

## REVIEW ARTICLE

## ANALYSIS OF THE HEALTH CARE SYSTEM OF PAKISTAN: LESSONS LEARNT AND WAY FORWARD

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**Background:** Pakistani health care system is in progress and since last year, Pakistan has tried to make much improvement in its health care delivery system and has brought out many reforms. **Methods:** A systematic search of national and international literature was looked from peer-reviewed databases from MEDLINE, CINAHL, and PubMed. **Results:** There is little strength in health care delivery system in Pakistan like making health policies, participating in Millennium Development Goals program, initiating vertical programs and introducing Public Private Partnership, improving human resource development and infrastructure by making Basic Health Unit and Rural Health Centres. However, these all programs are very limited in its scope and that is the reason that Pakistan's healthcare system is still not very efficient. There are numerous weaknesses like poor governance, lack of access and unequal resources, poor quality of Health Information Management System, corruption in health system, lack of monitoring in health policy and health planning and lack of trained staff. **Conclusion:** Pakistan is improving very slowly in the health sector for the last five decades as is evident by its health indicators and above mentioned strengths and weaknesses. Therefore, the Government needs to take strong initiatives to change the current health care system.

**Keywords:** health care delivery system; Millennium Development Goal; Public Private Partnership; Basic Health Unit (BHU) and Rural Health Centres (RHC)

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## INTRODUCTION

Pakistan is a country which is trying hard to achieve Millennium Development Goals (MDGs) which are set for all developing countries.<sup>1</sup> The progress of health sector in Pakistan could not be ignored since the time of independence. Moreover, it has achieved improvement in social sector, agricultural sector and economic sector.<sup>2</sup> Pakistani health care system is in progress and since last year, Pakistan has tried to make much improvement in its health care delivery system and has brought out many reforms.<sup>3</sup> There are few strengths in health care delivery system in Pakistan like making health policies, participating in Millennium Development Goal DG program, initiating vertical programs and introducing Public Private Partnership (PPP), improving human resource development and infrastructure by making Basic Health Unit (BHU's) and Rural Health Centres (RHC's)<sup>4</sup>. In my view, the biggest strength of the system is that it has committed to participate in MDG's after re-structuring national health policy in 2001 that included Primary Health Care PHC elements in the health policy. Due to these changes, the government started implementation of vertical programs for preventive approaches like Expanded Program of Immunization for mass population and strengthening the Maternal and Child Health project by training Lady Health Visitors (LHV's) to improve the health status of the population. Because of these projects, the health indicators have

improved, for example, infant mortality is reduced from 220 per 1000 live births to 72 per 1000 live births, Maternal Mortality Rate again has declined from 800-1000 per 100,000 live births in late 40's but now it is 276 per 100,000 live births.<sup>5</sup>

However, these all programs are very limited in its scope and that is the reason that Pakistan's healthcare system is still not very efficient. There are numerous weaknesses like poor governance, lack of access and unequal resources, poor quality of Health Information Management System, corruption in health system, lack of monitoring in health policy and health planning and lack of trained staff. But mainly, I will talk about lack of governance as because of this, the healthcare system is inefficient. In addition, there is a lot of corruption in health care system due to bureaucrat power of the people involved in policy making. As a result, all people do not have equal access to healthcare services and healthcare resources are not divided with equity.

## DISCUSSION

**Government commitment in changes in National health policy:**

At the time of independence, Pakistan started its journey with limited the focus of National health policy on curative services. After the Alma Ata Declaration, paradigm of health shifted to primary health care and for that purpose, Government brought

about many changes in infrastructure by providing primary health care services. This resulted in provision of PHC services in all urban population with 70% of rural population having health facilities within 5 kilometres.<sup>6</sup> The national policy of health was adopted in 1990 in which all aspects of health like physical, social and mental health were added to improve quality of life.<sup>2</sup>

