Ameliorating Health-care Delivery to the Vulnerable Population Groups

Dear Editor,

The concept of primary health-care encompasses essential health care which is universally accessible, acceptable, and affordable to individuals or society.[1] However, it has been realized that in most of the developing nations, the health-care delivery system is weak, and there is an immense need to target vulnerable people to accomplish universal health coverage.[1,2] At the same time, strategies which are implemented are not people centered (viz., not based on the needs of communities), but disease centered, and thus, people cannot be empowered to take decisions pertaining to their health.[2]

The Solomon Islands, a nation comprising of >600 islands has a population of almost 0.62 million.[2] However, owing to the presence of difficult geographical locations, it becomes extremely difficult for pregnant women to avail essential and emergency obstetric care.[2] In fact, 3 out of 10 births in the nation have been reported in the capital, which has the referral hospital and even accounts for 80% of the total doctors in the nation.[2] These are alarming estimates as it directly indicates that more than four-fifth of the nation's population is living in regions with no availability of specialists or quality assured health care.[2] Further, most of the women are willing to travel for days together in boats or over bumpy roads regardless of their vulnerability, as at least, they are sure that they will be attended by a doctor in the referral hospital, which in itself is a distant reality in their localities.[2] Similar sorts of poor health-care delivery have been reported for all sections of society in the nation.[2]

Considering the developing status of the nation, it does not come as a surprise that most of the health expenditure is through donor agencies.[2] However, the real cause of concern is that all these funding has targeted individual diseases, instead of investing in the capacity building or strengthening of the health-care delivery system.[2] Moreover, the newly constructed hospitals have not been built in collaboration with the national health ministry, and thus, the delivery of services has been fragmented, and no gain has been achieved in proportion to the levels of investment.[2]

All these factors persuaded policymakers to act in a different manner, and eventually, a new plan has been developed by the health ministry, in collaboration with the World Health Organization, and other concerned sectors to expedite the progress toward universal health coverage.[1-3] Under the plan, a clear demarcation has been laid with regard to the nature of services which should be delivered at different levels of the health system.[2] In addition, special attention has been given toward the planning of human resources, infrastructure, logistics, and medical equipment.[2] Further, role division has also been suggested to avoid duplication of care, with provinces being concerned with health-care delivery, while the central ministry dealing with the formulation of policy, arrangement of resources and the governance.[2]

In order to meet with the shortage of doctors, close to 100 medical students have been trained in a different nation, while there is a proposal to upgrade the existing health-care facilities.[2] In fact, most of the other neighboring nations are also experiencing similar problems, and thus, based on the outcome of this plan, there is a plan to implement similar sort of measures in other nations as well.[2]

In conclusion, acknowledging the triple threat which the nation has been exposed to, it is the need of the hour to take prompt and effective measures, to eventually improve the quality of life of underserved and marginalized populations.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

Saurabh RamBihariLal Shrivastava, Prateek Saurabh Shrivastava[1]

Department of Community Medicine, Vice Principal Curriculum, Member of the Medical Education Unit and Institute Research Council, Shri Sathya Sai Medical College and Research Institute, [1]Department of Community Medicine, Shri Sathya Sai Medical College and Research Institute, Kancheepuram, Sri Balaji Vidyapeeth, India

Address for correspondence:
Dr. Saurabh RamBihariLal Shrivastava,
3rd Floor, Department of Community Medicine, Shri Sathya Sai Medical College and Research Institute, Ammapettai Village, Thiruporur - Guduvancherry Main Road, Sembakkam Post, Kancheepuram - 603 108, Tamil Nadu, India.
E-mail: drshrishri2008@gmail.com

Received: 13-02-2019 **Accepted:** 16-04-2019 **Published Online:** 18-12-2019

References

1. Shrivastava SR, Shrivastava PS, Ramasamy J. Moving towards the universal health coverage: A strategy to expedite health equity. J Med Soc 2016;30:70-1.
2. World Health Organization. Health Closer to Home: Transforming Care

in the Solomon Islands. World Health Organization; 2017. Available from: http://who.int/features/2017/health-solomon-islands/en/. [Last accessed on 2019 Feb 14].
3. Shrivastava SR, Shrivastava PS, Ramasamy J. Emphasizing the need to achieve universal health coverage worldwide. Ann Trop Med Public Health 2016;9:292-3.

Access this article online

Quick Response Code:

Website: http://www.mmjonweb.org

DOI: 10.4103/MJ.MJ_4_19

How to cite this article: Shrivastava SR, Shrivastava PS. Ameliorating health-care delivery to the vulnerable population groups. Mustansiriya Med J 2019;18:103-4.