

B o o k P r e v i e w

CHOKED PIPES

Reforming Pakistan's Mixed Health System

Sania Nishtar

at the

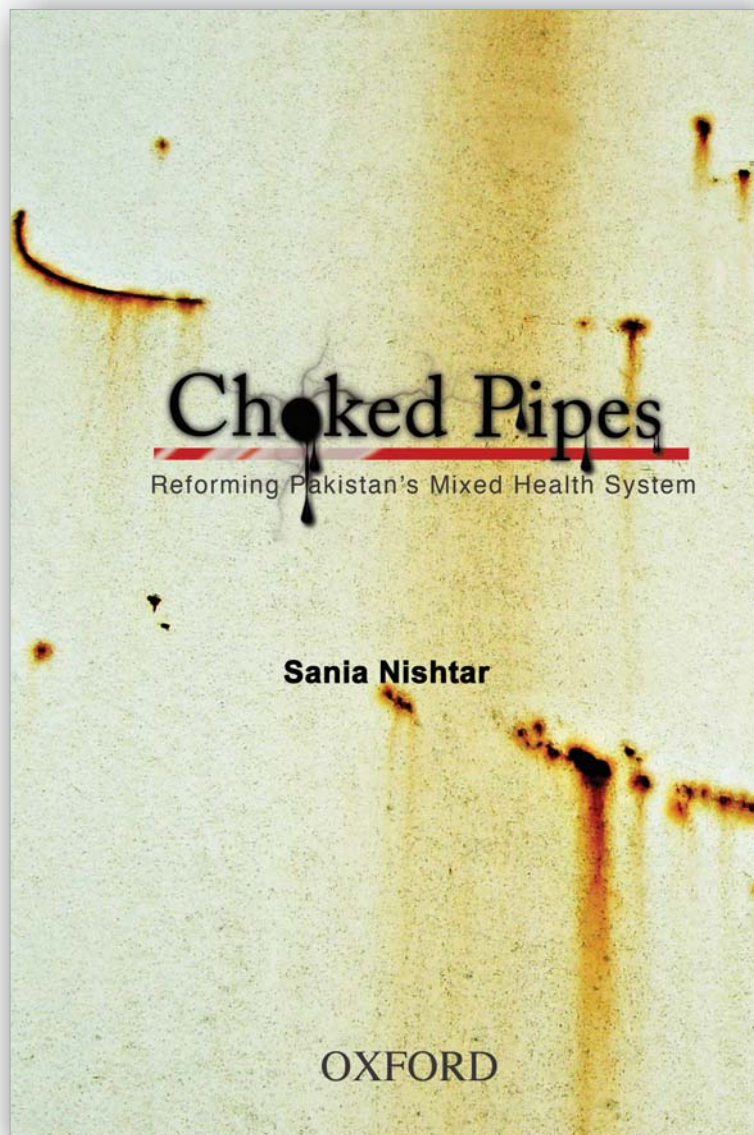
Forum 9, Global Forum For Health Research

Havana, Cuba, 16-20 November 2009

Wednesday, November 18, 2009

13:15-14:00

International Conference Centre *Palacio de Convenciones de la Habana*
Sala 4



P r o g r a m m e

Wednesday, November 18, 2009

13.15-14.00, Sala 4

Lunchtime event

Book preview: *Choked Pipes: Reforming Pakistan's Mixed Health Systems*
by Sania Nishtar

Stephen Matlin

Executive Director, Global Forum for Health Research
The broader context and session overview

Sania Nishtar

Founding President, Heartfile
Choked Pipes: Reforming Pakistan's Mixed Health System—summary and lessons learnt

Abdul Ghaffar

Regional Advisor, Research Policy and Cooperation, WHO EMRO
Reflections from Pakistan and the regional perspective

