



بلال احمر پاکستان



# Pakistan Country Consultation Report on UHC2030



## 1. An Overview of Pakistan to achieve UHC2030

### 1.1. Universal Health Coverage 2030

Achieving universal health coverage (UHC) is a global health priority embedded in the Sustainable Development Goals and 2019 is a year filled with opportunities to drive progress towards UHC. While there is no one-size fits all model for universal health coverage at a country level, the ideal health system would be one that is comprehensive, integrated, rights-based, non-discriminative and **people-centred**.

### 1.2. Pakistan Health Vision (2016-2025) and UHC 2030

The objective of the National Health Vision is to improve the health of all citizens, particularly women and children through providing universal access to affordable quality essential health services and delivering service through a resilient and responsive health system. Federal government will support and facilitate the provinces in developing and implementing their strategies by facilitating/advocating for financial and technical resource mobilization. Government of Pakistan Vision 2025 has identified 5 key enablers and 7 pillars of development for achieving SDGs; the document covers most of the SDGs.

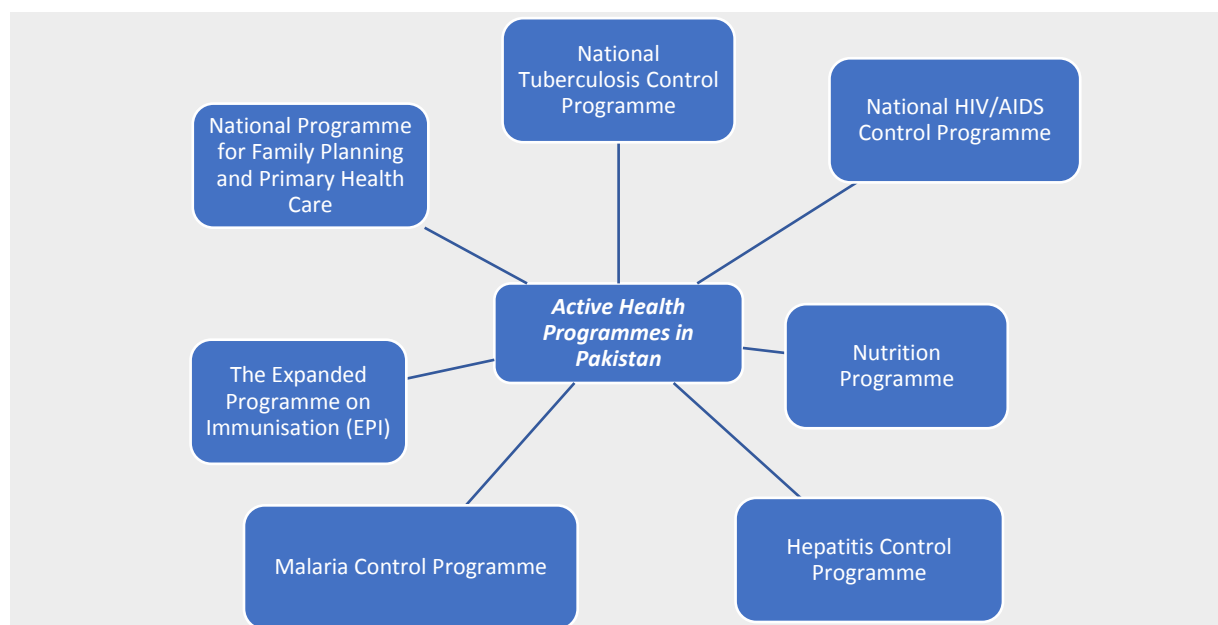
The first pillar of development ‘Putting People First’ addresses the need to strengthen the healthcare system in the country and ameliorate issues of poverty, hunger, disease, health, gender inequality, and access to water and sanitation. Specifically, in the context of health-related targets, the Vision aims to reduce child mortality, improve maternal health and combat HIV/AIDS, malaria and other diseases.

Access to health is the second largest contributor to multidimensional poverty in the country, and improving access is one of the fundamentals of the Vision 2025 document, thereby, making it directly relevant to promotion of UHC as per SDG 3.8. Although, specific references to UHC are not made.

