

Health and Nutrition

Human welfare and development is a basic right of every individual as enshrined in the constitution of the Islamic Republic of Pakistan and the charter of the United Nations. However, at the global level and within nation states, a tug of war has been on-going for decades whether welfare or growth should be the barometer of real economic development. Health, education, drinking water and sewerage was considered to be the main contributor of welfare of the citizens of a country. It was for this reason that improvement in these sub-sectors of economy always received top priority in different models of economic development. Ill health and weak body breeds poverty. In Pakistan successive governments including the incumbent government have endeavoured for poverty alleviation through several programs.

The national immunization program is providing free of cost vaccine facility to every Pakistani child and steps are being taken to arrest the spread of polio. Prime Minister's Health Program has been launched to provide free treatment of chronic diseases like cancer, burns, diabetes and cardiovascular diseases etc. Ministry of National Health Services, Regulations and Coordination (NHSRC) is effectively undertaking the federal health functions and inter provincial-coordination. A Drug Regulatory Authority of Pakistan (DRAP) has been established in the domain of Ministry of National Health services to ensure safety, quality and affordability of medicines in the country. A Drug Pricing Policy 2015 has been announced to devise a transparent mechanism for fixation and price adjustment. Although health sector has been devolved to the

provinces under 18th Constitutional Amendment and provinces are now devising their own health strategies. At provincial level, KPK has recently enacted Medical Teaching Institutions Act, Injured Persons Medical Aid Act, Child Nutrition Act. The Governments of Sindh and Punjab have already established Health Care Commissions and have devised health strategies that outlines priority programs. Besides, the federal government is also implementing other programs such as National Maternal and Child Health Program, Malaria, TB and HIV/ Aids Control Program. These programs have made significant impact to improve health of people. Immunization coverage has been increased. Polio reported cases have been reduced. Deaths from tuberculosis have been declining while child and maternal mortality rates since 2007 continued to improve.

Box-1: Sustainable Development Goals

The 2030 agenda of Sustainable Development Goals (SDGs) incorporate 169 targets and 17 goals that UN member states are expected to localize in their socio economic policies during 2015-2030. SDGs Goal-3 and Goal-6 relates to health of people and under takes a commitment to end endemics of AIDS, TB, Malaria and other communicable disease by 2030. One of the SDGs targets is to end the global TB epidemic.

The WHO's End TB strategy calls for a 90% reduction in TB deaths and an 80% reduction in the TB incidence rate by 2030. Provision of safe water and sanitation is one of the key component of SDG's strategy and is meant to universalize the coverage of water and

sanitation around the world to protect population from deadly diseases .

Pakistan has decided to translate SDG framework into National Development Planning. In order to operationalize SDGs, the federal government and four provincial governments have already committed to set up SDG Support Units to coordinate activities at both national and provincial levels. These SDG Support Units have been established in Federal Planning Commission and Punjab, while the process of establishing units is underway in other provinces and local governments. These support units will work to deliver five main outputs: (i) Mainstreaming the SDGs in national policies and plans; (ii) Data and Reporting; (iii) Inclusive Budgeting Process and Tracking Expenditures; (iv) Monitoring and Evaluation of progress against indicators; and (v) Innovation.

Prime Minister’s National Health Program

To achieve universal health coverage, a National Health Program has been launched under the guidance of the Prime Minister by Ministry of National Health Services, Regulations and Coordination (MoNHSRC). The program will help millions of poor to access quality health care services. The package of the program is:

- Secondary Care: Rs.50,000 per family per year
- Priority Diseases: Rs.250,000 per family per year

Diseases covered under the priority/ tertiary coverage include cardiovascular disease, Diabetes, Burns, HIV/Aids Complication, Cancer, Road Traffic Accidents. The program has been launched in phases in 23 targeted districts during 2016. For monitoring of the program, a Central Management Information System (CMIS) has been developed using the technical expertise of NADRA.

Polio Eradication Initiatives

Polio incidence has almost been eradicated around the world. Improved and routine immunization have eradicated the disease from many countries including Pakistan. According to WHO, in Pakistan only 2 polio cases has been reported this year till April 25th 2017 against 9 cases recorded during same period last year and the country is almost close to polio eradication. The containment of polio incidence indicates that immunization program is going in right direction. Under the Global Polio Eradication Initiatives (GPEI), national governments and number of organizations like World Health Organization (WHO), United Nations Children Fund (UNICEF) and US Centres for Disease Control (CDC) are working to eradicate polio worldwide. The world famous philanthropist Mr. Bill Gates in a meeting with Prime Minister of Pakistan on World Economic Forum in Davos in January 2017 appreciated the tremendous success on polio eradication and commended that Pakistan Government has achieved great success and the year 2017 would be the year of polio eradication from Pakistan.

