II. Access to Health Services

International goals

All countries should ... seek to make primary health care, including reproductive health care, available universally by the end of the current decade (para. 8.5 of ICPD Programme of Action)

[The goals include,] by the year 2000, attainment by all peoples of the world of a level of health that will permit them to lead a socially and economically productive life, and to this end, ensuring primary health care for all (para. 36(g) of WSSD Programme of Action).

Governments should promote full access to preventive and curative health care to improve the quality of life, especially by the vulnerable and disadvantaged groups, in particular women and children (para. 74 (g) of WSSD Programme of Action).

Provide more accessible, available and affordable primary health-care services of high quality, including sexual and reproductive health care ... (para. 106 (e) of FWCW Platform for Action).

The Declaration of Alma Ata endorsed the goal of Health for All by the Year 2000. The global strategy of Health for All by the Year 2000, adopted by the WHO World Health Assembly in 1977, aims to achieve a level of health for all peoples in all countries which would permit them to work productively and participate actively in the social life of their community.

Agenda 21 and the World Food Summit Plan of Action also include paragraphs on access to health services.

Definition

Access to health services is defined as being able to reach appropriate local health services by local means of transport in no more than one hour, and is measured as a percentage of the population.

Recent situation

Since its adoption at the World Health Assembly in 1977, the "Health for All" strategies have provided a blueprint for the formulation of health policies at both the national and international levels. They have been adopted by virtually all countries in the world and have also been instrumental in putting health at the centre of the development agenda. In keeping with that approach, the ICPD Programme of Action reaffirmed that increasing access to primary health care is crucial for reducing mortality and morbidity.

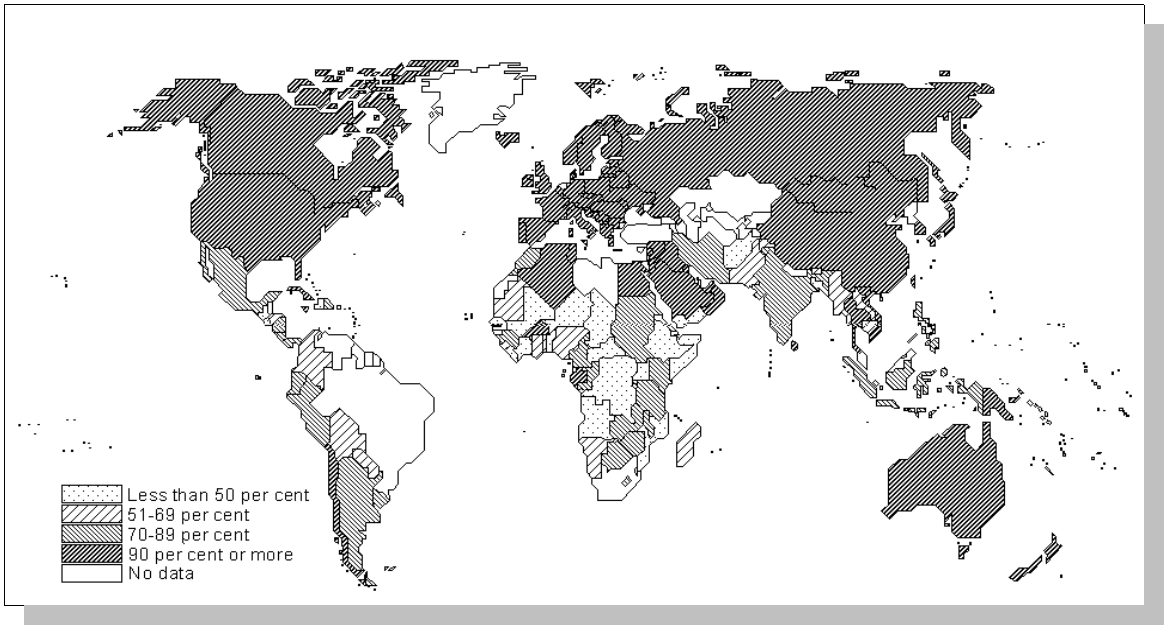
During the past decade, many of the less developed countries have managed to provide populations with greater access to health services. In three fourths of the 92 countries with data available, the majority of the population is estimated to have access to health services. In about one third of the 92 countries, access is close to universal, above 90 per cent (table II.1).

Regional disparities, however, are significant, particularly between Africa and the other less developed regions (fig. II.1 and II.2). Access to health services tends to be limited in Africa, where nearly 40 per cent of the countries have estimated levels of access below 50 per cent. Within Africa, countries that have access of less than 50 per cent are largely concentrated in the sub-Saharan region (fig. II.1).

