

Pakistan Health Security and Health System Brief

Overview of the needs identified¹

Pakistan's health system requires substantial support to improve its One health integration, rapid response teams, health services delivery and Human Resources for Health. Additionally, it needs some support for improving its labs, surveillance capacity, cross-border collaboration, procurement & supply, health financing, and governance. E-SPAR 2021 IHR Country Average of all Capacities /Global Average of all Capacity scores: 52%/65%.² The 2021 GHS Index Country Profile: 30.4 Index Score; 130/195 Rank.³

Laboratory systems

There are 208 public and private approved Covid-19 testing laboratories. An External Quality Assurance system for these Covid-19 testing laboratories is not in place. The National Institute of Health (NIH) acts as a national reference center. It also conducts gene sequencing. Data transfer is via secured real-time, online data links from each lab to the NIH and the National Command and Operations Control (NCOC) web-based systems. There is no central/national procurement of supplies. The government receives screening kits as grants from international donors.

Real time surveillance and reporting

The NIH coordinates the integrated diseases surveillance. The surveillance includes a national reporting system for polio and COVID-19. The Covid-19 surveillance system contains information on sex and age, and it enhances the use of data to respond to specific needs of the elderly and women. Nationwide ICD-10 coding does not exist. It has been piloted in 10 centers nationwide. Due to the lack of public health law in the country no rules/ regulations exist to manage epidemiologic surveillance. NIH ensures the standard case definitions (e. g., those based on WHO/CDC definitions).

Data is collected at public and private health facilities. At the basic union level, it is collected manually due to a lack of adequate resources and

other issues (electricity, Wi-Fi, capacity, etc.). The collected data is entered into the electronic system at the district level. During the COVID-19 crisis, tablets were provided for field data entry. There is an integrated health service, logistic, and surveillance dashboard, which ensures timely availability of data for decision-making purposes. The NIH through the International Health Regulations dashboard shares the information internationally.

Data integration/One Health

Clear regulations for data integration/One Health do not exist. Recommendations for carrying out epidemiological surveillance for zoonotic diseases/pathogens are in place, but still have to be transformed into regulations. The NIH, the NARC⁴, and the Agency of Climate Change are responsible for One Health. The NCOC receives technical inputs from the national IHR Task Force and the AMR⁵ Task Force. The Public Health Emergency Cell in NIH takes informed decisions.

Before the COVID-19 pandemic, six zoonotic diseases had been identified as a priority for the country: zoonotic influenza, brucellosis, Salmonella, rabies, Crimean-Congo hemorrhagic fever, and anthrax. The One Health Hub of NIH coordinates with NARC in this regard. The Hub forum is instrumental to conduct strategic research on the impact of zoonotic diseases and environmental changes on human health and provides evidence-based recommendations for strategic decisions. The private sector is also involved in zoonotic surveillance. In case of detection of a zoonotic epidemic, the government compensates the private sector.

Rapid response teams/ systems

The country had developed a National Action Plan for COVID-19 Management in March 2020. Based on this plan, the NCOC was established to combat the

¹ The majority of information in this brief is based on national assessments conducted between June 2021 and August 2021 under TA6535 and has not been updated unless otherwise specified.

² <https://extranet.who.int/e-spar>

³ <https://www.ghsindex.org/country/pakistan/>

⁴ National Agricultural Research Council

⁵ Anti-Microbial Resistance

COVID-19 pandemic. It was headed by the federal planning minister. All the relevant ministries and departments including all provinces and regions were represented in it.

The Pakistan Preparedness and Response Plan (PPRP) 2021-22 is a continuation of the first PPRP that was launched in April 2020. It outlines the international assistance required to support Pakistan to respond to COVID-19 from July 2021 to June 2022. The required regulations are being developed but not published. Numerous Guidelines and SOPs had been developed to ensure the quality of COVID-19 response. The private sector is fully involved in the national COVID-19 response. It has played a key role in increasing the coverage of the laboratory and imaging diagnoses of COVID-19 cases.