#### Province Wise Health Sector Strategy Outlook

Punjab Health Sector Strategy (2012-2020)	Khyber Pakhtunkhwa Health Sector Strategy (2010-2017)	Sindh Health Sector Strategy (2012-2020)	Balochistan Health Sector Strategy
This strategy aims to develop a competent health workforce, improve governance and regulation of health sector, and ensure that the poor and vulnerable are financially covered.	Health Strategy aims to develop a responsive health system for improved health status of the population based on prioritized outcomes with increasing coverage, improving human resource management governance, and regulating the health sector.	Health strategy goal is in line with national and international commitments upon the key parameters of access, equity and universal coverage.	The policy aims to reduce incidence of measles, sustain its zero-polio status, reduce neonatal deaths and increase proportion of immunized children
The vision of the strategy also addresses the subcomponents 3.1, 3.2, 3.3 and 3.4 of SDG 3	It specifically targets reduction of mortality because of common diseases such as TB, Malaria and HIV, and cuts across a variety of SDG 3 sub-components such as 3.1, 3.2, 3.3, 3.4, 3.7 and 3.8	The policy simultaneously cuts across SDG targets 3.1, 3.2, 3.3, 3.4, 3.7 and 3.8.	

### 1.3. Active Health Programmes in Pakistan



### 1.4. Operating Acts and Commissions in Pakistan

<p><b>The Sindh Health Care Act 2013</b></p>	<p>This act extends to establishments, public or private hospitals, non-profit organizations, charitable hospitals, trust hospitals, semi government and autonomous health care organizations. It adheres to the principles of UHC component 3.8 of SDG 3 and also aims to fill gaps in the current healthcare system by providing an integrated approach to achieve the objectives of UHC.</p>
<p><b>Public Private Partnership Act</b></p>	<p>The Public Private Partnership (PPP) Act aims to ensure an effective role of the private sector in HSS. This act can play a very important role since the public sector alone cannot effectively fulfil the country's SDG and UHC commitments. This act also protects the interests of international donor agencies and helps them align their targets considering national strategies. This act can help achieve the target of UHC by involving CSOs in the implementation and monitoring phases.</p>
<p><b>Prime Ministers National Health Programme</b></p>	<p>Prime Ministers National Health Programme is the first National Health Insurance which was launched in 2016. The programme aims to provide underprivileged people with health insurance and easy access to health services. Initially 63,000 people were provided with health cards through centres in Islamabad and Lahore. The card holders would have a provision to avail health services worth of PKR 0.3 Million per year. The programme offers two health packages one worth PKR 50,000 for secondary care and other PKR 250,000 for priority treatment. The programme has been launched in 23 of the total 155 districts of Pakistan. Currently, number of people enrolled under this programme are 143,7321. A total sum of PKR 9 Billion have been allocated for this programme so far.</p>

<p><b>Punjab Healthcare Commission</b></p>	<p>The Punjab Healthcare Commission was formulated in 2010 to improve and regulate the functions of health sector in a more efficient manner. This act aims to ensure quality healthcare service delivery at all levels and to protect the well-being of the patients. It will be implemented through Minimum Service Delivery Standards (MSDS) in both public and private sector healthcare establishments. The act extends to the entire Punjab Province. The commission also ensures that no health care establishment could function without proper registration and licensing. The commission will also improve the quality of healthcare services and clinical governance and to ban quackery in Punjab.</p>
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## ***2. Introduction of Country Consultations Regarding UHC 2030***

### ***2.1. Background***

The country-wide consultations on UHC have been conducted on behalf of the UN WHO. IFRC together with WHO, World Bank, UNAIDS and all constituencies is a member of the global Task team as well as member of the technical working group on Fragile States and Civil Society engagement mechanism.

Pakistan Red Crescent Society is the leading humanitarian organization operating within the region. Predominantly engaged in the provision of disaster management, rehabilitation, and Primary Health Care through society operated health facilities sustained with the support of Partner National Societies (PNS). Panel discussion was arranged with the support of NS in Pakistan with the aim to facilitate and support the learning and sharing of UHC experiences, best practices, challenges and lessons learned across WHO Member States, including by engaging relevant non-State actors, as appropriate, as well as initiatives such as the International Health Partnership UHC2030, and in support of the preparatory process and the High-level Meeting of United Nations General Assembly on UHC.

