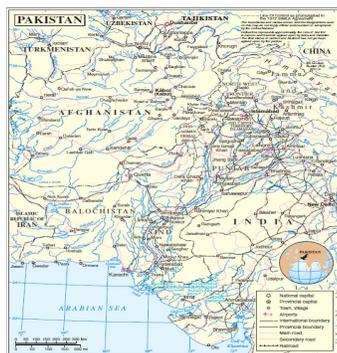


Pakistan



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The structure of the Pakistani Government is a federal democracy, comprised of four major provinces namely Punjab, Sindh, Balochistan, and Khyber Pakhtunkhwa (formerly North-West Frontier Province), one minor province of Gilgit-Baltistan. The country has a per-capita income (PPP, current international \$) of US\$ 2,655.3 and is ranked 110 out of 186 countries in HDI. Pakistan remains impoverished and underdeveloped. The Gender Inequality Index for Pakistani is 0.567 and ranked 123 out of 186; 55% of females above 15 are illiterate. 36% of the population is under 15 years of age with a life expectancy 63. Only 48% of the population has access to sanitation.

HEALTH & DEVELOPMENT

Health System: Pakistan has a multi-tiered and mixed health care delivery system that has grown exponentially during the past three decades, with an increasing number of programs, projects, interventions and facilities, many of them on a fragmented and time bound basis. These are supported by different levels of government and/or development partners with overlapping geographical and thematic areas, leading to duplication and wastage of resources. The health care delivery system includes both state and non-state; and profit and not for profit service provision. The provincial and district health departments, para-statal organizations, social security institutions, non-governmental organizations (NGOs) and private sector finance and provide services mostly through vertically managed disease-specific mechanisms. The situation at the federal level is highly fragmented following the dissolution of the Ministry of Health and devolution of its responsibilities to provincial Departments of Health. The country's health sector is also marked by urban-rural disparities in healthcare delivery and an imbalance in the health workforce, with insufficient health managers, nurses, paramedics and skilled birth attendants in the peripheral areas.

Life courses: Pakistan's health profile is characterized by a dual burden of communicable and non-communicable diseases, high fertility, low life expectancy, a young age structure, high maternal and child mortality, high incidence of infectious and communicable diseases and wide prevalence of malnutrition among children and women. Pakistani women continue to face the risk of limited access to reproductive health services and pregnancy-related morbidity and mortality. The maternal mortality ratio is also high at 260 per 100,000 live births, signifying one of the highest maternal mortality rates in the region. In 2008-09, only 28% of births were attended by a doctor and 65 % of women delivered their children at home. Malnutrition remains widespread with few significant or positive outcomes achieved in the last two decades. Acute malnutrition levels have been consistently above the emergency threshold posing a serious public health problem, with stunting reaching 37% and severe wasting 13% (MICS 2008) due to several underlying causes vis-à-vis a rapidly growing population. Slow progress in improving the indicators related to maternal health, child health, and morbidity and mortality caused by communicable diseases are a major concern in the progress towards the MDGs.

Communicable diseases: Pakistan is one of the three remaining countries with endemic polio and the sixth highest with burden of tuberculosis. Major causes of the high neonatal, infant and under-5 mortality rates include malnutrition, diarrhea, acute respiratory illness and other communicable and vaccine preventable diseases. The incidence of tuberculosis is estimated at 231 cases per 100,000 per year while that of malaria cases ranges between 2 to 5 cases per 1,000.

Noncommunicable diseases: Non-communicable diseases such as cardiovascular problems, diabetes, cancer and mental disorders are also on the rise, with more than 24.3% of people above 18 year being hypertensive, 25% of people over 40 years having coronary heart disease, 10% of adults suffering from diabetes, 34% from depressive disorders (with rates in women being twice as high as men) and 2.5% are disabled. Pakistan has a high prevalence of blindness, with nearly 1% by WHO criteria for visual impairment – mainly due to cataract. Disability from blindness profoundly affects poverty, education and overall quality of life.

Emergency and humanitarian crises: Pakistan is a disaster prone country with frequent natural and man-made disasters requiring massive humanitarian assistance. Pakistan has recently suffered periodic major disasters starting from the massive earthquake of 2005 that left over 83,000 dead with severe infrastructure damage, the unprecedented floods in 2010 affecting close to 20 million people and the 2013 floods in the southern province of Sindh affecting over 8 million people. Furthermore, growing militancy in the northern belt leading to armed conflict and internal population displacements has created security-compromised areas making access to healthcare problematic.

