Health Department,
Government of Balochistan

“Well and Healthy Balochistan”

Health Policy

2018-30

World Health Organization

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List of Abbreviations

AIDS	Acquired Immunity Deficiency Syndrome
BHU	Basic Health Unit
BSN	Bachelor of Science in Nursing
CD	Civil Dispensary
CMW	Community Midwife
CPEC	China Pakistan Economic Corridor
CRVS	Civil Registration & Vital Statistics System
DHIS	District Health Information System
GoB	Government of Balochistan
GoP	Government of Pakistan
HRH	Human Resource for Health
HSSU	Health Systems Strengthening Unit
ICT	Information & Communication Technology
IHP+	International Health Partners Plus
IHR	International Health Regulation
LHW	Lady health Worker
MCH	Maternal & Child Health
MDG	Millennium Development Goal
NCD	Non-communicable Disease
NGO	Non-Government Organization
PC I & II	Planning Commission Form I & II
PDHS	Pakistan Demographic & Health Survey
PMDC	Pakistan Medical & Dental Council
PNC	Pakistan Nursing Council
PSDP	Provincial Social Sector Development Program
RHC	Rural Health Center
RN	Registered Nurse
SARA	Services Availability & Readiness Assessment
SDG	Sustainable Development Goal
SoP	Standard Operating Protocol
UHC	Universal Health Coverage
UN	United Nation
WHO	World Health Organization

Balochistan health policy

A. Prologue

With the promulgation of 18th constitutional amendment (GoP, 18th Amendment Bill, 2010) the concurrent legislative list of powers was eliminated from the national constitution. Consequently, the healthcare provision, hitherto in the realm of the federal as well as the provincial governments, became the responsibility of the latter. The provinces are also conferred with the powers of health policymaking and the mandate extended inter-alia to health legislation, assuring quality in health care, and planning and coordination of health related activities.

…we continue doing things, sometime duplicating, in the health sector. Health policy will provide us the direction and an agenda to work for contributing to better health outcomes… Secretary Health

It is in the above context; the Health Department Government of Balochistan has framed Balochistan health policy, 2018-2030. This was preceded by review of literature, published as well as gray to establish policy context. The policy has been developed through a consultative process involving stakeholders; and for that field visits, individual meetings with key informants, group meetings and focus group discussions were held.

The tenets of the health policy are embedded in the National Health Vision (2016-25) and Sustainable Development Goals, 2030. The health policy document will provide direction and serve as a long term plan for health system strengthening. The Balochistan Health Sector Strategy (2017-22) is aligned with the provisions of the health policy; and will serve as a vehicle for any investment in the health sector.

B. Vision

Well and healthy people, whose health needs, especially of the poor, underserved and vulnerable, are effectively addressed.

> ***Explanation****: vision is the ideal, seeking long term impact, whereby it is envisaged that people are not only healthy within the meanings of health as defined by WHO (1948), but also they are proactive in being and maintaining healthy and fulfilling life. The emphasis in on reaching out to poor, who cannot access health services because they cannot afford, in hard to reach areas due to physical and geographical barriers, and those vulnerable like children, women and aged.*

C. Mission

Reform and build a responsive health system that ensures access to the needed health services without facing financial hardship.

> ***Explanation****: such a health system works not only for the better health outcomes (improved health status in terms of mortality and morbidity) but also ensures respecting people's dignity,*

reducing stigma associated with illness, and that they don't have to suffer impoverishment due to the out-of-pocket health payments.

D. Principles

The principles are the traits or qualities (of policy) that represent the highest priorities and the driving forces that guide and provide basis for Balochistan health policy. These include:

Universality: the health system shall be strengthened to provide coverage to the entire population by a package of effective and affordable services. Or in the meanings of SDG-3, the health system shall be geared towards universal health coverage.

***Explanation**: Universalism means that all, regardless of means or location, have access to the essential professional staff, clinics, pharmaceuticals and other resources. Whether those services are provided in the private or public sector is another question, as is the division between funding through taxes or direct out-of-pocket payments.*

Citizenship: health system shall ensure access to health services by all as a social and human right of every one in the meanings of the Article 25 of Universal Declaration of Human Rights (UN, 1948).

***Explanation**: An important aspect of citizenship is that all should use same high standard health care services, rather than a "two tier" set of services: one for privileged and the other for disadvantaged. Furthermore, given the multifaceted nature of health, the focus should not only be on health policy, but also on the policies of the other sectors to ensure, "health in all policies".*

Pluralism: the users, in such an arrangement, shall be free to choose between health care options and in combining the best of services from public and private health sectors, including allopathic and contemporary and traditional medical practices.

***Explanation**: pluralism denotes the health system is a plural system with multiple actors; and alongside allopathic medicine there are contemporary and traditional medical practices, which are used and often liked by the people. There are private or public providers and depending on financing arrangements, health system could be tax, insurance, direct out-of-pocket payments or a mixed one.*

Solidarity: shall be ingrained in the health system that everyone should contribute to the system according to his or her capacity, so that every person can receive care when and where needed.

***Explanation**: solidarity signifies everyone receives the required healthcare and pays according to their ability to pay. In such a system, there is a cross subsidization between those covered and there is no cream skimming of clients by the purchaser (insurer) or provider. Also, a safety net should be created for those who are unable to pay.*

Subsidiarity: the decision making in health system shall be decentralized that the central authority shall perform only those functions which cannot be performed at subordinate level.

***Explanation**: the medical and health institutions shall be delegated authority by granting autonomy. The decentralised units, in this arrangement, are made free of the central control in respect of personnel, procurement and other such functions. Under 18th amendment, all matters pertaining to health are vested in provincial authority. In a devolved set up to ensure the health system is responsive, powers are delegated further down in the hierarchy closer to communities.*

E. Purposes

The reform is 'sustained, purposeful change'; and the purpose of Balochistan health policy, with its set of agenda and directions, is to ensure the health system exhibit the following traits:

Equity: Everyone have access to the needed quality health care, irrespective of gender, caste, faith and affordability.

***Explanation**: WHO defines health equity as, "everyone should have a fair opportunity to attain their full health potential and that no one shall be disadvantaged from achieving this potential".*

***P**eople facing same health need/problem will have the same opportunity of access to health cares (horizontal equity). Likewise, people who are in more need will receive more health care (vertical equity); and provision of services in this manner shall be without any kind of discrimination and ability to pay.*

Quality: health care is provided with dignity and respect; and is safe, effective, timely, efficient, equitable and people-organized.

***Explanation:** Quality in health care denotes assuring health services that produce the greatest possible improvement in health and satisfy users' expectations of competent, timely, continuous, courteous, and respectful care. It is the extent to which health care services provided to individuals and patient populations improve the desired health outcomes.*

Safety: health care is delivered, assuring minimum risks and harms to the service users, including avoiding preventable injuries and reducing medical errors/adverse events.

