

# THE COVID-19 LAW AND POLICY CHALLENGE:

## INTER-PROVINCIAL COORDINATION AND PLANNING ON HEALTHCARE IN PAKISTAN

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### ABSTRACT

The SARS-CoV-2 (COVID-19) outbreak has highlighted the need for better inter-provincial coordination and planning within Pakistan's devolved system of Government. The devolution of certain powers to provincial governments through the 18th Amendment has had a significant impact on Pakistan's healthcare management systems. This paper explores the challenges of governance, service delivery, health information and policy coordination at federal and provincial levels.

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### INTRODUCTION

The SARS-CoV-2 (COVID-19) outbreak has highlighted the need for better inter-provincial coordination and planning within Pakistan's devolved system of Government. Devolution of certain powers to provincial governments through the 18th Amendment has had a significant impact on Pakistan's healthcare management systems. While the provincial governments have attempted to adjust to their new responsibilities – with varying degrees of success - hurdles in coordination between the federal, provincial, and local

governments obstruct their progress, as dialogue between state entities and institutions is only triggered by crises.

As an immediate response to the COVID crisis, Pakistan developed a National Action Plan on Coronavirus Disease which establishes inter-provincial and federal-provincial coordination as a strategic goal to be achieved for the purposes of containment of the disease.

The aim of this paper is to shed light on the major challenges of governance, service delivery, health information and policy coordination in the field of health in Pakistan and its effect on federal and provincial responses to COVID-19. While the current crisis undoubtedly poses a potentially overwhelming challenge to Pakistan's beleaguered healthcare system and has further exposed its shortcomings, it also provides policymakers with an opportunity to address longstanding issues of coordination, capacity and regulatory enforcement which can lead to improved healthcare governance in the country.

## 1. DEVOLUTION AND PAKISTAN'S HEALTHCARE SYSTEM

Healthcare in Pakistan is constitutionally the concern of the provincial government. Prior to the 18<sup>th</sup> Constitutional Amendment however, health was a subject of the concurrent legislative list, which allowed for a fluctuating sharing of powers between the federal and provincial government.<sup>117</sup>

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<sup>117</sup> The Federal and provincial legislatures could both legislate on matters on the Concurrent List, including but not limited to, Item 22: "Prevention of the extension from one Province to another of infectious or contagious diseases or pests affecting men, animals or plants", and Item 25: "Population planning and social welfare" of the Constitution of Pakistan, 1973.

The 1973 Constitution envisioned a bifurcation of roles whereby, the provision of health services would be the primary responsibility of the provincial government, while stewardship of policy remained the responsibility of the federal government. This meant that the provincial governments were responsible for planning, management and oversight, financing, implementation, medical education and training, monitoring and supervision, and regulation of health services. The federal government on the other hand would cater to health policy and strategy development, service delivery programming, monitoring and evaluation, health communication, formulation of technical values and guidelines, and the prevention of communicable diseases.

However, over time the federal government's role increased beyond oversight into funding and management of preventive programmes, and construction of large hospitals and medical colleges at the provincial level. At the same time, the role of the provincial government began to recede to administration of health facilities and programmes.<sup>118</sup>

In 2010, Parliament passed the 18<sup>th</sup> Constitutional Amendment which devolved or transferred significant legislative, operational and financial responsibilities of the federal government to the provinces.<sup>119</sup> The spirit of the 18<sup>th</sup> Amendment was devolution of power from the center to the

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<sup>118</sup> Shehla Zaidi AR, Idrees N. Primary Healthcare Systems (PRIMASYS): Comprehensive Case Study from Pakistan. Geneva: World Health Organization, 2017. <http://www10.who.int/alliance-hpsr/projects/AHPSR-PRIMASYS-Pakistan-comprehensive-v2.pdf>.

<sup>119</sup> Decentralization' (*World Bank*, 2013) <https://www.worldbank.org/en/topic/communitydrivendevelopment/brief/Decentralization>.

provinces and the creation of empowered and responsive local government. A major constitutional surgery took place and resulted in the devolution of 47 subjects and 18 federal ministries to the provinces. Most significantly, the Concurrent Legislative List was abolished in favor of the Federal Legislative List that demarcated federal and provincial constitutional purviews.<sup>120</sup>

As a result, the Federal Ministry of Health was abolished, and its stewardship role was reassigned to other federal entities, such as the Inter-Provincial Ministry and the Planning Commission. However, the abolishment of the Federal Health Ministry raised acute challenges, especially in relation to national and international coordination for health commitments, drugs licensing, and regulation of delivery systems and human resources. Accordingly, in 2013, the Ministry of National Health Service Coordination and Regulation (MONHSRC) was established with a revised mandate.<sup>121</sup>

Today, MONHSRC's role, *inter alia*, is to enforce drug laws and regulations, coordinate national efforts in health care, coordinate with international actors and to oversee regulatory bodies in this sector. Meanwhile, its financial role was eased to co-financing preventive vertical programmes such as the Family Planning and Primary Health Care Program, Tuberculosis Control Program, and regulation of health insurance.

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<sup>120</sup> Leslie Seidle and Zafarullah Khan, 'Federalism and Eighteenth Amendment: Challenges and Opportunities for Transition Management in Pakistan' (*United Nations Development Programme*, 2012).

<http://www.undp.org/content/dam/pakistan/docs/Democratic%20Governance/Federalism/UNDP-PK-DGU-Federalism%2018%20Amendment%20Report-2012.pdf>.

<sup>121</sup> Shehla Abbas Zaidi and others, 'Health Systems Changes After Decentralization: Progress, Challenges and Dynamics in Pakistan' (2019) 4 *BMJ Global Health*.  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6357909/#R19>.

All other matters have been devolved to the provinces which have been given the responsibility to formulate policies, strategies, plans, and legislation in the health sector. In governance, the provincial governments are primarily responsible for strategic purchasing, regulation, and accountability. They can also supervise the development of programming and its implementation. In fiscal matters, their authority extends to developing curative and preventive programmes, and to making financing arrangements. The provincial governments are also involved in the planning, management, and deployment of human resource.

