

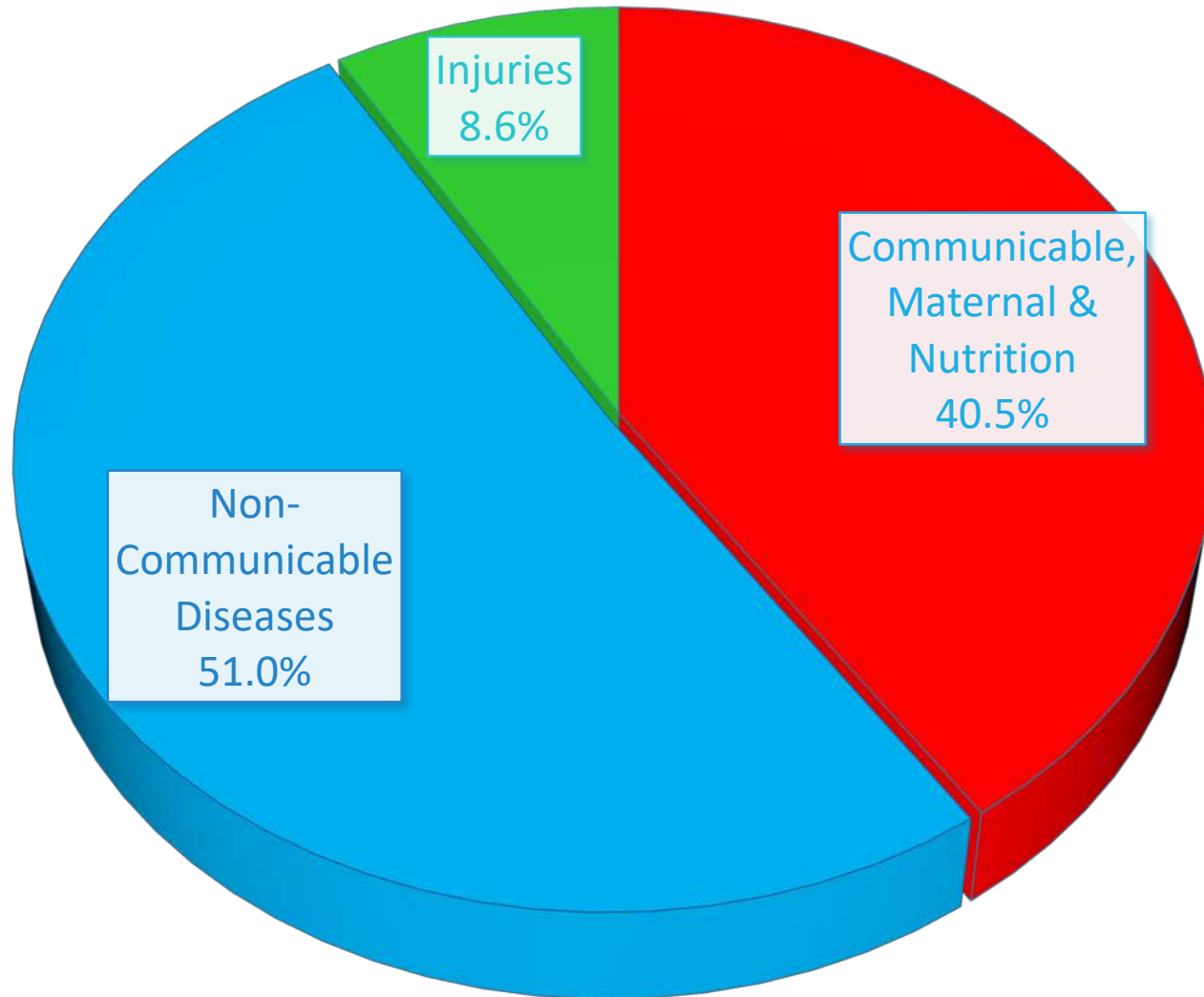


Health Transformation Agenda in Pakistan

August 2018

Ministry of National Health Services,
Regulations and Coordination

