

SPECIAL COMMUNICATION

PRIVATE SECTOR IN HEALTH CARE DELIVERY: A REALITY AND A CHALLENGE IN PAKISTAN

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Under performance of the public sector health care system in Pakistan has created a room for private sector to grow and become popular in health service delivery, despite its questionable quality, high cost and dubious ethics of medical practice. Private sector is no doubt a reality; and is functioning to plug many weaknesses and gaps in health care delivery to the poor people of Pakistan. Yet, it is largely unregulated and unchecked due to the absence of writ of the state. In spite of its inherent trait of profit making, the private sector has played a significant and innovative role both in preventive and curative service provision. Private sector has demonstrated great deal of responsiveness, hence creating a relation of trust with the consumers of health in Pakistan, majority of who spend out of their pocket to buy 'health'. There is definitely a potential to engage and involve private and non-state entities in the health care system building their capacities and instituting regulatory frameworks, to protect the poor's access to health care system.

Keywords: Health care system; Health seeking behaviours; Private sector; Developing countries; Pakistan

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INTRODUCTION

Like many developing countries, the health care system of Pakistan is a mixed system of public, private; formal, non-formal; and modern with traditional medicine; NGOs and faith based healers, all co-existing. All these spheres of health care delivery system have been equally providing care to the clients resorting to them. The level and quality of care, of course, remains questionable. Nevertheless, use of different health care systems has been driven largely by the health seeking behaviours and various other factors such as trust, perceived quality, access, cost, gender of the provider etc.¹ All these factors when found weak or missing, the result is low utilization of public services; and this has been the case in Pakistan, since last many decades.^{2,3} Consequently, such state of affairs create a room for private sector to flourish, hence winning the trust and confidence of the clients, may it be formal (trained/qualified) or non-formal private (non-qualified, quacks) sector.

METHODOLOGY

This paper is based on a critical review of the literature published in Medline and Google Scholar. Articles were searched using the following keywords: health care system; private sector; NGOs; health-seeking behaviours; developing countries; and Pakistan. Also, some official documents and reports from the Government of Pakistan have been critically reviewed, and official documents and reports from the WHO have been referred to. A brief preamble about Pakistan's healthcare system is presented, with emphasis on health service utilization trends in Pakistan. A way forward is suggested on the basis of recommendations presented by the international community on the involvement,

engagement and position of private health sector in the developing world.

Health care system of Pakistan

The health indicators of Pakistan show a high population growth rate, gradually declining infant and maternal mortality rates, a persistently high neonatal mortality rate, and a high unmet need for family planning and demand for birth spacing. These indicators are even not comparable with neighbouring countries of south Asia. Pakistan ranks 125th out of 180 countries in the UNDP's Human Development Index (HDI), which measures the wellbeing of people by keeping in view their life expectancy, literacy, education and standard of living. According to the UNDP's 2014 report, Pakistan is facing enormous challenges of poverty, illiteracy and a continuously rising population, but the most alarming is the poorly performing health care system.⁴ Investment of the government of Pakistan in health sector over the years has remained low, yet there have been gradual increase in the infrastructure and a nominal increase in the human resource. By the year 2013, the number of public sector hospital has increased to 1096. There are more than 5527 basic health units (BHUs), 650 rural health centres (RHCs) and 5310 dispensaries. These facilities together with 167,759 doctors, 13,716 dentists and 86,183 nurses brings the current ratio of one doctor for 1099 persons, 13,441 person per dentist and availability of one hospital bed for 1647 persons.⁵ Contrary to this escalation in the facilities, the population growth has been unchecked and unmatched, and therefore an obvious demand supply gap emerged. To meet the unmet need for health care, the private sector, with very few accredited outlets and hospitals, many unregulated hospitals, medical general practitioners, homeopaths, *hakeems*, traditional/spiritual

healers, *Unani* (Greco-Arab) healers, herbalists, bonesetters and quacks have set in to play their role.⁶ Non-governmental organizations (NGOs) are also active in the health and social sector. In urban parts of the country, some public– private partnership and franchising of private health outlets is also contributing to service delivery.¹ Largely unregulated, private sector functions predominantly for profit. In the absence of safety nets for the poor and vulnerable segments of population, most of the health expenditure is borne out of their pockets.⁷

Dynamics of the private health sector

The state's health system is no doubt the forefront provider and custodian of the health of the people of Pakistan, yet private sector has invariably plugged in most of the gaps in service delivery: human resource, access, safety, quality, and even equity. However, in the absence of any regulatory mechanism, policy or *modus operandi*, the private sector in health care system also assumes exploitative role, at times. And this is equally true for health care facilities, pharmaceutical industry, and diagnostic centres. More grave is the situation with the non-formal, untrained, sham healers who are practicing medicine without any fear. The myth that private sector health care delivery is a small or unimportant part of the health care delivery system in Pakistan has proven to be wrong. The long standing fact is that the majority of health care delivered in Pakistan is in the private sector.^{2,8} It is a known fact now that less than 21% of primary health care is provided in government facilities. This is true in urban and rural Pakistan in all the provinces. Over three-quarters of all health care is provided in the private sectors for lower, middle, and higher economic groups. There is another undeniable fact that a major support to the private sector is given by the government employed physicians practicing in the private arena, for monetary reasons and other enticing drivers of the health market. Out of the total health expenditure on health in Pakistan (3% of GDP), almost 70% is spent in the private sector.⁹

