P-ISSN 2664-0422	Pakistan Social Sciences Review	Jan-March 2025, Vol. 9, No. 1
O-ISSN 2664-0430	https://doi.org/10.35484/pssr.2025(9-I)07	[70-86]

Pakistan Social Sciences Review
www.pssr.org.pk

RESEARCH PAPER

Stakeholder Participation in Local Healthcare Governance, Strategic Development under UN SDG-3: Lessons from Pakistan

Sulman Naeem Mirza (Ph.D.)

Department of Management, Cardiff Metropolitan University, Cardiff, UK

***Corresponding Author:** salmirza@live.co.uk

ABSTRACT

This research aim to explore role of stakeholders and participation in improving access to healthcare and social care systems for local communities, especially in relation to UN SDG-3 and focuses on development and service delivery within the local government framework. This study utilize a qualitative research approach and employed semi-structured interviews to collect insights from the government officials. The results reveal that collaborative involvement improves operational efficiency and health-care outcomes while promoting equitable access to health care services for marginalised communities. However, these benefits are often undermined by self-centred conflicts and interests rooted in entrenched malpractices and political agendas, leading to further marginalization. This study also highlights the significance of **inclusive governance structures** that prioritize mechanisms of engagement with marginalised communities ensuring their needs are met. Moreover, it contributes to stakeholder theory by stressing the necessity of addressing power dynamics in building sustainable healthcare systems that meet the needs of native communities, predominantly those that face marginalization.

KEYWORDS Stakeholder Engagement, Local Health Sector challenges, Pakistan, Philanthropy, Politicisation, Public Private Partnership, Stakeholders Theory

Introduction

To build capacity and enhance the productivity of healthcare programs for marginalised communities, it is vital for Pakistan to have health care governance under local government administration that involve local marginalised segment of population. This form of governance should comprise stakeholders such as communities, non-governmental organizations (NGOs), local authorities, and civic society. In the field of health-care, an all-inclusive approach encourages collaboration, accountability, and responsibility (Noor et al., 2022). To successfully allocate resources, execute policies, and encourage the development and creation of strategic value for an organisation, stakeholder participation is critical (Naeem, 2024; Ibrahim et al., 2023; Azam, 2023; Mahajan et al., 2023; Jones-Khosla & Sarturi et al, 2023).

Tanzil et al., (2014); and Riaz et al., (2015) suggested that including stakeholders' perspectives and feedback is crucial when developing policy and implementing projects in the healthcare industry. This may be accomplished via collaborative processes that ensure the involvement of diverse groups of stakeholders. (Noor et al., 2022) emphasize that the formulation and implementation of strategies and policies, as well as decision-making processes depend on a comprehensive approach towards stakeholder engagement in Pakistan's local government health sector (Naeem, 2024).

Engaging stakeholders fosters sustainable healthcare system, as it emphasizes addressing the needs and rights of all individuals, particularly those from vulnerable and disadvantaged groups (Mujtaba et al., 2024). The primary goal of this participatory

approach is to build capacity by equipping stakeholders with the required knowledge and skills to actively contribute to policy development, assist in decision-making, monitor the effects of healthcare initiatives and improve the wellbeing of service users. Furthermore, stakeholder involvement enhances accountability, promotes transparency, and helps bridge the trust gap between the government and its constituents in the healthcare sector (Graffigna et al., 2015). Achieving sustainable development goals requires a robust stakeholder engagement strategy to effectively address the complex challenges faced by government agencies in Pakistan (Naeem, 2024).

Given the sparse literature on stakeholder involvement a little attention has been given to stakeholder theory (ST) in Pakistan, despite its significance for comprehending and directing future studies and acknowledged by (Naeem, 2024; Noor et al, 2022) and (Graffigna et al., 2015). Whereas; this qualitative research investigates engagement strategies, challenges in decision-making within Pakistan's local health sector.

Literature Review

Stakeholder helps organisations manage their operations by emphasising the different requirements and interests of all parties involved (Schaltegger et al. 2019). The scholars have defined stakeholder as individual or group affected or can be affected by the work of an organisation (Bahadorestani et al, 2020; Hendricks et al, 2018). There has been some criticism on broader view of stakeholder however, some definitions of stakeholders focus on an organization's economic, social, and moral survival, with social survival emphasizing ethical relationships with relevant groups. Identifying all affected stakeholders, including external groups who may feel negatively impacted by organizational decisions is crucial (Friedman and Miles, 2006). Scholars (Greenwood et al., 2018; Crane et al., 2018) argue that a narrow definition still relies on the broader one. For example, the public, as taxpayers and fund organizations to receive improved services in return, making them a key stakeholder group whose interests and influence cannot be ignored. Thus, the broader definition of stakeholder theory promotes inclusivity of all hence remains an evolving concept. In light of the above, the researcher argues that in Pakistan's health sector a broader definition of stakeholder theory is more suitable for public sector management as it includes marginalized communities and offers equitable application.

Since Freeman's (1984) work, stakeholder theory has gained recognition as a comprehensive framework however, remains unclear in explaining relationships between organizations, individuals, and decision-making entities. However, scholars Jones & Wicks, (1999); Gomes, (2004; 2006); Sarturi et al. (2023) argue that it fails to systematically address complex interactions with the external environment, This constraint is evident in interaction between healthcare groups, local citizens and marginalized populations, government entities, and donors face challenges in governing Pakistan's local health system where interaction is multi-fold, Understanding and managing these complex relationship requires a more systematic approach to incorporate all stakeholders, especially marginalized groups to be more inclusive in the decision-making to have access to equitable social care services (Naeem, 2024).