***Explanation:** There is a possibility of a high level of preventable death and morbidity, particularly in hospitals. In this context, patient safety denotes prevention of harm to patients. That is, the system of health care delivery: (1) prevents errors; (2) learns from errors that do occur; and (3) is built on a culture of safety that involves health care professionals, organizations, and patients.*

Efficiency: the health system is geared to obtain the highest return from the input/resources by reducing waste to a minimum and giving priority to investments that generate greatest health gains.

***Explanation**: Efficiency is adding value and according to WHO (2010), gains may allow 20-40% more health for the available money. There are at least ten causes of inefficiencies[1], which should be removed from health system.*

F. Objectives

The objectives of Balochistan health policy, during its lifespan from 2018 to 2030, are to:

a. provide direction and agenda for contributing to health system strengthening

***Explanation**: Better health is central to human happiness and well-being. In order to improve health status of the people of Balochistan, health department continues to endeavor. But, it is often like crisis management and day to day operation. The health policy within the remits of its vision and mission shall provide a long term agenda to reform and strengthen health system.*

b. align the health system strengthening agenda with the road map for achieving SDG-3 targets

***Explanation**: The country having signed SDGs 2030 is under obligation to strive for achieving the health related nine + four other targets by 2030. For that, however it is imperative that SDG-3 or health goal is adapted to the local context and translated to policy narratives and roadmap. In other words, the health system strengthening agenda will be aligned with SDG-3 targets.*

c. assure that a system's thinking approach is adopted in addressing the health system challenges

***Explanation**: challenges are in the entire health system; and in order to reform and bring about sustainable change for strengthening health system, a holistic, horizontal and system wide thinking approach is essential. That is, it is not only the service delivery, but all building blocks (information, human resource, finance, medicine and health technologies, and governance) of the health system, which should be in focus.*

d. offer a platform to foster intra-sectoral, inter-sectoral, and interprovincial collaboration

***Explanation**: 18th amendment in the constitution has mandated provinces to frame their policies, including health. Balochistan health policy will serve as a tool and platform for collaboration with other provincial departments of health and their health policies. In addition, within Balochistan, the health policy and the reform agenda it contains will be used to negotiate with other sectors at provincial level for assuring health figures out in the policies of other sectors.*

e. develop coherence and synergies among health institutions operating in a decentralized set up under the principle of subsidiarity

[1] These include (WHO, 2010: Health systems financing: the path to universal coverage): (1) underuse of generics and high prices of medicine; (2) use of substandard and counterfeit medicine; (3) inappropriate and ineffective use of medicine; (4) overuse or supply of equipment, investigations and procedures; (5) inaapropriate or costly staff mix and unmotivated workers; (6) inappropriate hospital admissions and length of stay; (7) inappropriate hospital size and low use of infrastructure; (8) medical errors and suboptimal quality of care; (9) waste, corruption and fraud; (10) inefficient mix and inappropriate of strategies

***Explanation**: whereas the 18th amendment devolved powers from center to the provinces, the principle of subsidiarity requires delegation of powers further down to the districts and health care intuitions. The objective is that the central authority performs only those functions which cannot be performed at subordinate level. In this scenario, policy will serve as a tool to foster coherence and synergy between districts and health care institutions.*

G. Goals of Balochistan health policy

For Balochistan health policy, the health system goals as health outcomes within the remits of SDG-3 target 3.1 and 3.2 are as below:

Indicator	Baseline	Year and source	Target for Balochistan health policy	Target value (2030)
Life expectancy at birth	64.6 years – M 62.2 years - F	2017 (estimate)	Enhance by 3 years for each sex, between 2018 and 2030, the life expectancy at birth	67.6 years – M 65.2 years - F
MMR	785 per 100,000 live births	2006-07 (PDHS)	Reduce by less than one half, between 2018 and 2030, the maternal mortality rate	300-350 per 100,000 live births
IMR	97 per 1,000 live births	2013-14 (PDHS)	Reduce by less than one half, between 2018 and 2030, the infant mortality rate	46 per 1,000 live births
Under 5 mortality rate	111 per 1,000 live births	2013-14 (PDHS)	Reduce by less than one half, between 2018 and 2030, the under 5 years mortality rate	50 per 1,000 live births

***Explanation**: Pakistan and for that matter Balochistan did not achieve MDGs 2015. SDG-3, which is, "ensure healthy lives and promote well-being for all at all ages" has 13 health goal targets. Universal health coverage (UHC), which is one of the 13 health goal targets, provides an overall framework for the implementation of a broad and ambitious health agenda. Out of the 13 health targets, three including two (3.1 and 3.2) adopted for Balochistan health policy are carried over from the unfinished MDGs agenda. Other three targets (4, 5, 6) relate to NCDs and three more (7, 8, 9) are mixed, including target 8, which is about achieving universal health coverage. In addition, there are four additional (3a, 3b, 3c, 3d) health goal targets. The SDG agenda is integrated, interdependent and indivisible, with the goals inextricably linked to one another. With a strong focus on equity and reaching the hardest to reach populations i.e. needs of women, children and the poorest, SDGs aspire to ensure that all people benefit from a more sustainable world, and that "no one is left behind." Almost all of the other 16 goals are directly related to health or will influence health indirectly. On the other hand, all other SDGs in general and SDG 1 (targets: 1.3, 1.4), SDG 2 (target: 2.2) and SDG 5 (target: 5.6), in particular, get contribution benefit from health.*

H. Policy statements

***Explanation**: in this section policy direction are defined, assuring essentially not contravening but in line with the principles and purposes and contributing to the mission and vision of the policy. These statements are organized according to the building blocks of health system; and given its importance health in humanitarian emergencies, which also covers IHR, is dealt with separately.*

1. Health service delivery

1) Develop and organize service delivery system based on primary health care model, which ensures universal access by all, as a human right, to the locally defined health services' package at all levels of care, backed by enactment of Essential Health Services Act.

***Explanation**: the SDG target 3.8 envisages achieving universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all. Given that in Balochistan, 72% of the population lives in rural areas (Census, 2017), primary health care will remain as a main vehicle for achieving universal health services coverage.*

The Health Department, Government of Balochistan, in order to contribute to achieving SDG 3.8, commits to define health service package for different levels of care and accordingly determine inputs (skill mix/health workforce; facility specific formulary of pharmaceuticals; equipment and supplies). Also, in order to equitably distribute different level care facilities between administrative and geographical regions of the province a formula will be defined and existing facilities will be mapped. A gap analysis will be conducted and any deficiency in terms of facilities, infrastructure, human resource, equipment and supplies shall be addressed. Primary health care facilities (MCH centers; civil dispensaries; basic health units and rural health centers along with outreach workers, LHWs and CMWs) will be clustered around a central (geographically and demographically) facility. The incharge of the facility, functioning as family physician, will be the gatekeeper to the health care delivery system for the catchment population that will be defined and registered. As part of this family practice approach to health care, measures will also be undertaken to improve water, sanitation and hygiene. In addition, referral system shall be strengthened, including by provision of transport. There is currently a host of traditional and complementary medicine practitioners: they will be integrated into the primary health care network for regulating their practice.

