



P4H Mission to Pakistan
11-14 November 2019

Background

- P4H is the Global Collaborative for Health Financing and Social Health Protection in support of universal health coverage (UHC) hosted by WHO and the World Bank. The P4H network supports the health-related Sustainable Development Goals and the UHC targets specifically. The P4H digital platform will provide more information about P4H activities www.p4h.world.
- Pakistan is one of the 3 countries along with Myanmar and Viet Nam participating in the second round of the Leadership Program for Universal Health Coverage (L4UHC) for Asia. The program was developed and implemented by P4H partner organizations namely, GIZ, WB, WHO and USAID. It is one-year learning journey consisting of 3 modules focused on building leadership and coalition-building skills, with aligned practical phases. The program started in March 2019.

P4H Mission objectives

- The P4H mission that took place from 11 to 14 November 2019 in Islamabad had two main objectives. First, to organize a L4UHC coaching workshop to facilitate sharing of successes, challenges and best practices among L4UHC participants, discuss collective action initiatives and create action plans achievable before the third module of the program (tentatively set for May 2020). Second, to meet and brief P4H partner agencies on the L4UHC, as well as P4H Network activities in Pakistan.
- The mission consisted of Mr. Muhammad Uzair Afzal from the GIZ project 'Support to Protection and Social Health Protection (SP-SHP)', Mr Daniel Manitsky, WB Coaching Consultant from the L4UHC Global Team, Ms Kinz-ul Eman, Local Coach and Dr Bayarsaikhan Dorjsuren, from the P4H Coordination Desk, WHO, Geneva.

L4UHC Coaching workshop



■ As part of the leadership learning journey, a coaching workshop is planned in between the second and third modules to facilitate sharing of successes, challenges and best practices, as well as to identify collective action initiatives. The L4UHC coaching workshop for Pakistan participants held 12-13 November 2019. The energy was high, and the support offered by the CEO of SSP

(the national health coverage program) and Senior Executive officers from the State Life Insurance Company along with WHO and GIZ representatives. They attended the end of the workshop where participants presented their summary collective action initiatives and plans.

■ The following Pakistan officials participated in the Workshop (alphabetical order by surname).

L4UHC Pakistan participants:

1. Hasnat Ahmed, Manager, Monitoring and Evaluation, Punjab Health Initiative Management Company (PHIMC), Lahore.
2. Muhammad Azam Khan, Additional Secretary, Health Department, Government of Gilgit-Baltistan.
3. Muhammad Bashir Khetrani, Ministry of Finance, Islamabad, Government of Pakistan.
4. Saira Nadia Khowaja, Deputy Executive Director, Indus Hospital, Karachi.
5. Gulzar Ali Mallah, Deputy Director, Monitoring and Evaluation, Sehat Sahulat Program (SSP), Islamabad, Government of Pakistan.
6. Hamida Mughal, Deputy Director Monitoring & Evaluation, Social Health Protection Initiative (SHPI), Peshawar, Government of Khyber Pakhtunkhwa.
7. Mohammad Riaz Tanoli, Project Director, Social Health Protection Initiative (SHPI), Peshawar, Government of Khyber Pakhtunkhwa.
8. Sadar Zafar, Director (Admin) – Seed Corporation Agriculture Department, Lahore, Government of Punjab
9. Saqib Zafar, Commissioner, Rawalpindi

Other participants:

1. Mr. Farooq Ahmed, Representative, State Life Insurance Corporation (SLIC)
2. Syed Wasif Shah, National Rural Support Programme (NRSP), NGO.

Participants invited to the workshop summary session:

1. Dr. Faisal Rifaq, CEO, Sehat Sahulat Program (SSP), Ministry of National Health Services, Regulation and Coordination, Islamabad, Government of Pakistan
2. Muhammad Arshad, Director Technical, Sehat Sahulat Program (SSP), Ministry of National Health Services, Regulation and Coordination, Islamabad, Government of Pakistan.
3. Dr. Imran Masood, Project Manager, GIZ project 'Support to Social Protection – Social Health Protection' (SP-SHP), Islamabad, Pakistan
4. Dr. Zulfiqar Khan, National Program Officer, Health System Strengthening, WHO Country Office.
5. Muhammad Ashar, Regional Project Manager, State Life Insurance Corporation (SLIC), Islamabad.
6. Tauseef Ahmad, Representative, State Life Insurance Corporation (SLIC), Islamabad.

During the first and second modules of the L4UHC, Pakistan participants collectively reviewed the health financing situation in their country and had chosen financial protection and enrollment as their main area of work to develop leadership skills and collective actions. During the coaching workshop, participants shared their successes, issues and the bottlenecks slowing down enrollment.



Further they discussed and developed collective action initiatives and team action plans. Discussions resulted in forming 3 collective action initiative (CAI) areas. Each focused on a distinct aspect of the enrollment challenge: Involvement of community support organizations (CSOs); integrating private sector managed hospitals into public health care programs; and the role of district administration in increasing population enrollment.