**a) Partnership in MDG:**

Pakistan took an initiative by becoming a signatory body to achieve the eight Millennium Development Goals (MDGs) adopted in 2000 by the United Nations (UN) Members for the improvement of human life and health condition.<sup>7</sup> These were based on 8 goals, 48 indicators and 18 targets, as mentioned in Appendix 1.<sup>7</sup> Pakistan is fully dedicated to achieving MDGs which is reflected by the overall initiatives which Pakistan has taken in the preceding years. Moreover, Government started working on Term Development Framework (MTDF) 2005–10 and Vision 2030, which includes seven themes on poverty reduction, basic and college education, health and nutrition interventions, population welfare, water supply & sanitation and sustainable development.<sup>7</sup>

**b) Partnership of public and private sector:**

After becoming a participatory body in MDG's in 2002, the government of Pakistan became a pioneer country in the world to establish a national public and private partnership to struggle towards achieving MDG's. This partnership was between the United Nations Development Program (UNDP), civil-society organizations and private donors, both in Pakistan and abroad. They worked in 53 districts of Pakistan in the area of education and health sector also by improving health care services, particularly for maternal and child welfare. For example, the Primary Health Care Extension Program trained local health care workers and educated community members at grass root level.<sup>7</sup> There are many examples in which public private partnership was very successful like National TB control program, family planning program and school nutrition program that was implemented in 29 of the poorest rural districts. Moreover, these entire programs achieved great success and the trust of the community people as well.<sup>8</sup>

One of the result-oriented models is Rahim Yar Khan Model that is an example of successful healthcare models in Pakistan. In 2003, the Chief Minister took lead on implementing primary health care and handed over 104 BHUs in Rahim Yar Khan District, which has a total population of 3.68 million, to NGOs in contract to overcome the under-utilization of services and doctors assigned in BHUs.<sup>15</sup> The outcomes of the project included 100% availability of doctors and medicines at each BHU

due to increment in their salaries, community satisfaction and physical conditions of BHUs improved, technical quality of care, cost effective interventions improved, better financial management was evident, concept of health promotion and most importantly, issue of staff absenteeism was resolved by giving health care providers including women Medical Officers.<sup>9</sup>

**c) Government vertical programs:**

Another major initiative taken by Pakistan in the health sector is to reduce child and maternal mortality with the help of foreign aid funds. As a result, the government of Pakistan planned vertical programs with overseas funds like Maternal and Child Health care, Expanded Program on Immunization, Information Education and Communication (IEC) campaign for the use of Oral Rehydration Salt packets in case of diarrhoea and Lady Health Worker's program and National Maternal and Child Health (MCH) Program at all level of health care system. The prominent attributes of these programs are to increase inter sectoral collaboration and improved community participation.<sup>5,7</sup> I will now discuss 2 successful vertical programs as below.

**i. Expanded Program of Immunization:**

Expanded Program on Immunization (EPI) was launched in 1978 as a low cost intervention to reduce morbidity and mortality caused by preventable diseases of children. In Pakistan, EPI focused on six diseases in 2001 adding vaccination against Hepatitis B for infants to routine EPI with the assistance of Global Alliance for Vaccines & Immunization (GAVI).<sup>10</sup> Current cost like for the year of 2003 is estimated US \$ 31.8 million in which US \$ 18.7 million is shared by Government of Pakistan and the rest of it by external partners.<sup>10</sup> EPI had positive impact on the health outcomes. Due to these programs, under-five mortality rate has decreased from 181 to 107.4 from 1970–2006. By having these vaccines, children were protected from preventable diseases and the immunization coverage has improved from 46–86% in 2009.<sup>10</sup>

**ii. Lady Health Worker training initiative:**

One of the other accomplishments of the Government of Pakistan (GOP) in 1993–1994 was to commence National Program for Family Planning and Primary Healthcare with finance of 9 billion Pakistani rupees. This is one of the successful Programs of public health sector in Pakistan. The program's main goal was to provide primary health care to the underserved population and mainly women and children and provide healthcare services such as family planning services at doorsteps. The biggest strength of this program is that the LHW's have played a significant role by not only providing PHC services but also by

serving as a bridge between the communities and the health facilities.<sup>2</sup>

#### **Weaknesses of the Pakistani health care system:**

There are many weaknesses and challenges which are currently faced by the Pakistani health care system. As evidenced by the literature, health service facilities in Pakistan have flourished but most of them have poor management, poor quality of health, shortage of resources, dugs, trained staff, unavailability of female staff, absenteeism of staff, most of the assign doctors are busy in their private practice because of lack of incentives to improve performance.

