



Health and Nutrition

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Progress in human development sometimes is taken as an evidence of poverty reduction. The economic perspective of health welfare suggests that investment for the wellbeing of people translate into the overall economic growth. Improvement in health sector investment may be seen through health care providers, health facilities and coverage of health care services.

Given the important role of better health as a key driver of social advancement, Pakistan, like other South Asian countries allocating a sizeable amount of budget for health sector. The health expenditure over the last seven years i.e. since 2007-08 (Rs.60 billion) to 2013-14 (Rs.102 billion) witnessed a growth of 10 percent per annum. Federal Government is committed to achieve better health outcomes by taking care of issues through increased coordination of the provincial governments along with UN agencies and donor institutes. It is very much encouraging that during the fiscal year 2014, the health expenditure increase by 28.78 percent over last year, which is an indicator that present government is making best efforts to provide better health facilities to general public.

The promulgation of the 18th Constitutional Amendment and the 7th National Finance Commission Award (NFC), the federal government has transmitted greater bulk of payment to the provinces. The provinces with newly empowered status have allocated more funds to healthcare making it more responsive to the needs of population.

Pakistan with regard to fulfill its MDGs commitments has made considerable progress on health related indicators over the last 20 years. But the gains have been off set by the rapidly growing population. The child and maternal mortality rates have been declined but at comparatively lower rate than the other countries in the region.

The government has taken various steps through initiating several vertical programmes such as the National Maternal and Child Health Programme, the Cancer Treatment Programme and the Aids Control

Programme. The National Programme for Family Planning and Primary Health Care also known as the Lady Health Worker Programme was launched by the Government of Pakistan with objective to reduce poor health conditions by providing essential primary health care services to communities and improving national health indicators. The programme contributed to the overall health sector goals in improving maternal and child health, provision of family planning services and integration of other health promotion programme. Public expenditure on provision of health facilities has been progressive at all levels.

However, some specific gaps continued to persist largely on account of demographic, epidemiological and socio-economic factors, leaving large segments of population with inadequate health care access. Healthcare facilities at some parts of the country are found to be inadequate and also mostly ill equipped and the coverage also vary across the provinces. The shortage of trained health workers and the rising population pressure on public health institutions has allowed the private sector to bridge the demand/supply gaps.

Millennium Development Goals of Health

Goal 4: Reduce Child Mortality

Infant and Child mortality are important indicator of a country's Socio- Economic development and quality of life as well as population health status. Child mortality rates are used for monitoring of a country's progress towards millennium Development Goal 4 which aims to reduce under-five child mortality rate at 52 percent, infant mortality rate at 40 percent, immunization of children at >90 percent, proportion of children under five who suffered from Diarrhea is at <10 percent and Lady health worker's coverage at 100 percent. LHW is considered to be one of the most successful programme in health sector with a total of 100,000 LHWs by providing basic health facilities covering the area of 83 percent of the total population. The target is aimed to be achieved by 2015, for which joint efforts are being made at both federal and provincial level to achieve the MDG 4 target. The

achievements made up to 2012-13 are given in Table 11.1 below.

Table-11.1: Progress towards Goal 4 at national level (percent)

Indicator	1990-91 (Bench Mark)	2001-02	2006-07	2010-11	2011-12	2012-13	MDG Target
Under 5 child Mortality Rate	117	-	94	-	-	89	52
Infant mortality rate	102	77	75	-	-	66 (2014)	40
Proportion of fully immunized children 12-23 months	75	53	76	81	80	-	>90
Proportion of under 1 year children immunized against measles	80	57	77	82	81	-	>90
Proportion of children under 5 who suffered from Diarrhea in the last 30 days (%)	26	12	11	11	8	-	<10
Lady Health Worker's Coverage	-	38	76	83 (2008-09)	-	-	100

Source: UNDP MDGs Report 2013

Goal 5: Improve Maternal Health

MDG 5 aims to substantially decrease maternal mortality rates by 2015. Maternal Mortality rates is affected by numerous factors, notably access to pre and post-natal care as well as general access to health care service and access to family planning and services. Progress on MDG 5 is measured against five indicators: Maternal Mortality rates, proportion of birth attended by skilled birth attendant, contraceptive prevalence rate, total fertility rates, and proportion of women aged 15-49

years who gave birth in the last three years who had at least one antenatal consultation. The Maternal Mortality rate reflects the quality of health care provision particularly for child bearing women. In Pakistan it witnessed an improvement from 350 in 2001-02 to 260 in 2010-11. Total fertility rate is linked to high population growth rates and take a toll on female health and maternal mortality. Total fertility decreased due to the awareness among people regarding family planning programmes. The achievements made up to 2012-13 are given in Table 11.2 below.

