

Three Decades, Same Story: Unmoved Financing Meets Unchanged Disease Burden

Introduction

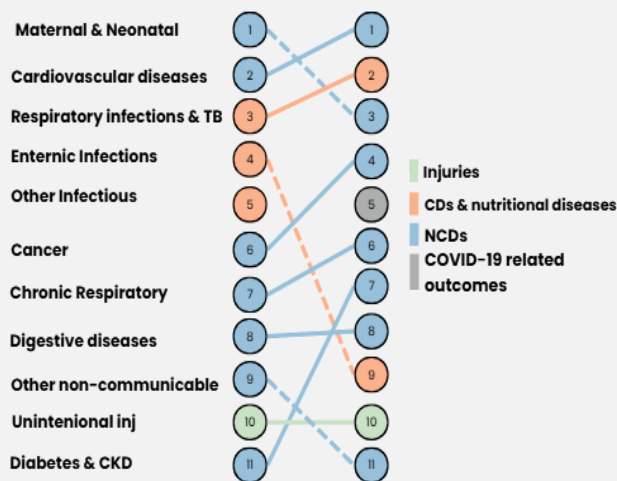
In Pakistan, the burden of disease has remained largely unchanged over the past three decades, dominated by the same leading causes of death. During this period, public health spending has also remained stagnant, despite population growth. This brief examines 30 years of Pakistan's unchanged burden of disease from (1990 to 2021) exploring how financing patterns remain unresponsive to national mortality contributors.

The Burden of Disease Story over 30 years

Between 1990-2021, Pakistan's overall death rate has remained fairly static, with a slight decrease 822 to 762 deaths per 100,000 population (7.3% or 0.24% per annum). This is extremely concerning that three decades of development work have not been sufficient to transform the supposed progress, the country continues to face nearly the same level of mortality risks and that the top ten causes still account for 80% of the national mortality.

In Pakistan, non-communicable diseases (NCDs) predominantly Cardiovascular (144 to 152 deaths per 100,000), followed by Cancer (55 to 66 per 100,000), diabetes or kidney ailments (22 to 33 per 100,000) constitute a major public health challenge. Maternal and neonatal mortality still remains in the top three causes.

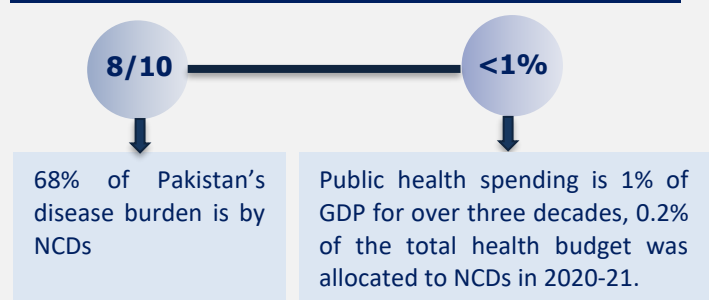
Figure 1: Change in Ranking of Top 10 Causes of Death in Pakistan (1990 vs. 2021)



Data and Methodology

For disease burden, we used mortality data for Pakistan (1990-2021) from the Global Burden of Disease (GBD) Compare Tool by the Institute for Health Metrics and Evaluation (IHME), reporting death rates per 100,000 population. IHME uses data from national surveys, hospital records, registries, surveillance systems, and scientific literature, which are combined to produce reliable and comparable trend estimates.

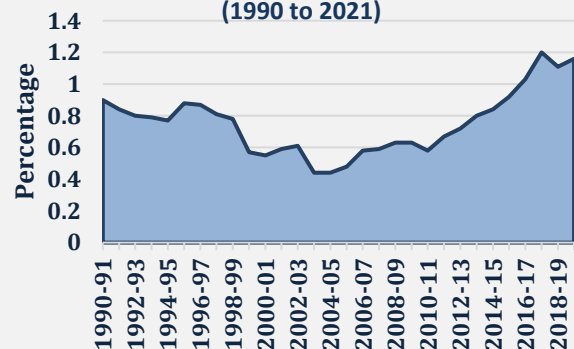
Salient Features



How Financing Mismatch Hurts Pakistan

In developing countries like Pakistan, increased public health spending can significantly reduce mortality rates by improving healthcare access, sanitation, and disease prevention. Low financing translates into low prioritization around 1% of GDP¹ for three decades which is well below the WHO recommended 5%² of GDP. National data shows that public health financing patterns have failed to adapt or take into account national (or provincial data), putting the country's economic and social development at risk (Figure 2).

Figure 2: Health Expenditure as % of GDP (1990 to 2021)



Policy Recommendations

- Review public health spending to prioritize disease prevention and service delivery while reducing administrative and operational costs.
- Currently, only about 0.2% of total health spending is directed toward NCDs, this should be increased to at least 5% or more to strengthen prevention, screening, and treatment programs for cardiovascular diseases, cancers, and diabetes.

1* Government of Pakistan Ministry of Finance (2024) Health. In: Pakistan Economic Survey 2023–24, Chapter 24.

2* Ahmed, Jamil & Shaikh, B. T. (2008). "An All-Time Low Budget for Healthcare in Pakistan." *Journal of the College of Physicians and Surgeons Pakistan*.

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