

HEALTH AND NUTRITION

National health security is increasingly threatened in Pakistan due to population growth, rising urbanization, environmental pollution and change in lifestyle of people, among other factors. Access to good health can contribute positively to the economic and social development of a country. Thus, key issues that impact the health status of people ought to be addressed through a diverse set of policy tools. To secure better health outcomes, both short- and long-term measures are the need of the hour. Good nutrition also has a direct impact on the overall health and quality of life. The present government is committed to improving the health care facilities and provision of good nutrition for effectively utilizing the human potential of the country.

The challenges to the health system will be further exacerbated by the direct and indirect impact of the COVID-19 pandemic. The pandemic has posed considerable health risks to an already vulnerable population living in the country with inadequate healthcare infrastructure.

Regional Comparison

Governments adopt various public health programmes in reducing the incidence of disease, disability, effects of aging, and other physical and mental health conditions. World Health Organization (WHO), a United Nations agency, has been actively involved in promoting and protecting healthcare worldwide. The WHO interventions in crisis situations include helping devise response mechanisms to health emergencies. The world has adopted various health initiatives/programmes to fight deadly diseases like malaria, tuberculosis, HIV/Aids, diabetes, cancer, heart diseases, etc. Public health vaccination programmes have made strides in promoting health, including the eradication of smallpox and controlling the spread of Polio around the world. Pakistan is an active global partner for disease prevention, universal immunization, and improvement in health care infrastructure, etc. The country has improved health indicators over the last three years, as exhibited in the regional comparison of health indicators in Table 11.1:

Table: 11.1 Regional Countries Human Development Indicator

Country	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 %)		
	2016	2017	2018	2016	2017	2018	2015	2016	2017	2016	2017	2018	2016	2017	2018
Pakistan	66.8	66.9	67.1	60.5	58.8	57.2	154.0	143.0	140.0	73.8	71.5	69.3	2.1	2.1	2.1
India	68.9	69.2	69.4	33.2	31.5	29.9	158.0	150.0	145.0	41.1	38.7	36.6	1.1	1.1	1.0
Bangladesh	71.8	72.1	72.3	28.0	26.5	25.1	200.0	186.0	173.0	33.9	31.9	30.2	1.1	1.1	1.1
Sri Lanka	76.5	76.6	76.8	7.0	6.7	6.4	36.0	36.0	36.0	8.2	7.8	7.4	1.1	1.1	1.0
Nepal	69.8	70.2	70.5	28.7	27.6	26.7	236.0	200.0	186.0	34.8	33.4	32.2	0.9	1.3	1.7
Bhutan	70.8	71.1	71.5	26.5	25.6	24.8	203.0	193.0	183.0	32.0	30.8	29.7	1.2	1.2	1.2
China	76.2	76.5	76.7	8.5	7.9	7.4	30.0	29.0	29.0	9.9	9.2	8.6	0.5	0.6	0.5
Indonesia	71.0	71.3	71.5	22.6	21.9	21.1	192.0	184.0	177.0	26.9	25.9	25.0	1.2	1.2	1.1
Malaysia	75.6	75.8	76.0	6.8	6.7	6.7	30.0	29.0	29.0	8.0	7.9	7.8	1.4	1.4	1.4
Philippines	70.8	71.0	71.1	23.4	22.9	22.5	127.0	124.0	121.0	29.7	29.1	28.4	1.5	1.4	1.4
Thailand	76.4	76.7	76.9	8.6	8.2	7.8	38.0	37.0	37.0	10.0	9.5	9.1	0.4	0.3	0.3

Note: Health-related data is given in a calendar year

Source: World Bank Development Indicators (Year 2020)

Health Status

The Government of Pakistan is fully cognizant that the access to quality healthcare facilities for the general public is of utmost importance. There is a strong impetus for achieving Universal Health Coverage (UHC) through health sector reform initiatives, including population control, expanding health insurance, and strengthening family-based health care in the country. The strategies adopted for the health sector are to translate the government's priority agenda to achieve universal health coverage by 2030. Toward this end, Pakistan became a signatory to the International Health Partnership (IHP+) in 2010 and published the Pakistan National Health Vision 2016-2025, recognizing UHC as a priority area.

