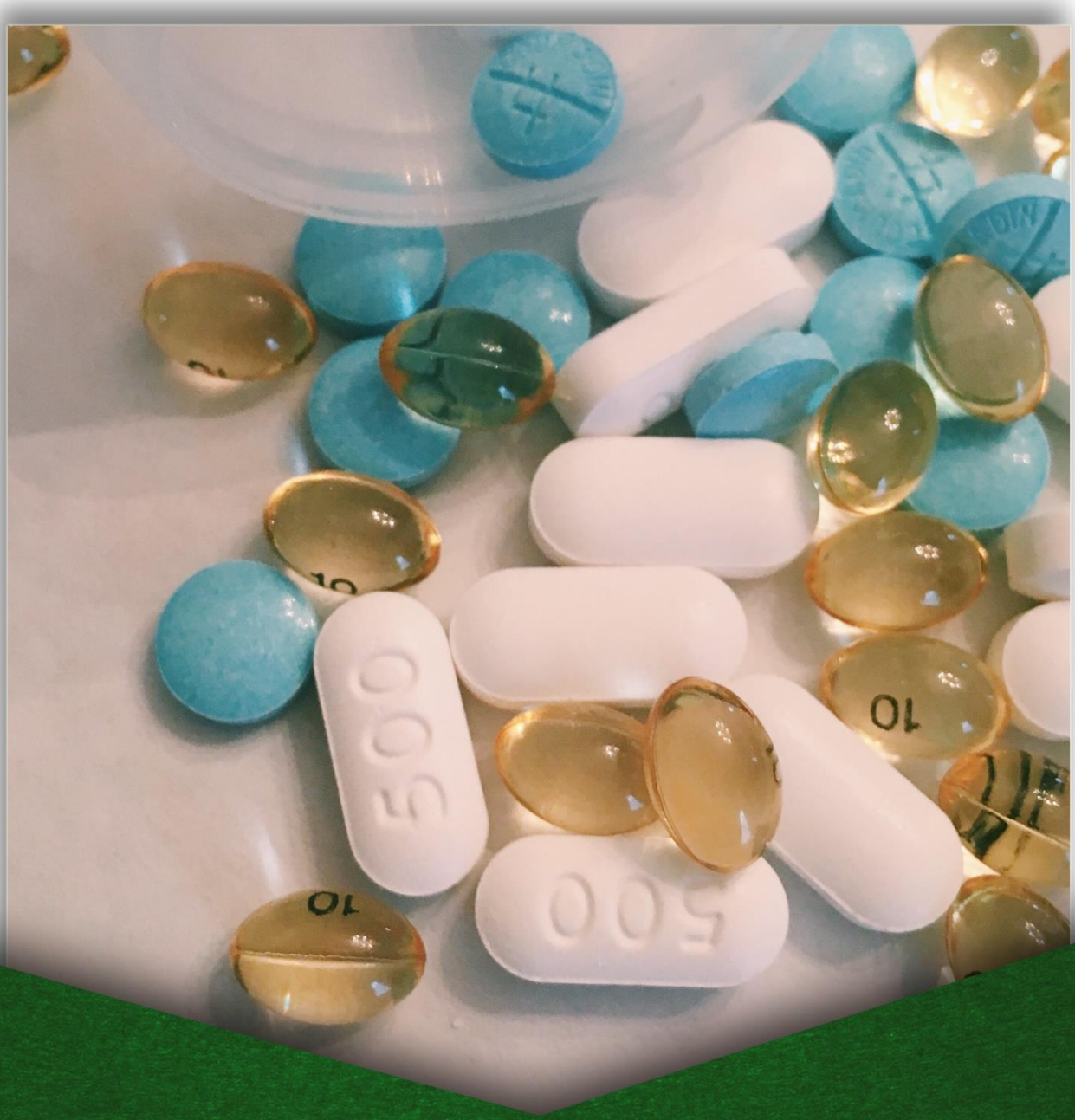


STUDY GUIDE

STANDING COMMITTEE ON THE REGULATION OF NATIONAL HEALTH SERVICES

Youth Leadership Parliament

21st-23rd February 2020

Infrastructure

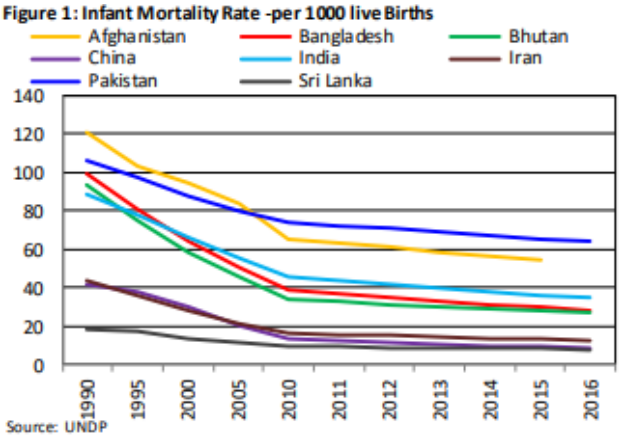
1. Basic presence of infrastructure
2. Urban bias
3. Awareness - prevention, sexual, basic training, syringes, vaccinations

Health is one of the key aspects of development. Not only does an improvement in health indicators translate into a more active, healthy and responsive labor force which results in growth in the country's economy and GDP, but it also indicates an overall advancement in the standard of living of the people. While healthcare has been one of the central policy considerations in Pakistan throughout history, there is still a need for strong emphasis on addressing the problems faced by the health sector in Pakistan, including issues like the lack of health infrastructure and equitable access to healthcare, insurance policies and health safety-net, government regulations and pricing, problems of doctors, lack of research and development, and the impact of big pharmaceutical lobbies in the system.

