Disease Control Priorities – III

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Raza Zaidi
Health Planning, System Strengthening and
Information Analysis Unit (HPSIU)

National Health Vision

2016-25

SDGs
Impact

Universal Health Coverage
Outcome

Eight Thematic Pillars
Inputs/ Outputs

SDG 1: No poverty **SDG 2:** End malnutrition **SDG 4:** Quality education **SDG 5:** Gender equality **SDG 16:** Inclusive societies	**SDG 3:** Equitable health outcomes and well-being; global public health security and resilient societies	**SDG 8:** Inclusive economic growth and decent jobs

Achieve Universal Health Coverage
All people and communities receive the quality health services they need, without financial hardship

Responsiveness   Efficiency   Fairness   Quality   Resilience

PILLAR #1: Governance

PILLAR #2: Health Financing

PILLAR #3: Packaging Health Services

PILLAR #4: Human Resources for Health

PILLAR #5: Health Information System and Research

PILLAR #6: Essential Medicines and Technology
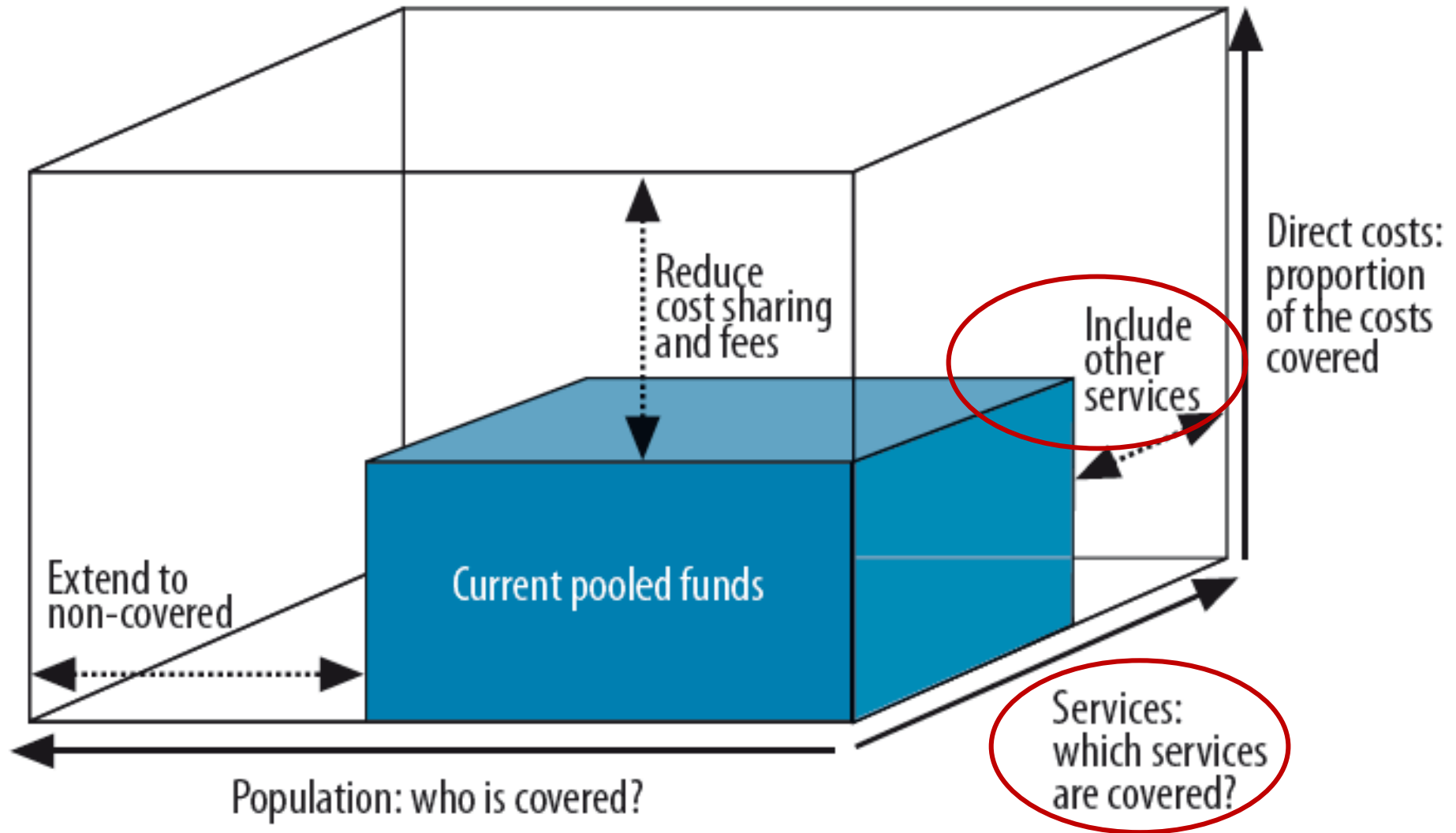
PILLAR #7: Cross-sectional Linkages

