

A vertical decorative border on the left side of the cover, featuring a repeating geometric pattern in white and teal. The pattern consists of interlocking circles, squares, and floral motifs, creating a complex, symmetrical design.

Country Cooperation Strategy for WHO and Pakistan 2020–2025



**World Health
Organization**

REGIONAL OFFICE FOR THE **Eastern Mediterranean**

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ABBREVIATIONS

ADB	Asian Development Bank
AJK	Azad Jammu and Kashmir
CCS	Country Cooperation Strategy
CPEC	China Pakistan Economic Corridor
DALYs	Disability Adjusted Life Years
DFID	UK's Department for International Development
FATA	Federally Administered Tribal Area
GAVI	Gavi - the Vaccine Alliance
GB	Gilgit Baltistan
GFATM	Global Fund to Fight AIDS, TB and Malaria
GPW 13	WHO's Thirteenth General Programme of Work
HIV	Human Immuno-deficiency Virus
ICT	Islamabad Capital Territory
IHR	International Health Regulations
JEE	Joint external evaluation
JICA	Japan International Cooperation Agency
KfW	Kreditanstalt für Wiederaufbau
KP	Khyber Pakhtunkhwa
LHW	Lady Health Worker
MMR	Maternal Mortality Ratio
ODA	Official Development Assistance
OECD	Organization for Economic Cooperation and Development
SDGs	Sustainable Development Goals
UHC	Universal health coverage
UN	United Nations
UNICEF	United Nations Children Fund
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
WASH	Water, Sanitation and Hygiene
WHA	World Health Assembly
WHO	World Health Organization

EXECUTIVE SUMMARY

The Country Cooperation Strategy (CCS) reflects the medium-term vision of WHO for technical cooperation with Pakistan and defines a strategic framework for working in and with the country. The CCS aims to bring together the strength of WHO support at the three levels of the Organization in a coherent manner.

This CCS for Pakistan is the result of an analysis of the health and development situation and WHO's current programme of activities. It was carried out by a CCS working group representing the Ministry of National Health Services Regulations and Coordination, provincial/area departments of health and WHO and was led by the WHO Representative in Pakistan. The 12th national five-year plan (2018-2023) and the National health vision 2016-2025 – medium-term strategic priorities mutually agreed with provinces and partners – were the major guiding documents. Key officials of the Ministry, departments of health and partners were consulted during the preparation of the CCS.

Pakistan has witnessed improvements in its political, security and social system. Per capita gross domestic product had improved in the last two decades but has declined in the last few years. Enhanced investment in economic development and high political commitment to health has resulted in some progress on universal access to health care and Pakistan has shown some recent achievements in health with improving maternal and child mortality rates. The country is committed to augmenting the success of its socioeconomic development, including improving health and education and ensuring social security for those in need.

Key challenges to the health system include the demographic and epidemiological transition, limited investment in the health sector, lack of recognition of the importance of addressing the social determinants of health, changing lifestyles and behaviours, insignificant focus on quality of health care, the need for health system strengthening and ensuring Pakistan has the right competencies to implement the requirements of the International Health Regulations (IHR 2005). Based on identified challenges and considering the WHO policy framework – the Thirteenth General Programme of Work, 2019–2023 (GPW 13) and the United Nations Sustainable Development Framework (UNSDF) 2018–2022, the CCS working group has prioritized maximizing WHO's contribution to achieving the Sustainable Development Goals (SDGs) by championing UHC and focusing on country-level impact through a multisectoral approach.

The GPW 13 and the CCS are structured around three strategic priorities to ensure healthy lives and well-being for all at all ages: 1) advancing UHC; 2) addressing health emergencies; and 3) promoting healthier populations. The three strategic goals of the CCS for the period 2020–2025 are:

- 46 million more people in Pakistan will benefit from UHC
- 36 million more people in Pakistan will be better protected from health emergencies
- 30 million more people will enjoy better health and well-being.

Strategic outcomes to achieve these goals were prioritized in a national workshop in June 2018 and February of 2020, with high level participation of the Ministry and departments of health as well as development partners, and are listed below:

- 1.1 Improved access to quality essential health services (high)
- 1.2 Reduced number of people suffering financial hardships (low)
- 1.3 Improved availability of essential medicines, vaccines, diagnostics and devices for primary health care (PHC) (high)

- 2.1 Country health emergency preparedness strengthened (medium)
- 2.2 Emergence of high-threat infectious hazards prevented (high)
- 2.3 Health emergencies rapidly detected and responded to (high)
- 3.1 Determinants of health addressed leaving no one behind (medium)
- 3.2 Reduced risk factors through multi-sectoral approaches (medium)
- 3.3 Health and wellbeing realized through Health in all policies and healthy settings interventions (low)
- 4.1 Strengthened country capacity on data and innovation (high).

These strategic priorities will be supported by three strategic shifts in the WHO country office, i.e. stepping up leadership, driving impact in the country and focusing global public goods on impact.

SECTION 1. INTRODUCTION

The Country Cooperation Strategy (CCS) for Pakistan 2020–2025 examines the health situation within a holistic approach that encompasses the health sector, socioeconomic status and determinants of health that have a major bearing on health. The exercise aimed to identify Pakistan's health priorities and placed WHO support within a framework of five years, aligned to the 12th National Five Year Plan, 2018–2023 (1), the National Health Vision, 2016-2025 (2) and National Action Plan, 2019-2023 (3), and other national and provincial strategic priorities, in order to strengthen the impact on health policy and health system development, as well as the linkages between health and cross-cutting issues.

The CCS took into consideration WHO's Thirteenth General Programme of Work (GPW 13) (4) which prioritizes maximizing WHO's contribution to achieving the SDGs by championing UHC and focusing on country-level impact through a multisectoral approach to addressing health issues. GPW 13 is structured around three strategic priorities to ensure healthy lives and well-being for all at all ages: 1) advancing UHC, 2) addressing health emergencies and 3) promoting healthier populations. The strategic priorities are supported by three strategic shifts: stepping up leadership; driving impact in every country; and focusing global public goods on impact – which reflect WHO's six core functions.¹

At regional level, the roadmap of WHO's work for the Eastern Mediterranean Region (2017–2021) is aligned with the SDGs, focusing on five priorities: 1) emergencies and health security; 2) communicable diseases; 3) noncommunicable diseases; 4) maternal, neonatal, child and adolescent health; and 5) health system strengthening.

The CCS also takes into consideration the work of all other partners and stakeholders in health and health-related areas. The process was sensitive to evolutions in policy or strategic exercises that have been undertaken by the health sector of Pakistan and other related partners, including other United Nations agencies in the country. The CCS for Pakistan is the result of analysis of the health and development situation and of WHO's current programme

¹ WHO has six core functions: 1) Providing leadership on matters critical to health and engaging in partnerships where joint action is needed; 2) Shaping the research agenda and stimulating the generation, translation and dissemination of valuable knowledge; 3) Setting norms and standards and promoting and monitoring their implementation; 4) Articulating ethical and evidence-based policy options; 5) Providing technical support, catalysing change, and building sustainable institutional capacity; and 6) Monitoring the health situation and assessing health trends.

of activities. It was carried out by a CCS working group representing the Government of Pakistan and WHO.²

Illustrating WHO's commitment to impact, a clear results framework for monitoring and evaluation has been articulated. Recognizing the joint responsibility and accountability of WHO and the Government of Pakistan to improve the health and well-being of people, monitoring and evaluating the CCS will be conducted jointly, and with partners – with oversight from an independent body.

Finally, the CCS as the main strategic instrument represents the main areas in which WHO will focus efforts and resources over the next five years. It does not cover the full scope of what WHO does and WHO remains committed to responding to and adapting to changing needs as they arise.

SECTION 2. HEALTH AND DEVELOPMENT SITUATION

2.1 Geography

Home to one of the ancient civilizations - the Indus valley civilization, modern day Pakistan gained independence on 14 August 1947. Pakistan has more than a 1000 kilometre coastline along the Arabian sea and Gulf of Oman in the south and is bordered by India to the east, Afghanistan to the west, Islamic Republic of Iran to the southwest, and China in the northeast. It is separated narrowly from Tajikistan by Afghanistan's Wakhan Corridor in the northwest, and also shares a maritime border with Oman.

