Heartfile strives for sustainable policies on social service delivery

The Islamabad-based non-governmental organisation (NGO) think-tank Heartfile has been working with the government, development and donor agencies on strengthening Pakistan's policy reforms in health as well as the social sector. **Fakhra Hassan** *talks to Dr Sania Nishtar, Chief Executive Officer (CEO) of Heartfile about development challenges and solutions to problems in the delivery of services at the grassroots level.*

In your view, what are the major development challenges faced by the social sector in Pakistan?

The overarching issues in the social sector stem from lack of a comprehensive social policy. Standalone national policies on Housing, Labour Protection, Health and Education do exist in the country; however, Pakistan does not have an overarching social policy embodied within a social justice framework, which articulates Pakistan's definition of social services, the choices concerning those services, their range and most importantly, the means of their provision and the mechanisms of their financing.

Dr Sania Nishtar, President Heartfile, an Islamabad-based non governmental organisation (NGO).

Why is there a need for social policy in Pakistan?

Pakistan has been experiencing economic growth which has created, both, the fiscal space and the expectation that the state will deliver on a social agenda. The current government has an economic policy, which in line with broader changes in the macro-economy, makes private sector the engine of growth on the premise that the role of the State is to provide a policy, regulatory and legal environment.

True that flexible and fair market mechanisms lead to high levels of employment and therefore opportunities for the disadvantaged. And correct that a market economy assists in efficiencies and opportunities with the indirect possibility of the underprivileged benefiting; but the same is also known to be the source of major inequalities. A sound social policy can remove or mitigate social inequities created by the market system and is essentially the state's instrument, which enables it to intervene to ensure that inequalities, inequities and deprivations caused by the market are remedied – or at least to some extent.

What are your recommendations for the government to bridge existing gaps in development of the social sector?

The government of Pakistan has traditionally being playing the role, both, of a financier and provider of social services. It must be recognised here that the most important role of the state lies in raising revenues to pay for welfare; however when it comes to the provision of services, the system can be organised for welfare provision to harness the capacity of other partners, which can go beyond the institutions of the state completely. Being a financier of welfare and only partly responsible for delivery of services has important consequences for the way a welfare policy is made and will mean that the government will have to interface with the wider range of organisations in the delivery of care.

For example, Norway - with a population of five million, Gross National Product (GNP) per capita of $ 51,600 (PKR 3.14 million) and 26 per cent of the budget allocated for social services - can enable such coverage. Clearly, we are working around very different numbers and population denominators.

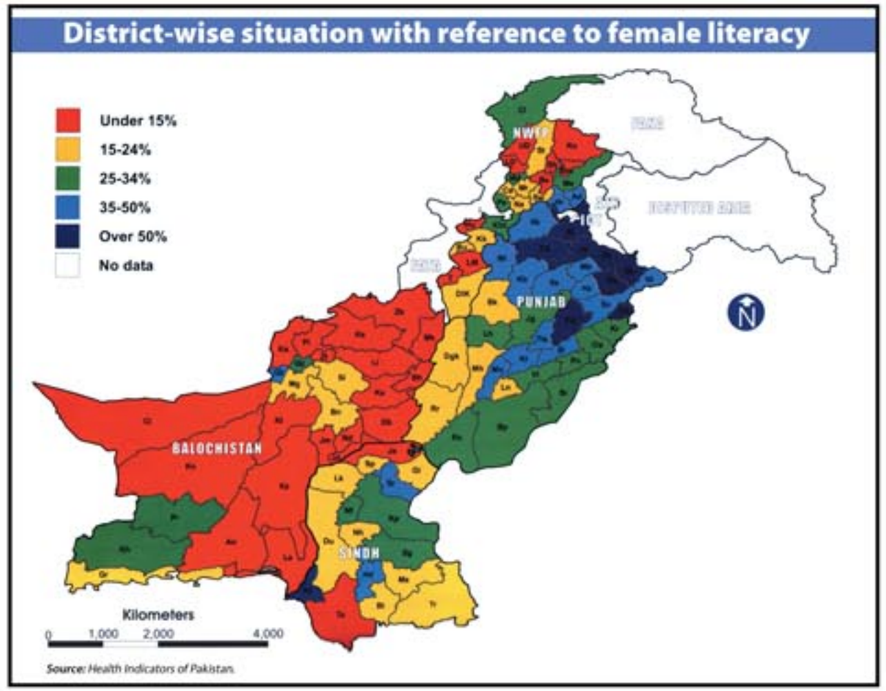
The state will have to signal a fundamental policy about the means of delivery of the welfare services. Although we speak of the state as providing services, it is both possible and common for the state to fund services rather than directly take on responsibility for delivery.

