

## Pakistan



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Total population <sup>1</sup>	175867987
% Under 15 <sup>1</sup>	43.4
Life expectancy at birth <sup>2</sup>	67.2
Under-5 mortality rate per 1000 <sup>3</sup>	94
Maternal mortality rate per 100 000 live births <sup>3</sup>	276
Total expenditure on health as % of GDP <sup>2</sup>	0.8
General government expenditure on health as % of general government expenditure <sup>5</sup>	2.0
Human Development Index Rank, out of 177 countries <sup>2</sup>	125
Adult (15+) literacy rate <sup>2</sup>	54.2
Adult male (12+) literacy rate <sup>4</sup>	69
Adult female (12+) literacy rate <sup>4</sup>	45
% population with access to improved drinking water source <sup>4</sup>	54
% population with improved access to sanitation <sup>4</sup>	78

### Sources:

<sup>1</sup> Pakistan Census Organization  
<http://www.census.gov.pk/index.php>  
 (as of 27th April, 2011)

<sup>2</sup> Human Development Report 2010

<sup>3</sup> Pakistan Demographic and Health Survey 2007

<sup>4</sup> Pakistan Social and Living Standards Measurement Survey 2008 – 2009

<sup>5</sup> World Health Statistics 2009

Pakistan gained its independence in 1947 and ever since has struggled to maintain stability. The country has a land area of around 800,000 kilometers and a population of 160,943,000 (Federal Bureau of Statistics 2008), three fourth of which is in the rural areas, making it the fifth most populous country in the world and the most populous country in the EMRO region. This population is spread over the five provinces of Pakistan namely Punjab, Sindh, Baluchistan, Khyber Pakhtunkhwa and Gilgit Baltistan as well as the federally administered tribal areas (FATA) and the part of Kashmir which is under its control. In addition to a debilitating insurgency in the North, growing militancy in Southern Punjab and Baluchistan, the country has faced a spate of recent disasters. The earthquake in 2005 left over 75,000 dead in its wake with massive infrastructure damage and the current unprecedented floods have affected close to 20 million people, displacing almost 8 million

## HEALTH & DEVELOPMENT

**Poor maternal and child health profile:** High maternal mortality ratio (276/100,000 live births), low antenatal care coverage (61%), frequent complications of pregnancy and child birth, low FP coverage (30%). High under five, infant and neonatal mortality (94, 78 and 54/1000 live births resp.). Malnutrition is an underlying cause in more than 50% with one-fifth of newborns with low birth weight and 38% of under-five children are underweight, aggravated by low exclusive breast feeding rate for under 6 months (37% of children) (1) and low vaccination coverage 47%

**Double burden of disease:** Pakistan is one of the 4 remaining countries with endemic polio and the sixth highest with burden of TB . The burden of disease (BoD) is heavily dominated by communicable diseases, reproductive health problems and malnutrition which together account for about 50% of the total. Added to this is the burden of non-communicable disease (cardiovascular diseases, diabetes, cancers, injuries and neuro-psychiatric disorders). This double burden of disease is a major challenge in the health sector of Pakistan. Respiratory infections and diarrheal diseases are still the major killer diseases in Pakistan, particularly for children <5 years. Pakistan is the second country (after India) in South East Asia that is progressing towards a concentrated HIV/AIDS epidemic stage amongst groups like Injecting Drug Users (IDU's) and Male Sex Workers (MSWs)(1).

**Poor access to water and sanitation:** Almost half of the population in Pakistan, especially in Rural areas has no access to safe drinking water while 22 percent households do not have any toilet facility.

**Emergencies:** Pakistan has suffered several disasters in the past 6years, from the earthquake in 2005 to the devastating and massive floods in 2010, this has affected the MDGs achievement setting back the health and development in Pakistan.

Other health determinants: Illiteracy, unemployment, gender inequality, social exclusion, rapid urbanization, environmental degradation, natural disasters

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> <li>• Health, education and poverty alleviation are government priorities.</li> <li>• The new National Health Policy (still draft stage) addresses all the key public health issues.</li> <li>• Devolution, its importance and implications in the current federal and provincial governments</li> <li>• The Polio Emergency plan launched and monitored by the President to ensure the eradication before the end of year</li> <li>• Prime minister's initiative for prevention and control of Hepatitis</li> <li>• Resource mobilization and response to the floods which affected 78 districts of Pakistan, used to improve the health of the people in these areas</li> <li>• Use the humanitarian response, especially the early recovery period and resources to improve the health for future preparedness as well as sustainable development and hence improve health indicators</li> </ul>	<ul style="list-style-type: none"> <li>• Low health expenditures and low public investment in the health sector; low focus on prevention; main expenditures for salaries and Inequity in allocation of resources</li> <li>• Low utilization rates in public system and inadequate institutional frameworks for outsourcing of services</li> <li>• Heavy reliance on private sector and insufficient regulation and certification systems.</li> <li>• Health referral pyramid not respected</li> <li>• Insufficient health district mapping and planning, Inadequately planned human resources for health</li> <li>• Transfer of critical responsibilities from federal to provincial level due to the devolution process (18<sup>th</sup> Constitutional Amendment)</li> <li>• Recent and abrupt changes in the key decision makers within the Federal Ministry of Health.</li> </ul>