### ***2.2. Objectives of the Consultation***

The primary objective of this consultation was:

1. To have an overview of the challenges existing in Health System Strengthening (HSS)/UHC/Primary Health Care (PHC) policies at country level and how to tackle them from a CSOs perspective;
2. To better understand the dynamic at national level around UHC and identify advocacy and accountability topics for CSOs, Community Based Organizations (CBOs) to strengthen HSS UHC and PHC; and
3. To develop the role of CSO/CBO in CSEM and ensure CSOs visions and recommendations towards HSS/UHC are taken into consideration by the UHC 2030.

### ***2.3. Panel Discussion***

Panel discussions and question answer session with audience were categorically conducted with 16 key informants by using a semi-structured (open and close ended questions).

## Session I – Awareness about UHC2030

A short video about Nina and her family was shown to the audience before formal commencement of the discussion. Video unfolded many questions and was self-explanatory to understand the main idea about UHC. Video was shown in both English and local language.

Panel one was comprised on Community members and Panel two included Health experts, CSO's Representatives, academia and Govt. Both Panel members were informed about the HLM on UHC and were familiar with the meaning of UNHC. Participants highlighted that more consultations are needed in the future to undertake in depth understanding of the role that CSOs can play in UHC. They were agreed that an effective communication strategy is required for information dissemination on behalf of CSO and their work. Transparency is required to highlight CSOs work and all CSO should have a collective platform to conduct advocacy with the Government.

### Panel discussion and various Trends

#### 1. Lack of Holistic Public Health Approach

While speaking on the public health, Dr Thomas GURTNER started the event and welcome all panel members and audience. He mentioned that more than 60% population of Pakistan is youth, which is dynamic and bright, and should be engaged proactively in order to contribute to this global discussion to cover the UHC 2030 agenda. Also, both physical and mental well-being should be equally considered”



Dr Thomas GURTNER, Head of Country Office Pakistan, IFRC

*“Health issues cannot be discussed in isolation. Alma Ata Declaration of 1978 should be driving us towards the achievement of SDG 3, i.e. protection and promotion of health for all”.*

2. **After that the panel discussion held on special care for special persons with disabilities** including mental disabilities, and senior citizens must be prioritized. PWDs face a lot of accessibility issue at public hospitals and health facilities. **Right to Information (RTI) Act**, which is also not inclusive and has no mention of PWDs and their needs. PWDs must also be given the right to inclusion. Public health services are saddening since there is no special equipment, no provision of the right treatment, lack of qualified doctors and no separate department for the treatment of PWDs.
3. Public spaces lack accessibility for people with specialized needs, particularly, public hospitals and health facilities. Issue lies at both ends i.e. the supply and demand side. Additionally, **Citizens are unaware of their basic human rights and henceforth do not demand for it.** At the same time, it is important to know that **service providers are not fully equipped to deal**



with the issues of all segments of society, and neither does the government have enough resources to fill this gap



**Mr. Khalid Naeem and Ms Atiq**

Mr Khalid was a former Civil Servant and represented issues of PWD and Aging Population

*Mr Khalid Recommended that Doctors need the right training and capacity building for treating PWDs. He also suggested that there should be separate help desks for PWDs in public health facilities, to understand their special needs.*

*Ms. Atiq mentioned that Public health facilities are missing accessible infrastructure for PWDs, causing a great deal of problem for them to be able to even reach the doctor's office, which is demotivating factor for them to actively participate at public forums.*

4. The panel shed light that health crisis is linked with the financial and socio-economic conditions of the common people. Keep in mind that getting quality healthcare in Pakistan is extremely difficult and out of range for most of the common people. Everybody should be able to have access to basic medications and healthcare for which we need to address cross cutting issues.
5. **Shift of burden from communicable to non-communicable diseases.**

The panel discussed that by 2025, there will be more **elderly people** than children under 5. We need reforms at various levels. Firstly, at the programs and policy advocacy level with a focus on capacity building of healthcare service providers. Not only health care providers but community members also need awareness on the treatment of elderly people. It is important to disseminate advocacy messages regarding accessibility, availability and acceptability. Availability of screening service, medicine and healthcare providers is the state's responsibility without any discrimination. Similarly, acceptability of treatment is equally important, ensuring that the treatment disseminated to the community is satisfactory and of quality.



