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Pakistan: accès à des soins psychiatriques

Recherche rapide de l'analyse-pays

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1 Introduction

Le présent document a été rédigé par l'analyse-pays de l'Organisation suisse d'aide aux réfugiés (OSAR) à la suite d'une demande qui lui a été adressée. Il se penche sur les questions suivantes:

1. Une personne souffrant de schizophrénie paranoïaque peut-elle avoir accès à un traitement psychiatrique régulier à Peshawar ou à Islamabad?

2. Les médicaments suivants sont-ils disponibles à Peshawar ou Islamabad? Si oui, à quel prix et en quelle quantité?

    a. Zyprexa [olanzapine]
    b. Tranxillium [dipotassium clorazepate]

3. Existe-t-il au Pakistan une assurance maladie, ou toute autre forme d'aide publique, qui couvre les coûts des traitements et des médicaments?

4. A combien s'élèvent le coût de la vie, le salaire moyen mensuel d'une travailleuse ou d'un travailleur et les prestations sociales ?

Pour répondre à ces questions, l'analyse-pays de l'OSAR s'est fondée sur des sources accessibles publiquement et disponibles dans les délais impartis (recherche rapide) ainsi que sur des renseignements d'expert-e-s.

2 Système de santé au Pakistan

2.1 Situation au niveau national

Le secteur de la santé n'est pas une priorité pour le gouvernement. Les dépenses publiques de santé sont largement insuffisantes, ne représentant que 0,42 pour cent du PIB. Les faibles ressources disponibles ne sont pas utilisées de façon optimale. L'*Organisation mondiale de la santé* (OMS) décrit le système de santé du Pakistan comme décentralisé au niveau des huit unités fédérales (provinces et zones administratives) avec les provinces également responsables de la planification stratégique. Le système de santé souffre de faiblesses au niveau de l'efficacité et de la qualité des prestations qui sont liées à des prestations de services verticalisées et une faible responsabilisation au niveau du gouvernement. Le secteur public manque de personnel médical avec un bas niveau de satisfaction des employé-e-s et un environnement de travail qui laisse souvent à désirer. Il y a également un déséquilibre dans les nombres, mélange de compétences et déploiement de la force de travail médicale, ainsi qu'une allocation inadéquate des ressources aux différents niveaux de services de santé (OMS, mai 2018). Selon un rapport daté d'avril 2018 de la *Banque d'Etat du Pakistan* (SBP), les dépenses publiques dans le domaine de la santé sont parmi les plus basses parmi les pays en développement et sont en constant déclin depuis les

années 1990 (SBP, avril 2018). Selon la *Commission nationale des droits de l'homme du Pakistan*, citée dans un rapport d'août 2017 du *Conseil des droits de l'homme* (CDH), le gouvernement ne consacre que 0,42 pour cent de son PIB à la santé. Dans un rapport de juillet 2017, le *Comité des droits économiques, sociaux et culturels* (CESCR) s'inquiétait du faible niveau de dépenses publiques dans le domaine de la santé et de l'insuffisance de la couverture offerte par le Programme national d'assurance qui entraîne une forte dépendance vis-à-vis des services de santé privées (CESCR, 20 juillet 2017). Selon la SBP, le bas niveau des dépenses publiques de santé s'explique principalement par une population en augmentation constante et des ressources budgétaires limitées. Le budget tend à être principalement utilisé pour améliorer les infrastructures de santé et non pas à améliorer la qualité des soins. Au niveau provincial, l'utilisation des fonds alloués aux dépenses de santé rencontre des problèmes tels que des retards dans le processus décisionnel, des règles de sélection de projets complexe et des fournisseurs qui se plaignent de ne pas être payé dans les temps (SBP, avril 2018). Selon *Zohra Kurji et al*., les infrastructures des services de santé ne sont pas distribuées équitablement entre provinces et cela expliquerait d'importantes différences dans les indices de santé (*Zohra Kurji et al.*, 2016).

Le problème du manque de personnel médical qualifié est exacerbé par un important exode des médecins qui partent à l'étranger pour trouver de meilleures salaires et conditions de travail. Beaucoup d'établissements médicaux publics n'ont pas suffisamment de de médicaments et la qualité des prestations est mauvaise. Selon une étude du *Social Policy and Development Centre* datant de 2015, cité dans le rapport de la SBP, les principaux problèmes rencontrés dans le secteur médical public sont l'insuffisance de médicaments et de fournitures médicales et les longues attentes avant de voir un médecin. Par ailleurs, aussi bien l'infrastructure médicale que le comportement du personnel médical était présenté comme non-satisfaisant (SBP, avril 2018). Selon un article publié par le *Pakistan & Gulf Economist* en août 2017, les plus pauvres au Pakistan n'ont d'autres choix que de se tourner vers les cliniques et les hôpitaux publics où ils font face à un personnel médical souvent arrogant et où le manque de médicament les force à les acheter eux-mêmes. Les médicaments disponibles dans les hôpitaux publics seraient aussi souvent de moins bonne qualité ou proches de la date d'expiration. Bon nombre de médecins qui travaillent dans le public ont également une pratique privée et auraient tendance à privilégier celle-ci (*Pakistan & Gulf Economist*, août 2017). Selon *Zohra Kurji et al*., le système de santé public serait sous-utilisé, notamment en raison du manque de personnel qualifié, d'un manque d'ouverture de celui-ci et des barrières linguistiques et culturelles. Cela détournerait bon nombre de gens des services de soins publics. Selon le rapport du SBP, depuis les années 2000, le Pakistan connait un fort exode de médecins et de personnel médical attiré par de meilleures salaires et conditions de travail à l'étranger (SBP, avril 2018). D'après une étude datant de 2011, cité par *Muhammad Wajid Tahir et al*., les principales raisons pour partir à l'étranger seraient les bas salaires et le mauvais état des infrastructures médicales, l'instabilité politique et les menaces terroristes ainsi que le peu de d'opportunités de formation et de perfectionnement. Le nombre de médecins quittant le pays chaque année était estimé entre 1 000 et 1 500, avec seulement 10 à 15 pour cent qui reviennent au pays. Le pays aurait ainsi perdu près d'un quart de ses médecins. Cette fuite du personnel médical est d'autant plus problématique que le pays ne forme pas suffisamment de médecins (*Muhammad Wajid Tahir et al.*, 2011).

Des coûts élevés à la charge des patient-e-s. Les paiements privés pour la santé représenteraient entre 76 et 87 pour cent du total des frais médicaux. Les prix élevés dans le secteur médical privé entraînent une paupérisation d'une partie de la population qui

n'a souvent pas d'autres choix que de les utiliser. Selon la SBP, une offre de services de santé publique inadéquate et insatisfaisante a forcé un secteur médical privé très onéreux à combler un large fossé d'offre et de demande. Les salaires de médecins ont été en constante augmentation. Il en résulte que le Pakistan est parmi les pays où les paiements requis par les patientes et patients eux-mêmes (dépenses «*out-of-pocket*») sont parmi les plus élevés du monde. Ces paiements privés pour la santé se monteraient à près de 87 pour cent du total des frais médicaux (SBP, avril 2018). Selon *Zohra Kurji et al.* ce pourcentage se monte à 76 pour cent (*Zohra Kurji et al.*, 2016). Le *Pakistan & Gulf Economist* estime que les prix pratiqués dans les hôpitaux privés sont beaucoup trop élevés et que souvent les médecins dans le service public envoient les patients dans leurs propres cliniques privées pour des raisons essentiellement financières (*Pakistan & Gulf Economist* 7 août 2017). Selon SBP, en raison du coût élevé des services médicaux privés, seuls les plus riches peuvent se permettre de les utiliser et le reste de la population doit se contenter d'utiliser des services publics insatisfaisants (SBP, avril 2018). *Zohra Kurji et al.* estime que les services de santé publique sont de tellement mauvaise qualité que même les plus pauvres sont forcés de recourir aux services du secteur privé, même s'ils ne peuvent pas vraiment se le permettre. Cela entraîne une paupérisation supplémentaire de la population (*Zohra Kurji et al.*, 2016).

Les médicaments contrefaits et de mauvaise qualité pourraient représenter jusqu'à 50 pour cent des médicaments disponibles au Pakistan. Malgré certaines mesures prises par le gouvernement, le problème n'est de loin pas réglé. Dans un discours prononcé en 2010 et rapporté par CNN en août 2015, le ministre Pakistanais de l'intérieur, *Rehman Malik*, a affirmé qu'entre 45 et 50 pour cent des médicaments disponibles au Pakistan étaient contrefaits ou de mauvaise qualité (CNN, 30 août 2015). Citant des chiffres de l'OMS de 2013, le journal pakistanais *Dawn*, se basant sur un rapport de l'OMS, a indiqué en mai 2013, que le pourcentage des médicaments contrefaits se situait entre 30 et 40 pour cent. Cela concernait des médicaments utilisés pour toutes sortes de maladies, du rhume au cancer (*Dawn*, 17 octobre 2017). D'après CNN, malgré certaines mesures prises par le gouvernement, comme la création d'une autorité de régulation des médicaments, le problème n'aurait de loin pas été réglé en 2015 (CNN, 30 août 2015). En 2017, le journal *Dawn* révélait que sur la base d'un rapport de police, que plus de la moitié de 121 inspecteurs responsables de la qualité des médicaments dans la province du Pendjab étaient impliqués dans un scandale de corruption. Les inspecteurs auraient laissé des groupes criminels continuer à vendre des médicaments contrefaits en échange de compensations financières (*Dawn*, octobre 2017).

Un système d'assurance-maladie non-universel qui cible essentiellement les très pauvres dans certaines provinces. Les provinces de Sindh et Khyber Pakhtunkhwa en sont exclues. Selon *Kah S. Lee et al.*, le gouvernement du Pakistan a mis en place un programme d'assurance-maladie national à la fin de l'année 2015. Ce programme, opérationnel dans 23 districts et couvrant les besoins de trois millions de familles à bas revenus, serait valable pour couvrir certains soins dans les hôpitaux publics aussi bien que privés, selon les termes et conditions indiquées par les sociétés d'assurance (*Kah S. Lee et al.*, 2 août 2017). Selon le *Pakistan & Gulf Economist*, ce programme fédéral qui utilise des données obtenues par le *Benazir Income Support Programme* (BISP) pour sélectionner les bénéficiaires, ne serait pas disponible dans les provinces de Sindh et de Khyber Pakhtunkhwa car ces deux provinces auraient refusé d'y participer. Ce programme couvre le traitement de maladies comme le cancer, les problèmes de cœur, les brûlures et d'autres maladies chroniques à

hauteur de 300 000 PKR par année (2 442 CHF)[1] et par famille. Un montant qui pourrait doubler en cas d'urgence. Toujours selon le *Pakistan & Gulf Economist*, un des paradoxes de ce système d'assurance-maladie public est que pour fonctionner il devra se reposer en grande partie sur les services de santé privés. Ces fonds publics n'iront donc pas soutenir l'amélioration des infrastructures de santé publiques qui en auraient pourtant grand besoin (*Pakistan & Gulf Economist*, 7 août 2017).

2.2 Situation dans la province de Khyber Pakhtunkhwa

Un budget de santé en augmentation et une couverture d'assurance-maladie étendue dans la province. Dans la pratique la population rencontre des problèmes pour bénéficier de soins en raison de capacité insuffisante et de longs délais d'attente. Selon le journal *Tribune*, le gouvernement de la province de Khyber Pakhtunkhwa a décidé en 2017 d'augmenter le budget de la santé de près de 20 pour cent pour l'année fiscale 2017-2018. Le budget de santé se monterait donc à 65,7 milliards de PKR, ce qui représenterait 11 pour cent du budget total de la province. Ce budget comprend des aides financières fournies par des donateurs étrangers, à hauteur d'environ 5 milliards de PKR (*Tribune*, 8 juin 2017). Selon le journal *Tribune*, En 2017, le gouvernement a annoncé qu'il allait étendre son programme de soins médicaux gratuits et qu'à terme près de 70 pour cent de la population totale de la province allait en bénéficier. En 2017, le nombre de personnes bénéficiant de ce programme était estimé à 14,5 millions. Munie de la carte «Sehat Insaf», une personne peut en principe bénéficier de soins gratuits dans les établissements médicaux publics et privés, à hauteur de 500 000 PKR. Des primes annuelles de 1 700 PKR (14 CHF) par famille sont payées par le gouvernement (*Tribune*, 29 mai 2017). Toutefois, ce système d'assurance-maladie semble rencontrer des problèmes dans la pratique. Comme le rapportait le journal *News* en avril 2018, les hôpitaux publics n'ont souvent pas la capacité de faire face à toutes les demandes et ne disposeraient souvent pas des équipements nécessaires. Il y aurait également de très longs délais d'attente, en particulier pour les opérations chirurgicales. Par ailleurs, il y aurait également des problèmes administratifs et des délais de remboursement (*News*, 8 avril 2018).