Adenike Grange

Former Minister of Health, Nigeria
A developing country policy perspective

Rifat Atun

Director Strategy, Performance & Evaluation Cluster; The Global Fund to Fight
AIDS, Tuberculosis and Malaria
*Comments from the perspective of an International Health Partnership interested in health
systems strengthening*

Keizo Takemi

Former Vice Minister of Foreign Affairs, Japan
*Comments from the perspective of a donor and the G8 health systems strengthening Task
Force*

Open discussion

**A complimentary copy of the book will be mailed to those who make
their name and contact details available at the designated desk in Sala 4
after the book preview**

E x c e r p t f r o m t h e F o r e w o r d

The main virtue of '*Choked Pipes: Reforming Pakistan's Mixed Health System*' lies in its clear understanding of the boundaries, purposes, and functions of health systems. This provides a coherent framework for discussing the evolution of the Pakistani health system since its inception, its previous reform efforts, and its present configuration, as well as for presenting a comprehensive reform agenda...The publication ends with a brilliant defense of a realistic but ambitious health reform agenda for Pakistan...The circle is brilliantly closed by the many lessons that this publication brings to the shared search for better health systems throughout the world.

Julio Frenk
Dean, Harvard School of Public Health

A S n a p s h o t

Choked Pipes: Reforming Pakistan's Mixed Health System

The title of this publication underscores the importance of a key point through its analogy with a 'choked pipe'—systems plagued by systemic challenges simply cannot deliver on desired public policy endpoints. Understanding these issues and the means of mitigating them assume importance in Pakistan at a time when the need to deliver welfare has never been more dire in view of the country's prevailing geopolitical challenges.

Within this context, *Choked Pipes*, is the first consolidated review of Pakistan's health system, which describes the *Mixed Health Systems Syndrome* and the challenges in an environment where publicly-funded government health delivery coexists with privately-financed market delivery. The author's vision for reform draws attention to a number of structural factors, both within and outside of the healthcare system and lays emphasis on reform of governance and social welfare as an important adjunct to reform within the healthcare system.

The reform agenda proposed herein comes at a critical time in the evolution of interest in global health from 'diseases' to 'systems' and therefore has a bearing on health systems in other developing countries most of them with mixed health systems with reference to current efforts aimed at achieving development goals in today's macroeconomically constrained environment.

CHOKED PIPES A SUMMARY

Published ahead of the official release of the book scheduled for December 2009 with permission from the Oxford University Press

This publication presents the author's perspective on reforming Pakistan's health system—a system that is known to have underperformed over the last six decades. The analysis and directions for reform proposed herein also have a bearing on health systems in other developing countries. Additionally, they are relevant to current efforts aimed at achieving global development goals in today's macroeconomically constrained environment and meeting broader development objectives in the context of Pakistan's prevailing geostrategic challenges. The importance and relevance of a discussion on health reform in a given developing country with broader global and national development objectives has been underscored in three areas.

First and foremost, stand the global and domestic fiscal space constraints—an environment in which downsizing of public financing for health is feared, at a time when evidence from half-way mark reviews on progress towards meeting the Millennium Development Goals (MDGs), is calling for efforts to scale up funding. While governments and international agencies strive to secure resources for development in this milieu, they are also focusing attention on ways to improve returns on spending by seeking to address constraints imposed by poorly functioning public systems. Limited understanding of the levers of change that can improve systems functioning in resource-challenged settings is an impediment in this regard. By illustrating the determinants of poor health systems performance in Pakistan's context, this publication is a step towards bringing clarity in that direction—Pakistan's example can be of relevance to health and social sector systems in many other developing countries.

Secondly, this publication has been compiled at a critical time in the evolution of interest in health systems in global health. Decades of disease-specific focus within the context of earlier efforts aimed at infectious disease control and later, the HIV and AIDS epidemic and the MDGs have brought to attention the inability of weak health systems to deliver on disease-specific targets and have exposed structural weaknesses in health systems. This realization is marked by the beginning of a shift in global health from diseases to systems. The new emphasis on health systems creates an imperative for developing normative guidance to strengthen health systems around the world—an increasingly challenging goal, given the diversity in health systems designs. Notwithstanding many differences, healthcare in a majority of the low- and middle-income countries is delivered by what can be described as a Mixed Health System—a health system in which out-of-pocket payments and market provision of services predominates as a means of financing and providing services in an environment where publicly-funded government health delivery coexists with privately-financed market delivery.

