Health and Nutrition

Since health is an integral part of human development, therefore it remained the focus of attention of the government during 2008-09 because healthy population is the human asset of a country which is turn contributes efficiently to the economic and social development. In Pakistan, despite a good progress over the years, peoples are still suffering from various health lacknings like limited access to heath facilities, wide spread malnutrition, poverty and poor living conditions. The health development activities contrast sharply in relation to other countries at similar level of development and per capita income and reflects a backlog of many un-meet needs. These concerns are over due and require an urgent attention.

The most immediate health problems of the country are: inadequate sanitation facilities, Unsafe water, Poor living conditions, poverty and low literacy rate with women being the worse affectees whose lack of knowledge often render them and their children vulnerable to various diseases. Malnutrition is a major public health problem that disproportionately effects women, girls. and infants. The un-timely deaths or disability from high prevalence of communicable diseases which could easily be prevented and treated adversely working capability of an average household. The incidence of newer diseases like Cancer and HIV/ AIDS reveal a striking un-met requirements for which appropriate policy response and institutional changes are required to bring accelerated development and better health management.

Pakistan requires progress in economic and policy sector to reduce the burden of diseases not simply in health care but much have to be done in agriculture, education, transportation, environment, public health sector and other relevant areas in order improve the nation's overall health.

The national regime in line with the global recommendations and the United Nation mandate is committed to attain the health related millennium development goals (MDGs) on child mortality, maternal mortality, HIV/AIDS, T.B and malaria. The MDGs agenda of reforms have already been adopted as a framework of development activities to reduce poverty, hunger and to tackle the problems of ill health through investing in health care, education, diseases prevention, coverage and quality of life by the year 2015. In light of these considerations, a number of measures are underway to achieve Pakistan's health sector goals and to bring a visible change in health status of the country. Various health programs like development program, Immunization, T.B and Malaria control. etc are being implemented with objectives to ensure sustainable development in health, nutrition and family planning etc. Consequently, immunization coverage has been increased and the country focus on producing more doctors have led to marked improvement. During the year under review, emphases was laid on the provision of primary health care, better utilization of the existing health facilities and continuing the programme of nutrition and preventable disease. However, the infant mortality rate is still high and remained at 73 per 1000 live birth. Other social indicators also reflect comparatively poor performance as is depicted in table-11.1.

The present government has taken several policy initiatives to fulfill its commitment to meet the needs of healthcare needs of the people of Pakistan. This has necessitated reformulating a new national health policy with the vision to provide Efficient, Equitable and Quality Health Care Services at the door steps of the population. The Health Policy 2009 has focused on preventive programs targeting poor and disadvantaged groups of communities. The reforms proposed in the policy has addressed inadequacies in primary and

secondary healthcare services and laid down an agenda for improvement in district health system, including removal of professional and managerial gaps and distortions. These elements will continue in the context of paradigm shift from healthcare reforms to wider health sector linkages with social determinants of health. The draft National Health Policy 2009 has focused on health sector investments as part of poverty alleviation, and accords priority to primary and secondary healthcare services.

Table-11.1: Socia	Table-11.1: Social Indicators											
Country	Life Expectancy Year 2007**	Infant Mortality Rate per 1000** Year 2007	Mortality Rate under 5 per 1000 Year 2007**	Population Avg. Annual (%) Growth 2008***								
Pakistan	65	73	90	1.8*								
India	65	54	72	1.5								
Sri Lanka	72	17	21	0.9								
Bangladesh	64	47	61	2.0								
Nepal	64	43	55	2.1								
China	73	19	22	0.6								
Thailand	71	6	7	0.6								
Philippines	72	23	28	1.7								
Malaysia	74	10	11	1.7								
Indonesia	71	25	31	1.2								
			Source: World Develop	ment Indicator 2009								

11.1 Health Expenditure

The main modes of health financing in Pakistan is public sector and 0.5 percent of its GNP is spent on health. The government recognizes the need to enhance allocations in this area and mainstreaming alternative approaches to health financing. Public sector's fiscal allocation was increased from Rs 60 billion in 2007-08 to Rs 74 billion in 2008-09. Of which Rs.33.00 billion were development and Rs 41.10 billion as current expenditure. During this time, the government spendings on health as a percentage of the GNP stood at 0.55 percent which in term of GNP spells a 23 percent increase over last year.

