

Gateway Paper of Pakistan's Health Policy Forum

Launching of the Gateway Paper of Pakistan's Health Policy Forum

Monday, January 9, 2006
Islamabad Serena Hotel, Islamabad, Pakistan



Heartfile



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Event Agenda

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Guests to be seated	2.45 p.m.
Tilawat-e-Quran	3.00 p.m.
Dr. Sania Nishtar, <i>President, Heartfile</i> The Gateway Paper of Pakistan's Health Policy Forum	3.05-3.15 p.m.
Dr. Khalif Bile Mohamud, <i>WHO Representative in Pakistan</i> Fostering partnerships in the health sector	3.15-3.25 p.m.
Mr. Mohammad Nasir Khan, <i>Federal Minister for Health</i> The role of civil society in the health sector	3.25-3.35 p.m.
Chief Guest, Mr. Shaukat Aziz, <i>Prime Minister of Pakistan</i> Keynote Address	3.35-3.45 p.m.
Tea	3.35-4.30 p.m.



Welcome Address

Dr. Sania Nishtar
President, Heartfile



Welcome Address

Dr. Sania Nishtar
President, Heartfile

Mr. Prime Minister,
Minister of Health,
Secretary Health,
WHO Representative in Pakistan,
Members of Pakistan's Health Policy Forum,
Ladies and gentlemen,

Asalamualaikum and a very good afternoon.

It is indeed a privilege to be welcoming you all to the launch of the Gateway Paper of Pakistan's Health Policy Forum.

The forum is the first health sector think tank within the country designed to assist with the development and implementation of health and related policies. It is independent and completely neutral, housed within the non-profit private sector and presently comprises more than 60 organizational and more than 100 individual members.

This is not an effort which started de novo; it has a significant historical perspective, which I would like to share with you. As a research and policy organization, the NGO Heartfile has been in a tripartite partnership with the Ministry of Health and the World Health Organization for the last three years; we have developed the strategic framework for and technically support the 8th national public health programme, which focuses on non-communicable diseases.

During the course of implementing this programme, we realized that the determinants of failure in health sector are closely interlinked with a very complex interplay of social sector and overarching processes. I am strongly of the opinion that addressing these impediments necessitates strategic thinking, pooling of intellectual capital, mainstreaming the voice of the people and the civil society, and fostering a collaborative environment between government department and various non-government stakeholders.

I must gratefully acknowledge the support of Ministry of Health because six months ago when I expressed this concern to them and conveyed my willingness to assist with the establishment of a policy level think tank, I was strongly encouraged to do so. In fact, the Ministry of Health was the first one to sign up to the membership of this Forum. I must congratulate the Minister and the Secretary for this very bold decision because I think this is an indication of their true commitment to bring change for the better.

For the Prime Minister to be present at a Forum such as this is very significant indeed, because it demonstrates how your policies on inclusiveness and private sector participation are translated into action. We are very grateful for your presence here today and feel very encouraged. We hope to mobilize the intellectual capacity within this think tank to assist you and the leadership within the Ministry of Health with the implementation of your policies in every possible way.

Within this context, the Gateway Paper has a very specific purpose. It is called a Gateway Paper because it is meant to serve as an opening of a new effort within the health sector, to initiate a dialogue on health systems. Let me take a moment to explain what the significance of health systems is.

Many a times, when we talk about issues in health and the health sector, we try and find solutions to them in isolation be it preventive interventions in specific disease domains; bringing management changes in hospitals to improve the delivery of curative care; developing service delivery options by contracting out arrangements; legislation as a stand-alone intervention, and so on and so forth. These interventions are very important in their own right and make segments of a very complex jigsaw, in which each intervention is related to another. Health is the most complex social sector system.

A range of services are provided by state and non-state healthcare providers. These require a number of inputs at a human resource level, quantitative, qualitative and deployment and credentialing-related issues come into play, whereas on the other hand, access to drugs and supply are determined by a number of taxes, tariffs and commercial interests. There are various ways of financing these services; whether it is through out-of-pocket payments, tax-based revenues, or through insurance options. And then this complex sectoral interplay has to be sited within the right policy environment and needs to be regulated. You cannot extricate the policy and planning considerations of one from the other, which is why it is critical that we look at health from within a systems scope.