Table 11.1: Provinces Wise Polio Cases

Province	2010	2011	2012	2013	2014	2015	2016	2017
Punjab	7	9	2	7	5	2	0	1
Sindh	27	33	4	10	30	12	8	0
KPK	24	23	27	11	68	17	8	0
FATA	74	59	20	65	179	16	2	0
Balochistan	12	73	4	0	25	7	2	0
Gilgit-baltistan	0	1	1	0	0	0	0	1
Azad jammu & kashmir	0	0	0	0	0	0	0	0
TOTAL	144	198	58	93	306	54	20	2

Source: End Polio Pakistan (www.endpolio.com.pk)

Health System

Health delivery system in Pakistan consists of public and private health facilities. The public

health sector services are provided at federal, provincial and district levels through a well established network of rural health centers, basic health units, ,dispensaries, district and

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tehsil head quarter hospitals and allied medical professionals. However, the rising population pressure on state health institutions has allowed the private sector to bridge the gap of rising demand and limited public health facilities. A number of private hospitals, clinics and diagnostic labs has increased considerably and is contributing health services in urban areas of the country.

Health Facilities

The public health activities have persistently increased in terms of physical infrastructure and workforce. The number of doctors, dentist, nurses and LHVs have increased and

availability of one doctor, dentist, nurse and one hospital bed versus population has also improved. Today, the doctor population ratio stands at 1: 997, dentist 1: 10658 and hospital bed 1:1584. While national health infrastructure comprises of 1201 hospitals, BHUs 5518, RHCs 683, Dispensaries 5802, Maternity & Child Health Centers 731 and TB centers 347, and the total availability of beds in these health facilities is estimated at 123394. Despite an elaborate and extensive health infrastructure, the health care delivery suffer from some key issues like the high population growth, uneven distribution of health professionals, deficient workforce, insufficient funding and limited access to quality health care services.

Health Manpower	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17
Registered Doctors	152368	160880	167759	175223	184711	195896
Registered Dentists	11649	12692	13716	15106	16652	18333
Registered Nurses	77683	82119	86183	90276	94766	99228
Population per Doctor	1162	1123	1099	1073	1038	997
Population per Dentist	15203	14238	13441	12447	11513	10658
Population per Bed	1647	1616	1557	1591	1604	1584

Source: Pakistan Bureau of Statistics

Health Expenditure

Health spending is slow but persistently rising. The country is spending 0.5 to 0.8 percent of its GDP on health over the last 10 years. These percentages are less than the WHO bench mark of at least 6 percent of GDP required to provide basic and life saving services. During 2015-16, total expenditure increased by 13 percent over

2014-15, and during current fiscal year (July-March) 2016-17, the expenditure remain at 145.97 billion showing an increase of 9 percent over the same period of last year. According to world Bank latest report, currently Pakistan's per capita health spending is US \$ 36.2 which is below than the WHO'S low income countries bench mark of US\$ 86.

