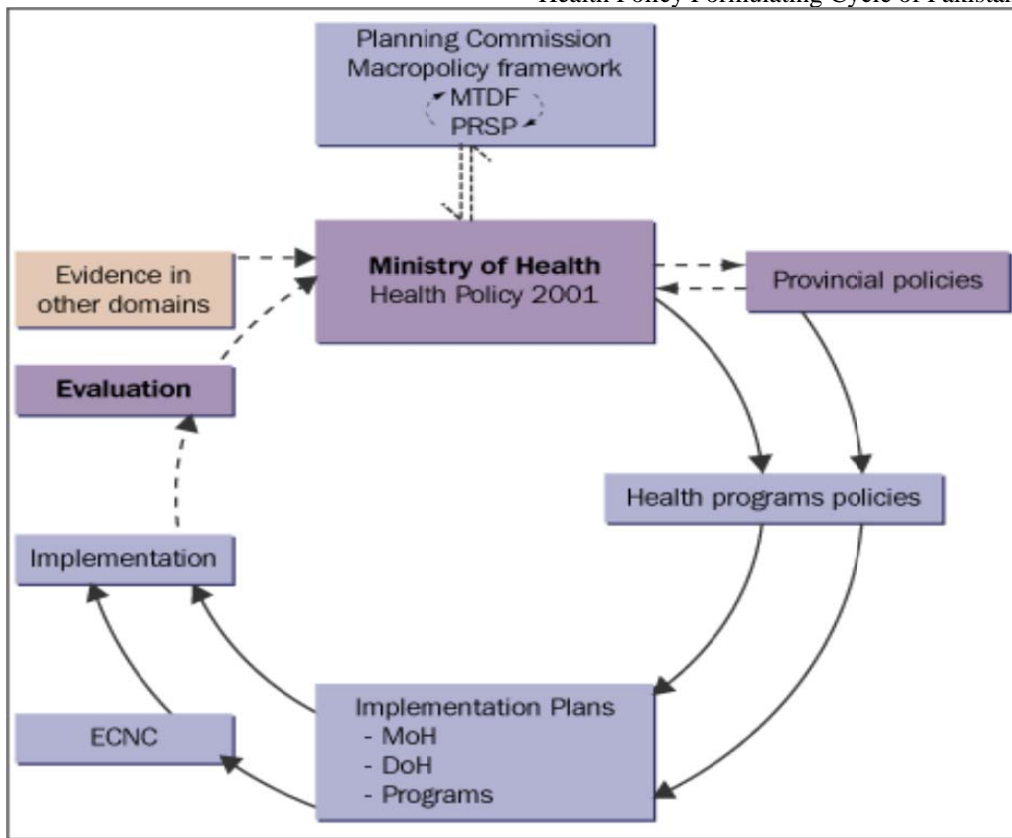


Pakistan has a complex health system which is mainly operated and managed at provincial and district level. In 2011, federal ministry was dissolved and health care delivery system was delegated to provincial health ministries. The development of health policy, and to make it operational, planning is an essential phase of policy process. The decisions and strategic plans for health system are made at provincial level with additional support from federal government for implementation of health related programs. However, initiation of policies to be more effective, the decision making process require efficient authority, accountability, organizational strengths, transparency and effective health care system. In 2002, after the Local Government Ordinance (LGO) the decision making power was delegated to local district government but evaluation of its implementation reveals gaps (Nishtar, 2006).

In Pakistan, health is primarily a provincial subject. The provincial and district level health departments are responsible for the management and delivery of health care services. Government policy cannot be analyzed in seclusion from political, administrative or technical processes which defines how and what care is delivered. A pictorial policy cycle of Pakistan is mention attached below which links the processes like coordination, consensus building, decision making, policy development, implementation and evaluation of policy, and detection of challenges. In the figure health policy formulation originate from macro policy framework, provincial policies are in coordination with federal policy under constitutional obligations, national policies and plans are reflecting both provincial and federal policy frameworks, and evaluation with the implementations of interventions (Nishtar, 2006).

