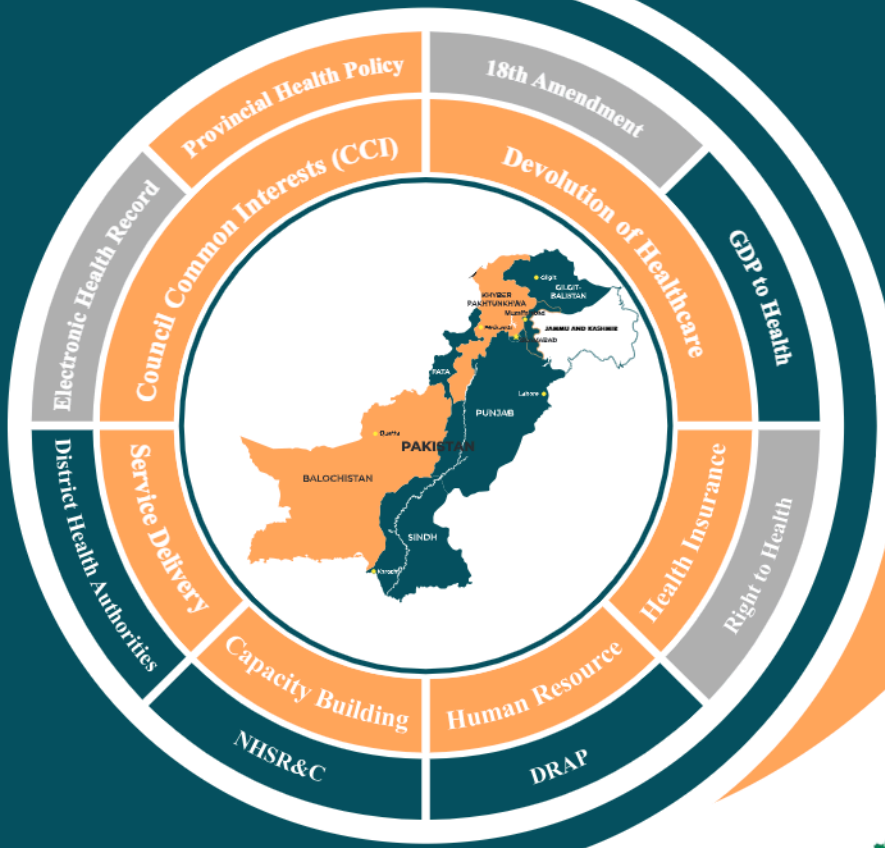
ROUNDTABLE
DISCUSSION SERIES

DEVOLUTION OF HEALTHCARE SYSTEM IN PAKISTAN

CHALLENGES AND DYNAMICS



NATIONAL INSTITUTE OF PUBLIC POLICY

NIPP Roundtable Discussion Series

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CHALLENGES AND DYNAMICS

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National Institute of Public Policy

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Contents

Abbreviations

BHUs	Basic Health Units
CCI	Council of Common Interest
DRAP	Drug Regulatory Authority of Pakistan
EHR	Electronic Health Record
GDP	Gross Domestic Product
HFA	Health for All
IV	Intravenous
NCD	Non-communicable Disease
NHSR&C	National Health Services Regulation & Coordination
PHCC	Punjab Healthcare Commission
PMDC	Pakistan Medical and Dental Council
PMC	Pakistan Medical Commission
PPP	Public Private Partnership
PSPU	Policy and Strategic Planning Unit
P&SHD	Primary & Secondary Healthcare Department
PHFMC	Punjab Health Facilities Management Company
RTD	Roundtable Discussion
RHCs	Rural Health Centers
SOMU	Secretaries Operation and Management Unit
SH&ME	Specialized Healthcare and Medical Education
THQs	Tehsil Headquarters
UDHR	Universal Declaration of Human Rights
WHO	World Health Organization

Rector's Message

It was a matter of great pleasure and satisfaction to attend the round table discussion on "*Devolution of healthcare system: Challenges and Dynamics"* arranged by NIPP. Its important feature was the participation of health ministers and practitioners who gave candid and pragmatic views regarding the topic. Having witnessed the entire devolution process while Secretary of Population Welfare, I could relate to the subject and discerned several notable concerns. It appeared to me that a gradual approach and a deeper thinking over financial needs and implications were needed to avoid subsequent disputes over financial responsibilities and allocation of new roles.

After the program's full implementation, three main problematic areas demanded further attention. Firstly, the sudden push to transfer vertical programs to the provinces exacerbated existing complexities, since provinces were hesitant to take responsibility due to financial constraints. The core issue revolved around the allocation of resources, since the provinces wanted devolution that included both liabilities and resources. However, they faced opposition from the federal government, which claimed that substantial resources had already been allocated through the 7th National Finance Commission (NFC), making additional allocations unnecessary. Furthermore, the lack of a federal health ministry during the process of devolution (i.e. 2010-2013) additionally contributed to increased ambiguity on such matters, resulting in significant institutional void.

Secondly, continuous delays in vaccine procurement persisted for approximately one year after devolution, attributed to deficient ownership and accountability of the drug regulatory authority (DRAP). Moreover, apprehensions regarding the quality control of vaccines further compounded the challenges during the given period. Pricing concerns complicated the situation

further, as local governments hesitated to address pricing mechanisms effectively and managing this task also seem to be beyond their capability. Lastly, health policy formulation in the subsequent period also faced challenges. Each of the four provinces had to develop their own policies, indicating a lack of synchronization during the policy formulation process. The Ministry of Health at the national level spent two to three years creating regulations and coordination mechanisms for provinces, leading to considerable delays in federal-level response efforts. Concurrently, stakeholders also suggested engaging the Council of Common Interests (CCI), but there was seen resistance from the central government regarding bolstering its influence. Discussions on whether CCI should have an autonomous secretariat or operate under the Interprovincial Coordination Committee as its secretary persisted for three years without resolution, despite being perceived as a minor matter. On the contrary, primary and secondary healthcare persisted under provincial jurisdiction and proceeded with limited interruption. However, challenges persisted notably in areas such as interprovincial coordination, health policy formulation, drug regulation, and the management of vertical programs.

While my expertise in the health sector is rooted in healthcare management systems that were in vogue about 10 years ago, I expected worthy panelists to address the developments that had taken place during the past decade. I proffered these challenges as focal points to instigate discussion and indulge deeper into potential remedies for the healthcare system of Pakistan. Their valuable input has enabled us to devise cogent recommendations for the government in this regard.

Dr. Ijaz Munir
Rector
NSPP

Foreword

The National Institute of Public Policy (NIPP), as a vanguard in the exploration of public policy dimensions within Pakistan, convened a pivotal Roundtable Discussion (RTD) on the challenges of devolution of the healthcare system in Pakistan. This assembly of health ministers and professionals was orchestrated with the intent of dissecting the intricacies of post-devolution challenges and identifying viable pathways for enhancing the healthcare landscape.

We invited all the health ministers, federal and provincial, to avail themselves of the opportunity to sit together and give their candid opinions on the matter. The caretaker Health Ministers of Punjab Dr. Javaid Akram and Dr. Jamal Nasir, who happen to be medical practitioners with decades of experience, eagerly participated in the RTD. From Balochistan, the caretaker Health Minister, Dr. Amir. M Khan Jogezai participated and gave his candid views on the topic. Besides, renowned health professionals like Dr. Faisal Sultan and Dr. Shahid Malik joined us to discuss threadbare all the essential aspects of healthcare devolution, including its drawbacks and benefits. The Rector NSPP, Dr. Ijaz Munir, who had witnessed the devolution process and served as health secretary in Punjab, provided his cogent input on the topic.

