



World Health
Organization

Pakistan



A Partnership for Pakistan's Health

WHO 2026-27 Case for Support

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Foreword

“Pakistan’s progress reflects a health system that is evolving with determination — strengthening primary health care, improving service integration, expanding universal health coverage, and pressing forward in the effort to interrupt polio transmission. These achievements show what is possible when national leadership, frontline workers, and partners work toward a common vision. Strategic investments now can help Pakistan consolidate these gains, protect the most vulnerable, and advance a more resilient, equitable health future for all.”

Dr Hanan Balkhy

WHO Regional Director
Eastern Mediterranean Region



Landmark: Clock Tower - Faisalabad

“Pakistan has made important strides in strengthening its health system — from expanding primary health care and improving emergency preparedness to advancing surveillance, essential services, and the integration of programmes. The country’s continued efforts to protect children from polio, while also scaling broader universal health coverage (UHC) reforms, demonstrate its commitment to safeguarding every community. As we enter a new biennium, our focus is on sustaining these gains and accelerating progress through coordinated, evidence-based investments that improve health for all and tackle regional and global health threats.”

Dr Dapeng Luo

WHO Country Representative
in Pakistan



Landmark: Badshahi Mosque - Lahore

Pakistan’s Health Journey: Progress, Potential, and Partnership

Despite measurable improvements in health outcomes over the past decade, **Pakistan continues to face significant and persistent public health challenges, which need urgent attention to protect and save lives not only in Pakistan, but also in the region and worldwide.** Preventable maternal and newborn deaths, widespread malnutrition, and a **growing burden of communicable and noncommunicable diseases** place sustained pressure on the health system. These challenges are further compounded by **climate-related shocks**, population displacement, economic constraints, and longstanding **inequities in access to essential health services** across provinces and districts.

Core health system capacities—including surveillance, early warning, emergency preparedness, and supply chain management—have been strengthened, yet remain **under strain and require sustained investment** to function effectively and equitably. Variations in service availability, **quality of care**, workforce capacity and distribution, and financial protection remain pronounced, particularly for **vulnerable and hard-to-reach populations**, slowing Pakistan’s progress towards Universal Health Coverage.

Progress achieved to date is **uneven and cannot be assumed to be sustained in the absence of continued, targeted action.** In the context of increasing health needs and constrained public resources, there is a clear risk of stagnation or reversal of recent gains if **critical system bottlenecks** are not systematically addressed in a systematic and coordinated manner.

In response, **WHO’s work** focuses on supporting the adaptation and adoption of WHO normative guidance; strengthening health systems;

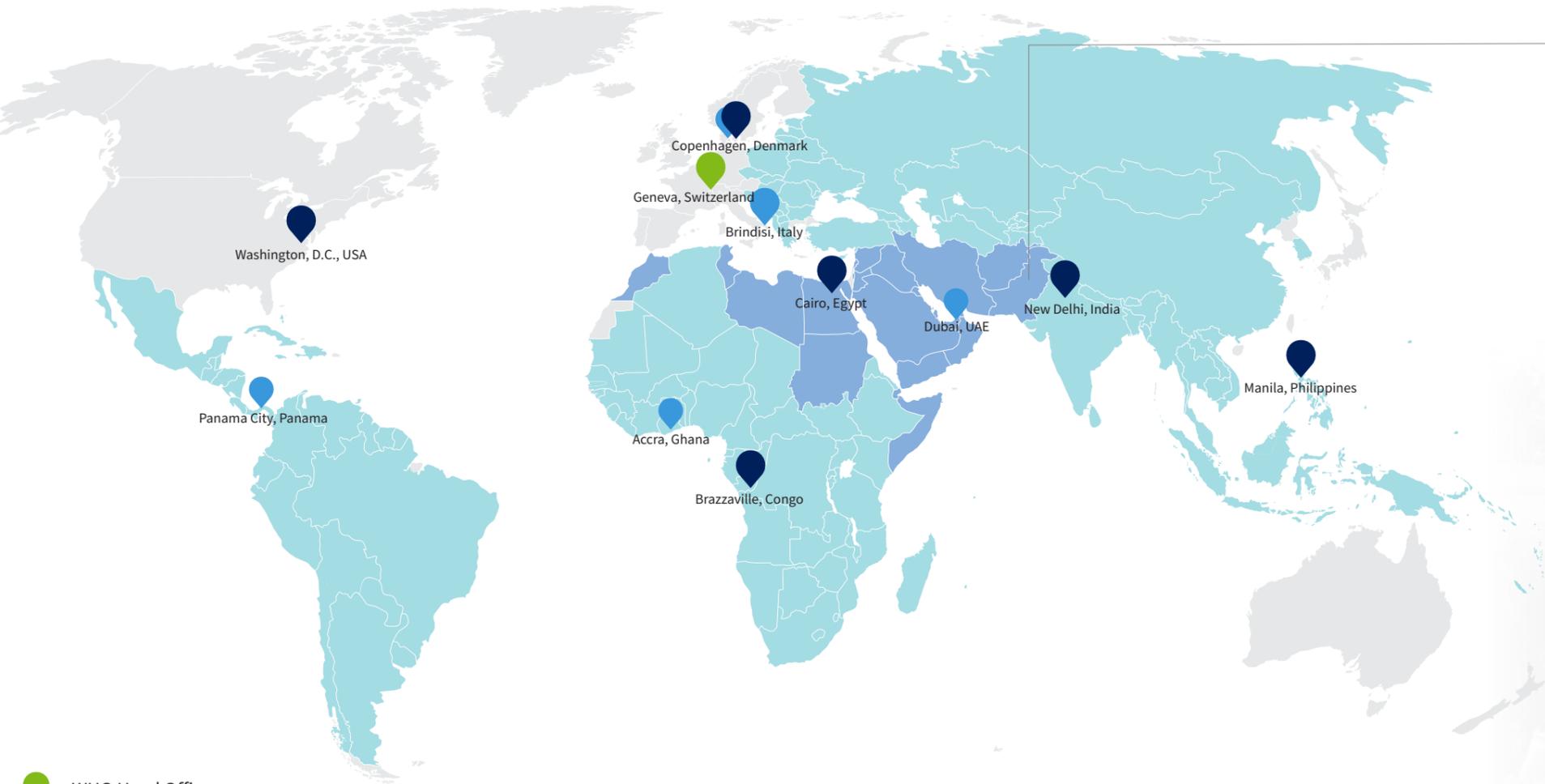
enhancing emergency preparedness, prevention, and response; and providing sustained technical assistance and capacity building. WHO also reinforces its convening role to improve coordination and coherence among partners, advance global public health goods, and support **polio eradication** and transition planning.

Through this approach, **WHO supports government efforts** to expand and protect essential health services / UHC, strengthen health system resilience, and advance equity, while ensuring continuity of core public health functions across **Pakistan.**



Landmark: Wazir Khan Masjid - Lahore

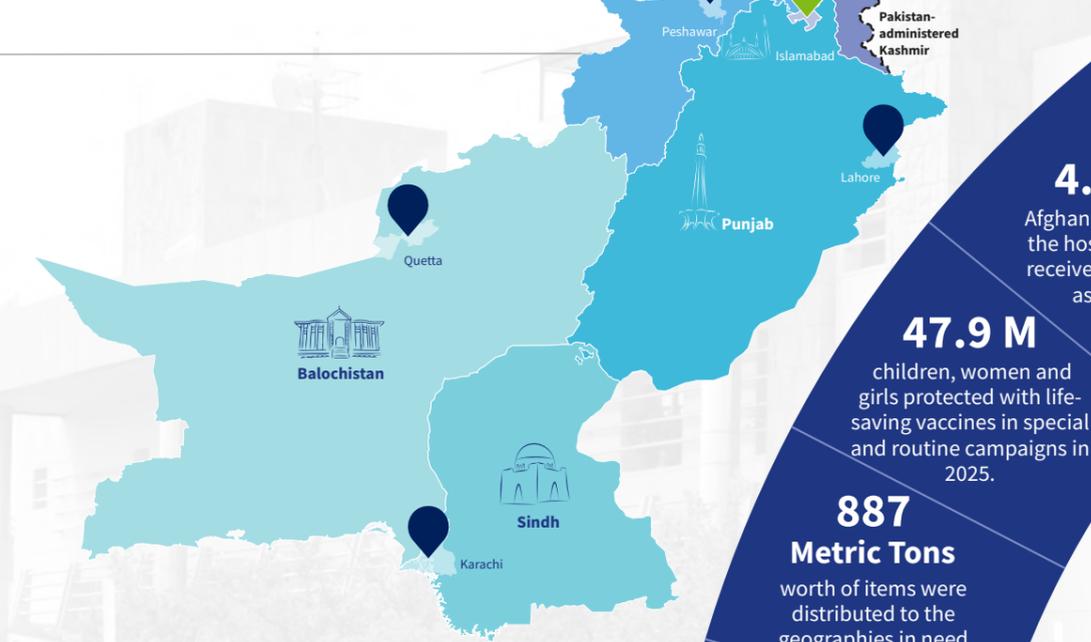
WHO's Global Reach, Presence in Pakistan and Impactful Journey



- WHO Head Office
- WHO Regions **6**
- WHO Global & Regional Health Logistics Network **5**
- Country Offices **150+**
- EMRO Country Offices **22**
- WHO Collaborating Centers **800+**
- Member States **194**

Disclaimer: The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the World Health Organization (WHO).

