

Chapter 23

Challenges Facing Health Service Delivery in Developing Countries and Solution Approaches: The Case of Benin, a West–African Developing Country

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ABSTRACT

This chapter describes a case study of the poor access to healthcare in the developing the countries with more focus on the rural areas and presents an adapted remote care delivery system approach for improving and increasing the access to healthcare services by overcoming certain cultural, social, financial, and linguistic barriers. The remote care delivery system integrates traditional practitioners because most people are more confident with the traditional medicine. The chapter presents the results of a practical on-site test of the proposed system. The test has shown the potentiality of the proposed system to improve the quality and effectiveness of healthcare and increase the accessibility of health-care systems. The chapter also discusses the obstacles for applying standard telemedicine systems and e-health solutions in the developing world.

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INTRODUCTION

In the recent years, the burden of diseases is rapidly increasing in the developing countries. Most people living in developing countries and particularly in rural area are facing poor access to health care delivery services. The care units in rural regions lack expert medical specialists or most health professionals working there are undertrained (Thierry Oscar Edoh, 2010a). Further, existing medical infrastructures (facilities) are in a poor state. Care units are particularly scarce in rural areas and/or urban slums. Many urban areas are also facing care infrastructures issues similar to rural areas. Beyond the poor health care facilities and lack of care experts at pharmacy care units, which are underlying the poor access to health care services, the socioeconomic and cultural factors are decisive in how regularly a patient can visit a doctor (attend a health center in person). The few patients coming from remote areas who visit a healthcare facility are often hospitalized instead of being ambulatory or remotely treated and thus occupy unnecessarily hospital beds and cause unnecessary costs.

In the case of chronic infectious diseases such as HIV/AIDS and non-communicable diseases (i.e. diabetes, cardiovascular diseases, cancer.), a medical prevention, for patients living in underserved areas (region with healthcare facilities in poor state or without health unit), means regularly consulting doctors/nurses to perform certain medical examinations (i.e. blood test) and eventually re-adjusting their current medication. These medical routines at a healthcare facility are linked to relatively enormous and recurring costs for the patients or their relatives. According to the World Bank, most people in developing countries are living on less than one dollar a day. Therefore, beyond the poor state of most health care facilities, the economic situation, and poverty in the developing countries are part of the leading causes of poor health care services accessibility. Patient living on less than one dollar a day would prefer to buy food stuff instead of visiting a doctor, even in the case of chronic diseases [Results of our survey].

Most investigations carried out by the WHO have reportedly indicated that the poverty, lack of political will, poor national economy and not least the poor organization are the main challenges facing the health systems in Sub-Saharan Africa (SSA) countries. A study (Adeya & Cavanaugh, 2007) carried out by United States Agency for International Development (USAID) in Benin stated that the main problem of the poor healthcare services accessibility is due to severe lack of medical care facilities, particularly in urban slums and rural regions and additionally the lack of specialists due to brain drain. Similar conclusions have been made in studies conducted in other developing countries. A review conducted in (Harrison, Cohen, & Walton, 2015) indicates that unsafe and poor quality care such as infection, medication error or misuse and lack of patient safety skills are challenges being faced in the Southeast Asian developing countries. Another study on maternal health care (Srivastava, Bilal, Preety, & Sanghita, 2015) had concluded that, in the developing countries, safe deliveries remain a major challenge and barriers to utilization of institutional deliveries also pose a major challenge for healthcare programs.

A peculiarity of the health system in the Sub-Saharan-African countries is the wide absence of Information and Communication Technology (ICT) systems, particularly in rural areas. The weak ICT system landscape in the healthcare systems and its poor usage are discussed in Thierry Oscar Edoh, (2010a) and T.O. Edoh and Teege (2010). In nearly all cases, patient data processing is carried out manually using paper documents. Other ICT systems applications, such as data mining or communication platforms are also mostly absenting in the African health sector. Medical statistics are scarcely conducted. A group of researchers has examined the Kenyan health system and noticed a “Digital Divide” in African countries. Even for South Africa, an earlier Study (Mars, Seebregts, & Rockefeller Foundation, 2008) pointed out major obstacles for a successful introduction of ICT in the health sector. In (Scott & Mars, 2015), the

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