

YOUTH PERSPECTIVES

A biannual publication of



Foundation for Advancement of
Independent Research & Learning for
International Peace & Security
(FAIRLIPS)

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Description:

Youth Perspectives is a magazine of the **Foundation for Advancement of Independent Research and Learning for International Peace and Security (FAIRLIPS)** that aims to promote independent research and learning, both indispensable for securing international peace and security. It strongly adheres to the principle of unequivocal respect for humanity, religious beliefs of all communities and the local laws.

Youth Perspectives endeavours to advance foundation's objectives mainly to develop habit of learning and inculcate practice of writing among youth particularly undergraduate students of universities and colleges in a bid to prepare and promote a new generation of writers on subjects of diverse nature. It also strives to invite and encourage youth particularly students to participate in healthy debates, through their writings, in a positive and constructive manner.

Youth Perspectives provides young and talented writers from across the country a forum and opportunity to express their views and contribute on issues of their interest in a studious manner. It mainly, but not exclusively, encourages undergraduate students of universities and colleges to pen down their thoughts on contemporary issues of diverse nature.

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THE SINO-US AMBITIOUS STRUGGLE: AN OVERVIEW

(Ejazulhaq Ateed)

China and United States are the countries, which play dominant role in the world affairs and have widespread influence on the international politics. Currently, both are swiftly contesting in different spheres. This race, of course, could determine the future of the world. Undoubtedly, United States has become a global titan while China strives to promote its role in the international politics. This status of China has worried the United States about its hegemony in the world and especially in Southeast Asia.

Generally, the China's objectives can be divided into two parts: its first aim is a) to achieve an internal weal and external domination by 2020 and b) to become the most powerful socialist regime by 2049. Keeping in view the current economic and social development of China, we can argue that to some considerable extent this country has already achieved its first objective. China has initiated fundamental projects and infrastructures for providing advanced and highly sophisticated facilities of life for the people. During the last few years, this country has rescued millions of its population from poverty. For the achievement of the second objective, China strives to establish its hegemony in the region.

What will be the consequences, if China achieves the aforesaid two objectives? The aftermath of these strategies will be very dangerous for the United States. As of July

2015, the total population of China is 1.37 billion while only 321 million people living in the US, which is equal to $\frac{1}{4}$ of China's population. If China equalizes its GDP to that of United States, the total domestic products of China will become four times more than the total economy of United States.

The Greece historian (Thucydides) has rightly pointed out that a strong economic power can resist against a powerful military force. This quote has its place in the today's technological war. Swift technologic and military growth and scientific monopolization of China has been provoking the Pentagon in the recent years. American economists are of the view that economic growth of China will ultimately marginalize the US domination in the Asia-pacific region and subsequently in all over the world. Currently, United States has one option to maintain its international position in the future. That is, it would convince China to restrict its political and economic ambitions, the thing which will never happen through peaceful means.

Therefore, for a country like the United States which strives to safeguard its hegemony, that not to be threatened by any actor, it is necessary to economically and politically curb China's ambitions. Today, economic rise of China is a big barrier to the US hegemony. Giving a supposed scenario, if the US imposes sanctions on any country in the World and China continues its economic relations with the sanctioned country, the US tactics will immediately fail.

It is also worth to note that there is no considerable tension between the Chinese government and its people. In the economic sphere, China will achieve numerous opportunities to lead the world. For instance, in the latest financial crisis which paralyzed the economy of United States and the West, China proved that it was capable to be an active economic cycle in the world. Basically, it was China which prevented the whole World to fall into financial crisis originated from the West.

Anti-Chinese sentiment is one of the United States' perpetual policies. With every passing day, this sentiment among the US political elites and the public is intensified. Indeed, the US presidential election will affect the US-China relations. Considering the background of both in command candidates of United States, Hillary Clinton's policy towards China will escalate the existing tension. During her office, apart from US official stand, she personally adopted a harsh position towards China, accusing it of deplorable status of women rights and its hegemonic strategy of SCS.

