

From universal health coverage to improved data management

Strengthening sexual and reproductive health delivery, supported by World Health Organization Pakistan

This case study was developed by the WHO country office with support from the Country Strategy and Support (CSS) and the Prevention of Unsafe Abortion (PUA) unit at UNDP-UNFPA-UNICEF-WHO-World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP) Department of Sexual and Reproductive Health and Research (SRH). The work was undertaken as part of a collaborative project to address unsafe abortion through a health system strengthening approach. The project ran from 2019–2023 and included ten countries; three WHO regional offices; and five WHO HQ departments working together through a technical working group coordinated by HRP.

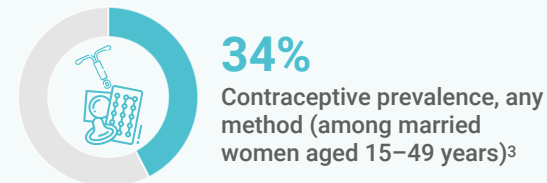
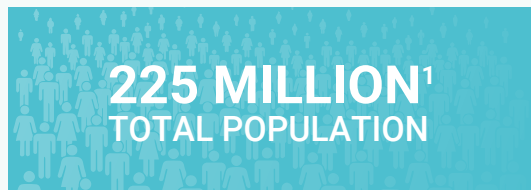




Background

Sexual and reproductive health services are delivered through the primary health system in Pakistan. However, uptake and delivery of services is low and uneven leading to poor health outcomes for reasons including the cost associated with accessing outpatient services, low availability of public health service providers in some areas, and the fragmented nature of health information management.

Pakistan: Facts

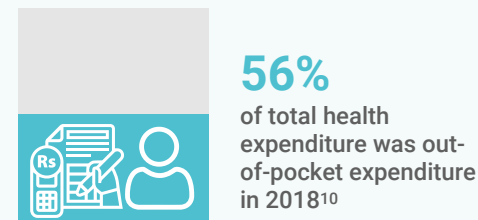
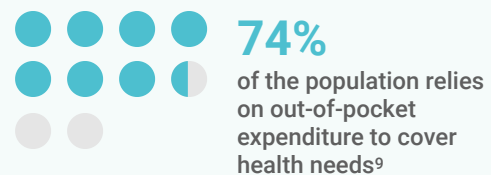


Health workforce

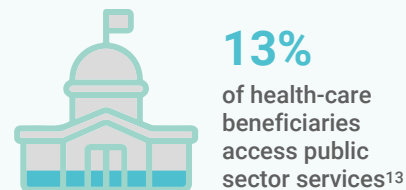
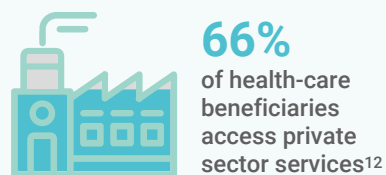


Out-of-pocket expenditure on health

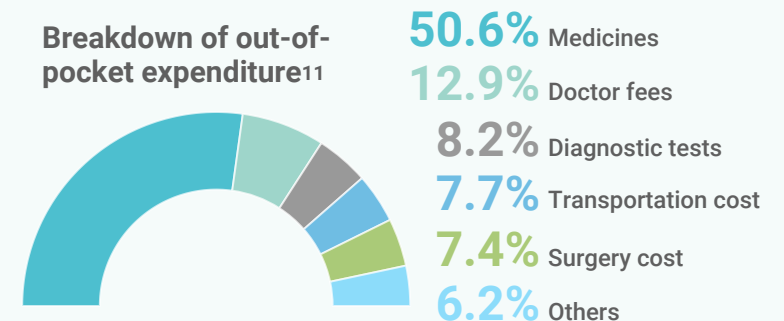
7.89 million families with partial insurance of health costs