The provincial governments are mandated to conduct market surveillance and operate the supply system of drugs. They are also responsible for monitoring and evaluating, and conducting surveillance of the health information system.<sup>122</sup>

It is evident that the 18<sup>th</sup> Amendment drastically shifted the balance of power in favor of the provinces in the field of health. While the aims and objectives behind this exercise were commendable, the process of transitioning of power was quite abrupt. The aftermath of a major constitutional surgery and the dissolution of the Ministry of Health resulted in no plan for managing the transition. A single workshop was conducted wherein the future of National Institute of Health was discussed after the devolution, and the federally managed tertiary institutes were largely ignored.<sup>123</sup> The provinces, thus, found

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<sup>122</sup> Federal Legislative List I and II of the Constitution of Pakistan, 1973

<sup>123</sup> Shehla Zaidi AR, Idrees N. Primary Healthcare Systems (PRIMASYS): Comprehensive Case Study from Pakistan. Geneva: World Health Organization, 2017. <http://www10.who.int/alliance-hpsr/projects/AHPSR-PRIMASYS-Pakistan-comprehensive-v2.pdf>.

themselves with a huge increase in their responsibilities without the necessary resources and capacity for implementation.<sup>124</sup>

In the intervening years, the provincial governments have attempted to adjust to their new role and have supported the proliferation of healthcare initiatives. However, the last decade has not witnessed transformative change in the health care system which was envisioned by devolution. A major debilitating factor appears to be the lack of proper planning and coordination at the various tiers of government at the federal and provincial level. Currently, there is a lack of strong leadership that addresses outstanding issues, coordinate on a common national direction and allow sharing of resources, planning and lessons to be shared across provinces.<sup>125</sup>

A decade after devolution, the healthcare structure remains vague and unsettled till today and issues such as resourcing and administrative responsibilities continue to be unclear.<sup>126</sup> Dialogue between federal government and provincial governments remains ad hoc, and is usually triggered by crises and outbreaks such as COVID-19.

This lack of planning, coordination and institutionalized mechanisms in Pakistan's healthcare system can become a critical stumbling block in the fight

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<sup>124</sup> Shehla Zaidi AR, Idrees N. Primary Healthcare Systems (PRIMASYS): Comprehensive Case Study from Pakistan. Geneva: World Health Organization, 2017. <http://www10.who.int/alliance-hpsr/projects/AHPSR-PRIMASYS-Pakistan-comprehensive-v2.pdf>.

<sup>125</sup> Shehla Abbas Zaidi and others, 'Health Systems Changes After Decentralisation: Progress, Challenges and Dynamics in Pakistan' (2019) 4 BMJ Global Health. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6357909/#R19>.

<sup>126</sup> See Section 3.3

against COVID-19 and needs to be addressed on a war footing in Pakistan's response to this crisis. These are explored in further detail below.

## 2. KEY CHALLENGES TO PLANNING AND COORDINATION FOLLOWING DEVOLUTION

### 2.1. Federalism and Provincial Centralization

The experience of the last decade has made it evident that the aims and objective of the 18<sup>th</sup> Amendment have not been implemented in spirit. The trickle-down effect of vertical devolution has not been felt by the lower tiers of the government such as districts and tehsils. The distribution of power is less than equitable by the provincial capitals, as all fiscal and policy powers are concentrated in the provincial legislatures and executives.<sup>127</sup> Furthermore, the scope and scale of decentralization of power differs from province to province.

To a large extent, this issue is prevalent across all devolved subjects, but its effects have been acutely felt in the field of health. Local governments face centralization and struggle to secure adequate political, fiscal, and administrative power to achieve their functions from their provincial governments.<sup>128</sup> This indicates poor coordination between provincial and

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<sup>127</sup> "Five Years of the 18th Constitutional Amendment: Federalist Imperatives on Public Policy and Planning." *Development Advocate Pakistan* 2, no. 1 (April 2015). [www.pk.undp.org/content/pakistan/en/home/library/hiv\\_aids/development-advocate-pakistan--volume-2--issue-1/analysis--five-years-of-the-18th-constitutional-amendment--feder.html](http://www.pk.undp.org/content/pakistan/en/home/library/hiv_aids/development-advocate-pakistan--volume-2--issue-1/analysis--five-years-of-the-18th-constitutional-amendment--feder.html).

<sup>128</sup> Shehla Abbas Zaidi and others, 'Health Systems Changes After Decentralisation: Progress, Challenges and Dynamics in Pakistan' (2019) 4 *BMJ Global Health*. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6357909/#R19>.

local governments, and a lack of oversight in policy implementation for healthcare systems at tehsils and districts.

Khyber Pakhtunkhwa is the only province that has conducted an extensive decentralization of power, going beyond district and tehsil level of local government to lower levels of village councils.<sup>129</sup> In addition to this, they have also allocated over 30 percent of provincial budget to local governments. In contrast, Sindh and Punjab enjoy a purely asymmetrical relationship with their local governments, and the laws are more centric in nature.<sup>130</sup>

At the same time, vertical programs by the federal government such as on malaria control and the Expanded Program on Immunization, further muddies the waters, and in the absence of robust policy planning and direction, threaten to undermine the role of the provincial governments.<sup>131</sup>

Although the devolution of power in the health sector has yielded mix results, the emergence of COVID-19 has highlighted the importance of decentralization of power to local governments where cases can be quickly identified and treated at the ground level, and responses tailored to the needs of each area. According to the World Health Organization (WHO), the Chinese experience has shown that a differentiated, location-specific response to limiting transmission has been highly effective.<sup>132</sup> This allowed

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<sup>129</sup> Khyber Pakhtunkhwa Local Government Act 2013

<sup>130</sup> Syed Muhammad Ali, 'Devolution of Power in Pakistan' (*United States Institute of Peace, 2018*). [https://www.usip.org/sites/default/files/2018-03/sr\\_422\\_mohammad\\_ali\\_final.pdf](https://www.usip.org/sites/default/files/2018-03/sr_422_mohammad_ali_final.pdf)

<sup>131</sup> Sara Asad, 'Power Devolution in The Health Sector of Pakistan: A Comparison With England' (*Centre for Strategic and Contemporary Research, 2019*). <https://cscr.pk/explore/publications/articles/power-devolution-in-the-health-sector-of-pakistan-a-comparison-with-england/>.

<sup>132</sup> 'China Shows COVID-19 Responses Must Be Tailored To The Local Context' (*Euro.who.int, 2020*). <http://www.euro.who.int/en/health-topics/health->



the Chinese to implement public health measures which were tailored to the differing realities on the ground, e.g. measures in Wuhan being very different from those implemented in other places such as Shanghai or Chengdu. This framework also allowed for an agile and responsive approach where experiences and updates were rapidly collated to understand and contain the virus nationwide.<sup>133</sup>

Important lessons can be taken from the empowerment of municipal governments in China in containing COVID-19, and providing an interesting avenue for further research in the context of Pakistan.

