

## Health and Nutrition

It is unarguably true that health and nutrition make important contribution to economic development. Healthy people are more lively, energetic and effectively contribute in economic progress, whereas, malnutrition, ill-health and diseases are considered as barriers to economic growth. Delivering better health services has continuously been the prime objective of the government. Pakistan has a mix of public and private health service delivery system. Under 18th Constitutional Amendment, health service delivery has been transferred to the provinces, though, Pakistan Vision 2025, which was prepared in consultation with provinces provide a road map which includes reducing the widespread prevalence of communicable diseases, disease surveillance, addressing inadequacies in primary/secondary health care facilities, correcting rural/urban biases, bridging basic nutritional gaps and improving the pharmaceutical sector to ensure the availability, affordability and quality of medication drugs. An inter-sectoral cooperation and sector wide approaches are required to achieve the pioneering goals in the years ahead for which, there is a dire need to increase resource allocation, strengthening primary health care services and motivating the human resources employed in health sector by good governance. The country's ownership of the SDGs would be a prerequisite for health and development in future.

### Health Expenditure

Cumulative health expenditures of federal and the provinces are estimated at Rs 384.57 billion for fiscal year 2017-18 which is 31.75 percent higher than the actual expenditures of Rs 291.90 billion realized during fiscal year 2016-17. A brief look into previous year's performance reveals that total health expenditures increased both in terms of growth and as percentage of GDP. It grew by 29.54 percent to stand at Rs 291.90 billion during fiscal year 2016-17 against Rs 225.87 billion in 2015-16. Encouragingly, health expenditures surpassed the budget allocation of Rs 273.34 billion set for 2016-17.

While in terms of GDP, health expenditure increased to 0.91 percent during fiscal year 2016-17 from 0.77 recorded in 2015-16.

During the months of Jul-February, 2017-18 health expenditures consumed 43.5 percent of budget allocation to reach Rs 167.16 billion against the expenditure of

Rs 121.57 billion in the comparable period of fiscal year 2016-17. In terms of growth it increased by 37.51 percent. Viewed from GDP, it increased to 0.49 percent during July-February, 2017-18 from 0.38 percent recorded in the same period of fiscal year 2016-17.

**Table 11.1: Health & Nutrition Expenditures**

(Rs billion)

Fiscal Years	Public Sector Expenditure (Federal and Provincial)			Percentage Change	Health Expenditure as % of GDP
	Total Health Expenditures	Development Expenditure	Current Expenditure		
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
2011-12	55.12	26.25	28.87	30.96	0.27

Fiscal Years	Public Sector Expenditure (Federal and Provincial)			Percentage Change	Health Expenditure as % of GDP
	Total Health Expenditures	Development Expenditure	Current Expenditure		
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	0.73
2015-16	225.87	78.50	147.37	13.32	0.77
2016-17	291.90	101.73	190.17	29.54	0.91
2017-18 B.E	384.57	130.19	254.38	31.75	1.12
<b>Jul-Feb</b>					
2016-17*	121.57	30.40	91.17	-	0.38
2017-18*	167.16	40.66	126.50	37.51	0.49

\*Expenditure figure for the respective years are for the period (July-Feb)

**Source: Finance Division (PF Wing)**

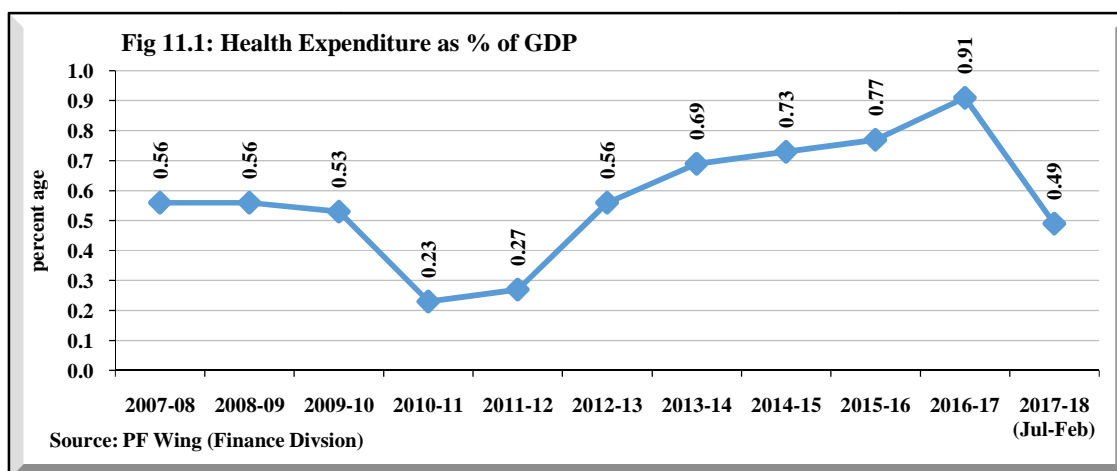
It is worth mentioning that the current fiscal year has witnessed a considerable increase in budget allocation for health expenditures showing 40.7 percent growth by allocating Rs

