Post 18th amendment, the Punjab Government decided to steer the Health Sector through formulation of a Strategy. The Punjab Health Sector Strategy has been developed in response to challenges related to quality of service delivery and coverage, a competent health workforce, governance and regulation of health sector and for ensuring that the poor and vulnerable are financially covered as currently 75 percent of the health expenditure is out of pocket. A number of strategies are outlined using a phased approach from 2012 to 2017, recommending that the budget be increased from PKR 11.2 billion to PKR 14.8 billion. The key emphasis of the Strategy is on integrating health services supported by a strong monitoring and evaluation system. The Strategy’s implementation plan is ready and requires robust monitoring and accountability mechanisms to ensure that the desired goal of “a measurable reduction in the morbidity and mortality in most common illnesses especially among the vulnerable groups” is achieved, backed by a strong political commitment.
**The Strategy: Status of Health in Punjab**

With a sizeable population in Punjab – 53 percent of the total – the improvements in health indicators are better than other provinces, particularly in addressing high maternal and child mortality. Despite this, Punjab is lagging behind in achieving the Millennium Development Goals (MDGs) by 2015. More than a third of the province's population is below the poverty line and almost 60 percent are below the age of 25 years (Table 1). In the aftermath of 18th constitutional amendment, new Programmes, including disease control Programmes, upgrading health facilities, integration of a number of vertical Programmes, human resource training institutes and a Health Care Commission have been developed. The provincial government has taken a number of initiatives to improve health outcomes which include Health Sector Reform Programme, Chief Minister's Initiative of Primary Health Care, Punjab Devolved Social Services Programme, and Punjab Resource Management Programme.

Despite improvements in the health sector, there is an inadequate access to health care services for the people of Punjab because of insufficient competent human resources, lack of integration of health information system and regulatory mechanisms for drugs and private practices.

<table>
<thead>
<tr>
<th>Table 1: Current situation Punjab Indicators</th>
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<tbody>
<tr>
<td>Population below poverty line</td>
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<tr>
<td>Population below the age of 25 years</td>
</tr>
<tr>
<td>Under 5 mortality rate per 1000 live births</td>
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<tr>
<td>Infant mortality rate per 1000 live births</td>
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<tr>
<td>Maternal mortality ratio per 100000 live births</td>
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<tr>
<td>Immunization coverage</td>
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<tr>
<td>Utilization of skilled birth attendants</td>
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<tr>
<td>Anemia in women of reproductive age</td>
</tr>
<tr>
<td>Total fertility rate</td>
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<tr>
<td>Burden of Tuberculosis</td>
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</tbody>
</table>

**Strategic Vision, Objectives and Results (2012-2020)**

Based on the current health status and delivery modalities in Punjab, a health sector Strategy has been devised with a vision to enhance health status and productive lives of the people of Punjab by improving maternal and child health, nutrition, control of communicable and non-communicable diseases.

The following section provides a quick glance of issues in the health sector, related outcomes and proposed strategies outlined in the Punjab Health Sector Strategy 2012-2020. The Punjab Health Sector Strategy-2017 aims to strengthen the systems through improvements in institutional arrangements and integration of various Programmes especially at the district level by implementing an integrated essential health services package which is the cornerstone of this process.
## Punjab Health Strategy – Strategic Plan