2.2 Political, social and economic context

Pakistan has a parliamentary system of government and the Prime Minister is the head of government. National and provincial elections were held in 2018. Pakistan is a lower-middle income country with a per capita income of US\$ 1641 in 2017. The economic growth rate has remained above 4% since 2013–2014. Nearly 39% of the population lived below the poverty line in 2016 but this was down from 55% in 2004. Despite challenges economic activity is expected to remain robust in the coming years.

Pakistan had a population of 222.9 million in 2019 and 63.4% of the population lived in rural areas. The population is expected to expand to more than 240 million in 2023. Population density is about 242 people per square kilometre. About 64% of the population is under the age of 30.

Urbanization is increasing rapidly with migration from both rural areas within the country and from outside the country. More than 74 languages are spoken within Pakistan as a first language and Urdu and English are the official languages. Investment in the social sector (health, education, water and sanitation, and nutrition) is very low.

The country is divided into provinces of Punjab, Sindh, Khyber Pakhtunkhwa (KP) and Balochistan and three federating areas of Gilgit Baltistan (GB), Azad Jammu and Kashmir (AJK) and Islamabad Capital Territory (ICT). Federally Administered Tribal Area (FATA) was merged with the KP province, through a constitutional amendment in 2018. Sindh and

² Government of Pakistan and WHO. Pakistan's experience in prioritizing GPW 13 outcomes 2019–2023 in preparation for the country support plan 2019–2023: process and lessons learnt.

Islamabad Capital Territory have more than 50% of the population residing in urban areas. The sex ratio in the country is 106 males:100 females (5).

The literacy rate (10 years and above) has been almost stagnant since 2013–2014 at 60% (71% for male and 49% for female) in 2018-2019 (6). Pakistan's Human Development Index for 2015 was 0.681 (7), which according to the thresholds used for the national report categorizes Pakistan as a country with a medium level of development. This figure differs from the global Human Development Index (0.560) calculated for Pakistan in the Human Development Report Indices 2018, that accordingly ranked Pakistan 152 out of 189 countries (8).

According to the World Bank, Pakistan's staggering fall in poverty over the last 14 years has not been accompanied by a similar improvement in social well-being. The country's long-term growth depends on the investment in its people – this is what will make growth matter for Pakistanis. The Government's next challenge will be to invest in health, education and nutrition (9).

Pakistan is prone to a wide range of natural and human induced disasters due to its particular geographic, physiographic and strategic settings. Pakistan has witnessed high magnitude disasters causing widespread damage to livelihoods and property and leaving long-term consequences in the form of unbearable losses. Moreover, rapid urbanization with unplanned land use, over exploitation of natural resources and haphazard development in the form of squatter settlements have increased the vulnerability of marginalized people already living in very difficult environments. As a result, flooding and disease outbreaks are common in urban areas after natural and manmade disasters (10).

2.3 Overall health status

Pakistan is undergoing epidemiological and demographic transitions. The burden of communicable, maternal, perinatal and nutritional conditions, which was more than 65% (40 962 DALYs lost per 100 000 population) of the total burden of diseases in 2000, has gone down to 49.9% (21 004 DALYs lost per 100 000 population) in 2019. However, the burden of noncommunicable diseases was 29.9% (18 869 DALYs lost per 100 000 population) of the total burden in the year 2000 has increased its share to 43.7% (18 385 DALYs lost per 100 000 population) in 2019. The share of burden of injuries increased from 4.73% (2958 DALYs lost per 100 000 population) to 6.35% (2669 DALYs lost per 100 000 population) over the same period (11).

In 2019, the death rate was 6.7 deaths per 1000 population (approximately 1.49 million deaths) and 55.3% of all deaths were due to noncommunicable diseases, while communicable diseases, maternal, neonatal and nutritional conditions contributed to 38.9% of total deaths, and the share of injuries was 5.69% (12). The top 10 causes of death in Pakistan in 2019 are shown in Fig. 1.

The birth rate was estimated at 28 per 1000 population (6.37 million annual births) and a population growth rate of 2.1 in 2019. Pakistan still had a high fertility rate of 3.6 children per woman in 2017–2018, with higher fertility rates in rural areas (13). Life expectancy at birth was 66 years (65 years for males and 67 years for females) in 2019 and is much lower than the global average of 73.5 (13).

Cause of Death		Premature Deaths		Years Lost with Disability		Risk	
1	Neonatal disorders	1	Neonatal disorders	1	Dietary Iron deficiency	1	Malnutrition (MCH)
2	Ischemic heart disease	2	Ischemic heart disease	2	Depressive disorders	2	Air pollution
3	Stroke	3	Lower respiratory infections	3	Headache disorders	3	High systolic BP
4	Diarrheal disorders	4	Diarrheal disorders	4	Low back pain	4	Dietary risks
5	Lower respiratory infections	5	Tuberculosis	5	Other MSK	5	Tobacco
6	Tuberculosis	6	Stroke	6	Gynaecological diseases	6	Unsafe WASH
7	COPD	7	Congenital defects	7	Diabetes	7	High fasting plasma glucose
8	Diabetes	8	Cirrhosis	8	Age related Hearing loss	8	High body-mass index
9	Chronic kidney disease	9	Typhoid & Paratyphoid	9	Neonatal disorders	9	High LDL cholesterol
10	Cirrhosis	10	Chronic kidney disease	10	Anxiety disorders	10	Kidney dysfunction

Fig. 1. Top 10 causes of death in 2019

2.4 Universal health coverage

Pakistan is striving to improve coverage of the UHC benefit packages and financial risk protection to its population, with a commitment to achieving UHC, and one that has innovative approaches to addressing key health care issues, including equity and community engagement. However, the country faces multiple challenges in improving efficiency and quality across health – low expenditure on health and human resources are a key bottleneck. Per capita expenditure on health is US\$ 45 and per capita government expenditure on health is US\$ 15.8 according to the National Health Account 2015–2016 (14). Pakistan has 0.9 physicians per 100 population and 0.5 nurses and midwifery personnel per 1000 population with six hospital beds per 10 000 population according to 2017–2018 data (15). Out-of-pocket spending constitutes about 57.6% of total health expenditure with the poorest people most affected (16).

2.5 Maternal mortality

Increased skilled birth attendance and institutional deliveries have led to a reduction in maternal mortality from 431 per 100 000 live births in 1990 to 148 per 1000 00 live births in 2020 (17). Access to birth spacing services remains a major challenge. There is a large disparity in access to skilled birth attendance between urban and rural areas at 83% and 62%, respectively. There is also significant disparity between provinces and districts. There is a need for high-level commitment to improve access to maternal health care and birth spacing services, especially in rural areas, and for a greater number of health care workers in hard-to-reach areas.

2.6 Under-five mortality

Under-five mortality has declined from 139 per 100 live births in 1990 to 70 in 2020 (18), which can be attributed to improvements in immunization coverage, treatment for acute respiratory infections and diarrhoea, and improvements to the nutritional status of children. There is a need for greater engagement to promote integrated nutrition and neonatal and child care in rural health centres, and Pakistan continues to strive to eradicate polio.

2.7 Tuberculosis

The number of tuberculosis cases in Pakistan increased from 270 422 in 2011 to 366 061 in 2016 (19) as a result of overcrowded living conditions, poor access to diagnostic services, the existence of vulnerable groups, an inadequate system for screening and lack of sustainable funding. Greater high-level commitment and funding is needed, in addition to increased

engagement of non-health sector partners and operationalization of the End TB strategy and for its implementation to be monitored.

2.8 Antimicrobial resistance

Antimicrobial resistance is a major public health problem in the country. Pakistan has one of the highest numbers of medicines prescribed (>3 medicines/patient) and more importantly 70% of patients are prescribed antibiotics. Availability of over-the-counter medications, and especially antibiotics, without a prescription is common.

2.9 Emergency preparedness and response

The geographic location and topography of Pakistan predisposes the country to natural disasters, most notably earthquakes, droughts and floods. It is also prone to cyclones at the coastal belt. Pakistan also experiences the adverse effects of climate change – especially extreme temperatures, melting glaciers, landslides, salinity intrusion, heavy monsoon downpours and river erosion.

These disasters trigger outbreaks of communicable diseases (mainly waterborne diseases, skin infections and pneumonia), as well as malnutrition and injuries. They also seriously affect peoples' health and overall national economic development.

