

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

Introduction

Between 1990 and 2021, Pakistan's disease burden profile has remained largely unchanged, dominated by the same leading causes of death. While mortality rates have declined only marginally (**822 → 762 per 100,000**), rapid population growth has significantly increased the **total number of people who require care**.

Despite this rising demand, **public health financing has stagnated around ~1% of GDP for three decades**, with only **0.2% of the health budget allocated to NCD prevention (2020–21)** - even when they account for **68% of the disease burden**. This reflects a persistent mismatch between health needs and resource allocation.

Data Source: IHME's Global Burden of Disease (GBD) data (1990–2021), combining multiple national and scientific sources to estimate mortality trends.

The Burden of Disease Story over 30 years

Minimal progress in mortality: Death rate declined by only 7.3% from **822 to 762 per 100,000** over 30 years (1990 to 2021).

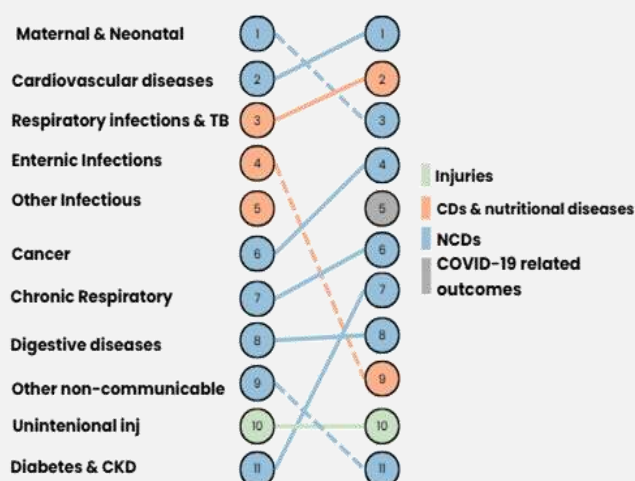
Same diseases, higher burden: The top 10 diseases still drive ~80% of deaths, but population growth has led to more deaths, more patients, and greater system pressure—with no real progress in outcomes.

NCDs continue to dominate mortality:

- Cardiovascular: **144 → 152 per 100,000**
- Cancer: **55 → 66 per 100,000**
- Diabetes/kidney: **22 → 33 per 100,000**

Dual burden persists: Maternal and neonatal conditions remain among the top causes of death

Figure 1: Minimal Change in Ranking of Leading Causes of Death Between 1990 and 2021



Key Takeaways

Healthcare Financing in Pakistan has not kept pace with its increasing health needs, resulting in greater burden without better outcomes.

Link financing to disease burden and population, ensuring provincial allocations reflect actual health needs rather than historical budgets.

Burden of Disease Analysis, produced by IHME for country and provincial levels, and by RADS at the district level should be an essential tool for planning health programs and healthcare financing.

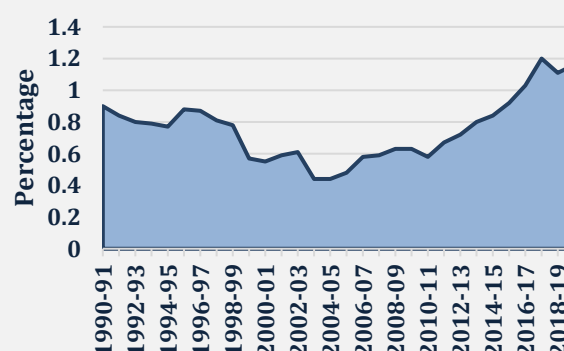
How Financing Mismatch Hurts Pakistan

Health spending is stuck at ~1% of GDP¹ - far short of the ~5%² needed to meet basic population health needs

More people, fewer resources: With a rising population and flat spending, per capita resources are shrinking - overstressing the system and reducing access and quality.

Low prevention, high cost: Underinvestment in prevention drives higher long-term healthcare costs and weakens productivity and economic growth.

Figure 2: Public Health Spending has Remained Flat at ~1% of GDP (1990–2021)



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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