# COMPARISON OF HEALTH CARE DELIVERY SYSTEM BETWEEN PAKISTAN AND SINGAPORE

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#### ABSTRACT

Background: Health assumes a noteworthy job in people's life and in reestablishing this, human services arrangement of a country contributes its significant part. As indicated by World Wellbeing Association wellbeing framework is characterized as "every one of the exercises whose basic role is to advance, reestablish or potentially look after wellbeing". This paper essentially depicts the medicinal services conveyance arrangement of Pakistan and Singapore, investigation of both the human services frameworks and examines a portion of the suggestions so as to improve social insurance segment of Pakistan. In this paper, examination of medicinal services framework among Pakistan and Singapore is chosen since Global benchmarking loans further trustworthiness to Singapore's fine record. The Financial Specialist Insight Unit (2014) positions its wellbeing framework the subsequent best (after Japan) out of 166 on the planet. Additionally, the Bloomberg Social Insurance Effectiveness File 2017 positions it second best among 55 nations. Objective: Comparison of health care delivery system between Pakistan and Singapore. Methods: Literature review used for study. Through this examination and investigation, we can Improve Human services conveyance arrangement of Pakistan by utilizing apparatuses and methods utilized in Singapore. Study is about Correlation of medicinal services conveyance framework, various difficulties, shortcomings in wellbeing arrangements and suggestions to improve social insurance arrangement of Pakistan. Conclusion: Medicinal services segment is significant for any nation which legitimately influences the economy of nation. On the off chance that there would be solid labor there would be increment in the efficiency and therefore the economy of the nation will likewise observe an expansion that prompts human welfare.

Keywords: Health care delivery system, Pakistan, Singapore, Wellbeing, Medicinal services

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### INTRODUCTION

Each nation embraces its very own social insurance conveyance frameworks. In this manner, to accomplish access and congruity of care; quality consideration; observing and assessment assumes a significant job in improving wellbeing results, and it will improve. Moreover, the instance of Singapore shows that approach apparatuses are progressively viable when utilized at the same time and in show. A deliberate utilization of various devices advances complementarities that are inaccessible when they are utilized in detachment. Take the instance of openly claimed and worked clinics, a run of the mill authoritative instrument. Instead of running them in customary order and-control ways, the Singapore government utilizes its proprietorship rights to constrain them to rival one another and with private medical clinics for clients' assets with the goal of advancing client center and operational effectiveness around their part. Its proprietorship additionally makes it simpler for the legislature to constrain them to uncover data on costs and clinical results. Emergency clinic-based practices today remain transcendently sickness situated, zeroing in on individual clinical fortes with less perceivability on a thorough image of every persistent wellbeing needs.

# HEALTH CARE DELIVERY SYSTEM OF PAKISTAN

Pakistan went under the classification of low pay nations with low human improvement file rank of 146. As indicated by Pakistani constitution, wellbeing is predominantly overseas by the temporary specialists. Central government is answerable for different wellbeing laws/arrangement making at national level, gathering remote assets to produce temporary wellbeing offices, sorting out general wellbeing and instructive mindfulness programs. As low-and center pay nations progress toward Widespread Wellbeing Inclusion, there is an expanding center around apportioning out of pocket use and wellbeing administrations usage inside nations [1]. The Pakistani wellbeing framework is isolated into open and private areas individually. The method of social insurance conveyance in Pakistan begins from essential wellbeing unit and country wellbeing focuses are the essential [2].

### **Essential Medicinal Services**

This is first degree of Medicinal services, where patients have their underlying association with framework and it gives therapeutic and preventive Human services Administrations.

# Essential Wellbeing Units and Rustic Wellbeing Focuses

#### **Auxiliary Social Insurance**

It is a transitional degree of Medicinal services that is worried about arrangement of specialized, restorative and demonstrative administrations. It is first referral level serving at locale and tehsil. Pro discussion and medical clinic affirmations fall into this class.

