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Health policy analysis

Khan, Muhammad Mushtaq

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Document Version

Publisher's PDF, also known as Version of record

Publication date:

2006

[Link to publication in University of Groningen/UMCG research database](#)

Citation for published version (APA):

Khan, M. M. (2006). *Health policy analysis: the case of Pakistan*. s.n.

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Summary

This study is composed of eight chapters. Chapter 1 presents a brief general introduction of the study and Chapter 2 gives a brief general overview of Pakistan. Chapters 3-7 provide answers to the research questions, and the final chapter presents the conclusions and recommendations of the study.

The study presents a health policy analysis in Pakistan. It intends 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. The content of the most recent national health policy is analyzed in this study. Contextual factors (political, economic and socio-cultural) influencing the health policy process, health resources and health outcome have been analyzed in the health policy context analysis. Furthermore, the health policy process (i.e. agenda building, planning, implementation, monitoring and evaluation) has been analyzed by focusing upon the availability and use of resources, expertise and methods to realize the policy objectives.

Chapter 1

This chapter presents general introduction of the study by highlighting its general background, the importance of health policy analysis, approaches and models, methodology and overview of the study. It describes that for the purpose of the health policy analysis the policy analysis model developed by Walt and Gilson (1994) has been used that pays specific attention to the content, context and process of health policy and to the role of actors played in health policy process. The study answers the following research questions in analyzing health policy content, context and process in the country.

- 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?
- How do contextual factors (political, economic and socio-cultural) influence the health policy process and health outcomes in Pakistan?
- 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?

Chapter 2

This chapter provides some basic information on Pakistan, covering physical and human geography, economy, national resources, political, administrative and social conditions, education, cultural life, history, the health system and, finally a brief overview of health policy. This overview helps to understand overall health conditions and the health policy environment.

Chapter 3

Chapter 3 and 4 present content analysis by responding to the first research question. Chapter 3 presents a brief overview of the National Health Policy (2001) of Pakistan by highlighting the various goals and targets of the policy. It observes that the current National Health Policy (NHP) 2001 recognizes the importance of the principles of Health for All (HFA) and new public health in combating health problems and improving life conditions. However, the content analysis shows that the NHP 2001 has emphasized curative care and institutional facilities for the delivery of health care services, and pays less attention to disease prevention and health promotion in accordance with the comprehensive principles of new public health particularly the mission of HFA. Important principles of HFA such as equity, participation and collaboration have not been sufficiently and appropriately considered in agenda building and policymaking. Furthermore, the policy content does not reflect these principles in policy objectives and implementation modalities.

Chapter 4

This chapter describes the occurrence of health problems such as HIV/AIDS, cancer, diabetes, accidents, and drug addiction and their contributing factors including socio-cultural, environmental and infra-structural. The chapter has observed that the NHP (2001) offers several interventions to combat childhood diseases, diarrhea, malaria, TB and hepatitis by offering immunization programs, a TB control program, reproductive health programs and a nutrition program. The policy document also intends to increase the coverage of emergency care, surgical services, anesthesia, gynecology, ophthalmology, pediatrics, laboratory facilities in hospitals and open new basic health units as well as health centers in rural areas. It also aims to increase the number of physicians, nurses, dentists and other health care professionals in the country. 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. The policy document has also not offered comprehensive, appropriate and feasible policy interventions that can effectively address the risk factors of health problems on the one hand and to give citizens the responsibility for their own health on the other hand.

Chapter 5

Chapter 5 and 6 present context analysis in responding to the second research question. Chapter 5 deals with political structure and political context in which health policy is embedded in Pakistan. It has shown that the political context is unstable and experiences frequent change in governments that results into change in health policies plans and projects. This political instability also leads 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, health policies and plans experience implementation failures.

Chapter 6

Chapter 6 describes the economic and socio-cultural policy context in Pakistan. It presents the economic growth of Pakistan, the share of the health sector in national budgets, the status of women in society, the literacy level and corruption level. This chapter has analyzed the socio-cultural context and showed that 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 and creates difficulties in creating awareness to prevent HIV/AIDS, activating wider participation, protecting environment and developing healthy lifestyles. Corruption particularly in the health sector results into illegal pharmaceutical factories that manufacture low standard medicines 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, accept bribes and sell medicines meant for poor patients.

Chapter 7

In responding to the third research question Chapter 7 has analyzed the health policy process and has indicated that the important stages of the health policy process (agenda building and policymaking, planning, implementation, monitoring and evaluation) experiences various problems. The specific problems are centralization, the influence of the narrowly focused biomedical model of health, a shortage of trained public health professionals, an 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 are 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. Religious values particularly hinder implementation of family planning programs and control of HIV/AIDS because religious groups and leaders label these programs as anti-religion and immoral.

Chapter 8

This chapter has presented conclusions, discussion and recommendations. Regarding the health policy content, the chapter recommends that Pakistan needs to reformulate its national health policy by paying attention not only to the delivery of health care services but also to other determinants of health, particularly environment and lifestyle, by following the princi-

SUMMARY

ples 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 wider 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 other health related sectors is recommended in order to assure the availability of safe water and sanitation, building basic health units, rural health centers, addressing the causes of risky behaviors such as smoking, drug abuse, negligent driving and faulty vehicles. Participation from communities, their leaders and religious groups is particularly recommended to build awareness and develop healthy lifestyles.

Concerning the health policy context, it is recommended 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, it is recommended to increase governmental health expenditures in the national budgets from 0.7 percent up to 2 percent in the next budget 2006-07 and 3 percent till 2008 as recommended by the international agencies including WHO, UNDP and World Bank. Concerning the socio-cultural policy context it is recommended to address low status of women, improve the literacy level, increase the enrollment rate in schools particularly for girls. It is also recommended to control corruption in the health sector in order to avoid the use of low quality medicines and medical equipment, avoid bribes and kickbacks and to combat the absenteeism of health care professionals from their duties.

In order to improve health policy process it is recommended to decentralize the health system, delegate powers and functions to lower levels (provinces and districts), enhance the institutional capacity of the districts and ensure their participation not only in implementation but all the stages of health policy process. It is recommended to develop a mechanism that can assure effective linkages between all the stages of health policy process (agenda building, policy making, planning, implementation, monitoring and evaluation). It is also recommended to monitor health projects and programs by conducting regular sight visits and using modern techniques such as Bar Charts, Critical Path Methods, Project Evaluation and Review Techniques. The study also recommends to increase training opportunities in the area of new public health and health promotion, introduce public health training in the curriculum of medical colleges and to send health professionals working in the health and health related sectors for training programs keeping in view their needs.