

Health Care Challenges in Pakistan

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Pakistan is a low-income country having poor infrastructure of health care, face shortage of health professionals and lacks accessibility and affordability to health care services. The country's health profile is described by high population growth, double burden of disease, high maternal mortality and high infant and child mortality.¹ The budget allocated for healthcare facilities is only 3.4% of the total. The health policies mainly focus on curative healthcare with little emphasis on preventive, environmental, social and cultural aspects of healthcare. Also, there is a gap between policy making and its implementation. Unfortunately, the developing countries like Pakistan, while formulating policies, toe the line of developed countries without consideration of ground realities of its weak health care infrastructure.

Pakistan, like many other developing countries, has poor healthcare access, as health care system is highly reliant on out-of-pockets costs. About 75% of the population in Pakistan is using healthcare services from private sector while only 25% is using free health services from public sector hospitals, including government employees and armed forces personnel. Developed countries due to better living standards, well-structured systems and rich resources, enjoy higher life expectancy and can afford to invest heavily on health and its determinants including better access to health care.

Some countries such as Ethiopia and Brazil have better life expectancy when seen with respect to their Gross National Income as they have struggled for better health care coverage. On the other hand, a developed country such as USA does not have a life expectancy worth of its GNI which can be due to its market-based health care and less political commitment. Standards of population health is directly related to broad based policies, investment in PHC and universal health coverage in order to achieve positive and equitable population health outcomes - in all countries regardless of their wealth.²

There is an increased healthcare demand with the subsequent shortage of healthcare workers globally. It necessitates to put emphasis on recruitment, training, deployment and management of health workforce all over the world.³ In Pakistan, competence and productivity of health workers is questionable as only a few medical schools are providing quality education and training. Health care workers have very less incomes and are forced to do double jobs affecting service delivery. There is also depletion of health workforce due to emigration. Lack of knowledge and robust management leads to low utilization and lapse of funds. Despite inadequate infrastructure, inequitable access between rural and urban areas, political instability and natural disasters, Pakistan has shown improvement in healthcare indicators in the last 25 years. Life expectancy in Pakistan was 59 years in the year 1990 and now it is 66.6 years but there is a way forward for improvement.

Health management information system needs to be strengthened that would impact decisions and policies. In providing preventive, therapeutic and

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rehabilitative amenities, healthcare organization requires various forms of equipment, diagnostic devices, vaccines, drugs and modern technology which is not existing in Health Care Delivery System of Pakistan. Political will and support in formulating policies and writ in its implementation will indeed play a pivotal role in uniform distribution of resources and delivering universal health coverage for all populace. Adequate budget allocation, based on peculiar requirements of both urban as well as rural areas is required. All stakeholders should be involved in formulating policies. There must be an initiative for the quality production and development of health professionals according to the population ratio. There must be more solidification of primary health services and a robust referral system must be implemented for the efficient use of amenities.⁴

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