



**Pakistan:  
Availability of and Access to medical treatment for Parkinson's  
disease, myocardial infarction, ischaemic heart disease and  
diabetes, and related drugs**

**Asylos, June 2024**

Legal representatives are welcome to submit relevant excerpts cited in this report for their specific case to decision-makers (including judges) to assist in the determination of an asylum claim or appeal. However, this report should not be submitted directly, in its entirety or isolation, as evidence to decision-makers in asylum applications or appeals.

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Further, the COI presented is illustrative, but not exhaustive of the information available in the public domain, nor is it determinative of any individual human rights or asylum claim. While we strive to be as comprehensive as possible, no amount of research can ever provide an exhaustive picture of the situation. It is therefore important to note that the absence of information should not be taken as evidence that an issue does not exist.

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## Research request

The client is a 65-year-old Pakistani male diagnosed with several illnesses: Parkinson's disease, Acute non-ST segment elevation myocardial infarction, ischaemic heart disease, high risk of diabetes mellitus. He has no asset in Pakistan and if removed would have to live with his children in the Kotli district of Azad Kashmir.

1. What is the availability of medical treatment in Pakistan for the following conditions?
  - (a) Parkinson's disease
  - (b) Acute non-ST segment elevation myocardial infarction
  - (c) Ischaemic heart disease
  - (d) Diabetes mellitus
  
2. What is the availability of the medication prescribed to the client for (at least once) daily intake:
  - (a) Aspirin 75mg dispersible tablets
  - (b) Atorvastatin 80mg tablets
  - (c) Co-careldopa 25mg/100mg modified-release tablets
  - (d) Ramipril 2.5mg capsules
  - (e) Rasagiline 1mg tablets
  - (f) Sinemet 12.5mg/50mg tablets (Organon Pharma (UK) Ltd)
  
3. Is Ropinirole (a dopamine agonist, the most widely available and frequently used medicine in Pakistan for Parkinson's) an equivalent substitute for Rasagiline 1mg tablets?
  
4. What is the accessibility of medical treatment and medication for the above conditions considering the specific social standing of the client?
  - (a) Pension-age elderly person, unable to work
  - (b) Destitute, no financial support
  - (c) Lacking social support
  - (d) Facing political discrimination

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## Research Timeframe

The earliest source dates from MONTH YEAR and the most recent source dates from MONTH YEAR.

## Sources consulted

All (web) sources were consulted in May and June 2024.

### 1. International Organisations

- UN-Habitat
- World Health Organisation

### 2. (Inter)governmental sources

- United Kingdom Home Office

### 3. (I)NGOS and think tanks

- Bertelsmann Stiftung
- Human Rights Watch
- Pakistan Parkinson's Society
- World Diabetes Foundation

### 4. Media

- Dawn
- The Friday Times
- The News
- Pakistan Today

### 5. Academic Sources

- Ahmed SAKS et al., "Impact of the societal response to COVID-19 on access to healthcare for non-COVID-19 health issues in slum communities of Bangladesh, Kenya, Nigeria and Pakistan: results of preCOVID and COVID-19 lockdown stakeholder engagements", *BJM Global Health*, 20 August 2020
- Binde et al.: "Comparative effectiveness of dopamine agonists and monoamine oxidase type-B inhibitors for Parkinson's disease: a multiple treatment comparison meta-analysis", *European Journal of Clinical Pharmacology* 76 (12), 24 July 2020

- Buddha et al., “Diabetes in Pakistan: addressing the crisis”, *The Lancet*, 10 (5), 28 March 2022
- Butt et al.: “Cost of Illness Analysis of Type 2 Diabetes Mellitus: The Findings from a Lower-Middle Income Country”, *International Journal of Environmental Research and Public Health*, 19 (19), 2 Oct 2022
- Forman Rebecca et al., “Sehat Sahulat: A social health justice policy leaving no one behind”, *The Lancet Regional Health - Southeast Asia* 19 October 2022
- Khan MA et al., “Assessment of Direct Cost of Treatment of Ischemic Heart Disease Patient in Tertiary Care Hospital in Karachi”, *Journal of Bioequivalence & Bioavailability*, 9 (2), 2017
- Khan S J, Asif M, Aslam S, et al., “Pakistan’s Healthcare System: A Review of Major Challenges and the First Comprehensive Universal Health Coverage Initiative”. *Cureus* 15(9), 04 September 2023
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- Memon Medical Institute Hospital: “Access to Primary Health in Pakistan”, 07 March 2024
- Noreen et al., “Geriatric Care in Pakistan: Current Realities and Way Forward”. *Pakistan Journal of Public Health*, 11(4), December 2021. 219
- [The PakiMediNet](#)
- Rehman et al., “Quality of Care for Patients with Acute Myocardial Infarction (AMI) in Pakistan: A Retrospective Study”, *International Journal of Environmental Research and Public Health*, 16 (20), 14 October 2019
- Saeed et al., “Access to Essential Cardiovascular Medicines in Pakistan: A National Survey on the Availability, Price, and Affordability, Using WHO/HAI Methodology”, *Frontiers in Pharmacology*, 11, 25 January 2021
- Samad et al., “Access and Financial Burden for Patients Seeking Essential Surgical Care in Pakistan”, *Annals of Global Health* 88(1), 20 December 2022

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- Tauven Averbuch et al., “Pharmaco-disparities in heart failure: a survey of the affordability of guideline recommended therapy in 10 countries”, *ESC Heart Failure* 10 (5), 30 August 2023
- Zaiban Samad and Bashir Hanif: “Cardiovascular Diseases in Pakistan: Imagining a Postpandemic, Postconflict Future”, *Circulation* 147(17), 25 April 2023

## 6. Interviews

- Anonymous email interview, global health systems and policy expert on the 30th of may, 2024.
- Anonymous email interview, Pakistani physician on the 18th of june 2024.