Perhaps the Gateway paper is an initial attempt to put the very complicated jigsaw puzzle together. This is just the just the right time to be doing such a thing; I say so because of two reasons:

Pakistan is, with your leadership, experiencing economic growth and has additional fiscal space; this, coupled with several parallel reforms related to devolution and privatization and the injection of new resources, makes reforms within the health system a viable proposition.

And secondly, because the leadership within the Ministry of Health is proactive in its efforts to streamline systems; we have seen the influx of additional resources, strengthening of several programmes; the Minister needs to be lauded for the several bold acts of legislation which was neglected for the last 50 years. We have visionary senior bureaucrats who are desirous of change and never before has the Ministry of Health's sister agency the WHO - had a representative who has the interests of the Pakistani population so close to his heart. From the Forum's perspective, we see willingness on their part to build on the strength of partnerships.

Within this context, the Gateway Paper reviews health systems since 1947 and presents a members viewpoint on the proposed direction of change. Essentially, these focus on systems reforms in four broad areas; the first includes changes within the health system itself, the second talks about broadening health to an inter-sectoral scope, the third focuses on overarching measures whereas the fourth focuses on evidence.

Within the health sector, the Paper focuses on specific areas of capacity enhancement that is realistic and achievable and about the need for priority-setting in the local Pakistani context and institutionalizing these priorities. This section also lays emphasis on alternative service delivery and financing mechanisms. The Paper reviews the existing contracting out models being introduced in state-owned basic healthcare facilities and existing government initiatives that grant autonomy to hospitals and suggests practical steps to make these equitable and sustainable, and in doing so, it connects with failed attempts in the past.

In such models, it talks about mainstreaming the role of private sector, leveraging on their strengths to deliver preventive services and efficiency into the delivery of services through private sector entrepreneurial talent. But it does not talk about privatization of health as is sometimes envisaged. It conceptualizes a transparent framework which will enable the state to deliver health-related public goods and priority services universally with the participation of the private sector.

Dovetailed with these, the Paper discusses alternatives to tax-based revenues for financing health. And outlines how the base of the employees Social Security Scheme, which currently covers 3.6% of Pakistan's workforce, can be broadened, how social health insurance can be mainstreamed as an option for financing health within the ambit of a broad-based social protection strategy; and here it connects with the work being conducted by the Planning Commission and several multilateral agencies, proposing how the health sector can benefit from it. The Paper outlines measures that can be taken to streamline the existing safety nets.

The directions for the health sector make a very strong case for strengthening the stewardship and regulatory role of the state in the new service delivery models. The state has previously played the role of a financier, provider and regulator of services, and as part of the new service delivery arrangements, the Paper supports an enhanced regulatory and normative role.

Its second set of recommendations has to do with broadening the scope of health to its inter-sectoral scope. The diverse grouping of Forum partners has a rationale, which is grounded in the belief that factors which determine health status range much broader than those that are within the realm of the health sector; we are aware that population health outcomes are strongly influenced by socio-economic inequalities and level of education. And then on the other hand, we are also aware in a contemporary context, that other factors such as natural disasters, humanitarian crises, macro-environmental changes and decisions even as broad as liberalization of trade under WTO, can all be detrimental to health status whereas on the other hand, we are aware of the benefits that the application of strong managements skills and technology can bring to the health sector.

And therefore, in addition to public sector and private sector healthcare provider and donor and development agencies and professional associations, we also have management consultants, technology, and centre for poverty in this grouping. Within this framework, the paper makes a case for redefining objectives and targets within the health sector, siting them within an explicit policy framework and the creation of inter-sectoral agencies, which expand our definition of health from prevention and cure to health policy.

The third area of reforms talks about overarching processes and here the Paper discusses how delivering services could leverage a mechanism of social protection, frameworks for public private partnership and civil service reforms, which make working environments conducive.

