

Health Policy and the Role of Healthcare in Developing Countries

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Abstract: In developing countries, where resources are deemed to be relatively scarce, health policy serves as a crucial lever, which helps shape not only their healthcare landscapes but also the well-being of citizens and the nation's economic performance. This research attempts to dive into the assessment of health policy and the role of healthcare in developing countries by analysing the dynamics that govern healthcare amid limited resources. Despite significant advancements in medical science and health policies over the decades, challenges in formulating and implementing effective health policies in developing countries persist. Infectious diseases, inadequate public health funding, and unequal access to healthcare infrastructure highlight the need for a deeper understanding of these issues. Thus, with the help of a comprehensive literature review, the multifarious factors shaping health policy, including economic limitations, disease prevalence, and inadequate healthcare infrastructure in developing countries are revealed. By applying a qualitative research approach with heuristic policy processes, this study extracts observations from government reports, expert interviews and relevant articles, whereas the findings provide with a discernment of the challenges and opportunities surrounding health policy and healthcare delivery in developing countries. Overall, the paper undertakes keen insights for policymakers, researchers and healthcare professionals working to improve health outcomes in the globe in general and in developing countries in particular.

Key Words: Health policy, healthcare, developing countries, policy formulation, policy implementation

Introduction

There is a direct influence of health standards on quality of life and economic performance. In the past seven decades or, in absolute term, after 1960s, there has been enormous gains in medical science particularly in developing countries which has ensued consistent modification and revamping of health policies (Blank et al., 2017). Many infectious diseases have also been on the retreat as a result of improved nutrition, coupled with better sanitation, life expectancies and vaccines. Other major changes entail reduction in child and maternal mortality rate and fight against most vulnerable diseases. However, despite improvements in health policies and practices, developing countries such as Pakistan, Bangladesh, Nigeria, and other Asian and sub-Saharan regions have been contending with health complications which is also reflected from their respective health policies (Bryant, 2019). Confronting infectious diseases like Tuberculosis, HIV, and mental health are a challenge to be dealt with by being hand in hand with global health programmes and interventional strategies.

Considering the need for bringing effectiveness in health policy in addition to demonstrating a link between policy and practices for better health outcomes, this research paper attempts to analyse the role of healthcare in developing countries through a lens of health policy. The aim is to showcase how varied processes and practices in developing societies along with political system at place influence health outcomes.

Research Background

In the present modern epoch, health paradigms are certain public policies ought to take into account the health interests and rights of the general populace by better health choices for quality of life (Atun et al., 2017). Moreover, health policies are supposed to set the parameters for improved agriculture, industrialization and corporate practices which directly impact economic performance as well as influence the overall ecology of a country. As argued by (Ullah et al., 2021), these health paradigms must also demonstrate new perspectives on health promotion and disease prevention while designing policies, which can be ensured by closely overhauling major health determinants ranging from human biology to political and social-economic environment. In general, health policies establishing by the developing countries at the national level have relatively reeled from various loopholes and, regrettably, not offered adequate solution in line with the comprehensive principles of modern health programmes (Aziz et al., 2021). As a result, they appear to address infectious diseases by complying with biomedical health models, while environmental and behavioural health problems like diabetes, pneumonia and HIV are not addressed in sharp resemblance to the principles of public health promotion.

One instance can be demonstrated by exemplifying the allocation of gross domestic product (GDP) by Pakistan, which stands at a mere 1.5 percent in the health sector (Khan, 2018). This is one of the lowest

rates keeping in view the size of the population. Regrettably, a major chunk of the funding is not even properly used, thereby, leads to underutilization of budgets. Besides, when it comes to countries like Nigeria, Bangladesh and India, they often face troubles in determining the size of private and public health expenditures due to lack of demarcating the boundaries of healthcare, or which expenditures to be included (Singh et al., 2017). Therefore, this paper endeavours to present the sophistication and effectiveness of healthcare policies with a view to emanating better healthcare outcomes. For this, the research questions undermentioned are designed to be addressed in this paper.

Research Questions

RQ1: How do health paradigms influence public policies, particularly in terms of considering the health interests and rights of the general populace, and how does this impact the quality of life?

RQ:2 In what ways do existing health policies in developing countries fall short in being contemporary with the modern healthcare programs around the globe?

RQ3: What are the challenges faced by developing countries in designing their health policies by determining the extent to which their public health expenditures can be met with the effectiveness of better healthcare outcomes?