#### **Tehsil Head Quarters and Region Head Quarters**

It is a moderate level of medical services that is answerable for the plan of specific, medicinal and insightful organizations. It is the first reference level serving at region and tehsil. Authority conversation and clinical center affirmations fall into this class [3]. Tehsil Head Quarters (THQs) serve a populace of 0.5 to 1 million people groups. The majority of THQs have 40-60 beds. THQs should give essential and thorough crisis, obstetrics and infant care. Give referral care to those alluded by RHCs, BHU and Woman Wellbeing Laborers [4].

#### **Tertiary Medicinal Services**

Tertiary Medicinal services clinics are for progressively concentrated inpatient care. Particular Medicinal services benefits for the most part for inpatients and on referrals from essential or auxiliary wellbeing experts [**5**].

#### Health Policies of Pakistan

Consideration was given to HIV/Helps, street auto collisions, savagery, tuberculosis, malignant growth, diabetes and emotional well-being Third National Wellbeing Strategy (2001) is again founded on wellbeing for all methodology [6]. Ten key territories distinguished diminishing transmittable sickness, tending to deficiencies in essential/optional social

insurance, advancing sexual orientation value, redressing country/urban inconsistency in wellbeing part and upgrades in tranquilize segment and so forth. Just draft arrangement was created in 2010 yet not affirmed because of continuous procedure of devolution [7].

#### Health Interventions/Programs in Pakistan

Pakistan is a battling economy with unexpected frailty pointers in the area. anyway, there are a few projects/intercessions to guarantee convenient preventive and corrective administrations to general society. National program for family arranging and essential social insurance was propelled in 1994. This gives essential medicinal services Administrations to around 80 million people groups, the majority of which is from provincial and poor [8]. Expanded program on immunization (EPI) began in Pakistan in 1978 and as yet proceeding. Goal of the EPI program is to lessen mortality and bleakness by offering auspicious vaccination administrations [9]. National TB control program stands apart as one of the general wellbeing projects towards accomplishment of thousand years. Formative objective focuses in 2015. Enactments have interestingly been coordinated towards significant wellbeing change spaces of public private organizations, wellbeing administrations guideline and independence of educating medical Arrangement clinics **[10]**. of wellbeing administrations rely upon conditions and accessibility of essential wellbeing framework (Wellbeing foundation and wellbeing work force). Along these lines, condition of wellbeing framework is vital particularly in association with developing populace. There are different markers of wellbeing framework, for example, number of clinics, essential wellbeing units (BHUs), dispensaries, no of beds, wellbeing work force and so forth exhibiting diverse part of foundation situation. For all intents and purposes various pointers present various elements. Now and again, hardly any pointers present positive improvements though some contain inverse data. In such situations, it is now and then hard to depict the general circumstance and to arrive at resolution. To handle such issues, utilization of files is prescribed as they are built to exemplify different parts of the issue. Thusly, such records can be utilized for basic leadership, especially estimating change after some time or making correlation crosswise over districts [11].

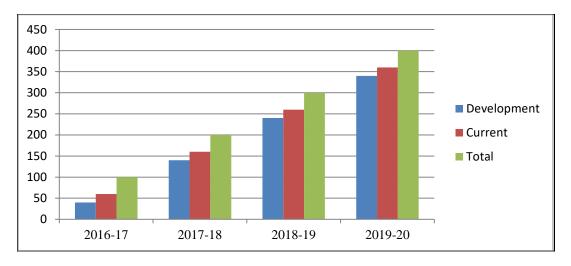


Figure 1: Total public sector expenditure on health in Pakistan.