Using universal health coverage as platform, and to address the unfinished agenda of MDGs (G-6), the Health Department, Government of Balochistan commits to organize resources and integrate vertical programmes with primary health care network to address SDG target (3.3) of ending the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combating hepatitis, water-borne diseases and other communicable diseases. Likewise, with Balochistan facing double burden of diseases, this policy commits to promote healthy lifestyle and treatment of NCDs (SDG 3.4), essentially integrated into primary health care, and measures for the prevention and treatment of substance abuse.

This policy emphasizes gearing up primary health care network, and in collaboration with the Population Welfare Department and other relevant departments, meeting SDG 3.7 to ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health and nutrition as part of life course integrated continuum of care, into national strategies and programmes. Another area this policy will focus on is deaths and injuries from road traffic accidents. Given the expanding road network on account of CPEC this issue has become more important. Health Department, Government of Balochistan, in collaboration with Provincial Disaster Management Authority, in order to meet SDG 3.6, will take measures to revamp and enhance referral capacity (two-way – receipt and forward) of emergency and trauma sections in district and divisional headquarter hospitals and tertiary hospitals. Furthermore, in addition to training all staff in handling patients, roadside emergency and trauma posts will be established.

Indicators of health service delivery

a. *By 2025, health care delivery network will have been revamped to provide delivery health services package*
b. *By 2030, health services package will be available to more than 60% of population*

***Explanation**: drawing on SDG indicator 3.8.1 and calculated through facility and population survey for the availability and access to health services package, which include tracer interventions like reproductive, maternal, newborn, child health and nutrition, infectious diseases, non-communicable diseases and service capacity and access, among the general and the most disadvantaged population.*

2. Governance in health system

2) Within the health policy framework that covers both public and private (for profit and not for profit) sectors, introduce reforms with a particular attention to system design for ensuring effective oversight, regulation, accountability and coalition building inclusive of Private Public Partnership.

***Explanation**: under the powers delegated vide 18th amendment and in the follow up to the principle of subsidiarity, the state at provincial level will retain the role of regulator, while health financing and services provision will be delegated to independent autonomous entities. In such a setup, the health care intuitions (tertiary care hospitals with attached bodies, teaching and training institutes and other such institutions) and the districts will be given autonomy, enabling to manage effectively by making them free of the central control in respect of personnel, procurement and other such functions. The health managers in such a devolved/ autonomous set up will be empowered to forge partnership with a wide range of stakeholders, both in public and private, including academic institutions and other civil society organizations.*

The district together with its secondary and primary care facilities along with outreach workers, LHWs and CMWs will be designed as district health system to provide life course integrated

continuum of health care (promotive, preventive, curative, rehabilitative, and palliative), which is people centered, i.e. responsive to their health needs. Systems will be designed for clinical governance to assure quality of care and patient safety, health technology assessment for the selection and acquisition of health technologies, monitoring and evaluation system for technical and financial accountability, and accreditation system for maintaining standards in health care. Health is a human right, and the health system governance will be geared to provision of universal health coverage.

Indicators of good governance in health system

a. By 2020, legally incorporated health policy framework and within its remits the health sector strategy is framed and operational plans (PC-1s) prepared and approved for implementation.
b. By 2025, the systems for the oversight, regulation, accountability and coalition building are available and functional.

***Explanation**: for effective implementation of health policy it is imperative, it is legally incorporated. Once that is done, within its remits interventions envisaged in health sector strategy shall have legal standing. At this point, financial commitment will be required for developing operational plans (PC-1s) for realizing ideals envisioned in the health policy.*

In addition to policy, other governance tools including for oversight, regulation, accountability and coalition building. It is not only the definition of governance tools but also designing systems for their operation, e.g. accreditation system for assuring quality standards in health care. Such tools require legal cover and specialized bodies for their effective implementation.

3. Financing of health system

3) Ensure adequate, sustainable, efficient and equitable health financing, and provide financial risk protection to people, especially the poor, underserved and vulnerable.

***Explanation**: Government of Balochistan, in order to achieve SDG 3.8 (universal health coverage, including financial risk protection), commits to define a formula, taking in to account the demographical, epidemiological, geographical and socioeconomic factors, for equitable distribution and allocation of financial and human resources, health care network and training institutions between administrative regions and subsectors within health sectors. It also commits to increase allocation that general government health expenditure is at least 15% of total general government expenditure for: (i) revamping the existing infrastructure and addressing gaps in the health care delivery network; (ii) improving skilled health workforce density and establishing training institutions in the divisional and district headquarters.*

Government of Balochistan also commits to introduce "purchaser-provider split" and the state (governance) assuming the role of health service regulator. An independent autonomous entity, like health insurance organization, in this set up, will assume the role of financier to pool funds

and purchase services for people. That is, a system of prepayment/health insurance will be developed and introduced to reduce current burden of out of pocket expenditure, financial risk protection, cross subsidies and safety net for the deprived. In the same manner, an autonomous entity (tertiary care hospitals and district with its health care delivery network) will act as the provider of services. In addition, the government will define and introduce measures to reduce inefficiencies in resource utilization and promote harmonization and coordination of health financing from other sources like donors, zakat, NGOs, social security institutions etc.

Indicators for financing health system

a. *By 2020, a formula and mechanism for equitable distribution of resources (financial and human resources) is defined, approved and implemented*
b. *By 2025, the general government health expenditure is increased to at least 15% of total general government expenditure*
c. *By 2025, the % of people covered by health insurance or a public health system will increase and exceed 50% of the population*

***Explanation**: In order to measure availability of additional resources for health and financial risk protection, indicators will be used. The means to verify is availability of documentary evidence.*

4. Health workforce

4) Health workforce in adequate number with required competencies and performance level distributed equitably across health system and there is appropriate skill mix in services.

