# PAKISTAN

# NATIONAL HEALTH ACCOUNTS

# 2011-12

Government of Pakistan
Statistics Division
Pakistan Bureau of Statistics
Islamabad

# Pakistan

# National Health Accounts

# 2011-12

**Pakistan Bureau of Statistics**
**Statistics Division**
**Government of Pakistan**

**April 2014**

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# Foreword

This report provides the fourth round of National Health Accounts (NHA) for Pakistan, compiled by the Pakistan Bureau of Statistics (PBS). Its reference year is 2011-12. The third round was released in July, 2013 for 2009-10. The fifth round with reference year 2013-14 is under preparation.

The PBS is responsible for the collection, compilation, descriptive analysis, publication and data dissemination of all sorts of national statistics through its regular surveys / censuses and secondary data collected from various sources. PBS has taken initiative to collect data from all sources available in the country including Accountant General Pakistan Revenues (AGPR), its regional sub-offices, and provincial Accountant Generals (AGs). Also Securities & Exchange Commission of Pakistan (SECP), Economic Affairs Division, Provincial Employees Social Security Institutions, Military Accountant General, Military Lands & Cantonments Department, Ministry of Religious Affairs, Zakat and Usher, Pakistan Bait-ul-Mal and provincial Finance Departments have provided the requisite data for this report. I am thankful to them as well as to other stakeholders for facilitating supply of data to bring out this report.

For the fourth round of NHA, the health expenditures of autonomous bodies and corporations working under administrative control of federal & provincial governments have been obtained by conducting a special census in order to include them in their capacities as employers and as producers of health services in own facilities. In its fourth round, NHA has also included the actual results of the Out of Pocket health expenditures survey specially conducted by appending its one page of special part of questions on health expenditure with HIES questionnaire. I am thankful to all respondents who have shared their data with PBS for this important endeavour.

It is hoped that this report will be useful for researchers, policymakers and other users of data on financing health services. It does not only provide the results of NHA as such but also the results of the surveys carried out especially for NHA.

Suggestions for improvement of the report will be appreciated.

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# Preface

National Health Accounts (NHA) is a framework for estimating the total healthcare expenditures (both public and private) at national level. NHA methodology actually tracks the flow of funds through the healthcare sector by compiling the following four selected dimensions.
(i) Financing sources (ii) Financing agents (iii) Health care providers & (iv) Health care functions.

NHA is a standard set of matrices, or tables, that presents various aspects of a nation's health expenditures and deals with the questions like, (i) who is financing health care in a particular country?; (ii) how much do they spend? and (iii) on what type of services? This globally accepted tool based upon the expenditure review approach, highlights the "financial health" of national health systems in respective country.

In the first round of NHA for the reference period 2005-06, two of the dimensions namely financing sources & financing agents were covered on the basis of available data. While in the second round of NHA 2007-08, the third dimension on health care providers has also been developed by including the retropolated, from 2009-10 to 2007-08, results of the census/survey of private health care providers. In its third round, NHA has developed the above three dimensions by including the actual results of Out of Pocket health expenditures survey and census/survey of private health care providers for FY 2009-10 and secondary data collected from various sources like AGPR, provincial AGs, MAG, ML&C, ESSIs, SECP etc.

For the fourth round of NHA, the health expenditures of autonomous bodies and corporations working under administrative control of federal & provincial governments have been obtained by conducting a special census in order to include them in their capacities as employers and as producers of health services in own facilities. In its fourth round, NHA has also included the actual results of the Out of Pocket health expenditures survey specially conducted by appending its one page of special part of questions on health expenditure. The health expenditure of private health care providers has been estimated by extrapolating forward the results of the census of the big hospitals and survey of the rest of providers conducted for year 2009-10. I am thankful to all respondents who have shared their data with PBS for this important endeavour.

I am thankful to experts from German International Cooperation (GIZ) for valuable resources and inputs for producing such a comprehensive report. I appreciate the diligent efforts of the NHA- team including Mr. Shahid Mahmood Butt, Mr. Ihsan-ul-Haq, Ms. Madiha Amjad, Mr. Irfan ali Soomro, Mr. Saqib Majeed & Mr. M. Ilyas for the timely compilation of NHA report 2011-12. It is hoped that this report will be useful for researchers, policymakers and other users of data on financing health services.

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# List of abbreviations

| | |
|---|---|
| AGPR | Accountant General Pakistan Revenues |
| BHUs | Basic Health Units |
| CoA | Chart of Accounts |
| CMHs | Combined Military Hospitals |
| DAOs | District Account Offices |
| DHQ | District Headquarter Hospital |
| EAD | Economic Affairs Division |
| ESSI | Employment Social Security Institution |
| FBR | Federal Board of Revenue |
| FY | Financial Year |
| GDP | Gross Domestic Product |
| GIZ | Deutsche Gesellschaft für Internationale Zusammenarbeit, German Intern. Cooperation |
| HIES | Household Integrated Economic Survey |
| ICHA | International Classification of Health Accounts |
| ILO | International Labour Organization |
| ICT | Islamabad Capital Territory |
| IMF | International Monetary Fund |
| MCHC | Maternal and Child Health Centre |
| MoF | Ministry of Finance |
| MoPW | Ministry of Population Welfare |
| MoH | Ministry of Health |
| NGOs | Non-Government Organizations |
| NHA | National Health Accounts |
| NLHI | National Level Health Institutions |
| NPOs | Non-profit Organizations (synonymous with non-profit institutions) |
| NSK | Not Specified by Kind |
| OECD | Organization for Economic Co-operation and Development |
| OOP | Out Of Pocket |
| PAOs | Provincial Accounts Offices |
| PBS | Pakistan Bureau of Statistics |
| PIFRA | Project for Improvement in Financial Reporting and Auditing |
| PSLM | Pakistan Social and Living Standards Measurement Survey |
| RoW | Rest of the World |
| SECP | Securities & Exchange Commission of Pakistan |
| SHA | System of Health Accounts |
| TB | Tuberculosis |
| WHO | World Health Organisation |

# Executive Summary

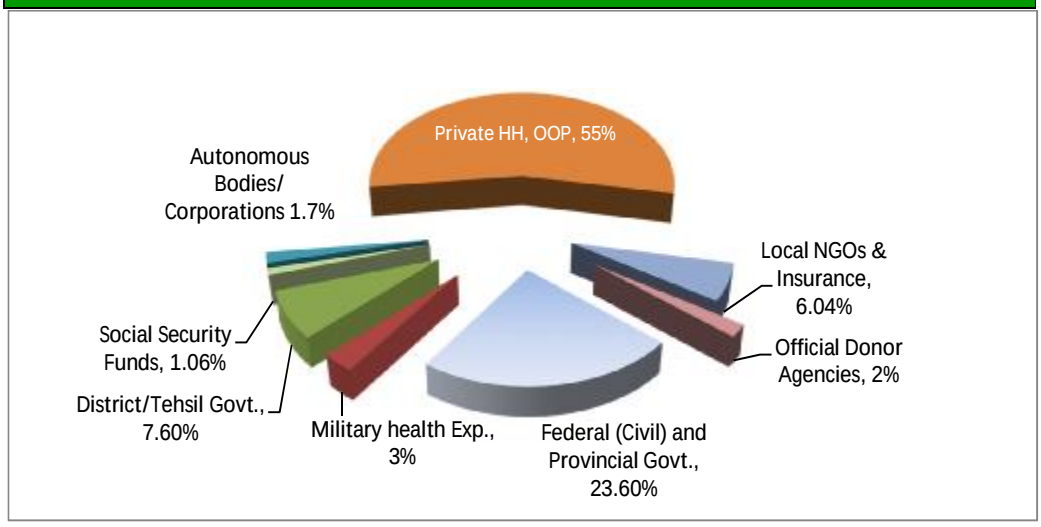
National Health Accounts (NHA) is a macro-economic accounting framework for revealing a country's aggregated expenditures on health. The compilation for Pakistan obeys international standards set by WHO and OECD. This report presents the results for fiscal year 2011-12 which is the fourth round of such a compilation. The first three rounds were done for fiscal years 2005-06, 2007-08 & 2009-10.

Total health expenditure in Pakistan in the FY 2011-12 is estimated as Rs. 554 billion. This shows an increase of Rs.106 billion over the FY 2009-10, which is a 24% increase in nominal terms as it includes inflation of health care goods and services. In real terms this is equivalent to an increase of 2.5% from 2009-10 to 2011-12. It means that if the figures for 2009-10 are inflated by the rate recorded for "Health" in the Consumer Price Index (2011-12 over 2009-10) then the change of 2011-12 over 2009-10 (at the prices of 2011-12) comes down to 2.5%.

The results for FY 2011-12 show that out of total health expenditure in Pakistan, 36% are funded ("financing sources") by public sector. Out of total public sector health expenditures, 21% are funded by the federal government where 60% accrue from its civilian part and 40% from its military setup. Over 62 % of the health expenditures are funded through private sector out of which 88% is out of pocket (OOP) health expenditures by private households.

For "financing agents" it is found that out of total health expenditures in Pakistan, 37% are made by general government. The private expenditures constitute 61% of total health expenditures in Pakistan, out of which 89% are households' out-of-pocket (OOP) health expenditures. Development partners/ donors organizations have 2% share in total health expenditures. Figure1 shows the share of financing agents in total health expenditures of Pakistan for FY 2011-12.

**Figure 1: Total Health Expenditure by financing agents 2011-12 in %**




The annual per capita health expenditures for Pakistan as per NHA 2011-12 are (Rs. 3,099) 34.7 US$. For comparison, the respective figures for year 2010-11 reported to WHO by India and Bangladesh are 60.0 US$ and 27.0 US$, respectively. The ratios of health expenditures according to NHA over GDP 2011-12 are 2.8% while public sector health expenditures ac-

cording to NHA over government expenditures are 9.7%. The private sector health expenditures according to NHA over total private expenditures are 2.1%.

For the complete coverage and reliable estimates of public and private sectors health expenditure, PBS, in the fourth round of NHA 2011-12, has carried out the following census and survey:

- Sample survey on OOP expenditures of private households 2011-12
- Census of autonomous bodies/corporations 2011-12

For the fourth round of NHA 2011-12, the results of the census of big hospitals and a survey of the rest of health care providers for FY 2009-10 have been extrapolated forward in order to arrive at the respective estimates for the year 2011-12. In its fourth round, NHA has included the actual results of OOP survey 2011-12. The big advantage of including data of the private health care providers is to authenticate or reconcile information based on demand-side data (for example, household surveys) with that derived from supply-side data(private providers).

Despite of its name “National” Health Accounts, NHA also provides figures for the four provinces Punjab, Sindh, Khyber-Pakhtunkhwa and Baluchistan. It is not fully comprehensive as the total health expenditures for the provinces do not sum up to the national total. For empirical reasons only Rs. 468.0 billion. of Pakistan’s total current health expenditures could be allocated to the provinces (“regionalized”).Overall, the results for the provinces in Chapter 3 of this report show that the shares of financing agents of the health expenditures are relatively heterogeneous between different provinces.

NHA Pakistan estimates for the year 2011-12 are based on the concepts, accounting framework and guidelines of WHO. The compiled accounts are also internationally comparable, as NHA Pakistan has adopted the International Classification of Health Accounts (ICHA) of WHO. The annexure provide abbreviated versions.

# 1. Introduction

## 1.1 Scope, purpose and limits of health accounts

The definition recommended for developing countries by WHO for health expenditures is as follows:

"National health expenditure encompasses all expenditures for activities whose primary purpose is to restore, improve, and maintain health for the nation and for individuals during a defined period of time"[1]. Health expenditures in the context of NHA as well as in the context of this report stand for inclusion of the health care functions under classification codes HC.1 to HC.7 plus capital formation by health care providers (HC.R.1). For details see Annexure 9 of this report.

NHA Pakistan comprises of the health expenditures for the four provinces (Punjab, Sindh, Khyber-Pakhtunkhwa and Baluchistan) and federal health expenditures, which amounts to the national health expenditures. NHA Pakistan shows health expenditure for and of Pakistani citizens and residents as well as spending by external agencies, like bilateral donor agencies and UN offices, on inputs to health care in Pakistan. This means that NHA Pakistan:

*Includes:*

- Health expenditures by citizens and residents temporarily abroad.
- Donor spending (both cash and in-kind) whose primary purpose is the production of health and health-related goods and services in Pakistan

*Excludes:*

- Health spending by foreign nationals on health care in Pakistan (as NHA treats this as export of health care services and does not include in NHA estimation)
- Donor spending on the planning and administration of such health care assistance

It is recommended that NHA should use the accrual method in accounting for expenditures, not the cash method. This would mean that expenditures are related to the time period during which the actual activity takes place. The accrual method uses the expenditures, which are attributed to the time period during which the economic value was created whereas the cash method refers to the expenditures, which are registered when the actual cash disbursements take place. However, the data situation in Pakistan does not yet allow for application of the accrual method. For the time being the figures presented for Pakistan's NHA are cash-based.

The first three rounds of NHA for Pakistan were dedicated to FYs 2005-06, 2007-08 & 2009-10. According to advice from the WHO the scope of tables for the first round was limited. While in the second& third rounds of NHA, besides the updated information on previous tables it contains information on the dimension of health care providers as well. More comprehensive NHA will be available in the fifth round as it is a cumbersome task to collect data on all the required entities, though the preliminary and partial NHA reports would be published time to time as per availability of data. It is hoped that NHA in Pakistan would be a milestone towards the evidence based policy making in health sector.

The primary aim of developing NHA framework for Pakistanis to …

- To describe the flow of funds, sources and uses of funds in the health care system,
- To map out the profile of the health care system,
- To build and enhance sustainable capacity for NHA in PBS.

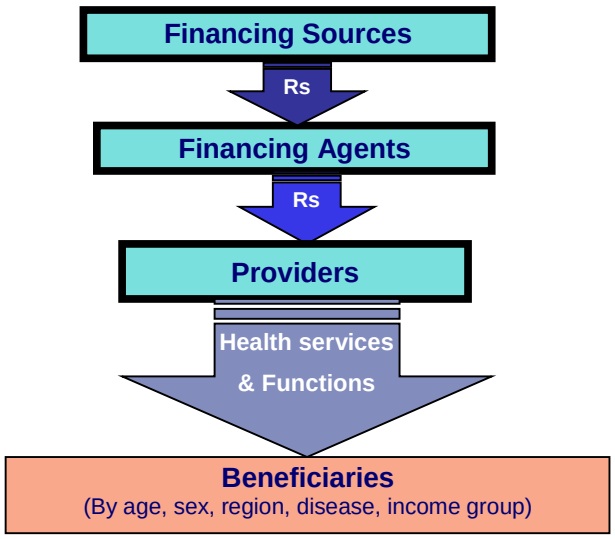
[1]World Health Organization, 2003, Guide to Producing National Health Accounts: with special applications for low-income and middle-income countries, pp. 20.

One of the objectives of NHA is to give the comprehensive picture of health care spending in the country and to show the flow of funds dedicated to health expenditure in an overall, comprehensive and self-checking accounting framework of internationally agreed standards (see Figure 2).

NHA is a standard set of matrices, or tables, that presents various aspects of a nation's health expenditures and deals with the questions like, (i) who is financing health care in a particular country? (ii) how much do they spend? and (iii) on what type of services? This globally accepted tool based upon the expenditure review approach, highlights the "financial health" of national health systems in respective country[2].

NHA identifies and tracks health sector financing sources and uses both, public and private, to support developing the health policy and to monitor it. NHA on the one side shows the flow of funds from financing sources to financing agents to providers and on the other side the function on which the expenditure were made and also the beneficiaries of those expenditures (although it requires some further information). In that way, NHA estimates total health expenditures in the country, identifies all the important actors in the health sector and their respective contribution in the health sector of the country.

**Figure 2: Flow of funds**




*Source: WHO, Guide to producing national health accounts*

NHA is designed particularly as a tool for improving the capacity of health sector planners to manage their health systems. The NHA methodology organizes and presents health spending information in a manner that even those who do not have a background in economics or statistics can easily understand and interpret the results. It allows policy makers to understand how resources are used in a health system and to assess the efficiency of resource used (if NHA is combined with other data sets) and to evaluate impact of health reforms on different stake holders i.e. who are the beneficiaries of health expenditures, poor or rich?

NHA have a vital role in devising a better informed and more participatory policy and health sector reforms and developing a more equitable and sustainable health financing system

[2]World Health Organization, 2003

in the country. Figure 3 shows how NHA can be linked to the health policy questions. NHA also allows for comparisons of health expenditures at different points in time as well as the cross country comparisons where data is available.

**Figure 3: NHA links to health policy**

| Health policy decision areas | Flow of resources in health financing | Some key policy questions |
|---|---|---|
| Resource mobilization / financing strategies | **Financing Sources** ▼ | How are resources mobilized?<br>Who pays?<br>Who finances?<br>Under what scheme? |
| Pooling arrangements<br><br>Cost recovery regulation of payers | **Financing Agents** ▼ | How are resources managed?<br>What is the financing structure?<br>What pooling arrangements?<br>What payment / purchasing arrangements? |
| Financial incentives<br>Subsidies<br>Resource Allocation<br>Provider regulation | **Inputs, Providers, Functions** ▼ | Who provides what services?<br>Under what financing arrange-ments?<br>With what inputs? |
| Targeting redistributive pol-icies | **Important distributions** e.g. age, gender, location, social status | Who benefits?<br>Who receives what?<br>How are resources distributed? |

Source: National Health Accounts Trainer Manual 2004

*Financing Sources* are institutions or entities that provide the funds used in the system by Financing Agents. In Pakistan, the Financing Sources would typically include the Federal Government, Provincial Governments, donors, NGOs, insurance companies, and households.

*Financing Agents* include institutions or entities that channel the funds provided by Financing Sources and use those funds to pay for, or purchase, the activities inside the health accounts boundary. In Pakistan, these include the Ministry of Health (It can be replaced with Ministry of Interprovincial Coordination), Ministry of Defense, autonomous bodies, NGOs, and households etc.

*Providers* include entities that receive money in exchange for or in anticipation of producing the activities inside the health accounts boundary. Examples of providers are hospitals, clinics, Community Health Centers in the public and private sectors, pharmacies, private practitioners, traditional health care providers etc.

*Functions* are the types of goods and services provided and activities performed within the health accounts boundary. It includes services of curative care (inpatient and outpatient), medical goods (e.g. pharmaceuticals, and appliances), prevention and public health services, health administration and health insurance, etc.

Presently there are different methodologies in practice around the world to estimate the health accounts, most common are (i) System of Health Accounts (SHA) developed and used by OECD and some other countries; (ii) National Health Accounts (NHA) which are based on SHA

but with more flexibility regarding classifications and more appropriate for developing countries because it allows to add the traditional care providers in the system. In this regard, WHO has published “Guide to Producing National Health Accounts: with special application for low income and middle income countries”. More recently WHO, OECD and EUROSTAT, jointly worked on revision of SHA and came up with a single coherent document (SHA version 2.0) which is to be followed globally for conducting health accounts. SHA version 2.0 has now been released and available on the websites of WHO,OECD and EUROSTAT.

The main purposes of the System of Health Accounts are the provision of internationally comparable health accounts, the definition of internationally harmonized boundaries, the presentation of tables for the analysis of flows of financing and the monitoring of economic consequences of health care reform and health care policy.

As suggested, the NHA work in Pakistan has been done under the guidelines of WHO. Also, the International Classifications of Health Accounts (ICHA) has been used, tailor-made to include the categories relevant to Pakistan. These classifications assign a unique code to different actors in health sector and classify each of them in sub- classification codes, allowing for a systematic tracking of health expenditures in the economy. Once these classifications are available, one can have many possible combinations/ cross tables of these categories i.e. financing sources by financing agents, financing sources by providers, providers by functions. Each table would tell that (i) How much has been spent by each actor and (ii) Where exactly their funds have been transferred to.

In this report as well as in NHA-related literature the terms “health expenditures” and “health care expenditures” are used almost as synonyms. “Health expenditures” is the broader term covering administrative and other services while “health care expenditures” usually is used for the medical and curative part of these services in a narrower sense.

Despite of the fact that NHA gives very detailed and comprehensive information on health expenditures and provide a basis for evidence based health policy, there are some limitations of NHA as well. Mainly NHA cannot provide information on efficiency and cost effectiveness. The following table gives the insight to strengths and limitations of NHA.

**Table 1: Limitations of NHA**

| Question | Does NHA address it? |
|---|---|
| What is total spending on health? | Yes |
| Who is spending it? | Yes |
| What is being spent on? | Yes |
| What are the sources of this expenditure? | Yes |
| How does this compare to other countries? | Yes, if other country has NHA |
| What are the main trends? | Yes, if there is time series |
| How efficiently are the funds being allocated and spent? | No |
| How to improve the financing of health services by: | |
| a) increasing the resources available? | No |
| b) using existing resources more efficiently? | No |
| Are subsidies or public transfers effectively targeted to poor and vulnerable groups? | Generally no |

Source: Mark Pearson, National Health Accounts: What Are They and How Can We Use Them? Briefing Paper, A paper produced by the Department for International Development Resource Centre for Health Sector Reform, 2000.

To build and enhance capacity within PBS, NHA Section has conducted different trainings on NHA as well. The objective is to make PBS capable of conducting NHA studies at regular

intervals (usually every two/three years) without external technical assistance. Institutionalization of NHA is facilitated by investment in the development of data tracking and reporting systems, accounting systems, and associated activities such as the various surveys required by the NHA study. This investment not only produces required financial data but also improves country capacity in health sector analysis, evidence-based policymaking as well as skills in designing and conducting various types of surveys.

## 1.2 Steps taken to develop NHA in Pakistan

The health system in Pakistan is multifarious. To understand the places and roles of different actors, the health system has been reviewed and mapping has been done so that it can help in specifying classifications and data collection.

Relevant literature on NHA and studies done specially focusing on the South Asian experiences were reviewed because the health sector and data situation is very similar in those countries as in Pakistan.

National Health Accounts section of PBS assessed which data is available at federal level and in the provinces, i.e.

- Government entities including social insurance, military and cantonments etc.
- Private health insurance
- Autonomous bodies and firms and employers providing health care to their employees
- Households out of pocket expenditures
- Local and international non-governmental organizations
- Donors / development partners

The data has been collected from the following sources

- Federal government, provincial governments' and district governments' data from respective Accountant General Pakistan Revenues (AGPR) and Accountant General (AG) offices
- Military health expenditures data from Military Accountant General (MAG) office
- Cantonment boards health expenditures data from Military Lands and Cantonment Department
- Insurance companies (private health insurance) data from Securities and Exchange Commission of Pakistan (SECP)
- Donor's health expenditures data from Economic Affairs Division (EAD) of Ministry of Economic Affairs and Statistics
- Autonomous Bodies/Corporations(ABs/C)health expenditures data obtained from the Census of Autonomous bodies/Corporations
- Households' OOP health expenditures data obtained from a special survey
- Health expenditures by the private health care providers was estimated by a special Private Health Care provider survey
- Social security health expenditures data from Employees Social Security Institutions (ESSI) and Ministry of Labour
- Zakat and Bait-ul- Mal data from Ministry of Zakat &Ushr and Pakistan Bait-ul-Mal (PBM)

All data obtained and analyzed is classified according to financing sources, financing agents and health care providers. After that, the information was allocated to matrices to trace the original sources. Errors, conflicts and missing data were resolved and then graphs and tables

were prepared. For the first round, only the matrix of financing sources by financing agents was developed. The second round also includes the matrix of health care providers by financing agent.

Workshops/ conferences are part of the advocacy efforts needed to promote, communicate, build demand, and to sell the NHA activity to all major Pakistani stakeholders (government and private) and to the media. It is also meant to address health policy issues or questions that NHA can shed light on. In this regard, PBS has conducted training courses on NHA and invited participants from all over the Pakistan and different stakeholders.

# 2. Results of NHA at National Level

## 2.1 Total health expenditure

Total health expenditure is obtained by adding up the two aggregates of "current health expenditure and capital health expenditure[3] (often called development expenditure).While, current health expenditure includes only direct health expenditures, and excludes health related expenditures on training, research, environmental health etc. Therefore, expenditures on medical education, health-related professional training & research are not included in the Total health expenditure. This definitional framework is important, when it comes to cross country comparisons.

Total health expenditure in Pakistan in the FY 2011-12 is estimated as Rs. 554 billion. This shows an increase of Rs.106 billion over the FY 2009-10, which is a 24% increase in nominal terms as it includes inflation of health care goods and services. In real terms this is equivalent to an increase of 2.5% from 2009-10 to 2011-12. It means that if the figures for 2009-10 are inflated by the rate recorded for "Health" in the Consumer Price Index (2011-12 over 2009-10)[4] then the change of 2011-12 over 2009-10 (at the prices of 2011-12) comes down to 2.5%(see columns 3,4 and 6 in Table 2).

**Table 2: Total health expenditures 2009-10 and 2011-12 by financing agents (million Rs.)**

| | 2009-10 | | | Change in % | |
|---|---|---|---|---|---|
| | Base prices (2009-10) | Prices of 2011-12 | Current Prices 2011-12 | Over Base prices | Prices of 2011-12 |
| 1 | 2 | 3 | 4 | 5 | 6 |
| Federal Government | 52,470 | 63,321 | 41,653 | -20.62 | -34.22 |
| Provincial Government | 47,180 | 56,937 | 105,515 | 123.64 | 85.32 |
| District/Tehsil Government | 29,572 | 35,687 | 42,225 | 42.79 | 18.32 |
| Social Security Funds | 4367 | 5,270 | 5,882 | 34.69 | 11.61 |
| Autonomous Bodies/Corporation | 8,277 | 9,989 | 9,343 | 12.88 | -6.46 |
| Private health insurance | 1,944 | 2,346 | 3,175 | 63.32 | 35.34 |
| Private households' OOP payment | 271,757 | 327,956 | 303,621 | 11.73 | -7.42 |
| Local NGO's | 27,738 | 33,474 | 33,474 | 20.68 | 0.00 |
| Official donor agencies | 5,098 | 6,152 | 9,565 | 87.62 | 55.47 |
| **Total health expenditure** | **448,403** | **541,132** | **554,453** | **23.65** | **2.46** |

[3] It refers to the demand for capital goods by health care providers. It is a physical asset with a useful life of more than one year.

[4] CPI (Health) 2011-12 over 2009-10 was 20.68%.

## 2.2 Financing sources

The health expenditures shown by financing sources include some functions which for certain analysis are needed under a separate heading. One requirement may be to have current and capital health expenditures separately as the capital expenditures (often called "development expenditures") will have a positive impact on health of the country's population in subsequent years and not yet in the current period the figures are collected for. The health expenditures represented by different financing sources in Table 3 have further disaggregated into current and development expenditures where empirically the break up was possible. This break up was not possible for the autonomous bodies/corporation and private sector financing sources. The total of depicted development expenditures is Rs. 57,988 million.

Table 3 shows the breakdown by financing sources up to the maximum level of disaggregation. Up- to the three digits the classification has been maintained according to the International Classification of Health Accounts, next levels of disaggregation are adopted according to the Pakistan specific situation and policy relevance.

