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Pakistan : accès à divers traitements (HIV, hépatite B chronique)

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Ce rapport repose sur des renseignements d'expert·e·s et sur les propres recherches de l'Organisation suisse d'aide aux réfugiés (OSAR). Conformément aux standards COI, l'OSAR fonde ses recherches sur des sources accessibles publiquement. Lorsque les informations obtenues dans le temps imparti sont insuffisantes, elle fait appel à des expert·e·s. L'OSAR documente ses sources de manière transparente et traçable, mais peut toutefois décider de les anonymiser, afin de garantir la protection de ses contacts.

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. Quels sont les possibilités de prise en charge multidisciplinaire à Karachi dans un établissement de santé public pour une personne qui souffre du VIH, d'une hépatite B chronique, d'un syndrome métabolique et de calculs rénaux (néphrolithiase) ?

2. Cette prise en charge, les examens et les traitements sont-ils gratuits ou à prix réduit pour une personne à bas revenus ?

3. Quels sont les principaux obstacles à cette prise en charge dans le secteur public ?

4. Existe-t-il un système d'assurance maladie universel au niveau régional ou national qui prenne en charge, même partiellement, les frais médicaux pour des personnes à bas revenus ou des groupes vulnérables ?

5. Quels sont les coûts des consultations avec des spécialistes tels qu'un infectiologue, un hépatologue (ou gastro-entérologue), un néphrologue, un endocrinologue et un neurologue/rhumatologue dans le secteur privé ?

6. Le médicament Biktarvy (Bictegravir (50 mg); Emtricitabine (200 mg); Ténofovir alafénamide (25 mg)) ou un médicament générique équivalent, est-il disponible au Pakistan ? Si oui, quel est son prix ?

7. Le médicament Sicorten Plus crème (0.5/10mg/g), ou un médicament générique équivalent, est-il disponible au Pakistan ? Si oui, quel est son prix ?

8. Le médicament Excipial U Hydrolotio, ou un médicament générique équivalent, est-il disponible au Pakistan ? Si oui, quel est son prix ?

9. Les médicaments sont-ils couverts par un programme étatique ou sont-ils à la charge des patient·e·s ?

L'analyse-pays de l'OSAR observe les développements au Pakistan depuis plusieurs années[1]. Sur la base de ses propres recherches ainsi que de renseignements transmis par des expert·e·s externes, elle apporte les réponses suivantes aux questions ci-dessus.

[1] www.osar.ch/publications/rapports-sur-les-pays-dorigine

2 Le système de santé au Pakistan

Le secteur public de santé fonctionne en parallèle avec un important secteur privé. Ce dernier gère 80 % du système de santé. Selon le *ministère des Affaires étrangères et du Commerce australien* (DFAT), les soins de santé sont dispensés par un réseau mixte d'hôpitaux publics et privés, de cliniques et de médecins généralistes. Leur mise en œuvre est gérée au niveau des districts locaux. En 2024, il y avait 1201 hôpitaux, 5518 unités de santé de base, 683 centres de santé ruraux, 5802 dispensaires, 731 centres de santé maternelle et infantile et 347 centres de lutte contre la tuberculose, avec un total estimé de 123 394 lits disponibles. La plupart des services de santé étaient sous-traités par les gouvernements provinciaux, même dans les zones rurales, et plus de 80 % du système de santé était géré par le secteur privé (DFAT, 30 avril 2025). Selon l'*Agence de l'Union européenne pour l'asile* (EUAA), les systèmes de santé public et privé fonctionnent en parallèle au Pakistan. Alors que les établissements de santé privés sont principalement situés dans les zones urbaines, les services de santé publics sont disponibles à tous les niveaux, y compris dans les centres de santé ruraux et les dispensaires de base (EUAA, décembre 2024).

Le système de santé public est confronté à un sous-financement chronique et à une pénurie de personnel qui subit une charge de travail élevée. Selon les chercheurs *Salman J Khan et al*., le système de santé du Pakistan dessert une population de plus de 200 millions d'habitants. En 2020-2021, le gouvernement a consacré à peine de 1,2 % de son PIB au secteur de la santé contre 1,1 % en 2019-2020. Le pays consacre en moyenne 38 dollars par habitant·e aux soins de santé, ce qui est bien inférieur à d'autres pays au niveau de développement comparable. Ce sous-financement entraine des pénuries d'infrastructures sanitaires, de médicaments, d'équipements médicaux et de professionnel·le·s s de santé qualifié·e·s. Par ailleurs, une attention insuffisante est accordée aux soins de santé préventifs et la répartition des ressources est inéquitable (*Salman J Khan et al*., 4 septembre 2023). L'EUAA fait également état, en se référant à diverses sources, d'un financement insuffisant du système de santé, d'une répartition inégale des professionnel·le·s de santé, et d'une pénurie de personnel. Selon l'EUAA, en 2023, les dépenses publiques de santé représentaient 1 % du PIB du pays (EUAA, décembre 2024). Selon le chercheur en politiques publiques de santé *Babar Tasneem Shaikh*, en raison de l'insuffisance des budgets alloués à l'amélioration des infrastructures de santé et des problèmes de planification, il est difficile pour le système de santé de fournir l'ensemble des services essentiels minimaux. Le Pakistan ne dispose que de 6 lits d'hôpitaux pour 10 000 habitant·e·s. Cette faible densité de lits affecte également les unités de soins intensifs des hôpitaux. Le nombre de médecins est également insuffisant, avec seulement 1 médecin pour 1000 habitant·e·s. Il en va de même pour le personnel infirmier, avec un ratio infirmiers/population de 0,5 pour 1 000 habitants (*Babar Tasneem Shaikh*, 24 juin 2024). Selon la *Bertelsmann Stiftung*, qui se base sur une enquête de 2022, il y avait cette année-là 1 médecin pour 877 Pakistanais·es (*Bertelsmann Stiftung*, 19 mars 2024). Pour l'Organisation mondiale pour la santé (OMS), citée par le DFAT, les soins de santé souffrent d'un manque de personnel, d'une répartition inégale des professionnel·le·s de santé et d'un financement insuffisant du secteur par le gouvernement. Le DFAT mentionne également une disponibilité et qualité des soins bien meilleure dans les villes que dans les zones rurales (DFAT, 30 avril 2025).

Exode des médecins et du personnel de santé. Selon les chercheurs *Baig, A., & Tayyaba Rahat*, la pénurie de professionnel·le·s de santé entraîne une surcharge des établissements

de santé et une baisse de la qualité des soins (*Baig, A., & Tayyaba Rahat*, 2024). Pour *Salman J Khan et al*., environ 40 % des médecins qui obtiennent leur diplôme partent à l'étranger, essentiellement pour des raisons économiques et de meilleures conditions de travail. Cet exode se traduit par une offre insuffisante de services de santé à la population (*Salman J Khan et al.*, 4 septembre 2023). Selon le chercheur *Babar Tasneem Shaikh*, les infirmières et infirmiers sont en effet nombreux·ses à quitter le pays pour de meilleures perspectives professionnelles et salariales (*Babar Tasneem Shaikh*, 24 juin 2024).

Les lacunes et la mauvaise qualité des soins dans les établissements publics a favorisé l'émergence d'un important secteur privé. La grande majorité de la population choisit de se faire soigner dans les établissements privés. Selon l'EUAA, la croissance démographique et le coût des soins de santé privés, prohibitifs pour la plupart des gens, ont entraîné une pression croissante sur le système de santé publique, ce qui a eu des répercussions sur la qualité des soins en raison du manque de lits, de la surpopulation des services et des longs délais d'attente. Le taux de rotation élevé du personnel de santé réduit encore la main-d'œuvre déjà limitée (EUAA, décembre 2024). Le DFAT estime que la qualité et l'accessibilité des soins de santé au Pakistan sont médiocres. Le secteur de santé privé, qui s'est considérablement développé depuis 2020, vient compléter les infrastructures de santé publique limitées et sous-financées du Pakistan (DFAT, 30 avril 2025). Selon la *Bertelsmann Stiftung*, pour combler les lacunes des services publics de santé, le pays a vu émerger un important secteur privé (*Bertelsmann Stiftung*, 19 mars 2024). Selon les chercheurs *Muhammad Ahmed Abdullah et al*., au Pakistan, le secteur privé comble les lacunes du secteur public en matière de prestation de services, ce qui explique pourquoi une grande majorité de la population se fait soigner dans des établissements de santé privés. De nombreuses personnes consultent également des praticien·ne·s non enregistré·e·s et non qualifié·e·s, en particulier dans les zones rurales et périurbaines (*Muhammad Ahmed Abdullah et al*., 9 juin 2021).

Attaques contre des établissements de santé et du personnel médical. L'EUAA fait état, en se référant à diverses sources, de violences liées au conflit qui ont perturbé le secteur de la santé au Pakistan. Ces incidents ont entraîné la destruction d'établissements de santé et fait des morts, des blessé·e·s et des disparu·e·s parmi le personnel médical (EUAA, décembre 2024).

3 Accès aux soins de santé

Importantes disparités dans l'offre de soins entre les zones urbaines et rurales. L'accès aux soins de santé est beaucoup plus limité dans les zones rurales mal desservies. Selon *Human Rights Watch* (HRW), le Pakistan traverse une grave crise sanitaire. Citant l'ONG pakistanaise Sehat Kahani, HRW indique que plus de la moitié de la population n'a pas accès aux services de santé primaires de base (HRW, 22 avril 2024). Selon les chercheurs *Salman J Khan et al*., l'accès de la population aux soins de santé est limité par le manque de centres de soins de santé primaires ou même de l'absence de tels centres à proximité. De plus, une partie importante de la population n'a pas les connaissances sanitaires de base et les compétences nécessaires pour accéder aux services de santé et les utiliser efficacement. L'accès aux soins est également limité par la répartition inéquitable des ressources de santé. Les hôpitaux, les cliniques et les professionnel·le·s de santé sont concentré·e·s dans les zones urbaines, laissant les zones rurales avec des infrastructures de

santé insuffisantes. Au Pakistan, les districts les plus riches sont plus de 16 fois plus sains que les districts les plus pauvres. Le système de santé rural manque d'équipements médicaux de base, d'installations de diagnostic et de médicaments, ce qui entraîne un manque de diagnostic et de traitement appropriés pour les patient·e·s (*Salman J Khan et al*., 4 septembre 2023). Selon les chercheurs *Baig, A., & Tayyaba Rahat* également, les dépenses de santé se concentrent sur les services fournis dans les centres urbains avec comme conséquence que les communautés à faible revenu rencontrent des difficultés à accéder aux soins de santé de base. En raison du manque d'infrastructures et de ressources adéquates, le système peine à fournir des services de santé de qualité, en particulier dans les zones rurales et mal desservies. Ces communautés sont souvent confrontées à des obstacles tels que l'éloignement géographique, les normes culturelles et les contraintes financières qui les empêchent d'accéder aux services de santé essentiels (*Baig, A., & Tayyaba Rahat*, 2024). Pour les chercheurs *Quratulain Muhammad et al*., les maigres moyens financier sont également répartis de manière inéquitable et régions urbaines et rurales, ces dernières étant souvent dépourvues d'infrastructures de santé de base (*Quratulain Muhammad et al*., 10 juin 2023). Selon le ZIRF, au Pakistan, la qualité générale des services de santé publique est décourageante. L'accès aux hôpitaux et établissement de santé n'est guère problématique dans les zones urbaines, mais dans les zones rurales, l'accès aux soins est souvent un défi, notamment en raison du fait que les habitant·e·s vivent généralement loin des hôpitaux et des centres de soins de base (ZIRF, décembre 2024).

Le coût élevé des soins et des médicaments et le manque de ressources financières de la population sont des obstacles majeurs à l'accès aux soins. Selon le *Memon Medical Institute Hospital*, au Pakistan, le manque de ressources financières est un obstacle majeur pour accéder aux soins de santé. Les personnes qui ne bénéficient pas d'assurance maladie n'ont souvent pas recours aux soins primaires ou attendent le dernier moment pour se faire soigner (*Memon Medical Institute Hospital*, 7 mars 2022). Le journal *Pakistan Today* estime également que les obstacles financiers sont un frein important à l'accès aux soins de santé et que la majorité de la population n'a pas les moyens de se payer les services médicaux de base. Alors que les soins de santé fournis par les établissements de santé publics sont plus abordables que ceux particulièrement coûteux délivrés par le secteur privé, ces établissements peuvent être confrontés à des problèmes de manque de ressources, de mauvaise qualité des soins et des longs délais d'attente. Les services fournis par le secteur privé sont de meilleure qualité, mais à un coût nettement plus élevé. Cette situation est aggravée par l'absence de couverture d'assurance. Il est fréquent que les familles doivent supporter l'intégralité des frais médicaux. Cela peut entraîner d'importantes difficultés financières pour ces familles ou même les décourager de se faire soigner (*Pakistan Today*, 27 janvier 2024). Pour les chercheurs *Quratulain Muhammad et al*., le système privé est bien trop coûteux pour la population (*Quratulain Muhammad et al*., 10 juin 2023). Dans un article paru en janvier 2025, le journal pakistanais *The Express Tribune* indiquait que le secteur privé comble les lacunes du système de santé public, mais à des coûts que de nombreux ménages ne peuvent pas se payer. Le journal estimait que la plupart des personnes à faible revenu n'ont pas accès à des soins de qualité et sont forcées de se tourner vers la médecine alternative ou d'opter pour des traitements temporaires (*The Express Tribune*, 13 janvier 2025).

Les patient·e·s supportent la majorité des coûts de la santé. Une partie de la population s'endette et s'enfonce dans la pauvreté pour payer les soins de santé. Selon le *UK Home Office*, la population peut obtenir des soins de santé gratuits auprès des hôpitaux publics, mais la grande majorité – autour de 78 % - préfèrent payer pour les soins afin d'en obtenir

de meilleure qualité, même s'ils sont plus coûteux. Comme moins de 2 % de la population bénéficie d'une assurance maladie, la santé présente des risques financiers importants pour les groupes à faible revenus. Citant l'OMS, le *UK Home Office* indique que les hôpitaux tertiaires offrent des consultations et des lits gratuits à certain·e·s patient·e·s, mais que les fournitures chirurgicales et médicales ainsi que les médicaments doivent être payés par les patient·e·s (*UK Home Office*, avril 2025). Selon le journal pakistanais *The Express Tribune*, les établissements de santé publics sont gratuits, mais en pratique ils sont chroniquement sous-financés et ne sont utilisés que par les personnes démunies. Ces lacunes ont permis au secteur privé de se développer et aux acteurs privés, tels que les hôpitaux privés, les médecins, les laboratoires, les centres de radiologie, les fabricants d'appareils médicaux et les sociétés pharmaceutiques, d'en tirer profit. Selon le journal, le résultat est qu'une grande partie de la population sombre dans la pauvreté et l'endettement pour payer ses frais médicaux (*The Express Tribune*, 18 novembre 2019). Selon les chercheurs *Noreen et al.*, les faibles allocations publiques à la santé se traduisent par un transfert des charges vers la population qui doit supporter 90 % des dépenses de santé (*Noreen et al.*, décembre 2021). Pour le DFAT, ainsi que pour les chercheurs *Saad Abdullah et al.*, ce sont environ 60 % des coûts des soins de santé qui sont à la charge des patient·e·s (DFAT, 30 avril 2025 ; *Saad Abdullah et al.*, 9 novembre 2023).

4 Prix des consultations et traitements dans le secteur privé

Les tarifs médicaux au Pakistan varient fortement selon le médecin et l'établissement, avec des augmentations notables ces dernières années. Les consultations avec des spécialistes, comme des gastroentérologues, infectiologues ou endocrinologues en clinique privée coûtent cher, rendant l'accès aux soins difficile pour beaucoup. Le journal *The Express Tribune* cite un médecin qui affirme qu'un médecin généraliste qui exerce dans une petite localité demandera des honoraires compris entre 150 et 500 roupies, ou entre 1,4 et 4,75 francs suisses[2]. Un médecin consultant spécialisé demanderait entre 600 et 1200 roupies, ou entre 6 et 11 francs suisses, selon l'hôpital et la région, alors qu'un médecin membre du corps enseignant d'une université de médecine et qui occupe un poste allant de professeur assistant à professeur titulaire factureraient des honoraires compris entre 2000 et 5000 roupies, ou entre 19 et 47 francs suisses. Ce même médecin a indiqué qu'au cours des trois dernières années, les frais d'examen pour tous les médecins avaient augmenté, passant de 35 à 50 %. Ce journal cite le cas d'un homme d'affaire qui souffrait de problèmes hépatiques et qui a dû payer un hépatologue 5000 roupies, ou 47 francs suisses, par consultation. L'article mentionne également le cas d'un autre homme qui déclare avoir payé 1000 roupies par consultation pour faire soigner son père par un gastroentérologue, avec une facture finale qui se montait à plus de 20 000 roupies, ou 189 francs suisses (*The Express Tribune*, 13 janvier 2025). Dans un article publié en 2019, le journal indiquait qu'une opération de la cataracte au Pakistan pouvait coûter entre 50 000 et 150 000 roupies, ou entre 474 et 1422 francs suisses, un accouchement normal dans un hôpital privé pouvait atteindre 200 000 à 300 000 roupies, ou entre 1896 et 2844 francs suisses, et le coût moyen d'une chambre privée variait entre 8000 et 15 000 roupies, ou entre 76 et 142 francs suisses, par jour, et cela sans

[2] Selon le taux de change du 12 juin 2025.

compter les frais de consultation, les médicaments et les examens. Dans une unité de soins intensifs, un lit pouvait coûter plus de 100 000 roupies, ou 948 francs suisses, par jour. Les frais de consultation d'un spécialiste peuvent varier entre 2000 et 6000 roupies, ou entre 19 et 57 francs suisses, par visite (*The Express Tribune*, 18 novembre 2019). Selon le courriel envoyé à l'OSAR le 5 juin 2025 par une *personne de contact qui travaille dans l'unité de traitement VIH* d'un grand hôpital privé de Karachi, dans les hôpitaux privés, comme l'Aga Khan University Hospital, le coût des consultations avec des médecins varie entre 4500 et 7000 roupies, ou entre 43 et 66 francs suisses. Selon le courriel envoyé à l'OSAR le 4 juin 2025 par une *personne de contact qui travaille pour ONUSIDA* au Pakistan, dans le secteur privé, les frais de consultation avec des spécialistes des maladies infectieuses ou un hépatologue/gastro-entérologue varient entre 4000 et 6000 roupies, ou entre 38 et 57 francs suisses. Selon le courriel envoyé à l'OSAR le 12 juin 2025 par une *personne de contact qui travaille dans un centre qui propose des services de dépistage et de traitement du VIH pour des populations marginalisées* dans la province du Sindh, dans des établissement privés les frais de consultation avec un endocrinologue varient généralement entre 3000 et 6000 roupies par visite, ou entre 28 et 57 francs suisses.

