Disease Control Priorities and Universal Health Coverage

Pakistan’s Package of Intersectoral Policies

Professor Ala Alwan, DCP3/LSHTM
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Key parts of the presentation

• DCP3 and UHC: Country Translation

• An outline of the Pakistan UHC Essential Package of Health Services

• DCP3 packages of intersectoral policies

• The way forward
Disease Control Priorities Network and Universal Health Coverage

• Aim: to accelerate progress towards universal health coverage by supporting countries in priority setting and decision making and developing their own national packages of health interventions.

• A large network of international experts to assess the value for money (cost-effectiveness) of interventions addressing the main sources of disease burden in LMICs
What is different in DCP3

• Focus on accelerating progress to UHC (SDG target 3.8)

• A wider range of health conditions covered in 9 volumes

• Provides evidence and guidance to LMICs in priority setting, decision making and setting their own HBPs

• Basis for country application including intersectoral interventions
Intersectoral policies are integral to national health policy

• UHC is now an overarching target of the SDGs that all countries strive to reach by 2030

• UHC means all people have access to health services they need (from health promotion and prevention to treatment and rehabilitation) without financial hardship

• Preventive and health promotion services provided through intersectoral action is integral to UHC
Development of the UHC packages: 2017

Interventions typically delivered within the health sector (clinical and “public health” services)

Health policies typically implemented by non-health sectors (fiscal, regulatory, information and built environment)

Review with a set of criteria, harmonize definitions, organize by delivery “platform”

Essential Packages of Health Services

EUHC & HPP

Packages of intersectoral policies

Expanded and core
DCP3 Model Packages

• EUHC: Essential UHC package of health services (218) delivered through 5 platforms: Community, Health Centre, FLH, TH and population based;

• HPP: Highest Priority Package (108 - a subset of EUHC), delivered through 5 platforms for consideration by low income countries;

• Intersectoral packages (a core of 29 policies and an expanded list of 71 policies).
Intersectoral packages: 71-29

Major risk factor categories addressed

- **Environmental risks** (air pollution, water and sanitation, occupational, other environmental toxins)
- **Addictive substance use** (alcohol & tobacco)
- **Diet** (inadequate and excessive nutrient intake)
- **Injuries** (RTI and other injuries)
- **Other risks** (high-risk sex, antimicrobial resistance, etc.)

Types of interventions

- **Regulatory**
- **Fiscal**
- **Built environment**
- **Communication and information**
DCP3 29 Core Intersectoral Policies

- **Air pollution 7**
- **Addictive substance use 3**
- **Inadequate nutrient intake 4**
- **Excessive nutrient intake 4**
- **Road traffic injuries 3**
- **Other risks 8**

Countries differ in the number of policies adopted
Development of Pakistan’s UHC EHSP: Chronology of Key Events

- **Aug 2018** - Meeting on DCP3 and translation to national HBPs (DCP3/WHO/MoH)
- **Sep 2018** - Inter-Ministerial Health & Population Forum endorsing DCP3 package & approach
- **Dec 2018** - UHC BP included in health chapter of 12th Five Year Plan (2019-23)
- **Aug 2019** - Onset of TWGs work (DCP3/LSHTM, AKU)
- **Nov 2019** - 1st NAC meeting on PHC interventions
- **Jun 2020** - 2nd NAC meeting on hospital and population interventions
- **Jul 2020** - Review and meeting of the International Advisory Group
- **Sep 2020** - 3rd NAC meetings to finalize UHC BP for submission to SC
- **Nov 2020** - Approval by Steering Committee & Inter-Ministerial Forum
- **Dec 2021** - Implementation phase: provincial adaptation
EPHS and immediate implementation package
Approved by the Inter-Ministerial Forum on Health & Population, November 2020
Development of Pakistan’s Health Promoting Package of Intersectoral Policies/Interventions: Chronology of Key Events

- **Aug 2018**  Meeting on DCP3 and translation to national HBPs (DCP3/WHO/MoH)
- **Jan 2020**  First meeting on the intersectoral package
- **Mar 2020**  Second multisectoral meeting
- **2020**  Assessment of the current status in Pakistan and the way forward
- **Feb 2021**  First national multisectoral meeting
### Core intersectoral policy instruments and key sectors

