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## Research Article

# Addressing Financial and Administrative Challenges in Public Sector Health Programs: A Review of Pakistan's Health care System

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## ABSTRACT

This study examines the financial and administrative obstacles that public sector health programs encounter, with Pakistan as the focal point. It explores the challenges associated with overseeing and financing public health projects. The study adds to the address on enhancing healthcare systems in developing nations such as Pakistan by analyzing key obstacles and possible remedies. Pakistan's healthcare system encounters various obstacles, such as restricted service accessibility, inadequate infrastructure, insufficient financial resources, disparities in healthcare quality, prevalent public health concerns, fragmented financing approaches, and governance inefficiencies. A comprehensive number of solutions and interventions are suggested to tackle these issues. These actions involve enhancing healthcare infrastructure, procuring cutting-edge medical equipment and technologies, increasing healthcare funding through creative approaches, enhancing healthcare worker training and education, launching extensive public health campaigns, revamping healthcare financing systems, and improving governance and management frameworks. Implementing these measures may assist Pakistan in developing a more robust, equitable, and effective healthcare system that guarantees equitable access to healthcare services for all.

**Keywords:** Financial Challenges, Administrative Challenges, Public Health Programs, Primary Health Units.



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## INTRODUCTION

The healthcare sector is a system that integrates resources and personnel to provide services that cater to a nation's population's health requirements and objectives. Across the globe, 195 nations are actively engaged in improving public health and mitigating the effects of diseases within the global healthcare system. According to Schutte *et al.* (2018), approximately four global models combine public and private facilities to create a strong basis for healthcare systems to function efficiently. Since gaining independence, Pakistan has maintained the British-influenced "Beveridge model" for healthcare. This model is structured into primary, secondary, and tertiary care. The public and private sectors work closely together to ensure the provision of healthcare of the utmost quality. Notwithstanding these endeavors, obstacles in delivering high healthcare, particularly in the public domain, have endured. Government expenditure on healthcare has been consistently low over the past ten years, ranging from 0.5% to 0.8% of the Gross Domestic Product (GDP), which is significantly below the World Health Organization's (WHO) recommended level of 6% (Khan, 2019).

Recently, Pakistan has acknowledged these deficiencies and formulated strategies and policies to enhance healthcare. The primary focus has been on implementing the principles of the Alma Ata Declaration through primary healthcare (PHC). This endeavor has facilitated delivering vital services such as immunizations, healthcare for mothers and children, and nutrition to approximately 70% of the population residing in remote regions. The ongoing growth and advancement in these domains have greatly improved the overall welfare of individuals, encompassing social, mental, and physical well-being as crucial components of quality of life. Nevertheless, Pakistan's present primary healthcare (PHC) condition continues to fall behind its neighboring countries, as shown in Table 1.

Table 1. Pakistan's present primary healthcare (PHC).

Indicators	Pakistan	India	Bangladesh	Iran
Out of pocket expenditure on health	54	55	73	39
Child immunization (DPT3)	≥80	≥80	≥80	≥80
Family planning demand satisfied	50	73	73	76
Antenatal care 4+ visits	52	51	37	≥80
International Health Regulations Core Capacity index	49	78	67	80
UHC index	45	61	51	77

Source: World Health Organization.

As a member of the United Nations (UN), Pakistan is striving to meet the established healthcare goals by 2030. Several programs have been implemented to enhance the functionality and services in the healthcare sector. These programs have significantly altered the structure of the healthcare sector in Pakistan to face new opportunities and possibilities. (Muhammad, 2023).

Not all healthcare sectors can be considered flawless due to the emerging needs of people, constantly evolving innovative public health challenges, and the diverse population demographics worldwide. To meet the requirements of individuals by evaluating their deficiencies and capabilities, every system must implement modernized strategies. Therefore, the healthcare sector of Pakistan (PHS) should establish an upgraded system. Pakistan's healthcare sector comprises private and public sectors, which offer healthcare services to a large population (Hasan et al., 2022). Healthcare systems in different countries exhibit distinct characteristics in terms of their structure and functioning, specifically tailored to meet the needs of their populations by effectively utilizing available resources. Due to the increasing population and evolving healthcare challenges in the community, the healthcare sector must be proactive in adapting, identifying its limitations, and reducing errors by learning from other healthcare systems worldwide. The healthcare sector in Pakistan encounters various challenges, including insufficient funding, limitations in infrastructure, emigration of healthcare professionals, limited emphasis on preventive healthcare (PHC), and unequal distribution of resources (Khan et al., 2023).

