
Chapter 11

Health and Nutrition

Health and wellbeing are central to Sustainable Development Goals (SDGs). SDG 3 is to “Ensure healthy lives and promote well-being for all at all ages”. No one must be left behind slogan entails to reduce the health inequalities and vulnerabilities that leave people behind and undermine the potential of individuals and of humanity as a whole. The Government remained committed to improve health status of population through provision of Universal Health Coverage (UHC) to all through Sehat Sahulat Card, which was launched for reducing health inequality in the country and ameliorate the well-being of all, a step towards achieving UHC. In 2022, the Government also expanded health infrastructure by increasing number of hospitals, Rural Health Units (RHUs), Basic Health Units (BHUs), doctors, dentists, and dispensaries to meet the growing health services demand. However, COVID-19 had disrupted the major strides in health sector as the resources were shifted to contain the spread of fourth and fifth waves of the Pandemic. It was a threat to the health system, lives and livelihood which was successfully contained by the Government through timely procurement and massive vaccination drive.

Health Status

SDGs Index claims to track a country’s performance on the 17 SDGs. Overall, Pakistan’s SDGs Index score has increased from 53.11 in 2015 to 63.5 in 2020 i.e. 19.5 percent up from the baseline of 2015. This is a composite score. There are sectoral achievements at different levels. Considerable decline in extreme poverty, improvement in access to energy, increased industrial activities, reduction in maternal mortality, improvement in undernourishment, food insecurity, wash and housing, and finally, climate action. (Pakistan SDGs Status Report 2021).

Pakistan is on track for 3 out of 14 indicators including Maternal Mortality Rate (per 100,000 live births), New HIV infections (per 1,000 uninfected population) and births attended by skilled health personnel. Downward trend can be seen for 1 indicator that is subjective well-being. All other indicators are either moderately improving or stagnating.

Infant Mortality Rate (IMR) in Pakistan has declined to 54.2 deaths per 1,000 live births in 2020 from 55.7 in 2019, while Neonatal Mortality Rate declined to 40.4 deaths per 1,000 live births in 2020 from 41.2 in 2019. Percentage of birth attended by skilled health personnel increased to 69.3 percent in 2020 from 68 percent in 2019 (DHS &

UNICEF). Maternal Mortality Ratio fell to 186 maternal deaths per 100,000 births in 2020, from 189 in 2019 (Table 11.1).

With a population growing at 2 percent per annum, Pakistan's contraceptive prevalence rate in 2020 decreased to 33 percent from 34 percent in 2019 (Trading Economics). Pakistan's tuberculosis incidence is 259 per 100,000 population and HIV prevalence rate is 0.12 per 1,000 population in 2020.

Table 11.1: Health Indicators of Pakistan

	2019	2020
Maternal Mortality Ratio (Per 100,000 Births)*	189	186
Neonatal Mortality Rate (Per 1,000 Live Births)	41.2	40.4
Mortality Rate, Infant (Per 1,000 Live Births)	55.7	54.2
Under-5 Mortality Rate (Per 1,000)	67.3	65.2
Incidence of Tuberculosis (Per 100,000 People)	263	259
Incidence of HIV (Per 1,000 Uninfected Population)	0.12	0.12
Life Expectancy at Birth, (Years)	67.3	67.4
Births Attended By Skilled Health Staff (% of Total)**	68.0 ⁽²⁰¹⁵⁾	69.3 ⁽²⁰¹⁸⁾
Contraceptive Prevalence, Any Methods (% of Women Ages 15-49)	34.0	33

Source: WDI, UNICEF, Trading Economics & Our World in data

In order to make substantial progress on SDG 3 of (Good Health and Wellbeing), Government of Pakistan has given priority to strengthen health sector to further resolve and address the outbreak of COVID-19 pandemic. Enhanced effective coverage of skilled birth attendants, improved public sector health facilities, increased number of BHUs and RHCs equipped with essential services are reflection of these priorities. To enable effective family planning, pre and post pregnancy care and neonatal care, the Lady Health Workers (LHW) programme revitalized through adequate training, support and a revised service structure.

In response to increasing demand of public health service delivery, the health services delivery infrastructure has expanded significantly. During 2021, national health infrastructure comprised of 1,276 hospitals, 5,558 BHUs, 736 RHCs, 5,802 Dispensaries, 780 Maternity & Child Health Centers and 416 TB centers, while the total availability of beds in these health facilities have been estimated at 146,053. In addition to this, there are 266,430 registered doctors, 30,501 registered dentists and 121,245 registered nurses in these facilities together. The detail is presented in Table 11.2:

Table 11.2: Registered Medical and Paramedical Personnel (in Nos.)

Health Manpower	2014	2015	2016	2017	2018	2019	2020	2021(P)
Doctors	175,223	184,711	195,896	208,007	220,829	233,261	245,987	266,430
Dentists	15,106	16,652	18,333	20,463	22,595	24,930	27,360	30,501
Nurses	90,276	94,766	99,228	103,777	108,474	112,123	116,659	121,245
Midwives	33,687	34,668	36,326	38,060	40,272	41,810	43,129	44,693
Lady Health workers	15,325	16,448	17,384	18,400	19,910	20,565	21,361	22,408

Note: Above data is given in a calendar year,

P: Provisional

Source: Pakistan Bureau of Statistics 2021

Health Expenditures

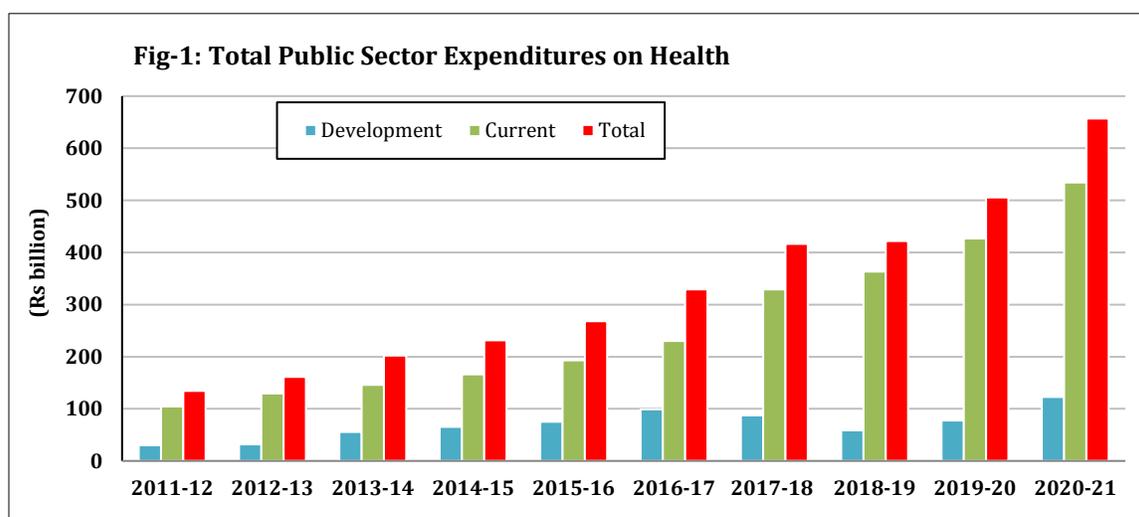
The health-related expenditure increased by 30 percent from Rs 505.4 billion in FY2020 to Rs 657.2 billion in FY2021. This increase in expenditures is mainly driven by COVID-19 related expenses such as procurement of vaccines, establishment of vaccine centers, testing kits and vaccine storage facilities, etc. Public sector expenditure on health are estimated at 1.2 percent of GDP in 2020-21, as compared to 1.1 percent in 2019-20. The health expenditure details are given in Table 11.3 and Fig-1:

Table 11.3: Federal and Provincial Governments Health Expenditure

Fiscal Years	Public Sector Expenditure (Federal and Provincial) Rs million			Health Expenditure as % of GDP
	Current Expenditure	Development Expenditure	Total Health Expenditures	
2015-16	192,704	75,249	267,953	0.8
2016-17	229,957	99,005	328,962	0.9
2017-18	329,033	87,434	416,467	1.1
2018-19	363,154	58,624	421,778	1.0
2019-20 (R)	427,915	77,496	505,411	1.1
2020-21 (P)	534,318	122,867	657,185	1.2

P: Provisional R: Revised

Source: PRSP Budgetary Expenditures, (EF-Policy Wing), Finance Division, Islamabad.



Health Sector Projects of Federal PSDP during FY2022

After the passage of 18th constitutional amendment, provision of health services is the mandate of the Provincial Governments. However, the Federal Government has supported various health related projects through Public Sector Development Programme (PSDP), for fulfillment of SDGs and overall health status in the country. During FY2022, PSDP allocations of Rs 19336.668 million were made for 60 health sector projects. The details are given in Table 11.4:

Name of Ministry /Organisation	No. of Projects	Total Estimated Cost	2020-2021 PSDP Allocation	Expenditure up to 30-06-2021
Ministry of National Health Services, Regulation and Coordination	45	89361.52	21722.506	9777.748
Finance Division	03	16295.149	2000.000	0.000
Defense Division	01	25.000	25.000	0.000
Ministry of Kashmir Affairs & Gilgit Baltistan Division	06	19910.322	4400.000	6195.282
Pakistan Atomic Energy Commission	05	11967.003	2849.161	3363.658
Total	60	137558.994	19336.688	30996.667

Source: M/o PD&SI

There are 60 health sector projects in PSDP FY2022 to the tune of total cost of Rs 137.6 billion and the expenditure up to 30-06-2021 is Rs 31.0 billion. Total foreign funding share for health sector in this year's PSDP FY2022 is 4.4 percent amounting to Rs 6.1 billion. About 45 health sector projects are being implemented by M/o NHR&C with an estimated total cost of Rs 89 billion.

The salient features of PSDP programmes related to health sector are as follows:

i) Sehat Sahulat Programme (SSP)

SSP is a health insurance initiative of the Federal Government of Pakistan in collaboration with the Provincial Governments. SSP initially provided social health protection to families living below poverty line only, and now gradually moving towards Universal Health Insurance. As of 2022, the programme has been implemented in 36 districts of Punjab, 35 districts of Khyber Pakhtunkhwa, 10 districts of AJ&K, 10 districts of GB, Islamabad Capital Territory and District Tharparker, Sindh covering approximately 44.6 million families. In Federal, SSP is financed completely through PSDP and it is responsible for premium contribution of ICT, AJK, GB, x. FATA and district Tharparker. However, Punjab and KP are financing 100 percent premium contributions from different sources.

Box-I: SEHAT SAHULAT PROGRAM

Globally more than 100 million people are pushed into extreme poverty due to health-related expenditures. In Pakistan major portion of all new entrant in poverty are because of catastrophic health expenditure. In Pakistan out-of-Pocket (OOP) expenditure on health are more than 60 percent and one out of every three living in extreme poverty, Pakistan has been ranked as one of the most exposed nation to poverty risk among 43 countries of Asia-Pacific region.

To address this challenge, Sehat Sahulat Programme (SSP) is designed to provide financial health protection not only to the poor families and bring them out of poverty but also to families above poverty line. Currently, the programme is providing financial protection for indoor health care coverage only.

SSP is a public sector funded social health protection initiative of Federal Government, Provincial and Regional Governments working to provide financial health protection to targeted families against catastrophic (extra-ordinary) health care expenditure. The program is a landmark health care initiative and considered as an important step to lead a path towards Universal Health Insurance Coverage (UHIC).

The programme is being implemented in a phased manner, starting from below poverty families and eventually targeting universal families and providing coverage to more than two hundred million population across Pakistan. As of today, the programme is providing services to more than 44 million families (approximately 154 million lives) across the country.

The programme is managed under the administrative control of Ministry of National Health Services, Regulations and Coordination and currently financed through PSDP. In each participating province (Punjab and Khyber Pakhtunkhwa) the programme is managed by health department with different sources of financing.

SSP only provide services to families which requires indoor health care services. The services include, but not limited to, cardiac treatments (stents, open heart, valvular replacement etc), oncological (cancer) management, burn management, organ failure management (dialysis, etc), complication of diabetes mellitus, accident/trauma management, neurosurgical procedures, abdominal surgeries, fracture management and other medical & surgical interventions.

For the identification of universal, vulnerable and marginalized families, SSP is using NADRA database. Permanent resident families are identified using permanent address on CNIC, while families are identified using "B" form information. Information related to Transgender and Disabled is also extracted using NADRA database.

SSP has a wide network of more than 1030 paneled hospitals across Pakistan. Beneficiary from any district can avail treatment from any of these paneled hospitals.

In SSP each participating province (Punjab and Khyber Pakhtunkhwa) is contributing/paying health insurance premium for its respective covered families. However Federal Government, on one hand, provide finances for program implementation to ICT, AJK, GB, Tribal districts of KP and Tharparkar district (Sindh), and on other hand play coordination role in defining benefit package and provide technical support to provinces for programme implementation. Details are provided in table below.