As the Dean NIPP, it is my privilege to introduce this comprehensive report, encapsulating the insights and deliberations from the RTD. The discussion, enriched by the diverse perspectives of esteemed panelists and the rigorous research undertaken by our dedicated team, underscores our commitment to advancing the discourse on healthcare policy and governance. The devolution of healthcare services, a landmark shift initiated in 2010, aimed to decentralize decision-making and resource distribution, thereby fostering a more responsive and equitable healthcare system. This report delves into the multifaceted dimensions of this transition, examining both the strides made and the hurdles

encountered in the pursuit of a more decentralized healthcare framework.

Our exploration commenced with a foundational discussion on the "right to health" as enshrined in international treaties and the Constitution of Pakistan. This served as a critical backdrop for understanding the ethos guiding our healthcare policies and the imperative of aligning our national framework with global standards of health equity and access.

The heart of this report lies in the synthesis of a comprehensive literature review and a targeted survey of healthcare professionals, offering a dual lens on the post-devolution landscape, prepared and presented by Dr. Muhammad Abdullah, Research Fellow. The ensuing analysis reveals a tapestry of advancements and challenges, from enhanced local governance and community empowerment to the intricacies of interprovincial coordination and fiscal management.

The roundtable discussion itself, a confluence of expertise and experience, provided a platform for rigorous debate and constructive dialogue. The recommendations and insights garnered from this discourse can be instrumental in charting a course forward, aimed at mitigating the identified challenges and capitalizing on the opportunities inherent in a devolved healthcare system.

It is my fervent hope that the insights and recommendations encapsulated herein will serve as a beacon for future policy interventions, guiding our nation towards a healthcare paradigm that is equitable, accessible, and responsive to the needs of its citizens.

Dr. Naveed Elahi
Dean

Team NIPP

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Panelists of the Roundtable Discussion

Dr. Javaid Akram
Health Minister Punjab (Caretaker)
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Dr. Jamal Nasir
Health Minister Punjab (Caretaker)
(P&SHD)

Dr. Amir M. Khan Jogezai
Health Minister Balochistan (Caretaker)

Dr. Faisal Sultan
CEO & Consultant Physician Medicine
and Infectious Diseases

Dr. Shahid Malik
Head of Community Medicine,
Sahara Medical College, Narowal.

Syed Moazzam Ali
Additional Secretary Health (MNHSR&C)

Muhamad Iqbal
Special Secretary Health (P&SHD)

Summary of the proceedings

This roundtable discussion (RTD) was the second event of the series of Roundtable Discussions organized by NIPP.

The devolution of healthcare services in Pakistan took place in April 2010, devolving decision-making and resource distribution powers to provincial authorities. The proponents of devolution at that time believed that by giving more power to local authorities, communities would address their specific needs more effectively without relying heavily on federal departments. The discussion was designed in the light of current challenges faced by government of Pakistan in handling the healthcare system in the post devolution period i.e. 2010-2023.

The RTD initiated with the presentation by NIPP Research Team on three (3) distinct and challenging aspects faced by the healthcare system of Pakistan in the given period. The first concept highlighted was the idea of *"Right to health*", which was found missing in the legal and obligatory rights section in the constitution of Pakistan. This right has been a crucial component of various UN treaties, and as a signatory to those treaties, Pakistan has an obligation to integrate the given right into its national regulatory framework. Additionally, the concept of *"Right to Health*" has also been indirectly mentioned at several sections of the Constitution of Pakistan. For instance, Articles 24, 25, 38 and 151 mentions that access to health and basic healthcare facilities is an inherent right of every citizen.

Next, the findings gathered from articles written in the post devolution period were presented in the form of pictorial images to graphically represent the positive and negative aspects of devolution on healthcare system. Lastly, a survey was conducted through healthcare personnel and managing staff on finding answers to the discrete intricacies in the system introduced by devolution.

After presentation of these three aspects a general guideline of *'Points to*

Ponder' was shared with the participants. Later the discussion ensued, and the panelists Dr. Javaid Akram, Dr. Jamal Nasir, Dr. Faisal Sultan, Muhammad Iqbal (representing Secretary Health, Punjab), Dr. Shahid Malik, Dr. Amir M. Khan Jogezai and Syed Moazzam Ali (Representing Federal Minister, Health) shared their views, recommendations, and suggestions in a sequential way. They also responded to questions raised by other panelists. It was a 3-hours session which ended with a note of thanks by the Rector NSPP.

The proceeding details are given as a roadmap in the following segment.

Road Map of the Roundtable

1) Concept of Right to Health as per UN treaties and the Constitution of Pakistan
2) Analysis of articles on devolution (2010-2023)
3) Opinions of doctors and health personnel on devolution
4) Points to Ponder
5) Discussion by the panelists

1. Concept of Right to Health as per UN treaties and Constitution of Pakistan

The discussion commenced with a note on the concept of the "Right to Health", which underscored the urgency of promoting policies and actions that support everyone's fundamental right to healthcare within national healthcare system. Pakistan, as a signatory to various international treaties on human rights, has made commitments to upholding fundamental principles of health equity and universal access of medical services to every citizen. It is evident from the fact that among the 13 United Nations treaties pertaining to human rights, Pakistan has ratified nine (9), with seven (7) specifically addressing the right to health or medical care.

The International Covenant on Economic, Social, and Cultural Rights

(ICESCR) articulates the imperative of ensuring a healthy working environment for all individuals by stating that *"The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health."*[1]

Additionally, it emphasizes the importance of safeguarding the health of youth and children, facilitating their attainment of optimal physical and mental well-being. Similarly, the World Health Organization (WHO) Constitution enshrines that *"The right to health includes both freedoms and entitlements. Entitlements include the right to a system health protection that provides equality of opportunity for people to enjoy the highest attainable standards of health..."*[2]

Despite Pakistan's endorsement of the Universal Declaration of Human Rights (UDHR) in 1948, health was not expressly designated as a fundamental right within the country's 1973 Constitution. Following are specific "*Constitutional provisions*" mentioning health as a subset:

- Article 24 states that "*Nothing shall affect the validity of any law permitting the compulsory acquisition or taking possession of any property for preventing danger to life, property or public health."*
- Article 25 states "*Providing education and medical aid to all or any specified class of citizen..."*
- Article 38 states "*To Provide basic necessities of life, such as food, clothing, housing, education and medical relief, for all citizens, irrespective of sex, caste, creed or race...".*
- Article 151 states *"An Act of Provincial Assembly which imposes any reasonable restriction in the interest of public health..."*

1. United Nations General Assembly. (1966). International Covenant on Economic, Social and Cultural Rights. Retrieved from https://www.ohchr.org/en/instruments-mechanisms/instruments/international-covenant-economic-social-and-cultural-rights
2. UN Office of the High Commissioner for Human Rights (OHCHR). (2008, June). Fact Sheet No. 31: The Right to Health (No. 31). Retrieved from https://www.refworld.org/reference/themreport/ohchr/2008/en/58915

However, the explicit enshrinement of the "Right to Health" in Pakistan's Constitution is still lacking and efforts are required to incorporate it in the national constitutional framework. Hence, the recognition and enshrinement of the given right can provide a solid foundation for improving health equity and ensuring universal access to healthcare for every citizen.

