

## Short Communication



# Pakistan's Primary Healthcare Revamp: Special Focus on Islamabad

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The primary healthcare system forms the cornerstone of any nation's healthcare framework, ensuring that essential services are within reach, affordable, and effective at the community level. The principles of primary healthcare (PHC) include universal accessibility, equitable service distribution, preventive measures, health promotion, and active community participation. Strengthening PHC and achieving universal health coverage are major global health objectives, aimed at providing everyone with access to affordable, high-quality health services.<sup>1</sup> However, Pakistan's primary healthcare system has long struggled with significant issues such as insufficient funding, poor infrastructure, a lack of skilled medical staff, and unequal healthcare access across regions. Although urban centers like Islamabad typically have more developed healthcare services, challenges related to quality, accessibility, and efficiency persist.

Pakistan's healthcare system is structured into three levels: primary, secondary, and tertiary care, with PHC as its foundation, intended to offer preventive, promotive, and basic curative services. Despite government efforts to improve healthcare, Pakistan's health indicators remain concerning. The country spends less than 1% of its GDP on health - far below the World Health Organization's recommended 6% - which highlights budgetary insufficiencies amid increasing demand for healthcare services.<sup>2</sup>

Rural areas, where a substantial portion of the population reside, often face underfunded, poorly equipped, and understaffed primary healthcare facilities. These regions face significant barriers to healthcare access, including

geographic isolation, poverty, and inadequate transport. While cities like Islamabad generally have better healthcare infrastructure, they still encounter issues such as overcrowding, inadequate specialist services provided by unqualified individuals (quackery), and the growing burden of chronic illnesses. Islamabad is home to notable medical institutions such as the Pakistan Institute of Medical Sciences (PIMS), Federal Government Polyclinic Hospital, and Federal General Hospital (FGH), but primary healthcare services in the city are still subject to the broader systemic challenges facing the country.

Although Islamabad boasts a considerable number of healthcare facilities, the ratio of primary healthcare centers to the population remains insufficient. More health centers and community-based services are needed to meet the basic healthcare needs of underserved areas in the city.<sup>3</sup> Public healthcare quality is also affected by a shortage of skilled professionals, including doctors, nurses, and specialists. The existing workforce is often overstretched, leading to burnout and a decline in service quality.

Despite comparatively better healthcare access in Islamabad, disparities within the city remain. Low-income groups, particularly those in slums and peri-urban areas, frequently struggle to access quality healthcare. The rising cost of private healthcare pushes many families to rely on overcrowded public facilities. Additionally, there is poor coordination between different levels of care, prompting many to bypass primary centers and directly seek specialized or hospital-based services. This practice results in inefficiencies, delays, and higher healthcare costs.

Pakistan also faces a significant shortage of trained healthcare professionals, particularly in rural regions, as noted in the 2020 health workforce profile by the WHO. While Islamabad has a relatively higher number of skilled medical staff, the supply still falls short of demand, particularly in specialized fields.<sup>4</sup>

Even with a comparatively stronger healthcare infrastructure, public health facilities in Islamabad encounter challenges related to equipment, maintenance, and the adoption of modern medical technologies. Furthermore, limited awareness of preventive measures and early intervention contributes to the high rates of preventable diseases in Pakistan. Health literacy remains a challenge in many communities, including urban areas like Islamabad.

### **Recommendations for Improvement**

To overcome these challenges and enhance primary healthcare, particularly in Islamabad, adopting specific strategies such as strengthening Public-Private Partnerships (PPP) can be highly beneficial. The PPP model has proven effective in improving access to and the quality of healthcare in various countries. In Pakistan, placing greater emphasis on public-private collaboration could bridge the gap between the high demand for services and the limited available resources.<sup>5</sup> By partnering with private entities, the government could facilitate the construction of new healthcare facilities or the renovation of existing ones, especially in underserved areas of Islamabad.

Public-private partnerships could also be instrumental in establishing more specialized centers, such as maternal and child health facilities, which are often scarce in both urban and rural settings. Working alongside private medical institutions could aid in the recruitment, training, and retention of qualified healthcare professionals.<sup>6</sup> The private sector's ability to provide better incentives, training programs, and career development opportunities could be extended to public healthcare workers through PPP initiatives.

Similarly, private companies, including pharmaceutical and healthcare organizations, can collaborate with the government to develop public health campaigns targeting disease prevention, vaccination programs, and maternal health education. The PPP model can facilitate innovative cost-sharing strategies that reduce the government's financial load while maintaining affordable healthcare services for the population. For instance, the government

could offer subsidized healthcare services through private hospitals in exchange for tax incentives or reductions in service fees. This approach would help ensure that healthcare remains accessible and affordable, while leveraging private sector resources to enhance service quality and outreach.

To complement these strategies, encouraging stronger community health programmes is essential for a sustainable healthcare model. Initiatives that train and empower community health workers can bridge the gap between primary healthcare centers and the local population. Community health workers, who are often trusted members of their communities, can play a critical role in preventive care, health education, and basic medical assistance. This not only alleviates the burden on healthcare facilities but also ensures that medical advice and assistance are more culturally relevant and accessible. Programs aimed at training these workers should be integrated with comprehensive public health initiatives to provide ongoing education and support, ensuring their effectiveness and long-term engagement.

Additionally, addressing health literacy is a pivotal part of transforming primary healthcare. Efforts must be made to incorporate health education into the school curriculum and through community workshops. Public awareness campaigns can demystify preventive practices and encourage people to engage in regular health check-ups, vaccinations, and early disease screening. This can contribute to a shift in public behavior, promoting proactive rather than reactive healthcare approaches. Leveraging media, both traditional and digital, can amplify these messages, making critical health information accessible to a broader audience. Investing in these soft infrastructure elements can lead to a substantial reduction in preventable diseases and overall healthcare costs.

Moreover, increasing investment in healthcare is crucial. Pakistan should prioritize raising healthcare expenditure to at least 5% of its GDP. In addition to government spending, health insurance schemes and innovative financing mechanisms (e.g., micro-insurance) should be explored to ensure sustainable financing for primary healthcare services. The government must invest in expanding and upgrading primary healthcare centers in Islamabad and other urban areas. Telemedicine, mobile health applications, and digital health records can improve the delivery of primary healthcare services. The government can collaborate with tech companies and

private healthcare providers to implement digital health solutions that improve accessibility, particularly for patients in remote or underserved areas. Preventive healthcare should be at the core of the primary healthcare system. The government, in partnership with private organizations, can launch campaigns aimed at educating the public on healthy lifestyles, vaccination, and early detection of diseases. Schools, community centers, and local healthcare facilities can be utilized to disseminate information about health risks and preventive measures.

In conclusion, by addressing these challenges and investing in both human and technological resources, Pakistan can build a more equitable, accessible, and effective primary healthcare system that will benefit current and future generations.

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