***Explanation**: Health Department, Government of Balochistan, in order to meet SDG-3c target, commits to align investment in human resources for health, taking into account the current and future needs of the population and health systems, to address the shortages and improve the distribution of health workers, so as to improve health outcomes.*

Balochistan faces health workforce crisis, quantitatively as well as qualitatively. A comprehensive plan will be developed to project HRH needs and guide on production, retention and in-service training. Since, the province currently faces health workforce crisis, education and training will be expanded to fill in the gap. Given that 72% of the population (Census, 2017) is rural, which changed only marginally from 73% in 1998, for the foreseeable future, rural or primary health care services will remain in need. Accordingly, the health workforce production will be aligned with emphasis on the multipurpose health workers. The multipurpose paramedic school, which is currently only one in Quetta, will be revamped and upgraded to graduate level, while schools will be established stepwise first at divisional and then at district headquarters.

Government also commits that nurses' education and training will be improved by upgrading existing schools to colleges for producing post RN diploma and BSNs instead of RNs at divisions, while at district headquarters, nurse auxiliaries or midwifes will be trained. Public health schools will be revamped and upgraded to produce Bachelor Midwifes under the degree programme at

each divisional headquarter. Likewise, education and training of doctors, dentists and pharmacists' will be upgraded and institutions distributed throughout the province. The government will introduce a comprehensive career structure for all categories of health workforce, including doctors, nurses, allied health professions and ancillary workers in the health system. The government will introduce the system of placement of health care providers in remote areas on rotation basis to fill gaps. Higher education is an integral part of Health Work Force management; the government will introduce system of conditional service in hard to reach and remote areas as a legal binding, prior to proceeding for higher education.

In order to ensure quality in education and training, a system of accreditation of institutions and health workforce will be established. While there is regulatory body for doctors (PMDC) and nurses (PNC), an allied health professions council shall be established. Furthermore, a system will be designed and introduced for continuous professional development and or continuous medical education. Currently, there is a huge body of the practitioners of traditional and contemporary medicine: they will be integrated into primary health care network to regulate and improve their practices. In order to remove existing inefficiencies and promote professional education and training, institutions, individually or as a cluster, will be made autonomous and independent, e.g. by creating nursing and midwifery education and training authority etc., to be regulated by the respective regulatory bodies.

Indicators for health workforce

a. *By 2020, a comprehensive human resources for health (HRH) plan is developed after conducting HRH projection exercise*
b. *By, 2022, a comprehensive operational plan (PC-1) for expanding the education and training of health workforce is developed, approved and implementation started*
c. *By 2030, there are at least three skilled health workers (doctors, nurses, midwifes and paramedics) for 1,000 population that are equitably distributed across the province (SDG indicator 3c-1)*

5. Medicine and other health technologies

5) Population in the province has sustainable access to affordable essential medicines, vaccines, blood and blood products and medical devices

***Explanation**: Health Department, Government of Balochistan, in order to meet SDG-3b target, commits to design and introduce guidelines for enhancing access to medicine and other health technologies. It is important given that 52.65% of the out of pocket health expenditure is on medicines. Whereas a provincial essential medicines list will be developed to guide decisions for purchasing, clinical practice guidelines will be framed to guide rational prescription and use of medicine (including antibiotics and injectable) and medical devices. Special programmes will be launched to enhance good surgical and anesthetic techniques and phamacovigilance especially*

for addressing antimicrobial resistance, and, in case of blood, to reduce blood loss and use of alternatives to the whole blood for volume replacement.

In accordance with the health services package, facility specific formularies will be developed to guide the indenting and procurement of medicine, chemicals, disposables and supplies. At provincial level, WHO prequalification programme for vaccines and medicines for priority diseases will be used for national and international procurements. Pricing is important; and to guide pricing policy, guidance will be taken from international reference prices and generic procurement and prescription will be ensured in the public sector health facilities.

A system of health technology assessment will be designed and introduced for selection and acquisition of medicines, medical devices, vaccines and other health technologies in to the health system. In addition, a system will be designed and implemented for the repair and maintenance of equipment at health facilities. The system for the inspection (and prosecution) to ensure the availability of quality and affordable drugs will be strengthened, including revamping and upgrading of drug testing laboratory and an autonomous provincial drug regulatory authority.

Indicators for medicine and other health technologies

a. *By 2020, a provincial essential drugs list and formularies for different level care facilities are developed and implemented*
b. *By 2022, a system for the procurement, distribution, storage and prescription of generic medicines is established and operative*
c. *By 2025, there is zero stock out for essential medicines and medical devices at health facilities across the province*

***Explanation**: NB: SDG 3.b.1 indicator for medicine and technologies is, "the proportion of the population with access to affordable medicines and vaccines on a sustainable basis". This will require household health services utilization survey, which could be undertaken together with national health accounts.*

6. Health information

6) Health information system with the availability of high-quality, timely and reliable data, which is systematically synthesized, analysed, interpreted, and summarized to reflect the health situation and trends, and made available in term of reports for decision making.

***Explanation**: Health Department, Government of Balochistan, in order to meet challenges of health system strengthening, shall revamp and improve health information system, including introducing category of statisticians and statistical assistants. The health information generated will be of high-quality, timely and reliable to feed into the provincial statistics system to meet SDG target 17.18. Complementing the health information system, the civil registration and vital statistics system (CRVS) will be strengthened to ensure every birth, whether at home or facility is*

registered and deaths not only in numbers but also with cause of death is registered and entered in the provincial statistics system.

The currently used information platform will be upgraded to DHIS-2 and the current digitizing of data will be extended to primary health care facilities, i.e. RHCs and BHUs in the first instance. In the next step, CDs and MCH Centers will be digitized. Depending on the connectivity, online data entry/ transfer will be made, using, for example, tablets by a health care provider at the facility. In case of problem in connectivity, a statistical assistant/health worker will act as 'information angel' to visit a cluster of facilities and make online data entry. In order to assure high quality data that is generated and entered timely, processed, analyzed, reported and used in decision making a cadre of statistical assistants will be inducted in the health information system.

Measures will be taken that the information channels dedicated for the vertical programmes integrate at district and then at provincial level. Likewise, the disease surveillance systems, which are currently programme specific are integrated into the provincial disease surveillance system to in turn link with the national system. Advances in ICT will be harnessed to design and develop an integrated data repository or health system observatory with a dashboard to display health situation and trends, including for human resources, financing, medicine and supplies etc.

