

## Health communication and good governance: an analysis of healthcare hospitals in Swabi and Buner, Pakistan

Muhammad Mashhood<sup>1</sup> | Kaleem Ullah<sup>2</sup> | Lamia Laudahi<sup>3</sup>

1. Department of Journalism and Mass Communication, University of Swabi, Swabi, Pakistan.
2. Department of Statistics and Mathematics, Women University Swabi, Swabi, Pakistan.
3. Department of Mathematics and Computer Science (Economics Program), Zhejiang Normal University, China.

\*Corresponding Author Email: [kaleem\\_yz@yahoo.com](mailto:kaleem_yz@yahoo.com)

Received: 21-Sep-2022 | Revised: 19-Dec-2022 | Accepted: 20-Dec-2022 | Published: 31-Dec-2022

### Abstract

This study uses the good governance approach with five basic pillars: open government and transparency; public services delivery; citizen participation; accountability; and innovation and technology with 12 principles of good governance as a method and approach. The relevant literature and political parties' commitment during the election campaign in 2018 was presented as evidence of the significance of the study. Primary data of 75 hospitals of two districts quantitatively 44 hospitals of district Swabi and 31 hospitals of district Buner visited and asked quantitative and qualitative question-near about infrastructure and healthcare facilities, equipment, and staff behaviour with researcher observations. The data analyzed with chi-Square SPSS Primary Health (PH) and Secondary Health (SH) into satisfactory and un-satisfactory PH found ignored and suggested, SH found facilitated as satisfactory. The result shows that primary data need waiting areas, drinking water, supply of up-to-date routine equipment, availability of medicine, presentation of doctors, availability of ambulance, and infection prevention control (IPC) mechanisms to reduce the burden of patients over secondary and tertiary hospitals.

**Keywords:** political parties, manifestos, political will, governance approach, primary healthcare, patients, over burden patient hospitals and public participation.

**How to Cite:** Mashhood, M., Ullah, K. & Laudahi, L. (2022). Health communication and good governance: an analysis of healthcare hospitals in Swabi and Buner, Pakistan. *Journal of Humanities, Social and Management Sciences (JHSMS)*, 3(2), 138-152. <https://doi.org/10.47264/idea.jhsms/3.2.10>

**Publisher's Note:** IDEA Publishers (IDEA Journals Group) stands neutral with regard to jurisdictional claims in the published maps and institutional affiliations.

**Copyright:** © 2022 The Author(s), published by IDEA Publishers (IDEA Journals Group).

**Licensing:** This is an Open Access article published under the Creative Commons Attribution-NonCommercial 4.0 International License (<http://creativecommons.org/licenses/by-nc/4.0/>)



## 1. Introduction

Major partners of health development in Pakistan are: World Health Organization, UN Children Funds UNICEF, International Development of UK, US Agency for International Development, Asian Development Bank, German development Bank, JICAs Cooperation equipment funded in health to develop the health system of Pakistan while the results on primary level found unsatisfactory. Moreover, all the political parties promised healthcare in their manifestos during the election campaign 2018 with similar approach and different words. Generally, health system in Pakistan working as Government or Public and Private or Corporate base on three levels *Primary*: Dispensary, Community Health Center, BHU, RHC, population wise on village and UC levels. *Secondary*: Civil, Category D, THQ and DHQ population and administrative base on Tehsil and District level. *Tertiary*: Category B, A, Teaching and University teaching hospitals on provincial and federal level urban base also categorized by (Akbari, Rankaduwa, & Kia, 2009), (Khalid & Abbasi, 2018), (Saif-Ur-Rahman, et al., 2019) and (Khurshid, Bashir, & Tar, 2021) studied PHC and suggested the improvement and facilitation of primary healthcare to reduce the heavy burden of patient over secondary level and tertiary level hospitals.

Universally worldwide working and upgradation of health system in low-and middle-income countries were suggested by UN, US Aid, JICA, UK Aid, Asian Development Bank and WHO. The DG of WHO discussed the importance of PHC in a detailed, the declaration of Alma-ta, International Conference on Primary Health Care as route to better healthcare for all from 1978 to current in historical, UN expended worldwide in lower-middle income countries, more than 6.5 billion USD in 2000 and 21 billion USD in 2007. The importance and understanding perspective on “Primary Health Care: Now more than ever” is the Millennium Development Goals promoting healthcare (MDG) (Chan, 2022). Health system in Pakistan is “burden of diseases” in Noncommunicable diseases (NCDs) and Communicable Diseases (CDs) in this article we analysed that how to control the NCDs because the 78% male and 22% female patients visit to BHUs, the survey in Quetta 97% respondent demand the equipment, professional doctors, paramedical staff and UpToDate facilities for healthcare.

Historically health development projects were fund aid base funded by UN, WHO, WB, US, UK and International Organizations. Health system in Pakistan initiated in different times like: Rural Health Centres Scheme in 1961, School Health Services Programme in 1976, Expanded Programme of Immunization in 1982, Social Action Programme (primary care targets) 1990, Family Health Project 1993, Lady Health workers Programme 1994, Roll Back Malaria Partnership 1998, Tuberculosis Treatment Programme 2000, Enhanced HIV Programme 2003, Peoples Primary Health Care Initiative 2005, Community Midwifery Programme 2008, Nutrition Programme 2014. The health system in Pakistan initiated on three levels of government federal, provincial and district, PHC strategic policies and projects prioritized by various government on donor funded base, investments focused strategies were initiated in specific preventive care areas (Zaidi, Idrees, & Riaz, 2017). In 2006 Health Sector Reform Project (HSRP) in Punjab spent 5.5 billion rupees while found more staff orient facilitated staff, increased salaries and facilitated district management and less public participatory oriented.

