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A Critical Study of Pakistan's Health Problems

Authors:
Eman Shahid [1], Lariab Mujahid Khan[2] , Mohzaib Mujhid Khan[3] ,Mahnoor Sajid[4], Saleha Abbas [5] , Meerab Fatima [6], Nayyab [7], Tabban Baig [8] , Noor Emaan[9] ,Alishba [10] , Samia [11] ,Malaika [12] ,Noor Ul Fizza [13] , Shamsa Nayab [14]
[1,2,3,4,5,6,7,8,9,10,11,12,13,14]*Department of Human Nutrition & Dietetics, Hamdard University Islamabad Campus ,Pakistan*
Corresponding Author :
Eman Shahid
Email: emanshahid.isb@gmail.com

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ABSTRACT:
A just and effective method of addressing societal requirements may be the health care industry. Government leadership is needed to take decisive action to improve Pakistan's healthcare sector. Health decisions are influenced by politics, culture, and society. Their social, demographic, cultural, educational, environmental, political, and economic contexts are linked with the public and private healthcare systems. The nation's healthcare system is being improved through a number of government-sponsored initiatives that also try to meet the rising diagnostic and clinical challenges.

Keywords: Health Problems, Pakistan, Political Culture, Environmental issue, economics issues.

INTRODUCTION:

Pakistan is a developing country with numerous health problems. The nation's health rankings have been better over time, but they still lag below those of its regional competitors. The nation still has polio, and baby and maternal death rates are high (Haqqi et al., 2021). The spread of communicable and non-communicable diseases poses a threat to Pakistan's economy. There is a pandemic of mental illness in Pakistan. Trauma hospitals and prevention programmes are required because accidents are on the rise. The nation's flimsy healthcare system is threatened by dengue and other dangerous illnesses. The rise in diabetes and hypertension is taxing the healthcare system. Costly and frequently producing subpar results, advanced sickness therapies generally necessitate rehabilitation. Prevention of health issues and sickness is challenging. The primary healthcare system must be improved as part of this approach. Resource waste and subpar outcomes result from referring primary care patients to ineffective hospitals and clinics (Qidwai, 2016). Pakistan, a nation of 197 million people and a middle-income nation, is vulnerable to COVID-19 due to its underdeveloped healthcare system. Because Pakistan didn't have many hospitals at the time, some early samples were sent to China for safety's sake. Prior to the government importing primers, test kits, and equipment from other nations, only a few quarantine centers possessed basic diagnostic and therapeutic skills. Masks were widely available prior to the pandemic but became rare and expensive as exports rose. Pharmacies have experienced a shortage of essential medications and supplies since the epidemic (Khalid & Ali, 2020).

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A number of problems plague Pakistan's healthcare system:

The lowest growth rate in South Asia is experienced in Pakistan, which is ranked 125th out of 169 countries on the Human Development Index (United Nations Development Program 2010). In the past ten years, governments have been unable to extend their health financing systems due to population increase and epidemiological transition (such as shifting sickness patterns). As a result, more people now lack access to essential healthcare services. Although the World Health Organization recommends spending at least 5% of GDP on health and welfare, Pakistan spends between 6% and 11% of its GDP on these areas (Ahmed & Shaikh 2008; Nishtar 2006). Around 8% of the GDP is spent on health care in OECD nations (OECD 2011). Despite recent large funding for Pakistan's health sector, it has not been updated to account for inflation, population growth, or the burden of illness, creating problems for social security and universal health care. Only a small portion of funds are allotted for efficient, fair, and high-quality service, with nearly three-fifths going to aims that don't promote progress, such as pay. Quality, competence, and insurance difficulties have arisen as a result of Pakistan's government's supervision and delivery of health services. The coverage level has historically been where the need to establish acceptable means of dividing resources between the top and lowest administrative echelons has been felt most urgently (Saleem et al., 2016).

Uncontrolled medicine prices:

Due to 2% (Cameron et al., 2009) to 10% tight wholesale markups, DRAP's legal power to cut medicine costs was constrained, forcing pharmaceutical companies to compete on profit margins. The 2001 product sales of many businesses, particularly international organizations, cannot be sustained. These elements lead to a lack of medications in public hospitals. The first comprehensive Drug Pricing Policy 2015 was created to guarantee the survival of the local pharmaceutical industry and accessibility to prescription therapy (Saeed et al. 2019). To boost drug supply at fair pricing and deter hoarding, this new strategy includes a clear fixation and charge modification system. To prohibit the sale of tablets at exorbitant costs, DRAP has also developed a tracking system in conjunction with the provincial fitness government under the Province Quality Control Board. This policy states that prices for the most recent capsules will be based on standard prices in India and Bangladesh. If the medication is not sold in those countries, the rate will remain constant at the lowest level of developing nations that change the prices for capsules or wholesale prices in the United Kingdom, Australia, and New Zealand. Also, a 30% rate discount on originator brands has been proposed, with three staggered annual decrements. Increased drug costs make it more difficult for government agencies to promote health (Mendis et al. 2007).

