RESEARCH REPORT

Topic A:

ADDRESSING THE DETERIORATING STATE OF MENTAL HEALTH DUE
TO THE COVID-19 PANDEMIC

Topic B:

INCREASING ACCESS TO MEDICAL SERVICES IN RURAL AREAS

Introduction to Council

The **World Health Organization (WHO)** is the directing and coordinating authority for health within the United Nations system sanctioned in 1948. Having based its principles on the Constitution of World Health Organization, the main objective of this specialized body is "the attainment by all peoples the highest possible level of health".[1]

One of the notably known authorities held by the WHO are providing leadership on global health matters thus resolutions passed under this committee have the mandate to influence health related policies among member nations. However, the committee does not uphold an absolute authority to hold legal accountability or impose a compulsory on member nations that ratify the resolutions.

This UN committee is also generally responsible in shaping the health research agenda. In relation to that, the committee's World Health Survey and minor bodies help conduct annual research to expand the universal health knowledge as well as generate information on the general health of adult populations and health systems.[2] With this universal research data at hand, this committee thrives in setting norms and standards among member nations, articulating evidence-based policy options and providing technical support to undeveloped countries.

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[1] *World Health Organization BASIC DOCUMENTS: Forty-ninth edition.* (2020). Retrieved from Pages 6-7 on 11th April 2021 from https://apps.who.int/gb/bd/pdf_files/BD_49th-en.pdf#
[2] *WHO World Health Survey.* (n.d.). World Health Organization. Retrieved on 11th April 2021 from https://www.who.int/healthinfo/survey/en/

Topic A: ADDRESSING THE DETERIORATING STATE OF MENTAL HEALTH DUE TO THE COVID-19 PANDEMIC

KEY TERMS

WORD/PHRASE	MEANING
COVID-19	A respiratory illness caused by coronavirus
Asymptomatic	Does not have any symptoms but is still infected with the virus
Mental health/mental illness	A state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to her or his community.[3]
Mental disorder	The conditions that affect your thinking, feeling, mood, and behaviour.[4]
Social isolation	An objective state marked by few or infrequent social contacts.[5]
Loneliness	Subjective and distressing feeling of social isolation, often defined as the discrepancy between actual and desired level of social connection.[5]
Cardiovascular disease	A type of disease that affects the heart or blood vessels[6]
Coronary heart disease	A common type of cardiovascular disease where there is a narrowing or blockage in the coronary arteries.[7]
Telehealth	The practice of medicine using technology to deliver care at a distance.[8]

[3] *WHO urges more investments, services for mental health.* (n.d.). World Health Organization. Retrieved on 14th April 2021 from https://www.who.int/mental_health/who_urges_investment/en/#:~:text=Mental%20health%20is%20defined%20as,to%20her%20or%20his%20community.

[4] *Mental disorders.* (n.d.). MedlinePlus. Retrieved on 14th April 2021 from https://medlineplus.gov/mentaldisorders.html#:~:text=Mental%20disorders%20(or%20mental%20illnesses,others%20and%20function%20each%20day

[5] Holt-Lunstad J. (2020, June 22). *Social Isolation and Health*. Health Affairs. Retrieved on 14th April 2021 from https://www.healthaffairs.org/do/10.1377/hpb20200622.253235/full/

[6] *Cardiovascular disease*. (n.d.). National Cancer Institute. Retrieved on 14th April 2021 from https://www.cancer.gov/publications/dictionaries/cancer-terms/def/cardiovascular-disease

[7] *Coronary heart disease.* (n.d.). National Cancer Institute. Retrieved on 14th April 2021 from https://www.cancer.gov/publications/dictionaries/cancer-terms/def/coronary-heart-disease

[8] *What's the difference between telemedicine and telehealth?* (n.d.). AAFP. Retrieved on 15th April 2021 from https://www.aafp.org/news/media-center/kits/telemedicine-and-telehealth.html

Telemedicine	The usage of electronic and telecommunications technology and services used to provide care at a distance.[8]
Economic stability	The repeated changes in employment, income or financial well-being overtime, particularly changes that are not intentional, predictable, or part of upward mobility
Food insecurity	The disruption of food intake or eating patterns because lack of money and other resources.[9]

[9] *Food insecurity.* (n.d.). Office of Disease Prevention and Health Promotion. Retrieved on 15th April 2021 from https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/food-insecurity#1

