



LOCAL GOVERNANCE IN HEALTHCARE DEPARTMENT: AN INDICATOR OF WELFARE STATE OF PAKISTAN

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Abstract

Local governance in healthcare sector is important wiz-a-wiz – the functioning of a welfare state. Here is an attempt to understand local governance in the healthcare framework. A well-developed healthcare structure is essential to ensure equitable health access and the better health outcomes particularly for the down trodden segments of society. The current research is important for policy makers and all stakeholders who want to improve local healthcare governance in Pakistan.

The echoes of a welfare state sounds well if the provision of essential services such as health, education, and basic health facilities are ensured to every citizen. Political, administrative and financial challenges continue to hamper the actual realization of the ideals of a welfare state. The 18th Amendment was the first practical step to encourage decision making regarding health issues at local level. Moreover, the role of District health authorities, resource utilization, and participatory role of local representatives and civil society are also important to mitigate disparities with reference to provision of healthcare services in urban centers and rural areas. In this research, primary and secondary sources, a qualitative method has been employed for data collection.

The research concludes the idea that a vibrant and responsible local governance in the healthcare sector may guarantee Pakistan to become a welfare state. For this, sustained political stability, strong local government apparatus, community participation, decentralization of financial powers, and a



comprehensive accountability mechanism are essential for Pakistan being a welfare state to fulfill its commitment regarding provision of healthcare facilities and overall, well-being of its citizens. This research will suggest measures to improve coordination between federal, provincial and local healthcare authorities for greater transparency, autonomy, local decision making and formulation of healthcare policies. A true resilient and empowered local government is panacea for our health care woes.

Keywords: *Local governance, Healthcare, Accountability, WHO, Welfare State and Good Governance.*

Introduction

A welfare state takes measures to improve the economic and social well-being of its people where provision of healthcare, education and financial security are important. Local Governance is vital for effective delivery of health care services. Pakistan is a developing country and access to universal health coverage is essential for making it a welfare state. Role of healthcare department and local governance thereof are critical wiz-a-wiz the status of a welfare state in Pakistan. It is important to grasp the structure, functioning and efficacy of the local governance in the delivery of healthcare services. It is a clear edifice of welfare state framework for any polity. The local governance is endowed with immense potential to ensure service delivery and health outcomes. The major bottlenecks in the way of better local governances are corruption, meager resources, and volatile political landscape. The idea of a welfare state and healthcare services are closely interlinked. Rather, it would not be unjust to assert that the strength of a welfare state is determined through the effectiveness of the local health governance system. It is the state, obligation to ensure provision of quality healthcare services to all its citizens irrespective of their socio-economic status. The local governance apparatus in Pakistan, has experienced many changes particular after 18th Amendment. By Local Governance, we mean, decision-making and management of resources at community and district level. While referring to the health sector, local governance means administering and superintending hospitals, clinics, local healthcare centers locally. It also includes the government institutions regarding disease, prevention, mother and child healthcare, immunization and rapid response in the wake of any emergent health outbreak. In this regard, the role of local governments is critical. Unfortunately, it is marred by insufficient funding, poor coordination, corruption, and inefficient workforce etc.

The significance of the study is quite important for everyone who is directly or indirectly linked with the passion to make Pakistan a better place to live in. The government and policy makers may align policies and ideas with the interests and values of the general populace. This research will help all those who intend to improve governance regarding medical care system in the country. The impact of government in providing health services is important. Moreover, the Constitution of Pakistan gives government the core mandate to provide basic amenities of life to its citizenry. This research will ultimately help Pakistan to become a welfare state after improving its healthcare management. Data and insight contained in the research will give up formulation of effective healthcare policies and decisions. Then, this research can facilitate effective and efficient



utilization of resources and innovative solutions in consonance with the social, cultural and economic factors of the country, will gain currency. It will also help in improving monitoring and evaluation mechanism of healthcare governance in the country. In the current research work, a big emphasis has been on improving research capacity, development of research institutions, training of health professionals, and collaboration with local and international research entities. All this will improve the capacity of human resource in medical care sector. Pakistan is striving to become a welfare state. It is of paramount importance to improve healthcare governance. Investing in research and medical care will be critical for Pakistan in becoming a welfare state by prioritizing health and care of its people. The primary objective of this research activity is to suggest measures for improving healthcare governance in order to make Pakistan truly a welfare state. The main research question is about to what extent the local healthcare governance is important in making Pakistan a welfare state?

