Department of Health, Government of Punjab

Health Sector Strategy for Punjab

Inception Report

17 August 2011
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1 Introduction

A major development in the constitutional history of Pakistan has taken place recently whereby the concurrent legislative list has been abolished. All functions related to the social sectors including health have been devolved to the federating units of Pakistan i.e. the provinces. As per the implementation plan the federal Ministry of Health has been abolished w.e.f. from July 1, 2011. The provinces are now wholly responsible for the health sector. Their administrative and fiscal space has increased multi-fold but simultaneously so have the responsibilities. In order to provide equitable, affordable and accessible health care to the people, provincial governments need to re-align and re-adjust their health care delivery systems, governance structures and financial allocations.

The Government of Punjab requires that a Health Sector Strategy be developed by reviewing the current situation in the health sector and establishing priorities for services to be delivered to the people in an integrated manner. The Strategy will support the Health Department to progress further with a sense of direction, purpose and urgency by prioritizing policy related interventions consistent with availability of financial resources. The timing is critical to ensure minimal disruption of the delivery of essential services at District levels. The process will be inclusive of both the public and private sectors so as to best address the sector needs at province and district levels. In keeping with aid effectiveness and International Health Partnership (IHP) principles, Development Partners will be encouraged to align their investments with the Strategy. The overall aim of the assignment is to assist the Health Department, Government of Punjab, to develop a prioritized health sector strategy for the Province to improve health outcomes and performance of the health sector.

The Inception Report sets out the final work plan, dates for deliverables and proposed structure of the key outputs for the Health Sector Strategy Consultancy. It also sets out the approach and the process we propose to use to deliver the Health Sector Strategy, drawn from the Terms of Reference (ToRs) and refined based on in-house meetings and meetings with the Department of Health (DoH).

2 Summary of Objectives and Methodology

The overall purpose of the Consultancy is to complete a Health Sector Strategy for Punjab with supporting financing and results frameworks. Given the expressed need for the Provincial DoH to begin to clarify the priority actions for achieving better health outcomes for the people of Punjab, within the renewed 2011 decentralisation policy (i.e. 18th Amendment), the decision was taken to focus on framing a high level strategy document rather than a more detailed strategic plan. The Strategy will support the DoH to more clearly position itself in discussions and negotiations with lead stakeholders in the health sector and investors in the sector, current and potential.

Given this context, the duration for the assignment is no more than 4 months, from inception to submission of the final document for approval. To support building of Provincial ownership of the Strategy, we aim to build in as wide a consultative process as feasible within the limits of the time allocated for the assignment – however, it is important to note that the process also aims to inform recommendations for governance and implementation
arrangements for the Strategy itself. For the most part, the analysis will be based on information from available documentation from the DoH, programme technical and monitoring reports, Provincial Plans and Reports, District reports and information from the wider civil society including private health providers. Overall, it is agreed that no primary data collection is needed given the wealth of information available, including routine, survey and research.

The team will focus on extraction, synthesis and analysis of relevant and available material so as to complete 2 main outputs, the Health Sector Situational Analysis and the Provincial Health Sector Strategy. We will use the Situational Analysis to identify the key issues that are affecting improved health services delivery for the people of Punjab. Meetings, individual and group, will be organised to engage with stakeholders at Provincial and District levels on these key issues and to ensure effective prioritisation and to explore options for addressing these in the years to come. Consultation is essential for the team to listen and feel the essence of the services delivery challenges and successes.

Our methodology is primarily that of literature review, content analysis, synthesis, interviews (individual and group) and observation. An iterative process of extraction and analysis will be used and stakeholders could be consulted more than once so as to improve clarity and understanding of an area or to share preliminary views for verification or purely to inform stakeholders that the process is ongoing. Table 1 summarises our approach.