Indicators for health information system

a. *By 2020, the tertiary, secondary care, RHCs and BHUs are digitized and submit data online to the district and provincial HIS centre/directorate*
b. *By 2022, the entire health care delivery system is digitized and submits online data regularly and correctly*
c. *By 2022, an integrated health system observatory with a dashboard is established and regular reports are generated*

7. Health in humanitarian emergencies and IHR, 2005

7) A decentralized system established for compliance to international health regulations (2005) and health emergency risk management

Explanation*: Health Department, Government of Balochistan, in order to meet SDG-3 target 3.6, as referred to in policy statement-1, is committed to develop well equipped emergency and trauma units at tertiary and secondary care hospitals across the province. A directorate of health emergency operations will be established at provincial level with branches at district level to coordinate emergency risk management activities in their respective jurisdiction. Regional Blood Centers will also be established and work in close coordination with respective directorates at respective level. The emergency and trauma units working under respective medical superintendents, in case of health emergency to be declared by the provincial/district administration, shall come under the directorate of health emergency operations.*

The directorate of health emergency operations shall prepare and rehearse a decentralized provincial and district plan, encompassing mitigation, preparedness, response, and recovery. The plan will also include SoPs and guidelines for launching response to health emergencies, including against epidemics and endemic diseases of public health concern. In addition, it will be responsible for taking measures required for compliance to international health regulations (IHR, 2005). It will forge inter-sectoral collaboration, e.g. by building health sector capacities to assess risk, manage natural and man-made emergencies and health impact of food and chemical, biological, radiological, and nuclear hazards. Being a bordering province, the directorate of health emergency operations shall, according to guidelines defined by federal level, strengthen public health security in travel and trade, particularly at the ports of entry.

The Government of Balochistan commits to enact Public Health Law, enabling health department to organize and regulate activities both in public and private sectors for prevention of diseases, promotion of health, and prolonging healthy life in the population as a whole. The current disease and programme specific disease surveillance system will be integrated and linked with the DHIS2 and a public health laboratory at divisional headquarters and a reference laboratory at provincial level will be established under the directorate of health emergency operations.

Indicators for Health in humanitarian emergencies and IHR, 2005

a. *By 2020, the directorate of health emergency operations are established at provincial level with branches at district level*
b. *By 2021, the decentralized provincial and district plans together with SoPs and guidelines prepared, rehearsed and the required paraphernalia is put in place*
c. *By 2022, under the Public Health Law a network of public health laboratories and an integrated disease surveillance system is established and operative*

8. Implementation of Balochistan health policy

8) All tenets or set of reforms in Balochistan health policy expressed as “statements” are provided legal cover and implemented by financing the envisaged interventions and the progress is tracked and evaluated.

Explanation*: Health Department, Government of Balochistan, in order the people of Balochistan province fully benefit and their health status is improved, commits to take measures necessary for effective implementation of reforms envisaged in the health policy document.*

The health system strengthening unit (HSSU) will be the caretaker and body responsible to coordinate implementation. The health department shall take the Balochistan health policy document to the cabinet for approval, making a binding for the concerned departments in the government to provide legal cover, arrange financial resources, prepare and approve the required rules and regulations, and that health figures prominently in other sectoral policies.

The Balochistan health policy will be translated into health sector strategy designed using logical framework. The strategy will identify inputs and accordingly define resource envelop. It will then be subjected to an approval process and then in the detailed planning phase, PC-1 forms to address different policy statements/ building blocks of the health system will be prepared and submitted for the approval of competent forum. It is envisaged that seven PC-1s will be prepared; and since being a huge assignment, HSSU will be strengthened accordingly. The concerned sections/directorates in the health department will be the implementation agencies.

The Balochistan health policy and health sector strategy will serve as a platform to rally partners' support in health development to finance the envisaged interventions. Pakistan is a member of WHO IHP+, which can be used as catalyst for establishing funding platform.

Indicators for Balochistan health policy implementation

a. By end of April, 2018 the *Balochistan health policy and health sector strategy is approved and provided legal and financial cover;*

b. By end of May, 2018, concept papers (PC-II) developed and approved for seven policy statements/strengthening health system building blocks and health sector strengthening unit

c. *By end of 2018, PC-Is for all seven policy statements and health sector strengthening unit approved and implementation started*

I. Tracking progress (Monitoring)

In order to monitor and evaluate the progress on policy implementation, the following matrix has been developed, which essentially draws on the policy goal (vision), outcome (mission) and targets (outputs). Also, a Gantt chart is developed to present the timeline, indicating also the responsible organizations.

Hierarchy of objectives	**Indicators**	**Means of verification**	**Risk and assumption**
Goal: Well and healthy people, whose health needs, especially of the poor, underserved and vulnerable, are effectively addressed.	Life expectancy at birth: 67.6 years – M; 65.2 years – F MMR: 300-350 per 100,000 live births IMR: 46 per 1,000 live births U5MR: 50 per 1,000 live births	Population survey reports	Availability of financial and human resources; Political commitment; security and stability, and availability of technical assistance
Purpose/outcome: Reform and build a responsive health system that ensures access to the needed health services without facing financial hardship.	By 2030, all populations have access to 80% of health services package. By 2030, everyone has 100% financial protection from out-of-pocket payments for health	Health services and expenditure survey (health accounts)	
Outputs:			

1. Health service delivery: Develop and organize service delivery system based on primary health care model, which assures universal access by all, as a human right, to health services package at all levels of care.	By 2025, health care delivery network will have been revamped to provide delivery health services package	Health facility assessment using SARA technique	
2. Governance in health system: Within the health policy framework that covers both public and private (for profit and not for profit) sectors, introduce reforms with a particular attention to system design for ensuring effective oversight, regulation, accountability and coalition building.	By 2030, health services package will be available to more than 60% of population By 2020, legally incorporated health policy framework and within its remits a health sector strategy is framed and operational plans (PC-IIs and PC-1s) prepared and approved for implementation.	Health facility assessment using SARA technique Documents	
3. Financing of health system: Ensure, adequate, sustainable, efficient and equitable health financing, and provide financial risk protection to the people, especially the poor, underserved and vulnerable.	By 2025, systems for oversight, regulation, accountability and coalition building are available and functional. By 2020, a formula and mechanism for the equitable distribution of resources (financial and human resources) is defined, approved and implemented By 2025, general government health expenditure is increased to at least 15% of total general government expenditure By 2025, percent of people covered by health insurance or a public health system will increase and exceed 50% of population	Document; and periodic review reports Document; and financial report /budget Budget document Health account (household health expenditure survey)	
4. Health workforce: Health workforce in adequate number with required competencies and performance level distributed equitably across health system and there is appropriate skill mix in health services.	By 2020, a comprehensive HRH plan developed after conducting HRH projection exercise By, 2022, a comprehensive operational plan (PC-1) for expanding the education and training of health workforce developed, approved and implementation started	Document: result of projection exercise; and HRH plan Document: PC-1 and progress report	

