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A QUALITATIVE INSIGHT INTO THE HEALTHCARE SYSTEM OF PAKISTAN: A HISTORICAL PERSPECTIVE

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ABSTRACT

Objectives: To identify the various features and problems of the health care system of Pakistan and reflect on the health issues of women.
Study Design: Historical comparative study
Methodology: Qualitative methodology has been employed. The approach to reach findings in this research is historical interpretative. Primary documents such as government reports and reports of the international organization have been analyzed through the research technique of textual analysis.
Results: The health care system of Pakistan comprises of various tiers from the level of the village through Tehsil to District. Various policies about health have been formulated and introduced by the Government of Pakistan, from time to time but most of these policies didn't meet conclusive and practical shape. Moreover, there are various problems with the health care system such as absence or shortcoming of adequate expert force, provision of quality medicine, and above all less spending on the health sector by the government. As far as the health issues of women are concerned, women are suffering from multiple diverse and sophisticated diseases. Issues related to reproduction and pregnancies are common. There are cultural constraints as well which impedes women's access to primary and secondary health care.
Conclusions: The Healthcare system of Pakistan is devoid of the latest technology and expectations of Millennium Development Goals (MDGs). For the reform of the health sector in Pakistan, it is concluded that the health sector requires enhanced spending on a budgetary level of government. Special attention, on the part of government and society, is required for uplift of women's health and elimination of health problems. In this regard awareness programs for the males of society need to be launched so that women should not have accessibility to health facilities issues anymore.

1. INTRODUCTION-A HISTORICAL ANALYSIS OF HEALTH CARE SYSTEM IN PAKISTAN

Pakistan is a league of four areas conjoined with Islamabad as capital, the contagious confluence area of FATA-Federally Administered Tribal Areas, the remote and hilly periphery of Pakistan-FANA the Federally Administered Northern Areas, strategically important and adjoining area to India-AJ&K, Azad Jammu and Kashmir. As indicated by the evaluation of the population completed in March 1998, the aggregate populace of the nation is 130.6 million, and the annual population growth rate is 2.6%. Punjab, Sindh, Khyber Pukhtunkhwa, Balochistan, FATA and Islamabad are host to 55.6%,23%,13.4%,5%, 2.4% and 0.6% of population respectively.[1] Out of the total population of Pakistan 48 percent people are men and remaining are 52 %. Population of women in Pakistan increases than that of men in Pakistan. Annual growth rate of Women and men between two census is recorded as 2.6% and 2.5 % respectively.[1]

Pakistan, since independence, has progressed reasonably well in economic terms but human resource development remained at a standstill. Economic growth rate was above five percent on annual average basis during the last five decades. Subsequently income per capita tripled in nominal terms during the same period2 3. Over the years, the share of health spending in the total government budget declined from 0.7 percent in 1990 to 0.6 percent in the year 20034. Human resources remained underdeveloped in terms of skills, better health and education attainment, while ill health, illiteracy, poverty, inequality and social exclusion enlarged [5] [6]. Underdeveloped as well as underinvested social sector especially education and health is playing a vital role in vicious cycle of deprivation[7]

In perspective of the potential part that improved situation of health can play in enhancing the living conditions in the nation, this work follows the diverse dimensions of health area in Islamic Republic of Pakistan including expenditures on public health, general health care framework, results-oriented improvements in health position with respect to capability of utilizing open social insurance and also human asset for wellbeing. This research is managing

expressly with the general wellbeing uses in Pakistan which for the most part are originating from assessment incomes and other officially-governed sources however excluding the spending falling out of pocket, magnanimous or whatever other sort of private uses on facilities of health. This is done due to the information restrictions and non accessibility of privately-owned health provisions with respect to range of time on as large scale as national level is.

Political dimensions of health provisions area in Pakistan, related economic interests and the improvement arranging in wellbeing is likewise talked about. On this score, this work goes for evaluation of all those areas which are related to health providing spheres in Pakistan (general wellbeing administrations procurement) from 1972 to 2006. Additionally, investigates the real purposes behind low wellbeing status in the nation, pattern examinations of health providing workforce accessibility and state's spending on wellbeing. The classification of this paper is as per the following; in next part various features of health care system of Pakistan is clearly explained. Segment three portrays general health expenditure (repetitive and improvement spending) extra time. Segment four quickly clarifies health framework accessibility in the nation; Health work force and paramedical professionals are additionally discussed in this segment. A depiction of health care status is investigated in the fifth segment. At the end, the section abridges and reaches conclusion.

