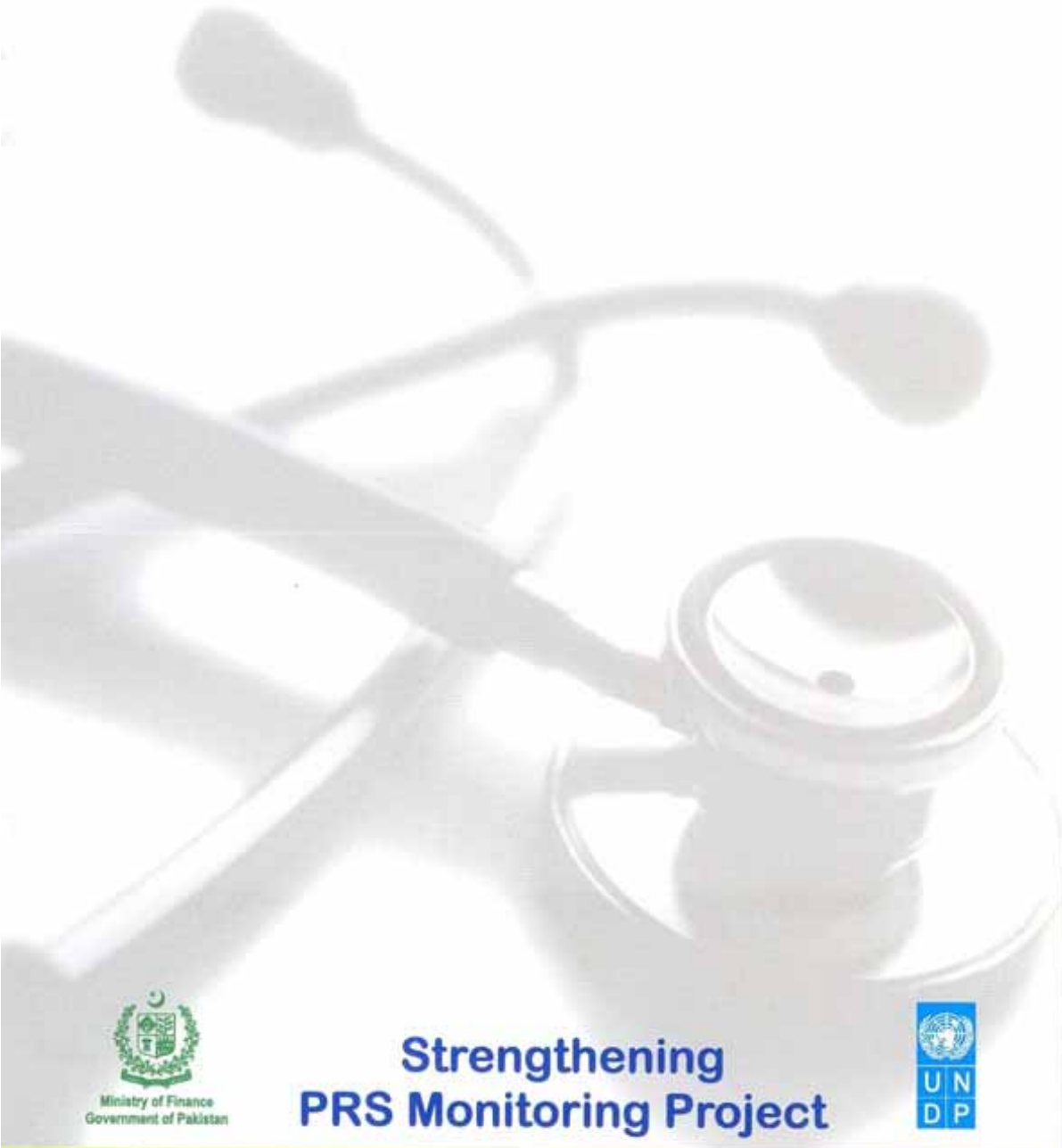


GENDER AWARE POLICY APPRAISAL

POLICY BRIEF - HEALTH



**Strengthening
PRS Monitoring Project**



Gender Aware Policy Appraisal

POLICY BRIEF

Health

November 2008

Government of Pakistan
Ministry of Finance
Strengthening PRS Monitoring Project

Introduction

The government of Pakistan is fully committed towards introducing gender responsive budgeting, this has been reflected in the key policy documents which include the Poverty Reduction Strategy Paper (PRSP), Medium Term Development Framework (MTDF) and Gender Reform Action Plan (GRAP) all of which explicitly advocate for institutionalizing gender responsive budgeting.