	By 2030, there are at least three skilled workers (doctors, nurses, midwifes and paramedics) for 1,000 population that are equitably distributed across the province (SDG indicator 3c-1)	Document: payroll and health facility assessment report	
5. Medicine and other health technologies: Population in the province has sustainable access to affordable essential medicines, vaccines, blood and blood products and medical devices	By 2020, a provincial essential drugs list and formularies for different level care facilities are developed and implemented	Document: EDL and facility specific formularies	
	By 2022, a system for the procurement, distribution, storage and prescription of generic medicines established and operative	Document for system; and health facility assessment report	
	By 2025, there are zero stock out of essential medicines and devices at 80% of health facilities	Health facility assessment report	
6. **Health information:** Health information system with availability of high-quality, timely and reliable data, which is systematically synthesized, analyzed, interpreted, and summarized to reflect health situation and trends, and presented as reports for decision making.	By 2020, tertiary, secondary care, RHCs and BHUs are digitized and submit data online to district and provincial HIS center/directorate	HIS assessment report; DHIS-2 report	
	By 2022, all health care delivery is digitized and submits data online regularly and correctly	HIS assessment report; DHIS-2 report	
	By 2022, an integrated online health system observatory with a dashboard is established and regular reports are generated	Internet surfing; and reports generated by interactive observatory	
7. Health in humanitarian emergencies and IHR, 2005: A decentralized system established for compliance to the international health regulations (2005) and health emergency risk management	By 2020, directorate of health emergency operations established at provincial level with branches at district level	Payroll and inspection report	
	By 2021, decentralized provincial and district plans together with SOPs and guidelines prepared, rehearsed and the required paraphernalia is put in place	Documents; and assessment/ rehearsal report	
	By 2022, under Public Health Law a network of public health laboratories and integrated	Document; and assessment report	

8. Implementation of health policy: All tenets or set of reforms in Balochistan health policy expressed as "statements" are provided legal cover and implemented by financing the envisaged interventions and the progress is tracked and evaluated.	disease surveillance system is established and operative By the end of April, 2018, the Balochistan health policy and health sector strategy approved with legal and financial cover; By the end of May, 2018, concept papers (PC-2) developed and approved for the seven policy statements and health sector strengthening unit By end of 2018, PC-1s for policy statements and health sector strengthening unit approved and implementation started	 Document; minutes of cabinet meeting Document; Document; audit copies of the eight PC-1s	

Action Plan: health policy implementation

Activities (policy level)	Major milestones	Responsible	Schedule in years												
			1 (2018)	2 (2019)	3 (2020)	4 (2021)	5 (2022)	6 (2023)	7 (2024)	8 (2025)	9 (2026)	10 (2027)	11 (2028)	12 (2029)	13 (20301)
Health services delivery	Define health services package	Secretary General Health/ Director	Design												
	Revamp health care delivery network for providing health services package			Revamp health care delivery network for providing health services package											
	Health services package available to more than 60% of population										Health services package available to population				
Governance	Legally incorporated health policy framework	Secretary General Health/ Director	Health Policy framed												
	Design and introduce systems for the oversight, regulation, accountability and coalition building		Design	Implementation of systems for the oversight, regulation, accountability and coalition building											

Activities (policy level)	Major milestones	Responsible	Schedule in years												
			1 (2018)	2 (2019)	3 (2020)	4 (2021)	5 (2022)	6 (2023)	7 (2024)	8 (2025)	9 (2026)	10 (2027)	11 (2028)	12 (2029)	13 (20301)
	Grant autonomy and design integrated district health system Grant autonomy to tertiary care and teaching institutions	Secretary Health/ Director General Health	Process and grant autonomy to medical and health institutions		Operate tertiary care, teaching and training institutions; and an autonomous integrated district health system										
financing health system	Define and approve a formula for equitable distribution of resources	Secretary Health/ Director General Health/ Finance and P&D department	Define and approve a formula for equitable distribution of resources		Ensure resources, financial and human, are distributed equitably between regions and levels of health care and programmes with the health sector										
	Increase general government health expenditure to at least 15% of total general government expenditure		Take a decision and legalize to incrementally increase allocation for health		General government health expenditure is increased to at least 15% of total general government expenditure by 2025					General government health expenditure is at least 15% of total general government expenditure					
	Legally incorporated purchaser-provider split; and autonomy to providers and introduce fund polling and purchasing entity		Take a decision and legalize to purchaser – provider split		Introduce fund polling and purchasing entity (health insurance all over province)										
	Provide health										System of prepayment and co-payment is				

Activities (policy level)	Major milestones	Responsible	Schedule in years												
			1 (2018)	2 (2019)	3 (2020)	4 (2021)	5 (2022)	6 (2023)	7 (2024)	8 (2025)	9 (2026)	10 (2027)	11 (2028)	12 (2029)	13 (20301)
	insurance coverage to population										operative all over province				
Health workforce	Conduct HRH projection exercise; and Develop a comprehensive HRH plan	Secretary Health/ Director General Health/ HRD Directorate	HRH projection exercise Develop HRH plan												
	Expand education and training for enhanced production of health workforce				Operational plan for expanding HRH production		Enhance production of health workforce								
	Distribute equitably skilled workers across province						Equitably distributed skilled workers across province								
Medicine and other health technologies	Define and approve: (a) provincial essential drugs list; (b) formularies for different level health care facilities	Secretary Health/ Director General Health/ Directorate of Medical supplies	Define and approve: (a) essential drugs list; (b) formularies for health care facilities												
	Define and establish a system for procurement, distribution, storage, and		Define and establish a system for procurement, distribution, storage of		Define and establish a system for prescription of generic medicines		Define, establish and implement a system for rational prescription								

Activities (policy level)	Major milestones	Responsible	Schedule in years												
			1 (2018)	2 (2019)	3 (2020)	4 (2021)	5 (2022)	6 (2023)	7 (2024)	8 (2025)	9 (2026)	10 (2027)	11 (2028)	12 (2029)	13 (20301)
	prescription of generic medicines and inculcate rational prescription		medicine and medical devices												
	Availability at health facilities ensured for essential medicine and medical devices										Zero stock out for essential medicine and medical devices at all health facilities				
Health information	Introduce a cadre of statisticians for data management, analysis and dissemination	Secretary Health/ Director General Health/ HIS directorate	Introduce a cadre of statisticians		Statisticians do the data management, analysis and disseminate reports										
	Develop and digitize tertiary, secondary care, RHCs and BHUs to submit online data		Develop and digitize tertiary, secondary care, RHCs and BHUs			Tertiary, secondary care, RHCs and BHUs submit online data to districts and provincial information centers									
	Expand and digitize entire health care delivery network to submits online data regularly and correctly				Digitize entire health care delivery network		Entire health care delivery network submits online data regularly and correctly								
	Establish an integrated		Establish an integrated health system observatory				The integrated health system observatory has a live dashboard for regular reporting with GIS coordinates and is capable of generating interactive								

