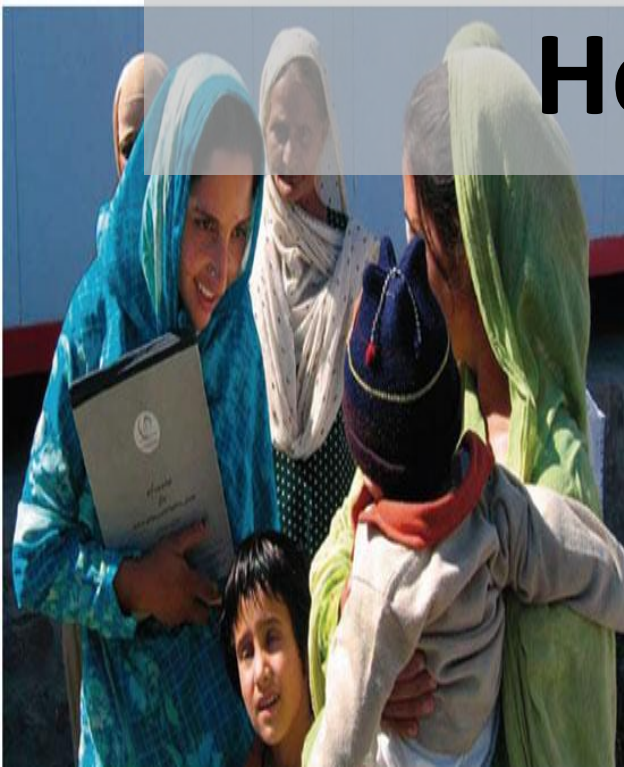




An Overview of the State of Health in Pakistan



Anam Yusuf
Uzma Afzal



Millennium Development Goals

- Pakistan is not on track to achieve most health related Millennium Development Goals (MDGs)
- Pakistan lags behind other South Asian countries in majority of the health indicators
- Within the country, inequalities exist at the regional level

Pertinent facts...

- Pakistan has the 8th highest newborn death rate in the world (Unicef, 2009)
- Almost 1 in every 10 children born in Pakistan between 2001-2007 died before reaching five years of age
- Women in Pakistan run a 1 in 80 chance of dying of maternal causes during reproductive life

