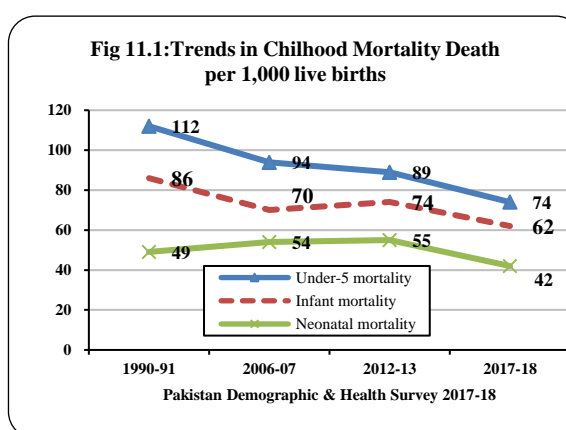


Health and Nutrition

Improving health and nutrition of the population is the priority agenda of the present government with increased focus on revamping and strengthening primary and secondary healthcare facilities. Fundamental health indicators to some extent are improving but the pace of progress is slow.

The spending on health has been less than one percent of GDP since decades. This is one of the key structural challenge. In terms of HDI, Pakistan' position is 150 out of 189 countries in 2017. Some slight improvement has been witnessed, as in 2012-13, 45 percent of children were stunted which dropped to 38 percent in 2017-18. Childhood wasting declined slightly from 11 percent to 7 percent, while the prevalence of underweight children declined from 30 percent to 23 percent. Childhood mortality rates have declined since 1990. Infant mortality has decreased from 86 deaths per 1,000 live births in 1990 to 61.2 in 2017. During the same time period, under-5 mortality has markedly declined from 112 to 74 deaths per 1,000 live births. Neonatal mortality declined from 55 in 2012 to 42 deaths per 1,000 live births.



Socio-economic factors like health, education, environment etc, are closely interlinked with Human Development Indicator. Living standard and life showed improvement but this is not uniform across the regional countries. Comparative position of regional countries' health development is given in Table 11.1:

Table 11.1: Regional Countries Human Development Indicator

| Country Name | Life expectancy at birth, total (years) | | | Infant Mortality Rate (per 1,000 live births) | | | Maternal Mortality Rate (Per 100,000) | | | Under 5 Mortality Rate (Per 1,000) | | | Population growth (annual %) | | |
|--------------|---|------|------|---|------|------|---------------------------------------|-------|-------|------------------------------------|------|------|------------------------------|------|------|
| | 2015 | 2016 | 2017 | 2015 | 2016 | 2017 | 2013 | 2014 | 2015 | 2015 | 2016 | 2017 | 2015 | 2016 | 2017 |
| Pakistan | 66.3 | 66.5 | 66.6 | 64.6 | 62.9 | 61.2 | 190.0 | 184.0 | 178.0 | 79.5 | 77.1 | 74.1 | 2.0 | 2.0 | 2.0 |
| India | 68.3 | 68.6 | 68.8 | 35.3 | 33.6 | 32.0 | 189.0 | 181.0 | 174.0 | 44.1 | 41.6 | 39.4 | 1.2 | 1.1 | 1.1 |
| Bangladesh | 72.2 | 72.5 | 72.8 | 29.8 | 28.3 | 26.9 | 201.0 | 188.0 | 176.0 | 36.4 | 34.3 | 32.4 | 1.1 | 1.1 | 1.0 |
| Sri Lanka | 75.1 | 75.3 | 75.5 | 8.2 | 7.8 | 7.5 | 32.0 | 31.0 | 30.0 | 9.5 | 9.1 | 8.8 | 0.9 | 1.1 | 1.1 |
| Nepal | 69.9 | 70.3 | 70.6 | 29.9 | 28.8 | 27.8 | 291.0 | 275.0 | 258.0 | 36.6 | 35.0 | 33.7 | 1.2 | 1.1 | 1.1 |
| Bhutan | 69.8 | 70.2 | 70.6 | 27.6 | 26.5 | 25.6 | 166.0 | 156.0 | 148.0 | 33.4 | 32.0 | 30.8 | 1.4 | 1.3 | 1.2 |
| China | 76.1 | 76.3 | 76.4 | 9.2 | 8.6 | 8.0 | 29.0 | 28.0 | 27.0 | 10.8 | 10.0 | 9.3 | 0.5 | 0.5 | 0.6 |
| Indonesia | 69.0 | 69.2 | 69.4 | 22.9 | 22.2 | 21.4 | 140.0 | 133.0 | 126.0 | 27.2 | 26.3 | 25.4 | 1.2 | 1.1 | 1.1 |
| Malaysia | 75.1 | 75.3 | 75.5 | 6.5 | 6.6 | 6.7 | 43.0 | 41.0 | 40.0 | 7.6 | 7.7 | 7.9 | 1.6 | 1.5 | 1.4 |
| Philippines | 69.0 | 69.1 | 69.2 | 23.0 | 22.7 | 22.2 | 121.0 | 117.0 | 114.0 | 29.1 | 28.6 | 28.1 | 1.6 | 1.6 | 1.5 |
| Thailand | 75.1 | 75.3 | 75.5 | 9.0 | 8.5 | 8.2 | 21.0 | 21.0 | 20.0 | 10.4 | 10.0 | 9.5 | 0.4 | 0.3 | 0.3 |

Source: World Bank

Health Expenditure

Cumulative health expenditures by federal and provincial governments during 2018-19 (Jul-Mar) increased to Rs 203.74 billion which is 3.29 percent higher than corresponding period of previous year, which was recorded at Rs 197.25 billion. The current expenditure increased by 19.84 percent from Rs 149.97 billion to Rs. 179.72 billion while of development expenditure decreased by 49.19 percent from Rs 47.28 billion to Rs 24.03 billion.

However, the break-up of expenditures among federal and provinces demonstrate that during July-March FY2019, Federal and Punjab health expenditures decreased by 10.0 and 8.2 percent, respectively, over same period last year. On the other hand, Sindh, Balochistan and Khyber Pakhtunkhwa health expenditures increased by 22.2, 18.4 and 10.5 percent, respectively. As percentage of GDP health expenditure has improved from 0.91 percent in 2016-17 to 0.97 percent in 2017-18 and during FY 2018-19(Jul-Mar) it increased by 0.53 percent compared to 0.49 percent during corresponding period last year. The details are as;

Table 11.2: 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 |
| 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 | 225.33 | 78.07 | 147.26 | 13.05 | 0.77 |
| 2016-17 | 291.90 | 101.73 | 190.17 | 29.54 | 0.91 |
| 2017-18 | 336.29 | 88.27 | 248.02 | 15.21 | 0.97 |
| Jul-Mar | | | | | |
| 2017-18* | 197.25 | 47.28 | 149.97 | | 0.49 |
| 2018-19* | 203.74 | 24.03 | 179.72 | 3.29 | 0.53 |

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

Source: Finance Division (PF Wing)

