

HEALTH AND NUTRITION

Provision of quality healthcare services and ensuring nutrition security of the population are key to human capital development, which is an important determinant of economic development of a country. Pakistan has been committed to ensure equitable access to health and nutrition services to its population in line with the international best practices as is evident from the country's commitment to meet global targets of good health and wellbeing under SDG 3. The National Health Vision 2016-2025 also envisages health sector reforms focusing on improving public health delivery system through carefully designed and need based interventions.

Health and nutrition profile of Pakistan, as evident from country's performance on various health and nutrition indicators, presents a moderate picture. Key health indicators regarding child and maternal life expectancy, i.e., neo-natal mortality rate, infant mortality rate, and under-5 mortality rate showed improvement in year 2021 as compared to the previous year. Maternal mortality rate also showed progress with 154 deaths per 100,000 births in 2020 as compared to 179 in the previous year. However, other indicators such as incidence of tuberculosis and measles

immunization decelerated, while life expectancy at birth and HIV prevalence remained same.

Regarding global nutrition targets measuring maternal, infant and young child nutrition (MIYCN), only two targets have been met as per Global Nutrition Report 2022. As per latest available data (2019), 41.3 percent of women of reproductive age (15 to 49 years) are affected with anemia and this indicator has shown no progress. The progress on achieving low birth weight target could not be assessed due to inadequate data. The country is on track with respect to achieving exclusive breastfeeding target with 47.8 percent of infants aged 0 to 5 months exclusively breastfed as of year 2019. Also, some progress has been made regarding target for stunting (less height for age), but 37.6 percent of children under 5 years of age are still affected, which is higher than the average for the Asia region (21.8 percent). Lastly, some progress towards target for wasting (less weight for height) has also been observed with 7.1 percent of children under 5 years of age are still affected, which is lower than the average for the Asia region (8.9 percent).¹ Country's performance against various indicators can be witnessed from the following table:

Table 11.1: Health and Nutrition Indicators of Pakistan

	2020	2021
Maternal Mortality Ratio (Per 100,000 Births)	154	-
Neonatal Mortality Rate (Per 1,000 Live Births)	40.4	39.4
Mortality Rate, Infant (Per 1,000 Live Births)	54.4	52.8
Under-5 Mortality Rate (Per 1,000 Live Births)	65.5	63.3
Incidence of Tuberculosis (Per 100,000 People)	255	264
Life Expectancy at Birth, (Years)	66.3	66.1
Births Attended by Skilled Health Staff (% of Total)	68.0	-

¹ <https://globalnutritionreport.org/resources/nutrition-profiles/asia/southern-asia/pakistan/>

Table 11.1: Health and Nutrition Indicators of Pakistan

	2020	2021
Immunization, Measles (% of children ages 12-23 months)	83.0	81.0
Prevalence of HIV, Total (% of Population Ages 15-49)	0.2	0.2
	2018	2019
Prevalence of Anemia in Women of Reproductive Age (Aged 15-49)%	41.4	41.3
Infants Exclusively Breastfed (Aged 0-5 months)%	47.5	47.8
Stunting Prevalence Among Children (Under Age 5)%	37.6	-
Wasting Prevalence Among Children (Under Age 5)%	7.1	-

Source: WDI, Trading Economics, WHO's Global Health Observatory², UNICEF

The human resource employed in the health sector plays a critical role in efficient service delivery. For this reason, capacity building of frontline and community health workers and health practitioners and improving medical staff

to population ratio have been focus areas for the government. During year 2022, number of registered medical and paramedical staff increased as compared to previous year as can be seen from the following table:

Table 11.2: Registered Medical and Paramedical Personnel

(in Nos.)

Health Manpower	2016	2017	2018	2019	2020	2021	2022
Doctors	195,896	208,007	220,829	233,261	245,987	266,430	282,383
Dentists	18,333	20,463	22,595	24,930	27,360	30,501	33,156
Nurses	99,228	103,777	108,474	112,123	116,659	121,245	127,855
Midwives	36,326	38,060	40,272	41,810	43,129	44,693	46,110
Lady Health workers	17,384	18,400	19,910	20,565	21,361	22,408	24,022

Note: Data is reported on Calendar Year Basis

Source: Pakistan Bureau of Statistics (PBS)

Moreover, sufficient healthcare financing and optimal allocation of financial resources is necessary for quality healthcare service delivery. During FY2022, the public health expenditure was 1.4 percent of GDP as compared to 1.0

percent during same period of last year. The consolidated position of both federal and provincial health expenditures for last 7 years is given below:

Table 11.3: Federal and Provincial Health Expenditure

(Rs million)

Fiscal Years	Public Sector Expenditure (Federal + Provincial)			Health Expenditure as % of GDP
	Current Expenditure	Development Expenditure	Total Health Expenditures	
2015-16	192,704	75,249	267,953	0.7
2016-17	229,957	99,005	328,962	0.8
2017-18	329,033	87,434	416,467	1.1
2018-19	363,154	58,624	421,778	1.0
2019-20	427,915	77,496	505,411	1.1
2020-21	494,606	91,664	586,270	1.0
2021-22 (P)	712,289	207,129	919,418	1.4

P: Provisional

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

² <https://www.who.int/data/gho/data/indicators/>

For FY2023, health sector allocation under Public Sector Development Programme (PSDP) was Rs 22,356.5 million, which is 2.8 percent of the total development budget (Rs 800,000 million) and 0.05 percent of GDP. There are 62 health sector projects in the PSDP 2022-23 and most of these projects, i.e., 43 projects are being

sponsored by the M/o National Health Services, Regulations & Coordination (M/o NHR&C) with a total estimated cost of Rs 124,045.08 million. Following table summarizes health sector projects and their relative share in the overall development portfolio:

Table 11.4 : Health Sector Projects Share in the Federal PSDP for FY2023 (Rs million)

Sr. No.	Name of Ministry /Organization	No. of Projects	Total Estimated Cost	PSDP Allocation FY2023
1.	M/o National Health Services, Regulation and Coordination	43	124,045.1	12,651.0
2.	Provinces and Special Areas	9	37,278.8	2,750
3.	Defense Division	2	8,868.1	100
4.	Interior Division	1	4,183.1	350
5.	Pakistan Atomic Energy Commission	7	16,326.9	6,505.5
Total		62	190,701.9	22,356.5

Source: Planning Commission, Ministry of Planning, Development & Special Initiatives (M/o PD&SI)

Key Health Sector Interventions and Initiatives by the Government during FY2023

The government has been committed towards mobilization of all available resources to achieve third SDG. Universal Health Coverage (UHC) ensures that every single individual gets quality healthcare without facing any financial hardship. In this regard, various initiatives have been undertaken by the federal and provincial governments to achieve the UHC targets which majorly include national and provincial Essential Package of Health Services (EPHS) for different levels of healthcare delivery, World Bank supported National Health Support Program (NHSP), and expansion of Sehat Sahulat Programme (SSP) to provide Universal Health Insurance (UHI). Other initiatives of the government are highlighted below:

i. Integrated Disease Surveillance Response System (IDSRS)

To effectively deal with any future public health emergencies such as recent COVID-19, the government has been focusing on improving disease surveillance and reporting mechanism in the country. For this, the PSDP project for development of Integrated Disease Surveillance Response System (IDSRS) with public health laboratories network and strengthening Points of Entry (PoE) is under execution.

ii. National Health Support Program (NHSP)

The programme is characteristic of Program-for-Results (PforR) instrument, the first in the health sector of Pakistan that employs Investment Project Financing (IPF) instrument with Disbursement Linked Indicator (DLIs). The results-based financing complemented with an IPF component entails about 15 percent of the total financing under this programme. This component, managed by the provincial health departments and the M/o NHR&C, aims at mobilizing Technical Assistance (TA) in a timely manner, supporting coordination, building institutional capacity, and managing the program’s Environmental and Social (E&S) risks.

iii. Universal Health Coverage-Benefit Package (UHC-BP) or Essential Package of Health Services (EPHS)

The integral part of health sector reform agenda is the development of a national Universal Health Coverage-Benefit Package (UHC-BP), also called Essential Package of Health Services (EPHS) in collaboration with the Bill and Melinda Gates Foundation-financed Disease Control Priorities 3 Project, led by the M/o NHR&C. The UHC-BP consists of a prioritized set of cost-effective interventions at

the primary and secondary healthcare levels of the district. Its implementation is a cornerstone of health sector's National Action Plan (2019–2023). Considering that the health service delivery is a devolved subject, provincial health authorities have adapted the UHC-BP to reflect specific health conditions and priorities of respective provinces. The focus is on strengthening the public healthcare system to deliver quality essential health services in an equitable manner.

iv. Extended Program for Immunization (EPI)

The main purpose of the EPI, implemented by Federal Directorate of Immunization (FDI), is to vaccinate children for protection against diseases such as Tuberculosis, Polio, Diphtheria, Pertussis, Tetanus, Measles, Pneumonia, Hepatitis-B, Diarrhoea, Meningitis, Typhoid, and Rubella. The aim of this initiative has been to achieve 90 percent coverage with 3rd dose of pentavalent vaccine (which provides protection to a child from 5 life-threatening diseases – Diphtheria, Pertussis, Tetanus, Hepatitis-B and Hib) among children under 1 year of age at the national level and 80 percent at the district level through routine immunization by the year 2025. During year 2022, Penta-3 coverage was 99 percent across the country as per data provided by the FDI. Following are the major achievements obtained under the EPI program during FY2023 (July-Jan 2023):

- Introduction of Typhoid Conjugate Vaccine (TCV) into routine immunization program in the campaigns held in Sindh, Punjab/ICT, areas of KPK, Balochistan, AJK and GB. Post Campaign Coverage Survey (PCCS) showed 92 percent coverage of the TCV.
- Concluded Gavi's support to Pakistan for the next five years — Full Portfolio Planning (FPP) to strengthen immunization services across the country
- Submission of Fragility, Emergency and Displaced Populations (FED) proposal, in the wake of recent floods, to seek support from Gavi to restore and sustain immunization services in flood affected districts across the country

- Implementation of the second window for COVID-19 support from Gavi (CDS-2) which included extension of 2,672 vaccinators and hiring of additional 2,328 across Pakistan, several rounds of COVID-19 outreach activities to enhance vaccine roll-out and other antigens of routine immunization, procurement of 500 convertible freezers/refrigerators and 21 environment friendly incinerators, and 1166 helpline support.
- Conducted first phase of Paediatric COVID-19 vaccination campaign in Islamabad and selective districts of Punjab and Sindh, with collaboration with the National Command and Operation Centre (NCOC) with an overall coverage of 93 percent.
- Rolled out EPI Management information system (MIS) in Punjab and Sindh with other provinces already reporting immunization data on the MIS
- Establishment of state-of-the-art Immunization Supply Chain System (ISC) for vaccine and logistics delivery in order to ensure supply of potent and adequate vaccines and logistics for routine immunization, mass campaigns (Polio, MR and TCV) and COVID vaccines.
- Establishment of national, provincial and district vaccine storage and dry storage warehouses equipped with cold rooms, freezer rooms, Ice-lined Refrigerators (ILRs) and ultra-cold chain equipment (for storage of COVID vaccines).