Research Significance

The significance of this research can be appraised by acknowledging the fact that provision of better healthcare services in developing countries has always been a difficult endeavour, which is particularly because of paucity in financial resources. At the same time, the ratio of nurses, doctors, physicians, and other healthcare professionals is not even half than in the more developed societies, despite the size of the population exceeds many affluent countries. This can further be evinced by Grepin (2017), who is of the view that the distribution of healthcare facilities in developed countries is often skewed in favour of urban populace, but the tendency for both manpower and physical resources to be allocated in urban areas is extremely low in developing countries. There may undeniably be moderate facilities in the urban localities of developing countries, the rural areas are mostly deprived of modern technology and manpower resources for revealing better healthcare outcomes.

Therefore, in order to ensure effective expenditure management along with rendering modern healthcare facilities, developing countries must either formulate new health policies or revamp the existing ones in accordance with global health programmes, such as HFA (Health for All) of the WHO (World Health Organization) that seeks to establish the conditions

whereby providing effective healthcare policies should be considered as fundamental right and not just responsibility of the state, as well as develop health policy frameworks in line with health sustainability indicators of the SDGs (Sustainable Development Goals) (WHO, 2017).

Literature Review

Importance Factors Influencing Health Policy

Different studies reveal key influencing factors that impact health policy formulation and implementation in developing countries. These factors are deemed to be interconnected in shaping the formulation, materializing the implementation and determining health policy outcomes. Arthur & Oaikhenan (2017) argue that economic constraints stand at the forefront of other influencing factors, which entail limited financial resources for the country or state that pose fundamental challenges in maintain a robust healthcare system. At the same time, inadequate level of funding, as evinced from the above articulation, often ensues shortage in the provision of critical media supplies (Suchman et al., 2018). Also, a paucity in well-trained and professional healthcare personnel in addition to lack of will in promoting better health and establishing disease prevention programs are the major bottlenecks in devising functional health policies for improved healthcare outcomes (Kruk et al., 2018).

Furthermore, considering epidemiological and disease-induced profiles of developing countries, the unceasing prevalence of particular diseases like polio and measles as well as abrasive health conditions adversely influence policy priorities in developing countries. One of such instances is the never-ending endemic of polio in Pakistan, which is perhaps the only country in the world still reeling from this disease, while policy makers often find them perplexed at alleviating this certain menace from the society (Aziz et al., 2021). Furthermore, those contending with significantly high level of infectious disease often prioritize vaccination drives and other sanitation initiatives. Also, those nations grappling with a rise in non-communicable forms of disease veer their attention towards developing policies leading to management of chronic diseases like polio (UNAIDS, 2018).

In addition, lack of adequate healthcare infrastructure and meagre resources encompassing insufficient hospitals with well-equipped technology, lack of equitable access to clinics and medical supplies and non-proficiency of health workforce often aggravate the healthcare system of developing countries. Such an insufficiency may result in emergence of issues in underserved or relatively remote areas with the compromise on delivering basic health amenities (Sarma, 2017). In sub-Saharan Africa, for instance, there is a scarcity of advanced medical technology together with limited accesses to clinics as well as essential medical supplies, which resultantly put the

general populace at a vulnerable position. Besides, rural communities often lack a nearby hospitals and clinics with essential specialists and equipment, which ensues continual procrastination in the diagnosis and treatment of acute health conditions (Khan, 2018). This instance showcases the dire need for policy revamping and investment in healthcare infrastructure, which cannot be materialised without training an adequate health workforce as well as ensuring equitable access to medical supplies and technology.

Health Requisites and Major Determinants

In the past couple of years, health improvements around the globe have been dramatically improved. Almost a century ago, the percentage of life expectancy in the North American continent stood at 49, which has considerably increased to 66 years from 1950s. Moreover, child mortality in Chile nosedived sharply from 330 per 1000 to 270 per 1000 in 1990 and is presently around 18 per 1000 (Baldwin, 2015). Such dramatic improvements have materialised in most of the developed countries. This significantly puts a difference in achievements between these and developing and under-developed regions. In some of the regions, notably in Pan-Asian region, the adult health status has worsened. Erasmus et al., (2017) have insinuated the notion of ‘health transition’ towards behavioural and social changes accompanying those in the distribution of illness and health. While new diseases like HIV/AIDS have significantly increased, old diseases like malaria and tuberculosis have resurged in many developing countries. This has subsequently increased mortality, morbidity and disability among families that has ultimately disrupted social arrangements by imposing additional expenditures on health services, thereby, alleviating the availability for other conditions. This surging epidemic imposes addition cost on the national exchequer of developing states, specifically those in African and Asian regions where as much as 30 percent of the young population appears to fall a prey to old forms of diseases (Garg, 2018).