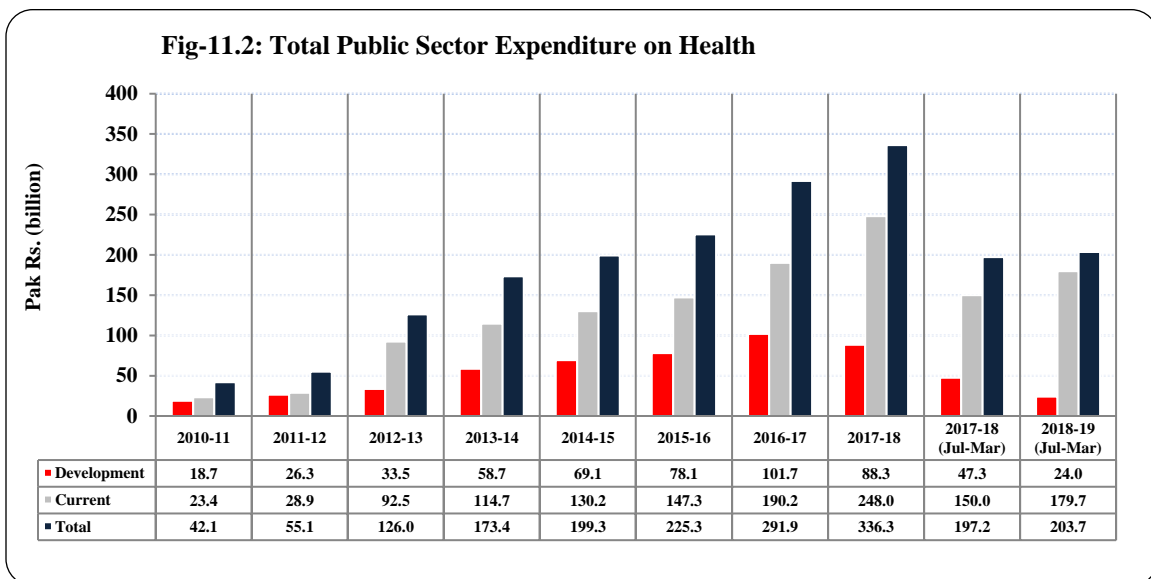
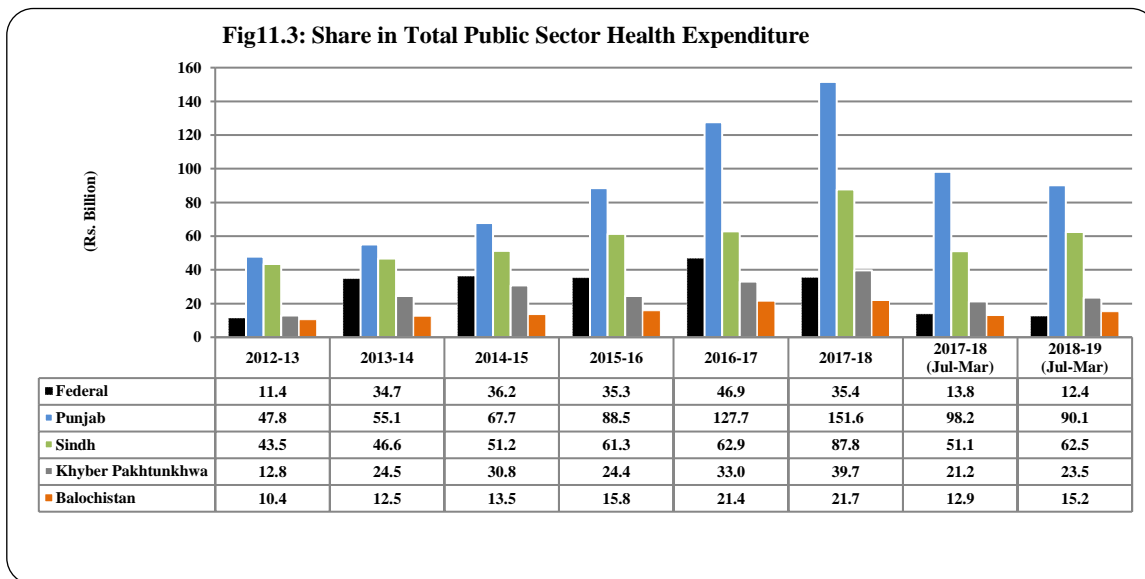


Table 11.3: Share in Total Public Sector Health Expenditure

| | 2012-13 | 2013-14 | 2014-15 | 2015-16 | 2016-17 | 2017-18 | 2017-18 (Jul-Mar) | 2018-19 (Jul-Mar) | %Change (Jul-Mar) 2018-19/2017-18 |
|--------------------|---------|---------|---------|---------|---------|---------|----------------------|----------------------|--------------------------------------|
| Federal | 11.4 | 34.7 | 36.2 | 35.3 | 46.9 | 35.4 | 13.8 | 12.4 | -10.0 |
| Punjab | 47.8 | 55.1 | 67.7 | 88.5 | 127.7 | 151.6 | 98.2 | 90.1 | -8.2 |
| Sindh | 43.5 | 46.6 | 51.2 | 61.3 | 62.9 | 87.8 | 51.1 | 62.5 | 22.2 |
| Khyber Pakhtunkhwa | 12.8 | 24.5 | 30.8 | 24.4 | 33.0 | 39.7 | 21.2 | 23.5 | 10.5 |
| Balochistan | 10.4 | 12.5 | 13.5 | 15.8 | 21.4 | 21.7 | 12.9 | 15.2 | 18.4 |

Source: PF Wing (Finance Division), Annual Budget Statement 2018-19



Health Status

A series of programs 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 programs have been devolved to the provinces. By the year 2018, the number of public sector hospitals has increased to 1,279, Basic Health Units (BHUs) improved to 5,527, Rural Health Centers (RHCs) were increased to 686 and dispensaries to 5,671. These facilities together with 220,829 registered doctors, 22,595 registered dentists and 108,474 registered nurses bring the current ratio of one doctor for 963 persons, 9,413 persons per dentist and availability of one hospital bed for 1,608 person as given in Table 11.4:-

Table 11.4: Healthcare Facilities

| | (in Nos.) | | | | | | | |
|------------------------|-----------|---------|---------|---------|---------|---------|---------|---------|
| Health Manpower | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 |
| Registered Doctors | 152,368 | 160,880 | 167,759 | 175,223 | 184,711 | 195,896 | 208,007 | 220,829 |
| Registered Dentists | 11,649 | 12,692 | 13,716 | 15,106 | 16,652 | 18,333 | 20,463 | 22,595 |
| Registered Nurses | 77,683 | 82,119 | 86,183 | 90,276 | 94,766 | 99,228 | 103,777 | 108,474 |
| Population per Doctor | 1,162 | 1,123 | 1,099 | 1,073 | 1,038 | 997 | 957 | 963 |
| Population per Dentist | 15,203 | 14,238 | 13,441 | 12,447 | 11,513 | 10,658 | 9,730 | 9,413 |
| Population per Bed | 1,647 | 1,616 | 1,557 | 1,591 | 1,604 | 1,592 | 1,580 | 1,608 |

Source: Pakistan Bureau of Statistics

The present government is committed to further uplift health and nutrition status of population. The Ministry of National Health Services, Regulations and Coordination (NHSRC) during 2nd and 3rd quarter of FY2019 has made significant progress by devising comprehensive strategies to improve health for all Pakistani people. In this context two strategic documents were produced and approved which are as follows:

- a. **Action Plan - National Health Services, Regulations and Coordination Division 2019-2023:** The ‘Action Plan’ sets out the prioritized strategic actions of the new government to transform the health sector of Pakistan by addressing the challenges, health sector reforms and thus improving the health outcomes of people of Pakistan. This action plan will augment current health sectoral and sub-sectoral strategies and plans in the country and will support the progress towards achieving Sustainable Development Goals (SDGs), Universal Health Coverage (UHC) and International Health Regulations (IHR) agenda in the country.
- b. **Islamabad Capital Territory – Health Strategy (2019-23)-** The first ever ‘Islamabad health strategy’ to ensure provision of integrated quality health care services in the capital area.

Accountability Model - Performance Tracking and Governance Framework for Implementation

The Government of Pakistan envisaged improving healthcare service delivery at all levels of service delivery system which cannot be materialized without introduction of robust healthcare accountability system in place. Accountability is the key priority in health sector. The accountability model has been strengthened through a Unified Accountability Framework of Performance Tracking and Governance to support action towards the broader SDG follow-up and review processes over the next fifteen years. The accountability approach included: measurement, inclusion, participation, transparency and independence.

Key accountability functions included to facilitate tracking of resources, results and rights, including through multi-stake holder commitments and multi-sectoral action, to achieve the SDGs, and promote alignment of national, regional and global investments and initiatives in support of the indigenous accountability system and plans, and improve multi-stakeholder engagement at all levels.

New Initiatives 2018-19

i. Sehat Sahulat Program(SSP)

Ministry of National Health Services, Regulations and Coordination (NHSRC) in collaboration with provincial governments, started a landmark and flagship health care and social protection initiative, the Sehat Sahulat Program (previously known as Prime Minister’s National Health Program). The objective is to lead a path towards Universal Health Coverage (UHC) in Pakistan, with special focus towards those living below the poverty line in the country. The program is being implemented in a phased manner. In the first phase, the program is being implemented in 38 districts of Pakistan covering 3.2 million families.