v. National TB Control Programme

The program aims to eliminate Tuberculosis from Pakistan by 2035. The estimated yearly burden is 570,000 TB cases and 25,000 Drug Resistant TB cases and almost 42,000 people die of TB every year. The TB care services structure in Pakistan includes 1,743 diagnostics centres, 33 specialized centres for DRTB management, 361 GeneXpert sites for DRTB, 44 TB HIV centres for management of co-infections and over 8,000 GPs are engaged in TB control program. The private sector has also been engaged to boost TB case finding and till date the TB treatment coverage is 339,256 with

success rate of 94 percent and additional treatment of 2,881 cases of DRTB. Most recently, national TB control program has announced helpline number to guide TB patients and communities across the country to pursue advice and spread awareness on TB-related information.

vi. Polio Eradication Programme

The programme is currently implementing National Emergency Action Plan (NEAP) for Polio Eradication 2020. As per the NEAP 2020, the programme is committed to stop all wild poliovirus type-I (WPV-I) and vaccine-derived poliovirus type-II (VDPV-II) transmission in Pakistan. The Sub-National Immunization Days (SNIDs) campaign of 2022 reached more than 25 million children under the age of five with life-saving vaccines. The campaign was launched on 24th October, 2022 covering 83 districts including high-risk districts especially those districts susceptible to the Polio virus. This includes 21 districts of Sindh, 14 of Punjab, 28 of Khyber Pakhtunkhwa, 18 of Baluchistan and 2 districts of Islamabad. So far, during the period spanning July, 2022 to March, 2023, there have been 9 cases of WPV Polio cases and the most recent one has been reported from the KPK.

vii. Malaria Control Efforts

Epidemiologically, Pakistan is classified as a moderate malaria endemic country with a national Annual Parasite Index (API) averaging at 1.08 (MIS, 2015) with wide diversity within and between the provinces and districts. Major malaria transmission period is post monsoon, i.e., from August to November. Plasmodium Vivax and Plasmodium Falciparum are the only prevalent species of parasites detected so far with P.vivax being the major parasite species responsible for >80 percent reported confirmed cases in the country. During recent floods, malaria cases increased exponentially reaching a peak of 397,440 cases during the month of September, 2022.

Malaria control efforts, led by Directorate of Malaria Control (DMC), mainly include distribution of free of cost Long Lasting Insecticide Nets (LLINs) in targeted districts; distribution of free of cost microscopes;

provision of malaria Rapid Diagnostics Tests (RDTs) and Artemisinin-based Combination Therapy (ACT) for confirmed Plasmodium Falciparum variant of malaria cases; and provision of Chloroquine tablets for confirmed Plasmodium Vivax malaria cases, Primaquin 7.5 mg tablets for radical cure of malaria, Artesunate injections for the treatment of severe malaria cases and Deltamethrin sachets for Indoor Residual Sprays (IRS) in response to malaria outbreaks.

viii. National AIDS Control Program (NACP)

The NACP is part of the Common Management Unit for AIDS, TB and Malaria which works under the M/o NHR&C. All four provinces also have dedicated HIV control programs. Through different modelling techniques, as per WHO data for year 2021, it is estimated that in Pakistan, 210,000 people are living with HIV/AIDS. The HIV response comprises of prevention and treatment. There are 49 HIV treatment centres across Pakistan, 4 in KPK, 2 in Balochistan, 2 in Islamabad, 16 in Sindh, and 25 in Punjab. As of December 2021, 29,626 HIV patients were taking Antiretroviral (ARV) medicines and 7,056 people were on ARV therapy.

ix. Cancer Treatment

Almost 80 percent of cancer burden in Pakistan is catered by Pakistan Atomic Energy Commission's (PAEC) cancer hospitals with annual treatment of approximately 40,000 cancer patients. The PAEC, with its well-equipped nuclear medicine, radiotherapy and radiology departments and workforce of 278 doctors, has contributed hugely through application of nuclear technology in the health sector. To cater the patients of remote areas, the PAEC, on average, establishes one cancer hospital every three years. Recently, GINOR Gilgit facility has been completed and now 19 AECHs are fully functioning, while one is under construction at Muzaffarabad, Azad Jammu & Kashmir (AJ&K). Also, 03 Mobile Breast Care Clinics (MBCC) conduct fortnightly visits and arrange camps in remote areas providing free screening facilities to poor and needy patients. In addition to this, following are key achievements against ongoing fiscal year to increase cancer

treatment capacity:

- Installation of Cyber-knife & LINAC at NORI (Islamabad), Linear Accelerators at INMOL (Lahore) and BINO (Bahawalpur), Cobalt 60 Teletherapy at BINO (Bahawalpur), Digital Ultrasound Machine at NORIN (Nawabshah), Chemistry Analyzers at CENAR (Quetta), Digital X-ray Machine at LINAR (Larkana), Biochemistry Analyzer at SINOR (Swat), Gamma Camera SPEC-CT at GINOR (Gilgit)
- Upgradation of AECHs, GINUM (Gujranwala), NORI (Islamabad), BINO (Bahawalpur), AEMC (Karachi), KIRAN (Karachi) INMOL (LAHORE) NIMRA (Jamshoro), AEMC (Karachi) through PSDP funding and IRNUM (Peshawar), SINOR (Swat) and NIMRA (Jamshoro) through ADP funding are underway

x. Regulating Healthcare

Regulating healthcare is critical for providing quality care while making health sector accountable for its errors, malpractices, highhandedness and high costs of treatment. In this regard, Islamabad Healthcare Regulatory Authority (IHRA) has been focused on improving the quality, efficiency, and safety of healthcare services delivery by adopting evidence-based regulatory standards for registration and licensing of healthcare establishments (HECs), health professionals & equipment, and enforcing minimum standards of safety by the HECs in the ICT. Following are the major initiatives carried out to improve healthcare regulation and healthcare standards by the IHRA during FY2023:

- Developed 6 standards for quality healthcare services along with a digital map of all health care facilities of the ICT
- Carried out registration of 1388 HECs of the ICT out of a total of 1487 and inspected 1638 HECs
- Launched online Compliant Management System (CMS) and implemented online module for registration of the HECs

xi. Pakistan Floods 2022 – Post Disaster Need Assessment for the Health Sector

The 2022 floods damaged 13 percent of the health facilities resulting into disruption of health service delivery from the community level to primary healthcare (Rural Health Centres and Basic Health Units) through the secondary level (District Headquarters, Tehsil Headquarters, and Civil Hospitals). More than one-fifth of the facilities were completely damaged.