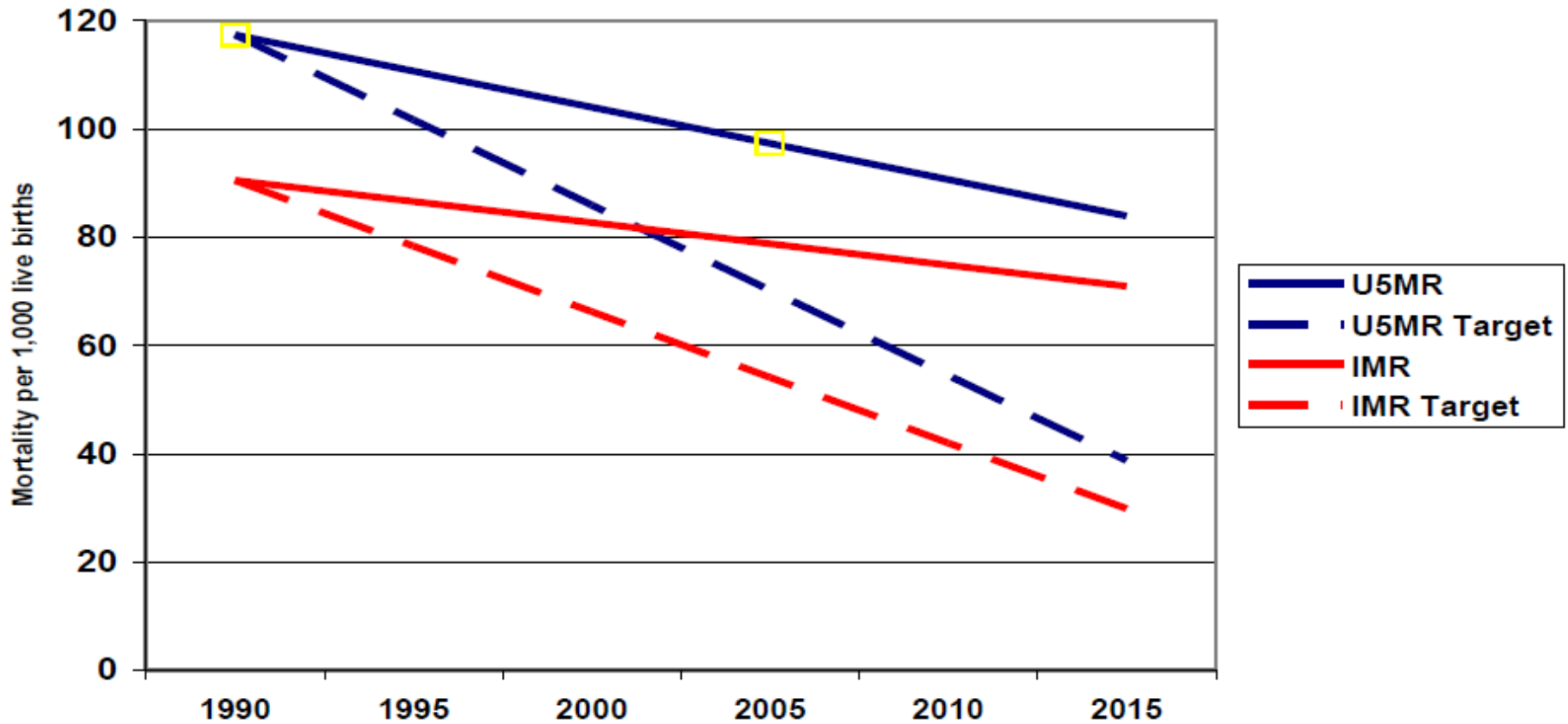
How do we compare?

	Pakistan		Bangladesh		India		Sri Lanka		Nepal	
Year	<u>1990</u>	<u>2010</u>	<u>1990</u>	<u>2010</u>	<u>1990</u>	<u>2010</u>	<u>1990</u>	<u>2010</u>	<u>1990</u>	<u>2010</u>
IMR (per 1000 live births)	95	60	97	39	81	49	24	11	94	41
Maternal Mortality Rate (per 100,000 live births)	490	260	800	240	600	200	85	35	770	170
U5MR (per 1000 live births)	122	74	139	49	114	63	29	13	135	50

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Year	<u>1990</u>	<u>2010</u>	<u>1990</u>	<u>2010</u>	<u>1990</u>	<u>2010</u>	<u>1990</u>	<u>2010</u>	<u>1990</u>	<u>2010</u>
Immunization-DPT (among 1-yr-olds %)	54	86	69	95	70	72	86	99	43	82
Immunization-measles (among 1-yr-olds %)	50	82	65	94	56	74	88	99	57	86
Fertility rate, total (births per woman)		3.4		2.2		2.6		2.3		2.7
Life expectancy at birth (years)		65.2		68.6		65.1		74.7		68.4

Projections of U5MR and IMR to 2015 Compared to the MDG Targets (Based on PDHS Data)



Source: DHS 1990-91 and 2006-07.
(WB, 2010)