Table-11.2: Progress towards Goal 5 at national level (percent)

Indicator	1990-91 (Bench Mark)	2001-02	2006-07	2010-11	2011-12	2012-13	MDG Target
Maternal mortality rate	533	350	276	260 (2009-10)	-	-	140
Proportion of birth attended by skill birth attendant	18	24	37	47	51	52	>90
Contraceptive Prevalence rate	12	28	30	-	-	35	55
Total fertility rate	5.4	-	4.1	3.6	-	3.2 For (2013-14)	2.1
Proportion of women aged 15-49 years who gave birth in the last three years who had at least one antenatal consultation	15	35	53	58	68	-	100

Source: UNDP MDGs Report 2013

Goal 6: Combat HIV/AIDS, Malaria and other Diseases

MDG 6 pertains to the control and eventual elimination of three debilitating, communicable and life-threatening diseases, HIV/AIDS, tuberculosis

and malaria. For Pakistan, HIV prevalence is largely in control, insofar as its spread is limited to specific vulnerable groups of society like sex workers, drug users etc. Pakistan remains particularly vulnerable to viral, in particular water borne infections such as

dengue, Hepatitis B & C, tuberculosis, However, TB continues to affect a significant proportion of the population, and its communicability gives it more scope to afflict large numbers of people unless it is completely eliminated. Progress on MDG 6 is measured against five indicators: HIV prevalence among pregnant women aged 15-29 years, and among vulnerable groups; proportion of population in malaria risk areas using effective prevention and treatment measures; incidence of TB; and TB cases detected and cured under Direct Observation treatment (DOTS).

Health Expenditure

Social development and protection can be gauged by the budgetary allocation for social sector. An

amount of Rs.21 billion has been provided in Federal PSDP 2013-14 and its utilization by the end of March 2014 was Rs 14 billion. The expenditure on health sectors is progressive in Pakistan. The current level of expenditure during first 09 months (July-Mar) 2013-14 in term of percentage worked out 0.4 percent of GDP. Despite various challenges public sector health spending which was 0.2 percent of GDP in 2010-11 increased to 0.3 percent in 2012-13 and further to 0.4 percent in 2013-14. However, the United Nations (UN) has recommended increase in expenditure on health to at least 2 percent of GDP by 2018 to improve the health condition. The resolve of the government is to increase the expenditure to 2 percent.

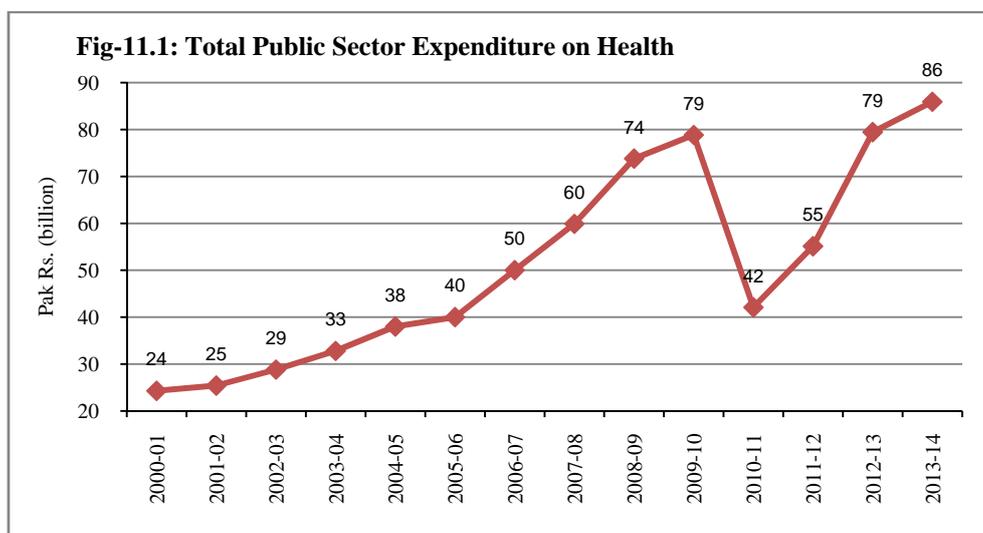
Table 11.3: Health & Nutrition Expenditures (2000-01 to 2013-14)

(Rs. billion)

Fiscal Years	Public Sector Expenditure (Federal and Provincial)			Percentage Change	Health Expenditure as % of GDP
	Total Health Expenditures	Development Expenditure	Current Expenditure		
2000-01	24.28	5.94	18.34	9.9	0.72
2001-02	25.41	6.69	18.72	4.7	0.59
2002-03	28.81	6.61	22.21	13.4	0.58
2003-04	32.81	8.50	24.31	13.8	0.57
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	0.57
2007-08	60.00	27.22	32.67	20.0	0.57
2008-09	74.00	33.00	41.10	23.0	0.56
2009-10	79.00	38.00	41.00	7.0	0.54
2010-11	42.00	19.00	23.00	(-47)	0.23
2011-12	55.12	26.25	28.87	30.97	0.27
2012-13*	79.46	17.34	62.12	44.16	0.35
2013-14*	102.33	27.84	74.50	28.78	0.40

