



Health Care System of Pakistan and Russia

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I. Introduction

The Health Care delivery system can be easily defined as the aggregate of the combine working institutions, organizations and the people that are involved in the promotion of Health in the preventive measures taken for illness the detection protocols and the rehabilitation services that are provided. The main goal of the Health Care delivery system is to improve the value of human lives and to provide sustainable and good health values to the society which will be centered around the people and their system (Milis, 2014).

To ensure maximum effectiveness of the health care system one can rely on the human resources, the materials and the financing and the budget and overall the delivery of the quality of service that is being provided. However in the health system that can be termed as a balanced health care system people can be seen receiving a fair amount of health disease prevention the diagnosis and the treatment is on time and effective and the palliative services that are being provided are of nature. In this Paper the comparison of the Health Care Delivery System of Pakistan will be compared to the Health Care Delivery System of Russia (Demidov, 1994).

Demographics of Pakistan and Russia

The Islamic Republic of Pakistan which is bordered by Afghanistan, China, India, Arabian Sea and Iran in the South Asian region. The country is termed as the 36th largest country when it comes down to land which totals an area that covers about 881,913km². The 6th most populous country in the world and is expected to rise. The rise in its population can increase and the country can easily become as the 4th largest country in terms of population by the end of 2050. The economy of the Islamic Republic of Pakistan can never be termed as stable the United Nations Development Program (UNDP) has termed Pakistan on the Human Development index on the 163th number and has showed that Pakistan has a stagnant Gross Domestic Product at 4.71% while it has also mentioned that the Gross National Income is somewhat around US\$ 1550 and is termed as one of the lowest economy that is struggling badly and has been placed on a chart of 102 developing countries at 65th position. The Islamic Republic of Pakistan was formed on the basis of the Islamic Fundamentals the religion that is practiced is Islam by 98% of the Population while the 3-2 % of the rest of the Population practices Christianity, Hinduism, Sikhism and other religions (NIPS, 2013).

Russian or also known as the Russian Federation is a country situated in the European belt on the eastern side with a vast territory that expands across the Northern Asia. It is the largest country in the world when it comes down to land and it covers a staggering one eighth of the Earth land area that is inhabited. The times zones span from 11 and borders 16 sovereign nations. The economy of the Russian federation is stable enough and is termed as upper – middle income and has enormous natural resources. 20-25 % of the Russian population is characterized as middle class. The GDP of the country varies because of the large landscape it occupies however the majority of the GDP that is generated comes from the Moscow region of the country. The Bloomberg Health Care efficiency rankings placed the federation at 53rd number out of the 56 countries that were surveyed (Sabitzer, 2016).

Pakistan Health Care Delivery System

The health care delivery system of Pakistan is diverse and unique in its own perception, it works on four models Preventive, Promote, Curative and Rehabilitation services. The system comprises of philanthropic contributors, public health care delivery systems, private health care delivery system and the civil society. While the public sector is being improved day by day still the private sector is responsible for entertaining 70% of the population of Pakistan. The Health Care delivery system came into its existence as with the inception of Pakistan. The HCDS tradition has been forwarded to us by the British and it has been here ever since, the HCDS provides a service of Preventive and Curative measures for diseases (Starfield, 2005). In recent times the main focus of the governments has been the promotion of technology and other related fields while HCDS has been

left behind. The Public sector contains Primary health care and provides with Basic health units and rural health centers. The Tehsil headquarters are also responsible for providing basic health care on sub district levels and the District hospitals that are present are responsible for the provision of entertaining the district masses (FBS, 2014).

The Private institutions also provide health care system with private clinics and private hospitals, Homeopaths, Hakeems and Traditional and Spiritual healers. There are also other sectors that provide health care such as Pakistan army, Railway, PIA, WAPDA and other institutions like these but they provide health care to their employees only and in some cases to the general public. Only 30% of the people are provided with PHC because of the limitation of resources, staff and technology that is required. The public is more attracted towards the private institutions as they have developed state of the art facilities but they come with a heavy price tag and with more than half of Pakistan struggling as an economy it becomes a burden to acquire Health Care Delivery System in Pakistan. The Public sector is mainly financed by overseas and external funding and contributes to only 23% of all the total expenses, in contrast to the Private sector that spends approximately around 77% of total expenses on health care delivery system. The government and the Non-governmental organizations have always held slogans of united Public-Private partnerships for better HCDS but no plan as such has been formulated nor initiated (Ghaffar, 2000).

