

## CHAPTER 5

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### HEALTH

Pakistan has a mixed healthcare delivery system including both state and non-state providers and for profit and not for profit organizations. After 18<sup>th</sup> constitutional amendment, roles of federal and provincial governments have been redefined, with responsibility for the delivery of health and related services transferred to the provincial governments. The provincial governments have now been given the autonomy to develop and implement health systems that are effective efficient, and equitable. Provinces have been taking measures to ensure that public health systems work efficiently at the district and tehsil levels; however, there are challenges of supply side; governance and coordination.

The key objective of Vision 2025 includes reducing the widespread prevalence of communicable diseases; strengthening disease surveillance; addressing inadequacies in primary and secondary healthcare facilities; correcting rural-urban biases; bridging basic nutritional gaps and improving the pharmaceutical sector to ensure the availability; affordability and quality of drugs.

The 11<sup>th</sup> Five Year Plan aspires to enhance the health and well-being of the population of Pakistan by providing effective health care services, fostering sound, sustained advances in the field of medicine, public health, and social services.

An inter-sectoral cooperation and sector wide approaches would be required to achieve the ambitious goals in the year ahead, especially in the times of natural and man-made disasters, rising poverty and slow economic development.

There is a clear need of increasing resource allocation, strengthening primary health care services and motivating the human resource employed in health sector by good governance. Progress would largely depend on achieving a better balance between short-term interventions to meet humanitarian needs and longer term actions for building sustainable health systems.

The government, donors, non-state actors and other stakeholders should design concerted actions to develop a health framework that is aligned with national scope and priorities, rather than focused on stand-alone donor driven project-oriented approaches. The country's ownership of the SDGs would be the foremost requisite for health and development in future.

#### **Performance review 2014-15**

To improve health status of the people and to reduce burden of disease a series of programmes and projects are on track for which funding was provided by the federal government. These programmes include Family Planning and Primary Health Care (FP&PHC), Expanded Programme for Immunization, Malaria Control Programme, Tuberculosis (TB) Control Programme, HIV/AIDS Control Programme, Maternal Neonatal & Child Health (MNCH) Programme, Prime Minister's Programme for Prevention and Control of Hepatitis and Cancer Treatment Programme.

Cancer has been considered as one of the deadliest forms of non-communicable diseases and the numbers of cases are increasing alarmingly. Pakistan Atomic Energy Commission's (PAEC) 18 cancer hospitals in four provinces are providing diagnostic and treatment facilities to cancer patients. Five new cancer hospitals are in the process of construction. Federal Breast Cancer Screening programme have been launched in 2013 at PIMS in Islamabad for early diagnosis and screening.

Lack of financial and human resources, evidence for decision making, infrastructure, meaningful collaboration with partner countries, and overall governance of the health sector are some of the pitfalls. Compounding the whole situation is the mismanagement of the scarce resources. Lack of expertise in strategic planning, political will, national interest and participatory planning are the major drawbacks in grooming of health sector.

An amount of Rs21 billion was provided in PSDP 2014-15, where Rs16 billion were utilised by end of March 2015. Overall achievements for the health sector are creation of skilled personnel, which includes 5000 new doctors, 500 dentists, 3300 Nurses, 4500 paramedics and 450 Traditional Birth Attendants.

Overall the communication and coordination of provinces in issues related to health remained appalling. The provinces also lack capacity to implement institutional mechanisms in place for data gathering, analysis and reporting to the federal government. As the provinces lack ownership of the vertical programmes, their accountability remains weak.

### **Outlook 2015-16**

The Vision 2025 describes its Pillar-I as 'People First'. It is very well aligned with the United Nations Organization's Millennium Development Goals (MDGs). The Pillar includes development of social and human capital and empowering women through poverty eradication (MDG 1), access to health services {MDG 4-(Child Health)}, Maternal Health (MDG 5) & HIV/TB/Malaria (MDG 6), access to education services (MDGs 2) and gender empowerment (MDG 3). The countdown to the MDGs has begun while the cut-off point of June 2015 is just round the corner. The new international commitments in the form of sustainable development goals (SDGs) proposes goals and targets that integrate economic, social and environmental aspects and recognise their inter-linkages in achieving sustainable development in all its dimensions.

