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Governance System of Pakistan: Continuation of Colonial Policies

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Abstract

This paper attempts to explain why Hospital Autonomy (HA) Reforms in Pakistan could not succeed in achieving its stated objectives. Use of sense making technique is employed which consists of frame, cue and relationship. Frame of the reforms is developed using constructs like governance system of Pakistan, its connection to the past, legacy of bureaucracy, accountability traditions and the status of rule of law in Pakistan. The study shows that the current structure is strongly influenced by its colonial heritage, with most of the ingredients of the governance system persisting till today. The HA reforms, imposed by IFIs, were likely to challenge the unchallenged position of bureaucracy in the context of Pakistan. Though initially it dented the coveted position of bureaucracy, but later the bureaucracy was able to bounce back and reclaim the lost territory. These reforms hurt the public badly as user charges were increased and subsidies disappeared.

Key Words: governance system of Pakistan, colonial impact, accountability, rule of law, Pakistan, power, Hospital autonomy reforms

The Reforms:

HA Reforms were introduced in Pakistan in early 90s as they were introduced in many other countries including Indonesia, India, Jordan, and Thailand (Saeed, 2012). Hildebrand and Newbrander (1993) explicate in detail the assumptions, objectives, and *modus operandi* of the reforms. These reforms were implemented first in two hospitals at Federal level as test cases and later were implemented in most of the teaching hospitals of the Province of the Punjab.

The process had a complete support of the provincial political government who led it from the front. The implementation process in Punjab commenced with the promulgation of Punjab Medical and Health Institutions Ordinance 1998. Later, almost all the tertiary hospitals were granted autonomous status in phases. In the former setup, bureaucracy was solely responsible for the running of the hospitals. All the decisions regarding hospitals including

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financial, HR, administrative, purchasing, infrastructural development were made by the bureaucracy. Though subsequently doctors were made the heads of the hospitals, yet they were literally powerless and depended on the bureaucracy for the day to day running of their organizations, as were other specialists/technical experts in their respective institutions.

This setup continued for a couple of years before it was terminated by the military government of Gen. Musharraf who had assumed power after staging a coup d'état against the political government. A revised version of the Ordinance was launched in 2002 which lasted for around a year. However, this also had to be halted in wake of protests and agitation of doctors' community. Later an enquiry commission was instituted to examine the charges and to enquire into the issues which led to the abandoning of the reforms. Subsequently, in the light of the findings of the commission, the bogey of reforms was again put on track in 2003 by launching another version of autonomy reforms which is still in place.

However the experience of granting autonomy to teaching hospital has not been able to realize the objectives which were set initially. The four stakeholders identified during the data collection process are donors, politician, bureaucrats and doctors. All of them enjoyed a unique status during the process and were able to influence it at different stages. As mentioned earlier that these reforms were initiated by the IFIs, they had a unique meaning of the concept of 'autonomy', however this concept also had local meanings which were embedded in the historical developments, power struggles among various groups in society and social context. Once this reform intervention was made in the society, it became part of the ongoing flow of the events in the country and different stakeholder got engaged in the process of sensegiving and sensemaking (Gioia and Chittipeddi, 1991) of the concept. According to Saeed (2012), the process failed to achieve its claimed objectives. Sense making technique helps in understanding particular phenomenon by keeping it and relating with its peculiar context. So this article attempts to present the context/ frame which led the reform to its eventuality. It is very essential to identify the social causes which led to its failure as this reform has a higher cost for the society in terms of added loans, deterioration of health services, escalation in the cost of the services, deprivation of the poor etc. (Saeed, 2012).

Literature on implementation can be bifurcated in two categories i.e. pre-1970 and post-1970 era. It was around 1970 when modern implementation literature started to emerge along with the explosion of social sciences and particularly its application on policy studies. Alluding to the literature of pre-1970 era, Hill and Hupe (2002) mention that "(w)ithin that literature concerns are expressed that are very central to controversy within implementation theory: about the rule of law, accountability and the roles of civil servants

within the policy process"(p. 19). They mention two other concepts strongly related to the implementation i.e. 'democracy' and 'rule of law' (p. 22). The two concepts i.e. 'roles of civil servants within policy process' and 'democracy' are part of the governance model and will be dealt with in concert. Thus, the 'frame' which will be used to make sense of the 'cue' of the implementation of HA reform will be made up of the governance model, rule of law and accountability.