John Mearsheimer, a well-known professor of International Relations in his *The Tragedy of Great Powers Politics* pointed out that it is responsibility of a regional power to deter the growth of other regional power. Mearsheimer further adds that in the today's world United States is the only powerful country. Therefore, it's the primary and explicit duty of US to deter the Chinese rise to the international stage. For this aim, the White House has to increase its strategic international and regional allies all over the world.

Militarily speaking, China is not regarded as a threat for the United States. Giving a supposed scenario, if Beijing attacks on Washington, the entire China will be nuked instantly after the initiation of war. For Pentagon, nuke is the only option, in case, if other country firstly attacks on the United States in the home. However, the US nuclear doctrine restricts its usage to nuclear retaliation. Realistic approach of United States justifies usage of nuclear weapon at any circumstance. Besides, as compare to the US naval bases around the world and especially in the Asia-pacific region, China is possessing limited submarines and warships. In addition to US intimate allies such as Philippine, Vietnam, South Korea and Japan it has been bargaining with other countries like Indonesia and Malaysia to preserve the interests of Washington in the region. Currently, out of 10000 minor and major islands in Australia, 7000 belong to United States.

No doubt, United States wants to safeguard its monopolized position in the world. This country wants to stop the rise of China. It seems that in the next century China and US will be engaged in a new cold war. The war by which china will aim at expansion of its economic hegemony and the US will be fighting for the preservation of its unipolar position in the international arena.

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PEACE JOURNALISM AND AMAN KI ASHA INITIATIVE

(Areeja Syed)

Media can be called as the channels of information by which we can communicate through newspapers, television or social media. The purpose of this communication is to provide information to public and to create awareness regarding the issue. Through this media, journalist can convey their messages or news to a layman, and it has also the capability to change the perceptions of viewers as well (Agenda setting theory). There are many news that Journalist submits for publications or to broadcast that actual news, ideas and information in print and electronic media but by doing gate keeping process, editor of a particular news agency filter the news and when the story is done through filtration process, they published and broadcast that filtered news. During the gate keeping process editor can remove that kind of unethical news, photos or harsh words which can disturb the peace or can create violence and harmony in the community e.g. the editor can remove that news which can disturb the emotions of a particular ethnic group. That is why we can say that Media can be one of the principal tools for the development of the society and to build peace in that society. If we talk about the social media particularly, it is one of the strongest medias now a day's which can fulfil all the elements of communication in 21st century.

According to the father of 'peace' Johan Galtung describes two types of journalism, which are peace journalism and war journalism. Peace media/journalism can be defined

as the use of media for the promotion of peace, and to alter the viewpoints that could change public views and sentiment toward peaceful resolution of conflict, they can promote peace initiatives, they can also support and promote those individuals and groups who are involve in that peace initiatives.

South Asia is that region that needs media's peaceful involvement for bringing peace. The most critical conflict in south Asia is the India and Pakistan rivalry. This dispute has a long history and is still going on and has very deep influence on political, economic as well as societal disturbance in sub-continent. In the past, many peace groups have emerged with the objective to work for reduction of India-Pakistan tensions by increasing people-to people interaction, by public diplomacy and searching for solutions of these conflicts. There are many peace workers who are working for easing India-Pakistan rivalry but the problem which the both countries are facing is 'nationalism'. Nationalism is the love for own country, but both nations are unable to comprehend the true meaning of nationalism, loving one's country is indeed a valuable notion, but hating other nations and states is not part of nationalism and by no means it will affect or reduce the love for their own nation. The people from across the boarders should segregate both feelings of love and hatred. In this regard media can play an effect role in bringing both the nations closer.