The Ministry of Finance, Government of Pakistan with the technical and financial support of UNDP and its cost sharing donors initiated a 'Gender Responsive Budgeting Initiative' (GRBI) project (2005-2007), to promote policy and resource allocations with a gender perspective. The project on its successful completion has merged into a bigger umbrella project titled 'Strengthening PRS Monitoring Project'. The work initiated under GRBI will now continue as a component under the new project. Under the project the expansion of GRB will cover not only all the four provinces of Pakistan but will also involve expansion to other social sectors.

Gender Aware Policy Appraisal one of the tools of GRB, analyses policies and programs funded through budget from a gender perspective by asking whether policies and their associated resource allocations are likely to reduce or increase gender inequalities. The GRBI project commissioned appraisal studies for the sectors of Education, Health and Population in 2006. The studies undertook a sector specific situation analysis to understand the needs and identify gaps from a gender perspective. Policy Briefs (Education, Health and Population) of the reports were produced to give a brief and concise overview of the findings of the studies. Under the Strengthening PRS Monitoring project, updation of the policy briefs is being done.

The Health policy brief gives a sectoral and policy analysis overview of the health sector and reviews the health budget 'through a gender lens' to ascertain whether the budget allocations in respect to health in Pakistan are in line with the gender priorities and needs.

1. Health in Pakistan. A Sectoral Analysis

The Health status of the people of Pakistan has improved since 1990, but the rate of improvement remains slow specially compared to its South Asian neighbors. The population of Pakistan (of about 165 million) is growing at the annual rate of 1.9 and with a total fertility rate of 4.1 in 2006. Life expectancy at birth has been improving around the world and in recent years has reached to be 80 years in some developed countries, however, in Pakistan, overall life expectancy at birth is 63.6 (2000-05)¹.

The total female population in Pakistan was 81.09 million in 2006². According to UNDP's Human Development Report, 2008 female life expectancy in Pakistan stands at 64.8, as compared to 64.3 years for males.

1 UNDP Human Development Report, 2008

2 Government of Pakistan, Population Projections, Summary indicators, 1998-2023. Islamabad, Pakistan, Planning Commission.

Infant Mortality Rate (IMR) and Under Five Mortality Rate both, have been steadily declining since 1990, however the rate of decline over the last fifteen years has been considerably slower than many of the South Asian neighbors. Infant mortality rate per 1000 live births, which is to some extent a function of mothers' health, is 79 compared to 60, prevailing in South Asian countries³.

Although the maternal mortality ratio has been declining consistently as shown in the table below, Pakistan still has a very high prevailing maternal mortality ratio of 350/100,000 live births for the year 2002. Female adolescents and females in the early reproductive age group are more likely to die than their male counterparts. At least some of this pattern is explained by Pakistan's high rate of maternal mortality and the young age at which many women start bearing children.

Table 1: Maternal Mortality Ratio (1978- 2002)

Year	MMR
1978	800
1885	500
1990	400
1995	340
2002	350

Source: Health Indicators of Pakistan, Gateway Paper –II, Sania Nishtar, page, 32

In terms of maternal health, improvements have been made over the period of last 10 years (from 1996-97 to 2006-07), the percentage of pregnant women who received at least one pre-natal consultation has increased from 30% to 53% with only 56% women received tetanus toxoid vaccinations. The attendance rate is much higher in Urban (73%) than rural areas (45%). Punjab and Sindh have the highest attendance of 56% with Balochistan having the lowest (31%) as reflected in the table given below.

Table 2: Percentage of women receiving pre-natal consultants: provincial disaggregated data

Provinces	1996-97	1998-99	2001-02	2004-05	2005-06	2006-07
Punjab	27	33	40	56	52	56
Sindh	44	37	38	55	56	56
NWFP	28	22	22	39	43	46
Balochistan	8	18	21	35	36	31
Pakistan	30	31	35	50	52	53

Source: Government of Pakistan. Pakistan Integrated Household Survey, Round 2, 3, 4, Islamabad, Pakistan: Federal Bureau of Statistics, Statistic division; Pakistan Social and living Standards Measurement Survey, 2006-07. Islamabad, Pakistan: Federal Bureau of Statistics Division; 2007.

