



Ministry of National Health Services,
Regulations & Coordination

An Overview of the Ministry

July 2018

Health is a pre-requisite for development and an entry-point towards prosperity and progress.

“Essential health care for all citizens must be recognized as a right, not a privilege”

The fifth largest population with a slow demographic transition

Pakistan at a glance

Population (including AJK & GB): **218.8 million (2018)**

Urban: **36.4%**

Rural: **63.6%**

Under 5 children: **32.39 m**

Child bearing age women: **45.95 m**

Productive age group (15-64): **115.9 m**

Life expectancy: **68 years**

F: **70 years**

M: **66 years**

Growth rate: **2.2**

Crude birth rate: **29.8** births/1,000 population

Crude death rate: **7.5** deaths/1,000 population



Pakistan has made some progress in health but still much more is required...

Some achievements include

	1947	Current (2017)
Hospitals (public)	292	1,201
Physicians (registered)	78	205,152
Infrastructure — Population within 5 km from health facilities	-	80%
Life expectancy	33.8 (1951)	68
Small pox	Widespread	Nil
Dracunculiasis (Guinea worm)	Widespread	Nil
Infant Mortality Rate	220	61.2
Maternal Mortality Ratio	800-1000	178

Health is mainly a provincial subject;

However, some key health items are in the federal legislative lists (Part I & II)

Constitutional position of health

Part I:

- ❑ External affairs; the implementing of treaties & agreements (in health)
- ❑ Federal Public Services (in health)
- ❑ Federal agencies and institutes for the following purposes, that is to say, for research, for professional or technical training, or for the promotion of special studies
- ❑ Education as respects Pakistani students in foreign countries and foreign students in Pakistan
- ❑ Port quarantine, seamen's and marine hospitals and hospitals connected with port quarantine
- ❑ The law of insurance, except as respects insurance undertaken by a Province

Part II:

- ❑ All regulatory authorities established under a Federal law
- ❑ National planning (in health) and coordination of scientific and technological research
- ❑ Legal, medical and other professions
- ❑ Standards in institutions for higher education and research, scientific and technical institutions
- ❑ Inter-provincial matters & co-ordination (in health)

Inception of a new Ministry

Post 18th Constitutional amendment challenged regulation and coordination of efficient, effective and equitable health and population welfare

Federal subjects in “Health” parked in various Divisions; needed consolidation

**Ministry of National Health Services, Regulations and
Coordination created on 4th May, 2013**

Business of M/o NHR&C

As per Rules of Business (1973), the following business was allocated to the new Ministry

- | | |
|---|--|
| <input type="checkbox"/> Pakistan Medical and Dental Council | <input type="checkbox"/> Pakistan Medical Research Council |
| <input type="checkbox"/> Pakistan Nursing Council | <input type="checkbox"/> Health Services Academy, Islamabad |
| <input type="checkbox"/> College of Physician and Surgeons | <input type="checkbox"/> Coordination of Vertical Health Programmes including GAVI, EPI and the Global Fund for AIDS, TB and Malaria |
| <input type="checkbox"/> National Councils for Tibb and Homeopathy | <input type="checkbox"/> National Planning and Coordination in the field of Health |
| <input type="checkbox"/> Pharmacy Council of Pakistan | <input type="checkbox"/> Planning and Development Policies pertaining to Population Programmes |
| <input type="checkbox"/> National Associations in medical & allied fields | <input type="checkbox"/> Matters pertaining to NATPOW and NIPS |
| <input type="checkbox"/> Directorate of Central Health Establishment | <input type="checkbox"/> Mainstreaming population factor in development planning |
| <input type="checkbox"/> Drugs Regulatory Authority of Pakistan | <input type="checkbox"/> Directorate of Central Warehouse and Supplies, Karachi |
| <input type="checkbox"/> International aspects of medical facilities, public health, International Health Regulations, health and medical facilities abroad | |
| <input type="checkbox"/> National Institute of Health | |
| <input type="checkbox"/> National Health Emergency Preparedness and Response Network | |

Structure of the M/o NHR&C

Under the leadership of
**Federal Minister, Secretary and
Additional Secretary,**
there are 4 arms with 10 regulatory
bodies, 6 research entities and more
than 11 service delivery institution

Sanctioned Positions for Main Ministry

Gazetted Staff: **111**

Non-Gazetted Staff: **210**

+ 2,692 staff in attached institutions, projects,
autonomous bodies etc.

Four Arms:

1: Health

- Programs/ Planning
- Regulations
- Institutions
- Implementation
- Coordination
- International Health Regulations
- Unani/ Homeopathy

2: Population

- Technical
- Coordination
- Planning & Policy
- A&C
- Supplies
- PPW

3: Administration

- Admin
- Establishment
- Litigation

4: Finance & Plan

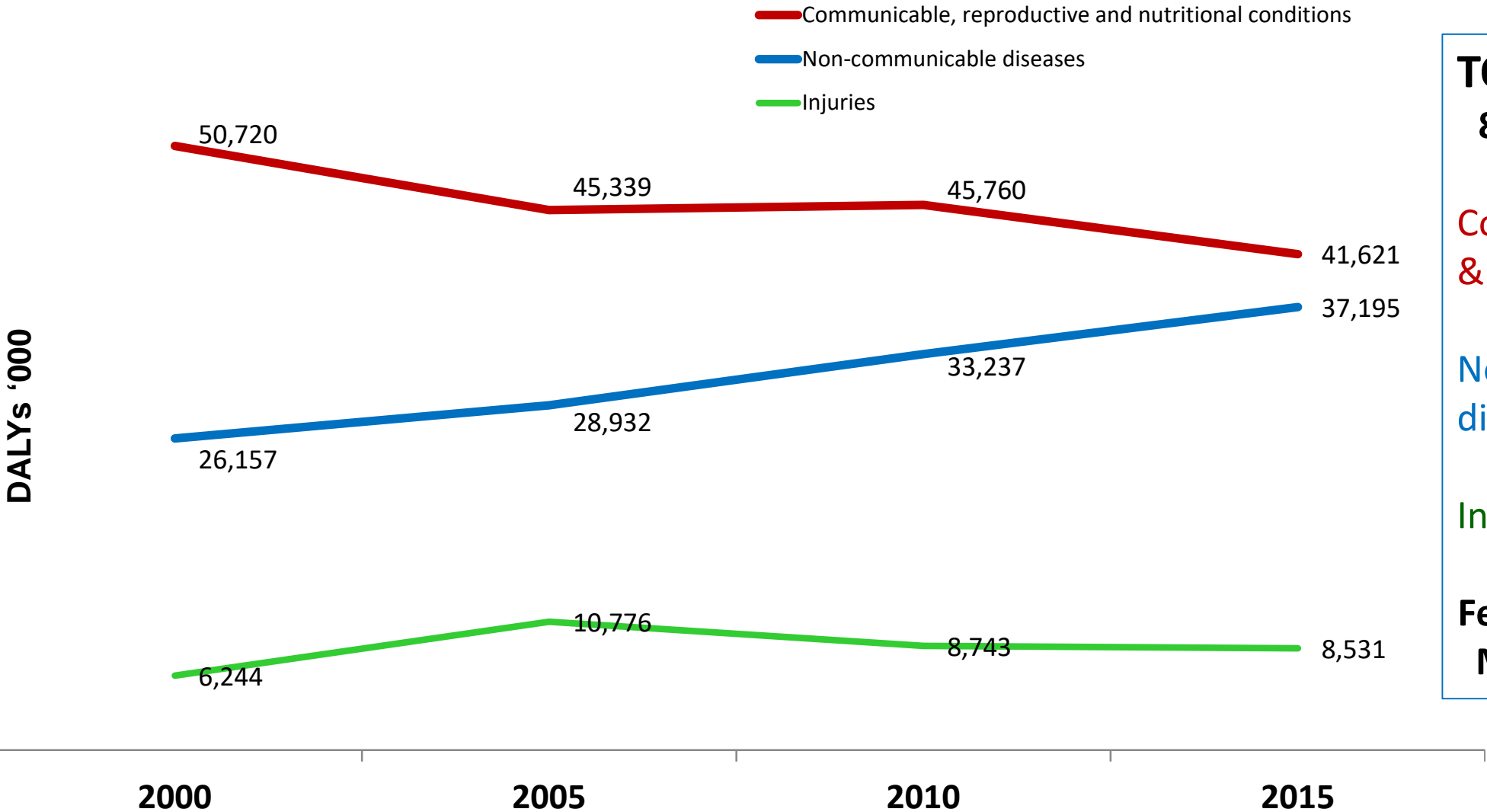
- Budget
- Coordination
- P&D

Challenges

Some Eye Opener

- One child dies every minute mainly from Neonatal conditions, Diarrhea and Acute Respiratory Infections (477,000 annual child deaths)
- 389,000 infants die in first year of life (including 294,000 neonates)
- 10,500 women die annually from pregnancy-related causes
- 725 births every hour - 48% of births at home, either unsupervised or by inadequately trained personnel
- Fifth largest burden of TB in the world, with annual >518,000 cases
- 45% stunted (chronic malnutrition) children under five
- >25% LBW (protein deficiency) and 45% anemia in children (Iron-Deficiency); 34% under-weight mothers and 65% anemia in CBA women
- **Diabetic:** 26% of adults **Hypertensive:** 46% of adults
- **CVD:** 24 million smokers consuming 64 billion cigarettes annually

Double Burden of Diseases (BOD) – Communicable, maternal and nutrition conditions are still highly prevalent, with a surge of non-communicable diseases



TOTAL BOD in 2015:
87.5 million DALYs Lost

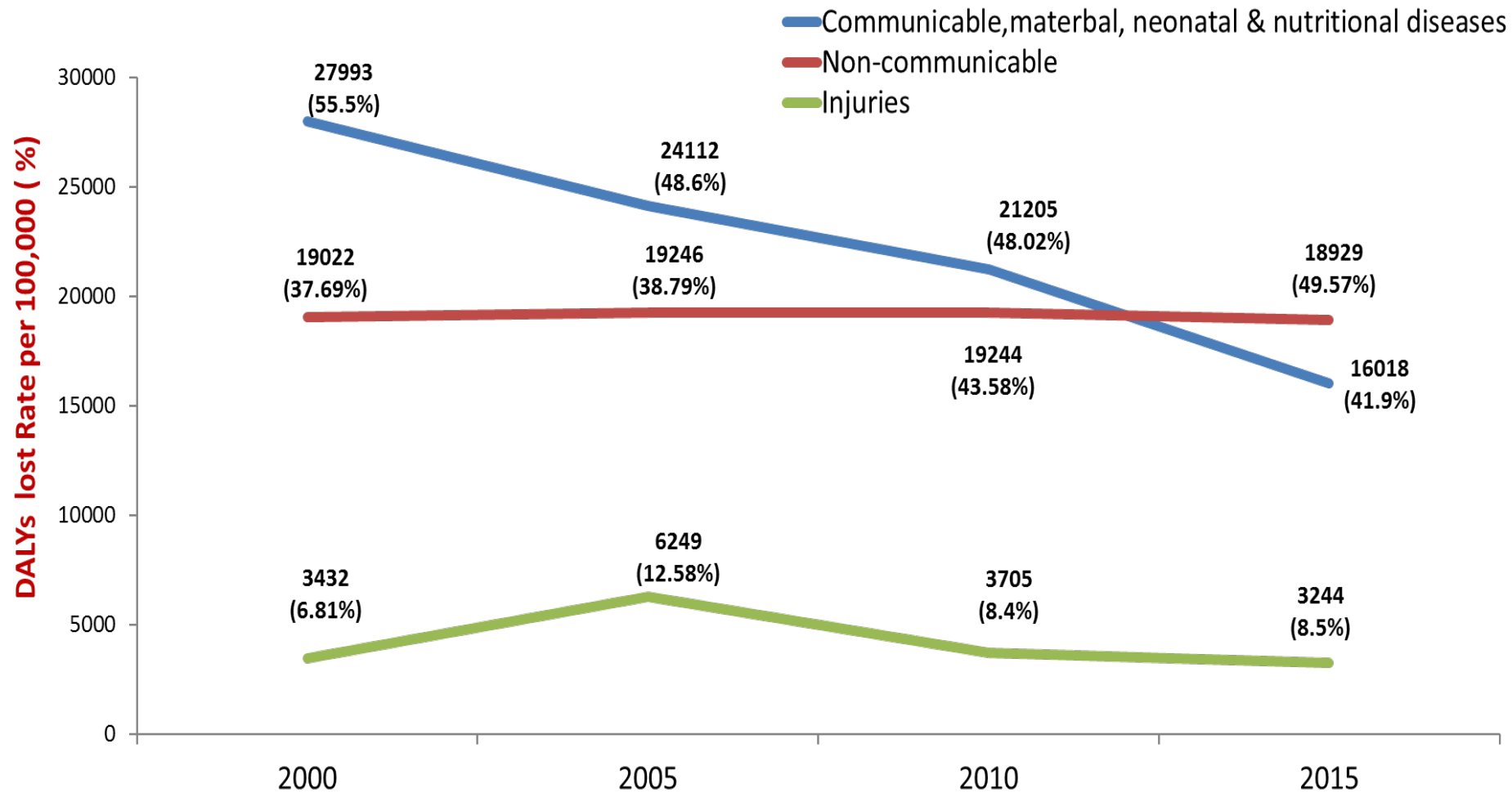
Communicable, maternal & nutrition: 47.6%

