Increasing EQUITY in Pakistan's Health System

An equitable health system is one that affords every individual—particularly the underserved, socially excluded, and otherwise vulnerable—the opportunity to attain his/her highest level of health regardless of social or demographic factors.

USAID Vision for Health System Strengthening 2030

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 deliver more equitable health services to citizens. EQUITY is one of three outcomes in USAID's Vision for Health Systems Strengthening 2030.

Across Pakistan, health and social services are challenged by rugged terrain, and overburdened health systems. The 2017–2018 Demographic and Health Survey found 30 percent of mothers did not have a skilled provider during their most recent delivery while 38 percent of children were stunted and only 60 percent had received basic vaccinations.

When comparing health outcomes between urban and rural settings and wealth quintiles, the numbers tell the story of a health system that is deeply inequitable. For example, the percentage of fully vaccinated children who live in urban areas is 71%, compared with 63% in rural areas. The percentage of fully vaccinated children who are from the highest wealth quintile is 80%, while the percentage from the lowest is only 38%.

The IHSS-SD Activity supports the Government of Pakistan and provincial health departments to address equity challenges via three interrelated approaches that prioritize engaging populations whose needs are not fully met: 1) social accountability, 2) social and behavior change, and 3) community systems.

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To demonstrate how IHSS-SD Activity is supporting health equity in Pakistan and USAID's new vision for health systems strengthening, we provide examples below.

SOCIAL ACCOUNTABILITY

- **District management.** District managers representing the health, population, social welfare, education, and finance formed District Health and Population Management Teams with USAID support. These teams meet monthly to advance district-level health priorities while sharing performance data, troubleshooting challenges, leveraging resources, and increasing transparency and coordination across sectors.
- **Lady Health Workers.** USAID supported the development of an integrated health management information system (HMIS) to optimize the work of thousands of lady health workers (LHWs) and the health facilities they support. District and provincial health authorities now have access, for the first time, to individual-, health facility-, and district-level LHW data, which helps them make programmatic and budgeting decisions to better support lady health workers and the communities they serve.

SOCIAL AND BEHAVIOR CHANGE

- **Better hygiene.** Teachers in remote and under-resourced areas are taking on new roles of social authority by instructing students in hand-washing and hygiene protocols.
- **TB awareness.** Dedicated social mobilizers in five districts in KP are raising awareness of TB, with district and provincial stakeholders meeting regularly to strengthen their collective ability to improve detection and treatment.
- **Covid-19 response.** More than 45,000 lady health workers have been trained to educate community members about COVID-19 infection, prevention, and control measures and to provide home-based care for mild cases.
- **Social mobilization.** The Activity is improving maternal, newborn, and child health outcomes by mobilizing families to use health services offered by newly-trained providers at upgraded public health facilities.
- **Community resource persons** have reached hundreds of thousands of women in three districts with information about health rights, pregnancy-related issues, hygiene, child health, and infectious diseases.

COMMUNITY SYSTEMS

- **District health and education officials** worked together to reach more than 100,000 students in Khyber Pakhtunkhwa districts with information sessions on hygiene and handwashing, despite the challenges posed by the COVID-19 pandemic. School administrators are committed to continuing these activities.
- **Rural women of reproductive age, children under 5, and other hard-to-reach populations** have better access to community health services, including COVID-19 information and vaccinations, in three districts in Khyber Pakhtunkhwa. District health officials are deploying medical camps and mobile health service units to ensure health services are brought directly to the people who need them.
- **TB patients** are benefiting from new provincial and district resources to improve case detection in KP and Sindh – including satellite Programmatic Management of Drug Resistant Tuberculosis sites – to support the treatment of drug resistant cases, which includes provision of medicines and other clinical assessments.

EQUITY in FOCUS

Government hospitals selected for refurbishment are located in predominantly rural or semi-urban areas, increasing access for low- and middle-income populations.

The 181 primary health care facilities provided with basic maternal, newborn, and child health equipment are in remote areas and serve people who are under-resourced.

The medical camps conducted by the MHSUs provide free services to women of reproductive age and children under 5, two groups that experience socioeconomic and cultural disadvantages.

525 schools in KP hosted handwashing and personal hygiene sessions for 125,803 students from remote and under-resourced areas.