Health service delivery

The public health sector provides preventive and curative health services through its provincial network of primary, secondary, and tertiary health centers and vertical health programs, varying greatly in their quality. Nationwide, more than 100,000 Lady Health Workers and Community Midwives are supporting the work of medical doctors. There are 63 hospital beds and 1.5 ICU beds per 100,000 population, equal to 2.4% of hospital beds as ICU beds. This is significantly less than the required 6%. WHO supports Infection Prevention and Control capacity building in Pakistan. An M&E system is in place in the provincial health departments. M&E indicators have been developed and revised periodically. Although a system of weekly / monthly reporting is in place, it varies from province to province. All the provinces and regions have their own healthcare commissions. They are responsible for licensing and accreditations. The medical audit system is functioning in tertiary care teaching hospitals. Within other hospitals, it varies from department to

department. In smaller hospitals, such system is weak.

Human resources for health

The Ministry of National Health Services Regulation and Coordination has completed an assessment on the HR needs in the clinical and public health sectors. Future needs assessment and forecasting is still in progress. Currently, there is no information available about the number of infectious diseases specialists in remote areas, neither on health workers and specialists' certification and accreditation procedures.

Cross-Border coordination Mechanisms

For public health emergencies, there is no evidence that Pakistan has cross-border agreements, protocols or Memorandums of Understanding (MoU) with neighboring countries or as part of a regional group. Besides, there is no evidence of a joint plan or cooperative agreement between the public health system and border control authorities to identify suspected and potential cases in international travelers and trace and quarantine their contacts in the event of an active or future public health emergency.

Procurement and supply chain

All procurement and supply chain activities are centralized at the NDMA⁶ level. All information related to NDMA is confidential. During the Covid-19 pandemic, timely procurement of vaccination had been a gap, as well as forecasting of needed procurement of laboratory and medical supplies. There are currently no special IT systems in use for the procurement of equipment to ensure the quality of the entire procurement process. In a routine health care situation, through the USAID Global Health Supply Chain Program-Procurement and Supply Management (GHSC-PSM) project, the supply chain systems are being transformed, integrated, and optimized. GHSC-PSM is working with identified provincial governments to holistically modernize supply chain systems at all

⁶ National Disaster Management Authority

levels, restructure secondary transportation in selected provinces from a "collection" model to a "delivery" model and create new supply chain entities to better manage forecasting, supply planning, procurement, warehousing, and distribution with data-based decision-making using management information system tools.

Health financing

Health financing has been inadequate for the longest time. Health expenditure as percentage of GDP is around 3,4 percent. According to WB data, the OOP expenditure as part of Current Health Expenditure in 2019 was 53.8%. Although its steady decrease since 2006 when it was at a high of 78% it is still considered as too high. About 7% of health financing is through mandatory and voluntary prepaid health insurance. There are two mandatory financing mechanisms in the country. Social Security is funded by contributions from employers in the private sector. In 2015, Pakistan's federal government launched a national health insurance initiative, Sehat Sahulat Programme, which currently covers hospitalization for 6.7 million households, across 86 districts in the country.

Governance

During the Covid-19 crisis, the National Command and Operations Center was established to guide the implementation of the national Covid-19 efforts of the country. It was headed by the Minister of Planning and Development and included representatives from all provinces. It was dissolved in March 2022. Besides the NCO, the government is working on improving its capacities for implementation of the IHR.

Regional health cooperation

Priority areas⁷

- Conduct human resource and demand analysis for selected cadres.

- Conduct feasibility study and dialogue on financial protection.
- Facilitating regional dialogue on cooperation with the concerned countries can strengthen cross-border pandemic management systems.

Active regional initiatives

- Economic Cooperation Organization - partnerships with national, regional and international partners in capacity building and training activities in health.
- The Pakistan-Afghanistan partnership on Polio Eradication.
- Digital health solutions, such as eLearning and telemedicine projects (Afghanistan, Tajikistan, Pakistan, and the Kyrgyz Republic borders).
- CAREC sanitary and phytosanitary standards modernization project.

Policy documents with regional cooperation mentioned

- Bill to establish a National Food Safety, Animal and Plant Safety Regulatory Authority', specifying Functions and Powers of the Authority.
- ACT No. LXIV of 2018: Act for Restructuring of the Health Services Academy as a degree awarding Institute.
- ACT No. XCVIII of 2020 ORDINANCE: Act for Reorganization and Creation of the National Institute of Health.

National institutes responsible for or involved in regional cooperation

- Parliamentary Standing Committees on Health
- Ministry of National Health Services, Regulation & Coordination,
- Ministry of Planning, Development & Reforms.
- Ministry of Foreign Affairs.

⁷ Defined based on results of the national assessment as well as outcomes of the CAREC workshop conducted in Tbilisi in October 2022, which are in line with the Regional Investment Framework.