Other health problems like chronic respiratory diseases, gastrointestinal complaints and malnutrition have also considerably accentuates. This shift in disease patterns has adversely affected health of adult population and, thereby, has raised questions about where to veer attention to: either to the entire population in general or particularly those individuals at high risk (Grepin, 2017). High-risk interventions attributed towards individuals may provide a ratio of high benefit-to-cost, scant achievement is probable towards a population owing to the fact that the high-risk individuals comprise a mere small chunk of proportion of the overall disease experience within the content of that population (Kruk et al., 2018). This approach is considered radical and challenging, since fluctuated risk patterns require a strong health policy with regulatory working environment so as to alleviate

the possibility of gross inequalities in healthcare settings.

Doubtlessly, there is ample evidence of widening inequalities among rich and poor countries when it comes to health status. In developing countries, health status inequalities together with limited access to health services have not received considerable attention from global health organizations and industrialized economies, and which is apparent by witnessing the present-day health conditions of young people in sub-Saharan Africa, particularly because of limited access to food and hygiene as well as scarcity of investment and infrastructure (Singh et al., 2017).

Rethinking Health Policy

From a policy realm which is particularly characterized by consensus, health policies of developing countries are often subject to uncertainty and conflict, which invokes alternative avenues for revamping policies. It is argued by Atun et al., (2017) that policy analysis provides for a more comprehensive groundwork for rethinking about health reforms rather than concentrating on approaches regarding technical features of the reform content. With the help of analytical model (Figure 1) which entails the phenomena of process, content and actors along with content, policymakers may better understand the linear process in which health policy reforms ought to be implemented.

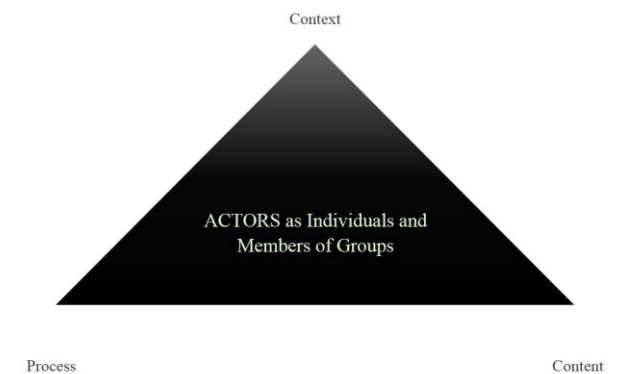


Figure 1: Health Policy Analysis Model

This is a simplified model of a complex array of interrelationships between the concepts, while offers an impression that each set can separately be considered. In actual, actors appear to be influenced by the content within which they inhabit or perform their duties, while context is affected by varied factors like uncertainty or instability result from changes in political regime. The policy content, on the other hand, reflects the position in which power structures, whereas the policy-making process or how to get the issues onto the policy agenda is affected by political actors. At large, it can be inferred that the traditional emphasis on the policy content often neglects other forms of process, context and actors which subsequently makes the difference between

effectiveness and ineffectiveness of policy formulation and implementation.

Major Actors in Formulating Health Policy

Regime or state governments play a crucial role in developing countries in formulating and implementing health policies, which is often with the support of development partners like WHO, as well as other bilateral and international donors. These donors offer both technical as well as financial expertise with an aim to achieve the international targets like SDGs. This is followed by national governance having key national political actors who have considerable influence on both the direction of health policies and how to implement them accordingly (Blank et al., 2017). In the same vein, the role of government institutions and officials at regional and subnational levels, the degree to which social communities are involved, and the capacity of front-line health workers is also critical. Several studies, such as those of Bryant (2019) and Garrett (2017) have stated the challenges and gaps in health policy implementation as far as developing nations are concerned. These gaps are often ascribed to financial pitfalls together with lack of commitment from political leaders. Besides, limited discretionary power and responsibility is often witnessed at subnational levels, which places liability on public and private health institutions in a particular country. Mostly, successful policy information often comes on the heels of health sector reform involving some structural changes like decentralization, or modification in the model of healthcare system.