This paper employs the technique of sensemaking. According to Weick "(t)he basic idea of sensemaking is that reality is an ongoing accomplishment that emerges from efforts to create order and make retrospectives sense of what occurs"(1993: 635). And according to Schwandt (2005) sense making is a "process that includes the use of prior knowledge to assign meaning to new information…It is not simply the interpretation of information; rather, the continuous interaction with information allows meaning to emerge" (p. 182). And according to Fiss and Hirsch (2005) "(s)ensemaking stresses the internal, self-conscious process of developing a coherent account of what is going on (p. 31).

Weick (1995) explains the process in these words, "sense making starts with three elements: a frame, a cue and a connection…frames and cues can be thought of as vocabularies in which words that are more abstract (frames) include and point to other less abstract words (cues) that become sensible in the context created by the more inclusive words. Meaning within the vocabularies is relational. A cue in a frame is what makes sense not the cue alone or the frame alone" (p 110). In nutshell, sensemaking is a process of developing meaning of a particular action in the backdrop of the past occurrences. In the next section, a set of various relevant and related events are discussed to make sense of the concept of autonomy.

Governance Model of the state of Pakistan

The creation of democratic institutions in different parts of the world has espoused binary patterns depending on which among bureaucratic structures and democracy emerged first. Hill and Hope (2002) advance the analysis of the issue through two contrasting cases. The first case is that of the United States where government/bureaucratic structures were designed after democracy was established in the country. It was the evolutionary process of history including the war of independence that instigated the development of democratic ideas and concepts which eventually became the overarching ethos of society on which the governance structure of the country was finally established. Thus the democratic principles predated the governance structure of the country. Opposite to this is the case of Germany where governance structures prevailed much earlier than the introduction of democracy. Democracy was planted under the garb of 'nation building' where

either the existing structures were transformed into democratic ones or new ones based on the requirement of democratic values were installed. Democratic institutions were reared, guarded and institutionalized to thwart any chance of the rise of a new Hitler in the future.

The case of Pakistan corresponds to the case of Germany in that democracy was injected from outside at the time of independence while the bureaucratic structures and systems were installed by the colonial administration more than a century ago. In the case of Pakistan, though democratic institutions were planted, yet democratic principles like equality, accountability, transparency etc. could not take root in the society. The required suitable conditions for democracy were not cultivated by the leaders of the country with the result that people' power could not be institutionalized and the erstwhile elites were able to continue their reign. According to Weinbaum (1996):

> (t)he subsequent education of people to accept democracy through meaningful participation in their political affairs was minimal. Without wide public awareness and an effective public opinion, the political system gave wide berth to ambitious and corrupt political leaders. Instead of including a broad citizenry in the political process, power was concentrated in the hands of an elitist bureaucracy and overambitious military. The country's semi-feudal system with its sets of obligations and hierarchy provided similarly inhospitable soil for building a democracy (p. 641).

Moreover, in the absence of any serious 'nation building' effort by the USA in Pakistan as was the case in Germany, nascent democratic principles could not vie against colonial governance structure in Pakistan which was sustained and carried along by colonial bureaucracies. Perhaps introduction of democracy in Pakistan was not a priority for USA as military governments served its international designs and objectives better. As Mukherjee (2010) elaborates on this point that:

> US establishment has always found it easier to deal with a military general than to get involved in messy local politics, but the point is not so much that the US always supports generals, but rather that US support for democracy in Pakistan has come second to broader geopolitical considerations, thus enabling the generals to secure substantial external backing (p. 74).

Three decade-long spells of military governments compared to zero completed tenures of the political governments is testimony to this. All military governments had close cooperation with US international campaigns and enjoyed very intimate relations with the US government during those

campaigns. These generals ruled the country like absolute monarchs – considering themselves accountable to none.

The role of politicians has not been exemplary either. According to Mukherjee (2010), "(i)t must be admitted that Pakistan's civilian politicians have often acted, in their own interests, as arbitrarily as the military, with more corruption and less concept of real democracy and national unity "(p. 74).

Weinbaum (1996) comments on the extent of public confidence of on the democratic drama:

> large numbers of Pakistanis continue to believe that elections are exercises in intimidation and outright fraud. Moreover, very little of political life is seen as egalitarian. Politics tends to reflect the highly stratified character of social classes in Pakistan where, in general, most citizens see political debates and contests as largely irrelevant to their lives. Pakistan's voting turnout, usually greatly exaggerated in official reports as exceeding 60% of eligible voters, was probably between 30% and 40% in 1989 and 1993 (p. 645).