In order to understand the nature and gravity of the situation, it is important to look at some health indicators of Pakistan. According to Khaliq and Ahmad, when it comes to infant mortality and life expectancy, compared to other countries, Pakistan has some of the worst rates. While the situation may have improved in Pakistan over the years, we realize there is still a need for massive improvement when compared to other countries. This can be seen in the figure below. In the case of newborn mortality rates, 46 babies died before turning one month old per 1000 births (2016), thus making Pakistan one of the most dangerous and risky countries for newborns, worse than Subsaharan Africa and Afghanistan[1].

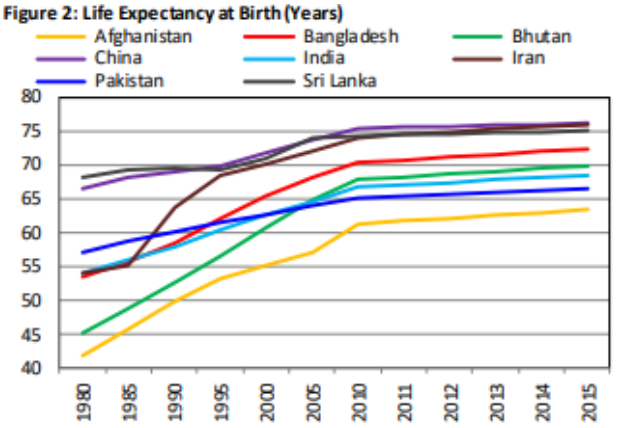
[1] Fatima Khaliq and Waqas Ahmad, "State of Health Sector in Pakistan," *State Bank of Pakistan*, April 2018

Figure 1: Infant Mortality Rate -per 1000 live Births



Source: UNDP

Figure 2: Life Expectancy at Birth (Years)



When assessing immunization, Pakistan still faces the challenge of eliminating diseases like polio, that have long been eradicated in other countries. Statistics indicate that in 2014, 21% of one-year-olds in Pakistan were not vaccinated against diphtheria, pertussis, and tetanus (DPT vaccine) while 37% were not immunized for measles[2].

In terms of nutrition, the World Health Organization deemed the stunting rate in Pakistan for children under 5 as "Very High" and the wasting rate as "High", which should indicate a serious concern for policymakers[3].

Thus, we can see that Pakistan has not been performing well in terms of health indicators. The reasons for this need to be assessed and practical, feasible and well-targeted solutions need to be formulated in order to tackle the issues at hand and improve the state of living of the general population, particularly the low-income, underprivileged masses who disproportionately suffer from a lack of access to healthcare.

[2] Fatima Khaliq and Waqas Ahmad, "State of Health Sector in Pakistan," *State Bank of Pakistan*, April 2018
[3] Fatima Khaliq and Waqas Ahmad, "State of Health Sector in Pakistan," *State Bank of Pakistan*, April 2018

In a report by the Institute of Development Economics, Islamabad, 10 objectives for health sector reform in Pakistan were identified:

"1. Reducing widespread prevalence of communicable diseases;

2. Addressing inadequacies in primary/secondary health care services;

3. Removing professional/managerial deficiencies in the district health system;

4. Promoting greater gender equity;

5. Bridging basic nutrition gaps in the target-population;

6. Correcting urban bias in health sector;

7. Introducing required regulation in private medical sector;

8. Creating Mass Awareness in Public Health;

9. Effecting Improvements in the Drug Sector; and

10. Capacity-building for Health Policy Monitoring"[4]

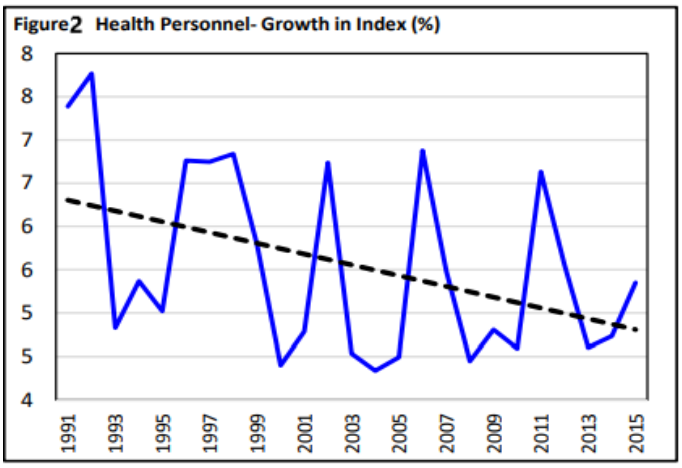
One of the key reasons Pakistan has been unable to fulfill all of these policy objectives adequately and is suffering from poor health indicators is because of the poor health infrastructure and the inequitable distribution and access to healthcare facilities. This aspect will now be explored further in depth.