**Table 3 Current and development health expenditure by financing sources (million Rs.)**

| Source | | 2007-08 | | | 2009-10 | | | 2011-12 | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Current Exp. | Devel-opment Exp. | Total | Current Exp. | Devel-opment Exp. | Total | Current Exp. | Develop-ment Exp. | Total |
| FS.1 | Public Funds | **64,381** | **21,791** | **86,172** | **90,239** | **47,260** | **137,499** | **140,768** | **57,968** | **198,736** |
| FS.1.1 | Government Funds | 57,538 | 21,791 | 79,329 | 81,962 | 47,260 | 129,222 | 131,425 | 57,968 | 189,393 |
| FS.1.1.1 | Federal Government | 14,204 | 14,565 | 28,769 | 20,575 | 31,895 | 52,470 | 25087 | 16,566 | 41,653 |
| FS.1.1.1.1 | Ministry of Finance | 14,204 | 14,565 | 28,769 | 20,575 | 31,895 | 52,470 | 25087 | 16,566 | 41,653 |
| FS.1.1.2 | Provincial Government | 20,580 | 6,664 | 27,244 | 33,716 | 13,464 | 47,180 | 65,168 | 40,347 | 105,515 |
| FS.1.1.2.1 | Punjab Dept of Finance | 10,787 | 2,369 | 13,156 | 17,891 | 4,135 | 22,026 | 27,209 | 11,464 | 38,673 |
| FS.1.1.2.2 | Sindh Dept of Finance | 5,714 | 671 | 6,385 | 9,702 | 4,813 | 14,515 | 23,887 | 16,899 | 40,786 |
| FS.1.1.2.3 | KP Dept of Finance* | 2,625 | 3,402 | 6,027 | 4,231 | 3,877 | 8,108 | 6,196 | 10,023 | 16,219 |
| FS.1.1.2.4 | Baluchistan Dept of Finance | 1,454 | 222 | 1,676 | 1,892 | 639 | 2,531 | 7,876 | 1,961 | 9,837 |
| FS.1.1.3 | District/ Tehsil Bodies | 22,754 | 562 | 23,316 | 27,671 | 1,901 | 29,572 | 41,170 | 1,055 | 42,225 |
| FS.1.1.3.1 | District Government | 22,560 | 550 | 23,110 | 27,461 | 1,886 | 29,347 | 40,758 | 1,019 | 41,777 |
| FS.1.1.3.2 | Cantonment Boards | 194 | 12 | 206 | 210 | 15 | 225 | 412 | 36 | 448 |
| FS.1.2 | Autonomous Bodies/Corporations | 6,843 | - | 6,843 | 8,277 | - | 8,277 | 9,343 | - | 9,343 |
| FS.1.2.1 | Federal Govt. | 6,110 | - | 6,110 | 7,404 | - | 7,404 | 8,614 | - | 8,614 |
| FS.1.2.2 | Provincial Govt. | 733 | - | 733 | 873 | - | 873 | 729 | - | 729 |
| FS.2 | Private Funds | **256,018** | **116** | **256,134** | **305,731** | **75** | **305,806** | **346,132** | **20** | **346,152** |
| FS.2.1 | Employer Funds | 3,649 | 116 | 3,765 | 4,978 | 75 | 5,053 | 7,714 | 20 | 7,734 |
| FS.2.2 | Household Funds | 228,108 | - | 228,108 | 273,015 | - | 273,015 | 304,944 | 0 | 304,944 |
| FS.2.3 | Local/National NGO's | 24,261 | - | 24,261 | 27,738 | - | 27,738 | 33,474 | 0 | 33,474 |
| FS.3 | Rest of the World Funds | **4,388** | **-** | **4,388** | **5,098** | **-** | **5,098** | **9565** | **0** | **9,565** |
| FS.3.1 | Official Donor Agencies | 4,388 | - | 4,388 | 5,098 | - | 5,098 | 9565 | 0 | 9,565 |
| | **Total Health Expenditure** | **324,787** | **21,907** | **346,694** | **401,068** | **47,335** | **448,403** | **496,465** | **57,988** | **554,453** |

*KP also includes the health expenditures of FATA

Financing sources have three major categories, namely public funds, private funds and rest of the world funds. In case of public funds, at federal level the Ministry of Finance is the source of funding which provides the money to civil government and military part. For provincial government, the provincial finance departments provide the money. And in case of local bodies/ district government, there are district government and cantonment boards that spend on health in their respective jurisdiction areas. The last category of the public funds is Autonomous Bodies/ Corporations working under federal and provincial governments. They spend money on the health care of their employees (reimbursements) as well as on own health care facilities.

FS.2 shows all the private entities which are providing funds for health care. FS.2 is further categorized in employer funds and household funds. The household funds are net of reimbursements from employers and insurance companies (claims) but include insurance premiums. Employers are providing funds in three ways. They are contributing through occupancy health care (which is neglected in NHA due to lack of data), through social security (managed by ESSIs) or through health insurance of their employees (group insurance).However, insurance figure here is a lump sum which also includes the premiums paid by individual households. Disaggregated data is not available, but according to experts' opinion group insurance/ insurance through employer has the major share in insurance expenditures. The lump sum figure has fully been put under employers' funds.

In Pakistan the insurance companies are not a source of financing. They are agents, instead, and to a certain extent (premiums minus claims) they are provider of (administrative) health services as well.

Household funds mainly comprise of OOP health expenditures, Bait-ul-Mal and Zakat. Zakat contains all bank accounts whether owned by private households or some employers. But due to non-availability of disaggregated data it has fully been counted under household funds.

FS.3 shows the rest of the world funds which comprises of donor agencies. Development partners are also spending on health; however, only their direct spending is included. The money, which has been granted to the government (budgetary aid) and which thus is in the budget is reflected in government spending. NHA has to compromise in this regard as to avoid the double counting of funds transferred from one source to another. Out of total health expenditures in Pakistan, 36% of health spending is funded by public sector. Out of total public sector health expenditures federal government is funding 21%, provincial government is funding 53% and district government/ local bodies are funding 21%. Out of total federal government spending, 60% are for civil part of the government and the rest 40% is disbursed through military setup. Of 62% of the health expenditures funded through private sector, 88% is OOP health expenditures by households.

## 2.3 Financing agents

### 2.3.1 Overview

In well compiled NHA, the total health expenditures by financing sources must match the total health expenditures by financing agents. Both figures result in a total of Rs. 554 billion. They only differ in their breakdown. For the interlocking of financial agents by sources see Section 2.3. The health expenditures break up into current and development expenditures for Pakistan by financing agents are shown in Table 4 up to the maximum level of disaggregation confined, however, to those codes of the classification for which data was available. The detailed classification for Pakistan has been discussed in Chapter 1. Up to the three digits level the classification has been maintained according to the International Classification of Health Accounts, next levels of

disaggregation are adopted according to the Pakistan specific situation and policy relevance. Further explanation of each category is given in later sections. Financing agents also have public funds, private funds and rest of the world funds as the main categories. HF.1 denotes the general government and HF 1.1 shows the territorial government which is further disaggregated into federal government, provincial government and district government / local bodies. HF 1.2 shows the social security funds which are managed through government. It is further broken down into (i) employees social security institutions (ESSI) which are working in all four provinces and (ii) Zakat funds which are collected from bank accounts, deposit receipts, saving certificates etc. and then partly spent by government on health related activities. HF 1.3 shows the Autonomous Bodies/ Corporations which is further disaggregated into federal, provincial ABs/C.

**Table 4: Current and development health expenditure by financing agents (million Rs.)**

| | | | 2007-08 | | | 2009-10 | | | 2011-12 | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Agents by HF classification | | Current Exp. | Devel-opment Exp. | Total | Current exp. | Devel-opment Exp. | Total | Current exp. | Devel-opment Exp. | Total |
| | | | million Rs. | | | million Rs. | | | million Rs. | | |
| **HF.1** | | **General Government** | **67,369** | **21,907** | **89,276** | **94,531** | **47,335** | **141,866** | **146,630** | **57,988** | **204,618** |
| | **HF.1.1** | **Territorial Government** | **57,538** | **21,791** | **79,329** | **81,962** | **47,260** | **129,222** | **131,425** | **57,968** | **189,393** |
| | HF.1.1.1 | Federal Government | 14,204 | 14,565 | 28,769 | 20,575 | 31,895 | 52,470 | 25,087 | 16,566 | 41,653 |
| | HF.1.1.1.1 | Federal (Civil) | 5,438 | 14,565 | 20,003 | 6,673 | 31,895 | 38,568 | 8,572 | 16,566 | 25,138 |
| | HF.1.1.1.1.1 | IPC | 3,762 | 10,287 | 14,049 | 5,269 | 16,442 | 21,711 | 368 | 1,901 | 2,269 |
| | HF.1.1.1.1.2 | Other* | 1,509 | 939 | 2,448 | 1,203 | 15,453 | 16,656 | 8,204 | 13,739 | 21,943 |
| | HF.1.1.1.1.3 | MoPW | 167 | 3,339 | 3,506 | 201 | - | 201 | 0 | 926 | 926 |
| | HF.1.1.1.2 | Military | 8,766 | - | 8,766 | 13,902 | - | 13,902 | 16,515 | | 16,515 |
| | **HF.1.1.2** | **Provincial Government** | **20,580** | **6,664** | **27,244** | **33,716** | **13,464** | **47,180** | **65,168** | **40,347** | **105,515** |
| | HF.1.1.2.1 | Punjab | 10,787 | 2,369 | 13,156 | 17,891 | 4,135 | 22,026 | 27,209 | 11,464 | 38,673 |
| | HF.1.1.2.1.1 | Dept. of Health | 9,478 | 2,369 | 11,847 | 17,348 | 2,555 | 19,903 | 26,820 | 9,223 | 36,043 |
| | HF.1.1.2.1.2 | Other* | 1,291 | - | 1,291 | 520 | - | 520 | 345 | 0 | 345 |
| | HF.1.1.2.1.3 | Dept. of Popula-tion Welfare | 18 | - | 18 | 23 | 1,580 | 1,603 | 44 | 2,241 | 2,285 |
| | HF.1.1.2.2 | Sindh | 5,714 | 671 | 6,385 | 9,702 | 4,813 | 14,515 | 23,887 | 16,899 | 40,786 |
| | HF.1.1.2.2.1 | Dept. of Health | 5,025 | 644 | 5,669 | 8,986 | 4,628 | 13,614 | 23,257 | 2,598 | 25,855 |
| | HF.1.1.2.2.2 | Other* | 689 | - | 689 | 716 | 185 | 901 | 630 | 11,483 | 12,113 |
| | HF.1.1.2.2.3 | Dept. of Popula-tion Welfare | - | 27 | 27 | - | - | - | - | 2818 | 2,818 |
| | HF.1.1.2.3 | KP** | 2,625 | 3,402 | 6,027 | 4,231 | 3,877 | 8,108 | 6,196 | 10,023 | 16,219 |
| | HF.1.1.2.3.1 | Dept. of Health | 2,348 | 2,983 | 5,331 | 2,750 | 2,824 | 5,574 | 5,723 | 5,909 | 11,632 |
| | HF.1.1.2.3.2 | Other* | 270 | 10 | 280 | 1,471 | 542 | 2,013 | 374 | 3,694 | 4,068 |
| | HF.1.1.2.3.3 | Dept. of Popula-tion Welfare | 7 | 409 | 416 | 10 | 511 | 521 | 99 | 420 | 519 |
| | HF.1.1.2.4 | Balochistan | 1,454 | 222 | 1,676 | 1,892 | 639 | 2,531 | 7,876 | 1,961 | 9,837 |
| | HF.1.1.2.4.1 | Dept. of Health | 1,134 | 222 | 1,356 | 1,574 | 639 | 2,213 | 7,603 | 1,944 | 9,547 |
| | HF.1.1.2.4.2 | Other* | 320 | - | 320 | 318 | - | 318 | 256 | - | 256 |
| | HF.1.1.2.4.3 | Dept. of Popula-tion Welfare | - | - | - | - | - | - | 17 | 17 | 34 |
| | **HF.1.1.3** | **District/Tehsil Government** | **22,754** | **562** | **23,316** | **27,671** | **1,901** | **29,572** | **41,170** | **1,055** | **42,225** |
| | HF.1.1.3.1 | District Government | 22,560 | 550 | 23,110 | 27,461 | 1,886 | 29,347 | 40,758 | 1,019 | 41,777 |

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | HF.1.1.3.2 | Cantonments Boards | 194 | 12 | 206 | 210 | 15 | 225 | 412 | 36 | 448 |
| | **HF.1.2** | **Social Security Funds** | **2,988** | **116** | **3,104** | **4,292** | **75** | **4,367** | **5,862** | **20** | **5,882** |
| | HF.1.2.1 | Social Security Funds through Government | 2,988 | 116 | 3,104 | 4,292 | 75 | 4,367 | 5,862 | 20 | 5,882 |
| | HF.1.2.1.1 | ESSI | 2,196 | 116 | 2,312 | 3,034 | 75 | 3,109 | 4,539 | 20 | 4,559 |
| | HF.1.2.1.2 | Zakat Council | 557 | - | 557 | 802 | - | 802 | 613 | | 613 |
| | HF.1.2.1.3 | Bait ul Mal | 235 | - | 235 | 456 | - | 456 | 710 | | 710 |
| | **HF.1.3** | **Autonomous Bodies/Corporation** | **6,843** | - | **6,843** | 8,277 | - | 8,277 | **9,343** | **-** | **9,343** |
| | HF.1.3.1 | Federal Government | 6,110 | - | 6,110 | 7,404 | - | 7,404 | 8,614 | | 8,614 |
| | HF.1.3.2 | Provincial Government | 733 | - | 733 | 873 | - | 873 | 729 | | 729 |
| **HF.2** | | **Private Sector** | **253,030** | **-** | **253,030** | **301,439** | **-** | **301,439** | **340,270** | **-** | **340,270** |
| | **HF.2.1** | **Other private health insurance** | **1,453** | - | **1,453** | **1,944** | **-** | **1,944** | **3,175** | | **3,175** |
| | **HF.2.2** | **Private Households' Out-of-Pocket payment** | **227,316** | - | **227,316**[5] | **271,757** | **-** | **271,757** | **303,621** | | **303,621** |
| | **HF.2.3** | **Local Non Government Organizations (NGO's)** | **24,261** | **-** | **24,261**[6] | **27,738** | **-** | **27,738** | **33,474** | | **33,474** |
| **HF.3** | | **Rest of the World** | **4,388** | - | **4,388** | **5,098** | **-** | **5,098** | **9,565** | **-** | **9,565** |
| | **HF.3.1** | **Official Donor Agencies** | 4,388 | - | 4,388 | 5,098 | - | 5,098 | **9,565** | | **9,565** |
| | | **Total** | **324,787** | **21,907** | **346,694** | **401,068** | **47,335** | **448,403** | **496,465** | **57,988** | **554,453** |

*****Lump sum reimbursements of the federal, provincial/district governments' agencies have been included in the respective health expenditures of financing agent defined as **"Other"**

******KP includes the health expenditures of FATA

HF.2 shows the private sector health expenditure which is further disaggregated into HF.2.1 private health insurance, HF.2.2 household OOP health expenditures and HF.2.3 local/national NGOs.HF.3 (Row) shows the expenditures by donor agencies/ development partners as financing agents.

Out of total health expenditures in Pakistan, 37% is made by general government agents who include the social security, Zakat,Bait ul Mal and Autonomous Bodies/ Corporations health expenditures as well. The private expenditures constitute the 61% of total health expenditures in Pakistan, out of which 89% are households' OOP health expenditures. The share of development partners/ donors organizations in total health expenditures is 1.73%.

### 2.3.2 Civilian (territorial) government

The title of this section is not common language in Pakistan. It has been chosen as a term for the total of Federal Government (which excludes military expenditures) and the provincial as well as the district governments. In the context of health financing this figure (the civilian territorial government health expenditures) is considered to be of special interest. It sums up to Rupees 189 billion out of overall Rupees 554 billion of total health expenditure in Pakistan during FY 2011-12.

[5]Estimates of OOP health expenditures have been revised by using new CPI of health related items categorized as "Health Group" which is based on 2007-08

[6] Estimates of Local NGO's health expenditures has been revised by using new CPI of health related items categorized as "Health Group" which is based on 2007-08

Table 5 shows the federal and provincial (including districts) health expenditures by minor functions of Chart of Accounts (CoA) classification adopted by AGs and AGPR to record the government expenditures under the project named Project for Improvement in Financial Reporting and Auditing (PIFRA). This classification is based on "Government Finance Statistics by IMF", so they are in line with the international classifications.

**Table 5: Civilian territorial government current health expenditures 2011-12 by function**

| Function (CoA) | | million Rs. | | | | | |
|---|---|---|---|---|---|---|---|
| | | Federal | Punjab | Sindh | KP | Balochi-stan | Pakistan |
| 015 | General Services | 0 | 2 | 0 | 15 | 17 | 34 |
| 076 | Health Administration | 255 | 6,045 | 3,819 | 1,004 | 865 | 11,988 |
| 073 | Hospital Services | 6,748 | 45,238 | 21,232 | 11,475 | 7,509 | 92,202 |
| 071 | Medical Products, Appliances &Equipment | 127 | 0 | 109 | 26 | 14 | 276 |
| 074 | Public Health Services | 788 | 437 | 1,528 | 392 | 4,227 | 7,372 |
| 075 | R & D Health | 0.2 | 0 | 0 | 0 | 0 | 0.2 |
| 045 | Construction and Transport | 0 | 0 | 0 | 0 | 0 | 0 |
| 041 | Economic, Commercial & Labour Affair | 0 | 23 | 0 | 0 | 0 | 23 |
| 014 | Transfers | 0 | 0 | 65 | 0 | 10 | 75 |
| 108 | Others | 0 | 5 | 6 | 679 | 48 | 738 |
| | **Total** | **7,918** | **51,750** | **26,759** | **13,591** | **12,690** | **112,708** |

The data on government health expenditures has been extracted from the appropriation accounts of respective provinces and districts as well as federal level. It contains all the health expenditures by any ministry or department. All the expenditures of Ministry/ Department of Health as a whole and Ministry/Department of Population Welfare (only function 015202) are included whether it is hospital expenditure or administrative expenditure whereas from all the other ministries only health related expenditures are extracted which are mainly covered under Code 07 (health) of CoA classifications. About 82% of the current expenditures are on hospital services, around 11% on health administration and about 6.5% on public health services.

### 2.3.3 Military health expenditures

The military health expenditures have been provided by the Military Accountant General. They include the expenditures by Army, Navy, Air Force, Defense Production Establishments, Inter Services Organizations and Accounts Offices including Pakistan Military Accounts Department. Military health expenditures are funded by government / Ministry of Finance through Ministry of Defense. The following figures show the health expenditures by province (federal area mainly consist of ICT) and by different expenditure categories as well as by entity.

| Table 6: Military health expenditures by organization 2011-12 (million Rs.) | | | | | | | |
|---|---|---|---|---|---|---|---|
| Organization / category | Federal | Punjab | Sindh | KP | Balo-chistan | Gilgit | Pakistan |
| Army | - | 8,479 | 922 | 1,505 | 622 | 367 | **11,895** |
| Air Force | 172 | 516 | 287 | 115 | 57 | - | **1,147** |
| Navy | 212 | 658 | 363 | 145 | 73 | - | **1,451** |
| D.P. Establishment | - | 854 | - | - | - | - | **854** |
| ISO'S (Excl P. M. A. D) | - | 1,070 | - | - | - | - | **1,070** |
| A/C Org (Incl. P. M. A. D) | - | 98 | 0 | 0 | 0 | - | **99** |
| **Total** | **384** | **11,676** | **1,571** | **1,765** | **752** | **367** | **16,515** |
| **Of which in category …** | | | | | | | |
| Stores &Equipments | 228 | 3,607 | 593 | 413 | 171 | 33 | **5,045** |
| Re-imbursement of Medical Charges | 0 | 955 | 1 | 0 | 0 | | **957** |
| Establishment Charges | 156 | 7,113 | 978 | 1,352 | 581 | 334 | **10,514** |
| **Total** | **384** | **11,676** | **1,571** | **1,765** | **752** | **367** | **16,515** |

### 2.3.4 Cantonment Boards

The data on cantonment boards' health expenditures has been taken from Military Land and Cantonment Boards Department. Cantonment boards act as local bodies and are financially autonomous. The data is broken down into provinces and different health expenditure categories. As the table shows most of the expenditure has taken place in province Punjab and lowest health expenditure in Balochistan. Major proportion of health expenditures is on salaries of medical staff and the second category is medicine and reimbursements.

| Table 7: Health expenditures of cantonment boards 2011-12 (million Rs.) | | | | | |
|---|---|---|---|---|---|
| Province | Punjab | Sindh | KP | Baluchi-stan | Total |
| Medicine & reimbursements | 104 | 20 | 12 | 3 | **139** |
| Medical equipment | 11 | 6 | 2 | 0 | **19** |
| Salaries of medical staff | 157 | 47 | 45 | 5 | **254** |
| Construction / maintenance of Disp./Hospitals | 20 | 14 | 2 | 0 | **36** |
| Total | **292** | **87** | **61** | **8** | **448** |

### 2.3.5 Social Security

Employees Social Security Institution (ESSI) is working in all four provinces. The data for ESSIs' health expenditures has been taken from the respective provincial ESSI. The health expenditures are shown by province and by categories of health expenditures. The administration / operational cost are included. As the table shows expenditures on health facilities have the major share in total ESSIs health expenditures followed by the cash benefits relevant to health expenditure. Most of the expenditure has been made in province Punjab followed by Sindh and the KP and Balochistan.

| Table 8: Employees social security institutions health expenditures 2011-12 | | | | | |
|---|---|---|---|---|---|
| Type of health expenditure | million Rs. | | | | |
| | Punjab | Sindh | KP | Balo-chistan | Pakistan |
| Expenditure on health facilities | 2,899 | 1,227 | 160 | 108 | **4,394** |
| Reimbursement of medical charges | 31 | 29 | - | 1 | **61** |
| Cash benefits relevant to health expenditure | 75 | 25 | 3 | 1 | **104** |
| **Total** | **3,005** | **1,281** | **163** | **110** | **4,559** |

In Pakistan ESSI is only an agent as they do not have own funds. They are funded by private employers' (private industries and commercial establishments) contributions, instead.

### 2.3.6 Zakat and Bait-ul- Mal

The data on health expenditures through Zakat is taken from Ministry of Religious Affairs, Zakat and Ushr. Table 9 shows that Zakat funds at the provincial and national level utilized in 2011-12 for health care was Rs. 613 million.

| Table 9: Zakat for health care by program, 2011-12 | | | | | | |
|---|---|---|---|---|---|---|
| Program | Budget utilized (million Rs.) | | | | | |
| | ICT | Punjab | Sindh | KP | Balochistan | Pakistan |
| Health Care | 33 | 300 | 150 | 21 | 36 | **540** |
| Other Programs | 1 | - | - | 70 | - | **71** |
| Leprosy Patients | - | 2 | - | - | - | **2** |
| **Total** | **34** | **302** | **150** | **91** | **36** | **613** |

Source: Zakat &Ushr Department: Brief on Zakat System

The overall Zakat funds of Rupees 613 million have been utilized in the FY 2011-12 by the Provinces / areas according to the diversified set of programs. The share of the provinces (million Rupees) is as follows: Punjab 302, Sindh 150, KP 91, Balochistan 36, and ICT 34.

In NHA, Zakat is an agent and not a source. Zakat funds are collected mainly from private households. The allocated budgets for health care at national and provincial levels from Zakat fund 2011-12 are entirely distributed among National Level Health Institution (NLHI) across Pakistan and respective provincial level hospitals/health institutions.

| Table 10: Pakistan Bait-ul-Mal individual financial assistance for health | | | | | | |
|---|---|---|---|---|---|---|
| Province | 2007-08 | | 2009-10 | | 2011-12 | |
| | Beneficiaries | Expenditure | Beneficiaries | Expenditure | Beneficiaries | Expenditure |
| | In Number | million Rs. | In Number | million Rs. | In Number | million Rs. |
| Punjab | 3,288 | 166 | 5,678 | 273 | 4,620 | 368 |
| Sindh | 315 | 12 | 1,193 | 90 | 640 | 71 |
| KP* | 507 | 31 | 944 | 67 | 2,175 | 183 |
| Baluchistan | 240 | 8 | 318 | 20 | 330 | 29 |
| ICT & N.A | 461 | 18 | 165 | 06 | 969 | 59 |
| **Total** | **4,811** | **235** | **8,298** | **456** | **8,734** | **710** |

* KP includes the health expenditures of FATA

Pakistan Bait-ul-Mal is providing individual financial assistance for health care across the Pakistan. The above table shows that it has provided health care assistance specifically to 8,734

individuals in the fiscal year 2011-12. The overall amount of Rupees 710 million has been incurred by as individual financial assistance for the health care. Out of total amount distributed by PBM in provinces, Punjab received the highest share followed by KP (including FATA), Sindh, ICT & N.A and Balochistan.

### 2.3.7 Private Health Insurance

Health insurance is covered under the non-life insurance. In 2011-12 there were 50 insurance companies in Pakistan offering group health insurance or individual health insurance. The insurance companies are funded by premiums of their clients. They are not financing source but are agents as well as providers of (administrative) health services. Since the Securities and Exchange Commission of Pakistan (SECP) is the formal regulator of the insurance industry under the Insurance Ordinance 2000, the data on private health insurance has been taken from SECP. The premiums written minus the incurred claims are taken as the remuneration of the administrative efforts of the companies to be recorded in the provider figures.

**Table 11: Private health insurance 2005-06 to 2011-12**

| Year | million Rs. | | |
|---|---|---|---|
| | Gross premium written | Gross incurred claims | Administrative health service provided (premium minus claims) |
| 2012 | **3,640** | **2,421** | **1,219** |
| 2011 | **2,709** | **1,905** | **804** |
| 2010 | 2,017 | 1,583 | 434 |
| 2009 | 1871 | 1347 | 524 |
| 2008 | 1,578 | 1131 | 447 |
| 2007 | 1328 | 729 | 599 |
| 2006 | 818 | 479 | 339 |
| 2005 | 589.8 | 359 | 231 |
| Average of 2005-06 | 704 | 419 | 285 |
| Average of 2007-08 | 1453 | 930 | 523 |
| Average of 2009-10 | 1,944 | 1,465 | 479 |
| Average of 2011-12 | **3,175** | **2,163** | **1,012** |

### 2.3.8 Households OOP health expenditures

Households' OOP payments are defined as direct payments for health services from the households' income or saving. However, the direct payment might be reimbursed by employers or by health insurance. Therefore, it depends on the exact definition. In the future the households' OOP payments will be treated as a financial "scheme", just like insurances, as there are ingoing and outgoing in their financial relationship with providers, employers and insurances (see "revision of the System of Health Accounts" in Section 6.3 of this report).

The OOP survey (see Chapter 5) aimed at collecting the "gross" figures of OOP.Table 13shows the "gross" total OOP health expenditures incurred by private households in the fiscal year 2011-12 amounts to Rupees 315 billion. Punjab has the highest share (54%) followed by Sindh (24%) and KP (16%, including FATA)) while Balochistan has just 5% share of Pakistan's OOP health spending. The "net" OOP figures for the year 2011-12 are obtained after deducting the third-party payments, such as insurance or reimbursements (Table 13).OOP health expenditures do not include AJK.

| Table 12: OOP health expenditures 2011-12 by province and component (million Rs.) | | | | | | | |
|---|---|---|---|---|---|---|---|
| Financing source / Province | Punjab | Sindh | KP* | Balo-chistan | ICT** | Unregio-nalised | Pakistan |
| Gross OOP health expenditures | **171,355** | **75,145** | **49,795** | **16,168** | **2,370** | | **314,833** |
| Percentage Share | **54** | **24** | **16** | **5** | **1** | - | **100** |
| Reimbursement by Federal Government | 333 | 92 | 196 | 33 | - | - | 654 |
| Reimbursement by Provincial Government | 322 | 241 | 374 | 198 | - | - | 1,135 |
| Reimbursement by fed. Autonomous bodies | 3,207 | 1,375 | 859 | 286 | - | - | 5,727 |
| Reimbursement by prov. Autonomous B. | 114 | 412 | 83 | 21 | - | - | 630 |
| Reimbursement by other governm. entities | 824 | 2 | 6 | 10 | 0.37 | - | 842 |
| Reimbursement by priv, health insurance | - | - | - | - | - | 2,163 | 2,163 |
| Reimbursem. by Social security institutions | 31 | 29 | - | 1 | - | | 61 |
| **Net OOP expenditures of households.** | **166,524** | **72,994** | **48,277** | **15,619** | **2,370** | **-2,163** | **303,621** |

*KP includes the figure of FATA **Islamabad Capital Territory

### 2.3.1 Development Partners/Donors

Data on health expenditures by development partners/ donor agencies has been taken from the Development Assistance Data Base (DAD) of Economic Affairs Division (EAD). All the figures were extracted in November, 2012 and are off budget figures which mean that double counting of budget support from donors is avoided.

The data from DAD database only covers the off-budget expenditures/disbursements. It means those grants/amounts which appear in the government budgetary books and in appropriation accounts published by Accountant General are treated as on-budget activities, separately. Also the Public Sector Development Program (PSDP) allocations are not included in the DAD database, as they are covered or recorded in annual appropriation accounts, and these allocations are part of different health expenditures category which are recorded under health ministry in federal government or under health department in provinces.