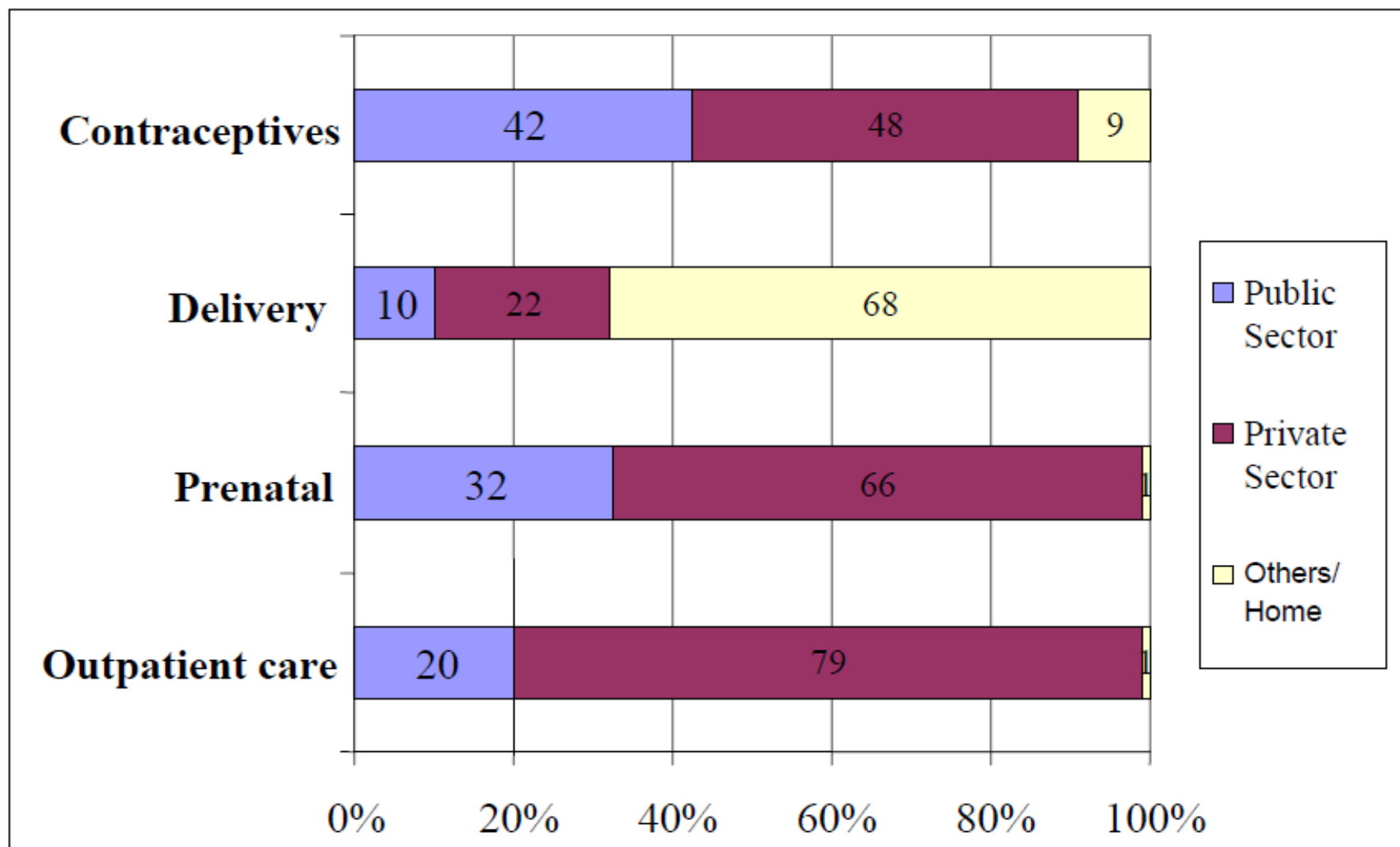
Millennium development Goals contd.

- Some improvement in the reduction of Maternal Mortality Ratio (per 100,000 births)
 - Declined from 533 in 1990-91 to 276 in 2006-07
- Declining trend in the share of deliveries attended by skilled personnel
- High fertility rates with low contraceptive usage

The landscape of public health service delivery

- The Rural-Urban divide
 - The full immunization rates in the rural areas of Punjab (82%), KPK (73%), Sindh (53%) & Balochistan (49%)
 - [Slide 11](#), [Slide 12](#)
- Rural poor versus the urban poor
- Inter-district gaps more pronounced than provincial level variation
- Private sector in primary healthcare

Coverage of Selected Health Service by Public and Private Providers In Pakistan 2006-2007



Source: PSLSMS, 2006-07
(WB, 2010)

The landscape of public health service delivery

- The Rural-Urban divide
- Rural poor versus the urban poor
- Inter-district gaps more pronounced than provincial level variation
- Private sector in primary healthcare
- State of public sector facilities

Health as a Provincial Subject

- Devolution of powers in 2001:
decentralization of health services and the
creation of the district health system
- 18th Amendment: devolution of the MoH
 - Implications for National Health Policy
 - Ownership of vertical programs
- Opportunity or burden for the provinces?