Russian Health Care Delivery System

The Federations health care delivery system is one of the biggest in the world with a high number of Physicians and health care professionals working under massive and large state of the art hospitals in the world. The utilization of the HCDS is of great nature, the average stay that an individual might expect is three times more than any other western country. The Russian citizens are recorded to have visited the physicians ten times a year which is more than any industrialized country and greater than any developing country such as Pakistan. There have been many changes and many reforms to reconstruct the HCDS but it still remains as it was during the Soviet era. The Soviets had a unique system of Health care delivery system, the emergency care followed by primary care and referral to the specific specialists in the field onto the hospital care and then back to primary care, this was and is still implied in the Russian Federation and is considered as one of the best Health care delivery systems in the world (Chernjavski, 1996).

Polyclinics

The polyclinics in the Russian Federation can be defined as the core of the Health care delivery system. The clinics are marked by numbers and is set for a specific location and the people just as the No.18 polyclinic that is in Kazan serves almost a population of 77,000 and the PC 3 that is present in Khabarovsk which entertains 1300 people everyday (Shkolinkov, 2006).

Fragmentation of Care and Disease

The Federations care system is fragmented as the Physicians are focused on a specific disease such as Diabetes or Tuberculosis. The other services such as in-patient and the ambulatory care services that are provided by the Russian Federation are separate. Specific diseases are centered to subject specialists are given special attention (Demidov, 1994).

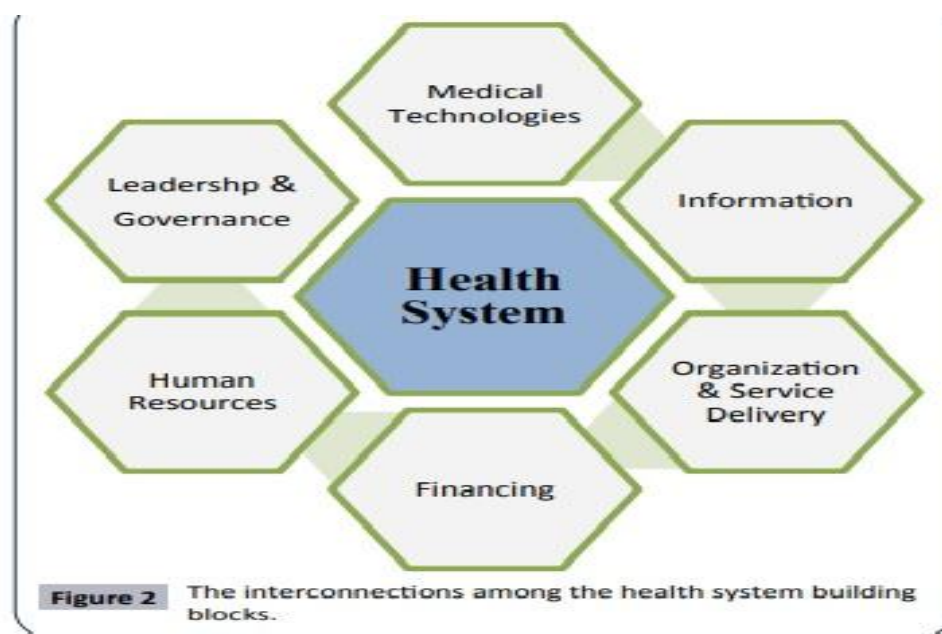
Key Health Issues and Indicators

Pakistan has always been termed as a fast growing economy. The same can be said about its health care system, in recent years after 2000 the delivery and health care system has been on the rise because of continuous dedication of Public, Private and Non-governmental organizations working in the medical health field (WHO, 2000). The health profile of Pakistan has always been illustrated by the population growth rate which is high, the mortality rates of infants and maternal and the overall dual burden that comes with communicable and non-communicable diseases. Pakistan is a country that is constantly undergoing environmental, economical and social changes which can affect the basic requirements of people such as the food shortages and water shortages in rural areas of Pakistan (Meghani, 2014). Nishtar has stated by conducting a survey that mal-nutrition cases are worst in places of Sindh and Balochistan which is approximately about 20-30 % (Nishtar, 2013) Furthermore the cases can get worse with Pneumonia, Diarrhea, Tuberculosis and other diseases. The 40% of all birth rates are handled by skilled birth attendants and experts and the high rate of maternal mortality rate is directly linked to the high fertility rate, the lack of skill of birth attendance and malnutrition (Collins, 2002).