5 Accès aux médicaments

Les médicaments sont gratuits dans les hôpitaux publics. Selon le DFAT, le système de santé publique est gratuit et certains médicaments peuvent être obtenus gratuitement dans les hôpitaux publics de toutes les provinces (DFAT, 30 avril 2025). Selon le ZIRF, les services d'urgence et les soins hospitaliers et ambulatoires et les médicaments sont gratuits dans les établissements de santé publics, mais si les patient·e·s sont traité·e·s dans un établissement privé, elles et ils doivent alors payer de leur poche. Les médicaments sur ordonnance et en vente libre peuvent être achetés dans des pharmacies ou des magasins médicaux privés (ZIRF, décembre 2024). Selon le courriel envoyé à l'OSAR le 5 juin 2025 par une *personne de contact qui travaille dans l'unité de traitement VIH* d'un grand hôpital privé de Karachi, les hôpitaux publics gérés par le gouvernement fournissent des médicaments gratuits dans tous les services.

Accès limité aux médicaments essentiels. Ceux-ci sont souvent indisponibles. Les chercheurs *Syed Hassan Ahmed et al*., avancent que le Pakistan souffre d'un déficit important en matière d'accès aux médicaments essentiels. Le stockage global des médicaments essentiels dans les centres de santé primaire ne répond pas aux exigences de l'OMS, avec un accès limité aux médicaments nécessaires pour les maladies chroniques et des conditions de stockage préoccupantes dans les entrepôts et les zones de distribution. Une étude portant sur l'accessibilité de certains médicaments importants au Baloutchistan a montré qu'aucun médicament ne présentait un taux de disponibilité élevé, et plusieurs d'entre eux étaient inaccessibles dans les établissements de santé publics, alors qu'ils étaient disponibles dans le secteur privé. Certains médicaments disponibles, tels que la ciprofloxacine et la clarithromycine étaient toutefois financièrement inabordables pour la population. Selon ces chercheurs, le manque de médicaments dans les structures de santé publiques pousse la population à se tourner vers des pharmacies privées, où les prix sont plus élevés. En l'absence d'une réglementation adéquate, on observe la vente libre de médicaments, des prix abusifs, de mauvaises conditions de stockage, la circulation de produits falsifiés et la contrebande. Ces pratiques, combinées à l'absence ou à la substitution inappropriée de certains médicaments,

exposent les patient·e·s à un traitement insuffisant, à une moindre qualité de soins et à un risque accru d'erreurs médicales (*Syed Hassan Ahmed et al*., 31 octobre 2024). Similairement, le chercheur en politiques publiques de santé *Babar Tasneem Shaikh*, fait référence à des études qui montrent que les médicaments essentiels, voire vitaux, sont souvent en pénurie. Cela entraine des répercussions cliniques et financières sur les patient·e·s au Pakistan, compromettant non seulement leur santé, mais aussi les dépenses des ménages. Les problèmes d'approvisionnement des médicaments entraînent des risques liés à l'automédication, à l'achat de médicaments sans ordonnance ou au recours à des praticiens non certifiés et à des charlatans (*Babar Tasneem Shaikh*, 24 juin 2024).

Une pénurie croissante de médicaments alimentée par l'inflation et les hausses de prix décidées par le gouvernement. L'EUAA fait état, en se référant à diverses sources, d'une pénurie croissante de médicaments, alimentée par la forte inflation, les achats massifs des commerçants et les hausses de prix approuvées par le gouvernement pour les médicaments essentiels et non essentiels (qui ont touché directement plus de 80 000 médicaments). Les hausses de prix sont entrées en vigueur en septembre 2023 et ont aggravé la situation à tel point que même les hôpitaux n'avaient plus accès à une centaine de médicaments vitaux. En outre, la production nationale de médicaments dépendrait à 90 % des importations de matières premières en provenance de différents pays. En raison de l'inflation persistante, ces importations sont devenues coûteuses, ce qui a entraîné la fermeture d'environ 200 petites entreprises pharmaceutiques au Pakistan. Une nouvelle augmentation des prix de 146 médicaments essentiels a été approuvée en février 2024 (EUAA, décembre 2024). Selon HRW, en février 2024, le gouvernement a augmenté le prix de 146 médicaments essentiels, rendant ainsi bon nombre d'entre eux encore plus inaccessibles aux personnes à faibles revenus. HRW cite l'exemple d'un employé de maison à Lahore qui a besoin d'une injection d'insuline tous les 10 jours pour gérer son diabète. Toutefois, il doit dépenser environ un tiers de son maigre salaire mensuel pour une seule injection et cela serait impossible s'il ne bénéficiait pas d'une aide charitable, mais aléatoire, qui lui permet de se nourrir et de se loger (HRW, 22 avril 2024).

Le prix des médicaments sont trop élevés pour la majorité de la population. Pour les mêmes médicaments, le Pakistan pratique des prix nettement plus élevés que d'autres pays à revenus comparables. Selon les chercheurs *Saad Abdullah et al*., même si les prix des médicaments sont réglementés, leur coût demeure un obstacle pour une grande partie de la population pakistanaise. Cela s'explique notamment par la prédominance de la prescription et de la distribution de médicaments de marque, de génériques de marque coûteux. Ces difficultés sont encore aggravées par les doutes concernant la capacité de l'Autorité pakistanaise de réglementation des médicaments (DRAP) à contrôler efficacement la fixation des prix. Les prix de certains médicaments, comme ceux pour traiter les maladies cardiovasculaires, sont nettement plus élevés au Pakistan que dans des pays comparables, comme la Chine, l'Égypte, l'Inde, le Liban et le Soudan. Les chercheurs citent une étude récente selon laquelle les prix des médicaments originaux acyclovir, atorvastatine, ceftriaxone, ciprofloxacine, diclofénac sodique, oméprazole et simvastatine sont 12 à 18 fois plus élevés au Pakistan que les prix de référence internationaux, le fluconazole original étant 60 fois plus cher. Cette situation est exacerbée par la récente hausse de 20 % des coûts des médicaments, décidée par la DRAP. Sous l'effet de l'inflation de ces dernières années, cela équivaut à une hausse de 30 %. Selon ces chercheurs, malgré les récentes augmentations de prix, les producteurs de médicaments demandent toujours des hausses supplémentaires, invoquant l'inflation croissante et la montée du coût des matières premières, elles-mêmes impactées

par la dépréciation de la monnaie nationale, alors que le Pakistan importe aujourd'hui près de 90 % des ingrédients nécessaires à la production de médicaments. La limitation des hausses de prix a poussé de nombreuses petites usines à fermer leurs portes au cours des dernières années, malgré les demandes récurrentes d'ajustement des tarifs. Face à ces multiples difficultés économiques, l'accès aux médicaments devient de plus en plus difficile pour les patient·e·s, en particulier pour celles et ceux à faible revenu souffrant de maladies chroniques non transmissibles (MNT) (*Saad Abdullah et al.*, 9 novembre 2023).

6 Disponibilité et accès aux soins de santé dans les prisons pakistanaises

La surpopulation, le manque d'infrastructures médicales et de personnel privent la majorité des détenu·e·s pakistanais·es d'un accès adéquat aux soins, aggravant les risques de maladie et de décès. Selon les chercheurs *Niaz Mustafa et al.*, le système de santé dans les prisons pakistanaises rencontre de nombreux obstacles, comme la surpopulation, l'hygiène déplorable et l'insuffisance des infrastructures médicales. Les chercheurs citent des études de HRW et d'Amnesty International pour souligner les importantes lacunes dans les soins offerts aux détenus. La surpopulation carcérale aggrave les problèmes sanitaires, ce qui nuit à la santé des prisonniers·ières. Selon cette source, les installations médicales dans les prisons sont généralement mal équipées et manquent de personnel, ce qui entraîne une prise en charge inadéquate des maladies chroniques ou aiguës. Les services de santé mentale sont particulièrement déficients, avec très peu de prisons proposant un accompagnement psychologique. L'absence de perspectives de carrière pour le personnel paramédical affecte le moral et l'efficacité, ce qui dégrade encore la qualité des soins (*Niaz Mustafa et al.*, 30 juin 2024). Dans un rapport publié en mars 2023, HRW rapporte que les autorités pakistanaises privent systématiquement les détenu·e·s d'un accès adéquat aux soins de santé, exposant des milliers d'entre eux et alles à la maladie et à la mort. La surpopulation carcérale, due à des lois sur la libération sous caution obsolètes et discriminatoires, est extrême : la plupart des prisonniers·ières n'ont même pas encore été jugé·e·s. Le système pénitentiaire, l'un des plus surpeuplés au monde, souffre de graves carences en matière de santé, d'hygiène et d'équipements, ce qui rend les détenu·e·s vulnérables aux maladies contagieuses et empêche l'accès à des soins de base ou d'urgence. Pour HRW la crise sanitaire dans les prisons reflète des dysfonctionnements plus profonds du système judiciaire et de l'accès à la santé au Pakistan, aggravés par la corruption, la discrimination et l'impunité. Les détenu·e·s pauvres sont les plus touché·e·s, tandis que les plus riches bénéficient parfois de traitements de faveur (HRW, 29 mars 2023).

Pénurie et la mauvaise qualité des médicaments en prison. Selon un rapport de la *Commission des droits de l'hommes du Pakistan* (HRCP), les ancien·ne·s détenu·e·s interrogé·e·s s'accordent à dire qu'il existe une pénurie constante de médicaments dans les prisons et que ceux qui sont distribués sont souvent de mauvaise qualité. Masood Khan, ancien conseiller judiciaire pour le Justice Systems Support Programme (JSSP) d'Adam Smith International dans la province de Khyber Pakhtunkhwa, cité par la Commission, met en avant le fait que les médicaments utilisés ont une efficacité incertaine et proviennent parfois de sources douteuses. Il indique aussi que les autorités privilégieraient systématiquement les offres les moins chères. Les ancien·ne·s détenu·e·s interrogé·e·s par la Commission rapportent que le personnel médical carcéral ne prescrit pratiquement que des antidouleurs, souvent du paracétamol et des antiallergiques, et ceci quel que soit le diagnostic. Cela constituerait le

traitement standard en prison. Pour obtenir d'autres médicaments, les détenu·e·s doivent les faire venir de l'extérieur par l'intermédiaire de proches. Contredisant les propos des détenu·e·s, des médecins de deux prisons de Karachi et d'une prison de Peshawar affirment que leur établissement dispose de stocks suffisants et de médicaments de bonne qualité (HRCP, 2023).

7 Traitement du HIV

7.1 Disponibilité des traitements

Plus de 200 000 personnes vivent avec le VIH/sida au Pakistan, mais seul un quart sont enregistrées. Un peu plus de 60 % des personnes enregistrées suivent un traitement antirétroviral. Globalement, seuls 14 % des personnes atteintes suivent un traitement. Selon les chercheurs *Muhammad Ahmed Abdullah et al*., moins de 1 % de la population est touchée par le VIH, toutefois, certains groupes à haut risque, comme les travailleur·euse·s du sexe (hommes, femmes, personnes transgenres), les consommateur·ice·s de drogues injectables et les travailleur ·euse·s migrant·e·s rapatrié·e·s présentent une prévalence supérieure à 5 %. Le nombre de personnes vivant avec le VIH/sida (PVVIH) enregistrées au Pakistan est de 44 000 selon des chiffres du Programme national de lutte contre le sida (NACP) du Pakistan. Toutefois le nombre estimé de PVVIH est beaucoup plus élevé, entre 150 000 et 170 000. Cette différence s'explique, entre autres, par l'insuffisance des informations et la rareté des installations de diagnostic. De plus, la forte stigmatisation liée à cette maladie vient encore compliquer la situation (*Muhammad Ahmed Abdullah et al*., 9 juin 2021). Selon le DFAT, en 2023, 210 000 adultes et 4600 enfants de moins de 15 ans vivaient avec le VIH. Seuls un quart des personnes vivant avec le VIH sont enregistrées pour recevoir un traitement, dont seulement 61 % reçoivent un traitement antirétroviral (TAR) (DFAT, 30 avril 2025). Selon les chercheurs *Muhammad Aizaz et al*., le traitement antirétroviral est la seule option thérapeutique, mais plus de 147 000 Pakistanais n'y ont pas accès (*Muhammad Aizaz et al.*, 28 juillet 2023). Selon les chercheurs *Hussain A Raza et al*., l'objectif visé par ONUSIDA est que 90 % des personnes vivant avec le VIH connaissent leur statut sérologique, que 90 % des personnes vivant avec le VIH aient accès à un traitement et, enfin que 90 % des personnes vivant avec le VIH sous traitement aient une charge virale supprimée. Pour le Pakistan, cet objectif est très loin d'être réalisé. Selon des chiffres de 2021, seules 23 % des personnes vivant avec le VIH connaissent leur statut et seulement 14 % d'entre elles sont sous traitement (Hussain A Raza et al., juin 2024).

Il existe 70 centres dans le pays qui fournissent gratuitement des services de diagnostic, de conseil et de traitement. Selon les chercheurs *Muhammad Ahmed Abdullah et al*., le Programme national de lutte contre le sida (NACP) fournit des services de prévention, de diagnostic et de traitement par le biais de l'infrastructure hospitalière du pays. Les centres de traitement du VIH fournissent des services de diagnostic, de conseil et de traitement (*Muhammad Ahmed Abdullah et al*., 9 juin 2021). Selon le *UK Home Office*, qui cite le NACP, les quatre provinces du pays disposent de programmes spécifiques de lutte contre le VIH. Il existe 49 centres de traitement du VIH dans le pays, dont 4 dans la province de KPK, 2 dans le Baloutchistan, 2 à Islamabad, 16 dans le Sind et 25 dans le Pendjab (*UK Home Office,* 25 avril 2025). Pour le DFAT, le pays compte 70 centres de traitement du VIH qui offrent des tests gratuits, des traitements antirétroviraux (TAR) et des services de diagnostic à « toutes

les personnes infectées et touchées par le VIH » (DFAT, 30 avril 2025). Selon les chercheurs *Muhammad Ahmed Abdullah et al*., les médicaments antirétroviraux ne sont disponibles que dans les centres de traitement publics. Ces centres permettent des visites de suivi régulières et ainsi d'améliorer les chances les chances d'observance du traitement (*Muhammad Ahmed Abdullah et al*., 9 juin 2021). Selon le courriel envoyé à l'OSAR le 4 juin 2025 par une *personne de contact qui travaille pour ONUSIDA* au Pakistan, des services de diagnostic et de traitement du VIH et de l'hépatite sont disponibles dans 8 hôpitaux publics et 3 hôpitaux privés. Il n'y a aucun obstacle à l'accès aux services, tant dans le secteur public que dans le secteur privé.

Les traitements sont gratuits, mais les patient·e·s doivent payer certains services de leur poche. Selon les chercheurs *Ali Ahmed et al.*, toutes les personnes atteintes du VIH peuvent bénéficier de services de dépistage et de traitement gratuits (*Ali Ahmed et al.*, 28 janvier 2022). Toutefois, le DFAT souligne, que selon des experts locaux, tous les services de santé liés au VIH/sida ne sont pas disponibles dans les établissements publics et les patient·e·s doivent payer de leur poche pour certains services (DFAT, 30 avril 2025).

7.2 Accès aux traitements

L'observance du traitement est limitée par des problèmes d'accès aux centres de traitement et par une pénurie des médicaments. L'éloignement géographique des patient·e·s et leur nombre élevé compliquent la situation. Selon les chercheurs *Muhammad Aizaz et al*., parmi les personnes qui bénéficiaient d'un traitement, 7182 patient·e·s ont manqué leurs rendez-vous de suivi dans les six mois précédant la rédaction de leur article. L'accès au TAR et l'observance du traitement est limité par le nombre croissant de patient·e·s séropositifs·ives, associé à la longueur des trajets pour se faire soigner. Un autre problème est que les traitements antirétroviraux, qui ne peuvent pas être produits au Pakistan et doivent donc être importés, sont en pénurie (*Muhammad Aizaz et al.*, 28 juillet 2023). Selon les chercheurs *Muhammad Ahmed Abdullah et al*., le système de santé pakistanais n'est pas équipé pour lutter contre l'épidémie de VIH dans le pays, notamment en raison d'une pénurie de ressources au niveau de la prévention, du diagnostic et de soins. Cette situation est aggravée par la pauvreté, l'analphabétisme et la stigmatisation associés à la maladie (*Muhammad Ahmed Abdullah et al*., 9 juin 2021). Selon les chercheurs *Muhammad Ahmed Abdullah et al*., l'accès à aux centre de traitement est plus difficile pour les personnes qui vivent dans les régions éloignées (*Muhammad Ahmed Abdullah et al*., 9 juin 2021). Selon les chercheurs *Wajeeha Bilal Marfani et al.*, l'observance du traitement est compliquée par la stigmatisation sociale liée à la maladie et par le manque d'expertise pour gérer les cliniques de TAR. Par ailleurs, les patient·e·s doivent souvent parcourir de longues distances pour se faire soigner. La disponibilité des médicaments antirétroviraux est également limitée par l'épuisement des stocks et le fait que ceux-ci doivent être importés. Les chercheurs mentionnent également le problème de résistance aux médicaments anti-VIH qui affecte le traitement. Cela serait particulièrement le cas dans les pays où les systèmes de santé sont fragmentés, où la surveillance virale n'est pas optimale et où les traitements antirétroviraux de deuxième ligne sont insuffisants (*Wajeeha Bilal Marfani et al*., 24 août 2022).