Non-communicable diseases: 42.7%

Injuries: 9.7%

Female: 40,628,916 (46.4%)
Male: 46,874,435 (53.5%)

Double Burden of Diseases (BOD) – Communicable, maternal and nutrition conditions are still highly prevalent, with a surge of non-communicable diseases



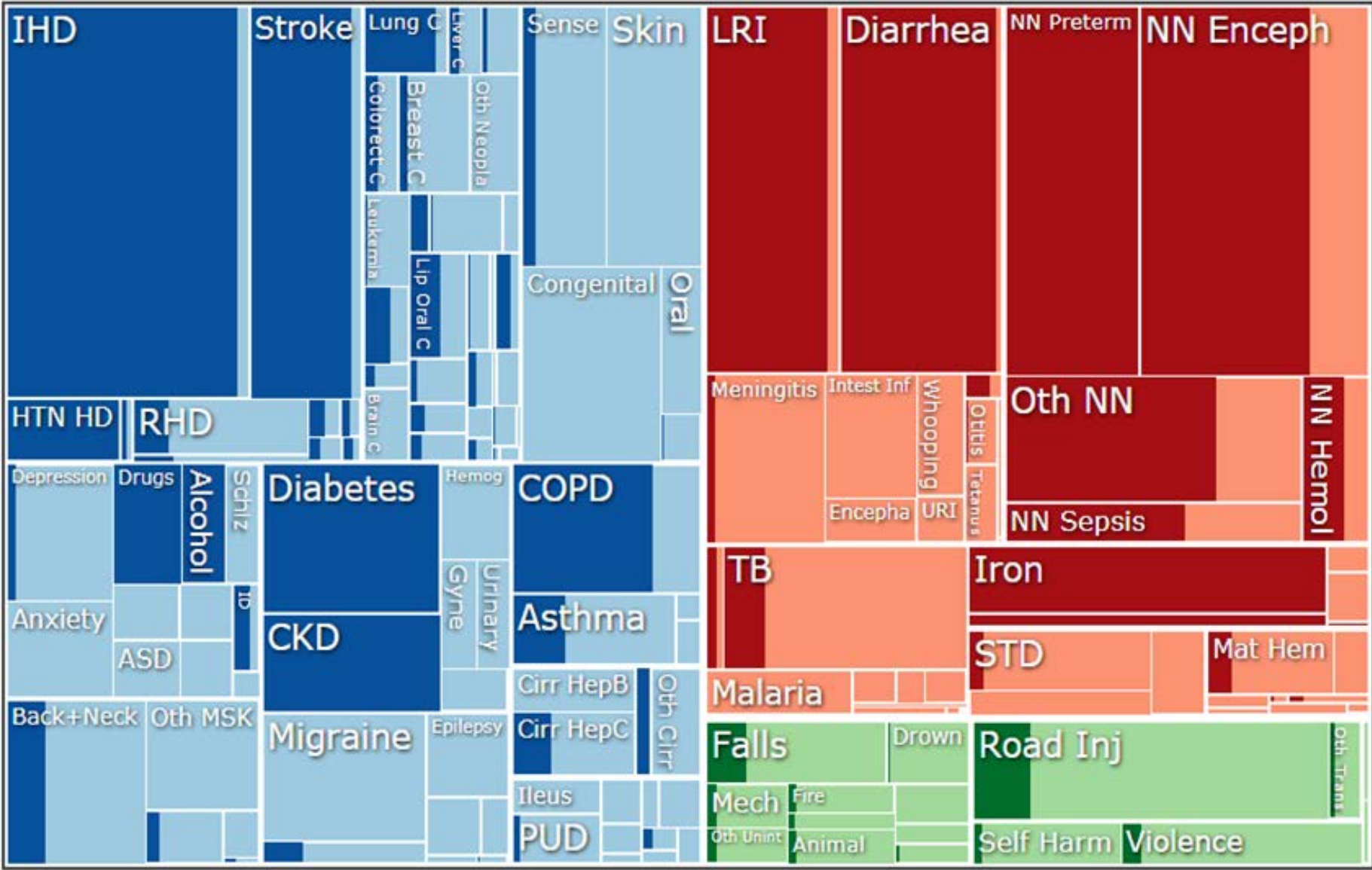
TOTAL BOD in 2016: 77.06 Million DALYs Lost

- Communicable, maternal & nutrition: 31.2 million DALYs Lost (40.5 %) – 14,964/100,000 people
- Non-communicable diseases: 39.3 million DALYs Lost (51 %) – 18,848/100,000 people
- Injuries: 6.6 million DALYs Lost (8.5%) - 3,165/100,000 people

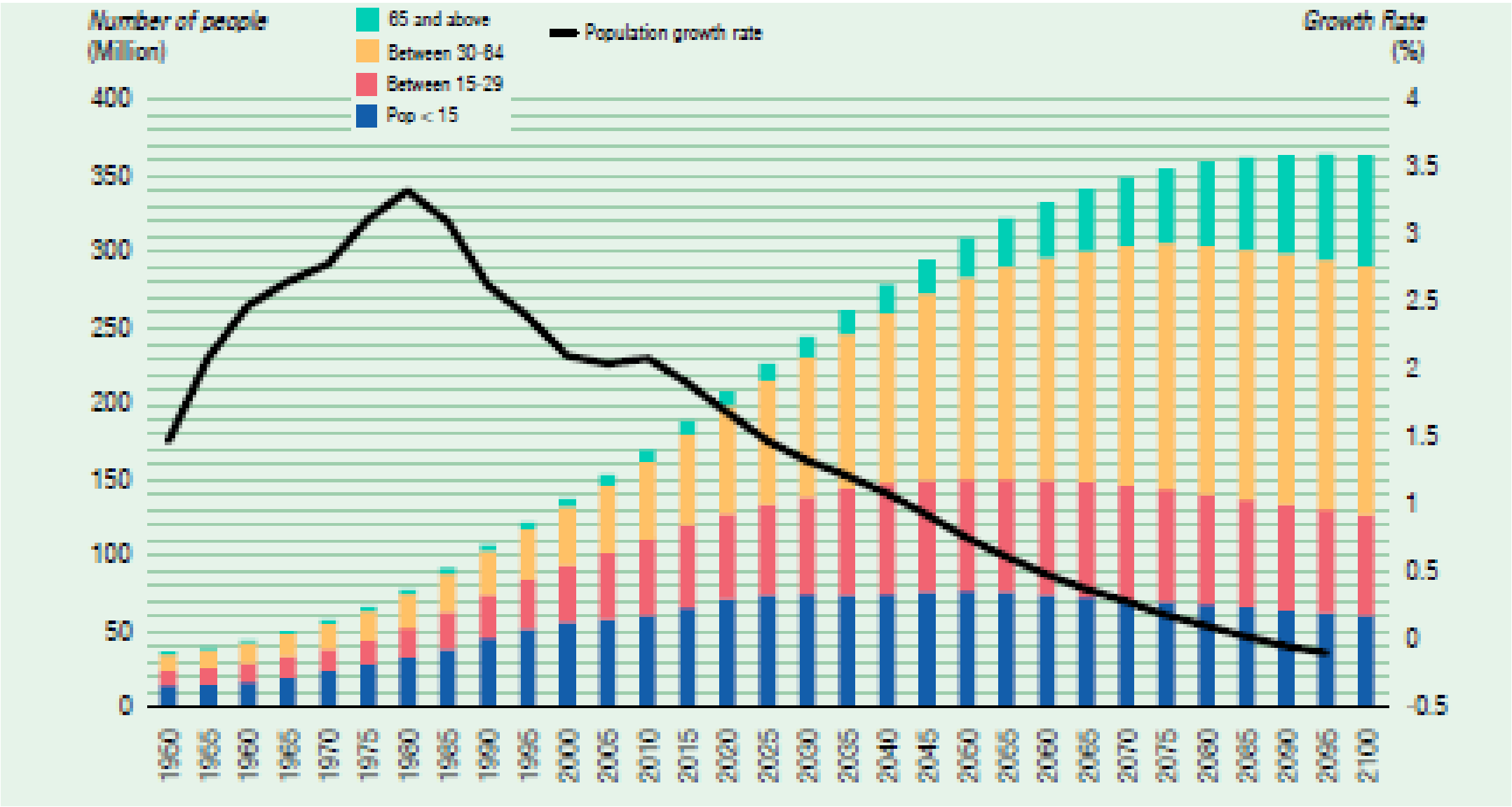
Double Burden of Diseases (BOD) – Status in 2016

TOTAL BOD in 2016: 77.06 Million DALYs Lost

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Population and its Growth rate in selected age groups 1950-2100



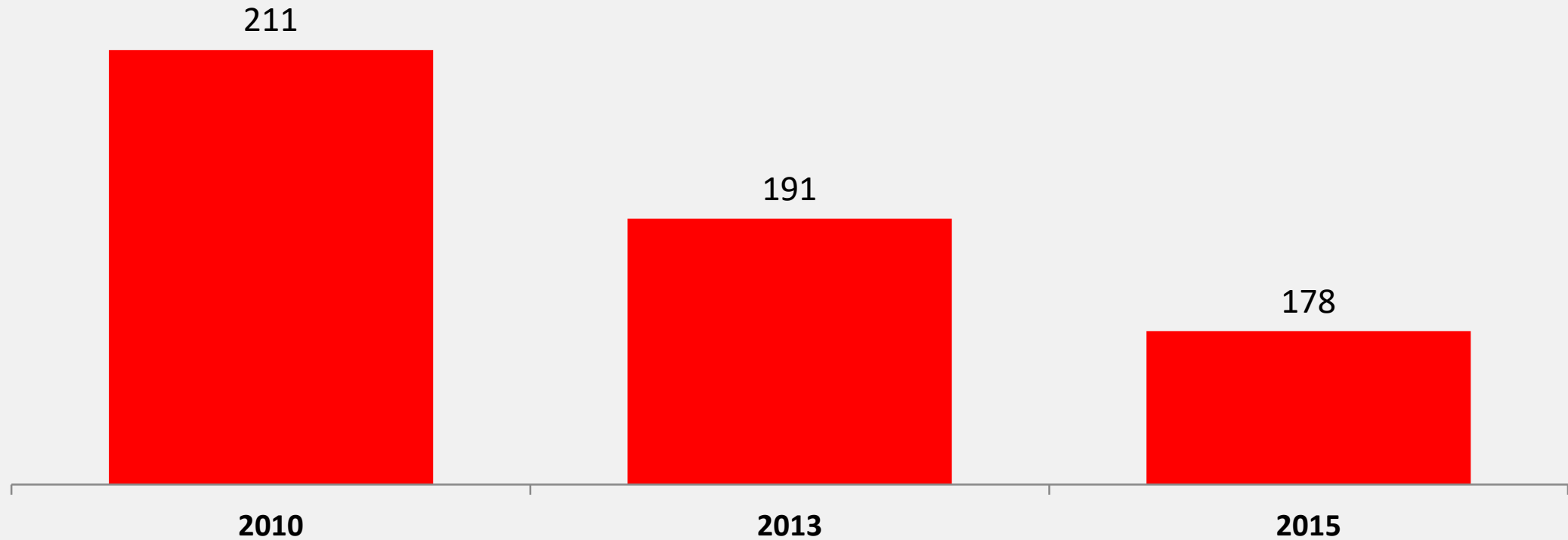
SDG 3 – Key Indicators (Baseline in 2014-15)

SDG Indicator	Global	EMR	Pakistan
Neo-natal mortality rate (per 1,000 live births)	19.2	26.6	45.5
Under 5 mortality rate (per 1,000 live births)	42.5	52	81
Maternal mortality ratio (per 100,000 live births)	216	166	178
Skilled birth attendance (%)	73	67	52
Contraceptive prevalence rate (%)	57.4	50.3	26.1