[4] Akram, Muhammad, and Faheem Jehangir Khan. "Health Care Services and Government Spending in Pakistan ." *Pakistan Institute of Development Economics*, Islamabad, 2007.

Availability of Health Infrastructure

Health infrastructure broadly refers to the availability of health facilities such as hospitals, Basic Health Units (BHUs), pharmacies, doctors, health workers, number of beds in hospitals, machinery and equipment, etc. Khaliq and Ahmad report that the number of Basic Health Units in the country, along with dispensaries, has significantly increased in Pakistan over time. However, access to healthcare still remains low due to the low outreach of BHUs. A BHU serves approximately 1000 people, as compared to a Rural Health Center (RHC) that provides primary healthcare services to around 25,000-50000 people. Furthermore, another alarming aspect is that there has been no establishment of a new major public sector hospital since 1985[5].

When it comes to health staff, indicators of population per dentist and per doctor have improved. However, overall, the weighted index of health personnel comprising multiple staff including registered doctors, nurses, midwives, lady health workers, etc. is declining over time. This can be seen in the figure below[6] (Figure 2).



[5] Fatima Khaliq and Waqas Ahmad, "State of Health Sector in Pakistan," *State Bank of Pakistan*, April 2018
[6] Fatima Khaliq and Waqas Ahmad, "State of Health Sector in Pakistan," *State Bank of Pakistan*, April 2018

What explains and adds to this problem is the low investment of the government in the health sector and lack of prioritization. Khaliq and Ahmad note that public sector investment in health as a percentage of the GDP has been extremely low and has also been declining consistently since the 1990s[7]. According to a 2006 World Health Organization report, Pakistan has been spending 0.5 to 0.8% of its GDP on health expenditure. These estimates, however, do not include other public sector expenditures in health, such as through employees Social Security institutions, military, the Ministry of Population Welfare, parastatals and other semi autonomous government agencies. These estimates also do not include costs such as those of free treatment for patients at government hospitals. However, overall, the expenditure by the government in the health sector is very low, especially when compared to other developing countries[8]. Other modes of funding to the health sector include social security payments from the private sector, out-of-pocket contributions, donor and development agencies as well as foreign aid. Private sector expenditure within the health sector has ranged over 67% over the past several years, out of which 97% constitutes out-of-pocket payments. This indicates a huge burden on the people, especially the rural poor which comprise a significant proportion of the population[9].

Moreover, it is also crucial to note the distribution of this expenditure. Pakistan spends the majority chunk, around 70% of its expenditure on health on curative health, whereas preventive and primary healthcare remains extremely neglected and underfunded. A clear depiction of this is provided in the table below.[10] This is a matter of concern for a country like Pakistan where

[7]Fatima Khaliq and Waqas Ahmad, "State of Health Sector in Pakistan," State Bank of Pakistan, April 2018
[8] "Health Systems Profile- Pakistan ." *World Health Organization*, 2007.
[9] "Health Systems Profile- Pakistan ." *World Health Organization*, 2007.
[10]"Health Systems Profile- Pakistan ." *World Health Organization*, 2007.

around 40% of the burden of disease (BOD) constitutes of infectious/communicable diseases including diarrheal diseases, acute respiratory infections, malaria, tuberculosis, hepatitis B&C, and immunizable childhood diseases. Non-communicable diseases (NCD), including cardiovascular diseases, cerebro-vascular accidents (hemiplegia), diabetes and cancers comprise around only 10% of Pakistan's BOD. It is important to note this in order to understand which sectors of healthcare need to be prioritized when allocating budgets to them[11].

Thus, all of these aspects help us realize that there is a need to reassess where healthcare budget needs to be prioritized and strategies need to be formulated to develop an effective mechanism for the development of healthcare infrastructure that has more outreach, more equity and more sustainability.

Health Expenditure	1995	2000	2003	2006
Total expenditure: (specify if only public)				
% capital expenditure				
% By type of service:				
Curative Care		71.80	72.29	70.32
Rehabilitative Care				
Preventive Care		15	14.67	18.37
Primary/MCH		0.25	0.24	0.55
Family Planning				
Administration				
% By item				
Staff costs				
Drugs and supplies				
Investments				
Grants Transfer				
Other				

Source: PRSP Annual Reports (2001–2006).

[11]Fatima Khaliq and Waqas Ahmad, "State of Health Sector in Pakistan," State Bank of Pakistan, April 2018

2. Urban and Class Bias

A crucial problem when it comes to health infrastructure is the prevalence of an urban bias in the provision of healthcare infrastructure, services and medical training. According to Zaidi and Sahibzada, despite 70% of the population residing in rural areas, most of the health facilities and medical practitioners are present within urban areas and major cities. Around 85% of doctors practice in cities, resulting in an accepting doctor-population ratio of 1:1801. On the other hand, for rural areas, this ratio is 1:25,829, which is alarmingly high. Additionally, 23% of the hospitals are located in rural areas and only 8754 beds (18 percent) are available to a population of 60 million[12].

