

PAKISTAN PRESENTATION

L4UHC – ASIA
OCTOBER 2020

PARTICIPANTS

NAME	ORGANIZATION	TITLE	COLLABORATIVE LEADERSHIP CAPACITY THAT HAS GROWN MOST THANKS TO L4UHC
Hasnat Ahmed	Punjab Health Initiative Management Company Lahore	Head of Department, Monitoring & Evaluation	Deep Listening
Muhammad Azam Khan	Health Department, Government of Gilgit Baltistan	Additional Secretary	Deep Listening; Adaptive Vs Technical Change
Muhammad Bashir Khetran	Finance and Planning Department , GoP	Joint Secretary	Deep Listening
Saira Nadia Khowaja	Global Health Directorate The Indus Hospital, Karachi	Executive Director	Adaptive Vs Technical Change, Coalition Building
Gulzar Ali Mallah	Sehat Sahulat Programme, Ministry of National Health Services Regulation and Coordination	Deputy Director	Deep Listening
Hamida Mughal	Government of Khyber Pakhtunkhwa Social Health Protection Initiative, Peshawar	Assistant Director M & E	Deep Listening
Mohammad Riaz Tanoli	Government of Khyber Pakhtunkhwa Social Health Protection Initiative, Peshawar	Programme Director	Coalition Building , Self Management
Sadaf Zafar	Punjab Seed Corporation, Agriculture Department, Government of Punjab	Director Admin and Deputy Managing Director	Deep Listening , Coalition Building
Saqib Zafar	Livestock Department Government of Punjab	Secretary	Coalition Building and Stakeholder Mapping
Mr Muhammad Arshad	Sehat Sahulat Programme, Ministry of National Health Services Regulation and Coordination	Director Technical	Adaptive Vs Technical Change, Coalition Building and Stakeholder Mapping

DISTRICT ADMINISTRATION - COLLECTIVE ACTION INITIATIVE

Aspiration Statement at Launch	Revised Aspiration Statement (June, post COVID)
<p>Activate district administrators in the enrolment process to enhance the enrollment from 40% - 60% by April 1'2020</p>	<p>Coordinating with district administrators, line departments and involving new methodology i.e. going door to door in the enrolment process to enhance the enrollment from 50% - 60% by Sept 2020 in District Rawalpindi</p>
Main Activities	Results (Outputs and Outcomes) Achieved
<ul style="list-style-type: none"> - Inclusion of the District Administration - Formation of committees at Tehsil, and town level - Accountability and handholding of the NGO - Change of the NGO at implementation level - Change in strategy door to door approach - Card distribution adapting COVID-19 SoPs 	<p>The enrollment has enhanced from a baseline 40% to 59% in the target district during the reporting period:</p> <ul style="list-style-type: none"> - The committees progress led to major breakthrough and enhancement in the enrollment - Improved accountability and enhances access - Enrollment reinitiated with improvised performance - Enhanced access - Enabled continuing work beyond COVID

MoU - COLLECTIVE ACTION INITIATIVES

Aspiration Statement at Launch	Revised Aspiration Statement (June, post COVID)
Multi-stakeholder MoU signed between all relevant stakeholders for one private sector entity by April 1, 2020	Multi-stakeholder MoU signed between all relevant stakeholders for one private entity run through the PPM model by Sept 2020
Main Activities	Results (Outputs and Outcomes) Achieved
<ul style="list-style-type: none"> - Ongoing meetings internally as well as with the stakeholders - January 20 – Discussion to move forward and document sharing - Discussion on the non negotiables - Insurance company brought onboard 	<ul style="list-style-type: none"> - Agreement on the Non-Negotiables - All stakeholders onboard - A site nominated for piloting the arrangement

