



Harnessing the Private Sector Support for Strengthening Family Planning Services in Pakistan

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Background & Country Context

The World Health Organization (WHO), Eastern Mediterranean Region (EMR) has the second lowest rates of contraceptive prevalence and unmet need for family planning. Pakistan unfortunately is among the low performing countries in the EMR on family planning indicators. Despite high levels of knowledge of contraception (>95%), the contraceptive prevalence rate remains almost static - only 34% using any method and 25% using modern methods while 17% of currently married women have an unmet need for FP services.

The family planning program in Pakistan was initiated in the 60's and has faced various planning and implementation challenges since then. These include but are not limited to the administrative and functional dichotomy between health and population welfare departments, socio-cultural and religious obstacles to the adoption of contraception, low levels of female literacy and lack of economic empowerment. Owing to these fundamental issues, the country remained off-track on key family planning targets despite government commitment and concerted efforts to reduce unmet need for FP services. Pakistan has committed to the SDGs which will complete the MDG's unfinished development agenda and meet sustainability challenges. With the current global momentum, focus on improving family planning in Pakistan has been increasingly enhanced to support realization of the country commitments. Provincial and National Population Policies and Costed Implementation Plans (CIPs) have been developed to pave the way for improved family planning indicators in the country. Moreover, there are huge interprovincial variances in acceptance, readiness and capabilities to independently resource and manage the social sector programs including education, health and population welfare in the post-devolution scenario [1].

The private sector in Pakistan is playing an increasing role in provision of family planning services; more than 70% of healthcare needs are met through formal and informal private sector health providers. A major part of the private sector contribution in family planning service delivery in Pakistan is informal including independent procurement of commodities by clients from stores and pharmacies or services provided by independent healthcare providers. In addition, partnerships arrangements between public and private-sector services are also being tested to ensure full access to family planning, including vouchers schemes, cross-referrals, and contracting-out mechanisms. Over the last two decades the bulk of FP services (65%) have transitioned from the public sector to the private sector [2]. This provider preference can be attributed to the perceived low quality of care at public facilities; inconsistent supply of contraceptive commodities in the public sector and lack of integration of family planning services within basic healthcare services resulting in duplication and lower efficiency [3]. In view of this, the role of private sector practitioners needs to be leveraged for enhancing coverage of quality family planning services in a country like Pakistan where private sector caters for more than two-thirds of the population's healthcare needs in general and reproductive health needs in particular [4].

While there is increased reliance on the private sector for reproductive health needs, coverage as well as quality of the sector's services is quite uneven, and costs are higher except at very low-level services where standards are compromised [5]. Therefore, improved access to family planning in the country can only be made possible by including greater access to services in the private sector. A minimal standard package for family planning services needs to be established and enforced

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through improved regulatory mechanisms.

The government's commitment is reflected in the ten-point priority agenda for Reproductive Health provided in the National Vision for Coordinated Actions to Address Challenges of Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition (2016 to 2025). The government has also reaffirmed its pledges towards FP2020 in the London Summit in 2017. More recently, the Federal Ministry of Health Services, Regulation and Coordination (MoNHSR&C) has embarked upon developing national guidelines on family planning and standardizing the training materials and messages on family planning with technical support from WHO. Translating the policies and programs into effective implementation is an uphill task that the government and partners have to jointly manage.

In order to ensure that decisions about family planning services are informed by the best evidence and field tested practices, World Health Organization (WHO) embarked on the "FP-Umbrella project" [6]. It was initiated in 2015 with the goal of strengthening policy and health system response to reduce unmet need for contraceptives with special focus on Postpartum Family Planning (PPFP). The project applied four strategic approaches to achieve the desired results: 1) making WHO guidelines on eligibility and practice of contraceptive care adaptable & appropriate for country use; 2) building capacity of WHO regional/country staff to support implementation; 3) providing technical support to countries for adaptation, adoption and use of WHO guidelines and 4) strengthening partnerships for introduction and implementation of WHO guidelines.

Making use of this opportunity and recognizing the need for capacity enhancement at regional and country levels, the Eastern Mediterranean Regional Office of WHO organized a series of Training of Trainers (TOTs) for member states on updated WHO guidelines referred to as "Family Planning Cornerstones".