Donaldson and Preston, (1995) and Friedman and Miles, (2006) delineated three categories of stakeholder theory: descriptive, instrumental, and normative. The *descriptive* approach analyses organizational functioning, emphasizing behaviour, management practices, and the perceptions and responses of leaders and board members regarding stakeholder interests. The *instrumental* approach links stakeholder

management to organizational outcomes, highlighting that effective stakeholder relationships can enhance performance, profitability, and growth, whereas inadequate management may obstruct these objectives. The *normative* approach focuses on the ethical underpinnings of stakeholder theory, delineating the moral principles and responsibilities that inform organizations in their operations and interactions with diverse stakeholders. These approaches provide a holistic perspective on stakeholder theory by integrating practical, relational, and ethical dimensions. According to (Naeem 2024), in the public sector, engagement with end users and categorizing local stakeholders within a local government can be explained using stakeholder theory.

Researchers; Naeem, (2024); Ibrahim et al, (2024); Azam, (2023); Castillo, (2022) studied planning processes, institutional CSR processes, performance especially operating in complex environments, corporate governance, community participation and influence with different strategies to develop and engage with them efficiently (Acquah et al, 2023; Ismail et al, 2023) have examined stakeholder theory across a range of disciplines, (Musonda, et al, 2024); (Ramatsoma et al, 2023); (Sarturi et al, 2023); (Nwagbara, 2015); (Harrison et al, 2015); (Desai, 2018); (Shubham et al, 2018) studied the applicability of stakeholder theory on various areas of organisation i.e. organisational decision making. (Naeem, 2024) and (Harrison et al, 2015) found stakeholder theory beneficial for interpreting ideas, models, and phenomena across disciplines and contexts, such as management, and public administration.

The current study followed the vein of (Naeem, 2024) to explore stakeholder theory and analyse impact on local health care governance in Pakistan aligned with UN - SDG 3 and fill the knowledge gap in context of Pakistan by providing Pakistan's perspective on UN SDG - 3 in light of stakeholder theory and advances the scholarly work on the theory.

Stakeholder Engagement in Local Health-Care Governance in Pakistan

One of the United Nations Sustainable Development Goals, SDG-3 is about ensuring healthy lives and promoting well-being for all at all ages. Focuses on universal health coverage, access to quality essential healthcare services and access to safe effective health care and provision of affordable essential medicines (United Nations, 2021). It also underlines the need to reduce health inequalities and increase health gain, most of all for vulnerable populations (World Health Organisation, 2021). Healthier populations lead to more productive societies, thus making SDG-3 one of the most significant development goals; apart from achieving healthy lives and promoting well-being for all at all ages, it will also foster economic growth and social peace (United Nations, 2021).

And in order to achieve UN SDG-3 goal it requires an efficient local health care governance system at local district level. A local governance frameworks which is based on collaboration, inclusivity, and accountability, can enhance health-care outcomes and cultivate resilient communities and ensures that health policies are crafted to be not only effective but also equitable, sustainable, and attuned to the needs of the local community. The governance of local health care and the engagement of stakeholders are intricately linked elements that contribute to the strength of a comprehensive health system. (Shah, 2014) 100,000–150,000 non-profits in Pakistan Most of these businesses are niche-focused, locally-based service providers. These organizations, registered as charities, often operate independently of the market and government. Unlike Western trusts and foundations, they focus on providing frontline services rather than managing funds or giving grants (Maclean et al, 2021).

International and local NGOs in Pakistan are important, often partnering with the government to address social challenges, however face difficulties in successfully involving local communities (Banks et al., 2015; Bano, 2019). Remote elite groups often formulate and execute decision-making procedures and goals with little awareness or regard for the local needs, culture, and interests of local people, therefore systemically marginalizing communities via a top-down approach. Consequently, policies and initiatives inadequately tackle the distinct issues encountered by locals, perpetuating social and economic inequalities and silencing their voices in determining their own destinies.

Governments in emerging nations were often marked by corruption, incompetence, and utilise public offices e.g. health sector, institutional politicisation for point scoring, hierarchical government model excludes local citizens (Naeem, 2024) in addition to these structural and operational deficiencies, increasingly seen as either unwilling or incompetent of providing critical public services equally and loses public trust. This failure affected essential sectors like education, healthcare, sanitation, and infrastructure development, resulting in substantial segments of the population being neglected and worsening inequality. Researchers such as (Hulme and Edwards, 1997) and (Joshi and Moore, 2004) assert that this deficiency in dedication and competence not only eroded faith in governmental institutions but also facilitated the emergence of alternative service providers, including NGOs, philanthropists and commercial groups, to address this gap.

Engaging with local NGOs, philanthropists in social-service delivery was posited as an advantageous solution (Naeem, 2024; Bano, 2012) in contrast to the private sector, NGOs were perceived as motivated by ideals rather than profit; they were also anticipated to be participatory, democratic, and bottom-up, thereby enhancing their effectiveness in formulating innovative localized development strategies. Therefore, it is imperative to connect the efforts of local state institutions, non-governmental organizations (NGOs), local philanthropists, PPPP, donors and local marginalised communities to enhance the effectiveness of service delivery, one of UN SDG goal that intricately aim to connect to the principles of good governance. The engagement of NGOs is posited to facilitate increased citizen participation in the planning, implementation, and monitoring processes of state-administered social service initiatives.