La très forte stigmatisation de la maladie et des patient·e·s limite l'accès au dépistage et au traitement. Les patient·e·s sont réticent·e·s à dévoiler leur séropositivité de peur d'être rejeté·e·s par la famille et la société. Selon les chercheurs *Ali Ahmed et al.*, dans la société musulmane traditionnelle pakistanaise il est difficile pour les personnes atteintes du

VIH d'accéder au dépistage ou au traitement en raison de la très forte stigmatisation liée à cette maladie. Ces personnes craignent souvent de révéler leur séropositivité à leur famille ou proches de peur d'être rejetées. Cette stigmatisation, basée sur des idées fausses liée aux croyances et pratiques culturelles traditionnelles et une méconnaissance du grand public concernant la transmission du virus, complique la prévention et le traitement de l'épidémie de VIH/Sida dans le pays. La stigmatisation et la discrimination sont les obstacles les plus courants à l'observance du TAR et au maintien des soins. D'autres obstacles incluent les contraintes économiques, l'oubli, les facteurs religieux, les effets indésirables du TAR, le manque de soutien social et les thérapies alternatives (*Ali Ahmed et al.*, 28 janvier 2022). vient encore compliquer l'accès aux soins (*Muhammad Ahmed Abdullah et al*., 9 juin 2021). Selon les chercheurs *Muhammad Aizaz et al*., les patient·e·s sont également réticent·e·s à dévoiler leur séropositivité et symptômes dans les cliniques en raison de la honte liée aux relations sexuelles et extraconjugales (*Muhammad Aizaz et al.*, 28 juillet 2023). Pour le DFAT, la forte stigmatisation sociale des personnes qui vivent avec le VIH font que celles-ci préfèrent souvent cacher leur diagnostic afin de protéger « l'honneur » de leur famille. Des enquêtes ont montré que la majorité de la population a des attitudes négatives envers les personnes vivant avec le VIH. Ces attitudes sont largement liées à un faible niveau d'éducation et un manque de connaissances. Le DFAT cite un article de Deutsche Welle de mars 2023 qui a mis en lumière les difficultés auxquelles sont soumises les personnes vivant avec le VIH au Pakistan. Celles-ci ont notamment fait état de de rejet social, de discrimination et de stigmatisation. Certains ont été expulsés de logements partagés avec leur famille élargie après que leur séropositivité a été révélée. Une femme a déclaré avoir dû déménager avec son enfant de 7 ans dans un autre village situé à plusieurs kilomètres de sa famille élargie (DFAT, 30 avril 2025).

Le manque d'intégration des centres de traitements du VIH dans les soins primaires et leur visibilité exacerbe la stigmatisation des patient·e·s. Selon les chercheurs *Hussain A Raza et al*., le Pakistan compte 74 centres de traitement antirétroviral, qui fonctionnent comme des cliniques autonomes facilement identifiables et clairement signalées. Les patient·e·s qui se rendent dans ces centres, ainsi que les médecins qui y travaille, sont facilement identifiables par la communauté locale. La peur d'être identifié et stigmatisé décourage et éloigne les patient·e·s qui ont besoin d'être dépisté·e·s ou traité·e·s et contribue, selon les chercheurs à l'échec de cette stratégie (*Hussain A Raza et al.*, mai 2024).

Accès plus limité aux soins de santé. Risque élevé de discrimination sociale et difficultés à accéder à un logement et à l'emploi pour les personnes séropositives. Selon le DFAT, bien que certaines provinces, comme le Sindh, ont adopté une législation spécifique pour protéger les personnes vivant avec le VIH contre la discrimination, des personnes vivant avec le VIH se voit souvent refuser des services médicaux, notamment des soins dentaires, chirurgicaux et obstétricaux. De plus, leur séropositivité est parfois divulguée sans leur consentement. La constitution garantit aux Pakistanais des droits fondamentaux, mais il n'existe aucune loi nationale spécifique au VIH. Le DFAT estime qu'au Pakistan, les personnes vivant avec le VIH courent un risque modéré de discrimination officielle en raison de leur statut sérologique, notamment lorsqu'elles accèdent aux services médicaux publics. Cependant, elles sont exposées à un risque élevé de discrimination sociale, notamment en matière d'accès au logement et à l'emploi (DFAT, 30 avril 2025).

Discrimination de la part de la famille. **Harcèlement et maltraitance de la part des forces de l'ordre.** Selon le *Programme des Nations unies pour le développement* (UNDP), la

stigmatisation et la discrimination s'étendent à la vie quotidienne de ces personnes, que ce soit au sein de leur foyer, dans leur communauté ou au sein des institutions, ce qui limite leur accès à des soins de santé essentiels et favorise l'adoption de lois, de politiques et de pratiques discriminatoires. Cela se manifeste par des comportements de harcèlement et de maltraitance de la part des forces de l'ordre, ainsi que par des abus et des arrestations arbitraires (UNDP, 9 mai 2025). UNDP cite une enquête conduite auprès de 1500 personnes vivant avec le VIH au Pakistan, qui a révélé que 17 % ont déclaré avoir été victimes de discrimination de la part de membres de leur famille après avoir appris leur statut, notamment sous forme de harcèlement verbal (11 %), de chantage (4 %) et de harcèlement physique (6 %). De plus, environ 5 % des personnes interrogées ont perdu leur source de revenus en raison de leur séropositivité. L'enquête a également montré que plus de 50 % des personnes vivant avec le VIH qui ont été victimes d'abus ou de discrimination ne savaient pas où trouver de l'aide, 14 % ont déclaré avoir peu ou pas confiance dans l'issue de leur démarche et 13 % ont cité l'insuffisance de leurs ressources financières comme obstacle à la recherche d'une réparation (UNDP, 23 mai 2024).

8 Traitement de l'hépatite B chronique

Environ 2,5 % de la population souffre d'hépatite B chronique. Des médicaments sont disponibles, mais leur coût est prohibitif pour les personnes démunies. Selon les chercheurs *Qurat-ul-Ain Hafeez et al.*, environ 2,5 % de la population souffre d'hépatite B chronique, et ce malgré la disponibilité d'un vaccin. Cette condition médicale entraine une morbidité et une mortalité importantes associées à une maladie hépatique en phase terminale et à un carcinome hépatocellulaire (CHC) (*Qurat-ul-Ain Hafeez et al.*, 10 février 2018). Selon les chercheurs *Zaigham Abbas et al.*, il existait en 2010 plusieurs médicaments au Pakistan qui permettaient de traiter l'hépatite B. Ceux-ci incluaient la lamivudine, l'adéfovir, l'entécavir, la telbivudine, l'interféron pégylé et la thymosine. Le ténofovir devait également venir s'ajouter à la liste (*Zaigham Abbas et al*., 2010). Pour les chercheurs, *Abeer Shahzad et al.*, les médicaments pour traiter l'hépatite B sont disponibles au Pakistan, mais le coût des traitements est généralement inabordable dans les zones rurales (*Abeer Shahzad et al*., 12 juillet 2023).

L'hôpital Aga Khan University Medical College à Karachi, un établissement privé, dispose des gastroentérologues, des infectiologues et des endocrinologues et des équipements pour traiter l'hépatite B. Selon le *UK Home Office*, il est possible d'obtenir des soins pour l'hépatite B ainsi que des soins auprès d'un gastroentérologue à l'Aga Khan University Medical College de Karachi. Cet établissement privé indique qu'il fournit des services d'endoscopie de pointe et propose des procédures telles que l'œsophagogastroduodénoscopie, la sclérothérapie endoscopique des varices, la ligature endoscopique par bandes, la coloscopie, les polypectomies, l'électrocoagulation, la cholangiopancréatographie rétrograde endoscopique (CPRE), ou encore l'extraction des calculs du canal cholédoque. Se référant à des informations de MedCOI de février 2020, le *UK Home Office* indique que des soins/traitements gastro-entérologiques étaient disponible dans cet établissement. Selon des informations MedCOI de janvier 2020, l'hospitalisation, les soins ambulatoires et le suivi par un gastro-entérologue et un chirurgien gastro-intestinal étaient également disponibles. Des informations MedCOI de décembre 2019 ont indiqué qu'il était possible d'avoir un traitement ambulatoire et un suivi par un médecin généraliste, une hospitalisation, traitement ambulatoire et suivi par un spécialiste en médecine interne, une hospitalisation, traitement

ambulatoire et suivi par un infectiologue, ou encore une hospitalisation, traitement ambulatoire et suivi par un endocrinologue. En termes d'examen, cet établissement propose l'imagerie diagnostique par ultrasons, l'imagerie diagnostique par tomodensitométrie (scanner) et l'imagerie diagnostique par IRM (*UK Home Office*, 25 avril 2025).

Les services d'échographie et d'endocrinologie sont disponibles dans le privé et le public. Selon le courriel envoyé à l'OSAR le 10 juin 2025 par une *personne de contact qui travaille pour ONUSIDA* au Pakistan, des services d'échographie et d'endocrinologie sont disponibles dans tous les hôpitaux publics (moyennant une somme modique) et privés (moyennant des frais plus élevés, compris entre 1000 et 3000 roupies, ou entre 9,40 et 28 francs suisses, pour une échographie et entre 4000 et 6000 roupies, ou entre 38 et 56 francs suisses, pour une consultation en endocrinologie).

Connaissances parfois insuffisantes parmi les médecins du secteur public à Karachi pour traiter l'hépatite B chronique. L'étude des chercheurs *Qurat-ul-Ain Hafeez et al.* auprès de médecins de santé publique à Karachi montre que 40 % d'entre eux avaient des connaissances insuffisantes dans quatre domaines principaux de la prise en charge de l'hépatite B chronique, à savoir la biopsie hépatique, l'initiation du traitement, la prise en compte de la prophylaxie antivirale chez les patient·e·s immunodéprimé·e·s et le choix du médicament chez les patient·e·s co-infecté·e·s par le VHB et le VHD. Moins d'un tiers ont obtenu une bonne note en matière de conformité aux lignes directrices (*Qurat-ul-Ain Hafeez et al.*, 10 février 2018).

9 Autres traitements

Traitements pour douleurs musculaires, squelettiques et neurologiques disponibles dans le privé à Karachi. Selon le *UK Home Office*, il est possible d'obtenir un traitement au laser non-chirurgicaux dans l'établissement privé Bio Flex Pakistan à Karachi pour des affections musculosquelettiques et les douleurs musculaires, squelettiques et neurologiques. Par ailleurs, selon des informations de MedCOI de janvier 2020, des traitements hospitaliers, ambulatoires et de suivi dispensés par un kinésithérapeute et un kinésithérapeute pédiatrique sont disponibles à l'hôpital universitaire Aga Khan de Karachi. Cet établissement propose également des traitements hospitaliers, ambulatoires et de suivi, qui sont disponibles auprès d'un orthopédiste/chirurgien orthopédiste et d'un rhumatologue (*UK Home Office*, 25 avril 2025).

10 Disponibilité de médicaments spécifiques

a. Biktarvy (Bictegravir (50 mg); Emtricitabine (200 mg); Ténofovir alafénamide (25 mg))

Le médicament Biktarvy n'est pas disponible dans le pays. Le traitement de première intention repose généralement sur une association de dolutégravir, lamivudine et ténofovir, fournie gratuitement dans la plupart des établissements. Selon plusieurs correspondances reçues par l'OSAR début juin 2025, plusieurs professionnel·le·s de santé au Pakistan ont fait le point sur la disponibilité du traitement antirétroviral Biktarvy. Une *personne*

de contact qui travaille comme pharmacien clinicien d'un grand hôpital privé d'Islamabad a indiqué, dans un courriel du 4 juin 2025, que le Biktarvy n'était pas disponible dans son établissement, mais qu'il pourrait l'être dans un centre de traitement du VIH spécialisé. Un autre courriel, envoyé le 5 juin 2025 par une *personne de contact travaillant dans un centre de traitement du VIH* de la province du Sindh, précise que le Biktarvy ne fait pas partie des traitements utilisés par le programme national de lutte contre le VIH. Dans un autre hôpital privé de Karachi, une *personne de contact de l'unité de traitement VIH* a confirmé, dans un courriel du 4 juin 2025, que les traitements antirétroviraux ainsi que les analyses sanguines sont fournis gratuitement aux patient·e·s, mais que le Biktarvy n'est pas disponible. Le traitement administré est une association de dolutégravir (50 mg), ténofovir (300 mg) et lamivudine (150 mg). Une *personne de contact qui travaille dans un centre de traitement VIH à Karachi* a également signalé, dans un courriel du 5 juin 2025, l'absence de Biktarvy, précisant que le traitement utilisé est le ténofovir. Une *personne de contact travaillant pour ONUSIDA* au Pakistan a confirmé, dans un courriel du 4 juin 2025, que le Biktarvy n'est pas disponible dans le pays. Le traitement de première intention consiste en une combinaison de dolutégravir, lamivudine et ténofovir, fournie gratuitement aux patient·e·s, à l'exception de l'hôpital privé universitaire Aga Khan de Karachi, qui facture les frais de consultation et les frais pharmaceutiques. Enfin, une *personne de contact d'un centre proposant des services de dépistage et de traitement du VIH pour des populations marginalisées* dans la province du Sindh a indiqué, dans un courriel du 4 juin 2025, que le traitement utilisé est l'association de dolutégravir, lamivudine et ténofovir disoproxil fumarate (50 mg/300 mg/300 mg).

b. Sicorten Plus crème (0.5/10mg/g)

L'OSAR n'a pas été en mesure de déterminer si ce médicament était disponible au Pakistan. Selon le site internet Healthwire Pharmacy[3], des alternatives, comme le médicament Fusac-H 15g Cream, qui contient les substances actives hydrocortisone et acide fusidique, sont disponibles. Celui-ci est vendu au prix de 342 roupies, ou 3,20 francs suisses.

c. Excipial U Hydrolotio

L'OSAR n'a pas été en mesure de déterminer si ce médicament était disponible au Pakistan. Selon le site internet Derma.pk[4], des lotions alternatives, comme le Moisturixer Skin Repair Lotion, qui contient 10% d'urée, de l'acide et de l'aloe vera, est vendu au prix de 690 roupies, ou 6,50 francs suisses, pour un flacon de 100ml.

11 Couverture des traitements et médicaments

Pas de couverture universelle des soins de santé au Pakistan. Selon la journaliste pakistanaise *Zuha Siddiqui*, il n'existe pas de couverture santé universelle au Pakistan (*Zuha Siddiqui*, 20 mai 2024). Selon le *UK Home Office*, c'est moins de 2 % de la population qui dispose d'une assurance maladie (*UK Home Office*, 25 avril 2025). Citant l'OMS, *Zuha Siddiqui* indique que seuls 10 % de la population du pays ont accès aux différents programmes de santé et de sécurité sociale financés par le gouvernement et l'État. Les prestations de santé

[3] www.healthwire.pk
[4] www.derma.pk

publiques sont réservées aux employés à temps plein. Les travailleurs·euses à la tâche sont considéré·e·s comme des indépendant·e·s et ces personnes ne peuvent donc pas bénéficier des prestations de santé obligatoires, telles que le salaire minimum, la retraite, la sécurité sociale et la couverture accident (*Zuha Siddiqui*, 20 mai 2024). Le chercheur en politiques publiques de santé, *Babar Tasneem Shaikh* estime qu'au Pakistan, la couverture universelle des soins de santé, ainsi que la qualité des services sont largement insuffisantes (*Babar Tasneem Shaikh*, 24 juin 2024). Selon le *UK Home Office*, le système de sécurité sociale prend la forme d'une aide caritative (droit à la zakat), mais les procédures à suivre pour l'obtenir sont longues. La couverture santé peut être complète si les patient·e·s visitent un établissement public, mais cela n'est pas le cas dans le secteur privé (*UK Home Office*, 25 avril 2025).

Le programme Sehat Sahulat (SSP) fournit une assurance maladie à 154 millions de personnes au Pakistan. Le programme cible les groupes les plus démunis et vise à faciliter l'accès aux soins de santé. Selon la *Bertelsmann Stiftung*, en 2019, le gouvernement a lancé le programme Sehat Sahulat (SSP) dans la province de KP. Ce programme offre une assurance maladie universelle aux citoyen·ne·s éligibles, utilisable dans les hôpitaux publics et privés. En 2021, la couverture a été étendue au Pendjab et à la fin de l'année, le programme fournissait une assurance maladie à environ 38 millions de ménages à travers le pays (*Bertelsmann Stiftung*, 19 mars 2024). Selon les chercheurs *Salman J Khan et al.,* le programme SSP est une initiative d'assurance maladie financée par le secteur public, mise en place par les gouvernements fédéral et provinciaux afin d'offrir une protection financière à tous les citoyen·ne·s contre les dépenses de santé exceptionnelles. Le SSP couvre aujourd'hui 154 millions de personnes, représentant ainsi la toute première initiative nationale d'assurance santé (*Salman J Khan et al.*, 4 septembre 2023). Le DFAT indique le SSP vise à offrir une protection financière et un accès aux services de santé aux segments les plus pauvres et les plus vulnérables de la société (DFAT, 30 avril 2025). Selon la revue médicale *The Lancet*, le SSP est un mécanisme qui vise à mobiliser les ressources financières publiques afin d'acheter des services médicaux auprès de prestataires publics et privés, en ciblant les personnes pauvres et celles souffrant de maladies graves. Ce programme fonctionne comme une assurance santé dont les cotisations sont entièrement financées par l'État. Tous les résident·e·s permanent·e·s de KPK, de la capitale fédérale (ICT), du Pendjab, de l'Azad Jammu-et-Cachemire (AJK), du Gilgit-Baltistan (GB) et du district de Tharparker sont éligibles au programme (*The Lancet*, décembre 2022).

