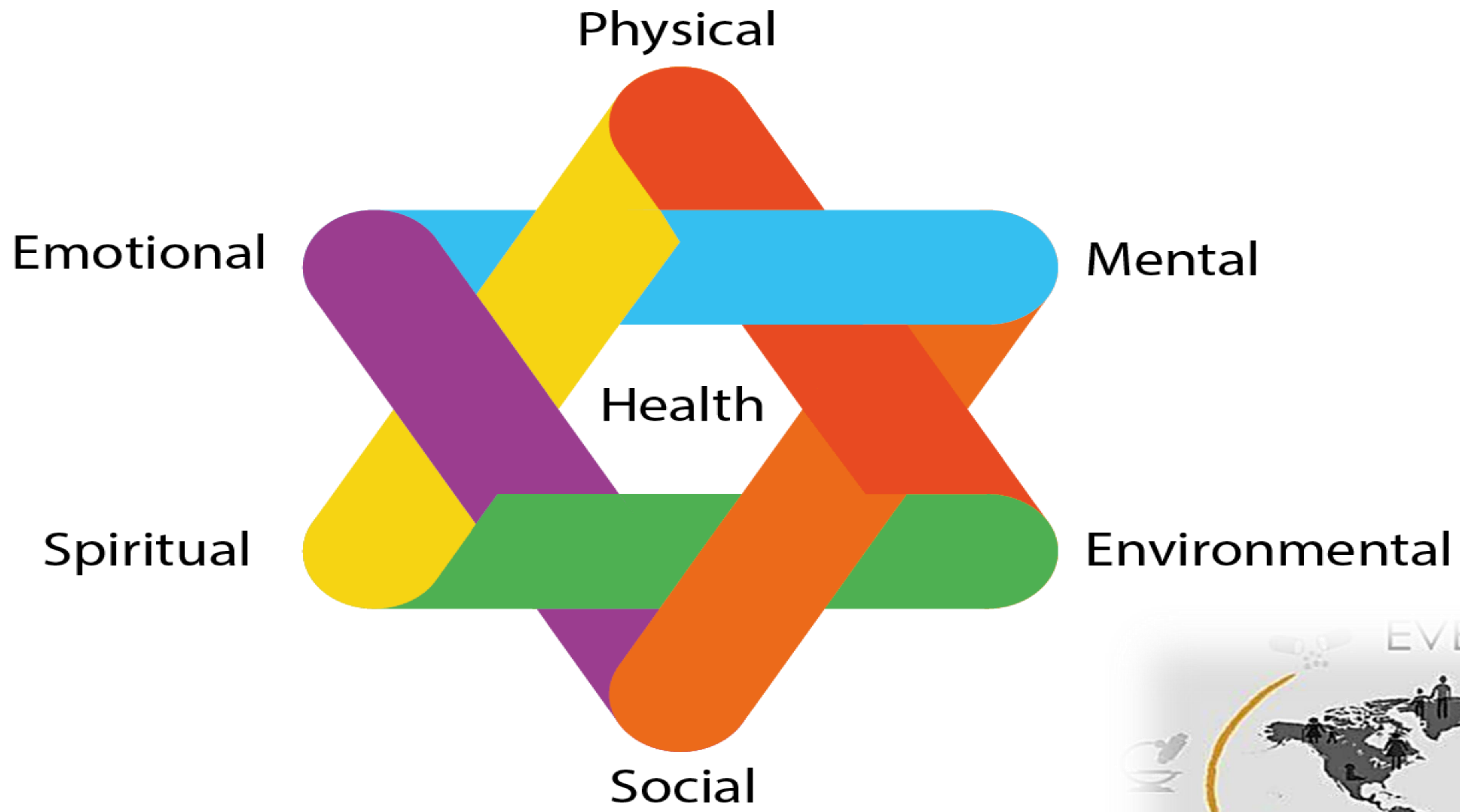




Pathway to Universal Health Coverage

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President,
Pakistan Medical Association