Researchers, Naeem, (2024), Noor et al, (2022); Tanzil, et al, (2014) suggests that participation brings mutual benefits in forms of new knowledge, expertise and build capacities; (Le Feuvre et al., 2016) makes decision making processes more democratic; (Ndlovu and Newman, 2022) PPPP facilitates sustainable practices, thus, offers enhanced service provision for marginalised communities (Naeem, 2024). Despite efforts to foster partnerships, evidence of deeply rooted collaborations delivering good governance remains scarce (Brinkerhoff 2002). Development-funded partnerships rarely achieve the community mobilization and state-NGO-community engagement they aim for. Instead of fostering accountability and innovation (Teamey, 2007), most donor-supported efforts result in contractual relationships, with limited trust or consultation, and often adversarial state-civil society dynamics.

Pakistan's health sector plays a pivotal role in addressing local community welfare issues by providing essential health services and fulfilling public-centered responsibilities. It collaborates with various local departments, such as education, community development, civil defence, agriculture, and transportation, to enhance service delivery for residents. To maximize its impact, local authorities must understand

and engage effectively with key stakeholders. This ensures timely decision-making, minimizes conflicts, and aligns with the evolving interests of stakeholders working independently or in partnership for the benefit of the public. The following table outlines stakeholders based on an analysis of the local government health sector structure in a case study of District "G" (Naeem, 2024). The following table describes stakeholders.

Table 1
Key Stakeholder categories and roles

Stakeholder Category	Description
Local Government	Local Governing body responsible for local health policies, funding, and oversight.
Healthcare Providers	Private clinics, hospitals, and other healthcare facilities providing medical services.
Local communities Patients & Families	Individuals receiving healthcare services and their family members. Citizens
Health Workers	Medical professionals, doctors, nurses, & allied health workers.
Community Organizations	Non-governmental organizations (NGOs), local charities, & volunteer group/s involved in health initiatives.
Community Leaders	Influential local figure/s, including elected official/s and informal community head/s.
Educational Institutions	Schools, colleges, & universities that may participate in health education & training.
Private Sector Stakeholders	Local businesses, industries such as pharmaceutical companies, insurance firms, & private clinics.
Employers	Local businesses that contribute to the health sector through employee health benefits & wellness programs.
Professional Associations	Organizations representing the interests of healthcare professionals, such as medical societies and nursing associations.

Reference: (Naeem, 2024)

Material and Research Method

Study on stakeholder engagement in local health sector of District "G", Pakistan has been absent. Based on exploratory approach and nature research questions qualitative methodology deemed suitable for investigation into how various governmental individuals and groups perceive engagement with stakeholders particularly focusing managerial aspect of the service delivery of local health sector in Pakistan (Creswell, 2014; Eisenhardt, 2021).

This research study uses single case study design (Yin, 2003) because this study approach can answer how and why types of questions about a phenomenon under investigation (Yin, 2003), the case study viewed as preferred method due to interpretive methodology as it helps in discovering a theory that can illuminate the core phenomena within this research to get in-depth details about the processes of engagement in health sector of urban setting of District "G" city.

Therefore, this qualitative study helps as operational guide to identify answer to the research questions and fill this gap associated with stakeholder engagement in the health sector of Pakistan's city of District "G".

Data Collection and participant sampling

A purposive sampling technique was employed by the researcher and 8 participants selected on the basis of their role and service experiences. Participants were interviewed in their settings with the aim of obtaining in depth qualitative findings (Yin, 2003). These participants are pivotal at the district's administrative level, such as, 1 deputy commissioner, 1 assistant commissioner and 1 EDO, 1 AD, 1MS, 1DDHO, 1 MS RHC, 1 MO, from private sector establishments. The sample size was determined by both data saturation and practical constraints. Data saturation was reached when no new insights/themes emerged from the interviews ensuring that the information collected was comprehensive.

Participants were chosen due to their direct influence on policy and involvement in district's administration making their perspectives uniquely valuable to the study's objectives. Contact with the participants was established via email and telephone, and all relevant individuals agreed to contribute. Interview timings were arranged to accommodate the members' schedules. Given their high ranking roles and logistical challenges of arranging interviews, the sample size was appropriate based on accessibility and availability of participants.

Semi Structure Interviews

All interviews carried out by the author of this paper (Sulman Naeem Mirza). Informed consent was secured prior to initiating the interview. The qualitative approach allowed the researcher to understand the individuals within their environment (Yin, 2003). The interviews were conducted naturally by presenting the interview questions conversationally.

A semi-structured interview questionnaire was crafted using stakeholder theory as a guiding framework, aimed at delving into the stakeholder engagement processes within the health sector. This adaptable interview guide encompassed various facets, including participants' comprehension and awareness of stakeholders, their viewpoints on engagement, and their perspectives on the challenges in policy implementation. Interviews were conducted in Urdu and subsequently interpreted into English. On average, each interview lasted between 50 minutes to 1 hour. With the participants' permission, the interviews were audio recorded and later transcribed verbatim. The transcripts were then provided to the participants for validation, ensuring accuracy and confirming their perspectives were accurately represented.

