Institutional Corruption in the Health Sector and Role of Administration: A Case Study of Pakistan

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ARTICLE DETAILS

ABSTRACT

Quality of Healthcare and corruption eradication are the two vital Sustainable Development Goals (SDGs). It states that transparent institutional performance supports the quality of public services. This study explores the HealthCare System regarding facilities, human resources, and governance in Pakistan's corruption and transparency of public services (healthcare). This descriptive and theoretical study has used longitudinal data from 2008 to 2020 for analysis and discussion. Transparency International Pakistan's (TIP) healthcare corruption variables surveyed in 2010, inadequate healthcare facilities, inadequate hospital beds, and hospital mismanagement, have been taken under consideration. The analysis shows that the HCS has been showing uneven progress toward eradicating corruption. It further states that institutional governance has deteriorated with time in Pakistan. However, despite low resources, and institutional accountability failures, HealthCare System has shown marginal improvement in Pakistan. This study concludes that the Government of Pakistan (GOP) should focus on health budget allocation and human resource training and counseling to improve HCS standards. Moreover, healthcare quality and service delivery will help Pakistan combat COVID-19 and other future health crises. Furthermore, GOP should achieve healthcare and institutional sustainability by using prudent corruption control and institutional enhancement measures.

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1. Introduction

Governance perception and dimensions vary from individual to individual and country to country, the same as the different World governing bodies also have various aspects to defined governance. The World Bank, World Health Organization, and the United Nations Organization have diversified governance dimensions (World Health Organization, 2014). Mere public services provided through the governance framework are not enough; it needs to regularly check services providers' accountability and transparency. Public accountability is a hot debate worldwide, especially in developing countries; the public is aware of it much better than a few years ago. The public raises their voice against wrongdoers regarding
corruption, fraud, and harassment in public offices. Many researchers have evidenced that corruption and manipulation in public accounts affect government effectiveness and economic growth (Mucollari, 2018; Paterson, Changwony, and Miller, 2019; Bahoo, Alon, and Paltrinieri, 2020).

Corruption is a hurdle in countries' development and growth; however, other social evils hinder an economy's growth more than corruption (Rothstein, 2015; Padmanabhan, Wang, and Huang, 2020). Developing countries with scarce resources lack transparency monitoring agencies, making it challenging to cater to this problem. The most common type of personal corruption is bribery in the public and private sectors. However, there is another complex type of corruption: Nepotism (giving favor to your relatives or friends who do not have adequate skills and calibers as others who possess these qualities).

Developing countries face many obstacles like scarce resources, overpopulation, literacy rate, employment, general health issues & emergencies, and transparency in public offices. It is also well recognized that corruption alone does not constitute an obstacle to the growth of an economy, especially in resource-rich countries. Chinese governance uses intelligence and corruption combo to govern the country because some people think that leaders who are corrupt but wise or intelligent can better run the country (Rothstein, 2015; Gallup, 2019).

Developing countries face many obstacles in economic progression. Pakistan is also one of the struggling or developing countries dealing with the above social evils. Pakistan is located in the Southern Asia region and deals with many underlying issues, e.g., adequate education, health facilities, overpopulation, public confidence, corruption, low foreign investment, political stability, law & order situation, and other social inequalities.

Healthcare adequacy has been a significant issue in developing countries, and Pakistan bears no exception in this regard. Aged 73 years old, Pakistan has been facing poor health care and sanitation measure, which became the cause of low human development indicators in Pakistan. With scarce resources, poor leadership, and incompetency, governance with malpractices in public institutions worsens Pakistan. In recent studies by Hayat (2019), Mamun and Ullah (2020), Faisal (2020), and Abbas (2022) examined that institutional corruption makes a significant impact on public service delivery of public institutions, especially in the health sector and social sector.

This paper discusses and analyzes possible factors of corruption/mismanagement in the Health Sector in Pakistan by considering health facilities and human resources, the barometers of healthcare, and the governance's corrective action. Transparency International, Pakistan (2010) states that low human resources and hospital facilities' shortage significantly impact institutional corruption in the health sector. This study examines the arrangement to evaluate Pakistan's institutional corruption situation considering the corruption prevalence determinants and prevailing Covid-19 pandemic. (Raza et al., 2021). This study analyzes the factors or areas of concern that can be crucial to controlling pandemic-like issues in the future.

This study's significance is that factors that give birth to the corruption of HCS in Pakistan and the government's influential role in controlling these factors by improving governance indicators of accountability and control of corruption are analyzed (TIP, 2010; Gallup, 2019). The government can make a suitable effective policy to improve the results and enhance Pakistan's institutional administration to tackle the growing Covid-19 Pandemic. Pakistan receives many foreign aids and support, so these manipulations of resources and malpractices
will be controlled by considering this study. This paper contains the Pakistan sections' demographic and health information and a suitable literature review. Section three demonstrates the data variables and methodology. While section four explains the data analysis and discussion and, at the conclusion, remarks policy implications of the Government of Pakistan with some recommendations.