How WHO Pakistan Delivered in 2024-25



- **1** Country Office
- **4** Sub-Offices
- **2** Coordinating Offices
- **+15,000** Robust Workforce
- **412,000** Door-to-door Polio Vaccinators

- 47.9 M** children, women and girls protected with life-saving vaccines in special and routine campaigns in 2025.
- 4.82 M** Afghan refugees and the host population received emergency assistance
- 1 M** People Provided Safe Water through Solar Filtration
- 138,086** severely acute malnourished children treated
- 1 M** benefited from PHC-oriented model of care in 3 districts
- 45 M** School-Age Children Dewormed
- 887 Metric Tons** worth of items were distributed to the geographies in need
- 5.5 M** women, newborns, and children received improved reproductive, maternal, newborn, child, and adolescent healthcare
- Polio cases** dropped from **74** in 2024 to **31** in 2025. 15 large-scale house-to-house campaigns reached each year over **45 M children** with the oral polio vaccine, in addition to additional targeted drives and campaigns for people in transit that reached millions.



Health Situation in Pakistan

Population
240 Million
with 2.55% Growth

31 Polio Cases
in 2025, and 1 million
still missed children

Annually **13 M People**
risk poverty due to out-
of-pocket health cost

12 M Children
Affected annually
by Malnutrition

A critical shortfall of
710,000 Nurses
and midwives, far
below recommended

Heaviest burden of
Hepatitis C globally
10 M People
affected

181,000 Women
daily risk lacking healthcare
after suffering gender-based
violence

>1 M Children
miss routine
vaccination annually

Over
700 Newborns
under one month
dying daily

Over
2,200 Deaths
each day due to non
Communicable
Diseases

About
4.2 M People
is at risk of
heath related
outbreaks

5th Global
Burden of
Tuberculosis



Landmark: Pakistan Monument - Islamabad

Air Pollution
Causes 350
Premature Deaths
Daily

UHC Index
56 as of 2023

WHO's Strategic Approach for 2026–2027

WHO's strategic approach for 2026–2027 is guided by Pakistan's National Health and Population Policy 2025–2034, anchored in WHO's Global Programme of Work 14 (GPW14), framed by the Pakistan–WHO Joint Cooperation Framework 2023–2027, UN80 and aligned with the EMRO Regional Director's Flagship Programmes.



Delivering Global Public Health Goods Where Failure is Not an Option

Positions WHO Pakistan as the custodian of global public health goods—eradication, surveillance, preparedness, and normative functions—that require collective action and cannot be fragmented or delegated.



Strengthening National Systems as Platforms for Global and Regional Health Security

Frames health systems not only as service delivery mechanisms, but as the backbone for resilience, surveillance, regulation, and equitable access aligned with global standards.



Protecting Lives Through Readiness, Resilience, and Preparedness

Emphasizes preparedness, early warning, and coordinated response as core WHO functions in an era of climate shocks, epidemics, and fragility.



Landmark: Minar-e-Pakistan - Lahore



Every Dollar in Health Multiplies

Investing in health is not a cost — it is a catalyst for national resilience and prosperity. Every dollar channelled into prevention and system strengthening multiplies in return, saving lives, reducing future costs, and fuelling economic growth. A healthy population forms the backbone of productivity, innovation, and social stability. When nations invest in health, they invest in their people - the true capital of progress. This is not charity; it is foresight — a socially profitable endeavour that transforms vulnerability into strength.

“Health is not a cost to contain, it is an investment to be nurtured — an investment in sustainable development, equity and inclusive growth.”

Tedros Adhanom Ghebreyesus
Director-General WHO

Landmark: Mohenjo-daro - Sindh



Every \$1 invested saves \$27 in avoided outbreak costs and treatment of paralytic cases.

Polio Eradication

Immunization returns \$54 per \$1 invested and builds future prosperity and health security.

EPI Immunization

NCD Prevention & Health Promotion

Health Financing & WHO Performance

Efficiency reforms **reduce duplication and waste**, maximizing output per dollar invested.

Maternal, Child, and Adolescent Health

Every \$1 invested in maternal and child health can deliver up to **\$20 in economic gains**.

Emergency Preparedness & One Health

Preventive risk profiling **saves millions by pre-empting high-cost emergency responses**.

Climate-Resilient Health Systems

Solarization ensures reliable power, reduces grid use by up to **60%**, and lowers emissions for greener health services.

Landmark: Faiz Mahal - Khairpur

Priority 1

Delivering Global Public Health Goods Where Failure is Not an Option



The Last Mile to End Polio

1990

20,000 estimated wild poliovirus cases (WPV1, WPV2, WPV3)

1991

Pakistan's first national polio laboratory is established

1995

Acute Flaccid Paralysis surveillance system introduced nationwide

1994

Pakistan launches its first-ever nationwide polio campaign and Pakistan's Polio Eradication Initiative (PEI).

1998

Vaccination initiated at international borders with Iran and Afghanistan

1998: Wild poliovirus type 2 transmission interrupted in Pakistan

1997

Pakistan extends its laboratory support to Afghanistan

2000-2005

99% reduction in WPV cases — from 1,803 to 18

2006-2009

Pakistan builds the world's largest polio surveillance network

2011

Major wild poliovirus resurgence with 198 cases

National Health Emergency declared; first NEAP launched

2012

Global interruption of WPV3 achieved

2014

Emergency Operations Centers established at national and provincial levels

Community-Based Vaccination model rolled out

2017-2018

Only 6 WPV cases reported

2021

Pakistan records 15 polio-free months, with just 1 case reported

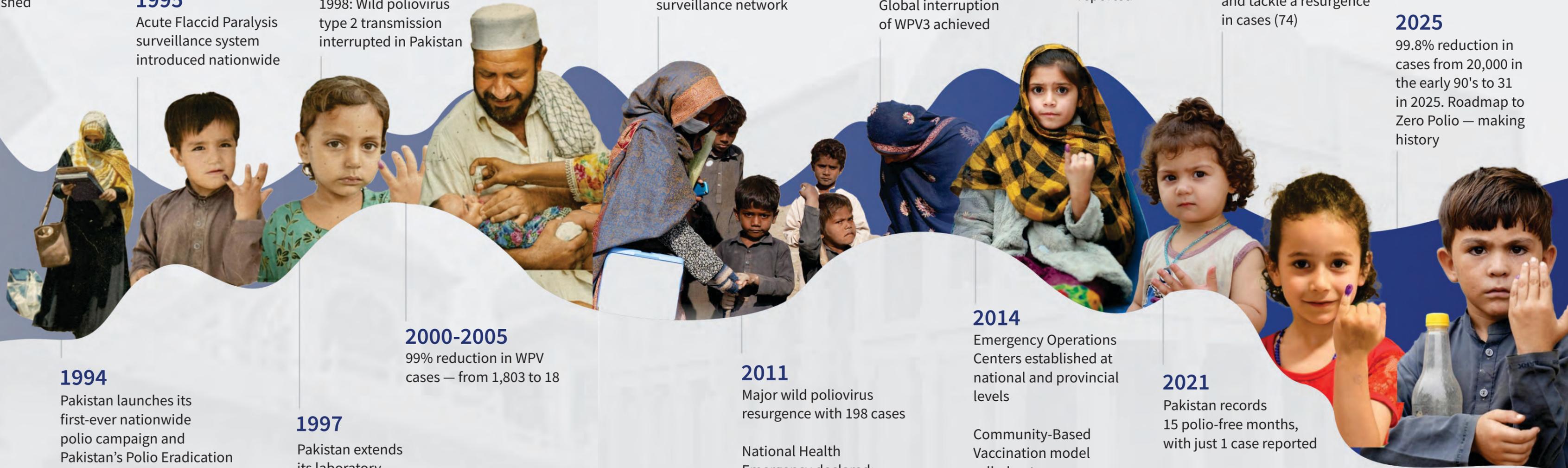
cVDPV2 transmission interrupted in Pakistan

2024

2-4-6 Programme Strategy launched to intensify the response and tackle a resurgence in cases (74)

2025

99.8% reduction in cases from 20,000 in the early 90's to 31 in 2025. Roadmap to Zero Polio — making history



Project 1

Injectable Polio Vaccination for 3.7 Million Under-Immunized and Vulnerable Children in Super High-Risk Union Councils of Sindh

Sindh's super high-risk areas are the frontline in Pakistan's fight against polio, where immunity gaps continue to threaten national eradication gains. While the November 2025 immunization round has strengthened immunity, a second round of injectable vaccination in 2026 is imperative to sustain immunity levels and protect 3.7 million vulnerable children from poliovirus.

