

Goal 3

GOOD HEALTH AND WELL-BEING

3 GOOD HEALTH AND WELL-BEING



Country Context

Islamic Republic of Pakistan, the fifth largest population on the planet with 213.6 million people,¹ is a sovereign state situated in a geo-strategic location at the junction of middle East and central Asia. Bereft of Quaid's dream for a welfare state, social development has been off the mark with 22.4 million Out of School Children,² 56.3% Out of Pocket Expenditure in health,³ and 29.5% population living below poverty line.⁴ Exclusionist policy patterns marginalizing governance has led to country ranking at 147th out of 188 in Human Development Index⁵ and 143rd out of 144th in Global Gender Gap Index.⁶ Moreover, marginalization of key strategic sectors has led to funding diversions away from social development, barely allocating 3% of the GDP each for Education, Health and Social protection.⁷

With a GDP of \$279 billion (2017 est.),⁸ Pakistan is categorized as a lower middle-income country. Economic stability has been a constant uphill battle with public debts and liabilities escalating up to 74% of GDP.⁹ The country is ranked at 171 out of 188 countries in terms of GDP per capita (PPP) of \$5,400 (2017 est.)¹⁰ while unemployment stands at 6% without factoring in statistics from informal economy which employs almost 70% of the country's workforce.¹¹ Gini index estimates 30.7% inequality with disparities as wide as the income share held by the lowest 10% at 4% against that of the top 10% at 26% (2013 est.)¹² in Pakistan.

In hindsight, political institutions in their formative years - mainly adapted from the colonial rump - were barely able to withstand extraconstitutional maneuvers¹³ in the absence of a strong nation-building consciousness. This resulted in successive instability of civilian governments followed by political proxies and status-quo representatives, beguiling under democratic pretexts. Weak democratic structures led to the absentia of populace from democratic processes and crippled country prospects in socio-economic and political spheres with implications long into its future. This is evident of the country rankings at 110th in Democracy Index¹⁴ and 20th among Failed States rankings in 2018.¹⁵ Fret over it not though, for Quaid's optimism guides our course:

The story of Pakistan, its struggle and its achievement, is the very story of great human ideals, struggling to survive in the face of great odds and difficulties.ⁱ

Amid international isolationism, national calamities and social fragmentation, democratization of state and social institutions is the moral and political imperative. It is essential that we promote critical education and discourse to bring forth analysis that helps adequately influence policy mandates for a just, peaceful and prosperous Pakistan.

ⁱ M.A. Jinnah, Address to the people in Chittagong, March 23, 1948

Healthⁱⁱ

Marginalization of health despite being a strategic sector, compounded by lack of health-seeking behaviour among people underpins dismal health outcomes in Pakistan. Public expenditure on health remains at 0.76% of GDP - much lower than WHO's benchmark of 6% of GDP for life saving services.¹⁶ Consequently, very high out-of-pocket expenditures, currently at 56.3% of the total expenditure on health, reinforce the absurd logic of only those that afford can seek healthcare privately. Such a situation marginalizes the poorest, forcing their diversion to private sector either for better quality or as a last resort, while putting them at odds with many other aspects of social wellbeing. IMF patronized privatizations (or its offshoots like public-private partnerships) should not be relieving the state of its obligation to provide essential services. Public-private partnerships have a limited strategic scope and focus on enhancing service delivery standards as opposed to institutional reforms for overall governance strengthening and therefore cannot be reckoned as a sustainable solution. Access to equitable and quality healthcare would be central to meet country commitments to goal 3 of the SDGs.

- 1. Health should be recognized as a fundamental human right in the constitution and the state should be obligated to ensure its provision, so the citizens get the healthcare they need not the one they can afford!**
- 2. Universal healthcare coverage, enshrined in SDG 3.8, is a strategic target where political will and resources should be directed for multiple gains; increased financing in healthcare could help reduce out-of-pocket expenditure resulting in reduced poverty, lessened inequities and improved per capita spending on other aspects of wellbeing including education and standard of living.**
- 3. Universal access to healthcare services should be ensured with special measures for the most marginalized. This should include a redress of different social determinants affecting access to adequate healthcare services.**
- 4. Health systems governance needs to be improved to facilitate access to equitable and quality healthcare by addressing all three aspects of access; availability, attainability and affordability.**
- 5. Public-private partnerships are temporary solutions and must have a clearly articulated exit-strategy. The government should ensure upscale strategy for such initiatives building on the best practices to ensure sustainable reforms.**
- 6. Cultural reservations around family planning should be clarified through sensitization campaigns highlighting socio-economic and political aspects of the population issue.**

ⁱⁱ The subject has been devolved to provinces after 18th amendment. The recommendations cover a generic spectrum of policy reforms to improve educational outcomes.

7. Family planning narrative should be strengthened backed by strong political will to effectively address barriers to its implementation.
8. The efficiency and outreach of nutrition program should be broadened, particularly in remote areas, with a special focus on Federally administered territories, to enhance health standards.
9. The government should ensure provision of safe drinking water and sanitation facilities by strategizing protection of water reservoirs. Water scarcity requires proactive policy and efficient governance to ensure peoples' access to clean drinking water.
10. Drug consumption in the society needs to be decreased through regulatory measures, especially among the educated young generation.
11. Post-devolution protocols contain various ambiguities over departmental mandates and require inclusive consultative processes to ensure smooth decentralization and operations at the provincial level.

References

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