



# **BALUCHISTAN PRIMARY HEALTH CARE SYMPOSIUM**

EVENT REPORT  
APRIL 25, 2025  
SERENA HOTEL, QUETTA,  
BALUCHISTAN



## **REIMAGINING PRIMARY HEALTH CARE IN BALUCHISTAN**

**BALUCHISTAN'S  
FIRST EVER SYMPOSIUM**



# REIMAGINING PRIMARY HEALTH CARE IN BALOCHISTAN

BALOCHISTAN PRIMARY HEALTH CARE SYMPOSIUM

## Overview

Primary health care is the cornerstone of equitable health systems, yet Balochistan continues to face alarming health indicators, including high maternal and child mortality rates, widespread malnutrition, and low immunization coverage. The maternal mortality rate stands at 298 per 100,000 live births, while the under-five mortality rate is 78 per 1,000. Stunting affects 46.6% of children and only 35% of births are attended by skilled birth attendants. Immunization—one of the most cost-effective PHC interventions, also shows critical gaps, with only 37.7% of children fully vaccinated.

To address these deep-rooted challenges, EPI Balochistan, with the support of UNICEF, organized the province's first Primary Health Care Symposium on April 25, 2025, at Serena Hotel, Quetta. The event convened government leadership, UN agencies, partners, CSOs, and media to initiate a high-level discourse on the state of PHC in Balochistan and explore actionable solutions for system-wide improvement.

## Objective of the Symposium

The symposium aimed to initiate a high-level dialogue on strengthening primary health care in Balochistan by bringing together policymakers, health professionals, development partners and civil society. It provided an opportunity to review existing gaps in service delivery—particularly in maternal and child health, nutrition and immunization—and to promote collaborative, evidence-based, community-led approaches for improving access and equity in primary health services.

## Event proceedings

- Opening Remarks by Shaihak Baloch Special Secretary health
- Presentation on Routine Immunization Status of Balochistan by Zafar Khosti DPC-EPI
- Panel Discussion, " Routine Immunization in Balochistan: Challenges, Barriers and SBC-Driven Solutions
- Presentation on Roadmap for Restructuring Primary Health Care in Balochistan by secretary Health
- Panel Discussion on Roadmap for Restructuring Primary Health Care in Balochistan: Building a Resilient and People-Centered Health System by Secretary Health.
- Concluding Remarks by Bakht Muhammad Kakar ,Minister Health

# BALUCHISTAN PRIMARY HEALTH CARE SYMPOSIUM

## World Health Day

for every child



Expanded Program on Immunization  
Government of Balochistan



QUETTA SERENA HOTEL

## PROGRAM UPDATES

### Routine Immunization in Balochistan;

Dr Zaffar Iqbal Khosti  
Deputy Program Coordinator (EPI)

#### Immunization Coverage & Access

- 61% OF GOVERNMENT HEALTH FACILITIES HAVE EPI SITES.
- 30% OF UCS LACK GOVERNMENT VACCINATORS; 15% HAVE NONE.
- 37.7% OVERALL FULL IMMUNIZATION COVERAGE
- ONLY 20% OF CHILDREN VACCINATED AT FIXED SITES & 80% DEPEND ON OUTREACH.
- 71% OF TARGET POPULATION LIVES IN RURAL AREAS

#### Human Resource Constraints

- 1,805 VACCINATORS CURRENTLY DEPLOYED
- 871 ADDITIONAL VACCINATORS REQUIRED
- HIGH COVERAGE BURDEN: EACH VACCINATOR COVERS 283 SQ KM
- RETIREMENT DELAYS AND SLOW RECRUITMENT AFFECT SERVICE DELIVERY

#### Infrastructure & Mobility Gaps

- BALUCHISTAN'S POPULATION DENSITY IS ONLY 43 PERSONS PER SQ KM
- 129 UCS STILL LACK FUNCTIONAL EPI SITES.
- 39% OF GOVERNMENT HEALTH FACILITIES HAVE NO EPI SERVICE
- 33% OF UCS LACK ROAD-WORTHY MOTORCYCLES

