Health for all in Pakistan: achievements, strategies and challenges

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SUMMARY This paper describes Pakistan's progress towards achieving health for all. Strategies and achievements are discussed, with particular reference to political commitment, community participation and programme development. The challenges faced by the country in achieving health for all are described and the future prospects outlined.

Background

Pakistan is a country firmly committed to achieving health for all (HFA). The commitment and efforts in this respect were recognized by the international community when the Prime Minister of Pakistan in 1996 was awarded the Health for All Gold Medal in 1996, the highest distinction of the World Health Organization in recognition of the outstanding contribution to health achievements in Pakistan. The successful efforts to integrate health in the overall development process, an essential element of the HFA strategy, were especially commended [*1*].

However, despite these efforts and various initiatives in the health sector, Pakistan continues to suffer from high mortality and morbidity rates. In the 5 decades since its independence, Pakistan has achieved significant economic growth and substantial progress has been made in the agriculture sector, yet social indicators in general, and demographic indicators in particular, have lagged behind countries of comparable economic level [*2*].

Compared with the problems facing the country at the time of its independence in 1947, the development in the social sector is not discouraging. Pakistan started with a weak base in the health sector and had only 1200 doctors (one for 60 000 people), 15 000 hospitals beds (one for 48 000 people), only two medical colleges and less than a dozen training centres for other health staff [*3*]. It had 292 hospitals, 722 dispensaries, 91 maternal and child health centres and 3 tuberculosis clinics. Over the course of 50 years, a network of health care facilities has been established throughout the country.

Strategies and achievements

Political commitment, community participation and programme development have been identified as important elements for the attainment of the goals of HFA [*4*]. These have all been important elements of Pakistan's efforts to achieve HFA.

Political commitment

Article 38 of the Constitution of Pakistan emphasizes the provision of health care to

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the people of Pakistan. Initially, recognizing the acute shortage of medical facilities, the government focus was on curative health care development through establishment of hospitals and medical colleges. However, in the late 1970s and early 1980s, after the Alma-Ata Declaration, the primary health care (PHC) concept took hold and all types of health care facilities were established in a move towards strengthening the health infrastructure so as to be capable of providing PHC services at all levels (Table 1) [2]. As a result, almost all the urban population and 70% of the rural population now have a health outlet within a 5-kilometre radius [3].

Pakistan's commitment to the HFA goals agreed during the 1978 Alma-Ata conference has been reiterated and respected by successive governments of different political leanings. The National Health Policy adopted in 1990 reaffirmed the government's commitment to HFA. In 1997, the National Health Policy was revised as it was felt that it did not adequately cover all areas of PHC, especially in view of renewed HFA strategies [2]. The health policy of 1997 is based on the concept of health with all its physical, mental and social dimensions, where health is an important indicator of quality of life and national development. All the important aspects of the health care system have been addressed under the framework of the new policy.

Along with the expansion of health facilities, the financial allocation for the health sector has also been rising steadily, although the expenditure remains low at around 1% of the gross national product [3]. The per capita expenditure on health has increased from 3.52 Pakistan rupees per month in 1978 to 160 Pakistan rupees per month in 1997–98 [2].

The present government has critically reviewed the targets set for the health sector as it was felt that the targets set in the national health policy would be difficult to achieve (Table 2). Another distinguishing aspect of these targets is that they are based on a long-term vision and they also take into account financial allocations.

Community participation

In spite of its federal nature, a number of government functions in Pakistan are centralized, particularly with regard to resource allocation, expenditure, decision-making and management, public sector institutions, and revenue mobilization. This has reduced effectiveness of expenditure, weakened incentives for local revenue mobilization and cost recovery and impaired accountability. Leading authors on HFA suggest that achieving HFA entails an examination of issues at the community level regarding the control of resources and decision-making processes [5]. Since the mid-1980s, the government of Pakistan has

Table 1 **Development of health facilities from 1978 to 1998, Pakistan**

Type of facility	Up to 1978	1983	1988	1993	1998
Hospitals	602	626	710	799	872
Maternal and child health centres	812	794	998	849	852
Rural health centres	217	302	417	485	514
Basic health units	736	1982	3818	4663	5155

