Gender Inequality in Access to Health Services in Pakistan

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Introduction

Public Administration has come a long way from Weberian bureaucratic model to modern concept of corporate style governance. New Public Management (NPM), Good Governance, and Global Governance approaches to Public Administration have, particularly, found greater acceptance and appreciation in the Western countries. NPM has been enthusiastically implemented throughout the western world to reform public sector organizations into an efficient business-like organization. NPM is market-oriented and emphasize performance, cost-effectiveness, efficiency, and audit (Diefenbach 2009). Many Asian countries also turned their attention to NPM for introducing reforms in their public sector organizations. Some developing countries introduced NPM under imposed conditions from International donor organizations to introduce reforms in their public sector organizations (Cheung 2005). However, one may ask, can a successful model of administration in one country be replicated in another country, achieving the same results? This paper will discuss the problem of gender inequality in access to health services in Pakistan and will try to find solution to this public policy problem in the light of New Public Management approach. The paper has been divided into four sections. Section 1 discusses the issue of gender inequality in access to health services in Pakistan. Section 2 reviews the problem in the light of NPM. Section 3 outlines potential barriers to addressing the problem with NPM approach. Section 4 concludes the essay.

Public Policy Challenge

The United Nations Millennium Development Goals (MDGs) number 3 and 5 are about women empowerment and health. Goal number 3 is about gender equality and women empowerment, while goal number 5 asks for endeavors to improve maternal health. Progress in both these areas is quite dismal in Pakistan. Pakistan has a population of 184.35 million people, half of which are women (Economic Survey 2013-14). Majority of

the population lives in the rural areas with limited availability of basic facilities. Evidence has suggested that gender inequalities have led to devaluing of and indifference towards women health issues (Fikree and Pasha 2004).

Provision of adequate health services to women population is the biggest public policy challenge in Pakistan. Resource constraints make it difficult for the government to provide health facilities closer to communities. Furthermore, women health gets lower priority on government's agenda. Maternal mortality rate is 260 per 100000 live births (Economic Survey 2013-14). Antenatal care coverage is 61 per cent (WHO 2014). Only 39 per cent of women are attended by skilled health personnel (WHO 2014). Infant mortality rate is 69.3 per 1000 live births. Only 6 nurses or midwives are available for 10000 people (WHO 2014). Availability of Primary Health Care Units is 8 per 10000 people. Comprehensive Emergency Obstetrics and Neonatal Care (EmONC) is available in 275 hospitals/facilities in the country. Basic EmONC is available in 550 hospitals/facilities (Economic Survey 2013-14).

These figures show that women health receives low priority in health policy. An indication of this neglect is the budget allocation for health services. Health expenditure as percentage of total government expenditure stands at 3.6 per cent. Health expenditure as percentage of GDP is a dismal 2.5 per cent (WHO 2014). In terms of social accessibility also, very little has been done. Social accessibility means overcoming tribal, cultural, or religious barriers (Ali et al 2008). There is acute shortage of female doctors, which keeps many women away from the hospitals. Unskilled midwives attend women at home during childbirth. Female doctors are available in 41.8 per cent of the facilities (Ali et al 2008). Family planning and reproductive health clinics are accessed by 10 per cent only. This situation stems not only from scarcity of resources, but several other factors including public administration style, inefficiency, tradition, culture, and social norms are also responsible. The public sector organizations are inefficient, corrupt and unresponsive to public needs and demands. Rural population, who come to tertiary hospitals in the urban areas because adequate women health services are not available in the rural areas, overburdens these hospitals. Clearly, the existing model of public administration is failing

to deliver public services as demanded by the people. In the industrialized Western nations NPM has been introduced to all levels of public administration, central, regional, and local governments (Diefenbach 2009). NPM is increasingly becoming a 'global paradigm of administrative change or reinvention' (Cheung 2005:258). Can New Public Management approach address the problems of public administration in Pakistan?

New Public Management (NPM)

New Public Management was introduced in 1970s in the public sector organizations to achieve efficiency and cost-effectiveness by turning them into business-like organizations (Diefenbach 2009). NPM is widely practiced in the Western World. NPM's main features include efficiency and effectiveness of services, customer care programs, quality management, public complaints mechanisms, competition, deregulation, market orientation, decentralization, accountability, performance management/auditing, and value for money programs (Turner 2002). NPM is based on certain assumptions.

Firstly, NPM assumes the existence of a functioning market. NPM proponents argue that external business environment is changing, putting a lot of pressure on the public sector organizations to transform their environment towards more business-like operations and strategic objectives (Diefenbach 2009). For this to happen, public sector organizations have to adopt three new orientations, namely, market orientation, stakeholder orientation, and customer orientation (Diefenbach 2009). NPM claims that changing the way public sector organizations operate will result in efficiency and cost-effectiveness. Market orientation aims at commodification of services to achieve value for money. Stakeholder orientation aims to address interests of internal and external stakeholders, which means meeting targets and requirements of the stakeholders. Customer orientation assumes that citizens are consumers of services who demand delivery of specific service for their needs (Diefenbach 2009).

Second assumption of NPM is that individuals are rational market agents and are capable of making informed choices to maximize their interests. Thirdly, NPM is about

changes in the internal structures and processes of public sector organization. It assumes that public service is willing to redefine its role in order to achieve less hierarchy and flexible structures. Decentralization, privatization, and deregulation are the outcomes of this assumption. Fourthly, there is a pro-active civil society, which is informed and willing to interact with the state as consumers, rather than citizens. Fifthly, public sector managers will act like business managers and will adopt corporate culture. This will result in more financial and administrative empowerment and quick service delivery.

