Health Systems Strengthening Activity

Question 1: In the post-devolution era, what are some of the outstanding opportunities and challenges for the Ministry of National Health Services, Regulation, and Coordination (MNHSRC) and provincial governments?

Responses from participants:

18th amendment has not resulted in improvements in the health system. Many provinces still have vertical programs. Need more integration beyond what Punjab is undertaking. LHW program has been neglected. MNHSRC has not embraced decentralization, which has hurt the health system.

Devolution should go down to the district level as well. Provincial governments need to take responsibility. They have funds, but are not spending them. They need to complete the transition –they are still in transition.

Project approach has limitations. USAID should re-think their approach. Programs should be run, financed, and managed by the government (example: LHW program). We should provide technical assistance (TA) to an existing Government of Pakistan (GOP) program.

USAID has a couple opportunities from existing work: International Health Regulations, pharmaceuticals, etc. Continue to work with MNHSRC on these specific areas. At the provincial level, work on stewardship, private sector regulation, monitoring and oversight as is currently being done in Sindh.

Work with provinces which are developing multi-sectoral nutrition programs.

LHW program is "stuck in the devolution mess". USAID should provide TA to provincial governments to strengthen LHW program management and LHW financing.

Devolution must include citizen participation. Citizens should hold local governments accountable. This will generate demand for high quality services.

USAID should focus on community. The population program is now in intensive care. We are not keeping pace with other countries, even those with similar cultures. Need to look outside the health system. Why aren't people using FP? Is religion or culture a major challenge or hindrance for FP uptake?

Question 2: How are both the MNHSRC and provincial governments doing in meeting their coordination and stewardship governments?

Responses from participants:

There are structural issues in terms of equity across the country. There are too many sections. There are multiple PC1s. MNHSRC should enhance their responsiveness. The financing function is the most important. GOP should match USAID contribution financially. USAID should focus on one or two areas of HSS and needs to improve coordination between that national and provincial level. Donors tend to invest in the preventive side, but provinces focus on therapeutic/tertiary care. Are there lessons from other programs that can be applied to tertiary care?

What does success look like in terms of the health vision in each province? Provinces have strategies but don't articulate the end goal. Example: Human resources have been transferred to provincial governments, but do they see them as resources, or as additional financial burdens? We need to focus more on governance, not technology. MNHSRC should not advise the provinces on governance, this is the opportunity for USAID TA.

Devolution is not done, but it is a reality. USAID should talk to the government about quality of health care to safeguard patient rights, both in the private and public sectors. Devolution will only be beneficial if it goes to the district level. There is a need for integration of the health system at the provincial and district levels (example: LHW program is not integrated into the system).

USAID needs to focus on and activate communities. Youth and newly-wed couples are an underserved group, especially for FP.

USAID should take a bottom-up approach to HSS. There needs to be a grass-roots demand for quality services.

USAID should consider partnering with medical institutions such as hospitals and medical associations.

Question 3: What technical assistance is most needed to strengthen the health system at federal and provincial levels? What are new modalities for TA provision?

Responses from participants:

We should use government systems if we want sustainability. Capacity building has been interpreted as "awareness raising". We should do real capacity building that has lasting effects. For example, securing financing for LHWs, and also

ensuring that they are well trained. Gov't should work through their own channels, not community service organizations.

A recent WHO mission looked at the impact of devolution. There was evidence of stewardship, etc. Every province has a strategic plan in place and partners are providing TA to provinces to implement these plans. USAID should challenge governments to finance their strategic plans, and to actually carry them out. We should also make sure that partners align behind these strategic plans. Devolution to the district level still hasn't happened. USAID should be working at the district level. Some provinces are taking innovative steps (Public Private Partnerships, outsourcing, etc.) but they need TA to manage these new initiatives.

USAID had the opportunity to provide TA to academia for pre-service training. USAID should strengthen referral networks between community, secondary, and tertiary facilities.

Even at the federal level, the health and populations wings of the national MNHSRC aren't coordinating with each other.

Provincial departments of health were never re-structured for their new roles. This is an opportunity for USAID to provide TA. Ensure that structure is adequate for role of stewardship, planning, management. Provincial governments are not just responsible for the public sector. They are responsible for the private sector, for whatever happens in health in their areas. Another TA opportunity is workforce planning. Suggest looking at the USAID/Afghanistan model, where we have a trust fund, and Government of Afghanistan procures TA themselves. Another possibility is a TA structure that responds to the senior management of the national MNHSRC, so they can use it as their priorities come up. Don't take a project approach. USAID should link with Planning and Development at the Secretary level.

Question 4: How can we foster government commitment and engagement in program areas from the onset?

Responses from participants:

I don't agree with the idea that provincial governments don't have capacity. There is a lack of resources, governance, and professional development. Additionally there is political interference. Needs should come from the government. Any new project must include community participation at the planning phase, including the household level. The communities should express what their challenges are in

accessing health care. A lot of household money is spent on non-communicable diseases. This means households can't pay for preventive MCH care.

USAID should refer to RNMCH strategies and costed action plans being developed by all provinces.

Even before devolution, the health system wasn't performing well. Public sector mindset is curative, not preventive. 70% of health care is provided by the private sector, but we are not addressing this portion of the health system. Households and communities are making decisions, but we don't consider that as part of the health system.