So to a large extent the governance model of Pakistan is modeled on inherited colonial structure. At the inception of the country in 1947, Government of India Act 1935 was embraced as the law of the land after some skin-deep changes. Most of the laws, rules, manuals, codes and structures carved out to achieve colonial objectives were perpetuated in letter and spirit in the now 'independent' country. According to Egger (1953) "the colonial government was a law-and-order government, the function of which, except in time of famine, did not extend appreciably beyond internal tranquility and collecting the revenue (p. 1)". At the heart of the colonial government was ICS – the steel frame of Raj – the generalist bureaucracy which served its master in most effective and efficient manner.

While discussing the characteristics of men in bureaucracy, Gladieux (1955) said that "since the majority of such personnel tend to have essentially the same educational and experience background there is produced a civil service which tends to be quite uniform in interest and outlook". Such structure "was well suited to government in the law and order days of colonialism when it was necessary to keep the country under firm control through a small foreign bureaucracy". However, after the 'independence', demands of the country were altogether different, now people rather than the rulers should have been served. There was a pressing need to develop sound technocrats including engineers, doctors, scientist, economists, teachers etc. which could help develop the country and contribute towards the wellbeing of the people. However, the dominance of the generalist bureaucracy stemming from their

colonial past continued due to the peculiar circumstances prevailing in the country and never allowed this change to take place. According to Islam (2004), "(t)he vice-regal traditions of colonial India were embedded in the plans for Pakistan's governance" (p. 318).

The dominance of the generalist bureaucracy didn't allow specialists their due rights who were subjected to comparatively poor pay structures, under-employment, declining standards of education and training, lack of respect and nuisance value in society (Kennedy, 1987). Doctors wanted to be freed from the influence of the bureaucracy and took the mirage of autonomy reforms as 'water' for quenching their thirst for independence.

In the case of hospital autonomy, the reforms interestingly were not directed towards ameliorating the health services for the masses. It was only aimed at unburdening government of its financial obligation towards public hospitals. It was an imposed prescription of the IFIs which was gleefully conceded to by the politicians since with the reforms was appended specific amount of dollars which was to become the destiny of fortunate few. They owned and proclaimed these reforms as a panacea for all the health problems and pursued it robustly. Yet what society attained from these reforms is expressed below in the words of some informants whom the researcher interviewed during data collection.

One employee of the hospital used these words to explain the situation:

> One big issue in post-autonomy scenario is that patients have suffered in many ways. One aspect is the user charges which had made treatment difficult for the poor. Secondly, patient care was compromised through rhetoric, report making. There was a lot of emphasis of reports which were demanded by Government and supplied by the hospitals. Chief Executive hired media men who would keep him and his activities alive in the media. A cycle of self-praise, public relations started which badly affected patient care.
>
> In Post-autonomy even the staff of CE became very rude and treated employees with disgust. Now more emphasis was on how many machines were out of order, how many had been repaired. In one instance, some doctors asked a patient to fetch some medicine from dispensary; he was told that it was out of stock. When he informed the doctors, one of them remarked that you should have brought three or four bricks (referring to too much civil work going on in the hospital). Earlier there were 250 or so house officers and each ward had around 10 officers. They would prepare the patients by

> conducting necessary tests and undertaking other formalities for the operation next day. Now the number of nurses and doctors has decreased which has resulted in the deterioration in the patient care level.

One senior doctor commented on the situation like this:

> current dual system has slaughtered the merit and responsibility lies both on bureaucracy and management of the hospital. He said the recommendation of the professors having 25 years or so experience for junior efficient doctors are turned down and decision are made whimsically. All service rules are ignored while making inductions.

And one bureaucrat explained the situation by saying that:

> the poor have been the main victim of the system. Rates of health services have shot up. Their surgery is delayed for months. Doctors use space, facilities, reputation of government hospitals and get share from the income of the hospitals. They get share from the income generated by operations in the morning as well. They have no professionalism.

Referring to the issue of dominance of generalist bureaucracy over specialist, another senior doctor illustrated the point by giving his personal example in these words:

> Bureaucracy is dominant over the cream of the society. After passing intermediate exam he moved to the medical college. After graduating in 5 years through extremely hard work and one year of house job he moved abroad for post-graduation. On his return he had to appear before a committee for selection against a government job where he found his class fellow among the interviewers who could not get enough marks for admission in medical college. So he took the route towards CSS and got posted in DOH. He said that second raters were ruling the country. He said this was a unique country where by doing FA (intermediate, 12 years education) you could become president of the country. He said that the base of the structure of our country was flawed.

