

Introduction

The health care delivery system in Pakistan consists of public and private sectors. Under the constitution, health is primarily responsibility of the provincial government, except in the federally administrated areas. Health care delivery has traditionally been jointly administered by the federal and provincial governments with districts mainly responsible for implementation. Service delivery is being organized through preventive, promotive, curative and rehabilitative services. The curative and rehabilitative services are being provided mainly at the secondary and tertiary care facilities. Preventive and promotive services, on the other hand, are mainly provided through various national programs; and community health workers' interfacing with the communities through primary healthcare facilities and outreach activities.

The state provides healthcare through a three-tiered healthcare delivery system and a range of public health interventions.

Some government/ semi government organizations like the armed forces, parastatals such as Sui Gas, WAPDA, Railways, Fauji Foundation and the Employees Social Security Institution provide health service to their employees and their dependents through their own system, however, these collectively cover about 10% of the population.

The private health sector constitutes a diverse group of doctors, nurses, pharmacists, traditional healers, drug vendors, as well as laboratory technicians, shopkeepers and unqualified practitioners.

Public sector

Public sector health care system endeavors to deliver healthcare through a three level healthcare delivery system and a range of public health interventions. The first level includes Basic Health Units (BHUs) and Rural Health Centers (RHCs) founding the fundamental of the primary healthcare model, secondary care encompassed first and second referral facilities providing acute, ambulatory and inpatient care through Tehsil Headquarter Hospitals (THQs) and District Headquarter Hospitals (DHQs) and tertiary care including teaching hospitals.

The public health activities have persistently increased in terms of physical infrastructure and workforce. The national health infrastructure comprises of 1201 hospitals, 5518 Basic Health

Units, 683 Rural Health Centers, 5802 Dispensaries, 731 Maternity & Child Health Centers and 347 TB centers, and the total availability of beds in these health facilities is estimated at 123394. In addition more than 95000 Lady Health Workers are providing primary health care services to the community through the health houses.

The numbers of doctors, dentist, nurses and LHVs have increased and availability of one doctor, dentist, nurse and one hospital bed versus population has gradually improved. A comparison of health man power from 2011-12 to 2016-17 is given in the table below;

Table 1. Health Workforce

Health Manpower 2012 2017

Registered Doctors 152368 195896

Registered Dentists 11649 18333

Registered Nurses 77683 99228

Population per Doctor 1162 997

Population per Dentist 15203 10658

Population per Bed 1647 1584

Despite an elaborate and extensive health infrastructure, the health care delivery suffer from

some key issues like the high population growth, uneven distribution of health professionals, deficient workforce, insufficient funding and limited access to quality health care services.

Private sector

The rising population pressure on state health institutions has allowed the private sector to bridge the gap of rising demand and limited public health facilities. A number of private hospitals, clinics and diagnostic labs has increased considerably and is contributing health services in the country. Majority of private sector hospitals has sole proprietorship or a partnership model of organization. Stand-alone clinics across Pakistan are the major providers of out-patient care majority of these clinics falls in the sole proprietorship category.

WHO support

1. WHO supports the national health authorities vision and aim of reaching universal health coverage through the delivery of equitable and sustainable health services.
2. Support to the delivery of an identified package of essential services that is based on integration of service delivery.
3. Introduction of Family Practice and promotion of Public-Private Partnerships models in service delivery
4. Quality of services and patient safety as one of the main components of service delivery

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