Activities (policy level)	Major milestones	Responsible	Schedule in years												
			1 (2018)	2 (2019)	3 (2020)	4 (2021)	5 (2022)	6 (2023)	7 (2024)	8 (2025)	9 (2026)	10 (2027)	11 (2028)	12 (2029)	13 (20301)
	health system observatory with a dashboard for regular reporting (GIS)							reports.							
Health in humanitarian emergencies and IHR, 2005	Establish directorate of health emergency operations at provincial level with branches at district level	Secretary Health/ Director General Health/ directorate of health emergency operations/ PDMA	Directorate of health emergency operations established at provincial level with branches in all districts												
	Prepare and rehears decentralized provincial and district plan together SOPs and guidelines				decentralized provincial and district plan + SOPs and guidelines prepared and rehearsed										
	Enact Public Health Law and establish a network of public health laboratories and integrated disease surveillance system		Public Health Law enacted Integrate disease surveillance system		Network of public health laboratories (referral at province and at each division)			Balochistan implements public health law and is compliant to the provisions of IHR, 2005							

J. Financing of health policy

Funding needs

Given the task of achieving universal health coverage, especially in the context of Balochistan health system, substantial funding will be required. The health policy has a life span of thirteen years (2018-30); and over the first five years of this period an estimated amount of PKR 75,252 million is needed. Table-1 provides summary of cost for each policy area.

Table 1: Summary of financial layout for health policy

Sr. No.	Policy area	Policy statement	Estimated amount (RS in million)
1	Health service delivery	Develop and organize service delivery based on primary health care, which assures universal access by all, as a human right, to health services package at all levels of care	43,983
2	Governance in health system	Within the health policy framework that covers both public and private (for profit and not for profit) sectors, introduce reforms with a particular attention to system design for ensuring effective oversight, regulation, accountability and coalition building.	3,725
3	Financing of health system	Ensure health financing, which is adequate, sustainable, efficient and equitable, and provides financial risk protection to people, especially poor, underserved and vulnerable	273
4	Health workforce	Health workforce in adequate number with required competencies and performance level distributed equitably across health system and there is appropriate skill mix in services	5,183
5	Medicine and other health technologies	Population in the province has sustainable access to affordable essential medicines, vaccines, blood and blood products and medical devices	2,662
6	Health information	Health information system with the availability of high-quality, timely and reliable data, which is systematically synthesized, analysed, interpreted, and summarized to reflect health situation and trends, and made available in term of reports for decision making	2,705
7	Health in humanitarian emergencies and IHR, 2005	A decentralized system established for compliance to international health regulations (2005) and health emergency risk management	3,660
8	Implementation of Baluchistan health policy	All tenets or set of reforms in Baluchistan health policy expressed as “statements” are provided legal cover and implemented by financing the envisaged interventions and the progress is tracked and evaluated	521
		Total capital cost	62,712
		Recurrent cost @ 20% of capital cost	12,542
		Total estimated cost for implementing during first five years of health policy	**75,252**

Financing of health sector policy

As in table-2 below, over five years a total of RS 62,710 million as capital is required. Under the new development schemes consequent to implementing the health policy, new posts will be created and institutions will be established. The recurrent cost of these new posts and institutions is estimated @ 20% of the capital cost in respective year or a total of RS 12,542 million over five years. Thus, in order to implement health policy, a total of RS 75,252 million will be required over five years. During 2023-24, the health policy will be reviewed for its financial and physical progress on implementation; and accordingly financial projections for the remaining life of the policy will be made.

During 2017-18 RS 6,107 million is available under provincial social sector development programme (PSDP). Considering a yearly increase @5% using 2017-18 allocation as base, a total of RS 35,432 million will be available, leaving a total deficit of Rs 39,820 million. It is expected that government of Balochistan will continue providing recurrent budget with a projected yearly increase @ 5.41% with an allocation of RS 18,306 million during 2017-18 taken as base year.

Table 2: financial layout of Balochistan health sector policy during 2018-23 (PKRs in million)

Description	Yr1 (2018-19)	Yr2 (2019-20)	Yr3 (2020-21)	Yr4 (2021-22)	Yr5 (2022-23)	Total for 5 years
Capital cost for implementing Health sector policy	3,023.7	11,885.95	16,181.45	18,286.45	13,332.45	62,710
Recurrent cost (estimated @ 20% of capital cost) due to new posts and institutions in policy	604.74	2,377.19	3,236.29	3,657.29	2,666.49	12,542
Total financial needs of the health sector policy	**3,628.44**	**14,263.14**	**19,417.74**	**21,943.74**	**15,998.94**	**75,252**
PSDP funds with yearly increase @5% with 2017-18 allocation of RS 6,107 million as the base year	6,412	6,732.97	7,070	7,423.10	7,794	35,432
Funding gap for implementing the health sector policy	**(2,784)**	**7,530**	**12,348**	**14,521**	**8,205**	**39,820**
Recurrent cost with projected yearly increase @ 5.41% with 2017-18 as the base year (which is RS 18,306 million)	19,296	20,339	21,439	22,598	23,820	107,492

How to generate resources to address health policy funding gap, following option could be explored:

1. **Improve efficiency** in utilising the available resources: For example, at national level, percentage share of Medicine/Vaccine in private and public sector are 49% and 66.67% respectively. No Balochistan specific data concerning public sector expenditure on Medicine/Vaccine as percentage share is available, it forms 52.22% of the total out of pocket health expenditure (PDHS, 2013-14). So, roughly the public sector expenditure on Medicine/Vaccine is around 50%.

If generic procurement and rational prescription is introduced, expenditure of medicine/vaccine could be reduced to 25% of public sector expenditure on health, leaving funds, for example for revamping the health care delivery network. That is, since total public sector spending on health was RS 13,979 million during 2013-14, about RS 3,495 million can be made available yearly.

2. **Unify financing sources**

a. ***Establish a common funding platform:*** As in table-3, there are a number of entities in the public sector involved in financing health. In addition to donors and NGOs that are discussed below, a total of RS. 1,197 million is contributed yearly by a variety of parastatal agencies. A mechanism can be devised to unify these channels of resources and bring harmonisation in utilisation under a common funding platform: an action, which is likely to add to the value for the available money.

Table-3: share of health expenditure

Type of health expenditure	Amount (Rs. million)	% of total
Military	987	2.3
Provincial Government	13,979	33.1
Cantonment Board	10	0.0
Employment Social Security Institution	64	0.2
Zakat	34	0.1
PBM	73	0.2
Prov Abs/C	29	0.1
Out of pocket	23,702	56.2
NGOs	3,261	7.7
Donor	63	0.1
Total	**42,202**	**100**

Source: Pakistan NHA, 2013-14

b. ***Harnessing donors' support***: IHP+ (international partnership+) aims to improve aid effectiveness under Paris Declaration (2005) and Pakistan is its member. Most development partners, being member of IHP+ have moral binding to support health sector strategy, which has been prepared and is aligned with the health policy. During 2013-14, the donors contributed RS 63 million to health expenditure. It is expected that health department by being proactive with partners could raise funds @RS 100 million that could be used as per preference of the particular donor and channelled to fund activities planned in the health sector policy/strategy.

