Health Sector Strategy
Azad Jammu and Kashmir
(2013-2018)

صحت زندگی

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Azad Jammu and Kashmir has comparable or better health indicators than the rest of the country, despite being dependant on federal funds and having absorbed the massive infrastructure damage of the 2005 earthquake. A reduced federal share in the National Finance Commission Award following the 18th Constitutional Amendment has implications for fnancing in the province. Nevertheless, a comprehensive Health Sector Strategy has been developed, which prioritises 'low input, high impact' interventions covering key areas identifed through a consensus based, inclusive process. Adopting an integrative approach to health provision, the Strategy targets existing defciencies including those in Human Resource, service provision, governance and also seeks to rationalise the budgeting processes hitherto utilised. Moreover, the province faces considerable fnancial constraints; this is going to be a major challenge to implement the strategy, therefore, role of donors and international partners will be crucial. The monitoring and implementation framework envisages an agile and fexible health department that will respond to challenges as they arise thus contributing to the likelihood of successful implementation.

Introduction and Background

Azad Jammu and Kashmir (AJK) is a self-governing state within the federation of Pakistan. It has the distinct status, similar to Gilgit Baltistan and Federally Administered Tribal Areas (FATA), of being federally supported. The Government of AJK has been responsible for management of its healthcare system; however after the 18th Constitutional Amendment it has received greater autonomy. This has presented an opportunity to the Department of Health (DoH), AJK to reform the health system and also devise a common, integrated and sustainable framework according to which eforts by all stakeholders could be streamlined. The Technical Resource Facility (TRF) responded to this request and began a process of health Strategy development in conjunction with the Government of AJK and other national and international stakeholders.

Health Status

The population of AJK (4,567,982) is spread over in 10 districts. The earthquake in 2005 inficted much damage on AJK's health infrastructure. While this prompted donor, NGO and development partner support in reconstruction and rehabilitation of facilities and Programmes, recovery is still ongoing. Currently, AJK's health indicators parallel national averages, and in some take the lead (Table 1).

Table 1: Key health indicators, AJK

Indicator	AJK
Infant Mortality Rate (Per 1000 live births)	62
Under 5 Mortality Rate (per 1000 live births)	96
Maternal Mortality Ratio (per 100,000 live births)	201
EPI Coverage (all vaccines)	46%
ANC Coverage (1 visit)	82%
PNC Coverage	50%
Facility Based Delivery	51%
Contraceptive Prevalence Rate	30%
Total Fertility Rate	3.8
Iodized Salt Use	15%

In addition to the communicable (TB, HIV/AIDS) and non communicable disease burden which also follows the national picture, malnutrition is widespread with various defciencies noted. The health system building blocks - such as Human Resource, information systems and regulation - are weak resulting in a poor health delivery system in an area with geographical inaccessibility issues as well as underway reconstructive eforts.

Situation Analysis

An evidence based situation analysis was carried out, based on an exhaustive review of data from NGO reports, major national surveys[1], key informants interviews and major stakeholders including the government. This analysis utilised a modifed World Health Organisation's (WHO) Health System Strengthening (HSS) building blocks framework and its major fndings are given below (Table 2).

Table 2: Priority areas identifed in situation analysis

Priority Areas	Key Issues
Essential Service Package (ESP)	■ Minimum Service Package defning service by levels missing, ESP defned but needs rationalisation/implementation ■ Review of cost efectiveness of Primary Health Care (PHC) facilities needed , low cost-high impact interventions needed ■ Stafng mix, rational skill mix, building and equipment standardisation required
Human Resource For Health (HRH)	■ No comprehensive HRH policy exists ■ Imbalanced skill mix skewed to doctors over nurses, HRH density of 1.14/1000

[1]Multiple Indicator Cluster Survey (MICS) 2005-06, Azad Jammu and Kashmir Demographic and Health Survey (AJKDHS) 2010, National Nutritional Survey (NNS) 2011