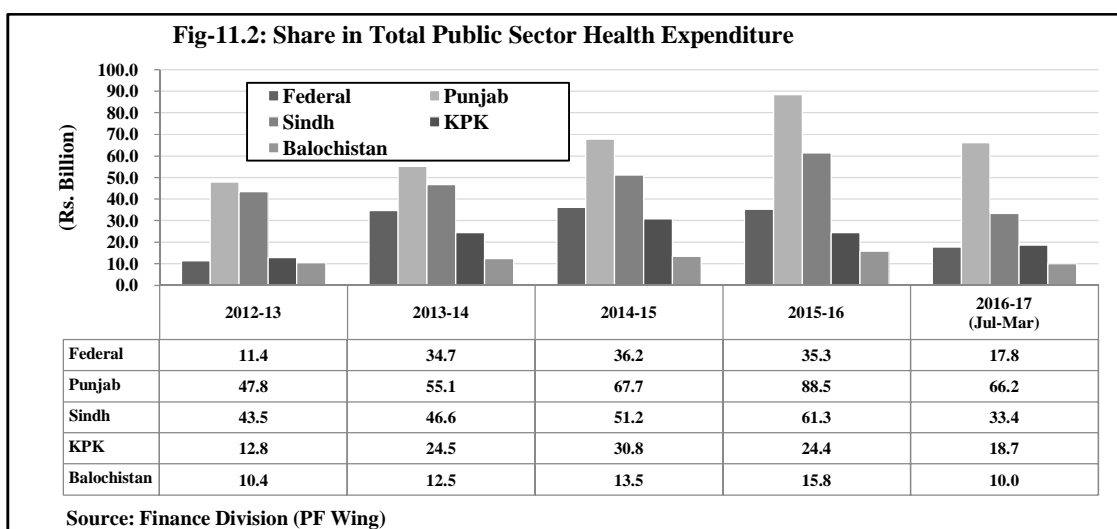
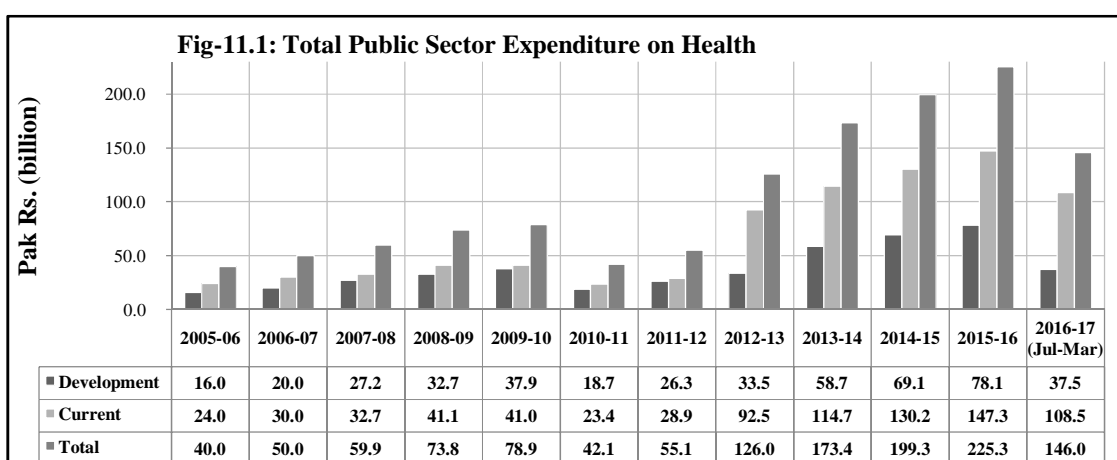
Fiscal Years	Public Sector Expenditure (Federal and Provincial)			Percentage Change	Health Expenditure as % of GDP
	Total Health Expenditures	Development Expenditure	Current Expenditure		
2000-01	24.28	5.94	18.34	9.98	0.58
2001-02	25.41	6.69	18.72	4.63	0.57
2002-03	28.81	6.61	22.21	13.42	0.59
2003-04	32.81	8.50	24.31	13.85	0.58
2004-05	38.00	11.00	27.00	15.84	0.58
2005-06	40.00	16.00	24.00	5.26	0.49
2006-07	50.00	20.00	30.00	25.00	0.54
2007-08	59.90	27.23	32.67	19.80	0.56
2008-09	73.80	32.70	41.10	23.21	0.56
2009-10	78.86	37.86	41.00	6.86	0.53
2010-11	42.09	18.71	23.38	-46.63	0.23

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Table 11.3: Health & Nutrition Expenditures (2000-01 to 2016-17) (Rs. billion)

Fiscal Years	Public Sector Expenditure (Federal and Provincial)			Percentage Change	Health Expenditure as % of GDP
	Total Health Expenditures	Development Expenditure	Current Expenditure		
2011-12	55.12	26.25	28.87	30.96	0.27
2012-13	125.96	33.47	92.49	128.51	0.56
2013-14	173.42	58.74	114.68	37.68	0.69
2014-15	199.32	69.13	130.19	14.94	0.72
2015-16	225.33	78.07	147.26	13.05	0.76
July-March					
2015-16	133.93	39.94	94.00	-	-
2016-17	145.97	37.47	108.50	8.99	0.46

Source: Finance Division (PF Wing)



Several programs and projects are funded through the PSDP and implemented by the provincial and area governments includes Civil Registration and vital statistics, Family

Planning and Primary Health Care (FP&PHC), Expanded Program on Immunization, Malaria Control Program, Tuberculosis (TB) Control Program, HIV/AIDS Control Program,

Maternal Neonatal & Child Health (MNCH) Program, Prime Minister's Program for Prevention and Control of Hepatitis and Cancer Treatment Program.

Civil Registration and Vital statistics

Civil Registration and Vital statistics (CRVS) is a system of collecting information of civil registration or enumeration on the frequency of occurrence of specified and defined vital events, its compilation, processing, analyzing, presenting and dissemination of the data in some statistical form. .

Box-2

Ministry of Planning, Development and Reforms has initiated the development of National Strategic Framework for acceleration and enhancement of Civil Registration and Vital Statistics (CRVS) in Pakistan and in this regard Technical Support Unit (TSU) for CRVS has also been established in the ministry. The recruitments have been completed to make it functional. The TSU will facilitate and supplement CRVS Secretariat/ Health Section M/o PD&R for the development of national strategic plan/ framework for acceleration and enhancement of CRVS in Pakistan. CRVS data is important to support the functioning of National Health System.