### PAKISTAN'S HEALTHCARE SYSTEM CHALLENGES

The healthcare sector plays a crucial role in every country, with its main objective being to guarantee that all individuals can avail themselves of top-notch medical services that are prompt, cost-effective, and easily obtainable. A healthcare system's functioning effectively requires sufficient infrastructure and financial support. Presently, Pakistan's healthcare system is facing a multitude of challenges. These include a severe scarcity of hospitals, physicians, nurses, and paramedical staff. Furthermore, this engenders a sense of doubt in the healthcare institution, perpetuating a deception within the nation. The healthcare system in Pakistan operates two parallel setups: private and public. Both public and private hospitals face challenges in providing primary healthcare services. The public sector often experiences a shortage of these services, while the private sector is prohibitively expensive for many individuals. Possible solutions to this problem include offering substantial financial aid and expanding and upgrading the healthcare infrastructure (Muhammad et al., 2023)

The healthcare system in Pakistan encounters various administrative and financial obstacles that hinder its capacity to provide efficient and well-coordinated healthcare services. One significant obstacle is the constrained financial resources allocated for healthcare. Pakistan allocates approximately 38 US Dollars (USD) per person for healthcare infrastructure, a significantly lower amount compared to the expenditures of other developing nations. India, the Philippines, and Ghana allocate 57, 165, and 85 USD per capita, respectively, for healthcare expenditure (Pakistan Healthcare Spending 2020-2023). Despite Pakistan's marginal increase in healthcare spending from 1.1% of its GDP

in 2019-2020 to 1.2% in 2020-2021, this increment remains insufficient in the percentage of GDP. The lack of adequate funding has resulted in a scarcity of healthcare infrastructure, pharmaceuticals, surgical instruments, and proficient medical personnel and paramedical staff. The Health and Nutrition (2022) report reveals that Pakistan produces around 32,879 physicians yearly, but 40% choose to relocate to other countries in pursuit of better prospects. This decision is primarily influenced by low salaries, extended working hours, and inequitable working conditions (Nadir *et al.*, 2023). Approximately one-third of medical students intend to pursue careers in the international healthcare sector. The departure of these highly proficient experts further strains the Public Health System (PHS), resulting in insufficient healthcare services for the population.

### FINANCIAL CHALLENGES

In Pakistan, the expenditure on healthcare is significantly lower compared to other nations worldwide. Pakistan allocates only 0.4% of its GDP (50 billion PKR) towards healthcare services. However, the finance subject, which involves payments that are difficult to afford, contributes to 78.08%. Furthermore, it is primarily influenced by external sources such as NGOs, private insurance, government revenues, global funding, and developmental partners (World Bank, 2012). The primary source of government healthcare funding is taxation in general. District budgets account for 60% of healthcare expenditures (Afzal & Yusuf, 2014). Therefore, it is essential to implement effective policies and establish a federal-provincial partnership to enhance the resources of the civic sector and reduce health disparities in the country. The World Health Organization (WHO) recommended allocating 6% of the Gross Domestic Product (GDP) to the healthcare sector to improve the quality of healthcare services in the country (Khan, 2019).