Disasters have a disproportionate impact on women and children, who comprise 70% of disaster-affected populations. Due to cultural norms, women and children – particularly girls – face greater risks of ill-health in the wake of disasters. They are also less likely to safely access assistance. As women are not sufficiently included in community consultations and decision-making processes – both before and after disasters – their needs are often not met or their concerns adequately addressed.

Human induced hazards that threaten the country relate to transport, industry, oil spills, forest fires, city fires, civil conflict and internal displacement of communities as a result of multiple factors. Increasing urbanization means larger urban populations inhabiting peri-urban, marginal and at-risk areas. Vulnerability to disasters is growing in both urban and rural areas, placing ever more lives at risk.

Pakistan has continued to host the largest number of refugees in the world over the last three decades. Most recent figures from 2018 show that there are 1.4 million Afghan refugees registered in the country (20). Of the total registered refugees, 40% live in refugee villages and 60% live in urban areas in Balochistan, Khyber Pakhtunkhwa, and Punjab provinces. The most pressing health need is access to emergency and basic health care services, such as vaccination, treatment for infectious diseases, malnutrition, psychosocial support, safe maternity care, and safe drinking-water and sanitation to prevent the spread of waterborne diseases.

To address these issues, Pakistan must continue to improve preparedness, response and recovery in relation to all types of emergencies with health consequences. A joint external evaluation of the country's IHR core capacities was carried out in 2016 (21).

A review of 19 technical areas to meet the IHR requirements to prevent, detect and mount a comprehensive public health response to health threats indicated that the preparedness level in Pakistan was at 48%. Five major cross-cutting themes emerged from the assessment which included the need for: continued and expanded multisectoral communication and coordination; a sufficiently funded, widely supported country 5-year plan/roadmap; a strong

active surveillance and tiered public health laboratory system; enhanced regulation, standards and coordination mechanisms for food safety; and a national cross-sectoral approach.

2.10 Polio eradication

The main objective of the Polio Eradication Initiative is a polio-free Pakistan and world. Pakistan and Afghanistan are the only two remaining polio-endemic countries in the world, not able to interrupt polio virus transmission so far. Overall, the environment in Pakistan remains infected and poliovirus continues to circulate due to poor sanitation, immunization, hygiene and water-related factors. Only four cases were reported in 2018; however, there has been a resurgence of cases since. There is a need for integrated service delivery to address conditions leading to the spread of disease. Low routine immunization coverage is another area of concern which leaves many children susceptible to preventable infectious diseases. Coordination with Afghanistan is required in simultaneous immunization campaigns to improve coverage of mobile communities.

2.11 COVID-19

The first case of COVID-19 was reported at the end of February 2020. Although initially the cases were imported later there was overwhelming local community transmission. The pandemic signifies the importance of strengthening national capacities to respond to emerging diseases and adapting a “whole-of-government” approach.

2.12 Health and well-being

Pakistan plans to contribute to people enjoying better health and well-being through five strategic areas:

- improving human capital across the life course;
- accelerating action on preventing noncommunicable diseases and promoting mental health;
- accelerating elimination and eradication of high impact communicable diseases;
- tackling antimicrobial resistance; and
- addressing the health effects of climate change.

These interconnected areas also support the two other strategic priorities of achieving UHC and addressing health emergencies. Pakistan has set targets to improve the health and well-being of its people so that by 2023, 66% of the population will be enjoying better health and well-being and 76% by 2030.

2.13 Stunting and wasting

According to Pakistan’s national nutrition survey and demographic and household surveys stunting decreased from 62.5% in 1986 to 37.6% in 2017–2018, and wasting from 24.0% in 1986 to 7.1% in 2017–2018.

2.14 Sanitation

The underlying factors for poor sanitation include the high population growth rate and high levels of migration from urban areas to cities, which has resulted in an increasing number of slum and densely populated areas. The quality of housing and sanitation facilities is poor. The implications for WHO and partners are to build local capacity to improve sanitation facilities, especially in slums and rural areas, and encourage behavioural change to improve health through increased sanitation and funding for sanitation facilities.

The percentage of the population with access to a flushing toilet increased from 2007–2008 to 2014–2015 from 51% to 60% for the rural population, 94% to 97% for the urban population, and 66% to 73% overall.

Pakistan's burden of disease data for 2017 indicates that attribution of water, sanitation and hygiene (WASH) on diarrhoeal diseases was 93% and pneumonia 7.6%. For the same year, attribution of air pollution on pneumonia was 43%, ischaemic heart disease 24.8% and lung cancer 31.5%. Similarly, attribution of diet to ischaemic heart disease was 81% and diabetes 36% (12).

2.15 Gender

Gender inequality is the most pervasive human rights concern in Pakistan, which directly affects half the population, as well as many male children and youths. According to different national surveys disparities based on gender are evident across key development indicators and socioeconomic determinants, including poverty, health, nutritional status, education, employment, access to resources and decision-making within households and communities (22).

Significant gender disparities mean that Pakistan is nearly in last place internationally in terms of gender equality. Such disparities are a major impediment to economic and social development, as well to upholding human rights in general. Pakistan's rating by the Global Gender Gap Index was a mere 0.551, with a ranking of 148 of 149 countries in 2018 (23).

SECTION 3. DEVELOPMENT PARTNERS

3.1 Collaboration with the United Nations system at country level

The United Nations Sustainable Development Framework (24) encompasses 10 outcome areas around which the United Nations system develops its joint work plans for the 2018–2022 period. Each outcome reflects priorities jointly identified by the United Nations and the Government of Pakistan, based on areas in which the United Nations has a strong comparative advantage. These are areas in which it leverages its expertise, resources and global experience in support of national and provincial stakeholders. Each outcome is closely aligned with Pakistan's National Vision 2025 and the SDGs, placing a particular emphasis on improving the lives of the poorest and those most in need.

WHO is leading the health outcomes while its role with other United Nations organizations is to contribute to outcomes (3) health and WASH, (4) nutrition, (6) resilience, (8) gender, equality and dignity, (9) governance, and (10) social protection. WHO has prioritized the 'leaving no one behind' approach at the heart of its support for UHC, supporting equitable access to, and the sustainable management of, quality health care, water and sanitation.

The 'Global Action Plan for Healthy Lives and Well-being for All', launched in 2019, unites and commits 12 multilateral health, development and humanitarian agencies to better align their ways of working in order to provide more streamlined support to countries, moving from complementarity to synergy to achieve the SDGs.

SECTION 4. CURRENT WHO COOPERATION

4.1 WHO cooperation in Pakistan

WHO opened its country office in Pakistan on 20 January 1960. The key functions of the country office are formulating policy, implementing norms and standards, improving knowledge dissemination and managing and monitoring the health situation.

The priority focus of current and medium-term WHO support to Pakistan is in the following five areas.

1. Integrated control of communicable diseases
2. Prevention and control of noncommunicable diseases
3. Health system strengthening
4. Promoting health through the life course
5. Emergency preparedness and humanitarian action

WHO engages in effective strategic and technical partnership and coordination with health sector stakeholders at provincial and federal level. This partnership could be expanded to include other sectors, civil society organizations and the private sector. Results monitoring and accountability mechanisms need to be prioritized within the Organization and with partners. Pakistan has significantly improved its country capacity and effectiveness in emergency response in recent years and scenario-based training could be considered to build capacities in different areas of health along with the implementation of the national action plan for public health security.

Some of Pakistan's contributions to the regional and global health agenda include at the global level, with leadership efforts by the Government of Pakistan, the Seventy-first World Health Assembly in May 2018 endorsing resolution WHA71.8 on improving access to assistive technology. This resolution reinforced the commitment of Member States, WHO and partners to work together towards the common goal of improving access to assistive technology for everyone, everywhere.

Pakistan was also elected chair of Regional Committee for the Eastern Mediterranean (2017–2018) and hosted the Regional Committee meeting in Islamabad in 2017. It was elected as Chair of the WHO Executive Board (2017–2018) and Vice-Chair of the Board in May 2015, and is an elected Member of GAVI's Executive Board.

Pakistan was awarded TB Champion Award by WHO in 2016 for high-level case detection and management of tuberculosis (TB) patients, including multi-drug resistant TB. Pakistan is a member of the WHO Regional Committee for Research and Development in health and a member of WHO's IHR Emergency Committee.

4.2 Setting strategic priorities

Pakistan's priorities are aligned with WHO's GPW 13, the 12th Five Year Plan, the country's National Health Vision and the United Nations Sustainable Development Framework (Table 1).