Firstly, the structure of local healthcare governance in Pakistan is multi factorial. At Federal level, National Health Services Regulations and Coordination (NHSRC) exists which oversee national health policies, international collaboration and regulatory frameworks. After 18th Amendment, the provincial governments are empowered to design and implement health policies, overall management and budgeting to the healthcare infrastructure. (Rana, 2020)

Secondly, healthcare is handled at Provincial level. There are five provinces in Pakistan. Now, each province can design its own policy too. In Punjab, healthcare services are being regulated by following two departments;

- a. Specialized Health and Medical Education Department (SH&MED)
- b. Primary and Secondary Healthcare Department (P&SHD)

It is the responsibility of provincial governments to manage hospitals, clinics, health programs and other government initiatives.

After 18th Amendment in the 1973 Constitution of Pakistan, the healthcare governance in Pakistan has changed. Now the role and responsibilities have shifted greatly from the federal government to the provinces. However, the structure of healthcare governance in Pakistan exists at federal, provincial and local level. The effective healthcare governance depends on progressive health policies, strategies and regulatory frameworks. However, the rampant corruption, bureaucratic hurdles, poor enforcement paraphernalia, and weak monitoring mechanism have worsened the healthcare situation in the country. Moreover, meager financial resources and political instability are few other challenges. All this mess resulted into unequal and inadequate health services. Then, poor trainings inadequate remuneration and indecent working conditions have greatly hampered the morale and efficacy of healthcare workforce in Pakistan. It is quite pertinent to mention here that huge gaps in data collection and analysis also hamper health governance and planning badly.

District Health Authorities (DHAs) exists at provincial level to manage District Headquarter Hospitals, Tehsil Headquarter hospitals, Rural Health Centers etc. The provision of the preventive care is the basic responsibility of local governments. In a welfare state, all citizens must receive basic health services including social protection and education. The role of local governments in this context is important. It is the effective local government arrangements which



ensure medical health services to all citizens particularly in the rural and underprivileged areas. The local government and health services will have to go still miles to curtail the uneven distribution of healthcare services in rural and urban centers. In today's rapidly changing world, strengthening of local governance mechanism viz-a-viz healthcare services, is important for achieving the goal of a welfare state in Pakistan. (Nishtar et al., 2013)

Thirdly, the local healthcare arrangements in Pakistan are insufficient to achieve universal coverage through provision of efficient, equitable, accessible and affordable health services to its people. Pakistan intends to be a welfare state in true sense and truly a responsive state in this regard is the need of hour. Strengthening of health system is essential for syncing public health and population welfare. In short, investment in the health sector is much needed. Development partners need to be mobilized here is an attempt to make Pakistan a welfare state rich in healthcare services through a resilient and responsive health system while adhering to global health initiatives. Health system in Pakistan is a complex mix of public and private sectors. The health system managed by public sector provides primary, secondary and tertiary healthcare services. Whereas the private sector comprising of private hospitals, clinics and individual practitioners provide health services to the major chunk of population in Pakistan.

Moreover, Devolution of Power Plan has changed the very contours of healthcare system in Pakistan. By devolution of power in health sector means transfer of authority and decision making from federal government to provincial and local governments. The 18th Amendment to the 1973 Constitution of Pakistan, introduced the current devolution arrangements. (Saad & Paracha, 2003)

In this regard, it was decided to empower the provinces to formulate their own healthcare policies keeping in view their local needs of the population. Now the provinces can devise their own policy and may take measures for overall care of the society. Social well-being is the central theme of a welfare state. Healthcare is above all amidst social welfare where inequalities are discouraged and social solidarity is promoted. Moreover, history, culture and values give impetus to the development of a welfare state. Here, the role of the institutional arrangements is critical. Unfortunately, the situation of healthcare is not happy in Pakistan.

The reliance of Pakistan being a welfare state may be manifested in the structure and performance of its healthcare system. Only a dynamic, vibrant and capable healthcare system which ultimately may lead/ facilitate Pakistan to become a welfare state. This paper will study the existing healthcare system of Pakistan, possible opportunities and challenges, best healthcare practices peculiar to healthcare system in Pakistan's socio-economic conditions. The primary objective is to gather best global healthcare practices and suggests their applicability in Pakistan. Social welfare objectives cannot be achieved until and unless a responsive healthcare program is put in place.