Duration

06 Months

Funding Requirement

USD 3.5 Million

Co-Financing

USD 1.2 Million

Beneficiaries

3.7 Million

Children under the age of 5 years



Over
10M Children
in **373 high-risk union councils**
are vaccinated with the injectable
polio vaccine

Project 2

Reaching the Unreached: Polio Vaccination for Migrant and Mobile Populations

Thousands of children on the move — from Afghan refugee settlements to nomadic and border communities — remain outside the reach of routine immunization. This project targets these high-risk, mobile populations with tailored vaccination drives at transit points, border crossings, and informal settlements.

Duration
12 Months

Funding Requirement
USD 2.1 Million

Co-Financing
USD 400K

Beneficiaries
1 Million
Children on the move



Project 3

Revamping of Team Support Centers in High-Risk Union Councils

Team Support Centers (TSCs) serve as essential operational hubs for frontline polio workers, yet many in high-risk union councils remain under-equipped and outdated. This project aims to fully revamp TSCs—improving space, functionality, and essential amenities—to enhance the working environment for 200,000 frontline vaccinators. This project will be catalytic to improve performance, boost morale, and ultimately enhance campaigns quality.

Duration
18 Months

Funding Requirement
USD 2 Million

Beneficiaries
200,000
Frontline Workers



Project 4

Advanced Equipment and Supplies for the Regional Reference Laboratory for Polio in Pakistan

Pakistan's Polio Regional Reference Lab is the heart of virus detection and response. Upgrading its equipment and supplies will ensure faster, more reliable testing—helping Pakistan detect threats early, respond swiftly, and stay firmly on track toward a polio-free future.

Duration

18 Months

Funding Requirement

USD 1.9 Million

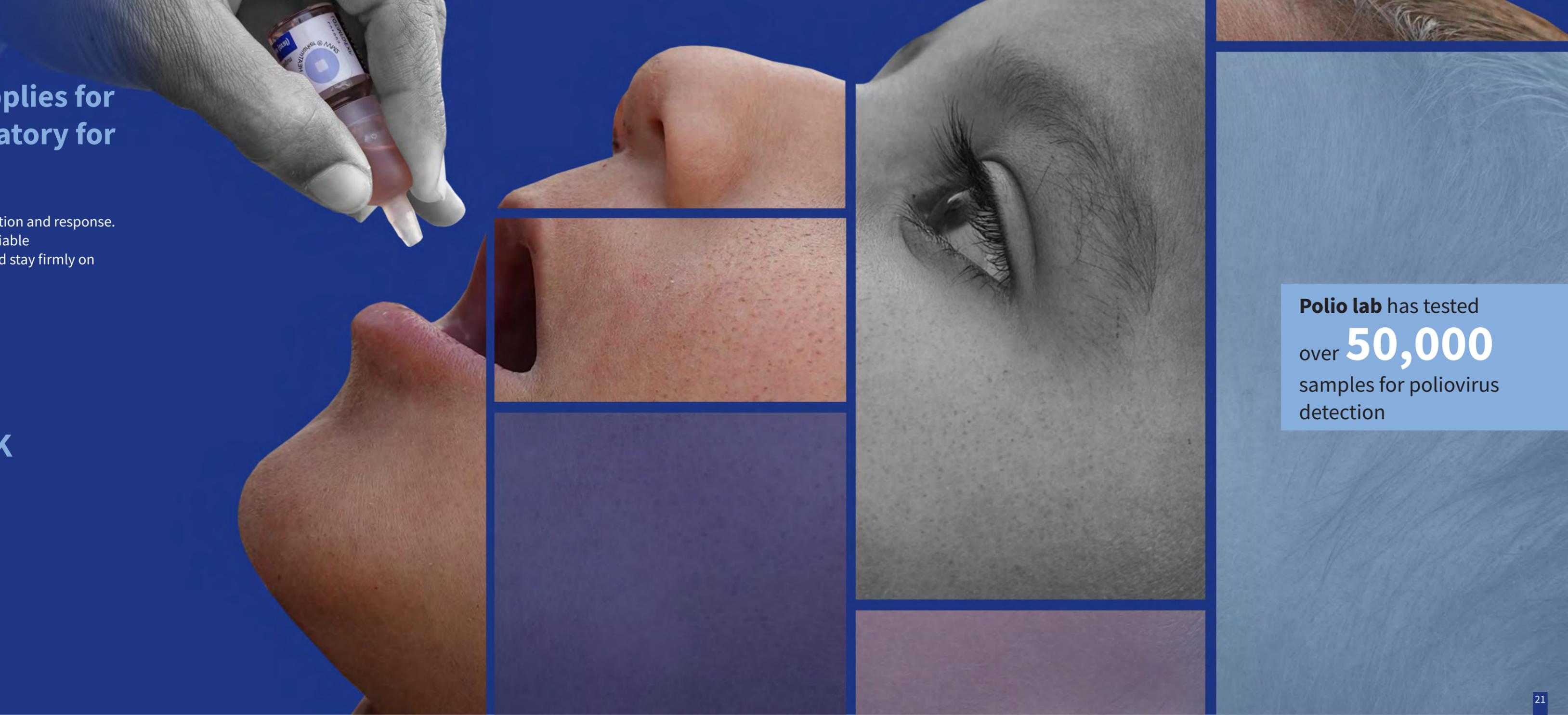
Co-Financing

USD 350K

Beneficiaries

109 Million

Target <15 yrs population



Polio lab has tested
over **50,000**
samples for poliovirus
detection



Project 5

Strengthening Leishmaniasis Prevention and Control in High-Burden Districts of Pakistan

The project addresses the rising incidence of cutaneous and visceral leishmaniasis by improving early diagnosis, treatment access, vector control, and community awareness. Target populations include vulnerable communities in high-burden districts, especially women, children, displaced populations, and those living in remote rural areas.