## 2.2. Policy and Regulatory Standards

The devolution of powers resulted in major irregularities in areas such as drug supply, pharmaceutical regulations, and standards for consumer product safety. The devolution of these areas of healthcare to the provinces caused confusion and created contradictions regarding standards.<sup>134</sup>

A longstanding demand of health professionals and experts in Pakistan has been the development of an adequate health policy framework which sets

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emergencies/coronavirus-covid-19/news/news/2020/4/china-shows-covid-19-responses-must-be-tailored-to-the-local-context.

<sup>133</sup> 'China Shows COVID-19 Responses Must Be Tailored To The Local Context' (*Euro.who.int*, 2020). <http://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/news/news/2020/4/china-shows-covid-19-responses-must-be-tailored-to-the-local-context>.

<sup>134</sup> Saad Ahmed Khan, 'Situation Analysis of Health Care System of Pakistan: Post 18 Amendments' (2019), *Health Care Current Reviews* 7: 244. <https://www.longdom.org/open-access/situation-analysis-of-health-care-system-of-pakistan-post-18-amendments.pdf>.

norms and standards.<sup>135</sup> While the 18<sup>th</sup> Amendment empowered the provinces to develop their own healthcare strategies, the lack of inter-provincial harmonization on national health policy development only creates hindrance in developing substantive healthcare strategies.<sup>136</sup> Experts have argued for federal institutional mechanisms that provide provincial health departments with technical assistance, cooperation, and support in discharging their responsibilities effectively.<sup>137</sup>

Despite the regulatory role of the MONHSRC, the provision of healthcare and coordination amongst stakeholders remains fragmented for a range of institutions and provincial departments. Within the Provinces, differing responsibilities have been delegated to district and tehsil level local governments, while no uniform policy has been introduced for effective oversight of coordination amongst all institutions.<sup>138</sup>

This lack of institutional regulation raises grave challenges within the COVID-19 context. Beyond the containment process, Pakistan now has to move along the global movement towards discovering potentially promising drugs and vaccines to treat COVID-19. Within this, a uniform policy which establishes regulatory standards to conduct trials, mass productions and licensing of safe drugs will be required. The WHO has advised that States

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<sup>135</sup> Dr. Babar Tasneem Shaikh, 'Devolution in Health Sector: Challenges & Opportunities for Evidence Based Policies' (*Lead Pakistan*, 2013).

<sup>136</sup> Dr. Babar Tasneem Shaikh, 'Devolution in Health Sector: Challenges & Opportunities for Evidence Based Policies' (*Lead Pakistan*, 2013).

<sup>137</sup> Saad Ahmed Khan, 'Situation Analysis of Health Care System of Pakistan: Post 18 Amendments' (2019), *Health Care Current Reviews* 7: 244.  
<https://www.longdom.org/open-access/situation-analysis-of-health-care-system-of-pakistan-post-18-amendments.pdf>.

<sup>138</sup> Shehla Abbas Zaidi and others, 'Health Systems Changes After Decentralization: Progress, Challenges and Dynamics in Pakistan' (2019) 4 *BMJ Global Health*.  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6357909/#R19>.

must take adequate steps to ensure availability for promising drugs, and hoarding must be avoided.<sup>139</sup> To this end, the Drug Regulatory Authority Pakistan has allowed for priority approval and registration of drugs and has published an advisory circular<sup>140</sup> for medical professionals regarding interaction of experimental drugs in treating COVID-19. While these guidelines are welcomed, rigorous regulatory standards to ensure steady supply of safe and effective drugs remain lacking. In such a situation, Provincial Governments will look up to the Federal Government for adequate guidance which must be readily available.

### 2.3. Budgetary Constraints and Provincial Capacity

Pakistan's meagre spending on healthcare has been a well-documented issue for decades.<sup>141</sup> At the time when the WHO recommended<sup>142</sup> that the government must allocate at least 6% of the GDP to improve the health sector, Pakistan's spending was 0.49% of the total GDP.<sup>143</sup> Presently, Pakistan's spending on the health sector remains under 1% of its

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<sup>139</sup> 'Off-label Use of Medicines for COVID-19' World Health Organization (*Who.int*, 2020) <https://www.who.int/news-room/commentaries/detail/off-label-use-of-medicines-for-covid-19>

<sup>140</sup> 'Advisory on Recommendations for Interactions with Experimental COVID-19 Therapies' (*Dra.gov.pk*, 2020) <https://www.dra.gov.pk/docs/Recommendations%20for%20Interactions%20with%20Experimental%20COVID-19%20Therapies.pdf>

<sup>141</sup> 'The Express Tribune, 'PMA Criticises Govt. For Neglecting Health: Meagre Health Budget' (2020). <https://tribune.com.pk/story/2152265/1-pma-criticises-govt-neglecting-health-meagre-health-budget/>.

<sup>142</sup> 'Health and Nutrition' (*Finance.gov.pk*, 2020). [http://www.finance.gov.pk/survey/chapters\\_18/11-Health.pdf](http://www.finance.gov.pk/survey/chapters_18/11-Health.pdf).

<sup>143</sup> 'The Express Tribune, 'PMA Criticises Govt. For Neglecting Health: Meagre Health Budget' (2020). <https://tribune.com.pk/story/2152265/1-pma-criticises-govt-neglecting-health-meagre-health-budget/>.

GDP.<sup>144</sup> These budgetary constraints continue to hinder provincial progress in health planning and service delivery. It has been reported that much of the provincial budget is spent towards provision of salaries which leaves policymakers with no fiscal space for meaningful reform initiatives.<sup>145</sup>

Budgetary constraints also lead to a lack of provincial capacity in identifying problem areas, and in developing adequate policies for reform. Policy framework for reform of public sector hospitals, and effective regulation of private sector hospitals remains missing across all provinces. All the while, the restructuring of public health has been carried out in Punjab and Khyber-Pakhtunkhwa but remains lacking in Sindh and Balochistan.<sup>146</sup>

Further, the devolution of substantive fiscal and administrative power is essential to the effective functioning of local governments and can greatly improve their responsiveness and effectiveness to health emergencies such as COVID-19. However, prior to the delegation of the said powers, there is a strong need to operationalize and develop the technical capacity of the local governments.<sup>147</sup> While the capacity and performance of local governments is beyond the scope of this paper, it is important to highlight that issues of

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<sup>144</sup> 'Health spending less than one percent of GDP for decades,' (2019).

