

Are We Ready For The Paradigm Shift In The Health Care System Of Pakistan?

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Pakistan's health care indicators and accomplishment of its national as well international goals/targets though improving but are lagging the expected achievements¹. The country is at a crossroads of having the demographic as well the epidemiologic transitions; besides these, social as well as mental issues are also increasing². There is also a challenge of urbanization³ with its consequent flourishing of squatter settlements adding to burden on the health system.

Our health care systems have been traditionally focused on rural areas and catering for mother and child health, including the communicable diseases (especially in children) as they had been the main causes of mortality and morbidity⁴. Therefore, both curative and preventive (including promotive) care in the form of various levels of care from primary to tertiary and the famous Primary Health Care (in the aftermath of Alama Ata Declaration) have targeted mainly Communicable Diseases and some of the Non-Communicable Diseases (NCD)⁵. The selective NCDs that were considered such as cardio-vascular and metabolic disorders are mainly being treated and not prevented.

Similarly, demographically, we have moved on to 'population bulge' with a maximum proportion of adolescents and increasing trend of longer survival having older people⁶. Both these groups (adolescents and old) have got their emotional, social, reproductive and health requirements. The situation is further aggravated by the mushrooming but unregulated private (for-profit sector); perverse health-seeking behaviors, indiscriminate use of antibiotics and self-medication. The old-age health delivery systems, stereotype (and focused on selective health issues) training institutions (and trainers) and lop-sided human resource production are not even mentally ready to think about these new emerging challenges. Besides, our EPI (Expanded Program for Immunization) and the vertical programs such as TB, Malaria, HIV/AIDS and others are yet to be controlled; the Polio eradication efforts are still not satisfactory⁷. We are also encountering epidemics of Dengue, HIV/AIDs, and Congo Fever etc. The geographical spread of these as well NCDs such as Diabetes, Hypertension, Cardio-vascular Diseases

and mental/psychological problems are alarmingly increase with its health and financial consequences in terms of both treatment and rehabilitation and productive years lost.

The current malnutrition status, illustrates a combination of both undernutrition as well as the over nutrition or obesity⁸. Both male and female and even adolescent besides small children are victims of this status. Thus according to Epidemiological Transition, we are in the third phase of transition, wherein we are faced with the challenges of both communicable as well as non-communicable diseases along with old age and the big group of adolescent and malnourished population.

Pakistan's current government health care service delivery system is mostly focused for rural areas, with the probable exception of having the 'tertiary hospitals' located in larger cities⁹. Thus the 40%+ population residing in urban areas (half of which are in squatter settlements) have the main access to the tertiary hospitals; this is leading to the overcrowding and taking extra load of hospitals for just primary level health care facilities. Since there are inadequate outreach facilities in urban areas (especially in squatter areas), people are more used to seeking care by the nearby General Practitioners (GPs) or quacks, adding to their out-of-pocket expenditure¹⁰. Let us not forget the emerging trends in morbidity & mortality due to trauma and injuries including various disasters which are posing another burden to our ailing health system¹¹.

Pakistan has original data sources in health, through various surveys such as Multiple Indicator Cluster Survey (MICS), Pakistan Demographic Health Survey (PDHS), National Nutrition Survey (NNS), Survey of Bureau of Statistics and other government supported institutions. We also have documented health policy and strategic approaches, however until now all of these have not been translated into implementation plans and improved health systems to address these emerging problems. The paradigm shifts are bound to happen, and we can already see the indicators related to high population growth, malnutrition, rapid urbanization, uncontrolled communicable and increasing proportions of non-communicable diseases all being addressed by same old system having human resource who emphasize more on curative care¹². The usual approach of having another "vertical" program is not going to make a big difference, as there is a growing feeling of having integration of programs; one example has been the IRMNCH (Integrated Reproductive Maternal & Neonatal Health) Program. Unfortunately, there is no organized program for addressing the urban poor living in slums; the attention to over nutrition is the least; the old-

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age people are being neglected; common psychiatric problems (such as anxiety, depression) are treated as having somatic symptoms related to physical problems and for non-communicable diseases, we are building the hospitals or specialized/state-of-art departments in hospitals.

How long should we be treating these above diseases and their consequences by neglecting the basic premise that, all of them, with few exceptions, can fairly well be prevented at an early stage; and healthy life style approaches can be easily promoted and implemented. We cannot take an ostrich approach and either ignore or wait for a miracle to happen through some international donor. We have to bring order to our own house. Each day wasted is accumulating more and more problems with consequent disastrous health and development outcomes. Considering the current socio-political, economic and security situations, the paradigm shift by the government may not be forthcoming though the WHO guidelines, recommendations and approaches are available. This may be because, "True paradigm shifts represent drastic, sometimes uncomfortable change. It is not surprising, therefore, that these events can be met with resistance as organizational leaders step outside their comfort zones".

We have traditionally been waiting for the government to take some action; let us also not forget that "Health is also each one of us' responsibility". A large difference can be made, If the medical, health and paramedic fraternity can make just an extra effort to spend some time to talk about (health education) how to prevent a disease that the patient has presented; and also encourage him/her for maintaining a healthy life style. Inspired by the quote of Gabriela Mistral I wish to extend it to all the population, by saying "To them, we cannot answer 'tomorrow', their (people) name is today".

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