Russia on the other hand has developed a system which is free to all the people of the Federation through a health insurance program. The Public health care system in the recent years has faced too much criticism from the people because of the poor organizational structure of the PHC lack of governmental funds, the out dated medical equipment that is present and the poorly paid staff of the PHC. This resulted in people choosing the Private medical treatment over the Public Health care system which is widely available in many areas of the Federation. The patients that come from different areas can access the doctors and physicians according to their insurances. The Russian Ministry of Health (министерство здравоохранения in Russian) claims to have employed over more than 2 million people in the Public Health Care delivery system. The Federal regions of the Federation have their separate departments of control over the Public health care delivery system e.g. The Moscow Department of Health (WBT, 2002).

Comparison and Analysis of Health Care System of Pakistan and Russia

The comparison and Analysis of both these countries on different points of view will not only enable us to understand the negatives but also the positives of the Health Care Systems. This will bring out any loop holes that have dragged our health care to dark ages and will help in the re-building of a better Health Care System. This Analysis will not only be done of the organizations but also the framework that it has been built upon. Don de Savigny and Taghreed Adam has developed a Framework that clarifies the relationship among the different domains of the Health Care Delivery System (Frenk, 1994).



Leadership and Governance

Pakistan's Health Care Delivery System exists of different domains coming together and performing their roles and functions. The health system in Pakistan has been termed as an obligation and has become a subject of importance especially at federal and provincial levels. The Federal and Provincial governments have always been jointly responsible for the leadership and governance and policy making while the implementation comes down to the District governments and local governments. The Ministry of National Regulations and Services has always been the drive of policy making for health services which include policy making, strategic balancing and implementation, vision setting and planning and implementation of the framework. The operation of these framework rests on the shoulders of provisional and local governments where they are also provided to implement the laws regarding the framework (Shaikh, 2008)

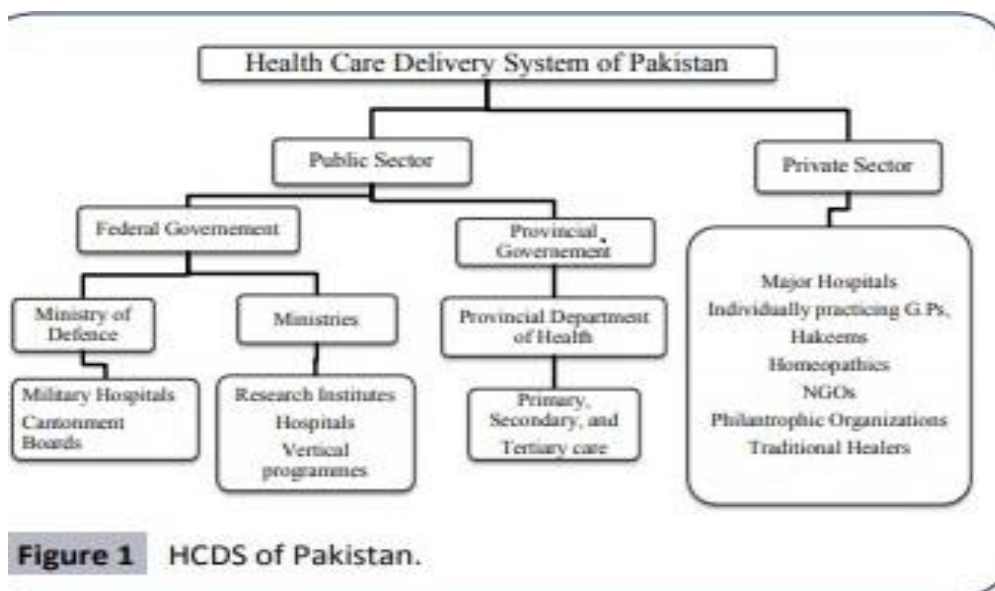


Figure 1 HCDS of Pakistan.

Whereas the Health Care Delivery System Leadership and Governance is led by the Russian Ministry of Health. Due to the Soviet legacy making its impact on the Federation the health care falls on the shoulders of the public sector which operates and is divided into 3 levels of operation. The Federal, Regional and Municipal. The Federal is responsible for the health care policy and national health care budget. This included the budget of the sevenologies program that was initiated back in 2008 that is responsible for the free treatment of about more than 78,000 which are diagnosed with high cost chronic diseases. The polyclinics are established at different places and are numbered which provide health care to the people where it is placed (MG, 2000).