Malgré des promesses de réformes, il existe toujours des problèmes de capacité et de mauvaise qualité des prestations dans les plus grands établissements médicaux publics de la province. Le plus grand établissement médical public dans la province de Khyber Pakhtunkhwa est le *Lady Reading Hospital* (LRH). Les deux autres sont le *Khyber Teaching Hospital* (KTH) et le *Hayatabad Medical Complex* (HMC). Selon *Pakistan Today*, malgré des promesses du gouvernement de meilleur financement et d'améliorations, ces promesses n'auraient pas été tenues et la situation n'aurait pas vraiment changé pour les patients du *Lady Reading Hospital* (LRH). Ceux-ci doivent souvent se procurer eux-mêmes les médicaments sur des marchés locaux et les payer de leurs poches. Selon *Pakistan Today*, l'hôpital manquerait aussi cruellement de capacité pour traiter toutes les demandes, notamment pour accueillir et traiter les enfants (*Pakistan Today*, 28 février 2018). La mauvaise qualité des soins serait également due à l'absentéisme des médecins qui privilégieraient en fait leurs cabinets privés. Selon le directeur du LRH, *Khalid Masud*, cité dans un article de l'*Economist* en 2017, la plupart des 45 médecins consultants ne viennent à l'hôpital que quelques heures

[1] Converti au cours du 27 juin 2018 de 1CHF=123PKR

par jour et emmèneraient dans leurs cliniques privées les patients qui ont les moyens de payer les tarifs élevés. Selon lui, le manque de médecins fait que les patients pauvres peuvent mourir avant de pouvoir voir un spécialiste (*Economist*, 8 juin 2017). Lors d'une visite du LRH en avril 2018, le juge en chef du Pakistan, *Mian Saqib Nisar*, a déclaré que malgré les promesses du gouvernement de la province, il n'avait constaté aucune amélioration (*Dawn*, 19 avril 2018). Selon le journal *Dawn*, le problème d'accueil et de traitement médical des enfants serait encore plus grave au *Khyber Teaching Hospital*, avec un manque de capacité d'accueil mais aussi de médecins qualifiés. Les problèmes seraient largement similaires au *Hayatabad Medical Complex* (*Dawn*, 26 mai 2018). Selon le journal *Dawn*, citant *Roohul Muqeem*, un docteur du *Khyber Teaching Hospital*, seul 30 pour cent des réformes promises par le gouvernement de la province aurait été mises en place et la qualité des soins dans l'hôpital est très mauvaise avec beaucoup de patients qui doivent patienter avant de recevoir des soins de base (*Dawn*, 30 novembre 2016).

3 Accès à des soins psychiatriques

3.1 Peu de moyens pour traiter les maladies mentales au Pakistan

Malgré un nombre important de personnes souffrant de troubles mentaux au Pakistan, les maladies mentales ne sont de loin pas une priorité pour le gouvernement. On estime qu'il y a au Pakistan un psychiatre pour 400 000 habitant-e-s. Les personnes atteintes de problèmes mentaux sont souvent stigmatisées et ne se font pas soigner. Selon les estimations de *l'Association pakistanaise de la santé mentale*, citées par la BBC en septembre 2016, plus de 15 millions de pakistanais souffrent d'une forme de maladie mentale. Il n'y a que 5 hôpitaux publics et moins de 300 psychiatres qualifiés pour une population totale de près de 180 millions d'habitants (BBC, 29 septembre 2016). Dans un article publié dans *The Lancet* en 2017, *Tooba Fatima Qadir et al*. estime le nombre de psychiatres dans le pays à 500 ce qui donne un taux de 1 psychiatre pour 400 000 habitants (*Tooba Fatima Qadir et al.*, février 2017). Selon le docteur *Usamn Rasheed*, cité par la *BBC* et qui dirige un hôpital psychiatrique privé à Lahore, dans certaines régions conservatrices du pays, les maladies mentales sont considérées comme une « faiblesse de caractère » et beaucoup de patients souffrent de stigmatisation sociale ce qui réduit les empêchent de venir se faire soigner (*BBC*, 29 septembre 2016).

3.2 Schizophrénie pas reconnue comme une maladie mentale

La schizophrénie est considérée par beaucoup au Pakistan comme ayant des origines magiques et elle est souvent traitée par des guérisseurs. Le gouvernement ne la considère pas comme une maladie mentale permanente. Selon *Shakila Akhtar*, la schizophrénie continue d'être mal comprise au Pakistan et selon les croyances populaires ses origines sont magiques ou liées aux esprits ou encore aux démons. En conséquence, les traitements sont parfois prodigués par des guérisseurs qui utilisent de l'eau bénite, encouragent les patient-e-s à visiter des lieux saints ou leur infligent des punitions brutales qui visent à faire «sortir

les mauvais esprits». Beaucoup de personnes atteintes de schizophrénie seraient victimes de rejets et d'humiliations et éviteraient de se faire soigner. Dans les hôpitaux publics, les traitements psychiatriques les plus courants sont les thérapies médicamenteuses et les thérapies électro-convulsives souvent sans examen approfondi de l'historique du patient. Certains médecins sont plus tournés vers les psychothérapies mais cela n'est souvent pas possible en raison du trop grand nombre de patients (*Shakila Akhtar*, sans date). Au Pakistan, la schizophrénie paranoïaque n'est pas considérée comme une maladie mentale permanente. Comme le rapporte *Tooba Fatima Qadir et al*., en octobre 2016, la Cour Suprême du Pakistan a condamné à mort un homme diagnostiqué comme étant schizophrène paranoïaque, arguant que c'était une maladie dont on pouvait guérir et donc pas une maladie mentale permanente (*Tooba Fatima Qadir et al.*, février 2017). En réaction, la directrice de l'organisation *Reprieve*, citée par *Reuters*, a déclaré ce verdict «scandaleux» et disait qu'il allait clairement à l'encontre des connaissances médicales acceptées et même à l'encontre des lois nationales sur la santé mentale (*Reuters*, 21 octobre 2016).

3.3 Troubles mentaux dans la province Khyber Pakhtunkha

Dans la province de Khyber Pakhtunkhwa, les problèmes de troubles mentaux seraient particulièrement nombreux et les principaux hôpitaux ne seraient pas équipés pour les traiter. Selon *Syed Muhammad Sultan*, le président de département de psychiatrie à l'hôpital universitaire de Khyber, cité par le journal *Dawn,* plus d'un tiers de la population au Pakistan souffre de problèmes d'anxiété et de dépression. Les troubles mentaux seraient particulièrement nombreux dans la province de Khyber Pakhtunkhwa. Cela serait dû notamment à des injustices sociales et économiques, ainsi qu'à un manque d'accès aux soins de santé et à l'éducation (*Dawn*, 19 octobre 2017). Selon *Syed Muhammad Sultan,* toujours cité par le journal *Dawn,* sur les 2 pour cent du budget national que le gouvernement consacre à la santé, seul 1 pour cent irait à la prévention et au traitement des problèmes de santé mentale. Cette proportion serait similaire au niveau de la province de Khyber Pakhtunkhwa, où selon *Syed Muhammad Sultan,* les principaux hôpitaux ne seraient pas équipés pour traiter les problèmes de troubles mentaux (*Dawn*, 9 octobre 2016).

Selon le docteur *Syed Muhammad Sultan*, directeur du département de psychiatrie du Khyber Teaching Hospital de Peshawar, cité par le journal *NewsLens*, plus de 40 pour cent des femmes de la province souffrent de troubles mentaux, mais très peu osent en parler ou aller se faire soigner en raison de profonds tabous. En 2017, le gouvernement de la province a adopté le «Mental Health Act 2017» pour améliorer le traitement des problèmes mentaux (*NewsLens*, 2 février 2018). En 2016, le docteur *Syed Muhammad Sultan* cité par le journal *Tribune*, avait constaté que les moyens dans la province pour traiter les maladies mentales étaient bien trop faibles et qu'il y avait un grand besoin de former plus de spécialistes (*Tribune*, 11 octobre 2016).

4 Situation économique, coût de la vie et aide sociale

Croissance économique importante et soutenue mais qui ne bénéficie de loin pas à l'ensemble de la population. Les avancements en termes de développements humains restent timides. D'après la *Banque mondiale* (BM), il était prévu que la croissance économique du Pakistan passe de 4,7 pour cent en 2016 à 5,2 pour cent en 2017, principalement en raison d'une forte consommation domestique et par la confiance des investisseurs dans les réformes apportées par le gouvernement (*BM*, mai 2017). Selon le rapport de la *Fondation Bertelsmann* de 2018, l'accélération de la croissance serait due à l'impact des mesures macroéconomiques et de réformes, mais également à des prix du pétrole moins élevés et une meilleure sécurité dans le pays. La *Fondation Bertelsmann* note toutefois que les chiffres de la croissance sont probablement plus bas que ceux cités par le gouvernement, celui-ci ayant tendance à exagérer et surestimer la croissance (*Fondation Bertelsmann*, 2018). La BM note que cette croissance ne bénéficie pas pour tout le monde, en particulier les plus pauvres. Dans la province du Pendjab par exemple, malgré une forte réduction du nombre de pauvres entre 2001 et 2014 et des améliorations notables en termes de qualité de vie, celle-ci reste la province où les disparités sont les plus fortes. Il y a eu peu d'avancements en termes de développements humains et l'écart entre riches et pauvres n'a cessé de croître avec les premiers, concentrant de plus en plus de richesses (BM, mai 2017).

Plus d'un tiers de la population, soit plus de 60 millions de personnes, vivent en dessous du seuil de pauvreté. Des millions d'autres sont classifiés comme vulnérables. Selon le rapport de la *Fondation Bertelsmann* de 2018, le développement socio-économique du pays fait face à d'importants obstacles d'ordre économique, sécuritaire et de gouvernance. Près de 37 pour cent de la population vivait en 2013 sous le seuil de pauvreté. L'index de développement humain (IDH) augmente lentement si situant en 2014 à 5,38, ce qui plaçait le Pakistan au 147e rang sur 187 pays cette année-là. Les disparités liées au genre restent très importantes (*Fondation Bertelsmann*, 2018). Dans un rapport de 2013, la BM constatait que le nombre de pauvres était de 50 millions dans le pays, avec les femmes, les enfants, les invalides et les personnes âgées comme étant les plus vulnérables. Les plus pauvres vivent surtout dans les régions rurales, manquent de formation, travaillent dans le secteur informel et n'ont qu'un accès très limité aux services sociaux essentiels. Plus de la moitié de la population est considérée comme vulnérable, c'est-à-dire qu'elle est exposée à des chocs externes tels que maladies, accidents, désastres naturels ou crise financière et n'a pas la capacité ou les ressources pour y faire face (*BM*, 9 juin 2013).

Le salaire minimum n'a pas progressé en 2018, et il reste à 15 000 PKR, ce qui équivaut à environ 122 CHF. Le revenu brut mensuel par habitant-e est de 13 520 PKR, ou environ 110 CHF. Selon le site de nouvelles *Business Recorder* (26 avril 2018), le revenu brut par habitant-e aurait augmenté de 0,5 pour cent en 2018, pour se situer à 162 230 PKR (ou 1 321 CHF), ce qui correspond à un revenu mensuel moyen de 13 520 PKR (ou 110 CHF) (*Business Recorder*, 26 avril 2018). En mai 2018, le journal *Tribune* a signalé que, contrairement aux années précédentes, le gouvernement n'allait pas augmenter le salaire minimum en 2018, laissant celui-ci à 15 000 PKR (ou 122 CHF) (*Tribune*, 5 mai 2018). Selon *Karamat Ali*, directeur du *Pakistan Institute of Labour Education & Research* (PILER) et cité par *Tribune*, si le Pakistan suivait les recommandations du Bureau international du travail, le salaire minimum se situerait alors entre 30 000 et 31 000 PKR (245-253 CHF) (*Tribune*, 5 mai 2018). Selon le journal *The News*, pour la majorité des familles pakistanaises qui n'ont qu'un seul membre

de la famille qui travaille, le salaire minimum ne parvient pas à couvrir les dépenses essentielles (*The News*, 15 juillet 2017).

Le système de protection sociale au Pakistan comprend plusieurs programmes d'assistance sociale, y compris le *Zakat* et le *Bait-ul-Mal* qui viennent en aide aux plus démunis, mais qui ont toutefois une couverture assez limitée. Selon le rapport 2018 de la *Fondation Bertelsmann*, les programmes d'assistance sociale disponibles comprennent le *Programme de soutien au revenu Benazir* (BISP), *Bait-ul-Mal*, et *Fonds pakistanais d'allégement de la pauvreté* (PPAF). Les donateurs étrangers comme la BM, la Banque asiatique de développement le Département pour le développement international soutiennent également des programmes sociaux. *Bait-ul-Mal* bénéficie de fonds limités et soutient principalement orphelins et des veuves. Avec des fonds en augmentation, le BISP vient principalement en aide aux plus pauvres à travers de transferts d'argent et de l'aide pour l'éducation (*Fondation Bertelsmann*, 2018). Selon un rapport du *Bureau international du travail* (BIT), cité par le journal *Dawn*, le Pakistan ne dépense que 0,2 pour cent de son PIB au pour soutenir des programmes de protection sociale. Ces programmes ont tendance à se concentrer sur les plus démunis et vise à éradiquer la pauvreté mais ils ne viennent pas en aide à la majorité de la population qui en sont exclus (*Dawn*, 7 décembre 2017). Selon un rapport de la *Banque asiatique de développement* de 2012, cité également par le *Dawn*, 77 pour cent des dépenses publiques dans le domaine de la protection sociale vont au financement des assurances sociales, principalement pour les employé-e-s gouvernementaux et le personnel de l'armée, et seul 20 pour cent sont allouées à des programmes d'assistance sociale (*Dawn*, 7 décembre 2017). En juin 2013, la BM notait qu'en 2007, le gouvernement avait adopté un *Stratégie de protection sociale nationale* qui fournissait un cadre sectoriel pour réduire la pauvreté. Un élément clé de cette stratégie est le *Programme de soutien au revenu Benazir* (BISP) qui est un filet social visant à fournir aux plus démuni-e-s un soutien de base au revenu et des opportunités pour s'affranchir de la pauvreté (*BM*, 9 juin 2013). Selon un rapport du *Oxford Policy Management* de juin 2016, le BISP sélectionne ses bénéficiaires en utilisant un «Proxy Means Test (PMT)» qui détermine le niveau de besoin d'une famille. Un recensement national de pauvreté a permis d'assigner à chaque famille un score de pauvreté. Le 20 pour cent des familles les plus pauvres ont été sélectionnées et ont pu bénéficier d'un transfert d'argent inconditionnel qui est payé à la femme de la famille. En 2014, ces aides financières se montaient à 1 500 PKR (ou 12 CHF) *Oxford Policy Management*, 9 juin 2016).

