

Analysis of Health Policy Making Process in Pakistan

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Abstract

Health is one of the basic needs and it is the responsibility of government to extend health facilities to every citizen. Health policy in Pakistan faces challenges at policy making level. After providing situational analysis of health sector, many flaws in health policy making are identified. This article explains the history of health policy making in Pakistan and has identified the loopholes which describes the conventional accounts of health policy failures. Over last 73 years since the conception of Pakistan as an independent state; policy making process has not yet been institutionalized as the last approved health policy of Pakistan is dated back to the year 2001. After 18th amendment in the constitution of Pakistan; health became provincial subject and all provinces developed their own health strategies. This paper has analyzed Punjab's health sector strategy (2019-2028) through the lens of sense making technique and highlights the issues of unclear goals, influence of donor funding agencies and insights from developed world which results in problem-solution bias. This study has identified donor influence on health policy and indicates areas that requires attention of policy makers. This study also provides reasons of the failure of health policy in Pakistan.

Keywords: Policy Making, Donor Agencies, Donor Influence, Health Sector Strategy.

Introduction

Public policy has been defined as the course of government actions. As defined by Thomas Dye: "What governments do, why they do it and what difference does it make". Public policy plays a vital role in benefitting the public or making them suffer. The components of public policy process differ natural or pure Sciences. Policy making in Social Sciences deals with the needs and problems of public. The complex nature of public issues and how to resolve them has emerged as a major challenge for policy makers. Therefore, it is important to establish a system or framework which helps to decide what issue are important and how to resolve them (Gerston, 2014). Failure of public policy depends upon either on the policy making level or policy implementation level. If the problem exists at the policy making level, it means that the policy has not been designed according to the needs of people.

Health system of Pakistan consists of public and private hospitals, dispensaries and clinics. In public sector, both federal and provincial governments are providing health facilities. Federal government under ministry of defense is responsible for military hospitals. On the other hand, provincial governments have their

provincial departments of health and are providing health care facility in the form of primary, secondary and tertiary health care (Kumar & Banu, 2017).

First, it is important to understand that there are different types of models under which health care system works all over the world. One of those models is Beveridge model. Pakistan inherited health care delivery system that was heritage of colonial period. It was a setup for the large population and medicines were distributed in a bulk quantity (Health problems in Pakistan, 2017). Since Pakistan has a colonial history so health system of Pakistan is not developed indigenously rather “it is based on biomedical model borrowed from Western world. The model is borrowed from British” (Sheikh, 2018). According to this model, delivery of health care is responsibility of government. Citizens pay tax revenues and government provides health care facility to its citizens. Apparently, this is very cost-effective model (Mir, 2019). The second model of health facility is out of pocket model. In this model, citizens have to buy health from private sector. In this model, health facility is expensive and people who have financial resources can only afford it. This model is practiced in poor developing countries. In Pakistan, the basis of health care system was Beveridge mode but at present, Pakistan has adopted all these different models (Mir, 2019).

Health sector of Pakistan is facing multiple and severe issues starting from management, administration, financial resources sanitation conditions, patient satisfaction and especially problems faced by young doctors. Health has now become a business rather than a service. Those who can pay well can buy health care facility from private sector. The public sector which is meant for “public” does not provide ample services to public. The basic issue is poor financial resources for public health sector and it further leads to the mismanagement and institutional decay (Islam, 2018). Budget allocation for health sector has always been neglected (Ahmed & Shaikh, 2008) and remained less than 0.6% during the past fiscal years.

There is no quality control process in place in the visited public sector hospitals; no (written) standard clinical protocols or pathways for diagnostic and therapeutic procedures exist. (Punjab Health sector strategy 2019-2028). There is no proper check and balance on government hospitals. No proper care and attention is being given to a poor patient. Sanitary conditions of public hospitals are not up to the mark. In most cases, hospitals instead of relieving from diseases add more agony to the patients due to unhygienic conditions which includes unbearable smell from wards, improper management of waste, dirty beds in emergency and wards. The government hospitals are blessings for have nots, as not everyone can afford private health care facility but this does not mean that they should not be looked after properly. The rural urban division has also created inequalities in distribution of health because health facilities are not equally distributed. Health policy has a top down approach because implementation areas/regions of health policy are decided by either bureaucracy or international donor agencies (Shaikh, Ejaz, Achakzai & Shafiq, 2013).