The government is committed to restore essential service delivery and critical public health functions, particularly disease outbreak surveillance in affected districts in order to minimize the impact of the disaster. For the medium to long term, there is a need to build resilient health systems and infrastructure to enhance response readiness to the crises like infectious disease outbreaks and natural hazards, while also maintaining core functions of the health systems. Recovery and reconstruction costs, including immediate additional needs, are estimated at Rs 40,294 million (US\$187.6 million). The estimations cover damages to the infrastructure, equipment, furniture and vehicles, with 20 percent added for resilience, Disaster Risk Reduction (DRR) and Build Back Better (BBB) and 10 percent for the inflation.

In order to provide relief assistance to the flood affectees, National Disaster Management Authority (NDMA) initiated extensive assistance plan including dispatch of rescue and medical terms and food and non-food relief goods in the affected areas based on the need assessment. During first three quarters of FY2023, the NDMA supplied 2,044,104 mosquito nets, 7300 hygiene kits, 126,200 food packs, 18,860 first aid kits, and 350 life-saving jackets among other supplies to various provinces of the country in an effort to provide humanitarian assistance to the flood affectees. Besides NDMA's efforts, international relief to various provinces included provision of 27,090 hygiene kits, 239.4 tonne of food ration, and 39.97 tonne of medicine.

xii. Narcotics Control and Drug Rehabilitation Efforts

Pakistan's counter narcotics efforts mainly revolve around three main strategy pillars as per Anti-Narcotics Policy, 2019 which include (i) Drug Supply Reduction, (ii) Drug Demand Reduction and (iii) International cooperation. These efforts are not only focused on law enforcement for drug supply reduction but also reducing the domestic demand for drugs.

The Anti-Narcotics Force (ANF) conducted various awareness lectures, seminars and workshops to disseminate awareness on drug abuse and its hazards. The main focus has been on strengthening Law Enforcement Agencies (LEAs) at the federal, provincial and district levels to combat drug trafficking and to reduce flow of drugs in Pakistan. The capacity of the 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. In an effort to disrupt drug supply chain, the ANF froze assets in various drug cases to the tune of Rs 2,984.3 million during current fiscal year. Additionally, the ANF processed 845 seizure cases and made 808 arrests against those cases. The total amount of drug seizures during this period was 79.762 Metric Ton. The enforcement and punishment mechanism of the ANF has also been very efficient with conviction rate of 84 percent between July-March of FY2023.

In order to provide treatment to the addicts, establishment of rehabilitation facilities has also been a priority area. In this regard, construction of Model Addiction Treatment & Rehabilitation Centre (MATRC) is under progress in Islamabad with an estimated cost of Rs 456.4 million and is expected to complete at the end of year 2023. During July-March of current fiscal year, a total of 1393 addiction treatments were carried out at various treatment centres.

The ANF also conducted various international conferences, trainings and meetings to extend cooperation to the international agencies in anti-narcotics operations. In an effort to provide

assistance to different countries of the Europe and the Middle East, the ANF conducted 204 drug related inquiries. The ANF also executed various intelligence-led coordinated operations abroad (Australia, Iran, Gulf of Oman, Yemen, Maldives and Sri Lanka) showing excellent performance with significant seizures and arrests.

Efforts of the provincial governments in improving healthcare services during FY2023

The provincial governments have taken various steps for improving healthcare services with a focus on achieving universal health coverage financed through respective Annual Development Programmes (ADP) during FY2023. The provincial government's healthcare initiatives for the ongoing year are summarized below:

i. Punjab

The development budget for Primary and Secondary Healthcare Department (P&SHD) for FY2023 was Rs 15,800 million. The capital development budget for the P&SHD was reduced to Rs 5,000 million, 50 percent lesser than earlier year's budgetary allocation. The development budget allocation for Specialized Healthcare and Medical Education Department (SH&MED) was Rs 146,700 million and the capital development allocation for different sub-sectors of the SH&MED was Rs 9,800 million, 3 percent lesser than previous year's allocation. Moreover, the budgetary allocation for Universal Health Coverage (UHC) under Universal Health Insurance Program was Rs 125,300 million. The allocation for development schemes for tertiary healthcare hospitals was reduced to Rs 918.6 million from previous year's allocation of Rs 6,300 million.

ii. Sindh

During FY2023, Rs 23,300 million was allocated for the health sector schemes which is 6.5 percent of the total size of the development budget. To address the problem of communicable and non-communicable diseases, Government of Sindh has made significant investment on preventive care; established new primary healthcare facilities; strengthened community networking for nutrition specific

services; and upgraded teaching hospitals and district and taluka hospitals. Moreover, with an objective to improve service delivery at the provincial healthcare facilities on the basis of performance-based management and operation, the government outsourced 1,197 health facilities.

Furthermore, in order to ensure effectiveness and efficiency in the implementation of plans/ programs with a holistic approach, two initiatives were undertaken with the assistance of World Bank, JICA and Korea. These initiatives were aimed at addressing inequity in provision of services and reviving chain of referral system leading from primary healthcare services to secondary and onward to tertiary healthcare. Also, in order to strengthen the continuum of care under 1,000 Days strategy, ‘Sindh Human Capital Project for Integrated Health and Population Program’ was developed. This initiative, with the help of World Bank’s credit facility, aimed at developing continuum of care for provision of reproductive, maternal, newborn and child health and nutrition, and family planning services leveraging past and current initiatives for the expansion of services to mothers and children in the first 1,000 days right from conception by strengthening linkages among service providers and citizens.

