

# Access to healthcare services during Covid-19 restrictions in Kazakhstan:

## A nationwide survey on Covid-19 and lifestyle changes.

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### Introduction

The first confirmed cases of Covid-19 in Kazakhstan were detected in March 2020 with the following shortages in medical resources:

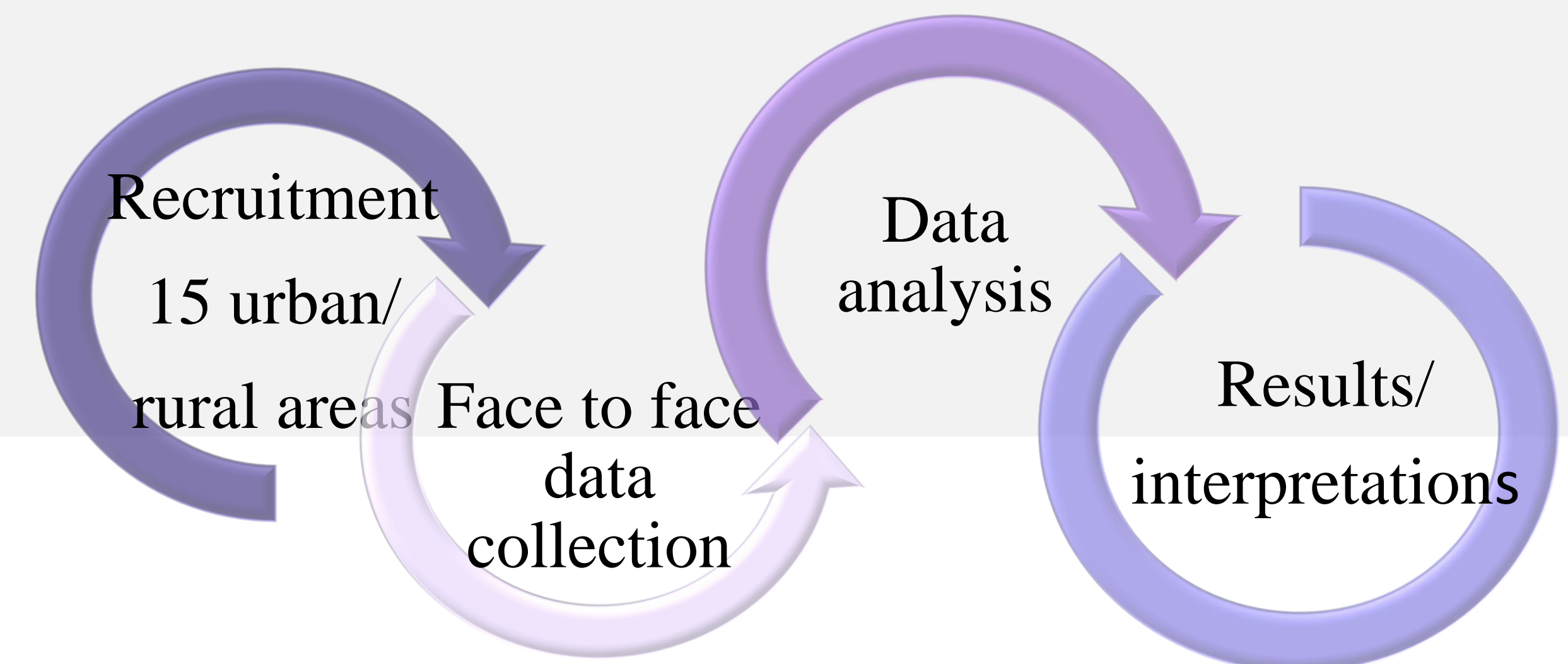
Access to healthcare is defined as the opportunity to use appropriate medical services in proportion to healthcare needs<sup>1</sup>

- ❖ Healthcare facilities and medical staff in the country were overwhelmed by the increasing demand to Covid-19 care<sup>2</sup>. Many healthcare resources and staff were diverted from their normal activities to Covid-19 testing and treatment.
- ❖ An increased demand for Covid-19 care had led to significant disruptions in health services for non-Covid-19 related conditions<sup>3</sup>.

This study is aimed to examine access to Covid-19 and non-Covid-19 related medical care in the country during the pandemic.

