

Heartfile



the David &
Lucile Packard
FOUNDATION



Ministry of Population Welfare
Government of Pakistan

Meeting Report

DRAFT

30 August 2006

Meeting report of the Post-Gateway Policy Roundtable on the
"Population as a Denominator for Health"
26 June 2006

Pakistan's health Policy forum

Pakistan's health Policy Forum
Report of the Roundtable on
"Population as a Denominator for Health"
June 2006

This report presents a detailed account of the proceedings and the recommendations of the post-gateway roundtable on “Population as a Denominator for Health”. In addition the report also encompasses the presentations, and key issues discussed during the roundtable meeting. A quick summary of the meeting has been presented in the executive summary.

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Acronyms

BHU	Basic Health Unit
CEDAW	Convention on Elimination of Discrimination Against Women
CPSP	College of Physician and Surgeon
DHO	District Health Officer
DPO	District Population Officer
EDO	Executive District Officer
HMIS	Health Management Information System
HPF	Health Policy Forum
LHW	Lady Health Worker
MDG	Millennium Development Goals
MSU	Medical Supply Unit
NGO	Non-government Organization
NIPS	National Institute of Population Studies
PC1	Planning Commission document
PMDC	Pakistan Medical and Dental Council
PRSP	Poverty Reduction Strategy Paper
PWO	Population Welfare Officer
RHC	Rural Health Center
SAHDS	South Asia Human Development Sector

1.

Executive Summary

Despite enormous efforts Pakistan's health indicators are poor not only within the country but in the region as well. Though, the country's public health system bears the responsibility for provision of subsidized, comprehensive healthcare through a well established primary healthcare infrastructure, one of the best in the world. However the public health services remain underutilized indicating economic, geographical and cultural inaccessibility resulting from a weak and inefficient health systems having managerial and governance ineffectiveness. In order to improve the performance of the health sector significantly, Pakistan's government decided to adopt health sector reforms in the country. Within this milieu Pakistan's Health Policy Forum (HPF), the first health sector think tank within the country, was established in 2005 with a vision to develop health reforms that are not only strategic and outcome oriented, but has a comprehensive long term focus on health systems strengthening. HPF's strategic Plan 2006-10 includes; (a) Launching of Gateway Paper -*opening of new effort* to address the pressing health needs of the country, (b) Post-gateway roundtable strategic consultations on specific themes to generate evidence in these domains to help set up priorities and mainstream data and information into the Gateway Health Policy scaffold.

HPF started off a series of roundtable strategic consultations on specific themes. "Population as a Denominator for Health" was being the second in this series which was held in collaboration with the Ministry of Population Welfare & The David & Lucile Packard Foundation, Pakistan. This oneday roundtable strategic consultation was conducted with the aim to: deliberate on issues related to population and their influence on Health of the People; and formulate policy recommendations in connection with strategies to integrate and/or to promote better coordination between Population & Health? population with health .

Opening the inaugural session, **Dr Sania Nishtar**, founder and convener of Pakistan Health Policy Forum, on behalf of HPF and heartfile welcomed the participants to the roundtable on "Population as a denominator for health" and also thanked Ministry of Population Welfare and Packard Foundation for extending support and cooperation in arranging the roundtable strategic consultations on this critically important issue. While setting the context Dr Nishtar explained the rationale for the establishment of HPF, its mandate, and scope of work with government and other stakeholders. She also described different themes identified in HPF strategic plan document critical for health policy formulation and designing health systems; population being one of these. She stated that the specific objectives of the policy roundtable on population is to deliberate on strategies for integration and development of linkages between population and health as well as with other sectors. **Dr Yasmeen Sabeeh Qazi**, Senior Country Advisor, Packard Foundation, Pakistan after welcoming the participants stated that population is a cross-cutting theme requiring integration and development of linkages between population and

other sectors including health. She also mentioned that it is a concern for development sector to notice depleted mention of “population” in new global frameworks such as MDG, which remains a significant challenge for developing countries like Pakistan. Packard Foundation supported MoPW last fall to organize a successful Population Summit with the objective of placing Population back in development agenda and to promote inter sectoral coordination between Ministries to meet population challenges.

Following these welcoming addresses, **Mr. Shahzad Shaikh**, federal secretary, ministry of Population Welfare, expressed that population issue needs focused attention. He further stated that integration of population with health is imperative for making progress towards all international commitments and goals related to health and development, including Millennium Development Goals (MDGs). Explaining the essentials of integration the secretary described that integration is required at both levels; administrative, and operation.

Dr. Donya Aziz, parliamentary secretary and Member National Assembly, Ministry of Population Welfare, while discussing “Cross-fertilization at Field Level” emphasized that strategic integration between health and population is not only vital but a feasible option; however operationalization plan needs to be designed vigilantly. She suggested that the chair of the social sector cabinet should take innovative initiatives in policy, and social sector, and its staff should be motivated to provide good quality and effective population services.

Mr. Syed Anwar Mahmood, Federal Secretary, Ministry of Health stated that health and population are development issue and emphasized that family planning is currently an emergency. He reiterated that Government of Pakistan has strong political commitment to deal with increasing population. He stated that integration is though important yet a challenging task because despite federal commitment and will, institutionalization problems prevail at Tehsil/District level. The secretary pointed out that though the existing national steering committee endeavors to integrate and collaborate the two ministries; yet national strategy is required to implement health service delivery at the health facility level.

Following the inaugural session **Dr. Arjumand Faisal**, lead Consultant “Arjumand And Associates” made a presentation on “Integration of Health & Population -Challenges and Opportunities”. After describing the historical perspective of integration between health and population, he identified that integration is a structural rather than a technical issue. He also discussed several issues and concerns related to integration. After this presentation, participants discussed the integration in terms of its strengths and weaknesses, the mechanism, hindrances and constraints and pre-requisites and possible outcomes. Thereafter, five panelists’ analyzed and presented integration of health and population within the perspective of policy, strategies, interventions and health systems. This was again followed by long discussion during which participants made relevant and important suggestions and proposals.