Duration

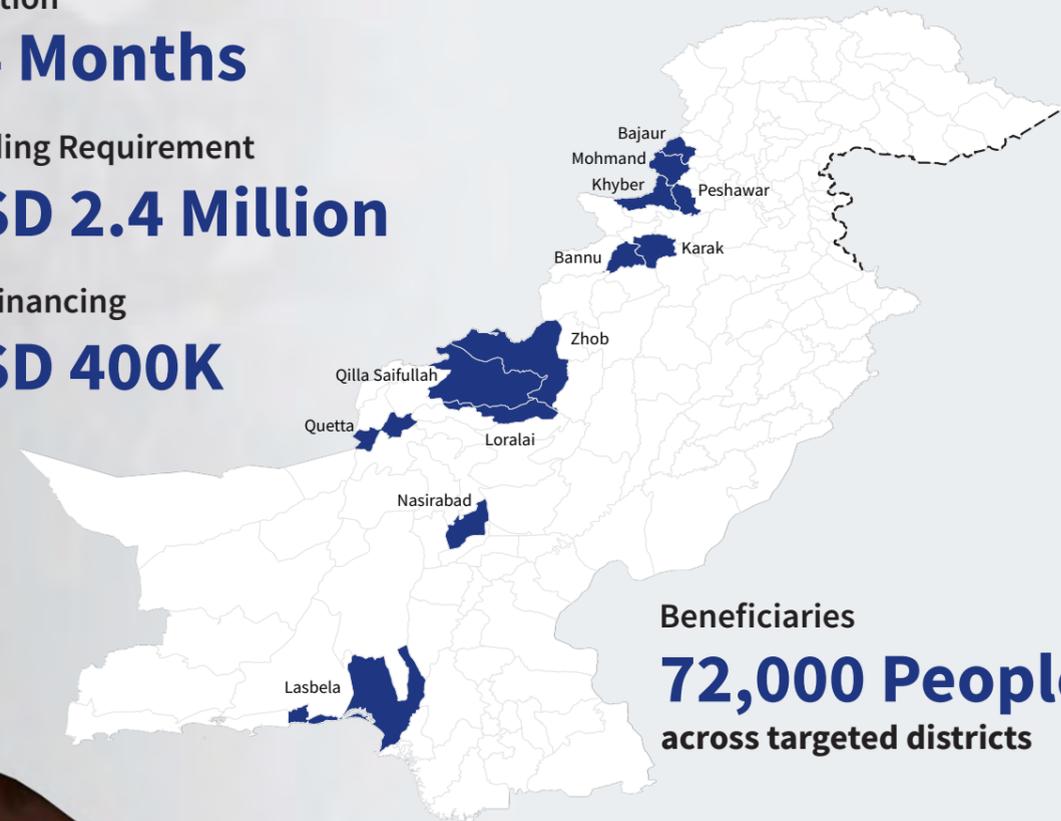
24 Months

Funding Requirement

USD 2.4 Million

Co-Financing

USD 400K



Beneficiaries

72,000 People

across targeted districts

Project 6

Strengthening Measles-Rubella (MR) Diagnostic Capacity at NIH Islamabad

Persistent Measles and Rubella transmission underscores gaps in immunization coverage. The national surveillance system requires sustained, high-quality laboratory capacity for rapid case confirmation and genotyping to effectively target outbreaks. The project strengthens national Measles-Rubella (MR) diagnostic and surveillance capacity by supporting the Regional Reference Laboratory (RRL) at NIH. It funds key investment areas including ELISA/PCR testing, cold chain logistics, training, and QA systems. This ensures the lab provides rapid case confirmation (target <4 days) and data-driven decision-making to target outbreak response.

Duration

12 Months

Funding Requirement

USD 670K

(Annually)

Beneficiaries

35 Million Children





World Health Organization

Project 7

Enhancing the Quality of Life of Children with Polio-related Physical Disabilities in Pakistan

Children who survive polio in Pakistan often carry its lifelong physical consequences, yet their resilience and potential remain extraordinary. Many of these children struggle with mobility limitations, social exclusion, and restricted access to essential rehabilitation, assistive services, and education. Too often their physical challenges are compounded by missed schooling, limited inclusive learning environments, and barriers that prevent them from reaching their full academic potential. This proposal seeks to improve the quality of life of polio-affected children by expanding access to rehabilitation, supporting inclusive education, strengthening community-based services, and creating an environment where every child can learn, grow, and participate with dignity, confidence, and equal opportunity.

Duration

24 Months

Funding Requirement

USD 2 Million

Beneficiaries

800 Polio Survivors





Project 8

Anti-Microbial Utilization (AMU) Integrated Dashboard for National Antimicrobial Stewardship

Bacterial antimicrobial resistance (AMR) caused 658,514 deaths in 2021 in Pakistan and is a leading cause of escalating healthcare costs. Pakistan has very high per capita antibiotic use compared to South and Southeast Asian countries, with a decreasing proportion of Access antibiotics in the last two decades, which indicates inappropriate use. An effective dashboard to monitor antibiotic use for decision makers at facilities, provincial and national level will be crucial in driving stewardship to improve access, appropriateness and accountability, strengthen national AMR containment efforts, and reduce the cost of care.

Duration
24 Months

Funding Requirement
USD 500K

Expected Result

Strengthens antimicrobial stewardship through data-driven action to reduce inappropriate use and reduce AMR-related mortality and healthcare costs

Project 9

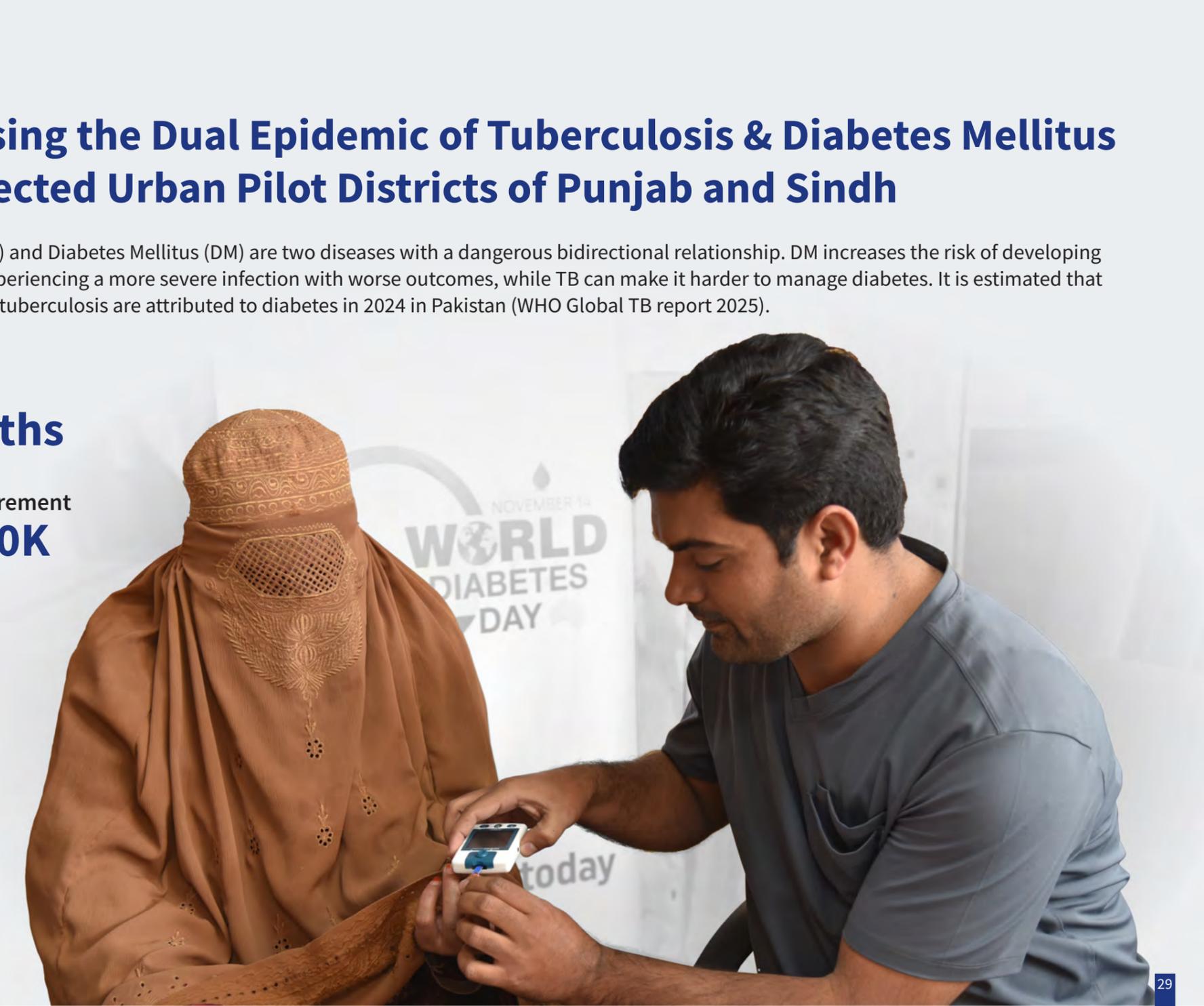
Addressing the Dual Epidemic of Tuberculosis & Diabetes Mellitus in 2 Selected Urban Pilot Districts of Punjab and Sindh

Tuberculosis (TB) and Diabetes Mellitus (DM) are two diseases with a dangerous bidirectional relationship. DM increases the risk of developing active TB and experiencing a more severe infection with worse outcomes, while TB can make it harder to manage diabetes. It is estimated that 104,000 cases of tuberculosis are attributed to diabetes in 2024 in Pakistan (WHO Global TB report 2025).

Duration
18 Months

Funding Requirement
USD 300K

Beneficiaries
30,000



Project 10

Strengthening PHC and Disease Surveillance for Afghan Refugees and Host Communities in KP and Balochistan

Pakistan faces numerous health challenges, most significantly the outbreaks of communicable diseases, including water-borne, vector-borne and vaccine preventable diseases. WHO supports the Ministry of Health and health partners in building national and local capacities for prevention, detection and response to outbreaks of diseases through awareness, enhanced surveillance and case management during emergencies with a focus on enhancing surveillance and outbreak response capacities.