	■ Induction procedures outmoded, urban concentration of doctors, stafng difcult in hard to reach areas, HR mostly focused on private sector, no regular performance appraisal ■ No regular, planned trainings
Health Information System (HIS)	■ Data quality, veracity an issue for evidence based decision making ■ District Health Information System and Health Management Information System running concurrently, HIS undervalued as a management planning tool ■ No formal HRH database
Drug Regulation and Medical Technology	■ Bulk purchase controlled by Central Purchase Committee and not AJK DoH resulting in delays, procurement on historical trends and not disease data ■ Procurement and Supply System needs review ■ Drug Testing Laboratory Mirpur needs to be made functional
Healthcare Financing	■ Budgetary planning weak and based on incremental budgeting ■ Current health budget allocation skewed towards limited tertiary and secondary care hospitals ■ No mechanism for generating revenue from health facilities ■ Vertical Programme funds released on separate timeline
Reforms for Governance and Accountability	■ Regulatory structures and laws are weak, Financing (alternate mechanisms) and HR reform needed ■ Public health, drugs, private clinics and hospitals poorly regulated ■ Vertical Programme integration needed to reduce duplication and resource waste ■ Information, Policy and Planning Unit (IPAP), Research and Development need to be established and stafed accordingly ■ Public Private Partnership not being pursued as an opportunity
Intersectoral Collaboration	■ Close collaboration between DoH and Department of Population Welfare (DoPW) missing, coordination and logistic issues afecting consumables supply ■ Poor coordination between social protection departments and DoH ■ Greater collaboration needed between Peoples Primary Health Initiative (PPHI) and the DoH ■ Hazard Mapping of health infrastructure and disaster preparedness plans required for state ■ Paramedical service like'Rescue 1122"needed
Areas of Special Focus	■ Integration of vertical Programmes needed at state and district levels ■ Organisational structures of Programmes such as Nutrition, Health Education, Disaster Preparedness, Maternal and Child Health, Communicable and Non Communicable Disease do not exist

Health Sector Strategy Development

Although the AJK Department of Health (DoH) had produced its frst independent health policy in 1996, it has since functioned without a comprehensive strategic plan. More signifcantly, apart from the health system constraints described above, the 18th Constitutional Amendment has posed a unique challenge to AJK's health system. Reduction of the federal share in the National Finance Commission (NFC) Award has direct implications for AJK's planning, budgeting and operations.

Development of the Health Sector Strategy (HSS) used an inclusive, shared approach methodology, tools and associated guidelines based on which a credible, prioritised, evidence based fnanced plan was generated. Importantly, likelihood of stakeholder buy-in has increased by including them in the developmental process.

Priority Areas, Outcomes and Outputs

The outcomes specifed for the key priority areas and the strategic actions envisaged to meet them are given below.

Vision: A responsive health system ensuring an efcient health care for the people of AJK in line with the Millennium Development Goals by 2015 and in post MDGs period.

1. Essential Health Services

Outcome
Essential health services strengthened at primary and secondary levels
Strategic Objectives are to:

- Implement a costed essential service package both at primary and secondary healthcare level
- Implement minimum service delivery standards both at primary and secondary healthcare levels in public sector as well as private sector
- Institutionalise an operational referral system from primary to secondary and from secondary to tertiary healthcare level
- Streamline the collaboration of DoH with PPHI enlisting clear roles and responsibilities with mutually agreed deliverables and performance targets

2. Human Resources for Health

Outcome
Human resource production, retention and development to address the challenges of health sector
Strategic Objectives are to:

- Formulate and implement a comprehensive HRH policy for production, management, retention and motivation of health personnel to serve the population
- Revisit Human Resource Information System and implement as a decision making tool for addressing the HR issues
- Decentralise the hiring of district health personnel to the district health authorities
- Create new positions for the doctors in DoH against the allocated seats in medical colleges across Pakistan

3. Health Information System

Outcome
A reliable, authentic and valid health information system established for health sector
Strategic Objectives are to:

- Implement, operationalise and strengthen the District Health Information System in all the 10 districts of AJK
- Establish a District Health Information System unit at the level of Director General Health Services ofce for consolidation of the information and reports generation
- Revisit the scope and content of the District Health Information System so as to integrate data from LHW, MNCH and Disease Early Warning System etc.
- Reorient the decision making and planning process based on the information generated by District Health Information System

4. Drug Regulation & Medical Technology

Outcome
Strengthening of drug regulation and introduction of appropriate medical technology for efcient health service delivery
Strategic Objectives are to:

- Improve logistic and supply chain management system for regular, uninterrupted and adequate availability of essential drugs at all levels of health care
- Establish a procurement and logistic cell at the state level
- Implement Pakistan Procurement Regulatory Authority rules and regulation for public sector drugs procurement
- Implement and revisit Essential Drug List for all levels of health care according to the burden of diseases of the population served
- Operationalise the Drug Testing Laboratory for enforcing and improving the manufacturing standards for drug companies

5. Health Care Financing

Outcome
Increased investment in health sector, rationalise the expenditure and fnd modalities of alternate fnancing
Strategic Objectives are to:

- Implement an integrated budgetary planning process whereby DoH has the mainstay in consultation with Finance and Planning Departments
- Align the donor funding with DoH strategy and priority areas for investment
- Introduce social health insurance and other safety nets protecting the disadvantaged and vulnerable from catastrophic health expenditures
- Enhance the efciency of public spending by re-orienting certain budget heads and re-costing of certain entities, thus improving budgetary utilisation
- Explore private sector participation in provision of publically provided health services by outsourcing through transparent competitive process

6. Health Sector Reform for Better Governance

Outcome
Administrative, regulatory and fnancing reforms introduced in order to improve the efciency of the DoH
Strategic Objectives are to:

- Establish a reforms committee at state level for prioritising, consensus building and implementation of health sector reforms across DoH
- Establish an autonomous health regulatory authority for ensuring standards in service delivery, drugs regulation, human resource production and accreditation etc
- Decentralise the management in DoH to divisional and district level for improved efciency and responsiveness in the service delivery
- Integrate or merge health and population departments for resource saving and streamlining the activities pertaining to reproductive health
- Revitalise IPAP to take up the role of Health Sector Reform Unit (HSRU) for overseeing proposed and future reforms across the health sector
- Establish a Provincial Health Services Academy for instituting in-service training of all cadres of health personnel in the DoH

7. Intersectoral Linkages

Outcome
Meaningful collaboration and coordination between DoH and other line departments as well as non-governmental sector to achieve common goals pertaining to health.
Strategic Objectives are to:

- Improve the coordination of DoH with all other line departments and other government entities contributing towards health of the people
- Foster a meaningful collaboration with NGOs, private sector and development partners for taking initiatives towards health system strengthening

8. Areas of Special Focus (Vertical Programmes)

Outcome
Specifc health problems and challenges highlighted in AJK-DHS 2010 addressed through concrete interventions
Strategic Objectives are to:

- Improve the immunisation coverage among the women and children population
- Increase the proportion of deliveries attended by the skilled birth attendants
- Reduce the unmet need for family planning by introducing integrated and sector wide approaches to address the issue
- Reduce the number of miscarriages by instituting operational research across the province and re-orienting the maternal health services accordingly
- Re-align the MNCH strategies and activities in the light of fndings of AJK-DHS 2010
- Ascertain the burden of disease due to Non Communicable Diseases by instituting hospital-based and participatory research with communities across the province and re-orienting the services accordingly

Implementation Responsibility

The prime responsibility for the implementation of the health strategy will be the Department of Health AJK. The Information, Planning and Policy Unit (IPAP) proposed in 2008 should be fully operationalised to strengthen health care policy, planning and management functions. In addition, a State Health Sector Steering Committee is proposed to bring together relevant stakeholders on a common platform. This committee, headed by the Health Minister AJK, should also include secretaries from the Health, Finance, Planning and Development and Population Welfare Departments, as well as the Director General Health, representatives of professional associations and paramedical schools, technical partners and civil society. Technical working groups constituted under this Steering Committee would assume responsibility for specifc strategic actions defned in the health strategy, ensuring broad multi-sectoral ownership of the same. Most importantly, due to the resource constraints faced by the province, implementation of the strategy is planned in a phased manner. The priority will be on'low input, high impact actions'to maximise benefts that can be derived.

