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**BISP AND PHARMACEUTICAL ASSOCIATION OF FPCCI TO TAKE
CARE OF BENEFICIARIES' HEALTH**

ISLAMABAD: The collaboration between BISP and Pharmaceutical Companies will result into provision of better health facilities to BISP beneficiaries who are scientifically identified real needy in the country. This was stated by Minister of State and Chairperson BISP, MNA Marvi Memon while speaking during a seminar hosted by Pharmaceutical Association of Pakistan.

The purpose of the seminar was to initiate and discuss the necessary ways and means for cooperation between BISP and Pharmaceutical Companies so that better health facilities may be made accessible to BISP beneficiaries.

On the occasion, Chairman FPCCI Standing Committee on Pharma Industry Mr. Zahid Saeed said that 90% of the medicines are being made by Pakistani Pharmaceutical Companies and hence access to quality medicines is not a problem. The pharma industry may take initiative by offering Quality Branded Medicines (QBM) at affordable rates to BISP beneficiaries. He added that the industry may provide medicines at 25% to 30% discounted price to poorest of the poor BISP beneficiaries. This public-private partnership will help the poor patients to improve their health.

Chairperson BISP, during the seminar, appreciated the pharma industry for their invaluable contributions and showing generosity to the cause of poor. She stated that the better compliance to this great initiative will bring better health outcome at the national level. This scheme is very instrumental in making BISP women healthier and more empowered.

She also said that the increase in BISP budget from Rs. 40 billion to Rs. 102 billion is due to the belief of Prime Minister Nawaz Sharif and the present government in the efficacy of this programme. She added that BISP has an equalizer policy to whole of the country and it does not have any political, regional or any other considerations.

Currently, BISP is serving 5.1 million beneficiary families and the target within this financial year is to reach 5.3 million families. The core mandate of BISP is unconditional cash transfer under which Rs. 1500 monthly stipend is provided to the beneficiaries. She stressed that in order to graduate these beneficiaries out of extreme poverty, the corporate sector may direct their Corporate Social Responsibility (CSR) activities towards them. BISP, through its demographic directory containing multi-dimensional data of beneficiaries in each district, may facilitate pharma industry in selecting any area for undertaking their CSR activities. The data base of BISP is credible as it is based on a scientific model. However, there is a need of resurvey because every survey has a life of 5 years according to international standards. She assured that the resurvey will be more comprehensive with less inclusion and exclusion errors.

She said that BISP is moving towards IT driven solutions to develop automated systems for improving its monitoring of field offices and the level of service delivery to the beneficiaries. This will reduce the middleman culture, increase the efficiency of BISP staff and add to the empowerment of women.

She said that the most of the BISP stipend is spent on food items which means BISP contributes in reducing malnutrition which is the main cause of stunting and low IQ level. She emphasized that there is dire need to invest in human capital and it is in the interest of corporate sector to make such investments as it will provide them with a healthier population for employment.

Chairperson BISP also discussed that the initiatives of Medi Banks and e-clinics can also be utilized for the welfare of BISP beneficiaries. She said that the pharma industry may provide medicines to Medi Banks at discounted rates. Through e-clinics, the poor

people in the distant rural areas may be treated. The combination of technology and the discounted medicines will help in the provision of better health facilities to the beneficiaries. She informed that for the service of poor, BISP is setting up alliances with different organizations like Akhuwat which are already working in these sectors. She pointed out that physicians association can also be included in these efforts for the purpose of health facilities to the poor.

She stressed that everyone has a responsibility towards the cause of poor and to achieve the Sustainable Development Goals (SDGs). She made an appeal to the pharma industry that this seminar should be followed by concrete steps. It was proposed by the representatives of the pharmaceutical companies that a committee should be formed which may develop action plans on these initiatives and implement the same in 6 pilot districts.