This is the crux of report, can we bullet the major points, just to make it reader friendly

Concluding the roundtable, Dr Sania presented the recommendations drafted on the basis of presentations and group discussions these included: **translation of government’s political commitment into action** through incorporating population issues as a core priority agenda in its major documents and initiatives; **attainment of shared vision** through involvement of representatives from all levels from federal to district as well community representatives in the planning process; **inter-sectoral coordination and collaboration**; **recognition of population control**

a priority issue requiring striking measures, special program and innovative intervention; **enhancement of integration of population and health ministries** through revitalization of National Steering Committee on Population having representation from all other sectors including military and NGOs; **development of institutionalization mechanism** and plan clearly identifying the implementation steps, institutional mechanism and job descriptions of the staff members; **incorporating population within the devolution system; s** **trenthening and extension of population services** through building capacity, motivation and supervision of the population welfare & health ministry staff to improve quality, efficiency and effectiveness; **inclusion of population welfare into the medical curricula; population research** to identify and understand socio-cultural determinants of fertility control so that evidencebased policies can be drafted and appropriate strategies can be adopted; **capacity building of private s ector and NGOs** so that they can participate actively in the integrated model what about clearly defined model of public private partnerships; **new initiatives** to enhance accessibility and affordability, such as social marketing techniques through LHWs, communication interventions through media, micro-credits, etc.

2. Background

Overview of health sector in Pakistan over the past 59 years illustrate many accomplishment, yet several impediments as well. Despite attempted efforts to improve the health status of people, the health indicators as observed currently remained poor not only within the country; but in South Asian region, being worst among its neighbors in this region. In recent years realization and recognition of health by the government as not only a social but a developmental issue, drew policy and financial support from national plans for development with increasing allocations for health. However, gaps in the implementation strategies and guidelines in the policy document as well as lack of coordination and collaboration among various sectors for achieving better health have precluded this intent from fully translating into desired outcomes. Furthermore, several policies and legislative and regulatory frameworks and programs remain poorly implemented due to generic issues inherent into and overarching the operationalization mechanisms.

Pakistan's public health system from its inception, bearing the responsibility for maintaining and promoting the health of the population, has always endeavored to combat the burden of illnesses in the country through the provision of subsidize healthcare services for all. One of the evidences for this commitment is the existence of an extensive primary health care system in the country, one of the most elaborate in the world. Notwithstanding, the public health system remain underutilized; 70 percent of the population show preference towards informal health system and seek healthcare from private sector, yet no legislation exist to regulate this sector. This health seeking tendency indicates towards hindrances in terms of accessibility and quality of public health system, raising questions about the validity of investments made in them. Besides, inability to achieve optimum health and social indicators signifies the failure of public health system to address issues such as effectiveness and equity.

Despite achievements in many national programs and public health interventions; the implementation of these programs remain hostage to many overarching and cross cutting issues such as governance, management and lack of inter-sectoral coordination. Assessment of public health system reveals it has been inundated with several challenges relating to quality and capacity and the effective and equitable deployment of health-related human resource, shortages of medicines, supplies and equipment, along with a major concern of sustainability.

Amidst the scenario where Pakistan, being signatory to MDGs, needs to improve the performance of the health sector significantly to ensure good progress towards reaching MDGs, this may be an appropriate time for health reforms. Furthermore, Pakistan is experiencing economic growth and has additional financial space; this coupled with other factors such as a general dissatisfaction of stakeholders from

health policy and public health system, dynamic leadership in the country as well as in the health department, a highly supportive policy environment, introduction of several reforms related to devolution and privatization and the injection of new resources, make health reforms a viable option.

Within this milieu Pakistan's Health Policy Forum (HPF), the first health sector think tank with in the country, was established in 2005 with a vision to develop health reforms that are not only strategic and outcome oriented, but has a comprehensive long term focus on health systems strengthening. As per the strategic plan 2006-10 of HPF, the goal of the forum is to provide equal opportunity for attaining highest possible level of health and well being for the entire population of the country through:

- ? Effective and equity oriented health policies
- ? Reduction in excess morbidity, mortality and disability, especially in poor and marginalized populations
- ? Mitigation of risk that arise from environmental, social, economic, and behavioral causes
- ? Financially fair health systems that is designed to meet the specific needs in the context of treatment and control of diseases as well as prevention and health promotion

The specific objectives are to:

- ? Stimulate, assist in the development of and monitor health policies;
 - ? Foster their implementation and catalyze change through technical and policy support.
- The forum is the largest grouping of stakeholders in the health sector.

The strategic Plan 2006-10 also includes the operational plan of the forum highlighting benchmarks, outputs and processes (Annex-1). Some important benchmarks of HPF include; (a) Launching of Gateway Paper - *opening of new effort* to address the pressing health needs of the country, (b) Post-gateway roundtable strategic consultations on specific themes, identified already in the strategic plan, to generate evidence in these domains to help set up priorities and mainstream data and information into the Gateway Health Policy scaffold.

In line with strategic plan, HPF launched the first publication of the Forum – the Gateway Paper – it is envisaged to be the gateway to the new health policy with the intent to articulate the *raison d'être* for health systems reforms within the country. The paper proposes a direction for reforms and emphasizes the need for an evidencebased approach to reforms.

Moving further to achieve the proposed objectives through accomplishment of outlined tasks, HPF started off the series of roundtable strategic consultations on specific themes. The second roundtable consultation of the series was held on the "Population as a Denominator for Health" in collaboration with the Ministry of Population Welfare & Packard Foundation, Pakistan. As viewed in the Gateway Paper, the population influences

The oneday roundtable strategic consultation was conducted with the aim to deliberate on issues related to population and their influence on Health of the People. It was also intended to formulate policy recommendations in connection with strategies to integrate population with health.

3.

Proceedings

3.1. Inaugural Session

Dr Sania Nishtar

Founder and Convener, Pakistan Health Policy Forum

Dr Nishtar welcomed the participants to the roundtable on “Population as a denominator for health”. She also thanked Ministry of Population Welfare and Packard Foundation for extending support and cooperation in arranging the roundtable strategic consultations on this critically important issue.

While setting the context Dr Nishtar outlined following parameter about the forum and its scope of work.

Health is a complex issue and is not only limited to treatment of ailments and disease controls; rather it encompasses a comprehensive scenario where individuals and communities are not only free from diseases but also have to be well physically, mentally and socially, and producing optimally. Health systems is not only confined to patients accessing care or the delivery of health services; rather it is a multifaceted structure having interaction between not only patient and healthcare providers but have many other players as well such as families, communities, organizations, institutions. Disease is not the direct result of interaction between human and causative factors, but is an outcome ensuing from a variety of reasons including; inherent predisposition to diseases, exposure to risk factors resulting from social position, environmental and occupational settings and personal preferences and choices. Data has proved that social determinants contribute significantly in diseases causation, severity and extent of illness and health seeking. It is therefore inferred that since promotion of social and economic advancement not only prevents and control diseases but results in better health and productivity. Health is therefore needed to be perceived within a larger framework involving social, economic, legal, technological and legal aspects and not in isolation.

