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Asia needs to improve equity in health



A man gets medical aid while on a boat. Copyright: Direct Relief (CC BY-NC-ND 2.0).

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- Marked inequities exist in access to quality affordable health care in Asia
- Indigenous groups, ethnic minorities, non-citizens need better care
- Asian countries show growing commitment to address health inequities

By: Neena Bhandari

[SYDNEY] Access to health care is a challenge for the most marginalised communities within Asian countries, but over the past decade there has been a growing commitment to identify and address health inequalities to make progress towards universal health coverage, a conference heard.

A satellite session (8–12 November) of the Sixth Global Symposium on Health Systems Research,

organised by Health Systems Global (HSG), focused on creative ways people working in health policy and research across Asia are increasing health equity, including for ethnic minorities and non-citizens.

“To ensure equity in health, we need participation by those who are experiencing disparity, like indigenous groups and ethnic minorities, in designing equitable solutions”

Kaaren Mathias, Health Systems Global

Evidence suggests that certain socially disadvantaged groups tend to use health services less, although these groups may need health services more. This is partly because disadvantaged groups typically face multiple barriers, such as financial, geographical and cultural, in accessing services, according to *Health at a Glance: Asia/Pacific 2018*.

In Vietnam, for example, health inequalities of ethnic minorities are demonstrated in the most essential health outcome indicators — longevity, maternal and child mortality, and child malnutrition.

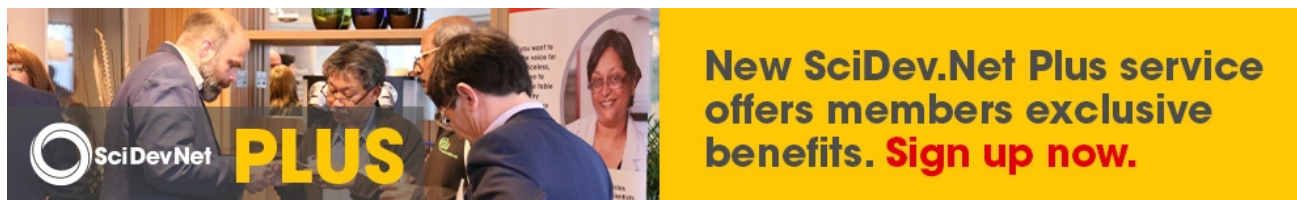
“Factors affecting these indicators include health and non-health determinants. Health determinants include lack of quality health services, access to higher level of health care (central or provincial facilities), ability to use health insurance, out-of-pocket payment for hospitalisation, and access to culturally appropriate health information,” says Nguyen Thi Mai Huong, director of Center for Community Health Research and Development, a non-governmental organisation based in Hanoi, Vietnam.

She notes that non-health determinants, such as access to clean water, health-seeking behaviour, education, income, food consumption and gender inequality, are more severe and complex.

Citing the example of the H’Mong, an ethnic community living in the northern mountainous region of Vietnam, Mai Huong tells *SciDev.Net*, “We designed community health education interventions using the mobile folk-art performance and a radio drama in H’Mong language to convey health education and health care contents, and supported mobilisation of local health resources. These interventions resulted in significant reduction in maternal and child mortality and new HIV infection.”

“Vietnam has achieved equalities in critical quantitative aspects of health determinants between ethnic minorities and the majority population. For example, 99 per cent geographical coverage of health facilities; equal distribution of health personnel (about 85 per 10,000); and 90 per cent of

ethnic minority have a health insurance,” she adds.



‘Leave no one behind’ is at the core of the UN 2030 Agenda for Sustainable Development Goals (SDGs), especially SDG 10, which refers to reducing inequality within and among countries, and SDG 3, ensuring healthy lives and promoting well-being for all.

In Malaysia, the department of statistics estimated that in 2019, there were 3.2 million non-citizens, which includes migrants (both legal and illegal), refugees and stateless people.

Challenges for non-citizens in Malaysia are similar to non-citizens elsewhere. “The first challenge is access to health care, in physical, legal and financial terms. Non-citizens often live far away from health facilities, undocumented non-citizens are at risk of arrest if they visit a government health facility, and all non-citizens will be charged high prices for health care in both public and private facilities,” says Khor Swee Kheng, a health systems and policies specialist and senior visiting fellow at the United Nations University, International Institute for Global Health, Kuala Lumpur, Malaysia.

“Secondly, employment rights, housing and living conditions, clean water supply and workplace safety remain issues. Thirdly, systemic or sporadic discrimination and xenophobia still exist,” he adds.

In April 2020, the Malaysian Health Coalition issued a statement proposing greater access to health care, safer workplaces and more housing rights for non-citizens.

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“To ensure equity in health, we need participation by those who are experiencing disparity, like indigenous groups and ethnic minorities, in designing equitable solutions. Secondly, it is critical to pay close attention to details about causes of ill-health,” says Kaaren Mathias, board member

representing the South-East Asia Region on Health Systems Global, which hosted the satellite session with the George Institute for Global Health – India, New Delhi.

“There are marked inequities in access to quality affordable health care in countries across Asia. Populations who are marginalised and socially disadvantaged experience catastrophic health care costs, pushing them further into poverty and that often means they do not seek and receive necessary treatment. Being unable to access health care increases public health burden and economic costs in these countries, many of which are low- and middle-income with limited public health budgets,” Sharon Friel, professor of health equity at the Australian National University in Canberra, tells *SciDev.Net*.

This piece was produced by SciDev.Net’s Asia & Pacific desk.

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