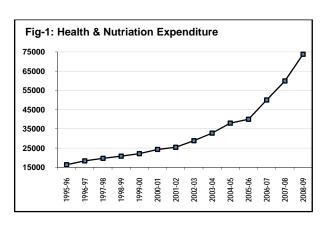


Table 11.2: Healt	Table 11.2: Health & Nutrition Expenditures (2000-01-2008-09) (Rs.billions)												
	Public Sector Ex	xpenditure (Federa	Domoontogo	Health									
Fiscal Years	Total Health Expenditures	Development Expenditure	Current Expenditure	Percentage Change	Expenditure as % of GDP								
2000-01	24.28	5.94	18.34	9.9	0.58								
2001-02	25.41	6.69	18.72	4.7	0.57								
2002-03	28.81	6.61	22.21	13.4	0.59								

Table 11.2: Heal	Table 11.2: Health & Nutrition Expenditures (2000-01-2008-09) (Rs.billions)											
	Public Sector Ex	xpenditure (Federa	Domoontogo	Health								
Fiscal Years	Total Health	Development	Current	Percentage Change	Expenditure as							
	Expenditures	Expenditure	Expenditure	g-	% of GDP							
2003-04	32.81	8.50	24.31	13.8	0.58							
2004-05	38.00	11.00	27.00	15.8	0.57							
2005-06	40.00	16.00	24.00	5.3	0.51							
2006-07	50.00	20.00	30.00	25	0.57							
2007-08	60.00	27.22	32.67	20	0.57							
2008-09	74.00	33.00	41.10	23	0.55							
			Source	: Planning and De	velopment Division							

11.2 Health Facilities

In Pakistan health services are provided through (I) the health care delivery systems and (II) public health intervention. The former include basic health units (BHUs) and rural health centres (RHCs) forming the core of primary health care while public health intervention includes a number of public health programs which are federally led with provincial implementation and institutional mechanism. According to Health Division, there

were 948 hospitals in 2008 with over 133,956 registered physicians and over 65387 registered Nurses, 9012 Dentists and 10002 LHWs. Table below highlights other selected health facilities indicators. The country's focus on producing more Doctors has led to marked improvement in the Doctor-to- population ratio. The population to facilities ratio in respect of a doctor is for 1212 persons, a dentist for 18010 persons and availability of one hospital bed for 1575 persons.

Health Manpower	Upto 2006-07	Upto 2007-08	Upto 2008-09
Registered doctors	123,125	127,859	133,956
Registered dentists	7,438	8,195	9,012
Registered nurses	57,646	62,651	65,387
Population per Doctor	1,251	1,225	1212
Population per Dentist	20,702	19,121	18010
Population per Bed	1,508	1,517	1575
			Source: Ministry of Hea

11.3 Physical Targets and Achievements During 2008-09

The government has been expanding the scope of health delivery services in view of its actual demand. New infrastructures are being built in the health sector to meet the increasing demand of the people. The targets for the health sector during 2008-09 included establishment of 40 Basic Health Units (BHUs) and 15 RHCs. The manpower target included the addition of 5000 new doctors, 450 dentists, 3500 Nurses, 5500 Paramedics and 450 Traditional Birth Attendants. Under the preventive Program, about 8.5 million children were targeted to be immunized and 25 million packets of ORS were to be distributed during 2008-09.

In order to achieve the targets, the Government has taken a number of steps and among them, training of 4500 doctors,400 dentists,3200 nurses and construction of 35 basic health units (BHUs) and 13 rural health centres have been completed. In the meantime 850 BHUs and 40 RHCs have been strengthened/improved. In the government hospitals, 4300 beds have been added in the existing ones. Besides, efforts are underway to address the currently prevailing services challenges through focus on primary health care delivery by revitalizing BHUs and RHCs.

Physical targets and achievements for 2008-09 are given in the following table

Table-11.4: Physical Targets and Achievements During	2008-09		
Sub-Sector	Targets (Nos)	Estimated Achievements (Nos)	Achievements (%)
A. Rural Health Programme			
i. New Basic Health Units (BHUs)	40	35	87
ii. New Rural Health Centres (RHCs)	15	13	86
iii. Upgradation of existing RHCs	45	40	88
iv. Upgradation of existing BHUs	900	850	94
B. Beds in Hospitals/RHCs/BHUs	4500	4300	95
C. Health Manpower Development			
i. Doctors	5000	4500	90
ii. Dentists	450	400	80
iii. Nurses	3500	3200	90
iv. Paramedics	5500	5000	90
v. Training of TBAs	500	450	
vi. Training of LHWs	100000	96000	96
D. Preventive Programme			
i. Immunization (Million Nos)	9	8	94
ii. Oral Rehyderation Salt (ORS) (Million Packets)	25	24	96
	Source	ce: Planning & Deve	elopment Division

11.4 Health Programs

Not withstanding improvement in doctors/dentist to population ratio, it must be recognized that Pakistan's key health indicators still lag behind in relation to international targets articulated within the millennium declaration which makes a case for reform measure within the health sector. Public health intervention include a number of public health program. These include the National Program for prevention and control of T.B, Malaria, HIV/ AIDs and child health care program etc. To bring a visible change in health status of the country, the government of Pakistan has intensified its efforts. The following core programmes are being implemented with a much sharper focus on the poor and underprivileged segments of the society.