Healthcare System – Russia



- In Russia, due to its Soviet legacy, the burden of healthcare provision for the masses falls largely on the public sector, which operates on three levels: Federal, Regional and Municipal. The budget for different parts of the healthcare system is controlled at each level.
- The MoHSD holds responsibility for strategic planning for the healthcare system in the country.
- Overall, healthcare policy and the national healthcare budget are controlled at the federal level. Funding for the 'sevenologies' program, which started in 2008 and provides free treatment to about 77,000 patients with extremely high cost chronic diseases, including haemophilia and multiple sclerosis, is at this level.
- However the majority of healthcare is funded by the regions, which have control over healthcare facilities and – for most conditions – determine which drugs are reimbursed within their region. As there are vast economic and developmental differences between Russia's 83 regions, healthcare provision across the country is hugely variable (and often inefficient).
- Doctors are unequally distributed across the country, with 40% of specialists supporting less than 20% of the population.
- The federal-level healthcare programs are focused towards the delivery of medical services to the weaker sections of the

Health Financing

The GDP that is being spent on the health care in Pakistan is 0.4% the amount in Rupees is 50 Billion. The major source of the funding comes from out of the pocket payments, the revenue's of governments, the development programs that the country has, insurances from private firms, external sources and Non-governmental organizations. The financing has also been done by international monetary firms such as the IMF, Asian development bank, Saudi Donations and the new projects with China (Ather, 2014). Though there is no legal form of documentation that can tell us about the exact statistical figures of the financing but the experts in the field say that 78% of the total financing is done through the out of pocket mechanism in which the general taxation has a very large part to play (Rusell, 2015). In previous governments the provincial and local governments were responsible for the revenue generation and the supply of funds to the health care system but in recent times it has changed and the power has been rested upon the District governments and 60% of the budget is transferred to the District governments. Foreign aid has also played a vital role in the financing of the health sector with some internal organizations also helping in the cause such as Non-Governmental organizations, and institutions such as Shiffa, Agha Khan Health Services Pakistan. The external funding organizations and agencies that contribute in Pakistan are USAID, China Aid, Saudi Aid and other organizations of these nature (Islam, 2009).

Russia spends an average of around 5.27% of its annual GDP on health care delivery system this shows that it below the current global average which ranges about an average of 10%. The average is rated as the lowest in all the European Union countries except that of Romania. The employers are financed through the OMI which is through contributors, if you start to work in the Russian Federation your employer will start to pay the 2-4 % salary that will ultimately go into a social tax and a percentage which will further go into the Russian Health Care Fund. Now if the employer has paid all the compulsory medical insurance you will be eligible and will have the right to ask for public health care insurance and assistance from Russian health clinics. Those people who cannot contribute into the OMI because of unemployment, prisoners, children and people that are ill to work can still be able to access the Basic health care which is free in the Russian Federation (RG, 2001).

Human Resources

Pakistan has been under the eye of health care organizations that have placed Pakistan on critical health workforce deficiency. Pakistan being the 6th most Populous city in the world and due to its increasing population and struggling economy the resources for the Human health care system are not sufficient. The ratio between Doctor and Patient is 1:1300 while the ratio of Doctor to Nurse is 1:2.7 while the Nurse to Patient ration is 1:20. The recommendations by the World Health Organizations say that the doctor to patient ration should be approximately 1:1000 and the doctor to nurse ratio is 1:4. The Nursing council of Pakistan recommends that the ratio of nurse to patient should be 1:10 (Rana, 2016).

The Russian Federation has a high level of health care personnel according to the internationally recommended standards. This is a direct reflection of the approach of the Soviets towards their health care system. Large number of health centers, polyclinics, sufficient amount of available beds, high staff to bed and sufficient staff to facility ratio is above standards. The figures that are cited by the ministry of health of the Russian Federation are not always accountable to the international standards because of the different approaches by the ministry. The numbers were 429 physicians for 100 000 people shown in one Russian estimate for 1994 and one doctor to every 292 persons in another. This compares to OECD averages running at approximately half the levels cited. The figures include doctors of public health or sanitary-epidemiological specialists of which there were 35 000 in 2004 and 3,600 physiotherapy specialists. If these groups were to be excluded the doctor patient ratio for 2006 would fall to 268 per 100 000 (or one doctor 373 people). WHO figures suggest there were 3.8 physicians per 1000 population in 2004, well above CIS and CEE averages (Ryan, 1996).

