2009-11-01

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Culture and Conflict Review (Fall 2009), v.3 no.3
http://hdl.handle.net/10945/27374

THE CULTURE AND CONFLICT REVIEW

The Federally Administered Tribal Areas: A Case Study in Health Capital and Democracy

Jarad Van Wagoner , 11/1/2009

Introduction

Since the routing of the Taliban in 2001 and early 2002, hopes of achieving lasting peace in Afghanistan increasingly are tied to people, events, and conditions in Pakistan's Federally Administered Tribal Areas (FATA). The Durand Line, largely rejected by the area's Pashtuns, forms an arbitrary dividing line between the 3.1 million Pashtuns residing in the FATA and the 14 million in Afghanistan. Today the FATA provides a safe haven to insurgents fleeing Afghanistan and is the center of Pakistan's own growing insurgency. Peace and stability in the region will require a clear understanding of FATA's political and social conditions.

Ahmed Rashid, in his recent book Descent into Chaos, asserts that the rising insurgency and political unrest in the FATA are tied to the "marginalization" of the Pashtun tribesmen from the rest of Pakistan's citizens. Rashid states: "In reality what has kept the people [of the FATA] marginalized has been the lack of political choices or freedoms."[1]

The marginalization mentioned is codified in the Frontier Crimes Regulation (FCR), a British act of Parliament passed in 1901. While the Indian Independence Act of 1947 nullified treaties between the British and the FATA tribesmen, the "tribal elders of FATA agreed to continue under the FCR in return for autonomy and the removal of all Pakistani troops from their territories."[2] Essentially, the FCR cut the Pashtuns out of the political process in greater Pakistan. In 1996, universal suffrage was granted to the tribesmen of the FATA, but political parties remained illegal. Executive authority is exercised by the resident through the governor of the North-West Frontier Province (NWFP). The governor of the NWFP, in turn, appoints political agents to each agency.[3]

Today, the antagonistic relationship between the tribesmen of the FATA and the Pakistani government is complicated by the diverging interests of various players. For the past three decades, these competing interests have contributed to a rise in radicalism and a decline in development indicators. The FATA of Pakistan remains one of the world's least developed areas. Lack of development in the FATA is exceptionally noticeable when one compares health statistics in the region with greater Pakistan.

This article will explore the level of development through the prism of health capital and its relationship to democracy. Particularly, it will look at the claim made by Rashid that the marginalization of the FATA stems from a lack of political involvement, or democratic freedoms. A short summary of the concept of health capital and why it is important will be presented. Next, the article will compare indicators of health capital in FATA and greater Pakistan. This will be followed by examples offering a glimpse of the correlation between health capital and democratic freedoms. Finally, it will explore other factors which may contribute to the low level of health capital in the FATA.

Health Capital Theory and Economic Performance

Demographic and development indicators are valuable tools. They allow a snapshot of conditions within a geographic space and often provide an opportunity to get at determining causes and consequences from the data set. A close look at health indicators and statistics in the FATA and greater Pakistan may

provide useful insights into what is causing current trends, what the current trends may portend, and what actions or policies may improve the situation. In terms of the questions at hand, it is important to understand what health statistics may say about the future.

In simple terms, data suggests that there is a strong correlation between health indicators and economic success. Economic success, as measured by income per person, often contributes to need satisfaction, peace and security. When needs are satisfied and opportunities exist for some level of prosperity, societies are less likely to consider engaging in violent conflict. An economically successful society has a stake in maintaining the status quo and avoiding the risks of unrest and violence. Absent sufficient income in the face of declining economic performance, people are forced to look outside of the current societal structure for support and hope.