A transparent, responsive and accountable healthcare system requires good governance. For delivery of better health services, an efficient and effective healthcare regime is sine qua non. A good healthcare system cannot be envisaged until and unless the government plays its active and progressive role. For instance, COVID-19 ravaged the world economy likewise in Pakistan. It altogether changed the social outlook of society. Thousands of people died and millions of people



faced fear and other psychological problems. Ultimately it happened that COVID-19 made people unable to think rationally and clearly. However, it is an admitted fact that without positive intervention of the government, the phenomenon of Covid-19 could have plunged the whole nation into a nightmare. Today, equity and fairness in the health system is a big question. Access to health services and quality of these services is a serious worry as far as healthcare governance in Pakistan is concerned. People with low socio-economic backgrounds are still lagging far behind in their access to a responsive and fair healthcare system. This is because of the fact that there are no uniform healthcare facilities in the country.

Pakistan is a populous country. Generally, the big cities like Lahore, Karachi etc have better opportunities of healthcare and people dwelling in small cities rush towards these big metropolitans for better health treatments because in small cities the health services are inadequate. For all this, healthcare policies are required to be dynamic and progressive. Old healthcare structures are required to be replaced by the better ones. A good deal of attention should be paid to the well-being of children and our female populace. Then, accountability for sustaining health outcomes is essential. Casual and negligent approach by the healthcare managers is a big hurdle in the way of ensuring happy healthcare services. In Pakistan, there is a dire need to devise an accountability model with reference to healthcare system for ensuring quality care and health services. The relationship between the medical providers and patients is not a good one. Through improved and affordable healthcare services, this link can lead towards better health outcomes. Transparency in decision-making is also important to safeguard the public health. Moreover, the role of International Health Organizations likes World Health Organization (WHO) and popular governments is critical for promoting accountability, equity, responsiveness and transparency in our healthcare system which will ultimately lead towards the effective governance mechanism for public health institutions in Pakistan. Otherwise, the goal of achieving the desired health outcomes will remain a distant dream and thus, Pakistan will never turn into a welfare state without taking care of its system. (Martadha & Nawaz, 2022)

It is the basic responsibility of Government of Pakistan to provide healthcare services to its people. This becomes even more important for a country which claims to be a welfare state. Healthcare objectives are important tools for a state to be labeled as a welfare state. In Punjab, the Government has taken sane steps to improve the healthcare governance. For instance, Establishment of Punjab Social Protection Authority (PSPA) is an active step. (Farooq, 2025) In today's competitive world, no state can emerge as a welfare state until and unless it adheres to the welfare of its people. In this context the role of local government becomes important for delivery of better healthcare services. Role of best healthcare practices and their effective governance may entail the desired results i.e., fostering of Pakistan as a welfare state. As far as public health needs are concerned, the current healthcare system in Pakistan is patchy and inadequate. Still free healthcare treatment and medicines are dreams. There is a dire need to invest ample resources into Pakistan's healthcare system. Improved governance system is also required. In this regard, guidance from the healthcare systems of the United States or Canada may be a vital step. (Khan, 2019) The unique feature of American healthcare system is that the US spends much more on health system as compare to that of any other country in the world. (Lew et al., 2024) The Canadian healthcare



system is unique in the sense that it provides healthcare services on the basis of need, instead of on the ability to pay. (McAlister et al., 2018) However, it is a settled truth that healthcare arrangements in the aforesaid countries are known as the best healthcare practices in the world.

In Pakistan, healthcare system is primarily marred by unequal access. The reason behind this, is the sharp socio-economic disparities. It is bitter fact that health sector in Pakistan is not based upon any sustainable model, i.e., it does not generate its own resources for its sustainability. Good governance and health management are interlinked. The better the governance, the healthier the health outcomes. It is the need of the hour to revisit all regulatory and governing frameworks while inviting feedback of all the policy makers, stakeholders, government and non-government actors. Lessons from the success stories of other countries may be vital. Agile governance is essential to ensure accountable, equitable, responsive and transparent healthcare services. Efficacy of the conventional governance structure is a big question mark today. In today's digitized world, some interactive model of governance may suit well. (Mashhood et al., 2022)

