
Plan of Action for Strengthening Public-Private Partnerships: 2021-26

Department of Health

**Government of Sindh
Pakistan**



Messages

Honorable Minister, Health Department, Government of Sindh
(to insert)

Honorable Secretary, Health Department, Government of Sindh
(to insert)

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ACRONYMS

ADB	Asian Development Bank
AKU	Aga Khan University
BHU	Basic Health Unit
DoF	Department of Finance
DoH	Department of Health
FLCC	First Level Care Centers
GoS	Government of Sindh
NGO	Non-Governmental Organization
PHC	Primary Health Care
PPHI	Primary Healthcare Initiative Sindh
PPP	Public-Private Partnership
RMNCH	Reproductive, Maternal, Newborn, and Child Health
RHC	Rural Health Centre
SHCC	Sindh Healthcare Commission
SDG	Sustainable Development Goals
UHC	Universal Health Coverage
WHO	World Health Organization

TABLE OF CONTENTS

Executive Summary	7
Introduction and Background.....	8
Private Health Sector in Pakistan and Sindh:	8
Achievements in Health PPPs/Contracting in Sindh:	8
Challenges Identified in PPPs/Contracting in Sindh:.....	9
Looking Ahead - PPP Strengthening, Continuity, and Sustainability:.....	9
Vision:	10
Objectives:	10
Guiding Principles:	10
Theory of Change and Impact Statement.....	11
Process for the Selection and Scope of PPP/Contracting Options	11
Review of World Bank other Assessment Findings and Recommendations.....	11
Key Needs for Health PPPs/Contracting in Sindh Province.....	12
Existing PPPs/Contracting in Sindh Province	12
Global and Regional PPP Options Available for Sindh Province.....	12
Strategic Areas for Strengthening PPP/Contracting Design and Delivery in Sindh.....	13
Pillar I: Capacity Building for Improved Governance of Public-Private Partnerships.....	13
Pillar II: Strengthening the Service Delivery Network through PPPs/Contracting	13
Pillar III: Strengthening Quality of Care and Performance Management	13
Scope and Sequencing of Plan of Action	13
Implementation- Governance, Roles and Responsibilities and collaboration with Development Partners	17
Linkage with other Programmes/ Policies/Initiatives.....	17
Risk Appraisal, Assumptions, and Management	17
Cost and Financing of Activities	17
Monitoring of Implementation, Milestones, and Targets	18
Six-monthly reviews:.....	18
Annual Review:	18
Results Framework - Indicators, Frequency, Targets.....	18
References	20
Annex.....	21
Annex 1	21
Annex 2	21
Annex 3	22

TABLE OF FIGURES

Table 1: Detailed Plan of Action for Strengthening Public-Private Partnerships (2021-26)	14
Table 2 Results Framework for Plan of Action	18
Table 3: Primary Healthcare Facilities: Health Department of Sindh (2021)	21
Table 4 Strategic Areas for Strengthening PPP/Contracting Design and Delivery in Sindh	21
Table 5 Risk Appraisal, Assumptions and Management	22

Executive Summary

The Government of Sindh (GoS) has shown a high level of commitment towards improving the performance of the health sector and has already initiated several strategic policies/guidance post-devolution (18th Amendment to the Constitution of Pakistan). Sindh has a thriving private sector with the highest concentration and levels of utilization (78% of households) of private-sector health facilities in Pakistan. Large scale contracting-in & contracting-out of services has already been initiated in Sindh, including the contracting of primary, secondary, and tertiary health care facilities, as well ancillary services.

Challenges and Opportunities in Harnessing the Private Sector in Sindh

Although positive progress has been made thus far, the Sindh Department of Health (DoH) requires capacity building and strengthening technical resources to undertake their core stewardship functions, including regulation, strategic planning, and monitoring & evaluation, whilst ensuring adequate clinical governance and the integration at the provincial, district, and service delivery levels, as well as increased transparency and accountability.

Evidence-based good practices and lessons learned in optimizing the delivery of PPPs/contracting have been assessed in previous studies and workshops undertaken for the Sindh DoH by development partners and academic institutions including the World Bank, Aga Khan University, and Asian Development Bank. With support from the World Bank Group, the GoS has also developed a platform for dialogue with various public and private sector stakeholders to critically appraise options and consider the implementation and policy requirements, as well as share regional and global health experiences.

Strategic Areas Supported by the Plan of Action

The Plan of Action for Strengthening Public-Private Partnerships: 2021-26 aims to enhance the capacity of the GoS in policy-making for PPPs/contracting of health services, the alignment of PPPs/contracting in overall health service provision, particularly within the domain of primary healthcare (PHC) services towards achieving Universal Health Coverage (UHC). Furthermore, this plan of action intends to support better defining of contracting benchmarks, monitoring mechanisms, linking of financing of contracted services with performance and outputs, and risk management, as identified through assessments and international best practices. In order to improve on the progress made on basic health indicators in Sindh, it would be essential to incorporate multisectoral policies & strategies in harnessing the private health sector for improved access and quality of healthcare service delivery. The strategic areas of the plan of action will comprise of three pillars of the strategy in response to the key needs:

Pillar I: Capacity Building for Improved Governance of Public-Private Partnerships - supporting the strengthening of the GoS Department of Health institutional capacity for ongoing and planned health contracting/PPPs, to effectively engage the private sector, through the development of a conducive regulatory environment, strategies and policies.