The report for the year 2011-12 covers the donors' expenditures in the four provinces of Pakistan. For reasons of consistency it does not include the donors' expenditures in AJK, though the data is available in the DAD database.

| Table 13: Donor health expenditures 2011-12 (million Rs.) | | | | | | | |
|---|---|---|---|---|---|---|---|
| Sector | Punjab | Sindh | KP* | Balochi-stan | Gilgit | Un-regionalize | Total |
| Administration - Health and Nutrition | 1 | 2 | 64 | 1 | 0.58 | 325 | 393 |
| Child Health | - | - | - | - | - | 428 | 428 |
| HIV & AIDS | - | - | - | - | - | 693 | 693 |
| Infectious Disease Control | 7 | 11 | 15 | 6 | 0.64 | 122 | 162 |
| Maternal Health | 1 | 2 | 38 | 205 | - | 425 | 671 |
| Medical Services | - | 1,092 | - | - | 78 | - | 1,170 |
| Other - Health and Nutrition | 24 | 70 | 271 | 20 | 9 | 17 | 411 |
| Primary Health | 75 | 59 | 169 | 75 | 0.35 | - | 378 |
| Family Planning | - | - | 20 | - | - | - | 20 |
| Unallocated | - | - | - | - | - | 5,239 | 5,239 |
| **Total** | **108** | **1,236** | **577** | **307** | **88** | **7,249** | **9,565** |

*KP includes the figure of FATA

Source: EAD, http://www.dadpak.org/dad/Documents/DAD_User_Guides.html

The biggest share has been spent at un-regionalize, which could not be allocated to provinces, followed by Sindh, KP (including), Balochistan and Punjab. G.B has the low share in the donors' expenditures on health.

### 2.3.2 Local Non-Government Organizations

Philanthropic/ Non-Government organizations (NGOs) are working in both urban and rural areas of Pakistan. These organizations are working in multiple sectors to uplift the community by providing awareness and basic amenities of life. Philanthropic organizations are registered under different laws whereas very few are unregistered. Philanthropic sector is different from 'state' as it collects donations, charity or alms from the community and uses it for deserving communities, voluntarily.

The table below shows the province-wise list of active NGOs, divided into two categories on the basis of their major activities, 'health care' and 'others' organizations in order to focus on the health related NGOs. However, the expenditures of the NGOs were not provided. They had to be estimated.

**Table 14: Local Non-Government Organizations 2007-08**

| Province | Health care | Others | Total |
|---|---|---|---|
| Punjab | 864 | 4,192 | 5,056 |
| Sindh | 1,642 | 4,759 | 6,401 |
| KP | 1,011 | 1,360 | 2,371 |
| Baluchistan | 308 | 1,524 | 1,832 |
| **Total** | **3,825** | **11,835** | **15,660** |

Source: Ministry of Social Welfare

For this purpose the health expenditures per NGO were obtained from a sample of 263 NGOs related to health in all four provinces taken from a survey of NGOs conducted by PBS in 2008.The average expenditure of sample NGO's was then applied to all health related NGOs in Pakistan. To avoid double counting, donations by international agencies have been excluded from the total health care expenditure by NGOs. These donations are already covered in Financing Sources.

**Table 15: Health expenditures of health related NGOs 2011-12 (million Rs.)**

| Province | Health Expenditures 2007-08 | Health Expenditures 2009-10 | Health Expenditures 2011-12 |
|---|---|---|---|
| | million Rs. | million Rs. | million Rs. |
| 1 | 2 | 3 | 4 |
| Punjab | 5,480 | 6,265 | 7,561 |
| Sindh | 10,415 | 11,907 | 14,370 |
| KP | 6,413 | 7,332 | 8,848 |
| Baluchistan | 1,953 | 2,234 | 2,695 |
| **Pakistan** | **24,261** | **27,738** | **33,474** |

***** Ministry of Social Welfare and Pakistan Bureau of Statistics

Per NGO health expenditure is Rupees 7.5 million and total health expenditure incurred by health related NGOs in the year 2007-08 were Rupees 28,649 million. The health expenditure incurred by international Donor agencies was amounting to Rs. 4,388 million. After excluding the

international funding, the total health expenditures (2007-08) incurred by health related local NGOs remain Rupees 24,261 million.

Health expenditures of health related local NGOs for the fiscal years 2009-10 & 2011-12 have been estimated by inflating the figures of 2007-08 by the rate recorded,for a group of “39” health related commodities categorized as “Health Group”, in the CPI of 2009-10 & 2011-12 (14.33% & 20.68%).The above table shows the estimated expenditures of health related local NGOs for fiscal years 2007-08, 2009-10 & 2011-12 for the four provinces as well as at the national level.

## 2.4 Financing sources by financing agents

Matrix 1 shows the flow of funds for health expenditures in Pakistan. The rows are grouped according to financing agents while financing sources are listed in columns. The matrix shows the flow of funds from financing source to financing agent in Pakistan. For example in case of federal government Ministry of Finance is the financing source and Ministry of Health, Ministry of Population Welfare, Ministry of Defense through military setup and other ministries are financing agents. In some of the cases financing sources and financing agents are the same which means that the financing sources are dedicated to own health care spending exclusively and the money spent for health services (agents) is fully funded from their own resources.

In Matrix 1, the “net” OOP figure for the private households has been included. The lump sum reimbursements of medical charges of the federal and provincial governments’ ministries/departments have been included in the respective financing agent categorized as “Other”. Whereas the reimbursements made by other employers or health insurance (Military, Cantts, ESSIs and autonomous bodies etc) to the households are already included in the respective health expenditure.

## Matrix 1: Current health expenditures by financing sources and financing agents in Pakistan 2011-12 (million Rs.)

| Financing Agents | | | | | Financing Sources: FS.1.1.1 Fed. Govt. | FS.1.1.2 Prov. Govt. | FS.1.1.3 District / Tehsil | FS.1.2.1 Federal | FS.1.2.2 Provincial | FS.2.1 Employer funds | FS.2.2 Household funds | FS.2.3 Local NGO's | FS.3.1 Official donor agencies | Total | % |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | FS.1 Public funds: FS.1.1 Government Funds | | | FS.1.2 Autonomous Bodies | | FS.2 Private funds | | | FS.3 ROW | | |
| HF.1 General Government | HF.1.1 Territorial Government | HF.1.1.1 Federal Government | Ministry: | IPC | 368 | | | | | | | | | **368** | 0.07 |
| | | | | Other Ministries | 8,204 | | | | | | | | | **8,204** | 1.65 |
| | | | | Population Welfare | - | | | | | | | | | **0** | 0.00 |
| | | | Military health expenditure | | 16,515 | | | | | | | | | **16,515** | 3.33 |
| | | HF.1.1.2 Provincial Government | Dept. of: | Health | | 63,403 | | | | | | | | **63,403** | 12.77 |
| | | | | Population Welfare | | 1,605 | | | | | | | | **1,605** | 0.32 |
| | | | | Other | | 160 | | | | | | | | **160** | 0.03 |
| | | HF.1.1.3 District Bodies | District Government | | | | 40,758 | | | | | | | **40,758** | 8.21 |
| | | | Cantonments Boards | | | | 412 | | | | | | | **412** | 0.08 |
| | HF.1.2 Social security funds | HF.1.2.1 Social security funds through Government | ESSI | | | | | | | 4,539 | | | | **4,539** | 0.91 |
| | | | Zakat health expenditure | | | | | | | | 613 | | | **613** | 0.12 |
| | | | Bait Ul Mal | | | | | | | | 710 | | | **710** | 0.14 |
| | HF.1.3 Autonomous Bodies / Corporation | | Federal | | | | | 8,614 | | | | | | **8,614** | 1.74 |
| | | | Provincial | | | | | | 729 | | | | | **729** | 0.15 |
| HF.2 Private Sector | HF.2.2 Other private insurance | | | | | | | | | 3,175 | | | | **3,175** | 0.64 |
| | HF.2.3 Private households' out-of-pocket payment | | | | | | | | | | 303,621 | | | **303,621** | 61.16 |
| | HF.2.4Local NGO's | | | | | | | | | | | 33,474 | | **33.474** | 6.74 |
| HF.3 ROW | HF.3.1 Official donor agencies | | | | | | | | | | | | 9,565 | **9.565** | 1.93 |
| Total | | | | | **25,087** | **65,168** | **41,170** | **8,614** | **729** | **7,714** | **304,944** | **33,474** | **9,565** | **496,465** | 100 |
| % | | | | | 5.35 | 8.61 | 8.29 | 1.74 | 0.15 | 1.55 | 61.42 | 6.74 | 1.93 | 100.00 | |

## 2.5 Health Care Providers

### 2.5.1 Definition and classification

In addition to financing sources and financing agents health care providers are the third dimension of NHA. Health care providers are the end recipients of the health care funds. Figures related to them answer the question of "To whom did the money go?" Examples of providers include public and private hospitals, medical centers, dispensaries, individual solo clinics, pharmacies, laboratories etc. The following are the three broad categories of the health care providers:

- Public Provider
- Private Provider
- Non-Government Organization providers/Non-Profit Institutions

The public sector is running health care facilities for its employees and for the general public across the country. The public sector can further be subdivided into core government, autonomous bodies / public corporations and social security. The providers in the core government can further be divided into

- Ø Providers with the civilian territorial government (Federal & Provincial) which mainly are the health departments. Provision of health care is primarily the responsibility of the provincial governments. This health care provision is a three tiered system with primary, secondary and tertiary levels of care.
- Ø Providers within the military health care setup
- Ø Providers run by the Cantonment Board of Pakistan

Autonomous bodies/ Corporations are providing health care services primarily to their own employees through their own doctors, clinics and hospitals. Employees Social Security Institutions are provincial autonomous bodies. In Pakistan they entertain some own health care facilities.

The public sector health care providers have been covered by data obtained from the federal & provincial appropriation accounts, Military Accountant General, Cantonment Board of Pakistan, Employees Social Security Institutions and a census of autonomous bodies/corporations.

The main categories of private sector health care providers are:

- Ø Major hospitals with specialized health facilities
- Ø Other hospitals with variable quality / level of services
- Ø Individually owned clinics / general practitioners including dental and eye care. These clinics are either owned by a single person who is the sole proprietor of the facility or they are run on partnership basis
- Ø Homeopaths, hakeems, tabibs and other traditional health providers
- Ø Health care facilities from NGOs including the philanthropic organizations
- Ø Ambulatory health services
- Ø Facilities providing diagnostic & laboratory services
- Ø Pharmacies and other retail sellers of medical goods
- Ø Providers of administration and governance

The private sector has widely been covered through a survey of private health care providers and census of big hospitals (for details see Chapter 4). The pharmacies were covered from a

secondary source (see Section 2.5.3). As a cross checking mechanism, the expenditures from the supply side were compared with out of pocket expenditures on health (demand side).

Some less significant providers of health services are not covered. This is mainly true for other retailers of medical goods, e.g. opticians and chemists, and for providers of ambulatory services carried out as secondary activity, only (e.g. taxi drivers). It is envisaged to extend the scope of the health care providers dimension in the fifth round of Health Accounts.

### 2.5.2 Private health care providers expenditures: Extrapolation from 2009-10 to 2011-12.

The expenditures of Outpatient service providers and Laboratories & Diagnostic Service Providers have been extrapolated forward on the basis of Consumer Price Index (CPI) computed for a group of 36 health related commodities such as Doctor's fee, Laboratory tests and different medicines etc. categorized as "Health Group" in the Consumer Price Index.CPI for "Health Group" category for the year 2011-12 and 2009-10 are 137.97 and 114.33 respectively, resulting in a price increase of 20.68% within the time span of these two years.

### 2.5.3 Health care providers: overview of results

The following tables (16 & 17) give an overview of expenditures of private health care providers by type and by kind of ownership for the year 2011-12. The expenditures for the year 2011-12 have been estimated on the basis of data obtained from survey/Census of all private health care providers conducted for the year 2009-10.

**Table 16: Expenditures of private health care providers 2011-12**

| Description | Hospitals | Out-Patient Service Providers | Laboratory & Diagnostic Service Providers | Total |
|---|---|---|---|---|
| million Rs. | | | | |
| **Pakistan** | **46,031** | **92,888** | **8,760** | **147,679** |
| Punjab | 17,730 | 48,285 | 5,466 | 71,481 |
| Sindh | 24,104 | 16,012 | 2,271 | 42,387 |
| KP | 3,975 | 25,644 | 927 | 30,546 |
| Baluchistan | 222 | 2,947 | 96 | 3,265 |
| % | | | | |
| Pakistan | **31.17** | **62.90** | **5.93** | **100** |
| Punjab | 24.80 | 67.55 | 7.65 | 100 |
| Sindh | 56.87 | 37.78 | 5.36 | 100 |
| KP | 13.01 | 83.95 | 3.03 | 100 |
| Baluchistan | 6.81 | 90.26 | 2.93 | 100 |

Table 16 shows the estimated expenditures of private health care providers and its percentage break-up by major type of service. The estimated total expenditure incurred by all types of health care providers at national level was Rupees 147,679 million in 2011-12. Share in total expenditure from health care providers is uneven among the provinces. Punjab has the highest share

of 48% while Baluchistan has the smallest share of 2% of the total expenditure. Sindh and KP have share of 29% and 21% respectively.

With regard to health care providers the category 'Out-Patient Service Provider' has the highest share in expenditure (63%) followed by 'Hospitals' (31.17%) and 'Laboratory & Diagnostic Service Providers' (5.9%) at national level. Table 16 also indicates that Baluchistan and KP have the highest share in expenditure with reference to out-patient service providers as compared to Punjab and Sindh. In categories of Hospitals and Laboratory & diagnostic service providers, Punjab and Sindh have higher proportion than KP and Baluchistan.

**Table 17: Expenditures of private hospitals by kind of ownership 2011-12**

| Description | NGO / NPO | Individual Proprietorship | Private Limited Company | Partner-ship | Trust | Others | Total |
|---|---|---|---|---|---|---|---|
| million Rs. | | | | | | | |
| **Pakistan** | **2,631** | **10,841** | **20,155** | **1,502** | **8,233** | **2,669** | **46,031** |
| Punjab | 986 | 6,203 | 5,964 | 699 | 3,649 | 229 | 17,730 |
| Sindh | 1,425 | 2,950 | 12,422 | 355 | 4,512 | 2,440 | 24,104 |
| KP | 197 | 1,565 | 1,769 | 372 | 72 | - | 3,975 |
| Baluchistan | 23 | 123 | - | 76 | - | - | 222 |
| % | | | | | | | |
| **Pakistan** | **5.72** | **23.55** | **43.79** | **3.26** | **17.89** | **5.80** | **100** |
| Punjab | 5.56 | 34.99 | 33.64 | 3.94 | 20.58 | 1.29 | 100 |
| Sindh | 5.91 | 12.24 | 51.54 | 1.47 | 18.72 | 10.12 | 100 |
| KP | 4.97 | 39.36 | 44.50 | 9.36 | 1.81 | 0.00 | 100 |
| Baluchistan | 10.14 | 55.50 | 0.00 | 34.36 | 0.00 | 0.00 | 100 |

Table 17 shows the estimated expenditure and percentages of private hospitals by the kind of its ownership respectively. The highest expenditure is incurred by "Private limited company" (Rs. 20,155 million, 44%) followed by "individual proprietorship" (Rs. 10,841 million, 24%). The total expenditure of Sindh (Rs. 24,104 million, 52%) is more than Punjab (Rs.17,730 million, 39%) apparently because metropolis Karachi, located in Sindh, is the hub of health facilities in Pakistan. The number of hospitals run by "Trusts" was 155 and incurring the expenditure of Rs. 8,233 million (18%). The number of "Partnerships" and "NGO/NPO" is 309 and 529 respectively but incurring only 3.26% and 6% of the expenditures. The expenditure of hospitals categorized as "Private limited company" is higher than all other ownership categories. Sindh and KP have the highest expenditures in "Private limited company" while Punjab and Baluchistan have the highest expenditures in "individual proprietorship".

Table 18 gives an overview of the Total health expenditure by all those providers which were covered in the survey/census of private health care providers 2009-10 and other administrative data (General Govt. Data).The classification applied for this is given in detail in Annexure 8. HP.1 shows Hospitals and HP 1.1 denotes the General Hospitals which is further disaggregated into government-owned general hospitals, Hospitals under social security, Hospitals of Autonomous Bodies/ Corporations under the federal/provincial governments etc. HP 1.2 shows the cate-

gory of mental health and substance abuse hospitals which are further disaggregated into three sub categories. HP 1.3 shows Other specialty Hospital (hospitals only for a specific disease or condition other than mental and substance abuse) which is further disaggregated into four sub-categories. HP.3 denotes providers of ambulatory health care. HP.4 shows the retail sale and other providers of medical goods. HP.5 denotes provision and administration of public health programs, HP.6 General Health administration and insurance and HP.nsk Providers not specified by kind. It mainly includes reimbursements, health expenditure of private insurance companies, local NGO's, etc.

**Table 18:Current health expenditures by health care providers 2011-12**

| Providers classified by relevant categories of HP- Classification | | million Rs. |
|---|---|---|
| **HP.1** | **Hospitals** | **190,445** |
| **HP.1.1** | **General Hospitals** | **184,248** |
| HP.1.1.1 | Government-owned General Hospitals | 139,642 |
| HP.1.1.2 | Hospitals under Social Security | 2,075 |
| HP 1.1.3 | Hospital of autonomous bodies/ corporations | 1,895 |
| HP 1.1.4 | Private Hospitals (Private for Profit entities) | 32,373 |
| HP 1.1.5 | Hospitals Owned by Charitable Institutions/NGOs | 8,263 |
| **HP.1.2** | **Mental health and substance abuse hospitals** | **29** |
| **HP.1.3** | **Other specialty Hospitals** | **6,168** |
| **HP.3** | **Providers of ambulatory health care** | **130,385** |
| **HP.3.1** | **Offices of Physicians** | 9,362 |
| **HP.3.2** | **Dental clinics** | 3,739 |
| **HP.3.3** | **Offices of other Health Practitioners** | 63,922 |
| **HP.3.4** | **Outpatient care centers** | 31,581 |
| **HP.3.5** | **Medical and diagnostic laboratories** | 8,759 |
| **HP.3.6** | **Providers of home health services** | 0 |
| **HP.3.9** | **Other Providers of Ambulatory care** | 13,022 |
| **HP.4** | **Retail sale and other providers of medical goods** | **105,890** |
| **HP.5** | **Provision and administration of public health programmes** | **437** |
| **HP.6** | **General health administration and insurance** | **13,000** |
| **HP.9** | **Rest of the world** | **9,565** |
| **HP.nsk** | **Providers not specified by kind** | **46,743** |
| | **Total of Providers** | **496,465** |

### 2.5.4 Retailers of pharmaceuticals

Data on sales / purchases of pharmaceuticals was provided by Intercontinental Marketing Services (IMS)[7] in March 2010. IMS claims to be the world's leading provider of market intelligence to the pharmaceutical and healthcare industries. Their data set of sales of pharmaceuticals is divided into fifteen broad functional categories as represented in the table below covering the period from October 2008 to September 2009. Data for the complete fiscal year was given for the totals of pharmaceutical sales, only. Therefore, the percentage share for each functional category for October 2008 to September 2009 was applied to the total pharmaceutical sales of FY 2007-08. Other years are in the Annexure 11.

The percentage share for retail of pharmaceuticals, doctors' purchase and private hospital pharmacies' purchase was calculated from the figures available for Oct 2008 to Sep 2009. This percentage share was then applied to the total pharmaceutical sales of fiscal year.

[7] http://www.imshealth.com/portal/site/imshealth

| Table 19: Purchases of pharmaceuticals in Pakistan 2011-12 (million Rs.) | | | | |
|---|---|---|---|---|
| | Total purchases | Purchases through retail | Doctor's Purchases | Private Hospital Pharmacies |
| **Total** | **117,910** | **105,890** | **7,416** | **4,604** |
| A - Alimentary T.& Metabolism | 25,252 | 23,144 | 1,238 | 870 |
| B - Blood + B.Forming Organs | 3,629 | 3,229 | 222 | 178 |
| C - Cardiovascular System | 8,341 | 7,921 | 208 | 212 |
| D - Dermatological | 4,050 | 3,731 | 222 | 97 |
| G - G.U.System& Sex Hormones | 3,609 | 3,245 | 205 | 159 |
| H - Systemic Hormones | 1,219 | 1,055 | 100 | 64 |
| J - Systemic Anti-Infectives | 31,353 | 26,810 | 2,961 | 1,582 |
| K - Hospital Solutions | 637 | 568 | 28 | 41 |
| L- Antineoplast+Immunomodul | 2,811 | 2,254 | 332 | 225 |
| M - Musculo-Skeletal System | 8,341 | 7,598 | 430 | 313 |
| N - Nervous System | 11,421 | 10,509 | 542 | 370 |
| P - Parasitology | 3,628 | 3,341 | 211 | 76 |
| R - Respiratory System | 8,958 | 8,418 | 337 | 203 |
| S - Sensory Organs | 2,301 | 1,866 | 313 | 122 |
| T - Diagnostic Agents | 70 | 39 | 9 | 22 |
| V - Various | 2,290 | 2,162 | 58 | 70 |

Total pharmaceutical sales in Pakistan in 2011-12 were estimated as Rupees 95 billion and after applying the markup, purchasers' prices are Rupees 110 billion. Markups for sales of pharmacies and other retailers of pharmaceuticals is 11%.

The total of the purchases through retailers (Rs. 106 billion) is the one entering in the tables of provision of health care goods and services. The other sales (doctors and pharmacies of hospitals) are part of the expenditures already captured through the surveys of the providers. Thus, there is no double-counting.

## 2.6 Health care providers by financing agents

Matrix 2 shows the flow of funds for health expenditures in Pakistan channeled by financing agents (in columns) to the providers of health care (in rows).Reading example: in case of federal government, Ministry of Health, Ministry of Population Welfare, Ministry of Defense through military setup and other ministries are financing agents while hospitals or other health care facilities under the federal/provincial/district governments are the health care providers. The allocation to providers has been done as far as empirically possible. However, some amount falls under row “HP.nsk”. For some agents (Reimbursements, Insurance, local NGOs etc.) spending for health is available as “HP.nsk”, only.

The provider figures are not fully comprehensive as retailers for other health goods than pharmaceuticals are missing (opticians, retailers of hearing aids, artificial limbs, orthopedics etc.). But in full fledged recording of providers even taxi drivers as well as florists, bakeries or canteens (row “all other industries”) should be accounted for as the payments for transports, gifts etc. are included in the health expenditures reported by the private households under OOPs.

## Matrix 2: Current health expenditures by health care providers andfinancing agents 2011-12 (million Rs.)

| Health care providers | | | | Financing agents | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | HF.1 General Government | | | | | | | HF.2 Private Sector | | | HF.3.1 Official donor agencies | Total |
| | | | | HF.1.1 Territorial Government | | | | HF.1.2 Social Security Funds | | HF.1.3 Autonomous Bodies | HF.2.2 Other private insurance | HF.2.3 Private households' OOP | HF.2.4 NGOs | | |
| | | | | Fed. Government | | Provinces | District bodies | ESSI | Zakat &Baitul Mal | | | | | | |
| | | | | civil | Military | | | | | | | | | | |
| HP.1 Hospitals | HP.1.1 General Hospitals | HP.1.1.1 | Gov. owned general hosp. | 6,336 | 12,863 | 46,198 | 29,650 | | 1,321 | | | 43,274 | | | **139,642** |
| | | HP.1.1.2 | Hosp. under Soc. Security | | | | | 2,075 | | | | | | | **2,075** |
| | | HP.1.1.3 | Hospital. of autonomous. Bodies | | | | | | | 1,895 | | | | | **1,895** |
| | | HP.1.1.4 | Private Hospitals | | | | | | | | | 32,373 | | | **32,373** |
| | | HP.1.1.5 | owned by Charity / NGOs | | | | | | | | | 8,263 | | | **8,263** |
| | HP.1.2 | Mental Health & Substance Abuse H. | | | | | | | | | | 29.08 | | | **29** |
| | HP.1.3 | Other Specialist hospitals | | 53 | 109 | 391 | 249 | | | | | 5,366 | | | **6,168** |
| HP.3 Provider of Ambulatory Health Care | HP.3.1 Offices of Physicians | | | | | | | | | | | 9,362 | | | **9,362** |
| | HP.3.2 Dental Clinics | | | | | | | | | | | 3739 | | | **3,739** |
| | HP.3.3 Offices of other health Practitioners | | | | | | | | | | | 63,922 | | | **63,922** |
| | Outpatient Care Centers | HP. 3.4.1 Public | | 1,274 | 2,586 | 9,287 | 6,043 | 2,464 | | 1092 | | 5,991 | | | **28.737** |
| | | HP. 3.4.2 Private | | | | | | | | | | 2,844 | | | **2.844** |
| | HP.3.5 Medical & Diagnostic Labs | | | | | | | | | | | 8,759 | | | **8.759** |
| | HP.3.6 Provider of home health care services | | | | | | | | | | | | | | **0** |
| | HP.3.9 Other providers of ambulatory care | | | | | | | | | | | 13,022 | | | **13.022** |
| **HP.4 Retail sale & other providers of medical goods** | | | | | | | | | | | | 105,890 | | | **105.890** |
| **HP.5 Provision & admin. of public health programs** | HP.5.1 Fam. Planning & Prim. H. Care | | | | | | | | | | | | | | **0** |
| | HP.5.2 Immuniz. (EPI), Diarrheal Dis. | | | | | 65 | | | | | | | | | **65** |
| | HP.5.3 to HP.5.10 Other Programs | | | | | 353 | 19 | | | | | | | | **372** |
| **HP.6 General Health admin & Insurance** | | | | 255 | | 7,195 | 4,538 | | | | 1,012 | | | | **13.000** |
| **HP.8 Institutions providing health related services** | | | | | | | | | | | | | | | **0** |
| **HP.9 Rest of the world** | | | | | | | | | | | | | | 9,565 | **9.565** |
| **HP.nsk** | | | | 654 | 957 | 1,679 | 671 | | 2.00 | 6,356 | 2,163 | 787 | 33,474 | | **46.743** |
| **Total health expenditures** | | | | **8,572** | **16,515** | **65,168** | **41,170** | **4,539** | **1,323** | **9,343** | **3,175** | **303,621** | **33,474** | **9,565** | **496,465** |

## 2.7 Comparison of NHA with WHO figures

The annual per capita health expenditures for Pakistan as per NHA 2011-12 are 34.7 US$ (Rs. 3,099). The respective numbers reported to WHO by India and Bangladesh for year 2010-11 are 60.0 US$ and 27.0 US$ respectively. The ratios of health expenditures 2011-12 according to NHA over GDP are 2.8% while public sector health expenditures according to NHA over government expenditures are 9.7%. The private sector health expenditures according to NHA over Household final consumption expenditure are 2.1%.

The WHO data has been taken from its website. The following table gives the comparison of various financing agents recorded in NHA-Pakistan and WHO.

**Table 20: Comparison with WHO figures (million Rs.)**

| Classification | | NHA Pakistan 2011-12 | World Health Organization 2010-11 |
|---|---|---|---|
| HF.1 | General government | 204,618 | 122,461 |
| HF.1.2 | Social Security Fund | 5,882 | 3,963 |
| HF.2.2 | Private HH's OOP | 303,621 | 285,634 |
| HF.2 | Private health expenditure | 340,270 | 329,764 |

**Source WHO-figures**: http://apps.who.int/nha/database/StandardReport.aspx?ID=REP_WEB_MINI_TEMPLATE_WEB_VERSION&COUNTRYKEY=84701

The general government health expenditures according to NHA Pakistan exceed the WHO figures as NHA Pakistan includes the military health expenditures, reimbursement of medical charges for the government employees, federal/provincial AB/Cshealth expenditures etc. OOP expenditures exceed the WHO figures because NHA has incorporated the special OOP health expenditures survey. Another issue, which is already discussed, is that NHA does not double-count the funds transferred from one source to other source i.e. donors to government. According to NHA…

- ... Total health expenditures are 2.8% of GDP (at market price) in 2011-12.[8]
- ... General government health expenditures are 9.7% of general government final consumption expenditures in 2011-12 as according to national accounts.[9]
- ... Private health expenditures are 2.1% of Household final consumption expenditure as according to national accounts.[10]

[8] Pakistan Bureau of Statistics, National Accounts main aggregates (at market price)
[9] Pakistan Bureau of Statistics, National Accounts, Expenditure on Gross domestic product at current prices, general government final consumption expenditure
[10] Pakistan Bureau of Statistics, National Accounts, Expenditure on Gross domestic product at current prices, Household final consumption expenditure

# 3. Provincial Health Accounts

## 3.1 Health expenditure at provincial level

The province wise breakdown of health expenditures in the literature is called Regional Health Accounts[11] or Provincial Health Accounts[12]. The following matrices show the total health expenditures for each Province.

Provincial Health Accounts are sub-accounts of the NHA and track expenditures on health for a specific regional section of the health system. Similar to NHA, the sub-accounts measure the expenditures by financing sources, financing agents, health care providers and functions which show the flow of resources through the construction of matrices. But it is imperative to understand the criterion of regionalization. The expenditures are allocated to the regions according to the location where the health care has been provided. The residency of the patient is not a criterion, at all. The expenditures of a resident of Punjab in a clinic at Peshawar would be recorded as expenditure in KP. Accordingly, the military health expenses are allocated to the location of the military health facilities. Nevertheless, it can be assumed that the figures widely reflect the regional distribution of benefits by residency of the patients.