<https://www.pakistantoday.com.pk/2019/07/01/health-spending-less-than-one-percent-of-gdp-for-decades/>

<sup>145</sup> 'Health Systems Changes After Decentralisation: Progress, Challenges and Dynamics In Pakistan' (*Gb.bmj.com*, 2020). <https://gh.bmj.com/content/bmjgh/4/1/e001013.full.pdf>.

<sup>146</sup> 'Situational Analysis of Health Care System of Pakistan: Post 18<sup>th</sup> Amendment' Saad Ahmed Khan (*Longdom.org*, 2020). <https://www.longdom.org/open-access/situation-analysis-of-health-care-system-of-pakistan-post-18-amendments.pdf>

<sup>147</sup> "Five Years of the 18th Constitutional Amendment: Federalist Imperatives on Public Policy and Planning," *Development Advocate Pakistan* 2, No. 1 (April 2015), [www.pk.undp.org/content/pakistan/en/home/library/hiv\\_aids/development-advocate-pakistan--volume-2--issue-1/analysis--five-years-of-the-18th-constitutional-amendment--feder.html](http://www.pk.undp.org/content/pakistan/en/home/library/hiv_aids/development-advocate-pakistan--volume-2--issue-1/analysis--five-years-of-the-18th-constitutional-amendment--feder.html).

revenue generation and capacity are interconnected since evidence suggests that technically proficient local governments are better able to generate their own resources and address the needs of the locality including health care systems.<sup>148</sup>

#### 2.4. Innovation and Planning Initiatives

Following the devolution, provinces were required to formulate sector-wide policies and strategic plans to develop their respective provincial health systems. Decentralization allows space for greater tailor-made policies that are better adapted to the needs of the local population. Furthermore, it promotes innovation through competition between provincial and local authorities, and in the absence of a central direction, greater variation in policies and delivery systems may emerge from which best practices can evolve.

However, the provinces lack adequate resources, requisite policy expertise, institutional capacity and vision which have resulted in largely ineffective planning and policy initiatives. Instead, an offsetting negative effect that seems prominent is the duplication of policy reforms, and outliers in performance. At present, Sindh and Khyber Pakhtunkhwa have developed district action plans for the purposes of health planning whereas Punjab and Balochistan have developed wide sector strategies only.<sup>149</sup> Not only does this

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<sup>148</sup> Syed Muhammad Ali, 'Devolution of Power in Pakistan' (*United States Institute of Peace*, 2018). [https://www.usip.org/sites/default/files/2018-03/sr\\_422\\_mohammad\\_ali\\_final.pdf](https://www.usip.org/sites/default/files/2018-03/sr_422_mohammad_ali_final.pdf)

<sup>149</sup> 'Health Systems Changes After Decentralisation: Progress, Challenges and Dynamics in Pakistan' (*Gb.bmj.com*, 2020). <https://gh.bmj.com/content/bmjgh/4/1/e001013.full.pdf>.

lead to a lack of dissemination of information on best practices but the same also results in low quality standards being met.

These challenges will only be compounded by COVID-19, which will require a high degree of policy expertise and institutional capacity by the provincial governments in the coming months and years. However, the lack of streamlined processes and uneven policy expertise is already clearly visible by the largely arbitrary and ad-hoc response to containing the virus across the country.

#### 1.1. Disease Surveillance and Response Systems and Information Sharing Mechanisms

Institutional capacity to address public health emergencies and disease security is strongly dependent on collated information systems, where the primary purpose is to collect, collate, analyze and disseminate information for evidence-based policy and practice.<sup>150</sup>

A critical challenge for Pakistan in the post devolution scenario is the lack of integrated disease surveillance and response systems and lack of inter-provincial information sharing mechanisms. An integrated surveillance or information sharing system refers to the strategy for multi-disease investigation and observation of selected priority diseases. This mechanism allows the effective use of resources for disease control and prevention by

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<sup>150</sup> Dr. Babar Tasneem Shaikh, 'Devolution in Health Sector: Challenges & Opportunities for Evidence Based Policies' (*Lead Pakistan, 2013*).

linking the public with healthcare providers at district, provincial and national levels.<sup>151</sup>

In Pakistan, health information and disease surveillance activities are carried out through several mechanisms, which include decentralized District Health Information Systems in the provinces and vertical management information systems for programs such as Malaria, HIV/AIDS, TB, Dengue etc. among others at the federal level. However, these systems are fragmented with no horizontal linkages, and solely serve the health programs that created them. They are also focused entirely on the public sector and fail to capture the larger private sector.<sup>152</sup> The absence of collated provincial information systems and irregular reporting mechanisms from health facilities are key constraints in informed decision making by provincial stakeholders and coherent resource allocation for priority interventions.<sup>153</sup>

The International Health Regulations, 2005 further obligate Pakistan to have in place adequate mechanisms for disease surveillance and rapid response. Over the years, several initiatives have been piloted for integrated disease

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<sup>151</sup> 'Integrated Disease Surveillance and Response Programmes | Somalia' (*Emro.who.int*, 2020). <http://www.emro.who.int/som/programmes/idsr.html>.

<sup>152</sup> "Pakistan – Health Information System" World Health Organization (*Emro.who.int*, 2020) <http://www.emro.who.int/pak/programmes/health-managment-information-system.html>

<sup>153</sup> 'Integrated Disease Surveillance and Response Programmes | Somalia' (*Emro.who.int*, 2020). <http://www.emro.who.int/som/programmes/idsr.html>.

surveillance and response systems in KP<sup>154</sup> and Punjab<sup>155 156</sup>. At the Federal level, the Field Epidemiology & Disease Surveillance Division at the National Institute of Health gathers and analyzes disease surveillance data from relevant available sources and periodically disseminates the epidemiological information to the relevant stakeholders.<sup>157</sup>

Nevertheless, these mechanisms have been found wanting in the current crisis and health departments are under fire for not developing automated systems to help actively report cases, analyze data and provide timely information to relevant stakeholders so that quick decisions could be made on where and what type of response is required.<sup>158</sup>

As a result, confusion prevails on the size and spread of the coronavirus-infected population in Pakistan, undermining the provision of effective and speedy delivery of health services and resources to those infected. This confusion also undermines public credibility in the government's

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<sup>154</sup> Dr. Shaheen Afridi, "Integrated Disease Surveillance and Response System" (*hsa.edu.pk*, 2020) <http://www.hsa.edu.pk/wp-content/uploads/integrated-disease-surveillance-and-response-system.pdf>

<sup>155</sup> "Division of Integrated Disease Surveillance and Response" Punjab Public Health Agency *Pppha.punjab.gov.pk*, 2020) <http://www.ppha.punjab.gov.pk/our-divisions/division-integrated.html>

<sup>156</sup> "Disease Surveillance System" Punjab Information Technology Board (*pitb.gov.pk*, 2020) <https://www.pitb.gov.pk/dss>

<sup>157</sup> "Field Epidemiology & Disease Surveillance Division" National Institute of Health (*Nih.org.pk*, 2020) <https://www.nih.org.pk/field-epidemiology-disease-surveillance-division-fedsd/>

<sup>158</sup> Ashfaq Yusufzai, "Health Departments Section under Fire over Poor Performance" (*Dawn.com*, 2020) <https://www.dawn.com/news/1557667/health-depts-section-under-fire-over-poor-performance>



management of the pandemic,<sup>159</sup> which can lead to poor compliance by the public to policies by the government and health service systems.