2. Content Analysis of Articles on "Devolution of Healthcare System" (2010-2023)

In order to gain insights into the positive and negative aspects of the devolution process in the country, a content analysis of the articles available at PubMed, Scopus, and Google scholar, was conducted.

The analysis primarily focused on synthesizing evidence-based findings to differentiate the multifaceted implications of devolution on healthcare delivery. Its primary objective was to search for nuanced understanding of the challenges and opportunities associated with decentralized healthcare governance.

The findings depicted several notable advantages along with some drawbacks associated with enactment of the eighteenth amendment in healthcare. The advantages include enhancements and capacity strengthening in local governance structures and the empowerment of community networks at district and tehsil level. Such findings underscore the potential benefits of decentralization in fostering more responsive and participatory healthcare systems, thereby aligning with broader objectives of democratization and community engagement.

There is also seen a significant increase in fiscal space and targeted allocation of funds in the period from 2010 to 2023, and hence the resource share of each province increased significantly in the given period. Some additional advantages of devolution included more authority and decision making at district level, outsourcing of BHUs to NGOs, performance-based incentives, formation of policy units at provincial level, culturally sensitized policies, and enhanced

funding for betterment of healthcare infrastructure. Comparatively, the service delivery and accountability were the domains that showed limited improvement.

Conversely, devolution also created some newly identified bottlenecks in the existing system. This includes challenges regarding interprovincial coordination, federal-provincial coordination, political interference, and delay of issuance of funds. In the meantime, it was also recognized that donor influence through developmental aid in healthcare was driven by vested interests and conflicted with national healthcare priorities. This has led to an unequal allocation of resources and lack of prioritization on crucial healthcare initiatives. The inception phase of devolution was also marked by an increased level of uncertainty. This was mainly because the provinces were not ready to handle the extra burden without capacity building and technical training in the existing system.

There was also seen a significant overlap of power between provinces and districts. Furthermore, health funding was secured only from a unified taxation system i.e. single tax budget line, resulting in per capita spending that is significantly deficient as compared to the growing demands of population. Consequently, the per capita spending on health is currently marked at $38 which is considerably less than that of other peer countries like India ($57) and Ghana ($85). For detailed description of tables and cloud images pertaining to positive and negative aspects of devolution see Annexure C.

3. Survey of the Opinions of Doctors and Health Personnel

A survey of the healthcare professionals, doctors and administrators, was conducted to collect primary data on various aspects and impacts of devolution. The questionnaire containing 12 questions on issues of devolution sought to garner firsthand insights regarding the current and prevailing issues within the healthcare landscape. The survey aimed to authenticate and contextualize the results of the previous review using input from healthcare professionals.

The survey results highlighted widespread agreement among respondents regarding current challenges in managerial capacities and strategic foresight in healthcare (Figure 1). The research participants were then queried about their perception of the growing workload in the domains of managerial, strategic, and administrative aspects on provinces. Nearly, 94% of the respondents acknowledged an increased burden in the post-devolution period (Figure 2).

Figure 1: Challenges in managerial or strategic domains

Figure 2: Post devolution burden on provinces

Subsequently, the respondents were asked to identify positive changes or improvements observed in the post-devolution system. Notably, improvements were observed in the form of increased financing, improved service delivery and an integrated human resource for healthcare (Figure 3). It is crucial to emphasize that despite the increase in provincial funding, per capita spending on health still falls short of the optimal level.

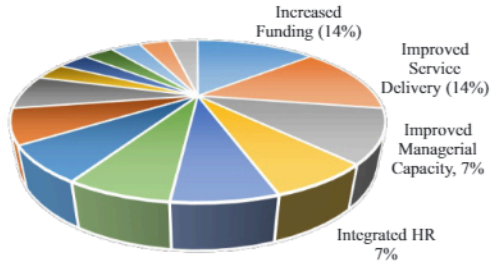


Figure 3: Positive aspects of devolution

Additional improvements include robust policy development at the provincial level, streamlining of procurement processes, and increased empowerment of local communities. Insights into service delivery further highlighted advancements in local manufacturing of medical essentials and substantial improvements in hospital logistics during the given timeframe.

On the contrary, the absence of federal oversight, insufficient capacity building, and lack of accountability emerged as notable drawbacks of devolution (Figure 4).

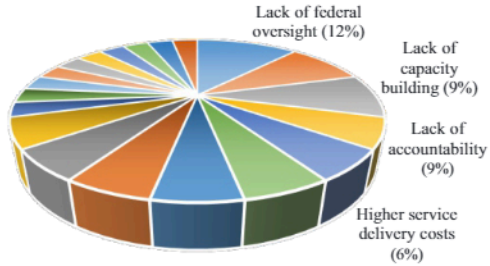


Figure 4: Frequency of negative aspects of devolution

Apart from those previously mentioned, additional issues emerged in the post-devolution period ranging from increased service delivery costs and duplication of efforts at federal, provincial and district levels. The domains necessitating further improvements include regularization of data collection through district health authorities and formation of disease surveillance and emergency preparedness units for epidemic breakouts and geographical calamities.

Furthermore, when seeking feedback on improving service delivery and workforce efficiency, most research participants pointed out crucial need for capacity building and technical training of employees (Figure 5). In the subsequent question to identify if a specific theme or mechanism of devolution was followed, 19% of respondents agreed with the statement, while 44%

disagreed. The remaining 37% expressed uncertainty if a specified mechanism was followed during the given timeframe (Figure 6).

Figure 5: Capacity Building

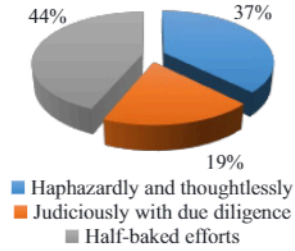


Figure 6: Mechanism of devolution

In terms of improving mechanism of coordination between state and provinces, 50% of respondents advocated on strengthening the national surveillance and electronic health record (EHR) system to enhance interprovincial and federal-provincial coordination. Concurrently, 19% advocated on strengthening bodies involved in interprovincial coordination such as CCI to improve overall coordination mechanism, whereas the remaining 31% highlighted the gaps in policy and strategic planning units formed after devolution. (Figure 7).

When inquired about the considerations given to the socio-political context and institutional capacity of the system while devolving the structures, 43% of respondents were of the view that such critical factors were not adequately addressed during the transition process. Conversely, only 19% acknowledged that the transition was executed while considering these factors (Figure 8).

Figure 7: Inter-provincial & federal-provincial coordination

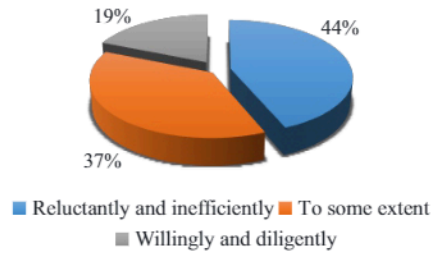


Figure 8: Political and institutional capacity

In the realm of health financing modalities and the allocation of GDP towards health sector, 56% of respondents expressed their preference on including donor funding in addition to usual per capita spending on health to increase the fiscal space for health (Figure 9).

In scenarios such as pandemics, where the remote operation of healthcare system is imperative, respondents were asked to indicate their preferred mode of health communication. Among them, 62% emphasized the importance of strengthening disease surveillance and electronic health record systems on the national level, while 32 % advocated initiating reforms through e-health legislation (Figure 10).

