

# Financing Health Wisely: Understanding Pakistan’s Disease Burden and Budget Priorities

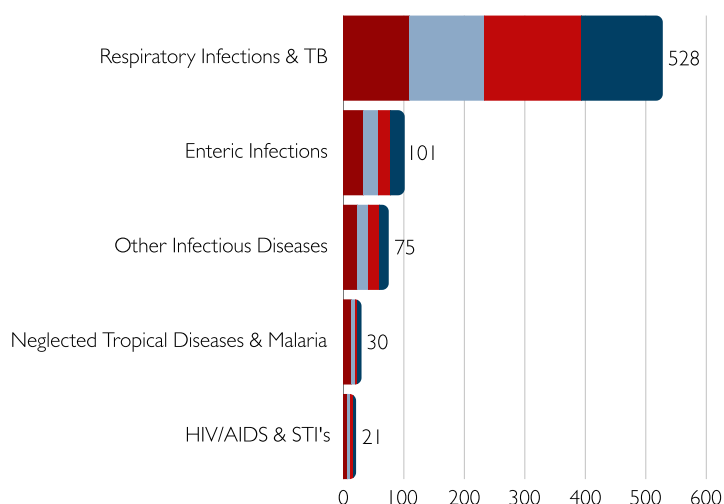
## Introduction

Pakistan is undergoing an epidemiological transition. Non-communicable diseases (NCDs) now account for most deaths—consistent with global patterns—yet communicable diseases (CDs) continue to cause substantial loss of life. This dual burden strains the health system and reinforces the need to align priorities and resources with actual disease patterns. Although total health expenditure data are available through the National Health Accounts (NHA), these do not report government spending by specific diseases. In contrast, Out-of-Pocket (OOP), as shown in table 1, spending is disaggregated by illness and often reveals where households bear the highest financial burden, underscoring the importance of disease-wise evidence for smarter resource allocation. By presenting clear, disaggregated national and provincial disease burden patterns, this policy brief provides the evidence base needed to support more informed and priority-aligned health financing decisions.

## Findings

Figure 1 shows that in 2021, **respiratory infections and tuberculosis** were the leading communicable disease causes of death nationally (528 per 100,000), with provincial rates highest in Punjab (160), followed by Sindh (135), Khyber Pakhtunkhwa (124), and Balochistan (109). **Enteric infections** were the second major cause at 101 per 100,000, with the greatest burden in Balochistan (33), KP (24), Sindh (23), and Punjab (21). Figure 2 demonstrates a similar concentration of mortality within top non-communicable diseases: **cardiovascular diseases** lead at 550 deaths per 100,000—nearly one-third of the national NCD burden—followed by **maternal and neonatal disorders** (371) and **cancers** (238). Provincial patterns show the highest maternal and neonatal mortality in Balochistan (104) and the highest cancer-related mortality in Punjab (73). Together, these findings highlight that a small set of communicable and non-communicable diseases account for most premature deaths and should be prioritized in health planning.

**Figure 1: Province wise Distribution of Deaths (per 100,000 population) from Communicable Disease**



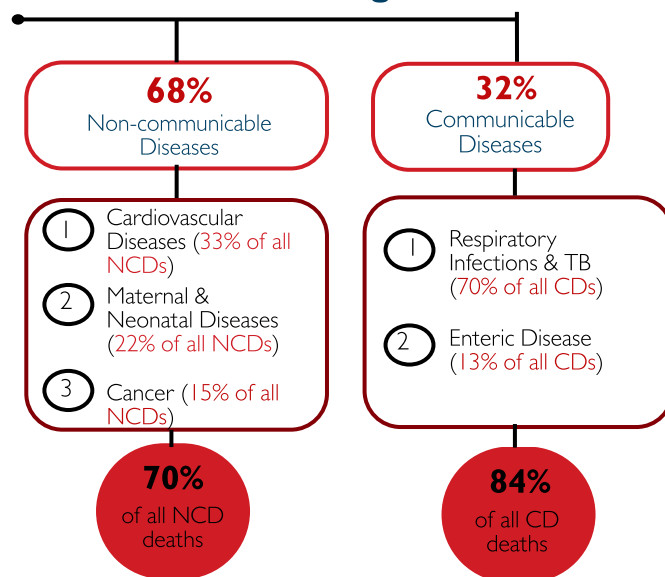
## Policy Recommendations

Integrate disaggregated disease burden data into national and provincial planning cycles to ensure priority-setting and resource allocation directly reflect the conditions causing the greatest mortality.

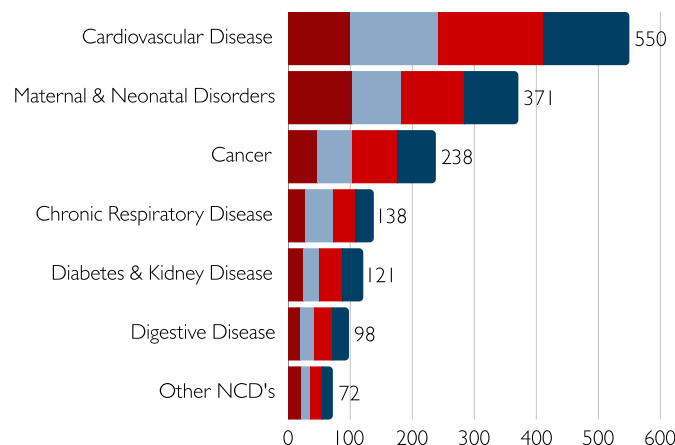
Institutionalize routine budget-to-burden reviews so governments can systematically assess whether allocations align with disease patterns and make timely adjustments where gaps are identified.

Establish minimum funding thresholds for high-impact diseases to safeguard essential investment in the leading causes of premature death and prevent chronic underfunding of critical service areas.

## Disease Burden at a glance



**Figure 2: Province wise Distribution of Deaths (per 100,000 population) from Non-Communicable Disease**



**Table 1: Out of Pocket Health expenditures by kind of illnesses/incident and by province 2021-22 in %**

Disease Category	National	Punjab	Sindh	KPK	Balochistan
Communicable Disease					
Tuberculosis (TB)	1.29	1.75	0.63	0.61	0.95
Chest Infection	1.83	1.49	1.48	3.10	1.02
Diarrheal Disorders	2.03	2.26	2.09	1.38	2.07
Non-Communicable Disease					
Heart Disease	9.73	7.65	17.75	8.49	15.01
Gynecological Issues	4.49	4.11	1.90	7.76	1.98
Cancer	4.14	2.74	7.38	4.68	9.55

I\* Buriro SA, Muhammad S, Rtd MM, Channar HB, Memon SA, Chandio I. Analysis of infectious communicable and non-communicable diseases in Pakistan: A systematic review. Journal of Population Therapeutics and Clinical Pharmacology. 2023;30(18):2207-17.

This report was made possible with support from Gates Foundation (GF). The contents are the responsibility of Research and Development Solutions, Prive Limited and do necessarily reflect the opinion of GF.