

Supporting the Health and Population Needs in Pakistan

“Delivering as One” in Pakistan

One UN Pakistan

One UN is the result of a UN Reform process that brings together the strengths of all UN agencies to increase efficiency and efficacy towards development and humanitarian assistance for the people of Pakistan. It will enhance coordination and support to the government, donors and development partners to further align UN activities with national priorities and procedures in line with the Paris Declaration on Aid Effectiveness.

One UN brings its strengths around four areas: One Program, One Leader, One Budget, One Office. These are supported by the Operations Management Team (OMT), the IT Team and the UN Communication Group (UNCG).

Within the One Program, there are five thematic areas that the UN will concentrate on along with the cross cutting themes of gender, human rights, civil society and refugees. The thematic areas are:

- a) Health and Population
- b) Agriculture, Rural Development and Poverty Reduction
- c) Education
- d) Disaster Risk Management and
- e) Environment

Joint Program on Health and Population

The vision for the Health and Population joint program is based on a 'Health for All' approach. The selected areas of intervention (joint program components) represent thematic centers of attraction. Cross-cutting issues of gender, human rights, civil society participation and refugees are integrated in the six joint program components.

Fourteen UN agencies namely FAO, ILO, IOM, The World Bank, UNAIDS, UNDP, UNESCO, UNFPA, UNHCR, UNICEF, UNIFEM, UNODC, WFP and WHO have come together to work for critical outcomes of health and population indicated in Table-1:

Quick Facts

14 UN Agencies participate in the Health and Population Joint Program

There are six Joint Program Components in this Joint Program

Total Budget: US \$384.386
Funds received through One UN:
US \$ 14.936

Key Achievements:

- Eliminate duplication and redundancy,
- Increase strength and efficiency in utilization of resources (human and financial)
- Provide a stronger platform for resource mobilization and a larger financial portfolio
- Align all interventions to the Paris Declaration on Aid Effectiveness, and
- Effectively utilize each UN entities' expertise and comparative advantages
- Linkages with other Joint Programs to Address Social Determinants of Health
- Memorandum of Understanding between Ministries of Health and Population Welfare
- Significant progress in:
 - MNCH/FP & RH
 - School Health Program
 - Health System Strengthening
 - Population Census

Challenges:

- Magnitude of Health Issues
- Inequity in health services
- Security concerns, although improving
- Economic challenges
- Prominent humanitarian demand