In addition, sources like Global Fund and HIV/AIDS, Tuberculosis and Malaria, GAVI Alliance, Bill and Melinda Gates foundation, USAID, JICA etc. could be explored to generate resources for funding the health sector strategy.

c. ***Mainstreaming NGOs' contribution***: according to NHA, 2013-14, NGOs expenditure or contribution to the health sector during 2013-14 was RS 3,261 million. However, given the improved law and order situation, the NGOs' input has fallen. Actual figures are not available, but it is estimated to be around 500 million yearly. These funds can be streamlined and used for funding health sector as per preference of the particular NGO.

3. **Enhance public sector funding**: Out of pock health expenditure is RS 23,702 or 56.2% of total health expenditure. Almost 50% of this expenditure or RS 11,851 million is used for medicine. If, as indicated above, by introducing generic scheme, the expenditure on medicine can be reduced to Rs 5,425 million or total out of pocket expenditure could be reduced to RS 18,277 million.

   In order to further reduce out of pocket expenditure and invest in revamping and expanding health care infrastructure and education and training institutions and improving the health workforce density, additional allocation by the public sector will be required. In the following, certain potential sources are discussed.

   a. ***Re-appropriation of provincial general government expenditure***: Provincial government contributes RS 13, 979 million or 33.1% of the total health expenditure (NHA, 2013-14). Compared to that, the main bulk of health expenditure i.e. RS 23,702 million or 56.2% is out of pocket. As in table 4, total general government allocation for health (current and development) in 2016-17 was 7.34% of total general government allocation, which increased to 7.43% in 2017-18. **NB**: expenditure data is not available, therefore allocation figures are used.

      Furthermore, as in table 4, the recurrent allocation during 2017-18, compared to in 2016-17, increased by 5.41%. This increment in recurrent budget is also projected through life of policy (table-2).

Table-4: Total general government allocation v/s Total general government allocation for health		
Budget category	**2016-17**	**2017-18**
Total General Government Budget (current)	218,173,357,410	242,556,746,170
Total General Government Budget for Health (Current)	17,367,697,000	18,306,590,400
% General Government Budget (current) for health	**7.96%**	**7.55%**
Total General Government Budget (Dev.)	68,058,193,000	86,011,170,000
Total General Government Budget for Health (Dev.)	3,635,831,000	6,107,040,000
% General Government Budget (Dev.) for health	**5.34%**	**7.10%**
Total General Government Budget (Dev. + current)	286,231,550,410	328,567,916,170
Total General Government Budget (Dev. + current) for Health	21,003,528,000	24,413,630,400
% of Total General Government Budget (Dev. + current) for health	**7.34%**	**7.43%**
15% of Total General Government Budget (Dev. + current)		49,285,187,426
% increase in 2017-18 compared to 2016-17 for current budget		5.41%
% increase in 2017-18 compared to 2016-17 for development budget		68%
% increase in 2017-18 compared to 2016-17 for total allocation for health		16.2%

Drawing on the recommendation of Abuja Declaration (2001) total general government health expenditure should be 15% of the total general government expenditure. Considering that 100% allocation is utilized, enhancing current allocation to 15% of total general government budget mean doubling the allocation for health to RS 49,285 billion per year. While the government of Balochistan may consider enhancing PSDP

allocation, like in 2017-18, there is 16.2% increase compared to in 2016-17. However, as in table 2, projection has been made for PSDP allocation, considering there will be 5% yearly increase with 2017-18 allocation of RS 18,306 as base.

b. **Grant *from* Federal government**: Government of Balochistan can request grant from federal government for meeting its development needs, especially in health sector.

c. **Loan (soft):** the plans prepared for strengthening health system can be presented to the World Bank, Asian Development Bank etc. for funding.

K. Epilogue

Balochistan health policy (2018-30) is a landmark document, which is developed in consultation with stakeholders, including development partners. A systems thinking approach is taken in conducting the process, and issues in all building blocks of the health system have been taken into account. Accordingly, six policy statements are defined. But, given the importance, another statement concerning, "health in humanitarian emergencies and international health regulations, 2005", forms part of the policy. Also, a section on implementation and monitoring and evaluation is added. It is because; framing a policy is useless unless it is implemented and its progress is objectively monitored.

The Balochistan health policy proposes a daunting agenda of reforming the health sector enshrined in seven policy statements. These are defined based on the principles of universality, citizenship, pluralism, solidarity and subsidiarity with the purpose to ensure equity, quality, safety and efficiency in the health system. The Health Department, Government of Balochistan has explicitly taken the ownership and already moved to the next step. Balochistan health sector strategy (2018-25) has been developed, as a vehicle for investment in the health sector. In order to realize what is envisaged in strategy, concept papers (PC-2) will be developed for seven policy statements. Upon approval, the operational plans or PC-1s will be developed as implementation tools.

It is a high agenda fraught with challenges, but given the political commitment and administrative resolve, every tenet in the policy will be implemented to realize its vision, "well and healthy people, whose health needs, especially of the poor, underserved and vulnerable are addressed".

L. Acknowledgement

Framing Balochistan health policy is an important milestone in strengthening the health system. It is a document, which will provide an agenda and direction for health development in the province. This provides not only the contents as 'seven policy statements' but also suggest mechanisms for financing, implementation, monitoring and evaluation. It was an uphill task to develop, as it took more than seven years after 18th amendment in the national constitution (2010), which had empowered the provinces.

It gives us a great pleasure and pride that Balochistan has taken the lead: being the first province to develop its health policy. In this endeavor, all sections of the Health Department, stakeholders and the

development partners participated. I would like to mention in this regard, Dr. Shakir Baloch Director General Health Services, Mr. Abdul Rauf Baloch Additional Secretary Health, Mr. Abdul Rasool Zehri, Chief Planning Officer Health and the key officials of Department of Health along with, whose input in to the policy process have been instrumental in defining the contents and shaping the reform agenda. But, it would not have been possible without the initiative and the leadership of Mr Javed Anwar Shahwani (ex-Secretary Health) continued support and keen interest of Mr. Saleh Naser, Secretary Health. The coordination and operational support provided by Health System Strengthening Unit under the leadership of Dr. Tahira Kamal was praiseworthy in making, field visits and meetings with stakeholders, a success to effectively accomplish policy formulation process. The support provided by the World Health Organization country office and Eastern Mediterranean Regional Office has been immense: special thanks are due to Dr. Mohammad Assai Ardakani and Dr. Mohammad Alam Babar.

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