2. Literature Review

2.1. Demographic and Health Sector

Pakistan is an Islamic state in Southern Asia with a 216 million population on the world map. Moreover, it ranked 5th in terms of population in the World (The World Bank, 2020). The population growth rate is 2.1% annually, and the Fertility rate is 3.6 (National Institute of Populations Studies 2019). Population composition is 51% Male and 49% Female, 63% rural and 37% urban. The interesting fact about the Pakistani population, around 64% population falls in the young age group 0-29 years old and is called one of the world's youngest nations. Pakistan ranked 33rd in the area occupied on the world map, 881,913 KM² (Pakistan Bureau of Statistics, 2019). As per religious composition, 97% are Muslims, and the rest 3% are Christian, Hindu, and others. The GDP growth rate is 1.00% Financial Year 2019-2020 (Ministry of Finance, Pakistan, 2020).

2.2. Pakistan in a glance at World Indicators

There are different international government and non-government agencies. In the world, collect data and make indices for analyses to betterment flaws in the system. As per Human Development Index, Pakistan ranked 150th out of 180 countries globally in the bottom line of medium human development indices, lower than other regional countries, e.g., India, China, Bangladesh, Sri Lanka, and Iran (United National Development Programm, 2020). Global competitive report 2019, published by World Economic Forum, Pakistan, ranked 110th out of 141 countries regarding market size, environment, human development, and innovation (Schwab, 2019). In terms of peace prevalence indicator, 153rd out of 163 countries (Institute of Economics and Peace 2019), corruption prevalence rate 120th out of 180 countries (Transperancy International, 2020), in terms of state fragility index 23rd out of 178 countries (Fund For Peace, 2020).

2.3. Healthcare System in Pakistan

The health care system in Pakistan regulates by the Ministry of National Health Services Regulations and Coordination-NHSRC (previously formed as the Ministry of Services and Regulations). In 2011, the 18th amendment in the constitution of Pakistan was made, and health services were transferred to provisional departments of health in Pakistan (Punjab, Sindh, KPK, Balochistan, AJK, and Gilgit-Baltistan) with the inception of NHSRC and play a surveillance role (Government of Pakistan, 2011). NHSRC deals with national and international coordination in public health, regulatory oversights, drug rules and regulations, welfare programs, and medical staff training across the country (NHSRC, 2019). There are public and private hospitals, dispensaries, Basic Health Care Unit, Rural Health Care Unit operating in Pakistan, and family planning and welfare centers. HCS has been facing sluggish improvement since the commencement of Pakistan. Political stability and population growth are remained vital issues to do something valuable in this sector. People do not have adequate medical facilities in a public hospital.

2.4. HealthCare Outlay in Pakistan

Health care delivery is a prime objective of the Government of Pakistan (GOP) and has improved it. GOP has been struggling to strengthen its essential public services in education
and health services. However, since the inception of Pakistan, the health care system has been neglected by the governments despite low human development progress; no significant initiative has been seen yet. The two leading fundamental social development indicators, Education and Health, neglect public spending accurately. Only around 3%-3.5% of total GDP expenditure spend on these two sectors, and if we separate both, then less than 1% pay to the health sector. This ratio has been less than in other regional countries, i.e., Bangladesh and Sri Lanka (Khaliq, 2018). If we see the last ten years' performance, health expenditure equals 1% of GDP (Ministry of Finance, Pakistan, 2020). As per budget 2019-20, health expenditures decreased by 20.7% compared to budget 2018-19, including medical instruments and appliances, administration, hospital services, and general services (Ministry of Finance, Pakistan, 2020). These statistics make it difficult for the GOP to achieve its sustainable development goal parameters by 2030 to provide necessary health facilities and increase the budget allocation to this sector.

### 2.5. Healthcare Facilities in Pakistan

The Recent Covid-19 Pandemic is growing at a rapid speed in Pakistan. However, despite limited resources, the Pakistan government is tacking with little better through all resources than other affected countries, which the World Health Organization appraises. Since the last decade, GOP has been improving its healthcare outcomes as compared to past years. The government has announced many healthcare programs and special assistance projects to provide the best services to the public. HIV, malaria, tuberculosis, measles, and some other chronic diseases have been eradicated or mitigated their effects due to corrective measures by Pakistan's government. National Health Insurance Program is a good initiative by Pakistan's government; this initiative covers more than millions of families. Health Planning Systems Strengthening and Information Analysis Unit (HPSIU) is also an excellent initiative to make effective and transparent health care services to the public because, as per World Health Organization (WHO) global health observatory statistics 2016, more than 65% of expenditure as compared to health expenditure goes out of pocket through private services.

Despite GOP's continuous efforts, Pakistan's healthcare facilities are not up to the mark; the population is increasing rapidly and decreasing its human development compared to other regional countries (United National Development Programm, 2020). People migrate toward urban areas for better living and necessary health facilities, a significant problem for administrators. As per the World Bank report (2019), by 2050, more than half the world population will live in urban areas, which will become problematic for authorities to provide health and other services to the general public. By far as 2019 statistics, HealthCare facilities, and populations, as mentioned in Table 1.

| Year | Hospitals | Dispensaries | MCH Centers | TB Centers | RHC | SHC | BHU |
|------|-----------|--------------|-------------|------------|-----|-----|-----|
| 2008 | 948       | 4,794        | 908         | 293        | 561 | 612 | 4,698 |
| 2009 | 968       | 4,813        | 906         | 293        | 672 | 613 | 4,732 |
| 2010 | 972       | 4,842        | 909         | 304        | 577 | 613 | 4,731 |
| 2011 | 980       | 5,039        | 851         | 345        | 579 | 705 | 4,744 |
| 2012 | 1,092     | 5,176        | 628         | 326        | 640 | 524 | 4,954 |
Institutional good governance, which leads to better performance, can easily be analyzed through human development. Transparent services and freedom to exercise the citizen's rights are its core values. Since its inception, governance and institutional capacity have been an issue for Pakistan (Asghar, 2013). Corruption is one major social evil that raises government accountability questions in public and private sector service deliverables. It is one of the main hurdles for economic growth and progression in all disciplines, significantly impacting health and other public services because corruption and public services are interrelated (Mucollari, 2018). However, valid government policy can make a difference in eradicating this problem (Angelini, 2019; Paterson, Changwony, Miller, 2019; Bahoo, Alon, Paltrinieri, 2020).