## **Health Care Indicators**

Key wellbeing markers of Pakistan incorporates statistic like complete populace, future during childbirth, rough birth and passing rates, fruitfulness rates, maternal death rate, training and proficiency rates and some more. Illness weight and result pointers involved maternal and voungster wellbeing. transferable and non-transmittable infections and so forth input markers includes the money expenders on wellbeing and offices. Additionally, crisis and fiasco the executives are probably the most pointer as Pakistan confronted loads of characteristic and synthetic emergencies in last numerous years [12]. Pakistan was is as yet endeavoring to address every one of these issues however because of the political impacts, debasements and non-accessibility of money related and HR these objectives are not accomplished on dispensed time. Moreover, non-practical wellbeing data framework (HIMs) is one of the critical downsides to keep up, record and investigation of the social insurance markers for further basic leadership process. Conversely, Singapore likewise has some wellbeing pointers. The primary classifications for those are youngster lack of healthy sustenance (for example low birth weight in youngsters), ailing health in ladies (for example pallor in pregnant ladies), wellbeing administrations (for example aptitude wellbeing, inoculation and sanitation and so on), and nourishment security (e.g., utilization of iodine salt). The administration additionally records the information for minding rehearses (for example bosom sustaining), responsibility/limit and education. Singapore has well defined dynamic HIMs which make their human services conveyance framework towards progress and besetment [13].

# Public Spending on Health Sector in Pakistan

Since wellbeing consumption is considered as an open decent as it adds to the limit of the economy, many created economies apportion enormous spending plan for all-inclusive restorative inclusion and others search for measures to improve inclusion. Notwithstanding, in spite of a positive connection between monetary advancement and a sound society, the wellbeing area still gets low need in the open arrangements and assignment choices of the speculation assets in Pakistan.

# SINGAPORE HEALTH CARE DELIVERY SYSTEM

Singapore, is an island nation with a populace of 5.2 million, it was established as an English exchanging state in 1819. It joined the Malaysian League in 1963 yet isolated two years after the fact and got free.

## **Government Organizational Tools**

An unmistakable element of Singapore's wellbeing framework is the mind-boggling predominance of the administration in clinic possession, with open emergency clinics representing more than four-fifths of all medical clinic beds in the nation.

Like numerous different nations, Singapore started improving its open clinics in the mid-1980s even with mounting open consumptions on wellbeing. Seeking after cost decrease through upgraded proficiency, the changes advanced challenge among medical clinics and operational independence for directors. Rivalry was likewise planned to advance client center, as open medical clinics were seen ominously by clients.

The honor of self-governance to open medical clinics and rivalry among them did for sure improve administration quality and cleared medical procedure overabundances however it likewise expanded expenses and diminished moderateness [14]. The unfavorable patterns drove the legislature during the 1990s to intercede in every single huge part of medical clinics' activities, their independence in any case.

In 1999, the administration built up two likewise measured "bunches" of vertically coordinated open medical clinics and facilities. The revamping was proposed to advance compelling management and arranging of assets, better joining, and a progressively powerful patient referral framework inside each group. Despite government possession, every open medical clinic is a lawfully self-sufficient element enlisted as a private firm. Legitimately, they appreciate operational self-sufficiency in all territories, including enlistment, compensation, buy, and evaluating of administrations. However, the way that the administration remains the proprietor implies that, if essential, in manners impractical on the off chance that they were really private firms. Enlivened by the achievement of two contending groups, and trying to additionally upgrade rivalry, in 2015 every single open clinic and related polyclinics were rearranged as 6 local bunches spread over the island. "Open responsibility for are legitimately private firms permits emergency clinics the independence they have to work in an aggressive domain but then be inside the administration's immediate reach." Open responsibility for are lawfully private firms permits medical clinics the self-rule they have to work in an aggressive domain but then be inside the administration's immediate reach [15]. It gives the legislature a channel to accepting business sector criticism and a device for controlling medical clinics' conduct. As a proprietor, the legislature can shape emergency clinics' conduct without falling back on cumbersome guidelines or buy exchanges that would be important on the off chance.

## Fiscal Tools

Duty financing for medicinal services in Singapore comprises of two segments: moves to open emergency clinics to finance the expenses of care for patients who don't pay the full expenses of treatment, and assessment exceptions for Med save.