The overall objective of these trainings was to strengthen family planning services through evidence-based technical guidelines and best practices at regional and country levels. Specific objective was to strengthen knowledge and skills of public and private sector health providers for adopting, adapting and implementing the updated WHO guidelines for better contraception care at the country levels. The TOTs were held in November 2016 (for public sector representatives) and in August 2017 (for private sector representatives). These were conducted by WHO EMRO in collaboration with the Federation of Arab Gynecology and Obstetric Societies (FAGOS). In this commentary, we document the experiences and results achieved through the regional capacity building intervention involving the private sector in Pakistan.

The Catalytic Intervention that Triggered Large Scale Capacity Building

There is evidence suggesting that strategies to improve provider behavior and competency are important factor in improving quality of care in family planning services besides lowering access barriers, minimizing client waiting time and ensuring confidentiality. For this purpose, it was important to introduce the latest global updates on family planning and building capacity of the relevant service providers in the country.

Professional associations were selected as the best suited channel for reaching out to the private sector practitioners. Therefore,

the capacity building intervention focused on the professional associations of obstetricians, gynecologists and midwives in the Eastern Mediterranean Region including Pakistan. These associations represent most of the private sector practitioners providing family planning services in the country. It was anticipated that this capacity building initiative will be cascaded down to national and sub-national level by these professional associations with minimal support from government and WHO.

A 3-day regional TOT was organized in August 2017 for the national gynecology and obstetrics societies and midwifery associations from all Member States. Representatives from Society of Obstetricians & Gynecologists of Pakistan (SOGP) and Midwifery Association of Pakistan (MAP) were invited from Pakistan for this capacity building intervention. The President and Secretary from SOGP were nominated to attend the training. Participants were oriented on the latest family planning cornerstones and derivative tools made globally available by WHO. Like all other country teams, the team from Pakistan also committed to adopt and implement the latest WHO guidance on family planning in their countries starting with country level TOTs and promoting the WHO FP cornerstones (Medical Eligibility Criteria Guidelines (5th edition) and Wheel; Selected Practice Recommendations for Contraceptive Use (3rd edition); Decision Making Tool for care providers; Clinical Handbook for FP providers.

Master trainers from the regional TOT were given the mandate to conduct the first national level TOT on Family Planning within their respective entities. Society of Obstetricians and Gynecologists of Pakistan (SOGP) organized the country level TOT in November 2017 in Karachi with coordination support from WHO and International Federation of Gynecology and Obstetrics (FIGO). Thirty trainers were oriented on the latest FP recommendations in accordance with the WHO's MEC 5th edition on the safety and efficacy of contraception. Additional TOTs were conducted at Quetta, Lahore and Peshawar (August to September 2018). An important aspect of these TOTs was to create capacity for organizational development so that the trainees could facilitate cascade trainings in their own clinical and/or academic setups and beyond for large scale adoption and implementation of WHO evidence based guidelines on family planning.

Cascading Results of Capacity Building Across the Country

These trained practitioners took the responsibility of rolling out trainings in their respective institutions across all four provinces; Sindh, Punjab, Khyber Pakhtunkhwa and the Islamabad Capital Territory (ICT). Over 700 health providers were reached through these trainings on the latest FP cornerstones exceeded a total of (Table 1). They were also provided with job-aids like the MEC wheel (in English and Urdu languages as per requirement).

The strong commitment from SOGP for building capacity on FP was reflected by successive pre-conference workshops on family planning conducted during the 17th Biennial International SOGP Conference held in February 2018 in Karachi as well as during the National Scientific SOGP Conference held in August 2018 in Quetta.

Moreover, the whole process of strengthening capacities at various levels and involving a broad range of stakeholders has reinvigorated the weak coordination and kindled the partnership spirit among government programs, professional associations, relevant academia, private practitioners and WHO/UNFPA in the country. This will

Table 1: List of training sessions and number of participants trained on family planning over a period of 12 months.