*“Equitable accessibility is the right of all segments of society regardless of their age, sex, religion, ethnicity and social and economic status”.*

*Dr Anum  
Health Coordinator – HelpAge International*

6. **Transgender community** , on one of the panellist member expressed that transgender community has always been marginalized, particularly in terms of health facilities. Government system is not at all inclusive and they feel discriminated and have a trust deficit with the state. Doctors lack awareness and are not trained enough regarding treating transgender hormonal systems and their problems. They are unable to diagnose or cure the medical problems of transwomen and transmen. Discrimination is also linked to finances. Anyone who has enough money can afford medical care for themselves, be it male, female or transgender. and not as a profession because in Pakistan transgenders are tabooed and associated with certain professions.



**Ms. Julie**

*Representative of Transgender Community*

*“Society needs to accept and recognize us as a separate gender. Our needs are different from male and female members of society, but the state does not offer services for their gender at any public health facility.*

*“The inequality is a later stage; the discriminatory mindset needs to be changed first and foremost”*

## 7. **Lack of awareness in Government regarding illness’s surrounding Youth**

To panellist, another taboo is associated with the children and youth of our society. A shift of burden can be seen from communicable diseases to non-communicable diseases in the youth. Government must divide its resources based on population need or other pertinent indicators that can allow a fair allocation of resources.

Social stigmas associated with **mental health** causes people to hide their illness, e.g. depression or anxiety, because it isn’t taken seriously in comparison to physical illnesses. It is essential to understand that if the mind is not healthy the physical well-being will automatically be affected. Today, youth is largely affected by such emotional traumas and mental health issues, which they are unable to share with family and friends owing to the social stigmas attached with it. Moreover, the medical curriculum is not equipped with the appropriate syllabus, therefore doctors lack the apt skills to treat patients with these illnesses.



*“In our society youth is considered healthy and hearty, and their illness, be it mental or physical, is never taken seriously causing a lot of mental stress and pressure for them”.*

**Ms. Nusrat Baloch – Physiotherapist - Represented Youth**

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Therefore, the problem lies at both ends. Private institutes are not for the poor, because only the rich and wealthy have access. Unless we make our youth aware and involve them along with our civil society in awareness campaigns, we should not expect any substantial change in the current health scenario.

#### **8. Neglected and discriminatory practiced for individuals with HIV/AIDs and HEP. B, C**

During the panel discussion it was recommended that health personnel, health care providers and families of such individuals need more education, learn empathetic counselling and provision of special facilities to provide care. Training of doctors and health care providers should be included in their education. Comprehensive care should be without cost, with constant availability of therapeutic agents, and include education for care takers regarding the disease.



*“More than 1million people are living with HIV/AIDS in Pakistan and it is timely that we are engaging different people to ensure that sustainable financial protection is ensured for everyone, every marginalized key population to access health services, including prevention, testing and treatment of HIV services”*

**Ms. Fehmida Khan  
Community Support Advisor – UNAIDS**

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9. **Capacity building of health care providers in rural settings is pertinent for infection prevention and control**

The panellist highlighted that specialized trainings is required for countering transmission of communicable diseases. Sanitation is closely linked with waste disposal because these two are intertwined. For example, how does a hospital manage its waste disposal of plastic syringes is very important, and most often than not, hospitals do not pay much attention to this aspect.



*“stopping disease transmission cycle is critical and there is a need for bottom to top capacity building for community as well as hospital staff”.*

**Dr Mah Talat**  
*Project Director, PMU –Malaria, Global Health Directorate,  
Indus Health Network*

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10. **Maternal, neonatal and Child Health Issue**

Lack of awareness, qualified doctors, education and finances which, thereby has led to the



*“lack of proper nutrition for pregnant women and their dependence on their male counterparts in terms of fulfilling their health needs can be overcomes through providing livelihood to the women”*

*Ms. Abida Shabbir*  
*Social Worker of Southern Punjab*

ingress of Aalims and Peer Babas (Quacks) in our society. Our people already have a trust deficit with the government and its resources; therefore, it is easy for them to look for alternate methods such resorting to Aalims and Babas. Private hospitals are completely out of reach of common people and are only available for the well-to-do. Community and civil society both have a critical role to play in order to bring about a positive change.

## Audience Feedback

### 1. Lack of Social Security -

- Inequity exist among common and Government employees at state owned hospitals
- Health Insurance and Pension Schemes are not for common labour.

### 2. HR and governance

**issues** in public hospitals which the government has been ignoring and in return the people have been suffering.

3. The number of health facilities is also not enough in comparison to Pakistan's population, particularly in the most downtrodden and poor areas.