11.4.i Expanded Program on Immunization (EPI)

EPI aims at protecting children by immunizing them against Childhood Tuberculosis, Poliomyelitis, Diphtheria, Pertussis, Measles, Tetanus and also their mothers against Tetanus. The Program has progressed significantly over the time in terms of immunization coverage and disease reduction through its own system of surveillance, regular monitoring, evaluation of

strategy and sufficient trained manpower across the country. This ensures the commitment of the Government for provision of vaccines, syringes, cold chain equipment, transport, printed material and launching of health education/motivation campaign. Major objectives of the program include:-

- ▶ Reduction of mortality resulting from the seven EPI target diseases by immunizing children of the age 0-11 months and women of child bearing age.
- ▶ 90% routine immunization coverage of all EPI antigens with at least 80% coverage in every district by 2012.
- ▶ Interruption of polio virus transmission by 2010.
- ▶ Elimination of Neo-natal tetanus by 2015.
- Reduction of measles mortality by 90% by 2010.

11.4.ii National Aids Control Program (NACP)

The National AIDS control program along with its provincial counterparts is a national responsibility

to the rising epidemic of HIV/AIDS in Pakistan. The Program since its implementation i.e. 1988 has undergone many policy changes that reflect the overall change in the HIV/AIDS epidemic.

Currently 7400 people are estimated living with HIV/ Aids in the country with the HIV prevalence rate of I % and 4900 deaths by the epidemic upto the year 2008. Till date 4500 HIV positive cases have been reported to the National and Provincial AIDS Control Programs. It includes 2000 full blown AIDS. Around 850 are receiving free treatment trough 12 AIDS Treatment Centres.

Several socioeconomic conditions conducive to spread of HIV/AIDS exist in Pakistan .These include poverty, low level of education and migration to higher prevalence countries which led to increased exposure to the disease. Significant factors that increase Pakistan's vulnerability to the epidemic include inadequate blood transmission, screening, high level of professional blood Donors, migrants and refugee population. Among reported infections, contaminated blood and blood products is the primary mode of transmission followed by injecting drug use and mother-to-child transmission. This serves to underline the need for rapidly scaling up intervention among vulnerable groups to prevent spillover into the general population.

The investment in HIV/AIDS prevention and control activities have increased over the years. The NACP has taken the lead in streamlining health services management to strengthen the quality and delivery of care at Federal and provincial levels.. The NACP also conducts public awareness campaigns, disseminates informational materials and develops guidance for improving support, clinical care and management, surveillance, and blood safe; and intervention effectiveness. Blood banking is managed through both public and private sectors, with the majority of demands being met by the Private Sector. A total of 1.5 million Blood Bags are transfused annually in the country of which 66% is contributed by the private sector. Screening reports are received on a quarterly basis from the public sector institutions/blood banks and is then compiled at the National AIDS Control program.

Pakistan has shown its commitment of fighting the spread of HIV/ Aids for example Pakistan. Medium term Development framework 2005-10 includes among its goals, the halving of HIV/ Aids prevalence in most-at-risk population (MARPs)

11.4.iii National Program for Malaria Control

Malaria is one of the most devastating tropical disease in the world. It is particularly dangerous for young children and for pregnant women and their unborn children, although others may be seriously affected in some circumstances. About 250 to 300 million cases of malaria occur annually. New anti-malarial drugs and more efficient diagnostic techniques are being tested to cope with the problem. Malaria is a curable and preventable disease, but it still kills many people.

Pakistan launched Malaria eradication campaign with the help of WHO in 1960. But eradication of malaria could not be achieved because of socioeconomic and epidemiological factors and so it poses a potential threat to the health of millions of people. On the advice of WHO, Malaria Eradication Programme was converted into Malaria Control Programme. The current project is an extension of on- going Malaria Control Programme. The goal of the programme is to improve the health status of the population by effectively controlling malaria implementation of the Roll Back Malaria strategies. The five year plan is a step towards achieving the WHO global RBM target of 50% reduction in the malaria burden by the year 2010. Considerable progress has been made with regard to involvement of NGOs, awareness and operational research.

11.4.iv National T.B. Control Programme (NTCP)

Tuberculosis, or TB, is an infectious disease transmitted from person to person via droplets from the throat and lungs of people with the active respiratory disease. Millions of people around the world each year die of this curable disease. Tuberculosis (TB) is a major public health problem in Pakistan. The country ranks 6th globally among the 22 high disease burden countries. In Pakistan, the total No. of TB cases stands at 76.668. The

percentage of TB case detection rate is 51%, treatment success rate is 87% while cure rate is 74%. The problem gets more complicated with majority of population living in extremely poor conditions, meagre resources and limited provision of healthcare facilities. The Pakistan government has therefore given high priority to TB control and constantly expanding the WHO recommended TB control strategy (DOTS) across the country. Though Pakistan has achieved the outcome target indicators of Millennium Development Goals, that is detection of TB at 70 per cent and successful treatment of 85 per cent cases but still efforts are needed to decrease number of TB cases in Pakistan.

The NTCP aims to reduce TB prevalence and mortality rates by 50 percent by 2015. Pakistan's efforts to control TB are supported by over 12 international partners, along with an extended network of health workers and volunteers working at the grassroots level.

11.4.v Prime Minister Program for Prevention and Control of Hepatitis in Pakistan (2005-2010)

Prime Minister Program for Prevention and Control of Hepatitis in Pakistan (2005-2010) was launched on August 29th 2005 to decrease substantially the Prevalence, morbidity and mortality due to hepatitis viral infections in the general population by utilizing the existing heath infrastructure. The total cost of the program in Rs. 2.59 billion for financial years 2005 till 2010.

