

# Efforts Exerted in Achievement of Outputs in Sub Healthcare Sector Characterizing Specialties' Likely to Integrate Into Measurable Outcome in Healthcare Sector

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## ABSTRACT

Health care reform has been addressed in lot of studies and remains the topic of debate for decade. Lot of luminaries has thrown light on different aspects of health care sector, highlighting trends, challenges and opportunities accordingly. In Pakistan, lot of governments, NGOs have been striving against the deplorable condition of health care sector and the poor health status of the population but no substantial outcome have been obtained yet and circumstance remain deteriorative. Eye care is one among other sub health care sector confronts no of grueling challenges and escalated trends in prevalence of visual in-acuity responsible for poor health status of population. The study is about existing trends, challenges and opportunities existing in eye care sector of Pakistan. Intends to portray current scenario of eye care sector in term of existing deficits in eye care infrastructure, barriers in provision of ophthalmic care, gaps in demand and supply of eye health services and proposed strategies accordingly. Propose initiatives embrace empowerment of ophthalmic council as governing , regulating and development body, consolidation of primary eye care practice, constitution of common information infrastructure deployment of telecommunication application in provision of eye care services all over the country ,establishment of collaboration between private and public sector ,government and non-government organization enabling proficiency, availability, accessibility, affordability in provision of care with effective and efficient employment of resources. Implementation of these interventions can result in promising outputs in eye care sector and considerable outcomes in health care sector. This study is formulated in light of rigorous literature review.

**Keywords:** Eye care sector, Eye care reform, health care sector.

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## INTRODUCTION

Pakistan occupies 796,1000km<sup>2</sup> of area, with 35.4% of agriculture, 2.4% forest and 62.2% land area, is sixth most populous country comprising of large share of young individuals with total population of 184.35 million, 69.87 million of urban population and 114.4 million of rural population<sup>1</sup>. Exhibit diligent military forces, dexterous civilian resources, benison with all four seasons and renewable sources, enriched with the large deposits of mineral resources & variety of crops but still confronted with environmental pollution, energy crisis, poverty, inflation ,unemployment ,economic instability political fluctuations ,public debt, etc. Thus despite embellishment with numerous resources Pakistan lacks in its management and same crisis has been inherited to its health care sector<sup>2</sup>.

Health care reform has been addressed in lot of studies and remains the topic of debate for decade. Lot of luminaries has thrown light on different aspects of health care sector, highlighting trends, challenges and opportunities accordingly. In Pakistan, lot of governments, NGOs have been striving against the deplorable condition of health care sector and the poor health status of the population but no substantial outcome have been obtained yet and circumstance remain deteriorative. Eye care is one among other sub sector of health care industry confronts no of challenges and prevalence of visual in-acuity responsible for poor health status of population.

The study is about existing trends, challenges and opportunities existing in eye care sector of Pakistan. Intends' to portray current scenario of eye care sector in term of existence of deficits in Eye care infrastructure, barriers in provision of ophthalmic care , gaps in demand and supply of eye health services and proposed strategies accordingly to assure accessibility, affordability, availability of quality eye care services to all.

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## DISCUSSION

Brief review portraying current scenario of health care :Currently health care sector is accompanied with 160,289 doctors, 12,544 dentists, 82,119 nurses and 101,173 hospital beds along with 1,207 hospitals, 5,382 dispensaries, 5,404 basic health units and 696 maternity and child health centers. The population and health facilities ratio worked out 1,127 people per doctors, 14,406 people per dentist and 1,786 people per hospital bed. 2.5% of GDP is allocated in health sector, allocating 22% in development and 78% current expenditure<sup>1</sup>.

Health sector remain under the hegemony of private sector and public sector parsimonious in delivering the quality care. Concentration of tertiary care hospital in urban areas and rural areas remain deprived of primary health care facilities. Sub optimal supply of health care professional and disparity in distribution of qualified professionals. <sup>3</sup>Involvement of governmental and non-governmental organization to cope with the scenario but continuous declivity observes in health status of population. Deprivation of proper infrastructure, human capital, monitoring policies, procedures and protocols, ineffective and inefficient allocation of resources, availability and utilization gaps points out the integration of obstinate health care system in Pakistan.