<table>
<thead>
<tr>
<th>Issues</th>
<th>Expected Outcome</th>
<th>Proposed Strategy</th>
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</table>
| Service Delivery – Issues in access and quality of health care        | Develop a safe and effective health services delivery system with a focus on institutionalising quality of care | Institutionalise essential health services package for all levels of care and improve emergency care services  
Establish District Health Complexes for improved patient management, human resource skills development and training  
Strengthen urban primary health care, integrate vertical health Programmes and strengthen health Communication  
Focus on strengthening MNCH, family planning, infectious and non-infectious disease control and nutrition for women and children  
Standardise health services delivery and implement Minimum Service Delivery Standards (MSDS) |
| Governance and Accountability - An efficient system of health sector governance, management and regulation | Improve efficiency, effectiveness and responsiveness through a decentralised system with a comprehensive and responsive regulatory regime | Improved stewardship and monitoring by restructuring Department of Health for effective implementation of health policy initiatives  
Strengthen health system by optimising decentralisation and hospital autonomy  
Develop and operationalise Punjab Healthcare Commission  
Develop a robust and comprehensive system for assessment, accountability and incentive for performance |
| Health Workforce - Inadequate and lack of skilled workforce available to fulfill population health needs | Have an adequately skilled workforce in Punjab, it is essential to have a well structured human resource planning and management policy for provision of good quality services at all levels especially in rural areas | Establish a human resource planning and development unit  
Develop and operationalise a Health Services Academy for training of different categories of health workers, create opportunities for continuous medical education and revise medical curriculum with a focus on preventive and promotive care |
| Health Information Systems - Lack of comprehensive, timely, accurate and functional information foundation for health policy and planning decisions | A well functioning health information system should provide access to reliable data for evidence based policy making and resource mobilisation | Standardised information system for public and private sector health facilities and strengthen linkages with community based information systems  
Strengthen Disease Early Warning System (DEWS) at all health facility levels  
Develop capacity of health professionals on use of the information systems for management and research |
| Essential Medicines and Health Technologies - Uninterrupted supply of quality essential drugs for healthcare facilities and outreach workers | Ensure a continuous and adequate supply of quality essential drugs and medicines at all levels; an improved logistics and supply chain management enforce drug regulations and ensure sufficient storage capacity for drugs storage | Enhance existing logistics and supply chain management system by strengthening procurement, restructuring of medical store depots, and automation of system for quantification, procurement and distribution  
Institutionalise regular reviews of Essential Drugs List  
Strengthen and enforce quality regulation for drugs produced in province |
| Healthcare Financing - Optimised healthcare financing through fiscal responses | Well structured health care financing policy with strategy for financial risk protection of disadvantaged and vulnerable households; efficient and effective utilisation of budget allocated and increased public private partnership for provision of quality services at larger scale | Enhance government expenditure on health  
Improve efficiency, effectiveness and economy in health care spending  
Improve capacity of the provincial and district governments for increasing effective budget utilisation  
Establish a social security mechanism in collaboration with Zakat, Bait al Maal and Waseela-e-Sehet initiatives for targeting vulnerable and disadvantaged households |
Implementation of the Strategy

Implementation of the Strategy is a colossal task as it requires effective synergies between the Department of Health and the Directorate General Health Services (DGHS) in tandem with important inputs by the Punjab Health Sector Reform Programme (PHSRP) to bring about much needed changes in the health system. For an improved and comprehensive delivery of health services, intersectoral linkages are required – furthermore, for an effective implementation of the Strategy, the role of various departments such as education, finance, labor and industry and water and sanitation will need to be strengthened.

Healthcare Budget for Implementation of Strategy

To ensure implementation of the Strategy, the healthcare budget of Department of Health needs to be streamlined with the Medium Term Budgetary Framework (MTBF). Assuming that the Gross Domestic Progress (GDP) of the province increases from 3.5 percent to 5.7 percent over the next 10 years, the provincial budget may also increase considerably. Currently, 12.4 percent of the provincial budget is allocated for health and allied sectors; however, this is expected to decrease to 11 percent over the next 10 years. The vertical health Programmes will continue to be funded by the federal government till year 2015. Considering the health sector activities, there is a funding gap of 8 percent of overall health budget and a spending gap of 49 percent; the situation is expected to improve over the next ten years provided that utilisation of funds by the districts is improved.

The overall budget allocation needs to increase from PKR 11.2 billion to PKR 14.8 billion by 2017.

Targets Identified for Implementation of Strategy

- Reduce Infant Mortality Rate (IMR) and under five mortality rate to 30 and 40 deaths per 1000 live births
- A Maternal Mortality Ratio (MMR) of 220 per 100000 live births
- Reduction in the prevalence of Tuberculosis to 0.1 percent, Hepatitis B and C to 0.4 percent, and HIV/AIDS to 0.01 percent among vulnerable groups
- Control and reverse the prevalence of non-communicable diseases by 40 percent
- Reduction in prevalence of underweight from 30.1 percent to 10 percent, stunting from 17.6 percent to 6 percent, wasting from 14 percent to 5 percent among children, and iron deficiency anemia among women from 27 percent to 10 percent

Way Forward

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