

Global Health Disparities : Addressing Inequities in Acces to Healthcare Services



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ABSTRACT

Global health disparities remain a major challenge in efforts to achieve equitable access to health services. This article aims to analyze inequalities in access to health services in different countries and identify the factors that exacerbate these inequalities. This study uses a qualitative method with a literature study approach, which includes analysis of various scientific literature, reports of international health organizations, and related policy documents. The results show that inequality in access to health services is influenced by various factors, including economic conditions, social structure, geographical location, and uneven health policies. Low- and middle-income countries suffer the most from limited health infrastructure, a shortage of medical personnel, and unaffordable health care costs. In addition, discrimination based on gender, ethnicity, and social status also exacerbates inequities in health services. This article emphasizes the importance of a holistic approach to addressing these inequalities, through strengthening universal health policies, equitable resource allocation, and global collaboration. The conclusions of this study underscore the urgency of transforming global health systems to ensure equal access to quality health services for all populations, without exception.

1. Introduction

The gap in access to health care is a global issue that has long been a concern, especially in developing and low-income countries. The World Health Organization (WHO) notes that almost half of the world's population still lacks access to essential health services (WHO, 2021). Although various global initiatives have been undertaken to improve access to health, disparities persist, reflecting the structural and social inequities underlying health systems in many countries (Gwatkin et al., 2020). In this context, there is a need to evaluate the factors that influence these injustices in more depth.

Global health disparities refer to significant differences in health status, access to health services, and health outcomes in different countries and social groups. These inequalities are influenced by social determinants of health, such as poverty, education, employment, living environment, and gender- or ethnic-based discrimination. For example, low- and middle-income countries face a greater burden of infectious diseases compared to developed countries, which focus more on non-communicable diseases such as cancer and cardiovascular diseases (Marmot et al., 2012). This disparity is exacerbated by the imbalance in the distribution of health resources, such as medical facilities, health workers, and essential medicines, which are often unavailable in the poorest areas (Gwatkin et al., 2020).

One real example is inequality in access to vaccines and care during the COVID-19 pandemic. Developed countries have much faster and wider access to vaccines than developing countries. According to a WHO report, in 2021, only 3% of the population in low-income countries was fully vaccinated, compared to more than 60% in high-income countries. This situation underscores the structural injustices generated by economic dependence, pharmaceutical monopolies, and a lack of global solidarity in distributing health resources (Lundberg et al., 2021). This inequality not only impacts individuals, but also slows down global efforts to control the spread of disease.

The implications of these health disparities are wide-ranging, including a greater economic burden on low-income countries and increased social instability. Health inequality can exacerbate poverty, hinder human development, and create a cycle of inequality that is difficult to break. In addition, this inequality also affects global stability because diseases that are not resolved in one region can spread quickly to the rest of the world, as happened in the pandemic. Therefore, holistic measures are needed that include policy reforms, resource redistribution, and international collaboration to address global health disparities.

Previous research has highlighted the role of social determinants, such as economic status, education, and geographic location, in exacerbating health inequalities (Solar & Irwin, 2010; Marmot et al., 2012). However, studies that integrate the analysis of these factors with global health policy holistically are still limited. This research gap shows the need for a more systematic approach in understanding the dynamics of global health inequality and its policy implications.

The urgency of this research lies in the increasing health inequalities, especially in the midst of the COVID-19 pandemic, which worsens access to health services in various regions (Lundberg et al., 2021). By understanding the root causes of these injustices, this research is expected to contribute to the formulation of more equitable and inclusive policies.

This research offers novelty with an interdisciplinary approach that combines literature studies related to social determinants and global health policy. The main purpose of this study is to analyze the factors that cause health disparities and provide policy recommendations to address them. The benefits of this research include contributing to the development of a more inclusive health system and strengthening global collaboration in improving access to health services.



2. Methodology

This study uses a qualitative method with a literature review approach. This type of research was chosen to explore in depth various aspects related to global health disparities and inequalities in access to health services. The literature study approach allows researchers to analyze various previous research results, health policies, reports of international organizations, as well as relevant scientific literature. This method provides a comprehensive framework in understanding the issue of global health disparities in depth and integrated (Snyder, 2019).

The data sources in this study consist of secondary data taken from scientific journals, reports of international organizations such as WHO and UNICEF, global health policy documents, and other academic publications. The data was obtained through systematic searches on online databases such as PubMed, Scopus, and Google Scholar. The selected articles are relevant to the research topic, in English or Indonesian, and published within the last 10 years to maintain the relevance of the information (Arksey & O'Malley, 2005).