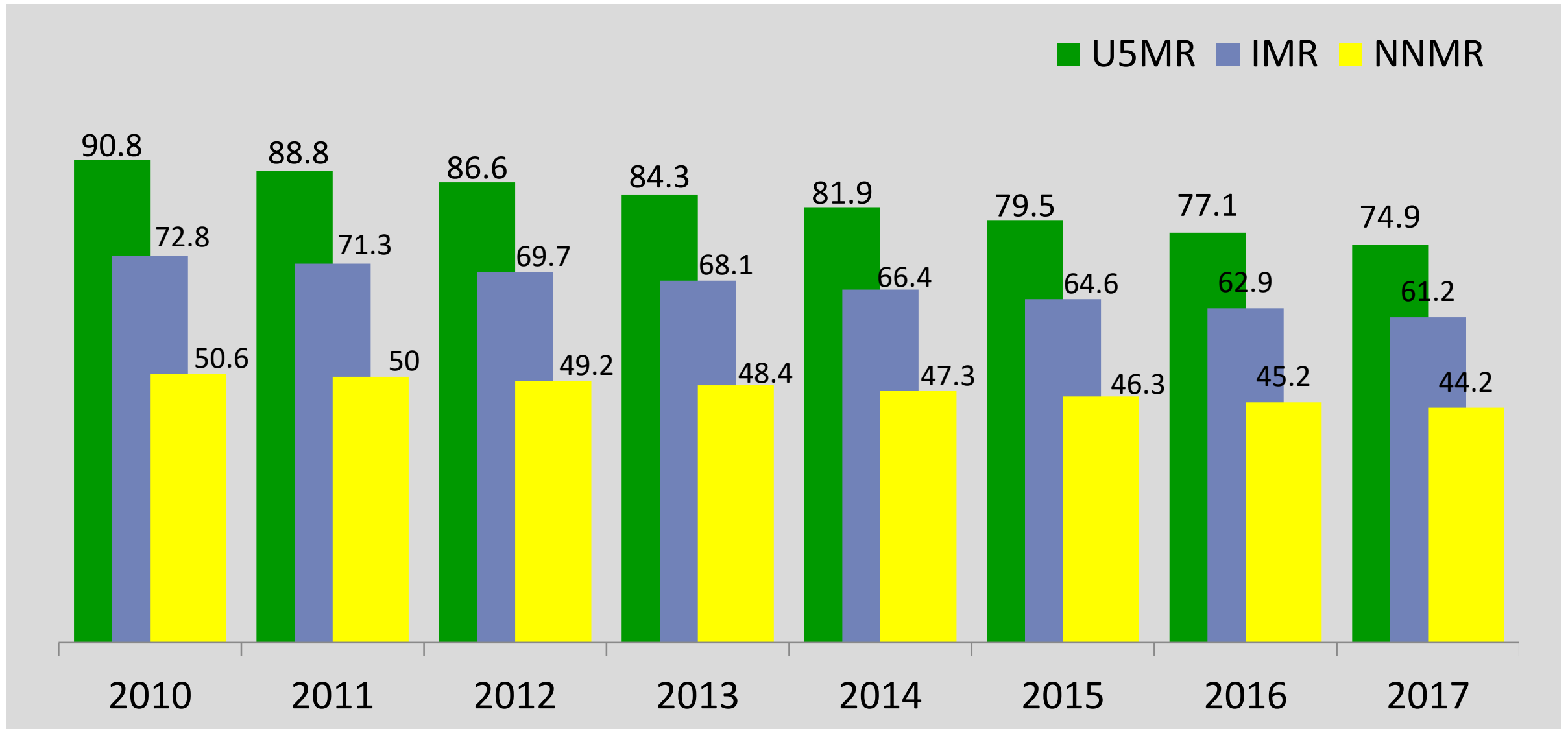
Estimates suggest that there is some progress in reducing maternal mortality

Maternal mortality ratio

per 100,000 live births

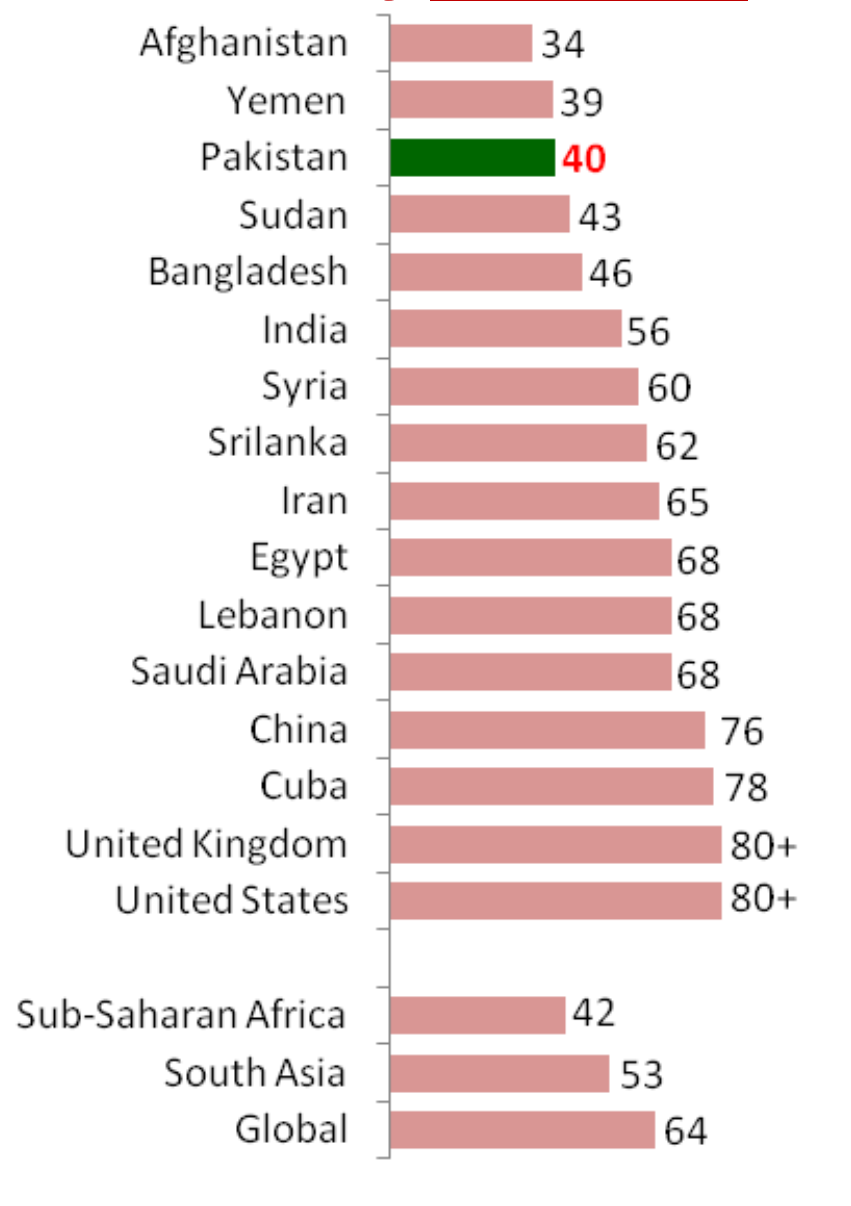


Decline in child (and especially neonatal) mortality is very slow



SDG 3 – Key Outcome Level Indicator - UHC (Baseline in 2015)

40



Universal Health Coverage (UHC) Index

Composite Indicator of 16 Tracer Indicators

Reproductive, Maternal, Newborn, Child & Adolescent Health and Nutrition			
Family Planning	Antenatal and delivery care	Full child immunization	Health seeking behavior for child illness
Infectious Diseases			
Tuberculosis effective treatment	HIV antiretroviral treatment	Insecticide treated nets coverage for malaria	Adequate sanitation
Non-Communicable Diseases			
Prevalence of raised blood pressure	Prevalence of raised blood glucose	Cervical cancer screening	Tobacco control
Service Capacity and Access			
Basic hospital access	Health worker density	Access to essential medicines	Compliance with the international health regulations

Emergencies for poor health outcomes are

High Fertility Rate

Fertility rate of 3.8 per woman
(4.2 among rural woman)

20 million more people in the 2017's
Census, compared to the estimates of
the projected population in 2017
– **Population Explosion**



High Under-nourishment

44% stunting and 15% wasting rates
among children
(Emergency situation in rural areas)

More than 61% of women and 50% of
children are anaemic
– **Hidden burden**



High Burden of TB

TB Case Detection Rate : 69%
Treatment Success Rate: 93%



Health Infrastructure and Workforce in 2017

Public Health Infrastructure

Hospitals:	1,201
Rural Health Centers:	683
Basic Health Units:	5,518
MCH Centers:	731
Dispensaries:	5,802
TB centers:	339
Hospital beds:	123,394
- population per bed ratio:	1,733

Health Workforce

Specialists:	40,215
Physicians:	164,937
Dentists:	21,065
Nurses:	75,098
Lady Health Visitors:	13,140
Midwives & Community midwives:	17,608
Lady Health Workers:	92,949

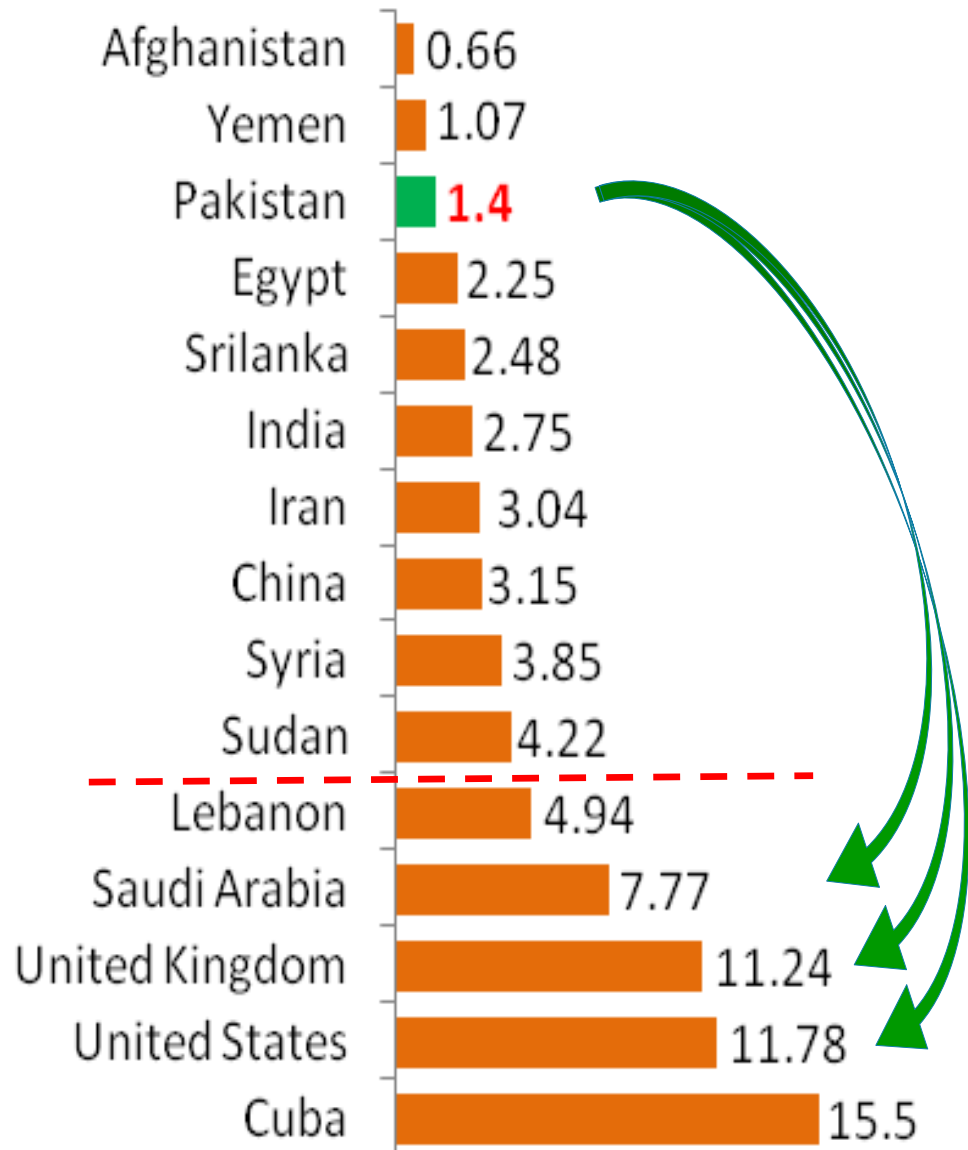
Private Sector

Large hospitals >50 beds:	125
Small hospitals <50 beds:	4,255
Solo Clinics:	97,561
Dental clinics:	6,443

