

Healthcare System Of Pakistan

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Abstract: Paper is about healthcare delivery system, multiple challenges, weaknesses in health policies and recommendations to improve Healthcare System of Pakistan. Healthcare sector is very important for any country which directly affects the economy of country. If there would be healthy manpower there would be increase in the productivity and as a result the economy of the country will also see an increase that leads to human welfare. Pakistan inherited totally inadequate Healthcare delivery system that was a heritage of grand British period. Healthcare system in Pakistan is practically vertical and in part, horizontal. Healthcare system of Pakistan consists of private and public sector. The private sector serves nearly 70% of population and 30% by public sector ⁽¹⁾. Pakistan is a low income country and according to Human Poverty Index (HPI), it ranks 65th among 102 developing countries ⁽²⁾. Only 27% of the population benefited from full healthcare coverage which includes mostly government employees and members of armed forces, and remaining 73% depends on out of pocket payments ⁽³⁾. In Pakistan public sector health expenditure is 0.919% of GDP as per World Bank data 2014 ⁽⁴⁾. As per Pakistan constitution provision of health is responsibility of provincial governments except in federally administered areas. State Healthcare Service delivery is being organized through a three-tiered Healthcare delivery system. The former includes Basic Health Units (BHUs) and Rural Health Centers (RHCs) forming core of primary Healthcare structure. Tehsil Head Quarters (THQs) and District Head Quarters (DHQs) for secondary care including first and second referral facilities which are supported by Tertiary care from teaching hospitals ⁽³⁾.

Keywords: Healthcare System, health policies, healthcare delivery system, regional countries health index, health challenges & health programs in Pakistan.

Healthcare Regulatory authorities

Pakistan Medical & Dental Council, Pakistan Council of Homeopathy, Pakistan Nursing Council, Council of Tibb and Ministry of National Health Services, Regulation & Coordination. Under 18th amendment Ministry of Health was devolved to the provinces by Federal Government on June 30, 2011. Although re-installed again in April 2013, but most of the programs and responsibilities of Health Ministry are transferred to provincial health departments ⁽⁵⁾. Pakistan Medical & Dental Council (PM&DC) is a regulatory authority established under (PM&DC) ordinance 1962 as a body corporate. Aim is to provide quality Healthcare Services to the people of Pakistan ⁽⁶⁾.

Healthcare delivery system of Pakistan

1. Primary Healthcare

This is first level of Healthcare, where patients have their initial interaction with system and it provides curative and preventive Healthcare Services.

1.1 Basic Health Units & Rural Health Centers

Basic Health Units (BHUs) are located at Union Council level and serves catchment population of up to 25,000. Preventive curative and referral services are provided. Maternal and child health (MCH) services are also part of services packages provided at Basic Health Units. BHUs also provide clinical, logistical and managerial support to Lady Health Workers (LHWs) ⁽⁷⁾. Rural Health Centers (RHCs) serve catchment population of up to 100,000 people. Here provided promotive, preventive, curative, diagnostics and referrals along with inpatient services. Also provide clinical, logistical and managerial support to BHUs, LHWs and MCH Centers ⁽⁷⁾.

2. Secondary Healthcare

It is an intermediate level of Healthcare that is concerned with provision of technical, therapeutic and diagnostic services. It is first referral level serving at district and tehsil. Specialist consultation and hospital admissions fall into this category.

2.1 Tehsil Head Quarters & District Head Quarters

Tehsil Head Quarters (THQs) serve a population of 0.5 to 1 Million peoples. Most of THQs have 40-60 beds. THQs are supposed to provide basic and comprehensive Emergency, Obstetrics and newborn care. Provide referral care to those referred by RHCs, BHU and Lady Health Workers ⁽⁷⁾.

District Head Quarters (DHQs) are located at district level and serves 1-3 million population. DHQs provide promotive, preventive, curative, diagnostics, inpatient and referral services. All DHQs provide referral care to patients referred by BHUs, RHCs and Tehsil Head Quarters ⁽⁷⁾.

3. Tertiary Healthcare

Tertiary Healthcare hospitals are for more specialized inpatient care. Specialized Healthcare services usually for inpatients and on referrals from primary or secondary health professionals ⁽⁷⁾.