**Key Health Risk: AIR POLLUTION**

<table>
<thead>
<tr>
<th>Policy</th>
<th>Instrument</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indoor air pollution: subsidize other clean household energy sources, including liquid propane gas (LPG), for the poor and other key populations</td>
<td>Fiscal <em>(Finance)</em></td>
</tr>
<tr>
<td>Indoor air pollution: halt the use of unprocessed coal and kerosene as a household fuel</td>
<td>Regulatory <em>(Environment)</em></td>
</tr>
<tr>
<td>Indoor air pollution: promote the use of low-emission household devices</td>
<td>Information and education <em>(information/health)</em></td>
</tr>
<tr>
<td>Emissions: tax emissions and/or auction off transferable emission permits</td>
<td>Fiscal <em>(Finance)</em></td>
</tr>
<tr>
<td>Emissions: regulate transport, industrial, and power generation emissions</td>
<td>Fiscal <em>(Finance)</em></td>
</tr>
<tr>
<td>Fossil fuel subsidies: dismantle subsidies for and increase taxation of fossil fuels (except LPG)</td>
<td>Fiscal <em>(Finance)</em></td>
</tr>
<tr>
<td>Public transportation: build and strengthen affordable public transportation systems in urban areas</td>
<td>Built environment <em>(Planning/transportation)</em></td>
</tr>
</tbody>
</table>
Core intersectoral policy instruments and key sectors

Key Health Risk: ADDICTIVE SUBSTANCE USE

<table>
<thead>
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<th>Policy</th>
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<tbody>
<tr>
<td>Substance Use: impose large excise taxes on tobacco, alcohol, and other addictive substances</td>
<td>Fiscal (Finance)</td>
</tr>
<tr>
<td>Substance Use: impose strict regulation of advertising, promotion, packaging, and availability of tobacco, alcohol, and other addictive substances, with enforcement</td>
<td>Regulatory (Parliament, Information, Specification Agency)</td>
</tr>
<tr>
<td>Smoking in public places: Ban smoking in public places</td>
<td>Regulatory (Parliament)</td>
</tr>
</tbody>
</table>
## Core intersectoral policy instruments and key sectors

### Key Health Risk: INADEQUATE NUTRIENT INTAKE

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<tr>
<td>School feeding: finance school feeding for all schools and students in selected geographical areas</td>
<td>Fiscal</td>
</tr>
<tr>
<td>Food quality: ensure that subsidized foods and school feeding programs have adequate nutritional quality</td>
<td>Regulatory</td>
</tr>
<tr>
<td>Iron and folic acid: Fortify food</td>
<td>Regulatory</td>
</tr>
<tr>
<td>Iodine: fortify salt</td>
<td>Regulatory</td>
</tr>
</tbody>
</table>
## Core intersectoral policy instruments and key sectors

**Key Health Risk: EXCESSIVE NUTRIENT INTAKE**

<table>
<thead>
<tr>
<th>Policy</th>
<th>Instrument (principal ministry responsible)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trans fats: ban and replace with polyunsaturated fats</td>
<td>Fiscal (Finance)</td>
</tr>
<tr>
<td>Salt: impose regulations to reduce salt in manufactured salt products</td>
<td>Regulatory (industry – Specific and Quality Agency)</td>
</tr>
<tr>
<td>Sugar sweetened beverages: tax to discourage use</td>
<td>Fiscal (Finance)</td>
</tr>
<tr>
<td>Salt and sugar: provide consumer education against excess use, including product labeling</td>
<td>Information and education (Industry/commerce)</td>
</tr>
</tbody>
</table>
# Core intersectoral policy instruments and key sectors

**Key Health Risk: ROAD TRAFFIC INJURIES**

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<td>Vehicle safety: enact legislation and enforcement of personal transport safety measures, including seatbelts &amp; child restraints in vehicles and helmets for motorcycle users</td>
<td>Regulatory (Police/interior)</td>
</tr>
<tr>
<td>Traffic safety: set and enforce speed limits on roads</td>
<td>Regulatory (Police/interior)</td>
</tr>
<tr>
<td>Traffic safety: include traffic calming mechanisms into road construction</td>
<td>Built environment (Urban planning, construction)</td>
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### Components of an early Intersectoral Package of Policy Instruments