By contrast, in the case of both Asia and Oceania and of Latin America and the Caribbean, only 10 per cent of the countries with data have access levels of 50 per cent or less. Universal or close to universal access has been achieved in about 60 per cent of Asian and Oceanic countries. In Latin America and the Caribbean, two thirds of the countries have access levels between 51 and 90 per cent. It should be noted, though, that estimates are available for only about half of the Asian and Oceanic countries with population over 150,000 and for approximately two thirds of the Latin American and Caribbean countries.

The least developed countries are lagging substantially behind the rest of the world, as measured by this indicator. For them, universal access to health services remains a remote goal. Almost half of the least developed countries fail to provide the majority of population with access to health services, and only 2 of the 35 have access estimated at 90 per cent or better.

Figure II.1. Percentage of population with access to health services, 1985-1995



Source: UNICEF, *The State of the World's Children, 1996* (New York, Oxford University Press, 1996).

NOTE: Estimates are not presented for countries or areas with populations under 150,000. Countries from the more developed regions are assumed to have access to health services of over 90 per cent.

Table II.1. Distribution of countries according to access to health services, 1985-1995

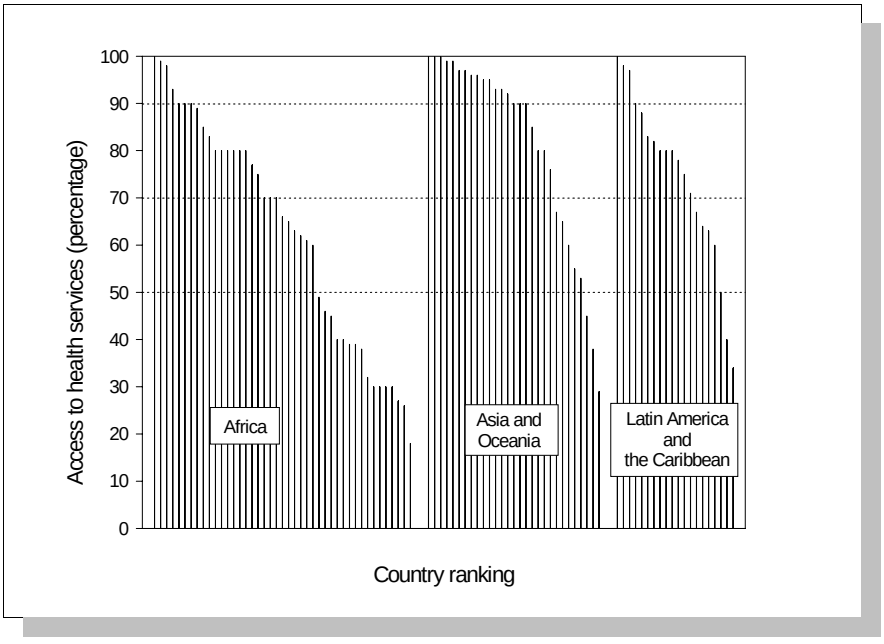
	Percentage of countries with access to health services				Number of countries	
	90 per cent or more	50-89 per cent	Less than 50 per cent	Total	With data available	Total
Less developed regions	30	46	24	100	92	141
Least developed countries	6	46	49	100	35	45
Africa	16	47	37	100	43	53
Asia and Oceania[a]	59	31	10	100	29	57
Latin America and the Caribbean	20	70	10	100	20	31

Source: UNICEF, *The State of the World's Children, 1996* (New York, Oxford University Press, 1996).

NOTE: Excludes countries and areas with populations under 150,000. Due to rounding, the sum of the subcategories may not be equal to 100 per cent.

[a] Excluding Japan, Australia and New Zealand, which are included in the more developed regions.

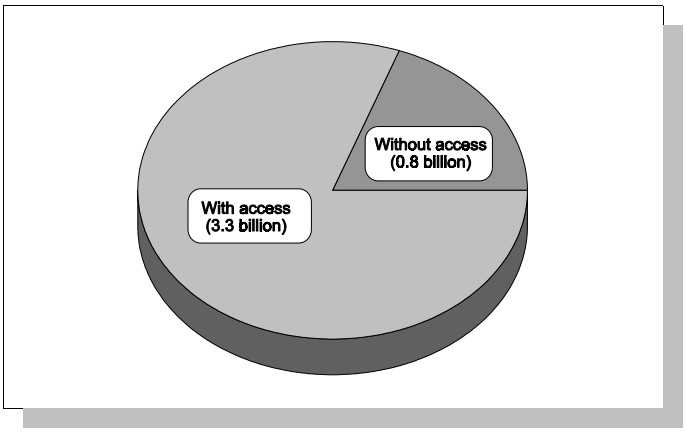
Figure II.2. Access to health services, 1985-1995, by country ranking and region



Source: UNICEF, *The State of the World's Children, 1996* (New York, Oxford University Press).