When it comes to policy agenda setting, it is usually determined by amalgamating health sector data like geographic area, coupled with orientation of policymakers themselves and availability of necessary funding. Since donor agencies play a fundamental role in formulating and implementing state policy, their influence at different policymaking levels has been profoundly witnessed in countries like Pakistan and Nigeria. Moreover, as noted by Rahman et al., (2018), two other important determinants on health policy making are the international targets like SDGs, and the quality of scientific evidence at place. Some reviews from African and Asian countries have suggested a consolidation of evidence-based policy development and decision-making, and have underscored the significant importance of increased level of receptivity to such evidence. Thus, with a view to abridging gaps in knowledge transfer, training for both policymakers and research organizations is essential, as well as improved communication between the two.

Economic and Political Repercussions on Healthcare Systems in Developing Countries

Irrespective of the country's economic condition, it plays a significant role in affecting government health systems, which is followed by political structure. Political systems are regarded to be relatively weak in

developing countries especially where political instability persists including bureaucratic hurdles, centralized economic system and weak regulation. On the other hand, where economic growth is deemed to be irregular with dysfunctionality of welfare systems, health repercussions appear to be inevitable (Widdus, 2017). Moreover, in countries with weak political commitment to reduce economic predicaments of people like poverty, inequality or hunger, the health status of citizens is also weak due to lack of attention to proper nutrition and accessibility to healthcare systems. This is often noted in recent times in Pakistan, Cambodia and many sub-Saharan countries where citizens are deprived of enjoying curative and preventive healthcare despite being their fundamental right as enshrined in both national constitutions of states as well as global health policy frameworks (Aziz et al., 2021). As a result, issues like child and maternal mortality as well as other traditional diseases continue to persist.

In Africa in particular, irregularity in regime changes and vested interests of political leaders to mould health policies for personal benefits come at the cost of making their own people devoid of enjoying basic health amenities. Economic disparity is perhaps the primary cause of poor health services along with lack of equality in most services for the African population (Atun et al., 2017). Thus, with inefficiencies in health sector, the proportion of GDP earmarked to this very sector is relatively lower than in most developed countries, partly due to political preferences for other sector and partly owing to poor quality of services delivered. Meanwhile, the population continues to pay the price in terms of reeling from health illiteracy, poverty and other socio-economic conundrums. Even if outcome targets are sought with the identification of underlying determinants, the ability of governments to take measures to address such conundrums is often restricted by financial incapacity.

Method

The research employed an inductive scope review of the literature to assess best practices for policy management and development in developing countries. For this, a qualitative research technique with a focus on 'Heuristic' policy process was adopted. With the help of Heuristic policy process, a holistic examination of government reports on health policies and key interviews undertaken by previous authors from healthcare experts and policymakers were analysed. In particular, the literature was conducted by initially incorporating as many as 120 responsive articles and subsequently, by conducting an abstract review of these articles, a secondary inclusion criterion was applied with a focus on why and how policies are developed by considering their processes and context. The number of responsive articles, after applying a secondary inclusion criterion, was reduced to 22.

Besides, applying a 5-stage Heuristic policy process

adopted by Howlett et al., (1995) (Figure 2) proved to be effective in identifying the best potential practices for policy formulation and management in developing countries. Each stage of the policy process was organized in terms of applicability of the best practice in a linear manner.



With regards to the first stage that is Agenda setting, it was defined as describing public health as a priority for action from the government, while policy formulation, which is the second stage in the policy cycle, was considered as evaluating the best possible policy options and drafting the most appropriate policy proposal. The third stage, decision-making, was defined as the traditional procedure of reviewing and then approving of a policy proposal offered in the second stage. It was followed by the implementation process, which was defined as the process of executing the plan rendered in the adopted policy, including development and execution of relevant policies like standardized operating procedures (SOPs), regulations or budgets. The last stage, evaluation, was regarded to be a process of verification that whether the policy's implementation process and its impact align with the government objectives (Lane et al., 2020).

Results and Analysis

Through the literature review, the best potential practices for policy formulation and implementation in developing countries were identified. If duly adopted, they could result in the strengthening of actions from departments and ministries of health in developing countries, as well as increase the likelihood of effective implementation of the best identified practices. These practices are organization by each stage having their best possible applicability in each of the particular stages.

