EDITORIAL

# Challenges Faced by Pakistani Healthcare System: Clinician's Perspective

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Quality healthcare is a composite of safe, patient-centred, clinically cost-effective, efficient and equitable environment with the promise of ongoing and relentless efforts for improvement.[1] Patients' and their families' satisfaction and improved outcomes of the healthcare are few of the main determinants of quality. Caregivers including doctors, nurses, staff, paramedics, pharmacists, laboratory personnel, administrative persons, pharmaceuticals, government agencies, policy makers and patients and society feedback, all play an important role in providing, maintaining, and improving quality care, either directly or indirectly.[1]

Quality in healthcare is, and has been, a topic of debate round the Globe for decades with majority of steps and guidelines being contributed by the developed nations. It has become a distinct principle in their health field; while in developing countries like Pakistan, healthcare setups are struggling hard for its full inception and working. Somehow, the contributions made by the private sectors are convincing, but the public sector is lacking way behind.

Quality is an attribute or a degree of excellence of something. Like other industries, healthcare is also being constantly challenged and; therefore, its quality. Quality in healthcare is defined by broad characteristics.

**Safe:** With every single step we take in providing healthcare, one must ensure that it does not harm the patient and, therefore, providing a safe environment. It constitutes the fundament of quality healthcare.

**Patient centred:** It requires a strong doctor-patient relationship that is built through communication. It involves careful listening and responding to patients' views, values, reasons and preferences, and providing clear and simple information regarding care.

**Effective:** Helping patients through the most advanced and widely accepted guidelines. Effectiveness of each step, in any clinical scenario, is weighted upon its clinical and cost effectiveness.

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*Received: September 07, 2018; Accepted: October 06, 2018*

**Timely and efficient:** Care is delivered on time. There should not be any delays that might turn into harmful ones nor misses any patient.

**Equity:** No discrimination is made on the basis of persons' characteristics such as gender, race, caste, religion, geographic location, and socio-economic status.

Healthcare in Pakistan has stemmed from the British system that was established before the Partition of the Sub-continent. It comprises of public and private sectors providing primary, secondary and tertiary care centres that have evolved overtime. Pakistan has grown network of primary and secondary care centres much under public sector in the form of dispensaries, basic health units (BHUs), sub-health centres, maternity and child health centres, and rural health centres in rural and peri-urban areas. Tertiary care centres in the urban areas are run by both public and private health sectors. After the 18th Amendment in the Constitution, healthcare falls mainly under the umbrella of Provincial government. In Pakistan, private sector comprises of both profit and non-profit organisations.[2]

According to GALLUP report based on Pakistan Economic Survey 2015-16, in 2015 the number of hospitals was 1,167, dispensaries 5,695, BHUs sub-health centres 5,464, maternity and child health centers 733, rural health centres 675, TB centres 339, total beds 118,869 and population per bed was 1,613.[3]

According to Pakistan Social and Living standards Measurement (PSLM) survey, 67.4% of Pakistani households consult private health consultants.[4] The private health service providers in Pakistan is comprised of doctors, nurses, paramedical staff, laboratory personnel, pharmacists, drug sellers, traditional healers, herbalists, homeopathic doctors, *Hakeem*, and unqualified practitioners, also known as quacks.[5] In Pakistan, private health services comprised of 73,650 private healthcare institutions, 8 tertiary care hospitals, 692 small and medium-sized hospitals and 20,000 beds.[6]

The World Health Organization reports the density of physicians (per 10,000 populations) to be 7.8%, while that of nurses and midwives (per 10,000 populations) to be 3.8%. Furthermore, density of physicians (per 10,000 populations) and also of nurses and midwives (per 10,000 populations) in urban and rural areas are 14.5%, 3.6%, 7.6% and 2.9%, respectively.[7] Above mentioned

statistics clearly question the quality as resources and consumers are not balanced to an appreciable extent.

In order to achieve sustainable quality in healthcare, it is imperative to work on each and every dimensions of quality, evidence can be sought from international forums such as NICE guidelines, IHI and few more. Researching and testing various quality improvement approaches, response from communities, and or outcomes on local grounds are the dire needs of today. It will help formulate the well-grounded, implementable and sustainable policies.