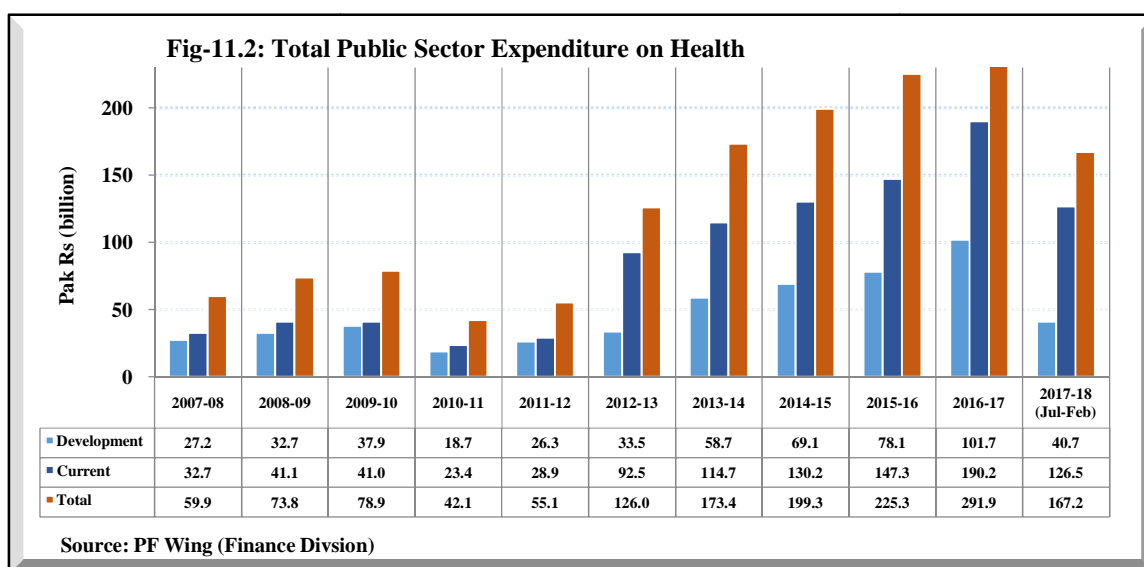
384.57 billion during fiscal year 2017-18 compared with Rs 273.34 billion during fiscal year 2016-17 (Table 11.2).

	Current Expenditure			Development Expenditure			Total		
	2015-16	2016-17	2017-18	2015-16	2016-17	2017-18	2015-16	2016-17	2017-18
Punjab	61,762	70,060	111,026	29,295	31,774	42,149	91,057	101,834	153,175
Sindh	54,091	61,760	85,304	12,413	15,000	15,431	66,504	76,760	100,735
Khyber Pakhtunkhwa	16,701	19,775	26,898	12,782	16,362	15,543	29,483	36,137	42,441
Balochistan	15,482	17,368	18,307	3,840	3,536	6,013	19,322	20,904	24,320
Federal	12,108	12,379	12,847	25,874	25,324	51,051	37,982	37,703	63,898
<b>Total</b>	<b>160,144</b>	<b>181,342</b>	<b>254,382</b>	<b>84,204</b>	<b>91,996</b>	<b>130,187</b>	<b>244,348</b>	<b>273,338</b>	<b>384,569</b>

Annual Budget Statement 2017-18

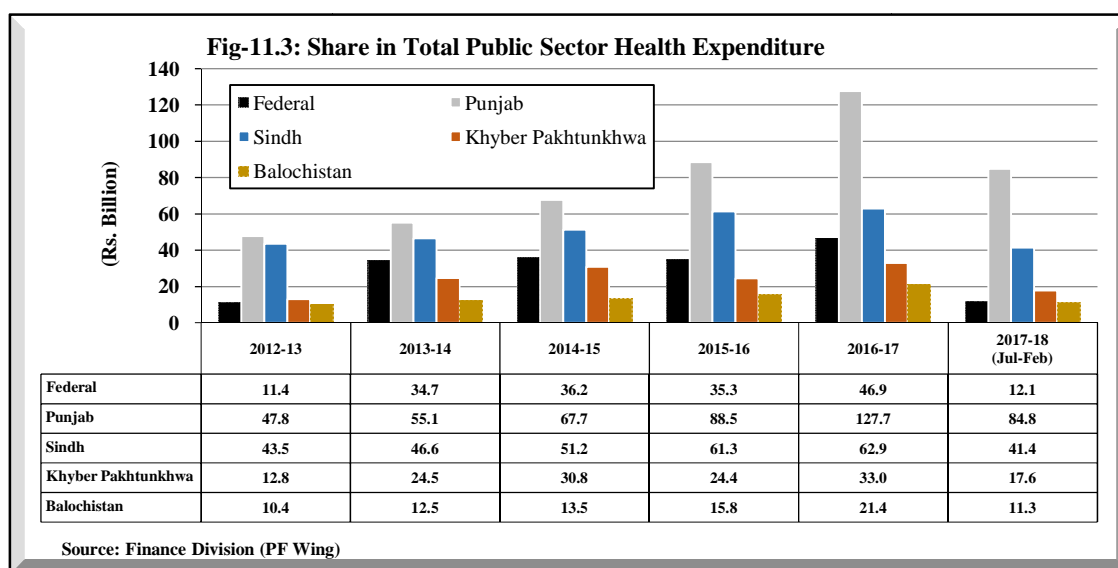
**Source: PF Wing (Finance Division)**





According to the break-up of federal and provincial share in total public spending on health during July-February, 2017-18, the major share of spending on health has been observed

in Punjab (84.8 percent) followed by Sindh (41.4), Khyber Pakhtunkhwa (17.6 percent) and Balochistan (11.3 percent) (see Fig-11.3).



**Prime Minister’s National Health Programme:**

Prime Minister Health Programme was launched initially in 23 districts and under Phase-II, the services have been expanded to 40 districts to cover 14 million families. The programme is a milestone towards social welfare reforms; ensuring that the under-privileged citizens across the country get access to medical health care in a swift and dignified

manner without any financial obligations. The funding for the programme is being provided by the federal and provincial governments. A total amount of Rs 15.0 billion was allocated in PSDP 2017-18 for the two phases of the programme. As of 31<sup>st</sup> January 2018 more than 1,655,657 families have been enrolled in Prime Minister’s National Health Programme and more than 56,000 families have been treated for various illnesses from 125 empanelled hospitals across Pakistan.