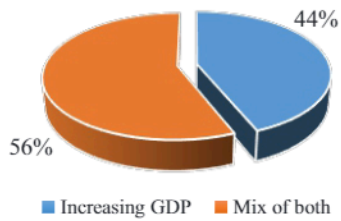


Figure 9: Health financing

Figure 10: Emergency response services

On exploring strategies to address issues related to collection and sharing of electronic health records (EHR) and gaps in their successive implementation, 50% of respondents recommended taking measures to integrate data from each province into a national repository. Conversely, 44% suggested introducing reforms in data collection and sharing protocols at the district level (Figure 11). Upon concluding the questionnaire, respondents were asked about the perceived improvements in service delivery during the post-devolution period. The responses varied in terms of their diversity where 19% of health professionals affirming a notable rise in the quality and functioning of health system, while 37% negated it. Additionally, 44% expressed uncertainty if there were any marked changes brought by devolution (Figure 12).

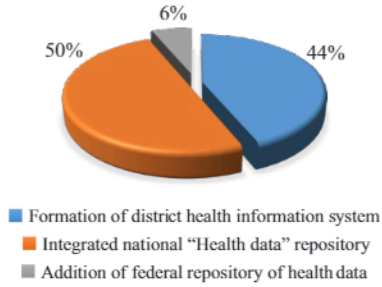


Figure 11: Electronic health record (EHR) system

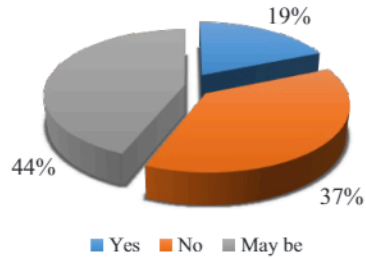


Figure 12: Service delivery improvement

4. Points to Ponder

The following key questions were raised to initiate the discussion:

i. Despite efforts to address healthcare issues, why do most health indicators in Pakistan remain below those of peer-country groups?

ii. How have recent regional challenges, such as floods and the COVID pandemic, impacted Pakistan's healthcare system?

iii. What are the effects of devolution on the restructuring of primary healthcare in Pakistan?

iv. What efforts are being made to implement the "right to health" in Pakistan to ensure equal access towards healthcare services?

v. How does the lack of integration between public and private health sectors affect the quality and accessibility of healthcare services in Pakistan?

vi. What initiatives have been taken to establish a district health information system in provinces after devolution, and what challenges remain in integrating them into a national surveillance and electronic health record (EHR) system?

vii. How has the influx of international funding for vertical health programs influenced healthcare system in terms of alleviating financial limitations and attaining healthcare objectives?

viii. Despite efforts by council of common interests (CCI), why does the lack of inter-provincial coordination persist in the landscape of healthcare?

ix. How does the shortage of healthcare workers in Pakistan compare to the needs of the growing population, and what measures are being taken to increase capacity?

5. Discussion by the Panelists

Dr. Javaid Akram shared valuable perspectives on current trends in the healthcare industry within the context of governance during his discussion.

He raised concerns regarding Pakistan's demographic trajectory, with projections indicating its ascent to the third-largest population globally by 2048. Notably, Pakistan currently exhibits a high fertility rate, trailing only behind India and China in this regard. This demographic trend poses formidable challenges, exacerbated by existing resource constraints.

Despite the gravity of these challenges, he lamented a perceived lack of concerted efforts to curb population growth. He emphasized on the empirical reality that Pakistan confronts a dual health burden, contending with both

communicable and non-communicable diseases, and denoted it with the title of the "Diabetes capital" due to the high prevalence of disease compared to other nations.

He further accentuated alarming statistics, revealing that every third Pakistani is diabetic, while based on his personal research findings every second one is suffering from hypertension. The healthcare infrastructure is struggling to meet the burgeoning demands, particularly in critical areas such as dialysis. He highlighted a significant shortfall of dialysis machines in the country, with demands reaching as high as 700,000 while the current availability stands at less than 100,000, underscoring a shortfall in access to life-saving devices.

Moreover, he highlighted the deficiencies in healthcare spending and pointed out that Pakistan allocates less than 1% of its GDP towards healthcare servises, which is far less as compared to other middle-income countries. He also reflected on the inefficiencies in budget allocation and prioritization which is often media-driven instead of evidence-based allocations.

He also acknowledged several governance obstacles that have escalated after devolution, with a continued lack of attention to human resources in the health sector. He also emphasized the shortage of allied health professionals despite the increased productivity of healthcare workers.

He maintained that the process of devolution remained incomplete from the very start and was characterized by ambiguity in roles and responsibilities. He identified that abrupt implementation and lack of evidence-based planning, had led to a beleaguered healthcare system. He further iterated that there is a reluctance of donor agencies to collaborate on a broader range of national objectives, with their interests primarily focused on specific goals.

He then moved on to emphasize on streamlining issues of drug quality and control as well as regulatory concerns of the Pakistan Medical and Dental

Council (PMDC) in line with the global best practices. He identified frequent policy shifts with each change in government resulting in lingering on initiatives like quality control of drugs, and confusion regarding roles and responsibilities between federal and provincial bodies. Similarly, he proposed that incapacities also persist within the law governing bodies in the health sector, such as the Punjab Healthcare Commission (PHCC) and Pakistan Medical Commission (PMC). PMC on one hand is responsible for regulating doctors but lacks authority to penalize hospitals/healthcare centers. Lastly, he stated that quackery is considered a rampant issue in the current context and is a prime responsibility of healthcare commission to curb through stringent regulations.

Dr. Jamal Nasir expressed that lack of leadership constitutes a major obstacle. He lamented on the absence of established policies in the past 75 years, in healthcare and education sectors in the country. He further criticized successive political administrations for prioritizing self-interests and exposing the health sector to rampant corruption. He also believed that despite the potential for positive outcomes in the realm of devolution, its effective implementation had been hindered by deficient leadership.

He raised concerns about the political maneuvering associated with the 18th constitutional amendment, contending that it lacked a genuine agenda driven by actual needs. He emphasized on the importance of transparent fund allocation through government resources, rather than resorting to external borrowing. In discussing a recent development, he highlighted the challenges in basic medical testing where resources are not spent in an evidence-based manner. He recalled a recent incident where government spent a hefty amount on buying specialized diagnostic tools from overseas. He stressed on the fact that instead of heavily investing in specialized infrastructure there is need to ameliorate challenges faced in basic medical testing. He pointed out coordination issues between federal and provincial authorities, exemplified by the procurement of 150

expensive machines without consultation of provincial authorities.

He stressed on the need to align donor's contributions with national health care objectives. He cited a recent incident where a foreign group proposed a high service charge fee (25%) for program rollout in the region, suggesting that foreign funding often comes with substantial costs and vested interests, rather being on genuine agenda. He kept on highlighting multiple instances involving heavy donations under the guise of aiding genetics research, which he believed had objectives misaligned with national goals. He asserted that as recipients of donations, the government of Pakistan has every right to scrutinize how these funds would be utilized.

Dr. Faisal Sultan emphasized the significance of upholding boundaries in politics, especially when it comes to allocation of funds. He suggested that acting without proper consultation would restrict individuals to a predefined role at the federal or provincial levels, constraining their viewpoints. He urged ministers and secretaries to take on a more comprehensive approach in their respective organizations that should cater for the requirement of the entire system.

He suggested that programs involving expertise in public health, preventive healthcare, pandemics, regulations, and quality control should be overlooked by the central government. Illustrated with the example of Pakistan's Drug Regulatory Authority (DRAP), he emphasized that decisions about manufacturing, medicine supply, and trade rights were within the jurisdiction of central governance. Similarly, he advocated for a redesign, suggesting that repositories of higher public health expertise to be fully driven by federal government, whereas the service delivery should be monitored on local/district level.

