



**Health Sector  
Strategy  
Khyber Pakhtunkhwa**

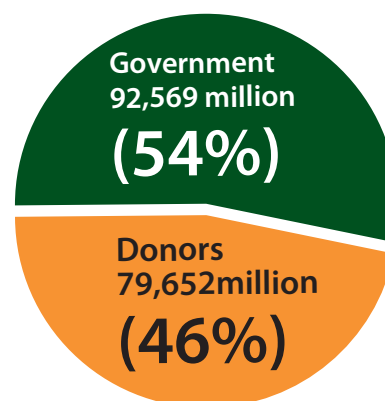
**صحت زندگی**



After devolution, Khyber Pakhtunkhwa is the first province to develop a Health Sector Strategy 2010-2017, entailing a responsive health system to improve the health status of the population based on prioritised outcomes. Its approach focuses on enhancing coverage, improving human resource management and governance and regulating the health sector. Implementation of the Minimum Health Services Delivery Package for primary and secondary level will maximize these outcomes. The Health Sector Reform Unit (HSRU) of the province is taking the lead on these reforms. A robust monitoring mechanism, headed by the Health Secretary, is already operational; development of an integrated PC-1 and other pilot interventions undertaken indicate good progress in the implementation of the Strategy which is aligned with the overall Comprehensive Development Strategy (CDS 2010-2017). The cost of priority health measures to be taken over a total of seven years is budgeted at PKR 106 billion of which 46.25 percent will be sought through international support (PKR 49 billion). It is imperative that international funding is secured so that the pace of progress is maintained by the existing mechanisms

and improved governance. This needs to be backed by high level political commitment so that targets are achieved within the given time frame. Figure 1 shows the potential funding share by Government and Donors for FY 2010-17.

**Figure 1: Potential Funding Share for Priority Health Development**



## Key Actions to be Taken

- Implementation of Minimum Health Service Delivery Package at primary as well as secondary health care level with access to these services by 70 percent of population by year 2017
- Regulation of all health institutions, whether public or private, in the province with the target of 70 percent registered with Health Regulatory Authority by 2017
- Improved management function with special focus on:
  - Human Resource Planning
  - Partnership
  - Stewardship
- Developing and piloting of mechanism to reduce the out-of-pocket expenditure by the poor with the target of social protection of 40 percent of the people living below poverty line by 2017
- Improving quality of in-service and pre-service training through curriculum review and assessment

## Current Status of Health Sector

Khyber Pakhtunkhwa has a population of 22.2 million (2009) with over three million Afghan refugees residing in the province. Half of its population is illiterate and about one third is very poor. Meagre coverage and lack of access to health care services, high out-of-pocket expenditure (76 %), precarious health status of women and children with high Maternal Mortality Rate (275 deaths/100,000 live births) and Infant Mortality Rate (63 deaths/1000 live births), poorly skilled staff and lack of coordination among the various Programmes of the Department of Health are persistent challenges in the health sector. In addition, the issue of regulating

the private health sector and stewardship of the whole system are concerns that need special attention. To address some of these challenges, the Department of Health Khyber Pakhtunkhwa has developed the Health Sector Strategy 2010-2017 which complements the Comprehensive Development Strategy (CDS 2010-17) of the province. It also incorporates priorities as reflected in the draft National Health Policy 2010 designed to achieve health related Millennium Development Goals of 2015, the Medium Term Development Framework (MTDF), Post Crisis Need Assessment (PCNA) and the Poverty Reduction Strategy Paper (PRSP-II). The cost estimates of the Comprehensive Development Strategy (CDS) indicate that the health sector will receive about 11 percent of domestic financing.

## Strategic Approaches and Targets by 2017

Outcomes have been determined to address the challenges by implementing various strategies; the targets mostly focusing on Millennium Development Goals 4 and 5 are desired to be achieved by 2017, by regular monitoring and evaluation mechanisms.