The fourth area is about evidence and the need to set directions based on evidence as these reforms get on their way to being implemented.

The Paper, in each section, teases out issues and their possible solutions and in the last couple of pages, it sifts out the essence of what additional institutional mechanisms need to be established or strengthened or reconfigured, what normative roles do the stewards of health need to play and what additional policies would be necessary to support this reform.

I am pleased indeed to have contributed time to this document because I think it is the responsibility of every responsible citizen to contribute in any way possible, even if they work outside the system. However, this is a viewpoint and we will now deliberate on this further within the Forum. I would like to thank members of my staff who have assisted me in writing this paper and the inputs of several colleagues who have been acknowledged in the document.

Since I have the opportunity to work in different parts of the world, I know that such groups always sit on the other side of the table with the governments. Our case is unique perhaps. And whereas we are thankful to the government, we hope to be able to strike a balance between playing a supportive role and retaining

our intellectual independence so as to ensure that decisions are based on evidence and have broad-based consensus within this democratic forum because I feel that in doing so, we will also serve the ancillary purpose of strengthening the societal political culture, which is an important objective of think tanks.

However, we realize that is the mandate and the responsibility of the government to provide health to its citizens, we are there to assist them and to ensure that it is done in the best way possible.

Thank you, once again Mr. Prime Minister for gracing this occasion.



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**ostering partnerships in
the health sector**



Dr. Khalif Bile Mohamud
WHO Representative in Pakistan

Fostering partnerships in the health sector

Dr. Khalif Bile Mohamud
WHO Representative in Pakistan

More than 27 years ago, the international public health movement culminated with the Alma Ata Declaration strongly reaffirming that health, which is a state of complete physical, mental and social well being, and not merely the absence of disease or infirmity, is a fundamental human right, and that the attainment of the highest possible level of health is a crucial social goal. This charter defined the range of the essential services required, and stressed on universal access, while endorsing the concepts of equity, community participation and inter-sectoral action. Twenty-five years later, Alma Ata aspirations have generated a wider global consensus resulting in the formulation of the MDGs, where health assumes even a greater role in promoting the process of development and poverty reduction, which in its own right represents a significant opportunity for the renewal of Health for All and the Primary Health Care approach in Pakistan.

The Gateway publication raises fundamental issues in health system reform and provides avenues for debate and action. The publication makes a strong case for system reforms and provides recommendations for each health system domain, reiterating that the primary role of the state lies in linking national priorities with the utilization of sufficient public funds for the health sector. This discussion demands the reiteration of the concept of public goods for health which determines the universal health right through unlimited access to a large number of essential and life-saving services. The benefits of these essential interventions labeled as public goods for health are defined as goods and services that are “non-rival” and “non-excludable.” Based on this concept, once these essential services are provided, no one can be excluded from their benefits, and their consumption by one person does not diminish the consumption by another. For instance, no one in a population can be excluded from benefiting from a reduction in risk of infectious diseases. The reduction in the incidence of communicable diseases benefits the entire population. These interventions remind us of the historical gains of smallpox and guinea worm disease eradication in Pakistan in 1976 and 1996 respectively, as well as the current imminent and attainable goal of polio eradication. Public goods for health also include the diverse and multipurpose interventions of health promotion and education that determine our knowledge, attitude, and behaviour to health risks and health protective actions that we undertake.

The control of a wider range of communicable diseases, the delivery of essential maternal, neonatal and child care services contributing to the attainment of the MDGs, the provision of safe drinking water and sanitation, and the delivery of numerous other essential life-saving interventions at the primary health care level all fall within the domain of public goods for health.

For national policy makers, these universal health determinants give rise to a paradox, whereby although there is a significant benefit to be gained from them by the overwhelming majority of the population, there is no commercial incentive for producing them, since the low-income community, though desirous of accessing these services, cannot often do so through direct out-of-pocket payment. Being the custodian of national public health, the government has, therefore, a direct responsibility for the continuous and permanent delivery of these essential public goods for health.

