Health policy analysis

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CONCLUSIONS, DISCUSSION AND RECOMMENDATIONS

Introduction

This study analyzes health policy developments in Pakistan during the last decade. Pakistan is seen as a developing country, which has common problems in improving health care services and the health status of the population similar to other developing countries in the region. At the same time the situation of Pakistan differs from some other developing countries since its economic growth has been significant during the last years, which may affect health policy positively. However, in practice a reasonable economic growth has not always or not yet resulted in better health indicators.

Health policy analysis is important to identify what has been the government's response to address health problems, to improve health services, to prevent health problems and to stimulate a healthy population, especially in developing countries. Policy analysis means different things to people. For some, policy analysis mainly concerns policy content, while others argue it is more concerned with policy context and process. Traditionally, there are two approaches to policy analysis: the "rationalist" and the "behaviorist" approach. The rationalist or idealistic approach or 'linear model' tends to focus more on the content of the policy and is more value oriented - since it analyses how policy-making should be undertaken (Ranney, 1968; Van Herten & Gunning-Schepers, 2000a; 2000b; Walt & Gilson, 1994). Policy making is seen as a problem solving process, where decisions are made on sequential phases, i.e. problem definition, alternative approaches to solve the problem, choosing the best approach and implementing it (Sutton, 1999).

Unlike rationalism, the behaviorism approach (also called incrementalism) argues that it is essential to pay more attention to the process and the context within which policies are formed and implemented (Sutton 1999; Walt, 1994; Walt & Gilson, 1994). According to this approach analysis of policy process helps in understanding why many health problems are not solved, why policies are not implemented effectively and why health policies do not achieve their targets (Brewer & Leon, 1983; Jenkins-Smith & Sabatier, 1993; Sabatier, 1993; 1998; 1999; Walt & Gilson, 1994). It is among others a 'political process', which outcomes are 'evolutionary' and not rational or 'logical' (Juma & Clarke 1995). So, for behaviorists the understanding of contextual factors, including political, socio-cultural and economic ones, is critical in any policy analysis (Collins et al., 1999; Navarro, 2000; Saltman, 1997). Understanding such factors should lead to the best choice of strategies for implementation in a specific community.

According to behaviorism various processes or factors may be seen as crucial in understanding the outcome and various theories are developed (Sabatier, 1998, 1999). The policy process moves through a number of distinct phases but not in an orderly way. Interaction between policy makers and executive officers is an important aspect (Juma & Clarke 1995, Kingdon, 1995; Mukandala, 1992, Panday 1989). Within this wide variety of (sub) theories and models the choice has to be determined by the research questions and by the circumstances the research has to be executed (availability of data, existing institutions, established procedures etc.).

In developed countries the role of well organized interest groups and stakeholders is more pronounced, interest groups are better organized, various policy processes are based on formalized procedures and embedded in democratic systems. In developing countries, the policy process is different, for example the relationship and interaction between policy makers and

executive officers influences the implementation process considerably and may change the goals and outcomes (Juma & Clarke 1995; Mukandala, 1992; Panday, 1989). Furthermore, interest groups are neither so pronounced nor organized and policy processes are not based on formalized procedures rather influenced by political instability, change in regimes, lack of resources and socio-cultural factors. Therefore, in analyzing health policies in Pakistan and other developing countries many theories and models (like of Sabatier and Kingdon) are not appropriate due to differences in political, economic and socio-cultural context in which policy process takes place. We believe that the model of Walt and Gilson (1994) can be a helpful tool to analyze health policies in Pakistan because the model has been specifically designed for analyzing health policies in developing countries. This model gives specific attention to the content, context and process of health policy and to the role of actors played in health policy process.

The study presents content analysis of the National Health Policy (NHP) 2001. Context analysis focuses upon contextual factors (political, economic and socio-cultural) because they influence the health policy process, the sustainability of health policies and programs, participation, health resources and health outcome. The health policy process (i.e. agenda building, planning, implementation, monitoring and evaluation) describes the availability and use of resources, expertise and methods to realize the policy objectives.

This chapter answers the research questions briefly presenting the analysis of health policy content, context and process in Pakistan. Next the results will be discussed. This chapter also describes weak and strong aspects of this study and makes recommendations for changes in health policy in Pakistan.