Benefit Packages of Phase-I

In Sehat Sahulat Program each enrolled family will be insured upto Rs. 50,000/- per year for secondary care treatment and upto Rs. 250,000/- per year for 7 priority care treatment. Patients who have consumed their limits will be provided with additional limits by Pakistan Bait-ul-Mal.

Benefit Packages of Phase-II

In phase-II of the Sehat Sahulat Program, benefit package of each enrolled family has been raised to Rs. 120,000/- per year for secondary care treatment and upto Rs. 600,000/- per year for 8 priority diseases/illnesses related treatment.

Transportation Cost

SSP is a cashless scheme in which no cash assistance or cash transfers will be provided to the beneficiary except indoor health care services and a traveling allowance. Traveling allowance of Pak Rs. 350/- per discharge, for a total of 3 discharges per year, from residence to hospital and back is provided to the beneficiaries. In Phase-II of SSP, enhanced transportation cost of Rs. 1,000 is being

provided to beneficiaries upon discharge.

Current Status

As of 9th February 2019, a total of 3,237,660 families have been enrolled in the Sehat Sahulat Program and more than 117,726 families have been treated for various illnesses from 157 empanelled hospitals across Pakistan. There is also an option of inter district portability in the program which enables the enrolled beneficiaries and families to access quality indoor hospital services from any empanelled hospital, both in public and private sector.

Insurance Company

Sehat Sahulat Program is being implemented through State Life Insurance Corporation of Pakistan, hired through an open and transparent bidding process. Services are delivered to the beneficiaries by empaneling secondary and tertiary level health care facilities, both at public and private sector, in all focused districts and metropolitan cities of the country. The hospital is being empanelled through the insurance company based on hospital empanelment criteria set forth in the program documents.

ii. Civil Registration and Vital Statistics

Given the significance and relationship that an efficient Civil Registration and Vital Statistics (CRVS) has towards the development of a country, the government is making serious efforts and has gained momentum to strengthen and revamp its CRVS in the country. In the recent past, a number of steps have been taken ranging from national assessment studies, institutional arrangements and organization of countrywide advocacy seminars to initiate the process for the development of a robust National CRVS Strategic Plan.

Civil registration is an important act of recording and documenting of vital events in a person's life (including birth, marriage, divorce, adoption and death) and is therefore, a fundamental function of government. Within government, civil registration system is the responsibility of a number of ministries or departments, including ministries of health, interior, justice and national statistical offices. Communication of multiple agencies is a key to the system's performance. Civil registration contributes to public administration and governance by providing individuals with legal identity and civil status and generating information that can be used as the source of civil registries and population databases. The task of overall coordination for CRVS development has been assigned to Ministry of Planning, Development and Reforms. Following milestones have so far been achieved

- ▶ Advocacy/Awareness seminars for CRVS were organized in provinces and regions.
- ▶ Provincial steering committee meetings were organized in all provinces and regions
- ▶ Provincial CRVS Symposiums were organized in all provinces and regions. The primary objective of these symposiums is to accelerate the contributions of provincial governments and development partners by year 2025

iii. Reduction in Prevalence of Tobacco Use in Pakistan

Ministry of National Health Services Regulations & Coordination has initiated a strategy in January, 2019 to enhance efforts to reduce the prevalence of tobacco use in any form in the country by urging all tobacco manufacturers to print new Pictorial Health Warning (PHW) on cigarette packs and outers. The size of new warning has been increased from 50 percent to 60 percent and it will be printed on both sides of the cigarette packs and outers. The government is also committed to fulfill its international commitment by taking demand and supply reduction measures. Tobacco use is a cause of death of around 160,100 Pakistan every year. Around 24 million adults currently use tobacco in any form in Pakistan. The youth of Pakistan is being targeted with this strategy of implementing Pictorial Health Warning.

iv. Deworm Islamabad Initiative

The government has conducted a pilot project “Deworm Islamabad Initiative” at Islamabad Capital Territory (ICT) level in 2018-19. The policy and institutional framework was developed in August 2018 that put forth milestone for the mass deworming in Islamabad Capital Territory. The WHO classifies Pakistan amongst top-10 highest burden countries for intestinal worm infections. These infections results from poor sanitation and hygiene conditions, and tend to have highest prevalence in children of school-going age. Worm infections interfere with nutrient uptake and can lead to anemia, malnourishment and impaired mental and physical development and pose a serious threat to children’s health, education, and productivity.

To provide the government with comprehensive intestinal worm infections data, the first nationwide Soil-Transmitted Helminths (STH) survey in Pakistan was conducted by the Interactive Research & Development (IRD), Indus Health Network (IHN) and Evidence Action with the support from Ministry of National Health Services Regulations & Coordination, World Health Organization and provincial health and education departments.

Table 11.5: Deworm Islamabad Initiative

| Province/Region | # of districts identified with areas \geq 20% prevalence | Total school-age children (SAC; 5-15 years old) population in at-risk districts |
|--------------------|--|---|
| Punjab | 5 | 3,650,484 |
| Sindh | 6 | 4,590,735 |
| Khyber Pakhtunkhwa | 19 | 6,835,279 |
| Balochistan | 1 | 164,248 |
| Islamabad | 1 | 573,880 |
| Gilgit Baltistan | 4 | 221,364 |
| AJK | 4 | 593,164 |
| Grand Total | 40 | 16,629,154 |

Source: Ministry of Planning, Development & Reform(Health Section)

With the baseline established, the government utilized the opportunity to launch targeted deworming programs in at-risk areas. Utilizing WHO’s drug donation program, Ministry of National Health Services, Regulation & Coordination ordered deworming tablets for over 16 million at-risk children in Pakistan and thus, through concerted efforts of ministries and departments, Islamabad Capital Territory became the first at-risk district in Pakistan to launch mass school-based deworming, targeting approximately 253,000 school-age children in January 2019. To achieve this, Ministry of Planning Development & Reform took a lead in establishing a Multi-Stakeholder Committee for program over-sight and strategic leadership with support from Ministries of Federal Education & Professional Training and Ministry of National Health Services, Regulation & Coordination, Chief Commissioner’s Office and CDA/MCI.

The objective is to achieve the goal of reducing morbidity caused by worm infection, and to treat at least 75 percent of the school-age population in ICT. The national Soil-Transmitted Helminths (STH) prevalence survey indicates that an estimated 570,000 children aged 5-15 years in ICT are at risk for STH infection and stand to benefitted from a mass deworming program, regardless of whether they attend public schools, private schools, religious schools, or are not enrolled in school.

v. Health Planning, System Strengthening and Information Analysis Unit

Since April 2016, the Ministry of National Health Services, Regulations and Coordination (NHSR&C) established the Health Planning, System Strengthening and Information Analysis Unit (HPSIU) to serve as a sustained, fundamental and purposeful strategic, monitoring and technical advisory arm of the Ministry for the development and reforms of the health sector in Pakistan.

Key Programmatic achievements of HPSIU are as follows:

- ▶ Implementation on the specific strategic priorities of the National Health Vision of Pakistan (2016-25), along with development of its monitoring framework
- ▶ Linkages of different MIS with National Dashboard; functions of National Health Information Resource Centre (NHIRC) reverted to Ministry of NHR&C
- ▶ Online DHIS introduced in AJK, GB and FATA
- ▶ Localization of SDG3, with support of WHO and Health Services Academy
 - National Consultation of SDG localization – Dec 2017 (National SDG3 drafted)
 - Provincial and Area level consultations completed in 2018 with province/area specific SDG3 baselines and targets
 - A mobile and web-based application developed to monitor health related SDGs in Pakistan and linked with National Dashboard
- ▶ MOU with International Health Matrix Evaluation signed with support of WHO to build national and provincial level capacity on Burden of Disease study in the country
- ▶ Drafted Health in All Policies (HIAP) assessment & framework with support of WHO and Social Development and Policy Institute
- ▶ Capacity building of national and provincial staff completed on Global Fund against Aids-TB-Malaria (GFATM) grant management/ financial management rules
- ▶ Development of tools for annual review of health system in context of Aids- TB-Malaria (ATM) Programs

iv. National Nutrition Program

The Nutrition Wing that was established in 2001, has been playing a major role in targeting malnutrition in the country through development of policies, strategies, guidelines and standards for nutrition and fortification, building provincial capacity, oversight, monitoring and evaluation of program implementation in the provinces as well research and evidence generation for policy review and planning.

