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A LICENSE FOR QUALITY:

Creating the Sindh Health Care Commission

The Sindh
Health Sector
Strategy
2012–2020
issued
a call to
**“REGULATE
THE HEALTH
SECTOR.”**

RATIONALE

In Pakistan’s Sindh province, as in many areas of the developing world, the quality of health services is uneven. Many services are of poor quality, many health facilities are dilapidated, some health providers perform unnecessary interventions, and quackery is on the rise.

When the Health Systems Strengthening Component (HSS Component) began, the health care regulatory functions performed by the government of Sindh were nascent. Even basic regulatory instruments, such as licensing and registration of facilities and providers, were poorly enforced or lacking. There were many reasons for this, including a lack of institutional technical skills to design, implement, and monitor an effective regulatory framework for health services. The Sindh Health Sector Strategy 2012–2020 issued a call to “regulate the health sector, in particular the extensive private sector, toward licensed practice, standardization of care, minimal reporting requirements, and address of medical negligence.”¹

The government of Sindh recognized the need to establish a sovereign and independent institution to regulate how health services are provided by both public and private sector providers. To address this, the Sindh Assembly passed the Sindh Health Care Commission Act 2014 after a broad-based dialogue with health policy makers, the private sector, and representative bodies such as provider associations. The Act’s preamble states “[it] is expedient to make provision for improvement of access, equity, and quality of health care services; and to ban quackery in the Province of Sindh in all its forms and manifestations.”²

¹ Department of Health, Government of Sindh. (2012). Sindh Health Sector Strategy 2012–2020.

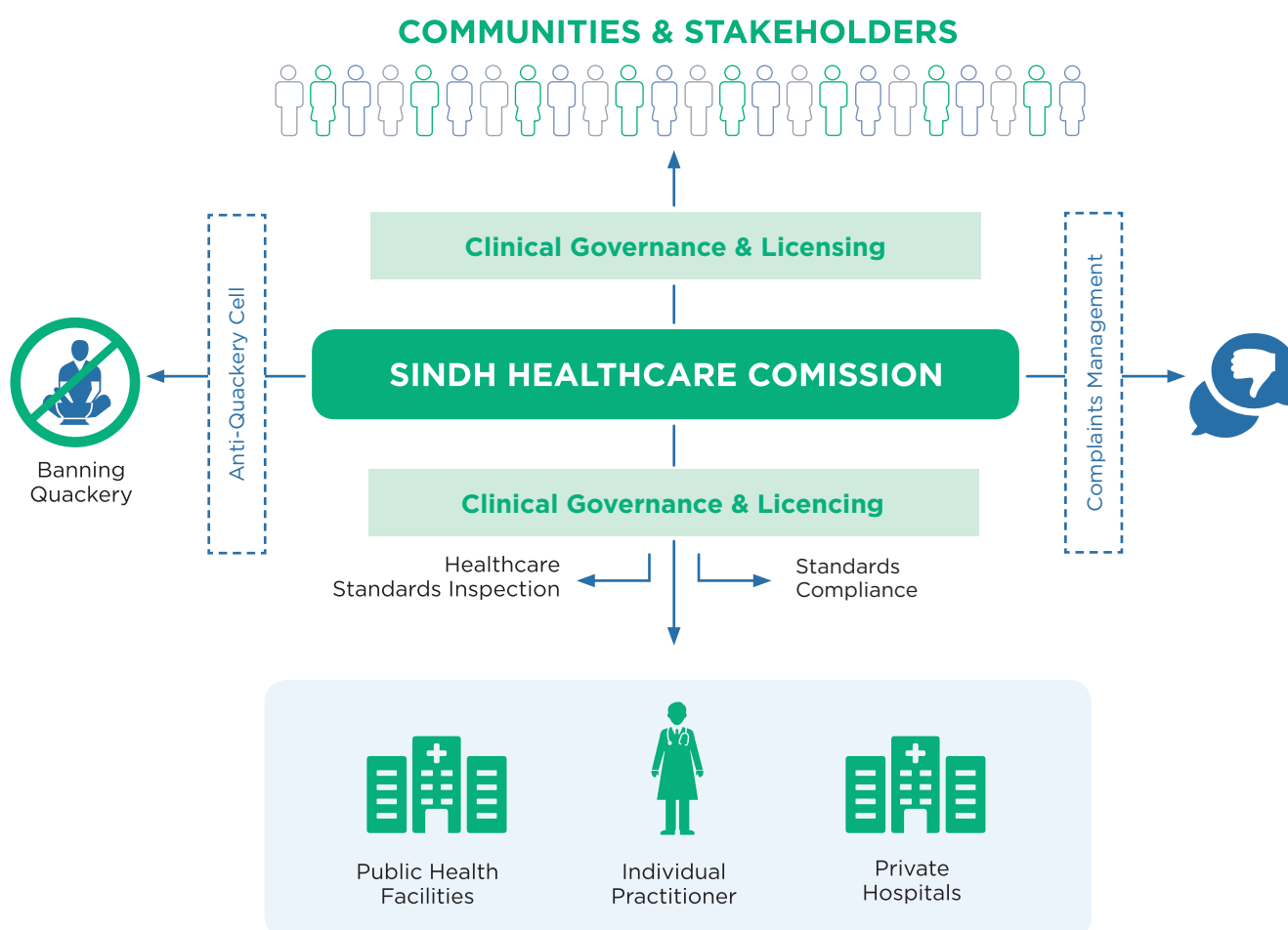
² Provincial Assembly of Sindh. (2014). The Sindh Healthcare Commission Act, 2013 Sindh Act No. VII of 2014.

