Global Access to Quality Healthcare

Introduction

Access to quality healthcare is not only a necessity, but also a fundamental right. Despite the fact that access to healthcare is distributed unevenly throughout the world, a large number of people—generally in highly developed countries—take good healthcare for granted. The World Health Organization states that a majority of the population is unable to access quality healthcare among other essential services. However, in the United States, which is considered a developed country, the overwhelming majority of the population, over 90 percent, is able to access quality healthcare. On the other hand, in India, which is widely regarded as a developing country, only 37 percent of the population is able to access quality healthcare. This paper aims to identify the causes and implications of this disparity. For these causes, this paper argues that healthcare is distributed unevenly throughout the globe because of poverty, lack of education and political instability in developing countries. For the implications of this inequality, this paper argues that the inequality causes infant mortality, burden of disease and stalling of development in developing countries.

Causes

One major cause of the uneven distribution of healthcare is poverty. According to The World Bank, 9.2% of the world lives in poverty. The resources essential to good healthcare are extensive. These resources include medicines, equipment, and medical bills. These resources are expensive in some countries too, which is why many cannot afford them. In the USA, the average expenditure per person per year is over eleven thousand US dollars. This amount is extravagant because the average global GDP per capita is only eighteen thousand dollars. Over one billion people spend only one dollar per day, ninety cents below the poverty line. The

Democratic Republic of Congo is the most impoverished country in the world, with a GDP per capita of only 588. To put this to scale the average GDP in America is over sixty-eight thousand dollars. The Democratic Republic of Congo also has one of the lowest quality healthcare access with a HAQ of less than 42.9 (Appendix A). Australia is a country that has high access to healthcare. Its HAQ index is more than 86.3, which is more than the HAQ index of the wealthiest country in the world, the USA. This further illustrates the connection between poverty and lack of healthcare.

Another main cause of the distribution is the lack of education. Canada is the most educated nation with a 99% literacy rate. Canada has the highest global percentage of adults who have experienced higher education, with a proportion of 55% while the global average is 35%. Education is compulsory in many provinces of Canada until the age of eighteen. Additionally, all students are entitled to virtually free education. Canada spends approximately 1.3 billion Canadian dollars, or 1.23 billion USD on education. A country such as South Sudan, on the contrary, has a literacy rate of only 27%. Before Sudan declared independence in 1956, the British colonial administration had limited control over the country's education system. South Sudan's education was lacking when its northern counterpart engaged in civil wars. After that, the country's resources were extremely limited. Even when UNICEF attempted to structure education in South Sudan, the lack of resources was an obstacle. South Sudan also had an ongoing civil conflict, further halting its education. Because of all of this, many South Sudanese people had been deprived of education for decades. According to a study, people with a college degree typically live a healthier lifestyle than those without this degree. There is more than twice the amount of people who smoke without a college degree, than with a degree. Additionally, these graduates have a smaller chance of becoming obese

than those who are less educated. The study also reports that degree holders do more exercise, drink less sugary beverages, and eat less fast food than people with no degree. This trend can be explained by the fact that people with a higher education are more likely to learn about health and health risks. Education can improve people's lifestyle choices, skills, and greater self-advocacy. Education also improves effective habits, and cognitive ability, two skills nearly essential to maintaining good health. Effective communication between a patient and a doctor is also more difficult to achieve for someone of low socioeconomic status. A review of the effects of health literacy shows that someone who is less educated is more likely to use emergency services such as the ER, whereas a more educated person is more likely to use preventive services prior to the need for emergency services, such as proper medications or specific procedures. It is also shown that among the elderly, those with less health literacy have poorer health status and shorter lifespans than those with higher health literacy. These pieces of evidence prove the connection between good education and good healthcare.

A third cause of the distribution is political instability in developing countries. Yemen is currently suffering from the world's worst humanitarian crisis. According to UNICEF, one Yemeni child dies of preventable causes every ten minutes. The country is currently plagued by war, poverty, cholera, and malnutrition, weighing up to one of the most severe global disasters. While there was already a pre-existing conflict in the region, the main crisis began in 2011. The Yemeni president at the time, Ali Abdullah Saleh had ruled over the nation for over three decades, without any democratic reform. Additionally, his legacy was noted to be largely corrupt, and he and his allies had been conducting human rights' abuses. This led to uprisings, where Yemenis began to protest against the President and his unfair rule. At the time, the country was already in a substandard and poverty-stricken state, but the protests