Monitoring Framework

A rationalised Monitoring and Evaluation (M&E) system to efectively monitor strategic outcomes and actions described in the strategic framework has been developed. This framework focuses on a participatory M&E framework involving a variety of stakeholders in AJK health sector from grassroots level to the upper-most level. It is proposed under the strategic plan that

a permanent M&E Unit be established in the secretariat with fow of information from directorate, tertiary hospitals, disease surveillance systems and independent monitors. The primary responsibility of the M&E Unit will be to monitor implementation of HSS AJK, and can be placed in the existing IPAP.

Financial Framework

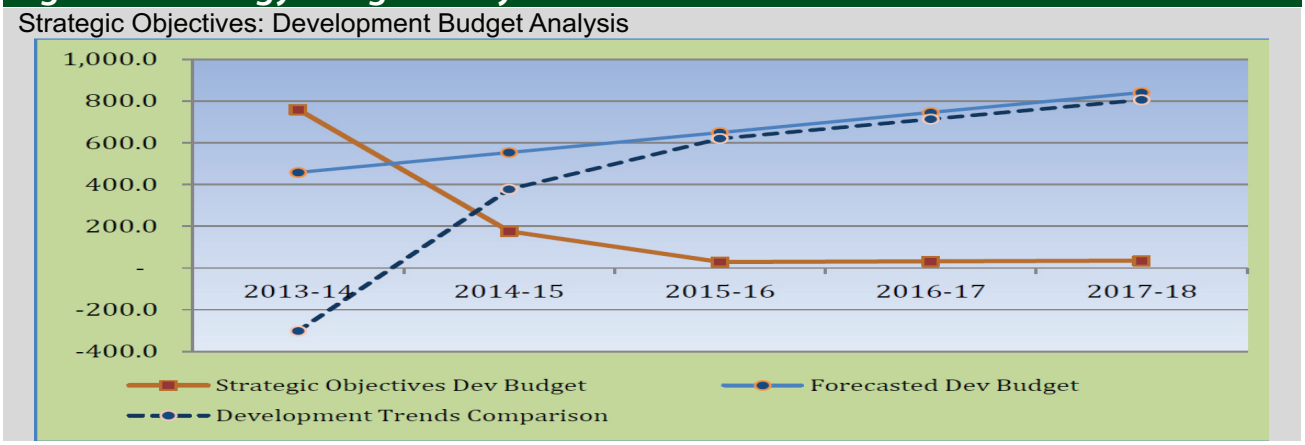
The health expenditure in AJK has remained at roughly seven percent of overall budget over the years; bulk of this funding comes from the federal government since AJK is not a benefciary of the NFC award. Of the PKR 44.5 billion budgeted in 2011-2012, PKR 3.6 billion (37.6%) was generated exclusively through AJK's own resources, the remainder being transferred from GoP under various heads. The allocation for health in this budget was PKR 2.8 billion (6%); PKR 2.6 billion for current and PKR 266 million for development expenses, forming 5.7 percent and 0.6 percent of the total budget respectively. However, as per historic trends, the actual expenditure is expected to exceed this. This is refective of poor budgetary planning based on incremental budgeting. Furthermore, vertical Programmes are budgeted through the federal government, but these funds are Programme-specifc. Also, they are released at various stages of their respective projects and are not consistently received. Bearing in mind the projected health budget increases and the fnancial uncertainty on part of the federal government, AJK government intends to adopt the Medium Term Budgetary Framework (MTBF) following Punjab and Khyber Pakhtunkhwa. The MTBF framework is expected to assist proper long-term planning based on projections for 3-5 years, with specifc, verifable, output-based indicators and activities.

