



**Government of Pakistan  
Ministry of Health**



# **“Health and Economic Growth”**

**Pakistan Development Forum**

**March 2004**



**“Human development is  
the basic right of the  
common man”**

**Health** - key factor in development.

**Health** - vehicle and an entry-point  
towards prosperity and progress –  
both social and economic.



# Health and Economic Growth

- Better health leads to growth in income.

“One third of the growth in income per capita in the UK over last two centuries is simply explained by better health and nutrition of the population”

(Robert Fogel)

- Early investment in social sector and better health outcomes is resulting in economic gains in Sri-Lanka, China, Kerala-India and Costa Rica.



# Health and Economic Growth

- Major impact of diseases is borne by the poor segments of society.
- Ill health leads to decreased learning ability and ultimately decreased productivity.
- Communicable diseases, childhood illnesses, reproductive health problems and malnutrition are the leading causes of less productivity in developing countries.



# Health and Economic Growth

## The Commission on Macroeconomic & Health (CMH) report:

**330 million DALYs** (Disability Adjusted Life Years)  
**worth around US \$ 180 billion in**  
**direct economic benefit would be**  
**saved from 8 million deaths reverted**  
**each year by 2010 and another US\$ 180**  
**billion from indirect economic benefits**  
**from increasing investment in health.**



# Poverty and Health

- WHO has identified **Poverty** as “the single biggest threat to health”.
- Low per capita income contributes to malnutrition and poor health outcomes.



# “People of Pakistan”

- The majority of poor people live in remote, poorly endowed rural areas. Urban slums are also expanding rapidly.
- These people are also exposed to life-threatening risks due to droughts, floods, and economic shocks.

**“Their poverty breeds ill health and ill health results in poverty”**



# Challenges in Health Sector

## Major Health Indicators Compared

Country	Life Expectancy	Infant Mortality Rate	<5 Mortality Rate	Maternal Mortality Rate
Pakistan	63.0	77.1	103	350
Sri Lanka	73.0	15.0	18.0	60
Bangladesh	61.0	60.0	83.0	600
Nepal	59.0	73.6	105.0	415
Malaysia	73.0	7.9	11.0	20

Source: World Development Report 2002-03, National Surveys



# Challenges in Health Sector

## Major Health Indicators Compared

Country	Total Fertility Rate	Contraceptive Prevalence Rate	Population Growth Rate
Pakistan	4.0	32.0	1.96
India	2.9	48.2	1.8
Sri Lanka	2.0	66.2	1.3
Bangladesh	3.3	49.0	1.8
Nepal	4.1	34.5	2.4
Indonesia	2.6	66.4	1.6

Source: Health Situation in the South East Asia Region, National Estimates



# Burden of Disease in Pakistan

( World Bank 1998 )

• Communicable Diseases :	=	38.4%
• RH Disorders:	=	12.5%
• Nutritional Deficiencies	=	5.8%
		-----
		56.7%
		=====
• Accidents/Injuries	=	11.4%
• Diabetes/Cardiovascular Diseases	=	10.6%
• Neuro/Psychiatric Diseases	=	2.6%
• Other non-communicable Diseases	=	18.9%

**Infectious and Childhood diseases are responsible for 2/3rd of Burden of Disease in Pakistan.**



# Some Eye Openers in Current Health Scenario

- One child dies every minute mainly from EPI diseases, Diarrhea and Acute Respiratory Infections;
- 400,000 infants die in first year of life every year;
- 16,500 women die from pregnancy-related causes;
- 80% of births take place at home, either unsupervised or by inadequately trained personnel;
- Sixth largest burden of TB in the world with incidence @ 177/100,000;
- 500,000 new malaria cases every year, including growing threat of plasmodium falciparum;
- >25% LBW (protein deficiency) and 45% anemia in children (Iron-Deficiency);
- 34% under-weight mothers and 65% anemia in CBA women;
- Increase in CVD: 25 million smokers consuming 36 billion cigarettes;
- Increase in Diabetes: 10% of age group 25 and above affected.
- Increasing incidence of cancers, kidney diseases and Hep-B & C.



## Health Indicators in relation to the Pattern of Health Expenditure – Comparison with Countries of the Region

Country	THE as % of GDP	GHE as % of THE	Per capita THE in US\$	Per capita GHE in US\$
Bangladesh	3.5	44.2	12	5
Egypt	3.9	48.9	46	22
India	5.1	17.9	24	4
Indonesia	2.4	25.1	16	4
Iran	6.3	43.5	350	152
<b>Pakistan</b>	<b>3.9</b>	<b>24.4</b>	<b>16</b>	<b>4</b>
Sri Lanka	3.6	48.9	30	15
Thailand	3.7	57.1	69	39

Source: World Health Report 2003

THE: Total Health Expenditure  
GHE: Government Health Expenditure.

This compares unfavorably with the figure of **US\$ 34 per capita for a package of essential health services** as proposed in the recent WHO report - Commission on Macroeconomic & Health.



# Comparison of Public Sector Health Expenditures to GDP

<u>Country</u>	<u>Public Exp as % of GDP</u>
Iran	2.74%
Sri Lanka	1.76
Bangladesh	1.54
Pakistan	0.92
Thailand	2.11

(Source: Estimates from World Health Report 2003)

## Issue

To raise National figure to >1% of GDP by 2004-05 and to >2% by 2010.



# Issues as a result of Low Health Expenditures

- A major share of expenditures is focused towards tertiary health care facilities with the result that the rural and poor areas have been neglected.
- The health system's ability to respond and provide adequate preventive and curative services continues to remain limited.
- Insufficient expenditure on key non-salary inputs, lack of availability of female health care providers, and poor quality of care from both public and private health care providers.
- Availability, access and quality of basic and comprehensive obstetrical services and their utilization are low.
- As a proxy outcome indicator, the infant mortality rate of Pakistan is higher than the averages for low-income countries and South Asia by 10 percent and 16 percent respectively.