In Punjab, the current expenditures made by its provincial government in its capacity as financial agent are (11.24%).The share of social security is 1.23%. OOP expenditures of private households as agents account for 68.79% of overall all health expenditures made in Punjab.

In Sindh, agent's current expenditures made by its government were 20.05% of overall expenditures. The share of social security is only 1.08%. The share of private households' OOP expenditure is 61.26%.

In KP, the current expenditures made by the provincial government were 8.37% which is lowest among all provinces. In KP and Baluchistan, the share of social security expenditures are 0.22% and 0.34% respectively which are lower than Punjab and Sindh. In KP (including FATA), the share of OOP is around 65.21%. The share of donor in overall health expenditures in KP is 0.78%.

In Baluchistan, the share of expenditures of the provincial government is 24.26% and of the district government is 15.44% while the share of OOP health expenditures were 48.1%.

[11]See WHO, Workshop on Health Financing in Pakistan, 2007, http://www.who.int/nha/events/en/.

[12]See ADB, Technical Assistance Completion Report, 1997, http://www.adb.org/Documents/TACRs/PNG/tacr-png-2772.pdf.

## Matrix 3: Financing sources by financing agents - Punjab Current Health Expenditures 2011-12 (million Rs.)

| Financing agents | | | | | Financing sources | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | FS.1 Public funds | | | | FS.2 Private funds | | | FS.3 ROW | Total | % |
| | | | | | FS.1.1 Government Funds | | | FS.1.2 Autonomous Bodies | FS.2.1 Employer funds | FS.2.2 Household funds | FS.2.3 Local NGO's | FS.3.1 Official donor agencies | | |
| | | | | | FS.1.1.1 Federal Gov. | FS.1.1.2 Prov. Gov. | FS.1.1.3 District / Tehsil bodies | | | | | | | |
| HF.1 General Government | HF.1.1 Territorial Govt. | HF.1.1.1 Federal Government | Federal Gov. (civil) | | | | | | | | | | | |
| | | | Military health expenditures | | 11,676 | | | | | | | | **11,676** | 4.82 |
| | | HF.1.1.2 Provincial Government | Dept. of: | Health | | 26,820 | | | | | | | **26,820** | 11.08 |
| | | | | other | | 345 | | | | | | | **345** | 0.14 |
| | | | | Population Welfare | | 44 | | | | | | | **44** | 0.02 |
| | | HF.1.1.3 District Bodies | District Government | | | | 24,863 | | | | | | **24,863** | 10.27 |
| | | | Cantonment Boards | | | | 272 | | | | | | **272** | 0.11 |
| | HF.1.2 Social security funds | HF.1.2.1 Social security funds through Government | ESSI | | | | | | 2,985 | | | | **2,985** | 1.23 |
| | | | Zakat health expend. | | | | | | | 302 | | | **302** | 0.12 |
| | | | Bait- ul-Mal | | | | | | | 368 | | | **368** | 0.15 |
| | HF.1.3 Autonomous Bodies / Corporations | | | | | | | 191 | | | | | **191** | 0.08 |
| HF.2 Priv. Sector | HF.2.3 Private households' out-of-pocket payment | | | | | | | | | 166,524 | | | **166,524** | 68.79 |
| | HF.2.4 Local Non Government Organizations (NGO's) | | | | | | | | | | 7,561 | | **7,561** | 3.12 |
| HF.3 ROW | HF.3.1 Official donor agencies | | | | | | | | | | | 108 | **108** | 0.04 |
| Total | | | | | **11,676** | **27,209** | **25,135** | **191** | **2,985** | **167,194** | **7,561** | **108** | **242,059** | 100 |
| % | | | | | 4.82 | 11.24 | 10.38 | 0.08 | 1.23 | 69.07 | 3.12 | 0.04 | 100 | |

## Matrix 4: Financing sources by financing agents – Sindh Current Health Expenditures 2011-12 (million Rs.)

| Financing agents | | | | | Financing sources | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | FS.1 Public funds | | | | FS.2 Private funds | | | FS.3 ROW | Total | % |
| | | | | | FS.1.1 Government Funds | | | FS.1.2 Autonomous Bodies | FS.2.1 Employer funds | FS.2.2 Household funds | FS.2.3 Local NGO's | FS.3.1 Official donor agencies | | |
| | | | | | FS.1.1.1 Federal Gov. | FS.1.1.2 Prov. Gov. | FS.1.1.3 District / Tehsil bodies | | | | | | | |
| HF.1 General Government | HF.1.1 Territorial Govt. | HF.1.1.1 Federal Government | Federal Govt. (civil) | | | | | | | | | | | |
| | | | Military health expenditures | | 1,571 | | | | | | | | **1,571** | 1.32 |
| | | HF.1.1.2 Provincial Government | Dept. of: | Health | | 23,257 | | | | | | | **23,257** | 19.52 |
| | | | | other | | 630 | | | | | | | **630** | 0.53 |
| | | | | Population Welfare | | 0 | | | | | | | **0** | 0.00 |
| | | HF.1.1.3 District Bodies | District Government | | | | 3,113 | | | | | | **3,113** | 2.61 |
| | | | Cantonment Boards | | | | 73 | | | | | | **73** | 0.06 |
| | HF.1.2 Social security funds | HF.1.2.1 Social security funds through Government | ESSI | | | | | | 1,281 | | | | **1,281** | 1.08 |
| | | | Zakat health expend | | | | | | | 150 | | | **150** | 0.13 |
| | | | Bait- ul-Mal | | | | | | | 71 | | | **71** | 0.06 |
| | HF.1.3 Autonomous Bodies / Corporations | | | | | | | 412 | | | | | **412** | 0.35 |
| HF.2 Private Sector | HF.2.3 Private households' out-of-pocket payment | | | | | | | | | 72,994 | | | **72,994** | 61.26 |
| | HF.2.4 Local Non Government Organizations (NGO's) | | | | | | | | | | 14,370 | | **14,370** | 12.06 |
| HF.3 ROW | HF.3.1 Official donor agencies | | | | | | | | | | | 1,236 | **1,236** | 1.04 |
| Total | | | | | **1,571** | **23,887** | **3,186** | **412** | **1,281** | **73,215** | **14,370** | **1,236** | **119,158** | 100 |
| % | | | | | 1.32 | 20.05 | 2.67 | 0.35 | 1.08 | 61.44 | 12.06 | 1.037 | 100.00 | |

## Matrix 5: Financing sources by financing agents –Khyber Pakhtunkhwa Current Health Expenditures 2011-12 (million Rs.)

| Financing agents | | | | | Financing sources | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | FS.1 Public funds | | | | FS.2 Private funds | | | FS.3 ROW | Total | % |
| | | | | | FS.1.1 Government Funds | | | FS.1.2 Autonomous Bodies | FS.2.1 Employer funds | FS.2.2 Household funds | FS.2.3 Local NGO's | FS.3.1 Official donor agencies | | |
| | | | | | FS.1.1.1 Federal Gov. | FS.1.1.2 Prov. Gov. | FS.1.1.3 District / Tehsil bodies | | | | | | | |
| HF.1 General Government | HF.1.1 Territorial Govt. | HF.1.1.1 Federal Government | Federal Gov. (civil) | | | | | | | | | | | |
| | | | Military health expenditures | | 1,765 | | | | | | | | **1,765** | 2.38 |
| | | HF.1.1.2 Provincial Government | Dept. of: | Health | | 5,723 | | | | | | | **5,723** | 7.73 |
| | | | | other | | 374 | | | | | | | **374** | 0.51 |
| | | | | Population Welfare | | 99 | | | | | | | **99** | 0.13 |
| | | HF.1.1.3 District Bodies | District Government | | | | 7,769 | | | | | | **7,769** | 10.49 |
| | | | Cantonment Boards | | | | 59 | | | | | | **59** | 0.08 |
| | HF.1.2 Social security funds | HF.1.2.1 Social security funds through Government | ESSI | | | | | | 163 | | | | **163** | 0.22 |
| | | | Zakat health expend | | | | | | | 91 | | | **91** | 0.12 |
| | | | Bait- ul-Mal | | | | | | | 183 | | | **183** | 0.25 |
| | HF.1.3 Autonomous Bodies / Corporations | | | | | | | 102 | | | | | **102** | 0.14 |
| HF.2 Priv. Sector | HF.2.3 Private households' out-of-pocket payment | | | | | | | | | 48,277 | | | **48,277** | 65.21 |
| | HF.2.4 Local Non Government Organizations (NGO's) | | | | | | | | | | 8,848 | | **8,848** | 11.95 |
| HF.3 ROW | HF.3.1 Official donor agencies | | | | | | | | | | | 577 | **577** | 0.78 |
| Total | | | | | **1,765** | **6,196** | **7,828** | **102** | **163** | **48,551** | **8,848** | **577** | **74,030** | 100 |
| % | | | | | 2.38 | 8.37 | 10.57 | 0.14 | 0.22 | 65.58 | 11.95 | 0.78 | 100.00 | |

## Matrix 6: Financing sources by financing agents - Balochistan Current Health Expenditures 2011-12 (million Rs.)

| Financing agents | | | | | Financing sources | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | FS.1 Public funds | | | | FS.2 Private funds | | | FS.3 ROW | Total | % |
| | | | | | FS.1.1 Government Funds | | | FS.1.2 Autonomous Bodies | FS.2.1 Employer funds | FS.2.2 Household funds | FS.2.3 Local NGO's | FS.3.1 Official donor agencies | | |
| | | | | | FS.1.1.1 Federal Gov. | FS.1.1.2 Prov. Gov. | FS.1.1.3 District / Tehsil bodies | | | | | | | |
| HF.1 General Government | HF.1.1 Territorial Govt. | HF.1.1.1 Federal Government | Federal Gov. (civil) | | | | | | | | | | | |
| | | | Military health expenditures | | 752 | | | | | | | | **752** | 2.32 |
| | | HF.1.1.2 Provincial Government | Dept. of: | Health | | 7,603 | | | | | | | **7,603** | 23.42 |
| | | | | other | | 256 | | | | | | | **256** | 0.79 |
| | | | | Population Welfare | | 17 | | | | | | | **17** | 0.05 |
| | | HF.1.1.3 District Bodies | District Government | | | | 5,013 | | | | | | **5,013** | 15.44 |
| | | | Cantonment Boards | | | | 8 | | | | | | **8** | 0.02 |
| | HF.1.2 Social security funds | HF.1.2.1 Social security funds through Government | ESSI | | | | | | 110 | | | | **110** | 0.34 |
| | | | Zakat health expend | | | | | | | 36 | | | **36** | 0.11 |
| | | | Bait- ul-Mal | | | | | | | 29 | | | **29** | 0.09 |
| | HF.1.3 Autonomous Bodies / Corporations | | | | | | | 24 | | | | | **24** | 0.07 |
| HF.2 Priv. Sector | HF.2.3 Private households' out-of-pocket payment | | | | | | | | | 15,619 | | | **15,619** | 48.10 |
| | HF.2.4 Local Non Government Organizations (NGO's) | | | | | | | | | | 2,695 | | **2,695** | 8.30 |
| HF.3 ROW | HF.3.1 Official donor agencies | | | | | | | | | | | 307 | **307** | 0.95 |
| Total | | | | | **752** | **7,876** | **5,021** | **24** | **110** | **15,684** | **2,695** | **307** | **32,469** | 100 |
| % | | | | | 2.32 | 24.26 | 15.46 | 0.07 | 0.34 | 48.30 | 8.30 | 0.95 | 100.00 | |

Overall, these results show that the shares of financing agents of the health expenditures are relatively heterogeneous between different provinces. Table 21 provides the data of the provinces plus those for Islamabad Capital Territory (ICT) and the un-regionalized part of Federal Government.

**Table 21: Total health expenditures 2011-12 by provinces and type of expenditure**

| Type of health expenditure | Punjab | Sindh | KP | Balu-chistan | ICT | Gilgit | Unregio-nalised | Pakistan |
|---|---|---|---|---|---|---|---|---|
| | million Rs. | | | | | | | |
| Military Health Expenditure | 11,676 | 1,571 | 1,765 | 752 | 384 | 367 | - | 16,515 |
| Federal Government(Civil) | - | - | - | - | - | - | 25,138 | 25,138 |
| Provincial Government | 38,673 | 40,786 | 16,219 | 9,837 | - | - | - | 105,515 |
| District Government | 25,761 | 3,234 | 7,769 | 5,013 | - | - | - | 41,777 |
| Cant. Boards | 292 | 87 | 61 | 8 | - | - | - | 448 |
| ESSI | 3,005 | 1,281 | 163 | 110 | - | - | - | 4,559 |
| Zakat Health Expenditure | 302 | 150 | 91 | 36 | 34 | - | - | 613 |
| PBM | 368 | 71 | 183 | 29 | 59 | - | - | 710 |
| Fed. ABs/C | - | - | - | - | - | - | 8,614 | 8,614 |
| Prov. ABs/C | 191 | 412 | 102 | 24 | - | - | | 729 |
| Private Insurance | - | - | - | - | - | - | 3,175 | 3,175 |
| OOP Health Expenditure | 166,524 | 72,994 | 48,277 | 15,619 | 2,370 | 0.05 | -2,163[13] | 303,621 |
| NGOs | 7,561 | 14,370 | 8,848 | 2,695 | - | - | - | 33,474 |
| Donors Organizations | 108 | 1,236 | 577 | 307 | - | 88 | 7,249 | 9,565 |
| | % | | | | | | | |
| Military Health Expenditure | 70.70 | 9.51 | 10.69 | 4.55 | 2.33 | 2.22 | - | 100.00 |
| Federal Government | - | - | - | - | - | - | 100.00 | 100.00 |
| Provincial Government | 36.65 | 38.65 | 15.37 | 9.32 | - | - | - | 100.00 |
| District Government | 61.66 | 7.74 | 18.60 | 12.00 | - | - | - | 100.00 |
| Cant. Boards | 65.18 | 19.42 | 13.62 | 1.79 | - | - | - | 100.00 |
| ESSI | 65.91 | 28.10 | 3.58 | 2.41 | - | - | - | 100.00 |
| Zakat Health Expenditure | 49.27 | 24.47 | 14.85 | 5.87 | 5.55 | - | - | 100.00 |
| PBM | 51.83 | 10.00 | 25.77 | 4.08 | 8.31 | - | - | 100.00 |
| Fed. ABs/C | - | - | - | - | - | - | 100.00 | 100.00 |
| Prov. ABs/C | 26.20 | 56.52 | 13.99 | 3.29 | - | - | - | 100.00 |
| Private Insurance | - | - | - | - | - | - | 100.00 | 100.00 |
| OOP Health Expenditure | 54.85 | 24.04 | 15.90 | 5.14 | 0.78 | 0.00 | -0.71 | 100.00 |
| NGOs | 22.59 | 42.93 | 26.43 | 8.05 | - | - | - | 100.00 |
| Donors Organizations | 1.13 | 12.92 | 6.03 | 3.21 | - | 0.92 | 75.79 | 100.00 |

The health expenditures of federal government's civilian part are shown in Table 21 as "unregionalized / federal". They include the vertical programs on health running across the country. Due to lack of data, they cannot be disaggregated by province. Since the disaggregated data on private health insurance is not available, this is included in the "un-regionalized/federal" category. ICT means expenditure in Islamabad area which is separate from federal government.

[13]The lump sum reimbursement of the Private health insurance companies has been put under the un-regionalized. Due to the unavailability of the breakup by region, it could not be subtracted from gross OOP.

# 4. Out-of-Pocket Health Expenditure Survey

## 4.1 Introduction

In compilation of NHA the private households' out-of-pocket (OOP) health expenditure are the most crucial component to measure because of two reasons. First, it is empirically the largest source of health care financing in the developing countries. Second, it is challenging to measure as most of the households do not have any record on the respective expenditure and any survey's results depend on the recall quality of the households and on the way to ask.

In Pakistan the predominant survey on expenditures of private households is the Household Integrated Economic Survey (HIES). This survey includes questions on health expenditures, however, in a row with a lot of other expenditures and uniformly having the last year as the reference and recall period. In its first round (2005-06), NHA made use of this information. For the third & fourth round it was considered to ask for health expenditures with a separate questionnaire, confined to a sub-sample of the HIES and confined to two quarters, only, in order to curb the additional cost. The three advantages of this approach are as follows:

- The recall period could be curtailed to one month, considering that this is the maximum period the households can comprehensively remember their expenditures on health services.
- Additional questions could be included.
- The personal characteristics of the respective members of the household (age, sex, status and the like) could be connected by linking the OOP survey data with the HIES data, thus minimizing the additional response burden for the households.

The idea was to raise the recall period by twelve in order to arrive at expenditures for the whole year. The HIES-questionnaire remained unchanged and still included the question of annual expenditure on health. The comparison of both results (HIES as well as its sub-sample with a dedicated questionnaire for OOP) was considered to enable the assessment of the (assumed) underreporting of OOP through HIES.

The OOP survey 2011-12 was the second dedicated OOP survey on health expenditures in Pakistan. The sample size and households covered were the same for both HIES and OOP. HIES part of survey had two general questions about health related expenditures. One is medicines purchased[14] and second is doctor's fee[15] while in OOP part detailed health related expenditures questions were included. In HIES the recall period was one year while in OOP recall period was only one month.

[14]HIES Code 5601 includes medicines & vitamins, medical apparatus and other equipment/supplies etc.

[15]HIES Code 5602 includes medical fees paid to doctors, specialists, Hakeem (traditional healer) or midwives outside hospital, including medicine etc. Hospitalization charges, including fee etc. for doctors or Hakeem etc. and laboratory tests, X-Ray charges, dental care, teeth cleaning, extraction, charges, eye glasses and all others, not elsewhere classified.

## 4.2 Questionnaire and method

The Questionnaire (see Annexure 15) was designed considering all important variables essential for detailed OOP health expenditures picture. All the questions were embedded on one page attached with HIES questionnaire. The following given variables were included in the OOP questionnaire:

- Type of Health care accessed
- Type of Health care provider
- Type of Illness
- Reason of contact for health expenditure unrelated to illness
- Total health expenditure had been disaggregated in the following given categories:
    - Ø Parchi and Admission Fees
    - Ø Medicines/Vaccine
    - Ø Supplies/Medical durables
    - Ø Food
    - Ø Diagnostic tests
    - Ø Doctor and Staff
    - Ø Tips
    - Ø Cost of Surgery if done
    - Ø Transportation costs
    - Ø Accompanying Person Cost
    - Ø Other

The reference period for the HIES survey was 2011-12. However, the survey was conducted in 3rdand 4thquarterof fiscal year 2011-12 and started in January 2012. The recall/reference period for OOP survey was last one month from the date of enumeration.

The universe of HIES Survey consists of all urban and rural areas of all four provinces as defined by the respective Provincial Governments. Military restricted areas are excluded from the scope of the survey. A sample of 8038 households, pertaining to 297 urban and 292 rural areas, was drawn. A sample of 8038 households was considered to provide reliable estimates of the key variables at the national level. There are 3,031 households reported, having no illness in recall period.

Two stage stratified random sampling scheme was adopted. All enumeration blocks selected have been treated as Primary Sampling Units (PSU's). Households as defined within the PSUs are considered as Secondary Sampling Units (SSUs).

PBS has a frame for all urban areas of Pakistan which are further divided into 200-250 households' blocks known as enumeration blocks having unique identification number. A sample for the urban areas was drawn from the latest available 2003 urban frame. From each selected enumeration block in urban areas, 12 households were enumerated.

For the rural areas, PBS has a frame consisting of villages/mouzas/dehs. In this frame, each village/mouza/deh is identifiable by its name, unique Had-Bast number and cadastral map. From each selected rural area 16 households were enumerated.

Retrieval of filled-in questionnaires was completed by the end of July, 2012. Data was edited/ coded by developing a standard edit checks list. First the received data was checked for each variable on hard copy of the questionnaire and then send it to the DP-Centre for further processing. Different

plausibility and consistency checks were applied in the software to maintain the quality of data. Tabulation plan was also prepared as per requirement of NHA report.

Weights were developed by considering income quintiles. Area-wise weights for the last two quarters were computed by Sample design section which generalizes the results of OOP survey 2011-12 at the national level. Per capita annual health expenditures by OOP survey were 1642 Rupees. Population of Pakistan[16] in 2011-12 was 180.71 million[17]. Population for the provinces/areas was also obtained from the same source to estimate the OOP expenditures at regional level.

## 4.3 Main findings of the survey for 2011-12

The total Gross OOP health expenditures estimated at national level by OOP survey are Rupees 315 billion in 2011-12. Due to the short recall period of just one month a lot of households reported that during this period they had no illness and no such expenses at all. The percentages of such households were 38% in Pakistan, 50% in Punjab, 25% in Sindh, 22% in KP and 52% in Balochistan. In the urban and rural areas of Pakistan the ratio of households without any illness are 42% and 58% respectively.

**Table 22: Gross Out of pocket health expenditures in 2011-12 by region**

| Province/Area | Billion Rs. | % Share |
|---|---|---|
| **Pakistan** | **314,833** | **100.0** |
| Punjab | 171,355 | 54 |
| Sindh | 75,145 | 24 |
| KP &FATA | 49,795 | 16 |
| Balochistan | 16,168 | 5 |
| Islamabad | 2,370 | 1 |

Punjab has the highest share (54%) of the total OOP health spending, followed by Sindh (24%). KP (including FATA) has 16% share while Balochistan has just 5% share of the total OOP health spending.

[16]Population of Pakistan includes Punjab, Sindh, KPK, Balochistan and Islamabad.

[17]National Institute of Population Studies (NIPS), Sub Group-2 on Population Projections (For the Years 2007-2030), Tenth five year people's plan 2010-15 Population Welfare.

| Table 23: Type of health care accessed 2011-12 by province in % | | | | | |
|---|---|---|---|---|---|
| Province | Outpatient | Inpatient | Delivery | Self Medication | Total |
| **Pakistan** | **78.13** | **2.59** | **0.37** | **18.91** | **100** |
| Punjab | 92.10 | 3.03 | 0.50 | 4.36 | 100 |
| Sindh | 66.22 | 2.26 | 0.30 | 31.22 | 100 |
| KP | 65.13 | 2.27 | 0.13 | 32.48 | 100 |
| Balochistan | 70.65 | 0.88 | 0.54 | 27.92 | 100 |

Analysis of the OOP survey data finds that in Pakistan, around 78% of the population availed outpatient services while only 2.59% received inpatient care for their illness and 18% did self medication which include all those people who are taking medicines without consultation/prescription, or all those people who are taking medicines for long lasting diseases like diabetes and high blood pressure that was already prescribed by doctors. Further analysis of data on the type of health care accessed by provinces finds that share of self medication is highest in KP (32.48%) followed by Sindh (31.22%) and the lowest share is of Punjab (4.36%). The percentage share of outpatient is highest in Punjab (92.1%) followed by Baluchistan (70.65%), Sindh (66.22%) and the lowest share is of KP (65.13%). For the Inpatient services, the shares of all provinces are almost equal except for the Balochistan which is on the lower side (0.88%).

| Table 24: Type of health care accessed 2011-12 by sex in % | | | |
|---|---|---|---|
| Type of Care | Male | Female | Total |
| Outpatient | 45.94 | 54.06 | 100 |
| Inpatient | 49.11 | 50.89 | 100 |
| Self Medication | 45.37 | 54.63 | 100 |
| Total | **45.74** | **54.26** | **100** |

Table 24 shows that female percentage of all type of health care access is higher than male. Lack of quality reproductive health services may be one of the major reasons of higher percentage of female illness. According to MDG report[18] only one-third of the rural women in developing regions receive the recommended care during pregnancy.

[18]The Millennium Development Goals Report 2010 United Nation Department of Economic and Social Affairs (DESA) June 2010.

| Table 25: OOP expenditures of private households 2011-12 by category and by provinces in % | | | | | |
|---|---|---|---|---|---|
| **OOP Expenditure categories** | **Pakistan** | **Punjab** | **Sindh** | **KP** | **Balochistan** |
| Transportation costs | **10.19** | 9.37 | 7.27 | 15.45 | 21.15 |
| Parchi and admission fees | **1.74** | 1.91 | 1.63 | 1.43 | 0.91 |
| Medicines/Vaccine | **49.67** | 54.47 | 39.69 | 47.64 | 41.18 |
| Supplies/Medical Durables | **6.95** | 6.73 | 6.08 | 9.05 | 2.54 |
| Food | **2.35** | 1.86 | 3.32 | 2.67 | 2.67 |
| Diagnostic tests | **5.99** | 6.73 | 4.62 | 5.15 | 9.25 |
| Doctors fee | **15.02** | 15.31 | 18.53 | 9.70 | 16.29 |
| Tips | **0.10** | 0.06 | 0.15 | 0.18 | 00.00 |
| cost of surgery | **6.59** | 2.49 | 17.42 | 6.45 | 1.23 |
| Accompanying person cost | **1.00** | 0.89 | 0.59 | 1.76 | 2.01 |
| Other | **0.39** | 0.18 | 0.70 | 0.50 | 2.78 |
| Total Expenditure | **100** | 100 | 100 | 100 | 100 |

Table 25 shows that in Pakistan almost 50% of the total OOP spending are incurred on “Medicine/Vaccine”, 15% on Doctor’s fee and 10% of the total OOP spending are incurred on Transportation costs. Further analysis of OOP data with regard to provinces finds that OOP spending on “Medicine/Vaccine” is highest in Punjab (54.47%) followed by KP (47.64%), Balochistan (41.18%) while the lowest share is of Sindh (39.69%). Second highest spending for all the provinces is on Doctor’s fee and then the transportation cost. The reason behind the more OOP spending on medicine is that, in private clinics, doctors take the charges including medicine and the value reported in the medicine cost. The high share of transportation costs highlights that health care facilities often are distant to the population. The lowest share is of tips because mostly tips are given in the hospitals at the time of new born in Pakistan. The OOP expenditure on the category ‘cost of surgery’ in Sindh is significantly higher than other provinces. Expenditures on accompanying person incur mostly in the cases of inpatient. Balochistan has the highest percentage share of expenditures incurred on accompanying person.

| Table 26: OOP expenditures 2011-12 by expenditure categories in % | | | |
|---|---|---|---|
| OOP Expenditure categories | Private | Public | Total |
| Transportation costs | 8.30 | 19.65 | 10.19 |
| Parchi and admission fees | 1.81 | 1.37 | 1.74 |
| Medicines/Vaccine | 50.08 | 47.60 | 49.67 |
| Supplies/Medical Durables | 6.32 | 10.13 | 6.95 |
| Food | 2.06 | 3.82 | 2.35 |
| Diagnostic tests | 5.52 | 8.37 | 5.99 |
| Doctors fee | 17.56 | 2.26 | 15.02 |
| tips | 0.10 | 0.12 | 0.10 |
| cost of surgery | 7.06 | 4.24 | 6.59 |
| Accompanying person cost | 0.87 | 1.65 | 1.00 |
| other | 0.32 | 0.78 | 0.39 |
| Total Expenditure | 100 | 100 | 100 |

Table 26 indicates that percentage share of “Medicine/Vaccine” in private and public sector are 50% and 48% respectively. Private and Public OOP expenditures incurred on “Doctor’s fee” is 17.56% and 2.26% respectively. While the percentage share of OOP expenditures as “Transportation Cost” is 8.3% and 19.65% in private and public sector respectively. The high share of transportation cost (19.65%) shows that public health care facilities are not in the close access to the population.

| Table 27: Type of health care provider assessed by the households 2011-12 | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Province | Private Hospi-tal | Private Doctor clinic | Homeo-path/ ha-keem/ herbalist etc. | Phar-macy/ shops | Govt Hosp/THQ/DHQ/Tertiary/Teaching Hosp | Dispensa-ry/Maternal and child health center/ BHU/RHC | Labora-tory | Others* | Total |
| In % of population | | | | | | | | | |
| Punjab | 10.71 | 65.45 | 7.18 | 4.76 | 8.86 | 2.22 | 0.16 | 0.28 | 100 |
| Sindh | 6.84 | 44.91 | 0.92 | 32.50 | 10.96 | 0.34 | 0.08 | 3.34 | 100 |
| KP | 5.33 | 37.81 | 1.94 | 32.91 | 15.31 | 5.56 | 0.06 | 0.02 | 100 |
| Balochistan | 7.45 | 44.23 | 1.51 | 25.92 | 10.41 | 7.85 | 0.00 | 2.46 | 100 |
| **Pakistan** | **8.36** | **53.09** | **4.03** | **19.56** | **10.80** | **2.36** | **0.11** | **1.26** | **100** |
| In % of expenditures | | | | | | | | | |
| Punjab | 26.54 | 54.49 | 2.77 | 1.24 | 13.70 | 0.74 | 0.03 | 0.05 | 100 |
| Sindh | 43.75 | 36.83 | 0.81 | 6.45 | 11.47 | 0.12 | 0.00 | 0.44 | 100 |
| KP | 21.30 | 42.83 | 0.84 | 7.07 | 18.47 | 8.40 | 0.01 | 0.10 | 100 |
| Balochistan | 18.67 | 66.20 | 0.55 | 4.95 | 7.38 | 1.72 | 0.00 | 0.30 | 100 |
| **Pakistan** | **29.36** | **48.50** | **1.94** | **3.55** | **13.99** | **2.03** | **0.02** | **0.15** | **100** |

* Others include other (private), other (Public) and Don’t know

Note: Access to Military and Autonomous Bodies’ Hospitals was 0.20 percent of population and 1.41 % of expenditures

The highest percentage (53%) in access to health care providers shows that for general inspection people prefer to go to private clinics and doctors' due to easy access and seeking quality health services. Second highest percentage (19.56%) of population visited Pharmacy/ shops and then the Govt. Hosp/THQ/DHQ/Tertiary/Teaching Hospitals (10.8%) and private hospitals (8.36%).