The goals set under the program aim to achieve 50 percent reduction in hepatitis prevalence by 2010 through establishment of Hepatitis Surveillance System, provision of drugs for hepatitis B & C patients, provision of hepatitis vaccination for high risk population, provision of essentials for ensuring safety of blood and blood products at all blood transfusion centers, proper disposal of invasive medical devices including syringes, hospital waste, prevention and control of hepatitis A & E and actualizing the strategy for safe drinking water supply and sanitation provisions.

Specific goals of the program include: Establishing screening/ diagnosis, counseling and chronic liver

disease treatment facilities at provincial, District & Tehsil level hospitals in a phased manner (121 Districts 425 Hospitals); Establishment of reference water quality control laboratories and purification plants at NIH, Provinces (7 units) and in rural settings (150 units); Improvement of Health Care Providers knowledge for prevention of Hepatitis through focus on injection safety, safe blood transfusion practices (385 Blood Banks) and hospital disposal (425 waste Hospital); Introduction of lab based surveillance system for evidence based policy decisions and creating opportunity for epidemiological research studies mainly community based, and establishment of provincial satellite offices of the Provincial Coordinators; Advocacy & Behavior Change Communication (BCC) strategy development and execution on persistent basis for prevention of Hepatitis by creating awareness among general masses for adoption of healthy practices; Strengthening of routine immunization services of Hepatitis B vaccine for infants through provision of immunization against Hepatitis B in children below one year of age by using Expanded Program of Immunization's infrastructure and Reduction of vulnerability to Hepatitis B in medical staff of public sector and other risk groups.

These interventions shall lead to minimizing the morbidity and mortality caused by hepatitis and likewise reduce economic burden. The community is therefore a direct beneficiary of the program.

11.4.vi Cancer Treatment Programme

Currently, Thirteen (13) nuclear medical and oncology hospitals are functioning throughout the country providing diagnostic and treatment facilities to the 70% of the total cancer patients in pakistan with most modern facilities available at these centres. Major services offered at these nuclear medical hospitals include diagnostic and therapeutic nuclear medicines, radioimmunoassay, radiotherapy. indoor cancer treatment. More than 408,900 patients were attended during the year 2008-09. During the period July 2008 to March 2009 a total of 210,554 patients(160,153 new and 50401 follow up) benefited from the nuclear medicine facilities. On clinical oncology side a total of 198,330 patients (including 51,363 new

and 146,968 follow up) were provided cancer treatment as well as follow up management.

During the year (July-Mar) 2008-09, following activities were carried out.

- (i) The PAEC NM&O hospitals were involved in development activities like research projects and training course etc. nationally as well across the globe to learn recent development in cancer diagnostic techniques/ treatment trends.
- (ii) The up gradation project of two NM&O hospitals i.e. AMEC Karachi and INMOL Lahore at various stage of completion.
- (iii) Cancer registry program has been initiated and initial data of cancer patients at PAEC NM&O Hospital is being maintained which will lead to more effective cancer prevention and awareness programs in future.

11.5 Drug Abuse

The increase in opium production in Afghanistan made Pakistan an important transit gateway for illegal drugs. As a result, drug abuse within Pakistan became a more pronounced problem. Since the last two decades, the problem of drug abuse has not only persisted but has been continuously increasing. With globalization of drug abuse problem over the years, the united Nations Commission on Narcotic drug has argued that the solution does not lie in the hands of individual countries. It has to be worked out through mutual efforts by south Asian countries. Various measures were adopted by the government of Pakistan to address the issue. A new Drug Abuse Control Master Plan (2008-2012) has been prepared to meet the growing challenges. Expenditure under this plan is expected to be Rs.10869.43 million. Objectives have been defined and achievable targets set with emphasis on both supply and demand reduction activities. Currently there are 12 ongoing projects which are being implemented at the cost of Rs 748.414 million with 432.934 million by Government of Pakistan and Rs315.480million as foreign aid. .Prominent among these are Mohmand Area Development project, Bajaur Area Development Project, Khyber Area Development project and a model addiction

treatment and rehabilitation centres at Islamabad and Quatta. Besides, 6 new projects are proposed for 2009-10 with a total cost of Rs. 16.380 million are also being rewieved.

11.5.i Seizure of Narcotics Drugs

Seizure of narcotic drugs including registered affected and defendants arrested during the fiscal year 2008-09 are detailed in Table 11.6.

Table 11.5- Seizure of	Table 11.5- Seizure of Drugs										
No. of cases	20177 (Nos)										
No. of defendants	20878 (Nos)										
Opium	16437.897 (Kgs)										
Heroine	5541.448(Kgs)										
Hashish	96936.087(Kgs)										
Cocaine	6.050(Kgs)										
Poppy Straw	26940.00(Nos)										
Source:	Ministry of Narcotics Control										

11.6 Food and Nutrition

Dietary pattern varies widely across the world even from region to region in the country. However it tends to weigh largely in favour of cereals (wheat, rice, maize) milk, meat and eggs. Calories and protein availability is consistently increasing over time. Eating a healthy diet is a main way to get good nutrition. In Pakistan people still do not have easy access to food to meet their basic requirements for protein and deficiency in essential micronutrients, such as iodine, vitamin A, and iron. Food Security and Poverty impedes affecting people's access to balanced diet. Food availability and its easy access play vital role in maintaining adequate diet and nutritional status.

