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ORIGINAL RESEARCH

Improving access to health services in Malawi

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Abstract

Background: Timely access to health care can substantially reduce mortality. The United Nations Sustainable Development Goal 3, target eight recommends provision of quality care to all must include usually underserved groups by 2030. Universal access to healthcare remains unavailable particularly in rural areas, due to a shortage of labor, a lack of basic health-facility infrastructure, poor management practices, and insufficient financing In Malawi, universal access to healthcare remains unavailable particularly in rural areas, however, no data is available from villagers themselves on improving access to health services. The aim of the study was to find ways of improving access to health services in Malawi with focus on people staying in rural areas.

Methods: Quantitative cross-sectional study. Simple random sampling. Face to face interview was conducted.

Results: The survey included 126 people, 97(77%) were women and 29 (23%) were men. 52 % participants were farmers, 7% of participants were employed, and 5% attainted tertiary education. Common barriers to access health services which participants (35%) mentioned were lack of drugs and medical equipment, shortage of health personnel (25%), another 25% complained of long distance to nearest health facility. 10 % of participants fail to access health services due to poor design of hospitals and 5% failed to access health services due to rudeness of health workers. Accessibility of health services in Malawi can be improved by increasing number of clinics which was suggested by 28% of participants, 25% of study participants suggested training more health workers, 23% suggested of setting up of community fund to transport patients in cases of emergency, 20% of participants suggested of introducing mobile clinics and 4% suggested of designing of tricycle to be used for transport in rural areas.

Conclusion: Access to health services in Malawi can be achieved by Training more health workers, introducing community funds, empowering local people to own the health facilities, increasing number of health facilities, designing tricycle which could travel in rural areas and improve drug supply and quality of medical equipment through increased funding from central government

Keywords: World Health Organization, Health Care Workers, United Nations, Tuberculosis, Acquired Immune Deficiency Syndrome, Human Immune Virus, Christian Health Association of Malawi, Barriers, Health services, Health care access, Sub-Saharan Africa

Introduction

'Universal health coverage is defined as ensuring that all people have acce**ss** to needed health services (including prevention, promotion, treatment, rehabilitation, and palliation) of sufficient quality to be effective while also ensuring that the use of these services does not expose the user the financial hardship' (1). The United Nation through Sustainable Development Goal 3 recommends universal access to health services. This translates equal access to health services no matter you are rich or poor. Every human being has a right to life by having access to universal health services [2]. Nobody must die due to failure to access health services. Death may only occur after doctors have tried all means to save life, but all available interventions have failed. According to the United Nations (UN) Sustainable Development Goal 3, target eight, recommends 'the provision of quality care to all must include underserved groups', however studies had unveiled that most countries do not meet the world body recommendations. At least half of the world's population does not get essential health services (3). According to a new report from the World Bank and WHO, each year 100 million of people are being pushed into poverty extreme because they must pay for health care out of their own pockets, forcing them to survive on just $1.90 or less a day. 'Currently, 800 million people spend at least 10 percent of their household budgets on health expenses for themselves, a sick child or other family member' (3). Other continents are better in terms of access to health services as compared to Africa. In Africa, accessibility and coverage of essential health services are very low (4). 'Physical access to emergency hospital care provided by the public sector in Africa remains poor and varies substantially within and between countries' (5). Africa accounts for almost half of the world's deaths of children under five and has the highest maternal mortality rate, HIV /AIDS, TB, and Malaria (7). People in sub-Saharan Africa have the worst health on the average in the World. It has only 3% of the World health workers [6].Three countries (Malawi, the Philippines, and Tanzania) saw deteriorations in both service coverage and financial protection (7). Malawi as one of Sub-Saharan countries, health care provision is difficult because the population is largely rural, and 15 percent of Malawians were unable to attend to their medical-health needs (8). Malawi health care is also dispersed across the country. According to USAID report 2019, Malawi has a high unmet need for family planning services (26%), with acute needs among young people [9]. In Malawi almost one million people live with HIV, and about 34,000 new cases every year, 37 percent of Malawian children suffer from chronic malnutrition and a large of malaria cases with an 'incidence rate of 332 cases annually per every 1,000 people and approximately 4.8 million episodes of malaria per year. Over a third of established positions in the health sector are vacant and there is a perpetual shortage of qualified health workers in facilities across the country' (8). Universal access to healthcare remains unavailable particularly in rural areas, due to a shortage of labor, a lack of basic health-facility infrastructure, poor management practices, and insufficient financing (7).