While planning health systems to provide health services financial inputs in terms of human resources, equipment and supplies are imperative; however keeping a comprehensive focus other important aspects such legal, fiscal, technological and managerial aspects also need to be addressed. Within this milieu the need was felt to have a platform where representatives from different sectors could come together, share views and help in formulating the health policy. Hence Health Policy Forum was established to view stake holder dimensions, function as a think tank and a mechanism to voice the concerns and contributions of civil society in health policy formulation. The purpose of HPF is to work in close collaboration of Health Department in the development of policy, bring together and work with

various stake holders in Health and functions as watch dog upholding norms and ethical considerations. In terms of deliverables it has three main functions including view points on relevant topical and consensus statements and to hold a series of strategic roundtable consultations different themes identified in HPF strategic plan document. Health policy forum had identified several themes/domains critical for health policy formulation and designing health systems. Population is one of these identified domains and this meeting had been designed to identify the possible strategies to integrate population into health so that a comprehensive healthcare package can be delivered to the people. The specific objectives of the policy roundtable on population was to deliberate on strategies for integration and development of linkages between population and health. It was also intended to discuss the steps and mechanisms need to be adopted for flawless and successful integration and the possible role of private sector and NGOs in the integrated health and population model.

Dr Yasmeen Sabin Qazi

Country representative, Packard Foundation, Pakistan

Dr Qazi stated that rather than being an isolated issue, population is a cross-cutting theme having influence on all spheres including health. Population growth results into excessive morbidity and mortality; hence increases demand on health systems for additional resources in terms of infrastructure, human resource and equipment, supplies and medicines. She pointed out that rapidly growing population in the country has potential threat on not only health but all other sectors.

Giving the historical perspective Dr Qazi explained that in Pakistan the population welfare ministry started off as the Family Planning Association model. Reviewing the population situation in the country she pointed out that despite enormous efforts the gains in population sector are unsatisfactory. She therefore pointed towards a need for integration and development of linkages between population and health. She expressed that the nature of the model required for maximizing linkages, without population losing its priority and importance, is however an area that needs to be contemplated. She also emphasized the importance of role of private sector and NGOs in this integrated model. She also identified the important role national Health Management Information System can play in promoting and accelerating integration. She suggested utilization of human resources of other ministries for example teachers, etc and formal education system for family planning services.

Mr. Shahzad Shaikh

Federal Secretary, Ministry of Population Welfare

Mr. Shaikh expressed that despite being a sensitive issue population has not yet received focused attention. He stated that integration is considered a priority at every level that and its process was started as early as in 1970. He emphasized that integration is required to meet all international commitments and objectives Pakistan is signatory to, like Millennium Development Goals (MDGs), International Convention on Population and Development, Convention on the Elimination Discrimination Against Women (CEDAW). He identified that disintegration, defederalization and decentralization (fiscal) creates loss of ownership. Giving examples about the weaknesses of decentralization he described; in PC 1- each province has its own PC 1 in which 250 MSU were approved, however these MSU has not been purchased, 500 posts are

vacant in the provinces but not filled because of defederalization as nobody takes decision. He further mentioned that district government is in transition phase, they do not own even a district/village level program and there is no fiscal authority.

Explaining the steps of integration the secretary described that integration is required at both levels; administrative, and operation. He clarified that administrative integrative is comparatively an easier task as the staff of population welfare is ready and willing, however, at operational level integration is challenging because of lack of availability and interest of health provider (doctors, nurse, etc) for population services. Describing the reasons for this attitude he mentioned that health providers less time, technical knowledge and skills for family planning. Moreover, family planning is not the felt need of people and therefore the population program has to fight against cultural and structural problems.

Describing the current status of integration between population and health, the secretary identified that out of 13000-health outlets only 325 have incorporated population welfare services. Believing that monitoring is an essential mechanism to enhance the process of integration, he suggested incorporation of two indicators into quarterly monitoring: (1) number of BHU having integrated services with population welfare department; and (2) contraceptive performance of LHWs. He further recommended other possible initiatives that could support family planning programme such as empowerment of females through loans and micro credits. He suggested that task force is needed for integration.

Explaining the integration process, he mentioned that during the transitional phase population department would continue working as usual whereas the health department would initiate population services to supplement and complement family planning services offered by population department. He identified several steps that has yet been taken towards integration: Health Management Information System(HMIS) steering committee has decided to integrate HMIS of population welfare and health, evaluation of Terms of References of health providers to assess if they can be given FP as well; 90% (total is 13000) of BHU/RHC have no space for population welfare whereas he remaining 110% are non-functional; vertical integration through adding reproductive health, emergency contraception, youth services, establishments of centers at National Institute of Population Studies (NIPS); and branding up of contraceptives has initiated. While concluding he highlighted the need to mobilize and strengthen private sector so that it is prepared to take over the program finally from the two ministries.

Dr. Donya Aziz

Parliamentary Secretary and Member National Assembly, Ministry of Population Welfare,

Dr Aziz while discussing "Cross-fertilization at Field Level" emphasized that strategic integration is not only vital but a feasible option; however operationalization plan needs to be designed vigilantly. She pointed out that Ministry of health has to streamline: training of grassroots workers in population services; commodity procurement; and distribution strategy. Describing the integration process, the parliamentary secretary stated that strategic integration though has to be initiated at infrastructural level, but it needs to be supported by administrative integration and merging. She emphasized that Executive District Officers and Nazims should take lead in this integration process. She identified that all other ministries are ready to extend support and cooperation to the Ministry of Population welfare; however the subject ministry has to assume the leadership role. She suggested that the chair of the social sector cabinet should take

innovative initiatives in policy, and social sector, and its staff should be motivated to provide good quality and effective services.

Mr. Syed Anwar Mahmood

Federal Secretary, Ministry of Health

Mr. Mahmood stated that health and population are development issue and emphasized that family planning is currently an emergency. He reiterated that Government of Pakistan has strong political commitment to deal with increasing population. He however admitted that despite this commitment the achievements in population control have not been commendable. Giving an example he expressed that it becomes extremely difficult to understand why NGOs and health depth are unable to increase family planning use when the unmet need for FP is 60%. He, therefore, highlighted the need to analyze the program to understand the reasons of limited success so that appropriate strategies can be adopted in future. Discussing integration, he mentioned that despite having the same objectives, integration is a challenging task. This is because although commitment and will exist at the federal level; institutionalization problems prevail at Tehsil/District level where DHO and EDO have to report to two different bosses and reward/punishment mechanisms are lead by two different heads. The secretary pointed out that though steering committee exists which try to integrate and collaborate the two ministries , yet national strategy is required to implement health service delivery at the health facility level. He suggested that an individual should be made responsible to lead integration process at national level.