Duration

06 Months

Funding Requirement

USD 2 Million

Co-Financing

USD 800K

Beneficiaries

1 Million



Project 11

Improving Integrated Primary Healthcare and Disease Surveillance for Afghan Refugees and Host Communities in KP and Balochistan

Pakistan hosts 1,347,048 registered Afghan refugees (November 2024), mostly in Khyber Pakhtunkhwa and Balochistan, who remain highly vulnerable to disease outbreaks due to overcrowding, malnutrition, poor sanitation, and limited healthcare access. WHO will support their health needs through primary health care (PHC) interventions, including minor facility repairs, essential medicines and supplies, and strengthened emergency response. Services will provide integrated PHC — reproductive, maternal, newborn, child, and adolescent health (RMNCAH), nutrition, and mental health and psychosocial support (MHPSS) — benefiting vulnerable refugees and host communities alike.

Duration

06 Months

Funding Requirement

USD 2 Million

Co-Financing

USD 500K

Beneficiaries

0.75 Million

Project 12

Strengthening Pakistan's Health Security through One Health System Building

Pakistan faces major public health threats—including zoonotic diseases (Avian Influenza, Crimean-Congo Hemorrhagic Fever, Rabies), antimicrobial resistance, and food safety outbreaks—highlighting the need for a unified One Health approach. Strengthening integrated human, animal, and environmental health systems is essential for improved outbreak detection, response, and pandemic preparedness. Key priorities include functional national and provincial One Health coordination mechanisms, expanded integrated surveillance and early warning systems, strengthened laboratory and data-sharing capacities, and a skilled multidisciplinary rapid response workforce. This investment will build on a USD 18.6 million Pandemic Fund grant, USD 4.1 million co-financing, and USD 49.6 million co-investments, supporting Pakistan's National Action Plan for Health Security (2024–28), International Health Regulations, and global health security goals.

Duration

06 Months

Funding Requirement

USD 2.5 Million

Beneficiaries

~240 Million including ~150 Million Rural/Animal-Farming Households



Priority 2

Strengthening National Systems as Platforms for Global and Regional Health Security



Project 13

Connected Health Pakistan – Integrating Health Systems through a Unified NEIR

Pakistan's health system operates in data silos, leading to massive inefficiency and missed opportunities for children. Fragmented data systems (e.g., immunization, nutrition, reproductive, maternal, newborn, child and adolescent health) prevent comprehensive tracking of children and mothers. This project creates one integrated digital health system by expanding the NEIR into a unified platform. It connects fragmented child and maternal health services across multiple siloed programs (EPI, RMNCAH, Nutrition, Lady Health Workers). The platform registers all pregnancies/births and tracks immunizations up to MR2, integrating with national programs (e.g., BISP, NADRA). This ensures every birth, every child, and every dose is tracked.

Duration

24 Months

Funding Requirement

USD 3.5 Million

Co-Financing

USD 500K

Beneficiaries

7 Million

Children under the age of 1 year

7 Million

Pregnant Women

200,000

Health Workers



Project 14

Empowering 400,000 of Pakistan's Frontline Health Heroes with Essential Field Equipment

Across Pakistan, over 400,000 vaccinators brave extreme weather and long hours to protect children from polio. Yet many lack basic field gear. This initiative will result in operational readiness by providing essential kits to help them work safely, stay visible, and feel valued.

Duration

12 Months

Funding Requirement

USD 4.9 Million

Co-Financing

USD 500K

Beneficiaries

400,000 Frontline Workers



Project 15

Dignity Kits for Female Frontline Workers

Every campaign, Pakistan's female frontline workers—our true heroes—walk miles from dawn to dusk to reach thousands of families. Despite their relentless service, many lack access to basic hygiene items during long field days. This project will provide dignity kits containing sanitary pads and essential medicines, ensuring these women can work with comfort, confidence, and dignity.

Duration

12 Months

Funding Requirement

USD 1 Million

Beneficiaries

220,000

Female Frontline Workers



Project 16

Strengthening People-Centered and Integrated Services for Prevention and Control of Communicable and Non-Communicable Diseases, Including Mental Health at the Primary Health Care Level in Pakistan

The project aims to address the growing burden of communicable and non-communicable diseases, including mental health conditions, by strengthening prevention, early detection, and integrated service delivery, targeting vulnerable populations in high-burden districts, including women, adolescents, people living in poverty, and those affected by emergencies.

Duration

24 Months

Funding Requirement

USD 3 Million

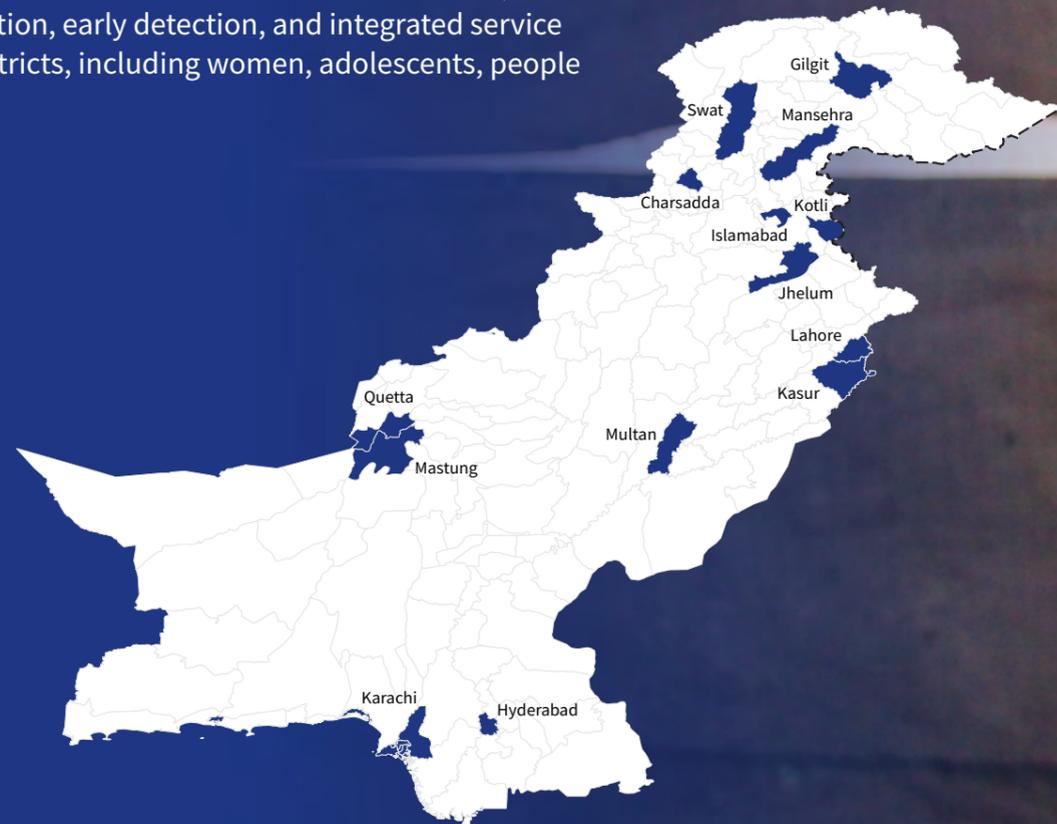
Co-Financing

USD 450K

Beneficiaries

1 Million People

through direct and indirect service improvements



10 Million

Pakistanis live with Hepatitis C



Project 17

The HPV Vanguard – Specialized Training for Health Workers Fighting Cervical Cancer

Pakistan's human papillomavirus (HPV) vaccine introduction campaign encountered urgent field setbacks and a crisis of confidence. Widespread misinformation and community hesitancy are severely undermining vaccine uptake. This specialized training initiative empowers 110,000+ EPI vaccinators and LHWs with specialized Interpersonal Communication (IPC) skills. The program develops and delivers targeted digital and in-person training modules to manage misinformation and community hesitancy. This transforms vaccine delivery into a trust-building process, ensuring informed consent and sustained uptake.

Duration

12 Months

Funding Requirement

USD 3 Million

Beneficiaries

110,000+
Frontline Workers



Project 18

Expanding Immunization Access – Building 50 New Clinics

Thousands of children on the move — from Afghan refugee settlements to nomadic and border communities — remain outside the reach of routine immunization. This project targets these high-risk, mobile populations with tailored vaccination drives at transit points, border crossings, and informal settlements.