PMA-HEALTH IS A RIGHT NOT A PRIVILEGE



Health is a
fundamental
human right



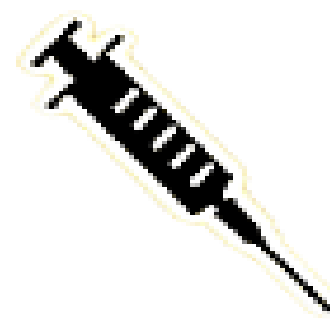
FAMILY
PLANNING



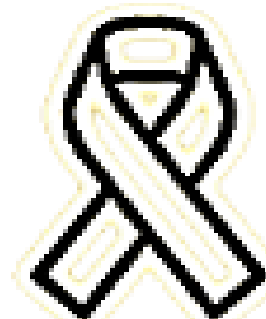
SKILLED BIRTH
ATTENDANTS



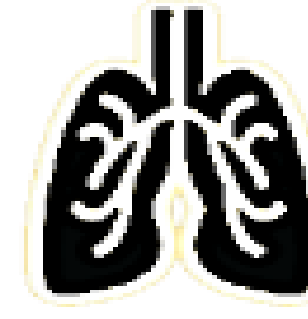
ANTENATAL
VISITS



VACCINES



ANTI-RETROVIRAL
TREATMENT



TUBERCULOSIS
TREATMENT



INSECTICIDE-
TREATED BED NETS

THAT 400 MILLION ARE WAITING FOR

SOURCE: WORLD HEALTH ORGANIZATION / WORLD BANK GROUP [2015]



THE RIGHT TO HEALTH MEANS ACCESS TO

UNIVERSAL HEALTH COVERAGE

THAT IS:



Timely



Good Quality



Appropriate



Acceptable



Affordable



Universal Health Coverage (UHC)

means that **ALL PEOPLE** can obtain the quality health services they need without suffering financial hardship.



**DESPITE SOME PROGRESS, THERE IS STILL A LONG WAY TO GO TO ACHIEVING UHC BY 2030
—OUR COMMON GLOBAL COMMITMENT UNDER THE SUSTAINABLE DEVELOPMENT GOALS (SDGS).**



PAKISTAN

- Pakistan is located in South Asia.
- **6th most populous** country in the world
- Growth rate : **1.93% per annum**
- **207.77 million** total population
- **65%** live in the rural areas
- **36.9%** are below the age of 15 years



<http://www.worldometers.info/world-population/pakistan-population/>



- On Human development Index (HDI), Pakistan is positioned at 147 out of a total of 186 countries and has a per-capita income of \$1,512 in total but still Pakistan has impoverished and weak position all across the globe
- Fifty five percent (55 %) of females (> 15 years of age) are uneducated positions. Pakistan at 130 out of 186 countries on a Gender Inequality Index (0.546)



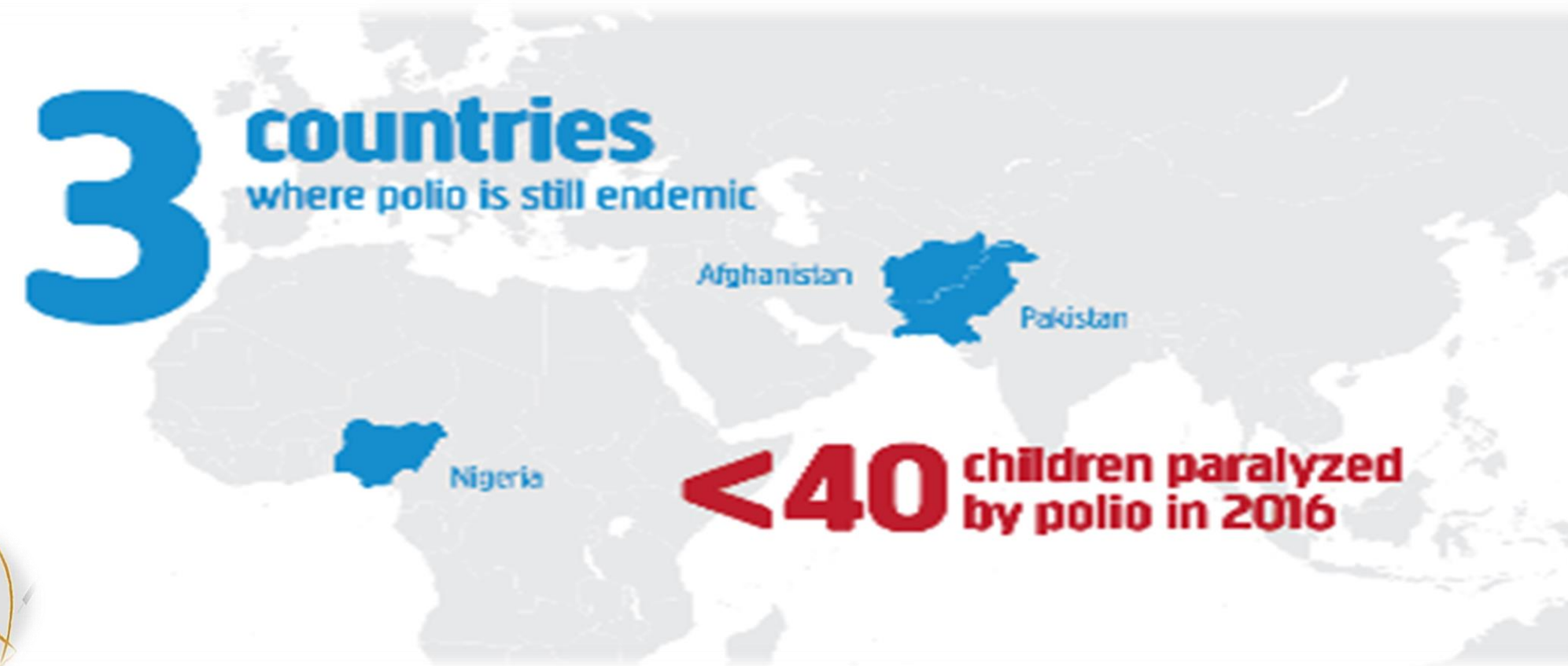
- The average life expectancy has increased from 59 years by 1990 to 69 years by 2017.
- The last maternal mortality ratio recorded was 276 per 100,000 live births (PDHS 2006-07) but **it has improved significantly** in the past decade, owing to wide outreach of national LHW program, and better skilled birth attendance availability
- Infant and under 5 mortality rates have improved [from 72/1000 to 66/1000 live births]; but neonatal mortality rate has remained stagnant; and so has the rising toll of stillbirths [43/1000 live births]