Percentage of population visited Pharmacy/shops in Punjab (4.76%) is less than Sindh (32.5%) and KP (32.9%). In KP the condition of access to government hospital/ THQ and DHQ hospital are better than the rest of provinces. In KP and Balochistan the percentage of access to government hospitals is more than private hospitals because people prefer to access to government hospitals due to financial constraints or to get health services at minimal cost in government hospitals.

The OOP health expenditure for access to government hospitals (14%) is lower than those for access to private hospitals (29%) because government hospitals provide the services on lower rates. Highest OOP expenditures are in the category of Private Doctor Clinics (48.5%) followed by private hospitals (29%) andGovt Hosp./THQ/DHQ/Tertiary/Teaching Hospitals (14%) at national level. The percentage share of OOP spending on Private Doctor Clinics is highest in Balochistan (66%).While in Punjab, Sindh and KP they are 54%, 37% and 43% respectively. The category of Pharmacy/ shops have share of 3.5% in OOP health expenditures at national level.

**Table 28: OOP health expenditures 2011-12 by kind of accessed sector (private and public) and by province in %**

| Province | Private Sector* | Public Sector | Total |
|---|---|---|---|
| | | | |
| Punjab | 85.07 | 14.93 | 100 |
| Sindh | 87.85 | 12.15 | 100 |
| KP | 72.04 | 27.96 | 100 |
| Balochistan | 90.36 | 9.64 | 100 |
| **Pakistan** | **83.36** | **16.64** | **100** |

* Private Sector includes Private hospitals, Private Doctor Clinic, Homeopath/ Hakeem/ herbalist etc., Pharmacy/ shops and other (private).

In Pakistan share of OOP health expenditures incurred by private sector is significantly higher than public sector. The situation in the provinces is not much different which shows the important role of private health sector across the country.

| Table 29: Health expenditures 2011-12 by kind of illnesses/ incident and by province in % | | | | | |
|---|---|---|---|---|---|
| **Kind of Illness / incident** | **Pakistan** | **Punjab** | **Sindh** | **KP** | **Balochistan** |
| Accident | 0.68 | 0.90 | 0.38 | 0.69 | 0.00 |
| Physical Injury | 1.00 | 0.96 | 0.77 | 1.44 | 1.08 |
| Poisoning including snake bites | 0.09 | 0.18 | 0.00 | 0.03 | 0.00 |
| Diarrheal disorder (including dysentery) | 6.33 | 7.15 | 5.51 | 5.15 | 10.96 |
| Flue/Fever | 39.28 | 35.45 | 51.60 | 28.74 | 47.74 |
| Fever (clinical malaria) | 4.59 | 5.24 | 3.30 | 4.70 | 7.83 |
| Chest diseases | 9.30 | 6.46 | 8.48 | 17.11 | 12.54 |
| Measles, Polio (Immunizable diseases) | 0.75 | 0.92 | 0.96 | 0.05 | 0.06 |
| Hepatitis infections | 1.51 | 2.04 | 1.09 | 0.96 | 0.47 |
| Tuberculosis (TB) | 0.65 | 0.87 | 0.42 | 0.44 | 1.17 |
| Woman's issue | 4.56 | 3.69 | 4.18 | 7.18 | 5.22 |
| Muscular Pain (Knee, Arm, Backbone etc) | 7.81 | 6.58 | 7.06 | 12.52 | 1.97 |
| Eye infection/disorder | 1.81 | 1.65 | 1.78 | 2.27 | 1.47 |
| High blood pressure | 4.33 | 5.04 | 4.49 | 2.64 | 1.72 |
| Diabetes | 3.29 | 4.32 | 2.47 | 2.20 | 1.84 |
| Heart disease | 1.91 | 2.37 | 1.20 | 1.98 | 1.23 |
| Stroke | 0.30 | 0.51 | 0.06 | 0.20 | 0.00 |
| Dental Care | 0.68 | 0.21 | 0.99 | 1.31 | 1.13 |
| Don't know | 0.36 | 0.49 | 0.11 | 0.48 | 0.00 |
| Other, specify* | 10.74 | 14.95 | 5.11 | 9.91 | 3.56 |
| **Total** | **100** | **100** | **100** | **100** | **100** |

*diseases that are not part of disaggregation for example blood cancer, Abnormality, etc. and their individual percentage is very low i.e.0.02 to 3 %

Table 29 shows that the percentage shares of Flue/Fever of 39% and chest diseases of 9.3% are the highest among all other illnesses at the national level. Survey data finds that Diarrheal disorder (including dysentery) and Muscular Pain (Knee, Arm and Backbone etc.) are the second common diseases that occur in all provinces. Diarrheal disorder (including dysentery) is on higher side in Balochistan as compared to other provinces. Measles, polio (Immunizable diseases) percentage is very low as it is controlled by vaccination in Pakistan, it is a grouped category if polio will be analyzed only then the percentage tends to zero. Category of women issue is 7% in KP.

# 5. Census of Autonomous Bod-ies/Corporations

## 5.1 Why this census?

The accounts of the public sector core government (federal, provincial & district) are maintained at the Accountant General Pakistan Revenues (AGPR) and respective provincial Accountant Generals (AGs) offices. The final accounts of the respective governments are compiled and published about a year after the end of fiscal year in the document called appropriation accounts.

The public sector health expenditures data of the core government, compiled in various appropriation accounts, have already been extracted out from the appropriation accounts of respective provinces, districts and federal level obtained from the centralized accounting entities (AGPRs and AGs offices) and self-accounting entities. As far as Autonomous Bodies/Corporations (ABs/C) are concerned, they are not accounted for in the Government Budget Books issued by finance division/finance department except for the grants, subsidies & write-off loans (A05). This means that some of the ABs/C have a "one line budget" in the Government Budget Books. Therefore health expenditures data of the ABs/C have been collected via special survey/census. These expenditures are mainly made either through reimbursement of medical charges / bills, health insurances or through their own health care facilities. The expenditures incurred by health care facilities (Hospitals/Medical Centers/Dispensaries) run by ABs/C themselves have been collected separately.

## 5.2 Autonomous bodies/ corporations and their kinds of expenditures

ABs/C are set up in the public sector under an act of legislation or ordinance (subject to legislative approval) to perform regulatory, operational, corporate, promotional, research and developmental functions[19]. These bodies carry different organizational titles such as corporations, boards, institutes, authorities, companies and so on. These can generally be classified into (i) commercial, (ii) promotional, (iii) research, (iv) training and (v) regulation.

The primary distinction between a government department and an AB lies in the fact that the latter enjoys a higher degree of autonomy in administrative and financial decision-making matters. The extent of autonomy that these ABs/C enjoy is in effect granted to them under the acts, which provided for their creation. They are governed by their respective acts including the rules and regulations framed there under. However, the rules and regulations to be framed require the approval of the government.

The administration and management of the affairs of the ABs/C are vested in their respective Boards of Directors which are appointed by the federal/provincial government. The government does not interfere into day-to-day operational activities of these ABs/C, but exercises oversight through its representatives on the Boards of Directors. The chief executive of the ABs/C is appointed by the Government and is designated either as the chairman, or managing director, or director general or executive director.

Public corporations are established under special legislation of the Federal and Provincial Governments or under the Companies Act 1913/Companies Ordinance 1984. They are usually holding corporations of a number of public companies in the industrial sector. The Corporation holds all or majority

[19]Report of the National Commission for Government Reforms on Reforming the Government in Pakistan, 2008

equity in these companies on behalf of government and administers them. These corporations or companies cannot be classified as autonomous bodies.

According topublication published by Pakistan Public Administration Research Centre (PPARC) Statistical Bulletin 2010-11, there are 207 ABs/C having 369,285 employees working under the administrative control of federal government. Similarly according to Services & General Administrative Department (S&GAD) and the respective departments of the four provinces, there are 67, 40, 45 & 18 ABs/C under the administrative control of Punjab, Sindh, KP & Balochistan governments respectively.

## 5.3 Autonomous bodies/corporations and their type of health services

Data on public sector health expenditures are not collected through surveys ("primary" statistics). They are collected from administrative ("secondary") sources. Therefore it is imperative to deal with the set-up of public accounting in Pakistan and to differentiate among centralized accounting entities, self-accounting entities and exempt entities.

The accounts of the public sector (core government) are maintained in the first two entities, whereas ABs/C are treated in accounting as exempt entities. Centralized accounting entities and self-accounting entities are defined as those which are under the Auditor General of Pakistan for accounting and reporting purposes. A centralized accounting entity is any accounting entity for which the AGs or AGPRs have the primary responsibility for the accounting and reporting function of that entity. Data on health expenditures in respect of centralized accounting entities compiled in the appropriation accounts (Certified Document) have been obtained from the respective provincial AG offices and AGPR Islamabad. A self-accounting entity is any accounting entity for which the Principal Accounting Officer has the primary responsibility for the accounting and reporting function. Self-accounting entities are separately preparing their appropriation accounts compiled in Volume II-X of their expenditures.

Data on health expenditures of self accounting entities have been obtained from the following self accounting entities separately.

- National Savings Organization
- Pakistan Mint
- Food Wing of the Food and Agriculture Division
- Pakistan Public Works Department
- Ministry of Foreign Affairs
- Pakistan Post Office Department
- Geological Survey of Pakistan
- Pakistan Railways
- Forest Department
- Ministry of Defence

Exempt entities are defined as those which fall outside the responsibility of the Auditor General of Pakistan for accounting and reporting purposes. All ABs/C are treated as exempt entities. The terms centralized accounting entities and self accounting entities exclude exempt entities[20].The data on health

[20]Accounting Code for Self Accounting Entities. Available at:http://www.pifra.gov.pk/docs/nam/06-Accounting-Code-for-SAEs.pdf. Accessed on 30 April, 2011

expenditures incurred by the employees of Exempt entities (ABs/C) have been obtained by conducting this census of ABs/C as ABs/C are required to maintain/prepare their accounts and reports by themselves.

It has been observed in the census that ABs/C are providing health services to their employees through at least one of the following mechanism:

- Health care through their own health care facilities
- Provision of medical allowance to their employees
- Health care through the reimbursement of medical charges bills
- Health care through health insurance to their employees.

Census data finds that some large ABs/C under the federal government provides health services to their employees and in some cases to the general public. For example, Pakistan International Airlines (PIA) has a medical wing, which mainly consists of curative facilities but some of the preventive services such as immunization etc. are also provided. The medical wing runs medical centers at Karachi, Lahore, Multan, Peshawar, Rawalpindi / Islamabad providing comprehensive medical care to its employees and their dependents. Similarly Water and Power Development Authority (WAPDA) is a large organization having a medical division having more than 1,200 employees providing predominantly curative services to the organization. Currently WAPDA is running 12 hospitals and 30 dispensaries (12 fortified and 18 basic dispensaries) across Pakistan.

## 5.4 Data sources

As ABs/C working under the administrative control of federal/provincial governments of Pakistan are maintaining all their accounts/records by themselves, the only feasible way out to get their health expenditures data was to contact them officially and individually. The list of respondents was obtained from the following sources:

- Annual Statistical Bulletin of the Employees of ABs/C under the control of Federal Government (2010-11), published by PPARC, Management Services Wing, Establishment Division, Islamabad.
- The list of ABs/C under the control of Provincial Governments of Pakistan was obtained from the respective controlling department/Services & General Administration department of the four provinces.

The postal addresses of ABs/C both at federal and provincial levels were obtained from the websites and controlling divisions/departments. Official letters along with the specially designed data specification form were dispatched to all ABs/C in order to get data on health expenditures of their employees. Table 30 and 31 show the number of the federal bodies and their employees by Divisions of the Government of Pakistan and the number of the provincial bodies and their employees by provinces, respectively.

## Table 30: Federal autonomous bodies/ corporations and their employees 2011-12 by Division

| S.No | Division | Number | Employees |
|---|---|---|---|
| 1 | Cabinet | 15 | 19,995 |
| 2 | Commerce | 7 | 5,241 |
| 3 | Communications | 1 | 1,212 |
| 4 | Culture | 4 | 373 |
| 5 | Defence | 2 | 28,306 |
| 6 | Defence Production | 2 | 2,784 |
| 7 | Education | 42 | 10,342 |
| 8 | Environment | 2 | 176 |
| 9 | Establishment | 8 | 1,872 |
| 10 | Finance | 10 | 25,267 |
| 11 | Food, Agriculture & Livestock | 4 | 4,898 |
| 12 | Foreign Affairs | 3 | 124 |
| 13 | Health | 11 | 2,438 |
| 14 | Housing & Works | 3 | 575 |
| 15 | Industries Production and Special Initiatives | 14 | 25,599 |
| 16 | Information & Broadcasting | 5 | 8,264 |
| 17 | Information Technology and Telecommunications | 8 | 6,094 |
| 18 | Interior | 2 | 11,064 |
| 19 | Kashmir Affairs & Northern Areas | 1 | 650 |
| 20 | Labour & Manpower | 3 | 1,208 |
| 21 | Law, Justice &Parliamentary Affairs | 1 | 58 |
| 22 | Livestock & Dairy Development | 1 | 60 |
| 23 | Minorities Affairs | 1 | 1,059 |
| 24 | Overseas Pakistanis | 1 | 1,718 |
| 25 | Petroleum & Natural Resources | 10 | 31,339 |
| 26 | Planning and Development | 1 | 188 |
| 27 | Population Welfare | 2 | 100 |
| 28 | Privatization & Investment | 1 | 84 |
| 29 | Port & Shipping | 6 | 7,758 |
| 30 | Religious Affairs, Zakat &Ushar | 1 | 104 |
| 31 | Science & Technology | 18 | 10,438 |
| 32 | Sports | 1 | 373 |
| 33 | States & Frontier Regions | 1 | 196 |
| 34 | Social Welfare & Special Education | 1 | 1,194 |
| 35 | Tourism | 5 | 416 |
| 36 | Textile Industry | 2 | 443 |
| 37 | Water & Power | 6 | 156,994 |
| 38 | Prime Minister Secretariat (Public) | 1 | 281 |
| **Total** | | **207** | **369,285** |

Source: Pakistan Public Administration & Research Centre, Establishment Division

**Table 31: Provincial autonomous bodies/ corporations and their employees 2011-12 by province**

| Province | Number | Employees |
|---|---|---|
| Punjab | 67 | 33,576 |
| Sindh | 40 | 46,615 |
| KP | 45 | 19,724 |
| Baluchistan | 18 | 8,773 |
| **Total** | **170** | **108,688** |

Source: Respective Provincial Departments/Service & General Administration Departments

## 5.5 Main findings for federal autonomous bodies / corporations

Census of ABs/C pertaining to federal or provincial governments of Pakistan was conducted for the reference period 2011-12. The purpose of the census was to collect data on remuneration of health expenditures of the employees of the ABs/C working under the control of federal government of Pakistan. Out of 207 federal ABs/C, 92 have provided data through mail which is almost 45% of the total federal ABs/C and covered approximately 82% employees of the federal ABs/C. It is observed that most of the ABs/C are providing health services to their employees through the re-imbursement of medical bills. Table 32 gives an overview of the number of ABs/C and their health care service mechanism.

**Table 32: Federal autonomous bodies/ corporations 2011-12 by mechanism of health care provision**

| Mechanism | Number | % |
|---|---|---|
| Reimbursement only | 53 | 25.60 |
| Medical Allowance/No Reimbursement | 7 | 3.38 |
| Health Insurance only | 3 | 1.45 |
| Reimbursement & Health Insurance | 7 | 3.38 |
| Reimbursement & Own Health Care Facilities | 22 | 10.63 |
| Non-Response | 115 | 55.56 |
| **Total** | **207** | **100.00** |

Eighty two out of 92 reporting federal ABs/C are providing health services to their employees through the reimbursement of medical bills. The health expenditures incurred by their employees during 2009-2012 were Rupees 3,627 million in 2009-10, Rupees 3,977 million in 2010-11 and Rupees 4,596 million in 2011-12.

Three out of the 92 reporting ABs/C are providing health services to their employees through of health insurance only. Virtual University (NPO) paid Rupees 4.5 million, National Trust for Population Welfare, Islamabad paid Rupees 0.3 million and COMSAT Institute of Information Technology paid Rupees 24.4 million.

Seven out of the 92 reporting ABs/Care providing health services to their employees by co-mechanism (re-imbursement & health insurance). Table 33 gives an overview of the health expenditures incurred by them.

**Table 33: Expenditures of federal autonomous bodies/corporations on health via combination of reimbursement & health insurance 2011-12 (million Rs.)**

| Autonomous Body | Health Insurance | Reimbursement |
|---|---|---|
| National Centre of Excellence in Analytical Chemistry, University of Sindh, Jamshoro | 0.018 | 0.195 |
| National Institute of Historical and Cultural Research, Centre of Excellence, | 0.170 | 0.300 |
| Pakistan Study Centre, University of Sindh, Jamshoro | 0.049 | 0.386 |
| Pakistan Security Printing Corporation (PSPC) | 0.005 | 0.011 |
| Pakistan Gems and jewellery Development company, Karachi | 0.476 | 1.114 |
| Government Holdings (Pvt.) Limited | 0.873 | 0.194 |
| National University of Science & Technology (NUST) | 5.167 | 6.593 |
| **Total** | **6.76** | **8.79** |

Twenty two out of the 92 reporting ABs/Care providing health services to their employees and members of their families by two mechanisms: own health care facilities as well as reimbursement of medical bills. These ABs/C are running 28 hospitals/medical centers and 134 dispensaries. Out of 28 hospitals/medical centers WAPDA owns 12 hospitals; Pakistan Steel Mills and Capital Development Authority each have one hospital and Pakistan Mineral Development Corporation owns two hospitals. Pakistan International Airlines (PIA) has 5; Oil & Gas Development Company Ltd (OGDCL) has 3 and Civil Aviation Authority has 2 medical centers for their employees etc. Similarly out of 163 dispensaries, OGDCL owns 21, WAPDA 30, PIA 13 and Pakistan Steel Mills 11 dispensaries.

The actual data on expenditures on the prescribed questionnaire in respect of WAPDA, Capital Development Authority (CDA) have been received. The expenditures of the non-responding ABs/C hospitals, medical centers and dispensaries have been estimated on the basis of factors (health expenditures per employee incurred by the hospital (Rs. 5113) and dispensary (Rs.3918) obtained from the actual data received from WAPDA and CDA.

The lump sum health expenditures of ABs/with this co-mechanism in the year 2011-12 are Rs. 2,887 million for their own healthcare facilities and Rs. 2,674 million for their reimbursements. Overall the expenditure totals to Rs. 5,561 million.

As mentioned earlier, 82/92 federal ABs/C reported that they are providing health expenditures through reimbursement of medical charges. Their health expenditures per capita of employee (in total 284,009) has been calculated (Rs 16,182) in order to raise the amount of health expenditures for 115 non-responding federal ABs/C having 67,683 employees. This results in Rs. 1,095 million assuming that they do not employ other mechanisms than reimbursement. Table 34 summarizes the above results by mechanism.

| Table 34: Expenditures of federal autonomous bodies / corporations on health 2011-12 by mechanism | | |
|---|---|---|
| **Mechanism** | **Number** | **Health Expenditures in million Rs.** |
| Reimbursement only | 53 | 1,913 |
| Health insurance only | 3 | 29 |
| Reimbursement & Health insurance | 7 | 15 |
| Reimbursement & Own health care facilities | 22 | 5,562 |
| Non-response (estimated) | 115 | 1,095 |
| Medical Allowance/No Reimbursement | 7 | - |
| **Total** | **207** | **8,614** |

## 5.6 Provincial autonomous bodies/corporations

In Census of ABs/C 2011-12,170 bodies working under the administrative jurisdiction of federal and provincial governments. 67 of them were under the control of Punjab, 40 were located in Sindh, 45 in KP and 18 in Baluchistan. The response rates were 66% for Punjab, 40% for Sindh, 42% for KP and 56% for Baluchistan.

In Punjab there are 67 bodies and corporations working under the control of Punjab government, of which 44 have provided data/information which is 66% of the total Punjab ABs/C covering approximately 63% of the employees.

The actual reported data in respect of 44/67 ABs/C has been analysed and observed that 22 out of 44 ABs/C are providing health services to their employees through the method of re-imbursement of medical charges, 12 out of 44 are providing medical allowance to their employees and one out of 44 ABs/C is providing health services to their employees via reimbursement and health insurance. While nine out of 44 ABs/C are providing health services to their employees by co-mechanism (Via reimbursement and own health care facility). Table 35 gives an overview of health expenditures incurred by the employees of 22/67 ABs/C via reimbursement in the period 2009-2012. It also includes the respective figures for the other provinces.

| Table 35: Expenditures of provincial autonomous bodies / corporations on health via reimbursement of medical charges 2009-10 until 2011-12 (million Rs.) | | | | |
|---|---|---|---|---|
| **Province** | **AB / C (reporting)** | **2009-10** | **2010-11** | **2011-12** |
| Punjab | 44 | 27,270 | 23,335 | 24,212 |
| Sindh | 16 | 36,911 | 44,397 | 44,031 |
| KP | 19 | 20,700 | 23,394 | 26,054 |
| Balochistan | 10 | 8,368 | 14,289 | 15,401 |
| **Total** | **89** | **93,249** | **105,415** | **109,698** |

The per employee health expenditures (Rs. 1,829) based on the reimbursement of medical charges bills has been calculated and raised for the 23 non responding ABs/C employees. Estimation

procedure of the health expenditures of the non-responding ABs/C is shown in Table 36. The table includes the respective figures for the other provinces.

**Table 36: Estimation of health expenditures of the non-responding autonomous bodies / corporations via reimbursement method 2011-12**

| Province | Response (Reimbursement) | | Non-response | | Per Capita expenditures (in Rs.) | Expenditures (In million Rs.) |
|---|---|---|---|---|---|---|
| | AB / Cs | Employees | AB / Cs | Employees | | |
| Punjab | 22 | 13,236 | 23 | 20,340 | 1,829 | 61.419 |
| Sindh | 6 | 6,108 | 23 | 37,190 | 7,209 | 312.123 |
| KP | 15 | 7,670 | 27 | 12,054 | 3,397 | 67.002 |
| Balochistan | 7 | 6,453 | 07 | 2,320 | 2,387 | 20.938 |
| **Total** | **50** | **33,467** | **80** | **71,904** | **14,822** | **461.482** |

According to reported data, one of the Punjab ABs/C (Punjab Education Foundation) is providing health insurance to their employees in addition to reimbursement of medical bills facility and its health expenditures via health insurance is Rs. 6.997.million. In Sindh three bodies namely Karachi Fisheries Harbor Authority, Liaquat University of Medical and Health Sciences, Jamshoro and Dow University of Health Sciences, Karachi are providing healthcare services to their employees via health insurance only. The total health expenditures reported by these three bodies through health insurance only, are Rs. 64 million.

Besides the facility of re-imbursement of medical bills, 9 out of 44 ABs/Cin Punjab are providing health services to their employees through their own health care facilities as well. For example, University of Punjab has 5 dispensaries, University of Agriculture, Faisalabad and Islamia University, Bahawalpur are running 2 dispensaries each for the health care of their employees/students etc. The expenditures of the ABs/C dispensaries have been estimated on the basis of factor (health expenditures per employee incurred by the dispensary is Rs. 4,176). So the estimated health expenditures of the Punjab ABs/C own healthcare facilities are amounting to Rs. 77.12 million.

Under KP government the bodies providing health services to their employees through their own health care facilities are, for example, B.I.S.E Peshawar, and KP Agriculture University has one dispensary each. University of Peshawar has one child welfare centre and one dispensary at campus for the health care of students/employees. The expenditures of the KP own healthcare facilities (three dispensaries & one child welfare center) has been estimated on the basis of factors as mentioned above. Hence the lump sum expenditures of the KP healthcare facilities are worked out to Rs. 19.45 million. None of the ABs/C (as reported in the census) under KP government is offering health insurance to their employees.

In Balochistan Lasbela University of Agriculture, Water & Marine Science and Baluchistan University of Engineering and Technology, Khuzdar is providing health services to their employees by running its own dispensary at premises. Expenditures of the dispensaries is estimated on the basis of the factor (per employee Expenditures of the dispensary), which are Rs. 2.956 millions. None of the ABs/C (as reported in the census) under Baluchistan government is offering health insurance to their employees.

Table 49 gives an overview of the total health expenditures and its breakdown by mechanism incurred by the bodies and corporations of all four provinces in the fiscal year 2011-12.

| Table 37: Expenditures of provincial autonomous bodies / corporations on health by mechanism 2011-12 (million Rs.) | | | | | |
|---|---|---|---|---|---|
| Province | Mechanism | | | Total Health Expenditures | |
| | Reimbursement | Own health care facilities | Health insurance | | |
| | million Rs. | million Rs. | million Rs. | number | million Rs. |
| Punjab | 106.74 | 77.118 | 6.998 | 67 | 190.86 |
| Sindh | 318.089 | - | 93.83 | 40 | 411.93 |
| KP | 82.713 | 19.447 | - | 46 | 102.16 |
| Balochistan | 21.043 | 2.956 | - | 18 | 23.99 |
| Total | **528.58** | **99.52** | **100.83** | **171** | **728.93** |

# 6. Classifications and International Guidelines

## 6.1 Definitions and boundaries

The framework of health accounting has to be in line with international recommendations and classifications (of NHA) and with National Accounts as well. For these reasons, PBS is following the international guidelines of WHO and applies it tailor-made to Pakistan. The NHA-methods for the developing countries are derived from the System of Health Accounts (SHA). The SHA defines health care activities which are more focused on health services in health system.

"Activities of health care in a country comprises the sum of activities performed either by institutions or individuals pursuing, through the application of medical, paramedical and nursing knowledge and technology, the goals of:

- Promoting health and preventing disease;
- Curing illness and reducing premature mortality;
- Caring for persons affected by chronic illness who require nursing care;
- Caring for persons with health-related impairment, disability, and handicaps who require nursing care;
- Assisting patients to die with dignity;
- Providing and administering public health;
- Providing and administering health programs, health insurance and other funding arrangements[21]".

In SHA manual, Total Health Expenditure (THE) includes health care functions under classification codes HC.1 to HC.7 plus capital formation[22] by health care providers (HC.R.1). The HC.1 to HC.7 & HC.R.1 include

HC.1 Services of curative care
HC.2 Services of rehabilitative care
HC.3 Services of long-term nursing care
HC.4 Ancillary services to medical care
HC.5 Medical goods dispensed to outpatients
HC.6 Prevention and public health services
HC.7 Health administration and health insurance

According to the above definitional framework, medical education and health-related professional training & research are not included in the Total Health Expenditure (THE). This definitional framework is important, when it comes to cross country comparisons.

The method recommended for developing countries by WHO gives them the liberty to include categories which are seen as integral part of the health system such as health education or health related research or training and is called "National Health Expenditure". So, Total Health Ex-

[21]Organization for Economic Co-Operation and Development (OECD), 2000, A System of Health Accounts Version 1.0, pp. 42.

[22]Gross capital formation in health care industries are those expenditure that add to the stock of resources of the health care system and last more than an annual accounting period

penditure (THE) is the definitional framework provided by OECD (for international comparisons) and the National Health Expenditure (NHE) is the definition adopted by any particular country.

As for NHA Pakistan, regardless of the type of the institution or the entity providing or paying for the health care activity, it is as follows:

"National health expenditure encompasses all expenditures for activities whose primary purpose is to restore, improve, and maintain health for the nation and for individuals during a defined period of time[23]".

