

REVIEW ARTICLE

CONSTITUTIONAL REFORMS IN PAKISTAN: TURNING AROUND THE PICTURE OF HEALTH SECTOR IN PUNJAB PROVINCE

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The 18th constitutional amendment in Pakistan requires an independent and objective analysis of consequences of 2011 reforms on the future roles demarcation between the federation and provinces for steering the health sector. The objective of this assessment study was to conduct an institutional appraisal of the provincial health department in Punjab to mark the achievements, problem areas and issues, as well as to formulate the recommendations in the post-devolution scenario. It was an in-depth literature review comprising papers found on PubMed/Medline, Google Scholar, reports published by the government departments, independent research works, academic papers, and documents produced by the development agencies in Pakistan, covering 18th constitutional amendment and its implications on health sector. Following 18th amendment, the Punjab Government formulated health sector strategy (2012–2017) which is being implemented in a phased approach. All districts have developed their three years rolling out plans. An integrated strategic and operational plan of MNCH, Nutrition and Family Planning is under review for approval. Punjab Health Care Commission has been established and is functional to regulate the health sector. Development agencies have in principle committed to support health sector strategy till 2017. Fair investments in improving governance, service delivery structure, human resource, health information, and medical products are expected more than ever in the post 18th amendment scenario. This is the chance for the health system of Punjab to serve the vulnerable people of the provinces, saving them from health shocks.

Keywords: Reforms, Health system, Devolution, Pakistan

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INTRODUCTION

Pakistani health system has yet again experienced reforms with the effect of the 18th amendment in 2011, which subsequently has posed many implications on the state of health care provision in the country.¹ Globally, 115 countries in the world unequivocally recognize right to health and Pakistan is an exception. Hitherto, health for all is not treated as a legislative subject in the Constitution of Pakistan.² With the signing of this new constitutional amendment, education was the first subject devolved to the provincial level, followed by the dissolution of the Ministry of Health and several other portfolios.³ All the critique aside, this constitutional amendment is a way forward to increase the control over the decision-making and for granting greater autonomy to the provinces in all subjects, previously present on the concurrent legislative list.

Superlatively, this devolution was envisioned to abridge the management structure and was to ensure the efficient delivery of health services for the under-served populations.⁴ This situation in Pakistan necessitated the outlining of pre-requisites for the efficient management of health services, which is now sole responsibility of the provincial bodies. Devolved participatory decision making on distribution of health services, deployment of health work force, prioritizing pro-poor strategies for health

financing, and integration of various health information systems are the key prospects of these reforms. It is a well-known fact that the responsiveness of the health system can be improved, as well as the quality of health services can be enhanced only if transfer of constitutional power is planned.⁵ While constitutional amendment has created many opportunities for improving service delivery, it has also presented serious lacunae *en route*. Empowering provinces without proper mechanisms in place for implementation and conflict resolution can actually result in poor performance of the health system. Pakistan does not exhibit the pre-requisites of a successful devolution which include a strong central state, and an optimal technical and managerial capacity of provincial health systems.⁶ At times, the decentralization makes it more difficult, pursuing coherence of local plans with national goals and policies.⁷

Despite improvements in the health sector over the years, there is still an inadequate access to health care services for the people of Punjab, attributed to a number of limitations such as insufficient competent human resource, lack of integration of health information system, fragile service delivery system, weak governance, and low spending on health.⁸ According to the multiple indicator cluster survey of Punjab 2011, under-five mortality rate was 111 per 1000

live births whereas the infant mortality rate is 77 per 1000 live births. It is worth mentioning that 75% of the population in Punjab is below 25 years of age. The immunization coverage remains low: only one in three children aged 12–23 months were fully immunized (34.6%). The utilization of skilled birth attendants was 46% and the total fertility rate was 3.6%.⁹

The post-reforms scenario requires an independent and objective analysis of consequences of such devolution on the future role of federation and provinces in healthcare provision. The objective of this assessment study was therefore to conduct an institutional appraisal of the Health Department in Punjab Province, vis-à-vis implementation status of the reforms, achievements thus far, problem areas and issues, as well as to formulate recommendations to improve the state of affairs. This study hopefully will become an instrument for the government establishments and policy makers to review the implementation of 18th constitutional amendment in Pakistan, and thereby decide the road map for the Government of Punjab to steer the health sector out of this bleak situation.