BACKGROUND OF THE TOPIC

Covid-19(Coronavirus disease 2019) is a respiratory illness caused by the novel coronavirus or known by its official name, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).[10] The symptom of this illness ranges from person to person depending on the individual's immune system. Among of the prominent symptoms includes fever or chills, coughing, shortness of breath and most notably the loss of senses in taste and smell. With its origins tracing back from a wet market located in Wuhan, China, this illness began spreading rapidly throughout the globe since early 2020 due to the easy transmission by water droplets when an infected person coughs or sneezes.[11] Other modes of transmission of this virus includes close contact of the infected with a healthy person within the range of 1 meter. Although the patient can be asymptomatic, a person known to be immune to the virus, they are also considered at high risk to infect others seeing the asymptomatic do not show any of the symptoms.

Due to the easy transmission of this illness, it has been declared a pandemic by WHO on March 11th, 2020 with over 118,000 cases in 110 countries and territories.[12] Ever since then, WHO has published guidelines and recommended actions to health ministers, healthcare administrations and decision-makers with an objective to prevent outbreaks, provide optimized care for the infected and minimize the impact of COVID-19 on healthcare systems, social services and economic activity.[13] Countries have then imposed lockdowns and stricter curfews in efforts to contain the spread of the disease in small areas. Public pandemic guidelines were implemented by governments which include wearing masks in public areas, encourage the usage of disinfectants and only going out of the house whenever necessary only. Towards the end of 2020, the pandemic was already dealt with in certain nations like Taiwan and New Zealand.

However effective the lockdowns were, the mental health of citizens was affected greatly. Mental health disorders that stem from these factors can widely range from mood disorders such as depression and bipolar disorder to substance abuse disorders.[14] Together with unpredictability and uncertainty, lockdown and physical distancing has led to social isolation, loneliness, inactivity, limited access to basic health services, increased access to food, alcohol, and online gambling, and decreased family and social support, especially in older and vulnerable people. The downturn in the economy caused by COVID-19 implied a negative domino effect on the public. Unemployment affected the household income, which in turn

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[10] Cennimo D. J. (n.d.). *What is Covid-19?* Medscape. Retrieved on 11th April 2021 from https://www.medscape.com/answers/2500114-197401/what-is-covid-19

[11] *What is coronavirus?* (n.d.). John Hopkins Medicine. Retrieved on 11th April 2021 from https://www.hopkinsmedicine.org/health/conditions-and-diseases/coronavirus

[12] Ducharme J. (2020, March 11). *World Health Organization Declares Covid-19 A 'Pandemic'. Here's What That Means.* Time. Retrieved on April 11th 2021 from https://time.com/5791661/who-coronavirus-pandemic-declaration/

[13] World Health Organization (2020, March 19). *Operational Considerations for Case Management of COVID-19 in Health Facility and Community.* WHO publications. Retrieved on 11th April 2021 from file:///C:/Users/user/Downloads/WHO-2019-nCoV-HCF_operations-2020.1-eng.pdf

[14] *Types of mental illness.* (n.d.). Health Direct. Retrieved on 14th April 2021 from https://www.healthdirect.gov.au/types-of-mental-illness

caused poverty and economic instability of certain households. The implementation of these lockdowns had also caused the rise of domestic violence within communities. During the lockdown China, it has been reported by activists in Hubei Province that the number of calls related to domestic abuse were at an alarming sum of 162 in 2020 while it only summed up to 47 in the year before.[15] COVID-19 related suicides have also been increasingly common around the globe as a result which stems from the effects of implementation of lockdowns.

  To put it loosely, the effects of lockdowns have been the ableists in inducing mental health problems in previously healthy people and have negatively affect those with pre-existing mental disorders. However, each factor should be investigated thoroughly in different aspects to see the bigger picture in this issue.

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[15] Graham-Harrison E., Giuffrida A., Smith H. & Ford L. (2020, March 28). *Lockdowns around the world bring rise to domestic violence.* The Guardian. Retrieved on 13th April 2021 from https://www.theguardian.com/society/2020/mar/28/lockdowns-world-rise-domestic-violence

FACTORS

Isolation

The increased risk of being infected in a community has forced people to stay at home and maintain social distancing as preventive measures. These measures however had increased levels of social isolation and loneliness.