It is critical to address the social, cultural, environmental, economic, and political determinants of health; improving the health of disadvantaged and marginalized groups and meeting the specific health needs of people at different stages of life.

Strong health systems are a prerequisite to the idea of health for all; minimal work has been done on systems strengthening. The health systems of the country ended up having disease specific interventions. If the health systems are weak in health workforce, drug supply, health financing, and information systems, they may never be able to respond adequately to opportunities such as MDGs or SDGs. We should gear all efforts toward building the equitable, effective and client-friendly health systems required to achieve the MDGs and move forward.

For ensuring good governance, genuine priority setting, better coordination, meaningful integration, and an inclusive political commitment can help in reorienting the health sector with new enthusiasm.

Investing in health necessitates in-depth research to visualize the real determinants of health-seeking behaviours and health services utilization among the most vulnerable sub-groups of the population. Besides investment, government must reflect the commitments through a healthy public policy, a responsive health system, a meaningful partnership with private sector, across the board accountability, and a strong stewardship.

The federal government intends to harmonize interprovincial coordination in the context of the devolution and strives to help the local and provincial governments in achieving international obligations such as MDGs. The endeavours envisioned in the year ahead should lead to formulate evidence-based national policies, and health services which are affordable, accessible and culturally acceptable, and finally a responsive health system.

The provinces need to address their governance issues and enhance their coordination mechanisms in health. Their commitment to own the devolved resources and programmes will determine the pace of health related development in their respective provinces. Improving ownership of health related resources will also improve the issues of accountability.

Development of a proper disease information system, health education and health promotion initiatives will be encouraged for awareness of the general public. Potable water supply, Sanitation, Traditional medicine, Health legislation for various regulatory measures and Road Traffic Accidents (RTAs) are other health areas of concern to be addressed.

Universal access to sexual and reproductive health care services will be promoted which includes information and education regarding family planning services. The integration of reproductive health into national and provincial strategies and programmes will be supported.

The Human Resource for Health (HRH) will be improved through trainings in health management and improvements in career structure. Composition and functioning of Pakistan Medical and Dental Council (PMDC) and Pharmacy and Nursing Council will be reviewed for improvement.

The Plan also aims to reduce drug abuse and devise policies for physically or mentally challenged people. Public health laboratories will be upgraded, voluntary Blood Bank services will be developed and DHQ/THQ hospitals will be modernised.

The government is also focusing on new initiatives such as development of National Strategic Framework for acceleration and enhancement of Civil Registration and Vital Statistics (CRVS) in Pakistan. For this purpose, an institutional set up in the form of National Steering and Coordination Committee has been set up under the Chair of Minister for Planning, Development and Reform with representation of all the stakeholders including the provincial governments. The Committee during the plan period shall finalize its recommendations for institution of an efficient and effective CRVS System.

Another such endeavour is formulation of a national strategic framework to overcome burden of communicable and non-communicable diseases. This policy formulation will help in reducing the incidence of cardiac, diabetic and other degenerative diseases through investment in hospital infrastructure, health, education and awareness. Cancer will be treated through establishment of more cancer treatment centres/hospitals. The Government, keeping in view the rising need of Cancer Treatment Facilities, has taken a new initiative of establishing a state

of the art 'Cancer Hospital' in ICT. Rs 200 million has been earmarked. Prevention and control of non-communicable diseases will be pursued passionately. Moreover, tobacco use and tobacco-prevention interventions will be monitored in order to ensure protecting people from tobacco smoke in both public and work places, help people for tobacco cessation, warn people against the dangers of tobacco and other narcotics. A national plan of action will be developed on food and nutrition with an emphasis on national nutrition priorities including control of aberrant diet related to non communicable diseases.

The government will support developing a proper drug policy to help improve quality of drugs and their pricing. It will also support research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect our country.