#### **1. Lack of Health System Governance:**

The healthy policy cannot take place without support of political administration. Pakistan has centralized health system in which all major health decisions and power is under control of Federal government. Due to this centralization, provincial government has only right to implement policy in their own provinces. There is no participation of stakeholder, community and individual groups in formulation of health policies and health planning. As a result of this, communication gap is found between federal, provincial and district levels. Moreover, there is lack of implementation, duplication of resources and many programs have no outcome. Although government acknowledges in National Health Policy 2001 that good governance is the basic key to achieve quality of care but in real practice, government is not providing opportunities for good governance. As a consequence, imbalance of power structure occurs in unsustainable programs and people do not trust the system.<sup>11</sup> The biggest cause of lack of governance is that people who are involved in policy making are not qualified and even they don't have any qualified and experienced advisory body. Lack of governance is also responsible for the lack of implementation and evaluation of health planning and polices and at the end, many projects are not analysed and no lessons learnt for future direction. At the implementation level, health is managed by doctors but they have no authority to take action against any type of corruption. Moreover, majority of people feel that they feel humiliation at the hands of Executive Director Health Officers (EDHOs) and Nazims because they handle them like their servants<sup>15</sup>. Because of poor governance, the system is not efficient and quality is compromised resulting in decrease in the trust and confidence of the people to go for public health providers.<sup>12</sup>

#### **2. Lack of Health Equity in Pakistan:**

In Pakistan, there are huge disparities in availability of health services between rich and poor. Majority of people (around 30%) people live in absolute poverty. Majority of public health facilities are not providing

satisfactory care, therefore, people need to go for private facilities which are very expensive and out of reach for the poor people. In addition, as mentioned earlier, the government spent 0.75 percent of GDP on health sector in 2005–06 in order to make its population healthier and 76% goes out of pocket for health expenditure in Pakistan<sup>4</sup>. Furthermore, because of the shortage of finance in Pakistan, poor people face catastrophic health expenditure and as a result, poor become poorer.<sup>13</sup> As a result, the poor has no choice but to pay the health cost whether they can afford or not and this also restricts them to in decision making of their own health. In Pakistan, majority of Tehsil hospitals are in urban areas and people in remote areas are mainly depend upon BHU's and RHC's but because of absence of health care staff and large number of non-functional primary health care facilities, they have no choice but to go for private doctors. This increases poor people's cost and make them poorer as they spend huge amount of money to just see the private doctor.<sup>3,4,13</sup> Besides the unequal resources between different income groups, there is also another challenge that health infrastructure is not evenly distributed among gender as well as different regions within Pakistan. It is very evident in data that public health facilities among different provinces of Pakistan and that is the reason there is great difference among health indicators in all four provinces of Pakistan, for example, mortality and morbidity indicators between provinces are different.<sup>14</sup>

#### **3. Physical accessibility and lack of resources in health facilities:**

Because of poor infrastructure of the BHU's and RHC's, majority of people are not willing to access healthcare services provided by the public health system and as a result of this, rural people are diverted to the tertiary care hospitals. The distance to the health services and dearth of transportations with poor roads hinder their access to these services.<sup>11</sup> Moreover, it is also found that public sector in Pakistan is underused because of weak human resource, lack of health education, lack of openness and barriers due to language and cultural gap. For above mentioned factors for many people, visiting BHU's make the journey not less than a nightmare.<sup>15</sup>

## **CONCLUSION**

Pakistan is improving very slowly in the health sector from the last five decades as it is very evident by its health indicators and above mentioned strengths and weaknesses. Therefore, the Government needs to take strong initiatives to change the current health care system.