*Expenditure figure for the respective years are for the period (Jul-Mar)

Source: Finance Division (PF Wing)



Health System

Public and private health sectors run parallel in Pakistan. The public medical and health services

comprises primary, secondary and tertiary level health facilities. The two tiers of primary and secondary healthcare outlets are managed at district

level while at tertiary level health care includes large hospitals, intensive care units and advanced diagnostic services etc. The private health sector in Pakistan is comprised of maternity homes, dispensaries, diagnostic centers, physicians and practitioners. NGOs also form part of private sector and provide various health care services. The private sector is now the leading source of maternal and child health services and its dominance in the health field demonstrates that market sector stretches from primary to tertiary care level is contributing significantly in provision health services in the country through its high specialized medical professional.

Social Insurance is one of the instrument of health financing and meet health expenditure. Social Insurance can provide finance for health care either for the whole population or a part of it, such as employed workers. Compulsory insurance payments may be imposed on employees as a percentage of their wages and on employers a similar or higher payroll tax. In some cases, the government also

contributes to the social security scheme. These benefits may include sickness, child delivery, invalidity, old age support, unemployment and the entire system is called "Social Security". In some cases, workers outside the formal employment sector may be included by paying a premium calculated on measure of income or wealth other than wages, such as value of crops produced, with allowance for seasonality of income earnings.

Pakistan Bait-ul-Mal (PBM) is making a significant contribution towards providing financial assistance to the poor widows, destitute women and orphans for medical treatment, education and general assistance. PBM has envisioned providing wheel chairs to every disabled in the country. A family who has two or more special children is called as "Special family" and has the right to be benefited and Rs. 25,000/- is given to each family annually. An amount of Rs. 605.983 million has been disbursed to benefit 13,434 individuals countrywide during the period July to March, 2014 for the current financial year 2013-14.

Table 11.4: Individual Financial Assistance Medical

Year	2009	2010	2011	2012	2013*
Rupees Million	643	1236	1810	518	606
Beneficiaries	8888	17301	20604	6077	13434

*(Jul-March) 2013-14

Source: Pakistan Bait-ul-Mal

PBM provides grant-in-aid to registered non-governmental organization (NGOs) for their projects aimed at institutional rehabilitation of the poor and deserving persons of the society. Grant is provided to NGOs in the following strategies:

Strategy-I for Financial Assistance to Orphans for Health, Education & Training;

Strategy-II for Cataract operations for deserving; and

Strategy-III for Innovative Pilot Rehabilitation Project.

During the period July-March, 2013-14 an amount of Rs.12.204 million has been spent among 6,102 poor beneficiaries.

Table 11.5: Healthcare Facilities

Health Manpower	2011-12	2012-13	2013-14
Registered Doctors	152,368	160,880	167,759
Registered Dentists	11,649	12,692	13,716
Registered Nurses	77,683	82,119	86,183
Population per Doctor	1,162	1,123	1,099
Population per Dentist	15,203	14,238	13,441
Population per Bed	1,647	1,617	1,647

Source: Pakistan Bureau of Statistics

Health Facilities

Investment in health over years have seen improvement in health facilities and health care providers. By the year 2013, the number of public sector hospital has increased to 1096, more than 5527 basic health units (BHUs), 650 rural health centers (RHCs) and 5310 dispensaries. These facilities together with 167759 doctors, 13716 dentists and 86183 nurses brings the current ratio of one doctor for 1099 persons, 13441 person per dentist and availability of one hospital bed for 1647 person and shows that number under each establishment is increasing. However, due to population growth, the number of per bed, per doctor and per nurse is also increasing.

Physical Targets and Achievements during 2013-14

The achievements in the health sector during 2013-14 included establishment of 7 Rural Health Centers (RHCs), 32 Basic Health Units (BHUs) and up gradation of 10 existing RHCs and 37 BHUs. The manpower included the addition of 5000 new doctors, 500 dentists, 3150 Nurses and 4500 paramedics. Under the preventive programme, about

8 million children were targeted to be immunized and 23 million packets of ORS were to be distributed during 2013-14. Till date 4500 HIV positive cases have been reported to the National and Provincial AIDS Control Programmes. Incidence of TB in population has decreased from 580/100000 in 1990 to 348/100000 in 2013. With treatment success rate at 91 percent, Pakistan has achieved MDG target.

Table 11.6: Physical Targets/Achievements 2013-14

(nos.)

