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Instituting reforms in the common management unit for Acquired Immunodeficiency Syndrome, Tuberculosis and Malaria

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AIDS, Tuberculosis and Malaria (ATM) are three significant worldwide public health challenges that stall progress, particularly in developing countries like Pakistan. Following the devolution on 29th June 2011, the Federal Ministry of Health and all its priority vertical national programs stood abolished. This led to a void with no mechanisms in place to provide leadership to provincial programs or to receive, manage or disburse The Global Fund (TGF) grants. The issue was initially addressed by restoring the Program Implementation Units (PIUs) of the three programs in October 2011 based in the Federal Ministry of Inter Provincial Coordination (1). Subsequently the Federal Ministry of National Health Services, Regulations and Coordination (MoNHSRC) was established in May 2013 with an eschewed mandate (2).

The MoNHRSC created a Coordination / Common Unit to Manage Global Fund (CMU) in 2016-17. However, there was both a strategic and systemic disconnect in the devolved setup between the roles of the federal and provincial ATM programs that had an adverse effect on program efficiency at the policy, strategic and implementation levels. The manner in which the devolution process was hastily planned and executed in 2010-11, certain crucial constitutional federal roles and functions remained largely unfulfilled.

Paradoxically, the provinces were ill equipped to manage the devolved functions leading to deterioration in program efficiency. With negligible counterpart funding from the federal and provincial governments, the ATM programs were forced to devote their time in pursuing the implementation of The Global Fund's supported interventions ignoring the post devolution health functions, residing at the federal level. This erroneous approach has led over time to sub-optimal programmatic outcomes.

The foregoing warrants an urgent need to reform the Common Management Unit by incorporating the federally assigned roles within its constitutional mandate. The CMU needs to evolve as an institutional set-up fully integrated within the MoNHRSC responsible for providing strategic guidance, setting national norms and standards, development of uniform national policies and guidelines, coordinating all program interventions, collecting evidence-based epidemiological information and provision of technical assistance to the provinces enabling implementation of the planned interventions consistent with the national vision, goals, targets and guidelines developed through a mutual consensus.
The CMU would technically support the provinces in efficient resource planning, mobilization and utilization to meet the targets outlined in their strategic plans. It will also provide support to programme implementation in the federally administered areas including Islamabad Capital Territory, Gilgit Baltistan and Azad Jammu & Kashmir carried out efficiently after harnessing and deploying the necessary human and financial resources and logistics with the help of their respective health directorates.

The critical federal functions recognized under the Constitution that were almost entirely overlooked include developing National Health Policy or Vision, Trade in Health, Health information and disease security, Health system or operational research, Health regulation, fulfilling international commitments, liaison with international agencies through the Economic Affairs Division and carrying out human resource development in addition to sustainable financing at federal level. A distribution of post devolution federal and provincial responsibilities can be seen at Table-1.

In order to ensure long-term sustainability of the country's response against the three diseases it is necessary to strengthen domestic resource mobilization efforts to avoid undue reliance on donor resources and narrow down the resource gap in funding the national plans essential for their elimination. The MoNHSRC therefore needs to establish a resource mobilization cell in the CMU to pursue this function to scaleup and align resource mobilization initiatives with the continued and growing needs of the three programs.

The National Reference Laboratory (NRL) will serve as a strong diagnostic arm for the TB, HIV and Malaria control programs in Pakistan. It is already working for TB and HIV, while we envision the integration of the reference laboratory function for Malaria as well by incorporating a national insectary for the vector component, while further strengthening its existing diagnostic and surveillance capacity. This set of reforms in the CMU will bring about the emergence of an authority to provide the requisite vision, oversight and technical assistance for the

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control and elimination of AIDS, Tuberculosis and Malaria from Pakistan, as it marches towards its coveted goal of Universal Health Coverage (UHC). The CMU will be transformed into a vibrant authority that will frequently interact with other governmental organizations in the pursuit of its objectives. The provincial governments will be encouraged to address Social Determinants of Health by institutionalized coordination with the other social sectors and social safety nets. Maximizing public-private partnerships with greater engagement of civil society will be implemented with great transparency. Above all, this reform process would serve as a wake-up call for self-reliance and self-dependence, which is the legitimate pathway for the achievement of our national aspirations and attainment of UHC and elimination of AIDS, TB and Malaria as public health problems by the targeted date of 2030.

Table I: Federal and Provincial roles as per the Constitution of Pakistan

Distribution of Federal & Provincial Roles		
Functions	**Federal**	**Provinces**
Health Planning	International Agreements/ Commitments	Provincial Policies, Strategies, Plans & Legislation
	Country Targets	Provincial Targets
	Global Health Security	
	National Policies, Vision, Strategies, Plans & Legislation	
Financing	Co-financing (interim arrangements)	Financing curative & prevention programmes
	Insurance Regulation	Financing modalities
Human Resource	Licensing HR production	HR Planning and Deployment,
	Support in Capacity Strengthening	HR Management and Capacity Strengthening
Service Delivery	Oversight on international agreements/ commitments	support roll-out of international agreements/ commitments
	Standardized services menu	Services menu (adaptation/ implementation)
	Standardized implementation model	Programme Implementation
Drug Supply	Licensing	Market Surveillance
	Registration Pricing	Supply systems
Health Information System	Research & Surveillance	M&E Surveillance
	Centralized data repository for informed/ evidence guided decision making	Reporting to National Database
Governance	Standard setting	Strategic purchasing
	Compliance to International Guidelines	Licensing and Regulation
	Coordination Mechanisms	Independent Monitoring

Source: Federal Legislative Lists I and II, Constitution of the Islamic Republic of Pakistan

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