PILLAR #8: Global Health Responsibilities

Universal Health Coverage Framework

From SDGs to Package of Services

SDGs – 17 Goals; 169 Targets; 230 Indicators

SDG3

13 Targets +
27 Indicators

Other SDGs
(1,2,4,5,6+)

UHC: Index – 4 Proxy Areas and 16 Indicators

Coverage of Essential Services

Financial Risk Protection

DCP3 recommended **EPHS**

5 platforms for services:
219 EUHC (21 Packages)
99 HPP

Inter-sectoral Policies:
71 IP
29 EIP

Package to prevent
Catastrophic Health Expenditure
(Health Insurance)

Background of DCP3

- 1993 World Development Report

- Disease Control Priorities in Developing Countries, Second Edition 2006 (DCP2)

- Disease Control Priorities, 3rd Edition 2015-2018 (DCP3)

DCP-III Interventions

219 EUHC Services (99 HHP) provided at 5 platforms

- **62** at the community level
- **66** at health centers
- **56** at first-level hospitals
- **20** at referral and specialized hospitals
- **15** interventions at the population level

A package of 71 Inter-sectoral Policies (29 EIP)

DCP-III Interventions

Age-related cluster (packages 1–5)
1. Maternal and newborn health
2. Child health
3. School-age health and development
4. Adolescent health and development
5. Reproductive health and contraception

Infectious diseases cluster (packages 6–10)
6. HIV and sexually transmitted infections
7. Tuberculosis
8. Malaria and adult febrile illness
9. Neglected tropical diseases
10. Pandemic and emergency preparedness

IHR

Non-communicable disease and injury cluster (packages 11–17)
11. Cardiovascular, respiratory, and related disorders
12. Cancer
13. Mental, neurological, and substance use disorders
14. Musculoskeletal disorders
15. Congenital and genetic disorders
16. Injury prevention
17. Environmental improvements

Health services cluster (packages 18–21)
18. Surgery
19. Rehabilitation
20. Palliative care and pain control
21. Pathology

Developments in Pakistan

STRENGTHS:

✓ Lessons learning

✓ Objective was efficiency & effectiveness in PHC services

WEAKNESSES:

x Not comprehensive to cover five platforms

x NCD, Health services cluster and Inter-sectoral Policies not prioritized

x Limited to public sector

- All five platforms present in Pakistan

- EPHS priority in provincial health strategic plans/ NHV

- EPHS for PHC services developed in 2012-13 (Punjab, KP and recently in Sindh) + service delivery standards, staffing, medicines, equipment and costing.

- Different modalities explored to deliver EPHS through:
  - Public sector
  - District government
  - Private sector/ NGOs

- Package for Secondary healthcare developed in Punjab; not finalized in KP

- Establishment of Healthcare Commissions and Authority for implementation of standards in the health services (both in public & private health sector)

Recent Developments

- An international meeting on DCP3 held in Pakistan in August 2018 - attended by Morocco, Lebanon, Iran, Jordan, Pakistan, WHO EMRO, University of Washington and other stakeholders including provinces

- DCP3 secretariat agreed to the proposal - Pakistan to be the first country in the World to adopt DCP3 recommendations

- M/o NHSR&C to develop generic EPHS for Pakistan through a consultative process with provincial / area DOHs and other stakeholders

- To be adopted by provinces / areas later on; to be fully implemented in Islamabad Capital Territory

- Consultations held to revise Health Insurance Package of services + Surgery

Actions for developing EPHS based on DCP3

- Criteria for selection of DCP3 recommended interventions
  - ➤ Relevance to Burden of Disease for Pakistan (2017)
  - ➤ Cost effectiveness (Cost/ DALY)
  - ➤ Feasibility in the context of Pakistan
  - ➤ Additional services to be included in the context of Pakistan

- Consultations to review of current services based on DCP3 recommendations and to prioritize interventions under 5 platforms and Inter-sectoral policies – both for public and private health sector (from Jan 2019…)

Actions for developing EPHS based on DCP3

- For provision of generic EPHS, define:
  - ➤ Minimum HRH requirement and skill set required (In-service and pre-service training plans)
  - ➤ Essential drug, equipment and supplies list
  - ➤ Adjustment required in Health information system, and supervision mechanism & protocols
  - ➤ System support: including referral system, drug supply management, communication interventions, WASH services in health facilities, infection control and patient safety measures, infrastructure/ repair & maintenance etc.
  - ➤ Coordination mechanism and protocols
- Define quality standards for services and system (healthcare commission)
- Costing
- Approach and plan to roll out EPHS – Family Practice Approach in 12 districts

Cost for Delivering UHC

The requirement for achieving Universal Health Coverage (UHC) is of US$271 per person per year (range 74–984) across country contexts.

13th General Programme of Work WHA; Jan 2018:
1 Billion more people benefitting from UHC

Per Capita Total Health Expenditure in Pakistan: **US$ 45**

Per Capita Public Sector: **US$15.3**

US$74 ???

HEALTH FINANCING STARTEGY

THANKS