#### OTHER KEY RISKS

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<tbody>
<tr>
<td>Pesticides: enact strict control and move to selective bans on highly hazardous pesticides</td>
<td>Regulatory</td>
</tr>
<tr>
<td>Water and sanitation: enact national standards for safe drinking water, sanitation and hygienic behavior within and outside households and institutions</td>
<td>Regulatory</td>
</tr>
<tr>
<td>Hazardous waste: enact legislation and enforcement of standards for hazardous waste disposal</td>
<td>Regulatory</td>
</tr>
<tr>
<td>Lead exposure: take actions to reduce human exposure to lead, including bans on leaded fuels and on lead in paint, cookware, water pipes, cosmetics, drugs, and food supplements</td>
<td>Regulatory</td>
</tr>
<tr>
<td>Agricultural antibiotic use: reduce and eventually phase out subtherapeutic antibiotic use in agriculture</td>
<td>Regulatory</td>
</tr>
<tr>
<td>Emergency response: create and exercise multisectoral responses and supply stockpiles to respond to pandemics and other emergencies</td>
<td>Regulatory</td>
</tr>
<tr>
<td>Safe sex: remove duties and taxes on condoms</td>
<td>Fiscal</td>
</tr>
<tr>
<td>Exercise: take initial steps to develop infrastructure enabling safe walking and cycling</td>
<td>Built environment</td>
</tr>
</tbody>
</table>
## Expanded List of Intersectoral Policies

### Example: Air Pollution

<table>
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<tbody>
<tr>
<td>Fossil-fuel emissions: relocation of brick kilns and retrofits for emission control when feasible</td>
<td>Built environment</td>
</tr>
<tr>
<td>Fossil-fuel emissions: subsidies to renewable energy</td>
<td>Fiscal</td>
</tr>
<tr>
<td>Fossil-fuel emissions: tax emissions and/or auction off transferable emission permits</td>
<td>Fiscal</td>
</tr>
<tr>
<td>Fossil-fuel emissions: enhance clean fuel distribution networks</td>
<td>Built environment</td>
</tr>
<tr>
<td>Non-emission outdoor sources: Establish/strengthen municipal street cleaning and trash collection measures</td>
<td>Regulatory</td>
</tr>
<tr>
<td>Non-emission outdoor sources: fines for residential trash burning</td>
<td>Fiscal</td>
</tr>
<tr>
<td>Non-emission outdoor sources: impose/enforce measures to control non-emission sources of air pollution, including road and construction dust</td>
<td>Regulatory</td>
</tr>
<tr>
<td>Greenhouse Gases: regulate CO2 and methane emissions (including cap &amp; trade)</td>
<td>Regulatory</td>
</tr>
<tr>
<td>Greenhouse Gases: tax CO2 and methane emissions</td>
<td>Fiscal</td>
</tr>
</tbody>
</table>
Prerequisites for successful outcome

- Effective actions to prevent behavioral and environmental risk factors requires government support and full commitment of non-health sectors.
- Joint work between health and relevant non-health sectors is based on mutual benefit, win-win, pooled resources and a climate of trust.
- Countries will prioritize intersectoral policies based on disease burden, evidence of impact, cost-effectiveness, feasibility of implementation and other non-health benefits.
- Countries may adopt and implement prioritized policies in a stepwise manner.
- Establishing a coordination & accountability mechanism for multisectoral action is key.
- Implementation and enforcement need to be regularly assessed through monitoring and evaluation processes.
Key sectors engaged

- Parliament
- Finance
- Planning
- Environment & Climate Change
- Commerce
- Industry
- Agriculture
- Municipalities
- Interior-Police-security
- Transportation
- Education
- Youth and sports
- Information
- Others?
Other stakeholders

• Other UN agencies engaged in health development: UNDP, Unicef, WHO, others

• World Bank

• Bilateral technical partners

• Development agencies and donors
Approach for reviewing the current list of intersectoral interventions

- Ensure active engagement of key stakeholders
- Agree on priority health risks in Pakistan and which of the DCP3 policies/interventions that are most relevant
- Review existing interventions, degree of implementation, and gaps in implementation and enforcement
- Update evidence for each of the policies/interventions in the core list (if required)
- Present for high-level review and approval
- Develop a work plan for each policy/intervention
Possible categorization of DCP3 core policies

• Policies of high priority in Pakistan/ already adopted or being adopted

• Policies of high priority in Pakistan but existing gaps in implementation or enforcement that need to be addressed

• Policies of high priority in Pakistan- not yet adopted and need to be considered

• Policies of some priority in Pakistan but uncertain feasibility

• Policies of low or no priority in Pakistan