PIMA

NATIONAL HEALTH POLICY

2020-2025

Pakistan Islamic Medical Association (PIMA)
12- Shalimar Centre, F-8 Markaz, Islamabad.
www.pima.org.pk info@pima.org.pk PIMAofficial

PREAMBLE

Pakistan has a unique population with more than 60% persons below 30 years upto 50% of the adult population suffers from one or more non communicable diseases. There is no national health policy after the 18th amendment in constitution, neither is there a health policy or plan for the provinces of Pakistan
The three independent health care systems working in the country function without communication or collaboration (private, govt. NGO based)

FIVE YEAR TARGETS TILL 2025)

1. To decrease infant mortality rate to 20/1000 (currently it is 46)
2. A reduction in maternal mortality rate to 150 per 100,000 (currently it is 260)
3. To decrease NCDS related mortality by 30%
4. To decrease prevalence of hepatitis, TB and Malaria by 20%

KEY FEATURES

1. To declare Health as a fundamental right for all Pakistanis. This will require a constitutional amendment. Work will be done to develop a consensus among parliamentarians for this issue.
2. A national health survey must be conducted every ten years to improve health in the country. The last was carried out in 1998. Without this we won't know current burden, trends and effect of interventions. A survey must be done in 2020 as it is long overdue. Though the cost of one survey is 1 billion rupees but it can save tens of billions.
3. A declaration should be made to make tobacco control, diabetes, high blood pressure, cancer prevention and mental health as priority areas and intervention made at national and provincial levels.
4. Health budget allocation should be increased from 400 Billion PKR to 600 Billion PKR. 100 Billion needs to be increased every year. Target allocation must be 1000 billion at 5 years
5. All revenue collected from Tobacco, beverages and junk food industry (120-150 Billion) must be spent on health.
6. 30% of all health care cost by federal and provincial governments must be spent for prevention, awareness and nutrition.
7. 5% of 30% of all health care costs borne by federal and provincial governments must be spent for health research at PHRC, HECs and selected institutions and NGOs should be given funds to execute this research agenda.
8. 10% of all health care cost by federal and provincial governments must be spent on rehabilitation of the disabled .
9. A new integrated health care model needs to be introduced for collaboration between govt. private and NGOs for optimal health care delivery
10. Clean water supply is a must for optimal health care. Federal and provincial governments must allocate 20 Billion per year to build this water supply system. This allocation should not be a part of health budget but allocated separately.

11. Sanitation is a major health hazard in big cities leading to environmental pollution. Environmental pollution is a major determinant of communicable and noncommunicable diseases. Provincial and district governments must allocate 20 Billion rupees every year to improve this hazard.
12. EPI vaccination coverage is close to 80% in Pakistan. It must be increased to close to 98-100% to prevent disease from vaccine preventable diseases. This must be an actual coverage. In particular, free vaccination should be given to newborn babies. Passive vaccination should also be given to the newborn babies of hepatitis B Positive mothers.
13. Reproductive health should be prioritized and better measures must be taken in this regard. Similarly steps must be taken to measure nutrition value of below 3-years babies and to provide the required supply of food to them. In this way, mortality rate can be reduced.
14. Iron deficiency anemia is present in up to 40% women, 55% pregnant women and 24% young kids. Iron supplementation and protein food supply is an important intervention for this malnutrition. Provincial governments should allocate 10 billion rupees every year for this. This could be done with the help of LHVs and BHUs.
15. All primary health care facilities including BHUs, mother and child health centers (MCHC) and LHVs should be formatted and trained to educate regarding dangers of tobacco, NCDs, high blood pressure and nutrition. Each LHW should educate/ train 300 persons per year with a target of education 30 Million people per year. These must be retrained and provided educational material, BP apparatus, glucose monitoring and anemia monitoring apparatus together with smart phones. Patients' data be reported to district by mobile apps. School health services must be upgraded with an active curriculum for health and hygiene
16. Tobacco (smoking and chewing tobacco) are most important determinant of NCD related deaths. An estimated 40% deaths are due to NCDs in our country or related to tobacco use. A multi-level strategy is required to reduce burden of tobacco use especially chewing tobacco (gutka, niswar etc.). This will require the strong will of provincial governments and law enforcement agencies. It is estimated that it is a 100 Billion rupees industry, half of which this money goes to law enforcement agencies in bribes and commissions.

