

Public Health Issues in Pakistan

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Historical Perspective:

Pakistan has made great strides in improving access to health services since its independence and progress of public health in the country may be evaluated to refer to the health conditions in pre partition era in 1947. The health survey and development committee (Bhore commission) in submitting its report in 1946 observed that:

Environmental sanitation in the country was at low level, malnutrition, inadequate health services.

Lack of general and health education add materially to the difficulty of overcoming the indifference and apathy with which the people were tolerating in- sanitary conditions around them coupled with large amount of prevailing sickness.

Post partition era augmented the subcontinent untold misery and suffering further aggravated the situation. Inherited multifaceted problems like lack of medical staff, medicines, vaccines and sera.

The important steps of replenishment were motivated as a result of the First & Second health conference held in 1947 and 1951 respectively by the DG-health, GOP, where a program of social uplift was organized.

Quality Medical Education:

Medical and Dental Colleges, Training Institutions, Nursing Schools, Public Health Schools and public health institutions are not very well equipped and staffed according to requirements and medical graduates are needed to be sent for services in rural areas for a period of one year. Although, concept of community oriented medical education is properly launched all over Pakistan but orientation of the graduates is required to enhance their ability and conviction to serve their community. Similarly, public health field still needs to be given due importance by the policy makers and professionals to achieve progress in accordance with the international standards.

Research in Health Sector:

There is lack of interest and orientation in the field of medical research, which is posing a great challenge for the scholars who are concerned to create an impetus for the researchers to keep pace with the developing world. Although research is an important component of undergraduate curriculum but not uniformly implemented in all medical colleges of Pakistan which needs to be addressed. Similarly, research is also an important component at postgraduate level but the quality and appropriate teaching of the students in writing medical research paper is still a challenge.

Human Resource Development:

Progress in human resource development is not matching with the principal of Demand-Supply Mechanism. Elements of in service refresher training needs to be given priority to augment skill development of personnel in health sector. Advanced Nursing Service in Pakistan need to meet the health needs of community and to face future challenges in this field which has to be addressed.

Female nurses are facing all sorts of social and moral threats from male dominant society and do not feel comfortable and secure to work in non conducive environment.

Recruitment of male nurses has not been considered to address the problems faced by female nurses; the policy is silent in this context.

Salary package plus special incentives are not matching with the existing market rate; consequences are emerging in the form of brain drain of trained human resource.

Registered doctors = 118160 (PMDC)

Population/doctor Ratio=1310

Registered dentists = 6761

Population/ dentist Ratio= 25297

Registered Nurses = 33427

Population/ nurse Ratio = 4636

Source=Pakistan Economic Survey (2005-06)

This data is showing scarcity of health manpower which needs to be addressed at urgent level.

Management and Leadership in Health Sector:

Management and leadership provide basis for effective health services for which professionally qualified public health specialists are needed to plan, organize, administer and evaluate community health programs. At present, Public Health Institute is providing training to managers and leaders. There is need to strengthen public health institutes in all provinces of the country to make Postgraduate qualification accessible for every medical graduate of the country close to his / her door step. This matter needs to be given priority in forthcoming health policy of Pakistan.

Emerging communicable diseases:

- Pakistan is in transitional phase of health problems particularly, HIV/ AIDS, dengue fever, bird flu, SARS and drug resistance cases of pulmonary tuberculosis are on increase. The prevalence of such diseases is to be addressed at resource allocation level.
- Similarly, resources are needed to be allocated equitably to combat this challenge by adopting preventive measures, thereof.

Emerging non-communicable diseases:

- Non communicable diseases like CHD, Diabetes, Hypertension, Cancer, Accidents and Mental illness have emerged as a threat owing to change in lifestyle of the community. Multi faceted challenges in this scenario are posing a great threat to the community which needs to be addressed to improve the physical quality of life of the citizens. In health planning, non communicable diseases are to be addressed appropriately by establishing diagnostic, preventive and therapeutic centers.