Le programme d'assistance financière individuelle de *Bait-ul-Mal* comprend un volet médical, qui consiste en un soutien financier pour couvrir des frais de traitements médicaux. Le programme, qui dispose de fonds très limités, est toutefois très sélectif et ne couvre pas de traitements médicaux de longue durée. Selon le site internet du programme *Bait-ul-Mal* du *gouvernement du Pakistan*, ce programme cible en priorité les pauvres, les veuf et les veuves, les femmes démunies, les orphelin-e-s et les invalides qui sont soutenus par une assistance générale, éducative, de réhabilitation ou pour couvrir les traitements médicaux. Sont concernées par l'assistance médicale, les personnes qui souffrent de sévères problèmes physiques ou mentaux et qui gagnent moins de 15 000 PKR par mois (122 CHF) (*Gouvernement du Pakistan*, sans date). D'après les informations disponibles sur le site internet du programme *Bait-ul-Mal* du *gouvernement du Pendjab*, les bénéficiaires du volet médical du programme sont sélectionnés par un comité *Bait-ul-Mal* au niveau du district qui délivre alors un certificat. Celui-ci doit alors être soumis au *Comité de la santé et du bien-être* de l'hôpital concerné. Les personnes sélectionnées peuvent alors recevoir une aide financière indirecte qui leur permettra de recevoir des soins médicaux. A noter que l'assistance médicale de *Bait-ul-Mal* ne peut dépasser un plafond de 50 000 PKR (408 CHF) par

bénéficiaire et que cette assistance n'est fournie qu'une seule fois. Par ailleurs, les traitements à l'étranger ne sont pas couverts de l'assistance (*Gouvernement du Pendjab*, 2015). Selon le journal *Pakistan Observer* (17 février 2017), entre 2013 et 2016, *Bait-ul-Mal* a reçu un total de 146 275 candidatures de la part de personnes souhaitant recevoir une assistance financière, médicale ou en matière d'éducation. Sur ce total, 119 898 personnes ont reçu une réponse favorable (*Pakistan Observer*, 17 février 2017). Cela représente une moyenne d'environ 40 000 bénéficiaires sélectionnés par année.

***Bait-ul-Mal* ne fournit qu'une assistance ponctuelle et ne peut donc pas couvrir les frais des traitements médicaux dans les cas de schizophrénie paranoïaque qui requièrent un suivi à long terme, frais de traitement dans le secteur privé pas couverts par *Bait-ul-Mal*.** Selon un renseignement email, daté du 31 mai 2018, d'une personne de contact de l'OSAR qui travaille dans une clinique privée à Islamabad, le gouvernement ne fournit pas d'assistance financière pour des traitements de longue durée. Un programme comme *Bait-ul-Mal* ne pourrait donc pas venir en aide à une personne souffrant de schizophrénie paranoïaque. Selon un courriel, daté du 5 juin 2018, d'une personne de contact de l'OSAR qui enseigne dans le département de pharmacie à l'université de Peshawar, dans les établissements publics, seuls certains traitements sont couverts par *Bait-ul-Mal*, et tous les traitements ambulatoires sont exclus et à la charge des patient-e-s et de leurs familles. Les consultations et les traitements fournis dans les cliniques privées ne sont pas couverts par *Bait-ul-Mal*. Par ailleurs, le soutien financier offert par *Bait-ul-Mal* est non seulement très sélectif, mais aussi limité dans le temps, et il ne convient donc pas au traitement de la schizophrénie paranoïaque. Selon un renseignement email, daté du 30 mai 2018, d'une personne de contact de l'OSAR qui travaille dans le département de pharmacie de l'université de Peshawar, il n'y aurait pas de soutien financier public à long-terme disponible pour des patient-e-s souffrant de schizophrénie paranoïaque. *Bait-ul-Mal* cible principalement des personnes très pauvres et le processus de sélection des bénéficiaires est long et fastidieux et passe par une certification donnée par des notables des villages, des conseillères et conseillers municipaux et de district. Pour ceux qui sont sélectionnés, le soutien se limite à couvrir les dépenses dans les établissements publics et le coût des médicaments de base dont la disponibilité est par ailleurs très limitée.

5 Schizophrénie paranoïaque: Disponibilité et coûts des traitements et médicaments spécifiques

5.1 Disponibilité et coût de médicaments spécifiques

a) Zyprexa (substance active: olanzapine, 20mg)

Le Zyprexa est généralement disponible au Pakistan à un dosage de 10mg. Une tablette de 28 comprimés coûte entre 9 000 et 10 000 PKR (73-81 CHF). D'autres médicaments contenant la même substance active, comme le Olanzia, le Olanzip ou le Olepra, sont disponibles à un dosage de 10mg pour un coût d'environ 200 PKR (1,5 CHF) pour une tablette de 10

comprimés.

b) Tranxillium (substance active: dipotassium clorozapate, 20mg)

Le Tranxillium n'est pas disponible au Pakistan, mais d'autres médicaments contenant la même substance active, sont disponibles à un dosage de 15mg et un coût de 66 PKR (0,5 CHF) pour une tablette de 10 comprimés.

5.2 Disponibilité et coût des traitements

Le traitement de la schizophrénie paranoïaque semble en principe possible aussi bien à Peshawar qu'à Islamabad, mais pour bénéficier de soins corrects et surtout d'un suivi régulier le patient devrait utiliser les services psychiatriques d'hôpitaux ou de cliniques privées où les prix sont beaucoup plus élevés. Selon un médecin contacté par email par l'OSAR le 7 juin 2018 et qui travaille comme psychiatre à l'hôpital Lady Reading Hospital, il serait possible de traiter des cas de schizophrénie paranoïaque dans son établissement. Le coût par consultation serait de 20 PKR (0,15 CHF). Selon un médecin contacté par l'OSAR le 31 mai 2018 et qui travaille comme psychiatre dans une clinique privée d'Islamabad, une personne souffrant de schizophrénie paranoïaque pourrait en principe être traitée dans un établissement médical public. Le médecin note, toutefois, que dans un établissement public, la patiente ou le patient ne serait probablement vu que par des médecins juniors. Pour une consultation avec des médecins senior, il faudrait alors se tourner vers des établissements médicaux privés. Selon un courriel, daté du 5 juin 2018, d'une personne de contact de l'OSAR qui enseigne dans le département de pharmacie à l'université de Peshawar, comme le nombre de psychiatre est très limité, les consultations sont souvent conduites par des médecins généralistes qui n'ont pas les qualifications nécessaires. Selon un médecin contacté par l'OSAR le 31 mai 2018, dans le secteur privé le prix d'une consultation serait de l'ordre de 3 000 à 4 000 PKR (24 à 32 CHF). Selon la personne de contact de l'OSAR, contactée le 5 juin 2018, le prix d'une consultation avec un psychiatre dans le secteur privé est de 3 000 PKR (24 CHF).

6 Sources

BBC, 29 septembre 2016:

> «***More than 15 million people in Pakistan suffer from some form of mental illness, according to the latest estimate by the Pakistan Mental Health Association.***
>
> ***But there are only five government-run psychiatric hospitals for a population of 180 million. And there are fewer than 300 qualified psychiatrists practising in Pakistan.***
>
> ***In conservative areas, there is often a social stigma attached to even talking about mental illness and it is dismissed as a "weakness of character".***

***Dr Usman Rasheed is the director of Fountain House, a private mental health hospital, based in Lahore. He says the lack of resources is matched by a failure to raise awareness and show that mental illness is a disease, not a disgrace**.*

"Our society tries to degrade anyone who is suffering from this, by alienating or ridiculing them," he said. "Even those who can afford to seek help are afraid to admit that they are suffering. What hope is there for the disempowered poor but to resort to saints and superstition?» Source: BBC, Why Pakistan's poor seek mental health cure at shrine, 29 septembre 2016: www.bbc.com/news/world-asia-37495538.

BM, mai 2017:

«***Amid an uncertain global climate, Pakistan's economic growth is expected to accelerate to 5.2 percent in FY17 from 4.7 percent in FY16. Pakistan's growth was again fueled by strong domestic consumption in the first half of FY17. Growing consumer and investor confidence was bolstered by the successful implementation of reforms*** *which were supported by the IMF Extended Fund Facility (EFF) and Bank's development policy credits. On the supply side, a recovery in agriculture is countering a gentle slowdown in industrial activity from 6.8 percent growth in FY16 to an expected 6.1 percent in FY17. Services, which comprise 59 percent of the economy, are expected to grow at a steady 5.6 percent in FY17. See Section A1 for an extended discussion of the real sectors of the economy.*
(…)
***While implementing structural reforms to promote growth, it is also important to ensure that the poor are sharing in both the monetary and human development benefits of growth. In Punjab, even after 20 million people escaped poverty between 2001 and 2014 (making Punjab the least poor province in Pakistan), two major concerns remain. First, economic growth in Punjab has not always been pro-poor, which has meant that the province is also Pakistan's most unequal. During the two periods of fastest growth in the past 13 years, the incomes of the poorest 40 percent of the population grew less than the richest 60 percent. Second, significant improvements in living standards have not been matched by comparable gains in human development outcomes. Although Punjab achieved some improvements in educational enrolment and maternal health outcomes, the gap in access between the rich and the poor has increased over time with much of the improvement concentrated among richer families**.*» Source : Banque mondiale, Pakistan development update, Growth : a shared responsibility, mai 2017, p.1-4: http://documents.worldbank.org/curated/en/536431495225444544/pdf/115187-WP-PUBLIC-P161410-77p-Pakistan-Development-Update-Spring-2017.pdf.

BM, 9 juin 2013:

«***One-third of Pakistan's population continues to live in poverty, corresponding to some 50 million poor individuals. Women and children (out-of-school/working), disabled, and potentially the elderly, are the most vulnerable groups of poor.***

The poor live mainly in rural areas, are unskilled, and work in the informal sector. Employment opportunities are scarce and real earnings have declined in the last decade. The poor also lack in all of the basic human, physical and productive assets and have limited or no access to essential social services.

***In addition approximately 56% of households can be classified as vulnerable**. According to a special survey on safety nets commissioned for the social protection report, "Managing Household Risks and Vulnerabilty (2007), nearly two thirds of all respondents suffered from one or more major shocks in three years before the survey. **More than half of all shocks (about 60 percent) were caused by individual specific factors (mainly health, sickness and disability) highest incidence of shocks. The remaining shocks were covariate (including droughts, economic shocks, etc.). These shocks imposed huge costs on the ultra-poor (54 percent of annual consumption) than the non-poor (18 percent of annual consumption**). While the non-poor households used mainly asset based strategies (sale of physical assets, dissaving) to cope with risks, the poor relied more on behavioral strategies—reducing* consumption, increasing labor supply). The devastating impact of shocks was painfully illustrated by the recent earthquake and droughts, which showed that households in Pakistan are vulnerable to natural disasters, with the poor often the hardest hit as they own limited assets. The recent commodity and financial crisis have also adversely affected many households.

(…)

***Recognizing the need to modernize its social protection system, Pakistan developed and adopted a National Social Protection Strategy (2007). Consistent with the Poverty Reduction Strategy and Pakistan Vision 2030, the Strategy provides a sectoral framework to address poverty alleviation**. Priority areas for policy action and reform that were identified in the strategy are:*

- *Increasing access to economic opportunities among poor;*
- *Preventing households/individuals from falling into poverty due to income shocks; and*
- *Providing basic needs for chronic poor, and those unable to work.*

***In 2009, as a key element of this strategy, Pakistan introduced a national safety net program, the Benazir Income Support Program (BISP) which is intended to be a modern and well governed safety net with the objective of providing a significant share of the poorest population with basic income support and opportunities to graduate from poverty**.»*
Source: Banque mondiale, Social protection in Pakistan, 9 juin 2013: www.worldbank.org/en/country/pakistan/brief/social-protection-in-pakistan.

Business Recorder, 26 avril 2018:

«***Per capita income of Pakistan during financial year 2017-18 increased by 0.5 percent to $1641, according to Economic Survey released by the federal government** on Thursday. As per Pakistan Bureau of Statistics, per capita income during 2017-18 is Rs. 162,230 ($1641) based on provisional figures of Population Census 2017 held in March 2017 i.e 207,774,520.»*
Source: Business Recorder, Per capita income of Pakistan increases to $1641, 26 avril 2018: www.brecorder.com/2018/04/26/414408/per-capita-income-of-pakistan-increases-to-1641.