Democracy generally thought to be promoting equality, freedom, and fundamental rights, yet here it is yet another instrument for the exploitation of the masses. All the institutions of democracy are placed in the society in imitation to the west. Political parties are hereditary in nature and not based

on ideology or principles, bureaucracy is considered personal subordinates to the politicians, and courts are bearable to the rulers to the extent that they award verdicts to suit their motives.

Sial (2011) presents a picture of the current state of affairs with reference to the governance mechanism prevailing in the society in the following paragraph:

> State officials (are) seen more committed to perform obligations assumed under secret agreements against territorial sovereignty. State is facing illegal interference in its exclusive internal affairs. State has lost its capacity to frame its policies according to its national priorities. Its parliament seems to have imperfect control over decision-making process. Parliament doesn't seem to have self-regulating capacity. The executive organ seems not accountable to the parliament. Public service system has lost its capacity to deliver national services and has converted the range of its obligations to its privileges. State economy indebted to national as well international monetary institutions to the tune of billions of dollars have rendered its economic independence vulnerable. State exchequer extracted out of its poverty-ridden population and territorial possessions is spent upon luxurious spending and have no return for its citizens. Judicial system has been made subservient to executive organ. Armed and resourceful sections of society have replaced system of rule of law with rule of force in the country (p. 127).

The remarks of one respondent about the Autonomy Reforms sum the whole story. He said that 'after around 12 year of the process we are back to square one'.

Accountability

Policy making and implementation processes involve massive amount of tax-payers' money on one side and solution of pressing public issues which might concern public at large on the other. In other words, it is essential that the objectives are achieved effectively and efficiently. Failure in both the criteria needs to be investigated and examined such that causes are fathomed and unriddled and those responsible for the failure are held accountable. If the accountability processes are not inbuilt in the system, inefficiency and ineffectiveness will be a commonplace feature of the society and this is precisely what happened in the case of HA reform in Punjab.

In order to fully grasp the issue of accountability we need to have an all-inclusive view of the process of implementation of HA Reforms. Starting from the process of policy making, in a democratic state, it's the public who are supposed to solve their issue by themselves. Failure in this regard necessitates delegation of powers to their representatives who are then expected to solve the problems. So practically, it is the representatives of the people in a democratic country who assume the task of making public policies. So in Pakistan, which constitutionally is a sovereign and democratic country, the public agents should be making policies. However, as has been established already that the policy of hospital autonomy was imposed by the IFIs. And though they completed all the customary rituals deemed necessary to portray policies as representative of the views of majority of the stakeholders, the end product was not much different from the one introduced in other countries. This unveils the fact that Pakistan has not been autonomous in making policies for the country. And this very fact unknots the question of why most of the policies in Pakistan have ended in failures.

This is the first stage where accountability issue crops up. Public representatives need to be held accountable for defrauding the public when they help implement the policies imposed by the foreign powers and still claim that they have formulated these policies themselves. In a state like Pakistan, policies have historically been enforced externally; elites in Pakistan only make it palatable for the people, thus retaining the crux of the policy intact in most of the cases. These policies are then devolved to be implemented. Since the policy makers may not be undoubtful themselves, they just facilitate the implementation process ensuring that they have secured their share of the booty. In the culture characterized by high power distance (Hofstede, 1991), rarely a finger is pointed towards the top. And since most of the elites at the top are part of this game and receive their due shares, no accountability fixing is carried out. And even if it is done, the accused paint it political and come out clean and virgin.

A number of authors in implementation studies have touched upon the issue of accountability. Pressman and Wildvsky (1984, p. 255) believe that "(a)ccountability seeks to preserve existing relationship by holding the actors at the bottom responsible to the expectations at the top". This means that in top-down approach, policy makers at the top elude accountability calls. The implementers normally come under the focus of accountability. They are considered accountable for the achievement or otherwise of the policies. And in the process, policy avoids the spotlight. It is largely forgotten and not accounted for in the evaluation stage. Krane (2007) argues that "(n)o matter how well implemented, a poorly crafted or targeted policy will not be effective…if legislators produce poor program designs or choose to sketch policy in generalized terms, these choices affect the actions of administration as well as the attainment of successful policy performance (p. 32).