Health Policy Formulating Cycle of Pakistan



After eighteen amendment, the provincial ministries of health in Pakistan are responsible for defining vision and objectives, policies formulation, strategic planning, setting priorities, and coordination as in case of internal and external assistance and capacity building. At provincial level, Minister of Health and Director General of Health are responsible for management and health care delivery services in the province. District Health Officer (DHO) takes care of the department of health services at district level whereas at organizational level Chief Executive Officers (CEO) and Medical Superintendent (MS) are manages health care services. Management authority and delegation of adequate financial resources have a vital impact on implementation of programs in our context. Centralized power of decision making within ministries and other administrative departments results in delayed outcome. Hence, decentralization of decision making process is

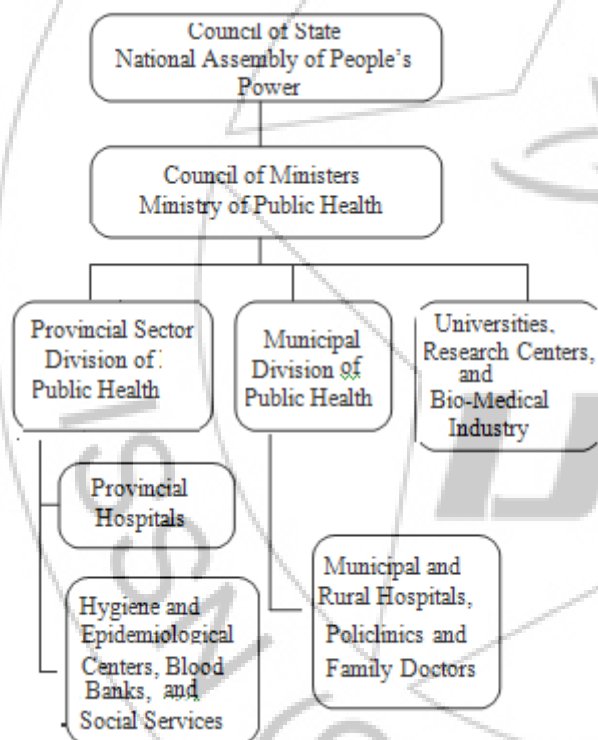
required to achieve the desired goals and objectives in public health sector. External intrusion and political influence in decision making related to recruitment, transfer, and disciplinary action are barriers to effectiveness, and hence, demoralized factors in public sector in Pakistan (Nishtar, 2006).

As compared to Pakistan, Cuban health system is well structured, prevention oriented, and finances are managed by the government. In Cuban health care system, decision and policy making process is the responsibility of state. Further, the provision of health care services is free of cost to the population. Cuba has a national health care system which is entirely public, and an immediate priority of the government. The efficacy of government is viewed by measurement of health indicators (Vos, Ceukelaire, &Stuyft, 2006). Since 1990, Cuba has implemented a number of plans

in health care systems to adjust to the emerging demands and health needs of the citizens. In the whole reform process health care services are in public hands. All health care expenses are covered by the government, except some first line medicines that are available on subsidized costs. In Cuba, health is a state priority and public sector is of central importance. Since 1960, there is no change in their social policy and health system was developed by public ministry of health to develop universal care. The country has a comprehensive monitoring system to evaluate their policies through quality available data (Vos et al., 2006). The health care system is completely centralized and decisions are made at high level.

The Cuban government is also responsible for policies formulation, strategic planning, and setting priorities. Health care delivery system is initiated and administered at municipal, provincial and national level. The brief description of Cuban health system organization is attached as below.

Organization of Cuban Health System



Sixto, F. E. (2002). An evaluation of four decades of Cuban healthcare. *Cuba in Transition*, 12, 325-343. Figure 1.

Each level finances and initiates planning based on needs assessment of community, health indicators, and in interest of citizen (Hauge, 2007). Similar to Pakistan, Health care services are structured into three common levels that are primary, secondary, and tertiary.

3. Challenges confronted by Health Care system of Pakistan

The health care system of Pakistan confronts multiple challenges that have direct impact on the health care delivery system. Pakistan health care system lacks