There are a number of cross border initiatives which are going on in this sub-continent, the objectives of their agenda are to eliminate negative perceptions, to build trust between these conflicting states and to create awareness regarding each other. There is also a

peace journalism campaign named as ‘Aman Ki Asha’ which means that ‘hope for peace’ and it is a combination of two words, ‘Aman’ from Urdu which means peace and ‘Asha’ from Hindi which means ‘hope.’ The idea of this campaign was to create and build friendly relationships between these countries, to build a pleasant environment by facilitating dialogue between the countries government, to do public diplomacy, and to spread peace in respective countries. These campaigns also arrange several seminars, cultural festivals, conferences and such type of different platforms in which there can be people to people contact, it is the first time by the print media that it launches first time this type of platform in the sub-continent. Peace media can also be learning programs or entertainment as well that can promote peace e.g. the Indian movie ‘bajrangi bhaijaan’ can be a very valid example of promoting peace between India and Pakistan through entertainment sector. Social media is also playing a very vital role in easing indo-Pakistan rivalry; there are a number of pages, blogs named as ‘Aman Ki Asha’ ‘milny do’ and many more created by the peace activist and youth from both countries on Facebook and other social media forums. There are various taglines made by youngsters like ‘I fought for peace between India and Pakistan and post such type of statements on social media by using the soft power.

Positive use of print media that can spread peace is one of the main objectives of this movement and it helps to listen each other’s point of view in the issue of dispute. It also organized music festivals, mushairas, and editor’s conferences to realize its vision. The project website has blogs for discussions, videos with messages from celebrities and even

an anthem 'Aman Ki Asha'. Numerous celebrities of the world, politicians and high-profile diplomats have endorsed the project as well. In the past we can notice that subcontinent media's role by and large was negative, example can be the kargil war (1999) in which they portrayed and showed stereotyped images and messages in both the countries that fanned the flame of hatred but now Aman Ki Asha has a different perspective on this.

Aman Ki Asha is also a lobby for discussing various disputes between India and Pakistan. Representative from both countries sit together for discussing conflicting disputes between these states. The issues which mainly discussed are water issues, strategic issues, humanitarian issues and many more. A program 'Common Destiny' was devised in 2010 to resolve the strategic issues, in which many armed forces officers, academics, foreign services officers and people from various walks of life also participated in this program, the discussion issues in this program mainly were Kashmir dispute, visa restriction problems and a lot more.

There was another program arranged by Aman Ki Asha campaign, for discussing water issues, named as 'water is life' in which water management experts from both sides discussed about water disputes and the ways to resolve this issue. They share up to date data in order to remove the misperceptions for humanitarian issues. There was a successfully organized program 'heart to heart' for saving the lives of fisherman. Boarder violations problem was also discussed, but the problem is still unresolved and on the negotiating table.

Changing the stereotypical mindsets of the society, states and individuals is quite a difficult task, change cannot take place easily, but various peaceful steps can be taken by higher authorities that may help in changing the typical mindsets. The peace initiative Aman Ki Asha offers golden opportunities to different segments of the civil society to interact successfully, particularly the media, business communities and political leaders can contribute satisfactorily in generating awareness among masses the need and significance of peace to bring prosperity in this region. Such platforms help providing common grounds for building a shared vision for peace. Pakistan-India narratives are chiefly diametrically opposed especially when so many noticeable disputes remain unresolved. The salient objective of Aman Ki Asha was to disintegrate the conventional mindsets across the borders by floating fresh ideas to resolve the issues leading towards trust deficit and long-term hostility. The effort is also to initiate debates on issues that divide them and build on the common agenda that can help both sides to develop a shared vision for a common future and sustainable peace. Aman Ki Asha should also promote the true meaning of nationalism as well in order to build peace.

Areeja Syed is bachelor's student with keen interest of writing in politics and history.