CDH, 4 septembre 2017:

«***Le Comité des droits économiques, sociaux et culturels a recommandé au Pakistan de n'épargner aucun effort pour accroître les dépenses publiques dans le secteur de la***

santé, élargir le champ d'application du Programme national d'assurance maladie, renforcer le système de santé publique pour pouvoir proposer à tous, y compris aux personnes défavorisées et marginalisées, des services de santé de base gratuits et de haute qualité, et réduire les taux de mortalité maternelle, infantile et des moins de 5 ans.» Source: Conseil des droits de l'homme (CDH), Groupe de travail sur l'Examen périodique universel, Vingt-huitième session, 6-17 novembre 2017, Compilation concernant le Pakistan, 4 septembre 2017 : www.upr-info.org/sites/default/files/document/pakistan/session_28_-_november_2017/a_hrc-wg.6_28_pak_2_f.pdf

CDH, 23 août 2017:

«*77**. La NCHR indique que le Gouvernement consacre à peine 0,42 % du PIB à la santé et recommande d'accroître immédiatement la fraction du PIB allouée à ce titre**.*
78. Les auteurs de la communication conjointe no 8 recommandent d'adopter des textes de loi aux niveaux fédéral et provincial pour rendre la vaccination obligatoire. Ils recommandent également de donner la priorité aux politiques et aux programmes axés sur la nutrition, la vaccination et les travailleurs sanitaires pour réduire la mortalité maternelle, néonatale et infantile, et d'affecter des crédits budgétaires suffisants.» Source: Conseil des droits de l'homme (CDH), Groupe de travail sur l'Examen périodique universel, Vingt-huitième session, 6-17 novembre 2017, Résumé des communications des parties prenantes concernant le Pakistan, 23 août 2017 : www.upr-info.org/sites/default/files/document/pakistan/session_28_-_november_2017/a_hrc_wg.6_pak_3_f.pdf.

CESCR, 20 juillet 2017:

« *75.* ***Le Comité constate avec préoccupation que très peu de fonds publics sont alloués au secteur de la santé, que la couverture offerte par le Programme national d'assurance santé est insuffisante et que le système de santé public est faible, ce qui entraîne une forte dépendance vis-à-vis des services de santé privés****. Il s'inquiète en particulier des taux élevés de mortalité maternelle et infantile.* » Source : Comité des droits économiques, sociaux et culturels, Observations finales concernant le rapport initial du Pakistan, 20 juillet 2017 :
http://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=4slQ6QSmlBEDzFEovLCuW3lUtW8Y9xuIXXVdepJkLEBl2eTfzdc0EmUYq2yOFEI-ParZxt9%2bGle%2fD3RkqHcm8KyfVujFlURv4%2blYQhzKWNvStKD1g4Jlj2lHMTUja6j8y.

CNN, 30 août 2015:

«*In 2010**, **Pakistan's Interior Minister at the time, Rehman Malik, was so alarmed that he gave a speech to the National Assembly, calling for action in his country, saying that between 45-50% of Pakistani drugs were fake or of substandard quality**.*

*Since then, **the country has created the Drug Regulatory Authority of Pakistan**, which has led raids to crackdown on the black market drug trade. **But the problem is still massive**.*

The Pakistani Pharmacist Association says that there are approximately 4,000 licensed pharmacies in Pakistan, but also estimates that are as many as 100,000 other illegal merchants selling medications.

"The packaging is made to look beautiful and attractive so that the patient never comes to know what's inside it," says Farmann Abbass, a Pakistani pharmacist.

But he says this is criminal because "counterfeit medicines cheat the patient. The copies don't work and the patients don't recover."

"Of course laws and rules exist," he says, "but they are not implemented in this country." CNN has asked the Pakistani government for comment on the country's fake drugs market but has yet to receive a response.» Source: CNN, Patients fooled by fake drugs made with poison and brick dust, 30 août 2015: https://edition.cnn.com/2015/08/30/asia/pakistan-fake-drugs/index.html.

Dawn, 26 mai 2018:

«***According to doctors practising in Peshawar, the provision of proper medical care to newborn babies has become progressively difficult due to a shortage of medical facilities, staff, and beds. Lady Reading Hospital (LRH), the largest government hospital in the province, only has 38 beds and 25 incubators in its nursery wards. The average number of patients admitted to the ward every day is 60. The hospital staff says the nursery section was equipped in accordance with the LRH's gynaecology ward's requirements. However, due to the growing number of referrals, the number of patients admitted is now higher than the ward's capacity. Since most of the patients brought are in critical condition and cannot be turned away, the staff has to accommodate three to five babies on one bed, a doctor explained.***

The situation at the Khyber Teaching Hospital's nursery ward is worse. The hospital only has 35 beds and 11 incubators, while the average number of newborn babies hospitalised every day is 60 to 65. *In addition, the hospital also lacks trained staff, which increases the risks to infants' lives. "The nursery ward is extremely overburdened due to the high number of referral cases," Doctor Hamid Bangash of the Khyber Teaching Hospital told DawnNewsTV. "As the number of patients is double the number of beds in the ward, there is no choice but to accommodate two to three patients on one bed." He admitted that the practice is against the standards set by the World Health Organisation, according to which there should be a separate bed and incubator for each newborn in order to prevent the transmission of viruses and infectious diseases. "But there is no other way to deal with the inflow of patients," he explained. He also cited management issues faced by the staff in dealing with a huge number of patients.*

A paediatrician said that due to the inflow of patients, doctors often have to discharge old patients who have not yet fully recovered in order to accommodate the new ones who are often brought in in critical condition. They do tell the parents of the newborns being discharged to bring them back in case of an emergency however, he said.

Hayatabad Medical Complex faces more or less the same challenges. At least 40 infants are admitted to the hospital on a daily basis, while the nursery ward only has 30 beds and 11 incubators. The hospital staff says they often have to shift occupants from the nursery ward to the paediatric ward when the number of patients is high. The huge number of referral babies increases the burden on the staff and the ward as well.

Private hospitals and inaccessibility

Though there are two to three nurseries in private hospitals in Peshawar, they charge Rs7,000 a day which puts them out of reach for many patients. The treatment costs are also significantly higher, due to which middle-class and lower-middle-class families are unable to afford them.

Accessibility to medical care is another reason which makes KP a risky province to be born in. There are only four functioning infant and neonatal nursery units in the province, three of which are in Peshawar and one in Abbottabad. In the rest of the province, there are no proper healthcare units for infants. People from all over the province, as well as Fata, have to bring their children to Peshawar for medical treatment, further increasing the burden on already overcrowded hospitals. Doctors blame the government for failing to take appropriate measures to ensure that proper medical care for infants is accessible throughout the province. They say there is an urgent need to build healthcare units in remote districts of the province so that residents are able to get access medical care in their area.

Additional Director General Health, Tahir Bashir, however, maintains that the outgoing government has already bought the necessary equipment and the results will be visible in coming years. Speaking to Dawn, he said that the government had also hired more medical staff. He further mentioned that the government was also working on new trends of specialised treatment and soon those would be implemented in the hospitals.» Source: Dawn, Lack of medical facilities in Khyber Pakhtunkhwa puts lives of newborns at risk, 26 mai 2018: www.dawn.com/news/1410146.

Dawn, 19 avril 2018:

«*Chief Justice of Pakistan Mian Saqib Nisar on Thursday censured the Khyber Pakhtunkhwa government over its failure to provide clean drinking water to citizens and the unsatisfactory progress made by it for the disposal of sewage and industrial waste.*
The CJP, who was hearing a suo motu case at the Supreme Court's Peshawar registry, ordered KP Chief Minister Pervez Khattak to appear before the court and explain the reasons behind his government's shortcomings.

When the chief minister appeared before the three-member bench, the CJP informed him that he had visited Peshawar's Lady Reading Hospital (LRH) earlier in the day but observed no improvement in the state of affairs there.
(…)
The CJP observed that the Pakistan Tehreek-i-Insaf (PTI)-led government makes tall claims, but asked the chief minister how many new hospitals and schools were constructed during the last five years of his government, which he stressed was "not a short amount of time".

"The slogan of 'honour the vote' is being raised [by political leaders], [but] the real honour lies in serving the public," Justice Nisar remarked.
(…)
The CJP then visited the Lady Reading Hospital (LRH), the largest public sector teaching hospital in the province.

"I saw no improvement during my visit to LRH," the CJP remarked after the visit, and asked the chief secretary how many hospitals the provincial government had built along the lines of LRH in the last five years.

***"What steps were taken to reduce the throng of patients at LRH," he asked**.»* Source: Dawn, 'I've seen no improvement': CJP takes KP chief minister to task over water woes, state of hospitals, 19 avril 2018: https://www.dawn.com/news/1402551.

Dawn, 7 décembre 2017 :

*«**According to the ILO Social Protection Report 2017-2019 released late last month, Pakistan spends a measly 0.2 per cent of its GDP on social protection**. The coverage for social protection in Pakistan is just 2.3pc of the total population of older persons, compared to 24.1pc in India; 25.2pc in Sri Lanka; 33.4pc in Bangladesh and 62.5pc in Nepal. This stark contrast with neighbouring and regional countries shows a deep flaw in our socioeconomic policies.*

*Though Pakistan started off with the rights-based approach for social protection and put in place the contributory schemes for employees' benefits and old-age pension, over the decades, **the social protection policy has completely veered towards assistance to the marginalised through non-contributory, tax-financed benefits**.*
*The latest policy document fails to clearly define social protection and, instead, emphasises marginality. **In Vision 2025, social protection is defined as a "means of strengthening marginalised people's capabilities to mitigate and manage their risk and vulnerability".***
*Apart from pension schemes for government employees and army personnel, **the coverage of contributory social welfare schemes for workers remains limited to a minuscule segment of registered employees in the formal sector.** The EOBI, as of today, has only 0.58 million beneficiaries out of the 61.04m civilian labour force. The majority of the workforce — agricultural workers, informal sector workers, domestic workers and home-based workers — are excluded from these schemes.*

The government has committed to establishing a national social protection framework that "will harmonise federal and provincial level policies and programmes", yet there is nothing tangible. Despite political autonomy and space after devolution, the provinces have not steered citizens' welfare systems away from the rhetoric of 'poverty eradication'.
(…)
***According to an ADB report in 2012, social protection expenditure in Pakistan is dominated by spending on social insurance which accounts for 77.4pc of all social protection expenditure. Social assistance schemes get 19.9pc and 2.8pc is allocated to labour market programmes. "Most of the expenditure is spent on insurance and healthcare for government and formal-sector employees and army personnel** … Given the large size of the military … it is not surprising that government pension schemes account for the largest proportion of social protection programme expenditures in Pakistan," the report says.*
Social security is a human right and the welfare and well-being of all citizens in all the stages of life is essential. Pakistan has in place social protection mechanisms which are in urgent need of reform. Expenditure on social protection should be raised to 2pc of GDP. Coverage of social insurance schemes must extend to informal sectors, inclusive of agriculture. Federal-provincial wrangling over EOBI and WWF must be resolved judiciously and in the interest of

workers of all provinces. Social protection schemes and programmes need to be rid of corruption, political interference and mismanagement for effective service delivery.» Source: Dawn, Social protection, 7 décembre 2017: http://www.dawn.com/news/1375002.

Dawn, 19 octobre 2017:

«*Health experts have shown concerns over increasing incidence of mental health disorder in Khyber Pakhtunkhwa.*

Addressing a press conference at Peshawar Press Club in connection with World Mental Health Day on Wednesday, Prof Syed Mohammad Sultan stressed the need for implementation of Mental Health Act in letter and spirit to cope with the prevailing situation. ***Prof Sultan, the chairman of psychiatry department at Khyber Teaching Hospital, said that cases of mental health disorder had increased in the country in general and in Khyber Pakhtunkhwa in particular.*** *He demanded of the authorities to increase budget and recruit specialised work force besides creating proper awareness among people about the disease to overcome the alarming situation. He cited gender disparities, economic, emotional and social injustices and lack of access to health and education facilities as main causes of mental health disorder in the country. Flanked by Dr Imran Khan, Dr Mohammad Aziz and Dr Saira Gul, Prof Sultan said that* ***prevalence of anxiety and depression was 34 per cent in general population with dementia, schizophrenia and mania as main problems.***

He said that people should change attitude towards mental illness and the taboos associated with it. He said that patients of mental disorder should be allowed to consult doctors freely. *The expert said that causative agents for mental illness could be genetic and biological that could be linked to behaviour of people towards crimes like honour killing. He said that efforts for peace served as shield against mental ailments. He said that healthy interaction and good environment led to peace of mind while abuses, bias, prejudices, discrimination, disasters and negative attitudes increased psychiatric disorders. Speaking on the occasion, Dr Imran Khan said that promotion of peace could be achieved when policymakers made programme for welfare of the disadvantaged people.*» Source: Dawn, Experts seek enforcement of mental health law, 19 octobre 2017: www.dawn.com/news/1364800

Dawn, 17 octobre 2017:

«***An intelligence report by the police special branch has revealed that 64 out of the 121 drug inspectors in the province are allegedly involved in corruption***.

The report has appeared at a time when the Punjab government faces criticism from certain quarters besides poor feedback of patients as well as medics about non-availability of quality medicines in the market.

In a first initiative of its kind, the report, a copy of which is available with Dawn, also revealed interesting information about the modus operandi of the drug inspectors. It was prepared to determine the role of the inspectors when persistent availability of fake and expired medicines in the market in Punjab alarmed authorities despite raids on the drug mafia.
Instead of taking action against the mafia, ***the drug inspectors were found allowing it to play with the lives of patients for monetary benefits****.»* Source: Dawn, Drug inspectors allow sale of fake medicines, 17 octobre 2017: www.dawn.com/news/1364294

Dawn, 30 novembre 2016:

«***The tall claims of bringing reforms in health sector fall flat as the second largest public sector hospital of the province still rots with decades-old problems and mindset.***

"It was the worst night of my life," says Waseem, who lost his mother 10 years ago in Khyber Teaching Hospital. She walked herself to the medical ward wherefrom she got transferred to the Intensive Care Unit after a bad reaction during blood transfusion. The next day she was gone forever.