MATERIAL AND METHODS

Detailed literature review was conducted from May-July 2014. Literature review broadly involved the study of constitutional and legal framework of devolution 2011, work of the Implementation Commission, documents of the Punjab government, review of existing work done by other institutions, and financial review of budget allocations for Punjab health department. Review also comprised papers found on PubMed/Medline, Google Scholar, independent research works, academic papers,

and documents produced by the development agencies in Pakistan, covering the subject of 18th constitutional amendment and its implications on health sector.

1. Status of devolved reforms

The health system of Pakistan has experienced chronological evolution of reforms since its establishment. The devolution of powers in 2001 led to decentralization of health services and thus creation of a district health system.¹⁰ The constitutional amendment of 2010–2011 and the seventh NFC award have shifted administrative and financial powers to the provinces. These reforms have devolved 18 ministries to the provinces including health, population, education and other social sectors; therefore eliminating social sector portfolios from the federal list.^{1,11}

Following promulgation of 18th amendment, provincial assemblies were more empowered to operate their respective health systems, financially and administratively, by virtue of exclusion of the concurrent list.^{1,2,5} The stewardship functions such as policy formulation and use of evidence in health planning has been devolved to provinces. Despite the reinstatement of Ministry for National Health Services, Regulation & Coordination (NHSRC) at federal level, provinces are still responsible for development and implementation of their health sector strategies.

Table-1 depicts the implications of this constitutional reform on the building blocks of health system which have affected coordination and linkages within federal and the provincial governments.

Table -1: Federal and provincial functions of health after 18th amendment

Functions	Effect of 18 th amendment	Decision
Governance	-Development and administration of provincial health sector strategies are responsibility of provinces -Health regulation and coordination are with Ministry of NHSRC which include National control programs for TB, Malaria, HIV/AIDS; EPI; DRA; Prime Minister National Health Complex	-Policy making devolved to provincial health departments -Health regulation and coordination retained at federal level -EAD is responsible for dealing agreements and international treaties with countries and development partners.
Health financing	-Significant financial share is transferred to provinces	-More financial powers to the provincial governments in 7 th NFC award (2010-11). -Funding for vertical programs is routed through Ministry of NHSRC
Service delivery	-Provincial health departments are responsible for horizontal service delivery - Vertical programs (supported by GAVI, Global Fund) are facing issues of fiscal reforms	-Implementation of service delivery programs are sole responsibility of provinces
Drug regulation	-Drug regulator authority has been restructured	DRA is now established and looked over by Ministry of NHSRC
Health information	-Operationalization of health information system is responsibility of provinces -Academic and research organizations (HSA, PMRC) are reinstated under Ministry of NHSRC	-DHIS implementation is retained with provincial health departments.
Human resource	Service structure and regulation of skilled HR for health (doctors, paramedics, and community based health workers) is duty of provinces.	Provincial health departments are responsible to retain and regulate HR for health.

The complex operationalization of the vertical programs especially National control programs for TB, Malaria, AIDS; and EPI are notable repercussion of the constitutional amendment. Likewise, the development partners particularly including bilateral, multilateral and UN agencies, have faced this challenge of initiating dialogue and negotiating initiatives with the provinces. Nevertheless, the establishment of Ministry of NHSRC has to some extent resolved issues pertaining to resource mobilization and allocations for vertical programs, and reporting on international commitments and agreements.¹¹ These programs are EPI, TB control, AIDS control and Malaria control, FP & PHC, MNCH, and Hepatitis Control. Likewise, DRA has been established under the Ministry of NHSRC for registration, and regularization of drugs.¹²

2. Achievements and key reforms in the Punjab Province

Whilst Punjab province experienced a fresh knock of 18th amendment, the history of devolution in this province dates back to 2001. The local government ordinance of 2001 shifted administrative and financial powers to the district bodies.¹³ After implementation of 2001 devolution, four health sector initiatives were launched which have had a significant impact on the district health system. These reforms were Punjab Devolved Social Services Program (PDSSP), Punjab Health Sector Reform Program (PHSRP), Chief Minister's Initiative for Primary Health Care (CMIPHC), and Punjab Integrated Primary Health Care Model (PIPHCM).¹⁴