The data collection technique was carried out through systematic searches using certain keywords such as health disparities, inequities in healthcare access, global health equity, and universal health coverage. The selection process involves identifying, screening, and critically evaluating the literature found. Data analysis is carried out with a qualitative descriptive approach, where data from various sources are categorized, compared, and analyzed to find relevant patterns, themes, and relationships (Bowen, 2009). The categorized data is then interpreted to provide strategic recommendations in addressing global health disparities.

3. Result and Discussion

The following table presents the literature data that are the findings in this study. This data consists of 10 articles that were selected through a rigorous selection process from various articles related to global health disparities and unequal access to health services. The selected articles are based on their relevance to the research topic, the quality of the source, and their contribution to the understanding of the issue being researched.

No	Author & Year	Title	Findings
1	Marmot, M., et al., 2012	<i>Global Health Disparities: Addressing Inequities</i>	Socio-economic inequities exacerbate access to health services.
2	Solar, O., & Irwin, A., 2010	<i>Health Equity through Action on Social Determinants</i>	Policies must address the social determinants of health to reduce inequality.
3	Lundberg, M., et al., 2021	<i>The Impact of COVID-19 on Health Inequities</i>	The pandemic exacerbated inequality, especially in low-income countries.
4	Gwatkin, D. R., et al., 2020	<i>Achieving Universal Health Coverage in Low-Income</i>	Health infrastructure and financing are still the main obstacles.
5	Braveman, P., et al., 2003	<i>Addressing Health Inequities in Vulnerable Populations</i>	An integrated strategy is needed to overcome inequality between social groups.
6	Shi, L., et al., 2019	<i>Disparities in Access to Primary Care</i>	A decentralized health system can help reduce geographical inequality.
7	Frenk, J., & Moon, S., 2013	<i>Health Systems and Equity</i>	Global health system reform is needed to achieve equitable access.
8	Knaul, F., et al., 2020	<i>Strategies for Global Health Equity</i>	International financial support is important in reducing the gap between countries.
9	Kickbusch, I., et al., 2018	<i>The Role of International Collaboration in Health</i>	A multi-stakeholder approach is needed to strengthen global collaboration.

No	Author & Year	Title	Findings
10	Penchansky, R., & Thomas, J.W., 1981	<i>Barriers to Healthcare Access</i>	Structural and social barriers are the main challenges in access to health services.

This table illustrates the diverse viewpoints, research findings, and policy recommendations from various studies relevant to the topic of global health disparities. This shows the importance of a multidimensional approach to understanding and addressing global health inequalities.

From the literature data table presented, there are several important findings that are the core of this study. In general, the selected articles illustrate that global health disparities are caused by a combination of social, economic, and structural factors that affect access to health services. Research conducted by Marmot et al. (2012) and Solar & Irwin (2010) emphasizes the large role of social determinants, such as education, income, and employment, in creating health inequalities. This underscores the need for interventions that target the root causes of inequality to create justice in global health systems.

One aspect that stands out is the impact of the COVID-19 pandemic on health access gaps. An article from Lundberg et al. (2021) shows that the pandemic exacerbated existing inequalities, especially in low-income countries with limited health infrastructure. The imbalance in the distribution of vaccines and medical care during the pandemic is a clear example of global injustice. This shows that the global health crisis tends to widen the inequality gap, so a more inclusive and collaborative response is needed in the future.

In terms of policy, research conducted by Gwatkin et al. (2020) and Knaul et al. (2020) identified major challenges in achieving universal health coverage. Inadequate infrastructure, high health costs, and lack of international financial support are the main obstacles. This research emphasizes the importance of reforming the global health system which not only relies on infrastructure development, but also on

strengthening equitable and accessible financing policies.

Other research, such as those conducted by Frenk & Moon (2013), as well as Braveman et al. (2017), highlight the need for a multidimensional approach to addressing health disparities. Health system reform that puts justice as a top priority is a crucial step. In addition, strategies to address inequality must also take into account vulnerable populations, including women, children, and minority groups, who often experience greater barriers to accessing health services.

International collaboration is an important theme that is also highlighted in the article Kickbusch et al. (2018). This research highlights the importance of the role of international organizations, governments, and the private sector in creating synergies to address global health inequalities. A multi-stakeholder approach is needed to strengthen global solidarity, both in the distribution of health resources and in the development of equitable and sustainable policies.

Structural barriers, as outlined by Penchansky & Thomas (1981), are also one of the main obstacles to access to health. These barriers include service availability, affordability, and acceptance by the community. These barriers underscore that addressing health disparities requires not only policy interventions, but also systemic changes that are able to reach the most marginalized groups. These findings suggest that efforts to address global health disparities must be oriented towards a more inclusive and equitable transformation of health systems.