Province / Region:	Current Status	Families Covered
Islamabad	Universal	249,177
AJK	Universal	1,341,888
GB	Below Poverty and Universal	363,692
Punjab	Below Poverty and Universal	31,705,290
Khyber Pakhtunkhwa	Universal	9,353,009
Tribal Districts	Universal	1,342,537
Balochistan	NIL	-
Tharparkar (District)	Universal	313,436
Rest of Sindh	NIL	-
Total:		44.66 million

Source: Ministry of National Health Services, Regulations & Coordination

ii) Expanded Programme on Immunization (EPI)

EPI was launched in Pakistan in 1978 to protect children by immunizing against childhood tuberculosis, poliomyelitis, diphtheria, pertussis, tetanus and measles. Later, with the support of development partners, a number of new vaccines e.g. hepatitis B, haemophilus influenzae type b (Hib) and pneumococcal vaccine (PCV) were introduced in 2002, 2009 and 2012, respectively, and inactivated polio vaccine in 2015. Rota vaccine was introduced in 2017 and typhoid conjugated vaccine (TCV) in 2019 in Sindh and Punjab and Islamabad in 2021. Measles vaccine is being replaced by Measles Rubella (MR) which also protects against rubella and congenital rubella syndrome (CRS). The programme targets almost 7.5 million children annually across the country and approximately same number of pregnant women against tetanus. Immunizing children with these vaccines may avert up to 17 percent of childhood mortality in Pakistan, and

thus help contribute towards achieving SDG 3, which is reducing child morbidity and mortality.

In 2022, Federal Directorate of Immunization (FDI) shifted EPI from developmental side to recurrent side. Refurbishment of 49 FDI centers completed. Typhoid vaccine was introduced in a phased manner along with second dose of inactivated polio vaccine. Disbursements under National Immunization Support Project (NISP) were made equivalent to US\$23.6 million. 91 Walk in Cold Rooms (WICRs) and Walk in Freezer Rooms (WIFRs) were allocated to different provinces to enhance their cold chain capacity under Non-CCEOP. Overall, 72 out of 91 units are installed in the country while the installation of 19 equipment is in process.

iii) Polio Eradication Initiative (PEI) Programme

More than 43 million children were vaccinated during March, 2022 through the National Immunization Day (NID) campaign across the country. Pakistan is one of only 2 remaining countries in the world with ongoing wild poliovirus transmission, along with Afghanistan. The number of polio cases declined from 306 in 2014 to 54 in 2015, 20 in 2016, 8 in 2017 and 12 in 2018. However, in 2019, the programme witnessed a significant spread of the virus and reported 147 polio cases across the country. In 2020, 84 cases have been reported (Punjab 14, Sindh 22, Khyber Pakhtunkhwa 22 and Balochistan 26). One active case of polio was reported in 2021, it was a major milestone of polio eradication history. The Government is fully committed for polio eradication efforts to ensure that Pakistan achieves polio-free status. Province-wise detail of Polio cases is reported in Table 11.5.

Provinces/Region	2016	2017	2018	2019	2020	2021	2022
Punjab	0	1	0	12	14	0	0
Sindh	8	2	1	30	22	0	0
Khyber Pakhtunkhwa	10	1	8	93	22	0	1
Balochistan	2	3	3	12	26	1	0
Gilgit-Baltistan	0	1	0	0	0	0	0
Azad Jammu & Kashmir	0	0	0	0	0	0	0
ICT	0	0	0	0	0	0	0
Total	20	8	12	147	84	1	1

Source: Pakistan Polio Eradication program

iv) National Health Information System (NHIS)

M/o NHR&C initiated the development of a national health information system to improve the overall quality of health services. NHIS is required for collection, analysis and preparation of informed policies with the help of health related data. In this regard, various initiatives were taken i) Pakistan Health Information System Dashboard was developed, ii) Establishing Pakistan Health System Information System Action Plan (2020-2024), iii) Development of National Digital Health Framework, iv) Establishment of Pakistan Health Knowledge HUB, iv) Establishment of Tech center at National Institute of Health, v) Electronic Data Management System implemented in sixteen

health facilities of Islamabad and vi) Facility based Maternal Deaths information collected via MPDSR application in KP and Balochistan.

v) Malaria Control Programme (MCP)

Malaria has been a major public health problem in Pakistan and a leading cause of morbidity and mortality in Pakistan since decades. In Pakistan, 1.5 million estimated and 300,000 confirmed cases are reported annually. Current National strategy for Malaria Control and Elimination (2021-2035) is based on the key Result-Based Monitoring (RBM) element which includes, early diagnosis and prompt treatment, improved detection, and response to epidemics, developing viable partnerships with national and international partners, multiple prevention, focused operational research and national commitment. National and provincial Malaria and Other Vector-Borne Diseases (VBD) control programs are playing an active and effective role for the control malaria and other VBDs. Major achievements of Directorate of Malaria control during 2020 are, 1.5 million free of cost Long Lasting Insecticide Nets (LLINs) distributed in 9 targeted districts; distribution of 80 free of cost microscopes, 3.6 million malaria rapid diagnostics test utilized, 97,805 ACTS for confirmed Plasmodium Falciparum variant of malaria cases and 2,634,500 Chloroquin tables for confirmed Plasmodium Vivak malaria cases. In addition, 7,242,2500 Primaquin 7.5 mg tablets for radical cure of malaria, 6492 Artesunate injections for the treatment of sever malaria cases and 2,565 Deltamethrin sachet were provided for indoor residual sprays (IRS) in response to malaria outbreaks.

National and Provincial Strategic plans (2021-2035) for Malaria Elimination and National Plan of Action (PoA) for Management (VBDs) 2020-2024 were also developed. More than three hundred malaria microscopy centers have been strengthened and made functional in 38 districts of the country with project support. Culture and DST network has been expanded to six DST laboratories and 17 culture laboratories.

vi) Tuberculosis (TB) Control Programme

TB is one of the major health problems in Pakistan. The estimated burden is 570,000 TB cases and 25,000 Drug Resistant TB cases every year. Around 42000 people die due to TB every year. The National TB control programme functions under the M/o NHR&C which is responsible for overall coordination, policy direction, and technical guidance for TB control while implementation is the responsibility of provincial TB program. TB care services structure in Pakistan includes 1743 diagnostics centres, 33 specialized centres for DRTB management, 361 GeneXpert sites are functional for DRTB, 44 TB HIV centre for management of co-infections and over 8000 GPs are engaged in TB control programme. Private sector has also been engaged to boost case finding. Till date, the TB treatment coverage is 339256 with success rate of 94 percent and 2881 cases of DTRB have been treated.

In order to improve awareness of general public related to TB and its preventive measures, M/o NHR&C developed 40 TB-HIV collaboration sites. Further, policy guidance for TB culture and DST services" 2021 was also developed along with National and Provincial strategic plan for tuberculosis control (2020-23).

vii) Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Syndrome (AIDS) Control Programme

National AIDS Control Program (NACP) is part of the Common Management Unit for AIDS, TB and Malaria which works under M/o NHR&C. All four provinces have dedicated HIV control programme. Using different modelling techniques, it is estimated that in Pakistan 240,000 people are living with HIV/AIDS. HIV response comprises of prevention and treatment. There are 49 HIV treatment centers across Pakistan, 4 in KP, 2 in Balochistan, 2 in Islamabad, 16 in Sindh, and 25 in Punjab. Till December 2021, 29,626 HIV patients are taking Antiretroviral Viral (ARV) medicines and 7,056 people who inject drugs are on ARV therapy.