## 7. Other

- Memon Medical Institute Hospital  
*Memon Medical Institute Hospital is a not-for-profit, 332-bed healthcare facility located in the Mosamiat area of Karachi city. The hospital has a state-of-the-art infrastructure that competes with the top hospitals in Karachi. They operate entirely on donations given by patrons and support the underprivileged through their Patient’s Welfare Program. ([oladoc](#))*
- Neurology Awareness and Research Foundation (NARF)  
*According to their website, NARF is a Foundation that aims to create awareness about neurology, educate professionals and the general public, and encourage research. ([About NARF](#))*
- Nasir Malik  
*Nasir Malik is a Media and Communications Specialist. He works as a freelance Communications Consultant, and has participated in projects with the United Nations Population Fund (UNFPA) and the Shifa Foundation. ([Linkedin](#))*

## Findings

*The findings in this report are presented in chronological order.*

### 1. What is the availability of medical treatment in Pakistan for the following conditions?

- “Pakistan is the world's fifth largest country and has long lagged behind the rest of the globe on several health-related indicators”.

Rebecca Forman et al., [Sehat sahulat: A social health justice policy leaving no one behind](#), “The Lancet Regional Health - Southeast Asia” 19 October 2022, last accessed: 27/05/2024.

See Box 1 in annex for key medical indicators for Pakistan.

- “Healthcare in Pakistani cities is usually provided through public, private and welfare based facilities. The Federal Ministry of Health regulates health services and controls medical and para-medical education, immunization programmes, and drug affairs. City district headquarter qualifies to acquire major tertiary healthcare facilities in the form of hospitals and other specialized form of medical centres. Municipal bodies such as Cantonment Boards and corporations also own and operate tertiary healthcare facilities. The status of tertiary care facilities is mixed and many require a deeper probe. Observations and literature inform that facilities in the federal and provincial headquarters are better compared to medium sized and smaller cities. Provincial government oversees these hospitals slightly more efficiently than those in other cities. It is commonly found that people from smaller towns and cities travel to Karachi, Lahore, Islamabad, Peshawar and Quetta for advanced healthcare services. As a result, the public hospitals obviously become overburdened. It is also found that certain types of treatment options are limited in provincial headquarters such as Quetta.

Besides public hospitals, a range of private hospitals is operational in big cities. Some of these hospitals provide health care services at subsidized rates to the poor patients. Despite differences in model of health care system, the facilities providing quality care are generally crowded by patients from everywhere. Cities become the nodal points for extension of health care service to people from very wide catchment areas. In addition to large hospitals, small and medium-scale health care facilities operate on commercial basis though some of them claim to be not-for-profit in nature. There are issues relating to regulatory checks on the quality of health care services, hygiene and cleanliness of the facility, infection control and schedules of charges.”

UN-Habitat, [“The State of Pakistani Cities, 2018”](#), 2018, p. 57, last accessed: 29/5/2024



- "One of the major particularities and complexities here in Pakistan is that, unlike many other countries, there is no a plan of action or a health policy delivered at the national level for the diseases with high prevalence in the country, such as non-communicable diseases (diabetes, high blood pressure, cancer etc.). The public health system here is decentralized at the province level, so each province is responsible to develop its own plan of action."

International Committee of the Red Cross: Zohra Mhamdi, ["ICRC healthcare activities for diabetes patients in Iran, Pakistan and Syria"](#), 09 Feb 2021, last accessed: 27/05/2024.

- "PHS [Pakistan's Healthcare System] 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.

(...) 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."

Khan S J, Asif M, Aslam S, et al., [Pakistan's Healthcare System: A Review of Major Challenges and the First Comprehensive Universal Health Coverage Initiative](#). "Cureus" 15(9), 04 September 2023, last accessed: 27/07/2024.

Regarding the availability of all the specific conditions a., b., c. and d., a Pakistani physician working in Pakistan who wishes to stay anonymous had this to say:

- "Medical treatment for all above conditions is available in Pakistan; not at every location, for sure and it depends if you're able to access tertiary care public hospitals services, or if you have the means to pay private hospitals services."

Expert interview: Anonymous, Email, 18/06/2024.

#### a. Parkinson's disease

- "Today in Pakistan it [Parkinson's] is one of the most highly increasing diseases in

2023, 2024, with little or no awareness and many misconceptions regarding symptoms and treatment options,” says Maha Khan”

The Friday Times: Wajiha Imtiaz, [“Shocking Lack Of Awareness Surrounding Parkinson's Disease In Pakistan”](#), 09 Feb 2024, last accessed: 27/05/2024.