Social isolation and loneliness are often mistaken to have the same meaning. Social isolation refers to a state where the individual lacks social contact while loneliness is the feeling of being alone, regardless of the amount of social contact.[16] Older adults who live alone during the pandemic commonly experience loneliness due to less social interaction. To top it off, they would not get the chance to visit the nearest community centre or loved ones due to their higher risk of infecting the disease.

Both social isolation and loneliness can have many effects on both physical and mental wellbeing. According to a study conducted by the National Library of Medicine, social isolation and loneliness brings a higher risk of coronary heart disease-associated deaths even in American adults who have no prior history of myocardial infraction.[17] Loneliness and social isolation have been heavily related to mental health issues such as depression and suicidal thoughts. Without treatment and care, these mental effects can prolong for years and deteriorate the mental condition of the patient experiencing it. Incident dementia are possible mental effects of social isolation and loneliness.[18]

Disruption and limited access to mental health services

Due to the need in reducing social contact and the requirement to stay at home, the demand on mental health services has seen a considerable amount of increase. Unfortunately, the pandemic has forced a halt on critical mental health services in 93 percent of the countries worldwide.[19] Among those affected were mental health services for vulnerable people, counselling and psychotherapy, emergency interventions, mental health medications and a portion were mental health services in schools and workplaces. Before the pandemic, nations were already only allocating less than 2 percent from the national health budget on mental health.[20]

In some low-income countries, mental health services in general hospitals remained open to the public but there were still limits. A survey conducted by WHO showed that the most common factor of the disruption of mental health services in 73 percent of the low-income countries were travel restrictions due to the pandemic.[21] For high-income countries, telemedicine and telehealth were made use of but only those with access to the internet have the advantage.

There has yet to be any data on life-threatening situations which include high rates in suicide, epileptic seizures or unmanaged opioid dependence that could lead to overdose released by WHO[22] however, nations should consider prioritising the need to improve their mental health systems as needs grow in the pandemic.

Domestic violence

As defined by United Nations, domestic abuse or domestic violence refers to "the pattern of behaviour in any relationship that is used to gain or maintain power and control over an

[16] *Loneliness and Social Isolation Linked to Serious Health Conditions.* (n.d.). Centres for Disease Control and Prevention. Retrieved on 14th April 2021 from https://www.cdc.gov/aging/publications/features/lonely-older-adults.html#:~:text=Social%20isolation%20is%20a%20lack,lonely%20without%20being%20socially%20isolated

[17] Heffner, K. L., Waring, M. E., Roberts, M. B., Eaton, C. B., & Gramling, R. (2011). *Social isolation, C-reactive protein, and coronary heart disease mortality among community-dwelling adults.* Social science & medicine (1982), 72(9), 1482–1488. https://doi.org/10.1016/j.socscimed.2011.03.016

[18] Hwang, T. J., Rabheru, K., Peisah, C., Reichman, W., & Ikeda, M. (2020). *Loneliness and social isolation during the COVID-19 pandemic.* International psychogeriatrics. *32*(10), 1217–1220. https://doi.org/10.1017/S1041610220000988

[19] *Mental health services disrupted in 93% of the countries during COVID-19 pandemic: WHO.* (2020, October 8). The Jakarta Post. Retrieved on 14th April 2021 from https://www.thejakartapost.com/news/2020/10/08/mental-health-services-disrupted-in-93-of-countries-during-covid-19-pandemic-who.html

[20] *COVID-19 Disrupting mental health services in most countries, WHO survey.* (2020, October 5). World Health Organization. Retrieved on 14th April 2021 from https://www.who.int/news/item/05-10-2020-covid-19-disrupting-mental-health-services-in-most-countries-who-survey

[21] *Mental health services disrupted during COVID-19 pandemic, as needs grow: WHO.* (2020, October 5). Channel News Asia. Retrieved on 15th April 2021 from https://www.channelnewsasia.com/news/world/mental-health-services-disrupted-during-covid-19-pandemic-who-13203936

[22] *Mental health services disrupted during pandemic, as needs grow – WHO.* (2020, October 5). Reuters Staff. Retrieved on 15th April 2021 from https://www.reuters.com/article/health-coronavirus-who-mentalhealth-int-idUSKBN26Q1GA

intimate partner".[23] Intimate partner violence (IPV) branches from domestic violence, whereby physical violence, sexual violence, stalking and psychological harm are inflicted on by former or current intimate partners.[24] Domestic abuse has been a long-standing issue in every country and can have many short term and long term impacts on both the perpetrator and the victim.