NACP established 17 community-based organizations. Over the course of programme implementation, 49,584 people living with HIV have been registered at the 51 ART treatment centers. HIV treatment centers provide free of cost HIV testing, diagnostics and treatment to people living with HIV. Almost, 29, 626 patients are in 51 ART treatment centers till December 2021.

viii) Civil Registration and Vital Statistics (CRVS)

Vital Events Registration Information is also critical for monitoring many Sustainable Development Goals, Targets and Indicators. The CRVS project by M/o PD&SI aims to create a revamped model of registration of all vital events (births, deaths, marriage, etc), in model ICT. This would be ensured by instituting improved vital events registration processes and flows using appropriate digital technologies, main streaming health sector information, demand generation and linking of social services with vital events registration. This would be achieved through enabling environment and formulation of legislation/SOPs to bridge the existing gaps to achieve Universal Vital Events Registration in ICT. Until now 35 CRVS counters in health facilities are established in ICT, 33 CRVS counter in UC offices are established, 170 ICT staff (Health and UCs) are oriented on CRVS Reforms/ Revamped Mechanisms, IEC material is developed and awareness campaign are planned during FY2022.

Challenge of COVID-19 Outbreak

In Pakistan, the first two cases of COVID-19 were notified on 26th February 2020. One case was notified in Karachi, while the other case was reported in ICT. To date, Pakistan has experienced five waves of the pandemic. The Government successfully contained COVID-19 through various initiatives taken under Pakistan Preparedness and Response Plan (PPRP) 2021-22, which is a continuation of the first PPRP, launched on 23 April 2020 in response to the detection of COVID-19 in Pakistan on 26 February 2020. The PPRP 2020, was worth US\$595 million. The PPRP 2021-22 highlights the achievements in the implementation of PPRP 2020, the challenges and lessons learned, and the proposed priority intervention to be implemented from June 2021 to July 2022. This plan has been developed by the M/o NHR&C in consultation with all provinces (Punjab, Sindh, KP, Balochistan and GB) and Federating Areas (AJK and ICT). The Plan outlines the international assistance required to support the Government of Pakistan to respond to COVID-19 from July 2021 to June 2022.

The Achievements of PPRP are as follows:

- ⦿ The overall coordination has been under the National Coordination Committee (NCC) and chaired by the Prime Minister, the NCC was operationalized by the national command and operation center. There was creation of the cabinet committee on vaccines following introduction of vaccines and National Disaster Management Authority (NDMA) as the leading operational agency.
- ⦿ During the period, a national risk communication and community engagement strategy was developed and rapid behavioral assessment and studies were undertaken by Government and partners. This have been useful in provision of information, education, and communication on COVID-19 response, including uptake of new technologies like vaccines. The “Sehat Tahafuz” helpline was established to provide technical advice and helpline number 1166 also provided information for registration for vaccine and healthcare facility.
- ⦿ COVID-19 guidelines and SOPs were updated and disseminated. Influenza-Like illness (ILI) and Severe Acute Respiratory Infections (SARI) sentinel surveillance was activated and enhanced. Effective implementation of non-pharmaceutical interventions such as smart lock downs, wearing of masks based on positivity rate was done. Existing Polio Eradication Surveillance systems was used, and an Integrated Disease Information Management System (IDIMS) was developed by National Emergency Operation Centre (NEOC).
- ⦿ Pakistan COVID-19 laboratory testing capacity was enhanced from under 100 test per day as of February 2020 to over 79,749 tests/day as of 30th June 2021. Public private partnership for COVID-19 testing was established and, MoU were signed with private laboratories/hospital facilities for requisitioning additional testing capacity at subsidized prices across the country.
- ⦿ Treatment guidelines were developed or adapted and disseminated, health facilities were equipped, and health workers capacity were enhanced, including in use of PPE and management of COVID-19 cases. The health systems capacities were continuously monitored including daily ICU bed and ventilator occupancy by COVID-19 cases.
- ⦿ The Government through the NDMA supported the quantification of supplies and with the support of partners COVID-19 supplies were procured, distributed to points of use, and tracked using the Logistics Management Information System. The Federal Government relaxed the public procurement regulatory authority rules and the Ministry of Justice put in place the indemnity and liability agreements for COVID-19 vaccines through COVAX and bilateral agreements. These effort by Government is part of effort to ensure enabling environment for vaccine availability.
- ⦿ COVID-19 disrupted the delivery of other Essential Health Services (EHS), necessitating efforts to maintain and enhance its provision; assessments from SARS1, Health Resources and Services Availability Mapping System (HeRAMS3) in Balochistan, and health facility readiness assessment for COVID-19 report enhanced planning for continuity of EHS and guidelines were produced. Various aspects were enhancing such as in access to RMNCH including GBV using telemedicine, use of

courier and NDMA logistic structures to deliver commodities for chronic care and family planning respectively, enhancement of immunization services through enhanced outreach services and digitization of health tools in predicting pandemic trends and monitoring health system capacities.

- As on 28th May 2022, the total number of COVID-19 vaccine doses administered are recorded at 249 million with 135 million partially and 123 million fully vaccinated. (As per NCOC data).

From January 2020 to March 2022, 51,546 flights screened to trace COVID-19 cases, a total of 8.42 million passengers were tested from which 3122 were COVID-19 positive with a positivity rate of 0.21 percent. All the flights were screened for two category of tests, that is, PCR C/UK Pax and RAT Pax90, 288 and 1.50 million respectively (Table 11.6).

23rd Jan 2020-24th March 2022	Counts
Total Flights Screened	51,546
Total passengers screened	8.42 million
PCR tested Category C/UK Pax	90,288
RAT Tested Pax	1.50 million
COVID-19 Positive	3122
Percentage positivity	0.21%

Source: Central Health Establishment M/o NHR&C

The statistics during January 2020 to May 2022 on screening tests are administered at four seaports (See, Table 11.7).

S. #	Port Names	Total Vessels inspected	Total Crew screened	Suspects	Positive
1	Karachi Port	4,188	93,711	0	1
2	Bin Qasim port	3,480	78,293	38	16
3	Gwadar port	163	764	0	0
	Grand Total	7,831	172,768	38	17

Source: Central Health Establishment M/o NHR&C

Detail of screening tests administered at four borders during the period from January 2020 to May 2022 on provided in (Table 11.8).

S. #		Total pedestrian Crossing	Total RAT	COVID Positive
1	Chaman	785,356	78,000	3
2	Taftan	12,083	5,600	1
3	Wagah	21,196	10,312	36
4	Torkhum	982,136	183,860	912
	Total	1,800,771 (1.8 million)	277,772	952

Source: Central Health Establishment M/o NHR&C

Box-II: Vaccine Rollout and Procurement Strategy

The first half of FY2022 remained challenging for the Government because of 4th and 5th waves of COVID-19. Outbreak of new variant omicron was effectively minimized by the Government through mass vaccination drive including booster doses and timely procurement of vaccine for making it widely available across all vaccination centers in the country.