- Pakistan is facing a double burden of disease (BoD), with endemicity of **hepatitis B and C** with 7.6% affected individuals;
- The country has high rates of **unscreened blood transfusions**
- The 5th highest **tuberculosis** burden in the world. Drug-resistant tuberculosis is estimated at 4.3% among new cases and 19.0% among previously treated cases
- Focal geographical area of **malaria** endemicity.



- Pakistan is one of the three remaining countries where **Polio** is still endemic
- The rates of routine immunization remain unacceptably low at 54%. Access to and affordability of essential medicines is low
- Pakistan has one of the highest prevalence of under-weight children in South Asia.
- Similarly stunting, micro nutrient deficiencies and low birth weight babies contribute to already high level of mortality in mothers and children



- Pakistan is ranked 7th in the world for **diabetes** prevalence.
- One in four adults over 18 years of age is **hypertensive**, coupled with elevated smoking levels.
- Disability due to **blindness** or other causes is also high, and services for disabled population are limited, including provision of assist devices to improve their quality of life.
- Alarming numbers of Pakistanis are diagnosed yearly with **cancer**.
- Oral cancer incidence rates are the highest



Health Access and Inequities

**

- Pakistan has seen progress in access to health care services; however, the gains are uneven across different service areas as **out of pocket expenditure is still around 70%** despite having network of (primary, secondary and tertiary) health care system in place.
- Despite an elaborate and extensive network of health infrastructure, the health care delivery system in Pakistan has failed to bring about improvement in health status especially of rural populations.
- The health system is characterized by inadequate expenditure, poor quality services and poor access to and utilization of services. Most of the surveys showed that utilization of Government health care services in Pakistan is low



Health Access and Inequities

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- Though skilled birth attendance (SBA) has improved from 18% in late 1990s' to 58% in 2015, but only one third of women make the required minimum number of antenatal visits and the number decreases further for postnatal visits (2% after 1-2 days of delivery).
- Evidence shows that low income groups are likely to have lower levels of health, nutrition, immunization and family planning coverage



NATIONAL HEALTH VISION Pakistan 2016-2025



Pathway to Universal Health Coverage

http://www.nationalplanningcycles.org/sites/default/files/planning_cycle_repository/pakistan/national_health_vision_2016-25_30-08-2016.pdf



HEALTH DELIVERY SYSTEM IN PAKISTAN

- Public sector , Federal and Provincial
- Private sector
- Autonomous Bodies:
 - Social Security Institutions for industrial workers *****
 - WAPDA
 - Railways, PIA, Nat. Gas and petroleum etc
- Health cover by Organizations through insurance system
- NGOs
- Private Teaching Medical Colleges



NATIONAL HEALTH VISION Pakistan 2016-2025

National Health Vision builds its narrative on the 8 thematic pillars that will pave a way for ensuring access, coverage, quality and safety, which are essential requisites for achieving the ultimate goals of health system improved health, responsiveness, social protection, and efficiency.