Some of the activities carried out during the current fiscal year of 2018-19 are as follows:

- ▶ Government of Punjab has launched its own stunting prevention program in 11 districts of South Punjab during 2018
- ▶ Government of Sindh has also included stunting prevention in it and scaled up action plan for targeting malnutrition, launched during 2019
- ▶ To tackle the serious situation of Acute Malnutrition, Community Management of Acute Malnutrition (CMAM) Program was initiated in Pakistan with the support of different UN agencies including UNICEF, WHO and World Food Program (WFP) in districts with higher burden of disease in all the four provinces and AJK after the floods and other calamities since 2010
- ▶ Currently (first half of 2019), the Nutrition Wing is working to revise the national and provincial Laws and Rules for promotion and protection of breast feeding as per the guidelines and directions recommended by World Health Assembly (WHA) in 2016. The process is in final stages and revised laws would be submitted to the parliaments for approval
- ▶ National vitamin A Guidelines were formulated and launched in 2018. In addition, the exemption on the import of Vitamin A for a period of three years was approved in 2017, and has been continued during 2018-19
- ▶ Wheat Flour Fortification with Iron, Zinc, Vitamin B12 and Folic Acid. One project is being implemented in AJ&K while another large scale food fortification project has been launched

which would cover the entire country during next 3 years

- ▶ Provincial Fortification Strategy for Punjab was launched in 2018 while strategies for the remaining provinces are in final stages.
- ▶ National Fortification Alliance planned a serious and systematic effort and successfully received exemption from Customs Duty and Sales Tax on the import of Micro-nutrient premixes for the food fortification.
- ▶ Nutrition Wing with the support of partners is working on developing the guidelines and protocols for adolescent nutrition in Pakistan
- ▶ Under the leadership of Nutrition Wing of MoNHSR&C and with the support of the partners, landscape Analysis of Adolescent Nutrition in Pakistan was launched in 2018 under the title, “Embodying the future- How to Improve the Nutrition Status of the Adolescent Girls in Pakistan.
- ▶ After that two important studies on adolescent nutrition were carried out. These were “Review of evidence on the nutritional status of adolescent girls and boys in Pakistan” and “Framework for Action, Policies and Programs for Adolescent Nutrition” These studies were finalized in 2018 and launched in 2019
- ▶ “The Guidelines on Adolescent Nutrition and Supplementation in Pakistan” are also under final review and would be finalized in the next couple of months
- ▶ Formulation of “National Strategy on Adolescent Nutrition with Provincial Action Plans” has also been initiated.

v. National TB control Program (NTP)

Pakistan has the fifth highest burden of tuberculosis worldwide and is among the high multidrug-resistant tuberculosis burden countries. The prevalence, incidence and mortality per 100,000 populations per year from TB in Pakistan are 348, 276 and 34, respectively. The government has declared tuberculosis a national emergency, and implemented the directly observed treatment, short-course strategy followed by the Stop TB Strategy, which includes universal access to quality tuberculosis care in the country. National TB Control Program (NTP) has achieved over 85 percent Directly Observed Treatment System (DOTS) coverage in public sector and in the last five years the program has provided care to more than half a million TB patients in Pakistan.

Steps taken for the control of TB

Country wide network of around 1,400 TB care facilities are providing free TB diagnostic and treatment services. More than 3,500 GPs, 125 NGO networks, 35 private hospitals and 45 parastatal hospitals & 2000 pharmacies have been engaged & trained. There are 200 facilities (TCH, DHQ, THQ) for childhood TB.

vi. International Health Regulations

Pakistan has been a signatory to the IHR convention since 2007 with National Institute of Health (NIH) being the designated focal point since 2014. Pakistan’s subsequent efforts culminated in the development of a casted 5-year National Action Plan (NAP).

Health Sector Projects

Several programs and projects in a row to strengthen the physical condition and wellbeing of the people and to decrease the disease load in rural and urban areas for which funding was given by the federal government. These programs projects are being funded through the PSDP and implemented by the provincial and area governments. The details are as under;

i. Devolved Vertical Health Program

The fate of funding modalities of vertical programs has been changed as health is a devolved subject

since the promulgation of 18th Constitutional Amendments. As per decision of CDWP, concurred by ECNEC as well, the federal funding to the vertical programs financed through PSDP seized to carry on 30th June, 2018. Henceforth, the economic burden of the vertical health programs will be dealt with respective provincial / area government's development budget unless it is decided otherwise by the Council of Common Interest (CCI).

ii. Prime Minister's National Health Insurance Program

Prime Minister's National Health Program (PMNHP) is a milestone towards reaching the goal of attaining Universal Health Coverage through recently introduced healthcare financing system ensuring access to medical health care in aswiftand dignified manner without any financial obligations. The government is all set to expand PMNHP all over the country till 2022, to provide social health protection against most of chronic and debilitating diseases / health conditions to all families living below the poverty line of US\$ 2 per day. The PMNHP envisaged to reach-out under the second phase, to 14 million families across the country and costing Rs. 33.63 billion. The program would be expanded across the country within five years, which has started from January 1, 2018, and would be completed by December 31, 2022. The project with a total cost of approximately Rs. 8 billion, is already under implementation in 36 districts nationwide.

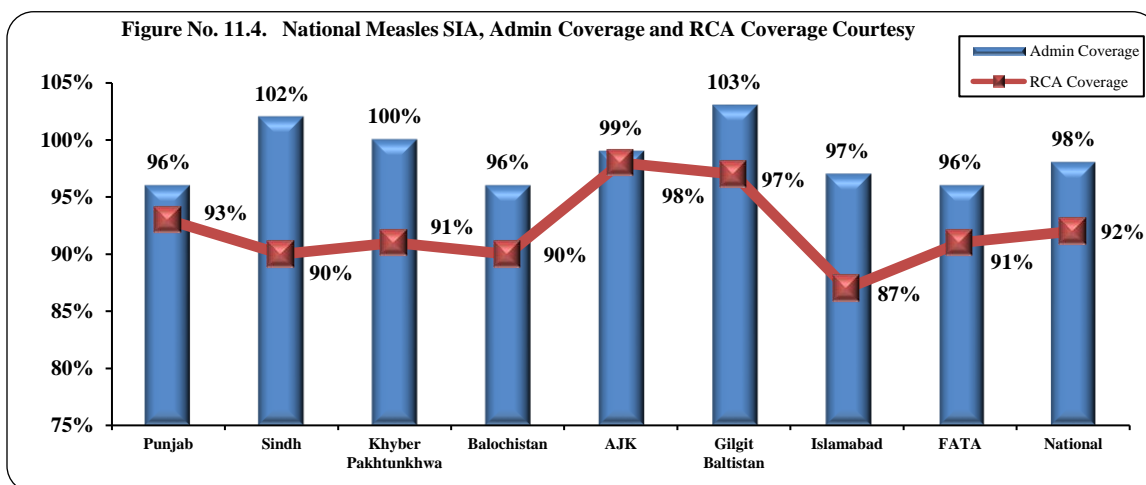
iii. Family Planning and Primary Health Care (FP&PHC)

The Family Planning and Primary Health Care (FP & PHC) Program so far has recruited more than 100,000 Lady Health Workers (LHWs). LHWs services encompass the health conditions of women and children through improved sanitation, birth spacing, iron supplementation, larger vaccination coverage and through ante-natal and post-natal coverage of the pregnant women. The concerned governments of respective provinces/ area are in the process of rationalization of salary packages of the staff under this program through regularization of services in compliance to the orders of the Honourable Supreme Court of Pakistan. Overarching problems of governance and monitoring still requires immediate consideration at the regional and sub regional levels.