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



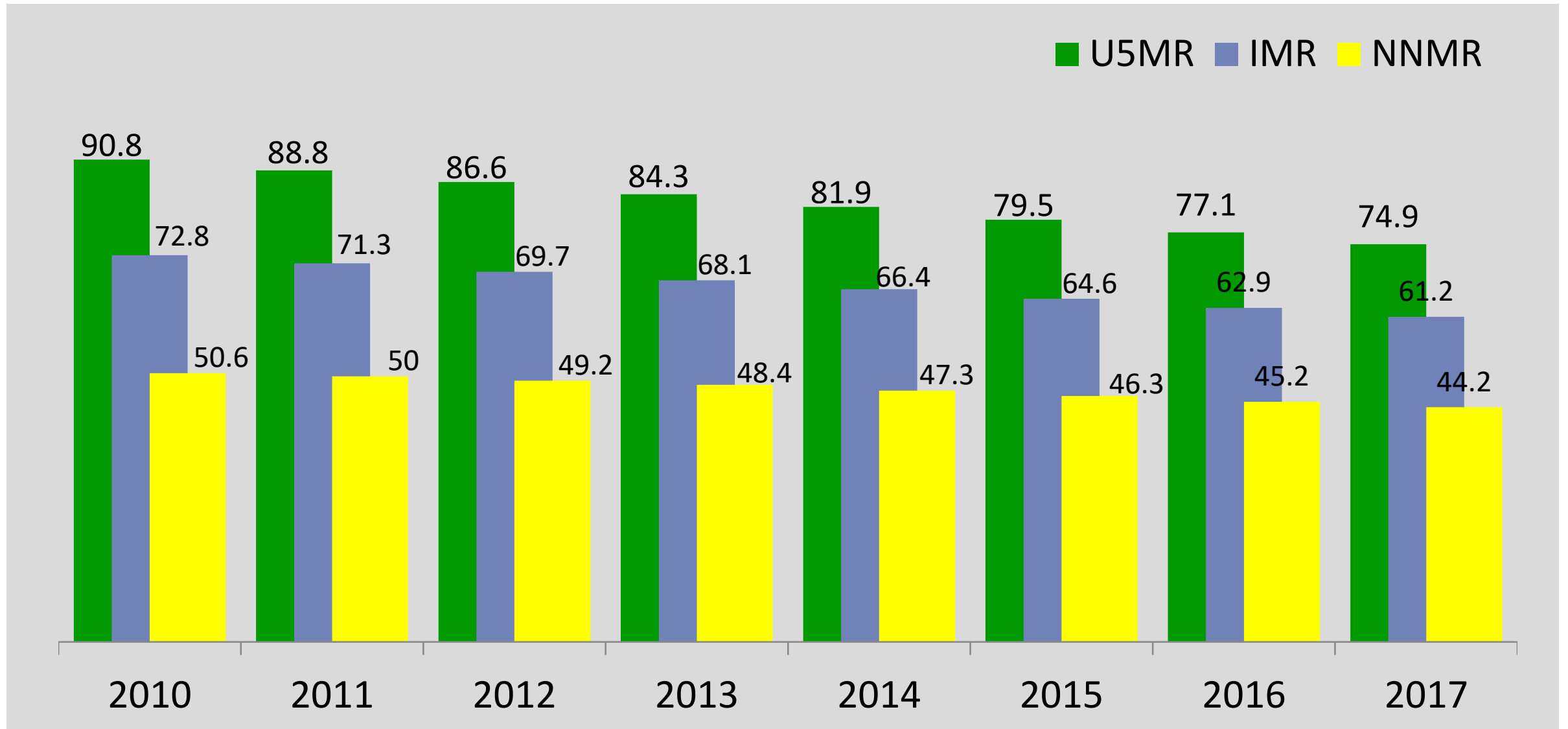
TOTAL BOD in 2016:
77.06 million DALYs Lost

