IHP+ 2016 MONITORING ROUND

COUNTRY REPORT PAKISTAN

COUNTRY	Pakistan
CONSULTANT NAME	Saira Siddique
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1 Process of the 2016 IHP+ Monitoring Round

The Federal Ministry of National Health Services Regulation & Coordination oversaw and coordinated the monitoring effort with technical assistance by a consultant contracted by IHP+Results. The consultant supported the IHP+ focal point of the Ministry to organise an initial meeting with relevant stakeholders. Resource persons from government and focal points from development partners, civil society organisations, the private sector and professional associations were invited. The meeting provided an opportunity to raise awareness about the monitoring process, and to reach an agreement on which stakeholders to be involved. The data collection tools and timelines were agreed. The initial steps and the kick-off meeting went smoothly. An online survey of civil society organisations was launched, but only 9 of 51 invited CSOs responded. Out of 15 CSOs invited to participate in focus group discussions, 14 participated.

The collection of the completed data collection tools from Government and DPs proved problematic. The IHP+ Focal Point of the Ministry of National Health Services Regulation & Coordination sent multiple reminders followed by additional reminders and visits by the technical assistant. Reminders were also sent by the secretariats of IHP+ and of IHP+Results to the headquarters of some organisations. Out of 16 DPs active in health sector and participating in the donor coordination forum, only 6 submitted the completed data collection forms. Additional partial (financial) information was provided by one DP from headquarters level.

The response from the Government was also slow, and only one of the four Provincial Ministries of Health submitted data. In the focus group discussions among civil society and private sector organisations, all invited organisations participated. All collected data were reviewed by IHP+Results. After feedback, the consultant finalised and summarised the findings for review and validation by the IHP+ Focal Pont of the Federal Ministry of National Health Services Regulation & Coordination.

2 Commitment to establish strong health sector strategies which are jointly assessed and strengthen mutual accountability

2.1 EDC Practice 1: Partners support a single national health strategy

Due to 18th Constitutional Amendment, health policy is devolved to provinces. Each province has its own five year health sector strategy. The Federal Ministry has developed a National Vision 2016-2025 to coordinate priority actions to address challenges of reproductive, maternal, child and adolescent health & nutrition. The development of health sector strategies involves consultation with other ministries, including finance and planning and development, in addition to involvement of civil society organisations, the private sector and academia. DP support of the health sector is aligned with national and provincial health strategies.

2.2 EDC Practice 5: Mutual accountability is strengthened

The national/provincial health sector plans have never been jointly assessed through a JANS or a similar process. However there have been joint annual reviews (JARs) at sub-sector levels, particularly in the areas of MNCH, EPI and HIV&AIDS, carried out by the Federal Ministry with the support of WHO and involving Provincial Ministries of Health, DPs, CSOs, the private sector and academia. The World Bank and DFID also undertook a joint assessment of their support to the Punjab Health Sector Programme. In addition to JARs there are project specific coordination fora to enhance accountability, for instance the National Health and Population Inter-agency Coordination Forum and the Country Coordination Mechanism (CCM) for Global Fund grants. There is no country compact or partnership agreement with measurable targets in place.

3 Commitment to improve the financing, predictability and financial management of the health sector

3.1 Practice 2a/b: Health Development Cooperation is more predictable

The 2015/16 budget of the Federal Ministry of National Health Services, Regulation and Coordination was 217 million USD. The budget of the Punjab Provincial Ministry of Health was 987 million USD for the same fiscal year. There has not been any over- or under-disbursement. Public sector health expenditure as percentage of GDP is less than 1%, therefore the entire health sector is underfunded. The federal budget is mainly used to fund vertical programmes. There is no rolling budget of 3 years. The federal and provincial government budgets are planned annually and lapse at the end of year if not used. However there are rolling budgets of 3-5 years for approved development projects.

Only four of the seven participating DPs reported on disbursements according to schedule. Three of them reported significant under-disbursements, in two cases of more than 50%. The reasons given for under-disbursements generally referred to government processes. The SPs stated that their annual plans and an outline of multiyear plans are made available to the Economic Affairs Division of respective governments. In addition, information on DP support is shared during meetings of the Health and Population Interagency Coordination Consortium chaired by the Ministry of National Health Services, Regulation and Coordination.

Although six of the seven DPs stated that they provided forward expenditure plans for two to three years, the Federal Ministry of National Health Services, Regulation and Coordination did not acknowledge that these plans were known. The Punjab Provincial Ministry of Health acknowledged three of these. This information is incomplete because many DPs cooperate almost exclusively with the Provincial Ministries of Health. Additional forward-looking expenditure plans may therefore be known to the three Provincial Ministries of Health that did not participate in the monitoring round.