## 2. THE COVID-19 CRISIS AND PAKISTAN'S RESPONSE

The challenges of an imperfect devolved system have been further highlighted during the current crisis. The initial response saw the MONHSRC taking the lead through the National Institute of Health (NIH) and the National Disaster Management Authority (NDMA) at the Federal level, whereas each Province established their own core committees to deal with issues of containment. Through the NIH, the MONHSRC established an emergency operation center and developed a National Action Plan for Corona Virus Disease Pakistan (NAP)<sup>160</sup>, which aimed to strengthen inter-governmental and sectoral coordination within the government, as well as with the private sector and civil society, in order to provide improved strategic, technical and operations support.<sup>161</sup>

At the provincial level, the Government of Sindh established a Central Control Cell<sup>162</sup>, and established quarantine centers, while leading a public awareness campaign to contain the crisis.<sup>163</sup> Similarly, the Government of

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<sup>159</sup> Dr. Rana Jawad Asghar, 'Truth About Pakistan's Covid-19 Numbers' (*The Express Tribune*, 2020). <https://tribune.com.pk/story/2225808/6-truth-pakistans-covid-19-numbers/>.

<sup>160</sup> 'NIH Response' (*Nib.org.pk*, 2020) <https://www.nih.org.pk/wp-content/uploads/2020/01/NIH-response-1.pdf>.

<sup>161</sup> National Action Plan for Corona Virus Disease (COVID-19) Pakistan, 2020 (*Nib.org.pk*, 2020)

<sup>162</sup> 'Establishment of Central Control Cell' (*Sindh.gov.pk*, 2020).

<https://sindh.gov.pk/notification/March2020/SGA-Noti.jpeg>.

<sup>163</sup> 'Sindh Prepares 'Mass Quarantine Facilities' for 10,000 People Amid COVID-19 Outbreak' (*The news.com.pk*, 2020). <https://www.thenews.com.pk/latest/631039-mass-quarantine-facilities-for-10000-people-being-prepared-anid-covid-19-outbreak>.

Punjab set up a cabinet committee<sup>164</sup> to ensure coordination between relevant departments, and declared a complete lockdown of the province.<sup>165</sup>

The Governments of Khyber Pakhtunkhwa (KP) and Balochistan also introduced several measures and policies for the containment of the disease. The KP Government declared an emergency and established standardized protocols<sup>166</sup> to deal with positive cases while releasing funds of Rs. 100 million to the Health Department to make arrangements for setting up isolation wards at all district levels.<sup>167</sup> The Balochistan Government on the other hand, allocated Rs. 500 million to improve the quarantine centers established in Quetta and Taftan.

However, challenges pertaining to service delivery, policy formulation and lack of information sharing continued to persist. The challenges already affecting the healthcare system which were briefly discussed above were brought into focus with the initial response to the COVID-19 crisis by the Federal and Provincial governments. This led to creation of the National Coordination Committee (NCC) through which the Federal Government aimed to streamline and coordinate the national response.

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<sup>164</sup> 'Law Minister to Head Cabinet Committee on Corona Measures | Punjab Portal' (*Punjab.gov.pk*, 2020). <https://www.punjab.gov.pk/node/3682>

<sup>165</sup> 'Notification issued as complete lockdown in Punjab for 14 days' (*92news.bd.tv*, 2020) <https://92newshd.tv/notification-issued-as-complete-lockdown-in-punjab-for-14-days/>

<sup>166</sup> 'Emergency declared in KP to deal with Coronavirus threat' (*nation.com.pk*, 2020) <https://nation.com.pk/04-Mar-2020/emergency-declared-in-kp-to-deal-with-coronavirus-threat>

<sup>167</sup> 'KP Govt Swings into Action to Deal with COVID-19' (*TheNews.com.pk*, 2020). <https://www.thenews.com.pk/print/623369-kp-govt-swings-into-action-to-deal-with-covid-19>.

Consisting of both civil and military representatives, the NCC was constituted by a decision of the National Security Committee.<sup>168</sup> The National Command and Operation Centre<sup>169</sup> (NCOC) was then established as a supplemental body for implementation and coordination between federal and provincial governments.

The NCOC faces the daunting challenge of dealing with a pandemic in a devolved structure lacking comprehensive health information sharing and integrated disease surveillance mechanisms. However, the NCOC aims to collate, analyze and process information based on digital collection and human intelligence through-out Pakistan on an emergency basis.

The ‘Test, Track and Quarantine’ strategy established by the NCOC is an example of an innovative planning initiative which has been able to establish clear lines of communication between all tiers of provincial and local governments and the federal government. The Committee aims to further bridge the gap between all levels of government and since its establishment has ensured effective daily communication with all provincial governments.<sup>170</sup>

The ‘Test, Track and Quarantine’ strategy has also been successful<sup>171</sup> in improving health related information sharing in Pakistan and has established a central intelligent design information management system (IDIMS) which

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<sup>168</sup> ‘High-Level NCC Constituted to Help Curb Coronavirus’ (*The Nation*, 2020).

<https://nation.com.pk/14-Mar-2020/high-level-ncc-constitutes-to-help-curb-coronavirus>.

<sup>169</sup> ‘National Command and Operation Centre’ (*Ncoc.gov.pk*, 2020)

<https://ncoc.gov.pk/press-releases.php>

<sup>170</sup> ‘A Look Inside Pakistan’s Covid-19 Response | The Express Tribune’ (*The Express Tribune*, 2020). <https://tribune.com.pk/story/2212082/1-look-inside-pakistans-covid-19-response/>

<sup>171</sup> ‘Quarantine strategy helped increase testing capacity’ (2020).

