Improving **RESOURCE OPTIMIZATION** in Pakistan's Health System

The USAID-supported Integrated Health Systems
Strengthening and Service Delivery (IHSS-SD) Activity is
strengthening the institutional, technical, and leadership
capacities of three provincial departments of health: Sindh,
Punjab, and Khyber Pakhtunkhwa, which is located along
the border with Afghanistan.



This brief provides an update about how U.S. investments have strengthened Pakistan's health system to better allocate resources to deliver improved health services to citizens. RESOURCE OPTIMIZATION is one of three outcomes in USAID's Vision for Health Systems Strengthening 2030.

ith an annual growth rate of two percent, the population of Pakistan is projected to increase to 257 million people by 2025.¹ A large and growing population puts increased pressure on resources and the government's ability to meet the population's basic health needs. According to the World Bank, in 2018 the Government of Pakistan spent 3.2 percent of its gross domestic product² on health expenditures, which is lower than required given the population size and health care costs. Optimizing the use of health and financial resources is necessary to meet the growing needs of Pakistan's health system and to achieve universal health coverage.



² World Bank, https://data.worldbank.org/indicator/SH.XPD.CHEX.GD.ZS?locations=PK (accessed December 2021)



Resource optimization ensures that partnercountry health systems adopt sustainable approaches to mobilize and use their various resources efficiently, effectively, and transparently to meet population health needs, where efficiency is determined both by the product derived from a given set of resources and the benefit obtained from their allocation.

> USAID Vision for Health System Strengthening 2030







IHSS-SD supports the Government of Pakistan and its provincial health departments to find local solutions to improve resource optimization using four interrelated approaches, as described below.

PUBLIC AND PRIVATE ACTIVITY

- Public health departments, population sector departments, and civil society groups in Khyber Pakhtunkhwa (KP) have come together to create a new model for responsiveness and accountability by sharing their performance data, troubleshooting challenges, and leveraging resources to collectively address their health development agendas.
- The country's first national medicine policy was developed to address medicine quality, procurement, pricing, and accessibility for people accessing services in both the public and private sectors.

BETTER RESOURCE MOBILIZATION

- In Sindh, a restructured health department is better able to pool, manage, and steward resources for individual and community needs – a vast improvement for health processes and outcomes in the second most populated province. Eight vertical programs have been shifted to centralized budgeting and budget allocations for primary health care have increased 187 percent.
- KP's leading health training facility, the Provincial Health Services Academy, has improved curricula, operations, and governance to address Pakistan's growing need for skilled health providers and managers.
- Districts in KP now use more reliable and timely data to better plan, budget, and allocate resources based on national health standards.
- Pakistan's Health & Population Think Tank is exploring policy options to optimize resources for local vaccine production, social health protection, quality of care at the time of birth, and tuberculosis.

 To further the Global Health Security Agenda, the Government of Pakistan allocated 6.5 billion PKR and the Punjab Department of Health allocated almost 5 million PKR. JSI provided technical support to develop the planning documents for this initiative.

TRANSPARENCY

- Health facilities in Sindh and KP are conducting and sharing the results of assessments to identify needed renovations, service delivery improvements, and reporting requirements.
- The Department of Health in Sindh has consolidated vertical health programs (and their budgets) into a centralized health budget to improve transparency and remove redundancy. The DOH is also using stronger and more consistent budgetary frameworks to improve budget preparation, transparency, and resource allocation.
- District Disease Surveillance and Response Units.
 Established, trained, equipped, and connected 155 units in all districts across the country to promote timely and efficient data flow for all notifiable diseases.
- The KP Health Sector Reform Unit, restructured and revitalized with new mandates and processes, is strengthening provincial institutions to improve transparency and accountability in quality of care.
 JSI developed a roadmap to enhance the unit's role in health policy implementation.

PRIORITIZATION THROUGH DATA

- District Health and Population Management Teams
 in Sindh and KP are using multi-sectoral data from
 the health, population, social welfare, education,
 and finance sectors to identify and solve local
 problems, prioritize health interventions, and
 allocate resources effectively.
- Pakistan's District Health Information System has been rolled out nationally, enabling health workers and managers to use data to make informed public health decisions, track notifiable diseases, and make decisions about containment, prevention, and treatment.
- Improved TB case detection and registration data are being used to strengthen community-level contact tracing and tracking in KP and Sindh.