OUR ADVICE ON HOW TO LEAD COLLABORATIVELY TOWARDS UHC

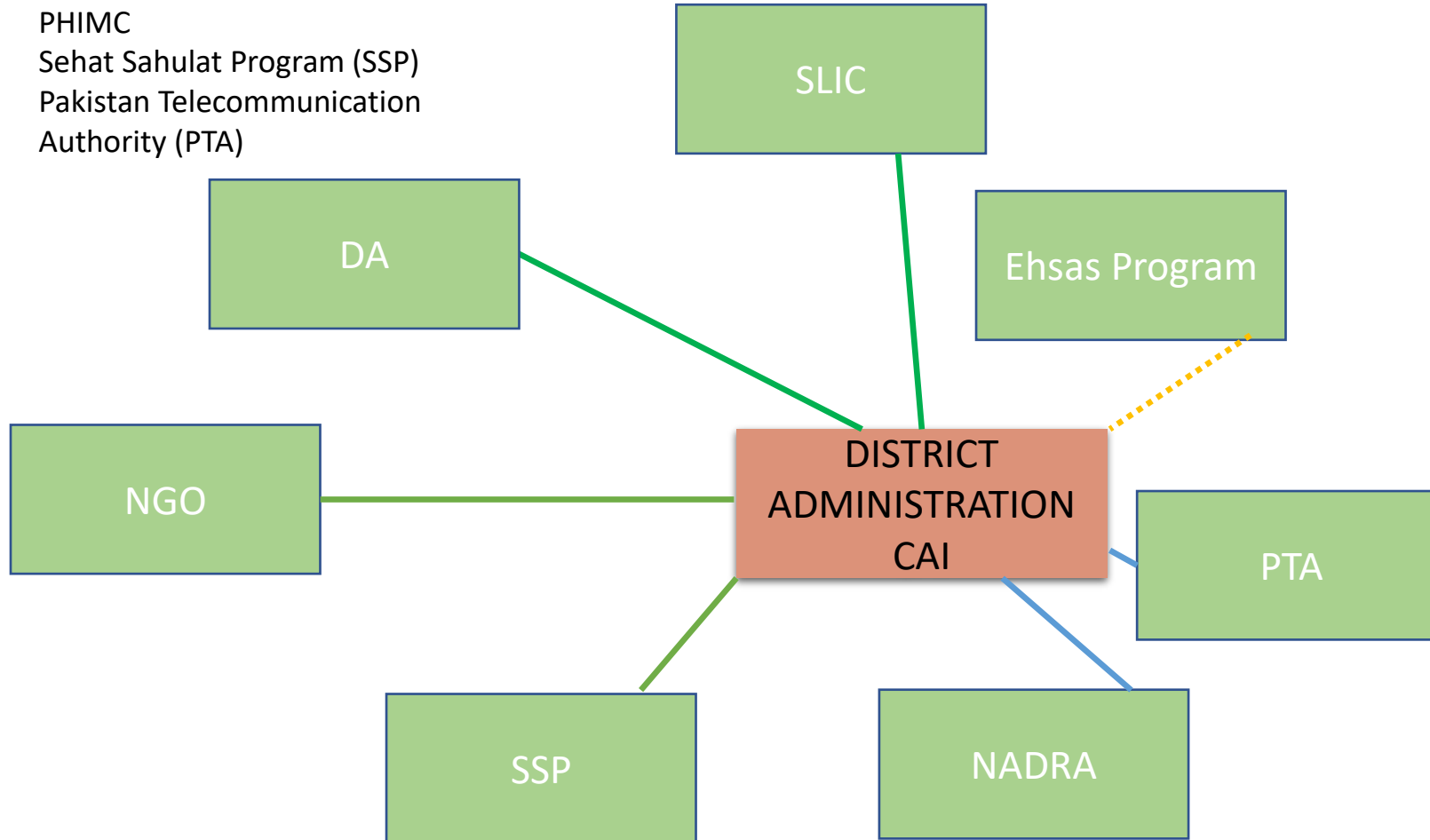
Stakeholder Coalition and Engagement

- Evolvement of political leadership at all levels
- Stakeholder Coalition for Health legislation in place to ensure UHC
- To succeed in UHC need to be open to engage with traditional and nontraditional stakeholder and most importantly you need to be adaptive to engage with them as they bring their own value
- Sharing of experiences amongst the federating units and regions
- Sharing vision, bigger picture, roadmap, and cause with all relevant stakeholders we can easily win their cooperation for effective cooperation to implement UHC
- There should be frequent stakeholder interactions

RELATIONSHIP MAP

KEY:


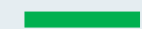
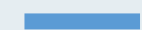

- District Administration (DA)
- NGO
- Department of Health (DoH)
- Insurance Company (SLIC)
- National Population Data Base (NADRA)
- PHIMC
- Sehat Sahulat Program (SSP)
- Pakistan Telecommunication Authority (PTA)



