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RESEARCH NOTES

HEALTH STATUS IN PAKISTAN: Pre and Post 18th Amendment Period Analysed

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The 18th Amendment to Pakistan's Constitution, enacted in 2010, marked a significant shift by devolving substantial powers to the provinces—particularly in the sectors of health, education, and social welfare. This study aims to evaluate the status of health systems before and after the Amendment. The core purpose of the 18th Amendment was to promote decentralisation, enhance provincial autonomy, and strengthen federal–provincial collaboration. This analysis assesses the impact of this devolution on healthcare access, public health outcomes, and health policy management nationwide. Here, both the progress and challenges confronted by the healthcare system are assessed. Major health indicators are being examined under the new governance structure.

A significant number of reforms are taking place due to the 18th Amendment. Most importantly, provinces are now working with greater independence and autonomy. As a result, Federal powers were transferred to the provincial government. The responsibilities include formulating, implementing and most importantly, financing health policies and services. However, the primary objective is to improve the service delivery more efficiently and enhance responsiveness to local needs.

The pre-and post 18th Amendment analyses here furnish the implications and assessments. The outcomes include the progress of various health indicators, primarily life expectancy, maternal and child health, immunisation outreach, and disease burden.

I. Health sector status Pre 18th Amendment

The pre 18th Amendment, the country's healthcare system was taken care of by the Federal Ministry of Health. Previously, provincial health departments operated

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under the direct oversight of the Federal Ministry of Health. Their responsibilities primarily included managing health applications, addressing key health issues, and supporting the planning and implementation of health programs. However, during that time, the provinces lacked administrative autonomy and operated largely under the shadow of federal authority. This centralised structure faced numerous challenges, often resulting in delays and inefficiencies in achieving timely health outcomes.

However, federal programs, for instance, various national health campaigns and the Extended Program on Immunisation (EPI) was in place. The sole responsibility of service delivery lies with the Federal Ministry of Health. In addition, it tends to create discrepancies between regions due to insufficient localised decision-making. These are not sufficiently addressed, whereas Fragmented healthcare delivery nationwide is the result of centralism.

Life expectancy was one of the major health indicators highlighting this fragmentation. According to the WHO (2010) report, life expectancy at birth was 63.2 years for men and 66.3 years for women in 2009. These numbers were significantly lower compared to other countries in the region, specifically those in South Asia. Maternal and child health are considered the second most critical areas of concern. Two hundred seventy-five maternal deaths per 100,000 live births, with the increasing maternal mortality ratio, data reveal (WHO, 2010). However, despite federal efforts to improve these numbers of health outcomes, there remains a crucial challenge, which is child mortality, particularly neonatal mortality. The primary reason for the low numbers is the underfunded public health system, particularly in rural areas, where authorities often fail to provide sufficient resources, including medicines, doctors, and paramedical staff.

Full immunisation coverage received through children was 54 per cent by 2009. The immunisation rates were also poor (UNICEF, 2010). In rural areas, particularly, where health care facilities are mostly inaccessible, diseases such as polio, tuberculosis and hepatitis continue to burden the population. At the regional level, the centralised health care system often delays the national health campaigns and immunisation programmes, which further aggregate the issue. Inadequate access to healthcare results in gaps in primary and secondary healthcare services. These show inequities between urban and rural areas. A significant reason for the failure of national health programs to adapt to local objectives and conditions was that regional stakeholders were not involved in the decision-making process. The effectiveness of healthcare delivery across the country was vulnerable due to national health initiatives that frequently failed to connect with the local needs.

The Ministry of Health in Islamabad, however, attempted to work with centralised decision-making to meet the varied needs among provinces. Moreover, this was compromised by the exclusion of all stakeholders in decision-making, which affected the effectiveness of healthcare delivery across the country.

II. Health Status of Pakistan: Post 18th Amendment

The 18th Amendment was passed in 2010 with the purpose of revising the healthcare status in the country. The devolution permits the provinces to create health policies and interventions to match their specific needs. Among provinces, the outcomes were mixed; some showed significant progress, while others continued to face challenges.

According to the World Bank (2019), life expectancy has increased by modest numbers to 64.6 years for men and 67.4 years for women in 2017. On the contrary, Pakistan continues to trail regional competitors like Sri Lanka and India, with life expectancies of 68 years and 78 years for men and women, respectively.

Improvement is observed in maternal and child health indicators following delegation. By 2018, the maternal mortality ratio (MMR) had declined to 186 from 276 per 100,000 births in 2010 (WHO, 2018).

It is noteworthy that the progress in maternal health achieved in the provinces of Punjab and Khyber Pakhtunkhwa (KP) is primarily due to the broader availability of family planning services and easy access to trained birth attendants. On the contrary, Sindh and Baluchistan are referred to in these zones due to inadequate infrastructure, inconsistent implementation of policies at the local level, and, finally, political instability.

The reason immunisation and disease control remained a challenge was that the numbers were even lower than 70 per cent. More in rural and conflict-affected areas due to inadequate healthcare infrastructure and security threats. Conversely, by 2017, Punjab had achieved substantial progress, with immunisation coverage reaching 80 per cent (UNICEF, 2017). Achieved mainly by implementing focused vaccination campaigns, stronger local governance, and improved resource allocation.