The public market interaction and its manifestations, evidenced by compromised equity and quality in healthcare delivery can be described as the Mixed Health Systems Syndrome—the denotation of syndrome refers to a set of concurrently appearing characteristics, which indicate poor performance with respect to key indicators of health systems performance. Although this publication describes this interaction in Pakistan's environment, the discussion and its context is relevant to many developing countries. By developing normative guidance to mainstream equity and quality in Pakistan's

Mixed Health System, the publication attempts to make an initial contribution to this least developed area in global health—as Pakistan's Mixed Health System can be regarded as a developing country prototype, generic elements from this normative framework can also be helpful for other developing countries. A discussion on equity in the space of a Mixed Health System can also be leveraged to galvanize a shift towards a just social order and universal coverage in health, in the broader context of the imperative created by the recent financial crisis to foster a greater oversight role of the state over markets.

Thirdly, Pakistan stands as a country where the need to remedy welfare and social sector systems—of which health is most important—has become an urgent priority for reasons beyond the idealistic resolve to achieve egalitarian objectives. In the midst of many threats by and to a society deeply divided on religious and ethnic grounds, the delivery of equitable welfare services is the only tool to protect the rapidly burgeoning and impoverished base of the population pyramid from being exploited by extremist elements. However, targeting of social services, which appears a straightforward objective in many other parts of the world if resources are available, is becoming an exceedingly complex and impossible task to achieve in Pakistan's environment, given the skew in certain fundamentals of governance, resulting from weaknesses in the political process and the means of targeting services. This publication has attempted to address the core determinants of these failures by working backwards along the causal chain to identify the evolution of causes. In doing so, the publication describes the Triad of Determinants that lead to mayhem in the Mixed Health System—low public funding

for health, a poorly-regulated private sector and differences in incentives as a result thereof, and lack of transparency in governance. The resulting complex interaction undermines the equity and quality objectives of the health system through many pathways. This triad holds true for most social sectors in addition to health, not just in Pakistan, but also in many other developing countries.

The publication sets out by following the history of health restructuring and 'reform' attempts over the last 62 years of the country's existence. The account draws attention to the plethora of initiatives and the lack of a sustained approach to reform. Many post-colonial nation-states will identify themselves with these 'reform' attempts given the common multilateral frameworks from which they emanate. The account, in addition to a description of Pakistan's health systems, constitutes Part I of this publication. The latter also explains how mutually exclusive vertical systems can exist in their own right within a country setting—another description, which can be contextualized to many other countries. Part II of this publication presents an analysis of issues within individual health system streams. In addition to the World Health Organization's (WHO) six health systems domains—service delivery, health workforce, information, financing, governance, and medicines and related products—this publication frames technology as an additional input-level domain, on the premise that its potential to enhance efficiency and connectivity, and control errors and costs would bring value to a resource constrained developing country. The evidence presented in this publication draws on findings from research conducted by the author over the last two years. Mixed methods—qualitative and quantitative

research—were employed for the analyses. These included a review of academic and grey literature, semi-structured interviews, focus group discussions with key informants, expert consultations and a series of online surveys. Methodological details are forthcoming in a set of scientific papers.

