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HEALTH



RESEARCH

The State of Population Report

Pakistan's State of Population Report has been produced by SDPI after a gap of twenty years. The National Institute of Population Studies (NIPS) published the earlier report in 1987. SDPI started working on this report in September 2006 and completed the national level report in May 2007. In contrast to the previous reports, the focus of the new Population Report is on inter-linkages of population with other sectors of the economy such as trade and industry, food and agriculture, education, health and housing and natural resources. Since this is a national level report, it covers data from the provincial and district level, presenting Pakistan's population pyramids based on the 1998 population Census data. The report is divided into four parts. The first part highlights basic features of the population such as distribution, size, growth and pattern, density, composition and age dependency.

The second part of the report comprises of five chapters, namely Nuptuality, Fertility, Mortality, Aging and Migration. These demographic dynamics are dealt with the most recent population data available from different sources to provide a comparative picture of the determinants. The marital status of the population has been disaggregated by gender, area, province and district. For fertility, levels, trends and differentials are presented and crude birth rates, age specific fertility rates, mean number of children born and birth orders are discussed at length. For mortality, urban rural differentials, age specific death rates, death rates by gender, causes of mortality and mortality rates are presented in a comprehensive manner. The chapter on aging highlights old age population by provinces/districts and age dependency ratios are provided to enable researchers to explore dependency burden in Pakistan. The

chapter on migration focuses on reasons, duration, and migration across areas and regions.

Part three of the report explores population, economy and sectors in an integrated manner. Six chapters have been written on Education; Health and Disability; Agriculture, Food and Livestock; Natural Resources (water, energy, forestry); Population, Labor Force and Industry; and Trade and Housing. The chapters present latest data from the published sources of the Government of Pakistan, different ministries and the Census data. Part four is a comprehensive discussion on the inter-linkages of the various sectors of the economy and elaborates on the need for population to be addressed as a cross-cutting theme.

This report has been an extensive exercise that dealt with data collection, compilation and report writing. The United Nations Population Fund (UNFPA) provided financial assistance to complete the report and population experts from the NIPS reviewed chapters and provided comments that were incorporated in the final report which has been submitted to the UNFPA and NIPS for publication.

Implications of Demographic Dynamics for Health Care Financing in Pakistan

The size and composition of Pakistan's population show that a new mix of health services will be required to meet the health care needs in the near future. The size of the economically active and productive population will change and pose different health-financing needs. These changing demographic dynamics have implications for health financing policy in the country.

Pakistan has to face critical health and population issues associated with high mortality and high fertility rates. However,

in the near future, these issues will become even more complicated because of the increase in the number of elderly persons. This is a first of its kind research being conducted by SDPI. The hypothesis is that with the change in the size of the economically productive population, a direct impact on the socio-economic development of the country will be observed. Hence, the need for greater government involvement in healthcare markets. Given the resource scarcity and changing health care needs, meeting the goal of health improvement will be even more difficult. SDPI's study proposes a cost sharing model and alternative health care financing strategies to meet changing population needs. The conceptual framework is in process and will be shared with Ministries of Health and Finance for feedback and comments.

Care of the Elderly: Distant Prudence for Health Policy?

This policy paper discusses that overlooking the health care needs of the elderly will add to a more burdened economy. However, if a timely vision is developed and appropriate measures are undertaken for care of the elderly, the dependency burden can be reduced.

Mother and Child Health Care (MCHC): Emergency Obstetric Care (Emoc) as a Tool for Reducing Maternal Mortality in Pakistan

This funded research was completed for the United Nations Children's Fund (UNICEF) as part of their ongoing project relating to mother and child health care in Pakistan. MCHC is a country level project initiated by the UNICEF in 11 districts of the four provinces of Pakistan. It focuses on emergency care through skilled birth attendance and antenatal care through lady healthworkers in the selected districts. The results of the study show that Emoc has significant potential

for reducing maternal mortality rates in Pakistan as observed by the evidence collected from the 11 districts. Pakistan's past emphasis on family planning and social welfare programs for reducing maternal mortality are not enough as stand-alone activities. The strategy needs to be changed to life saving mechanisms that are time sensitive. In this regard, an extensive review of the LANCET series on maternal health has been carried out and lessons from the experience of other developing countries taken into account. The results show that there is need to understand the role of all stakeholders (family and health care providers) in saving the mother's life.