Nutritional Immunization:

The Aga Khan University and Medical Centre's National Nutrition Study 2001-2002 shed light on KPK's nutrition and vaccination problems. It was conducted by the Pakistan Institute of Development Economics. Children in KPK are 37% underweight compared to 38% nationwide, 43% stunted compared to 37% nationally, and 11% wasted compared to 13% generally (Asim, & Nawaz, 2018). Polio exists in Pakistan and two other nations. In comparison to 84% and 66% nationally, the province's health department states that 64% of 12- to 23-year-olds in KP Province are fully immunised, with 78% of them in urban areas and 61% in rural ones. Despite extensive anti-vaccination and anti-polio propaganda, a study indicates that 64% of children in the KP Province and FATA receive vaccinations (Yusufzai, 2020).

E-Health:

Email, text messaging, app notifications, websites, and mobile apps are all examples of the technology and health information used in e-health. It can be more difficult for developing nations to access information as IS data grows. The newest medical resource is e-health literature. Healthcare professionals in developed and developing countries can now access new resources thanks to e-Health. Is IS medical equipment and care now accessible worldwide? To use modern technology and hospital IT systems, doctors and other medical professionals need the appropriate equipment and regular training. One of the earliest essays to discuss the use of ICTs in developing nation healthcare. Applications of ICT in healthcare often lack accurate outcome estimates and effect research. ICT and IT applications that are "information-based" depend on resources, political will, cultural capital, and educational possibilities (Qureshi., et al., 2014). Infant mortality in the US is 11%, 76.5% of babies die before their first birthday, and Pakistan's health care facilities and indicators are typically subpar, especially in rural areas. Tuberculosis has 181 instances per 100,000 people, compared to 0.75 cases of malaria per 1000 people. Everyone's health cannot be ensured by planning for low medical costs. In 2007–2008, development investment reached a high of 14.272 billion rupees, and it has subsequently dropped to 3.791 billion. The labor force, economy, and quality of life all benefit more from healthy people. A government's workforce can become

more competent, knowledgeable, efficient, and productive with better medical care. Regardless of human capital, even a minor shift in public healthcare spending can have a significant impact on the labour force and economic growth.

Pandemic Leads to Healthcare Crisis in Pakistan:

The decentralisation and dispersion of health care systems in numerous of the worst-hit countries contributed to the COVID-19 pandemic's devastation of broad portions of the world (Armorica et al. 2020). COVID-19 quickly spread over the globe. Particularly affected are nations with inadequate infrastructure and healthcare programmes. The pandemic's disastrously quick global spread (Lai et al. 2020). The World Health Organization's (WHO) general director, Dr. Tedros Adhanom, has advised nations to invest in their healthcare systems in order to be prepared for pandemics. He advised avoiding rushing into fear and abandoning preparation. $7.5 trillion is the global cost of health care (WHO, 2020a). This pandemic has made our healthcare system vulnerable, particularly in Pakistan (Spinelli and Pellino, 2020). With 255,769 cases and 5386 fatalities by July 15, 2020, Pakistan was therefore afflicted by the 2019–2020 COVID–19 pandemic in February. Pakistan, a middle-income nation with a subpar healthcare system, has 197 million individuals who are at risk for COVID-19 (Hayat et al., 2020). On February 26, 2020, the Federal Minister of Health reported two COVID-19 incidents in Karachi and Islamabad (Ali et al. 2020). In 12 days, 20 occurrences happened. Baluchistan had five, Gilgit-Baltistan had one, Sindh had fourteen (Ali et al. 2020). Due to the collapse of Pakistan's medical infrastructure, China got potentially contagious samples (Khanain 2020). Several quarantine centres had limited diagnosis and treatment skills prior to the government purchasing primers, test kits, and equipment from other countries (92 News, 2020). Pakistan's illness rate was lower than anticipated even though we didn't properly implement and carry out the SOPs (Primary, and Secondary Health Care Department, Government of Punjab, 2020). Yet, it appeared that Pakistanis were handling the virus as if they were immune, with no precautions or standard operating procedures being followed. They ignored the danger despite government advisories (Noreen et al. 2020). The decision was made after some hesitation. They "flipped and hewed," not acting. Following a peaceful period, a lot of undesirable people come out of hiding. They are relying entirely on chance (Adams 2020).

Conclusion:

Health care should be a priority for every country, but it is not in Pakistan. Our healthcare system has suffered from corruption, underfunding, political interference, and privatisation. Healthcare reform is urgently needed in Pakistan. Community health should take precedence over individual health in Pakistan's healthcare system. Healthy behaviours and settings can help prevent illness and improve wellbeing. The most important component of every reform endeavour is good governance, yet it is also the most difficult to implement basic safety measures (Jaffery, 2020).

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