**Prime Minister’s Programme for Prevention and Control of Hepatitis in Pakistan:**

All forms of hepatitis are of concern within public health framework. The programme envisages meeting the challenges posed by the high prevalence of viral hepatitis in the country and 50 percent reduction in 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 150 teaching and DHQ hospitals, safe blood transfusion and prevention of hepatitis A and E. Safe Blood Transfusion project with the technical cooperation of German Society for International Cooperation (GIZ) and Kreditanstalt für Wiederaufbau (KfW) is under implementation in all four provinces which will

be helpful in addressing the hepatitis issue in the country.

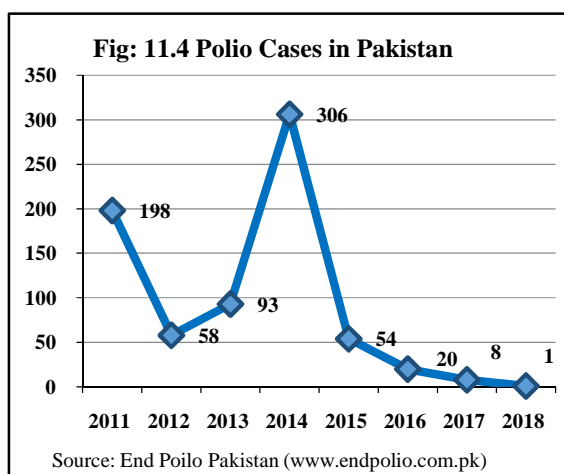
**Polio Eradication Initiatives**

Through polio eradication efforts, a substantial investment has been made in strengthening health service delivery systems in Pakistan. Thousands of health workers have been trained, hundreds of volunteers have been mobilized to support immunization campaigns, and cold-chain transport equipment has been refurbished. Consequently, Polio incidence has almost been eradicated in Pakistan. It is evident that during calendar year 2011 there were total 198 polio cases that were reduced to 8 in 2017 and during first quarter of 2018 only one case is observed in Balochistan. The detail is given in the following Table;

**Table 11.3: Provinces Wise Polio Cases**

Province	2011	2012	2013	2014	2015	2016	2017	2018
Punjab	9	2	7	5	2	0	1	0
Sindh	33	4	10	30	12	8	2	0
Khyber Pakhtunkhwa	23	27	11	68	17	8	1	0
FATA	59	20	65	179	16	2	0	0
Balochistan	73	4	0	25	7	2	3	1
Gilgit-baltistan	1	1	0	0	0	0	1	0
Azad jammu & kashmir	0	0	0	0	0	0	0	0
<b>TOTAL</b>	<b>198</b>	<b>58</b>	<b>93</b>	<b>306</b>	<b>54</b>	<b>20</b>	<b>8</b>	<b>1</b>

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



**Devolved Vertical Health Programmes**

A series of programmes and projects are on track in Pakistan to improve health status of the

people and to reduce burden of communicable and non-communicable diseases while vertical programmes in health sector have been devolved to the provinces, the funding for these vertical programmes is still catered by the Federal government.

Investment in health over years have seen improvement in health facilities and health care providers. By the year 2017, the number of public sector hospitals has increased to 1,211, 5,508 basic health units (BHUs), 676 rural health centers (RHCs) and 5,697 dispensaries. These facilities together with 208,007 doctors, 20,463 dentists and 103,777 nurses bring the current ratio of one doctor for 957 persons, 9,730 person per dentist and availability of one hospital bed for 1,580 person and shows that number under each establishment is increasing.

**Table 11.4: Healthcare Facilities**

Health Manpower	2011	2012	2013	2014	2015	2016	2017
Registered Doctors	152,368	160,880	167,759	175,223	184,711	195,896	208,007
Registered Dentists	11,649	12,692	13,716	15,106	16,652	18,333	20,463
Registered Nurses	77,683	82,119	86,183	90,276	94,766	99,228	103,777
Population per Doctor	1,162	1,123	1,099	1,073	1,038	997	957
Population per Dentist	15,203	14,238	13,441	12,447	11,513	10,658	9,730
Population per Bed	1,647	1,616	1,557	1,591	1,604	1,592	1,580

**Source: Pakistan Bureau of Statistics**

The achievements of the health sector during 2016-17 included establishment of 3,100 hospital beds, 5,000 new doctors, 500 dentists, 3,200 Nurses, 4,500 paramedics, 450 Traditional Birth Attendants and 9,000 Lead Health Workers (LHWs). Under the National Expanded Programme for Immunization, about 7 million children were immunized and 18 million packets of ORS were distributed during

2016-17. The target for fiscal year 2017-18 is 4,000 hospital beds, 5,000 new doctors, 700 dentists, 4,000 Nurses, 5,000 paramedics and 1,000 Traditional Birth Attendants and 8,000 LHWs. Under the preventive programme, about 8 million children will be immunized and 25 million packets of ORS will be distributed during 2017-18.

**Table 11.5 Physical Achievement 2016-17 and Targets for 2017-18 (Nos.)**

Sub Sector	2016-17			Targets 2017-18
	Target	Achievement	(%)	
<b>A. Hospital Beds</b>	5000	3100	65	4000
<b>B. Health Human Resource</b>				
Doctors	5000	5000	100	5,000
Dentists	500	500	100	700
Nurses	4000	3200	70	4000
Paramedics	5500	4500	90	5000
TBA/CMW	550	450	90	1000
Training of LHWs	10000	9000	90	8000
<b>C. Preventive Programmes</b>				
Immunization (Million children)	8	7	85	8
Oral Rehydration Salt (ORS) (million Packet)	23	18	85	25

**Source: Planning Commission (health section)**

The following programmes and projects are funded through the PSDP and implemented by the provincial and area governments.

