



PAKISTAN NATIONAL HEALTH ACCOUNTS 2013-14

Government of Pakistan
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National Health Accounts

2013-14



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ASIF BAJWA

Chief Statistician

Pakistan Bureau of Statistics

Statistics Division

Government of Pakistan

21-Statistics House,
Mauve Area, G-9/1, Islamabad,
Pakistan.

Tel; +9251 9106515

Fax; +9251 9106561

E-mail: chiefstat@pbs.gov.pk, bajwa.asif@gmail.com

Website: www.pbs.gov.pk

ARIF MAHMOOD CHEEMA

Member, National Accounts

Pakistan Bureau of Statistics

Statistics Division

Government of Pakistan

21-Statistics House,
Mauve Area, G-9/1, Islamabad,
Pakistan.

Tel; +9251 9106517

Fax; +9251 9106516

E-mail: arif.cheema@pbs.gov.pk, Cheema_arif@yahoo.com

Website: www.pbs.gov.pk

Foreword

This report provides the fifth round of National Health Accounts (NHA) for Pakistan, compiled by the Pakistan Bureau of Statistics (PBS). Its reference year is 2013-14. The fourth round was released in April, 2014 for 2011-12.

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.

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.

For the fifth round of NHA, Out of Pocket health expenditure survey was specially conducted by appending its one page questionnaire with the HIES standard questionnaire 2013-14. In its fifth round, the health expenditures of autonomous bodies and corporations working under administrative control of federal & provincial governments have been estimated on the basis of actual data obtained from the census of autonomous bodies and corporations triggered through NHA in 2011-12 to include them in their capacities as employers and as producers of health services in own facilities. The health expenditure of private health care providers has been estimated by extrapolating forward the actual results of the census of 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.

It is hoped that this report will be useful for researchers, policymakers and other users of data on financing health services. This report not only provides 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.

Asif Bajwa
Chief Statistician
Pakistan Bureau of Statistics
Islamabad June, 2016

Genesis of the Report

The compilation of the National Health Accounts-Pakistan report for 2013-14 owes to the persistent efforts of the following staff of the Pakistan Bureau of Statistics.

Mr. Attiq ur Rehman, Director, National Health Accounts

Mr. Ihsan-ul-Haq, Chief Statistical Officer, National Health Accounts

Ms. Madiha Amjad, Statistical Officer, National Health Accounts

Mr. Mahmood Ahmad Qureshi, Statistical Officer, National Health Accounts

Mr. Muhammad Rafique, Statistical Assistant, National Health Accounts

Mr. Irfan Ali Soomro, Statistical Assistant, National Health Accounts

Mr. Muhammad Ilyas, LDC, National Health Accounts

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.

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 had 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 & fourth rounds, NHA had developed the aforesaid 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, and SECP etc.

NHA is an important tool designed to assist policy-makers in understanding their health systems and improving health system performance. NHA mainly deals with the estimation of expenditures on health (both in Public & Private sector). NHA methodology organizes and presents health spending information in a manner that even those who do not have a background in economics or statistics 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 resources 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?

I appreciate the diligent and inexhaustible efforts of the NHA- team including Mr. Attiq ur Rehman, Mr. Ihsan-ul-Haq, Ms. Madiha Amjad, Mr. Mahmood Ahmad Qureshi, Mr. Muhammad Rafuque, Mr. Irfan Ali Soomro, & Mr. M. Ilyas for the timely compilation of NHA report 2013-14. It is hoped that this report will be useful for researchers, policy makers and other users of data on financing health services.

Arif Mahmood Cheema
Member, National Accounts,
Pakistan Bureau of Statistics
Islamabad June, 2016

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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
IPC	Inter-Provincial Coordination
IMF	International Monetary Fund
MCHC	Maternal and Child Health Centre
MoF	Ministry of Finance
MoPW	Ministry of Population Welfare
MoNHS	Ministry of National Health Services, Regulations & Coordination
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

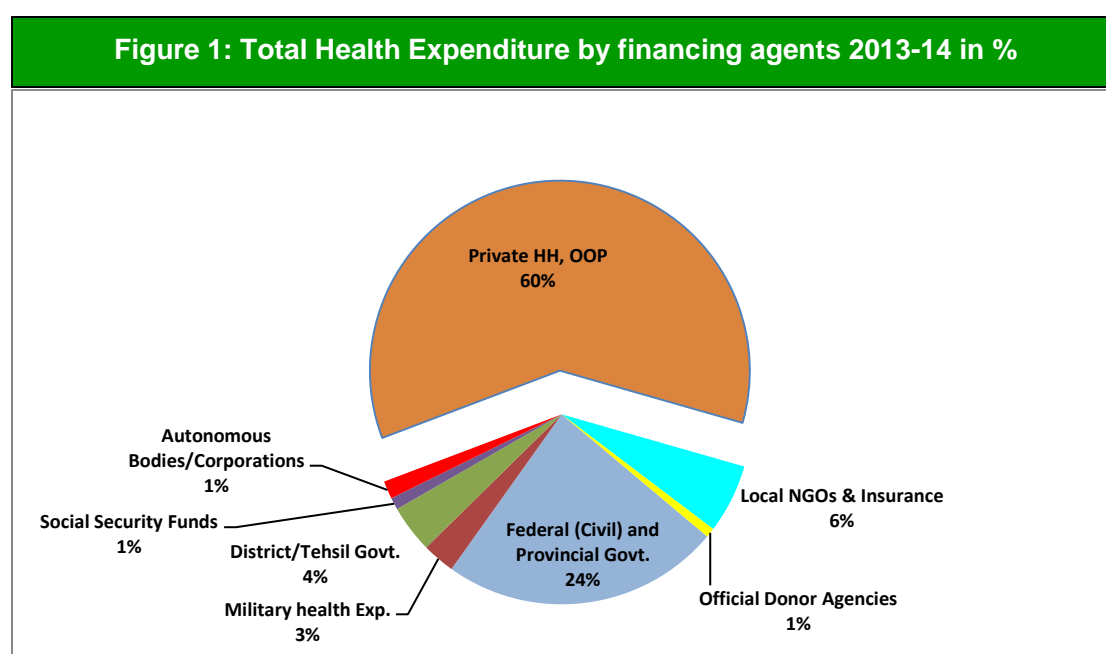
Executive Summary

National Health Accounts (NHA) is a macro-economic accounting framework for revealing a country's aggregated expenditures on health. The compilation of NHA-Pakistan report obeys international standards set by WHO and OECD. This report presents the results for fiscal year 2013-14 which is the fifth round of such a compilation. The first four rounds were published for fiscal years 2005-06, 2007-08, 2009-10 & 2011-12.

Total health expenditure in Pakistan in the FY 2013-14 is estimated as Rs.757 billion. This shows an increase of Rs.203 billion over the FY 2011-12, which is a 36.6% increase in nominal terms as it includes inflation of health care goods and services.

The results for FY 2013-14 show that out of total health expenditure in Pakistan, 32% are funded ("financing sources") by public sector. Out of total public sector health expenditures, 23% are funded by the federal government whereas 63% accrue from its civilian part and 37% from its military setup. Around 67 % of the health expenditures are funded through private sector out of which 90% is out of pocket (OOP) health expenditures by private households.

For "financing agents" it has been observed that out of total health expenditures in Pakistan, 33% are made by general government. Private expenditures constitute 66% of total health expenditures in Pakistan, out of which 91% are households' out-of-pocket (OOP) health expenditures. Development partners/ donors organizations have 0.80% share in total health expenditures. Figure1 shows that the share of financing agents in total health expenditures of Pakistan for FY 2013-14.



The annual per capita health expenditures for Pakistan as per NHA 2013-14 are (Rs. 4,067) 39.5 US\$. For comparison, the respective figures for year 2013-14 reported to WHO by Sri Lanka, India and Bangladesh are 127.0 US\$, 75.0 US\$ and 31.0 US\$, respectively. The ratios of health expenditures according to NHA over GDP 2013-14 are 3.0% while public sector health expenditures according to NHA over government expenditures are 9.3%. The private sector health expenditures according to NHA over total private expenditures are 2.5%.

For the complete coverage and reliable estimates of public and private sectors health expenditure, PBS, in the fifth round of NHA 2013-14, has carried out a special survey on OOP expenditures of private households 2013-14 as it is empirically the largest source of health care financing in the developing countries.

For the fifth round of NHA 2013-14, the results of the census of big hospitals and 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 2013-14. In its fifth round, NHA has included the actual results of OOP survey 2013-14. 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.666.0 billion. of Pakistan’s total current health expenditures could be allocated to the provinces (“regionalized”). Overall, the results of the respective 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 2013-14 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 four rounds of NHA for Pakistan were dedicated to FYs 2005-06, 2007-08, 2009-10 & 2011-12. According to advice from the WHO the scope of tables for the first round was limited. While in the second, third & fourth 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 Pakistan...

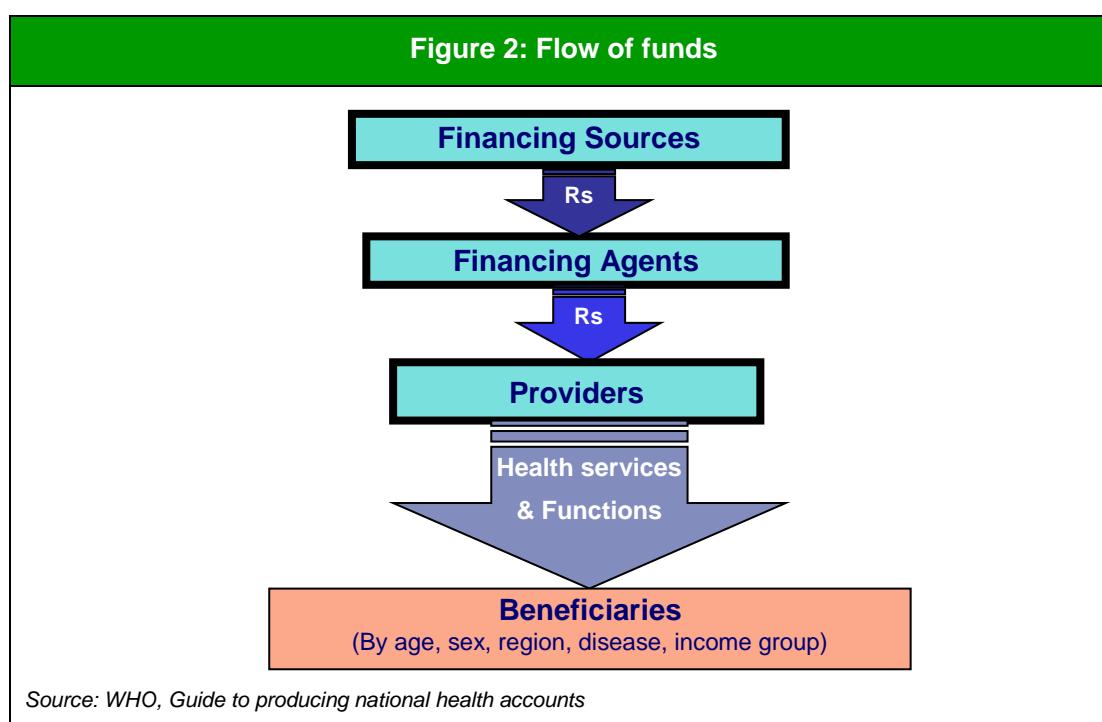
- To describe the flow of funds, sources and uses of funds in the health care system,
- To map out the profile of the health care system,
- To build and enhance sustainable capacity for NHA in PBS.

¹World 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, which 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 country².

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.



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 statistician 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

²World 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? Who pays? Who finances? Under what scheme?
Pooling arrangements Cost recovery regulation of payers	Financing Agents ▼	How are resources managed? What is the financing structure? What pooling arrangements? What payment / purchasing arrangements?
Financial incentives Subsidies Resource Allocation Provider regulation	Inputs, Providers, Functions ▼	Who provides what services? Under what financing arrangements? With what inputs?
Targeting redistributive policies	Important distributions e.g. age, gender, location, social status	Who benefits? Who receives what? 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 and provincial level, 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 expenditure 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 and subsequent rounds include the matrix of health care providers by financing agent as well.

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 expenditure³ (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 2013-14 is estimated as Rs. 757 billion. This shows an increase of Rs.202 billion over the FY 2011-12, which is a 36.6% increase in nominal terms as it includes inflation of health care goods and services (see columns 2, 3 and 4 in Table 2). It is pertinent to mention here that 36.6% as shown at column 4 is the overall change for the time span of two years.

Table 2: Total health expenditures 2011-12 and 2013-14 by financing agents (million Rs.)

	2011-12	2013-14	Change in %
1	2	3	4
Federal Government	41,653	56,841	36.46
Provincial Government	105,515	144,036	36.51
District/Tehsil Government	42,225	30,649	-27.42
Social Security Funds	5,885	7,774	32.17
Autonomous Bodies/Corporation	9,343	11,553	23.65
Private health insurance	3,175	4,078	28.44
Private households' OOP payment	303,621	455,760	50.11
Local NGO's	33,474	40,504	21.00
Official donor agencies	9,565	6,001	-37.26
Total health expenditure	554,453	757,196	36.57

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. 61,993 million.

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.