The federal government is in the process of launching a "Prime Minister's National Health Insurance Programme" to help improve the health status of the poor and vulnerable by ensuring their access to quality health care. Resultantly, out-of-pocket health expenses by the poor and vulnerable population will reduce. Rs 9000 million has been earmarked for the purpose in 2015-16 PSDP.

The health sector reforms agenda has been initiated by the Planning Commission under the patronage and supervision of Minister for Planning, Development & Reform. A committee on health reforms in ICT has been constituted. The committee will identify key challenges and constraints in health sector within ICT and propose actionable recommendations to improve coordination and integration of health services. An implementation plan on the reforms in health sector in ICT would be developed and executed.

A Health Regulatory Authority will be established in the federal capital in order to streamline health service delivery and to provide quality health services to the people of Islamabad. Lessons learned in due course will be useful to replicate healthcare reforms in the provinces.

Rural population suffers from numerous health issues due to multiple reasons, e.g. lack of education, awareness, infrastructure, health facilities and poverty. A shared understanding of the health value chain in partnership with provinces as well as with general public will be developed. Supplemented understanding will help plan, monitor, and evaluate the impact of infrastructure for water and sanitation, hygiene, prenatal and postnatal treatment, food and diet, preventive health care, primary healthcare, drug regulation, and population control on health outcomes of people. The emphasis will be to work with provinces on access to healthcare and ensuring a minimum level of service delivery throughout the country. The government plans to enhance its spending in the health sector to 3 per cent of the GDP.

Efforts will focus on strengthening primary care with necessary back up support in rural areas where all health outlets will function as a focal point for control of communicable diseases and family planning services. Effective governance will improve the efficiency of public health sector spending. Coordination of health policies among the provinces and the centre will be strengthened. Paramedical staff will be increased to widen the coverage of healthcare spending. Key steps to achieving health targets include; expansion of the Lady Health Workers programme to target poor female patients; efforts to bring fertility rates to a level consistent with that of maternal health; strengthening of primary care with backup support in rural areas; training and placement of skilled personnel including women medical officers in BHUs/RHCs for family planning; establishment of health emergency surveillance and response system;

Implementation of a national plan for vaccinations and establishing a health information and diseases surveillance system. Micro health insurance schemes would be made part of existing social safety nets to extend in-patient health care services to vulnerable segments of the society.

### **Programmes**

More than 100,000 LHWs are currently working in FP&PHC programme in order to provide primary health care services and family planning services in rural area of the country. These services help to improve the health status of the women and children, particularly through improved hygiene, adequate birth spacing, providing iron supplementation, greater immunization coverage and provision of ante-natal and post-natal coverage. Although services of the staff of this programme have been regularized the overarching issues of governance and monitoring needs attention at the district and tehsil levels. Furthermore, liaison with population programme will improve its affectivity and efficiency. The allocated amount in PSDP 2015-16 is Rs 935.00 million for FATA AJK, GB and ICT.

During the year 2014-15, 6.2 million children of 0-11 months and 6.8 million pregnant women were immunized through EPI which provides immunization. These nine vaccine preventable diseases include childhood tuberculosis, poliomyelitis, diphtheria, pertussis, neonatal tetanus, measles, meningitis, pneumonia and hepatitis B. The programme will contribute to attain and sustain over 90 per cent routine coverage; interruption of poliovirus; reduction of measles morbidity by 90 per cent and mortality by 95 per cent; Elimination of NNT; reduction of childhood tuberculosis, diphtheria, pertussis, neonatal tetanus, hepatitis B, and bacterial meningitis to a minimum level; assure steady supply of vaccine/needles/syringes; ensure safety of Injection; using EPI as a spearhead by promoting other PHC activities and finally integrating EPI in Primary Health Care (PHC). The allocated amount in PSDP 2015-16 is Rs 196.833 million for FATA AJK, GB and ICT.

