

## Review Article

### Transforming Health in One Hundred Days: Key Achievements

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#### Abstract

As part of the initiative to transform healthcare services in Pakistan, Professor Yasmin Rashid of the Ministry of Health in Punjab emphasises the focus on primary care as well the need to upgrade secondary and tertiary facilities. This vision has been outlined in the one hundred Day Agenda, which seeks to improve areas such as nutrition, immunisation and health insurance amongst others. Overall, this article explores Professor Rashid's perspective on transforming health in Pakistan not just through the one hundred Day Agenda, but beyond, with the aim of improving the equity, accessibility and quality of healthcare in Pakistan.

**Keywords:** Health reforms, transforming health, achievements

#### Introduction

The one hundred Day Agenda has been described by Pakistani Prime Minister Imran Khan as 'reflecting the path for which this country was made', with a focus on transforming the country's governance, economic growth, national security and making basic rights accessible to the common man. Amongst these basic rights is healthcare, and the agenda has sought to transform the country's healthcare system in areas such as nutrition, immunisation and health insurance.<sup>1</sup> A particular problem that the healthcare system faces is the lack of human resource. Moreover, the doctors employed by the government, often pay more attention to private work. The one hundred Day Agenda maps out how the 'access, quality and management' of healthcare services will be 'transformed and depoliticised in five years of PTI government'. Achievements have already been made, yet we have a long way to go before healthcare in Pakistan is as equitable and accessible as other healthcare systems in the Subcontinent and around

the world.<sup>2</sup>

#### Priority 1: Nutrition

One of the main areas requiring improvement is the nutrition of patients, particularly that of children and mothers.<sup>3</sup> Figure 1 (below) shows how many children were screened during a rigorous campaign in October 2018 in Punjab which aimed to identify malnourished children and areas of malnutrition.

8,055,263	Total Children Screened (under 5)
312,249	Malnourished children identified (SAM +MAM)
4,869,733	Deworming (2-19 years)
2,748,580	Children Provided MMS/ORS/Zinc

**Figure 1**

312,249 of the children that were screened were

identified to be malnourished, some with severe acute malnutrition (SAM), and some with moderate acute malnutrition (MAM).<sup>4</sup> This is because of an environment of bad practices, with people who were coming into contact with these children not washing their hands, as well as dirty water being taken in by children. As a result, the 15,000 workers who were involved in this campaign began the deworming process of children aged 2 to 19; the eventual aim of this campaign is to end malnutrition by 2030. Moreover, children were provided with minerals such as mineral solution (MMS), oral rehydration salts (ORS) and zinc, helping to further combat their malnutrition and dehydration.

Figure 2 (below) indicates how many pregnant and lactating mothers were screened during this campaign, and the actions taken to prevent their babies from suffering further.

<b>1,959,428</b>	<b>Pregnant and Lactating Women Screened</b>
<b>109,107</b>	<b>Malnourished Pregnant and Lactating Women Identified</b>
<b>1,105,141</b>	<b>Pregnant and Lactating Women Folic Acid/Iron Provided</b>

**Figure 2**

The figures show how women were provided supplements to ensure a healthy pregnancy; the growth of the baby starts when it is in the uterus, so if the mother is malnourished throughout pregnancy, the baby will be born suffering from ill growth which can carry on for life. Some of these children can go on forgetting how to eat and can become anorexic. For this reason, new Stabilisation Centres (SCs) and Outpatient Therapeutic Programs (OTPs) have been established for children who are malnourished.<sup>5</sup> These initiatives include giving children a supplementary feed for 40 days so that they may eventually learn how to eat again. The Ministry of Health in Punjab aims that by 2030, there will be 1596 OTPs and 58 SCs established all over the region; these are all associated with the paediatrics department so that paediatricians may look after these children also.

## **Priority 2: Immunization**

Another main priority of the Ministry of Health of the Government of Punjab is providing access to safe, effective and quality vaccines for all. The measles campaign of October 2018 was successful in vaccinating 20.8 million children for measles, almost a million more than the target. Pakistan is the first country in South Asia to initiate a massive measles campaign such as this, putting us ahead of countries such as Bangladesh and Sri Lanka which have a higher life expectancy than Pakistan. Children in Pakistan who are already malnourished are getting measles, making them more likely to die, thus making huge campaigns such as this one essential in decreasing the country's infant mortality rate so that no child is left behind.<sup>6</sup>

Despite these successes in combating measles, Pakistan continues to have cases of polio, a disease which was eradicated in the United Kingdom, the United States, Australia and much of Europe in 1988. In 2015, polio only remained endemic in two countries: Pakistan and Afghanistan. For this reason, a third large-scale campaign began in September 2018 in order to provide the children of Pakistan maximum protection against this debilitating disease. 19.5 million children were vaccinated for polio: a couple of thousand more than the target, indicating that progress is starting to be made in finally attempting to eradicate this disease in Pakistan.