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		2009-10			2011-12			2013-14		
		Current Exp.	Development Exp.	Total	Current Exp.	Development Exp.	Total	Current Exp.	Development Exp.	Total
FS.1	Public Funds	90,239	47,260	137,499	140,768	57,968	198,736	181,202	61,877	243,079
FS.1.1	Government Funds	81,962	47,260	129,222	131,425	57,968	189,393	169,649	61,877	231,526
FS.1.1.1	Federal Government	20,575	31,895	52,470	25,087	16,566	41,653	32,289	24,552	56,841
FS.1.1.1.1	Ministry of Finance	20,575	31,895	52,470	25,087	16,566	41,653	32,289	24,552	56,841
FS.1.1.1.2	Provincial Government	33,716	13,464	47,180	65,168	40,347	105,515	107,390	36,646	144,036
FS.1.1.2.1	Punjab Finance Dept.	17,891	4,135	22,026	27,209	11,464	38,673	40,965	14,443	55,408
FS.1.1.2.2	Sindh Finance Dept.	9,702	4,813	14,515	23,887	16,899	40,786	35,634	13,762	49,396
FS.1.1.2.3	KP Finance Dept.*	4,231	3,877	8,108	6,196	10,023	16,219	19,777	5,476	25,253
FS.1.1.2.4	Baluchistan Finance Dept.	1,892	639	2,531	7,876	1,961	9,837	11,014	2,965	13,979
FS.1.1.3	District/ Tehsil Bodies	27,671	1,901	29,572	41,170	1,055	42,225	29,970	679	30,649
FS.1.1.3.1	District Government	27,461	1,886	29,347	40,758	1,019	41,777	29,418	526	29,944
FS.1.1.3.2	Cantonment Boards	210	15	225	412	36	448	552	153	705
FS.1.2	Autonomous Bodies/Corporations	8,277	-	8,277	9,343	-	9,343	11,553	-	11,553
FS.1.2.1	Federal Govt.	7,404	-	7,404	8,614	-	8,614	10,677	0	10,677
FS.1.2.2	Provincial Govt.	873	-	873	729	-	729	876	0	876
FS.2	Private Funds	305,731	75	305,806	346,132	20	346,152	508,000	116	508,116
FS.2.1	Employer Funds	4,978	75	5,053	7,714	20	7,734	10,211	116	10,327
FS.2.2	Household Funds	273,015	-	273,015	304,944	0	304,944	457,285	0	457,285
FS.2.3	Local/National NGO's	27,738	-	27,738	33,474	0	33,474	40,504	0	40,504
FS.3	Rest of the World Funds	5,098	-	5,098	9565	0	9,565	6,001	0	6,001
FS.3.1	Official Donor Agencies	5,098	-	5,098	9565	0	9,565	6,001	0	6,001
	Total Health Expenditure	401,068	47,335	448,403	496,465	57,988	554,453	695,203	61,993	757,196

*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, 32% of health spending is funded by public sector. Out of total public sector health expenditures federal government is funding 23%, provincial government is funding 59% and district government/ local bodies are funding 13%. Out of total federal government spending, 63% are for civil part of the government and the rest 37% is disbursed via military setup. Of 67% of the health expenditures funded through private sector, 90% is OOP health expenditures by households.

2.3 Financing agents

2.3.1 Overview

In a well compiled NHA, the total health expenditures by financing sources must match the total health expenditures by financing agents and health care providers. All figures result in a total of Rs. 757 billion. They only differ in their breakdown. For the interlocking of financial agents by sources see Section 2.2. 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.)

			2009-10			2011-12			2013-14		
	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	94,531	47,335	141,866	146,630	57,988	204,618	188,860	61,993	250,853
	HF.1.1	Territorial Government	81,962	47,260	129,222	131,425	57,968	189,393	169,649	61,877	231,526
	HF.1.1.1	Federal Government	20,575	31,895	52,470	25,087	16,566	41,653	32,289	24,552	56,841
	HF.1.1.1.1	Federal (Civil)	6,673	31,895	38,568	8,572	16,566	25,138	11,229	24,552	35,781
	HF.1.1.1.1.1	MoNHS	5,269	16,442	21,711	368	1,901	2,269	1,576	16,242	17,818
	HF.1.1.1.1.2	Other*	1,203	15,453	16,656	8,204	13,739	21,943	9,653	1,196	10,849
	HF.1.1.1.1.3	MoPW	201	-	201	0	926	926	-	7,114	7,114
	HF.1.1.1.2	Military	13,902	-	13,902	16,515		16,515	21,060	0	21,060
	HF.1.1.2	Provincial Government	33,716	13,464	47,180	65,168	40,347	105,515	107,390	36,646	144,036
	HF.1.1.2.1	Punjab	17,891	4,135	22,026	27,209	11,464	38,673	40,965	14,443	55,408
	HF.1.1.2.1.1	Dept. of Health	17,348	2,555	19,903	26,820	9,223	36,043	40,625	11,261	51,886
	HF.1.1.2.1.2	Other*	520	-	520	345	0	345	292	0	292
	HF.1.1.2.1.3	Dept. of Popula- tion Welfare	23	1,580	1,603	44	2,241	2,285	48	3,182	3,230
	HF.1.1.2.2	Sindh	9,702	4,813	14,515	23,887	16,899	40,786	35,634	13,762	49,396
	HF.1.1.2.2.1	Dept. of Health	8,986	4,628	13,614	23,257	2,598	25,855	35,416	10,783	46,199
	HF.1.1.2.2.2	Other*	716	185	901	630	11,483	12,113	218	2,979	3,197
	HF.1.1.2.2.3	Dept. of Popula- tion Welfare	-	-	-	-	2818	2,818	0	0	0
	HF.1.1.2.3	KP**	4,231	3,877	8,108	6,196	10,023	16,219	19,777	5,476	25,253
	HF.1.1.2.3.1	Dept. of Health	2,750	2,824	5,574	5,723	5,909	11,632	18,620	3,522	22,142
	HF.1.1.2.3.2	Other*	1,471	542	2,013	374	3,694	4,068	193	1,842	2,035
	HF.1.1.2.3.3	Dept. of Popula- tion Welfare	10	511	521	99	420	519	964	112	1,076
	HF.1.1.2.4	Baluchistan	1,892	639	2,531	7,876	1,961	9,837	11,014	2,965	13,979
	HF.1.1.2.4.1	Dept. of Health	1,574	639	2,213	7,603	1,944	9,547	10,803	2,965	13,768
	HF.1.1.2.4.2	Other*	318	-	318	256	-	256	175	-	175
	HF.1.1.2.4.3	Dept. of Popula- tion Welfare	-	-	-	17	17	34	36	-	36
	HF.1.1.3	District/Tehsil Government	27,671	1,901	29,572	41,170	1,055	42,225	29,970	679	30,649
	HF.1.1.3.1	District Government	27,461	1,886	29,347	40,758	1,019	41,777	29,418	526	29,944
	HF.1.1.3.2	Cantonments Boards	210	15	225	412	36	448	552	153	705
	HF.1.2	Social Security Funds	4,292	75	4,367	5,862	20	5,882	7,658	116	7,774
	HF.1.2.1	Social Security Funds through Government	4,292	75	4,367	5,862	20	5,882	7,658	116	7,774
	HF.1.2.1.1	ESSI	3,034	75	3,109	4,539	20	4,559	6,133	116	6,249
	HF.1.2.1.2	Zakat Council	802	-	802	613		613	752	-	752
	HF.1.2.1.3	Bait ul Mal	456	-	456	710		710	773		773
	HF.1.3	Autonomous Bodies/Corporation	8,277	-	8,277	9,343	-	9,343	11,553	-	11,553
	HF.1.3.1	Federal Government	7,404	-	7,404	8,614		8,614	10,677	-	10,677

	HF.1.3.2	Provincial Government	873	-	873	729		729	876	-	876
HF.2		Private Sector	301,439	-	301,439	340,270	-	340,270	500,342	-	500,342
	HF.2.1	Other private health insurance	1,944	-	1,944	3,175		3,175	4,078		4,078
	HF.2.2	Private Households' Out-of-Pocket payment	271,757	-	271,757	303,621		303,621	455,760		455,760
	HF.2.3	Local Non-Government Organizations (NGO's)	27,738	-	27,738	33,474		33,474	40,504	-	40,504
HF.3		Rest of the World	5,098	-	5,098	9,565	-	9,565	6,001	-	6,001
	HF.3.1	Official Donor Agencies	5,098	-	5,098	9,565		9,565	6,001		6,001
		Total	401,068	47,335	448,403	496,465	57,988	554,453	695,203	61,993	757,196

*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, 33% is made by general government agents which include the social security, Zakat, Bait ul Mal and Autonomous Bodies/ Corporations health expenditures as well. The private expenditures constitute the 66% of total health expenditures in Pakistan, out of which 91% are households' OOP health expenditures. The share of development partners/ donors organizations in total health expenditures is almost 0.80%.

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 (excluding 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 232 billion out of overall Rupees 757 billion of total health expenditure in Pakistan during FY 2013-14.

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 completely in line with the international classifications.

Table 5: Civilian territorial government current health expenditures 2013-14 by function

Function (CoA)		million Rs.					
		Federal	Punjab	Sindh	KP	Baluchi- stan	Pakistan
015	General Services	-	-	-	19	36	55
076	Health Administration	1,110	8,022	5,480	983	1,153	16,757
073	Hospital Services	8,533	60,973	27,607	16,506	9,335	122,954
071	Medical Products, Appliances & Equipment	233	-	70	38	21	362
074	Public Health Services	382	1,096	2,250	1,093	294	5,115
075	R & D Health	-	-	-	-	-	-
045	Construction and Transport	-	-	-	-	-	-
041	Economic, Commercial & Labour Affair	-	-	-	-	-	-
014	Transfers	-	-	-	-	-	-
108	Others	-	-	-	945	64	1,009
	Total	10,258	70,091	35,416	19,584	10,903	146,252

The data on government health expenditures has been extracted from the appropriation accounts of respective provinces and districts as well as federal level. It includes 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 84% of the current expenditures are on hospital services, around 11% on health administration and about 3.5% 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. Table 6 shows 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 2013-14 (million Rs.)

Organization / category	Federal	Punjab	Sindh	KP	Balo-chistan	Gilgit	Pakistan
Army	-	11,118	1,172	1,789	829	452	15,360
Air Force	217	652	363	145	73	-	1,450
Navy	249	767	421	169	85	-	1,691
D.P. Establishment	-	1,092	-	-	-	-	1,092
ISO'S (Excl P. M. A. D)	-	1,374	-	-	-	-	1,374
A/C Org (Incl. P. M. A. D)	-	93	-	-	-	-	93
Total	466	15,096	1,956	2,103	987	452	21,060
Of which in category ...							
Stores & Equipments (Local Purchase)	271	4,287	634	411	247	28	5,878
Store & Equipment (Import)	2	621	11	5	2.29	-	641
Re-imbursement of Medical Charges	0.32	1,229	0.60	0.21	0.28	0.03	1,230
Other Medical Expenditure	-	2	0.27	0.61	0.29	0.12	3.63
Pay & Allowances	193	8,957	1,310	1,686	737	424	13,307
Total	466	15,096	1,956	2,103	987	452	21,060

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 Punjab and lowest health expenditure in Baluchistan. 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 2013-14 (million Rs.)

Category	Punjab	Sindh	KP	Baluchi-stan	Total
Medicine & reimbursements	151	31	18	4	204
Medical equipment	31	5	5	0	41
Salaries of medical staff	179	60	62	6	307
Construction / maintenance of Disp./Hospitals	54	36	63	0	153
Total	415	132	148	10	705

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 Punjab followed by Sindh, KP and Baluchistan.

Table 8: Employees social security institutions health expenditures 2013-14

Type of health expenditure	million Rs.				
	Punjab	Sindh	KP	Baluchistan	Pakistan
Expenditure on health facilities	3,711	2,039	219	62	6,031
Reimbursement of medical charges	38	52	0	1	91
Cash benefits relevant to health expenditure	101	21	4	1	127
Total	3,850	2,112	223	64	6,249

In Pakistan, ESSI is only an agent as they do not have their 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 fund is taken from Zakat and Ushr Departments of the respective Provinces. Table 9 shows that Zakat funds at the provincial and national level utilized in 2013-14 for health care was Rs. 752 million.

Table 9: Zakat for health care by program, 2013-14

Program	Budget utilized (million Rs.)					
	ICT	Punjab	Sindh	KP	Baluchistan	Pakistan
Health Care	33	304	344	17	36	733
Other Programs	1	-	-	-	-	1
Leprosy Patients	-	1	-	16	-	18
Total	34	305	344	33	36	752

Source: Respective Provincial Zakat & Ushr Departments

The overall Zakat funds of Rupees 752 million have been utilized in the FY 2013-14 by the Provinces / areas according to the diversified set of programs. The share of the provinces (million Rupees) is as follows: Punjab 305, Sindh 344, KP 33, Baluchistan 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 2013-14 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 2013-14

Province	2009-10		2011-12		2013-14	
	Beneficiaries	Expenditure	Beneficiaries	Expenditure	Beneficiaries	Expenditure
	In Number	million Rs.	In Number	million Rs.	In Number	million Rs.
Punjab	5,678	273	4,620	368	6,235	450
Sindh	1,193	90	640	71	195	28
KP*	944	67	2,175	183	2,485	205
Baluchistan	318	20	330	29	184	17
ICT & N.A	165	06	969	59	1,083	73
Total	8,298	456	8,734	710	10,182	773

* KP includes the health expenditures of FATA

Pakistan Bait-ul-Mal is providing individual financial assistance for health care across Pakistan. The above table shows that it has provided health care assistance specifically to 10,182 individuals in the fiscal year 2013-14. The overall amount of Rs.773 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), ICT & N.A, Sindh and Baluchistan.

2.3.7 Private Health Insurance

Health insurance is covered under the non-life insurance. In 2013-14 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 2013-14			
Year	million Rs.		
	Gross premium written	Gross incurred claims	Administrative health service provided (premium minus claims)
2014	4,164	2,403	1,761
2013	3,993	2,745	1,248
2012	3,640	2,421	1,219
2011	2,709	1,905	804
2010	2,017	1,583	434
2009	1,871	1,347	524
2008	1,578	1,131	447
2007	1,328	729	599
2006	818	479	339
2005	589.8	359	231
Average of 2005-06	704	419	285
Average of 2007-08	1,453	930	523
Average of 2009-10	1,944	1,465	479
Average of 2011-12	3,175	2,163	1,012
Average of 2013-14	4,078	2,574	1,504

2.3.8 Households OOP health expenditure

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 future the households' OOP payments will be treated as a financial "scheme", just like insurances, as there are in-going and out-going 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 4) aimed at collecting the figures of households OOP health expenditures which include the figures of re-imbursements. Table 12 shows the total OOP health expenditures incurred by private households in the fiscal year 2013-14 are amounting to Rs. 470 billion. Punjab has the highest share (54%) followed by Sindh (24%) and KP (16%, including FATA) while Baluchistan has just 5% share of Pakistan's OOP health spending. The OOP figures for the year 2013-14 after deducting the third-party payments, such as insurance or reimbursements are estimated at Rs.456 billion (see Table 12). OOP health expenditures do not include AJK.

Table 12: OOP health expenditures 2013-14 by province and component (million Rs.)