Table 1: Objectives of Key Methods for the consultancy (adapt as required)

<table>
<thead>
<tr>
<th>Key Method</th>
<th>Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Literature Review</td>
<td>We will conduct an in-depth literature and document review of the official and non-governmental health sector publications, Project and Programme reviews and evaluations, Survey reports (routine and ad hoc), health provider network reports and publications and independent publications of leading national and international public health specialist on the overall health sector perspective of Pakistan and the emerging scenario after devolution.</td>
</tr>
<tr>
<td>Lead and Key informant interviews</td>
<td>We will propose a list of key informants for the inception phase and for sharing of the draft reports for feedback and comment. These will include a range of participants representing government, donors, providers, civil society organizations and the business community.</td>
</tr>
<tr>
<td>Extraction and synthesis</td>
<td>We will identify key knowledge gaps based on the literature review and the information data review and develop a plan to address these gaps within the timeframe of the consultancy e.g. secondary data collection through field trips and stakeholder interview. Where significant gaps cannot be addressed, these will be noted in the key constraints.</td>
</tr>
<tr>
<td>Key issues consultation meeting</td>
<td>We will hold meetings with the proposed Steering Committee which is to be notified by the department of Health as per directions of the Health Secretary who will himself chair the committee.</td>
</tr>
<tr>
<td>Strategy Planning workshop</td>
<td>Policy options both in terms of prioritisation and sequencing on the way forward will emerge out of the implementation of the consultancy. This will be as a result of the analysis and planning process. We will work with lead agencies to gain insight and knowledge about their analytical</td>
</tr>
</tbody>
</table>
work and ensure optimal collaboration with the work of the existing Task Groups and linkage to ongoing policy work.

Annex 1 provides a list of persons consulted during the Inception Period to ensure there is a common understanding on what the consultancy is intended to achieve. Annex 2 provides a list of documents compiled in the Inception Period and also includes a list of documents referenced but not yet reviewed.

3 Team Composition and Assignments

Technical and Managerial Staff

We have put together a technical team comprising of 3 consultants who are Province-based, and who have a wide experience in the Punjab Health Sector and an understanding of the overall health situation in Pakistan. The Strategy Team will be supported by the TRF Provincial Coordinator, and TRF Team at Federal level led by the Health Systems Specialist and the M&E Specialist. In addition, an international consultant with strategic planning experience is providing quality assurance and backstopping to the Provincial Coordinators and to the Team as and when required.

In addition, we have an in house supporting technical team for peer review of the Health Strategy in the final stage to ensure the process of development is robust and in keeping with best practice. Key position, technical specialty area and team tasks of the various team members are set out in the table below.

<table>
<thead>
<tr>
<th>Table 4: Summary of Health Strategy Team’s Roles and Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Individual or Organization</strong></td>
</tr>
</tbody>
</table>
| Health Policy and System Development Lead Consultant Dr Ajmal Hamid | • Lead for liaison with DoH  
• Lead for team communication and coordinating preparation and submission of draft key deliverables  
• Lead on system development and public and private sector organization  
• Regulatory Mechanisms in the Health Sector |
| Public Health Specialist Dr. Shahzad Ali | • Consultant for Health Care Delivery System  
• Human Resource Management  
• M&E  
• Input into preparation /submission of key sections of the Situational Analysis, Draft and Final Health Sector Strategy |
| Financial Consultant | • Structure of the Health Financing System in Punjab  
• Detailed Analysis of Health Expenditure  
• Equity in Public Expenditure Efficiency in Public Expenditure  
• Other Out-of-Pocket Spending  
• Social insurance schemes  
• Donor Funding  
• Future Resources for Health |
### Implications for Health Financing Policy

**Research Associate**  
Dr. Huma Haider  
- **Health status/trends of Punjab populace**  
- **Input into private sector**  
- **Input into preparation/submission of key sections of the Situational Analysis, Draft and Final Health Sector Strategy**

### Shared Team Responsibilities
- **Conduct interviews with key informants**  
- **Data analysis and input into recommendations**  
- **Consideration of key lessons areas**

**TRF Provincial Coordinator**  
- **Provide relevant documentation available from TRF and an understanding of TRF processes**  
- **Contribute to the required dialogue, analysis and Submission of the report to the DoH, in collaboration with the Lead Consultant**

**TRF Provincial Project Officer**  
- **Administrative support to the consultancy team (e.g. organisation of meetings, scheduling of consultation interviews, preparation of documents, oversight of document database)**

**TRF Health Systems Specialist**  
- **Lead liaison with relevant Development Partners at Federal level, particularly DFID and AusAID, as required**

