

Book

Choking on corruption—reforming Pakistan’s health system



Among Ian Dury and the Blockheads *Reasons To Be Cheerful* National Health Service (NHS) glasses make it onto the list competing successfully with Dury’s other interests—“sex & drugs & rock & roll”. For many in the UK, the NHS is the only health system that works and is affordable. However, it seems to me unlikely that 21st-century leaders in either the developing or developed worlds would support Aneurin Bevan’s ideas of a fair society and the means to achieve it: “The collective principle asserts that...no society can legitimately call itself civilised if a sick person is denied medical aid because of lack of means.” People in south Asia manage without the systems we currently take for granted in the developed world—and there is no demand for the state to take on a welfare role. People learn at an early age to recite a daily mantra of reasons to be cheerful: life, family, food, shelter, and peaceful daily intercourse with other people.

Sania Nishtar’s *Choked Pipes: Reforming Pakistan’s Mixed Health System* is about reform as a means to achieve the human right to health. The choked pipes are an analogy for “systems plagued by systematic challenges [that] simply cannot deliver on desired public policy endpoints”. The book’s reach is wide and analyses Pakistan’s mixed health system by focusing on governance, financing, service delivery, human resources, medicines and related products, technology, and information. But Nishtar’s book is much more than a simple description and recipe for reform. It is a massive indictment of the corruption and injustices endemic in Pakistan that choke the pipes of Pakistan’s health system and deny Pakistanis their rights to health and health care.

Nishtar uses the right to health as a consensus building tool and as a

way to get health care onto Pakistan’s political agenda, which is dominated by maintaining security, keeping superpowers placated, and staying in power. Of course, the choked pipes are paralleled by open but corrupt pipes running throughout the health system. The “official” public pipe serves a vital purpose at the start of a chain of corruption, kickbacks, and undue

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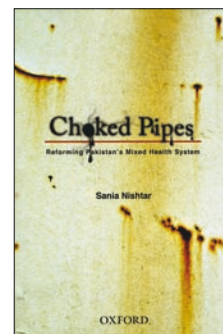
influence to ensure that there is money coming into the parallel system. The official pipe then becomes choked due to diversion of funds, energy, and interests. The book presents a remarkable blueprint for a master class in understanding the nature of corruption in this health system.

One of the most persuasive of Nishtar’s ideas is that an interacting triad of inadequate state funding, an unregulated private sector, and lack of transparency in governance are at the heart of the Pakistani health system’s failure—what she calls the “mixed health systems syndrome”. Inadequate funding in the public sector results in absenteeism, shaving of hours worked, and ghost workers that all cause low quality health care. These same factors feed into the private health sector leading to dual job holding, transfers of service provision, and higher costs. This lack of transparency results in biased selection in hiring staff, lack of evidence-based decision making, and unethical marketing practices.

Security aid constitutes a very high proportion of international aid money coming into Pakistan and fuels economic growth, but with little sustainable development in terms of improving social inequalities. Nishtar broadens the scope of security to include “multidimensional security challenges with respect to water, food, energy, environment and health security”. She argues that using security aid dollars for these other issues, which fuel much of Pakistan’s past and current instability, must be a good idea.

According to a UN report earlier this year, *Sanitation as a Key to Global Health: Voices from the Field*, more people in India have access to a mobile phone than to a toilet. The report was intended to highlight the lack of sanitation and the daily indignity for millions seeking a place to squat, not the marvel of growing mobile phone technology. But the statistic has been hijacked by the emerging telemedicine movement in Asia. Nishtar cites Pakistan’s 90 million mobile phone subscribers as an opportunity to develop more mobile phone health care and management, yet she also comments on Pakistan’s plans, yet to be implemented, to deal with its Victorian-era water pipes that are not just choked but broken. But “old school” public health doesn’t get much attention. An analysis of the feasibility and cost-effectiveness of reforming the sanitation and water supply systems versus reforming the health system might have been instructive. Indeed, the current Pakistan floods have revealed the weak public health infrastructure in terms of prevention and control of acute infections and malaria, which more than trebled in the first weeks of the crisis.