One cause of high maternal mortality rate is that 34% of pregnant women are malnourished. Similarly, 48% of lactating mothers have a calorie intake less than 70% of the recommended level. More generally, 45% of Pakistani women suffer from iron deficiency. This can result in stillbirths, birth defects, mental retardation, and infant death.

³ UNDPs Human Development Report, 2008

The percentage of women receiving post-natal consultations has also increased from 11% to 24 % for the year 2006-07. The percentage of births attended by Skilled Birth Attendants (SBAs) has increased from 18 to 31%. Anemia among pregnant women has reduced to half during the last four decades, from 88% in 1965 to 36% in 2001-02. Despite improvement in the indicators of maternal health mentioned above Pakistan lags behind the set targets of MTFD and PRSP. The targets of MTFD and the PRSP is to reduce Maternal Mortality Ratio to 140, increase percentage of births attended by Skilled Birth Attendants to more than 90%; increase the proportion of women 15-49 years who had given birth during the last three years and made at least one ante-natal care consultation to 100%.

In the period 2006-07, only 53% of pregnant women received pre natal care and only 56% received tetanus toxoid vaccinations. During the same period, some 68% births took place at home and only some 24% women received post natal check up with in six weeks of delivery.

An analysis of the burden of disease in Pakistan indicates that such burdens are mostly borne by the poor and the more vulnerable groups. Non-communicable Diseases (NCDs) contribute significantly to adult mortality and mobility and impose a heavy economic burden on individuals, societies and health system within Pakistan. Non-communicable diseases, in Pakistan are primarily cardiovascular, diabetes, cancer, and chronic respiratory diseases. For non-communicable diseases, mentioned in the table below the incidence is higher for females as compared to the males due to risk factors and vulnerability. Some of the risk factors for females include lack of decision-making power to access health services and other necessities (such as food) as and when needed, lack of mobility, (most women are not allowed to travel on their own to seek health care), and lack of monetary resources.

Table 3: Percentage of the population with Coronary Artery Disease, High Blood Pressure and Mixed Anxiety/ Depressive Disorder

	Male	Female	Total
Coronary Artery Diseases	23.7	30.0	26.9
% of the Population with High Blood Pressure (45 years and above) in Urban areas	36.9	45.8	41.3
Mixed Anxiety/Depressive disorder	10-33	29-66	34

Source: Jafer TH, et al. Heart Disease Epidemic in Pakistan: women and men at equal risk. Am Heart J 2005; Pakistan Medical Survey of Pakistan – Health profile of the people of Pakistan, Islamabad; Mirza I Jenkins, Risk Factors, Prevalence and treatment of anxiety and depressive disorders in Pakistan.

The lag in Pakistan's health indicators as compared to other developing countries is linked to the inadequate resource allocations which do not adequately take gender-related issues into account. Key gender issues as outlined in the box below, point towards gender bias in the provision of healthcare towards women.

Key Gender Issues

- ⇒ Low nutritional status of women
- ⇒ Preference given to males over females in calorie intake
- ⇒ Lack of skilled birth attendants and female medical staff, especially in rural areas
- ⇒ Gender bias in access to quality health services
- ⇒ Urban/rural and wealth bias in utilization of health services by women
- ⇒ Low rate of immunization among women
- ⇒ High infant mortality rate

2. Policy Analysis

Pakistan's health system has three tiers (i) federal (ii) provincial and (iii) district. Health services delivery is primarily a provincial matter while the federal government plays a supportive and coordinating role. The federal Ministry of Health has a number of public health programs. Although, the federal government funds these programs, their implementation is carried out at the provincial and the district levels. In Pakistan, the private sector also plays a significant role in health service delivery. Women's issues are addressed through several federally funded programs such as the national program for family planning and primary health care.

In Pakistan, health sector reforms have been proposed through three national health policies in 1990, 1997 and 2001. These reforms aimed to improve health services delivery through good governance, self-reliance and improving management to control communicable diseases. The policies proposed new strategies to control the spread of communicable and non-communicable diseases. Formulation of a new national health policy has been initiated by the new government and consultations with stakeholders in six thematic areas are being held.