On the other side, let me affirm the overwhelming confidence of WHO that Pakistan's health policy and programmatic strategies are absolutely on the right track, with the health system geared towards ensuring universal access to essential interventions through community outlets and a network of primary health care facilities and hospitals. This understanding is substantiated by the successful pace of many national programmes such as the control of Tuberculosis using the DOTS strategy; the Expanded Programme on Immunization, eradication of Polio; Roll Back Malaria; HIV/AIDS; the launching of a national programme on Maternal, Neonatal and Child Health; control of viral Hepatitis infections; Prevention of Blindness; the National Nutrition Programme, and the visionary National Programme for the Prevention and Control of NCDs for which a national plan of action has been produced as a result of collaborative efforts between Ministry of Health, Heartfile and WHO. These priorities perfectly synchronize with WHO's global vision of public health, as they create more synergy and focus in attaining the set health targets through cohesion and unity of purpose.

The devastating earthquake that hit northern Pakistan on 8th October, 2005, posed an unprecedented challenge to the health sector, whereby over 150,000 casualties were to be provided essential emergency and life-saving health care with over 40,000 serious surgical operations demanding an exceptional organized efficiency in service delivery. Subsequently, the earthquake posed the imminent risk of large-scale disease outbreak that has the potential of leading to loss of life comparable to that of the earthquake itself. The health system stood firm and effectively handled this historical challenge and has successfully averted both the casualty and disease epidemics related waves of deaths. Moreover, the national coordination has provided a unique conducive environment for the international health relief partners to operate smoothly and effectively in the country.

Likewise, the establishment of a comprehensive network of disease surveillance with 130 reporting sites from the health delivery system in the affected areas and the launching of Mental and Psychological Support Services is yet another testimony of the unlimited capacity of Pakistan's health care system to cope with these massive challenges. This emergency has generated undisputable evidence that if the public sector exploits its maximum capacity, it can produce a highly reliable level of efficiency. During this disaster, 45 potential epidemics were prevented successfully, while the few detected disease outbreaks were timely addressed, resulting in either minimal or no loss of life.

WHO would like to salute the Government of Pakistan and the Ministry of Health in particular for forcefully driving these initiatives forward. It is not by coincidence that the Honorable Federal Minister for Health, Mr. Mohammad Nasir Khan was the elected Chairman of the World Health Assembly in 2004 and President of WHO Executive Board for 2005-2006. It goes to his credit and that of Secretary Health Syed Anwar Mehmood for creating an enabling environment conducive to the establishment of the Pakistan Health Policy Forum. The pioneer inspirer of this forum Dr. Sania Nishtar is one of the most creative public health think tanks of Pakistan, whose role is particularly recognized by the leadership of WHO at all levels. We commend her efforts in preparing this Gateway Paper, which lays the basis for an evidence-based, transparent and participatory debate on the most critical issues revolving around the entire process of health policy formulation and programmatic implementation. The document rightly advocates the strengthening of the role of the State as the principal steward of the health system, which is fully consistent with the global health development strategies of WHO.

As outlined in the Gateway publication, we are confident that the Health Policy Forum will explore viable options for regulating the private sector in order to ensure the quality and affordability of its preventive, promotive and curative health care services, wherein equity and access to health care emerge as issues of paramount importance. The major Health Forum agenda items outlined in the paper also include the delineation of futuristic pathways of health policy formulation; the need for in-depth analysis of the medium and long-term goals of targets set for the sector and the pursuit of an evidence-based approach to public health policies along with many other contemporary challenges facing the national health system.

These overwhelming challenges of the health sector are today compounded by the threats of new emerging disease. A case in point is the H5N1 strain related Avian influenza virus, which first infected humans in Hong Kong in 1997. Since mid-2003, this virus has caused the largest and most severe outbreaks in poultry on record, and affected over 100 persons in Cambodia, Indonesia, Thailand and Vietnam with a fatality rate as high as 50%. Through a partnership between WHO and the Ministry of Health, a surveillance system capable to detect emerging influenza strains in Pakistan was recently put in place. This initiative has strong linkages with the globally recognized preparedness response action against this and other communicable diseases.