Sub Sector	2013-14		
	Targets	Achievements	(%)
B. Hospital Beds	5000	3600	72
C. Health Manpower			
Doctors	5000	5000	100
Dentists	500	500	100
Nurses	4500	3150	70
Paramedics	5500	4500	82
D. Preventive Programme			
Immunization (Million)	8	6	75
Oral Rehydration Salt (ORS) (Million Packet)	23	21	90

Source: Ministry of Planning, Development & Reforms

Health Programmes

The commitment to improve the health of the people along with alleviation of poverty is the overarching objective of the government. The present government after 18th Constitutional Amendment is taking all possible measures to improve the health care system. The federal government has shown its commitment towards achieving better health care facilities by taking care of issues through increased coordination of the federating units with the provinces alongwith UN agencies and all donor funding institutes.

To improve health status of the people and to reduce burden of disease, a series of programmes and projects are on track. Although vertical programmes in health sector have been devolved to the provinces, however, upon request of the provinces and in pursuance to decision of CCI, funding for these vertical programmes during the 7th NFC Award shall be catered by federal government.

Following programmes and projects are being funded through the Federal PSDP and implemented by the provincial governments.

i) Programme for Family Planning and Primary Health Care (LHWs Programme)

The programme has recruited more than 100,000 Lady Health Workers (LHWs). The total population covered under this programme spread over 60 percent in Balochistan, more than 80 percent in

Punjab. LHWs services have visible impact on the health status of women and children in particular through improved hygiene, birth spacing, iron supplementation, greater immunization coverage and through antenatal and post-natal coverage of the pregnant women. A new PC-I for provincial as well as area governments is under the process of approval in which salary packages of the staff of this programme have been increased through regularization of their services in compliance of the orders of the Supreme Court of Pakistan. These proactive steps will definitely lead towards greater commitment and better health service delivery at the door steps of the vulnerable. However, issues of governance and monitoring needs attention at the district and sub districts level.

Expanded Programme of Immunization

Expanded Programme of Immunization (EPI) Programme provides immunization to children against the seven preventable diseases under one year of age i.e. childhood tuberculosis, poliomyelitis, diphtheria, pertussis, neonatal tetanus, measles and hepatitis B. New vaccines like penta-valent vaccine have been introduced with the help of UNICEF. During 2012-13, 9 million children between the age of 0-11 months and around 6.5 million pregnant women were immunized against 7 deadly diseases and tetanus toxoid vaccine, respectively. Though after devolution this has become largely the responsibility of the provincial governments but Federal EPI cell currently took the

responsibility of the procurements, coordination and technical guidance whereas provincial EPI cell are largely responsible for implementation of the programme. World Bank along with other financial partners WHO and JICA have largely contributed towards smooth implementation of the programme. Still the issues of routine immunization in the out reached areas of FATA and Balochistan needs attention. During July- March 2014, under the preventive programme, about 6 million children were immunized against the target of 8 million children and 21 million packets of ORS have been distributed against the target of 23 million packets of ORS. The EPI Programme is striving to strengthen the routine immunization coverage a number of steps have been taken to strengthen the programme:

- ▶ Comprehensive multiyear plan has been developed for all provincial and Federal Programme that focuses on strengthening of routine immunization.
- ▶ Cold Chain inventory has been compiled in 56 districts. The rest of the districts will be completed in phase 2 of the assessment. This will inform the gaps in cold chain equipment that will be fulfilled.
- ▶ Plans are underway to synergize the Polio Eradication Initiative (PEI) with the EPI so that EPI can benefit from the PEI experience for example in micro planning etc. this will improve the routine immunization coverage.
- ▶ Vaccine Logistic Management Information System (VLMIS) – web based real time software has been introduced in 54 districts. Expansion throughout the country is planned in 2014. This will prevent stock out of vaccines.
- ▶ Public Private Partnership has been strengthened with the support of GAVI and a number of Civil Society Organizations are now working with EPI.
- ▶ The measles supplementary immunization activity will be launched in May 2014, in phases throughout the country. This will provide an opportunity to improve the overall coverage.

Prime Minister Polio Monitoring and Coordination Cell

Prime Minister Polio Monitoring and Coordination Cell is working in close coordination with the Ministry for National Health Services, Regulations and Coordination (MoNHSRC). The launch of the National Emergency Action Plan (NEAP) in February, 2012 has guided all polio eradication activities in Pakistan. The plan has been revised for 2014 and is endorsed by the Prime Minister of

Pakistan. The objective is to control Polio virus circulation in the country by the end of this year and fully eradicate by the end 2015. An intensified Supplementary Immunization Activities (SIAs) Strategy was planned for 2013 however, it could not be implemented in areas (Khyber Agency, North and South Waziristan and Karachi) with missed, incomplete and prolonged Supplementary Immunization Activities (SIAs) mainly because of security situation.