- Communicable diseases, maternal & nutrition: 31.2 million DALYs Lost
- Non-communicable diseases: 39.3 million DALYs Lost
- Injuries: 6.6 million DALYs Lost

Some Eye Openers

- 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
- 6.3 million annual births - 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

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



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

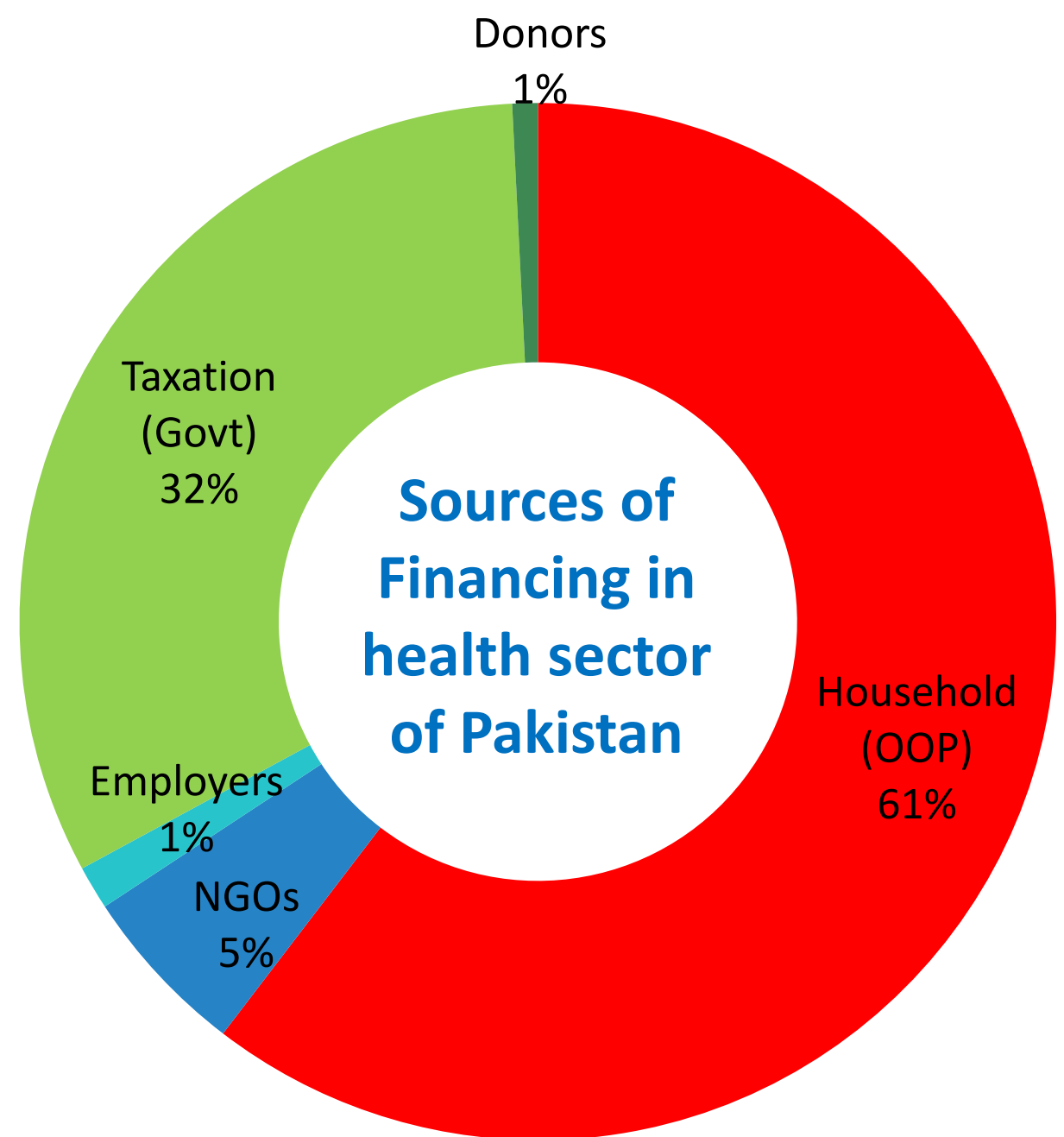
Health System Challenges

- Crises of Essential health workforce - 1.45 per 1,000 population (4.45)
- Shortage of hospital beds - 6 per 10,000 population (18)
- PHC facilities with poor infrastructure, equipment and medicines availability
- Fragmented health services - without evidence based essential package of health services
- Poor quality of services and weak referral system
- Unregulated private sector and weak public private partnerships
- Poor accountability and governance ambiguities – federal, provincial, district
- Weak cross sectoral and community engagement
- Weak health information and medical record system
- Inequitable and inefficient financial risk pooling for health

Per capita health expenditure

\$39.5

(public and private)