Pillar II: Strengthening the Service Delivery Network through PPPs/Contracting - supporting the improvement of access to primary health care services (including RMNCAH+N), referral, and clinical support services care through engaging the private sector, with a focus on underserved populations.

Pillar III: Strengthening Quality of Care and Performance Management - supporting the improvement of performance management and quality of care provided in the public and private sectors including PPP/contracted service providers.

Implementation, Monitoring, and Evaluation of the Plan of Action

The GoS Department of Health will be responsible, for the overall implementation of the Plan of Action, as functionally coordinated by the PPP Node and other entities of the DoH. The Sindh DoH will provide regular updates on the progress and outcomes. Implementation will involve i) planning for each of the

strategic areas ii.) integration of the activities as part of the Sindh PPP/contracting budgets; iii.) monitoring progress on implementation of activities; iv.) quarterly and annual review systems of the implementation and performance outputs.

Building the capacity of the Sindh DoH for the stewardship and management of PPPs/contracting of health services should lead to improved quality of care and access to affordable healthcare in Sindh, as well as to enhance the performance of existing PPPs/contracting for the delivery of primary healthcare, towards achieving Universal Health Coverage and the health-related the Sustainable Development Goal targets.

Introduction and Background

Private Health Sector in Pakistan and Sindh: The Government of Sindh (GoS) is committed to the engagement of the private health sector and is further strengthening its governance/stewardship of PPPs/contracting for health service delivery towards achieving the Sustainable Development Goal (SDG) targets and Universal Health Coverage (UHC). The private health sector has expanded significantly over the last decades in Pakistan with over 70% of outpatient visits taking place in the private sector (PSLM, 2014-15), furthermore, private hospitals comprise 45% of the total number of hospitals in the country (EMRO, 2014), with the largest concentration of private health providers in Sindh Province (World Bank, 2019). Private health clinics/hospitals are the most common source of antenatal care and postnatal care in Sindh, as per the Pakistan Social and Living Standards Measurement Survey (2014-15).

The 18th Amendment to the Constitution of Pakistan resulted in the devolution of the sector services including health to the provinces (with some Federal co-responsibility), barring medical education and drug regulation (National Health Vision, 2016-25). Responding to this new mandate, the Sindh Department of Health (DoH), has made positive efforts to improve health service delivery through its flagship initiative of Public-Private Partnerships (PPPs) based on strategic purchasing of private health sector services. Government purchasing of private services through contracts is a critical means of harnessing private health providers for improved service delivery towards UHC targets. These are supported by the legal framework of the Sindh Public-Private Partnership (PPP) Act 2010 (Amendment, 2014), and multi-layered structures comprising of the PPP Policy Board, a dedicated PPP Unit within the Sindh Department of Finance for the approval and financing of PPPs, and a PPP Health Node in the Sindh DoH to identify, prepare, implement, and manage PPP/contracting projects.

Achievements in Health PPPs/Contracting in Sindh: Large-scale PPPs have been underway since 2017, designed, managed, and funded by the Sindh DoH, and provides flagship examples of sustainable reforms for PPPs/contracting. These PPP arrangements are based on management contracts with private sector providers, instituted in rural districts (22 out of 27 districts), and have also been extended to secondary hospitals in some districts. The PPPs harness private sector resources to ensure the provision of staff, supplies, medicines, and functional services for delivery of the Sindh Essential Health Services Package. Competitive contracting has been implemented with private sector healthcare providers mainly for Rural Health Centers and selected Taluka/ District Hospitals, as well as single-source contracting of the President Primary Health Care Initiative for Basic Health Units (please see Primary Healthcare Facilities: Health Department of Sindh (2021) Annex 1). Additionally, service delivery contracts for ambulance services are in place in 2 rural districts, as well as management contracts for strengthening pediatric emergencies in urban public sector hospitals. These initiatives, together comprise the largest PPPs/contracting for primary healthcare (PHC) within Pakistan and provide in-depth experiences for the Sindh DoH to further build on for consolidating the management and delivery of PPPs.