Hakeem:	62,540
Homeopathic:	158,767
TBAs:	29,445

Essential Health Workforce

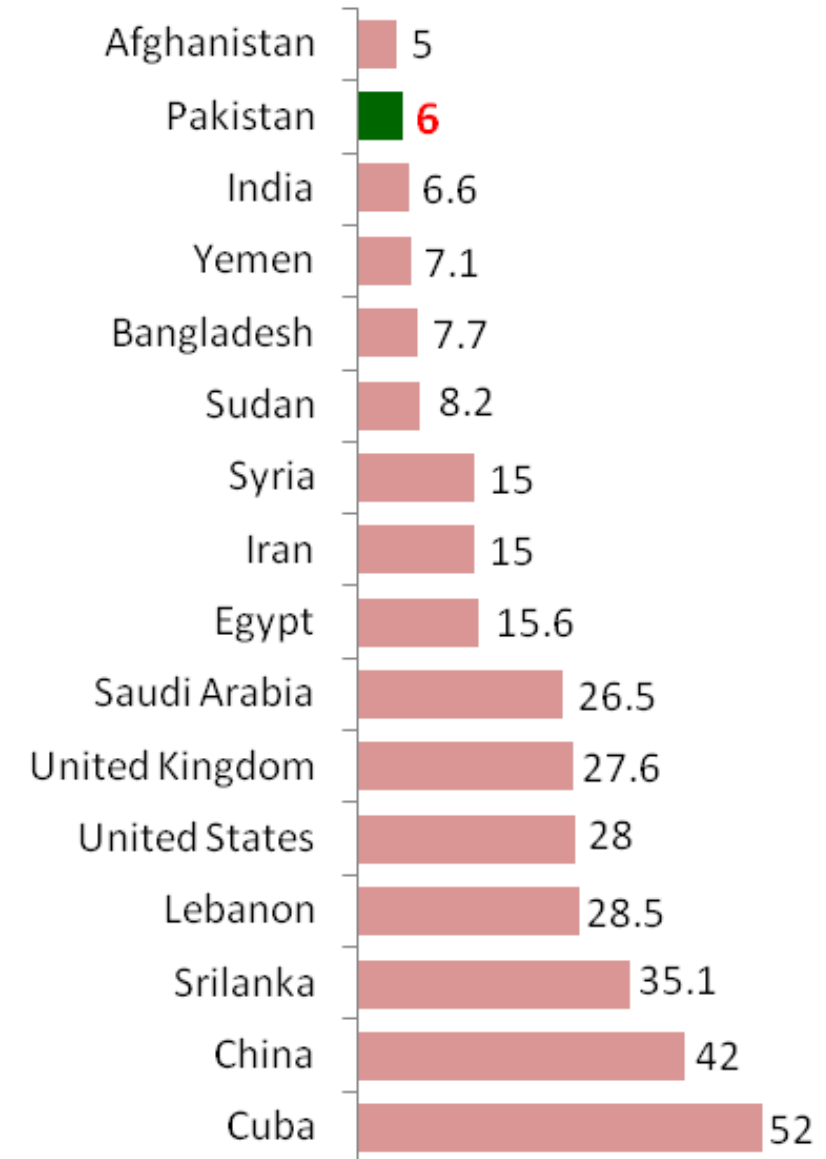
per 1,000 population



Source: WHO, 2016; World Health Statistics, Monitoring Health for SDG3

Hospital beds

per 10,000 population

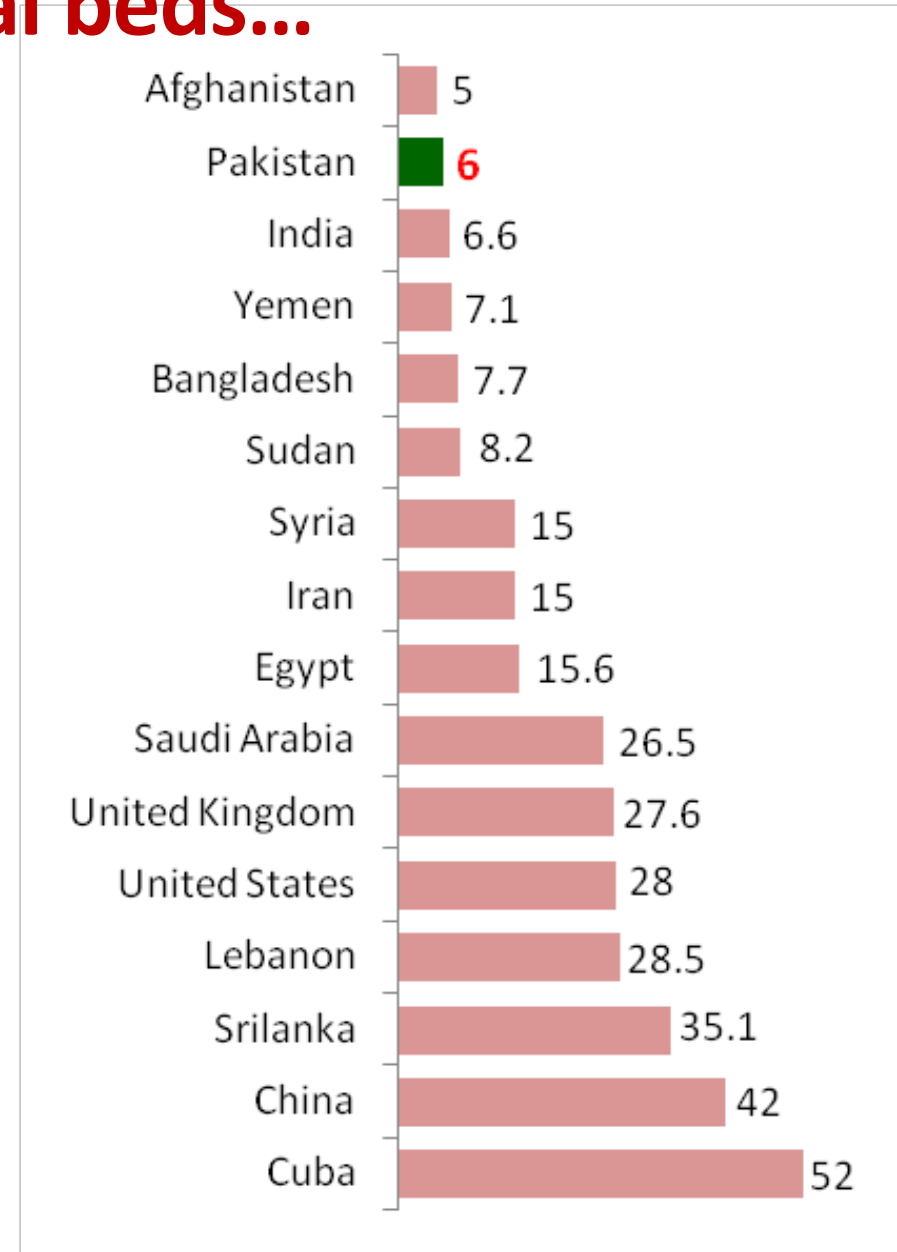


The country doesn't have enough hospital beds...

Hospital beds per 10,000 population
in Pakistan :

6 (both public & private)

Required threshold in Pakistan: **18**



Pakistan is in crises in the context of HRH situation...

SDG 3.c indicator: Health workers density and distribution

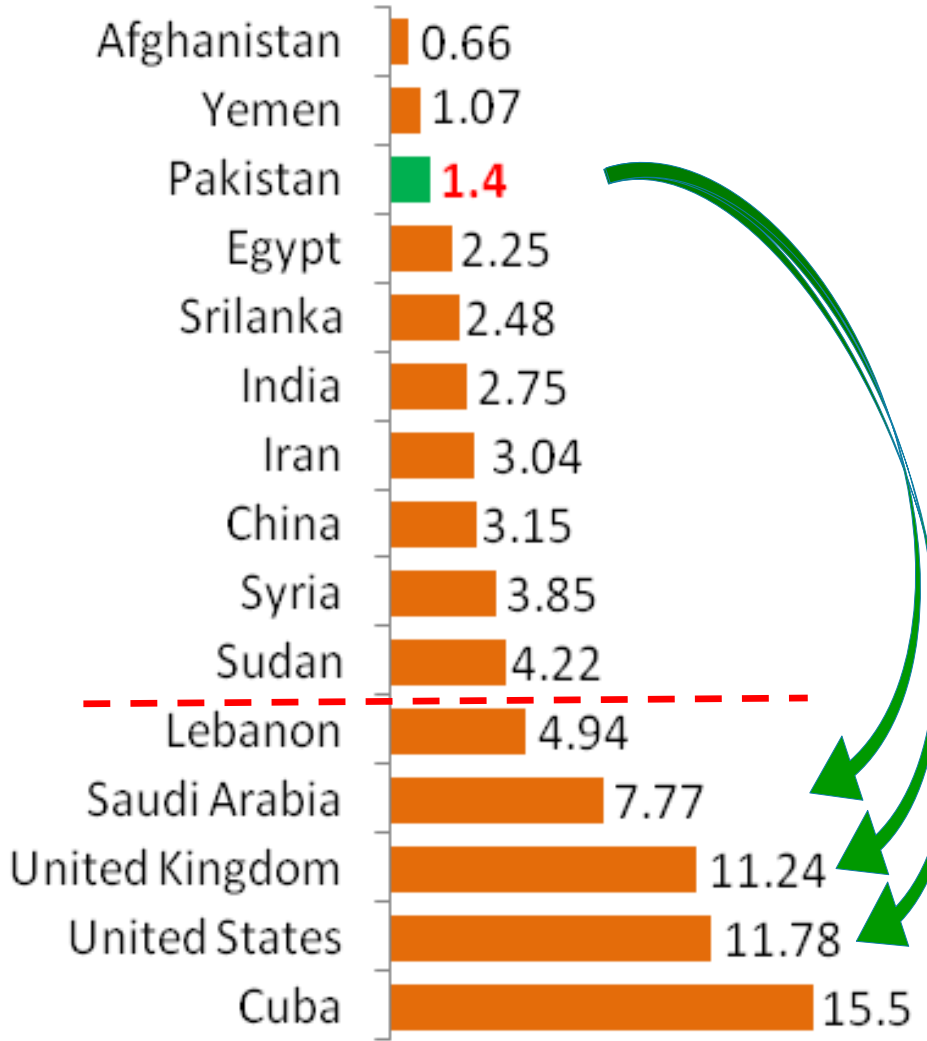
Essential Health Workforce Threshold: **4.45** per 1,000 population for UHC

Physician, Nurses, LHV and Midwives

PAKISTAN 2017

- **Physicians, Nurses, LHVs & Midwives:** **1.45**
- *Dental Physicians:* *0.10*
- *Pharmacists:* *0.16*
- *Lab workers:* *0.07*
- *Lady Health Workers:* *0.43*
- *Hakeem:* *0.29*
- *Homeopathic physicians:* *0.74*
- *Traditional birth attendants:* *0.14*

Source: Data of different Councils and Programs



Source: WHO, 2016; World Health Statistics, Monitoring Health for SDG3

Essential Health Workforce in Pakistan

Projected Minimum Needs by 2030

314,170 Physicians,
942,511 Nurses, LHVs and Midwives
170,000 - 200,000 LHWs
& accordingly other workforce

Registered by the end 2017

205,152 Physicians,
104,046 Nurses, LHVs and Midwives
& 92,949 LHWs

Registered (excluding 49 Dental colleges) MEDICAL INSTITUTES: 107 Public: 41; Private: 66		Registered NURSING and MIDWIFERY INSTITUTES: 215 Public: 145; Private: 70		Current Annual Production Capacity	
Punjab & ICT:	58	Punjab & ICT:	75	Physicians:	13,900-16,000
Sindh:	14	Sindh:	86	Nurses:	9,728
Khyber Pakhtunkhwa:	19	Khyber Pakhtunkhwa:	26	Lady health visitors:	2,071
Balochistan:	2	Balochistan:	23	Midwives:	3,718
AJK:	4			Dentists:	2,785
				Pharmacists:	3,975

Per capita health
expenditure is only

\$39.5

(public and private)