Thematic Analysis

The analysis utilized thematic analytical approach outlined by (Braun and Clarke, 2022), researcher analysed data using NVIVO 12 software. The respondent's identities have been coded and made anonymous. Each interview was coded according to within-case themes derived from significant segments of the transcript. These themes were organized according to objectives of this study. A cross-case analysis was performed by the researcher, involving comparison, collation, and contrast of transcripts from 8 participants. The methodology adhered to the (Yin, 2003) typology of case study research guidelines.

A following thematic word cloud comprising used words.

Fig: 1- Thematic Word Cloud

Results and Discussion

This section provides answer/s to the purposes of current study by understanding perceptions of top and middle management of local government organisation's health department of District "G", Pakistan.

Each individual provided comprehensive information to justify this research. The data collected in this objective is in light of literature;

- Stakeholder theory,
- Processes of Engagement in local health care governance.

Stakeholders of LG of "G":

1. DC: "Federal, provincial, local government departments, my staff, citizens, businesses, education sector, and police are our stakeholders."

2. AC: "Government departments, ministries, parliamentarians, and citizens are our stakeholders."

3. ACR: "Local government departments are key stakeholders."

4. AD: "Citizens and district departments are stakeholders."

5. CEO: "Local administrative departments, health sectors, and my district team are stakeholders."

6. DH (E) O: "Key stakeholders include local administration, provincial health department, district health units, hospitals, health workers, private clinics, the public, politicians, and the health ministry, aiming to enhance public health services."

Table 2
List of Stakeholders of LG 'G'

Position	Stakeholders
DC	Federal, Provincial, local government departments, staff, citizens, business, and police.
AC	Government departments, ministries, parliamentarians, and citizens
ACR	Local government departments, are key stakeholders
AD	Citizens and district departments
CEO	Local administrative departments, health sectors and my district team
DH(E)O	Local administration, provincial health department, district health units, Hospitals, health workers, private clinics, the public, politicians, and Health ministry.

The critical and in-depth analysis of these responses reveals both the strengths and limitation of stakeholder engagement within the described context. While there is a clear recognition of the value of a diverse range of stakeholders.

The scope of stakeholders varies significantly across responses, reflecting differing understanding of who should be involved in governance and service delivery. e.g., DC provides an extensive list noting that "federal, provincial, local departments, staff, citizens, business, and police are our stakeholders". This expansive approach demonstrates a commitment to inclusivity, however, managing such a broad array of stakeholder requires a robust mechanism to ensure that roles and responsibilities are clearly defined. Yet there is no indication in the DC's statement of how this complexity is addressed. In contrast; ACR focuses narrowly, stating; local government departments are key stakeholders". Which suggests a more limited view that may overlook the broader ecosystem of contributions. Citizens emerge as a recurring theme across responses with AC asserting that "government departments, ministries, parliamentarians, and citizens are stakeholders and AD adding that "citizens and district departments are stakeholders".

This acknowledgement of the public's role reflects an understanding of the importance of citizen engagement. The DH(E)O offers one of the most detailed account highlighting the involvement of diverse health related stakeholders, "Such as local administration, provincial health department, district health units, hospitals and health workers, private clinics, the public and politicians, and health ministry". The comprehensive list underscored the complexity of delivering public health services, where multiple actors must collaborate to achieve shared goals. However, diversity also possess challenges e.g., while the DH(E)O emphasizes the importance of coordination, the sheer number of stakeholders each with potentially conflicting priorities and mandates can lead to inefficiencies and fragmentation and without decentralized defined framework to harmonize these efforts, there is a risk of overlapping responsibilities and resource management. As private sector involvement, mentioned by DC and DH(E)O adds another layer of complexity. Business and private clinics are acknowledged as stakeholders who complement public efforts the DC includes "business" in their list of stakeholders while DHE(O) highlights "private clinics" as key players in the health sector while their contribution such as funding, expertise are valuable however, there is a little discussion of how their roles are aligned with public objectives e.g., private clinics may prioritize profit motives, potentially creating tension with public sector focus on equitable service delivery.

The inclusion of politicians and ministries highlighted by AC and DH(E)O introduces both opportunities and challenges. Politicians may play a crucial role in securing resources and policy support, but their involvement also risks politicizing development initiatives. Without transparent governance frameworks, political stakeholders may prioritize short term gains or personal agendas over long term sustainability. Similarly, ministries while essential for policy formulation and oversight, can become bottlenecks due to bureaucratic inefficiencies.

Community Stakeholders Engagement in Local Health-Care Governance:

This section seeks to outline the organization's strategy for strategic engagement in District "G", tailored to the local context and aims to encourage real partnership among stakeholders affected by or contributing to the shared objective of capacity-building programs and resources for sustainable development in the district.

DC : "Stakeholders share a common interest in development, including business communities, local investors, NGOs, and philanthropists. In the health sector, they've supported projects like expanding the DHQ hospital from 200 beds. A local philanthropist family funded the hospital and provides free medication. NGOs and the business community are vital in public-private partnerships."

AC : "Stakeholders drive innovation and solutions. Regular interactions at social, religious, educational, and sporting events, as well as media input, guide our efforts. We arrange and attend seminars, awareness events, and advertise in local media."