NHA Pakistan comprises of the health expenditures for the four provinces (Punjab, Sindh, KP and Balochistan) and federal health expenditures, which amounts to the national health expenditures. NHA Pakistan shows health expenditure for Pakistani citizens and residents as well as spending by external agencies, like bilateral donor and UN agencies, on inputs to health care in Pakistan. This means that NHA Pakistan:

*Includes:*

- Health expenditures by citizens and residents temporarily abroad
- Donor spending (both cash and in-kind) whose primary purpose is the production of health and health-related goods and services in Pakistan

*Excludes:*

- Health spending by foreign nationals on health care in Pakistan (as NHA treats this as export of health services and does not include in NHA estimation) in Pakistan
- Donor spending on the planning and administration of such health care assistance

It is recommended that NHA should use the accrual method in accounting for expenditures, not the cash method. This would mean that expenditures are related to the time period during which the actual activity takes place. The accrual method uses the expenditures, which are attributed to the time period during which the economic value was created whereas the cash method refers to the expenditures, which are registered when the actual cash disbursements take place. However, the data situation in Pakistan does not yet allow for application of the accrual method. The numbers presented in the first round report and in this report of NHA are both cash-based.

## 6.2 ICHA-Classification adapted for Pakistan

The NHA classification categorizes the dimensions of health care system (namely, financing sources, financing agents, providers and functions). Each classification and category of NHA has a code. A letter code is used for the four main classifications used in NHA Pakistan. For example, financing sources are denoted by the code FS, financing agents by HF. For more details see Annexure 5 and 6.

NHA Pakistan estimates are based on the concepts and accounting framework outlined in the "Guide to Producing National Health Accounts - with special applications for low-income and

[23]World Health Organization, 2003, Guide to Producing National Health Accounts: with special applications for low-income and middle-income countries, pp. 20.

middle-income countries[24]".Classifications for financing sources, financing agents and health care providers has been prepared for Pakistan(see annexure) including the linkages between them as shown in the various matrices.

Analysis of financing sources may be of particular interest where funding for the health system is diverse or changing rapidly in response to new financing strategies. Figures on financing sources are designed to reflect some of the key policy interests in the health system as well.

FS.1 covers all public funds. It is further divided into three sub-categories. FS.1.1 captures funds generated through general government. General government in Pakistan is federal government, provincial government and district / tehsil government. The ministry of finance acts as a main source of finance for civilian and military part. The provincial governments are the main source of finance for each province. The cantonment boards are placed under district government section as they are financially autonomous and act as source of finance.

Unlike government revenues, money that is collected by government and dedicated to social security funds is not counted under category FS.1.1. Therefore employers' contributions to social security schemes are categorized as other public funds.

FS.2 covers all private funds. Here FS.2.1 covers employer funds. Similarly, household funds (FS.2.2) include household out of pocket payments, Zakat and Bait-ul-Mal.

FS.3 category is reserved for funds that come from outside the country. External resources such as bilateral and multilateral international grants as well as funds contributed by institutions and individuals outside the country are included to the extent that they are used in that current period.

The classification scheme for financing agents allows categorizing the institutions and entities that pay or purchase health care in different groups. Financing agents include institutions that pool health resource collected from different sources, as well as entities (such as household and firms) that pay directly for health care from their own resources. As with the functional classification scheme in ICHA, NHA will likely show policy relevant subcategories of financing agents under many of the two digits heading of the ICHA-HF. For example, under central government (HF 1.1.1) countries probably will add additional categories for the Ministry of Health, Ministry of Education, and other ministries and so on. The reimbursement of medical charges by other ministries/departments is included as lump sum in the category defined as "Other".

The Pakistan health care financial agents are classified into two major categories: general government and private sector. Under general government the main categories are territorial government and social security funds. In territorial government the classification code HF.1.1.1 explains the federal government part under which federal (civil) and military are categorized while, Ministry of Health, Ministry of Population Welfare and other ministries are considered in the federal civil part.

Code HF.1.1.2 covers the provincial government expenditures by provinces. Each province has been further categorized into different departments like health, population welfare, and other departments. HF.1.1.3 covers the district/tehsil/local government and cantonment boards sections. The next main category under general government is social security funds, which from Pakistan's per-

[24]See WHO website, http://www.who.int/nha/create/en/.

spective includes the social security funds channeled through ESSI (coming from the employers) and Ministry of Religious Affairs, Zakat &Ushr (coming from household Zakat contributions). HF.1.3 covers the Autonomous bodies/Corporations.

The private sector (HF.2) is classified as private health insurance, private household out of pocket payments and, if any, local / national NGOs involved in providing health services. Rest of the world funds are covered under HF.3. Most of them under official donor agencies category HF.3.1

Hopefully, in the fifth round, the classifications for compiling country health accounts would be revised as per recommended global standard document called SHA 2011.

## 6.3 Revision of the System of Health Accounts

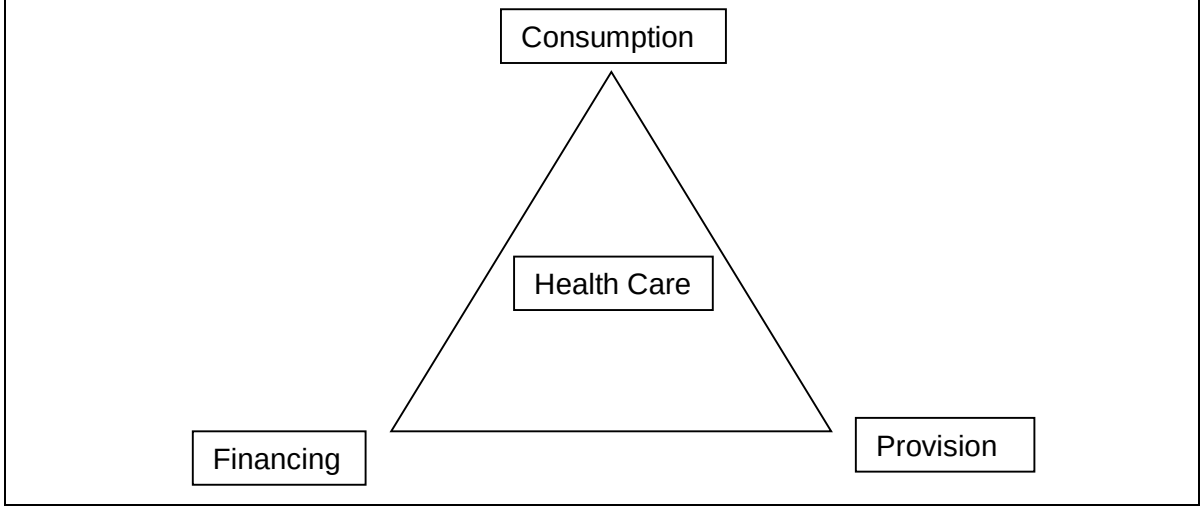
As more countries implementing NHA, the demand for improved analytic tools related to health expenditure is growing. Health accountants are encountering more expectations from policy analysts, policy makers and the general public alike for sophisticated health expenditure data. It is desirable to have data which is more reliable, timely, and comparable, both across countries and over time.

The SHA 2011 (sometimes also referred to as “SHA II” or “SHA 2”) provides global standards and is expected to avoid the development of divergent methodologies for the compilation of health expenditure accounts. It shares the goal of the System of National Accounts to constitute a system of comprehensive, internally consistent and international comparable accounts, which should be compatible with other aggregate economic and social statistics as far as possible. The SHA 2011 draws on countries best practices and relevant international standards and is the result of a wide-ranging consultation process.

SHA 2011 has introduced a number of changes and improvements. It starts with a greater focus on health consumption expenditure, with a more detailed consideration of prevention, long-term care, and traditional medicines. It provides more comprehensive guidance on recording the financing of health expenditures through health care financing schemes and their revenues. SHA 2011 interprets financing schemes as the key components of the health financing system from the point of view of access to care, and hence connects them to providers and health care functions in the SHA’s tri-axial system of consumption, provision and financing (see Figure 6).

All four components of the health system can be linked to the three axes of health accounts. Each axis is associated with specific classification, but there is no unique classification matching each axis. For example, the financing axis can equally be measured by financing schemes and financing agents. Consumption is the starting point and the goods and services consumed with a health purpose (functions) set the boundary of the health accounts. What has been consumed has been produced and provided, thus another axis is provision, and what has been consumed and provided has been financed. This means that the third axis, financing as well as the second axis on provision are measured around the consumption.

**Figure 4: Three axes of health accounts**




There is also a greater separation of the accounting for consumption expenditure and capital expenditure on health system to reduce the ambiguity regarding their links, resulting in a new chapter in capital formation. It also introduces some new chapters like expenditure by groups of beneficiaries according to disease, age, gender, region and socio-economic group. Building on the methodological work of the Producer Guide, there is also chapter of the factor costs of healthcare providers.

There is distinction between the developing and developed countries as far as health accounting methodology is concerned. Developed countries are using System of Health Accounts (SHA) while the developing countries are using the National Health Accounts (NHA) guideline. This distinction has been removed and the revised system of health accounts (SHA 2.0) is now the recommended Global Standard for compiling Health Accounts.

## 6.4 Charts of Accounts Classification for government finance

"The Finance Division deals with the subjects pertaining to finance of the Federal Government and financial matters affecting the country as a whole, preparation of annual budget statements and supplementary / excess budget statements for the consideration of the parliament accounts and audits of the Federal Government Organization etc. as assigned under the Rules of Business, 1973[25]".

The Accountant General Pakistan Revenues (AGPR) is responsible for the centralized accounting and reporting of federal transactions. Additionally the AGPR is responsible for the consolidation of summarized financial information prepared by federal self-accounting entities. The AGPR receives accounts and reports from the District Account Offices (DAOs), Provincial Accounts Offices (PAOs), Federal Treasuries and State Bank of Pakistan / National Bank of Pakistan, and provides Annual Accounts (to the AGP) and Consolidated Monthly Accounts (to the Federal Finance Divi-

[25]See MOF website, http://www.finance.gov.pk/.

sion). There are AGPR sub-offices in each of the Provinces which also act as the DAO in respect of Federal Government transactions relevant to the Provincial Headquarters. The Controller General of Accounts is the administrative head of the AGPR.

The Provincial Accountant General (AG) offices, located in provincial capitals, are responsible for keeping the Provincial Accounts. The Detailed Accounts data for Federally Administered Tribal Areas (FATA) is kept with the FATA Secretariat located in Peshawar.

In December 2000, the New Accounting Model, which includes the new Chart of Accounts (CoA), was prescribed by the Auditor General of Pakistan under the Project to Improve Financial Reporting and Auditing (PIFRA). The new CoA is expected to provide a uniform basis for classification of Receipts, Expenditures, Assets, Liabilities and Equity through elements such as:

*Entity:* The Entity element enables reporting transactions by the organizational structure or the organizational unit, which is creating a transaction.

*Function:* The Function element provides reporting of transactions by economic function and program. The Function code is mandatory for transactions relating to expenditure. The Health Function code is 7.

*Object:* The object element enables the collection and classification of transactions into expenditure and receipts and also to facilitate recording of financial information about assets, liabilities, and equity. The use of the object element is mandatory for all accounting transactions.

*Fund:* The fund element is a one alpha character and identifies the fund as being the consolidated fund or public account.

*Project:* The project element enables transactions to be aggregated and reported at a project level.

The public sector data utilized for this report classifies according to PIFRA or CoA. For PIFRA Classification (by function for health and other codes relevant to health expenditures) see Annexure 10.

# 7. Health Care System in Pakistan

## 7.1 Public sector, territorial government, civilian part

Pakistan's public health delivery system functions as an integrated health complex that is administratively managed mainly at the district level. Health services delivery is primarily a provincial matter while the Federal Government plays a supportive and coordinating role. Previously, the Ministry of Health was mandated with policy making, coordination, technical assistance, training and seeking foreign assistance. However, on June 30, 2011, under the18$^{th}$constitutional amendment has been devolved leading to the transfer of powers to provincial governments. The Ministry of Health had a number of vertical public health programs such as Extended Program of Immunization, Family Planning & Primary Health Care, National Tuberculosis Control Program, National Aids Control Program etc. which are funded by the federal government but their implementation is carried out at the provincial and district levels. Table 37 gives an overview of total public health facilities 2010.

**Table 38: Public health facilities in Pakistan 2012**

| Type | Number |
|---|---|
| Hospitals | 980 |
| Dispensaries | 5039 |
| Basic Health Units | 5,449 |
| Rural Health Centres | 579 |
| MCH Centres | 851 |
| TB Clinics | 345 |
| Beds in hospitals & dispensaries etc. | 90,712 |
| Population per bed | 1,665 |

Source: Pakistan Statistical Year Book 2012 and Pakistan Economic Survey 2011-12

The health care provision which is a provincial subject is divided into primary, secondary and tertiary health care:

*Primary health care* is implemented through Basic Health Units (BHUs), Rural Health Centers (RHCs), Maternal and Child Health Centers (MCHCs) and Dispensaries.

*Secondary health care* includes first and second level referral facilities providing acute, ambulatory and inpatient care through Tehsil Headquarter Hospitals (THQs), and District Headquarter Hospitals (DHQs). Tehsil Headquarter Hospitals (THQs), and District Headquarter Hospitals (DHQs) covers 100,000 to 300,000 and 1-2 million persons respectively[26]the primary and secondary health care constitutes the District Health System.

*Tertiary health care* is provided through major hospitals with specialized facilities which are under the administrative jurisdiction of provinces.

[26]Health System Profile – Pakistan, as cited above

Annexure 2 describes the provincial system of health care in a scheme. Annexure 3 gives a schematic overview of the overall health care system in Pakistan with public and private sector as its two main components. The public sector can further be subdivided into federal government, provincial governments and autonomous bodies of both of them. For the federal government Ministry of Health and Ministry of Defense are the main stakeholders. The private sector is subdivided into five categories of health care providers.

## 7.2 Military health care system, cantonment boards, autonomous bodies

The provision of medical services in military setup is the responsibility of the Army Medical Corps. Their overall responsibilities include maintaining and promotion of health and prevention of diseases, provision of care and treatment to sick and wounded, rapid collection and speedy evacuation of casualties in the field from Forward Defended Localities for life and limb saving surgery at Forward Treatment Centre / Field Hospital / Base Hospital, supply and replenishment of medical equipment and stores and provision of skilled and expert treatment in the base hospitals / centres of excellence. The population covered by military health care system includes serving soldiers, families, parents, retired soldiers, civilians paid from defence estimates and civilian non-entitled.

Annexure 4 categorizes the military health care system according to the services provided (preventive or curative) and to the groups of beneficiaries (military personnel exclusively or their dependents also or even the general public at large).The perception that Fauji Foundation is the corporate face of Army is not correct and in fact it is a private charitable trust. The Government of Pakistan, Ministry of Health, Labour, Social Welfare and Family Planning, vide Notification No SR 395 (K) 72 dated 8 March 1972 registered a Scheme of Administration for Fauji Foundation under the Charitable Endowment Act 1890 thus retaining its status as a private trust. It neither receives any subsidy from the government of Pakistan nor gives any financial support to army[27].

Military Lands & Cantonment Department is an attached department of Ministry of Defence. There are 43 cantonment Boards in Pakistan. Geographically, 22 Cantonment Boards are in Punjab, 8 in Sindh, 9 in KP, and 4 in Balochistan. They have hospitals / dispensaries providing health care to their employees as well as to the residents of the respective Cantonments. Each Cantonment Board has financial autonomy.

Autonomous bodies/corporations are set up in the public sector under an act of legislation or ordinance (subject to legislative approval) to perform regulatory, operational, corporate, promotional, research and developmental functions. They may provide health services to their employees through the following means:

- Health care through their own health facilities
- Provision of medical allowance to their employees
- Reimbursement of medical bills.
- Provision of health insurance to their employees.

[27] Fauji Foundation, Pakistan. Accessed at: http://www.fauji.org.pk/Webforms/Legal.aspx
Date accessed: 17/11/2009

## 7.3 Social protection in Pakistan

In common language as well as in many technical texts the terms “social protection”, “social assistance”, “social security” and “social insurance” often are mixed up. Figure 7 intends to give some clarification in that regard. Social protection is defined as “the set of policies and programs designed to reduce poverty and vulnerability by promoting efficient labor markets, diminishing people's exposure to risks, and enhancing their capacity to protect themselves against hazards and interruption/loss of income[28]”.

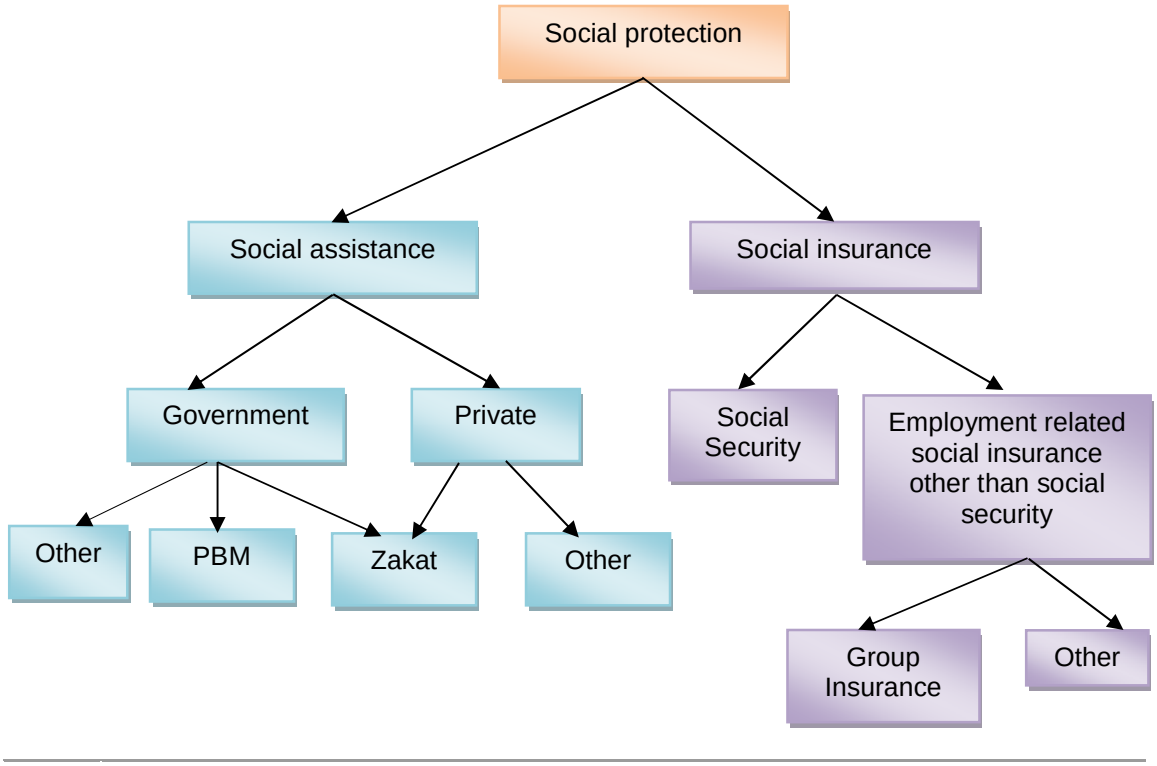
In United Nations’ Classification of the Functions of Government (COFOG) social protection besides of health care covers sickness and disability, old age, survivors, unemployment and some other issues of social exclusion[29]. Social protection has its two components social insurance and social assistance[30]. Social assistance can further be classified into private and governmental social assistance (see Figure 5). In Pakistani context, Zakat is one of the important forms of social assistance. In addition to Zakat there are other forms of social assistance in Pakistan such as social assistance in kind, welfare services etc. Zakat can further be broken down into governmental and private Zakat. In this context, of course, social assistance and social insurance matter with regard to their fraction related to health expenditure, only.

[28]Asian Development Bank. Social Protection, Official Policy Paper. July 2003. Available at :http://www.adb.org/documents/policies/social_protection/#contents. Accessed 15 January 2009

[29] COFOG is available on website United Nations Statistics Department (UNSD)

[30]ADB, Social Protection Strategy Development Study, Social Protection, Final Report Vol. 1: Social Protection.

**Figure 5: Overview of social protection in Pakistan**




In this section, the primary focus would be on the social security and Zakat while the private health insurance (including employment related social insurance) would be dealt with in private sector, in section 8.5.

### 7.3.1 Employees social security institutions

The risk of getting sick can be covered by private health insurance or by social insurance. Social insurance is not easy to define. According to the United Nations' System of National Accounts 2009 (para. 17.84) a social insurance scheme is an insurance scheme where the following two conditions are satisfied:

- the benefits received are conditional on participation in the scheme and constitute social benefits as this term is used in the SNA; and
- at least one of the following three conditions is met:
  - Participation in the scheme is obligatory either by law or under the terms and conditions of employment of an employee, or group of employees;
  - The scheme is a collective one operated for benefit of a designated group of workers, whether employed or non-employed, participation being restricted to members of that group;
  - An employer makes a contribution (actual or imputed) to the scheme on behalf of an employee, whether or not the employee also makes a contribution.

Those participating in social insurance schemes make social contributions to the schemes and receive social benefits. In Pakistan, a social insurance system exists in the form of social security since 1967, though it is very limited in scope and area. Social security in Pakistan provides only an umbrella of social health protection for a selected segment of the population covering no more than 5% of total population[31].

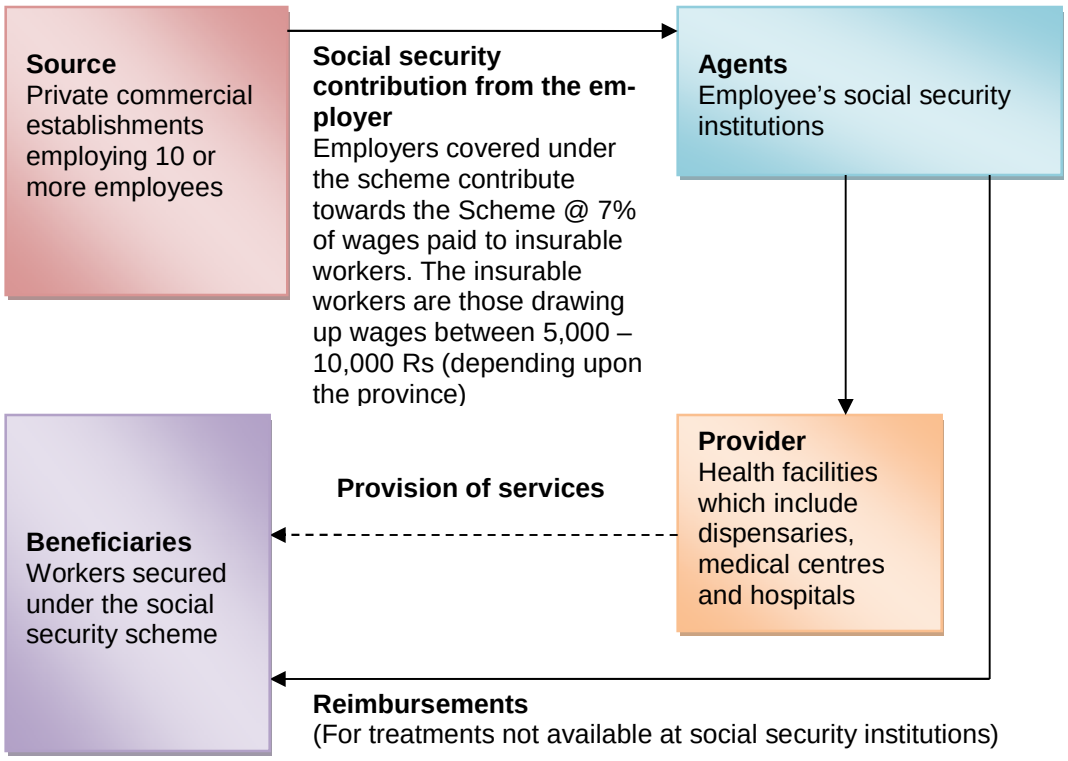
These Social Security Institutions (Employees Social Security Institutions "ESSI') are present in all the four provinces and are provincial autonomous bodies attached to respective provincial Department of Labour. These institutions cover areas such as sickness, maternity, work injury, invalidity and death benefits. However, their primary focus is on provision of medical care to the employees of private industries and commercial establishments employing 5 to 10 or more employees (depending upon the province). The coverage is provided to the employees of these establishments drawing monthly wages up to 5,000 -10,000 Rs, depending upon the province[32](Figure 6). The workers and their dependents are entitled to medical care from the first day of the employment. The dependents include wife, dependent parent and any unmarried children up to 21 years. Other categories of employees, such as day labourers and agricultural workers (Informal Sector) are excluded yet. For providing medical care to the secured workers, the provincial social security institutions have a network of hospitals, dispensaries, treatment centers; qualified doctors, paramedical staff, ambulances etc.

These services are provided free to the employees as their employer pays these contributions. Employers covered under the scheme contribute towards the scheme at the rate of 7% of their wages paid to insurable workers. The secured employees incur no deduction, co-payment, or any other cost in order to avail these services. They can avail these services after proper registration from the department and after qualifying a period of 3 months.

[31]ADB TA 4155-Pak, Social protection strategy development study, Vol:II, Health Insurance, 2004, 26.

[32]Naushin Mahmood, Zafar Mueen, Pension and Social Security Schemes in Pakistan: Some Policy Options. PIDE Working Paper, 2008:42.

**Figure 6:Social security system in Pakistan**




Adapted from: Health System Profile – Pakistan. Regional Health System Observatory-EMRO, World Health Organization, 2007

### 7.3.2 Zakat managed by government

Zakat system in Pakistan can be divided generally into two major components[33] namely private Zakat(which is included in the philanthropic section 7.6) and governmental Zakat. The governmental system was introduced through "Zakat and Ushr Ordinance 1980[34]".The benefits are targeted at the poorest. The main systems providing social assistance benefits are Zakat and Bait-ul-Mal[35]. Zakat fund is utilized for assistance to the needy, the indigent and the poor particularly orphans and widows, the handicapped and the disabled.

The system relies on mandatory Zakat deduction at the rate of 2.5% from the value of following 11 categories of assets:

- Saving bank accounts
- Notice deposit receipts and accounts
- Fixed deposit receipts and accounts (e.g. Khas Deposit Certificate)

[33]ADB, Social Protection Strategy Development Study, Social Protection, Final Report Vol. 1: Social Protection, 34ff.
[34]Zakat &Ushr Ordinance, 1980, (NO.VIII of 1980).
[35] ADB, as cited above, 34ff.

- § Saving / deposit certificates (e.g. Defence Saving Certificates, National Deposit Certificates)
- § Units of the National Investment Trust
- § ICP Mutual Fund Certificates
- § Government Securities (other than prize bonds)
- § Securities including shares and debentures
- § Annuities
- § Life insurance policies
- § Provident funds

### 7.3.3 Pakistan Bait-ul-Mal

Pakistan Bait-ul-Mal (PBM), an autonomous body set up through an Act in 1991 works under the umbrella of Ministry of Social Welfare and Special Education. PBM is significantly contributing toward poverty alleviation through its various services focused on the poorest of the poor and providing assistance to destitute, widow, orphan, invalid, infirm & other needy persons, as per eligibly criteria approved by Bait-ul-Mal Board. They also spend money on health in various forms:

- Through Individual Financial Assistance (IFA) the poor, widows, destitute women, orphans and disabled persons are supported through general assistance, education, medical treatment and rehabilitation. The financial assistance for health is dedicated for the Medical treatment of major ailments and disabilities of the poor patients. The financial ceiling for medical treatment is 300,000 Rs.
- The regular portion of Bait-ul-Mal's money, dedicated for health, is the IFA for medical treatment. In addition, it has supported (not as a regular activity) in the past the establishment of the new health care facilities. For instance, it has supported the opening of a drug and diagnostic centre in KP and also supported the construction of a burn and reconstructive surgery centre in Lahore.
- PBM also has a project named Institutional Rehabilitation which basically provides support to registered NGOs under following three strategies
    - o *Strategy-I:Institutional support for the poor:* Sharing of capital cost by Pakistan Bait ul Mal (PBM) at the ratio 50% and 50% share of NGO.
    - o *Strategy-II: Free eye care for cataract operations*: Technical committee assists PBM in selecting suitable NGOs. Actual expenses of cataract operations provided on annual/quarterly basis
    - o *Strategy-III: Innovative Pilot Project*; PBM-NGO's partnership for 3 to 5 years. Sharing of capital cost and recurring expenses 50% NGO

## 7.4 Private healthcare facilities

The private health care facilities are quite diverse and have generally grown unregulated. There are no standardized or classified health facilities in the private sector. The private sector generally exists in the form of:

- Major hospitals with specialized health facilities;
- Other hospitals with variable quality / level of services;

- Individually run clinics / general practitioners including dental and eye care. These clinics are either owned by a single person who is the sole proprietor of the facility or they are run on partnership basis;
- Homeopaths, hakeems, tabibs and other traditional health providers;
- Health care facilities from NGOs including the philanthropic organizations;
- Ambulatory health services;
- Pharmacies and
- Opticians.