Health Indicators comparison Regional countries Human Development Indicator (HDI)

Country	Life expectancy (2013)	IMR per 1000 (2013)	Under 5 Mortality rate per 1000 (2013)	MMR per 100000 (2013)	Population growth rate % (2013)
Pakistan	66.6	69	85.5	170	1.92
India	66.5	41.4	52.7	190	1.24
Bangladesh	70.7	33.2	41.1	170	1.22
Sri Lanka	74.2	8.2	9.6	29	0.76
Nepal	68.4	32.2	39.7	190	1.17
Bhutan	68.3	29.7	36.2	120	1.62
China	75.4	10.9	12.7	32	0.49
Malaysia	75	7.2	8.5	29	1.62
Indonesia	70.8	24.5	29.3	190	1.21
Philippines	68.7	23.5	29.9	120	1.73
Thailand	74.4	11.3	13.1	26	0.34

Source: World Bank

Pakistan has highest population growth rate of 1.92% followed by Philippines 1.73% in 2013⁽⁸⁾. MMR in Pakistan is 170/10000 which is 4th largest after Philippines, India and Nepal 190/10000 in 2013⁽⁸⁾. Pakistan is at top of the ranking in the region Under 5 mortality rate per 1000 is 85.5 followed by India 52.7 in 2013⁽⁸⁾. IMR is 69/1000; also first place in regional ranking followed by India 41.4 in 2013⁽⁸⁾. Life expectancy, only India is below to Pakistan with the difference of 0.1 in 2013⁽⁸⁾.

Regional countries health expenditure, public (% of GDP)

Country	Year				
	2010	2011	2012	2013	2014
Pakistan	0.954	0.92	1.018	0.994	0.919
India	1.161	1.175	1.184	1.287	1.407
Bangladesh	1.05	1.041	0.984	0.81	0.787
Sri Lanka	1.544	1.381	1.22	2.103	1.964
Nepal	2.867	3.242	2.467	2.22	2.338
Bhutan	4.545	4.143	2.701	2.805	2.615
China	2.654	2.811	2.946	3.006	3.095
Malaysia	2.287	2.136	2.215	2.203	2.3
Indonesia	1.033	1.029	1.148	1.154	1.076
Philippines	1.574	1.306	1.386	1.449	1.615
Thailand	4.442	4.996	5.237	5.266	5.615

Source: World Bank

As per World Bank reports for the regional countries, Pakistan has 2nd lowest health expenditures (% of GDP) which is 0.919 in 2014 after Bangladesh of 0.787 in the same year⁽⁴⁾. Highest among the region is by Thailand which is 5.615 (% of GDP) in 2014.

Healthcare Facilities in Pakistan 2011-2015

Manpower	2011-2012	2012-2013	2013-2014	2014-2015
Registered Doctors	152,368	160,880	167,759	175,223
Registered Dentists	11,649	12,692	13,716	15,106
Registered Nurses	77,683	82,119	86,183	90,276
Population per Doctor	1,162	1,123	1,099	1,073
Population per Dentist	15,203	14,238	13,441	12,447
Population per Bed	1,647	1,616	1,557	1,593

Source: Pakistan Bureau of Statistics

Challenges in Health System of Pakistan

Healthcare System in Pakistan has been confronted with problems of scarcity of resources, inequity, insufficient and untrained human resources, structural mismanagement and gender insensitivity. Health system has been designed by politicians while implemented by the health professionals on the ground⁽⁹⁾. Accessibility and affordability for health services especially for rural population of the country is a big issue because of severe shortage of healthcare professionals and inadequate allocation of funds for Primary Healthcare sector⁽³⁾. Reliable Health Information Management system is not available at Primary and Secondary level to evaluate and improve the services. Lack of medical research and technology at national level is one of reason to deliver sub-standard services⁽⁹⁾. Health Policies developed are unhealthy and their weak implementation. There are certain reasons behind, such as insufficient healthcare financing in public sector, corruption, political interference and lack of accountability for low performance⁽³⁾. There are some other key challenges in the way to provide quality healthcare service in Pakistan. These are; double burden of disease, vertical service delivery structure, and development of inadequate human resource in health sector, population explosion, poverty, and illiteracy, lack of health education in community, poor sanitation and sewerage.