## PARTNERS

While American development assistance once constituted the lion's share of aid to Pakistan, the major multilateral development banks now provide more than half of all donor aid to Pakistan. Of the \$4 billion in development assistance recorded by the State Bank of Pakistan in 2009, \$2.6 billion came from multilateral organizations and development banks. Several non-OECD countries, most significantly China and Saudi Arabia, now give significant amounts of aid. Some bilateral donors and nearly all of Pakistan's major multilateral partners have drastically increased their funding to Pakistan in recent years (State Bank Pakistan 2009 Report)

USAID and DfID are the major contributor to the health and nutrition programs in Pakistan, they contribute to the National Health Fund. ADB, UNICEF, UNFPA, GTZ, EU, Save the Children US and the Agha Khan Foundation mainly contributes to the MNCH/ reproductive health programs, while GTZ is working in three main areas which include supporting tuberculosis control, human resources development and health structure reform, JICA's Major areas of support are communicable diseases control including tuberculosis, HMIS, and maternal and child health. A large amount of vaccine has been provided as grant aid. World Bank on the other hand supports maternal and child health, HIV/AIDS program and public health surveillance. GFATM and GAVI have major contributions in communicable diseases. UNDP, WFP, UNAIDS, UNFPA and FAO are also contributing under the UN umbrella. CIDA, JICA and AusAID are bilateral organizations working in the health sector.

Pakistan is one of the eight pilot countries for the UN Reform for Delivering as One. The aim of this reform is to align UN programmes and funding more closely to policy priorities at the national level in order to capitalize on the strengths and comparative advantages of the organizations working within the UN. Increased coordination and coherence achieved through this reform is expected to strengthen government leadership and ownership and assist member countries achieve their Millennium Development Goals (MDGs).

The UN system, as one, is by far the largest contributor of technical and material support to HNP and the programmes and projects by the UN agencies are extensive. The UN agencies with major engagement are; WHO, UNICEF, UNFPA, WFP, UNHCR and UNAIDS.

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> <li>• Improve coordination between the donors, external development partners, ngos and civil society with the national and provincial authorities</li> <li>• Minimize the bureaucratic bottlenecks and strengthen transparency with the aim of increasing the institutional implementation capacity and assist the authorities in resource mobilisation.</li> <li>• Channel and organize external assistance to optimize capacity building and implementation capacity.</li> <li>• Use the Concept of the UN "Delivering As One" to promote and foster a coordinated initiative to improve the governance in health sector at all levels including resource mobilization.</li> </ul>	<ul style="list-style-type: none"> <li>• The aid flow similar to many other development issues is affected by over all political, institutional, social and global factors</li> <li>• Security issue , terrorism and violence have without a doubt have an enormous negative impact on efficiency, and effectiveness of development activities including health</li> <li>• Devolution process, the 18<sup>th</sup> Amendment and its implications on all partners working in health, federal vs provincial</li> <li>• Aid for Humanitarian response has diverted the funding to be used for development projects and to achieve the MDGs.</li> </ul>

## WHO STRATEGIC AGENDA

WHO's strategic agenda in Pakistan has been developed after an exhaustive situation analysis of the health sector and through an intensive process of consultation with federal, provincial and district levels of the MoH/DoH, with donors and UN agencies. The strategic directions aim to support the Government in providing adequate health coverage to all people, the ongoing devolution process and the commitment to achievement of the MDGs.

- **Health policy and system development.** Improving policy-making and governance basis; improving service delivery, access, equity and fair financing; regulating medicines and biotechnologies; developing public-private partnership and managing human resources for health; developing an integrated health information system and promoting and supporting applied research.
- **Communicable disease control.** Disease surveillance and Early warning system establishment for the detection and timely control of communicable diseases including Polio, tuberculosis, malaria, HIV/AIDS, leishmaniasis, hepatitis, AWD, ARI, Malaria, Dengue fever, CCHF among other diseases of public health importance. Support the MoH in improving immunization
- **Women and children's health.** Supporting the MNCH program at national and provincial level through technical assistance, training and placement of skilled personnel, promoting safe motherhood and pregnancy, family planning, prevention and control of sexually transmitted infections, reducing neonatal, peri-natal mortality. Prevention and Control of sexual and gender based violence. Improving child and Adolescent health through technical assistance, capacity building, dealing with underlying causes such as water, sanitation, malnutrition and education/awareness.
- **Non-communicable diseases.** Support the government authorities and partners in the prevention and control of non-communicable diseases focusing on lifestyle, nutrition, traffic accidents and drug abuse.
- **Social determinants of health.** Addressing healthy environment, water quality, health awareness and healthy lifestyles; expanding community-based interventions and mainstreaming gender issues.
- **Emergency preparedness and response.** Develop and strengthen capacities of the Ministry of Health, Government of Pakistan at national, provincial and local levels for reducing the threat of disasters and minimizing the impact of disaster events upon communities and in partnership with UN agencies, NGOs and other partners.
- **Partnerships, resource mobilization and coordination.** Supporting the Federal MOH, Provincial and district departments of health for donor coordination, resource mobilization and fostering partnerships at all levels.

### ADDITIONAL INFORMATION

WHO Pakistan website : [www.whopak.org](http://www.whopak.org)

WHO/CCO/11.05/Pakistan

WHO's Department for Health Action in Crises (HAC) country page <http://www.who.int/hac/crises/pak/en/>

EMRO country profile page <http://www.emro.who.int/emrinfo/index.asp?Ctry=pak>

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