The concept of equity in relation to health is interpreted in various ways. The principles and values are derived in this regard from various social sciences including philosophy, ethics, economics and others. Whitehead defined health inequities as “differences in health that are unnecessary, avoidable, unfair and unjust”. This definition, though described way back in 1992, is still not agreed upon. Generally speaking, equity is looked upon as a moral value which means social justice or fairness. The principle behind is that of distributive justice. So broadly speaking in relation to health, equity can be taken as the absence of socially unjust or unfair health disparities. The national health indices though are claimed to have improved but behind the single figure quoted as achievement, one must try to look what is there within it. A single digit claim when un-packed reveals stark differences. Vulnerable gets even further marginalized. The poor provinces and remote districts may show even a decline in what has been gained previously. So the case for pursuit of equity in health care is further strengthened.

From human right perspective, governments are under obligation to act in pursuit of health equity as a policy objective. The right to health is defined as “the highest attainable standard of health”. According to United Nations Declaration of human rights “all human rights like economic, social, cultural, civil and political, are considered interdependent and indivisible, governments are accountable for progressively correcting conditions that may impede the realization of the right to health, as well as related rights to education, information, privacy, decent living and working conditions, participation, and freedom from discrimination”. It is important, therefore, not to address issue of health in isolation. It has to be tagged with other social issues having great bearing on delivery of health to masses.

Existing literature addressing equity in formulation of health policy mainly focuses on horizontal equity (the equal treatment of equals) thus issues related to vertical equity (the unequal, but fair treatment of unequal) is ignored. Distributive justice focuses distribution of health outcomes across individuals and groups within society. Thus, equality may be addressed but inequity remains.

Any framework that is devised to address equity in health and health care system, must be realistic and based upon ground realities. In order to design such a framework, it is imperative to identify determinants of health related issues. In doing so stratification of groups of people is needed so as to target the vulnerable, based upon age, gender, ethnicity, culture, religion, geographical location, social status etc. Next step would be to understand the basis of such disparities.

Following in-depth evaluation of disparities, focus should be on the development, implementation and evaluation of interventions that will decrease or abolish differences related to health and health care. The development of national plan in relation to health must be made according to research done on the subject and following analysis of outcome of previously made policies. In this regard all epidemiological and demographic data is scrutinized and social determinants of health related to particular groups and their perspective must be given importance. All the relevant representatives of the parties belonging to particular community and public and private sectors must remain on board in chalking out strategies.

Once priorities are identified, desired objectives and outcomes are defined after mutual consultation with the stakeholders. The process must be ongoing and available resources must be re-visited so that compatibility is maintained. Political issues must also be considered as they are one of the reasons why most policies fail. The plans for improvement in health care can be strengthened if various segments of a society act together in a comprehensive way thus complementing the efforts of government institutions. NGOs, print and electronic media, religious groups and other organizations can act as stakeholders in this regard as they have moral responsibility and answerable to the people of the community to which they belong. Most of the health promotion activities have education strategy. This approach is effective as direct contact is made between target population and health services providers. This also helps in developing and empowering the communities in terms of addressing their own problems and devising effective ways of managing them. It also provides effective feedback lacunae in the policies can be addressed.

Advocacy remained an important tool and includes lobbying. The role of politics in formulation of ethical framework for equity in health should never be undermined. The role of parliamentarians and legislators is important. Their role in budget allocation for health...
can be exploited. Interaction with civil society is another important mechanism to this process. They can act as pressure groups to influence members of parliament in the process of legislation if such is missing or changing the existing laws that hamper equity in health.

We also need to understand the general, social and economic context of Pakistan. This includes the distribution of income and level of education within the provinces, at various district levels, and also between provinces and at country level. The data available for distribution of health should be critically analyzed and focussed on disparities among masses related to various social determinants like literacy, income, ethnicity, geographic location, gender, access to health services, etc. In the present day scenario of Pakistan, internally displaced people like that from Malakand and tribal belt of NWFP must be considered.

One of the models for Pakistan could be doing away with over centralization in terms of provision of health. The decentralization strategy by delegating powers to provinces and from that level to districts and respective towns would probably deliver as comparison to over bureaucratic centralized policy. By this approach, all the projects will be implemented and centered primarily at district level thus, increasing the management and planning capacity of the officials. Delegation of more power at provincial level strengthens provincial planning system thus, increasing more effective communication and implementation of policies ensuring effective and timely completion of projects made by towns after identifying needs at that level. Less bureaucratic hurdles will be faced. Within this decentralization approach, a necessary precondition for achieving equity is the development of systems for allocating resources to districts according to their needs both in social and health sectors. With this strategy, money will be available from center which then would be diverted for local health care plans.7

The present local body system was a good opportunity to address equity issue but it is perceived as hostile to provincial autonomy by political forces. More trust building measures are thus required to bring harmony. Federal health ministry should only be used for those issues that have national implications and in dealing with other governments and international donor agencies although provincial and district governments can also seek support of their own after taking permission from respective authorities.

Budgets should relate to the overall health service requirements of the district population and it should be differentiated from the health facility requirements. Districts that are considered backward or with limited resources, as assessed through the planning process, must receive particular planning attention. Their needs must be addressed through above average allocation growth rates. At present, there is a population-based resource allocation in National Finance Award, though formula is going to be changed but final allocation of resources on the basis of population, when it comes to district level, must be made on more equitable basis by considering factors such as age, gender, specific health needs, density, geographical locations, cross-boundary flows and different costs of health care delivery and access.

The resource allocation is usually from two sources-government and nongovernmental elements. At present, there appears to be a mismatch between the population health need, the requirements of existing facilities, and the budgets set. The strategy that must be adapted is to search for more resources after analyzing existing allocation pattern. A policy of needs-based resource allocation systems is to be devised at district level after stratifying population groups. It is to be identified how much private sector can contribute and at what level. The population that can afford private sector facilities should also be identified. Based upon such information, it is to be planned how much resources are to be spent on which of the services like for women, children, particular race, geographical location, gender etc. The issue of access to the services is also important especially in relation to rural areas.

A liaison with Planning and Development Department is mandatory. Department of Health must develop strategies and a well-planned and structured agenda must be handed over to planning and development ministry early in a fiscal year so that allocation of funds for future projects (and running programs) in coming years must not be delayed. A well-trained administrative and technical staff should be hired with excellent professional expertise. Managers who will implement and oversee execution of such programs must be in regular contact with higher level of administrators. This loop must remain intact and regular feedback must be in place. Efficiency of planners, managers, field workers etc must be monitored. Transparency and corruption can not be ignored in the execution of such projects.

For the programs to run efficiently, generation of revenue is also important at district and town levels. Some cities like Karachi can generate local revenues. The population that can pay user charges, considered economically better off, must contribute towards their own health and insurance system related to health may function well in this set up. However, urban areas have large number of shanty towns and squatters within and in the vicinity. The need of these communities must be addressed through government resources as they are the places from where economic and political unrest may start that can potentially destabilize the law and order situation and affect country’s growth. Too much compensatory mechanism may discourage local revenue generation
thus education of communities as to their own responsibilities is to be made necessary. A program for generating employment based upon teaching and training of masses in technical skills and local cottage industry like project development, must be incorporated. This will empower communities and make them earn their own livelihood. Thus, parallel social uplift programs are also needed, if one expects health equity approach to deliver.

To conclude, an approach towards equity is a way of respecting human beings, a moral and ethical conduct, which should be at the heart of every aspect of life. Parallel development of other social sectors and re-visiting policies and measuring outcome will go a long way in promoting equity in health in relation to Pakistani perspective.

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