WHO-EM/PME/001/E

Country Cooperation Strategy for WHO and Pakistan

2011–2017

World Health Organization
Regional Office for the Eastern Mediterranean

WHO Library Cataloguing in Publication Data

World Health Organization. Regional Office for the Eastern Mediterranean
Country cooperation strategy for WHO and Pakistan 2011 - 2017 / World Health Organization. Regional Office for the Eastern Mediterranean
p.
WHO-EM/PME/001/E
1. Health Planning - Pakistan 2. Health Policy 3. National Health Programs - Pakistan 4. International Cooperation 5. Health Priorities I. Title II. Regional Office for the Eastern Mediterranean

(NLM Classification: WA 530)

Document WHO-EM/PME/001/E/04.13

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ABBREVIATIONS

ADB	Asian Development Bank
AJK	Azad Jammu and Kashmir
AusAID	Australian Agency for International Development
BDN	Basic development needs
CCS	Country cooperation strategy
CIDA	Canadian International Development Agency
DFID	Department for International Development, United Kingdom
DHIS	District health information system
DPT	Diphtheria–pertussis–tetanus vaccine
EPI	Expanded Programme on Immunization
FAO	Food and Agriculture Organization of the United Nations
FATA	Federally Administered Tribal Areas
GDP	Gross domestic product
HIV/AIDS	Human immunodeficiency virus/acquired immunodeficiency syndrome
HMIS	Health management information system
JICA	Japan International Development Association
KP	Khyber Pakhtunkhwa province
LHV	Lady health visitor
LHW	Lady health worker
MDGs	Millennium Development Goals
MICS	Multiple indicator cluster survey
NFC	National Finance Commission
OCHA	United Nations Office for Coordination of Humanitarian Assistance
ODA	Official development assistance
OECD	Organization of Economic Co-operation and Development
PDHS	Pakistan Demographic and Health Survey
PHIS	Provincial health information system
PKR	Pakistani rupee
PPHI	People’s Primary Health Initiative
PRSP	Punjab Rural Support Programme
PSLM	Pakistan Social and Living Standards Measurement survey
UNCT	UN Country Team
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children Fund
USAID	United States Agency for International Development
WFP	World Food Programme
WHO	World Health Organization

EXECUTIVE SUMMARY

The Country Cooperation Strategy (CCS) reflects the medium-term vision for technical cooperation of World Health Organization (WHO) with a Member State and defines the strategic framework for working within that country. It is the key document to guide the biennial collaborative operation plan of WHO with countries usually over a period of six years. The CCS brings together the collective technical strength of WHO support at the country office, Regional Office and headquarters levels in a coherent manner with a view to address the country's health priorities and challenges. The current document discusses the priorities for Pakistan for the period 2011–2017 under the unique circumstances of no Ministry of Health at the national level. The document critically analyses in great detail the health situation in the country including strengths and weaknesses of all six building blocks of the health system, activities of health development partners and the exact pattern of financing in the health sector of Pakistan. Its aim is to facilitate the provision of health for all within the purview of the primary health care philosophy and the pursuit of the Millennium Development Goals (MDGs).

Pakistan is a large country with an area of around 800 000 kilometres and an estimated population of 173.5 million in 2011, making it the fifth most populous country in the world and the largest in the WHO Eastern Mediterranean Region. The country is divided into five provinces, Punjab, Sindh, Balochistan, Khyber Pakhtunkhwa (KP) and the relatively smaller Gilgit–Baltistan, as well as three territories, Federally Administered Tribal Areas (FATA), Azad Jammu and Kashmir (AJK) and Islamabad Capital Territory. The country has experienced several natural and other disasters following the massive earthquake of 2005. Militancy in its northern belt has created several security-compromised areas making access to health care problematic. A consistently high population growth rate exceeding 2% annually has led to Pakistan being quite a young nation with over 35% of its population being under the age of 14 years. Despite a well-developed and multi-tiered health infrastructure, the country has poor health indicators such as high maternal, infant and under-5 mortality and a high burden of communicable diseases such as tuberculosis and hepatitis B and C, in addition to a rising trend of noncommunicable diseases.

In pursuance of a constitutional requirement; virtually all the major responsibilities in respect of health have been devolved to the federating units or provinces, while certain critical residual national health functions have been distributed among six ministries and divisions of the Government of Pakistan. There are huge disparities among the provinces in terms of capacity, infrastructure and level of governance. The disparities are often exacerbated by security issues or natural calamities in this disaster-prone country. Meanwhile, the United Nations system in Pakistan is piloting the "Delivering as One" agenda with 14 UN agencies, funds and offices working for health and population with a strong and heavy agenda that can serve as a good vehicle for promoting intersectoral action. Such intersectoral action is particularly warranted in view of the several social determinants of health such as income poverty, lack of basic education particularly among rural females, lack of adequate safe water and sanitation facilities and gender inequities also pose impediments to the delivery of health care, particularly to the marginalized segments of the population.