Economic development, essential to social and political stability, requires a sufficient stock of human capital within a given state or community. Human capital is defined as "the sum total of skills embodied within an individual: education, intelligence, charisma, creativity [and] entrepreneurial vigor."[4] Within a society, human capital increases productivity and income, thus fueling further economic growth and development.[5] Physical capital is not adequate to fuel economic growth. Richard B. Goode writes that "human capital must be accorded priority in the sense that a certain minimum of it is a prerequisite to successful use of physical capital."[6] While many scholars have included health as a component of human capital, Michael Grossman has differentiated the two. Human capital, or a person's level of knowledge, "affects his market and nonmarket productivity."[7] Health capital, on the other hand, "determines the total amount of time he can spend producing money earnings and commodities."[8] In essence, health capital helps preserve, or maintain, a society's level of human capital. Absent good health, a state's laborers are unable to effectively contribute to the economy.[9] Thus, an individual's total productivity throughout life is a function of human capital, or ability to contribute to the market based on levels of education and skills and health capital, which determines the amount of time that will be contributed to the market.

Health capital is a measurement of "healthy time." Each individual is born with an initial level of health stock, or capital, which "depreciates with age and can be increased by investment."[10] Generally, health is measured by longevity of life and productive time not lost to illness, disease, or injury. Inputs such as "medical care utilization, diet exercise, cigarette smoking, and alcohol consumption" affect health throughout a society.[11] Government health care policies contribute to the quality and quantity of healthcare choices available to individuals. Individuals also make choices regarding lifestyle and healthcare that can affect the overall level of health capital within a society. Additionally, governmental institutions and structure can drive policy decisions and affect societal attitudes toward health.[12] Finally, climate, terrain, pollution levels, and natural disasters can all affect a populations health capital.

Demographics provide a window into the health capital of a country. Population trends and longevity of life indicate levels of health capital. Declines in population or slowing growth rates over an extended period of time may be symptomatic of a lingering health crisis. Strong economic development is unlikely in a country facing severe health problems.[13] Correlation between demographics and economic performance is a strong indicator of the relationship between health and human capital. For instance, "an additional year of male life expectancy at birth has been associated with an increment of GNP per capita of about 8 percent."[14]

It is necessary to point out that the lack of economic success in the FATA is the result of more than just a low stock of health capital. Levels of human and physical capital are extremely low and prohibit any serious efforts toward economic development. Additionally, the current political and security situation in the FATA obliterate any interest in direct investments in the form of government healthcare. Low levels of health capital not only decrease the chance for economic success, they also contribute to an overall sense of dissatisfaction which may be directed at the current political system or regime. Even without the opportunity for economic development, it is important to understand that low health capital may contribute to instability.

The following data indicate that not only are the levels of health capital in the FATA low, but investment in health capital is seriously lagging as well.

Status of Health Capital in FATA: A Comparative View

Before comparing measurements of health capital between the FATA and greater Pakistan, it will be valuable to glimpse where Pakistan falls in relations to other countries. This will provide increased

meaning to the comparisons between the FATA and greater Pakistan. As a whole, Pakistan lags behind most developed nations in health capital and other development indicators. On the United Nation's Human Development Index, Pakistan ranks only 136 out of 179 countries measured.[15] The World Health Organization provides the following data linked to health capital. Information for the United States is also provided to offer a comparison.

TABLE 1A: Mortality Information, Pakistan[16]

Summary	Year	Males	Females	Both Sexes
Population (millions)	2005	147	152	298
Life Expectancy (years)	2004	75	80	78
Under-5 mortality (per 1,000 live births)	2004	8	7	8
Adult mortality (per 1,000)	2004	137	81	
Maternal mortality (per 100,000 live births	2000		14	

Table 1B: Mortality Information, United States[17]

Summary	Year	Males	Females	Both Sexes
Population (millions)	2005	147	152	298
Life Expectancy (years)	2004	75	80	78
Under-5 mortality (per 1,000 live births)	2004	8	7	8
Adult mortality (per 1,000)	2004	137	81	
Maternal mortality (per 100,000 live births	2000		14	

The data above highlights that Pakistan faces a shortage of health capital relative to the United States. On average men in Pakistan die 13 years earlier than their counterparts in the United States. The difference for women between Pakistan and the US is even greater—a woman in Pakistan is likely to die 17 years earlier than a woman in the US. Differences in child mortality and maternal mortality paint an even starker picture of Pakistan's level of health capital. Per 1,000 live births, 101 children die before the age of five in Pakistan compared to 8 in the US. Women in Pakistan face serious health concerns. Per 100,000 live births 500 women die in Pakistan compared to 14 in the US.