Financing source / Province	Punjab	Sindh	KP*	Balu-chistan	ICT**	Unregio-nalised	Pakistan
OOP health expenditures including reimbursements	255,252	112,514	74,500	24,253	3,573	-	470,092
Percentage Share	54	24	16	5	1	-	100
Reimbursement by Federal Government	494	137	291	49	-	-	971
Reimbursement by Provincial Government	292	218	193	111	-	-	814
Reimbursement by fed. Autonomous bodies	3657	1011	2,153	362	-	-	7,183
Reimbursement by prov. Autonomous B.	138	498	100	26	-	-	762
Reimbursement by other government entities	1305	16	9	2	0.32	-	1,332
Reimbursement by private health insurance	0	0	0	0	-	3,201	3,201
Reimbursement by Social security institutions	38	30	0	1	-	-	69
OOP health expenditures excluding reimbursements	249,328	110,604	71,754	23,702	3,573	-3,201	455,760

*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 Economic Affairs Division (EAD). All the figures are off budget figures which mean that double counting of budget support from donors is avoided.

The data obtained from EAD 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 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 2013-14 covers the donors' expenditures/disbursements 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 data provide by EAD.

It is worthy to mention here that donor's expenditures/disbursements data were earlier downloaded from DAD which is no more maintained at EAD. Therefore, Data in the Table 13 has been made available from the respective donor agencies via EAD as per NHA data format.

Table 13: Donor health expenditures 2013-14 (million Rs.)

Sector	Punjab	Sindh	KP*	Baluchi-stan	ICT	Gilgit	Un-regionalize	Total
Administration - Health and Nutrition	-	30	5		1	-	128	164
Child Health	0.30	43	10	0.4	9.3		-	63
Infectious Disease Control	-	-	-	-	18	-		18
Maternal Health	-	-	-	-	-	-	676	676
Other - Health and Nutrition	0.10	15	13.4	-	5.3	-	-	33.8
Primary Health			17					17.0
Family Planning	2,153	102	963	62.6	42	57	1,087.6	4,467.2
Unallocated	50	-	12	-	7	-	493	562
Total	2,203	190	1,020	63	83	57	2,385	6001.0

Source: EAD

* KP includes the figure of FATA

The biggest share has been spent at Punjab, followed by un-regionalized, which could not be allocated to provinces, G.B has the lowest 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. These 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 2013-14 (million Rs.)				
Province	Health Expenditures 2007-08	Health Expenditures 2009-10	Health Expenditures 2011-12	Health Expenditures 2013-14
	million Rs.	million Rs.	million Rs.	million Rs.
1	2	3	4	5
Punjab	5,480	6,265	7,561	9,149
Sindh	10,415	11,907	14,370	17,388
KP	6,413	7,332	8,848	10,706
Baluchistan	1,953	2,234	2,695	3,261
Pakistan	24,261	27,738	33,474	40,504

* 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 Rs. 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 24,261million.

Health expenditures of health related local NGOs for the fiscal years 2009-10, 2011-12& 2013-14 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 & 2013-14(14.33%, 20.68% & 21%).The above table shows the estimated expenditures of health related local NGOs for fiscal years 2007-08, 2009-10, 2011-12 & 2013-14 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 2013-14 (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 Em- ployer funds	FS.2.2 House- hold funds	FS.2.3 Local NGO's	FS.3.1 Official donor agen- cies			
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 Provin- cial												
HF.1 General Gov- ernment	HF.1.1 Territorial Gov- ernment	HF.1.1.1 Federal Gov- ernment	Ministry:	MONHS	1,576									1,576	0.23	
				Other Ministries	9,653								9,653	1.39		
				Population Welfare	-								0	0.00		
		Military health expenditure			21,060									21,060	3.03	
		HF.1.1.2 Provincial Gov- ernment	Dept. of:	Health		105,464								105,464	15.17	
				Population Welfare		878							878	0.15		
				Other		1,048							1,048	0.13		
		HF.1.1.3 District Bodies		District Government				29,418							29,418	4.23
	Cantonments Boards					552							552	0.08		
	HF.1.2 Social security funds	HF.1.2.1 Social security funds through Government	ESSI							6,133					6,133	0.88
			Zakat health expenditure								752				752	0.11
			Bait Ul Mal								773				773	0.11
		HF.1.3 Autonomous Bodies / Corporation		Federal					10,677						10,677	1.54
				Provincial						876					876	0.13
HF.2 Private Sector		HF.2.2 Other private insurance									4,078				4,078	0.59
	HF.2.3 Private households' out-of-pocket payment										455,760			455,760	65.56	
	HF.2.4Local NGO's											40,504		40,504	5.83	
HF.3 ROW	HF.3.1 Official donor agencies												6,001	6,001	0.86	
Total					32,289	107,390	29,970	10,677	876	10,211	457,285	40,504	6,001	695,203	100.00	
%					4.64	15.45	4.31	1.54	0.13	1.47	65.78	5.83	0.86	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 actually 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

- 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.
- Providers within the military health care setup
- 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:

- Major hospitals with specialized health facilities
- Other hospitals with variable quality / level of services
- 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
- Homeopaths, hakeems, tabibs and other traditional health providers
- Health care facilities from NGOs including the philanthropic organizations
- Ambulatory health services
- Facilities providing diagnostic & laboratory services
- Pharmacies and other retail sellers of medical goods
- 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 forthcoming rounds of Health Accounts.

2.5.2 Private health care providers expenditures: Extrapolation from 2009-10 to 2013-14.

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 2013-14 and 2011-12 are 137.97 and 167.15 respectively, resulting in a price increase of 21% 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 2013-14. The expenditures for the year 2013-14 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 2013-14

Description	Hospitals	Out-Patient Service Providers	Laboratory & Diagnostic Service Providers	Total
million Rs.				
Pakistan	55,698	112,394	10,599	178,691
Punjab	21,454	58,425	6,613	86,493
Sindh	29,166	19,374	2,748	51,288
KP	4,809	31,029	1,121	36,959
Baluchistan	269	3,566	116	3,951
%				
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 Rs.178,691 million in 2013-14. Share in total expenditure from health care providers is lumpy 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 (62.9%) followed by 'Hospitals' (31.17%) and 'Laboratory & Diagnostic Service Providers' (5.93%) 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 2013-14

Description	NGO / NPO	Individual Proprietorship	Private Limited Company	Partnership	Trust	Others	Total
million Rs.							
Pakistan	3,183	13,118	24,388	1,818	9,962	3,229	55,698
Punjab	1,193	7,506	7,217	845	4,416	277	21,454
Sindh	1,724	3,570	15,031	430	5,459	2,952	29,166
KP	239	1,893	2,140	450	87	0	4,809
Baluchistan	27	149	0	93	0	0	269
%							
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. 24,388 million, 44%) followed by "individual proprietorship" (Rs. 13,118 million, 24%). The total expenditure of Sindh (Rs.29,166 million, 52%) is more than Punjab (Rs.21,454 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. 9,962 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 Baluchistan & Punjab have the highest expenditures in "individual proprietorship".

Table 18 gives an overview of the current 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 category 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 healthcare providers 2013-14

Providers classified by relevant categories of HP- Classification		million Rs.
HP.1	Hospitals	268,327
HP.1.1	General Hospitals	260,769
HP.1.1.1	Government-owned General Hospitals	206,489
HP.1.1.2	Hospitals under Social Security	2,804
HP.1.1.3	Hospital of autonomous bodies/ corporations	2,306
HP.1.1.4	Private Hospitals (Private for Profit entities)	39,171
HP.1.1.5	Hospitals Owned by Charitable Institutions/NGOs	9,999
HP.1.2	Mental health and substance abuse hospitals	35
HP.1.3	Other specialty Hospitals	7,523
HP.3	Providers of ambulatory health care	155,582
HP.3.1	Offices of Physicians	11,328
HP.3.2	Dental clinics	4,524
HP.3.3	Offices of other Health Practitioners	77,345
HP.3.4	Outpatient care centers	35,692
HP.3.5	Medical and diagnostic laboratories	10,598
HP.3.9	Other Providers of Ambulatory care	15,757
HP.4	Retail sale and other providers of medical goods	151,111
HP.5	Provision and administration of public health programmes	1,216
HP.6	General health administration and insurance	18,260
HP.9	Rest of the world	6,001
HP.nsk	Providers not specified by kind	95,044
Total of Providers		695,203

2.5.4 Retailers of pharmaceuticals

Data on sales / purchases of pharmaceuticals was provided by Intercontinental Marketing Services (IMS)⁴ 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.

⁴ <http://www.imshealth.com/portal/site/imshealth>

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.

Table 19: Purchases of pharmaceuticals in Pakistan 2013-14 (million Rs.)

	Total purchases	Purchases through retail	Doctor's Purchases	Private Hospital Pharmacies
Total	168,264	151,111	10,583	6,570
A - Alimentary T.& Metabolism	36,037	33,028	1,767	1,242
B - Blood + B.Forming Organs	5,179	4,608	317	254
C - Cardiovascular System	11,903	11,304	297	302
D - Dermatological	5,779	5,325	316	138
G - G.U.System& Sex Hormones	5,150	4,631	293	226
H - Systemic Hormones	1,740	1,505	143	92
J - Systemic Anti-Infectives	44,741	38,259	4,225	2,257
K - Hospital Solutions	907	810	39	58
L- Antineoplast+Immunomodul	4,012	3,217	474	321
M - Musculo-Skeletal System	11,903	10,843	614	446
N - Nervous System	16,300	14,997	774	529
P - Parasitological	5,177	4,767	301	109
R - Respiratory System	12,784	12,013	481	290
S - Sensory Organs	3,284	2,663	447	174
T - Diagnostic Agents	99	55	13	31
V - Various	3,269	3,086	82	101

Total pharmaceutical sales in Pakistan in 2013-14 were estimated as Rs. 153 billion and after applying the markup, purchasers' prices are Rs.168 billion. Markups for sales of pharmacies and other retailers of pharmaceuticals is 11%.

The total of the purchases through retailers (Rs.151 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 and financing agents 2013-14 (million Rs.)

Health care providers				Financing agents												
				HF.1 General Government							HF.2 Private Sector				HF.3.1 Official donor agen- cies	Total
				HF.1.1 Territorial Government				HF.1.2 Social Security Funds		HF.1.3 Au- tono- mous Bodies	HF.2.2 Other private insur- ance	HF.2.3 Private house- holds' 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.	7,564	16,395	76,731	21,121		1,507			83,171		206,489		
		HP.1.1.2	Hosp. under Soc. Security					2,804						2,804		
		HP.1.1.3	Hospital. of autonomous. Bodies							2,306				2,306		
		HP.1.1.4	Private Hospitals								39,171			39,171		
		HP.1.1.5	owned by Charity / NGOs								9,999			9,999		
	HP.1.2	Mental Health & Substance Abuse H.									35.10			35		
	HP.1.3	Other Specialist hospitals	64	139	650	177					6,493			7,523		
HP.3 Pro- vider of Ambu- latory Health Care	HP.3.1 Offices of Physicians										11,328			11,328		
	HP.3.2 Dental Clinics										4,524			4,524		
	HP.3.3 Offices of other health Practitioners										77,345			77,345		
	Outpatient Care Centers		HP. 3.4.1 Public	1,521	3,296	15,424	4,365	3,329		1,302	3,014			32,251		
			HP. 3.4.2 Private									3,441			3,441	
	HP.3.5 Medical & Diagnostic Labs											10,598			10,598	
	HP.3.6 Provider of home health care services														0	
HP.3.9 Other providers of ambulatory care											15,757			15,757		
HP.4 Retail sale & other providers of medical goods												151,111			151,111	
HP.5 Provision & admin. of public health programs		HP.5.1 Fam. Planning & Prim. H. Care				0									0	
		HP.5.2 Immuniz. (EPI), Diarrheal Dis.				521									521	
		HP.5.3 to HP.5.10 Other Programs				695									695	
HP.6 General Health admin & Insurance				1,109		11,442	4,205				1,504				18,260	
HP.9 Rest of the world														6,001	6,001	
HP.nsk				971	1,230	1,927	102		18	7,945	2,574	39,773	40,504		95,044	
Total Current health expenditures				11,229	21,060	107,390	29,970	6,133	1,525	11,553	4,078	455,760	40,504	6,001	695,203	

2.7 Comparison of NHA with WHO figures

The annual per capita health expenditures for Pakistan as per NHA 2011-12 are 39.5 US\$ (Rs. 4,067). The respective numbers reported to WHO by Sri Lanka, India and Bangladesh for year 2013-14 are 127.0 US\$, 75.0 US\$ and 31.0 US\$ respectively. The ratios of health expenditures 2013-14 according to NHA over GDP are 3.0% while public sector health expenditures according to NHA over government expenditures are 9.3%. The private sector health expenditures according to NHA over Household final consumption expenditure are 2.5%.

