Talk with Experts iii

"The question to ask is not how it can be done, but why it is not done."

✍ **Samia Altaf**

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Q. You wrote a book "So Much Aid, So Little Development: Stories from Pakistan". Can you please briefly shed a light on why is it so that development is not happening despite having billions of dollars in aid?

A. My experience in working in most areas of the health care/medical care/population welfare industry in and out of Pakistan, has made me understand that the current model of development, while it has worked in many other countries, has failed in Pakistan and is not likely to succeed in future. The reasons for its failure are complex, multi-layered and chronic, as I try to describe in my book.

Briefly, the main factor is, it is the wrong model for a country like Pakistan. The model is based on false assumptions. The model assumes, one this side, that 1) Leadership is genuinely interested in bringing about development to improve the life of citizens. 2) Policy makers represent the people and are answerable to them and 3) Technical advisors have the required competencies.

On the other side it is assumed that 1) Donors' objective is actually improvement of services in developing countries. US government clearly articulates the goal of its assistance its foreign policy strategy. UK government has recently reorganized its development wing on same lines. 2) They, donor staff have knowledge of country, 3) Have the required competencies. In my book, So Much Aid; So Little Development I show that the reality is totally the opposite. By the way, an updated version of this book is coming out in Urdu in next couple of months.

1. Despite having a plethora of different health policies and frameworks, health indicators remain poor in Pakistan. How could the Ministry of National Health Services, Regulation and Coordination at the federal level and the Health Departments on the provincial level be made functional? Or is there an alternative to the government?

I am not qualified to answer if there is an alternative to the government. This subject is not my area of expertise.
In so far we have a government, it is responsible to arrange for and ensure safety, security and basic services for its citizens.

Making some organization or policymakers/ managers improve and be functional, can be done. It is dependent on how their incentives are aligned. It depends on answer to the

question—functional for whom? Currently they, the policy makers are very well functional-- for themselves, their friends, sons and sons-in-law. That is how their incentives are aligned. That is what they think their job is-- to maximize the opportunities for themselves and their masters—for all know their shelf life is very short. So they, policy makers and managers are immensely "functional " in a short period. As is every lot . They do not think they need to be made any more functional. And they have no need to listen to people like us, for we tell them to do things not in their best interest. Why should they listen to our litanies? Their masters are also happy with them, reward them. That is all that seems to matter.

3. In Pakistan, there is little or no coordination among different health ministries and departments. The current example is that of COVID 19 handling which shows many departments doing the same things without synergizing their acts. How can we define roles and responsibilities so there is no duplication or waste?

Who is the "we" here? Those in charge have defined the roles and responsibilities according to the traditional framework for their operations. They think and say publically that there is excellent coordination in all ministries and departments—all are always on the same page. It is consistent to the way they have historically operated and it has worked remarkably well for themselves and their patrons-- those in power —including the donors. None of these folks think there is duplication and waste. Maybe a little bit here and there but that is insignificant and to be expected.
In fact they all say what a great job they have done in dealing with COVID. If the cases fall it's to their credit, if they rise, it's the citizens' fault—"heads I win, tails you lose". Just listen to any minister and the chief minister and the prime minister and their technical experts. And if the international community, donors/aid wallahs did not think so, they wouldn't be giving the government more and more money would they?
If the "we" is PIDE or you and I, Dr. Nadeem ul Haq seems to think we don't stand the chance of a snowflake in hell to have anyone listen to us—and he would know. I do not agree with him entirely. I think its possible we do not get heard because our strategy to do so, is wrong.

Q. The landscape of public health is poor in Pakistan. We are producing more doctors but are not investing in system specialists. As a Public Health expert, would you like to share your insights on which dimensions of public health Pakistan needs to invest in?

A. Public Health actually means creating a healthy environment in which people live day-to-day lives. So clean air, clean water and good sanitation, adequate housing, safe transportation are critical. Appropriate primary education and accessible medical service and preventive health services are an integral part of the environment. These should be critical investments in Public Health.

You cannot expect to eradicate polio by giving polio drops to children as they live and play in mountains of filth (polio virus lives in sewage) every day of their lives. Almost 90% of the population of Tharparker defecates in the open. Even the heroic effort of Aga Khan hospital and the executive fiat of the most honorable chief justice of Pakistan, have failed to cure Tharparker's infants and children of diarrheas and pneumonias. Such greats defeated by human waste! Has anyone in government moved? Some huffing and puffing at appropriate moments—for the press and photo-ops and then back to same ol'.

It is worth remembering that the first health care reform in Britain in mid-nineteenth centaury was a sanitation reform led by doctors. British Government of the time was forced to arrange for better sanitation infrastructure to help decrease diarrheas and pneumonias in children.
These things are not difficult to organize and pay for. There is technology available-- Moenjodaro received clean water five thousand years ago. There is "Willingness- to- pay" research done in Pakistan from 1992-1993 that shows citizens are willing to pay for these services—and they do even for the terrible services that exist today. So why do all the governments run around asking for "aid"?

The question to ask is not how it can be done, but why it is not done.
Big Picture is: This, the current model of health care is not responsive to the needs of average citizens. The disease-based, pharmaceutical dependent, fee for service model of health care, unchanged for the last hundred years is out -moded, unsustainable and has

clearly failed to achieve the objectives of health care in most developing countries including Pakistan. It has failed will continue to fail in spite of more doctors and hospitals, because doctors and hospitals cannot function well in absence of an appropriate environmental infrastructure that maintains a certain level of good health of most of the population. This traditional model is changed in most of developed countries and in some developing countries as well. So it can be done.

The industry and policymakers have known this reality for the past forty plus years. Please see the 1978 Alma Ata Declaration—Pakistan is a signatory. No one wants to face this reality, for the government does not want to invest in a clean environment, and hospitals and medical doctors who profit from this situation, are in power. They would be out of jobs and hospitals' and pharmaceuticals' profits would decrease, if the model changes.

Specifically at the level of the health system: Hopeless as thing are, even now, if two actions are undertaken—by HEC and by PMDC, the system will begin to turn around. These are:

1) The medical education curriculum should be changed to give broad –based analytical preventive health skills to most physicians and health care workers, as opposed to disease-based curative skills.
2) These physicians should be incentivized to step into the changed model by offering them better salaries and positions of power and authority comparable to, if not better than those of narrow clinical specialist.
3) What are the major policy shortcomings related to reproductive health challenges in Pakistan? Let us defer this issue for another time. The chapter in my book "World Bank-Witches' Oil and Lizard's Tail" addresses this issue from the perspective of ordinary women in Pakistan and in context of health system/international aid.
4) Is Public-Private Partnership working for providing better healthcare services to the larger population, especially the poor?

Short answer is NO. If they were you would see a change in indicators for PPP is being done for the past thirty years. Why would we expect this little piece to work when nothing else in the system does? Why would it work in interest of citizens when nothing else does? The incentives for PPP are also, like those for aid-funded programs aligned in such a way that PPP works for private partners. Long answer is for another time