Since the promulgation of 18th amendment, the government of Punjab has launched sound initiatives to address the supply-demand gap in the province. The new health sector strategy focuses on the improvement of the coverage and utilization of quality essential health services, particularly in the low performing districts of Punjab.¹⁵ With support of a multilateral donor, PHSRP will improve health service delivery, enhance efficiency and effectiveness of the health system, strengthen provincial managerial capacity of health department, and improve the capacities in technical areas for equitable health services for all.¹⁶ The key principles of the strategy are to provide equitable and universal health care services, improve institutional capacities, ensure good governance at all levels, optimal utilization of resources, and inculcating a culture of results based management. The health strategy of Punjab also empowers 36 districts of the Punjab to developed roll out plan for next three years.¹⁷

The Punjab health strategy emphasized RMNCH and Nutrition by proposing a number of initiatives including integration of MNCH, family planning and nutrition activities in the Essential Primary Health Services Package, availability of 24/7 EmONC services, and linkages between outreach workers and primary health units. Likewise, the strategy focuses on up gradation of BHUs, RHCs, THQs, and DHQs to provide 24/7 Comprehensive EmONC services.¹⁵

Following are some of the key points of the health sector strategy in the post-devolution phase of Punjab province.

- Establishment of Health Sector Ministerial Board (HSMB) to ensure a comprehensive implementation of the Strategy and to promote inter-sectoral linkages.
- Effective monitoring and evaluation of strategy implementation in districts and provincial health department
- Focus on key strategic areas with integrated approach through Essential Health Services Packages at all levels;
- Contracting out of services;
- Development of multi-sectoral nutrition strategy;
- Restructuring of Department of Health, initiating regulation of public and private hospitals.

An integrated program mainly focusing on MNCH, Nutrition and Family Planning has been developed and budgeted. Likewise, an integrated Punjab Health Information System is under development. Punjab Health Care Commission has been established and is operational to regulate the health sector. EHSP for the primary level care services has been formally approved whereas packages for secondary and tertiary care level are in progress. Findings of the literature review suggest that all the districts of the Punjab have developed roll out plan for the three years.

International development partners have in principle committed to support health sector strategy. Likewise, the Disbursement Linked Insights (DLIs) for the health sector support have been agreed by the Government of Punjab and the Medium Term Budgetary Framework (MTBF) of Department of Health is linked with Health Sector Strategy.

3. Comparison of budgetary allocation to health department

The Punjab health strategy attempts to ensure health rights of poor and vulnerable population through provision of social protection nets, as currently 75 percent of the health expenditure is

out of pocket. A number of strategies are outlined using a phased approach from 2012 to 2017, recommending that the budget be increased from PKR11.2 billion to PKR14.8 billion by 2017.¹⁵ The increase in Punjab health budget is due to upturn in size of the provincial share, which has increased under the 7th NFC Award.¹⁸

Review of the federal budget for the year 2014-15 suggests that health sector will receive PKR 26.8 billion in 2014-15 as compared to PKR 25.7 billion in 2013-14.¹⁹ In relation to very recently released budget of the Punjab government, PKR 121.80 billion rupees have been allocated for the health sector. Another PKR 4 billion will be spent on health insurance cards. In order to finance centre-funded health programs, PKR 2.7 billion are allocated from EPI, PKR 11 billion for FP & PHC, PKR 2.3 billion for MNCH, PKR684 million for hepatitis control, PKR 124 million for TB control, and PKR 124 million for Malaria control. There are significant enhancements in allocation in all the four provinces on recurrent and development sides. For example provincial allocation to the Punjab health sector in 2009-10 was PKR 29513 million compared to PKR 37302 million in 2010-11.¹¹ It is worth mentioning that government of Punjab allocated PKR 614 million out of the development funds for mobile hospitals in ADP of 2010-11.²⁰ Table-2 provides funds allocation status of the preventive/service delivery programs in the annual development plan of the Punjab in 2010-11.