Political parties’ manifesto: as base legitimized the study’s importance with *Good Governance* approach healthcare in Pakistan promised by the political parties during the election campaign 2018: PTI committed “*Transform Governance*” and “*healthcare for all*” ensured as universal

health coverage by (PTI, 2018, p. 43) is now ruling party in Punjab, KP and federal Government of Pakistan, BAP in Balochistan. The mainstream PML-N is Opposition in Punjab and Pakistan NA as “*Health we Care*” (PML-N, 2018), “*health care for all*” by (PPP, 2018) ruling party in Sindh. Overall Health “*Sihate Ama*” by (MMA, 2018), “*Health*” by (MQM-P, 2018), “*Women Health and Health*” by (PML, 2018), “*Governance and Health*” by (BAP, 2018), “*Health*” by (ANP, 2018) it shows that the health is a key important problem of the country. Moreover, all the studies were based on data series, survey oriented, highlighted the importance of healthcare while ignored this side of the study. The previous studies caused the increase of health care centres, dispensaries, community dispensaries, community health centres, Basic Health Units, Rural Health centres, mother and child health centres, civil hospitals, category D hospitals, TB Hospitals, tehsil hospitals, District headquarter hospitals, and teaching hospitals, moreover, the bulk of private hospitals, NGOs hospitals, and welfare community health units are established and working to produce health facilities.

The research gap found in literature review that all the relevant studies ignored the modularization of healthcare as standard infrastructure with universal connectivity. To use primary healthcare response on Infection Prevention Control (IPC), to reduce patient’s burden over tertiary hospitals. The objectives of the research are: a) how to reduce the number of patients in positive approach over teaching (*Tertiary*) hospitals; b) to keep children, women, and men healthy and protect him from the serious NCDs diseases; and c) improve awareness, understanding, strengthen knowledge of PHC through surveillance and research to reduce the burden of CD and NCDs. Moreover, the research questions of the study are: a) what is the condition of Health system in District Swabi and Buner? and b) how to develop primary health care and reduce patients’ burden on secondary and Tertiary levels in Pakistan? The target area of the study are two border districts: one is District Swabi’s area which is 1543<sup>2</sup> km, its total population is 1625477 in which urban is 275964 and rural is 1349513 administratively managed by Mardan Division, and another District Buner’s area 1865<sup>2</sup> km; its total rural population is 895460 administratively managed by Malakand Division, provincial part of KP, Pakistan (PBS, 2017)

## 2. Review of literature

This part of the study legitimizing the importance of primary healthcare. The health problems are historically becoming from the history while in this article the 20<sup>th</sup> century references were ignored and cited the references of the 21<sup>st</sup> century. The relevant literature helps us to understand the problems and able us to make research questions and sort out the health problems in the public perspective. This study will make us able to propose an accumulative project on primary health care and link it with universal standard of WHO, World Bank, UNICEF, USAID, UK Aid, JICA and other international donor organizations. Primary health services in three rural villages near to urban area Peshawar, availability of the safe drinking water, medicine, reasonable price, presence of doctors in BHUs, family planning devices and medicines in health units were found very poor (Mujib-ur-Rehman, Khan, & Abbas, 2007).

Tahir Ali Javed and Shaid Amin (2007) respond Health Sector Reform Project (HSRP) of 2456 BHUs and 292 RHCs out of 2748 hospitals of 35 districts in Punjab fully operational in 2006, spend 5.5 billion on provision of a) Equipment: Facilities as minimum standard: Ambulance, X-Ray, ultrasound, ECG, dental unit, hot air oven, autoclave, operation table, general surgery, obstetric instruments sets, air conditioner for the operation theatre, fatal heart detector,

computer. b) Civil work: approach road, boundary wall, water supply, sewerage, electrification and telephone. c) Availability of staff: d) Improved service delivery: e) regular monitoring and supervision in two years (Javed & Amin, 2007). This project is more equipment, civil work, staff facilities, salary increase and facilitation of district management oriented, while less sustained health facilities and public participatory oriented.

Ather H. Akbari, Wimal Rankaduwa and Adiq K. Kiani (2009) conducted HEC funded research and analysed the demand of outpatient visits OPDs in 4 provinces of Pakistan in urban and rural areas. The others briefly study the private and government hospitals found that the approximately 10,000 people as patients visits to BHUs and RHCs. While analysed the data series of 1989 – 2006 and find out the hospital economic situation, price of medicine, and number of outpatient visits, per capita in the previous period (Akbari et al., 2009). The impact of PHC in low and middle-income countries on population by James Macinko (2009) found that 500 article published per year from 1995 to 2003, he used data base systematic review method and reviewed 36 articles on the impact of PHC on population all the authors and donor organization were agreed with WHO that PHC is necessary for achieving the Millennium Development Goals (Macinko, 2009).

Good governance first introduced by World Bank in 1994, governance majorly answered by (Schryer-Roy, 2010) as Good Governance in health system found 1) State 2) Civil Society and 3) Private sector as key actors, with the following indicators: Participation, rule of law, transparency, responsiveness, consensus orientation. UNDP indicated in 1997: Participation, legitimacy, fairness, accountability and performance. Some variation of global governance communicated as Participation, rule of law, transparency, responsiveness, consensus orientation, equity, effectiveness, efficiency, accountability, strategic vision, public participation and control of corruption, more issues in governance and health system as “*Decentralization*” shifting of power and responsibility from central to peripheral were suggested in to four forms: De-concentration, Devolution, Delegation and Privatization were design in to “What level? To whom? and What tasks?”