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 2013-14	World Health Organization 2013-14
HF.1	General government	250,853	237,754
HF.1.2	Social Security Fund	7,774	6,835
HF.2	Private health expenditure	500,342	438,630
HF.2.2	Private HH's OOP	455,760	380,686

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

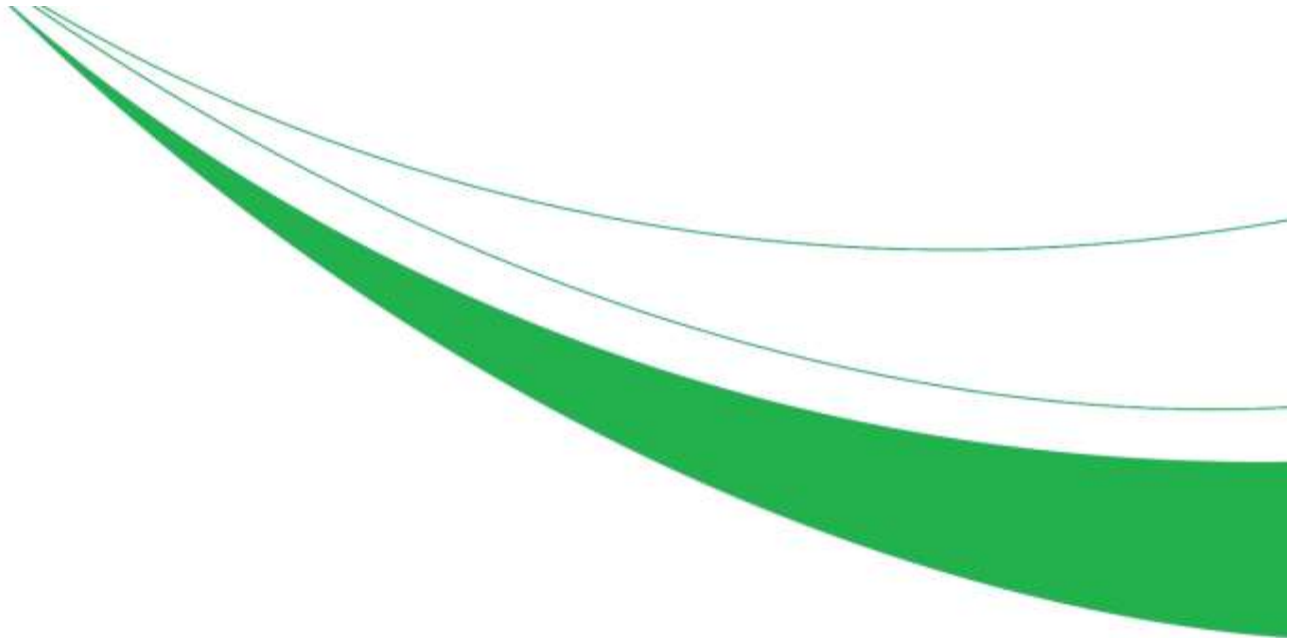
The general government health expenditures according to NHA Pakistan exceed the WHO figures as NHA Pakistan includes the military health expenditures, reimbursement of medical charges for the government employees, federal/provincial AB/Cs health expenditures etc. OOP expenditures exceed the WHO figures 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 3.0% of GDP (at market price) in 2013-14.⁵
- ... General government health expenditures are 9.3% of general government final consumption expenditures in 2011-12 as according to national accounts.⁶
- ... Private health expenditures are 2.5% of Household final consumption expenditure as according to national accounts.⁷

⁵ Pakistan Bureau of Statistics, National Accounts main aggregates (at market price)

⁶ Pakistan Bureau of Statistics, National Accounts, Expenditure on Gross domestic product at current prices, general government final consumption expenditure

⁷ 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 Accounts⁸ or Provincial Health Accounts⁹. Matrices 3-6 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 provincial government in its capacity as financial agent are (11.64%). The share of social security is 1.28%. OOP expenditures of private households as agents account for 70.87% of overall health expenditures made in Punjab.

In Sindh, agent's current expenditures made by its government were 21.10% of overall expenditures. The share of social security is only 1.47%. The share of private households' OOP expenditure is 65.50%.

In KP, the current expenditures made by the provincial government were 18.65%. In KP and Baluchistan, the share of social security expenditures are 0.43% and 0.30% respectively which are lower than Punjab and Sindh. In KP (including FATA), the share of OOP is around 67.67%. The share of donor in overall health expenditures in KP is 0.99%.

In Baluchistan, the share of expenditures of the provincial government is 28.11 % (including districts government expenditure), while the share of OOP health expenditures were 60.49%.

⁸ See WHO, Workshop on Health Financing in Pakistan, 2007, <http://www.who.int/nha/events/en/>.

⁹ 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 2013-14 (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 Autono- mous Bod- ies	FS.2.1 Employ- er funds	FS.2.2 House- hold 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 Gov- ernment	HF.1.1 Territorial Govt.	HF.1.1.1 Federal Government	Federal Gov. (civil)											
			Military health expenditures		15,096								15,096	4.29
		HF.1.1.2 Provincial Government	Dept. of:	Health		40,625							40,625	11.55
				other		292							292	0.08
				Population Welfare		48							48	0.01
		HF.1.1.3 District Bodies	District Government				29,970						29,970	8.52
			Cantonment Boards				361						361	0.1
	HF.1.2 Social security funds	HF.1.2.1 Social secu- rity funds through Government	ESSI						3,734				3,734	1.06
			Zakat health expend.							305			305	0.09
			Bait-ul-Mal							449			449	0.13
	HF.1.3 Autonomous Bodies / Corporations							226					226	0.06
HF.2 Priv. Sector	HF.2.3 Private households' out-of-pocket payment									249,328			249,328	70.87
	HF.2.4Local Non-Government Organizations (NGO's)										9,149		9,149	2.60
HF.3 ROW	HF.3.1 Official donor agencies											2,203	2,203	0.63
Total					15,096	40,965	30,331	226	3,734	3,734	9,149	2,153	351,786	100.00
%					4.29	11.64	8.62	0.06	1.06	71.09	2.60	0.63	100.00	

Matrix 4: Financing sources by financing agents – Sindh Current Health Expenditures 2013-14 (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 Autono- mous Bod- ies	FS.2.1 Employ- er funds	FS.2.2 House- hold 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 Gov- ernment	HF.1.1 Territorial Govt.	HF.1.1.1 Federal Government	Federal Govt. (civil)											
			Military health expenditures		1,956								1,956	1.16
		HF.1.1.2 Provincial Government	Dept. of:	Health		35,416							35,416	20.97
				other		218							218	0.13
				Population Welfare		-							-	0.00
		HF.1.1.3 District Bodies	District Government										-	0.00
			Cantonment Boards					96					96	0.06
		HF.1.2 Social security funds	HF.1.2.1 Social secu- rity funds through Government	ESSI						2,112				2,112
	Zakat health expend								344			3,44	0.20	
	Bait-ul-Mal								28			28	0.02	
	HF.1.3 Autonomous Bodies / Corporations							499					499	0.30
	HF.2 Private Sector	HF.2.3 Private households' out-of-pocket payment								110,604			110,604	65.50
HF.2.4Local Non-Government Organizations (NGO's)									17,388		17,388	10.30		
HF.3 ROW	HF.3.1 Official donor agencies										190	190	0.11	
Total					1,956	35,634	96	499	2,112	110,976	17,388	190	168,851	100.00
%					1.16	21.10	0.06	0.30	1.25	65.72	10.30	0.113	100.00	

Matrix 5: Financing sources by financing agents –Khyber Pakhtunkhwa Current Health Expenditures 2013-14 (million Rs.)

Financing agents					Financing sources								Total	%	
					FS.1 Public funds				FS.2 Private funds			FS.3 ROW			
					FS.1.1 Government Funds			FS.1.2 Autono- mous Bod- ies	FS.2.1 Employ- er funds	FS.2.2 House- hold 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		2,103								2,103	1.98	
		HF.1.1.2 Provincial Government	Dept. of:	Health		18,620								18,620	17.56
				other		193								193	0.18
				Population Welfare		964								964	0.91
		HF.1.1.3 District Bodies	District Government											0	0.00
			Cantonment Boards				85							85	0.08
	HF.1.2 Social security funds	HF.1.2.1 Social secu- rity funds through Government	ESSI						223					223	0.21
			Zakat health expend								33			33	0.03
			Bait-ul-Mal								205				205
HF.1.3 Autonomous Bodies / Corporations							122						122	0.12	
HF.2 Priv. Sector	HF.2.3 Private households' out-of-pocket payment									71,754				71,754	67.68
	HF.2.4 Local Non-Government Organizations (NGO's)										10,706			10,706	10.10
HF.3 ROW	HF.3.1 Official donor agencies												1,020	1,020	0.95
Total					2,103	19,777	85	122	223	71,992	10,706	1,020	106,028	100.00	
%					1.98	18.65	0.08	0.12	0.21	67.90	10.10	0.96	100.00		

Matrix 6: Financing sources by financing agents –Baluchistan Current Health Expenditures 2013-14 (million Rs.)

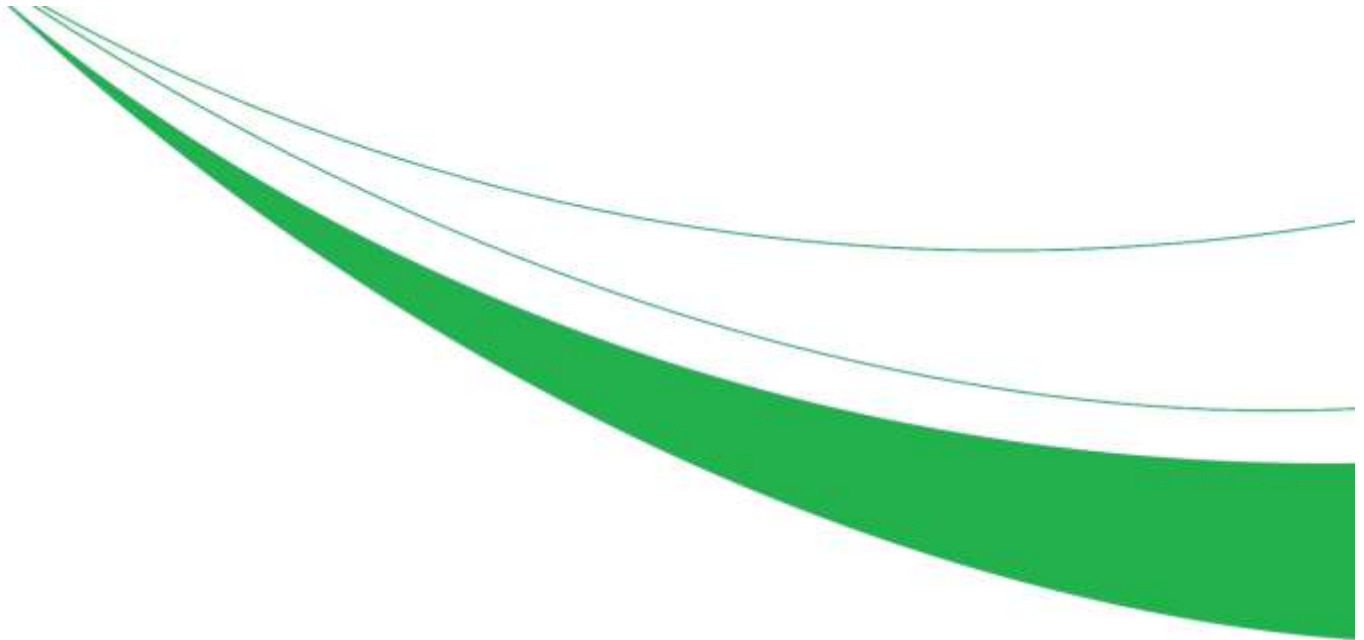
Financing agents					Financing sources									
					FS.1 Public funds				FS.2 Private funds			FS.3 ROW	Total	%
					FS.1.1 Government Funds			FS.1.2 Autono- mous Bod- ies	FS.2.1 Employ- er funds	FS.2.2 House- hold funds	FS.2.3 Local NGO's	FS.3.1 Official donor agencies		
					FS.1.1.1 Federal Gov.	FS.1.1. 2 Prov. Gov.	FS.1.1.3 District / Tehsil bodies							
HF.1 General Gov- ernment	HF.1.1 Territorial Govt.	HF.1.1.1 Federal Government	Federal Gov. (civil)											
			Military health expenditures		987							987	2.52	
		HF.1.1.2 Provincial Government	Dept. of:	Health		10,803						10,803	27.57	
				other		175						175	0.45	
				Population Welfare		36						36	0.09	
		HF.1.1.3 District Bodies	District Government									0	0.00	
			Cantonment Boards				10					10	0.03	
	HF.1.2 Social security funds	HF.1.2.1 Social secu- rity funds through Government	ESSI						65			65	0.17	
			Zakat health expend							36		36	0.09	
			Bait-ul-Mal							17		17	0.04	
	HF.1.3 Autonomous Bodies / Corporations							29				29	0.07	
HF.2 Priv. Sector	HF.2.3 Private households' out-of-pocket payment								23,702		23,702	60.49		
	HF.2.4 Local Non-Government Organizations (NGO's)									3,261	3,261	8.32		
HF.3 ROW	HF.3.1 Official donor agencies										63	63	0.16	
Total					987	11,014	10	29	65	23,755	3,261	63	39,184	100.00
%					2.52	28.11	0.03	0.07	0.17	60.62	8.32	0.16	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 2013-14 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	15,096	1,956	2,103	987	466	452	-	21,060
Federal Government(Civil)	-	-	-	-	-	-	35,781	35,781
Provincial Government	55,408	49,396	25,253	13,979	-	-	-	144,036
District Government	29,944	-	-	-	-	-	-	29,944
Cant. Boards	415	132	148	10	-	-	-	705
ESSI	3,850	2,112	223	64	-	-	-	6,249
Zakat Health Expenditure	305	344	33	36	34	-	-	752
PBM	450	28	205	17	73	-	-	773
Fed. ABs/C	-	-	-	-	-	-	10,677	10,677
Prov. ABs/C	226	499	122	29	-	-	-	876
Private Insurance	-	-	-	-	-	-	4,078	4,078
OOP Health Expenditure	249,328	110,604	71,754	23,702	3,573	0	-3,201	455,760
NGOs	9,149	17,388	10,706	3,261	-	-	-	40,504
Donors Organizations	2,203	190	1,020	63	83	57	2,385	6,001
Grand Total	366,374	182,649	111,567	42,148	4,229	509	49,720	757,196
%	48.39	24.12	14.73	5.57	0.56	0.07	6.57	100.00
%								
Military Health Expenditure	71.68	9.29	9.99	4.69	2.21	2.15	-	100.00
Federal Government	-	-	-	-	-	-	100.00	100.00
Provincial Government	38.47	34.29	17.53	9.71	-	-	-	100.00
District Government	100.00	0.00	0.00	0.00	-	-	-	100.00
Cant. Boards	58.87	18.72	20.99	1.42	-	-	-	100.00
ESSI	61.61	33.80	3.57	1.02	-	-	-	100.00
Zakat Health Expenditure	40.56	45.74	4.39	4.79	4.52	-	-	100.00
PBM	58.21	3.62	26.52	2.20	9.44	-	-	100.00
Fed. ABs/C	-	-	-	-	-	-	100.00	100.00
Prov. ABs/C	25.80	56.96	13.93	3.31	-	-	-	100.00
Private Insurance	-	-	-	-	-	-	100.00	100.00
OOP Health Expenditure	54.71	24.27	15.74	5.20	0.78	0.00	-0.70	100.00
NGOs	22.59	42.93	26.43	8.05	-	-	-	100.00
Donors Organizations	36.71	3.17	17.00	1.05	-	0.95	39.74	100.00

The health expenditures of federal government's civilian part are shown in Table 21 as "un-regionalized / 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.