3.2 Presentation

“Integration of Health & Population-Challenges and Opportunities”

Dr Arjumand Faisal, Lead Consultant “Arjumand And Associates”

Dr Faisal expressed that integration is a structural rather than a technical issue. Describing the historical perspective of integration between health and population , Dr. Faisal pointed out that in 1970s a group was formulated to make a plan for integration, both at provincial and federal government level. The group identified that the hindrances in integration between health and population were at the administrative rather than technical level. Later in 1980 a multi-donor support unit helped in the development of Pakistan Reproductive Health Package for merging the health and population ministries. The document further demonstrated absence of any technical or programmatic hindrance in integration. In 2000, Asian Development Bank supported a reproductive health program for merging the two ministries at technical and administrative levels. A document was developed and a committee was formed which worked in collaboration with the two ministries to combine them technically and strategically.

Based of historical review Dr Faisal summarized that integration between the two ministries is though not impossible, but challenging, as hindrances for integration exist at every level from federal to district. In both the ministries, at the top administrative level lack of interest for merging exist whereas at the provincial and district level serious administrative issues such as who will govern whom prevail. Moreover, there has been a clash of priorities between the two ministries since the health personnel’s priority is treatment whereas the staff of population ministry has prevention as the main aim. He therefore pointed out the need to understand how the priorities are set at the district level as there seems to be implementation failure. He also

expressed that it is imperative to understand community's perspective in family planning use as there could be various reasons for which it might not be practiced by community members, some of these are religion, non -availability of supplies, lack of spousal communication, etc.

Dr Faisal expressed concern that merging of the two ministries may lower the ranking of population issues on the priority list at the administrative level; hence it might have negative impact on family planning use. Believing that rapid population growth is being an emergency, Dr Faisal suggested that rather than merging population with health and diluting the situation, on the contrary population issue needs striking measures, special program and innovative intervention . He also suggested that Ministry of Population needs to be vitalized with representation form all other sectors including military.

3.3 Group Discussion

The group discussed the strengths and weaknesses of integration of health and population ministries in great detail and several important issues/questions were raised:

- ? Family planning has been promoted for controlling population rather than as a health intervention while it should be vice versa
- ? Service integration is a priority rather than administrative integration
- ? Merging at the policy (ministerial) level is required to implement strategies that would complement and supplement health and population interventions
- ? The question is how to integrate and why it did not occur and not whether integration is required or not.
- ? Special initiatives are required for family planning as for example Rollback Malaria etc.

4.

Panel Discussion

4.1 Panel Discussants

Mr. Muzaffar Mehmood Qureshi

Ex-Federal Population Secretary /Representative, Greenstar Social Marketing,

Mr. Qureshi expressed that before acquiring this new shape the Ministry of Population has experienced several success and failures, and federalization also have occurred many times. Describing the context in which population welfare works, he stated that hindrances and constraints exist at various levels from federal to the service delivery outlets.

At the federal level, despite the fact that government repeatedly reiterates its commitment for population control, there has a fundamental disconnect between political will and government documents and initiatives. He identified that most of the key government documents are silent on population issues. Giving examples he reported:

- ? Poverty Reduction Strategy Paper (PRSP) was drafted and approved without inviting the secretary population welfare;
- ? PRSP does not discuss population issues; the chapter on population in the Medium Term Development Framework lists the segment of workers, but the LHWs performances is blank even in the latest draft;
- ? LHW program is not mentioned in the Economic survey, only one population welfare related programme has been mentioned and that is HIV;
- ? National Health Management Information System is also silent on population issues and services

He further identified that population welfare is not a high priority issue in government's agenda and the personnel affiliated to population welfare are not in the mainstream government initiatives.

At the district management level, in the decentralization system the Executive District Officer (EDO) and Population Welfare Officer (PWO) is under health department creating problems. He further pointed out that weaknesses exist at the service delivery level as Ministry of Population Welfare though has 1900 staff, most are administrative with very few doctors and paramedics. On the contrary health department has mainly doctors and paramedics but these health providers have curative focus, and faces time constraints for preventive interventions including population services.

Mr. Qureshi pointed out that despite funding and technology is being available for population services, good quality population services are not offered at service

outlet. A number of reasons exist for failure to provide good quality family planning services including: lack of skills for family planning counseling and management among public and private health providers, demotivation of staff, and inadequate field activities. He suggested that incentives need to be given to population staff to motivate them and these could be in the form of salary incentives, timely provision of supplies and effective monitoring, supervision and support.

He recommended the establishment of National Population Commission having representation from every sector. He further recommended that government, especially at the cabinet level should emphasize the vitality and significance of population issue, generate collaboration among all ministries and guide/ lead all line ministries to take population as a priority agenda.

DR Inam-ul-Haq

Senior Health Specialist, South Asia Human Development Sector (SAHDS), the World Bank

Dr Inam highlighted the population welfare achievements and stated that despite macro-economic collapse in 1990s, because of Social Action programme there has been though gradual but continuous improvement in population indicators as Contraceptive Prevalence Rate increased from 8-10 in 1980s to 28 percent at present and Fertility Rate is reduced from 6-7 in 1980s to 4 percent in 2004-05. Describing the changes taken place in the population program since its inception in 1960, he stated that before 1990 population services were mainly catered by Family Planning Association of Pakistan and government. Later, during 1990s social marketing was initiated and the discussions about integration of population into health also started. Further on Lady Health Workers program was launched and its evaluation shows clear evidence of success of population services. Dr Inam acknowledging that Contraceptive Prevalence Rate has become static since the year 2000 emphasized the need to identify new initiatives and interventions to provide quality services. He suggested some of the interventions including: improvement of LHWs services, social marketing techniques through LHWs, communication interventions through media, use of Branded Contraceptives such as Coca-Cola pills. He recommended systematic move towards integration using a phased approach. He suggested that in the new devolution model the population welfare need to be built within the district government system.

Dr Ali Mir

Director Program, Population Council, Pakistan

Dr Mir strongly supporting close collaboration between health and population considered it essential to mitigate unmet needs, abortion, etc and suggested the establishment of National Steering Committee on population. He also stressed the need of human resource development specifically in population. Emphasizing that population is the denominator for health, he suggested that through Pakistan Medical and Dental Council a course on population should be introduced into curricula of medical education with major focus on prevention and promotion. He also suggested introducing a comprehensive population welfare course, developed by CPSP, into the training and orientation of health providers both at the time of induction and for refresher.