He criticized the hurried implementation of the 18th constitutional amendment and blamed it for creating discontinuity between provincial and federal jurisdictions. While advocating for consistent service delivery standards

across provinces, he emphasized on the necessity for maintaining national-level data coordination and standards. Furthermore, he commended the Punjab Healthcare Commission's decision to regulate healthcare establishments but cautioned against reactive measures. He also addressed instances of negligence in healthcare commission, echoing Dr. Javaid's concerns, and underscored the importance of regulating healthcare while prioritizing efforts to combat quackery by involving law enforcement agencies such as police departments. He supported the notion of large institutions governing themselves without federal involvement, citing BHUs as examples capable of self-governance.

He pointed out a significant improvement in TB diagnosis due to the introduction of gene expertise machines. He also expressed his worries about government spending, where he disclosed that only $8 out of every $38 comes from government sources making the rest of the cost (30$) as an out-of-pocket expenditure, putting a signifying financial burden on population who are already below the poverty line. He also highlighted the introduction of insurance coverage as a protective measure to help shield people from these financial challenges. Lastly, he praised the successful coordination of federal department with Balochistan during the COVID-19 pandemic and noted a harmonious working relationship, but he observed more resistance from Khyber Pakhtunkhwa and Punjab provinces in the context of federal-provincial coordination.

Dr. Amir Khan Jogezai noted the absence of any monetary constraints but highlighted issues with governance, lack of health priorities, and capacity-building. He identified donor relations and the advancement of public-private partnerships (PPPs) as areas requiring attention.

Addressing to the recent immunization challenges, he expressed concerns over the resurgence of polio cases in the region and emphasized the need for internal accountability rather than external blame. He suggested exploring

alternative vaccination methodologies to enhance the effectiveness of polio campaigns such as using Intravenous (IV) instead of oral route of administration of vaccines.

He expressed concerns over the low attendance of doctors in remote medical colleges despite offering competitive salaries, attributing this challenge to inadequate strategic planning in infrastructure development. He suggested the concerned authorities to establish the healthcare infrastructure in close vicinity of the greater proportion of population which was not seen for the latest developments in Balochistan. He also praised the positive impact of the “Health Card" initiative on economy for providing free healthcare services to a specific stratum of population citing its overall beneficial effect on the healthcare system. He further advocated that such an initiative should be started again to act as a shock absorber for the marginalized and poverty-stricken communities.

Dr. Shahid Malik delineated three previous paradigm shifts in Pakistan's health policy stating that the first occurred in 1990 with the introduction of the “Health for All” concept, which faltered due to ad hoc implementation and sustainability issues. The second shift transpired with the Millennium Development Goals but also faced challenges in achieving desired objectives. He promoted the initiative of establishing several Policy and Strategic Planning Units (PSPU) at provincial level and also mentioned about the distribution of policy handouts to all the concerned health professionals at that time. He further iterated that despite minor improvements, these initiatives were deficient in addressing sustainability, impact, and ownership in the healthcare system.

He criticized the division of the health department into primary/secondary and specialized healthcare/medical education sectors in 2015, asserting that such fragmentation hampered resource allocation and overall effectiveness. He emphasized the need for coordination between vertical and horizontal domains in health departments to mitigate adverse effects on public health.

Addressing medical education, he further highlighted the proliferation of private medical colleges in Pakistan, contributing to an annual influx of ten thousand doctors in the health workforce pool. He criticized the inadequate regulation of the Pakistan Medical and Dental Council (PMDC), noting its name change without introducing substantial policy reforms. Drawing on historical examples, he underscored the importance of delineating clear boundaries between public and private sectors in healthcare delivery. Lastly, he expressed concerns over escalating maternal mortality rates, positioning Pakistan unfavorably on global indicators.

In the last, he presented his 10 points recommendations for improving healthcare indicators in Pakistan and demands the authorities for long-term planning and systematic reforms to improve the health status of masses. These points are mentioned in Annexure- D.

Syed Moazzam Ali recognized that the 18th Amendment in the constitution was rushed, even though there were consultations with provinces. He agreed that crucial issues such as drug regulation and information sharing should have been addressed before the process was implemented. Despite these challenges, he observed some improvements in the service delivery during the devolution period, however, they still fall short of benchmarks set by other South Asian countries. He felt that despite being central to devolution, the goal of equity was not fully achieved during its implementation, evident from gaps in gender sensitivity.

He emphasized the federal government's responsibility in addressing such issues, particularly considering the substantial increase in budget allocation during the devolution period. While salaries saw significant increments in the provinces, he accepted that there remained suboptimal budget utilization in developmental domains. In terms of health information sharing, he stressed on the need for robust systems that should be more aligned in capturing

demographic details instead of an event-centric data. He also mentioned the absence of integrated laboratory data at the national level, hindering effective surveillance efforts. To deal with such issues, he also proposed regular convening of Interprovincial Coordination Committee meetings to address these data-related issues more efficiently. He concluded in the last that innovative thinking is needed to ensure the efficacy of such initiatives in practice.

Mr. Muhammad Iqbal asserted that evidence suggests a flexible approach in determining the most effective strategy between devolution and centralization based on prevailing circumstances. He further emphasized on the use of current modalities in P&SHD for enhancing service delivery for aligning development efforts with identified needs. He further exemplified it with conducting assessments for Rural Health Centers (RHCs). He stated that after such evaluations it has come to known that from a total of 313 hospitals in Punjab, 30 had no admitted patients, yet trauma centers were established in these facilities. He further advocated for evidence and needs-based allocation of funds, stressing the need for integrating trauma centers with RHCs for optimal performance. Concerns were also raised by him regarding unnecessary upgrades, draining government resources that could have been allocated more efficiently.

Moreover, he discussed the implementation of information technology (IT) solutions in health, including the SOMU unit (Secretaries Operation and Management Unit) in Punjab, facilitating project monitoring and evaluation. The revamping of Basic Health Units (BHUs) and Tehsil Headquarter Hospitals (THQs) required a substantial budget allocation of 9 billion in 2016-17; however, concerns persisted regarding capacity issues in the event of devolution. Regarding drug regulations in Pakistan, he iterated the establishment of Drug Regulatory Authority of Pakistan (DRAP) as a milestone. He disclosed that from a total of six drug testing laboratories, five are ISO certified to date. He further outlined DRAP's objectives of integrating all private sector laboratories into a

unified portal, ensuring standardized drug testing procedures and regulatory oversight.

Analysis

This RTD dissected the intricacies of Pakistan's healthcare system in the aftermath of devolution by offering three sets of data and ideational factors to the decision makers on making evidence-based interventions likewise. The discussion led by various experts identified key challenges and opportunities encompassing mainly in the domains of governance, service delivery, EHR, and drug regulatory authorities. Demographic challenges coupled with inadequacies in healthcare expenditure, governance, and human resources were underscored with a particular emphasis on the rising prevalence of non-communicable diseases such as diabetes and hypertension within the population.

Critiques were also directed towards political motivations and if there should be sole reliance on funding from overseas. There was seen a heightened emphasis on advocating efforts for a balanced approach between centralization and devolution, with preference given to reforms on patient-centric care. Discussions highlighted gaps in equity, gender sensitivity, successes in healthcare transformation, and evidence-based strategies. Governance challenges and immunization issues were also addressed, necessitating the need for internal accountability, and restoring again the sustainable initiatives of health cards (insurance) for all the provinces. A consensus emerged among the panelists regarding the imperative for ensuring meaningful devolution, ethical healthcare practices, and transparent systems to mitigate corruption and improve healthcare outcomes.

