District Health System of Pakistan

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Learning objectives

- Describe District Health care System of Pakistan
- Enumerate indicators for assessing Primary Health Care

- There are 136 districts in Pakistan, and the district health system is a critical tier of the Pakistani health care system, since it functions as an independent administrative and organizational set-up for the delivery of service to the population.
- During 1999 to 2008, districts assumed even greater importance because of the devolution policy introduced by the government in 2001.

The goal of “Health for All by the year 2000”, launched in 1977 through the World Health Assembly Resolution, was endorsed in Pakistan, by organizing delivery of health services through a fairly elaborate network of first-level care facilities, mainly basic health units and rural health centers, and the establishment of hospitals at each sub district level and district headquarter city.

Furthermore, in pursuance of the Alma Ata Declaration, successive national health policies of Pakistan since 1990 have reiterated their commitment to universal health coverage and affordable access to essential primary health care services. At the grassroots level, the innovative concept of female community health workers led to the inception of the national program for family planning and primary health care in 1994, commonly known as the Lady Health Workers Program, linking the community with the district health system service delivery network.

Delivery of health services: district health system infrastructure

The district health system in Pakistan is organized into a network of public service delivery outlets of Health Houses (community health outlets run by and set up in the homes of Lady Health Workers), a chain of first-level care facilities, and district and sub district hospitals. The district health system also incorporates a network of private providers ranging from general practitioners, clinics, hospitals and pharmacies to numerous alternative care providers including homeopaths and hakims for Eastern and Yunani medicine.

Health Houses

The Lady Health Workers' program is the largest public sector community health initiative in the region, covering most of the rural and selected peri-urban population of the country with a workforce of 100 000. The Health House, at the village level, constitutes the hub from where a Lady Health Worker carries out daily field visits to her catchment area population of 1000. The scope of the Lady Health Workers' service covers health and nutrition promotion, maternal, neonatal and child health care including reproductive health and family planning, promotion of personal and environmental hygiene, treatment of minor ailments with options for referral and support to communicable disease control interventions. In 2009 LHWs' direct involvement in vaccination was launched by training them in Routine EPI skills.

Basic health units (BHUs)

Basic health units

On an average, a basic health unit serves a population of around 10 000–25 000, providing a range of primary health care services along with referral support for major health problems. A basic health unit is usually staffed by a male medical officer, a Lady Health Visitor, a vaccinator, a health technician, a dispenser/dresser, a sanitary worker and other support staff.

Sub-health centers

These facilities are staffed with a physician, one Lady Health Visitor and a midwife and provide primary health care services to the catchment areas where there are no basic health units.

Rural health centers (RHCs)

RHCs function round the clock and serve a catchment area population of 50 000–100 000 (up to 500,000 in some geographical areas), providing a comprehensive range of primary health care services.

RHCs are equipped with laboratory and X-ray facilities and a 15–20 bed inpatient facility. The minimum RHC staff comprises a senior medical officer, woman medical officer, Lady Health Visitors, a midwife, a vaccinator, a health technician and a dispenser/dresser as well as laboratory, radiology, operation theatre and anesthesia assistants along with administrative and support staff.

Civil dispensaries

- These facilities were established in urban settings as part of the pre-independence health care delivery system, forming the bottom of the health pyramid. Two types of dispensaries are currently recognized: the municipal corporation civil dispensary, headed by a dispenser and the health department dispensary, operated by a physician.

Maternal and child health centers

- These facilities provide maternal, neonatal and child health services including reproductive health and family planning; and are often located in urban and large rural areas. Maternal and child health centres are managed by Lady Health Visitors and assisted by a facility-based trained traditional birth attendant.

Tuberculosis centres

These centers detect and manage tuberculosis (TB) patients. The TB/DOTS Program currently is also implemented by most first-level care facilities and hospitals of the district health system network.

Tehsil headquarter hospitals

These hospitals serve a catchment population of about 0.5–1 million, providing a range of preventive, clinical and rehabilitative services. Presently the majority of tehsil headquarter hospitals offer 40–60 bed facilities and a range of outpatient services. There are 44 sanctioned posts including nine clinical specialists, of which at least an obstetrician and gynaecologist, a paediatrician and a general surgeon are almost always available.

District headquarter hospitals

These hospitals cover a catchment population of 1 to 3 million, with an average of 125–250 beds. The district headquarter hospital provides promotive, preventive, curative, advanced diagnostic and inpatient specialized services (Table 3). There are 74 sanctioned positions of which 15 are clinical specialties, although the level of actual deployment may vary between provinces.