In a video from the Neurology Awareness and Research Foundation (NARF), Consultant and Associate Professor in Rehabilitation Medicine Dr Farooq Rathore touched upon the topic of accessibility of different rehabilitation treatments.

Regarding occupational therapy:

- “Occupational therapy is actually not available all across Pakistan”

Neurology Awareness and Research Foundation [Youtube Channel]: [“Rehabilitation Perspective in Parkinson’s Disease By Dr Farooq Rathore”](#), April 17 2023, 7:58, last accessed: 12/06/2024.

On the more general topic of rehabilitation methods:

- “There have been certain advances in rehabilitation of Parkinson’s disease. Now, I’m not going to say that these are very recent advances, some of these advances are available to people in the West for the last 10 years but unfortunately they are not available freely to people in Pakistan”.

Neurology Awareness and Research Foundation [Youtube Channel]: [“Rehabilitation Perspective in Parkinson’s Disease By Dr Farooq Rathore”](#), April 17 2023, 9:22-9:48, last accessed: 12/06/2024.

This is the case despite the fact that:

- “Many of these advances are not technology dependent, they are not very costly and they can easily be integrated in your own practice.

[...] Parkinson’s disease medication is only one part of the solution, you have to integrate appropriate early multi-disciplinary rehabilitation in order to get good results [...] Then unfortunately, limited access to rehabilitation services and please understand this is not a challenge only for Pakistan, this is also true even for countries like the USA. Rehabilitation therapy utilization among older patients with Parkinson’s disease is low even in the USA or Pakistan. “

Neurology Awareness and Research Foundation [Youtube Channel]: [“Rehabilitation Perspective in Parkinson’s Disease By Dr Farooq Rathore”](#), April 17 2023, 15:53-16:20, last accessed: 12/06/2024.

In another video from the Neurology Awareness and Research Foundation (NARF), [Neurologist and Psychiatrist Dr. Nadir Ali Syed](#) stated the following:

- “So what’s the reality in Pakistan? What are the drugs available? Well the dopaminergics [related to dopamine] are [...] COMT inhibitors which in combination with Sinemet, which is levodopa/carbidopa, and we have dopamine agonists, practically speaking only Ropinirole is available [...] and we have Anticholinergics, most easily available ones are trihexyphenidyl [...].”

Neurology Awareness and Research Foundation [Youtube Channel]: [“Medical Management of Parkinson’s Disease in Pakistan By Dr Nadir Ali Syed”](#), April 15 2023, 5:08-5:50, last accessed: 12/06/2024.

He also pointed out that:

- “Subcutaneous apomorphine and inhaled levodopa are not available in Pakistan.”

Neurology Awareness and Research Foundation [Youtube Channel]: [“Medical Management of Parkinson’s Disease in Pakistan By Dr Nadir Ali Syed”](#), April 15 2023, 16:00-16:15, last accessed: 12/06/2024.

- “Lack of awareness about Parkinson’s disease may result in the disease becoming a major healthcare challenge in the near future,” said Prof Hashmi, [...] The PD usually starts after the age of 50 years in Pakistan, and then progresses gradually. Sometimes it starts earlier in life, or later such as after 65 years of age”

The News: [“Lack of awareness may turn Parkinson’s disease into major healthcare challenge in Pakistan”](#), 10 April 2022, last accessed: 27/05/2024.

- “Parkinson’s is spreading at an alarming rate in Pakistan and it is feared that by 2030, the number of patients with neurological movement disorder, which is around 600,000 at the moment, would be doubled,” said Dr Nadir Ali Syed, an expert on the subject, while speaking at the Karachi Press Club. [...] A recent survey showed majority of physicians were not aware of the specific symptoms, protocols for diagnosis of the disease as well as its treatment and management.”

DAWN: Hasan Mansoor, [‘Over 100 people daily fall prey to Parkinson’s in Pakistan’](#), 05 April 2017, last accessed: 27/05/2024.

- “Lack of awareness about Parkinson’s disease may result in the disease becoming a major healthcare challenge in the near future,” said Prof Hashmi, [...] The PD usually starts after the age of 50 years in Pakistan, and then progresses gradually. Sometimes it starts earlier in life, or later such as after 65 years of age”

The News: [“Lack of awareness may turn Parkinson’s disease into major healthcare challenge in Pakistan”](#), 10 April 2022, last accessed: 27/05/2024.

### **b. Acute non-ST segment elevation myocardial infarction**

A 2019 retrospective study on the quality of Care for Patients with Acute Myocardial Infarction (AMI) in Pakistan across 11 territory hospitals in Punjab province of Lahore, Faisalabad, Multan, Rawalpindi, and Islamabad from January 1, 2016 to December 31, 2017 found a generally poor compliance rate. As a possible reason, the authors pointed at a general unpreparedness of Pakistani hospitals to address AMI care:

- “The possible reasons for low compliance rate could be the lack of staff and resources at governmental hospitals. Lack of AMI quality improvement programs at hospital levels may be another reason for poor performance in AMI care management. Studies have suggested that AMI patients face significant delays before adequate treatment is available to them. Framework delays and access to reperfusion are distinguished as drivers of destitute compliance rate and remained significant challenges inside the AMI framework of care within the hospitals of Pakistan. Execution in quality indicators measurement can, subsequently, be progressed by simply expanding adherence to these guidelines. However, the results indicate that serious attention is required to improve the steps of quality of care over 11 hospitals.”