Methods

The study design was a quantitative cross-sectional study, and the study setting was Chitipa, Dedza and Mangochi Districts in Malawi. The study was conducted between March and July 2020.The sampling strategy was simple random sampling. People who met the preferred age group were interviewed. The sample size was determined by

assessing the number Table of numbers was used in coming up with sample size. From population of three hundred twenty five people in three selected areas, a sample had 126 participants for ±7% precision level and confidence level was 95% and P<0.5. About thirty-one patients were selected from Chitipa, forty-eight were selected from Dedza and ninety-five patients were selected from Mangochi. Local people aged between 18 years and above who use health services participated in the study. Data was collected using a structured questionnaire with close – ended questions was formulated in English. Questions which were in cooperated in the questionnaire answer objectives of the study that was mainly focused on accessing universal health services in Malawi.There after each participant was interviewed using a questionnaire. Three clerks were trained to collect the data. Data management included questionnaires being collected from study participants were checked for mistakes. Thereafter it was transported in a locked brief case to the house of the researcher. Upon arrival at home, it was kept safely and locked in drawer to prevent access by other people. To ease entry in the computer, coding was done to all questions on a questionnaire. After finishing coding, the data was entered in the computer using excel database.

Data analysis

Data analysis was done using computer aided programs such as Microsoft excel and Epi info tables, pie charts and bar graphs were constructed using excel.

Ethical consideration

Consent was obtained from the District Commissioner, Institutional Research Team, Traditional Authority and Village leader before conducting the study. Consent was also be obtained from participants. Participants names were not indicated on the questionnaire.

Results

The study was conducted in Chitipa, Dedza and Mangochi districts in Malawi. A total of 126 participants were interviewed in rural health centers. The target population are people aged 18 years and above (Table: 1). The majority of the participants (43%) were within the age group of 23-33 years, 1% of participants were in 83-93 age range. Most women (77%) participated in the study. 80% of the participants were married and 12% were single. 56% of the participants had attained primary education and 2% were illiterate. 52% of participants were farmers and 3% earn their living by doing business. 27% of study participants were C.C.A.P. members and 2% were Muslims. Malawians have several barriers to access health services (Figure 1) according to the study findings; 35% of study participants said that lack of drugs and medical equipment was a barrier to access health services while 25% of participants said that shortage of health care workers was a barrier to access health services. Participants proposed several methods of improving accessing to health services in their respective areas (Figure 2); 28% participants suggested that increasing number of clinics can improve access to health services which is seconded by 25% participants who suggested that by training more health care workers could improve access to health services.

Table 1: Social demographic characteristics of the study population

CHARACTERISTICS	VARIABLE	NUMBER (N=126)	PERCENT AGE
SEX	Female	97	77%
	Male	29	23%
AGE GROUP	18-23	34	27%
	23-33	54	43%
	33-43	20	16%
	43-53	4	3%
	53-63	5	4%
	63-73	6	5%
	73-83	1	1%
	83-93	2	1%
MARITAL STATUS	Married	101	80%
	Single	15	12%
	Divorced	5	4%
	Windowed	5	4%
EDUCATION LEVEL	Primary	71	56%
	Secondary	47	37%
	Tertiary	6	5%
	Illiterate	2	2%
OCCUPATION	Employed	2	7%
	Business	1	3%
	Farmer	16	52%
	Others	12	39%
RELIGION	C.C.A.P.	34	27%
	Catholic	26	21%
	Pentecostal	14	11%
	Muslim	3	2%
	Others	49	39%