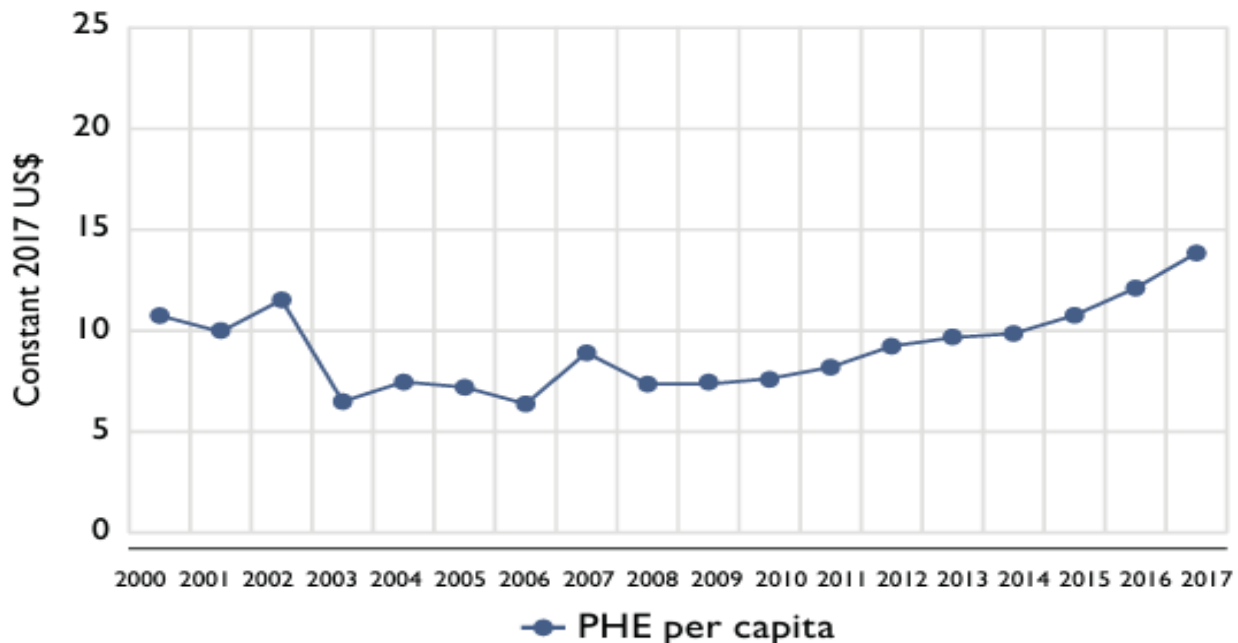


Figure 1. Per capita public health expenditure (PHE).

Source: JLN DRM Collaborative. 2021. Public Expenditure on Health in Pakistan.

The healthcare system is now under provincial jurisdiction following the implementation of the 18th Constitutional Amendment. Unfortunately, there is currently no healthcare policy in the country to guide the provinces. Individuals are expected to create their healthcare plans at the provincial level as a substitute. However, Pakistan still requires a comprehensive program for the healthcare sector at the national level. Without the federal directive, provinces cannot exchange national healthcare data, coordinate donors, and anticipate financial matters (Sheikh, 2013). Inadequate healthcare infrastructure is a contributing factor to the decline of the healthcare system in Pakistan. The department lacks effective policy formulation and strategic planning. Consequently, the citizens have limited access to sufficient healthcare facilities. A conventional government hospital has a shortage of doctors, nurses, and staff. Due to their extensive coverage of the local population, hospitals of this nature often experience high levels of overcrowding. There is a shortage of beds due to an excessive number of patients.

Hospitals exhibit poor sanitation and hygiene standards, inadequate security measures, neglect in patient care, frequent shortages of medications and supplies, potential corruption among staff members who may solicit bribes from patients, and deficiencies in essential utilities such as uninterrupted access to water, electricity, and fuel. Due to malfunctions or malfeasance, their ambulances may become inaccessible, leaving patients to fend for themselves. Political and higher authority corruption is a contributing factor to the inadequate state of the health sector in Pakistan (Ejaz *et al.*, 2011). Corruption has led to the unavailability of resources in hospitals and other healthcare centers. The health sector in Pakistan continues to face a shortage of well-educated and highly skilled professionals despite the increasing number of students graduating each year. The primary factor is the limited availability of positions in the public sector, which obstructs educated individuals from contributing to the nation. One contributing factor to the shortage of educated health specialists in Pakistan is the significant number of specialists who pursue higher education and employment opportunities abroad, which represents a significant setback for the healthcare industry in Pakistan. In a developing nation like Pakistan, the healthcare system faces significant challenges due to disease outbreaks. The absence of fundamental healthcare infrastructure, inadequate health policies, ineffective governance, and apathy among the public towards general preventive measures exacerbate the situation (Jaffery, 2020). The primary takeaway from challenges is that our deteriorated and substandard healthcare system is a limited resource. Therefore, our specialists can only offer guidance regarding decisions related to management. Despite Pakistan's limited resources, it can potentially optimize their utilization. The response must demonstrate a regulated, unambiguous, swift, thorough, and unified approach.