Our healthcare system bears imprints of the British rule. The healthcare dispensation in Punjab, Pakistan, there are two departments a) Specialized Healthcare and Medical Education Department (SHMED) b) Primary and Secondary Healthcare Department (PSHD). Both these departments are responsible for promotion of health and provision of best health services. (Majeed, 2021) The healthcare governance has some strengths and weaknesses. Bad governance, inept fiscal policy, political influence and budgetary constraints are few hurdles that greatly hit the performance of healthcare management in Punjab. Generally speaking, the health services are supposed to be provided at three tiers, i.e., primary, secondary and tertiary but the situation is not so happy. However, the private healthcare system is also trying its best to satisfy the patient needs. It is quite astonishing that about 70% of population in Pakistan prefers treatment in private hospitals whereas only 30% people visit public sector hospitals. (Shabbir et al., 2016) This shows the failure on the part of government healthcare machinery. This situation reveals that healthcare system in Pakistan is in dire need of reforms and major changes. The government has launched many vertical programs for improvement of health but these programs are limited and inefficient in their scope and utility. Poor governance coupled with corruption, political instability, inappropriate allocation of resources, improper Health Management Information System, and inadequate monitoring mechanism are few factors which are causing serious damage to the healthcare governance in the country. To strengthen the healthcare system in Pakistan, it is expedient to invest in inter-sectoral collaboration, better community participation, social protection, fair allocation of resources, people centric health policies, human resource in health sector, dynamic health management system and provision of essential medicine etc. (Mashhadi et al., 2016)

SDG-3 is an important United Nation Sustainable Development Goal. It comprises of healthcare measures for all. Access to healthcare services, provision of essential medicine is key feature of its goals to achieve the said goal of United Nation and effective local healthcare governance is necessary which believe in collaboration, inclusivity and accountability. For better result in the health sector, it is imperative to engage representative from Federal, Provincial and Local Government departments, private clinics, non-governmental organizations and healthcare



workers.

Research Methodology

Data collection is done by exploring both primary and secondary sources of information. Articles, documents and reports about healthcare governance in a welfare state, have been examined. However, to investigate the challenges and possibilities of better outcome, qualitative research was done. Aim is to make Pakistan a welfare state capable of providing healthcare facilities to the people in true sense.

Literature Review

Economic and social well-being constitute the basic needs of a man. A state is a welfare state, if it protects social, economic and healthcare of its people. Pakistan being a welfare state, is at the very nascent stage. Decentralization rejuvenated the local governance of healthcare facilities but structural worries and politicization hampered the growth of a true local healthcare governance system. In this context, various works have been done to assess the performance of local governance in healthcare management.

Babar and Jaunita (2005) explain health seeking behavior in the developing countries like Pakistan. The writers believe that health seeking behavior is determined by many factors such as social structure, level of education, cultural beliefs, gender discrimination, women status, socio-economic factors, environmental conditions, disease pattern, and healthcare measures itself. All these are taken as the drivers of health seeking behavior. In such a complex mix, the intersectoral collaboration becomes more important. (Shaikh & Hatcher, 2005)

Shafaq, Rita, Muneeb, Maccos, Patricia, Adalberto and Pauto (2024) opine that socio-political factors define the contours of decentralization of a health system. Their research highlight challenges the healthcare system face in Pakistan which includes issues of enforcement, capacity building, resource mobilization, resistance to change, and inequality in access to healthcare etc. However, all the researchers are convinced to promote decision making at local level by saying that it should be the cardinal aspect of local healthcare governance. (Mahmood et al., 2024) Babar and Jaunita, Shafaq and others comment about the genesis of behavior towards health. Formers believe that socio-economic and politico-cultural factors constitute health seeking behavior. Whereas, the later tends to assert that decentralization leads towards better healthcare governance.