Rehman et al., [Quality of Care for Patients with Acute Myocardial Infarction \(AMI\) in Pakistan: A Retrospective Study](#), “International Journal of Environmental Research and Public Health”, 16 (20), 14 October 2019, last accessed: 11/06/2024.

### **c. Ischaemic heart disease**

A 2017 study on the direct cost of treatment of ischemic heart disease patient in tertiary care hospital in Karachi concluded that:

- “Ischemic Heart Disease [IHD] is associated with high economic burden on society. Among different component of direct cost of treatment of IHD, surgical procedure was the main component of cost of treatment of ischemic heart disease patients.”

Khan MA et al., [Assessment of Direct Cost of Treatment of Ischemic Heart Disease](#)

[Patient in Tertiary Care Hospital in Karachi](#), "Journal of Bioequivalence & Bioavailability", 9 (2), 2017, p. 353, last accessed: 11/06/2024.

Regarding Cardiovascular diseases, the Pakistan health system is underfunded and underprepared:

- "[...] health spending remains low (\$43 per person; government health expenditure, 1.2% of gross domestic product), and globally, Pakistan falls in the lowest decile of universal health coverage effectiveness. Features of CVD [CardioVascular Diseases] specific to Pakistan include a high burden of rheumatic heart disease and early-onset coronary artery disease. Against this backdrop, Pakistan currently lacks a national strategy to monitor, prevent, and manage CVD in both rural and urban (37% of Pakistani population is urban) populations."

Zaiban Samad and Bashir Hanif: [Cardiovascular Diseases in Pakistan: Imagining a Postpandemic, Postconflict Future](#), "Circulation" 147(17), 25 April 2023, p. 1261, last accessed: 12/06/2023.

A similar conclusion on the availability of cardiovascular disease (CVD) medicines was reached by a 2020 study:

- "Our study has shown poor availability of CVD medicines in public sector hospitals, forcing the patients to pay out of pocket for the purchase of medicines from private sector retail pharmacies. Although the availability of medicines was better in the private sector, it was below the standard benchmark defined by WHO."

National Library of Medicine: Saeed et al., [Access to Essential Cardiovascular Medicines in Pakistan: A National Survey on the Availability, Price, and Affordability, Using WHO/HAI Methodology](#), "Frontiers in Pharmacology", 11, January 25 2021, last accessed: 10/06/2024

#### **d. Diabetes mellitus**

- "Pakistan has a population of over 180 million people, and 6,7 million of them are adults diagnosed with diabetes. An additional 3.5 million adults are thought to be undiagnosed.

At the same time, Pakistan is currently ranked fourth amongst high tuberculosis (TB) burden countries with an estimated prevalence is 342 cases per 100,000 people. As with diabetes, nearly half of all TB cases remain undiagnosed.

While considerable progress has been made in improving case detection, strengthening laboratory capacity and ensuring treatment success of TB patients,

the rising burden of diabetes threatens to reverse several of the gains made in TB control”.

World Diabetes Foundation: [“Diabetes training and advocacy, Pakistan”](#), [2017?], last accessed: 27/05/2024.

- “People from the low income areas of Pakistan have difficulties in getting access to diabetes care and accordingly there is a high prevalence of diabetic complications among this sub population. The prevalence of diabetes in Pakistan is close to 7 %”

World Diabetes Foundation: [“Diabetes training and advocacy, Pakistan”](#), [2017?], last accessed: 27/05/2024.

According to Home Office guidance published in 2020 there was limited availability of specialized treatment facilities in Pakistan for diabetes, centered around Islamabad:

- “The Diabetes Centre, with clinics in Islamabad and Lahore, provided comprehensive preventive, promotive, curative and rehabilitative services for diabetes patients, irrespective of their ability to pay.

4.4.5 The Diabetes Association of Pakistan, Karachi, noted that it provided ‘[F]ree of cost services to the poor and deserving men, widows, orphans and children, medical care and consultation, hypoglycaemic agents, Insulin injections, advice on diet control and education on diabetes. “Foot Care Clinic” provides consultation and treatment of infection due to diabetes.’

4.4.6 A MedCOI response, dated 28 May 2020, noted that outpatient treatment by a general practitioner was available at the private facilities of Aga Khan University Hospital and Shifa International Hospital, as well as:

- Blood glucose meter [for self use]
- Blood glucose strips [for self use]
- Laboratory research of blood glucose”

UK Home Office, [“Country Policy and Information Note Pakistan: Medical and healthcare provisions”](#), September 2020, last accessed: 27/05/2024

- “(...) according to different reports, the prevalence of diabetes in Pakistan is very high, it goes beyond ten per cent at the national level. Bearing in mind that Pakistan is a very big country and with important demographics, with over 212 million people, these numbers are high.”

International Committee of the Red Cross: Zohra Mhamdi, [“ICRC healthcare activities for diabetes patients in Iran, Pakistan and Syria”](#), 09 Feb 2021, last accessed: 27/05/2024.