Commitments [16]. Such moves represent 25 percent of absolute wellbeing consumption and 70 percent of the administration's wellbeing use [17]. The administration pays open emergency clinics based on case-blend (analysis related gatherings or DRGs) just as square awards. During the 1990s when the equation for awards was changed from square awards dependent on chronicled figures to expense foradministration, medical clinics typically expanded the number of administrations they gave. Subsequently, in 1999 the administration acquainted case-blend subsidizing in with make motivating forces for emergency clinics to utilize assets. To anticipate under-adjusting – an issue natural to case-blend since suppliers are paid a fixed sum for each case paying little heed to the administrations they give - the administration accordingly moved to a cross breed framework, including both square subsidizing and case-blend installment [18].

Notwithstanding appropriations at open clinics, there are some specially appointed expenses financed plans. Network Wellbeing Right Hand Plans, for example, is a pay tried plan that offers extra awards to low-pay family for outpatient treatment. Likewise, Pioneer Age Bundle finances protection premiums just as decreases co-installments for old Singaporeans. There are likewise general wellbeing efforts completely financed by the administration.

In 1984, Singapore built up Medisave, which was then viewed as an unpredictable financing plan dependent on necessary investment funds. The administration's target in propelling the plan was to empower singular duty regarding medicinal services, while diminishing the administration's financial obligation [19]. notwithstanding day by day and yearly breaking points on withdrawal. The required idea of Medisave and confinements on what it tends to be utilized for has brought about generally enormous gathered adjusts: absolute Medisave balances added up to S\$70 billion or equal 18 percent of Gross domestic product in 2015. In any case, after over three many years of activity and a similarly high commitment rate, Medisave frames under 10 percent of all out social insurance spending **[20]**.

MediShield, presented in 1990 and supplanted by MediShield Life in 2015, is a minimal effort and fundamental medical coverage plot for calamitous clinic costs. It was presented after the acknowledgment that Medisave was deficient to take care of enormous emergency clinic tabs [21].

## Administrative Tools

A key component of Singapore's social insurance framework is the tight command over access to administrations. To accomplish this, policymakers depend on both interest and supply-side controls to urge patients and suppliers to be reasonable and cost cognizant in their utilization of medicinal services administrations. While patients have prompt access to tertiary medical clinics and pros, they don't get sponsored costs without referrals. Confinements on the utilization of Medisave just as roofs on the most extreme sum that suppliers

#### **Information Tools**

To exploit present day data innovations accessible for medical clinic the board, the legislature has urged emergency clinic bunches to orchestrate their money related, clinical, regulatory and symptomatic procedures through incorporated data frameworks. Each of the 16 open medical clinics utilizes the venture programming, National Electronic Wellbeing Records. Be that as it may, private emergency clinics, and all the more fundamentally, private centers keep on opposing offering data to different suppliers.

# ANALYSIS OF BOTH THE HEALTH CARE SYSTEM

This section mainly focuses on the comparative analysis of both the healthcare system based on WHO health system framework developed in 2000.

# **Health Services**

Pakistan is attempting to accomplish the quality medicinal services norms like other creating nations by seeing a few objectives and desire. Lamentably, Pakistan has neglected to catch the objective of "Wellbeing for Each of the" 2000 because of the absence of assets, solid appropriate strategies and bungle among specialists and so forth. Moreover, the wellbeing specialists are presently endeavoring to fulfill the thousand years improvement objectives (2015), however because of the political and efficient vulnerabilities it appears to be probably not going to achieve the undertaking. On differentiate, Singapore bolster accomplishment of thousand years formative objective and perceives difficulties.

# Financing

Human services financing alludes to the manners by which cash is raised to subsidize wellbeing exercises just as how it is utilized it faces a significant test of illadvised financing. Pakistan has a place with a low financial gathering of nations. The administration has been spending just 0.6-1.19% of Gross domestic product on wellbeing. Just 3.4% of the aggregate financial limit was distributed to the wellbeing division and 80% of which spend on therapeutic reason in optional and tertiary consideration administrations and rest to the essential social insurance services [22]. Shortage of assets. debasement and availability issues are the normal deterrents in the conveyance of successful wellbeing administrations. In Singapore medicinal services financing depends on two methods of reasoning. Right off the bat, its individual resident is capable to contribute some sum for their wellbeing through investment funds or extra security. Second, the administration is dependable to give equivalent and moderate medicinal services to all. Singapore has a blended financing framework in with different layers of safe house to affirm that no Singaporean is denied of contact to fundamental human services in view of moderateness issues. In 2008, 32% of social insurance was supported by the legislature [23].