followed with the Yemeni Revolution. Major street protests and riots came to life, eventually leading to Saleh leaving his position in power. Due to the presumed success, the revolution concluded in 2012, but there was still a prevalence of political unrest within Yemen. Amidst the violence, Yemenis are in a state of agonizing distress. An alarming eighty percent of the population needs humanitarian aid to survive. The outbreak of cholera in Yemen has affected over one million people. Even though cholera is highly treatable, a large portion of the affected people also died from the disease. In addition to cholera, diphtheria and poor drinking water also affect the Yemeni population. The lack of medical care and supplies as a result of the humanitarian crisis has also instigated a large-scale health crisis in Yemen. As mentioned previously in this essay, Canada has extraordinary access to healthcare. The link between political stability and good healthcare is further illustrated in the case of Canada because its government makes policies to ensure the success of its healthcare system. One such policy is demonstrated in the Canada Health Act. The main objective of the Canada Health Act is to "protect, promote and restore the physical and mental well-being of residents of Canada and to facilitate reasonable access to health services without financial or other barriers." Both the cases of Canada and Yemen show how political instability causes poor healthcare.

Implications

The first implication is the infant mortality rate. Infant mortality can be caused by birth defects, preterm birth, low birth weight, injuries, pregnancy complications, or lack of proper resources. The lack of proper resources comes as a result of the lack of healthcare; hence, it affects infant mortality rate. All of the complications that cause infant mortality could be solved if there was developed healthcare. If there is a link between inaccessible healthcare and infant mortality, countries with a lower HAQ would have a higher infant mortality rate.

Comparing the distributions of global access to quality healthcare and infant mortality rate, this trend becomes apparent. Countries with high HAQ such as Australia, Canada, and Japan, also have low infant mortality rates of 0-0.5%. On the other hand, countries with low HAQ such as Afghanistan, South Sudan, and Somalia also have high infant mortality rates, of 5-10%. Ninety-nine percent of infant mortality occurs in developing countries; eighty-six percent of these deaths are caused by infections, preterm births, and other complications. The fact that the vast majority of infant mortality takes place in developing countries, especially those in which quality healthcare is virtually nonexistent, demonstrates the connection between inaccessible healthcare and infant mortality.

Another implication of the distribution is the burden of disease on specific nations. In the original distribution, it is apparent that several countries in Central and West Africa have low access to quality healthcare. Similarly, in the distribution of burden of disease, the same countries have a high burden of disease. Nearly eighty percent of the total infectious disease burden comes from HIV/AIDS, malaria, tuberculosis, and other infectious diseases. Infectious diseases account for at least sixty-nine percent of all deaths on the continent. The impact of disease in Africa has become so large that it no longer just affects the healthcare sector, but it affects every sector of society. Along with a health concern, these diseases are also a developmental concern. On the contrary, the same countries which have a HAQ of over 86.3 have a low burden of disease. Such countries include Australia, Canada, Spain, and France. The close correlation of the two distributions shows how inaccessible healthcare implies burden of disease.

A third implication of the distribution is how developed the country is. The criteria for a country to be considered developed are high GDP, guaranteed security, low unemployment

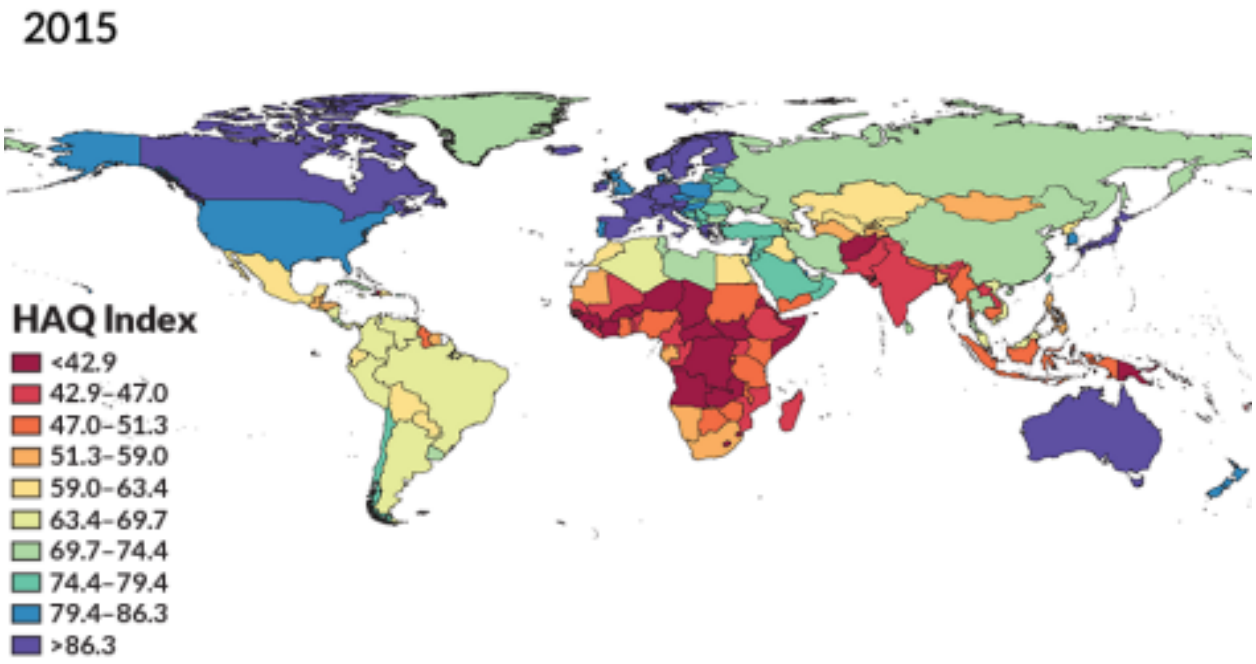
rate, advanced technology, more exports than imports, and guaranteed healthcare. Guaranteed healthcare is defined by access to adequate health facilities, such as hospitals, and trained doctors. Guaranteed healthcare should decrease the country's mortality rate and increase its life expectancy. According to the World Population Review, some of the most developed countries in the world are Norway, Switzerland, Ireland, and Germany. Referring back to the distribution of access to quality healthcare, we notice that the mentioned countries have high HAQs. On the other hand, countries such as Sudan, Uganda, Yemen, Tanzania, and Zambia are classified as some of the least developed countries. These countries also have a marginally lower HAQ than the global average. It is accurate to conclude that inaccessible healthcare implies less development due to the criteria of development and the specific cases proving so.