Additionally, World Bank has helped Sindh Health Support Program for implementation of Essential Package under Universal Health Coverage (UHC). Another initiative undertaken by the provincial government, financed through Korean soft loan, was establishment of Child Health Care Institute, Sukkur.

iii. Khyber Pakhtunkhwa

The Government of Khyber Pakhtunkhwa has financed 102 schemes with a budgetary allocation of Rs 17,000 million for the health sector during FY2023. The provincial government has further allocated Rs 64,000 million as an investment to improve basic services, Rs 80,000 million to improve services in category-C hospitals, and Rs 39,000 million for medical education, which is 35 percent more than previous financial year in the same sub-sector.

iv. Balochistan

The Government of Balochistan earmarked 211 schemes in the Annual Development Programme 2022-23 to the tune of Rs 56,000 million, out of which Rs 12,000 million has been allocated for the health sector. Out of this health sector allocation, Rs 5,600 million has been specified for curative healthcare services. The government launched Health Card Program to provide health insurance coverage to entire population of the province. The Balochistan Healthcare Commission has also been established to regulate the health care service delivery.

In addition, cardiac surgeries have been initiated in the Sandman Provincial Hospital, Quetta. The procurement process of the medicine has been decentralized to ensure efficiency. Also, 15 teaching hospitals have been established at the DHQ level. The Public Private Partnership (PPP) model has been formalized with the Indus Hospital to establish and functionalize Baluchistan’s first Paediatric Oncology Unit at Sheikh Khalifa Bin Zayed Al-Nayhan Hospital, Quetta. Moreover, specialized institutes for cardiology, child health services, and chest diseases have been established in the province. Moreover, in order to strengthen disease surveillance system in the province, surveillance officers have been posted in all districts.

v. Azad Jammu and Kashmir

The overall status of health in the AJK is relatively promising especially in terms of health infrastructure with regards to total population of the territory. There are 3 medical colleges along with attached tertiary healthcare facilities including 2 CMH, 8 DHQ and 14 THQ level health facilities. However, there is a dearth of health human resource with only 712 nurses and 331 specialist doctors available in the territory. This is more prominent in remote areas/ districts with minimum health support staff. The overall status of health indicators is also better as there is an Infant Mortality Ratio (IMR) of 47/1000 infants and Maternal Mortality Ratio (MMR) of 104/100,000 mothers against national indicators of 62 and 180 respectively.

There was a total health expenditure of over Rs

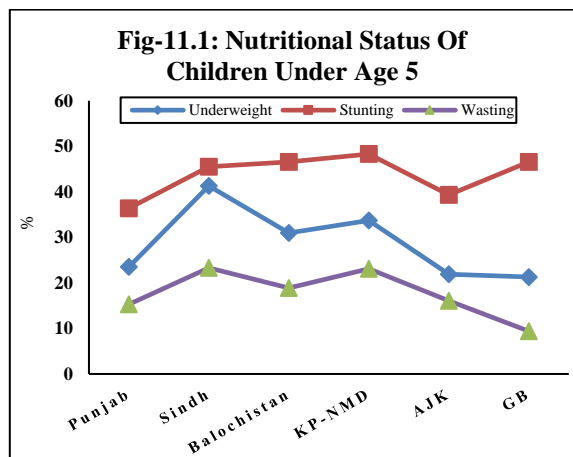
11,487.27 million with development expenditure of over Rs 1,800 million during FY2023. Currently, there are 17 projects which are under implementation at various stages in the health sector. A number of new projects including establishment of a cardiac centre at Bagh and two new THQ hospitals at Kel and Khoiratta, Kotli have also been envisaged as new schemes for the next FY. The universal health insurance has been extended to all population of the AJK under the federal funded Sehat Sahulat Program. A number of developed vertical programmes are also under implementation including EPI, Maternal New-born and Child healthcare (MNCH), Malaria and TB control programs.

vi. Gilgit-Baltistan

The government of Gilgit Baltistan has financed 88 schemes with Rs 4,000 million during FY2023 with an allocation of Rs 1,200 million for the health sector.

Nutrition Profile of Pakistan

Nutrition security, being an essential component of human capital development, has been government's prime objective to achieve economic growth. The formation of human capital begins with the childhood where nutrition lays the foundation for a healthy and productive life. Access to sufficient, safe, and nutritious food; awareness to recognize and utilize a healthy diet; and provision of quality healthcare and social services are all prerequisites for ensuring adequate nutrition. Inadequate nutrition threatens survival of individuals, economies and nations. It stifles economic growth and prolongs poverty through direct and indirect losses, i.e., impaired cognitive function, academic deficits, reduced productivity, and increased healthcare expenditures, etc.³



Despite increased global consideration, malnutrition remains a devastating multi-faceted problem specifically affecting children, adolescents and women of reproductive age. The prevalence of micronutrient deficiencies and disparities across provinces and districts pose a challenge to the country. The nutrition status of under-5 children and nutrition disparities across provinces can be seen from the graph.

Food availability, total amount of food available for human consumption calculated using statistics on food production, imports, and exports, is an important determinant of nutrition status of population. During ongoing fiscal year, per capita availability of cereals has declined in comparison to previous years, whereas the availability of pulses, meat, milk and eggs has increased. Minor changes have been observed in the availability of edible oils/ghee, fruits and vegetables, fish and sugar. Moreover, the availability of calories per capita per day decreased compared to prior years, but remained above the minimum calorie requirements of the general population. Following table depicts annual per capita food availability for last 3 years:

Table 11.5: Food Availability (kg) per Capita per Annum

Food Items	2020-21	2021-22	2022-23 (P)
Cereals	169.6	154.5	145.7
Pulses	7.3	6.0	7.8
Milk (litre)	168.8	170.6	172.3
Meat	22.5	22.5	24
Fish	2.8	2.9	2.8

³ World Bank. Repositioning Nutrition as Central to Development: A Strategy for Large Scale Action.