Health Policies of Pakistan

First formal National Health Policy was announced in 1990 in Pakistan. In first National Health policy declared high commitment to health by increasing health expenditures up to 5% of GNI. Attention was given to clean water and family planning to improve health⁽¹⁰⁾. Second National Health Policy was formulated in 1997. It was based on the concept of health for all (HFA). Attention was given to HIV/AIDS, road traffic accidents, violence, tuberculosis, cancer, diabetes and mental health⁽¹⁰⁾. Third National Health Policy (2001) is again based on health for all approach. Ten key areas identified reducing communicable disease, addressing inadequacies in primary/secondary healthcare, promoting gender equity, correcting rural/urban discrepancy in health sector and improvements in drug sector etc.⁽¹⁰⁾. Only draft policy was developed in 2010 but not approved due to ongoing process of devolution. Federal and Provincial Governments agreed on common Nation Health Vision (2016-2025). Vision statement is to improve health of all Pakistanis particularly women and children through affordable universal access to quality Healthcare Services, delivered through responsive health system⁽¹¹⁾.

Health interventions/programs in Pakistan

Pakistan is a struggling economy with poor health indicators in the region. However there are some programs /interventions to ensure timely preventive and curative services to the public. National Program for Family Planning & Primary Healthcare was launched in 1994. This provides Primary Healthcare Services to about 80 million peoples, most of which is from rural and poor⁽¹²⁾. Extended program on immunization (EPI) started in Pakistan in 1978 and still continuing. Objective of the EPI program is to reduce mortality and morbidity by offering timely immunization services⁽¹³⁾. National TB Control Program stands out as one of the Public Health Programs towards achievement of Millennium Developmental Goal targets in 2015. Objective of the program is to reduce the prevalence of MDR-TB among the patients who have never received any tuberculosis

treatment by at least 5% per year by 2020⁽¹⁴⁾. National AIDS Control Program (NACP) in collaboration with provincial programs developed its first National Strategy Framework in 2001. This followed by 2nd National Strategy Framework and then 3rd Framework that focused on the quality HIV treatment and services⁽¹⁵⁾. Malaria Control Programs are on ground since 1950s. Malaria control activities were integrated with communicable disease control selection by the provinces in 1977. In July 2011 again revived under administrative control of Ministry of Inter Provincial Coordination⁽¹⁶⁾. Drug Abuse Control Program by Ministry of Narcotics Control in 2010-14. Objective of the program is drug free Pakistan⁽¹⁷⁾. There are numerous other programs at the national level such as; National Program for the Prevention and Control of Blindness, Cancer Treatment Program, Tobacco Control Cell, National Nutrition Program and National Maternal, Newborn and Child Health Program.

Weaknesses in Health Policies of Pakistan

Health Policies mainly focus on curative Healthcare such as increasing number of health facilities, laboratories, ambulances and modern equipment's without assessment of how health professionals will use them, who are not trained for modern technology⁽¹⁸⁾. While formulating the policies, insight is taken from success stories of developed countries without considering ground realities, religious, cultural values, social dimension and paying less attention to economic differences⁽¹⁸⁾. Contents of Health policies shows same traditional biomedical model dealing with the treatment of disease rather than covering cultural and environmental determinants to prevent disease⁽¹⁸⁾. All vertical programs are implemented at primary Healthcare facilities but are administered and run by Federal Government. This creates disharmony at BHU and district level because they are not involved in planning of programs. Monitoring and evaluation is another gap in health policies. No system to compile, evaluate and use data for assessment and policy reforms at district level. As a result data is not presented to Federal Ministry for feedback and evaluation of vertical programs⁽¹⁸⁾.

Conclusion

Healthcare system of Pakistan especially primary Healthcare is facing numerous problems. Decentralization presents an opportunity to bring in fundamental changes in Primary Healthcare to make it more efficient and effective to the masses. A goal of reforms in Primary Healthcare sector is to restructure the non-efficient system by devolving from Federal to district level. Healthcare system includes building blocks such as leadership, service delivery, technology, health workforce, healthcare finance and research. To achieve access coverage and quality services monitoring and evaluation plays important role^(03, 18 and 20).

Recommendations

A healthy and functioning healthcare delivery system mandates mutually supportive and symbiotic relationship and integrates primary, secondary and tertiary care. Such integration and several strategies could be planned and implemented to improve healthcare delivery system of Pakistan. Following are the key recommendations to improve Healthcare sector of Pakistan⁽³⁾.