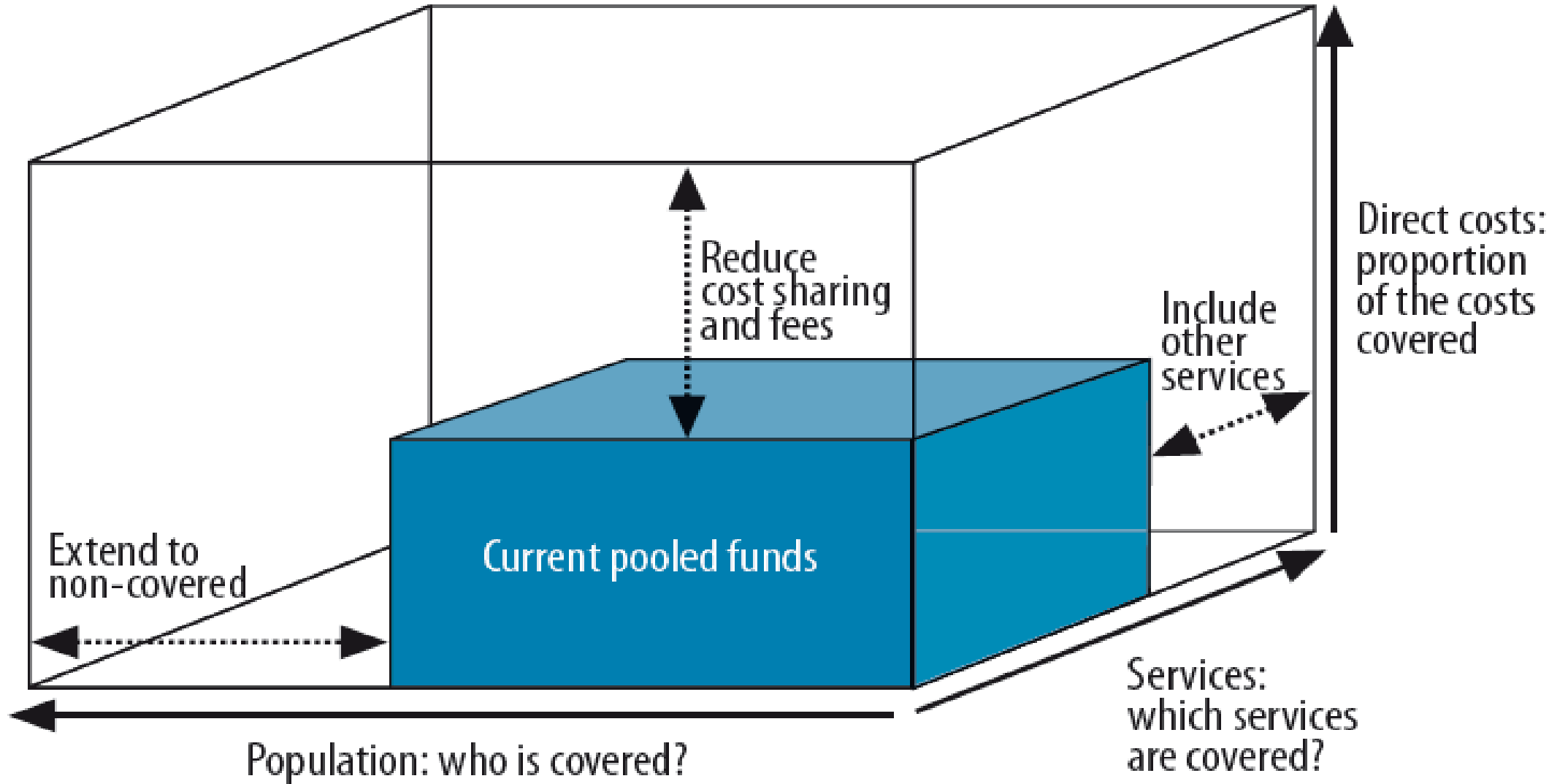


Health Transformation Agenda

to achieve
Universal Health Coverage (UHC)

*“To provide integrated
quality healthcare to all with
financial risk protection”*

Universal Health Coverage framework



Universal Health Coverage Index – Composite indicator

**4 Areas
and
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

Principles for Health Transformation Agenda in Pakistan

- Good **governance** to enable effective delivery of evidence based health system reforms and innovations
- Universal coverage with an **essential package of health services** and **financial protection** against catastrophic medical expenses
- **Integrated quality health services** that are allocatively and technically efficient through
- Manage revenues to **pool health risks** equitably and efficiently
- Translate **determinants of health** into action through learning from practice

Translating into Action

Governance

- District empowerment and de-politicizing of health sector
- Integration of service delivery with academia – also for technical backstopping based on evidence (Iran Model)
- Strengthened Regulations
 - For engagement of private sector in service delivery
 - Regulation of quality service delivery – both public & private
 - One human resource for health regulatory body
 - Production and availability of quality medicines – for internal consumption and also for export
 - Stoppage of dual practice with incentive for non-practicing

Translating into Action

- Define evidence based **Essential UHC Package** – 5 platforms (218 services)
 - Population based – 13 interventions
 - Community level – 59 interventions
 - Health centre – 68 interventions
 - First level hospital – 58 interventions
 - Referral hospital – 20 interventions
- Prioritize interventions based on agreed criteria as cost may be high
- Inter-sectoral and finance interventions to be included
- Keep people out of hospital rather than paying their hospital bills



Translating into Action

Efficient & Quality health services to cover

RMNCH and Nutrition cluster

1. Maternal, newborn health and nutrition
2. Child Health and nutrition
3. School-age health and development
4. Adolescent health and development
5. Reproductive health and contraception

Infectious diseases cluster

6. HIV and sexually transmitted infections
7. Tuberculosis
8. Malaria and adult febrile illness
9. Neglected tropical diseases
10. Pandemic and emergency preparedness

