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## Original Research

# Is health a priority among decision-makers of Pakistan? Evidence from Parliamentary questions screening



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## ABSTRACT

**Objectives:** The objectives of the study were to assess the interest of Pakistani parliamentarians in health issues, including the comparison of interest by gender, to determine the relation of health issues raised in the parliament with national health priorities set by Pakistan's Health Ministry and to assess the nature of health questions.

**Study design:** Cross-sectional study.

**Methods:** We assessed the Pakistani parliamentarians' interest and importance given to the country's health problems by retrospectively counting parliamentary health-related questions raised on the floor of the house from 2012 to 2016. Categorical variables and themes were created and identified respectively based on questions' contents and analyzed in SAS v9.4.

**Results:** A total of 25,496 questions were asked in the parliament, out of which 408 (1.60%) were related to health issues seeking basic information and policies. An even smaller proportion (1.31%) of the questions were related to national health priorities. Despite a low ratio of female to male members (1:4), females asked five times more questions about health than their male counterparts.

**Conclusions:** The members of parliament asked a low percentage of questions about health compared to other affairs in the country. It could, therefore, be assumed that they have low interest in health issues of the country, and this might be one of the reasons for the challenging state of health in the country. However, female members asked the majority of questions about health issues and could, therefore, play a vital role in improving the dismal state of the country's health.

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## Introduction

Pakistan is a democratic lower middle-income country, with a national healthcare system. Providing quality health care to the population by the public healthcare system remains a challenge. Pakistan ranks 122<sup>nd</sup> out of 191 among World Health Organization (WHO) member states in achieving the overall efficiency in healthcare system.<sup>1</sup> Furthermore, Pakistan stands low on the health statistics as laid out in World Health Statistics of 2017 by WHO.<sup>2</sup> The importance given to health issues by the government has frequently been questioned, and the monetary amount devoted to health care by elected parliamentarians responsible for population health is very low. The World Bank reported Pakistan's total expenditure on health to about 2.7% of the total gross domestic product (GDP) in 2015,<sup>3</sup> ranking among the bottom tier countries in the world to spend the least in health.

Pakistan's democratic system has a parliament comprising of democratically elected representatives from the Upper (Senate) and the Lower House (National Assembly [NA]).<sup>4,5</sup> Elected for 5 years, the NA has 342 seats, out of which 60 are reserved for women.<sup>6</sup> The Senate has 104 seats, of which 17 seats are reserved for women. The locus of decision-making in Pakistani parliament lies with the members of the parliament; therefore, it is very important for them to be interested and well aware with the nation's health issues, so they could act as stewards to steer the policies in a right direction. To highlight health-related issues, members of parliament ask questions on an assigned day of the week from the Ministry of National Health Services Regulation & Coordination (MoNHSRC),<sup>7</sup> which is a cabinet-level ministry with responsibility for national health services. When a question is asked on the floor of the house, it is recorded and sent to the Section Office of the Ministry for a response.

Studies have shown that parliamentary questions allow parliamentary members to go on public records over an issue to gather information from the Minister<sup>8,9</sup> and to oversee policies.<sup>10</sup> However, the main purpose of parliamentary questions is democratic accountability, i.e. to be answerable to people directly.<sup>11</sup>

Keeping in view the poor health status of the country, one would be interested to know the democratic accountability of the parliamentarians. We, therefore, designed this study to analyze parliamentary health-related questions for their number, topics, and content to show interest of the elected parliamentarians in healthcare issues of Pakistan. This is the first study of its kind to explore the parliamentary questions in health that evaluates the interest of the elected parliamentarians in healthcare problems and improvement.

## Objectives

There were four objectives of this research:

- Objective 1: To assess the interest of members of the parliament in health issues.
- Objective 2: To determine the relation of health issues raised in the parliament with the National Health Priorities

set by Ministry of National Health Services, Regulation and Coordination.

- Objective 3: To assess the interest in health issues disaggregated by gender of the parliamentarian.
- Objective 4: To assess the nature of health questions asked.

## Methods

MoNHSRC was created on April 2012 after the 18th Constitutional Amendment, with available records from June 2012. Health-related questions asked in the NA and Senate are sent to MoNHSRC for a response. We reviewed hard files of all the questions that were sent to MoNHSRC up to January 2016 and extracted necessary details including distribution by house of parliament, date, gender, and question content. The total number of questions on all issues were obtained from the NA and Senate to compute the proportion of health questions during the study period. Similarly, the total number of parliamentarians in both the parliamentary houses were obtained from their respective websites.

