

Institutional integration of population and Health in Pakistan

GRANT PROPOSAL

Submitted by
Heartfile, Islamabad
Pakistan

I. Background Information about the organization

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The mission and activities:

Heartfile is a Pakistan-based non-profit, health-sector NGO think tank, recognized for its pioneering contribution in the area of health policy, public health planning, and disease prevention and control.¹ Its scope of work within Pakistan involves catalyzing change within the health sector for the purpose of strengthening Pakistan's health system. In doing so it recognizes population as a denominator for health status particularly with reference to meeting targets such as the Millennium Development Goals. Heartfile plays analytical, technically supportive, and advocacy roles and performs a watch dog function in striving to achieve its mission.

Heartfile has also established and hosts Pakistan's Health Policy Forum (PHPF) – an intellectually independent and neutral health sector stakeholder forum, which assists Heartfile in augmenting its role by leveraging the strengths of partnerships.² In addition to being a stakeholder forum, PHPF also acts as a mechanism of mainstreaming the contributions of the civil society in the decision making and accountability process. Currently, membership of the Forum includes more than 70 institutional and 100 individual members, including reproductive health-related organizations in Pakistan.

With reference to its legal status, Heartfile is a non governmental organization registered in Pakistan since 1999 under the "Societies Registration Act 1860" (*Appendix A: Certificate of Registration*). The organization has been founded and is led by Dr. Sania Nishtar (*Appendix B: Curriculum Vitae*) and has received funding from international multilateral and bilateral donor sources (*Appendix C: last audited accounts*).

II. Evidence showing need for the project

Population can truly be regarded as the denominator for health status in view of the demands that increasing population size pose for health systems. This consideration is of particular relevance to Pakistan, which is the 6th most populous country in the world with its current population estimated at 160 million – expected to double in another twenty years.³ Although the *Population Growth Rate* has declined from over 3% in the 1960s and 1970s to the present level of 1.9% per annum, it still remains an unacceptably high rate of growth compared to other developing countries, given that 2.9 million people are added to the country's

1 <http://heartfile.org>

2 <http://heartfile.org/policy.htm>

3. Government of Pakistan. Estimate of Population of Pakistan in 2005. Islamabad: Federal Bureau of Statistics; 2005.

population each year. In absolute numbers, almost 111 million persons have been added to the population during the last 44 years (1961-2005). This is compounded by the increasing movement of the population to urban areas; in 1951, six million people lived in the urban areas of Pakistan whereas presently, one-third of the population lives in cities.⁴⁵

Increasing population size per se, has a number of implications for health. Firstly, within the context of health service delivery in general, the issue of coverage emerges. Secondly, maternal and child health-related services need to be responsive given that 4 million children are added to the population each year and more than 4 million women go through the reproductive process. Thirdly, increase in life expectancy has brought chronic non-communicable diseases to the forefront as a major contributor to disease burden, highlighting the need for responsive public health solutions as a priority. And lastly, service delivery arrangements now need to cater to population dynamics in terms of rural to urban migration trends, for which there is evidence. In addition the high ratio of unmet needs for family planning, which has not come down despite the increase in Contraceptive Prevalence Rate and decline in Total Fertility Rate is instructive to policy making within the sector.^{6,7} These considerations demand a multi-sectoral systematic approach for ensuring universal access to quality services, dovetailing these with health service delivery mechanisms. As opposed to this, institutional arrangements for the delivery of health and population exist as separate entities within Pakistan.

With reference to *health status as relevant to the population paradigm*, it is important to note that key health outcomes which have been the focus of targeted interventions over the last several decades such as maternal and child health and infectious diseases have remained relatively intransigent and despite process and intermediate outcomes' level improvements, trends have not been favorable. The current Under 5 Mortality Rate, Infant Mortality Rate and Maternal Mortality Ratio stand at 103, 76 and 340 respectively; these are one of the highest in the south Asian region. This has been so despite the existence of an extensive public health infrastructure in the country, more than six-fold increase in health budget over the last ten years and progressive quantitative increases in human resource and health facilities since the inception of the country. Recent health systems reviews have pointed to systems-level challenges particularly at the level of governance and the financing of health services and its delivery, to which this intransigency can be attributed.

In its capacity as the only health sector think-tank in the country, Heartfile is focusing on addressing these issues as part of its scope of work in order to mainstream health reforms in Pakistan on a health systems approach; as a preliminary step in this direction "The Gateway Paper" entitled 'Health Systems in Pakistan: a Way Forward' has been published and released;⁸ the purpose of this document is to articulate the *raison d'être* for health systems reforms in the country, propose a direction for reforms and emphasize the need for an

4. Government of Pakistan. 50 years of Pakistan: Volume-1 Summary. Islamabad, Pakistan: Federal Bureau of Statistics, Statistics Division; 1998.