Agenda Setting (Stage 1)

The literature review identified three best practices in this stage, which are articulated below:

Conducting Situational Analysis

The significance of conducting situation analysis effectively was identified in the first stage to comprehend contextual characteristics that contribute

to public health problems. These characteristics include social, economic, political, cultural, and technological consideration. Such an analysis may encompass both quantitative and qualitative data. With regard to the timeframe for the situational analysis, it ought to assess both the historical and the current context in order to identify relevant trends.

Soliciting Ideas from key policymakers to stakeholders

The importance of facilitating ideas from policymakers to stakeholders during the agenda setting was identified. It was examined that policymakers must involve a wide array of perspectives like public health practitioners, healthcare providers, patients, researchers, and community members (Widdus, 2017). With regard to the method, it could include open-ended surveys, consultative forums and interviews. Such a proactive engagement can ultimately improve the diversity of perspective reflected in the situation analysis.

Identifying Clearly Defined Problems

The importance of defining problem statements in a clear manner was identified as a part of the agenda setting stage. Such an identified can help adequately address issues pertaining to the need to be described through policy action (Arthur & Oaikhenan, 2017). This is also significant for having a consensus-based framework to the problems in the process of policy development.

Policy Formulation (Stage 2)

Primarily aligning with the stage of policy formulation, 3 other potential best practices were identified.

Devising Potential Interventions to Address Problems

The problems identified during the agenda setting process can be addressed by devising interventional practices in the policy formulation stage. One method for addressing this is to establish 'multi-criteria' decision analysis. This include the PBMA Framework (Program Budgeting and Marginal Analysis), the Delphi Technique, Multi-Voting Technique, and PEARL framework having components of Propriety, Economics, Acceptability, resources, and Legality.

Identifying Funding Sources

Different sources ranging from general funds to donor funds should be identified during the policy process. In many developing and less developed countries, the process of budgeting materialises separately from policy process, and such a bifurcation often results in policies being implemented without a clear-cut cost analysis. Even if cost analysis is conducted, lack of adequate funds results in the ineffectiveness of policy implementation (Ullah et al., 2021). Therefore, the literature stresses on the need to properly align finance,

budget and taxation process, while overhauling of the policy development process should be directed by the ministries and departments of health existent in developing countries.

Overseeing Policy Conflict Analysis

As an integral part of the analysis process, the importance of executing an analysis in case of policy conflict was shown through the literature that ought to occur before the policy is adopted. Conflict analysis occurs when a draft policy is compared within existing policies and, resultantly, can better identify policies that need to be revamped with a view to ensuring a consistent policy framework (Suchman et al., 2018). For this, a deep delve into the searchable databases of government policies and laws is essential in order to execute policy conflict analysis effectively.

Decision-Making (Stage 3)

Two best practices were identified, which are applicable to the decision-making stage, also pronounced as adoption stage.

Standardising Distinct Forms of Policies

The significance of standardising various forms of policies, including strategies, guidelines, SOPs, and frameworks, were identified during this stage. It is often evinced that the objectives and content of different policy forms intertwine; however, developing standardized structure and review processes for distinct policy forms will be more important and should be taken more sincerely (Kruk et al., 2018).

Establishing Requirements for Approving of Different Policy Forms

The importance of reviewing and approving of different policy forms was pointed out through the literature review, which showcased that the extent of reviewing may vary in terms of a specific form of policy. For instance, one policy may require a lower level of review than the SOP (Sarma, 2017). Therefore, reviewing and then approving of processes could result in more anticipation, predictability and streamlining of the policy process.

Policy Implementation (Stage 4)

Two best practices, i.e. delivering policy components to the key stakeholders and empowering manager to render support and guidance to implementers, were identified in this stage of the policy cycle.

With regards to the practice of educating key stakeholders on policy elements, communal level of education initiatives should be developed for all key stakeholders, such as civil society outreach, media campaigns, and publicizing policy documents on government websites. Also, making the availability of such documents in both national and regional

languages would further increase responsibility on stakeholders to understand how the policies may affect them and their people (Erasmus et al., 2017). On the other hand, concerning empowering managers, they must be given adequate resources to provide support to front line implementers including traditional practitioners, consumers or other health departments of the private sector. However, this cannot be ensured without training managers so that implementers could be answerable on how a policy can be interpreted in a specific circumstance (Grepin, 2017). Also, these managers should remain hand in hand with other resources and national, provincial and district health departments who can provide further support and guidance to them in emergency situations.