2. POST-PARTITION HEALTH CARE SYSTEM IN PAKISTAN

After independence, in historical year of 1947, Pakistan acquired an absolutely deficient human services framework including just of one medical educational institution, a couple specialists, with overwhelming weight of irresistible maladies, Tuberculosis (TB), need sufficient foundation, high baby and maternal death rate and populace with decreasing chances to live and survive. The framework is partitioned into generally accessible for common people and privately owned sector having conventional drug frameworks similar to infrastructure which Ayurvedi, and Unani (Greek) had established [8 9]. With yearly populace development rate of more than [2] percent for the last more than two decades, Pakistan ranks seventh in list of countries with largest population on the planet[2] .Two third or very nearly 70 percent of the populace lives in contagious and small towns (minimal gathering of individuals having private living arrangement) while 33% of the populace resides in city regions and henceforth classified into three classes: languishing lower, developing middle and upper with its persistently increasing income [10 11 12]. Pakistan inherited a human services model from British standards of colonial era and/or westerly situated, which is very unified, therapeutic in nature and wasteful/unresponsive in giving social insurance to all uncommonly to rustic poor and other marginalized groups of society [8 13]. Human services procurement in Pakistan has three particular inclinations: class predisposition against poor (particularly country populace); local inclination for urban zones [2] ;sex-oriented predisposition that is male with more access and benefit to utilize health care facilities contrasted with female. Government of Pakistan took on process of decentralization of powers through devolution of powers in 2001. Under devolution, objective was to decentralize the obligations to administrative units through commonplace organization and henceforth to Tehsil (sub locale), despite the fact that planning, development and financial features is the mutual obligation of governments on both levels: federal and provincial. and common government. In the devolution arrangement, wellbeing remained a commonplace subject as it is proclaimed in the constitution of 1973[3]. Three level health servicing infrastructure which determining social insurance frameworks that exist in Pakistan is confronting various issues like imbalance in administrations procurement for delivery of adequate services and not well prepared HR, defilement and bungle among others [14 15]. Facilities related to health care in the majority of the countries situated in the global south is given by people in general part and needs public expenditure e.g., Pakistan is spending just 0.8 percent of its GDP for improvement of facilities pertaining to health care[2].

In Pakistan, the exertion of making approaches and arrangements was principally expects to enhance the expectation for everyday comforts of the general population by diminishing social imbalances like lack of education and by giving dignified living on the large scale of time and place through health care administrations procurement. Consequently, health care arrangements remained an indispensable piece of all thoroughly thought out and meticulously predicted five year development plans. From the year 1955 to the year 60 the initial five year improvement arrangement was executed. Short supply of experts in health care sector was one of the key worries to accomplish better wellbeing status in the principal arrangement period. It was called attention to in the arrangement report that wellbeing administrations ought to be extended unobtrusively due to absence of required number of health care work force. Absence of healing administrations and deprecating funds was the real deterrents in accomplishing the fundamental health care scope for all. Wellbeing segment extension, amid fifth arrangement period, had attained strength in flow however populace development rate was still high in Pakistan, high newborn child death rate, lacking number of specialists and personnel's of paramedics, awkward nature between projects with different objectives and general health care administrations. Financial reserves for preventive consideration stayed less accessible,

subsequently give hindrance in uplift and amelioration of health related issues in particular and health care sector in general.

Rather than broadening and reinforcing general wellbeing administrations more accentuation stayed on accident programs like elimination of malaria, Tuberculosis (TB), extended system of inoculation (EPI). In this connection, remote guide for wellbeing likewise implied for the most part for these accidental programs. This outcomes in high increase of transmittable infections, while some achievement has been accomplished to uproot real scourge of infections like smallpox and disease such as malaria. Lack of repetitive back additionally impeded full use of restorative framework, specialists and paramedics and therefore accomplishing focuses for wellbeing. Mothers and kid wellbeing got very little consideration and subsequently stretched out to little divide of populace which subsequently expanded major determinant of women 'health problem, maternal mortality proportion (MMR), proportion of deaths after births, infant mortality proportion (IMR) and proportion of young age deaths, children mortality proportion (CMR). Personnel's and staff of paramedics is hard to find (like attendants and drug specialists and so forth.) and the purpose behind this paucity was socio-cultural obstructions that are assuming overwhelming part and constrained limit of preparing school with deficient accommodation holders , unskilled staff, gear and research facilities.