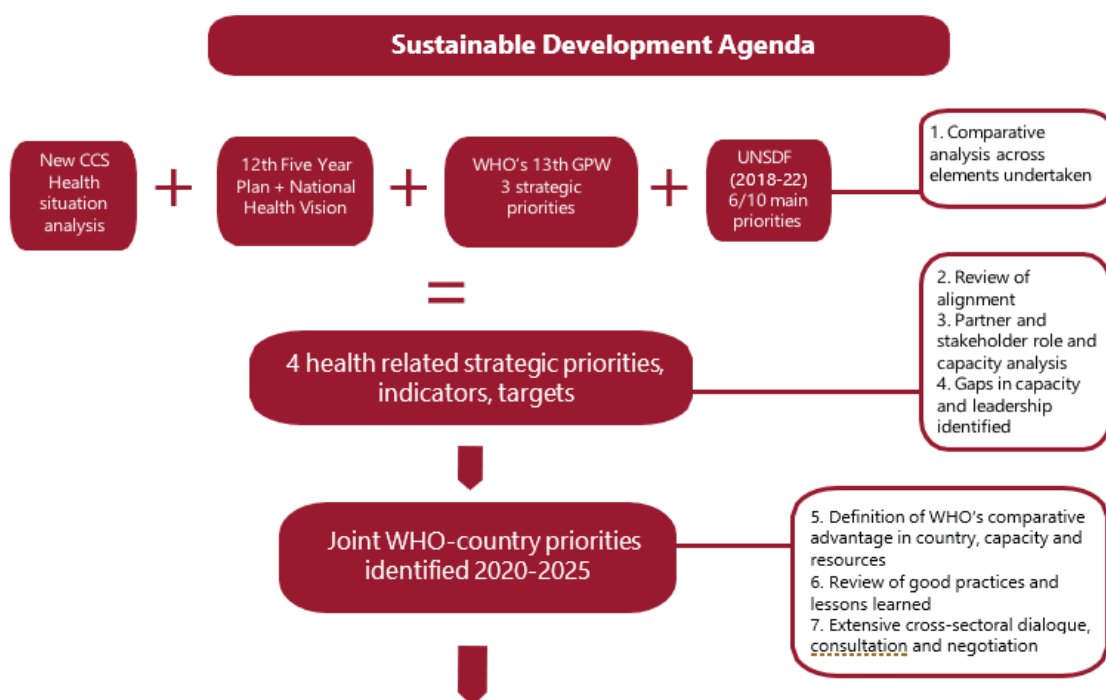


Table 1. Strategic priorities and alignment with key documents

	Advancing UHC	Addressing health emergencies	Promoting healthier populations	More effective and efficient WHO better supporting Pakistan
GPW 13 strategic priorities	Strategic priority 1 (UHC) Outcome 1.1, 1.2, and 1.3	Strategic priority 2 (health emergencies) Outcome 2.1, 2.2, 2.3	Strategic priority 3 (health and well-being) Outcome 3.1-3.5	Strategic priority 4 (leadership, driving impact and focusing global public goods)
Five-year plan (2018–2023) / National Health Vision	Providing universal access to affordable, quality, essential health services which are delivered through a resilient and responsive health system. A more inclusive and equitable society	Regulatory and operational preparedness for health emergencies and disease outbreaks	Developing inter-sectoral linkages and cross sectoral actions adopting ‘One Health’, ‘Health-in-All-Policies’ interventions and gender equality and empowerment	Strengthened health governance, leadership and accountability; scope and content of health data system will be broadened to monitor Vision 2025, the SDGs and 12th five-year plan and progress towards health targets
United Nations Sustainable Development Framework 2018–2022	People, especially the most vulnerable and marginalized, have access to, and benefit from improved UHC, including sexual and reproductive health, and equitable WASH services	A focus will consistently be placed on improving emergency preparedness and response Reduce cost and lead time in emergency response	Reduce rating of climate change vulnerability index. Urban plans include climate resilience	Strengthening national capacity to generate and use disaggregated data to inform evidence-based policy-making, planning, budgeting and monitoring of the SDGs

SECTION 5. COUNTRY RESULTS FRAMEWORK

5.1 Priority areas

WHO provides technical support to the Government of Pakistan and the United Nations country team as part of the United Nations Sustainable Development Framework's evaluation process in monitoring and measuring progress in the priority areas – advancing UHC, addressing health emergencies, promoting healthier populations and ensuring a more effective and efficient WHO (Table 2).

Table 2. Indicators to measure Pakistan's progress in the four strategic priorities

Indicators	Baseline (year)	Target (2023)	Disaggregation factors *	Indicator alignment
Priority 1 – Advancing UHC				
People covered with UHC	40% (2017)	55%	Age/Gen/Geo	GPW 13, UNSDF, NHV
Number of districts with coverage of essential health services	Nil	40>districts	Geo/Gen/SE	GPW 13, UNSDF, NHV
Number of poorest families covered with health insurance	3.2 million (2018)	>154million	Gen/SE	GPW 13, UNSDF, NHV
Percentage increase in availability of essential medicines for primary health care	65% (2012)	90%	Geo	GPW 13, NHV
Maternal mortality ratio (per 100 000 live births)	178 (2015)	124	Geo/SE	GPW 13, UNSDF, NHV
Child mortality rate (per 1000 live births)	74(2017-18)	64	Geo/SE	GPW 13, NHV
TB case detection and treatment success rate	55%+904% (2019)	>80%+>95%	Geo	GPW 13, NHV
Probability of dying from cardiovascular disease, cancer, diabetes, chronic respiratory disease between age 30 and 70 years	24.7% (2014-15)	22%	Geo/Gen	GPW 13, NHV
Essential health workforce density (per 10 000 population)	14.1 (2017)	18	Geo	GPW 13, NHV
Priority 2 – Addressing health emergencies				
IHR core capacities implemented	48% (2016)	58%	N/A	GPW 13, NHV
Government spending on emergency preparedness and response	NA	TBD	N/A	UNSDF
Percentage of vulnerable population provided with essential health services	NA	>90%	Age/Gen	GPW 13, NHV
Priority 3 – Promoting healthier populations				
Percentage of children under 5 years with stunting	37.8%	30%	Geo/SE	GPW 13, UNSDF, NHV
Percentage of population with access to safely managed sanitation	73% (2014–2015)	80%	Geo	GPW 13, UNSDF, NHV
Demand for family planning met with modern methods	49% (2017–2018)	60%	Geo/SE	GPW 13, UNSDF, NHV
Number of polio cases	8 (2018)	Nil	Geo	GPW 13, NHV
Mortality rate attributed to household and ambient air pollution (per 100 000 population)	87.2	75	Geo	GPW 13, UNSDF, NHV

Indicators	Baseline (year)	Target (2023)	Disaggregation factors *	Indicator alignment
Priority 4 – More effective and efficient WHO, better supporting Pakistan				
Statistics related to UHC available at national, provincial and district level	Only national	National, provincial and district	Geo	GPW 13, UNSDF, NHV
Capacity to generate national and provincial/ area level data on burden of disease study	Nil	Yes	Geo	NHV
Integrated disease surveillance system and response system generating reliable data	Nil	>70 districts	Geo	GPW 13, UNSDF, NHV

Note: Geo = Geographical, Gen = Gender, SE = Socioeconomic

SECTION 6. IMPLEMENTATION: WHO CONTRIBUTION'S AND PARTNER SUMMARY

6.1 Overview

Tables 3-6 outline areas of WHO's technical support to Pakistan at the three levels of the Organization to achieve the four strategic priorities – advancing UHC, addressing health emergencies, promoting healthier populations and ensuring a more effective and efficient WHO, better supporting Pakistan.

