

Review Article

# A Review of Frequency and Pattern of Diseases among Patients in Pakistan

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### Abstract

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*An important aspect of human life is a sound health. The chance of illness reduces with better health. It is proved that level of mortality, morbidity and infertility lowers with healthy life style. In healthy population the rate of diseases is minimum. Better health also improves school children attendance due to fewer leaves as comparative in illness. For better development of human resource investment should be done on health departments of the country. In Pakistan health care system has been improved by view of physical infrastructure and manpower growth in both public and private setup. However, health care delivery system is not fulfilling the needs of fast growing population of the country. Maternal and infants mortality rate is still high as compared to its other neighboring countries. The conditions would be better by increasing budget allocation to the health sector.*

**Keywords:** Cerebrovascular disease, Stroke, Radioisotopes, Imaging

### Introduction:

An important aspect of human life is a sound health. The chance of illness reduces with better health. It is proved that level of mortality, morbidity and infertility lowers with healthy life style. In healthy population the rate of diseases is minimum. Better health also improves school children attendance due to fewer leaves as comparative in illness. For better development of human resource investment should be done on health departments of the country (World Bank, 1993). In Pakistan health care system has been improved by view of physical infrastructure and manpower growth in both public and private setup. However, health care delivery system is not fulfilling the needs of fast growing population of the country. Maternal and infants mortality rate is still high as compared to its

other neighboring countries. The conditions would be better by increasing budget allocation to the health sector.

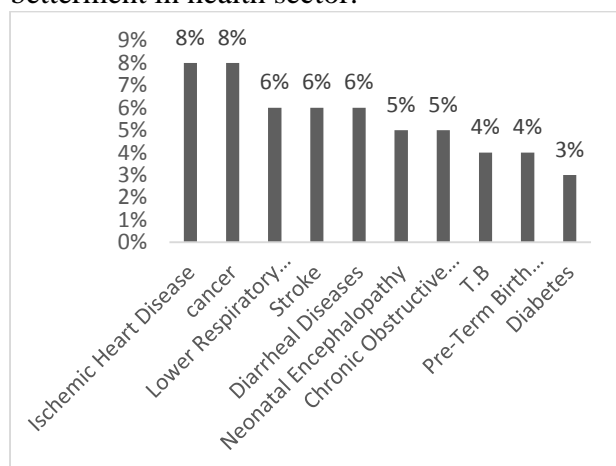
**Table: 1** Meta data of Pakistani population reported by Bureau World Population Data Sheet, 2011

population	176,940,000
Per capita income	\$2,680
Life expectancy at birth men	64 years
Life expectancy at birth women	66 years
Infant mortality rate	64/1000

Countries with a determined objectives achieved their millennium goals by a 25 years, while in health department Pakistan has not achieved its goals. Pakistan has a high newborn mortality rate ranked as eighth in world as every tenth child died in Pakistan before the age of five as shown in table 1 (Fikree *et al.*, 2002). Maternal mortality rate is 1 in 80 during reproductive life. Pakistan is lacking in health department as compared with South Asian countries (Hina *et al.*, 2015) and World Health Organization, 2009). Pakistan is also suffering from high rate of communicable and non-communicable diseases. Another mismanagement is uneven health facility between urban and rural territory.

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After the 18<sup>th</sup> Amendment to the Constitution, the health department has been transferred to the provinces, but the distribution of responsibilities and sources of revenue generation between the tiers remains debatable. Pakistan needs a national level health improvement program for betterment in health sector.

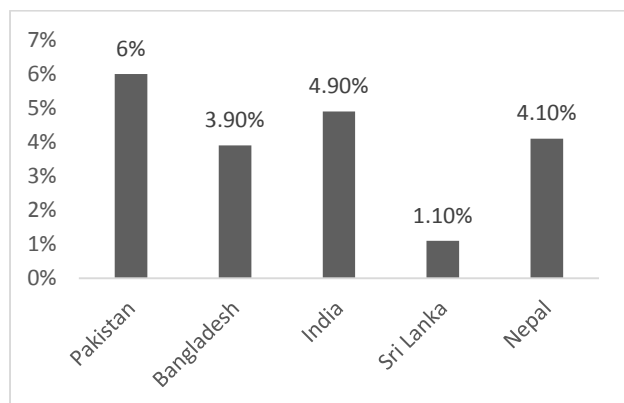


**Figure: 1** Percentage of death causing diseases in Pakistan

Pakistan has a federal democracy, provinces included are Balochistan, Punjab, Khyber Pakhtunkhwa, Sindh and Gilgit-Baltistan. According to WHO Pakistan is ranked 123 out of 186 in Gender Inequality Index. 52% population has no access to sanitation (WHO, 2009).

**Infant Mortality Rate (%) in South Asia.**

**Figure 2** showed the different percentages of the infant mortality rates in south asia.



**Figure: 2** Percentage of infant mortality rate in South Asia (WHO 2013)

**Health Sector in Pakistan:**

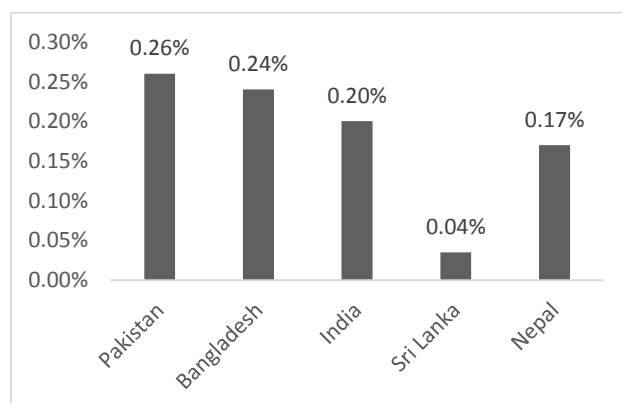
The health sector in Pakistan has an exponential growth by the last 30 years as new projects, national level programs has been added to it. These programs are managed by government and/or development partners. Different developmental organizational are playing their role in monitoring of various diseases management programs. At federal level Ministry of Health has a main role in health care planning, while at provincial level Department of Health is monitoring healthcare setup.