Malaria has been the major cause of morbidity in Pakistan. More than 90 per cent of disease burden in the country is shared by 56 highly endemic districts, mostly located in Baluchistan (17 out of 29 districts), Federally Administrated Tribal Areas (FATA) (7 agencies/FRs), Sindh (12 districts) and Khyber Pakhtunkhwa (12 districts). FATA is the second highest malaria affected belt of the country which accounts for 12-15 per cent of the total case load in the country. The programme will contribute to reduce malaria specific Morbidity and Mortality and control the growing incidents of falciparum malaria; to promote and facilitate the provinces/districts for enhanced access of population at risk to reliable diagnoses and effective treatment of malaria through development and implementation of standardized policies and guidelines, capacity building and appropriate IEC/BCC interventions; to support provinces/districts in the prevention and control of malaria in epidemics and complex emergencies; and to strengthen the capacity of malaria control programme at national/provincial and district level in partnership with all relevant agencies. The allocated amount in PSDP 2015-16 is Rs10.54 million.

The TB Control Programme has achieved over 85 per cent coverage through Directly Observed Treatment System (DOTS) in public sector and in the last five years the programme has provided care to more than half a million TB patients in Pakistan. The programme is moving steadily to achieve the global targets of 70 per cent case detection. The total numbers of TB cases are 63,470, whereas the absolute no of cases is 211,500 up to the third quarter of 2014 and the treatment success rate remained 91 per cent. The programme will contribute to ; to enhance the capacity of technical and managerial staff, including trainers at provincial and

District level; to strengthen the functioning of a countrywide laboratory network through supplementing 20 per cent equipment requirement, 10 per cent laboratory supplies and operationalisation the quality control arrangements through staff training, equipments and mobility support; to support 10 per cent of the total drug requirements for public sector facilities for ensuring uninterrupted availability of quality drugs; to standardize the management and care delivery practices by strengthening/ supporting the supervision, monitoring and evaluation arrangements at national provincial and districts levels; to ensure the programme performance by planning, implementing and evaluation joint activities through sharing of resources with other health programmes and sectors. The allocated amount in PSDP 2015-16 is Rs17,539 million.

Considered as a low risk country, there are currently 4,500 HIV positive cases reported to the AIDS Control Programme at federal and provincial levels. The prevalence of the disease is considered to be as low as 1 per cent. The number of injecting drug users has posed a threat to increase total numbers of HIV/AIDS cases in Pakistan. The National Aids Control Programme will help control or reverse the spread of HIV among the most at risk groups and to keep the epidemic from establishing among the bridging groups and the general population; create an environment in the country where People Living with HIV can access medical and social service and enjoy life without facing stigma or discrimination; coordinate a multi-sectoral, comprehensive and sustainability and involves the various line ministries, the civil society and the main target beneficiaries-the People Living with HIV and the most at risk group.

The MNCH Programme aims to provide improved access to high quality Mother and Child Health and Family Planning services. The programme has trained 10,000 community midwives, comprehensive Emergency Obstetric and Neonatal Care (EmONC) services round the clock and family planning services in all health outlets. Specific programme objectives are to reduce the Under Five Mortality rate/Child Mortality Rate (CMR) to less than 45 per 1000 live births; reduce the Neonatal Mortality Rate (NMR) to less than 25 per 1000 live births; reduce the Infant Mortality Rate (IMR) to less than 40 per 1000 live births; reduce the Maternal Mortality Ratio (MMR) to 140 per 100,000 live births: /100000); increase the proportion of deliveries attended by skilled birth attended at home or in health facilities to > 90 per cent. The allocated amount in the PSDP 2015-16 is Rs725 million.

All forms of hepatitis are of concern to the health of the public and have to be duly addressed through a Public Health framework. The Hepatitis Control Programme meets the challenges posed by the high prevalence of viral hepatitis in the country. It aims at 50 per cent reduction in new cases of hepatitis B and C through advocacy and behaviour change communication, vaccination of high risk groups against hepatitis B, establishment of screening, diagnosis and treatment facilities in 150 teaching and DHQ hospitals, Provision of Safe Blood Transfusion and prevention of hepatitis A and E. The allocated amount in PSDP 2015-16 is Rs193 million.