



RESEARCH PAPER

**Political Economy of Healthcare in Pakistan: Impact on Health Security and Pandemic Preparedness**

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**ABSTRACT**

This study aims to explore the political economy of healthcare in Pakistan, focusing on how political decisions, economic constraints, and governance structures affect healthcare delivery, particularly in pandemic response. Pakistan's healthcare system faces challenges due to underfunding, political instability, and inefficient governance, which have created disparities in healthcare access, especially in rural areas. The COVID-19 pandemic further highlighted these systemic issues, exposing the vulnerabilities in the country's healthcare infrastructure. This qualitative research relies on secondary data, including governmental reports, academic articles, and case studies. The study analyzes these sources to understand the impact of political and economic factors on healthcare delivery and pandemic preparedness. Key findings show that underfunding, political instability, and ineffective governance significantly hinder healthcare access and quality. The pandemic exacerbated these issues, particularly in rural regions. Federal-provincial coordination was fragmented, worsening the crisis. The study recommends increasing healthcare financing, improving federal-provincial coordination, enhancing public-private partnerships, and investing in long-term healthcare infrastructure and workforce training to improve pandemic preparedness.

**Keywords:** Political Economy, Healthcare, Health Security, Pandemic Response, Pakistan, Governance, Healthcare Financing, COVID-19, Public-Private Partnerships

**Introduction**

The healthcare system in Pakistan is marked by a complex interplay of political, economic, and social factors that influence its efficiency, accessibility, and quality. With a population of over 220 million, Pakistan faces significant challenges in meeting the healthcare needs of its diverse population. The system is split in such a way that the public system mainly works in the rural and underserved areas and the other sector, the private system, more accessible and having greater quality services is not affordable to most of the people. When the healthcare expenditure is compared with the GDP, Pakistan spends a very low 2.9 of GDP on its healthcare, significantly low compared to 5 percent, expected to be spent on healthcare by the World Health Organization (WHO) in developing nations (Fitch Solutions, 2022), contributing to the disparity in healthcare provision already present. Such underfunding, along with the political instabilities and the inefficient governance has resulted in such a system that urban population gets much better healthcare facilities than the rural population does (Qiu et al., 2024).

The political economy of healthcare is crucial for understanding how such disparities arise. Political decisions shape healthcare funding, policy implementation, and the overall governance structure that defines the accessibility and quality of services. The allocation of healthcare budgets in Pakistan has historically been insufficient, and this underfunding is further compounded by corruption, inefficiency, and political instability

(Mushtaq, et. al., 2017; Ahmed et al., 2020). Short-term political interests still divert attention toward healthcare reforms and healthcare system suffers because of the absence of long-term strategic planning. Political figures, who tend to pursue their interests based on the electoral cycle, do not make healthcare a priority, and the most needed changes stagnate. Healthcare in Pakistan is no longer being a matter of public concern but becomes an industry of political influence as well as economic capabilities so to an extent in which there is uneven distribution of health care services in the country (Ala et al., 2021).

In the context of health security, the COVID-19 pandemic has highlighted the fragility of Pakistan's healthcare system and exposed the vulnerabilities in health security. The pandemic underscored the critical importance of strong healthcare infrastructure and a coordinated response to health emergencies. Pakistan, not having the sufficient healthcare infrastructure and resources, it was quite hard to manage the virus outbreak that resulted in an excessively overwhelmed healthcare system (Yaseen, et. al., 2020). The pandemic showed not just the shortages in healthcare delivery but also the political and economical obstacles that impede the successful management and preparation in case of pandemic. A decentralized approach resulted in a fragmented response since it produced diversity in the provision of methodology to tackle the issue by the central government. This chaos made it yet more difficult to enable the healthcare system to react to the pandemic in an efficient way (Alayed et al., 2024).

This research examines the political economy of healthcare in Pakistan, focusing on how political decisions, economic constraints, and governance structures shape healthcare delivery, particularly in the context of health security and pandemic response. The aim is to examine how political and economic drivers interact to impact the health care sector and also determine how these drivers affect the capacity of the nation to adventure with health emergency issues. The research is also expected to give suggestions on how to improve the healthcare system by eating into the causes of the inefficiencies and inequities. To have sustainable policy making that will lead to accessibility of healthcare to all people regardless of financial and geographical challenges, it is necessary to gain an insight about the political economy of healthcare in Pakistan (Ather & Sherin, 2014).