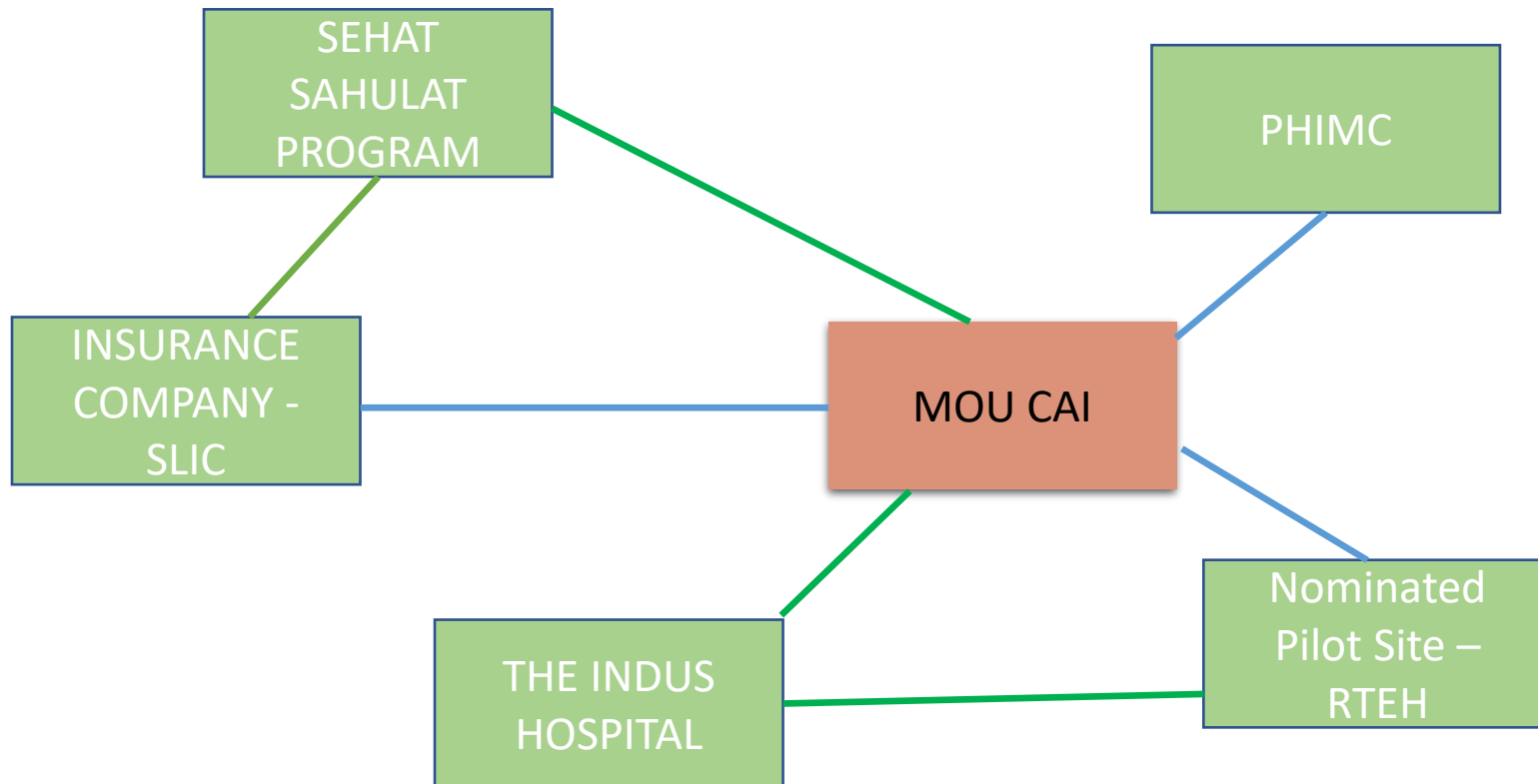
STAKEHOLDERS WE WISH TO COLLABORATE WITH

- LOCAL GOVERNMENT
- OTHER NGO WORKING IN SIMMILAR AREAS

LEGEND

-  Collaborators
-  Strong improvement
-  Moderate improvement
-  No significant improvement

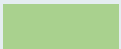



RELATIONSHIP MAP



STAKEHOLDERS WE WISH TO COLLABORATE WITH

- HEALTH DEPARTMENT , GOP

LEGEND

-  Collaborators
-  Strong improvement
-  Moderate improvement
-  No significant improvement