Challenges Identified in PPPs/Contracting in Sindh: Building on the initial analytical work in the GoS, in collaboration with the World Bank and Aga Khan University (AKU), conducted a study '*Private sector engagement in healthcare service providers to improve access and quality of care (Sindh Province)*' including a review of Public-Private Partnership (PPP) contracts, the contracting process, payments and reimbursements, and distribution of authority. The findings and recommendations from the study have informed the advice to the GoS in developing standard contracting procedures and protocols and financial reporting mechanisms. Furthermore, the study identified areas for capacity-building of the GoS PPP Unit and PPP Node in the design, evaluation, management of contracts, and monitoring performance; towards improved quality of health services. In addition, as part of this study, a health facility survey assessed the delivery of care by contracted health facilities and the implications on the accountability, quality, and affordability of care. The findings of the health facility survey and Balanced Score-Card assessment suggested that PHC facilities managed through PPPs/contracting perform better than government-managed facilities in terms of staff presence, supplies, infrastructure, and higher service volumes in several areas (AKU, 2020). The quality of health care in Sindh is variable and ranges from health provision by large internationally accredited organizations to unregulated general practitioners. The Asian Development Bank has also conducted a legal and regulatory review of Health PPPs in Sindh (ADB, 2019) and a detailed review of terms of concessional healthcare contracts, providing recommendations for strengthening the written contracts, risk minimization, and actions to support the legal/regulatory environment (ADB, 2018).

A workshop series was held between 2018 and 2020 supported by the World Bank in collaboration with GoS, with private sector providers, experts, and partners as part of a private sector dialogue platform established in Sindh to facilitate communication among key stakeholders. Stakeholders recommended licensing/accreditation linked with the Sindh Healthcare Commission (SHCC) and expanding beyond management contracts to purchasing services from private provider networks particularly in low-income urban areas (World Bank, 2019). In addition, the need for improvements in budgeting for contracting of services in anticipation of higher service utilization; payments linked to performance indicators; third-party evaluation mechanisms, and diversifying of contracting models further with service delivery and infrastructure contracts have been noted as areas requiring further support during the workshops - as are internationally recommended good practices documented by the World Bank Group including the International Finance Corporation and Global Financing Facility (IFC 2011, GFF 2020).

Looking Ahead - PPP Strengthening, Continuity, and Sustainability: The Sindh Department of Health intends to build on existing experiences to consolidate PPPs/contracting further towards strengthened health service delivery. The aim is to establish effective stewardship to steer towards Sindh's SDG and UHC commitments, with emphasis on affordable, accessible, quality services for primary health care. Contracting of private providers will remain part of the main strategy, and efforts will be directed towards greater integration of PPPs/contracting within the health system. Concurrently, contracting private health services is globally recognized to be a complex area, requiring effective governance for impactful design, implementation, and monitoring.

This five-year action plan for PPPs draws on evidence-based good practices and lessons learned in optimizing the delivery of PPPs/contracting including previous studies and workshops undertaken for the Sindh DoH by various development partners and academic institutions such as the World Bank, Aga Khan University, and Asian Development Bank. This action plan intends to support better defining of contracting benchmarks, shifting to independent monitoring/assessments, linking of payments with verifiable results, and risk management among other prioritized areas identified by assessments and international good practices (GFF 2020, IFC 2011, World Bank 2019, ADB 2018, ADB 2019, AKU 2020). Stronger technical oversight at the Sindh DoH particularly for PHC and RMNCH targets and internal coordination with vertical programs are additional recommendations that will be used for the five-year strengthening action plan. Management contracts for government health facilities supported

by public financing will remain part of the implementation process of PPP/contracting arrangements for primary health care, with new efforts focused on quality improvement/enhancement initiatives.

In the urban areas of Sindh Province, the government has a larger presence in terms of government hospitals while there is less primary health care infrastructure available, with routine outpatient care often provided by private providers – hence expansion of primary healthcare for the poor in urban low-income areas will rely on purchasing of services from the private health sector. A cross-cutting focus over the next five years will be on boosting capacity within the Sindh DoH to design, manage, monitor, and implement PPPs/contracting; develop formal platforms to engage with the private sector; and systematically link collaborations with the Sindh Health Care Commission (SHCC).

Vision:

To improve the health of the population of Pakistan’s Sindh Province by providing universal access to affordable healthcare through harnessing the private health sector.

Objectives:

The Plan of Action for Strengthening Public-Private Partnerships has the following objectives:

1. To build the capacity of the Sindh DoH for the stewardship and management of PPPs/contracting of health services through strengthening primary healthcare, towards achieving Universal Health Coverage and the health-related SDG targets.
2. To enhance the performance of existing PPPs/contracting for the delivery of the Pakistan/Sindh Essential Health Services Package in terms of quality and access to affordable healthcare, particularly for the underserved populations.

Guiding Principles:

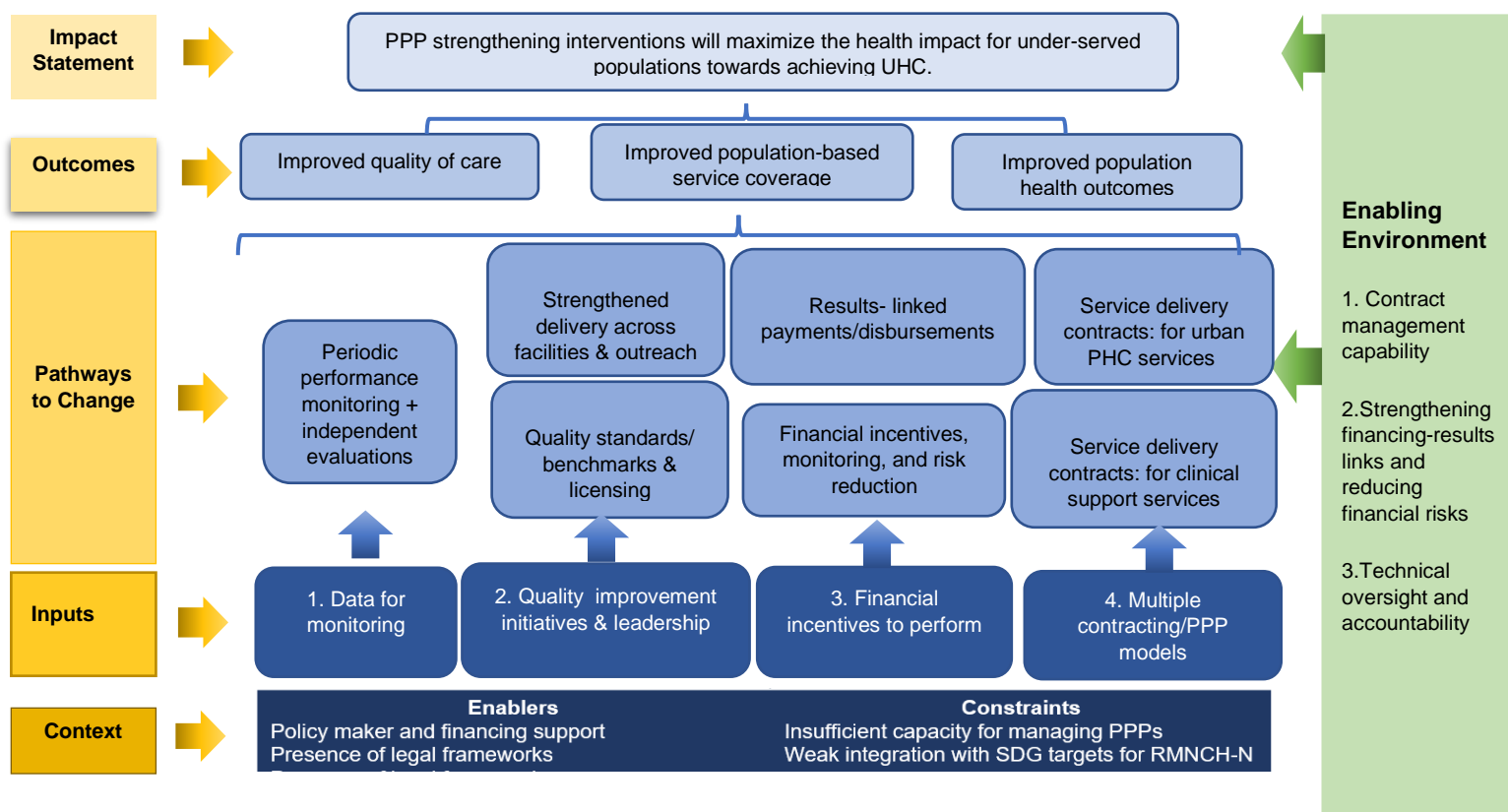
- Strengthening the quality of health service delivery
- Promoting value for money
- Promoting equitable health access for the poor and underserved populations
- Promoting local and sustainable solutions
- Harnessing the private health sector for UHC/SDG3 goals
- Ensuring transparency and accountability in PPPs/contracting of health services (UNECE, 2018)

The next section describes the Theory of Change, mapping the change pathways as results of PPP/contracting strengthening interventions; the process of identification of PPPs/contracting for recommended for implementation in Sindh, followed by outlining the pillars for strategic areas for support; an integrated plan of action with the timeframe, priorities, type of input/s required; a risk appraisal; activities budget and costing; as well as the monitoring/ review system.

Theory of Change and Impact Statement

This Plan of Action for Strengthening Public-Private Partnership arrangements in Sindh is driven by a Theory of Change informed by global and local (Sindh) evidence-based pathways towards visible health impact.

- Intended impact: PPP/contracting strengthening interventions that will maximize health impact for under-served populations.
- Key outcomes are improved quality of care, improved service coverage, and health outcomes for the population.
- The pathways to change comprise of key interventions for the design and management of PPPs/contracting that will in turn lead to gains in quality of care, service coverage, and health outcomes for the population.
- Inputs include validated performance monitoring, establishing the quality of health care standardization and leadership initiatives, financial disbursements that incentivize performance and provide the basis for the pathways to change.
- An enabling environment will support the building of capacity for contract management, strengthen financing, and technical oversight, and accountability.



Process for the Selection and Scope of PPP/Contracting Options

Review of World Bank other Assessment Findings and Recommendations

This Plan of Action for Strengthening Public-Private Partnerships builds on the evidence established in harnessing private sector engagement in Sindh through previous assessments 'Private sector

engagement in healthcare service providers to improve access and quality of care (Sindh Province) and *'Experiences and Lessons Learned from Pakistan in Public-Private sector collaboration in the fight against the COVID-19 pandemic'* conducted by the GoS in collaboration with the (World Bank, 2020). This included identifying and assessing the private health sector response to COVID-19 and pandemic preparedness efforts. Building on this information, prioritized recommendations for private sector engagement, including PPP/contracting basic guidelines and standard operating procedures for improving contract management and GoS institutional setup will be developed.