In relation to the rest of the world, the data indicates that greater Pakistan's prospects for future economic growth may be retarded by a weak foundation of health capital. This naturally impacts the entire country, but particularly rural areas. An accurate picture of health capital in the FATA is difficult to paint. Data touching measurements of health capital is very limited. By extrapolating from other information, however, it is possible to determine that investment in the FATA's health capital is low.

Health indicators are strongly correlated to income and educational levels. The more income a person earns the more that person has to spend on health care. Higher income levels are also linked to higher education and greater access to healthcare. Currently, approximately sixty percent of the population in the FATA falls below the national poverty line.[18] Per capita income in the FATA is $250 per year compared to $2,410 in Pakistan.[19] Literacy rates in the FATA are less than half those in greater Pakistan—17.4 percent compared to 43.9 percent at the national level. Even the North-West Frontier Province does better at 35.4 percent.[20] The following table shows some measurements of investment in health capital in Pakistan and its provinces.

Table 2: Investment in Health Capital by Province, 2007[21]

Province	Population (million)	Hospitals	Population per doctor	Population per bed	Maternity & Child Welfare Centers
Greater Pakistan	164.6	945	1,226	1,341	141
FATA	3.17	12	7,670	2,179	5
Punjab	72.59	303			515
Sindh	30.44	330			150
NWFP	19.63	202	4,916	1,594	144
Baluchistan	5.51	98			93

Throughout the FATA there is one health facility for every 50 square kilometer. The health facilities and doctors in the FATA are not only serving the local population, but also significant numbers of Pashtuns

from the Afghan side of the Durand Line, further straining a struggling health infrastructure. It is also significant to note that communicable diseases are prevalent throughout the FATA and many pharmaceuticals are either counterfeit or substandard. Maternal mortality rates in the FATA are 600 per 100,000 live births as compared to 500 in greater Pakistan.[22] Additional and accurate health and demographic data on the FATA is difficult to find.

Compared to greater Pakistan, the FATA is suffering from lower levels of investment in health capital, education and economic development. All of these factors contribute to the prospect of future instability and economic decline. Within a country that is already struggling, the FATA is in sore shape with little prospect of improving. The issue raises the question of why. Why is the FATA in worse condition than greater Pakistan and the other provinces? Ahmed Rashid suggests that a major factor is the lack of political choice and freedoms. The next section briefly will look at the relation between health and democracy.

Democracy and Health

Is there a link between health and democracy? A quick look seems to indicate there is a significant level of correlation. The tables below combine findings from Freedom House reports and significant health statistics.

Table 3A: Freedom House Report, 2009[23]

Country	Status	Political Rights Score	Civil Liberties Score
Pakistan	Partly Free	4	5
Netherlands	Free	1	1
Russia	Not Free	6	5
Latvia	Free	2	1

Table 3B: Life Expectancy at Birth, total (years)[24]

Country	2000	2005	2006	2007
Pakistan	63	65		65
Netherlands	78	79	80	80
Russia	65	65	67	68
Latvia	70	71	71	71

The two tables above show a strong and significant correlation between freedom and life expectancy, one measure of health capital. Note that in 2007, an individual in the Netherlands (rated free) on average will live 12 years longer than their counterpart in Russia (rated not free). The difference between Pakistan and the Netherlands is 15 years in terms of life expectancy. The next table will look at investments in health capital between the four countries.

