

Editorial

"DELIVERY OF HEALTH CARE SERVICES TO THE UNDERPRIVILEGED COMMUNITIES": A DREAM TO BE REALIZED

Our governments have been spending millions of rupees to provide health care services to all segments of population starting from big cities to towns and far flung rural places. The sufficiency of these provisions or otherwise may be questioned but it still remains the most important source to fulfill the health care needs of a common man in all parts of the country.*

Establishment of tertiary care institutions in private sector has reduced the burden on government resources but the health care facilities offered at these places are affordable only by a fraction of population. These are rarely offered free of cost to the non-affording majority of population.

These underprivileged fractions of our population need special attention not only by health care providers at government and private level but also the individual philanthropists, NGOs and community health/social welfare workers. The problems like lack of awareness and physical distance from the existing facilities are the major issues, which can be addressed very easily.

There is no dearth of medical organizations and individuals undertaking this noble responsibility of free health care provision to the underprivileged communities. Traditionally most of these efforts are concentrated in the easily accessible urban or semi-urban localities and only for those who can reach there for treatment. Those who are living at far flung areas without means of communication and transport remain deprived of such health care provisions.

The idea of reaching to the underprivileged people at their doorstep may look strange to professional medical circles but this is the only hope for those waiting since long for alleviations of their ailments.

A multifaceted approach needs to be adopted for realization of this dream. It needs motivation of medical community to come out of their comfortable practicing places and travel away to far flung areas. It also needs to identify existing institutions and organizations working for this cause in any form. Pooling up of resources and close coordination will make this difficult task very easy. Professional organizations must extend their unconditional cooperation to the charity-based hospitals already involved in this holy practice with sincerity and dedication.

A glittering example of this kind of institutional philanthropy in meeting health care needs of poor people on free of cost basis, has been provided by Madina Teaching Hospital, Faisalabad. Thousands of patients including men, women, children and newborns, suffering from various diseases have been treated at this tertiary care hospital, an integral part of University Medical & Dental College and The University of Faisalabad, all funded by Madina Foundation. They are also the pioneer in launching the project of taking health care delivery system to the doorstep of underprivileged communities and are committed to provide all required resources for this purpose. Many other such organizations are surely existing in the country. The need is to propagate this prophetic ideology of dealing with human miseries and join steps to have more meaningful results.

National Conference on Improvement of community health services in Pakistan, held at The University of Faisalabad on May 11-12, 2016 also recommended combined efforts of all concerned organizations and incorporation of all relevant people amongst doctors, nurses, physiotherapists, optometrists and nutritionists by motivating them for this noble cause. No doubt, this is a long and tough journey but success is always hidden behind sincerity and truthfulness of the cause.

*<http://www.emro.who.int/pak/programmes/service-delivery>

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