AD :"Public walks and seminars attract influential locals who share our welfare goals."

CEO :"Local community involvement is crucial for success. With their help, we've completed many projects." In further Explanation "We focus on advancing healthcare technology and collaborating with stakeholders, philanthropists, and private hospitals to improve public health services. Initiatives include free medical care, meals for underprivileged people, and raising public hospital standards. A cancer hospital project, supported by locals and NGOs, is nearing completion."

DH (E)O : "We work closely with the business community, holding regular meetings and fostering cooperation to achieve development goals." In Further Explanation "Medical staff collaborate with locals and businesses to raise awareness about diseases like dengue and COVID-19. DHQ handles 1,000+ patients daily, often exceeding capacity. Efforts include: media campaigns, roadshows, and partnerships to control disease spread. Notably, we've completed a Trauma Center at DHQ costing 10 crore rupees, reflecting successful stakeholder collaboration."

The responses presented illustrate the intricate dynamics of stakeholder involvement in development particularly in health sector based on participants narratives these inputs reveals patterns, challenges, and opportunities in fostering public private partnership for societal benefit. Across all responses emphasis on stakeholder's pivotal role is evident in fostering development from funding and operational support to innovation and public health improvements. Stakeholder such as: business community, I/NGO's, philanthropists, and local citizens contribute significantly to achieve development objectives, these efforts are primarily realized through financial contributions, advocacy and active engagement in planning and implementation.

Specific examples includes the expansion of DHQ hospital, the establishment of the cancer hospital, free medical care initiatives and public awareness campaigns. For instance: "a local philanthropist family funded the hospital and provides free medication". Demonstrates reliance on private generosity address issues in public service provision, similarly the CEO emphasize "local community involvement is crucial for success", reflecting a shared understanding of these relationship between public needs and private resources. Despite these successes focus on philanthropy raises concerns about the sustainability of initiatives, as such efforts often depend on fluctuating donor priorities rather systemic institutional support. As philanthropic contributions are often tied to the preferences, interests, or financial capacities of donors which can shift over times due to economic changes, personal motivations, or geo political factors jeopardizing operations and services.

The active engagement is underscored appears to prioritize regular interactions with stakeholders, leveraging community events and media outreach. This engagement creates a feedback loop allowing stakeholders to shape and guide projects in line with communal needs. The community-oriented efforts ensures stakeholders are not merely financiers but also active participants in shaping developmental trajectories as they heavily relies on events, and media campaigns to foster awareness however, it does not necessarily translate into measureable or sustainable outcome e.g., DH(E)O acknowledges that DHQ hospital often have patient burden exceeding the capacity. This discrepancy suggest that awareness campaigns alone may not sufficiently address systemic challenges such as under-resources health care facilities.

The focus on technological advancement and innovation is another significant theme. The CEO mentions "advancing health care technology and collaborating with stakeholders, philanthropists and private hospitals to improve health services" signals a forward thinking strategy to address modern health care challenges. The construction of "Trauma Centre at DHQ costing 10 crore" is commendable and accessible for citizens of all walks of life. However, it caters specialized needs of urban or those who can afford to travel to centralized facilities therefore, inclusivity remains limited for under-represented regions and populations.

The responses presents a narrative of stakeholder-driven development that is both ambitious and impactful. Projects like expansions of DHQ hospital and establishment of cancer hospital demonstrate the transformative potential of public private collaboration.

Challenges in Sustainable Health – Care Governance

This section reports challenges faced by local health sector particularly focusing on marginalisation of communities.

DC: "The unchecked desire for power amongst both political and non-political groups is a main problem in our country. This leads to the politicization of institution as officials leave a lasting legacy of disorder in the government system".

AC: "When the personal interests are prioritized over public good, government services become ineffective and inaccessible. This breeds public apathy towards government and creates a cycle of conflict as politicians exploit public anger and resources for personal gain".

ACR: "We strive to address community concerns through legal means and try our best to provide the locals. However, widespread corruption and dissatisfaction with the political system mean that citizens only approach us in times of crisis. We facilitate dialogue and collaboration between various stakeholders, including politicians, media, and judiciary, businesses, and community representatives".

AD: "Politicians and elected officials often abuse their power for personal gain".

CEO-H: "Local politicians, parliamentarians, and ministers wield significant power and often use it for their own benefit. This can lead to dangerous situations, as my department has faced threats and resistance from those seeking to exploit their influence".

D(H) EO: "We face a multitude of challenges, including illiteracy, poverty, corruption, terrorist attacks on schools, and political pressure. These issues are interconnected and require our attention".

The above responses paint a stark picture of a society grappling with systemic issues stemming from a deeply rooted in culture of power abuse and self-interest. These participants highlight a complex interplay of factors, where the pursuit of personal gain by both political and non-political actors weakens the very fabric of governance and public trust on local government institutes, often marginalizing locals in the process. DC points to a fundamental flaw: the unchecked ambition for power between both those in formal positions and those wielding influence outside of government. This unchecked desire leads to a politicization of institutions, where officials leave behind a lasting legacy of dysfunction. This creates a vicious cycle, where the pursuit of power becomes important than serving the public good, often resulting in policies that prioritize interests of powerful at the expense of marginalized communities.

