Health and Nutrition

11

In Pakistan, investments in the Health sector are viewed as an integral part of the government's poverty alleviation endeavour. An improvement in the overall health sector indicators of a country has important ramifications not just for the quality of life of its citizens, but for economic development generally, through the channels of productivity enhancement and poverty alleviation.

While there has been noticeable improvement in some health indicators over the years, on the whole, Pakistan ranks poorly on this count. Overall, life expectancy in Pakistan remains lower than many in its peer group, while infant as well as maternal mortality rates are amongst the highest.

The National Health Policy of Pakistan of 2009 seeks to improve the health indicators of the country. It aims to do so by delivering a set of basic health services for all by improving health manpower, gathering and using reliable health information to guide program effectiveness and design, and strategic use of emerging technology. It also aims to improve health status of the population by achieving policy objectives of enhancing coverage and access of essential health services, measurable reduction in the burden of diseases and protecting the poor and under privileged population subgroups against risk factors. Several programs are under way with major thrust to improve health care, coverage and to help in achieving Millennium Development Goals (MDGs). Special attention is being given to the training of nurses and several training centres are already in operation.

The achievement of Millennium Development Goals (MDGs) is a priority area for Pakistan, especially in the health sector. Pakistan is committed to meeting these goals by 2015 by launching new policy initiatives. Through a major health intervention program and strategies, it is aimed to reduce the under-five mortality rate to 52 per 1000, infant mortality rate to 40 per 1000, and maternal mortality ratio to 140 by 2015. Whereas the proportion of 1 year-old children immunized against measles is targeted to be increased to 85% and the proportion of births attended by skilled health personnel to 90% by 2015. In addition, plans have been formulated to combat TB, Malaria, HIV/AIDS and Hepatitis, along with other communicable diseases.

11.1 Health Indicators

In Pakistan, health status of the population at large has improved considerably over time. However, by international comparison, the status is mixed, but generally improvements on this front have lagged in the case of Pakistan. Recent cross-country studies of vital health indicators show a wide variation in epidemiological pattern between different Asian countries. Compared with Bangladesh, India and Sri Lanka, for example, Pakistan's infant mortality rate is higher. While life expectancy is also higher except for Sri Lanka, the overall population growth at 2.1% (latest, revised) is the highest in the region. Similarly, other indicators show that a lot of progress will have to be made to meaningfully improve the health status of the population.

Table 11.1: Indicators

Country	Life Expectancy (2008)	Infant Mortality Rate per 1000 (2009)	Mortality Rate under 5 per 1000 (2009)	Population Avg. Annual (%) Growth (2009)
Pakistan	**66.5**	**65.1**	**95.2**	**2.1**
India	63.7	30.1	78.6	1.55
Sri Lanka	74.1	18.5	12.9	0.94
Bangladesh	66.1	59.0	69.3	1.29
Nepal	66.7	47.5	71.6	1.28
China	73.1	20.2	29.4	0.66
Thailand	68.9	17.6	15.1	0.62
Philippines	71.1	20.5	27.2	1.96
Malaysia	74.4	15.8	11.3	1.72
Indonesia	70.8	29.9	31.8	1.14

Source: World Bank, U.S. Census Bureau, International database; Planning Commission

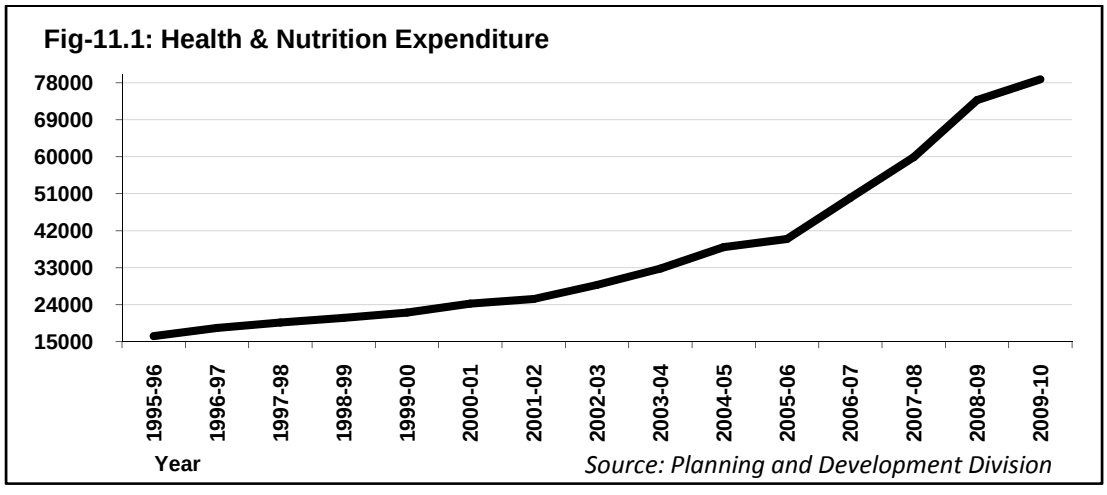
11.2 Health Expenditure

Despite a nearly three fold increase in public sector expenditure since 2001, spending on health remains abysmally low – and has declined as a percentage of GDP. Total public sector expenditure on health, for both the federal as well as provincial governments combined, in the current fiscal year is projected to be 0.54 percent of GDP, which is amongst the lowest of all other countries at a similar income level.

