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Understanding Punjab Health Budget 2012-2013

*A Brief for Standing Committee on Health
Provincial Assembly of the Punjab*

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Pakistan Institute of
Legislative Development
And Transparency



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PREFACE

In a bid to promote targeted study and scrutiny of departmental budget by Standing Committees, PILDAT has commissioned this Brief for the Standing Committee on Health, Provincial Assembly of the Punjab. The Brief presents an analysis of the Punjab Health Budget 2012-2013.

Authored by **Mr. Nohman Ishtiaq**, a Public Finance Management Consultant, the brief analyses the main outlay of the Health budget of the Punjab Government in relation to the specific requirements of the province. The brief facilitates the understanding of the Health Budget for the members of the Standing Committee on Health and assists members on what are some of the critical questions that the committee members and MPAs can raise during the budget discussion in the Provincial Assembly of the Punjab.

Acknowledgements

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Disclaimer

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Lahore
June 2012

Punjab Government's Policy Priorities and Health Sector Allocations 2012-2013

On Saturday, June 09, 2012, the Punjab Government's Finance Minister presented the budget 2012-13 in the Punjab Assembly. The budget 2012-13 is important because it is the fifth budget that the present democratic government has presented and it is the final budget before the next general elections.

In his speech, the Finance Minister spoke about the current economic conditions, challenges that the Punjab Government is facing, the way forward policy priorities and resources to be allocated in 2012-2013.

This brief is prepared to apprise the Standing Committee on Health of the Punjab Assembly about the main contours of the budget 2012-2013, current situation in the health sector, government's stated health policy priorities, and future challenges.

The intent behind this exercise is to encourage debate on health issues with a view to improve lives of people of Punjab.

This brief, however, should not be taken as reference guide for understanding health issues and policy priorities in Punjab. Care has been observed in gathering information from various data sources but it is recommended that policy matters should be discussed in detail with Health Department.

Budget and the Role of Standing Committees

Through this brief, PILDAT also intends to convey an important message of the role of Standing Committees in budget oversight and review.

In Parliamentary democracies around the World, the sectoral committees of the Assembly, bi-partisan in their formation, play an important role in reviewing and providing feedback to the Assembly on the budget presented by the Executive. This practice needs to be introduced in Pakistan and accordingly it is recommended that Assembly's rules and procedures should specify the role of sectoral standing committees.

The rules should specify that once that executive presents the budget to the legislature, the speaker should refer the

demands for grants to the sectoral standing committees for their detailed oversight. Since not all members of the Assembly have sectoral knowledge, these committees have a unique role to offer to the Assembly members in shape of review and report on the executive's budget proposals.

In fulfilling this role, the standing committees will require appropriate time and expert support. In India around 90 days are given to the legislature to review, debate and approve the budget proposals of the executive. In many other countries, standing committees are provided with sectoral expertise in form of specific units / personnel who undertake research on behalf of these committees and provide inputs.

Main Contours of Punjab's Budget 2012-13

In his speech, the Finance Minister¹ spoke about the following main contours:

1. The Punjab budget 2012-13 presents a deficit of Rs.2.18 billion, which is projected to be financed through acquisition of loans. Revised estimates for 2011-12 show that the Punjab government is likely to underspend the total budget allocated by Rs.34 billion,
2. The total receipts are estimated at Rs.781 billion while expenditures are estimated at Rs.783 billion. As compared to revised expenditure of 2011-12 receipts are 17% higher while expenditures are 23% higher,
3. Receipts include around Rs.660 billion as part of transfers from federal government (including straight transfers and grants), and Rs.121 billion generated by the province itself through tax and non-tax revenues,
4. Expenditure of Rs.783 billion is broadly divided into:
 - i. Interest payment of Rs.16 billion
 - ii. Food subsidies of Rs.34 billion
 - iii. Transfers to Local Governments and Cantonment Boards of Rs.211 billion
 - iv. Pensions of Rs.56 billion
 - v. Current expenditure of provincial government of Rs.216 billion
 - vi. Annual Development Plan of Rs.210 billion (including Rs.12 billion development plan for districts / TMAs, and Rs.4 billion equalisation grant for district development). The provincial ADP also contains Rs.28.8 billion against

1. Budget Speech, White Paper on the Budget 2012-13, Government of Punjab

development programme in districts managed through the provincial government,

Other development expenditure of provincial government of Rs.40 billion.