The issue is still considered complex to be dealt with seeing that violent behaviour can be deeply rooted in heritage. Perpetrators of domestic abuse constantly have the upper hand in manipulating and caging their victims, making reporting to authorities difficult. Although some victims managed to report, actions could not be taken right away given the strict guidelines of the pandemic and the difficulty in finding shelter for the victims. Investigations can be a long process and as aforementioned, the inadequate access to emergency shelters for domestic abuse victims forces the victim to stay with their perpetrator. In some cases, authorities tend to dismiss the situation as a 'normal fight' or the misbehaviour of the victim which should 'only be dealt in private and amongst themselves'.

Multiple police and non-governmental organizations that work around this issue have seen an unsettling rise in the number of calls related to domestic abuse. For instance, an emergency hotline for domestic violence in Spain experienced an 18 percent increase in calls for the first 2 weeks of the lockdown.[25] In conclusion, the pandemic only brought forth the prevalence of domestic abuse and the inability for victims to get quick aid.

Economic instability

Household economic instability as defined by the US National Library of Medicine refers to "the repeated changes in employment, income or financial well-being overtime, particularly changes that are not intentional, predictable, or part of upward mobility".[26] Economic instability and financial instability are quite different terms and always thought to mean the instability of economy in a domestic household. Financial instability on the other hand often is related with the three components of the financial system; that is the financial institutions, financial markets, and financial infrastructure.[27]

The sudden implementation of lockdowns in many nations has contributed the rise in the rate of unemployment in the country. In Philippines, the unemployment rate had shot up to 10.4 percent, which is considered the highest rate achieved in 15 years due to the lockdown.[28]

This affected many households in such conditions whereby the breadwinner of the family or people who lived on their own had lost their source of income. Other than unemployment, reduced working hours which led to reduced wages were also another factor contributing to the economic instability. Either way, the implications of the loss of household income forces citizens to greatly cut down on essential costs, food expenditure included.

People living in urban areas can be used to measure the pandemic effects as urban citizens have a higher difficulty in managing expenses especially with pre-existing economic instability. In an online survey conducted on the students at

The City University of New York, 81.1 percent of the students reported the loss of household income. When it came to concerns regarding monthly expenditures, half (48.9%) reported that they worry a lot about housing while the other half experienced food insecurity. Food expenditure and food consumption had to be reduced as they worry that they would run out of food before they could afford more. Viewing the results of the survey, the worries bloomed from food and housing had deep associations with the prevalence of anxiety and

[23] *What is domestic abuse?* (n.d.). United Nations. Retrieved on 15th April 2021 from https://www.un.org/en/coronavirus/what-is-domestic-abuse

[24] *Intimate partner violence.* (n.d.). Centres for Disease Control and Prevention. Retrieved on 15th April 2021 from https://www.cdc.gov/violenceprevention/intimatepartnerviolence/index.html

[25] Taub A. (2020, April 6). *A new COVID-19 crisis: Domestic abuse rises worldwide.* New York Times. Retrieved on 15th April 2021 from https://www.nytimes.com/2020/04/06/world/coronavirus-domestic-violence.html

[26] Hill, H. D., Romich, J., Mattingly, M. J., Shamsuddin, S., & Wething, H. (2017). *An Introduction to Household Economic Instability and Social Policy.* The Social service review, *91*(3), 371–389. https://doi.org/10.1086/694110

[27] *Definition and Importance of Financial instability.* (n.d.). Bank of Korea. Retrieved on 15th April 2021 from https://www.bok.or.kr/eng/main/contents.do?menuNo=400037

[28] *Philippines suffer worst job losses in 15 years due to COVID-19 and lockdown.* (2020, December 4). The Straits Time. Retrieved on 15th April 2021 from https://www.straitstimes.com/asia/se-asia/philippines-suffers-worst-job-losses-in-15-years-due-to-covid-19-and-lockdown#:~:text=MANILA%20(PHILIPPINE%20DAILY%20INQUIRER%2FASIA,lockdown%20shuttering%20thousands%20of%20businesses.

depression among students.[29] Concerns over the situation of the pandemic was only the fuel to the fire.

