

COMPARATIVE REVIEW OF THE REPRODUCTIVE HEALTH SECTOR STRATEGIES OF PUNJAB AND KHYBER PAKHTUNKHWA

Following the devolution of Health to provinces in 2011, Punjab and Khyber Pakhtunkhwa provincial governments drafted comprehensive health sector strategies to improve health outcomes; reduce morbidity and mortality among vulnerable groups; and enhance coverage of essential health services for provincial populations. While Sindh and Balochistan are also devising their health sector strategies, these documents are not yet publicly available. This brief compares the reproductive health components in the health sector strategy for Punjab and Khyber Pakhtunkhwa (KP) and reviews the respective importance given; priorities assigned to different strategies and suggest recommendations for the Government and Donors.

The Rationale for RMNCH and Nutrition Reviews

Effective strategies for Reproductive, Maternal, Neonatal, & Child Health (RMNCH) and Nutrition are critically needed for Pakistan. With more than 60%¹ of the births taking place without a skilled birth attendant, it is no surprise that Pakistan has one of the poorest maternal (maternal Mortality Rate - MMR: 250 per 1000 live births) and child health (Infant Mortality Rate: 41 per 1000 live births; Under 5 Mortality Rate: 87 per 1000 live births) indicators in the world. The contraceptive prevalence rate continues to grow at <1%; while child immunization stagnates at 78% nationally, 85%² in Punjab and 73%³ in KP.

Realizing the need, provincial health departments have devised the service delivery components of HSS to include strategies for Reproductive, Maternal, Neonatal, & Child Health (RMNCH) and Nutrition.

Review of the HSS

Both strategies cite poverty, inequality, and insufficient access to health care services as key challenges to overcome. Additionally, the HSS for KP also highlights the impact of conflict and natural disasters on the access to health and subsequently health outcomes in the province.

The strategies aim to improve performance of the public health sector primarily by improving governance and accountability to address issues of inefficiency, ineffectiveness, poor human resource capacity across all cadres of health care. In as much as a document the Khyber Pakhtunkhwa document sets forth a set of aims to achieve to improve health but provides few details on how to achieve these and is therefore more of a policy document. The Punjab document mixes both policy aims with implementation strategies. One of the key aims of a health policy document is to prioritize among an array of health program choices. Both policies have heavily prioritized towards the public sector as a means to provide healthcare and make little distinction between provision of preventive health services such as immunization, family planning and safe birthing that improve the health of communities and provision of

SALIENT RECOMMENDATIONS

- Prioritize RMNCH, Family Planning, Vaccination, Safe birthing and Nutrition through clear resource allocations. This is clearly a must for Khyber Pakhtunkhwa in particular
- Develop a detailed monitoring plan and integrate it with performance based rewards
- Develop strategies to address issues such as illegal abortions and reproductive health rights for all population groups in general and young couples in particular
- Consider a more health promotion role for the public sector and allowing the private sector to most provide medical care

medical care that are often desired by communities but contribute less towards improving health status of communities^{4,5}.

Focus on RMNCH and Nutrition

The **Punjab strategy** emphasizes RMNCH and Nutrition by proposing a number of initiatives including:

- Integrate MNCH, family planning and nutrition activities in the Essential Primary Health Services Package
- Ensure availability of 24/7 EmONC services, strengthen linkages between outreach workers (LHWs, CMWs etc.) and primary health units
- Upgrade BHUs, RHCs, THQs, and DHQs to provide 24/7 Comprehensive EmONC services
- Integrate nutritional services in pregnancy and child care in both health facilities and outreach workers

The **Khyber Pakhtunkhwa strategy** specifies:

- A nutrition program with interventions that specifically focus on women and children
- Promote exclusive breast feeding in the province through media, public health facilities and outreach workers;
- Build capacity and focus on improving neonatal health as part of the Minimum Health Services Package (MHSP);
- Establish Neonatal Intensive Care Units (NICUs) at district level hospitals
- Strengthen routine immunization

4 The RAND Corporation. The Health Insurance Experiment: A Classic RAND Study Speaks to the Current health Care Reform Debate. This policy brief summarizes results of approximately 300 publications from journals, reports and books. A more comprehensive bibliography of these publications is available at <http://www.rand.org/health/projects/hie/hiepubs.html>

5 Baicker K, et al. The Oregon Experiment – Effects of Medicaid on Clinical Outcomes. The New England Journal of Medicine. 2013;368:1713-22