#### Financial Challenges

- ESTIMATED PKR 250 MILLION OPERATIONAL BUDGET DEFICIT.
- 70% OF OUTREACH AND MONITORING COSTS UNMET.
- RESOURCE CONCENTRATION IN URBAN CENTERS DESPITE RURAL DEPENDENCY

#### Innovations & System Strengthening

- NEIR SYSTEM OPERATIONAL IN ALL 36 DISTRICTS SINCE FEB 2025.
- "ZINDAGI MEHFOOZ" APP UPGRADED TO NEIR FOR BETTER TRACKING.
- MONTHLY REVIEW MEETINGS IMPROVING ATTENDANCE AND ACCOUNTABILITY.



## Routine Immunization in Balochistan; Challenges, Barriers & SBC-Driven Solutions

### Panelist:

Dr. Kamalan Gichki, PC-EPI, Dr. Muhammad Amiri, CSD Manager-UNICEF, Dr. Rehmatullah Kakar, NPO-WHO, Zia Ur Rehman Sumalani SBC Officer-UNICEF

### Highlights of the discussion

EPI in Balochistan currently covers 79% of Union Councils and 61% of government health facilities. However, significant gaps persist—15% of UCs have no vaccinators at all, and each vaccinator is responsible for vast areas, limiting outreach and accessibility. The overall full immunization coverage remains at just 37.7%. Since 1978, progress has been slow, with coverage increasing from 16% in 2012 to 22% in 2018 and reaching 37.7% by 2022. While recent surveys show improved coverage in high-risk areas, deep-rooted challenges remain. Dr. Kamalan highlighted administrative inefficiencies, untrained staff, poor service integration, and donor dependency as key obstacles, further complicated by social and security issues. He called for improved training, stronger program integration and better communication. Dr. Rehmat emphasized that EPI cannot progress in isolation, pointing to systemic weaknesses in education, governance, and public trust. Drawing on comparisons with AJK, where higher literacy contributed to EPI success, he recommended strengthening governance, ensuring better use of resources, establishing accountability and prioritizing SBC and community engagement to drive sustainable improvements.

Integrated Service Delivery (ISD) in Balochistan, currently active in 39 Super High-Risk Union Councils (SHRUCs), is helping strengthen routine immunization by aligning with existing programs like MNCH.

Dr. Amiri highlighted that while challenges remain, strong community engagement and government-led efforts have shown promising results.

"The Government is leading the implementation of ISD, with UNICEF and WHO providing technical support only. To enhance impact, Dr. Amiri emphasized three strategies: strengthening government leadership and accountability, integrating services like MNCH, EPI, and LHWs, and ensuring sustainability through reduced donor dependence and development of self-reliant, resilient systems.

Zia ur Rehman emphasized that community resistance and lack of trust remain major barriers across health programs. Despite this, investment by government in SBC is close to zero. He stressed that behavior change is a long-term, continuous process requiring consistent engagement and community ownership. Highlighting the consequences of underinvestment—like fake reporting due to pressure and lack of trust—he proposed three key strategies: co-creation with communities using a human-centered approach, system strengthening through leadership training and modern communication strategies, and creating enabling environments that support healthy behaviors. He warned that without rebuilding public trust, no technical progress would be sustainable. Reliance on IEC materials illustrated the need for a shift toward deeper behavioral interventions.



**Dr. Kamalan Gichki**  
Provincial Coordinator EPI



**Dr. M H Amiri**  
CSD Manager-UNICEF



**Dr. Rehmatullah Kakar**  
NPO-WHO



**Zia ur Rehman Sumalani**  
SBC Officer-UNICEF

# KEY RECOMMENDATIONS

## Panel 1

### Expand the Vaccinator Network

Increase the number of trained vaccinators and ensure equitable deployment, especially in hard-to-reach and under-served areas

### Build Trust & Community Ownership

Health programs must stay connected to community. Growing vaccine hesitancy stems from weakened community engagement and trust

### Promote GOVT Ownership & Sustainability

Maintain government leadership by designing strategies focused on long-term sustainability with minimal financial dependency on partners

