Chapter 6

HEALTH

The nexus among malnutrition, population, ill-health and poverty is recognised by all. Poor health contributes to poverty due to huge costs incurred on treating illnesses, and reduces learning and earning capacities in childhood and adulthood respectively. Hence, health holds key position to reduction of poverty, and contributes to the national economic growth.

In Pakistan, the health sector investments are viewed as part of the government's poverty alleviation endeavour. Pakistan suffers from an unacceptably high infant and maternal mortality, a double burden of diseases, and inadequate facilities apace with the population growth. Slow progress in the indicators of maternal and child health, their morbidity and mortality are major concerns in the progress towards achieving the Millennium Development Goals (MDGs).

The 18th Constitutional amendment has devolved the health service delivery to the provinces. However, funding to the national programmes has been continued by the federal government through the Public Sector Development Programme (PSDP). The Plan aims at provision of health services to the people by fostering sound and sustained advances in the fields of medicine and public health services as envisaged in the Vision 2025.

Situational analysis

Pakistan's public healthcare delivery system has three tiers: (i) First level care facilities, that is, Basic Health Units (BHUs) and Rural health Centres (RHCs), (ii) Tehsil or *Taluka* Headquarters Hospitals (THQ) and District Headquarters Hospitals (DHQs), and (iii) Teaching Hospitals, attached to medical colleges and equipped with all kinds of health services. The present healthcare system is inadequate since basic medical facilities are non-existent, especially in the rural areas. All tiers lack a proper referral system. The first level is underutilised, while the secondary and tertiary are over burdened. There are Mother and Child Health Centres (MCHC) and Civil Dispensaries (CDs), which provide maternal and child healthcare along with the family planning services. These facilities are under staffed and improperly equipped.

Allocations to the health sector as percentage of the Gross Domestic Product (GDP) have stagnated for most of the last two decades and account for only 0.4 per cent of the GDP during 2013-14. This is significantly lower than other countries at the same level of economic development.

The health system can broadly be divided into public and private healthcare delivery systems, whereas the private sector is unregulated by the state, but it caters to a major chunk of the population at their 'Out of Pocket Expenditure', while charity organisations and philanthropists have their share too. Although care provided by the private sector is expensive, its quality is far better than the public sector.

Critical issues

The following are important issues of the health sector.

- Inadequacies in the healthcare services provision due to weak institutionalised referral system and paucity of end user and community participation
- Unattended integration of the decentralised vertical programmes by the provinces after the devolution
- Professional and managerial deficiencies in the district health system
- Improperly located health facilities, particularly in the rural areas
- Absence of proper career structure for the healthcare practitioners
- An ever-increasing burden of communicable and non-communicable diseases, and widely prevalent malnutrition – especially among the vulnerable segments of the society – as a consequence of an inefficient healthcare delivery system and preference for curative instead of preventive healthcare
- Ineffective Monitoring and Evaluation (M&E) of various healthcare programmes
- Poorly regulated private health sector
- Weak national Health Management Information System (HMIS)
- Lack of institutionalised trauma, accident and emergency services across the country

Performance review

Substantial financial resources (Rs102 billion, including Rs20 billion through the PSDP) were earmarked for the health sector during 2013-14. The overall utilisation of the federal health budget against the PSDP allocation was 87 per cent. During 2008-13, hundred new BHUs and 25 new RHCs were added, and 166 BHUs and 30 RHCs were upgraded. In addition, 1200 BHUs and 200 RHCs were strengthened through provision of medicine, staff and equipment under the People's Primary Healthcare Initiative (PPHI). Other additions during the last five years were: 25,000 additional hospital beds, 61,000 doctors, 12,000 dentists, 25,000 nurses and 10,000 community midwives. At present, about 98,000 Lady Health Workers (LHWs) are working, who cover more than 70 per cent of the total population and 85 per cent of the targeted population.

The Expanded Program for Immunization (EPl) provided immunisation against nine vaccine-preventable diseases, that is, childhood tuberculosis, poliomyelitis, diphtheria, pertussis, neonatal tetanus, measles, hepatitis B, influenza and meningitis. The national and sub-national immunisation campaigns were carried out and in every round, more than 25 million children aged five years and below were given polio drops. However, the Polio programme needs more focus to achieve targets.