Research questions

The research questions of this study are

1. What is the content of the National Health Policy (2001) of Pakistan? More in particular this question will focus on a. which health problems are addressed; b. whether major changes in priority occur; and c. whether the content is in accordance with the principles of modern health paradigms including HFA strategy.
2. How do contextual factors (political, economic and socio-cultural) influence the health policy process and health outcomes in Pakistan?
3. How is the health policy process (i.e. agenda building, planning, implementation, monitoring and evaluation) executed in Pakistan and how does this affect health outcome?

Traditionally, health policies in Pakistan intend to pay attention to the supply side: the number of health care services, basic health units, hospitals, physicians, dentists and nurses. This approach is inherited from the Western world following the biomedical model of health. Although known, less attention is given to disease prevention and health promotion in accordance with the principles of new public health and health promotion. The last health policy document is formulated in 2001 (NHP 2001). In this document the principles of Health for All and new public health are recognized and seen as the basis for the new health policy. In analyzing the content of the national health policy in Pakistan it is shown that the NHP 2001 has emphasized curative care and institutional facilities for the delivery of health care services, the need for immunization and extension of district health services. Major ‘classical’ health problems, such as childhood diseases, diarrhea, Malaria, TB and Hepatitis- are recognized and therefore immunization programs and cure services are stimulated. These health problems

have also been emphasized in former health policy documents. At the same time the data show major 'modern' health problems such as HIV/AIDS, cancer, diabetes, accidents, and drug addiction are increasing. In the NHP 2001 less attention is given to these diseases/problems and no attention is given to address the factors, which may determine these 'modern' diseases. In its activities and plans, the NHP 2001 does not mirror in many respects the comprehensive principles of new public health particularly the mission of HFA.

In analyzing health policy context it has been shown that the political context is unstable and experiences frequent change in governments that results into change in health policies plans and projects, but less into priorities. This political instability may lead to centralization, weak institutions, and a low priority to social welfare issues including health. Analysis of the economic context shows that in spite of a reasonable economic growth governmental expenditures upon health are low which leads to constraints in resources (money, manpower, measures). Therefore, plans are difficult to realize. Similarly, socio-cultural factors such as low status of women, low literacy rate and corruption influence health policy implementation and health outcome. Low status of women hinders female participation in health development, results in high morbidity among women, and may lead to the implementation failure of immunization programs, women's health programs and family planning programs. Restrictions on the mobility of women to obtain access to health and social services, women's restricted decision-making power, and their incapability to negotiate with their partners for safer sexual practices contribute to women's vulnerability to HIV/AIDS and sexually transmitted diseases.

The low literacy rate particularly among women disturbs the implementation of health programs such as mother and child health, reproductive health, immunization and family planning programs. It also creates difficulties in creating awareness to prevent HIV/AIDS, activating wider participation, protecting environment and developing healthy lifestyles. Corruption results into illegal pharmaceutical factories operating in homes and backyards that manufacture low standard medicines by using labels of established pharmaceutical firms (including international ones) and change the dates of the expired medicines. Bribes and kickbacks result into the purchase of low quality medical equipment and technologies, stealing and misuse of public equipment and medicines meant for poor patients and misuse of resources in the governmental hospitals. Sometimes, physicians, nurses and other health care professionals working in rural areas are found absent during their duty hours. Sometime they accept bribes and sell medicines meant for poor patients.

In analyzing the health policy process the study indicates that the important stages of the health policy process (agenda building and policymaking, planning, implementation, monitoring and evaluation) experiences various problems that affect the process. The involvement of citizens in agenda building and implementation is low. The specific problems, which affect the health policy process, are centralization, the influence of the narrowly focused biomedical model of health, a shortage of trained public health professionals, unfavorable health policy context and lack of financial resources. Centralization hinders the wider participation from other important stakeholders such as NGOs, professional groups, people representatives and communities in the policy process. The planning and implementation is mostly directed to the delivery of health services and increasing the number of clinics, clinical laboratories and health care professionals. 'New' diseases increase and proper actions are not taken partly due to lack of expertise. The emphasis stays on 'classical' cure issues and health care facilities. The implementation process is negatively influenced by the socio-cultural context as described already. Cultural and religious values particularly hinder implementation of family

planning programs and control of HIV/AIDS because religious groups and leaders label these programs anti-religion and immoral.