# Health Workforce

Wellbeing workforce incorporates each one of those capable to give human services to open. It incorporates specialists, medical caretakers, woman wellbeing guests, paramedic staff, instructor and directors. In term of value, less mention has been paid by government on Pakistani populace. Anyway, few eff orts are in progress to fill these holes. Dealing with its way of thinking Singapore is likewise struggled to give gigantic social insurance. Concurring to,16 Singapore involves 6 out of 191 countries to give great wellbeing office while Pakistan is at 121.

# **Medical Products and Technologies**

To improve the wellbeing of destitute individuals, require numerous assortments of wellbeing developments, for example, new medications, immunizations, gadgets, and indicative instruments. 10 Anyway Pakistan is behind in term of advance innovation that provides food the necessities of advance and complex medical procedures. Then again, wellbeing data the board framework isn't very much created because of which wellbeing information are not recorded precisely or deferred. To beat these issues telemedicine and the idea of e-wellbeing have been executed as pilot extends in provincial territories like Baltistan and Training Establishment, with the specialized help of Comsats.10 Singapore medicinal services conveyance framework is exceptionally innovation centered. Interest for best-in-class therapeutic advances is high as Singapore endeavors to give first class social insurance conveyance frameworks and offices to its occupants just as serve the universal patient market [24].

# Information

The wellbeing the board data framework (HMIS) of a nation is created to gather, report what's more, break down the wellbeing related information which distinguishes holes and utilized for further arranging and basic leadership process. Singapore has an incorporated wellbeing data framework [25] that was worked in 2000 with the strategic lead and convey innovation for greatness in human services. Integrated Healthcare Information Systems (IHiS) is a social insurance IT pioneer that changes understanding consideration through quality in innovation. Singapore has IT specialists with more than 700 IT experts and in excess of 30,000 medicinal services clients at all open emergency clinics, forte focuses and polyclinics. As per Educator Benjamin Ong, by executing IT properly to enhance work processes and procedures, our kin have guaranteed that pointless authoritative errands have been decreased. This possesses converted into more energy for understanding consideration and upgraded tolerant security [25].

# Service Delivery

In Pakistan the administration human services offices comprise of 1096 clinics, 5527 fundamental wellbeing units, 650 provincial wellbeing focuses and 5310 dispensaries approximately,15 out and out making efforts to achieve soundness of average folks. As indicated by the eighteenth amendment all duties of medicinal services conveyance framework is a temporary command and no more remains the government part. Acknowledge scarcely any national projects all wellbeing programs in every one of the four territories are overseen and financed by the temporary government [26].

# CHALLENGES OF PAKISTANI HEALTH CARE SYSTEM

Debasement and absence of responsibility among top medicinal services specialists are the primary issues endure in Pakistani social insurance framework for a considerable length of time. It produces various other issue which brings about a powerless medicinal services framework. In Pakistan, human services get an extremely low sum from the absolute spending which for the most part used for remedial reason rather putting resources into counteractive action which in the end expands the nation infection burden.18 In addition, inadequate assets and botch of accessible assets is another huge worry in open division which occupies the individuals towards the use of private offices of it's out of pocket use. Absence of value social insurance administration, insufficient wellbeing framework, untrained and non-talented wellbeing experts and their strengthening issue are the essential hindrances in movement of wellbeing care. Besides, the lawfulness circumstance in Pakistan and nonresponsive attitude of national pioneers towards the human services adds fuel to the fire. Charges are the primary hotspot for income age for financing the social insurance. Individuals are not responsible for making good on legitimate duties, just 750,000 compensations out of 180 million populaces [27] and the assessment got isn't appropriately used for assigned work [28]. The abrupt expansion in Covid patients has put nations heath care framework under incredible strain [29].