### Outcome 1: Enhancing coverage and access to minimum health services especially for the poor and vulnerable

#### Challenges:

- 31 percent of population living below poverty line
- Out-of-pocket expenditure on health is 76 percent which is highest in the country
- 2.7 million civilians displaced in last three years due to conflicts/militancy
- Only 30 percent of women and children have access to medical care

#### Strategies

- Implement Minimum Health Service Package at primary and secondary health care level
- Define mechanism to protect the poor and underprivileged population by reducing out-of-pocket expenditures
- Improve the emergency response
- Construction and upgradation of hospitals/health facilities on need basis

#### Key Targets by 2017

- At least 70 percent of the population will have access to the Minimum Health Service Package
- 40 percent of the population living below the poverty line will have a form of social protection against health expenditures
- 60 percent of population will have access to accident and emergency services, meeting optimum standards, within forty five minutes of their residence
- Each division of Khyber Pakhtunkhwa will have a functional category 'A' hospital (tertiary level hospital)

### Outcome 2: A measurable reduction in morbidity and mortality due to common diseases especially among vulnerable segments of the population

#### Challenges:

- High maternal deaths (275 deaths/100,000 live births) due to preventable causes
- Low antenatal care (50 percent of women) and low postnatal care (25 percent of women) in the province is noted
- Lack of Skilled Birth Attendants (SBAs) in the province (737 community midwives were trained in 2008 and only 22 of them deployed)
- High child deaths (IMR 63 deaths/1000 live births, under 5 mortality 75 deaths/1000 live birth)

#### Strategies

- Integrate National Health Programmes into a package of services provided at primary, secondary and tertiary levels
- Develop and implement the Strategy for reducing the neonatal deaths
- Assessment of disease burden
- Develop institutional mechanism to ensure inter-departmental collaboration to improve health status of the population

#### Key Targets by 2017

- Reduce the Maternal Mortality Ratio (MMR) to 140 per 100,000 live births (MDG 5)
- Reduce the Infant Mortality Rate to 40 per 1000 live births (MDG 4)
- 90 percent of children under 5 to receive vaccination according to schedule
- 85 percent of registered TB cases cured using Directly Observed Treatment Short-course (DOTS)
- 25 percent reduction in malaria cases
- Maintain the prevalence of HIV-AIDS cases to less than 1 percent

### Outcome 3: Improved human resource management

#### Challenges:

- Staff shortage in remote areas (though more than 30,000 employees in health department)
- Lack of capacity to respond to emergencies at both provincial and district level
- Poor or no human resource planning, with insufficient skill sets and unavailability of databases for decision making

#### Strategies

- Strengthen the personnel section to perform human resource management functions optimally
- Improve the quality of pre-service and in-service training

#### Key Targets by 2017

- 90 percent of budgeted positions filled through a transparent selection process
- 70 percent of staff meet the skills required for position
- All training institutes should fulfill the criteria set by the registration bodies to meet the quality standards

## Outcome 4: Improved governance and accountability

### Challenges:

- Lack of performance & financial accountability
- Lack of monitoring of contracted private health care providers
- Performance management system not being used

### Strategies

- Strengthening of stewardship functions
- Improved accountability and transparency
- Improving results based management
- Health financing and alternative models of service delivery

### Key Targets by 2017

- 80 percent of the District Health Information System reports would be received on time and according to the protocols
- To be accountable to the Government of Khyber Pakhtunkhwa for providing health services which meet the established service standards
- Policy, resource allocation and flow of funds should match the needs of target population as ascertained by information system

## Outcome 5: Improved regulation and quality assurance

### Challenges:

- Poor implementation of health care standards in public and private sector
- Unregulated health service providers