5. Provincial annual development plan of Rs.210 is broadly divided into:
 - i. Social sector: Rs.86.4 billion
 - ii. Infrastructure development: Rs.62.9 billion
 - iii. Special programmes: Rs.35.5 billion
 - iv. Productive sector: Rs.8.6 billion
 - v. Services sector: Rs.11.1 billion
 - vi. Environment, culture, Auqaaf and human rights: Rs.5.4 billion
6. Provincial current expenditure of Rs.216 billion is broadly divided into:
 - i. General administration: Rs.23 billion
 - ii. Public order and safety: Rs.82 billion
 - iii. Agriculture, Irrigation, Forestry and Fishing: 23 billion
 - iv. Mining, Construction, Transport, Housing, Culture and Religion: Rs.20 billion
 - v. Health: Rs.36 billion
 - vi. Education: Rs.31 billion
7. Health budget from provincial and district budgets is estimated at around Rs.84² billion (10.7% of total budget). While it is difficult to arrive at Rs.84 billion from the presented information, the following can be taken as a guideline:
 - i. Provincial recurrent budget: Rs.36 billion
 - ii. Provincial annual development plan: Rs.16.5 billion
 - iii. Establishment of Balochistan Institute of Cardiology Rs.1 billion
 - iv. Provision of rural ambulance service: Rs.0.5 billion
 - v. Financing of vertical health programmes: Rs.5 billion
 - vi. Punjab Millennium Development Goals programme: Rs.5.5 billion
 - vii. Remaining district health expenditure: Rs.20 billion.
8. The Health expenditure excludes financing by the

2. Budget Speech (Urdu version) page 19
3. Budget Speech (Urdu version) page 18

Federal Government for vertical health programmes. It is difficult to ascertain how much will be allocated in Punjab however, a rough estimate of 40% of total allocation can be taken. The total allocation for 2012-13 in federal budget is Rs.21 billion.

9. Education budget from provincial and district budgets is estimated at around Rs.195³ billion (25% of total budget). While it is difficult to arrive at Rs.195 billion from the presented information, the following can be taken as a guideline:
 - i. Provincial recurrent budget: Rs.31 billion
 - ii. Provincial annual development plan: Rs.58.6 billion
 - iii. Provision of laptops: Rs.4 billion
 - iv. Daanish Schools: Rs.2 billion
 - v. Punjab Education Endowment Fund: Rs.2 billion
 - vi. Punjab Education Foundation: Rs.6.5 billion
 - vii. Punjab Technology University: Rs.1 billion
 - viii. Technical and vocational training: Rs.1.5 billion
 - ix. Remaining district education expenditure: Rs.88 billion.
10. Increase in pay and pensions of provincial employees by 20%,
11. The largest increase in spending comes in agriculture, where the Punjab government will expand its budget by a 67% to Rs.78 billion, or about one-tenth of the total budget. The next highest increase came in infrastructure, where Punjab will invest Rs.77 billion, a 34% increase over the fiscal year ending June 30, 2012. The overall development budget, at Rs.250 billion, is about 51% higher than last year's development budget,
12. About Rs.32 billion will be spent on building highways and bridges across the province. The district governments will spend a further Rs.33 billion on road projects, taking up the total amount of spending on infrastructure in the province to Rs.110 billion, which is about 14% of the total budget.

Health Sector Financing

As per National Health Accounts 2005-06, the total health expenditure in Pakistan was \$3.1 billion, which comes to around \$20 per capita. This is far less than even low-income countries that on average spent \$32 per capita on health in 2008. Out of the total expenditure the government contributed 1/3rd of this – around US \$ 6.6 per capita.

The total health expenditure in 2005-06 was 2.5 percent of GDP. This level of investment was very low considering India spends 4.2 percent, Sri Lanka 4.1 percent, Bangladesh 3.3 percent, Iran 5.5 percent, while United Kingdom spends close to 9 percent on health. The federal, provincial and district governments spent 0.7 percent of gross domestic product on health.

The total government expenditure on health in 2005-06 was 1.6 percent of total government expenditure. This level of expenditure was also low considering that India spent 3.5 percent, Bangladesh 5.5 percent, Sri Lanka 8.3 percent of budget on health.

In 2005-06 around \$13 per capita was spent out of pocket. With high poverty rate, the out of pocket expenditure on health becomes a catastrophic payment pushing vulnerable individuals into further poverty.

In terms of total health expenditure, government of Khyber-Pakhtunkhwa spends highest per capita (around Rs.1,300 per person per year) on health. The provincial and district governments expenditure on health in Punjab is the lowest per capita. Inequality in distribution of resources at the district level exists with urban population getting the highest share in government's budgets.

Table 2 carries key ratios comparing Pakistan with low-income countries as per the World Health Organisation's Report of 2011.