Figure 1: Common barriers to seek universal health services

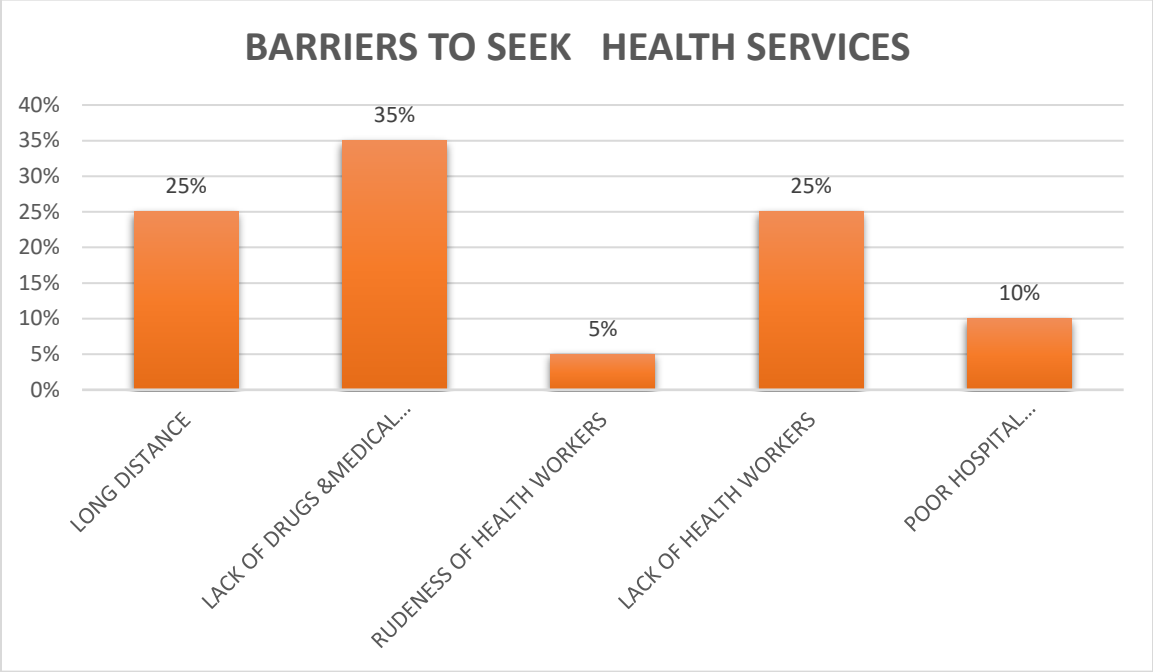
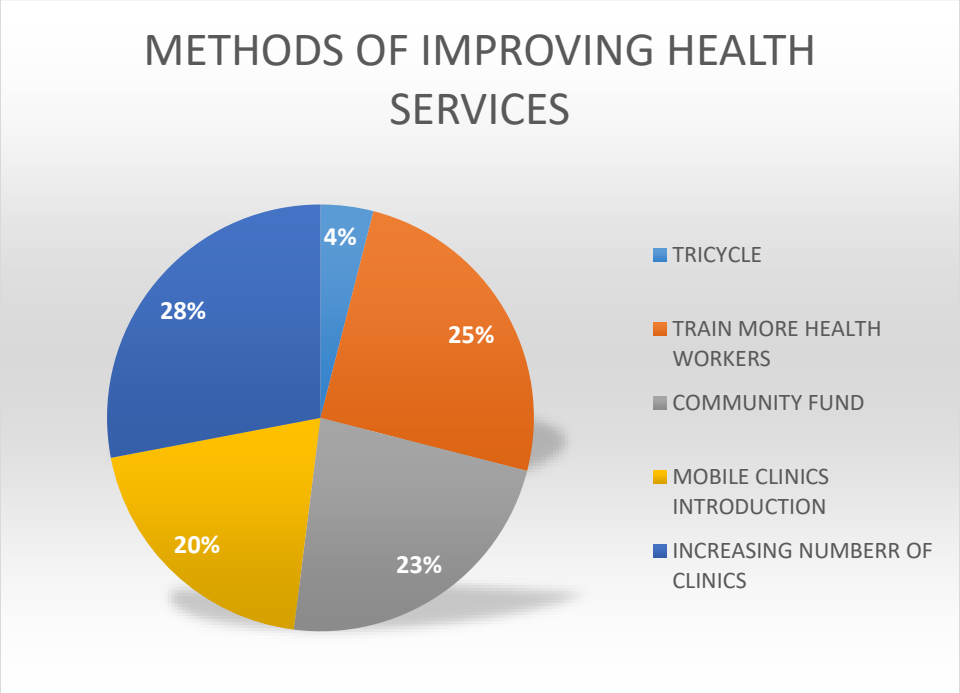


Figure 2: Methods of improving health services to people



Discussion

The Universal Declaration of Human Rights of the United Nations states in article 3 that everyone has the right to life, liberty, and security of person (12). Every human being at some point in his/her journey become sick., to restore normal human health some health

conditions requires to seek health services failing to do so result into loss of life. Therefore, access to health services is a human right. Contrary to United Nations recommendation, the study carried out in some parts of Malawi had revealed that people do not have access to right to health services. The study (Figure 1) has found several factors hindering people to access health services. In the study, 35% of participants fail to access health services due to lack of drugs and medical equipment. Malawi as developing country does not have sophisticated equipment to diagnose some diseases. Currently there is only one Magnetic Resonance Imaging (MRI) for imaging brain tumors). There is no Radiotherapy facility for cancer patients. As result some patients become disappointed with this and never return to the hospital for the second time when they are sick. The study findings correlate with USAID Report for 2019 which stated that Malawi has poor health services due to poor health financing although percentages were not mentioned [9]. However, a study conducted by Institute of Public Opinion and Governance (7) found that 29% of Malawians cited the absence of necessary treatment as a reason for being unable to attend to their medical services which a bit lower than in our study. The difference may be due to the target population interviewed. The study had revealed the second barrier to access health services in Malawi as lack of health workers which was at 25%. USAID Global Health for 2019 reported similar results. 'Over a third of established positions in the health sector are vacant and there is a perpetual shortage of qualified health workers in

