World Health Organization

# Country Cooperation Strategy *at a glance*

# Pakistan

http:// www.who.int/countries/en/

| | |
|---|---|
| WHO region | Eastern Mediterranean |
| World Bank income group | Lower-middle-income |
| **Child health** | |
| Infants exclusively breastfed for the first six months of life (%) (2013) | 38 |
| Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%) (2015) | 72 |
| **Demographic and socioeconomic statistics** | |
| Life expectancy at birth (years) (2015) | 66.4 (Both sexes)<br>67.5 (Female)<br>65.5 (Male) |
| Population (in thousands) total (2015) | 207,774 |
| % Population under 15 (2015) | 35 |
| % Population over 60 (2015) | 6.6 |
| Poverty headcount ratio at $1.25 a day (PPP) (% of population) (2008) | 21 |
| Literacy rate among adults aged >= 15 years (%) (2007-2012) | 55 |
| Gender Inequality Index rank (2014) | 121 |
| Human Development Index rank (2014) | 147 |
| **Health systems** | |
| Total expenditure on health as a percentage of gross domestic product (2014) | 2.61 |
| Private expenditure on health as a percentage of total expenditure on health (2014) | 64.85 |
| General government expenditure on health as a percentage of total government expenditure (2014) | 4.73 |
| Physicians density (per 1000 population) (2015) | 10 |
| Nursing personnel density (per 10 000 population) (2015) | 4.9 |
| **Mortality and global health estimates** | |
| Neonatal mortality rate (per 1000 live births) (2015) | 45.5 [33.4-60.1] |
| Under-five mortality rate (probability of dying by age 5 per 1000 live births) (2015) | 81.1 [64.7-102.2] |
| Maternal mortality ratio (per 100 000 live births) (2015) | 178 [ 111 - 283] |
| Births attended by skilled health personnel (%) (2012-2013) | 52.1 |
| **Public health and environment** | |
| Population using improved drinking water sources (%) (2015) | 93.9 (Urban)<br>89.9 (Rural)<br>91.4 (Total) |
| Population using improved sanitation facilities (%) (2015) | 51.1 (Rural)<br>63.5 (Total)<br>83.1 (Urban) |

Sources of data:
Global Health Observatory May 2017
http://apps.who.int/gho/data/node.cco

## HEALTH SITUATION

Pakistan is facing a double burden of disease (BoD), with endemicity of hepatitis B and C with 7.6% affected individuals; the 5th highest tuberculosis burden in the world, and focal geographical area of malaria endemicity. The overall HIV prevalence of 21.0%, although 77.0% of those who inject drugs are using sterile injecting equipment. Estimated antiretroviral therapy coverage is 9.0%. In addition, the country has high rates of unscreened blood transfusions. Drug-resistant tuberculosis is estimated at 4.3% among new cases and 19.0% among previously treated cases. Vaccine preventable diseases and new emerging infections call for strengthening disease surveillance and response system. High government commitment and partners engagement resulted in a dramatic drop in the number of polio cases to only 08 cases reported from 7 districts in 2017, as compared to 20 cases from 14 districts in the preceding year.

Non-Communicable Disease along with Injuries and Mental health now constitute the other half of BoD. Injuries account for more than 11% of the total BoD, and are likely to rise with increasing road traffic, urbanization and conflict. Pakistan is ranked 7th in the world for diabetes prevalence. One in four adults over 18 years of age is hypertensive, coupled with elevated smoking levels. Disability due to blindness or other causes is also high, and services for disabled population are limited, including provision of assist devices to improve their quality of life.

Maternal deaths prevail due to preventable causes such as sepsis and haemorrhage, combined with high neonatal mortality rates. In young children, diarrhoea and respiratory illness remain as the major killers. The estimated prevalence of various forms of malnutrition conditions in children under 5 years is: 31.6% underweight, 10.5% wasting, 3.3% severe wasting, 45.0% stunting and 4.8% overweight. Half of women of reproductive age are anemic (50.4%). Increasing political commitment to maternal, newborn, and child health is reflected in the endorsed national vision and the Ten Point Priority Agenda for RMNCAH & Nutrition 2016–2025. The BoD is rendered worse by an increasing population, with Pakistan now the sixth most populous country in the world having a growth rate of 1.9% per annum, contraceptive prevalence of 35% and unmet need for birth spacing of 25%.

The health system functions and operations are frequently disrupted by acute crises such as floods, droughts, earthquakes, manmade emergencies as well as disease outbreaks such as Dengue and Measles. Chronic factors affecting the health systems include low GDP allocation to social sector and an overall slow economic growth, on-going conflict in several areas of the country, and over-arching governance challenges affecting the public sector. Moreover, ODA remains around 2% of total health expenditure in Pakistan, which is relatively insufficient.