La carte d'assurance Sehat Insaf permet à ses détenteurs·trices de bénéficier de soins de santé gratuits dans plus de 1000 établissements publics et privés dans le pays. Le SSP couvre entre autres les interventions chirurgicales, l'hospitalisation et les tests diagnostiques. Les services ambulatoires et les médicaments sont exclus. Selon le DFAT, le programme SSP a délivré aux ménages éligibles des cartes d'assurance maladie donnant accès à des services de santé primaires et secondaires gratuits, notamment l'hospitalisation, les interventions chirurgicales et les tests diagnostiques (DFAT, 30 avril 2025). Selon les chercheurs *Syed Hassan Ahmed et al*., les cartes « Sehat Insaf », initialement distribuées uniquement aux familles de la province de KP, permettait à la population de 35 districts de cette province d'accéder à des soins de base dans plus de 400 établissements publics et privés, soit environ 25 % des structures de santé de la province. Le SSP s'est ensuite étendu au Pendjab, où le gouvernement a alloué 65 milliards de roupies, ou 616 millions de francs suisses, en décembre 2020 pour offrir la carte Sehat Insaf à toutes les familles de ses 36 districts (*Syed Hassan Ahmed et al*., 31 octobre 2024). Selon les

chercheurs *Salman J Khan et al.*, le programme comprend 2 volets principaux : une couverture d'assurance maladie gratuite pour les ménages éligibles et un réseau d'hôpitaux et de cliniques participants où les ménages éligibles peuvent accéder à des services de santé. Concrètement, les ménages reçoivent des cartes d'assurance maladie qui leur permettent d'accéder à des services de santé dans les hôpitaux et cliniques participants. Le SSP couvre les interventions cardiaques, la prise en charge du cancer, le traitement des brûlé·e·s, la dialyse, les complications du diabète sucré, la prise en charge des traumatismes, les interventions neurochirurgicales, les chirurgies abdominales, le traitement des fractures et d'autres interventions médicales et chirurgicales. Le programme propose une organisation des prestations en plusieurs niveaux, avec des aides accrues pour les foyers comprenant des personnes particulièrement vulnérables, comme les femmes, les enfants ou les personnes âgées. Le SSP s'appuie sur un large réseau de plus de 1030 hôpitaux agréés répartis dans tout le Pakistan. Les bénéficiaires peuvent recevoir des soins dans n'importe lequel de ces établissements, quel que soit leur district d'origine (*Salman J Khan et al.*, 4 septembre 2023). *The Lancet* indique que le programme couvre les soins secondaires et tertiaires pour diverses pathologies, notamment les accidents, les urgences, le diabète, les maladies rénales (y compris la dialyse et la transplantation), l'hépatite B et C, les cancers ainsi que les maladies cardiovasculaires. Par ailleurs, il offre une aide financière sous certaines conditions pour compenser la perte de revenu durant le traitement, les frais de transport, les allocations maternité et les frais funéraires en cas de décès à l'hôpital (*The Lancet*, décembre 2022).

Plafond d'un million de roupies par an et par famille ou de 460 000 roupies par an et par personne. Selon *The Lancet*, Le SSP propose une couverture maximale d'un million de roupies, ou 9479 francs suisses, par an et par famille dans des cas spécifiques, tandis que pour la majorité des bénéficiaires, le plafond est fixé à 460 000 roupies annuelles, ou 4360 francs suisses (*The Lancet*, décembre 2022). Les chercheurs *Salman J Khan et al.* indiquent que le programme permet aux ménages d'accéder à des services de santé jusqu'à concurrence d'un million de roupies par an (*Salman J Khan et al.*, 4 septembre 2023).

Incompatibilité entre le coût des traitements dans les hôpitaux privés et les limites fixées par le programme. Les patient·e·s doivent payer la différence. Pérennité du programme en question. Les chercheurs *Salman J Khan et al.* soulignent que de nombreuses familles se sont plaintes de l'incompatibilité entre le coût des traitements dans les hôpitaux privés et les limites fixées par le programme. Les patient·e·s doivent payer la différence. En outre, certain·e·s patient·e·s n'ont pas pu bénéficier de soins médicaux en raison de leur incapacité à payer. La pérennité du programme est également en question en raison de l'instabilité politique et économique récente au Pakistan. Le programme a même été suspendu dans certaines régions (*Salman J Khan et al.*, 4 septembre 2023). Le *Bertelsmann Stiftung* estime également que la question de la pérennité de ce programme se pose au vu des coûts importants qu'elle entraine, le programme représentant actuellement 30 % des dépenses publiques de santé (*Bertelsmann Stiftung*, 19 mars 2024). Selon le DFAT, en décembre 2023, le gouvernement a admis que le programme rencontrait des difficultés financières pour poursuivre le programme dans certaines régions du pays (DFAT, 30 avril 2025).

12 Sources

Zaigham Abbas et al., 2010 :

> *« **Treatment options: Drugs available for the treatment of Hepatitis B in Pakistan are lamivudine, adefovir, entecavir, telbivudine, pegylated interferon and thymosin. Tenofovir is expected to be available soon**. **Treatment may be initiated with any of the above agents in naïve patients but a potent drug with the lowest rate of genotypic resistance is preferred (e.g. entecavir or tenofovir) (A). Lamivudine or telbivudine are less favoured due to their high rates of resistance. Tenofovir, a potent drug with low rates of resistance, is preferred over adefovir (B). Compliance should be reinforced (C). Before prescribing make sure that patients are able to afford and maintain therapy for a long time. Pegylated (peg)interferon is given for one year (A) in patients with fully compensated liver disease, and is contraindicated in patients with decompensated disease. HBsAg seroconversion is reported in some cases which are very infrequently seen in patients on nucleoside analogs. The negative points are low response rate in genotype D,27 high cost of treatment and more side effects.** More studies are needed in different genotype D subgroups to determine the efficacy of Peg-Interferons in HBV. »* Source: Zaigham Abbas et al., Management of Hepatitis B: Pakistan Society for the Study of Liver Diseases (PSSLD) Practice Guidelines, 2010 : https://www.jcpsp.pk/archive/2010/Mar2010/14.pdf

Ali Ahmed et al., 28 janvier 2022:

> *« **In Pakistan, HIV testing and treatment services are provided free of cost to all PLWHA**. The protection and treatment of PLWHA during the pandemic of COVID-19 is crucial (Ahmed et al., 2020b). In comparison to other low-middle income countries (LMICs), Pakistan has a strikingly different socio-cultural environment (Ahmed et al., 2021d). The HIV epidemic is more prevalent in patients who inject drugs (PWID) and reported in deported migrants (Ahmed et al., 2019; Ahmed et al., 2020b). **Prevention and treatment of the growing HIV/AIDS epidemic have been difficult in Pakistan's traditional Muslim society** (Ali et al., 2021). **It is difficult for PLWHA to obtain HIV testing or treatment because they are afraid of being stigmatized due to misunderstandings in traditional cultural beliefs and practices.** Qualitative research is thought to be a reliable method for determining the correct cause and effect of relationships, in-depth phenomena, respondents' thoughts, and feelings (Morgan, 2017). According to the authors' knowledge, no qualitative study has been conducted in Pakistan to investigate barriers and ART facilitators, and there is a scarcity of knowledge about patients' experiences with adherence to ART throughout the literature during the COVID-19 pandemic. As a result, the purpose of this study is to explore the overall barriers and enablers of adherence to ART in PLWHA in Pakistan and specific facilitators and barriers during the COVID-19 pandemic to generate purposeful identification of factors that may improve treatment outcomes. [...]*
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> ***The most common barrier reported by most respondents was fear of disclosure of one's HIV infection status** and this finding is consistent with the studies conducted in other LMICs (Wasti et al., 2012; Bezabhe et al., 2014; Chirambo et al., 2019). Studies done in Sub-Saharan countries demonstrated that covert usage of ART is to delay or miss medication that ultimately leads to ART adherence failure (Croome et al., 2017). Alternatively, a prior and full disclosure of HIV status has been associated with full retention to HIV care (Chirambo et al., 2019; Dessie et al., 2019). We suggest promoting the mutually facilitated disclosure of HIV status and increasing actions such as integrating psychological health services into ART clinics would help patients navigate through acceptance of their HIV disclosure outcomes.*

> ***Stigma and discrimination appeared to be the most general barrier to ART adherence and maintenance of care**. […] **In Pakistan, the stigma of HIV/AIDS is enormous** (Ahmed et al., 2019; Ahmed et al., 2021a; Ahmed et al., 2021d). **It's primarily due to misunderstandings about HIV risk factors and lack of knowledge of advances in treatment such that those who are treated have lowered risk of transmitting HIV** (Ahmed et al., 2021f). Further, we found that **PLWHA were afraid of being ostracised from their family, friends, and the public this may be attributed to poor knowledge among the public regarding the transmission of the virus**. Therefore, it ultimately calls for more public education campaigns (Kumarasamy et al., 2005; Bezabhe et al., 2014; Kuznetsova et al., 2016). **Discrimination towards people with HIV/AIDS is a dynamic socio-cultural phenomenon that is an outcome of viewing people with HIV/AIDS as "less than human."** (Phuphanich et al., 2016). […]*
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> ***In this study, we found Stigma and discrimination, fear of disclosure of HIV infection, economic constraints, forgetfulness, religious factors, ART adverse effects, lack of social support, alternative therapies, COVID-19 related lock-downs and limited care of COVID-19 due to stigma as barriers to adherence to therapy**. On the other hand, social support, family responsibilities, use of reminders, the beneficial impact of ART and initiation of telephone consultations, courier delivery, and long-term supplies of drugs during COVID-19 have improved HIV retention. To facilitate optimum adherence to ART, retention of care, and improved patient outcomes during COVID-19, interventions are needed to ensure enhanced access to health care, social acceptance of HIV, the development of social policies, and improved employment through cooperation between the various stakeholders. »* Source : Ali Ahmed et al., Barriers and Enablers for Adherence to Antiretroviral Therapy Among People Living With HIV/AIDS in the Era of COVID-19: A Qualitative Study From Pakistan, 28 janvier 2022 : https://www.frontiersin.org/journals/pharmacology/articles/10.3389/fphar.2021.807446/full

Muhammad Aizaz et al., 28 juillet 2023:

> *« According to the Figure 2, **the factsheet 2021 published by HIV/AIDS Data Hub for Asia Pacific, Pakistan is having approximately 210,000 people with HIV**. A total of 210,000 are adults with 15+ age in which 41,000 are women and 170,000 are men. While the children below 15 years are 4600. […]*
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> ***According to the National Aids Control Program (a project of Government of Pakistan), the registered HIV cases are 53,718 out of which 32,972 are receiving antiretroviral therapy (ART) in 51 ART centers which is 61% of registered HIV cases**. […]*
>
> *Poor literacy rates, widespread poverty, and hazardous blood transfusions made Pakistan more assailable to HIV. The medical professionals and students have major gap in their knowledge and practices. Due to societal embarrassment and the burden of admitting the reality of extramarital sexual behavior, which embarrasses them in front of their families and even doctors, patients occasionally are reluctant to disclose symptoms at clinics. **The growing number of new HIV patients, coupled with the lengthy travel durations to receive medical attention, substantially restrict the accessibility and adherence of ART.***
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> *Because HIV is a virus that mutates quickly, developing a vaccine to protect against all HIV mutations is a huge issue. **Currently, the sole therapeutic option is ART. Around 147,851 Pakistanis do not have access to it, and in the last 6 months, 7182 patients missed follow-***

> ***up appointments. Because they cannot be produced in Pakistan and need to be imported, ARTs are short in supply. Another significant issue in global health is HIV medication resistance***. » Source: Muhammad Aizaz et al., Alarming rise in HIV cases in Pakistan: Challenges and future recommendations at hand, 28 juillet 2023: https://onlinelibrary.wiley.com/doi/full/10.1002/hsr2.1450

Muhammad Ahmed Abdullah et al., 9 juin 2021:

> « ***Pakistan's health system has a limited capacity to address the HIV spread in the country, with its current resources. There is an obvious scarcity of resources at the preventive, diagnostic and curative level***. *However, menace can be curtailed through measures taken at the service delivery level by checking the unsafe needles practices, unclean surgical procedures and an unregulated and untrained private health workforce which are dangerous potentials routes of transmission of the virus to the general population. Healthcare establishments carry the chances of nosocomial infections including HIV/AIDS. Poverty, illiteracy and stigma associated with the disease is compounding the overall situation. [...]*
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> *Pakistan's HIV epidemic has been declared to be in the concentrated phase, which means less than 1% cases in the general population. However, the major high risk groups (HRGs) exhibiting prevalence higher than 5% which include commercial sex workers (male, female, transgender), injectable drug users, and the repatriated migrant workers.* ***The estimates of people living with HIV/AIDS (PLHIV) are much higher as compared to the actual number of registered cases, because of inadequate flow of information and sparse diagnostic facilities. Stigma attached with the disease further aggravates the situation. In a country with a low literacy rate, where many health perceptions are governed by myths and fallacies, and with a grossly under-utilized public health system; diseases such as HIV attain much greater magnitude based on the financial, social and political hurdles.***
>
> ***Pakistan's National AIDS Control Program (NACP) has registered approximately 44,000 cases till now, but the actual number has been estimated to be as high as 150,000–170,000***. *The health care delivery system has a very important role to play in this equation.* ***The NACP provides preventive, diagnostic and therapeutic services through the hospital based infrastructure in the country. However, the departments assigned with this task, function in a state of isolation; most often due to lack of motivation and planning, and sometimes to avoid stigmatization of their clientele. The NACP, in collaboration with its provincial counterparts, has set up 19 HIV treatment centers all of which are based in hospitals. These centers provide diagnostic, counseling and treatment services to individuals who volunteer or are referred there. In addition, seven centers for the Prevention of Parent to Child Transmission of HIV have also been set up in the country. However, a major disconnect is present between the mainstream health care delivery system and the specialized units for HIV/AIDS. The issue of hospital/healthcare acquired infections adds further aggravates the problem. Medical and surgical procedures lack robust sterilization techniques; and the dental practices require deep rooted attention in this regard. The shabbily managed healthcare waste disposal system is another important block in the puzzle, along with unsafe injection prescriptions and a huge workforce of unregistered medical practitioners. In various surveys conducted in different parts of the country, major gaps have been observed in the knowledge and practices of registered medical practitioners as well as among the medical students***. *[...]*

Researchers interviewed 19 public and private health professionals (men: 12; women: 7) providing preventive and curative services in the HIV/AIDS program of Pakistan. They were mostly medical officers, senior registrars and blood bank managers in case of government hospitals and project managers, field managers, Sexually Transmitted Infections(STI) specialists and project directors in case of NGOs/private institutions. They were all in the age bracket of 30–55 years. Private sector providers were added because there is a pre-dominant health care seeking in private sector in Pakistan. The response rate was 100% and no refusals were faced.

***The delivery of curative and preventive services for HIV/AIDS is managed through various levels of the health system. The public and private sectors both play their part in this regard**. Table 1 elaborates the strengths and weaknesses identified vis-à-vis service delivery. [...]*

Preventive Services: It was learned that preventive services generally lack robustness, and are liable to various alterations due to unstable policies and donor dependence. The periodic interruptions in the funding and implementation agendas were found to be issues requiring close attention. [...]

Diagnostic Services: Since Pakistan has a concentrated HIV epidemic and the disease is in low prevalence in the general population, therefore, regular mass screening campaigns are not conducted, and diagnostic investigations are carried out based on suspicion or referral. This being the case, the health system can only cater to the tip of the iceberg that seeks care for illnesses, ignoring the hidden base. The private sector provides diagnostic services, however physical, financial and social accessibility of the suspected cases were identified as the major impediments in early diagnosis and prompt treatment. [...]

***Treatment Facilities: Antiretroviral drugs are available only at the public sector treatment centers around the country. This process improves the chances of patient registration and drug compliance due to regular follow up visits, and also reduces the threat of drug resistance. Concurrently, it limits the accessibility of individuals from far flung areas. The issue of stigmatization of people attending HIV clinics, hampers their early diagnosis**. [...]*

***Referral Services: Referral of patients is generally non-functional in Pakistan's health care system, especially due to the lack of a structured system and proper feedback mechanism. These services are also misused in certain instances, where unnecessary referrals are made. The lack of a team approach and absence of inter-sectoral collaboration were identified as serious issues in this context**. [...]*

***The Unregulated Private Sector: The public health care delivery system in Pakistan has always faced resource constraints. The private sector hence plugged in the gaps of service delivery and hence a large majority of people seek care at private health facilities**. Furthermore, owing to rampant illiteracy, many people visit unregistered and unqualified medical practitioners, especially in rural and peri-urban areas. These sham healers include a vast array of roadside dental practitioners, and complementary and alternative medical practitioners employing poor needle safety practices; and the traditional birth attendants using unclean delivery kits during childbirth procedures. They are one of the major sources of the spread of blood-borne infections. [...]*

Reaching the High Risk Groups: ***The public sector lacks the capacity to reach out to the HIV high risk groups in Pakistan. Therefore, most of the outreach work related to HIV prevention and control is being carried out by the NGOs****. These organizations provide health education, free condoms and new syringes, and diagnostic and referral services. The public sector has taken up the burden of providing the curative services exclusively****.* » Source: Muhammad Ahmed Abdullah et al., Curing or causing? HIV/AIDS in health care system of Punjab, Pakistan, 9 juin 2021 : https://journals.plos.org/plosone/article?id=10.1371%2Fjournal.pone.0254476

Babar Tasneem Shaikh, 24 juin 2024 :

« ***Pakistan has a hospital bed density of 6 per 10,000 population, well below the recommended 25 per 10,000. This situation is alarming given the fast-growing population and the burden of diseases, highlighting the non-responsiveness of the health system. Moreover, the bed density in the intensive care units across the hospitals in Pakistan is also very limited. Low budgetary allocation for infrastructure improvement, poor planning, and competing priorities have contributed to the current state of affairs****.* *COVID pandemic has further alluded to the need for increase in demand for hospital beds as a pre-requisite towards better preparedness of the health system.* ***UHC necessitates increasing coverage and improving access to quality healthcare, and this is obviously a critical gap that needs to be addressed.***

Essential health workforce density
Pakistan has 1 doctor for every 1000 population, far below the recommended 3–4 doctors per 1000 population. Likewise, the country faces acute shortage of nursing staff due to heavy brain drain for greener pastures and better career prospects*. Currently, nurse-to-population ratio is 0.5 per 1000, compared to the desired 4 per 1000 population****. Population density, treatment seeking behaviours, accessibility issues, and literacy rates should also be considered when projecting the number of health workforce required in a province or area. Moreover, the skill mix of health workforce is critical to confront the shifting burden of disease and transitioning demographic profile. With the present state of affairs, it is challenging for any healthcare system to perform at its optimal level in order to deliver the minimum essential services package.*

Access to essential medicines, vaccines and commodities
One of the three dimensions of UHC is to improve the access to health services, which includes access to essential medicines, vaccines and commodities. Medicines, vaccines and supplies are considered one of the six building blocks of health system strengthening. ***Studies show that essential and even life-saving medicines are often short in supply, with both clinical as well as financial impact on patients in Pakistan, jeopardizing not only their health but also household expenditure****. There are multiple and complex reasons for medicines shortages, ranging from issues with manufacturers, distributors, wholesalers, retailers, disrupting the entire supply chain. The non-availability of medicines and other commodities result in serious risks associated with self-medication, and over-the-counter purchase of medicines, or seeking healthcare from uncertified medical practitioners and quacks****.* *»* Source: Babar Tasneem Shaikh, Universal health coverage in Pakistan: exploring the landscape of the health system, health seeking behaviours, and utilization of health services, 24 juin 2024 : https://pmc.ncbi.nlm.nih.gov/articles/PMC11251088/