### Strategies

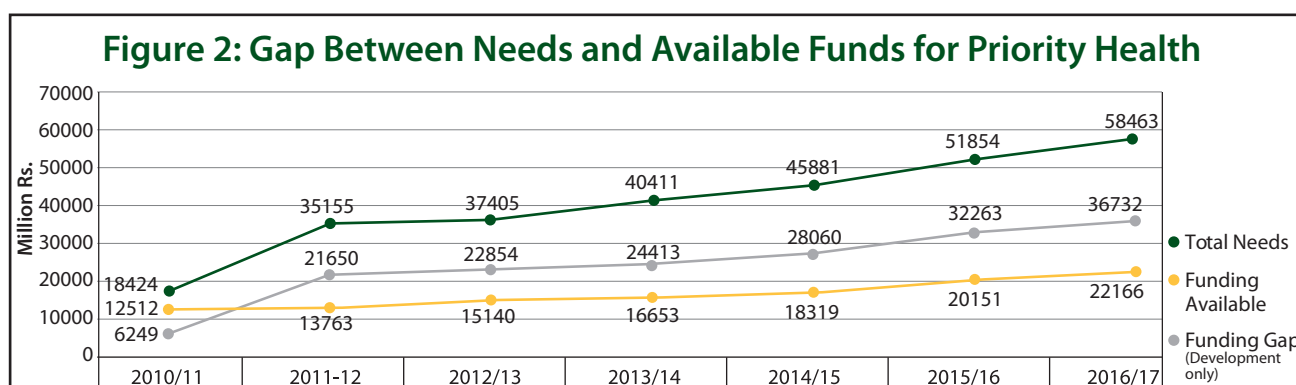
- Health institution regulation through mapping and registration
- Drug and food regulation through improving inspection system and establishing laboratories

### Key Targets by 2017

- 70 percent of private health care institutes are registered with Health Regulatory Authority (HRA)
- 95 percent of collected drug samples meet the drug quality standards
- 30 percent reduction in the food borne illnesses

## Financing of Priority Health Measures

The comprehensive development strategy costs the priority health measures for the province at PKR 106 billion over the next seven years (11 percent of the total 960 billion costs of CDS). Out of the total health measures costs, PKR 60 billion is allocated for recurrent cost and 46 billion for developmental cost. It is also estimated that PKR 49 billion (46.25 percent) will be funded through international support. Figure 2 illustrates the gap between needs and available funds for priority health measures.



## Implementation, Monitoring and Evaluation Mechanism

A detailed activity and project plan has been designed in the form of PC-1 to secure the required resources. The Health Sector Reforms Unit (HSRU) is heading all provincial health reforms. The Monitoring and Evaluation (M & E) system developed is linked to Mid Term Budgetary Framework (MTBF). Tracking of the implementation of the Strategy – which is consistent with the M&E process - will be conducted through Performance Indicators related to the five outcomes. Annual implementation Progress Report will be prepared by Provincial Information Management Unit and presented to the Minister for Health by the Secretary Health. All of these monitoring processes are steered by a monitoring committee, headed by the Secretary Health with other members being the HSRU, DG Health and technical persons from all relevant units.

## Updates on Implementation of Strategy

- Implementation of Output Based Budget which is a Conditional Grant Programme for improving the prioritised health issues in the district has been launched under Mid Term Budgetary Framework (MTBF). Piloted in four districts of the province in 2012 and extended to three more this

year. HSRU is providing inputs in preparation of Annual Development Plans (ADP) for health.

- Review of the District Health Information System (DHIS) in December, 2012 and approval of PC-1 for the Programme which will help in evidence based decision making at district as well as at provincial level.
- Integrated PC-I for Khyber Pakhtunkhwa has been approved by Provincial Development Working Party.
- Review on the progress of the Strategy is still awaited.
- Minimum Health Service Delivery Package has been made for primary health care facilities of the province.

The Government of Khyber Pakhtunkhwa has allocated PKR 32.895 billion for the health sector in the fiscal year 2013-14. Out of this allocation, it is estimated that 69 percent will be used for funding the routine health operations of the public health sector (e.g. salaries, cost of medicines etc.) and 31 percent for funding the development Programme in the province.

Khyber Pakhtunkhwa's health Strategy is aligned with other development strategies reflecting the government's commitment for this sector. The Strategy is already being implemented with achievement of the milestones highlighted above. However, there is a need to regularly track its progress; securing of the additional budgetary requirements till 2017 from the donors will require advocacy for addressing the improvement of health status of this province.