Currently Pakistan doesn't have any national health policy (NHP). After the devolution plan, only vision and strategies were formulated by health ministry. Pakistan declared its first national health policy in 1990 and its focus was to reduce risk of diseases and improve health by having good sanitation conditions and having proper family planning. It was also aimed at “Health for All” by increasing government expenditure on health. It also initiated several health care programs (Pakistan, 1990). In 1997, government adopted another health policy. This health policy was aimed at primary health care. It addressed to combat several severe diseases such as AIDS and cancer. It also focused on different health care programs (Pakistan, 1997). This health policy was better formulated than of 1990 because it addressed not only better health delivery system but also focused on determinants of health. The last health policy was formulated in 2001 (Junaidi, 2016).

Health policy of 2001 is the last approved policy. Ministry of health has failed to revise health policy in 2009 because of 18th amendment in the constitution of Pakistan. Since under 18th amendment health has become provincial subject and all provinces have developed their own health strategies. Since there was no national policy so federal ministry of Health Service regulation & Coordination developed a National Health vision in 2016 in order to provide directions to provinces for formulating their own strategies. The directions given by federal ministry of health to provinces for formulation of their own health strategies is

Pakistan's national health vision (2016-25) which is formulated by Ministry of National Health Services, Regulation & Coordination. This document (2016-25) is intended to improve the health conditions and aimed at "Health for All". The ultimate goal of this vision is universal health which is one of the concepts given by world health organization (WHO) (World health organization, 2018). The National health vision 2016-2025 is based primarily on eight major areas to improve the public health system of Pakistan. It is a road map towards a better and healthy Pakistan. Government of Punjab has formulated Punjab Health Sector Strategy (2019-2028) to provide better health facilities and to incorporate the emerging international concerns and standards. The objective of this study is to examine the Punjab's health sector strategy (2019-28).

Methodology

This study has opted qualitative interpretive research paradigm. The study chooses case study of Punjab's health sector strategy in which technique of sense making is employed to understand the problem-solution bias in Punjab's health sector strategy. Sense making technique helps to understand the meaning of an event by establishing its connection with the frames which makes it easier to grasp the grounded meaning. After providing the situational analysis of health sector. The study looked into Punjab's health sector strategy in detail and provided the in-depth analysis of the health sector strategy. The study attempted to make sense of certain hidden ideologies in the policy documents. Sense making technique helped us in understanding the problems of health sector and certain cues were extracted to make sense of a situation.

Outline of Punjab's Health Sector Strategy

Pakistan has signed and ratified multiple conventions and treaties on public health. However, still Pakistan is way behind providing health to people, especially to the poor. Health sector strategic plans requires the involvement of multi-sectors instead of just implementing the "highly cost-effective 'WHO Best Buys' policies" (Mustafa, 2019). Since, the problems of health sector have already been discussed now it is important to examine the guidelines for policy making. The study will find out whether there is any problem solution bias or the strategy is providing solutions of the problems discussed earlier. Punjab Health Sector Strategy emphasized on areas that can ensure remarkable progress towards attainment of Sustainable Development Goals (SDGs). The defined priorities of the new political leadership in the health sector include safety of patients, hospital waste management, quality of care, infection control, and one health, financing of health & public private partnership in the backdrop of three paradigms - biomedical, socio-environmental and lifestyle & behavioral contexts (Punjab Health Sector Strategy ,2019). This paper attempts to unfold that to what extent this strategy is designed to address the health issues of Pakistan?

Comparison between Problems and Solutions

Punjab health sector strategy is formulated by Policy and Strategic Planning Unit (PSPU), Punjab Government. It provides directions for improvement in health care delivery system. It is assumed that if the problem is local then solution should be provided by local contributors but contributors for this strategy document included representatives from WHO and UNICEF. This strategy states that it is in tandem with Sustainable Development Goals (SDGs). Health has a dominant position in SDGs. The SDGs aims to be relevant to all states/countries despite of their economic conditions. Developing countries like Pakistan is facing many economic challenges and is way behind in meeting international standards and goals provided by international agencies.