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 of private health expenditure 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 remember the health expenditure particularly with regard to out-patients and other functions like self-medication etc. The survey's results actually depend on the recall quality (as an out-patient etc.) and the proper record (as in-patient & delivery cases) 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 second and onwards rounds 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 increased to three months for out-patients, unrelated to illness & self-medication while one year for in-patients and delivery cases, considering that this is the maximum period the households can comprehensively remember their expenditures on health services. In the previous rounds of NHA, the recall period of OOP survey was only one month.
- 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 for those functions only whose recall period is three months. 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 2013-14 was the third dedicated OOP survey on health expenditures in Pakistan. The sample size and households covered in the last quarter of 2013-14 were the same for both HIES and OOP. HIES part of survey had two general questions about health related expenditures. One is medicines purchased¹⁰ and second is doctor's fee¹¹ while in OOP part detailed health related expenditures questions were included. In HIES the recall period was one year while in OOP recall periods were three months and one year as explained above.

¹⁰HIES Code 5601 includes medicines & vitamins, medical apparatus and other equipment/supplies etc.

¹¹HIES 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. All the questions were entrenched on one page appended 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:
 - Parchi and Admission Fees
 - Medicines/Vaccine
 - Supplies/Medical durables
 - Food
 - Diagnostic tests
 - Doctor and Staff
 - Tips
 - Cost of Surgery if done
 - Transportation costs
 - Accompanying Person Cost
 - Other

The reference period for the HIES survey was 2013-14. However, the survey was conducted in 4th quarter of fiscal year 2013-14 and started in April 2014. The recall periods for OOP survey were three months and one year 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 4,828 households, pertaining to 145 urban and 193 rural areas, was drawn. 103 households reported no illness in the recall period of the survey.

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, 2014. 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 entered in the designed software particularly developed for

OOP data. 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 one quarter were computed by Sample design section which generalizes the results of OOP survey 2013-14 at the national level. Per capita annual health expenditures by OOP survey were 2,525 Rupees. Population of Pakistan¹² in 2013-14 was 186.18 million¹³. 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 2013-14

The OOP health expenditures for 2009-10, 2011-12 & 2013-14, including reimbursement figures, estimated at national level by OOP survey are Rs.283 billion, Rs.315 billion & Rs.470 billion respectively. The table below gives the breakup of the gross OOP by region/province.

Table 22: Out of pocket health expenditures in 2009-10, 2011-12 & 2013-14 by region (million Rs.)			
Province/Area	2009-10	2011-12	2013-14
Pakistan	282,563	314,833	470,092
Punjab	154,399	171,355	255,252
Sindh	67,097	75,145	112,514
KP & FATA	44,572	49,795	74,500
Baluchistan	14,405	16,168	24,253
Islamabad	2,090	2,370	3,573

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

Table 23: Type of health care accessed 2013-14 by province in %					
Province	Inpatient	Delivery	Outpatient	Self-Medication	Total
Pakistan	8.45	4.97	75.37	11.21	100
Punjab	10.84	5.84	79.19	4.12	100
Sindh	4.42	3.75	73.98	17.85	100
KP	11.29	4.49	66.10	18.12	100
Baluchistan	5.38	8.50	79.41	6.70	100

Analysis of the OOP survey data reveals that in Pakistan, around 75% of the population availed outpatient services while only 8.45% received inpatient care for their illness and 11.21% did self-medication which include all those people who are taking medicines without consultation/prescription,

¹²Population of Pakistan includes Punjab, Sindh, KP, Baluchistan and Islamabad.

¹³National 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.

or all those people who are taking medicines for long lasting diseases like diabetes and high blood pressure that was already prescribed by doctors. It also indicates that delivery cases occurred by 4.97%. Further analysis of data on the type of health care accessed by provinces reflects that share of self-medication is highest in KP(18.12%) followed by Sindh(17.85%) and the lowest share is of Punjab (4.12%). The percentage share of outpatient is highest in Baluchistan (79.41%) followed by Punjab (79.19%), Sindh (73.98%) and the lowest share is of KP (66.10%). For the Inpatient services, the highest share is of KP (11.29%) and the lowest share is of Sindh (4.42%).

Table 24: Type of health care accessed 2013-14 by sex in %			
Type of Care	Male	Female	Total
Inpatient	4.15	4.30	8.45
Delivery	0.00	4.97	4.97
Outpatient	32.99	42.38	75.37
Self-Medication	5.31	5.91	11.21
Total	42.45	57.55	100.00

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 report¹⁴ only one-third of the rural women in developing regions receive the recommended care during pregnancy.

¹⁴The Millennium Development Goals Report 2010 United Nation Department of Economic and Social Affairs (DESA) June 2010.

Table 25: OOP expenditures of private households 2013-14 by category and provinces in %

OOP Expenditure categories	Pakistan	Punjab	Sindh	KP	Baluchistan
Transportation costs	7.10	6.88	8.25	5.07	12.61
Parchi and admission fees	1.19	1.22	0.80	1.49	2.11
Doctors fee	15.99	15.04	19.91	14.16	12.45
Medicines/Vaccine	52.65	55.60	47.40	49.05	52.22
Medical Supplies	4.00	3.30	2.93	9.00	2.33
Diagnostic tests	9.55	9.14	10.82	8.81	11.41
Cost of surgery	3.31	2.83	2.64	6.76	1.56
Medical Durables	2.02	2.54	0.61	2.09	2.59
Food	1.94	1.34	3.74	1.56	1.47
Tips	0.11	0.09	0.12	0.10	0.30
Accompanying person cost	1.22	1.62	0.40	1.15	0.18
Other	0.92	0.39	2.38	0.76	0.77
Total Expenditure	100	100	100	100	100

Analysis of OOP survey also reflects that in Pakistan 52.65% of the total OOP spending are incurred on “Medicine/Vaccine”, 15.99% and 9.55% on Doctor’s fee and Diagnostic tests respectively and 7.1% of the total OOP spending are incurred on Transportation costs.

Further analysis of OOP data with regard to provinces indicates that OOP spending on “Medicine/Vaccine” is highest in Punjab (55.60%) followed by Baluchistan (52.22%), KP (49.05%), while the lowest share is of Sindh (47.40%). Second highest spending for all the provinces is on Doctor’s fee and then the Diagnostic tests. The reason behind high OOP spending on medicine is that, in private clinics, doctors take the charges including medicine and the value reported in the medicine cost. Third highest spending for all the provinces is transportation costs. The high share of transportation costs highlights that health care facilities often are far away 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 KP is 6.76% which is significantly higher than other provinces. Expenditures on accompanying person incur mostly in the cases of inpatient. Punjab has the highest percentage share of expenditures incurred on accompanying person.

Table 26: OOP expenditures 2013-14 by expenditure categories in %

OOP Expenditure categories	Private	Public	Total
Transportation costs	7.11	7.04	7.10
Parchi and admission fees	1.38	0.39	1.19
Doctors fee	19.56	1.15	15.99
Medicines/Vaccine	49.28	66.67	52.65
Medical Supplies	3.20	7.32	4.00
Diagnostic tests	9.49	9.81	9.55
Cost of surgery	3.69	1.77	3.31
Medical Durables	2.29	0.93	2.02
Food	1.89	2.12	1.94
Tips	0.11	0.11	0.11
Accompanying person cost	1.00	2.16	1.22
Other	1.02	0.52	0.92
Total Expenditure	100	100	100

Table 26 indicates that percentage share of "Medicine/Vaccine" in private and public sector are 49% and 66.67% respectively. Private and Public OOP expenditures incurred on "Doctor's fee" is around 20% and 1.15% respectively. The percentage share of "Diagnostic tests" in private and public sector are 9.49% and 9.81% respectively. While the percentage share of OOP expenditures as "Transportation Cost" is 7.11% and 7.04% in private and public sector respectively.

Table 27: Type of health care provider accessed by the households 2013-14

Province	Private Hospital	Private Doctor clinic	Homeo-path/ ha-keem/ herbalist etc.	Pharmacy/ shops	GovtHosp/THQ/DHQ/Tertiary/Teaching Hosp	Dispensary/Maternal and child health center/BHU/RHC/LHV/LHW	Laboratory	Others*	Total
In % of population									
Punjab	18.63	51.19	6.99	4.18	14.61	2.08	0.00	2.16	100
Sindh	7.04	62.77	3.21	17.98	6.49	2.33	0.00	0.18	100
KP	9.87	38.59	4.53	18.45	22.14	3.57	0.18	2.43	100
Baluchistan	15.29	35.73	6.09	7.02	30.14	5.33	0.09	0.31	100
Pakistan	13.06	52.99	5.24	11.36	13.29	2.49	0.03	1.43	100
In % of expenditures									
Punjab	34.63	38.84	5.27	0.69	18.65	0.81	0.00	0.86	100
Sindh	21.51	66.07	2.10	1.90	7.80	0.49	0.00	0.14	100
KP	26.60	35.65	1.41	4.14	14.46	1.28	0.06	0.44	100
Baluchistan	28.35	36.76	3.27	1.520	27.41	2.61	0.00	0.07	100
Pakistan	30.22	44.75	3.92	1.49	15.73	0.85	0.01	0.61	100

* Others include other (private)

Note: Access to Military and Autonomous Bodies' Hospitals was 0.1 percent of population and 2.43% 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 (13.29%) of population visited Govt. Hosp./THQ/DHQ/Tertiary/Teaching Hospitals and then the private hospitals (13.06%) and pharmacy/shops (11.36%).

Percentage of population visited private clinics and doctors' in Sindh (62.77%) is more than Punjab (51.19%) and KP (38.59%). In Baluchistan the condition of access to government hospital/ THQ and DHQ hospital are better than the rest of provinces. In Baluchistan, KP, Punjab, and Sindh the percentage of access to Govt. hospitals is more than Private 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 (15.73%) is lower than those for access to private hospitals (30.22%) because government hospitals provide the services on lower rates. Highest OOP expenditures are in the category of Private Doctor Clinics (44.75%) followed by private hospitals (30.22%) and Govt. Hosp./THQ/DHQ/Tertiary/Teaching Hospitals (15.73%) at national level. The percentage share of OOP spending on Private Doctor Clinics is highest in Sindh (66%). While in Punjab, KP and Baluchistan they are 39%, 36% and 37% respectively. The category of Pharmacy/ shops have share of 1.5% in OOP health expenditures at national level.

Table 28: OOP health expenditures 2013-14 by kind of accessed sector (private and public) and by province in %

Province	Private Sector*	Public Sector	Total
Punjab	79.75	20.25	100
Sindh	91.71	8.29	100
KP	67.84	32.16	100
Baluchistan	69.92	30.08	100
Pakistan	80.59	19.41	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 or the provision of quality health care services in private health sector across the country.

Table 29: Health expenditures 2013-14 by kind of illnesses/ incident and by province in %

Kind of Illness / incident	Pakistan	Punjab	Sindh	KP	Baluchistan
Road Accidents	1.01	1.68	0.29	0.74	0.62
Fractures	1.02	1.30	0.57	1.26	0.88
Diarrheal disorder (including dysentery)	6.63	6.23	7.60	5.48	6.91
Pneumonia	0.36	0.47	0.18	0.36	0.65
Flue/Fever	31.66	27.33	43.24	18.71	25.20
Malaria	3.53	2.94	4.74	1.85	6.75
Typhoid	1.68	2.46	0.61	1.85	1.71
Chest infection	7.44	4.02	7.93	16.65	8.08
Asthma	1.95	2.64	1.44	1.17	1.29
Liver, Kidney Diseases	3.35	4.47	1.80	3.56	3.54
Measles, Polio (Immunizable diseases)	0.26	0.19	0.24	0.50	0.25
Stroke (Brain hemorrhage)	0.15	0.13	0.13	0.23	0.43
Muscular Pain (Knee, Arm, Backbone etc)	6.59	6.38	5.48	9.71	7.40
Depression / Hypertension	0.73	0.75	0.37	1.50	0.93
Eye infection/disorder (ENT)	2.24	2.71	1.23	2.98	3.37
Ulcer diseases	2.35	2.94	0.95	3.86	2.25
Hepatitis infections	1.59	2.08	1.06	1.42	1.07
Tuberculosis (TB)	0.87	0.99	0.81	0.33	2.43
Diabetes	3.22	4.33	2.37	2.11	1.85
Heart disease	2.94	4.25	1.44	2.59	2.18
High blood pressure	4.38	4.23	5.25	2.62	5.18
Women Issue	9.26	9.43	7.92	11.14	13.11
Dog Bite / Snake bites	0.04	0.07	0	0.07	0
Dental Care	0.62	0.53	0.33	1.51	0.93
Burns	0.10	0.05	0.08	0.29	.00
Paralysis	0.61	0.93	0.32	0.45	0.15
AIDS	0	0	0	0	0
Don't Know	0.19	0.23	0.10	0.21	0.78
Other, Specify _____	4.62	5.88	3.30	4.57	1.20
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 (31.66%), women issue (9.26%) and chest infection (7.44%) 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 Sindh 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 13.11% in Baluchistan which is highest in all provinces.



5. Census of Autonomous Bodies/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 functions¹⁵. 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 (ABs/C) 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. These are usually holding corporations of a number of public companies in the industrial sector. The Corporation holds

¹⁵Report of the National Commission for Government Reforms on Reforming the Government in Pakistan, 2008

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

According to publication 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 & Baluchistan 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 entities¹⁶. The data on health expenditures incurred by the employees of Exempt entities (ABs/C) have been obtained by conducting this census of ABs/C as these 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 federal bodies and their employees by Divisions of the Government of Pakistan and the number of provincial bodies and their employees by provinces, respectively.

¹⁶ 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

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 reimbursement 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, Rs.3,977 million in 2010-11 and Rs.4,596 million in 2011-12.

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

Seven out of the 92 reporting ABs/C are 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 and 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. 5,113) and dispensary (Rs.3,918) obtained from the actual data received from WAPDA and CDA.

The lump sum health expenditures of ABs/C 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 (Rs16,182) 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 reimbursement 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
Baluchistan	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
Baluchistan	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, 9/44 ABs/C in 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. 77.12million.

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 Baluchistan 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.2.956millions. None of the ABs/C (as reported in the census) under Baluchistan government is offering health insurance to their employees.