ii) Malaria Control Programme

Malaria, the 2nd most prevalent and devastating communicable disease in the country, has been the major cause of morbidity in Pakistan. More than 90 percent of disease burden in the country is shared by 56 highly endemic districts, mostly located in Balochistan (17 out of 29 districts), FATA (7 agencies), Sindh (12 districts) and Khyer Pakhtunkhwa (12 districts). Most of the reported cases from these districts are due to falciparum malaria which is the most dangerous form of malaria. Federally Administrated Tribal Areas (FATA) is the second high malaria affected belt of the country which accounts for 12-15 percent of the total case load of the country. Directorate of Malaria Control successfully implementing the Malaria Control strategies in 38 highly malaria endemic districts with the support of Global Fund Round-10 grant worth US\$ 50.5 million. 2.0 million Long-Lasting Insecticide-Treated Nets (LLINs) have been distributed to protect the target populations. 2.0 million RDTs have been utilized to diagnose the suspected Malaria cases. 51,340 Artemisinin-Combination Therapies (ACTs) have been prescribed to confirmed P.F Malaria cases. National strategy for Malaria Control is based on the following 6 key Roll Back Malaria (RBM) elements:

- ▶ Early diagnosis and prompt treatment.
- ▶ Multiple prevention
- ▶ Improved detection and response to epidemics.
- ▶ Developing viable partnerships with national and international partners.
- ▶ Focused operational research and
- ▶ National commitment

Global malaria prevention and control efforts have been scaled up over the years in the countries where the majority malaria cases occurs. However, malaria transmission still occurs in 99 countries around the world. WHO new initiatives T3, test, treat and track urges the malaria endemic countries to move

towards universal access to diagnostic testing and treatment to build control and surveillance system.

iii) TB Control Programme

Pakistan ranks fifth (after India, China, South Africa and Indonesia) amongst 22 high burden countries. The annual number of new cases are 420000 (0.4 million) with a rate 348/100000 population. There are three indicators used to monitor progress of T.B control. (i) mortality (No. of deaths due to TB) (ii) incidence (No of new cases in one year) and (iii) prevalence (total new and old cases in one year). Due to enhanced case detection and improved treatment success rate, the mortality rate has decreased to 348/100000 in 2013 (Global TB Report 2013). Incidence of TB stands at 231/100,000 population and prevalence of about 300 cases per 100,000 population. Pakistan has adopted DOTS (Direct Observed Treatment System) strategy and the TB control programme has achieved 80 percent coverage through DOTS in public sector in the last five years. The programme has provided care to more than half a million TB patients in Pakistan. There are areas where National Tuberculosis Programme (NTP) has to improve suspect management, contact management, quality bacteriology services by engaging all care providers through public private partnership, inter-sectoral collaboration, monitoring and supervision, research for evidence based planning and advocacy communication and social mobilization (ACSM).

National Tuberculosis Programme (NTP) provides national stewardship to fulfill global commitment towards the MDGs. NIP acts as a collaborating body at the central level for development of uniform policies and strategies, facilitating the donor liaison at national and international levels. NTP at this point in time is implementing Global Fund supported grant through a mechanism of Single Stream of Funding (SSF) as Principal Recipient. Some of the key achievements of the programme includes:

- ▶ 1200 BMUs/ 4000 treatment centers established in public sector.
- ▶ Around 600,000 suspects tested for TB each year free of cost.
- ▶ >2.1 million TB cases treated free of cost with quality assured anti TB drugs since 2001 in the country.
- ▶ Resources secured for 50 percent requirement of TB drugs (FLD/SLD) till 2015. TB Drug Management System established and warehouses have been refurbished all over the country.

- ▶ TB/HIV Co-infection guidelines developed and 16 sentinel site established.
- ▶ Infection control guidelines developed
- ▶ Development of National Strategic Plan “Vision 2020”.
- ▶ Scaling up of MDR-TB intervention enabling 30 hospitals to manage 12,000 patients approximately over the grant period of 5 years.
- ▶ Up-gradation of 3 Labs to bio-safety Level 3 to perform TB culture and Drug Susceptibility Testing.
- ▶ Negotiated with Global fund and other donors and received 129 Million US\$ for three years, Largest TB grant globally.
- ▶ Received additional 8 million US\$ incentive funding due to good performance of the programme.
- ▶ Negotiated with WHO, Global Fund and Global Drug Facility and secured First Line and Second Line TB drugs to meet 100 percent requirement of the country consequently there will be no shortage of TB drugs in Pakistan till 2018.

iv) HIV/ AIDS Control Programme

Increasing number of drug users has posed a threat of total cases of HIV/ AIDS in Pakistan, however, the prevalence of HIV/ AIDS is considered to be as low as 1 percent, hence not considered a high risk country. The focus of the programme is on Behavior Change Communication (BCC), services to high risk population groups, Treatment of sexually Transmitted Infections (STIs), supply of safe blood and capacity building of various stakeholders. Till date 4500 HIV positive cases have been reported to the AIDS Control Programmes at federal and provincial levels. The programme is technically supported by the UN agencies and Global Fund against AIDS, TB and Malaria.