<https://tribune.com.pk/story/2226336/testing-capacity-covid-19-increases-twice-fold>

allows authorities at all levels of government to trace new patients and to determine virus hotspots to ensure ‘smart containment.’

In addition to this, the NCOC has also made recommendations to improve the use of technology in providing effective healthcare. In its recommendations to the NCC, it stated that the development of five different types of ventilators by the Pakistan Engineering Council is underway which will be tested clinically. In addition to this, the Ministry of Science and Technology is working towards developing innovative ways for local production of testing kits.<sup>172</sup>

### 3. CONCLUSION AND RECOMMENDATIONS

While all aforementioned<sup>173</sup> developments are to be welcomed, it also indicates that Pakistan’s focus on public health preparedness is only triggered during times of crises.<sup>174</sup> Since devolution, challenges such as lack of institutional capacity, budgetary constraints, lack of an integrated disease surveillance system and absence of use of technology within health related mechanisms have led to a fractured healthcare system – mired with political differences, lack of inter-provincial coordination and absence of political will. These challenges are now leading to greater issues as witnessed in the continued tension between the Federal and Provincial Governments. Devolution of the healthcare system to provincial governments brought with

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<sup>172</sup> ‘NCOC Finalizes Recommendations for National Coordination Committee’ (*Geo.tv*, 2020). <https://www.geo.tv/latest/282774-ncc-meeting-devises-sops-post-april-14-lockdown>

<sup>173</sup> See Section 4

<sup>174</sup> ‘COVID-19: Pakistan’s Preparations and Response – IGC’ (*IGC*, 2020) <https://www.theigc.org/blog/covid-19-pakistans-preparations-and-response/>

it a degree of autonomy which would have greatly improved Pakistan's capacity to deal with the COVID crisis if the transfer of powers had been dealt with effectively at the time of devolution or after it.

Notwithstanding the above, this crisis provides Pakistan with a unique opportunity to address issues of coordination, capacity, and regulatory enforcement in its healthcare system. These have been on the backburner for years, but the current emergency can provide the impetus for allocation of resources and the necessary political will for meaningful reform on a war footing. Some of the steps which can be considered by policymakers are set out below.

### 3.1. The 18<sup>th</sup> Amendment and Healthcare

It is clear by now that the vision for healthcare in Pakistan envisioned by devolution has not been achieved and there are critical stumbling blocks to the implementation of the 18<sup>th</sup> Amendment which are detrimental to efficient healthcare governance in the country. COVID-19 has exposed the fault lines in governance and fiscal arrangements which is leading to growing calls to revisit the 18<sup>th</sup> Amendment.<sup>175</sup> In our assessment, it would be premature and imprudent to consider this option without first considering objectively what is needed to make devolution work from a governance perspective. While this issue is beyond the scope of this paper and will be explored in greater detail in subsequent papers by RSIL, certain immediate measures can be taken in the law & policy realm:

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<sup>175</sup> News Desk, "18<sup>th</sup> Amendment should be revisited: FM" (*Nation.com*, 2020) <https://nation.com.pk/28-Apr-2020/18th-amendment-should-be-revisited-fm>

- i. It is necessary to conduct a thorough mapping and review of the mandate for health at the federal, provincial, local government level including statutory & autonomous bodies, attached departments, subordinate offices etc. to identify the precise responsibilities of each entity and consider whether there is an overlap in their jurisdiction/mandates.
- ii. This should be followed by a review of the budgetary allocations made to each entity, its revenue streams and annual utilization of funds, infrastructure, human resource, and technical capacity etc. The objective of this exercise would be to see whether each entity has reasonable funding, resources, infrastructure, and technical capacity to implement its mandate to a functional extent and where the largest gaps lie between mandate and resources. This will also help in providing a clearer picture of the governance bottlenecks in healthcare.
- iii. COVID-19 will require Pakistan to shake-up its healthcare agenda, including uniform health policies and regulatory standards, universal health coverage, health security and disease surveillance and implementing the NAP on coronavirus. The refocused set of activities at the federal and provincial level will require new structures, roles, relationships, and linkages among all the organizations engaged in policy making, funding, delivering services, or managing performance.
- iv. Based on the above, an exhaustive analytical exercise must be carried out which aims to see whether it is legally and fiscally feasible and technically viable to tackle governance bottlenecks and restructure roles and relationships within the current constitutional rubric. Major transformations in healthcare governance should not be made without

exhaustive prior study which analyze whether an entity is best suited to carry out a particular role, whether activities or programs could be transferred in whole or in part to the private sector and what programs and activities are affordable in the current economic crisis.

- v. The measures above are indicative of only some of the questions and issues which must be carefully explored before reforming healthcare governance in the country. The experience of the 18<sup>th</sup> Amendment and legislative reforms in recent years, including counter-terrorism and FATA merger etc., has shown a disturbing tendency of policymakers to implement major reforms without adequate debate and study on its consequences and implementation and which have suffered from glaring legislative defects and shortcomings. COVID-19 must not become the basis for another rushed constitutional reform effort which yields no tangible benefits in the long run.

### 3.2. Revamp Pakistan's Health Security Framework

The WHO defines global public health security as “the activities required to minimize the danger and impact of acute public health events that endanger the collective health of populations living across geographical regions and international boundaries.”<sup>176</sup> The current international framework on health security is governed by the WHO's International Health Regulations, 2005 (IHR) which reflect an agreement by 196 countries to report public health threats and cooperate to stop their spread. As a governance regime, it lacks significant enforcement authority and requires states to self-report their

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<sup>176</sup> “Health Security” World Health Organization (*Who.int*, 2020)  
[https://www.who.int/health-topics/health-security/#tab=tab\\_1](https://www.who.int/health-topics/health-security/#tab=tab_1)

preparedness. Even then, an overwhelming majority of states have fallen short in meeting its requirements.

This lack of preparedness has clearly been exposed in the disappointing international response to COVID-19. It is highly likely that the first order of business in international relations will be an overhaul of the global health security regime. This can be through multilateral forums like the WHO to weave together the disparate strands of global health security into an unbreakable chain and create a comprehensive framework for epidemic and pandemic preparedness.<sup>177</sup> Alternatively or additionally, unilateral frameworks may also be created by powerful states like the United States and China with stronger enforcement mechanisms. Some indications of this trend are evidenced by the US decision to withdraw from the WHO and tabling of the Global Health Security and Diplomacy Act 2020 before the US Senate.