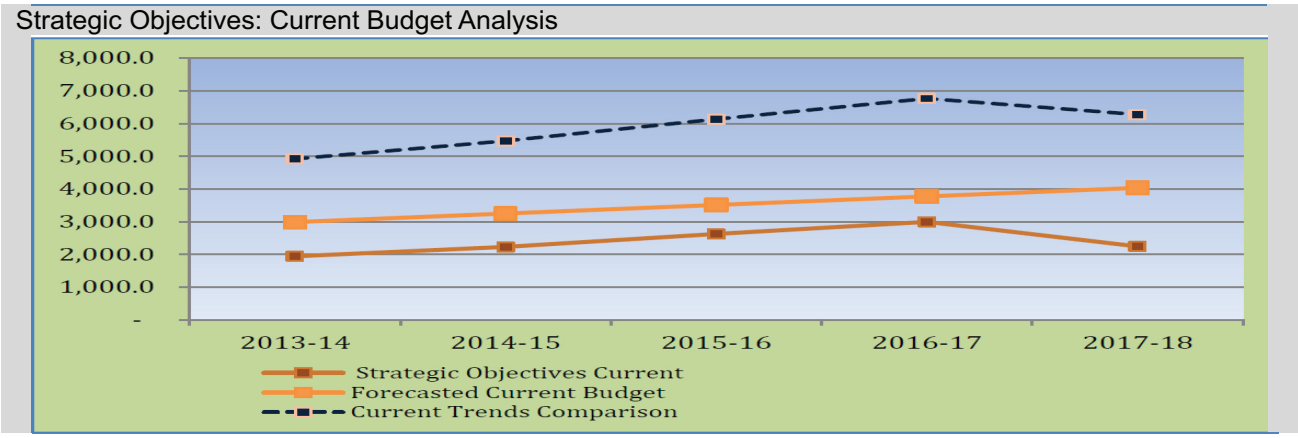
The projected cost of implementing the health Strategy is estimated at PKR 20.8 billion for fve years (2013-2018); this represents an increase over the current projected budget based on historical trends which is PKR 12.6859 (Table 3). As seen below, a relative shortfall in the developmental budget maybe encountered in the frst year of implementation (Figure 1). Thereafter the developmental budget will be below current trends. However, the proposed budget for current expenditures will be higher than the present trends, peaking at a 50 percent increase over current projections at the end of fve years.

Table 3: AJK strategic objective analysis

Financial Year	Strategic Objectives Dev Budget	Strategic Objectives Current	Forecasted Dev Budget	Forecasted Current Budget	Development Trends Comparison	Current Trends Comparison
2013 -14	759.2	1,935.0	457.6	2,982.9	(301.60)	4,917.86
2014 -15	176.2	2,225.0	553.4	3,245.6	377.20	5,470.57
2015 -16	28.8	2,621.0	649.2	3,508.3	620.40	6,129.27
2016 -17	31.7	2,994.0	745	3,771.0	713.30	6,764.97
2017 -18	34.9	2,239.0	840.8	4,033.7	805.90	6,272.67

Figure 1: Strategy budget analysis





The Health Sector Strategy (HSS) is comprehensive and would go a long way to address major health concerns of AJK. However, the prime hurdle is availability of fnances to implement proposed plans. The monitoring framework must perform to accurately identify successes and bottlenecks if the prioritisation of key outcomes is to work as envisaged. This would be an essential consideration in the uncertain fnancial situation pertaining here, while additional funding opportunities must be adequately identifed and implemented to ensure long term sustainability of the health Strategy. For this, the Government of AJK may have to explore and garner support from donors and other international partners so that the health Strategy can be implemented in a timely and sustainable manner.

Government of AJK has allocated PKR. 3.869 billion for the health sector in the fscal year 2013-14. Out of this allocation it is estimated that 92 percent will be used for funding the routine health operations of the public health sector (e.g. salaries, cost of medicines etc.) and eight percent for funding the development Programmes in AJK.

Source: AJK Budget at a glance 2013-14,
Department of Finance, AJK

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