The recent investments amounting to 60 billion in healthcare for enhancing infrastructure was also cited as a potential opportunity to uplift the existing system. The earlier benefits reaped from health insurance scheme of previous government was also regarded in the discussion with a consensus on restoring

the scheme again specifically for vulnerable population. Since the profession of medical is solely based on caring for humanity hence ethical practices for patient care were ensured to be religiously followed and healthcare physician are deemed to be responsible for ensuring that every patient visiting the facility is treated with utmost respect and dignity. Furthermore, the importance of coherence and coordination among government and bureaucratic bodies was highlighted as essential for effectively addressing issues promptly, and fostering positive attitudes among staff at all levels of the healthcare hierarchy.

The discussion also emphasized the importance of improving institutional compliance with laws through strengthening regulatory bodies such as PMDC and PHFMC. Hence, to curb quackery and illegal practices, it was also proposed that such regulatory bodies seek assistance from institutions of law regulation, such as Police department. The discussion further led to the pressing need on devolving action for 8000 Basic Health Units (BHUs) in Pakistan that are still under central control. Where few of the provinces have excelled in uplifting the basic health unit infrastructure, there also exists currently a number of healthcare facilities that are devoid of basic utilities or medicines.

In sum, the discussion underscored the complexity of healthcare governance post-devolution in Pakistan, urging the need for comprehensive reforms such as devolution of BHU's at the district level, enhancing monitoring and oversight of federal government, and matching of donor funding to the national healthcare objectives.

Conclusion

The discussion delved into the critical intersection between international human rights framework and Pakistan's constitutional provisions, highlighting the necessity of aligning national policies and legislations with global standards of health equity and access. It emphasized on the necessity for further legal and policy developments to firmly embed the right to health within the country's

governance framework, thereby ensuring the realization of this fundamental human entitlement for every citizen.

The dialogue pinpointed ambiguous delineation of vertical programs,and focused on strengthening of provincial policy and strategic planning units (PSPUs). A consensus emerged on the urgency to encourage patient-centric reforms and evidence-based investments in fortifying healthcare infrastructure. The panelists emphatically stressed the crucial importance of robust leadership, well-defined roles and responsibilities, increased GDP allocations, and strengthening of legal and regulatory bodies overseeing health institutions as essential prerequisites for ameliorating health-related metrics. The need to devolve BHUs at the district level and the ability of the existing workforce in health to deal with the current challenges was discussed in greater depth. Moreover, there was agreement among field experts on the necessity to recalibrate the fundamental essence of devolution, aiming to integrate centralized oversight of public health expertise-driven programs, while simultaneously standardizing service delivery through empowering district-level governance structure. In summary, the conversation emphasized the need for restructuring the health system through modest reporting of crucial health data and disseminating an integrated surveillance system network for comprehensive data collection and rigorous reporting on essential health indicators.

Recommendations

i. To address the rising burden of NCDs, there should be collaboration of health departments with multiple stakeholders in providing healthy environments, hygienic food, and safe drinking water for every citizen.

ii. To increase accessibility and affordability for marginalized/rural population, primary focus should be on expanding insurance coverage to lower out-of-pocket expenditures.

iii. To substantially augment the fiscal space for healthcare, Pakistan should prioritize increasing health expenditure through GDP and budgetary restructuring as well as maximizing the effectiveness of foreign funding to accomplish healthcare objectives.

iv. The Ministry of National Health Services Regulation and Coordination (MNHSR&C), as a federal body for health must regulate timely upgradation of drug regulatory bodies and spearhead expertise driven public health initiatives, whereas governance for service delivery should be fully devolved to the district/provincial level.

v. Pakistan ought to enhance provincial capacity for drug regulation, including quality control and pricing mechanisms, to ensure effective oversight, and timely availability of essential drugs.

vi. To address gaps and inconsistencies, Pakistan should establish consistent, streamlined, and institutionalized mechanisms for interprovincial and federal-provincial coordination in health policy formulation, implementation, and monitoring.

vii. The healthcare commission should integrate police departments within their domains to curb the pervasive issue of quackery across Pakistan.

viii. There is a need to prioritize patient-centric healthcare reforms, focusing more on the requirements and experiences of patients to better address issues with service delivery.

ix. Government of Pakistan should leverage technology for data collection, surveillance, and monitoring of healthcare systems, ensuring integration of data from provinces in national health records.

x. The provincial authorities should devolve fully, the actions and capacity-building initiatives at local level, such as Basic Health Units (BHUs), to enhance service delivery and responsiveness to community needs.

xi. It is imperative to explore sustainable methods for fostering collaboration between public and private entities and evaluate the success of these efforts within particular cultural and situational environments.

xii. It is essential to enhance capacity building of healthcare workforce with a strong emphasis on strengthening ethical clinical practices along with continuous training and professional development.

Post - Election (2024) Endeavours in Health

Pakistan's healthcare department is undergoing a transformation, after February 2024 elections, embracing a more responsive and resilient approach towards healthcare service delivery. This is evident by establishment of 32 field hospitals (21 mobile healthcare centers + 11 mobile diagnostic units) for Punjab under the project of "Clinics on Wheels" entirely for marginalized rural communities. These initiatives have markedly expanded healthcare coverage, offering free medications, diagnostic services, and medical care to underserved populations. Additionally, the revamping of infrastructure proposed for 1,700 basic health units (BHUs) and 300 rural health centers (RHCs) is projected to be completed by March and June,2025 respectively. The proposed project will enable access and utilization of essential health services and will be a milestone towards achieving universal health coverage for the residents of Punjab.

In KP there is a recent initiative designed to make health care services free of cost for senior citizens aged 65 and above. A streamlined corridor has been established with the name of "Executive Health Checkup "for senior citizens across all government hospitals. The government of "Balochistan" in the post-election period has also continued the health card program for its citizens. The initiative ensures 1.8 million families residing in the province to gain access to complimentary healthcare services offered at over 1,200 hospitals throughout the country. In contrast to Punjab, KP, and Balochistan the residents of Islamabad, Azad Jammu Kashmir, and Gilgit-Baltistan are still deprived of free healthcare facilities.

Following the 2024 election, the government must make health as a national priority and allocate a greater portion of GDP to healthcare. In addition to preventive health programs aimed at educating the general public, targeted initiatives should be undertaken to enhance public awareness of optimal health behaviors.

