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MAY IMPROVE INEQUITIES AND INEQUALITIES IN ACCESSING PRIMARY HEALTHCARE  
SERVICES IN PAPUA NEW GUINEA**

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Running title: Inequities and inequalities in accessing primary healthcare service in Papua New Guinea.  
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## INEQUITIES AND INEQUALITIES IN HEALTH AND SOME PUBLIC HEALTH PROPOSALS THAT MAY IMPROVE INEQUITIES AND INEQUALITIES IN ACCESSING PRIMARY HEALTHCARE SERVICES IN PAPUA NEW GUINEA

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### ABSTRACT:

Inequity and inequality in accessing primary healthcare services can be created by systemic and structural barriers in a health system. A recent review of Papua New Guinea's (PNG) health system revealed that there are inequities and inequalities in primary healthcare service access. This disparity is magnified in the rural and remote regions of the country. One of the main reasons for this has been the chronic shortage in government funding. This paper presents an overview of inequities and inequalities in health and suggests some public health approaches that may improve primary healthcare service access in PNG.

**Keywords:** inequities in health, inequalities in health, primary healthcare service in Papua New Guinea.

### INTRODUCTION:

Social determinants of health have been described as the causes of causes [1]. Some examples of these determinants include place of residence, education, income and housing [2]. How much impact these factors have on health are shaped and influenced by systemic and structural barriers and complex dominating social interactions resulting in the health burden being highest amongst those who are

lower in the social hierarchy. This has been described as social inequities and inequalities in health [2]. Reducing social inequities and inequalities in health is now a key focus of public health [3].

Health inequity can be defined as 'differences in health that are unnecessary, avoidable, unfair and unjust' [4,p.254]. Inequality in health and inequity in health are not the same [4].

Equity is based on the principle of social justice whereas equality is based on the concept that everyone has to be treated equally [3]. To improve health inequity, the distribution of healthcare services has to be based on the level of healthcare service need. Although improving inequity in health may be viewed as unequal treatment, improving health inequity ensures that those most in need have access to adequate healthcare services [4].

Access to primary healthcare services in Papua New Guinea (PNG) is a significant determinant of health. Grundy et al. [5] reviewed PNG's health system that showed distribution and allocation of resources to primary healthcare services in PNG do not support the health needs of the population leading to inequity and inequality in healthcare service access. Inequity and inequality in healthcare service access is determined by enabling and need factors and other socio-cultural factors at the individual and community level [6,7]. This paper will attempt to highlight some factors that create inequity and inequality in health. Some public health approaches that may help improve inequity and inequality in accessing primary healthcare service in PNG will also be made.

Equity, equality and how they affect access to primary healthcare services

Equality can be defined as two or more things that are same or have similar value [8]. When

two or more individuals or two or more groups of individuals are treated equally they have the same things or same things of similar value. Equity on the other hand is based on the principle of social justice [9]. That is, everyone must be given what they need to be successful. Equity in health means that those who need healthcare the most must be given the most resources for good health. When this does not happen in a healthcare system, inequity in health is produced. Equality assumes everyone started out the same or every health program has the same needs but that is not true [8]. Principle of equity ensures that a healthcare system is adequately resourced in a way that ensures everyone benefit based on their respective needs. Equality therefore is not the same as equity [4,9] but both are important concepts in healthcare planning. However, it is important that equity is the driving factor in healthcare service planning and budgeting rather than equality because improving equity ensures healthcare services are distributed and provided according to the level of healthcare need rather than using equality which assumes that everyone has the same healthcare needs.

The concept of equity can be further described as vertical equity and horizontal equity [8]. Principle of vertical equity in health states that people or groups of people with differing healthcare needs should be treated differently based on their health needs [8]. Whereas horizontal equity principle states that equal

treatment should be given to people or groups of people with same or similar health needs [8]. The question then arises, what is the best way to deliver healthcare services factoring in principle of equity in healthcare? Horizontal equity or vertical equity? There is no right or wrong approach. As healthcare managers, our priority setting decisions regarding allocation of resources and or redesigning services should not only consider moral (e.g. equality, equity) and non-moral factors (e.g. genetics, disease epidemiology) but the decisions should be based on consensus, consistency [8] and local context to achieve equity in health.