Baig, A., & Tayyaba Rahat, 2024 :

> *« **Pakistan's health system faces a multitude of challenges that are making it hard for people to stay healthy. These include inadequate infrastructure and a shortage of healthcare professionals**. However, despite all that, there is hope for a brighter future. This editorial illuminates how Pakistan can pave the way for a more resilient and equitable health system.*
>
> ***At present, healthcare spending constitutes only 0.4% of Pakistan's GDP, significantly falling short of the WHO-recommended allocation of 6% of GDP for healthcare in low-income countries. Furthermore, disparity in allocating this budget among rural and urban communities results in lacking the low income communities to get fundamental health care**. Pakistan tremendously requires an increase in its healthcare budget to enhance its health infrastructure and address the shortage of healthcare professionals.*
>
> ***One of the foremost challenges plaguing Pakistan's health system is the lack of adequate infrastructure and resources. Many healthcare facilities across the country suffer from outdated equipment, inadequate staffing, and insufficient funding. This shortage of resources hinders the delivery of quality healthcare services and exacerbates disparities in access to care, particularly in rural and underserved areas.** To address this challenge, concerted efforts must be made to invest in healthcare infrastructure, improve facility management, and ensure the availability of essential medical supplies and equipment.*
>
> ***Another pressing issue is the shortage of healthcare professionals, including doctors, nurses, and allied health workers. Pakistan faces a critical shortfall of trained medical personnel, leading to overburdened healthcare facilities and diminished quality of care**. To mitigate this shortage, measures such as expanding medical education and training programs, incentivizing healthcare professionals to work in underserved areas, and strengthening primary care services are imperative. Additionally, efforts should be made to enhance the skills and competencies of existing healthcare workers through continuous professional development initiatives.*
>
> ***Furthermore, disparities in access to healthcare pose a significant barrier to achieving health equity in Pakistan. Rural populations, women, children, and marginalized communities often face barriers such as geographical remoteness, cultural norms, and financial constraints that prevent them from accessing essential healthcare services**. Addressing these disparities requires a multifaceted approach, including the expansion of healthcare infrastructure in rural areas, the implementation of targeted outreach and awareness campaigns, and the development of community-based healthcare initiatives tailored to the needs of vulnerable populations.*
>
> *Moreover, the burden of preventable diseases, including communicable diseases such as tuberculosis and malaria, as well as non-communicable diseases such as diabetes and cardiovascular disorders, continues to strain Pakistan's health system. To combat these diseases effectively, comprehensive public health strategies focused on prevention, early detection, and treatment are essential. This includes promoting healthy behaviors, strengthening disease surveillance and response systems, and ensuring access to affordable and high-quality healthcare services for all. »* Source: Baig, A., & Tayyaba Rahat, Addressing the Challenges Faced by

Pakistan's Healthcare System. Pakistan Journal of Medical Research, 63(3), 2024, p.115–116 : https://pjmr.org.pk/index.php/pjmr/article/view/843

Bertelsmann Stiftung, 19 mars 2024 :

> *« Nonetheless,* ***the provision of effective public services in Pakistan is hamstrung by serious capacity constraints. According to the Pakistan Economic Survey for 2022, spending on health care amounted to 3% of GDP in 2020/2021 and spending on education to 2.4% of GDP in the same year****. The net enrollment rate for primary school students stood at 67% in 2020/2021, and* ***there was one doctor available for every 877 Pakistanis in 2022****.* ***In 2019/2020, there were only 0.98 doctors per 1,000 people****, and the primary school enrollment rate was 68% in 2018.* ***The inadequacy of public welfare services has led to the emergence of a large private sector in health care and education. Historically, the budgetary adjustments required by lenders to manage Pakistan's fiscal constraints have led to cuts to social services. This is likely to remain a characteristic of the country's political economy in the future****. […]*
>
> ***In 2019, the PTI government launched the Sehat Sahulat Programme in the KP province, providing universal health insurance to citizens eligible for use in both public and private hospitals. Coverage was extended to Punjab in 2021, and the program was providing health insurance to an estimated 38 million households across the country by the end of that year. While questions remain about its sustainability – currently accounting for 30% of the government's expenditure on health care – it remains the most significant reform to health care provision in decades****. »* Source: Bertelsmann Stiftung, BTI 2024 Country Report Pakistan, 19 mars 2024, p.25-26 : https://www.ecoi.net/en/file/local/2105918/country_report_2024_PAK.pdf

DFAT, 30 avril 2025:

> *« 2.29* ***The standard and availability of healthcare in Pakistan is poor****.* ***The Pakistan Medical Association reported the government spent 1 per cent of GDP on healthcare in the 2022-23 financial year, very low by global standards. There was approximately one doctor per 1,000 people, and even fewer nurses and midwives****.* ***The WHO stated healthcare delivery suffered due to an inadequate workforce, uneven distribution of health professionals and insufficient government funding of the sector, combined with a high rate of population growth****.* ***In-country sources told DFAT the quality and availability of healthcare was generally much better in cities than in rural areas. A 2023 article on challenges facing Pakistan's healthcare system published in Cureus Journal found the inequitable distribution of resources in the healthcare domain in Pakistan had resulted in a 'huge disparity' in health outcomes between those residing in urban and rural areas.***
>
> *2.30* ***Healthcare was devolved to the provincial level in 2010 with implementation managed at the local district level. Healthcare is provided through a mix of public and private hospitals, clinics and GPs****. Village-based 'Lady Health Workers' also service many rural communities. A range of traditional healers and unlicensed medical practitioners also practice in Pakistan.*
>
> *2.31* ***The public health system is free for Pakistanis and some medicines can be accessed free of charge from government-run hospitals in all provinces. In 2024, there were 1,201***

***hospitals, 5,518 Basic Health Units, 683 Rural Health Centres, 5,802 dispensaries, 731 Maternity and Child Health Centres and 347 tuberculosis centres, with an estimated 123,394 total beds available**. **Government investment in primary healthcare had continually decreased, resulting in the number of community healthcare providers shrinking significantly, especially in rural Sindh and Balochistan**. Fitch Solutions' Country Risk and Industry Research Unit forecast healthcare spending as a share of GDP is set to fall to 2.5 per cent by 2026.*

*2.32 **The private sector supplements Pakistan's limited, under resourced public health facilities. The number of private hospitals, clinics and diagnostic labs has increased considerably since 2020. In 2024, most healthcare services were contracted out by provincial governments, even in rural areas, with upwards of 80 per cent of the healthcare system administered by the private sector. Approximately 60 per cent of healthcare costs were borne as out-of-pocket expenses by patients.***

*2.**33 In 2019, Pakistan's government introduced the Sehat Sahulat Program or SSP to provide financial protection and access to healthcare services for the poorest and most vulnerable segments of society. The National Database and Registration Authority (NADRA) administered the SSP and issued eligible households with health insurance cards, which provided access to free primary and secondary healthcare services, including hospitalisation, surgeries and diagnostic tests. The SSP operates nationwide and has received international praise for improving access to healthcare for the poor. However, local media reported in September 2023 a high number of patients in Punjab were refused treatment under the SSP due to a payment dispute between the provincial government and insurance provider**. **On 8 December 2023, Health Minister, Dr Nadeem Jan, stated Pakistan was not closing the SSP but faced financial difficulties continuing the program in Islamabad, Azad Jammu and Kashmir, Gilgit-Baltistan (GB) and the District of Tharparkar in Sindh.***

*2.34 **DFAT assesses Pakistanis can access healthcare services without discrimination but quality and availability varies widely and could be inadequate, especially in rural areas. The poor and most vulnerable - those unable to afford private health care services - are disproportionally affected in areas of Pakistan where public health care services are not available**. […]*

People living with HIV

*2.40 The first case of HIV in Pakistan was recorded in 1987 but widespread infection did not occur until 2004. Significant outbreaks of HIV occurred in Punjab in 2021 due to local healthcare facilities re-using contaminated needles. **In 2021 there were approximately 25,000 new HIV infections country-wide and a further 27,000 in 2022. By 2023, a total of 210,000 adults and 4,600 children below the age of 15 years were living with HIV**. According to the WHO, Pakistan faced an elevated risk of HIV transmission as a result of poverty, low literacy, gender-related discrimination, ignorance about modes of transmission and stigma prohibiting people with risk behaviours from seeking HIV testing or disclosing their HIV positive status. In 2024, HIV was considered a 'concentrated epidemic' in Pakistan because its prevalence in traditional risk groups (including people who inject drugs, the transgender community, sex workers, and men who have sex with men) exceeded 5 per cent.*

2.41 ***Pakistan's government runs 70 HIV treatment centres offering free testing, antiretroviral therapy (ART) and diagnostic services to 'all those infected and affected by HIV'. However, local health experts stated not all HIV/AIDS-related health services were available in government facilities and patients had to pay out-of-pocket fees for some services. Pakistan's National Aids Control Program stated only 25 per cent of those living with HIV had registered for treatment, of which only 61 per cent received ART in 2023.***

2.42 ***The misconception HIV can only be transmitted by 'illicit' or extramarital sex is pervasive in Pakistan. Some also link those living with HIV with same-gender sexual behaviour, prohibited under Islam, resulting in stigma, prejudice and social exclusion. Social stigma often leads people living with HIV to hide their diagnosis to protect their family's 'honour'. A 2017 USAID-funded study on discriminatory attitudes toward people living with HIV in Pakistan found: 58 per cent of women and 62 per cent of men said they would keep the positive HIV status of a family member secret, more than 54 per cent of respondents said they would not buy vegetables from an HIV-infected vendor; and 35 per cent of women and 48 per cent of men would not be willing to allow an HIV-infected teacher to continue teaching in a school. Pakistani Demographic Health Survey (PDHS) data from 2017–18 reported 59 per cent of respondents harboured 'negative attitudes' toward people living with HIV and poor knowledge of HIV and low levels of education were associated with discriminatory attitudes towards individuals living with HIV.***

2.43 ***In March 2023, Deutsche Welle interviewed people in KP living with HIV about the challenges they faced. Interviewees reported common experiences including eviction from joint households shared with extended families after their HIV diagnoses became known. Deutsche Welle reported a man living with HIV and his family had suffered 'social rejection, discrimination, and stigma and felt like pariahs among our own people.' A woman living with HIV said she was forced to move with her 7-year-old child to another village kilometres away from her extended family****. Although she had accessed treatment, she did not disclose her HIV-positive status to any other villagers due to fear of further eviction.* ***The Pakistan Institute of Medical Sciences reported in 2017 people living with HIV were often denied medical services, including dentistry, surgery and obstetric care, and their HIV-positive status was sometimes disclosed without consent.***

2.44 ***Sindh is the only province to have passed dedicated legislation to protect people living with HIV from discrimination. Chapter 3 of the Sindh HIV Law (2014) 'prohibits discrimination by any person, whether in the field of health care services, education, employment, provision of general utility and or any other form of services and or in relation to accommodation, whether in respect of accommodation for lease, rent, to let or hire and or for purchase, against another person on the basis of such other person's HIV status, or presumed, suspected or alleged HIV status'. Those found to have discriminated against an individual on the basis of their HIV status in Sindh can be punished with fines of PKR50,000 (approximately AUD273), although it is unclear whether this is enforced.***

2.45 ***The Constitution guarantees Pakistanis fundamental rights, including 'equality of status, of opportunity and before the law, social, economic and political justice' but there are no HIV-specific national laws in Pakistan****. In 2018, Pakistan's government, in partnership with civil society organisations (CSO), launched a program targeting individuals most at-risk to educate them on HIV prevention, testing, counselling, and connected them to HIV*

treatment services. In 2023, approximately 54 CSOs delivered programs to raise HIV/AIDS awareness and provide support for those living with HIV.

2.46 ***DFAT assesses people living with HIV experience a moderate risk of official discrimination based on their HIV status, including when accessing public medical services. People living with HIV face a high risk of societal discrimination based on their HIV status in the form of accessing housing and employment. DFAT is not aware of violence perpetrated against people living with HIV based on their HIV status alone****. Members of the LGBTQIA+ community may face elevated risks.* » Source: Australian Government - Department of Foreign Affairs and Trade (DFAT), DFAT Country Information Report Pakistan, 30 avril 2025, p.11-14 : https://www.ecoi.net/en/file/local/2124845/country-information-report-pakistan.pdf

EUAA, décembre 2024:

*«****7.3. Healthcare***

The US government's International Trade Association (ITA) Healthcare Technologies Resource Guide explained that Pakistan's public and private healthcare systems operated in parallel. While private health-related facilities were predominantly located in urban areas, public sector health services were available at all levels, including through rural health centres and Basic Health Units (BHUs). According to the Pakistan Economic Survey 2023-24, Pakistan had 1 284 hospitals, 5 520 BHUs and 299 113 registered doctors as of 2023. The same year, public health expenditures amounted to 1 % of the country's GDP. In an article of April 2024, Saroop Ijaz, Senior Counsel at Human Rights Watch stated with reference to the Pakistani healthcare NGO Sehat Kahani that about 42 % of the country's population did not have access to health coverage. An even higher percentage – more than 50 % – had no access to basic primary healthcare services, an issue that particularly affected the population in conflict-affected and rural areas as well as minority groups and marginalised communities, according to the Global Call to Action Against Poverty (GCAP) network. ITA pointed to some of the main challenges for the country's healthcare system, such as insufficient funding, an uneven distribution of health professionals as well as a lack of personnel, high population growth and limitations in accessing quality healthcare. Population growth and private healthcare unaffordable to most led to increased pressure on the public health system, affecting the quality of care due to a shortage of bed, wards and long waiting times. High turnover rates among healthcare professionals further reduced an already scarce workforce. The Pakistan Medical Association (PMA) noted that limited resources for prevention, testing and treatment, as well as the presence of 'quacks' (unqualified medical practitioners) contributed to the spread of diseases such as Hepatitis B and C. *Local media sources reported on government operations against 'quacks' in April,1656 June, and September 2024.*

In October 2023, DW reported an increase in drug shortages and pointed to several factors contributing to the situation: high inflation, which made importing medicines or their active ingredients more costly; the hoarding of medicines by some traders to sell them for profit during shortages; and government-approved price increases for essential and non-essential drugs, directly affecting more than 80 000 drugs. The increases came into force in September 2023 and exacerbated the situation to the extent that also hospitals lacked access to about 100 lifesaving drugs, according to a lawyer and activist

quoted by DW. Moreover, domestic drug production depended to 90 % on the import of raw materials from different countries, according to DW. Due to the ongoing inflation, these imports had become costly, leading to the shutdown of about 200 of Pakistan's small pharmaceutical plants. Another increase in prices for 146 essential medicines was approved in February 2024. According to Insecurity Insight's interactive global map on attacks against healthcare, there were 18 reported incidents of conflict-related violence that affected healthcare in Pakistan in the period 1 October 2023 to 9 October 2024. These incidents resulted in 1 health facility damaged, 12 health workers killed, 6 health workers abducted, and 3 health workers wounded. During the same period, 13 vaccination-related incidents were reported, in which 4 health workers were killed, 5 abducted and 2 injured. » Source: European Union Agency for Asylum, Pakistan - Country Focus, décembre 2024: https://www.ecoi.net/en/file/local/2119206/2024_12_EUAA_COI_Report_Pakistan_Country_Focus.pdf.

Qurat-ul-Ain Hafeez et al., 10 février 2018:

« ***In Pakistan, despite the availability of hepatitis B vaccine, approximately 2.5% of population is afflicted with CHB, hence leading to significant morbidity and mortality associated with end stage liver disease and hepatocellular carcinoma (HCC).*** *The treatment of CHB is complex due to various phases in natural course of hepatitis B virus (HBV) infection. To guide treating physicians in decision making while managing patients with CHB, evidence based consensus guidelines have been developed by various societies including Asia Pacific Association for the Study of the Liver (APASL), European Association for the Study of the Liver (EASL) and American Association for the Study of Liver Diseases (AASLD). The treatment for HBV infection depends upon certain parameters including severity of fibrosis, serum HBV DNA and alanine transaminase (ALT) levels and HBeAg status. [...]*

Factors Affecting the Choice of Drug
For choosing the drug to treat patients with CHB, majority of the participants considered drug efficacy (93.3%), cost of treatment (82.1%), safety (79.9%) and low resistance (57.7%) as a top four key elements while rest of the participants choose patient preference (27.9%), finite duration of therapy (24.6%), history of flare and hepatic function (12.8%), and promotion by drug company (3.4%) as other factors.

Drug Preferences for CHB Therapy
Approximately 25.7% and 23.5% participants preferred tenofovir (TDF) and entecavir (ETV) as first line and rescue therapy. ETV (43.0%), TDF (38.5%) and Peg IFN ∞ 2a (30.2%) were considered as the preferred first line therapy by most of the participants. While, 17.9% participants selected combination of ETV with TDF as a rescue therapy followed by adefovir (ADV) monotherapy (16.2%), lamivudine (LAM) in combination with ADV (15.6%) and TDF monotherapy (15.1%) as shown in Figure 2*. [...]*

This is the first study evaluating the knowledge and practices regarding HBV among health care physician in Karachi, Pakistan. In our study 72 (40.2%) participants had poor knowledge in 4 principal areas of CHB management, i.e. liver biopsy, treatment initiation, antiviral prophylaxis consideration in immunocompromised patients and drug of choice in HBV-HDV co-infected patients. However, only 29.6% participants scored for good knowledge in compliance with guidelines.