Good health is a fundamental resource for equity-based social and economic development, and Pakistan has been making special efforts by enhancing its investment on the population's health over the past four years. We earnestly hope that this positive trend is sustained in the coming years to ensure that the health sector can carry on its heavy agenda on a sound footing.

Before I conclude, I must express my gratitude to the Prime Minister for being amongst our midst here today, which augers well for the future of the health sector in Pakistan, and the realization of its set fundamental goals. On our part, we can assure the Government of Pakistan of the fullest support from

WHO along with other partners in addressing the health issues of the country and our strong alliance with the vision charted for the Pakistan Health Policy Forum.

In our committed resolve to achieve the noble goals of public health, we must realize that tomorrow will not be yesterday, and that yesterday's answers, though they brought glory to public health, may no longer serve tomorrow.

In the end, I will leave you with a couplet from Allama Iqbal:

'Dil se jo baat nikalti hai asar rakhti hai
Par naheen taqat-e-parwaz magar rakhti hai'



**The role of civil society
in the health sector**

Mohammad Nasir Khan
Federal Minister for Health



The role of civil society in the health sector

Mohammad Nasir Khan
Federal Minister for Health

Honourable Prime Minister of Pakistan, Mr. Shaukat Aziz
Secretary Health, Syed Anwar Mehmood,
President Heartfile and founder of Pakistan's Health Policy Forum, Dr. Sania Nishtar
WHO Representative to Pakistan, Dr. Khalif Bile Mohamud,
Members of Pakistan's Health Policy Forum,
Ladies and Gentlemen

It is my proud privilege to be addressing an august audience gathered here. The presence of the Prime Minister of Pakistan, Mr. Shaukat Aziz, reflects the government's earnest desire to accord high priority to health and to support innovative solutions to improve health outcomes within the country. Let us give a standing ovation to the Prime Minister for leading all health initiatives from the top.

The government's health policy is based on preventive health, which is the most cost-effective strategy. I am confident that the publication that has been delivered to us today will serve as a useful tool in further strengthening the healthcare systems within Pakistan. I congratulate the author Dr. Sania Nishtar for this remarkable piece of work.

As we all know, the civil society plays a critical role in achieving health sector outcomes particularly at the grass roots level. Speaking in the context of health, NGOs and the people of Pakistan possess innumerable strengths that can complement the functions of the public sector in some areas where it is focusing. The civil society can bring value to health delivery; there are specific areas where the strengths of NGOs, the civil society and the people can be harnessed. These include advocacy, technical support and outreach services.

The successes of preventive programmes show close partnership. The civil society, through the government's support, is contributing to the accomplishment of several programme-based public health interventions currently being implemented across the country. Several NGOs are assisting with the prevention and control of HIV/AIDS. We have the example of Mercy Corps lending assistance to the Tuberculosis Control Programme, Save the Children pooling its expertise in the area of reproductive health, Marie Adelaïd and Aid to Leprosy Patients spearheading leprosy control under the umbrella of a successful public-private partnership model with the Ministry of Health; Sight Savers playing a role in the prevention

and control of blindness, and Futures Group and Green Star predominating in the area of social marketing for contraceptives. The role of many NGOs in the tobacco control initiative has also added value to the government's efforts for prohibition of smoking in the country.

The government is trying to bring innovative change and has found partnership as being the best tool. One good reflection of this partnership is between the Ministry of Health and Heartfile. This partnership is in the area of prevention and control of non-communicable diseases and health promotion; it has been recognized as one of the pioneering concepts in health. This unique tripartite public-private partnership has also been recognized in the World Chronic Disease Report of the World Health Organization as a model public-private partnership in health. The commitment of the government towards healthcare is reflected in the increasing health budget, which has progressively increased from 3.4 billion to 10.5 billion this year, apart from the Hepatitis Control and Control of Blindness programmes.