against the

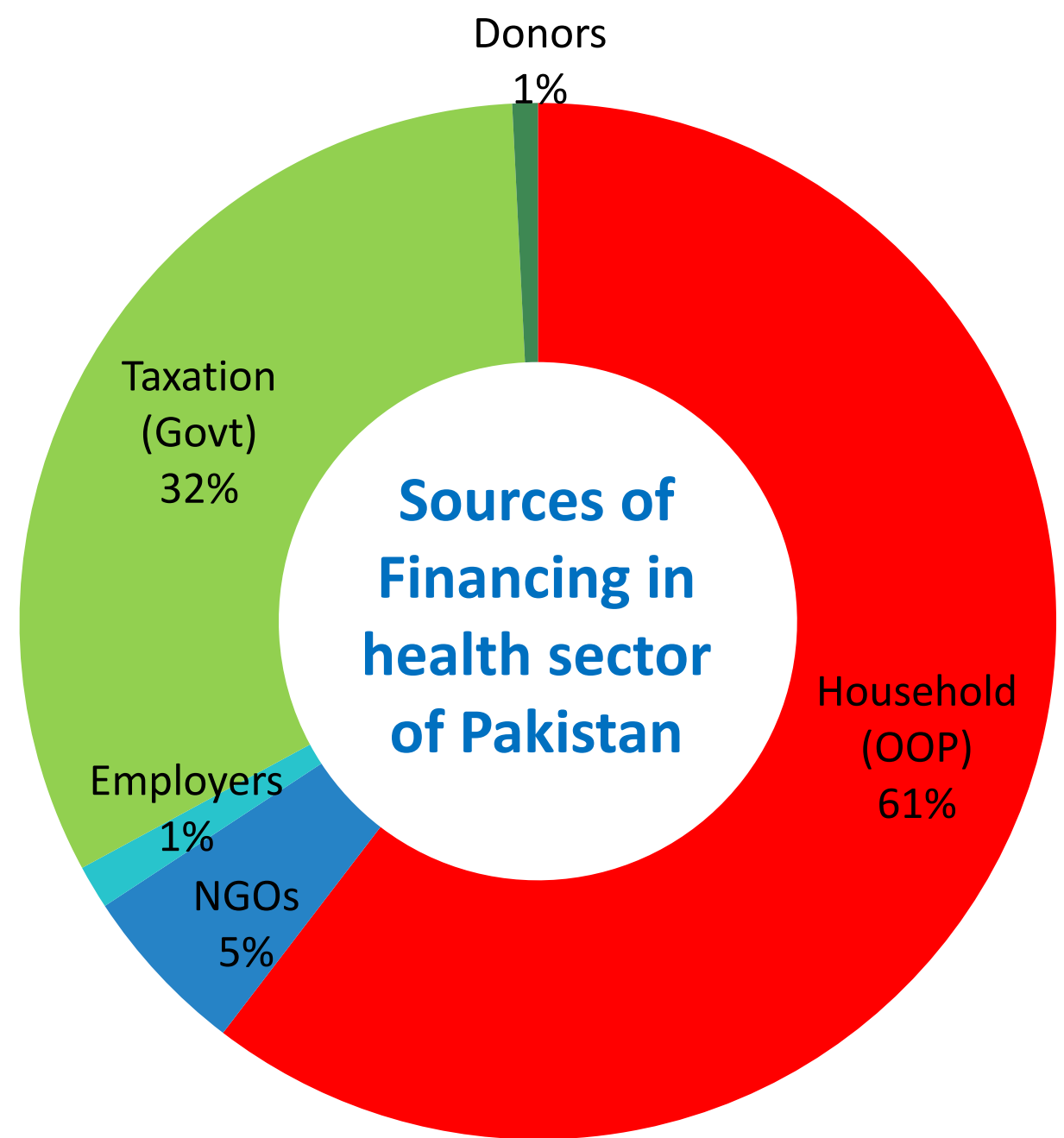
requirement of

minimum US\$ 74

/person / year for

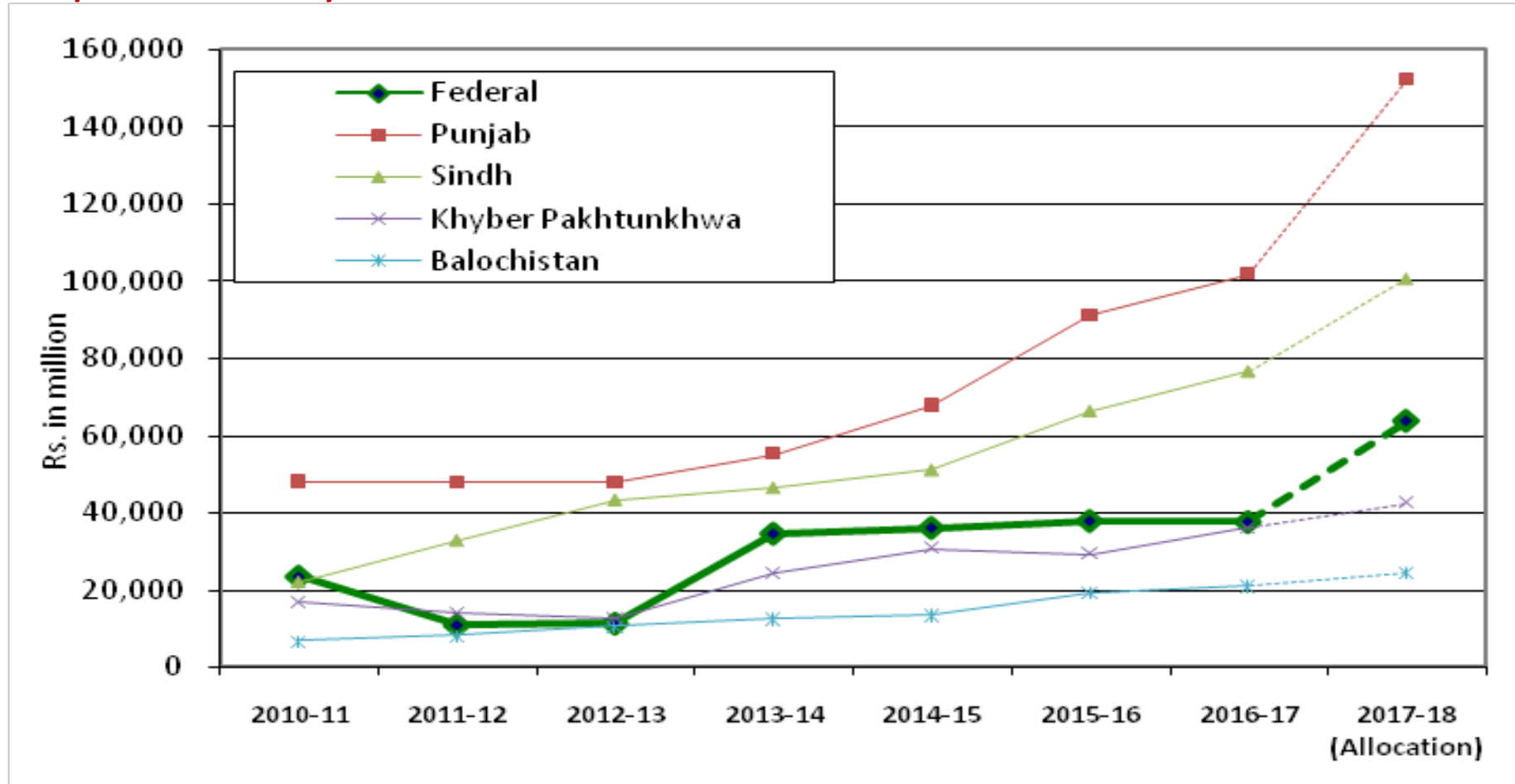
Universal Health

Coverage (UHC)



Total Public Health Expenditure - Rs.291 billion (2016-17), = 0.91% of the GDP

Expenditure expected to cross the milestone of 1% on GDP in 2017-18
compared to only 0.23% of GDP in 2010-11 and 0.27% in 2011-12



**Target of
3% of GDP
by 2025 –
Pakistan Vision 2025**

Support from Donor Agencies and Partners

Estimates for 1-3 years commitments

GFATM	US\$ 255 million	GAVI	US\$ 75.5 million
CDC, US	US\$ 5.36 million	USAID	US\$ 30.76 million
Bill & Melinda Gates Foundation	US\$ 33.01 million	Rotary International	US\$ 40.25 million
World Bank	US\$ 24 million	Islamic Development Bank	US\$ 100 million
JICA	US\$ 58 million	Japan	US\$ 12.28 million
UAE- PAP	US\$ 10 million	UAE Prince Court	US\$ 15 million
DFID	US\$ 68.4 million	Canada	US\$ 23 million
South Korea	US\$ 250 million	China	US\$ 4 million
Germany	US\$ 10.83 million	KfW	US\$ 19.3 million
RMNCH Trust Fund	US\$ 6.8 million	GAVI+WB+BMGF National Immunization Support Prog	US\$ 157 million
WHO (including GAVI-HSS and excluding Polio)	US\$ 31 million	UNICEF	US\$ 61.89+3.96 million
UNFPA	US\$ 9.20 million	UNAIDS	US\$ 1 million

“There’s no Quick-fix”

Health ➡ Service delivery oriented

Health ➡ Slow progress and evolutionary

Health ➡ Attains slow and gradual outputs

Health ➡ Needs much larger capital outlays
for sustained results

Policy Levers

Health Policy Discourse in Pakistan

- ❑ No health policy in Pakistan since 1947 to 1990
- ❑ First National Health Policy 1990
focused on school health services; family planning; nutrition programs; malaria control; control of communicable diseases; sanitation and safe drinking water
- ❑ Second National Health Policy 1997
health promotion and health education received a prominent place along with development and implementation of priority national health programmes

... Health Policy Discourse in Pakistan

□ Third National Health Policy 2001

Based on 'Health for All' approach, ten points priority agenda for health sector reforms with a focus on scaling up primary and preventive health care interventions

■ National MNCH Strategic Plan 2005

To augment structured reforms in the area of RMNCH

□ Fourth Draft National Health Policy 2009

Based on six building blocks of health care system; could not be implemented as a result of devolution discourse

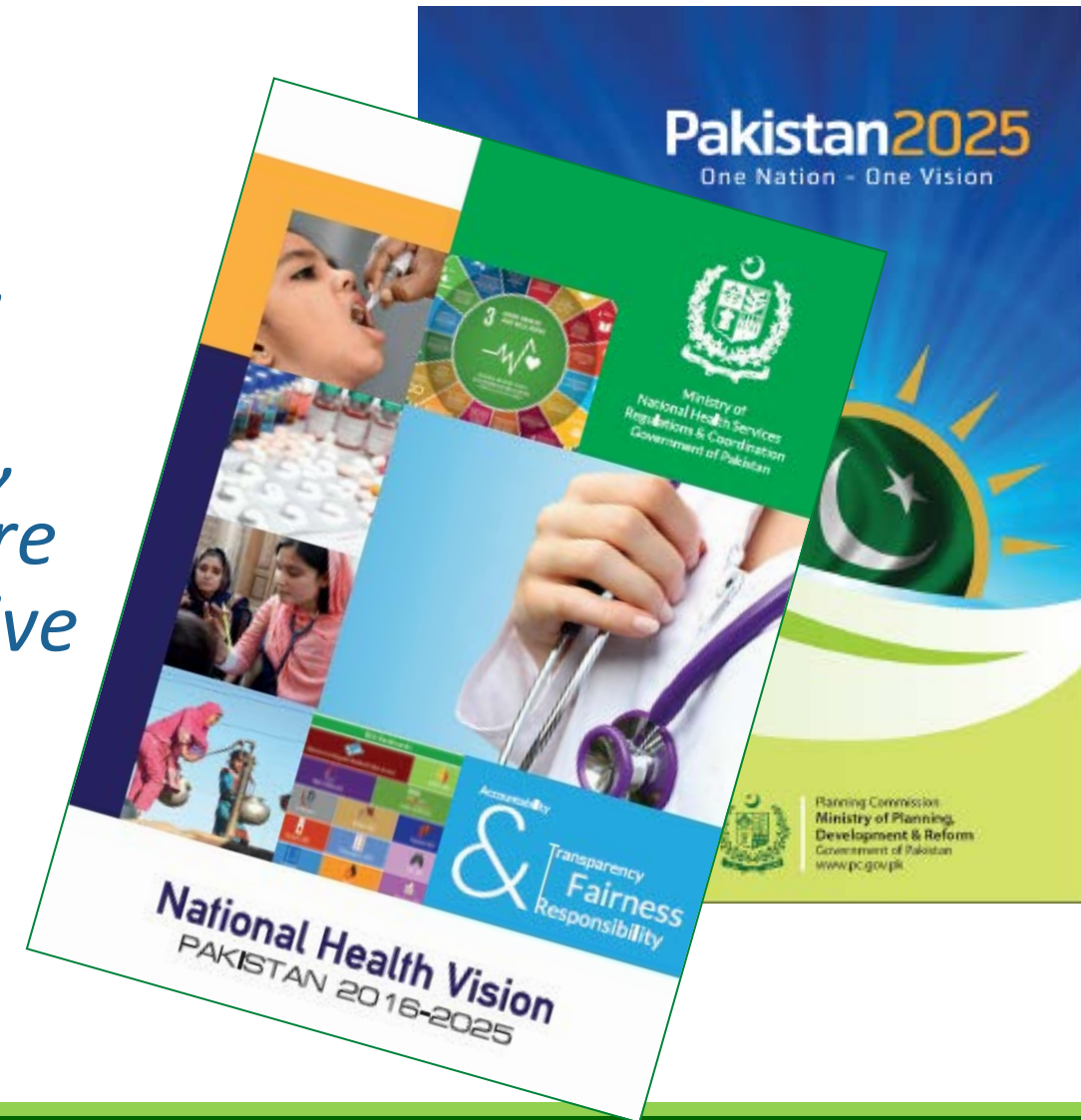
□ Provincial Health Strategies and Strategic Plans 2011/12

First attempt to devolve health strategies at provincial level with development of five years' costed plans

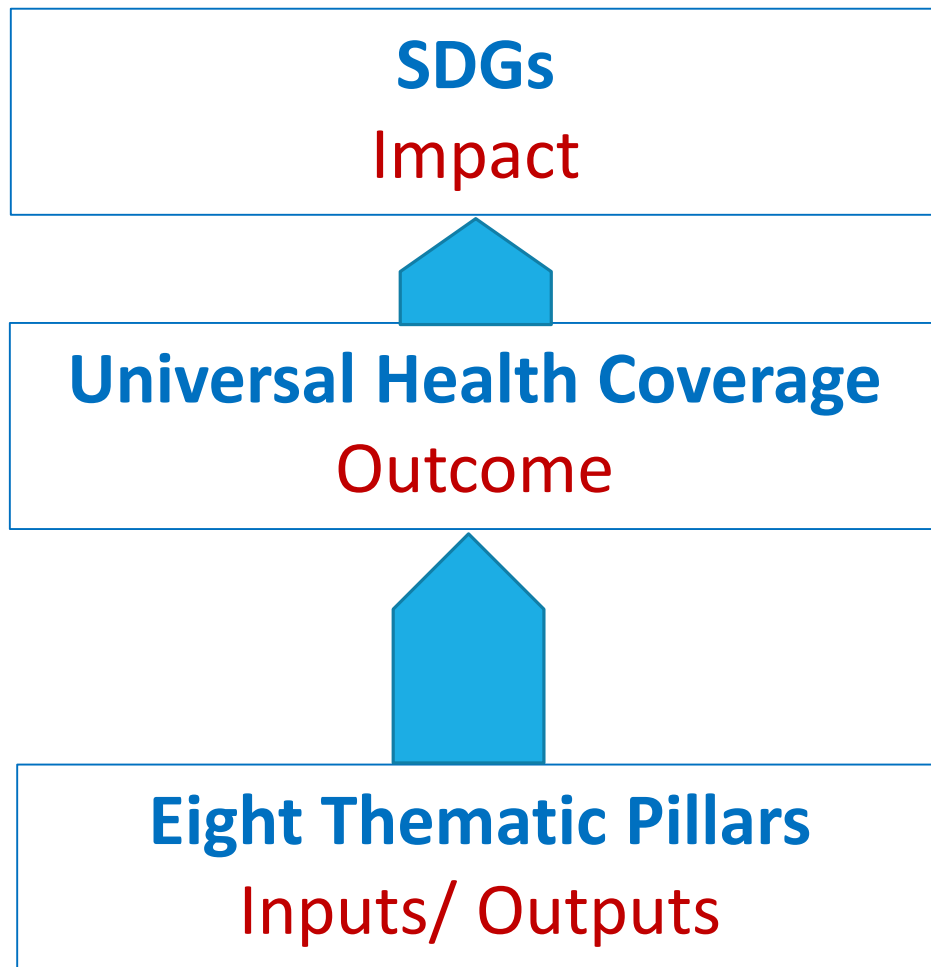
Aligned to the Pakistan Vision 2025, Strategic priorities in the health sector were unveiled on 30 Aug 2016