Health Expenditure in Punjab

In 2010-2011, it was estimated that between US \$ 6.5 and US \$ 7.5 per capita was invested through the government. This includes around \$6.1 per capita spent by the provincial, district governments and through vertical health and population welfare programmes. The remaining investment is made through Zakat, Bait al Maal, Military, Punjab Employee Social Security Institution etc.

For 2011-2012, the total budget allocated for health by provincial and district governments is around \$8.5 per capita. This is based on assumption of around 99 million population, and an exchange rate of Rs.90 to a dollar.

Table 1: Total Health Expenditure in Pakistan

Percentage spent on health expenditure -2005-06	Punjab	Sindh	Balochistan	Khyber Pakhtunkhwa	Federal
Military Health Expenditure	5.8	1.8	4.0	2.8	
Provincial / Federal Government 1/	8.6	13.1	16.6	11.6	95.7
District Bodies	8.2	13.6	18.8	1.2	
Out of Pocket (OOP)	74.7	66.1	38.7	76.5	
Donor agencies	0.2	0.1	15.5	5.3	
Total Expenditure (Rs. Millions)	95,782.0	34,407.0	7,560.0	28,177.0	18,031.0
Population Share	56.8	23.5	5.2	13.9	0.7
Population (Millions) 2/	88.3	36.5	8.1	21.6	1.1
Per Capita (Rs.)	1,085.1	942.2	935.6	1,304.5	16,575.7
Government Expenditure (i.e. other than OOP)	24,232.8	11,664.0	4,634.3	6,621.6	
Per Capita (Rs.)	274.5	319.4	573.5	306.5	
Per Capita (US\$)	4.6	5.3	9.6	5.1	

1/ Ministry / Department of Health and Ministry / Department of Population Welfare

2/ Based on population of 155.4 million as per National Accounts

For 2012-2013, the total budget allocated for health by provincial and district governments is around \$9.3 per capita. This is based on assumption of around 101 million population, and an exchange rate of Rs.93 to a dollar.

However, historically health expenditure has been lower than the budget. For the past two years, the actual expenditure has been less than 75 percent of the budgeted amount.

The Punjab government spends around 0.5 percent of its GDP on health, which is low considering that the average expenditure for all low and middle-income countries is roughly 2 percent of GDP. The main reason for this low investment is less government revenue as a proportion of GDP. Punjab government's revenue has been below 5 percent of its GDP in the past three years. This level of revenue is inadequate to finance growing needs of the population. Within this limited fiscal space the government has competing demands and hence has to make difficult decisions to prioritise allocations.

Millennium Development Goals

In 2000, 189 nations made a promise to free people from extreme poverty and multiple deprivations. This pledge became the eight Millennium Development Goals (MDGs) to be achieved by 2015. In September 2010, the world recommitted itself to accelerate progress towards these goals.

Pakistan's progress on the MDGs is rather weak as evident from the published data from four provinces.

The Infant Mortality Rate (IMR) in Pakistan is one of the highest in the world and matches rates of sub-saharan Africa. The progress to reduce IMR in Pakistan has been very slow over the past four decade as evident from the chart given in Figure 1.

Figure 1 presents Infant Mortality Rate (per 1,000 live births) since 1960. Pakistan's progress has been fairly dismal. Over the past 2-3 decades consistent policy and

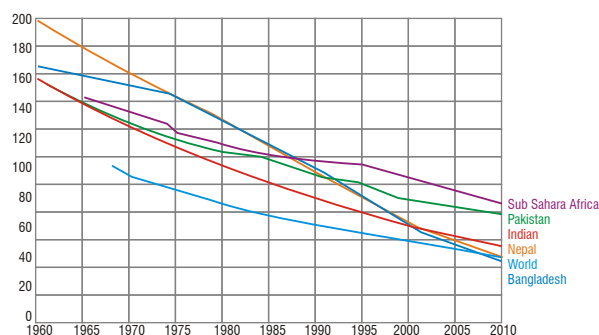
Table 2: Comparison of Pakistan with Low Income Countries

Ratio	PAKISTAN		Year 2008 Low Income Countries
	Year 2000	Year 2008	
Total expenditure on health as % of gross domestic product	3.0	2.6	5.4
General government expenditure on health as % of total expenditure on health	21.2	32.3	40.5
Private expenditure on health as % of total expenditure on health	78.8	67.7	59.5
General government expenditure on health as % of total government expenditure	2.3	3.1	8.9
External resources for health as % of total expenditure on health	0.8	4.8	16.4
Social security expenditure on health as % of general government expenditure on health	5.8	4.4	11.5
Out-of-pocket expenditure as % of private expenditure on health	80.3	79.4	85.7
Private prepaid plans as % of private expenditure on health	0.2	0.3	2.4
Per capita total expenditure on health at average exchange rate (US\$)	15	22	32
Per capita total expenditure on health (PPP int. \$)	47	62	74
Per capita government expenditure on health at average exchange rate (US\$)	3	7	13
Per capita government expenditure on health (PPP int. \$)	10	20	30

