National Vision for Surgical Care

Lubna Samad

with Irum Fatima, Alexander Peters, Dominique Vervoot, Nabeel Ashraf, Haitham Shoman and John Meara

Indus Health Network & Program for Global Surgery and Social Change
Pakistan’s NSOAP

Challenges/Successes

Unique Features
Surgical Care Delivery: The Indus Experience
Early Infant Safe Circumcision Program

A health worker-led program providing safe circumcision to male babies within 90 days of birth
Four-year programmatic treatment of clubfoot using the Ponseti method
Indus Health Network

Hospitals

Rehabilitation Centers

Regional Blood Centers

TB and Malaria Centers
Surgical Services in Pakistan
# Surgical Inequity

<table>
<thead>
<tr>
<th>Population groups at risk of surgical inequity</th>
<th>Pakistan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population</td>
<td>207.8 million</td>
</tr>
<tr>
<td>Income Disparity (Gini index)</td>
<td>30.7</td>
</tr>
<tr>
<td>Maternal mortality (modeled estimate per 100 000 live births)</td>
<td>178</td>
</tr>
<tr>
<td>Rural population (% of total population)</td>
<td>64%</td>
</tr>
<tr>
<td>Poverty ratio (% of total population)</td>
<td>30%</td>
</tr>
<tr>
<td>Population living in slums (% of urban population)</td>
<td>46%</td>
</tr>
</tbody>
</table>

Sources: World Bank Data [https://data.worldbank.org/indicator];
<table>
<thead>
<tr>
<th></th>
<th>Zambia</th>
<th>Tanzania</th>
<th>Ethiopia</th>
<th>Rwanda</th>
<th>Pakistan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Population (million)</strong></td>
<td>16</td>
<td>55</td>
<td>105</td>
<td>12</td>
<td>207</td>
</tr>
<tr>
<td><strong>Physician density</strong> (per 100,000)</td>
<td>9</td>
<td>2</td>
<td>2</td>
<td>6</td>
<td>98</td>
</tr>
<tr>
<td><strong>Specialist surgical workforce</strong> (per 100,000)</td>
<td>1.48</td>
<td>0.46</td>
<td>0.54</td>
<td>0.75</td>
<td>5.53</td>
</tr>
<tr>
<td><strong>Health system</strong></td>
<td>Centralized</td>
<td>Centralized</td>
<td>Centralized</td>
<td>Centralized</td>
<td>Devolved</td>
</tr>
<tr>
<td><strong>External health expenditure per capita (USD)</strong></td>
<td>16.8</td>
<td>11.7</td>
<td>3.7</td>
<td>25.02</td>
<td>1.425</td>
</tr>
<tr>
<td><strong>OOP health expenditure per capita (USD)</strong></td>
<td>19.6</td>
<td>8.3</td>
<td>9.2</td>
<td>14.7</td>
<td>25.3</td>
</tr>
</tbody>
</table>

*Source: World Bank*
<table>
<thead>
<tr>
<th>PUBLIC</th>
<th>PRIVATE</th>
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<tr>
<td>- Well planned to have country wide coverage</td>
<td></td>
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<tr>
<td>- Inefficiencies in implementation</td>
<td></td>
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<tr>
<td>- Unable to provide essential surgery</td>
<td></td>
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<tr>
<td>- Secondary level care is suboptimal</td>
<td></td>
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<tr>
<td>- Well developed but unregulated</td>
<td></td>
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<tr>
<td>- Concentrated in urban areas</td>
<td></td>
</tr>
<tr>
<td>- High dependence of population (almost 70%)</td>
<td></td>
</tr>
<tr>
<td>- Populations at high risk of catastrophic and impoverishing health expenditure</td>
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</tbody>
</table>
The Surgical Care Deficit

17 million

“Surgical deficit: 17 million surgeries each year”
(Zafar SN, McQueen KAK, 2011)

10.25 million

Surgical target surgeries
(Lancet Commission on Global Surgery)

Mortality Rate

164/100k

Deaths due to all infectious diseases

187/100k

Deaths due to acute surgical illness
Children’s Surgery

1.7 billion children worldwide lack access to essential surgical care.

