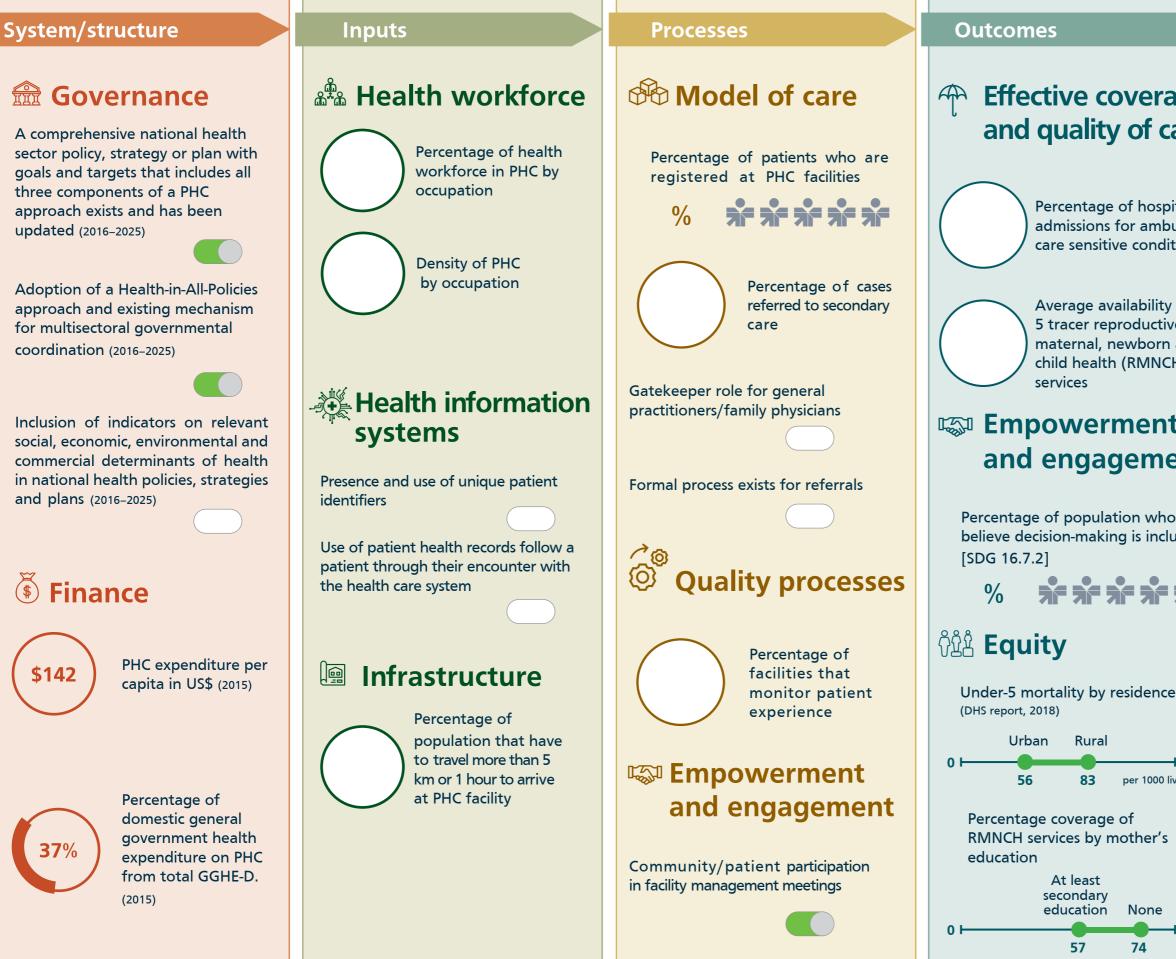
PHC

country profile

Pakistan





Organization



	Impact
age are	Financial protection Percentage of population with impoverishing health Expenditure (World Bank, 2016)
ital ulatory tions	Maternal mortality ratio [3.1.1]
of	(WHO estimate, 2017) 140 per 100 000
/e, and H)	Premature noncommunicable diseases (NCD) mortality [3.4.1] 24.7% (WHS, 2019)
t	
ent	Country context
SIIC	GDP per capita
b	(PPP current international \$)
usive	\$ 4 885 (World Bank, 2019)
*	Population living in poverty (Under \$1.90 int'l dollars/day) 4% (World Bank, 2015)
2	
-	Life expectancy at birth 68 Years
H 100	(WHO estimate, 2015)
ive births	REFERENCE KEY
	Yellow fill indicates a Vital Signs Profile indicator
	Purple fill indicates an SDG indicator. The numbers included in brackets refer to an SDG indicator number. Standard reporting sources or accepted United Nations estimates should be used.
	Present Absent
H 100	Not available or not reported
	Not available or not reported