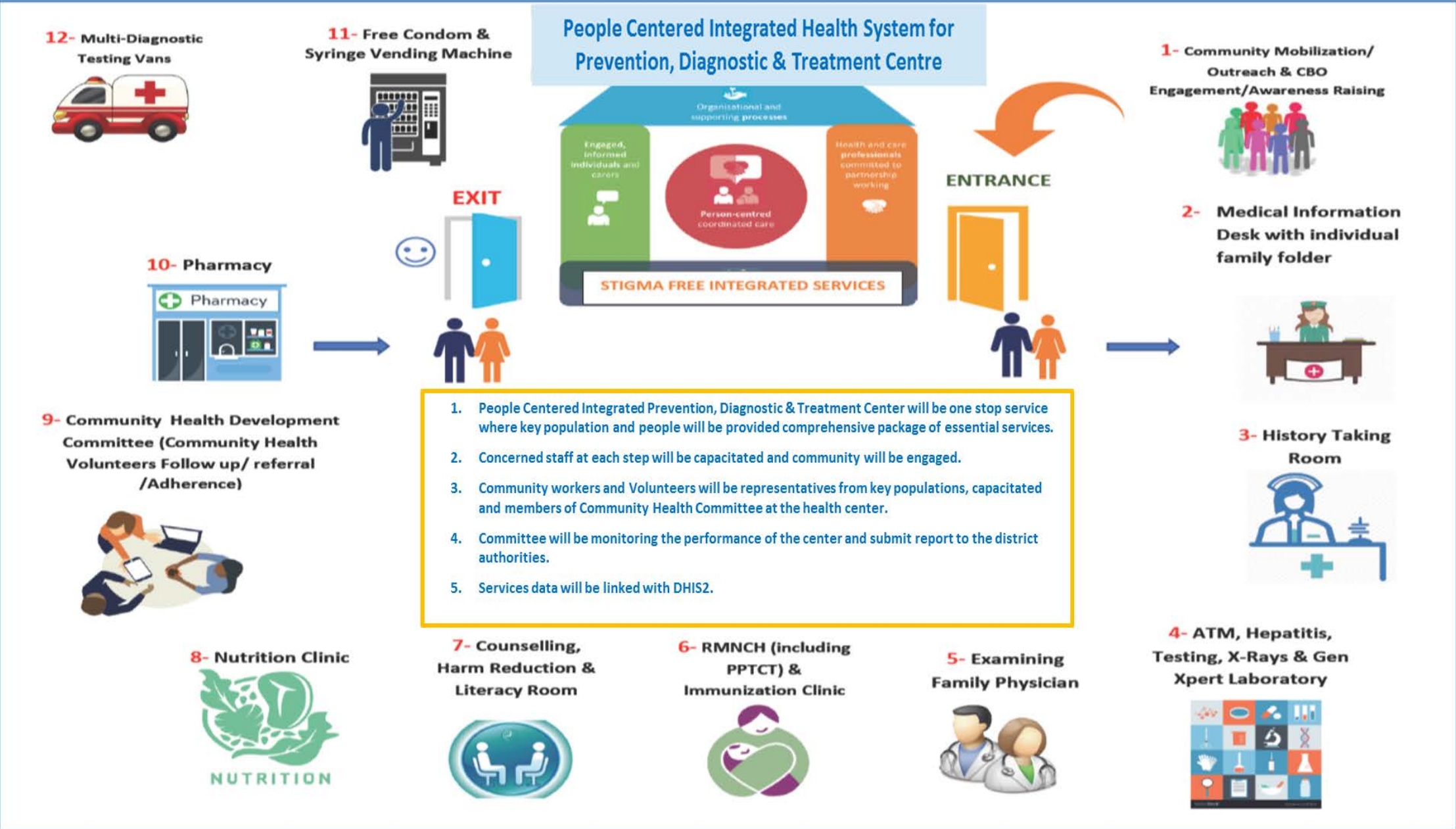
NCDs and injury cluster

11. Cardiovascular, respiratory & related disorders
12. Cancer
13. Mental, neurological, and substance use disorders
14. Musculoskeletal disorders
15. Congenital and genetic disorders
16. Injury prevention
17. Environmental improvements

Health services cluster

18. Surgery
19. Rehabilitation
20. Palliative care and pain control
21. Pathology

Family Practice Approach at PHC level (Pub & Pvt)



Translating into Action

Increasing the efficiency and equity of public spending

State funded **high priority package** (104 services) – Universal

Manage **revenues to pool health risks**

- Subsidizing the premium of the poorest for appropriate benefit packages
- Expanding pools through mandatory inclusion of other groups and integration of private health insurance funds
- Creating single or virtual pools

Task shifting and **Integrate health workers** by providing right incentives (performance based)

Need to develop consensus on how to monitor SDG3/ UHC?