5. Government of Pakistan. Population Projections, Summary Indicators, 1998-2023. Islamabad, Pakistan: Planning Commission; 1998.

6. Government of Pakistan. Population Projections, Summary Indicators, 1998-2023. Islamabad, Pakistan: Planning Commission; 1998.

7. Government of Pakistan. National Institute of Population Studies. 2006

8. Pakistan's Health Policy Forum. <http://heartfile.org/policy.htm> (accessed Jan 31, 07)

evidence-based approach to reforms.⁹ The second in the series of Gateway Papers entitled “Gateway Health Indicators” is in the publication pipeline.

One of the critical systems challenges in health relates to the gap in its linkage with population – conceptually, administratively technically and operationally. The population-health *strategic* and *operational* disconnect is deeply embedded in structural administrative and institutional issues within the country. A number of attempts have been made in 1970, later in 1980 and most recently in 2000 by the federal government, the Multi Donor Support Unit and later by the Asian Development Bank Reproductive Health Program, for integrating population and health. However, all these initiatives used mergers of ministries as an entry point to integrating population and health. This modality of integration is never likely to succeed if approached upfront due to the direct interference with political motives. However, on the other hand, many opportunities exist to create better linkages for improving outcomes through approaches that are less threatening and more acceptable to stakeholders on both sides. For example, the existing quasi-integration of population and health, at the Executive District Officer level, under administrative devolution can be further built upon; population welfare services can also be integrated for patients/clients in the newly evolving public-private partnership frameworks that the health sector is pursuing. In addition, family planning can be brought on the mainstream agenda of the Ministry of Health and integrated with programs such as the Lady Health Worker program.

Heartfile has a commitment to develop sustainable solutions for strengthening Pakistan’s health systems; it therefore envisages addressing the aforementioned issue through a multi-phased approach for which it seeks to partner with the David & Lucile Packard Foundation. The rationale for this partnership also stems from the successful involvement of the latter as the lead agency in the population group of Pakistan’s Health Policy Forum.¹⁰ This was also evidenced recently by the powerful impetus that both agencies gave to advancing the population and health integration agenda through the collaborative co-hosting of the Post Gateway Policy Roundtable entitled “Population as a denominator for health” – one of the only meetings where the secretaries of the health and population co-chaired. The partnership aims to bring about quantum changes in the population and health integration within Pakistan.

The overall **Goal** is to slow the rate of growth of Pakistan’s population by expanding reproductive health options and services within the country through optimal synergies between the population and health programs.

The **Envisaged** outcomes are:

1. To institutionally integrate the delivery of population and health services in Pakistan
2. To mainstream population planning and the delivery of its services into health policy and planning

9. Nishtar S. The Gateway Paper. Health Systems in Pakistan – a Way Forward. Heartfile and Health Policy Forum, 2006 accessible at <http://heartfile.org/pdf/phpf-gw.pdf>

10. Heartfile. Membership of Pakistan’s Health Policy Forum. <http://heartfile.org/policyhtm>

III. Description

The description of the project is described under the two envisaged outcomes:

III.a – Institutional integration of the delivery of population and health services in Pakistan

As already stated, the population and health institutional arrangements need to be integrated within the country to the extent possible and to a degree that will allow synergizing activities, leveraging strengths and enable maximizing of efforts and mitigating duplication. However, in order for this to be sustainable, the proposed strategy will have to be grounded in evidence and based on consensus of all stakeholders. This necessitates a thorough situational assessment, according to which *an action plan* will be developed.

In order for the strategy to be institutionally viable, close linkages will be established with the existing inter-sectoral coordination bodies, such as those that presently exist within the Ministry of Population Welfare and the Ministry of Health, the National Population Commission and others that are on their way to being created such as the proposed consultative committee of donor partners and both ministries. In doing so, stakeholder and institutional participation will be garnered so that this effort builds off and takes into account the existing efforts, resources, stakeholders and mechanisms. It will be ensured that there is no duplication of efforts and that Packard funds are used in areas where Heartfile's think tank leverage can provide additional value to existing efforts. In particular, integration of the proposed strategy with the newly emerging health policy reform efforts will be actively pursued. The action plan will outline mutually acceptable arrangements to dovetail administrative and personnel roles and responsibilities in health and population ministries.

This assessment will be augmented by translational research. This will involve conducting case studies in countries that have been/are involved in the process of integrating their institutional arrangements of health and population. The objective of this exercise will be to identify useful lessons and factors that helped or hindered progress and also to identify if any patterns of transition exist. Active linkages will be built with the Ministry of Population's International support group to leverage their expertise and skills in related areas.