NOTE: Bars show level of access to health services for individual countries.

Figure II. 3. Distribution of population in the less developed regions, by access to health services, 1985-1995



Source: UNICEF, *State of the World's Children, 1996* (New York, Oxford University Press).

NOTE: Excluding the population in countries without information about access.

Figure II.3 shows access to health services weighted by population size. Overall, four fifths of the population living in less developed regions already have access to basic health services.

"Access to health services" has many dimensions which cannot be captured adequately in a single statistic. Access to quality reproductive health care was a particular focus of certain United Nations global conference documents, including the ICPD Programme of Action. Even though available data are insufficient to give a comprehensive overview of such access, there is information bearing upon certain aspects of it.

Data on maternal health care that have been compiled by WHO show vast discrepancies in coverage of care between the developing and the developed world, between rural and urban areas and between different socio-economic groups. As table II.2 shows, nearly all women in the more developed regions receive prenatal care and the assistance of a skilled attendant at delivery, but in every developing region substantial proportions of women do not receive such care. Access to maternal health care is more limited in Africa than in Asia, and more limited in Asia than in Latin America and the Caribbean.

Africa, particularly sub-Saharan Africa, also lags behind other developing regions in providing access to family planning services. For instance, an obvious precondition for adequate access is that potential clients should know of a place to obtain services. In over 60 per cent of the African countries, one third of the Asian countries and one fourth of the Latin American countries surveyed in the early 1990s or late 1980s, under 80 per cent of the women knew where to obtain family planning services (United Nations, 1998). Estimates for 1994 indicate that in only about 40 per cent of the developing countries was any type of modern contraception readily and easily available to at least 80 per cent of the population. Many fewer countries than this had achieved good access to the full range of safe and effective contraceptive methods (United Nations, 1998). Despite undoubted progress during the past decade, the goal of making good-quality family-planning services universally available (ICPD, para. 7.16) is far from being met.

Table II.2. Global and regional estimates of prenatal care and deliveries attended by skilled personnel, around 1996

	Estimated percentage of women	
	Receiving prenatal care	With skilled attendant at delivery
World	68	57
More developed regions	97	99
Less developed regions	65	53
Africa	63	42
Asia and Oceania[a]	65	53
Latin America and the Caribbean	73	75

Source: *World Population Monitoring, 1998* (United Nations publication, forthcoming). Based on data from WHO.

[a] Excluding Japan, Australia and New Zealand, which are included in the more developed regions.

SOURCES OF DATA, COVERAGE AND QUALITY

Information on access to health services is provided by UNICEF field offices and published in its *State of the World's Children* series. Data are available for 92 countries or areas with populations of 150,000 or more in 1995 and for the years between 1985 and 1995, depending on the country. None is from more developed regions. For some countries, data refer to years before 1985, differ from the standard definition, or refer to only part of the country. It should also be kept in mind that health care facilities tend to be concentrated in urban areas, and in some cases, rural areas may have a much lower level of access. The data sources give separate estimates for rural and urban areas.

It should be noted that this indicator is particularly problematic, both conceptually and in adequacy of measurement. For instance, there is risk of giving an over-optimistic assessment of access when attention focuses only on the proximity of health facilities or on facilities that have appropriate staff present, for medicines and vaccines may be absent. The availability of facilities does not always translate into their utilization, either, and services may be priced beyond the reach of the poor. Work is ongoing under the auspices of WHO and UNICEF to improve indicators of access to basic health services.

It is also useful to be able to examine access to specific aspects of basic health care, and some statistics related to reproductive health are highlighted above. WHO has been collecting data on the use of maternal health care services since 1985 and has built up a database on coverage of maternal health care and the barriers to appropriate utilization of services. The available data are derived from a wide variety of sources: routine health service reports, special

surveys and government estimates. The information about women's knowledge of where to obtain family planning services and actual use of contraception (see chap. III) comes from representative national surveys. However, fewer surveys have inquired about knowledge of family planning services than about actual use of family planning (see United Nations, 1998). The estimates of availability of modern contraceptive methods are based on the most recent of several comparable surveys conducted by Mauldin, Ross and others (cited in United Nations, 1998), of informed observers familiar with individual country programmes. Ratings of method availability from this source should be regarded as approximate. The surveys of knowledgeable respondents do, however, have the advantage of providing estimates covering nearly the entire population of the developing world, measured comparably at different times and across countries.

FOR FURTHER INFORMATION

Director
Division of Evaluation, Policy and Planning
United Nations Children's Fund
633 Third Avenue
New York, NY 10016
United States of America
Facsimile: 1-212-824-6491/6492/6990

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