Considering that 83.8% of the population access healthcare from the private sector and 16.2% from public sector, it is vital to estimate the health expenditures in private sector. In principle, this can be done using demand-sided (patients or households) or supply-sided (health care providers) approaches or both. In first round of NHA Pakistan the demand-sided approach was applied on household data. In this round of NHA Pakistan, the same approach has been adopted by getting data from the specialized Out of Pocket Health Care Expenditure Survey conducted by PBS. For the results see Chapter 4.

## 7.5 Private health insurance

Health insurance is categorized under the non-life insurance and there are about 50 insurance companies in non-life insurance sector in Pakistan[36]. Group health insurance is offered by 6 or 7 insurance companies and individual health insurance by one insurance company[37]. The Securities and Exchange Commission of Pakistan (SECP) under the Insurance Ordinance 2000 took over as the formal regulator of the insurance industry. The SECP has provided the data on insurance premiums and insurance claims for health for the years 2004 to 2012.

## 7.6 Philanthropic / Non-Government Organizations

Philanthropy has been defined as “activities of voluntary giving and serving, primarily for the benefit of others beyond family[38]”. The philanthropy is dedicated to health care, but not exclusively. It has broadly two components

- Services: in which the non-profit organizations are primarily involved
- Giving: individual or corporate

Philanthropy is very commonly institutionalized as non-government organizations (NGOs), also often referred to as non-profit institutions (NPIs). The NGO’s are an important part of the civil society and are quite distinct from the private enterprises. Known variously as the ‘non-governmental’, ‘voluntary’, ‘community based’, ‘charitable’, ‘welfare societies’, this set of institutions include within it a variety of entities such as schools, hospitals, dispensaries, human rights organiza-

[36] Asian Development Bank. Private Sector Assessment, Pakistan. December 2008
[37] Asian Development Bank. Technical assistance to the Islamic Republic of Pakistan for developing a social health insurance project (TAR;PAK 37359)., 2005.
[38] Pakistan Centre for Philanthropy, Available at: http://www.pcp.org.pk/. Accessed on 20 Jan 2009

tions etc. Many definitions of NGOs have been put forward which add to the confusion. However, despite their diversity the NGOs share certain common features[39]:

- They have an institutional presence and structure;
- They are institutionally separate from the state;
- They do not return profits to their members, managers or directors
- They control their own affairs;
- They attract some level of voluntary contribution of time or money and also membership in them is not legally required.

Pakistan Centre for Philanthropy (PCP) has been working on the regulation of the philanthropy in Pakistan with a mission to increase the volume and effectiveness of the philanthropy for social development. The PCP database includes only certified institutions. A study titled "Dimensions of the Non Profit Sector in Pakistan" was conducted by Social Policy and Development Centre in 2002 which estimated the total number of NGO/NPO in Pakistan to be 45,000 and also provided the sector wise breakdown.

**Table 39: NGO/NPO by sectors**

| Sector | Number | In per cent |
|---|---|---|
| **Total** | **45,000** | **100** |
| Education and research | 20,700 | 46 |
| Civil rights and advocacy | 8,100 | 18 |
| Social services | 3,600 | 8 |
| Development and housing | 3,150 | 7 |
| Health | 2,700 | 6 |
| Culture and recreation | 2,700 | 6 |
| Religion (management of religious events) | 2,250 | 5 |
| Business and professional associations | 1,800 | 4 |

Source: Dimensions of the Non-Profit Sector in Pakistan" Social Policy and Development Centre, Working Paper No.1 (2002)

The practices of giving can broadly be divided into Individual and corporate giving. The individual giving can further be classified as zakat and non-zakat giving. As being predominantly a Muslim country, much of Pakistan's individual giving is probably in response to the teachings of Islam. The individual giving includes the obligatory (by religion) festival charity (Zakat-ul-fitr) and charitable wealth tax (Zakat-ul-mal). The zakat deducted at source by the government mentioned in the Zakat section only includes the Zakat-ul-mal. Also it is not obligatory on the citizens to give the Zakat at the Government source. They have the option of paying zakat privately on their own.

The corporate giving is also an important part of philanthropy. About 37% of the corporate sector is involved in philanthropic support to the health sector[40].

[39]"Dimensions of the Non-Profit Sector in Pakistan", Social Policy and Development Centre, Working Paper No.1 (2002).
[40]Pakistan Centre for Philanthropy. Available at: http://www.pcp.org.pk/fact_sheet.html. Accessed on 20 Jan 2009

It is pertinent to mention here that the health expenditures incurred by local or national NGOs involved in providing health services has been accounted for in this report while the individual philanthropies whether in cash (except for Zakat & Bait-ul-Mal) or in kind are not accounted for in this report as there is lack of national level research/data on it.

# Annexure

## Annexure 1: Data sources

| Data Type | Source | Publication or official correspondence available |
|---|---|---|
| Out of pocket expenditure | PBS | OOP survey 2011-12 |
| Federal government | AGPR | Appropriation Accounts (Civil) Volume-1 2011-12 |
| Provincial government | AG Office Punjab | Appropriation Accounts for the Year 2011-12 |
| District data | AG-Office Punjab | District. Appropriation Accounts 2011-12 |
| Provincial government | AG Office Sindh | Appropriation Accounts for the Year 2011-12 |
| District data | AG-Office Sindh | District Appropriation Accounts 2011-12 |
| Provincial government | AG Office KP | Appropriation Accounts for the Year 2011-12 |
| District data | AG-Office KP | District Appropriation Accounts 2011-12 |
| Provincial government | AG Office Baluchistan | Appropriation Accounts for the Year 2011-12 |
| District data | AG-Office Baluchistan | District Appropriation Accounts 2011-12 |
| Health Insurance data | SECP | SECP (Insurance Division) Official Letter, |
| Donors | EAD | Received permission through e-mail for the use of EAD website www.dadpak.org |
| Social Security | Punjab ESSI | Data collected officially |
| Social Security | Sindh ESSI | Data collected officially |
| Social Security | KP ESSI | Data collected officially |
| Social Security | Balochistan ESSI | Data collected officially |
| Military | Military Accountant General | Data collected officially |
| Zakat | Ministry of Religious Affairs | Data collected officially |
| Autonomous bodies/Corporations | PBS | Census of Autonomous Bodies 2011-12 |
| Provincial employees | Finance department Punjab | Data collected officially |
| Provincial employees | Finance department Sindh | Data collected officially |
| Provincial employees | Finance department KP | Data collected officially |
| Provincial employees | Finance department Balochistan | Data collected officially |

## Annexure 2: Literature

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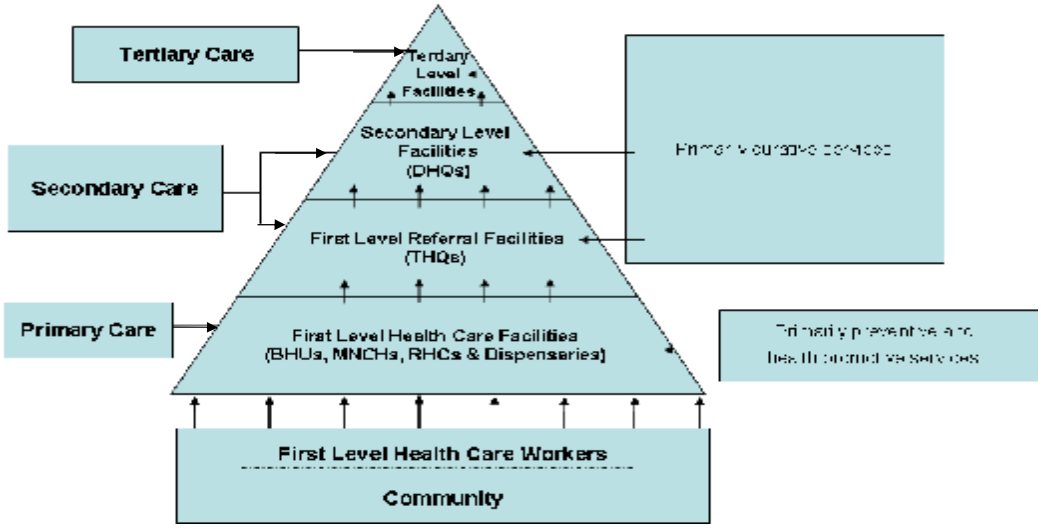
Social Policy and Development Centre "Dimensions of the Non-Profit Sector in Pakistan", Working Paper No.1 (2002).

World Health Organization - National Health Accounts Series, Pakistan: National Expenditure on Health, 2010. Link: http://apps.who.int/nha/database/Standard.

WHO, Guide to Producing National Health Accounts: with special application for low income and middle income countries, 2003.

Zakat & Ushr Ordinance, 1980 (NO. VIII of 1980).

## Annexure 3: Structure of Provincial Health Care




Adapted from: S Siddiqi et al. The effectiveness of patient referral in Pakistan. Health Policy and Planning; 16 (2): 193 – 198

*Primary health care* is implemented through Basic Health Units (BHUs), Rural Health Centers (RHCs), Maternal and Child Health Centers (MCHCs) and Dispensaries.

A *Basic Health Unit (BHU)* covers 10000 to 15000 populations and 5-10 BHUs are attached to a Rural Health Centre (RHC)[41]. It mainly provides health preventive and health primitive services such as maternal and child health services, immunization, diarrheal disease control, malaria control, child spacing, mental health, school health services, prevention & control of locally endemic diseases, and provision of essential drugs.

A *Rural Health Center (RHC)* covers 25,000 to 50,000 populations. It mainly provides preventive and health primitive services, also curative services for common illnesses.

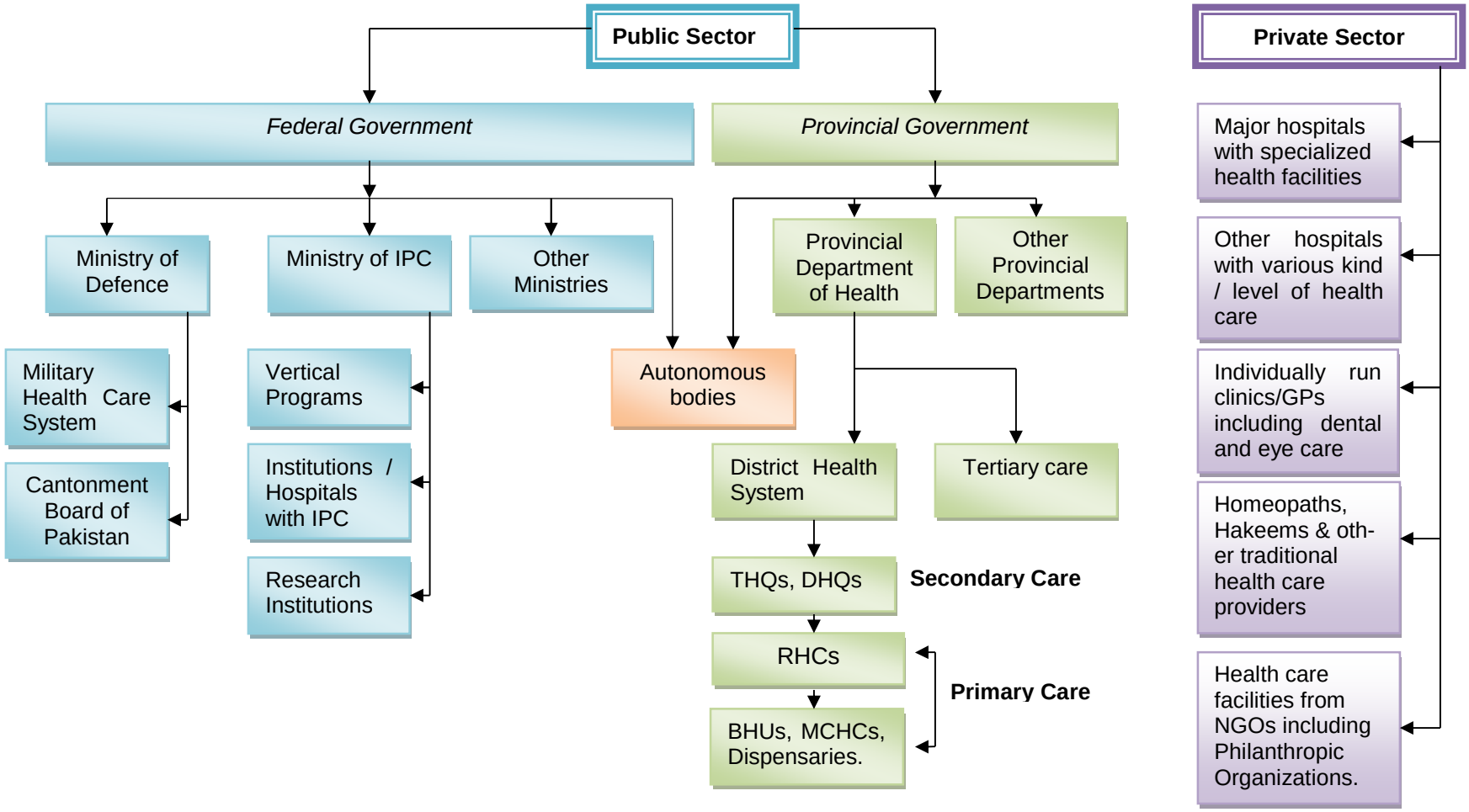
*Maternal and Child Health Centers (MCHCs)* are part of the integrated health system focusing on the maternal and child health.

*Secondary health care* includes first and second level referral facilities providing acute, ambulatory and inpatient care provided through Tehsil Headquarter Hospitals (THQs), and District Headquarter Hospitals (DHQs). The primary and secondary health care constitutes the District Health System. Tehsil Headquarter Hospitals (THQs), and District Headquarter Hospitals (DHQs) covers 100,000 to 300,000 and 1-2 million persons respectively[42].

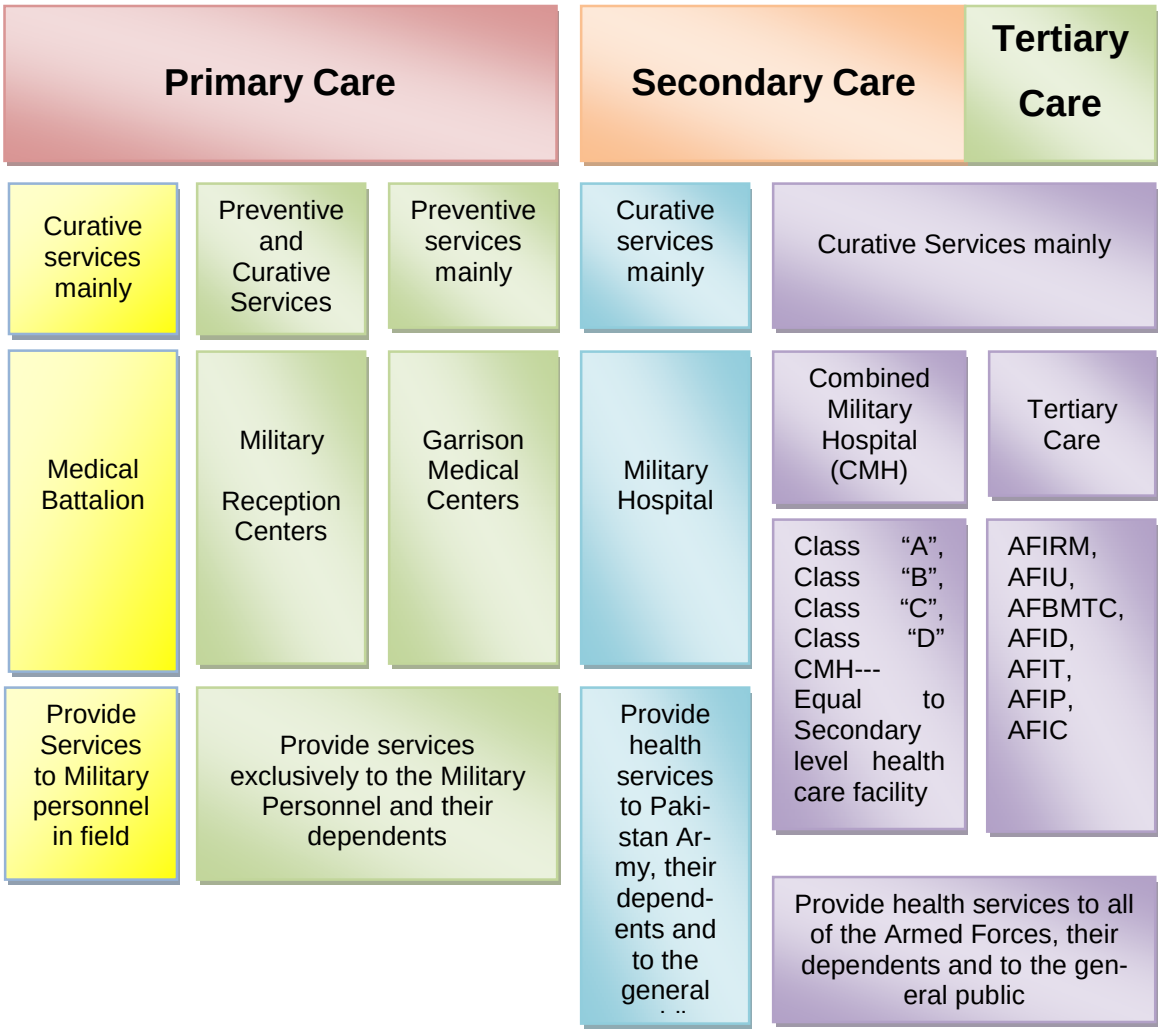
*Tertiary health care* is provided through major hospitals with specialized facilities which are under the administrative jurisdiction of provinces.

[41]Health System Profile –Pakistan, Regional Health System Observatory-EMRO, World Health Organization, 2007.
[42]Health System Profile – Pakistan, as cited above

## Annexure 4: Schematic overview of Health Care System



## Annexure 5: Military Health Care System




| Secondary health care in military | | | | |
|---|---|---|---|---|
| **Health facility** | **Number** | **Beds per facility** | **Function** | **Population** |
| Class "A" CMHs* | 10 | 500 & above | Primarily curative | All of the Armed Forces, their dependents and the general public |
| Class "B" CMHs* | 9 | 300-400 | | |
| Class "C" CMHs* | 11 | 51-200 | | |
| Class "D" CMHs* | 14 | 50 & below | | |
| Military Hospital | 1 | 1000 | Primarily curative | Pakistan Army, their dependents and the general public |

Note: *CMH = Combined Military Hospital

Source: Cent com information portal. Extranet Surgeon General. CRMS 2007 Post Conference. Link: http://www2.centcom.mil/sites/sg/CRMS%202007%20Post%20Conference/Presentation%20Day%202/1%20Pakistan%20Army%20Medical%20Corps.ppt#317,6,Organization of the Medical Services Accessed on 14 March 2009

*Primary Health Care Centres* consist of …

*Medical Battalion*

They collect, treat and evacuate casualties from Regimental Aid Post (RAP) to Advance Dressing Stations (ADS) / Forward Treatment Centre (FTC) for provision of essential life saving surgical and dental treatment.

*Field Medical Units*

These units include Medical Inspections Rooms / Medical Reception Centres & Garrison Medical Centres. These units are responsible for:

- Medical support to deployed elements of formations
- Preventive health measures in formations
- Medical support for all training activities
- Participation in collective training exercises
- Unit level training cycles
- National commitments including vaccination campaigns and medical relief in aid to disasters / calamities
- International commitments including Hajj and UN missions

Both the Medical Battalion & the Field Medical Units deliver the health services exclusively to the military personnel.

*Secondary Health Care Centres*

The secondary health care facilities include the Combined Military Hospitals (CMHs) which are further categorized as Class “A”, Class “B”, Class “C” as well as Class “D” hospitals depending upon the number of beds and facilities available. At Rawalpindi there is also a military hospital (MH).

The CMHs provide health services to all of the Armed Forces, their dependents, retired soldiers, civilians paid from defence estimates and to the non entitled civilians. The Military Hospital provides services only to the Pakistan Army, their dependents and to the non entitled civilians.

*Tertiary Health Care Centres*

The tertiary health care is constituted of some state of the art institutes with modern health care facilities which include

- Armed Forces Institute of Cardiology (AFIC)
- Armed Forces Institute of Pathology (AFIP)
- Armed Forces Institute of Transfusion (AFIT)
- Armed Forces Institute of Dentistry (AFID)
- Armed Forces Bone Marrow Transplant Centre (AFBMTC)
- Armed Forces Institute of Urology (AFIU)
- Armed Forces Institute of Rehabilitation Medicine (AFIRM)

The Army Medical Corps also has international commitments, as they participate in the UN medical missions and relief missions to foreign countries.

## Annexure 6: ICHA classification financing sources (FS)

FS.1 Public funds
- FS.1.1 Territorial government funds
  - FS.1.1.1 Central government revenue
  - FS.1.1.2 Regional and municipal government revenue
- FS.1.2 other public funds
  - FS.1.2.1 Return on assets held by a public entity
  - FS.1.2.2 Other

FS.2 Private Funds
- FS.2.1 Employer funds
- FS.2.2 Household funds
- FS.2.3 Non-profit institutions serving individuals
- FS.2.4 other private funds
  - FS.2.4.1 Return on assets held by a private entity
  - FS.2.4.2 Other

FS.3 Rest of the world funds

## Annexure 7: ICHA classification financing agents (HF)

HF.1 General Government
- HF.1.1 Territorial government
  - HF.1.1.1 Central government
  - HF.1.1.2 State/provincial government
  - HF.1.1.3 Local/municipal government
- HF.1.2. Social security funds
- HF.1.3. Autonomous Bodies/Corporation

HF.2 Private Sector
- HF.2.1 Private social insurance
- HF.2.2 Other private insurance
- HF.2.3 Private Households' out-of-pocket payment
- HF.2.4 Non-profit institutions serving households (other than social insurance)
- HF.2.5 Private Firms and corporations (other than health insurance)

HF.3 Rest of the world

## Annexure 8: ICHA classification for health care providers (HP)

| | |
|---|---|
| HP.1 | Hospitals |
| HP.1.1 | General hospitals |
| HP.1.2 | Mental health and substance abuse hospitals |
| HP.1.3 | Specialty (other than mental health and substance abuse) hospitals |
| HP.1.4 | Hospitals of non-allopathic systems of medicine (such as Chinese, Ayurvedic, etc.) |
| HP.2 | Nursing and residential care facilities |
| HP.2.1 | Nursing care facilities |
| HP.2.2 | Residential mental retardation, mental health and substance abuse facilities |
| HP.2.3 | Community care facilities for the elderly |
| HP.2.9 | All other residential care facilities |
| HP.3 | Providers of ambulatory health care |
| HP.3.1 | Offices of physicians |
| HP.3.2 | Offices of dentists |
| HP.3.3 | Offices of other health practitioners |
| HP.3.4 | Outpatient care centres |
| HP.3.4.1 | Family planning centres |
| HP.3.4.2 | Outpatient mental health and substance abuse centres |
| HP.3.4.3 | Free-standing ambulatory surgery centres |
| HP.3.4.4 | Dialysis care centres |
| HP.3.4.5 | All other outpatient multi-specialty and cooperative service centres |
| HP.3.4.9 | All other outpatient community and other integrated care centres |
| HP.3.5 | Medical and diagnostic laboratories |
| HP.3.6 | Providers of home health services |
| HP.3.9 | Other providers of ambulatory health care |
| HP.3.9.1 | Ambulance services |
| HP.3.9.2 | Blood and organ banks |
| HP.3.9.3 | Alternative or traditional practitioners |
| HP.3.9.9 | All other ambulatory health services |
| HP.4 | Retail sale and other providers of medical goods |
| HP.4.1 | Dispensing chemists |
| HP.4.2 | Retail sale and other suppliers of optical glasses and other vision products |
| HP.4.3 | Retail sale and other suppliers of hearing aids |
| HP.4.4 | Retail sale and other suppliers of medical appliances (other than optical glasses and hearing aids) |
| HP.4.9 | All other miscellaneous sale and other suppliers of pharmaceuticals and medical goods |
| HP.5 | Provision and administration of public health programmes |
| HP.5.1 | National Program for Family Planning and Primary Health Care |

| | |
|---|---|
| HP.5.2 | Expanded Program of Immunization (EPI), Control of Diarrheal Disease |
| HP.5.3 | Enhance HIV / AIDS Control Program |
| HP.5.4 | Improvement of Nutrition Through PHC Islamabad |
| HP.5.5 | Roll Back Malaria Islamabad |
| HP.5.6 | National TB Control Program |
| HP.5.7 | Prime Minister's Program for Prevention and Control of Hepatitis NIH Islamabad |
| HP.5.8 | National Program for Prevention and Control of Blindness NIH Islamabad |
| HP.5.9 | National MNCH Program NIH Islamabad |
| HP.5.10 | National Program for Prevention and Control of Avian Pandemic Influenza NIH |
| HP.6 | General health administration and insurance |
| HP.6.1 | Government administration of health |
| HP.6.2 | Social security funds |
| HP.6.3 | Other social insurance |
| HP.6.4 | Other (private) insurance |
| HP.6.9 | All other providers of health administration |
| HP.7 | All other industries (rest of the economy) |
| HP.7.1 | Establishments as providers of occupational health services |
| HP.7.2 | Private households as providers of home care |
| HP.7.3 | All other industries as secondary producers of health care |
| HP.8 | Institutions providing health-related services |
| HP.8.1 | Research institutions |
| HP 8.2 | Education and training institutions |
| HP.8.3 | Other institutions providing health-related services |
| HP.9 | Rest of the world |
| HP.nsk | Provider not specified by kind |

## Annexure 9: ICHA classification for health care functions (HC)

HC.1 Services of curative care
HC.1.1 Inpatient curative care
HC.1.2 Day cases of curative care
HC.1.3 Outpatient curative care
HC.1.3.1 Basic medical and diagnostic services
HC.1.3.2 Outpatient dental care
HC.1.3.3 All other specialized medical services
HC.1.3.4 All other outpatient curative care
HC.1.4 Services of curative home care
HC.2 Services of rehabilitative care
HC.2.1 Inpatient rehabilitative care
HC.2.2 Day cases of rehabilitative care
HC.2.3 Outpatient rehabilitative care

HC.2.4 Services of rehabilitative home care
HC.3 Services of long-term nursing care
HC.3.1 Inpatient long-term nursing care
HC.3.2 Day cases of long-term nursing care
HC.3.3 Long-term nursing care: home care
HC.4 Ancillary services to medical care
HC.4.1 Clinical laboratory
HC.4.2 Diagnostic imaging
HC.4.3 Patient transport and emergency rescue
HC.4.9 All other miscellaneous ancillary services
HC.5 Medical goods dispensed to outpatients
HC.5.1 Pharmaceuticals and other medical nondurables
HC.5.1.1 Prescribed medicines
HC.5.1.2 Over-the-counter medicines
HC 5.1.3 Other medical nondurables
HC.5.2 Therapeutic appliances and other medical durables
HC.5.2.1 Glasses and other vision products
HC.5.2.2 Orthopedic appliances and other prosthetics
HC.5.2.3 Hearing aids
HC.5.2.4 Medico-technical devices, including wheelchairs
HC.5.2.9 All other miscellaneous medical goods
HC.6 Prevention and public health services
HC.6.1 Maternal and child health; family planning and counseling
HC.6.2 School health services
HC.6.3 Prevention of communicable diseases
HC.6.4 Prevention of non-communicable diseases
HC.6.5 Occupational health care
HC.6.9 All other miscellaneous public health services
HC.7 Health administration and health insurance
HC.7.1 General Government administration of health
HC.7.1.1 General Government administration of health (except social security)
HC.7.1.2 Administration, operation and support of social security funds
HC.7.2 Health administration and health insurance: private
HC.7.2.1 Health administration and health insurance: social insurance
HC.7.2.2 Health administration and health insurance: other private
*HC.nsk HC expenditure not specified by kind*
HC.R.1–5 Health-related functions
HC.R.1 Capital formation for health care provider institutions
HC.R.2 Education and training of health personnel
HC.R.3 Research and development in health
HC.R.4 Food, hygiene and drinking-water control
HC.R.5 Environmental health
*HCnsR HC.R expenditure not specified by kind*