Discussion

By following the model of Walt & Gilson (1994) our health policy analysis focuses upon the health policy content, its context and the process. These three areas of the health policy will be discussed by highlighting the role of important actors involved in the health policy process.

The Health Policy Content Analysis

Our content analysis has focused how the NHP 2001 deals with important principles of HFA such as equity, participation and collaboration because the policy document has stated that the basic purpose of formulating a new health policy is to renew the policy in accordance with the principles of HFA strategy. However, in practice, the NHP 2001 has not sufficiently and appropriately met these principles of HFA. By considering equity as a basic principle of new public health HFA argues for advocating equity as a means of making the health programs, policies and projects more accessible, effective and sustainable. HFA also demands to address health inequalities particularly in the developing countries. But equity is absent in Pakistan because ruling elite give low priority to health sector, allocate minimum governmental expenditures for health in national budgets and are not dependent upon public health sector. It also hinders women's access to health and social services, restricts their decision-making power and capability to negotiate with their partners for safer sexual practices.

According to HFA participation helps in making the health programs, strategies and services more effective and sustainable (Campbell & Mzaidume, 2001; Cockburn & Trentham 2002; Minkler, 1999). Participation is particularly important for Pakistan in making its health programs and policies more effective but the NHP 2001 has offered only limited participation in specific health programs such as extended program of immunization (EPI), the national program against tuberculosis and the malaria control program. This participation is limited to some international organizations, health ministries and departments. Health care organizations, NGOs, non-medical health professional groups, the media and the community are not involved as stated by the interviewees particularly representatives of the international and professional organizations and health professionals at provincial and local level. As we demonstrated earlier that socio-cultural values such as low status of women, low literacy level particularly among women hinder female participation in health development, result in domestic violence and high morbidity among women. Furthermore, it may lead to the implementation failure of immunization programs, women's health programs and family planning programs. Involving relevant actors such as NGOs, non medical health professional groups, the media, academicians, school teachers, religious leaders and the community in preventing disease and promoting health is not easy because there is not enough space for a wider participation in the centralized health system and health related sectors as well actors are not well coordinated while delivering public health services. Furthermore participation however will be needed to establish a sound infrastructure for health development programs and health promotion.

The NHP 2001 has not offered an appropriate policy intervention either to create a space for participation in the existing centralized health system or to decentralize the health system in

order to develop collaboration that can ensure effective linkages between ministries, other sectors, groups, organizations, actors, and communities to achieve the comprehensive goals of the HFA stated by the interviewees particularly representatives of the international and professional organizations and health professionals at provincial level. These interviewees believe that in the absence of collaboration, the Ministry of Health can neither develop partnership nor cooperate with other sectors and agencies in combating behavioral and environmental health problems such as HIV/AIDS, cancer, diabetes, accidents and drug addiction (including tobacco use) by addressing determining factors of these health problems that are numerous, complex and interdependent. Combating these problems needs collaboration between the health sector and other actors, NGOs as well as sectors such as education, water and sanitation, environment, local government and rural development in order to control and prevent disease as well as promote health (de Leeuw, 1993; 1999; WHO, 1997a; 1997b; WHO, 1998). At the same time, the Ministry of Health can control the quality of water, air and food and health risks of smoking, drug abuse and unhealthy food but it needs to collaborate with other sectors at federal, provincial and district level because the provision of clean water, air and sanitation is the responsibility of the Ministries of Housing and of Work. Collaboration and cooperation among these ministries can help in developing standards for the quality of water, air and food and its availability to the people. Therefore HFA principles may not be applied yet in Pakistan.

The NHP (2001) has planned to combat childhood diseases, diarrhea, Malaria, TB and Hepatitis by offering immunization programs, TB control program, reproductive health programs and nutrition program. It also intends to increase the coverage of emergency care, surgical services, anesthesia, gynecology, ophthalmology, pediatrics, laboratory facilities in hospitals, open new health centers. It also intends to increase the number of physicians, nurses, dentists and other health care professionals in the country. All these policy interventions reflect that the NHP 2001, indeed pays sufficient attention to the health care services in accordance with the biomedical model of health. However the NHP 2001 does not pay enough attention to other determinants of health, particularly environment and lifestyles. Concrete plans in improving socio-cultural context by addressing low status of women, illiteracy and corruption have not been presented. Environmental and behavioral factors result in various health problems but the policy document does not offer solutions to address the environmental and behavioral factors in order to prevent disease.