Table 3. Strategic priority 1 – Achieving UHC

WHO technical support		
Country office	Regional Office	Headquarters
Strengthening of health system governance, health policies, strategies and plans, and regulatory frameworks and their implementation	Strengthening country office capacity in supporting the adaptation and strengthening of health governance, system and regulations	Developing guidance and support for improving equitable access to essential UHC services including generics, and basic technologies.
Supporting the development and implementation of the national action plan on noncommunicable diseases		
Establishing institutional mechanism for better defining UHC benefit packages based on Disease Control Priorities (DCP-3)		
Strengthening and transformation of human resources for health to offer UHC		
Ensuring good quality people-centred essential health services related to reproductive, maternal, newborn, child and adolescent health services, communicable and noncommunicable diseases	Adapting global tools to the regional context to improve health system governance, including institutional, legal, regulatory and societal frameworks, and coordinating with regional partners to accelerate UHC coverage in Pakistan	Generating international best practices and developing guidance to support Member States in leading multisectoral policy dialogue and capacity-building for effective development and implementation of intersectoral action and "Health in All Policies" towards UHC
Improving equity in the distribution of resources and essential health services, especially to marginalized, elderly and disabled population		
Empowering people and communities to share responsibilities for improving health services		
High level advocacy for raising adequate and sustainable public financing for health		
Evidence generation and advocacy on innovative health financing strategies e.g. sin tax earmarked to health, health financing from private corporate organizations, health insurance for all with a mechanism for risk pooling etc.		
Improving coverage and efficiency through public- private partnerships and general practitioners	Strengthening research capacity and generating evidence in Pakistan	
Effective coordination with the development partners to align their		

WHO technical support		
Country office	Regional Office	Headquarters
investment with the strategic priorities in health and explore new partners for health financing	for newborn, child and adolescent health, in collaboration with national institutions with a focus on multi-country research	Developing evidence-based policies and technical and clinical guidelines covering unmet needs in sexual and reproductive health
Ensuring transparency and accountability at all levels		
Strengthening and ensuring high quality standards in regulation of medicines, pharmaceutical and health technology services		
Assuring quality, effectiveness and safety of medicines and health technologies		
Promoting rational prescribing, dispensing and use of medicines and other health technologies	Providing a platform for advocacy and sharing of policy options, experiences and best practices, and supporting policies and strategies to end preventable maternal, perinatal and neonatal deaths	Designing and disseminate tools to help strengthen, develop, and monitor national nutritional plans and policies
Ensuring availability, affordability of medicines and other health technologies through efficient procurement, supply chain and pricing system etc.		
Protecting intellectual property and leveraging on TRIPS flexibilities		
Promoting linkages with other countries and organizations on mutual transfer of technologies		
Strengthening policies and system to address AMR		

DCP secretariat, 2017; Disease Control Priorities – Third Edition: <http://dcp-3.org/> Lancet, 2017; Universal health coverage and inter-sectoral action for health: key messages from Disease Control Priorities, 3rd edition.

6.2 Priority 1: expected outcomes and partners

- UHC Benefit Packages defined and implemented successfully through adoption of the family practice approach.
- Comprehensive national health strategies and implementation plans in place to support UHC.
- National action plan on noncommunicable diseases fully implemented.
- Sustainable health financing models established based on health insurance to ensure financial risk protection.
- Availability of essential health workforce and essential quality medicines in primary health facilities ensured.

For health system strengthening and monitoring progress towards UHC key implementation partners will be the Ministry of National Health Services Regulation and Coordination, provincial/area departments of health and line ministries/departments. The World Bank, Islamic Development Bank, Asian Development Bank and bilateral donors and funding will support health system financing for the UHC Parliamentary SDG Committee to monitor progress towards the SDGs and access to health as a human right.

Table 4. Strategic priority 2 – Addressing health emergencies

WHO technical support

Country office	Regional Office	Headquarters
Strengthening country core capacities related to IHR and monitoring the same on regular intervals for further reforms	Supporting country office to run simulation exercises and after-action reviews as part of country IHR evaluation	Developing and disseminating a guideline on integrated disease prevention and health care in crises and emergencies
Developing capacity to assess and report on hazard emergency preparedness	Supporting the establishment of national health emergency operations centres, early warning and response system and laboratories.	Establishing and coordinating expert networks at global level for forecasting and modelling, pathogen identification and virulence assessment, risk communication and response
Establishing minimum core capacities for emergency preparedness and disaster risk reduction	Providing backstopping and coordination support in emergencies, including in the maintenance of essential health services for affected populations	
Ensuring operational readiness to manage identified risks and vulnerabilities related to health		
Supporting regulatory preparedness for public health emergencies		
Assessing and monitoring drivers for epidemic and pandemics		
Strengthening integrated disease surveillance and response system in the country		
Building capacity and strengthening outbreak investigation and response management		
Mitigating/reducing emergence /re-emergence of high-threat infectious pathogens		
Strengthening capacity for rapid detection and risk assessment for potential health emergencies Putting in place systems for rapid response to acute health emergencies		
Maintaining essential health services and system in fragile, conflict and vulnerable settings		

6.3 Priority 2: expected outcomes and partners

- Successful implementation of multisectoral national action plan for health security for strengthening IHR core capacities.
- Emergency preparedness, early warning and surveillance system in place with sufficient laboratory capacity and response modalities.
- Response to emergencies is effective with maintenance of essential health services to affected populations.

Key implementation partners will be the Ministry of National Health Services Regulation and Coordination, provincial/area departments of health and line ministries/departments, the World Food Programme, UNICEF, the World Bank, Asian Development Bank and bilateral donors.

Table 5. Strategic priority 3 – Promoting healthier populations

WHO technical support		
Country office	Regional Office	Headquarters
Providing technical support to strengthen national and provincial capacity to engage in effective cross-sectoral coordination for environment	Establishing, supporting and strengthening	Developing methodologies and tools and generate evidence to support the development of policies, strategies and regulations for prevention and management of environmental and occupational risks and climate change, including in sectors of the economy other than health
Supporting country- and city-level implementation of WHO guidelines, tools, and methodologies for water and sanitation	partnerships and intersectoral policy platforms among Member States and regional partners to address environmental and occupational determinants of health	Supporting implementation and monitoring of the WHO global plan of action that strengthens the role of the health system in addressing interpersonal violence and the WHO interagency technical package to prevent violence against children
Supporting establishment and coordination of cross-sectoral partnership mechanisms on childhood nutrition to promote healthy diets and achieve food security	Providing technical support and training for country office and the Ministry of National Health Services Regulation and Coordination/departments of health in the performance of health impact assessments of environmental risks	
Engaging partners to create synergies between different programmes for ending preventable maternal and child deaths		
Strengthening prevention, control, elimination and eradication of diseases and rehabilitation	Conducting regional and intercountry capacity-building efforts for policy and programme development and monitoring to prevent and respond to violence.	
Supporting capacity to develop and implementing programmes to address violence against children, women and young people, and monitor their implementation		
Reaching the marginalized and underserved populations and ensuring essential health services Strengthening monitoring highlighting equity and gender issues		
Enhancing people’s participation and engagement for reducing risk factors through health promotion and rights literacy		
Generating evidence for cost-effective multisectoral interventions and actions implementing ‘Whole of government approach’ in health policies and programmes		
Developing and implementing cost effective policy solutions and implementing health-in-all-policies and programmes at national, provincial and district levels		
Implementing healthy setting approaches to health promotion		

6.4 Priority 3: expected outcomes and partners

- Functional intersectoral coordination mechanism at national and provincial level with Islamabad acting as a role model district for health services and intersectoral coordination.
- Comprehensive action plan to address high population growth, maternal mortality and child malnutrition. Recommendations from the global status report on violence prevention 2014 implemented with regular review of status.
- Development of a health adaptation plans for climate change and norms and standards for safely managed sanitation implemented in communities.

For implementation and monitoring of interventions, key partners will be the Ministry of National Health Services Regulation and Coordination, provincial/area departments of health and line ministries/departments. The United Nations Population Fund will be a key partner for the family planning programme and midwifery training and UNICEF a key partner in infant feeding programmes, water, sanitation and hygiene and communication. The World Bank and Bilateral donors will provide funding support for population welfare, nutrition and maternal and neonatal health services.