Salman (2024) explores that collaborative involvement of all the stakeholders within the local government framework ensures improved operational efficiency towards provision of healthcare services. Participation of community in terms of NGOs, local authorities, and civil society is vital for developing real time health policies and their enforcement on sustainable grounds. (Mirza, 2025)

Bernice (1985) in his work “Medical Care in the Welfare State” refers to five models, i.e., i) Consensus ii) Disillusionment of Target Groups iii) Resource Control iv) Reluctant Middle Group v) Conditional in order to access the public opinions about governance and its impact upon healthcare services in welfare state. They are quite right in saying that the performance of



government is affected either in positive or negative way owing to public perception. Moreover, progressive taxation is a key to success for providing better healthcare facilities to the people in a welfare state. While defining the purpose and priorities, National Health Vision (2016-20) stresses upon the greater investment in the health sector. The aforesaid draft aims at “to improve the health of all Pakistanis, particularly women and children by providing universal access to affordable, quality, essential health services which are delivered through a resilient and responsive health system capable of attaining the Sustainable Development Goals and fulfilling its other global health responsibilities”. (Pescosolido et al., 1985)

Salman highlights the role of non-state actors in improving local healthcare governance and lays much emphasis upon the active participation of community. Bernice presents various models for provision of effective healthcare services in a welfare polity.

Kaisa and petri (2007) opine that a good spending on healthcare does have a happy impact on individuals' life satisfaction. Moreover, the authors say that municipalities are duty bound by legal framework to ensure services to the citizens under their control either totally free or on some nominal fee. Municipalities are left with no other option but to ensure good governance regarding health affairs under their control. (Laamanen & Kotakorpi, 2007)

William (2011) comments on the multiple layers of governance in health sector. At political level, it stands for a party's public policies. At another level, it is measured in terms of legal framework, institutional structure and enforcement mechanism. Whereas at the organizational level, it refers to the management of hospital at district or tehsil level. According to the United Nations, a country is governed well if it adheres to the principles of transparency, accountability, predictability, responsiveness and participation. (Savedoff, 2011)

Arif (2019) defines a welfare state in terms of its efficacy to improve opportunities of education, healthcare, food, housing and financial assistance etc to the people. Focus on healthcare education and other social action programs is essential for achieving social welfare objectives. Distribution of resources is important and for this the states may utilize market and family institutions. The idea of a welfare state may be discussed at three levels a) Liberal b) Conservative Corporatist and c) Social Democratic. (Arif, 2019)

Almost all the authors seem to be convinced that health services cannot be improved until and unless the government invest much upon local healthcare governance.

Historical Background

Access to the basic healthcare is the right of every being. Moreover, it is an important aspect of welfare state. Welfare of the people is vital for the economic and social development of a country. It is fact that the realization of effective administrative arrangements needs progressive healthcare governance. During the colonial area, Britishers introduced some infrastructure like hospitals but in a highly centralized way. Pakistan inherited the then health system comprising of *Hakeems*, Midwives, Spiritual Healers and family care. The Britishers established rudimentary healthcare services only at urban centers and in military cantonments. (Qamar & Saima Azher, 2024) In the subcontinent vaccination Act 1870 was the first instrument in the public health sector. It is regrettably noted that the health facilities of colonial period completely ignored the health service



in the ruler areas. (Johnson & Khalid, 2012) However, in 1960 Ayub Khan introduced family planning program. (Ansari, 2021) Zai-ul-Haq established centrally controlled Basic Health Units (BHU). It was the first time which experienced mushroom growth of NGO's Non-Governmental Organizations and private clinics. First ever National Health Policy was orchestrated in 1990. Mr. Musharaf vide his Devolution Plan of 2001 enforced local government system and devolved the health services from federal level to district level. Now, it was the task of provincial governments to regulate and supervise District Headquarter Hospital (DHQs), Tehsil headquarter Hospitals (THQs), Basic Health Units (BHUs), Rural Health Centers (RHCs) and multiple immunization programs. For the care of maternal health and children particularly in villages, program of Lady Health Workers Program was launched which recruited more than hundred thousand community workers. After 18th Amendment, the health sector was entrusted totally to the provinces by empowering local governments. In Punjab, District Health Authorities (DHAs) were created in 2019 for better health services. But the Covid episode of 2020 exposed our health arrangement badly. One cannot negate the feeling that in Pakistan health sector oscillates between centralization and ruptured decentralization. However, 18th Amendment is the landmark development creating opportunities and empowering local governments for achieving universal health coverage.