Pakistan needs to reformulate its national health policy by paying attention not only to delivery of health care services but also other determinants of health particularly environment and lifestyle by following the principles of HFA with clear targets, concrete plans and feasible implementation instruments.

Such a comprehensive health policy considering all important determinants of health in accordance with HFA needs to follow a multi-sectoral approach by ensuring equity, participation and collaboration with all health related actors, sectors, NGOs and communities in preventing disease and promoting health. Collaboration between the Ministry of Health and the Ministries of Housing and Works in executing their tenders to assure the availability of safe water and sanitation is particularly recommended for disease prevention. The Ministry of Health and the Ministry of Interior Affairs together may address the causes of risky behaviors such as smoking, drug abuse, negligent driving, low quality of roads and faulty vehicles by collecting important data, analyzing factors and finding ways to control smoking, drug abuse and number of accidents. Such collaboration and a wider participation will be basis for the programs of disease prevention and health promotion. Participation from communities, their

leaders and religious groups is particularly recommended to build awareness, develop healthy lifestyles and to avoid the resistance in use of condoms and sex education in controlling STDs, HIV/AIDS and implementation of family planning programs

The Health Policy Context Analysis

We have stated that the political context in Pakistan does not stimulate wider participation from individuals, professional groups, political parties stakeholders, NGOs and communities to play their role in the implementation of health policies, programs and projects. We have also stated that application of HFA strategy could be hindered due to unfavorable health policy context. A large part of the population particularly in the rural areas feels alienated from the political system resulting in to a credibility gap between the people and government as stated by the interviewees particularly by the representatives of professionals groups, NGOs and health professionals working at provincial and local level. In creating a stable political environment and improving participation it is important to conduct free and fair general elections according to proper schedules stated in the constitution so that people and the representatives can participate in a democratic process in order to form a representative and elected government.

The unimportance of health policy and the disinterest in the health status of the population might be demonstrated in allocation of lowest governmental health expenditures in national budgets. International organizations have commented that Pakistan falls in that category of countries where economic advances are being made but allocation of lowest financial resources for health and policy deficiencies are blocking progress towards achieving several health and welfare goals (UNDP, 2002; UNDP, 2004; WHO, 2005; Word Bank, 2004). The low governmental expenditure on health has led to resource constraints for the health sector and results in health policy implementation failures in the country as stated by the interviewees representatives of international agencies and professional organization, NGOs and health professionals working at all levels.

It is important to improve the health policy context and to treat the health sector as an important sector like other sectors such as defense, industry, trade and commerce in allocating reasonable amount of financial resources. Pakistan needs to increase its governmental expenditures from 0.7 of the GDP percent up to 2 percent in the next national budget 2007-08 and 3 percent of the GDP till 2009 as recommended by the international agencies including WHO, UNDP and World Bank. It will improve the health policy process and will minimize the dependency of the country on donors in implementing health programs including PHC and HFA. Furthermore, a reasonable amount of resources can help in comprehensive long-term health planning and its effective implementation without facing uncertainties regarding the amount and flow of financial resources. Besides increasing the governmental health expenditures, it is also important to address the poverty because poverty is a major determinant of poor health in the country. In combating poverty it is important to address issues as income, employment, distribution and access to education, access to safe water and sanitation, availability of food and nutrition. Creating job opportunities and providing employment to unemployed youth, introducing income generating schemes particularly in rural areas, increasing education and training opportunities for unskilled youth, assuring access to basic amenities like water, sanitation and housing may address the problem of poverty.

One, socio-cultural factor should be mentioned, i.e. the low status of women together with the low literacy rate and corruption influence health policy process and health outcomes. Stimu-

lating opportunities for the primary education particularly in rural areas by opening new schools and increasing the female enrolment rate in the schools may increase literacy level. Increasing literary level and improving status of women will certainly increase female participation and can assure effective implementation of immunization programs, women's health programs, reproductive health programs, and family planning programs. Furthermore, it can increase the access of women to health services; enhance their decision-making power, and their capability to negotiate with their partners for safer sexual practices in order to avoid their vulnerability to HIV/AIDS and sexually transmitted diseases.