Table-1: Outcomes for Health and Population JP components

JP Component 1 : MNCH and FP/RH in the context of PHC	
Outcome 1 (UNICEF, WHO, UNFPA)	Public and not for profit services and strategies for integrated Maternal Neonatal and Child Health (MNCH) and Family Planning/ Reproductive Health (FP/RH) services are consistently implemented.
Outcome 2 (UNICEF, WHO, UNFPA)	Community demand and participation and inter-sectoral linkages for MNCH & FP/RH Services are improved
Outcome 3 (UNICEF, WHO, UNFPA, WFP)	Nutrition status especially of infants, young children and child-bearing women is improved
JP Component 2: Communicable Disease Control	
Outcome 1 (WHO, UNICEF, UNHCR)	Morbidity and Mortality due to vaccine preventable diseases reduced; Expanded Program on Immunization, Polio Eradication and Measles elimination programs have achieved their targets
Outcome 2 (WHO, UNHCR, WFP, IOM)	TB and other priority endemic communicable diseases controlled
Outcome 3 (WHO, UNICEF, UNHCR)	Malaria incidence reduced and an integrated national program for zoonotic and vector-borne diseases operational at national, provincial and district level
Outcome 4 (WHO)	Viral Hepatitis B & C are prevented and controlled
Outcome 5 (WHO, UNICEF)	An integrated communicable disease surveillance and outbreak response system is operational at federal, provincial and district levels
Outcome 1 (WHO, UNICEF, WFP, UNFPA, UNESCO)	Knowledge and practices for health promotion (attitudes, behavior/lifestyle) and avoidance of health risks and disease prevention are improved (Nutrition related)
Outcome 2 (UNICEF,WHO, WFP, UNHCR)	Nutritional status of the population is improved
JP Component 4: Health System Development	
Outcome 1 (WHO, UNHCR, UNICEF, ILO, UNIFEM, UNFPA)	An effective system of human resource development for Health and Population is adopted
Outcome 2 (ILO, WHO, UNICEF, UNFPA)	An equitable, effective health and population financing system is in place
Outcome 3 (WHO, UNHCR, UNICEF, UNFPA)	Policy and management decisions by Federal, Provincial and District government on health and population issues are evidence-based using research and improved information system
Outcome 4 (WHO, UNHCR, UNICEF, UNFPA)	Effective systems for management of medical technologies are used
Outcome 5 (WHO, UNDP, ILO, UNICEF, UNFPA)	Quality assurance and regulation systems in public and private services delivery are fully utilized
Outcome 6 (UNDP, UNFPA, UNHCR, UNICEF, WHO)	Governance in health and population systems is significantly improved
Outcome 7	Capacitating of Health and Population sectors for gender mainstreaming programmes to improve
JP Component 5	
Outcome 1 (UNODC, UNAIDS, UNFPA, UNICEF, ILO, UNESCO, WHO)	HIV Transmission is contained in the vulnerable groups by contributing 10% towards National Strategic Targets
Outcome 2 (UNDP, UNAIDS, ILO, UNESCO, UNICEF, IOM)	Multi-sectoral opinion leaders take up and integrate HIV & AIDS issues in their program portfolios and policies (government, religious leaders, media, parliamentarians, employers, workers', educators, and agriculture extension workers representatives)
Outcome 3 (UNICEF, WHO, WFP, ILO, UNAIDS, UNIFEM, UNFPA, UNDP, UNODC, UNHCR)	Accessibility and utilization of quality treatment by all People Living with HIV (PLHIV) is improved (focus women and children). Support for all persons infected and affected by HIV is increased through strengthening CSOs working with PLHIV (focus on women and children) (support: social, spiritual, and economic)
JP Component 6 : Population Census	
Outcome 1 (ILO, UNDP, UNESCO, UNFPA, UNICEF, UN-HABITAT, UNIFEM)	Enabled Pakistan Census Organization in adoption of modern technology & approaches to conduct accurate housing and population census

Key Achievements

Fourteen UN entities under the banner of Health and Population have jointly planned comprehensive and holistic interventions around six areas, and helped to:

- ❑ Eliminate duplication and redundancy,
- ❑ Increase strength and efficiency in utilization of resources (human and financial)
- ❑ Provide a stronger platform for resource mobilization and a larger financial portfolio
- ❑ Align all interventions to the Paris Declaration on Aid Effectiveness, and
- ❑ Effectively utilize each UN entities' expertise and comparative advantages

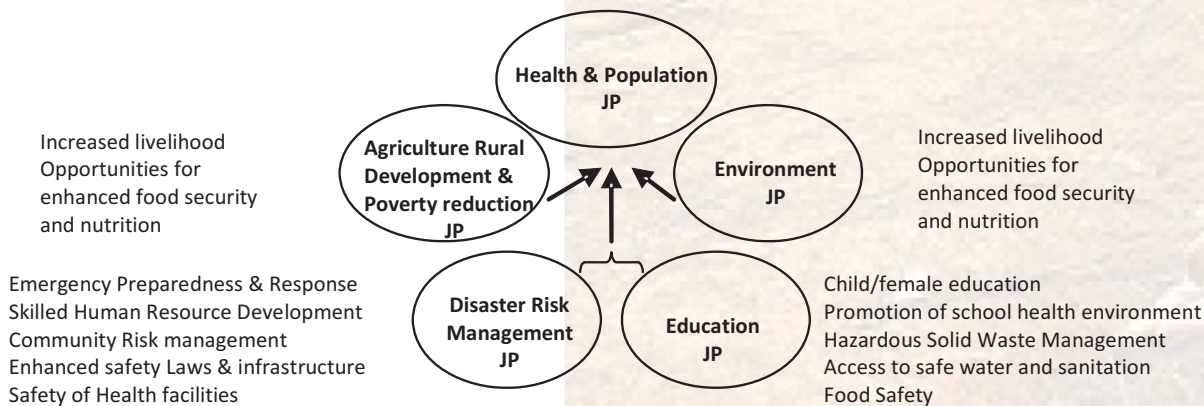
The 21 outcomes of the Joint Program have made significant progress since their inception. The following are some of the key achievements made:

Health Interventions carried out with other Joint Programmes

Three other Joint Programmes are addressing health issues namely the Health Emergency Preparedness and Response in the context of Disaster Risk Management, Environmental Health services with the Environment JP, and community-based health initiatives in the framework of Agriculture, Rural Development and Poverty Reduction.

Several determinants of health falling outside the purview of Ministries of Health and Population Welfare include lack of basic education, safe water, sanitation hygiene, nutrition, livelihoods and other deprivations for poverty. The Delivering as One initiative provided an opportunity to the Health and Population Joint Program to create the very important linkages and synergies with other Joint Programs to address the social determinants of health.

Health & Population and Social Determinants of health
 "Evident Intersectorality between Different Joint programmes (JPs)"



Generating synergies and complementarities between Ministries of Health and Population Welfare

Prior to the One UN initiative, the Ministries of Health and Population Welfare were working independently on health and population issues. This structure left many gaps in service delivery creating an unmet demand. As a result of the Joint Program on Health and Population, the two Ministries signed a Memorandum of Understanding to develop and adopt a common and coordinated approach in all key areas requiring concerted action. This constitutes a significant achievement for the Joint Program enhancing **functional integration** of service provision at the ground level with enhanced coverage of Maternal Neonatal and Child Health - Family Planning - Reproductive Health, which is reviewed periodically through a National Core Group and the Joint Technical Task Force. This has resulted in better cooperation and utilization of the existing facilities and reduced the unmet demand for health and population welfare activities.

MNCH/FP & RH

Under “Delivering as One”, the MNCH/RH/FP joint programme component was planned to cover 23 million people from 18 districts. Ten of these districts were funded through One UN Programme through Norwegian support, while eight districts will be covered through core UN interventions. The following is an outline of the assigned roles to each participating agency:

Participating Agency	Programme Component
WHO	<p>Integrated MNCH/FP/RH services in the public sector facilities with focus on IMNCI/ENC/EmONC; health system strengthening; provision of life saving equipment and supplies and supportive supervision.</p> <p>Ensuring that public sector resources are sustained</p> <p>Supporting operational research to improve Provincial/district teaching institutions and building their staff capacity in operation research; serve as model service providers and produce knowledge to enhance MNCH related decision making</p> <p>Implementation of Community-based initiatives to enhance access & utilization of services</p> <p>Developing and initiating functional monitoring and evaluation system and information systems for results based management</p> <p>Strengthening community based & outreach MNCH/FP/RH Care services</p>
UNICEF	<p>Improving access to integrated MNCH/FP/RH through contracting out services to private care providers</p> <p>Improving self care and demand for MNCH services by introducing voucher/incentive schemes and other innovative mechanisms</p> <p>Improving self care and care seeking behaviour through behaviour change communication</p> <p>Raising community awareness and micronutrient supplementation by implementing mother and child weeks</p>
UNFPA	<p>Improving access to integrated MNCH/FP through contracting out mechanisms</p> <p>Improving self care and demand for MNCH services through health vouchers and other incentive based mechanisms</p> <p>Supporting outreach services for clean deliveries and postnatal care</p> <p>Raising community awareness and improving community support to referral</p> <p>Improve Family planning services through public private partnership</p>

School Health Program

The government has recently undertaken several initiatives to activate the School Health Program, recognizing its utility both in the recently announced National Education Policy as well as the draft National Health Policy currently under preparation. In the spirit of Delivering as One (DaO), each UN participating agency will lead one of the four components, a) UNESCO in the area of School Health Education, updating the curricula and advocacy for School Health, b) UNICEF in the area of water supply and sanitation, c) WFP in school nutrition, d) UNFPA will focus on reproductive health, and e) WHO on School Health Services including periodic screening of children. An inter-sectoral alliance has been created, with clearly delineated roles and responsibilities to the Education, Health, Environment and Public Health Engineering departments.