Can the NPM framework address the issue of gender inequality in access to health services in Pakistan? NPM reforms aim at restructuring the public sector through privatization that includes sale of assets, joint ventures, and managerial reforms of public sector organizations. Deregulation is another important element of NPM, which allows market to do its work, while new regulations guide and help new service providers (Turner 2002). Presently, there are few private sector organizations working in Pakistan's health sector. Almost all of these private facilities are tertiary level hospitals, located in the urban areas. NPM framework can help open up the market in the rural areas. To make the initiative more attractive for the private operators, incentives like low taxation rate, easy loans, one window operation, and favorable business environment can be provided. Primary Health Units in the rural areas can be privatized and handed over to private operators. As for the cost of the services, the assumption is that market competition will bring the charges (fees) down. Naturally, customers will go to only those facilities, which will provide better services, because consumers are capable of making rational choices. To ensure delivery of best possible service to the customers, government can introduce certain standards to be maintained in these facilities. Here, government will be acting in its regulatory role only. In the second stage, secondary and tertiary hospitals/facilities can also be privatized or can be run on Public-Private Partnership (PPP). Joint venture and handing over the management control to private party can also be done. These measures will bring efficiency in the operations of health facilities and will improve women access to health services. Privatization of these facilities will make the public employees of these facilities redundant, as their services will no longer be required. The private operators may

hire some of them, but most of them will be laid off. This right sizing in the public sector organizations will result in savings in the public expenditure.

Decentralization is an important element of NPM. Transferring power to the lower tiers of government is important for better service delivery. It will result in more autonomy, both administrative and financial, in the hands of local mangers, enabling them to make quick decisions. This will also give a chance to the local population to participate in the decision making process. It will lead to women empowerment, who can decide what kind of services they require in their local health facility. The objective of internal reforms is to achieve flexible structures and less hierarchy. Internal reforms focus on performance measurement, concentration on processes, quicker decision-making, collaboration, reduced compartmentalization, improved communications, and greater autonomy at the lower levels of management (Diefenbach 2009). These reforms will make the public sector organizations responsive to public needs and accountable to the people. Privatization of health facilities and decentralization of authority to the lowest level will improve women access to health services. Private sector organizations are efficient and are more likely to provide emergency services like ambulance, EmONC nearest to the community.

Barriers

There are, however, cultural, administrative, and economic barriers to addressing the issue within NPM framework. Generally, reforms in Asia are characterized by considerations of nation building, steering the economy, and strong role of bureaucracy (Cheung 2005). Firstly, the market is not as vibrant in Pakistan as in the Western countries. There are very few private sector organizations working in the health sector. Their involvement is limited to hospitals in the urban areas only. They see no economic benefit in investing in the rural areas because the people there are mostly poor. They cannot afford even the nominal fee in the government hospitals, let alone hefty expenses of the private facilities. That is why government has to provide health services either free of cost or on very minimal fee. Secondly, cultural, tribal, and religious norms do not allow women to make rational choices. Male members of the family make decisions for them (Ali et al

2008). Women are treated unequally because they are not considered economically beneficial. Rather, a girl child is considered economic liability, as she will need dowry to be married. This explains the preference for the male child. This kind of thinking usually puts female child at a disadvantage, which results in issues like malnutrition, indifference towards women health, early marriage to minimize the expenditure, early pregnancy, domestic violence, trauma, and suicide. Cultural norms are responsible for low literacy rate among the women. An uneducated woman, who is tied in cultural, traditional, and economic bondage, is not likely to make informed choices. She will not be free to choose even when the health facility is next door. Thirdly, Pakistan has a long tradition of hierarchical bureaucracy, a colonial legacy. It will resist any attempt to devolve powers in favour of autonomous managers. Concentration of power at the top is the hallmark of traditional bureaucratic administration, which is very difficult to break. Lastly, Pakistan is not yet ready for NPM reforms. Administrative reforms often carry political purpose. It presents a blurry picture where political, administrative, and business spheres intermingle, which results in reforms becoming a pursuit of personal political interests (Cheung 2005). General public is already skeptical of the large-scale sale of state-owned enterprises, which were sold to political cronies and close family friends. Very often privatization is motivated by personal and political concerns. Cheung (2005) has argued that 'major beneficiaries of market driven policies in Pakistan and Sri Lanka were business, bureaucratic, and political elites' (Cheung 2005:270).

Conclusion

Gender inequality in access to health services in Pakistan is a serious policy challenge. NPM offers market-based reforms like privatization, deregulation, and decentralization. Internal reforms ensure swift decision-making, accountability, responsiveness, and devolution of authority to lower levels. NPM is based on the assumptions of functional market, vibrant private sector, well informed educated citizenry, willing government to give up its powers, deregulation, and active civil society. All these elements are not present in Pakistan. NPM's application to addressing the issue is prevented by cultural, economic, administrative, and traditional barriers. Women cannot

take decisions on their own. Male members of the family decide about their health issues. Administratively, strong bureaucratic tradition in Pakistan will resist change in their status. Devolution of power is very hard to achieve. A combination of the best practicable elements in the Eastern and Western approaches to public administration may present the best possible solution.

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