Another component of the project will focus on private sector health care providers as they provide more than 50% of the personalized curative care in the country. This assessment component will focus on utilization of the private sector health care infrastructure for delivering population welfare services and will build further on the experiences of Green Star and Key Social Marketing and other similar efforts in the country. The objective will be to develop a sustainable action plan.

The sequence of events in these areas is outlined in the Table 1 under the column 3 entitled processes, outputs and their measurable targets. For the analytical component of this project, linkages will be established with agencies such as the National Institute of population studies (NIPS), which is the state-mandated with an analytical role with reference to population. The agency has capacity in areas such as institutional assessment, field analysis and some areas related to qualitative research needed as part of this initiative. The Institute also houses archives of the materials, which document past efforts in this area. It is envisaged that these areas as well as others that will be determined during the course of detailed deliberations on

the commencement of this project will develop a proactive partnership between Heartfile and NIPS. This in addition to strengthening the states ownership of the action plan will also create a meaningful public-private interface in the health-population sector.

The two short term outcomes described so far under the envisaged outcome of *institutional integration* constitute the analytical process and the stage of producing *action plans*. The next short term outcome is focused on a *specific* area – data and information systems, as this constitutes an ideal entry point to institutional integration. The specific objective of this stream of work will be to consolidate data collection, collation, compilation and reporting for health and population in an integrated manner. Preliminary ground for this has already been paved; Heartfile is presently working in collaboration with the Federal Bureau of Statistics of the Government of Pakistan to develop a system for the periodic reporting of health statistics and a report entitled ‘Gateway Health Indicators’ is in the publication pipeline; this will form a template for the periodic reporting of health statistics. Population has been strongly featured as a denominator for health status in this report.¹¹

The sequence of events in this area and the deliverables are outlined in Table 1 under column 3 entitled *processes, outputs and their measurable targets*. For the analytical line of work, the sequence of activities will include: consultations, qualitative research, publication of the deliverables as monographs/reports; launching of the reports, electronic and surface communication, insertion of versions in peer review journals, development of policy briefs and communications through meetings with policy makers, staffers and administrators, journalists and advocates. A repository will be created of all the new publications on a new dedicated section of Heartfile’s website, which is widely accessible through its presence in many search engines. The deliverables will be in line with Packard foundations polices and will constitute the analytical and background pieces that would assist with policy formulation; there would be no drafting of specific legislative proposals.

III.b – To mainstream population planning and the delivery of its services into health policy and planning

The two short term outcomes stipulated in this category are: to integrate population into the scaffold of the new health policy and to institutionalize integration of population into the work plan of Pakistan’s Health Policy Forum.

With reference to the former, a scaffold for a national health policy is being developed by Heartfile based on the Gateway Paper’s approach to health systems. Population will be incorporated as a denominator into the proposed framework. With reference to the second outcome, the Heartfile-hosted Pakistan’s Health Policy Forum will garner a broader membership for population agencies both in the public and in the private sectors. Forum Viewpoints will focus more actively on the population-health linkage around which journalists, policy makers and administrators will be briefed. The Health Policy Forum has a broad-based membership, an active system of communicating its deliverables and a responsive arrangement on contemporaneous issues, which is envisaged to assist the overall direction of this project, significantly.

11. Memorandum of Understanding of Heartfile with the Federal Bureau of Statistics.
<http://heartfile.org/hsa.htm>

Table 1. Envisaged long term outcomes, short term outcomes, outputs and their measurable targets ad activities:

Long term outcomes	Short term outcomes	Outputs and their measurable targets	Activities
1. Institutionally integrate the delivery of population and health services in Pakistan	1.1 To conduct an assessment of the administrative, technical and budgetary bottlenecks within the current population and health institutional arrangements and develop a consensus driven plan of action	<ol style="list-style-type: none"> 1. Development of the Action Plan 2. Consensus building meetings on the Action Plan 3. Launching of the Action Plan 4. Key decision makers educated on the action plan 5. Communication of the Action Plan to the National Commission <p>Indicators</p> <ol style="list-style-type: none"> 1. Development of the Action Plan (401, 402, 204) 2. Consensus building meeting on the Action Plan (202) 3. Launch of the Action Plan (202) 4. Number of decision makers educated on the action plan (503) 5. Number of people reached with the printed copies of the report (203) 	<ol style="list-style-type: none"> 1. Consultative meetings with stakeholders in the population sector and stakeholders involved in previous attempts to integrate population and health 2. Consultative meetings with policy makers 3. Consultative meetings with health and population administrators 4. Focus group discussions to assess administrative, technical and budgetary bottlenecks 5. Literature review 6. Development of the draft of the Action Plan 7. Consensus building meeting on the Action Plan 8. Development of the briefing paper on the Action Plan 9. Launching of the Action Plan 10. Decision maker’s briefing and education on the action plan
	1.2 To conduct translational analytical research based on case studies in other countries	<ol style="list-style-type: none"> 1. Publication of the report 2. Key decision makers educated on the report 3. Communication of the report to the National Population Commission <p>Indicators</p> <ol style="list-style-type: none"> 1. Publication of the report (401, 402, 204) 	<ol style="list-style-type: none"> 1. Literature review 2. Translational analytical research involving case studies in 4-8 countries 3. Consultative meetings with policy makers to communicate locally relevant findings