Table 11.2: Health & Nutrition Expenditures (2000-01 to 2009-10) **(Rs. billions)**

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	0.57
2007-08	60.00	27.22	32.67	20	0.57
2008-09	74.00	33.00	41.10	23	0.56
2009-10	79.00	38.00	41.00	7	0.54

Source: Planning and Development Division



11.3 Health Facilities:

While Pakistan enjoys a vast network of healthcare facilities, coverage, accessibility, cost and quality of health care remain critical issues. An effective fight has been launched in prevention and control of both communicable and non communicable diseases in order to have an impact in the scenario of double burden of diseases in the country. The health care system in Pakistan comprises the public as well as private health facilities. In the public sector, districts have been given power for developing their own strategies, programmes and interventions based on their local needs. In the private sector, the range of health care facilities includes accredited hospitals and clinics, medical practitioners, homeopaths and *hakeems*. In addition, non-governmental organizations (NGOs) and Pakistan's corporate sector are also active in the health and social sector, the latter under their Corporate and Social Responsibility (CSR) mandate. They have been successful to a large extent in raising the level of awareness of positive health behaviour among the people. The human resource available for health care registered till December 2009 in the country included 139,555 doctors, 9,822 dentists and 69,313 nurses. The current population-doctor ratio is 1,183 persons per doctor and 16,914 person per dentist. Health care is also provided to the public through a vast health infrastructure facilities now consisting of 968 hospitals, 4,813 dispensaries, 5,345 Basic Health Units, 572 Rural Health Centres and 293 TB Centres etc. However, the health care system as a whole needs to be strengthened further at all levels.

Table 11.3: Healthcare Facilities

Health Manpower	**2007-08**	**2008-09**	**2009-10**
Registered doctors	128,093	133,984	139,555
Registered dentists	8,215	9,013	9,822
Registered nurses	62,651	65,387	69,313
Population per Doctor	1245	1212	1183
Population per Dentist	19417	18,010	16914
Population per Bed	1544	1575	1592

Source: Ministry of Health

11.4 Physical Targets and Achievements During 2009-10

The heath sector performance in terms of physical infrastructure i.e. Rural Health Centres, (RHC) Basic Health Units (BHU) and hospital beds has been encouraging. The targets for health sector during 2009-10 included the establishment of 50 Basic Health Units (BHUs), 10 Rural Health Centres (RHCs), up-gradation of 20 existing Rural Health Centres (RHCs), 50 Basic Health Units (BHUs) and addition of 5000 hospital beds. The manpower development targets cover the output of 5000 Doctors, 500 Dentists, 4000 Nurses and 5000 paramedics. Under the preventive program, -7.5 million children have to be immunized and 22 million packets of oral Re-hydration Salt (ORS) are to be distributed during 2009-10. The achievements have been largely in vicinity of the targets. Targets and achievements for the year 2009-10 are given in Table 11.4

Table 11.4: Physical Targets and Achievements During 2009-10

Sub-Sector	Targets (Nos) 2009-10	Estimated Achievements (Nos)	Achievements (%)
A. Rural Health Programme			
i. New Basic Health Units (BHUs)	50	35	87
ii. New Rural Health Centres (RHCs)	10	7	70
iii. Upgradation of existing RHCs	20	15	75
iv. Upgradation of existing BHUs	50	45	90

Table 11.4: Physical Targets and Achievements During 2009-10

Sub-Sector	Targets (Nos) 2009-10	Estimated Achievements (Nos)	Achievements (%)
B. Beds in Hospitals/RHCs/BHUs	5000	4000	80
C. Health Manpower Development			
i. Doctors	5000	4500	90
ii. Dentists	500	350	70
iii. Nurses	4000	3200	80
iv. Paramedics	5000	4500	90
v. TBAs	550	450	82
vi. Training of LHWs	110,000	100,000	90
D. Preventive Programme			
i. Immunization (Million Nos)	7.5	7	93
ii. Oral Rehyderation Salt (ORS)	22	19	86
(Million Packets)			

Source: Planning & Development Division

11.5 Health Programs

Public health intervention include a number of programmes which are federally led With provincial implementation arms. These include the National programme of TB control, Malaria and Hiv./Aids

a) Expanded Programme on Immunization (EPI)

The expanded programme on immunization (EPI) aims at protecting children by immunizing them against Childhood Tuberculosis, Poliomyelitis, Diphtheria, Peruses, Measles, Tetanus and also their mothers against Tetanus The Government of Pakistan provides support to the programme through PCIs; the current PCI is under process for the period 2009-10 to 2013-2014 The Government has allocated Rs. 6000 million for the current year 2009-10 to improve the health status of children and their mothers.. This ensures the commitment of the Federal Government for provision of vaccines, syringes, cold chain equipment, operational vehicles, printed material and launching of health education/ motivation campaign. The program has been able to achieve major achievements as