You have just authored the first book 'Health Indicators of Pakistan' and have tracked health indicators since Pakistan was formed; how would you summarise the health status of the nation?

There have been improvements in the number of doctors, health facilities and programmes, as well as morbidity and mortality indicators, but Pakistan's key health indicators still lag behind in relation to international targets and comparisons to averages for low-income countries.

What in your view is the fundamental reason for the inadequacies and inefficiencies of Pakistan despite investments being made?

Pakistan is currently pursuing a number of health targets, through allocations in programmes; but these targets cannot be met if we do not strengthen the systems through which the programmes will be delivered. I refer in particular to service delivery and financing arrangements, governance challenges and inputs (human resource and drugs-related issues). There is evidence to show that specific aspects of health systems development are amongst the best determinants of health status achievement as are economic growth, per capita income and female education. As opposed to this, there is little independent connection with inputs such as the number of doctors or hospital beds, total health expenditure and/or expenditure dedicated to medical care.



In your opinion, what are the major hindrances in development of the health sector?

In Pakistan, we see both inadequate funding and a role for the private sector – this leads to low quality of public services through a number of mechanisms because when you pay providers less in the state system, they always have the incentive to work in private systems, which leads to the issue of dual job holding and absenteeism; there is lack of interest in public sector infrastructure and equipment whereas across the street the same health professional has an organised practice. These factors interplay in a complex manner to defeat the equity objective in health through a number of ways.

In the Scandinavian and Gulf Co-operation Council (GCC) countries, where healthcare systems are strong, we see a phenomenally high funding to begin with and a legal environment which does not let the private sector operate; even in resource constrained settings where the levels of the contributions may not be as high such as in Cuba and Iran but where the private sector is not allowed to operate, we see a difference in the quality of services.

How can policies be concretised into action?

What Pakistan needs at this point is the right capacity at the policy making level with the hope that these will be able to set certain institutional processes in the social sector on the path to sustained recovery. However, we need to be pragmatic in our approach to what can and what cannot be delivered. The utopian vision of aspirations to deliver social services on the welfare model, embodied in manifestos of most political parties and some national documents need to be revisited and rationalised. It is critical to strengthen institutional capacity both within the political system and establishment to deliver on a vision that is feasible to implement and holds the promise of impacting social sector outcomes on a sustainable basis. ◆

Social Indicators

Country	Life Expectancy Year 2004**		Infant Mortality Rate per 1000** Year 2004	Mortality Rate under 5 per 1000 Year 2004**	Population Avg. Annual (per cent) Growth Year 2004**
	M	F			
Pakistan	63.2	63.6	70^	101	1.8*
India	62.1	65.3	62	85	1.5
Sri Lanka	71.7	77.0	12	14	1.3
Bangladesh	62.5	64.2	56	77	1.7
Nepal	61.6	62.4	59	76	2.2
China	70.2	73.7	26	31	0.7
Thailand	66.7	74.0	18	21	0.7
Philippines	68.6	72.8	26	34	2.0
Malaysia	71.1	75.8	10	12	2.0
Indonesia	65.3	69.2	30	38	1.3

^ Pakistan Social and Living Standard Measurement Survey (PSLM) 2005-06
**Population growth for Pakistan is estimated at 1.8 per cent (National Institute of Population Studies).*
***Source: Human Development Report 2006.*