Wellbeing for far reaching national scope was the trademark of the 6th national arrangement. Low distribution of finance on wellbeing division is portrayed as the essential obstacle in accomplishing the objectives and thus enhancing the wellbeing status. While intermittent consumptions are confronting trouble as distribution is deficient. After right around thirty years of planning arrangements it is acknowledged in seventh arrangement that health care is fundamentally given to all keeping in mind the end goal to accomplish and enhance the personal satisfaction. Because of absence of account and/or less usage limit [16 4], for instance 50 percent of the allotted financial plan for fifth arrangement and development plan is utilized in real terms17 4, accomplishing the objectives of incorporated medicinal services framework at national and commonplace level appears to be depressing. Amid eighth arrangement plan period (1993-98), deficient essential primary health care(PHC), its determinants and health care labor awkward nature are among the other wellbeing area needs. As, just about 60 percent of the repetitive (Non improvement) spending go to pay rates, there is small room to put resources into health care framework of improvement. In the domain and scope of medium term advancement structure (MTDF) 2005-2010 accentuation is primarily on various indicators of PHC and on contagious and Communicable sicknesses which represents significant weight of sicknesses about forty percent.

The national wellbeing strategies of 1990 and 1997 expressed that colossal loss of life in Pakistan is because of ailments that can without much of a stretch be counteracted if due accentuation is given to nourishment, water and sanitation and anti-conception medication [18 19] . In 1997, policy-making circles formulate Health Policy.The policy of 1997 went for expanding the preparatory options for the staff of paramedics at nearby and levels pf national and global nature, while advancement of coordinated wellbeing programs and advancing Primary human services activities. For controlling and counteracting transmittable illnesses, it stressed on the program initiated distinctively for immunization-Expanded Program of Immunization (EPI)- to be widen to all ranges (MoH, 1997). Preference was given to updating human services framework in the national health policy formulated by Government of Pakistan in 1990. Procurement of general scope as per the activity of 'health care for all in 2000', having the goal of constructing health care facilities and administrations more powerful, evenhanded, effective and available. Endeavors were additionally documented in policy report to improve group investment furthermore to incorporate protecting, immunizing, healing and promoting administrations [18]. Development of human resources and their uplift was the most extreme part of both the strategies with a specific end goal to have better get to and use of existing provisions.

Another policy on health care provisions was enacted by the Government of Pakistan with the title National Health Policy 2001.The policy located health issues and uplift of living situations. Key measures incorporate; enhancements and updating Tehsil and locale health facilitating centers, foundation of referral framework amongst essential and optional and additionally tertiary medicinal and health care services offices [20]. The point was to secure individuals against unsafe illnesses; advancing general health care and redesigning of healing provisions.

As youngster survival percentage in Pakistan was low, therefore under various provisions of Health Policy of 2001, a procurement was arranged for centered regenerative human services administrations procurement for women having married status with the age in which she can bear the child. This improves and guarantees the protected parenthood activity and henceforth builds mother and youngster survival rates. In this respect, essential medicinal services access is made accessible to large population of women through a well-envisioned program of Lady Health Worker easily and timely accessible to general public21.Reforms of 2004 in the field of health managed to protect people against life-threatening illnesses ; to advance general wellbeing and overhaul facilities aimed at curing the

public. Preference was given to two caring systems. First was primary health care(PHC) and other was secondary health care(SHC).

3. CURRENT SITUATION OF WOMEN' HEALTH CARE IN PAKISTAN

The socio-economic situation of females belonging to all ages in Pakistan needs uniformity in perspective of the intermingling connection of sex with various sorts of dismissal in the overall population. There is broad contrasting qualities in the socio-political and economic situation of women across the social, economic and geographical divide as an outcome of uneven money related progression and the impact of primordial, traditional/primitive, and industrialist social advancements social circumstances of women of different areas belonging to different social classes and on various shades of women' lives . In any case, comparison of situation and circumstances of women with that of men is one of the systemic subjugation and structural subordination, controlled by the qualities of males 'dominance over social classes, geographical regions, and the socio-economic divide of society into urban and rural.

Sexual orientation and its different dimensions are one of the driving principles of social structure of Pakistan. Patterns of males' dominance embedded in locally practiced traditions and society destine the social estimation of sexual introduction. A manufactured partition between production and multiplication, made by the conviction system of organized and systemic division of labor based on gender, has projected females in the process of reproduction as those who act as caring mothers for their children and responsible wives for their husbands in private personal lives. This has triggered a slow process of economic progress in which amount of investment is observed as record low in projects and areas aimed at uplift of women by the authorities concerned of families on social/private level and that of the government on public/formal level. In this manner, low investment in the issues and projects related to human capital of women, added by the conviction thoughts, in which local public has strong believe, of purdah (really "concealed"), raucous social inclinations, and activities in social life; honor exclusively glued with females' sexuality; impediments on females' compactness; and the camouflage of male predominance by women themselves, transforms into, the reason for different sorts of separation and incongruities in general circles of life.