While explaining the role of street level bureaucrats Lipsky (1980) refers to the paradox where on one hand they are treated as cog in the machine and on the other are bequeathed with lots of discretionary controls. It is vital that this discretion is matched with accountability. As he is the advocator of bottom-up approach, in place of mentioning hierarchical accountability he proposes activities like “encouraging clients’ autonomy, improving current street-level practices and helping street-level bureaucrats become more effective proponents of change”(p. 193). Such options are likely to empower the lower cadre actors which in return may facilitate the accountability process.

Another method in which accountability mechanism can be fortified is to make bureaucracy feel part of the society and people. In such a scenario, public and their representative would like the bureaucracy to be democratized such that it works for the interests of the public. The next section contains the discussion of the three organizational structures that were formulated under three different schemes of hospital autonomy initiative and explain how accountability side of the issue was ensured.

If we look at the case of PM&HI Act of 1998, we find that Chief Executive (CE) was made responsible for the proficient functioning of the hospital. He was to work in consultation with the Institutional Management Committee (IMC). CE was expected to nominate the members of the IMC. Here one finds that a local aim of the reform is being clearly materialized i.e. to clip the wings of bureaucracy to the minimum. But not long after the introduction of the reform, the political government in the province was unseated by the coup ’d’état of Gen Musharraf. This evaporated the patronage and support that doctors and this initiative were enjoying, with the result that bureaucracy retrieve its lost position. It ensured that IMCs were never formed and thus CE was left vulnerable to face all the responsibility and accountability of the process. IMCs were to develop new rules on the basis of which the autonomous institutions would run, but their non-existence certified that new rules will never be formed. CE was under the impression that the previous rules of the Punjab government will not be applicable to the new structures and it will necessarily be run under new rules, yet new rules could not be materialized. The first autonomy initiative continued for approximately three years in this state of incertitude. “Every organization grows, prospers or fails as a result of decisions” (Daft, 2001, p. 399), but they are made on the basis of certain rules, however when there are no rules, the decisions of the top management become rules and final words. In such circumstances, the question of accountability got jumbled up. It reappeared only when the process was halted and now a neck was needed around which ‘accountability’ noose could be fixed.

The next issue with reference to accountability was that grade 17 and above officers and doctors, some of whom were senior to the CE, continued to stay in the service of the government. There are two issues in it which defeat the spirit of the autonomy. One that these officials remained under the control of bureaucracy and two, that they were not held accountable to the CE. How could the institution under CE be even termed as autonomous when the employees working in his institution are not accountable to him? And for that matter, how could the CE be held responsible for all the affairs of the hospital?

During the framing of the next legislation, the issue of CE having unbridled powers (in the absence of new rules) was the top most issue. So In PM&HI Ord. 2002, all the powers of CE – now named as (Principal Executive Officer) PEO – were handed over to the (Board of Governors) BOG whose members were to be chosen by the DOH. The report of Justice Mujjadad Mirza Commission (2003) mentioned that members of the BOG, most of whom were industrialists, started poking their nose in the professional issues concerning doctors. In view of limitless powers and the absence of any accountability mechanism against BOG members in the rules, the doctors had to resort to agitational measures. If the members of BOG were responsible to anybody, it was DOH. Thus, in real sense DOH was all powerful. It should have been held accountable, yet; ironically DOH itself was implementing the reforms.

The question of rationalizing the powers of the members of the board was addressed in the next legislation where Secretary Health and Secretary Finance were embedded as permanent members of boards of all the hospitals. Moreover, in most places retired bureaucrats and army generals were appointed as heads of the boards. The degree of the powers of the board can be assessed from the comment of a respondent that 'one section officer of finance department can question and undo the recommendations of the board of the hospital'. So in this way, boards became directly controlled by the bureaucracy whereas head of the hospitals – now called Principal – was held accountable for the performance of the institution with minimal powers.

As has been presented in the previous section that different governance arrangements were tried for the hospitals, nevertheless, all of them flopped and each tilted the balance further towards bureaucracy. It has already been established that bureaucratic institutions were designed specially to cater to the needs of the colonialist rulers and this spirit was carried forward to the new country. It was undeniably one of the most established and commanding institutions of Pakistan and in a state of political uncertainty, it was not possible for politicians, doctors and even donor to divest them of their status. Only one choice remains i.e. to democratize the bureaucracy somehow. Page (1985) through his analysis suggests that democratization of bureaucracy has been attempted in three dissimilar ways:

1. ‘Representative bureaucracy: a system is more democratic when the socio-economic and ethnic backgrounds of top government officials resemble those of the nation as a whole’ (pp. 163–4).
2. ‘Pluralistic approach: democracy in public decision making ... guaranteed by the absence of centralized political authority’ (Page, p. 164).
3. ‘Institutional view’: in which ‘democratic “control” exists to the extent that representative institutions participate in policy-making’ (Page, p. 164 as cited in Hill & Hupe 2002, p. 28-9).