Table 3: Budget Spent on Maintaining Health Facilities
(Number)

Health Facility	2006	2007	2008	2009	2010
1.Number of institutions					
i) Hospitals	308	325	326	326	328
ii) Dispensaries	1333	1260	286	1303	1323
iii) Rural Health Centers	295	333	334	334	336
iv) T.B. Clinics	41	40	40	40	40
v) Basic Health Units	2456	2529	2535	2535	2535
vi) Sub Health Centres	454	520	533	536	541
vii) M.C.H. Centres	513	347	349	358	360

Figure 1: Infant Mortality Rate in Pakistan – 1960-2010



Source: World Development Indicators

Table 4: Pakistan's progress on MDGs

Selected MDG Indicators	Punjab			Sindh			Khyber Pakhtunkhwa		
	Data Year	Progress to date	Target 2015	Data Year	Progress to date	Target 2015	Data Year	Progress to date	Target 2015
Headcount Index	2001-02	26	n/a	2001-02	31	n/a	2008-09	39	20
Primary Enrollment Rate	2008-09	62	100	2008-09	54	n/a	2008-09	52	80
Literacy rate	2008-09	59	88	2008-09	59	n/a	2008-09	50	75
GPI for Primary Education	2008-09	0.9	1	2008-09	0.81	n/a	2007-08	0.72	1
Youth Literacy GPI	2008-09	n/a	n/a	2008-09	n/a	n/a	2007-08	0.44	1
U5 Mortality Rate (Per 1000 live Births)	2007-08	111	52	2003-04	112	n/a	2006-07	75	n/a
IMR (per 1000 live births)	2007-08	77	40	2003-04	71	n/a	2007-08	78	40
Proportion of Fully immunised Children	2008-09	85	n/a	2008-09	69	n/a	2008-09	73	>90
Lady Health Workers Coverage	2008-09	55	100	2008-09	46	100	2010	58	n/a
Maternal Mortality Ratio	2006-07	227	n/a	2008-09	345-350	140	2006-07	275	140
Contraceptive Prevalence Rate	2006-07	32.2	n/a	2006-07	22	n/a	2007-08	38.6	70
Antenatal Care Coverage	2008-09	38	n/a	2008-09	40	n/a	2008-09	49	n/a
Forest Cover	2008-09	n/a	n/a	2008-09	n/a	n/a	2008-09	17.4	n/a
Access to improved water source	2008-09	28	n/a	2008-09	n/a	n/a	2008-09	73	n/a

government priority has helped India, Bangladesh and Nepal to achieve a lower rate.

Figure 2 shows up to 5 years mortality rates in Pakistan as compared to the World average, average in sub-Saharan Africa and India, Bangladesh and Nepal.

The contraceptive prevalence rate in Pakistan is low. Figure 3 shows its prevalence rate.

Human Development Index

The Human Development Index (HDI) is a composite statistic used to rank countries by level of "human development", taken as a synonym of the older terms (the standard of living and/or quality of life), and distinguishing "very high human development", "high human development", "medium human development", and "low human development" countries.

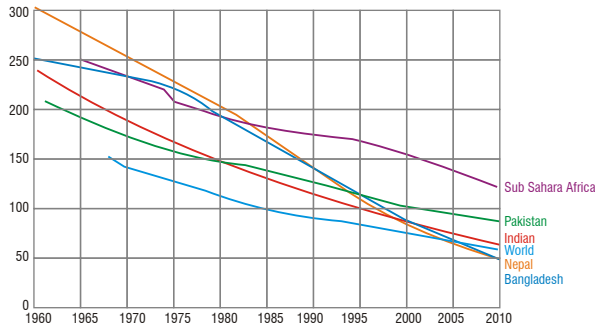
The HDI is a comparative measure of life expectancy, literacy, education, and standards of living of a country. It is a standard means of measuring well-being, especially child welfare. It is also used to distinguish whether the country is a developed, a developing or an under-developed country, and also to measure the impact of economic policies on quality of life.

As per 2011 ranking of HDI, Pakistan's rank is 145 out of 187 countries. Pakistan ranks close to Bangladesh, Angola, Myanmar, and Kenya. Figure 4 heat chart presents HDI ranking in different districts in Punjab.

