

# Health-for-all dream

18/02/01 Nation

Health

## Dr Munir Tahir

Over half a century ago, in 1946, the Constitution of the World Health Organisation was adopted, proclaiming "enjoyment of the highest attainable standard of health" as "one of the fundamental human rights of every human being without distinction for race, religion, political belief, economic or social condition". The constitution also noted "health of all peoples is fundamental in the attainment of peace and security". Health-for-All was adopted in 1977 and launched at the Alma Ata Conference in 1978 to underline the fact that despite ambitious proclamations enshrined in the WHO Constitution, large numbers of people and not all the countries were not enjoying an acceptable standard of health.

In May 1998, the World Health Assembly endorsed the new World Health Declaration and the new global health policy "Health For All in the 21st Century". Pakistan was, and still is, one of the countries that have failed to live up to the WHO health standards. Very low government expenditure on health services, poor value obtained by the public from what the government spends, weak management and corrupted practices such as absenteeism and poor quality of care from many private health care providers are some of the grey areas of health sector in Pakistan.

The government's new health policy seems to be following the Health-for-All principle, an ambitious but achievable target. Its high point is the multi-pronged approach to reforming rural health infrastructure, up till now ineffective in dispensing health care due to dearth of doctors and also their failure to serve at Basic Health Units and Rural Health Centres.

The policy also aims to correct the existing urban bias, denying people in the rural areas access to basic health facilities. All medical graduates, after the mandatory house-job stint, will go through minimum of one-year compulsory rural medical service before being eligible for permanent registration with Pakistan Medical and Dental Council (PMDC). In-service officers and specialists will serve a minimum period of two years' compulsory rural medical service to become eligible for promotion from BPS 17 to 18 and from BPS 18 to 19.

Every medical college in public and

private sector will have to adopt at least one district/tehsil hospital or primary health facility in addition to teaching hospital affiliated to it. Tehsil and district hospitals' standards will be upgraded through provincial master plans. A new package to improve pay and working/living conditions of doctors, nurses and paramedics posted in rural areas is also on the cards. Incentive-less rural postings have kept medical personnel away from serving the 70 percent of Pakistan's population, leading to augmentation of pain and suffering of the unfortunate rural folks.

The cadre of existing 71,000 family health-care workers in rural areas will be increased to 100,000 by the year 2005 and "women friendly

The government will have to make managers and staff at all levels of the government health services more accountable to the public and more focused on results on the ground. A continuous upgrading of the staff skills is a must process, otherwise stagnation in human resource only adds to the miseries of people. If Pakistan's health sector has been underpinned by lack of funds, the area that suffered most is the upgrading of the staff skills. The government will have to define priorities among types of health services more rigorously and make sure that high-priority services are adequately funded - another difficult but not impossible task.

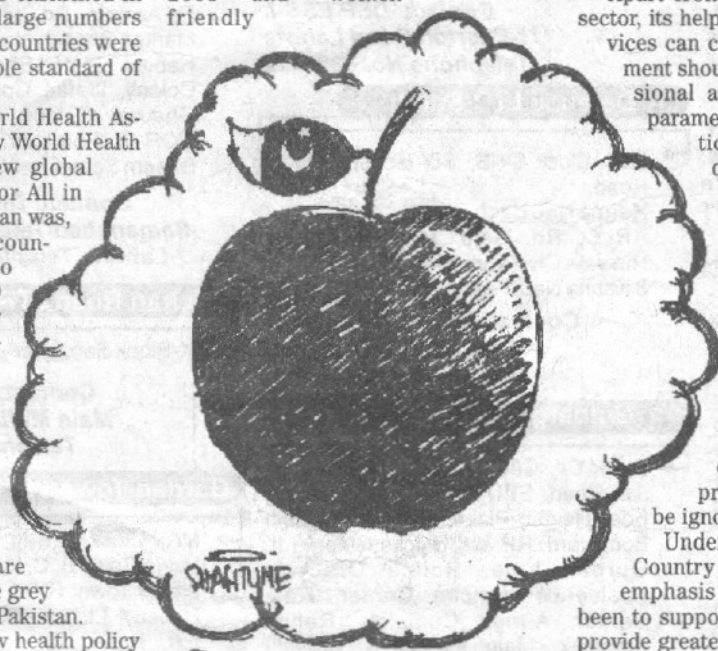
Apart from regulating the private sector, its help in delivering health services can come handy. The government should also work with professional associations of doctors, paramedics and the pharmaceutical industry to improve quality of services provided by the private sector. The federal government should focus for the next three years on assisting provincial governments to reorganise and improve their health services in the devolution initiative perspective at the district level. But the adequate support for the provincial level should not be ignored.

Under the 1995 World Bank Country Assistance Strategy, the emphasis of the assistance has been to support government efforts to provide greater access to better quality maternal and child health services (including family planning) and for control of communicable diseases.

Results have been mixed. More couples are using contraceptives, the immunization coverage is slowly increasing, and the tuberculosis control program has been strengthened. But immunization coverage is still far from universal, efforts to prevent HIV/AIDS epidemics have been insufficient, and with little improvement in quality of services confidence of the public continues to be low - with most people relying on private health care providers.

On the face of it, the new policy seems to be an answer to all the health sector problems, but still miles to go for the Musharraf government. It is a good first step, but it needs more good measures to make the Health-for-All dream come true in Pakistan.

The writer is a GP  
mtahir32@usa.net



hospitals" will be established in 20 districts under the Women Health project. Another vital area is control of communicable diseases like polio, hepatitis, tuberculosis and malaria through widespread immunization. Greater government regulation of private health sector is a welcome step, as private medical colleges, hospitals, clinics and laboratories are fleecing public with exorbitant prices.

Though the new policy covers all the grey areas, evidence of pudding is in eating. The big question over the new policy is its implementation. If implementation is not effective, all the good on paper will remain good on paper. This has been the case with all good steps taken in the past by successive governments. The Musharraf government would also have to be on the lookout for corrupt elements in health sector.