



Handover Report

Ministry of National Health Services, Regulations & Coordination

Note for the Cabinet and Summary of the Report

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Government of Pakistan

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*‘Essential health care for all citizens must be recognized as
a right, not a favour’*

NOTE FOR THE CABINET FROM THE FEDERAL MINISTER

The past five years have been meaningful and memorable being a Cabinet member of the Prime Minister of Pakistan and leading the portfolio of newly created Ministry of National Health Services, Regulations and Coordination (M/o NHSR&C).

I've had the privilege of working alongside the Prime Ministers - Mohammad Nawaz Sharif and Shahid Khaqan Abbasi - and other members of the Cabinet and we battled one challenge after another together. I appreciate having had this wonderful opportunity to work with you all. When the time came to say goodbye after successful completion of the five years' term of the National Assembly and the Government, there were many touching moments of reflection.

I am very much obliged to the President of Pakistan, Mr. Mamnoon Hussain for conferring '*Sitara-i-Imtiaz*' on 23 March 2018, in recognition of my humble efforts to the turnaround of the Polio situation.

Strong backing from the colleagues in the Cabinet and Parliament and also from the Provincial/ Area Ministers of Health, is worth mentioning, as they cooperated with me without considering their political affiliation and local interests.

Beyond the policy and development works, I am deeply moved by the hard work and passion of staff of my ministry. Pakistanis from different walks of life and international partners also contributed to this process. A 'Big Thank You' to all.

During the period, the peaks and troughs of the ministry, mirrored unprecedented change and complexities that of the government. My first priority as the minister was to learn and understand the issues and concerns of various stakeholders, partners and the most important ones were the poor people of Pakistan. I took few months for diagnostic thinking and gaining knowledge about the challenges faced by the newly created ministry with fragmented functions.

Experience of working with the ministry and departments of health& population welfare, international community, managers, academicians, researchers, public health scientists, civil society, health workers and stakeholders in the health sector of Pakistan added value to my thoughts, as we jointly moved towards an evidence-based policy and pragmatic reform process in the sector. With a '**Can-Do**' spirit, the Ministry is now growing with a new passion to lead the

health sector in Pakistan in partnership with provinces, international community and other stakeholders, and is establishing itself as a successful conglomerate.

Health is an entry-point towards prosperity and progress. There is no 'quick fix' in the health sector as progress is always slow and evolutionary. It is therefore, important to have consistent and evidence based transformation in the sector, advancement through collaborative approach and ensuring integrity, transparency and accountability.

Before leaving the portfolio of federal minister, it is my utmost duty to update the Cabinet on the current status and progress made by the ministry over the period. The Handover Report and Papers will also serve the purpose of communicating the successor Minister/s of NHR&C and other partners to ensure continuity in the momentum towards progress and to maximize efficiency of the new government.

I, therefore, present this handover report along with key strategic papers, for the Cabinet's assent.



Saira Afzal Tarar
Federal Minister



Handover Report

Ministry of National Health Services, Regulations & Coordination

Summary - Shaping the Future

This report presents details of the work undertaken during my term as the Minister of National Health Services, Regulations and Coordination (NHSR&C), and also highlights sections on which the successor Minister/s and partners may like to focus for ensuring continuity and maintaining the momentum required for progress.

With the abolishment of Ministry of Health in 2011 as a result of the 18th constitutional amendment, residual federal health & population welfare functions were allotted to different federal ministries with no effective mechanism for coherence and alignment. Re-creation of the M/o NHSR&C provided me an opportunity to undertake federal health and population functions in a coordinated and systematic manner while adopting a strategic approach for reshaping the future of the ministry and the sector in the country.

Key achievements over the period include:

Policy & Strategic Level

- A National Health Vision (NHV 2016-25) was developed which is aligned with the Pakistan Vision 2025, the country now has a common and unified policy on health along with consensus on national health indicators and targets
- Pakistan's commitment at the London summit on Family Planning 2020 was ensured by enhancing allocation in the public sector for family planning from Rs.108 million in 2012-13 to Rs.1,500 million in 2017-18
- Development and consensus approval of national documents i.e. Human Resources for Health Vision 2018-30; Ten Points Prioritized Actions to address RMNCAH challenges; Pakistan National Action Plan for Health Security, 2017 and other strategic plans. These are major policy level restructuring initiatives to strengthen health system
- Disease specific Strategic Plans were developed including EPI Policy & Strategic Guidelines, Strategic Plans for AIDS, TB and Malaria, Hepatitis and Blood Safety

Programmatic Level

- The Prime Minister's National Health Programme was launched as per party manifesto. It is functional in 38 districts so far, with enrolment of more than 2.8 million poorest families, of which 361,334 families have availed services. The programme has approved allocations for nation-wide scale covering 14 million poorest families

- The numbers of Polio cases have been brought down to only 1 in 2018 from more than 300 cases in 2013-14. Pakistan is now very close to the interruption of polio virus transmission
- An additional 3,900 maternal deaths and 87,900 children deaths were averted over last five years by resources generated through RMNCH Trust Fund availed subsequent to our 10 points priority plan
- National Immunization coverage in children was raised to above 80% from less than 60%, along with implementation of National Immunization Support Platform (NISP) financing platform, at federal and provincial levels
- In 2017, significantly better performance was seen in communicable diseases as compared to earlier indicators e.g. record level of sixty nine percent of 518,000 TB patients were detected and provided free treatment services; more than 1.4 million insecticide impregnated bed nets distributed in 66 high risk malaria districts for prevention of malaria; and 22,333 AIDS cases registered so far for free anti-retroviral treatment
- National food fortification programmes for nutrition were started across Pakistan and an amount of Rs. 10 billion has been allocated in the current budget for nutrition programmes

