



## PC-1 Health Care Centres for Non Communicable Diseases

صحت زندگی



## PC1- Health Care Centres for Non Communicable Diseases

Sindh province has observed an increase in burden of Non Communicable Diseases (NCDs) including cardiovascular disease, hypertension, diabetes, chronic respiratory diseases and mental illness. Urbanization and life style habits predisposes to higher risks of developing NCDs, leading to morbidity and premature death. According to Sindh Health Sector Strategy (HSS) 2012-2020 the response to such problems requires a multi-prong approach through involvement of all levels of health care delivery.

The Sindh DoH, with technical assistance from Technical Resource Facility (TRF), has developed a Planning Commission document-1(PC-1) for establishment of health care centres for Non Communicable Diseases (NCDs) at Karachi, Hyderabad and Sukkur. The goal of the proposed programme is to reduce the mortality and morbidity burden of Non Communicable Diseases among disadvantaged and underserved people of the province. This will be provided through affordable quality healthcare services by establishment of Centers of Excellence (COE) for NCD care. Initially, services will be provided for three prioritized NCDs (Cardiovascular Diseases (CVDs), Diabetes Mellitus (DM) and Mental Illnesses).

Design of COE is primarily based on the findings of a feasibility assessment conducted through learning visits of model facilities / institutions and consultation with experts. The COEs will be tertiary health care facilities, which will provide evidence-based management for the prioritized NCDs and serve as focal academic and research hub for NCDs. The proposed services are given in table below

Department	Services
Emergency Services	General Emergency Ward Mental Illness Emergency Ward
Day Care Wards	General Daycare ward Mental Illness Daycare Ward
Out Patient Departments	CVD, DM, Mental Illness
Diagnostic Zone	Radiology, Ultrasound, MRI, CT Scan, Echo Cardiograph Rooms, Laboratory
Blood Bank	Donation, Storage and Products
In-Patient Wards	CVD, DM, Mental Illness
Operation Theatre (OT)	Two Cath labs; Two cardiac OTs and One general OT
Recovery Ward	Monitoring of vitals, maintenance of IV line, emergency services, nursing care, consultations, diagnostics, ECG, post-operative exercise and medication.
Intensive Care Unit (ICU), High Dependency Unit (HDU), Cardiac Care Unit (CCU)	Monitoring of vitals, maintenance of IV line, emergency services such as oxygen provision, nursing care, diagnostics, emergency resuscitation, minor procedures and dressings, emergency pace maker installation ECG, post-operative exercise and medication
Academics	Lectures, Tutorials, Seminars, Tele-Medicine Conferences
Rehabilitation and Physiotherapy	<ul style="list-style-type: none"> <li>• Post operative Exercise, Risk prevention,</li> <li>• Diet/ Nutritional Advice, Basic life skills</li> <li>• Foot care, Eye care, Insulin administration, Complication prevention</li> <li>• Drug compliance, Emergency management,</li> </ul>
Counseling	<ul style="list-style-type: none"> <li>• Pre &amp; post-operative counselling</li> <li>• Life style modification counseling</li> <li>• Vocational training, Entertainment/Socializing</li> <li>• Life skills management, Collaboration with industry for skill development and productivity, Peer/ family counselling</li> </ul>

## Management and Governance

The COEs are proposed to be autonomous institute (tertiary – care hospitals, diagnostic facilities, academic and research facilities) with a multi-stakeholder management structure.

It will establish strong referral linkages with public and private sector primary and secondary health care facilities, as the centers would be providing tertiary level care for selected NCDs. As teaching and learning hubs, the COEs would also seek to develop collaborations with academic and research institutions such as, College of Physician and Surgeons (CPSP), Pakistan Medical and Dental Council (PMDC), Pakistan Nursing Council (PNC), Pakistan Medical and Research Council (PMRC), Health Services Academy (HSA), Pakistan Institute of Developmental Economics (PIDE) and other similar institutions.

## Financial Implications and Sustainability

It is proposed that the approximate development costs for the centres be identified and allocated in annual provincial health budget. Recurrent costs for day-to-day operations, based on the proposed activities of the centres, may be transferred through regular budgetary accounts.

The estimated cost of COEs is given in table 1 below

Table 1 - Breakdown of cost of the scheme (in PKR millions)		
Category	Cost of one unit	Cost of three units
Capital Cost – Karachi	1063.216	3094.738
Capital Cost – Hyderabad and Sukkur	1015.761	
Revenue	545.913	1637.739
Total	3640.651	4732.477
Annual Recurrent Cost	179.940	539.841

For ensuring long-term sustainability, a wide range of options will be utilized including:

- **Fund allocation in the DoH:** The development cost should be appropriately allocated in the Annual Development Plan (ADP) and on completion of the scheme; the recurrent costs will be projected in regular budgetary accounts.
- **Philanthropic Sector:** Sindh has highest philanthropic contribution in Pakistan, including assistances from corporate sector. These philanthropic contributions should be effectively strategized to efficiently utilize resources for fulfillment of government's commitment of 'Health for All'.
- **Safety Nets:** Other contributors like Social welfare, Zakat and Bait-ul-Mal should also be tapped to increase the fund pool to provide safety nets to patients.
- **User fee:** Introduction of user fee for services including medical and surgical consultations and diagnostics will also contribute to overall funds.

The Government of Sindh has done a commendable job for establishing good quality NCD services at public sector; this aims to prevent huge out of pocket health expenditure by major proportion of the population. Since the PC-1 plans for developing inter sectoral linkages, the consideration for longer term financial sustainability will be required which has not been fully addressed.



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