This disparity within the distribution of healthcare resources has been termed as an urban bias, but more precisely, as a class bias by Zaidi and Sahibzada. This refers to the aspect that access to healthcare is much more constricted and of poor quality for a low-income individual as opposed to richer, powerful individuals who have the money or social capital to access better hospitals, specialized doctors and highly trained medical staff, expensive medicines, quicker treatments and even the best and latest technology. Thus, more so than geographical location, class plays a critical role in determining who gets the best access to healthcare[13].

[12] S. Akbar Zaidi, and Shamim A. Sahibzada. "Issues in Pakistan's Health Sector [with Comments]." *The Pakistan Development Review* 25, no. 4 (1986): 671-82.
[13] S. Akbar Zaidi, and Shamim A. Sahibzada. "Issues in Pakistan's Health Sector [with Comments]." *The Pakistan Development Review* 25, no. 4 (1986): 671-82.

When it comes to medical training and education, urban and Western bias is found there as well. Doctors are trained to deal with diseases that are more specific to the developed, capitalist world as opposed to low-income, rural, developing areas of Pakistan. Zaidi and Sahibzada give the example that doctors are taught that heart disease and cancer are the biggest killers whereas in Pakistan, the major threats to life are infectious and parasitic diseases, responsible for around 54% of deaths while heart disease and cancer only cause 2% of deaths. Teaching methods and books help engrain the incorrect beliefs regarding the prevalence and threat of these diseases in Pakistan, which eventually translates into doctors not being trained enough for the requirements of the healthcare of the majority of the population. The approach to care and cure becomes Westernized as well and after being encouraged to specialize in fields such as plastic surgery and neuropsychology, doctors become even more alienated from the problems of the masses living in slums and rural areas. Additionally, such highly specialized, Western-trained doctors are only available to those who can afford to pay their high fees, thus adding another obstacle towards access to healthcare for the poor. Zaidi and Sahibzada suggest that in a country like Pakistan where most diseases are of a communicable and preventative nature, more emphasis needs to be placed on primary health care provision that takes a more preventative and curative approach[14]. This, for Zaidi, indicates one reason why urban bias is so prevalent within Pakistan.

There is a question with regards to whether or not the government prioritization of a curative, Westernized and urbanised system of healthcare is the best. Zaidi highlights that the planners argue that, "the problems responsible for ill health in rural areas are not complex and do not need

[14] S. Akbar Zaidi, and Shamim A. Sahibzada. "Issues in Pakistan's Health Sector [with Comments]." *The Pakistan Development Review* 25, no. 4 (1986): 671-82.

highly specialised and scientifically trained people for their solution. These problems result from a lack of health education, an unhealthy environment, scarcity of resources and the community's culture"[15]. This is something which needs to be explored further by the delegates and there is a need to analyze what the approach of the government should be in this case and what is the best way to meet the health objectives of the country.

Another consequence of such medical training is the increasing brain-drain of doctors. Of the 29,931 registered doctors in Pakistan in 1982, only 15,500 were working in the country, basically indicating that 48% of the doctors who had trained and received their education from Pakistan were no longer working there. Out of these, a major chunk involves those who go to work in places like the Middle East, or the developed world countries like the United Kingdom, USA and Canada. The Planning Commission of the Government of Pakistan estimates that "nearly 50% of the doctors produced since Independence are serving abroad". There is a need to explore further in depth why doctors decide to migrate and work abroad and what can be done to improve this situation.

There is a need to assess what the way forward should be. With a lack of health budget, poorly trained medical practitioners, lack of medical equipment, coupled with the resistance of the locals to treatments like vaccinations and the lack of awareness regarding numerous diseases, particularly sexually trasmitted diseases and diseases spread through used syringes, are additional concerns that need to be explored further.

[15] Zaidi, S Akbar. “The Urban Bias in Health Facilities in Pakistan.” *Social Science & Medicine* 20, no. 5 (n.d.): 473–82.

Lack of Medical R&D

Between 2008 and 2012, the total budget of the Pakistan Medical Research Council (PMRC) doubled, with the number of health research publications increasing by 7.5 times since 2001- giving the possible impression that the country has seen a gradual improvement in medical research and its funding by the government. [16]