APPROACH

In 2015, the government of Sindh asked the HSS Component to help establish a Sindh Health Care Commission (SHCC) by strengthening staff capacity and technical skills to design and implement an effective regulatory framework.

The HSS Component started by conducting a situational analysis and developing a strategy for creating the SHCC. The HSS Component convened a multidisciplinary team to provide technical assistance to the SHCC creation process, including experts in management, administration, finance, human resources, law, and more. The HSS Component arranged two study tours for Sindh Department of Health senior managers to Punjab Province, which had previously set up its own health care commission. Participants learned about the functional status of the Punjab commission, factors that led to its successful implementation and the process of developing minimum service delivery standards for secondary and private sector facilities. The study tours were instrumental in Sindh's decision to run the SHCC as a "body corporate," meaning it has an independent governance structure and autonomy. SHCC roles and responsibilities and linkages with health facilities, individual health providers, communities, and other stakeholders are shown in Figure 1 below.

FIGURE 1: Regulatory Regime under Sindh Health Care Commission





When health providers comply with clinical standards, quality of care improves. (Photo by Veronique de Viguerie/The Verbatim Agency for JSI)

ACCOMPLISHMENTS

The HSS Component helped the government of Sindh accomplish the following:

Codified SHCC Governance Structure

The general superintendence, direction, and management of SHCC affairs and operational policy-making are overseen by an independent board of commissioners (BOC). Under the Board, the chief executive officer and executive management are responsible for running the SHCC, with support from a technical advisory committee. A set of directorates manage SHCC functions. The HSS Component provided technical assistance to the government (committee constituted under the chairmanship of the Minister of Health) to establish a process to nominate commissioners, elect a chairperson, and form technical committees to implement SHCC functions. The HSS Component convened multiple meetings of the technical committees and the board to review and finalize necessary technical documents and tools.

Formed SHCC Rules and Regulations

The HSS Component provided health system, legal, and management expertise to the SHCC to establish rules and regulations. The rules, mainly related to human resources (terms and conditions of service for employees, leave, compensation in case of in-service death/invalidation, gratuity, provident fund rules, etc.) and financial systems, were prepared with technical assistance, reviewed by the executive committee, and approved by the BOC. Regulations pertaining to registration, licensing, inspection, health care establishment categorization, patient and provider records, fees and fines, medical negligence, and miscellaneous matters were prepared and approved by the BOC.

Developed SHCC Business Plan

A business plan is essential for guiding SHCC operations. A team of experts in the areas of regulation, management, law, and finance helped develop a practical and target-oriented business plan. Key components include management systems and legal and financial frameworks.

Prepared Annual Budget Estimates

Annual budgets for fiscal years 2016–17 and 2017–18 were prepared with technical assistance from the HSS Component to the SHCC audit and finance committees. The budgets include estimates for operations, salaries, and physical infrastructure. Through sustained and multi-level advocacy, the HSS Component supported the timely approvals and release of the budgets.



Dr. Mohammed Aslam is the CEO of the Drug Regulatory Authority of Pakistan. The newly established Sindh Health Care Commission will regulate all public and private health services in the province, which is expected to improve service quality for the people of Sindh. (Photo by Veronique de Viguerie/ The Verbatim Agency for JSI)

Recruited Executive SHCC Staff

The HSS Component provided technical assistance to recruit SHCC executive management. HSS Component staff health system and HR management expertise contributed to the development of terms of reference (e.g., job descriptions, required qualifications and experience, salary ceilings), job advertisements, eligibility and candidate short-list criteria, interview guides and scoring modules, and job-offer letters. A competent and task-oriented team of chief executive officers and directors is now in place to conduct SHCC operations.

Developed Sindh Service Delivery Standards

A key mandate of the SHCC is to standardize health services. The HSS Component used globally prevailing norms and steps to help develop the Sindh Service Delivery Standards for Hospitals and Health Care Facilities. This included adapting the Pakistan Standards (notified by National Standards Committee on Healthcare, constituted under the Ministry of Science and Technology) through a critical review, comparative analysis, extensive consultations with stakeholders from the public and private sectors, and review of the standards developed. The HSS Component also provided technical assistance to transform these standards into a survey guide for health facilities to perform self and external assessments.

“Without the much-needed assistance from USAID’s Maternal and Child Health Program, creating the Sindh Health Care Commission would not have been possible in such a timely and efficient manner. This is a great contribution to achieving quality health care services for the people of Sindh.”

– Professor Dr. Tipu Sultan, SHCC chairperson

WAY FORWARD

Regulating health services is an important step to providing the people of Sindh with access to quality health care. The HSS Component of USAID’s Maternal and Child Health Program laid the foundation for a robust SHCC. The SHCC now is equipped to initiate and expand the process of registration, licensing, and standardization of both public and private health facilities. A capable executive management is in place.

However, much more is required to sustain these efforts. To achieve the tasks set out in the SHCC business plan, for example, the executive team will need to advocate continually with the political leaders and decision-makers in Sindh. Technical assistance, either through internal funding or donor support, should be sustained beyond the life of the HSS Component. Ongoing areas of need include standards implementation and assessment; establishing a complaint-management system, conducting anti-quackery campaigns, completing a private health care provider census, and accrediting health care services.

The Health Systems Strengthening Component of USAID’s Maternal and Child Health Program was a five-year cooperative agreement (2013-2018) implemented by JSI Research & Training Institute, Inc. (JSI) to develop and support cost-effective, high-quality, and integrated reproductive, maternal, newborn, and child health programs and services in Pakistan. The HSS Component supported the Federal Ministry of National Health Services, Regulations, & Coordination and Sindh Province’s Department of Health to develop management systems and human resource capacity for a stronger health system and improved health services.