## **Literature Review**

The political economy of healthcare is an interdisciplinary field that explores how political decisions and economic conditions influence the organization, funding, and delivery of healthcare services. Previous studies emphasize the complex relationship between political processes, economic forces, and healthcare outcomes, particularly in developing countries like Pakistan. Theories such as the Capability Approach, Merit Goods Theory, and Power Resource Theory are commonly used to understand the dynamics that shape healthcare systems and policies (Brown et al., 2022).

The Capability Approach, introduced by economist Amartya Sen, stresses the importance of enabling individuals to achieve good health rather than just providing healthcare services. This theory is particularly relevant to Pakistan, where significant disparities in healthcare access exist, especially in rural areas. Health services could be present but a great number of people especially in low-income areas or rural areas are unable to make full use of them through economic reasons, low levels of literacy, and social limitations. This framework implies that any healthcare system needs to go beyond the delivery of care services and seeks to strengthen the capacity of people to access and utilize such services (Chen et al., 2019).

The Merit Goods Theory posits that healthcare should be treated as a public good, not a commodity. In Pakistan, healthcare is often treated as a market commodity, with the private sector providing high-quality services but at a cost that many cannot afford. This has created a dualistic system of health care and services in which the affluent segment enjoys

the high-quality of services that are privately rendered, whereas the rest (dominated by the rural regions) are being served by a bulk under financed government health care system. It is advocated that governments should intervene in matters of healthcare so as to make it affordable to everyone irrespective of the level of income and social status of individuals (Emmanuel et al., 2023).

Power Resource Theory, which focuses on the role of political movements, labor unions, and social forces in shaping health policies, is also relevant in Pakistan's context. The instability in politics, corruption and poor governance system have always been an obstacle to a health care system reform. Healthcare policies are in most instances dictated by the interest of the political elites, pharmaceutical firms among other influential forces, at the expense of the marginalized people. This theory becomes useful in understanding why the reforms that Pakistan makes in healthcare are more than likely going to be ineffective and fail at getting at the actual causes of the health inequalities (Faisal, 2014).

The health security that should be defined as the capability of the country to prevent, detect, and then respond to the health threats is becoming more and more popular since the COVID-19 pandemic. The pandemic has revealed that the existing healthcare system in Pakistan is run down and has several faults like insufficient infrastructure, medical supplies, and overworked medical personnel. Pakistan has areas of concern with regards to national health security through the first experience of COVID-19. The creation of the National Command and Operation Center (NCOC) was one step forward to the improved coordination between federal and provincial governments, since the response was frequently undermined by political differences, lack of resources and delayed decision-making processes (Fatima et al., 2018).

The COVID-19 crisis also exposed the vulnerabilities in Pakistan's health system and underscored the importance of investing in health security infrastructure. However, despite these challenges, Pakistan's response to the pandemic was not without its successes. The government launched various initiatives, such as the Sehat Sahulat Program, to provide healthcare coverage to low-income families, but these efforts were often plagued by limited reach, political interference, and resource constraints. The pandemic further emphasized the need for long-term reforms in healthcare governance, including a more integrated approach to health security and the prioritization of health in national policy agendas (Hamisi et al., 2023).

The healthcare system of Pakistan has been under study and various major problems like unfair distribution of resources, poor financing and private sector, which is growing increasingly have been discovered. The disparity has been discovered to be inherent in health access between the urban and the rural environment with the population in the rural area experiencing significant barricades of healthcare service as per existing studies stated by Khan et al. (2023) and Jooma (2014). This gap is further widened in its out-of-pocket spending that comprises about 64.6 percent of total spending in the sphere of healthcare (Zaidi, 2022) and it makes people have lower-income households skip on any emergency medical services, because the expenses of the personal medical treatment are too high.

The issue of healthcare financing remains a major challenge. Pakistan's healthcare sector is underfunded, receiving less than 2% of the country's GDP, far below the World Health Organization's recommended 5%. Such a deteriorated investment in the population has created a gap in healthcare infrastructure facilities, a lack of medical workers, and the extinction of the necessary resources of medical materials. In addition to this, due to increasing levels of privatization in Pakistan of healthcare, there is a divide between a high-quality expensive private healthcare, on the one hand, and a publicly funded poor-quality underutilized system on the other (Hamisi et al., 2023).

Political instability and governance issues have also hindered efforts to improve healthcare in Pakistan. Frequent changes in government, policy discontinuity, and a lack of political will have resulted in inadequate healthcare reforms. The decentralization of healthcare responsibilities through the 18th Amendment has further complicated healthcare governance, as provinces have struggled to implement policies effectively and coordinate with the federal government (Harvey, 2021).