Ten years down the lane, Shakeel Khan is also seeing his father slowly slip away as wait for a doctor at dialysis unit of KTH looks like eternity.

It is more painful now because the PTI government in the province had made tall claims that public sector hospitals like KTH, Lady Reading Hospital and Hayatabad Medical Complex would be run like Shaukat Khanum Hospital, a dream which PTI chairman Imran Khan materialised by collecting charity because his own mother was also inflicted by cancer.

The PTI government passed the Khyber Pakhtunkhwa Medical Teaching Institutions Reforms Act in 2015 and so far its implementation is also painfully slow to bring in any relief to the patients in getting quality healthcare.

What is use of 'free treatment' slogan when the doctors don't check the patients, questions Mr Khan.

"Private hospitals charge a whopping Rs35,000 per day yet useless while the public hospitals look no less than an orphanage where you have to even arrange for a wheelchair on your own least to say blood bags and asking doctors to visit to check on a patient in emergency," complains Mr Khan.

Prof Roohul Muqeem, KTH medical director, who joined six months ago, was also shocked when he visited the hospital at midnight acting as a patient to check emergency services recently.

He said that staff was not in uniform which was why it was difficult to differentiate between staff and attendants. More shocking was that even some basic medical care life dextrose water drip was not available.

"Things are not good. It is a fact. How to fix it is big question," said Prof Muqeem.

He feels that health reforms, if implemented in letter and spirit, could do wonders but so far only 30 per cent or so of reform process has been enforced.

There is so far no check and balance as the reform law is not fully implemented. The old employees with outdated mindset are one hurdle. The employees including doctors when removed due to bad service or absenteeism move court and easily get stay orders.

All this while patients wait miserably and helplessly for care, cats freely move in KTH

while lack of hygiene is visible at various wards in one form or the other.

KTH spokesperson Farhad talks of a plan to suffocate the cats to force them to flee but then there are rats for which these cats come handy sometime.

A project of Rs7 million has been approved for the beautification and renovation of the hospital. These rodents and cats would also be tackled under this project, says retired Brig Fazle Akbar, who joined KTH as director in April this year.

Parking is an issue too. Every patient's attendant has to pay Rs50, highest parking fee in the city, in the nearby private parking lot. The hospital has absolved itself from any responsibility as the parking area doesn't belong to it, they say.

He admits that hospitals have gotten more autonomy under the law to hire its staff but they are still stuck here. Hiring is going on and hopefully would complete by end of December. Around 2,100 doctors, nurses and paramedics would be hired. The 1,300-bed hospital would be relying on 2,100 staffers to run three shifts.

Mr Akbar says that owing to shortage of staff they could not take patients in their complete care so they allow the attendants. He blames the culture too for this trend.

"I feel not only the patient but the entire family suffers more from the poor healthcare system than the disease itself," says Mr Khan, who feels his father might not live long but feared for those numerous patients, who would be facing this kind of healthcare when they turn up here in sickness.

"Despite all these hurdles, qualified specialists will sit at casualty and intensive care units for 24-hour. Quality assurance department is set up for the first time to look into hygiene and other such things. Some new departments are also going to be established and strengthened and services would be provided for just Rs10," says Prof Muqeem.

***However, the medical director himself wonders why despite financial resources, qualified staff and all facilities the public sector hospitals are not providing satisfactory services to people. "The scenario is not changing**," he admits».* Source: Dawn, Wait for healthcare more agonising than disease, 30 novembre 2016: https://www.dawn.com/news/1299573.

Dawn, 9 octobre 2016:

«***Health experts on Saturday urged the provincial government to increase budgetary allocations to prevent and control mental health issues and fatal diseases. They also called the establishment of a special mental health treatment facility in the province**.*

Addressing a news conference organised at the Peshawar Press Club in connection with the International Mental Health Day, a group of psychiatrists led by head of the psychiatry department at the Khyber Medical College and Khyber Teaching Hospital Peshawar Prof Sayed Mohammad Sultan said mental illness was not supposed to be a major disease as it could be prevented by proper and timely diagnosis and treatment. He said severe anxiety, depression,

obsessive compulsion disorder, phobias, and drug abuse were major causes of mental disturbance and distortion.

Accompanied by his department's registrar Dr Imran Khan, Dr Robina, Dr Sher Ayub and other staff members, the noted psychiatrist said the pre- and post-pregnancy complications, domestic problems, violence, weak family system and lack of awareness were to blame for the growing incidence of mental health issues among women and children.

He said the developed countries had prioritised the health sector and allocated from 30 percent to 35 percent of the total budget for it but in Pakistan, the situation was dismally different. Prof Sayed Mohammad, however, said the country in general and Khyber Pakhtunkhwa in particular had allocated only two percent of the total annual funds for the health sector and of it, less than one percent was allocated for addressing mental health issues. He urged the government to give special attention to the causes of mental health issues and appropriately increase the funds meant for the health financial plan.

The psychiatrist, who is also the president of Pakistan Psychiatric Society and Saarc Psychiatric Society president, said he was concerned about shortage of experts in the province to fight mental illness. He said currently, the country had 400-450 psychiatrists, while proper facilities were unavailable at major hospitals of the province for the treatment of mental health patients. Professor Sayed Mohammad said according to an estimate, around seven million people in the country suffered from anxiety and depression. He said both elderly people and children had mental issues.

The psychiatrist demanded that the government pay proper attention to address the growing mental health problems.» Source: Dawn, Better budget demanded to address mental health issues, 9 octobre 2016: www.dawn.com/news/1288957

Dawn, 4 mai 2013:

«***A latest World Health Organisation (WHO) report has revealed that around 30-40 per cent medicines in Pakistan's medical stores are fake. Reports said that almost all types of forged drugs are being sold all over Pakistan****. The WHO report also ranks Pakistan on the 13th number among countries that produce fake medicines.*

These fake medicines are recommended for ailments from flu to cancer. *Pakistani public uses almost 77 per cent of their health budget on the purchase of medicines.* ***Sale of these fake medicines is spreading multiple diseases in our country.***

A large amount of these false medicines are being produced in Karachi, Lahore, Rawalpindi and Multan. Research shows that either these fake medicines couldn't improve health or they harmed patients.» Source: Dawn, Fake drugs, 4 mai 2013: www.dawn.com/news/811959.

Economist, 8 juin 2017:

« ***"THEY are getting away with murder," says Khalid Masud, director of the Lady Reading Hospital in Peshawar, the largest in a province long racked by insurgency. Dr Khalid was not talking of the Pakistani Taliban or other extremist groups, but of his own doctors. Of the 45 senior consultants at the hospital, many pop in for no more than an hour a day if***

> ***at all. Then they leave for their private clinics, taking with them those patients who can afford to pay. Patients without money can die before they see a specialist at the 1,750-bed facility.*** *Such is the state of public health care for the 27m residents of Pakistan's mountainous, troubled border region of Khyber Pakhtunkhwa."» Source:* The Economist, Imran Khan's party improves services in Pakistan's wildest province, 8 June 2017: https://www.economist.com/asia/2017/06/08/imran-khans-party-improves-services-in-pakistans-wildest-province.

Fondation Bertelsmann, 2018:

> *«**A number of social safety programs exist in Pakistan but the majority of the population is at risk of poverty. Social safety programs include the Benazir Income Support Program (BISP), Bait-ul Mal, and the Pakistan Poverty Alleviation Fund (PPAF). Pakistan Bait-ul Mal has very limited funds to help orphans and widows. Foreign donors such as the World Bank, the Asian Development Bank (ADB), the Department for International Development (DFID)** and individual countries donate large sums of money to social safety nets in Pakistan. In absolute numbers, there has been an increase in the social safety net's main program, the BISP. **Initiated in 2008, the BISP provides unconditional cash transfers to the poorest, and conditional cash transfers to support primary school attendance**.*
> *(…)*
> ***Pakistan has important strategic endowments and potential for economic development but it faces significant economic, security and governance challenges in realizing socioeconomic development. However, the statistics conceal important provincial variations, with central and northern Punjab in particular performing better than national averages. There is significant poverty in Pakistan, with 36.9% of the population living below the poverty line in 2013. Pakistan has shown slow but steady improvement in its Human Development Index, reaching 5.38 in 2014, ranked 147 out of 187 countries that year**.*
> *(…)*
> *The Gender Inequality Index for 2015 was 0.546,and has shown incremental improvement over several years. Yet, gender disparities persist in the economic, health and education sectors.*
> *(…)*
> *The Asian Development Bank asserts that GDP growth in Pakistan accelerated in the fiscal year ending June 30, 2016, to 4.7%, up from the 2015 (4%) and 2014 (4.1%) rates, and projects further increase to 5.2% in fiscal year 2017.* ***The growth acceleration in 2016 is due to the impact of the government's macroeconomic and structural reform program, sharply lower oil prices and improved security. It outdid an earlier growth forecast despite a major crop failure. ADB raises the projection for growth in FY2017. These figures been contested. The GDP growth rate has been overstated by the PBS, according to the Social Policy and Development Center. According to the SPDC brief on the state of the economy, the GDP growth rate in 2015 to 2016 is likely to be 3.1%, rather than the 4.7% reported by PBS. Further, this is the third consecutive year in which GDP growth has been exaggerated**. The growth rate has been overestimated in 10 out of 18 economic sectors for 2015 to 2016.»* Source: Fondation Bertelsman, BTI Pakistan 2018, 2018, p.24-26: www.bti-project.org/fileadmin/files/BTI/Downloads/Reports/2018/pdf/BTI_2018_Pakistan.pdf

Gouvernement du Pakistan, sans date (dernier accès le 25 juin 2018):

> «***Through Individual Financial Assistance (IFA) the poor, widows, destitute women, orphans and disabled persons are supported through general assistance, education, medical treatment and rehabilitation***.
>
> *Objectives:*
>
> *Fulfilment of immediate need of the poor*
>
> ***Medical treatment of major ailments and disabilities of the poor patients***
>
> *Economic empowerment through rehabilitation*
>
> *Education stipends to deserving and brilliant poor students of educational and technical institutions in the Public Sector.*
>
> *Eligibility Criteria:*
>
> *Assistance is provided to the needy individuals on first come first basis having no support or source of income in following order of priority:*
>
> *All poor suffering misery and unable to overcome circumstances within available resources.*
>
> *The victims of sudden fall in economic status due to unpredictable circumstances.*
>
> ***A person suffering with severe physical or mental disability and unable to earn a livlihood***.
>
> *A derserving woman who is a widow or divorced or separted with liability to raise her children with no source or regular source of income.*
>
> *An invalid or infirm person secluted from family or depirived of relatives and having no source of income.*
>
> *Monthly income not more than Rs.15,000/-*
>
> *Ineligible:*
>
> *The Govt. servants (Including those on contract and their family members or not illigible to apply for IFA. Employees serving in public sector, organizations, corporations, autonomous bodies are also not eligible to apply.*
>
> *The applicant should not be beneficiary of similar subsistance from any other govt. organization.*
>
> *Salient Features*
>
> ***Any individual can apply for general finance assistance once a year only***. *Any of the two services i.e. (i) Medical treatment (ii) General financial assistance (iii) Education stipend (iv) Individual rehabilitation may be granted simultaneously within a period of one year to the same applicant. However, general financial assistance and rehabilitation cannot be combined. For IFA (General) preference will be given to widows, infirm and disabled every year. Other categories of individuals would be catered only twice in the entire life. Preference would be given to accommodate them in other dispensations i-e IFA (Medical), IFA (Education), IFA (Rehabilitation) as per requirement.»* Source: Gouvernment du Pakistan, PakistanBait-ul-Mal, Individual Financial Assistance (IFA), pas de date (accès 25 juin 2018): http://www.pbm.gov.pk/ifa1.htm.

Gouvernment du Pendjab, 2015:

> *«Medical Treatment*
>
> ***This is a health safeguard for poor patients who cannot afford expenses for their treatment. Bait ul Maal funds for medical treatment of the deserving (mustahiq) patients are provided to provincial level/teaching hospitals, district headquarter hospitals and tehsil headquarter hospitals of Government of the Punjab. Hospitals after receipt of grant from District Bait ul Maal Committees provide free medical treatment from Bait ul Maal funds to the mustahiq patients. Bait ul Maal fund for this purpose is not provided to the beneficiaries in cash****.*
>
> *Eligibility Criteria*
>
> *Treatment expenses are out of reach of the patient*
>
> *Ceiling of assistance is fixed at Rs.50,000/- per patient granted by respective District Bait ul Maal Committee*
>
> *Patients admitted in a government hospital or medical institution of a registered NGO is eligible to get* ***one time assistance***
>
> *Assistance is disbursed to patients through patient welfare societies functioning in all tehsil/district HQ hospitals*
>
> *Assistance for treatment with in the country is permissible only*
>
> *Istehqaq is determined by the District Bait ul Maal committee of the area of permanent residence of the patient*
>
> *How to Apply*
>
> ***To apply for the treatment, the mustahiq patients will get a Istehqaq Form/certificate from the District Bait ul Maal Committee of his/her area and submit it to the Health Welfare Committee of the concerned hospital for free medical treatment. Applications are processed by a Patient Welfare Sociey headed by the Medical Superintendent****.»*
> Source: Gouvernement du Pendjab, Medical treatment, 2015: https://baitulmaal.punjab.gov.pk/medical_treatment

Kah S. Lee et al., 2 août 2017:

> «*In summary, it is a good sign that the health expenditure of Pakistan has increased from US$ 13.5 per capita per year in 2001 to US$ 36.2 per capita per year in 2014;* ***yet the publicly funded healthcare facilities that supply free medication can only cater for one-fifth of Pakistan's population.*** *To overcome this,* ***the government of Pakistan launched National Health Insurance scheme on 31st December 2015 in 23 districts for around three million lower income families (Abbasi, 2015). Through the proposed insurance scheme offered in both public and private sector hospitals, the needy would receive subsidy and compensation as per the terms and condition outlined by the insurance providers*** *(Goverment of Pakistan, 2015). Essentially, a balance needs to be struck between affordability (for the*

healthcare authorities) and profitability (for the pharmaceutical industry) to ensure the growth of both pharmaceutical manufacturing and affordable medicine pricing.» Source, Kah S. Lee, Adnan Shahidullah, Syed T. R. Zaidi, Rahul P. Patel, Long C. Ming, Muhammad H. Tariq, Obaidullah Malik, Muhammad J. Farrukh, Ahmad Khan, Siew M. Yee, and Tahir M. Khan, The Crux of the Medicine Prices' Controversy in Pakistan, 2 août 2017: www.ncbi.nlm.nih.gov/pmc/articles/PMC5539127/.