Vertical Programmes

1. Family Planning and Primary Health Care (FP&PHC)

The FP & PHC program so far has recruited more than 100,000 Lady Health Workers (LHWs). LHWs services encompasses the health conditions of women and children through improved sanitation, birth spacing, iron supplementation, larger vaccination coverage and through Ante-natal and post-natal coverage of the pregnant women. A PC-I of provincial and area governments is under process for approval in which salary packages of the staff under this program will be increased and regularization of services in compliance to the orders of the Supreme Court of Pakistan. These positive steps will help better improved health

service delivery at the door steps of the vulnerable people.

2. Expanded Program on Immunization (EPI)

EPI Program provides immunization to children against seven vaccine-preventable diseases under one year of age i.e. childhood tuberculosis, poliomyelitis, diphtheria, pertussis, neonatal tetanus, measles and hepatitis B. New vaccines like pentavalent vaccine has been introduced with the help of United Nations Children Fund's (UNICEF). During 2015-16, 8 million children of 0-11 months and 6.5 million pregnant women were immunized against 7 deadly diseases and tetanus toxoide vaccine, respectively. After devolution, it is the responsibility of the provincial/area governments but Federal EPI cell currently took the responsibility of the procurements, coordination and technical guidance whereas provincial EPI cells are largely responsible for implementation of the program. World Bank along with other financial partners such as World Health Organization (WHO) and Japanese International Cooperation Agency (JICA) has largely contributed to smooth implementation of the program. Still the issues of routine immunization in the out reached areas of Federally Administered Tribal Areas (FATA) and Baluchistan needs consideration.

3. Malaria Control Program

Malaria control has always been the main concern in Pakistan which is a moderate endemic. The program targets is to reduce the malaria burden by 60% in high and moderate endemic districts/agencies and eliminate malaria in low endemic districts by the year 2017-18. The two highly prevalent parasitic species identified so far are Plasmodium Vivax and Plasmodium Falciparum. P.vivax is being the major parasite species and accounts for more than 80% reported confirmed cases in the country. More than 90% of disease burden in the country is shared by 56 highly endemic districts, mostly located in Baluchistan (17 out of 32 districts), FATA (7 agencies), Sindh (12

districts) and Khyber Pakhtunkhwa (12 districts). FATA is the second highest malaria affected belt of the country which accounts for 12-15% of the total case load of the country. National strategy for Malaria Control is based on the key Result Based Monitoring (RBM) 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.

4. Tuberculosis (TB) Control Program

Pakistan has the sixth highest burden of tuberculosis worldwide and is among the high multidrug-resistant tuberculosis burden countries. The government has declared tuberculosis a national emergency, and implementing the directly observed treatment, short-course (DOTS) strategy followed by the Stop TB Strategy, which includes universal access to quality tuberculosis care in the country. Incidence of TB stands at 231 per 100,000 population. National TB Control Program (NTP) has achieved over 85% Directly Observed Treatment System (DOTS) coverage in public sector and in the last five years the program has provided care to more than half a million TB patients in Pakistan. The program is moving steadily to achieve the global targets of 90% case detection.

5. Human Immunodeficiency Virus (HIV)/ Acquired Immune Deficiency Syndrome (AIDS) Control Program

Pakistan to a large degree has controlled AIDS cases. HIV / AIDS program aims for the behavior change communication (BCC), services to high-risk population groups, treatment of sexually transmitted infections (STIs), and supply of safe blood for transfusions and capacity building of various stakeholders. Pakistan's epidemic is primarily concentrated among two of the key population groups. These two groups are Who Inject Drugs (PWID) with a national prevalence of 27.2% (weighted prevalence of 37.8%); Hijra (Transgender) Sex Worker (HSW) standing at

5.2% and 1.6% among Male Sex Worker (MSW). The prevalence in Female Sex Workers still remains low at 0.6%. The program is technically supported by the UN agencies and Global Fund against AIDS, TB and Malaria.

6. Maternal & Child Health Program

Maternal and Child Health (MCH) Program was initiated to improve women and children health conditions through better service delivery and supported health systems. Mother and Child healthcare is one of the most important areas of public health in Pakistan. The program aspires to provide better access to Mother and Child health and Family Planning services with provision of comprehensive Emergency Obstetric and Neonatal Care (EmONC) services in 275 hospitals/health facilities, provision of basic EmONC services in 550 health facilities and family planning services to all health outlets. Pakistan has shown improvement in the Infant Mortality Rate (IMR) of 62 per thousand from 66 per thousand in 2015, but maternal mortality rate 170/100000 is still very high as compared to the other countries in the region.