Dr Mir emphasized the significance of research in population issues to deepen understanding of socio-cultural determinants of fertility control. In this regard he suggested the development of stronger linkages among National Institute for Population Studies, Pakistan Medical Research

Council and National Institute of Research for Fertility Control, etc for undertaking operational research.

Dr Mushtaq A Khan

Chief -National Health Policy Unit, Ministry of Health

Dr Mushtaq identified that at policy level health and population ministries work in close coordination; however, he admitted that problems exist between Executive District Officer and District Population Officer (DPO) while implementing integration at district level. Quoting example he mentioned that family planning supplies come from DPO whereas these are being served by District Health Officer. He expressed fear that population might lose its focus on integration with health as population is not the priority of health providers and they are constrained by time. Therefore he suggested that before embarking on integration, it is critical to make a detailed integration plan clearly identifying the steps, mechanism and job descriptions of the staff members. He identified that Poverty Reduction Strategy Papers, population welfare was part of the Medium Term Development Framework committee. He emphasized that population is equally important in devolution and, therefore, it should be part and parcel of district management system.

Ms Shahida Azfar (FPAP)

Chief Executive Officer, Family Planning Association of Pakistan

Ms Azfar identified that family planning program needs to be patronized by national leaders to dynamize population issues. She suggested merger of health and population at: policy level through inter-ministerial collaboration for which she identified that advocacy is required; and district level through building capacity of the staff of health and population ministries in terms of knowledge and skills so that population welfare staff is capable to provide curative services and health staff to provide family planning to meet unmet needs.

Dr. Saeed Shafqat

Executive Director, National Institute of Population Studies (NIPS)

Dr Shafqat identified that a common understanding and shared vision is vital to prioritize population as a core issue at every level. He highlighted the significance of research in identifying problems so that evidence-based policies can be drafted. He stressed that district should be the primary focal point for not only implementation and service provision but for planning as well.

4.2. Panel Discussion

After the presentations by the panel discussants a detailed discussion took place on the population and health ministries and their possible integration and following concerns and questions were raised:

- ? Integration is an important as it is right based and brings about administrative, political and cost- effectiveness, synergy and health impact.
- ? There has been a lack of shared vision at national level

- ? Ministry of Health does not have family planning on its agenda
- ? National leadership need to emphasize on the importance of population issues and initiate inter -mistrial collaboration between population and other line ministries such as finance, health, etc.
- ? National Commissions on Population should be established having a clear vision based on objectives with input from other ministries.
- ? Population should be acquired as a core variable and collaboration should be acquired form other ministries/ sectors so as to advocate them to incorporate population into their planning.
- ? Population welfare services needs to be synergized and strengthened in terms of: knowledge and skills of staff; integrated services so as to provide comprehensive care to clients/patients; extension of services in form of mobile service units , services to young people and men and migrant population; and innovative strategies like social marketing and educational approaches; and improvement in the quality of family planning services
- ? Development of strong collaborative linkages between health and population ministries
- ? Health Management Information System should report on selected family planning indicators
- ? Evaluation of Executive District Officer on family planning indicators
- ? Involvement of provincial and district teams, private sector and NGOs representation into the discussion and planning

5.

Recommendations

Political Commitment into Action

Government should connect its political will to support population program into action through incorporating population issues as a core priority agenda in its major documents and initiatives. The recent example of formation of National Population Commission by Prime Minister (PM is chair) is a good example but then it has to be steered in a manner that it promotes inter sectoral coordination among line ministries in an effective way.

Moreover, advocacy efforts to ensure that Population and family planning remains an integral part of MCH and other global commitments such as MDGs.

Shared vision

Involvement of representatives from all levels from federal to district as well community representatives in the planning process and setting up of goals and objectives of population control so as to achieve shared vision.

Inter-sectoral coordination

National leadership should patronize population welfare and advocate all line ministries such as finance, education, health, etc to collaborate closely with population ministry and also to inclusion population as a priority into their planning.

Population Control – a Priority Issue

Population issue should be considered a priority issue requiring striking measures, special program and innovative intervention as for example for Rollback Malaria etc.

Integration of Population and Health Ministries

Integration of health and population ministries is considered a priority as would bring about administrative, political and cost- effectiveness, synergy and health impact. It should be materialized by revitalization of National Steering Committee on Population, already existing to integrate the two ministries, through:

- ? development of national strategy,
- ? bringing family planning on the agenda of Ministry of Health
- ? assigning the committee's leadership role to appropriate individual, preferably population minister to lead integration process at national level
- ? representation form all other sectors including military

Institutionalization Mechanism

A detailed integration plan clearly identifying the implementation steps, institutional mechanism and job descriptions of the staff members should be designed in detail to operationalize the integration of health and population ministries smoothly at the Tehsil/District level where several issues related to governance, management and administrations prevail between the DHO and EDO.

Population Integral Part of Devolution

Population is equally important in devolution and, therefore, it should be part and parcel of district management system and in the new devolution model population welfare need to be built within the district government system.

Strengthening and Extension of Population Services

Population welfare services should be synergized and strengthened in terms of:

- ? knowledge and skills of staff;
- ? integrated services so as to provide comprehensive care to clients/patients;
- ? extension of services in form of mobile service units, services to young people and men and migrant population;
- ? innovative strategies like social marketing and educational approaches;
- ? and improvement in the quality of family planning services

Motivation of the Staff of Population Welfare

To improve quality and efficiency staff of population welfare should be motivated through incentives such as salary raise, timely provision of supplies, supervision .

Monitoring and Supervision

Monitoring mechanism should be launched through incorporation of relevant and appropriate family planning indicators into the existing quarterly national HMIS report to not only provide support and supervision to the staff of the two ministries but also to exacerbate the integration process.

Inclusion of Population Welfare into the Medical Curricula

Special modules on population welfare should be included into the curricula of the undergraduate and continuous medical education, and training and orientation courses provided to health providers at the time of induction and during refresher through networking with PMDC and CPSP.

Research

Research should be conducted to identify and understand socio-cultural determinants of fertility control so that evidence-based policies can be drafted and appropriate strategies can be adopted. In this regard stronger linkages should be developed among National Institute for Population Studies, Pakistan Medical Research Council and National Institute of Research for Fertility Control, etc.


Capacity Building of Private Sector and NGOs

Private sector and NGOs should be mobilized and strengthened so that they can participate actively in the integrated model and are prepared to take over the program finally from the two ministries. Government needs to finalize the policy and framework of public-private partnership for population, health and RH programs. Without partnering with civil society for an effort which requires extensive behaviour change models, it is not possible to bring such changes.

