

Pakistan : Health Systems Profile

Key health system indicators

Health status

Life expectancy at birth in years	total	66
Adult mortality rate (probability of dying between 15 and 60 years) per 1000 population	males	186
	females	152
	total	170

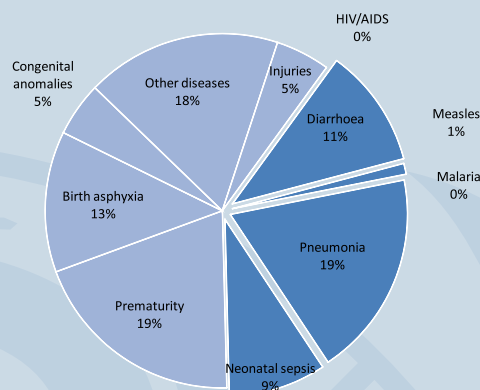
Communicable diseases

Tuberculosis notification rate per 100 000	152
Incidence rate of malaria per 1000 population	1.63
Estimated number of people living with HIV	130000

Behavioural risk factors

2008 estimated prevalence (%)	males	females	total
Current daily tobacco smoking	34	6	20
Physical inactivity	32.7 [12.7-65.7]	48.1 [20.1-77.5]	40.4 [16.1-72.8]

Distribution of causes of death among children aged <5 years (%)



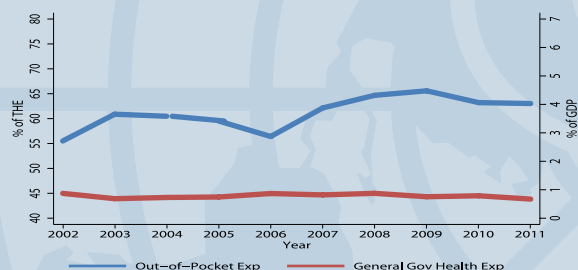
Communicable diseases are estimated to account for 40% of all deaths among children aged <5 years

Metabolic risk factors

2008 estimated prevalence (%)	males	females	total
Raised blood pressure	28.6 [18.0-41.0]	28.0 [17.9-39.1]	28.4 [21.0-36.7]
Raised blood glucose	11.7 [6.9-17.8]	14.1 [8.5-21.1]	12.9 [9.0-17.4]
Overweight	20.0 [10.3-31.8]	28.8 [16.1-43.2]	24.3 [16.4-33.4]
Obesity	3.5 [1.4-6.7]	8.4 [3.5-15.6]	5.9 [3.2-9.6]
Raised cholesterol	30.5 [16.1-48.5]	31.4 [14.8-52.3]	31.0 [19.4-44.2]

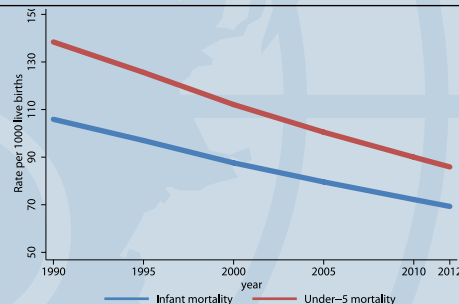
Expenditure and mortality trends

Health finance



The general government expenditure on health as % of Gross Domestic Product (GDP)
The out-of-pocket expenditure as % of Total Health Expenditure (THE)

Infant and under 5 mortality rates per 1000 live births



Health system: governance

Indicator	Yes (2013-2017), (2012-2020)
Existence of a national health strategy/strategic plan and time frame	Yes
Annual publication/dissemination of ministry of performance report	Yes
High level multisectoral advisory council for health available	No

Health system: information

Functioning civil registration and vital statistics

Indicator	Value
Percentage of births registered	27
Percentage of causes of death recorded	...
Year most recent use of ICD in mortality classification reported	...
Year most recent annual health statistics report published	...

Health system: health workforce

Health workforce per 10 000 population (2011)

Physicians	8
Nurses/midwives	6
Dentists	1
Pharmacists	1.4

Health professions education institutions

Medical	...
Nursing	...