ROAD MAP

Pakistan

OUR CAI

CAI Name		Strategy for the Future	
Enhancing the enrollment of PWDs from 20 – 25% with overall general enrollment from 70 to 75% in Punjab Province.		Re-initiation of enrollment in already saturated districts through strong community engagement and development of beneficiary enrollment centers Focus on enrollment of PWDs through devising a new mechanism (only 20% enrollment completed in last whole year)	
	Activity	Timeline	Leadership Interventions
1	Re-initiation of enrollment in the districts where the scope of enrollment still exists.	Oct 2020	Permission from the concerned District Administration
2	Developing a new mechanism for improvement and enrolment of PWDs	Oct 2020	Negotiations with the Insurance Company (SLIC) for enrollment using the new strategy
3	Establishment of Beneficiary enrollment centers (BEC) / initiation of door to door enrollment campaign	Oct – Nov 2020	Permission from concerned CEOs Health of the relevant districts for establishment of BEC Negotiations with concerned CEOs Health for support in enrollment using the community health champions (LHWs etc.)
4	Formation of calling data for NADRA (National Registration) with the held of SLIC (insurance company) for mobilization of beneficiaries through calls	Oct – Nov 2020	
Organizations outside the team will need to bring into our work			How development partners might be able to help us
District Health Administration, Insurance Company , NADRA, Community Health Champions, District Administration, SSP, NGO			Awareness package for the PWDs, Support in community engagement and mobilization.

OUR CAI - MOU

CAI Name		Strategy for the Future
MoU PPP Model Hospital empanelment with a private sector entity		To ensure that a provisional MoU is signed
Key Activities		
Month	Activity	Leadership Interventions
October 23, 2020	Review of draft MoU and checklist for empaneled	Legal teams in each organization updated on the mandate and review against non-negotiables
October 30, 2020	Joint visit of all stakeholders to the pilot site – RTEH Muzzafargarh	Ensure engagement of organizations and help establish a date for the visit where senior leadership can jointly visit
November 15, 2020	Draft of Operational flows for implementation as an empaneled hospital	Get implementation teams (SLIC & RETH MZG) involved to start discussing implementation of operations in the hospital
Organizations outside the team will need to bring into our work		How development partners might be able to help us
PHMIC, GoPb – Specialized Care, SLIC		Integration of services and use this as building block to pilot other initiatives for e.g. data integration, double dipping of finances

PERSONAL COMMITMENTS

Name	Personal Commitment
Mr. Saqib Zafar	<p>Maintaining constant communication with all the team members with the aim keep them inspired and motivated</p> <p>Make it a habit to skim through UHC models and interventions being done at a global level and share knowledge with stakeholders and friends (economist, times)</p>
Mr Gulzar Mallah	<p>Empanelment of public sector hospitals in AJK and GB with the Insurance Company for expanding the network of hospitals and provision of care to the masses. UHC can't be achieved without inclusion of these facilities in these two regions due to limited private health care facilities available.</p>
Dr Riaz Tanolli	<p>Continuous interaction with the federal and provincial program and strengthen interprovincial relations particularly PHIMC Punjab</p>
Mr Hasnat Ahmed	<p>Strengthening and capacity building of the monitoring and evaluation systems to accelerate UHC agenda across the country</p>
Mr Bashir Kethran	
Sadaf Zafar	<p>Ready to provide every support related to achievement of UHC goals wherever required.</p>
Muhammad Azam Khan	<p>Ensure empanelment of remaining public sector hospitals of Government of GB with SSP</p>
Muhammad Arshad	<p>To ensure full support to MOU CAI from Government side to achieve this multisectoral MOU pilot project.</p>
Saira Khowaja	<p>Ensure completion of the target of the MoU CAI working closely with all the existing stakeholders and any new stakeholders</p>

QUESTIONS/SUGGESTIONS FOR POLICY MAKERS AND DEVELOPMENT PARTNERS

Question/Suggestion:

How can we build on these pilot initiatives and lessons learned to ensure dissemination. Too many pilots and lack of dissemination will lead to scale up i.e. not evidence based

Question/Suggestion:

Data, information and operational integration – Need support to ensure that systems are allowed to be adaptive to ensure that different stakeholders data, information and operations can be integrated

Question/Suggestion:

There is a need to disseminate the concept of UHC currently its only in the brains of a few technical people. UHC concept needs to be branded to let the masses know

Question/Suggestion:

Financial modeling of UHC through health insurance and its correlation with current health service delivery model of Pakistan – to have a look from the sustainability perspective and determining the way forward and the required changes in the current service delivery model