S. No	Name of Institution	Number of Practitioners	Schedule of Trainings
Sindh Province, District Karachi			
1	Sir Syed Medical College Karachi	53 doctors & nurses	November-2017
2	Jinnah Post Graduate Medical Complex	49 doctors & nurses	December-2017
3	Civil Hospital Karachi and Dow University	52 doctors	January-2018
4	Abbasi Shaheed Hospital Karachi	51 doctors	January-2018
5	Memon Medical Institute Karachi	43 doctors & nurses	January-2018
6	Koohi Goth Hospital Karachi	40 doctors & nurses	January-2018
7	AMAN Foundation	41 doctors	September-2018
8	Memon Medical Institute Karachi	30 doctors	September-2018
Sindh Province, District Hyderabad			
8	Liaquat University of Medical and Health Sciences	40 doctors	January-2018
Sindh Province, District Larkana			
9	Shaikh Zayed Women's Hospital, Larkana	40 doctors & nurses	September-2018
10	Shaikh Zayed Women's Hospital, Larkana	42 doctors & nurses	September-2018
Punjab Province, District Gujrat			
11	Gujrat Hospital, Gujrat	31 doctors	January-2018
Punjab Province, District Lahore			
12	Services Hospital, Lahore	39 doctors	September-2018
Punjab Province, District Multan			
13	Nishtar Hospital, Multan	30 doctors	October-2018
District Peshawar, Khyber Pakhtunkhwa Province			
14	Lady Reading Hospital, Peshawar	35 doctors	September-2018
15	Lady Reading Hospital, Peshawar	42 doctors	October-2018
Islamabad Capital Territory			
16	Fauji Foundation Medical College & Hospital, RWP	51 doctors	January-2018
17	Pakistan Institute of Medical Sciences, Islamabad	32 doctors	November-2018
	TOTAL	741	

eventually translate into enhanced quality of care especially for family planning services at sub-national and national level touching the lives of hundreds and thousands of women, children and adolescents in Pakistan (Figure 1).

Lessons Learnt and Advisory for Future

With the objective of strengthening quality of family planning service delivery through the private sector, tailored capacity building interventions were implemented at regional and country levels. The regional TOT organized by WHO-EMRO catalyzed support for accelerated scale-up of country wide family planning capacity building interventions. It served to enhance ownership and commitment of SOGP, and resulted in leveraging huge amount of support and resources for having capacity building activities on updated FP guidelines at scale. Financial support was extended through WHO-FIGO for only the country level TOT. All subsequent training sessions were managed by SOGP with their internal resources (WHO country office supported these sessions through provision of training materials in hard and soft copies). A total of 740+ practitioners have been trained from private sector across Pakistan over a period of 12 months. This is remarkable achievement considering the almost zero cost implication on public sector and WHO for scaling-up the updated FP cornerstones in the country.

However, a training database needs to be maintained for recording and reporting the efforts and contributions from various partners. Such database will also allow tracking of the trained professionals for follow-ups, refreshers and future cascade trainings. Moreover, it is equally important to integrate updated WHO guidelines and tools on FP into pre-service education for medical and allied cadres through inclusion in the related curricula, examination and continued medical education syllabus. As a first step, SOGP included MEC wheel in the OSCE exams for postgraduate medical students from 2018. Similar initiatives are needed to ensure pre-service institutionalization of updated WHO FP guidance for undergraduate students of medical and allied cadres including midwives.

The momentum has to be sustained by ensuring that any challenges or gaps in replicating the trainings further are identified and addressed. These may include provision of training materials; follow up of trained professionals to assess quality of service delivery and maintaining a database of the trained professionals. With the engagement of provincial SOGP chapters and support to provincial level TOTs, commitments to leverage resources for district level training activities have been assured by respective SOGP chapters.

In addition, the Midwifery Association of Pakistan which was involved in the regional capacity building intervention needs