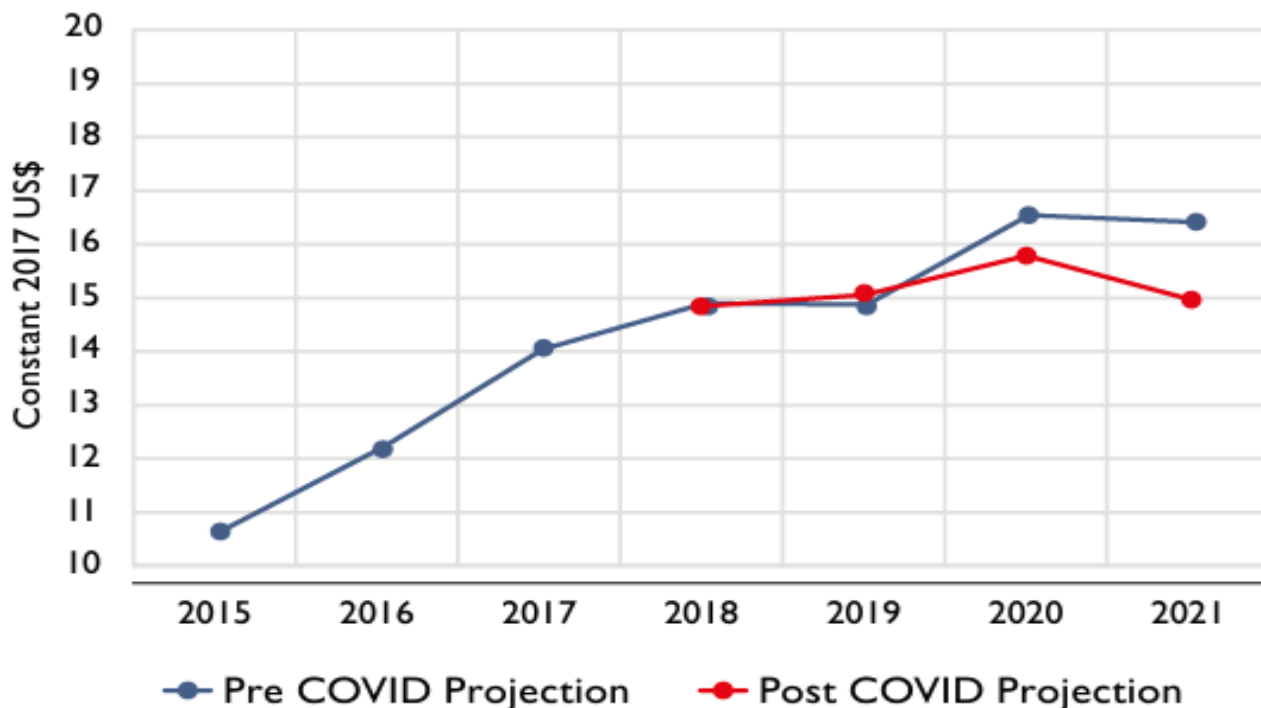


Figure 2. Per capita government spending on health in Pakistan Pre- and Post-COVID.  
Source: JLN DRM Collaborative. 2021. Public Expenditure on Health in Pakistan.

In a breakdown in public health systems, individuals are compelled to seek medical care from private healthcare providers. The primary objective of private healthcare facilities is to generate profit. There is an apparent disparity between the demand and supply, and they exploit the limited supply to increase their prices. Consequently, the cost of medical care at a private hospital is likely considerably higher than that of a government hospital. However, a significant portion of our population lacks health insurance, so they must bear the cost of their medical care. Hence, a significant number of individuals are unable to afford healthcare. Despite Pakistan having the most significant pharmaceutical industry, many medicines must be imported from foreign countries. Likewise, many surgical and other medical equipment is imported from foreign nations. Therefore, a larger budget is required to meet the demand for these imported products. Regrettably, Pakistan's health sector cannot fulfill the demand for essential products required for

citizens' basic needs due to insufficient resources and mounting economic pressure. Urban inhabitants enjoy greater privileges and have convenient access to essential healthcare services. Likewise, they possess a thorough understanding of health concerns. However, the circumstances in rural areas are distinct. Rural populations lack sufficient knowledge regarding vaccines, treatments, precautions, preventions, and other aspects related to various health issues, which exacerbates the strain on Pakistan's healthcare sector. It is crucial to commence the education of individuals residing in rural areas and provide them with essential healthcare services.