Total population, thousands ¹	173,593
% population Under 15 ¹	35.0
Population distribution % urban ¹	36.0
Life expectancy at birth ¹	63 (2009)
Fertility rate, total (births per woman) ¹	3.4
Under 5 mortality rate per 1000 live births ¹	87.0
Maternal mortality ratio per 100 000 live births ¹	260.0
Total expenditure on health as % of GDP (2009) ¹	2.2
General government expenditure on health as % of the total government budget (2009) ¹	3.3
Human Development Index Rank, out of 186 countries ²	146
Per Capita Gross Domestic Product (PPP current international US\$ ³	2,655.3
Adult (15+) literacy rate ⁴	56.0
Adult male (15+) literacy rate ⁴	69.0
Adult female (15+) literacy rate ⁴	45.0
% Population with sustainable access to water source ¹	92.0
% Population with sustainable access to improved sanitation ¹	48.0

1. WHO: World Health Statistics 2012, http://www.who.int/gho/publications/world_health_statistics/2012/eng/index.html, 24 March 2013.
 2. UNDP: Human Development Report 2013, <http://hdr.undp.org/en/reports/global/hdr2013/download/>
 3. World Development Indicators & Global Development Finance, <http://www.worldbank.org/>, 24 March 2013.
 4. WHO: Regional Health Observatory <http://rho.emro.who.int/rhodata/>, 24 March 2013.

PARTNERS

WHO is the leading technical partner of the government on health issues. The other main development partners in the Health Sector are the Asian Development Bank (ADB), Canadian International Development Agency (CIDA), Government of China, Department For International Development-UK (DFID), Economic Cooperation Organization (ECO), European Union (EU), German International Cooperation (GIZ), International Development Agency (IDA), Islamic Development Bank (IDB), International Monetary Fund (IMF), Government of Italy, Japan International Cooperation Agency (JICA), KfW, Governments of Norway, Italy and Spain, Government of Saudi Arabia, South Asian Association for Regional Cooperation (SAARC), Swedish International Development Agency (SIDA), The World Bank (WB), United States Agency for International Development (USAID), and UN agencies and funds such as FAO, IOM, UNDP, UNESCO, UNFPA, UNHCR, UNICEF and WFP. Global Health Institutions such as GAVI and GFATM are also supporting Pakistan.

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> • Improved indicators relating to maternal, child and neonatal health and the control of communicable diseases; • Analysis of health sector financing indicates that foreign assistance has played a critical role in developing the health sector of Pakistan and the country has historically received large volumes of aid. 	<ul style="list-style-type: none"> • Acknowledging Pakistan's devolution policy; however, decentralization needs to consider a number of functions that need to be coordinated at the federal level; • Efforts in improving MDG related health indicators will not be sufficient to achieve the set target; • The devolution of the EPI program is having an adverse impact on Polio Eradication and routine immunization; • Pakistani women continue to face the risk of limited access to reproductive health services and pregnancy related morbidity and mortality.

WHO STRATEGIC AGENDA, 2012-2016

The priorities of WHO strategic agenda are as follows:

- **Health System Strengthening:** Health policy and system development including improving policy making and governance; human resources for health; improving service delivery, access and equity; achieving equitable and fair health financing; developing public-private sector partnership and regulation of private sector; medical products, vaccines and technology; health information and research; partnerships, resource mobilization and coordination.
- **Communicable Diseases:** Improving immunization; disease control; and improving surveillance.
- **Noncommunicable Diseases:** Prevention and control of noncommunicable diseases.
- **Life Courses:** Improving maternal, newborn and child health including nutrition and reproductive Health; promotion of healthy environment and living; gender mainstreaming and occupational health.
- **Emergency Preparedness and Response:** Emergency preparedness response of the health sector and disaster risk management.

ADDITIONAL INFORMATION

WHO country page: <http://www.who.int/countries/pak/en/>

Country office web site: <http://www.emro.who.int/countries/pak/>

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The brief is available online at <http://www.who.int/countryfocus>
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