

Addressing Healthcare Challenges in Pakistan: Issues, Possible Remedies and Way Forward

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Pakistan is a developing country with a huge healthcare related disease burden and challenges. Health indicators have improved overtime but are still far from satisfactory and lagging behind other countries of the region. Infant mortality, less than five year mortality and maternal mortality are still quite high and country is still not polio free^{1,2}.

Pakistan has quadruple disease burden³ with communicable diseases still rampant, non-communicable diseases are on the rise and threatening progress and development of the country. Mental health issues are on the rise and mental disease burden is burdening health care delivery in the country. Accidents are on the rise and trauma centers are needed as well as strong preventive program to control accidents and its related morbidity and mortality. We are still fighting multiple drug resistant tuberculosis and life threatening infections such as Dengue are threatening country's fragile health care delivery system. Diabetes and hypertension are placing immense burden on limited health care resources.

It is indeed unfortunate that such a dismal state of health of its people exists today in Pakistan, despite having the infrastructure as well as human and non-human resources to deliver good quality healthcare. Government expenditure on health is far from satisfactory⁴ and private sector is largely unregulated and has become a commercial enterprise over time. This has placed public-private partnership at stake.

Improved governance of available health care related resources is the need of the hour. A need exists to focus on overall human development⁵. It is well known that countries that focus on education, healthcare, social

sector development and provide security to its people are able to improve health of its people. An educated person who is socially well placed and has opportunities for livelihood in a secure environment is better placed to take of his/her health as well as that of family. A good example in this regard is Sri Lanka that has health indicators as good as some of the oil rich countries of the Middle East, despite having limited resources and being a developing country⁶. Educating mother has been shown to be linked to better health of the family, community and society⁷. An educated mother takes good care of the health of self, spouse, and children.

Government need to allocate more funds for health sector but use it wisely in providing proper regulation of medical education as well as clinical practice⁸. In countries such as Pakistan, where resources are scarce, it is better for public sector to spend less on providing services directly but rather provide regulation and support. Private sector can be allowed to invest in healthcare with proper incentives but stringent regulation. It is this kind of public-private partnership that is the need of the hour. In addition to providing health services regulation, government should focus on providing clean water, sanitation⁹ and public health facilities including preventive services like immunization and maternal and child care.

The cost of treating advance diseases is very high and with less than satisfactory outcome and involves rehabilitation. A strong focus is needed for health maintenance and disease prevention. Such an approach will require strengthening of health system in general and primary health care in particular. It is indeed waste of scarce resources to treat primary care issues at the secondary and tertiary level, not geared to deal with such issues and therefore results in less than optimum outcomes. Cuban healthcare delivery system is an example where overall health system strengthening in general and primary health care strengthening in particular has made its health indicators comparable to that of developed countries¹⁰.

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Pakistan is a developing country faced with multiple health care delivery challenges today. It is only through a well planned and executed program that focuses on overall human development in general and health care in particular, will help improve health of its people that can successfully face challenges that exists today. A strong public private partnership is recommended with public sector maintaining its strong presence in area of regulation of health care sector. Private sector should be allowed to invest with proper incentives but should be well regulated. Government will have to allocate adequate funds to conduct its regulatory function satisfactorily. Involvement and commitment of all stakeholders including the public at large and academic institutions in particular will be required. It is imperative to take necessary steps towards meeting healthcare delivery challenges that country is facing today.

REFERENCES

1. Rizvi A, Bhatti Z, Das JK, Bhutta ZA. Pakistan and the millennium development goals for maternal and child health: progress and the way forward. *Paediatr Int Child Health* 2015; 35:287-97.
2. Akil L, Ahmad HA. The recent outbreaks and reemergence of poliovirus in war and conflict-affected areas. *Int J Infect Dis* 2016; 49:40-6
3. Qidwai W. Family medicine in Pakistan: challenges, opportunities and way forward. *J Dow Uni Health Sci* 2015; 9:1-2.
4. Habib SS, Perveen S, Khuwaja HM. The role of micro health insurance in providing financial risk protection in developing countries- a systematic review. *BMC Public Health* 2016; 16:281.
5. Qidwai W. Increasing health care costs and its adverse impact on healthcare and health: a call for action. *JLUMHS* 2013; 12:68-9.
6. Soma H. Sri Lanka's approach to primary health care: a success story in South Asia. *Galle Med J* 2011; 16:24-30.
7. Greenaway ES, Leon J, Baker DP. Understanding the association between maternal education and use of health services in Ghana: exploring the role of health knowledge. *J Biosci* 2012; 44:733-47.
8. Egan M, Petticrew M, Ogilvie D, Hamilton V, Drever F. "Profits before people"? A systematic review of the health and safety impacts of privatising public utilities and industries in developed countries. *J Epidemiol Community Health* 2007; 61:862-70.
9. Luhq J, Bartram J. Drinking water and sanitation: progress in 73 countries in relation to socioeconomic indicators. *Bulletin World Health Org* 2016; 94:111-21.
10. Qidwai W. Healthcare delivery system improvements: a way forward to improve health in developing countries and Pakistan. *J Coll Physic Surg Pak* 2013; 23:313-4.