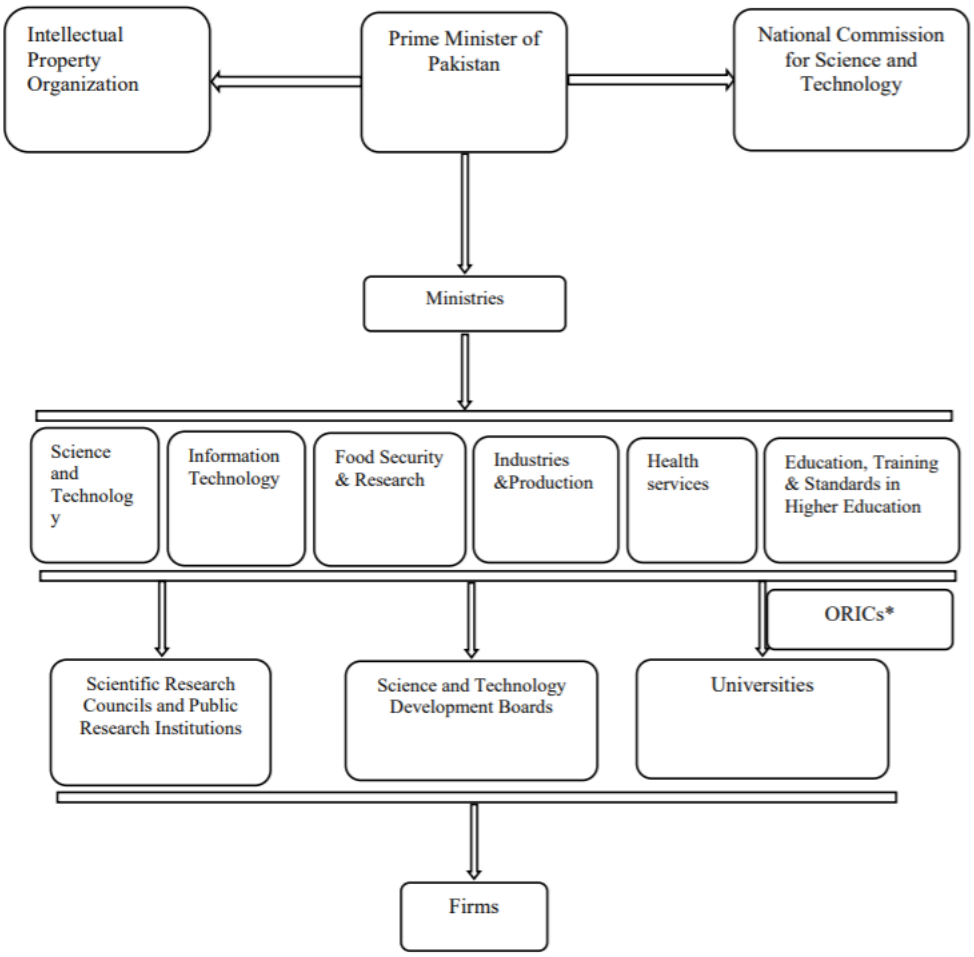


Fig 1: NIS of Pakistan (*Offices of Research Innovation and Commercialization) Adapted from: Asia Science and Technology Portal

[16] Abdul Ghaffar et al, "Medical Education and Research in Pakistan", *The Lancet* 381, No. 9885 (2013): 2234-2236, accessed Jan 19th 2020, https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(13)60146-4/fulltext#articleInformation.

However, the increase is mostly owing to the rise in numbers of private medical schools which not only charge tuition fees at higher rates, but also provide varying qualities of education. Research output continues to vary greatly across institutions- ranging from 2 to 521 papers a year, most of which are not even indexed in PubMed.[17]

The lack of research in Pakistan translates into an issue since the primary purpose of such ventures is to contribute data and knowledge for policy making at a national level. Currently, there exists a gap not only in the extent of research done, but also between scientists carrying out studies and legislators formulating public policy. Public sector funding for R&D projects and the overall budget for the Pakistan Medical Research Council (the primary agency responsible for commissioning such work) remain low and the Pakistan Journal for Medical Research is yet to be indexed in PubMed. The Pakistan Medical and Dental Council has also failed to play a constructive role in the promotion of such endeavors. Due to the lack of incentives, medical graduates rarely choose to pursue PhDs and enter the R&D stream.[18]

Despite the federal government charging a 1% tax for R&D purposes since 1976 and as a result, collecting billions of rupees to date, there is no account of the money or any investment in public sector R&D for pharmaceutical products. Pakistan is still in need of a WHO or FDA approved lab for carrying out tests.[19]

[17] Abdul Ghaffar et al.
[18] Abdul Ghaffar et al.
[19] Shahid Mehmood, "Innovation Can Save Pakistan". The Friday Times, Nov 29th 2019, https://www.thefridaytimes.com/innovation-can-save-pakistan/.

Recommendations include the removal of this tax and allowing pharmaceutical companies to conduct such research themselves under government regulation. The ICMR, on the other hand, has sought to incentivize retired medical scientists to continue working on research projects by offering them Emeritus Scientists positions. Similar approaches could include making faculty promotions dependent upon academic and research related achievements, along with the establishment of research-support units in medical schools and teaching hospitals. Additionally, the role of the commercial sector can be expanded in innovation funding and the allocation of funds diversified rather than being targeted towards certain areas such as that pertaining to agriculture.[20]

Problems of Doctors

REGION	NUMBER OF REGISTERED DOCTORS	NUMBER OF MEDICAL SURGEONS	NUMBER OF DENTAL SURGEONS
Punjab	142 532	22 163	923
Sindh	22 925	12 577	563
Balochistan	4 015	1 453	58
Khyber Pakhtunkhwa	5 136	6 150	445

[20] Mohammed Perwaiz Iqbal, "What Ails Medical Research in Pakistan? Role of Institutions". *Pakistan Journal of Medical Sciences* 31, No. 6 (2015): 1287-1289, accessed Jan 19th 2020, ncbi.nlm.nih.gov/pmc/articles/PMC4744268/.

