

Health Care; Role of Disease Prevention

Preventive medicine focuses on promoting health, preventing disease, and managing the health of communities in the defined populations, with primary, secondary, and tertiary prevention-oriented practices. Primary prevention appears to work better than any other strategy such as secondary prevention in medicine. The evidence shows that there is correlation between specific healthy lifestyle behaviors and decreases in major chronic diseases (e.g., diabetes mellitus, heart disease, stroke, cancer), communicable diseases and all-cause mortality. There are many methods for prevention of disease such as; recommended visits of adults and children to their doctor for regular check-ups, even if they feel healthy, disease screening, identify risk factors for disease, healthy and balanced lifestyle, immunizations and boosters.

Pakistan unlike developed countries, has dual burden of diseases that is, communicable and non communicable diseases. Common preventable, non communicable diseases that are causing most of the mortality and morbidity include; Hypertension, Smoking, High cholesterol, Obesity, Physical inactivity, Alcohol, Indoor air pollution whereas, communicable diseases include; Diarrhea, Pneumonia, Malaria, Hepatitis and Tuberculosis. Primary prevention is one of the options that can lead to a control on diseases. There is no general consensus as to whether or not preventive healthcare measures are cost-effective, but surely they increase the quality of life dramatically.

Pakistan is a developing country with a high infant mortality rate, with communicable diseases as a leading cause and low vaccination coverage aggravating the situation further. Every year millions of children around the globe are saved from illness or death because of vaccines. Millions of the public money is spent on vaccination of children each year, still millions of children die. There are multiple factors associated with issues related to activities in routine expanded program on immunization (EPI) coverage. Some of the key issues are: poor outreach capacity of vaccinators, dissatisfaction over service structure of EPI staff, non cooperative attitude of doctors in health facilities, lack of involvement of private sector, political interference in EPI staff management, poor cold chain for vaccines and lack of accountability. Public health has evidence based solutions for these problems and active involvement of elected representatives is one of them. Some of the specific roles of representatives may be: dispelling negative perceptions about the EPI, proposing effective laws, initiate a debate on the subject thus focusing media attention and try to enhance the budget allocated for EPI program. Low birth weight, maternal anemia and low skilled birth delivery are some of the other important factors which are correctable by effective public health interventions, for improving maternal and child health. Hepatitis is another threat to society generally and health system specifically, due to its high prevalence and anticipated complications in coming years, that would lead to heavy burden of hospital admissions and decrease in productivity of individuals.

Non communicable diseases and injuries are amongst the top ten causes of mortality and morbidity in Pakistan, and impose a heavy economic burden on individuals, society and health systems. Most developing countries do not comprehensively address chronic diseases as part of their health agendas because of lack of resources, limited capacity within the health system, and the threat that the institution of national level programs will weaken local health systems and compete with other health issues.

In Pakistan, public-private partnership developed a national integrated plan for health promotion and the prevention and control of non communicable diseases (NCDs) and attempts to obviate the challenges associated with addressing chronic diseases in this country with limited resources. This plan developed an integrated approach to chronic diseases at several levels, capitalizing on the strengths of partnerships, building on existing efforts, and focusing primary health care on chronic disease prevention. In addition to hypertension, diabetes mellitus, smoking and obesity one must not forget renal failure, a disease with high financial burden on family and health system and that is currently on rise in our society.

Pakistan being a developing country spends very small proportion of its GNP and development budget on

the health sector. Seventy percent of clinical services are delivered by private-sector health care providers, and out-of-pocket payments are the major source of health financing, despite the existence of an extensive public-sector–owned health care system. Preventive and educational services are delivered almost exclusively by the public sector. Lately, as part of certain preventive programs (HIV and AIDS programs in particular), nongovernmental organizations (NGOs) have been delivering preventive care, albeit in a contractual role in which NGOs enter into contracts with the public sector.

What is required in our country is that we focus on evidence based solutions as suggested by public health like research on disease prevention, aimed at the specific interventions for prevention of communicable and non communicable diseases and the promotion of individual and community health, with emphasis on practice and policy. Particularly focus should be on interventions aimed at primary and secondary prevention of important emerging local clinical, behavioral and public health issues, additionally addressing equity and disparities gaps in health systems, by focusing the social determinants of health, supporting local programs to achieve healthy communities and establishing effective surveillance systems to monitor the health status of targeted populations.

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