Selected Health Outcomes in Districts of Punjab

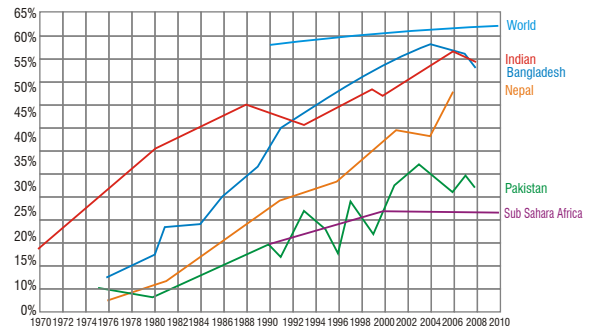
Health outcomes vary by districts in Punjab. As per Multiple Index Cluster Survey of 2007-08 and Pakistan Social Living Standard Measurement Survey 2010-2011 southern Punjab has the lowest health outcomes. Table 5 presents district-wise health outcomes. The data is sorted

Figure 2: Up to 5 Years Mortality Rates in Pakistan



Source: World Development Indicators

Figure 3: Contraceptive Prevalence Rate in Pakistan



Source: World Development Indicators

Table 5: District-wise Health Outcomes in Punjab

District	Population (millions)	Skilled Birth Attendance (%)	Infant Mortality Rate	Up to 5 Years Mortality Rate	Diarrhoea in U5 Children (%)	Pneumonia in U5 Children (%)
Rajanpur	1.623	12	110	170	8	20
Bahawalpur	3.3	27	110	170	12	11
Pakpattan	1.732	27	109	167	7	10
Lodhran	1.46	31	108	167	9	7
Rahim Yar Khan	4.578	28	98	148	11	11
Khanewal	2.52	36	92	138	5	4
Sahiwal	2.1	50	89	132	9	18
Jhang	2.4	35	88	130	6	5
Muzaffargarh	3.586	20	86	128	14	12
Bahawalnagar	2.7	29	84	123	9	6
Okara	2.9	35	83	121	7	7
Narowal	1.42	45	82	120	7	3
Vehari	2.8	33	82	119	5	2
Bhalkekar	1.2	34	82	119	2	1
Nankana Sahib	1.599	53	81	117	4	4
Sheikhupura	2.8	53	79	116	9	6
Mianwali	1.3	31	78	113	6	3
Mandi Bahauddin	1.2	35	78	113	3	3
Dera Ghazi Khan	2.176	22	78	113	11	7
Kasur	3.2	29	77	112	7	6
Khushab	1.05	42	75	108	1	1
Faisalabad	6.6	56	75	108	7	6
Layyah	1.476	26	72	103	5	4
Sargodha	3	45	71	101	12	11
Gujrat	2.4	68	70	100	6	4
Gujranwala	4.76	59	67	95	6	3
Hafizabad	1.06	42	67	94	2	4
Toba Tek Singh	1.86	44	64	90	10	6
Chakwal	1.3	58	60	82	4	1
Multan	3.853	39	54	73	5	3
Lahore	8.1	66	53	72	14	13
Sialkot	3.6	59	52	70	3	2
Jhelum	1.07	62	51	69	4	3
Attock	1.486	47	45	60	5	18
Rawalpindi	4.2	68	40	52	3	3
Chiniot	1.1	35			6	5

Total
Source: MICS 2007-08, PSLM 2010-11
Infant Mortality Rate is per 1,000.

by highest level of incidence:

As evident from Table 5, Rajanpur, Bahawalpur, Pakpattan, Lodhran, Rahim Yar Khan, Khanewal present the highest Infant Mortality Rates, Up to 5 years mortality rates, and pneumonia in under 5 children.

