

Editorial

Universal Health Care: Reaching out to the Vulnerable and Poor Communities

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Introduction

Universal Health Care (UHC) has been recognized as an unparalleled standard for the provision of extensive health services all over the world particularly to the economically poor and impoverished sectors of the community.¹ Through appropriate affordable and acceptable technology UHC demands the delivery of essential health care to the community with equity and participation. Immunization tremendously improving overall health globally as one of the vital components of UHC that aids to eliminate major infectious diseases. Government of Pakistan instituted Pakistan Nursing Council that registers and regulates Lady Health Visitors (LHVs) in order to provide essential health services and accomplish health for all in the urban and rural slum areas.² Family Planning and Immunization are the two main subjects of Lady Health Visitors duty since 1951.³ After diploma of two-year, role of LHVs is to manage normal labor and delivery cases, administer vaccines, counsel and educate regarding family planning, treat common diseases in children and women, identify disease complications and efficiently refer to concerned specialist.⁴ For the provision of UHC, it is essential to properly train the community health workers all over the world.⁵ Attainment of Lady Health Visitors adequate training directly impact the provision of preventive, curative and rehabilitative services to the community.

A study conducted in Iran states that the community health workers responsible to attain 99% coverage of all vaccines.⁶ While another study in Gambia concluded that 93.2% coverage that of DPT and 95%

coverage of BCG uptake was high in all areas due to community health workers.⁷ According to CJ Morrel, in UK health visitors have been trained to provide psychologically informed intervention as well. Another research concluded in India that 23.34 % of LHVs showed “average knowledge”, 52.32% of them had “good knowledge” and 23.34% had “excellent knowledge” on majority of the subjects taught to them.⁹ A study also reports that the 78% of Lady Health Visitors had adequate knowledge to practice individually.¹⁰ According to a study, the performance related to antenatal, postnatal and newborn care of Lady Health Visitors significantly improved ($p < 0.05$) due to the introduction of child and maternal health intervention program.¹¹ A research conducted in Islamabad states that the communication skills of 80% community health workers are moderately sufficient and they want improvement in their skills.¹² In a study, large number of Lady Health Visitors claimed not to be fully satisfied with the immunization service and mentioned the imbalance between the extent of population they attend and the number of vaccinators.¹³ Studies have been conducted to highlight the factors that affects the efficacy of Lady Health Visitors, as a study showed that 71% of midwives and LHVs have formally trained about neonatal resuscitation.¹⁴ According to a research, a significant relation is present between education and performance of Lady Health Visitors.¹⁴ ($p < 0.05$). The loopholes in training system of the LHVs’ need exploration and they could be improved by working on the shortcomings and filling the gaps between strategies and outcomes.

The strengths should also be explored when we discussed several weaknesses and threats to LHV program. These strengths include their hands-on training and community work from door to door at grass root level. The threats include security issues, lesser job opportunities and social stigma. The lack of security has resulted in loss of precious lives of LHVs on duty to administer Polio drops to children. A large number of studies supports that in communities, delivery of health care services increases due to LHVs and other community health workers.^{6,7} To ensure this health care delivery, provision of safe and secure systems are of prime importance.⁵

Deficient technologies especially digital and artificial intelligence, use of software for data collection, analysis and management during their training should also be another area where we have to focus and produce better outcomes. Teachers should accept their responsibility as mentors and facilitate acquisition of latest skills for immunization and family planning. They should implement innovative and interactive methods for community participation and stakeholder engagement. LHVs should also guide the poorest of poor, most vulnerable populations and illiterate people to seek health care services and get awareness about health promotion, disease prevention and prolonging life.

The government should rise the salaries of community health workers and also take steps to eradicate the social stigma through social awareness campaigns specially for the LHVs that work in rural areas. Financial support of poorest of the poor can be assured from the government taxations, system of Bait ul Mal and Zakat. The health insurance system and health cards are other important strategies to assure UHC so that no one should be denied of essential health services.

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