Pakistan considered as fail state in Millennium development goals, especially in public health, and considered overall state of health and Burden of disease by (Afzal & Yusuf, 2013). Punjani et al., (2014) compared Pakistan and United State America health system USA found a unique nation of the world on highest standard health system while Pakistan health system found poor infrastructure of BHU, RHC, Finance, Transport, shortage of doctors, nurses and LHWs, lack of technology advancement and research opportunities on national level, double burden of diseases and poor affordability, accessibility in rural areas.

Future research focus of UK, EU, Canada, USA, Australia and New Zealand on bigger data survey tool review method of academic literature review of PHC organizations attributes, 19 survey tool were presented 360 search databases were analysed (Jean-Frédéric Levesque, 2014). Population Council Islamabad (PCI) studied ideas, evidence, impact of family planning as landscape analysis selectively eight districts of three provinces (KP, Punjab and Sindh) in Pakistan (PCI, 2016) also Gallup in 2015 found 1167 hospitals, 5695 dispensaries, BHUs 5464, 339 TB centres, with 118,869 beds and population per bed 1613 moreover, 8 tertiary hospital, 692 small and medium hospital maintaining 20,000 beds in urban areas (Gallup, 2016). UN working on the suitability of development and government for the people, openness, freedom of expression, freedom of information, right to journalists, women rights, children rights and

human rights and universality of the responsibility, democracy etc. Pakistan considered as low-level infrastructure at all levels, moreover, Afghanistan, Pakistan and Yemen at the lower end scale while Pakistan's corresponding proportion is less than 20% at all levels (UN, 2020). In another academic study 77 respondent of 19 BHUs in three tehsils of district Multan, Punjab were interviewed, with cross-sectional analysis of SPSS16, the majority population was not fully satisfied from staff presentation, medicine availability in BHU services (Aziz & Hanif, 2016).

The data of Director General Health Services Punjab from nine divisions was analysed in to *efficient* and *inefficient*, through the Data Envelopment Analysis (DEA) application. Therefore, WHO ranked Pakistan 122 out 190 countries, the minimum amount of 44 USD per capita was required for essential health services, while Pakistan ministry of finance 2016 only 37USD per capita allocated in 2015-16. The data found that RHCs not performing well inefficient, total 261 RHCs analysed 228 found inefficient, and 33 RHCs of urban areas (Gujranwala and Lahore) were found highest efficient (Farooq, Ramzan, Ali, & Rashid, 2017) proposed future research focus on bigger data. The emerged major health crisis in the world Antimicrobial Resistance (AMR) is the burden of infections due of multi-drug resistance organism AMR treatment planned by 68<sup>th</sup> session of the World Health Assembly (WHA) in 2015 in the global coordination Pakistan planed national strategic framework for the control of AMR as National Action Plan (NAP) as full participation of the health, veterinary, agriculture and other sectors and all level in the country as "One Health Approach" (Gov-Pak, 2017).

JICA and ITC (2018) conducted a survey with other members, total 29 health facilities in Pakistan were visited: 10 in Punjab, 5 in Sindh, 12 in Khyber Pakhtunkhwa (KP) and 2 in Islamabad. total ADP in 2017-18 was 126 billion the health was 1200 million is 9.5% of provincial ADP in health 106 projects were proposed administratively with "integrated development strategy" of 2014 – 2018, three 3 key objectives were committed with 5 outcomes as Goal "Provincial Health Policy" with consolidating and need of previous assessment of "Health Sector strategy" of 2010-2017 by KP government health plan. Moreover, Pakistan National Health Vision 2016 – 2015 was proposed in (JICA & ITC, 2018). Objectives and thematic pillars of "National Health Vision 2016-2025 Plan" also popularly many times stated by federal minister of Planning.

Ahsan Iqbal (11 August 2014) *Vision 2025's Objectives*: Provision of unified vision to improve health with provincial autonomy and diversity, federal and provincial coherence towards progress, learning, consolidation, and universal health coverage. facilitation of health on community, national and international level (TET, 2014) and its performance and evaluation reported by (Ahmed, 2015). Regulation, information collection, surveillance and research improvement in health system, provision of implementation with partners were committed. The plan was themed: 1) Health Financing, 2) Health service delivery, 3) human resources for health, 4) health information systems, 5) governance, 6)essential Medicines & Technology, 7) cross-sectora linkages and 8) Global health responsibilities (JICA & ITC, 2018). The study found that DHQ and THQ developed as secondary level, while RHC, BHU, MCH Centres and dispensaries on primary level which reflected "Pakistan Vision Plan 2025". The hospital quantity in KP: Tertiary level 8, secondary level as category A, B, C, D and others are 125, Primary level as RHC 111, BHU 769, dispensaries 436 and MCH centres 33 were available (JICA & ITC, 2018; cited in KP Government Annual report 2017).

---

Primary, secondary, and Tertiary in urban areas run by private and public healthcare. Pakistan improved healthcare since 2000 with 14% in health infrastructure as compared to population result are not satisfactory. 18<sup>th</sup> Amendment in the constitution in 2010 decentralized the power into provinces to improve the education and healthcare while during 2013 -2022 standing the government power on previous position unconstitutionally federally through the mainstream politics (Khalid & Abbasi, 2018). The critical role of PHC in improvement and performance of health system on broader level were found and suggested the improvement of PHC governance and service delivery, on the base of accountability, social responsibility, public private partnership on local level, further implementation researches recommendation, specifically addressing gaps in the areas, Community Support Group (CSG) formation to enhance users' provider communication gap and para-financing mechanisms (Saif-Ur-Rahman, et al., 2019).