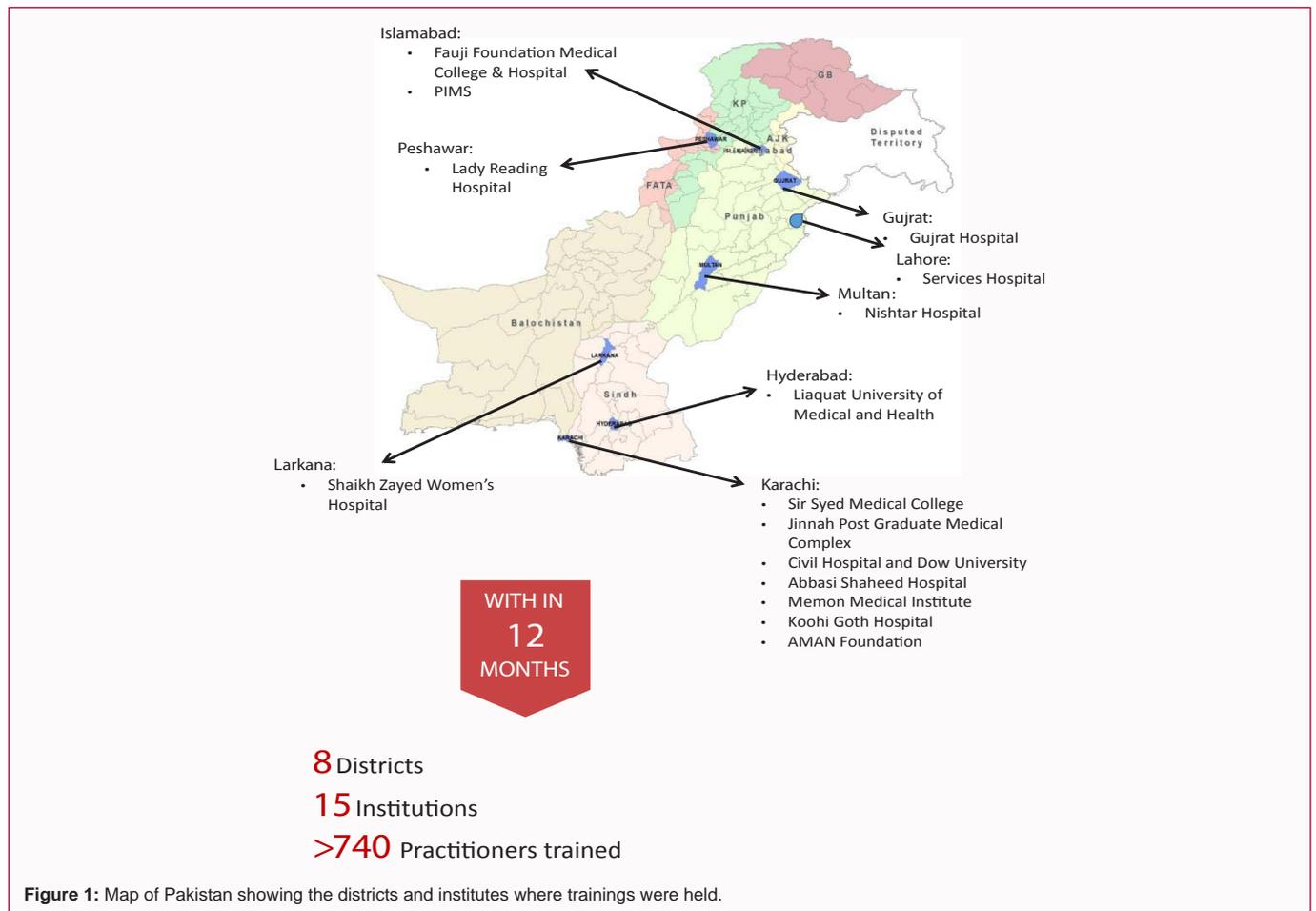


Figure 1: Map of Pakistan showing the districts and institutes where trainings were held.

to be engaged and supported for creating similar ownership and commitment for enhanced capacities among midwives who are a key provider of reproductive healthcare in the country.

Conclusion, Recommendation and Policy Implications

In terms of improving quality of contraceptive care and meeting unmet needs for family planning in Pakistan, it is critically important to harness and promote the role of private sector by removing barriers to its effective involvement and building capacities for delivering quality care in supply of contraceptive advice and methods. The capacity building intervention initiated at the regional level and followed at country level fueled effective collaboration among government programs, professional associations and WHO for joining hands in strengthening family planning services. The ultimate aim is to enable the country to deliver its global commitments like SDGs and FP2020.

The impetus around family planning generated through the capacity building interventions has further motivated the government and partners including WHO to focus on updating national guidelines and tools as well as developing standardized FP training materials and messages. WHO will continue to support implementation and monitor the use of these guidelines and training materials to track the impact it may have on the life of women, children and adolescents in the country.

WHO has an important role to play in advocacy and supporting other partners in generating evidence to facilitate availability of

the commodities at all tiers of the Public Sector, and to the Private Sector. Availability of the commodities at the right time and place will complement the trained staff in guiding the client in making an informed decision.

Strong advocacy is required on the uptake of Postpartum Family Planning; this is only achievable if an integrated approach is implemented by the trained Gynecologists, Midwives and health care providers both in Public and Private Sector. Proper counseling and awareness during the antenatal and postnatal visits will support in uptake of PPFPP services and eventually reaching the universal health coverage and SDG 3 targets.

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