- Surveillance for acute flaccid paralysis (AFP) has met global standards nationally.
- Pentavalent combination vaccine (DPT + Hep B + Hib) has been introduced in the country. This combination brought new vaccine Haemophilus Influenza Type b in the programme.
- Measles catch-up campaign carried out in all over the country wherein 64 million (100% of the target) children were vaccinated.
- Government has brought GAVI support for Pentavalent (DPT - Hep B - Hib) vaccine for the country under co-financing mechanism. GAVI will pay US$ 136 million and the country will bear US$ 15 million under GAVI Pahse-2 support.
- GAVI has also extended its support for the Immunization Services Strengthening through State Bank of Pakistan and utilization of these funds is through PC-1.
- Pakistan has made tremendous progress towards achieving polio targets and global experts

have re-affirmed that country could be the next polio-free country in the world. The number of cases has been reduced from thousands to just 89 cases in 2009 and polio remains in just a few strong holds across the country.

- Successful negotiations with the World Bank to support cost of polio vaccine through an IDA-Buy Down Credit, provision of polio vaccine is secured until early 2011. Success is linked with indicators failing which credit will be converted to loan.

b) AIDS Control Programme

In Pakistan, the trend of HIV epidemic has shifted from a low-prevalence state to concentrated state which is derived from the fact that HIV prevalence in some of the high risk groups has been found to be more than 5% and existing behaviour patterns signify it to be a high risk situation. Based on the surveillance data and epidemiological modeling, the NACP has estimated that there are about 97,400 HIV positive people, approximately 0.1% of the total adult population.

The Government of Pakistan expanded its response to HIV/AIDS by translating the strategic plan into action through the Enhanced HIV/AIDS Programme (2003-09) with assistance of the World Bank at a cost of Rs. 2.85 billion. However, bases on the findings of Mid Term Review; a revised National Strategic Framework was designed and the revised PC-1s (2010-14) were developed accordingly at a cost of Rs. 7.83 billion with the World Bank support. The mission is a more comprehensive national HIV response and targeting efforts towards achievement of Millennium Development Goal 6.

Significant achievements of the Programme during the year include:

a. Service delivery projects for high risk groups in the provinces covering almost 20% of the target population.

b. Coordination with the UN system, international and bilateral donors

c. Operationalization of 20 treatment centres for HIV patients in Federal area and Provinces, providing free of cost treatment of opportunistic infections and ARVs to 1300 patients.

d. Revival of German funded Safe Blood Transfusion project.

e. Revision of national HIV estimates and projections using modeling with UNAIDS support.

f. Ongoing HIV second generation surveillance among FSWs in six major cities of Punjab, and Sindh with UNAIDS collaboration for MDG reporting.

g. Operationalization of National Monitoring & Evaluation framework for HIV response.

c) National Program for Malaria Control

Malaria is the 2nd most prevalent and devastating disease in the country and has been a major cause of morbidity in Pakistan. Reduction of malaria burden in the country is both a national and provincial priority. For next five years (2009-2013) federal and provincial governments have allocated Rs. 658.62 million and 1006 million respectively for malaria control activities in country. Major activity to be undertaken in the forthcoming fiscal year 2010-11 in particular.

World Bank funded PC-1 on Nutrition in process.

d) National T.B. Control Programme (NTCP)

The total No of TB cases is 76,668 and the percentage of TB Cases Detection and care rate is 80%. To realize the targets TB-DOTS program is now integrated in district health system. The LHWs, health staff, NGO workers and community volunteers undertake DOTS. Technical guidelines and training modules are in place. The government aims at developing a strategic plan including expansion of laboratory network; standardization of laboratory equipment and supplies; development of guidelines for quality assurance of sputum microscopy; establishing a system annual feedback from the district where TB-DOTS interventions are already showing visible results as indicated by the recent reports of STOP-T.B.

e) National Programme for Prevention and Control of Blindness

The Programme is in line with "VISION 2020" the global initiative of WHO for elimination of preventable causes of blindness by the year 2020. The Programme aims to up-grade the existing eye care facilities at the government hospitals across Pakistan through provision of latest state of the art ophthalmic equipment needed for early diagnosis and prompt treatment of diseases leading to blindness. The equipment being provided by the National Programme also includes Laser Machines (YAG & Argon Lasers) for the DHQ Hospitals, thus making possible the availability of this latest treatment at doorsteps of people. The Programme has so far up-graded 63 Eye Departments with the provision of latest state of the art ophthalmic equipment all over Pakistan. Ophthalmic subspecialty clinics have been established at three Centres of Excellence and highly qualified human resource in ophthalmology and allied vision sciences is being developed at these centres. Furthermore, 72 DHQ hospitals all over Pakistan have been endowed with YAG Laser and 45 with Green Argon laser equipment thus making Pakistan the only country in the region to have these facilities at secondary level district hospital.

f) National Programme for Family Planning (FP) & Primary Health Care (PHC)

The programs aims to delivery basic health services at the doorsteps of the poor segments of the society through deployment of lady health workers (LHV).These workers are providing services to their communities in the field of child health, nutrition, family planning and treatment of minor ailment. Allocation for Current Fiscal Year 2009-10 is Rs. 7,000.000 million and funds Released (July, 2009 to March 2010) Rs. 3,913.277 million. The expenditure July to February, 2010 is Rs. 3,245.153 million

Programme performance during the current fiscal year include ;

- 10,000 more LHWs were planned to be selected, trained and inducted in the Programme. The number of LHWs inducted during current fiscal year is 8,045.