A “cost of illness analysis” for diabetes care in Pakistan published in 2022 found diabetes care to be very costly in low-income groups (23%) and to be a financial burden on the patients and the patient’s families:

- “With a current diabetes prevalence of 16.98% and a total population of 220.9 million in Pakistan in 2020, the predicted direct cost of diabetes is 495.0 billion PKR, accounting for roughly 73.7 percent of Pakistan’s total federal and provincial yearly health expenditure (671.4 billion PKR). According to our research, diabetes treatment accounted for 23% of household earnings in the lowest-income groups. These findings are comparable to an Indian study, in which low-income diabetic individuals spent 25% of their monthly family income on diabetes care. Diabetes care is a critical impact on patients’ stress and the financial burden on the patients’ families and the government.”

Butt et al.: [Cost of Illness Analysis of Type 2 Diabetes Mellitus: The Findings from a Lower-Middle Income Country](#), “International Journal of Environmental Research and Public Health”, 19 (19), 2 Oct 2022, last accessed: 06/06/2024

Another article on the “diabetes crisis” in Pakistan published in 2022 also highlighted the financial burden of diabetes treatment, as well as a lack of preparedness by the Pakistani health system to offer proper diabetes care:

- “Yet, despite the increasing prevalence of diabetes in Pakistan, few investments have been made to address the high burden of the condition in the country. Annual per capita expenditure on diabetes in Pakistan is estimated to be US\$332.90, most of which relates to out-of-pocket expenses. Confronted with the high burden of diabetes, the current health system in Pakistan is both under-resourced and overburdened; this inadequacy also extends to other non-communicable diseases (NCDs). Currently, NCDs are managed individually through specialised care at tertiary care level or private specialist clinics. Primary health-care facilities in Pakistan are underutilised and there are few public–private partnerships, with scant referral mechanisms in place. The large cadre of community-based Lady Health Workers and staff at basic health units do not provide preventive education or early diagnostic and management services for diabetes. Consequently, diabetes is poorly managed at the primary care level, with a paucity of preventive strategies in operation.

With Pakistan reported to be among the top three countries with the highest age-adjusted prevalence of diabetes in the world in 2021, there is an urgent need for multisectoral and multipronged population-level initiatives aimed at prevention. The 2018 Pakistan National Nutrition Survey clearly identified the increase in body-mass index and obesity among adolescents and women of reproductive age, with the rate of change being greatest among the poorest sectors of the population,

including those in rural areas. Major contributors to these trends include poor dietary diversity, changes in lifestyle and mobility patterns, and possible changes in the food environment.”

Buddha et al., [Diabetes in Pakistan: addressing the crisis](#), “The Lancet”, 10 (5), 28 March 2022, last accessed: 10/06/2024.

- “In Pakistan, community residents, female health workers and pharmacists explained that screenings for hypertension, diabetes and HIV are only available at secondary/tertiary levels in the public sector, or by private providers.”

Ahmed SAKS et al., [“Impact of the societal response to COVID-19 on access to healthcare for non-COVID-19 health issues in slum communities of Bangladesh, Kenya, Nigeria and Pakistan: results of preCOVID and COVID-19 lockdown stakeholder engagements”](#), *BJM Global Health*, 20 August 2020, last accessed: 21/06/2024.

## 2. What is the availability of the medication prescribed to the client for (at least once) daily intake:

All the medications below, except Rotigotine patches, are included in the [PakiMediNet index](#) either under its generic or brand name or as both, which means they are registered within the Pakistani health system. While Co-careldopa does not appear under its Generic name, it does appear under its brand name, Sidemet. Both are included as separate medicines in this section. However, this Index does not provide information on their availability or accessibility.

A Pakistani physician working in Pakistan who wishes to stay anonymous answered the following:

- “All the above-named medication is available – mostly as generics – in Pakistan. Medication in general is comparably cheap in Pakistan; compared to prices, e.g. in western Europe.”

Expert interview: Anonymous, Email, 18/06/2024.

### a. Aspirin 75mg dispersible tablets

In a 2019 study, Aspirin figures as one of the only quality indicators (QI's) with a high compliance rate in the treatment of Acute Myocardial Infarction among Pakistani patients:



- “Except for aspirin, other indicators all demonstrated poor compliance rates.”

Rehman et al., [Quality of Care for Patients with Acute Myocardial Infarction \(AMI\) in Pakistan: A Retrospective Study](#), “International Journal of Environmental Research and Public Health”, 16 (20), 14 October 2019, last accessed: 11/06/2024.

According to an article by the Memon Medical Institute Hospital, Aspirin is commonly prescribed for heart attacks:

- “Commonly prescribed medicines for heart attack in Pakistan are:  
ACE inhibitors  
Aspirin  
Beta-blockers  
Antiplatelets  
Diuretics  
Statins  
Anticoagulants (blood thinners)”

Memon Medical Institute Hospital: [“Heart Attack Cases in Pakistan”](#), 12 May [2021-2022?] last accessed: 12/06/2024.