Dual burden (communicable and noncommunicable) diseases were identified by Saif-ur-Rahman, et al. (2019) and World Health Organization (WHO) only NCDs (Noncommunicable diseases) mainly cardiovascular, chronic respiratory, diabetes, cancer, obesity, high blood pressure, moreover, harmful use of Tobacco, alcohol, saturated fat, salt and sugar in diet overweight were considered killers in the top killers in South-East Asia region by (WHO, Non-communicable diseases are the no. 1 killers in the who sear, 2022) 8.5 million lives per year. an Important risk factors for NCDs the same death ratio estimated to 52 million in 2030. WHO found "a) the problems of outdated laws, b) multiple layers of law and c) inconsistency" in regulatory powers on federal and provincial level were found and suggested to amend public health laws to counter health problems on PHC base? Health problems like: Injuries of violence and road accident were found to enforce the regulatory laws, Influences, interference, few problems neglected due to power imbalance and other inequalities within society. 1) Outdated Public Health Laws, fragmented and even incoherent in ways that undermine government efforts to manage health challenges effectively. 2) Major health hazards and current challenges need new legislative frameworks and provide the motivation for law reform. 3) Governments have lacked the specific legislative tools that enable them to clear their public health and human rights responsibilities effectively.

Mashhood et al. (2019) founded that health communicable disease Polio under the rumours, drastic approaches, propaganda against polio eradication in Pakistan, analysed qualitatively on primary level as "health communication problems" suggested, identified and concluded that health problems especially on primary level protestation of children from polio, propaganda, rumour and violence against polio disease in children must need to counter with awareness, education and logic. Moreover, the same rumours, drastic approaches, propaganda against Covid-19 pandemic on social media that "the vaccinated person will be died after two years" while on time eradicated by the alternative individual thinkers and mocked drastic posts on social media.

Liaqat et al. (2019) found that Pakistan and Nepal are faces a lot of deficiencies in its health system they are fail to update the health system while they looking towards the political commitment to prepare, strategy and implement such policies as universal health coverage to all population urban and rural areas, the recommendation to Pakistan and Nepal mainly to increase the finance budget of health, allocate fairly resources in urban and rural areas, development of health professional, implementation and strong referral system, adopt efficient service using mechanism.

In Quetta City, Balochistan 400 respondent from 10 BHUs were analysed that 78% female and 22 % male were visited to HBUs in the case of illness, 97% patients demanded equipment's, basic emergency care, obstetric and human resource (Asif Ali & Panezai, 2021). In another study Khurshid, Bashir and Tar (2021) analysed descriptive statistics of PHC in District Manshera, KP, Pakistan 109 PHC facilities (50 DCs, 50 HBUs and 9 RHCs). Moreover 109 staff responses, 207 patient's responses, and 109 personal observations and found very low quality of services on CDs level, low on BHU level and satisfactory on RHCs level. The suggests to given resources on PHC level, facilitation of PHC suggested that it will reduce the burden on secondary and tertiary level. PHC facilities suggested that the betterment of SOPs for referrals, transportation, cold chain, disposal system, patients' privacy, waiting time, display of health information posters, and cultural constrains were suggested for PHC improvement to reduce the burden of patients over secondary and tertiary level hospitals (Khurshid et al. 2021).

The current situation of Pakistan in Human development index is 0.557 with 154 number on world ranking on the same position grabbed from 1990 to 2020 (HDR, 2022), moreover, Neonatal Mortality rate per 1000 live birth 40.39, infant mortality rate 54.15, were found by Tecono (2022), GHED (2022), WHO (2022), Human Data (2022), WB (2022) and GOP (2022) showing the indicators and committing their efficiency to work in health for the betterment of public health. All the world days like: World Population Day, World AIDS Day, Women Day, Child Protection, Child Rights, Women Rights supporting and funding by National and International organizations to update the life standard of lower-middle class in Pakistan therefore, JICA, UNICEF, EU, and many more studying and working in Pakistan. Pakistan promising and showing their efficiency in good working to update health system to achieve the MDG 2030 in health, education, and human development. All the studies were found that the health system in Pakistan is satisfactory on secondary and tertiary level while the primary healthcare in rural areas is unsatisfactory.

Majorly the data series, published research, analysis of the author shows that Pakistan is unsuccessful to achieve the MDG of 2015. Moreover, all 191 UN member states and at least 22 international organizations committed to achieve the millennium development goals in 2025: The goals are: 1) to eradicate extreme poverty and hunger, 2) achieve universal primary education, 3) promote gender equality and empower women, 4) reduce child mortality, 5) improve maternal health, 6) combat HIV/AIDS, malaria, and other diseases, 7) ensure environmental sustainability, and 8) develop a global partnership for development.

### **3. Conceptual approach**

Theoretical approach of *Good Governance* as model adopted which using by UN, WHO and world Bank to reduce the overburden patients of hospital it is basically openness, transparency and services of public with citizen participation for the improvement, development and healthy societies in any country and in the earth. Therefore, the speech and good governance chapter of PTI created by Prime Minister and Chairman PTI Imran Khan's vision, order, advised followed by Chief Minister of KP Mehmood Khan based on five basic pillars: 1) open government and transparency, 2) public services delivery, 3) Citizen participation, 4) accountability and 5) innovation and technology (tribune, 2019). In 2008, Kelly (2010) cited the good governance characteristics of UNESCAP (UNESCAP, 2008) as follow as rule of law, equitable and inclusive, participatory, consensus oriented, accountable, responsive, transparent

and effective and efficient, while PTI as ruling party presented good governance as a mixture of wording which not founded practically in health communication.