INTEGRATED SERVICES/PRIMARY HEALTH CARE

System/structure

~

Governance		
Presence of UHC legislation inclusive of PHC		
Equity mainstreamed in health policy		
Existence of regulatory authorities for (health workforce, facilities, essential medicines and products) for both public and private sectors HWF Facilities EMP		
Presence of quality improvement and assurance processes in the national health plan		
Participatory governance structures		
Finance 🔻		
Government health spending as percentage of GDP	7 1%	
PHC expenditure as percentage of current health expenditure	56.8 %	
Domestic general government expenditure on PHC as	48.1 %	

Domestic general government expenditure on PHC as percentage of PHC spending Other sources of PHC expenditure (out of pocket, donor,

etc.) as percentage of total PHC expenditure

Inputs

Health workforce <a>

Percentage of primary care workforce specialized in family practice (by occupation)	N/A
Proportion of health workforce in PHC who have received minimum continuous professional education according to	N/A
national requirements in the last year Vacancy rate in PHC	N/A

Health information systems

Percentage of births registered	40%
Percentage of deaths registered	35%
Explicit adoption of a set of PHC indicators for monitoring and evaluation	
Inclusion of section on PHC performance in annual health sector reporting	
Percentage of public sector PHC that reports performance data	100%
Presence of a comprehensive individual patient record	
Presence of a comprehensive family record	
Is there a functioning electronic health information system (eHIS) in the country?	
Percentage of PHC facilities using an eHIS	N/A
lu fue et un et une 🖉	

Infrastructure 🥄

Percentage of PHC facilities with adequate:		
	N/A N/A N/A water sanitation hand hygiene	
	Percentage of PHC facilities with rooms with auditory and visual privacy for patient consultations	N/A
	Percentage of PHC facilities with communication equipment	N/A

Percentage of PHC facilities with access to computer with email/internet access	N/A
Percentage of PHC facilities with standard precautions for infection prevention	N/A
Percentage of PHC facilities with all infection control items	N/A
Medicines <	
Percentage of PHC facilities with correlated package of services	N/A
Proportion of facilities in which essential medicines are available (no stock outs in one year)	N/A
Supplies	
Percentage of PHC facilities with standard priority diagnostics and equipment available	N/A
Processes	

Model of care

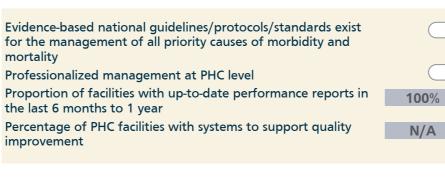
75.7%

Annual outpatient department utilization rates per capita ⁸	
Percentage of PHC facilities that can provide mental health	
services	
Number of consultations new boolth supplier (why sizes	

Number of consultations per health worker (physician, nurse, etc.) per day

N/A	N/A
Physicians	Nurses

Management/quality improvement



Outcomes

Effective coverage/quality of care

Percentage of adverse eve medication)	ents reported (immu	inization/	
N/A	N/A	N/A	N/A
Immunomodulato	1	Antibiotic	Analgesic
Percentage of PHC prescriptions that include antibiotics in out patient clinics		N/A	
	الماديات فالمحاط فيتعالم		
Percentage of PHC prescriptions that include injectable medicines		N/A	

Children under 5

1.2%

N/A

N/A

Equity **¬**

DPT3 immunizatio Perceived access I Perceived access I

Percentage of hou

Percentage of hou Percentage of chil developmentally Malaria incidence Physical inactivity Proportion of pop or sexual violence Use of insecticide-