Pakistan’s under-15 population is an estimated 68 million.

<5 mortality due to congenital anomalies is 77.2 per 100,000 live births.

5-14 years: 25% of mortalities are due to injuries.

0.4 pediatric surgeons per million population.

Very little population based data on surgical burden in children.
National Health Vision 2025

Vision Statement

- To improve the health of all Pakistanis, particularly women and children, through **universal access** to **affordable quality essential health services**, and delivered through **resilient and responsive health system**, ready to attain Sustainable Development Goals and fulfill its other global health responsibilities.

- Unified national vision to improve health care with **provincial autonomy**.

- No mention of surgery.
Overview

**STRATEGIC APPROACH**
- Stakeholder Engagement
- Situational Analysis
- Consensus on Roadmap
- Provincial Plans and Implementation

**ESTABLISHED FRAMEWORKS**
- Infrastructure
- Information Management
- Service Delivery
- Finance
- Workforce
- Governance
Pakistan’s NVSC: Timeline

- WHA initial exposure: MAY 2016
- Dubai meeting: MARCH 2018
- Pakistan stakeholder commitment: MAY 2018
- NVSC MONHRSC/IHN LoU: AUG 2018
- Stakeholders conference: NOV 2018
- Consensus statement sign off: JAN 2019
- NVSC Draft document: FEB 2019
- Provincial engagement meetings: MARCH 2019
- NVSC Final Document: APRIL 2019
May 2016 – World Health Assembly
May 2018
International stakeholder commitment

- WHA initial exposure
- Dubai meeting
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- Provincial engagement meetings
- NVSC Final Document
May 2018
International stakeholder commitment
August 2018
Letter of Understanding
MONHRSC - IHN

LETTER OF UNDERSTANDING
THIS LETTER OF UNDERSTANDING (LOU) IS CONCLUDED BETWEEN MINISTRY OF NATIONAL HEALTH SERVICES REGULATION AND COORDINATION ISLAMABAD (MONHRSC) AND THE INDUS HOSPITAL (TIH) WITH OBJECTIVE OF IMPROVING ACCESS AND AVAILABILITY OF SAFE SURGICAL CARE IN PAKISTAN.

The Ministry of National Health Services, Regulation and Coordination, Islamabad Government and The Indus Hospital, Karachi, will, in accordance with the terms of this LOU, work together to improve surgical care in Pakistan. The Ministry and The Indus Hospital will: (a) Secure funds and support from United States Agency for International Development (USAID) and any other relevant donor; (b) Develop a National Vision for Surgical Care (NVSC) document by November 2018, detailing the national level targets and recommendations to improve surgical care in Pakistan.

Scope and Objective:
Whereas:
1. The parties are desirous of a partnership to improve surgical care delivery in Pakistan in terms whereof, activities will be conducted over the next one year to:
   a. Derive consensus upon a National Vision for Surgical Care (NVSC) document by November 2018, detailing the national level targets and recommendations to improve surgical care in Pakistan.
   b. Derive consensus upon and draft an implementation framework document to ensure achievements of targets laid out in NVSC document by June 2019.
   c. collaborate to initiate a national baseline survey of surgical indicators by July 2019, with an aim to complete it by March 2020.