Under-5 mortality rate in 2013-14 was 89 per 1,000 live births as compared to 117 in 1990. The current Maternal Mortality Ratio (MMR) of 276 deaths per 100,000 births is still high. The proportion of births attended by the skilled birth attendants (Medical Officers (MOs), Midwives and LHWs) has increased from 23 per cent in 2001 to 55 per cent in 2013. The Infant Mortality Rate (IMR) was 74 per 1,000 live births in 2013. (*Annexure-A carries detailed overview.*)

Objectives

The Plan will introduce a comprehensive National Health Service Package as a public-private partnership initiative through participation of the private sector and community to address new initiatives, such as vaccine production, social health protection and health insurance as a part of the more general poverty reduction endeavour of social safety nets, accreditation and standardisation of all health facilities, medical ethics, including patient safety and school health services. The Plan aims at attaining the following objectives:

- Save additional 700,000 lives of infants and children under five years
- Save additional 24,000 lives of pregnant mothers before, during and after delivery
- Eradicate polio – 27,179,400 doses of the OPV for a target of 6,039,867 children under five years
- Eliminate measles – 2.1 million children are infected annually resulting in 21,000 deaths due to its complications – a target of 6,039,867 children to be vaccinated through 18,155,840 doses, while for tetanus, 14,018,372 doses are targeted for 7,009,186 children.
- Prevent additional five million children from becoming malnourished
- Provide skilled birth attendance to more than 4.3 million pregnant women
- Ensure provision of family planning services to additional five million couples
- Avert 13 million new TB cases
- Immunise more than 22 million children against Hepatitis B and other vaccine preventable diseases, and
- Reach 40 million poorest people to ensure provision of essential package of service delivery

Annexure-A enlists baseline and targets to be achieved by 2017-18.

Strategic priorities

The priorities for the health sector are:

- Strengthening of the primary healthcare with necessary backup support in the rural areas where all health outlets will function as the focal point for the family planning services. The BHUs and RHCs will be made integral part of the healthcare system through the LHWs.
- Communicable disease control – eradication of poliomyelitis, improving immunisation, control of tuberculosis, hepatitis and Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS), improvement of surveillance and diseases early warning system will be addressed through different national health programmes.
- Measures for water safety and proper disposal of the sewage will be adopted on priority to minimise chances of the communicable diseases, like diarrhoea, hepatitis, etc.

- Improvement of mother and child health through capacity-building at the local and referral levels, training and placement of the skilled staff including Women Medical Officers (WMOs) in the BHUs and RHCs for family planning, reducing neonatal and prenatal mortality and provision of emergency and obstetric care will be ensured.
- Non communicable diseases – cardiac, diabetic and other degenerative diseases will be prevented and treated through investment in the hospital infrastructure, health education and awareness. Particular focus will be on the national nutrition priorities, including control of diet related to non-communicable diseases, and tobacco use and tobacco-prevention interventions.
- For functional integration of the population and health sectors, and the national programmes, establishment of an efficient Health Information and Disease Surveillance System will be worked out.
- Enhanced mobilisation of the financial resources, that is, two per cent of the GDP by 2018 in the public sector, will be ensured.
- Provision of the health insurance cover to the vulnerable segments of the society against all kinds of diseases will be given importance.
- Enhancement and acceleration of the Civil Registration and Vital Statistics (CRVS), and timely and accurate generation of vital statistics for evidence-based policy, planning, monitoring and evaluation will be prioritised.

Action plan

The following measures will be taken for ensuring improvement in the healthcare system at all levels.

1. Primary healthcare

- Integration of the devolved vertical programmes with the primary healthcare, and turning the BHUs and RHCs into hubs of all programmes will be done, while simultaneously strengthening and upgrading of the devolved programmes through the provincial and district governments will be carried out. Moreover, functional integration of the health and population sectors at the BHUs and RHCs levels through improved involvement of the LHWs is also on the agenda.
- The District Healthcare Authority (DHA) will be established to manage improvement of the district healthcare system's capacity for absorbing load from the first-level care facilities.
- Nutritional intervention, food safety and availability of micro-nutrients to the poor segment will be ensured.