Table-2: Financial allocation for preventive programs in Punjab

Preventive/service delivery programs	ADP 2010-11 (PKR in Million)
Mobile Units	614
HIV/AIDS Control Programme	576
National Tuberculosis Control Programme	75
Prime Minister Programme for Prevention and Control of Hepatitis	300
Expended Programme on Immunization	100
National Programme for Prevention and Control of Blindness	50
Health Management Information System	40

During last three years, the provincial total health allocations have witnessed 40% increase. There is highest increase in Punjab, where development allocations for health have been doubled. Nevertheless, results also show that budget utilizations against planned allocations have not been satisfactory in Punjab.²⁰

4. Relevant donor supported initiatives

Development partners are supporting the implementation of the Punjab Health Sector

Strategy, by focusing on the improvement of the coverage and utilization of quality essential health services, particularly in the low performing districts of Punjab. This entails building the capacity and systems to strengthen accountability and stewardship in DoH, improve health service delivery, enhance efficiency and effectiveness of the health system, and strengthen provincial health management and technical capacity.¹⁶

5. Issues and hurdles in the implementation of 18th Amendment

Devolution of health sector poses many questions in terms of the capacity of provinces for health planning and regulation of policies, strategic directions and leadership, health information generation, human resource development and international agreements.^{2,4} At present, the federal government has no national health policy. Now all the provinces have their own health sector strategies.¹⁵ These reforms now present an added responsibility on the provinces to seek policy guidance on interprovincial harmonization which is missing at this point in time. The financial repercussions of transferring the federal vertical programs were not worked out for each province at the time of amendment.²¹ The transfer of additional programs to provinces was sudden with minimal interim support from the federal government. Consequently, vertical programs faced issues of fiscal and technical support from department of health, Punjab.

Dearth of trained staff is a chronic issue for under-utilization of primary health care services in Pakistan. One of the key factors for under-utilization of public healthcare systems is unavailability of drugs.²² Lack of Logistic Management Information System (LMIS) LMIS is another strong contributor for lack of drugs at public health facilities.²³ Review of the financial documents suggests that underutilization trend was observed against budget allocation for health during 2008-2010.¹⁷ In the wake of recent reforms, it will be a challenging task for the Government of Punjab to plan and utilize augmented financial share for health care provision.

The present challenge for service delivery programs is consideration of inter-provincial harmonization, contractual agreements, resource mobilization and donor preferences in order to practice one window operation with donor organizations. Establishment of Ministry of NHSRC is thoughtful step towards addressing the federal liabilities towards the provinces with regard to financing of the several vertical programs. Another challenge for Pakistan in the post devolution scenario is lack of integrated

disease surveillance system and lack of inter-provincial information sharing mechanism.²⁴ There is likelihood that tools and indicators to monitor health may vary across provinces. Health sector strategy of Punjab has delineated the development of integrated health information system; however, it is yet to be seen.¹⁵

6. Recommendations to address issues in the wake of recent reforms

While the key responsibility of stewardship in health lies with the DoH, the role of PHSRP and Directorate General Health Services (DGHS) is pivotal in translating the health sector strategy into meaningful actions. PHSRP ought to take up the role of coordinating technical assistances required for development of operational plans to implement proposed strategy. DGHS ought to be involved in the planning, budgeting, performance review, supervision, coordination, recording and reporting of progress to provide basis of budgetary allocations. At the same time, for a concerted effort and better coordination, there is need to strengthen the role of other entities such as Punjab Healthcare Commission, Punjab Health Foundation, and Provincial and District Health Development Centres for a prudent implementation of the strategy. There is dire need to develop the capacity of provincial and district health bodies on effective management and timely utilization of funds. Traditionally, share of the non-development budget has been bigger than the development budget, which must be reviewed in the wake of recent reforms. Pay for performance strategy at district level can be instrumental in achieving many of the targets set in the health sector strategy of Punjab. The vision of standardized information system for the government and private sector health facilities, and strengthened linkages with community based information systems is only possible through developing capacity of facility and community based staff on health information management and reporting.

CONCLUSION

This is a high time for instituting appropriate checks and balances to address various lacunae across the health sector; and to ensure fair degree of transparency across various units of the health department. During these times of gradual transition, there is a clearly felt need for institutional strengthening and capacity building at the provincial and district level mainly for ensuring a responsive service delivery from higher facilities to the grass root level. The matter of the fact is that this devolution brings a window of opportunity to revamp health system with ample

provincial autonomy. Lessons ought to be learnt from previous devolution experiences. Besides delegating authority and responsibility, fair investments in improving governance, service delivery structure, human resource, health information and medical products are required more than ever. By implementing this reform in its true letter and spirit, health system of Punjab can actually save the poor and vulnerable people of the provinces to suffer from health shocks, which further push them into ravines of poverty.

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