We first identified the gender (male/female) of every parliamentarian asking questions, along with the respective house of parliament (NA/Senate). The theme of every question was identified, then cross matched, and evaluated against the country's National Health Priorities as identified in the National Health Vision 2016–2025 document. It was coded as 'related' if it matched with the priorities, or coded as 'Not Related'. The nature of each question was identified through contents and categorized into three levels (inquiring basic information, inquiring about health policies, and inquiring about both). Questions raised were then analyzed to identify common themes and priority areas. A temporal trend of the health questions was also assessed for the study period in terms of number of health questions raised in each parliamentary year. Data were recorded in MS Excel and coded.

Quantitative statistical methods were used for this study. The Excel sheet with all the variables was imported into and analyzed with Statistical Analysis Software (SAS) v9.4. Proportions were obtained for each objective, and the Chi-squared significance was compared with at  $\alpha$  0.05. The ethical review and permission to conduct the study was granted by the authors' institute.

## Results

A total of 25,496 questions (22,403 in NA and 3093 in Senate) were asked on all issues of government by members of the parliament during the study period. Out of the total, only 408 (1.60%) questions, including 307 (1.37%) in NA and 101 (3.27%) in Senate, were related to health, indicating that in NA, about one out of 100 questions while in Senate, about three out of 100 questions were asked about health (see [Table 1](#)).

The questions related to national health priorities were even less (see [Table 1](#)). Overall, 335 (1.31%) health questions were related to national health priorities, about one in 100 questions in NA and about two in 100 questions in Senate.

**Table 1 – Proportion of health questions in the Parliament [% (n)].**

Parliamentary Questions	NA (N = 22,403)	Senate (N = 3093)	Total (N = 25,496)	P-value
Health related	1.37% (307)	3.27% (101)	1.60% (408)	<0.001
Related to national health priorities	1.17% (262)	2.36% (73)	1.31% (335)	<0.001

NA, National Assembly.

Overall, 118 out of 431 (27.38%) unique parliamentarians asked health-related questions. Among them, 52 parliamentarians (44.07%) were female. Looking at the number of health questions asked by parliamentarians, it was noticed that a greater number of health questions were asked by females (n = 234, 0.92%) than their male counterpart (n = 174, 0.68%) (see Table 2). In NA, the proportion of health questions asked by female members (n = 204, 0.91%) out of the total questions asked in all affairs of the country were more than the male members (n = 103, 0.46%). In Senate, the proportion of health questions asked were more among male (n = 71, 2.30%) than female (n = 30, 0.97%) members (see Table 2).

Among all the health questions related to national health priorities, three types of health questions were identified based on contents of the questions: inquiries on basic statistical information (0.21%); inquiries on health policies (0.06%); and a combination of both basic health information and health policies (0.02%). However, the differences were not statistically significant (see Table 3).

A temporal trend of increased health questions raised in the parliament was observed during the study period. The highest number of health questions were asked during 2014–2015 (41.18%), followed by 2015–2016 (32.11%), 2013–14 (16.42%), and 2012–13 (10.29%).

## Discussion

Pakistan is included in the list of countries that failed to achieve Millennium Development Goals (MDGs); however, the government was hardly held accountable for its performance on the global indicators of health. As shown by the results of our study, health-related questions constituted only 1.60% of the total questions asked in the parliament, which shows that health may not be considered as a priority area by the parliamentarians of Pakistan. After 2015, the government is

committed to achieve the sustainable development goals which require far more effort than the MDGs.<sup>12</sup> Pakistan is also signatory to other international commitments and regulations, for example, containing and controlling various infectious diseases prevalent in the country to achieve international health security.<sup>12</sup> The results of this study show that elected officials may have a limited knowledge in the dismal health status of its electorate.

The parliamentarians of developed countries ask a greater proportion of questions in health as health is considered a priority. For instance, in Ireland, 16% of the total parliamentary questions,<sup>13</sup> in Turkey 5.9%,<sup>14</sup> in Switzerland 5.8%,<sup>15</sup> and in the United Kingdom 16% were about health.<sup>16</sup> The GDP spending on health in these countries is also greater than that of Pakistan, e.g. Pakistan spends about 2.7% of GDP in health,<sup>3</sup> Turkey 4%, Switzerland 12%, and the United Kingdom 9.9%.<sup>17</sup> One could argue that developed countries ask more health questions as they feel more accountable for spending a greater proportion of GDP on health. Pakistan spends a smaller proportion of GDP on health; therefore, the parliamentarians might feel less accountable to ask questions about health. However, as there is dearth of research on parliamentary health-related questions in developing countries, it is hard to argue if accountability in terms of parliamentary health-questions is associated with GDP spending in health.