Aspirin is included in Pakistan’s 2023 National Essential Medicines List as “acetylsalicylic acid”, in a 100 mg format, based on the 23rd WHO Model List of Essential Medicines List (MLEM) (source: Ministry of National Health Services, Regulations & Coordination (Drug Regulatory Authority of Pakistan). [“WHO Model List of Essential Medicines: 23rd List \(2023\)”](#). The Gazette of Pakistan, Extra, 16 October 2023, p. 42, last accessed: (11/06/2023).

However, it is important to note that the inclusion in the Essential Medicines List (EML) does not ensure accessibility or availability of medicine. As pointed out by the Home Office’s September 2020 Country Policy and Information Note:

- “MedCOI noted in a response dated 13 August 2019:

[...] ‘Medications on Pakistan’s Essential Medicine List (EML) should be provided by in public health facilities free of charge. However, a research article from 2017 mentions the fact there is only enough supply of free medications available to cater to one-fifth of the population.

‘According to 2019 research article, “the ministry of health, government of Pakistan had been providing free medicines in the public sector hospitals, nevertheless, the poor availability of medicines in public health facilities might compel the patients to get their medicines from private sector medicine retail outlets where they are supposed to pay from their own pockets”.

UK Home Office, [“Country Policy and Information Note Pakistan: Medical and](#)

According to a global health systems and policy expert who prefers to remain anonymous:

- “Aspirin is widely available in Pakistan and is a common medication used for cardiovascular diseases”

Expert interview: Anonymous, Email, 30/05/2024.

## **b. Atorvastatin 80mg tablets**

A 2020 National Survey on the availability, price, and affordability of essential cardiovascular disease medicines in Pakistan found availability of Atorvastatin to be lower in the public sector than in the private sector (36% vs 65% in the Originator Brand and 50% vs 63% in the Lowest Price Generic; see Table 4), both below the WHO recommendation of 80% availability for Essential Medicines (EMs) (Source: National Library of Medicine: Saeed et al., [Access to Essential Cardiovascular Medicines in Pakistan: A National Survey on the Availability, Price, and Affordability, Using WHO/HAI Methodology](#), “Frontiers in Pharmacology”, 11, 25 January 2021, last accessed: 10/06/2024)

The same study reported that the price of Atorvastatin Originator Brand was among the highest of the studied medicines:

- “Treatment courses with OBs of lovastatin (21.5), amlodipine (14.2), propranolol (12.5), simvastatin (9.8), and atorvastatin (8.1) were among the top five most unaffordable OBs.”

Saeed et al.,[Access to Essential Cardiovascular Medicines in Pakistan: A National Survey on the Availability, Price, and Affordability, Using WHO/HAI Methodology](#), “Frontiers in Pharmacology”, 11, 25 January 2021, last accessed: (10/06/2024).

The authors also pointed at a general unaffordability of cardiovascular drugs in Pakistan in comparison to other countries (Sudan, Lebanon, Egypt, India (Delhi), Afghanistan, and China):

- “Overall, all four OBs [originator brands] and three out of four LPGs [Lower Price Generics] of selected CVD [CardioVascular Disease] drugs were found highly unaffordable in Pakistan, which is alarming.

[...] When compared to IRPs, the OBs were found to be high priced in case of a number of medicines. However, the prices of LPGs were somewhat reasonable in private sector retail pharmacies necessitating to further improve the use of generic medicines. The standard courses of treatment with both the OBs and LPGs were not

affordable for a lowest paid unskilled government worker. Overall, the majority of the selected CVD medicines were found quite unaffordable in Pakistan when compared with other LMICs.”

Saeed et al., [Access to Essential Cardiovascular Medicines in Pakistan: A National Survey on the Availability, Price, and Affordability, Using WHO/HAI Methodology](#), “Frontiers in Pharmacology”, 11, 25 January 2021, last accessed: (10/06/2024).

According to a global health systems and policy expert who prefers to remain anonymous:

- “Atorvastatin is commonly prescribed for cholesterol management and is available in most major pharmacies in Pakistan.”

Expert interview: Anonymous, Email, 30/05/2024.

#### **c. Co-careldopa 25mg/100mg modified-release tablets**

According to a global health systems and policy expert who prefers to remain anonymous:

- “Co-Careldopa, used for Parkinson's disease, is available but may require sourcing from larger pharmacies or hospital pharmacies in major cities.”

Expert interview: Anonymous, Email, 30/05/2024.

#### **d. Ramipril 2.5mg capsules**

A 2023 study comparing guideline-directed medical therapy (GDMT) for patients with Heart Failure with reduced ejection fraction (HFrEF) across ten countries (Pakistan, Norway, Canada, USA, Peru, Bangladesh, South Africa, England, Iran, Uganda) found that, among the considered drugs:

- “The least commonly available drug was ramipril (available in 20 of 27 pharmacies, 70.83%)”

Tauven Averbuch et al., [Pharmaco-disparities in heart failure: a survey of the affordability of guideline recommended therapy in 10 countries.](#), “ESC Heart Failure” 10 (5), 30 August 2023, last accessed: 11/06/2024.

According to a global health systems and policy expert who prefers to remain anonymous:

- Ramipril is widely available in Pakistan and is commonly used for hypertension and heart failure.

Expert interview: Anonymous, Email, 30/05/2024.

#### e. Rasagiline 1mg tablets

According to a Indian employee from WHO SEARO who prefers to remain anonymous:

- “Rasagiline may be less common but is available in larger pharmacies or hospital pharmacies in major cities.”