1. Health Financing
2. Health Service Delivery
3. Human Resource for Health
4. Health Information Systems
5. Governance
6. Essential Medicines & Technology
7. Cross-sectoral linkages
8. Global Health Responsibilities

Each thematic pillar or domain is critically analyzed for the challenges faced, and a strategic vision for which an over-arching technical support to the provinces will be offered and coordinated by the Federal government



Health Financing

- Federal and Provincial governments will increase allocation to health as pledged in Pakistan vision 2025 to 3% of GDP, to maximize the pay-offs from investing in health.
- Priorities for health allocations will be revisited, and a higher share for essential health service delivery, preventive programs, communication, capacity building of front line health workers, and governance will be ensured.
- Pro-poor social protection initiatives
- RMNCAH and nutrition investments will be increased in a phased manner.
- Federal and provincial governments will develop joint strategies aimed to enhance resource mobilization for health from official development assistance (ODA)/international development partners, private sectors' engagement, and through taxes such as sin tax



Packaging Health Services

- Governments will be working to improve the coverage and functionality of primary and promotive health services, while ensuring the widening of essential service packages by introducing family medicine, newborn survival, birth spacing and contraceptives supply, non-communicable diseases, mental health, under-nutrition, disabilities, problems of ageing population and other issues.
- Quality of services will be ensured by implementing Minimal Standards for Delivery of Service at all levels
- integration of vertical programmes at the provincial level for optimal and efficient utilization of resources and better performance
- Governments will be enforcing the public health laws promulgated, related to smoking, drug safety, organ donation and transplant, safe blood transfusion, environmental protection, food safety etc.



Human Resource for Health

- Governments will focus towards appropriate and adequate skill mix of human resource production and task shifting where required
- Responsive management will be brought in the health departments, and incentives will be given to boost the performance and to make the rural appointments attractive.
- HR database at provincial and national level will be created for the sake of forecasting and developing workforce
- Developing a comprehensive National HR strategy, Nursing strategy and other allied health work force strategies may also be considered based on National Health Vision



Health Information Systems and Research

- Innovative technologies will be incorporated to provide speedy and reliable information to support evidence based decision making at the district level through District Health Information System (DHIS).
- Governments will be building coherence across health information systems, and will be investing in key missing areas for monitoring the SDGs as well as national health targets, and information on vital events such as births and deaths
- Strengthening of information systems at national, provincial and district levels eventually leading to an effective, integrated disease surveillance and response system, with a particular focus on Early Warning System.



Governance

- Health services reforms which are already underway should focus more on performance strengthening of government provided services
- Innovative management models of PHC are envisaged to be tried out with an emphasis for alignment with preventive health targets
- Private sector should be seen as a partner in healthcare delivery and should be engaged/regulated through appropriate mechanisms. They should also be engaged for meeting national SDG targets.
- Increasing share of public sector budgets commitment for governance strengthening, and establishing dedicated structures within provincial and federal ministries
- Accountability mechanisms at all levels are envisaged to be put in place



National Health Vision
PAKISTAN 2016-2025



Essential Medicines & Technology

- Health Technology Assessment (HTA) capacity will be created at federal, provincial and district level. Governments will be vigilantly monitoring the selection, quality, price and use of technologies, equipment and medicine, as per international standards
- The federal and provincial governments will ensure that appropriate regulations are in place for the control of drugs, devices, diagnostics and biological reagents across the country, ensuring quality control and patient safety.
- Drug pricing policy will be implemented, protecting public interest by regulating prices of essential medicines while allowing long term predictability.
- Strengthening of DRAP and effective Legislation



Cross-Sectoral Linkages

- The concept of “One Health” and “Health in all policies” will be promoted.
- Government will be striving to develop a common vision, framework and a platform with multiple stakeholders from across the sectors to work for health, for instance education, food security, agriculture and livestock, housing, sanitation, water, environment, IT, local government, social protection etc.
- In order to gear up its efforts towards SDGs. Government will embark upon advocacy, planning, legislation, regulation, behavioral change communication, information exchange, and evidence based decision through joint efforts of different sectors



Global Health Responsibilities



- New global sustainable development agenda will be reflected in all health strategies and plans, for which governments will be provided technical support and appropriate expertise
- Mechanisms will be established for coordination across sectors and between provinces and federal ministry, to prevent, detect, and provide a coordinated response to events that may constitute a public health emergency of both national and international concern, including integrated disease surveillance and response, as laid down by the IHR 2005 and GHSA



In Pakistan,

The road to universal healthcare will be long and complex. While there are many hurdles, the prominent challenges to be overcome in order to ensure universal coverage and access to health include the structural inequalities of gender, ethnicity, race, and caste, the most significant of which are the gender-based inequalities that exist in many societies.

Unless inequalities in availability, affordability, and access to health care are addressed, gender differences in universal access will likely continue to exist





THANKS



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ROLE OF CMAAO AS ASSOCIATION IN THE REGION AND GLOBE

- Advisory role in Health care system to Govt. through national associations
- Monitor and raise voice on “ HEALTH FOR ALL “
- Monitor and Assist in Medical Education
- Monitor and demand for well being of the medical professionals specially for doctors
- Moral and financial support to the member organizations in victimization phase by the Govts. And society