accountability towards individuals and organizations for their actions. The system is deficit in proper check and balance. Besides, no structured reward and penalty system exists for illegal, unethical and offense act. In public sector, there is lack of effective administration from grass root to upper level. The most significant issue is the health care financing for a population above 180 million, and knowing that majority of which cannot afford the expenses of care they need. The government is spending 3.8 percent of its Gross Domestic Product (GDP) on health (Ahmad & Shaikh, 2008) and thus, these numbers are far behind to adjust for inflation and increase in population of the country. Moreover, Pakistan health system suffers from many other factors such as scarcity of resources and budget, inequitable distribution, corruption, improper utilization of funds, and political involvement in decision making. Lack of required service delivery, decision implementations, insufficient and ineffective human resources, federal, provincial and district level interface, lack of public private partnership and disease burden discrepancies are yet other major challenges that Pakistan health care system is encountering. There is an extreme shortage of trained personnel's especially nurses in rural sector. Private health care system provides services to approximately 80% of the population (WHO, 2007). The burden of infectious diseases, communicable and non-communicable disease is major challenge while formulating policies. Furthermore, in health care provision Pakistan is facing major encounters that are; organizational issues in terms of inadequate primary and secondary health services, gender inequity, unregulated private health sector, rural/urban imbalance, and managerial and professional deficiencies in health system. Burden of diseases related to wide range prevalence of communicable diseases, mental health, drug addiction, nutritional gaps in target population, and a major issue of health education system deficient (Akram & Khan, 2007).

On the other hand, the Cuban health care system is more than perfect and consequently, the problems and challenges are different from as in Pakistani context. The Cuban health system has a robust and resilient system despite of economic suffering and international political pressures. However, certain issues such as lack of doing critical research to explore some negative aspects of health system as criticism on government or policies are acts of crime in Cuba. Another major problem which the Cuban health system is encountering is the severe material shortage such as equipment, medicines, and other supplies. One of the serious issues in Cuba health system is the interference of politics in health care decision making and medical treatment. There is no right of patients' informed consent, no right to privacy of patient physician relationship, no right of patient to protest or sue, and no right of refusal (Hirschfeld, 2007). As a result devaluation of individuality and autonomy occurs, health system seems authoritarian and paternalistic, and interference of politics into health care practice in a direct and subtle ways. Although, Cuba health system is well structured and planned but the challenges which emerged are; inadequate allocation of resources, more doctors and low salaries, increase and high cost in relation to GDP, low occupancy of rates and excess hospital beds, scarceness of medicines and other medical equipment's, worsening of

basic infrastructure, and not to forget provincial and rural urban disparities (Sixto, 2002).

4. Recommendations for Problems Resolution

The health care system of Pakistan includes public and private sector. Health departments at a provincial level can play a significant role to develop and initiate policies and strategic plans, set objectives and goals, for the entire population. For effective and justified provision of health care, the policy makers need to identify and understand people needs and capabilities of population to pay for their health care. There are certain methods of health financing, which can be applicable in our context. Community and social health insurance are the options which can be used for the population according to priority. Health insurance can make health care services more affordable and equitable for the people as compared to other financing options (Nishtar, 2006). Though, it is crucial to think for increasing the health care resources in order to enhance the health status of the population nevertheless, the government should try their best to make utilization of the available funds effectively and efficiently. The universal coverage of health services can be attained in such way that all health care seekers pay according to their financial status and capabilities.

The government should make a policy to reformulate the health strategy, and reallocate resources that benefit the under-served population and to improve the access of low income people to health care services. In order to overcome the shortage of workforce such as nurses, the government should provide support to nursing schools. In this regard, private sector can play a significant role; hence they should be encouraged and involved to train nurses and other health care professionals. In Pakistan, private sector needs to be constantly monitored, evaluated, and regulated. Though, in the health care delivery private sector is playing a significant role but the provision of health services by private sector should be assessed from broad perspective. Health management information system (HMIS) should be implemented at district, provincial, and national level to translate evidence into policy and to enhance evidence based decision making. Furthermore, formal process should be developed at national level for revising and re-evaluating of health policies at provincial and national level. The government should take appropriate actions to improve public health organizations by equitable distribution of resources and allocation of funds, improve expertise management, opportunities for staff training, and allocation of staff according to need basis.

5. Conclusion

The health of a nation can be measured by its health care system and it strongly depends upon country's health policy and strategical planning. The country's political leadership, right amount of budget at right place and adequate human resource are some of the driving forces behind success of a health system of a state. The strength of the state's health can be seen in the country's strong political leadership and an upward trend in the key health indicators. Health System in Pakistan presents a complex picture of a continuous struggle to improve health status of the people served, poor

governance, inefficient management, low budget and unjustified resource allocations. Yet, indicators have improved gradually but slowly relative to the targets of the millennium development goals. After 18th amendment, the decentralization of power to grass root level improves accountability of policy makers to populations and this devolution of power provides the opportunity for higher authorities to meet people demands for improved health care delivery.

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