Key Needs for Health PPPs/Contracting in Sindh Province

The following key needs for health PPPs in Sindh Province were also identified:

- a. The need for strengthening the institutional capacity and the enabling environment for improved healthcare PPP/contracting governance/stewardship
- b. The need to strengthen the quality of care and performance management of existing PPPs/contracting for improved service delivery, based on the Pakistan/Sindh Essential Health Services Package and relevant WHO guidelines
- c. Strengthening the services delivery network for healthcare in Sindh

Existing PPPs/Contracting in Sindh Province

Several initiatives have been undertaken by the Sindh DoH for the purchasing of services from the private sector including through management contracts for primary/secondary healthcare facilities, emergency hospital services, government hospitals, and service delivery contracts for ambulance services. These involve two main modalities, as described below:

Contracting-out to private health service providers

- Management contracts with private health service providers for operating a range of primary healthcare centers, secondary hospitals, and specialist services, as financed through the Sindh DoH budget.
- Service delivery contracts for ambulance services with a specialist firm providing emergency patient transfer services.
- Management contracts with joint resource pooling for pediatric emergencies of selected government hospitals.

Contracting-in of the state-funded health service provider

- Management contracts for operating Basic Health Units with the Primary Healthcare Initiative Sindh (PPHI Sindh) - a not-for-profit company setup under section 42 of The Companies Act 2017.

Global and Regional PPP Options Available for Sindh Province

Globally, there are three types of contracting models as applied to health service delivery. **Infrastructure concessional contracts:** Under this contracting arrangement, also known as the Private Finance Initiative, the private sector is usually responsible for building health infrastructures such as hospitals, clinics, or even health education training institutions, operating and transferring them to the public sector, based on joint resourcing, shared risk, and at times joint management (IFC, 2011b). **Service delivery contracts:** The service delivery contracting model involves the public sector purchase of defined services from the private providers usually through the private health provider's health facilities and infrastructure network.

Management Contracts: Under the management contracting model the budget, operations, and managerial authority over the staff of a public sector hospital or clinic will be transferred to the private health service provider. Management contracts can be outsourced to private firms or NGOs called the **Contracting-out** model or management contracts can be made with autonomous public sector entities (university hospitals, state-owned companies) called the **Contracting-in model**.

Strategic Areas for Strengthening PPP/Contracting Design and Delivery in Sindh

The Plan of Action for Strengthening Public-Private Partnerships: 2021-26 will strengthen existing public-private partnerships and extend to assessing new modalities of public-private partnerships while building capacity within the GoS PPP/contracting structures, enable cohesion across stakeholders, and strengthen technical oversight and accountability to deliver on UHC and health-related SDG targets.

The following are the three pillars of the strategy in response to the key needs:

Pillar I: Capacity Building for Improved Governance of Public-Private Partnerships

This pillar will support the strengthening of the GoS DoH institutional capacity to implement ongoing and planned health contracting/PPPs, effectively engage the private sector, through the development of a conducive regulatory environment, strategies, and policies.

Pillar II: Strengthening the Service Delivery Network through PPPs/Contracting

Aligned with the implementation of the Sindh Essential Health Services Package, the second pillar will support the improvement of access to primary health care services including (including RMNCAH+N), referral, and clinical support services, through engaging the private sector with a focus on the underserved populations in Sindh.

Pillar III: Strengthening Quality of Care and Performance Management

This pillar will support the improvement of performance management and quality of care provided in the public and private sectors including PPP/contracted service providers. This component will focus on improving the quality of care in RHC/BHUs/Government Dispensaries (GDs); often the first point of contact in the health system.

Please also find the detailed table describing the Strategic Areas and respective Milestones for strengthening PPP/contracting design and delivery in Sindh Province in Annex 2.

Scope and Sequencing of Plan of Action

A phased approach will be adopted with prioritization (high, medium, low) for implementation across the five years (2021-26), with a timeline of planning of activities (short-term < 12 months; medium-term >12 months). Most activities will only require policy actions or technical assistance, and others require non-resource intensive budgetary spending. These are described below and summarized in the matrix with indicative timelines and priority levels.

