

## Guest Editorial

### Spending on Health is a Complex Phenomenon in Our Country

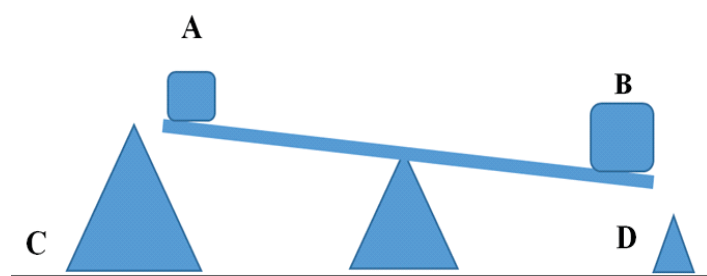
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According to WHO statistics 2017, amongst health indicators of countries worldwide, Pakistan's under five children mortality rate has been recorded up to 81.1 per 1000 live births, which is second highest in the list of SAARC countries.<sup>1</sup> In Pakistan, over 57% of deaths under 5 years occur during the neonatal period (42 per 1000 live births) and have not changed over the past 6 years.<sup>2</sup>

There are many underlying reasons but from one perspective is the misalignment of spending on health in our resource constraint set up. Although WHO benchmark of health expenditure is at least 6 per cent of the GDP but our country is spending much less of its GDP on health for the last 10 years. However, health spending has been low but persistently rising in these years. Now it is the right time to sensitize the health sector leadership to understand the complexity of the phenomenon of spending on health so that they may take right decisions in right direction.

The picture shown underneath depicts the factors affecting the spending on health phenomenon in our country. The see-saw shows allocation of budget for spending on health. There are four forces that determine the height and movement of see-saw.



Symbols	Indicate	Advocated by
<b>A</b>	↑ Spending on Primary Health Care and Primary Prevention	<ul style="list-style-type: none"> <li>• WHO</li> <li>• UNICEF</li> <li>• INGOs</li> <li>• Public Health professional</li> </ul>
<b>B</b>	↑ Spending on Secondary Prevention at all Healthcare levels	<ul style="list-style-type: none"> <li>• Clinical Stakeholder (societies, Associations)</li> <li>• Politicians in Govt.</li> </ul>
<b>C</b>	↑ Taxes on Health Services	<ul style="list-style-type: none"> <li>• World Bank</li> <li>• IMF – Asian Development Bank etc.</li> </ul>
<b>D</b>	↓ Taxes to even free Services delivery	<ul style="list-style-type: none"> <li>• Public at large</li> <li>• Politicians in oppositions</li> <li>• Welfare Associations</li> </ul>

In the key, what these forces indicate and who advocates them, is listed. Forces A and B compete with each other in every financial decision in health sector at district & provincial level and to some extent at national level (after 18th amendment it is limited). The wedge shows the tax implemented on health services. Forces C & D compete with each other in every financial decision for health sector at international, national & provincial levels.

One of the proven strategies of primary health care and primary prevention in our local context is through promotion of maternal and newborn care practices by implementation of community-based packages, including promotion of essential newborn care and community mobilization. They are effective in improving neonatal survival in low income set up.<sup>3</sup> Likewise there are many other cost-effective strategies for primary health care and primary prevention used by SAARC countries through which they have improved their health indicators.

In order to improve the health indicators, force A is to

be prioritized for all types of health programs including long term, medium term and short term. However, force B is to be considered for only short-term programs or annual development plans.

Force D is always desire of the majority population but force C can only be prioritized over force D, if health insurance schemes are started within the framework of stable jobs and sustainable employment policies.

### References

1. [www.who.int/gho/publications/world\\_health \\_](http://www.who.int/gho/publications/world_health_statistics/2017/EN_WHS2017_TOC.pdf)
2. National Institute of Population Studies (NIPS) [Pakistan] and ICF International. Pakistan Demographic and Health Survey 2017–18. Islamabad, Pakistan, and Calverton, Maryland, USA: NIPS and ICF International; 2018.
3. Prost A, Colbourn T, Seward N, Azad K, Coomarasamy A, Copas A, et al. Women's group practicing participatory learning and action to improve maternal and newborn health in low-resource settings: a systematic review and meta-analysis. *Lancet*. 2013; 381(9879):1736–46.