Editorial

System within System: World Health Organization Building Blocks and Public-Private Partnership in Healthcare sector of Pakistan.

Saira Afzal[1], Amber Arshad[2]

[1]Dean of Public Health & Preventive Medicine, KEMU, Lahore; [2]Department of Community Medicine, KEMU, Lahore

"Health systems" (also called "health care systems" and "healthcare systems") are organizations that provide health care services to target populations by integrating people, institutions, and resources. A health care system is nothing more than a collection of interdependent pieces and their relationships. People, organizations, and behaviors whose primary goal is to promote, restore, or maintain health are part of a "health system." This system relies on the interdependence of its various components. Numerous components that make up a health care system, like patients, families, communities, health departments, health care professionals, and organizations responsible for funding health care are just a few examples. The duties and functions of each component are intertwined. WHO proposes supporting and building a health care system based on the following framework, the Six Health System Building Blocks? It is possible to produce more equitable and long-lasting gains in health services and outcomes by enhancing the six components of the health system and managing their interrelationships[1].

There are six key components or "building blocks" that make up the WHO framework for describing health systems. Service delivery includes delivering health care services and access to vital drugs, health information systems (HIS), and financing/governance[2]. Following the WHO's framework for health systems, a thriving health system ensures that all people have equal access to necessary medical items and vaccinations and safe, effective, and cost-efficient technology. A sound healthcare system can provide effective, secure, and high-quality personal and non-personal healthcare services to individuals who need them. If finances and conditions allow it, then the highest health outcomes are achievable by health care providers who are fair and sensitive to the needs of their patients. Suppose a health information system is to work correctly. In that case, it must be able to produce, analyze, disseminate, and use accurate and consistent information about health determinants, performance in the health system, and the health status of all its users. This system has four primary functions: data production, data com-pilation; data analysis and synthesis; communication and use; and use and dissemination. It is also critical to have strong leadership and good governance. Strategic policy frameworks, effective monitoring, bipartisan cooperation, compliance, attention to system design, and accountability are necessary components of leadership and management in health system[3].

The Public-Private Partnership (PPP) always begins with the same goal: to develop long-term, sustainable, and efficient partnerships that support the individuals of the society for the future. However, despite having identical goals, PPPs are vastly different in approaching their work. In other words, a PPP can go on many different paths. We like to conceive PPPs as being made using Lego-like modular building bricks to emphasize their similarities and distinctions[4]. There are six building blocks to consider when it comes to PPP in practice: It comprises two central tenets of PPP: Both sides' initiative is a joint effort. Financial (workforce, materials) and expertise-related (skills, knowledge, networks). The parties have a sociological and, in some cases, commercial impact. We recommend that PPPs begin by

focusing on a single building block and develop a public-private partnership is a combination of building blocks, leading to predictable consequences[5]. Curriculum innovation, for example, is necessary if new educational models are to be developed and maintained[6]. Scaling up a Public-Private Partnership is one option. Strong networks can energies new target audiences since they have enough expertise and influence. Situational changes need continual PPP development in many cases. Contractors and engineers may be interested in a standard PPP framework and other parties (such as escrow agents) and even clients. A global typology of facility-based healthcare PPP business models is developing. This series highlights excellent healthcare PPP practices and advances to help effective implementation[7].

When did Pakistan's first PPP begin? The Economic Coordination Committee's 2007 Pakistan Policy on Public-Private Partnerships backed Infrastructure Project Development Facility (IPDF's) mandate Economic Coordination Committee (ECC). The ECC replaced it on January 26, 2010. The Pakistani government is enthusiastic about PPPs. Globally, nearly $28.4 billion has been invested in 108 successful public-private partnerships (PPP) in the last three years. Parliament revised the 2017 PPP Law by enacting the Public-Private Partnership Authority (Amendment) Act 2021[8]. Pakistan's power, transportation, and energy sectors have witnessed the most PPPs. The Prime Minister approved Public Sector Development Program (PSDP) in late 2019, and it will run from 2020 to 2023, focusing the government on PPPs in all sectors. China-Pakistan Economic Corridor (CPEC) is a framework for China-Pakistan regional connectivity. The benefits of the China-Pakistan Economic Corridor outweigh the costs for both countries. In 2015, the $46 billion CPEC project began. Today, the overall value of all CPEC projects has increased significantly[9]. Public-private partnership in Pakistan's health care sector: In times of crisis, a narrow focus that ignores the interdependence of various stakeholders and circumstances is of limited value. Public health appears to have slid off the priority list in recent years. Pakistan ranks 105th out of 195 countries on the Global Health Security Index in terms of pandemic readiness. Act now before our already overcrowded healthcare system crumbles[10].

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