National Health Vision

“To improve the health of all Pakistanis, particularly women and children by providing universal access to affordable, quality, essential health services which are delivered through a resilient and responsive health system, capable of attaining the Sustainable Development Goals and fulfilling its other global health responsibilities”



National Health Vision 2016-25



Detailed Explanation of the Thematic Pillars of NHV 2025

- ❑ National Vision for RMNCAH-10 Points agenda 2016-25;
- ❑ Family Planning 2020;
- ❑ Pakistan: Human Resources for Health Vision 2018-30;
- ❑ Joint External Evaluation(JEE) of IHR - 2016;
- ❑ Global Health Security Agenda (National Action Plan);
- ❑ Anti Microbial Resistance & Laboratory Frameworks;
- ❑ Universal Health Coverage and SDG3 localization;
- ❑ National and Provincial TB Strategic Plans;
- ❑ Pakistan AIDS Strategy III For the Period of 2015-2020;
- ❑ Provincial Health Strategies (Phase II) – *In process*
- ❑ Health in All Policies – *In process*
- ❑ Policy Papers being produced by HPSIU – *Ongoing process*

National Health Policy/ Planning Governance

Health Planning, System Strengthening and Information Analysis Unit (HPSIU) established in M/o NHR&C on 2 July 2015

To facilitate health policy & plans development, implementation and monitoring

Staff includes experts in policy analysis, system strengthening, health financing, health information, social sciences

Priority Areas

Development, implementation and monitoring of National Health Vision and SDG 3 agenda and other global commitments

Technical oversight in support of reforms in the health sector

Policy Research, Correcting Human Resource Imbalance, Burden of Disease Estimation, Health Financing, Health Information Systems, International Health Regulations, Supporting Coordination Mechanisms, etc

National Health Policy/ Planning Governance

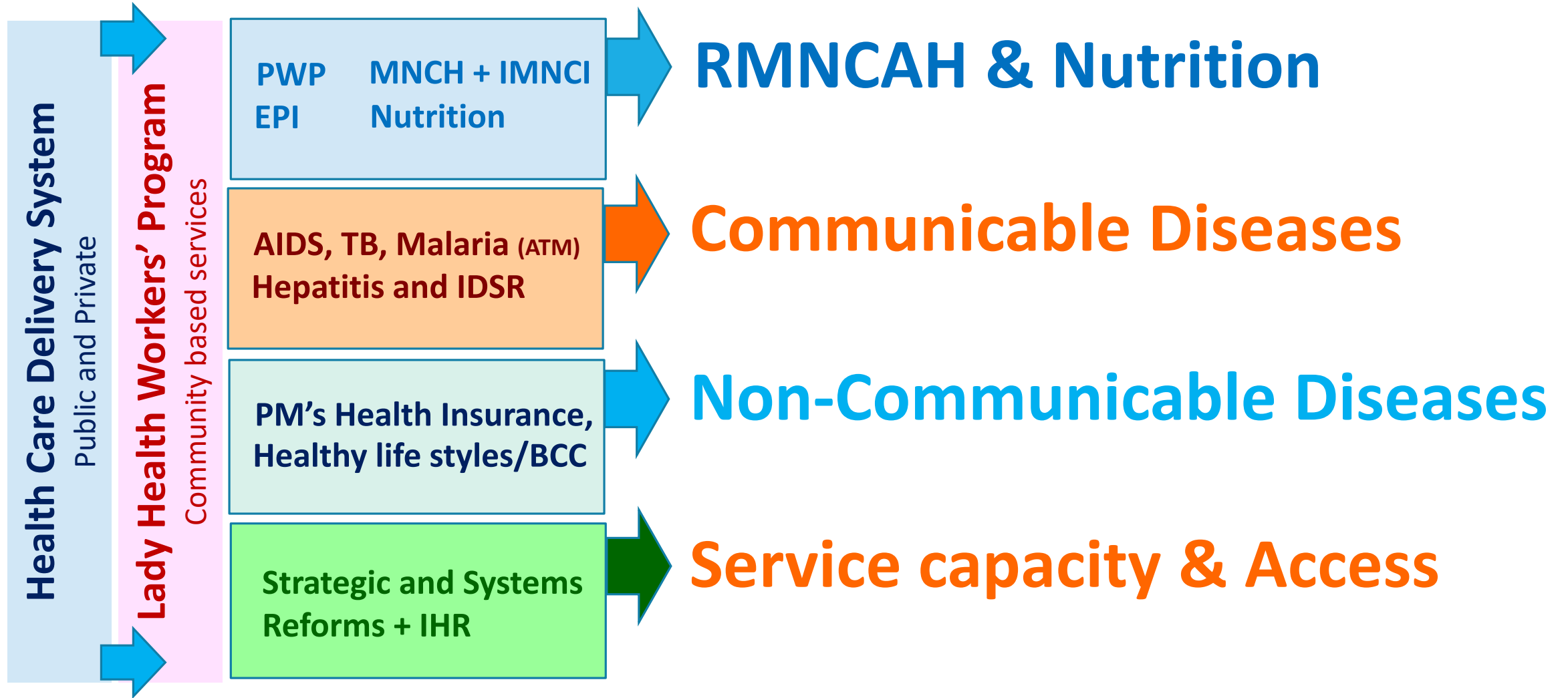
Health Think Tank

Vision is:

- To foster multi-sectoral partnership and collaboration, with the intention of reviewing, analyzing, debating, brainstorming and building health public policy
- Five round tables so far:
 - Social health protection
 - Indigenous production of vaccines
 - Quality of Care around the time of birth
 - Human Resources for Health
 - Emergency in TB and enhanced local funding

Programmatic Levers

Pragmatic Response to Achieve UHC



Challenge: Low Coverage and High Out-of-Pocket Expenditure

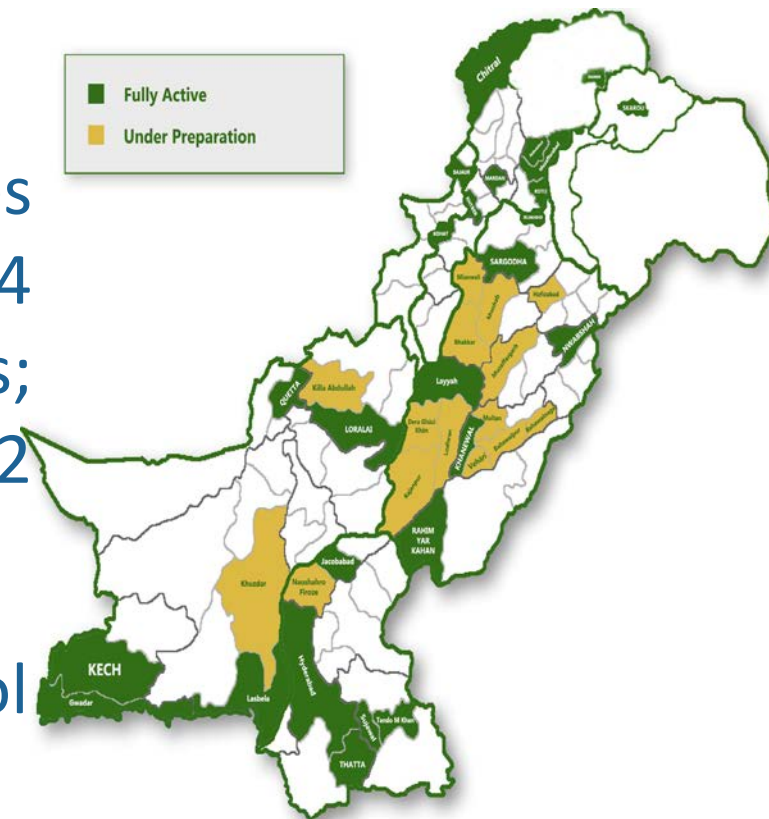
PM's National Health Programme (launched in 2015)

Objective: Provision of “Free of Cost Health Insurance” to families living below poverty line of US\$2 per day, to secondary care and treatment of **7** priority non-communicable diseases (*Cardio vascular diseases, Diabetes, Trauma, Kidney failure, Organ failure, Chronic infections-Hepatitis B&C and Cancers*)

Rs.50,000 per family per year for secondary care; and
Rs.250,000 per family per year for 7 priority diseases

Progress (by May 2018): Launched in 38 districts and services in 34 districts; >2.9 million families enrolled; 361,334 families accessed complimentary outdoor services; 72,721 families accessed indoor services through 162 empanelled hospitals (private & public)

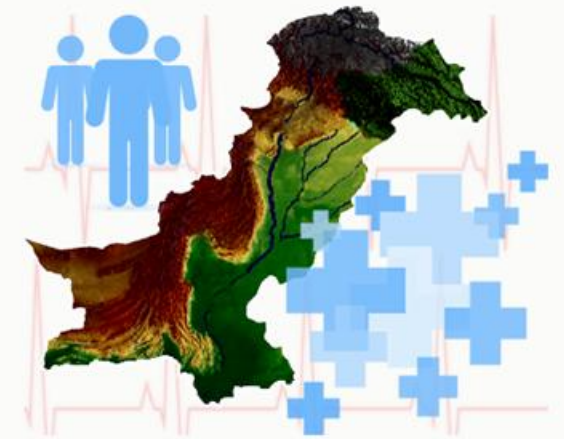
Challenge: Expansion all across Pakistan by 2020, to enrol & provide services to the 14 million poorest families



Beneficiary Enrollment Centres (PM's National Health Programme)



Central Monitoring System



93-94% satisfaction level of beneficiaries through on-going third party assessment by NADRA

Fatal Diseases Programme – started on 17 Jan 2016

Objective: To address grievances of the poor patients approaching the Prime Minister for treatment of fatal diseases including liver, kidney and bone marrow transplant, etc.

Progress: 627 (including 189 patients of liver transplant, 139 patients of bone marrow transplant, 40 cancer patients, 100 cochlear implants and 159 patients with other diseases - burn and injuries) have benefitted with an expenditure of Rs.1.345 billion

Challenges: Ensuring more efficient services through reforms – option of merging with PM's National Health Programme

Expanded Programme on Immunization (EPI)

Objective: To fully immunize children under one year against 10 antigens and women of child bearing age against 1 antigen; (Typhoid Vaccine to be added in 2019)

GAVI, World Bank, UNICEF, WHO and JICA are providing support through M/o NHR&C for smooth implementation of the programme, while recurrent cost is from the provincial budgets.

Progress: Fully immunization coverage (record & recall) increased from 53.8% (PDHS 2012-13) to 82% (PSLM 2014-15)

TT2+ coverage (record & recall) increased from 58.6% (PDHS 2012-13) to 75% (PSLM 2014-15)

Challenges: >90 per cent coverage rate in all districts to avert epidemics;
Financial sustainability by transferring the expenditure to provincial budgets.

Measles Campaign in 2018

Objective: To control measles epidemic in the country

Progress: Total of Rs.3.1 billion approved by GAVI in November 2017; with a delay of 3-4 months for actual availability of funds

The March 2018 campaign delayed till October 2018 considering 2 scenarios:

- **Scenario 1:** Assuming the two campaigns are equally effective – preference for smaller provinces/areas would be Oct 2018 campaign... added benefits in 2019
- **Scenario 2:** National model sample shows preference for Oct 2018 campaign but with a risk of measles epidemic in April-May 2018

Challenges: To remain alert in 2018 for measles outbreaks;

Good quality campaign in October 2018 with strong political commitment, social mobilization, training and monitoring

Typhoid Vaccine

Objective: To control drug resistance typhoid epidemic in the country

Progress:

Considering increasing number of Typhoid cases in the country and drug resistance against typhoid especially in Sindh, the Inter-agency coordination committee decided in May 2018:

- Launch one dose catch-up campaign against Typhoid in 2019, targeting children up to 15 years of age in urban areas
- After campaign, inclusion of Typhoid conjugated vaccine in the routine immunization along with measles vaccine 1

Major funding from GAVI

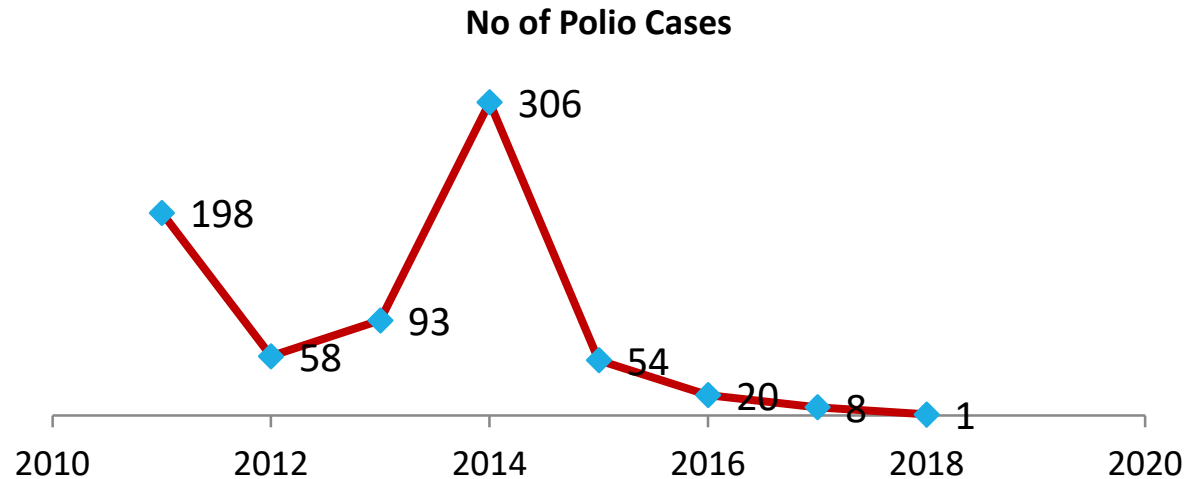
Polio Eradication Initiative

Objective: Polio Free Pakistan and the World;

Pakistan and Afghanistan are the only two countries, not able to interrupt polio (type 1) transmission yet

Support available from GPEI, B&MG Foundation, UAE and others

Progress: 198 confirmed cases in 2011 and 1 (in Balochistan) so far in 2018.