Table 6. Strategic priority 4 – More effective and efficient WHO, better supporting Pakistan

WHO technical support		
Country office	Regional Office	Headquarters
Collaborating with the federal and provincial/area governments to improve their health information systems, analytical capacity and reporting for UHC, monitor health risks and determinants and track health status and outcomes, including regular estimation of burden of disease	In addition to WHO's normative function of producing regional strategies, a key role will be developing a regional action framework and annual progress review mechanism	In addition to producing global resolutions and strategies, WHO's key role will be: developing a global action framework and annual progress review mechanism
Helping the country to strengthen civil registration and other vital statistics	Synthesizing knowledge, conducting brokerage and capacity- building across countries	Synthesizing knowledge, conducting brokerage and capacity-building across countries/regions
Supporting the country to disaggregate data so that progress made on gender equality and health equity can be measured	Developing policy briefs and conducting policy dialogue	Developing policy briefs and conducting policy dialogue
Improving and developing standards and tools, such as routine claims data, expenditure studies and population surveys	Coordinating regional partners to support the country office in implementing an agenda of change to be more effective and efficient	Coordinating global partners
Stepping up WHO leadership by raising awareness of UHC and highlighting UHC at international and national meetings and summits	Strengthening country information systems to collect disaggregated data to track disease mortality, morbidity, risk factors and health inequities to inform future policy-making	
Harmonizing the message on UHC with country and development partners and continuing to foster collaboration and partnership among stakeholders through a broad coalition on UHC		
Leveraging domestic investment by fostering citizens' participation, dialogue and by interacting with governments, including parliamentarians, finance ministers and heads of state		
Advocating for domestic investment in the health workforce, infrastructure, supply chains, services, research and information systems		
Building capacity on financial, human, administrative resources management to lead coordination among health sector partners and draw on expertise from throughout the Organization integrating and leveraging all WHO expertise and laying the foundation for a new integrated approach on health systems and health emergencies		
Ensuring transparency, efficient use of resources and effective delivery of results at all levels		

6.5 Priority 4: expected outcomes and partners

- Availability of regular and reliable health information to monitor health outcomes, diseases patterns, risks and the performance of the health sector, with enhanced capacity.
- WHO playing an enhanced leadership role with an ability to generate greater resources for the health sector.
- A more transparent and efficient Organization able to deliver results.

For programme implementation and monitoring key implementation partners will be the Ministry of National Health Services Regulation and Coordination and provincial/area departments of health, United Nations Resident Coordinator and WHO Regional Office and headquarters.

6.6 Financing the strategic priorities

Table 7 outlines the funding requirements for each strategic objective, anticipated funding and the funding gaps.

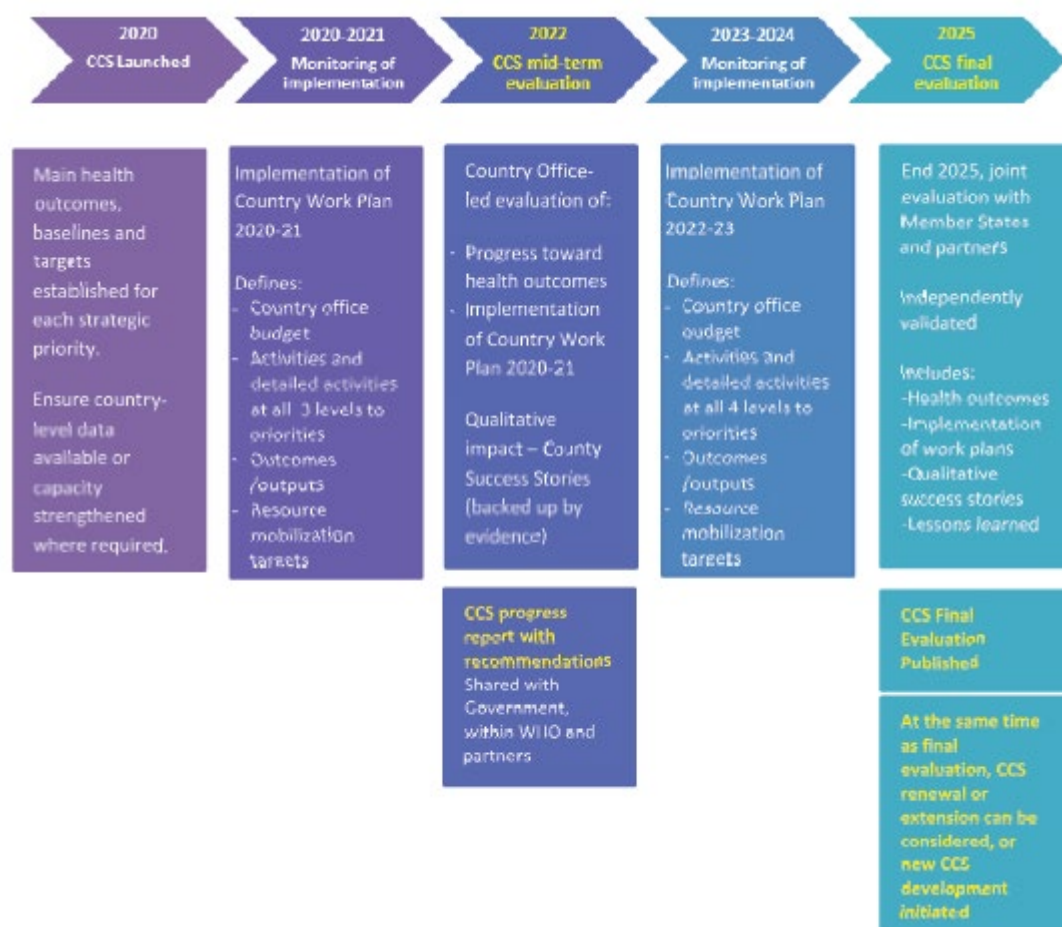
Table 7. Budget estimate for strategic priorities (2020–2025)

Strategic priority	Estimated budget required	Anticipated funding	Anticipated funding gap
	(US\$)	(US\$)	(US\$)
Advancing UHC	148 170 521	122 849 610	25 320 911
Addressing health emergencies	715 711 265	690 907 895	24 803 370
Promoting healthier populations	7 318 794	2 685 578	4 633 216
More effective and efficient WHO	14 739 805	13 063 985	1 675 820
Total	885 940 384	829 507 067	56 433 317

SECTION 7. MONITORING AND EVALUATION

7.1 Results framework

Illustrating WHO's commitment to impact, a clear results framework for monitoring and evaluation has been articulated. Recognizing the joint responsibility and accountability of WHO and the Government of Pakistan to improve the health and well-being of people, monitoring and evaluating the CCS will be conducted jointly, and with partners – with oversight from an independent body (Fig. 2).

**Fig. 2. Key milestones, approach and activities**

Annex 1

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Annex 2

FULL STAKEHOLDER MAPPING AND CAPACITY ANALYSIS

The Ministry of National Health Services Regulations and Coordination, led by a Federal Minister, is responsible for leadership, national planning, key regulations and coordination in the health sector of Pakistan. The Ministry of Health was abolished on 1 July 2011 as a result of the 18th Constitutional Amendment and most of the health-related functions were devolved to the provincial governments. The residual health-related functions in the Federal Legislative Lists (Part I and II) of the Constitution were assigned to different federal ministries. To execute federal health functions effectively, the Cabinet decided in May 2013 to create the Ministry of National Health Services Regulations and Coordination.

In September 2018, the Cabinet further reviewed the situation and decided to transfer back health functions from the Capital Administration and Development Division and Interior Division to the Ministry of National Health Services Regulations and Coordination Division. Further in December 2018, the Cabinet also decided to transfer the functions of dealing and agreements with other countries and international organizations in matters related to population planning, health, medicines and medical facilities abroad, scholarships and training courses from the Economic Affairs Division to the Ministry. There are some health-related functions which are under the jurisdiction of other federal ministries, including the Ministry of Interior, Ministry of Kashmir Affairs and Gilgit-Baltistan and Pakistan Atomic Energy Commission and other ministries dealing with organizations like defence, railway, water and power development agencies and providing health services to their employees.

Health is mainly a provincial subject and is the responsibility of provincial/area department of health, led by a Minister of Health. In case of Punjab, there are two departments in health: 1) health care and medical education department and 2) primary and secondary health care department and currently the new government is reviewing the situation and ensuring a separate secretariat for Southern Punjab. In other provinces (Sindh, Khyber Pakhtunkhwa, Balochistan, AJK and GB), there is one department of health to provide all types of health care services and perform health-related functions.

Provincial/area departments of health play key functions of health service delivery, service delivery regulations, setting strategic priorities specific to the needs of that province/area and coordinating with federal and district level. The provincial departments of health usually have four streams: administrative, development, technical and procurement and monitoring. On technical matters, the Director General of Health Services plays a lead role within each province/area. Tertiary and specialized hospitals are usually managed by the provincial/area departments of health and the Ministry.