Table 2 **Current health indicators and targets for 2004 and 2025, Pakistan**

Indicator	International standard	Existing situation	Target for 2004	Target for 2025
Infant mortality rate (per 1000 live births)	5	81	75	20
Under-5 mortality rate (per 1000 live births)	10	108	77	50
Maternal mortality ratio (per 100 000 live births)	10	350	300	110
Life expectancy (years)	70	62	63	74
Percentage of infants fully immunized	100	51	80	100
Percentage of expectant mothers fully immunized with tetanus toxoid	100	40	60	100
Population with access to health services	Universal	65	70	100
Hospital beds/1000 population	NA	0.645	0.874	1
Doctors/10 000 population	15	6.9	7.6	10
Nurses/10 000 population	45	2.09	2.8	4.5
Expenditure on health as a percentage of GNP	5	0.5	0.7	2.5
Expenditure on health as a percentage of PSDP allocation	NA	2.31	2.35	5

GNP = gross national product
PSDP = public sector development programme

been endeavouring to bring about community involvement in the health sector through the basic development needs approach, and the formation of health committees and hospital management committees among others. Recently, Pakistan embarked on an ambitious journey in this direction through the Devolution Plan. Under the Local Government Plan 2000, rural and urban local government will be integrated, as will the bureaucracy and local governments, in order to develop one coherent structure. Under this structure all heads of different departments, including health, at the district level will be answerable to the elected chief executive of the district. This new plan advocates creation of an enabling environment in which the people can start participating in community welfare and become the masters of their own destiny [5].

Programme development

The government of Pakistan has taken a number of initiatives to implement the strategies it has formulated for attaining the HFA goals. The salient feature of these initiatives is the drive for increased intersectoral collaboration and enhanced community participation.

Social Action Programme

The Social Action Programme (SAP) was launched in 1993 as an integrated multisectoral initiative focusing on PHC, family planning, primary education and rural water supply and sanitation. SAP was a response by the government of Pakistan to the realization that investments in the social sector have yielded significantly less than desirable results. The programme aims at focusing on improvements in the quality of social

services through additional financial inputs, proper policies and management [7].

National Programme for Family Planning and Primary Health Care

As a major step towards the provision of PHC facilities to the underserved population, especially women and children, the government of Pakistan launched the National Programme for Family Planning and Primary Health Care in 1993–94 [8]. The programme is an ambitious one with a target of recruiting 100 000 community health workers in the rural areas and urban slums of the country until 2003. The budget allocated by the government is more than 9 billion Pakistani rupees.

The most innovative aspect of the programme is its implementation through lady health workers (LHWs), who provide preventive and promotive health services, curative care for common ailments and family planning services to members of their respective communities at their doorsteps. LHWs are selected from within their communities and each covers a population of 1000, or 150 households. Presently the programme employs close to 50 000 LHWs. The principle of community involvement is at the centre of the policies of the programme and the community leaders are involved in the identification, selection and monitoring of the LHWs. Each LHW forms a health committee comprising local community leaders to help her provide better services and also to bring together community leaders to undertake activities for the betterment of the community. The programme and the LHWs have played a major role in providing PHC services to areas of the country never reached before. LHWs serve as bridge between the communities and the static health facilities, which results in the strengthening of the referral system.

Expanded Programme on Immunization

The Expanded Programme on Immunization (EPI) in Pakistan was launched as part of the accelerated health programme in 1983. In its first year, the programme was successful in achieving a very high immunization coverage of 95% in children aged 2–5 years and of 81% in children < 2 years of age. The programme was evaluated and commended by an international commission in 1984–5. However, since then, for a variety of reasons, the coverage has decreased drastically. Presently, the coverage is estimated at 54%; the coverage of mothers immunized with tetanus toxoid is even lower [9].