In either case, it is clear that the global health security regime will have much stricter enforcement mechanisms and can witness the creation of ‘task forces’ which set standards and monitor progress in improving capacity to prevent, detect and respond to infectious diseases, similar to the Financial Action Task Force (FATF). The Global Health Security Agenda (GHSA) and the Global Health Security Index are already a clear step towards this experimentalist form of global governance.<sup>178</sup>

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<sup>177</sup> Micheal Igoe, “How to Build a Global Health Security Movement” (*Devex.com*, 2020) <https://www.devex.com/news/how-to-build-a-global-health-security-movement-97254>

<sup>178</sup> The Global Health Security Index rates Pakistan at 105 out of 195 countries in its ability to prevent, detect and respond to infectious disease. See “2019 GHS Index Country Profile for Pakistan” Global Health Security Index (*Ghsindex.com*, 2019) <https://www.ghsindex.org/country/pakistan/#overviewsect>



- i. Pakistan must therefore invest heavily in its health security framework and review its legislative framework to cater to national health emergencies. According to WHO's 2017 Report on the Joint External Evaluation of IHRs Core Capacity, while Pakistan has a substantial legal framework in place for most technical areas of health, crucial legislative gaps exist in the areas of directing emergency responses and implementing containment measures during a public health crisis.<sup>179</sup> In the absence of a specific law, the Government of Pakistan has relied on the NDMA Act of 2010 for controlling and treating COVID-19.<sup>180</sup> While the NDMA has done a commendable job in organizing relief and logistics on a fast-track basis, the medical side of an emergency, especially pandemics do not fall within its core expertise and mandate.<sup>181</sup>
  
- ii. As such, a federal law which sets out the procedure for activating a public health emergency, creates institutionalized emergency coordination mechanisms between federal and provincial entities and sets out special powers for emergency response, resource mobilization and procurement etc. may be a prudent option to explore from a legal perspective.

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<sup>179</sup> Namra Gillani, Minahil Toor and Abeer Mustafa, "Health Security: Lessons from China" (*Nation.com*, 2020) <https://nation.com.pk/02-May-2020/health-security-lessons-from-china>

<sup>180</sup> Namra Gillani, Minahil Toor and Abeer Mustafa, "Health Security: Lessons from China" (*Nation.com*, 2020) <https://nation.com.pk/02-May-2020/health-security-lessons-from-china>

<sup>181</sup> Ikram Sehgal, "Dr. Sania Nishtar and Dr. Zafar Mirza can Revolutionize the Health Care System of Pakistan" (*Globalvillagespace.com*, 2020) <https://www.globalvillagespace.com/dr-sania-nishtar-dr-zafar-mirza-can-revolutionize-the-health-care-system-of-pakistan/>

- iii. The MONHSRC must also work towards a major overhaul of the Directorate of Central Health Establishments (DoCHE) and the National Health Emergency Preparedness & Response Network (NHEPRN), which have an essential role in combating pandemics but appear to be severely underutilized and under-funded.
- iv. The revamping of Pakistan's national health security framework is a major undertaking which will require significant inter-provincial planning, coordination, and strategic planning. However, it is an essential investment to prepare the country from the crippling effects of future pandemics.
- v. From a strategic perspective, the rapid evolution of the global health security governance regime may result in more stringent country evaluations and reporting requirements like the FATF framework for which the state machinery in Pakistan must be prepared.

### 3.3. Revisit the National Health Vision 2025

In late 2016, the Government of Pakistan released the National Health Vision (NHV) 2025 which aimed to provide an 'overarching national vision' for health while ensuring provincial autonomy. Its key objectives were to build coherence in federal and provincial responses and facilitate coordination for regulation, information collection, surveillance, and research for improved health systems.<sup>182</sup> Nearly four years later, it is imperative to take stock of the

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<sup>182</sup> "National Health Vision – Pakistan" 2016 – 2025 (*Extranet.who.int*, 2016)  
[https://extranet.who.int/countryplanningcycles/sites/default/files/planning\\_cycle\\_repository/pakistan/national\\_health\\_vision\\_2016-25\\_30-08-2016.pdf](https://extranet.who.int/countryplanningcycles/sites/default/files/planning_cycle_repository/pakistan/national_health_vision_2016-25_30-08-2016.pdf)

implementation strategy for NHV 2025 and identify the major obstacles at the federal and provincial level. Further, NHV 2025 will have to be revised to accommodate the post-COVID reality.

### 3.4. Implementing the National Action Plan on COVID-19 in Pakistan

The Government of Pakistan must remain committed to implementing its comprehensive NAP on COVID-19 which sets out a holistic vision for reforming organizational, structural and coordination mechanisms for public health emergencies and contributing towards a robust health security agenda for the country. It aims to improve governance structures, existing capacities and resources and strengthen coordination mechanisms at the provincial and federal level for long-term preparedness. However, the Government of Pakistan has a disappointing history in following through on its action plans and national policies which are often created in times of crisis and wither away once out of the political spotlight.<sup>183</sup> With the establishment of the NCOC, references to the NAP have reduced in government media communications, making its implementation status already unclear.

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<sup>183</sup> Hasnaat Malik, 'CJ Laments Govt. Failure to Implement NAP to Wipe Out Terror' *The Express Tribune* (2019). <https://tribune.com.pk/story/2118944/1-cjp-khosa-rues-govt-failure-introduce-police-reforms-enforce-nap/>

3.5. Develop Integrated Disease Surveillance and Response Mechanisms and Robust Health Information Systems

The consequences of fragmented health information systems at the provincial and federal level and a failure to comply with the IHR 2005 commitment to develop integrated disease surveillance and rapid response mechanisms for infectious diseases are readily apparent today. The confusion on the size and spread of COVID-19 in Pakistan is undermining the NCOC's response to the crisis and negatively impacting compliance by the public to government policies and SOPs.

- i. Nevertheless, the current crisis is an opportunity to develop robust health information systems at the provincial level capturing both the public and private sector, which are integrated through technology and will feature real time reporting mechanisms. At the federal level, better guidance and coordination is required from the Health Planning, System Strengthening & Information Analysis Unit (HPSIU) at the MoNHSR&C while the National Health Information and Resource Centre (NHIRC) needs to be revamped to better perform its mandate.
- ii. Further, the Government of Pakistan must immediately seek to deploy an Integrated Disease Surveillance and Response System (IDSRS) through which it can combat COVID-19 by capturing data from Points of Entry, quarantine centers, testing laboratories and hospitals using standardized mechanisms. Patient reports from these sources should be matched with the availability of beds, doctors, and ventilators at the nearest treatment facilities. The IDSRS modeling should also be available to automatically detect emerging clusters along with real time

dashboards on compliance with SOPs, contact tracing input and send out push notifications to concerned officials at the provincial and district level. An innovative, technology driven IDSRS will prove to be an invaluable tool for strategic decision making at the NCOC level.