## REFERENCE

1. Ghaffar A, Kazi BM, Salman M. Health Care system in transition 111. Pakistan, Part 1. An overview of the Health Care system in Pakistan. *J Public Health Med* 2000;22(1):38-42.
2. Ali SZ. Health for all in Pakistan: achievements, strategies and challenges. *East Mediterr Health J* 2000;6(4):832-7.
3. Manzoor I, Hashmi NR, Mukhtar F. Determinants and Pattern of Health Care Services Utilization in post graduate students. *J Ayub Med Coll Abbottabad* 2009;21(3):100-5.
4. Shaikh BT, Hatcher J. Health seeking behaviour and health service utilization in Pakistan: challenging the policy makers. *J Public Health (Oxf)* 2005;27(1):49-54.
5. National Programme for family planning and primary Health Care "The lady Health workers programme" Jan 2010-June 2015. Government of Pakistan. [Internet]. [cited 2016 Jun 2]. Available from: [http://www.pc.gov.pk/downloads/pc1-forms\\_verticalhealth/program/National%20Program%20for%20Family%20Planning.pdf](http://www.pc.gov.pk/downloads/pc1-forms_verticalhealth/program/National%20Program%20for%20Family%20Planning.pdf)
6. National Health Accounts Pakistan 2005-06. Government of Pakistan Statistics Division: Federal Bureau of Statistics. May 2009. [Internet]. [cited 2010 Oct 20]. Available from: [http://www.pbs.gov.pk/sites/default/files/national\\_accounts/national%20health%20accounts/National\\_Health\\_Account\\_2007-08.pdf](http://www.pbs.gov.pk/sites/default/files/national_accounts/national%20health%20accounts/National_Health_Account_2007-08.pdf)
7. Planning Commission Centre for Research on Poverty Reduction and Income Distribution Islamabad. Pakistan Millennium Development Goals Report 2005. [Internet]. [cited 2010 Oct 27]. Available from: <file:///C:/Users/Wali%20Muhammad/Downloads/UNDP-PK-MDG-Pak-2005.pdf>
8. Shaikh BT, Rabbani F, Safi N, Dawar Z. Contracting of primary healthcare services in Pakistan: Is up-scaling a pragmatic thinking? *J Pak Med Assoc* 2010;60(5):387-9.
9. Ali S M. Innovative Health Management Rahimyar Khan District. [Internet]. [cited 2010 Nov 4]. Available from: <http://www.policy.hu/ali/Rahimyar%20Khan%20case%20study.pdf>
10. Expanded Programme on Immunization Financial Sustainability Plan 2003-2012 Islamabad 2003. [Internet]. [cited 2010 Oct 23]. Available from: [file:///C:/Users/Wali%20Muhammad/Downloads/fsp\\_jan04\\_pakistan.pdf](file:///C:/Users/Wali%20Muhammad/Downloads/fsp_jan04_pakistan.pdf)
11. Khan MM, Van den Heuver W. The impact of political context upon health policy process in Pakistan. *Public Health* 2007;121(4):278-86.
12. Gohar Wajid DA, Al Massoud HA. Prospects, Prerequisites and Challenges for Developing a Healthcare Quality Improvement Strategy for Pakistani Healthcare System. *Pak Seventh Int Conv Qual Improv.* 2002;1-7.
13. Nishtar S, Bhutta ZA, Jafar TH, Ghaffar A, Akhtar T, Bengali K, *et al.* Health reform in Pakistan: a call to action. *Lancet* 2013;381(9885):2291-9.
14. Ali M, Horikoshi Y. Situation analysis of health management information system in Pakistan. *Pak J Med Res* 2002;41:64-9.
15. Khan A. Failure analysis of primary healthcare in Pakistan and recommendations for health. [Internet]. [cited 2010 Oct 30]. Available from: <http://pti-tehreek-e-insaf.blogspot.com/2011/11/failure-analysis-of-primary-health-care.html>

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