AC further explains on this dynamic, emphasizing the detrimental consequences of prioritizing personal interests over public needs. This prioritization then leads to futile and inaccessible government services, fostering public apathy and cynicism towards the political system. Politicians, fuelled by their own ambitions, exploit public anger and resources for personal gain, creating a climate of conflict and instability, often leaving local communities vulnerable and underserved. However, ACR offers a glimpse of a potential solution, emphasizing the importance of addressing community concerns through legal means and meeting their needs. Although, the quote recognises significant challenge posed by widespread corruption and public dissatisfaction with political system. This leads to a situation where citizens only engage with authorities in times of crisis, highlighting breakdown of trust and the need for a more proactive approach to governance. The emphasis on facilitating dialogue and collaboration between various stakeholders is a positive step towards addressing these challenges, but it remains to be seen if this approach can truly address the fundamental issues and prevent the marginalization of local communities. AD and CEO-H offer further evidence of the pervasiveness of power abuse, highlighting how politicians and elected officials frequently exploit their positions for personal gain. This abuse can lead to dangerous situations, as exemplified by CEO-H's experience of facing pressures and resistance from those seeking to leverage their influence, often at the expense of the safety and well-being of local communities.

Finally, D(H)EO admits the multitude of interconnected challenges faced by the society, ranging from illiteracy and poverty to corruption, terrorism, and political

pressure. The response highlights the fundamental need for a comprehensive approach to addressing these issues, recognizing that they are intricately linked and cannot be tackled in isolation. Addressing these challenges involves a commitment to empowering local communities and ensuring that their needs are prioritized, rather than being marginalized by those in power.

The participants' responses paint a sobering picture of a society grappling with the consequences of unchecked power, corruption, and a lack of accountability. While some efforts towards addressing these issues are mentioned, however, a systemic problem requires fundamental change to restore public trust, achieve effective governance, and ensure that the voices and needs of local communities are heard and addressed.

Discussion

This empirical research significantly contributes to stakeholder theory by employing a qualitative methodology to explore its application within Pakistan's local health sector. The focus is particularly on the perspectives of officials regarding stakeholder engagement processes in healthcare service delivery in district "G," Pakistan. The study investigates the dynamic interactions between local government health sectors and various stakeholders, on marginalized, excluded community groups. Utilizing a descriptive approach, informed by the work of (Donaldson and Preston, 1995; Friedman and Miles 2006), this research implements stakeholder theory as a framework for engaging with stakeholders.

Stakeholder engagement in the form of voluntary or non-voluntary i.e. NGO's, Philanthropists, PPPP are crucial in every aspect of the decision-making process (Ahmed et al., 2024; Azam, 2023), and their participation contributes in development within the local health sector. Their contribution positively impacts developmental initiatives and local service delivery in the district "G", reflecting a strong relationship among diverse stakeholders across various engagement processes and provide solutions to marginalised community.

Study reveals essential insights into the behavioural dynamics of local government departments operating in complex environments—an aspect that previous studies (Tanzil et al., 2014; Malik et al., 2017; Riaz et al., 2015) in Pakistan have largely neglected. Earlier research primarily concentrated on comparing the performance of government-managed health facilities, often overlooking the needs and viewpoints of marginalized communities.

This study found that participants in the health sector view the communal engagement approach as a valuable tool for developing and refining local strategies (Acquah et al., 2023; Ismael et al., 2023). However, it is evident (Naeem, 2024) that there is a lack of a comprehensive or formalized framework for the health department to systematically identify and assess location-based stakeholders. In contrast, relationships with politicians are often adversarial in this local context.

The study revealed that conflicts with politicians and public sector leaders significantly hinder improvements in the health sector. Participants noted that influential local figures often oppose collaborative efforts and withhold development funds. This aligns with previous research highlighting poor management and incompetence in Pakistan's public hospitals (Naeem, 2024). Respondents identified corruption as a key

barrier to effective district governance, particularly through the misappropriation of public funds by local politicians.

To tackle corruption, it is crucial to introduce strict transparency practices and create independent auditing organizations that can monitor how public funds are allocated and utilized. Promoting cooperation among local governments, local civil society groups, and local community monitoring efforts—including those involving local marginalized groups—enables local communities to guarantee effective use of resources and fair distribution, thereby can address the challenges faced by local populations.

Limitations

The study adopted a qualitative approach and involved single case study and a small sample size of senior administrators and locals. Additionally, the results are confined to stakeholders involved in PPPP (Public-Private-People Partnerships) and philanthropic activities within the district "G" of Punjab, Pakistan. Furthermore, this research primarily concentrated on the implementation of stakeholder theory and offered insights from Pakistan's perspective, which has often been overlooked, as much of the existing research is focused on Western contexts, thereby limiting its relevance to Pakistan.

Conclusion:

Strategic Mechanism for structural improvement in Healthcare Governance.

Decentralized stakeholder coordination Platform – District Level

The establishment of de-centralized coordination body would serve as a cornerstone for improving collaboration among diverse stakeholders. This platform should include representatives from federal, provincial, and local government departments, private clinics, NGO's and health care workers and community leaders. This platform would act as a unifying entity, ensuring all stakeholders work towards common goal, provide structured planning, progress reviews would provide space for dialogue reducing fragmentation in shared vision for health care improvements.