So many problems, but are there any solutions? Nishtar proposes both



Choked Pipes: Reforming Pakistan’s Mixed Health System
 Sania Nishtar. Oxford University Press, 2010. Pp 336. Rs750.00. ISBN 9780195479690.
 See See Online for webvideo
 For more on Sania Nishtar see <http://www.sanianishtar.info>

an aspirational and a pragmatic social policy for Pakistan, while emphasising that this is not synonymous with setting up a welfare state because the country can't afford it and its neoliberal political masters would not accept it. She maintains her position but allows the debate to continue through juxtaposing her compelling views for change with political reality.

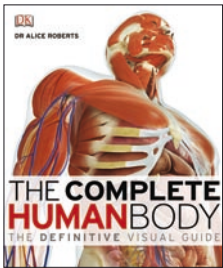
India also faces choked and parallel health systems and efforts are being made to deliver more fair-minded, progressive policies. As Edward Luce described in his book *In Spite of the Gods: the Strange Rise of Modern India* corruption is not just a nuisance but "in many respects and in many parts of India it is the system". A modernising India is taking some steps to root out corruption in the health system, for example, with the arrest of the

President of the Medical Council of India for allegedly accepting bribes. One innovative way of weeding out corruption and inefficiency might be illustrated by changes at the Indian Railways—the world's largest state enterprise. Lalu Prasad Yadav, an allegedly corrupt but popular politician, was put in charge because of his reputation for getting things done. He reduced corruption by gaining an intimate knowledge of how the system worked and improved quality of services without increasing fares. The Indian Railways is now used as a case study at Harvard Business School. Perhaps there are lessons for tackling corruption in Pakistan?

So how has Nishtar got away with describing a bad situation without getting into trouble herself? After qualifying as a doctor in Pakistan

and further training and a PhD in the UK, Nishtar used her extensive talents to set up Heartfile, a non-governmental health think tank that enables her to lobby on health issues. Currently a member of various WHO and World Heart Federation committees concerned with global health, health systems, and chronic diseases, she recently joined the Global Health Policy Advisory Committee of PepsiCo. So has she read the emerging common agendas between western multinational corporations, a new market in health services for chronic diseases, and economic growth in Asian countries correctly? She is certainly well positioned to be a major player in the debates.

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The Complete Human Body: The Definitive Guide
Alice Roberts, ed.
Dorling Kindersley, 2010. Pp 512.
£30.00. ISBN 9780756667337.

In brief

Book Looking into the body

At 6 o'clock this morning I saw very little. In a rush, I was struggling with attempting to shave my face with one eye on the clock. Had I been more alert, I may have pondered how trillions of cells had managed to get out of bed and proceed to carve themselves with a popular brand of razor.

The Complete Human Body: The Definitive Guide stimulates such thought. Linda Geddes, in the section

on "The Integrated Body", brings the human body to life by touching on ideas of diversity, evolution, genetics, and how 75 trillion cells construct human body systems. Throughout the book the images are crisp and inviting, with interesting annotations and effective use of medical and microscopic imaging. I was engrossed by a three-dimensional representation of a neuron firing and considered how the synaptic gap looked very much like the Niagara falls—no joke.

It's a tough to job to condense the immaculate detail of anatomy, including a step-by-step guide of how it all ties together, but the book's contributors succeed in explaining how body systems operate to make our experience. On closing the book I was left with the punch-lines: "7 metres—the length of the small intestine"; "10—the number of seconds it takes food to travel from the mouth to the stomach." It's a lot to stomach from start to finish, a 500-page whistlestop tour of the body with a little ode to clinical medicine at the end. Editor Alice Roberts has compiled a guide with qualities of how an encyclopaedia commissioned by Bill Bryson would read; full of facts laced with whimsical side notes accompanied by outstanding and elegant images.

Justine Davies, a Senior Editor at *The Lancet*, contributed to this book.

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