Prime Minister's Program for Prevention and Control of Hepatitis in Pakistan

The program envisioned meeting the challenges caused by the elevated incidence of viral hepatitis. The program was launched to bear treatment of hepatitis B and C for patients who are unable to meet the expenses of the treatment due to high cost of medicines and diagnostics along with promoting preventive interventions. The program also intends to decrease more than half of new cases of hepatitis B and C through advocacy and behavior change communication, hepatitis B vaccination of high risk groups, establishment of screening, diagnosis and treatment facilities in DHQ hospitals, Safe Blood Transfusion and prevention of hepatitis A and E. A long awaited Safe Blood Transfusion project with the technical cooperation of 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.

Cancer Treatment Program

Cancer is a deadly disease. The increasing incidence of the diseases is due to lack of public awareness, change in life style and environmental factors. Pakistan Atomic Energy Commission's Cancer Hospitals are providing diagnosis and treatment facilities to cancer patients. Currently, there are eighteen cancer hospitals functioning in different cities. These hospitals are equipped with latest and advanced

facilities in Diagnostic/ Therapeutic Nuclear Medicine and in Clinical Oncology. The most important task started at these hospitals is to establish a PAEC Cancer Registry Program (hospitals based) for better management of cancer and early prevention. During the period July to December 2016 more than 0.46 million patients were registered at Nuclear Medicine & Oncology (NM&O) hospitals and benefitted from the facilities in the fields of Diagnostic/ Therapeutic Nuclear Medicine and Clinical Oncology (Radiation & Medical Oncology).

Box-3: Prime Minister National Health Program

Prime Minister National Health Program was launched initially in Islamabad on 31st December 2015. Later it was launched in Muzaffarabad (AJK) on 25th February 2016 and Quetta (Balochistan) on 2nd May 2016. The program is a milestone towards social welfare reforms; ensuring that the under-privileged citizens across the country get access to their entitled medical health care in a swift and dignified manner without any financial obligations. Initially, the program has been launched for the benefit of people of Islamabad, but later on it will be expanded to all parts of Punjab, Balochistan and the Federally Administered Tribal Areas (FATA). The programme would benefit 3.2 million families living in Punjab, Balochistan and FATA in its two phases and a social mobilization campaign would be launched to ensure registration of all deserving people under the scheme. The program offers free of cost treatment for ailments such as cardiovascular diseases, Diabetes Mellitus and Burma. It will also cover end-stage renal diseases and dialysis, chronic infections (Hepatitis), organ failure and cancer treatment. Under the programme health care cards will be issued to the beneficiaries on which they will get free medical treatment of seven diseases. 1.2 million card holder families will get this facility in the first phase.

Around 63,000 people will be issued health cards through 300 centres in Islamabad and Lahore which have initially been established for the distribution of health cards. Every card holder will be able to avail health facilities worth Rs0.3 million per year; however, in case of exceeding the card limit the patient will be provided financial assistance through Baitul Mal.

Drug Abuse

To address the narcotic drug issue and to control its spread, a National Anti-Narcotics Policy 2010 is being implemented in collaboration with provincial governments and Law Enforcing Agencies (LEAs). The policy with its three strategies of Drug Supply Reduction, Drug Demand Reduction and International Cooperation focuses on to strengthen Law Enforcement Agencies at the federal, provincial and district levels to control the flow of drugs in Pakistan. The policy also seeks to promote international co-operation for mutual support and partnership against narcotics. The Anti Narcotic Force Department (ANF) has taken numerous

initiatives to fight drug hazards which include regular monitoring of areas around education institutions, coordination & liaison with the schools, colleges and universities, expansion of intelligence network of ANF inside main cities to locate and hunt drug smugglers, surprise checking by ANF Special Squads at all Railway Stations, Use of CCTV cameras for effective profiling of passengers at all airports and extension of NADRA Biometric Verification System to regional Directorates HQ for speedy investigations. Various narcotic seizures and punishments were awarded to culprits during the period July-Dec 2016. Details are given in the following tables:

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Drug	Quantity
Opium	31398.88 Kg
Heroin/ Morphine	15319.74 Kg
Hashish	72710.87 Kg
Cocaine	2.774 Kg
Amphetamine	1247.457 Kgs
Methamphetamine	17.060 Kgs
Ecstasy Tablets	450 Nos.
Psychotropic Tablets	280 Nos.
Acetic Anhydride (AA)	3660 Liters

Source: Narcotics Control Division

Category	Number
Cases Registered	605
Accused Arrested	696
Total decided cases	185
Convicted cases	161
Acquitted cases	08
Dormant/ Final order cases	16
Convicted persons	197
Acquitted persons	17
Conviction rate	95%