Almost >50% of the participants knew criteria for liver biopsy according to existing guidelines. Regarding initiation of treatment most of them were able to make a correct decision in HBeAg positive patients with elevated ALT (92.2%) and cirrhotics (66.5%). However, only 21.8% participants decided correctly for not to start treatment in HBeAg positive and for immune tolerant patients (Table 2). » Source: Qurat-ul-Ain Hafeez et al., Management of Chronic Hepatitis B: Knowledge and Practices of Physicians in Pakistan, 10 février 2018: https://pmc.ncbi.nlm.nih.gov/articles/PMC6286432/

HRCP, 2023:

« All the former inmates who were interviewed were unanimous in their assertions that ***there is a constant scarcity of medicine in jails, and that the medicines administered in the prisons are of substandard quality. Masood Khan, a former judiciary advisor for Adam Smith International's Justice Systems Support Programme (JSSP) in KP, iterated the same concern while talking at the national FGD organised by HRCP: "Medicines used in prisons are sometimes from obscure sources, and their potency is questionable. The lowest bid is the primary consideration for governments." According to former inmates, medicines given by the jail medical staff consisted mainly of pain killers (often Paracetamol) and some anti-allergies no matter the symptoms. This, they said, is the standard jail remedy. If they needed any other medicine, they had to get it from outside jail premises through friends and families. However, medical officers from two Karachi jails and a Peshawar jail denied this, asserting that they had sufficient supplies of good quality medicines at their disposal.*** *The medical officer at Malir District Jail said that they follow stringent protocols for medicine procurement and prefer only medicines from companies approved by the Central Drug Authority. »* Source: Human Rights Commission of Pakistan (HRCP), The Ailing Prisoner - Access to Healthcare in Pakistan's Prisons, 2023, p.1, 6-9, 16 : https://hrcp-web.org/hrcpweb/wp-content/uploads/2020/09/2023-The-Ailing-Prisoner-Access-to-Healthcare-in-Pakistans-Prisons.pdf

HRW, 22 avril 2024 :

« ***Muhammad Boota, a domestic worker in Lahore, requires an insulin injection every 10 days to help manage his diabetes. But just one of these injections costs about one-third of his meagre monthly salary. As with millions of Pakistanis with health conditions, the only thing that keeps food on his table and a roof over his head is unreliable charitable assistance to help pay for an unaffordable medicine that he cannot live without. His story is just one of so many examples of Pakistan's severe healthcare crisis and one of so many reasons why the government needs to change course to ensure every Pakistani's human right to the highest attainable standard of health.***

According to the Pakistani nongovernmental healthcare organization, Sehat Kahani, more than 50 per cent of Pakistanis do not have access to basic primary healthcare services, and approximately 42 per cent have no access to health coverage. But recent government policy changes will most likely make this worse. In February, the cabinet increased the prices of 146 essential medicines, placing many of them even further out of the reach of people with lower incomes*. »* Source : Human Rights Watch (HRW), Saroop Ijaz, "In Sickness and in Debt: The Right to Health", 22 avril 2024 : https://www.hrw.org/news/2024/04/22/sickness-and-debt-right-health

HRW, 29 mars 2023:

> *« **Pakistani authorities have systematically deprived prisoners of adequate health care, leaving thousands at risk of disease and death**, Human Rights Watch said in a report released today. **Outdated and discriminatory bail laws have led to severe overcrowding, with most prisoners yet to be tried or convicted.***
>
> *The 55-page report, "A Nightmare for Everyone: The Health Care Crisis in Pakistan's Prisons," **documents widespread deficiencies in prison health care in Pakistan and the consequences for a total prison population of more than 88,000 people. Pakistan has one of the world's most overcrowded prison systems, with cells designed for a maximum of 3 people holding up to 15. Severe overcrowding has compounded existing health care deficiencies, leaving inmates vulnerable to communicable diseases and unable to get medicines and treatment for even basic health needs, as well as emergencies.***
>
> *"Pakistan's prison system is in need of urgent, systemic reform," said Patricia Gossman, associate Asia director at Human Rights Watch. "Successive governments have acknowledged the problem and done nothing to address the most critical needs to overhaul bail laws, allocate adequate resources, and curb corruption in the system."*
>
> *Human Rights Watch interviewed 54 people, including former inmates in Sindh, Punjab, and Islamabad, among them women and juveniles, lawyers for detainees and convicted prisoners, prison health officials, and advocacy organizations working on prisoner rights.*
>
> ***The principal cause of overcrowding is the dysfunctional criminal justice system itself, Human Rights Watch found. Most inmates are under trial and have yet to be convicted. The majority facing criminal trials are poor and lack access to legal aid. A lack of sentencing guidelines and the courts' aversion to alternative noncustodial sentences even for minor offenses significantly contributes to overcrowding.***
>
> ***The crisis in prison health care reflects deeper failures in access to health care across Pakistan, exacerbated most recently by an economic crisis. Poor health care intersects with a range of other rights abuses against prisoners, including torture and mistreatment, and is a key symptom of a broken judicial system. Corruption among prison officials and impunity for abusive conduct contribute to serious human rights abuses**.*
>
> ***Rich and influential inmates sometimes serve out their sentences outside prison in private hospitals, while poorer prisoners pay bribes just to get pain relief medication**. Colonial-era laws enable the government and other powerful people to interfere in police and prison operations, sometimes directing officials to grant favors to allies and harass opponents.*
>
> ***Poor infrastructure and corruption have left prison healthcare services vastly overstretched. Most prison hospitals lack adequate budgets for medical staff, essential equipment, and sufficient ambulances. Almost all prisoners interviewed described unhealthy and inadequate food, dirty water, and unhygienic conditions. Prisoners said that often their only option for drinking water was from the tap, which is generally unfit for drinking in Pakistan due to its high arsenic content.** »* Source: Human Rights Watch (HRW),

Pakistan: Prisoners Deprived of Adequate Health Care, 29 mars 2023: https://www.hrw.org/news/2023/03/29/pakistan-prisoners-deprived-adequate-health-care

Salman J Khan et al., 4 septembre 2023 :

« No healthcare system can be labeled as perfect because of the growing needs of people, constantly emerging new public health challenges, and the diversity of population demographics around the globe. Every system needs continuous pruning to fulfill the needs of its people through analysis of its shortcomings and strengths. ***Pakistan's healthcare system (PHS) is not an exception to this principle. PHS comprises private and public sectors, catering to a huge population of more than 220 million. There are many challenges faced by PHS including inadequate funding, infrastructural limitations, brain drain of health professionals, limited focus on preventive healthcare (PHC), and inequitable resource allocation. Among these issues, Pakistan's first comprehensive universal health coverage (UHC) initiative, Sehat Sahulat Program (SSP), can be considered the most outstanding achievement of the PHS.***

Challenges

PHS faces many challenges that hinder its ability to provide adequate and efficient healthcare services to its citizens. One of the significant challenges is insufficient funding. Pakistan spends around 38 US Dollars (USD) per capita on healthcare, which is much lower than other developing countries*. As compared to Pakistan, India, the Philippines, and Ghana spend 57, 165, and 85 USD per capita on healthcare, respectively.* ***Pakistan spent 1.2% of its gross domestic product (GDP) on the public health sector in 2020-2021 as compared to 1.1 in 2019-2020, which is not a significant increase when viewed in terms of GDP percentage. The lack of sufficient investment in the PHS has led to another challenge which is a shortage of health infrastructure, medicines, medical equipment, and qualified healthcare professionals****. Although there is an increase in human resources from 2014 to 2021, this growth is not enough to cater to the needs of the population growing at 2% per annum (Table 1).* ***Around 32,879 physicians graduate every year in Pakistan and 40% of them go abroad for better opportunities citing low income, long hours of job, and inequality as the main reasons.*** *According to a study conducted at two different medical colleges, 33% of medical students plan to leave the country to practice healthcare abroad.* ***This brain drain puts undue pressure on the PHS resulting in inadequate provision of health facilities to people****. […]*

Limited focus on PHC is another significant issue PHS faces. PHC includes measures to prevent diseases and promote health, such as immunizations, screenings, and health education. Pakistan's government has taken several steps over the years to promote PHC which include the Lady Health Workers (LHW) programme, the expanded programme on immunization (EPI), the Polio Eradication Initiative (PEI) Programme, the Malaria Control Programme (MCP), Tuberculosis (TB), Control Programme, and establishment of basic health units (BHUs) and rural health units and rural health units (RHUs). ***In 2021, there were 1,276 hospitals, 5,558 BHUs, 736 RHCs, 5,802 Dispensaries, 780 Maternity and Child Health Centers, and 416 TB centers in Pakistan****. However, all these initiatives have not been able to drastically improve the health indicators of Pakistan, which are much worse than its peers (Table 2). These initiatives are not enough for a population of more than 220 million.* ***There is still a scarcity of resources in the PHC realm and the people do not have access to these services because of less***

developed PHC centers or even the absence of these centers nearby. Even with access to these facilities, the population does not get involved in preventive health because of a lack of awareness and education regarding its importance to their own health. Many people in Pakistan lack basic health literacy, which means they do not have the knowledge and skills to access and use healthcare services effectively. *[…]*

The inequitable distribution of healthcare resources is a serious threat to the PHS. ***The healthcare resources, including hospitals, clinics, and healthcare professionals, are concentrated in the urban areas, leaving rural areas with inadequate healthcare facilities. It leads to a significant disparity in healthcare access and outcomes between urban and rural populations.*** *The Community Health Index (CHI) reflects the unequal distribution of healthcare resources. CHI measures the disparities between different regions based on health and well-being.* ***Pakistan scored an inequality ratio of 16.59 CHI, which means that the upper-tier districts are 16.59 times healthier than the lower-tier districts***. *The disparity ratio differs by approximately 10 points between the urban and rural areas (7.78 and 17.54, respectively) showing a huge disparity in resources.* ***This data reveals the inequitable distribution of resources in the healthcare domain in Pakistan. Consequently, the rural healthcare system lacks basic medical equipment, diagnostic facilities, and medications, leading to a lack of proper patient diagnosis and treatment. All these shortages increase the burden on the infrastructure in cities and, in turn, lead to inadequate provision of health facilities, physician shortages, and dissatisfaction among patients.***

Sehat Sahulat Program: UHC Initiative

UHC is a concept coined by the WHO that aims to ensure essential health services to everyone without any financial hardship. UHC is a part of the Sustainable Development Goals (SDGs) adopted by the United Nations (UN) in 2015. Pakistan is a signatory of the SDGs. The goal of UHC is expressed in the UN 2030 agenda as part of the SDGs in Goal 3, which focuses on health (target 3.8). UHC is the primary step toward providing health as a fundamental right of citizens. The biggest achievement of the PHS is the UHC initiative in the form of the SSP.

SSP is a public sector-funded health insurance initiative of the federal and provincial governments working to provide financial health protection to all citizens against extraordinary healthcare expenditure. SSP is a landmark healthcare initiative that is considered an important step toward UHC. SSP was implemented first by the Khyber Pakhtunkhwa (KPK) provincial government in 2015 to provide free health insurance coverage to the poor and vulnerable populations only. Then, the federal government of Pakistan in cooperation with the provincial governments rolled out the SSP in other provinces in 2019. The program is funded by the government of Pakistan and is managed by the Ministry of National Health Services, Regulations, and Coordination. The program has two main components: (i) free health insurance coverage for eligible households and (ii) a network of participating hospitals and clinics where eligible households can access healthcare services. The SSP initially provided social insurance only to families living below the poverty line but is now gradually moving toward every citizen. As of 2022, the SSP has been implemented in 36 districts of Punjab, 35 districts of Khyber Pakhtunkhwa, 10 districts of Azad Jammu and Kashmir (AJK), 10 districts of Gilgit Baltistan (GB), Islamabad Capital Territory (ICT) and Hardaker district of Sindh, reaching approximately 44.6 million households. *The Public Sector Development Program (PSDP) is responsible for contributing premiums from ICT, AJK, GB, Federally Administered Tribal Areas (FATA), and*

Thar Parker districts. However, Punjab and KP fund 100% premium contributions from various sources.

Under the SSP, households receive health insurance cards, which can be used to access healthcare services up to one million rupees per year at participating hospitals and clinics. The program covers a wide range of inpatient services, including cardiac procedures, cancer management, burn management, dialysis, complications of diabetes mellitus, trauma management, neurosurgical procedures, abdominal surgeries, fracture management, and other medical and surgical interventions. The program has a tiered benefit structure with higher benefits for households with more vulnerable members, such as women, children, and older people. ***The SSP has a vast network of more than 1030 paneled hospitals across Pakistan. Beneficiaries from any district can get treatment from any of these paneled hospitals.*** *The program has also positively impacted the financial protection of marginalized communities. Transgender people and persons with disabilities registered with the National Database Regulatory Authority (NADRA) were also enrolled in this program. They have given access to UHC, a giant leap in the inclusion of the ignored community.* ***In Pakistan, out-of-pocket (OOP) expenditures on health are more than 60% of the total health expenditure. The SSP has shared this cost at every level of healthcare. Moreover, it serves 154 million people in Pakistan, which is the first-ever health insurance initiative in the history of Pakistan. Till March 8, 2022, over 3.2 million hospital visits have been recorded under the SSP's health cards. The shared health expenditure has also facilitated people's access to medical services which they used to avoid in the past due to high healthcare costs, thus promoting health and wellness.***

There are a few limitations to this program. Many families have complained about the incompatibility between the cost of treatment in private-sector hospitals and the limits set by the program. Patients are expected to pay the difference. In some instances, patients were turned away without any medical services due to the inability to pay. Another issue is the interrupted continuity of the SSP due to recent political and economic instability in Pakistan. It is still functional in some parts of the country while being suspended in others.

Conclusion

As Pakistan is a developing country, its healthcare system must make many improvements to meet the needs of its population. ***The challenges faced by Pakistan's healthcare system include insufficient funding, inadequate healthcare workforce and infrastructure, less focus on preventive health, and inequitable distribution of resources. These challenges need comprehensive policy formulation focused on increases in healthcare funding and allocation of equity-based resources. The most significant achievement of PHS is the initiative toward UHC through the SSP. This initiative has decreased the burden of healthcare expenses and increased access to healthcare services for people, including marginalized communities.*** *»* Source: Salman J Khan et al., Pakistan's Healthcare System: A Review of Major Challenges and the First Comprehensive Universal Health Coverage Initiative, 4 septembre 2023 : https://pmc.ncbi.nlm.nih.gov/articles/PMC10548490/

Wajeeha Bilal Marfani et al., 24 août 2022 :

> *« As HIV is a rapidly mutating virus, the development of a single vaccine to curb all HIV strains serves as a major challenge to human society in recent times.* ***Antiretroviral treatment (ART) is the only available regimen currently. Approximately, 147,851 individuals in Pakistan do not have access to it and 7182 patients missed a follow-up visit in the last 6 months usually because of the social stigma and resistance to accepting the existence of non-marital sexual activity, which hinders patients from reporting symptoms at clinics, drawing scorn from families and even physicians. ART availability and adherence are severely hampered by the rising number of new HIV patients and great travel distances to seek medical treatment as there is a lack of expertise to run ART clinics****. Due to the rising annual rate of inflation, the ARTs are running out of stock as they are not manufactured in Pakistan and must be imported. HIV drug resistance is also a critical global health issue that can affect HIV treatment in countries with fragmented healthcare systems, shortages of second-line ART regimens, and suboptimal virus surveillance****. […]***
>
> *The current data suggests that in Pakistan there is a dearth of effective systematic surveillance programs and strict policies to halt HIV spread and accurate evidence-based statistics are missing. The country is also lacking in providing adequate budgets, rehab centers for injecting drug users (IDUs), vigilant therapies for the vulnerable population, and contact tracings. This lack of multidisciplinary measures, absences of willingness, and ignorance from healthcare sectors can give rise to new variants that might be difficult to combat. […]*
>
> ***Approximately 54 non-governmental organizations (NGOs) work to raise awareness about HIV/AIDS and provide care and support for those living with the disease.*** *As part of their education and prevention programs, these NGOs also provide education and prevention to sex workers, truck drivers, and other groups at risk. In each of Pakistan's four provinces, they serve as members of the Provincial HIV/AIDS Consortium to coordinate HIV/AIDS prevention and control efforts.* ***Despite NGOs' active involvement in HIV/AIDS prevention, fewer than fifteen percent of the vulnerable are reached.***
>
> *The recent rise in HIV infection could be indicative of a lapse in detection and reporting.* ***A major factor that results in under diagnosis and delayed treatment is the stigma surrounding HIV.*** *To tackle this issue, awareness programs centered around basic information on what the virus is, how it affects the body and spreads from individual to individual, and the benefits of prompt treatment and other precautions, need to be held on community level with the help of influential institutions including religious or feudal leaders alongside healthcare professionals. Social organizations can have a significant contribution in the spread of relevant knowledge through social media, door-to-door campaigns and pamphlets to aid prevention, diagnosis and treatment. »* Source: Wajeeha Bilal Marfani et al., The rise in HIV cases in Pakistan: Prospective implications and approaches, 24 août 2022 : https://pmc.ncbi.nlm.nih.gov/articles/PMC9464852/

Memon Medical Institute Hospital, 7 mars 2022:

> *«* ***For many, lack of financial resources is a primary barrier to access primary healthcare in Pakistan. Moreover, people without health insurance are much less likely to seek preventive or primary care services.*** *This often leads to poor health outcomes. People without Health insurance often put off getting care when they’re ill or injured. Since people with Health*

insurance are more likely to seek timely care for illnesses and injuries. » Source : Memon Medical Institute Hospital: "Access to Primary Health Care in Pakistan", 7 March 2022 : https://mmi.edu.pk/blog/access-to-primary-health-care-in-pakistan/

Niaz Mustafa et al., 30 juin 2024:

*« **The health care system in Pakistani prisons faces numerous challenges, including over-crowding, poor sanitation, and insufficient medical facilities. Studies by human rights organizations, such as Human Rights Watch and Amnesty International, have documented severe deficiencies in the health care services provided to inmates. Prisons are often overcrowded, leading to unsanitary conditions that exacerbate health issues among inmates.***

Medical facilities in prisons are typically under-equipped and understaffed, resulting in inadequate treatment of both chronic and acute health conditions. Mental health services are particularly lacking, with few prisons providing any form of psychological support or counseling. The lack of a structured career progression for paramedical staff also contributes to low morale and inefficiency, further compromising the quality of care.

