Strengthening Health Systems in Pakistan to Ensure QUALITY Services to Patients

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 higher quality health services to citizens. Quality is one of three outcomes in USAID's Vision for Health Systems Strengthening 2030.





A quality health system is responsive to patient and population needs and utilizes data-informed, continuous process improvement to consistently provide safe, effective, trusted, and equitable health care and medical products to improve and maintain health outcomes for all people.

USAID Vision for Health System Strengthening 2030

n 2010, Pakistan's 18th constitutional amendment decentralized the country's health system, giving provinces a much greater role in setting health sector strategies, policies, and financing. Decentralization also shifted responsibility to the provinces for providing and ensuring the quality of health services. The provision of high quality services across Pakistan has been challenged by an inadequate number of trained health managers and providers, particularly in rural areas; weak human resource management and supervisory systems; capacity and knowledge gaps; and a lack of standardization. Addressing these challenges will require strengthening country-led governance, stewardship, performance, and partnerships across sectors, including education, finance, and social welfare, in addition to health. IHSS-SD is working with the Ministry of National Health Services, Regulations, and Coordination (MONHSR&C) and provincial health departments to strengthen governance, stewardship, performance, and partnerships, which is in line with USAID's new Vision for Health Systems Strengthening 2030.







Below, an update on Pakistan's progress across these four domains:

COUNTRY-LED GOVERNANCE

- Regulatory bodies, including the Islamabad
 Healthcare Regulatory Authority, Pakistan Medical
 Council, Pakistan Nursing Council, and the Pakistan
 Pharmacy Council, are collaborating with the Ministry
 of National Health Services, Regulations, and
 Coordination (MONHSR&C) to formulate national
 standards of care.
- The MONHSR&C developed and disseminated a National Health Vision for Pakistan (2016-2025); a national medicine policy to address quality, procurement, pricing, and accessibility; and a national strategic framework to contain antimicrobial resistance.
- A restructured Department of Health in Sindh has integrated and streamlined provincial health service delivery by consolidating vertical programs under one unified planning and budgeting mechanism, saving time and money.
- Provincial health departments have developed PC-1s, planning tools that support the development and execution of provincial development projects, ensuring quality assurance and cost feasibility.
- Provincial health care commissions in Punjab, Sindh, and Islamabad Capital Territory have been supported to oversee and regulate health facilities to improve care. The commissions have developed health service delivery standards and HR, finance, and procurement standards.
- Anti-microbial resistance. Consulted with provinces and seven sectors to develop and disseminate a national strategic framework for containing microbial resistance.

STEWARDSHIP

- Federal and provincial authorities, managers, and providers have developed and are using standard operating procedures across a range of technical care areas to ensure consistent management and quality standards.
- District Health and Population Management Teams have been strengthened and are providing a forum for intersectoral planning, decision making, and resource allocation. Representatives from health office; Lady Health Worker programs; social welfare, education, and finance departments; NGOs; and the community are driving improvements such as health initiatives in schools, family planning services in hospitals, and engagement of civil society representatives and program coordinators.

 Lady health worker supervisors are, for the first time, reporting into provincial management information systems, allowing provincial and facility health managers to better oversee and plan communitybased services provided by lady health workers.

PERFORMANCE

- Pakistan's District Health Information System, made available nationwide, is being used by health workers and managers to identify trends and make better decisions about basic health service provision and infectious diseases prevention and management.
- A digital dashboard integrating several management information systems (e.g., malaria, family planning) is promoting evidence-based decision making based on service delivery data in Sindh, Khyber Pakhtunkhwa, and at the national level.
- Facility and community health workers have acquired skills and competencies to manage newborn and childhood illnesses through training, ongoing quality improvement initiatives, and supportive supervision.
- Four state-of-the-art Centers of Excellence in maternal, newborn, and child health are building the capacity of health workers to deliver higher quality services in Khyber Pakhtunkhwa.
- Quality improvement committees are being revitalized to support health facilities in Khyber Pakhtunkhwa.
- Lady Health Workers are reducing pandemic-driven hospital patient volume by providing home-based care for mild COVID-19 cases.
- Health managers in Sindh and Khyber Pakhtunkhwa are now using an online performance management system, which includes GPS to verify supervisory visits, and standardized digital checklists to monitor data quality and improve supervision, performance, transparency, and good governance.

PARTNERSHIPS

- Departments of Health, Education, Social Welfare, and Finance are coordinating to improve health care access and healthy behaviors in hospitals, health facilities, and schools.
- Community resource persons and school administrators are working together to reach hundreds of thousands of women and schoolchildren in three districts about health rights, pregnancyrelated issues, hygiene, child health, and infectious diseases.