Health Financing in Pakistan

- Health financing is one of the key functions of a health system (WHO, 2000)
- In 2005/06, Total Health Expenditure was less than Rs. 1020 (US\$ 15) per capita, an extremely low level of expenditure by international standards
- Overall skewed health expenditure (Primary vs. Tertiary)
- Public-private mix in health financing
 - Public expenditure slightly more than a third of total health expenditure
 - Out-of-pocket payments represent the highest share of total health expenditure

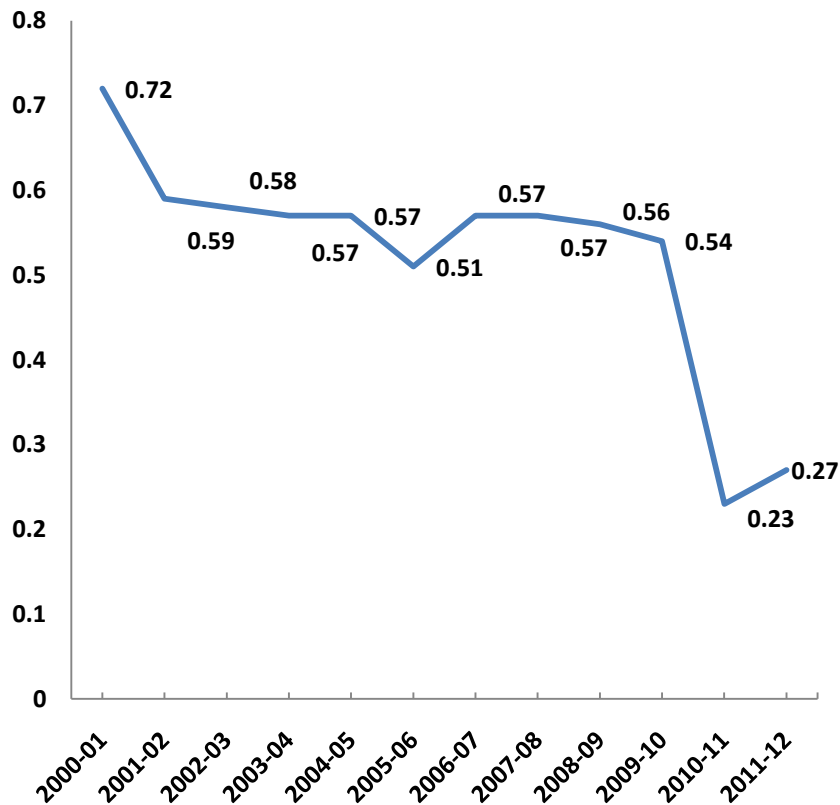
Expenditure on Health

	Pakistan	Bangladesh	India	Sri Lanka	Nepal
Year	2010	2010	2010	2010	2010
Health Expenditure (% of GDP)	2.2	3.5	4.1	2.9	5.5
Public Health Expenditure (% of GDP)	0.8	1.2	1.2	1.3	1.8
Private Health Expenditure (% of Total Health Exp.)	61.5	66.4	70.8	55.3	66.8
Private Health Expenditure (% of GDP)	1.4	2.3	2.9	1.6	2.7

Source: (WDI, 2012)