Second type of approach relates to US society and first and third types represent British traditions. As US followed second model, so it “had an impact upon the way implementation processes are conceptualized in the United States” (p. 29). Interestingly none of these types explain the bureaucracy in Pakistan. However, Page (1985) refers to certain public officials seen as ‘power elite’ who challenge the democratic control on policy formation. Even that portrayal does not fit well with that of Pakistan’s bureaucracy. In case of Pakistan, it is not only ‘certain public officials’ who would act like ‘power elites’; it is in fact the whole structure of bureaucracy – raised in colonial conventions which would assume itself superior and saner to the public and would never like to be under peoples’ control. In such a scenario, bureaucracy would not deem herself accountable to the public or their representatives.

Moreover, these suggestions are responses to the issues being faced by western societies, where ground realities with regard to public-government relationship, citizens’ rights, economic conditions, industrialization, power distance, extent of state independence etc. are unlike the ones prevailing in Pakistan. These initiatives don’t correspond to the ground realities of Pakistan and cannot solve issues in Pakistan. “Privatisation (autonomy) has also been abrupt and imposed on many nations by external sources, with little prior analysis of market conditions and the importation of inappropriate models and practices” (Desai & Imrie, 1998, p. 636). Until political stability becomes a regular feature of political system in Pakistan and people become cognizant of their rights through some formal or informal system, situation is quite unlikely to alter.

This is one of the biggest impasses of top-down implementation. If a policy is faulty and unfit for the achievement of a specific goal, it would be imprudent to expect implementers to realize the stated goal with such a policy? And for that matter, how can they be held answerable? In a culture where everyone likes to exercise power, control others but detests to be ordered and held

accountable, whatever transpired in the case of hospital autonomy was not very unlikely.

Rule of Law

Rule of law is one of the most vital requirements of a modern society and lack of it forsakes its inhabitants to the whims of the powerful. The more one observes its absence in a society, the more the society becomes the depiction of the principle of 'might is right'. No program or project is likely to achieve its objectives unless law rules the society.

Hill & Hupe (2002) mention the implied notion in the concept of rule of law that "citizens should be able to predict the impact of the actions of the state upon themselves and secure redress when affected by illegitimate actions" (p. 22). Wade (1982) presents below four meanings of rule of law:

1. 'Its primary meaning is that everything must be done according to the law' (p. 22).
2. 'The secondary meaning of the rule of law ... is that government should be conducted within a framework of recognized rules and principles which restrict discretionary power' (p. 22).
3. Judiciary should decide any disputes on the interpretation of law and be independent of the state (p. 23).
4. The 'law should be even-handed between government and citizen' (p. 24).

Unfortunately for the people of Pakistan, none of these aspects of rule of law are to be found these days. Here are a few comments of the respondents showing the extent of the rule of law that prevails in public hospitals. One respondent holding a key post provided a number of examples to highlight the gloomy rule of law situation in the hospital and which reflect that of larger society. According to him:

> If as per the transfer policy of the government, it is decided that no one will occupy a post for more than three years in a particular station, politically connected person will stay in bigger stations for more than 20 years and will not be transferred but ordinary weak officer will be transferred even before the completion of the three years. He said we have a strange culture that we do not follow the rules... He said I got the premises of the hospital whitewashed. Only after half an hour of white wash, I found a dirty foot print of a male shoe, deliberately placed to make the wall dirty…when a doctor joins the health service of the government, the first clause of his job contact clearly delineates that he will not establish a private

> hospital and we find mushrooming of the private hospitals owned by doctors. And this is not without the connivance of the government…a high court judge called me and asked that a person whom he has sent to the hospital be given a medical fitness certificate without having medical checkup. When refused, MS was threatened of severe consequences. An MPA contacted him in some previous executive post. He asked that a person be hired in his department.