According to international standards, there must be at least 2 doctors, 1 dentist, and 8 nurses for every 1000 people in a given population. Pakistan falls short of meeting this requirement by around 0.2 million doctors and 1.4 million nurses for a population of more than 200 million. While there are multiple reasons for this, a large part of it is owed to brain drain dynamics, with the difference in salary being only one of the reasons why Pakistani citizens may choose to work abroad.[21]

A senior Pakistani physician may earn between 100 000 and 200 000 PKR a month, according to the government wage structure, with those in private medical colleges being able to earn upto 400 000 PKR, depending on experience and expertise and the finances of their employer. In comparison, those working in the USA can hope to be paid around $250 000 to $700 000 a year (around 110 000 000 PKR). Even after-tax deductions, a urologist would earn about $20 000 a month (approx. 3 100 000 PKR). The difference in pay is significant motivation for one to consider staying abroad after finishing medical school from an international university. If the salary for such trainees is potentially increased to incentivize them to return to Pakistan for work (as was enacted by the Punjab Administration under Shahbaz Sharif), a second dilemma is created whereby those educated domestically must watch their training being undermined. [22]

However, the aforementioned issue becomes secondary when members of the health force are denied any wages whatsoever for up to 8 months. The past two years alone have seen multiple

[21] Shabbir Hussain, "Pakistan Facing Acute Shortage of Doctors", Express Tribune, 19th May 2019, https://tribune.com.pk/story/1975950/1-pakistan-facing-acute-shortage-doctors/?__cf_chl_jschl_tk__=4bd29d98264af049dce8edca7ee0637d45be0f9c-1579879339-0-ASwAiodd1QdUWjhTv9eMB2vT4KX8gsD2WMTXXLIy_9JnuQ8nqcfUzJkYO2kZ5aP4gfdfZKQmG0m7oQlGJYGIijbgPR12ZgjNd36Ks2Zcng1n5yT-urgxmqmka5to9uyNAM_tLz8Ah7__2UGK_m3cdybl-N28sN1PwPPP_F-RZPFhiijPd78OCaY3NJl6CrAPapESKMbTp8HlgYjW-W-YEs_ZGy11hBPiSWhRkHpzVUH4LENDXldC4DzADNXn4gZOx8RNcSdbKcbUfSElanhs75NvXHStCKZdafChc-Y2ZuzeZlqK3CjL1JJBbOEET6uKWpJhe5Y36xZzab0mOQV7AqU.

[22] Syed Kamran Hashmi, "Money, Money, Money- the Doctor Conundrum", Daily Times, 24th June 2018, https://dailytimes.com.pk/257061/money-money-money-the-doctor-conundrum/.

protests such as those by the Young Doctors Association in Khyber Pakhtunkhwa [23] and house job officers under the Karachi Metropolitan Corporation (KMC)[24], in response to months of not being paid their dues. Such boycotts are deemed necessary by a workforce desperate for a living and distressing for patients caught in the crossfire between authorities and doctors. The non-payment of salaries can also go on to act as a problem in procedural matters such as registering with the College of Physicians and Surgeons Pakistan, for which the payment of wages is a prerequisite.

The plight of doctors in Pakistan knows no bounds. In 2017, a qualified MBBS doctor, Dr. Nafeesa Hiba, petitioned the Islamabad High Court against the improper working hours and conditions that health service professionals must endure. According to the petition, there was no regulation of work schedules for doctors in Pakistan, which would extend to 102 hours a week without any days off or additional pay, and oftentimes for a continuous 30 hour shift- something Hiba called out as a violation of fundamental workers' rights and that of Article 25 of the Constitution on equal opportunity in public employment.[25]

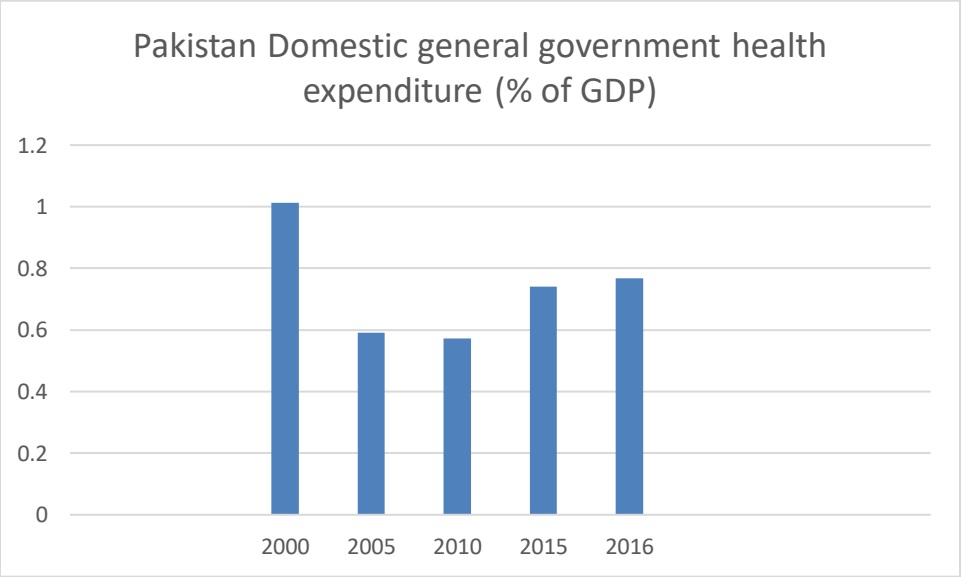
Post graduate trainees, house officers and medical staff in tertiary care hospitals alike, must endure unhygienic environments and the absence of proper meals, safe drinking water, and areas to rest. Such factors negatively impact doctors and their performance and may even contribute to the development of insomnia. [26]