The scope of these activities will include the following:

Pillar I: Capacity Building for Improved Governance of Public-Private Partnerships

1. Building PPP/contracting management capacity through the implementation of a certified training program for Sindh DoH and the PPP Node staff, as well as filling skills gaps through recruitment of staff. (short-term)

2. Strengthening financing mechanisms through the provision of training to Sindh PPP Node and PPP Unit staff on a range of payment modalities for contracting, and contract reviews to minimize risks. (short-term)
3. Reinforcing technical accountability and oversight through the development of a Monitoring and Evaluation Framework for the management of PPPs/contracting. (short-term)
4. Capacity building of the Sindh Healthcare Commission (SHCC) for establishing a database of pre-qualified suppliers for PPPs/contracting. (medium-term)

Pillar II: Strengthening the services delivery network through PPPs/Contracting

1. Diversifying service delivery contracting of private health service providers for i) urban primary health care; ii) clinical support services for selected government secondary hospitals such as healthcare waste management, diagnostic, imaging, and laboratory services. (medium-term)
2. Systematically engaging the private sector through broad and even-sized competitive selection, and establishing a database of licensed providers. (medium-term)

Pillar III: Strengthening Quality of Care and Performance Management

1. Strengthening the quality of care through a framework for key clinical and non-clinical services provided by public and private providers, PPP/contracted health facilities, supported by quality interventions, balanced scorecard monitoring, and patient feedback/engagement mechanisms. (medium-term)
2. Third-party independent monitoring and verification to support the DoH in-field monitoring and performance validation of the contracted/PPP entities, reporting through a dashboard linked to EHSP, PHC, and UHC targets. (medium-term)
3. Development of a results-based financing framework and piloting of pay for performance-based PPPs/contracting. (medium-term)

Please see the detailed Plan of Action for Strengthening Public-Private Partnerships (2021-26) including the Strategic Actions, Interventions, Priority, Timeline Table 1 below.

Table 1: Detailed Plan of Action for Strengthening Public-Private Partnerships (2021-26)

Strategic Actions	Interventions	Priority level	Timeline (2021-2026)				Input/s
Pillar I: Capacity Building for Improved Governance of Public-Private Partnerships							
1. Augmenting capacity for contract management	1.1 Certified training of key staff of GoS DoH, PPP Node, PPP Unit, and Secretariat on PPP design, output-based budgeting and costing, management, award processes, and performance-based monitoring.	High	x	x	x	x	Technical assistance
	1.2. Market recruitment of a public finance management specialist, procurement specialist, contracting/market management specialist for 2-year support, followed by longer-term recruitment.	High	x	x			Budgetary support

	1.3.Capacity building of the Sindh Healthcare Commission (SHCC) for developing a database of pre-qualified providers for PPPs/contracting.	Medium		x				Budgetary support
2. Strengthening Financing Mechanisms	2.1. Review and updating of contractual terms to mitigate financial risks for the government and private sector providers.	High	x					Technical assistance
	2.2.Training of the GoS DoH, PPP Node, PPP Unit, and Health Secretariat on a range of payment modalities, including Pay for Performance (P4P), for contracting private provider services.	High	x	x	x	x		Technical assistance
3. Reinforcing Technical Accountability & Oversight	3.1 Development of an M&E Framework linked to the delivery of Sindh EHSP and PHC, towards UHC targets	High		x				Policy action/development
Pillar II: Strengthening the services delivery network through PPPs/Contracting								
4. Payment Systems and Value for Money	4.1 Development of a results-based financing framework with key Disbursement Linked Indicators (DLIs) and a verification system	Medium		x	x	x		Technical assistance
	4.2 Design and implementation of a PPP pilot involving Pay for Performance (P4P)	High	x					Policy action + Technical assistance
5. Private Sector Market Engagement	5.1 Widening competition by i) competitive tendering of broader private health providers and even-sized contracts; ii) creation of internal markets with tendering across / PPHI/ autonomous public sector universities/ state-funded companies	Medium		x				Policy action + technical assistance
	5.2 Collaborative development of a database of SHCC licensed/accredited providers (diagnostics, blood banks, hospitals, etc.) to support pre-qualification of suppliers	High	x					Policy action
6. Diversified PPP Models	6.1 Feasibility study and design work for the purchase of private sector provider services for the delivery of Sindh EHSP and PHC in selected low-income union councils, as multi-year rolling contracts	High	x					Technical assistance
	6.2 Procurement of private sector provider services for clinical waste management and disposal services at selected secondary health facilities	Low				x		Budgetary support + Technical assistance

	6.3 Procurement of private sector provider services for diagnostic, imaging, and laboratory services to support EHSP referrals at identified secondary health facilities	Low					x	Technical assistance
Pillar III: Strengthening Quality of Care and Performance Management								
7. Integrated & Quality Assured Service Delivery	7.1 Provision of standardized training and quality of care frameworks for PPP/contracted facilities, to support the delivery of Essential Service Delivery Packages	High	x	x				Technical assistance + Budgetary support
	7.2 Progressive licensing of PPP/contracted primary and secondary level facilities: capacity development of Government health facilities for compliance with Minimum Service Standards of the SHCC, as stipulated deliverables of PPP contracts	Medium			x	x	x	Technical assistance
	7.3 Coordination networks within provincial DoH and District Health offices for cross-referrals of PPP/contracted facilities, outreach programs, and integrated service delivery	High						Policy action
8. Performance Monitoring of PPPs for Verified Results	8.1 Supportive supervision: scheduled visits to the PPP/contracted health facilities/ programs guided by tools /checklists informed by integrated primary-preventive health programs	High	x	x	x	x	x	Technical assistance
	8.2 Periodic Performance Monitoring: 6 monthly/annual Balanced Score Card assessments of verified patient volumes and quality of health services at PPP/contracted health facilities for performance benchmarking	High		x	x	x	x	Technical assistance + budgetary support
	8.3 Digitalization of monitoring data: Establishment of digital dashboards at the DoH/PPP Node for the visualization of real-time monitoring, data collection, and development of data analytics capacity	Medium		x	x	x	x	Budgetary support
	8.4 Third-party independent evaluation across PPPs/contracting commissioned by the government, in line with standardized UHC/SDG targets, as the basis of new PPPs, or renewal of existing PPPs	Medium		x				x