- The 4th independent (Third Party) Evaluation of the Programme was completed which was a two year study and significant in terms of validating Programme impact and performance.

g) Cancer Treatment Programme

Pakistan Atomic Energy Commission (PAEC) has been playing a vital role in the health sector by using the nuclear and other advanced techniques for diagnosis and treatment of cancerous and allied disease .Presently more than 13 Nuclear Medicine & Oncology Centers equipped with

excellent facilities are working under PAEC and serving with continuously integrate programs in diagnosis of different kinds of cancer/ allied diseases. Major disciplines available and operative in different PAEC nuclear medical centers include the disciplines of Nuclear medicine; Clinical Oncology; Surgical Oncology; Clinical Laboratories; Radiology; Medical Physics and Bio Engineering etc. Besides management of the operations of major disciplines in different PAEC nuclear medical centers, Directorate General of Medical Sciences, PAEC Headquarter is also working on "Human Resource Development Programme". This will provide trained and expert personnel in each field of cancer diagnosis and treatment.

h) Drug Abuse

Drug Abuse is Widespread in our society and has affected Pakistan in may ways. It adds to the cost of our already over burdened health care system. Pakistan has a high abuse rate for opiates. The United Nation Office of Drugs and Crime (UNODC) estimates that 40% of the heroin and morphine trafficked out of Afghanistan transit through Pakistan.

A new Drug Abuse Control Master Plan (2010-14) has been prepared to meet the growing challenges. Expenditure under this plan is expected to be Rs. 10994 million, out of which 25% will be met from Government of Pakistan funds while remaining 75% from the foreign donors assistance

Objectives of the plane have been defined and achievable targets set with emphasis on both supply and demand reduction activities A strategy with key objectives as (i) Supply reduction through strengthening law enforcement. (ii) Control production, trafficking and distribution of narcotic substance.(iii) Enhance efforts to forfeit drug-generated assets and curb money laundering (iv) Demand Reduction through accelerated initiatives and reduction in the number of drug addicts through prevention, treatment and rehabilitation measures.

Currently there are 12 ongoing projects which are being implemented at the cost of Rs. 611.013 million with 296.233 million by Government of Pakistan and Rs. 315. 480 million as foreign aid. Besides, 6 new Projects are also approved for 2009-10 with total cost of Rs. 67. 337 million. A new Anti Narcotics Policy 2010 is under process to address the prevailing drug situation in the country. This new Policy outlines a number of objectives targeting supply reduction, demand reduction and international cooperation.

Seizure of Narcotic Drugs

Seizures of narcotic drugs for the period 1st July 2009 to 31st December, 2009 is as under:-

Table 11.5: Seizure of Drugs

S.No.	Kind of Narcotics	Quantity of Drugs (Seized in Kgs)
1	Opium	26023. 689
2	Morphine	1661. 000
3	Heroin	2087. 342
4	Hashish	206017. 337

Source: Ministry of Narcotics Control

11.6 Food and Nutrition

Nutrition adequacy is one of the key determinant of the quality of human resource. Despite the rapid progress in the technology of food production and processing, malnutrition continue to be a major area of concern for public health. The problem of malnutrition encompasses three macronutrient deficiencies, Iron, Vitamin A and Iodine. They together contribute to great deal of all health and reduced level of developmental activities in children and adults. The basic causes of these deficiencies is lack of adequate intake through the diets compounded by poor bio availability Adequate diet provides good nutrition for healthy life and human development. Millions of people around the world are malnutrition due to inadequate dietary intake and illness. Malnutrition persists in Pakistan especially among young children and women in the childbearing age groups. It affects physical and mental health, thus resulting in poor education performance, low labour productivity and poverty. Apart, about 50% infant and child deaths relate to malnutrition. The factors involved in malnutrition are food security, infant and child feeding practices, health care, water supply & sanitation and education etc. Nutrition interventions are low cost preventive action and specific intervention for food security along with nutritional awareness and safety nets are being taken to address the nutritional issues.