1 National Institute of Population Studies P, Measure DHS. Pakistan Demographic and Health Survey 2006-7. 2008

2 Federal Bureau of Statistics of Pakistan. Pakistan Standard of Living Measurements Survey, 2011.

3 Federal Bureau of Statistics of Pakistan. Pakistan Standard of Living Measurements Survey, 2011.

Punjab	Khyber Pakhtunkhwa
<ul style="list-style-type: none"> • Achieve universal health services coverage • Focus on Primary Healthcare • Improve quality of care 	<ul style="list-style-type: none"> • Reduction in morbidity and mortality • Improved human resource management • Improved governance and accountability
<ul style="list-style-type: none"> • Mainstreaming private sector health services • Strengthen institutional collaborations • Redefine Government's role as a facilitator 	<ul style="list-style-type: none"> • Improve regulation and quality assurance • Enhance coverage/ access to essential health services

Strengths

The Punjab strategy seeks to integrate RMNCH and Nutrition programs at health facilities and aims to increase access to these. It rightly recognizes the gaps in reproductive health in Punjab, connects them to issues with the healthcare system quality, centralization of planning and lack of integration and coordination with the Population Welfare Department.

The Khyber Pakhtunkhwa strategy focuses on maternal health mainly through strategies for women and child nutrition in a Minimum Health Services Package to be delivered from facilities. Both the PHSS and the HSS-KP strategies seek to:

- Significantly reduce maternal and child mortality
- Improve nutrition status of women and children
- Improvement in routine immunization

Issues

- Even though nearly all health indicators have languished despite investment of funds, training and personal, there isn't a discussion of why things have not worked and how these strategies will change that
- The overall approach is Medical and Supply Side
- Centralized control and planning are emphasized, this missing the opportunity to devolve this planning and control to district/ sub-district level where it would be more able to address local issues using local context
- Even though lack of demand for family planning and immunization are major issues, demand creation is not addressed as a preventive health strategy
- Interaction with the Population Welfare Departments is not well described
- Minimal consideration of the private sector; non-formal private sector that provides around half of the healthcare is not discussed at all
- Maternal health is discussed only in terms of facilities and CMWs (medical approach) in KPK
- Although health timing and spacing of pregnancy can reduce around a quarter to half of maternal deaths, the Khyber Pakhtunkhwa strategy does not seek to promote family planning at all.
- Integration is discussed vaguely without specifics of improving service utilization of public health facilities.
- No specifics are mentioned for upscaling maternal health services including provision of 24/7 EmONC.
- Targets set use MDGs rather than local context
- There isn't a discussion of what happens when public sector personnel fail to perform according to prescribed standards.

Suggestions

- Budgetary allocations must be consistent with Punjab's desire to prioritize RMNCH and Nutrition. Most

budgetary allocations currently focus on structural reforms and infrastructure rather than services.

- Rather than using MDG goals to set achievement targets; both PHSS and HSS-KP must set realistic targets based on contextual knowledge.
- The strategic directions and expected outcomes need to be linked more clearly, complemented with financial allocations and defined functional processes that are expected to yield desired outcomes.
- Beyond structural reforms, infrastructure and service delivery the public sector must stimulate demand for preventive services such as safe birthing, vaccination and family planning; leaving the private sector to provide medical care. Prevention and demand creation are not well served by the private sector.
- Effective implementation of these comprehensive strategies require a monitoring plan is needed to measure and report performance, targets and operations. These then must be linked with performance based rewards and consequences.
- The LHW program was minimally mentioned in the PHSS or HSS-KP. The only relevant strategies in the PHSS include integration of vertical programmes, minimizing stock outs and creating referral links. Both strategies must include capacity building initiatives for LHW Programmes as well as defining clear roles for CMWs and LHWs to clearly focus on critical services.
- The strategy for KP should include initiatives for limiting and spacing of births to improve MNCH.
- Important reproductive health issues include unsafe abortions, reproductive health rights and their awareness for population at large and adolescents in particular. Currently, abortion being illegal in Pakistan, makes abortions unsafe but does not reduce their numbers. These must be addressed comprehensively.
- Neither strategy discusses potential implementation challenges and their solutions. In particular mitigation of political interference must be addressed.

These strategies are strong and positive steps to reform the health sector and will face large structural and operational challenges from inefficiencies and shortages of skilled human resources and funding. This may be addressed by prioritizing the limited Government resources that are available. To do so, these strategies would do well to address health promotion activities such as family planning, vaccination and safe birthing while facilitating the private sector to provide quality medical care as it currently does.

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