2. Human resource development

- The HR planning and career management of the healthcare practitioners will be improved to increase efficiency of the system.
- The DHQ Hospitals will be attached and affiliated with the medical colleges as training centres for both public and private sectors.
- More nursing schools will be established to improve patient-nurses ratio.

- Tibb or homoeopathy councils will be made independent administratively and financially with their separate set-up for smooth functioning.

3. Non-communicable diseases

- Each district will have at least one hospital with complete diagnostic facilities and specialist of the required fields. The Critical Care Units (CCUs) will be established in each THQ hospitals. Effective hospital hygiene and waste disposal programmes will be introduced.
- Non-communicable diseases like cardiac, diabetic and other degenerative diseases will be prevented and treated through investment in the hospital infrastructure, health education and awareness. More cancer treatment centres and hospitals will be established. Prevention and control of non-communicable diseases will be incorporated clearly in the strategies at all levels. The establishment of the Non Communicable Diseases and Health Promotion Unit at the federal and provincial levels will be ensured. Aggressive educational campaigns will be launched to control diabetes, hepatitis, HIV and cardiac disorders, etc. A national plan of action will be developed on food and nutrition with an emphasis on national nutrition, priorities including control of diet-related to non-communicable diseases.
- Accreditation standards (physical infrastructure, machinery and equipment, different specialties with number of beds required, capacity of outpatient care, human resource and logistics requirements) will be established through the Pakistan Medical and Dental Council (PMDC). Strengthening of authorities for regulating private sector involved in healthcare delivery will be ensured. Medical colleges and teaching hospitals will also become fully autonomous bodies, managed by their respective Boards of Governors (BoGs) for professional and administrative autonomy. The provincial governments will be encouraged to provide an efficient medico-legal service. For this purpose, facilities for legal and forensic studies will be expanded to the medical colleges.
- Tobacco use and tobacco-prevention interventions will be monitored at all levels in order to protect people from tobacco smoke in public and work places, and help people stop using tobacco, while advising and warning them against its use.

4. Health information system

- Reliable and timely health information and evidence are essential for health management, public health decision-making, resource allocation and monitoring and evaluation.
- A country health information system involves all relevant data sources, including population-based surveys, household surveys, census, civil registration, and institutional data sources as well as health facility reporting and administrative data of the health systems. It provides information on the prevalence of exposure to risk factors, and social determinants' outcomes (mortality and morbidity), including integrated disease surveillance of outbreaks, communicable and non-communicable diseases, and health system performance including coverage of health interventions, service delivery, health financing and workforce. A health information system also includes core indicators and targets, regular establishment of data quality standards, data analysis measures, synthesis of data from multiple sources and effective dissemination and use of data to inform decision-making processes.

- The Eastern Mediterranean Region countries have resolved to adopt and strengthen national health information system by improving reporting of births, deaths and causes of deaths by improved monitoring of exposure to risk factor and social determinants of health, morbidity, mortality and performance of the health system and by institutionalising population-based surveys. The Plan envisages to:
    - reach a common understanding on the design and core components of the HMIS and its alignment and linkage with the CRVS, and
    - conduct an overall assessment of the HMIS, particularly in the post-devolution scenario, and then analyse and discuss gaps in the HMIS components and identify best strategies to strengthen the national HMIS, based on the current evidence and lessons learnt.

5. Mental health

- A mental health coordination unit and a technical advisory committee with representation from all provinces and federal areas will be formed to implement, monitor and evaluate the Plan. The committee will have experts on community care, substance abuse, adolescent mental health, mental health of people residing and in disaster hit-areas and terror-inflicted regions and societies of the country. It will also include people and journalists reporting from those areas.
- During the Plan period, the existing mental health law will be reviewed, and enhanced to protect rights of persons with mental disorders.
- A training programme for medical staff at the first level care facilities and community psychiatric nurses and other allied mental health workers will be implemented. Special emphasis will be laid on health promotion and disease prevention with respect to mental health. Two MOs and three psychiatric nurses per 100,000 persons per year will be trained.