REFORM AGENDA IN PAKISTAN: SOME REFLECTIONS

(Naveed Ahmed)

Pakistan hurts from many geo-strategic, macroeconomic, inside and human security threats. With many insistent governance anxieties at hand, health reform may appear low on the list of priorities. That notion is misplaced for three reasons. Firstly, health reform is usually an elective process or a course, which is adopted by choice. However, at times it is inadvertently forced on the system because of certain institutional changes that are made outside of it. Such changes in the functioning of the state have already been made in Pakistan and have altered the equation of responsibility in favor of the provinces regarding the federal government as far as health is concerned. The 18th Amendment to the constitution, the 2010 National Finance Commission (NFC) Award, ongoing reorganization of the devolution initiative have a deep bearing on the executive's functioning and the way governance has to be reorganized in response to changes in structural norms. The 18th Amendment abolished the Concurrent List under which health was a subject in the purview of both the provinces as well as the federal government. The Local Government Ordinance 2001 stands omitted from the Sixth Schedule of the Constitution and therefore provinces have the prerogative to restructure the local government system according to the mandate in Article 140-A. Under the 2010 NFC Award provinces also have additional fiscal resources to support plans. These changes in institutional prerogatives and responsibility have thrust drastic changes upon health governance. Indeed, they can be the entry point into health reform with respect to reorganizing the stewardship capacity of state agencies—Ministry of Health and departments of health which is an important element of any reform measure.

Furthermore, the administration has adopted a new economic model. This time round under a new fiscal model the Medium-Term Budgetary Framework indicative ceilings

have been stipulated for ministries for a three-year period. This is a time window during which handling of responsibilities from the federal to the provincial government as outlined by the 18th Amendment have to be completed. Since the budget is one of the key instruments through which fiscal allocations can signal the directions of change, clear directions must be agreed upon.

The third imperative for health reform stems from the poor health status of the country's population, poor health systems performance and the need for measures that aim to improve returns on health spending by seeking to address constraints imposed by poorly functioning public systems. Understanding these challenges and the means of their mitigation assume great importance in Pakistan at a time when the need to deliver welfare to the people of the country has never been direr, given the country's prevailing geopolitical challenges. Whilst health reform is imperative, one must also not lose sight of the context in which support for its implementation has to be mobilized. Pakistan has many competing priorities alongside the grinding fiscal constraints. However, it is precisely in such a fiscally constrained environment that the question of improving returns on spending needs to be arranged in order to address constraints imposed by poorly functioning public systems.

Health reform in Pakistan should be viewed in the context of some opportunities that can be capitalized for improvements at the health systems level. Of particular note in this connection is the space that exists to exercise leverage on the potential within public-private engagement to make pluralism in service delivery work for equity and quality. The promising prospects of harnessing the potential within the country's telecommunication boom to mainstream technology in health systems for gains at several levels, is another. While yet another is Pakistan's extensive public sector institutional infrastructure, which can be reformed with regulatory interventions and payment and incentive systems. Stewardship agencies must be reconfigured to reap these low-hanging fruits as a priority.

Health systems performance assessment

Health status is influenced by many factors. The performance of a health system is one of them. A health system is defined as comprising all the organizations, institutions and resources that are devoted to producing health actions. This encompasses personal healthcare, public health services and/or services/actions by other sectors whose primary purpose is to improve health. There are three yardsticks for assessing the performance of a health system—improvement in health and equity in health outcomes, fairness in financing and responsiveness of the system. Pakistan’s health system fares poorly with respect to all the three measures of health systems performance assessment.

With respect to the former, the poor health status of the country’s population is well established—but even more serious than that are the wide inequities, which prevail across income groups, rural/urban status of living and across genders.

As a preliminary step to gauging fairness in financing, the construct of Pakistan’s health system should be brought to bear. This is highly complex with many institutional actors. Three verticals ‘health systems’ with mutually exclusive service delivery infrastructure, human resource, governance arrangements, and public/publicly- mandated private means of financing exist in their own right. These include health systems of the armed forces, Fuji Foundation, and the Employees Social Security Institute. Collectively, these cover 14.20% of the country’s population. The predominant health ‘system’ in the country can be ‘mixed.’ Here out-of-pocket payments and market provision of services predominate as a means of financing and providing services alongside publicly financed government health delivery.

