PUBLIC HEALTH IN PARLIAMENTRY BUSINESS

AN ANALYSIS OF PARLIAMENTRY QUESTIONS FROM PAKISTAN

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# **Abstract**

**Background**

Government’s commitment to social sector and health has always been a question in developing countries. An often-cited reason for the poor health statistics in Pakistan is the lack of political commitment to the health agenda. Keeping this in view, we assessed the interest and awareness of members of Pakistani Parliament (the apex legislative body) on the country’s public health problems using parliamentary health-related questions and explored salient features of those questions.

**Methods**

Data was obtained from records of the Ministry of National Health Services, Regulation & Coordination from 2012-2015. Categorical variables were created from these questions and analyzed in Statistical Analysis Software version 9.2. Proportions with p-values (<0.05) were obtained through chi-square test for both descriptive and inferential statistics.

**Results**

A total of 25,496 questions were asked in the parliament, out of which 1.60% were related to health. Of these, 82.11% were related to country’s public health problems, directed mostly towards seeking information, policy, and/or their details.

**Conclusions**

The health had been and is a neglected field in Pakistan as evidenced by the meagre proportion of health-related questions. Though majority of the questions were related to country’s public health priorities, these were directed to obtain basic information with details. It was noticed that raising questions in health, when motivated by media, led to public health measures in the form of legislation and actions.

***Keywords***

*Parliamentary questions, public health education, media motivation, political commitment*

**Background**

Government’s commitment to social sector and health has always been a question in developing countries. The status of healthcare and health is challenging in Pakistan and is depicted from the World Health Organization’s (WHO) ranking of Pakistan as 122nd among 191 countries in the world [1] and World Health Statistics of 2017 [2] respectively. The Pakistani government spends less than 1% on health. In 2014, the total expenditure on health was 2.6% of the total Gross Domestic Product (GDP) [3], portraying low investment in health [4] for its improvement.

The Pakistani government and legislative system is known as the Parliament that is comprised of two legislative houses: the lower house, National Assembly (NA); and the upper house, Senate [5, 6]. The NA is composed of the democratically elected representatives from each province and federal area whose strength depends on the population of respective regions [7]. Currently, there are 342 seats in NA, out of which 272 are general, 60 are reserved for women, and 10 for religious minorities [7]. NA is formed for five years from the date of first sitting [8]. The Senate has members nominated by political parties with an equal representation of all the four provinces (23 members from every province) to avoid exploitation (or deprivation from resources) of one province by the other and to offset the population based inequality of the number of seats in the NA (Senate of Pakistan 2017a). The Senate is formed for a period of six years after which new nominations are requested from the provinces [9].

In Pakistan, members of Parliament ask health-related questions to the Minister of State for National Health Services Regulation & Coordination (NHSR&C) just like in any other Parliament in the world [10, 11]. These questions generally relate to costs, access, equity, quality, and corruption [12], holding the Minister accountable for their performance [13, 14]. The members of Parliament are accountable to their constituencies for efficient use of taxpayers’ resources and to deliver on electoral promises, therefore, health systems around the world have built-in accountability systems with health ministry having a special interest in accountability for effective public health outcomes [12, 15]. Schedler [16] and Finer [14] define accountability in this context in terms of answerability to Parliament [16].

The members of parliament discuss the subject of health on one of the assigned weekdays in each parliamentary house where they could ask questions to the Minister of State for NHSR&C. When a question is asked on the floor of the house, it is recorded and sent to the Section Office of the Ministry to obtain answers. The locus of decision making in Pakistani Parliament lies with the Ministers, therefore, it is very important for members of Parliament to be well-versed with the nation’s public health issues, so they could act as stewards to steer the policies in a right direction.

There has been no study to date to demonstrate the interest and awareness of the public health problems by the elected officials of Pakistan. This is the first study of its kind in Pakistan to analyze parliamentary health-related questions for their content. The purpose of this study was to assess the interest and knowledge of the elected officials in the subject of health in Pakistan. The public health priorities of Pakistan were identified through the “National Health Vision 2025” document prepared by the Ministry of National Health Services, Regulation & Coordination (M/O NHSR&C) by thoroughly analyzing the health situation in Pakistan through a consultative process with all the stakeholders in health. Details of these health priorities could be found elsewhere [17].