Human Development Index

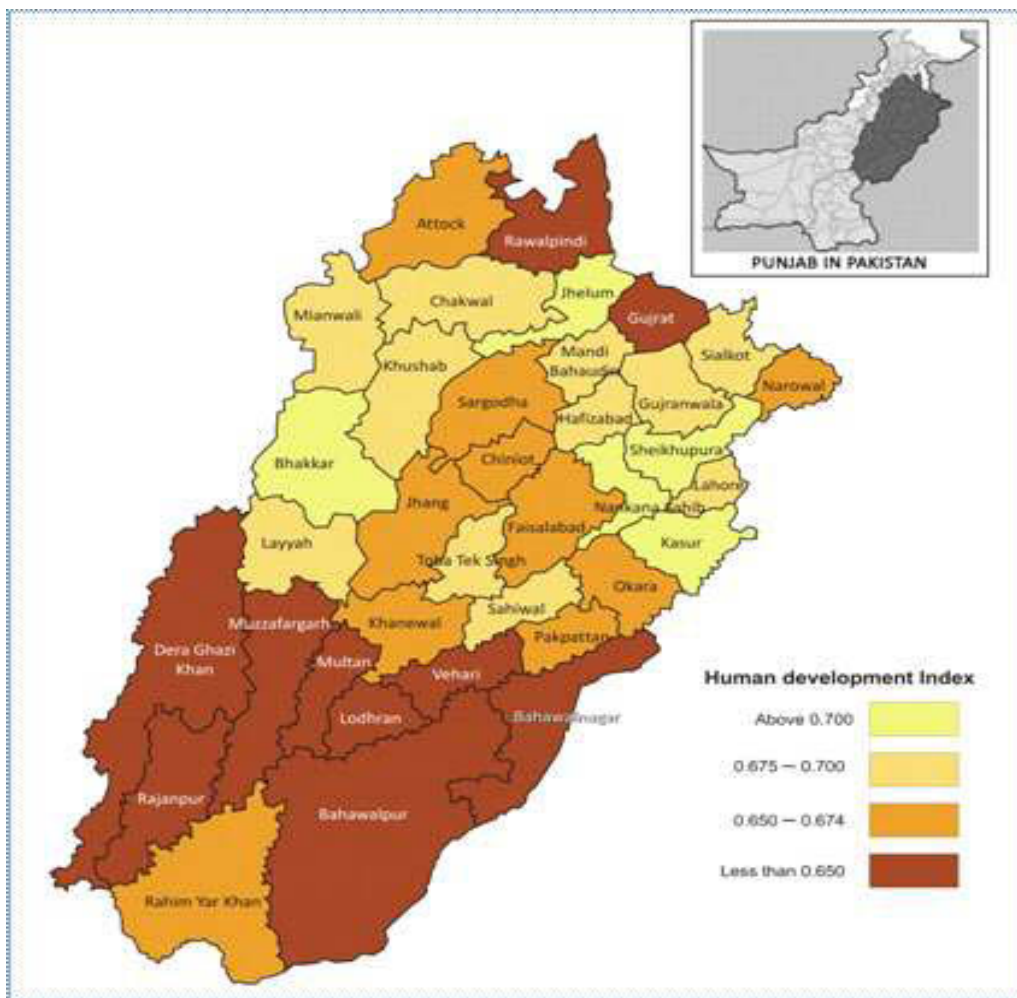
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As per 2011 ranking of HDI, Pakistan's rank is 145 out of 187 countries. Pakistan ranks close to Bangladesh, Angola, Myanmar, and Kenya. Figure 4 heat chart presents HDI ranking in different districts in Punjab.

Figure 4: HDI Rankings in Punjab



Punjab Government's Stated Health Policy Priorities

Chief Minister's Secretariat⁴ presents the following stated health policy priorities:

Mobile Health Units (MHU)

State of the art 'Mobile Health Units' (MHU) have been launched that are installed with X-ray and laboratory facilities and are equipped with two doctors (male & female), medicines and a small operation theatre. These MHUs visit different remote areas where local patients are treated and serious ailments are referred to hospitals. Six MHUs have been provided in Southern districts of Rajanpur, Bahawalnagar, Ahmadpur, Sharqia, Muzaffargarh, Rahim Yar Khan and Dera Ghazi Khan. These units are monitored by a satellite system.

Formation of Punjab Health-Care Commission

Punjab Health-Care Commission Bill was passed by the Punjab Assembly in 2010. The commission will have the authority to decide references against professional negligence and incompetence of doctors.

Foundation of Medical Colleges

Four new medical colleges have been established by the Punjab Government in Sahiwal, Gujranwala, Sialkot and Dera Ghazi Khan.

Hepatitis Control Programme

A Hepatitis Control Program has been started with a budgetary allocation of Rs. 2.8 million.

Miscellaneous Health Sector Initiatives

Other initiatives taken up by the health sector include:

- i. The up-gradation of BHUs and RHCs has been carried out and the District Headquarter (DHQ) & Tehsil Headquarter (THQ) hospitals have been attached with teaching hospitals for improving health care delivery.
- ii. The budgetary allocation for the Health Sector in 2010-11 was increased by up to 32% (compared to last year) to sixteen billion rupees. The total size of the health budget amounts to thirty eight billion rupees.
- iii. Provision of free medicines for patients in Government hospitals is one of the top priorities of the Chief Minister. In this regard it is stated that

an amount of Rs. 500 million was allocated for the provision of free medicine for the patients in Government hospitals under block allocation under Funds / grant PC21016(016) health services during 2011 - 12 out of which Rs.400 million has been released by the Finance Department (in two instalments).