## CHALLENGES OF SINGAPORE HEALTH CARE SYSTEM

With generally speaking examination of Singapore social insurance framework hardly any difficulty has been identified. Right off the bat, with expanding populace and with increment age there is a pressing need of more human services office in Singapore particularly with the office of specific geriatric treatment. Besides, with increment future there is additionally a need of constant sickness the board for older populace. Further, the ascent in medicinal services cost is another test that requires government mention to give quality consideration at least cost. In conclusion barely any wellbeing specialists have identified that the quality of essential human services office is low in nation thusly individuals like to go to private medicinal services where cost is high [30, 31]. CONCLUSION

This paper underlined medicinal services conveyance arrangement of Pakistan in contrast with Singapore pursued by hierarchical structure, investigation of both the medicinal services frameworks, and proposals to improve social insurance change and its usage. Social insurance framework incorporates different structure squares which incorporate administration, administration conveyance, human services finance, innovation, wellbeing workforce and data and research.

Pakistan	Singapore
Financing	
Pakistan has a place with a low financial gathering of nations.	Singapore medicinal services financing depends on two
The administration has been spending just 0.6-1.19% of Gross	methods of reasoning. Right off the bat, its individual resident
domestic product on wellbeing.	is capable to contribute some sum for their wellbeing through
	investment funds or extra security.
Healthcare Workforce	
Pakistan is at 121 191 countries to give great wellbeing office.	Singapore is likewise struggled to give gigantic social
	insurance. Concurring to,16 Singapore involves 6 out of 191
	countries to give great wellbeing office
Healthcare Technology	
Pakistan is behind in term of advance innovation that provides	Singapore is advanced in technology.
food the necessities of advance and complex medical	
procedures.	
Information Technology	
Pakistan is behind in term of advance information technology.	Singapore has IT specialists with more than 700 IT experts and
	in excess of 30,000 medicinal services clients at all open
	emergency clinics, forte focuses and polyclinics.
Administrative Tool	
Pakistan has weak command on access to information.	A key component of Singapore's social insurance framework
	is the tight command over access to administrations.

**Table 1:** Comparison of health care delivery system between Pakistan and Singapore.

#### REFERENCES

- Khalid F, Raza W, Hotchkiss D.R. Health services utilization and out-of-pocket (OOP) expenditures in public and private facilities in Pakistan: an empirical analysis of OOP health expenditure survey. BMC Health Serv Res 21, 178, 2021.
- Nishtar S, The Gateway Paper; Health System in Pakistan a Way Forward Pakistan's Health Policy Forum and Heart file; Islamabad, Pakistan, 2006.
- Primary & Secondary Health Care Department. (n.d.). Retrieved from http://www.pshealth.punjab.gov.pk/Services.aspx, October 26, 2016.
- Mushtaq K, Hussain M, Afzal MA, Gilani SA.Health care delivery system of pakistan and bangladesh: A comparative Analysis. National Journal of Health Sciences, 5,1, 2020.
- Primary & Secondary Health Care Department. (n.d.). Retrieved from https://pshealthpunjab.gov.pk/Home/Services. October 26, 2016.
- National Health Vision Pakistan 2016-2025. Retrieved October 27, 2016, from http://202.83.164.28/new/userfiles/file/2016. NHSRC/National Health Vision 2016-25.
- Health Policy: What does it mean in Pakistan? (n.d.). Retrieved from http://www.phmed.umu.se/digitalAssets/76/76123\_inlaga. October 27, 2016.
- Wazir MS, Shaikh BT, Ahmed A. National program for family planning and primary health care Pakistan: A SWOT analysis. Retrieved October 28, 2016, from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3842797/, 2013.
- Extended Program on Immunization (EPI). Retrieved from http://health.punjab.gov.pk/epi October 28, 2016.
- Zaidi SA, Bigdeli M, Langlois EV. Health systems changes after decentralisation: progress, challenges and dynamics in Pakistan BMJ Global Health 4:e001013, 2021.
- 11. Vincent K. Creating an Index of Social Vulnerability to Climate Change for Africa. Tyndall Center for Climate Change Research. Working Paper 280-218, 56, 2004.
- Nishtar S. Health indicators of Pakistan: gateway paper II. Heart file. Retrieved from http://www.who.int/chp/steps/Pakistan\_Book\_200-190, 2007.
- World Health Organization. NLiS Country profile: Singapore. Retrieved frohttp://apps.who.int/nutrition/landscape/, 2014.
- Bali AS, & Ramesh M. Health care reforms in India: Getting it wrong. Public Policy and Administration, 30 3-4, 319, 2015.
- Bali AS, & Ramesh M. Mark Time: India's March to Universal Health Care Coverage. Social Policy & Administration, 49 (6), 718-737, 2015.
- Tan KB, Tan WS, Bilger M, Ho CWL. Monitoring and Evaluating Progress towards Universal Health Coverage in Singapore. PLoS Med, 11, 9, 2014
- Bali AS, & Ramesh M. Mark Time: India's March to Universal Health Care Coverage. Social Policy & Administration, 49 (6), 718-737, 2015.