Source: Narcotics Control Division

Area Development Projects

Eradication of poppy cultivation and socio-economic development through alternate development programs is the main objective of Area Development Projects. The area development strategy provides a mix of activities and services to improve the quality of rural life by introducing improved grain and

vegetable varieties, improved breeds of livestock, improved varieties of grass and introduction of new farming techniques. In addition, construction of farm to market roads, provision of electricity, construction of irrigation channels and measures to control land erosion have also been undertaken. Following area development projects are being implemented by Narcotics Control Division;

Table 11.6: Area Development Projects

Sr. No.	Name of Projects	Estimated Cost (Rs. million)
1	Kala Dhaka Area Development Project Executed by Special Development Unit Office, Government of Khyber Pakhtunkhwa	1,770.696
2	Khyber Area Development Project Executed by FATA Secretariat	1,235.530
3	Mohmand Area Development Project Executed by FATA Secretariat	859.079
4	Bajaur Area Development Project Executed by FATA Secretariat	911.016

Source: Narcotics Control Division

Physical targets and achievements during 2016-17

The achievements of the health sector during 2016-17 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 4500 new doctors, 450 dentists, 3500 Nurses, 4550 paramedics and 475 Traditional Birth Attendants. Under the

preventive program, about 7 million children were immunized and 21 million packets of ORS were distributed during 2016-17. The HIV positive cases around 4500 have been reported to the National and Provincial AIDS Control Programs. The total number of TB cases reported are 63470, whereas the absolute number of cases is 211500 upto the third quarter of 2016 and the treatment success rate remained, 91%.

Table 11.7: Physical Target/Achievement 2015-16 and 2016-17 (Nos.)

Sub Sector	2015-16			2016-17		
	Targets	Achievements	(%)	Targets	Achievements	(%)
A. Hospital Beds	5000	4200	84	5000	4350	87
B. Health Manpower						
Doctors	5000	4400	88	5000	4500	90
Dentists	500	430	86	500	450	90

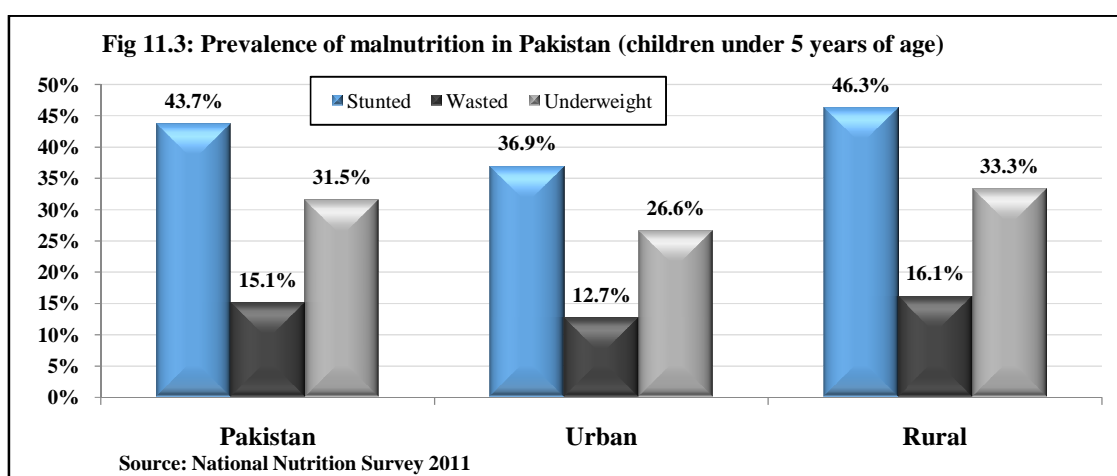
Sub Sector	2015-16			2016-17		
	Targets	Achievements	(%)	Targets	Achievements	(%)
Nurses	4000	3300	83	4500	3500	78
Paramedics	5500	4500	82	5500	4550	83
TBAs	550	450	82	500	475	95
Training of LHWs	10000	8000	80	10000	8300	83
C. Preventive Programme						
Immunization (Million)	8	6	75	8	7	88
Oral Rehydration Salt (ORS) (Million Packet)	23	20	87	23	21	91

Source: Ministry of Planning, Development & Reforms

Food & Nutrition

Nutrition is a major component of human resource development. Malnutrition is a situation that results from eating a diet in which nutrients are either not enough or too much that causes health problems. It includes calories, protein, carbohydrates, vitamins or minerals. Almost half of the population is suffering from high rates of malnutrition particularly children and mothers. According to the National

Nutrition Survey (NNS) 2011 and Pakistan Demographic & Health Survey (PDHS) 2013 malnutrition in under five children is prevalent; 44% children stunted, over 15% is the wasting¹ rate and 31.5% underweight. The incidence of stunting² and malnutrition among children varies across urban and rural areas. The rate of stunted, wasted and underweighted children was lower in urban areas than in rural areas.