Expert interview: Anonymous, Email, 30/05/2024.

#### f. Sinemet 12.5mg/50mg tablets (Organon Pharma (UK) Ltd)

According to a Indian employee from WHO SEARO who prefers to remain anonymous:

- “Sinemet, a combination of Carbidopa and Levodopa, is available in Pakistan but may require a prescription and can be sourced from specialized pharmacies.”

Expert interview: Anonymous, Email, 30/05/2024.

#### g. Rotigotine patch

According to [MedlinePlus](#), the brand name for Rotigotine patches is Neupro®. Neither Rotigotine nor Neupro are registered within the [PakMediNet drug index](#).

### 3. Is Ropinirole (a dopamine agonist, the most widely available and frequently used medicine in Pakistan for Parkinson's) an equivalent substitute for Rasagiline 1mg tablets?

A July 2020 meta-analysis on the comparative effectiveness of 4 dopamine agonists (cabergoline, pramipexole, ropinirole and rotigotine) and 3 monoamine oxidase type-B inhibitors (selegiline, rasagiline and safinamide) found both to be effective:

- “Dopamine agonists were found to be effective as treatment for Parkinson’s disease, both when given as monotherapy and in combination with levodopa. Selegiline and rasagiline were also found to be effective for treating Parkinson’s disease, and selegiline was the best option in combination with levodopa among all the drugs investigated.”

Binde et al.: [Comparative effectiveness of dopamine agonists and monoamine oxidase type-B inhibitors for Parkinson’s disease: a multiple treatment comparison meta-analysis](#), “European Journal of Clinical Pharmacology” 76 (12), 24 July 2020, last accessed: (05/05/2024)

#### 4. What is the accessibility of medical treatment and medication for the above conditions considering the specific social standing of the client?

The Sehat Sahula Programme, launched across Pakistan in 2019, is a step towards universal healthcare coverage [UHC] in Pakistan, although limitations remain.

- The biggest achievement of the PHS [Pakistan Healthcare System] is the UHC initiative in the form of the SSP [Sehat Sahula Programme]. 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.

(...) 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.

(...) 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 [3]. 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.

(...) 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.

Khan S J, Asif M, Aslam S, et al., [Pakistan's Healthcare System: A Review of Major Challenges and the First Comprehensive Universal Health Coverage Initiative](#). "Cureus" 15(9), 04 September 2023, last accessed: 27/07/2024.

- "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.

Although the constitution of Pakistan prohibits economic discrimination, as well as other forms of discrimination based on gender, religion or other identities, the country continues to exhibit hierarchies based on class, gender, ethnicity, religion and caste. Individuals from underprivileged and marginalized communities encounter significant obstacles to upward social mobility, lacking access to high-quality education, health care and economic opportunities.”

Bertelsmann Stiftung, “[Bertelsmann Stiftung Transformation Index 2024 Country Report: Pakistan](#)”, 19 March 2024, p. 25-26, last accessed: 29/5/2024.

- “50% of the population in Pakistan does not have access to primary healthcare services, and approximately 42% of the population does not have health insurance.

People who suffer from cardiovascular diseases and other non-communicable diseases have less access to effective and equitable health care services which respond to their needs”.

Memon Medical Institute Hospital: “[Access to Primary Health in Pakistan](#)”, 07 March 2024, last accessed: 27/05/2024.

On a general note, a Pakistani physician working in Pakistan who wishes to remain anonymous stated the following:

- “Considering especially the lacking social and financial support it might be challenging to always access high quality medical treatment.”

Expert interview: Anonymous, Email, 18/06/2024.

#### **a. Pension-age elderly person, unable to work**

No specific information regarding accessibility of treatment for elderly people and people unable to work was found within the limits of this search.

According to Nasir Malik, a communications specialist based in Islamabad who has collaborated with various non-profit organizations, elderly people face different challenges with regards to

access to healthcare and financial stability.

- “The public healthcare system is underfunded and overburdened, leading to long waiting times and subpar services. Many elderly individuals cannot afford private healthcare, making it difficult for them to receive the medical care they require. As a result, they often go without essential medical treatments and check-ups, exacerbating their health conditions. Access to healthcare can be a significant issue for the elderly. They often require specialized medical care, and the cost of healthcare services can be a burden, particularly for those without health insurance.”

[...] Unlike some developed countries, Pakistan lacks a comprehensive safety net for older people. This means that they are not guaranteed a pension, healthcare coverage, or other forms of support. The absence of such a safety net leaves them vulnerable to poverty, ill health, and social isolation.”

[...] Lack of Support Services: There is a shortage of support services tailored to the needs of the elderly population, such as home care, assisted living facilities, and day care centers for seniors.”

Linkedin: Nasir Malik, [“The Challenges Faced by Older People in Pakistan by Nasir Malik”](#), 18 september 2023, last accessed: 17/06/2024.

Among the reasons for a generalized negligence towards the care of elderly people, he mentions the overall economic constraints of the Pakistani government:

- “Economic factors further exacerbate the challenges faced by older people in Pakistan. The country grapples with economic issues such as high inflation and unemployment, limiting the government's ability to invest in social welfare programs for the elderly. The government's limited resources often prioritize immediate needs over the long-term well-being of the aging population.”