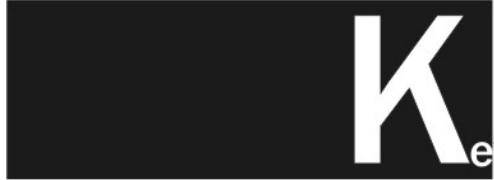
A very recent example of the miracle of partnership with the civil society was witnessed in the wake of the October 8 earthquake, which placed enormous stress on the healthcare system. As many as 140,000 patients were seen, of them 75,000 were seriously injured, 45,000 serious operations were performed, 27,000 health professionals were mobilized from within Pakistan and 1,500 doctors from overseas rushed to assist the country. The Ministry of Health will be providing 100 Basic Health Units. 60 for Azad Jammu and Kashmir and 40 for the North West Frontier Province.

The Ministry of Health responded to the earthquake by establishing a Disaster Management Committee in order to manage the relief operations undertaken by various national and international partners, to coordinate relief distribution and to monitor progress in implementation. This committee entrusted responsibilities to various national programmes vertically aligned with it. The Expanded Programme on Immunization was mobilized for mass vaccination, the National HIV/AIDS Programme for blood transfusion; the Malaria Control Programme for fogging, the district teams and LHWs for provision of primary healthcare and the Health Management Information System for human resource assessment.

We appreciate the help of NGOs but if someone says it was the critical NGO it is totally wrong. It is the Ministry of Health that has been spearheading the initiative, with the Prime Minister leading from the top. Prime Minister Shaukat Aziz himself made 42 trips to the affected areas. In my opinion, the biggest NGO that rose to the devastating tragedy is the people of Pakistan.

All these experiences have further strengthened our faith in the power of partnerships. Pakistan's Health Policy Forum offers an opportunity for us to link with a range of stakeholders. The coalition built by Heartfile includes many partners and valuable points of focal contact that we, in the Ministry of Health, intend to extensively utilize for the common good of our people. In conclusion, I would like to compliment Dr. Sania Nishtar for her dedicated efforts in providing a direction for strengthening health systems in Pakistan. The Gateway Paper will prove to be a useful starting point for dialogue in which we will fully participate. I would

also like to thank the Prime Minister, Mr. Shaukat Aziz, for having spared time from his busy schedule to be with us here today.



Keynote Address

Shaukat Aziz
Prime Minister



Keynote Address

Shaukat Aziz
Prime Minister

The honourable Minister of Health
Secretary Health,
Dr. Nishtar,
WHO Representative,
Excellencies,
Ladies and Gentlemen,

It is a real privilege and pleasure for me to be here in your midst at the launch of what could be the turning point in reforming the health sector in Pakistan. As you all know, ladies and gentlemen, anything we do needs constant change and re-examination, otherwise things get stale; the health sector is no exception. The world is moving ahead even diseases are globalizing. Today, we have Avian Flu because birds fly from one country to the other and much more is happening around us so we have to think within and without and come up with ways of facing challenges as we go ahead. The health sector is critical to any country and any group of people because a healthy body and a healthy mind are critical for a nation's success.

We have worked hard to increase the resources available for the health sector but much more needs to be done. In many of our ministries, we do not always have the expertise of the discipline which pertains to the ministry. This may sound funny but this is true. Many ministries are run by Generals but in the health ministry and the health functions in the government, we are very privileged that we have professionals who understand the health sector and are working hard to reform it.

Also, I have often said that the only constant in life today is change and the health sector is no exception. So as we look at how we reform the health sector, there are two ways to approach it - one, give more money and do what you are doing in a bigger, broader and better way; the other is to step back, reflect, see if you can totally re-engineer what you are doing and then spend the money. Mostly, governments are a victim of incrementation, which means you keep taking one step at a time but either one doesn't have the skills, the motivation, or the time and effort to step back and totally re-engineer. Countries which have succeeded have stepped back and totally re-engineered themselves. Pakistan also, in six years, has re-engineered in many sectors. Tinkering will not be the only solution you have to re-design. And in many sectors of what we are doing in Pakistan - be it the economy, be it defence, higher education or several other sectors; we have totally re-engineered. And this is what the challenge is for the health sector.