PAST INTERNATIONAL ACTIONS AND SOLUTIONS

ADDITIONAL FUNDING TO MENTAL HEALTH SECTORS

As mentioned earlier, some countries have taken action to revive the operation of critical mental health services by additional funding to this sector. In the United States, an agency within the U.S. Department of Health and Human Services known as Substance Abuse and Mental Health Services Administration (SAMHSA) which focuses in reducing the impact of substance abuse and mental illnesses[30] had worked in providing incentives and funds with several non-governmental organisations with similar objectives. As of May 15, 2020, the SAMHSA had awarded three types of grants to organizations and government institutes like Mental Health Association of Westchester County in New York, Mississippi State Government of Mental Health and Southcentral Foundation.[31] A few months later, SAMHSA had also awarded US$1.5 billion to states and tribal communities to combat the ongoing opioid crisis in the country.[32]

Funding or incentives should not only have to be in terms of monetary funds but also in terms of manpower to the mental health sector. Member nations could also suggest the need in governmental institutions that quickly responds to the need in mental health professionals, monetary funds and training for new graduates in the mental health field.

ISTANBUL CONVENTION 2011

The Istanbul Convention or also known as the Council of Europe Convention on the prevention and combatting violence against women and domestic violence is a human rights treaty which was open for signature on May 11, 2011 and only went into force in the year 2014.[33] This mainly resolves and deals with issues regarding the violence on women and domestic violence. The European countries that ratify this treaty must abide by the contents when legislating frameworks in their nation however, like any other mandate that any committee in the UN has, it cannot be made compulsory.

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[29] Jones, H.E., Manze, M., Ngo, V. *et al. The Impact of the COVID-19 Pandemic on College Students' Health and Financial Stability in New York City: Findings from a Population-Based Sample of City University of New York (CUNY) Students.* J Urban Health (2021). Retrieved on 15th April 2021 from https://doi.org/10.1007/s11524-020-00506-x

[30] *About us.* (n.d.). Substance Abuse and Mental Health Services Administration. Retrieved on 15th April 2021 from https://www.samhsa.gov/about-us

[31] *Funders support mental health care: COVID-19 and before.* (2020, July). Health Affairs. Retrieved on 15th April 2021 from https://www.healthaffairs.org/doi/10.1377/hlthaff.2020.00861

[32] *Substance Abuse Disorders: Funding for Prevention.* (2021, January). Health Affairs. Retrieved on 15th April 2021 from https://www.healthaffairs.org/doi/10.1377/hlthaff.2020.02280

[33] Council of Europe. (2011). *Explanatory report to the Council of Europe Convention on preventing and combating violence against women and domestic violence.* Council of Europe. Retrieved on 15th April 2021 from https://rm.coe.int/16800d383a

After the convention came into force, a specialised body called GREVIO (Group of Experts on Action against Women and Domestic Violence was given the mandate as stated in Article 66 of the convention to monitor the issue in countries that ratify this convention.[34] The main duties of GREVIO is to take into account the gender and geographical balance, multidisciplinary expertise in aspects of human rights, gender equality, violence against women and domestic violence and assistance to and protection of victims among member nations that ratify the Istanbul Convention.

Questions to Consider

1. What can be done to increase social interaction during the pandemic while still following the pandemic guidelines?
2. How can mental health services be easily accessed by everyone other than hotlines?
3. What will be the proposed budget allocation in countries that are yet to prioritize mental health?
4. How can everyone without access to internet make use of telehealth and telemedicine?
5. How can victims of domestic violence get quick access to aid during the pandemic?
6. Should member nations provide permanent shelters for people in need (ie. victims of abuse, homeless)?
7. What are other underlying factors contributing to a rise in mental health burden in your country?
8. Should there be a budget allocated for citizens living in poverty during the pandemic?
9. How should authorities respond to the calls from victims of domestic violence?
10. What can be other incentives or funds that should be given to governmental institutes or existing organizations that specialise in mental health?

