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# Health System Reform: Decentralization of Health System in Pakistan

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## Abstract

The 18th Amendment of 2010 in the Constitution of Pakistan was a significant development that allowed provincial governments to evaluate and address gaps in the human, administrative, managerial, and financial resources of the healthcare sector.

Though, recent events such as the COVID-19 pandemic and the 2022 flood have exposed the shortcomings in the healthcare policy when provincial autonomy was not fully utilized. This study is an effort to incorporate the valuable scholarship on the sensitivity of health systems in low-and-middle-income countries(LMICs) for the progressive development across implementation cycles of reform policies. It is an additional contribution to research and development that will further enhance our understanding of this complex issue and open up new windows for further research on the subject.

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**Keywords:** Devolution, reform, Constitutional amendment, Pakistan, health system.

**Limitation:** The study aims to examine the implications of the 18th Amendment on the healthcare system of Pakistan.

## Introduction

The health sector is just as important as any other sector, but it requires urgent attention because it directly affects human lives. When implementing reforms, it's essential to shift from one system to another without causing any disruptions to the services. During the transition, positive ground indicators must be evident to pave the way for the new system. Health sector reform is a sustained and purposeful effort to improve equity and effectiveness in the health services delivery. The reform of the health sector is an ongoing endeavour that seeks to enhance its fairness and performance. Reform experts emphasized that this mission should be persistent and adaptive, capable of assimilating new methods for enhancement and improving efficiency through outcomes-based procedural and policy changes sourced from diverse inputs. Transformation cannot be achieved overnight, but instead demands continual advancement until the system attains optimal efficiency and a resilient framework is established to tackle any future issues that may arise.

Good health is not only a basic human need, but also a key component for driving economic growth and development at both national and regional levels (Sen, 1999), (Canning, 2008). An efficient health system is substantial for the human health but the performance of a country's health system is unequivocally influenced by its governance, demographics, epidemiology, economics, and politics (Dina Balabanova, 2011).

Despite being in existence for more than 70 years, Pakistan's health system has been plagued by a host of daunting challenges. These include demographic, epidemiological, economic, political, and systemic issues, which have made it difficult to provide efficient and equitable healthcare services across the country. As a result, there has been an urgent need for reform to address the healthcare crisis and ensure sustainable development in the health sector. In response, the government of Pakistan has made some historic decisions aimed at unifying the vision of equitable health access and providing adequate healthcare services to all citizens. These decisions are expected to pave the way for a more sustainable and efficient healthcare system in Pakistan (Misitry of planning development & reform, 2019).

## Health System of Pakistan

Pakistan, being a developing country, requires significant improvements in its healthcare system to meet the healthcare needs of its population. The country's healthcare system faces numerous challenges, including insufficient funding, inadequate healthcare workforce and infrastructure, less focus on preventive health, and inequitable distribution of resources. To address these challenges, comprehensive policy analysis is essential, with a focus on increasing healthcare funding and allocating resources that are based on equity.

The current population of Pakistan is 243,772, 596 in addition to distribution of population approximately 38.6% of the population lives in rapidly growing urban areas, while 61.18% live in rural areas (Muhammad Sarwar Gondal., 2023). Pakistan's healthcare system consists of public, private and non-profit providers. The government is responsible for providing free healthcare to all Pakistani citizens, including free hospital care, but the total expenditure on the healthcare sector is about 1.2% percent of the total gross domestic product (GDP) (Salman J Khan et al., 2023). Public Health Service Centres operate in all provinces of Pakistan and consist of BHUS (Basic Health Units). Sub-health centres, rural health centres, pharmacies, maternal and child health centres and tuberculosis centres.

In addition, large public organizations such as Army, Navy, Railways and some other autonomous organizations provide free or low-cost healthcare services to their employees who constitute a significant portion of the population (Ghaffar A, 2000, March 22)

Approximately 1,142 hospitals, 5,499 pharmacies, 5,438 basic health units and 671 maternity and child health centres compared to 1,113 hospitals, 5,413 pharmacies, 5,571 basic health units and 687 maternity and child health centres for 192 million people. (Health Policy Papers, 2015) Pakistan bears the heavy burden of communicable and non-communicable diseases, unfortunately ranking 22nd in tuberculosis infections and 6th in endemic diseases such as polio. (UNICEF, 2015) reported that around 60,000 children are inaccessible to vaccination, as 306 wild poliovirus cases were reported in Pakistan in 2014 from 44 districts, representing 86 percent of all cases reported globally.