Challenge: To interrupt polio transmission in 2019 and eradication by 2022;

Strengthen routine immunization coverage

The Lady Health Workers' Programme

Objective: Provision of Primary, Preventive, Promotive and some Curative care services at the doorstep of community

Progress: Proven effectiveness of the programme in the 3rd and 4th evaluation;
More than 50 LHWs sacrificed their lives on duty;
Number of LHWs increased to 102,000 before devolution... however, currently the number is at a decline with 92,949 LHWs by the end of 2017. Sindh, KP and Balochistan announced to increase the number in 2018

Challenges: Re-strategies the programme considering changing context/ needs;
Redefine scope of work of LHWs considering new role for tackling non-communicable diseases without compromising on FP and PHC services;
Provincial governments to allocate their budget for the programme; while federal government to provide support for additionalities and to address equity issues

The Lady Health Workers' Programme



National MNCH Programme

Objective: Improving access to maternal and new-born health services especially skilled birth attendance for poor and marginalised

Progress: 12,000 community midwives trained with strengthening of 118 midwifery schools including 58 new schools; 24/7 Basic and comprehensive Emergency Obstetric Care services in all districts along with capacity building; New initiative of 24/7 ambulance service added in Punjab along with integration of MNCH related programmes

Challenges: No further new training of CMWs after devolution while there is a need to train more CMWs especially for rural areas; Re-strategising required in the changing context with more focus on Neo-natal care; Budget allocation from provincial level while support from federal government for additionalities and to address equity issues

Population Welfare Programme

Objective: Ensure universal coverage and improve access to safe and quality family planning and reproductive health services

Progress: Transfer of the federally controlled PWP to the provinces, except NATPOW and NRIFC – facing redundancy; National Commission for Population Welfare (NCPW) formed in 2005 under the chair of PM – dormant since 2006; Allocation increased from Rs.108.3M in 2012-13 to Rs.1,500M in 2017-18. Pakistan's per capita spending on Family Planning:

Pre-devolution	US \$1.07
At Present:	US \$1.50
Committed (FP2020):	US \$2.50

Challenges: Reactivate NCPW; Defined mechanism for support to NGOs and Social Marketing through the public sector; Strengthening of NIPS as an autonomous organization

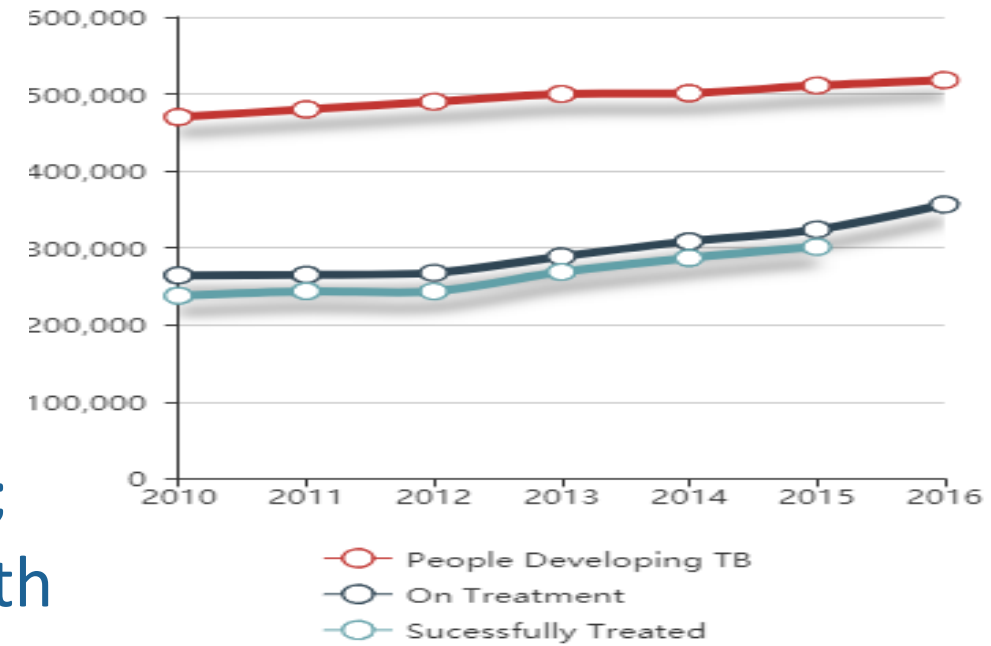
National TB Control Programme

Objective: Ending the TB epidemic by 2030

Annual Case Load: 518,000 + 27,000 MDR cases

Progress: Case detection rate of 69% in 2017; with Treatment Success Rate of 93% (30% share results from the partnership with private sector); Major financial support from the Global Fund with small financial commitment from the provincial governments

Challenges: Prioritizing TB on National health agenda; Enhancing public sector funding for TB control; Appropriate legislation for mandatory TB case notification and rational use of antibiotics to address increasing Anti-Microbial Resistance; and Social protection initiatives for TB patients



National Malaria Control Programme

Objective: Ensure and sustain universal coverage of multiple prevention to population at risk for malaria in target districts

Progress: Interventions along with diagnostic services in 66 high risk districts mainly in KP, FATA and Balochistan with GF support;
Compared to 399,302 bed nets distributed for only pregnant women and <5 yr children in 2012, 1,420,664 bed nets distributed for all people (1 bed net is for 2 people) in 2017; Further 3,088,375 and 2,653,107 bed nets to be distributed during 2018 and 2019

Challenges: The law and order situation in security compromised areas like FATA;
Non- functional health facilities and non availability of skilled healthcare providers in some areas;
Regular training and supervision need to follow treatment protocols/ standards

National AIDS Control Programme

Objective: Scaling up effective response to the threat of HIV and AIDS;

Over 130,000 people living with HIV (PLHIV) - estimated prevalence rate of <0.1% among general population; however, concentrated epidemic established among high risk groups (IDUs and MSW/ Hijras)

Progress: Compared to 8,069 registered cases and 3,412 receiving anti-retroviral treatment in 2013, 22,333 cases were registered and 2,046 were receiving treatment by the end of 2017 – with support of Global Fund, Coverage of preventive interventions is generally limited to small towns

Challenges: Coverage of preventive and treatment services to be scaled up significantly especially in large cities with adequate funding and political will; Need for a systematic and comprehensive mapping & surveillance mechanism to monitor the epidemic and implement interventions

PM's Programme for Prevention & Control of Hepatitis

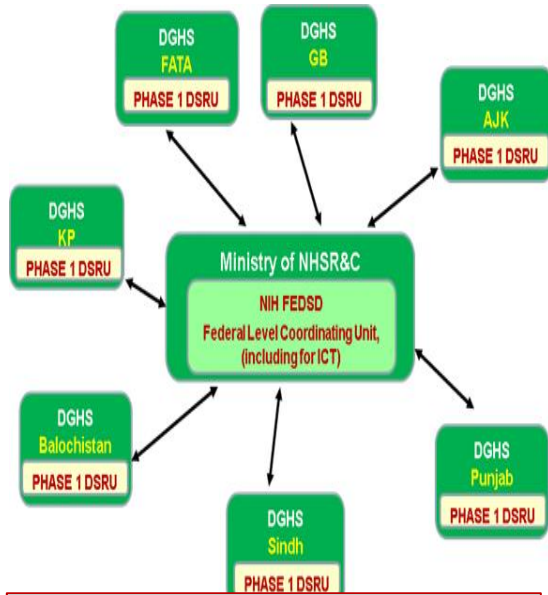
Objective: The programme envisages meeting the challenges posed by the high prevalence of viral hepatitis in the country and 50 percent reduction in new cases of hepatitis B and C through:

- Advocacy and behaviour change communication,
- Hepatitis B vaccination of high risk groups,
- Establishment of screening, diagnosis and treatment facilities in 150 teaching and District Headquarter hospitals,

Safe blood transfusion and prevention of Hepatitis & AIDS etc - with the technical cooperation of GIZ and KfW

Integrated Disease Surveillance and Response – Phase I

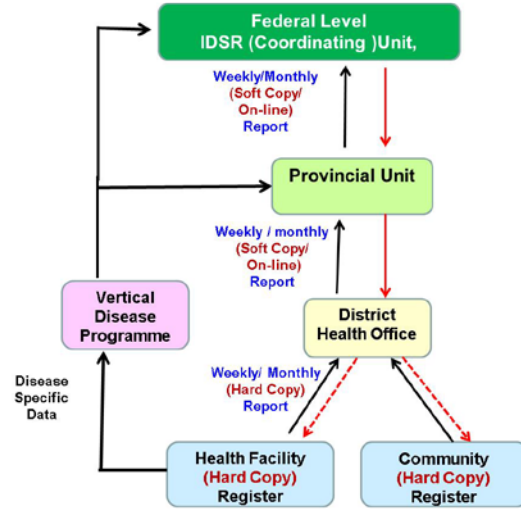
Pillar 1 : Co-ordination



Objective 1

- To build **robust Networked IDSR Co-ordination arrangements** across the system with all **“One Health Stakeholders”**

Pillar 2 : Core Functions / Data flows



Objective 2

- To have in place **2 - way data flows ~ a Minimum number of agreed infectious diseases** from at least **One District** in each **province and territory**

Pillar 3 : Support Functions / HR



Objective 3

- To implement an IDSR, **Human Resource, training / learning and development programme** across the system

NIH is the focal point for surveillance, lab support and federal response

Pilot districts identified in all provinces/ areas

PC-1s being finalized

Integrated Dashboard



Ministry of National Health Services
Regulations and Coordination
Government of Pakistan

Logged in as manager ▾

Pakistan Health Information System (PHIS) - Integrated health services, logistic and surveillance data

MIS Dashboards



National Level Integrated Dashboard



M&E Dashboards

DHIS
DISTRICT HEALTH
INFORMATION SYSTEM
DHIS Dashboards



LHW



MNCH



EPI



TBC



NACP



Malaria



Hepatitis



Polio



Nutrition

Logistics



Vaccine LMIS



Contraceptive
LMIS



TB LMIS

Surveys



PSLM



MICS



PDHS



Nutrition Survey



National Health Accounts

New Projects at design stage

- ❑ PM's Directive of 46 hospitals -13,900 hospital beds
- ❑ Family Practice Model to achieve UHC through integrated services both through public and private sector – 12 districts
- ❑ King Hamad University of Nursing & Associated Medical Sciences, Islamabad
- ❑ Health Planning, System Strengthening & Information Analysis Unit (HPSIU)
- ❑ National Preventive Programme (Behaviour Change Communication)
- ❑ National Hearing Screening Programme
- ❑ Nursing Now Campaign
- ❑ National Cancer Control Programme
- ❑ One Health Survey and enhanced granularity of reporting indicators

Regulations

Regulatory domain

- i. Drugs Regulatory Authority of Pakistan
- ii. Pakistan Medical & Dental Council
- iii. Nursing Council
- iv. Pharmacy Council
- v. Tibb Council
- vi. Homeopathy Council
- vii. Islamabad Blood Transfusion Authority
- viii. Tobacco Control Cell
- ix. Human Organ Transplant Authority
- x. Islamabad Health Care Commission – bill approved in May 2018
- xi. Allied Health Workers Council, Physiotherapists Council and – in process

Drugs Regulatory Authority of Pakistan (DRAP) - Mandate

- ❑ To provide effective co-ordination and enforcement of The Drugs Act, 1976 and to bring harmony in inter-provincial trade and commerce of therapeutic goods;
- ❑ To regulate manufacture, import, export, storage, distribution and sale of therapeutic goods.
- ❑ Its scope extended from 'Drugs' to 'Therapeutic Goods' that now include:-
 - Allopathic drugs (Administration of Drug Act, 1976)
 - Biologicals
 - Medical devices
 - Alternate medicines
 - Health and Over-the-counter (OTC) products
 - Medicated cosmetics, etc.

Drugs Regulatory Authority of Pakistan (DRAP) - Performance

- Total Pharma Units (local): 613
- Multinational Companies: 21
- Exports of Medicine (2016-17): >\$ 212.219 million

Activity	2014	2015	2016	2017
Number of New Drug Manufacturing Licenses granted	19	29	16	22
Number of Grant/approval of Additional Sections	28	34	42	66
Number of Renewal of Drug Manufacturing Licenses granted	62	49	45	94
Number of Approved Site for Establishment of Pharmaceutical Units	38	25	40	44
Number of Approval of Building Layout Plans / Expansion	133	139	127	214

Drugs Regulatory Authority of Pakistan (DRAP) - Quality

- ISO certified units: ??