Muhammad Wajid Tahir et al., 2011:

«***Pakistani doctors (MBBS) are emigrating towards developed countries for professional adjustments. This study aims to highlight causes and consequences of doctors' brain drain from Pakistan.*** *Primary data was collected from Mayo Hospital, Lahore by interviewing doctors (n=100) through systematic random sampling technique. It found* ***that various socio-economic and political conditions are working as push and pull factors for brain drain of doctors in Pakistan. Majority of doctors (83%) declared poor remunerations and professional infrastructure of health department as push factor of doctors' brain drain. 81% claimed that continuous instability in political situation and threats of terrorism are responsible for emigration of doctors. 84% respondents considered fewer opportunities of further studies responsible for their emigration. Brain drain of doctors is affecting health sector's policies / programs, standard doctor-patient ratios and quality of health services badly****.*

(…)

Similarly, ***the magnitude of emigration of health professionals from Pakistan is substantial. It is estimated that "annually 1,000 to 1,500 physicians leave the country and only 10–15% return after spending few years abroad" [6]. Therefore, the country has lost about 25 percent of its medical doctors (MBBS) to date. In addition to, medical institutions are also not producing so many doctors to implement the standardized WHO criteria of doctor-patient ratio (1:300) in the country.*** *There are scarce opportunities to train and educate such professionals [12]. Public sector medical colleges are producing 2321 and private sector medical colleges are producing 2100 doctors every year in Punjab [13]. MBBS doctors are social asset of Pakistan. Public sector institutes are charging Rs. 0.100 to Rs. 0.150 million from a student to complete MBBS training whereas private sector medical institutes are charging about Rs. 2.5 million for five years. To meet the health care targets, the Government spends about Rs. 2.000 million on each medical student during five years. Basically, the Government subsidizes fee of MBBS students hence they have to bear nominal expenditures during studies. Government facilitates the students by assuming that they will contribute in health sector and facilitate the vulnerable population after completing studies. On the other hand, family institute bears the fee and other educational expenditures of MBBS students by compromising other necessities of life with the desire for improved living standard in future.* ***In many cases, individual or familial desires overcome the national needs and many MBBS doctors depart to Middle East or European countries by accepting attractive pay packages. There is no doubt that this is an individuals' benefit but nation deprives from qualified persons whose training was based on revenue generated by the Government, charging different types of taxes from masses. In Pakistan, every year almost half medical graduates are leaving the country and majority of them is from the province of Punjab [14]. This situation is fabricating feelings in society that MBBS graduates are being produced for other countries.***» Source: Muhammad Wajid Tahir, Rubina Kauser and Majid Ali Tahir , Brain Drain of Doctors; Causes and Consequences in Pakistan, in World Academy of Science, Engineering and Technology, International Journal of Humanities and Social Sciences, Vol:5, No:3, 2011:

https://waset.org/publications/476/brain-drain-of-doctors-causes-and-consequences-in-pakistan.

News, 8 avril 2018:

«***Despite the tall claims made by the PTI government, obtaining insaf card for free-health services in state-run hospitals has become a herculean task for patients who are given one-year time for surgeries.***

Due to the lack of quality services, the patients of heart-related and other complicated diseases from other districts are shifted to the hospitals in Peshawar, which are already lacking basic things like beds to cater the increase in patients.

According to the Lady Reading Hospital [LRH]'s data, around 130 patients with insaf cards visit the facility daily, out of which 35 are admitted and 20 referred to other hospitals. Moreover, five-month time is being given for general surgery and from 10 months to a year for heart surgeries. However, angiography is conducted and stents are installed within two weeks.

Sources say situation is the same in the city's second largest health facility – Khyber Teaching Hospital [KTH].

Meanwhile, patients are not taken seriously in the hospital due to delay in payments by the State Life Insurance Corporation and referred to other hospitals. However, the administration says it is seldom done, while they treated immediately in case of emergency and the card-holders do not have to wait in IBP.

The hospital data shows 337 patients are treated on average per month, while the figure for the last year was 4,384.

According to the Hayatabad Medical Complex [HMC] administration, the number is around 65 daily and the kidney patients are referred to other hospitals, as the facility lacks DTPA scan and radiotherapy services. Patients are given one-month time for different kinds of surgery; however, the cardiac patients get treatment immediately.

Provincial Health Minister Shahram Tarakai visited Khyber Teaching Hospital and Hayatabad Medical Complex, and directed the administration to solve the problems of patients having insaf cards. On the other hand, the health department has sent a notice to the Lady Reading Hospital, in which the health programme steering team expressed its reservations that the insaf card holders are sent to private hospitals despite the steps taken to increase the income of government-run facilities.

According to the steering committee, the main reason behind this is the hospital administration's failure to implement the funds distribution policy among the employees.

Syed Muzzamil Shah, a resident of Peshawar and labourer by profession, told The News that his father Syed Ghani Shah could not get free angiography because of not having his name in insaf card. The names of his seven family members were listed in the card, but that of his father, he said, adding that he could ensure treatment of his father by borrowing money from

brother.

Bakhti Karam, a resident of the Madyan area of Swat, said surgery had been advised for his father because of back-related problems, but they had told to wait for 15 days due to the lack of beds in the hospital and, therefore, they would get treatment for his father at a private centre through insaf card.

Another reason for the delay in treatment of the insaf card holders is the huge rush at the big government and private hospitals in Peshawar, which is mainly affecting those patients coming from the far-flung areas of the province.

Sehat Sahulat Programme Deputy Director Dr Amir Rafique informed The News that referring patients was a government policy but it wasn't the case in case of emergency. He added that no initiative could achieve 100 per cent success and they were trying to bring improvements.

According to Dr Amir, people are facing problems in getting the insaf cards due to the lack of awareness. The provincial government pays Rs 1,400 per year as premium for every family and it can get free medical treatment of Rs 540,000 per year at government and private hospitals.

Dr Amir said cards had been issued to over 1,565,000 families so far and the government was spending Rs 4.5 million daily on these patients. He added that 453,408 such patients had so far visited the hospitals, out of which 95,000 were admitted.
An amount of Rs 262,640,000 had so far been spent on free treatment, the programme deputy director said.» Source: The News, KP govt's insaf card : Patients wait for a year to get free surgery, 8 avril 2018: https://www.thenews.com.pk/print/301989-kp-govt-s-insaf-card-patients-wait-for-a-year-to-get-free-surgery.

News, 15 juillet 2017:

«These things apart, let us analyse ***what impact the minimum wage has on the monthly budgets of the families.***

We all know that ***in majority of the cases, the family is dependent on a single bread earner who earns a minimum wage. There were two ways of analysing the bare minimum monthly expenses of a family****.*

One is on the basis of the percentage expenses on various counts given in the Consumer Price Index (CPI) of the government, and the other is to calculate these expenses as per current prices. ***It is worth noting that in both cases, the minimum wage is not enough to cover the expenses.***

The average size of a family in Pakistan is 6.5. The minimum wage bread earner has to feed them, provide them shelter, bear utility charges and take care of their education and health needs.

If we look at the percentage that the government has assigned to each necessary expense in

the CPI inflation basket, it will be found that food accounts for 40.3 percent of the total expenses of a family.

House rent consumes average 23.4 percent, transport 7.3 percent, education 3.5 percent, energy 8.7 percent, and all other expenses including apparel and textiles, entertainment, healthcare and household expenses account for the remaining 16.8 percent.

This means that the worker would have to spare Rs6,045 for food, Rs3,610 for house rent, Rs1,095 for transport, Rs475 for education, and Rs1,335 for meeting fuel and energy needs of the family. He will be left with Rs2,440 to cover the other 16.8 percent expenses relating to healthcare, apparel, entertainment, etc.

With these allocations made according to CPI inflation basket he would not be able satisfy the genuine needs of his family. Every economist agrees that the food needs are the largest monthly expense of the poor. The poorest consume 80 percent of their income on food that declines as the affluence increases.

In reality, the spending of the poor are not in line with the official statistics state. It also contradicts the other government data on nutrition.

According to government statistic, an average Pakistani consumes 110 kilogram of wheat per year or 9.166kg of flour per month. A family of 6.5 would thus consume 59.58kg wheat flour per month, which would cost Rs2,979 at Rs50/kg.

The family would require 4kg of edible oil at 20 grams per person per day. It would cost the family Rs800 per month. Assuming that the family consumes minimum quantity of vegetable like onion, ginger, garlic and one main vegetable after alternate day even then it would add a burden of Rs2,250 on the family budget at Rs75 per day.

Another Rs1,000 would be needed for pulses, spices, salt, etc; and Rs1,200 per month for half litre milk daily. Assuming that the kitchen fuel is natural gas, he will have to bear a monthly bill of Rs300. In case it is LPG, kerosene oil or coal the cost would be much higher.

*The above expenses on food are barest minimum in which the family is deprived of quality foods like meat, mutton, fish or chicken meat, eggs, butter or fruits, sugar or tea**. Despite this the food expenses listed above total Rs7,529 which is almost 80 percent of current minimum wage of Rs15,000.**»* Source: The News, Minimum wage not enough to live off in Pakistan, 15 juillet 2017: www.thenews.com.pk/print/216538-Minimum-wage-not-enough-to-live-off-in-Pakistan

NewsLens, 2 février 2018:

«Hifsa Khan – a clinical psychologist and psycho-therapist working with the Khyber Pakhtunkhwa government's Psycho- Social Support Programme, said that the province has a large number of patients living with depression, stress and anxiety. She said years of conflict and social violence, sexual harassment, injustice and lack of awareness about psychological problems have contributed to a spike in mental health issues.

"In most cases, people take their patients to saints and shrines because of the stigma

associated with mental illness," said Khan. "People from marginalized communities are often illiterate and due to insufficient knowledge about psychological problems, they are unable to cope with it."

Moreover, said Khan, social taboos related to psychological problems make the situation even worse for women. "People don't seek psychological support from the psychologists as society label them as 'mad.' To avoid this people do not seek medical attention to cure their disorders."

Dr Syed Muhammad Sultan, Chairman of the Department of Psychiatry at the Khyber Teaching Hospital in Peshawar, said gender inequalities in the society makes women more vulnerable to psychiatry problems. He said women were bound to live their lives under socially-sanctioned strict norms, while facing discriminatory behavior from family members. "They cannot access basic rights like education and health, remaining ignorant about health conditions and medical help. Women have the X chromosome which makes them vulnerable to stress and other psychological disorders due to hormonal changes."
(…)
The Government of Khyber Pakhtunkhwa has introduced the Mental Health Act 2017, paving the way for establishing a dedicated commission for handling issues related to mental health in KP. The Pakhtunkhwa Radio, the broadcast channel managed by the information department in KP, produces a weekly radio program around mental health awareness.
(…)
Dr Sultan said 42 percent of women in KP suffered from psychiatric problems like phobia, post-traumatic stress disorder, stress disorder and depression. As militancy affected people directly and indirectly, said Dr Sultan, the situation is quite alarming for the people of this region.

He said a majority of women patients he treated were in a bad way as people first take them to saints and shamans due to their superstitious beliefs. "The saints burn their mouths and beat them badly to exorcise demons. In some severe cases, they sear the scalp or other parts of the body with a burning rod*. All this takes place due to lack of awareness and social taboos and because people don't go to psychiatrists due to the stigma associated with mental illness." (…)»* Source: Newslens, In KP, stigma attached to mental health disorders keep women from seeking help, 2 février 2018: http://www.newslens.pk/kp-stigma-attached-mental-health-disorders-keep-women-seeking-help/

OMS, mai 2018:

«***The health system has been devolved to eight federal units (provinces and administrative areas) through the 18th constitutional amendment of 2010, whereby strategic planning also became a provincial responsibility****. Health system in Pakistan is a mixed system of a large government infrastructure of primary and secondary health facilities in rural and peri-urban areas, and large teaching hospitals in urban areas. An extensive private medical sector is widely used and consulted. NGOs and the philanthropic sector have their part by delivering mostly preventive services. Complementary, alternative and traditional system of healing is also quite popular in Pakistan.*
(…)

The health system faces challenges of verticalized service delivery and low performance accountability within the government, creating efficiency and quality issues. The public sector is inadequately staffed and job satisfaction and work environment need improvement. The overall health sector also faces an imbalance in the number, skill mix and deployment of health workforce, and inadequate resource allocation across different levels of health care*. The National Health Vision 2016-2025 strives to provide a responsive national direction to confront various health challenges, keeping Universal Health Coverage as its ultimate goal. The principle values include: good governance, innovation and transformation, equity and pro-poor approach, responsiveness, transparency and accountability and integration and cross sectoral synergies.*» Source: WHO, Country cooperation strategy at a glance, mai 2018, http://apps.who.int/iris/bitstream/hanle/10665/136607/ccsbrief_pak_en.pdf?sequence=1 .