Table 37 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
Baluchistan	21.043	2.956	-	18	23.99
Total	528.58	99.52	100.83	171	728.93

5.7 Federal & provincial autonomous bodies/corporations expenditure: Extrapolation from 2011-12 to 2013-14.


Census ABs/C working under administrative control of federal & provincial governments was carried out in the year 2013 for the reference period 2009-10 to 2011-12. The purpose of this census was to collect data on remuneration of health expenditures of their employees. Health expenditures of ABs/C are mainly made either through reimbursement of medical charges, health insurances, or through their own health care facilities. It was observed in the Census that some of the ABs/C (both at federal & provincial levels) are providing cash medical allowances to their employees in salaries. These allowances are not included in the total health expenditures of ABs/C as it is not sure that the medical allowance is spent on the health care. Moreover, the precise estimate of the health care expenditures incurred by the employees out of the cash medical allowances is not possible due to lack of information or any national level research on it. Therefore, health expenditures of ABs/C, both at federal & provincial levels, incurred via reimbursement of medical charges, health insurances, or through their own health care facilities have been included in the NHA report. The aforesaid census have also provided frame of health care facilities running primarily for the health care of ABs/C. The following table gives an overview of federal & provincial ABs/C health expenditures by mechanism for the period 2009-10 to 2013-14. The health expenditures by mechanism for the fiscal years 2012-13 & 2013-14 have been estimated on the basis of actual data obtained via censuses 2007-08 & 2011-12. The health expenditures by mechanism for the fiscal years 2012-13 & 2013-14 have been estimated on the basis of factor (average relative change) observed in the previous fiscal years.

**Table 38: Federal & provincial ABs/Cs health expenditures for the period 2009-10 to 2013-14
(million Rs.)**

Fiscal Year	Federal ABs/Cs				Provincial ABs/Cs			
	Reimbursement	Own health facilities	Health Insurance	Total	Reimbursement	Own health facilities	Health Insurance	Total
2009-10	5,551	1,815	37	7,403	600	257	15	873
2010-11	6,112	1,999	41	8,152	480	93	92	665
2011-12	5,691	2,887	36	8,614	529	99	101	729
2012-13	6,374	3,176	40	9,590	582	106	111	799
2013-14	7,139	3,494	44	10,677	641	114	122	877



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 arrangements¹⁷”.

In SHA manual, Total Health Expenditure (THE) includes health care functions under classification codes HC.1 to HC.7 plus capital formation¹⁸ 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 Expenditure (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.

¹⁷Organization for Economic Co-Operation and Development (OECD), 2000, A System of Health Accounts Version 1.0, pp. 42.

¹⁸Gross 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

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 time¹⁹”.

NHA Pakistan comprises of the health expenditures for the four provinces (Punjab, Sindh, KP and Baluchistan) 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 6 and 7.

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 middle-income countries²⁰". Classifications for financing sources, financing agents and health care

¹⁹World Health Organization, 2003, Guide to Producing National Health Accounts: with special applications for low-income and middle-income countries, pp. 20.

²⁰See WHO website, <http://www.who.int/nha/create/en/>.

providers have been prepared for Pakistan (see annexure) including the linkages between them as shown in 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 perspective 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 6th 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

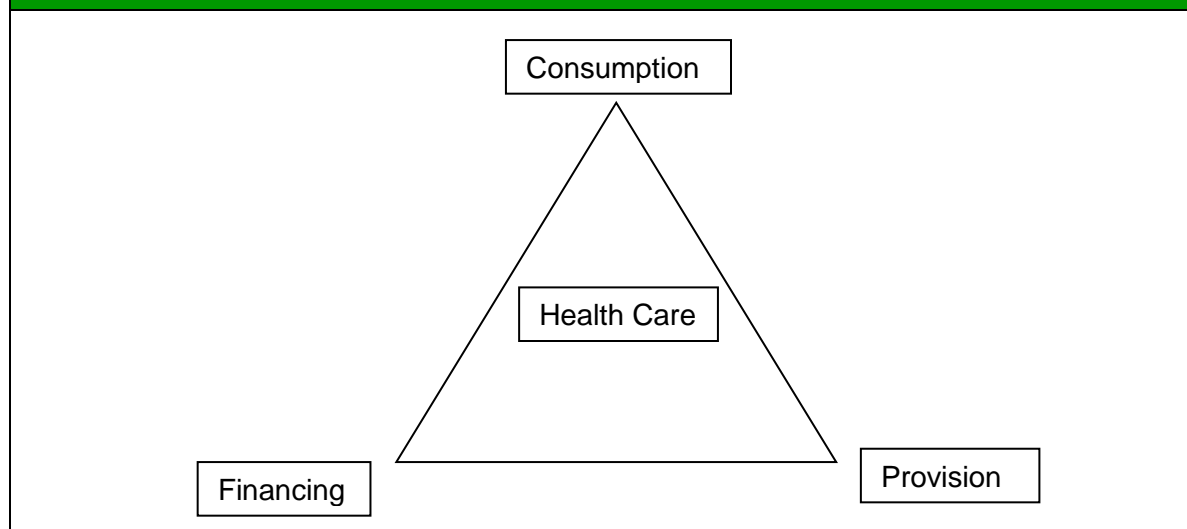
As more countries are implementing NHA, the demand for improved analytic tools related to health expenditure is growing. Health accountants are encountering more expectations from policy analysts, policy makers and the general public alike for sophisticated health expenditure data. It is desirable to 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 4).

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, 1973²¹”.

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 Division). There are AGPR sub-offices in each of the Provinces which also act as the DAO in respect of

²¹See MOF website, <http://www.finance.gov.pk/>.

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.

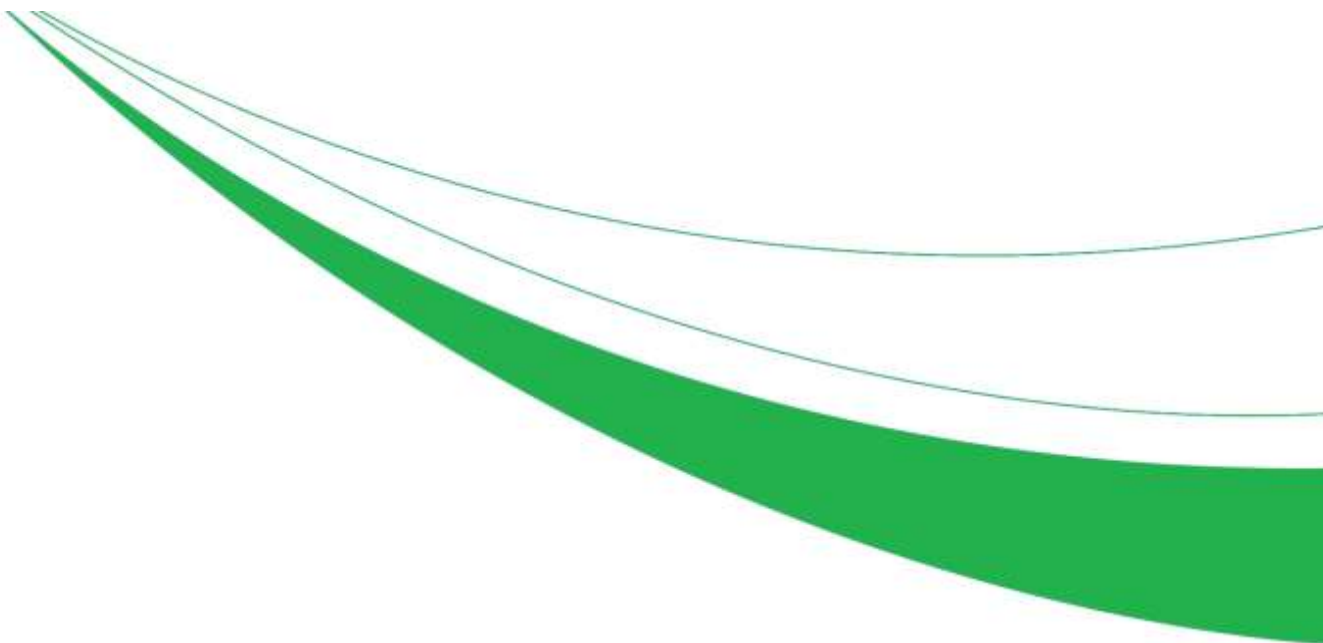
Function: The Function element provides reporting of transactions by economic function and program. The Function code is mandatory for transactions relating to expenditure. The Health Function code is 7.

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 the 18th 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 38 gives an overview of total public health facilities.

Table 38: Public health facilities in Pakistan 2013	
Type	Number
Hospitals	1,096
Dispensaries	5,310
Basic Health Units	5,527
Rural Health Centres	656
MCH Centres	687
TB Clinics	326
Beds in hospitals & dispensaries etc.	94,532
Population per bed*	1,647

Source: Compendium on Gender Statistics of Pakistan 2014.

* Pakistan Economic Survey 2013-14

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 respectively²² 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.

Annexure 3 describes the provincial system of health care in a scheme. Annexure 4 gives a schematic overview of the overall health care system in Pakistan with public and private sector as its

²²Health System Profile – Pakistan, as cited above

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 5 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 army²³.

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 Baluchistan. 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.

ABs/Cs 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 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.

²³Fauji 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 5 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 income²⁴”.

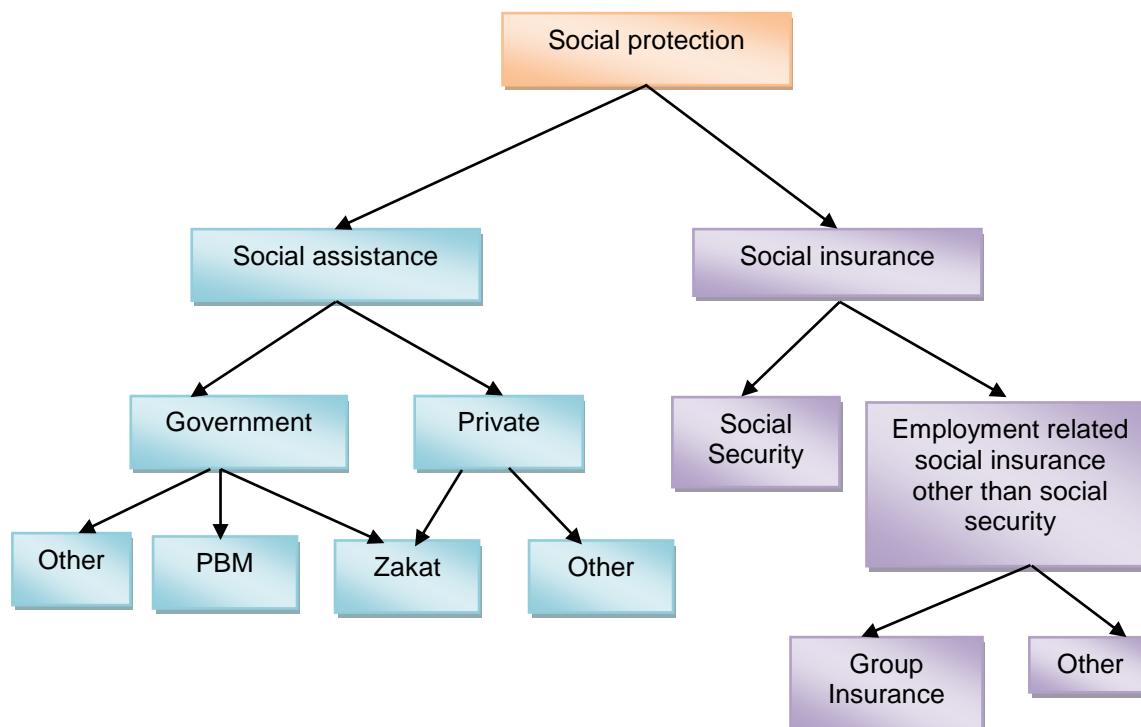
In United Nations’ Classification of the Functions of Government (COFOG) social protection besides of health care covers sickness and disability, old age, survivors, unemployment and some other issues of social exclusion²⁵. Social protection has its two components social insurance and social assistance²⁶. Social assistance can further be classified into private and governmental social assistance (see Figure 5). In Pakistan’s 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.

²⁴Asian Development Bank. Social Protection, Official Policy Paper. July 2003. Available at: http://www.adb.org/documents/policies/social_protection/#contents. Accessed 15 January 2009

²⁵ COFOG is available on website United Nations Statistics Department (UNSD)

²⁶ADB, 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 population²⁷.

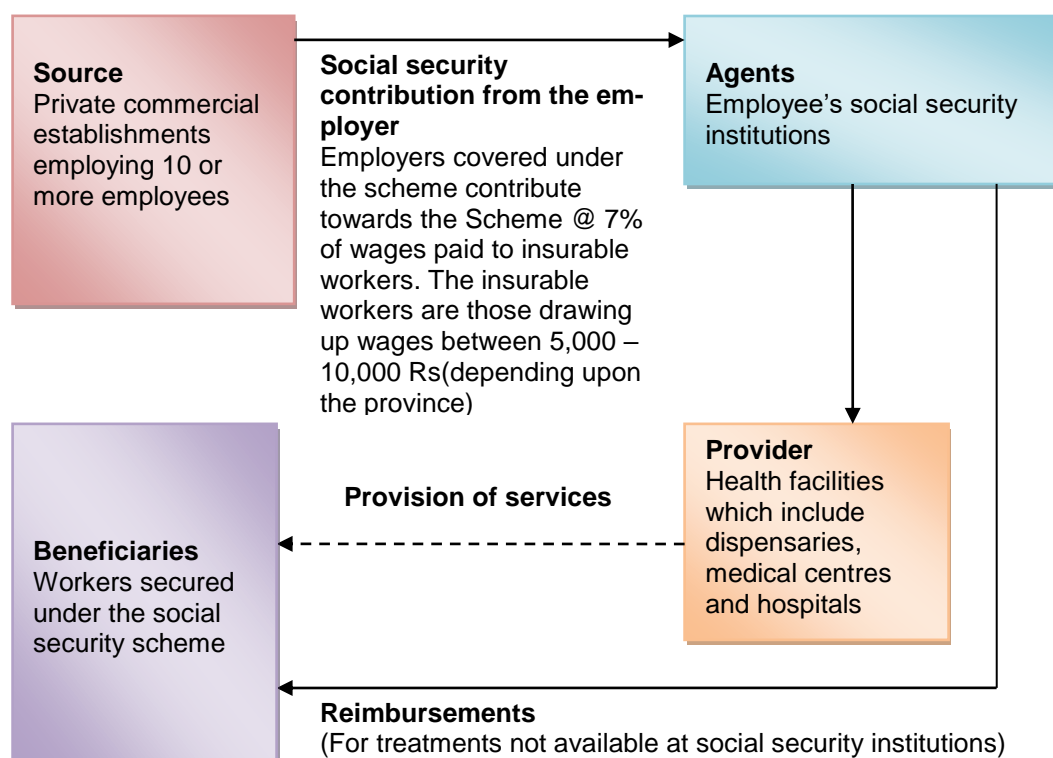
These Social Security Institutions (Employees Social Security Institutions “ESSI”) are present in all the four provinces and are provincial autonomous bodies attached to respective provincial Department of Labour. These institutions cover areas such as sickness, maternity, work injury, invalidity and 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 -10,000Rs, depending upon the province²⁸ (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.