Health Manpower	2012	2013	2014	2015	2016	2017	2018	2019
Doctors	160,880	167,759	175,223	184,711	195,896	208,007	220,829	233,261
Dentists	12,692	13,716	15,106	16,652	18,333	20,463	22,595	24,930
Nurses	82,119	86,183	90,276	94,766	99,228	103,777	108,474	112,123
Midwives	31,503	32,677	33,687	34,668	36,326	38,060	40,272	41,810
Lady Health Visitors	13,678	14,388	15,325	16,448	17,384	18,400	19,910	20,565

Note: Registered Medical and Paramedical Personnel data is given as calendar year
Source: Pakistan Bureau of Statistics

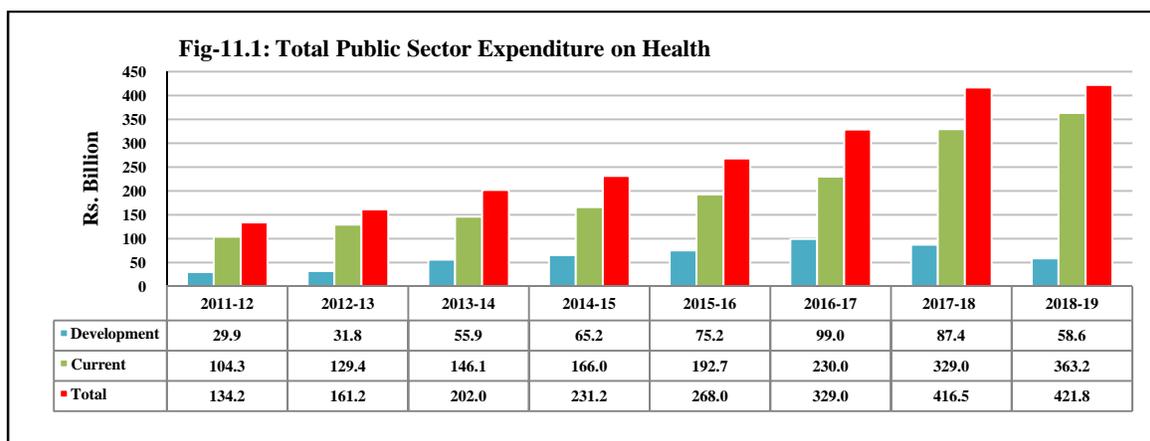
Federal Government is committed to exploring opportunities for increased health spending through Technical Assistance (TA) from World Bank, which will formulate strategies for better access to healthcare and financial risk protection in Pakistan. Pakistan is advancing towards achieving universal birth registration and sensitizing health institutions for recording hospital-based deaths, improving mental health, human security, and social justice through health financing.

Health Expenditure

Cumulative health expenditures by federal and provincial governments in FY2019 increased to Rs 421.8 billion from Rs 416.5 billion last year, showing a growth of 1.3 percent. As % of GDP, it is 1.1 percent. The health expenditure details are as in Table 11.3 and Figure Fig-11.1:

Fiscal Years	Public Sector Expenditure (Federal and Provincial) Rs Million			Health Expenditure as % of GDP
	Total Health Expenditures	Development Expenditure	Current Expenditure	
2011-12	134,182	29,898	104,284	0.7
2012-13	161,202	31,781	129,421	0.6
2013-14	201,986	55,904	146,082	0.7
2014-15	231,172	65,213	165,959	0.7
2015-16	267,953	75,249	192,704	0.9
2016-17	328,962	99,005	229,957	1.0
2017-18	416,467	87,434	329,033	1.2
2018-19	421,778	58,624	363,154	1.1

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



Health Sector Projects of Federal PSDP during FY2020

Government of Pakistan has supported various programmes and projects through Public Sector Development Programme (PSDP) development portfolio during FY2020 in fulfillment of the global commitment of Sustainable Development Goals (SDG) agenda to improve the health status of the people and to reduce the burden of communicable and non-communicable diseases (NCDs). During FY2020, PSDP allocations of Rs 23,975.926 million were made for 62 health sector projects, and Rs 11,483.979 million were released up to 10-04-2020, for enhancing the access and quality of healthcare system. Details are given below in Table-11.4:

Table 11.4: PSDP Portfolio of Health Sector

S.No.	Name of Ministry/Organization	No of Projects	Total Cost	PSDP Allocation	PSDP Releases upto 10-4-2020
1	Ministry of National Health Services Regulations and Coordination (NHSRC)	45	102,990.635	13376.558	6349.000
2	Ministry of Kashmir Affairs & Gilgit Baltistan	04	7975.873	1350.000	1010.000
3	Pakistan Atomic Energy Commission (PAEC)	05	11735.956	2740.584	1918.408
4	Cabinet Division	01	5,301.40	5,301.400	1263.391
5	Federal Education & Professional Training Division	01	21.000	7.000	4.400
6	Finance Division	02	4,199.990	908.199	721.595
7	Interior Division	01	250.890	135.885	135.885
8	Narcotics Control Division	01	245.057	50.000	0.000
9	Planning, Development & Special Initiative Division	01	94.000	25.000	0.000
10	Science & Technology Research Division	01	313.130	81.300	81.300
	Total	62	133,127.931	23,975.926	11,483.979

Source: Planning Commission (Health Section)

The true essence of vertical programmes has been devolved to the provinces after the 18th Amendment; however Federal Government fully supports the Provinces /Area Governments

in their corresponding health sector programmes. The salient features of PSDP programmes in the health sector are as follows:

i) Devolved Vertical Health Programme

The fate of funding modalities of vertical programmes has been changed as health is a devolved subject since the promulgation of 18th Constitutional Amendments. As per the decision of CDWP on 29-03-2018 that was concurred by ECNEC as well, the federal funding to the vertical programmes financed through PSDP ceased to carry on 30th June, 2018. Henceforth, the economic burden of the vertical health programmes will be dealt with respective provincial / area government's development budget unless it is decided otherwise by the Council of Common Interest (CCI). Various projects that still require funding to improve the health status of the population, at the national level are envisaged to be implemented on a co-sharing financing model with respective provincial governments such as Strengthening Nursing and Midwifery sub-sector, Hepatitis C Treatment and Control Programme and, Strengthening Nutrition Initiative.

ii) Sehat Sahulat Programme

Sehat Sahulat Programme (SSP) is a flagship programme of social health protection and a milestone towards attaining UHC, thereby ensuring that the identified under-privileged citizens across the country get access to their entitled medical health care in a swift and dignified manner without any financial obligations. Currently, the programme is covering indoor patient services only but will be extended to cover outdoor patient services in the future. The beneficiaries are selected through a BISP-based survey, which is cross-verified by the National Database and Registration Authority (NADRA) for member's household family tree at threshold criteria of 32 PMT above the poverty line. According to PMU officials, the SSP programme achieved an overall enrollment of 59 percent of households up to December 2019 in the country. Whereas, the programme has almost reached the target of 60 percent enrolment in AJK, GB, and Khyber Pakhtunkhwa's merged districts. The patient satisfaction survey showed 97.5 percent satisfaction rate. Duplication of beneficiaries is avoided between Federal areas (including merged districts) and Khyber Pakhtunkhwa by State Life Insurance Company, the implementing agency.

iii) Dengue control

Federal Ministry, along with provincial Health Departments, is implementing Dengue control measures with the support of WHO and other partners. From July to November 2019, more than 45,000 people in Pakistan have been infected with the dengue virus. Ministry of National Health Services Regulations and Coordination (NHSRC) has launched an extensive community awareness campaign targeting more than 28,800 households in the twin cities of Rawalpindi and Islamabad, where dengue cases are most concentrated.

NHSRC has established Dengue Control & Operational Cell at the National Institute of Health (NIH) that is continuously monitoring the disease situation on a daily basis. Extensive social mobilization, community engagement, and vector control activities are being undertaken in all the affected and neighboring areas.

iv) "Ehsaas" Programme and Family Planning and Primary Healthcare Programme (FP&PHC)

Family Planning and Primary Health Care (FP&PHC) programme with intensification through Ehsaas Programme is striving to control population growth. Pakistan has a high total fertility rate (TFR) of 3.8 percent, and the current modern Contraceptive Prevalence Rate (mCPR) is 26 percent. Ministry of NHSRC has revealed that there were still 3.1 million unintended pregnancies in the last year-and-half amid not using modern contraceptive techniques. The Lady Health Workers (LHWs) have been engaged through FP&PHC Programme to support the population control efforts over the last two decades.