The Health Policy Process Analysis

In addressing the problems in the health policy process (agenda building, policy making, planning, monitoring and evaluation) need to delegate powers and responsibilities to the lower levels (provincial and district). Furthermore it is important to increase the institutional capacity of the provinces and districts in ensuring their participation not only in policy implementation but also in other stages of the health policy process. Paying attention to districts and ensuring their participation in all the stages of health policy process is particularly important because districts are more close to the people, risk groups and to the beneficiaries of the health services. Furthermore, districts can play an important role in developing cooperation and collaboration with NGOs, health professionals, health institutions, health boards, consumer organizations, communities and their leaders for the protection and promotion of patient rights as stated by the interviewees particularly representatives of international and professional organization, NGOs and health professionals. Such a participation and collaboration at district level can also develop networks of trust, respect, and cooperation among communities and their representatives, governmental sectors, NGOs and professional groups in order to mediate between differing interests in society for the pursuit of good health.

As stated earlier, there are communication gaps between actors at top level and professionals working at provincial and district levels that disturb flow of information from the top to the bottom level. In order to address these problems there is a need to integrate the implementation process at district, provincial and national level so that health professionals, civil servants and administrators working at these levels can develop an effective communication at all levels. Such integration is important for a flow of information from upper to lower levels in understanding specific objectives of the planned health projects before implementation. Similarly, it can help to establish a communication from bottom to the top level in order to keep the implementation upon the desired path. Besides improving the communication between all levels it is also important to provide appropriate knowledge and skill to health professionals working in the districts. As shown in the analysis Pakistan experiences an imbalance among health care professionals and public health professionals having knowledge and experience in accordance with HFA. There is also a general lack of knowledge and awareness regarding modern health paradigms among human resource involved in the policy process at federal, provincial and local level as demonstrated before. Consequently, the causes of many health problems are neither recognized nor properly targeted in policy making. Similarly, the knowledge deficiencies disturb collaboration between health and other welfare sectors. Trained and skillful health professionals can play an effective role in increasing quality, availability, accessibility and sustainability of health services.

Weak and strong points of the study

The most problematic aspect of this study is lack of reliable data. Various sources, national and international, are explored and used. Nevertheless, it has to be stated that figures about vital statistics pertaining to births, mortality and morbidity are not accurate in Pakistan and other important 'back ground' material is not available, or derived from the same material from Pakistan. For example, in case of accidents basic information regarding the exact time, date, working conditions, and existing safety measures are not available. In case of road traffic accidents, information such as quality of the road and the vehicle, the number of people traveling in the vehicle, the health conditions of the driver, and the speed at the time of accident are not available. Pakistan did not develop an effective management information system (MIS) that would yield basic information about incidence and prevalence of disease, exact number of health services particularly in private sector, progress in delivery of services, and outcome of health programs.

Another problem occurs when data are available which affects the objectives set by the health policy. It is not unusual to change, twist or withhold certain data deliberately to conceal the facts from the people, the agencies involved in the approval procedures, and the donors. There were considerable difficulties in assembling a satisfactory time-series on health expenditures because reporting agencies at various points in time use different assumptions and definitions. Underreporting is chronic and there is no way to ascertain the correct cause of death and ill health.

If data are unreliable, not existent and difficult to get, it may be questioned why such study is undertaken. The answer put forward an important point of this study. It is for the first time that such a study is attempted in Pakistan, i.e. to make a comprehensive analysis of recent health policy in Pakistan and to combine several information resources.

A positive aspect of the study is that it has considered secondary data in the form of previous studies about health policy analysis, official reports of health ministries and departments in Pakistan, international agencies, reports of seminars and conferences on health policy. In order to collect reliable information and data, the Federal Ministry of Health, the provincial ministries of health in all the four provinces, health and other welfare departments, libraries, academic and research institutes in Pakistan, the Netherlands and Switzerland were visited.

Besides the document analysis, open-ended interviews of one hundred and fifty-two actors involved in the health policy process at the district (local), provincial, federal and international level were conducted in Geneva, Islamabad, Lahore, Karachi, Peshawar, Quetta, Rawalpindi, Abbottabad during 2000 and 2005. The interviewed international actors include: the officials of WHO, the World Bank, the Asian Development Bank, UNICEF, and UNDP. The interviewed national actors included: elected representatives, policy makers and civil servants from the Ministry of Health, physicians, public heath professionals, health managers and representatives of health-related NGOs as well as health associations. These interviews helped in obtaining useful and important information and to get further insights into health policy context, process and role of actors in the health policy process. This approach of conducting interviews of the actors involved in the health policy process is new in Pakistan.