Two horizontals ‘health systems’ provide health coverage to an additional 2.38% of the population through this mixed system. These are the health systems of quasi-autonomous agencies of the government and the corporate sector. They use insurance/reimbursements as a means of financing but access the public/private sectors for service provision. Revenues fund healthcare for 15.22 million public sector employees. In addition, 0.5 million poor individuals are covered under safety nets (10.04% of the population). It can

therefore be inferred that quality issues notwithstanding, 26.62% of the population of the country is covered for health (care costs), whilst 73.38% is not and makes some level of out-of-pocket payments at the point of care to access health care. Recent health financing analyses show that out of the total amount of GDP spent on health (2.90%), 1.16% is contributed by the public sector whereas 1.73% is contributed by the private sector. Predominance of out-of-pocket payments and private financing—regressive means of financing health—show that Pakistan, fares poorly with regard to ‘fairness in financing,’ the second parameter of performance assessment.

A cursory examination of data from Pakistan Social and Living Standards Measurement Survey of the Federal Bureau of Statistics shows poor performance with reference to the third domain, responsiveness. More than 70% of service provision in health is by the private sector, but the state doesn’t harness their capacity to deliver health-related public goods. Quality of healthcare issues implicit in recent malpractice scandals and coverage challenges illustrated in closed public health facilities both courtesy of the media underscores the magnitude of other ‘responsiveness’ related challenges.

Poor performance of Pakistan’s health system is in stark contrast with what Pakistan has stated in its successive policy frameworks and planning instruments. The design of Pakistan’s three-tiered public infrastructure, a response to the international Alma Ata Declaration has ingrained the belief and a welcomed aspiration, but a mistaken notion that the state is pursuing the goal of Health for All. However, many on-ground realities refute this notion, as has already been illustrated. The nature and magnitude of fundamental distortions in Pakistan’s health system, therefore, make health reform a strategic imperative.

Undercurrents of health reform

Two things must be understood about the dynamics of health reform. One, that it has to be an indigenous process. And two, that it is a profoundly political process.

With reference to the former, health systems’ issues are closely inter-linked with a country’s body politic—so are the solutions. Strategies to be employed in the context of a

nation state to remedy its health system's woes are unique to a setting, and whilst lessons from similar countries have relevance, there isn't a perfect fit. Health reform, therefore, means very different things in different contexts.

In the United States, for example, where a publicly-funded system exists alongside a more predominant market system of pooling and provision, reform proposals in the past have centered on many strategies: removal of the private insurance market and establishment of a public option, premium subsidies to help individuals purchase health insurance, medical liability reform, policy options to reduce healthcare costs, etc. Through the recently enacted law under which insurance coverage is being expanded, the country is moving towards addressing the nation's fundamental health sector anomaly—the US is the only industrialized democracy which didn't until now provide universal coverage or financial risk protection to its population, and hence the medical bankruptcies.

Other developed countries that do provide universal coverage, adopt hybrid arrangements vis-à-vis service provision and health financing. In Britain, Spain and Italy, revenues fund healthcare and service provision are largely in the public domain. In Germany, France, Netherlands and Switzerland, the means of financing is predominantly pooling/insurance, but service provision is by private doctors whose potential has been harnessed by the state to achieve universal coverage goals. In other countries such as Canada, Taiwan and Australia, there are blended systems with private sector doctors and hospitals but with public insurance. The reform connotation in each of these settings is unique and is interlinked with the body politic and overall prevailing systems of governance in the nation state. In these countries, elements of competition, supplier/buyer roles, patient choice, diversity of providers, freedom for hospitals, stronger commissioning, new payment mechanisms, modalities of fund management, quality, measures for compulsory participation, government subsidies to cover the poor, and price regulation, etc., have strongly featured as pathways for health reform, over the years.