Medical Products

The HCDS is responsible for more than eighty percent of their health expenditures on its medical products and pharmaceuticals. The Islamic Republic of Pakistan after its inception had no Pharmaceutical company working under its constitution but now it is one of the most widely spread industries in the country with more than 500 registered manufacturing units and more than 31 multinational companies which expands across the country providing top of the class Health care products which meets around 80% of the total countries demands while 20% of which are imported every year. Drug prices in Pakistan are controlled under the section 12 of Drug Act 1976 which gave the authority to Ministry of National Regulation and Services to control over the pricing of drugs (Azhar, 2005).

The ministry of health Russia is responsible for the quality assurance, for the implementation and the developmental programs and the control and licensing of the drugs that are present in the Russian Federation. While the European medical agency of Russia also helps in assisting and performing tasks with other European countries for the support of licensing of drugs in regards to the recommendations of the Ministry of Health

Russia. While there also existed one more agency by the name of Federal drug control service of Russia which was responsible for the control and implementation of policies and laws which was then dissolved in 2016 by a Presidential order. There have been many different ministerial orders that have constituted the drugs and the laws for pharmaceuticals (Sabitzer, 2016).

Information, Research and Technology

The health system of Pakistan has a wide infrastructure spanning across the nation but the country has been very limited in its resources to maintain records and to apply new technology in the field of health care and delivery system in Pakistan. The health system of Pakistan relies mostly on technology with the increase in the influx and out flux and the growing population and the need for enhanced technology in order to maintain and track records is essential while it cannot be seen in most of the health care units in Pakistan. The health care institutions have very limited supply of tools and technology for this purpose which can be improved (Ghaffar, 2000).

On the other hand in Russia the high technology, information and research programs in Russia are booming. The government has organized different programs and have initiated different domains in order for the development of state of the art up to date modern technology that can be used in their health care system. Some examples of centers that are currently equipped with up to date modern and state of the art technologies for health care delivery system are Research Institute of Physical Chemical Medicine, Institute of Biomedical Chemistry, the Central Institute of Traumatology and Orthopaedics named after N.N. Priorov (CITO), N.N. Burdenko Neurosurgical Institute, N.V. Sklifosovsky Institute for Emergency Medicine, A.N. Bakulev Institute of Cardiovascular Surgery, Intersectional Research and Technology Complex "Eye Microsurgery", Cardiology Research Center, and the Institute of Transplantology and Artificial Organs. The success in these fields are based on the efforts put in the field of physics, biology, chemistry and technology, for which the soviet scientists are working for day and night. The Federation has been giving proper attention to the information technology and for the production of new tech grad which can be used in HCDS (Greenberg, 2017).

Challenges Faced by Pakistan and Russia Health Care System

The health care delivery system of Pakistan faces severe challenges as the infrastructure is available but the personal to operate the institutions are limited. The hospitals that have been approved by the government in different rural places of the country do not have a serving staff and the implantation of specific staff does not exist. The health care delivery system of Pakistan mainly runs on external donations while people can not look up to public health services and always turn to private health services. The lack of information and technology and resources is also a big and questionable issue for the health care delivery system of Pakistan. To deal with other aspects there are no transport facilities and no standard ambulances available at the public health systems. Most of the population of Pakistan are subjected to poverty and cannot afford to go to private sectors so the public health systems should be improved (Punjani, 2014).

Whereas the challenges that are faced by the Russian Federations health care system are not because that their health care system is weak, but it is because of the diseases and the patient challenges that they are facing, while they are well equipped and have state of the art technology to tackle the challenges the mortality rates and the increase in AIDS is of a major issue for their health care system. Other than this there are very minimal challenges that the Russian Federation faces in its Health Care system (Greenberg, 2017).

II. Conclusion

The findings that have been done in this research that the health care delivery system of the Russian Federation is of a greater standard than that of the Pakistani health care delivery system. Pakistan can learn from the reforms and the constitutional challenges that the Soviets made, the dedication and the resilient nature of the Russians towards achieving a greater health care system. The role of its leaders in supporting the system has also played a major and pivotal part in turning the tie around. Pakistan can also learn from Russia's enhanced technology in the field of health care delivery system and can try to implement. While the Human resources, Medical resources and the Financing can all be brought into light and can be improved so that Pakistan can be set on a track for a better health care system for its people.

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