### 4. Lack of Political Commitment

*There was a perceived sense in all participants regarding lack of political commitment to improve health services in remote and rural areas.*

### 5. Rural to Urban migration trend due to lack of quality health facilities.

*Issue of urbanization, increasing migration in rural areas to urban areas for better health services was highlighted by a community member, who have been working in remote southern area of Punjab.*

## **6. Weak Governance and harmony**

*Participants shared that Government commitment is very poor in remote and rural areas. Also, 18<sup>th</sup> Amendment has weakened the link between federal and provincial ministries.*

## **7. Donor Led Health Projects**

*Audience shared that mostly health related projects are donor led which also confirmed poor commitment of the Government to the actual cause. Community mostly don't feel need of what is initiated in their area, whereas they need something else.*

## **Session II - Key UHC2030 Asks and CSEM Priority Actions**

- 1. Selected Representation is required from CSO and Government for policy reforms:** *Participants were overall agreed with the key asks and actions and agreed on the fully participation of CSO and representation in policy making around UHC2030 through selective representation.*
- 2. Public Private Partnership:** *Private sector should be more explored to engage more CSO in UHC2030 achievement through improved service delivery.*
- 3. Health Budget repositioning:** *It was mutually agreed in both panels that budget allocation should be done through repositioning for institutionalization of Universal Health Coverage reforms 2030.*
- 4. Multisectoral Programs mechanism and Integrated Approach:** *Participants highlighted stressed about a mechanism to conduct dialogue around multisectoral programs. An integrated approach should be adopted in health care delivery system.*
- 5. Prioritization of HSS Objective:** *Health system strengthening objective should be prioritize to easy accessibility of people living in hard reach areas.*
- 6. Financial protection package:** *This system should identify, scrutinize the people who are poor including prime minister health insurance card system. Service delivery should be provided with dignity at their doorstep.*



*“Public Financing and Health Insurance card system can reduce inequalities and increase accessibility to quality health care to vulnerable population. However, accountability is critical for Public financing system”...*

**Dr. Faisal** talked about **financial protection methods** offered by the government and how the community can benefit from it. Sehat Sahulat Program is one such example, and it is a milestone towards social welfare reforms. The objective of this program is to improve accessibility for the poor and marginalized for quality healthcare. He added that the most vulnerable and underprivileged segments of society are deprived of good health care facilities as well as the appropriate finances to attain it. Therefore, more initiatives like the Sehat Sahulat Program are highly needed in the future. However, 100% stakeholder engagement of the disease holder, youth and civil society must be ensured for the development of sustainable and inclusive solutions.

### Session III - Brainstorming advocacy session

Advocacy is very important to renew and improve political will and commitment in the government and donors, professionals and corporate sector. Engagement with Civil Society is very important in the process towards achieving UHC. Proper policies, strategies and planning is required to improve health coverage. Outcomes should be measured, and accountability measures should also be in place.

- 1. Support from Civil Society can increase accessibility and quality of Health Care:** SDG target 3.8, refers to quality healthcare for all, including the poorest of the poor and most marginalized, without a burden on their pockets. Dr. Samin pondered that we are already quiet behind in our achievements and it's a long road ahead for which we all must work collectively. She said that we must remember that it isn't just the Governments responsibility to work towards achieving the SDGs. The state must join hands with other stakeholders such as civil society and local community members and devise new methods because the traditional methods are not working for us. She mentioned that UHC focuses on equity and multi-stakeholder platforms, civil society being an essential part of it. Therefore, the civil society in Pakistan must play their role and do advocacy with the government, to get their commitment, particularly on SDG 3.



*“Burden of disease in Pakistan is multi-fold. It is around malnutrition, communicable diseases, non-communicable diseases, maternal mortality, pre-natal mortality, neo-natal mortality and under fiver mortalities...”*

**Dr Dure Samin Akram –**  
**Lead Moderator, Professor of Pediatrics,**  
Hon. Chairperson, Health, Education & Literacy Program me (Pakistan)