Focus on improving healthcare infrastructure led to notable improvements in certain areas, which were only possible through the process of devolution. For example, in 2011, a roadmap for health reforms was introduced in Punjab, which later led to the establishment of new health facilities, improved human resource management, and health insurance programmes to help low-income families. The increase in the financial grant was another important outcome of devolution. For instance, between 2010 and 2018, the health budget in Punjab increased by 50 per cent. The increase helped in improving the healthcare services, along with an increase in resources that elevated the infrastructure.

On the other hand, Baluchistan and Sindh continued to face the momentous challenge with numbers below 70 per cent, particularly in rural and conflict-affected areas, due to hindering factors such as logistical constraints, inadequate healthcare infrastructure, and security concerns. Conversely, by 2017, Punjab had achieved substantial progress, with immunisation coverage reaching nearly 80 per cent (UNICEF, 2017). This improvement is the result of focused vaccination campaigns and stronger local governance.

The increase in provincial health financing was yet another important outcome of devolution. For instance, between 2010 and 2018, 50 per cent of Punjab's health budget increased. Healthcare services and infrastructure improved by elevating the resources. Nevertheless, health financing inequities continuedamong provinces. Baluchistan continues to receive fewer resources despite greater health needs, due to its geographic challenges and lower population density.

III. Challenges in the Post-18th Amendment Health Landscape

The 18th Amendment, however, is restricted by several issues. The major is the effective delivery of health care services, considering the potential benefits of devolution. According to the Pakistan Demographic and Health Survey (PDHS), especially in rural and remote areas, Baluchistan and Sindh provinces still lack sufficient health care staff. However, a major obstacle is the instability of the health system and its lack of cooperation. Since devolution, coordination problems have also emerged within federal and provincial administrations. Handling problems that transcend provincial borders, such as disease outbreaks and medical emergencies, has been challenging due to a weak, cohesive national health policy framework. For example, when it comes to handling cross-border health concerns.

In addition, disparities in health outcomes between urban and rural communities remain a major problem. According to PDHS (2017), access to essential medication, maternal health, and child nutrition is more difficult in rural areas. These gaps are still seen even after the decentralised health care system is initiated.

To conclude, the problems of limited funding, inadequate administrative capability and unequal health outcomes still make the task difficult. It is time to resolve these problems, take advantage of devolution, and ensure that every citizen has access to healthcare services.

IV. Opportunities for Improvement

There are numerous opportunities to enhance the healthcare system following the passage of the 18th Amendment. Boost Provincial Health System Capabilities: The efficiency of healthcare service delivery can be enhanced by strengthening the administrative and technical capabilities of provincial health departments. To strengthen the process, educate healthcare staff, and improve management, provincial governments must invest.

Provincial Health System Capacities Enhancement: The effectiveness of health service delivery can be improved by building the technical and administrative capacities of provincial health departments. For the training of healthcare staff, improving management systems and strengthening the services, provincial government investment is required.

Federal and Provincial Governments Coordination Strengthening: A more collaborative approach between the federal and provincial governments should be established. It can help ensure the uniformity of health policy implications, which will be beneficial for addressing gaps in health services, such as epidemic control across borders.

Public-Private Partnership: To improve healthcare infrastructure, a public-private partnership can be further leveraged to extend healthcare services, particularly in underserved areas. However, innovative models such as mobile health units and telemedicine have been introduced. In this regard, the private sector can play a critical role.

Focus on Primary Healthcare: Strengthening the primary system, especially in rural areas. These can yield long-term health benefits by preventing disease outbreaks and ensuring that communities have access to essential healthcare services.

V. Recommendations

The following recommendations are proposed to address the challenges.

Development of a Unified National Health Strategy: It is crucial to develop a cohesive national health policy that provides clear guidance for provincial health efforts. It will help accommodate regional variations in healthcare delivery based on local needs. A unified strategy would also help ensure better coordination across regions and foster collaboration between federal and international authorities.

Increment in Health Financing: It is necessary to allocate additional financial resources to address resource gaps in underfunded provinces. Baluchistan and Sindh require special attention, as they have faced significant challenges in both healthcare infrastructure and workforce.

New funding mechanisms, for example, health insurance schemes for rural and low-income populations, could provide an innovative solution to financial constraints.

Federal and Provincial Health Authorities Coordination Development: The Main task is to strengthen communication and collaboration between the ministries of federal and provincial health authorities. Successful implementation of national health campaigns, such as immunisation drives and disease control efforts.

Enhancing Rural Health Service: To expand healthcare delivery in underserved regions and reduce the health disparities between urban and rural areas. Mobile clinics and telemedicine services should be expanded. It can help in bridging the gap in healthcare services. Most importantly, to encourage professionals to serve in rural and hard-to-reach areas, it is essential to provide greater development opportunities, such as housing, among others.

Through decentralisation, leading to better healthcare access and even more tailored interventions at the provincial level, an important governance issue can be addressed. The 18th Amendment has provided opportunities. However, resource gaps, fragmentation and inequitable health outcomes remain significant challenges to date.