National Health Policy (2001) at a Glance

Policy	Objective
National Health Policy (2001)	<p>The policy document identifies ten key areas for achieving comprehensive progress in the health sector, as follows:</p> <ul style="list-style-type: none"> - To reduce widespread prevalence of communicable diseases especially, TB, malaria, Hepatitis B, and HIV/AIDS. - To address the inadequacies in primary and secondary health care services - To remove professional and managerial deficiencies in the district health system - To promote greater gender equity in the health sector - To bridge the basic nutrition gap in children, women and vulnerable groups - To correct urban bias in the health sector urban modalities. - To introduce required regulation in the private medical sector. - To create mass awareness in public health matters. - To effect improvements in the drug sector in availability, quality and affordability. - Capacity building for health policy monitoring in the ministry of health.

The Medium Term Development Framework (MTDF) likewise lays emphasis both on the shift to preventive care and primary health care. Of the eight major health care issues identified in the MTDF, one explicitly refers to gender i.e. basic nutrition gaps in the target population for women. The following table presents an overview of the two key policies impacting the health sector in terms of target setting and monitoring progress indicators.

Table 4: Key Policy Targets - Health

Indicators	MTDF (2009-10)	MDGs (2015)
Child Mortality Rate per 1000 live births	77	52
Infant Mortality Rate per 1000 live births	65	40
Proportion of 1 year old immunized against measles	90%	> 90%
Maternal Mortality Rate per 100,000 live births	300	140
Births attended by skilled attendants	40%	> 80%
Contraceptive prevalence rate	51%	55%

Source: Health Sector Review (2005); MTDF 2005-10

In terms of national programs there are a number of program based interventions led by the federal government with implementation arms at the provincial and district levels. Some of the programs are disease-specifics such as the respective programs on HIV/AIDS, malaria, tuberculosis, non communicable diseases and hepatitis. Others are specific to the lifecycle domain which includes maternal and child health, the National program for family planning and primary health care, and National EPI Program.

Various Public Health Programs	
Federally-led national program	<ul style="list-style-type: none"> • The National program for Family planning and Primary Health Care. • The Expanded Program for Immunization. • The National HIV/AIDS Control Program. • The National Tuberculosis Control Program. • The National Malaria Control Program. • The National Nutrition Program.
Newly launched programs in the public sector(2005-08)	<ul style="list-style-type: none"> • National Neonatal, Maternal and Child Health Program. • National Program for the Prevention and Control of Hepatitis. The National Program for Prevention and control of Blindness.

Source: Economic Survey of Pakistan 2007-08, Government of Pakistan, Finance Division, Economic Advisory Wing.

3. Budgetary Analysis

In terms of health expenditures, Pakistan spends less than most of the countries at the same level of GDP. The total government expenditure in the health sector has nearly doubled since 2000, increasing from Rs. 24 billion in 2000 to the Rs. 60 billion in 2006-07, with health expenditures amounting to 0.57% of the GDP.

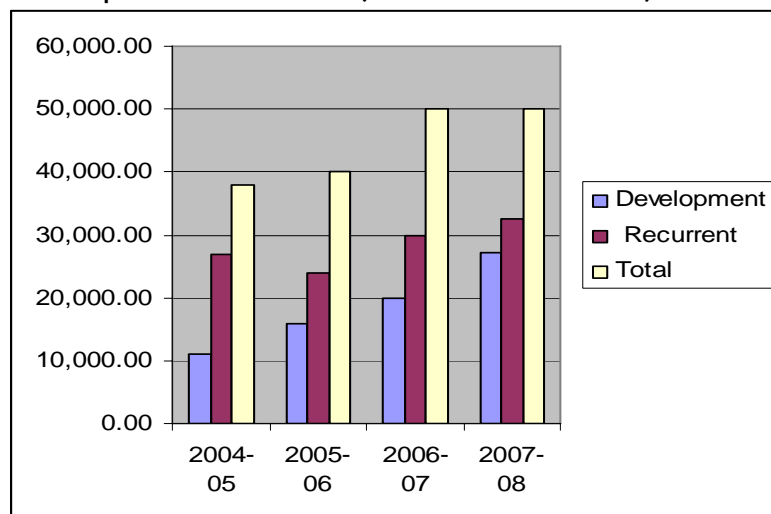
Table 5: Health Expenditures (Public Sector – Federal and Provincial) 2000-01 to 2007-08 Rs. Billions

Year	Development	Recurrent	Total	Health Expenditure as % of GDP
2000-01	5944.00	18,337.00	24,281.00	0.58
2001-02	6,688.00	18,717.00	25,406.00	0.57
2002-03	6,609.00	22,205.00	28,814.00	0.59
2003-04	8,500.00	24,304.00	32,805.00	0.58
2004-05	11,000.00	27,000.00	38,000.00	0.57
2005-06	16,000.00	24,000.00	40,000.00	0.51
2006-07	20,000.00	30,000.00	50,000.00	0.57
2007-08	27,220.00	32,677.00	60,000.00	0.57

Source: Economic Survey of Pakistan 2007-08, Government of Pakistan, Finance Division, Economic Advisory Wing.