Further, NCOC imposed smart lockdown by restricting indoor dining, strict compliance of SOPs in educational institutions along with travel restrictions. National positivity rate declined significantly to 1.77 percent as on 08-03-2022 from 4.49 percent in the same period last year. 45.5 percent of total population has been fully vaccinated till 08-03-2022.

Despite supply constraints of vaccine in international market and funding issues, the NDMA ensured timely and sufficient supply of vaccine to contain the spread of virus. NDMA procured vaccines worth of US\$1.4 billion for 174.68 million vaccine doses (enough for 98 million population) through 17x contracts with various manufacturers/suppliers and freighters in the most transparent manner was completed within stipulated timeframe. In addition, NDMA also coordinated and ensured transportation of 6 million doses of vaccine provided on gratis/ donation basis. Detail of Vaccine imports is present in table below

Details	Jul-Dec 2020	Jan-June 2021	Jul-Dec 2021	Jan 1st- 24th Jan 2022	Jan 25th-30th June 2022*
Import of Vaccines (Total)	0	333.02	1,695.42	48.85	559.59
GoP through its own resources	0	299.07	542.18	17.1	
GoP financed by multilaterals and Bilateral	0	0	615.62	0	61.6
ABD			487.8		
WB			127.82		
ISDB					61.6
Donations		33.95	537.61	28.75	497.99
Covax		6.95	498.21	28.75	497.99
Chinese Donations		27	39.4		

*(Forecast)

Source: Ministry of National Health Services, Regulation & Coordination

Procurement of Testing Kits, Dry Ice and Cryogenic Tanks

In compliance to the directions of NCOC and Ministry of Health Services, Regulations and Coordination, following items were procured by NDMA during FY2022 for dealing with the COVID-19 Pandemic (Table 11.10).

Items	Quantity (NOS)	Amount (Rs)
Variants of Concern (Voc) PCR Detection kits	72000	95,195,0000
Rapid Antigen Diagnostic Kits	1634500	299,610,500
PCR Kits	300,000	168,000,000
Dry Ice for Sputnik Vaccines	-	52,729,965
Cryogenic Tanks	03	51,600,000
Total		667,135,465

Oxygen Ramp-up Plan

NDMA has undertaken the procurement of 10 x oxygen generation plant and 7 x oxygen storage tanks for enhancing oxygen storage and generation capacity in public sector hospitals of ICT, AJ&K and GB. A total of 10 oxygen generation plant amounting Rs 737,184,503 along with 07 oxygen storage tanks with a cost of Rs 76,241,417 were procured in the FY2022.

Establishment of Mass vaccination Centres

In order to ensure smooth administration of COVID-19 vaccination, 10 x mass vaccination centres (5 x GB & 5 x AJ&K @ Rs 145.168 million) were established during the FY2022.

Source: M/o NHR&C & NDMA

Provincial Government Achievements/Initiatives in Health Sector

i) Government of Punjab

During FY2022, Government of Punjab allocated Rs 107.004 and Rs 23.098 billion for Specialized Healthcare & Medical Education Department and Primary & Secondary Healthcare Department, respectively. This will help in the smooth and timely implementation of 185 development projects, which includes establishment of Tertiary Care Hospital (Nishtar-II) in Multan, establishment of Dera Ghazi Khan Institute of Cardiology, establishment of Mother & Child Block in Sir Ganga Ram Hospital Lahore and establishment of Sheikh Zayed-II Hospital. Additionally, under Primary and Secondary Health Care Department, major initiatives includes establishment of 200 bedded Mother & Child Hospital in three districts, Attock, Rajanpur and Bahawalnagar along with provision of 300 Ultra Sonography Machines to 300 BHUs of South and Punjab. Government of Punjab launched (UHC) Program through the provision of Sehat Insaf Card aiming to provide health insurance to 30 million families of the province under this initiative and 100 percent population is covered till March, 2022.

ii) Government of Sindh

Government of Sindh has allocated Rs 199.72 billion for investment on construction, strengthening, upgrading and rehabilitation of health facilities. This includes provision of healthcare services, and increased accessibility in line with UHC, rehabilitation and expansion of various level of health facilities (DHQs, THQ, RHCs, etc.). For enhancing Human Resource for Health in Sindh, 6 Medical Colleges are being constructed. Latest equipment (MRI, LINAC, etc.) is being provided to existing hospitals. Surveillance system in Sindh is being strengthen with the USAID support. These initiatives would ultimately improve access to quality health care services and better health care coverage to the people of Sindh.

iii) Government of Khyber Pakhtunkhwa

Khyber Pakhtunkhwa (KP) increased its health allocation in the provincial budget 2021-22 to Rs 142 billion from Rs 124 billion. KP has led social health insurance development in the country. This year the province also announced providing universal health insurance (SehatPlus Card). They have also added organ transplantation and outpatient health services in the insurance coverage. KP has already started working on an ambitious reform agenda. Some of the key interventions currently being implemented by the health department includes services delivery improvement in PHC and SHC levels, implementing PPP framework, Human Resource Management, Sehat Card Plus, and improvements in Medical Teaching Institutions (MTIs). Services delivery improvement intervention for PHC includes strengthening conversion of 200 BHUs in 24/7 SBA facilities with total cost of Rs 1,652 million.

Moreover, rehabilitation of all RHC across KP and conversion of 50 RHCs into 24/7 facilities at total cost of Rs 934 million. For secondary health care facilities, 6 DHQs have been selected to bring operational improvement such as equipment and medicine,

increasing staff presence, etc. In addition, Health Management Cadre have been constituted in KP with financial ceiling of up to Rs 2 million to cater for top medicines, repair and maintenance and filling HR shortages for 3 months.

iv) Government of Balochistan

Government of Balochistan has increased its budget from Rs 31.4 billion in 2020-21 to Rs 44.6 billion in the FY2022. Balochistan Cabinet in April 2022 approved the launching of health card for more than 1.8 million families across the province. Under the health card, every family would be given a universal Rs 1 million coverage to get quality and timely health treatment at public and private sector hospitals. There are total of 191 development schemes for the health sector in Balochistan PSDP FY2022 with total cost of Rs 48 billion. Out of these projects, 86 are new schemes and 105 are ongoing.

Health department of the province declared eleven DHQ hospitals as Teaching DHQs along with the creation of new posts for Assistant Professors and Senior Registrars for these hospitals in the regular budget. Moreover, the production of doctors in the province has been enhanced, with 470 MBBS qualified doctors expected to start graduating from the public sector medical colleges of Balochistan by 2026. This has been made possible by increasing the MBBS seats of Bolan Medical College from 192 to 320 (with the permission of PMC), and the recognition of Jhalawan, Loralai and Mekran Medical Colleges by PMC (each has an annual strength of 50 MBBS seats).

Cancer Treatment Program by Atomic Energy Cancer Hospitals

With the advent of modern technology in medicine, mortality associated with communicable diseases has been significantly decreased. Today, non-communicable diseases are responsible for majority of global deaths and cancer is ranked second leading cause of death worldwide. Pakistan Atomic Energy Commission has given high priority to application of nuclear technology in health sector, i.e. utilizing radiation sources in diagnosis and treatment of cancer.