Source: (Eamonn V. Kelly, 2010) and (UNESCAP, 2008)

Moreover, the five basic pillars approach of good governance was found time out, because the developed countries using 12 principles of good governance are: 1) fair conduct of elections, representation and participation, 2) responsiveness, 3) efficiency and effectiveness, 4) openness and transparency, 5) rule of law, 6) ethical conduct, 7) competence and capacity, 8) innovation and openness to change, 9) sustainability and long-term orientation, 10) sound financial management, 11) human rights, cultural diversity and social cohesion and 12) accountability (COE International, 2020; Schultz, n.d.).

#### 4. Research methodology

A detail questionnaire both qualitative and quantitative asked the different opinion has been analysed. The total 44 hospital of District Swabi and 31 hospitals of district Buner were asked and filled questionnaires from the hospital staff member with personal observation. The citation of this study is entered in MS word automated given application, like: updated references, APA 7<sup>th</sup> edition insert citation automatic created as bibliography or references.

Primary Data is collected with different approach: In district Swabi 44 hospital 3 THQs, RHCs, HBUs and CDs were visited and fulfilled the questionnaire, compared with cross key informants and personal observations. The two portions questionnaire is: *First Part*: building outlook, reception or front desk, cleanness, waiting area, drinking water, toilet condition in hospitals were asked. *Second part*: staff behaviour with patients, punctuality during duty, staff availability on seats, discipline in hospital, doctor's behaviour towards patients, availability of free medicine, availability of necessary equipment, condition of medical equipment, laboratory and diagnosis, ambulance condition, mother and childcare arrangement, services of all critical and common disease, quality of hospital cafeteria, same service standard for all citizens, zakat

fund availability for poor patients, use of disinfectant spray in hospital, public opinion about the hospital were asked and analyzed with SPSS Chi-square test.

## 5. Results and discussion

To check the significance of satisfaction about primary and secondary health condition association were measured. Satisfaction level in primary and secondary health in Swabi is highly significant about building outlook (Chi-square=7.136,  $P<0.01$ ), Waiting Area (Chi-square=9.345,  $P<0.01$ ), Drinking Water (Chi-square=7.136,  $P<0.01$ ), Doctor's behaviour towards patients (Chi-square=4.479,  $P<0.05$ ), Laboratory & diagnosis (Chi-square=33.112,  $P<0.01$ ), Ambulance condition (Chi-square=9.345,  $P<0.01$ ), Use of disinfectant spray in hospital (Chi-square=7.037,  $P<0.01$ ) showed in table.1.

The results show 100% satisfaction from secondary health compared to primary health about building outlook. The building condition of primary health is worse compared to secondary health. Government gives more concentration to secondary health than primary. In primary health the waiting area is not available or very rare while at secondary health somehow more space is available for visitor. The condition of drinking water is very worst. The pipeline is damaged and leaked which pollute the water. Doctor's behaviour towards patients are unsatisfactory in primary health compare to secondary health. Doctor's do not give proper time to patients in primary health. Laboratory & diagnosis and ambulance are unavailable. Disinfectant spray in hospital is not used.

Statement		Primary Health n(%)	Secondary Health n(%)	Chi-square (P-value)
Building outlook	Satisfactory	18(56.3%)	11(100)	7.136**
	Unsatisfactory	14(43.8)	0(0.0)	
Waiting Area	Satisfactory	12(37.5)	10(90.9)	9.345**
	Unsatisfactory	20(62.5)	1(9.1)	
Drinking Water	Satisfactory	18(56.3)	11(100)	7.136**
	Unsatisfactory	14(43.8)	0(0.0)	
Doctor's behaviour towards patients	Satisfactory	22(68.8)	11(100)	4.479*
	Unsatisfactory	10(31.3)	0(0.0)	
Laboratory & diagnosis	Satisfactory	0(0.0)	9(81.8)	33.112**
	Unsatisfactory	32(100)	2(18.2)	
Ambulance condition	Satisfactory	0(0.0)	7(63.6)	9.345**
	Unsatisfactory	32(100)	4(36.4)	
Use of disinfectant spray in hospital	Satisfactory	3(9.4)	5(45.0%)	7.037**
	Unsatisfactory	29(90.6)	6(54.5)	

Note: \*( $P<0.05$ ), \*\*( $P<0.01$ )

Satisfaction level of primary and secondary health is highly significant about reception or front desk (Chi-square=8.477,  $P<0.01$ ), cleanliness (Chi-square=5.044,  $P<0.01$ ), waiting area (Chi-square=5.103,  $P<0.01$ ), availability of free medicines (Chi-square=4.42,  $P<0.01$ ), availability

of necessary equipment (Chi-square=6.178,  $P<0.01$ ), laboratory & diagnosis (Chi-square=7.33,  $P<0.01$ ), ambulance condition (Chi-square=15.746,  $P<0.01$ ), mother and childcare arrangement (Chi-square=9.965,  $P<0.01$ ) in Buner district showed in table.2.

The analysis of Buner district data regarding primary and secondary health shows significantly different opinion. Patients are not satisfied from reception front desk, cleanliness, waiting area, availability of free medicines, availability of necessary equipment, laboratory & diagnosis, ambulance condition, mother and childcare arrangement in primary health and more satisfied from secondary health.