Annexure A
Literature Review of Articles on Devolution

Sr. No	Year	Author	Title	Publisher
1	2022	Aneeqa Suhail, Awais Gohar, and Trui Steen	Public Sector Reforms in Pakistan	Springer Book series
2	2019	Zaidi, S. A., et al.	Health systems change after decentralization: progress, challenges and dynamics in Pakistan	BMJ Global Health
3	2012	Shaikh, S., et al.	Experience of devolution in district health system of Pakistan: Perspectives regarding needed reforms	Family medicine commons, AKU journal
4	2019	Saad. A. Khan	Situation Analysis of Health Care System of Pakistan: Post 18 Amendments	Health Care Current Reviews
5	2022	Qurat ul Ain, Xie Ling, and Yousaf Tahir.	Improving Psychological Wellbeing and Healthcare Outcomes Through Decentralization of Healthcare Expenditures in Pakistan	Frontiers in Psychology

6	2012	Nabeela Ali and Mohsin Saeed Khan	Devolution and health challenges and opportunities- A year later.	Pakistan Journal of public Heath
7	2015	Thomas J. Bossert, S. M. Aqil, and Atif Riaz.	Improving Health System Performance in a Decentralized Health System: Capacity Building in Pakistan	Taylor and Francis
8	2012	Muhammad Shakil Ahmad and Noraini Bt. Abu Talib	Local Government Systems and Decentralization: Evidence from Pakistan's Devolution Plan	Contemporary Economics
9	2015	Malik.M.A., et al	Cost of primary health care in Pakistan	Journal of Ayub Medical College, Abbottabad
10	2013	Sania Nishtar	Health reforms in Pakistan: A call to action Series 4	The Lancet
11	2020	Muhammad Zahir Faridi, Yasir Karim and Muhammad Arif	Fiscal Decentralization and Health Outcomes: Evidence from Pakistan	Pakistan Journal of social sciences
12	2023	Manzoor Ahmed and Abdul Qayyum	Decentralization's Effects on Health: Theory and Evidence from Balochis tan, Pakistan	The Pakistan development Review
13	2019	Saad. A. Khan	Situation Analysis of Health Care System of Pakistan: Post 18 Amendments	Health care current reviews

14	2021	Sajjad Ali Khan	Decentralization and the Limits to Service Delivery: Evidence From Northern Pakistan	SAGE Publishers
15	2015	Farzana. M., et al	Fiscal Decentralization and Health Outcome: Case of Pakistan	Journal of social science review (JSSR)

Annexure B

Questionnaire on Post-Devolution Challenges in Healthcare – 2010-2023

The short-form questionnaire is intended to be filled in by Health Administrators /Practitioners/health associations having first-hand experience working in the health sector of Pakistan in the post-devolution period (2010-2023).

Name:

Designation / Status:

Address/Province:

Question #1

Which of the following aspects are persistent and pestering challenges for the health system in Pakistan after devolution?

i. Managerial capacity
ii. Financial resources
iii. Strategic thinking
iv. All the above

Question #2

Is it true that the managerial, strategic, and financial aspects faced after devolution have exerted enormous burden on the provinces with limited capacities?

i. True

ii. False

Comments (If any):

Question # 3

What are the three (3) main positive impacts of devolution on the health system across Pakistan?

i.

ii.

iii.

Question # 4

What are the three (3) glaring negative impacts of devolution on the health system across Pakistan?

i.

ii.

iii.

Question # 5

Which of the following are the most neglected aspects after devolution?

i. Service prospects of health staff/practitioners

ii. Capacity building and technical training

iii. Any other (Specify):

Question # 6

How diligently and willingly the provincial political leadership and bureaucracy accepted and handled the post-devolution health system?

i. Willingly and diligently

ii. To some extent

ii. Reluctantly and inefficiently

Question # 7

Which of the following domains of the federal health ministry need to be revisited for continuous coordination between the center and provinces?

i. Inter-provincial Coordination

ii. National Disease Surveillance and Health Record System

iii. Policy and Strategic Planning

Question # 8

How socio-political context and institutional capacity of the system were taken into consideration before shifting resources and administrative autonomy to provinces?

i. Judiciously with due diligence

ii. Half-baked efforts

iii. Haphazardly and thoughtlessly

Question #9

How should the expenditure on healthcare be increased to an optimal level in terms of better dealing with issues of disease control and service delivery?

i. Increasing GDP

ii. Foreign funding

iii. Mix of both

Question # 10

How can provinces deal with the issue of Tele-health/E-Health to decrease the burden on health systems in case of epidemic outbreaks?

i. E-health legislation

ii. Incentives for existing projects

iii. Strengthening Disease Surveillance and Electronic Health Record System

Question # 11

What strategies are necessary to develop a harmonized portal of health information system that aggregates data from each province?

i. Formation of District health information system
ii. Addition of Federal repository of health data
iii. Integration of data of each province at national level

Question # 12

Has the health service delivery improved after devolution?

i. Yes
ii. No

Not sure

Comments (if any):

Annexure C

Positive aspects of devolution

Localized decision-making and planning	Outsourcing of BHU's to NGO's
Community Empowerment	Improved allocative efficiency
Enhanced revenue mobilization	Better population per hospital bed ratio
Formation of policy units (Provincial)	Public-Private Partnership (PPP)
Evidence-based policymaking	District-level health planning to prioritize primary care
Legislation at provincial level	Reporting system at BHU and RHC
Culturally sensitized policies	Improved accountability
Targeted Resources	Targeted resource allocation

Negative aspects of devolution

Power duplication	Lack of public engagement and awareness
Misuse of funds at the provincial level	Single line fiscal support from tax
Lack of timely issuance of funds	Increase in SD costs and low utilization patterns
Lack of clarity in roles and responsibilities	Limited support on community capacity building and support networks
Lack of “Federal” oversight	Absence of CCB's (citizen community boards)
Elite-control and political interference	Insufficient skilled management at the local level
Limited incentives for local governments	Donor-driven priorities
No policy development exercise	Fragmented data at national level
Ad hoc-driven federal-provincial dialogues	Mismatch of priority and allocation of resources

Frequency Table for Negative aspects of devolution

Words	Frequency	Percentages
Lack of Federal oversight	4	12%
Lack of Capacity building	3	9%
Lack of Accountability	3	9%
Administrative shortcomings	2	6%
Duplication of efforts	2	6%
Fragmented approach	2	6%

Higher service delivery costs	2	6%
Gaps in implementation at district level	2	6%
Lack of federal provincial coordination	2	6%
Financial constraints at local government	2	6%
Elite capture and ownership	1	3%
Decreased financing	1	3%
Culturally insensitive policies	1	3%
Hiring of personnel	1	3%

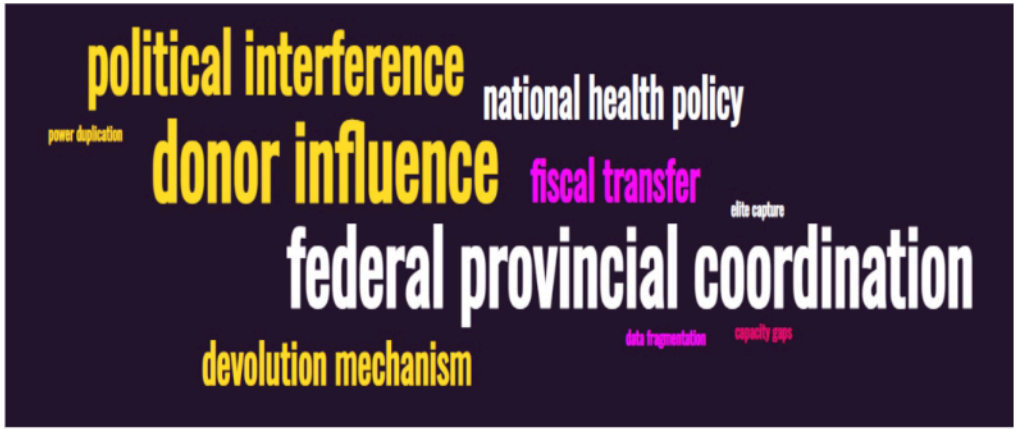
Frequency Table for Positive aspects of devolution

Words	**Frequency**	**Percentages**
Increased funding	4	14%
Improved service delivery	4	14%
Increased transparency	3	10%
Improved managerial capacity	2	7%
Integrated HR	2	7%
Equitable distribution of funds	2	7%
Robust policy design and implementation at provincial level	2	7%
Hassle free procurements and logistics	2	7%
Reduced gaps between health management and policymakers	2	7%
Better strategy thinking	1	3%

Improved managerial strategy	1	3%
Local manufacturing of medical essentials	1	3%
Local community empowerment	1	3%
Reduced gaps between health management and policymakers	1	3%
Improved managerial capacity	1	3%

Cloud image for Positive aspects of devolution

Cloud image for negative aspects of devolution



Annexure D

List of Suggestions by Dr. Shahid Malik

1. Increase healthcare spending: The government should allocate a larger portion of the annual budget towards healthcare. This would facilitate the development of better infrastructure, purchase of essential medical equipment, and hiring and training of healthcare professionals. Make a people-friendly National Health Policy based on the ground realities of the country.