Now, as you step back and think as to where you have to go, clearly, you must get the right people in the room. And I am very pleased to see that there are so many of you here and many who are members of Pakistan's Health Policy Forum so that many inputs can come in. One always knows that there is no exclusive to wisdom. One must develop the capacity to hear, listen, interpret and utilize. Closing our doors is a sign of insecurity. Opening our minds is the key to success. So what we are doing in the health sector today is opening our minds. And I think you all agree with me that the Heartfile effort and Dr. Nishtar's effort could clearly go a long way in re-engineering the health sector. So let's all give her a big hand for all she has done.

Now, the other point which is important and not necessarily specific to the health sector is that we have quite a good collection of people within the country who know various disciplines, and very often, we tend not to use their skills. Very often, the ministries feel they are competing with such entities but I am pleased to see that in the health discipline, we are all working together. If other countries can ask for our assistance, why can't we assist ourselves in these sectors? I think the Ministry of Health here needs to be commended; the Minister, the Secretary and the others that they have asked local talent to come together so that we can come up with a roadmap to define the health paradigm of the future.

Now, as the Minister just said, we have increased our funding over the years quite substantially for the health sector and this will keep continuing. We have a total today of almost 31 billion rupees being spent in the provinces, districts and the federal government. I am giving you a holistic view of the number but just increasing this number will not get us there. We really have to deliver services better. And the way I look at health services, there is preventive, there is curative and then how you deliver services at the primary level, the tertiary level and the intermediate level as I call it because that is a very important part of our health paradigm.

Now, in the preventive side, for example, one afternoon in my office, I was looking at a report about the quality of water in the country, and if most of you saw it, you would stop drinking it. It is pretty serious. So that told us that we have to take some preventive measures and we have a massive programme. Implementing is a task but we are starting now to provide safe drinking water to the people of Pakistan. We can do that in a holistic manner. Then you can cut diseases like Hepatitis and many water-borne diseases I will not recite them for you today because you know most of them. So here is a case where clean drinking water and sanitation can help really prevent a lot of diseases. There is no point worrying on the curative side when you are not doing enough on the preventive side. So that's the paradigm we are trying to achieve. The extra programme that we started on Hepatitis – A disease which is really growing rapidly in the world including Pakistan was a reflection of the increasing water-borne diseases. You (points at the Minister) have a lot of money which will create awareness, help people on the treatment side, and then as the awareness improves, hopefully we will also improve the drinking water quality and the sanitation. So we will continue on the preventive and curative side.

Now in terms of our outreach, we have the Basic Health Units, which is one component of delivery, and the Lady Health Workers, who form a very important part of delivering services door-to-door, particularly in the rural areas; and then we have the district and tehsil hospitals and the tertiary level sophisticated specialized hospitals; all of these are getting more resources so that they can deliver better.

What we see now in the health paradigm is a change. Technology is playing a very important part especially in the diagnostics. Today, if you don't have the machines, you may have the best doctors but you will only constrain their ability to perform and vice versa. Machines alone are not the only requirement you need good doctors too. So you have to balance both. And what we are trying to do is change the whole health delivery paradigm. Now what do I mean by that? Without going into too much detail, let me say that we are all for autonomy of hospitals; we are all for making sure that the hospitals even if they are government hospitals may consider even out-sourcing a lot of services. And I know this makes people nervous. But in many developing countries, operations of hospitals have been given to hospital contractors and the delivery of services has gone up and the cost has gone down. The same doctors are happier because they are now working much better and they are still government-owned hospitals but with an active board and out-sourcing to contractors. And there are huge companies in the world who manage delivery of health services and do it very well. What I am saying is that we have leakages in our system.