Another respondent who also served the hospital in administrative capacity explained how contempt of laws by the political leaders of the society may disrupt normal working of the hospital. He said that:

> while in office, he had to face a lot of political interference in the areas of recruitment, prisoner's treatment, disciplinary action, gaining fitness test. He said once he received a call from a higher up who said that I am sending a person who is having hepatitis C please certify that he is medically fit. In another instance, he said I reprimanded an employee whose performance vis-à-vis cleanliness was found wanting. The next day a senior bureaucrat called telling he has an acquaintance working in the hospital and should be taken care of. When asked who was he? he named that very person.

Much to the chagrin of the researcher, a respondent presented a legitimate violation of rule of law – a 'DO – demi official letter sent by highest officials of the province directly to any officer in the province whose following is binding on him'. They are used to provide preferential services to their acquaintances. Commenting upon the damaging effects of such practices in hospitals another respondent expressed that:

> such demands put extra load on already overburdened system and structure, create hurdles in the normal flow of working and puts general public under a sense of deprivation. It further creates a false impression that system is not working and needs push from higher ups. (Already depleted structure is put under extra burden and that compromises the performance of the hospital).

Another administrator of the hospital explained how bureaucracy overrides rules to make private use of public assets. He told the researcher that when he joined the hospital as the head:

> there were around 76 hospital employees working in the houses of different government officials in the morning. So he pulled them back for the service of the hospital. According to

> him, there was a lot of pressure on me from various officials but I showed firmness. One official rang me asking in a very angry tone why his employee has been taken back. I asked them to which organization they belong to. When replied, Services Hospital, I enquired how come then they were your employees. Later that evening that official came to my office in a very changed and light mood and asked if that employee can continue working in his home after official timings of the hospital. I told him that I had no objection once they are free from the hospital.

Some employees of the hospital made use of social psychology of the society to explain the situation. One respondent uttered that:

> we have a strange culture that we do not follow the rules. An illiterate person when boards a plan, puts the garbage in the dust bin and the moment he is in Pakistan he would never put garbage in the dust bin and throw it on all the places.

Another respondent identified the core causes of the deterioration of the society in the following words:

> He said honesty and straight forwardness has become stigma in our society and is looked down upon by the people. The one who earns money through unfair means becomes respectable. He said the problem is with our thinking; it has rotten. He said that in order to be able to think you need independence, whereas our society has been pushed in a situation where they are struggling for the basic human rights like health and education. These basic necessities have become luxury in our environment. There is a serious resource imbalance. The collective/ national decisions are taken in personal rather collective interest. He said our whole society is living under fear. In our childhood we never had the courage to speak in front of our elders. He said that it is the colonial legacy and has been institutionalized in our society. In our government offices we frequently use the phrases like ‘your obedient servant’, ‘yours obediently’, ‘your humble servant’ etc. we have been brought up in a fearful environment which does not help develop confident and bold personalities. We don’t have a participatory style. Our minds are blocked. We don’t think. We are always on the lookout for cheating deceiving and, lying with others.

Conclusion

Sensemaking helps in the understanding of a particular phenomenon by placing it in its natural context. When an event is connected with its past, and its relationship is established, it become quite a facilitated task to unearth its most plausible meaning. Weick (1995) explains the mechanism of the process in the following words:

> Frames tend to be moments of past socialization and cues tend to be present moments of experience. Meaning is created when individuals can construct a relation between these two moments. This means that the content of sense making is to be found in the frames and categories that summarizes past experience, in the cues and labels that snare specific present moments of experience, and in the way these two setting of experience are connected (p 111).

In the previous pages, an effort has been made to draw and develop the context of the implementation of HA reforms by touching upon the issues of governance mechanism, identifying is historical linkages and trends; accountability and rule of law. All these issues relate to the question of governance and implementation of HA reforms is very much a governance issue as it explains the process of the development of the policy of these reforms, explanation of the implementation process, spending of public money, involvement of government machinery, and subsequent fate of the public. So in this way a natural linkage is developed to make sense of the implementation process of the HA reforms.

The term 'governance' here is not being used in the sense as is used by Dent et al, that "(t)he term governance, has emerged in the wake of the phenomena of New Public Management (NPM)" (2007). It is under this philosophy that the reforms like privatization, deregulation, public private partnership, hospital autonomy etc. were introduced which resulted in diminished role of governments. Rather it is used in a general sense where it refers to the managing the issues of the state and society, and the relationship between the government and the governed. In this sense it's about Policy making and Implementation which is done in order to solve the problems of the people and society.

