

# Pakistan: Health Systems Profile

## Health status (2015)

|  |                |      |
|--|----------------|------|
| Life expectancy at birth in years                | <i>total</i>   | 66.4 |
|  | <i>males</i>   | 65.5 |
|  | <i>females</i> | 67.5 |
| Maternal mortality ratio per 100 000 live births | <i>total</i>   | 178  |

## Communicable diseases (2015)

|   |       |
|---|-------|
| Tuberculosis notification rate per 100 000 (2014) | 171.1 |
| Incidence rate of malaria per 1 000 population    | 1.1   |
| Number of newly reported HIV cases                | 4098  |

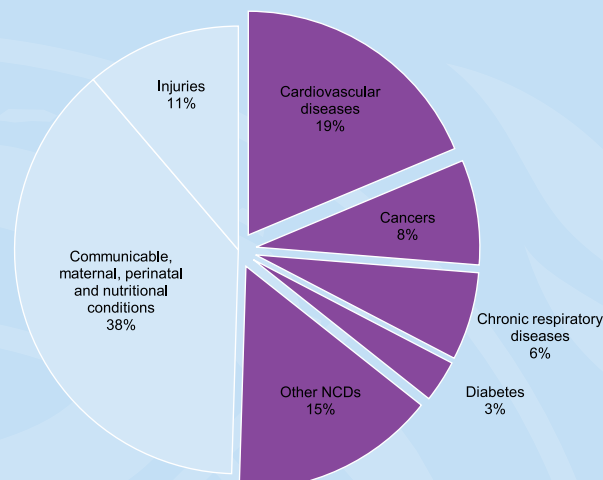
## Behavioural risk factors

|                                       |              |                |              |
|---------------------------------------|--------------|----------------|--------------|
| Estimated prevalence (%)              | <i>males</i> | <i>females</i> | <i>total</i> |
| Current tobacco smoking (2014)*       | 41.0         | 3.4            | 22.6         |
| Insufficient physical activity (2010) | ...          | ...            | 26.0         |

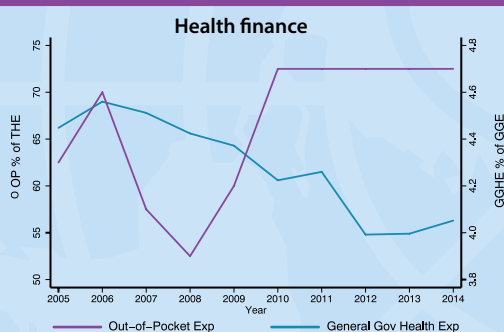
## Metabolic risk factors

|                               |              |                |              |
|-------------------------------|--------------|----------------|--------------|
| 2014 estimated prevalence (%) | <i>males</i> | <i>females</i> | <i>total</i> |
| Raised blood pressure         | ...          | ...            | 23.0         |
| Raised blood glucose          | ...          | ...            | 10.8         |
| Overweight                    | ...          | ...            | 23.0         |
| Obesity                       | ...          | ...            | 5.4          |

## Proportional mortality (% of total deaths, all ages, both sexes)

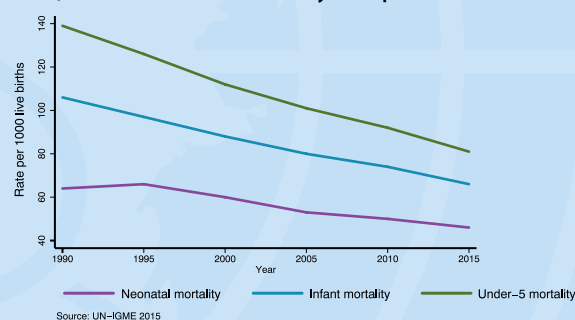


## Expenditure and mortality trends



\*GGHE % GGE is the general government health expenditure as % of general government expenditure  
\*\*OOP % THE is the out-of-pocket expenditure as % of total health expenditure

## Neonatal, infant and under 5 mortality rates per 1000 live births



## Health system: selected coverage interventions

|  |      |
|--|------|
| Antenatal care visits (4+ visits) (2013)   | 37.0 |
| Measles immunization coverage among 1-year-olds (2015)   | 68.0 |
| Treatment success rate of new bacteriologically confirmed TB cases (2013)                            | 93.0 |
| DTP3-containing vaccine / Pentavalent coverage group among children under 1 year of age group (2015) | 73.0 |

## Health system: finance (2014)

|   |      |
|---|------|
| General government expenditure on health as % of general government expenditure | 4.7  |
| Out-of-pocket expenditure as % of total health expenditure                      | 56.3 |
| Per capita total health expenditure at exchange rate (US\$)                     | 36   |

## Health system: workforce (2015)

|  |     |
|--|-----|
| Health workforce per 10 000 population |     |
| Physicians                             | 9.6 |
| Nurses/midwives                        | 4.9 |
| Dentists                               | 0.9 |
| Pharmacists (2011)                     | 1.4 |

## Health system: information (2012-2015)

|                                 |      |
|---------------------------------|------|
| Percentage of births registered | 23.0 |
| Percentage of deaths registered | 19.0 |

## Health system: medicines and medical devices (2013)

|  |         |     |
|--|---------|-----|
| Availability of selected essential medicines and medical products in health facilities (%) | public  | ... |
|  | private | ... |
| Number of scanners (in public facilities) per million population <sup>a</sup>              | CT      | 0.3 |
|  | MRI     | 0.2 |

## Health system: service delivery (infrastructure) (2013)

|  |     |
|--|-----|
| Primary health care facilities per 10 000 population | 0.5 |
| Hospital beds per 10 000 population (2012)           | 6.0 |