# **Methods**

Since inception of the Ministry of NHSR&C in April 2012 after the 18th Constitutional Amendment, the available records date back to June 2012. The data period for this study ranges from June 2012 to December 2015. Two different assemblies were in place in year 2012 and 2013 onwards. The purpose of this research was not to compare the two assemblies but to assess the interest and knowledge of the members of Parliament in health and with the public health priorities of Pakistan. The permission to obtain the data was granted by office of Federal Director General Health, M/O NHSR&C, Islamabad.

The study data consisted of parliamentary health-related questions that were obtained from the hard files of Section Office of the M/O NHSR&C that deals with the parliamentary questions. The overall number of questions asked in the parliament was obtained in a hard form from the section office of the Ministry. For health-related questions, the questions were recorded from each hard file in to Microsoft Excel v.2013 sheet along with the details of the questions that included question number, file number, and date. The dependent variable in this study was Country’s Public Health Priorities (Related, Not Related) that was classified based on whether the theme of the question matches the public health priorities of Pakistan as identified in National Health Vision 2016-2025 document. For this, a theme for every question was identified based on what was asked by members, which was then cross-matched with the health priorities of Pakistan identified in National Health Vision 2016-2015 document. If it matched, it was coded as ‘Related’ else ‘Not Related’. The following independent categorical variables were created using the information that was noted down with the questions:

|  |  |
| --- | --- |
| **List of Independent Variables** | |
| **Variables** | **Levels** |
| Ruling Party | Yes |
| No (opposition) |
| Gender | Male |
| Female |
| Year | 2012 |
| 2013 |
| 2014 |
| 2015 |
| Country’s Public Health Priorities | Not Related |
| Related |
| Nature of Questions | Information |
| Policy/Law |
| Explanation/Details |
| Info & Explanation/Details |
| Info & Policy/Law |
| Policy/Law & Explanation/Details |
| All (Information, Policy/Law, Explanation/Details) |
| Repeated Questions | Yes |
| No |
| Partial |

Quantitative statistical methods were used for this study. The Excel sheet that contained all the variables was imported to Statistical Analysis Software (SAS) v9.2 for efficient data analysis. Descriptive statistics in the form of percentages were obtained for the Parliament and its constituent houses to see the characteristics of the questions while bivariate statistics were obtained to analyze the association of the independent variables with the dependent variable (Country’s Public Health Priorities). The significance of proportions was determined at p-value of < 0.05 using the chi-square test for both descriptive and bivariate statistics.

# **Results**

Overall, a total of 25,496 questions on all issues of government (22403 in NA and 3093 in Senate) were asked by members of the Parliament during the study period. Out of these, 408 (1.60%) were received in health, 307 (75%) in NA and 101 (25%) in Senate.

In table 1, majority of the parliamentary questions were asked by members of the opposition (60%), female members of parliament (57%), in the year 2014 (~41%), related to priority areas as identified within Pakistan’s National Health Vision 2025 document; fresh questions (75%), and seeking information with details (~32%). Similarly in NA, majority of the questions were asked by members of opposition (62%), female members (66%), in year 2014 (44%), seeking information with details (~29%), fresh questions (~76%), and related to public health priorities of Pakistan (85%). In Senate, all variables were significant but the ‘ruling party’ and ‘year’ variables. The majority of the health-related questions in senate were asked by male members (70%), seeking information with details (~41%), fresh questions (67%), and related to public health priorities of Pakistan (72%).

The table 2 assesses the association of independent variables with public health priorities of Pakistan. The variables ‘ruling party’ and ‘repeated questions’ were statistically insignificant, all other variables were significant. In this table, we see that the higher proportion of questions that significantly aligned with the public health priorities of Pakistan were asked by members of the opposition (~61%), female members (60%), year 2014 (~43%), seeking information and details (27%), and fresh questions (~73%).

# **Discussion**

Health-related questions constituted only 1.6% of the total questions asked in the parliament. This confirms that health is a neglected field with law-makers of Pakistan. The members of the Parliament appear to have very less interest on the state of public health in Pakistan. Pakistan is one of those countries which failed to achieve Millennium Development Goals (MDGs). It is surprising how little the government was held accountable for this poor performance on global indicators of health. After 2015, the government is committed to the achievement of Sustainable Development Goals (SDGs) which will require far more effort than the MDGs [17]. Pakistan is also signatory to other international commitments and regulations, for example to achieve international public health security [17] by containing and controlling various infectious diseases prevalent in the country. The results of this study show that the elected officials have limited knowledge in the dismal health status of its electorate. In other countries, health-related parliamentary questions constitute a majority proportion of questions. For instance, in Ireland 16% of the total questions were related to health [18], in Turkey 5.9% [19], in Switzerland 5.8% [20], and in United Kingdom the health questions amounted to the second major category [21]. The GDP spending on health in these countries is also greater than that of Pakistan. The main reason behind this is that politics determine budget allocation as health has to compete with other programs [22]. Though the total amount of budget for health had been inclining in Pakistan [23–25], however, health expenditure as a percentage of total GDP had been declining since 2011 [26] as opposed to other developing countries like India [27], and Nigeria [28] where it has been on the incline.