Sustainability in Health as a Policy Issue in Pakistan

This study explores various dimensions of health sustainability (environmental, economic and social) and explores how Pakistan will be (un)able to make progress in achieving the Millennium Development Goals (MDGs). The paper finds that unless there are alternations in the public health service delivery system and resources are distributed according to health care needs, a fair and just health system cannot be sustained in the long run. Pakistan's health sector is striving to improve health outcomes, not only in terms of improvement in the macro level indicators, but also in terms of improvement in access and utilization of health care services. Sustainability in health demands that access to health care facilities/services is not limited to those with access to resources. Every one, without exception, should have access to knowledge and information in order to have a healthy and productive life. This technical report is being published by COMSATS.

Social Health Insurance in Pakistan

SDPI also began work on a technical paper entitled *A Proposed Model of Social Health Insurance in Pakistan* and

reviewed literature and compiled evidence from other developing countries. As no earlier work on social health insurance exists in Pakistan, information was gathered from the health care experts of the Ministry of Health, GoP on model building. This is a challenging and extensive study due to the unavailability of data and evidence from Pakistan.

POLICY ADVICE

Vision 20/30 Health: SDPI provided technical input to the Planning Commission (PC) of Pakistan for initiatives that will be taken in the area of health for Vision 20/30. The PC has prepared and finalized a long-term perspective-planning document for strategic directions in the health sector. In this regard, technical input was provided in meetings held with the Chief, Planning Commission and Member Senate Mr. Ijaz Rahim and other representatives of the private sector.

Reproductive Tract and Sexually Transmitted Infections: SDPI provided technical support to Dr. Seema Vyas-Research Fellow, London School of Hygiene and Tropical Medicine and Dr. Shahjee Husain-National AIDS Control Program on model building and cost effectiveness of *Reproductive Tract and Sexually Transmitted Infections: A Survey of High Risk Groups*.

CAPACITY BUILDING

SDPI was part of a two-day training workshop/international consultative meeting on *Healthcare Financing*. This workshop covered diverse areas in health finance and delivery, including health systems development, collection and pooling, resource allocations and hospital autonomy. An SDPI Research Fellow was the technical discussant for *Alternative Resource Mobilization Strategies for Pakistan's Health care: Pooling, Purchasing and Risk sharing*.

SDPI's input will become part of the policy chapter for the Ministries of Finance and Health, GoP. The deliberations were held under Pakistan's National Health Policy Forum.

NETWORKING

- SDPI was part of a one day national standardization meeting on *Assessment of Emocasa Tool for Reducing Maternal Mortality: Effective Interventions and Strategies* to address Post Partum Haemorrhage. UNICEF conducted the consultative meeting in February 2007. A follow up meeting sought to develop consensus for adopting UN process indicators into the national Health Management Information System (HMIS) for regular monitoring of the mother's health.
- SDPI was also a participant at the meeting on *Reducing Maternal Mortality: Effective Interventions and Strategies* to address Post Partum Haemorrhage conducted by the Ministry of Health and Post Partum Haemorrhage Initiative (POPHI) of USAID in Islamabad.
- SDPI was part of the national consultative meeting on Mother and Child Health under the National Health Policy Forum held in Islamabad.
- An SDPI Fellow attended the consultative workshop on *Population Census 2008* arranged by the Planning and Development Division in April 2007.
- SDPI was part of United Nations Development Program (UNDP)'s *Gender Sensitive Budgeting* seminar in April 2007 in Islamabad.
- SDPI is proposing a new network to promote the use of economic techniques in health policy and research. The network will work in close collaboration with the World

Health Organization (WHO) and a number of local stakeholders. A proposal in this regard has been designed and submitted.

In collaboration with the Ministry of Health, the Asia Foundation, Pakistan Initiative for Mothers and Newborns (PAIMAN), UNICEF, Save the Children UK and others, SDPI joined the White Ribbon Alliance (WRA) with the mission of promoting safe motherhood in Pakistan. As a result of a number of consultative meetings, WRA-P has joined hands with the Global White Ribbon Alliance and registered as a new NGO named WRAP. Under WRAP, a number of research, advocacy activities and trainings will be conducted to bring improvements in the health of mother and child in Pakistan. SDPI has been part of a group of volunteers who worked out the modalities of WRAP (its launch, activities and legal issues). SDPI has also proposed an advocacy plan on safe motherhood. The advocacy proposal will be submitted to relevant donors.

The Program team was also involved in delivering research-based academic lectures / talks at various national, regional and international forums (Annex 2); producing/writing papers, articles (Annex 3-4); and proposal development (Annex 5).