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

LHWs services have visible impact on the health status of women and children in particular through improved hygiene, birth spacing, iron supplementation, greater immunization coverage and through ante-natal and post-natal coverage of the pregnant women. The programme has recruited more than

106,000 (LHWs). The total population covered under this programme spread over 60 percent in Balochistan, more than 80 percent in Punjab, 65 percent in Sindh and 60 percent in Khyber Pakhtunkhwa. A PC-I of provincial as well as special areas governments are in approval process in which salary packages of the staff of this programme have been increased through regularization of their services in compliance to the orders of the Honourable Supreme Court of Pakistan. These proactive steps will definitely lead towards greater commitment and better health service delivery at the door steps of the

vulnerable people. Overarching issues of governance and monitoring still need attention at the district and sub-district level.

### **Expanded Programme for Immunization (EPI)**

EPI programme provides immunization to children against the 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 have been introduced with the help of United Nations Children Fund (UNICEF). During the calendar year 2017 eight million children of 0-11 months and 6.5 million pregnant women were immunized against 7 deadly diseases and tetanus toxoide vaccine respectively. Though after devolution this has become largely the responsibility of the provincial/region governments, but Federal EPI cell currently took the responsibility of the procurement, coordination and technical guidance whereas Provincial EPI cells are largely responsible for implementation of the programme. World Bank along with other financial partners such as World Health Organization (WHO) and Japanese International Cooperation Agency (JICA) has largely contributed for the smooth implementation of the programme. Still the issues of routine immunization in outreach areas of Federally Administered Tribal Areas (FATA) and Balochistan need consideration.

### **Tuberculosis (TB) Control Programme**

Pakistan is ranked 6<sup>th</sup> amongst 22 high disease burden countries of the world according to WHO. In Pakistan, 40 percent of the burden of disease is in the form of communicable diseases such as Malaria and TB. Incidence of TB stands at 231/100,000 population and prevalence of about 300 cases per 100,000 population. The National TB Control programme (NTP) has achieved over 80 percent Directly Observed Treatment System (DOTS) coverage in public sector and in the last five years the programme has provided care to more than half a million TB patients. The programme is moving steadily to achieve the global targets of 70 percent case detection. There are areas where NTP has to improve management, quality bacteriology

services, engaging all care providers through public private partnership (PPP), inter-sectoral collaboration and Evidence Based Planning (EBP).

### **Human Immunodeficiency Virus (HIV)/ Acquired Immune Deficiency Syndrome (AIDS) Control Programme**

The number of injecting drug users has posed a threat to increased numbers of total cases of the disease/syndrome in Pakistan. According to National AIDS Control Programme, the prevalence of HIV/AIDS is considered to be as low as 1 percent, hence, not considered a high risk country. The focus is on 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. Till date 4,500 HIV positive cases have been reported to the AIDS Control Programmes at federal and provincial level. The programme is technically supported by the UN agencies and Global Fund against AIDS, TB and Malaria.

### **Maternal & Child Health Programme**

Mother and Child health has been one of the priority areas of public health in Pakistan. This programme has been launched to improve maternal and neonatal health services for all, particularly the poor and the disadvantaged at all levels of health care delivery system. It aims to provide improved access to high quality Mother and Child health and family planning services, train 10,000 community midwives, provision of comprehensive Emergency Obstetric and Neonatal Care (EmONC) services in basic and secondary healthcare facilities, provision of basic EmONC services in 550 health facilities and family planning services in all health outlets. Despite these modalities, Pakistan has shown a modest improvement and the Infant Mortality Rate (IMR), Child Mortality Rate (CMR) and Under 5 Mortality Rate (U5MR) are still very high as compared to other countries in the region. It is envisaged that successful implementation will improve these indicators.

### **Cancer Treatment Programme:**

Cancer is considered as one of the deadliest

forms of non-communicable diseases and the numbers of cases are increasing alarmingly. Pakistan Atomic Energy Commission's 18 Cancer Hospitals all over the country are providing diagnostic and treatment facilities to cancer patients. A state of the art cancer hospital has been approved in 2016-17 to be constructed in Pakistan Institute of Medical Sciences (PIMS) Islamabad to provide cancer diagnostic and treatment facilities to the population of ICT, AJK, FATA, GB, and adjoining areas of Rawalpindi, Peshawar etc. The hospital will be completed within five years.

### Provincial Initiatives in Health Sector

Punjab Health Initiative Management Company was established to make progressive movement towards a universal healthcare coverage model embracing the whole and deprived segments of population, in which the needs of the poorest are specifically protected by the government and ensuring the availability and quality of essential services.

Establishment of online registration of Hepatitis B and C diagnosed patients for provision of free medicines was one of the important steps by the Government of Punjab towards treatment of rising number of Hepatitis patients. Moreover, 24/7 safe mother ambulance service was initiated in rural areas of Punjab for transfer of pregnant mothers to the nearest BHU or THQ/DHQ hospital in case of complications.

Government of Khyber Pakhtunkhwa extended its "Sehat Insaaf Card" scheme to provide healthcare services to 15 million poor population in the province.

Government of Sindh established its first pediatrics telemedicine clinic in Children Hospital, Karachi with a focus to provide round the clock consultant services to the children.