### **ADMINISTRATIVE CHALLENGES**

Certain notable deficiencies within the public health service may arise due to the lack of robust administrative authority at the provincial level, which is further exacerbated by the extensive control exerted by the provinces. Therefore, these actions also restrict the participation and contribution of private and non-profit organizations in enhancing and improving access to public healthcare services. The authors of this publication are Bossert TJ and Mitchell A, and the publication was released in 2011 (Ejaz *et al.*, 2011). The backing of political administration guarantees the effective execution of policies in the healthcare sector. Pakistan has a centralized healthcare system that encompasses all major healthcare decisions and is under the control of the Federal administration. Therefore, as a result, the provincial government is compelled to implement centrally designed policies within their respective provinces. The construction of healthcare policies and healthcare scheduling and planning lacks the participation of stakeholders, municipal entities, and individual groups. This pattern leads to a communication gap between the federal, provincial, and district levels. In addition, there is a lack of implementation duplication of resources, and many programs have no tangible results. The National Health Policy of 2001 recognizes that good governance is crucial in achieving high-quality healthcare. However, the government is not providing the necessary opportunities for effective governance. Consequently, power imbalances occur in unsustainable programs, leading to a lack of trust in the healthcare system. The primary reason is that the advisory team lacks the expertise and experience in the healthcare sector to design policies effectively. The absence of effective governance is also responsible for the inadequate execution and assessment of healthcare arrangements and policies. Ultimately, numerous ventures are not scrutinized, and no lessons are gleaned for future endeavors. Physicians manage the healthcare system at the operational level but lack the authority to address any form of exploitation. Due to inadequate governance, the system lacks organization and compromises excellence, leading to a decrease in people's trust and confidence in visiting public healthcare centers (Kurji, 2016).

Significant disparities exist in the accessibility of healthcare services between the upper, middle, and lower classes in Pakistan. Approximately 30% of the population lives below the absolute poverty line. Public healthcare centers fail to adequately accommodate patients, leading individuals to seek private healthcare facilities that are prohibitively expensive for the underprivileged. Furthermore, it is worth noting that the government allocated less than one percent of the country's GDP towards the healthcare sector to improve the overall health of its population. Additionally, a staggering 76% of the population in Pakistan does not have access to adequate healthcare expenditure. Similarly, due to the limited availability of resources in Pakistan, impoverished individuals encounter catastrophic healthcare expenses. Therefore, most individuals have no alternative but to endure the burden of healthcare expenses. Most Tehsil hospitals in Pakistan are in urban areas, leaving people in rural areas reliant on basic healthcare units and RHC (Shaikh & Hatcher, 2020; Ejaz *et al.*, 2011). However, due to the absence of healthcare staff and many non-operational primary healthcare services, they are left with no option but to seek assistance from private physicians. This exacerbates the financial burden on impoverished individuals and significantly disrupts their budget. In addition to the inequitable distribution of wealth among the population, Pakistan also faces the challenge of uneven distribution of health infrastructure across its various regions. The data clearly shows that there are significant disparities in public health facilities across the provinces of Pakistan. As a result, there are notable differences in health indicators among all four provinces, such as mortality and morbidity rates varying between provinces.

Due to inadequate infrastructure in the healthcare sector, many individuals are reluctant to utilize the healthcare facilities provided by the public healthcare system. Consequently, people residing in remote areas are not prioritizing healthcare services. The proximity of healthcare facilities and lack of transportation options on poorly maintained roads impede access to these services. Additionally, it has been discovered that the public healthcare sector in Pakistan is weakened due to a fragile human workforce, a scarcity of health education, and communication barriers stemming from language and cultural differences (Nadir, *et al.*, 2023).

### **POSSIBLE SOLUTIONS TO ADMINISTRATIVE AND FINANCIAL CHALLENGES**

To address the issues, we have discussed, we must implement comprehensive reforms at all levels of government that promote and enforce fiscal responsibility. These modifications should also strive to enhance transportation efficiency and promote national cohesion. In addition, it is crucial for the reform agenda to prioritize the restoration of local government autonomy, acknowledging local governments as the primary providers of public health services.

Implementing this initiative will positively impact the local economies and enhance residents' social and economic well-being. Additionally, it will safeguard their freedoms and rights, such as the right to life and property. Moreover, these reforms ought to uphold the citizens' entitlement to obtain information and ensure that they can hold their governments responsible. Additionally, it is imperative to enhance the capabilities of national health institutions to uphold a centralized healthcare system. This entails restructuring federal health agencies and establishing effective communication channels with the Health Division to enhance the delivery of national health services.