There are 19 Atomic Energy Cancer Hospital (AECHs) dedicated to serving poor cancer patients not only in major cities but also in remote areas like D.I Khan, Bannu, Swat, Nawabshah, etc. They are diligently working with aim to provide latest and comprehensive diagnostic and treatment facilities to cancer patients irrespective of stage of disease. Construction of one more AECHs is underway at Muzaffarabad, Azad Jammu & Kashmir. AECHs are operated by skilled team of more than 2,500 professionals, including doctors, scientists, engineers, paramedical, technical and other supportive staff.

Routine Services

AECHs are equipped with advanced, sophisticated and modern diagnostic /therapeutic facilities. Major services provided at these hospitals are diagnostic and therapeutic Nuclear Medicine, Theranostics, Radiotherapy, Chemotherapy; Indoor wards facilities, Cancer screening/Filter clinics, Hormonal assays, Biochemistry, Hematology,

Histopathology and diagnostic Radiology. Seminars, conferences and symposium for creating public awareness regarding cancer prevention and importance of early diagnosis are integral part of services at all AECHs.

Achievements

In addition to management of patients, following targets have been achieved in current fiscal year:

- ⦿ Research work continued on various IAEA TC/RCA Projects and others in collaboration with different international/national organizations.
- ⦿ Provision of teaching and training facilities to about 400 post graduate medical students/fellows in fields of nuclear medicine, radiation & medical oncology, radiology and medical physics.
- ⦿ Events for cancer awareness and campaigns for cancer prevention/control are a regular feature at all AECH. Over 40 such events were organized throughout Pakistan which included seminars, workshops and walks for general public education. Mobile breast care clinics are also functional for screening at Jamshoro, Bahawalpur and Gujranwala.

Current Projects

- ⦿ PAEC, in order to provide better treatment facilities to the patients, continued working on the following projects:
- ⦿ Establishment of cancer hospital in AJK for which land has been acquired and PC-1 has been approved
- ⦿ Up-gradations of AECHs,. GINUM (Gujranwala), NORI (Islamabad), BINO (Bahawalpur), INMOL (Lahore), and KIRAN (Karachi) are underway.
- ⦿ Various projects are being carried out in collaboration with IAEA with aim to transfer technology in developing Theranostics in the treatment of cancer through radio labelled receptor specific bimolecular conjugates in Pakistan.
- ⦿ Pakistan Atomic Energy Cancer Registry (PAECR) report for 2020-21 is also being published.

Nutrition Security

Healthy diets provide a foundation to support physical, cognitive, social and productive individuals leading to a more economically productive and socially active nation. Inadequate and unhealthy dietary practices are associated with impaired physical growth, sub-optimal cognitive development, low educational attainment, low labor productivity, reduced earning potential, compromised health and increased risk of diseases. The impact of poor diets and nutrition risk lock individuals and countries into long-term disadvantages. Globally, 149.2 million children under 5 years are stunting affected in 2020 and Pakistan accounts for 6.9 percent share of the global burden.

Improving nutrition requires effective and sustained multi-sectoral nutrition programme over the long-term. Nutrition interventions geared towards access to adequate, diverse and safe food; optimal health; and a healthy environment ensuring safe water, hygiene and sanitation services are the critical pathways to prevent malnutrition and improve the potential of country's most valuable asset, humans.

Pakistan nutrition commitments expressed in the Nutrition for Growth (N4G) Summit, 2020, signal the country's pledge to combat malnutrition and fast actions towards achieving the WHA targets set for 2025 and SDGs for 2030. Special multi-sectoral nutrition initiatives are being taken at Federal and Provincial levels in multiple sectors to address malnutrition on sustainable basis using a system reforms approach.

Food Availability and Consumption

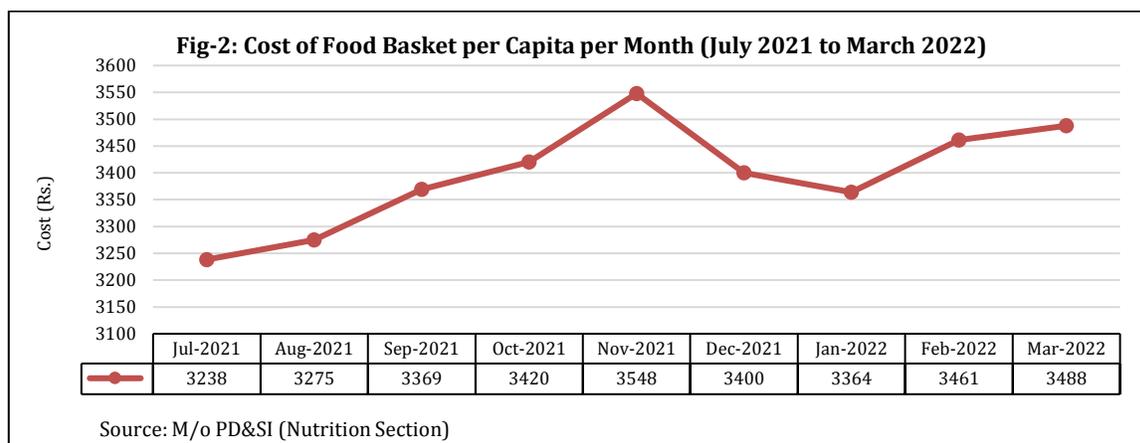
Food availability, the foremost pillar of food security, depicts a complete picture of the country's food supply potentially available for human consumption during a specified time period. Pakistan produces enough food to meet its population's food requirements, with adjustments in import and exports. During FY2022, the availability of major food items remained almost consistent (Table 11.9). A slight decrease in the availability of cereals, milk and edible oils was observed, whereas the availability of fruits and vegetables increased significantly as compared to previous years. Eggs, fish and sugar availability almost remained constant. The availability of per capita calories remained above the minimum calorie needs of the general population, likewise the previous years.

Table 11.9: Availability of Major Food Items per annum (Kg per capita)

Food Items	2019-20	2020-21	2021-22 (P)**
Cereals	139.9	170.8	164.7
Pulses	7.8	7.6	7.3
Sugar	23.3	28.5	28.3
Milk (Liter)	168.7	171.8	168.8
Meat (Beef, Mutton, Chicken)	22.0	22.9	22.5
Fish	2.9	2.9	2.9
Eggs (Dozen)	7.9	8.2	8.1
Edible Oil/ Ghee	14.8	15.1	14.5
Fruits & Vegetables	53.6	52.4	68.3
Calories/day	2457	2786	2735

Source: M/o PD&SI (Nutrition Section)

Our minimum food basket comprising of basic food items (cereals, pulses, fruits, vegetables, meat, milk, edible oils and sugar) provides 2150 kcal and 60gram protein/day per capita. The cost of food basket per capita per month, calculated on the basis of Monthly Price Indices (PBS data), showed an increasing trend from July to November, 2021 (Figure 2). Following a slight decrease in December 2021 and January 2022, the cost increased again in February and March 2022, though not to the level observed in November 2021.