### Health Planning Systems Strengthening and information Analysis Unit

Ministry of National Health Services, Regulations and Coordination (M/o NHR&C) has established Health Planning Systems Strengthening and Information Analysis Unit (HPSIU) in 2016. The key objective of this unit would be to initiate strategic reforms in health sector to ensure universal health coverage

which is sustained, purposeful and fundamental in nature. Sustained in the sense that it is not a temporary effort, and will have an enduring impact; purposeful in the sense of emerging from a rational, planned and evidence-based process; and fundamental in the sense of addressing significant, strategic dimensions of health system. Although devolution provides a window of opportunity, it must go beyond and introduce far-reaching reforms in the health and social sectors. The main scopes of the unit are:-

- i. Health planning and reform
- ii. Align health system strengthening activities in the country
- iii. Health information analysis and its uses
- iv. Provincial support and linkages

### Malaria Control Programme

Malaria is the leading communicable disease in the country being major element causing morbidity in Pakistan. Some districts of Pakistan have high endemic incidence of malaria. Efforts have been made to eradicate malaria but still some districts require significant attention for its eradication. 66 districts of Balochistan, FATA, Khyber Pakhtunkhwa and Sindh shared highly malarial endemic diseased picture having annual parasite incidence greater than 5 per 1,000 population. National strategic plan (2015-2020) has divided districts in different strata's in accordance with extent to which they are affected. Balochistan fell in category-I of strata that was highly disease affected.

Details of achievements is listed below

- Successful implementation of the new funding model grant fund worth US\$ 52 million.
- Secured worth US\$ 39.2 million to implement malaria control intervention in 66 districts of Pakistan under New Funding Request of Global Fund.
- Establishment of greater than 4000 malarial diagnosis and treatment centers.
- Establishment of greater than 12,000 capacity building (trainings) HCPs.
- Introduction of greater than 10 million long lasting insecticide treated bed nets.

- Conduction of greater than 1.5 million advocacy and awareness programmes.
- Strengthening surveillance system: Improved surveillance in 66+5 in (District Medical Units) DMUs supported district.
- Conduction of monthly cluster meeting in global fund supported districts.
- Conduction of weekly watch charts and early warning in global fund supported district. Arrangement of grant implementation: global fund grant malaria component has been arranged in 66 districts supporting Directorate of Malaria Control (DOMC) in 48 districts of public sector and Toxic Inhalation Hazard (TIH) in 18 districts of private sector.

### **Health Insurance**

Prime Minister's Health Programme is a social protection initiative by providing financial protection cover to all people in phases and the data of the Benazir Income Support Programme will be used. Under this programme provision of free of cost health insurance to 3.2 million families (in Punjab, Balochistan and FATA in its two phases) living below poverty line of US\$2 per day to access cashless health care services package of 0.3 million rupees per family per year available in both public and private sector through a health card issued by a highly transparent mechanism. Thousand of poor patients have been benefited from the treatment facilities including deliveries, cardiac surgeries, cancer and other major diseases in the best private and government hospitals in their districts, without spending a single rupee.

As of 31<sup>st</sup> January 2018 more than 1,655,657 families have been enrolled in Prime Minister's National Health Programme and more than 56,000 families have been treated for various illnesses from 125 empanelled hospitals across Pakistan. There is also an option of inter district portability in the programme which enables the enrolled beneficiaries and families to access quality indoor hospital services from any empanelled hospital, both in public and private sector.

### **National Nutrition Programme**

In Pakistan, stunting, wasting and deficiency micronutrients are endemic issue due to dietary

deficiencies, poor maternal and child health and nutrition, and high burden of morbidity. National Nutrition Programme (NNP) 2017-18, the largest survey has been initiated by Nutrition Wing at the Federal level. It includes 120,000 households and district specific data. It also includes Water, Sanitation and Hygiene (WASH) indicators, adolescent and childhood obesity and the process is being monitored and supervised through national steering and national technical committees for National Nutrition Survey (NNS).

### **Some of the key achievements of the programme are as follows.**

- Development of national guidelines targeting different components of malnutrition
- Development of strategies for fortification, Infant and Young Child Feeding Practices (IYCF), IYCF communication
- Maintaining capacity building of provincial health departments on IYCF, revised Community Based Management of Acute Malnutrition (CMAM) guidelines, nutrition in emergencies, Behaviour Change Communication (BCC) on breast feeding
- Coordination with provinces and other relevant stakeholders for wheat flour fortification and universal salt iodization through National Food Agency (NFA and Provincial Fortification Alliances (PFAs)
- Establishment of IYCF committees at provincial level for planning and promotion of IYCF practices including breastfeeding
- Establishment of infant feeding committees in provinces parallel to Individual and Family Business (IFB) for oversight
- Successful expansion of community based management of acute malnutrition (CMAM) for children in districts with high burden of acute malnutrition (Emergency intervention)
- Expansion of stunting prevention Programmes
- Successful management of malnutrition among mothers (going side by side with CMAM)
- Implementation of behavior change about infant and young child feeding practices



- especially breastfeeding by Provincial DoH
- Provision of supplementation targeting pregnant & lactating women, women of reproductive age and adolescents
  - Introduction of food fortification on larger scale
  - Establishment of stunting prevention programme through support of UN-WFP in Sindh, Balochistan, Khyber Pakhtunkhwa and FATA and in AJK.
  - Implementation of large stunting prevention programme in Punjab Government.

**International Health Regulations**

Since 2007, Pakistan has been signatory to International Health Regulation (IHR). Convention with National Institute of Health (NIH) based in Islamabad with a notified focal person overseeing reporting. Global Health Security Agenda (GHSA) as a framework for IHR implementation was developed and launched after the outbreak of Ebola in 2014-15 highlighted weaknesses in certain areas of IHR. This led to the development of Joint External Evaluation (JEE) tool as one of the four components of a new framework for IHR monitoring and evaluation in collaboration with WHO Secretariat including GHSA.

As preparatory steps for the JEE Assessment the M/o NHR&C took several initiatives to

streamline the process. These steps included re-notification of a multi-sectorial national IHR Taskforce; notification of national & provincial IHR Focal Persons; and a detailed orientation and sensitization of 120 participants (provincial and regional) from both health & non-health sectors. This enabled Pakistan to draw on the experience of all relevant departments and ministries to provide a comprehensive snapshot of the health system via JEE Assessment.

