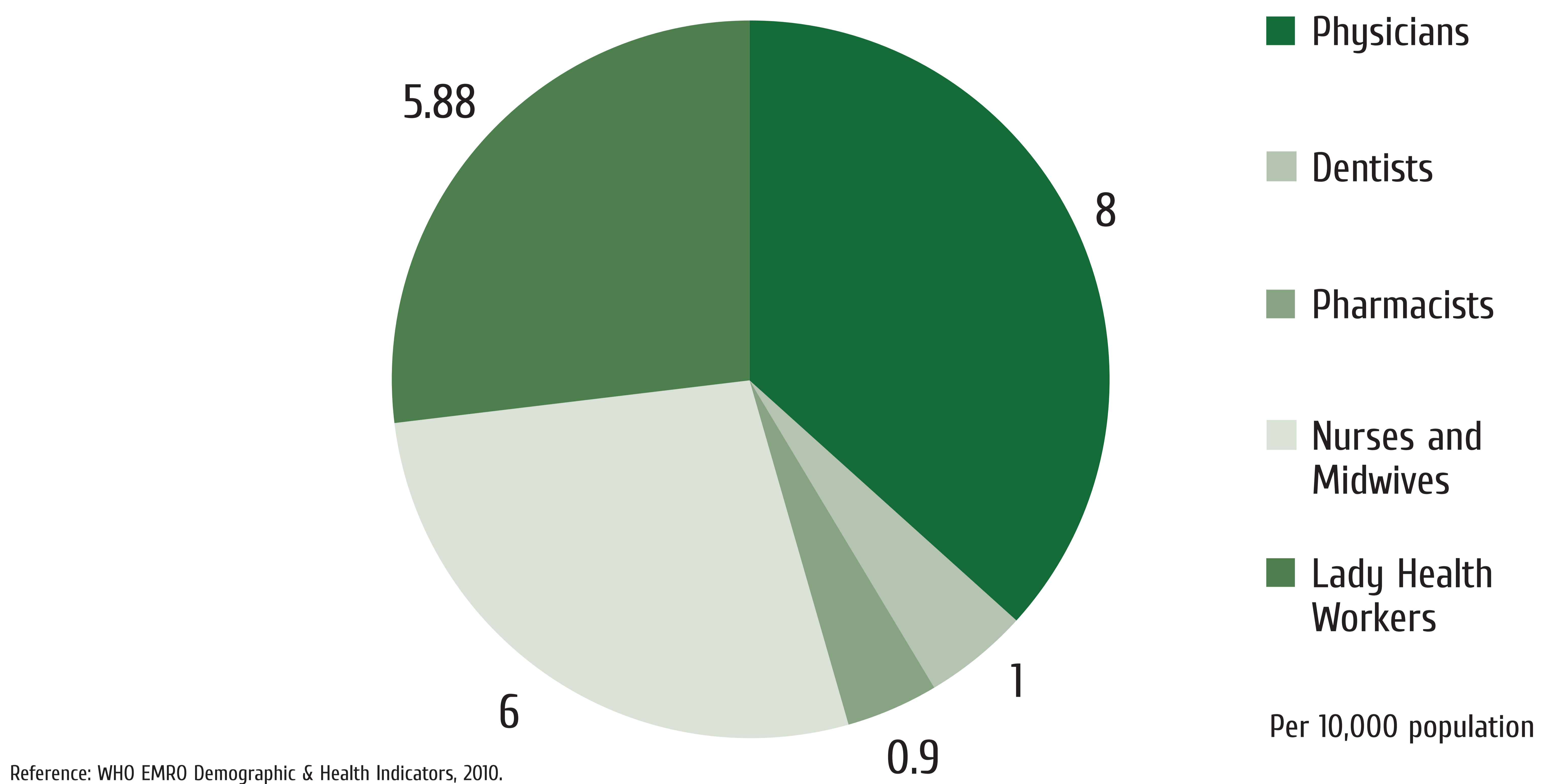


# PAKISTAN

## Human Resources for Health:

### Establishing the Country Coordination and Facilitation process in Pakistan with a decentralized system

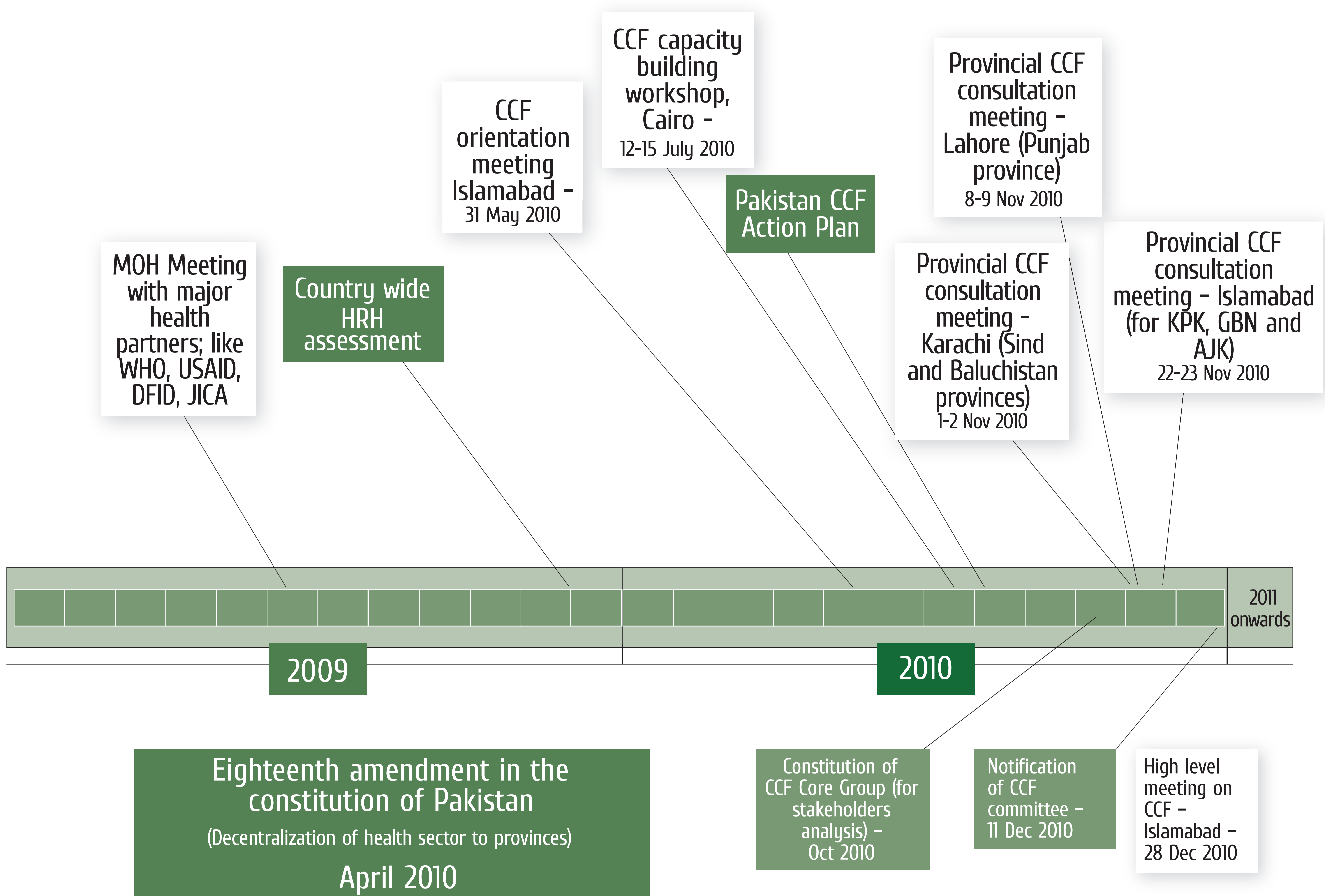
Human Resources for Health in Pakistan



#### Major HRH

- Rural urban maldistribution;
- Weak HR management system;
- Absenteeism of health staff, mostly in rural areas;
- Limited coverage of PHC in urban areas;
- Brain drain of skilled workforce to developed countries;
- Non-regulated private sector, mostly operate in cities;
- Fragile quality control and standardization of services and care;
- Health information system not inclusive of HRH;
- No coordination mechanism for HRH stakeholders.