The cost gradually increased from Rs 3238 in July 2021 to Rs 3548 in November 2021, then sharply reduced to Rs 3400 in December 2021 and Rs 3364 in January 2022, and increased again to Rs 3461 in February 2022 and Rs 3488 in March 2022. On average, 7.7 percent increase in the cost of food basket has been observed during the period Jul-Mar 2021-22.

Nutrition support programs/ initiatives

During the FY2022, following nutrition support programs/activities undertaken to curtail malnutrition at both national and provincial levels.

- A nutrition specific project “Tackling Malnutrition Induced Stunting in Pakistan” prepared by M/o NHR&C, to reduce the prevalence of malnutrition among the most vulnerable population of 67 districts, costing Rs 312 billion, is in process.
- In consultation with relevant ministries, provinces/ areas, and nutrition partners, a Multisectoral National Nutrition Action Plan (MS-NNAP) has been drafted and is in process for costing.
- The revised National Agro-Ecological Based Food Composition Table data has been validated and the report is being finalized.
- Early Childhood Development (ECD) Policy Mapping Report, National Policy Dialogue Report, and Key Family Care Practices Package have been disseminated. The governance structure at provincial/ area level have been started. The preparation of ECD Policy Framework is under process. The provinces are finalizing activities for the upcoming ADPs.
- Nutrition interventions titled “Improving Food Security and Nutrition, minimizing the impact of COVID-19 on livelihoods of poorest households in South Punjab” under the Rural Poor Stimulus Facility programme with the support of nutrition partner for three districts of Southern Punjab i.e., Bhakkar, Khushab and Mianwali, has been launched.
- Nutrition interventions titled “Improving nutrition and food security through kitchen gardening, advocacy, awareness & capacity building under “Gwadar-Lasbela Livelihoods Support Project Phase-II (GLLSP-II)” have been initiated in Balochistan.

- ⊙ The nutrition interventions (direct and indirect) implemented/ being implemented by federal and provincial departments have been consolidated and unified national nutrition commitments presented at N4G Summit 2021 hosted by the Government of Japan for showcasing to the donors for investments.
- ⊙ The conditional cash transfer under Ehsaas Nashonuma Programme is operational in 14 districts which is being expanded to additional 50 districts of the country to increase the uptake of health and nutrition services of Pregnant and Lactating Women (PLWs) and children (0-23 months).
- ⊙ Urdu translation of Pakistan Dietary Guidelines for Better Nutrition (PDGN) has been reviewed and being finalized for dissemination.
- ⊙ Nutrition Awareness and Advocacy Training sessions have been conducted at PPMI to raise nutrition awareness and advocacy among mid-career officers of various federal and provincial departments.
- ⊙ Scaling up Nutrition (SUN) Joint Assessment Report 2021 compiled/submitted to monitor the progress of SUN Networks.
- ⊙ The session of high-level National Nutrition Forum (NNF) at Planning Commission has been conducted to review the country's nutrition status & progress, identify gaps and provide the way forward. The major decisions of NNF are as under:
 - Tracking information on the expenditure or financial resources for nutrition interventions in order to assess the progress and effectiveness of the interventions.
 - Costing of the Multi-sectoral National Nutrition Action Plan (MS-NNAP)
 - Establishment of Multi-Sectoral National Nutrition Information System (MNNIS)
 - Preparation of National Food Safety Policy and endorsement.
 - Initiation of Multi-sectoral National Nutrition Thought Management Coordination Programme
 - Research study on "Impact of Climate Change on the Nutrients of Cereals, Pulses, Meat, Fruits and Vegetables" to determine the changes in food composition resulting from climate change.

Provincial Initiatives

- ⊙ Punjab
 - ▶ Chief Minister's Stunting Reduction Programme for 11 Districts of Southern Punjab
 - ▶ Multi Sectoral Nutrition Strategy for WASH including Water Supply, Sanitation, Hygiene and Waste water
 - ▶ Integrated Reproductive Maternal Newborn & Child Health (IRMNCH) & Nutrition Programme (Phase-III)
 - ▶ Establishment of Multi Sectoral Nutrition Center in P&D Board as a governing body for coordination and implementation

- ◎ Khyber Pakhtunkhwa
 - ▶ Khyber Pakhtunkhwa Stunting Prevention and Rehabilitation Integrated Nutrition Gain (KP SPRING) project being implemented in four districts i.e. D.I.Khan, Tank, Bannu and Nowshera
 - ▶ Integration of Health Services Delivery with Special Focus on MNCH, LHW and Nutrition Programme
 - ▶ Health Nutrition Program in merged areas
 - ▶ Poverty alleviation through development of Rural Poultry in Khyber Pakhtunkhwa
- ◎ Sindh
 - ▶ Accelerated Action Plan (AAP) for “Stunting Reduction and Malnutrition” consisting of nutrition sensitive and specific interventions implemented in 13 districts
 - ▶ EU-PINS – Programme for improved nutrition covering sensitive and specific interventions in 10 districts
 - ▶ Implementation of People’s Poverty Reduction Programme (PPRP) in Ghotki and Sukkur, and expanded to Khairpur, Badin, Mirpurkhas, Umerkot, Sanghar and Thatta.
- ◎ Balochistan
 - ▶ Nutrition Program in 132 primary schools - 4 primary schools from each district (concept paper approved)
- ◎ Gilgit Baltistan (GB)
 - ▶ Scaling Up Nutrition Program (SUN) GB with the collaboration of P&DD
 - ▶ Provision of specialized nutritious food to under 5 children and PLW
 - ▶ Targeting Blue Revolution towards Food Nutrition & Livelihood Security through conservation of local species
 - ▶ Food Fortification Programme of Food Department
 - ▶ Provision of ECD facilities in existing Government P/S of GB
 - ▶ Social Health Protection Phase-II
 - ▶ Provision of Specialized Nutrition Food for Ultra poor Pregnant and Lactating Women in all 10 districts
- ◎ Azad Jammu & Kashmir (AJ&K)
 - ▶ Early Childhood Development Programme (ECD) in 300 Middle and 275 High and Higher Secondary Schools
 - ▶ Agro-Ecological Based Fruit, Vegetable & Agriculture Development as enterprise in AJ&K

Narcotics Control

Pakistan’s counter narcotics efforts revolve around the three main pillars highlighted in the National Anti-Narcotics Policy, 2019. These three pillars include i) Drug Supply Reduction, ii) Drug Demand Reduction and iii) International Cooperation. Counter narcotics efforts not only encompass the law enforcement side for drug supply reduction but also value equally importance of reducing the domestic demand for drugs.