It is important to understand the policy making process in Pakistan. Pakistan considers global policy initiatives of organization WHO, USAID and UKAID etc. In Pakistan, the local conditions and local needs are often not considered important while formulating a policy. The assumptions and anticipation on which a policy is considered important often remains unknown. Generally, very little or no attempts are being made by the policy makers to contextualize policies while considering the indigenous conditions of the country

(Sheikh, 2018). This strategy also incorporates the global initiatives of WHO and it highlights the need to align the strategic objectives in line with the international practices.

It is important to study the health sector planning and priorities by keeping in view the nature of World climate because it provides ground works for health policy (Zaidi, 1994). This strategy aims to improve the efficiency and effectiveness of the public sector. There is a need to understand that concept of efficiency in providing basic needs to public has been emerged from western cultural ideals. The human dealings such as providing food, shelter and health should have ethical considerations but in west these matters are technical. So the same can be seen in this policy which focuses on “efficiency”. The concept of efficiency is not universal at all and it represents only one society i.e. West (Bishop, 2007). It shows that policy is not well researched at all. The policy has been adopted from west and is not designed indigenously.

According to this strategy, one of the objectives is: “To engage private sector in poorly covered areas by the Public Health Sector”. So encouraging privatization in the delivery of basic needs fall under neoliberalism because private hospital deals with customer satisfaction not patient satisfaction. Those who pay well buys better services and that’s the agenda of private sector i.e. profit maximization. Profit maximization has no ethical value.

According to this health strategy, one of the areas that needs to be focused include: “To redefine the role of the government”. Under the umbrella of neoliberalism, role of state has been redefined. State’s role in terms of survival instincts; health is one of the basic needs and government is liable for not providing adequate health services to all citizens. It is not the responsibility of donors to impart health financing. It shows that state led plans and services are often financed by major international aid agencies.

According to this strategy, Pakistan’s spending on health over last 10 years is between 0.5 to 0.8 percent of GDP. WHO bench marks for providing basic and life services is at least 6 percent of GDP? Households are the major financers of healthcare in Punjab and most payments are through out of pocket (OOP). If the budget allocated to health sector remains low, how we can say that health is priority of the Punjab government. Here it is quite evident that responsibility of government to make policies and to provide basic necessities to the citizens has been replaced with the concept of governance. Under the concept of governance, government is only a facilitator. Traditional task of government was direct production of delivery of goods and services. New task for government is leading agent of production and indirect facilitator. Now, new performance standards are efficiency, value for money and customer satisfaction. This concept of governance also falls under new public management which is also an explicitly exogenous concept in developing countries.

One of the hidden ideologies in this document is of instrumental reason i.e. the use of most efficient or effective means to achieve the desired stated goals. Human dealings should be on ethical grounds while in west/developed world it is on technical grounds. Humans and tangible things are different in nature. The main concept behind instrumental reason is self-interest. These concepts of instrumental reasoning, technical rationality and political liberalism are not universal in nature and are historically developed and represent only one society. These concepts cannot be applied and generalized to all societies (Bishop, 2007).

Analysis

When policy is formulated, it is argued that it should be research based. In developed world, policies are made on the basis of some ideology that is hypothetical and superficial. Social Science deals with human behavior in its social and cultural aspects. Human interactions need to be based on ethical grounds. The methods of natural and physical sciences cannot be applied to Social Sciences because humans are not instruments. Policies in Pakistan contains some hidden ideologies that have been derived from developed

world and are being applied to Social Science by considering them universal. Application of these ideologies in the field of Social Sciences, creates problems instead of solutions (Bishop, 2007).

It is very important to know different health systems of the world. Health care system of Cuba has been ranked best in providing health care to its citizens (Farouq, 2019). Cuba has developed the best model of community base health system. It is the perfect example of 100% government control. It is not necessary that social, political and economic system flourishes only under capitalism. Cuba has made success under the communist model (Farouq, 2019). Thailand and Mexico are also developing countries but still they have better health indicators just because of their commitment to improving health conditions. Thailand has introduced a system of public accountability in which regular meetings are held and citizens give feedback about health system (Malkani, 2016).