- 2. Public Financing is essential:** Public financing is essential for developing countries and our government ministries must come together and prioritize this as the most urgent need. There is a need of improvement of health care taxation system. Overall 60 % expenditure of health care is out of pocket, while the remaining 40% is state paid. The margin of difference is too high, especially, when every year so many people fall below poverty level, making it difficult for them to make ends meet.
- 3. Reporting mechanism / Data management system is required:** This system should be harmonized, and information should be disseminated through mass media. Identification of the most vulnerable can be achieved by databases being used in BISP, Sehat Insaf card and other safety net databases. For the sustainability of such programmes to assist disabled, old age and vulnerable populations, the government needs to ensure broad based taxation to generate the needed resources. The government needs to increase the budgetary amount to be spent on Health-related cost.
- 4. Inter Provincial Harmony is required:** Provinces should have harmony and should share their experience and support each other. Government should support CSO platform and allocate some resources.
- 5. Regular Feedback Mechanism:** Regular feedback from the affected and involved population is very important for Accountability and should be inbuilt in such strategies.
- 6. Inclusive approach in Health system:** One way of overcoming the challenge of inclusion is, by hiring transgenders in public hospitals so as to develop consciousness among our society while at the same time facilitating the transgenders that come to the hospital for treatment. Maternity wards must also feature IEC material that displays a family picture with the parents, a boy, a girl and a transgender as part of the family, henceforth presenting the transgender community as part of our families and societies. Each of us must take ownership and responsibility for our behaviours.
- 7. Capacity Building and Regular Monitoring and Accountability mechanism for Health Care Providers:** Waste disposal plan should be part of the production plan. Further, the hospital staff is equally vulnerable to infecting themselves and causing transmission. Therefore, training of housekeeping staff in terms of waste disposal is critical so that they are aware of sorting the waste at the time of disposal and avoid infection.
- 8. Health Promotion and Prevention and Awareness raising :** To reduce the burden of disease especially transmissible infections, it was recommended that immunization should be encouraged and be available to everyone especially the hard to reach. This would reduce child mortality significantly by reducing the burden due to pneumonia, measles and rota caused diarrhoea. Prevention of infections and eradication of polio is only possible by effective immunization and improved sanitary conditions in urban and rural areas.



## Closing Messages

**Mr. Khalid Bin Majeed – Secretary General of Pakistan Red Crescent Society**, concluded the event by thanking the panellists and respected guests and appreciated the meaningful discussion that took place. He mentioned that PRCS is already working for the immunization of communicable diseases such as TB, Malaria, Hepatitis and other infectious diseases. He talked about an upcoming initiative whereby, PRCS will be working for the detainees in jails by providing them basic health care facilities and immunization for TB and Hepatitis. He said that, this segment of the society has been completely ignored in the past and he hopes to expand the program based on its success.

***Mr. Khalid Bin Majeed guaranteeing PRCS’s commitment for the achievement of UHC for a stronger and safer Pakistan.***



**Dr. Rajwal Khan –UNAIDS** was invited to give a concluding address. Dr Rajwal deeply thanked IFRC and PRCS for bringing together such an expert group of people to the forum and for arranging this useful event. He appreciated the dynamic panel discussions and active participation from the audience members. Rajwal also stated that UHC is not something that can be achieved overnight; however it can be ensured through relevant stakeholder interventions and shared commitment by all, including government bodies, civil society, IFRC, PRCS and UN agencies.



**Dr Rajwal Khan**  
Strategic Information Adviser, UNAIDS Country Office, Pakistan and Afghanistan

“UHC should be taken as an opportunity for effectively responding to health problems in Pakistan, but it is important to ensure that the most disadvantaged should be at the centre of all action and must not be left behind”.

In his concluding remarks, **Mr. Thomas GURTNER** appreciated the most valuable discussions by the expert panellists that took place and was hopeful that these deliberations would feed into the national and global discourse on UHC. Thomas added that the discussion today has revealed that stigmatization is one of our biggest challenge, and we need to think of ways to overcome it in order to ensure equitable access for all. He also reinforced that doctors need to be well trained through specialized

courses in order to treat all segments of society equally and ensure their physical and mental wellbeing. In addition, he believes that there is a need for scaling up of PRCS presence to expand basic health care and immunization.



*Dr Thomas talking about scaling up of healthcare facilities for an inclusive and enabling health industry in Pakistan which is possible through collective efforts not just towards resource mobilization, but also with a strong commitment towards achievement of UHC. This is a responsibility we need to share as a nation and work together as a community, for the community.*

<http://www.un.org/sustainabledevelopment/development-agenda/>  
<https://www.UHC2030.org/our-mission/>  
[http://www.irmnch.gov.pk/about\\_us.php](http://www.irmnch.gov.pk/about_us.php)

## Pictorial Overview