Links to Further Research

1. https://www.who.int/news-room/feature-stories/detail/facing-mental-health-fallout-from-the-coronavirus-pandemic
2. https://www.columbiapsychiatry.org/news/covid-19-and-need-action-mental-health
3. https://www.who.int/news/item/05-10-2020-covid-19-disrupting-mental-health-services-in-most-countries-who-survey
4. https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/managing-stress-anxiety.html
5. https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(20)30307-2/fulltext#seccestitle20
6. https://www.nst.com.my/opinion/columnists/2020/10/632791/addressing-direct-indirect-covid-19-impact-mental-health

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[34] *Council of Europe: Group of Experts on Action against Violence against Women and Domestic Violence (GREVIO).* (n.d.). Refworld. Retrieved on 15th April 2021 from https://www.refworld.org/publisher/COEGREVIO.html

Topic B: INCREASING ACCESS TO MEDICAL SERVICES IN RURAL AREAS

KEY TERMS

WORD/PHRASE	MEANING
LEDC (Less economically developed country[s])	Low-income countries confronting severe structural impediments to sustainable development
Socioeconomic	The relationship between social behaviour and economics.
Subspecialty service	Services offered by doctors who have expertise in the narrow aspect of a professional skill/knowledge in a certain field.
Rural infrastructure	The basic physical and organizational structures and facilities (*e.g.,* buildings, roads, power supplies, irrigation network, extension services, warehouses, storage facilities) needed for the operation of a rural society.[35]
Emergency medical service (EMS)	A system that provides emergency medical care[36]
Social stigma	A severe social disapproval with a person on the grounds of a particular characteristic which distinguishes them from others in society.[37]
Community Health Centres (CHCs)	Non-profit organizations that provide primary health care for individuals, families and communities.[38]
Health literacy	The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.[39]

[35] Memon J.A., El Bilali H. (2019) *Rural Infrastructure and Food Security.* In: Leal Filho W., Azul A., Brandli L., Özuyar P., Wall T. (eds) Zero Hunger. Encyclopedia of the UN Sustainable Development Goals. Springer, Cham. https://doi.org/10.1007/978-3-319-69626-3_44-1

[36] *What is EMS?* (n.d.). ems.gov. Retrieved on 15th April 2021 from https://www.ems.gov/whatisems.html

[37] *Definitions of social stigma.* (n.d.). Definitions. Retrieved on 15th April 2021 from https://www.definitions.net/definition/social+stigma

[38] *What are community health centres?* (n.d.). Settlement.org. Retrieved on 15th April 2021 from https://settlement.org/ontario/health/community-and-public-health/public-and-community-health/what-are-community-health-centres/

[39] *Health Literacy.* (n.d.). National Library of Medicine. Retrieved on 15th April 2020 from https://nnlm.gov/initiatives/topics/health-literacy

BACKGROUND OF THE TOPIC

A wide economic and social gap that exists between inhabitants of urban and rural areas is the result of unbalanced development throughout the country. This disparity between urban and rural areas has factors in history, the prevalence of colonisation. Other factors include density population, government initiatives, availability of jobs and economic activity. With the existing disparity between urban and rural areas, access to healthcare has been the constant prevalent issue in rural areas. Even in countries where most of the population lives in rural areas, the resources are only concentrated in cities.

The causes of rural inhabitants' inability to access to healthcare can range from emotional to physical factors. Emotional factors which mostly hinder patients from having access to healthcare is the fear of the social stigmatisation exerted by society. Social stigmatisation is very concentrated around health conditions and diseases related to sexual activity, substances abuse, pregnancy, and mental illnesses. A lot of women would suffer the consequences of social stigmatisation which can be interrelated with the culture of the rural society. Social stigmatisation is also known to be the causes of anxiety and depression in victims. Other than social stigmatisation, transportation and poor health literacy of rural inhabitants prevents patients from getting convenient and cheap healthcare.

Poverty stricken countries or LEDCs suffer the hardest when it comes to accessing rural health. Due to bad weather and geographic conditions, some rural areas in LEDCs cannot be accessed at all. Hence, the inhabitants of those rural areas only depend on the nearest healthcare facility, if available. Due to inflation, costs of medicine have also rose. Families with paper-thin incomes and financial insecurities would not be able to afford the monthly expenditure on medicine.

The factors of this issue can differ from country to country as it depends a lot on the economy, geography of the areas, history and social behaviour.