- iv. Health-Care Insurance has been introduced in Punjab and poor segments of the society will be given special attention in this regard.
- v. Free dialysis facility has been provided in different hospitals. Apart from that tertiary care hospitals have been equipped with MRI, Angiography and CT scan machines.
- vi. The provision of air conditioning facility has been ensured in all public sector hospitals.
- vii. Improving the health care system has been a priority of the Punjab Government. Cochlear Implantation operations have been performed on fourteen special children at Children Hospital Lahore in collaboration with Special Education Department. Each operation costing Rs. 1,500,000, and 115 more children will be provided this facility in the current financial year.
- viii. Amendments in Punjab Pure Food Rules 2007 have been introduced that sets new quality standards for dairy products, minimum B.Sc. qualification for the food inspectors and stricter laws to curb production of substandard food items and its adulteration.
- ix. All the public sector hospitals across Punjab have been provided with free parking facility.
- x. Faisalabad Institute of Cardiology and Rawalpindi Institute of Cardiology have been established to cater to the long list of patients waiting for treatment and operations at PIC, Lahore who will now be accommodated in their own areas.
- xi. The rehabilitation of Said Mittha Hospital, Nawaz Sharif Hospital Yakki Gate, Mozang Hospital Lahore as well as the new emergency block in Kot Khwaja Saeed Hospital has been completed.
- xii. Punjab Institute of Urology and Transplantation and Gynae-Pediatric centre will be established in Rawalpindi.

Preventive Health Care – Vertical Health Programmes

To provide preventive health care services, the Government of Pakistan started a number of vertical health

4. <http://www.cm.punjab.gov.pk/index.php?q=healthsector>

programmes primarily aimed at improving lives of the people of Pakistan. With the devolution through the 18th Amendment management of these vertical programmes has been devolved to the provinces. Recently, Punjab government has requested the federal government to continue procurement till the end of this financial year (i.e. till 30th of June, 2012). Punjab government will need to enhance its procurement, testing and distribution mechanisms in order to full take over this responsibility.

These eleven vertical programmes include the following:

1. Population Welfare Programme
2. National Programme for Family Planning and Primary Health Care
3. Maternal, New-born and Child Health Care (MNCH) Programme
4. Extended Programme for Immunization
5. Enhanced HIV/AIDS Control Programme
6. Roll-back malaria Control Programme
7. National TB Control Programme
8. National Programme for Prevention and Control of Blindness
9. National Programme for Prevention and Control Avian Pandemic Influenza
10. Prime Minister's Programme for Prevention and Control of Hepatitis
11. National Nutrition Programme

As per the decision taken in the Council of Common Interests, the federal government will continue funding the vertical health and population welfare programmes till the end of the period of 7th NFC Award (i.e. 2014-15). For 2012-13 the federal government has proposed Rs.21 billion for these programmes. It is difficult to calculate how much out of Rs.21 billion will be allocated in Punjab however, a rough estimate of 40% of allocation can be taken.

Medium-Term Development Framework 2012-2015

The MTDf 2012-2015 presents the following vision for Health sector in Punjab:

Health population with a sound health care system practicing healthy life style, in partnership with private sector including civil society through a medical care system which is effective, efficient and responsive to the needs of low income segments especially women in the

Table 6: MTDf 2012-2015: Key Targets and their Status

Indicators	Status (MICS 2007-08)	Status 2010-11	Expected Status 2011-12	Projection 2012-13	MDGs 2015
Infant Mortality Rate per 1,000 live births	77	70	68	66	40
Under 5 Mortality Rate per 1,000 live births	111	110	109	108	52
Prevalence of Under weight children (under 5 years age)	34%	32%	31%	30%	<20%
Proportion of children 12-23 months immunized	73%	86%	87%	89%	90%
Maternal mortality ratio per 100,000 live births	227	225	224	223	140
Proportion of Births attended by skilled birth attendants	43%	57%	60%	62%	>90%
Lady Health Workers' coverage of target population	50%	68%	74%	80%	100%

reproduction age groups.

It appears from Table 6 that a number of health indicators will require considerable acceleration to achieve the national MDG targets of 2015.

For the development expenditure, Rs.1.1 billion have been allocated to preventive and primary health care, Rs.2.3 billion to accelerated programme for health care, Rs.4.7 billion to tertiary care hospitals, Rs.3.4 billion to medical education, Rs.0.4 billion to research and development, and Rs.0.2 billion for devolved projects. Block allocation of Rs.4.4 billion has been proposed which is 27% of the total development budget for health.