Implementation- Governance, Roles and Responsibilities and collaboration with Development Partners

As the Plan of Action covers three broad areas, support and collaboration will be required at all stages including the planning and implementation. The GoS will require capacity building and training support in contract management as well as project pipeline identification through transaction advisory services for the PPP/contracting process.

The GoS DoH is responsible, for the overall implementation of the Plan of Action. The Sindh Department of Health will provide regular updates on the progress and outcomes of the Plan of Action and will be functionally coordinated by the PPP Node and implemented by various entities of the DoH. Implementation will involve i) detailed planning for each of the Strategic Actions to integrate these as part of the PPP/contracting current development budgets; ii) development of a Rolling Action Plan to monitor progress on implementation of Strategic Actions; iii) quarterly and annual review systems to review implementation and performance.

In establishing an integrated health service delivery network, this would need to be well-coordinated with existing Federal and Provincial level PPP/contracting and Essential Health Service Packages policies, and strategies. In addition, multisectoral collaboration with other provincial departments, for instance, the Sindh Finance Department for the necessary financial structural information, as well as the Sindh Planning and Development Department at the project design and preparation stage, would be necessary.

The Plan of Action will draw on support from Development Partners including the World Bank for technical advisory assistance and funding to support health facility needs assessments and capacity building, as well as the development of PPP training for GoS staff in assessing pre-feasibility and transaction viability, contract management, and the contracting process. Other Development Partners that could be requested in the implementation of the project could include international and local partners, donors, bilateral and multilateral organizations, and regional associations.

Linkage with other Programmes/ Policies/Initiatives

In the process of developing the plan, a review of the strategic areas was conducted to assess any overlap and need for linkage with existing plans, strategies, programs, and activities in Pakistan and Sindh. While noting any overlaps, necessary adjustments in the plan were made for efficiency and to eliminate duplication. The Plan of Action will be linked with the following policies, plans, and strategies:

- National Health Vision Pakistan (2016-2025)
- Pakistan's Essential Package of Health Services (EPHS)
- Minimum Service Delivery Standards (MSDS)
- The Sindh Public-Private Partnership Act 2010, (Amendment 2014)
- Sindh Service Delivery Standards; and Primary Health Care & Clinics Standards
- Universal health coverage (UHC) and Sustainable Development Goal Targets

Risk Appraisal, Assumptions, and Management

Please see the summary table of the Risk Appraisal for the Plan of Action, including the type of risk, the likelihood of occurrence, level of severity, and strategy for management in Annex 3.

Cost and Financing of Activities

Monitoring of Implementation, Milestones, and Targets

A Rolling Plan mechanism with regular review and updating will be developed to track the progress of the Plan of Action and its uptake into the Annual Current Budget and Annual Development Program over the period FY2021 to FY2025. Rolling Planning is an established mechanism to implement medium-term activities through short-term implementation plans aligned with the budgetary system of the country. The Rolling Plan will run as part of the annual planning and budgetary calendar.

Six-monthly reviews: Six-monthly reviews will be organized by the PPP Health Board and held under the Chairmanship of the Health Minister. The purpose will be to strategically review the performance of the previous period as provided by the performance assessment balance scorecards of verified data, other independent sources such as the SHCC, review data from the budgetary expenditure review systems, and approve the Rolling Action Plan for the next period. In particular, the review will be on PPP/contracting delivery benchmarks; steps taken by private partners and the government for improving the scoring, and review budget disbursements.

Annual Reviews: Annual Review reports will also be developed and shared with partners and key stakeholders. The Annual Review will be held in April of each year, ahead of annual budget planning. A comprehensive mid-term Progress Review Report will be prepared 24 months after the adoption of the Plan of Action; and a final Progress Review Report at the end of the implementation of the Plan of Action.