Duration

12 Months

Funding Requirement

USD 3 Million

Co-Financing

USD 400K

Beneficiaries

400,000 Children



Project 19

Expanding Immunization Access through Public-Private Partnerships

Geographical and service-delivery gaps in underserved union councils are preventing immunization coverage expansion. The public sector alone cannot rapidly expand the necessary 1,000 centers needed to tackle this barrier. This scalable initiative establishes 1,000 new Expanded Programme on Immunization (EPI) centers in underserved union councils via a strategic Public-Private Partnership (PPP) model. Private partners provide staff, facilities, and cold chain infrastructure, while EPI ensures vaccines and technical oversight under an MoU. This model leverages the strengths of both sectors to rapidly expand service delivery to "last mile" communities.

Duration

12 Months

Funding Requirement

USD 2 Million

Co-Financing

USD 200K

Beneficiaries

1 Million Children





Project 20

Digital Immunization Tracking – Connecting Caregivers through SMS

Millions of children miss life-saving vaccines due to preventable barriers like missed opportunities and weak record-keeping. Fragmented health information systems fail to track defaulters and re-engage caregivers promptly. This project scales a national mobile-based digital tracking system to boost routine immunization coverage. It sends automated, timely SMS reminders to caregivers and provides mobile dashboards and real-time analytics for health workers and policymakers. This platform closes information gaps, reduces missed vaccinations, and transforms immunization into an active, data-driven, caregiver-centered process.

Duration

12 Months

Funding Requirement

USD 3 Million

Beneficiaries

7 Million Children

Project 21

Investing in a Resilient and Protected Health Workforce in Pakistan

Pakistan faces critical shortages and high turnover of health workers, particularly nurses and frontline health workers, undermining primary health care and progress toward universal health coverage (UHC). This project—aligned with GPW14, the Regional Director’s flagship, and the Global Health and Care Workers Compact— will help strengthen workforce governance, training standards, leadership, and retention. Through modernized curricula, competency-based training, and the integration of WHO’s PRSEAH Accountability Framework to ensure safe, dignified, and gender-responsive workplaces—especially for women frontline workers—this initiative will build a more resilient and skilled health workforce.

Duration

24 Months

Funding Requirement

USD 3 Million

Co-Financing

USD 400K

Beneficiaries

400,000



Project 22

Improving Patient Safety by Building Effective and Responsive Healthcare Regulatory Bodies

Pakistan faces an alarming burden of preventable harm, with a national study estimating that medical errors contribute to 18–20% of hospital deaths—yet the actual number of errors remains unknown. WHO estimates that implementing patient safety interventions in low- and middle-income countries could prevent up to 50% of adverse events, saving millions of lives and billions in healthcare costs.

Investing in integrated patient safety frameworks that unify safety standards, enable digital reporting, and strengthen accreditation will reduce harm, build public trust, and position Pakistan to deliver safe, high-quality care in line with WHO's Global Patient Safety Action Plan.

Duration

24 Months

Funding Requirement

USD 2 Million

Co-Financing

USD 100K

Beneficiaries

30,000

Healthcare Providers



Project 23

Providing ICOPE-based Screening and Supportive Services/Devices to Improve Healthy Ageing in Selected Districts

The growing number of older adults with diverse health and social needs highlights an urgent need to strengthen healthy ageing services that preserve function and independence. Strengthening health systems through the WHO Integrated Care for Older People (ICOPE) guidelines promotes a person-centred approach that addresses the complex, overlapping health and social needs of older adults. By shifting care from disease-specific management to maintaining intrinsic capacity and functional ability, health services become more proactive, efficient, and prevention-oriented.

Duration

36 Months

Funding Requirement

USD 1.5 Million

Beneficiaries

50,000

(aged 55 years and above)



Project 24

Upskilling and Equipping Midwives Through Butterfly Ultrasound Machines in Rural Districts

With improving skilled birth attendance, the maternal and newborn morbidity and mortality rates are not progressing due to issues in quality of care. Provision of mobile butterfly ultrasound machines to midwives will allow effective pregnancy care and timely referral for any complications, improving maternal and newborn survival.

Duration

24 Months

Funding Requirement

USD 1 Million

Beneficiaries

500

Midwives Equipped

20,500

Mothers and Newborns Served



Project 25

Enhancing Health Sector Skills for Early Detection and Response to Violence Against Children

Violence against children remains a significant public health and human rights concern. 80 to 85% of children in Pakistan experience different types of violence, including: violent killing of a child; physical violence against a child; sexual violence against a child; psychological violence against a child; neglect of a child. Health professionals are often the first point of contact for children who experience physical, sexual, or emotional harm, yet many lack the skills to identify, document, manage, and refer such cases. Strengthening the health sector response is essential for early detection, protection, and prevention. This proposal outlines a focused training package for health professionals aligned with national priorities and global WHO guidance including the INSPIRE framework. The objective is to equip health professionals with the knowledge, skills, and confidence to identify, respond to, and refer cases of violence against children in a safe, ethical, and survivor centred manner.

Duration

24 Months

Funding Requirement

USD 2 Million

Beneficiaries

40,000







Strengthening Capacity at District Level for Delivering Universal Health Coverage Benefit Package (UHC-BP) for Mothers, Newborns, Children and Adolescents

Despite progress in key RMNCAH indicators in Pakistan, maternal and newborn mortality remains a challenge in achieving SDG targets. Pakistan is a priority country for the global movements on Every Woman, Every Newborn, Everywhere (EWENE) and Child Survival Actions (CSA). The country action plan led by the Government in collaboration with partners aims to address the inequities in access and gaps in quality of care. Three UN agencies, WHO, UNICEF and UNFPA are strategically positioned to lead the implementation of EWENE & CSA country action plan. However, funding challenges have limited the scope and scale of implementation.

Duration

24 Months

Co-Financing

USD 1 Million

Funding Requirement

USD 10 Million

Beneficiaries

100 Districts

supported with key
RMNCAH interventions

Collaboration



WHO Trained

2,000+

healthcare providers on
RMNCAH quality care tools

(e.g., MPDSR, LCG, PFPF, TGCS, EENC, KMC, PCPNC)



Project 27

Enabling Local Vaccine Manufacturing

As Pakistan prepares to transition out of Gavi support, sustaining uninterrupted immunization coverage becomes a critical national priority. Dependence on imported vaccines poses significant risks to health security, cost sustainability, and timely access, especially during global supply chain disruptions and pandemics.

Building local vaccine manufacturing capacity that is GMP-compliant and WHO-prequalified is essential to safeguard immunization programs, reduce vulnerability to external shocks, and meet domestic demand.

Duration

24 Months

Funding Requirement

USD 2 Million

Expected Result

Ensures reliable quality vaccine supply, reduces import dependence, and strengthens health security through improved affordability, access, and system resilience

Project 28

Primary Health Care Strengthening Initiative for UHC Districts

Pakistan's progress toward Universal Health Coverage (UHC) is hindered by fragmented primary health care, inequitable access, and weak system integration. Despite national commitments, around half of the population still lacks access to UHC. Strengthening the Primary Healthcare (PHC) oriented health system in 12 UHC priority districts offers a strategic entry point to deliver comprehensive, people-centred care in line with the UHC benefit package through a PHC approach to reduce health inequities.

