

# Fragile Health Care Triangle of Pakistan

Majid Khan\*

Department of Pharmacy, Shaheed Benazir Bhutto University, Peshawar, Pakistan

## Abstract

World Health Organization supported pharmacists in international context and recommended one pharmacist per 2000 population and per 50 beds worldwide. Relationship between physician, nurse and pharmacist existed in triangle and every angle of triangle has their own importance if any of angles is deficient the health team will incomplete. Paradigm shift in pharmacy practice from mercantile products oriented practice to patient oriented. In Pakistan this is not up to the required level and this indicator is not followed up to the marked to improve the health care team triangle ultimately provide rational drug therapy to the patient. That's why we can called as fragile health team triangle. The current article through light on current scenario on scope of pharmacists in Pakistan and the main aim of this study is to synergize, facilitate and hire these specialists in order to stabilize the health care team triangle.

**Keywords:** Health care team triangle • Pharmacists • World Health Organization • Pakistan

## Introduction

Pharmacists are the hearts of health care team and key members of triangle as recommended by World Health Organization one pharmacist per two thousand population and one pharmacist per 50 bed [1,2]. In a similar way WHO and Pharmaceutical Federation documented role of pharmacist in health care team and concept of 7 star pharmacist includes manager, decision maker, teacher, lifelong learner, leader, communicator and caregiver as well as researcher [3-5]. In context of World Health Organization the number of pharmacists should be up to that level in order to improve the health status of the patients. The number of pharmacists not of that level in Pakistan to improve the overall health status of the patients and to complete the health care triangle [6]. In the context of World Health Organization that in hospital for 50 beds one pharmacist is mandatory but unfortunately in Pakistan for 1,200 beds there is only one pharmacist. Gulf news reported 95% pharmacies in Pakistan are running in the absence of pharmacists [7]. In a similar way in Malaysia shortage of pharmacists where one pharmacist per 6207 peoples that is not according to the WHO standard, while in India this ratio is good. In a similar way in Ghana this ratio is also far away from the WHO indicator and one pharmacist for 4684.9 peoples. In United Arab Emirates the number of pharmacist were 1200 documented by WHO in 2002 in which (0.8:2000) between pharmacist and peoples this ratio shows slight deviation from WHO recommended range [8]. In Kingdom Saudi Arabia the rate of pharmacists per 10000 peoples were 7.23 that is 2000 has been reached to the marked level in order to matched with WHO recommended range [9].

In 2009 study conducted in Pakistan where total number of pharmacists were 8102 in which 2836 involved in government sectors and 5023 in private sectors, in percent 50%-55% pharmacists upon graduation are going to pharmaceutical industries and only 25% worked in hospital and community pharmacies rest of 25%, 15% involved in drug control level and legal issues and only 5% in research and teaching, this discouraged the pharmacists lack of high proportion in patient oriented practice that's why 95% pharmacist leaving their homeland upon graduation and stabilizing the health care team of other countries [10].

## Description

The World Health Organization guidelines and indicators utilized in this study role of pharmacist in healthcare system by WHO in New Delhi 1988 and in Tokyo Japan 1993, World Health Statistics 2014, Indicator Compendium WHO. This lack of involvement of pharmacists in Pakistan in health care system is considered as fragile health care triangle (Figure 1) [11].

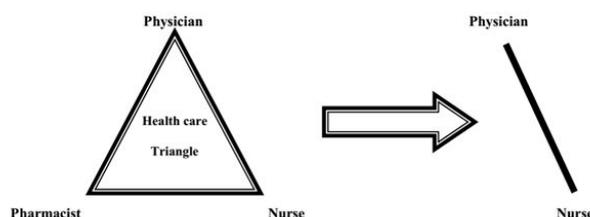


Figure 1. Fragile health care team triangle of Pakistan.

\*Address for Correspondence: Majid Khan, Department of Pharmacy, Shaheed Benazir Bhutto University, Peshawar, Pakistan; E-mail: majidkhanpiran@gmail.com

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Fragile health care team triangle is unable to provide successful health therapy to the patients [12-14]. The study showed that one pharmacist in Malaysia for are 6207 peoples that is extensively far from recommended limit of the World Health Organization, similar studies conducted in Ghana where also shortage of pharmacists and for 4684.9 peoples only one pharmacist that is also far behind the range of WHO, in UAE 0.8 pharmacist for 2000 peoples while in KSA number of pharmacists are under the rules of World Health Organization standard and one pharmacist can provide drug therapy to 1,383 patients in a similar way Pakistan is extensively far from the WHO recommended range in the number of pharmacists for recommended population that's why the health care team as considered as fragile health care team triangle [15-17].