The relevant literature and government hospital study found that health in the province divide on three level 1) *Tertiary* means teaching hospitals, provincial and federal hospitals were ignored to ask questions because these hospitals are patients over burden. 2) Secondary Health (SH): [DHQ, THQ, Cat-D, Civil Hospital, Old Zana (Women), TB and Rural Health Centres] Hospitals considered as secondary health and 3) Primary Health (PH): [Dispensary, Community Health Center (CHC) and Basic Health Unit (BHU)] were analysed in the light of good governance and decentralization approach to reduce the patient's burden over tertiary hospitals.

Statement		Primary Health n(%)	Secondary Health n(%)	Chi-square
Reception or Front Desk	Satisfactory	9(37.5)	7(100)	8.477**
	Unsatisfactory	15(62.5)	0(0.00)	
Cleanliness	Satisfactory	9(37.5)	6(85.7)	5.044*
	Unsatisfactory	15(62.5)	1(14.3)	
Waiting Area	Satisfactory	6(25.0)	5(71.4)	5.103*
	Unsatisfactory	18(75.0)	2(28.6)	
availability of free medicines	Satisfactory	6(25)	6(85.7)	4.42**
	Unsatisfactory	18(75)	1(14.3)	
Availability of necessary equipment	Satisfactory	3(12.5)	4(57.1)	6.178*
	Unsatisfactory	21(87.5)	3(42.9)	
Laboratory & diagnosis	Satisfactory	0(0)	2(28.6)	7.33**
	Unsatisfactory	24(100)	5(71.4)	
Ambulance condition	Satisfactory	0(0)	4(57.1)	15.746**
	Unsatisfactory	24(100)	3(42.9)	
Mother and childcare arrangement	Satisfactory	5(20.8)	6(85.7)	9.965**
	Unsatisfactory	19(79.2)	1(14.3)	

Note: \*( $P<0.05$ ), \*\*( $P<0.01$ )

## Conclusion

This study finds out the answer to the research questions in literature review for this purpose the applicable reading of international organizations health related, academic published article, political parties' manifesto portion which highlighted the healthcare promised with public.

Literature review identified the ignorance side of the study. The research question is qualitatively answered primary health analyses the data find out the problems and suggested that primary health need basically modalized work on primary healthcare level with universality to link with Information Communication Technology (ICT) to reduce the overburden of patients in KP after the progression the generalization will be easy to extend it to low-income and middle-income countries for the betterment of primary healthcare.

Governance is decentralization of the power adopted Pakistan during 2008 to 2013 as 18<sup>th</sup> amendment of the constitution, empowered the provinces therefore, “Health Sector Strategy of 2010-2017 by KP government health plan, which caused a good result on SH, while reversed by next government in KP as “Integrated Development Strategy of 2014–2018. Decentralization reversed into centralization by the Prime minister from 2018 up to date.

Decentralization is a situation of analysis and assessment suggested by the majority of the studies. This paper fulfills the gape of healthcare problems in district Swabi and Buner of Khyber Pakhtunkhwa, Pakistan. Further Study needs to find out the health problems in other districts. In Primary health waiting area, drinking water, cleanliness, routine laboratory equipment and facilities availability, availability of ambulance, facilities of mother care, doctor presentation on duty, prevention of disease and awareness of community towards disease are key problem in both districts.

Primary Health (PH) need good governance and decentralization on community participation level, primary health needs to upgrade with two major parts: *treatment and prevention*. 1) *Treatment*: availability of medicine, routine laboratory equipment and investigation, availability of ambulance, availability of staff in hospitals. 2) *Prevention*: training and workshops in community, schools and colleges for awareness about primary healthcare, prevention disease control, to reduce the patient’s burden over teaching and urban hospitals (*Tertiary*). The authors are able for more work on suggested portion if sponsored.

Modularization of healthcare need to standardize universal infrastructure of BHU all the dispensaries, community dispensaries, community health centers need to convert in BHU and facilitated with treatment and prevention facilities with link of Information Communication System (ICS). Study is needed in other district to find out the problems of patients and staff in primary, secondary and territory hospital to control the health issue in the country.

### **Declaration of conflict of interest**

The author(s) declared no potential conflicts of interest(s) with respect to the research, authorship, and/or publication of this article.

### **Funding**

The author(s) received no financial support for the research, authorship and/or publication of this article.

### **Acknowledgement**

We acknowledge Dr. Haider Ali, Zahid Khan and of all the supporters, data collectors, and facilitators who contributions in this study are appreciable.