Anti-Narcotics Policy

The Anti-Narcotics Policy of Pakistan aims to re-energize existing national drug law enforcement agencies, build the Anti-Narcotics Force (ANF) capacity, develop an effective coordination and control mechanism and mobilize the people of Pakistan especially youth and institutions to ensure their active participation in eradicating drugs. This policy also seeks to promote international cooperation for mutual support and partnership against narcotics.

Policy Objectives

1. Drug Supply Reduction

The main focus of drug supply reduction activities is to strengthen Law Enforcement Agencies (LEAs) at the federal, provincial and district levels to combat drug trafficking and to reduce the flow of drugs in Pakistan. The capacity of LEAs all over Pakistan and particularly in the provinces of Khyber Pakhtunkhwa and Balochistan is being improved so that they could effectively assist in disrupting illegal drug trafficking, money laundering and seizing drug generated assets.

1.1 Drug Supply Reduction Activities

Table 11.10 depicts the narcotics type and quantity seized by ANF during Jul-Dec 2021.

In addition to this, assets of worth Rs 306.56 million were frozen while assets amounting Rs 0.448 million were fortified by ANF to reduce the supply of drugs from Jul-Dec 2021.

Details of various drug addicted patients treated under different Model Addicts Treatment & Rehabilitation Centre (MATRCs) throughout the country from Jul-Dec 2021 is given in Table 11.11.

11.10 Various Narcotics Items seized by ANF		(Kgs/Ltr)
S#	Seizure	Quantity
A.	Opium	4235.370
B.	Morphine	1657.670
C.	Heroin	2641.606
D.	Hashish	17555.327
E.	Cocaine	18.924
F.	Amphetamine	109.752
G.	Meth	426.872
H.	Xanax Tabs	136.478
I.	Ecstasy Tabs	117.100
J.	Prazolam / Benzo Diazepam	78.000
K.	Alprazolam Tabs	3.290
L.	Pranax Tabs	25.000
M.	Cannabis/ Marijuana	0.100
N.	Ketamine	50.000
O.	AA	1026.000
P.	Poppy Straw	2245.000
Q.	LSD Stickers	0.010
R.	Suspected substance	131.215
S.	Weed	1.145
Total		30458.859

Source: M/o Narcotics Control

11.11 City wise Detail of Patients Treated at MATRCs

Months	MATRC Karachi	MATRC Islamabad	MATRC Sukkur	MATRC Hyderabad	Total
Jul	61	34	10	24	129
Aug	45	26	10	23	104
Sep	66	24	10	22	122
Oct	70	23	12	37	142
Nov	75	28	10	26	139
Dec	80	21	17	36	154
Total	397	156	69	168	790

Source: M/o Narcotics Control

2. Drug Demand Reduction

ANF used a number of drug demand reduction activities from July-Dec 2021. Various modes were used to spread anti-drug awareness among students and general public. Lectures, social medial posts, seminars, visits, meetings, anti-drug sport activities, free medical camps, anti-drug awareness painting competition, workshops and conferences, etc. (Table 11.12)

RD Punjab	RD Khyber Pakhtunkhwa	RD Sindh	RD Balochistan	RD North	RD HQ	Total
101	85	33	78	95	1974	2366

Source: M/o Narcotics Control

3. International Cooperation

Illicit trafficking of narcotics and drug abuse is a global challenge. Pakistan is acting as a front line country in combating the menace of drugs. Government of Pakistan has taken number of initiatives to control spread and trafficking of illicit narcotics. However, country cannot fight this menace alone, therefore, international cooperation is important pillar of Pakistan's strategy against drugs. Ministry of Narcotics Control has signed 34 MoUs with different countries on unlawful narcotics, while 30 MoUs are under process.

In 2021, ANF seized various types of drugs smuggled through Airport, Sea port and parcels. Details are presented in Table 11.13.

Category	Cases	Drugs Seized (Kg)				
		Opium	Heroin	Hashish	Cocaine	Others
Airport	43	0.00	30.874	2.393	-	Amph 29.628 Kg Meth 19.998 Kg
Sea Port	4	0.00	114.700	0.00	0.00	Meth 9.500 kg Xanax Tabs -134 kg Valium Diazepam Tab - 78 Kg Alprazolam Tabs -28 kg
Parcels	86	2.750	90.854	0.653	0.00	Amph - 0.455 kg Meth 109.774 Kg Valium Diazepam Tabs - 0.10 kg Suspected Powder 18.765 Kg MDMA - 1.650 kg
Total:	133	2.750	236.428	3.046	0.0	-

Source: M/o Narcotics Control

Additionally, 40 foreign nationals were arrested in Pakistan who were involved in drug trafficking in year 2021. Pakistan extended its support for Australia, Canada, South Africa, South Korea, Interpol, UAE, USA, Iran, Qatar, KSA and UK in a total of 123 drug related inquires 2021 (Table 11.14).

11.14: Airport, Parcel, Seaport Seizures.

Country	Cases during Jul - Dec 2021		
	Airports	Parcel	Seaport
UAE	10		1
Australia		10	
Canada		3	1
Bahrain	21	2	
Italy		3	
KSA	3	2	1
Netherlands		5	
New Zealand		3	
UK		41	1
USA		2	
Qatar	7	1	
Maldives	1	5	
Oman	1		
Belgium		1	
France		1	
Greece		4	
Hong Kong		2	
South Korea		1	
Total	43	86	4

Source: M/o Narcotics Control

Development of New Projects

A list of narcotics control development projects, at pre-feasibility level, is given in Table 11.15. The purpose of these projects is to impose an effective check in drug infested areas.

Table 11.15: Narcotics Control Projects

Serial#	Name of Project	Duration	Estimated Cost (Rs in million)
a.	Construction of Model Addiction Treatment & Rehabilitation Center (MATRC) at Islamabad	1-7-2021 to 31-12-2023	456.378
b.	Acquisition of 2 x Acres Land for ANF Police Station at Hub	1-7-2021 to 30-6-2022	4.5
c.	Acquisition of 2 x Plots for Establishment of Training Components for ANF Academy at H-11/I Islamabad	1-7-2021 to 30-6-2022	353.119

Source: M/o Narcotics Control

Conclusion

Healthy population can productively contribute in the progress of a nation. Health sector development to meet the rising demand of population is necessary condition for socio-economic development of Pakistan. Despite having an overburdened and underequipped health system, Pakistan contained the COVID-19 outbreak successfully. The Government remained focused on upgrading health system in response to the challenges faced. In FY2022, health expenditures increased to 30 percent because of timely procurement and deployment of vaccines to contain the spread of COVID-19.

In order to provide quality health care services to masses especially the poor, Government extended Universal health coverage through Sehat Sahulat Card for reducing health inequality in the country. The Government is committed to pragmatically implement SDG 3 by developing inclusive health system, reducing malnutrition and expanding basic health care in the country. However, low financial allocation for health, weak governance, excessive focus on tertiary rather than primary health care are the problems that need to be addressed for achieving long term sustainable economic development.