Polio Eradication Initiative

The Delivering as One Initiative has added a greater impetus and value to the large scale uplift of this program. In addition to the WHO and UNICEF direct role many other UN agencies have been providing logistic support to the campaigns, and the UN Country Team has assigned the highest priority to this program. Moreover the UNDS role in guiding and supporting program security needs to be appreciated.

Health System Strengthening

With the growing realization of the importance of health system strengthening (HSS), the government has been paying serious attention to this area and through the GAVI-HSS grant, substantial headway has been made with regard to all the six building blocks of HSS through the combined efforts of MoH, UNICEF and WHO. WHO is provided technical support to the federal Ministry and provincial departments of Health through the placement of five HSS officers at the federal and provincial levels. The Health System Strengthening and Policy Unit (HSSPU) was established in May 2009 through recruitment of technical experts for the different health system pillars. Several activities are currently underway with a view to upscale national efforts for attaining MDGs 4 & 5.

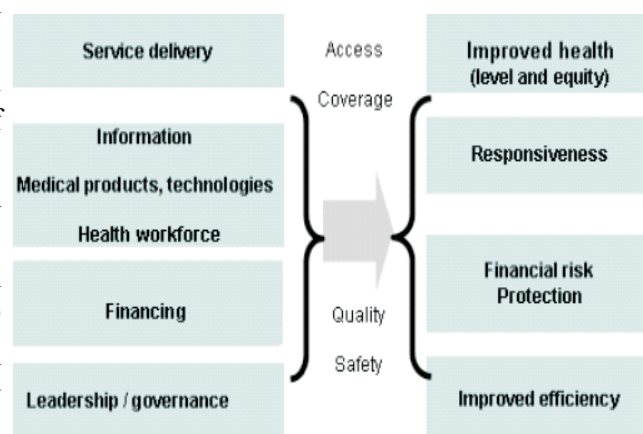


Figure-1: WHO Logical Framework for Health System Strengthening

Population Census

The first census was conducted in Pakistan during 1951 while the fifth one was conducted in 1998. The Sixth Housing and Population Census of Pakistan has been tentatively planned for 2010. House hold questionnaires have been developed and digitalization carried out at the Federal level and in the Punjab. Due to the current security situation digitalization of Balochistan and NWFP is awaited. The ICR scanners have also been procured. As soon as the date is finalized, the execution of the census will be commenced by the Population Census Organization (PCO), based in the Statistics Division, fully supported by the UN system in provision of equipment, questionnaires, capacity building and publicity campaigns.

Financial Overview

The Health and Population JP Budgetary Outlay through DaO window in 2009-2010

Health and Population	Allocated Amount (In Million US \$)	Funding received through One UN
JPC-1 MNCH,FP & RH	82.300	10.000 2.400*
JPC-2 Control of Communicable Diseases	206.100	0.300
JPC-3 Nutrition & Health Promotion	54.900	0.880
JPC-4 Health System Development	12.600	* shared with MNCH
JPC-5 Control of HIV & AIDS	16.200	0.020
JPC-6 Population Census	12.286	1.336
Total	384.386	14.936

Challenges

Although a lot of progress has been made, there is yet more to be done. Some of the challenges facing the Joint Program include the enormity and magnitude of the health needs in the country both for development and humanitarian interventions, especially in the environment of an economic crunch and increased humanitarian situations around the world. The existing inequities in health services also pose a significant challenge, in addition to security constraints.

The DaO initiative requires a behavior transformation and up scaled concerted efforts on the part of the UN, government and health development partners.



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