The President's lack of fiscal support to the health sector in Pakistan indicates that health has never been considered a political priority. There has been no discussion regarding the public health concerns and their potential remedies. Nevertheless, numerous endeavors and initiatives have been modified due to fluctuations in policy and government. Hence, it is imperative to provide political backing to the health sector. The source of this information is a publication by Shaikh and Hatcher in 2007. There is a need to increase public health sector spending to a minimum of 5% of GDP at the federal and provincial levels. Managing resources while considering financial limitations effectively is crucial to enhancing the health sector. Eliminating corruption can lead to a positive transformation in the health sector, known for its high levels of corruption in Pakistan (Ahmed & Shaikh 2008).

Healthcare services can be utilized with focused accessibility to overcome financial obstacles. Specifically, focusing on the most impoverished segment of society is crucial to implementing specialized nutrition, maternal, newborn, and child health (MNCH) initiatives, and innovative social protection measures (Khan, 2011). The collaboration between the public and private health sectors can enhance accessibility to healthcare facilities. Before embarking on any project, the provincial government could collaborate with the private sector to improve its capabilities and expand its reach. Given the high utilization of private health providers in Pakistan, it is necessary to establish policies for regulating the private sector and defining essential service packages (Shaikh & Hatcher, 2007).

Currently, no governing body is responsible for overseeing and assessing the health sector at the federal level, following the elimination of Pakistan's Ministry of Health after the 18th Amendment. Therefore, there is an urgent requirement for a specific federal institutional system that can provide support to provincial health departments. In addition, there is a need to revise health-related legislation to enhance health opportunities. At the federal level, the emphasis should be on providing technical assistance, coordinating efforts, and fulfilling responsibilities rather than imposing financial controls on provinces and engaging in bureaucratic practices, as was before the 18th Amendment. The source cited is Kurji Z. *et al.*, 2016. A national health policy is urgently required in Pakistan to promote federal-provincial equity and establish a unified national vision. All provinces should prioritize health as a crucial aspect of nation-building (Akram & Khan, 2007). Before the 18th Amendment, there was an overlap in the responsibilities of the Health Ministry and the Population Ministry, leading to administrative issues in the execution of different health programs. Hence, it is imperative to segregate policy formulation from analysis, oversight, and regulation while avoiding duplication (Shaikh & Hatcher, 2007; Azhar *et al.*, 2009).

Granting greater authority to regional governments in numerous nations does not inherently result in decision-making being more closely aligned with the populace. Removing decision-making authority can lead to limited engagement between provincial governments and their citizens, resulting in a lack of accountability. The presence of military, feudal, and industrial elites in Pakistani politics frequently leads to a notable disconnect between the government and its citizens, primarily due to the absence of accountability (Rajawani, 2024). Pakistan urgently requires an increase in its healthcare budget to enhance its health infrastructure and tackle the shortage of healthcare professionals. The government should prioritize constructing and improving healthcare infrastructure, with a particular emphasis on rural regions. It is imperative to also investigate novel funding mechanisms for healthcare. Public-Private Partnerships (PPPs) exemplify innovative financing models. Pakistan initiated the Sehat Sahulat Program (SSP) in 2015, in alignment with the World Health Organization's universal health coverage (UHC) initiative. This program, a partnership between the Pakistani government and private insurance companies, seeks to offer complimentary healthcare services to underprivileged and marginalized populations. Although the program has achieved notable success and enhanced healthcare accessibility, it still faces challenges such as restricted coverage and delays in reimbursements, which hinder its overall effectiveness (Hasan et al., 2022).

## CONCLUSION AND POLICY RECOMMENDATION

Ultimately, Pakistan's healthcare system encounters substantial obstacles in delivering efficient and fair healthcare services to its population. Nevertheless, these obstacles can be surmounted through meticulous strategizing, the appropriate allocation of sufficient financial resources, and the government's commitment to enhancing the existing circumstances. The political turmoil in Pakistan has significantly influenced the disruption of policy continuity due to the

rapid turnover in management and leadership. Enhancing the healthcare sector should be a top priority, irrespective of alterations in government or regime. Placing healthcare as a primary foundation of national advancement is essential for Pakistan's journey towards establishing efficient healthcare that caters to all its citizens' needs. The shortcomings in Pakistan's healthcare system have been repeatedly identified over several decades. All stakeholders must create policies and take action to reduce and resolve these shortcomings.

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