Percentage of registered hypertension patients with blood pressure <90/140 at last 2 follow up visits	N/A			
Percentage of registered diabetic patients with fasting blood sugar controlled at last 2 follow up visits/A1C <7%	N/A			
Percentage of registered NCD patients with 10 years cardiovascular risk recorded in the previous year	N/A			
	62 % within the first two days			
Percentage of substance users, including tobacco users, in receipt of brief intervention	N/A			
Percentage of children under 5 that had weight and height measured in the previous year	N/A			
Children under 5 who are stunted, wasted, overweight, obese				
37.6% 7.1% 2.5% 2.8%				
Stunted Wasted Overweight Obese	9			
Children under 5 with diarrhoea receiving ORS				
	37.4 %			
Exclusive breastfeeding 0-5months (%)	37.4%			
Exclusive breastfeeding 0-5months (%) Cervical cancer screening rates				
	35%			
Cervical cancer screening rates Measles-containing-vaccine second-dose immunization	35% 7 0.9%			
Cervical cancer screening rates Measles-containing-vaccine second-dose immunization coverage	35% 7 0.9% 66.6%			
Cervical cancer screening rates Measles-containing-vaccine second-dose immunization coverage Diphtheria-tetanus-pertussis (DTP3) immunization coverage Average availability of services for 3 tracer communicable	35% 7 0.9% 66.6% 75.4%			

on coverage	75%
barriers due to treatment costs	N/A
barriers due to distance	30.4%
ouseholds with adequate WASH: [6.2.1/6.1.1]	
95% 70%	
Water Sanitation	
ouseholds cooking with clean fuel [7.1.2]	7 48.2%
ildren under 5 years of age who are on track [4.2.1]	N/A
e [3.3.3]	.8 per 1000
r in adults	41.5%
pulation subjected to physical, psychological e in the previous 12 months [16.1.3]	24.8%
-treated bed nets for malaria prevention	7

Health status

Adult mortality rate 15–60 years	159 per 1000
Adolescent mortality rate	88.5 per 100 000
Under-5 mortality rate	75 per 1000 live births
Infant mortality rate	61 per 1000 live births
Neonatal mortality rate	742 per 1000 live births
Total fertility rate	3.6 children per woman
Met need for family planning [3.7.1]	7 N/A
DPT3 dropout rate	7 10.9%
TB treatment success	7 64%
Antenatal care quality score based on WHO guidelines	N/A
Antenatal care coverage (4+ visits)	51.4 %
Family planning quality score based on WHO guidelines	N/A
Demand for family planning satisfied with mode methods	ern 52%
Sick child quality score based on IMCI guidelines	
People living with HIV receiving anti-retroviral treatment	• <mark>> N/A</mark>
Prevalence of raised blood pressure (age-standardized estimate)	▶30.5%

Mortality by cause

Household and ambient air pollution [3.9.1] Road traffic injuries [3.6.1] Homicide [16.1.1] Suicide rate [3.4.2] Causes of death			 7 113 per 10 000 7 N/A 7 9.6 per 100 000 7 3.1 per 100 000 	
	58% NCDs	N/A Communicable diseases	7.3 % Injuries	
Efficiency				
Proportion of caregivers who were given sick child diagnosis Proportion of family planning, antenatal care, and sick child visits over 10 minutes				I/A I/A
Provider absence rate				
Adherence to clinical guidelines				I/A
Diagnostic accurac	7			
Adequate waste d	lisposal		7	\bigcirc

Risk factor/chronic disease prevalence

Obesity prevalence	8.6%
Diabetes mellitus prevalence	12.4%
Hypertension prevalence	30.5%
Tobacco use [3.A.1]	7 16.2%

(index score)

(JEE score)

N/A

Resilience

International Health Regulations core capacity	51
index/joint external evaluation	48
Disaster-related death rate [1.5.1]	

Alternative indicators

Alternative indicators are national indicators which are not exactly the same as a PHCMI indicator but provide similar data. In the case that an alternative indicator is provided and accepted, it will be displayed here.



The data presented here are either reported by countries, come from United Nations estimates, or are directly collected from publicly available sources such as demographic and household survey reports.

Jointly developed by: Department of UHC/Health Systems and Department of Science, **Information and Dissemination**

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WHO-EM/PHC/182/E

Countries around the world agreed to the Declaration of Astana in 2018, vowing to strengthen their primary health care systems as an essential step toward achieving universal health coverage.

The Declaration of Astana reaffirms the historic 1978 Declaration of Alma-Ata, the first time world leaders committed to primary health care.

Thus, a well-organized and prepared health system has the capacity to maintain equitable access to high-quality essential health services throughout an emergency, limiting direct mortality and avoiding indirect mortality.



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