Idea of a Welfare State and Healthcare

Healthcare, education and social protection are essential features of a welfare state. Pakistan is an Islamic Welfare State. Islamic principles of family, justice, and socio-political dynamics govern the welfare measures in the country. No country can be called a welfare state until and unless it ensures social and economic wellbeing of its peoples. Minimal healthcare provision for a good life, is core function of a welfare state. A well-articulated healthcare system can play significant rule in a welfare polity.

Without due care, there is no welfare. A country commitment with the welfare of the place is reflated in its spending on public health. Astonishing, a round one percent of GDP is spent on health. Resultantly, the health infrastructure and service delivery remain poor and idea of good governance leading towards good health outcomes remains unpromised. Unfortunately, the situation of governance wiz-a-wiz health services seldom improved and public health is compromised.

Healthcare Governance in Pakistan

Pakistan is an overpopulated country with over 220 million population. Here, healthcare system consists of public and private sector. Health governance means policies, regulation and institutional arrangements to manage healthcare services. Usually, the federal government plays the roles of coordination. Pakistan Medical and Dental Council (PMDC), Pakistan Medical Council (PMC), Drugs Regulatory Authority of Pakistan (DRAP) are some regulatory arrangements to regulate medical education professions in Pakistan. Moreover, Extended Program on Immunization (EPI), Lady Health Worker Program (LHWP), National Program of HIV are some of the few interventions being taken by the government of Pakistan. It would be quite unjust not to highlight the measures taken to improve healthcare governance in Pakistan. For improving



mother and child healthcare services, Lady Health Workers Program exists and it drew tangible results particularly in the far-flung areas. These LHVs are quite useful in providing health services particularly in remote areas. Many health insurance schemes are in the business. Owing to the poor governance the Health Sector in Pakistan is fraught with so many problems. Some recurring issues include a) inadequate funds allocation b) poor distribution of health services c) rampant corruption etc. (Anon, 2019)

However, the situation is not so cloudy. Things are on the way towards betterment. For instance, the government launched Rescue 1122 Services which is gloriously impacting health services particularly during the hours of emergency. Budget allocation to health sector has increased manifold. The government focuses on preventive health services is quite good. Then in Punjab, the segregation of health department into a) Primary and Secondary Healthcare Department and b) Specialized Healthcare and Medical Education Department is also a positive step to closely monitor healthcare services in the province. Then launching of Health Card is a major step towards provision of healthcare services to the people in the province in the real sense. (Hasan et al., 2022)

To address the issues such as underutilization of staff, insufficient infrastructure and staff shortage in Punjab, health facilities i.e., are being outsourced. The ultimate objective is the provision of better healthcare access especially in rural as well as backward areas. Moreover, comprehensive health reforms in the health sector are underway. Once, the process of outsourcing is completed, these health facilities will operate 24/7 providing quality treatment to the people in rural and underprivileged areas.

Approach to healthcare services vary country to country. In some countries, it is universal whereas in other countries, it is a mix of public and private sector. Moreover, the countries like Sweden and Denmark bear imprints of a welfare state. However, it is the undisputed fact that government is responsible for ensuring balance between the public sector healthcare measures and healthcare partners in the private sector.

Findings

The findings of the study on healthcare governance and its impact on Pakistan's advancement as a welfare state are as under;

Local healthcare governance in healthcare sector is a complicated phenomenon. Although after 18th amendment, some of the powers have been devolved to the provinces and their district governments, yet the coordination between central, provinces and local authorities is very poor and the same is enough to spoil the healthcare arrangements in Pakistan. Devolution too could not empower district level authorities fully. Clear mandate of local authorities is absent particularly with reference to the decision-making and resource mobilization. Inconsistency is at premium regarding the healthcare policies. There are many who do not like decent realization. Such people are at the helm of affairs. Whereas, only few supports transfer of authority and decision making to the grassroot level. Even after the 18th Amendment, the National Health Policies are still designed by the 'Federal government'. Local authorities are used only as enforcement mechanism. Result is confusion or overlapping in roles and responsibilities leading toward inefficiencies. The



situation becomes even worse when the provinces envisage their own health priorities. Local governments have least said or autonomy and ultimately local governments fail to adjust strategies keeping in view the rural as well as urban needs.

Local governments are deficient in properly trained human resource. Usually, doctors and nurses prefer to perform their duties in the mega cities or urban centers leaving rural areas at the mercy of quacks and dupes. Resultantly, the mega of the state wiz-a-wiz provision of health care services is blurred owing to the strategy of trained health staff at local healthcare facilities.