### **ORCID iD**

Muhammad Mashhood <https://orcid.org/0000-0003-0928-1171>

Kaleem Ullah <https://orcid.org/0000-0002-7886-0639>

## References

- Afzal, U., & Yusuf, A. (2013, September). The State of Health in Pakistan: An Overview. *The Lahore Journal of Economics*, 18(SE), 233–247. [https://papers.ssrn.com/sol3/papers.cfm?abstract\\_id=2476075](https://papers.ssrn.com/sol3/papers.cfm?abstract_id=2476075)
- Ahmed, A. (2015, August 19). ‘Vision 2025’: ministries’ performance to be evaluated, says minister. *Dawn*, p. Story. Retrieved April 19, 2022, from <https://www.dawn.com/news/1201351>
- Akbari, A. H., Rankaduwa, W., & Kia, A. K. (2009, Summer). Demand for Public Health Care in Pakistan. *The Pakistan Development Review*, 48(2), 141-153. <https://core.ac.uk/download/pdf/6543843.pdf>
- ANP. (2018). *ANP Manifesto: Election Manifesto 2018*. Peshawar: Awami National Party. [https://www.af.org.pk/images/election/manifesto/ANP\\_%20Manifesto%20Eng.pdf](https://www.af.org.pk/images/election/manifesto/ANP_%20Manifesto%20Eng.pdf)
- Asif Ali, & Panezai, S. (2021). Assessing the Quality of Primary Health Care Services at Basic Health Units in Quetta City, Balochistan, Pakistan. *Public Health Research*, 111-122. <https://doi.org/10.5923/j.phr.20211104.01>
- Aziz, S. Z., & Hanif, I. (2016). Primary care and health system performance in Pakistan: A study of basic health units of South Punjab. *J Pak Med Assoc*, 66(12), 1632-1636.
- BAP. (2018). *Manifesto: BAP 2018*. Balochistan: Balochistan Awami Party. [https://rtepakistan.org/wp-content/uploads/2018/07/Balochistan\\_Awami\\_Party\\_manifesto\\_election\\_2018\\_BAP.pdf](https://rtepakistan.org/wp-content/uploads/2018/07/Balochistan_Awami_Party_manifesto_election_2018_BAP.pdf)
- Chan, M. (2022, March 03). *Chronicle article: primary health care now more ever*. United Nations. <https://www.un.org/en/chronicle/article/primary-health-care-now-more-ever>.
- COE International. (2020, October 23). *Good governance 12-principles*. COE International. <https://www.coe.int/en/web/good-governance/12-principles#%2225565951%22>
- Eamonn V. Kelly. (2010). Governance rules! The principles of effective project governance. *Governance Paper presented at PMI® Global Congress 2010*. Paper preNorth America, Washington, DC.: Project Management Institute. presented at Global Congress 2010. PMI: <https://www.pmi.org/learning/library/project-governance-principles-corporate-perspective-6528#>
- Farooq, S., Ramzan, M., Ali, F. H., & Rashid, H. A. (2017). Analyzing the Efficiency of Health Care in Pakistan: An Application of Data Envelopment Analysis to Rural Health Centers in Punjab. *Pakistan Vision*, 21(2), 271-287.
- Gallup. (2016, September). *GALLUP Pakistan*. Retrieved from Short Round up of Health Infrastructure in Pakistan - 2000-2015: <http://gallup.com.pk/wp-content/uploads/2016/09/Report-1-Short-Roundup-of-Health-Infrastructure-in-Pakistan1.pdf>
- GHED. (2022, March 3). *Global Health Expenditure Database*. World Health Organization: <https://apps.who.int/nha/database/Search/Index/en?q=Pakistan>
- GoP. (2022, March 04). *Ministry of National Health Services Regulations and Coordination*. Govt. of Pakistan: <https://nhsr.gov.pk/>
- Gov-Pak. (2017). *Antimicrobial Resistance National Action Plan Pakistan*. Ministry of National Health Services Regulations & Coordination. Islamabad: Government of Pakistan.
- HDR. (2022, February 24). *Profiles PAK*. Human Development Report: <https://hdr.undp.org/en/countries/profiles/PAK>

- Human Data. (2022, March 04). *Data for Pakistan*. <https://data.humdata.org/dataset/who-data-for-pakistan>
- Javed, T. A., & Amin, S. (2007). Health sector reforms programme in Punjab: a primary healthcare initiative. *Clinical medicine*, 7(1), 19. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4953542/>
- Jean-Frédéric Levesque. (2014). *Measuring Organizational Attributes of Primary Healthcare: A Scanning Study of Measurement items used in International Questionnaires*. Canada: Institut National Québec. [https://www.inspq.qc.ca/pdf/publications/1857\\_Measuring\\_Organizational\\_Primary\\_HealthCare.pdf](https://www.inspq.qc.ca/pdf/publications/1857_Measuring_Organizational_Primary_HealthCare.pdf)
- JICA & ITC (2018, October). *Data Collection Survey on Health Facilities and Equipment in the Islamic Republic of Pakistan (Final Report)*. Japan International Cooperation Agency (JICA) and International Techno Center. <https://openjicareport.jica.go.jp/pdf/12322293.pdf>
- Khalid, F., & Abbasi, A. N. (2018). Challenges Faced by Pakistani Healthcare System: Clinician's Perspective. *Editorial: Journal of the College of Physicians and Surgeons Pakistan*, 28(12), 899-901.
- Khurshid, R., Bashir, M. F., & Tar, Y. B. (2021). An Analysis of Service Provision Standards in Primary Health Care Facilities of Khyber Pakhtunkhwa, Pakistan. *Pakistan Journal of Humanities and Social Sciences*, 9(3), 317-327. <https://doi.org/10.52131/pjhss.2021.0903.0137>
- Liaqat, M., Hussain, M., & Liaqat, I. (2019, December). Analysis of the Health Care Delivery System in Pakistan and Nepal. *Journal of Medicine, Physiology and Biophysics*, 1(62), 6-10. <https://www.iiste.org>
- Macinko, J. (2009). The Impact of Primary Healthcare on Population Health in Low- and Middle-Income Countries. *J Ambulatory Care Manage*, 32(2), 150-171. [https://journals.lww.com/ambulatorycaremanagement/Abstract/2009/04000/The\\_Impact\\_of\\_Primary\\_Healthcare\\_on\\_Population.10.aspx](https://journals.lww.com/ambulatorycaremanagement/Abstract/2009/04000/The_Impact_of_Primary_Healthcare_on_Population.10.aspx)
- Mashhood, M., Yousafzai, D. M., & Zulfaqar, R. (2019). War on Terror and Its Effects on Health Communication and Polio Eradication in Pakistan. *Pakistan Journal of Society, Education and Language*, 91-105. <https://pjsel.jehanf.com/index.php/journal/article/view/133/123>
- MMA. (2018). *Manshur: Mutaheda Majlise Amal*. Peshawar: Mutahida Majlise Amal.
- MQM-P. (2018). *Manifesto: MQM-Pakistan 2018*. Karachi: MQM-Pakistan.
- Mujib-ur-Rehman, Khan, N., & Abbas, M. (2007). Availability and Utilization of Primary Health Care Services in The Rural Areas of District Peshawar – A Case Study. *Sarhad J. Agric.*, 23(4). <https://agris.fao.org/agris-search/search.do?recordID=PK2009001290>
- Punjani, N. S., Shams, S., & Bhanji, S. M. (2014). Analysis of Health Care Delivery Systems: Pakistan Versus United States. *International Journal of Endorsing Health Science Research*, 2(1), 38-41. <https://www.aeirc-edu.com>
- PBS. (2017). *Final Results of Census 2017*. Retrieved from Pakistan Bureau of Statistic Government of Pakistan: [https://www.pbs.gov.pk/sites/default/files//population\\_census/KP%20District%20Wise.pdf](https://www.pbs.gov.pk/sites/default/files//population_census/KP%20District%20Wise.pdf)
- PCI. (2016). *Landscape Analysis of The Family Planning Situation In Pakistan*. Islamabad: The Population Council, Inc & Bill and Melinda Gates Foundation. [https://knowledgecommons.popcouncil.org/departments\\_sbsr-rh/709/](https://knowledgecommons.popcouncil.org/departments_sbsr-rh/709/)
- PML. (2018). *PML Manifesto 2013*. Islamabad: Pakistan Muslim League.