Availability of major Food Items and its access during the year was maintained by taking necessary measures to combat the effects of international price hike and shortage of grains. The average caloric availability remained around 2363 and protein at 70gms per capita/day against the average requirement of 2350 calories per capita per day. The availability of essential food items over the period is briefly given in Table 11.6.:

The Medium Term Development Framework (MTDF) envisaged multi-disciplinary nutrition

activities effectively to achieve the most MDGs carried out in Social sectors including Health, Food targets. Nutrition related activities are being & Agriculture, Education etc.

ζg	139.3			1999-00	2003-04	2005-06	2006-07	2007-08(E)	2008-09(T)
	139.3	147.1	160.7	165.0	150.7	151.4	148.8	151.1	151.0
ζg	13.9	6.3	5.4	7.2	6.1	7.9	7.2	7.9	8.0
ζg	17.1	28.7	27.0	26.4	33.6	25.3	32.2	31.5	29.3
_tr	107.0	94.8	107.6	148.8	154.0	162.6	170.1	172.1	175.2
ζg	9.8	13.7	17.3	18.76	18.8	19.7	20.6	20.1	20.5
Oozen	0.2	1.2	2.1	5.1	4.6	5.2	5.4	5.3	5.2
_tr	2.3	6.3	10.3	11.1	11.3	12.7	12.8	12.6	12.6
	2078	2301	2324	2416	2381	2386	2349	2377	2363
Protein per day 62.8			67.4	67.5	67.8	69.5	69.0	69.5	70.0
<	ktr Kg Dozen	Ag 17.1 Atr 107.0 Ag 9.8 Dozen 0.2 Atr 2.3 2078	Ag 17.1 28.7 Atr 107.0 94.8 Ag 9.8 13.7 Dozen 0.2 1.2 Atr 2.3 6.3 2078 2301	Ag 17.1 28.7 27.0 Atr 107.0 94.8 107.6 Ag 9.8 13.7 17.3 Dozen 0.2 1.2 2.1 Atr 2.3 6.3 10.3 2078 2301 2324	Ag 17.1 28.7 27.0 26.4 Atr 107.0 94.8 107.6 148.8 Ag 9.8 13.7 17.3 18.76 Dozen 0.2 1.2 2.1 5.1 Atr 2.3 6.3 10.3 11.1 2078 2301 2324 2416	Ag 17.1 28.7 27.0 26.4 33.6 Atr 107.0 94.8 107.6 148.8 154.0 Ag 9.8 13.7 17.3 18.76 18.8 Dozen 0.2 1.2 2.1 5.1 4.6 Atr 2.3 6.3 10.3 11.1 11.3 2078 2301 2324 2416 2381 62.8 61.5 67.4 67.5 67.8	Ag 17.1 28.7 27.0 26.4 33.6 25.3 Arr 107.0 94.8 107.6 148.8 154.0 162.6 Ag 9.8 13.7 17.3 18.76 18.8 19.7 Dozen 0.2 1.2 2.1 5.1 4.6 5.2 Atr 2.3 6.3 10.3 11.1 11.3 12.7 2078 2301 2324 2416 2381 2386 62.8 61.5 67.4 67.5 67.8 69.5	Ag 17.1 28.7 27.0 26.4 33.6 25.3 32.2 Ag 107.0 94.8 107.6 148.8 154.0 162.6 170.1 Ag 9.8 13.7 17.3 18.76 18.8 19.7 20.6 Oozen 0.2 1.2 2.1 5.1 4.6 5.2 5.4 Atr 2.3 6.3 10.3 11.1 11.3 12.7 12.8 2078 2301 2324 2416 2381 2386 2349 62.8 61.5 67.4 67.5 67.8 69.5 69.0	Ag 17.1 28.7 27.0 26.4 33.6 25.3 32.2 31.5 Arr 107.0 94.8 107.6 148.8 154.0 162.6 170.1 172.1 Ag 9.8 13.7 17.3 18.76 18.8 19.7 20.6 20.1 Dozen 0.2 1.2 2.1 5.1 4.6 5.2 5.4 5.3 Atr 2.3 6.3 10.3 11.1 11.3 12.7 12.8 12.6 2078 2301 2324 2416 2381 2386 2349 2377

assistance:

T: Targets

Iron and Vitamin-A, are being addressed through Nutrition Wing, M/o Health through donors'

Pakistan Bait-ul-Mal's (PBM) Food Support Programme for poor Households has been integrated into Benazir Income Support Programme (BISP) throughout the country for wider coverage.

A National School Nutrition Programme designed as a social safety net and incentive to improve the nutritional status of Government Rural Primary School going children to increase enrolment and drop-out rates.