Corruption itself is not an absolute term; some other social evils are also synonyms with corruption, i.e., Nepotism, Coercion, and divided into types, i.e., institutional and individual. Corruption is a crucial problem in underdeveloped or least developed countries but affects the world's major economies. As per the Transparency International report (2019), more than 70% public voted that minister offices and parliamentarians are the significant wrongdoers of corruption in developing countries (Pring and Vrushi, 2019).

Pakistan has not been stable for the last 73 years due to dictatorship, undemocratic ruling, and bureaucratic issues (Aslam, 2020). Although different regimes have some positive attributes that impacted the economy correctly, institutional governance and strike & riots in the country have been disturbing this progress. More than one political party operates in Pakistan with different strategies and a mandate to run the governance, leading to inconsistent stable policies. For example, various governments announced and started many megaprojects of infrastructures, education, health reforms, social security, and others in different periods. Some projects were completed within a time frame with estimated budget constraints; some became time-lapsed, abandoned, or canceled with the governance structure change. The reasons for megaprojects' inadequate performances are institutional inefficiencies, corruption, preferences of mandate agenda of the ruling party, and external intervention.

Along with megaprojects corruption, institutional corruption is a hot debate in Pakistan, where law enforcement units are the most corrupt. As per public polls by Gallup Pakistan and Transparency International, Police and Judiciary have been rated the most corrupted institutes in Pakistan since 2002 surveys (Transparency International Pakistan, 2010). That is why Regulatory Quality (RQ) and the Rule of Law (RL) have been showing very slow or nominal growth.  

| Year | Regulatory Quality (RQ) | Rule of Law (RL) |
|------|------------------------|------------------|
| 2013 | 1,113                  | 687              |
| 2014 | 1,143                  | 670              |
| 2015 | 1,172                  | 733              |
| 2016 | 1,243                  | 756              |
| 2017 | 1,264                  | 727              |
| 2018 | 1,279                  | 747              |
| 2019 | 1,303                  | 747              |

*Sources: Compendium of Gender Studies 2019 by PBS and Economic Survey of Pakistan 2019-2020*
progression despite government effectiveness. HCS is not merely to provide the facility in centers; indeed, it needs to educate the people on how to get the benefits and train the staff to use them efficiently (Hassan, 2017). Public and private synchronization is necessary to develop the country's healthcare system (Arshad, 2016). To understand the institutional framework, this study adapted Brinkerhoff and Bossert's (2008) governance framework in Figure 1 for discussion, which can be observed other than in the health sector.

Figure 1: Policy governance framework adapted from Brinkerhoff and Bossert's (2008)

This policy governance framework describes the parties involved in the framework and their roles and duties in their spheres. The state means government officials; providers are hospitals and medical facilitators, and clients are the general public. Transparency International Pakistan 2002, 2006, 2009, and 2010 health sector had been ranked top 7 corrupted sectors in the country, and as per survey data, corruption prevailed among providers (doctors and medical staff) under the framework mentioned above (Transparency International Pakistan, 2010). As for governance and corruption linked with each other, Risk management is also closely linked, as risk management is a tool to mitigate and control corruption prevalence. Corruption prevails in the public sector, and the private sector is its stimulus. In general, risk management policy starts from risk identification to evaluation, and it has been done in the cycling form, which requires further improvement and betterment to make the policy valid.

The Henry (2017) Risk management Framework is a responsibility of the State/Policymaker, which backed the governance framework as adapted and shown in Figure 2. The possible drawback and policy loopholes are in the evaluation process due to proper accountability of problem risk instead of decreasing it. Due to ineffective policy and political stability, State/Policymakers cannot monitor the Service providers for betterment; thus, Citizens have suffered for a long time. As per Transparency International standard questions used in surveys, the possible factors contributing to corruption are inadequate or the compact facilities available in the health care center. People pay bribes to get the bed in HCS, doctors receive high fees, and paramedical staff receives bribes from giving treatment preferences (TIP, 2010).
Figure 2: Risk management Framework adapted from Henry (2017)

High authorities can easily observe negligence and corruption through the health sector's performance indicators defined by UNDP and Governance Indicator by WB. Although clear pictures of corruption cannot be observed clearly in statistics, it needs some qualitative measures and surveys to analyze public perception. As per Gallup Pakistan's 30 years survey on HCS, more than half of people are dissatisfied with government facilitation (Gallup, 2009).