- PML-N. (2018). *Manifesto*. Lahore: Pakistan Muslim League (N).
- PPP. (2018). *PPP Manifesto 2018*. Islamabad: Pakistan Peoples Party.
- PTI. (2018). *PTI Manifesto: The Road to Naya Pakistan*. Islamabad: Pakistan Tehreek-e-Insaf.
- Saif-Ur-Rahman, K., Mamun, R., Nowrin, I., Hossain, S., Islam, K., Rumman, T., . . . Anwar, I. (2019). Primary healthcare policy and governance in low-income and middleincome countries: an evidence gap map. *BMJ Global Health*, 1-9. <https://doi.org/0.1136/bmjgh-2019-001453>
- Schryer-Roy, A.-M. (2010). *Governance and Health Resource Guide*. International Development Research Centre. IDRC, SDC. <https://www.research-matters.net>
- Schultz, M. (n.d.). *Articles. Governance Today*. [https://www.governancetoday.com/GT/Articles/The foundations of good governance Strategic planning.aspx](https://www.governancetoday.com/GT/Articles/The_foundations_of_good_governance_Strategic_planning.aspx)
- TEcono. (2022, March 04). *Indicators. Trading Economics*. <https://tradingeconomics.com/pakistan/indicators-wb-data.html?g=health>
- TET. (2014, August 11). Pakistan launches Visions 2025 program for fast-track development. *The Economic Times*. [https://economictimes.indiatimes.com/news/international/world-news/pakistan-launches-visions-2025-program-for-fast-track-development/articleshow/40064320.cms?utm\\_source=contentofinterest&utm\\_medium=text&utm\\_campaign=cppst](https://economictimes.indiatimes.com/news/international/world-news/pakistan-launches-visions-2025-program-for-fast-track-development/articleshow/40064320.cms?utm_source=contentofinterest&utm_medium=text&utm_campaign=cppst)
- Tribune. (2019, March 29). KP Launches Good Governance Strategy. *The Express Tribune*. <https://tribune.com.pk/story/1939334/1-k-p-launches-good-governance-strategy>
- UN. (2020). *Digital Government in the Decade of Action for Sustainable Development*. United Nations. <https://publicadministration.un.org>
- UNESCAP. (2008). *What is good governance?* UNESCAP. <http://www.unescap.org/pdd/prs/projectactivities/ongoing/gg/governance.asp>
- WB. (2022, March 04). *worldbank.org/indicator*. Retrieved from worldbank.org: <https://data.worldbank.org/indicator/SH.XPD.CHEX.GD.ZS>
- WHO. (2016, May 01). *Chapter 3: Assessing the case for the reform of public health law*. WHO. <https://www.who.int/healthsystems/topics/health-law/chapter3.pdf>
- WHO. (2022, February 22). *Southeastasia/activities/noncommunicable-diseases-are-the-no.-1-killers-in-the-who-sear*. Retrieved from World Health Organization: <https://www.who.int/southeastasia/activities/noncommunicable-diseases-are-the-no.-1-killers-in-the-who-sear>
- WHO. (2022, March 04). *Country details GHO Pakistan*. <https://www.who.int/data/gho/data/countries/country-details/GHO/pakistan?countryProfileId=314d19a1-bfdc-4611-a586-54cd8aec3531>
- Zaidi, S., Idrees, N., & Riaz, A. (2017). *Primary health care systems (PRIMASYS) Comprehensive case study from Pakistan*. Aga Khan University, Department of Community Health Services. World Health Organization.