The results of NNS 2011 revealed that 58% of households were food insecure at the national level. 28.4% were food insecure without hunger, 19.8% were food insecure with moderate hunger and 9.8% were food insecure with severe hunger. Rural household were more food insecure (60.6%) as compared to urban households (52.4%).

The NNS 2011 also indicates worsening

nutrition situation in the country when compared with the earlier survey 2001.

¹ Wasting, or low weight for height, is a strong predictor of mortality among children under five. It is usually the result of acute significant food shortage.

² Stunting, or low height for age, is caused by long-term insufficient nutrient intake and frequent infections. Stunting generally occurs before age two, and effects are largely irreversible.

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Pakistan Vision 2025 recognizes the malnutrition and set a goal to improve nutritional status of the population for good health leading to an active and vibrant socio-economic life and prosperity. To achieve this goal, Pakistan joined the global Scaling Up Nutrition (SUN) Movement in 2013 and adopted multi-sectoral strategy. SUN is a renewed effort to eliminate all forms of malnutrition, based on the principle that everyone has a right to food and good nutrition.

Food Availability:

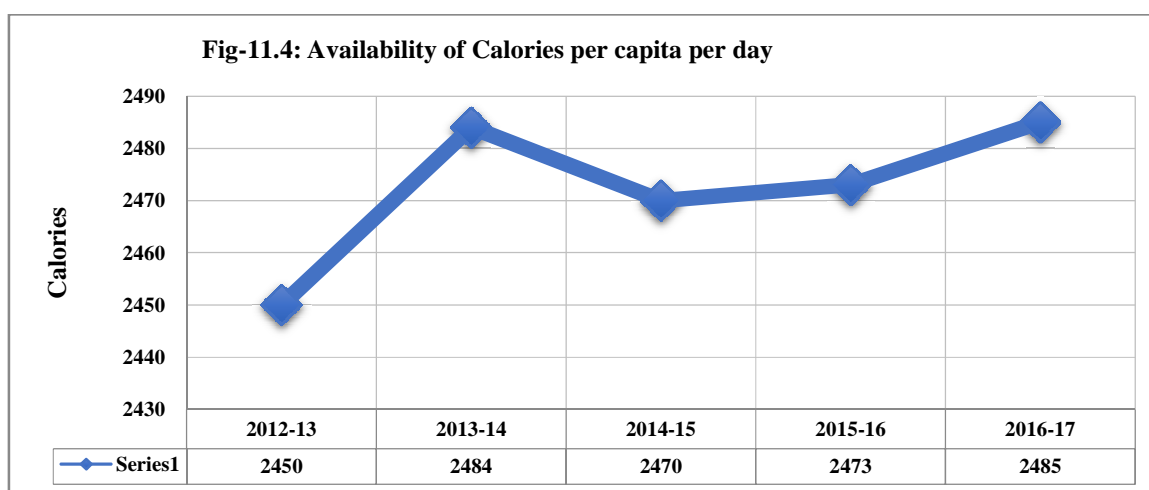
The trend of the availability of essential food items is assessed through food balance sheets every year. The food availability situation in the country has improved during 2016-17 to meet the overall national requirements by adjusting import and export of food commodities. The caloric availability through major food items has remained at about 2485 calories a day per person. The availability of all essential food items for the last five years is given in the following table:

Items	Year/ Units	2012-13	2013-14	2014-15	2015-16	2016-17 (P)
Cereals	Kg	160.0	161.0	162.0	162.0	162.5
Pulses	Kg	7.0	6.5	7.0	7.0	6.5
Sugar	Kg	31.0	32.0	32.0	32.0	31.5
Milk*	Ltr	167.0	169.80	170.0	170.0	170.2
Meat	Kg	13.14	13.13	13.10	13.8	14.5
Poultry	Kg	5.42	5.74	6.10	6.03	6.02
Eggs	Dozen	6.0	6.0	6.0	6.0	6.0
Edible Oil/Ghee	Ltr	13.5	12.6	14.0	14.0	14.5