## Conclusion

Pharmacists are the hearts of the health care team, the criteria of WHO is broader recommended for pharmacists. Nowadays paradigm shift in world of pharmacy from mercantile practice into pharmaceutical care, Pakistani pharmacists feeling very low status regarding jobs opportunities and liaison with other health care. The pharmacists have lack of interactions with other health professionals and patients due to lack of attached hospitals with institutions. The internship duration should be increased from six months into one year with stipend in order to stabilize the health care team. The United Kingdom is considered as the indicator and standard because of their quick response where in 2003 dependent prescribing by pharmacists introduced in 2005 converts into limited practice and 2006 independent prescribing initiated and one is Pakistani system indeed of 7 years the curriculum is on own old position.

## References

- Azhar, Saira, Mohamed Azmi Hassali, Mohamed Izham Mohamed Ibrahim and Maqsood Ahmad, et al. "The Role of Pharmacists in Developing Countries: The Current Scenario in Pakistan." *Human Res Health* 7 (2009): 1-6.
- Khan, Ali H. "Tuberculosis Control in Sindh, Pakistan: Critical Analysis of its Implementation." *J Infec Publ Health* 10 (2017): 1-7.
- Karamat, Jawad, Tong Shurong, Naveed Ahmad and Sana Afridi, et al. "Promoting Healthcare Sustainability in Developing Countries: Analysis of Knowledge Management Drivers in Public and Private Hospitals of Pakistan." *Intern J Env Res Publ Health* 16 (2019): 508.
- Wang, Zilong, Shah Zaman, Samma Faiz Rasool and Qamar uz Zaman, et al. "Exploring the Relationships between a Toxic Workplace Environment, Workplace Stress and Project Success with the Moderating Effect of Organizational Support: Empirical Evidence from Pakistan." *Risk Manag Healthcare Pol* 13 (2020): 1055-1067.
- Khan, Majid, and Muhammad Riaz. "Strategic Assessment of Challenges to Clinical Pharmacists in Pakistan and their Historical Relationship with Physicians." *J Pharm Prac Comm Med* 6 (2020): 2-4.
- Khan, Atta Ullah, Abdul Saboor, Ikram Ali and Wasim Shahid Malik, et al. "Urbanization of Multidimensional Poverty: Empirical Evidences from Pakistan." *Quality Quantity* 50 (2016): 439-469.
- Qureshi, Nudrat and Babar T Shaikh. "Myths, Fallacies and Misconceptions: Applying Social Marketing for Promoting Appropriate Health Seeking Behavior in Pakistan." *Anthropol Med* 13 (2006): 131-139.
- Hobson, John. "To Die for? The Health and Safety of Fast Fashion." *Occup Med* 63 (2013): 317-319.
- Midhet, Farid, Stan Becker and Heinz W Berendes. "Contextual Determinants of Maternal Mortality in Rural Pakistan." *Soc Sci Med* 46 (1998): 1587-1598.
- Goudar, Shivaprasad S, Waldemar A Carlo, Elizabeth M McClure and Omrana Pasha, et al. "The Maternal and Newborn Health Registry Study of the Global Network for Women's and Children's Health Research." *Intern J Gynecol Obstet* 118 (2012): 190-193.
- Khan, Haroon Ur Rashid, Khalid Zaman, Sheikh Usman Yousaf and Alaa Mohamd Shoukry, et al. "Socio-economic and Environmental Factors Influenced Pro-poor Growth Process: New Development Triangle." *Env Sci Pollut Res* 26 (2019): 29157-29172.
- Karamat, Jawad, Tong Shurong, Naveed Ahmad and Abdul Waheed, et al. "Barriers to Knowledge Management in the Health Sector of Pakistan." *Sustainability* 10 (2018): 4155.
- Rheingans, Richard, John D Anderson IV, Karoun H Bagamian and Lindsey A Laytner, et al. "Effects of Geographic and Economic Heterogeneity on the Burden of Rotavirus Diarrhea and the Impact and Cost-effectiveness of Vaccination in Pakistan." *Vaccine* 36 (2018): 7780-7789.
- Parks, S, MK Hoffman, SS Goudar and A Patel, et al. "Maternal Anaemia and Maternal, Fetal and Neonatal Outcomes in a Prospective Cohort Study in India and Pakistan." *Intern J Obstet Gynaecol* 126 (2019): 737-743.
- Pappas, Gregory, Taslim Akhtar, Peter J Gergen and Wilbur C Hadden, et al. "Health Status of the Pakistani Population: A Health Profile and Comparison with the United States." *Amer J Publ Health* 91 (2001): 93.
- Mustafa, Daanish. "Structural Causes of Vulnerability to Flood Hazard in Pakistan." *Econ Geo* 74 (1998): 289-305.
- Fischer, Torben, Markus Frolich and Andreas Landmann. "Adverse Selection in Low-income Health Insurance Markets: Evidence from an RCT in Pakistan." *Ame Eco J Appl Econ* 15 (2023): 313-340.

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