PAKISTAN: ESTABLISHING AN HRH COORDINATION PROCESS

Key facts

- Population: 162,207,697
- Infant mortality rate: 72/1,000 live birth
- Maternal mortality rate: 260/100,000 live birth
- Physicians in country: 7.8/10,000 population
- Nurses and midwives: 3.8/10,000 population
- Health care workforce (physicians, nurses and midwives): 11.6/10,000 population

There is a significant need for the public health sector to increase its role in providing quality essential health services in Pakistan to reduce the burden of out-of-pocket expenditure derived from seeking care in the private sector, for the low socioeconomic status population, and to help meet the unmet demand for health services through better human resource management. One of the constraints on the ability of the public health sector is scaling-up is the number of public health care workers, their distribution, and their capabilities.

In the recent decade, Pakistan has made progress in improving the basic health outcomes of its population, especially on outcome indicators related to the Millennium Development Goals (MDGs). There is still significant unmet demand for health care in the country, particularly maternal health care. Only 34 percent of births take place in a health facility, and less than two-fifths (39 percent) of births occurred with the assistance of a skilled medical practitioner. Pakistan has a high fertility rate with 4.2 million new births annually. This rapid population growth will further strain an already overstretched and underperforming health care services delivery system, including deliveries by skilled birth attendants.

Challenges

There is a significant need for the public health sector to increase its role in providing quality essential health services to reduce the burden of expenditure for the low socioeconomic status population, and to help meet the unmet demand for health services. One of the assumed constraints on the ability of the public health sector to scale-up such provision will be the number of public health care workers, their distribution, and their capabilities.

Human resources in health care are not appropriately planned in Pakistan, with the result that there are more doctors than nurses and “brain drain” from rural to urban areas and abroad, along with other issues related to curriculum, quality of graduates and their continuing supervision. The service structure for health workers is poorly defined it, favors tenure over competence, largely ignores technical capacities and does not allow incentives or rewards for performance. The conduct of education for medical, nursing and related cadres is mostly conventional and does not utilize recent developments in the field of medical education. There is no organized system for continuing medical education for any health
providers who are also largely unsupervised and at times ill equipped with the skills to tackle emerging diseases.

A new National Health Policy is currently in draft stage, which will include a vision for the role HRH strategy can play in helping to meet the country’s goals for improving health care services for all Pakistanis. In addition, the current HRH assessment will serve as evidence for a new HRH strategy to be developed and implemented by the Ministry of Health in 2010. The national and provincial authorities will comprehensively plan and forecast their human resource requirement for next 10 years according to the proposed services in the respective areas and take robust short term and long term steps to achieve the balance in manpower. Provincial health authorities will also develop, implement and maintain a database of health human resource, including the private sector. Nationwide campaigns will be launched to promote the permanent roles that nurses, midwives and allied health professionals may play in providing and delivering effective services to the public.

**Establishment of CCF structure**

- A broad-based committee of stakeholders including line ministries, international partners, private sector, academia and civil society was established by the MoH to guide and coordinate the HRH plan development in the country.

- first provincial stakeholder meeting for CCF has been organized in Karachi in order to establish HRH committee at the provincial level

- A stakeholders analysis have been initiated by the MoH

- HSA will be regional focal institute for capacity building of the stakeholders engaged in the development of the HRH plan

- A costed HRH plan will be finalized by end of 2011 with the involvement of the stakeholders identified

**Lessons learned**

- Consultation meetings with stakeholders proved very useful

- Capacity building of stakeholders in term of creating awareness about CCF is helpful

- Ownership of the CCF process by all levels is critical

- The CCF process can be supportive in strengthening the HRH information system for better policy making

- The CCF can be instrumental for deriving HRH strategy from the national health policy and linking with MDGs