**Health status:**

As Pakistan is suffering from communicable and non-communicable diseases in high rate as shown in figure5. The maternal mortality rate is also high as compared with other countries in South Asia. The percentage ratio is clearly shown in figure 4. According to survey only 28% of delivery cases were taken place in presence of doctors, while 65% deliveries taken place at home (Jokhio et al., 2005).infant mortality rate is also high as represented in figure 2. Malnutrition is one of the major cause of infant mortality. The factors slowing the improving processes in health sectors are a major concern in achieving health goals (Jehanet al., 2009).

**Maternal Mortality Rate**

Figure 3 showed the meta data of percentages of maternal mortality rate in south asia.



**Figure: 3** Percentages of maternal mortality rate in south asia

**Communicable diseases:**

Countries still having cases of polio also include the name of Pakistan. Pakistan ranked at sixth number in population having tuberculosis. Diarrhea and acute respiratory illness are accompany malnutrition in major causes of infant mortality (Bryce *et al.*, 2005). The morbidity of tuberculosis is as 231 patient per 100,000 in a year, while malaria is ranging from 0.2% (Karim *et al.*, 1993).

**Non-communicable diseases:**

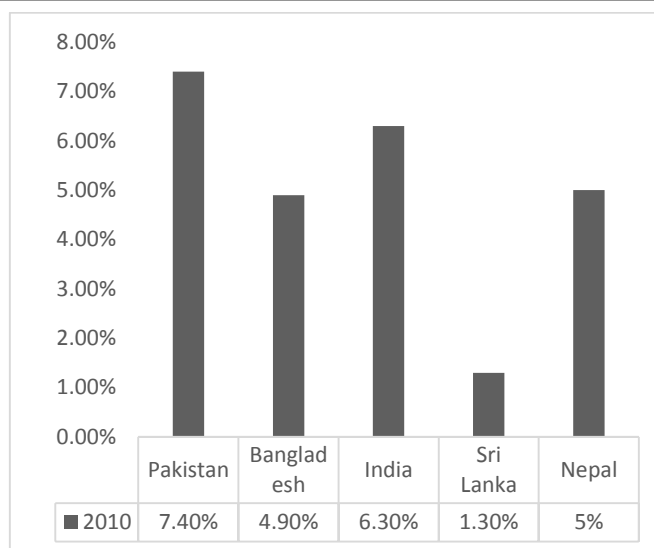
Diseases with highest rate of incidence among non-communicable diseases are cardiovascular, diabetes, cancer and problems associated with mental disorder. The percentage wise data as presented in figure 5. The ratio of hypertension is 24.3% in adults, while 25% of having age more than 40 are effected by coronary heart problems. The ratio of disable population is also high as 2.5%. Pakistan has 1% blindness according to the criteria of WHO visual impairment. Blindness has an impassive effect on poverty, education and daily life style routine work (Lanewala *et al.*, 2009).

**Other major crises:**

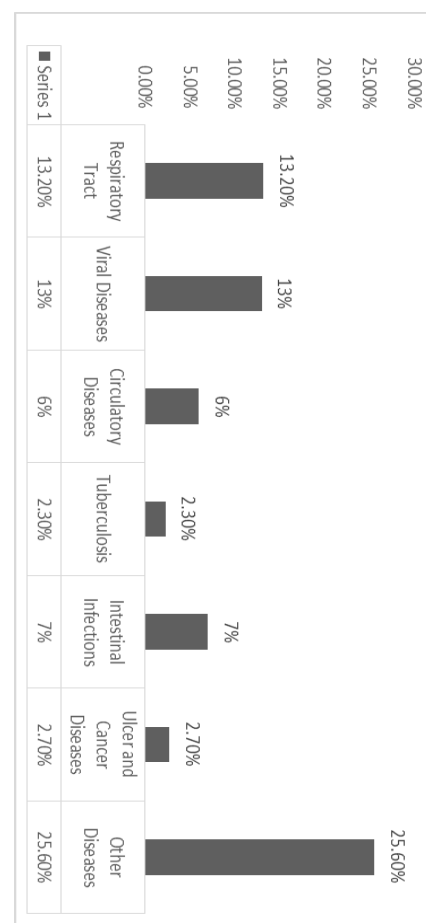
Routine development programs are greatly affected by an earthquake occurring in 2005. The life lose counted as 83,000 dead a huge damage to the basic infrastructure. The earthquake is followed by floods occurring in 2010 and 2013 affecting near about 20 million and 8 million people respectively. Other factors to slow down the progressing development programs is security imbalance.

**Under-five Mortality Rate**

According to world health organization different percentages of the mortality rates under five years were reported and showed in figure 4.



**Figure 4** Percentages of under-five mortality rates in South Asia (WHO 2013)



**Figure 5** :Respiratory Infection: Asthma, Pneumonia, Throat Infection including Cough, Viral Diseases: Acute Poliomyelitis, Measles, Other viral Diseases like Flu etc Circulatory Diseases: Blood Pressure, Heart diseases, Tuberculosis: All types of Tuberculosis. Intestinal Infections: Cholera, Typhoid Fever, Dysentery, Food poisoning Diarrhea. Ulcer and Cancer Diseases: All types (Malignant and Non-malignant) of ulcer and Cancers. Other diseases: Includes Diabetes, Allergy and Kidney Problem etc

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