Nutrition through Primary Health Care (PHC) covering micronutrient supplementation for anemia control, vitamin A supplementation to children under five years of age, micro nutrient to women of child bearing age, growth monitoring, counseling on breast feeding & weaning practices and awareness through Lady Health Workers (LHWs).

Reference Laboratory for Food Quality Control System has been strengthened at Nutrition Division, National Institute of Health, Islamabad.

Micro Nutrient Deficiency Control Programme: The major Micro Nutrient deficiencies i.e. Iodine,

- a) Salt Iodization in private sector was strengthened in more than 60 districts along with awareness material. Draft Legislation for Universal Salt Iodization (USI) has been forwarded to the concerned quarters.
- b) Wheat Flour Fortification has been expanded to 82 flour mills in the country. Millers also trained to operate the microfeeders and maintain quality control parameters. Mass media campaign for consumer education prepared and launched.
- percent children (6-59) month administration Vitamin A drops through National Immunization Days (NIDs)
- d) Policy for Infant Young Child Feeding (IYCF) has been adopted. Health staff Baby Friendly Hospital trained on Imitative (BFHI), and breastfeeding counseling.

TABLE 11.1NATIONAL MEDICAL AND HEALTH ESTABLISHMENTS, Progressive (Calendar Year Basis)

.. Not available

Source: Ministry of Health

^{*} The decrease in MCH since 1993 as against last year is due to exclusion/separation of family welfare centres from MCH structure in NWFP

P: Provisonal data in respect of Punjab province.

TABLE 11.2 REGISTERED MEDICAL AND PARAMEDICAL PERSONNEL (Progressive) AND **EXPENDITURE ON HEALTH, (Calendar Year Basis)**

(Number)

2. Planning & Development Division

Year	Regis- tered	Regis- tered	Regis- tered	Register- ed Mid-	Register- ed Lady	Populat	ion per		e(MIn. Rs)^*
	Doctors ***	Dentists ***	Nurses ***	wives	Health	ъ.	5	Develop-	Non-Deve-
		***	^^^		Visitors	Doctor	Dentist	ment	lopment
1960	477							8.70	57.00
1961	612					75,470		21.13	69.00
1962	797	2				59,636		34.10	78.00
1963	1,049	17				46,615		34.55	80.00
1964	1,325	81				37,970		75.22	78.00
1965	1,591	151				32,533		46.47	84.00
1966	2,008	195				26,524		35.31	86.00
1967	2,588	233				21,170		70.80	92.00
1968	2,668	273				21,128		59.79	99.00
1969	3,322	332				17,459		67.99	128.00
1970	3,913	384				15,256	155,468	61.70	151.00
1971	4,287	446				14,343	137,870	57.62	141.10
1972	4,802	511				13,190	123,953	95.55	171.90
1973	5,138	549				12,824	120,018	175.67	210.10
1974	5,582	610	946	522	51	12,164	111,311	363.00	278.00
1975	6,018	650	1,985	1,201	118	11,628	107,661	629.10	360.64
1976	6,478	706	2,526	1,637	197	11,133	102,153	540.00	439.20
1977	7,232	733	3,204	2,577	246	10,278	101,405	512.00	558.60
1978	8,041	781	3,892	3,106	341	9,526	98,079	569.00	641.60
1979	9,079	846	4,552	3,594	453	8,695	93,309	717.00	661.89
1980	10,777	928	5,336	4,200	547	7,549	87,672	942.00	794.82
1981	13,910	1,018	6,110	4,846	718	6,101	83,369	1037.00	993.10
1982	17,174	1,121	6,832	5,482	928	5,087	77,948	1183.00	1207.00
1983	20,865	1,222	7,348	6,031	1,144	4,308	73,560	1526.00	1564.00
1984	25,633	1,349	8,280	7,078	1,374	3,605	68,490	1587.00	1785.12
1985	30,044	1,416	10,529	8,133	1,574	3,160	67,041	1881.50	2393.81
1986	34,034	1,558	12,014	10,315	2,144	2,865	62,580	2615.00	3270.00
1987	38,580	1,636	13,002	11,505	2,384	2,594	61,180	3114.41	4064.00
1988	42,862	1,772	14,015	12,866	2,697	2,396	57,963	2802.00	4519.00
1989	47,289	1,918	15,861	13,779	2,917	2,228	54,927	2681.00	4537.00
1990	52,862	2,068	16,948	15,009	3,106	2,082	52,017	2741.00	4997.00
1991	56,546	2,184	18,150	16,299	3,463	1,993	50,519	2402.00	6129.65
1992	61,017	2,269	19,389	17,678	3,796	1,892	49,850	2152.31	7452.31
1993	63,976	2,394	20,245	18,641	3,920	1,848	48,508	2875.00	7680.00
1994	67,167	2,584	21,419	19,759	4,107	1,803	46,114	3589.73	8501.00
1995	70,670	2,747	22,299	20,910	4,107	1,455	44,478	5741.07	10613.75
1996	75,201	2,933	24,776	21,662	4,103	1,433	42,675	6485.40	11857.43
1997	79,437	3,154	28,661	21,840	4,589	1,636	40,652	6076.60	13586.91
1998	83,661	3,434	32,938	22,103	4,959	1,590	38,185	5491.81	15315.86
1999	88,082	3,857	35,979	22,401	5,299	1,578	35,557	5887.00	16190.00
2000	92,804	4,165	37,528	22,525	5,443	1,570	33,629	5944.00	18337.00
2000 2001	92,004 97,226	4,105 4,612	40,019	22,323	5,443 5,669	1,529	33,629 31,579	6688.00	18717.00
2001	102,611	5,058	44,520	23,084	6,397	1,316	29,405	6609.00	22205.00
2002	102,611	5,531	46,331	23,004	6,599		29,403 27,414	8500.00	24305.00
						1,404 1,250			
2004	113,273	6,128 6,724	48,446 51,270	23,559	6,741 7,072	1,359	25,107 25,207	11000.00	27000.00
2005	118,062	6,734		23,897	7,073	1,310	25,297	16000.00	24000.00
2006	123,169	7,438	57,646	24,692	8,405	1,254	20,839	20000.00	30000.00
2007	128,076	8,215	62,651	25,261	9,302	1,245	19,417	27228.00	32670.00
2008	133,956 Not available	9,012	65,387	25,534	10,002	1,212	18,010	32700.00 Source: 1. Min	41100.00