Health budgets have to compete with other programs in the country as per priority.<sup>18</sup> Pakistan's GDP spending on health remains low when compared with other member countries of the South Asian Association for Regional Cooperation (SAARC) (see Fig. 1). We can, therefore, assume this as an indirect indicator for low priority in health. There is a need to increase the percentage of GDP in health to improve the health conditions to bring at par with other member countries of SAARC.

Only 1.31% of health questions were related to the national health priorities of Pakistan. The majority of these health questions were raised to obtain basic health information and health policy. Actual examples of questions asking basic health information are as follows: (1) 'Could the Minister please state the vaccine-wise projects being launched by the government for the children in the country?'; (2) 'Could the Minister please state whether it is a fact that the drug manufacturers have again increased the prices of essential medicines; if so, the reasons thereof?'; (3) 'Could the Minister please state the number of Ebola Virus diagnosed along with the parts of the country badly affected by the above said

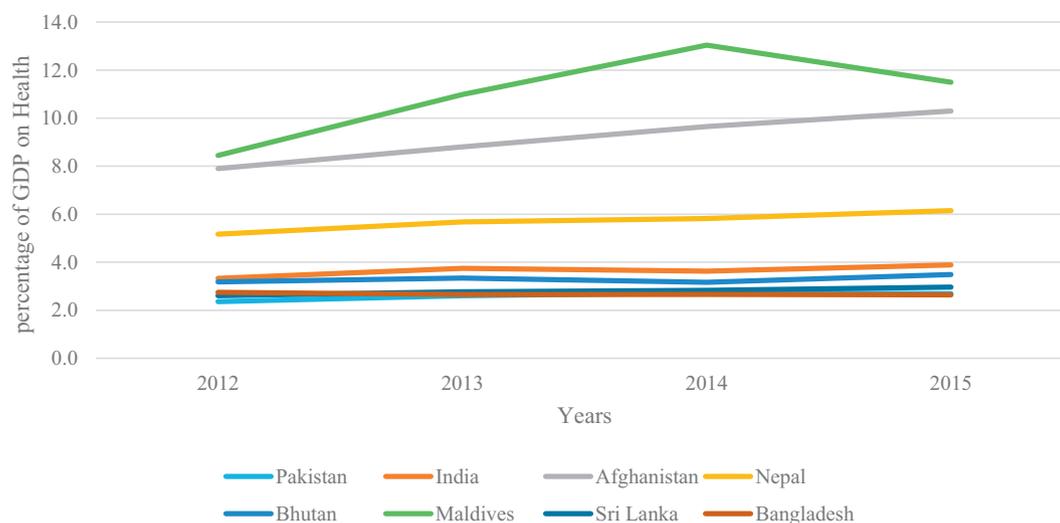
**Table 2 – Proportion of health questions by gender of the Parliamentarians [% (n)].**

Parliament	Male	Female	P-value
National assembly (N = 22,403)	0.46% (103)	0.91% (204)	<0.001
Senate (N = 3093)	2.30% (71)	0.97% (30)	<0.001
Total (N = 25,496)	0.68% (174)	0.92% (234)	<0.001

**Table 3 – Proportion of health questions in the Parliament [% (n)].**

Nature of health-related questions	NA (N = 22,403)	Senate (N = 3093)	Total (N = 25,496)	P-value
Inquiring basic information	0.56% (126)	1.33% (41)	0.66% (167)	0.471
Inquiring about health policy	0.28% (62)	0.48% (15)	0.30% (77)	
Inquiring both basic information & health policy	0.33% (74)	0.55% (17)	0.36% (91)	

NA, National Assembly.



**Fig. 1 – Year-wise percentage of GDP spending of members of SAARC in health.** Source: World Health Organization Global Health Expenditure database<sup>17</sup>. GDP, gross domestic product; SAARC, the South Asian Association for Regional Cooperation.

disease?’ etc. Examples of questions regarding health policy on specific health matters are as follows: (1) ‘Could the Minister please state the steps taken by the Government so far to control the price of life saving drugs?’; (2) ‘Could the Minister please state the steps being taken to ensure the corruption free culture as well as good governance in DRAP?’; (3) ‘Could the Minister please state the prescribed procedure given by the PMDC to Private Medical Colleges to ensure merit and transparency in admission?’, etc. The top 10 themes of questions asked included: details of the human resource in various departments of MoNHSRC, price control of drugs in the country, details on fund allocation to various departments working under the MoNHSRC, issues regarding governance of various health programs working under the MoNHSRC, control of polio, registration of drugs in the country, control of spurious drugs, private medical colleges regulation, number of communicable disease cases, and information on health services delivery. Issues of maternal and child health, vaccination, and cost of care were also asked, although were not of the highest priority.