Federal and provincial budgets for health are tabled in parliament as summary statistics that broadly reflect the way the health sector will operate in a given year. The Ministry of Health budget is divided into development or recurrent budgets. The Ministry includes in the recurrent budget, establishment (staff), traveling, fixed allowances and contingent expenditures. The development budget provides for development projects coordinated by the Planning Commission of Pakistan. Over the years, the health expenditure falls mostly under the category of non-development expenditures, while the rest is for development purposes. The following graph illustrates the distribution between development and non-development expenditures within the health budget over the past seven years.

Total Expenditure on Health (Federal and Provincial) in Rs. Million



Source: Economic Survey of Pakistan 2007-08, Government of Pakistan, Finance Division, Economic Advisory Wing.

At the district level, the overall responsibility lies with District Health Officer (DHO) who is part of the provincial bureaucracy. However, the DHO has no control over national programs such as the LHW program, as this is part of the overall federally administered Family Planning and Primary Health Care (FP& PHC).

Punjab accounts for the largest budget in terms of the total of all provincial expenditure on health, with 14, 419 Million for the year 2005-06 followed by federal budget of 11, 392 million. The table below gives detail of provincial expenditures of the health sector 2005-06).

Table 6: PRSP Health Sector Budgetary Expenditures (2005-06) Rs. Millions

Federal	Punjab	Sindh	NWFP	Balochistan	Total
11,392	14,419	7,371	3,999	2,022	39,203

Source: PRSP Budgetary Expenditures report

In terms of budgetary expenditures in the health sector not only an increase in resources is required but it is also important to address management challenges and take into account appropriate prioritization, with out which it is unlikely to improve health sector performance significantly.

4. Engendering Health Policy and Service Delivery in Pakistan

In Pakistan, there are gender differences in health and health care in respect of (i) access and (ii) utilization and (iii) health behaviors. Although, the extent of differences is poorly documented at the micro or household level, the macro level indicators suggest that girls and young women face relatively more threats to their health and well-being than males. While reproductive needs are relatively well catered for, other gender-related issues such as maternal health and neo-natal care, are not adequately

addressed in the health policies of the government. In order to address these gaps, the following interventions can be proposed:

- Household level surveys should gather relevant data that will provide a better understanding of the gender and other socio-economic determinants of health.
- There needs to be greater sex disaggregation in respect of data collected through the National Health Management Information System.
- Better health education is important for all women to attain better health outcomes. Education can be enhanced through community based health workers and media.
- The success and efficiency of ongoing vertical health care programs need to be improved by integrating these programs into the regular health care system and extending effective coverage to the most vulnerable groups.
- For reduction in maternal mortality, better access to quality health services should be ensured. Provision of antenatal care that enables the family and women to recognize danger signs of pregnancy, the availability of skilled birth attendants and provision of basic emergency obstetric care, should be available at all primary health care outlets.
- The scope of the BHUs and dispensaries should be enhanced to accommodate inpatient services instead of only outpatient curative services.

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Strengthening PRS Monitoring Project

The Finance Division, Government of Pakistan and UNDP Pakistan have signed an agreement for the initiation of a Strengthening PRS Monitoring Project (2008-2012). The aim of the project is to strengthen institutional capacities for results-based monitoring and evaluation of poverty reduction strategies at Federal and Provincial levels

Project Outputs

The project has the following three outputs:

- Improvement in quality, collection, analysis and management of PRSP data at national and province levels for effective tracking of PRSP targets.
- Review public spending and allocations in pro-poor sectors and analyze through a gender lens to better understand the contribution and needs of men and women
- National engagement in PRSP monitoring mobilized through participatory processes

Implementation Arrangements

The project is implemented by the Ministry of Finance, Government of Pakistan and, Provincial Planning & Development Departments. For this purpose a federal Project Management unit (PMU) has been established in the Ministry of Finance while one provincial PMU is located in the Planning & Development Department, Government of Punjab. Similar provincial PMUs will be created in all the other provinces.

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