[23] "Young Doctors to Protest Non-Payment of Salary", Dawn Newspaper, 21st Nov 2018, https://www.dawn.com/news/1446860/young-doctors-to-protest-non-payment-of-salary.
[24] "Doctors from Karachi's Abbasi Shaheed Hospital Protest Non-payment of Salaries", Express Tribune, 21st March 2019, https://tribune.com.pk/story/1933784/1-abbasi-shaheed-hospital-doctors-protest-non-payment-salaries/.
[25] "Doctor Moves Islamabad High Court Against Long Working Hours", Dawn Newspaper, 14th Sept 2017, https://www.dawn.com/news/1357566.
[26] "Doctor Moves Islamabad High Court Against Long Working Hours"

Mentally and physically exhausted staff is at higher risk of making mistakes when treating patients, which increases distrust of health professionals who are wrongly taken to be purposely neglectful. According to a study, working "more than 24 hours" puts residents at a 73% greater risk of "needle-stick injuries" and increases their chances of having car accidents by 2.3 times. [27]

Provision of Healthcare

The ailing state of Pakistan's healthcare system is the result of inefficient policy making and a lack of access to public and private healthcare. Considering less than 1% of GDP is spent on the health sector, it is difficult to imagine the situation getting any better.

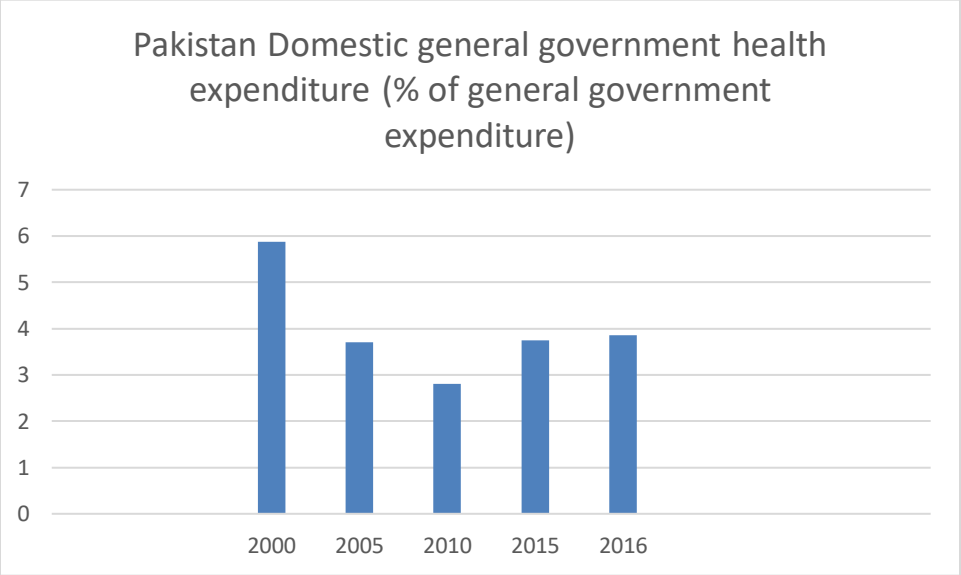


For decades the lack of regulation of the health sector has led to appalling results in terms of health indicators, primarily infant mortality rate which was 69 in 1000 children in 2018. Furthermore, with a huge proportion of the country living on or below the poverty line, healthcare is not affordable. Lack of insurance both public and private adds to the growing list of concerns in the country.

[27] "Doctor Moves Islamabad High Court Against Long Working Hours"

Budget Allocated to Healthcare

One of the most important factors leading to the state of the current healthcare system is the lack of funds allocated to this sector in Pakistan. With a less than 3% of total government budget allocated annually, lack of resources, minimal wages and no investment in research or development is not a surprise. The dire state of the country's public hospitals is alarming given the alternative, unaffordable private healthcare. With a huge proportion of the population living on or below the poverty line, individuals opt to neglect everyday health problems which eventually prove to be fatal.



The lack of regulation of the health sector means less than 1% is actually spent on healthcare services, only two other countries have lower health to GDP ratios. Corruption, mismanagement of resources and funding of inefficient government programs adds to the list of concerns and stagnates the growth of the healthcare system in the country. According a report by the WHO commission on Macroeconomics and Health, $34 per Capita is required for an essential health

package in Pakistan. Reports suggest that in reality $18 are spent on healthcare by citizens out of which a mere $4 is provided by the government.