Duration

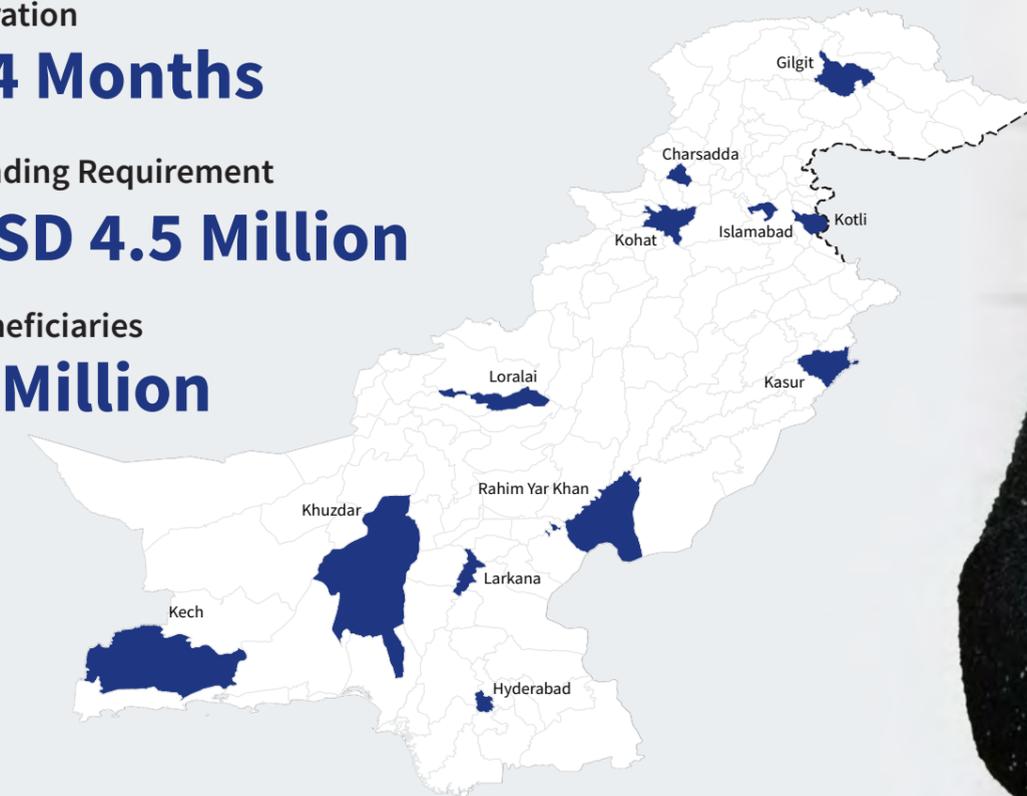
24 Months

Funding Requirement

USD 4.5 Million

Beneficiaries

4 Million





Project 29

Strengthening Pakistan's Drug Regulatory System to Achieve GBT Maturity Level 3

Pakistan has faced significant challenges in the past due to the circulation of falsified and adulterated medicines, resulting in loss of lives. These incidents highlight the urgent necessity for a robust and effective regulatory framework to safeguard public health. As the pharmaceutical market in Pakistan continues to expand, now supplying between 75%-80% of the nation's medicinal requirements, the importance of regulatory oversight becomes even more critical.

Achieving WHO Global Benchmarking Tool (GBT) Maturity Level 3 is the critical turning point—transforming to a fully functional regulatory authority that improves oversight and ensures timely access to essential medicines. This targeted, high-value investment will build a transparent, trusted, and data-driven regulatory ecosystem that enhances national health security, drives sustainable economic gains, and aligns Pakistan with global regulatory standards.

Duration

24 Months

Funding Requirement

USD 2.5 Million

Co-Financing

USD 275K

Expected Result

Enhanced access to quality-assured medicines and to expand export potential up to USD 2.0 billion / annum



Project 30

Addressing Gender, Rights and Equity Barriers to Malnutrition in Pakistan

Pakistan ranks 165/193 on the Human Development Index and continues to face persistent gender and socio-economic inequalities. The 2024 Global Gender Gap Report places Pakistan at 145/146, with severe disparities in health and survival (132/146), economic participation (143/146), and education (139/146). Malnutrition is deeply shaped by these inequities, influenced by socio-cultural norms, structural barriers, and discriminatory practices that undermine women's and girls' health and nutritional outcomes.

Gender and equity barriers significantly contribute to Pakistan's high malnutrition rates by limiting women's access to resources, decision-making, education, and healthcare. These barriers can be addressed by generating disaggregated data, conducting gender and equity analyses, strengthening staff capacity, expanding community outreach to improve access to Nutrition Stabilization Centres that provide life-saving treatment to children affected by severe acute malnutrition with medical complications, and enhancing multisectoral coordination and referral pathways.

Duration

24 Months

Funding Requirement
USD 3 Million

Co-Financing
USD 350K

Beneficiaries
300,000

Project 31

Mainstreaming GRE in the Health System through Strengthening Multi-sectoral GBV Prevention & Response Services in Pakistan's Health System

Gender-based violence (GBV) in Pakistan remains pervasive, with fragmented and under-resourced health services, especially in humanitarian settings. WHO's three-year initiative aims to integrate survivor-centered GBV prevention and response into the health system across selected districts, reaching 289,000 people. The programme will strengthen national protocols, establish one-stop support centres, build provider capacities, expand community engagement, and reinforce referral and accountability mechanisms. It promotes sustainability through government integration and aligns with global standards and key SDGs.

Duration

24 Months

Funding Requirement

USD 3 Million

Beneficiaries

289,000





Project 32

Enhancing Safeguards Against Sexual Exploitation, Abuse, and Harassment in Pakistan's Healthcare Sector

This initiative strengthens Pakistan's national safeguards and advances WHO's strategic objective of next biennium by building a resilient, protected health workforce. In close collaboration with the Ministry of National Health Services, Regulations and Coordination (MoNHSR&C) this project operationalizes the WHO PRSEAH Accountability Framework through high-level policy dialogue, culturally adapted awareness programmes, and expanded confidential reporting. The project boosts accountability, service quality, and retention—particularly for Pakistan's predominantly female frontline workforce called "the Lady Health Workers"

Duration

24 Months

Funding Requirement

USD 250K

Beneficiaries

+100K

Health Frontline Workers

Priority 3

**Protecting Lives Through
Readiness, Resilience, and
Preparedness**



Project 33

Disability Inclusive Disaster Risk Reduction and Humanitarian Response

Pakistan remains highly vulnerable to natural hazards including floods, earthquakes and climate related emergencies, yet persons with disabilities are consistently among the most affected due to barriers in evacuation, inaccessible early warning systems and limited inclusion in preparedness and response planning. Many shelters, relief sites and communication channels do not meet accessibility needs, leaving persons with disabilities at heightened risk of injury, neglect and loss of life. Strengthening disability inclusion within disaster risk reduction and humanitarian systems is therefore urgent. This proposal aims to build institutional capacity, improve accessible early warning and communication, ensure inclusive evacuation and shelter arrangements and equip local responders and communities to protect and support persons with disabilities during emergencies.

Duration

24 Months

Funding Requirement

USD 2 Million

Co-Financing

USD 200K

Beneficiaries

50,000



Project 34

Solarization of 170 Nutrition Stabilization Centers Across Pakistan

WHO is providing life-saving treatment to around 43,000 children suffering from severe acute malnutrition with complications (SAM-C) annually through 24/7 service at about 170 Nutrition stabilization centers across Pakistan. The solarization of these centers would ensure power continuity and uninterrupted service. It also saves the operation cost of these facilities for the long run.

Duration

12 Months

Funding Requirement

USD 900K

Co-Financing

USD 100K

Beneficiaries

43,000

SAM-C children/Year



Project 35

Green WASH in Healthcare Facilities

Reliable water, sanitation, and hygiene (WASH) facilities reduce maternal sepsis and neonatal infections, and strengthens infection prevention. Over one-third of health facilities lack basic water and over half lack safe sanitation. Green WASH with solar-powered water harvesting ensures climate-resilient, safe water for healthcare facilities.