A number of steps are being taken to improve EPI services through training of additional staff (e.g. LHWs) in vaccinations, improved surveillance, introduction of new vaccines like hepatitis B, provision of cold chain equipment and training. The government has been able to access funds from the Global Alliance for Vaccines and Immunization (GAVI) for strengthening EPI. EPI has taken up the challenge of eradicating poliomyelitis by reaching every child in the country.

Women's health project

The government of Pakistan accords high priority to women's development, including health. It therefore conceived the women's health project under the Social Action Programme funded through a US$ 47 million concessional loan from the Asian Development Bank. This project may benefit about 15 million rural women and children in Pakistan. In particular, the project aims to reduce the number of maternal and infant deaths, as well as the fertility rate.

The project will reduce gender and rural–urban imbalances in the health sector. Project activities will directly improve access to health care, as well as the health sta-

tus of women, girls and infants in rural areas. It will target 20 districts in 4 provinces, 8 in Punjab, and 4 districts each in Sindh, North-West Frontier Province and Balochistan.

The project has three main objectives. First, to provide underserved women interventions in health and nutrition, education, family planning, skilled delivery care and the control of communicable diseases. Second, the project aims to develop women-friendly health care from the community to the first-referral level. Third, it aims to strengthen the capacity of institutional and human resources in the Ministry of Health and the provincial health departments in order to sustain women's health care in the long term.

For the first objective, community-based health care and family planning services will be expanded through female health workers and safe delivery campaigns, and women's health will be promoted through the mass media. As regards the second objective, 20 women-friendly district health systems will be developed by strengthening the district health management, developing women's health services and referral, and mobilizing social support for women's health. For the third objective, project coordination, capacity-building, policy development and advocacy will be supported.

Integration of primary health care activities

In order to make maximum use of the limited resources available, the government of Pakistan is trying to integrate different programmes in the health sector. This will not only help avoid duplication of efforts, but will also enable the communities to access various health care services at all types of health facilities. An important step in this direction has been the decision to merge the Ministry of Population Welfare, responsible for the provision of family planning services, with the Ministry of Health. This decision is expected to come into effect from 1 July 2001.

Other health sector programmes have also made significant contributions in the country's journey towards HFA, including the National Tuberculosis Control Programme, Malaria Control Programme, National AIDS Control Programme and Health Management Information System. The Ministry of Health, through its health education campaign has created a high level of awareness among the public about common health problems and interventions.

Challenges to and prospects for health for all in Pakistan

In spite of Pakistan's firm commitment to HFA, it faces a number of hurdles in achieving the goals. The two factors that affect it the most and that are the underlying causes of a number of others are the state of the economy and the high population growth rate. The country's current population is approximately 138 million [*10*]. The decision by the government to merge the family planning programme into the Ministry Health is expected to have a positive effect on increasing the facilities providing family planning services, which should result in increased contraceptive use and lead to a reduction in the population growth rate and an improvement in the overall situation.

The health of the nation and its economic growth are closely linked. Many of the health problems and social ills in the country are products of low socioeconomic conditions and vice versa. The general economic trend in the country has slowed

down over the past decade because of frequent changes in government, the fiscal policies, the international geopolitical pressures and stipulations by financial institutions.

Strengthening local government institutions, decentralizing management of locally oriented expenditures and expanding local resource bases and mobilization are therefore critical. Moreover, because of strong geographic, climatic, cultural and ethnic differences, the development requirements of provinces can differ widely and require a more targeted approach. The Devolution of Powers Plan of the government is expected to address these problems and may provide the framework for achievement of HFA goals.

Public sector expenditure on health has not been very large, estimated at < 1% of the gross national product [*11*]. In view of the limited resources of the government, achievement of the goal of HFA therefore depends on enhancement of the role of the private sector, self-sufficiency in agricultural and industrial products and an increase in the literacy rate, especially among women. This calls for multisectoral efforts.

The government of Pakistan recognizes the importance of the involvement of the communities in governance issues. The different steps taken in this respect in the health sector are bound to have a positive impact, as "in a free society public health activities ultimately rest on public understanding and support, not on the technical judgment of experts. Expertise is made effective only when combined with sufficient public support" [*12*].

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