Regulations and Legislation Level

- Drugs Regulatory Authority of Pakistan (DRAP) was revamped with more than 300 fresh technical recruitments, the backlog of licensing and registration applications was addressed, the first ever drug pricing statutory notification was issued, the legislation of bar coding for quality assurance introduced, Pharmacovigilance Regulation 2017 approved, Quality level II for WHO pre-qualification criteria achieved with progress to achieving level III by 2019 and exports of medicine reached a record volume of US\$212 million in 2017
- Guidelines for early introduction of New drugs “generic versions” to facilitate treatments of common diseases were introduced. Pakistan is one of the first countries in the world to register Sofosbvir (Sovaldi), which was followed by fast track local production of inexpensive quality generics saving the lives of thousands of Hepatitis-C patients
- A reform process was started in Medical & Dental, Pharmacy, Nursing, Tibb and Homeopathy councils, i.e. conflict of interest addressed for the first time among members, online registration for nurses initiated, post graduate education in pharmacy brought under the regulatory ambit and improvements in rules & regulations for all councils carried out
- Major achievements at the legislative level was approval of the Health Services Academy amendment bill for upgrading to the institution to a Public Health University - first university in the public sector and the bill for Islamabad healthcare regulation to establish a regulatory authority to ensure provision of quality health services in Islamabad through public and private sector. Two more bills are at advanced stage of approval i.e. bill for Allied health workers council and bill for the Physiotherapists council. Other legislative reforms included bill for human organ transplant amendment and various amendments in the bill for tobacco control

Coordination (national and international) Level

- National level coordination mechanisms were created in the form of formal platforms including i.e. Inter-Ministerial Pakistan Health and Population strategic forum, Health & Population Interagency coordination consortium, National International Health Regulations

- (IHR) Task force with 'One Health' approach, Anti Microbial Resistance coordination forum, Health & Population think tank, with regular meetings and follow up of actions
- Creation of new entities in my tenure including Health & Population Think Tank (HPTT), Health Planning, System Strengthening and Information Analysis Unit (HPSIU) and National Integrated Dashboard (Pakistan Health Information System) are steps which will have sustainable impact in coordination of evidence based policy process in the country
 - Pakistan's contribution to global leadership in health was tangible by the country's active role in various forums including being the Chair of WHO Regional Committee, Chair of Executive Board of WHO, member of GAVI Board and other international committees
 - WHO EMRO Regional Committee meeting of Health Ministers was brought to Islamabad in 2017, after a gap of more than 20 years thus re establishing trust of international health community in Pakistan. Pakistan led the agenda of improving access to assistive technology through the adoption of regional and global resolutions. The ministry also signed agreements or MOUs on health collaborations with 10 countries and is working with more than 25 bilateral, multilateral organizations and Funds

Organizational Level

- ISO certification of M/o NHR&C and Vaccine management & tracking system achieved with certification of AIDS, TB and Malaria Programme in process
- National Institute of Health was completely revamped with new High Tech Bio safety Level 3 Laboratory and National Reference Viral laboratory along with lab supported activities for Polio, Congo fever and Dengue. The vaccine production activities being on hold for many years were re initiated and strengthened
- Pakistan Health Research Council was given autonomous status after legislation in 2016
- National Institute of Population Studies (NIPS) was strengthened and is carrying out Pakistan Demographic Health Survey (PDHS) as per international standards

As the Minister of NHR&C, I attempted to set the strategic direction and create an enabling environment for the health and population sector in the country. However, continued efforts and momentum will be required in the coming years to reshape the future of the sector in Pakistan and to achieve desired results. My suggestions for the successor Minister/s of NHR&C will be as following:

1. There are still **organizational and governance** challenges in the sector, which need to be addressed through a gradual reform process
2. Good progress in the sector by increasing public health expenditure from the lowest ever level of 0.23 per cent of the Gross Domestic Product (GDP) in 2010-11 to a record level of 0.91 per cent of the GDP in 2016-17. In 2017-18, we are on track to cross the milestone of 1 per cent of the GDP. However, achieving the target of enhancing **public health expenditure to a level of 3 per cent of the GDP by 2025**, must be accomplished
3. We have no other option but to enhance institutional capacity of the M/o NHR&C, along with **strong partnership with the provincial departments of health & population welfare, private sector and other stakeholders**

4. **Implementation of strategic interventions agreed in NHV to achieve universal health coverage** (UHC) should be the top priority for the ministry, DOHs and partners
5. **National priority programmes focusing on reproductive, maternal, newborn, child and adolescent health and nutrition services should be scaled up** to a maximum level along with programmes addressing **communicable diseases** for achieving UHC without any further delay. Rapid scaling up of the **Prime Minister's National Health Programme** is required targeting initially 7 non-communicable diseases for the poorest
6. Four areas of system strengthening should be a priority i.e. progress on implementation of the core **capacities for international health regulations**; significantly enhanced **hospitals beds to population ratio**, meet the minimum **threshold for skilled human resources for health** with opportunities for decent jobs in public and private sector, and **availability of essential medicines and commodities** at all levels of the health care delivery system
7. **Regulatory bodies and institutions** should adopt a "systems approach" so that they can also play their due role in the health outcomes of UHC, while ensuring more value for money
8. The **monitoring and accountability mechanisms** should be strengthened to ensure the timely implementation of NHV and other strategic documents agreed to. '**ONE Health Survey**', to measure SDG3 should replace multiple national and provincial surveys

Finally and not the least, the **ministry should also restructure itself to meet the new emerging demands**, while focusing more on **equity, effectiveness and efficiency**.

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