The contemporary understanding of health reform in the developing countries has been shaped by reforms introduced by international agencies in the 1990s and have been linked to the concept of neo-liberal reform. These attempts at health reform used a variety of entry points with organizational efficiency as an outcome—introducing insurance, changes in payment systems, decentralization, alternative modes of primary healthcare delivery, and hospital restructuring are examples of reform initiatives pursued by various countries in the past. Most reform attempts sought to improve the efficiency and quality of primary healthcare by structuring the role of the market in healthcare provision with separation of purchaser and provider functions as a major institutional overhaul. While some of these reform efforts positively impacted access, quality, and efficiency, they also came under criticism due to their perceived ideological conflict with the principles of Health for All. It is critical that in addition to efficiency gain, developing country health reform should also be configured to impact outcomes, with fairness in financing, enhanced responsiveness, and reducing barriers to access as endpoints.

Lessons from around the world in health reform have important insights for reforming Pakistan's health system. The latter can be described as 'mixed' where public provision funded by revenues co-exist with a market system of service delivery, with people accessing care through out-of-pocket expenditures. There are specific options to reform such systems by incrementally increasing and reorganizing health financing, harnessing the role of the market to achieve universal coverage goals and reorienting stewardship and regulatory capacity to support that objective. Such changes are transformational but are critically needed to address the unacceptable level of preventable deaths and disease that plague people of this country.

In order to understand what stands in the way of making the needed transformational changes in Pakistan's health sector, we need to examine the second fundamental point about the nature of health reform in terms of its dynamics being highly political.

In countries with a strong societal political culture and where healthcare accounts for one of the largest areas of spending, health reform is surrounded by hotly-contested political debates. This was evidenced by the difference in opinion between the Conservative and the Labor Party over the introduction of the purchaser provider split in Britain some decades ago and more recently, has been illustrated by the divergence of views on the type of fixes supported by the Democrats and the Republicans in the US in the last election, with the former leaning towards broadening the base of insurance and the latter supporting open market competition in order to cut costs.

In Pakistan, with the social political culture being weak, there are no ‘pressing’ public demands for healthcare. The Constitution does not explicitly recognize the right to health, although there have been progressive case law interpretations of the ‘right to life’ as also being inclusive of health rights. These judgments haven’t, however, had a knock-on effect with citizens going to courts and demanding that their right to treatment be enforced as has happened in many countries of South America where the right to health is constitutionally recognized.

In Pakistan, the most damaging aspect regarding the politics of health reform has been lack of policy consistency. There have been many programmes initiated since the creation of the country, which had the potential to lead to transformational change, if they were sustained and if evidence was used to upscale them. In contrast, a plethora of restructuring pilots was never evaluated, and those who decided on their fate prioritized planning based on what was politically expedient. There is a long list of lost opportunities where public monies were wasted in pilot projects that couldn’t be institutionalized and the opportunity to save millions of people from death, suffering and disability was lost.

Reform in the social sectors and in many spheres of governance is a long haul. It cannot come to fruition with governments changing policy positions ever so often, when governments are vying for quick visible outputs in the run up to the next elections, when administrative agencies have limited technical capacity and when there is no

accountability of politically expedient decisions. These constraints stand in the way of implementing reform and bringing it to fruition.

Reform routes

Health reform can have many entry points—changes in financing, service arrangements, payment and incentive systems, labor market interventions and social protection arrangements. However, for each, institutional capacity at the stewardship level is a prerequisite.

The objective of making any change in health financing arrangements should be to move towards public sources of financing (revenues and/or pooling) as opposed to private means of financing, which are predominant in Pakistan. Here, Pakistan cannot adopt a cookie-cutter approach and must incrementally make indigenously relevant changes. Gradual increase in revenues is important but more important is the reorganization of existing financing. This can be achieved by action outside of the health sector and by enacting legislation to make it binding on employers to pool for employees through payroll taxes or employers' contributions for the formally employed sector. For those in the informally employed sector, there are options to broaden the base of social protection by augmenting existing waiver and cash transfer systems. Reform of the state's current arrangements (*Zakat* and *Bait-ul- Mal*) is critical in this space.

Management re-engineering of public service delivery can be another entry point into health reform. It is envisaged that with adequate resourcing and management re-engineering on private sector management principles, workforce can be retained in the public sector, availability of medicines, supplies and infrastructure can be improved, and public facilities can be better managed. Similarly, market harnessing regulatory approaches to broaden the first point of contact in primary health care, can be another entry point of health reform in Pakistan's setting. This approach can also enable purchase of services in order to achieve equitable access to care. Similarly, other entry points can be used.