The essential association between training level of education and fiscal advancement contrasted with other social circles markers, is very much exhibited both to the extent worldwide and Asian experience. Regardless, Pakistan continues spending a little measure of its benefits on ventures went for development of educational activities. Pakistan presents a very sorry picture on this score as mere 2.2 percent of Pakistan's Gross National Product (GNP) goes to educational sector. With this pattern, Pakistan won't have the capacity to designate 4 percent of its deteriorating GNP on activities pertaining to education in the year 2000. Four percent of GNP spending on education was prescribed by the United Nations Educational, Scientific and Cultural Organization(UNESCO) for the global south.

The ascent of neediness fuels states of persecution for females and youngsters. In poor families with rare means, sexual orientation separation in the designation of family unit assets is more purported. Women experience the ill effects of healthful hardship in low-wage families. Neediness too compels women to make more efforts to win and shield their families from starvation. This adds to the pressures these women as of now face because of destitution and social persecution. It is assessed that sixty-six of the psychiatric patients at any doctor's facility or center are females. Women 'deteriorating psychological and physical wellbeing has drastic ramifications on their efficiency and forces high social and financial costs for the general public

Pakistan has certain activities in the wellbeing part to review sexual orientation awkward nature. The SAP was propelled in 1992–1993 to quicken change in the social pointers. Shutting the sex crevice is the premier goal of the SAP. In the wellbeing segment the emphasis has been on the procurement of essential human services and fundamental wellbeing offices in provincial regions. The other significant activity is the Prime Minister's project of improvement in conditions of woman lady health workers (LHWs) which I s appreciable and commendable. Under this group based project, 26,584 LHWs in rustic remote regions and 11,967 LHWs in various financial centres urban zones have been employed to give essential human services including population-controlled program like family planning to females at the grassroots level.[22] Different activities incorporate the family planning of labourers in country sides and developed vaccination programs, nourishing and youngster survival, malignancy treatment, and expanded contribution of media in wellbeing awareness

The work power investment rates for females are horribly underrated by the authority wellsprings of information. There was a survey Labor Force Survey which had been conducted in 1997 reported the refined action decreasing rate of 13.6 for all age groups of females percent and 70 percent for various age groups of men, while the rough estimated rate3 was 9 percent for women and 47 percent for men. This is because of issues in information accumulation, for example, an unseemly meaning of monetary movement, male evaluators who get data with respect to working ladies from the male individuals from the family, puzzles looking for data on a solitary fundamental action, and rejection of

the casual area. In the social setting of Pakistan, women' compensatory work is viewed as a risk to the male personality and character and females' involvement in numerous home-based financial exercises prompts highly decreased compensation for their labour. Pakistani young ladies and females spend extend periods of time bringing water, doing clothing, getting ready food, and doing rural obligations. Not just are these errands physically tough and requesting, they additionally deny young ladies of the chance to think about.

Females need responsibility for assets. Regardless of females' legitimate rights to claim and acquire property from their families, there are not very many ladies who have entry and control over these assets. A study on micro level of 1,000 country family units directed in 1995 in Punjab observed that just thirty-six claimed land in their own name, while just nine of them had control over it.4 Thus, formal money related establishments don't take into account women' credit essentials because of the basic suspicion of women' stake in the regenerative circle. Business banks disregard ladies customers due to their biased perspectives on females' financial soundness on account of their reliance on men for physical security, high exchange expense of little credits, and troubles in picking up data around a borrower's reliability.[23]

Two major banks, Agriculture Development Bank of Pakistan-the only major bank established for promotion of agriculture- and First Women's Bank-exclusively constructed for females' financial improvement are the main banks that have little scale credit programs that take into account females customers. Different sources of capital to females incorporate casual sources, for example, non-government associations, companions, relatives, moneylenders etc. The effect of macroeconomic adjustment, liberalization approaches, and foreign-funded and nationally supported structural adjustment programs(SAPs) have been excessively high on females. Without macro level information, it is hard to calculate the effect of SAPs on individuals by and large and on ladies specifically. Be that as it may, some micro level ponders have unmistakably shown the impacts on unemployment, expansion, decrease in genuine wages, and diminishment in caloric admission for poor people.[23]