iv. Expanded Program for Immunization

Expanded Program for Immunization (EPI) Program 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 penta-valent vaccine have been introduced with the help of United Nations Children Fund's (UNICEF). EPI Program envisaged protecting 07 million children of 0-23 months against 10 deadly vaccine preventable diseases and about 07 million pregnant and child bearing aged women, their neonates will be immunized against tetanus toxoid vaccine respectively. Although after devolution, this has become largely the responsibility of the provincial/area governments, Federal EPI cell currently took the responsibility of the procurements, coordination and technical guidance, whereas, provincial EPI cells are largely responsible for implementation of the program. The recent achievements of the program are formulation of National Immunization Policy and National Communication Strategy for routine immunization endorsed and approved by provinces and stakeholders, Development of Effective Vaccine Management Improvement Plan and its implementation, Improvement in Vaccine Logistic Management Information System (VLMIS) and formulation of Multi-Donor Trust Fund (MTDF) with the support of World Bank along with other financial partners such as World Health Organization (WHO) and Japanese International Cooperation Agency (JICA). Still the issues of routine immunization in the out reached areas of erstwhile Federally Administered Tribal Areas (FATA) and Balochistan needs consideration. The recently conducted National Measles campaign has shown remarkable coverage of Measles Supplemental Immunization Activities (SIAs) recorded through Management Information System (MIS) which was 98 percent. The maximum coverage reported in GB (103 percent) while the minimum was reported from erstwhile FATA (96 percent).

The Measles SIA coverage reported from Sindh (102 percent), Khyber Pakhtunkhwa (100 percent), Balochistan (96 percent), AJK (99 percent), Islamabad (97 percent) respectively as shown in figure:

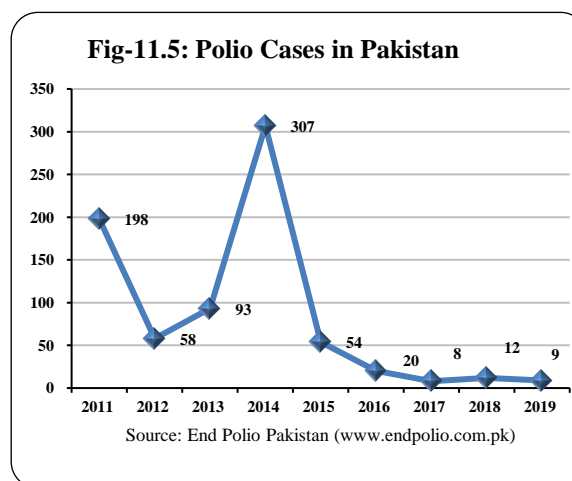


Root Cause Analysis (RCA) for a total of 1.5 million households revealed national coverage of 92 percent ranging between 87 percent to 98.1 percent for provinces and areas. During the campaign, 199,398 children missed vaccination. The highest number of missed children was reported from Balochistan (53,501) and lowest from AJK (109) while Gilgit Baltistan reported 100 percent coverage. The government has extended two supplementary days to catch up missed children. The overall wastage rate remained 9.95 percent with maximum wastage rate reported from Balochistan (15.51 percent) while the minimum wastage was reported from Punjab (8.92 percent). According to the independent assessment the coverage results lies around 94.5 percent.

v. Polio Eradication Initiative Program

Pakistan has made important progress towards eradications polio in the country. Case numbers are at the lowest and the immunity gaps continued to decline. However, in high-risk areas of the country, unvaccinated children remain vulnerable. An array of approaches and tools are being used to bring Pakistan to the finishing line, including tailoring vaccination approaches to children in high-risk mobile populations, emergency operations centers to coordinate the program effectively and a National Emergency Action Plan with a strong accountability framework, improved surveillance, fewer unvaccinated children and fewer strains of the virus. Pakistan has a real opportunity to end transmission this year, but it must remain focused on reaching children in high-risk areas of the country, increase and enhance surveillance quality, and conduct high-quality campaigns to close immunity gaps. Also critical to success will be working together with Afghanistan in fighting the virus. The remaining strongholds of wild poliovirus transmission are in areas linking the two countries, and country programs are jointly focused on improving the quality of immunization activities and surveillance in these areas.

According to Planning and Development Division, during 2019-2021 Pakistan will invest US \$ 347.22 million (PKR 46.8 billion) for polio eradication activities. Vaccine procurement and social mobilization is undertaken by UNICEF while WHO incurs expenditures on operational



activities and environmental surveillance. 2nd Revision of the PC-I has been in principle approved in the CDWP meeting dated 03-01-2019.

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 12 in 2018 and during first quarter of 2019, 02 cases in Punjab, 01 case in Sindh, 03 cases in Khyber Pakhtunkhwa and 3 cases in Khyber Pakhtunkhwa Tribal District(KPTD) are observed. The detail is given in the following Table;

Table 11.6: Provinces Wise Polio Cases

| Province | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 |
|--------------------|------|------|------|------|------|------|------|------|------|
| Punjab | 9 | 2 | 7 | 5 | 2 | 0 | 1 | 0 | 2 |
| Sindh | 33 | 4 | 10 | 30 | 12 | 8 | 2 | 1 | 1 |
| Khyber Pakhtunkhwa | 23 | 27 | 11 | 68 | 17 | 8 | 1 | 2 | 3 |
| KPTD | 59 | 20 | 65 | 179 | 16 | 2 | 0 | 6 | 3 |
| Balochistan | 73 | 4 | 0 | 25 | 7 | 2 | 3 | 3 | 0 |
| Gilgit-baltistan | 1 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 |
| Azad jammu&kashmir | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 198 | 58 | 93 | 306 | 54 | 20 | 8 | 12 | 9 |

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

vi. Safe Blood Transfusion Services Program

The government recognizes the significance of the preventive aspect in healthcare especially the pivotal role of strengthening healthcare services with backup support of provision of adequate and highest quality of safe blood transfusion services system in the country. The government appreciated the support provided by the German government through KFW Development Bank to create the new blood transfusion system in Pakistan and assured to take bilateral collaboration between Pakistan and German governments to sustain the successful continuation in improving health sector reforms agenda. Safe Blood Transfusion Services in Islamabad Capital Territory is one of the proposed project out of overall several ongoing projects of similar nature in all four provinces of the country. The establishment of streamlines service delivery in Safe Blood Transfusion Services has been strengthened by granting licenses to 18 public and private sector blood banks so far. The Islamabad Blood Transfusion Authority (IBTA) has been revived recently which has developed a very successful model of regulation based on constructive non-punitive approach. As a result now all the blood banks in Islamabad have all essential required equipment and trend of automation is increasing, all blood collected is processed into three blood components, there is 100 percent automated screening for Hepatitis B, C and HIV, automated cross-matching is performed in the larger blood banks and the documentation standards have improved considerably.

vii. Malaria Control Program

Malaria control has always been a main concern being a moderate malaria endemic country. The program targets to reduce the malaria burden by 60 percent in high and moderate endemic districts/agencies and eliminate malaria in low endemic districts by year 2018-19. The two highly prevalent parasitic species identified so far are Plasmodium Vivax and Plasmodium Falciparum. Plasmodium Vivax is the major parasite species account for more than 80 percent reported confirmed cases in the country. More than 90 percent of disease burden in the country is shared by

56 highly endemic districts, mostly located in Balochistan (17 out of 32 districts), erstwhile FATA (7 agencies), Sindh (12 districts) and Khyber Pakhtunkhwa (12 districts). Erstwhile FATA is the second highest malaria affected belt of the country which accounts for 12-15 percent of the total case load of the country. National strategy for Malaria Control is based on the key Result Based Monitoring (RBM) element which includes early diagnosis and prompt treatment, improved detection and response to epidemics, developing viable partnerships with national and international partners, multiple prevention, focused operational research and National commitment. National Guidelines for Prevention of Crimean Congo Hemorrhagic Fever (CCHF) is developed along with 5-Year Plan of Action (PoA/PC-I 2017-2022) for the control of Vector Borne Diseases (VBDs) in Pakistan. Moreover, following facilities are provided during FY2019;

- a) Successful implementation of The Global Fund-Single Streamline Funding (SSF) Round-10 grant worth US\$ 30.2 million
- b) Secured Worth US\$ 52 million to implement the Malaria Control interventions in 48 endemic districts of Pakistan
- c) Securing US\$ 42.0. million for malaria control intervention under New funding Request 2018-2020
- d) Approval of PC-I for "Common Unit to Manage Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) Grant 2016-2018 costing Rs.169.148 million
- e) Distribution of 3.1 million free of cost Long Lasting Insecticidal Nets (LLINs) in target districts of Pakistan during 2018 and plan to distribute same number of LLINs during 2019.
 - i. Approximately 1.1 million houses registration using mobile apps. Onsite Data Kit (ODK) for distribution of LLINs during 2018
 - ii. Distribution of free of cost 50,000 Glucan time Injection through the support of WHO for treatment of Cutaneous Leishmaniasis (CL) in Pakistan
 - iii. 1.1 million rapid diagnostic tests utilized to diagnose the suspected malaria cases
 - iv. 65,230 Artemisinin-based Combination Therapies (ACTs) for confirmed *Plasmodium Falciparum* variant of malaria cases.