**TRF Independent Technical Advisor on Strategic Planning**  
- **Support to the TRF Provincial Coordinator and Health Systems Specialist on best practice examples of strategic planning including adaptation of the JANS process to the Provincial context**  
- **Support to TRF on the quality assurance of final drafts of deliverables before submission to DoH**

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**Collaboration with Development Partners**

Discussions were held at Federal and Provincial levels with lead Development Partners and UN Agencies involved with the Health Sector. The aim of the consultation was to inform them that the work was starting on the development of the Provincial Health Strategies, present the approach and methodology for comment and to advocate for their involvement with the process. One of the key outcomes of their involvement would be the alignment of future investment with the Strategy to the greatest extent possible so as to minimise the transaction costs on Government of multiple reviews and reporting requirements from multiple sources.

### 4 Completion of Phases of work and Submission of Reports

The conceptual framework, based on the phases outlined in the ToRs, is mapped out in Figure 1. Our meetings and preliminary review of documentation during the inception period sought to clarify the scope of the analytical work of other partners to ensure the best fit and complementarities.
**Summary of key deliverables by due date**

<table>
<thead>
<tr>
<th>Reports</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Draft Inception Report</td>
<td>20 July 2011</td>
</tr>
<tr>
<td>Final Inception Report (based on comment received)</td>
<td>08 August 2011</td>
</tr>
<tr>
<td>Health Situational Analysis</td>
<td>25 September 2011</td>
</tr>
<tr>
<td>Draft Health Sector Strategy (with priority issues based on HSA)</td>
<td>15 October 2011</td>
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<tr>
<td>Costing and M&amp;E frameworks based to finalized draft</td>
<td>September to October 2011</td>
</tr>
<tr>
<td>Presentation of Draft Health Strategy (Strategy Development Workshop)</td>
<td>20 October 2011</td>
</tr>
<tr>
<td>Final Health Sector Strategy</td>
<td>30 October 2011</td>
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</tbody>
</table>
## Consultancy Work plan:

<table>
<thead>
<tr>
<th>Dates</th>
<th>Activity</th>
<th>Location</th>
<th>June</th>
<th>July</th>
<th>August</th>
<th>September</th>
<th>October</th>
</tr>
</thead>
<tbody>
<tr>
<td>23-25 June</td>
<td>Develop ToRs with DoH</td>
<td>Lahore</td>
<td>X</td>
<td>X</td>
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<tr>
<td>27-29 June</td>
<td>Briefing with TRF Provincial Teams</td>
<td>Lahore</td>
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<td></td>
<td>Meetings with Development Partners and Key Stakeholders</td>
<td>Lahore</td>
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<tr>
<td>25th June</td>
<td>Conceptualisation of methodology, draft outputs and SA</td>
<td>Lahore</td>
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<tr>
<td>3rd July</td>
<td>Briefing with TRF Provincial Teams</td>
<td>Lahore</td>
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<td></td>
<td>Meetings with Sec Health, focal point, lead partners</td>
<td>Lahore</td>
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<tr>
<td>3 July to</td>
<td>Complete draft Inception Report and Workplan</td>
<td>Lahore</td>
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<tr>
<td>11 July</td>
<td>Submit Draft Inception Report to TRF/TA</td>
<td>Lahore</td>
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<tr>
<td></td>
<td>Finalise Draft Inception Report to Sec Health</td>
<td>Lahore</td>
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<tr>
<td></td>
<td>Submit Draft Inception Report to TRF/TA</td>
<td>Lahore</td>
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<tr>
<td></td>
<td>Inception Report approved</td>
<td>Lahore</td>
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<tr>
<td>25 July to</td>
<td>Literature Review</td>
<td>Lahore</td>
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<tr>
<td>15 Sep.</td>
<td>Meet key stakeholders</td>
<td>Lahore</td>
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<tr>
<td></td>
<td>Complete draft sections</td>
<td>Lahore</td>
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<tr>
<td></td>
<td>Submit draft sections to Lead Consultant</td>
<td>Lahore</td>
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<tr>
<td>15 Sep. to</td>
<td>Complete Draft SA and refine sections</td>
<td>Lahore</td>
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<tr>
<td>30 Sep.</td>
<td>Submit Draft SA to TRF/TA</td>
<td>Lahore</td>
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<tr>
<td></td>
<td>Finalise Draft SA</td>
<td>Lahore</td>
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<tr>
<td></td>
<td>Submit Draft SA to DoH</td>
<td>Lahore</td>
<td></td>
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<tr>
<td></td>
<td>Agree key issues emerging from SA</td>
<td>Lahore</td>
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<tr>
<td>16 Sep to</td>
<td>Develop Draft Strategy layout</td>
<td>Lahore</td>
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<tr>
<td>5 Oct</td>
<td>Develop key recommendations by action area</td>
<td>Lahore</td>
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<td></td>
<td>Submit Draft Strategy to TRF/TA</td>
<td>Lahore</td>
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<tr>
<td></td>
<td>Submit Draft Strategy to DoH</td>
<td>Lahore</td>
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<tr>
<td>16 Sept to</td>
<td>Estimate costs of draft Strategy</td>
<td>Lahore</td>
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<tr>
<td>5 Oct</td>
<td>Complete Results framework for Draft Strategy</td>
<td>Lahore</td>
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<tr>
<td></td>
<td>Submit Draft Strategy, costing and M&amp;E Framework to Independent Team Review</td>
<td>Lahore</td>
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<tr>
<td>5 Oct to</td>
<td>Plan Strategy Development workshop</td>
<td>Lahore</td>
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<tr>
<td>10 Oct</td>
<td>Convene Strategy Workshop</td>
<td>Lahore</td>
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<tr>
<td></td>
<td>Refine Strategy, financing and M&amp;E framework based on feedback</td>
<td>Lahore</td>
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<td></td>
<td>Submit Final draft Strategy to TRF/TA</td>
<td>Lahore</td>
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<td>Complete Final Draft</td>
<td>Lahore</td>
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<td></td>
<td>Submit Final Draft Strategy to DoH</td>
<td>Lahore</td>
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<tr>
<td></td>
<td>Final Round of DoH feedback</td>
<td>Lahore</td>
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<tr>
<td></td>
<td>Approve and disseminate Strategy</td>
<td>Lahore</td>
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</table>
6 Key Issues to be addressed in the Sector Strategy