While previous studies have examined various aspects of Pakistan's healthcare system, there remain significant gaps in the literature. Not all issues are taken as isolated factors to study like healthcare financing or the role of privatisation and so without looking at the political and economic environment in which the issues emanate out. The study helps in bridging this gap because this paper gives a detailed picture of the intersection of political choices, economic limitations, and administrative arrangements on healthcare development in Pakistan. However, health security literature in Pakistan especially in terms of pandemic response is very scanty. This paper will discuss insights of how the pandemic response in Pakistan affected the rest of the health security system and suggest recommendations that should be used in the future health crisis (Henrique Sant'Anna Dias et al., 2024).

Finally, the issue of healthcare decentralization in Pakistan, particularly after the 18th Amendment, has not been adequately explored. While decentralization was intended to improve healthcare delivery, its impact on resource allocation, policy implementation, and intergovernmental coordination remains under-researched. This study will examine the effects of decentralization on healthcare governance and provide insights into how it has influenced healthcare outcomes across different regions of Pakistan (Hotez et al., 2021).

## **Material and Methods**

This study utilized a descriptive analytical research design, aiming to provide an in-depth understanding of the political and economic factors influencing Pakistan's healthcare system, particularly in terms of health security and pandemic response. The research was conducted through qualitative research design and the research utilized the secondary research data just to probe into the correlation between the political decision making and economic constraint to the results of health care. The relevant data was taken based on secondary sources as it was to be used in the analysis to be carried out of the factors that influenced healthcare in Pakistan.

The information was extracted using different secondary sources such as government documents, research articles and case studies. These sources gave a comprehensive source of information about the present scenario of healthcare in Pakistan and the historical as well as the existing problems in the healthcare system of Pakistan. Governmental reports came in particularly beneficial to determine the official healthcare policies, the funds that were allocated in the budget, and the plans of combatting the pandemic, including those of the Ministry of National Health Services, Regulations, and Coordination (MoNHSRC). The academic articles and case studies also placed the data into a perspective and analytically gave the description of healthcare reform initiatives, effect of political economy on the healthcare delivery system and the impact of economic issues, like healthcare financing and cooperation between the public and the private sector (Bowsher et al., 2020).

Examination of the secondary sources of data with the help of which the study wanted to reveal the trends, correlations and gaps in the political and economic healthcare situation in Pakistan. This method allowed analysing in detail how governance, economic policy, and allocation of healthcare resources complement each other and affect the health security and how the country reacts to pandemics. The character of the research of qualitative nature gave the opportunity to explore the details of nuances in these areas, whereas they would hardly be represented by the quantitative research.

Utilization of secondary data was particularly useful in answering the research questions related to political and economic issues of healthcare finance, the successes and failures of the responses to the pandemic, and the overall consequences on health security in Pakistan. These sources of data were thoroughly discussed in order to locate the essential patterns, trends, and the fields where the changes had to be implemented in order to enhance the capabilities of the healthcare system of Pakistan to become more resilient to health crises that could occur in the future.

## **Results and Discussion**

The healthcare system in Pakistan has long been influenced by a complex interplay of political and economic factors that have shaped its ability to deliver equitable and effective services. Political instability, governance issues, and economic constraints have contributed to systemic challenges in the healthcare system. The consequences of these challenges have been that health outcomes are better in urban as opposed to rural populations because of the geographically superior access to the means of receiving health care, namely, private healthcare services. Even after making attempts to increase the coverage of the Pakistani public healthcare system, it remains underfunded as spending on healthcare continues to be below the suggested rates. The level of expenditures on health that is less than 2.9 percent of the GDP of the country is far below the WHO recommendation of 5 per cent of the GDP in developing countries. This under investment has greatly crippled capacities of the public sector to upgrade infrastructure, develop health care personnel and enhance the coverage of critical health services particularly in rural and remote communities where the biggest proportion of the Pakistani people lives (Fitch Solutions, 2022).

Political decisions have a significant impact on the healthcare system in Pakistan. The allocation of healthcare resources is highly politicized, with governments often prioritizing short-term political goals over long-term health reforms. Political instability and changing leadership have led to inconsistent policy implementation, with healthcare budgets frequently adjusted to suit the needs of the ruling government rather than long-term healthcare priorities. As an example, healthcare funds can be temporarily boosted around the time of elections to be popular among the people, and thus it would be reduced again after the elections causing contradictory underfunding/ignoring. Such a political manipulation has negatively affected the creation of sustainable health care policies and reforms that are necessary in enhancing the healthcare delivery and its availability in the nation (Jooma, 2014). Moreover, political actors in Pakistan have also lacked the ability to tackle the inherent problem of corruption, mismanagement, and inefficiencies of healthcare system in Pakistan, another reason that contributes to the decline of healthcare quality.

