**COMMITMENT**

**TO ESTABLISH STRONG HEALTH SECTOR STRATEGIES WHICH ARE JOINTLY ASSESSED, AND STRENGTHEN ACCOUNTABILITY**

**PARTNERS SUPPORT A SINGLE NATIONAL HEALTH STRATEGY**

Alignment of support against the Health Sector Strategy

- **DPs**: 83%
- **CSOs**: X
- **PS**: X

Stakeholders that supported the joint assessment

Health is devolved to provinces with provincial health sector plans. These plans have never been jointly assessed through sub-programme areas especially the ones funded by external aid.

**MUTUAL ACCOUNTABILITY IS STRENGTHENED**

A national M&E plan for the National Health Strategy exists?

- **Target 100%**: 0%

0% of participating DPs only use national health sector indicators to monitor their support.

M&E plans are part of provincial health sector strategies. DPs use their own M&E systems. MA processes include JARs and donor coordination for sub-programmes of health sector.

**HEALTH DEVELOPMENT COOPERATION IS MORE PREDICTABLE**

Government funds disbursed according to agreed schedules

- 2005/07: 0%
- 2010/11: 25%
- 2012/13: 100%
- 2014/15: 48%

Disbursement of funds

Predictability of funds for the future

Rolling 3 year budget or Mid-Term Expenditure Framework in place:

- 2005/07: Yes
- 2010/11: Yes
- 2012/13: Yes
- 2014/15: Yes

57% of participating DPs have communicated their planned resources for the next 3 years to the MoH.

Both the Federal Gov and Punjab Gov had a 100% disbursement of funds.

**HEALTH AID IS ON BUDGET**

% of DP funds reported on budget

- 2014/15: 45%
- 2012/13: 100%
- 2020/21: 100%

Enhancing the capacity of government to absorb development cooperation can improve timely implementation.

**LEGEND**

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**Source**

- WHO, National Health Accounts 2014
- National Health Accounts 2014

**PAKISTAN 2016 IHP+ MONITORING ROUND National performance review**

**HOW TO READ THE COUNTRY PROFILE**

All data presented on this visual aid are self-reported by the Ministry of Health (MoH), development partners (7 DPs out of 16 participated), civil society organisations (9 CSOs participated) and private sector representatives (3 PS participated) supporting the health sector. All data provided by DPs, CSOs and PS have in principle been validated by MoH.

The 8 Effective Development Cooperation (EDC) practices in health are captured in 4 commitments. The first three commitments present the performance of the government and DPs against 6 EDC practices. The last commitment also includes the opinion of the CSOs and PS on the EDC practices relevant to their engagement.

Where possible, trends in performance are documented over 4 monitoring rounds (2007, 2011, 2013 and 2015). Where relevant, a comment relative to the EDC practice is provided in a text box.

For more detailed and disaggregated information on the data presented please visit www.internationalhealthpartnership.org/pakistan.
COMMITMENT
TO ESTABLISH, STRENGTHEN AND USE COUNTRY SYSTEMS

PUBLIC FINANCIAL MANAGEMENT (PFM) SYSTEMS ARE STRENGTHENED AND USED

Are PFM systems of sufficiently good quality?

67% of participating DPs confirm that sufficient support on PFM systems strengthening and capacity building is in place.

A majority of DPs have their own financial reporting and auditing system and fiscal year.

Source: World Bank, CPIA data 2014

100% 100% of participating DPs confirm that sufficient support on procurement or supply systems strengthening and capacity building is in place.

The government plan for national procurement and supply exist but are project specific and mainly for vertical programs.

CIVIL SOCIETY ORGANISATIONS ENGAGEMENT

What space does the government provide for CSOs to effectively participate in health sector policy, planning and monitoring? (Sources: Government qualitative survey and CSO online survey)

How effectively is the participation of CSOs in national health policy processes supported by development partners? (Sources: DP qualitative surveys and CSO online survey)

PRIVATE SECTOR ENGAGEMENT

The private sector is the leading source of health services, even though the cost of private healthcare is high.

At present, the national health policy does not include or provide guidance to the private sector.

The private sector in Pakistan is varied with no defined structure and weak regulation.

The absence of an institutional mechanism to coordinate the role of different players within the private sector hinders its participation in health policy.

The DPS have been highlighting the need to harness the potential that exists in collaborating with the private sector to advance public health goals.