Availability of major food items had been maintained during the year. However, the shortfall of sugar was covered by taking necessary measures to meet the requirements. The average caloric availability remained around 2441 and protein at 72.9 grams per capita/day against the average requirement of 2350 calories per capita per day. The availability of essential food items over the period is briefly given in Table 11.6:

Table 11.6: Food Availability per capita

Items	Year/ units	1949-50	1979-80	1989-90	1999-00	2003-04	2005-06	2006-07	2007-08	2008-09 (E)	2009-10 (T)
Cereals	Kg	139.3	147.1	160.7	165	150.7	151.4	148.8	166.3	166.1	159.8
Pulses	Kg	13.9	6.3	5.4	7.2	6.1	7.9	7.2	7.2	6.1	7.2
Sugar	Kg	17.1	28.7	27	26.4	33.6	25.3	32.2	31.5	25.6	30.8
Milk	Ltr	107	94.8	107.6	148.8	154	162.6	170.1	172.1	175.2	176.2
Meat	Kg	9.8	13.7	17.3	18.76	18.8	19.7	20.6	20.1	20.8	21.6
Eggs	Dozen	0.2	1.2	2.1	5.1	4.6	5.2	5.4	5.3	5.7	6.0
Edible Oil	Ltr	2.3	6.3	10.3	11.1	11.3	12.7	12.8	13.3	13.4	13.3
Calories per day		2078	2301	2324	2416	2381	2386	2349	2470	2456	2441
Protein per day		62.8	61.5	67.4	67.5	67.8	69.5	69.0	72	72.5	72.9

T: Targets
E: Estimates *Source: Planning and Development Division*

a) Nutrition activities and Programs

Primary Health Care (PHC) covering nutritional activities by micronutrient supplementation to women of child bearing age, Vitamin A drops administered to children 6 to 60 months, growth monitoring, counselling on breast feeding & weaning practices and nutrition awareness through Lady Health Workers (LHWs). Micronutrient Deficiency Control Program through food based approaches for major

b) Micronutrient deficiencies i.e. Iodine, Iron and Vitamin-A & D, are being implemented by the private sector and coordinated by Ministry of Health.

a. Salt Iodization in private sector has been strengthened in more than 68 districts along with awareness material.

b. Wheat Flour Fortification being expanded to 128 flour mills in the country and mass media campaign for consumer education.

c. Vitamin A & D fortification in vegetable ghee/oil throughout the country which is mandatory.

c) School Nutrition Program has been designed as a social safety net and incentives to improve the nutritional status of Government Rural Primary School going children along with to increase enrolment and reduce gender disparity and drop out rates. The program is still unapproved and has priority to initiate in the next year.

d) Food Quality Control System: Reference laboratory for quality has been established at National Institute Of Health, Islamabad.

e) Food Support Program: Poor household food support program of Pakistan Bait-ul-mal has been integrated into Benazir Income Support Program (BISP) for wider coverage throughout the country.

f) Food Security: Special Program for food security and productivity enhancement is being run by the Ministry of Food and Agriculture to meet food requirement and consumption demand of the people.

TABLE 12.1

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

(Number)

Year	Hospitals	Dispen-saries	BHUs Sub Health Centres	Maternity & Child Health Centres		Rural Health Centres	TB Centres	Total Beds	Population per Bed
1960	342	1,195	..	348		..	..	22,394	2,038
1961	345	1,251	3	422		1	18	22,394	2,063
1962	361	1,374	..	449		..	..	22,775	2,087
1963	365	1,514	..	488		..	..	23,429	2,088
1964	365	1,626	..	524		..	..	23,664	2,126
1965	379	1,695	..	554		..	..	25,603	2,022
1966	389	1,754	..	558		..	..	26,200	2,033
1967	391	1,834	..	650		..	..	27,291	1,678
1968	398	1,751	..	650		..	..	27,112	2,079
1969	405	1,846	..	668		..	..	27,618	2,100
1970	411	1,875	..	668		..	..	28,976	2,061
1971	495	2,136	249	668		87	79	34,077	1,804
1972	496	2,137	249	675		87	82	35,337	1,792
1973	521	2,566	255	662		90	84	35,655	1,848
1974	517	2,836	290	690		102	89	35,866	1,893
1975	518	2,908	373	696		134	89	37,776	1,852
1976	525	3,063	536	715		173	95	39,129	1,843
1977	528	3,220	544	726		186	95	40,518	1,834
1978	536	3,206	554	748		200	95	42,469	1,804
1979	550	3,367	645	772		211	98	44,367	1,779
1980	602	3,466	736	812		217	98	47,412	1,716
1981	600	3,478	774	823		243	99	48,441	1,752
1982	613	3,459	1,587	817		283	98	50,335	1,735
1983	626	3,351	1,982	794		302	98	52,161	1,723
1984	633	3,386	2,366	787		319	96	53,603	1,724
1985	652	3,415	2,647	778		334	100	55,886	1,699
1986	670	3,441	2,902	773		349	101	57,709	1,689
1987	682	3,498	3,150	798		383	104	60,093	1,666
1988	710	3,616	3,454	998		417	211	64,471	1,593
1989	719	3,659	3,818	1,027		448	211	66,375	1,587
1990	756	3,795	4,213	1,050		459	220	72,997	1,444
1991	776	3,993	4,414	1,057		465	219	75,805	1,425
1992	778	4,095	4,526	1,055		470	228	76,938	1,464
1993	799	4,206	4,663	849	*	485	233	80,047	1,443
1994	822	4,280	4,902	853	*	496	242	84,883	1,396
1995	827	4,253	4,986	859	*	498	260	85,805	1,416
1996	858	4,513	5,143	853	*	505	262	88,454	1,407
1997	865	4,523	5,121	853	*	513	262	89,929	1,418
1998	872	4,551	5,155	852	*	514	263	90,659	1,440
1999	879	4,583	5,185	855	*	530	264	92,174	1,448
2000	876	4,635	5,171	856	*	531	274	93,907	1,456
2001	907	4,625	5,230	879	*	541	272	97,945	1,427
2002	906	4,590	5,308	862		550	285	98,264	1,454
2003	906	4,554	5,290	907		552	289	98,684	1,479
2004	916	4,582	5,301	906		552	289	99,908	1,492
2005	919	4,632	5,334	907		556	289	101,490	1,483
2006	924	4,712	5,336	906		560	288	102,073	1,508
2007	945	4,755	5,349	903		562	290	103,285	1,544
2008	948	4,794	5,310	908		561	293	103,037	1,575
2009	968	4,813	5,345	906		572	293	103,708	1,592