The FP&PHC programme so far has recruited more than 100,000 LHWs with services encompassing the health conditions of women and children through improved sanitation, birth spacing, iron supplementation, more extensive vaccination coverage, and through Ante-Natal Coverage (ANC) and Post-Natal Coverage (PNC) of the pregnant women.

v) Expanded Programme for Immunization

Pakistan became the first country in the world to include the vaccine in its compulsory Expanded Programme for Immunization (EPI) programme with the introduction of Typhoid Conjugate Vaccine (TCV) into its routine immunization programme in Sindh from November 2019. The EPI is now providing immunization to children against the Eight (08) Vaccine-Preventable Diseases i.e., childhood tuberculosis, poliomyelitis, diphtheria, Pertussis, neonatal tetanus, measles, hepatitis B and Typhoid. After the launch of the pilot TCV project in Sindh, the achievement was reported to cover 93 percent of the target population (EPI, 2019). Factors that contributed towards a successful campaign beyond effective synergy between the EPI programme and Emergency Operation Center (EOC) include a fully focused political leadership at federal as well as the provincial level and effective oversight by the concerned government officials.

During the last decade, EPI performance has been stagnant, with only 40-60 percent of targeted age children receiving the vaccines appropriately, which has now risen to 60-70 percent in rural but slightly lagging in urban areas. The Government of Pakistan is committed to addressing constraints for improving vaccine coverage through better programme management, monitoring, and evaluation (M&E), upgraded performance in service delivery, logistics control, human resources management (HRM), and financing.

vi) Polio Eradication Initiative (PEI) Programme

Almost 40 million children, including 6.8 million children at schools designated fixed points, were vaccinated during December 2019 through the National Immunization Day (NID) campaign across the country. The number of children missed during the last NID campaign in April 2019 decreased from 1.8 million children to 0.5 million children in December 2019 NID. High levels of political commitment have been demonstrated by the federal government that includes the inauguration of the campaign by the Prime Minister in December 2019. Federal Government is committed to investing Rs 46.8 billion (US \$347.22 million) for polio eradication activities during 2019-2021. Vaccine procurement and social mobilization are undertaken by UNICEF, while WHO incurs expenditures on operational activities and environmental surveillance.

vii) Safe Blood Transfusion Services (SBTS) Programme

The government is keen to streamline interventions to prevent and control endemic communicable diseases in the country through blood transfusion by scaling up of SBTS Programme. To address the issue of vacant positions during the last quarter of FY2019, NHSRC advertised the vacant positions of the Programme.

The support provided by the German government through KFW Development Bank to create the new blood transfusion system in Pakistan will improve the country's ongoing health sector reform agenda through bilateral collaboration between the two governments. SBTS project in ICT is recently approved by CDWP besides other ongoing projects of similar nature in all provinces of the country.

viii) Malaria Control Programme

National Strategy for Malaria Control is based on the key result-based monitoring element, which includes early diagnosis and prompt treatment, improved detection and response to epidemics, developing viable partnerships with national and international partners, multiple preventions, focused operational research, and national commitment.

This year, the efforts were made to reduce malaria burden by 60 percent in high and moderate endemic districts and eliminate malaria in low endemic districts. The two highly prevalent parasitic species identified so far are Plasmodium Vivax and Plasmodium Falciparum. Plasmodium Vivax is the major parasite species accounting for more than 80 percent of reported confirmed cases in the country. According to Directorate of Malaria Control, 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), merged areas (7 districts), Sindh (12 districts) and Khyber Pakhtunkhwa (12 districts). Merged districts are the second-highest malaria-affected belt of the country, which accounts for 12-15 percent of total caseload in Pakistan.

ix) Tuberculosis (TB) Control Programme

Pakistan has the fifth-highest burden of TB worldwide. The government declared the occurrence of TB a national emergency and implemented the Directly Observed Treatment Strategy (DOTS) that was followed by the Stop TB Strategy. National TB Control Programme (NTP) has achieved over 85 percent DOTS coverage in the public sector, and in the last five years, the programme has provided care to more than half a million TB Patients in Pakistan. The Programme objectives are to maintain the treatment success rate at 91 percent, to reduce the prevalence of MDR-TB among TB patients by at least 5 percent per year by 2020 and to strengthen programmatic and operational management capacity of the NTP.