Not available

Note: Data regarding registered number of Dotctors/Dentists is vulnerable to few changes as it is affected by change of province or if there is any change in registration status from time to time

Expenditure figures are for respective financial years 2004 = 2004-05

Registered with Pakistan Medical and Dental Council and Pakistan Nursing Council.

TABLE 11.3 DATA ON EXPANDED PROGRAMME OF IMMUNIZATION VACCINATION PERFORMANCE (0-4 YEARS), (Calendar Year Basis)

Vaccine/doz	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
B.C.G.	4,804,197	4,950,658	5,582,202	4,995,429	5,070,031	4,777,166	5,114,865	4,862,494	5,203,061	5,364,136	5,790,371	5,884,435
POLIO 0	1,522,005	1,605,409	2,031,138	1,787,968	1,734,707	1,842,279	2,132,474	2,352,552	2,625,604	2,846,229	3,098,116	3,428,749
1	4,738,990	4,757,494	5,253,847	4,581,262	4,583,673	4,543,243	4,819,735	4,512,848	4,858,592	5,250,568	5,645,107	5,556,128
II	4,220,589	4,203,668	4,558,892	4,026,744	4,079,328	4,014,687	4,281,717	4,098,187	4,387,392	4,869,878	5,178,706	5,034,410
III	3,947,036	3,973,201	4,131,112	3,811,685	4,023,674	3,780,170	4,035,457	3,916,351	4,159,987	4,738,953	5,070,490	4,819,065
IV	-	-		-	-	-	-	_	-		-	-
BR	91,503	68,541	57,204	460,488	226,529	138,207	105,640	77,721	49,428	33,007	46,615	60,917
COMBO												
1	-	-	_	-	-	-	-	_	-		3,999,759	5,071,729
II	-	-	_	-	-	-	-	_	-		3,720,089	4,612,518
III	-	-	-	-	-	-	-	_	-		3,656,495	4,356,169
D.P.T												
1	4,739,559	4,698,422	5,070,103	4,693,198	4,688,768	4,558,086	4,768,665	4,427,751	4,581,347	5,275,075	1,710,723	-
II	4,212,948	4,162,716	4,530,162	4,140,534	4,175,545	4,038,630	4,227,754	4,025,465	4,126,599	4,886,576	1,523,243	-
III	3,935,580	3,831,296	4,273,184	3,918,198	4,112,538	3,795,573	3,982,974	3,839,571	3,918,794	4,756,441	1,479,364	-
BR	89,295	63,407	169,623	44,768	46,518	22,626	5,959	2,418	105	284	55	-
T.T												
1	3,732,952	3,861,395	4,282,256	4,091,473	4,179,310	4,678,265	3,590,786	3,391,488	4,539,131	4,069,365	3,877,897	4,307,085
II	2,911,654	3,037,436	3,324,650	3,273,906	3,286,376	3,539,711	2,969,663	2,649,564	2,857,932	3,133,454	3,048,345	3,384,967
III	1,097,745	1,025,006	1,056,394	928,086	868,820	1,278,078	1,423,277	765,268	793,128	894,639	810,023	865,694
IV	446,040	425,544	484,999	318,464	310,995	310,448	337,968	292,941	519,086	286,368	239,055	279,024
V	250,960	219,993	308,483	152,336	163,747	159,402	163,699	131,888	157,382	176,530	141,288	152,080
MEASLES	4,242,400	4,149,778	4,794,410	4,277,466	4,546,632	4,105,614	4,163,032	4,124,958	4,387,211	5,050,347	5,386,101	5,277,766
- not availab		1,147,170	1,17,110	1,211,400	1,040,032	1,100,014	1,100,002	1,127,730	1,507,211		ource: Ministi	