Stakeholders conference
Consensus statement sign off
NVSC Draft document
Provincial engagement meetings
NVSC Final Document

MONHRSC - IHN LoU

Stakeholders conference
Consensus statement sign off
NVSC Draft document
Provincial engagement meetings
NVSC Final Document

November 2018
January 2019
February 2019
March 2019
April 2019
Stakeholders Involved

Federal MoNHSRC
Provincial Health Departments

Academia
Professional Societies

International Experts
Multilateral
Stakeholders

Public and Private
Surgical Care Providers
Consensus Statement

Emergency and Essential Surgical Care as a Component of Universal Health Coverage in Pakistan

The development of a guiding National Vision for Surgical Care (NVSC) and individually tailored Provincial Surgical, Obstetrics and Anesthesia Plans (PSOAPs) is an essential step towards achieving the United Nations’ Sustainable Development Goal 3 (SDG-3) and Universal Health Coverage in Pakistan. Further, these steps are in accordance with the World Health Assembly resolution (68.15): Strengthening emergency and essential surgical care and anesthesia as a component of universal health coverage.

On November 15-16, 2018, Pakistan’s Ministry of National Health Services, Regulation and Coordination (MONHSR&C), in collaboration with the Indus Health Network, convened a National Vision for Surgical Care (NVSC) Stakeholders’ Conference in Islamabad. The core objective of this conference was to engage stakeholders about the need for emergency and essential surgical care in the country, and to introduce the process of developing an NVSC document.

Timeline:
- **MAY 2016**: WHA initial exposure
- **MARCH 2018**: Dubai meeting
- **MAY 2018**: Pakistan stakeholder commitment
- **AUG 2018**: NVSC - LoU between IHN with MONHRSC
- **NOV 2018**: Stakeholders conference
- **JAN 2019**: Consensus statement sign off
- **FEB 2019**: NVSC Draft document
- **MARCH 2019**: Provincial engagement meetings
- **APRIL 2019**: NVSC Final Document

Consensus statement sign off
The NSVC 2025 Document

May 2019

Current status of Surgical, Obstetric and Anesthesia care in Pakistan

Overall Vision and Mission for Surgical Obstetric and Anesthesia care in Pakistan

Strategies to improve access to quality Surgical, Obstetric and Anesthesia care

Indicators and time-bound targets for System Strengthening

Provincial specific strategies for PSOAPs
March 14, 2019
Provincial meeting
Quetta
March 15, 2019
Provincial meeting
Lahore

WHA initial exposure
Dubai meeting
Pakistan stakeholder commitment
NVSC MONHRSC/IHN LoU
Stakeholders conference
Consensus statement sign off
NVSC Draft document

Provincial engagement meetings

MAY 2016
MARCH 2018
MAY 2018
AUG 2018
NOV 2018
JAN 2019
FEB 2019
MARCH 2019
APRIL 2019
March 18, 2019
Provincial meeting
Peshawar
NVSC-to-PSOAP Process Map

1. NATIONAL STAKEHOLDERS' CONFERENCE
2. CONSENSUS STATEMENT
3. DRAFT OF NVSC 2025 DOCUMENT
4. PROVINCIAL ENGAGEMENT MEETINGS
5. FINALIZE NVSC 2025 DOCUMENT
6. LAUNCH AT WHA 2019
7. PROVINCIAL SURGICAL, OBSTETRIC AND ANESTHESIA PLANS

NVSC-to-PSOAP Process Map

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Pakistan’s NVSC

• Largest NSOAP 2x
• First Asian NSOAP
• First decentralized process
• First to focus on children
• First to focus on neurotrauma
Challenges in Surgical Care Delivery in Pakistan
Critical shortage
Female graduates
Retention
Quantity vs quality of medical graduates
Uncertified/inappropriately trained practitioners
Highly trained professionals in urban areas, strong professional associations
Accreditation bodies are urban led
District level care is severely compromised.

Poor facility infrastructure, as well as overall infrastructure.
Service Delivery

- Vertical care silos
- Poor referral system
- Urban/rural disparity
INFORMATION MANAGEMENT

- Paucity of data
- Questionable reliability
- No tertiary level data
- No private sector data
GOVERNANCE

• 18th Amendment
• Well defined roles but capacity for governance at provincial level is variable
• Healthcare Commissions
• Regional health boards
FINANCE

- Inadequate budget allocation on health
- Inefficiencies in expenditure
- High out of pocket expenditure