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

Pakistan to a large degree has controlled to remain comparatively protected from the increase in AIDS cases to date. It is known as a low-prevalence, high-risk country for the spread of HIV infection. HIV / AIDS Program aims for the Behavior Change Communication (BCC), services to high-risk population groups, treatment of sexually transmitted infections (STIs) and supply of safe blood for transfusions and capacity building of various stakeholders. Pakistan's epidemic is primarily concentrated among two of the key population groups driving the epidemic in the country. These are two groups who are driving the epidemic of AIDS in the country. These are Patient Who Inject Drugs (PWID) with a national prevalence of 27.2 percent (weighted prevalence of 37.8 percent); Hijrha (Transgender) Sex Worker (HSW) standing at 5.2 percent and 1.6 percent among Male Sex Worker (MSW). However, the prevalence in Female Sex Workers still remains low at 0.6 percent. The program is technically supported by the UN agencies and Global Fund against AIDS, TB and Malaria.

The National AIDS Control Program as Principal Recipient of the Global Fund grant provided HIV treatment, care and support services to people living with HIV and their family members. In the New Funding Model (NFM) grant, National AIDS Control Program (NACP) managed 21 Community Home based Care Sites (CHBC) which provided care and support services to people living with HIV

as well as their family members in the form of psycho-social support, empowerment/ toolkit support, food and nutrition support, school fee and package support, travel support as well as emergency medical care support. Another salient feature of the Community and Home Based Care (CHBC) model was its outreach and active case identification followed by linkages to respective ART centres for further case management. HIV treatment centres provide free of cost diagnostics and HIV treatment to people living with HIV. The major achievements of the national AIDS Control Program NACP in the year 2018-19 are as under;

- ▶ NACP provided antiretroviral medicines (ARVs) treatment, screening kits and medicines for opportunistic infections. In addition to provision of counseling services to individual spouse and family and group counseling. In-patient treatment facility through the established 26 treatment centers for People Living with HIV/AIDS (PLHIV) centers in Federal area and Provinces
- ▶ As of 31st December 2018, 22,333 People Living with HIV/AIDS (PLHIV) were registered in all the treatment centers and 12,046 PLHIV are on treatment
- ▶ HIV diagnostics through National Referral Laboratory, National AIDS Control Program
- ▶ Provision of CD4 machines for Punjab, Balochistan, Sindh and Khyber Pakhtunkhwa
- ▶ Approval of Global Fund grant for Pakistan of US \$ 34.9 million for the period 1st January 2018 to 31st December 2020.

ix. Maternal & Child Health Program

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

x. Prime Minister's Program for Prevention and Control of Hepatitis:

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

Provincial Achievements in Health Sector

a) Government of Punjab

i. Improved Health Spending

Government of Punjab has aggressively working on strengthening the primary and secondary level of healthcare. The priority of the Government of Punjab has moved to the strengthening preventive and promotive pillars of primary health care to improve the healthcare service delivery. There is a drastic surge of health budget on strengthening of primary and secondary healthcare which is increased by 81 percent i.e. from Rs. 62 billion in 2015-16 to Rs. 112 billion in 2018-19.

ii. Launch of Health Insurance Scheme (Sehat Sahulat Cards)

The Government of Punjab is focusing to outreach marginalized segment of the society who are not able to meet expensive healthcare services from the private sector. The government envisaged benefiting 30 million people and 3.7 million families from launch of health insurance scheme the “Sehat Sahulat Cards”. The launch of sehat sahulat cards in January 2019, envisaged distributing the cards among 50 percent population of the province in its initial phase. By the end of March 2019, 0.8 million cards will be distributed in four districts of the province. The government will complete the distribution of cards across the province by the end of year 2019. By that time, 7.2 million ‘Sehat Sahulat Cards’ will be provided to 35 million individuals of Punjab. Through sehat sahulat card scheme the cardholders are entitled to free medical treatment worth Rs. 720,000. Moreover, patients are also provided an additional Rs.1000 through the card so that they can travel to the hospital.

iii. Strengthening Healthcare Infrastructure

Government of Punjab has recently recruited doctors through public service commission and deployed 2,717 women medical officers across Punjab and 3,620 male medical officers. The government has also improved the physical infrastructure of healthcare services by revamping nine districts and tehsils hospitals including hospitals of Okara, Nankasahab, Shekhupura, Kasur, Hafizabad, Narowal, Jhelum, Kamonki and Daska.

b) Government of Khyber Pakhtunkhwa**i. Improvement of Health Insurance Scheme (Sehat Insaf Cards)**

The Government of Khyber Pakhtunkhwa has improved the health insurance scheme “sehat sahulat cards” by increasing service delivery of health insurance scheme to 2.4 million households with provision of free treatment to 70 percent of the population of Khyber Pakhtunkhwa. The Khyber Pakhtunkhwa government granted empanelment to 106 public and private hospitals through health insurance scheme and about Rs. 2.64 billion spent so far for free treatment through this scheme.

ii. Strengthening Healthcare Infrastructure

The Government of Khyber Pakhtunkhwa has improved healthcare service delivery by increasing number of healthcare service providers. The provincial government increased recruitment many folds as compared to existing situation in 2013. Recently, during the 2018-19 the Khyber Pakhtunkhwa Government recruited 8,801 medical officers that is 142 percent more than it was in 2013. 931 doctors in District specialist cadre has been recruited in 2018 which is increased by 232 percent of 2013. 488 Managers about 50 percent increase and 397 Dental surgeons about 56 percent have been recruited in 2018.

c) Government of Balochistan

The health sector of Government of Balochistan is struggling to provide adequate healthcare services due to shortage of healthcare service providers who prefer to work in provincial capital Quetta and unwilling to stay in rural areas which has largely affected health status of rural population. The provincial health department has made robust arrangements to address this issue and developed Health Sector Strategy (2013-2018) which is ongoing in its last phase of implementation. Recently, in August 2018, the newly established provincial government decided to take strategic initiatives to address the challenges of healthcare service delivery, quality of care, lack of skilled health workforce and to ensure adequate health coverage for the poor and vulnerable population in the province.

d) Government of Sindh

The Government of Sindh has allocated Rs 96.38 billion for health sector in the budget for financial year 2018-19. The government has allocated Rs. 12.50 billion for 2018-19 for development of health sector. It envisaged new schemes of health sector under the provision of Rs 50 billion earmarked

separately as block allocation in ADP 2018-19. Sindh Government has completed 68 new uplift schemes of Rs 5.12 billion, including RHCs, Trauma-cum-Emergency Centres and construction of warehouses at all divisional head quarters for cold storage facility; four schemes of up-gradation of RHC, to THQ Hospitals and establishment of Cancer Ward at Nuclear Institute of Medicine & Radiotherapy (NIMRA), Jamshoro at the cost of Rs 1.086 billion.

Nutrition Security

Global Nutrition Report (GNR) 2018 revealed unacceptably high level of malnutrition and every country is affected in one way or the other. More than half of the world’s wasted children (26.9 million) live in South Asia and of the three countries are home to almost half (47.2 percent) of all stunted children, two are in Asia i.e. 46.6 million in India, 10.7 million in Pakistan and one in West Africa i.e. 13.9 million in Nigeria. The loss to Gross Domestic Product (GDP) in Pakistan is due to malnutrition which is estimated at 3 percent annually.