## HEALTH POLICIES AND SYSTEMS

The health system has been devolved to eight federal units (provinces and administrative areas) through the 18th constitutional amendment of 2010, whereby strategic planning also became a provincial responsibility. Health system in Pakistan is a mixed system of a large government infrastructure of primary and secondary health facilities in rural and peri-urban areas, and large teaching hospitals in urban areas. An extensive private medical sector is widely used and consulted. NGOs and the philanthropic sector have their part by delivering mostly preventive services. Complementary, alternative and traditional system of healing is also quite popular in Pakistan. Prime Minister Health Insurance Porgramme is a big achievement that will cover secondary and tertiary care of above 2.5 Million poor at the initial phase from 24 districts. Primary health care services are provided through a well-established infrastructure of over 7500 first level care facilities and outreach services in the public sector. More than 100 000 lady health workers provide primary health care services at the doorstep for rural and slum urban areas. Access to and affordability of essential medicines are integral to universal health coverage, particularly as a large part of out of pocket and public expenditures is on medicines. The health system faces challenges of verticalized service delivery and low performance accountability within the government, creating efficiency and quality issues. The public sector is inadequately staffed and job satisfaction and work environment need improvement. The overall health sector also faces an imbalance in the number, skill mix and deployment of health workforce, and inadequate resource allocation across different levels of health care. The National Health Vision 2016-2025 strives to provide a responsive national direction to confront various health challenges, keeping Universal Health Coverage as its ultimate goal. The principle values include: good governance, innovation and transformation, equity and pro-poor approach, responsiveness, transparency and accountability and integration and cross sectoral synergies.

## COOPERATION FOR HEALTH

Foreign assistance has played a critical role in developing Pakistan's health sector and the country has historically received large volumes of aid. ADB, Governments of US, UK, Germany, Norwegian and Australia, CIDA, DFID, GIZ, JICA, KOICA, UNICEF, UNFPA and WB are among the major donors with different areas of interest and mandate. In addition Pakistan has a relatively sizeable non-profit private sector with more than 80 000 not for-profit nongovernmental organizations. The overall investment in the health services sector during 2009 was US$ 4.853 billion, with the government providing 24%, donors 6%, the military 4%, and 1% through social security. The remaining 65% was paid by individuals as out-of-pocket medical expenses. The UNCT coordinates all external support from bilateral and multilateral donors that support the One UN joint programmes including that on health and population. OCHA is the key agency for coordination of humanitarian support. In 2017, WHO has taken the chairmanship of the Health, Population and Nutrition Partners Group, a quarterly coordination platform that aims to streamline donor support in Pakistan.

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## WHO COUNTRY COOPERATION STRATEGIC AGENDA (2011–2017)

| Strategic Priorities | Main Focus Areas for WHO Cooperation |
|---|---|
| **STRATEGIC PRIORITY 1:** Health policy and system development | WHO will support improvements in policy-making and governance through policy assessment and analysis and review the health system with a view to outline gaps and propose solutions as part of the national health policy/strategy. Pakistan will also assist to improve service delivery, access and equity through development of an integrated framework for the provision of comprehensive quality and equitable health care to the population. In addition WHO will support Prime Minister Health Insurance Programme and advocate for more adequate budget allocations for health (aiming at a minimum of 4% of GDP by 2017). Pakistan should be given opportunity to increase external resources (ODA) to support critical aspects of health sector reform at provincial level and promote coordinated approaches and effective use in view of the devolution process. Developing public–private partnership and managing human resources for health, developing an integrated health information system and promoting and supporting applied research are other components to enhance Health policy and system development in Pakistan. |
| **STRATEGIC PRIORITY 2:** Communicable disease control | Disease surveillance and early warning systems will be supported for the detection and timely control of communicable diseases including polio, tuberculosis, malaria, HIV/AIDS, leishmaniasis, hepatitis, acute watery diarrhoea, acute respiratory infection, malaria, dengue fever, Crimean–Congo haemorrhagic fever among others. Support will also be provided for improving routine immunization through collaboration with partners specifically GAVI. |
| **STRATEGIC PRIORITY 3:** Improving the health of women and children | WHO will support the provincial health departments in improving mother, newborn and child health/reproductive health in collaboration with other stakeholders and UN sister agencies. Promoting safe motherhood, family planning, prevention and control of sexually transmitted infections and reduction of neonatal and peri-natal mortality and implementation of provincial plan on reducing Maternal and neonatal heath are among major interventions that will be supported by WHO. |
| **STRATEGIC PRIORITY 4:** Noncommunicable diseases and mental health | Support development of national noncommunicable strategy addressing minimizing negative impacts of risk factors and advocating multisectoral public policies and strengthening partnership, public private partnership and accelerate implementation of the provisions of the WHO Framework Convention on Tobacco Control. Efforts will be made to integrate mental health and substance abuse into primary health care services. |
| **STRATEGIC PRIORITY 5:** Addressing the social determinants of health | WHO will assist Government on SDH through promoting healthy environments with priority given to access to safe water and sanitation and filed testing healthy city programme initiative. WHO will also advocate for gender equity and equality including sex-disaggregated health data and information. |
| **STRATEGIC PRIORITY 6:** Emergency preparedness and response and disaster risk management | WHO support national and provincial governments for implementation of emergency preparedness and response plans, guidelines and relevant standard operating procedures. Strengthening partnership and harmonization with interested and potential partners and donors, conduct hazard mapping and vulnerability health assessments at district and selected health facilities, develop and regularly update the health emergency management information system and assist to update the health sector contingency plan are among WHO contribution in the coming years. |
| **STRATEGIC PRIORITY 7:** Partnerships, resource mobilization and coordination | WHO will develop a resource mobilization strategy for WHO Pakistan, support the health sector in resource mobilization and develop and regularly update an information system for donors and health partners with the aim of supporting external assistance in form of data, surveys, studies and reports. Partnership with the donors will be improved through better coordination process and as lead the health cluster use the health cluster approach to improve the coordination system within the health sector. |

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