		<ol style="list-style-type: none"> 2. Number of decision makers educated on the report (503) 3. Number of people reached with the printed copies of the report (203) 	
	1.3 To develop a model for sustainably utilizing the private sector health care infrastructure for delivering population deliverables.	The outputs and activities against these indicators would be determined jointly at end of year 1 during the one-year assessment subsequent to the development of the Action Plan and would be guided by the recommendations of the action plan	
	1.4 To configure health information systems to collate and interpret data on population parameters	The outputs and activities against these indicators would be determined jointly at end of year 1 during the one-year assessment subsequent to the development of the Action Plan and would be guided by the recommendations of the action plan	
2. To mainstream population in health policy	2.1 To integrate population into the scaffold of the new health policy	<p>Incorporation of population as a ‘denominator for health’ into the Gateway Health Policy Scaffold</p> <p>Key indicators:</p> <ol style="list-style-type: none"> 1. Draft of the policy scaffold (401,402) 2. Number of decision makers educated (503) 3. Original educational resource developed (201) 	<ol style="list-style-type: none"> 1. Post-Gateway policy roundtables 2. Drafting and inputs to the drafts 3. Publication of the report 4. Linkages with the National Health Policy Unit 5. Institutionalization of the draft 6. Decision makers educated (
	2.2 To institutionalize	<ol style="list-style-type: none"> 1. Number of Health Policy Forum Viewpoints on the Action Plan (402, 201) 	<ol style="list-style-type: none"> 1. Garnering membership and active participation of population and reproductive

	<p>population as a denominator of health in the work plan of Pakistan's Health Policy Forum</p>	<ol style="list-style-type: none"> 2. Number of journalists briefed (304) 3. Number of population advocates trained in relevant health related matters and vice versa (303) 	<p>health-related agencies into the Pakistan's Health Policy Forum</p> <ol style="list-style-type: none"> 2. Development of Health Policy Forum Viewpoints on the Action Plan 4. Briefing of journalists 5. Training of population advocates in relevant health related matters 6. Dissemination of the viewpoints
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IV. Implementation timelines

Activities	Quarters							
Short term outcome 1.1	1	2	3	4	5	6	7	8
Consultative meetings	*	*		*	*			
Focus Group Discussions and literature reviews	*	*						
Draft of the action plan			*	*				
Launch of the action plan						*		
Dissemination and advocacy							*	*
Short term outcome 1.2								
Research		*	*	*				
Compilation into the action plan					*			
Consultative meetings	*	*	*			*		
Short term outcome 1.3								
Consultative meetings, Focus Group and literature reviews					*			
Report writing						*	*	
Dissemination								*
Short term outcome 1.4								
Consultative meetings								
Report compilation					*	*		
Dissemination and advocacy						*	*	*
Short term outcomes 2.1 and 2.2								
Integration in the policy scaffold	*							
Integration in the work plan of the Policy Forum	*	*	*	*	*	*	*	*
Writing up of the manuscripts for international journals						*	*	
Process evaluation				*				*

V. Monitoring and Evaluation

The project will be evaluated for outcomes, outputs and processes. Table 1 provides a framework, for evaluation. This outlines the envisaged outcomes, over the long and short terms; the outputs and processes against each and reflects both as a set of indicators. This modified Logical Framework Analysis approach is used by Heartfile for all of its projects as it enables the reflection of activities into a single framework in addition to linking them with targets which enables the measurement of progress in each instance. The means of verification would be published reports, event proceedings, meeting minutes, press and media coverage, and office notings and notifications. The process evaluation component will enable an assessment of the progress of ongoing activities as planned, identify constraints for early corrective actions and measure efficiency and effectiveness of the desired outcomes.

A proposed timeline for the review and external monitoring (by Packard Foundation) of this project is included herewith; alternatively this can be done as per Packard Foundation's protocols and procedures.

	Period covered	Date of reporting	Means	Reports
1 st M and E	Months 1-12	End of one year	Reporting on progress and financial update	Summary report
2 nd M and E	Months 13-24	End of 2 nd year	Reporting on progress and financial update	Summary report