Environmental threats:

- Degradation of ecosystem, deforestation, rapid industrialization, sophisticated technologies, automobiles exhaust, changing life styles with excessive use of refrigerators, air conditioners, cosmetics, perfumes, deodorants are increasing green house effect by producing gases like CFCs, SO₂ & NO₂, ozone depletion at stratosphere and increasing levels at troposphere, causing environmental pollution, global warming and rise in sea level with impending danger for human and aquatic life.

Regulatory frame work:

Law is that proportion of the established thought and habit which has gained distinct and formal recognition in the shape of uniform rules back by the authority and power of Government. Public Health Law is that branch of jurisprudence which applies common and statutory law to the principles of hygiene. The general responsibilities of the Government in promulgation of the existing public health laws in context of Promotion and protection of:

- Pure food and Drug Acts
- Environmental, Occupational and Agricultural fields which need implementation for promotion and protection of health of community.
- Unregulated private health sector
- Quackery: It is a false medical claim, fraudulently used to prey on the public by professing to cure disease. Protection of consumers is another challenge in the public health field. An informed and alert public is the best protection against quackery, and protection is afforded by legal agencies and professional organizations that help set standards by offering mechanisms of "quality control". A foundation of knowledge is needed for consumer to be able to decide in right direction which needs to be addressed as public health challenge.
- Although Law to regulate public health issues exists but Implementation of these Laws and formulation of new Laws is also another challenge which needs to be addressed.

Overwhelming population burden & socio economic development:

- Following health related indicators are alarming signals for present and future projections in defining health status of country:
- Population has quadrupled since 1947 (156 million)
- Population doubling time is 37 years with current growth rate of 1.86%
- Un-met family planning need: 33%
- Total Government expenditure on health per capita = 04%

- Contraceptive prevalence rate = 34%
- Low birth weight rate = 37%
- Married women of reproductive age group = 22%
- GDP per capita = \$630
- GDP (Constant factor cost) = 6.6%
- GNP (Constant factor cost) = 6.4%
- MMR=320 / 100,000
- IMR=78 / 1000
- TFR=4.1
- Immunization coverage = 47.3%
- A/N coverage = 60.9%
- P/N care = 21.7%
- Births attended by skilled health personnel = 19%
- Source: Pakistan Demographic & Health Survey 2006-07) &WHR: 2006
- Millennium development goals
- Health related MDGs are to be achieved by 2015 through proper implementation and commitment at every level according to above mentioned agenda.

Future of Public Health:

- Public health agencies, policy makers, and academic institutions are not striving to initiate a national discussion on the role of public health and the steps to strengthen its capacity building to fulfill its role in the following areas to improve quality of life of a common citizen:
 - Medical care
 - Bio medical research
 - Strategic plan for public health
 - Eliminate health disparities.
 - Advances in information technology
 - Bio technology.
 - Policy, Planning, Development and Regulation of Health Services, facilities and manpower
 - Regulation of pure food and drug Acts.
 - Control of environmental pollution
 - Treaty–making power agreement with other nations on the control of communicable diseases by exchanging health information.
 - Appraisal of community health services based on independent studies and proficiency through quality assurance and quality control.
 - Consumers representation in policy making process of major health facilities and organizations by reflecting all aspects of community issues i.e., cultural, racial, linguistic diversities , and protection of the poor segment of the society.
 - Data collection and information of resources.
 - Health care financing (Health Insurance)
 - Safety at work. (Ergonomics)

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Message from author: *“A stitch in time saves nine”*

Pakistan Demographics Profile 2012	
Population:	190,291,129 (July 2011 ext.)
Age structure	0-14 years: 35.4% (male 34,093,853/female 32,278,462) 15-64 years: 60.4% (male 58,401,061, /female 54,671,873)

	65 years and over: 4.2% (male 3,739,647/female 4,157,870)(2011 est.)
Median age	Total 21.6 years Male: 21.5 years Female: 21.6 year (2011 est.)
Population growth rate	1.551% (2011 est.)
Birth rate	24.3 births/1,000 population (2011 est.)
Death rate	6.8 deaths/1,000 population(July 2011)
Net migration rate	-2 migrant(s)/1,000 population (2011.)
Urbanization	Urban population: 36% of total population (2010)