- Khaw Boon Wan. The Best Healthcare that Singaporeans Can Afford, Speech In Parliament, 310-21, 2005.
- Taylor, Rob and Simon BlairSingapore's Innovative Approach Financing Health Care Singapore's Innovative Approach HTTP://rru.worldbank.org/viewpoint/index.asp, 100-229, 2003.
- Ministry of Health Singapore. manpower. Retrieved fromhttps://www.moh.gov.sg/content/moh\_web/home/statisti cs/Health\_Facts\_Singapore/Health\_Manpower.html, Health, 2014.
- Schaffrin, André, Sebastian Sewerin, and Sibylle Seubert. The Innovativeness of National Policy Portfolios – Climate Policy Change in Austria, Germany, and the UK. Environmental Politics 3(5), 860–83, 2014.
- Shaikh B, Rabbani F, Safi N, Dawar Z. Contracting of primary health care services in Pakistan: is up-scaling a pragmatic thinking. Journal of the Pakistan Medical Association, 60(5), 387-389, 2010.
- 23. Primary & Secondary Health Care Department. Retrieved from http://www.pshealth.punjab.gov.pk/Services.aspx, October 26, 2016,
- Medical Student Nursing shortage in Pakistan-Human resource management in health system. Journal of Pioneering Medical Sciences. 180-216, 2013
- Transforming Healthcare with IT Innovation, IHiS book). Retrieved from http://www.ihis.com.sg/MediaCentre/publications/ Documents/IHiS\_Yearbook.pdf 230-290, 2015
- Thomson, A. Tax avoidance is cheating Pakistan. The Express Tribune. Retrieved from http://tribune.com.pk/story/645112/taxavoidancecheating-pakistan 100-219, 2015.
- Straits Times. Susan Lim's legal bill rises to \$825k as SMC wins appeal", May 14 2015. Available online at http://www.straitstimes.com/singapore/courts-crime/susanlims-legal-bill-rises-to-825k-as-smc-wins-appeal, Thailand, 2015.
- Salamon L. The Tools of Government: A Guide to the New Governance. New York: Oxford University Press, W.D. Governance in the Health Sector: A Strategy for Measuring Determinants and Performance, Policy Research Working Paper 5655, Washington DC: World Bank, 300-319, 2002.
- Aslam L, Abdullah A, Ayub R. Analysis of Pakistan and Iran Health Care Delivery System. International Journal of Innovative Research and Development, 3(7),308-312, 2014.
- Savedoff WD, de Ferranti D, Smith AL, Fan V. Political and economic aspects of the transition to universal health coverage, The Lancet, 380 (9845), 924-932, 2012.
- Lai YF, Lee SY-F, Xiong J, Leow SY, Lim CW, Ong BC Challenges and opportunities in pragmatic implementation of a holistic hospital care model in Singapore: A mixed-method case study. PLoS ONE 16(1), e0245650, 2021.