Choice of health services

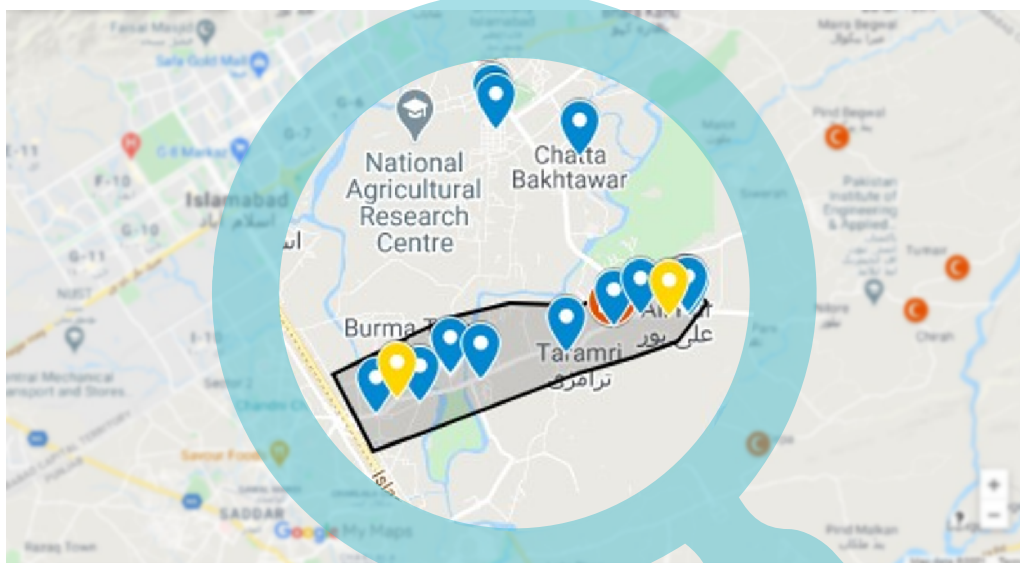


Breakdown of out-of-pocket expenditure¹¹





With technical and financial support from World Health Organization, Pakistan introduced two innovative pilot initiatives in the Islamabad Capital Territory to strengthen the Universal Health Coverage-Beneficiary Package and ramp up uptake of sexual and reproductive health services in the country.



Map: Intervention area

The interventions are:

1 Expansion of health coverage through the Sehat Sahulat Programme to outpatient services on a pilot basis; and

2 Introduction of a robust Electronic Data Management System

Interventions

Expansion of Sehat Sahulat Programme to cover outpatient costs for an essential package of health services on a pilot basis

The one-year pilot project (October 2021–October 2022) aimed at reducing out-of-pocket health expenses and increasing availability and uptake of services through the public health system.

Key features:

I. Inclusion of sexual and reproductive health in the essential package of health services

- A Management of Miscarriage or Incomplete Abortion and Post-Abortion Care
- B Pharmacological Termination of Pregnancy
- C Syndromic Management of Common Sexual and Reproductive Tract Infections
- D Partner Notification and Expedited Treatment for common sexually transmitted infections, including HIV
- E Family Planning Provision of Condoms and Hormonal Contraceptives, including emergency contraceptives and intrauterine devices
- F Adolescent sexual and reproductive health



II. Delivery of free primary health outpatient services

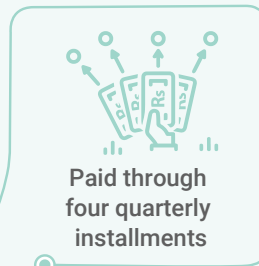


Six MBBS qualified private practitioners from the Marie Stopes Society Pakistan network deliver services through four facilities designated as health posts