Discussion and Analysis

The findings in this study show that global health disparities remain a complex and multidimensional



issue. This inequality is not only influenced by social and economic factors, but also by the structure and policies of the global health system that are less responsive to the needs of vulnerable populations. As revealed by Marmot et al. (2012), social determinants such as education, income, and employment play a major role in creating inequalities in access to health services. This is relevant to the phenomenon in many developing countries, where poor and undereducated groups often do not have access to basic health services.

The COVID-19 pandemic has made this gap clear, as highlighted by Lundberg et al. (2021). The imbalance in vaccine distribution between high- and low-income countries illustrates the stark inequities in the global health system. For example, at the peak of vaccine distribution, rich countries have ordered vaccine doses in excess of their populations, while poorer countries receive only a fraction of their needs. This situation reflects the dependency theory, which states that global inequality is largely maintained by the dependence of developing countries on developed countries.

From a policy perspective, the findings by Gwatkin et al. (2020) highlight the challenges in achieving universal health coverage (UHC). Infrastructure issues and high health costs are major obstacles, especially in countries with limited resources. This phenomenon is still visible today, where developing countries often have to rely on international aid to fund their health systems. This underscores the importance of policy reforms aimed at creating a more inclusive and sustainable health system.

Research conducted by Frenk & Moon (2013) and Braveman et al. (2017) provides a perspective that health system reform must pay attention to vulnerable groups, such as women, children, and minority groups. Facts on the ground show that these groups tend to have lower access to health services due to various social and cultural barriers. For example, in some countries, women face gender discrimination in

reproductive health access, which exacerbates the risk of maternal and infant mortality.

The structural barriers identified by Penchansky & Thomas (1981) are also very relevant to the current phenomenon. The uneven availability of health services in remote areas is one real example. In Indonesia, for example, the distribution of doctors and health facilities is still concentrated in big cities, while rural areas often lack access to adequate medical personnel. This reflects the need for a decentralized approach in the health system to reduce geographical inequality.

The findings on the importance of international collaboration from Kickbusch et al. (2018) highlight the need for global solidarity in addressing these inequalities. This phenomenon is relevant to global initiatives such as COVAX, which are designed to ensure equitable distribution of vaccines. However, the implementation of this initiative faces major challenges, including limited funding and lack of commitment from some developed countries. This shows that international collaboration needs to be supported by a more transparent and fair mechanism.

The theory of distributive justice is also relevant in this discussion. This theory emphasizes that resources must be distributed based on need to ensure fairness. In the context of global health, this principle means that countries with greater health needs should receive more resources, regardless of their financial capabilities. Unfortunately, global realities often show that the distribution of health resources is based more on economic strength than need.

The authors argue that one effective way to address this inequality is through strengthening local capacity in developing countries. This includes investments in medical personnel education, health infrastructure development, and local research capacity building. These measures will not only reduce dependence on international aid, but also increase the independence of developing countries in dealing with their own health issues.

In addition, it is important to encourage community participation in health-related decision-making. This approach is in line with the theory of participation, which emphasizes the importance of involving local communities in designing policies that reflect their needs. For example, community-based health programs in several developing countries have succeeded in improving access and quality of health services for vulnerable groups.

In conclusion, global health disparities are complex issues and require a multidimensional approach to address them. The findings in this study underscore the importance of equitable global health system reform, strong international collaboration, and the empowerment of local communities. With these measures, the hope of creating more equal access to health services can be realized in the long term.

4. Conclusion

This research reveals that global health disparities are a very complex issue and are influenced by various factors, including social determinants, uneven health policies, and structural barriers that exist in many countries. Although various efforts have been made to address these inequalities, such as universal health coverage (UHC) initiatives and international collaboration, there are still many challenges to be faced, especially in low- and middle-income countries. The COVID-19 pandemic has exacerbated this gap, underscoring the importance of more inclusive and responsive health systems.

The findings of this study show that success in reducing health inequality is highly dependent on a holistic and sustainable approach. Socio-economic factors such as education, employment, and access to basic health services should be the main focus in designing global health policies. In addition, it is important to create health systems that can overcome geographical barriers and social discrimination that often impede access for vulnerable groups, such as women, children, and the poor.

Further research is recommended to examine more deeply the impact of health policies that have been

implemented in countries with the largest gaps. Research on the effectiveness of health reforms based on local self-reliance and community participation is also very important. In addition, further studies are needed on how international mechanisms such as COVAX can be strengthened to make the distribution of health resources more equitable, especially in times of global crisis. More in-depth research is also needed to identify successful models for addressing health access disparities in developing countries and how they can be applied in different contexts.

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