Strategic initiatives mentioned in the MTDf 2012-15 include:

- i. Greater focus on preventive health care & attainment of MDGs,
- ii. Focus on Rural Health Centres and renewed focus on secondary health care,
- iii. Need based and result oriented allocation for tertiary health care,
- iv. Food and drug testing laboratories,
- v. Establishment of centres of excellence,
- vi. Enhanced focus on medical education.

Punjab Health Sector Strategy

The Punjab Health Sector Reforms Programme has provided the draft Health Sector Strategy 2012-2020 on its website for comments. This strategy can be downloaded from: http://www.phsrp.punjab.gov.pk/healthdept/phsp/Draft_Punjab_Health_Sector_Strategy_final_draft.pdf

Understanding Punjab Health Budget 2012-2013

A Brief for Standing Committee on Health, Provincial Assembly of the Punjab

Table 7: Government of the Punjab and Aggregate Districts-Budget and Actual Expenditure Analysis⁵ on Health – (Rs. Millions)

	Budget Estimate 2008-09	Actual Expenditure 2008-09	Budget Estimate 2009-10	Actual Expenditure 2009-10	Budget Estimate 2010-11	Actual Expenditure 2010-11
Government of the Punjab	22,947	22,384	34,572	23,906	47,581	27,476
District Governments	20,012	15,646	23,632	18,172	25,431	20,473
Total	42,959	38,030	58,204	42,078	73,012	47,949
Government of the Punjab & District Governments						
Current budget	29,984	29,358	43,062	33,922	46,243	39,233
Development budget	12,976	8,673	15,142	8,156	26,769	8,716
Total	42,959	38,030	58,204	42,078	73,012	47,949
Government of the Punjab						
Current budget	13,415	15,301	22,547	17,485	22,801	19,717
Development budget	9,533	7,084	12,025	6,421	24,780	7,759
Total	22,947	22,384	34,572	23,906	47,581	27,476
District Governments						
Current budget	16,569	14,057	20,516	16,436	23,441	19,516
Development budget	3,443	1,589	3,117	1,735	1,990	957
Total	20,012	15,646	23,632	18,172	25,431	20,473
% Share in Budget and Actual Expenditure						
Consolidated Health	100%	100%	100%	100%	100%	100%
Government of the Punjab	53%	59%	59%	57%	65%	57%
District Governments	47%	41%	41%	43%	35%	43%
Government of the Punjab & District Governments						
Current budget	70%	77%	74%	81%	63%	82%
Development budget	30%	23%	26%	19%	37%	18%
Government of the Punjab						
Current budget	100%	100%	100%	100%	100%	100%
Government of the Punjab	45%	52%	52%	52%	49%	50%
District Governments	55%	48%	48%	48%	51%	50%
District Governments						
Development budget	100%	100%	100%	100%	100%	100%
Government of the Punjab						
Government of the Punjab	73%	82%	79%	79%	93%	89%
District	27%	18%	21%	21%	7%	11%

5. Budget and expenditure analysis of Punjab, Technical Resource Facility, September 2011

Questions that the Standing Committee on Health can Raise for Budget 2012-2013

The Standing Committee on Health, Provincial Assembly of the Punjab, can raise some of the following questions while analyzing Punjab Health Budget 2012-2013:

1. Why is the policy priority of the government towards improving medical education, and investing in tertiary / specialty health care services, when predominately the problems lie at the primary health care level?
2. Why does the Punjab Government not present its own MDG targets and instead has mentioned national MDG targets in its Medium-Term Development Framework 2012-2015?
3. What is the resource requirement to achieve MDG 2015 targets?
4. What is the Government's strategy to accelerate achievement of MDGs?
5. How did the Punjab Planning and Development Department come up with the current state of MDGs? The latest data uploaded is in the form of '**Punjab Development Statistics 2011**' that presents 2007-2008 data using MICS survey.
6. What is the Government's strategy to reduce Out-of-Pocket expenses?
7. Limited contracting out mechanisms exist in the Government. Why isn't the Government exploring this option further?
8. The budget utilization rate on the development side is very low. What is the Punjab Government's strategy to utilize Development Budget 2012-2015?
9. How is the Government facilitating the private sector to invest in health care in Punjab?
10. Why is the Government not willing to start public health insurance programme?
11. Almost all of the amounts at the district level are taken by pay and allowances. What is the Government's strategy to increase health service delivery at the BHU level?
12. Most of the BHUs complain of lack of medicines affecting service delivery. What is the Government's strategy to address this issue?



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