On a positive note, private sector in Pakistan has set benchmarks of quality of care, enhanced people's access to health, essential medicines, state of the art diagnostics, and demonstrated a great deal of responsiveness to the health and non-health needs of its clients. Private sector is known to have saved many maternal, new-born and child lives in the resource constrained settings.¹⁰ Innovations of the private health sector make it even more distinct, for instance in social marketing for family planning¹¹, and franchising of the reproductive health care services¹². Similarly, private sector has also addressed the fast growing need for medical education in the country, to a large extent.

Hypotheses about the private health sector

There are certain hypotheses about the private health sector which need to be addressed and discussed within this context of utilization of services and preference of people to seek health care in private sector. Firstly, that there is no significant difference between the level of tangibles between private and public hospitals; and that the private hospitals are better in tangibles as compared to public. The latter argument definitely can be supported because of the available evidence of utilization and preference.⁶ Secondly, that there is no significant difference in the level of assurance in both private and public hospitals; or that the private hospitals provide more assurance to patients than the public hospitals. Patients look for care besides cure and that nontangible dimension of quality has been a determinant for utilizing the private sector more as compared to the government health facilities.¹³ Thirdly, that there is no significant difference in the level of responsiveness in both private and public hospitals; and that the patient perceives that private hospitals are more responsive than public hospitals. The latter argument is yet again supported by the fact that public sector facilities have been grossly underutilized and one main reason has been the lack of empathy and respect which patients expect when they are visiting for seeking treatment.¹⁴ Fourthly, that the government needs to pay attention to the public sector health care system only, and that private sector health care does not need attention from government. It is a fact that private sector is indeed better than health care in the public sector. Yet, issues of quality, safety, and equity remain unanswered because of the market oriented mechanism under which the private health sector operates in developing countries.¹⁵ The discourses on the post MDGs scenario have pointed out the involvement of non-state actors, private entities and NGOs to engage in health care delivery, however, their capacity building is imperative to develop accessible, culturally acceptable and responsive health services.¹⁶

Need for regulating the private health sector

Poor quality health care in Pakistan is not unique in the region. Many developing countries have a large private health care sector with many problems related to quality of care. Public health goals will not be achieved if the quality and safety of its services are not assured. Nevertheless, there is a general consensus that regulatory mechanisms are either non-existent or are generally ineffective in Pakistan. It is perhaps a matter of capacity of the regulatory authorities, which they lack and are unable to exercise.¹⁷ Moreover, the regulation of the pharmaceuticals industry in Pakistan has been a big challenge, especially for regulating the prices of essential medicines.¹⁸ Efforts to force government physicians to not practice the private sector have also failed.¹⁹ Having the stewardship role, the government

ought to regulate the private sector, whether it is quality, standards, protocols, ethics, or even the prices set for health provision.²⁰ This regulation must be executed with the objective of correcting the market failures, which have direct implications on the poor clients seeking health care. Beyond regulation, the government's role is to foster the public private partnerships to ensure that other partners play voluntary roles to promote quality. Such partnerships with non-state actors are invariably required for health system strengthening.²¹

Way forward

Link between public and private sector has become indispensable over the years. However, clear guidelines would help in avoiding any conflict of interest, whatsoever.²² Taking stock of the whole scenario calls for even stronger position of the government to not only develop a better understanding of the private sector, but also re-invent its role. Till now, government has been the financier, purchaser, provider, regulator, and even the contractor of health services of all sorts and at all levels. Re-invention does not mean whole abandonment of traditional activities. It does, however, mean a shift from "rowing to steering"; and giving its people the assurance of quality and access to health care in both public and private sector.²³ Some pre-requisites nonetheless are to be taken into account: recognition that private sector does exist and is a major player in health care system; accreditation of the credible health care institutions; ensuring compulsory continuing medical education for the health care providers of all cadres in the private sector; integrating information of the private sector into government MIS; and instituting research to generate evidence for better service delivery as well as to justify reforms. Private health providers have been popular in the whole developing world; and therefore following the same phenomenon, it is quite possible to capitalize on this popularity in tackling certain public health issues like tuberculosis, immunization, malaria, family planning etc.²⁴ Engaging meaningfully with the private sector and considering it a mainstream provider is the only way to promote equity in health in the mixed health care system of Pakistan.

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