PKR 2900 annually per registered beneficiary family

III. Remuneration to private practitioners through a capitation model

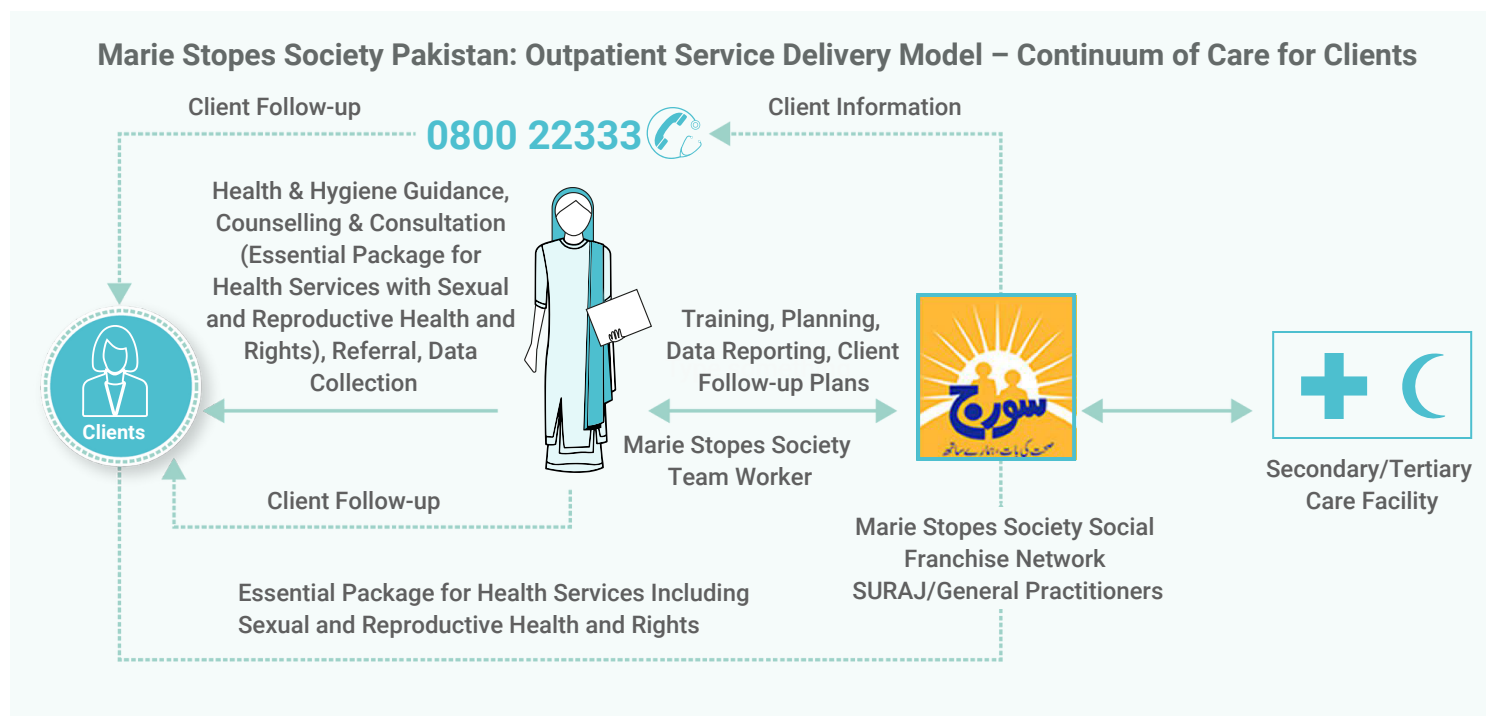


Paid through four quarterly installments

A total of 863 beneficiary families were originally mapped for this project. With expansion of the programme being a key goal of the pilot, an effective process for follow-up with service providers and beneficiaries has been designed and implemented to generate evidence that helps in moving towards universalization of this programme.

Introducing a robust Electronic Data Management System

Recognizing the importance of holistic management of health information for system strengthening, Ministry of National Health Services, Regulation and Coordination, with support from World Health Organization, introduced the Electronic Data Management System on a pilot basis on 1 November 2020. Electronic Data Management System integrates information across three core components:



The Lady Health Worker Digital Diary Android App, a handheld device which lady health workers use to record the health progress of each pregnant woman, newborn and child in the community and provide referrals for critical cases during community visits



The Electronic Medical Record System that tracks individual patient and family health records through health facilities using a unique ID number



The Child Electronic Registration and Vaccination App that vaccinators use to register and track immunization of children and pregnant women as well as log information on vaccination drop outs, consumption and open vial wastage

Advantages of Electronic Data Management System



Uses a hybrid system for data collection from three data sources of the family folder: Lady Health Worker Digital Diary, Electronic Medical Record and Child Electronic Registration and Vaccination



Uses a Local Area Network for offline linkage of systems within an area and facilitates offline data input with records being transmitted to the central system when Internet is available, ideally once a day



Facilitates anywhere, anytime informed decision-making for policy-makers and managers who can access the dashboard

¹ <https://data.un.org/en/iso/pk.html>

² Ibid.

³ <https://data.worldbank.org/indicator/SP.DYN.CONU.ZS?locations=PK>

⁴ <https://rho.emro.who.int/Indicator/TermID/50>

⁵ <https://rho.emro.who.int/Indicator/TermID/72>

⁶ <https://rho.emro.who.int/Indicator/TermID/71>

⁷ <https://rho.emro.who.int/Indicator/TermID/87>

⁸ SSP 2021 | <https://caapakistan.com.pk/upload/MISC/MNL-001-XXSP-2%200%20SSP%20Manual.pdf>

⁹ NHA 2017-2018 | <https://www.pbs.gov.pk/publication/national-health-accounts-pakistan-2017-18>

¹⁰ Ibid.

¹¹ National Accounts 2013-14

https://www.pbs.gov.pk/sites/default/files/national_accounts/national_health_accounts/NHA_report_2013-14.pdf

¹² NHA 2017-2018 | <https://www.pbs.gov.pk/publication/national-health-accounts-pakistan-2017-18>

¹³ Ibid.

Expected outcomes



Provides complete history of public health services availed by a patient



Enables analysis of disease trends, sexual and reproductive health service coverage, utilization and equity through linkage of data from health facilities and communities



Enables evidence-based decision-making at the central and sub national levels



Predicts need for supplies of equipment, medicines and commodities



Allows tracking of patients' individual and family medical history



Lady health workers provided with touchscreen tablets to keep records of the home visits in Bara Kahu, Islamabad

Conclusion



The successful implementation of these two initiatives has strengthened universal health coverage in pilot areas. On conclusion and review of the initiatives, scale-up is likely to be considered across the country.