Ladies and Gentlemen, there was a point made about the private sector's role in the delivery of health services. I must be open and sincere to all of you. I think the private sector has an important role to play. The public sector has a role in making policy and ensuring a minimum delivery to everybody but clearly, the public sector alone cannot deliver the entire health system. So the private sector's role has to be encouraged. And let us not have this notion in our minds that all private sector delivery of social services including healthcare is elitist that is not true. There are many private sector delivery organizations that are really touching the hearts and minds of people by providing low-cost, efficient and reliable delivery whether it is healthcare or education both. But we always look at the elitist or the more expensive hospital even there, there is a tiering. The people who can pay are indirectly supporting the people who cannot. And we have examples right in Islamabad, where this mix is there. We need to encourage this paradigm.

Also, today's event, ladies and gentlemen, gives us a good indication of the public-private partnership in designing policy. Policy, no longer, can be designed in isolation. And with all these entities participating, hopefully what we have seen today and what we will see going forward will result in a better healthcare system for Pakistan.

Let me also say, ladies and gentlemen, that policy-making is clearly important; you need to brainstorm; you need to get your priorities right. Where we really fall down in Pakistan is implementation. So good policy is essential but implementing policy is even more essential. Policy implementation has to be measurable. The policy itself has to be results-oriented. Our biggest challenge in government is making our activities results-oriented.

Do you know that all the ministers and ministries now are on a goals programme. Every quarter, I sit with them. And these are not funny meetings; these are very serious meetings with deadlines and dates. Why? Because we tend to relate activity to results. So now it is changing but initially when I went through these reviews, and I asked the minister or the secretary concerned, 'what have you done about goals,' the answer was 'well, we've had six meetings and the seventh is next week.' And I said, excuse me, stop right here. What I am looking for is not activity. I am not interested in your schedule for the day that you manage. What we are interested in is results. Tell me what the results are. Tell me what is preventing you from achieving the results and then we'll have a good conversation. Now it sounds so straight-forward and simple but this is one of the biggest challenges in government, to work for results, not just activity. We are long on activity and usually short on results. And this applies to the whole country.

The paradigm we are trying to develop in every sphere; today we are talking about healthcare, tomorrow it could be something else. And remember, an activity which is unfocused, directionless, and not results-oriented, is actually wasting the nation's money and time. Time is money. So if you are having meetings with no results or if you are having events which don't produce any results, that is money going down the drain and we really cannot afford that. Our current and future generations will never forgive us if we don't work for results. So that is why this results-orientation and goals programme is going on and is helping us in such a major way.

Now the Health Minister very appropriately mentioned the earthquake. First of all, let me say that the total number of visits not trips (because I could have three visits in one trip) my military secretary just told me, has so far been 64, not 42. And they are continuing. I have some tomorrow. I have some during the Eid period. Why does one do this? In a major crisis, where people need help and where people need to be given care, the government has to be seen to be acting. The government should act and it should be visibly there. Having talked to many glazed eyes and empty faces, because the worst thing in an earthquake apart from physical injury and dislocation is trauma. Psychiatric care, psychological care, nursing care. We lack in many of these disciplines. You have to provide camp management. I finally asked the Health Minister and he did a great job. There was no concept of camp management. Except for UNHCR, really nobody knew what camp management is. Where are the toilets; where is the water supply; how do you design a camp, etc. And that can help make things easier or make things difficult.

So the earthquake really was and is a test for the country and the nation. It is a major challenge and we are still dealing with it. Many experts who have come from around the world have confirmed that the way the government, the army, and the other functionaries have handled this crisis is really very commendable. And who did this? The people of Pakistan, the people in the region everybody worked very hard.

Today, we have a lot of work to do in the health sector. We have to meet the Millennium Development Goals. In addition to money, we need directional changes, effective policies, efficiency and constant evaluation of progress. The resources allocated to the health sector must be used transparently.

Today's effort is unique and for this, I would like to compliment all stakeholders. We must involve the civil society, the people, and the NGOs so that their perspective is also reflected. Openness leads to transparency, good governance and reduction in corruption. The challenge, ladies and gentlemen, is to implement for results. In the end, I would once again like to congratulate Dr. Nishtar for her hard work and dedication.

Thank you.