The analysis illustrates a number of institutionalized challenges in each health systems domain. Each of the respective chapters in Part II maps the cycle of challenges and elaborates on how these are exacerbated by poorly performing governance and accountability arrangements. Although the interaction has been described for the health sector, the dynamics hold true for most other social sectors as well. Understanding the dynamics of these impediments is critical at a time when the need to target welfare to the people of Pakistan has never been more urgent, not just as a domestic goal but also as an international target. The brief summary articulating the directions for reform at the conclusion of each of the chapters in Part II is supplemented by a stand-alone section on Health Reform as Part III of this publication, which outlines the envisaged directions of policy, institutional, and legislative restructuring. It has also been outlined in a Scaffold for Health Policy—another output of the author's contribution to assist with health reform in Pakistan—as an Appendix.

In sum, the publication's Reform Agenda outlines four areas for reform both within as well as outside of the healthcare system. Broader systems constraints within the remit of the political economy is the first area. The Reform Agenda underscores the need to focus on debt limitation, fiscal responsibility, measures to broaden the tax base, pro-poor growth, and overall transparency and effectiveness in

governance, as these are deemed critical for improving health status and health systems performance. Secondly, it lays emphasis on increasing the base of public sources of financing for health and management reengineering of public service delivery. The former includes incremental increases in revenues to support essential services, broadening the base of social protection for the informally employed sector, and maximizing pooling through insurance for the formally employed sector. It is envisaged that with adequate resourcing and management reengineering, workforce can be retained in the public sector, availability of medicines, supplies and infrastructure can be improved, and public facilities can be better managed.

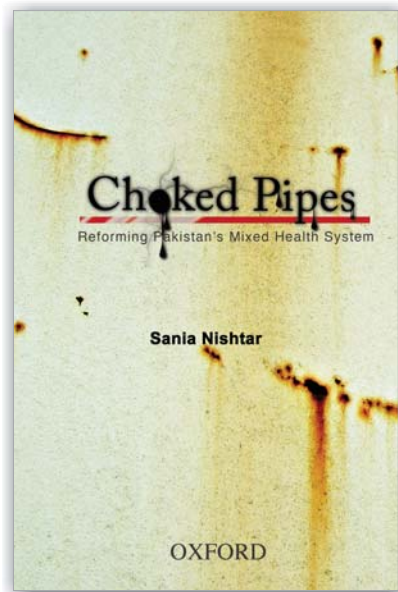
In the third place, the Reform Agenda calls for market harnessing regulatory approaches in order to broaden the first point of contact in Primary Health Care as well as enable purchase of services in order to achieve equitable access to care. The fourth area is institutional reform of state agencies mandated in a health role in order to enhance their normative and oversight capacity to oversee provision of services, ideally with institutional separation of policy-making, and implementing and regulatory functions. Lastly, the Reform Agenda calls for some additional measures. Notable amongst these are the use of technology in order to assist with securing the distribution chain, making procurements transparent, optimizing time and connectivity in health information systems, and bridging gaps in training, continuing education, and information dissemination.

The Reform Agenda envisages implementing these changes in a step-wise manner. Step I focuses on developing a national consensus on the reform agenda and

increasing public financing for health. Step II involves bracing the health information system and pulling a thread through existing evidence. Step III has three components—strengthening institutions; honing norms, and mainstreaming technology. Step IV is focused on prototyping alternative service delivery and financing mechanisms whereas Step V is centred on scaling up. Ongoing generation of evidence and its mainstreaming into planning is deemed necessary for implementing this agenda.

Implementation of the multidimensional nature of reform proposed in this publication necessitates political will, perseverance, consistency of policy direction over time, and the resolve and capacity to

cascade multidimensional changes in a sequenced manner as tangible action into policies, laws, and institutional arrangements. The current political climate and institutional culture, which is marked by limited capacity, lack of transparency, and short-term orientation, creates an impediment to institutionalization of the substantive changes proposed herein. It is hoped that this effort, which is aimed at articulating a vision for health reform, will serve as a catalyst and lend impetus to positive change in Pakistan's institutional culture in the health sector. It is additionally envisaged that the normative parameters of relevance to mainstreaming equity in the Mixed Health System will be regarded a useful contribution within the space of global health.



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