

Bridging the Gap: Advancing Gynecologic Care in Low to Middle-Income Countries

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Introduction

In recent years, remarkable strides have been made in the field of gynecology, with advancements in technology, diagnostics, and treatment options. These developments have significantly improved the quality of care for women worldwide, particularly in high-income countries where access to cutting-edge medical resources is more readily available. However, it is crucial to recognize that such progress has not been uniformly distributed across all regions. In low to middle-income countries (LMICs), gynecologic practices often still rely predominantly on clinical assessments for diagnosing illnesses, highlighting a glaring disparity in healthcare access and resources. This article aims to explore the challenges faced by gynecologic practices in LMICs and discuss potential strategies for bridging this gap to ensure equitable care for all women.

Challenges in gynecologic practices in LMICs:

- 1. Limited access to advanced technology: One of the primary challenges faced by gynecologic practices in LMICs is the limited availability of advanced diagnostic technologies such as MRI, CT scans, and molecular testing. As a result, healthcare providers often rely on clinical history, physical examinations, and basic laboratory tests to diagnose gynecologic conditions. This reliance on clinical judgment alone can lead to diagnostic inaccuracies and delays in appropriate treatment initiation.
- 2. Resource constraints: LMICs often struggle with resource constraints, including inadequate healthcare infrastructure, shortage of trained medical personnel, and limited funding for medical equipment and supplies. These challenges further exacerbate the reliance on clinical assessments and hinder the adoption of advanced diagnostic and treatment modalities in gynecologic care.
- 3. Cultural and socioeconomic factors: Cultural beliefs, socioeconomic disparities, and limited health literacy can also impact gynecologic practices in LMICs. The stigma surrounding reproductive health issues, reluctance to seek medical care due to cultural taboos, and financial barriers to accessing healthcare services contribute to delayed presentations and suboptimal management of gynecologic conditions.

Strategies for advancing gynecologic care in LMICs:

Capacity building and training: This is being enforced by the Professional Regulation Commission in our country to healthcare
professionals by making it a requirement to renew their professional license every 3 years. Several continuing medical education or
training units are needed to continue practicing their profession. Investing in medical education and training programs for healthcare
providers in LMICs is essential for enhancing clinical skills and promoting evidence-based practice. Training initiatives are focused on
improving diagnostic proficiency, utilizing point-of-care tests, and integrating technology-appropriate approaches into gynecologic
care delivery.

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2. Task-shifting and task-sharing: This can be done in places where gynecologists are lacking to address the needs of the women in the community. Task-shifting and task-sharing strategies involve redistributing healthcare responsibilities among different cadres of healthcare workers to optimize resources and improve service delivery. Empowering mid-level providers, such as nurse practitioners and midwives, to perform certain gynecologic procedures and screenings can help alleviate the burden on physicians and increase access to care in underserved areas.

Financial aid is being offered by the government to encourage deserving but economically disadvantaged students to pursue medical degrees. In return for this support, these students are expected to serve in underprivileged areas of the community for number of years as a form of repayment to the government.

- 3. Telemedicine and digital health solutions: Leveraging telemedicine and digital health technologies can facilitate remote consultations, tele-mentoring, and virtual diagnostic support in gynecologic practice settings. Mobile health applications, SMS-based reminder systems, and teleconsultation platforms can improve patient engagement, facilitate follow-up care, and enhance access to specialist expertise, particularly in remote and rural areas.
- 4. Public health initiatives: Implementing public health initiatives focused on preventive care, reproductive health education, and early detection of gynecologic conditions is crucial for reducing the burden of disease in LMICs. Community-based outreach programs, school-based sexual education campaigns, and screening initiatives for cervical cancer and sexually transmitted infections can empower women to prioritize their health and seek timely medical attention.

Conclusion

Addressing the disparities in gynecologic care between high-income countries and LMICs requires a multifaceted approach that encompasses capacity building, technology integration, and public health interventions. By investing in training programs, embracing innovative technologies, and promoting community engagement, we can work towards achieving equitable access to high-quality gynecologic care for all women, regardless of their socioeconomic status or geographic location. Together, we can bridge the gap and ensure that every woman receives the dignified and comprehensive care she deserves.

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