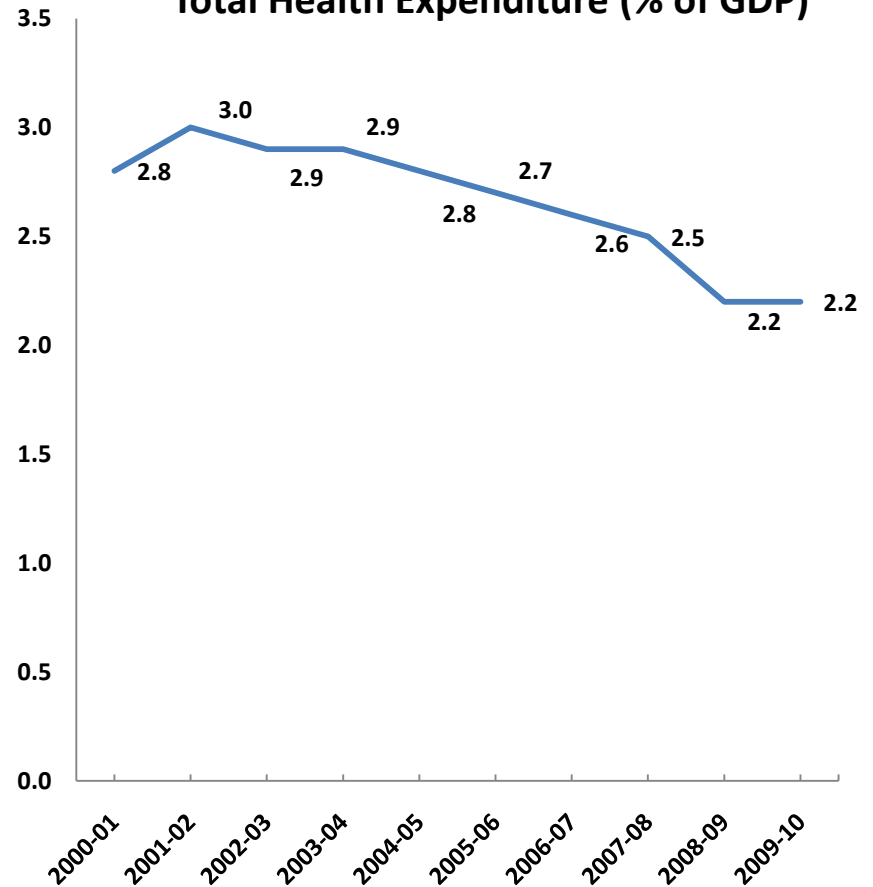
Health Expenditure (Public and Total; % of GDP)

Public Sector Health Expenditure (% of GDP)



Source: Economic Survey of Pakistan 2011-12

Total Health Expenditure (% of GDP)