### Embed SBC in Health Programs

Social and Behavior Change efforts should be prioritized, as they are a necessary prerequisite for any health program to meet community expectations

### Evidence based Planning

Strengthen the use of reliable data at local levels to tailor responses, prioritize interventions, and close the gap between evidence and implementation

### Scale Up Integrated Service Delivery

To ensure efficient outreach and optimal resource utilization, expand ISD models by integrating MNCH, EPI, PEI, Nutrition and the National Program

# BALUCHISTAN PRIMARY HEALTH CARE SYMPOSIUM

## World Health Day

Shaping



## Primary Health Care Roadmap: Challenges & the Way Forward

Mujeeb Ur Rehman,  
Secretary Health, Government of Balochistan

### Core Challenges Identified

- BOTH PRIMARY AND TERTIARY CARE FACE UNDERUTILIZATION OF RESOURCES, POOR STAFF ATTENDANCE AND PERFORMANCE
- CRITICAL SHORTAGES IN TRAINED STAFF
- ESSENTIAL MEDICINES ARE UNAVAILABLE OR MISMANAGED. LEAKAGES IN SUPPLY AND CONSUMPTION ARE COMMON.
- ONLY 20% OF THE POPULATION IN BALUCHISTAN HAS ACCESS TO A DOCTOR AT THE PRIMARY LEVEL.

### Reasons for Past Failures

- HEALTH REFORMS HAVE OFTEN TARGETED SYMPTOMS RATHER THAN SYSTEMIC ISSUES
- FREQUENT LEADERSHIP CHANGES DISRUPT CONTINUITY AND WEAKEN REFORM EFFORTS
- REFORM PROPOSALS OFTEN LOSE IMPACT AMID DELAYS IN FINANCE AND PLANNING DEPARTMENTS.
- UNLIKE OTHER PROVINCES, BALUCHISTAN LACKS CONSISTENT HIGH-LEVEL POLITICAL COMMITMENT TO DRIVE HEALTH REFORMS

### Strategic Shift: Functional Autonomy

- HEALTH-LED STRATEGIES REQUIRE OPERATIONAL FREEDOM FROM FINANCE AND PLANNING DEPARTMENTS TO SUCCEED.
- MOST RESOURCES ARE DIRECTED TOWARD TERTIARY FACILITIES, WHILE PRIMARY CARE REMAINS NEGLECTED.
- A SHIFT TOWARD STRENGTHENING BASIC HEALTH SERVICES IS CRITICAL FOR REVERSING POOR HEALTH OUTCOMES.

### Roadmap Overview

- BUILT ON THREE PILLARS: INFRASTRUCTURE REVAMP, SERVICE DELIVERY IMPROVEMENT, AND HEALTH INDICATOR GAP IDENTIFICATION.
- BALUCHISTAN HAS 1,500 HEALTH FACILITIES (INCLUDING 700 BHUs); 16% OF DELIVERIES STILL OCCUR AT HOME.
- MATERNAL MORTALITY REMAINS HIGH; IMMUNIZATION COVERAGE IS 88% (BELOW THE 98% NATIONAL TARGET).

### Immediate Actions

- INITIATED AN EVIDENCE-BASED REVIEW WITHOUT WAITING FOR FORMAL APPROVALS.
- PROPOSED CREATION OF NEW POSTS TO ADDRESS HR SHORTAGES.
- LAUNCHED FOCUSED RECRUITMENT DRIVES TO FILL CRITICAL GAPS.
- DEVELOPED A MOBILE MONITORING APP TO ENSURE ACCOUNTABILITY AND REAL-TIME TRACKING.