Linkedin: Nasir Malik, [“The Challenges Faced by Older People in Pakistan by Nasir Malik”](#), 18 september 2023, last accessed: 17/06/2024.

According to a 2022 article on health provision for elderly people in South Asian countries:

- “The combination of a very low, or in Pakistan’s case, non-existent; social pension with high out-of-pocket payments for healthcare poses a significant barrier to accessing adequate healthcare, especially for the poorest and most vulnerable older adults.

[...] Social protection in all study countries is modest, with the Government of

Pakistan offering no social pension at all.”

Matthews et al., [“Health and socioeconomic resource provision for older people in South Asian countries: Bangladesh, India, Nepal, Pakistan and Sri Lanka evidence from NEESAMA”](#), *Global Health Action* 16(1), 20 December 2022, last accessed: 18/06/2024.

A December 2021 opinion and analysis piece published in Pakistan Journal of Public Health pointed out the unpreparedness of the Pakistani health system to properly treat the elderly population, among whom chronic diseases such as diabetes would be one of the most common disorders:

- “A current study of Karachi, Pakistan explained that the community individual (n=1200) mean age 68.7 years suffer from various disorders including overweight (32.7%), chronic diseases such as hypertension, diabetes, arthritis (60%), depression (51.8%), impaired cognition (61.3%), loss of vision (31%), hearing loss (8%), impair mobility (31.1%), and geriatric impairment (33.9%, 42.3%) among male and female respectively (3). The current healthcare system in Pakistan cannot take this burden given the lack of infrastructure, broken healthcare systems, and poor resource availability to provide adequate care for the elderly. As a result, the elderly population is faced with multiple healthcare disparities and sufferings that needs to be examined and taken care of in the current healthcare system.”

Noreen et al., [“Geriatric Care in Pakistan: Current Realities and Way Forward”](#), *Pakistan Journal of Public Health*, 11(4), December 2021, p. 214.

## **b. Destitute, no financial support**

According to an opinion piece by Pakistan Today:

- “Furthermore, 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.”

Pakistan Today: [“Poverty of Healthcare Infrastructure in Pakistan”](#), 27 January 2024, last accessed: 21/06/2024.

- “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.”.

Human Rights Watch: Saroop Ijaz, [“In Sickness and in Debt: The Right to Health”](#), 22 Apr 2024, last accessed: 27/05/2024.

- “A substantial number of patients face long travel times to access essential surgical care and face a high percentage of impoverishing health expenditure and catastrophic health expenditure during this process.”

Samad et al., [“Access and Financial Burden for Patients Seeking Essential Surgical Care in Pakistan”](#), *Annals of Global Health* 88(1), 20 December 2022, last accessed: 21/06/2024.

- “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."

Memon Medical Institute Hospital: "[Access to Primary Health Care in Pakistan](#)", 7 March 2022, last accessed: 12/06/2024.

- "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."

Noreen et al., "[Geriatric Care in Pakistan: Current Realities and Way Forward](#)", *Pakistan Journal of Public Health*, 11(4), December 2021, p. 216.

### **c. Lacking social support**

- "In Pakistan trained caregivers are scarce and culturally not acceptable [...]. Caregiver burden is a significant issue for those caring for elderly family members in Karachi, Pakistan".

WHO: S. Sabzwari et al., "[Burden and associated factors for caregivers of the elderly in a developing country](#)", 06 June 2016, last accessed: 27/05/2024.

### **d. Facing political discrimination**

No specific information related to healthcare access for people facing political discrimination could be found within the limits of this search.

Please note that full interview emails are available upon request.

## Annex

### Box 1

The health context in Pakistan.<sup>2,3</sup>

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Pakistan is the world's fifth largest country and has long lagged behind the rest of the globe on several health-related indicators.

- Health expenditure around 3.2% of GDP (2018 estimates).
  - Less than 1 physician for every 1000 people (2018 estimates).
  - Total life expectancy at birth below 70 years (2021 estimates).
  - 55.26 deaths/1000 live births (2021 estimates).
  - 23.1% children under 5 years are underweight (2017/18 estimates).
  - Ranked 17/227 countries for highest infant mortality rates in the world (2022 estimates).
  - Poor access to education for many school-aged children.
  - Poor access to safe drinking water and natural gas as a clean cooking fuel.
  - About 1/4 (2015 estimates) of the country's approximately 243 million population (2022 estimates) live below the poverty line.
  - 2018–2019 estimates suggest that about 20% of all households living below the poverty line in Pakistan were driven to these circumstances by catastrophic health expenditure (health expenditure accounting for 10% of all a household's expenditures).
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Source: National Library of Medicine: Rebecca Forman et al., [Sehat sahulat: A social health justice policy leaving no one behind](#), “The Lancet Regional Health - Southeast Asia” 19 October 2022, last accessed: 27/05/2024.

Legal representatives are welcome to submit relevant excerpts cited in this report for their specific case to decision-makers (including judges) to assist in the determination of an asylum claim or appeal. However, this report should not be submitted directly, in its entirety or isolation, as evidence to decision-makers in asylum applications or appeals.



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