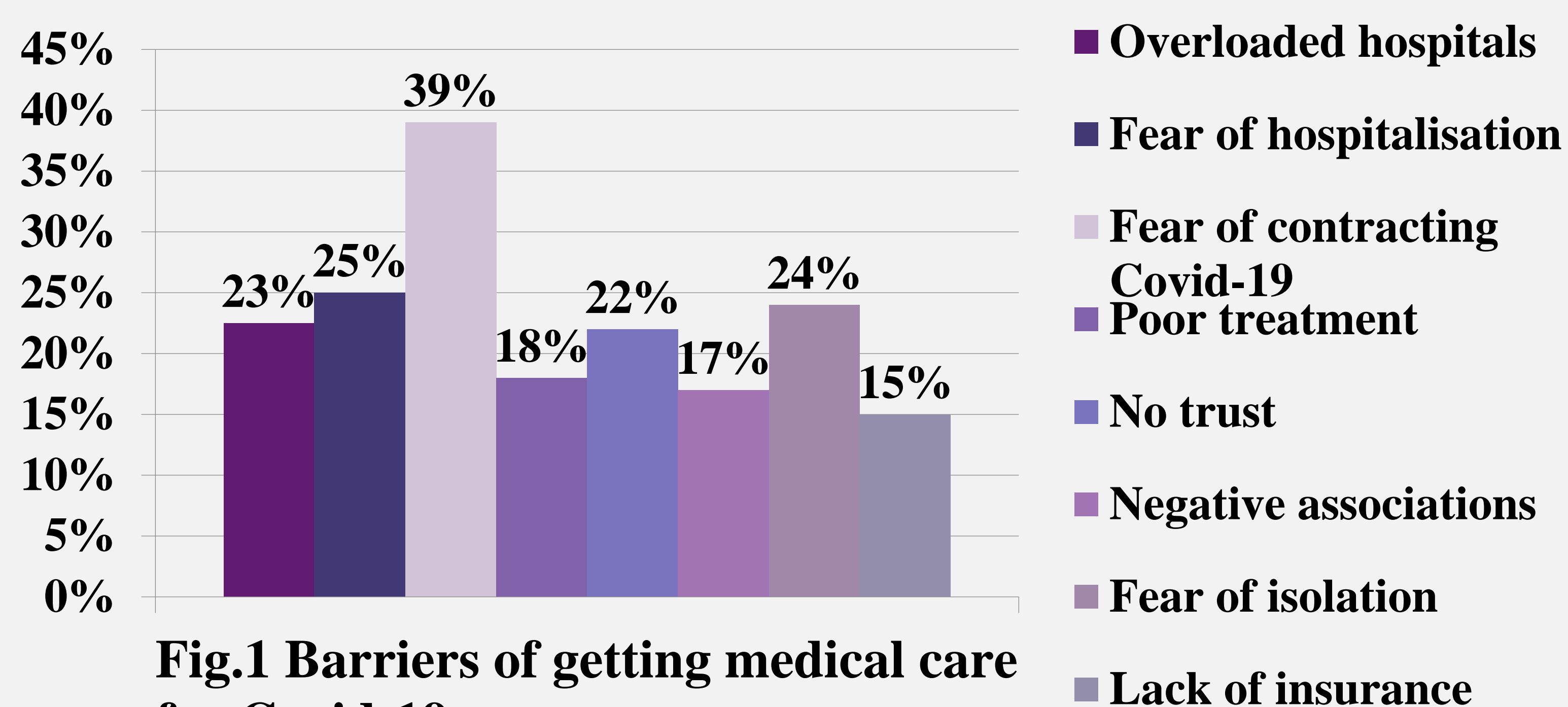
### Methods

- ❖ A set of cross-sectional surveys of 991 adults in Kazakhstan were conducted in July 2021.
- ❖ Individuals aged 18 and older participated in the study to reflect the distribution of gender, age, residence type and geographical regions of the country.
- ❖ Access to healthcare was assessed by asking questions on barriers to Covid-19-related medical care, changes in regular healthcare services and access to care for non-Covid-19 related conditions.



### Results

Commonly reported barriers of Covid-19 medical care in this sample were:

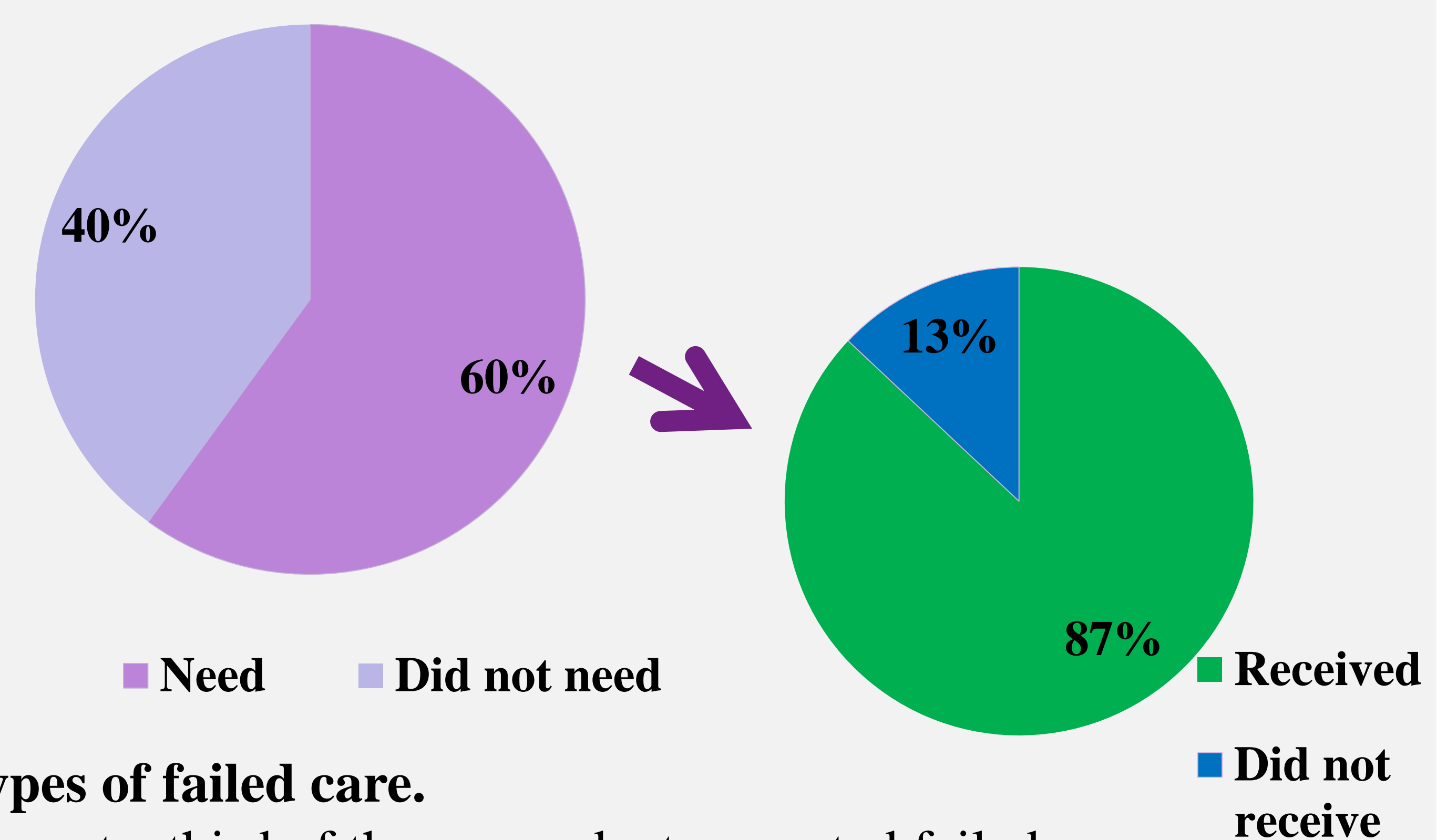


**Fig.1 Barriers of getting medical care for Covid-19**

#### Additional analyses:

- ❖ Fear of hospitalization was higher in urban areas ( $\chi^2=4.41, p=0.03$ )
- ❖ Respondents from rural areas ( $\chi^2=7.21, p=0.02$ ) employed ( $\chi^2=12.01, p=0.04$ ) and with chronic conditions ( $\chi^2=9.93, p=0.007$ ) tended to report greater numbers of failed access.

**Fig.2. Need for healthcare services other than Covid-19**



#### Types of failed care.

Almost a third of the respondents reported failed access to:

- ❖ Healthcare products\* (33.6%; n=42 out of n=125)
- ❖ Emergency services (23.1%; n=24 out of n=104)
- ❖ Medical care with overnight stay (21.1%; n=36 out of n=298).

Telemedicine was highly utilized for emergency needs (15%), yet significantly lower for other services (1-4.7%).

\* Health products including eyeglasses, hearing aid, crutches, band-aids/plasters, thermometer

### Discussion

- ❖ Findings of this study suggest that every fourth respondent had intrinsic barriers to Covid-19 related care including fears and distrust.
- ❖ Limited access to health products may portray the unpreparedness of pharmacy services during initial outbreaks.
- ❖ Fear of hospitalization and negative associations positive Covid-19 diagnoses can be related to the possibility of losing employment at the time of pandemic<sup>4</sup>.
- ❖ Specific attention should be given to equal access to healthcare in urban and rural areas.
- ❖ The promising impact of telemedicine, as a supplementary method to in-person visits, needs to be studied more for various medical needs.

### Acknowledgement

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### References

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