v) Maternal and Child Health Programme

Mother and child health has been one of the priority areas of Public Health in Pakistan. This programme has been launched by the government in order to improve Maternal and Neonatal Health services for all, particularly the poor and the disadvantaged at all levels of health care delivery system. It aims to provide improved access to high quality Mother and Child Health and Family Planning services, train 10,000 community midwives.) comprehensive Emergency Obstetric and Neonatal Care (EMONC) services in 295 hospitals/ health facilities, basic EMONC services in 590 health facilities, and family planning services in all health outlets. Despite these

modalities, Pakistan has shown a modest improvement in this segment and the infant mortality rate and child mortality rates are still very high as compared to the other countries in the region. It is envisaged that successful implementation of this project will bring these indicators in a respective range with improved health status of mother and children.

vi) Prime Minister's Programme for Prevention and Control of Hepatitis in Pakistan

All forms of hepatitis is a matter concern within the public health framework. The programme envisages meeting the challenges posed by the high prevalence of viral hepatitis in the country. The programme aims at 50 percent reduction in new cases of hepatitis B and C by 2015 through advocacy and behavior change communication, hepatitis B vaccination of high risk groups, establishment of screening, diagnosis and treatment facilities in 150 teaching and DHQ hospitals, Safe Blood Transfusion and prevention of hepatitis A and E. A long awaited Safe Blood Transfusion project with the technical cooperation team GIZ and KfW has been revived and is in the implementation process in all four provinces that will bring down the incidence of hepatitis in the country.

vii) Cancer Treatment Programme

Pakistan Atomic Energy Commission's (PAEC) 13 Cancer Hospitals in four provinces are providing diagnosis and treatment facilities to cancer patients. The PAEC is striving hard to fight against this disease by using the nuclear and advanced diagnostic/therapeutic for diagnosis and treatment. Major services provided at these hospitals are diagnostic and therapeutic nuclear medicine, hormonal assays, radiotherapy and cancer prevention & awareness programmes. These services are being provided through 13 cancer hospitals in various cities in 04 provinces. Nine new cancer hospitals are in the process of construction. In

all tertiary care hospitals and Atomic Energy Centers the facilities are available for detection of different types of cancer. During 2013 (July to December), besides treating about 393,358 patients, PAEC continued working on the following projects:

- ▶ Federal Breast Cancer Screening programme have been launched in 2013 in Islamabad at PIMS for early diagnosis and screening of women.
- ▶ 03 hospitals in KPK province are near completion.
- ▶ PAEC Cancer Registry Programme (PCRP), started in 2007 is now in final phase and is expected to be completed by August 2014.

Drug Abuse

The illicit use of drugs is a major public health concern. According to World Drug Report 2013", global drug use situation has remained stable during the year 2013. To address the narcotic drugs issue, National Anti Narcotics Policy 2010 is already in place and being implemented in collaboration with Provincial Governments, Law Enforcement Agencies, NGOs and Community Organizations.

To combat this menace at grass roots level. Provincial Narcotics Control Committees (PNCCs) and District Narcotic Control Committee (DNCCs) have been constituted in all the provinces as well as in Gilgit-Baltistan and State of Azad Jammu & Kashmir. It will help in reducing both the drug supply and as well as drug demand in the country.

Narcotics Control Division in Collaboration with United Nations Office on Drugs and Crime (UNODC) has conducted a household based "Drug Abuse Survey 2013". The survey indicates drug prevalence rate at 6 percent and 6.7million people in the age group of 15-64 years. The province wise details of drug addicts with rate of prevalence is as under.

Table 11.7: Drug Addicts

Name of Province	Number of Drug Addicts	Annual Prevalence (%)
Punjab	2.9 million	4.7
Sindh	1.7 million	6.6
Baluchistan	0.3 million	5.0
Khyber Pakhtunkhwa	1.6 million	11.0

Source: Ministry of Interior & Narcotics Control

Narcotics Control is presently implementing 10 development projects with total capital cost of Rs.5.708 billion including local cost of Rs.1.972 billion and foreign grant assistance of Rs. 3.736 billion, in the fields of area development, drug

demand reduction and addicts' treatment and rehabilitation. The seizures of Narcotics by Anti Narcotics Force (ANF) during the period July, 2013 to January 2014 are given in the Table 11.8:

Table 11.8: Drug Seizures

Sr. No.	Kind of Narcotics	Units	Qty of Drug Seized
1.	Opium	Kgs	8500.5
2.	Morphine	Kgs	100.0
3.	Heroin	Kgs	1990.0
4.	Hashish	Kgs	22345.0
5.	Cocaine	Kgs	1026.0
6.	HCL	Kgs	1110.0
7.	Amphetamine (Ice)	Kgs	2.1
8.	Methamphetamine (Ice)	Kgs	1.3
9.	Crystal (Ice)	Kgs	2.5
10.	Chemical Powder	Kgs	67.0
11.	Bhang	Kgs	8.5
12.	Acetic Anhydride (AA)	Liters	15000
13.	Liquor	Bottles	3776
14.	Ecstasy Tables	Nos	5704
15.	Nitrazepam Tablets	Nos	90
16.	Midazolam Tablets	Nos	90

Source: Ministry of Interior & Narcotics Control

Dengue

Dengue has become a major public health concern in Pakistan for the last few years. The epidemics occur every year and the range has extended to most cities in Pakistan. The worst of all these dengue epidemics occurred in 2011 when more than 22,000 dengue cases and 350 deaths were reported. The disease is transmitted through a bite of a mosquito. However, it is not transmitted directly from person to person. It affects infant, young and adult with symptoms appearing 3-14 days after the infective bite with severe headache, pain behind the eyes and joint pain. The most effective measures are those that avoid

mosquito bite. Dengue fever is disease of tropical and is endemic in more than 120 countries of the world. Globally, it affects upto 500 million people every year and according to WHO estimates, 2.5 billion people around the globe (36percent of world population) are at risk of contracting dengue. Recently, Sri Lanka and Indonesia have been the victim of dengue epidemics.

Food & Nutrition

Food is the fundamental right of the people and government is committed to provide it at all levels. In spite of adequate production and availability of essential food items of consumption, malnutrition continues to persist in the country.

Several MDGs have not been achieved due to food and nutrition security issues, which directly or indirectly depend on nutrition interventions in various sectors. The factors affecting malnutrition are food security, feeding practices, access to health care, water supply and sanitation, education and nutrition awareness. Therefore, reduction in malnutrition can improve productivity and solution of malnutrition lies in Scaling up Nutrition (SUN) Movement through integrated multi-sectoral approaches, being cross cutting issues.

The national food availability estimated through food balance sheets, has been satisfactory for major food items during the fiscal year 2013-14. The average calories estimated based on food availability has been 2450 per capita per day. The overall food availability trend of essential food items for the last five year is given in the following table:

Table 11.9: Food Availability per capita per Annum

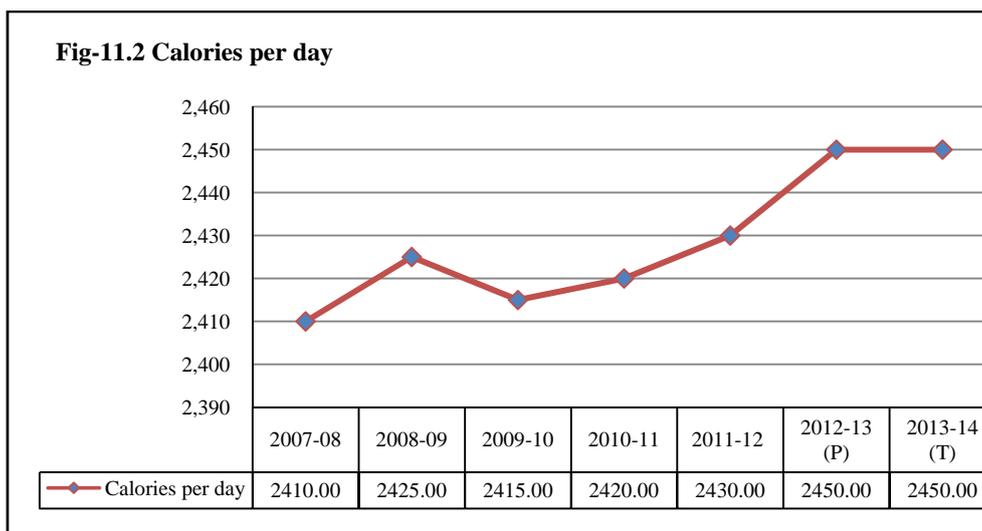
Items	Year/ units	2009-10	2010-11	2011-12	2012-13 (P)	2013-14 (T)
Cereals	Kg	158.8	158.7	160.0	160.0	160.5
Pulses	Kg	6.8	6.7	7.0	6.7	**6.5
Sugar	Kg	26.1	26.5	29.5	31.0	31.5
Milk*	Ltr	117.2	112.3	96.5	97.4	100.8
Meat	Kg	20.5	20.9	21.5	21.0	21.0
Eggs	Dozen	5.8	6.0	6.0	6.0	6.0
Edible Oil	Ltr	12.6	12.6	13.0	13.0	13.0
Calories per day		2415	2420	2430	2450	2450
Protein per day (gm)		71.5	72.0	72.5	72.5	72.0