²⁷ ADB TA 4155-Pak, Social protection strategy development study, Vol: II, Health Insurance, 2004, 26.

²⁸ 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 components²⁹ 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 1980³⁰”. The benefits are targeted at the poorest. The main systems providing social assistance benefits are Zakat and Bait-ul-Mal³¹. 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)

²⁹ADB, Social Protection Strategy Development Study, Social Protection, Final Report Vol. 1: Social Protection, 34ff.

³⁰Zakat & Ushr Ordinance, 1980, (NO.VIII of 1980).

³¹ 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 300,000Rs.
- 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
 - *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.
 - *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
 - *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 80% of the population access healthcare from the private sector and 20% 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 Chapter4.

7.5 Private health insurance

Health insurance is covered under the non-life insurance. In 2013-14 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.

7.6 Philanthropic / Non-Government Organizations

Philanthropy has been defined as “activities of voluntary giving and serving, primarily for the benefit of others beyond family³²”. 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 organizations etc. Many definitions of NGOs have been put forward which add to the confusion. However, despite their diversity the NGOs share certain common features³³:

- 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

³² Pakistan Centre for Philanthropy, Available at: <http://www.pcp.org.pk/>. Accessed on 20 Jan 2009

³³“Dimensions of the Non-Profit Sector in Pakistan”, Social Policy and Development Centre, Working Paper No.1 (2002).

- 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

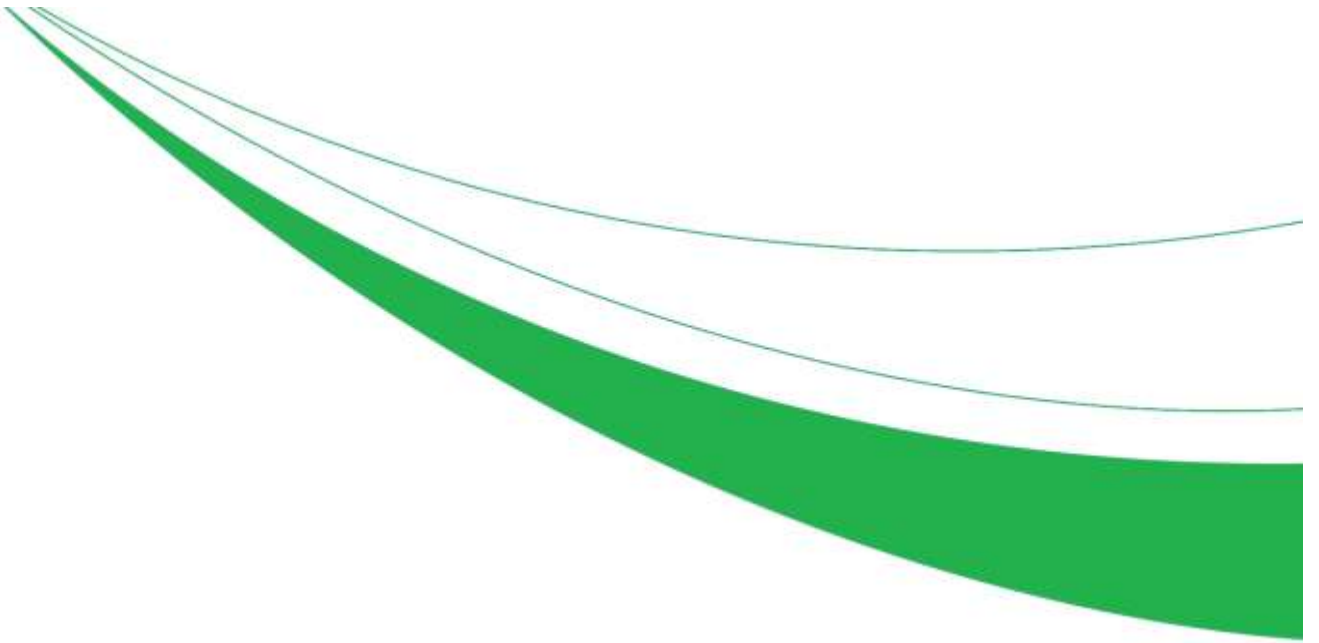
Source: Dimensions of the Non-Profit Sector in Pakistan" Social Policy and Development Centre, Working Paper No.1 (2002)

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 sector³⁴.

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.

³⁴Pakistan Centre for Philanthropy. Available at: http://www.pcp.org.pk/fact_sheet.html. Accessed on 20 Jan 2009



Annexure



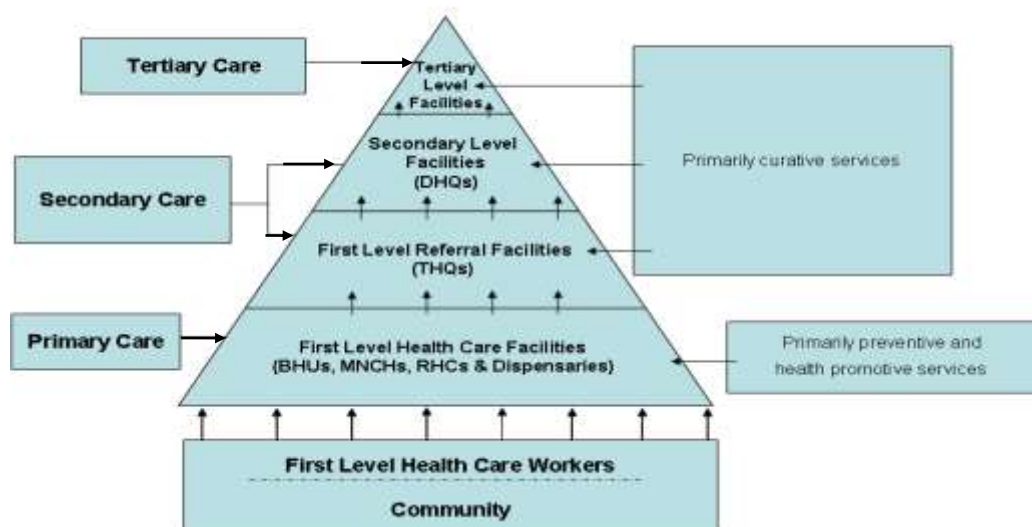
Annexure 1: Data sources

Data Type	Source	Publication or official correspondence available
Out of pocket expenditure	PBS	OOP survey 2013-14
Federal government	AGPR	Appropriation Accounts (Civil) Volume-1 2013-14
Provincial government	AG Office Punjab	Appropriation Accounts for the Year 2013-14
District data	AG-Office Punjab	District. Appropriation Accounts 2013-14
Provincial government	AG Office Sindh	Appropriation Accounts for the Year 2013-14
District data	AG-Office Sindh	District Appropriation Accounts 2013-14
Provincial government	AG Office KP	Appropriation Accounts for the Year 2013-14
District data	AG-Office KP	District Appropriation Accounts 2013-14
Provincial government	AG Office Baluchistan	Appropriation Accounts for the Year 2013-14
District data	AG-Office Baluchistan	District Appropriation Accounts 2013-14
Health Insurance data	SECP	SECP (Insurance Division) Official Letter
Donors	EAD	Project titled "Development Assistance Data Base (DAD), EAD has been closed, informed by EAD.
Social Security	Punjab ESSI	Data collected officially
Social Security	Sindh ESSI	Data collected officially
Social Security	KP ESSI	Data collected officially
Social Security	Baluchistan 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 Baluchistan	Data collected officially

Annexure 2: Literature

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- 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)³⁵. 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.

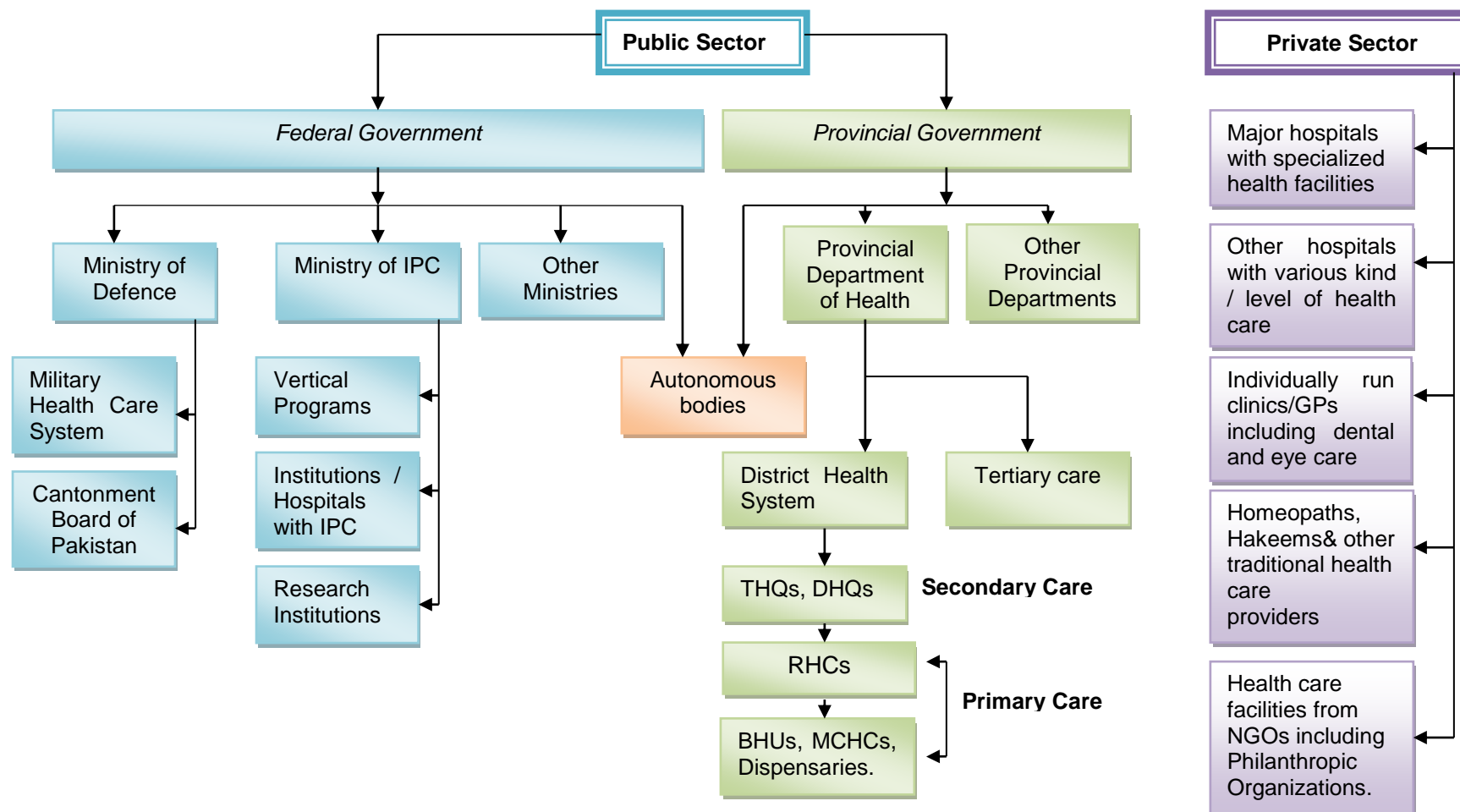
Secondary health care includes first and second level referral facilities providing acute, ambulatory and inpatient care provided through Tehsil Headquarter Hospitals (THQs), and District Head quarter Hospitals (DHQs). The primary and secondary health care constitutes the District Health System. Tehsil Headquarter Hospitals (THQs), and District Headquarter Hospitals (DHQs) covers 100,000 to 300,000 and 1-2 million persons respectively³⁶.