Out of 1.6% questions, 82.11% were related to the public health priorities of Pakistan. Majority of these questions were related to obtaining information or clarifying policy (see table 2 for details). Very few questions challenged the government about its performance or asked for accountability. Even fewer questions related to solutions for the population’s health problems. This shows that parliamentarians use the floor of the parliament to obtain basic information, policies, and their details. A number of researchers view this type of behavior as a way to overcome information asymmetry, pressing for taking action, attacking minister(s) in difficult political situation, showing a concern for their constituency, highlighting government’s faults/errors, creating excitement and drama, etc. [18, 20, 29]. Challenging questions were usually only raised as a reaction to media coverage of health incidents such as outbreak of Dengue [30, 31], Ebola [32, 33], and Polio [34, 35]; various issues related to control of price and quality of medicines [36, 37]; and issues related to Pakistan Medical and Dental Council (PMDC) regarding recognition of private medical colleges, and tuition fees [38, 39]. To some extent, a similar trend is found in other studies [40, 41], but this does not detract from the fact that elected lawmakers should be proactive about health affairs rather than reactive. It is interesting to note that health-issues in which the government was challenged, led to debate and followed up in the form of partial repeated questions over time on the floor of the parliament that resulted in positive actions, for example controlling Dengue, Ebola, and Polio through strengthening disease surveillance programs and Expanded Program on Immunization; control over the prices of medicines and regulating the pharmaceutical industries through Drug Regulatory Authority of Pakistan; and passing of legislation for PMDC to curb irregularities and to ensure quality medical education in the country. This demonstrates the effectiveness of lawmakers in bringing about change if they are motivated to do so.

We observed that more female than male parliamentary members asked health-related questions. One of the reasons could be attributed to the fact that female members are more likely to initiate legislative business [42]. In the NA, there are 60 seats reserved for women apart from the general seats [7, 43, 44]. The female members have been seen to perform better in terms of raising higher number of questions to the female Minister of NHSR&C [21] and pushing to pass several legislative laws [45].

It was also observed that members of the opposition asked majority of health-related questions (see table 1). This result is in concordance with other studies conducted in Switzerland, Belgium, and Turkey in which the opposition and newly elected members of Parliament posed a number of questions for gaining public’s attention for the party and creating pressure over the government to pass legislative laws [19, 20, 46].

Recommendations:

The members of Pakistani parliament should be sensitized aggressively about national health challenges and “National Health Vision 2025” document to learn about the public health problems and priorities in health in Pakistan. Moreover, they should be encouraged to use sources of information like the “Dashboard” that has been established at the Ministry of NHSR&C to keep themselves updated and well-informed on the on-going activities in the country. This way they will be able to ask targeted questions or propose suggestions to the Minister to improve the health status of the country rather than using floor-time to seek more information or statistics. The electorate should also vote for lawmakers who demonstrate interest and knowledge in issues related to their health, and civil society and state institutions should be active in educating lawmakers to raise issues related to health priorities of Pakistanis if we are to meet SDG targets.

# **Conclusions**

The members of parliament have limited interest in the affairs of health in Pakistan as depicted by the percentage of questions asked. This is one of the reasons for the challenging state of health in the country. Even though majority of the health questions were relevant to the public health problems, those were directed to seek information rather than bring about change. However, it is established that asking questions related to country’s public health problems could lead to prompt legislative actions for remedial measures. Now that the government has health priorities sorted with the consensus documents like the “National Health Vision 2025”, it might be expected that members of parliament will make themselves familiar with its contents, learn about the challenges Pakistan’s facing in health and initiate debates in parliament that lead to improvement in the health of the population and fulfillment of international commitments in health.