Improving nutrition can have a powerful and positive multiplier effect across multiple aspects of development, including poverty, environmental sustainability, peace and stability. The government has shown its commitment to overcome vicious cycle of malnutrition and has pin-pointed stunting as the major setback in the development of the nation. Pakistan Multi-sectoral Nutrition Strategy (PMNS) has been formulated following the bottom up approach to fill gaps in planning and implementation.

Nutrition and Food Consumption

I. Food Availability: Pakistan produces enough food to meet the domestic dietary needs of the population. During 2018-19, the availability of staple food items has been estimated as adequate because of appropriate timely import and exports but slightly varied compared to previous year 2017-18 (Table 11.8). The availability of calories through major food commodities was 2480 in 2017-18 and is estimated to improve to 2530 calories in 2018-19 (Figure 11.7)

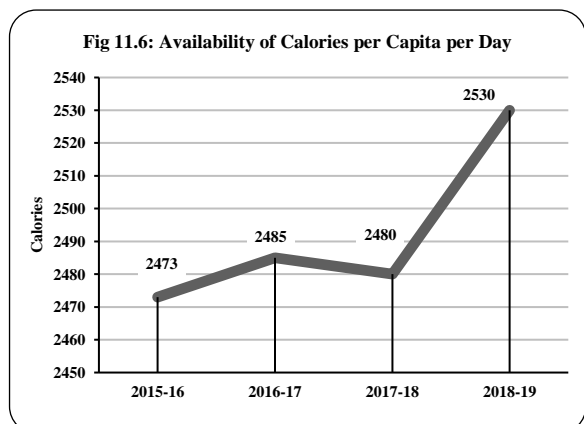
Table 11.7: Food Availability(Kg) Per Capita per Annum

| Food Items | 2015-16 | 2016-17 | 2017-18 | 2018-19 (P) |
|-------------------------------|---------|---------|---------|-------------|
| Cereals | 155.1 | 150.6 | 148.0 | 150.0 |
| Pulses | 5.2 | 8.1 | 5.3 | 6.0 |
| Sugar | 32.2 | 33.3 | 28.2 | 28.8 |
| Milk* (Ltr) | 163.3 | 165.0 | 167.6 | 165.7 |
| Meat (Beef, Mutton & Poultry) | 19.8 | 20.4 | 21.0 | 21.1 |
| Eggs (Dozen) | 6.5 | 7.2 | 7.0 | 7.0 |
| Edible Oil/Ghee (Ltr) | 14.3 | 14.1 | 15.2 | 15.0 |

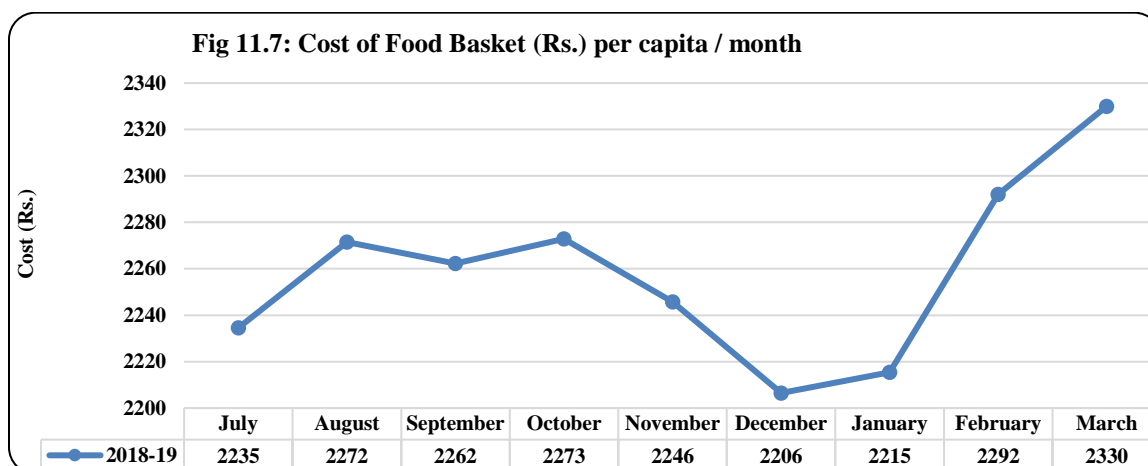
P: provisional * Milk availability has been revised according to FAO criteria

Source: Ministry of Planning, Development & Reform(Nutrition Section)

Cost of Food Basket: The cost of minimum food basket providing 2,100 calories/ day and 60 gm protein/ day, has been calculated on monthly basis, using food prices data from Pakistan Bureau of Statistics. The food expenditure was Rs. 2,235 in the month of July, 2018 which increased during August–October up to Rs. 2,273 and then decreased to Rs. 2,206 in December 2018. Thereafter, food cost sharply increased to Rs 2,330 by the month of March 2019. However, the average cost remained Rs. 2,259 per person per month during the period from July 2018 to March,



2019 (Figure 2) which was almost the same during the previous year.



Cancer Treatment Program:

Pakistan Atomic Energy Commission (PAEC) has given high priority to application of nuclear technology in health sector especially utilizing radiotherapy in treatment of cancer. Non communicable diseases are responsible for majority of global deaths and cancer is ranked second leading cause of death and single most important barrier to increasing life expectancy worldwide. Since the establishment of first nuclear medical center of PAEC in 1960 at Karachi, currently there are 18 Atomic Energy Cancer Hospital (AECHs) dedicated to serving poor cancer patients not only in major cities but also in remote areas like D.I Khan, Bannu, Swat, Nawabshah etc. They are diligently working to provide latest and comprehensive diagnostic and treatment facilities to cancer patients irrespective of stage of disease. AECHs are operated by skilled teams of more than 2,500 professionals, including doctors, scientists, engineers, paramedical, technical and other supportive staff. Construction of another AECH is underway at Gilgit which will be opened in next fiscal year while proposal for establishment of another two such centers are under consideration.

Nuclear Medicine & Oncology (NM&O) Division

Economic impact of cancer is significant and, on the rise, due increasing cancer burden. In Pakistan, there is no international standard cancer registry that can project cancer burden of country and in turn give insight to health sector to devise clear policy for cancer control and prevention. Since PAEC is catering major cancer burden of the country which is estimated to be around 75 percent of total cancer patients countrywide. NM&O Division of PAEC is working on establishing cancer registry representing data from all 18 AECHs.

Achievements:

In addition to management of patients, following targets have been achieved in current fiscal year:

- i. Installation of new LINAC has been completed at AECH IRNUM, Peshawar for radiotherapy
- ii. MRI based simulation for radiation therapy has been started for the first time in Pakistan at AECH INMOL, Lahore. While SPECT-CT has also been installed
- iii. Up-gradation of AECH MINAR has been completed that include extensive civil work, purchase of Linac, SPECT-CT and Dual head SPECT
- iv. CT simulator and LINAC has been purchased for AECH BINO, Bahawalpur

- v. LINAC and Cobalt 60 in new bunkers has been installed at AECH CENAR, Quetta, dual head gamma camera has been purchased and functional while construction of residential blocks is almost complete
- vi. SPECT-CT for AECH CENUM, Lahore and NORI Islamabad has been purchased.
- vii. LINAC for AECH KIRAN, Karachi has been installed while purchase process for PET-CT is almost complete
- viii. Research work continued on various IAEA TC/RCA Project and others in collaboration with different international/national organizations
- ix. Provision of teaching and training facilities to about 500 post graduate medical students/fellows in fields of nuclear medicine, radiation & medical oncology, radiology and medical physics
- x. Launching of cancer awareness and prevention/control campaign especially breast cancer awareness for early diagnosis and treatment leading to improved prognosis through arranging lectures, seminars and workshops in remote areas and mobile breast care clinics for screening

Special Projects:

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

- i) Establishment of cancer hospital in Gilgit Baltistan for which civil work, construction and purchase of equipment is under way
- ii) Establishment of cancer hospital in Azad Jammu and Kashmir for which land has been acquired
- iii) Establishment of cancer hospital in Mardan for which land has been acquired
- iv) Preparation for publication of first cancer registry based on data of all AECH for period 2015-17
- v) Indoor ward facility is being constructed at AECH NIMRA, Jamshoro
- vi) Cobalt 60 machine for radiotherapy is being purchased for AECH LINAR, Larkana
- vii) Construction is under way for installation of new LINAC at AECH INOR, Abbottabad
- viii) Up-gradation of AECH GINUM, Gujranwala that includes addition of radiotherapy facilities is under way for which construction and civil work is almost complete
- ix) Up-gradation of AECH NORI, Islamabad that include- LINAC, Cyber Knife and PET CT block for which civil work and construction of bunkers is under way while SPECT CT has been purchased

Table 11.8: Drug supply reduction activities

| S.No. | Kind of narcotics | Qty of Drugs Seized |
|-------|--|---------------------|
| 1 | Cases registered | 982 |
| 2 | Persons arrested | 1128 |
| 3 | Opium | 6319.640 Kgs |
| 4 | Morphine | 3425.500 Kgs |
| 5 | Heroin | 620.879 Kgs |
| 6 | Hashish | 36780.810 Kgs |
| 7 | Cocaine | 6.242 Kgs |
| 8 | Amphetamine | 125.842 Kgs |
| 9 | Methamphetamine | 90.262 Kgs |
| 10 | Ecstasy tablets | 3.353 Kgs |
| 11 | Xanax tabs | 18.441 Kgs |
| 12 | Nitrazepam tabs | 0.012 Kgs |
| 13 | Valium tabs | 0.863 Kgs |
| 14 | Rivotril tabs | 0.036 Kgs |
| 15 | Alprazolam tabs | 0.037 Kgs |
| 16 | Ampules intoxicant | 8.000 Kgs |
| 17 | Sulphuric acid (H ₂ SO ₄) | 16886.000 Lits |
| 18 | Hydrochloric acid (HCl) | 2135.000 Lits |
| 19 | Acetone | 1287.000 Lits |
| 20 | Toluene | 44.000 Lits |
| 21 | Ephedrine | 80.000 Lits |
| 22 | Potassium permanganate | 4850.000 Lits |
| 23 | Poppy straw | 9.000 Kgs |
| 24 | Liquor | 12.000 Lits |
| 25 | Canabis/ marijuana | 3.100 Kgs |

Source: Narcotics Control Division

Narcotics Control

Pakistan's counter narcotics efforts revolve around the three main strategy pillars highlighted in the government's Anti Narcotics Policy. These three pillars include Drug Supply Reduction, Drug

Demand Reduction and International Cooperation. The alarming drug production in Afghanistan is the main factor influencing the drug situation not only in Pakistan but world over. Afghanistan is producing more than 90 percent of the total world opium and is the largest producer of cannabis, about 40 percent of Afghan opiates/ drugs transit through Pakistan (World Drug Report of UNODC). Being a transit country, Pakistan is subjected to domestic spread/ use of drugs, as well. The flow/ smuggling of precursor chemicals to Afghanistan also pose serious challenges to Pakistan. Owing to porous border, loose border management and presence of numerous frequented and un-frequented routes, huge quantity of drugs are smuggled/ proliferated into Pakistan from Afghanistan. Cross-border drug trafficking can hardly be stopped, no matter how large a force is employed, unless optimum border control measures are put in place. The two strategic issues of drug production and loose border management between both the countries are of prime importance for effective control of narcotics trafficking. Moreover, Pakistan extends all-out support to the international community in the fight against the menace of drugs.

Anti-Narcotics Policy

The Anti-Narcotics Policy of Pakistan aims to re-energize existing national Drug Law Enforcement institutions, build the Anti Narcotics Force capacity, develop an effective coordination and control mechanism, and mobilize the people of Pakistan especially youth and institutions (national/international, private/public) to ensure their active participation in eradicating drugs. This policy also seeks to promote international cooperation for mutual support and partnership against narcotic drugs.

Drug Supply Reduction Activities

The Anti Narcotic Force Department (ANF) has taken numerous initiatives to fight drug hazards, various narcotic seizures were made and punishments were awarded to culprits during the period July-Dec 2018. Details are given in the following Tables:

Table 11.9: Detail of punishment awarded to culprits

| | |
|-----------------------|-----|
| Total decided cases | 771 |
| Convicted cases | 631 |
| Acquitted cases | 54 |
| Dormant / final order | 86 |
| Convicted persons | 728 |
| Acquitted persons | 135 |
| Conviction rate | 92% |

Source: Narcotics Control Division

The details of the operations conducted and seizures affected are as under:-

Table 11.10: Details of the operations conducted and seizures affected

| Raids | Arrests | Narco Drug Seized (In Kgs) | | | | |
|-------|---------|----------------------------|---------|-----------|---------|---|
| | | Opium | Heroin | Hashish | Cocaine | Others |
| 982 | 1128 | 6319.640 | 620.879 | 36780.810 | 6.242 | <ul style="list-style-type: none"> • 125.842 Kgs Amph • 90.262 Kgs Meth • 18.441 Kgs Xanax Tabs • 3.353 Kgs Ecstasy Tabs • 16886 lits Sulphuric Acid • 2135.00 lits HCL |

Source: Narcotics Control Division

- i) Areas around educational institutions are being monitored on regular basis to stop/counter sale of drugs to students by peddlers/suppliers
- ii) Launching of campaign/ crackdown against drug peddlers involving Police under IATF (Inter Agencies Task Force) forum
- iii) Intelligence network of ANF has been expanded inside main cities to locate and hunt drug smugglers/peddlers

1. Awareness Activities

Mass awareness about harms of drugs amongst students, teachers and various administrative staff is being created while delivering lectures, talks in the Schools, Colleges & Universities. Details of total lectures delivered province wise for the period from 1st July, 2018 to 31st March, 2019 is as under:

Table 11.11: Awareness Activities

| Activity | Balochistan | Sindh | Punjab | Khyber Pakhtunkhwa | North | Total |
|-------------------|-------------|-------|--------|-----------------------|-------|-------|
| Awareness Lecture | 77 | 24 | 76 | 73 | 73 | 323 |

Source: Narcotics Control Division

2. International Cooperation

Illicit trafficking of narcotics and drug abuse is a global challenge. Pakistan is acting as a front-line state in combating the menace of drugs. The government has taken number of initiatives to control spread and trafficking of illicit narcotics. However, Pakistan cannot fight this menace alone therefore; international cooperation is important pillar of Pakistan's strategy against drugs. Ministry of Narcotics Control has signed 34 MoUs with different countries.

From July, 2018 to March, 2019, Ministry of Narcotics Control has issued 1193 NOCs for import, export, local purchase, utilization and distribution of various precursor chemicals to different pharmaceutical and industrial firms. Narcotics Control Division has registered 157 firms for various precursor chemicals mentioned in Tables-I and II of the UN Convention 1988. 177 Pharmaceutical firms have been granted quota for different Narcotic Drugs and Psychotropic Substance.

3. Development Projects.

Following development projects are being implemented by Ministry of Narcotics Control.

Table 11.12: Development Projects

| S# | Name of Projects | Duration | Estimated cost (Rs. million) |
|----|--|-----------------------------|---------------------------------|
| 1. | Acquisition of land and construction of ANF police station at Pasni. | 10-10-2017 to 30-06-2020 | 49.723 |
| 2. | Construction of ANF police station at Sust | 10-10-2017 to 30-06-2020 | 49.816 |
| 3. | Construction of single men barrack at Korangi Karachi | 10-10-2017 to 30-06-2019 | 29.318 |

Source: Narcotics Control Division

Conclusion

Health sector of the country faces tough challenges and there is a dire need to enhance the budget allocation for health aggressively by federal and all provincial governments, especially development expenditure so that increased and better quality health facilities may be available across the country. The present government is committed to increase the health coverage for the growing demand of increasing population. A number of efforts are underway to provide health facilities, increasing health expenditure and to meet goals under SDGs like Sehat Sahulat Program, Civil Registration & Vital Statistics, Deworm Islamabad Insensitive etc and taking expenses at health as investment rather considering it cost.