- iii. There exist several federal and provincial entities specifically mandated for disease surveillance and outbreak response which are technically qualified and playing an important role in managing the COVID crisis despite lack of adequate funding and infrastructure. These include provincial and federal Disease Surveillance and Response Units (DSRU's) and the Field Epidemiology & Disease Surveillance Division (FE&DSD) at the National Institute of Health. These entities should be provided additional resources, infrastructure, and training support on a priority basis to improve national capacity in disease surveillance and outbreak response.

### 3.6. Create Uniform Regulatory Standards for Development of COVID-19 Vaccines & Treatment Drugs

The global focus now is on promising treatments for COVID-19 and the development of vaccines. A uniform policy with rigorous regulatory standards must be in place for conducting clinical trials, production, and licensing of safe drugs. Proactive steps are needed to ensure availability of promising drugs as they become available and prevent hoarding at all costs. The Drug Regulatory Authority Pakistan has allowed for priority approval and registration of drugs and has published an advisory circular for medical professionals regarding interaction of experimental drugs in treating COVID-19. While these guidelines are welcomed, rigorous regulatory standards for

ensuring the steady supply of safe and effective drugs remain lacking. Federal institutional mechanisms must also provide provincial health departments with technical assistance, cooperation, and support in discharging their responsibilities effectively.

3.7. Contribute to Global Discourse on Equitable Distribution and Plan in Advance for Expedited Domestic Distribution of a Vaccine

Pakistan must plan for expedited distribution and delivery of a vaccine developed abroad. At the strategic level, Pakistan should advocate for the equitable, global distribution of a vaccine which should not simply be sold to the highest bidder. One way to provide financing for the purchase of vaccines by low-income countries could be a bond structure backed by OECD countries that would allow the money to be raised in capital markets, with OECD countries making a legally binding commitment to pay investors in the bonds over time.<sup>184</sup> Domestically, reliable supply chains must be established and mechanisms created in advance for distribution of vaccines across the country. Biometric ID's using NADRA's database will also provide the government with an invaluable digital mechanism for combating leakage, corruption, and accidental duplication.

3.8. Aggressively Pursue Universal Health Coverage

COVID-19 has brought into focus the critical need for Universal Health Coverage (UHC). UHC forms part of the UN Sustainable Development

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<sup>184</sup> Rebecca Weintraub, Prashant Yadav and Seth Berkley, "A COVID-19 Vaccine Will Need Equitable, Global Distribution" Harvard Business Review (*Hbr.org*, 2020) <https://hbr.org/2020/04/a-covid-19-vaccine-will-need-equitable-global-distribution>

Goals (SDG) agenda<sup>185</sup> which Pakistan has committed to achieving by 2030, a formidable challenge in the current economic crisis.

- i. The Sehat Sahulat Program (SSP) in Pakistan has shown promise with 6.6 million families enrolled and more than a million visits covered by state funded insurance so far.<sup>186</sup> In Khyber-Pakhtunkhwa (KP), SSP has undoubtedly been a significant step towards UHC,<sup>187</sup> providing significant financial coverage and access to secondary and tertiary facilities to nearly 70% of the population.<sup>188</sup> The COVID pandemic demands that the SSP model be consistently implemented across the country with technical experts leading the way on lessons learned from the KP experience and the potential for expansion.
- ii. There is no overarching legal framework for ensuring UHC in Pakistan nor is access to healthcare guaranteed as a fundamental right under the Constitution. Since the SSP is a massive initiative covering millions of people for hundreds of conditions, it may be prudent to explore the

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<sup>185</sup> UNDP, Sustainable Development Goals, “Goal 3, Target 3.8 - Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.” (UNDP.org) <https://www.undp.org/content/undp/en/home/sustainable-development-goals/goal-3-good-health-and-well-being.html#targets>

<sup>186</sup> “Sehat Sahulat Program,” (*Pmhealthprogram.gov.pk*).  
<https://www.pmhealthprogram.gov.pk/>

<sup>187</sup> “Journal of Ayub Medical College Abbottabad – Pakistan” Vol 30, No. 3 (2018) (*Jamc.ayubmed.edu.pk*, 2018)

<http://jamc.ayubmed.edu.pk/index.php/jamc/article/view/3188/2011>

<sup>188</sup> Ashfaq Yusufzai, “KP awaits instructions to exclude families for Sehat Sahulat Programme,” (*Dawn.com*, 2019) <https://www.dawn.com/news/1524639>

possibility of legislative cover and constitutional guarantees for SSP<sup>189</sup> in the post-COVID reality.

- iii. As countries around the world converge on the goal of UHC, common challenges have emerged on how to ensure coverage of the informal sector, designing benefit packages which are responsive, appropriate and fiscally sustainable, and ensuring supply-side readiness.<sup>190</sup> However, the response to these common challenges has been varied and highly context-specific in different countries, especially in Asia. Researchers and policy-makers in Pakistan will therefore need to assess these different approaches and contextualize them to the Pakistani context rigorously and regularly.<sup>191</sup>

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<sup>189</sup> “Journal of Ayub Medical College Abbottabad – Pakistan” Vol 30, No. 3 (2018) (*Jamc.ayubmed.edu.pk*, 2018)

<http://jamc.ayubmed.edu.pk/index.php/jamc/article/view/3188/2011>

<sup>190</sup> Caryn Brederkamp, Timothy Evans, Leizal Lagrada, John Langenbrunner, Stefan Nachuk and Toomas Palu, “Emerging Challenges in Implementing Universal Health Coverage in Asia,” *Social Science and Medicine*, Vol. 145, Pages 243-248, November 2015 (*Scencedirect.com*, 2015)

<https://www.sciencedirect.com/science/article/abs/pii/S0277953615300411>

<sup>191</sup> Caryn Brederkamp, Timothy Evans, Leizal Lagrada, John Langenbrunner, Stefan Nachuk and Toomas Palu, “Emerging Challenges in Implementing Universal Health Coverage in Asia,” *Social Science and Medicine*, Vol. 145, Pages 243-248, November 2015 (*Scencedirect.com*, 2015)

<https://www.sciencedirect.com/science/article/abs/pii/S0277953615300411>