Policy Evaluation (Stage 5)

Two other best practices aligning with the evaluation stage of the policy cycle were identified. These include engaging regular monitoring and ensuring transparency of policy evaluation. The departments and ministries of health should be regularly engaged in monitoring policy implementation by using indicators identified in the fourth stage. With the help of readily available information, regular monitoring can help raise barriers to due policy implementation as well as addressing issues real-time during the implementation process (Garg, 2018).

This should be followed by evaluating transparency and verifiability of evaluation. When policy evaluation is deemed to be transparent, it will subsequently help establish credibility of recommendation; however, this will not be probable until key stakeholders and the general public vow to validating methodologies of policy evaluation in order to make it more powerful.

Discussion

With the results generated through literature, various best practices regarding health policy process were revealed that could be presented to the governments of developing countries as a framework to review their existing processes and, thereby, improve the standardization and management of their respective health sectors. One step the governments could steer to integrate these practices is to establish a guide or manual that could standardize these policy processes, which will eventually earn them with executing the best feasible practices at each stage of the policy cycle.

The Manual on Management of National Health Policies developed by South Africa is one of such examples that should be learning lesson for health sectors of developing countries. The manual developed by South Africa includes key sections and formats of different policy forms. It is taken for a resource guide to analyse policy interventions and implementation models to support their health activities. Also, the manual appears to act both as a management tool and an educational resource to further consolidate the

policy process through required strategic priorities. They have also established a digitalized system to make their policy development process intact (Lane et al., 2020). Thus, by acknowledging this manual as a learning lesson, the health sectors of developing countries should take initiatives to implement and monitor their health policy process by developing manual or some form of guide, so that the status of policies in terms of their execution, monitoring and revamping could be improved in addition to making policies accessible to frontline health workers and the general public to strengthen accountability of health sectors and actors.

Conclusion

By rounding off the above constructive and critical discussion on health policies and healthcare systems in developing countries, it can be inferred that the formulation and implementation of effective health policies is both a challenge as well pitfall in certain settings when it comes to the policy process in developing states. It could be argued that for the efficient and equitable health systems in such nations, policymaking become more than critical by considering a conundrum of implementation models and strategic plans. The countries such as Pakistan, Cambodia, Nigeria, India, Bangladesh, and others are still reeling from the issue of population explosion that is placing more onus on stakeholders and health institutions in the countries to devise policies akin to the needs of the general populace in particular. If the above articulated stages of policy cycle are duly materialised in these countries, the gradual, if not instant, outcome of knowledge-based policy-making process will be auspicious in terms of both better healthcare practices and consistent modalities in policy initiatives.

The model and policy cycle incorporated in this research can be employed as a basic framework for improving the existing healthcare systems in developing countries, and can be used as a benchmark to address the drawbacks or weaknesses of national and provincial policies. At large, considering the increased health expenditures and burgeoning population growth in Asian and African countries that are at crossroads of achieving better health outcomes, a blueprint of effective recommendation is suggested to place due responsibility on health institutions and policy makers to make the most of available healthcare resources, personnel and arrangements, so as to enhance administrative competency around this particular sector:

- Primarily, health institutions and stakeholders engaged in the formulation, implementation and overhauling of health policies need to be rejuvenated by establishing new networks that require to be formed for abridging the gap between these levels, and this will certainly be ensured by

the stimulation new health programmes and policies in developing countries.

- Since politics and political actions appear to be relatively more controversial and hostile in the countries, health professionals and officials need to be prepared to argue and defend their viewpoints on policymaking, and to critically communicate the effectiveness of their programs to various health and non-health stakeholders.
- Health authorities in developing countries are suggested to recalibrate their national health policies by veering their attention towards delivering services efficiently as well as other major determination like environment and lifestyle by complying with global health plans and targets. In order to do so, a multi-sectoral approach is required to ensure collaboration, participation and equity with all health-related sectors and actors.
- Importantly, the budgetary allocation of the health sector earmarked by developing countries is even less than what is expected by global health organizations like WHO, and actions like SDGs. The health sector needs to be treated as an important sector like other sectors such as industry, trade and defence in terms of allocating ample financial and human resources. In concrete terms, at least 3 percent of the total GDP of developing countries need to be allocated in the health sector to witness better outcomes.
- Lastly, to allow sub-national and regional partners to partake in implementation of health policy process. Since they are comparatively approachable by the public, their experiences and viewpoints need to be forwarded regarding policy implementation to the policy makers at top levels as a feedback with a view to improving the overall health policy process.

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