Pakistan's health profile is characterized by malnutrition, unhealthy life style, low life expectancy, high mortality and morbidity rates, increase incidence of communicable and prevalence of non-communicable diseases<sup>4</sup>.

Highlighting trend existing in eye care sector: Eye care sector incorporates 235 hospitals employing 868 ophthalmologist in private sector, 200 optometrists in the public and private sector, 1352 opticians in private sector<sup>5</sup>. Approximately 13 Non-government organizations are active in eye care sector providing eye care free of cost<sup>6</sup>. According to the International Council of Ophthalmology, there are 1,860 ophthalmologists in Pakistan with work ratio of 11 ophthalmologists per million<sup>7</sup>. 70% of ophthalmologist resides in urban areas while 70% of the population lives in district and rural areas<sup>8</sup>.

Ophthalmology highly technical and surgical oriented profession confronted with number of challenges including inadequate infrastructure, unstructured eye care delivery system, undefined boundaries in provision of eye care services, lack of regulating policy, limited number of qualified eye care professional ,concentration of quality care in private sector or in urban areas, existence of large optometry work force and cost associated with diagnostic technology considered major barriers in provision of eye care services specifically in rural/district areas.<sup>9</sup>

Trends in prevalence of ophthalmic disease are observed in almost all ages and regions of Pakistan. According to article 480 individuals daily, 14, 000 monthly and 168000 annually are exposed to eye diseases<sup>10</sup>.

In accordance to number of sources revealing trends in prevalence of eye disorders 4 million children sufferance of refractive error and 125,388 children are blind while glaucoma (7%), untreated refractive error (12%) ,corneal scarring (14%) and cataract (53%) are the main causes of blindness<sup>8</sup>.

While estimated prevalence of blindness in Pakistan found to be 0.9%, high in men than in women. Highest prevalence of blindness reported in Punjab and Baluchistan, followed by Sindh and least observed in NWFP. Significantly higher rates of blindness reported in rural than in urban communities<sup>11</sup>.

Propositions intends to administer confronted challenges :Segregately considering, governing and addressing the challenges confronted by sub health care sector define by specialties (Cardio, ophthamo, ortho, derma, neuro, nephro, gynae, etc) likely to bring measurable outcome in health care sector. As all the specialties varies from another in term of terms of policy, procedures and protocols, demand and supply, cost and technology. This study with the major emphasis in eye care sector stands to be an effort in this direction.

Empowering the role of ophthalmic council responsible to develop and reinforce policies and procedures, regulating optimum supply of eye care professionals, monitoring ophthalmic practices , ensuring equal distribution of qualified professionals, establishing standards for basic and higher qualification on ophthalmology ,introducing diplomas, short courses and training program to encourage primary eye care practice specifically in rural/district areas.

Need to define visible boundaries in provision of primary, secondary and tertiary eye care services. Consolidate primary eye care practice by redefining, expanding and enforcing the role and responsibilities of trained optometrist. Enabling him/her to conduct complete comprehensive examination of eye, assessment of eye disorders or eye conditions, handling prescription, manage minor injuries and referral to ophthalmologist<sup>12</sup>.

Constituting common information infrastructure governed by central ophthalmic body incorporating representatives of both private and public sector, responsible for maintaining providers practice and patient eye care record.

Intense Tele density favors deployment of Tele ophthalmology incorporating telecommunication services accompanied with computer technology to

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## BRIEF REPORT

deliver eye care to distant /underserved patients without having travel. This facilitate establishment of network of Primary eye care clinic equipped with diagnostic facility operated by trained optometrist in rural /district areas managing referral for secondary and tertiary care to hospital located in urban areas<sup>13,14</sup>.