Oxford Policy Management, juin 2016:

«***The BISP cash transfer is targeted using a Proxy Means Test (PMT). A PMT provides an objective method of approximating a household's level of welfare and poverty using a sub-set of indicators correlated with measures of monetary welfare. This is combined into a unique index to identify poor and non-poor households.***

Armed with this PMT the GoP conducted a national poverty census which attempted to visit every household in Pakistan to implement the BISP poverty scorecard and assign each household with a poverty score. An eligibility threshold was set to target the poorest 20% of households in Pakistan.

Households with a PMT score below this threshold containing at least one ever-married woman in possession of a valid Computerised National Identify Card (CNIC) were deemed eligible for the BISP.

The programme provides eligible families with an unconditional cash transfer (UCT). Recognising the goal of promoting women's empowerment the transfer is paid directly to the female head of the family, where the female head is defined as every ever-married woman in the household in possession of a valid CNIC.
The value of the cash transfer has increased steadily throughout the lifetime of the BISP cash transfer. Originally the BISP had a monthly value of PKR 1,000. This increased to PKR 1,200 with effect from July 2013, and then increased further to its current monthly value of PKR 1,500 with effect from July 2014.

Beneficiaries are paid in quarterly transfers of PKR 4,500, with the vast majority of BISP beneficiaries receiving their payments through the BISP Debit Card, a magstripe card that can be used in any ATM in Pakistan or at any of the network of Point of Sale (POS) machines maintained by banking agents. A small portion of BISP beneficiaries, particularly those in remote communities with limited financial system access, continue to receive the transfer via money orders delivered directly to the doorstep by Pakistan Post.» Source: Oxford Policy Management, Benazir Income Support Programme Final Impact Evaluation Report, juin 2016, p.2-3: www.opml.co.uk/files/Publications/7328-evaluating-pakistans-flagship-social-protection-programme-bisp/bisp-final-impact-evaluation-report.pdf

Pakistan & Gulf Economist, 7 août 2017:

> «*Though health sector remained the focus of welfare programs launched by every government in the past, but* ***the leakage, misuse of public funds and irregularities in this sector caused no relief to the people in the most backward province. The government hospitals remain as the only option for the poor and downtrodden segments of society, who are compelled to face the arrogant behavior of the hospital staff, as they cannot afford the high expenses of private treatment and costly medication. There have been wide complaints about the shortage of medicines at the government hospitals and the poor patients have to purchase the costly medicines from the market****.*
>
> ***The non-availability of medical staff, medicines and necessary facilities is the tragedy of the government hospitals in different districts of the country. Most of the doctors serving in the Government hospitals have their private clinics as part time job. They earn a handsome amount as checkup fee at their clinics. Most of these doctors do not pay due attention to the patients who come to them in hospitals for treatment. There have been public complaints about shortage of drugs in government hospitals, lack of public health facilities, questionable doctor's behavior with poor patients, and duty dereliction and absence of staff. The public complaints about dispensation of substandard medicines to the patients in government hospitals are common. Medicine Store Depot (MSD) provides the medicines of low standard companies. The purchased medicines are dumped in the go-downs and disposed of at a time when the medicines are about to expire. There is no doubt that most of the time medicines expire in these go-downs and are not delivered for the poor patients in the government hospitals in time.***
> (…)
> «*About 55 percent of Pakistanis earn less than $2 a day and* ***the present government has decided to provide health insurance cover to all such people in phases and the data of the Benazir Income Support Programme will be used for the purpose. Last year, former Prime Minister Nawaz Sharif launched health insurance scheme for the people in different parts of the country including Islamabad, Quetta, Gilgit Baltistan Muzaffarabad, Rahim Yar Khan, Narowal, Khanewal and Sargodha. The scheme had been launched in 15 districts of Islamabad in the first phase and will be expanded to 23 districts in the second phase. Around 1.2 million families will get free healthcare facilities in the first phase****. **The people of Sindh and Khyber Pakhtunkhwa will however not benefit from the initiative because their governments have declined to become part of the federal government programme.***
>
> *The wider coverage of poor sections of society under health insurance scheme will be a great step towards making the country a welfare state.* ***Under the scheme, people living below the poverty line would be able to get best possible treatment at government's expense. Under the programme, the treatment of cancer, heart disease accidents, burns and other chronic disorders will be insured under the priority diseases category. According to one estimate, each family will get treatment of Rs300,000 per year and the amount will be doubled in case of emergency. The programme would benefit 3.2 million families living in Punjab, Balochistan and FATA in its two phases and a social mobilization campaign would be launched to ensure registration of all deserving people under the scheme****. Similarly, the 'education for all' type of schemes can contribute a lot to make Pakistan a welfare state.*
> *(…)*

> ***Ironically, most of the public sector hospitals do not even qualify for the health insurance scheme and ultimately the government will have to rely on private hospitals if it wants to make the scheme a success story. « There are many doctors who have opened their private hospitals where the patients are treated as scapegoats in accordance with their financial positions. The patients are looted through high room-charges at these hospitals. It has been observed that doctors unnecessarily recommend the patients to be admitted at the hospital for earning a healthy amount in the form of room charges and other services.***
> *(…)*
> *The government must focus on setting up the state of the art hospitals across the country or at least upgrade and improve the existing public health infrastructure in the best interest of the lower and middle class families, who cannot afford costly treatment at private hospitals for the deadly diseases.* ***There is a dire need for launching the up-gradation projects in public health sector in order to equip the government hospitals with all the necessary facilities and qualified medical staff. No national health insurance scheme can succeed without improving the state of hospitals and health care centers in public health sector***.» Source: Pakistan & Gulf Economist, What will make national insurance scheme a success story?, 7août 2017: www.pakistaneconomist.com/2017/08/07/what-will-make-national-health-insurance-scheme-a-success-story/.

Pakistan Observer, 13 février 2017:

> «***Pakistan Bait-ul-Mal (PBM) has received total 146,275 applications for financial assistance, medical treatment and educational assistance during last three years. Of the total, 119,898 applications were approved and remaining 26,377 applications were rejected.***
>
> *Cabinet Division sources on Sunday said during year 2013-14, PBM received 82,582 applications, 24,786 applications during 2014-15 and 38,907 application were received during 2015-16.*
>
> *The sources said PBM has a prescribed criteria and accordingly processes the applications on first come first serve basis. The sources said PBM follows an approved criteria to process any case, considering eligibility and availability of funds. Efforts are in place to improve processes and facilitate beneficiaries through one window operation, help desks for beneficiaries and computerized token system.»* Source: Pakistan Observer, PBM receives 146,275 applications for assistance in three years, 13 février 2017: https://pakobserver.net/pbm-receives-146275-applications-for-assistance-in-three-years-2.

Pakistan Today, 28 février 2018:

> «***Due to lack of facilities caused by a shortage of funds, the patients visiting and admitted to Lady Reading Hospital (LRH), the biggest medical facility in Peshawar, are facing problems.***
>
> ***Pakistan Tehreek-e-Insaf (PTI) led provincial government has utterly failed to fulfil its promises to provide affordable healthcare to the poor and needy at LRH. The hospital faces a shortage of medicines and the patients have to purchase them separately from the nearby markets.***

Medical Director (MD) of the Hospital Dr Mukhtiar Zaman said that despite a demand of Rs5 billion in from Khyber Pakhtunkhwa (KP) government, they were provided only Rs1 million which was insufficient. He added that the LRH administration purchased medicines worth Rs200 million but the process had been halted due to a shortage of funds.

Dr Zaman further said that medicines worth Rs340 million were provided to patients in the past year.

Among other issues, the hospital lacks an ICU for treatment of a significant number of children admitted to the hospital on an everyday basis.

According to the hospital, approximately 6,000 patients from across the province and FATA visit for OPD services, out of which 1,000 patients are children. About 80 to 100 children are admitted to the hospital, however, there is no separate ICU facility for children admitted for critical issues.

The children are admitted to the general ICU facility where there is already a shortage of beds and facilities.

The hospital's condition remains abysmal despite the announcement by the PTI Chairman Imran Khan to transform the hospital on the lines of Shaukat Khanum Memorial Cancer Hospital and Research Centre.

Despite the introduction of reforms and increment in salaries of employees, no concrete changes can be seen in the hospital.» Source: Pakistan Today, Patients suffer due to lack of facilities at LRH, 28 février 2018: https://www.pakistantoday.com.pk/2018/02/28/patients-suffer-due-to-lack-of-facilities-at-lrh/.

Reuters, 21 octobre 2016:

«*Government doctors in 2012 certified Imdad Ali, 50, as being a paranoid schizophrenic, after he was convicted and sentenced to death for the 2001 murder of a cleric.*

His lawyers say Ali is unfit to be executed as he is unable to understand his crime and punishment, and that doing so would violate Pakistan's obligations under a United Nations treaty, the International Covenant on Civil and Political Rights. However, ***a three-judge bench of Pakistan's Supreme Court, led by Chief Justice Anwer Zaheer Jamali, ruled that schizophrenia is "not a permanent mental disorder". "It is, therefore, a recoverable disease, which, in all the cases, does not fall within the definition of 'mental disorder'," the judges said in Thursday's verdict.***

The verdict relied on two dictionary definitions of the term 'schizophrenia', as well as a 1988 judgment by the Supreme Court in neighbouring India. The American Psychological Association defines schizophrenia as: "a serious mental illness characterised by incoherent or illogical thoughts, bizarre behavior and speech, and delusions or hallucinations, such as hearing voices". Dr Tahir Feroze, a government psychiatrist who has treated Ali for the last eight years of his incarceration, says he and two other doctors certified Ali's condition in 2012. Ali suffers

from delusions that he controls the world, is persecuted and he hears voices in his head that command him, according to Feroze and Safia Bano, Ali's wife. "He is completely delusional," Bano told Reuters.

Ali's lawyer, Sarah Belal, says the government report certifying Ali's condition had never been presented in court before 2016. In its judgment, the court dismissed the medical records and an affidavit from Feroze. ***The verdict is "outrageous", said the rights group Reprieve, which is based in Britain. "It is outrageous for Pakistan's Supreme Court to claim that schizophrenia is not a mental illness, and flies in the face of accepted medical knowledge, including Pakistan's own mental health laws****," said Maya Foa, Reprieve's director.*» Source: Reuters, Schizophrenia not a mental illness, Pakistan's Supreme Court says, 21 octobre 2016: www.reuters.com/article/pakistan-court-schizophrenia-idUSKCN12L0UV.

SBP, avril 2018:

«***Apart from supply of health personnel, Pakistan is experiencing a great level of intellectual brain drain since mid-2000s8 (Figure 5). Unsatisfactory remuneration structure and lack of opportunities for health workforce is the major cause of brain drain****.*
Given the very low ratio of nurses to patients, declining growth in health workers and significant brain drain along with rising population, serious policy interventions are required for short to medium term corrections.
(…)
Apart from dismal scenario of public sector health provision, allied health services has been also remarked negatively ***as per Social Policy and Development Centre survey 2015*** *(Appendix: Table D).* ***Highest negative notes are observed for provision of medicines and supplies by public clinics and hospitals followed by long queues and length of patient waiting time for the doctors. Behavior of medical staff and physical infrastructure were also commented unsatisfactory for public sector medical services****.*
(…)
However, despite a positive link between economic development and a healthy society, ***the health sector still gets low priority in the public policies and allocation decisions of the investment funds in Pakistan. In particular, public sector health expenditures as a percentage of GDP have not only remained immensely low but have also been falling consistently since 1990s (Figure 6). Not only the ratio has been declining, Pakistan fell far lower than health related spending in many developing countries (Figure 7). Ever rising population and limited budgetary resources are considered principal factors behind these unimpressive statistics****.*
(…)
*Furthermore****, the provinces have been largely unable to utilize the funds that they have already allocated for health-related schemes due to various issues like delays in the decision making process, complex regulations for appraisal of projects, contractor's complaints for timely payments****.*
(…)
In terms of health infrastructure, the index for health establishment and health personal are showing declining trend in growth whereas the population growth has been rising. Similarly, no major hospital has been established since 1990s.