Duration

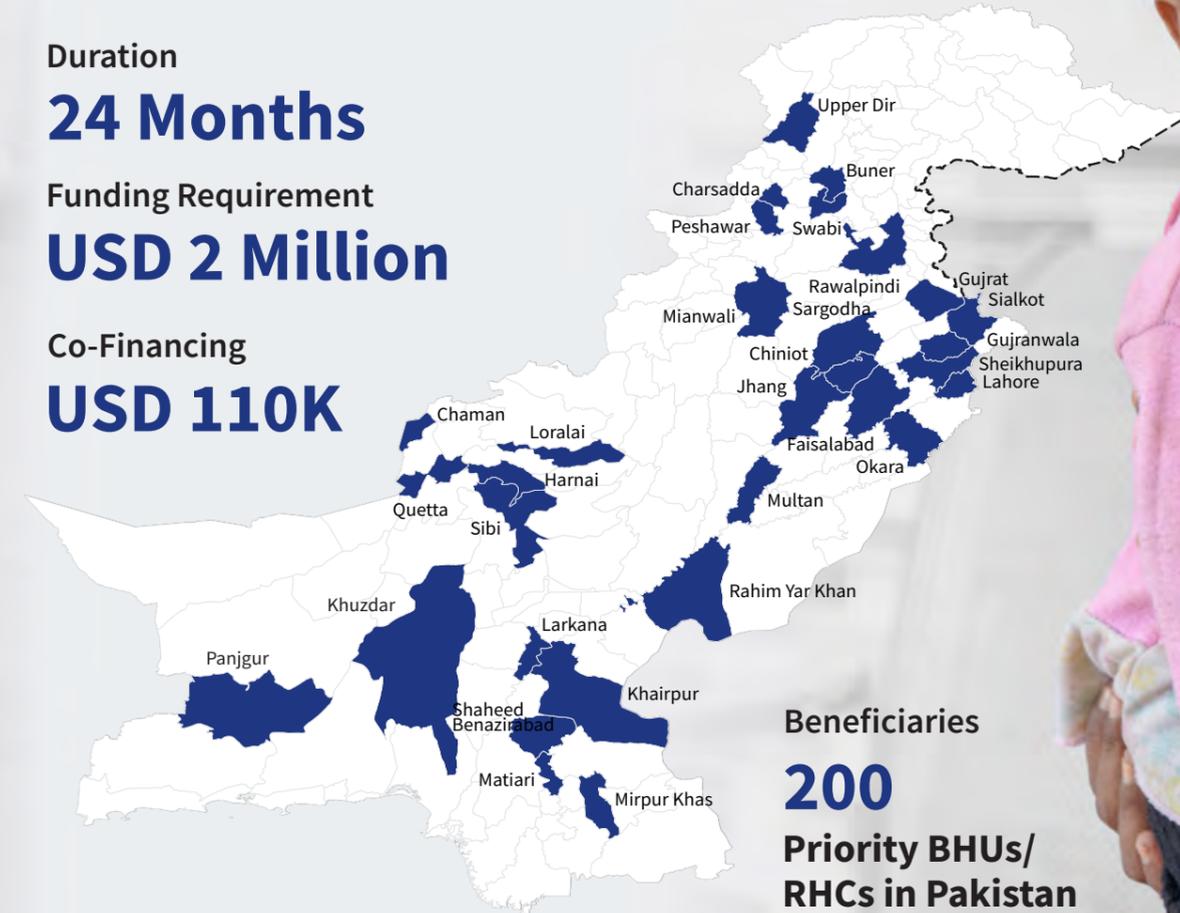
24 Months

Funding Requirement

USD 2 Million

Co-Financing

USD 110K



Beneficiaries

200

**Priority BHUs/
RHCs in Pakistan**



Project 36

Investing in Gender Responsive Climate Change adaptive Health Actions in Pakistan

Women and girls in Pakistan face heightened climate vulnerabilities due to existing gender inequalities, limited mobility, and restricted access to resources and healthcare. Climate crises increase displacement, malnutrition, and gender-based violence (GBV), as seen during the 2022 floods when millions lost essential services. To strengthen resilience, proposed interventions include building gender-responsive climate capacities, linking women to green livelihood opportunities, supporting women-led climate-smart businesses, engaging civil society to prevent GBV risks, and advocating for gender-responsive national climate policies.

Duration

24 Months

Funding Requirement

USD 3 Million

Co-Financing

USD 600K

Beneficiaries

200,000



Project 37

Procurement and Stockpiling of Emergency Health Kits and Medical Supplies

Pakistan faces significant health challenges, especially infectious disease outbreaks, further aggravated by natural disasters and limited healthcare access. Its high vulnerability to climate and geophysical hazards—floods, droughts, heatwaves, and earthquakes—disrupts essential services and strains an already fragile health system. WHO supports emergency preparedness by procuring and pre-positioning health kits and medical supplies to meet the immediate needs of vulnerable populations during public health emergencies, including epidemic-prone outbreaks.

Duration

06 Months

Funding Requirement

USD 3.5 Million

Co-Financing

USD 1 Million

Beneficiaries

3 Million



Project 38

Safe Roads, Stronger Youth: Awareness, Action, Impact

Road-traffic injuries are the leading cause of road traffic deaths among youth in Pakistan. Risky behaviours such as speeding, unsafe overtaking and mobile phone use while driving are common among youth and significantly heighten crash risk. This project aims to reduce road traffic injuries among young people in Islamabad by improving awareness, promoting responsible behaviour and strengthening a culture of road safety.

Duration

24 Months

Funding Requirement

USD 2.5 Million

Beneficiaries

5000 Youth in ICT



Project 39

Enhancing Public Health Emergency Response through IPC-WASH and Clinical Case Management

Pakistan faces major health challenges, notably outbreaks of communicable diseases, including water-borne, vector-borne, and vaccine-preventable illnesses. WHO supports the Ministry of Health and partners in strengthening national and local capacities for disease prevention, detection, and response through awareness, surveillance, and clinical case management, including critical care during emergencies.

Critical care readiness remains limited, with gaps in functional medical oxygen systems, infection prevention and control (IPC), and essential care protocols. Despite existing emergency protocols and training, shortages of trained personnel and poorly managed oxygen systems delay care, worsen disease transmission, and contribute to adverse outcomes during outbreaks such as COVID-19, dengue, measles, cholera, and Crimean-Congo hemorrhagic fever.

Duration

06 Months

Funding Requirement

USD 3 Million

Co-Financing

USD 800K

Beneficiaries

35,000-45,000





I know what is the feeling when you live with polio affected. The pain of watching other children run and play while you can only see spectators. As a child my brother used to carry my school bag because I couldn't walk. Those moments shaped my life, but they also give me purpose. Today as an Area Level Social Mobilizer in this programme I totally rely on the support and courage of my brothers and mother. I make sure no child has to live through what I did. Every drop I give is the promise of my self to protect our children, our families and our country from this crippling disease. One child protect is the protection of one family. Pakistan has come so far but our journey is not over. We must keep going until no child anywhere in Pakistan ever suffer from polio again.

Ismail Shah (ALSM)
B.Com, MBA, MSc, MS.

Polio Survivor



Mother and Child

“

Asalamu Alaikum. My name is Sahar Asim, and I am from Murree. It has been 20 days since I arrived here after giving birth to triplets. At birth, each of my babies weighed less than 1.5 kilograms, and now all three weigh more than 1.5 kilograms. My babies and I are receiving excellent care at this facility. The doctors are guiding me thoroughly on how to feed and look after my newborns, and I am very satisfied with the quality of care. Seeing my babies gain weight and improve every day is both exciting and reassuring for me. The nursing staff is highly trained, attentive, and very courteous. I am truly grateful and happy to be here.

”

Appreciation for Our Partners

I am BALANIS years old
 I want to
 become a doctor and
 Ronaldo. When grow up
 I like polio drops. Thank
 you UAE MY BABAYS IN UAE
 UVAE

Gates Foundation



Dear Uncle Bill 😊
 Thank you for polio
 drop I drink it, it taste is not
 good but Teacher say it make me
 strong I run fast you are good
 man I draw flower for you
 I Love you ❤️
 name Anumta
 5 years
 quetta



Dear Gavi and WHO Teams,
 My name is Hadiya, and I am 10 years old. I want to say thank you for giving me HPV vaccine. I am very happy that I received it.
 My parents told me that this vaccine is very important because it will help keep me healthy as I grow up. It protects me from a serious diseases, and knowing this makes me feel safe.
 Thank you for bringing this vaccine to Pakistan and helping girls like me. It means a lot to know that people care about our health and our future. I will also tell my friends about this vaccine so they can stay healthy too.
 Thank you again for helping me stay safe and healthy
 Hadiya



صبر انام جنت لہی ہے یہ سچ ہے
 بیٹی ہے اس کا نام کاتبہ ہے
 یہ بیکل ٹیکہ ہو گئی ہے
 صحت BISP اور کلاس کے
 تمام سٹاف کا سٹرک ہے 101
 کر کے ہوں

My name is Jannat Bibi. This is my daughter, her name is Ayesha. She has been completely cured. I thank BISP and all staff of the NSC.

Thanks to the committed support of our partners, WHO has secured US\$418 million in predictable funding for 2024–2025. These resources underpin WHO's operational presence in Pakistan and empower joint efforts with the Government to reach vulnerable communities, strengthen essential health services, push through the last miles of polio eradication, and advance Pakistan's progress toward Universal Health Coverage.



WHO's Financial Requirements: 2026–2027

To implement proposed projects, WHO requires **US\$ 400 million**, with an additional **US\$ 100 million** needed to complete planned activities. WHO is co-financing **US\$ 12 million**. This investment sustains nationwide operations, supports Pakistan in reaching marginalized communities, strengthens essential services, and advances health system improvements—critical for polio eradication and progress toward universal health coverage (UHC).

WHO Funding Needs

USD 24 Million

Delivering Global Public Health Goods Where Failure is Not an Option

USD 59 Million

Strengthening National Systems as Platforms for Global and Regional Health Security

USD 17 Million

Protecting Lives Through Readiness, Resilience, and Preparedness



**World Health
Organization**

Pakistan

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