New Initiatives

Population welfare should design and implement innovative interventions to improve quality of services and increase effectiveness including:

- ? social marketing techniques through LHWs,
- ? communication interventions through media,
- ? use of Branded Contraceptives such as Coca-Cola pills
- ? social sector initiatives that could support family planning programme such as empowerment of females through loans and micro credits



Appendices

Annexure I - Meeting agenda

The Post-Gateway Policy Roundtable – on “Population as a Denominator for Health”
June 26th, 2006 - Holiday-Inn, Islamabad

PROGRAM	
9:00 am:	Welcome Address and Briefing on Gateway Document Dr. Sania Nishtar and Dr. Yasmeen Qazi Heartfile and Packard Foundation
9:30 am:	Opening Remarks Mr. Syed Anwar Mahmood Federal Secretary, Ministry of Health
9:40 am:	Updates on Primary Health Program (LHW) of MoH Dr. Haroon Jahangir Deputy Director General/ National Coordinator for National Program for Family Planning and Primary Health Care
10:00 am:	Discussions on Cross Fertilization at Field Level Dr. Donya Aziz Parliamentary Secretary/MNA, Ministry of Population Welfare
10:30 am:	Tea Break
10:45 am:	Integration of Health & Population - Challenges and Opportunities Dr. Arjumand Faisal Lead Consultant ARJUMAND AND ASSOCIATES Mr. Muzaffar Mahmood Qureshi Ex Federal Population Secretary /Representative, Greenstar Social Marketing
11:10:	Strategic areas of collaboration between Health & Population Dr. Naushin Mahmood Facilitator Packard Foundation

Panel Discussion	
	Dr. Khalif Bile Mohamud , WHO Representative in Pakistan
	Dr. Mohsina Bilgrami , Managing Director-MSS
	Ms. Shahida Azfar , Chief Executive Officer-FPAP
	Dr. Saeed Shafiqat , Executive Director-NIPS
	Dr. Inaam-ul- Haq , Senior Health Specialist-The World Bank
	Dr. Kausar S. K , Associate Professor-Aga Khan University
	Dr. Mushtaq A Khan , Chief, National Health Policy Unit-Ministry of Health
	Dr. Ali Mir , Director Program -Population Council

Discussion	
12:00 pm:	Discussions on way forward Dr. Sania Nishtar and Dr. Yasmeen Qazi Heartfile and Packard Foundation
12:45 pm:	International Perspectives on Integration Dr. Duff G. Gillespie and Dr. Sarah Clark Johns Hopkins/Packard Foundation
1:00 pm:	Closing Remarks Mr. Shahzad Shaikh Federal Secretary, Ministry of Population Welfare
1:15 pm:	Next Steps and Vote of thanks Dr. Sania Nishtar -Heartfile
1:30 pm:	Lunch

Annexure II – List of Invitees

- 1. Ms. Shahida Azfar**

CEO
Family Planning Association of Pakistan
3-A Temple Road, P.O.Box No. 54000
Lahore
Tel: 92-42-2306183
Fax: 92-42-6368692
Cell: 92-300-849229
- 2. Dr. Bakir Husnain Jafiri**

Monitoring & Evaluation Officer
Ministry of Health
14-D West Feroz Centre,
Blue Area, Islamabad, Pakistan
Tel: 92-51-9202289
Fax: 92-51-9215610
- 3. Dr. Arjumand Faisal** *

Lead Consultant
ARJUMAND AND ASSOCIATES
A group of consultants
House 116, Street 20,
F-10/2, Islamabad.
Tel: 92-51-2296988 / 2101059
Fax: 92-51-2296988
Cell: 92-333-5134715
- 4. Mr. Ashfaq Rahman**

Country Director
Futures Group
House No II, RD 66,
F-7/3, Islamabad.
Tel: 92-51-2825569
Fax: 92-51-2825580
- 5. Ms. Aamna Khalid**

BCC Consultant
MIDAS
House 165, Street 47,
F-10/4, Islamabad.
Tel: 92-51-111-164-327
Cell: 92-333-51264327
- 6. Dr. Asma Bokhari**

National Program Manager
National AIDS Control Program
National Institute of Health
Chak Shahzad, Islamabad.
Tel: 92-51-9255367-8
Email: asma_bokhari@hotmail.com
- 7. Dr. Ali Mir**

Secretary General
Population Association of Pakistan
Director Program
Population Council
House No. 7, Street 62, F-6/3
Islamabad, Pakistan
Tel: 92-51-2277439
Fax: 92-51-2821401
Email: ali@pcpak.org
alimir_dr@yahoo.com
- 8. Ms. Cathy Jane Bowes**

Director Health
USAID
American Embassy,
Diplomatic Enclave,
Ramna 5, Islamabad, Pakistan
Tel: 92-51-2080000
Fax: 92-51-2870-310
Cell: 92-300-856893
- 9. Mr. Christopher John Wardle**

Country Representative for Pakistan
World Population Foundation
House 15, Street 7,
Sector F-8/3, Islamabad, Pakistan.
Tel: 92-51-2263235-8, 2264416
Fax: 92-51-2256973
- 10. Ms. Cheryl Barnds**

Senior Technical Advisor
Greenstar/PSI
Bungalow No. 1-A, Street No. 8,
Sector F-8/3, Islamabad, Pakistan
Tel: 92-51-2256068
Fax: 92-51-2264436
Cell: 92-300-5017417
Email: cheryl@greenstar.org.pk
- 11. Dr. Donya Aziz**

Parliamentary Secretary/MNA,
Ministry of Population Welfare,
Jamil Mohsin Mansion, Civic Centre,
Islamabad
Tel: 92-51-9207383 / 9202485
Fax: 92-51-9204879 / 2240493
- 12. Ms. Erum Burki**

Advocacy Manager
Marie Stopes Society
Flat-2, Block No. 2,
Street 31, F-7/1
Faisal Market, Islamabad.
Tel: 92-51-2878048
Fax: 92-51-2877873
Email: erumburki@isd.wol.net.pk
erumburki@hotmail.com
- 13. Dr. France Donnay**

Country Representative
UNFPA
5th Floor, Saudi Pak Tower,
61, A Jinnah Avenue, Blue Area,
Islamabad
Tel: 92-51-2800076 / 2800105
Cell: 92-300-5019875
Fax: 92-51-2800055
- 14. Dr. Farid Midhet**

