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Healthcare Delivery System Improvements: A Way Forward to Improve Health in Developing Countries and Pakistan

Waris Qidwai

It is a matter of great concern that most developing countries including Pakistan are lagging behind in areas of human development including health related indicators, and this is despite growing evidence that efforts are being made to promote equity.¹ This concern is validated by the existing disparities in health indicators that are widespread. For example, life expectancy at birth is 65.4 years in Pakistan, in comparison to a developed country such as Japan where it is 83 years.²

Interesting to note is that despite these disparities, health indicators are better in countries with strong primary care emphasis in their healthcare delivery. Cuba for example, is a developing country with a life expectancy of 78 years.² There is an overwhelming evidence that health delivery systems focusing on primary care have favourable impact on health indicators and health of populations.^{3,4} There is a strong argument in the proposition that health system reforms with focus on primary care strategies can favourably impact health of populations in developing countries. In Pakistan, clearly a primary care focus is lacking which needs to be attended to if health indicators and health of population is to be improved.

It is important to understand what primary care is and how its strengths can improve health systems. It is the care provided by physicians specifically trained for and skilled in comprehensive first contact and continuing care for persons with any undiagnosed sign, symptom, or health concern not limited by problem origin (biological, behavioural, or social), organ system, or diagnosis.⁵ It is by virtue of its front line position in health system and broad base that favourably impacts health of the communities. Promoting training and recruitment of primary care physicians for Pakistan will lead to better healthcare in the country.

A healthcare delivery system that addresses community needs will most favourably impact health indicators. Community needs should be identified through community involvement, engagement and empowerment. Communities that take ownership for their healthcare

and health needs are in a better position to improve health status of their populations.⁶ Healthcare delivery models that are community needs based, developed and tested for a favourable impact should also be tested for their financial sustainability and acceptability by the communities. A model that supports and is based on public-private partnership is more likely to succeed in improving health of communities in developing countries. These aspects should receive attention of stakeholders and policy makers so health of Pakistani population can be improved.

A healthcare delivery system that has well trained and experienced human resource is essential for its success. A primary care team comprising of physician, nurse, social worker and practice manager among others that are community based, are necessary for the success of healthcare delivery system. It is important to have a well-defined role and job description for each of the primary care team member. Healthcare delivery systems become dysfunctional in situations where those not trained in primary care start practicing it with adverse outcomes.⁷ It is for this reason that an effective and functional governance system is required to ensure success of healthcare delivery. Such changes within Pakistani healthcare delivery system are required before one can anticipate improvement in health of Pakistani population.

Continuing professional education is necessary to ensure that primary care team members have up-to-date knowledge and skills expected from them and provide best available evidence based care to their patients. Quality assurance and improvement processes including regular quality audits should be part of the practice in order to ensure best practices are followed and any deficiencies identified are corrected. Principles of continuous quality improvement (CQI) should be enforced at primary practice level.⁷ These aspects are lacking and should be enforced in Pakistan healthcare delivery system.

Health maintenance and promotion along with disease prevention should be part of every primary care practice. This should include health awareness and patient education strategies. Regular screening leads to early detection and treatment of diseases with low costs and increased efficiency.⁸ Rehabilitation of patients is an integral part of primary care and favourably impacts quality of life of patients. Such aspects of healthcare are neglected in Pakistani context and should receive focus of policy makers.

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Print and electronic media can be utilized to give healthcare messages and run health awareness programs. A better educated and informed community can take better care of their health with favourable impact on health indicators. Use of e-technology is an emerging area that can be utilized to educate and advice communities with regard to health matters at a low cost.⁹ Such proposition may involve costs that Pakistan can find difficult to afford but such an investment will pay dividends in future by favourably impacting health of Pakistani communities.

Research in primary care is essential to develop data base for framing of clinical guidelines that may be implemented in primary care settings. Guidelines developed on the basis of hospital based data have limited usefulness in primary care settings. Research into healthcare delivery models that are cost effective and favourably impacts health should be developed and tested for replication on a larger scale.¹⁰ Research in primary care should be promoted in Pakistani context.

A human development approach focuses on education and social sector development alongwith provision for healthcare. A better educated and socially placed person is more likely to be gainfully employed and will be able to take better care of his or her health as well as that of the family members. The best health indicators in South Asia region exists in Sri Lanka such as life expectancy of 72 years. This is because Sri Lanka has a high literacy rate along with a strong focus on primary care. Pakistan can learn from the Sri Lankan experience and improve health of its people.

A healthcare delivery system cannot function that is only based on primary care team and lacks support and mutually beneficial linkages with secondary and tertiary levels of care. A healthy and functioning healthcare delivery system mandates a mutually supportive and symbiotic relationship and integration across primary, secondary and tertiary levels of clinical care.⁷ Such an approach and integration is required in Pakistani healthcare delivery context.

There is a desperate and urgent need to improve health and health indicators in developing countries including Pakistan. A focus on the development of healthcare delivery system that incorporates primary care strategies having symbiotic relationship with secondary and tertiary level of clinical care and all stakeholders is the way forward and will improve much needed healthcare delivery in developing countries in general and Pakistan in particular.

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