Key issues identified in consultation with the DoH and key informants include:

- Role of State in health care provision
- Distinction between public and private provision of health care
- Integrated health care system
- Concept of stewardship, regulation, public private partnerships
- 18th Amendment and its effects on DoH
- Re-alignment of the mandate of the DoH
- Re-structuring of the Department of Health and its attached departments
- Human Resource Management
- Health Financing mechanisms
- Health care delivery system at tertiary, secondary and primary level
- Delivery of integrated primary care
- Issues related to local government system at the district level
- Local ownership and community empowerment
- Decision on demand driven or system oriented health interventions
- Procurement capacity and pharmaceutical supply and distribution systems
- Monitoring and Evaluation mechanisms

7 Structure of the Final Reports

7.1 The Health Situational Analysis 2011

The HSA is a tool, offering a systemic, updated, reliable and concise view of health sector - including its structure, resources, services, performance and dynamics. By providing a map of the sector built to the maximum extent on facts and evidence that is verified and not based on beliefs and rumours, the HSP intends to help the DoH and their partners to agree on the way forward and their respective roles in the process. The HSA is not an evaluation or a programme review, rather it draws and extracts from these key documents to describe how the system works.

The Health Systems Profile (along with other pieces of analytical work) can be used to:

- offer national stakeholders a broad view of the sector they work within;
- brief newcomers (particularly international agencies) about the patterns prevailing in the health sector and offer a map to guide their decisions;
- document and understand the changes introduced in the health sector by the development programmes (and projects) as they reach their conclusion, particularly when there are many stakeholders involved;
- constitute a baseline to inspire and inform discussions about the design of the new plans and programmes.