Health system's brief analysis showed that Pakistan, being a developing country, needed a significant improvement in its healthcare system to meet the healthcare requirements of its population. The country's healthcare system faces numerous challenges, including insufficient funding, inadequate healthcare workforce and infrastructure, less focus on preventive health, and inequitable distribution of resources. To address these challenges, comprehensive policy analysis is essential, with a focus on increasing healthcare funding and allocating resources that are based on equity.

## The 18th Constitutional Amendment 2010 & Its Implications on The Health System of Pakistan

The 18th Constitutional Amendment of 2010 is "A Bill to further amend the Constitution of the Islamic Republic of Pakistan under the leadership of president Asif Ali Zardari in 2010 (Voice of America., 2010)

The 18th Amendment made six health-related changes to the Constitution:

1. It is the abolition of the Concurrent Legislative List (CLL).
2. Moving an entry from the CLL to the Federal Legislative List (FLL), Part II.
3. Insertion of a new entry in the FLL, Part I.
4. Moved entry from Part I to Part II of the FLL.
5. Changes in Article 144
6. Changes in Article 270.

Although the CLL has been omitted, there is still constitutional and legal scope for the federal government to assume responsibility for many critical functions in the health sector."

The 18th constitutional amendment, passed in Pakistan, brought significant changes to the country's healthcare system by decentralizing health services delivery to the provinces. As a result, the provinces are now responsible for planning, implementing, and managing healthcare services in their respective regions. (Sania Nishter, 29-july 2013). It has created an opportunity to analyse the health sector of Pakistan from past to present and to recommend substantial decisions for

future. The overall aim of this reform was to improve the technical and allocative efficiency of the healthcare system to ultimately enhance the quality of services and make the system more equitable. This amendment also declared reform policies aimed at improving the overall healthcare system in Pakistan. The objective of these policies is to ensure that all citizens have access to quality healthcare services, regardless of their financial status or geographic location. The implementation of these policies is expected to lead to a better future for Pakistan, with a healthier and more productive population.

Certainly, the Amendment transferred laws of various areas to the provinces, including marriage, contracts, disease management, labour, education, environment, and trade unions. It also revised resource allocation and revenue distribution formula to account for poverty and population density (Imran Ahmed., 2020). In fact, in 2019, Ministry of health, planning and development & reform has already warned policy makers and governing bodies that devolution is particularly undermining the data availability; planning responsibilities and execution of planning decisions. The Amendment's most enduring controversy concerns devolution was observed during the response to the COVID-19 pandemic and flood 2022. Devolution of power from provincial to local governments remains unfulfilled, leading to a crisis in governance at the local level. There is an unresolved problem regarding the transfer of power and resources from provincial governments to local governments as stipulated by Article 140A. This issue has become a point of contention, particularly as local governments are struggling to cope with the challenging issues of health services delivery in the crisis situation.

In order to ensure the successful delivery of healthcare services, it is important to consider three key areas that require new policies to avoid any potential hazards. In Pakistan, the authorities have traditionally focused on capacity building through various means such as training workshops, technical assistance, development of guidance and manuals, and sending senior officials overseas for training. International donors have also played a significant role in providing formal training and special skills in financial and strategic management in healthcare.

Devolution reform presents an opportunity to make the health system more responsive to people's needs. Proper implementation of the devolution plan could lead to fundamental changes in the delivery and management of health services (Islam, 2002).

*Change process goes through a series of phases and require a considerable length of time. Skipping steps creates only the illusion of speed and never produce a satisfactory result. (P.Kotter 2007)*

## What makes a real change?

Reform involves long-term, intentional, and essential modifications in the healthcare sector. Although it is challenging to precisely define what comprises genuine reform, there is a general agreement that reform is a process of transformation

that affects the what, who, and how of healthcare actions (Peter Berman., 1995). Decentralization of health systems involves transferring decision-making power from centralized authorities to end-users of healthcare services. This approach is used to improve the performance and responsiveness of healthcare systems in many countries. By integrating various decentralized operations and managerial engagements, marginalized communities may have greater access to local leaders and a platform to voice their health needs (Cheema G, 1983).