## Annexure 10: Functional Classification (by PIFRA)

| Major Function | | Minor Function | | Detailed Function | | Sub-Detail Function | |
|---|---|---|---|---|---|---|---|
| No. | Description | No. | Description | No. | Description | No. | Description |
| 07 | Health | 071 | Medical Products, Appliances and Equip-ment | 0711 | Medical Products, Appliances and Equipment | 071101 | Medical Products, Appliances and Equipment |
| | | | | | | 071102 | Drug Control |
| | | 072 | Outpatients Services | 0721 | General Medical Services | 072101 | General Medical Services |
| | | | | 0722 | Specialized Medical Services | 072201 | Specialized Medical Services |
| | | | | 0723 | Dental Services | 072301 | Dental Services |
| | | | | 0724 | Paramedical Services | 072401 | Paramedical Services |
| | | 073 | Hospital Services | 0731 | General Hospital Services | 073101 | General Hospital Services |
| | | | | 0732 | Special Hospital Services | 073201 | Special Hospital Services (mental hospital) |
| | | | | 0733 | Medical and Maternity Centre Services | 073301 | Mother and Child Health |
| | | | | 0734 | Nursing and Convalescent Home Services | 073401 | Nursing and Convalescent Home Services |
| | | 074 | Public Health Services | 0741 | Public Health Services | 074101 | Anti-malaria |
| | | | | | | 074102 | Nutrition and other hygiene programs |
| | | | | | | 074103 | Anti-tuberculosis |
| | | | | | | 074104 | Chemical Examiner and laboratories |
| | | | | | | 074105 | EPI (Expanded Program of Immunization) |
| | | | | | | 074106 | Preparation and dissemination of Information on Public Health matters |
| | | | | | | 074107 | *Population Welfare Measures |
| | | | | | | 074120 | Others (other health facilities and preventive measures) |
| | | | | | | 075101 | R & D of Unani Medicines |
| | | 075 | R&D Health | 0751 | R & D Health | 075102 | Specific Health Research Projects |
| | | | | | | 076101 | Administration |
| | | 076 | Health Administra-tion | 0761 | Administration | 093102 | Professional / technical uni-versities / colleges / institutes |

| Object Classification | | | |
|---|---|---|---|
| **No.** | **Object Classification** | **Sub classification** | **Sub detailed Classification** |
| **A04** | Employees Retirement Benefit | | |
| | | **A041-06** Reimbursement of Medical Charges to Pensioners<br><br>**A041-11**Travelling Allowance for Retired Government Servants in connection with journey on Medical Grounds | |
| **A01** | Employee Related Expenses | **A012-** Allowances | |
| | | | **A012-1** – Regular Allowance<br>**A01217** – Medical Allowance<br>**A01252** – Non Practicing Allowance<br>**A01254–** Anaesthesia Allowance |
| | | | **A012-2** Other Allowance (excluding T.A)<br>**A012-74–** Medical Charges |

## Annexure 11: Purchases of pharmaceuticals (million Rs.)

| Products | Total | Retail sales /purchases | Doctor's purchases | Private hospital pharmacy |
|---|---|---|---|---|
| July 2008 to June 2009 (million Rs.) | | | | |
| **Total** | **107,372** | **96,396** | **6,772** | **4,204** |
| A - ALIMENTARY T.& METABOLISM | 22,994 | 21,069 | 1,131 | 794 |
| B - BLOOD + B.FORMING ORGANS | 3,305 | 2,940 | 203 | 162 |
| C - CARDIOVASCULAR SYSTEM | 7,594 | 7,211 | 190 | 193 |
| D - DERMATOLOGICALS | 3,688 | 3,397 | 202 | 89 |
| G - G.U.SYSTEM & SEX HORMONES | 3,286 | 2,954 | 187 | 145 |
| H - SYSTEMIC HORMONES | 1,110 | 960 | 91 | 59 |
| J - SYSTEMIC ANTI-INFECTIVES | 28,554 | 24,406 | 2,703 | 1,444 |
| K - HOSPITAL SOLUTIONS | 579 | 517 | 25 | 37 |
| L- ANTINEOPLAST + IMMUNOMODUL | 2,561 | 2,052 | 303 | 205 |
| M - MUSCULO-SKELETAL SYSTEM | 7,595 | 6,917 | 393 | 286 |
| N - NERVOUS SYSTEM | 10,400 | 9,567 | 495 | 338 |
| P - PARASITOLOGY | 3,303 | 3,041 | 192 | 69 |
| R - RESPIRATORY SYSTEM | 8,157 | 7,663 | 308 | 185 |
| S - SENSORY ORGANS | 2,096 | 1,699 | 286 | 112 |
| T - DIAGNOSTIC AGENTS | 63 | 35 | 8 | 20 |
| V - VARIOUS | 2,085 | 1,968 | 53 | 64 |
| July 2007 to June 2008 (million Rs.) | | | | |
| **Total** | **91,247** | **81,919** | **5,755** | **3,572** |
| A - ALIMENTARY T.& METABOLISM | 19,541 | 17,905 | 961 | 675 |
| B - BLOOD + B.FORMING ORGANS | 2,809 | 2,498 | 173 | 138 |
| C - CARDIOVASCULAR SYSTEM | 6,454 | 6,128 | 162 | 164 |
| D - DERMATOLOGICALS | 3,134 | 2,887 | 172 | 75 |
| G - G.U.SYSTEM & SEX HORMONES | 2,793 | 2,510 | 159 | 123 |
| H - SYSTEMIC HORMONES | 943 | 816 | 77 | 50 |
| J - SYSTEMIC ANTI-INFECTIVES | 24,266 | 20,741 | 2,297 | 1,227 |
| K - HOSPITAL SOLUTIONS | 492 | 439 | 21 | 32 |
| L- ANTINEOPLAST +IMMUNOMODUL | 2,176 | 1,744 | 258 | 175 |
| M - MUSCULO-SKELETAL SYSTEM | 6,455 | 5,878 | 334 | 243 |
| N - NERVOUS SYSTEM | 8,838 | 8,130 | 421 | 287 |
| P - PARASITOLOGY | 2,807 | 2,584 | 164 | 59 |
| R - RESPIRATORY SYSTEM | 6,932 | 6,512 | 262 | 158 |
| S - SENSORY ORGANS | 1,782 | 1,444 | 243 | 95 |
| T - DIAGNOSTIC AGENTS | 54 | 30 | 7 | 17 |
| V - VARIOUS | 1,772 | 1,673 | 45 | 55 |

| Products | Total | Retail sales /purchases | Doctor's purchases | Private hospital pharmacy |
|---|---|---|---|---|
| July 2006 to June 2007 (million Rs.) | | | | |
| **Total** | **81,878** | **73,508** | **5,164** | **3,206** |
| A - ALIMENTARY T.& METABOLISM | 17,535 | 16,066 | 862 | 606 |
| B - BLOOD + B.FORMING ORGANS | 2,520 | 2,242 | 155 | 124 |
| C - CARDIOVASCULAR SYSTEM | 5,791 | 5,499 | 145 | 147 |
| D - DERMATOLOGICALS | 2,812 | 2,590 | 154 | 68 |
| G - G.U.SYSTEM & SEX HORMONES | 2,506 | 2,253 | 143 | 110 |
| H - SYSTEMIC HORMONES | 846 | 732 | 70 | 45 |
| J - SYSTEMIC ANTI-INFECTIVES | 21,774 | 18,611 | 2,061 | 1,101 |
| K - HOSPITAL SOLUTIONS | 442 | 394 | 19 | 28 |
| L- ANTINEOPLAST + IMMUNOMODUL | 1,953 | 1,565 | 231 | 157 |
| M - MUSCULO-SKELETAL SYSTEM | 5,792 | 5,275 | 300 | 218 |
| N - NERVOUS SYSTEM | 7,931 | 7,295 | 378 | 258 |
| P - PARASITOLOGY | 2,519 | 2,319 | 147 | 53 |
| R - RESPIRATORY SYSTEM | 6,220 | 5,844 | 235 | 141 |
| S - SENSORY ORGANS | 1,599 | 1,296 | 218 | 85 |
| T - DIAGNOSTIC AGENTS | 48 | 27 | 6 | 15 |
| V - VARIOUS | 1,590 | 1,501 | 40 | 49 |
| July 2005 to June 2006 (million Rs.) | | | | |
| **Total** | **72,782** | **65,342** | **4,590** | **2,849** |
| A - ALIMENTARY T.& METABOLISM | 15,587 | 14,282 | 766 | 539 |
| B - BLOOD + B.FORMING ORGANS | 2,240 | 1,993 | 138 | 110 |
| C - CARDIOVASCULAR SYSTEM | 5,148 | 4,888 | 129 | 131 |
| D - DERMATOLOGICALS | 2,500 | 2,303 | 137 | 60 |
| G - G.U.SYSTEM & SEX HORMONES | 2,228 | 2,002 | 127 | 98 |
| H - SYSTEMIC HORMONES | 752 | 651 | 62 | 40 |
| J - SYSTEMIC ANTI-INFECTIVES | 19,355 | 16,544 | 1,832 | 979 |
| K - HOSPITAL SOLUTIONS | 393 | 350 | 17 | 25 |
| L- ANTINEOPLAST + IMMUNOMODUL | 1,736 | 1,391 | 206 | 139 |
| M - MUSCULO-SKELETAL SYSTEM | 5,149 | 4,689 | 266 | 194 |
| N - NERVOUS SYSTEM | 7,050 | 6,485 | 336 | 229 |
| P - PARASITOLOGY | 2,239 | 2,061 | 130 | 47 |
| R - RESPIRATORY SYSTEM | 5,529 | 5,195 | 209 | 126 |
| S - SENSORY ORGANS | 1,421 | 1,152 | 194 | 76 |
| T - DIAGNOSTIC AGENTS | 43 | 24 | 5 | 14 |
| V - VARIOUS | 1,414 | 1,334 | 36 | 44 |

## Annexure 12: Questionnaire of Census of Big Hospitals

Government of Pakistan
Statistics Division
Federal Bureau of Statistics

CONFIDENTIAL

**Census on Private Hospitals 2010-11**

*Including private and NGO/NPO hospitals*
*Excluding general government (federal, provincial and district), military, cantonment board and social security hospitals*

***Note: Information required in this Form is obligatory under Genaral Statistics Act 1975. The collected information will be kept strictly confidential & used in aggregates for statistical purpose only.***

### Identification

Processing code

1 Date of the enumeration D D M M Y Y Y Y

2 Name of hospital: _____

3 Address of hospital: _____

_____

_____

4 Phone number: _____

5 Fax number: _____

6 E-Mail: _____

7 Name of respondent: _____

8 Designation of respondent in hospital: _____

9 Did you at any point provide inpatient services during the fiscal period 2007-2010?

Yes ☐ 1 If yes, when did you start services? Year ☐☐☐☐

No ☐ 2 If no, skip the rest of the questionnaire and return it back.

### Hospital / Establishment ownership

10 Type of ownership

NGO / NPO ☐ 1 specify, _____

Private ownership

Individual proprietorship ☐ 2
Private Limited Company ☐ 3
Partnership ☐ 4
Trust ☐ 5
Other, specify ____ ☐ 6

11 During the last 12 months, how many months was this establishment operating? ☐☐

## Number of Employees by type 2009-10

| | | Regular | Visiting Consultants |
|---|---|---|---|
| 12 | General practitioner doctors | a | b |
| 13 | Specialist doctors | a | b |
| 14 | Paramedical staff * | a | b |
| 15 | Others | a | b |
| 16 | Total | a | b |

## Number of Patients 2009-10 **

| | | | Admissions | Outpatients visits |
|---|---|---|---|---|
| 17 | Last month: | Total | a | b |
| 18 | | Male | a | b |
| 19 | | Female | a | b |
| 20 | In 2009-10: | Total | a | b |
| 21 | | Male | a | b |
| 22 | | Female | a | b |

## Number of Facilities

| | | Last month | 2007-08 | 2009-10 |
|---|---|---|---|---|
| 23 | Number of Beds** | a | b | c |
| 24 | Operating theatres | a | b | c |
| 25 | Blood banks | a | b | c |
| 26 | Ambulances | a | b | c |
| 27 | X-ray machines | a | b | c |
| 28 | Radiation therapy | a | b | c |
| 29 | CT scanners | a | b | c |
| 30 | MRI scanners | a | b | c |
| 31 | Other Facilities | a | b | c |

## Income/Receipts in full Rupees

| | | Last month | 2007-08 | 2009-10 |
|---|---|---|---|---|
| 32 | Consultation and medical charges | a | b | c |
| 33 | Consultation fees only | a | b | c |
| 34 | Sale of medicines | a | b | c |
| 35 | Amount of admission fees | a | b | c |
| 36 | Inpatient charges *** | a | b | c |
| 37 | Operation charges | a | b | c |
| 38 | Laboratory examination fees | a | b | c |
| 39 | Imaging services (e.g. X-ray, MRI, CT-scan, Ultrasound etc.) | a | b | c |
| 40 | Sale of non-medicine products | a | b | c |

* Paramedical staff include nursing staff, operation theatre assistant, Laboratory staff etc.

** In case the number of days of bed occupancy are recorded.
Give, average no. of days stayed per patient in the hospital

Total No. of bed occupancy days Last month
2009-10

*** The Inpatient charges include room charges, bed charges, Medical officer visit charges, nursing charges etc.

41 Others (To specify see codes at last page of this questionnaire)

| | | | | |
|---|---|---|---|---|
| Code: | | a | b | c |
| | | a | b | c |
| | | a | b | c |

| | | | |
|---|---|---|---|
| **42 Total Income/Receipts (Q-32 to 41)** | a | b | c |

| Percentage on total Income/Receipts: | Last month | 2007-08 | 2009-10 |
|---|---|---|---|
| 43 Inpatient (%) | a | b | c |
| 44 Outpatient (%) | a | b | c |

## Inputs / Expenses incurred in full Rupees

| A) General expenditures | Last month | 2007-08 | 2009-10 |
|---|---|---|---|
| 45 Electricity | a | b | c |
| 46 Gas | a | b | c |
| 47 Water | a | b | c |
| 48 Petrol, Diesel, Kerosene etc. | a | b | c |
| 49 Repair and Maintainence | a | b | c |
| 50 Administration | a | b | c |
| 51 Others, specify: _____ | a | b | c |
| **52 Total** | a | b | c |

| B) Medical expenditures | Last month | 2007-08 | 2009-10 |
|---|---|---|---|
| 53 Cost of medicine purchased | a | b | c |
| 54 All other Medical Supplies * | a | b | c |
| 55 Garment and clothing accessories | a | b | c |
| 56 Others, specify: _____ | a | b | c |
| **57 Total** | a | b | c |

| C) Employment cost | Last month | 2007-08 | 2009-10 |
|---|---|---|---|
| **58 Total** | a | b | c |
| 59 General practitioner doctors | a | b | c |
| 60 Specialist doctors | a | b | c |
| 61 Paramedical staff | a | b | c |
| 62 Payments to others for work done | a | b | c |
| 63 Others | a | b | c |

* "All other Medical Supplies" include all supplies other than medicines, like chemical element (such as oxygen, iodine, etc.), Inorganic chemical products (such as hydrogen peroxide, teeth filling etc.), Non-medicaments (such as bandages, plasters, gloves, test sticks, blood bags etc), Medical Instruments (such as surgical instruments, syringes, BP- Apparatus, Ottoscope etc.), Orthopaedic Appliances (such as Artificial limbs, teeth etc.), Cardiac Appliances (such as stents, cardiac valves, etc) etc.

| D) Taxes / Fees | | Last month | | 2007-08 | | 2009-10 |
|---|---|---|---|---|---|---|
| 64 Sales taxes paid (net, subtracting Subsidies) | a | | b | | c | |
| 65 Provincial/district taxes | a | | b | | c | |
| 66 Other taxes, please specify: | a | | b | | c | |
| **E) Investments** | | **Last month** | | **2007-08** | | **2009-10** |
| 67 Capital expenditure (buildings, software and equipment) * | a | | b | | c | |
| 68 Research and development | a | | b | | c | |
| 69 Depreciation | a | | b | | c | |
| **F) Payment of Loans to Financial Institutions** | | | | | | |
| 70 | a | | b | | c | |
| **71 Total Expenditure (A+B+C+D+E+F)** | a | | b | | c | |

* The capital expenditure does not include the sales tax paid, the sales tax should be mentioned separately in question 64

**Codes for question 41**

1 Government assistance/funds
2 Private donations (national)
3 International donations (current funding)
4 International donations (capital funding)
5 Receipts from management
6 Receipts from sales of waste material and scrap products
7 Receipt from transport services rendered to others
8 Subsidies received
9 Receipt from sale of used / 2nd hand goods
10 Other Income (Please specify)

**Name of the Regional/Field Office:** _____

**Name of Enumerator:** _____ **Signature:** _____

**Name of Supervisor:** _____ **Signature:** _____

## Annexure 13: Questionnaire of Survey of Health Care Providers

Government of Pakistan
Statistics Division
Federal Bureau of Statistics

CONFIDENTIAL

**Survey on Health Care Providers 2010-11**

*Including private and NGO/NPO hospitals*
*Excluding general government (federal, provincial and district), military, cantonment board and social security hospitals*

***Note: Information required in this Form is obligatory under General Statistics Act 1975. The collected information will be kept strictly confidential & used in aggregates for statistical purpose only.***

### Identification

Processing code

1 Date of the enumeration D D M M Y Y Y Y

2 Name of Facility: _____

3 Address of Facility: _____

_____

_____

4 Phone number: _____

5 Fax number: _____

6 E-Mail: _____

7 Name of respondent: _____

8 Designation of respondent in Facility: _____

9 Did you at any point provide inpatient services* during the fiscal period 2009-2010?

Yes [ ] 1 If yes, when did you start services? Year [ ]
and, **Go to Section 1 (Q10 to Q34)**

No [ ] 2 If no,
**Go to Section 2 (Q35 to Q44)** If you only provide Outpatient Services
**Go to Section 3 (Q45 to Q48)** If you only provide Laboratory tests and Diagnostic Services

## Section 1

### Hospital / Establishment ownership

10 Type of ownership

NGO / NPO [ ] 1 specify, _____

Private ownership

Individual proprietorship [ ] 2
Private Limited Company [ ] 3
Partnership [ ] 4
Trust [ ] 5
Other, specify _____ [ ] 6

11 During the fiscal period 2009-10, how many months was this establishment operating? [ ][ ]

*In-patient care refers to care for a patient who is formally admitted (or 'hospitalized') to an institution for treatment and/or care and stays for a minimum of one night in the hospital or other institution providing in-patient care

## Number of Employees by type 2009-10

| | | Regular | Visiting Consultants |
|---|---|---|---|
| 12 | General practitioner doctors | a | b |
| 13 | Specialist doctors | a | b |
| 14 | Paramedical staff * | a | b |
| 15 | Others | a | b |
| 16 | Total | a | b |

## Number of Patients 2009-10 **

| | | Last month | 2009-10 |
|---|---|---|---|
| 17 | Admissions Total | a | b |
| 18 | Outpatients visits Total | a | b |

## Number of Beds

| | | Last month | 2009-10 |
|---|---|---|---|
| 19 | Number of Beds | a | b |

## Income/Receipts in full Rupees

| | | Last month | 2009-10 |
|---|---|---|---|
| 20 | Consultation fees only | a | b |
| 21 | Amount of admission fees | a | b |
| 22 | Inpatient Charges *** | a | b |
| 23 | Operation charges | a | b |
| 24 | Others, Specify _____ | a | b |
| **25** | **Total Income/Receipts** | a | b |

| Percentage on total Income/Receipts: | | Last month | 2009-10 |
|---|---|---|---|
| 26 | Inpatient (%) | a | b |
| 27 | Outpatient (%) | a | b |

## Inputs / Expenses incurred in full Rupees

| | | Last month | 2009-10 |
|---|---|---|---|
| 28 | Utility Charges, Repair & Maintainence | a | b |
| 29 | Cost of medicine and All Medical Supplies† | a | b |
| 30 | Employment cost/Salaries | a | b |
| 31 | Taxes/Fees(Sales taxes paid (net, subtracting Subsidies) Provincial/district taxes, Others) | a | b |
| 32 | Capital expenditure (buildings, software and equipment) †† | a | b |
| 33 | Others, specify: _____ | a | b |
| **34** | **Total Expenditure** | a | b |

* Paramedical staff include nursing staff, operation theatre assistant, Laboratory staff etc.

** In case the number of days of bed occupancy are recorded.
Give, average no. of days stayed per patient in the hospital

Total No. of bed occupancy days Last month
2009-10

*** The Inpatient charges include room charges, bed charges, Medical officer visit charges, nursing charges etc.

†"All Medical Supplies" include all supplies other than medicines like chemical element (such as oxygen, iodine, etc.), Inorganic chemical products (such as hydrogen peroxide, teeth filling etc.), Non-medicaments (such as bandages, plasters, gloves, test sticks, blood bags etc), Medical Instruments (such as surgical instruments, syringes, BP- Apparatus, Otoscope etc.), Orthopaedic Appliances (such as Artificial limbs, teeth etc.), Cardiac Appliances (such as stents, cardiac valves, etc) etc.

††The capital expenditure does not include the sales tax paid, the sales tax should be mentioned separately in question 31

## Section 2

**35 Type of Health Care Provider**

**Individually run Solo Clinic***
- Run by Registered Medical Practitioner (RMP) [ ] 1
- Run by Specialists/consultants [ ] 2
- Run by paramedical/nursing staff [ ] 3
- Run by others, Specify _____ [ ] 4

**Outpatient Centre**** [ ] 5

**Dental Clinic***** [ ] 6

**Homeopath Clinic** [ ] 7

**Hakeem/Herbalist Clinic†** [ ] 8

**Traditional Birth Attendent/Dai** [ ] 9

**Other, Specify** _____ [ ] 10

**36 Average Number of Patients per day** [ ]

| | | Last month | 2009-10 |
|---|---|---|---|
| **37 Number of Employees** | a | [ ] | b [ ] |

Income/Receipts in full Rupees

| | | Last month | 2009-10 |
|---|---|---|---|
| 38 Consultation fees | a | [ ] | b [ ] |
| 39 Sale of medicines | a | [ ] | b [ ] |
| 40 Laboratory examination fees | a | [ ] | b [ ] |
| 41 Others, Specify _____ | a | [ ] | b [ ] |
| **42 Total Income/Receipts** | a | [ ] | b [ ] |

In case, the provider does not keep monthly/yearly accounts and does not have disaggregated revenue data, they should be asked

**43 Charge/Price per Patient** [ ]

**44 Number of working days in a week** [ ]

## Section 3

| | | Last month | 2009-10 |
|---|---|---|---|
| **45 Revenue from Laboratory Tests** | a | [ ] | b [ ] |
| **46 Revenue from Imaging services** | a | [ ] | b [ ] |
| **47 Others, Specify** _____ | a | [ ] | b [ ] |
| **48 Total Revenue** | a | [ ] | b [ ] |

*These are the individually run (run by one person) Allopathic clinics. Registered Medical Practitioners are the doctors with Basic Medical Education i.e. MBBS (Bachelors in Medicine & Surgery) and are registered with Pakistan Medical & Dental Council (PMDC). Specialists doctors have in addition to the basic medical qualification, a post graduation in some Speciality like Ear Nose & Throat (ENT) Specialists, Medical Specialists, Surgical Specialists etc. Paramedical/Nursing category include the persons who have got formal nursing training but they are not doctors.

** These are the establishments engaged in providing Allopathic outpatient services by a team of doctors, paramedical and support staff, usually bringing together several specialities

*** These are the clinics who provide services related to the diagnosis, prevention, and treatment of diseases of the teeth, gums, and related structures of the mouth

† The Hakeems run clinics which provide remedies based on knowledge (Hikmat) which has foundations in the religion Islam The Herbalist are the practioners who prescribe Herbal remedies for medical conditions

Name of the Regional/Field Office: _____

Name of Enumerator: _____ Signature: _____

Name of Supervisor: _____ Signature: _____

## Annexure 14: Questionnaire of Census of Autonomous Bodies / Corporations

Government of Pakistan
Statistics Division
Federal Bureau of Statistics
(National Accounts)
National Health Accounts Section,
SLIC -5, 14th Floor, F-6/4 Blue Area Islamabad

# Census of Autonomous bodies/Corporations (Health Care Expenditures)

### Q. 1: General Information of Organization

| | | | | | | |
|---|---|---|---|---|---|---|
| 1 | Name | | | | | |
| 1.2 | Address | | | | | |
| 1.3 | Phone number | | | | | |
| 1.4 | Fax number | | | | | |
| 1.5 | E-mail address | | | | | |
| 1.6 | Number of employees | Gender | Regular | Adhoc/Temporary | Other | Total |
| | | Male | | | | |
| | | Female | | | | |
| 1.7 | Economic activity (Please mention) | | | | | |
| | PSIC Code (for official use only) | | | | | |

### Q. 2: How Organization provides Health Care services to its employees?

| | | | | |
|---|---|---|---|---|
| 2.1 | Through own Health facilities? If yes, please specify | Number of Hospitals ☐ Number of Dispensaries ☐<br>Other ☐<br>(Please Specify) | | |
| 2.2 | Through the Reimbursement of Medical charges bills? If yes, then please provide data on the actual reimbursement of Medical charges. | **Actual Reimbursement of medical charges** (Amount in 000 Rs) | | |
| | | 2009/10 | 2010/11 | 2011/12 |
| | | | | |
| 2.3 | Through Health insurance to employees? If yes, then please provide data on the total premiums. | **Health Insurance** | | |
| | | Total Premiums | | |
| | | 2009/10 | 2010/11 | 2011/12 |
| | | | | |

## Annexure 15: Questionnaire of OOP Survey2011-12

| Processing code (10 digits): | Enumerators name: | Name of Regional /field office: |
|---|---|---|

**Out of Pocket Health Expenditures in Rs. Recall period is last 4 weeks of enumeration date.**

| HE01 | | | | HE02 | One row per person per illness! |
|---|---|---|---|---|---|
| Was a Health Care Facility accessed by any household member in the last 4 weeks? If no, only indicate self medication in HE05 and Pharmacy in HE07 used. | Yes | | No | If yes, how many visits were done by all household members? | |

| HE03 | HE04 | HE05 | HE06 | HE07 | HE08 | HE09 | HE10 | HE11 | HE12 | HE13 | HE14 | HE15 | HE16 | HE17 | HE18 | HE19 | HE20 | HE21 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Personal ID (see PSLM) | Gender | Age | Type of care accessed (see code below) * | Type of Provider (see code below) | Kind of illness (see code below) | Reason of visits unrelated to illness (see code below) | Transpor-tation costs | Parchi and Admission Fees | Medicines / Vaccine | Supplies / Medical Durables | Food | Diagnostic tests | Doctor's fee | Tips | Cost of Surgery | Accom-panying Person Cost | Other | Tota expend ture |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |

**Gender HE04:**
1 Male
2 Female

**Type of Care Accessed HE06:**
1 Outpatient
2 Inpatient
3 Delivery
4 Unrelated to illness
5 Self medication

* If code 4 selected then skip HE08

**Provider codes HE05:**

**Private sector provider**
1 Private hospital
2 Private doctor clinic
3 LHV / nurse in private sec-
4 LHW
5 Homeopath / Hakeem / Herbalist / Siana / Dai
6 Pharmacy / Shops
7Laboratory
20 Other, Specify

**Public sector provider**
8 Government hospital
9 Dispensary/Maternal and Child Health Centre
10 BHU
11 RHC
12 THQ / DHQ
13 Tertiary, teaching or specialized hospital
14 Military Hospital
15 Social Security Hospital
16 Autonomous bodies/semi-government hospi-
17 Don't know
18 Laboratory
19 Other, Specify

**Illness codes HE08:**
1 Accident
2 Injury
3 Poisoning including snake bites
4 Diarrhoeal disorder (including dysentery)
5 Flue/Fever
6 Fever (clinical malaria)
7 Chest infection
8 Measles, Polio (Immunizable diseases)
9 Hepatitis infections
10 Tuberculosis (TB)
11 Woman's issue
12 Muscular Pain (Knee, Arm, Backbone
13 Eye infection/disorder
14 High blood pressure
15 Diabetes
16 Heart disease
17 Stroke
18 Dental Care
19 Don't Know
20 Other, Specify

**Reason codes HE09:**
1 Looking for advice on health
2 Looking advice on family planning issues
3 Routine medical check-up
4 To buy medicine or contraceptives
5 Anti-natal check-up
6 Immunization / vaccination
7 Rehabilitative care
8 Don't know
9 Other, Specify