

## **SYSTEM GAPS AND INEQUALITIES IN THE HEALTH SECTOR IN PAKISTAN**

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### **ABSTRACT**

*Governance in healthcare systems is concern of the most developing countries because of increasing demand for quality service delivery and results. The functions of the whole system are dependent on governance. In Pakistan, lack of planning, poor management, feeble institutional structures, delaying and complex processes and lack of coordination among relevant stakeholders are the immediate barriers that make the health sector nonresponsive to reduce inequalities and ensure good service delivery. Gender disparities in Health sector and gender based violence in all fields are most common in Pakistan, governance issues, social and cultural constraints are the barriers for access to proper health services and gender equity. To ensure maximum coverage and effective service delivery, ensure health equity, no gender based violence and no disparities*

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*in health services in Pakistan, public health policies in line with Human Rights and community demand and ground realities need to be reformed. This research was intended to identify the gaps and inequalities in the health sector in Pakistan. Qualitative research approach was adopted for the study. The data was collected from capital cities of the provinces of Pakistan through Key Informants Interviews and Focused Group Discussions. The research revealed that gaps in the planning process, gender disparities in health care, poor implementation and management of the health programs, absence of Monitoring and Evaluation, lack of coordination among relevant stakeholders, institutional and staff capacities issues are the major issues and gaps in health sector of Pakistan.*

**Key Words:** Health System gaps; Inequalities in Health system; Issues of Health system; Disparities in health sector; Health equity and GBV issues in Health sector

## **Introduction**

This paper revealed the gaps and inequalities in the healthcare system, policy, process and implementation of programs of healthcare at all levels and stated the reasons that why healthcare system is not efficiently and effectively addressing health issues. Gender inequalities are most common in all sectors of Pakistan but it is very severe in health sector throughout the country. In Pakistan women are the more vulnerable segment of the society. Gender inequalities in health sector of the country have very huge impact on women health and survival rate in the country. Health inequalities and disparities in the structure and management system of

health sector in Pakistan have been highlighted through this research study.

Deep disparities in health between the poor and rich are obvious and challenging to work on it. Despite of many recent initiatives taken globally, the current approach to governance is not solving the global health crisis. Many global health initiatives are not achieving the targets (Gostin, 2006). Pakistan health sector status is very low and stand nowhere at international level. The healthcare sector in Pakistan lacks good service delivery system, and also does not address the minimum standard of human rights and health equities. Absence of fundamental rights and discrimination in the policies and system contributes for increasing disparities especially in health and human rights which is threatening to human health and survival. Such threats to marginalized segment of the society can be addressed only through by introducing and developing policies in line with human rights and health equity.

Governance in health systems is a great concern of many countries because of increasing demand to demonstrate results and accountability in the health sector. Governance influences all health system functions. Health systems governance concerns the actions, structural and management reforms and advocacy for health as a basic human right is at the heart of a “rights-based approach (Siddiqi, 2009). For good governance allocation of adequate resources and proper management of these resources is required to respond to health problems. This includes community participation, transparency, accountability, and rule of law. Governance issues, specifically in relation to decision-making processes and accountability mechanisms, need to be examined in order to ensure sustainability (Israr, 2006).

The UN High Commissioner for Human Rights, Mary Robinson stated that “The right to health does not mean the right to be healthy, nor does it mean that poor governments must put in place expensive health services for which they have no resources. But it does require governments and public authorities to put in place policies and action plans which will lead to available and accessible health care for all in the shortest possible time. To ensure that this happens is the challenge facing both the human rights community and public health professionals” (Herr, 2003)

Gender disparities in Health Sector and gender based violence in all fields are most common in Pakistan despite of being signatory of the several Human Rights and Health Conventions. Social and cultural practices are the immediate barriers to access good health service and health equity.

In Pakistan Gender inequality in health sector is responsible for the poor health of many of women throughout the country. Policy changes in health sector have made to reduce health inequities and to overcome the gaps existing in the health sector of the country. No Priorities has been set to ensure health sector more equitable coping with basic human right and good governance. There is often a failure to set equity-oriented objectives and action plans. Planning and management are very poor in the sector. Lack of capacities/skills, poor management and institutional structures, delaying and complex processes and lack of coordination with relevant departments/stakeholders are the barriers that make the health sector in Pakistan frail to cope with inequalities and ensure quality services to its beneficiaries.

Human rights and health are closely linked as lack attention to human rights can have serious health consequences, human rights can be violated or promoted by Health policies in the ways they are developed

vulnerability and the impact of ill health can be reduced by taking steps to respect, protect and fulfil human rights.