Table 11.5: Food Availability (kg) per Capita per Annum

Food Items	2020-21	2021-22	2022-23 (P)
Eggs (dozen)	8.0	7.9	8.6
Edible Oil/Ghee	14.8	13.4	13.5
Fruits & Vegetables	60.8	69.9	70
Sugar	28.8	28.4	28.2
Calories/day	2,775.1	2,620.7	2,567.5

P: July-March 2022-23

Source: Ministry of Planning, Development and Special Initiatives (M/o PD&SI)

The food basket represents the minimum basic food commodities in certain quantities that meet an individual’s minimum daily energy and protein requirements. From July, 2022 to March, 2023, there was an increase in the cost of food basket per capita per month as computed using Pakistan Bureau of Statistics' Monthly Price Indices data. Overall, the cost of food basket increased by 24 percent during July-March, 2023 of the current fiscal year.

Key Programs/Initiatives for Nutrition Improvement

During FY2023, the government intensified its efforts to address the challenge of malnutrition and mitigate its long-term social and economic consequences by focusing on the most underprivileged and vulnerable population groups. Various programs have been undertaken to provide nutrition services for the wellbeing of these marginalized population groups in the light of Pakistan Vision 2025 and government’s commitments to global nutrition targets. The government, with the help of international community, has carried out several rescue and relief activities such as food assistance to the affected population. Nonetheless, there is an urgent need to scale up nutrition interventions aimed at vulnerable groups in order to save lives and ensure nutrition security. The interventions and activities carried out by the government at the federal level during FY2023 to upscale nutrition security are as following:

- The formulation of a Multi-sectoral National Nutrition Policy (MS-NNP) has been initiated with the support of nutrition partners to serve as a guiding document for multi-sectoral nutrition planning and programming in order to substantially reduce the level of malnutrition and to

mainstream nutrition in national socio-economic development plans.

- Early Childhood Development (ECD) Policy framework, index and standards are being finalized. The ECD policy makers’ course- “Mapping ECD Entry Points and Potential Intervention” has been organized to deliberate on mainstreaming ECD interventions in government development programs/policies. Moreover, the ECD governance structure has been established at federal and provincial levels.
- In order to initiate a national school meal/nutrition program, a governance structure has been recognized at the federal level in view of the recommendations of the National Consultation on School Meals/Nutrition Program to provide stewardship, coordination and decision-making for initiating school meal program across the country in collaboration with the provinces and other partners.
- A report of the thematic session of the Turnaround Pakistan National Conference "Tackling Malnutrition and Stunting" has been formulated encompassing key policy recommendations on the thematic areas of Early Childhood Development (ECD), Tackling Triple Burden of Malnutrition using multi-sectoral approaches, and School Nutrition/ Meal Programme considering inputs given by relevant stakeholders.
- Rural Poor Stimulus Facility Program “Improving Food Security and Nutrition-Minimizing the Impact of Covid-19 on Livelihoods of Poorest Households in South Punjab” has been executed in Bhakkar, Khushab and Mianwali districts. Under the pilot project, community food banks were

established/strengthened, trainings were imparted and inputs for kitchen gardening and poultry keeping were supplied to promote dietary diversity, improve nutrition, health, and educational outcomes in the targeted districts.

- With the support of Korean Government, “Pak-Korea Nutrition Centre (PKNC)” has been established in Agriculture University Faisalabad to improve child and community nutrition
- The government accentuated Pakistan’s case for climate finance in the United Nations’ Framework of Climate Change Convention (UNFCCC)’s Conference of Parties (COP-27). In pavilion side event “Unlocking Climate Finance for Resilient Food Systems and Nutrition” panel discussion with representatives from scaling-up nutrition countries was held presenting the impact of climate change on local food systems and solutions to unlock climate financing for healthy, sustainable and resilient food systems.
- Nutrition interventions have been executed in Gwadar and Lasbella districts of Balochistan under the Gwadar-Lasbella Livelihoods Support Project Phase-II (GLLSP-II) titled “Improving nutrition and food security through kitchen gardening, advocacy, awareness & capacity building”.
- Consultations with relevant stakeholders have been initiated for the establishment of Multi-sectoral National Nutrition Information Management System intended to act as a single point of access to data on nutrition indicators from all sectors.
- Scaling-Up Nutrition Joint Annual Assessment (JAA), 2022 has been conducted to reflect on the progress made at the national level, to agree on bottlenecks and priorities and to identify possible solutions to advocate for nutrition.
- The Urdu version of Pakistan Dietary Guidelines for Better Nutrition has been reviewed and finalized for dissemination at the national level.

- Report of the Revised “Agro-Ecological Zones based Food Composition Table for Pakistan” has been drafted after validation of data.

