POLARUS CASE STUDY ■ ACCESS TO HEALTH CARE IN SUNRISE STATE

There are huge inequities in access to health care in Polarus. There is no fully organized health system that provides universal access to health care. The majority of the population is dependent on grossly inadequate public health services, characterized by under-investment, poor planning, and uneven provision of health services across Polarus' nine states. Over the last five years, key public health indicators have shown a negative trend. The infant and under-five mortality rates increased between 2008 and 2011. Maternal mortality remains high, estimated at 456 per 100,000 live births. Efforts to address the HIV/AIDS pandemic are undermined by ineffective public education and service delivery, as well as stigmatization. In response to this situation, the Polarus government claims to have invested additional resources to strengthen primary health care services over the last few years, by setting up primary health clinics (PHCs) that provide free services. These PHCs are managed at the subnational (state) level by the District Services Program, which is within each state's Department of Health

In Sunrise State, your organization, which is based in Mortalia (the capital and most populous city), has been conducting research over two years with local communities in the three municipalities and five districts of Sunrise State, identifying and documenting patterns in access to health. Large-scale rural-to-urban migration of young adults to Mortalia and the two smaller cities, Obsalom and Swellentsia, caused by increasingly limited economic opportunities in rural areas, has fuelled the rapid growth in the size and number of peri-urban informal settlements around urban centers. While focusing its attention on the lack of adequate health services in both peri-urban informal settlements as well as remote rural communities, your organization has witnessed some of the most outrageous trends of the "improved" primary health care system.

The government's claim of providing fully-functioning PHCs faces stark evidence to the contrary. From what you have seen in sprawling peri-urban informal settlements, as well as in marginalized rural communities, foundations have indeed been laid for health clinics, but in only half of these cases have such clinics actually been completed. Furthermore, where new clinics have been established, the inconsistent attendance of doctors and nurses is a major problem, as consistently attested to by residents in both interviews and focus group discussions conducted by your organization. Instead of being available on a 24/7 basis — under which conditions obstetric emergencies, for instance, could be identified and stabilized before being referred to a better equipped hospital — many clinics do not have regular hours of operation, meaning they are open only two or three days a week and/or for only a few hours each day. Your organization's researchers

observed the inconsistent attendance of medical personnel in both peri-urban and rural clinics throughout the state.

Most clinics do not have appropriately trained medical personnel and medical equipment to deal with emergencies or more complex health problems, leaving people in peri-urban informal settlements with few options beyond transporting their sick family members to hospitals in the city centers or distant suburbs, with much difficulty and sometimes at a considerable cost (due to limited transport options). In rural communities, hospitals are inaccessible due to the distances required to reach them as well as a lack of (or unreliable) public transport and poor roads.

A chronic shortage of medicines at PHCs in both rural communities and peri-urban informal settlements is another persistent challenge, making it impossible to meet the demands of the population who come to these facilities to seek care. Common ailments such as gastrointestinal infections and diarrhea (due to poor water and sanitation facilities) can often be only partially treated, due to the lack of medicines at the PHCs. While these medicines are often available at hospitals, sometimes at a cost, they can rarely be found at PHCs, where they are meant to be provided for free. As a result, poor families have no choice but to buy medicines from expensive private dispensaries, thus further supplementing the "free services" of the government. In those cases where medicines cannot be bought over the counter – for example, medicines for people living with HIV/AIDS – regular costly visits have to made to hospitals in city centers to obtain essential medicines. People in rural areas without access to hospitals and private dispensaries are left untreated since they cannot obtain the required medicines, resulting in overall poor health, the frequent recurrence of treatable illnesses, and even death.

Your organization is a member of the national movement, Service Delivery Now (SeDeN), which has launched a permanent campaign called "Health for All Now!" to demand universal access to quality health care services in Polarus. In order to implement this campaign at the state level, your organization is demanding redress for the three key problems that you have identified in Sunrise State's primary health care system: 1) an inadequate number of PHCs; 2) PHCS without qualified medical staff, i.e., doctors and nurses; and 3) shortages of medicines.

Your organization has had several working sessions with Sunrise State legislators on the Health Committee, informing them of your findings and requesting them to call on the Sunrise State Department of Health to take action with regard to the District Services Program that manages PHCs. The Department of Health is a "darling" of the current state government, driven by an overarching will to demonstrate economic efficiency in the resolution of the state's health challenges. While you do not expect to bring high-

ranking health department officials to the table willingly, you have some allies in the lower ranks who are concerned about infant and maternal mortality and HIV/AIDS, as well as the overall lack of connection between the health requirements of the population and the government's investment in the health system.

In particular, you have built relationships with staff in the District Services Program (within the Department of Health) who are responsible for managing and implementing the Primary Health sub-program and are aware of the poor provision of health services in rural communities and peri-urban informal settlements. They have expressed to your organization that they continually face resource constraints in carrying out the mandate of the Primary Health sub-program.

The next step for your organization is to analyze the budgets of the Department of Health, the District Services Program, as well as the PHCs in the different districts and municipalities of Sunrise State to find out what budget problems are contributing to the poor delivery of primary health care services to peri-urban and rural communities.