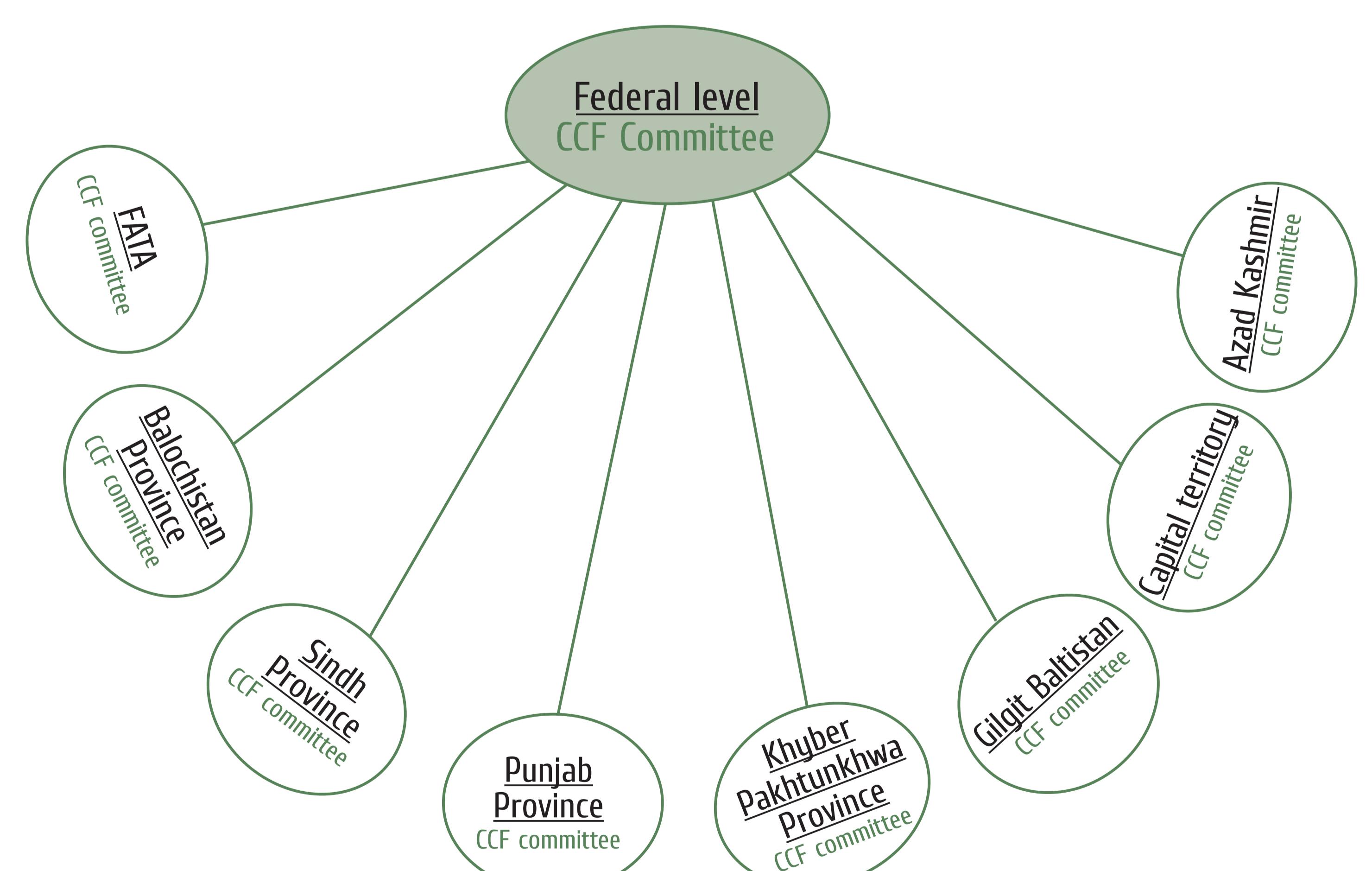
#### Evolution of the CCF process in Pakistan



#### CCF Challenges

- Many stakeholders engaged in HRH, with separate systems and conflict of interest;
- Lack of understanding of stakeholders about their roles on HRH;
- Poor communication and exchange of information between HRH stakeholders;
- Complex inter-province linkages and their relation with Federal level;
- Bringing together the stakeholders on one platform through the CCF process, especially after the 18th amendment in the constitution.

#### Proposed decentralised structure of the CCF process in Pakistan



#### Lessons Learnt

- Consultation meetings with stakeholders proved very useful;
- Capacity building of stakeholders on the CCF process is central;
- Ownership of the CCF process by all levels is critical;
- HRH information system is required for better policy making;
- The CCF process can be instrumental for deriving HRH strategy from the national health policy and linking it with MDGs.

#### Way Forward

- Establish multistakeholder HRH committees at Provincial levels;
- Improve HRH information system for informed decision making;
- Develop an evidence-based, compressive and costed HRH plan;
- Mobilise potential support for HRH implementation from public and private sectors and partners.



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