The right to the highest attainable standard of health in international human rights law is a claim to a set of social arrangements. Norms, institutions, laws, an enabling environment can ensure the amusement of this right. The most authoritative interpretation of the right to health is outlined in Article 12 of the ICESCR, which has been ratified by 145 countries. (WHO, Questions and answers on health and human rights., 2002) In May 2007 the Sixtieth World Health Assembly adopted resolution WHA60.25, asking Member States for formulating national strategies to address gender issues in health policies, programs, research, and planning processes. It was also urged to ensure that gender-equality perspective is incorporated in all levels of health-care delivery and services (WHO, WHO-PAKISTAN BIENNIAL REPORT, 2013).

To ensure coverage and effective service delivery, ensure gender equity, no gender based violence and no disparities in health services in Pakistan, Public health policies in line with Human Rights and GBV need to be reformed at all levels to address priorities in health problems. This can be achieved through in-lining health department with human right and health equity, assessment of the training needs of health professionals, capacity building of the concerned departments/institutions and promoting inter-sectoral collaboration under the guidelines and tools of World Health Organization to achieve better health sector outcomes. To achieve a pragmatic leadership, participatory and working approaches with the diverse interests of the multiple stakeholders involved in the health sector will make health sector in the country more result oriented with no gender disparities and gender based violence without any violation of the human rights.

Inequalities in the health care system in Pakistan are very obvious and are not avoidable, the reasons among others are structural inequalities and most importantly curriculum which does not address sensitization, human rights and gender based violence.

### **Rational of the Study**

According to the Pakistan Millennium Development Goals Report 2010, Pakistan is lagging far behind delivery system of the healthcare in Pakistan is unable to address the basic health problems of the population, due to no incorporation in the curriculum of basic human rights and gender equalities. (Hogan, 2010). The World Health Report 2008 presented that "Primary care requires team of health professionals: physicians, nurse practitioners and assistants with specific and sophisticated biomedical and social skills. Whereas in Pakistan the curricula have basic deficiencies of social interactions, human rights and gender equalities (WHO, The World Health Report 2008 - primary Health Care (Now More Than Ever), 2008).

Pakistan is spending very less resources in health sector and due to governance gaps in the sector the allocated resource always remains ineffective that is not benefiting poor as it is benefiting rich. The official data on the allocation of the health sector budget, for instance, reveals that more than 70 per cent of the health sector budget in Pakistan goes towards 'hospital care' whereas less than 20 per cent is allocated for 'preventive facilities and measures', a category that includes primary healthcare facilities such as rural health centres, basic health units, dispensaries, first aid posts, mother and child health centres, programmes such as the Lady Health Worker Programme; Malaria Control Programme; Tuberculosis

and HIV/AIDS Control Programme; National Maternal and Child Health Programme; the Expanded Programme on Immunisation; and Food and Nutrition Programme. Merely 0.2 percent (Levelling the Playing Field in the Health Sector 2014)

Health is an important aspect in human life and has important consequences in the quality of individual's life. Health care indicators are considered in measuring the development of any country. It was in fact devised by Pakistani economist Mahbub-ul-Haq in 1990s, and is found in United Nations Development Programme's (UNDP) Human Development Reports. (UNDP, 2010)

Moreover, three of the Millennium Development Goals (MDGs), which are a part of a global action plan that most countries, international financial institutions and development organisations recognise, are directly related to healthcare and policies. Despite this universal recognition of the importance of health, easily preventable diseases are still widespread, especially in developing countries such as Pakistan.

Despite the recent devolution, there remains many crucial issues i.e. lack of planning, implementation gaps, mismanagement of funds, underperformance at public facilities, governance Issues, weak monitoring system, etc. are the main issues that contribute in increasing inequalities in the sector.

## **Method and Materials**

### **Methodological Approaches:**

Methodology of this study was designed by following the approaches of inclusiveness encompassing the wide range of viewpoints on the issue under study. Qualitative approach was adopted by conducting Key Informant Interviews with the target respondents. As concerned actors,

policy makers and implementers have the deep understanding of the study targets.

### **Geographic Scope of the Study**

Key Informant Interviews (KIIs) with the target groups was conducted in the headquarters of all provinces of the country (Pakistan)

### **Sample Size and Sampling Procedure**

Government officials of the health sectors at policy and management/implementation levels from all the provincial capitals i.e. Karachi, Lahore, Peshawar and Quetta were selected for conducting Key Informant Interviews and Focused Group Discussions. From each capital city of the provinces 6 key informants were select for KII and a focused group discussion were also conducted in each province. The details of sample size is below tabulated in tables: 1

Table: 1 Details of Sample Size

Data Collection Tools	Name of Province				Total
	Baluchistan	Khyber Pakhtunkhwa	Sind	Punjab	
Key Informants Interviews	6	6	6	6	24
Focused Group Discussions	1	1	1	1	4



## Techniques and Tools of Data Collection

Following techniques were used for retrieving information from secondary literature and collecting primary data from the selected sample of the population:

### **Desk review of relevant literature;**

Conducted Key Informants Interviews (KIIs) for collecting the data for getting in-depth understanding and insight of the issue under study

Question Guides for Key Informant Interviews (KIIs) and Focused Group Discussions (FGDs) were developed and used for collecting the data by conducting Key Informant Interviews and FGDs.