3. Methodology and Data Variables

In this study, the Health care system data of Pakistan has been analyzed. The possible factors of corruption in the health care system and industry analysis have been studied in this paper with descriptive statistics, theoretical perspective and policy implications. This study investigates corruption prevalence and the administration's role in better policy implications of transparency in the health sector. The Transparency International Pakistan 2010 surveys show that the most apparent corruption factor is low workforce, overpopulation, and low budgeting. This study took the 2008-2020 data of the HealthCare system to analyze the role of governance indicators (2008-2020) and Pakistan's governance with updated Anti-Corruption measurements (2017-2018 Last updated) impact. Summary of study indicators dimensions (scope of practices and the variable used in this study) and sources are mentioned in Table 2:

| Sources | Indicators | Dimension/Variables Taken | Period |
|---------|------------|---------------------------|--------|
| The World Bank (WB) | World Governance Indicators | Voice & Accountability (The Prevalence of freedom of speech and accountability environment within a country), Control of Corruption (Administration practices to make effective policies to mitigate or stop the Corruption and its implications), Government Effectiveness (how much government is successful in implementing strategy and their consequences), Quality of Institutional rating in terms of public administration rating (CPIAQ) (Administrators Performance) | 2008-2020 |
| Transparency International (TI) | Corruption Prevalence (CPI) Index | Corruption Rate/Corruption Free Environment | 2008-2020 |
| Pakistan Bureau of Statistics (PBS) | HealthCare Manpower Statistics | Doctors, Dentists, Nurses with Population | 2008-2019 |
| Ministry of Finance, Pakistan (MOFOP) | Healthcare Facilities and Budget | HealthCare Centers and Budget Allocation | 2008-2019 |
| National | Hearing of Anti-Corruption Measures | (Administrators | 2017-|
4. Results and Discussion

Through the above discussion and data on manpower to population ratio, we get the statistics in Tables 3 and 4 (Standard statistics by UNDP) along with doctors, dentists, nurses staff working in different vicinities of the medical care centers, and no. of beds available there. The descriptive analysis showed that government measures had been improved for a couple of years and the population growth rate until 2019. Despite these improvement implications, the corruption prevalence rate Tab 5 has been decreasing, which means government practices in budget allocation and healthcare improvement with GDP growth have significantly impacted corruption mitigated measures. The impact can also be analyzed through Figure 4 governance indicators of Voice & Accountability (A&V), Control of Corruption (CC), and Table 5 with Government effectiveness and Country policy, and Institutional Assessment in terms of quality of institution rating (CPIAQ).

Table 3: Standard Statistics of Healthcare measures, Authors Estimation

| Country Category          | Doctors, Dentists, Bed/Population         |
|---------------------------|-------------------------------------------|
| Top Facilitators in the World | 3 and Above per 1000 People               |
| Middle Facilitators in the World | 1.5 to 2.9 per 1000 People              |
| Bottom Facilitators in the World | 0.1 to 1.4 per 1000 People             |
| World Average             | 1.83 for human resources and 2.7 for beds per 1000 people |
| Pakistan                  | 1.07 for human resources and 0.62 for beds per 1000 people |

Source: Human Development Indicator Statistics 2020 by United Nations Development Programme

Table 4 updated healthcare resources in Pakistan, the Doctor to patients ratio is 1:925, dentist to patients is 1: 8,686; nurse to patients 1: 1,938, and bed to patients 1: 1,636 in HCS are the possible statistics to promote corruption for better and early treatment. Doctors charge high prices for priority treatment, even for operations as well. The medical profession has become a massive market for money-making, and no accountability is there. Doctors are unavailable during regular working hours, and ambulances do not reach time (Naseer, 2002).

Table 4: Healthcare Facilities and Manpower in Pakistan

| Years  | Population   | Doctors | Dentists | Nurses | Beds   | Dr/P  | Dt/P  | N/P    | B/P   |
|--------|--------------|---------|----------|--------|--------|-------|-------|--------|-------|
| 2008   | 166,540,000  | 135,504 | 9,357    | 65,387 | 107,863| 1,229 | 17,798| 2,547  | 1,544 |
| 2009   | 170,390,000  | 141,384 | 10,154   | 70,175 | 101,786| 1,205 | 16,781| 2,428  | 1,674 |
| 2010   | 174,300,000  | 146,955 | 10,963   | 73,979 | 109,485| 1,186 | 15,899| 2,356  | 1,592 |
| 2011   | 178,280,000  | 152,368 | 11,649   | 77,683 | 108,245| 1,170 | 15,304| 2,295  | 1,647 |
| 2012   | 182,300,000  | 160,880 | 12,692   | 82,119 | 112,809| 1,133 | 14,363| 2,220  | 1,616 |
| 2013   | 186,390,000  | 167,759 | 13,716   | 86,183 | 119,711| 1,111 | 13,589| 2,163  | 1,557 |
Table 5 demonstrates the health outcomes and government effectiveness of the health sector. Results show sluggish improvement in Pakistan's healthcare, with government policies failing to achieve the desired goals. Inappropriate health expenditures and high population rates hinder adequate health services in Pakistan.