17. Trauma is a major source of growing disability and mortality in Pakistan. Most of it is in the form of pedestrian injuries and motor cycle accidents due not wearing helmets. The Burden of trauma can be effectively reduced by awareness, education and effective use of traffic laws. Education and execution of law by traffic police is most important indicator for trauma reduction.
18. It seems governments have a tendency to build new hospitals in large cities spending tens billion of rupees. We suggest it strengthen DHQ hospitals instead with equipments and consultants. Each DHQ hospital must have CT scan, MRI, a Diabetes and High Blood Pressure care center, a rehabilitation center and mental and neurological health centers. Every year 20 Billion rupees (one billion for each DHQ hospital) should be allocated. In this way we will be able to upgrade all DHQ hospitals in 5-6 years.
19. Pharma industry in Pakistan is a major stake holder in health care. Policies should be made to encourage export of our pharmaceutical products from 5 billion per annum to 20 Billion per annum. DRAP should be restructured to make registration, monitoring, price control and availability of life saving drugs at par with international standards. Availability of medications at affordable cost is a government responsibility. This can be done by a meaningful collaboration between government and industry. All multinational companies should be responsible for provision of medicine on subsidized rate and to transfer the technology in a stipulated period. Government must give preference and encouragement to local vaccine manufacturers.
20. High blood pressure and mental/ neurological health care should be prioritized for medication availability. Free medication for these conditions should be provided to patients at BHU and DHQ level and also civil hospitals in the country. Funds should be also allocated for stroke prevention, diabetes, Hepatitis B and C, depression and schizophrenia as up to 5 million patients suffer from these throughout the country. Subsidized cost medications for these conditions should be given to an additional 10 million patients. CSR budgets from pharmaceutical industry and baitulmal funds can also be used for this purpose.
21. Hepatitis, Malaria and TB are three most common prevalent infections. Prevention and treatment programs for these three infections must be

upgraded. Polio eradication should be achieved in the next five years. Tetanus and Rabies eradication program should be established to eradicate these preventable infections.

22. Human resource development is one of the most important component of health care systems which includes specialist doctors, trained nurses, technologists, physiotherapists, pharmacists, nutritionists and paramedical staff. A comprehensive review of current status and strategic plan for next 10-20 years is a must to address these challenges.
23. Quackery continues to be a major health hazard for our population. Thousands of lives are lost due to these illegal practices hence It must be banned.
24. Addiction continues to be a threat for young Pakistanis especially young students. It is growing day by day. Multi level efforts including awareness and law enforcement is needed to halt its progression.
25. Doctors should be encouraged to do research and all promotions and incentives should be linked with their research publications. All hospitals, medical and dental colleges should have a specific budget to facilitate this faculty. Medical & dental students, nursing staff and paramedics should do research and publish their work. The Government must initiate and delineate priority areas and topics for research annually, and reset the role of PHRC by setting measurable goals.
26. Medical & Dental Education: The government must make an estimate about the number of required doctors and then plan for admissions in medical and dental colleges. Rules & Regulation for private colleges be made by relevant departments. Those students of private sector colleges, who get 1st position in merit & cannot bear dues, should facilitate by these institutions. Pakistan Bait ul Maal and other Government institutions can also be part of this. Eligible and deserving students can be given loan without interest to help with their education. Professional competence must be assured in addition ethical competence should be included in the curriculum. All medical and dental college courses should include the subject of Medical ethics as an essential component. Similarly, Medical ethics should be made part of the exam and final result.

ADVOCACY PLAN FOR PIMA

FOR PIMA PAKISTAN

1. Communication and meetings with NHSRS, PMDC, DRAP, HEC
2. Dissemination of national health policy document to members of parliaments, civil society, media, professional organizations, and patients support organizations
3. Plan and execute world days (at least 6 in whole year); World Health day, Hypertension day, Diabetes Day, Stroke day, No Tobacco day, Disability day, Environment day
4. Media briefings/ press conferences in Islamabad; related to world days; before budget, after budget; important occasions specially issues related
5. Awareness and advocacy plenary sessions in all PIMA annual conferences
6. National health conference in collaboration with Alkhidmat and JI

FOR PIMA PROVINCES

1. Communication with provincial health departments, health commissions
2. Format national health policy document to provincial health policy document and disseminate to members of provincial assembly, civil society, media, professional organizations, patients support organizations
3. Plan and execute world days (at least 6 in whole year); World Health day, Hypertension day, Diabetes Day, Stroke day, No Tobacco day, Disability day
4. Media briefings/ press conferences in provincial headquarter; related to world days; before budget, after budget; important occasions specially issues related
5. Awareness and advocacy plenary sessions in all provincial PIMA conferences
6. Writing articles, letters to editors in newspapers and magazines related to provincial health issues

FOR PIMA IN MAJOR CITIES

(KARACHI, LAHORE, SLAMABAD, PESHAWAR, QUETTA, MULTAN, FAISALABAD, MUZAFFARABAD)

1. Plan and execute world days (at least 6 in whole year); World Health day, Hypertension day, Diabetes Day, Stroke day, No Tobacco day, Disability day
2. Media briefings/ press conferences; related to world days; important occasions specially issues related
3. Identifying and raising doctors issues (local)
4. Identifying and raising issues related to hospitals facilities, patients, care at govt hospital

FOR PIMA DISTRICTS

(TARGET AT LEAST 40 DISTRICTS IN ALL 4 PROVINCES)

1. Visit BHU and DHQ hospitals regularly, meet with officials for improved care
2. Media briefings/ press conferences addressing local/ district level issues
3. Organize world day activities
4. Should actively engage medical students and trainees and medical colleges