### **Objectives of the Study**

To understand the health sector issues of Pakistan.

To highlight the major governance gaps and inequalities in the health sector in Pakistan.

### **Limitation of the Study**

The study is limited in scope because of qualitative research methodology.

Therefore quantitative research is needed for more findings

Most of the Key Informant Interviewers and Participants of FGDs were the employees of the Health Sector hence the Researcher has fears that some respondents might have not shared the factual information/data.

### **Key findings of the Study:**

There are certain factors behind the failure of health policy in addressing health problems at the primary care level. The main flaws are categorically analysed as under:

### **Gaps in the planning process**

In Pakistan, the policy making process is very poor. Policies are mainly made on central level without understanding and considering the ground realities. Geographical conditions, political scenarios, religious values and social dimensions are never brought in consideration while making the policies.

### **Gender Disparities in Healthcare**

High infant, maternal mortality, morbidity and disabilities of women are indicating severe gender disparities in health sector of Pakistan. Gender inequalities in health sector of Pakistan are very common. Women have very less access to health services throughout the country especially in rural areas. The gender inequality has deep roots in Pakistani society. Culturally, women are disadvantaged since birth and are subject to discrimination during their entire life. Male babies avail more family resources and care than female babies. Hence female children are more neglected and live in poor health condition than the male children.

### **Poor implementation and management of the health programs**

In health sector of Pakistan management and implementation gaps are very visible. There are many managerial and administrative gaps in the health sector. It is obvious that poor management could not ensure good implementation of the program. In Health sector management is missing very basic skills and resources which are directly leading to poor implementation and failure.

### **Absence of proper Monitoring and Evaluation**

Absence of monitoring and evaluation system is a major gap in health sector in Pakistan. The mechanism for monitoring of health

initiative/program is non-functional. Health Management Information System for evaluation of the health programs in the country is placed at all levels but it is not working as per set objective and goals because basic facilities for the system are missing especially at districts and tehsil levels.

Lack of coordination among relevant Stakeholders

To ensure smooth implementation of the health programs, strong coordination and linkages are required among the relevant stakeholders. In Pakistan no proper coordination mechanism is developed among the institutions/agencies. Due to lack of coordination and absence of a proper coordination mechanism health system in Pakistan stand feeble and not contributing to the human health and lives are required.

### **Institutional and staff capacities issues**

The institutional capacities to deal with the basic health requirements are very poor. The human resource of the health sector/institutions has not been capacitated on the required skills especially on management level. They are lacking very basic skills for providing health services, no policies/plans for in-service trainings. Especially the management is very poor and they have are not capacitated on management skills. Mostly Medical doctors are serving as managers in health sector in the country without proper training or required qualifications like Public Health Administration. Further, health institutions are lacking basic facilities required for minimum requirement of health services.

### **Discussion**

As per relevant literature and the findings of the data of this study health sector there are many unavoidable health inequities at all levels throughout

the country. Health system is very feeble to ensure health equity and integrate pro-poor, gender-responsive and human rights-based results. In Pakistan Health sector is considered as one of the most corrupt sectors, not meeting the expectations of the community. Health sector in Pakistan is facing very high humanitarian crisis as still there is no national health insurance system for its population.

During the current time, with active role of electronic and social media, creating awareness, public expectations from the health sector is raised. Currently health sector in Pakistan is facing many issues to cope with public expectations and pressure. Beside the public pressure and expectation, health sector is also facing other serious issues like absence of staff, staff demand and strikes, usage of harmful and low quality medicines, unethical medical practices, unavailability of medical equipment and other issues/problems which make the health sector frail in service delivery.

Health system policies in Pakistan have been developed without taking in account the ground realities hence governance gaps and disparities at levels are very visible. The paper has highlighted the major gaps and Issues in Management of Health Sectors of Pakistan especially at Government level. The existing health management sector is not responding to the requirements and challenging of the current time. Even in past the sector is not copped with the needs and requirements of the beneficiaries.

Due to corruption and political influence the administrative management of the health sector in Pakistan is out of action. Due to poor management the service delivery system in health care is unsatisfactory. The lack of capacities of the health management, the sector is not responding to public needs and basic issues, gender unfairness and health equity. Weak

supervision and monitoring system has impacted the management and institutions at different levels for mismanagement, corruption and other irregularities. Channels and mechanism for coordination among different management tiers and institutions are not developed. The term of responsibilities are also not fixed at any level in health sector.

