



Health Sector Strategy Sindh (2012-2020)

صحت زندگی

The approved Health Sector Strategic Framework (2012-2020) of Sindh is expected to serve as an over-arching umbrella for guiding operational plans of medium and long-term Programmes and Projects. Implementation of the Strategy requires PKR 318.7 billion (USD 3.54 billion) equivalent to PKR 39.5 billion per annum (USD 0.4 billion per annum) over eight years, as additional investment by the Department of Health (DoH). It is expected to provide strategic directions for resource mobilisation from various stakeholders. An allied monitoring and evaluation framework provides Key Performance Indicators (KPIs) and quantitative annual targets over 2012-2020. The eight-year strategic framework is expected to guide the DoH in the development of its Annual Development Plans (ADPs) and expenditure forecasting.

The strategic framework has also been developed to identify requirements for Health Systems Strengthening (HSS) in Sindh. Strategic outcomes focus on strengthening district health system and human resources, regulating private sector, utilising innovative financing schemes and responding to stewardship and governance role of the government.

Currently, an operational plan for implementation of the Health Sector Strategy is in progress with the support of Technical Resource Facility (TRF). Furthermore, Government of Sindh has allocated PKR 56.472 billion for health sector for fiscal year 2013-14 out of which it is estimated that 64 percent will be used for funding routine health operations of the public health sector (e.g. salaries, cost of medicines etc.) and 36 percent for funding the development Programmes in the province¹.

¹Annual Budget Statement, Finance Department, Government of Sindh 2013-14 and Annual Development Plan for 2013-14.



Introduction and Background

In Sindh, post devolution scenario has provided an opportunity to the government to review and address gaps in human, administrative, management and financial resources and to plan for its additional responsibilities. Government of Sindh has developed a Health Sector Strategy after reviewing the current situation in the health sector and setting priorities for service delivery in an integrated manner. The Strategy document has been developed by Health System Reform Unit (HSRU) and Department of Health (DoH), Sindh with support from TRF, Department for International Development (DFID) and Australian Agency for International Development (AUSAID).

Purpose of Health Sector Strategy

The Sindh Health Sector Strategy 2012-2020 builds upon national and international commitments. It establishes congruence with existing international commitments of the Millennium Development Goals (MDGs). It also builds upon the key parameters of access, equity and universal coverage delineated by the National Health Strategy 2009. (Table 1)

Table 1: Vision and Objectives

VISION: Maximising efforts to improve health status

of the people in Sindh in congruence with

international and national commitments and in response to the province's needs.

OBJECTIVE: To provide a strategic direction aligned with evidence-based prioritised needs which, in turn, will be a basis for detailed operational planning. **SPECIFIC**

OBJECTIVES:

Enhance health outcomes in the province while improving cost efficiency and quality of service delivery

■ Enhance stewardship role of DoH for steering public and private sector towards desired health outcomes

■ Harmonise the strategy plan with national policies and international commitments while maintaining strong contextual relevance for Sindh

■ Provide a Financial Framework for investment by government, private sector, UN agencies and international partners

■ Provide a broad monitoring and evaluation framework for monitoring of sector strategy by DoH and partners

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The purpose of developing the strategic framework was to identify the requisites for Health Systems Strengthening (HSS) in Sindh; define a set of sub strategies for major building blocks of the HSS including: service delivery; human resources; health management information; medical products, vaccines and technologies; financing; and leadership /governance/ stewardship and provide a strategic roadmap aligned with evidence based and prioritised needs.

Process of Health Sector Strategy Development

An evidence-based situation analysis was carried out during September-November 2011. The methodology adopted for the situation analysis included secondary data review and analysis from 278 documents from multiple data sources, 85 key informant interviews and consultations. Data sources included vertical programmes, provincial Health Management Information System (HMIS); policy acts and commitments and major national surveys. Strategy development was based on key areas and themes identified by the situation analysis report and feedback of DoH, Sindh and donors. The Strategy is built on existing strengths of the DoH systems and private sector, reform experiences from South Asia and other low-middle income countries, and best practices on systems strengthening from various internationally recognised sites.

Findings from Situation Analysis

Social and health indicators are particularly poor in Sindh falling below the average for rural Pakistan (Table 2)

Table 2: Key health indicators of Sindh

Indicator	Sindh	Pakistan
Infant Mortality Rate	81	78
Maternal Mortality Ratio	314	276
■ Female education	46%	46%
■ Institutional deliveries	42%	41%
■ Measles	77%	82%
■ Child Anaemia	73%	62%
■ Maternal Anaemia	62%	51%
■ Food insecurity	72%	58%
■ Public sector utilisation	22%	29%

Source: Health Sector Strategy Sindh report 2012-2020

Based on the situation analysis, following key areas were identified for designing the health Strategy:

