

Status of Health Sector Reforms in Khyber Pakhtunkhwa: A Post-Devolution Analysis

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Introduction

Decentralization brings power and authority closer to people. Experts believe that decentralization and devolution of power lead to an improved health sector. The essence of democracy lies in devolution which promotes social and economic transformation of an economy. A centralized system of government looks at the picture holistically and a decentralized government sets its own set of priorities in the region. Devolving power to the lower tier helps the system gets diversity in a way that more people are involved in the decision making processes. Political representatives become more accountable and thus the service delivery gets better. Many experts of devolution are in favor of including local representatives over important services like Health (Shah, 2004; World Bank, 2006; Yilmaz & Serrano-Berthet, 2008). However, developing countries tend to have a centralized form of government which therefore needs the decentralization of power and its promising prospects to keeps the region driving ahead.

In Pakistan, the 18th constitutional amendment transfers some powers to the provinces. This was successfully implemented as the devolution of power to the lowest tier; the essence of the 1973 constitution of Pakistan. This amendment empowered provinces to legislate and implement policies related to the devolved ministries on their own. This amendment devolved the power of 17 central ministries²⁴ to the second tier of provincial governments in 2010.

²⁴ Ministries of Education, Health, Culture, Special Initiatives, Environment, Labor and Manpower, Local Government and Rural Development, Minorities Affairs, Population Welfare, Social Welfare and Special Education, Sports, Tourism, Women Development, Youth Affairs, Zakat and Ushr were devolved in phases after the introduction of 18th Amendment of the 1973 Constitution of Pakistan.

Among them the powers of the Ministry of Health were also defined as provincial subjects. The provincial health sector, after taking charge, has started formulating policies with the goals of obtaining fruitful results for their respective provinces. However, Pakistan has failed to still achieve real progress in the devolution of power, and provincial governments are not in a position to exercise the devolved power in a true and manner since the 18th constitutional amendment passed in 2010. While the devolution of power to lower tiers is considered to expedite economic growth and sustainable development, research in this area is lagging.

Objective

The main objectives are to find the priorities of the government's post devolution via looking at expenditure pattern and to discover whether the 18th Amendment improved service delivery in Health; and to identify policy recommendations to further strengthen the process of devolution in Pakistan.

Methodology

This study builds upon the conceptual framework designed by Bossert and Mitchell (2011). However, certain adaptations are incorporated to further improve upon and to match the objectives of this study. Bossert and Mitchell's study observed that service delivery is improved with improvements in Decision Space (DS), Institutional Capacities (CAP) and Accountability (ACC) of an institution.

Institutional capacities is primarily included to assess the capabilities of a department to understand, interpret and/or transform knowledge into practice. Training, education and experience, facilities and technology available to the respondent after the 18th amendment are assessed under this sub-theme about a particular indicator. The technical, administrative, organizational and financial aspects were considered. Decision Space (DS) covers the authority to take a decision of the concerned departments (Bossert, 1998). Accountability is considered an important instrument in determining the efficiency of an organization. This was assessed by asking the government officials of concerned departments about steps taken against complaints.

In this study, there was a three stage data collection process involved. At first relevant respondents from the Health Department were identified followed by identification of concerned respondents from Hospitals. For perception survey data was collected from the people who were using publicly provided health facilities. The primary part of the study dealt with 112 respondents. For the quantitative part, to analyze the trend analyses, relevant data was collected from 2006 to 2016. Primary data were collected from Ministry of Health and other government officials of the Health Department, while secondary data were gathered from government officials.

Results and Discussion

A paradigm shift could be assessed in a sector via two ways. The first considers the government's initiation for new legislation by passing more bills in a certain sector as compared to other sectors. The second way is to look at the increase or decrease in budget allocation against a sector, to see what spending priorities are. The study considers the second way approach for a paradigm shift after the implementation of 18th amendment. The perception survey conducted for this study is a tool to verify government claims and the patients' satisfaction with developed health sector services. According to this survey, 85 % of the respondents of the study were happy and satisfied to use government health care facilities. Free medicine claim was backed up by 61% of the sample size while 27% of the respondents had a difference of opinion. The study found that about 61% of the patients, who use government hospitals, got free medicines. There is still room for improvement as 27% of the patients were complaining about the supply shortages of medicines in government hospitals. 72% of the sample agreed to the claim that absentees of doctors in hospitals have reduced significantly. 77% are of the view that there is an improvement in the health sector over the past few years while around 17% are still to see any improvement in health sector. The result has been significant in a sense that people who got free medicines also believed that health sector has shown progress.

The above satisfactory achievements were made with positive trend of budget allocation towards the provincial health services by the central governments and own projects implemented by provincial health Departments using

financial support from the international donor agencies. Devolution power to the provincial health ministry enhanced their capacity to gain own financial improvements with foreign partners as well. Expenditure in the health sector showed an upward trend, specifically after the devolution of health sector in 2010. Prior to the introduction of devolution, spending on health was just 2% of the total budget which increased to over 4% after the devolution of the health sector. The nature of change can be seen in institutional development and infrastructural development post 18th amendment. Many special programs were initiated for improving public-sector healthcare facilities of the province with the support from agencies such as JICA, GIZ, UNICEF and DFID. Under the “Project for Strengthening Routine” 80% of children were covered with full immunization which was only 53% prior to 2010; the health insurance project covered around 1,800,000 families; all the government run hospitals are directed to provide free medicines to the patients; malarial control programmes initiated; safe blood transfusion programmes center was established.

The department has found a positive response from the government of Khyber Pakhtunkhwa about budget acceptance. The change in attitude has helped the health sector exceed its potential. Over the past few years, the budget for the health department has been increased from Rs.1, 949.696 million to Rs.21, 576.133 million. With the introduction of the 18th amendment, supervision of the performance of government hospitals has increased. The institutional capacities of the hospitals rests in finding out if the health care service providers are sufficient in infrastructure, technological instruments, medicines and staff. The government has provided the latest technology for carrying out the administrative operations smoothly. Medicines are delivered to hospital sooner than other things.

Conclusion

The study concluded that the devolution of power for the health sector has been followed by the initiation of promising changes. These changes were, an increase in budget allocation, introduction of effective laws and accountability mechanisms, and improving the effectiveness and efficiencies of state run

health facilities. This study concluded that working on improving institutional capacities, decision space and accountability, and service delivery would raise the quality of service delivery upto the optimum level. It noted that not only *de jure*, but *de facto* power too contributes in bringing a positive change. The devolution keeps the system motivated and hence helps in improving service delivery in a sector. The study found out that the 18th constitutional amendment in Pakistan has reshaped historic trends in the provincial health statues. The provincial government has resulted in increases in the budget to improve their Institutional Capacities, and Decision Space as well as accountability of the hospitals. The service delivery in the provincial health sector been improved both quatitatively and qualitatively after the devolution of power. Therefore, this study recommends that the real service transformation through devolution of power from central Government to local political tiers is needed, which will expedite social sector development through health improments which lead to higher level human capital formation and economic development in Pakistan.

References

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