FACTORS

DISTANCE AND TRANSPORTATION

One of the main factors in transportation barriers when accessing healthcare are such like the distance to healthcare services and the availability of transportation infrastructure. Rural populations are more likely to travel long distances to access healthcare services, particularly subspecialist services. There are some cases in the United States where a woman with breast cancer in rural areas must travel up to 2,000 miles to attend for her appointments.[40] This can be a significant burden in terms of travel time, cost of travel and health of the traveling patient. A patient's mode of travel can be either by private automobiles or public transportation. Transportation services are often lacking in rural areas. Most habitants in rural areas do not own cars as their areas smaller and destinations within a rural area are only walking distance away. Thus, this becomes challenging without available public or private transportation. The conditions of rural infrastructures like roads and bridges can be 'outdated' and tend to be structurally deficient. India has an exceptionally large and dense rural road networks, but studies show that poor conditions of these roads can stretch up to 2.7 million kilometres.[41] In rural areas where public transportation do not reach, rural inhabitants rely heavily on their private automobiles to travel to farther destinations, thus, the maintenance of rural infrastructure is crucial.[42] A quick response by emergency medical services (EMS) can be scarce in rural areas due to the inefficient rural infrastructure and the traveling time. The absence of immediate care from EMS can result in disability or death for patients needing immediate treatment.

SOCIAL STIGMA AND PRIVACY ISSUES

Rural residents can have concerns about seeking care for mental health, substance abuse, sexual health, pregnancy, or even common chronic illnesses due to unease or privacy concerns. A patient's discomfort may be caused by disclosure of their information with their healthcare provider or others working in the healthcare facility. In other words, patients who suffer from health conditions have an underlying fear of getting negative reactions by health care workers, especially when their health conditions involve topics which are considered a taboo in their culture. Some patients choose not to seek help to avoid social stigmatisation. Additionally, patients have fear or concerns about other residents, who are often friends, family members, or co-workers, who may notice them utilizing services for health conditions that are typically not openly discussed, such as counselling or HIV testing service.[43] In this context, mental and physical health taboos in society can be a huge barrier for patients in rural areas to have access to healthcare.

[40] Heath S. (n.d.). *Travel times still a challenge for rural health, access disparities.* Patient Engagement Hit. Retrieved on 15th April 2021 from https://patientengagementhit.com/news/travel-times-still-a-challenge-for-rural-health-access-disparities

[41] Goel V. (2020, June 2). *The rural infrastructure sector under the National Infrastructure Pipeline.* Invest India. Retrieved on 15th April 2021 from https://www.investindia.gov.in/team-india-blogs/rural-infrastructure-sector-under-national-infrastructure-pipeline

[42] *Barriers to transportation in rural areas.* (n.d.). Rural Health Information Hub. Retrieved on 15th April from https://www.ruralhealthinfo.org/toolkits/transportation/1/barriers

[43] *Healthcare access in rural communities.* (n.d.). Rural Health Information Hub. Retrieved on 15th April 2021 from https://www.ruralhealthinfo.org/topics/healthcare-access#barriers

SHORTAGES IN MANPOWER

One measure of healthcare access is having a regular source of care, which is dependent on having an adequate healthcare workforce. Some health services researchers argue that determining healthcare access by simply measuring provider availability is not an adequate measure to fully understand healthcare access. Measures of non-use, such as counting rural residents who could not find an appropriate care provider, can help provide a fuller picture of whether a sufficient healthcare workforce is available to rural residents.

Despite the different perspectives on the shortage of manpower in rural areas, organizations responsible in providing manpower in the health field have difficulty and fail in recruiting health professionals in rural areas. These organizations include medical institutions or university, non-governmental medical associations as well as public hospitals. When investigated further, medical schools in China have suitable training programs and incentives for health professionals specialising and medical students who come from rural areas. However, studies show that medical schools mainly prefer to "produce physicians for tertiary hospital in urban areas". The same study also showed most medical students would prefer to work in urban areas as rural areas can be unfit in terms of financial incentives, career development and living conditions.[44] Studies in India on the inequality distribution of specialist in Community Health Centres (CHCs) around Uttar Pradesh had concluded that among the factors of the inequal distribution was "positively associated with the availability of residence doctors and regular electricity supply, and negatively associated with the CHC location and distance".[45] Both studies show that the lack of health professionals in rural are stems from the preference inaccessibility to resources and infrastructure available for medical health professionals in rural areas.

POOR HEALTH LITERACY

Health literacy impacts a patient's ability to understand health information and instructions from their healthcare providers. This can be especially concerning in rural communities, where lower educational levels and higher incidence of poverty often impact residents. Low health literacy can make residents reluctant to seek healthcare due to fear of or frustration related to communicating with a healthcare professional. Additionally, navigating healthcare systems can be difficult without health literacy skills.