Very few questions challenged the government about its performance or asked for accountability. Even fewer questions were related to solutions for the population's health problems. This study showed that parliamentarians use the floor of the parliament to obtain basic information and health policies instead of pressing the government for taking actions, showing a concern for their constituency or highlighting government's discrepancies in the field of health.<sup>13,15,19</sup> The purpose of questioning should be to improve performance and accountability by the health actors.<sup>20</sup>

A temporal trend of increased health questions raised in the parliament was observed during the study period. Most of the health questions were asked in 2014–15, when several health-related issues surfaced in the media during that time, such as ebola,<sup>21</sup> polio,<sup>22</sup> dengue,<sup>23</sup> irregularities in medicine's prices and quality,<sup>24,25</sup> irregularities and a continuous and abrupt increase in tuition fees of private medical colleges of the country,<sup>26,27</sup> as well as the approach of general elections.

This result is in congruence with the results obtained internationally where media coverage precedes parliamentary debate.<sup>28</sup>

There were 431/446 filled parliamentary seats at the time of study because of reasons like death, resignation, or disqualification of the parliamentarians.<sup>29</sup> Out of 431 filled seats, 89 seats were occupied by female members (77 on reserved and 12 on general seats). In NA, there were 338/342 filled seats, out of which 70 were female members (60 on reserved and 10 on general seats). The Senate had 93/104 filled seats, out of which 19 were female members (17 on reserved and two on general seats). Despite the fact that there are seats reserved for female parliamentarians in the Pakistani parliament in addition to the general seats,<sup>6,30</sup> female members still constitute a lower proportion than the male members. Despite having disproportionate representation, it is observed that more female than male parliamentary members asked health-related questions. Total number of health questions asked by male members was 174 compared to 234 by female counterparts in the parliament. The ratio of female to male members is about 1:4, however, the proportion of health questions raised by female to male members was 517% more in the parliament. In NA, the total number of health questions asked by male members was 103 compared to 268 by females. Even though, the proportion of females is one-fifth of the male members in NA, females raised 758% more health questions than the male members. Similarly, in Senate, the proportion of female health questions was 165% more than that of male members. The female parliamentarians have shown an increased interest in the health affairs of the country. The female members seem to perform better in terms of raising higher numbers of health questions to the Minister of NHSRC<sup>16</sup> and pushing to pass legislative laws<sup>31</sup> and initiate legislative business<sup>32</sup> in health.

The members of parliament asked a low percentage of questions about health compared to other affairs of the country. It could, therefore, be assumed that they have low interest in health issues of the country, and this might be one

of the reasons for the challenging state of health in the country. Female parliamentarians seem to be more interested in health as they asked more questions related to national health issues than their male counterparts. Females are usually perceived as caring mothers in the Pakistani patriarchal society. Similarly, female parliamentarians have shown to care for people they are responsible for. The motherly nature is depicted by them in the form of asking more health questions of national importance than their male counterparts. Therefore, the female parliamentarians may play a vital role in improving the healthcare conditions of Pakistan by bringing the issues to the attention of others in the parliament.

#### Recommendations:

1. The members of Pakistani parliament need to be better sensitized about national health challenges and 'National Health Vision 2025' document to learn about the health problems and priorities in Pakistan.
2. Parliamentarians should be encouraged to utilize the 'Online Health Dashboard' and getting regular updates from the websites of various departments working under the MoNHSRC. Almost three-quarters of the parliamentarians did not ask any direct health question and those who asked health questions were about acquiring basic health information and health policies that regulate the healthcare system in Pakistan, instead of making use of the floor time to ask targeted questions that would have resulted in action toward betterment of health status of the country's population.
3. There is a need to raise awareness of health issues especially of national health priorities among the parliamentarians.
4. The electorate should also vote for lawmakers who demonstrate interest and knowledge in issues related to their health.

## Author statements

### Ethical approval

The ethical review and permission to conduct the study was granted by the authors' institutes.

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### Competing interests

None declared.

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