

Challenges in healthcare system

Health

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HEALTHCARE is a basic human right and must be available and accessible in an affordable framework to all. To this end, an integrated approach to public health would combine preventive, promotive and curative measures at all levels.

Reductions in demand of curative care should be translated into improvements in its quality. Promoting good governance in health sector, by meaningful and consistent emphasis on prompt, equitable and professional services delivery, must become a cardinal principle of all health departments. This should be done to bring about a change in the dominant mindset, especially where social sector investment is perceived in a mathematical input versus output equation.

In many parts of the world, progress towards the goal of 'health for all by 2000' is still in slow progress. Whilst most developing countries formulated broad policies, strategies and plans for achieving the goal, the *modus operandi* has been weak and questionable. The current effort of our government to decentralize the system of governance, will involve health sector also. Still, there are few questions that come to mind.

- * Are basic data on the characteristics of the population, level of health, major health problems and coverage of essential healthcare readily available in the district?

- * Have district priorities been appraised?

- * Have targets and objectives for health and healthcare been set?

- * Does the district have an action plan for important programs such as health promotion; maternal and child health; school health; environmental sanitation, occupational health, control of diseases and curative services?

- * Are there effective mechanisms to

ing and consumer-provider relationship. By devolution, our objectives should be set as:

- * Empowerment of the people at the grass root level.

- * To make the District the dominant level of decision making in health department.
- * Improve the quantity and quality of healthcare delivery to the people close to their doorsteps.

- * Integrated approach to public health, combining, preventive, promotive and curative health at all levels.

- * Promoting good governance in health sector by prompt, equitable and

considered. The expenditure on health sector at present is almost 100 per cent out-of pocket, which includes utilization of both formal and informal, private and public sector health facilities. According to the World Bank, our country spends 80 per cent of its meagre health budget on tertiary care services. That too is utilized by only 15 per cent of the population. On the other hand, only 15 per cent is spent on Primary healthcare services, utilized by 80 per cent of the population.

There is questionable quality of care with considerable expenditures on

- * Continuous monitoring and surveillance on continuity and quality of services.

- * Ensuring sustainability of the services and programs.

- * Creating motivation, confidence and trust in the public.

- * Creating sense of ownership.

- * Strengthening of first level care facility, answering many primary health problems like high infant mortality, high maternal mortality and morbidity and male involvement.

- * Services and programs designed on the concept 'by the people, of the people, for the people'.

- * Awareness in the general public.
- * Adaptability of the public with the new devolved system.

In countries where the administrative machinery has been successfully decentralized to district level, the development of the district health systems has been remarkably facilitated. Decentralization without delegation of appropriate financial and administrative powers does not work. There is also need to ensure political commitment inside the district to create fiscally and socially responsible management. The process requires, first, better trained health managers at district level; secondly, a health team approach; and thirdly, planning support from the center in the form of clear job descriptions, guidelines and advisory staff.

Devolution to the district level is imperative and crucial, if primary healthcare is to be improved. The population and the geographical area are of manageable size at district level. The information needed for planning is easy to obtain and the communication between different stakeholders is facilitated. The information and data regarding population, health indicators, deployment of funds and coverage will be needed to appraise the district priorities and to set future objectives and targets. It will be possible to ascertain the strengths and weaknesses of the existing district system and how it can be improved. At the time of adapting with this new system and foreseeing some challenges and constraints locally, we cannot ignore the international development targets set at International Conference on Population and Development 1994 at Cairo of which Pakistan is a signatory.

- * Demonstrated progress towards gender equality and the empowerment of women by eliminating gender disparity in primary and secondary education by 2005.

- * A reduction by two-thirds in the mortality rates for infants and children under age five and a reduction by three-fourths in maternal mortality — all by 2015.

- * Access through the primary health care system to reproductive health services for all individuals of appropriate ages as soon as possible, and no later than the years 2015.

- * The implementation of national strategies for sustainable development in all countries by 2005, so as to ensure



professional services delivery.

- * Human resource development for sustainable development.

Therefore, the aim is to manifest a set of activities that includes improved access to services, community involvement, local accountability, integrated

unnecessary and inappropriate (sometimes unsafe) care. Inequity in financing of care, no regulation or standards on fee charged and scarcity of reliable information are other major issues. In this scenario, the devolved district health services represent an opportunity,

for the people'. But there are very serious challenges and constraints as well:

- * Motivation and incentives for the new actors in the health system.

- * Defining their administrative roles with limits and jurisdiction.

occupational health, control of diseases and curative services?

* Are there effective mechanisms to get everyone on board, communities, health related sector, NGOs etc, to work together?

* Are there adequate resources, incentives, logistics and organizational arrangements to ensure prompt implementation of programs?

* Will activities be monitored regularly? Is there a mechanism of quality assurance?

* Will periodic evaluation be carried out?

The ultimate goal of health sector reform is to improve the aggregate health status of the people. It includes package of services, the structures and organization of service delivery, financ-

of activities that includes improved access to services, community involvement, local accountability, integrated and comprehensive healthcare delivery, inter-sectoral collaboration and strong 'bottom-up' approach to planning, policy development and management. Hence attaining the equity, effectiveness and efficiency in the health sector leading to sustainability in the system.

The situation at present is that most of the developing countries are not spending more than two per cent of their GNP. This has resulted in poor coverage of the public health service. In our case, further increase in the allocation of health budget may not be possible in many years to come. Therefore, alternative methods of health financing including cost-sharing have to be con-

information are other major issues. In this scenario, the devolved district health services represent an opportunity to tackle the health-financing picture.

It is obvious that there is user willingness to pay for PHC in public sector services, if they receive improved care. The districts can recover substantial costs and can retain the incomes.

Some of the advantages are:

* Administrative and financial powers to district authorities/local bodies representatives.

* Involvement in devising the programs relevant to the local needs and priorities.

* Strategies and plans acceptable for the community and matching to their socio-cultural and socio-economic background.

* Defining their administrative roles with limits and jurisdiction.

* Distribution of financial powers between Provincial and District representatives. (For how long with the districts depend on the provinces?)

* Training for the new district managers regarding financial management/allocations.

* Broadening of administrative and financial base, hence debundling of powers

* Strengthening HMIS

* Status of Public Service Commission, medical colleges and tertiary hospitals.

* Status of federal vertical programs like EPI, AIDS, Malaria, TB and HIV/AIDS programs.

strategies for sustainable development in all countries by 2005, so as to ensure that current trends in the loss of environmental resources are effectively reversed at both global and national levels by 2015.

* A reduction by one half in the proportion of people living in extreme poverty by 2015.

Today Pakistan needs more political freedom, economic facilities, social opportunities; transparency guarantees and protective security to break the vicious cycle of corruption and under-development.

Unadulterated democracy with a plausible investment in education, health and