The main goal of the public sector organizational reform is to decentralize planning and management. This will allow responsibility to be distributed down the administrative hierarchy. There are different ways to achieve decentralization, such as deconcentrating decision-making related to healthcare activities, regulations, and legislation responsibilities. These activities can be carried out by large institutions, like self-managing enterprises or teaching hospitals. Berman outlines the different reasons why decentralization of the health system is important. Decentralization can lead to better health planning and management capabilities, which can improve the overall health system of a country. It can also help address local health problems more effectively, and improve coordination between healthcare professionals. Furthermore, it can reduce duplication of service provision, enhance the effectiveness of care delivered at all levels, and improve access and communication. Decentralization also leads to greater accountability for managers, healthcare facility boards, and district health authorities. To prevent inefficiencies and confusion in management, decision-making capabilities are increased at each level of the system (Bermin, 1995).

## Decentralization and Institutional Capacities

The key principles of capacity building for health sector reform involve taking a long-term approach to develop a deep understanding over time, conducting situational analyses to identify the main obstacles, making the best use of existing resources and capacities, and postponing the development of capacities that are currently lacking until later stages of the reform. Anna Mills identifies a number of capacity building strategies to address the similar problems of reform in other developing countries. she argued that small steps for building capacity may bring significant sustainable outcomes (Anne Mills, 2001).

Health sector reform involves new roles for the government. In order for the government to fulfill these roles properly, a clear understanding of the current situation is required through situational analysis to estimate the existing capacities of the system. This analysis helps to identify potential obstacles to reform so that they can be addressed. Another important step in building transition capacity is to create a precise implementation plan. Decentralization can be a key factor in driving broad-based change throughout the system and can have a significant impact on how healthcare workers approach their jobs. Reformers need to implement selective policies to bring changes to the robust culture of healthcare organizations.

## Conclusion and Key Message

*It is constantly challenging to combine efficiency with decentralization measures in order to achieve the goals of decentralization*

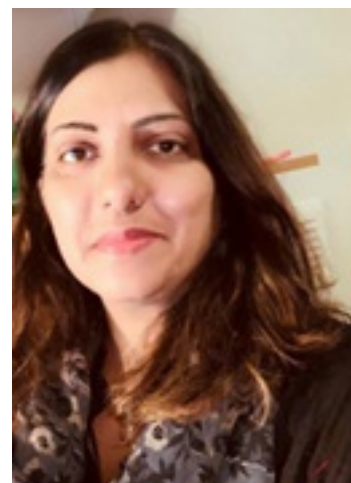
Pakistan, being a developing country, requires significant improvements in its healthcare system to meet the healthcare needs of its population. The country's healthcare system faces numerous challenges, including insufficient funding, inadequate healthcare workforce and infrastructure, less focus on preventive health, and inequitable distribution of resources. To address these challenges, comprehensive policy analysis is essential, with a focus on increasing healthcare funding and allocating resources that are based on equity.

It is constantly challenging to combine efficiency with decentralization measures in order to achieve the goals of decentralization. Countries may see differences in health care between their provinces as a result of divergent political agendas, uneven policy directives, and different worldviews. Additional research is desperately needed to examine the intricate connections between the various reform tracers' dimensions. But it is clear that change is a process that is ongoing until the system achieves its maximum efficiency and a strong mechanism is established to handle all of the problems at hand within its own bounds.

## About the Author

**Dr. Shazia Sajjad Sarhandi** is a Public Health Specialist with an extensive experience in research and practice. As a prominent humanitarian organization and national society of the Red Crescent and Red Cross Movement, the Pakistan Red Crescent Society (PRCS) employs her as Deputy Director of its health department. She is a nominee board member of the International Working Group of Health Systems Strengthening, Dr. Shazia also held the position of Regional Director of EMR.

She holds degrees from two prestigious international universities: the Nanyang Center for Public Administration, Nanyang Technological University Singapore, and the University of London's London School of Hygiene and Tropical Medicine, where she received her MS in Public Health.



She is a scholar. Her research findings have been presented, and she has actively participated in several international conferences in London, China, Singapore, Malaysia, Saudi Arabia, and Jordan. She has also completed extensive training on research methodology and dissertation writing (LSHTM). Her research interests include primary health care, universal health care for low- and middle-income countries (LMICs), corruption in health systems, global health, leadership and governance, the health of women and children in humanitarian crises, communicable and non-communicable diseases, and climate change issues.

## Statements and Declarations

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