Who pays for health & education?

By Zubeida Mustafa

THE slide in the quality mation social services in Pakistan has prompted some serious thinking in concerned circles on who should pay for the education and health care of the people. Now that the idealism of the left is no longer fashionable and market-mania (to borrow the Nobel Prize winning economist Amartya Sen's term) has swept aside all rational considerations, it requires some courage to suggest that the state must be responsible for educating its citizens and attending to their basic health needs.

Many people in a position of authority in Pakistan now unabashedly declare that the government cannot undertake this burden since it does not have the resources to finance a welfare state. Even if we set aside humanitarian and religious considerations, simple economic compulsions should make us think otherwise. Amartya Sen, who links freedom and development together, describes education and health ds 'enabling factors' since they promote freedom by offering more choices to the people and empowering them to resist

Oppression.

Hence a society which is truly concerned about its own eco-nomic development must feel concerned about the education and health of all its citizens. If it is accepted that economic development is not possible without a modicum of social development, then how can a state leave its citizens to fend for themselves in obtaining education and health care, especially when a very large number of them live below the poverty line? Logically, social sector spending should be viewed as an investment in eco-

nomic progress.

These are not happy times to promote the concept of a social welfare state which is under attack even in the affluent West from the radical right and the capitalists. Many of the social democracies, such as Sweden, Britain, Canada and Germany, have scaled down the benefits which they liberally offered to their citizens at one time. In spite of the cuts, schooling continues to be free — hence also compulsory - in all the countries mentioned above. At the most, parents have to spend a relatively nominal amount on books and stationery for their children.

Hospital care is also n

and communication explosion has also created higher expectations among the people who had previously remained reconciled to their

Thus, new demands have been created which are not being met. The government has responded to this situation by adopting a strategy directed towards: 1) recovering users' charges from consumers in the health and education sectors; 2) promoting the public-private partnership approach in which the government has inducted the private sector in the health and education fields; slowing down the expansion of primary education and basic health facilities in the public sector

It is plain that this strategy has failed to produce positive results as the appalling state of the education and health sectors testifies. It has led to a marked decline in the services of public sector institutions while tilting the balance towards the private sector, which has made health care and education prohibitively expensive. More and more peo-ple who do not have the means are being forced to send their children to private schools and take their ailing relatives to pri-vate hospitals. When private sector institutions are allowed to operate on a laissez faire basis, they cannot be forced to reduce their charges.

The wiser approach would be to regulate the working of these institutions in such a way that they complement the social welfare role of the state. But before it proceeds to enlist the cooperation of the private sector, the government must put its own house in order. Official sources have revealed that the public sector often fails to utilize all the funds available for education and health. This is to be attributed to bad management, corrupembezzlement wastage. Given the exemplary services provided by some public sector institutions headed by devoted and motivated people, one feels that the situation is not beyond rectification.

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