

## REVIVAL OF HEALTH CARE SERVICES — FLOGGING A DEAD HORSE OR A VIABLE OPTION

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The important objective of a welfare state is to make provision of basic human needs easy for the people. These include access to education and health facilities after food and shelter. It becomes more important for the Governments elected by the people. I have worked at various levels in the Department of Health, Khyber Pakhtunkhwa since 1987. Since then I have seen deterioration and degradation in health care services with a visible and palpable speed. Primary health care is almost nonexistent, secondary care level is rudimentary and tertiary care level, at its best, is patchy.

In 1987, I entered the team of Health Care Services at a very junior level as an intern. At that time, patients would be provided with hospital dress to distinguish them from attendants and visitors. All patients would get breakfast, lunch, evening tea and dinner. Medicine would be given and hospital laboratory would provide diagnostic help. Today, most of these provisions are withdrawn. One wonders as to what has gone wrong?

Population growth, lack of education/awareness and scarcity of funds are usually blamed for the downslide. Growing population may be contributing to the load on health care facilities; I do not see any difference in the level of education between now and then. Talk about awareness; people from all walks of life and health care professionals are more aware of health and health related issues than in the past. This enhanced awareness has not translated into better health care services. The amount of money that is injected into health related projects by the current Government, despite of expensive war on terror and devastating floods, is colossal. This is in addition to what non-governmental organizations are contributing. If money is not a big issue then where lies the fault?

It is a universal law that things do not happen on their own. For every action there has to be an actor which may be visible or invisible. Similarly this act of degradation in health care services may have many actors with variable contribution. To me population overgrowth and funds are minor players in this process. Population, patients, and resources are one side of the equation. Provincial managers (Health Secretariat/ Directorate) of health, local managers (hospital administration) of a health facility and bedside managers (Physicians, Surgeons, Gynaecologists etc) within the health facility are the other side of the equation.

Keeping check on population growth, resource allocation and preventing diseases to reduce patient load are partially in our control while provincial, local and bedside managers are all civil servants or

institutional employees, controlled by rules and regulations to effect governance of health care facilities. Keeping in view the ground realities, it is not the patient load or scarcity of funds but ineffective, at times, apathetic internal governance of health facilities (prevailing over the last 2-3 decades) mainly responsible for the deterioration. During the time when internal governance was ailing, the provincial managers were equally responsible for not taking remediable measures at appropriate times. The situation now is that any change is resisted with full vigor by both local and provincial managers. Tough decisions and evolutionary steps with spirit of revolution have to be taken to correct the direction of health care services. Needless to say, those steps have to be friendly and conducive to all including patients, health care providers and managers, both at local and provincial level. Any step that we might take, for the turn around, would require counseling of the stake holders to soften their stand about 'Old is Gold' and prepare them for a wilful change instead of an enforcement for improvement.

We need to change the mind set and prepare the existing managers to be proactive in bringing a positive change so that from provincial level to local level and to bedside; all involved would have uniform thinking to achieve a uniform agenda i.e. better health care services within available resources. I am sure most of the existing managers have the capacity to deliver the desired goals if sensitized and stimulated appropriately. Alone it might be flogging a dead horse. Together, it is still a viable option. Provincial managers need to adopt realistic plans based on our local needs. Local managers need to draw plans for effective utilization of human resource i.e. consultants, junior trained/trainee doctors, nurses and paramedics. Bedside managers i.e. consultants, junior doctors, have to develop cost effective strategies so that within available resources maximum number of patients can be treated. Time has come that we get together and take on the challenge to improve our health care services to such a level that even people from Middle East and Central Asia would come and use our health facilities. May Allah Almighty give us the strength and grant us the wisdom to achieve this goal. Aamin.

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