

Evaluation of Health Policy of Provincial Government of Khyber Pakhtunkhwa (KPK)

on

‘Control and Prevention of Dengue Fever’

By

DEPARTMENT OF THE AUDITOR GENERAL OF PAKISTAN

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- ▶ **Department of the Auditor General of Pakistan (DAGP)**
 - ▶ Supreme Audit Institution of Pakistan
- ▶ **Mandate:**
 - ▶ Carry out independent and objective assessments of the governance process in the country
- ▶ **Types of audit**
 - ▶ Compliance audit, performance audit, financial audit and environmental audit etc.
- ▶ **Recent initiative**
 - ▶ to develop the practice of public policy evaluation

INTRODUCTION

- ▶ DAGP decided to carry out an independent evaluation of *‘health policy of the provincial government of Khyber Pakhtunkhwa (KPK) on the control and prevention of dengue fever’*
- ▶ It was expected that the evaluation would be of interest to the policy makers and stakeholders in the province
- ▶ Also help bring to the forefront the utility of the public policy and outcomes of the policy initiative

EVALUATION

- ▶ Dengue Fever is now endemic in the **North Western Province of Khyber Pakhtunkhwa** with two outbreaks in the last five years
- ▶ The situation warranted a public policy response from the government to bring the disease burden down to the acceptable level
- ▶ The government adopted a wide ranging policy and took several steps to bring the disease burden down and prevent its outbreaks
- ▶ The policy of the provincial government was selected by DAGP for evaluation so as to add to the effort of the government



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OBJECTIVES OF EVALUATION

assessing utility of the health policy of provincial government

Analyze objectives of the policy, implementation, outputs, outcomes and impacts

Insight into areas which require more attention by the policy makers in the province

METHODOLOGY

Evaluation was conducted as per guidelines contained in INTOSAI GOV 9400 '*Guidelines on evaluation of public policies*'

Policy documents for evaluation were obtained from Health department, IVM program Hqrs and office of Secretary Health department

Evaluation team visited four selected districts to assess the policy initiative

METHODOLOGY

Team conducted interviews in the 4 selected districts to assess various components of the policy

Document Review (Policy of Punjab government was obtained for comparative analysis)

Evaluation team visited WHO office at Islamabad and interviewed the WHO coordinator for vector borne diseases in Pakistan

Limited survey in few union councils was conducted to assess the level of community awareness and participation in the vector control activities

Public Policy Response of Provincial Government

1. IVM program launched in 2013

- ❖ Total cost: 442.177 M
- ❖ Duration: 03 years

Objectives:

- Improve access of high risk groups to quality assured diagnostic services for Malaria, Dengue Fever and Leishmaniasis
- Facilitate districts in availability of quality treatment services for confirmed cases of vector borne diseases
- Reduce transmission of Vector Borne Diseases (VBDs)
- Strengthening vector borne diseases surveillance and M&E mechanisms
- Strengthen VBDs epidemic preparedness and response mechanism
- Involvement of communities, civil society and faith-based organizations for their effective role in VBD control interventions

Public Policy Response of Provincial Government

2. Public Health Act, 2017

- ▶ Dengue Fever included in the list of notifiable diseases
- ▶ Reporting of Dengue Fever declared legal responsibility of health practitioners
- ▶ Public Health Committee and Provincial Disease Surveillance Centre established to cope with health emergencies effectively

Public Policy Response of Provincial Government

3. Action Plan 2018

- ▶ District Governments made responsible for vector control, surveillance and outbreak management
- ▶ For a comprehensive response, line departments were assigned specific roles and responsibilities

Findings of Evaluation

▶ Defective Policy formulation process

- ❖ Policy was prepared in haste
- ❖ Input of stakeholders was missing
- ❖ Policy was over ambitious

Timing of Policy

- ❖ Timing is vital
- ❖ Policy response not simultaneous (a disconnect)
- ❖ The policy was scattered

Findings of the Evaluation

▶ Proper Surveillance and Reporting System not Conceived in the Policy

- ❖ No measures for information on transmission, distribution, pattern and density of the disease
- ❖ No software for vector and disease surveillance
- ❖ Online reporting of data was not available

▶ Vector Control Activities Sporadic and ill-organized

- ❖ As per policy, space spraying and fumigation was considered as main vector control activity
- ❖ Injudicious use of spray detrimental for the environment
- ❖ Space spraying is though politically expedient but little impact on vector control
- ❖ Vector mapping for identification of all possible habitats of vector not conceived

Findings of Evaluation

▶ **Community mobilization: a neglected component of the policy**

- ❖ Dengue is more of a social problem than a disease
- ❖ Changes in lifestyles of the community are needed for long term control
- ❖ Policy did not account for and catered this important element (IEC material)
- ❖ Community leaders not made part of the process
- ❖ Limited survey conducted to assess the community involvement but the results indicated minimal involvement

▶ **Responsibilities were shifted to district/local governments**

- ❖ District's administration were made responsible for control and prevention of the disease as per the policy
- ❖ No extra budget earmarked, HR recruited and logistics provided to the districts

Findings of Evaluation

▶ Injudicious use of Rapid Diagnostic Test (RDTs) leading to false alerts

- ❖ RDTs are meant for community screening not diagnosis
- ❖ False alarming
- ❖ End-users not trained on the interpretation of results
- ❖ Panic in community with high socio-economic costs

▶ Non-Availability of Confirmative Test (PCR) in the Province

- ❖ Only PCR is the confirmative test
- ❖ No facility of PCR available in the province
- ❖ The sera (blood samples) sent to NIH, Islamabad for confirmatory tests which caused unnecessary delays

RECOMMENDATIONS

Involvement of stakeholders at policy formulation level recommended

Health department of the province may take into account specific country/regional experiences at policy formulation stage

Oversight of the public representatives was recommended (both Distt and Provincial levels)

Goals and targets to be clearly outlined in the policy and same be integrated with regular healthcare delivery system

CHALLENGES

Problems in data collection

Quantitative Analysis...??

Expert Staff...??

Mandate....??

THANK YOU