Director Health Program
The Asia Foundation
House # 38, Khayaban-e-Iqbal
F-7/3, Islamabad
Tel: 92-51-2650523
Fax: 92-51-2650736

15. Mr. Fayyaz Ahmed Khan

Team Leader
JHUCCP
Army 6, Street 5, F-8/3, Islamabad
Tel: 92-51-2852639/111-000-025
Fax: 92-51-2852638
Cell: 92-333-5224433
Email: fayyaz@jsi.org.pk

16. Dr. Farzana Bari

Acting Director
Centre for Women's Studies
Quaid-i-Azam University
House # 125 C,
Street 19, F-11/2, Islamabad
Tel: 92-51-2999595 / 2876902
Fax: 92-51-2291547
Cell: 92-300-5109631

17. Prof. Dr. Ghazala Mahmood

Pakistan Institute of Medical Science
Hospital PIMS, G -8/3, Islamabad.
Tel: 92-51-9261170-9

18. Dr. Haroon Jahangir

Deputy Director General/
National Coordinator for
National Program for Family Planning and
Primary Health Care
14D West Feroz Cnetre, Blue Area,
Islamabad.
Tel: 92-51-9202289
Fax: 92-51-9215610
Email: fpiu@phc.gov.pk

19. Dr. Inaam ul Haq

Senior Health Specialist
South Asia Human Development Sector
The World Bank Islamabad Field Office
20 A shahrah-i- Jumhuriyat, G5/1,
Islamabad.
Tel: 92-51-2279641/6 Ext 181
Fax: 92-51-2279648
Email: ihq@worldbank.org

20. Mr. Imran Zafar

Chief Executive Officer
Greenstar Social Marketing (SMP)
21-C, 5th Zamzama Commercial Lane,
Phase V, DHA, Karachi.
Tel: 92-21-5838841-6

21. Dr. Inayat Thaver

Consultant
House 731 Street 71, I-8/3,
Islamabad, Pakistan.
Tel: 92-51-4435413 (Res)
Cell: 92-300-8504961
Email: ithaver@isb.paknet.com.pk

22. Ms. Jane Edmonsor

Senior Health Advisor,
DFID, Department For International
Development (UK)
British High Commission, Diplomatic
Enclave, Ramna 5, Islamabad.
Tel: 92-51-2206071/5 -2822131/5

23. Ms. Kathy Toner*

Program Officer, Population
The David and Lucile Packard Foundation
300 Second Street, Suite 200
Los Altos, CA 94022
Tel: 650-917-4707
Fax: 650-948-1361
Cell: 831-325-6685
Email: KToner@packard.org

24. Mr. Khalid Iqbal

General Manager - HR
PPAF
Islamabad.
Tel: 92-51-111-100-102
Cell: 92-300-8264651

25. Dr. Kausar S. K

LDM Selection Committee Memeber
Associate Professor
Aga Khan University
Department of Commuinty,
Health Sciences,
Aga Khan University Stadium Road,
Karachi, Pakistan.
Tel: 92-21-4930051
Email: kausar.skhan@aku.edu

26. Ms. Mary Skarie

Deputy Director Health
USAID
American Embassy,
Diplomatic Enclave,
Ramna 5,
Islamabad, Pakistan
Tel: 92-51-2080000
Fax: 92-51-2870-310

27. Dr. Mobashar Malik

National Program Officer
UNFPA
5TH Floor, Saudi Pak Tower,
Islamabad.
Tel: 92-51-2800105
Fax: 92-51-2800055
Email: mobashar.malik@un.org.pk

28. Mr. Muzaffar Mehmood Qureshi,

Representative,
Social Marketing Pakistan,
22A 5755,
F-7/4, Islamabad.
Tel: 92-51-2826103

29. Dr. Muhammad Tariq

Family Health International (FHI)
H # 9, 9th Avenue, F- 8/1,
Islamabad, Pakistan.
Tel: 92-51-2855993,
Fax: 92-51-2854528
Cell: 92-300-8508378
Email: mtariq@fhpk.org

30. Mr. M. Riyazul Haque

Development Consultant
Manzil-e-Haque, H # 11,
Nazimuddin Road, F-11/4,
Islamabad, Pakistan
Tel: 92-51-2214427, 2214428

31. Dr. Naushin Mahmood *

Senior Country Advisor, Population Program
The David and Lucile Packard Foundation
Pakistan, 133-A, Street 65,
F-10/3, Islamabad, Pakistan.
Tel: 92-51-2211016
Cell: 92-300-5141762
Email: nmahmood@packard.org
naushin@isb.paknet.com.pk

32. Dr. Naseer Mohammad Nizamani

Country Director
Pakistan Country Office
FHI
House # 9,9th Avenue, F-8/1,
Islamabad, Pakistan
Tel: 051-2855993
Fax: 92-51-2854528
Email: nizamani@fhpk.org

33. Dr. Nabeela Ali

Chief of Party (PAIMAN)
JSI
House 6, Street 5, F-8/3,
Islamabad, Pakistan.
Tel: 92-51-2852639/111-000-025
Fax: 92-51-2852638
Cell: 92-300-8565429
Email: nabeela@jsi.org.pk

34. Ms. Najma La Iji

Cosultant
Consultant
House 731 Street 71, I-8/3,
Islamabad, Pakistan.
Tel: 92-51-4435413 (Res)
Email: najma_l@hotmail.com

35. Dr. Poonam Mazhar

Public Health Consultant
CONTECH International
House No. 29,
Street No. 63 F-10/3,
Islamabad
Tel: 92-51-2297551
Cell: 92-300-5978647

36. Mr. Paul Ruckert

Coordinator of GTZ Health
GTZ
Health Services Academy, Islamabad.
Tel: 92-51-2276706
Fax: 92-51-9208753
Cell: 92-300-5005046

37. Mr. Peter L. Fedon

Country Director
Asian Development Bank
OPF Building, G-5/2,
Islamabad.
Tel: 92-51-2825011-16
Fax: 92-51-2274718

38. Dr. Qayyum Noorani

Programme Officer, Health
Aga Khan Foundation (Pakistan)
Office of the Aga Khan Development
Network

12-Street 84, G-6/4,
Islamabad, Pakistan
Tel: 92-51-2276812-14
Fax: 92-51-2276815
Cell: 92-303-65355523

39. Dr. Rakshinda Perveen

Executive Vice President
SACHET
Al-Babar Center, Park Road,
F-8 Markaz, Islamabad
Tel: 92-51-2254933, 2250436
Fax: 92-51-51-2255053