Table 4: Investment in Health Capital[25]

Measurement	Pakistan	Netherlands	Russia	Latvia
Health Expenditures, per capita (US $)	$16	$3,872	$367	$582
Health Expenditures, total (% GDP)	2.0	9.4	5.5	6.6
Births attended by health professional, (% of total)	39		100	100

A comparison of expenditures on health indicates a stonger investment in health capital in the countries rated free. Per capita spending on health care is more than 240 times higher in the Netherlands than it is in Pakistan. Russia, while being rated “Not Free”, maintains a strong investment in health capital, but as indicated by its life expectancy and falling population, the investment is not paying off.

There are several other health related statistics which support the existence of a strong correlation between health capital and democratic freedoms. This correlation may exist for a number of reasons. States that have greater democratic freedom often experience greater economic success as demonstrated in the table below in terms of Gross National Income (GNI) per capita. Often this

translates into more money available for health expenditures as indicated above. Additionally, politically active citizens are more likely to be involved in civic matters related to their health. Citizens with limited economic strength and a limited ability to act within the system are less likely to be able to invest in and improve their health.

Table 5: GNI per capita (Atlas method, US$), 2007[26]

Pakistan	$870
Netherlands	$45,650
Russia	$7,530
Latvia	$9,920

Marginalization: Lack of Freedom or Something Else?

Are the low levels of investment in the FATA's health capital related to a lack of political freedoms? It is highly likely that this plays a factor. Historically the Pashtuns of the FATA have had few opportunities to participate in civic life and have had very little economic success. Within the current system there is little hope of this improving. The tribesmen in the FATA are unable to organize and demand greater access to health care. They are at the mercy of appointed political agents who are often corrupt and are not concerned with the interests of the tribesmen. Although, the current president of Pakistan, Asif Ali Zardari, has announced a set of reforms that will provide greater freedom to the FATA, it remains to be seen if this will occur.[27] Also, it is likely that it will take years to see any changes in the quality of life.

The marginalization of the Pashtuns in the FATA is real. Whether or not the primary cause is a lack of political freedom is debatable. Several other significant factors must be considered. First, the role of Pashtun culture is important. Historically the Pashtuns have resisted control or influence from a central government, whether Pashtun or otherwise. The agreement by Pashtun elders to accept the FCR in return for greater autonomy may indicate a desire to be separated from the Pakistani political scene. While there may be some in the FATA who are interested in increased engagement and a larger political role in Pakistan, there are many, perhaps more, who are opposed to the idea. Living with poor health capital and little to no economic development may be an acceptable cost of retaining some perception of autonomy at the tribal level. Second, the Pakistan government may not want to deal with the consequences of engaging in the FATA on matters of development. Internal politics in the FATA often have frustrated the Pakistan government. It is difficult to distribute limited resources in an area where any decision likely will be unpopular with the majority of the people. Third, it is likely that an element of racism exists toward the Pashtuns. Politics in Pakistan tends to be very regional and ethnic based. The other competing ethnic groups have little need to be sensitive to the problems of another, troublesome ethnic minority.

Each of the problems mentioned in the above paragraph, however, likely could be alleviated by an increased level of political participation by the citizens of the FATA. Democratic rights and participation tend to give people a buy-in to the system, a desire to make things work. Newly granted democratic rights may also affect traditional cultural views of the central government. Most importantly, democratic rights may increase awareness among the Pashtuns that their health is their responsibility. Economic development, which is linked to democratic freedom, could provide them with the means to achieve an increase in health capital investment. An increase in economic development and health capital, as they increase each individual's buy-in into the system, may increase stability by decreasing reliance on radical political, militant and religious leaders to meet societal needs.

While it is vital for the Pashtuns in the FATA to reach for political freedoms and take responsibility for their well-being, it is perhaps even more important that the Pakistani government take a fresh look at its policies in the region. The Pakistani government must not accept the existence of competing policies in the FATA. The president must rein in the portions of the government that contribute to instability in the region by encouraging radicalism while seeking to maintain the status quo. A concerted effort must be made to incentive peaceful political participation among those in the FATA. Investments in health may be an excellent starting point.

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