### Table 5: Health system outcomes and government effectiveness measures.

| Year | Population       | Pop Growth Rate Per Annum | Life Expectancy at Birth | GDP Growth Rate | % GDP on HCE | HDI Scores | GE | CPIAQ |
|------|------------------|----------------------------|--------------------------|-----------------|-------------|------------|-----|-------|
| 2008 | 166,540,000      | 2.3                        | 64.42                    | 1.70            | 0.56        | 0.513      | -0.724 | N/A   |
| 2009 | 170,390,000      | 2.3                        | 64.69                    | 2.83            | 0.56        | 0.520      | -0.801 | N/A   |
| 2010 | 174,300,000      | 2.3                        | 64.97                    | 1.61            | 0.53        | 0.524      | -0.766 | 3.500 |
| 2011 | 178,280,000      | 2.3                        | 65.26                    | 2.75            | 0.23        | 0.528      | -0.818 | 3.500 |
| 2012 | 182,300,000      | 2.3                        | 65.56                    | 3.51            | 0.27        | 0.533      | -0.778 | 3.500 |
| 2013 | 186,390,000      | 2.2                        | 65.85                    | 4.40            | 0.56        | 0.537      | -0.792 | 3.500 |
| 2014 | 190,500,000      | 2.2                        | 66.12                    | 4.67            | 0.69        | 0.546      | -0.755 | 3.500 |
| 2015 | 194,630,000      | 2.2                        | 66.36                    | 4.73            | 0.73        | 0.550      | -0.668 | 3.500 |
| 2016 | 198,790,000      | 2.1                        | 66.58                    | 5.53            | 0.77        | 0.556      | -0.653 | 3.000 |
| 2017 | 202,770,000      | 2.4                        | 66.77                    | 5.70            | 0.91        | 0.558      | -0.598 | 3.000 |
| 2018 | 212,820,000      | 2.1                        | 66.95                    | 5.43            | 0.97        | 0.560      | -0.634 | 3.000 |
| 2019 | 216,535,320      | 2.1                        | N/A                      | 1.0             | 1.02        | N/A        | -0.680 | 3.000 |

**Source:** The World Bank 2020-Pakistan Bureau of Statistics, Economic Survey of Pakistan 2019-2020, the Ministry of Finance, Pakistan, 2019.

5. **Discussion**

Institutional incompetency and low resources give birth to various social evils and inequalities in the state system, and institutional corruption is one of them. As per Transparency International (2020), Pakistan's corruption prevalence situation has been...
improving until 2018; however, a sudden drop in malpractices situation observed in 2019 to date, and Pakistan has fallen by seven places in global rating, as depicted in Figure 3. Transparency International corruption barometer, Transparency International Pakistan examined that low budget allocation and low human resources in the healthcare system enhance Pakistan's corruption situation (Transparency International Pakistan, 2010).

Table 4 and 5 coincide with figure 3 and supports the objective of this study. It showed a sluggish improvement in Pakistan towards health facilities (hospital numbers, beds, and health workforce) since 2008. As per Figure 3, the changed ranking depicts excellent and adverse conditions concerning corruption. A positive rank change means scores increase and rank increases in descending order; in short, positive change means a reasonable and negative means the worst environment. The above results show that corruption prevalence and ranking have improved in Pakistan for a few years, resulting in good regulatory governance.

Figure 3: Corruption Prevalence Index 2020. Source: Transparency International 2020

A recent Covid-19 situation also unveiled the situation of health corruption in Pakistan. In combating Covid-19, Pakistan must receive continuous aid and financial support from world governing and regional countries. However, inadequate health measures have been observed in Pakistan. Sana Zia (2020)1, the news analyzed that Government officials and institutions alleged mega corruption scam in this pandemic. Special Health Assistant to Prime Minister of Pakistan, Dr. Zafar Mirza, alleged a health supplies corruption scandalii during Covid-19, which raises many questions of accountability and transparency of public institutions in Pakistan. Although FIA later declared that no such evidence had been provediii against Dr. Mirza; however, it linked the international transparency report on corruption prevailing in public officials in developing countries (Pring and Vrushi, 2019). As per the Health containment index, Pakistan has been implied huge health emergency arrangements; however, as the situation is horrified, the health expenditures did not show much improvement, and the condition worsened (Ashraf, 2020; Hale et al., 2020).

Per the Control of Corruption (CC) indicator, Voice & Accountability indicators by World Bank, corruption prevention measures and accountability situation have not been better in the last decade due to the change of political ruling, and election prevailed condition was little disturbed within a country. Since 2010, an inconsistent trend has been observed in control of corruption indicator by the excellent governance which is overall a negative impact (The World Bank) from -1.09 to -0.80, and same an inconsistent trend also observed in voice and accountability since 2012 from -0.84 to -0.78 as shown in Figure 4.
Corruption is the root cause of many other crimes. The National Accountability Bureau and Federal Investigation Authority are the two leading agencies dealing with these crimes in Pakistan. NAB is an autonomous and constitutional body under the National Accountability Ordinance 1999, which deals with corruption control measures and arranges awareness programs to collaborate with international agencies within a country and abroad (National Accountability Bureau, 1999). On the other hand, FIA is a crime-controlling agency working under the Ministry of Interior Pakistan (MOI). It works with a separate corruption and crime wing, which deals with corruption cases within a country. Chairman NAB Justice Javed Iqbal, PILAT (Think Tank of Pakistan located in Islamabad (Capital) who provides policy and advocacy services) surveyed showed that 42% public have confidence in NAB's accountability. However, a Survey of Pakistan conducted by Gallup and Gilani Research Foundation found that 59% public has faith in NAB accountability (National Accountability Bureau report 2019).