# Our Vision

## “Health for All”

- Health sector investments are viewed as part of Government’s Poverty Alleviation Plan;
- Priority attention is accorded to primary and secondary sectors of health to replace the earlier concentration on tertiary care;
- Good governance is seen as the basis of health sector reform to achieve quality healthcare.



# Poverty Reduction Strategy through Better Health Care

- Focused interventions to improve health outcomes by focusing public expenditures towards primary and secondary tiers. A clear shift from curative to preventive and focuses on disadvantaged, weaker sections of society.
- Promoting gender equity through targeted interventions like promotion of lady health workers (LHWs), WHP, RHP and improvements in maternal and peri-natal health care.
- Adoption of DOTs strategy against TB;
- Roll-back malaria approach in combating malaria;
- Measures for preventing the spread of HIV/AIDS;
- Immunization against seven communicable diseases including Polio, Tetanus, Hepatitis-B etc; and
- Public health education campaigns.



# Allocation of Federal Health PSDP (1999-2004)

Rs. in million

Fiscal Year	Allocation for Federal Health PSDP	% of Federal PSDP
1999-00	2464.781	2.12%
2000-01	2742.974	2.28%
2001-02	4213.892	3.24%
2002-03	3309.247	3.67%
2003-04	4372.525	3.87%

Source: Budget books



# National Programs in Health

## Cost of Project

1. **National Child Immunization Programme.** (Rs.5366 million for 5 years)
2. **Polio Eradication Initiative (operation/ vaccine cost).** (\$ 8 million & 19.9 million/year)
3. **Introduction of Hepatitis-B Vaccine in EPI Programme with GAVI grant.** (\$ 28 million for 5 years)
4. **Strengthen routine EPI & Inj. safety-GAVI grant.** (\$ 44 million for 5 years)
5. **Elimination of MNT in High Risk Districts.** (Rs. 856 million for 2 years)
6. **The Lady Health Workers' Programme (2003-08)** (Rs. 21.5 billion for 5 years)
7. **Women Health Project (Federal & Provincial)** (Rs. 3.75 billion for 6 years)
8. **Enhanced HIV/AIDS Control Program** (Rs. 2.80 billion for 5 years)
9. **National TB Control Programme.** (Rs. 158 million for 5 years)
10. **National Rollback Malaria Programme.** (Rs. 253 million for 5 years)
11. **National Nutrition Programme.** (Rs. 302 million for 5 years)



# Federal Health PSDP

## Allocation and Expenditure (2002-04)

Rs. in million

Programme/ Project	2002-03		2003-04
	Allocation	Expenditure	Allocation
National Program for FP & PHC	1791	1626	2400
National EPI Programme	500	500	400
Rollback Malaria Initiative	31	26.4	29
TB Control Program	61.9	57.1	19
HIV/AIDS Control Program	100	81.4	--
Enhanced HIV/AIDS Control Programme	150	60.6	175
Nutrition Project	50	34.6	60.713
Women Health Project	237	148.4	255.399
Reproductive Health Project	20	--	20
Others:	368	280	1013.812
<b>Grand Total MOH-PSDP:</b>	<b>3309</b>	<b>2814.5</b>	<b>4372.525</b>



# Federal Health PSDP Expenditures (1995-2003)

(Million Rs.)

Fiscal Year	Federal Health PSDP Expenditures
1995-96	1852
1996-97	1802
1997-98	1581
1998-99	2024
1999-00	2193
2000-01	1790
2001-02	2669
2002-03	2814

Source: Ministry of Health



# PLANNED HEALTH SECTOR OUTCOMES

<u>Indicators</u>	<u>2000</u>	<u>2005</u>	<u>MDG (2015)</u>
▪ Infant Mortality Rate (per 1,000 live births)	90	65	40
▪ Percentage of children fully immunized	51%	80%	90%
▪ Number of Polio Cases Reported	199	Nil	Nil
▪ Prevalence of malnutrition in children (pre-school)	39%	35%	
▪ Percent of Low Birth Weight Babies (LBW)	25%	20%	
▪ Contraceptive Prevalence Rate	28%	39%	55%
▪ Maternal Mortality Rate (per 100,000 live births)	400	300	140
▪ DOTS Coverage for T.B.	25%	70%	
▪ LHWs coverage of target population.	45%	80-85%	



# Shaping the Future

- Continuing emphasis on Priority National Programs with more focus on rural areas.
- To raise health expenditures to >1% of GDP by 2004-05 and to >2% by 2010.
- Development and implementation of National strategic framework to address Nutritional disorders.
- Technical assistance to the districts on ongoing basis and to monitor the outputs in order to harness the dividends of devolution.
- Hospital autonomy along with
  - developing new instruments like MIS,
  - rational use of pharmaceuticals,
  - development and implementation of patients management protocols,
  - in-service training of staff,
  - maintenance of electro-medical equipment, and
  - improving the quantity and quality of services with poor sharing equitably the benefits.



# Shaping the Future (cont...)

- Human resource development policy to minimize the existing imbalances, especially to improve the production and deployment of midwives, lady health visitors and nurses.
- A formal or informal regulatory framework to improve the quality of private health services.
- A clear policy to move in the direction of public-private partnership.
- Development of a comprehensive surveillance system in the long run taking a queue from single disease surveillance system.
- Measures against Tobacco related diseases and “hidden epidemic” of Road Traffic Injuries.
- Access to health risk-pooling mechanisms by most households outside the formal sector in order to capture most of the out-of-pocket expenditure that rural households already incur on health services.



# Ministry of Health



**Promoting Health;  
Reducing Poverty**