## **Priority 3: Health Insurance**

Achieving universal healthcare coverage for the population of Pakistan is another aim of the one hundred Day Agenda, and already steps have been taken to make this a reality. Nearly 40% of the population is living below the poverty line, making it unrealistic for these members of the population to rely on the private sector for their healthcare.<sup>7</sup> For this reason, the Ministry of Health has begun to implement the Sehat Insaf Card for the health insurance of those living below the poverty line in Punjab. The focus has been placed on the 4 southern districts of Punjab which face the most poverty, and coverage has been enhanced to Rs. 360,000, with a view to increasing it further.

Projects such as this are often not very fast moving, which is why the Ministry has commenced negotia-

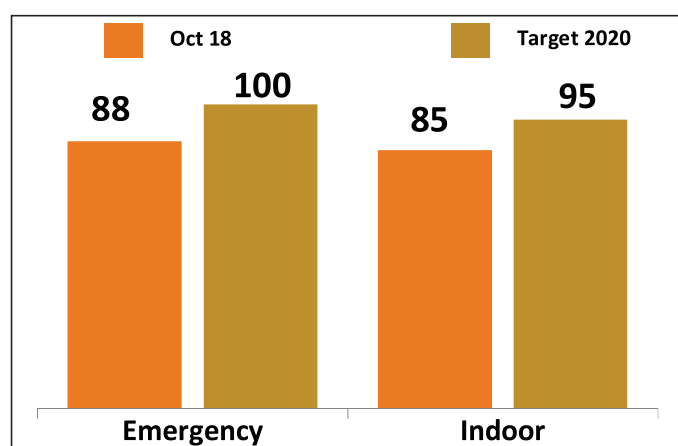
tions with private medical colleges for use of their facilities. These colleges need patients, whilst the patients need the facilities; therefore utilising the facilities of private medical colleges will benefit both sides and move along the process of providing universal health coverage. Professor Rashid hopes that by the end of the fiscal year half the districts of Punjab will have coverage, and by the end of 2019 the aim is to cover all 36 districts of Punjab.

#### **Priority 4: Upgrading Emergency Care Facilities**

Upgrading infrastructure, equipment, medicine and human resource is an essential step in ensuring healthy lives. For this reason, 13 specialised healthcare units and 10 primary and secondary healthcare units have been established throughout Punjab, with the aim of providing free treatment to patients. The goal is to ensure that all these units start working together and have no human resource concern, to provide as efficient a service as possible.

#### **Priority 5: Quality Medicines**

A very large chunk of the Ministry's budget has been allocated for medicine procurement in all 36 districts of Punjab (Rs. 12 billion). Moreover, the system aims to remain transparent through a central monitoring portal in order that patients can receive their medicines in a timely manner. Quality control of medicine dispensation is vital, and over the next 2 years, the target is to have one hundred% dispensation of medicines in emergencies in all 36 districts of Punjab, as opposed to the current 88% shown in Figure 3 below. Moreover, the figure shows that indoor medicine dispensation is currently at 85%, and the aim is to increase this to 95% in the next 2 years.



**Figure 3**

#### **Priority 6: Uniform Diagnostic Rates**

Outdoor patients usually pay for procedures such as X-rays and blood tests, yet prices are often not uniform throughout hospitals in Punjab. This initiative has decided on a uniform rate for 300 different tests across Punjab for outdoor patients so that they may be protected against overpricing, and is currently awaiting approval from the provincial cabinet.

#### **Priority 7: Ensuring availability of healthcare staff by expediting the induction process through PPSC**

The Punjab Public Service Commission has been responsible for inducting and posting new staff to overcome the aforementioned human resource problem. A lack of human resource means that existing doctors are no doubt overburdened and thus more healthcare staff is required as part of this transformation plan. For this reason, 9,296 healthcare staff were hired and posted at the start of the one hundred Day Agenda, including 6,426 doctors, 2,834 nurses and 586 pharmacists.

#### **Priority 8: Complaint Management System revamped as an interactive system**

This very robust system has been put in place to respond to patients' complaints and resolve their issues: 13,047 calls were handled from September 9th to November 28th 2018 alone. If the patient's complaint has not been resolved in half an hour, the operator will call again to see if the problem has been solved, keeping people informed right to the top. The toll free calling system has up to a 99% complaint resolution rate, indicating that progress is being made in ensuring patients are always heard. Doctors may often be distracted, such as being on their mobile phones on the job when patients are waiting to be seen, something which is unheard of in countries such as the United Kingdom; this system therefore gives the patients what they deserve by allowing them to contact doctors regarding both emergency and non-emergency issues.

#### **Priority 9: Punjab Health Roadshow**

The Punjab Health Roadshow was launched in Lahore on November 18th 2018, and invests in human capital through health initiatives as a public-



private partnership. Not all doctors and healthcare staff can be absorbed into the public sector; this initiative attempts to generate more than one hundred,000 jobs through the private sector in the next 4-5 years.

### **One hundred Days and Beyond**

#### **Health Insurance coverage in all 36 districts of Punjab**

After the one hundred Day Agenda, the mission to provide universal healthcare coverage continues. The aim is for 7.2 million families to benefit from the health card; approximately 45 million individuals to be provided insurance; and for Rs. 2.5 billion to be the coverage amount ensured by the project.