Unfortunately, there is no such data on Corruption sector-wise; however, TI, FIA, NAB, and Control of Corruption index can be analyzed to measure these institutions' correct prevention measures or performance. As per Transparency International statistics, the corruption prevalence rate has decreased in Pakistan for the last ten years since 2009 (Tranperancy International, 2019). NAB and FIA performances are observed through these indicators, although progress is sluggish. It depicts that despite limited resources and political stability, institutional voice & accountability (V&A) has been going somehow in the right way, and control of Corruption (CC) measures and awareness showed fruitful results. These agencies also have their internal accountable units who regularly access and monitor the staff performances.

During 2018, 45,782 Complaints were received by NAB across the country, which is 72% more than in 2017 (26, 551), and 2,849 were carried down from 2017. At the end of 2018, 41,414 had been processed (NAB Annual Report 2018, 2018). These figures show the positive trend of accountability in the country and awareness among the general public, also indicated by the World Bank's CC indicator already discussed earlier. On the other hand, the FIA anti-corruption wing plays its role in corruption prevention, and the same positive trend is observed (FIA, 2018).

GOP has been trying to uplift and improve the HCS percentage of GDP on HealthCare Expenditure; control of population growth rate and life expectancy at birth has been growing,
which are the human development indicators defined by UNDP (United National Development Programm, 2020). Pakistan's HealthCare and Human Development conditions have not been good enough since 2008; however, since 2014, the position has been showing a little better, which is a good sign and reflects the Government Effectiveness (GE) indicator of the World Bank. The country policy and Institutional Assessment (CPIA) rating regarding public administration quality is also vital to assess the country's performance. The World Bank (WB) policy studies research the parameters to analyze its effective policymaking and implementation. By considering key research areas, the WB makes a scale of effectiveness to rate its policy assessment and institutional quality in administration.

6. Conclusion and Policy Implications

This study aimed to evaluate the institutional health corruption in Pakistan by using relevant descriptive statistics and discussion. The above discussion and statistical evidence that HCS in Pakistan is not good enough to facilitate the general public requirement. Some constraints, i.e., budget allocation, an inadequate workforce, and ineffective administration. Due to these constraints, Pakistan is underrated by the health Indicators, i.e., mortality ratio, fertility ratio, necessary health care facilities, and much more than other regional countries. However, it was observed that corruption had been a significant hurdle in Pakistan's policy implementation for the last decade.

Pakistan lacks innovation and Information Technology compared to neighboring countries, especially India. System updates and general public information has remained an issue in Pakistan. Medicines availability and price control have been a big issue per the World Health Organization report since 1998; no price list updated by the health system in Pakistan gives room to corruption on a mega-scale. The World Bank data statistical capacity also evidences it, and CPIAQ has not shown significant improvement for many years. As per the current situation, GOP needs to tackle the Covid-19 pandemic with appropriate testing kits, ventilators, masks, specialized medical dresses, and trained medical staff (doctors, nurses, and paramedical) to fight this problem and defeat it. GOP needs to increase the budget allocation to its GDP percentage by considering the population growth and equipment. The HCS has a skilled workforce and the latest medical technology. As the workforce Increases, some corruption factors will automatically be reduced. An efficient, transparent team is needed that makes regular checks and balances and publishes updated HCS information with its performances.

GOP needs an adequate health governance framework to mitigate the effects of this pandemic (Covid-19) and other such issues in the future. Along with the framework, suitable and appropriate policies are also required, which can deliver the public services transparently to the masses and make it possible to achieve GOP's sustainable development goal. This challenge diverts authorities' attention to equipping the country with other likely and adequate health sectors with more hospitals and beds, promoting medical research & development, medical instruments, and medical practitioners. This sustainable development achievement makes Pakistan independent and equipped with medical weapons to control such issues in the future without external help. However, at the initial level, world organizing agencies should give a hand of assistance to a developing country to achieve their sustainable goals so that transparent services will be delivered in Pakistan. By concluding the study discussion, it summarized into following key messages:

- HCS has been showing uneven progress towards the eradication of corruption in Pakistan.
• Institutional governance has deteriorated with time in Pakistan.

• The health sector was also exposed to institutional corruption during COVID-19 in Pakistan.

• HealthCare System has shown marginal improvement in Pakistan despite low resources and accountability failures.

7. Future Research

There is some limitation in this study that real time data on healthcare corruption isn’t available for empirical study yet. This study discussed healthcare corruption in Pakistan with descriptive statistics. However, an empirical analysis of corruption and the Covid-19 pandemic can be conducted with surveyed results for future research. It alleged that a massive amount of aid and funds received by the countries from world governing agencies is likely to be misallocated in the developing countries, including Pakistan. It will be an excellent approach to evaluate and make a comprehensive accountable and transparent policy to make this life-saving sector more efficient and productive.

References

Abbas, H.S.M. (2022). Social Equity, Decision-Making and Family Planning Hurdles, and Role of Administration. Gomal University Journal of Research, 38 (1), 78-92. Doi: 10.51380/gujr-38-01-07

Abbas, H. S. M., Xu, X., & Sun, C. (2021). The role of state capacity and socio-economic determinants on health quality and its access in Pakistan (1990-2019). Socio-Economic Planning Sciences. Doi: 10.1016/j.seps.2021.101109

Asghar, M. U. (2013). Governance Issues in Pakistan: Suggested Action Strategy. Institute for Strategic Studies, Research & Analysis (ISSRA), 5(6), 22.

Ashraf, B. N. (2020). Socioeconomic conditions, government interventions and health outcomes during Covid-19. Researchagate, 1-22.