Economic factors play a critical role in shaping healthcare access and delivery in Pakistan. The country's reliance on out-of-pocket payments for healthcare services is a significant barrier for many, especially in low-income households. Private healthcare services, though offering higher quality care, are largely inaccessible to a significant portion of the population due to high costs. As a result, the public healthcare system, despite its shortcomings, remains the primary source of care for most people in Pakistan, particularly in rural areas. However, the deprived facilities and absence of resources in the governmental sector led to the fact of provision of wrong services, the saturation of the facilities and the shortage of health supplies, which contributes to the level of health disparity. A study has shown that the development of privatization of the healthcare system and then the trend of definition of which was the for-profit approach to healthcare has resulted in the advent of the two-tier system of healthcare in Pakistan. The wealthy have the money to acquire quality health care but most of the citizens are compelled to utilize the over-stretched and under-financed government system especially the backyards of the country who have no choice (Zaidi et al., 2022).

The COVID-19 pandemic exposed the deep vulnerabilities in Pakistan's healthcare system, further exacerbated by political and economic constraints. Pakistan's healthcare system was ill-prepared to manage a pandemic of such magnitude. The country faced shortages in essential medical supplies, including personal protective equipment (PPE), ventilators, and hospital beds. Inadequate health infrastructure, especially in rural vicinities resulted into an extreme burden of the healthcare system. The limited testing ability and the undermanned healthcare workers proved to be a major issue in the country as it did not have a proper response to the pandemic. The failure of the public sector to accommodate the increased demand of healthcare services during the pandemic captivated the shortage of the health infrastructure and distribution of resources in Pakistan (Shaikh et al., 2024).

Political fragmentation was also a major cause in the way that Pakistan faced the pandemic. Fragmented response in different regions was related to devolution of health responsibilities at provincial level which was done under the 18th Amendment to the Constitution of Pakistan in 2011. Some of the provinces had earlier enforced strict measures including in Sindh, but failure to enforce health-related measures in other parts of Pakistan meant an inconsistency in the lockdowns, testing strategies, and quarantining protocols. Poor coordination between the Federal and provincial governments has hampered the performance of the response overall and contributed to the lack of ideas in the population (Emmanuel et al., 2023). The federal government responded to it by making the National Command and Operation Center (NCOC) based on which the decision-making process was to be centralized and that enabled the convergence of health departments of various provinces. Political diversity and monetary disadvantages even so affected how NCOC acted in the process of developing a joint path of action in regard to the crisis despite NCOC playing a crucial role in processing the crisis (Khan et al., 2023).

The pandemic also exposed the constraints of healthcare financing system in Pakistan in terms of its economic consequences. Lockdowns and other restrictions brought on by the COVID-19 pandemic have resulted in massive unemployment especially in the informal economy that constitutes a large share in the Pakistani economy. This economic recession led to rising poverty and lack of food security, and this further complicated the situation of the health care system. The government was reacting to this by initiating Ehsaas Emergency Cash Program at attempting to assist the low-income families with financial assistance, and this initiative also did not manage to stop the economic crisis. The fact that Pakistan was dependent on the foreign financial support and that there was no consistent investment on the facilities of the health sector demonstrated the inadequacy of Pakistan in the circumstances that the health crisis appeared. The pandemic showed that there is a dire need to possess sustainable economic policies that focused on substantial investment in social protection systems and the provision of public health (Shaikh et al., 2024).

Despite these challenges, the COVID-19 pandemic also underscored the importance of political leadership and coordination in health crisis management. The pandemic demonstrated that effective health security requires strong political will, clear communication, and a unified response from all levels of government. Political leaders must prioritize public health over other competing interests to ensure a coordinated and efficient response during health emergencies. In Pakistan, the mixed messages from political leaders early in the pandemic, including downplaying the severity of the virus and delaying lockdowns, contributed to public confusion and a lack of compliance with health guidelines. Political instability and infighting between federal and provincial governments further undermined efforts to control the spread of the virus, highlighting the need for cohesive and strategic leadership during health crises (Emmanuel et al., 2023).

The pandemic also showed the necessity of long-term health security and its infrastructure investments. Health security must become part of national security plans, and the strategies ought to be geared towards developing resilient health systems to be able to take an imminent health emergency. To improve the health security structure in Pakistan,

it is very necessary to strengthen the infrastructure of healthcare, the healthcare financing level, and to coordinate the work of the federal and provincial levels of government. The input of the private healthcare sector should also be handled skilfully so that it does not worsen the health inequality especially in the rural and underserved communities (Filip et al., 2022).