Inequity and inequality in society affect health. A primary healthcare service delivery structure that delivers same kind of services for all without considering socio-cultural and economic structures that influence health may result in disproportionately affecting the health of those with the greatest healthcare needs [10]. Inequity in accessing and utilising healthcare services can be a reflection of social inequities. A very good example to illustrate the influence of inequities and inequalities in society determining health is tuberculosis treatment outcome [11]. Diefanbach-Elstob et al. [11] interviewed patients taking treatment for tuberculosis in Balimo in the Western Province of PNG and found that inequity and inequality at the individual, health system, socio-cultural and socio-economic levels determined the treatment outcome. The study revealed that

less educated patients, patients with low income levels and patients that did not received family or community support had poor TB outcomes [11]. Inequity and inequality in society can create structural and systemic barriers (socio-cultural or socio-economic) that prevent access and utilisation of primary healthcare services.

Public health approaches to improve inequity and inequality in accessing primary healthcare services in Papua New Guinea

The PNG health system is currently undergoing a restructure transiting to the Provincial Health Authority System (PHA). A review of the PNG health system in 2019 revealed 'significant inequities in access to primary healthcare service' [5,p.xvi]. The greatest impact of these inequities and inequalities has been felt in the rural and remote parts of the country [5]. It is hoped that the PHA system will remove systemic and structural barriers to improve access to primary healthcare service by increasing distribution and supply of primary healthcare services.

Inadequate government funding is a major contributor to the decline in primary healthcare services in PNG [5]. Church health services provide nearly 50% of rural health services in PNG but they too have been inadequately funded and resourced by successive governments [12]. This has led to the

introduction of user-pay policies by some health service providers preventing the poorer segments of the population to access and utilise primary healthcare services [13]. Legislative and policy barriers need to be removed to improve primary healthcare service accesses. Specific action should focus on sustained financial support, essential medicines, appropriate technology and human resources to strengthen the PHA system. Primary healthcare service delivery structures and mechanisms may need to be reviewed to remove any structural and systemic barriers that produce inequity and inequality in accessing primary healthcare services.

Several public health approaches have been proposed to improve inequities and inequalities health [14,15]. These approaches can be tailored to PNG context and applied. Improving inequity and inequality should start with developing a framework for measuring the extent and magnitude of the access inequity and inequality [15]. The WHO also has a framework that countries can use [16]. These tools can help identify barriers that need amending or revisions (e.g. legislations, policies, service delivery mechanisms, health program restructuring). Further, the strategies should involve all sectors of government, private industries, development partners and non-government agencies. The overarching principle should be to remove barriers, re-distribute or increase distribution and supply of

primary healthcare services. A key challenge will be how to effectively operationalise any initiative and continued advocacy would be needed for sustainability. Other important factors to consider would be to identify things the health sector can do, tasks other sectors can do and what actions can be done by all sectors [14].

### **CONCLUSION:**

Inequity and inequality in access to primary healthcare service affects health. This essay has presented an overview of inequity and inequality in health and has proposed some public health approaches that can improve access inequity and inequality in primary healthcare services.

Ensuring equality alone is inadequate to improve health. Improving health equity must be a key element in the planning of primary healthcare services and must be supported by adequate resources based on need. Unfortunately, in PNG inadequate government support particularly chronic funding shortage has resulted in inequities and inequalities in access to primary healthcare services. There is a need to review and revise PNG's existing policies and legislations to improve inequities and equalities in primary healthcare service access. It is hoped that the new PHA health service structure will ensure adequate distribution and supply of primary healthcare services in rural and remote parts of PNG.

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