.. : Not available

Source: Ministry of Health

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

TABLE 12.2

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

(Number)

Year	Regis-tered Doctors ***	Regis-tered Dentists ***	Regis-tered Nurses ***	Register-ed Mid-wives	Register-ed Lady Health Visitors	Population per		Expenditure(Mln. Rs)^*	
						Doctor	Dentist	Develop-ment	Non-Deve-lopment
1961	612	..	..	..	..	75,470	..	21.13	69.00
1962	797	2	..	..	..	59,636	..	34.10	78.00
1963	1,049	17	..	..	..	46,615	..	34.55	80.00
1964	1,325	81	..	..	..	37,970	..	75.22	78.00
1965	1,591	151	..	..	..	32,533	..	46.47	84.00
1966	2,008	195	..	..	..	26,524	..	35.31	86.00
1967	2,588	233	..	..	..	21,170	..	70.80	92.00
1968	2,668	273	..	..	..	21,128	..	59.79	99.00
1969	3,322	332	..	..	..	17,459	..	67.99	128.00
1970	3,913	384	..	..	..	15,256	155,468	61.70	151.00
1971	4,287	446	..	..	..	14,343	137,870	57.62	141.10
1972	4,802	511	..	..	..	13,190	123,953	95.55	171.90
1973	5,138	549	..	..	..	12,824	120,018	175.67	210.10
1974	5,582	610	946	522	51	12,164	111,311	363.00	278.00
1975	6,018	650	1,985	1,201	118	11,628	107,661	629.10	360.64
1976	6,478	706	2,526	1,637	197	11,133	102,153	540.00	439.20
1977	7,232	733	3,204	2,577	246	10,278	101,405	512.00	558.60
1978	8,041	781	3,892	3,106	341	9,526	98,079	569.00	641.60
1979	9,079	846	4,552	3,594	453	8,695	93,309	717.00	661.89
1980	10,777	928	5,336	4,200	547	7,549	87,672	942.00	794.82
1981	13,910	1,018	6,110	4,846	718	6,101	83,369	1,037.00	993.10
1982	17,174	1,121	6,832	5,482	928	5,087	77,948	1,183.00	1,207.00
1983	20,865	1,222	7,348	6,031	1,144	4,308	73,560	1,526.00	1,564.00
1984	25,633	1,349	8,280	7,078	1,374	3,605	68,490	1,587.00	1,785.12
1985	30,044	1,416	10,529	8,133	1,574	3,160	67,041	1,881.50	2,393.81
1986	34,034	1,558	12,014	10,315	2,144	2,865	62,580	2,615.00	3,270.00
1987	38,580	1,636	13,002	11,505	2,384	2,594	61,180	3,114.41	4,064.00
1988	42,862	1,772	14,015	12,866	2,697	2,396	57,963	2,802.00	4,519.00
1989	47,289	1,918	15,861	13,779	2,917	2,228	54,927	2,681.00	4,537.00
1990	52,862	2,068	16,948	15,009	3,106	2,082	52,017	2,741.00	4,997.00
1991	56,546	2,184	18,150	16,299	3,463	1,993	50,519	2,402.00	6,129.65
1992	61,017	2,269	19,389	17,678	3,796	1,892	49,850	2,152.31	7,452.31
1993	63,976	2,394	20,245	18,641	3,920	1,848	48,508	2,875.00	7,680.00
1994	67,167	2,584	21,419	19,759	4,107	1,803	46,114	3,589.73	8,501.00
1995	70,670	2,747	22,299	20,910	4,185	1,455	44,478	5,741.07	10,613.75
1996	75,201	2,933	24,776	21,662	4,407	1,689	42,675	6,485.40	11,857.43
1997	79,437	3,154	28,661	21,840	4,589	1,636	40,652	6,076.60	13,586.91
1998	83,661	3,434	32,938	22,103	4,959	1,590	38,185	5,491.81	15,315.86
1999	88,082	3,857	35,979	22,401	5,299	1,578	35,557	5,887.00	16,190.00
2000	92,804	4,165	37,528	22,525	5,443	1,529	33,629	5,944.00	18,337.00
2001	97,226	4,612	40,019	22,711	5,669	1,516	31,579	6,688.00	18,717.00
2002	102,611	5,058	44,520	23,084	6,397	1,466	29,405	6,609.00	22,205.00
2003	108,130	5,531	46,331	23,318	6,599	1,404	27,414	8,500.00	24,305.00
2004	113,273	6,128	48,446	23,559	6,741	1,359	25,107	11,000.00	27,000.00
2005	118,062	6,734	51,270	23,897	7,073	1,310	25,297	16,000.00	24,000.00
2006	123,169	7,438	57,646	24,692	8,405	1,254	20,839	20,000.00	30,000.00
2007	128,076	8,215	62,651	25,261	9,302	1,245	19,417	27,228.00	32,670.00
2008	133,956	9,012	65,387	25,534	10,002	1,212	18,010	32,700.00	41,100.00
2009	139,555	9,822	69,313	26,225	10,731	1,183	16,814	37,860.00	41,000.00