Health care provision depends on efficiently combining financial resources, human resources, supplies and delivering services in a timely fashion spatially throughout the country. This requires a “system” that mobilizes and distributes resources, processes information and acts upon it, motivates providers’ appropriate behaviour by individuals, health care workers and administrators. Good governance is a critical factor in making such a system functional.

Pakistan is a male dominant society where mostly females are deprived from their very basic rights. In the health sector there is unavailability of female doctors in health units especially in rural. Compared to men, women in Pakistan have very less access to health care as there is absence of female doctors in most healthcare units.

Women in both rural and urban areas of Pakistan have lesser access to health care than men. In the male dominant social cultural norms women usually does not have right to decide about themselves as they are considered as subordinates to men. Women have no say in marriage and choosing partner. Likewise marriage is also a sort of trade between different families both in the rural and urban areas. They are highly vulnerable to violation of their rights to healthcare. Many women lose their lives due to absence of female doctors. Lack of awareness about health requirements, low social status and civil constrains on females are responsible for women’s below the standard health. Early marriages of girls, excessive childbearing, lack of control over their own bodies, and a

high level of illiteracy adversely affect women's health. The maternal mortality rate is high.

In rural areas, women are unaware of contraceptives, thus sexually transmitted diseases and contagious diseases with poor health in women are common. They are at a risk of contracting sexually transmitted diseases because of male dominance in sex relations and lack of access to information. In these culturally bound remote areas, women are like slaves subject to drudgery. They are there just to obey their fathers, brothers and husbands.

In Pakistan girls are at higher risk of death i.e. at 68 per cent compared to 57 per cent of boys. There is a clear urban bias in the availability of social determinants of health. Women continue to face challenges due to lack of access to and provision of antenatal and postnatal care, safe abortions, safe deliveries through skilled birth attendants and contraception. About 44 per cent of mothers in urban areas and 57 in rural areas are underweight. (Discrimination: For women in rural areas, healthcare not a basic right, 2013)

## **CONCLUSIONS**

Pakistan has very less budgetary allocations to health which is not fulfilling the requirements and needs of health sector. Very less number of doctors are deputed in government health intuitions, which are not sufficient to reach out to the population to provide the required services. The medical staff is not capacitated as required. Health units especially in rural areas are not equipped with basic health equipment. The absence of infrastructure and feeble infrastructure is another issue. Medicine companies are involved in making money and are providing very unsafe,

ineffective medicines and promoting corruption. The system of supervision, monitoring and accountability is nominal. Due the lack of health facilities, structure and functioning of health system and religious and cultural values, women have very limited access to basic healthcare especially in the rural areas. Very limited initiatives have been taken to raise the mass awareness about preventive healthcare in the country.

Strong policies and appropriate measures are required to make the health system working appropriately in Pakistan, providing adequate number of doctors both male and female at health facilities. Ensure strong capacity building of the health professionals on the required skills. Develop good infrastructure for health facilities and equip it with required tools and materials. Ensure effective Supervision, Monitoring and accountability system. Improve recordkeeping and ensuring timely presence of drugs and other supplies. To address the gender inequality and initiative should be taken both within the health system/sector and in the community as well. Programs and campaigns for public awareness regarding health care and gender inequality in health system should be launched to ensure public support to the sector.

## BIBLIOGRAPHY

- Discrimination: For women in rural areas, healthcare not a basic right. (2013, 07 07). Retrieved 11 08, 2015, from The Express Tribune: <http://tribune.com.pk/story/573754/discrimination-for-women-in-rural-areas-healthcare-not-a-basic-right/>
- Herr, S. S. (2003). *The Human Rights of Persons with Intellectual Disabilities: Different But Equal*. Oxford University Press.
- Hogan, M. C. (2010). *Maternal mortality for 181 countries, 1980–2008*.
- Israr. (2006). Good governance and sustainability: a case study from Pakistan. *The International Journal of Health Planning and Management* , 313-325.
- Levelling the playing field in the health sector. (201, 01 30). Retrieved 10 18, 2015, from The Express Tribune: <http://tribune.com.pk/story/665479/levelling-the-playing-field-in-the-health-sector/>
- Shaikh, B. T. ( 2004). Health seeking behaviour and health service utilization in Pakistan: challenging the policy makers . *Journal of Public Health* .
- Siddiqi. (2009). Framework for assessing governance of the health system in developing countries: Gateway to good governance. *Health Policy* , 13-25.
- UNDP. (2010). *Human Development Report*. UNDP.
- WHO. (2002). *Questions and answers on health and human rights*. WHO.
- WHO. (2008). *The World Health Report 2008 - primary Health Care (Now More Than Ever)*.
- WHO. (2013). *WHO-PAKISTAN BIENNIAL REPORT*. WHO.