2. Strengthen primary healthcare services: Focus on enhancing primary healthcare services at the grassroots level, particularly in rural areas. This can be achieved by increasing the number of primary healthcare centers, improving the training of staff, and ensuring the availability of essential drugs and equipment.

3. Improve accessibility and affordability: Implement policies and programs that improve accessibility and affordability of healthcare services, especially for marginalized populations. This can include expanding health insurance coverage, reducing out-of-pocket costs, and implementing targeted subsidies for essential medicines and treatments. Campaign against spurious and substandard drugs.

4. Enhance healthcare workforce: Invest in training and education programs to produce a skilled and adequate healthcare workforce. This includes recruiting and retaining qualified doctors, nurses, and other healthcare professionals, particularly in underserved areas. Additionally, providing continuous professional development opportunities can help upgrade the skills of existing healthcare workers.

5. Strengthen disease prevention and control measures: Implement effective disease prevention and control strategies to combat prevalent health issues. Focus on programs such as immunization drives, health education campaigns, and early screening programs for common diseases like tuberculosis, hepatitis, and non-communicable diseases. Clean water and sanitation for every citizen.

6. Improve healthcare infrastructure: Upgrade existing healthcare facilities and build new ones to meet the growing demand for quality healthcare services. This includes adequate supply of advanced medical equipment, upgrading laboratories, implementing electronic medical record systems, and ensuring a reliable supply of electricity and clean water in healthcare facilities.

7. Implement robust health information systems: Establish an integrated and robust health information system that enables efficient collection, analysis, and sharing of health data. This will aid in evidence-based decision making, resource allocation, and monitoring of healthcare indicators.

8. Foster public-private collaboration: Encourage collaborations between the public and private sectors to leverage resources, expertise, and innovation. Public-private partnerships can help bridge gaps in service delivery, introduce new technologies, and improve overall healthcare quality.

9. Increase community engagement: Engage civil society organizations, community leaders, and local communities in healthcare planning and decision-making processes. This will help ensure that healthcare services are tailored to the specific needs of the community and create a sense of ownership and accountability.

10. Continuously evaluate and monitor healthcare indicators: Implement a comprehensive monitoring and evaluation framework to regularly assess the progress of healthcare indicators. This will help identify gaps, measure the impact of interventions, and inform evidence-based policymaking and program planning.

Introduction of Team NIPP

Dr. Naveed Elahi Dean NIPP	Prior to this he served in the public sector in various departments for more than three decades. He did his master's and PhD from King's College London, UK. He is author of several books and taught national security, public policy, and foreign policy of Pakistan in various universities.
Mr. Habib Ullah Khan Additional Director (Publications and Archives)	Prior to this role, he has also served as Additional Director of Administration and Finance at the National Institute of Management Lahore. Previously, he also held positions as Director I.T. and Deputy Director I.T. at the National Management College Lahore.
Dr. Saif Ullah Khalid Research Associate	He completed his Ph.D., from Vrije Universiteit, Amsterdam, The Netherlands. His doctoral thesis was "Theory and Practice of police corruption control in Pakistan: Case studies of three Police Departments". He has also served as a Strategic Planning Expert in USAID projects in Pakistan.
Mr. Jahanzeb Waheed Research Associate	He is currently a PhD candidate in Development Studies at the University of Lisbon. He has an MSc in Development Studies from the University of Glasgow (2007) and an MS in Project Management from COMSATS University, Islamabad. He has 15+ years in research focusing on policy processes and implementation challenges.

Dr. Sumreen Khalil Research Fellow	She has completed her PhD in Total Quality Management from University of the Punjab, Lahore-Pakistan. She has ample experience of teaching at various Universities. She has also served in Administrative Functional Unit of Local Government Service.
Dr. Muhammad Abdullah Research Fellow	He graduated with a Bachelor of Dental Surgery (BDS) in 2011 from Lahore Medical and Dental College and later obtained a master's in public health (MPH) from Griffith University, Australia, in 2017. He has also been previously awarded by governor as a "Best volunteer" on healthcare in Punjab.
Mr. Sajid Sultan Statistical Analyst	Prior to this role, he was "Data Analyst" at Population Welfare Department, Government of Punjab. He has also served in many other institutions as Lecturer as well as Controller of Examination. He has done MPhil in Statistics from Minhaj University Lahore.

Introduction of Panelists of the Roundtable Discussion

Dr. Javaid Akram	He is a renowned physician with more than 40 years of teaching and research experience in four countries. He is author of six books and over 400 research papers. He was caretaker Health Minister for SHC&ME department of Punjab.
Dr. Jamal Nasir	He is a distinguished figure known for his extensive social and humanitarian work. Some of his previous accomplishments include conduction of awareness programs and campaigns for health promotion. He was caretaker Health Minister for P&SHD in Punjab.

Dr. Faisal Sultan	He is consultant physician who has served as the Chief Executive Officer of the SKMCH&RC from 2003 to 2020. He has also been appointed as Special Assistant to Prime Minister on National Health Services in August 2020.
Dr. Shahid Malik	He is currently working as a professor of community medicine at Sahara Medical college, Narowal and has also served earlier as president of the Pakistan Medical Association (PMA).
Dr. Amir. Khan Jogezai	He is a pediatrician by profession and has also served as governor of Balochistan. He was caretaker Health Minister of Balochistan.
Syed Moazzam Ali	He represented Federal Minister Health. He is working as Additional secretary, Ministry of National Health Services Regulation and Coordination.
Muhammad Iqbal	He represented secretary health, Punjab. He is working as an additional secretary health in the primary and secondary healthcare department.

The Panelists and Team NIPP

NATIONAL INSTITUTE OF PUBLIC POLICY (NIPP)

Roundtable Discussion on
Devolution of Healthcare System in Pakistan: Challenges and Dynamics
Tuesday January, 23 2024

1st Row: Syed Moazzam Ali, Additional Secretary MoNHSR&C, SKM C Dr. Faisal Sultan, Consultant Physician Medicine Dr. Shahid Malik, PMA
L to R: Dr. Javaid Akram, Health Minster for SH&MED, Punjab. Dr. Ijaz Munir, Rector, NSPP Dr. Amir M. Khan Jogezai, Health Minister Balochistan
Dr. Naveed Elahi, Dean, National Institute of Public Policy (NIPP) Mr. Muhammad Iqbal, Special Secretary (P&SHD) Punjab
Mr. Habib Ullah Khan, Add-Dir. NIPP
2nd Row: Dr. Muhammad Abdullah, RF, NIPP Mr. Jahanzaib Waheed RA, NIPP Dr. Sumreen Khalil, RF, NIPP Dr. Saif Ullah Khalid, RA, NIPP
Mr. Sajid Sultan, SA, NIPP

National Institute of Public Policy (NIPP)

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Mission

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