During MDGs:

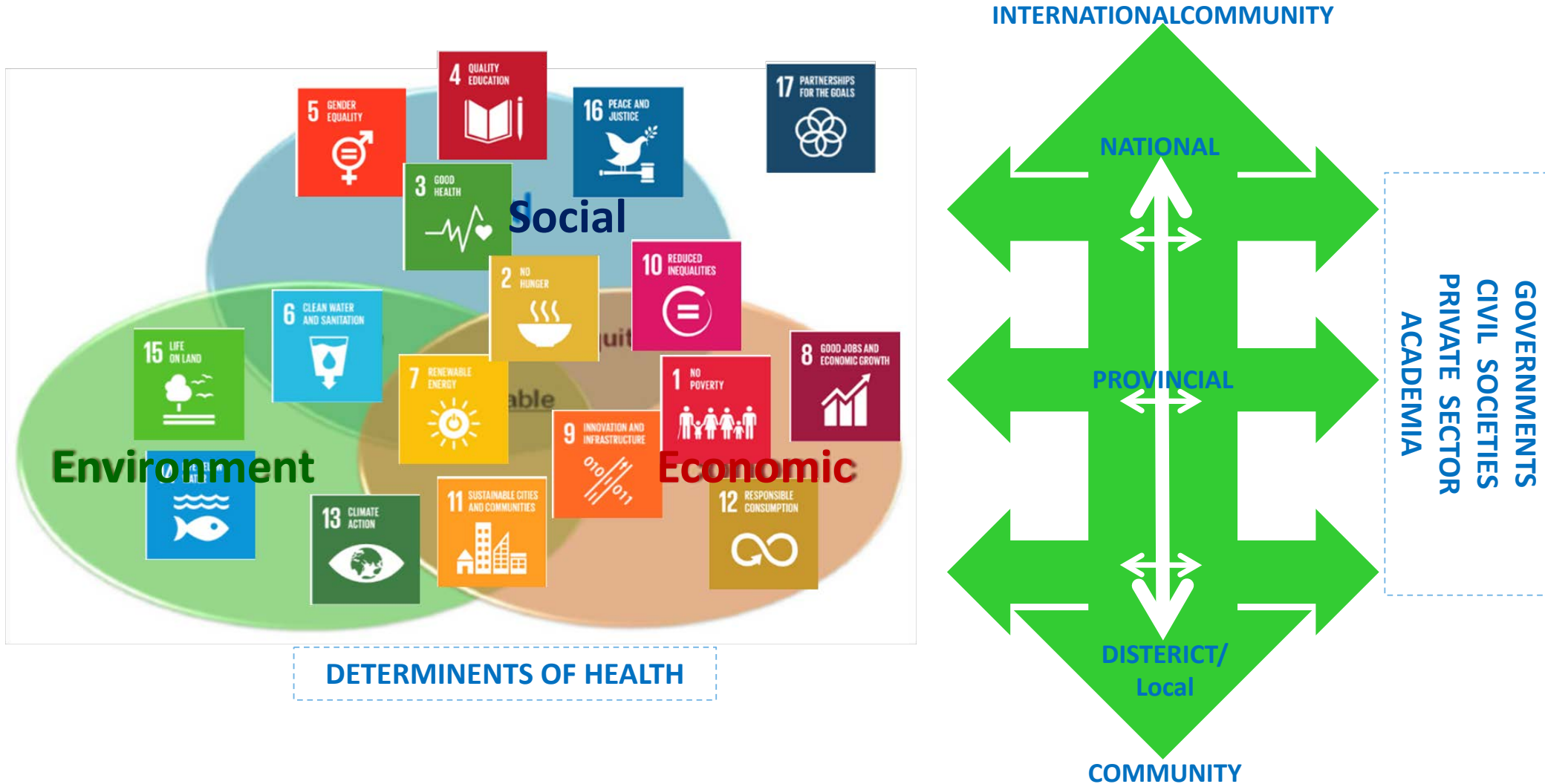
- ❑ PSLM, PDHS, MICS, NNS, DHS, NHA, HFA, NHA, Prevalence surveys, UN estimates and health information systems, etc.
- ❑ Different surveys at national, provincial and district level
- ❑ No uniformity in definition of indicators and methodology of surveys - results not comparable