Stakeholder role and definition and agreements

A critical step towards effective engagement is the creation of formalized stakeholder agreements that delineate clear roles, responsibilities, and expectations. For instance, government departments might focus on policy formulation and resource allocation, while private clinics could provide specialized care. Health care workers could concentrate on community outreach and awareness campaigns. These agreements should also include accountability ensuring their obligations and contributions to collective goals.

Integrated Resource Management Systems

Shared resource management system would optimize the allocation of financial, human, and logistical resources in regions like limited access to health care facilities could prioritize for funding and infrastructure development and prevent resource duplication and ensure equitable service delivery.

Data Driven Decision Making Frame Work

The integration of data driven framework would revolutionize stakeholder collaboration by providing evidence based insights into health care needs and service delivery issues. This decentralized data repository would collect information on disease prevalence, and healthcare utilization rates and could guide resource allocations, design targeted interventions, and monitor progress in line to UN SDG 3.

Community engagement and feedback mechanism

Engage communities through public consultations ensures that health care policies reflect the real needs and priorities of the local population. By holding transparent sessions and actively seeking input from diverse groups and policy makers can address service gaps and promote equity.

Integrating patient-reported outcomes into healthcare planning process ensures a shift from provider-centered to patient-centered care. By prioritizing performance metrics like and treatment accessibility, policies can better reflect patients' actual experience. This focus enhances satisfaction and adherence leading to more effective health care. When communities/service users understand health care systems and their rights, they can advocate for their needs more effectively.

Empowerment not only improves engagement but also ensure a collaborative approach to healthcare governance. Establishing feedback loop allows healthcare policies to evolve in response to community needs and outcomes. Regular monitoring and reporting ensure that policies remain relevant and effective. This iterative process promotes trust, as citizen see their input translating into tangible improvements in healthcare services.

Transparent and accountable structure

Implement regular audits, performance reviews, public reporting to enhance transparency, and trust. Public reporting of healthcare outcomes, expenditures and policy impacts is a key tool for enhancing transparency. Sharing this information openly empowers citizens to hold policy makers accountable and participate in informed dialogue. This practice strengthens trust in the system and ensures that healthcare governance remains aligned with societal needs.

Capacity building and Training

Provide targeted training to stakeholders, government officials, health workers, NGOs, and private sector representatives equipping them with skills for effective collaboration, public health planning, and community outreach, ensuring sustainable improvement in healthcare governance and service delivery.

References

Acquah, I. S. K., Baah, C., Agyabeng-Mensah, Y., & Afum, E. (2023). Green procurement and green innovation for green organizational legitimacy and access to green finance: The mediating role of total quality management. *Global Business and Organizational Excellence, 42*(3), 24–41.

Azam, M. S. (2023). How can we build human resources (HR) that deliver value? A systematic literature review of traditional and transformational HR roles. *Global Business and Organizational Excellence, 42*(4), 81–92.

Banks, N., Hulme, D., & Edwards, M. (2015). NGOs, states, and donors revisited: Still too close for comfort? *World Development, 66*, 707–718.

Bano, M. (2012). *Breakdown in Pakistan: How aid is eroding institutions for collective action*. Palo Alto: Stanford University Press.

Bano, M. (2019). Partnerships and the good-governance agenda: Improving service delivery through state–NGO collaborations. *VOLUNTAS: International Journal of Voluntary and Nonprofit Organizations, 30*(6), 1270–1283.

Braun, V., Clarke, V., & Hayfield, N. (2022). 'A starting point for your journey, not a map': Nikki Hayfield in conversation with Virginia Braun and Victoria Clarke about thematic analysis. *Qualitative Research in Psychology, 19*(2), 424–445.

Brinkerhoff, J. M. (2002). Government–nonprofit partnership: A defining framework. *Public Administration and Development, 22*(1), 19–30.

Castillo, M. (2022). Managing corporate social responsibility through social learning. *Global Business and Organizational Excellence, 42*(1), 10–21.

Crane, A., Matten, D., & Spence, L. J. (2019). *Corporate social responsibility: Readings and cases in a global context* (3rd ed.). London: Routledge.

Creswell, J. W. (2014). *Research design: Qualitative, quantitative, and mixed methods approaches*. Thousand Oaks, CA: Sage Publications.

Desai, V. M. (2018). Collaborative stakeholder engagement: An integration between theories of organizational legitimacy and learning. *Academy of Management Journal, 61*(1), 220–244. https://doi.org/10.5465/amj.2016.0315

Donaldson, T., & Preston, L. E. (1995). The stakeholder theory of the corporation: Concepts, evidence, and implications. *Academy of Management Review, 20*(1), 65–91.

Eisenhardt, K. M. (2021). What is the Eisenhardt Method, really? *Strategic Organization, 19*(1), 147–160. https://doi.org/10.1177/1476127020982866

Friedman, A. L., & Miles, S. (2006). *Stakeholders: Theory and practice*. New York: Oxford University Press.

Gomes, R. C. (2004). Who are the relevant stakeholders to the local government context? Empirical evidence on environmental influences in the decision-making process of English local authorities. *BAR - Brazilian Administration Review, 1*(1), 34–52.

Gomes, R. C. (2006). Stakeholder management in the local government decision-making area: Evidence from a triangulation study with the English local government. *Revista de Administração Contemporânea, 10*(spe), 65–77.