Percentage of doctors working in rural settings

Percentage of doctors working in rural settings	...
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Health system: service provision

Infrastructure

Primary health care facilities per 10 000 population	8
Hospital beds per 10 000 population	6

Service delivery

Access to local health services (%)	97
Contraceptive prevalence (%)	38
Antenatal care visits (4+ visits) (%)	28.4
Measles immunization coverage among 1-year-olds (%)	88
Smear-positive tuberculosis treatment success (%)	91
Number of tobacco (m)POWER measures implemented at the highest level of achievement	...

Health system: finance

National health accounts conducted (number of rounds; last reference year(s))	(1 ; 2005-2006)
General government expenditure on health as % of GDP (2011)	0.7
Out-of-pocket expenditure as % of total health expenditure (2011)	63.0
General government expenditure on health as % of total government expenditure (2011)	3.6

Health system: technology

Existence and year of last update of published essential medicines list (EML)	Yes (2011)
Existence of a functional national regulatory authority (NRA)	Yes (medicines and medical devices)
Number of MRI/CT scanners (in public facilities) per million population	Not available

Health System Strengths, Weaknesses, Opportunities, Challenges, and Priorities

Strengths	Weaknesses
<ul style="list-style-type: none"> • 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 • Large number of medical and allied institutions in the public and private sectors that provide training to health professionals in the country • Training and deployment of more than 100 000 Lady Health Workers recruited by the public sector has increased access of the population to primary health care services particularly in remote areas • The pharmaceutical industry of Pakistan is fairly large and cater for local needs in addition to export of medicine • Following devolution, all the provinces have developed their health sector strategies and plans aiming at universal health coverage 	<ul style="list-style-type: none"> • 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% • A constitutional amendment to abolish the federal Ministry of Health in 2011 led to fragmentation of health functions at the federal level and unclear communication channels between the federal and provincial levels • Limited capacity and wide variation among the provincial health departments to shoulder new responsibilities under the devolved set-up • Primary health care infrastructure is under used due to the poor quality of services and nonfunctioning facilities, staff absenteeism and lack of medicines • Large unregulated private health sector comprising general and specialist clinics, pharmacies and diagnostic centres that provide curative services • Shortage of cadres such as nurses and paramedical staff and misdistribution of health workforce • Substandard/spurious/false-labelled/falsified/counterfeit medicines area major public health problem • The health information system is fragmented; flow and feedback of information are not streamlined; surveys are undertaken sporadically; and information is generally not used for decisions
Opportunities	Challenges
<ul style="list-style-type: none"> • The recent establishment of Ministry of National Health Services, Regulation and Coordination can help consolidate and reorganize federal health functions and reengage with provinces • Commitment of the new democratic government to increased accountability and transparency and being responsive to the needs of the public • Increasing role of nongovernmental organizations working in health as think tanks, advocates and providers of health care • Improved coordination among parastatal organizations that are involved in the delivery of health care for their employees. • Renewed efforts to strengthen district health system that ensures effective health care for the local population • Experience with interventions such as contracting, vouchering and cash transfer schemes should be made use of in improving access and quality of health services • Continued and increasing commitment of development partners to support the health sector 	<ul style="list-style-type: none"> • Lack of security and safety that impedes delivery of priority public health programmes in different parts of the country • Poor economic situation of the country has negative impact on the health budget • Rapid urbanization, epidemiological transition and dual burden of disease; inability of the health system to respond. • Health determinants such as high levels of illiteracy, population growth, unemployment, poverty and pervasive inequities put an additional burden on an underperforming health system • Inability to implement the social security system for the poor in an effective way • Ineffective regimes and mechanisms for regulation of the private health sector to control quality and cost of care • Improving quality of health professionals training deployment, fair distribution, skills mix and acute shortages in some cadres
Priorities	
<ul style="list-style-type: none"> • 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 Health Services, Regulation and Coordination to effectively undertake federal health functions and improve interprovincial coordination • 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 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 	

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