Public health care delivery is administratively managed at the district level by Executive District Officer/District Health Officer, through a three-tiered health care delivery system (community, PHC centre and first level hospital) and a range of public health interventions including Lady Health Workers' Programme, maternal, newborn and child health programme, Expanded Programme on Immunization, tuberculosis control programme, malaria control programme, hepatitis control programme among others.

Pakistan has experimented with different devolution initiatives, with some variation among provinces, to enhance accountability at local level and improve service delivery by devolving administrative and financial powers to districts/local authorities. The 2001 system of devolution was more wide-ranging than previous attempts during the 1960s and 1980s. The most significant change was that the posts of Commissioners and Deputy Commissioners

were abolished and replaced by the elected *nazims* as head of the district administration with greater power and autonomy.

However, the system was altered later on to varying degrees among different provinces. The district health system under the district government is responsible for planning, development and management, including implementation of health care delivery from district headquarter hospitals right down to the outreach programmes. New civil reforms are on the agenda of the new government, which may again change the health governance, especially at the district level in some provinces.

Pakistan's public health delivery system functions as an integrated health complex that is administratively managed at the district level. The state attempts to provide health care through a three-tiered health care delivery system (with some variation among provinces) and a range of public health interventions. The former includes community platform and PHC centres, including basic health units and rural health centres. Secondary care, including first and second referral facilities providing acute, ambulatory and inpatient care is provided through tehsil/taluka headquarter hospitals, and district headquarter hospitals, which are supported by tertiary care from specialized/teaching hospitals.

Despite an elaborate and extensive health infrastructure, health care delivery suffers from some key issues such as high population growth, uneven distribution of health professionals, gaps in health care infrastructure, insufficient funding and limited access to quality health care services.

The private health care system constitutes modern and for-profit. The sector constitutes a diverse group of doctors, nurses, pharmacists, traditional healers, drug vendors, as well as laboratory technicians, shopkeepers and unqualified practitioners. The services they provide include: hospitals, nursing homes, maternity clinics, clinics run by doctors, nurses, midwives, paramedical workers, diagnostic facilities and the sale of medicines from pharmacies and unqualified sellers. However, in some cases, the distinction between public and private sectors is not very clear as many public sector practitioners also practise privately.

Pakistan has a relatively sizeable non-profit private sector with more than 80 000 not-for-profit nongovernmental organizations registered under various acts. More than 45 000 were included in the database of Pakistan Centre for Philanthropy and 6% of these nongovernmental organizations are working in the health sector.

Cooperation at regional level

Pakistan is a member of the South Asian Association for Regional Cooperation (SAARC) and Economic Cooperation Organisation (ECO). SAARC was established by the governments of Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka in 1985 and later on Afghanistan also joined the group. The regional group was active on issues such as HIV and AIDS, PHC and other health and population issues but for some years, the group has not been as active because of political tension among countries. Two resolutions 1) Dhaka Declaration – A Better Health Profile for South Asia (2005); and 2) Male Resolution on Regional Health Issues (2012) were endorsed.

In 1985 the Islamic Republic of Iran, Pakistan and Turkey joined to form the ECO. By the fall of 1992, the ECO expanded to include seven new members: Afghanistan, Azerbaijan, Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan. The ECO forum is gradually becoming stronger and the countries have developed an ECO plan of action on health cooperation for post 2015 strengthening health cooperation in the Region in line with the emerging global agenda on health.

Cooperation with bilateral, multilateral and development agencies

Pakistan has developed excellent technical exchange relationships with other countries and bilateral partners. Opportunities for expanding collaboration for health within the country could be further exploited.

The Government is active in strengthening collaboration with other countries and bilateral partners. Agreements/memorandum of understanding on health cooperation were signed (with endorsement of the Cabinet) with the Republic of Maldives; Republic of Belarus; Republic of Sri Lanka; Qatar; Islamic Republic of Iran; Bahrain; People's Republic of China; Federative Republic of Brazil; Republic of Mauritius and Seychelles.

Major bilateral donors active in the health sector are: UK's Department for International Development (DFID), US Agency for International Development (USAID), Japan and Japan International Cooperation Agency (JICA), Germany (GiZ and KfW), United Arab Emirates, China, Canada, Australia and the Republic of Korea.

The World Bank, Asian Development Bank, Islamic Development Bank and European Union are very active in the health sector of Pakistan. Among global funds, major support is available through Global Fund to fight against AIDS, TB and Malaria, Gavi – the Vaccine Alliance and Global Polio Eradication Initiative. In addition, the United States Centers for Disease Control, Bill & Melinda Gates Foundation and Rotary International are also supporting targeted health initiatives.

The annual publication of Organization for Economic Cooperation and Development provides comprehensive data on the volume, origin and types of aid and other resource flows to developing countries. The 2018 report indicates that bilateral ODA commitments to the health and population sector of Pakistan declined from US\$ 190.3 million in 2012 to US\$ 159.7 million in 2013 and US\$ 112.8 million in 2014. There was increased support for the health sector with a commitment of US\$ 140.9 million in 2015 and US\$ 196.1 million in 2016. Multisectoral and humanitarian support is in addition to that.

Cooperation with the United Nations

WHO is the leading specialized organization in the health sector of Pakistan. The country has the largest population in the WHO's Eastern Mediterranean Region and has an attractive health model to pilot different global health strategies and WHO initiatives, and this is expected to continue to expand.

There has been a great deal of assistance and cooperation between WHO and the Government of Pakistan. WHO provided support at policy and programmatic levels in more than 30 collaborative areas, resulting in significant health gains. WHO's role has been of a catalyst in the development and implementation of legislation on several critical issues. The launching of the community-based cadre of Lady Health Workers in 1994 is still highly regarded as a key intervention and a prime example of WHO technical support to the country.

In addition to WHO, three other United Nations agencies are active in Pakistan and work with the Government – the Food and Agriculture Organization of the United Nations, United Nations Children Fund and United Nations Population Fund. These agencies also work very closely with the Ministry of National Health Services Regulations and Coordination and provincial departments of health and ensure harmonization of work in the country by all

United Nations agencies, including through joint programme planning meetings and review missions.

UNICEF's programme focus is on addressing persistent gaps in children's development, developing a child protection system and strengthening the information base on the most vulnerable children. UNFPA focuses on capacity-building and strategy development in the fields of sexual and reproductive health, and evidence-based policy-making. The role of United Nations Office on Drugs and Crime and United Nations Programme on HIV and AIDS are also important in the context of the health sector in Pakistan.

Health-related priorities in national health policies, strategies and plans, GPW 13, UNSDF

The National Health Vision 2016–2025 and National action plan 2019–2023 strive to provide a responsive unified direction to overcome various health challenges, while ensuring adherence to UHC as the ultimate goal. The principle values include good governance, innovation and transformation, equity, responsiveness, transparency and accountability, integration and cross-sectoral synergies.

The Government's vision is: "to improve the health of all Pakistanis, particularly women and children, by providing universal access to affordable, quality, essential health services which are delivered through a resilient and responsive health system, capable of attaining the SDGs and fulfilling its other global health responsibilities".

The vision and its eight thematic pillars have been agreed by all provincial governments and they are in process of developing the next generation of health sector strategic plans aligned to the vision. Balochistan is the first province followed by Islamabad to finalize its health strategy, aligned with the national health vision.

The National Health Vision is currently being translated in the 12th five-year development plan, 2019–2023. Given the epidemiological and demographic changes, a revised integrated package of wider preventive and curative interventions aligned to Disease Control Priorities (DCP3) needs to be considered, with an emphasis on cost-effective and feasible interventions for reproductive, maternal, neonatal and child health, communicable diseases, noncommunicable diseases and service access and quality.

Explanation of the national vision is available in different subsectoral strategies and action plans. Following are the brief descriptions of some of these strategies.

National vision for coordinated priority actions to address challenges of reproductive, maternal, newborn, child and adolescent health and nutrition

A dynamic document which led to consensus on a mechanism to address important issues around reproductive, maternal, newborn, child and adolescent health and nutrition in line with global commitments.

The vision reflects the commitment of the Government to accelerate progress in 10 priority areas, including:

- improving the access and quality of maternal, neonatal and child health community-based PHC services ensuring continuum of care;
- improving quality of care at primary and secondary level care facilities;
- overcoming financial barriers to care seeking and uptake of interventions;
- increasing funding and allocation for maternal, neonatal and child health;
- improving reproductive health including family planning;

- investing in nutrition of adolescent girls, mothers and children;
- investing in addressing social determinants of health;
- measuring action at district level;
- ensuring national accountability and oversight;
- generating political will to support maternal, neonatal and child health as a key priority within the SDGs.