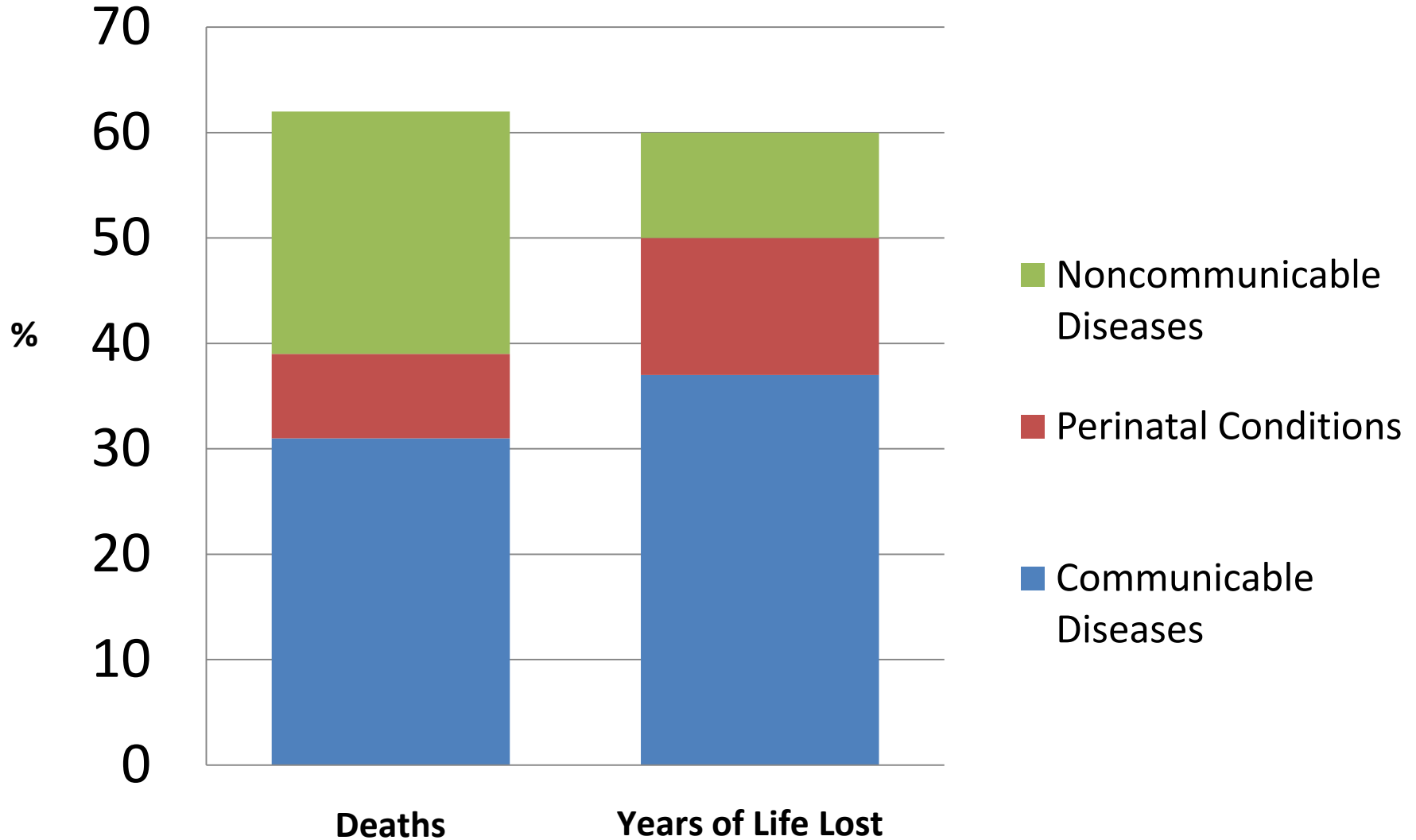


Source: World Development Indicators

Burden of Disease

- Pakistan is going through an epidemiological transition that subjects it to a *double burden of disease* (WB, 2010)
- Communicable diseases combined with maternal and perinatal conditions account for more than fifty percent of the burden
- The second burden is of chronic, noninfectious diseases

Burden of Disease in Pakistan



Source: World Health Statistics 2006 (WHO)

Selective National Health Programs

- Number of Health Programs underway:
 - National Polio Eradication Program
 - National Tuberculosis Control Program
 - National Program for Family Planning and Primary Health Care

Areas for Health Reform in Pakistan

Some Goals:

- Accelerating the decline of IMR, U5MR, maternal mortality, fertility
 - Improving nutritional status in children
- Addressing Communicable Diseases (CDs) effectively

Immediate Action:

- Increase the share of expenditure on health
- Curbing the impoverishing impact of illness
 - Health Insurance
- Improved health monitoring and evaluation

