

HEALTH ISSUES IN POLITICAL PARTIES' MANIFESTOS

Introduction

The election 2013 is an opportunity for many changes, not the least to address Pakistan's lagging health indicators¹. Most political parties understand that their voters want the state to ensure their health. Not surprisingly then, 7 out of 8 major political parties mention health in their manifestoes, although their approach and priorities vary considerably. It is also important to recognize that while health is often recognized as a basic right, providing healthcare (i.e. medical care of illness) does not necessarily promote health². For example, it is well known that other elements such as clean water and some preventive measures such as preventing childhood illness, family planning and safe motherhood promote health far more than providing medical care, although the latter probably generates more political goodwill. These distinctions are particularly important since once in power political parties must understand, address and find a working balance between issues that actually improve health and those that get votes without necessarily promoting health. This policy brief compares the positions of different parties regarding public health.

Methodology

A **Political Manifesto** is a public declaration of a party's ideology and position on issues (i.e. party intentions, overarching goals, policy plans) and their differences with their rivals. Information was collected from 1) websites of respective political parties, 2) through media interviews³ with party officials/representatives, and 3) review of the available documents and information in the public domain using the following criteria for the review:

- Stated party position on population issues that reflect the importance given to population welfare issues.
- Specific strategies or commitments identified for improving population stabilization and growth
- Gaps in the party manifestos where advocacy can play a role

Salient Findings

Seven out of 8 main political parties have identified health as indispensable in their manifestos. However, the level of insight into health related matters varies considerably across parties.

The ANP, MQM, PML-N, PPP and PTI seek to increase health funding by 2-10 fold. This is a major undertaking given the fact that proportion of health funding has remained static between 0.6-0.7% of the GDP for decades under political or military governments. A party seeking to increase health funding must take it away from other areas and therefore a commitment to increasing health funding of this magnitude is a considerable promise.

Most parties have a very medical care centric view, which is understandable as this is a vote issue. Most want to set up high level tertiary care at district level, often with referrals from basic level facilities. Many parties talk about establishing new medical colleges,

¹ MMR: 276/100,000 live births; IMR: 78/1000 live births

² The Health Insurance Experiment. The RAND Corporation. <http://www.rand.org/health/projects/hie.html>

³ For example, GEO "Debate on Population Issues", print media stories, etc.

SALIENT POINTS AND RECOMMENDATIONS

- Nearly all parties recognize health funding as a major gap and seek to increase it by 2-10 fold from its existing levels
- Most parties focus on medical care and seek to enhance district level capacity to provide high quality medical care
- Immunization and to a lesser extent maternal and child health promotion services are mentioned by nearly all parties.
- While most key interventions are identified, how these would be prioritized by them remains unclear
- The mention of private sector and public-private partnerships is a welcome addition
- Improved governance of public sector funds must be addressed as a key issue in order to improve health of the nation.

occasionally colleges for other medical staff as well. Most want a new one in every district.

Among preventive services, MQM, PML-N, PPP and PTI all want to achieve 100% coverage with childhood immunization and many specifically mention polio eradication. It is notable that ANP and JUI-F, both with considerable political activity in Khyber Pakhtunkhwa completely ignore the issue of immunization which has been politically contentious in that province.

The PML-N specifically mention that they want to reduce maternal and infant mortality by half and population growth by 10%. Other parties do not specifically address maternal or child health but rather cover these under the wider umbrella of primary health which they seek to provide from basic health units or lady health workers.

Decentralization of Health and Population from the Federal to Provincial levels was a major event in the past 5 years. PPP rightly takes credit for this change but does not propose any further changes. Both MQM and PML-N feel that power should stay at provincial levels while the PTI wants to further take it down to district levels while ANP wants it in communities.

It is worth noting that the manifesto of JUI-F focuses mainly on separate health providers for men and women but is silent on other issues.

Discussion

A comparison of the manifestos suggests that the public health goals of the major political parties overlap considerably. Almost all parties plan to increase state health spending, introduce a national insurance scheme and achieving universal immunization.