Because of male movement and lack of employment, more females are looking for salary earning potentials in the employment market. In the year 1990-1991 when democratic setup hardly started its political journey, seventy-seven percent of monetarily dynamic females in urban regions were working in the casual segment where they were monetarily misused and had no insurance of work laws.7Marginalised labor force conditions in particular work environment, exacerbated by harsh exigencies at home where females keep on taking the sole obligation regarding local work, overloaded them to the inconvenience of their physical and mental health.[24]

Abusive behavior at home is genuinely far reaching over all classes. It ranges from slapping, hitting, and punching, to kill. Since the general public, security and law implementing organizations view aggressive behavior at home as a personal matter, it is not noticed seriously until it takes compelling types of killing or attempted killing. A survey carried out by the Division of women proposes that abusive behavior at home happens in roughly eighty percent of various family units in different areas of country. Frequencies of stove smoldering are by and large massively reported in the media. Amid last decades, 282 blaze instances of ladies were accounted for in different area of Punjab. Of these, sixty-five percent succumbed to their wounds. Information gathered from two big hospital units in Rawalpindi and Islamabad for the last five years uncover seven hundred and thirty nine instances of those victims who were burnt through fire.[25]

As indicated by report that was formulated by the Pakistani based non-governmental organization Pakistan Policy Institue (PPI) in last phases of the year 2014, the medicinal services arrangement of Pakistan was going to caved in and did not demonstrate any goal to enhance in any perspective in the entire year. The sectors responsible for health care in Pakistan have never been a need at state level and never examined at any open deliberation plan in this way. In 2014 investigation, report stated in the definitive mode that the Pakistan has the most ineffective health care setup and medicinal services framework among that of all other countries in South Asia with exception of recently included Afghanistan and public clinics are not approaching towards accomplishing the best objective as it need to accomplish. The accomplishment of various indicators of health care is the most serious danger to the entire framework and still the women is the principle casualty of this unresponsive framework. [26]

The fundamental health caring providers that is the basic and compassionate practices in all the world, even, is not being introduced by Pakistan. The projects pertaining to health care and human services framework for women can never hoist unless or until the therapeutic education have some quality principles to gauge that is practically truant from the Pakistan medicinal services and health care system. The use of development innovation in health-related fields and the ways that are being used are redesigned in the entire world and in this regard Pakistan is being lagged behind in the group of South Asia countries. Women in Pakistan have not easy and smooth access to various facilities o health in a manner that can gives her an approach to opt the better futuristic life for her children. [26]

UNICEF-an offshoot organization of United Nations in the year 2013 delivered treatment to seven million females who were going to crumpled because of disease. This is the because of the females' wellbeing position that till 2013 around one hundred and eighty two thousand women have no access to any kind of nutritional apparatus on all scores and UNICEF made that possible by providing nutritional services. The nonattendance of procurement of miniaturized scale supplement at the level of women is additional problem of Pakistan and external association have grave enthusiasm to gloat this field in advantageous way. The pregnancy is the most basic condition in the life range of women and the providers of health care are most remote enities in this matter.[27]

The Human Immunodeficiency Virus is the most assaulted ailment amid the pregnancy and need a genuine treatment in Pakistan. Around 7 percent women having positive results of HIV test amid her pregnancy phase was documented by the UNICEF under their formal official reports. Stability of maternal health in Pakistan is one of the Millenium Developmental Goals being specifically related with the maternal wellbeing in Pakistan and this publicly mandatory provision of health is never talked about in any viewpoints and never accomplished the wanted targets regardless. Around thirty-thousand females kick the bucket before giving the birth to their offsprings amid the pregnancy time frame and pregnancy connected inconveniences. The position of women' wellbeing in Pakistan has been battling and till date circumstances of physical and mental soundness of women are not commendable and laudable in any viewpoint.[27]

Conceptive reproductive wellbeing issues are the main source of mortality among females in Pakistan representing 20.3 percent of cases leading to deaths. The percentage is double the 11.3 percentage of women died of cancer-the next bigger cause behind mortality among women. These issues influence most intensely the dispossessed and financially deprived women from countryside ranges who are more matured and have had numerous youngsters. Regenerative issues emerge frequently because of the absence of appropriate birthing procedures, including an absence of Emergency obstetric consideration. This can prompt disease or various difficulties that can't be dealt with without expert's assistance. These confusions can prompt repulsive long haul sways on women'lives and additionally have more prominent societal ramifications, genuinely affect future eras of Pakistanis nationals. The Ministry of Health is very considerate in its suggestions that Pakistanis present a project that patrons gifted birth orderlies and connects with women in contingent money exchanges to instruct and provide incentives to women in utilizing safe practices of birth.

