Invest in infrastructure or health: Curious case of a generous poor

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Abstract. The paper coins the term ‘The Generous Poor’ that has been fundamental in preserving democratic values within Pakistan in a hope that institutions of national governance take note of their issues where preserving life through better health facilitation has been the foundation.

Keywords. The Generous Poor, Health, Poverty.

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1. Introduction

It is universal in sociology, theology and science that the utmost sanctity should be given to human life and the purpose of justice, economics, and innovation should be translated into preserving life in sustainable manner on Earth so that the amazing journey of human survival continues beyond national borders. The common story of the human spirit and the world of scientific and spiritual wonder created over centuries of sheer hard work and creativity of humanity deserves to be shared among others. Since many centuries, it has been established locally and now globally that human rights are supreme and this motivation to protect and promote life; humanity has created scientific and political methods of self and group preservation within nation states. Democracy that has a genesis in political power reaching out to every citizen and community within a nation state should form the basis of national policies and institutions of national governance whereby priorities should be formulated in a way that are inclusive to welfare of every person irrespective of ethnicity, religion, language, culture, economic and social status.

The cycle of political participation in democracy is completed when the elected representatives from the population eventually transfer power back to the people by introducing policies that work for economic, social, political and material welfare of the population that is across the board meaning an inclusive model of economic progress that benefits rich and the poor and rural and the urban alike. Though there is ample literature in economics that focuses on sustainable and inclusive models of economic and material progress, developing country like Pakistan have yet to consolidate economic theory of inclusive development with practice. Successive governments in Pakistan have been trying to promote economic

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activity with policies that can account for maximum to national output and such policies have mainly benefitted the urban and prosperous areas of Pakistan and these policies has a marginal effect at best on poor or rural households (Mamoon, 2017). The pro growth policies of last two decades in the country focused primarily on Services sector that represents one of the most modern and efficient sectors within the economy generating higher outputs for initial years e.g. Economic Growth spurts during Musharraf regime (2003-2007). Similarly, the economic come back of Pakistan during PML N government in 2013-2018 was mostly concentrated in Punjab and further limited to cities like Lahore that benefitted from the Road infrastructure projects like Orange Line or Metro. Billions of Dollars of loans helped build these infrastructure or energy projects and investments in health infrastructure that can especially be made available to rural households where the majority of Pakistanis dwell had been minimal. Though a health card scheme had been introduced, equal investments in health services did not take place resulting in devaluation of its impact (PRIME, 2018).

It is very important to understand the dynamics of poverty in Pakistan not in terms of Economics but also Anthropology where the poor in income may very well be rich and generous in behavior and actually represents the missing debate in human capital that talks in terms of education and monetary values only and not adding social and cultural values. Nevertheless, the rural segments of the population that are considered poor may very well have material values like cattle, cultural skills or small share in family property that they rely on through farming crops for the landlord. In an event of a sickness among any member of the poor household, the generous poor would choose to buy health at the cost of all his/her material property and may even take a loan by putting his future labor and property on sale. The generous poor allocates maximum material and cultural value to saving and investing in life that is the common manifesto of institutions of national and global governance. However when the national governance policies do not deliver on health facilitation to the poor, the trust of the generous poor on importance of life decreases and a culture of humane behavior is overtaken by feelings of crude survival. The poor in Pakistan despite being ignored in national governance have retained their humanity and family values and thus they are indeed a group of generous individuals. The only factor that the generous poor finds on his/her side is democracy that gives hope to their collective that they have the power to change their representatives and experimentation with politics may one day give priority to their lives (Saegert et al., 2002).

The first step by any democratic government can do to bring respect to the generous poor who has been fundamental to the democratic struggle of Pakistan is to bring better health facilitation to their door steps by building more and better quality health centers and hospitals. Road and other infrastructure are also necessary to eventually determine the better welfare prospects among the rural peripheries of the country by improving

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economic and social signaling and integration with urban centers of modern life styles, but they are not alternative to investments on health sector. The newly formed government of PTI after 2018 general elections have rightly emphasized on putting more resources to health sector and more so because of their leader and now the Prime Minister of Pakistan Imran Khan who has the first-hand knowledge and exposure to the Generous Poor who has helped him build the first Cancer Hospital in Pakistan that cater to needy Cancer patients completely free of cost.

Pakistani government should encourage the private sector to build quality health care hospitals targeting poor patients and if they require subsidies like free land or reduced taxes on equipment import, such private hospitals should be facilitated. These private hospitals can be located in rural peripheries much the same way educational institutions like Ghulam Ishaq Khan Institute (GIK) or corporations like Engro Chemicals are located in far flung areas. The rich patients can always travel for treatments more conveniently than the poor. However, the key word is the quality of health service in the same lines as ShaukatKhannum Hospital.
References

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