National action plan 2019–2024 regarding population growth in Pakistan: frame clear, specific and actionable recommendations to address matters relating to alarming population growth

The action plan frames a set of recommendations aiming at enhancing contraceptive prevalence rate to 50% thereby lowering the total fertility rate to 2.8 children per woman by 2025 and; to further raise the rate to 60% and reach a total fertility rate of 2.2 children per woman by 2030. The action plan was placed before the Council of Common Interest chaired by the Prime Minister and represented by chief ministers of the provinces for immediate consideration for approval on 19 November 2018. The action plan is a set of interventions in eight focused areas and the recommendations are to be implemented by federal and provincial governments with active support from the private sector, civil society organizations and international development partners.

Pakistan’s national action plan for health security

Pakistan is a signatory to the International Health Regulations (IHR 2005). However, despite multiple efforts, it has yet to meet the required core capacities, which could jeopardize the country’s travel and trade. The country is not fully prepared to prevent, detect and respond to health threats to protect its population, irrespective of whether the threats arise internally or externally.

The WHO Secretariat, with input from partners, including the Global Health Security Agenda, subsequently developed a joint external evaluation (JEE) tool as one of four components of a new framework for IHR monitoring and evaluation. In response to resolution EM/RC62/R.3 of the WHO Regional Committee for the Eastern Mediterranean which required countries to assess and monitor the implementation of the IHR, Pakistan was the first country in the Region, and the fourth globally, to volunteer for a JEE, which was carried out in 2016.

Considering the findings of JEE for 19 IHR-related capacities in the country, the first national action plan for health security was developed in 2018 through an all-inclusive, fully consultative and participatory approach. The plan has draws on expertise from various sectors and reflects a shared commitment to enhanced collaboration for addressing national health security. The plan also aims to create and maintain active collaboration between federal and provincial entities working in Pakistan for addressing health security through the “One Health” approach to ensure timely preparedness, consistent and coordinated response in the event of occurrence of an event of public health concern.

Pakistan’s human resources for health vision 2018–2030

Pakistan has one of the lowest densities of health workers in the Region and globally, with an essential skilled health professional (physicians including specialists, nurses, lady health visitors and midwives) density of 1.4 per 1000 population, which is well below the indicative minimum threshold of 4.45 physicians, nurses and midwives per 1000 population necessary to achieve UHC. For sustainable development, it is not only an adequate number which is

needed but also a well distributed workforce with appropriate skills mix to provide quality services.

The human resources for health vision focuses on four strategic objectives:

- establishing a national and provincial health workforce planning and development capability that provides the necessary tools (strategies, governance mechanism, legislation) and resources to deliver a health workforce of sufficient size, composition, capability and distribution to meet the health needs of the population;
- aligning investment in human resources for health labour market with the current and future needs of the people and health system to address shortages and improve distribution of quality health workforce, so as to enable maximum improvements in health outcomes and poverty reduction;
- building the capacity of institutions at district, area/ province and national levels for effective and quality pre-service and in-service training and leadership of actions on human resources for health;
- strengthening data collection, processing and dissemination of information related to human resources for health for monitoring and ensuring accountability at different levels.

National action plan for the implementation of Bangkok principles on health aspects of the Sendai Framework for Disaster Risk Reduction

Pakistan is vulnerable to a wide range of natural and human induced disasters that have caused a substantial loss of life and property. The devastating earthquake of October 2005 and floods of 2010 took thousands of precious lives and rendered millions homeless. As a result of this, the National Disaster Management Act was enacted in 2010. However, the health aspects in reducing the risk of disasters were not adequately addressed especially in the context of disaster risk management.

Accordingly, a national action plan to strengthen existing systems was developed, setting strategic priorities to achieve a robust health system in Pakistan by aligning it with the national disaster management plan and national disaster risk policy. The plan has seven strategic objectives to be achieved over the short, medium and long term:

- Promote systematic integration of health into national and sub-national disaster risk reduction policies and plans and the inclusion of emergency and disaster risk management programmes in national and subnational health strategies;
- Enhance cooperation between health authorities and other relevant stakeholders to strengthen country capacity for disaster risk management for health, the implementation of the IHR and building of resilient health systems;
- Stimulate people-centred public and private investment in emergency and disaster risk reduction, including in health facilities and infrastructure;
- Integrate disaster risk reduction into health education and training and strengthen capacity of health workers in disaster risk reduction;
- Incorporate disaster-related mortality, morbidity and disability data into multi-hazards early warning system, health core indicators and national risk assessments.
- Advocate for, and support cross-sectoral, trans-boundary collaboration, including information sharing, and science and technology for all hazards, including biological hazards.
- Promote coherence and further development of local and national policies and strategies, legal frameworks, regulations, and institutional arrangements.

Additional national strategies

In addition to the above-mentioned strategies, the Ministry and provincial departments of health have produced the following disease-specific policies, strategies and plans:

- National Expanded Programme on Immunization policy and strategic guidelines
- National End TB strategic plan 2017–2020
- Pakistan AIDS strategy III 2015–2021 (2017 revision)
- National malaria strategic plan 2015–2020
- Hepatitis strategic framework 2017–2021
- National blood policy and national strategic framework 2014–2020
- National strategic framework for containment of antimicrobial resistance.

Work has begun on the development of a national action plan to control noncommunicable diseases.

Thirteenth General Programme of Work (GPW 13)

Aligned to the 2030 Agenda for Sustainable Development, WHO Thirteenth Global Programme of Work (GPW 13) for 2019–2023 (endorsed by the World Health Assembly in 2018) sets out WHO's strategic direction, outlines how the Organization will proceed with its implementation and provides a framework to measure progress. GPW 13 drives the medium-term prioritization process with Member States based on their national health plans and sustainable development agenda through the outcome prioritization for 2019–2023.

The overarching goal is ‘Ensuring healthy lives and promoting well-being for all at all ages’ which will be achieved by following strategic priorities:

- Advancing UHC – 1 billion more people benefiting from UHC
- Addressing health emergencies – 1 billion more people better protected from health emergencies
- Promoting healthier populations – 1 billion more people enjoying better health and well-being

Although the strategic priorities are presented separately, they are not mutually exclusive and thus require implementation that is mutually reinforcing. Underlying the strategic priorities set out above will be three strategic shifts: stepping up leadership at all levels, driving impact in every country, and focusing global public goods on impact.

United Nations Sustainable Development Framework (2018–2022)

The United Nations Sustainable Development Framework for Pakistan, also known as the Pakistan One United Nations Programme III, articulates the strategic programme planning framework for collaboration between the United Nations system and the Government of Pakistan for 2018–2022. The United Nations system’s dedicated partnership with Pakistan is built around a shared purpose ‘Delivering as One’ to achieve the SDGs, in line with the Government’s priorities.

The Sustainable Development Framework encompasses 10 outcome areas around which the United Nations system will develop its joint work plans for 2018–2022.

The outcomes are:

- Economic growth (outcome 1)
- Decent work (outcome 2)
- Health and WASH (outcome 3)
- Nutrition (outcome 4)
- Food security and sustainable agriculture (outcome 5)
- Resilience (outcome 6)
- Education and learning (outcome 7)
- Gender, equality and dignity (outcome 8)
- Governance (outcome 9)
- Social protection (outcome 10)

Annex 3

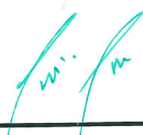
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The signing of the CCS 2020 – 2025 reaffirms the strength of the relationship between the WHO as part of the wider UN System and the Government of Pakistan.

It advances WHO's long history of collaboration with the country and underscores the commitment to work together toward agreed priorities for the greater impact and relevance to the people of Pakistan as envisioned in the Government's 12th Five Year Plan (2018-23), and the Sustainable Development Goals.

Being fully aligned to the strategic priorities of WHO's 13th General Programme of Work (2019-23), the strategy adds further emphasis on coherence and coordination from all levels of the organization with Pakistan toward impact and the realization of the country's SDG priorities.



Special Assistant to Prime Minister / Minister of State



WHO Country Representative / Head of Mission



UN Resident Coordinator



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