Facilities' across Malawi (8). Long distance of travel to visit the nearest is another barrier to seek health services which also at 25%. Most health facilities are dispersed especially in rural. A study conducted in Malawi by Institute of Public Opinion and Governance in 2016 reported similar findings. Another study conducted by Lancet Global Health across Africa revealed that hospitals in the continent are dispersed and people take long time to access health services to the nearest hospital. The investigator was interested in approaches of improving universal access to health services**.** Formulation of solutions for access to health services depends on the problems identified. Different countries have different barriers for access to health services. In the study conducted in Malawi by the researcher (Figure 2), participants came with several solutions of improving access to health services. The majority (28%) of participants suggested that access to health services can be improved by increasing number health facilities such as clinics in locations where people stay. Most participants said that health services must be brought closer to end users. The government must allocate more money to build health facilities according to the Abuja Declaration (10) and World Bank report of 2018 [11]. The study agrees with World Bank, Global Health Report for 2018 (13) which recommends at least 15% budget allocation to the health sector. Another group of participants (25%) suggested training of more health workers to work in hospitals could solve the problem. By training more health workers, will result improving quality of health services. The World Bank report for 2018 also recommends improving quality health services as one way of improving access to health services. Some participants (20%) reported introduction of mobile clinics can improve access to health services. Mobile clinics can help to screen some diseases, provision of primary health care, and manage conditions associated with the elderly. Halina et al. (14) also recommends improving Primary Health Care as one way to improve access to health services. Furthermore, universal health services can be improved by protecting all people from pandemics (12).

Conclusion

The study found that common barriers to access universal health services are lack of drugs and medical equipment, long distance of health facilities from residential areas of patients, and shortage of health workers. Access to health services can be improved by improving drugs supplies, building more hospitals, empowering communities to own health facilities and training more health workers.

References

1. WHO, "Universal health coverage," 4 May 2020. (Online). Available: https://www.who.int/healthsystems/universal_health_coverage/en/. (Accessed 31 July 2020).
2. UN, "The Universal Declaration of Human Rights," United Nations, New York, 1948.
3. W. &. W. Bank, "Tracking universal health coverage," World Health Organization, Geneva, 2015.
4. M. Yoshizu, "Half the world lacks access to essential health services, 100 million still pushed into extreme poverty because of health expenses," WHO news letter, Tokyo, 2017.
5. S. Yaya, "Universal Health Coverage and Facilitation of Equitable Access to Care in Africa," *Front Global Health*, vol. 7, no. 02, p. 3, 2019.
6. L. G. Health, "Access to emergency hospital care provided by the public sector in sub-Saharan Africa in 2015: a geocoded inventory and spatial analysis," Lancet Global Health, vol. 6, no. 3, p. 4, 2018.
7. W. B. -IFC, "Health and Education," 16 June 2020. (Online). Available: https://www.ifc.org/wps/wcm/connect/REGION__EXT_Content/IFC_External_Corporate_Site/Sub-Saharan+Africa/Priorities/Health+and+Education/. (Accessed 31 July 2020).
8. I. o. P. O. a. governance, "The Local Governance permonce index(LGPI) in Malawi: Selected findings on Health," Univesity of Gothenburg, 2017.
9. USAID, "IMPROVING THE HEALTH STATUS OF MALAWIANS IN TARGETED DISTRICTS," 19 November 2019. (Online). Available: https://www.usaid.gov/malawi/global-health. (Accessed 25 JULY 2020).
10. A. &WHO, "Abuja Declaration: Ten Years On," 2011. (Online). Available: https://www.who.int/healthsystems/publications/abuja_declaration/en/e Abuja Declaration: Ten Years On. (Accessed 29 July 2020).
11. W. Bank, "Lack of health a waste human capital.:5 Ways to achieve universal access to health services by 2030," World Bank, NEW YORK, 2018.
12. A. F. D. S. N. Rozita Halina Tun Hussein, "Opinion: 5 ways to make progress towards universal health coverage," Devex, 12 December 2017. (Online). Available: https://www.devex.com/news/opinion-5-ways-to-make-progress-towards-universal-health-coverage-91726. (Accessed 25 July 2020).
13. S. N. Adam Wagstaff &, "A comprehensive assessment of universal health coverage in 111 countries: a retrospective observational study," *Lancet Global Health*, vol. 8, no. 1, p. 13, 2019.
14. P. K. Trani Jean-Francois, "Assessment of progress towards universal

health coverage for people with disabilities in Afghanistan: a multilevel analysis of repeated cross-sectional surveys," Lancet Global health, vol. 14, no. 6, 2017.