Nutrition programs undertaken and committed under Provincial Annual Development Programmes (ADPs) and Nutrition for Growth (N4G) Summit during FY2023

Following are the key nutrition interventions carried out at the provincial level:

i. Punjab

- Integrated Reproductive, Maternal, Neonatal & Child Health and Nutrition Program (IRMNCH & NP) costing Rs 6,706.99 million
- Multi-Sectoral Nutrition Strategy for WASH including Water Supply, Sanitation, Hygiene, Waste Water costing Rs 1,013.1 million
- Awareness Campaign to enhance fish production and per capita fish consumption in Punjab to meet the nutritional requirements of the masses costing Rs 70.163 million
- Stunting Reduction Programme for 11 districts of Southern Punjab costing Rs 8,993 million
- Southern Punjab Poverty Alleviation Project (SPPAP)-IFAD Assisted costing Rs 15,525 million

ii. Khyber Pakhtunkhwa

- Integration of health services delivery with special focus on MNCH, LHW and Nutrition Programme costing Rs 7,027.3 million
- Stunting Prevention through Improved Nutrition and Agriculture Development Initiative costing Rs 1,500 million
- Poverty Alleviation through Development of Rural Poultry in Khyber Pakhtunkhwa costing Rs 643.6 million
- Khyber Pakhtunkhwa Stunting Prevention and Rehabilitation Integrated Nutrition

GAIN (KP SPRING Project) costing Rs 2, 217.9 million

- Nutrition integration in Universal Health Coverage and revision of Provincial Health Policy
- KP Multi-Sectoral Integrated Nutrition Strategy

iii. Sindh

- Accelerated Action Plan (AAP) for Reduction of Stunting and Malnutrition-nutrition specific and sensitive interventions

iv. Baluchistan

- National Maternal New-born & Child Healthcare (MNCH) programme
- Improvement of range lands for food security and livelihoods improvement in Suleiman range, Baluchistan

v. Jammu and Kashmir

- Agro-Ecological based Fruit, Vegetable & Apiculture Development as enterprise costing Rs 78.5 million
- Early Childhood Development Program (ECD) in 300 Middle Schools of the AJ&K (Phase-III) costing Rs 90.10 million
- ECD /ECCE in Middle, High & Higher Secondary Schools costing Rs 163 million

vi. Gilgit Baltistan

- Targeting Blue Revolution towards Food, Nutrition & Livelihood Security through conservation of local Species in the GB costing Rs 80 million
- GB Scaling Up Nutrition Program (SUN) (with collaboration of P&DD) costing Rs 175 million
- Ensuring Food Security and Economic Growth through Extension of Trout Farming

in District Ghizer costing Rs 50 million

- Provision of ECD facilities in existing Government P/S of GB costing Rs 80 million
- Social Health Protection (Phase-II) costing Rs 634 million
- Protection & promotion of breast feeding / child nutrition Act, 2018
- Revision of GB's Integrated Multi-sectoral Nutrition Strategy
- Nutrition integration within National Program for Family Planning & Primary Health Care Gilgit-Baltistan
- Reproductive Maternal, New-born, Child and Adolescent Health & Nutrition
- Improving nutrition status of pregnant and lactating women and under-5 children

Conclusion and Outlook

The government has remained committed to upscale health reforms aimed at ensuring quality and equitable access to healthcare services and improving health and nutrition outcomes of the population. Natural calamities like earthquake, floods and pandemics in the recent past have exposed vulnerabilities of the health systems across the globe. In the wake of these disasters, there has been a strong realization among decision makers to build resilient and sustainable healthcare system by investing in healthcare infrastructure, capacity building of health workforce, strengthening health information systems to ensure evidence-based decision making and use of innovative technology to develop integrated disease surveillance, early warning and emergency response system. Furthermore, the government is determined to accelerate national efforts towards achieving universal health coverage in Pakistan through targeted health sector interventions.

TABLE 11.1

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

Year	Hospitals	Dispensaries	BHUs Sub Health Centres	Maternity & Child Health Centres	Rural Health Centres	TB Centres	Total Beds	(Numbers)
								Population per Bed
2011	980	5,039	5,449	851	579	345	107,537	1,647
2012	1,092	5,176	5,478	628	640	326	111,802	1,616
2013	1,113	5,413	5,471	687	667	329	118,378	1,557
2014	1,143	5,548	5,438	670	669	334	118,170	1,591
2015	1,172	5,695	5,478	733	684	339	119,548	1,604
2016	1,243	5,971	5,473	755	668	345	124,821	1,565
2017	1,264	5,654	5,505	727	688	431	131,049	1,585
2018	1,279	5,671	5,527	747	686	441	132,227	1,608
2019	1,282	5,743	5,472	752	670	412	133,707	-
2020	1,289	5,849	5,561	752	719	410	147,112	-
2021	1,276	5,832	5,559	781	736	416	146,053	-
2022 (P)	1,276	5,832	5,559	781	736	416	146,053	-

P: Provisional - : Not Available

Source: Pakistan Bureau of Statistics

TABLE 11.2

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

Year	Regis- tered Doctors *	Regis- tered Dentists *	Regis- tered Nurses *	Register- ed Mid- wives	Register- ed Lady Health Visitors	Population per		Expenditure (Rs. Million)**	
						Doctor	Dentist	Develop- ment	Non- Develop- ment
						(Numbers)		(Numbers)	
2011	152,368	11,649	77,683	30,722	12,621	1,162	15,203	27,658	78,359
2012	160,880	12,692	82,119	31,503	13,678	1,123	14,238	29,898	104,284
2013	167,759	13,716	86,183	32,677	14,388	1,099	13,441	31,781	129,421
2014	175,223	15,106	90,276	33,687	15,325	1,073	12,447	55,904	146,082
2015	184,711	16,652	94,766	34,668	16,448	1,038	11,513	65,213	165,959
2016	195,896	18,333	99,228	36,326	17,384	997	10,658	75,249	192,704
2017	208,007	20,463	103,777	38,060	18,400	957	9,730	99,005	229,957
2018	220,829	22,595	108,474	40,272	19,910	963	9,413	87,434	329,033
2019	233,261	24,930	112,123	41,810	20,565	-	-	58,624	363,154
2020	245,987	27,360	116,659	43,129	21,361	-	-	77,496	427,915
2021	266,430	30,501	121,245	44,693	22,408	-	-	91,664	494,606
2022	282,383	33,156	127,855	46,110	24,022	-	-	207,129	712,289