Aslam, W. (2020). Pakistan's hard misplacement and the politics of regional identity. Cambridge Review of International Affairs. doi:10.1080/09557571.2020.1723060

Audrey S. Paterson, Fredrick Changwony, Peter B. Miller. (2019, August 31). Accounting control, governance and anti-corruption initiatives in public sector organisation. The British Accounting Review, 51. doi:https://doi.org/10.1016/j.bar.2019.100844

Bo Rothstein,. (2015). The Chinese Paradox of High Growth and Low Quality of Government: The Cadre Organization Meets Max Weber. Governance: An International Journal of Policy, Administration, and Institutions, 28(4). Retrieved from doi:10.1111/gove.12128

Coralie Pring and Jon Vrushi. (2019). GLOBAL CORRUPTION BAROMETER LATIN AMERICA & THE CARIBBEAN 2019 : CITIZENS' VIEWS AND EXPERIENCES OF CORRUPTION. Berlin: Transparency International. Retrieved from https://www.transparency.org/whatwedo/publication/global_corruption_barometerlatin_america_and_the_caribbean_2019

Daniel Kaufmann, A. K. (2010). The Worldwide Governance Indicators: Methodology and Analytical Issues. World Bank Policy Research Working Paper. The World Bank. Retrieved from http://info.worldbank.org/governance/wgi/Home/Documents#doc-intro

Dr. Ahmad Hassan, D. K. (2017). Healthcare System Of Pakistan. International Journal of Advanced Research and Publications, 1(4), 4. Retrieved from www.ijarp.org
Faisal, M. (2020). Pakistan's evolving response to COVID-19. Stimson.
Fatima Khaliq, W. A. (2018). State of Health Sector in Pakistan. Financial, SBP-Monetary Policy. Karachi: State Bank of Pakistan.
FIA, F. I. (2018). FIA Annual Report 2018. Ministry of Interior Pakistan, Anti-Corruption Wing. Islamabad, Pakistan: FIA Headquarter. Retrieved from http://www.fia.gov.pk/en/ccro/Annualreport2018.pdf
Francesco Angelini, G. C. (2019). Governance efficiency with and without government. Social Choice and Welfare, 18. Retrieved from https://doi.org/10.1007/s00355-019-01217-2
Fund For Peace. (2020). Fragility State Index 2019. Fund For Peace.
Gallup. (2009). 30 YEARS OF HEALTH CARE, LIFESTYLES AND DISEASES. Islamabad: Gallup International Pakistan. Retrieved from http://gallup.com.pk/wp-content/uploads/2016/06/Health_Jan_20101.pdf
Gallup. (2019). Public Opinion Report on Federal Government and Politics. Islamabad: Gallup & Gilani Research Foundation. Retrieved from http://gallup.com.pk/wp-content/uploads/2019/07/Public-Opinion-Report-On-Federal-Government-and-Politics-July-2019.pdf
GOP, G. o. (2011). Constitution of Pakistan 1973-XXVIII amendment. Islamabad: Printing Press of Pakistan. Retrieved from https://en.wikipedia.org/wiki/Ministry_of_National_Health_Services,_Regulation_and_Coordination
Hale, Thomas, Noam Angrist, Beatriz Kira, Anna Petherick, Toby Phillips, Samuel Webster. (2020, May 25). "Variation in Government Responses to COVID-19" Version 6.0. Blavatnik School of Government Working Paper, 1-23. Retrieved from http://http://www.bsg.ox.ac.uk/covidtracker
Hayat, A. (2019). Foreign direct investments, institutional quality, and economic growth. The Journal of International Trade & Economic Development, 561-579. doi:10.1080/09638199.2018.1564064
Henry, W. (2017). The Volunteer Management Report: Developing a Step-by-Step Risk Management Plan. Wiley Online Library. doi:10.1002/VMR
Hussain, A., Nawaz, M. A., & Ibraheem, R. (2021). Governance, Real Output and Foreign Direct Investment in Asia: A Panel Data Analysis. ANNALS OF SOCIAL SCIENCES AND PERSPECTIVE, 2(2), 323-343.
IEP, T. I. (2019). The Global Peace Index 2019. Syndey, Australia: The Institute of Economics & Peace. Retrieved from http://visionofhumanity.org/reports
J.J. Messner, N. H. (2018). The Fragile State Index 2018-Annual Report. Geneva: Fund for Peace. Retrieved from https://fundforpeace.org/category/publications-and-reports/
MOF, M. o. (2019). Pakistan Economic Survey. Islamabad, Pakistan: www.finance.gov.pk.
MOFP, M. o. (2020). Budget in Brief 2019-20. Finance Wing. Islamabad: Ministry of Finance-Pakistan. Retrieved from http://www.finance.gov.pk/budget/Budget_in_Brief_2019_20.pdf
Mucollari, O. (2018). Anti-corruption strategies versus public services and good governance in Albania. Jindal Global Law Review, 9 (1): 93-107. Retrieved from https://doi.org/10.1007/s41020-018-0062-6
NAB, N. A. (1999). NAO XXVIII-1999 (Modified as on 26-3-2010). Islamabad: Ntaional Accountability Bureau.
NAB, N. A. (2018). Gallup Public Polling. Islamabad: Gallup & Gilani Research Foundation. Retrieved from http://nab.gov.pk/press/new.asp?1624
NAB, N. A. (2018). NAB Annual Report 2018. Islamabad, Pakistan: NAB Pakistan. Retrieved from http://nab.gov.pk/Downloads/NAB%20Annual%20Report%202018.pdf

Naseer, D. R. (2002). Emergency Response Services in Pakistan. Islamabad: United Nations Development Programme in collaboration with The Ministry of Interior, Government of Pakistan.

