



Reformative Measures for Basic Health Units in Pakistan

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Dear Editor-in-Chief

In resource-deprived countries like Pakistan, the contribution of basic health units (BHUs) in reducing the burden of disease among local communities cannot be overlooked. As foundational tiers of the healthcare infrastructure, BHUs are instrumental in providing accessible healthcare services at community level. Pakistan has a comprehensive network of BHUs for primary healthcare service delivery. There are approximately 5,301 BHUs in the country, each encompassing a catchment population of around 10,000-20,000 persons (1). However, the vast majority of BHUs remain underutilised (2) with an average turnover of 20-30 patients a day.

The reason behind underutilisation of BHUs involves various administrative and infrastructural deficiencies that create a conundrum for the efficient delivery of the services available at BHUs (3, 4). Lack of political commitment at governance and policy making levels serves as one of the major barriers to the effectiveness of BHUs. Ad hoc policies are used for hiring of paramedic staff and doctors with less specified procedures for their recruitment (1). Furthermore, staff absenteeism and poor dealing with patients tend to dent the credibility of the BHU system among local communities (2, 5). Owing to the absence of senior medical officers, the junior paramedic staff, especially dispensers and nurses, mostly attend patients and prescribe them medical treatment. Additionally, the remote demographic locations of BHUs

and inadequate lucrative incentives are considered as the major issues hindering the retention of doctors and paramedic staff at BHUs (4, 6). The unavailability of medicines and diagnostic tools are two other major areas of concern (2, 5).

Therefore, it is suggested that revolutionary strategies should be introduced to enhance the effectiveness of BHUs for providing basic health services to the local communities of Pakistan (1, 2). Government needs to take effective policy measures for the recruitment of paramedic staff and doctors along with introducing appropriate incentives to ensure their retention in BHUs located in remote areas. In order to avoid the selling of expensive medicines, that are provided free or at lower prices by the government, a list of freely obtainable medicinal costs should be publicly available at all BHUs. A moderate proportion of the health sector surplus should be granted to BHUs for the resolution of their financial issues. Furthermore, to ensure the effective utilisation and sustainability of BHUs, a mechanism should be devised to hold staff accountable for their responsibilities and inadequate performance (1). We strongly believe that through appropriate reforms at the operational and infrastructure levels of BHUs, the healthcare system in Pakistan can be strengthened. It will result in healthy communities and thus, a healthy nation, eventually contributing to a diminished burden of disease globally.

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