.. : Not available

Source: 1. Ministry of Health
2. Planning & Development Division

^* : Expenditure figures are for respective financial years 2009 = 2009-10

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

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

TABLE 12.3

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

Vaccine/doz		1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
B.C.G.		5,582,202	4,995,429	5,070,031	4,777,166	5,114,865	4,862,494	5,203,061	5,364,136	5,790,371	5,884,435	6,133,378
POLIO	0	2,031,138	1,787,968	1,734,707	1,842,279	2,132,474	2,352,552	2,625,604	2,846,229	3,098,116	3,428,749	3,650,026
	I	5,253,847	4,581,262	4,583,673	4,543,243	4,819,735	4,512,848	4,858,592	5,250,568	5,645,107	5,556,128	5,884,871
	II	4,558,892	4,026,744	4,079,328	4,014,687	4,281,717	4,098,187	4,387,392	4,869,878	5,178,706	5,034,410	5,402,701
	III	4,131,112	3,811,685	4,023,674	3,780,170	4,035,457	3,916,351	4,159,987	4,738,953	5,070,490	4,819,065	5,277,352
	IV		-	-	-	-	-	-	-	-	-	-
	BR	57,204	460,488	226,529	138,207	105,640	77,721	49,428	33,007	46,615	60,917	35,842
COMBO												
	I	-	-	-	-	-	-	-	-	3,999,759	5,071,729	
	II	-	-	-	-	-	-	-	-	3,720,089	4,612,518	
	III	-	-	-	-	-	-	-	-	3,656,495	4,356,169	
D.P.T												
	I	5,070,103	4,693,198	4,688,768	4,558,086	4,768,665	4,427,751	4,581,347	5,275,075	1,710,723	-	-
	II	4,530,162	4,140,534	4,175,545	4,038,630	4,227,754	4,025,465	4,126,599	4,886,576	1,523,243	-	-
	III	4,273,184	3,918,198	4,112,538	3,795,573	3,982,974	3,839,571	3,918,794	4,756,441	1,479,364	-	-
	BR	169,623	44,768	46,518	22,626	5,959	2,418	105	284	55	-	-
H.B.V												
	I	-	-	-	1,772,217	4,482,628	4,212,720	4,458,183	5,053,306	1,617,799	-	-
	II	-	-	-	1,290,550	3,892,582	3,879,701	4,065,343	4,692,279	1,441,447	-	-
	III	-	-	-	965,850	3,576,321	3,616,543	3,840,703	4,571,006	1,401,189	-	-
Pentavalent												
	I	-	-	-	-	-	-	-	-	-	-	5,924,991
	II	-	-	-	-	-	-	-	-	-	-	5,461,294
	III	-	-	-	-	-	-	-	-	-	-	5,338,521
T.T												
	I	4,282,256	4,091,473	4,179,310	4,678,265	3,590,786	3,391,488	4,539,131	4,069,365	3,877,897	4,307,085	4,919,757
	II	3,324,650	3,273,906	3,286,376	3,539,711	2,969,663	2,649,564	2,857,932	3,133,454	3,048,345	3,384,967	3,791,733
	III	1,056,394	928,086	868,820	1,278,078	1,423,277	765,268	793,128	894,639	810,023	865,694	937,769
	IV	484,999	318,464	310,995	310,448	337,968	292,941	519,086	286,368	239,055	279,024	284,879
	V	308,483	152,336	163,747	159,402	163,699	131,888	157,382	176,530	141,288	152,080	168,861
MEASLES		4,794,410	4,277,466	4,546,632	4,105,614	4,163,032	4,124,958	4,387,211	5,050,347	5,386,101	5,277,766	5,297,362
	II	-	-	-	-	-	-	-	-	-	-	1,806,309