## Roadmap for Restructuring Primary Health Care in Balochistan: Building a Resilient and People-Centered Health System

### Panelist:

Mujeeb Ur Rehman, Secretary Health, Abdullah Khan, Secretary Population Welfare, Ali Jan, Ex Secretary Health Punjab, Dr. Shahzad Ali Khan, VC HSA Islamabad  
Dr. Amin Khan Mandokhel, Director General Health Services Balochistan

### Highlights of the discussion

Panel 2 centered on the strategic roadmap to strengthen Primary Health Care (PHC) in Balochistan, recognizing it as the foundation of an effective and equitable health system. Secretary Health Mr. Mujeeb ur Rehman underscored that despite an annual health budget of PKR 87 billion, underutilization remains a challenge. He emphasized that the department is shifting focus toward digitization, task-shifting, and resource optimization to improve efficiency using existing infrastructure and workforce. He emphasized that PHC must be viewed as a multi-sectoral agenda, not just a health department responsibility. Without addressing social determinants such as access to clean water, nutrition, and sanitation, preventive health cannot succeed. He stressed that community ownership and behavioral change are essential pillars of this approach.

Abdullah Khan, Secretary Population pointed out historical mismanagement and the unsustainable nature of project-based interventions, which often collapse once donor support ends. He advocated integrating all vertical programs—like MNCH and EPI—into the mainstream health system and increasing allocations to the non-development budget for long-term sustainability.

Dr. Shahzad stressed the need to expand the definition of PHC beyond BHUs, urging intersectoral collaboration and district-level autonomy.

Dr. Shahzad proposed giving DHOs decision-making powers and creating health management committees at the district level. He also suggested short- and long-term HR solutions, including training allied health workers and establishing community health teams.

Mr. Ali Jan (ex-Secretary health Punjab) emphasized the need for clear leadership priorities, data-driven systems, and independent monitoring and evaluation units to track progress objectively. He recommended aligning HR investments with accountability mechanisms and enabling transparent, decentralized decision-making through digital portals. He highlighted the importance of linking structural health reforms with the operational roadmap, cautioning that policy changes alone cannot drive improvement unless accompanied by system-level transformations. He stressed that monitoring units must report directly to top leadership (Secretary or Minister) to ensure accountability and prevent internal bias within the Health Department.

DGHS Dr. Amin Khan Mandokhel highlighted the critical role of community participation, stating that PHC without community ownership is incomplete. He called for gradual decentralization supported by capacity building.

# KEY RECOMMENDATIONS

## Panel 2



**Mr. Mujeeb Ur Rehman**

Secretary Health  
Government of Balochistan



**Mr. Abdullah Khan**

Secretary Population Welfare  
Government of Balochistan



**Mr. Ali Jan**

Ex-Secretary Health  
Government of Punjab



**Dr. Amin Khan**

DG Health Services Balochistan



**Prof. Dr. Shahzad Ali Khan**

VC HSA Islamabad

### Optimize Existing Budgets through Sustainable Financing

The Health Department should prioritize maximizing the efficiency of the existing PKR 87 billion health budget by adopting digitization, task shifting and optimal utilization of the current workforce

### Mainstream and Sustain Vertical Programs

Vertical programs should be integrated into the primary health system and funded through non-development (recurring) budgets to ensure long-term sustainability and continuity beyond donor-driven project cycles

### Advancing District Health Governance through Autonomy

Empowering District Health Officers (DHOs) with administrative and financial authority through tenure-based appointments and decentralized decision-making is critical for localized health governance and accountability

### Policy Coherence and Implementation

Provincial policies must be enforced with corresponding budgets. Documents like the PHC roadmap, decentralization frameworks and SBC strategies must be treated as actionable policy tools, not aspirational texts

### Human Resource Strengthening

Short-term strategies like six-month training programs for nurses, paramedics, and midwives, and long-term two-year courses for allied health professionals are essential to fill critical staffing gaps

# KEY RECOMMENDATIONS

## Panel 2



### Phased Decentralization with Capacity & Policy Alignment

Gradual decentralization must be paired with systematic capacity building at the district and union council levels to ensure sustainability and quality of health services



### Data-Driven Systems & Independent M&E

Establish an independent Monitoring & Evaluation unit that reports directly to the Secretary of Health. This unit should ensure accountability through impartial assessments of progress



### Empowering Community Partners in Co-Designing Health Programs

Programs must be co-designed with communities to foster trust and drive behavioral change. Mobilizers should be trained to challenge harmful traditional practices and reshape public perceptions of health services



### Intersectoral Collaboration for Comprehensive PHC

PHC should not be limited to curative services but must also address key determinants such as sanitation, water and nutrition. This requires strong collaboration across multiple sectors to achieve holistic health outcomes.