Future follow-up studies could measure changes in pattern of questioning, with an added qualitative component to explore lawmakers’ motivation, facilitators and barriers to talking about health affairs in parliament, may be useful.

|  |  |  |  |
| --- | --- | --- | --- |
| **Table 1 Characteristics of Health-Related Questions in Pakistani Parliament (2012-2015) in Percentages** | | | |
| Variables | Parliament | | Total % (N=408) |
| NA %  (n=307) | Senate %  (n=101) |
| Ruling Party |  | \*\* |  |
| Yes | 37.79 | 47.52 | 40.2 |
| No | 62.21 | 52.48 | 59.8 |
| Gender |  |  |  |
| Male | 33.55 | 70.3 | 42.65 |
| Female | 66.45 | 29.7 | 57.35 |
| Year |  | \*\* |  |
| 2012 | 6.19 | 22.77 | 10.29 |
| 2013 | 16.61 | 15.84 | 16.42 |
| 2014 | 43.97 | 32.67 | 41.18 |
| 2015 | 33.22 | 28.71 | 32.11 |
| Nature of Questions |  |  |  |
| Seeking information | 15.31 | 12.87 | 14.71 |
| Seeking policy | 13.68 | 10.89 | 12.99 |
| Seeking details | 6.84 | 10.89 | 7.84 |
| Seeking information with details | 28.66 | 40.59 | 31.62 |
| Seeking information with policy | 16.29 | 6.93 | 13.97 |
| Seeking policy with details | 7.17 | 5.94 | 6.86 |
| Seeking all (information, policy, & details) | 12.05 | 11.88 | 12.01 |
| Repeated Questions |  |  |  |
| Yes | 6.51 | 10.89 | 7.6 |
| No | 75.57 | 67.33 | 73.53 |
| Partial | 17.92 | 21.78 | 18.87 |
| Country’s Public Health Priorities |  |  |  |
| Not related | 14.66 | 27.72 | 17.89 |
| Related | 85.34 | 72.28 | 82.11 |
| All values significant at p < 0.05  \*\* Insignificant at p-value | | | |

|  |  |  |
| --- | --- | --- |
| **Table 2 Association of Characteristics of Parliamentary Health-Related Questions with Pakistan’s Public Health Priorities (n=408)** | | |
| **Variables** | **Country's Public Health Priorities** | |
| **Related %** | **Not Related %** |
| Ruling Party\* |  |  |
| Yes | 39.1 | 45.21 |
| No | 60.9 | 54.79 |
| Gender\*\* |  |  |
| Male | 39.7 | 56.16 |
| Female | 60.3 | 43.84 |
| Year |  |  |
| 2012 | 8.06 | 20.55 |
| 2013 | 17.01 | 13.7 |
| 2014 | 42.69 | 34.25 |
| 2015 | 32.24 | 31.51 |
| Nature of Questions |  |  |
| Seeking information | 14.93 | 13.7 |
| Seeking policy | 15.22 | 2.74 |
| Seeking details | 7.46 | 9.59 |
| Seeking information with details | 27.46 | 50.68 |
| Seeking information with policy | 14.03 | 13.7 |
| Seeking policy with details | 7.76 | 2.74 |
| Seeking all (information, policy, & details) | 13.13 | 6.85 |
| Repeated Questions\* |  |  |
| Yes | 8.06 | 5.48 |
| No | 72.84 | 76.71 |
| Partial | 19.1 | 17.81 |
| \* Insignificant p-value  \*\* Significant Fisher Test | | |

# **List of Abbreviations**

|  |  |
| --- | --- |
| GDP | Gross Domestic Product |
| M/O NHSR&C | Ministry of National Health Services, Regulation & Coordination |
| MDG(s) | Millennium Development Goals |
| NA | National Assembly |
| PMDC | Pakistan Medical & Dental Council |
| SDG(s) | Sustainable Development Goals |
| WHO | World Health Organization |

**Declarations**

**Ethics approval and consent to participate**

Not applicable.

**Consent for publication**

Not applicable.

**Availability of data and materials**

The datasets used and/or analysed during the current study are available from the corresponding author on reasonable request.

**Competing interests**

The authors declare that they have no competing interests.

**Funding**

None.

**Author’s Contribution**

AH, NS, and AR conceptualized this research. AH provided the permission to obtain the data, recommended important points, and revised some contents in the manuscript. NS mainly conducted the whole study: analysed the data and drafted the whole manuscript from conception to conclusions. AR has been involved in revising it critically for inclusion of some important content specifically in background, discussion, and conclusion sections. All authors read and approved the final manuscript.

**Acknowledgements**

None.

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