3.2 Practice 2c: Health Aid is on budget

Of the four DPs that provided information about on-budget assistance, only the World Bank IDA loan was reported to be on-budget. The Ministry of National Health Services, Regulation and Coordination did not provide information about DP funds that were on-budget. The Punjab Provincial Ministry of Health listed three DPs as providing on-budget assistance, two of which had not provided this information themselves. There is again a difficult issue that considerably more DP funds may be on-budget at provincial level, but only one Provincial MOH participated in the data collection.

4 Commitment to establish, use and strengthen country systems

4.1 Practice 3: PMF systems are used and strengthened

The World Bank CPIA database scores the public financial management systems of Pakistan as 3.5. PIFRA (Project to improve Financial Reporting and Auditing) is an initiative to increase the accuracy, completeness, reliability, and timeliness of Government financial reports at the national, provincial, and district levels. PIFRA was developed over time with World Bank assistance. The World Bank encourages DPs to use government systems, however the World Bank IDA loan was the only DP contribution that was reported as using PFM institutions and processes in the 2015-16 fiscal year.

4.2 Practice 4: Procurement systems are used and strengthened

Public Sector Procurement Rules PPRA are very stringent. A revision of the PPRA would provide greater opportunities for DPs to alignment procurement processes and to increase the volume of DP funds using the national procurement and supply systems. National procurement and supply plans exist, but they are project specific and mainly for vertical programmes. The national procurement system is being strengthened with the support of DPs, primarily the World Bank and USAID. For contraceptives the Health Commodities and Supply Chain activity by USAID has enhanced government's capacity to undertake transparent procurement. The World Bank provides support to improve the transparency and accountability of government procurement systems. GAVI and UNICEF use UN systems that have harmonised and shared LTAs.

4.3 Practice 6: Technical support is coordinated and SSC and TrC supports learning

There is no national or provincially agreed technical assistance (TA) plan. There are TA projects supported by different DPs in different sectors and subsectors. Sub-sector TA plans are developed/strengthened from time to time as and when DP support is available, usually to improve the capacity of the public sector, private sector or civil society. The Federal or Provincial Ministries of Health are usually involved in developing the terms of reference for technical assistance and in the selection of consultants. The TAs report to government, but usually only indirectly as the government does not directly monitor TA programmes but receive reports from DPs on the implementation of TA.

SSC exists in various fora like the South Asian Association for Regional Cooperation (SAARC), the Economic Cooperation Organisation (ECO), G-5, and CRRA. In addition there are bilateral cooperation agreements with Afghanistan, Iran, Turkey and China. Ministries and Departments of Health participate in SSC but mainly at the federal level. Four of six DPs reported that they supported SSC, introducing an element of triangular cooperation. The remaining two cited resource constraints as the main reason for not providing support.

5 Commitment to create an enabling environment for CSO and PS to participate in health sector development cooperation

5.1 Practice 7: Engagement of CSO

Government involves CSOs in consultative process during the conceptualisation of health sector programmes and policies, but not in implementation and monitoring. Four out of six DPs also reported the involvement of CSOs in the development and implementation of subcomponents of their health sector programme. The government and DPs reported that they provide financial resources to support inclusion of CSOs in health policy partnership processes.

In the survey and focus group discussions, the participating CSOs expressed a somewhat different view of the situation. They did not feel that they had timely access to health policy consultations to allow meaningful participation; they never or rarely receive financial support,

training or technical assistance from government, and rarely or sometimes from DPs. The legal and regulatory environment of CSOs was viewed by the participating organisations as being only partially effective and non-restrictive. Most stated that certain groups were prevented from participating in health policy processes. Foreign funded CSOs are sometimes viewed with suspicion because of their greater financial and functional autonomy, and because many of them have taken up sensitive issues like human and women's rights or environmental causes.

CSOs participating in the focus group discussions expressed the opinion that there is no explicit comprehensive or cohesive policy with respect to the civil society sector. This is also the consequences of the absence of an institutional mechanism to coordinate the role of different registration authorities.

The legal environment, organisational capacity, financial viability, and the public image of CSOs were also cited by some DPs as constraints for supporting CSO participation in health policy. However one of them noted that recent policy changes have created greater openings.

5.2 Practice 8: Engagement of PS

The private sector has an important role in health service delivery. Both the government and DPs acknowledge that private sector representatives are increasingly invited to to participate in health policy consultations. But there are also opportunities for private sector engagement that are not yet fully realised. For instance information from private sector health service providers is not captured in the national health information system and in the sector M&E frameworks. DPs expressed the need for the establishment of more formalised structures of cooperation with the private sector, and for greater involvement of the private sector in health partnership fora.

Private sector representatives participating in the focus group discussions expressed the opinion that the national health policy did not provide guidance to the private sector. Private sector organisations develop their own policies and strategies to maximise their profits. In the absence of an umbrella institution that provides a platform for private sector coordination, the involvement of the private sector in health policy consultations is difficult. In rare occasions when private sector stakeholders are involved in policy level activities, there is no feedback mechanism to ensure that their inputs are incorporated into policies or strategies.