1. It would be better to move away from curative biomedical model towards more extensive and holistic approach. Other factors such as environment, social and cultural aspects need to be concurrently addressed to improve the health of people⁽¹⁸⁾.
2. It would be highly beneficial, if policy making is decentralized and delegated to districts, because they can adopt better and realistic approach for the problems they encounter on daily basis⁽¹⁸⁾.
3. More resources should be kept into capacity building of the administrators at district level to understand contemporary health issues, because the root causes of problems are not addressed while formulating policies, due to lack of knowledge about concerned place and population⁽¹⁸⁾.
4. All stakeholders should be involved in planning, decision and implementation of programs at all levels to ensure efficiency and sustainability of programs⁽¹⁹⁾.
5. Better monitoring and evaluation tools should be constructed to get valuable and unbiased feedback to policy makers and implementers⁽¹⁸⁾.
6. Other key measures can be taken to improve Healthcare sector of Pakistan; control population growth, increase literacy rate, increase health budget, control corruption in public health projects, regionalization of Healthcare services, and promote health education, proper check on quackery and exchange of human resource and knowledge with developed countries.

References

- [1] @. (2015, March 23). Health Care System In Pakistan Health And Social Care Essay. Retrieved October 25, 2016, from <https://www.ukessays.com/essays/health-and-social-care/health-care-system-in-pakistan-health-and-social-care-essay.php>
- [2] Health System Profile - Pakistan. (2007). Retrieved October 25, 2016, from <http://apps.who.int/medicinedocs/en/d/Js17305e/>
- [3] Analysis of Healthcare Delivery system: Pakistan vs United States. (2014, June 01). Retrieved October 25, 2016, from <http://aeirc-edu.com/wp-content/uploads/11download-full-paper.pdf>
- [4] Health expenditure, public (% of GDP). (n.d.). Retrieved October 25, 2016, from <http://data.worldbank.org/indicator/SH.XPD.PUBL.ZS?locations=PK>
- [5] Ministry of National Health Services Regulation and Coordination.(n.d.). Retrieved October 25,2016,fromhttps://en.wikipedia.org/wiki/Ministry_of_National_Health_Services_Regulation_Coordination
- [6] Pakistan Medical & Dental Council. (2006). Retrieved October 26, 2016, from <http://www.pmdc.org.pk/Home/tabid/36/Default.aspx>
- [7] Primary & Secondary Health Care Department. (n.d.). Retrieved October 26, 2016, from <http://www.pshealth.punjab.gov.pk/Services.aspx>

- [8] Health and Nutrition - | Ministry of Finance. (2014-2015). Retrieved October 26, 2016, from http://www.finance.gov.pk/survey/chapters_15/11_Health.pdf
- [9] Sheikh, B. T. (n.d.). The district health system: A challenge that remains (PDF ... Retrieved October 26, 2016, from https://www.researchgate.net/publication/7562976_The_district_health_system_A_Challenge_that_remains
- [10] Health Policy: What does it mean in Pakistan? (n.d.). Retrieved October 27, 2016, from http://www.phmed.umu.se/digitalAssets/76/76123_inlaga---halema-masoud.pdf
- [11] National Health Vision Pakistan 2016-2025. (2016). Retrieved October 27, 2016, from http://202.83.164.28/new/userfiles/file/2016nhsr/National_Health_Vision_2016-25_30-08-2016.pdf
- [12] Wazir, M. S., Shaikh, B. T., & Ahmed, A. (2013). National program for family planning and primary health care Pakistan: A SWOT analysis. Retrieved October 28, 2016, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3842797/>
- [13] Extended Program on Immunization (EPI). (n.d.). Retrieved October 28, 2016, from <http://health.punjab.gov.pk/epi>
- [14] Welcome To NTP Pakistan. (n.d.). Retrieved October 29, 2016, from <http://www.ntp.gov.pk/>
- [15] Message from NPM - National AIDS Control Program. (n.d.). Retrieved October 30, 2016, from <http://www.nacp.gov.pk/howwework/message-npm.html>
- [16] Malariar7. (n.d.). Retrieved October 30, 2016, from <http://www.dmc.gov.pk/>
- [17] Drug Abuse Control Master Plan 2010-14. (n.d.). Retrieved October 30, 2016, from <http://anf.gov.pk/Library/ANF/mstrplan.pdf>
- [18] Health Policy in Pakistan. (2012, May 18). Retrieved October 30, 2016, from <http://healthpolicypak.blogspot.ae/2012/05/failure-analysis-of-health-policy-of.html>
- [19] Analysis of Health Care Delivery System in Pakistan and Singapore. (n.d.). Retrieved October 30, 2016, from https://www.researchgate.net/publication/301561521_Analysis_of_Health_Care_Delivery_system_in_Pakistan_and_Singapore
- [20] Ghaffar, A. (n.d.). An overview of healthcare system in Pakistan. Retrieved October 30, 2016, from <http://jpubhealth.oxfordjournals.org/content/22/1/38.full.pdf>

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Author Profile