... No data available

<sup>a</sup> Computed tomography (CT) and Magnetic resonance imaging (MRI)

\* Age-standardized estimated

Please note the data sources are in the attachment

## Health System Strengths, Weaknesses, Opportunities, Challenges, and Priorities – Pakistan 2016

| Strengths  | Weaknesses   |
|--|--|
| <ul style="list-style-type: none"> <li>• Devolution of health to provinces under 18<sup>th</sup> Amendment is expected to strengthen the management of healthcare delivery at local level</li> <li>• Development of National Health Vision by the Ministry of National Health Services, Regulation and Coordination (MNHSR&amp;C) will help Pakistan to reflect the shared aspirations for better health of the people of the country as a whole</li> <li>• The recent SDG-3 roll out initiative by the MNHSR&amp;C is a forward movement for SDG agenda</li> <li>• Establishment of Health Planning, Systems Strengthening and Information Analysis Unit by the MNHSR&amp;C will help in knowledge management hub for producing national level aggregated figures and numbers for country level reporting as Pakistan is a signatory to International treaties and the Sustainable Development Goals – 2030</li> <li>• Launching of national health insurance schemes in December 2015 that is expected to reduce OOP and provide protection against catastrophic expenditure to the population living below poverty line in 23 districts of the country</li> <li>• Elaborate network of over 10 000 public sector primary health care facilities and public sector hospitals that can be effectively used to provide high-quality health care</li> <li>• Large number of medical and allied institutions in the public and private sectors that provide training to health professionals in the country</li> <li>• Training and deployment of more than 100 000 Lady Health Workers has increased access of the rural population to primary health care services</li> <li>• The pharmaceutical industry of Pakistan is large and caters to local needs in addition to export of medicines</li> <li>• Health information system in Pakistan is being rooted at the district level as “District Health Information System”, with almost 100% reporting</li> <li>• Legislative back up and institutional arrangements put in place in some of the provinces to regulate private sector</li> </ul> | <ul style="list-style-type: none"> <li>• Fragmentation of health functions at the federal level and continued communication gaps between the federal and provincial levels, limited and variable capacity among provincial health departments to shoulder new responsibilities following 18th Amendment</li> <li>• Serious underfunding of the health sector—the public sector spends 0.5% of GDP on health, the government health expenditure per capita is approximately US\$ 7, and the share of out-of-pocket spending is almost 60%</li> <li>• Underutilized primary health care infrastructure due to non-functioning facilities, staff absenteeism and lack of medicines leading to poor quality of services</li> <li>• Large unregulated private health sector comprising general and specialist clinics, pharmacies and diagnostic centres</li> <li>• Shortage in some cadres of Health Workforce such as nurses and paramedical staff and urban/rural maldistribution of health workforce</li> <li>• Substandard/spurious/falsely-labelled/falsified/counterfeit medicines are a major public health problem</li> <li>• Poor quality of data generated by health information system; feedback of information not streamlined; surveys are undertaken sporadically; and information is generally not used for decisions making</li> </ul> |
| Opportunities  | Challenges   |
| <ul style="list-style-type: none"> <li>• The Ministry of National Health Services, Regulation and Coordination can help consolidate and reorganize federal health functions and reengage with provinces</li> <li>• Commitment of the new democratic government to increased accountability and transparency and being responsive population needs</li> <li>• Increasing role of nongovernmental organizations working in health as think tanks, advocates and providers of health care</li> <li>• Improved coordination among parastatal organizations that are involved in the delivery of health care for their employees</li> <li>• Renewed efforts to strengthen district health system that ensures effective health care for the local population</li> <li>• Experience with interventions such as Social Health Insurance, contracting, vouchering and cash transfer schemes for improving access and quality of health services</li> <li>• Continued and increasing commitment of development partners to support the health sector</li> </ul>   | <ul style="list-style-type: none"> <li>• Lack of security and safety that impedes delivery of priority public health programmes in different parts of the country</li> <li>• Poor economic situation of the country has negative impact on the health budget</li> <li>• Rapid urbanization, epidemiological transition and dual burden of disease; inability of the health system to respond</li> <li>• Social determinants of health such as high levels of illiteracy, population growth, unemployment, poverty and pervasive inequities put additional burden on an underperforming health system</li> <li>• Inability to implement the social security system for the poor in an effective way</li> <li>• Ineffective regimes and mechanisms for regulation of the private health sector to control quality and cost of care</li> <li>• Improving quality of health professionals training deployment, fair distribution, skills mix and acute shortages in some cadres</li> </ul>   |

### Priorities

- Raise health high on the social sector agenda of the government in order to increase allocations to health and advocate for the role of health in economic growth and development
- Strengthen the stewardship role of the recently established Ministry of National Health Services, Regulation and Coordination to effectively undertake federal health functions and improve interprovincial coordination
- Prepare for and implement the national health insurance scheme, in collaboration between the federal and provincial governments, to cover the most vulnerable population groups in the country
- Strengthen the capacity of the provincial health departments, supported by the district health offices, to effectively deliver essential health services to the population
- Develop a vision and strategy for moving towards universal health coverage by improving coverage and access to essential health services package and introducing innovative financing schemes
- Build partnership with the for-profit and non-profit private health sector and develop an appropriate regulatory framework
- Improve quality of care through adoption of service standards, investments in health infrastructure and human resources development
- Improve health information systems to ensure timely, accurate and updated information and encourage operational research to support decision-making, planning and monitoring processes
- Enhance the capacity for disaster preparedness and response and its integration into the health system