6 Other observations

The devolution in Pakistan has important implications on the health system, health policy processes, and on the engagement of DPs. Three of four Provincial Ministries of Health did not provide responses to the survey, and they could not be interviewed because there was no provision for travel in the monitoring assignment. For this reason the findings of this monitoring round in Pakistan should be seen as only partial, because the main volume of international health sector cooperation occurs at provincial level.

7 Discussion of findings

A meeting to discuss the findings of the monitoring round was organised by the Ministry of Health on November 1st, 2016. Participants were:

1. MOH Focal Point IHP+
2. MOH Director General Health
3. Representative GIZ
4. Representative World Bank
5. Representative WHO
6. Representative JICA
7. Representative KFW

8. Representative USAID
9. Representative UNICEF
10. Representative UNAIDS
11. Representative UNFPA

The following issues were discussed:

- It was highlighted that this is the first time the IHP+ monitoring round is carried out in Pakistan. The country-based approach to performance monitoring highlighted the need to improve routine monitoring of health sector cooperation.

- It was found out that the devolution in Pakistan has important implications on the health system, health policy processes, and on the engagement of DPs. Three of four Provincial Ministries of Health did not provide responses to the survey, and they could not be interviewed as there was no provision for travel in the monitoring assignment. For this reason the findings of this monitoring round in Pakistan were seen as only partial, because the main volume of international health sector cooperation occurs at provincial level.

- The participation of civil society in the national partnership for health was an issue that elicited major discussions. The consultations in the two focus groups underlined that there are different perceptions among governments, development partners and civil society organisations about effective engagement of civil society.

- It was also discussed among the participants that accountability among government and other IHP+ partners for the effectiveness of cooperation in health depends on mutuality. Implementation has to overcome two main difficulties: first, the relationship between international partners in development cooperation is highly asymmetrical; and second, there is no institutional mechanism to enforce accountability among partners.

- It was emphasized that asymmetrical relationships reflect major structural power differentials among stakeholders in health sector development that risk undermining the implementation of mutual accountability processes. Providers of development assistance have powerful financial instruments to hold recipients to account. The instruments of recipient governments to hold their partners to account are, however, limited. Governments can also impose legal and financial sanctions on civil society actors while the ability of civil society to hold governments to account is highly variable. Although the processes and tools adopted by the IHP+ can help mitigate some of the effects of the asymmetry among partners, it cannot overcome them in the current scenario of Pakistan.

- The absence of an institutional mechanism to coordinate the role of different players within the private sector was also highlighted. Due to absence of institutional mechanism, poor regulations of health sector and profit making compels the private sector stakeholders to share negligible information about their operations and resources with the Government.

The following decisions were taken:

In the short term:

- Facilitating the dialogue and regular meetings between DPs and Government can improve mutual accountability processes. The already existing project specific coordination fora should be immediately strengthened to enhance accountability and regular exchange of information.

- The Federal Ministry (Ministry of National Health Services, Regulation and Coordination) will work on developing a larger and unified Donor Coordination Committee involving all donors in the health sector and also inviting the Provincial Departments of Health to ensure regular exchange of information and developing mechanisms of mutual accountability.

- Most of the DPs do not provide direct budget support to the Federal or Provincial Governments. However they committed to providing details of their support to Federal and Provincial Ministries in addition to Economic Affairs Division

In the medium and long term:

- DPs will identify how the government financial and procurement systems can be modified to accommodate their requirements. A revision of the Public Sector Procurement Rules (PPRA) would provide greater opportunities for DPs to align their procurement.

- There is no national or provincially agreed technical assistance (TA) plan. The DPs and Federal and Provincial health ministries will develop combined TA plans supported by different DPs.

- No explicit comprehensive or cohesive policy with respect to CSOs participation in health policy processes exist. There is a need to develop institutional mechanism to coordinate the role of different CSOs.

- There is absence of an institutional mechanism to coordinate the role of different players within the private sector. The government and DPS will work on improving the capacities of private sector in terms of policy and program development in order to ensure meaningful participation.

8 Annex 1: list of DPs that were invited and those that participated

Nr	List of DPs active in the health sector	DPs invited to participate in 5th IHP+ Monitoring Round (please add an X if the DP was invited to participate)	DPs that participated (please add an X if the DP participated)
1	USAID	X	X
2	KfW Development Bank	X	
3	DFAT	X	
4	World Bank	X	X
5	JICA	X	
6	UNFPA	X	
7	European Union	X	
8	UNAIDS	X	
9	Packard Foundation	X	
10	WHO	X	
11	GIZ	X	
12	GAVI Geneva (through Webex)	X	X
13	UNICEF	X	X
14	Bill and Melinda Gates Foundation	X	X
15	DFID	X	
16	Australian High Commission	X	X