The table of contents structure for the Health Sector Profile is set out below (based on the WHO Health Systems Building Block Framework and the European Observatory Health Systems in Transition Template).
Executive Summary

1 SOCIO-ECONOMIC AND DEMOGRAPHY
   • Geographic and Demographic overview
   • Socio-Economic Situation
   • National Development and Policy Framework

2. HEALTH STATUS (and trends)
   • Infant and under-five Mortality
   • Maternal Mortality
   • Causes of maternal deaths
   • Overall Mortality
   • Morbidity – changing disease profile to NCDs

3. HEALTH SECTOR ORGANISATION
   • Historical background - development of the health system
   • Organisation of the health system – roles of each level
   • Roles of Non-state providers
   • Governance
   • Regulatory structures

4. HEALTH SERVICES
   • Public Health - National Programmes for prevention and control of major diseases
   • Organisation of health services delivery
     o Primary health services
     o Hospital services
     o Specialist services
     o Rehabilitative
     o Long term care
   • Complementary and alternative medicine
   • Health care for specific populations

5. DEMAND AND UTILISATION OF HEALTH CARE SERVICES
   • Status and trends of health seeking behaviour in Punjab
   • Access to services – coverage - urban / rural, wealth quintiles, public vs non-state service use?

6. HUMAN RESOURCES FOR HEALTH (HRH)
   • HR Policy
   • HR Management Practices
   • Recruitment, Attraction and Retention
     • Production of Health Professionals
     • Workforce establishment (how many doctors, nurses etc)
     • Professional Development and CPD

7. HEALTH INFORMATION/MONITORING & EVALUATION SYSTEM
   • Information Flows and Information systems development
   • Priority indicators for the sector used in the last sector program

8. HEALTH FINANCING AND EXPENDITURES
   • Structure of the Health Financing System in Punjab
Detailed Analysis of Health Expenditure
Equity in Public Expenditure Efficiency in Public Expenditure
Other Out-of-Pocket Spending
Social insurance schemes
Donor Funding
Future Resources for Health
Implications for Health Financing Policy

9. LOGISTICS AND PROCUREMENT OF PHARMACEUTICALS
   Pharmaceutical and medical supply chain management

10. SECTOR RESPONSE
    • Current policy initiatives and status of implementation
      o Harmonisation and alignment
      o Decentralisation
      o Gender mainstreaming
    • Major reforms being implemented
    • New Health Policy and Plans

7.2 Health Sector Strategy

The focus of the Provincial Health Situational Analysis is to identify major constraints to effective delivery of health services and programs at the provincial level and below. The analysis will build on the concept of prioritised health programs, the essential health package and health systems strengthening. However, the district health system should be supported as soon as the Strategy is approved to begin development of up to 3 year implementation plans. Options or scenarios will be developed in keeping with the framework based on the WHO Systems Thinking for health systems strengthening approach as illustrated in Figure 2.

The basis of the Systems Thinking as a problem solving approach is to view "problems" as part of a wider, dynamic system. The approach demands a deeper understanding of the linkages, relationships, interactions and behaviours among the elements that characterize more complex interventions in order to illustrate the full range of effects. Systems’ thinking in the health sector shifts the focus to interconnectedness of the building blocks (see figure 2) including:

- the nature of relationships among the building blocks
- the spaces between the blocks
- the potential synergies emerging from interactions among the blocks
We have started reviewing the literature to extract information about how the systems work at the District level and below. During the inception visit, (insert list of key people to meet)

The provisional structure of the Health Sector Strategy includes the following topics:

1. The conceptual framework for the Province Health System
2. Organisational Development and Governance
3. Planning, budgeting and financial management
4. Monitoring for performance: information flows and systems
5. Improving coverage and quality of services delivery
6. Health Workforce
7. Ensuring the supply of medicines and consumables
8. Gender mainstreaming and Community empowerment

This structure will be refined as we complete the Health Situational Analysis. For each health systems building block, the key constraints affecting services delivery at the Province level and below will be identified and we aim to identify options to address these by building block. The analysis will aim in the options framework to identify the nature of the intervention as well as potential synergies and interactions that these interventions will have on other building blocks.

1 Systems Thinking for Health Systems Strengthening, Alliance for Health Policy and Systems Research and WHO, 2009
Annex 1: List of People Met during Inception Period and to be met during Design Phase

- Secretary Health Punjab
- Additional Secretary Health (Technical)
- Program Director Health Sector Reform
- Deputy Program Director Health Sector Reform
- Director Health Punjab

Annex 2: Building towards the new Program – List of persons to be met and potential linkages with other analytical work

This will be decided after the first formal meeting of the team with the counterpart. (The TORs are yet to be approved by the Punjab Health Department).
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