Results Framework - Indicators, Frequency, Targets

Table 2 Results Framework for Plan of Action

Technical Area	Indicator	Data Source	Frequency	Baseline	Implementation End Target -2026
Service Delivery Availability and Quality	% of licensed PPP/contracted facilities	Sindh DoH, DHIS	Annual	Performance monitoring Balanced Scorecard	50%
	% of PPP facilities meeting QoC criteria	Performance monitoring Balanced Scorecard	Annual	Performance monitoring Balanced Scorecard	70%
	% of PPP facilities having 80%+ availability of essential health services staff	Performance monitoring Balanced Scorecard	Annual	Performance monitoring Balanced Scorecard	80%
	% of PPP facilities having 90%+ availability of essential medicines	Performance monitoring Balanced Scorecard	Annual	Performance monitoring Balanced Scorecard	80%
	% of PPP facilities providing 24/7 PHC delivery services	Performance monitoring Balanced Scorecard	Annual	Performance monitoring Balanced Scorecard	90%

Service Delivery Access	% of the population accessing the public sector for routine OPD	Sindh DoH / Third party evaluation	Pre-post	Third-party evaluation	60%
	% of population accessing public sector for ANC	Sindh DoH / Third party evaluation	Pre-post	Third-party evaluation	60%
	% of population accessing public sector for delivery	Sindh DoH / Third party evaluation	Pre-post	Third party evaluation	50%
	% of currently married women accessing the public sector for modern contraception	Sindh DoH IMU, DHIS	Pre-post	Third-party evaluation	20%
	% of poor accessing public sector for routine OPD	Sindh DoH IMU, DHIS	Pre-post	Third-party evaluation	50%

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Annex

Annex 1

Table 3: Primary Healthcare Facilities: Health Department of Sindh (2021) <https://sindhhealth.gov.pk/Primary>

S. NO.	CATEGORY	TOTAL NO. OF HEALTH FACILITIES	NO. OF HFS WITH PPP NODE	NO. HFS WITH PPHI	NO. HFS WITH HEALTH DEPT.
1	Rural Health Centers	125	114	1	10
2	Basic Health Units	757	0	648	109
3	Dispensaries	792	0	326	466
4	Mother & Child Health Centre (MCH Centers)	67	0	27	40
5	Sub Health Centers/ Clinics	3	0	2	1
6	Homeopathic Dispensaries	1	0	0	1
7	Urban Health Centers	1	0	0	1
8	Unani Shifa Khana	36	0	9	27
	TOTAL	1782	114	1013	655

Annex 2

Table 4 Strategic Areas for Strengthening PPP/Contracting Design and Delivery in Sindh

Technical Area	Strategic Action	Milestone
Pillar I: Capacity Building for Improved Governance of Public-Private Partnerships	Enabling Environment: An enabling environment to strengthen stewardship of PPPs will be developed through investment in capacity building and oversight.	Trained and certified Government of Sindh staff in health PPP/contracting design, contracting, and management processes.
	Augmenting capacity for contract management: Investment in capacity development of the PPP Node in consolidating effective management of PPPs as well as building familiarity	Recruitment of appropriate staff in contract management and procurement for the PPP Node.

	with other models of PPPs for adaptation and piloting.	
	Strengthening Financing Mechanisms: Developing capacity for stronger links between payment disbursements and results.	Contracting terms reviewed and training on performance-based payments conducted.
	Reinforcing Technical Accountability & Oversight: Ensuring technical oversight into PPP arrangements by closely integrating PPPs into the Department of Health's SDG commitments, unified programming with partners, and key outreach programs.	Monitoring and Evaluation framework development linked to EHSP, UHC, and SDG targets.
Pillar II: Strengthening the services delivery network through PPPs/Contracting	Strengthening contracting for rural areas: Expanded scope of contracts for the delivery of facility and outreach services in targeted remote areas for access to the hard-to-reach population.	Diversified PPP/contracting models developed for clinical and non-clinical services
	New models of PPPs for clinical support services: Piloting of service delivery contracts with private providers for support to selected government secondary hospitals to provide key support services such as waste management and diagnostic services.	Diversified PPP/contracting models developed for clinical support services
Pillar III: Strengthening Quality of Care and Performance Management	Performance Monitoring of PPPs: Performance benchmarking of existing PPP management contracts through systematic performance monitoring providing timely data for course correction.	PPP/contracting performance monitoring system established with third-party independent evaluation.
	Strengthening Quality of Care within PPP Arrangements: Providing quality improvement initiatives and leadership to deliver standardized impactful essential health services across existing PPP arrangements, building quality cohesion across health care providers	Development of PPP/contracting standardized frameworks for Quality of care, supportive supervision, Balanced Scorecard assessment, and licensing of PPP/contracted facilities, in compliance with the EHSPs and MSDSs.

Annex 3

Table 5 Risk Appraisal, Assumptions and Management

Type of Risk	Likelihood of Occurrence	Level of Severity	Strategy for Management
Limited Political Commitment and Leadership	Medium	High	<ul style="list-style-type: none"> - Need Government Buy-in and continued political support and advocacy - Alignment with the legislative and regulatory environment

Financial Resources Availability	High	High	<ul style="list-style-type: none"> - Advocate for domestic resources with transparency and accountability - Mobilize funding from donors and development partners
Delays in implementation of activities	High	High	<ul style="list-style-type: none"> - Develop coordination mechanisms with all stakeholders and monitoring and evaluation of activities
Human Resources	Medium	Medium	<ul style="list-style-type: none"> - Reduce staff turnover and ensure motivation