It should take priority to launch, and sidewise update where applicable our health information system so that data and events can be documented.[8] Thus, it will help define and determine current quality parameters that are being set, issues and obstacles faced in establishing each of the characteristics of quality and areas of improvement.[8] Most importantly, it will help measure data as it is said that without data no measurement; and therefore, no management or work can be done, so society will remain in darkness.[9]

Health of a population serves to be an important indicator of its growth and stability of a nation. According to the World Development Report, Pakistan lies in lower middle income countries with GDP growth rate of 5.2% and 5.5% in fiscal years 2017 and 2018, respectively.[10] Pakistan spends 0.9% of its GDP on public sector health expenditures while total public and private sector health expenditures of GDP is 2.4%.[10,11] Aforementioned values are ascending from previous years and further rapid escalations are required to reach target of 4-5%, which is the lower threshold of a country's percent GDP for providing basic healthcare facilities to its people and also generally applicable in limiting the proportion of out-of-pocket payments to 20 percent of total health expenditure.[11]

Improving attendance and thus delivery of healthcare through installation of biometrics is an appreciable step taken by the provincial governments to weed out ghost staff.[12] Ground researches need to carry out on possible reasons for absenteeism and incentives that can lead employees to work in rural and peri-urban health centres. Evidence from Bangladesh stated that long commute times, lack of facilities, resources and incentives for staff and doctors and poor clinical equipment resulted in absence.[13]

Pakistan has pretty diverse healthcare system from tertiary care centres down the road to primary care centres; but unfortunately, they have lost their credibility at the hands of ill-administration. Resource constraints are one of the important barriers to quality healthcare but mal-governance, negligence, unjust and unaccountability are the deadly poisons that not only restrict more allocation of resources but also injure the existing ones. Though it is important to increase health budget and produce more resources over the next years in order to cope up with escalating health issues, but what is far more needed is the scrutiny of the existing healthcare structure.[4,5] According to previous surveys, there exists an imbalance in-between and within private and public healthcare setups in terms of burden of patients. As primary and secondary health offices, especially on the peri-urban and rural side, have been quite infamous for absenteeism of medical staff and doctors or unavailability of basic medicines and equipment; therefore, incompetent and mal- or non-functioning primary and secondary health centres have ripple effect, and people are forced to take their patients to tertiary health centres, majority of which are located in major cities. All that result in further increase of workload and limitation of services in tertiary care hospitals and add to patients' and their families' agonies and frustrations as disease burden as well as overall cost increases.[14]

Moreover, increase workload has detrimental effects on quality care as already evidenced in previous studies that there lies a strong relationship between workload and patient safety, as increased workload on doctors and nurses is associated with poor patient outcomes.[15,16]

There are various health schemes currently aimed at improving maternal, neonatal and child health in Pakistan, and they are scaling up; but their strategy, coverage, feasibly, acceptance and effectiveness need well documentation and management.[17-19] Recent article addressed some of the key issues of community midwifery workers (CMW) in terms of remuneration, incentives and an environment to keep them motivated at work.[20] Awareness among the masses regarding significance of skilled birth deliveries and the pivotal role of CMWs in decreasing neonatal and maternal morbidity and mortality are essential. On the other hand, continued education and further skills training to CMWs are equally needed to improve maternal and neonatal health.[20]

Pakistan has shown improvement in its health framework since 2000s with an overall increase of 14% in its health infrastructure.[3] However, as compared to population increase, results are not much satisfactory and lack structural, organisational and administrative quality checks and control setup in our healthcare system. Much work has to be done at higher pace to regularise current health setups in terms of attendance, cost, quality, and value with utmost sincerity and dedication. In order to balance the burden of health consumers between public and private sectors, Provincial as well as the Federal government must speed up and update the ongoing primary and secondary healthcare programmes, come up with more sustainable health schemes especially in rural sub-urban areas, increase budget allocated for health and

improve the conditions of public-holding tertiary care centres.

Pakistan is committed on improving status of his population, especially in regard to health, education, nutrition and poverty. It is working on sustainable development goals (SDGs) and has launched and upgraded various health programmes. Quality infra-structure, integrated delivery of healthcare and robust information system must take priority than any other matters by the government of Pakistan; and must ensure strict implication of policies and recommendations as evidenced by international organizations such as WHO. Only then the country will be able to achieve health goals and objectives as promised.

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