Healthcare System of Pakistan: Strengths and Weaknesses

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Authors’ contributions

The study was carried out with the collaboration among all authors. Author AA framed the concept, author NZ, NI and SF helped in literature search. Authors FA and SHD critically reviewed and approved the final document.

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ABSTRACT

Each country of the world has its own health care system to follow, Pakistan has followed the healthcare system designed by British rulers since 1947. Primary healthcare, Secondary Healthcare and tertiary healthcare are the major parts of the defined healthcare system that are been practiced across the country. Pakistan has always participated and encouraged health promotion and delivery participating in Millennium Development Goal (MDG) program, encouraging public private partnership, investing in improvement of human resources and skills, introducing Basic Health Units (BHUs) and Rural Health centers. Though investment and inputs are set at achieving health for all but many weaknesses have slowed down the process of development. Poor governance and monitory policy, political influence and budget allocation issues have made it difficult to provide health on equal basis. The current review is aimed to discuss the strengths and weaknesses of healthcare system of Pakistan.
Keywords: Healthcare systems; strengths weaknesses; Pakistan.

1. INTRODUCTION

There are 195 countries across the globe delivering health care to their citizens through their healthcare systems, the aim of all the healthcare systems in the world is to satisfy the need of the patient and to provide better services to promote the health and to reduce the disease burden [1]. Since the day of inception Pakistan followed the Bhore Commission report very similar to the 1978 Alma Ata declaration; that is health to be delivered through three tiers Primary, secondary and tertiary. Unfortunately, in 73 years in spite of a sound blueprint on papers for the public healthcare system major burden was always brunt by the Private sector [2]. In Pakistan the major health care providers are public and private sector hospitals [3]. However, as observed in most of the developing countries in Pakistan the public sector healthcare system is beleaguered but the private sector is trying to deliver the best and has been seemed to satisfy the patient needs [4].

According to a review nearly 70% of the population in Pakistan seek treatment in private sector hospitals and only 30% uses public sector hospitals [2]. This is quite alarming data which is showing the failure of healthcare delivery by the government and promoting the private hospital culture in the country. But if a country wants to change the healthcare delivery and want to provide better health care to its population it needs reforms and require major changes [5]. The changes and decisions can be made according to factors which satisfy patient’s need or, are related to their dissatisfaction. Globally the comparison of different healthcare system performance is used to identify the gaps, to develop the new healthcare policies and to provide the better health to population however the weakness in our system is deficiency of this comparison policy which is one of the reason of better health care delivery by private sector and poor performance of public sector hospital [6].

It has been identified in recent times that Pakistan is working for betterment of health through introducing and strict implementation of the vertical programs for immunization, by providing awareness for maternal and child health care and by investment in lady health worker and visitor program [7]. Pakistan is taking interest and trying to provide better health to its population by developing new health policies, participating in Millennium Development Goal (MDG) program, encouraging public private partnership, investing in improvement of human resources and skills, introducing Basic Health Units (BHUs) and Rural Health centers [8]. Though the indicators are reflecting that these programs are effective and beneficial but overall the scope of these programs is limited and inefficient. The weaknesses which are apparent in our system revolves around poor governance, lack of stable leadership, corruption, inappropriate use of resources, inefficient HMIS and poor monitoring policies [9]. The Aim of this review is to discuss the strengths and weaknesses of healthcare system of Pakistan to help in development of better healthcare policies to improve the health status.

2. METHODOLOGY

The literature review was carried out by using Medscape, Medline, Pakmedinet, PubMed and google scholar data base engines. There was no language or date restriction in search. The key words used in literature search were "Healthcare system of Pakistan", "Comparison of healthcare systems", "Advances in health care system of Pakistan" and "Deficiencies in healthcare system of Pakistan".