- : Not available

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

**: Expenditure figures are for respective Financial Year

Source: Pakistan Medical & Dental Council (PMDC)
Pakistan Nurses Council. (PNC)
Pakistan Bureau of Statistics
PRSP Budgetary Expenditure, External
Finance (Policy wing), Finance Division

TABLE 11.3

DATA ON EXPANDED PROGRAMME OF IMMUNIZATION VACCINATION PERFORMANCE
(Calendar Year Basis)

Vaccine/doze.	2014	2015	2016	2017	2018	2019	2020	2021	2022	Nos. in 000
B.C.G.	6,150.8	5,848.5	6,233.7	6,356.5	6,608.4	7,261.5	7,019.4	7141.2	7,514.4	
POLIO										
0	4,746.2	4,796.7	5,120.1	5,420.8	5,818.8	6,220.4	6,339.8	6239.7	6,604.8	
I	5,838.7	5,743.6	5,990.7	6,001.4	6,138.1	6,618.3	6,607.1	6593.4	7,066.8	
II	5,494.8	5,387.8	5,537.9	5,618.4	6,138.1	6,249.3	6,239.1	6172.1	6,643.0	
III	5,369.4	5,257.4	5,378.7	5,455.2	5,672.4	6,115.9	6,124.0	6128.9	6,638.5	
PENTAVALENT										
I	5,843.5	5,713.7	5,933.6	6,009.0	5,526.7	6,725.8	6,145.7	6650.3	7,082.7	
II	5,491.0	5,353.2	5,532.2	5,625.0	6,139.5	6,360.6	5,766.4	6224.7	6,649.4	
III	5,370.8	5,225.9	5,371.7	5,472.0	5,676.0	6,231.3	5,665.8	6167.6	6,639.3	
T.T										
I	4,536.5	5,048.2	4,569.7	4,690.3	4,874.9	5,272.2	4,993.8	4966.7	5,015.3	
II	3,708.5	4,063.1	3,934.9	3,993.8	4,103.6	4,560.7	4,366.7	4323.6	4,382.1	
III	577.7	586.7	398.5	191.4	192.5	260.7	225.1	207.0	769.7	
IV	185.4	157.9	97.8	51.9	57.9	70.8	60.1	58.0	137.9	
V	105.8	86.6	56.8	27.5	30.7	37.0	27.6	26.3	77.8	
MEASLES										
I	5,370.8	5,192.1	5,516.8	5,606.5	5,455.4	6,216.6	6,284.2	5504.6	6,578.3	
II	4,684.7	4,684.7	4,684.7	4,710.9	4,734.0	5,492.7	5,617.2	5492.6	5,856.1	
PNEUMOCOCCAL (PCV10)										
I	5,526.3	5,641.8	5,884.3	5,994.4	5,528.7	6,724.8	6,590.8	6576.3	7,075.2	
II	5,197.4	5,388.6	5,505.8	5,605.1	6,135.8	6,356.5	6,225.8	6145.0	6,646.9	
III	5,072.4	5,175.9	5,374.9	5,470.6	5,673.4	6,228.7	6,127.0	6083.2	6,643.1	

B.C.G. Bacillus+Calamus+Guerin D.P.T Diphteira+Perussia+Tetanus Source: National Institute of Health (NIH)
T.T Tetanus Toxoid Pakistan Bureau of Statistics

PENTAVALENT = DPT+HBV+Diphtheria + pertosis + HIB (Heamoinflunza -Type B)

PNEUMOCOCCAL (pcv10) :- Vaccine of pneumonia I,II,III,IV,V stands for 1st, 2nd, 3rd, 4th & 5th doses.

TABLE 11.4

DOCTOR CONSULTING FEE IN VARIOUS CITIES

Period*	In Rupees										Pakistan
	Faisal-abad	Gujran-wala	Hyder-abad	Islam-abad	Karachi	Lahore	Pesha-war	Quetta	Rawal-pindi	Sukkur	
Base Year : 2007-08 = 100											
2010-11	80.00	75.00	68.75	100.00	93.85	70.00	166.67	180.00	85.00	100.00	101.93
2011-12	90.00	75.00	80.00	200.00	100.00	70.36	191.61	200.00	110.00	100.00	121.70
2012-13	90.00	75.00	100.00	146.25	100.00	100.00	225.00	200.00	135.00	100.00	127.13
2013-14	90.00	75.00	100.00	175.00	100.00	100.00	220.83	200.00	166.67	100.00	132.75
2014-15	125.00	75.00	100.00	175.00	100.00	100.00	266.67	200.00	166.67	100.00	140.83
2015-16	125.00	75.00	100.00	175.00	100.00	100.00	266.67	200.00	166.67	100.00	140.83
2016-17	135.42	77.08	100.00	220.83	141.28	100.00	266.67	200.00	212.50	100.00	155.38
2017-18	250.00	100.00	100.00	225.00	173.39	118.75	266.67	200.00	216.67	135.42	178.59
2018-19	250.00	100.00	100.00	225.00	197.43	125.00	266.67	200.00	216.67	150.00	228.16
Base Year : 2015-16 = 100											
2019-20	264.47	100.00	100.00	334.56	210.18	160.14	462.83	212.09	305.87	185.38	254.29
2020-21	300.00	183.33	109.63	389.13	226.41	195.33	589.43	216.94	354.74	200.00	289.61
2021-22	320.33	200.00	144.53	510.91	240.71	209.00	641.72	276.13	472.23	245.85	337.04
2022-23 (Jul-Mar)	348.80	266.67	200.84	642.83	319.54	228.89	742.25	297.20	557.36	291.57	396.66

*: Fiscal Year

Note: In the new base year 2015-16, prices are disseminated w.e.f July, 2019

Source: Pakistan Bureau of Statistics