In conducting interviews certain difficulties were also experienced particularly in finding time from political leaders and top-level civil servants. In some cases, appointments were made

with political leaders and top-level civil servants, but when their offices or homes were visited, their personal secretaries and assistants declared that the appointment had to be cancelled because their boss was very busy. New appointments were made, but these too were later delayed or cancelled. In a few cases, interviewees met, but after they learned the purpose of the interview, they suggested to approach another person (mostly a junior civil servant of the ministry) for such information. It shows the discomfort of the top level actors may feel when they are asked to comment upon poor health conditions in the country. Mostly, top-level civil servants working in the federal and provincial health ministries did not feel comfortable during interviews. They supported the governmental view and avoided to comment upon health policy and implementation failures experienced in Pakistan. However, junior civil servants and officials working in other governmental, and non-governmental departments and field offices in provincial head quarters and districts were more critical. They started speaking openly, providing information and expressing their personal views, experiences and discussing health policy issues related to context, process and role of actors. They also provided useful information that differed from governmental documents on the condition of anonymity.

The study has also identified that important determinants of health particularly environment and lifestyle need to be considered in policy formulation in order to make healthy choices easier and unhealthy choices more difficult. The study has also identified that contextual factors (political, economic and socio-cultural) influences the health policy process and health outcome. Furthermore, it has identified the problems in agenda building, policy formulation, planning, monitoring and evaluation. This study can help in finding effective ways of policy formulation, planning, implementation, monitoring and evaluation.

Recommendations

Based on the analysis and the discussion it is recommended that the health authorities in Pakistan need to reformulate its national health policy by paying attention not only to delivery of health care services but also other determinants of health particularly environment and lifestyle by following the principles of HFA with clear targets, concrete plans and feasible implementation instruments. Such a comprehensive health policy considering all important determinants of health in accordance with HFA needs to follow a multi-sectoral approach by ensuring equity, wider participation and collaboration with all health related actors, sectors, NGOs and communities in preventing disease and promoting health.

It is recommended to pay improved attention to the health policy context and to treat the health sector as an important sector like other sectors such as defense, industry, trade and commerce in allocating human as well as financial resources. Concretely, Pakistan needs to increase its governmental health expenditures in its national budgets up to 3 percent of the GDP.

Concerning the socio-cultural policy context the following is recommended.

- To address low status of women. The international declarations, conventions and the Constitution must be followed in order to treat women on equal basis in providing them opportunities of health, education and employment. It is also important for authorities to enforce the laws in order to address suppressive attitude, various types of harassments, sexual assaults and domestic violence.

- To improve the literacy level it is necessary to increase the education facilities, and increase the enrollment rate particularly for girls by offering incentives.
- To set up a new quality control system that can effectively control purchase and use of low quality medicines and medical equipment by increasing the number of drug inspectors , ensure their regular visits of the drug market and pharmaceutical industry, control bribes and kickbacks in the health sectors and to control the absenteeism of doctors, nurses and other health professionals from their duties it is important to improve the system of complaints by providing special numbers and telephone facilities to the beneficiaries for making their complaints.

In order to improve health policy process the following is recommended.

- To ensure the participation of provinces and districts not only in implementation but all the stages of health policy process. Views, opinions and experiences of public health professionals, field officers and community workers working at provincial and district level regarding policy implementation need to be forwarded regularly to the policy makers and planners at top levels as a feedback in order to improve health policy process.
- To develop effective linkages between all the stages of health policy process, monitor and evaluate health projects and programs by conducting regular sight visits and using modern techniques such as Bar Charts (BCs), Critical Path Methods (CPM), Project Evaluation and Review Techniques (PERT), compare the situation after program implementation with the situation before the program in evaluating health projects.
- To increase training opportunities in the area of new public health by opening schools of public health, introducing public health in the curriculum of medical colleges and to send health professionals working in the ministries and departments of health and health related sectors for training programs for different duration of time keeping in view their needs and working schedules.

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