

Bridging the availability-utilization gap: The issue of quality in the provision of health care

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The study for one of the articles in this issue suggests that physician-patient interaction in one of the referral medical centers in the country has deficiencies (1). Proper interpersonal communication and provider-patient interaction are among the measures for the process quality of care, and process is one of the three major parameters from which inferences can be drawn about the quality of health care, as it refers to what is actually done in giving and receiving care (2). The other two major parameters for measuring quality of health care are: structure and outcome. Structure refers to attributes of materials (such as facilities, equipment, and money), human (such as the number and qualification of personnel), and organizational (such as medical staff organization, and methods of peer review and reimbursement) resources; while outcome denotes the effects of care on health status of patients and populations (3). Another important outcome measure of health care quality is patient satisfaction, particularly at the level of provider-patient interaction (4, 5).

Health services utilization in Ethiopia was reported to be 0.27 in 2001 when the primary health service coverage was only 49.1% (6). On the other hand, in 2009 (when the primary health service coverage was 90.0%), health services utilization is still only 0.3% (7). Even though there are recent gains in health status of the Ethiopian population, as measured mainly by declines in infant and under-five mortality rates (8), it would be difficult to ascribe the low level of service utilization to declines in levels of morbidity.

Accessibility and price have been among the most important factors affecting utilization of health facilities in Ethiopia (9-11). On the other hand, there are also reports suggesting that usage of health facilities is sensitive not just to the distance to the nearest facility, but also to the quality of health care provided (12, 13). Studies elsewhere have also documented the importance of quality in the utilization of

available health care. In Tanzania patients bypassing nearby health centers to seek health care at distant hospitals and private facilities show evidences of their understanding of various measures of quality at the facilities that they visit and bypass (14). In addition to high cost and poor access, dissatisfaction with the health system (especially shortage of medicines in facilities) affects health seeking behavior and continues to make accessing health services unpractical or impossible for much of the rural population in Kenya (15).

With the recent accelerated expansion of primary health care facilities, the Ethiopian health system seems to have addressed one of the most significant barriers to entry to the health system, the availability of basic care within a reasonable distance. There have been remarkable progresses in the construction, upgrading and equipping of health facilities. As to 2009/10 report, the number of health posts has reached 14,416; there are 2,689 health centers (with additional 511 being under construction); and there are 82 all types of Hospitals (37 District, 39 Zonal and 6 Specialized Hospitals) (16). Nevertheless, there are still significant gaps between the level of coverage within these facilities and the utilization of the available services.

Therefore, it is high time that proper attention be given to quality in the delivery of health services. The reasons for the gap between the availability of health services and the level of utilization by the population need to be explored and identified. There is also a need for putting in place and regularly applying standard parameters for monitoring and evaluating quality of care within the health sector. Otherwise, the underutilization of services at most peripheral public facilities tend to continue, while at the same time patients incur unnecessary costs due to self-referral to distant and more expensive centers. This again will result in wastage and inefficiency of resources, in addition to negatively affecting

the overall efforts and investments of decreasing morbidity and mortality for improving health status among the country's population.

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