Policing Making: Agenda from Abroad

In developing states, policy priority areas are decided by donor agencies. The context of policy making is different in developing states. Even the context varies from one developing state to another (Osman, 2002). It has been justified that health sector planning has not been made by experts in health research area. Because it is not addressing all those issues that needs to be considered. People are deprived of basic needs and services. There is no proper regulatory mechanism in government and private health sector. Services being provided in public hospitals are not up-to the standard. There is no such system which can address and facilitate citizens on health issues. It is evident from the strategic vision that the solution of our local issues is being given by international agencies. It is important to understand that policy making cannot be same in developing and developed countries e.g. does the solution can be provided without considering the indigenous conditions? Therefore it appears to be a clear mismatch between problem and solution. The strategy does not discuss why previous health policy has failed and how new strategies/policy will improve the situation. The overall outlook of current health strategy is inclined towards Medical and Supply side (Comparative Review of the reproductive health sector strategies of Punjab and Khyber Pakhtunkhwa, 2013).

Pakistan has received a large amount of foreign aid and donors have influenced the development of health sector of Pakistan (World Health Organization, 2018). In Pakistan, donors have a strong influence on policy making process through financial means and technical expertise. They not only provide financial resources but also decide the areas to prioritize for policy making. As discussed earlier, policies in Pakistan have great influence of international donor agencies. The priority areas recommended by these international agencies results in clash of priorities. When a policy/model gets failed? It's due to the fact that specified area in which policy has been made is not the priority of government. Government investment remains low in that sector so, how a policy can be successful? Without a cost, there are no benefits. Also models derived from west can never be successful in developing countries like Pakistan because they are indigenously developed. The conditions, culture, environment varies for every country so how a universal policy can be adopted? How universal concepts developed by west can be applied to developing countries?

Conclusion

Success of health sector depends upon the commitment of the government towards health. The countries who have made health as priority are able to develop good health system because health of a nation should not suffer in any type of crisis (Ahmed, Jamil & Babar, 2008). There is a mismatch between the problems of health sector and the solutions being provided. Content of Health policies shows the mechanism for treating with the diseases, it does not explain how the diseases can be prevented. Health sector policy planning mainly focuses on curative health care. Instead of centralized policy making, there should be holistic approach towards policy making. Health policy planning should not occur in a vacuum and it should be a multi sectorial approach. Health planning should be decentralized instead of a centralized approach for better results. All stake holders must be involved in policy making (Hassan, Mahmood, & Bukhsh, 2017.)

Better evaluation and monitoring system should be introduced to get proper feedback about the policy and its results. While formulating health policies, local conditions need to be addressed instead of implementing foreign agenda.

There is a lack of debate and citizens participation in the policy making process. For a sustained policy, it is important to formulate a policy which is backed by sound research by the professionals in that field. Without credible research, policy making is just another name for personalized decision making. In Pakistan although health is a provincial subject but still provinces has not much autonomy to address local health issues. Budget is devised at the federal level and is distributed to the provinces according to their needs but it is mostly on incremental pattern (Ahmed, Jamil & Babar, 2008). Policy making should be delegated to district level because local government better understands the needs and problems of the community. Budget allocated to health sector should be revised. Health education should be promoted. Instead of just chalking out the framework for combating diseases the focus should be on making health instead of providing health. The current health strategy is not dealing with the problem of health sector. Instead of providing solutions it merely aims at enhancing governance and efficiency. It does not provide solution or framework when public sector fails to perform according to the standards. It seems that strategy is not providing a sustainable solution to problems of people. Therefore, it may be concluded that current health policy does not provide adequate and sustainable solution to the problems of health sector in Punjab. Contents of Punjab's Health sector strategy/policy show the mechanism for treating with the diseases, it does not explain how the diseases can be prevented. The policy should be design in a way that it addresses the local issues. Policy making should not adopt top down approach because it will not produce the stated goals.

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