NHSRC, G. o. (2019). List of Health Laws Original. Islamabad: Ministry of National Health Services Regulations and Coordination - NHSRC. Retrieved from http://nhsrc.gov.pk/FormsLegals/ListofHealthLawsOriginal.pdf

NIPS. (2019). Pakistan Demographic and Health Survey 2017-18. National Institute of Population Studies (NIPS) [Pakistan] and ICF International. Islamabad, Pakistan: National Institute of Population Studies.

Pakistan, N. I. (2008). Pakistan Demographic and Health Survey 2006-07. Islamabad: NIPS.

PBS, P. B. (2019). Compendium on Gender Statistics of Pakistan 2019. Population and Social Welfare. Islamabad, Pakistan: Pakistan Bureau of Statistics. Retrieved from http://www.pbs.gov.pk/content/compendium-gender-statistics-pakistan-2019

PBS, P. B. (2019). Pakistan Labor Force Survey 2017-18. Islamabad, Pakistan: Pakistan Bureau of Statistics www.pbs.gov.pk, Pakistan Labor Statistics.

Prasad Padmanabhan, Chi-Hui Wang & Chia-Hsing Huang. (2020, January 05). Did the 2008 global financial crisis influence the host country corruption and inward foreign direct investments relationship? An empirical examination. The Journal of International Trade & Economic Development: An International and Comparative Review. doi:10.1080/09638199.2019.1706624

Raza, Muhammad Ahsan Ali., Yan, Chen., Abbas, Hafiz Syed Mohsin., Ullah, Atta. (2021). Dealing the Administrative Disharmony and COVID-19 Pandemic in Pakistan: How Pakistan Overcome the Both Challenges Simultaneously. Journal of Public Affairs. Doi: https://doi.org/10.1002/PA.2760

Salman Bahoo, Ilan Alon, Andrea Paltrinieri. (2020, August). Corruption in international business: A review and research agenda. International Business Review. doi:10.1016/j.ibusrev.2019.101660

Schwab, K. (2019). The Global Competitiveness Report 2019. Cologny/Geneva, Switzerland: World Economic Forum. Retrieved from www.weforum.org/gcr

Shumaila Arshad, J. I. (2016). Health Care System in Pakistan: A review. Research in Pharmacy and Health Sciences, 6(3), 211-216. doi:10.32463/rphs.2016.v02i03.41

TIP, T. I. (2010). National Corruption Perception Survey 2010. Karachi: Transparency International Pakistan.

Transperancy International. (2020). Corruption Perceptions Index 2019. Germany: www.Transperancy.org/cpi2018.

Ullah, M. M. (2020). COVID-19 suicides in Pakistan, dying off not COVID-19 fear but poverty? – The forthcoming economic challenges for a developing country. Brain, Behavior, and Immunity. doi:10.1016/j.bbi.2020.05.028

UNDP. (2018). Human Development Indices and Indicators, 2018. Washington DC, USA: UNDP www.hdr.undp.org.

WB. (2019). Urban Development. The World Bank.

WB, T. W. (2019). World Governance Indicator 1996-2018. Washington DC USA: The World Bank. Retrieved from http://info.worldbank.org/governance/wgi/

WHO. (2014). Health Systems Governance for Universal Health Coverage. Department of Health Systems Governance and Financing. Geneva - Switzerland: World Health Organization Document Production Services. Retrieved from https://www.who.int/universal_health_coverage/plan_action-hsgov_uhc.pdf
WHO. (2016). Global Health Observatory 2000-2016. Geneva, Switzerland: World Health Organization.

WHO. (2017). Country Cooperation Strategy for WHO and Pakistan 2011-2017. World Health Organization. Regional Office for the Eastern Mediterranean. Geneva, Switzerland: World Health Organization.

Women, R. (2018). Gender Parity Index Report. Takoma Park, MD 20912: www.representwomen.org.

ACRONYM

UNESCO United Nations Educational Scientific and Cultural Organization
USAID United State Agency for International Development
UNDP United Nations Development Program
WGI World Governance Indicator
WB The World Bank
WHO World Health Organization
TIO Transparency International Organization
TIP Transparency International Pakistan
IEP Institute of Economic & Peace
UNO United Nation Organization
GOP Government of Pakistan
ICT Islamabad Capital Territory
KPK Khyber Pakhtunkhwa
FATA Federally Administrative Tribal Area
PBS Pakistan Bureau of Statistics
PDHS Pakistan Demographic and Health Survey
HDI Human Development Indicator
HCS Healthcare System
HCE Healthcare Expenditures
GE Government Effectiveness

Endnote

1. https://www.thenews.com.pk/print/672333-c-for-covid-and-corruption
2. https://www.24newshd.tv/13-Mar-2020/fia-to-probe-pm-s-aide-dr-zafar-mirza-for-smuggling-face-masks
3. https://www.thenews.com.pk/print/672985-zafar-mirza-acquitted-in-masks-smuggling-case