***Women prisoners face additional challenges, including inadequate medical advice and diagnosis, leading to worsened health conditions. The lack of proper facilities and support for female inmates, particularly those with families, exacerbates their physical and mental health issues. Furthermore, the proximity of female inmates to male prisoners raises concerns about sexual harassment and assault, with severe psychological and physiological impacts.** »* Source: Niaz Mustafa et al., Assessing prison Health care in Pakistan : A legal perspective, 30 juin 2024, p.3157 : https://ijciss.org/index.php/ijciss/article/view/1075/1201

Noreen et al., décembre 2021:

*« **Pakistan is currently challenged with various political instabilities that further damage the healthcare fabric of the country. In Pakistan, historically, the political thrust has been absent from the formulation of health policy, reflected in the low public allocations to health over time resulting in 90% of out-of-pocket expenditure for health among people in Pakistan**.* » Source : Noreen et al., "Geriatric Care in Pakistan: Current Realities and Way Forward", Pakistan Journal of Public Health, 11(4), décembre 2021, p. 216 : https://pjph.org/index.php/pjph/article/view/872

Pakistan Today, 27 janvier 2024:

*« (…) **Financial barriers pose significant hurdles to accessing healthcare in Pakistan. The country's high poverty rate, coupled with a large population, means that a considerable portion of the populace cannot afford even basic medical services. Private healthcare in Pakistan is often costly, while public healthcare facilities, although more affordable, may face shortages of resources and long waiting times. The lack of comprehensive Health insurance further exacerbates financial barriers to healthcare access. Without insurance coverage, individuals and families must bear the full burden of medical expenses, which can push many into financial distress. This financial strain often deters people from seeking healthcare, even when they require urgent medical attention.***

> *The disparity between public and private healthcare services intensifies the scarcity of healthcare availability in Pakistan.* ***Though the public healthcare system aims to provide affordable healthcare, it often struggles with issues related to quality and resource allocation. The private healthcare sector, on the other hand, while offering higher-quality services, is provided at a significantly higher cost****.* ***This unequal distribution of HealthCare resources leaves those reliant on public facilities underserved****. »* Source : Pakistan Today, "Poverty of Healthcare Infrastructure in Pakistan", 27 January 2024 : https://www.pakistantoday.com.pk/2024/01/27/poverty-of-healthcare-infrastructure-in-pakistan/

Quratulain Muhammad et al., 10 juin 2023 :

> *«* ***The healthcare system in Pakistan is facing several challenges. There is a massive shortage of hospitals, doctors, nurses, and paramedical staff... Two parallel systems exist in the healthcare system of Pakistan. One consists of public hospitals, and the other consists of private hospitals. The former is short even of basic healthcare facilities, and the latter is too costly for the people of Pakistan to afford.*** *Solutions to the stumbling and compromised healthcare system of Pakistan are adequate financial support and infrastructure development…*
>
> ***'The system is plagued with numerous flaws, ranging from inadequate infrastructure to inequitable distribution of healthcare facilities. The lack of adequate healthcare infrastructure is one of Pakistan's biggest challenges. There is an extreme shortage of healthcare facilities, including hospitals, clinics, and diagnostic centers.***
>
> ***'The chronic underfunding of the health sector is a massive reason for the lack of infrastructure, burdened by corruption, an unstable political system, and inequitable distribution of resources... Currently, healthcare expenditure accounts for a mere 0.4% of Pakistan's GDP, well below the WHO- [World Health Organisation] recommended GDP to be spent on healthcare, i.e., 6% for low-income countries****. Moreover, this funding is inequitably distributed to Pakistan's urban and developed cities. Hence, access to healthcare services is marked by stark disparities, with the rural population and low-income communities lacking basic healthcare facilities...***
>
> ***'In conclusion, Pakistan's healthcare system faces significant challenges in providing effective and equitable healthcare to its citizens****. However, these challenges can be overcome by strategic planning, the allocation of adequate funds, and the government's keen interest in improving the current conditions. The political unrest in Pakistan has played a huge role as the rapid change in management and leadership interrupts the continuity of policies. »* Source: Quratulain Muhammad et al., Healthcare in Pakistan: Navigating Challenges and Building a Brighter Future, 10 juin 2023 : https://pmc.ncbi.nlm.nih.gov/articles/PMC10332330/

Hussain Ahmed Raza et al., juin 2024 :

> *« The National AIDS Control Program, founded in 1986, has had difficulty in achieving adequate coverage of preventive, diagnostic, and curative programs among key populations. The 90-90-90 target is a metric devised by UNAIDS to track the progress of national HIV efforts; under this,* ***UNAIDS envisages that by 2020, 90% of PLHAs will know they are infected,***

> ***90% of PLHAs will be accessing treatment, and finally, 90% of PLHAs on treatment will have viral loads that are suppressed. As it stands, this target is woefully underachieved for Pakistan, with statistics in 2021 demonstrating that only 23% of PLHAs knew their status and only 14% of PLHAs were on treatment.*** *These figures demonstrate just how far Pakistan has to go to achieve complete control over the situation. [...] »* Source : Hussain Ahmed Raza et al., Pakistan's HIV high-risk populations: Critical appraisal of failure to curtail spread beyond key populations, juin 2024 : https://www.sciencedirect.com/science/article/pii/S2772707624000353?via%3Dihub

Hussain A Raza et al., mai 2024 :

> *« **Marginalised communities with HIV in Pakistan are less likely to seek health care when needed and, as such, stigma leads to delayed diagnosis and subsequent undetected spread of HIV. There are 74 antiretroviral therapy centres in the country, functioning as easily identifiable, standalone clinics with clearly labelled signage (figure). People using such facilities, and even doctors providing services at these centres, can easily be identified by local community members. The overt lack of integration of HIV care into regular health systems is perpetuating stigma, driving away those who are most in need of screening and treatment, and contributing to the eventual failure of the strategy. This is also an infringement on the confidentiality rights of people using such centres**. »* Source : Hussain A Raza et al., HIV at a crossroads in Pakistan, mai 2024 : https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018(24)00087-0/fulltext

Saad Abdullah et al., 9 novembre 2023 :

> *« Ensuring safe, effective and affordable medicines and vaccines is an integral component of the Sustainable Development Goals (SDGs) to reduce future morbidity and mortality across countries. However, currently for more than a quarter of the world's population, essential medicines are either unavailable, inaccessible or of low quality, exacerbated by high rates of co-payment and issues of affordability without universal healthcare. It is crucial to address these challenges, and reduce the financial burden of care and its associated morbidity and mortality, especially as **the cost of medicines currently account for an appreciable proportion of the overall cost of care in developing countries**. This is currently the situation in Pakistan, which is a lower-middle income country and the fifth most populous country globally with a population of over 230 million in 2023**. However, approximately 60% of the costs of healthcare in Pakistan is currently borne by patients. Despite price controls, the affordability of medicines in Pakistan remains a problem for most due to appreciable prescribing and dispensing of originator brands (OBs) and high-priced branded generics (BGs) as well as substantial price variations in OBs, BGs and low-priced generics (LPGs). Such issues are exacerbated by concerns with the ability of the Drug Regulatory Authority of Pakistan (DRAP) to properly regulate prices.***
>
> ***Currently, the price of medicines to treat cardiovascular disease is appreciably higher in Pakistan than other similar countries including Afghanistan, China, Egypt, India, Lebanon and Sudan. Recent studies have also shown that prices of originator acyclovir, atorvastatin, ceftriaxone, ciprofloxacin, diclofenac sodium, omeprazole and simvastatin have been 12 to 18 times higher in Pakistan than international reference prices, with originator fluconazole 60 times higher. This has not been helped by a recent hike of 20% in medicine costs by DRAP equating to a 30% increase in the last two years driven by***

inflation. Despite these rises, there are continuing calls for greater price rises from manufacturers with rising inflation and prices of active ingredients continuing to increase as a result of currency devaluation with Pakistan currently importing 90% of its raw ingredients for medicines. *Constraining price rises has resulted in the closure of many small manufacturing plants in recent years despite ongoing requests to increase prices.* ***As a result of these multiple economic challenges, the ability of patients to purchase medicines, especially those on low incomes with chronic non-communicable diseases (NCDs), is deteriorating****. This needs to be urgently addressed. »* Source: Saad Abdullah et al., Coping with increasing medicine costs through greater adoption of generic prescribing and dispensing in Pakistan as an exemplar country, 9 novembre 2023 : https://www.tandfonline.com/doi/epdf/10.1080/14737167.2023.2280802?needAccess=true

Abeer Shahzad et al., 12 juillet 2023:

« Hepatitis B and C have been spreading rapidly across all provinces of Pakistan, mainly due to a lack of awareness about ways of transmission and the reluctance of people to seek medical advice on time, imposing a huge burden on the health care system. The main issue faced by health care workers and health organizations is the lack of effort to reduce exposure to HBV and HCV, especially in high-risk populations. ***The unavailability of vaccines in case of HCV, and a lack of skilled personnel to administer the existing vaccines for HBV, are some pivotal reasons why these diseases are still widespread, especially in places that have zero access to any secondary health care, such as Interior Sindh.***

Lastly, diagnosis is a major practical challenge around the globe. Only 10% of those infected with chronic hepatitis B know their diagnosis, and just 21% of those with chronic hepatitis C know that they are currently infected. Development of point-of-care testing and self-testing is desperately required. ***Although the drugs used in HBV and HCV treatments have been made available in Pakistan, it is important to note that the cost incurred by the regimens is beyond affordability in high-risk rural areas****. Despite Pakistan tackling this serious health issue from many angles, all the stated reasons continue to pose a hindrance in eliminating hepatitis. [...]*

Acute hepatitis B or C infections do not require specific treatment, with the only management being symptomatic treatment. ***The treatment of hepatitis B infection revolves around viral suppression and, therefore, relies on the consistent use of drugs for life after diagnosis. Currently, there are 2 types of interferons (IFNs) available: conventional and pegylated, and 5 nucleos(t)ides: telbivudine, entecavir, tenofovir disoproxil fumarate, tenofovir alafenamide fumarate, and besifovir dipivoxil. Nucleos(t)ides are preferred over IFN therapy due to better patient compliance and fewer adverse effects. In addition, the use of immunotherapy has been tested to assess the impact of boosting the body's antiviral system against HBV. Despite insignificant effectiveness on its own, it is promising as a part of combination therapy with other drugs. A functional cure is, however, yet to be discovered.***

As opposed to HBV, hepatitis B core treatment is focused on cures. Groundbreaking findings from research on the virus' structure and replication mechanism in 2015 enabled the shift from the former treatment, of using a combination of pegylated IFN and ribavirin, to the newly developed pan-genotypic direct-acting antivirals, which have shown viral eradication in 98% HCV patients without significant side effects that were

encountered with used IFN regimens. Sofosbuvir, a common direct-acting antiviral, alongside NS5A inhibitor velpatasvir, showed 99% sustained virologic response (SVR) in patients with compensated liver disease for genotypes 1, 2, 4, 5, and 6, whereas the lower SVR for genotype 3, the most prevalent strain in Pakistan, showed improvement with the addition of ribavirin (94% SVR) even in patients with cirrhosis or decompensated liver disease. *This will also prove beneficial in removing a significant burden on the economy of Pakistan, as estimated by the fact that HCV elimination by 2030 alone can save a net cost of 9.1 billion USD by 2050. »* Source: Abeer Shahzad et al., Hepatitis B and C in Pakistan: is there hope for a better treatment?, 12 juillet 2023: https://journals.lww.com/ijsgh/fulltext/2023/07010/hepatitis_b_and_c_in_pakistan__is_there_hope_for_a.50.aspx

Syed Hassan Ahmed et al., 31 octobre 2024 :

« The pharmaceutical industry in Pakistan is worth more than Rs.300 billion and is growing at a 12% yearly rate. The pharmaceutical business makes an annual contribution of about 1% to Pakistan's GDP (Pharmaceutical Industry, 2018). Despite this, ***Pakistan still has a substantial accessibility gap for essential medications. The overall essential drug storage at PHC, according to Hussain et al., fell short of WHO requirements, with limited access to necessary medications for chronic illnesses and concerning storage conditions in storerooms and dispensing areas*** *(Hussain, Radwan, and Habib 2021).* ***No medication was found to have a high availability rate in a study analyzing the accessibility of specific important medications in Baluchistan, and several were inaccessible at public health facilities, in contrast to the private sector. Similarly, certain medicines like ciprofloxacin and clarithromycin were unaffordable and exceeded the average daily wage*** *(Bibi et al., 2022).*

The absence of these medications at public healthcare units prompts the public to purchase necessary medications at a higher cost from private pharmacies. Furthermore, a lack of proper regulation by the relevant drug authorities culminates in sales without prescription, retailers providing drugs at higher costs, poor storage facilities, provision of falsified drugs, and illegal smuggling*. In such cases, the unfavorable compensating approaches utilized as stand-ins for missing EMs could cause nontreatment, subpar therapy, and a high likelihood of prescription mistakes (Rafi et al., 2021). [...]*

The Sehat Sahulat Program (SSP), a revolutionary healthcare initiative, was launched by the government of Pakistan in 2015 to achieve the goals of universal health coverage (UHC) as set by WHO. The program was first introduced in Khyber Pakhtunkhwa (KP) province. Under this initiative, the 'Sehat Insaf Cards' were issued to families throughout the province. The SSP's principal objective was to grant over 4 billion people in all 35 districts of the KP province access to basic health services. Under this plan, individuals can receive up to Rs. 1 million ($6,000) in annual treatment in more than 400 public and private health institutions across the KP, which accounts for around 25% of the province's total health facilities *(Hasan et al., 2022).*

The program has rapidly expanded throughout Punjab province. On 9 December 2020, the Government of Punjab allocated Rs.65 billion to implement SSP with plans to provide a Sehat Insaf Card to families in all 36 districts throughout Punjab. ***Unfortunately, the governments of Sindh and Baluchistan did not provide provincial funding for the UHC initiatives, which made it difficult to provide UHC to the 60 million residents of those two provinces,***

who make up about 30% of Pakistan's populatio**n. **Additionally, on December 28, 2020, the Pakistani Prime Minister (PM) stated that the SSP program would now be accessible to residents of Azad Jammu and Kashmir (AJK) in more than 350 hospitals that qualified; the expansion was anticipated to help more than a million households. Overall, more than 27 million families have registered with the program as of March 8, 2022, across various provinces (Hasan et al., 2022). » Source : Syed Hassan Ahmed et al., The current state of primary healthcare in Pakistan: a way forward for low-to-middle income countries, 31 octobre 2024 : https://pmc.ncbi.nlm.nih.gov/articles/PMC11569849/

The Express Tribune, 13 janvier 2025:

*« **Given the state of the public healthcare system in the province, the private sector has stepped in to address patients' consultation and treatment needs. However, these services often come at a cost that many households cannot afford.***

Ahmad Saeed, a businessman who developed issues in his liver, had to pay Rs5,000 for each consultation with a well-known liver specialist in the city. "Although, I was able to pay the fee, good doctors are out-of-reach for the low-income masses," said Saeed.

Amin, a resident of Korangi, shared his plight to seek treatment for his father, who complained of stomachache. "Electricity and gas bills had already broken the back of the common people. Now, due to the exorbitant increase in doctors' fees and prices of medicines, treatment is beyond the reach of the poor man. My father was examined by a gastroenterologist, who prescribed medicine after the tests. In all this duration, I incurred expenses of more than Rs20,000," lamented Amin, who paid Rs1,000 for each visit to the doctor.

*Although Amin was able to pay for his father's treatment, **the majority of low-income patients are unable to access quality care and instead turn to alternative medicine**. For instance, Hina, wife of a cloth dyer, revealed that she suffered from kidney stones. "Since doctors' fees are high and government hospitals are overcrowded, I consulted a homeopathy doctor in my locality who charged me the check-up fee and instructed me to get two medicines from a homeopathic medical store," recalled Hina.*

"These days, treatment has escaped the reach of the poor people during the current era of inflation. Hence, people prefer temporary treatment of the disease. Due to their poor financial conditions, they avoid getting permanent treatment," noted Dr Hafeez Memon, a public health expert.

*Abbas Rizvi, a volunteer at a social organization working in the health sector, revealed that **doctors' consultation fee varied depending on the area. "Urban areas often have higher fees than rural areas because of the difference in costs of living. Specialist doctors and those with more experience usually charge more," said Rizvi.***

According to Dr Memon, there are different categories of doctors. "A general physician practicing in a small locality would charge a fee ranging between Rs150 to Rs500. Similarly, the fee of a consultant doctor with a specialization in his field would range between Rs600 to Rs1,200 according to the hospital and area. While doctors who are faculty

members at any medical university holding positions from assistant professor to professor, would charge a fee ranging from Rs2,000 to Rs5,000," said Dr Memon.

Dr Memon went on to confirm that during the last three years, the examination fees for all doctors had increased by 35 to 50 per cent, or Rs100 to Rs2,000. *[…]*

Officials from private hospital associations maintained that private doctors or hospitals charged fees based on their experience and services, hence reports claiming huge increases in consultation fee were not true. *[…]* » Source: The Express Tribune, Private healthcare slips through the fingers, 13 janvier 2025 : https://tribune.com.pk/story/2521667/private-healthcare-slips-through-the-fingers

The Express Tribune, 18 novembre 2019:

*« **In Pakistan, out-of-pocket healthcare expenditure (people paying themselves) is as high as 80%- 90%. Government healthcare facilities, ostensibly free but chronically underfunded, are accessed only by the poorest. Hence, in the absence of a public funded healthcare system, private medicine has flourished and has become a multi-billion dollar industry in Pakistan. Private hospitals, doctors, laboratories, X-ray centres, medical device manufacturers and pharmaceutical companies are all cashing in. Unfortunately, all this is at the expense of the hapless Pakistani population, many of whom sink into poverty and debt to pay their medical costs.***

A cataract operation in Pakistan can cost anything from Rs. 50,000 to 150,000, a normal delivery 'package' in a private hospital up to Rs 200,000-300,000 ***and average cost of a private room between Rs 8000-15,000/day (not including charges for doctor's visit, medicines, tests or other service). An intensive care unit (ICU) bed can be as high as Rs 100,000/day or more. Consultation charges with a specialist can cost between Rs 2,000 to Rs 6,000 per visit. If the hospital stay is prolonged due to complications, the costs go up exponentially.***

With so much money to be made, ***innumerable private healthcare facilities have sprung up all over the country. These facilities can charge whatever they like and there are no standards to meet. All are totally unregulated. Except in a few, there are no mechanisms to address grievances of patients. The acts of violence towards healthcare staff one reads about are in many cases the result of medical negligence and poor quality of healthcare along with the high costs of hospitalisation.*** *[…]*

Without a system to screen people in the community, people access specialists directly, even for minor problems. In 72 years, neither the government nor any institution in Pakistan has developed comprehensive 'health systems,' where minor problems are dealt with by family physicians at primary health care (PHC) units, cases of moderate complexity by secondary care, and only the more complex cases by specialists. *The reason of course is commercial. As long as people are ready to pay, neither the specialist will be too bothered to treat minor ailments such as cough and diarrhea nor will the family physician be hesitant to distribute third generation anti-depressants to patients with complex psychiatric illnesses. »* Source: The Express Tribune, Private healthcare in Pakistan – costly, unregulated and predatory, 18 novembre 2019 : https://tribune.com.pk/article/90951/private-healthcare-in-

pakistan-costly-unregulated-and-predatory#:~:text=Consultation%20charges%20with%20a%20specialist,to%20Rs%206%2C000%20per%20visit.