- Concerted action on Maternal Neonatal and Child Health (MNCH), nutrition and polio eradication, with special focus on control of key communicable diseases, occupational health and disaster management
- Strengthening of district health systems providing integrated care and aggressive outreach/coverage Shift in urban areas from heavy capital investment in hospitals to operational investment in primary health care and harnessing of private sector
- Non Communicable Diseases (NCDs) are increasingly prevalent in the urban poor and need cost effective primary and lifestyle interventions Strengthening of emergency care networks in rural districts with adequate links to major teaching hospitals
- Skill enhancement of human resource for essential

basic and secondary care, health management and drug dispensing

- Comprehensive essential medicine strategy to address drug availability, quality, rational use and market quality assurance
- Functional and structural changes across the DoH to improve its efficiency
- Regulatory roadmap as Sindh has the highest concentration of private sector, including unlicensed providers
- Strong and effective stewardship role for DoH to steer the entire health sector
- Harnessing of private sector investment and services for joint action to achieve desired health goals
- Significant increase in public sector investment in health and effective strategising in existing investment by philanthropic sector, corporate sector and international partners

Health Sector Strategy

The Sindh Health Sector Strategy 2012-2020 proposes seven strategic outcomes (Table 3). Each strategic outcome is organised into sub-sections comprising of i) strategy; ii) strategic areas; iii) key issues; iv) strategic actions; and key performance indicators.

Table 3: Strategic outcomes of health sector strategy

1. Strengthen district health systems with special emphasis on under developed districts and urban Primary Health Care (PHC)
 - 1a: Strengthen district health systems starting with most under-developed districts of Sindh
 - 1b: Implement an urban PHC system built on public private partnerships and addressing contextual needs of low income urban population
2. Streamline human resource production, retention and capacity to support priority health needs
3. Special areas of focus; Polio, under nutrition HIV/ AIDS, non-communicable disease etc
4. Enhance sector-wide access to essential drugs through improvement in quality assurance, afford ability, supply management and rational prescriptions
5. Regulate the health sector, in particular the extensive private sector towards licensed practice, standardisation of care, minimal reporting requirements and address medical negligence
6. To respond to stewardship and governance needs of health sector in the post devolution context, and also improve efficiency and transparency of existing functions
7. Increase investment in health sector and shift towards innovative financing systems to reduce Out Of Pocket (OOP) expenditure in the poor

Along with the strategic framework, a matching monitoring and evaluation framework and required financial investments have also been proposed, as described below.

Monitoring and Evaluation (M&E) Framework

The M&E framework involves both facility and population based monitoring mechanisms implemented across public and private sectors.

Public Sector Facility Based Monitoring

- District Health Information System (DHIS) needs to cover all districts and move from coverage of frontline facilities to District Headquarters (DHQs). Personnel management and training database of DHIS, which is currently underused will be activated to track human resource placement and capacities. Management Information System (MIS) of vertical programmes having similar objectives will be merged as part of integration exercise.
- A separate MIS for tertiary hospitals will be piloted and scaled up to cover all major tertiary hospitals.

Private Sector Monitoring

- A data pooling system will be developed to link death registry data, ambulance records, and records of major public and private hospitals.
- A database of licensed providers will be developed and periodically updated. It will also maintain minimal reporting on key indicators from private sector.

Population Based Monitoring

- A single and integrated disease surveillance system will be developed for key priority diseases, Non Communicable Diseases (NCDs) and outbreaks. This will be supported by properly trained epidemiologists, entomologists and laboratory at the provincial level, placement of district/city surveillance officers, and third-party validation.
- The NCDs are grossly underestimated and require a comprehensive survey, conducted either as a separate exercise or alternatively included in existing provincial and districts surveys such as Pakistan Demographic Health Survey (PDHS) and Multiple Indicator Cluster Survey (MICS). Population based surveys will be used to track performance.
- Third-party validations will be built to evaluate performance of specific strategic outcomes.

Financial Monitoring

- Provincial Health Accounts (PHA) for Sindh will be maintained and updated to keep track of overall spending on health in the province and contributed expenditure levels by government, households and others sources.
- Internal financial monitoring for tracking of public sector expenditure on strategic outcomes and its performance will be developed and conducted through programme-based monitoring; result- based financing and financial audits.

Financial Investment

Implementation of the Strategy requires PKR 318.7 billion (USD 3.54 billion) equivalent to PKR 39.5 billion per annum (USD 0.4 billion per annum) over eight years as additional investment over and above the existing

budgetary commitment of the DoH. The amount will be increased over the eight-year period. Implementation would imply an additional per capita spending of PKR 918 per capita or USD 9.5 per capita (Table 4).

Table 4: Financing sources

- Public Sector: PKR 44.4 billion per annum or USD 1023 per capita per annum
- Development partners: 25% equivalent to PKR 268 billion or USD 2.6 per capita
- Philanthropic sector: 15% equivalent to PKR 6.6 billion per annum or USD 1.6 per capita
- Tax Revenues: Figures not estimated
- Efficiency measures within DOH: Figures not estimated
- Others include Social Security, Zakat and Bait-ul-Mal: USD 1 per capita

Health Sector Strategy focuses on meeting the existing commitments of MDGs. It is a comprehensive document that addresses health issues presently faced by the province. In addition, it has identified seven strategic outcomes with clear guidelines to address health issues along with financial, regulatory and governance implications. Additional financial requirements which have been proposed, need to be firmly secured to achieve the desired results of this Strategy. Currently, operational plan for implementation of the Health Sector Strategy is in progress with the support of TRF.

A strong political commitment by the newly elected government is needed for achieving the desired outcomes of this Strategy.



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