Establishing collaboration of private and public sector by defining and dividing the roles and responsibilities of provision of eye care services, residing responsibility of delivering primary eye care facility on public sector while secondary and tertiary care remain under the hegemony of private sector,<sup>3</sup> government sector in accordance with non-governmental organization need to initiate subsidies for secondary and tertiary care on the basis of individual financial need.

## CONCLUSION

Empowerment of ophthalmic council as governing, regulating and development body, held responsible for optimum regulation of Eye care professionals at each level of care and equal distribution of human capital in urban/rural areas. Common information infrastructure, increase accountability among providers, enables tractability of trends and resources, visualization of availability and utilization gap. Deployment of telecommunication application in provision of eye care services ensures proficiency, availability, accessibility, affordability to all. Collaboration between private and public sector, government and non-government organization, providing one common platform for provision and acquisition, efface discrimination in provision of care and assures effective and efficient employment of resources.

Considering sub health care sectors characterizing each specialty such as ophthalmology enable to address the problem at root cause, traceability of prevailing trends, administration of confronted challenges and exploration of untapped opportunities.

This pragmatic approach can also be applicable to other sub health care sectors exhibiting escalated

trends and confronting grueling challenges. Effort exerted in accomplishment of favourable outputs in sub health care sector likely to integrate into measurable outcomes in health care sector.

## REFERENCE

1. Ministry of Finance, 2013. Highlights of the Pakistan Economic Survey 2012-13(pdf)
2. Sodhar, IA. Pakistan rich in natural resources but poor in its management.
3. jworldtimes, 2011. Available at: [http://jworldtimes.com/Article/92011\\_Pakistan\\_Rich\\_in\\_Natural\\_Resources\\_But\\_Poor\\_in\\_their\\_Management](http://jworldtimes.com/Article/92011_Pakistan_Rich_in_Natural_Resources_But_Poor_in_their_Management)[Accessed 1st June 2014]
4. Islam A. health sector reform in Pakistan: future directions, JPMA 2002;52:174-82
5. WHO, 2013. Country Cooperation Strategy. [http://www.who.int/countryfocus/cooperation\\_strategy/ccsbrief\\_pak\\_en.pdf](http://www.who.int/countryfocus/cooperation_strategy/ccsbrief_pak_en.pdf)
6. Ministry of Health, 2006. Situation Analysis of Refractive Services in Pakistan (pdf)
7. Pakistan NGOs Directory & Guide. Health, 2013. Available at :<http://www.ngos.org.pk/>[Accessed 5 June 2014]
8. International Council of Ophthalmology. Number of ophthalmologists in practice and training worldwide. 2012. Available at: <http://www.wicoph.org/ophthalmologists-worldwide.html> [Accessed on 2 February 2014]
9. The Fred hollow foundation. Facts and figures [Internet]: Human Development Report. 2013. Available at: <http://www.hollowsorgau/our-work/where-we-work-country/pakistan>. [Accessed 5 June 2014]
10. Riad SF, Dart JK, Cooling RJ. Primary care and ophthalmology in the United Kingdom. Br J Ophthalmol 2003;87: 493-9
11. Anon. 480 people develop eye disorders in Pakistan every day. The News 2013. Available at: <http://www.thenews.com.pk/Todays-News-6-177893-480-people-develop-eye-disorders-in-Pakistan-every-day>. [Accessed on 18 May 2015]
12. Jadoon MZ, Dineen B, Bourne RRA, Shah SP, Khan MD, Johnson GJ and et al. Prevalence of blindness and visual impairment in Pakistan: the Pakistan national blindness and visual impairment survey. Invest Ophthalmic Vis Sci 2006;47:4749-55.
13. Central Manchester University Hospital. Central Manchester Clinical Board Central PBC Commissioning Brief for Clinical Board –Ophthalmology Services
14. Qureshi BM, Mansur R, Al-Rajhi A, Lansingh V, Eckert K, Hassan K and et al. Best practice eye care models. Indian J Ophthalmol 2012;60:351-7.
15. Ministry of Health Services. Evaluating the Benefits telehealth – teleophthalmology inter tribal health authority and the ministry of health services. 2011.