Action taken	2014	2015	2016	2017
Suspension of Drug Manufacturing License	2	2	11	7
Cancellation of Drug Manufacturing License	0	0	0	5
Suspension of Production Activities	18	4	20	16
Show-cause Notices Issued	14	20	20	30
Cancellation/ suspension of registration of drugs	18	21	22	13
Performance Activities:				
GMP inspections conducted	856	937	1,059	1,105
GMP Certificate issued	275	254	481	476
Market Surveys	583	682	982	1,005

Drugs Regulatory Authority of Pakistan (DRAP) - Quality

Activities	2015	2016	2017 (Up to September)
Samples Taken by Inspectors and tested at lab i.e. CDL and DTLs	39745	74031	53371
Declared Sub-Standard	580(1.45%)	813(1.09%)	446(0.83%)
Declared Spurious	202(0.5%)	97(0.13%)	63(0.11%)
No. of cases of expired drugs	539	468	347
No. of Mfg Units / shops sealed	3431	4166	1850
No. of cases of illegal advertisements	173	100	98
No. of F.I.R.	496	388	134
No. of prosecution launched in Drug Courts	3903	3466	1452
No. of Cases decided by Drug Courts	1656	2446	884
Fine imposed by Drug Courts (Rs)	~71.6 Crores	~10 Crores	~3.2 Crore

Drugs Regulatory Authority of Pakistan (DRAP) – New Regulations

- Enlistment Rules for Health and OTC Products (Non Drug) [Nov 2014](#)
- Drugs Pricing Policy, [Mar 2015](#)
- Rules for Medical Devices, [March, 2015](#) (re-notification is under process under direction of Federal Govt)
- Services Rules for Employees of the DRAP, [April 2015](#) and amendment in [Sept 2015](#) and in [Jan 2017](#)
- Under the DRAP ACT 2012, application [of option by employees](#) (pending since 03 years) for absorption in DRAP employment or to remain as civil servants, conducted in [June 2015](#); while notification for employees has been issued
- Import Policy for Finished Drugs revised, [Sept 2015](#)
- New guidelines for early introduction of New drugs generic version to facilitate new drug generic version facilitation (e.g. Sovaldi)
- [Export Policy revision](#) to facilitate pharmaceutical exports
- Vitamin Policy pending since last many years approved by the Policy Board, [Jan 2017](#).
- Bar Code Rules finalized and notified on [15-06-2017](#)

Drugs Regulatory Authority of Pakistan (DRAP) – New Regulations

- Amendment in Drugs (Licensing, Registering & Advertising) Rules, 1976 for renewal of registered drugs
- Amendments in Schedule II and III of DRAP Act, 2012 for inclusion of prohibitions and punishments for overcharging price and black marketing
- Amendment in Drugs (Licensing, Registering & Advertising) Rules, 1976 for change in composition, qualification and experience of Registration Board members and re-nomination of Central Licensing Board members
- New Appellate Inspection Rules approved by the Authority and Policy Board and notified in [Nov, 2017](#)
- Amendment in Drugs (Licensing, Registering & Advertising) Rules, 1976 for qualification and experience of technical personnel working in pharmaceutical industry, [Nov 2017](#)
- Pharmacovigilance Regulation [2017](#)

Drugs Regulatory Authority of Pakistan (DRAP) – Future Targets

1. Attainment of Level-III in Self assessment of DRAP on Global Benchmarking Tool of WHO for National Regulatory Authorities.
2. Membership of Pharmaceutical Inspection Co-operation Scheme (PIC/S); An international “Gold Standard” for Pharmaceutical Inspection
3. Establishment of National Pharmacovigilance Center
4. Establishment of National Centre for Drug Reference Standards at Central Drug Laboratory, Karachi.
5. Implementation of Common Technical Document (CTD) format for registration of drug as per WHO/ICH Standards.
6. Complete Automation of DRAP functions and process

Pakistan Medical and Dental Council (PMDC)

- ❑ Statutory body to establish a uniform minimum standard of basic and higher qualification in medicine and dentistry
- ❑ Governed by a council comprising representative of federal and provincial governments, dental colleges and general practitioners

Category	Total
Public Medical Colleges	41
Public Dental Colleges	14
Private Medical Colleges	66
Private Dental Colleges	35
Total	156

	M.B.B.S.			B.D.S.		
	Male	Female	Total	Male	Female	Total
Foreigner	2,893	1,012	3,905	363	139	502
Pakistani	84,493	80,444	164,937	6,167	12,556	18,723

	MEDICAL SPECIALISTS			DENTAL SPECIALISTS		
	Male	Female	Total	Male	Female	Total
Foreigner	87	26	113	4	0	4
Pakistani	27,589	12,626	40,215	1,160	676	1,836

College of Physicians & Surgeons (CPSP)

- ❑ Body to promote postgraduate medical & dental education
- ❑ Governing body comprises 20 members elected by the Fellows
- ❑ CPSP awards postgraduate qualification in Medical and Dental disciplines at Fellowship and Membership level
- ❑ International recognition & collaboration

Produced **9,010 MCPS** and **20,548 FCPS** by the end of 2017;
Annual production capacity of more than 1,900 specialists

Pakistan Nursing Council (PNC)

- ❑ PNC is an autonomous, regulatory body constituted under the Pakistan Nursing Council Act (1952, 1973)
- ❑ Empowered to register (issue license to) Nurses, Midwives, Lady Health Visitors (LHVs), Licensed Practical Nurses (LPNs), Community Midwives (CMWs) and Nursing Auxiliaries i.e. FWWs

Basic Programs	Pre-Requisite	Training
General Nursing	Matric	3 Years
Lady Health Visitors	Matric	2 Years
Licensed Practical Nursing	Matric	2 Years
Midwifery (4thYear)	3 Year Diploma (N)	1 Year
Community Midwifery	Matric	2 Years
Family Welfare Workers	Matric	2 Years

Degree Programs	Training
Bachelor of Nursing	04 Years
Bachelor of Nursing (Post RN BScN)	02 Years
Fast Track Post RN (For Faculty Development)	01 Year
Master of Science in Nursing	02 Years

Pakistan Nursing Council (PNC)

- ❑ 216 nursing and midwifery institutions in the country
- ❑ Status of registered nurses, midwives and LHVs is as following by the end of 2017

	Nurses, Midwives and LHVs	Density per 1,000 Population
Punjab+ICT +AJK+GB	65,990	0.56
Sindh	21,644	0.45
KP+FATA	13,672	0.39
Balochistan	2,740	0.22
PAKISTAN	104,046	0.49

Close to 900,000
nurses, LHV and
midwives are
required by 2030
to meet the UHC/
SDG threshold

Pharmacy Council of Pakistan

Established under the Pharmacy Act, 1967 to regulate pharmacists, pharmacy support personnel and pharmacy premises and institutions

The mandate is to protect, promote and maintain the health, safety and wellbeing of patients and the public who use pharmaceutical services

Number of registered degree holder pharmacists was 33,455 by the end of 2017

39 Pharmacy institutes (17 in public and 22 in private sector) offering degree programmes (B and/or D) for registration in register 'A'

Regulatory Bodies for Traditional Medicine Sector

- ❑ Council of Homeopathy

- ❑ Council of Tibb

- ❑ 158,767 registered homeopathy practitioners and 62,540 hakims produced by 139 registered Homeopathy colleges and 34 registered Tibb colleges & 4 Tibb Universities – by the end of 2017

Members of Homeopathy Council 21

- Elected members Homeopathic Council 13
- Nominated (Federal 04, Provincial 04) 08

Members of Tibb Council 22

- Elected members Tibb Council 14
- Nominated (Federal 4, Provincial 4) 08

Islamabad Health Care Commission

Legislation approved in May 2018, to establish and regulate standards of health services both in public and private sector in Islamabad Capital Territory

□ Health Care Commissions already established in Punjab, KP and Sindh to set service delivery standards, register facilities and regulate health service provision both in public and private sector

Institutions

National Institute of Health (NIH) - Mandate

- ❑ Investigation, diagnosis and advise on the prevention and control of communicable diseases
- ❑ Sole public sector producer of vaccines and therapeutic sera
- ❑ Appellate lab for drug testing
- ❑ Public analyst lab for Islamabad for quality control of food items
- ❑ College of Medical Laboratory Technology
- ❑ Priority Communicable disease control Programmes i.e. EPI, ATM
- ❑ WHO collaborating center for Research & Training in Viral Diagnostics
- ❑ Research

National Institute of Health (NIH) - Achievements

- ❑ Engaged in multi-disciplinary lab supported public health activities such as diagnostic services, operational research for communicable diseases (Polio, Influenza) & production of vaccines/ life saving sera (Snake bite, Rabies and allergic vaccines)
- ❑ World class High Tech Bio Safety Level 3 Laboratory established to detect highly infectious diseases including Congo fever, Dengue etc.
- ❑ National Virus Reference Centre
- ❑ Sole producer of vaccines and sera for prophylactic and therapeutic use
- ❑ Developed rapid response to diseases of public health significance such as CCHF, Yellow Fever, Dengue

Health Services Academy (HSA)

- ❑ Established in 1987, as an institution under administrative control of MoH for Postgraduate Training in Public Health, Applied Research, Health Policy Advice and Institutional Consultancy
- ❑ Given autonomy through a bill in 2002 and a new bill approved in May 2018 to convert HSA as the first Public Health University
- ❑ Board of Governors under the chair of Minister of Health
 - More than 500 masters in Public Health
 - PhD courses in Public Health
 - Multiple short courses in different disciplines of public health
 - Pakistan Public Health Journal

Research Institutions

❑ Pakistan Health Research Council

- 155 research projects completed by PHRC through 12 regional research centers in 10 specialized areas
- Global Youth Tobacco Survey of Pakistan -2014, Malaria Indicator Survey -2014, Non Communicable Disease Survey-2014, Revitalization of Cancer Registry

❑ National Institute of Population studies

- aims to conduct action oriented research and surveys in the field of Population & Development
- Conducted different rounds of Pakistan Demographic & Health Survey (PDHS) and other surveys

Priority for ONE Health Survey to monitor SDG3, replacing multiple national and provincial surveys

Coordination



Inter-Ministerial Health & Population Strategic Forum

- ❑ Chair: Minister for NHR&C; with Provincial Health and Population Ministers as members
- ❑ Established on 20 August 2014, to facilitate deliberations and coordination of the GoP's efforts to improve health and population outcomes in Pakistan
- ❑ The objective is to undertake policy and strategic discussions to reach consensus on measures to strengthen Pakistan's health and population sector and to achieve Vision 2025 and international commitments

Pakistan H&P Interagency Coordination Consortium

□ Chair: Secretary (H)/ DG(Health) of M/o NHR&C; with provincial DGHS/PW, Chiefs of Health, Nutrition & Population of PD&R and representatives from development agencies and partners as members

Objectives are:

- To engage partners in policy dialogue and strategic priorities to achieve Vision 2025 and international commitments;
- To enhance alignment, harmonization and coordination of development assistance with national priorities and systems;
- To promote results oriented M&E systems to enhance mutual accountabilities

International Health Regulation (IHR) Task Force

□ Chair: Secretary NHR&C; with DG Health, DGHS, Provincial directors of CDC, line ministries, divisions & departments

Objectives are:

- To coordinate and facilitate on different capacities of international health regulations
- Implementation and monitoring of National Action Plan to build IHR capacities

International Collaboration

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International Commitments

- ❑ Pakistan signatory to 17 Global Conventions on Health including:
 - MDGs and SDGs
 - The 2005 Bangkok Charter for Health Promotion in a Globalized World
 - Framework Convention on Tobacco Control (FCTC)
 - International Health Regulations – 2005
 - Paris Declaration
 - Rome Declaration
 - Resolution on Anti Microbial Resistance (AMR) 2014
 - Global Health Security Agenda in the wake of Ebola and Zika outbreaks
- ❑ Working with >25 bilateral, multilateral organizations and funds
- ❑ BL MOU with 10 countries

Recent Key International Role

- ❑ Pakistan chair of WHO EMRO Regional Committee (2017-18) – Federal Minister
- ❑ Minister regularly attending World Economic Forum advocating ‘Health’
- ❑ Pakistan elected Chair of WHO Executive Board – 2017 (Dr. Assad Hafeez)
- ❑ Pakistan elected Member of GAVI Executive Board and presented as role model in last board meeting
- ❑ Pakistan chosen as host country for WHO Regional Committee Meeting and Executive Board Meeting in October, 2017
- ❑ Pakistan conferred TB Champion Award by WHO in 2016 for high level of case detection and management of TB patients including Multi-Drug Resistance TB

Shaping The Future

Shaping the Future

- ❑ Gradual governance and structural reforms at federal and provincial level and build the capacity accordingly to deliver results
- ❑ Health financing strategy to create an enabling environment for raising the public health expenditures to 3% of GDP by 2025, while ensuring equity
- ❑ Implementation of NHV 2025, while ensuring good progress in achieving UHC through implementation of strategic priorities of all eight pillars
- ❑ Reforms in National priority programmes to ensure effectiveness & efficiency
- ❑ Strengthen Regulatory bodies and Coordination mechanisms
- ❑ Stronger partnership with the private sector (both for-profit and not-for-profit private sector) and International community
- ❑ Monitoring & Evaluation system – ONE Health Survey



Advancement through Effective Partnership and Coordination



THANK YOU

For more information, please visit www.nhsrc.gov.pk/