P : Provisional, T : Target

*: Milk availability has been revised according to FAO criteria

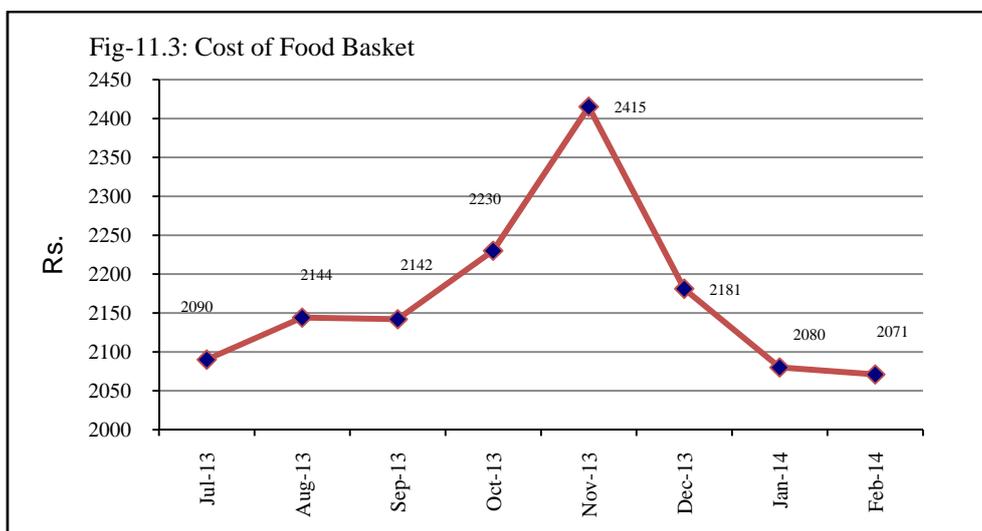
** : Heavy rains affected the crop of gram pulse, which is main contributor in the output of pulses.

Source: Ministry of Planning, Development & Reforms



The cost of food basket for the fiscal year 2013-14 (July 2013 – February 2014) remained fluctuating. It gradually increased to Rs. 2415 from Rs. 2090 in the

month of November and then declined to Rs. 2071 in the month of February, 2014 fig given below:



The Nutrition related activities/ programmes are summarized as:

- ▶ Pakistan signed the Scaling up Nutrition (SUN) Movement in December 2013, founded on principle that all people have the right to food and good nutrition, to join hands with partner countries and relevant stakeholders for improving nutritional status and thus alleviating malnutrition globally. Multi-sectoral approach has been adopted to reduce malnutrition, and upon Integrated Nutrition Policy Guidance Notes. Provincial SUN road map has been developed within parameters of Vision 2025. The draft five year plan 2014-19 which is under preparation will also focus on Strategic & Operational Plan for Development of National Nutrition Policy.
- ▶ National Food and Nutrition policy in Agriculture sector has been drafted to overcome food security problem..

- ▶ Punjab and KPK have prepared Health integrated PC-1s in Health Sector while Sindh and Balochistan developed independent PC-1s on Nutrition. These PC-1s are approved except Balochistan. Gilgit- Baltistan (GB) have also drafted their nutrition PC-1.
- ▶ The Universal Salt Iodization (USI) Pakistan Programme is being implemented with the assistance of the Micronutrient Initiative and other development partners including World Food Programme (WFP), UNICEF and Global Alliance for Improved Nutrition (GAIN) throughout the country. It provides technical and operational support to around 1400 salt producers, benefiting more than 158 million population.
- ▶ Micronutrient supplementation to address Anemia, Vitamin-A deficiency in children under five, women of child bearing age, growth

monitoring, counseling of breast feeding and weaning practices and awareness through 100,000 Lady Health Workers in Primary Health Care (PHC) continued across the country covering about 60 percent population.

- ▶ With the help of private sector, Wheat Flour fortification with iron folic acid is being revitalized and Wheat bio fortification with Zinc is being considered in the coming year to overcome hidden hunger.
- ▶ Benazir Income Support Programme (BISP) and Pakistan Bait-ul Mal continued their services successfully as effective social safety net measures by providing cash incentives to the poor segments of the population.
- ▶ National Zero Hunger Programme with joint collaboration among public sector and UN agencies is being devised to address hunger and malnutrition. This programme aim's to reach to most food insecure and vulnerable sections of

society: malnourished and primary school children, pregnant women, by provision of nutritious and fortified food.

- ▶ Management of Severe Acute Malnutrition & Nutrition Surveillance has been initiated. Regional training and development manual for Management of Severe Acute Malnutrition has been developed. About 50 surveillance centers are being established for identification and treatment of acute malnutrition.

Conclusion

The government is committed to increase the health coverage to cover the growing demand of increasing population. A number of efforts are underway to provide health facilities, increase health expenditure to GDP by 2 percent and meet the international target set under MDGs.