Foreign assistance has played a critical role in developing the health sector of Pakistan, with the country historically receiving large volumes in aid. In 2007, Pakistan received more

than US$ 2.2 billion in Official Development Assistance (ODA), ranking the country as the sixth largest recipient of official aid in the world. Generally speaking, public sector investment in the development of health care services is quite low, with the overwhelming share of health costs continuing to be borne through out-of-pocket expenditure by the majority of the people with low average per capita income. Urgent donor support is a clear prerequisite for attaining the health-related targets of the MDGs, as the current pace of progress in maternal, neonatal and child health care and communicable disease control is not commensurate with the required targets, necessitating a substantial up scaling of investment alongside more forceful interventions.

With some regulation, the sizable private sector can complement the health authorities, particularly in the provision of social safety nets to the underprivileged population segments. It is also widely understood that the initial point of contact of the general public is with private practitioners, making it imperative to train them on the protocols of important public health initiatives such as integrated management of neonatal and child health, emergency obstetric and neonatal health, tuberculosis, malaria, to ensure standardization of the best practices across the board within the health sector.

Over the past decade, the collaborative efforts of WHO were characterized with a strong continued focus on polio eradication and improvement in routine immunization; emergency response, recovery and rehabilitation; health system strengthening; support for maternal, neonatal and child health; family planning; primary health care; nutrition; tuberculosis control; malaria control; prevention and control of hepatitis; community-based initiatives; environmental health interventions, mainly for safe water and sanitation; gender and health issues such as gender-based violence; and health promotion with a particular emphasis on tobacco control.

The current strategic agenda of WHO in Pakistan was developed through a comprehensive situation analysis and intensive consultative process encompassing all stakeholders and tiers within the health sector. The strategic way forward for the health sector in Pakistan calls for revision of WHO priorities for engagement with a more strategic focus on critical cross-cutting areas such as health system strengthening to create an enabling environment for provision of effective maternal, neonatal and child health, communicable disease control, nutrition support interventions and health promotion strategies. Strong emphasis is also needed on social determinants of health, particularly gender and human rights issues. In the context of devolution, the strategic vision of WHO technical support to Pakistan is being mainly guided by the vacuum created by the abolition of the Federal Ministry of Health alongside the enhanced technical assistance needs of the provincial departments of health. The CCS will have a provincial focus, requiring upgrading of WHO provincial sub-offices both in technical and managerial terms to enable meaningful presence and provision of appropriate technical support to departments of health for requisite capacity-building. The WHO country office intends to assume a more proactive role as the principal technical adviser to the Government of Pakistan and all provincial governments on health issues. It will therefore require the capacity and authority to fulfil these functions effectively in a rapidly changing environment.

SECTION 1. INTRODUCTION

The Country Cooperation Strategy (CCS) reflects the medium-term vision for technical cooperation with a Member State and defines the strategic framework for working within that country. It is the key document to guide the biennial collaborative operation plan of the World Health Organization (WHO) with countries, usually over a period of six years. The CCS brings together the collective technical strength of WHO support at the country office, Regional Office and headquarter levels in a coherent manner with a view to address the health priorities and challenges in the country, envisaging a close and meaningful collaboration between different tiers of the organization.

With a fundamental view to facilitate the provision of Health for All within the purview of primary health care philosophy, the CCS examines the health situation in the country by adapting a holistic approach on the health sector, socioeconomic status, social determinants of health and upstream policies and strategies that have a major bearing on health. It identifies the country-context sensitive health priorities alongside WHO support to be provided within the stipulated timeframe in order to have a stronger impact on health policy and health system development and strengthening the linkages between health and cross-cutting issues. This medium-term strategy does not however, preclude a response on any additional technical and managerial areas in which the country may require WHO assistance.

The CCS process takes into consideration the work of all other partners and stakeholders in health and health-related areas including community representatives and religious scholars, and is sensitive to evolutions in policy or strategic exercises undertaken at any level. In particular, the CCS is developed to assist the implementation of the United Nations Development Assistance Framework (UNDAF) and preparation of the Common Country Assessment. The overall purpose is to provide a foundation and strategic basis for planning as well as to improve WHO contribution to the Member States, particularly in achieving the Millennium Development Goals (MDGs). Pakistan is currently lagging behind and off track in almost all the relevant health indicators, with a few exceptions including achieving full immunization coverage in children 12–23 months, lady health worker coverage of the population and children less than 5 years reporting diarrhoeal episodes and oral rehydration therapy. A strong, well-organized effort and commitment of the Government of Pakistan ably supported by the United Nations partners and donor organizations will be required to move as close to the MDG targets in 2015 as it possibly can.