#### **5 State of the art, dedicated, 200-bedded Mother and Child Hospitals**

In order to reduce maternal, neonatal and infant mortality and morbidity, these hospitals have been established in Mianwali, Bahawalnagar, Attock, Layyah and Rajanpur: the rural areas of Punjab which need them the most. The deliveries which take place at these institutions reduce infant and maternal mortality most effectively as the care of mother and child comes together. Moreover, the aim is to establish nursing colleges next to these hospitals to train more people, so that human resource is never short.

An example of an excellent mother and child hospital in Punjab is Sir Ganga Ram Hospital in Lahore. This hospital has 400 beds for care of mother and child, as well as a high-dependency unit and has sub-specialities of uro-gynaecology, foetal medicine, in vitro fertilisation and gynaecological oncology.

#### **School Health & Nutrition Program in Punjab Public Schools**

Over the course of the year, the Ministry of Health has aimed to examine 3.4 million students in 27,000 public schools in rural areas of Punjab. These examinations are in areas such as physical, psychological and dental health, with all children in public schools getting their eyes tested. Everything is being recorded on an Android application with the aim of collecting data as evidence to base future healthcare policies on. Moreover, free medical treatment is to be provided

for all identified students who require it, and health sessions are to take place in schools on various different health topics. A pilot programme was launched on December 6th 2018 at Central Model School, Lahore, with a further 20 schools in 4 different districts hoping to receive the same programme.

#### **Establishment of 3 Nursing colleges across Punjab**

These colleges are to be established in Mianwali, Layyah and Bahawalnagar over the next two years in order to ensure sustained provision of high quality nursing care.

#### **Civil Registration and Vital Statistics**

The Ministry of Health in Punjab has prepared a list of International Classification of Diseases (ICD-10); created a uniform death slip in both public and private healthcare facilities for the first time; provided training for ICD-10 coding to record hospital based deaths through an android based app; and has begun to conduct verbal autopsies of all home based deaths.

#### **National Health Policy and Provincial Strategic Framework for Punjab**

As a part of the plan to provide a strategic framework for healthcare in Punjab, consultative workshops have been established with government officials, development partners and health experts on key policy areas. These areas include family planning, preventive healthcare, and health governance and accountability. One of the most important areas is patient safety and quality control; sometimes patients can be harmed due to malpractice, so this workshop aims to prevent this from happening in the future. The first draft has already been prepared, and it will eventually become part of the health policy.

#### **Legislation in Process**

The following four acts are in process of being legislated:

- **Punjab Medical Teachings Institutions Reforms Act.** This act provides autonomy to medical institutions and an element of financial independence. Previously, the employees of Medical Teaching Institutions (MTIs) would be required to approach the Dean, the Medical



Director and the Hospital Director in order for their problems to be resolved. The act therefore seeks to remove this red tape in the resolution of problems, as previously many problems would remain unsolved as no one would take responsibility and MTIs had to wait for the outcome of Board of Governors' meetings.

- **Punjab Regional and District Health Authorities Act.** This act provides autonomy to Districts for enhanced healthcare.
- **Bill for Thalassemia Prevention Program.** This bill seeks to introduce mandatory premarital thalassemia screening of men and women. Every year, 5 to 6 thousand women and children are getting thalassemia; these premarital screenings will bring to light whether or not both parents carry the faulty gene. As thalassemia is the most prevalent genetically transmitted blood disorder, the best possible solution is for more awareness to be raised through this bill.
- **Bill for Security of Healthcare Personnel.** This bill is being introduced to ensure the safety of healthcare staff on the job, so that they can provide patients with the best possible service, without a risk to themselves.

### **Integrated Health Management Information System for Better Service Delivery Across Punjab**

A referral system has been put in place to track patient history, and the collection of data promotes evidence based decision making and improvement in data quality. This data can therefore be the basis for future policy making. Furthermore, the standardization of private/public health facility data enables there to be an element of uniformity across both sectors, and also helps to provide more credible information for researchers and universities who may aim to improve data quality.

### **Primary Healthcare Reforms**

Punjab has aimed to increase Basic Health Units (BHUs) and revamp Rural Health Centres (RHCs) in all 36 districts. Currently, there are 2456 BHUs in Punjab, with one hundred0 more aiming to be built by 2023, especially in the rural areas where they are needed the most. Meanwhile, there are 293 RHCs in

Punjab, and the aim is to upgrade 72 of these by 2023.

### **Conclusion**

Although it seems that Pakistan has a long way to go before matching its South Asian and global counterparts in its primary, secondary and tertiary healthcare provision, the one hundred Day Agenda provides evidence that progress has and will continue to be made in the region of Punjab. Key achievements of this agenda are combatting the problem of lack of human resource; the large scale measles vaccination campaign; and providing universal healthcare coverage for those living below the poverty line through the Sehat Insaf Card. Therefore, we have reason to be optimistic about the continuing improvement of the healthcare system in Punjab, especially with the implementation of school health programmes, and the training of new staff taking us into the future. The aims of Punjab's Ministry of Health should be 80% complete by the end of this fiscal year, making us one step closer to providing our vision of healthcare for all.

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