Conclusion

Due to the lack of uniform distribution of health care throughout the world, caused by factors such as poverty and political turmoil, there is a prevalence of infant mortality, disease and underdevelopment in countries without access to it. My results have repeatedly been pointing towards and supporting my main thesis with my general causes and implications. The significance of my findings is large and they reveal important details of the global healthcare system that are sometimes otherwise ignored. Additionally, global healthcare disparity should be thoroughly addressed by foundations such as the United Nations. Strong leadership is a crucial factor in improving inaccessible healthcare problems. If these issues are addressed, healthcare can become more widely accessible throughout the globe, as access to quality healthcare is not only a necessity, but also a fundamental right.

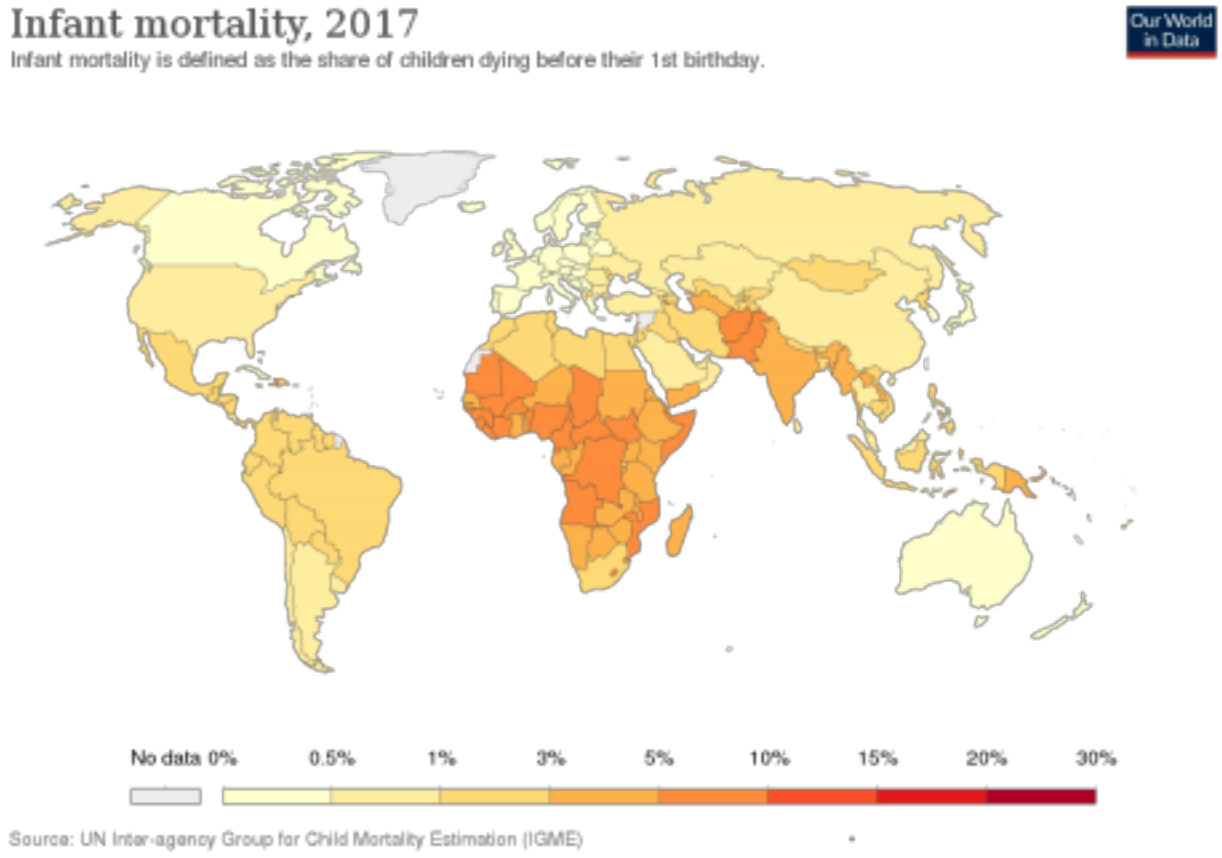
Appendix A

Global Access to Quality Healthcare



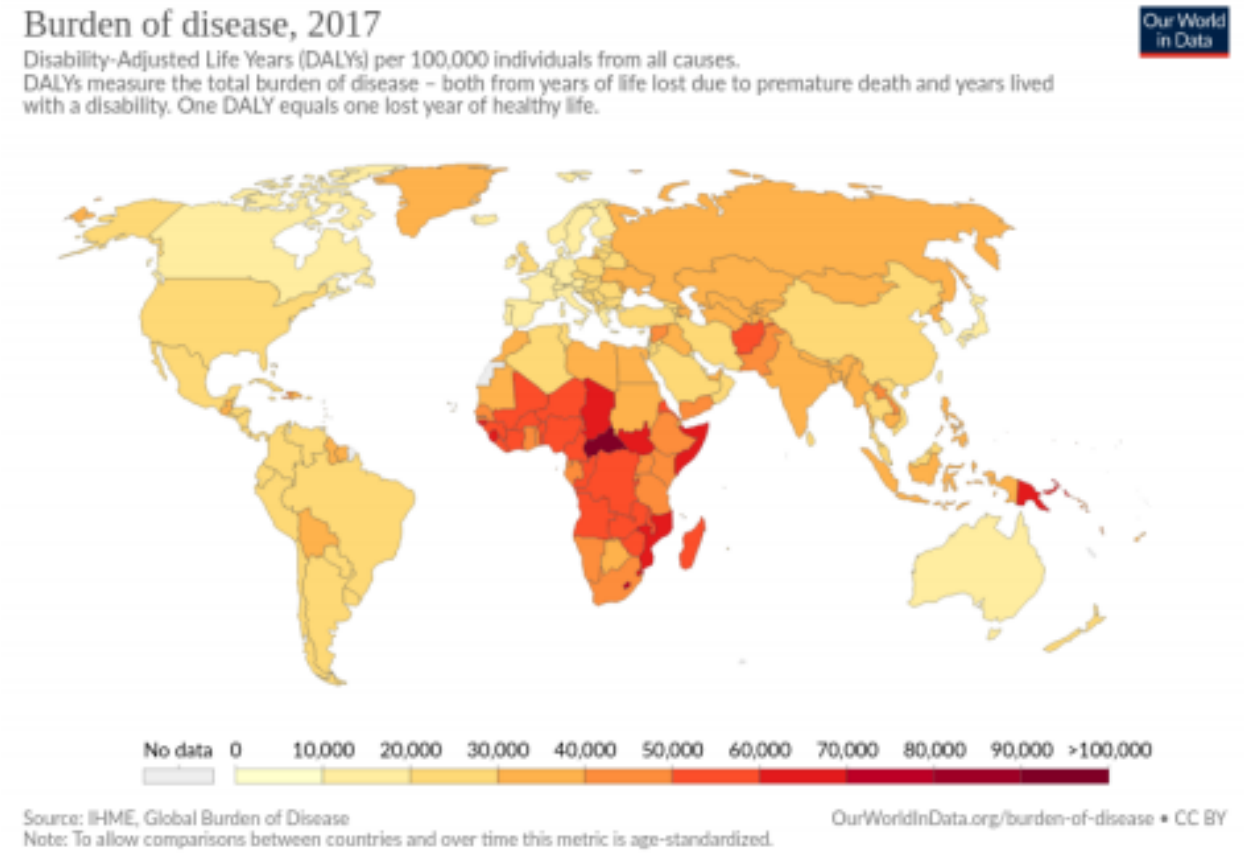
Appendix B

Infant Mortality Rate



Appendix C

Burden of Disease



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