## **Conclusion**

This study highlights the significant influence of political and economic factors on healthcare delivery and health security in Pakistan. Key insights reveal that underfunding, political instability, and inefficient governance have led to significant healthcare disparities, particularly between urban and rural populations. The reliance on out-of-pocket payments further exacerbates inequalities, limiting access to care for low-income families. The COVID-19 pandemic exposed the fragility of Pakistan's healthcare system, underscoring the need for substantial reforms in healthcare financing, infrastructure, and governance.

The study indicates the increased healthcare expenditure, particularly in the state sector, improved coordination of the federal and the provincial governments and the expansion of the apparatus of a public-private association within the health sector. On the long term basis it is also needed that the preparation against pandemic diseases should be strengthened with investment into the health infrastructure and education of the workers.

When establishing a more equal resilient healthcare system in Pakistan, these problems are crucial to overcome. The implementation of such suggestions by Pakistan will be able to improve on accessibility, quality and readiness in the field of healthcare and ultimately improve its health security on all levels and will assure the country of getting better results to all their people.

## **Recommendations**

Based on the analysis from the literature, several actionable recommendations can be made to improve healthcare governance, financing, and pandemic preparedness in Pakistan.

Firstly, addressing healthcare financing is crucial to improving the accessibility and quality of healthcare services. Pakistan's healthcare system suffers from chronic underfunding, with healthcare receiving less than 3% of the national GDP, which is well below the 5% recommended by the World Health Organization. It is up to the government to ensure that more is entitled to the GDP on healthcare since the government healthcare services have to be well financed. There should be also improvement of structures of healthcare financing to minimize reliance upon out-of-pocket spending, which overburdens low earning families. The financing gap, particularly, in underprivileged rural regions could be filled with the help of a sustainable strategy such as an increase in funding opportunities both national and international (Emmanuel et al., 2023).

Secondly, healthcare governance requires strengthening through improved transparency, accountability, and coordination between federal and provincial governments. The political fragmentation resulting from the devolution of healthcare responsibilities under the 18th Amendment has led to inconsistent healthcare delivery across provinces. Federal and provincial governments need to establish clear guidelines for resource distribution, policy implementation, and disaster response coordination. An institution like the National Command and Operation Center (NCOC) may still be instrumental in the crisis management processes but of yet this body should be institutionalized to permanently exist so as to facilitate effective health governance especially in health emergencies. Also, it will allow increasing the institutional capacity at provincial levels to provide more adequate access to healthcare in the country.

Public-private partnerships should be leveraged to enhance healthcare delivery, especially in rural and underserved areas. While the private healthcare sector provides high-quality services in urban centers, it remains inaccessible to a significant portion of the population due to high costs. Enhancement of partnership between private and public sector may assist in closing the existing divide between access and quality. The market around the provision of healthcare in the private sector should be regulated through policies that guarantee that the market meets the target of healthcare in the general population, which includes affordable access. Also, mechanisms should be established to stimulate the investment of the private sector in the infrastructure of state healthcare, especially in those areas where it is poorly developed (Fatima et al., 2018).

Pandemic preparedness must be prioritized by strengthening healthcare infrastructure and expanding the capacity of emergency response systems. The COVID-19 pandemic exposed severe limitations in Pakistan's ability to handle large-scale health emergencies, particularly in terms of hospital capacity, medical supplies, and testing infrastructure. The Monetary Authority should also invest in healthcare infrastructure on the long run by increasing the number of hospital beds, enhance medical supply chain, and the recruitment of healthcare personnel. Also, development of an integrated health surveillance system will also help to improve the capacity of the country to identify, respond, and contain future pandemics. Pakistan can invest in cutting edge technology like real time data collection, contact tracing, rapid tests, which can greatly boost its preparedness to the pandemic (Ahmed et al., 2020).

Finally, political will and commitment are necessary to sustain healthcare reforms. Political leaders must prioritize healthcare issues over short-term electoral gains, ensuring that healthcare policy remains consistent and focused on long-term outcomes. It is necessary to overcome the problem of inconsistent and reactive approaches to tackling issues on healthcare in Pakistan. This needs long term vision in which, healthcare reforms come in the form of the larger economic development plans. The government should also hold a national consultation with the major stakeholders such as the healthcare professionals, civil society and the international partners to come up with and enforce effective polices to solve the systemic problems in healthcare (Bowsher et al., 2020).



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