*Today marks a critical step in strengthening PHC in Balochistan. The health indicators remain low, significantly impacting outcomes. Key challenges include underutilized health facilities, a shortage of trained staff and poorly managed medicine supply, leaving majority of the population without access to basic health services. Political changes and bureaucratic delays have hindered progress. To overcome this, we must empower the Health Department with operational autonomy and ensure better support from Finance, Planning and development.*

*We've developed a roadmap focusing on three key pillars: infrastructure revamp, service delivery improvement and addressing gaps in health indicators. Immediate actions include reviewing vaccination coverage, addressing staff shortages, tackling service delivery gaps. The roadmap proposes creating new posts, real-time progress tracking via digitization and including SBC strategies in community driver intervention.*

*This roadmap is a call to action. With shared ownership, political commitment and institutional alignment, together, we can achieve lasting improvements in Balochistan's healthcare system.*

**Mujeeb ur Rehman**  
**Secretary Health, Government of Balochistan**



## Concluding Address Of Symposium

Bakht Muhammad Kakar  
Minister Health, Balochistan

I am very pleased to be part of this important event organized by the Expanded Programme on Immunization (EPI). I would like to extend my sincere gratitude to the Special Secretary Health and the dedicated team of the Health Department for making this event possible. In the past, I have observed that participation from Balochistan in such workshops and symposiums has often been limited, with many attendees not fully engaging. This has sometimes created the impression that we are not serious about addressing our health challenges. However, today's symposium was different—well-organized, purposeful, and rich in meaningful dialogue. It allowed health managers and experts to understand the real issues faced by our frontline workers.

Primary health care is the backbone of a strong health system and cannot be ignored. Our situation in Balochistan is unique and more challenging than other provinces. Our health indicators—particularly in malnutrition, maternal health, and polio—are alarming and comparable to some of the world's least developed regions. Under the leadership of Mr. Sarfaraz Bugti, the Government of Balochistan is committed to structural reforms, and for the first time, we are focusing on strengthening primary health care—a previously neglected area.

Our tertiary hospitals are overwhelmed. A hospital designed for 50 patients is serving 100, and facilities meant for 500 beds are treating over 1,000.

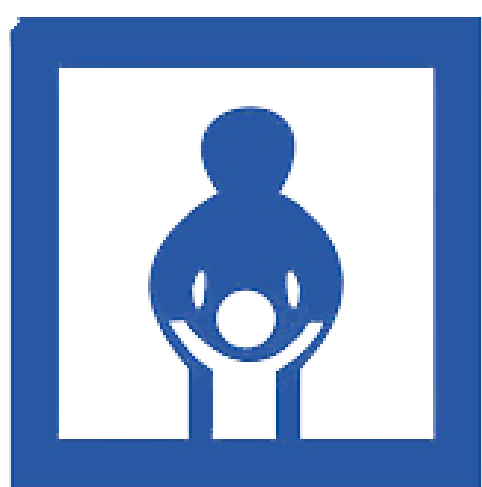
We cannot afford to rely only on curative care. Preventive approaches, especially routine immunization, must be prioritized if we aim to achieve a polio-free Balochistan and protect against other preventable diseases.

To support these efforts, we are engaging health experts and staff to identify key challenges, particularly in human resources. Strengthening our young workforce—nurses, paramedics, and health workers—is a priority. We are also moving towards digitization to improve service delivery. We plan to introduce a digital inventory system, like the one in Punjab, to monitor medicine stocks and reduce misuse. Real-time monitoring and control rooms will ensure staff presence and service quality. Independent Monitoring Units will regularly check infrastructure, medicine availability, and overall functionality. To sustain this momentum, we will soon establish an advisory board to develop a strategic roadmap aligned with national and international standards.

I will not take much of your time, but I want to say this clearly—it is our collective responsibility to fix the system. This is our province, and everyone must play their part to improve the health standards of the people of Balochistan.



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