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

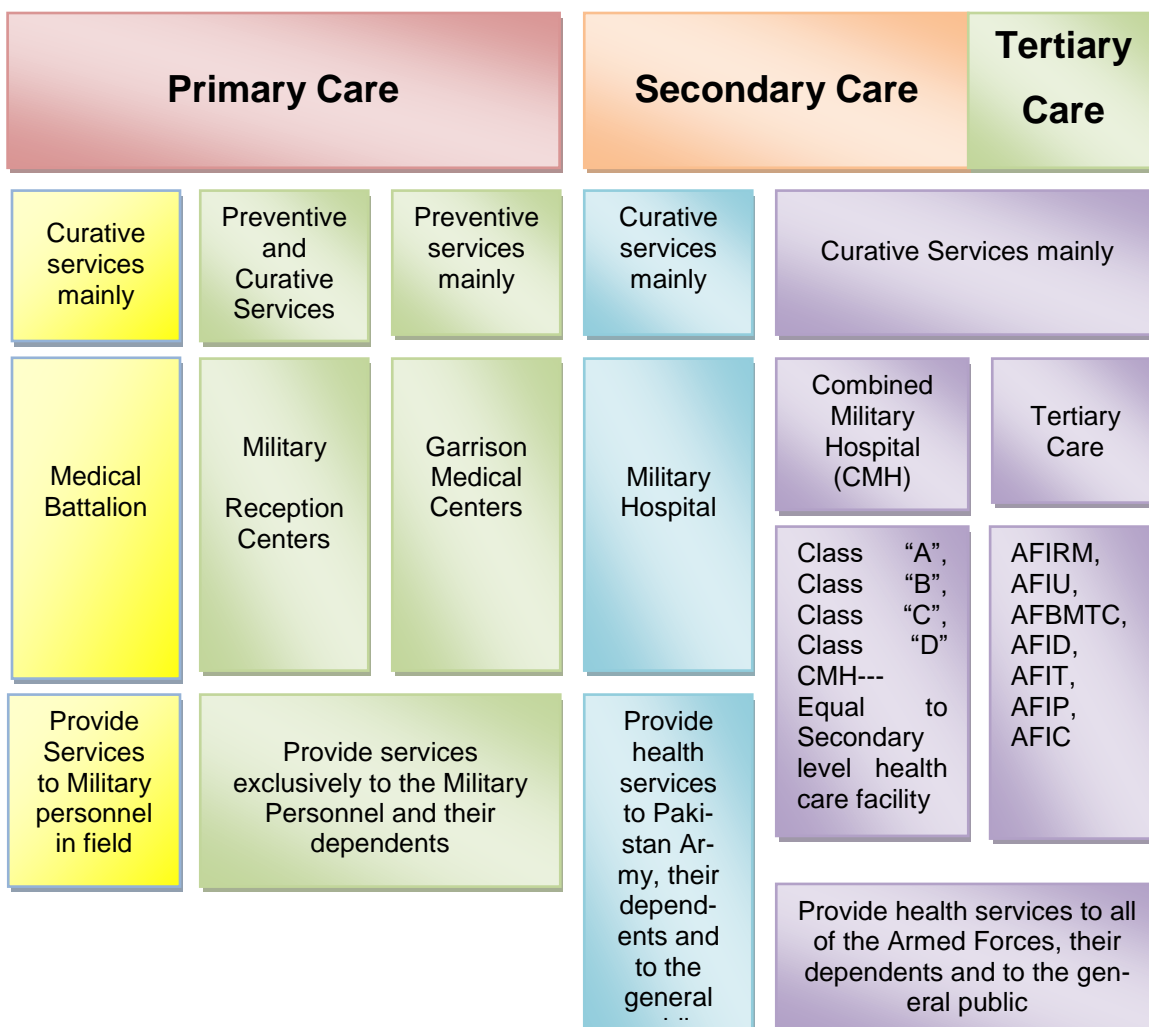
³⁵Health System Profile –Pakistan, Regional Health System Observatory-EMRO, World Health Organization, 2007.

³⁶Health 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: Centcom 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 (AFBMTTC)
- 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 Equipment	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 Administration	0761	Administration	093102	Professional / technical universities / colleges / institutes

Object Classification			
No.	Object Classification	Sub classification	Sub detailed Classification
A04	Employees Retirement Benefit		
		A041-06 Reimbursement of Medical Charges to Pensioners 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 A01217 – Medical Allowance A01252 – Non Practicing Allowance A01254 – Anaesthesia Allowance
			A012-2 Other Allowance (excluding T.A) A012-74 – Medical Charges

Annexure 11: Purchases of pharmaceuticals (million Rs.)

Products	Total	Retail sales /purchases	Doctor's purchases	Private hospital pharmacy
July 2011 to June 2012 (million Rs.)				
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 - DERMATOLOGICALS	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	1,421	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
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

Products	Total	Retail sales /purchases	Doctor's purchases	Private hospital pharmacy
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
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

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 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 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?

--	--

	Regular	Visiting Consultants
12 General practitioner doctors	a <input type="text"/>	b <input type="text"/>
13 Specialist doctors	a <input type="text"/>	b <input type="text"/>
14 Paramedical staff *	a <input type="text"/>	b <input type="text"/>
15 Others	a <input type="text"/>	b <input type="text"/>
16 Total	a <input type="text"/>	b <input type="text"/>

		Admissions	Outpatients visits
17	Last month: Total	a <input type="text"/>	b <input type="text"/>
18	Male	a <input type="text"/>	b <input type="text"/>
19	Female	a <input type="text"/>	b <input type="text"/>
20	In 2009-10: Total	a <input type="text"/>	b <input type="text"/>
21	Male	a <input type="text"/>	b <input type="text"/>
22	Female	a <input type="text"/>	b <input type="text"/>

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

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

* 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:	<input type="text"/>	a	<input type="text"/>	b	<input type="text"/>	c	<input type="text"/>
	<input type="text"/>	a	<input type="text"/>	b	<input type="text"/>	c	<input type="text"/>
	<input type="text"/>	a	<input type="text"/>	b	<input type="text"/>	c	<input type="text"/>

42 Total Income/Receipts (Q-32 to 41)

a	<input type="text"/>	b	<input type="text"/>	c	<input type="text"/>
---	----------------------	---	----------------------	---	----------------------

Percentage on total Income/Receipts:

Last month

2007-08

2009-10

43 Inpatient (%)

a	<input type="text"/>	b	<input type="text"/>	c	<input type="text"/>
---	----------------------	---	----------------------	---	----------------------

44 Outpatient (%)

a	<input type="text"/>	b	<input type="text"/>	c	<input type="text"/>
---	----------------------	---	----------------------	---	----------------------

Inputs / Expenses incurred in full RupeesA) General expenditures

Last month

2007-08

2009-10

45 Electricity

a	<input type="text"/>	b	<input type="text"/>	c	<input type="text"/>
---	----------------------	---	----------------------	---	----------------------

46 Gas

a	<input type="text"/>	b	<input type="text"/>	c	<input type="text"/>
---	----------------------	---	----------------------	---	----------------------

47 Water

a	<input type="text"/>	b	<input type="text"/>	c	<input type="text"/>
---	----------------------	---	----------------------	---	----------------------

48 Petrol, Diesel, Kerosene etc.

a	<input type="text"/>	b	<input type="text"/>	c	<input type="text"/>
---	----------------------	---	----------------------	---	----------------------

49 Repair and Maintenance

a	<input type="text"/>	b	<input type="text"/>	c	<input type="text"/>
---	----------------------	---	----------------------	---	----------------------

50 Administration

a	<input type="text"/>	b	<input type="text"/>	c	<input type="text"/>
---	----------------------	---	----------------------	---	----------------------

51 Others, specify: _____

a	<input type="text"/>	b	<input type="text"/>	c	<input type="text"/>
---	----------------------	---	----------------------	---	----------------------

52 Total

a	<input type="text"/>	b	<input type="text"/>	c	<input type="text"/>
---	----------------------	---	----------------------	---	----------------------

B) Medical expenditures

Last month

2007-08

2009-10

53 Cost of medicine purchased

a	<input type="text"/>	b	<input type="text"/>	c	<input type="text"/>
---	----------------------	---	----------------------	---	----------------------

54 All other Medical Supplies *

a	<input type="text"/>	b	<input type="text"/>	c	<input type="text"/>
---	----------------------	---	----------------------	---	----------------------

55 Garment and clothing accessories

a	<input type="text"/>	b	<input type="text"/>	c	<input type="text"/>
---	----------------------	---	----------------------	---	----------------------

56 Others, specify: _____

a	<input type="text"/>	b	<input type="text"/>	c	<input type="text"/>
---	----------------------	---	----------------------	---	----------------------

57 Total

a	<input type="text"/>	b	<input type="text"/>	c	<input type="text"/>
---	----------------------	---	----------------------	---	----------------------

C) Employment cost

Last month

2007-08

2009-10

58 Total

a	<input type="text"/>	b	<input type="text"/>	c	<input type="text"/>
---	----------------------	---	----------------------	---	----------------------

59 General practitioner doctors

a	<input type="text"/>	b	<input type="text"/>	c	<input type="text"/>
---	----------------------	---	----------------------	---	----------------------

60 Specialist doctors

a	<input type="text"/>	b	<input type="text"/>	c	<input type="text"/>
---	----------------------	---	----------------------	---	----------------------

61 Paramedical staff

a	<input type="text"/>	b	<input type="text"/>	c	<input type="text"/>
---	----------------------	---	----------------------	---	----------------------

62 Payments to others for work done

a	<input type="text"/>	b	<input type="text"/>	c	<input type="text"/>
---	----------------------	---	----------------------	---	----------------------

63 Others

a	<input type="text"/>	b	<input type="text"/>	c	<input type="text"/>
---	----------------------	---	----------------------	---	----------------------

* "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.

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

* 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 ☐If yes, when did you start services?Year

and, Go to Section 1 (Q10 to Q34)

No ☐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

☐
specify,

Private ownership

Individual proprietorship

☐

Private Limited Company

☐

Partnership

☐

Trust

☐
Other, specify
☐

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 <input type="text"/>	b <input type="text"/>
13 Specialist doctors	a <input type="text"/>	b <input type="text"/>
14 Paramedical staff *	a <input type="text"/>	b <input type="text"/>
15 Others	a <input type="text"/>	b <input type="text"/>
16 Total	a <input type="text"/>	b <input type="text"/>

Number of Patients 2009-10 **

	Last month	2009-10
17 Admissions Total	a <input type="text"/>	b <input type="text"/>
18 Outpatients visits Total	a <input type="text"/>	b <input type="text"/>

Number of Beds

	Last month	2009-10
19 Number of Beds	a <input type="text"/>	b <input type="text"/>

Income/Receipts in full Rupees

	Last month	2009-10
20 Consultation fees only	a <input type="text"/>	b <input type="text"/>
21 Amount of admission fees	a <input type="text"/>	b <input type="text"/>
22 Inpatient Charges ***	a <input type="text"/>	b <input type="text"/>
23 Operation charges	a <input type="text"/>	b <input type="text"/>
24 Others, Specify _____	a <input type="text"/>	b <input type="text"/>
25 Total Income/Receipts	a <input type="text"/>	b <input type="text"/>
<u>Percentage on total Income/Receipts:</u>	<u>Last month</u>	<u>2009-10</u>
26 Inpatient (%)	a <input type="text"/>	b <input type="text"/>
27 Outpatient (%)	a <input type="text"/>	b <input type="text"/>

Inputs / Expenses incurred in full Rupees

	Last month	2009-10
28 Utility Charges, Repair & Maintenance	a <input type="text"/>	b <input type="text"/>
29 Cost of medicine and All Medical Supplies [†]	a <input type="text"/>	b <input type="text"/>
30 Employment cost/Salaries	a <input type="text"/>	b <input type="text"/>
31 Taxes/Fees(Sales taxes paid (net, subtracting Subsidies) Provincial/district taxes, Others)	a <input type="text"/>	b <input type="text"/>
32 Capital expenditure (buildings, software and equipment) ^{††}	a <input type="text"/>	b <input type="text"/>
33 Others, specify: _____	a <input type="text"/>	b <input type="text"/>
34 Total Expenditure	a <input type="text"/>	b <input type="text"/>

* 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)

Run by Specialists/consultants

Run by paramedical/nursing staff

Run by others, Specify _____

Outpatient Centre**

Dental Clinic***

Homeopath Clinic

Hakeem/Herbalist Clinic†

Traditional Birth Attendant/Dai

Other, Specify _____

36 Average Number of Patients per day

37 Number of Employees

Last month

2009-10

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 practitioners 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,

Census of Autonomous bodies/Corporations (Health Care Expenditure)

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	Ad-hoc/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 <input type="text"/>	Number of Dispensaries <input type="text"/>
		Other <input type="text"/>	
		(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 Survey 2013-14

Processing code (10 digits):				Enumeration block code:										Name of Regional /Field office:									
Out of Pocket Health Expenditures in Rs. Recall period (RP) for HE06: A is One Year while for HE06: B is three months.																							
HE01												HE02											
Was any member of the household got ill during the last one year? <input type="checkbox"/> Yes=1 → go to HE03 <input type="checkbox"/> No = 2 → go to HE02												Has any household member visited health care provider for any other reason “unrelated to illness”, (He06, code 3). Do not ask HE08 If Yes fill the remaining questionnaire, if No Stop the Questionnaire <input type="checkbox"/> Yes=1 No = 2											
												Health Related Expenditures in Rs.											
HE03	HE04	HE05	HE06		HE07	HE08	HE09	HE10	HE11	HE12	HE13	HE14	HE15	HE16	HE17	HE18	HE19	HE20	HE21	HE22			
Personal ID (see PSLM)	Gender Male=1 Fe-male=2	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)	Transportation costs	Parchi and Admission Fees	Doctor's fee	Medicines / Vaccine	Medical Supplies	Diagnostic tests	Cost of Surgery	Medical durables	Food	Tips	Accompanying Person Cost	Other	Total expenditure			
			RP One Year																				
			RP 3 months																				
			RP One Year																				
			RP 3 months																				
			RP One Year																				
			RP 3 months																				
			RP One Year																				
			RP 3 months																				
			RP One Year																				
			RP 3 months																				
			RP One Year																				
			RP 3 months																				

Function codes HE06: A 1 Inpatient Recall Period (RP) 2 Delivery Last One Year 3 Unrelated to illness HE06: B Recall Period (RP) 4 Outpatient Last three months 5 Self-medication * If code= 3, do not ask HE08 RP : Recall Period	Provider codes HE07: Private sector provider 1 Private hospital 2 Private doctor clinic 3 Homeopath / Hakeem / Herbalist / Saina / Dai 4 Pharmacy / Shops 5 Private Laboratory 6 Other, Specify Public sector provider 7 Government hospital 8 Dispensary/Maternal and Child Health Center 9 LHV / nurse in private sector 10 LHW 11 BHU 12 RHC 13 THQ / DHQ 14 Tertiary, teaching or specialized hospital 15 Military Hospital 16 Social Security Hospital 17 Autonomous bodies/semi-government hospital 18 Public Laboratory	Illness codes HE08: 1 Road Accidents 2 Fractures 3 Diarrheal disorder (including dysentery) 4 Pneumonia 5 Flue/Fever 6 Malaria 7 Typhoid 8 Chest infection 9 Asthma 10 Liver, Kidney Diseases 11 Measles, Polio (Immunizable diseases) 12 Stroke (Brain hemorrhage) 13 Muscular Pain (Knee, Arm, Backbone etc) 14 Depression / Hypertension 15 Eye infection/disorder (ENT) 16 Ulcer diseases 17 Hepatitis infections 18 Tuberculosis (TB) 19 Diabetes 20 Heart disease 21 High blood pressure 22 Women Issue 23 Dog Bite / Snake bites 24 Dental Care 25 Burns 26 Paralysis 27 AIDS 28 Don't Know 29 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 checkup 6 Immunization / vaccination 7 Rehabilitative care 8 Other, Specify
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