Major milestones of these 3 CAIs are as follows:

Involvement of CSOs

The main focus is focus is to improve the effectiveness of CSOs during the enrollment process in one district. Their "aspiration" is to increase enrollment by 10% across the district by April 1st2020. Actions include development and implementation of an enrollment strategy with extensive advocacy and communication activities, training and involvement of CSOs in the enrollment process. The team working on this CAI may need further support in achieving the set target.

Integration of private sector managed hospitals

The team is interested in exploring and removing the barriers preventing private and philanthropic hospitals from joining the national insurance scheme. One of the key barriers to enrolment in some geographic areas is that there are no nearby hospitals accepting national insurance. The team will initiate discussions among officials representing hospital networks, insurance companies and government bodies to design an MOU that would lay out a "road map" of what is necessary for private hospitals to get involved in the Insurance program. It is expected that the MOU would serve as a strong signal to other hospitals and the national insurance program to start similar discussions. Their aspiration is to have the MOU signed by April 1st by high-level government officials and the CEO of a private hospital entity

Role of district administration

The team's focus is to seek to get the District administration more involved in helping NGOs with enrolment. NGOs contracted by the State Life Insurance Company is considered as the main vehicles for enrollment. Currently, there is insufficient communication between the District administration and the NGOs. This slows the enrollment progress and complicates planning. This team is made up of high-level District government officials, as well as representatives of the insurance company. Their aspiration is to increase enrollment from 40% of the targeted population to 60% in their district by April 1st, 2020.

Bi-lateral meetings with P4H Partners

- The P4H mission had bi-lateral meetings with the following representatives of the P4H Partners in Islamabad:

GIZ Project Office 'Support to Social Protection – Social Health Protection (SP-SHP)

1. Dr. Imran Masood, Project Manager, Social Protection – Social Health Protection (SP-SHP).



WHO Country Office

1. Dr. Micheal LUKWIYA Acting WHO Country Representative,
2. Dr. Zulfiqar Khan, National Program Officer, Health System Strengthening,
3. Dr. Baqer Jafri National Program Officer, Health System Strengthening,
4. Dr. Afifa, Technical Consultant Health System Strengthening.

WB Country Office

1. Dr. Aliya Kashif, Senior Health Specialist, World Bank.

USAID Country Office

1. Dr. Muhammad Kamran Ajaib, Health System Advisor, USAID.

Key information exchanged

- Pakistan spends on health about 3% of GDP which is relatively low compared to its economic potentials. Although 96% of the current health spending is funded domestically, above 60% is accounted as out of pocket health expenditure. This is the major obstacle in improving health coverage, equity and financial protection. Development partners are committed to support government policy reforms aimed at UHC. Social health protection is one of the reform agendas of the current government. The main strategy to enroll the poor in health insurance that offers inpatient care benefits.
- National and provincial efforts in increasing enrollment need strong political commitment, government priority, policy support and alignment with other aspects of health and social protection sector reforms. Within this framework, P4H partners are working closely with national counterparts by supporting mutually agreed projects and programs. Currently, the P4H partners support the government in strengthening of the health system, expanding fiscal space, developing benefits, priority setting for preventive and disease control programs, reproductive, maternal, newborn and child health, family planning and family physician practices, and related institutional support and capacity building activities.
- Recently, Pakistan is qualified to join the Global Financing Facility (GFF). Currently there is ongoing process to review, update and re-prioritize the GFF country portfolio and investments for every woman and every child. The Mission also learnt that ILO is supporting government's social protection agenda with specific program focuses and therefore, it would be more beneficial to contact, inform, and facilitate communications among development partners through P4H.
- UHC is the guiding principle to improve equitable financing, service delivery and financial protection that provides access to comprehensive and quality health service benefits with continuum of care in Pakistan. The P4H mission supports that the L4UHC in Pakistan would benefit from these reformative initiatives because increases in population enrollment cannot be done without considering health service benefits, financing, service delivery and the health system as whole.

P4H follow-up action points

- The P4H mission met its set objectives. The P4H partners supporting the L4UHC in Pakistan will continue to work with the Pakistan team and provide needed support throughout the Program. Mr. Muhammad Uzair Afzal, Technical Advisor, Social Health Protection from the GIZ project 'Support to Social Protection - Social Health Protection' (SP-SHP) will serve as a L4UHC contact person. Mr. Daniel Manitsky and Ms. Kinz-ul Eman will provide needed coaching services and advice to the three teams working on their specific CAIs.

- The P4H mission suggests that creating a proper mechanism or platform for partnership collaboration would be beneficial and timely to facilitate information sharing and knowledge exchange among P4H partners in Pakistan. P4H would play an important role in this process as an honest and neutral broker among all involved stakeholders working across health, finance, social and other relevant sectors.

- The process could be informally initiated by P4H partners in Pakistan, initially the L4UHC supporting partners like GIZ and USAID. Further GFF, WB, WHO could consider and support this initiative including funding of a P4H focal point in Pakistan by using the opportunity offered by the Global Action Plan Sustainable Financing Accelerator for SDG 3 aligned with other funding agencies like GFATM and GAVI.



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