3. DISCUSSION

3.1 Initiatives in Strengthening the Healthcare System of Pakistan

Since the independence Pakistan has started the journey of development with limited resources and has tried best to deliver the world class healthcare services to the population. The concept of health care delivery shifted in Alma Ata conference and become more focused on primary healthcare (PHC). To deal with that change the government of Pakistan worked to improve the infra structure and provide primary health care to population. This covered almost 70% of rural population and healthcare facility was provided to them within their vicinity. The reforms and change not only covered the PHC but in 1990 the health policy was introduced which focused on the overall wellbeing of an individual and social, physical and mental health were added as measures of quality of life [10,11]. In year 2000 Pakistan became the member country in achieving MDG goals with United
nations (UN) and accepted to improve the health indicators defined by UN. The Pakistani Government has taken initiative and has set seven goals to achieve till 2030 out of that seven, health and nutrition interventions, population welfare, water supply & sanitation and sustainable development are of primary interests in improving the overall health status of the nation [12,13]. Pakistan has been the pioneer country in encouraging public-private partnership (PPP), by PPP Pakistan has worked with various bodies to serve the nation and the outcome has been the fruitful specifically for National TB control program, family planning program and school nutrition program [14,15]. A model example of PPP held in a district of Pakistan i.e. Rahim Yar Khan where Management of Basic Health Units was delegated to non-governmental organization (NGOs) in that model the health care providers were given extra increments in their salary and monitory policy was strictly followed due to that the model Worked efficiently and 100% results were delivered by PPP [16,17]. Another example of PPP in Pakistan was to initiate the child and maternal health awareness program it was supported and financed by foreign AID and NGOs. These programs are considered to work in a collaborative way such as resources of government are utilized but the medicines and required material is provided by the Private organization. This is not only limited to Child and maternal healthcare but it also involves Expanded Program on Immunization (EPI) which was started in 1978 that focused the prevention of six preventable diseases by this child mortality has been decreased and vaccine coverage has been improved from 65% to 88%, however the set benchmarks have not been reached yet but Government of Pakistan along with partners is taking measures to achieve the targeted goals [18,19]. Furthermore the initiative taken for starting the lady health worker program by government of Pakistan was a milestone that promises the delivery of PHC at door step of underserved people, volunteer females from communities were recruited and trained to educate the population to improve the health of mother and child and to spread awareness about endemic diseases [20]. From beginning till date the government has put inputs in strengthening the healthcare systems of Pakistan, establishing free of cost hospitals for treating cancers, diabetes, cardiovascular diseases, renal and hepatic diseases are few examples of its own kind. Introducing autonomous bodies (NICVD, SIUT, GIMS, SMBB Trauma center) to serve the population is another way of delivering healthcare which has been followed by government of province Sindh. Though these are listed as public sector entities but the governance and monitory policy is designed by the board members and strictly implemented by the managers and there is no any political influence in hiring and firing in mentioned autonomous bodies [21].

3.2 Weaknesses of Healthcare System of Pakistan

The major failure in the healthcare system of Pakistan is lack of governance and monitoring policy in public sector hospitals due to which government has introduced autonomous bodies, (NICVD, SIUT, GIMS, SMBB Trauma center) to serve the population [22]. Monitoring in private sector hospital is a critical process which is followed by the firm on equal basis there is no external or internal influence in in hiring or firing, there is no compromise on patient health and the staff trained they are supposed to obey the rules in serving the community on the other hand in public sector hospital the scenario is vice versa [23]. Provinces work under the federal government and are supposed to follow the national commands, however there is no participation of stakeholders, local communities and individual groups in development of healthcare policies which is the prime weakness of healthcare system as the ones who are supposed be served have not given their feedback [24]. Along with that the hallmark of the time is the policy makers who are not related to health sciences, they do not know about healthcare systems and are unaware of global transformations in healthcare systems. Furthermore, the policies are supposed to be implemented by health care providers still they do not have authority to take initiative against corruption, against ghost employees or against the people who are delivering very poor services intentionally [25]. Beside governance and monitory policy, the infrastructure and absence of equality has weakened the healthcare system of Pakistan. Shortage of staff at distant areas, poor resources, underdeveloped roads and poor quality of services at BHUs have made poor population to pay high costs to get health services. The tehsil hospitals are distant from remote areas and the facility and services mostly are rendered to nearer population [26]. Lack of human resources and skilled staff in public sector hospital is another debate. People who reach public sector hospital to seek treatment are treated an under privileged manner due to over
burdening of public sector hospital. Visiting a public sector hospital has been considered as a nightmare due to poor quality of services, behavioral attitudes, infrastructure and hospital management [27]. The allocation of budget for health has never been set to desired levels it has been identified that the budget for health in Pakistan has always suffered due to national interests of defense, and development [28].

4. CONCLUSION

Pakistan has always supported the health for all motto, since 1947 the policies are set in accordance to international standards and national interest. The existing Healthcare system of Pakistan is under development phase but it is progressing very slowly. Though due to many reasons the progress is slow but the policy makers should identify the gaps, weaknesses and lacking in current Healthcare system. They should revise governance and monitory policy, provide healthcare on equal basis and they should allocate the budget for health on need basis to further strengthen the existing healthcare system and to provide better health to the nation.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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