**Nutrition**

The adequate intake of essential nutrients from all food groups provide basis for good health and nourishment otherwise malnutrition sets in. Research studies clearly shows that malnutrition results in poor health and education outcomes and hinder economic growth. Global Nutrition Report (GNR) 2017 revealed that entire world is facing a critical nutrition situation and prevalence of malnutrition in Pakistan also remains high. Substantial progress has been made in nutrition programming following globally tested initiatives through Scaling Up Nutrition Movement (SUN) adopting multi-sectoral approaches. To achieve nutritional targets of World Health Assembly & SDGs, creative, healthy and economically vibrant population is important factor which depends on good nutrition.

<b>Box-I: SUSTAINABLE DEVELOPMENT GOALS (SDGs) NATIONAL FRAMEWORK</b>				
Sustainable Development Goals	National Priority Targets	National Priority SDG Indicator	National Baseline 2014-15	Target 2030
Good Health and Well-Being	By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.	Maternal mortality ratio	276	179
Ensure healthy lives and promote well-being for all at all ages	By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births.	Under-five mortality rate	89	40
		Neonatal mortality rate	55	25
	By 2020, halve the number of global deaths and injuries from road traffic accidents	Death rate due to road traffic injuries		
	By 2030, ensure universal access to sexual and reproductive health-care services, including for family	Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods	47%	70.50%

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planning, information and education, and the integration of reproductive health into national strategies and Programmes.	Adolescent birth rate (aged 10- 14 years; aged 15-19 years) per 1,000 women in that age group	44%	Half the present value
Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.	Coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases and service capacity and access, among the general and the most disadvantaged population)		
	Number of people covered by health insurance or a public health system per 1,000 population		

### Nutrition and Food Consumption

#### I. Food Availability:

Pakistan is producing enough food to satisfy the dietary needs of the population as estimated in the food balance sheet every year. The

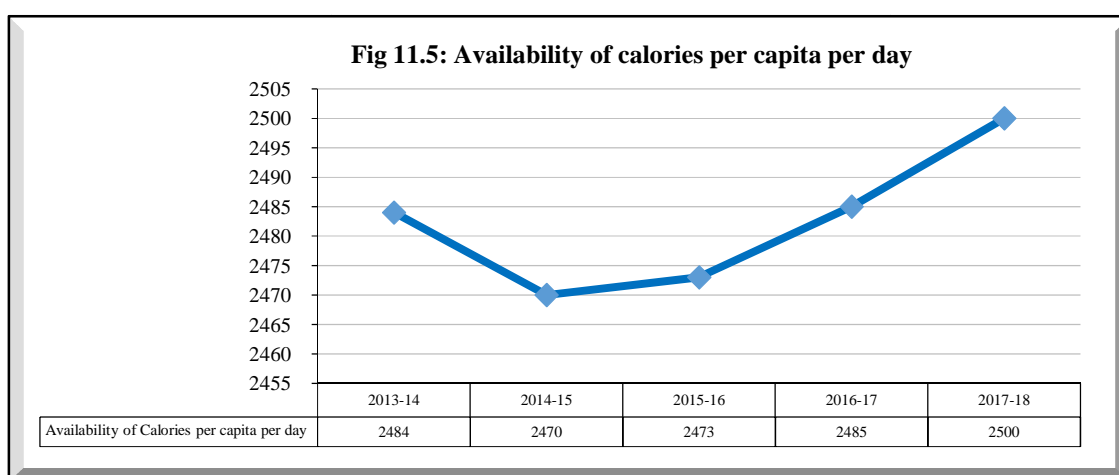
estimates showed sustained food availability during the year to meet the national food requirements. The caloric availability through major food commodities is estimated at about 2,500 calories/day/person with little improvement over the previous year.

**Table 11.6: Food Availability (Kg) Per Capita per Annum**

Food Items	2013-14	2014-15	2015-16	2016-17	2017-18 (P)
Cereals	162.3	162.2	155.1	150.6	155.4
Pulses	6.3	4.4	5.2	8.1	4.5
Sugar	32.1	32.3	32.2	33.3	29.5
Milk* (Ltr)	161.3	170.2	163.3	165.0	166.5
Meat (Beef, Mutton & Poultry)	18.9	19.3	19.8	20.4	21.4
Eggs (Dozen)	6.2	6.2	6.5	7.2	7.5
Edible Oil/Ghee (Ltr)	12.6	14.2	14.3	14.1	14.5

P: provisional \* Milk availability has been revised according to FAO criteria

**Source: Ministry of Planning, Development & Reforms**



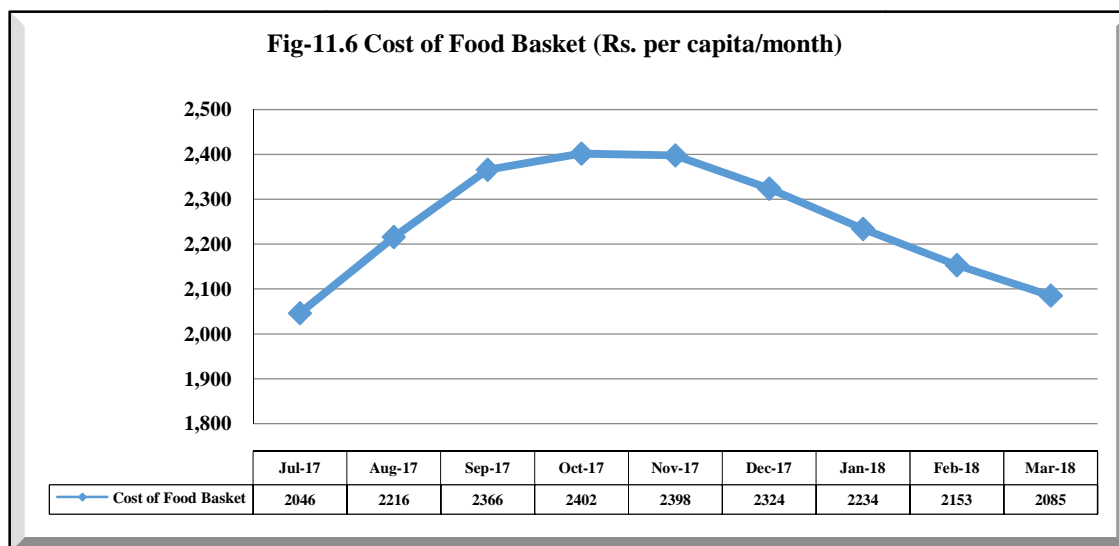
#### II. Cost of Food Basket:

The cost is calculated every month for the basic food basket, providing 2,100 calories and 60

grams protein, using representative data from Pakistan Bureau of Statistics (PBS). The food expenditure gradually rose from Rs 2,046 in July to Rs 2,400 in October, 2017 and gradually

decreased to Rs 2085 in March 2018. However, the average cost remains Rs 2,250 per person

per month during the period starting July 2017 to March, 2018 (Figure 11.6).



**Nutrition Interventions/Activities:**

The following nutrition related activities are under way;

- PSDP 2017-18 has allocated Rs100 million for “National initiative for SDGs/Nutrition”. The following two projects have been prepared by the Nutrition Section MPDR;
  - “Nutrition Awareness and Institutional Strengthening Programme” PC-I cost Rs 1,200 million
  - “Utilization of specialized nutritious products for stunting prevention in commercial and social safety sectors through public private partnership” PC-II cost Rs 440 million
- Federal Nutrition Programme for ICT, AJK, FATA and GB, one district in each area sponsored by M/o. National Health Services, Regulation & Coordination (MNHSRC) is under approval process (PC-I cost Rs 248 million)
- Pakistan Multi-Sectoral Nutrition Strategy has been prepared based on provincial multi-sectoral nutrition strategies and is ready for launch and implementation.
- Pakistan dietary guidelines for better nutrition (PDGN) has been prepared to provide nutrition information for healthy living to the masses.
- Food Composition Table (FCT) for 350 raw and cooked food items with 25 nutrients based on data from 12 agro-ecological zones is under preparation.
- Task force for Early Childhood Development (ECD) has been established and Letter of Intent (LOI) is signed with nutrition partner to formulate National Policy Framework.
- Pakistan Food Fortification Strategy has been revised to take up sustained actions to overcome micronutrient deficiencies (hidden hunger).
  - To overcome Iodine Deficiency Disorders (IDD) Universal Salt Iodization (USI) continued in 110 districts through public private partnership with enhanced quality control and quality assurance
  - Food Fortification Programme has started in 43 Oil/Ghee mills having vitamin A&D and 123 flour mills with Iron, folic acid, zinc and vitamin B12 in wheat flour, to overcome hidden hunger.

- Fortification Assessment Coverage Toolkit (FACT) survey to determine the coverage and potential contribution of fortified foods is being conducted in all four provinces
- Bio-fortified wheat variety “Zincol 2016” zinc concentrated, about 20,000 tones seed will be provided to farmers for next crop

The provinces have been implementing following nutrition related projects;

- **Punjab;**

- Health reforms Programme i.e. Integrated Reproductive Maternal Newborn & Child Health (IRMNCH), (Rs 13 billion)
- Stunting Prevention Nutrition Programme in 11 southern districts (Rs 7.0 billion)
- WASH Programme in 11 southern districts (Rs 9.0 billion)

- **Sindh;**

- Nutrition Support Programme (NSP) for nine districts (Rs 4.5 billion), targets achievement during the year is nearing completion/completed (CHWs 100 % trained and LHWs 87% against 55%, nutrition assistants 100% trained on Community Based Management of Acute Malnutrition (CMAM) and Infant and Young Child Feeding Practices (IYCF) against 85%).
- Saaf Suthro Sindh(SSS) Programme (Rs 278.0 million)
- Nutrition Sensitive Agriculture” project for (Jacobabad, Sanghar & Umerkot) (Rs 582.0 million).
- Accelerated Action Plan (AAP) for the reduction of stunting and malnutrition Rs1.0 billion per year.

- **Khyber Pakhtunkhwa;**

- Health Integrated Reforms Programme {Integrated Reproductive Maternal Newborn, Child Health (IRMNCH) & Nutrition Programme} (Rs14.11 billion), about 26 stabilization centers and 120 Outpatient Therapeutic

Programme (OTPs) sites are functional at district level.

- Stunting Prevention Rehabilitation Integrated Nutrition Gain (SPRING) project (Rs 796 million).

- **Balochistan;**

- Nutrition Programme for mothers & children in 7 districts (Rs 1.5 billion) about 147 OTPs established and 57,239 children under five years of age and 29,834 pregnant & lactating women screened. About 74 personnel trained for CMAM while for Infant young child feeding and micronutrients activities 221 health care providers from People's Primary Healthcare Initiative (PPHI) trained. Behavior change communication strategy and Information, Education and Communication (IEC) material and protocols for the Opioid Treatment Programs (OTPs) developed and disseminated at district level
- To establish SUN movement unit, a PC-1 has been approved (Rs50 million)
- Multi-sectoral nutrition specific and sensitive interventions Programme (Rs 1.5 billion).