40. Dr. Raana Zahid

Program Manager
Reproductive Health Project
World Population Foundation
House No: 93-B,
St. No: 44, F-10/4,
Islamabad, Pakistan.
Tel: 92-51-2110539
Cell: 92-300-8560584
Fax: 92-51-2110536
Email: raana@mail.comsats.net.pk
dr_raana@yahoo.com

41. Mr. Shahzado Shaikh

Secretary
Federal Ministry of Population Welfare
Jamil Mohsin Mansion,
Civic Centre, Near GPO,
Islamabad, Pakistan
Tel: 92-51-9210363
Fax: 92-51-9201502

42. Dr. Sofia Siddiqui

Research Officer
National Program for FP & PHC
Federal Program Implementation Unit
National Program for F.P & PHC
Feroz Centre, Blue Area,
Islamabad, Pakistan
Tel: 92-51-9202289 - 104
Cell: 92-333-5113819

43. Dr. Samia Hashim

National Programme Officer
UNAIDS, Pak istan
13th Floor, Saudi Pak Towers,
Islamabad.
Tel: 92-51-2800022

44. Dr. Shahida Khan

Executive Director / Coordinator
Behbud Association of Pakistan
NE-2D/1, Tipu Road, Rawalpindi
Tel: 92-51-5962103
Fax: 92-51-5962143

45. Dr. Saeed Shafqat

Executive Director
National Institute of Population Studies
(NIPS)
Block 12 A, Capital-Inn Building,
G 8 Markaz,
Islamabad, Pakistan
Tel: 92-51-9260024
Fax: 92-51-9260071
Email: ss2009@columbia.edu

46. Ms. Seemin Ashfaque

Deputy Program Manager
Population Council
7, Street, 62, F-6/3,
Islamabad, Pakistan.
Tel: 92-51-2277439
Fax: 92-51-2821401
Email: seemin@pcpak.org

47. Mr. Shafqat Shahzad

Research Fellow (Health)
SDPI
3 UN Boulevard Diplomatic
Enclave -1, G-5, Islamabad.
Tel: 92-51-2278134/6
Fax: 92-51-2278135

48. Ms. Samina Sardar

Senior Program Officer Information
Population Council
House No. 7, Street No. 62, F-6/3,
Islamabad.
Tel: 92-51-2277439
Fax: 92-51-2821401
Cell: 92-300-5004600

49. Dr. Tehzeeb Zulfiqar

Research Associate
National Program for FP & PHC
FPIU for FP & PHC.
Feroz Centre, Fazle Haq Road,
Islamabad, Pakistan
Tel: 92-51-9202289 - 104
Cell: 92-333-8507088

50. Dr. Tariq Rahim

Managing Director
RH-AID
5 B Mezzanine Floor Kashmir Plaza,
Jinnah Avenue, Islamabad.
Tel: 92-51-2276477
Fax: 92-51-2870088
Cell: 92-303-7757774

51. Ms. Yasmin Zaidi

Coordinator
LDM
H # 13, St # 10, F-8/3,
Islamabad, Pakistan.
Tel: 92-51-2252908/2260679
Cell: 92-300-5001769
Email: iiepk@comsats.net.pk

52. Dr. Yasmeen Sabeeh Qazi *

Senior Country Advisor, Population
Program, The David and Lucile Packard
Foundation, Pakistan
C-23/F, 1st Floor,
Khayaban-e-Jami,
Phase 2 Extension, DHA,
Karachi, Pakistan.
Tel: 92-21-5391195-96
Fax: 92-21-5800120
Cell: 92-300-8258995
Email: yqazi@packard.org
gaziyas@hotmail.com

53. Dr. Zeba A. Sathar *

Country Director, Pakistan
Population Council
House No.7, Street 62
F-6/3, Islamabad-
Tel: 92-51-2277439
Fax: 92-51-2821401

54. Ms. Zehra Kamal

Managing Director
Rozaan
House No. 68-B, Street 25, F-10/1,
Islamabad, Pakistan.
Tel: 92-51-2215364/2215365
Fax: 92-51-2215366
Email: rozan@mail.comsats.net.pk
rozan@comsats.net.pk

55. Dr. Mohsina Bilgrami

Managing Director
Marie Stopes Society
21-C, Commercial Area,
Old Sunset Boulevard,
Phase II, DHA, Karachi
Tel: 92-21-111-538-538
Fax: 92-21-5803262

56. Mrs. Khawar Mumtaz

Coordinator
Shirkat Gah
68-Tipu Block, New Garden Town,
P.O.Box.5192, Lahore.
Tel: 92-42-5836554 / 5838815
Fax: 92-42-5860185

57. Mrs. Shahnaz Wazir Ali

Executive Director,
Pakistan Center for Philanthropy
1-A, (Khoistan Road), Street 14, F-8/3,
Islamabad.
Tel: 92-51-2855708/2855903-4
Fax: 92-51-2855069
Email: shahnazwa@pcp.org.pk

58. Dr. Mushtaq A. Khan

Chief -National Health Policy Unit
Ministry of Health
4th Floor 12-D, West Bewal Plaza, Blue
Area, Islamabad.
Tel: 92-51-2805054-56
Fax: 92-51-2201423

59. Mr. Paul Ruckert

Principle Advisor
German Technical Cooperation (GTZ)
G.P.O Box No. 2993,
2nd Floor 12-D West Bewal Plaza,
Fazal-e-Haq Road, Blue Area,
Islamabad.
Tel: 92-51-2276106
Fax: 92-51-9208753
Cell: 92-300-5005046

60. Mr. Qadeer Baig

National Manager
Pakistan National AIDS Consortium
H. No. 441, Street 57, I-8/3,
Islamabad.
Tel: 92-51-4100935
Fax: 92-51-4437019

Cell: 92-300-8271740
Email: <mailto:qadeerbaig@pnac.net.pk>
qadeerbaig@pnac.net.pk

61. Dr. Rashid Bajwa

CEO
National Rural Support Program
46, Aga Khan Road,
F-6/4, Islamabad.
Tel: 92-51-2822324 /2822319/9204473
Fax: 92-51-2822779
Email: rbajwa@nrsp.org.pk

62. Mr. Farooq Azam

Country Director
TAMA

Tel: 92-51-2854457/2854497
Fax: 92-51-2854417
Cell: 92-300-5000353
Email: fazam@tama.org.pk

63. Mrs. Afsheen A hmed

President
PAVHNA
9-C, 18th Commercial Street
Phase II Extension, DHA
Karachi.
Tel: 92-21-5801401-03
Fax: 92-21-588-7859
Email: pavhna@super.net.pk
pavhna@gmail.com