In any form of governance today, participation of civil society is critical. Unfortunately, in Pakistan local governance of health affairs, the role of community is passive. There is no proper forum via which the local community may raise its voice. Consequently, local health needs of the community remain unaddressed. The research highlights the missing link between the actual, local needs and power corridors where health policies are conceived. Health committees exist but either they are dysfunctional or they lack representatives of the women or marginalized segments of the local community. Ultimately, level of responsiveness is compromised and local governments fail to address the disparities. Outreach programs are designed but they die on their own because of resource constraints. Private sector is an important healthcare partner. But the manager of local governance has miserably failed to engage and regulate the private healthcare providers. In urban centers, the private sectors rule the roost by providing quality healthcare services even at higher cost as compared to that of provided by the public sector healthcare institutions. The poor-coordination between the public-private sector healthcare providers end into a story of chaos and bad healthcare governance. Corruption and mismanagement have derailed the overall local healthcare governance. Misappropriation of funds is also a recurring practice with least remorse or fear of accountability. Monitoring is also poor followed by lack of transparency.

Conclusion and Way Forward

By focusing on healthcare, Pakistan's endeavor to become a welfare state is marvelous. At present, the healthcare landscape is not so pleasing. The current centralized government structure of healthcare needs to be developed so that people in rural and urban areas may avail healthcare facilities alike. Then, the healthcare sector requires a complete overhauling to get rid of unwilling workers, parasites, corrupt and inefficient human source. Greater Public-Private Partnership and improved capacity building of healthcare professionals may be vital for the health sector. Only accountable and transparent governance may restore the public confidence/ perception upon the healthcare apparatus managed by the government.

Healthcare system in Pakistan has two integral components; public and private sectors. After 18th Amendment, the health sector was devolved to the provincial governments. However, the center still retains many powers such as policy making and budgetary control etc. It is bitter fact that the exists a fragmented local government structure to handle the healthcare system in Pakistan. Weaker coordination between the federal, provincial and local level exacerbating the inadequate healthcare services especially in rural and neglected parts of the country. Moreover, poor budgeting, political instability, red-tapism, rampant corruption, weak accountability, inadequate monitoring and lack of transparency have seriously undermined the public trust upon



the healthcare service delivery arrangements. The ideals of a welfare state through delivery of healthcare services, can only be cherished by strengthening local governance. Community driven health initiatives are the need of the hour followed by decentralization in letter and spirit. Moreover, engagement of NGOs and other private partners may entail healthy outcomes.

Following recommendations may be vital to improve healthcare in Pakistan.

- Roles and responsibilities of health managers at federal, provincial and local tiers need to be defined in order to avoid overlapping while giving financial and administrative autonomy to the healthcare managers at grassroots level.
- Currently about 1% of GDP is spent on healthcare in Pakistan. This too low a resource allocation. At least 5% of GDP should be allocated for health initiatives allocation and enforcement of budget needs to be need-based, transparent subject to true audit and accountability parameters.
- Human resource at local level is not properly trained to address the modern and emerging trends in the healthcare sector. The staff should be trained in management, data analysis and policy execution paraphernalia. Moreover, skilled professionals may be attracted for underserved areas by giving incentives and stipends.
- Local Health Councils needs to be established at Union Council level/ Tehsil level. These councils should have proper representation of the community particularly of women and marginalized segments of the society. It will help in setting healthcare priorities aid monitoring of healthcare services.
- For effective decision making, focus should be upon real time data collection. This is possible through digitalization. For having greater access to rural areas and streamlining of referrals, the ideas of expanded telemedicine may be materialized.
- Healthcare system involves huge stakeholders. Only government cannot manage it. Partnership with NGOs and Private sector may ensure the desired outcomes. This partnership will help in reducing infrastructure and service delivery gaps.
- It is said that prevention is better than care. The government should invest on upcoming maternal health nutrition and sanitation for the masses. In this regard, there needs to be proper staff, equipment and medicine at the healthcare centers. Moreover, mobile clinics and health facilities with female staff may ensure better health outcomes.

Enforcement of the aforesaid measures is important for transforming local healthcare governance into responsive and efficient system having capacity to deliver to the increasing population.

“If Winter comes, can Spring be far behind”?



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