Contribution of the Ministry of Population Welfare to the district health system

The Ministry of Population Welfare operates a network of around 3000 facilities for the delivery of reproductive health and family planning services ranging from reproductive health centres embedded in the tehsil headquarter hospital and district headquarter hospital service delivery domains and family welfare centres located at Union Council settings as well as mobile service units and community worker driven outreach services.

National priority programs

The district health system hosts and supports the implementation of numerous federally funded national programs, that include the

Lady Health Workers' program;

maternal, neonatal and child health;

national AIDS control;

Roll Back Malaria,

national tuberculosis control;

nutrition; prevention and control of blindness;

control of hepatitis viral infections; and

the expanded program on immunization, closely interfacing with the primary health care services at district level. Many of these programs have a dedicated workforce at district level with varying degrees of functional integration with the district health system.

Health workforce

Diverse categories of health care providers serve in the district health system network facilities; which range from specialist physicians and surgeons to medical officers, nurses and midwives, Lady Health Visitors and different categories of paramedics along with administrative and support staff.

The Lady Health Workers & Community Midwives operate at the grassroots level.

Health information

The national health information system covers all first-level care facilities and hospital outpatients of the district health system. Data collection forms are filled monthly by more than 110 districts. The facilities collect data on 18 priority health events, which along with malnutrition account for 65%–70% of the care-seeking load, including information on a package of primary care services, essential drugs, contraceptives, vaccines, supplies and equipment, and a range of institutional data that include health education sessions, home visits and achievements and recommendations; cumulatively covering 118 indicators.

Medical products and technologies

The public sector procurement functions of the district, including procurement of medicines, are managed by a special purchase committee. The process is governed through guidelines of the public sector procurement regulatory authority, an autonomous body with the responsibility of prescribing regulations and procedures and the monitoring of public sector procurements.

Health Financing

Health financing in the public sector has long been suboptimal, with the allocated budgetary outlay for health constantly lagging below 1% of the GDP. The district health budget is released by the provincial government as part of a “one-line budget pool” allotted to 12 line departments of the district government, without any predefined preferential allocations to support efforts of the health sector to promote delivery of life-saving primary health care services.

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Health Financing

Moreover, a large proportion of the first-level care facilities' budgetary outlay (80%) is allocated for salaries and operational costs, while the allowance for medicines does not exceed 6%. In tehsil headquarter hospitals and district headquarter hospitals, however, the share for the procurement of medicines and equipment may reach 20% of the budget of these institutions. Although the formal sector is covered by different forms of social health insurance, the informal sector has little or no social protection, making the risk of out-of-pocket catastrophic expenditures more likely to occur.

Organization and management

The primary health care services in a district are managed by an executive district officer overseeing the district health system network operations, while the district headquarter hospital is run by a medical superintendent. Both the medical superintendent and executive district officer report to the District Coordination Officer, provincial director-general for health services and the recently re-established divisional directors. The coordination between the executive district officer and medical superintendent is often weak and depends to a great extent on their efforts to generate partnerships and cooperation.

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To improve the quality of service provision in rural settings, the federal and provincial governments opted to outsource a large number of basic health units on a nationwide basis to a nongovernmental organization, the People's Primary Healthcare Initiative (PPHI), introducing substantive changes in the management of these facilities. The scheme was initially launched in 2006 under the government's new initiative sponsored by the Ministry of Industries and Special Initiatives and currently coordinated by the Cabinet Division of the Federal Government.

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PPHI, a subsidiary of the provincial rural support programs, in agreement with the federal and provincial government, negotiates contracts with the district authorities for management of basic health units and their service delivery. The provincial health departments transfer all the yearly budgeted funds for these facilities to PPHI, which are managed independently by federal, provincial and district PPHI support units.

Medical officers in the basic health units under PPHI are given contracts with a higher salary package and mobility incentives. Currently, the provision of basic curative care remains the main focus of PPHI-managed basic health units; with community support activities recently taken up through social organizers and support groups.

Indicators for assessing Primary Health Care

- Current expenditure on health (total and PHC specific) as a percentage of gross domestic product (GDP)
- Government PHC spending as percentage of government health expenditure
- Health facility density/distribution (including primary care)
- Availability of basic water, sanitation and hygiene (WASH) amenities
- Availability of power
- Availability of communications
- Access to emergency transport for inter facility transfer

Indicators for assessing Primary Health Care

- Health worker density and distribution
- Accreditation mechanisms for education and training institutions
- National systems for continuing professional development

Reference

- http://www.emro.who.int/emhj-volume-16-2010/volume-16-supplement/article-17.html#:~:text=The%20district%20health%20system%20in%20Pakistan%20is%20organized%20into%20a,and%20district%20and%20subdistrict%20hospitals

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