REFERENCES

1. Country Briefing Paper. Annual Development Bank.2000
2. GOP. Economic survey of Pakistan 2005-06, Economic Advisor’s wing, Ministry of Finance Islamabad, Pakistan.2006.
3. Uddin, F. and Swati, M.A. Pakistan’s Economic Journey: need for new paradigm. Institute of Policy studies, Islamabad, Pakistan.2006.
4. Lashari, T.Pakistan’s national health policy: quest for a vision, the Network Publication, Islamabad, Pakistan.2004.
5. Easterly, W. The political economy of growth without development: a case study of Pakistan. Paper for the analytical narratives of growth project,.2001.Kennedy school of government, Harvard University, USA.
6. World Bank. Poverty in Pakistan: Vulnerabilities, Social Dynamics and Rural Gaps. World Bank Pakistan poverty Assessment Report. 2002. Washington D.C: World Bank.
7. Abu-Ghaida, D and Klasen, S.The Costs of Missing the Millennium Development Goal on Gender Equity, World Development.32(7).2004 . 1075-1107.
8. Zaidi, S. A. The political Economy of health care in Pakistan.1998. Vanguard Books (Pvt.) Limited Lahore, Pakistan.
9. Mehmood, S.Pakistan, Political roots and development 1947-1999.2006. Oxford university press, Karachi, Pakistan.
10. GoP. Economic survey of Pakistan 2005-06, Economic Advisor’s wing, Ministry of Finance Islamabad, Pakistan.2004.
11. Illiyas, M., Burney, M. I., and Taqi. L. Environmental hazards. In Illiyas, M. (ed.) community medicine and public health Karachi. 1997. pp: 234-257.
12. Khan, A. and Bhutta, Z. A. Maternal Health and Malnutrition in Pakistan: a situational analysis. Aga Khan university and UNICEF. 2001. , Karachi:Aga Khan university pressPakistan.
13. Khan, M.M. Health Policy analysis: the case of Pakistan. Dissertation submitted to faculty of Medicine. .2006. University of Groningen, The Netherlands.
14. Nishtar, S. Corruption in Health sector in Pakistan. Heart file and Transparency international.2007. Islamabad.

15. Shaikh, B. T, and Rabbani, F. The district health system: a challenge that remains. East Mediterr Health J. .2004.Jan-Mar; 10(1-2):pp. 208-14.
16. Hassan, K.Z. and Mahmud, S.Health sector Reforms, in Public Health Challenges in Pakistan by K.Zaki Hassan, Chapter 10.2006. Sama Publishers Karachi, Pakistan.
17. Hakim, F.K. Economics of Health sector Reforms in Pakistan. 2001. Ad Rays Printers Islamabad, Pakistan.
18. MoH. National Health Policy of Pakistan 1990, Ministry of Health, Islamabad, Pakistan.
19. MoH. National Health Policy of Pakistan 1997, Ministry of Health, Islamabad, Pakistan.
20. MoH. National Health Policy of Pakistan 2001, the way forward, an agenda for change, Ministry of Health, Islamabad, Pakistan.
21. GWHA.Pakistan's lady health worker program: country case study of Global health workforce alliance (GWHA) task force on scaling up education and training for health workers, World Health Organization (WHO).2008.Geneva,Switzerland. http://www.who.int/workforcealliance/knowledge/case_studies/Pakistan.pdf
22. Federal Bureau of Statistics.Compendium on Gender Statistics. .1998. Pakistan – Islamabad, p. 51.
23. Ministry of Women's Development (MWD), "Pakistan National Report," submitted to the Fourth World Conference on Women, Beijing.2008.
24. Farzana Bari."Women and Access to Credit: A Case Study of Pakistan," 2009.Islamabad, p.6.
25. Shahrukh Rafi Khan. Structural Adjustment in Pakistan: Testing Hypotheses and Assessing Impact, 2010.Islamabad. p.204.
26. Ahmed, T. Annual report: 'Pakistan has the weakest healthcare system in South Asia'. Retrieved July 12, 2015, from http://tribune.com.pk/story/808599/annual-report-pakistan-has-the-weakest-healthcare-system-in-south-asia/
27. Unicef. Pakistan annual report 2013. Unicef.