With reference to the governance mechanism it has been established that governance system of Pakistan is a continuation of its colonial past with most of its laws, policies, rules, procedures, codes etc. continuing to persist in the post 'independence' setup. That system served the ruler and not masses. The policies were developed by and for the rulers. "The vice-regal traditions of colonial India were embedded in the plans for Pakistan's governance"(Islam, 2004, p. 318). In the same vein, most of the policies of Pakistan have been

imported or imposed without any regard to the needs of the public. The same thing happened in the case of HA reform which was an international agenda, imposed by the International lender institutions having its objective as delinking government of its obligation to fund public hospitals, thus helping it to be able to repay loans without much difficulty, and certainly had no relationship with the issues of public hospitals and public health services as was purported by the politicians. That's why neither it could last long, nor was welcomed by the public and nor it could solve health related issues of the public, rather it added insult to injury as cost of health services shot up and the quality plummeted.

Incidentally, these reforms were aimed at granting autonomy to the hospital. 'Granting autonomy' is in itself is a self-defeating concept. Autonomy means 'independence or freedom, as of the **will** or one's actions: the autonomy of the individual; the state or condition of having independence or freedom, or of being **autonomous**; self-government, or the right of self-government'. It's the ability to freely express or act. If the autonomy is granted, its extent will always be determined by the grantor and thus will not be autonomy in its true sense rather would be a truncated, debilitated and restricted autonomy (Saeed, 2012). Moreover, real autonomy is one which is acquired; only such kind of autonomy is sustainable and meaningful.

This case was even more complex. Here authority was not in the hands of the IFIs who suggested HA reforms but was in the hands of bureaucracy which controlled health systems. The reforms proposed the transference of authority from bureaucracy to the hospitals where doctors were likely to benefit. The power was likely to come in the hands of the doctors – a dream come true for them. This phenomenon makes sense in the light of the specialist-generalist tussle that has emerged ever since the 'independence' of the country (Kennedy, 1987). Bureaucracy has been one of the most powerful institutions of the country and has like history. It always wielded and enjoyed power and was not willing to let it go. With the initiation of the reforms, the goals of all three including IFIs, politicians and doctors got concurred and their collective power exceeded that of the bureaucracy. Sensing that it won't be able to beat the reforms, bureaucracy joined the rally. But later when the political government was deposed, and the influence of the IFIs waned, bureaucracy, with great acumen and skill grabbed back all the powers.

All this was facilitated by the absence of accountability tradition in the country. Despite the occurrences of umpteen events of momentous nature including the killing of PM Liaqat Ali Khan, separation of East Pakistan, consuming nation of Pakistan in the war against USSR, Killing of Gen. Zia-ul-Haq along with top military brass, Kargil misadventure, and the death of Benazir Bhutto, to name a few, rarely an offender has ever been subjected to accountability and got punished. A number of enquiry commissions have been setup, yet

every time their recommendations have been swept under the carpet. Same happened in the case of HA reforms where no one questioned the drivers of the reforms. The same culture pervades at the organizational level, where powerful elements make decisions to serve their interests, cause damage to the organization and their maximum punishment is transfers to other departments. Other cases with reference to HA reforms where principle of accountability was violated have already been delineated above.

Discussing the rule of law status in Pakistan, Islam (2001) says that “The rule of law remains an anathema to Pakistani culture. The inherent cultural propensity to take the law in one's own hands has been reinforced by feudalism, customs, sectarian creeds and religious traditions” (pp. 1347). The very constitution which is supposed to ensure rule of law is established, grants immunity to President, Governors, Ministers etc. during their holding of office. These protections encourage shrewd and cunning individuals to grab those positions and then become above law. And when such demeanor is witnessed by all and sundry in the society, a rat race ensues in which the weakest are trampled. A number of examples have already been presented above showing how powerful bureaucracy used power in hospitals to their advantage.

The discussion concludes on the point that the HA reforms were introduced from outside, got implemented as they were backed by powerful IFIs. However, as they were challenging the prevailing power equation in the society, it eventually failed. And as always happens in such cases, the hapless, weak and disunited public had to face the consequences in the shape of disappearance subsidies, evaporation of permanent jobs for employees of the hospitals including doctors, increased user charges and overburdening of the doctor-administrators of the hospitals. This equation is not likely to change in the future as well, if the colonial structure and mentality persists. This system will keep on squeezing the public because it is designed as such. It will keep on giving exceptions to the powerful, allowing them to make laws for their benefits, and extorting wealth from the public. The Public will have to wake up if any meaningful change, directed to serve their interest, is to occur in the governance system of the country.

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