Source: Ministry of Health

B.C.G. Bacilus+Calamus+Guerin $D.P.T \quad Diphteira+Perussia+Tetanus$

T.T Tetanus Toxoid

Note: The DPT from the year 2007 onward has discontinued and is replaced by Combo - a combination of DPT and HBV

TABLE 11.4DOCTOR CONSULTING FEE IN VARIOUS CITIES

		Faisal-	Gujran-	Hyder-	Islam-	Karachi	Lahore	Pesha-	Quetta	Rawal-	Sukkur	(In rupees Average
Period		abad	wala	abad	abad			war		pindi		3
November	73	10.00	10.00	10.00	15.00	15.00	10.00	20.00	10.00	15.00	10.00	12.50
"	74	15.00	15.00	20.00	18.75	20.00	15.00	20.00	17.50	20.00	16.00	17.7
II .	75	20.00	15.00	20.00	20.00	25.00	15.00	20.00	25.00	22.50	17.50	20.0
"	76	20.00	20.00	23.75	23.75	27.75	17.50	23.13	28.13	27.19	20.00	23.1
"	77	20.00	20.00	28.75	35.00	25.00	20.00	25.00	35.00	35.00	20.00	26.3
"	78	20.00	20.00	32.14	22.50	34.00	20.00	33.13	40.00	35.00	20.00	27.6
"	79	40.00	20.00	33.75		48.00	28.33	35.00	35.00	45.00	35.00	32.0
"	80	40.00	32.00	35.00	50.00	54.44	47.50	37.50	37.50	50.00	35.00	41.89
"	81	70.00	32.00	36.00	50.00	60.00	47.50	50.00	32.50	50.00	25.00	45.30
"	82	30.00	32.00	50.00	60.00	60.00	50.00	12.00	37.50	50.00	40.00	42.1
"		50.00		58.75	60.00	60.00	50.00	12.00	37.50	50.00	50.00	42.8
					AVERAG	E DOCTOR	CALL FEE I	N VARIOUS	CITIES			
	84	20.00	20.00	45.00	55.00	36.11	10.00	15.63	45.00	50.00	50.00	34.6
"	85	20.00	32.00	55.00	50.00	30.00	10.00	20.00	45.00	50.00	35.00	34.70
"	86	20.00	32.00	55.00	50.00	26.39	14.17	20.00	45.00	50.00	30.00	34.2
"	87	20.00	32.00	55.00	26.25	26.70	24.29	20.00	46.25	25.42	30.00	30.5
"	88	20.00	32.00	50.00	26.25	26.54	24.29	20.00	67.00	25.42	30.00	32.1
"	89	48.33	32.00	50.00	26.88	25.91	24.29	20.00	67.00	25.42	30.00	34.9
"	90	51.67	32.50	50.00	26.88	26.54	30.00	22.50	57.00	25.83	35.00	35.7
"	91	42.00	32.50	50.00	27.50	27.09	24.64	22.50	60.00	26.67	40.00	35.2
"	92	31.67	32.50	66.67	27.50	26.49	24.64	22.50	52.50	29.17	75.00	38.8
"	93	32.54	43.75	80.00	27.50	28.85	27.14	27.50	52.50	29.17	75.00	42.4
"	94	32.50	40.00	65.00	27.50	31.00	24.64	30.00	82.50	29.17	70.00	43.2
"	95	37.50	40.00	65.71	27.50	32.24	30.00	30.00	90.00	30.00	75.00	45.79
"	95	30.00	40.00	53.00	32.50	31.88	27.86	30.00	80.00	30.00	55.00	41.0
"	97	35.00	40.00	46.25	32.50	31.88	27.86	30.00	80.00	30.83	60.00	41.43
"	98	35.00	40.00	33.75	33.44	31.60	33.21	30.00	107.50	30.00	30.00	40.4
"	99	35.00	40.00	33.75	33.44	32.17	33.93	30.00	107.50	31.25	30.00	40.7
"	2000	40.00	40.00	33.75	33.13	32.40	38.93	30.00	107.50	32.92	30.00	41.8
"	2001	40.00	40.00	33.75	33.13	33.00	41.96	43.33	107.50	33.75	30.00	43.6
"	2002	40.00	50.00	30.00	33.13	35.00	41.25	43.33	95.00	33.96	30.00	43.1
"	2003	40.00	50.00	31.25	45.00	36.35	41.96	50.00	100.00	38.75	30.00	46.3
"	2004	41.25	50.00	33.00	45.00	36.25	41.96	50.00	100.00	38.75	30.00	46.6
"	2005	41.25	50.00	33.75	46.25	38.08	44.29	50.00	100.00	42.08	30.00	47.5
"	2006	41.25	50.00	33.75	55.00	41.73	52.68	50.00	100.00	43.75	50.00	51.8
"	2007	43.75	50.00	50.00	55.00	55.00	52.68	50.00	120.00	43.75	75.00	59.5
"	2008	75.00	65.00	50.00	75.00	80.00	63.21	100.00	130.00	61.67	75.00	77.4

" Not available