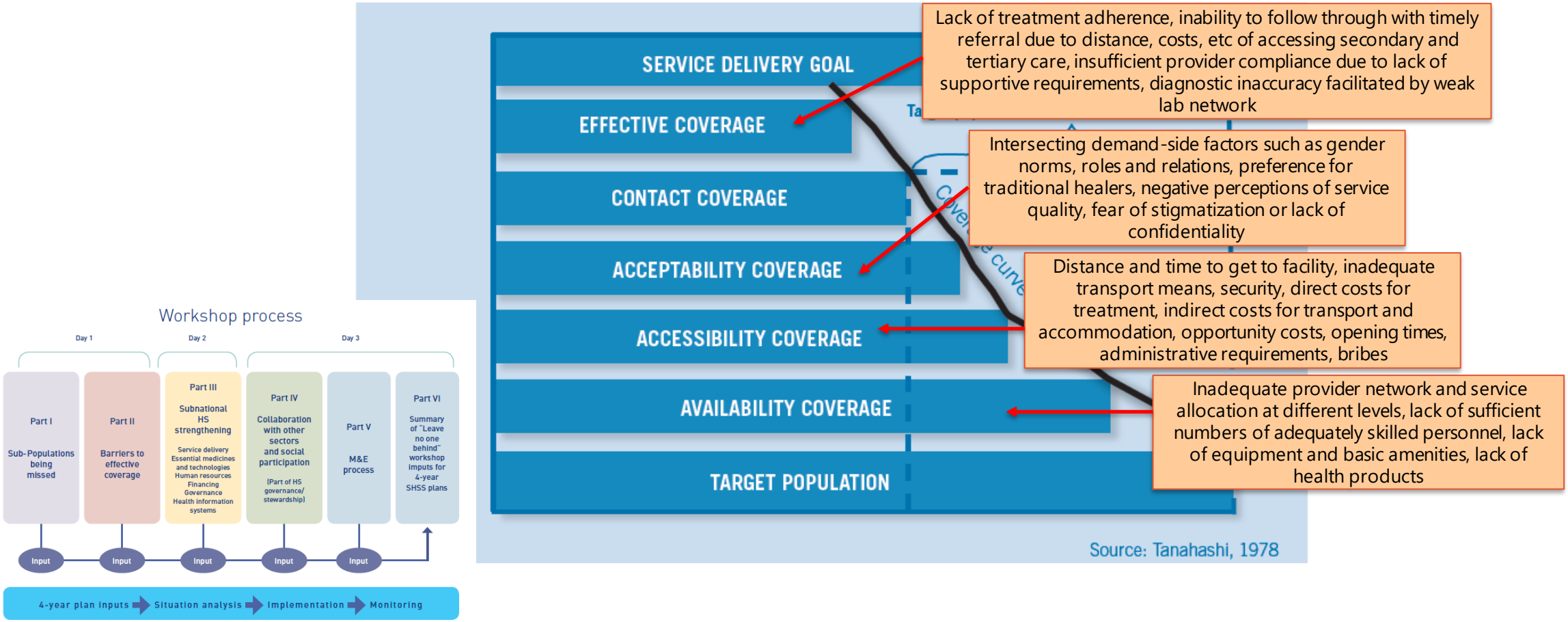
Aimag government representatives considering the barriers experienced by low-income rural and remote herder populations along the health pathway for treatment of cardiovascular disease.

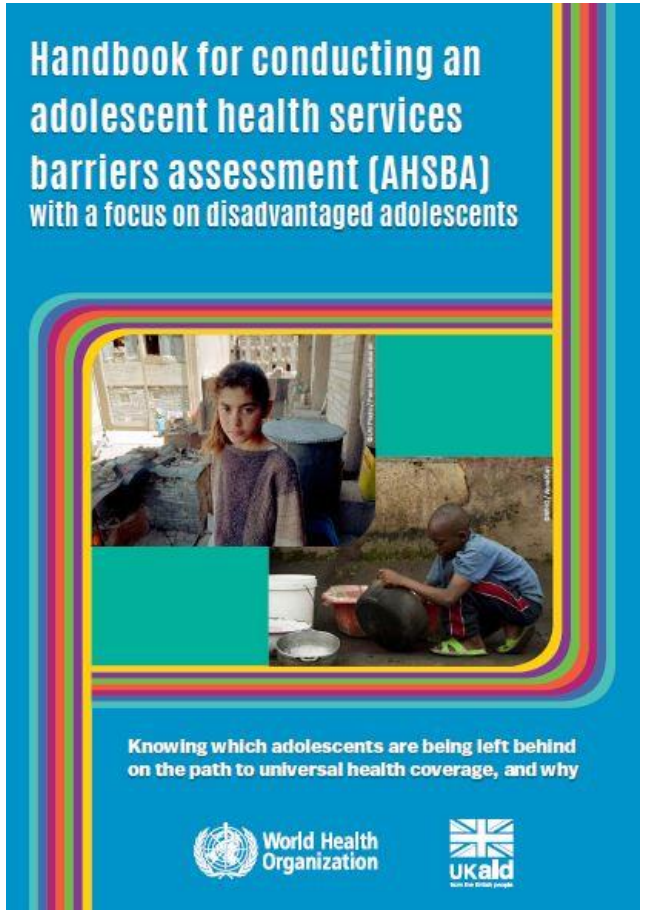
Use the Tanahashi domains to show a comprehensive overview of types of barriers (example: rural poor)



Source: Tanahashi T. Health service coverage and its evaluation. Bull World Health Organ 1978; 56(2): 295-303, with adaptations for barriers experienced by the rural poor laid over by T. Koller based on work on barriers in Mongolia, Moldova, Nigeria, Tanzania, Viet Nam, Indonesia and global evidence reviews. Workshop process used in Mongolia to feed into 4-year subnational HSS plans.

More work is needed to ensure our methods adequately unpack affordability related barriers

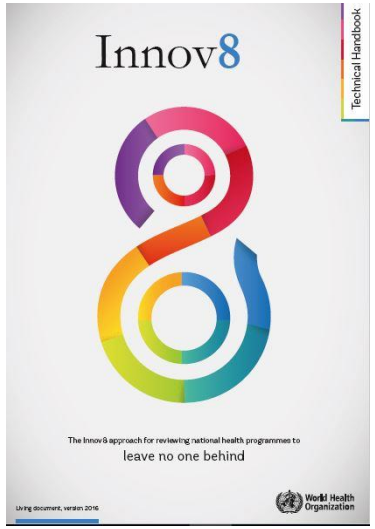
Source: WHO/EURO Factsheet on Financial Protection and the Sustainable Development Goals



Resources for more information

THANK YOU!

1. Complete the diagnostic checklist
2. Understand the programme theory
3. Identify who is being left out by the programme
4. Identify the barriers and facilitating factors that subpopulations experience
5. Identify mechanisms generating health inequities
6. Consider intersectoral action and social participation as central elements
7. Produce a redesign proposal to act on the review findings
8. Strengthen monitoring and evaluation



Source: WHO (2019). Handbook for conducting an adolescent health services barriers assessment (AHSBA) with a focus on disadvantaged adolescents. Geneva https://apps.who.int/iris/bitstream/handle/10665/310990/9789241515078-eng.pdf

Source: WHO (2016). The Innov8 approach for reviewing national programmes to leave no one behind. Technical handbook. Geneva http://www.who.int/life-course/publications/innov8-technical-handbook/en/