### **Drug Abuse**

Under the administrative control of Ministry of Narcotic Control, a National Anti-Narcotics Policy 2010 is being implemented in collaboration with provincial governments and Law Enforcing Agencies (LEAs), to address the narcotic drug issue and to control its spread nationally as well as internationally. The policy has three strategies; Drug Supply Reduction, Drug Demand Reduction and International Cooperation which focuses on strengthening Law Enforcement Agencies at the federal, provincial and district level to control the flow of drugs in Pakistan. The policy also seeks to promote international cooperation 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, 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 HQs for speedy investigations. Government of Khyber Pakhtunkhwa has reserved 131 beds, Sindh 27, Balochistan 110 and Azad Jammu & Kashmir 5 beds in various hospitals for drug addicts during the period July-Dec 2017. Various narcotic seizures were made and punishments were awarded to culprits during the period July-Dec 2017. Details are given in the following Tables:

**Table 11.7: Narcotics Seized by ANF & Precursors/ Synthetic / Psychotropic Drugs (July- December 2017)**

Opium	5941.18 Kg
Heroin/ Morphine	393.51 Kg
Hashish	16965.18 Kg
Cocaine	381.30 Kg
Amphetamine	52.30 Kgs
Methamphetamine	23.87 Kgs
Ecstasy Tablets	44265 Nos.
Prolozam Tabes	280 Nos.
Acetic Anhydride (AA)	198.0 Liters

Source: Narcotics Control Division

**Table 11.8: Details of Punishment Award to Culprits (Numbers)**

Cases Registered	563
Accused Arrested	641
Total decided cases	493
Convicted cases	435
Acquitted cases	21
Dormant/ Final order cases	37
Convicted persons	538
Acquitted persons	86
Conviction rate	95%

Source: Narcotics Control Division

### Area Development Projects

Being conscious of the fact that the farmers in the poppy growing areas have to be provided with alternative sources of income, eradication of poppy cultivation and socio-economic development through alternate development programmes is the main objective of Area Development Projects. Moreover, the area development strategy provides a mix of activities and services to improve the quality of rural life by introducing improved grains 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 Ministry of Narcotics Control;

**Table 11.9: Area Development Projects**

S#	Name of Projects	Duration	Estimated Cost (Rs Million)
1	Khyber Area Development Project Executed by FATA Secretariat	01-07-2001 to 30-06-2018	1235.530
2	Mohmand Area Development Project Executed by FATA Secretariat	01-07-2013 to 30-06-2018	859.079
3	Bajaur Area Development Project Executed by FATA Secretariat	01-07-2013 to 30-06-2018	911.016

### Nuclear Medicine & Oncology (NM&O) Division

Pakistan Atomic Energy Commission (PAEC) established its first nuclear medical center in 1960 at Karachi. Since then one cancer hospital has been established every 4-5 years. Now there are 18 cancer hospitals Atomic Energy Cancer

Hospitals, (AECHs) situated in various cities throughout the country, several in small cities of the country while four others are under consideration/construction. AECHs are operated by skilled teams of more than 2,500 professionals, including doctors, scientists, engineers, paramedical, technical and other supportive staff.

### **Routine Services**

The hospitals are equipped with advanced, sophisticated, modern diagnostic / therapeutic facilities. The contribution of PAEC through its integrated programme in diagnosis of different kinds of cancer and allied diseases has received considerable acclaim in the public. Major services provided at these hospitals are Diagnostic and Therapeutic Nuclear Medicine, Hormonal Assays, Radiotherapy, Chemotherapy, Indoor/wards facilities, Breast care clinics, Biochemistry, Ultrasonography, Color Doppler, Diagnostic Radiology, Histopathology, Hematology, Molecular Based Diagnostics and Cancer Prevention and Awareness Programmes.

### **Achievements**

During the first half of fiscal year 2017-18, approximate funds amounting to Rs 544.0 million were provided and utilized by the AECHs to provide diagnosis and therapeutic facilities to approximately 450,000 patients. Besides taking care of patients in the reported period, the following targets have also been achieved:

- Provision of 4 Linear Accelerators, 7 SPECT-CT and 2 Dual Head Gamma cameras among other equipment.
- Up-gradation of GINUM, Gujranwala including a new diagnostic center at Narowal (Rs 2,295 Million).
- Up-gradation of NORI Islamabad (Rs 2,987.525 Million).
- Rs 287 Million worth of equipment for NIMRA, Jamshoro.
- Rs 150 Million worth of equipment for NORIN, Nawabshah.
- Research work continued on various IAEA TC/RCA Project and others in collaboration with different international/national organizations.

- Provision of teaching and training facilities to about 500 post graduate medical students / fellows of universities in the field of nuclear medicine, radiation & medical oncology, radiology and medical physics.
- Launching of cancer awareness and prevention/control campaign especially for breast cancer awareness for early diagnosis and treatment leading to better prognosis through arranging lectures, seminars, and workshops in remote areas, through print and electronic media and mobile breast care clinics.

### **Special Projects**

PAEC, in order to provide better treatment facilities to the patients, continued working on the following projects:

- Establishing a cancer hospital in Gilgit Baltistan.
- Establishing a cancer hospital in Azad Jammu and Kashmir.
- Establishing a cancer hospital in Mardan
- Up-gradation of *Bahawalpur* Institute of Nuclear Medicine & Oncology (BINO), Bahawalpur.
- Up-gradation of *Karachi* Institute of Radiotherapy and Nuclear Medicine (KIRAN), Karachi.

### **Conclusion**

The government is dedicated to increase the health coverage to meet the growing demand of increasing population. Health outcomes have improved over the years but some critical weakness is a shortage of equipment and staff that continues to affect health system. There is a dire need to expand services delivery and address the shortfall in health related human resources and making better use of technology. Public private partnership need to be encouraged and coverage of public health programmes like TB, Malaria, Hepatitis and other communicable diseases need to be expanded.