While most of the manifestos have rightly identified the main remedies needed for the health sector, the documents fail to explain how these targets would be achieved. This is particularly true for PPP's manifesto

Party	Health spending	Health insurance	Decentralization	Public-private partnership	Immunization	Family Planning and Maternal Health	Basic Healthcare and the Referral System	Drinking Water & Sanitation
ANP	allocate at least 6 percent of the GDP to health	Improved access and quality of health services- health insurance Special insurance for senior citizens	Decentralization of health services to bring them closer to the communities esp. rural areas.	For primary healthcare		Emphasize primary health care (PHC) and provide foundation for the establishment of secondary and tertiary care Focus on upgrading and better equipping BHU, RHC	Introduce proper referral system of medical cases to the secondary and tertiary care levels with proper transportation facility on no loss no profit basis Ensure continuous health education for all the health care staff	Emphasis on provision of clean drinking water
JUI-F	Not addressed	Not addressed	Not addressed	Not addressed	Not addressed	Not addressed	Establish large, modern medical centers Have separate male and female staff District level Medical Colleges	Not addressed
MQM	Increase public expenditure on health from 0.6 % to 5% of GDP during next 5 years Produce medicines locally	Introduction of low cost and subsidized health insurance schemes by the government for all citizens Multiple insurance schemes proposed	empower the provinces to frame policies and plans for provision of healthcare and local governments to monitor quality Sees a role of Federation in regulation	Harnessing the potential of the private sector by building in transparent mechanisms	Ensuring full coverage of EPI Eradicate Polio	Give more emphasis to population planning Establish, strengthen and equip hospitals in every district and health care centers in every village Establish institution to train nurses, LHVs and other paramedical staff	Establish Telemedicine	Targeting primary health care with the focus on environmental concerns and public healthcare
PML-N	At least 2% of GDP by 2018	National Health Insurance Scheme that includes public and private sector Free healthcare to children under 12 years, seniors over 65 years and Rs. 100 annual premium for the well off.	Ensure ownership by the provinces of the devolved population program Establish a District Healthcare Authority	Private providers to participate in National Health Insurance Expand indigenous pharmaceutical manufacturing	Polio program will be strengthened 100% immunization in 5 years	50% reduction in maternal and infant mortality, 10% reduction in population growth rate Make family planning services delivery an integral part of health services from the LHW/BHU level to teaching hospitals Trained midwife at every UC level	An advanced and referral system in each district Training of paramedics and technicians Mobile health units Medical colleges to become autonomous	Provision of clean drinking water for rural and remote areas Community led schemes
PML-Q	National Health Service backed by sustained investment in hospitals						Expansion and up-gradation of the existing health care network with modern medical facilities	Access to clean water
PPP	Increase in state spending on health to 5% of government spending	Introduce a comprehensive national health insurance program for the underprivileged		Develop stronger public-private partnerships for health care delivery systems.	Ensure that 100% of infants and children under 5 years are vaccinated Eradicate polio by 2015	Increase coverage of LHW services to 100% of rural areas and to urban slums.	Review and reform medical education, with interventions aimed at health professionals Improve referral systems for tertiary care, and integrate basic and tertiary care	Provide clean drinking water and ensure the proper disposal of sewage
PTI	Double state spending on health	Introduce low-cost health insurance schemes for the elderly and poor	Decentralization of healthcare services with greater management and monitoring role of local councils over basic healthcare centers.	Encourage private-public partnership under a policy which provides affordable healthcare services	Target to achieve 100% immunization	Policy emphasis on preventive healthcare including reproductive health, pre and post-natal health care	Establish a threshold for setting up of basic health units in order to extend the facility to the village level	Universal access to clean drinking water Improved sanitation

which appears to be a 'wish-list' as most of the proposed reforms seem idealistic in nature given the fact that the party was in power most recently for the past 5 years when it could have done many of these.

Another concern is the lack of prioritization of reforms. This would be crucial when limited funds for health would need to be prioritized to a few areas. Would these parties build big tertiary care centers which attract votes but achieve little to promote the overall health status of the nation or fund immunization, family planning, nutrition skilled birthing or maternal and child health that actually save lives.

While funding for health has been low, even these meager funds have been misspent. In order to improve health in Pakistan, parties must address major causes of underperformance in health, i.e. lack of governance that leads to absenteeism or lack of productivity by health

staff, lack of quality, medicine and supplies shortages. Specific measures to address governance issues – which sometimes run counter to the political interest of the parties – are absent from all manifestos.

In Pakistan nearly 80% of health outpatient services and 70% of health spending is in the private sector, which has provided services where the public sector failed. Going forward, the parties must address how best to gain from the role of this private sector and the role of private markets for healthcare. Some parties do discuss public-private partnerships and others even seek to pay them from a public sector funded health insurance system. It would be useful to visit possible options for doing these in a systematic manner, learning from national and regional examples while doing so.

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