Graffigna, G., & Barello, S. (2015). Innovating healthcare in the era of patient engagement: Challenges, opportunities, and new trends. In *Innovating healthcare in the era of patient engagement*. https://doi.org/10.1515/9783110452440-002

Greenwood, M., & Freeman, R. E. (2018). Deepening ethical analysis in stakeholder research: An ethical call to action. *Journal of Business Ethics, 147*(1), 1–13.

Harrison, J., Freeman, R. E., & Cavalcanti Sá de Abreu, M. (2015). Stakeholder theory as an ethical approach to effective management: Applying the theory to multiple contexts. *Review of Business and Management, 17*(55), 2647.

Ibrahim, Y., Ahmed, M. M., & Nayel, M. T. (2024). The impact of corporate social responsibility practices on employees' engagement: The mediating role of organizational identification. *Global Business and Organizational Excellence, 43*(2), 43–60.

Ismail, S. S. M., & Hilal, O. A. (2023). Behaving green: Who takes the lead? The role of responsible leadership, psychological ownership, and green moral identity in motivating employees' green behaviors. *Global Business and Organizational Excellence, 42*(4), 11–29.

Jones, T. M., & Wicks, A. C. (1999). Convergent stakeholder theory. *Academy of Management Review, 24*(2), 206–221.

Joshi, A., & Moore, M. (2004). Institutionalized co-production: Unorthodox public service delivery in challenging environments. *Journal of Development Studies, 40*(4), 31–49.

Le Feuvre, M., et al. (2016). Understanding stakeholder interactions in urban partnerships. *Cities, 52*, 55–65. https://doi.org/10.1016/j.cities.2015.10.017

Maclean, M., Harvey, C., Yang, R., & Mueller, F. (2021). Elite philanthropy in the United States and United Kingdom in the new age of inequalities. *International Journal of Management Reviews, 23*(3), 330–352.

Mahajan, R., Lim, W. M., Sareen, M., Kumar, S., & Panwar, R. (2023). Stakeholder theory. *Journal of Business Research, 166*, 114104. https://doi.org/10.1016/j.jbusres.2023.114104

Mujtaba, G., et al. (2024). A holistic approach to embracing the United Nation's Sustainable Development Goal (SDG-6) towards water security in Pakistan. *Elsevier BV, 57*, 104691. https://doi.org/10.1016/j.jwpe.2023.104691

Musonda, I., et al. (2024). Understanding clients' role in community stakeholder participation and influence on infrastructure sustainability—a stakeholder theory lens. *International Journal of Construction Management, 24*, 1–9. https://doi.org/10.1080/15623599.2024.2331862

Ndlovu, V., & Newman, P. (2022). A public-private partnership procurement approach to sustainable transport—Zimbabwe case. *Journal of Transportation Technologies, 12*, 600–618. https://doi.org/10.4236/jtts.2022.124035

Noor, R., et al. (2022). A methodological framework for modeling sustainability visions: A case study of groundwater management in Faizpur distributary, Pakistan. *Elsevier BV, 271*, 107822. https://doi.org/10.1016/j.agwat.2022.107822

Nwagbara, U. (2015). From frustration-aggression to peace: Advancing stakeholder engagement through communicative action in post-conflict Niger Delta, Nigeria. In *Corporate Social Responsibility in Sub-Saharan Africa* (pp. 241–258). https://doi.org/10.1007/978-3-319-26668-8_11

Riaz, A., Zaidi, S., & Khowaja, A. R. (2015). Perceived barriers to utilizing maternal and neonatal health services in contracted-out versus government-managed health facilities in the rural districts of Pakistan. *International Journal of Health Policy and Management, 4*(5), 279.

Schaltegger, S., Hörisch, J., & Freeman, R. E. (2019). Business cases for sustainability: A stakeholder theory perspective. *Organization & Environment, 32*(3), 191–212. https://doi.org/10.1177/1086026617722882

Shah, F. (2014, April 27). Herald exclusive: The rise of the third sector. *DAWN, Pakistan.*

Shubham, Charan, P., & Murty, L. S. (2018). Secondary stakeholder pressures and organizational adoption of sustainable operations practices: The mediating role of primary stakeholders. *Business Strategy and the Environment, 27*(7), 910–923. https://doi.org/10.1002/bse.2041

Sulman, N. (2024). UN SDG 3 and context-specific effects of stakeholder engagement on healthcare service delivery and policy implementation: A local government health sector case study in Pakistan's complex governing structure. *International Journal of Science and Research Archive, 13*(2), 757–776. https://doi.org/10.30574/ijsra.2024.13.2.2061

Tanzil, S., Zahidie, A., Ahsan, A., Kazi, A., & Shaikh, B. T. (2014). A case study of outsourced primary healthcare services in Sindh, Pakistan: Is this a real reform? *BMC Health Services Research, 14*, 1–7.

Teamey, K. (2007). *Whose public action? Analysing inter-sectional collaboration for service delivery: Literature review on relationships between government and non-state providers of services*. Birmingham: University of Birmingham, International Development Department.

United Nations. (2024). Goal 3: Ensure healthy lives and promote well-being for all at allages. *United Nations Sustainable Development Goals*. Retrieved from https://www.un.org/sustainabledevelopment/health/

World Health Organization. (2022). Sustainable development goals. *World Health Organization*.

Yin, R. K. (2009). *Case study research: Design and methods* (Vol. 5). Sage.