With regard to public health expenditure, the average expenditure on health, since 1949-50, remained around 0.6 percent of the GDP. Whereas, allocation for developmental expenditures has always been low as compared to current expenditures and within the developmental expenditures, ***the utilization of the budget is geared towards enhancement of physical infrastructure only. Thus, showing that government policies seem to lack the competence to address the issues regarding quality of health facilities and capacity building.*** *(…)*
Moreover, ***inadequate and unsatisfactory provision of public health services has invited highly costly private sector to fill in the large supply and demand gap. Doctor's fee has been constantly on rising trajectory*** *(Appendix: Figure D****). Costly private sector is keeping Pakistan amongst the top countries having highest percentage of Out-of-Pocket expenditures (direct expenses by the individuals on health related services), constituting around 87 percent of private health expenditures*** *(Figure 8).* ***The high cost of private sector health services is giving opportunity of satisfactory healthcare services only for the fortunate ones who can afford it whereas exposing rest of the population to unsatisfactory public sector health services.***» Source: State Bank of Pakistan (SBP), State of health sector in Pakistan, avril 2018, p.10: www.sbp.org.pk/publications/staff-notes/State-of-Health-Sector-in-Pakistan-(06-04-2018).pdf

Shakila Akhtar, sans date (dernier accès: 21 juin 2018) :

«***The literacy rate over there is low and they don't have any knowledge of schizophrenia. So when ever anyone of them is suspected of this disorder they always attribute it to magic or possession of spirit or demon. As they have their own etiology so they have their own therapies and therapists. Instead of consulting psychologist or psychiatrist they go to faith healers and religious quacks who gave them holy water or sanctified ointment. Sometimes they visit holy shrine and believe that their visit can help them in getting rid of possession of spirits. Sometimes patients are punished brutally by their so called therapist with the notion that they are inflicting pain to evil spirit and not to the patients and their punishment will force the spirit or demon to run away and leave the possessed****. Some even believe that marriage is the best remedy for schizophrenia. It is not known how the Hippocrates's remedy for female suffering from hysteria (wondering of the uterus to various parts of the body longing for children) has transformed in to its deteriorated form, in this part of world for both male and female schizophrenics Such practices are also prevalent in other countries even in the most developed and modern countries but the ratio of such people is very low as compared to Pakistan. Here majority has these Stone Age primitive believes.*

The stigmas attached to schizophrenia such as rejection, humiliation, isolation etc also don't let people to see a psychologist. Even if they know that there is something wrong with them, they are reluctant to accept the truth and thus hide their problem*. Schizophrenia is increasing alarmingly due to poverty, unemployment, political instability, violence, urbanization, sexual abuse and other social evils besides genetic and biological vulnerability.*
(…)
Professionals here are using both physical and psychological therapies for schizophrenics. But in government hospitals psychiatrists usually employ electro-convulsive therapy and drug therapy for schizophrenics because they consider psychotherapies as ineffective for schizophrenia. Some of them don't even bother to take their complete case histories and just recommend them either drugs or ECT after noticing the symptoms of

schizophrenia with the predetermined believe that schizophrenia is a biological disorder so it should be treated with biological methods. In addition to these there are some who do believe in the importance of psychotherapies but are unable to practice them at public hospitals because of the large number of indoor patients. *There is only one doctor for 15 patients, 1 clinical psychologist for 158 patients, 1 social worker for 425 and 1 paramedical person for 8 patients.*» Source: Shakila Akhtar, Schizophrenia in Pakistan, pas de date (accès le 21 juin 2018): www.isps-us.org/art_pakistan.php

Tooba Fatima Qadir et al., février 2017:

«***In a population of 200 million people in Pakistan, approximately 22 million have a mental illness, but only about 500 qualified psychiatrists are practising in the country, producing a ratio of one psychiatrist for 400 000 people.***
(…)
Dictated by traditional customs and religious beliefs, patients with psychiatric disorders in Pakistan seek diverse traditional methods of treatment, including homeopathy, naturopathy, Islamic faith healing, and sorcery.3 Mental health care requires greater attention and awareness in Pakistan.

This need for improved knowledge regarding mental health was highlighted when the Pakistan Supreme Court considered the case of a 50-year-old man with paranoid schizophrenia. He was symptom-free at the time of the court appearance. Despite a diagnosis of paranoid schizophrenia with hallucinations, delusions, and ideas of grandiosity by a team of government psychiatrists, who had treated him for the past 8 years during his incarceration, the prisoner's medical reports were dismissed by the court. ***The court declared that schizophrenia is a recoverable disease, and therefore does not fall within the definition of a permanent mental disorder.*** *The man was sentenced to death on charges of murder.*

This verdict faced a backlash from human rights groups and psychiatrists in Pakistan and was condemned by the British Pakistani Psychiatrists Association.4 ***In an appeal to the Supreme Court to reconsider, the Association stated that schizophrenia is classified as a severe, incurable illness by WHO's International Classification of Diseases (ICD-10) and the Diagnostic and Statistical Manual (DSM-5) of the American Psychiatric Association***.» Source: Tooba Fatima Qadir, Huda Fatima, Syed Ather Hussain, Ritesh G Menezes, Criminal responsibility and mental illness in Pakistan, The Lancet, février 2017: www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(16)30447-3/fulltext.

Tribune, 5 mai 2018:

«In election year, many expected the government to announce incentives that would appeal to the masses. However, it completely ignored minimum wage earners that remain the most vulnerable segment of the economy.

The government left the matter untouched in its budget for 2018-19, against its past practice of increasing the minimum wage each year. Last year, it increased the amount by Rs1,000, taking it to a minimum of Rs15,000 per month.

Pakistan Institute of Labour Education & Research (PILER) Executive Director Karamat Ali *said an upward revision in minimum wages is the right of every worker. "Minimum wage earners must be given an increment in their salaries equivalent to inflation in the country," he*

said. ***He argued that "the existing minimum wage of Rs15,000 per month is insufficient". The provincial governments first rationalise the minimum wages in light of International Labour Organisation (ILO) and keep increasing the amount to keep pace with inflation****.*

Following the Baldia factory fire incident, he said, ILO calculated minimum wages for the lost workers at Rs25,550 per month in September 2012 and recommended to award 75% of the calculated salary as pension. ***"Keeping in view the then ILO recommendation, the current minimum wage should be somewhere between Rs30,000-31,000 per month****," he recommended.»* Source: The Tribune, Minimum wage matter left 'untouched' in budget announcement, 5 mai 2018: https://tribune.com.pk/story/1702629/2-minimum-wage-matter-left-untouched-budget-announcement.

Tribune, 29 mai 2017:

«Around 70 per cent population of the Khyber-Pakhtunkhwa (K-P) stand to benefit from a free healthcare programme of the provincial government in the next financial year.

According to a statement, the K-P Chief Minister Pervez Khattak has agreed to include the health insurance card in the annual development programme and directed to expand this facility to a larger portion of the population.

With the expansion, the total coverage of the health insurance card will reach some 69 per cent of the total population of the province in next fiscal budget.

Currently, as many as 14.5million people are benefiting from the programme. With expansion of the programme, some 600,000 additional families [around 2.4 million individuals] will be entitled to medical assistance.

Some 51 per cent beneficiaries of the Benazir Income Support Programme (BISP) were benefiting from the Sehat Insaf Card in the shape of free medical services of up to Rs500,000 at government and private health institutions.

The programme was implemented by the State Life Insurance Corporation Pakistan through a panel of public and private hospitals.

The premium for each family would be Rs1,700 per year that will be paid to the insurance corporation by the K-P government with financial support from the German government.» Source: Tribune, Over 2.4m more people to get health cards in K-P, 29 mai 2017: https://tribune.com.pk/story/1421728/2-4m-people-get-health-cards-k-p/.

Tribune, 8 juin 2017:

*«****The Khyber-Pakhtunkhwa government budget for health sector has been increased to Rs65.7 billion, for the fiscal year 2017-18, up by 19.45 per cent from Rs55 billion last year.***

This is 11 per cent of the total proposed provincial budget.

Although the provincial government has allocated RsRs51.971billionfor the health ministry for the fiscal year 2017-18, Rs13.78 billion have been expected to be transferred to the district health offices. Around a similar amount was allocated for district health officer for the fiscal year 2016-17.

According to the White Paper, expenditure for the health sector has been raised to Rs35.496 billion in 2017-18, up from Rs31.67billion for the outgoing fiscal year.

Of this, the government has allocated Rs23.623 billion for salaries of staff for 2017-18, up from Rs19.38 billion from last year. On the other hand, Rs11.873 billion have been set aside for non-salary expenditures, down from Rs12.29 billion in 2016-17.

For the development of 101 projects, the government has allocated Rs12 billion for the incoming fiscal year.

Of this, 75 are ongoing projects for which the government has allocated Rs9.961 billion. For the 26 new schemes proposed for the incoming fiscal year, the government has set aside Rs2.04 billion.

The government also expects some foreign aid in this sector worth Rs4.474 billion for five projects including Rs3.73 billion from DFID and GAVI for the Integration of Health Services Delivery with special focus on MNCH, LHW, EPI and Nutrition Programme. The USAID-funded Health Initiative would receive Rs220.03 million.

The German bank KFW would be providing Rs179.22 million for the social health protection initiative.

The government hopes to raise Rs638.18 million from various fees and receipts.

Separately, the government plans to continue and upscale the two projects under the District Delivery Challenge Fund.

Finance Minister Muzafar Said, during the budget speech, stated that the developmental budget for the fiscal year 2012-13 was around Rs7billion. This figure had now nearly doubled owing to an increase in the number of projects which had been introduced and a large number of posts approved.

The government plans to create 1,140 posts of various categories during the year (674 with the province, 466 for districts). As many as 232 stipendiary slots will also be created. he stipend for student nurses would be increased from Rs5,000 to Rs20,000, up 300 per cent.

Moreover, Rs4billion has been allocated as health professional allowance (HPA) for medics.

While some officials said that this was an additional burden on the government's coffers, others argued that the attractive packages have compelled doctors to ensure their presence at health facilities located on the peripheries.

The finance minister, during the budget speech at the provincial legislature, stated that they

had set aside Rs1.9 billion to treat 5,000 cancer patients in the province. Of these, 1,400 have already been provided with assistance.

Additionally, 3,900 Lady Health Workers, 181 technicians for the expanded programme on immunisation and 78 nutrition nurses would be recruited.» Source: Tribune, 11% of budget allocated for health in K-P, 8 juin 2017: https://tribune.com.pk/story/1430075/11-budget-allocated-health-k-p/.

Tribune, 11 octobre 2016:

«Khyber Teaching Hospital (KTH) plans to establish first ever child psychiatry department at the facility located in Khyber Pakhtunkhwa (K-P).

The announcement was made by Professor Syed Mohammad Sultan of the Khyber Teaching Hospital's Psychiatry Department during his address on World Mental Health Day program at KTH on Monday.

According to a statement issued by the facility some seven million people in the country suffered from substance abuse disorder and 34% of people suffered from anxiety and depression During his address on the occasion, Sultan, said that one psychiatrist was globally recommended for every 10000 people but in our country there are only 400 psychiatrists to serve a population of 200 million.

Keeping in view the gravity of the mental health problems and the shortage of doctors and mental health resources, the statement quoted Sultan as saying, mental health gap needed to be reduced by training more doctors and mental health professionals.

He stated that Mental Health Act was needed to be modified and promulgated in K-P and other provinces at the earliest which, according to him, will protect the rights of patients and will also create job opportunities for psychologists, social workers, and other mental health professionals.

He demanded that the federal and provincial governments should increase the health budget in order to provide decent services to the people.» Source: Express Tribune, KTH to establish first-ever child psychiatry department, 11 octobre 2011: https://tribune.com.pk/story/1196958/mental-health-facility-kth-establish-first-ever-child-psychiatry-department/.

Zohra Kurji et al., 2016:

*«**There are many weaknesses and challenges which are currently faced by the Pakistani health care system. As evidenced by the literature, health service facilities in Pakistan have flourished but most of them have poor management, poor quality of health, shortage of resources, dugs, trained staff, unavailability of female staff, absenteeism of staff, most of the assign doctors are busy in their private practice because of lack of incentives to improve performance.***
(…)
*2. Lack of Health Equity in Pakistan: In Pakistan, **there are huge disparities in availability of health services between rich and poor. Majority of people (around 30%) people live in***

absolute poverty. Majority of public health facilities are not providing satisfactory care, therefore, people need to go for private facilities which are very expensive and out of reach for the poor people. In addition, as mentioned earlier, the government spent 0.75 percent of GDP on health sector in 2005–06 in order to make its population healthier and 76% goes out of pocket for health expenditure in Pakistan*. Furthermore,* ***because of the shortage of finance in Pakistan, poor people face catastrophic health expenditure and as a result, poor become poorer. As a result, the poor has no choice but to pay the health cost whether they can afford or not and this also restricts them to in decision making of their own health. In Pakistan, majority of Tehsil hospitals are in urban areas and people in remote areas are mainly depend upon BHU's and RHC's but because of absence of health care staff and large number of non-functional primary health care facilities, they have no choice but to go for private doctors. This increases poor people's cost and make them poorer as they spend huge amount of money to just see the private doctor. Besides the unequal resources between different income groups, there is also another challenge that health infrastructure is not evenly distributed among gender as well as different regions within Pakistan. It is very evident in data that public health facilities among different provinces of Pakistan and that is the reason there is great difference among health indicators in all four provinces of Pakistan, for example, mortality and morbidity indicators between provinces are different.***

3. Physical accessibility and lack of resources in health facilities: ***Because of poor infrastructure of the BHU's and RHC's, majority of people are not willing to access healthcare services provided by the public health system and as a result of this, rural people are diverted to the tertiary care hospitals.*** *The distance to the health services and dearth of transportations with poor roads hinder their access to these services.* ***Moreover, it is also found that public sector in Pakistan is underused because of weak human resource, lack of health education, lack of openness and barriers due to language and cultural gap. For above mentioned factors for many people, visiting BHU's make the journey not less than a nightmare****.»* Source: Zohra Kurji, Zahra Shaheen Premani, Yasmin Mithani, Analysis of the health care system of Pakistan: Lessons learnt and way forward, 2016: https://pdfs.semanticscholar.org/178f/79039bb1c5cb826d957d27825f8a692020c9.pdf.