

PROGRESS & CHALLENGES HEALTH SYSTEMS BUILDING BLOCKS IN SIX DISTRICTS OF PAKISTAN

WHO Building Block 4: Medical Products Vaccines and Technologies

A well-functioning health system ensures **equitable access to essential medical products**, vaccines and technologies of assured **quality, safety, efficacy** and **cost-effectiveness**, and their **scientifically sound** and **cost-effective** use.

- WHO, 2010, Monitoring the Building Blocks of Health Systems:
A handbook of Indicators and their Measurement Strategies, Geneva.

The supply of medicines has improved across all districts since 2014, except Jaffarabad where the THQ Usta Mohammad still faces serious challenges. A number of problems resulting from a lack of clarity following devolution in terms of responsibilities and protocols have been resolved. In Punjab, the quality of medicines is also reported has much improved. Nevertheless, some districts or district facilities still confront a shortage of medicines due to limited budgets as well as delayed supplies. Budget planning does not seem to factor in the needs of facilities located near the border of another province (or district) that service more than the local population, or, in some cases, the increase in the population being served.

District Jaffarabad (Province of Balochistan)

- The district's health services have been confronting an insufficient supply of medicines for years, obstructing the ability to cater to the community's needs effectively. The budget of the **THQ Usta Mohammad** is not enough to meet the demand - a problem that is compounded by budgetary cuts. The shortage can be gauged from the fact that the THQ's monthly financial quota for medicine is Rs. 200,000 while the OPD services more than 4,000 people every month.
- The Partnership with People's Primary Health Initiative (PPHI) has improved the availability of medicines at the **BHUs** level. However, while the supply is now regular it still falls short of demand. In 2016, the Female Medical Technician at BHU Cattle Farm noted that "*PPHI provides Rs.30,000 [worth of] medicines that is quickly depleted and when we ask people to procure [required medicines] from private stores they curse us*".¹ PPHI says it is trying to cater for the demand within its available resources.

District Sukkur (Province of Sindh)

- In 2014 the district was facing an acute shortage of medicines with officials having to mobilise donor agencies and influential people in the community to meet needs. Improvements are noted in 2017 but supply falls far short of demand across the district in the health department facilities, and the non-availability of sufficient medicines remains a central concern at the **THQ Pano Aqil**. Delays and a time-lag between facility-level requests and release from the province lead to a scarcity of medicines at the THQ. At the **BHU Haji Khan Chachar**, the government's partnership with the PPHI has ensured the prompt supply of medicines.
- The supply of medicines for **Lady Health Workers (LHWs)** has improved and the government is ensuring checks and balances in the distribution of family planning commodities at the community level.
- Opinions of duty-bearers and civil society differ. A civil society representative highlighted a **different challenge** confronting grassroots family planning services in 2017. According to

¹Facilities' checklist data, Female Medical Technician, BHU Cattle Farm, Jaffarabad, 2016.

him, while drug inspection processes have greatly improved, those running private sector medical stores have excellent networking so that when raids take place, most stores hide away their substandard medicine.

District Shahdaktot (Province of Sindh)

- The supply of medicines at the THQ had improved in 2017, but the Medical Superintendent (MS) reported that the facility (and district as a whole) was facing a shortage for the past five months. At the RHC, ante-natal patients in particular suffer from the lack of medicines and iron supplements, crucial in the first gestational trimester. Still, this is a major improvement over 2014 when even basic medicines such as paracetamol and common antibiotics were not available, and the RHC Qubo Saeed Khan lacked medicines on the essential list.
- It is unclear, however, whether the issue of procurement identified by the Medical Superintendent in 2014, i.e. the interference of elected representatives in selecting the only stores the facility could procure supplies from, has been resolved.
- Supplies provided to LHWs have been enhanced but their involvement in polio vaccination campaigns continues to hinder their work in the community on other health matters. The border-area district has a lot of patient inflow from both provinces and more supplies are needed to cater for the community.

District Muzaffargarh (Province of Punjab)

- The availability and quality of medicines has improved at both the **BHU Mehmoodkot** and **DHQ Muzaffargarh**. Partly this is because in planning future budgets, the DHQ forecasts a 15% increase of medicines over the previous year's consumption, thus ensuring that a buffer is always available. The CEO Health claims that now the best quality medicines so that "*the children of poor [parents] also get the same quality.*"²
- The drug inspection mechanism has improved and there is a committee responsible for overseeing procurement of local medicines.
- The supply of contraceptives and general medicines provided to **LHWs** is much better than in other provinces and no issues were identified in 2016-17.

District Vehari (Province of Punjab)

- The supply to both the **DHQ and BHU 569/EB** is better but does not factor in the increased size of the population being served. **LHWs** are also supplied sufficient quantities of medicines. Importantly, in 2017 while the provincial government retains control over 75% of the budget for medicines, local facilities now have control over 15% to procure medicines for the OPD and a further 10% for emergencies. The quality has also improved as "*Initially, the cheapest medicine was procured to meet the demand but now medicine is procured of [international] quality.*"³

District Mardan (Province of Khyber Pakhtunkhwa)

- In both **BHU Khazana Deri** and **DHQ Mardan** the supply of medicines has improved; medicines handed over by PPHI (after management reverted to the Department of Health) have been distributed amongst BHUs. This is a marked improvement from 2014 when facilities faced severe constraints and highly dissatisfied patients. Current challenges stem from supply lags affecting consistency, and budgets that do not match the needs of the increased population.

² Muzaffargarh, Multistakeholder forum, 2017.

³ District Health Officer, Vehari, Multi-stakeholder forum, 2017.

- The problem in the supply of contraceptives in the **Population Welfare Department (PWD)**, due to the lack of clearly spelt out protocols and division of responsibilities following devolution has been resolved, and supplies are now sufficient.
- As elsewhere, the supply of medicines provided to **LHWs** has also improved but, reportedly, this needs to be further enhanced.

About the Project

The “Strengthening Governance in Health Systems for Reproductive Health and Rights (RHR) in Pakistan: An Intervention Case Study” was implemented by Shirkat Gah in six districts across four provinces of Pakistan, including Districts Shahdadkot and Sukkur (Sindh), District Mardan (Khyber Pakhtunkhwa); Districts Vehari and Muzaffargarh (Punjab), and District Jaffarabad (Balochistan), from 2014 to 2017.

This pilot study aims to propose a model or pathway for a larger intervention on participatory governance and policy implementation for reproductive health and rights (RHR) in Pakistan. It is grounded in the key principles of equity, non-discrimination, participation and accountability, with particular attention to the promotion of gender equality and the realisation of the vision for the highest attainable standards of sexual and reproductive health and rights for all, particularly women and girls.

About Shirkat Gah

Shirkat Gah - Women’s Resource Centre (SG) was initiated as a small voluntary women’s collective in Pakistan in 1975, and has evolved into a leading women’s rights organisation that operates out of offices in Karachi, Peshawar, Lahore, and four field stations across all four provinces.

SG’s core strategies in its work with grassroots organisations in more than 20 districts, include research to generate evidence for capacity building and advocacy in the areas of sexual and reproductive health and rights (SRHR); personal status rights and laws; promoting a gendered perspective in sustainable development, and promotion of peace, with violence against women traversing the four focus areas.

Nationally, SG has contributed significantly to the overall policy and legal framework and works with elected representatives and government functionaries to bolster an environment conducive for women to claim rights and to facilitate accountability. SG also engages regularly with international development organisations, agencies and UN processes both for setting norms and standards as well as ensuring accountability on Pakistan’s international obligations.

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