Most reform plans also need to be supplemented with other changes. Notable amongst these are the use of technology in order to assist with securing the distribution chain, making procurements transparent, optimizing time and connectivity in health information systems, and bridging gaps in training, continuing education, and information dissemination. A recent reform agenda has articulated a set of synchronized policy, regulatory, legislative and institutional measures that can be incrementally implemented to reform Pakistan's health system (Panel 1).

However, it must be recognized that healthcare is strongly influenced by the broader systems constraints within the remit of the political economy. Without debt limitation, fiscal responsibility, measures to broaden the tax base, there won't be the fiscal space available to allocate monies to the health sector and without measures to improve overall effectiveness in governance, and there will be impediments to bringing about change in health systems performance.

Changes in stewardship capacity to instrument reform

In most reform plans, institutional reform of state agencies mandated in a health role is needed to varying extents in order to enhance their normative and oversight capacity to implement and sustain reform. Institutional separation of policy-making, implementation, and regulatory functions is usually a feature of such reorganization. There are changes needed to reconfigure stewardship capacity at all three levels in Pakistan—federal, provincial and district—in this regard.

At the federal level, the Ministry of Health has an important role even after measures, which have granted provinces autonomy. However, its core mandate after the 18th Amendment appears to center around normative tasks, coordination, resource mobilization, information and evidence, disease security, ensuring compliance with international health regulations, and streamlining trade in health and the aid effectiveness agenda. Many changes are required in its culture to align its functioning with this mandate. Currently the ministry is swamped by management of a few tertiary care

hospitals and managing operational controls of the national public health programs. Its functionaries are overwhelmed by administrative tasks, and managing its subordinate, attached, and allied or ‘autonomous’ departments. As a result, the space for normative and strategic work has been crowded out. Much of the time of its functionaries is spent in, which can function better with devolved controls, albeit with appropriate oversight. Its planning infrastructure is weak and there is no institutional entity responsible for human resource planning; the potential of its functionaries remains largely un- harnessed. The ministry’s capacity is also limited to ensure compliance with international health regulations and serve one of its core roles, which relates to the information-evidence-policy cycle. It is performing a mix of normative, regulatory and implementation tasks often with lack of needed separation. A revamped ministry needs to concentrate on its core mandate and develop its capacity in these areas. In the pre-18th Amendment and NFC 2010 era the ministry embarked upon the process of formulating a new national health policy with an operational flavor, which must now be revisited, and its orientation changed to one that resonates with the new mandate of the ministry.

Provincial agencies—the departments of health—require a different set of competencies. They must develop the capacity to plan, implement and oversee a reform process that expands the focus of primary healthcare both with reference to the set of services to be delivered as well as the first point of contact with individuals. In order to achieve this, they need to develop capacity to regulate service provision by non-state actors to whom services have been contracted out under programs launched in the last decade and develop protocols for intra- organizational contracting of services from one level of the government (provincial) to another (the district).

At the third tier of government, the need for operational clarity vis-à-vis divisional and district roles is urgent since tussles at this level are undermining service delivery. Districts additionally have to develop capacity to integrate national public health programs with district accounting and accountability channels and hone designated roles for management, quality assurance, evaluation and inter-sectoral collaboration.

Health reform is not a short-term measure. Sustained political will, consistency of policy direction and the resolve and capacity to cascade multidimensional changes in a sequenced manner as tangible action into coordinated policies, laws, and institutional arrangements is a prerequisite for its implementation. There are many political and technical capacity constraints, which stand in the way of achieving this in today's systems of governance. That notwithstanding, the institutional changes, which have been forced on the health system should be used to reorganize stewardship capacity of state agencies. This would, in any case be a prerequisite to implement the reform process when the country's technical and political capacity constraints are overcome.

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