During SDGs:

- ❑ Proposal of limited number of standardized surveys:
 - ❑ ONE National Survey with provincial (1,3,6 yr) & constituency/ district (3 yr) estimates
- ❑ HFA and electronically Integrated Management Information System
- ❑ National BOD study and National Health Accounts

Advancement through Effective Partnership and Coordination



Options for Low Hanging Fruits over Short term - 1

- ❑ Successful Measles campaign in September 2018 with full involvement of political leadership in social mobilization
- ❑ High level participation in the special session of the UN General Assembly on Tuberculosis - announcing domestic resources for TB
- ❑ Setting Task Force for integration of health services with academia, along with devolution of health services to districts
- ❑ Start de-politicization of health sector, along with meritocracy
- ❑ Immediate filling of vacant health posts of doctors, nurses and other health workforce

Options for Low Hanging Fruits over Short term - 2

- ❑ Opening of new 50 Nursing/ LHVs schools in remote districts and start training of new nurses, midwives and LHVs to full capacity
- ❑ Immediately double the number of nursing positions in public sector and move towards implementing the standard of '1 qualified nurse for 3 hospital beds' and '1 qualified nurse for 1 ICU bed' both in public & private sector
- ❑ Careful consideration for export of skilled health professional with enhanced in-country production doctors & nurses
- ❑ Replace Nursing diploma with Nursing degree program

Options for Low Hanging Fruits over Short term - 3

- ❑ Announce 50,000 new positions for LHWs with restructuring of vertical programs supporting UHC
- ❑ Open fully equipped and staffed 'Neonatology clinics' in 40 districts
- ❑ Launch of National Hearing Screening Programme with later on inclusion of Assistive Devices for disabled
- ❑ Joint ventures with private sector to strengthen & increase capacity of current public sector hospitals/ open new hospitals
- ❑ Start partnership with general practitioners for provision of EUHCP through Family Practice Approach – UK's NHS model

Options for Low Hanging Fruits over Short term - 4

- ❑ Social sector SDGs committee in national assembly to monitor progress and strategic work
- ❑ Development of Essential UHC Packages based on evidence
- ❑ Development of National NCD Action Plan
- ❑ Develop medium term Health Sector Strategies (costed) in all DOH
- ❑ Legislation for 'One HRH Regulatory Authority'
- ❑ Legislation for Mandatory Routine Vaccination of All Children
- ❑ Healthcare commissions in all provinces/ areas and enforce licencing linked to quality standards both in public & private sector

Options for Low Hanging Fruits over Short term - 5

- ❑ Merger of PM's National Health Program, Sehat Insaf, other Health Insurance Schemes and Fatal Diseases Program and scale up social financial protection for evidence based priority benefit package
- ❑ Tobacco Levy on cigarette; Sugar Levy on beverages
- ❑ Measures and new legislation to strengthen drugs regulation for quality production of medicines and increasing export of medicines
- ❑ Measures to enhance local production of vaccines in private sector – meeting WHO standards
- ❑ Polling & aligning all donor and UN support for UHC – avoid duplication and address inequity challenges

Options for Low Hanging Fruits over Short term - 6

- Collaboration of health sector with
 - Education for inclusion of health message in syllabus
 - Sports for healthy life styles
 - Food & agriculture for food security in all districts
 - Local government for clean drinking water and sanitation
 - Traffic police for control of accidents
 - Live stock for control of communicable diseases and surveillance
 - Line ministries for International Health Regulations (IHR)
 - Planning & Finance for enhancing health financing reforms
 - Foreign Affairs for South-South Collaboration