P: Provisional

* Milk availability has been revised according to FAO criteria

Source: Ministry of Planning, Development & Reforms



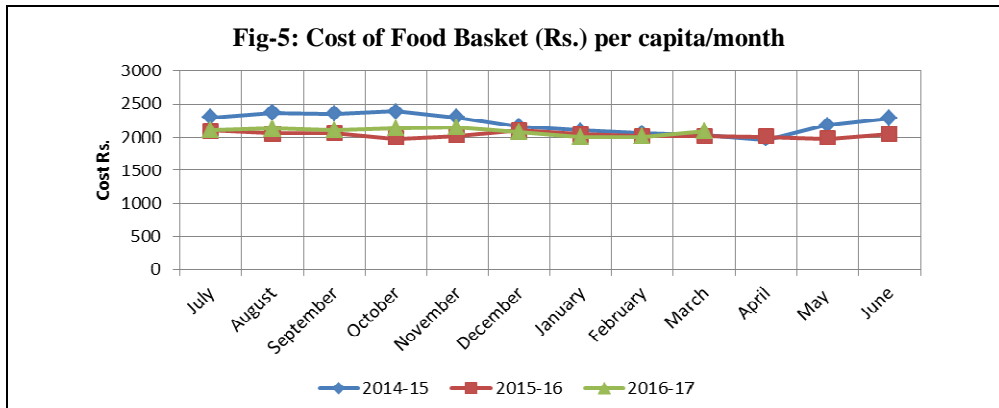
Cost of Food Basket (Rs.):

- Food basket cost is estimated every month using representative information from Pakistan Bureau of Statistics (PBS). This expenditure corresponds to commodities for

basic food basket for provision of 2150 calories. Based on national average, the estimated average food expenditure remained fluctuated during this period (July, 2016 to March, 2017).

- The average cost during the last three years from 2014-15 to 2016-17 at national level has been worked out which shows significant difference among the years and

months. However, overall cost trend of the food basket is similar among the years and remained low during the first quarter of the year (January to April) as given below:



Nutrition Activities / Programs

The Nutrition related activities/programs are summarised as under;

- Federal Government has allocated Rs. 100 million in PSDP for the National Initiative for SDGs/Nutrition for next three years. The PC-1 is being prepared to utilize this allocation for nutrition sensitive activities.
- In Khyber Pakhtunkhwa three programs are being implemented namely: Health Integrated Reforms Program having 4th component as nutrition at a cost of Rs 20 million out of Rs 14.11 billion; Special Initiative for Susta Atta/ Ghee Package at a cost of 2.45 billion and Primary Education School Feeding Program of Rs 97.6 million.
- In Punjab; Health integrated Reforms Program (Integrated Reproductive Maternal New Born & Child Health (IRMNCH) & Nutrition Program) costing Rs.13 billion having 4th component as nutrition with specific allocation of Rs. 4 billion; Stunting Prevention Nutrition program for 11 southern districts of Punjab costing Rs. 7 billion; and Water, Sanitation and Hygiene (WASH) program in 11 districts at the cost of Rs. 9 billion.
- In Balochistan Nutrition Program for Mother& Children has been initiated in 7

districts at a cost of Rs. 1.5 billion.

- In Sindh: Nutrition Support Program has been started at a cost of Rs. 4.5 billion; Saaf Suthro Sindh (SSS) Program at a cost of Rs. 278.00 and Nutrition Sensitive Agriculture” Project for three districts (Jacobabad, Sanghar&Umerkot) at a cost of Rs. 582.00 million and “Accelerated Action Plan (AAP) for the Reduction of Stunting and Malnutrition to reduce stunting from 48% to 30% over the next three years by allocating Rs. 1 billion every year.
- In each province SUN Units have been established at P&DD’s with technical, human and secretariat support from nutrition development partners. This shall increase the coordination and bring all stakeholders across the country on the same page for improving nutrition situation in the country.
- The Food Composition Table (FCT) and Dietary Guidelines (DG) for Pakistan are going to be revised for providing information on foods & diet to the general public.
- Benazir Income Support Program (BISP) served 5.42 million beneficiaries during 2016-17 and continues as effective Social Safety Net Measure by providing cash transfer to the poor segments of the

population throughout the country. Further advocacy is needed to include nutrition as one of the criteria for provision of cash transfer to improve dietary intake of the beneficiaries.

- In addition to Universal Salt Iodisation (USI) Program in 110 districts through Public Private Partnership, Food Fortification Program in Pakistan (FFP) is going to start implementation with the aim to support national efforts to improve the nutrition situation in the country.
- Ministry of National Food Security and Research with the support of Harvest Plus succeeded to develop a bio-fortified wheat variety “Zincol 2016” to overcome the deficiency of zinc and iron.
- Capacity building exercises for media personnel have been conducted to spearhead nutrition awareness as part of

behavior change communication campaigns.

- Early Childhood Development (ECD) task force is established to provide a high level platform for policy/strategic framework, planning, coordination, exchange of information.

Conclusion

Health profile of Pakistan is characterized by high population growth. Despite a significant investment in health sector over the year, the rate of progress is lower than most other countries. The disease pattern is heavily dominated by malnutrition and poor dietary practices. SDGs is a national commitment to improve health outcomes. The federal and provincial/area governments all developing, implementing and monitoring health sector strategic framework to achieve health related SDGs.