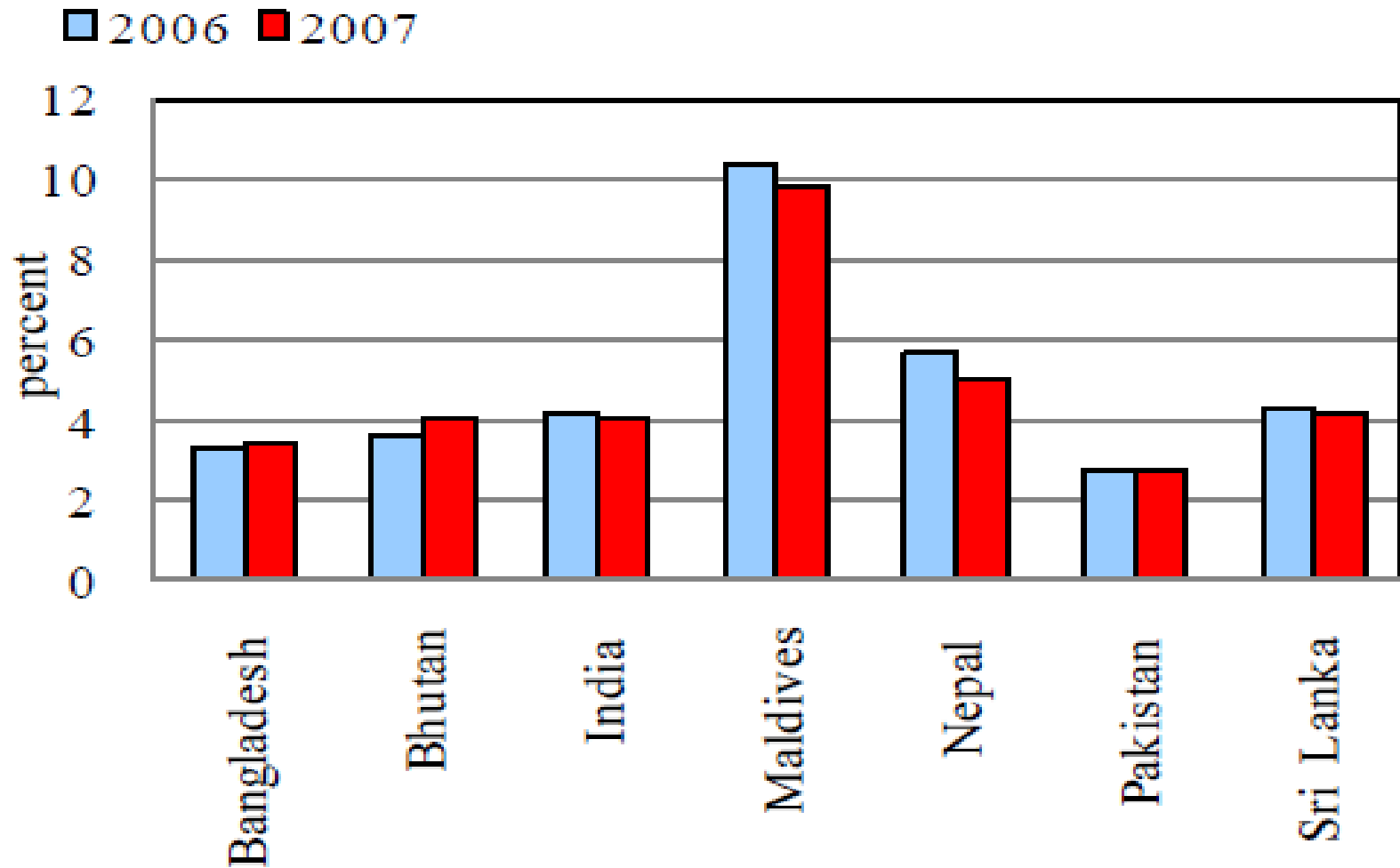
- Thank you.

Gaps in Financing of Health Expenditure in Pakistan

(Might not include this slide)

- Sources of financing
 - *Public*: funded from general revenue pool with limited mobilization capacity; organization of government spending and allocation responsibilities
 - *Private*: actors funding include households, employers and non-profit institutions; services targeted mainly towards the urban sector; out-of-pocket payments

Health Expenditure as Percent of GDP



Source: World Development Indicators 2010
(State Bank of Pakistan)

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	2010	2010	2010	2010	2010
Health Expenditure, public (% of GDP)	0.8	1.2	1.2	1.3	1.8
Health Expenditure, private (% of GDP)	1.4	2.3	2.9	1.6	2.7
Health Expenditure, total (% of GDP)	2.2	3.5	4.1	2.9	5.5

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Private Health Expenditure (% of Total Health Exp.)	61.5	66.4	70.8	55.3	66.8
Private Health Expenditure, (% of GDP) in 2006 (WHO, 2009)	83.6	68.2	75.0	52.5	69.5

Source: (WDI, 2012)