Increasing the budget allocated to the health sector could be the solution to the vast number of problems associated with it. Investment in public hospitals, research and development and human capital could be the steppingstone towards revolutionizing the healthcare system in Pakistan.

Public Health Insurance

The absence of a modern healthcare policy means a lack of provision of public health insurance. Without insurance a huge proportion of locals find it impossible to avail healthcare facilities, prefering to get treatment from local homeopathics or choosing to ignore the problem altogether. In 2018 the minister for National Health Services expressed concern over the current state of the national health policy and vowed to distribute 25 million heath insurance cards among the public.

The Sehat Sahulat program initiated in 2018 serves as the biggest public health insurance program in history by providing approxiamtely 9 million families free of cost health services at selected hospitals. The Sehat Insaf card gives access to free of cost surgeries including open heart sugery and stent insertion, management and treatment of cancer along with accident and burn recovery services. The Plan aims to promote inclusivity by providing the transgender community with principle insurance benefits.

While the insurance programs can be looked upon as a ray of hope in the health sector, lack of regulation and resources has made it extremely difficult to avail the benefits provided to citizens.

With waiting periods for surgeries extending to 2 to 3 years and understaffed hospitals leading to abysmal provision of healthcare, the program has done little to improve the situation in the country.

In Pakistan where the primary cause of death is through the transmission of communicable diseases, the effect of an effective public health insurance program can do wonders. Treatment received on time and mandated by experienced personnel could lead to better results in terms of health indicators, primary child mortality rate which revolves around 60-70 children among 1000.

Private healthcare and insurance

Without the provision of subsidized or free public healthcare, citizens have to turn to expensive forms of private medical facilities. The Private health sector has flourished and become a multi billion dollar industry in the country. Absence of regulation on pricing policies and no health insurance has left the citizens vulnerable to being exploited through overpriceds services like surgeries, medicines and consultations. Can the public healthcare system surpass it's private counterpart through efficient government policy making and regulation is a question delegates must consider as they move towards a healthcare policy for the country.

The provision of private health insurance is relatively new in the Pakistani Health Industry. For both insruance providers and consumers, insurance scams pose a huge risk to both parties. In a country with a subpar law and justice system, recovery from scams and frauds is potentially impossible. Thus the insruance programs in the market today are based on stringent conditions and high prices. IGI, Jubilee and United are three of the primary insruance providers in the

country, but with citizens still skeptical of insurance policies, private insruance might not be the answer to the health industry's woes.

Healthcare Policies adopted in the past

1. National Health Policy 2001
2. Medium Term Development Framework (2005-2010)
3. Health Millenium Development Goals (2015)
4. Mental Health Ordinance 2001 (Revised 2006)
5. Sustainable Development Goals National Framework 2015

Questions a Resolution Must Answer:

1. How can the 10 objectives for health sector reform be achieved?
2. Is the current budget allocation to the health sector sufficient? If not, how can this be increased?
3. What should be the primary focus of health expenditure and within which sectors should the health budget be prioritized?
4. Is urban bias in the health sector a problem? If so, what measures can be taken to reduce this bias?
5. What can be done to increase access to health infrastructure for low income groups and make the health sector more equitable?
6. How can the concerns of doctors and medical professionals with regards to workers' rights be resolved?
7. What measures can be taken to reduce brain drain within the medical field?
8. What possible areas of reform can be explored within medical training for medical personell including doctors, nurses, lady healthworkers and midwives?
9. How should awareness regarding diseases be increased within the general population?
10. How can medical R&D be promoted in Pakistan and the gap between researchers and policy makers erased?

Note to the Delegates:

You will have been assigned constituencies and political parties or personalities to represent at the Youth Leadership Parliament 2020. Your task will be to best represent the views and objectives of your allotment, while also trying to present new ideas, thoughts and solutions. If you have been allotted a political party, please go through its respective manifesto, uploaded on the website or communicated to you. The issues under discussion are pertinent problems that the committees must understand and devise feasible and effective solutions to. Apart from reading these study guides, you must do extensive research on the issues at hand. Employ useful resources available to you to develop your understanding of the topics and their potential solutions.These can include newspapers, renowned opinion pieces, researches and studies, government policy etc.

The committees will debate these issues in a manner outlined by the YLP Rules of Procedure. It will use both informal and formal debate to exchange ideas and viewpoints. Committees will be bilingual and you can choose to use effective rhetoric and style in your speeches. Gradually, committees will move towards documentation. These will be in the form of working papers that note down all the discussions that have happened in the committee till that point in time, and will finally result in a formatted Bill(s) being tabled and passed. This, among other points, will include the final recommendations that the committee will be making i.e. the actions that it would wish to see implemented, and possible solutions/policies or legislative reforms to address the issues raised in the study guide and during the course of the debate.

Ensure that you maintain proper decorum during your time at YLP. Do not demean or insult other delegates in the committee as any such behaviour will not be tolerated. Discussion should remain focused on the topics at hand, rather than stray *unnecessarily*into controversial areas. Feel free to approach your Dias members with questions or concerns about the committee. YLP seeks to be a platform where individuals can learn and better understand both public speaking and Pakistans current affairs.

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