- : not available
D.P.T : Diphteira+Perussia+Tetanus
Source: Ministry of Health

B.C.G. : Bacilus+Calamus+Guerin
T.T. : Tetanus Toxoid

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

TABLE 12.4

DOCTOR CONSULTING FEE IN VARIOUS CITIES

(In rupees)

Period		Faisal-abad	Gujran-wala	Hyder-abad	Islam-abad	Karachi	Lahore	Pesha-war	Quetta	Rawal-pindi	Sukkur	Average
November	73	10.00	10.00	10.00	15.00	15.00	10.00	20.00	10.00	15.00	10.00	12.50
"	74	15.00	15.00	20.00	18.75	20.00	15.00	20.00	17.50	20.00	16.00	17.73
"	75	20.00	15.00	20.00	20.00	25.00	15.00	20.00	25.00	22.50	17.50	20.00
"	76	20.00	20.00	23.75	23.75	27.75	17.50	23.13	28.13	27.19	20.00	23.12
"	77	20.00	20.00	28.75	35.00	25.00	20.00	25.00	35.00	35.00	20.00	26.38
"	78	20.00	20.00	32.14	22.50	34.00	20.00	33.13	40.00	35.00	20.00	27.68
"	79	40.00	20.00	33.75	..	48.00	28.33	35.00	35.00	45.00	35.00	32.01
"	80	40.00	32.00	35.00	50.00	54.44	47.50	37.50	37.50	50.00	35.00	41.89
"	81	70.00	32.00	36.00	50.00	60.00	47.50	50.00	32.50	50.00	25.00	45.30
"	82	30.00	32.00	50.00	60.00	60.00	50.00	12.00	37.50	50.00	40.00	42.15
"	83	50.00	..	58.75	60.00	60.00	50.00	12.00	37.50	50.00	50.00	42.83
					AVERAGE DOCTOR CALL FEE IN VARIOUS CITIES							
"	84	20.00	20.00	45.00	55.00	36.11	10.00	15.63	45.00	50.00	50.00	34.67
"	85	20.00	32.00	55.00	50.00	30.00	10.00	20.00	45.00	50.00	35.00	34.70
"	86	20.00	32.00	55.00	50.00	26.39	14.17	20.00	45.00	50.00	30.00	34.26
"	87	20.00	32.00	55.00	26.25	26.70	24.29	20.00	46.25	25.42	30.00	30.59
"	88	20.00	32.00	50.00	26.25	26.54	24.29	20.00	67.00	25.42	30.00	32.15
"	89	48.33	32.00	50.00	26.88	25.91	24.29	20.00	67.00	25.42	30.00	34.98
"	90	51.67	32.50	50.00	26.88	26.54	30.00	22.50	57.00	25.83	35.00	35.79
"	91	42.00	32.50	50.00	27.50	27.09	24.64	22.50	60.00	26.67	40.00	35.29
"	92	31.67	32.50	66.67	27.50	26.49	24.64	22.50	52.50	29.17	75.00	38.86
"	93	32.54	43.75	80.00	27.50	28.85	27.14	27.50	52.50	29.17	75.00	42.40
"	94	32.50	40.00	65.00	27.50	31.00	24.64	30.00	82.50	29.17	70.00	43.23
"	95	37.50	40.00	65.71	27.50	32.24	30.00	30.00	90.00	30.00	75.00	45.79
"	95	30.00	40.00	53.00	32.50	31.88	27.86	30.00	80.00	30.00	55.00	41.02
"	97	35.00	40.00	46.25	32.50	31.88	27.86	30.00	80.00	30.83	60.00	41.43
"	98	35.00	40.00	33.75	33.44	31.60	33.21	30.00	107.50	30.00	30.00	40.45
"	99	35.00	40.00	33.75	33.44	32.17	33.93	30.00	107.50	31.25	30.00	40.75
"	2000	40.00	40.00	33.75	33.13	32.40	38.93	30.00	107.50	32.92	30.00	41.86
"	2001	40.00	40.00	33.75	33.13	33.00	41.96	43.33	107.50	33.75	30.00	43.64
"	2002	40.00	50.00	30.00	33.13	35.00	41.25	43.33	95.00	33.96	30.00	43.17
"	2003	40.00	50.00	31.25	45.00	36.35	41.96	50.00	100.00	38.75	30.00	46.33
"	2004	41.25	50.00	33.00	45.00	36.25	41.96	50.00	100.00	38.75	30.00	46.62
"	2005	41.25	50.00	33.75	46.25	38.08	44.29	50.00	100.00	42.08	30.00	47.57
"	2006	41.25	50.00	33.75	55.00	41.73	52.68	50.00	100.00	43.75	50.00	51.81
"	2007	43.75	50.00	50.00	55.00	55.00	52.68	50.00	120.00	43.75	75.00	59.52
"	2008	75.00	65.00	50.00	75.00	80.00	63.21	100.00	130.00	61.67	75.00	77.49
"	2009	75.00	65.00	50.00	75.00	93.85	68.93	100.00	120.00	61.67	75.00	78.45

" : Not available

Source: Federal Bureau of Statistics, Monthly Statistical Bulletins