[44] Hou J., Ke Y. (March 7, 2015). *Addressing the shortage of health professionals in rural China: issues and progress*. International Journal of Health Policy and Management. Retrieved on 15th April 2021 from Rural Hospital and Health System Affiliation.pdf (uiowa.edu)

[45] Singh A. (2019, May 24). *Shortage and inequalities in the distribution of specialists across community health centres in Uttar Pradesh, 2002–2012*. BMC Health Services Research. Retrieved on 15th April 2021 from https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-019-4134-x#Abs1

PAST INTERNATIONAL ACTIONS AND SOLUTIONS

RESOLUTION 2010/24 OF THE ECONOMIC AND SOCIAL COUNCIL (ECOSOC)

During a session in 2009 of the Economic and Social Council, the committee has adopted resolution 2010/24 which implements a ministerial declaration on the internationally agreed goals which included the Millennium Development Goals (MDGs) and provides a legal framework pertaining global public health. Operative clause 7 of the resolution calls on the entities of the United Nations for the need to strengthen existing healthcare systems. This operative clause proposed feasible solutions which addresses the sub-issues of this topic, that is; additional investments for health infrastructures and appropriate incentive policies in increasing the manpower in the health industry to broaden universal healthcare access in remote and rural areas.[46]

GLOBAL POLICY RECOMMENDATIONS BY WHO

In 2010, World Health Organisation had released a publication on their global policy recommendations which provided legal guidelines to increase access to health workers in remote and rural areas through improved intervention. This document proposes sixteen-evidence based recommendations in improving the shortages of health workers in rural areas.[47] Among the aspects of recommendations that are proposed in this policy guideline are education, regulatory, financial incentives and personal and professional support recommendations which are relatively important to address this issue.

AFFILIATION OF RURAL HOSPITAL WITH LARGER HOSPITALS

Local rural healthcare facilities may choose to join healthcare networks or affiliate themselves with larger healthcare systems as a strategic move to maintain or improve healthcare access in their communities. These affiliations or joining of healthcare networks may improve the financial viability of the rural facility; provide additional resources and infrastructure for the facility; and allow the rural healthcare facility to offer new or expanded healthcare services they could not otherwise provide. Rural hospitals can have other benefits from affiliation such as access to medical technologies, staff recruitment and retention as well as group purchasing.[42]

Studies shown by the Rural Health Policy Institute and Rural Health Research and Policy Centres (RHRC) that "metropolitan affiliating systems increased from 61.1 percent in 2007 to 73.5 percent in 2017; non-metropolitan hospitals with system affiliation increased from 40.9 to 48.6 percent and non-metropolitan Critical Access Hospitals (CAH) had increased from

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[46] *Resolution 2010/24: The role of the United Nations system in implementing the ministerial declaration on internationally agreed goals and commitments in regard to global public health adopted at a high-level segment of the 2009 substantive session of the Economic and Social Council.* (2009). United Nations. Retrieved on 15th April 2021 from https://www.un.org/en/ecosoc/docs/2010/res%202010-24.pdf

[47] *Increasing access to health workers in remote and rural areas through improved intervention; Global Policy Recommendations.* (2010). Retrieved on 15th April 2021 from WHO | Increasing access to health workers in remote and rural areas through improved retention

36.6 to 42.8 percent in the same timeline."[48] However, the benefits of an affiliation with a larger healthcare network may come at the expense of local control.

Questions to Consider

1. How does the lack of healthcare access affect the population's health?
2. Should emergency medical services (EMS) be considered an essential service like firefighter and law enforcement?
3. What are some strategies to improve access to care in rural communities?
4. How will the prevention initiatives be implemented effectively in different governmental bodies, and how will these actions be enforced?
5. Why is primary care access important for rural residents?

Links to Further Research

1. https://www.annualreviews.org/doi/pdf/10.1146/annurev-publhealth-032315-021507
2. https://academic.oup.com/fampra/article/20/4/457/625248
3. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4248476/
4. https://www.ruralhealthinfo.org/topics/statistics-and-data
5. https://juniperpublishers.com/jojph/pdf/JOJPH.MS.ID.555562.pdf

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[48] Oyeka O., Ullrich F., MacKinney AC, Lupica J., Mueller KJ. (2018 November). *The Rural Hospital and Health System Affiliation Landscape – A Brief Review*. RHRC, RUPRI. Retrieved on 15th April 2021 from Rural Hospital and Health System Affiliation.pdf (uiowa.edu)