6. Occupational health and safety

The National Occupational Health and Safety Council will be established to devise and ensure health and safety of the people concerned with the healthcare delivery, including the labour force.

7. Public health laboratories

Establishment and upgradation of the Public Health Laboratory Network (PHLN) at the national and regional levels will be ensured.

8. Vaccine production and pharmaceuticals

- Vaccines will be produced in the country, either by shared manufacture, ready to fill material, concentrated or from raw material using seed vaccine and seed viruses (basic manufacture).
- The private sector will be encouraged to expand manufacturing of pharmaceutics and diagnostic equipment so that cheap and effective treatment could be made available.

9. Alternative system of medicine

- Improving regulatory framework for alternative therapies (Tibb, ayurvedic, homeopathic and the Chinese herbal)
- Promoting and incentivising cultivation of medicinal plants

10. Behaviour change communication

Health promotion and behaviour change communication techniques for societies, communities and individuals, especially the vulnerable population of the society, about their health-related matters, such as promoting healthy lifestyles through encouragement of exercise, good eating habits and encouraging smoking cessation by cutting down on it and having safe sex by using all channels of communication, that is, print, electronic, community awareness programmes and self-help groups, etc. will be one of the major considerations.

11. Health research

The health research system will be strengthened to facilitate policy planning and management through the Pakistan Medical Research Council (PMRC).

12. Trauma and burn centres

- Setting up of the trauma and burn centres with communication links to paramedic services, security agencies and all major hospitals for better macro-management and appropriate distribution of casualties
- Accreditation of trauma centres and the CCUs

13. Healthcare financing

The healthcare financing will be improved during the Plan period through the following measures.

- The National Health Service System, financed through general tax revenues, will cover the whole population, particularly the poor.
- The Social Health Protection and Insurance System, with publicly-mandated coverage for the designated groups, while the care will be provided through the public or private facilities.
- Community-Based Health Financing – There will be not-for-profit prepayment plans for the healthcare, financed through private voluntary contributions with community control and voluntary membership.
- Social entrepreneurship and Public-Private Partnership will be promoted.

14. Monitoring and evaluation

The M&E are effective tools to measure the performance of individuals and institutions. For this purpose, the following strategies will be undertaken:

- Strengthening of the M&E system at the federal and provincial levels
- Conducting performance audit for assessing outcome and impact of policy and programmes

Annexure-A

Health Indicators

S/No	Goals	Units	Baseline 2013-14	Targets 2017-18
1	Infant Mortality Rate (IMR)	Per 1,000	74	40
2	Child Mortality Rate (CMR)	Per 1,000	89	52
3	Immunisation (i) Infants (12-23 months)	%	54	>90
	(ii) Measles coverage	%	81	>90
4	Polio eradication	Nos.	280	0
5	National Programme for Family Planning and Primary Healthcare			
	Lady Health Workers	Nos.	98,000	130,000
	Coverage of population	%	83	100
6	Control of HIV/AIDS			
	HIV prevalence among pregnant women	%	0.041	To be reduced by 50%
	HIV prevalence among vulnerable group		0.2	
7	TB and Malaria Control Programme			
	Population in malaria high-risk areas using effective treatment & bed nets	%	40	75
	Incidence of tuberculosis	Per 100,000	230	45
	Proportion of TB cases detected and cured under DOTS	%	Detected=69% Cured= 90 %	Detect=76% Cure=95 %
8	Maternal Mortality Ratio (MMR)	Per 100,000	260	140
9	Trained Birth Attendants (TBAs)	%	52	>90
10	Pregnant women having at least 3 antenatal consultations	%	62	100

Population per bed	=	1,647
Population per doctor	=	1,099
Total number of doctors	=	167,759
Total number of nurses	=	86,183

Reference: *Economic Survey 2014, UNDP MDGs 2013*