The Lancet, décembre 2022:

> *« Recognizing the need for increased access to healthcare, in recent years there has been a significant drive at the national and provisional levels to develop and fully subsidize programs aimed at mobilizing government financial resources to purchase medical services from both public and private providers, targeting the poor and those with catastrophic conditions. The SSP is a mechanism to do just that.* ***The SSP can be viewed as an insurance mechanism, but the idea is that premium contributions are fully subsidized by the government. It covers secondary care and tertiary care for conditions including accidents and emergencies, diabetes, kidney diseases (including dialysis and transplant), Hepatitis B and C, cancers, and heart and vascular diseases. Additionally, it provides financial assistance under certain conditions for wage loss during treatment, transportation costs, maternity allowances, and funeral expenses in case of death during hospital admission. As mentioned above, the SSP provides coverage of up to Rs 1 million a year per family, however only under special circumstances; for most families, the SSP covers Rs 460,000 per year. In the first phase of implementation, families in KPK below the poverty line (earning less than ($2/day) with a poverty mean test score less than or equal to 32.5 were eligible to enroll in the program. However, with the commendable expansion of the program over time, currently all permanent residents of KPK, ICT, Punjab, AJK, GB and District Tharparker are eligible to enroll****. » Source:* The Lancet, Sehat sahulat: A social health justice policy leaving no one behind, décembre 2022: https://www.thelancet.com/journals/lansea/article/PIIS2772-3682(22)00095-6/fulltext#seccesectitle0001.

UK Home Office, avrill 2024:

> *« It should be noted that the article by The Telegraph, cited in the Open Doors WWL 2023, reported on the roll-out of the Sehat health card, a Pakistan government funded health insurance scheme, but it did not indicate that the scheme was linked to the payment of Zakat.* ***Instead, the Sehat Sahulat Program (SSP) was reported to be eligible to all permanent residents of Islamabad Capital Territory (ICT), Punjab, Khyber Pakhtunkhw (KP), Azad Jammu and Kashmir (AJK), Gilgit Baltistan (GB) and District Tharparker, Sindh, who are holders of a Computerised National Identity Card (CNIC) and require inpatient treatment****.»* Source : UK Home Office, Country Policy and Information Note Pakistan: Christians and Christian converts [Version 5.0], April 2024, p. 33: https://www.ecoi.net/en/file/local/2109084/PAK CPIN Christians and Christian converts.pdf.

UK Home Office, 25 avril 2025 :

> *« **Public hospitals provide free healthcare to all citizens; however, around 78% of the population pay for healthcare. The issue is according to one article the quality of care. A study conducted on the effects of health insurance on child labour reduction concurs, concluding that due to the poor quality, 75% of the population instead pay for expensive private care. Less than 2% of the households have formal insurance. The result is that health issues are a "significant economic risk" for low-income Pakistanis. According to the International Labour Organization, tertiary hospitals may offer free consultation and***

bed for some patients, but surgical and medical supplies as well as medication must be paid for by the patients.

***''[T]he social security system in Pakistan takes the form of charity (Zakat entitlement), though it requires quite lengthy procedures to subscribe to. Additionally, [...] coverage may be full if the treatment is available at public facility but not in private facilities**.' [...]*

*"MedCOI responses in 2019 noted that the following treatments and procedures were available at the **Aga Khan University Hospital, Stadium Road, Karachi and the Shifa International Hospital H-8, Islamabad, both private facilities**:*

- *'Inpatient, outpatient and follow-up by a haematologist*
- *'Medical devices internal medicine: blood glucose self-test strips for use by patient*
- *'Laboratory research of blood glucose (incl: HbA1C/ glyc.Hb MedCOI noted that medications used in the treatment of diabetes can be obtained from Al Kausar Medicos, M A Jinnah Road, Karachi (private facility), and D Watson Chemist, Blue Area, Islamabad, (private facility):*
- *'Metformin- diabetes: oral/ tablets*
- *'Gliclazide- diabetes: oral/ tablets*
- *'Insulin, premixed: combination of lispro (rapid acting)and insulin lispro protamine (intermediate acting)- diabetes: insulin injections; mix of intermediate and rapid acting*
- *'Insulin, premixed: aspart (rapid acting) and aspart protamine (intermediate acting) like ® Novomix - diabetes: insulin injections; mix of intermediate and rapid acting*
- *'Insulin: long acting [24hr]; insulin glargine like ®Lantus- diabetes: insulin injections; long acting [24 hr]*
- *'Empagliflozin - diabetes: oral/ tablets*
- *'Dapagliflozin - diabetes: oral/ tablets*
- *'Sitagliptin - diabetes: oral/ tablets. [...]*

*8. **Gastroenterology, internal medicine and diagnostic imaging***
*The **Aga Khan University Medical College, Pakistan**, noted on its website in its page on Gastroenterology accessed in May 2024 that it:*

*'... **provides state-of-the-art endoscopy services** and research activities of the GI faculty (four full-time and four non-full-time members) and has leading research productivity. **The Section provides procedures which include esophagogastroduodenoscopy, endoscopic variceal sclerotherapy, endoscopic band ligation, colonoscopy, polypectomies, electrocoagulation, endoscopic retrograde cholangiopancreatography (ERCP), common bile duct stone extraction, etc.** The Section has launched a new clinical GI service, the Esophageal pH and Manometry Unit, capable of performing 24-hour ambulatory oesophageal pH monitoring and oesophageal manometry.'*

*The **Shifa International Hospital's Department of Gastroenterology and Hepatology** stated it:*

*'... **consists of seasoned Gastroenterologists, Consultants, Technicians**, Nurses, and Pharmacists to offer patients thorough guidance about their illness and help them along their journey to recovery. **The Gastroenterology department also provides consultancy to its neighbouring Liver Transplant Department** [also see [Liver disease](#liver], making a joint*

effort to provide the best possible medical treatment to its patients. ***Our specialists provide consultancy to pre and post-liver transplant patients.'***

In February 2020 MedCOI noted that gastroenterological care/treatment such as tube feeding (nasogastric) and gastroenterological care/treatment such as tube feeding (PEG) was available at the Aga Khan University Hospital Stadium Road, Karachi and the Shifa International Hospital, Islamabad*. A dietician was available at the same facilities.*

In January 2020 it was noted by MedCOI that inpatient, outpatient treatment and follow up by a gastroenterologist and gastrointestinal surgery was available at the Aga Khan University Hospital, Karachi *and the Shifa International Hospital, Islamabad.*

A MedCOI response, dated December 2019, noted that at the Aga Khan University Hospital in Karachi and the Shifa International Hospital in Islamabad, the following treatments were available:

'Outpatient treatment and follow up by a general practitioner
'Inpatient, outpatient and follow- up by an internal specialist (internist)
'Inpatient, outpatient, and follow up treatment by an infectiologist'*.*
The December 2019 MedCOI response ***noted that Inpatient, outpatient and follow-up treatment by an endocrinologist was available at Aga Khan University Hospital, Karachi and Shifa International Hospital, Islamabad.***

MedCOI further reported in December 2019 that diagnostic imaging by means of ultrasound was also available at the Aga Khan University Hospital Stadium Road in Karachi *and the Shifa International Hospital in Islamabad.*

MedCOI noted in September 2018 that diagnostic imaging by means of computed tomography (CT scan) and diagnostic imaging by means of MRI were available at the Aga Khan University Hospital Stadium Road in Karachi *and the Shifa International Hospital in Islamabad. [...]*

10. HIV/AIDS
10.1 Treatment and resources
The Pakistan Economic Survey 2022-23 cited Pakistan's National AIDS Control Program (NACP) and noted that:

'All four provinces also have dedicated HIV control programs. Through different modelling techniques, as per WHO data for year 2021, it is estimated that in Pakistan, 210,000 people are living with HIV/AIDS. The HIV response comprises of prevention and treatment. There are 49 HIV treatment centres across Pakistan, 4 in KPK, 2 in Balochistan, 2 in Islamabad, 16 in Sindh, and 25 in Punjab. As of December 2021, 29,626 HIV patients were taking Antiretroviral (ARV) medicines and 7,056 people were on ARV therapy.'

11. Liver disease
11.1 Treatment
Alsa Pakistan, a private health company stated it provided treatment for fatty liver disease and the Shifa International Hospital, Islamabad, noted it '... is the pioneering and longest running

liver transplant center in the country which houses Pakistan's largest liver transplant team providing quality and integrated care under one roof.'

Also see Hepatitis.

11.2 Hepatitis
Both the Aga Khan University Hospital and the Shifa International Hospital noted provision of care for Hepatitis B and C (also see Liver disease).

A MedCOI response in December 2019 noted that treatment for chronic hepatitis C with cirrhosis of the liver (also see Liver disease) provided diagnostic research, transient elastography, and a test for liver fibrosis, for example, a Fibro scan was available at:

'Aga Khan University Hospital, Stadium Road, Karachi *(private facility)*
'Shifa International Hospital H-8, Islamabad (private facility)
'Gastroenterology Associates, F- 8/3, Islamabad (private facility).' [...]

13. Musculoskeletal conditions
Non- surgical laser treatments for muscular, skeletal, and neurological pains was found to be available at the private facility Bio Flex Pakistan, located in Islamabad, Karachi*, Peshawar and Khyber Pakhtunkhwa, a company which utilizes Canadian technology.*

The same source added in a report on treatment published in June 2020:

'Musculoskeletal pain affects the individual's joints, muscles, ligaments, tendons, nerves, blood vessels, discs, or bones. The pain results in an injury to the body movement system of an individual.

'The musculoskeletal conditions include carpal tunnel syndrome, tendonitis, rheumatoid arthritis, osteoarthritis, bone fractures, fibromyalgia, degenerative disc disease, herniated disc, and others. These conditions are common at all ages…

'The common areas affected by musculoskeletal pain disorders (MSD) include shoulders, neck, wrists, legs, back, hips, knees, or feet.'

A MedCOI response dated August 2019 noted that inpatient, outpatient and follow-up treatment by a rheumatologist and physical therapist, as well as laboratory research related to rheumatologic diseases (like RA, ANA, anti-CCP) was available at the Combined Military Hospital (CMH), Lahore (Public Facility) and Shaikh Zaid Hospital Lahore, (Private Facility).'

According to MedCOI in January 2020 Inpatient, outpatient and follow-up treatment by a physical therapist and a paediatric physical therapist was available at Aga Khan University Hospital, Karachi*, and Shifa International Hospital, Islamabad (private facilities).*

MedCOI noted in a response dated 4 February 2020 that inpatient, outpatient and follow-up treatment were available by an orthopaedist / orthopaedic surgeon and a rheumatologist at Aga Khan University Hospital, Karachi*, and Shifa International Hospital, Islamabad (private facilities). »* Source : UK Home Office, Country policy and information note: healthcare and medical treatment, Pakistan, July 2024 (accessible), 25 avril 2025 :

https://www.gov.uk/government/publications/pakistan-country-policy-and-information-notes/country-policy-and-information-note-healthcare-and-medical-treatment-pakistan-july-2024-accessible

UNDP, 9 mai 2025 :

« In Pakistan, people living with or at risk of HIV don't just face a health challenge – they face a justice crisis.

Stigma and discrimination follow them into their homes, communities, and institutions, hindering their access to life-saving healthcare and leading to discriminatory laws, policies, and practices. This, in turn, results in their harassment and mistreatment by law enforcement agencies, abuse, and wrongful arrests. These challenges are compounded by policies that criminalize certain behaviours associated with key populations and by a legal system often unaware of their realities. As a result, many are denied legal support when they need it most.

Despite the ambitious "10-10-10" targets outlined in the Global AIDS Strategy 2021-2026 to eliminate HIV-related inequalities, Pakistan is still falling behind. In 2023, only 13 percent of people living with HIV (PLHIV) in the country were on treatment *(UNAIDS Data Hub, 2023). This slow progress is not just a healthcare issue. It's a systemic one — where harmful laws, social stigma, and limited access to justice keep key populations trapped in cycles of exclusion and prevent Pakistan from meeting targets set out under the Global AIDS Strategy, the 2021 Political Declaration on HIV and AIDS, and the Sustainable Development Goals. »* Source : UNDP; Beyond Healthcare: Tackling Human Rights Barriers to Strengthen Pakistan's HIV Response, 9 mai 2025 : https://www.undp.org/pakistan/blog/beyond-healthcare-tackling-human-rights-barriers-strengthen-pakistans-hiv-response

UNDP, 23 mai 2024:

*« **Prevalence of stigma and discrimination: A total of 1,500 (22% Women and 12% Transgender) PLHIV across all provinces and the federal capital, Azad Jammu & Kashmir and Gilgit Baltistan were interviewed in the survey. Of these, 17% reported discrimination by family members after learning about their status; these included verbal harassment (11%), blackmailing (4%), and physical harassment (6%). Furthermore, around 5% of the respondents lost a source of livelihood due to their HIV status, 10% reported being pressured to take an HIV test, 3% went through non-consensual testing, and 20% were tested without their knowledge.***

The marginalized among the marginalized: Access to healthcare remains a key challenge for PLHIV and key populations because of their HIV status, identity, behaviors, or social attributes. Among key populations, ***People Who Use Drugs (PWUD) experienced the most stigma*** *(compared with other key population groups) due to their HIV status, with 22% PWUD being excluded from family activities and 19% reporting challenges in accessing healthcare services (due to fear of stigma and discrimination by healthcare workers).*

Inadequate Social Protection: The study revealed shocking facts around human rights violations and lack of access to reporting or response from relevant authorities. More than 50% of PLHIV who faced abuse or discrimination did not know where to go for help,

> ***14% said they had little or no confidence that the outcome would be successful, and 13% cited insufficient financial resources as a barrier to seeking remedial action.*** *The study revealed that there was a total of 223 human rights violations in 2022-23 that PLHIV experienced, of which only 16 (7%) were reported. Of these, 11 respondents reported that no action was taken on their complaints, 3 stated that the matter was pending with the authorities, and only 2 informed about positive action leading to resolution of the issue. The study also identified stigma and discrimination among healthcare workers as a common reason deterring key populations from seeking support. Finally, there is strong evidence that the mental health of PLHIV is compromised and a contributing factor for PLHIV in treatment initiation. »* Source : UNDP, HIV Stigma Index Study 2.0 - Highlighting HIV associated Stigma and Discrimination though Evidence generation – A study by HIV communities, with HIV communities and for HIV communities, 23 mai 2024 : https://www.undp.org/pakistan/blog/hiv-stigma-index-study-20-highlighting-hiv-associated-stigma-and-discrimination-though-evidence-generation-study-hiv-communities-hiv

Zuha Siddiqui, 20 mai 2024 :

> *« […] Escalating inflation, rising poverty levels, and widespread unemployment in Pakistan have prompted the country's older population — including retirees and people made redundant by other industries — to enter the gig workforce."* ***"Pakistan does not have universal health coverage. According to the World Health Organization, only 10% of the country's population is eligible for various government and state-sponsored health-care and social security programs. As a result, older gig workers slip through the cracks, ineligible for government health benefits that only apply to full-time employees."***
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> ***"The problem stems from the fact that gig workers aren't recognized as employees; they're independent contractors, and so they're not eligible for state-mandated health care benefits, such as minimum wage protection, pension, social security, and accidental coverage****," Lahore-based labor and law expert Hiba Akbar told Rest of World. "Legally speaking, it's a smokescreen — [their] employers don't have to deal with legal obligations." »* Source : Zuha Siddiqui: "Aches, pains, and no health insurance for aging gig workers", 20 mai 2024 : https://restofworld.org/2024/pakistan-elderly-gig-worker-health/

ZIRF, décembre 2024 :

> *« **General information on health care Pakistan is among those developing countries that lack a public medical insurance system with full or partial coverage. However, many private companies provide health insurance; their insurance plans provide inpatient hospitalization and outpatient coverage that include doctor's/surgeon's fees, medicine, diagnostic tests, consultation fees, maternity, room charges and other expenses related to medical care. Costs vary depending upon the nature of health insurance plan. Flexible packages, tailored to meet specific client needs are made available. Following are some leading insurance companies that offer a wide range of health insurance: (Contact details/ addresses are in the 'Contacts' section)***
> ***• Jubilee Life Insurance***
> ***• SPI health insurance***
> ***• UIC – The Universal Insurance Company***
> ***• TPL INSURANCE Sehat Sahulat Card • IGI Health Insurance***

Availability of medical facilities and doctors

In Pakistan, the healthcare system consists of a private and public sector. Federal and provincial governments separately administer the public healthcare system which runs parallel with a competing formal and informal private sector. The private sector serves nearly 70% of the population whereas the rest of 30% is covered by the public sector. The government of Pakistan has introduced Sehat Sahulat Program for people living below the poverty line. It is a free of cost indoor healthcare service. Currently everyone earning less than $2/day in all four provinces and federally administered areas are eligible for this facility. In urban areas, access to hospitals, clinics and other medical facilities is not a problem. The general quality of public healthcare services, however, is not very promising. In the rural areas, people usually live far from hospitals and basic healthcare units. Evidently, accessing the healthcare facilities is a challenge in itself.

Admission to medical facilities

Initially, patients are referred to public/government hospitals/other healthcare facilities for emergencies, general checkups, surgery and all kinds of medical assistance (primary, secondary or tertiary care). However, it is the patient's choice to obtain private healthcare at their own expense.

Availability and costs of medication
• Emergency and out/in-patientservices are free of cost in public hospitals, but the patients have to pay if they are treated in a private facility
• Vaccinations are free in public healthcare facilities
• Medicine is free only in public healthcare facilities. Prescription and over-the-counter medicines can be purchased from privately owned pharmacies/medical stores.
• Medication costs range from low to high depending on the nature of the medicine and the pharmaceutical brands*. »* Source: Zentralstelle für Informationsvermittlung zur Rückkehrförderung (ZIRF), Pakistan - Country Fact Sheet 2024, décembre 2024, p.1-2 : https://files.returningfromgermany.de/files/CFS_Pakistan_2024_ENG.pdf