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

Since July 2019, Pakistan has been facing the challenge of HIV/ AIDS outbreak, which rose to over 160,000 positive patients in 2018. Approximately 6,400 died from the HIV/ AIDS disease up till September 2019. After the outbreak of HIV in Larkana, Sindh province of Pakistan has become one of the countries in the WHO Eastern Mediterranean Region where new HIV infections are increasing at an alarming level since 1987. HIV / AIDS programme aims for the Behavior Change Communication (BCC) strategy, services to high-risk

population groups, treatment of Sexually Transmitted Infections (STIs), the supply of safe blood for transfusions, and capacity building of various stakeholders. Pakistan's epidemic is primarily concentrated among Injecting Drugs Users (IDUs) 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 (FSWs) still remains low at 0.6 percent. The programme is technically supported by the UN agencies and Global Fund against AIDS, TB, and Malaria.

xi) Maternal & Child Health (MCH) Programme

The MCH programme is implemented by the federal and provincial departments of health for translating the National Health Vision (2016-2025) with the aim to provide better access and quality to mother and child health and family planning services with the 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 had shown improvement in the Infant Mortality Rate (IMR) to 62 per one thousand from 66 per one thousand in 2015, but Maternal Mortality Rate (MMR) of 170/100,000 is still very high as compared to other regional countries. The grounds for a legal basis for a safe abortion shall be broadened, and access to safe abortion services improved to reduce the number of clandestine procedures and its negative consequences.

xii) Cancer Treatment Programme

Cancer has been considered one of the deadliest types of NCDs, and the number of cases is rising in the country. Pakistan Atomic Energy Commission's (PAEC) 18 Cancer Hospitals in four provinces are already providing diagnosis and treatment facilities to cancer patients. Recently efforts were made to establish the cancer registry at the national level with the support of other stakeholders at the national and provincial levels.

New Initiatives of the Government of Pakistan during FY2020

i) Reduction in Prevalence of Tobacco Use in Pakistan

NHSRC has chalked out a strategy 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. Tobacco use is the cause of death of around 160,100 Pakistanis every year. Around 24 million Pakistani adults currently use tobacco in varied forms. The country's youth is being targeted with this strategy of implementing PHW so that replacement smokers could be recruited.

ii) Civil Registration and Vital Statistics

The Civil Registration and Vital Statistics (CRVS) System, in conjunction with other systems, creates a foundation for countrywide administration, building the backbone of inclusive development through improved citizen participation and access to public services. The task of overall coordination for CRVS development has been assigned to the Ministry of Planning, Development, and Special Initiatives (M/o PD&SI). National and Provincial Steering and Coordination Committees are in place, and the Technical Support Unit-CRVS has also been established under M/o PD&SI. A number of steps have been taken besides

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institutional arrangements ranging from national assessment studies, organization of countrywide advocacy seminars, drafting of a National Policy to revamp and reform CRVS in Pakistan, and initiation of the process for the development of a robust national CRVS Strategic Plan.

iii) Pakistan Science Foundation

Pakistan Science Foundation is playing its role in public welfare by carrying out various scientific activities and programmes. The foundation has carried out various projects during FY2020 in the health sector, which are listed in Table 11.5:

Table 11.5: Health Sector Projects sponsored by Science Foundation

S. No	Project Number	Project Title	Funds Released (Rs.)
1	PSF/Res/ICPK-K UST/Med (283)	Identification of Risk Factors for Hepatitis C Virus Infection and HCV Genotyping in Haemophilic Patients of Khyber Pakhtunkhwa	100,430
2	PSF/Res/C-SZAB MU/Med (245)	Identification of Molecular Determinants of Hereditary Deafness	1,048,550
3	PSF/Res/P-CIIT/ Med (477)	Label Free, Non Invasive Biometric Sensor for Detecting Oral Cancer	421,932
4	PSF/Res/S-AKU/ Med (488)	Analysis of Population-Specific Epitope and Drug-resistance Mutations in HIV-1 in Pakistan	162,500
5	PSF/Res/ICPK-1B MS/Med (487)	Status of Iron Balance and Thalassemia Trait in District Peshawar, Khyber Pakhtunkhwa	192,000
Total			2,120,249

Source: Planning Commission (Health Section)

iv) National University of Science and Technology (NUST)

NUST has established a substantial ecosystem of research and innovation in the Health sector. Table 11.6 contains projects that have been initiated by NUST during FY2020.

Table 11.6: Research and Innovation Projects initiated by NUST

S. No	Project Description	Project Cost (Rs. in million)	Status
1	Medical Device Development Centre (MDDC)	331.12	On going
2	24 (Nos.) Various Research Projects	61.19	On going

Source: Planning Commission (Health Section)

v) Pakistan Council of Scientific and Industrial Research (PCSIR)

PCSIR has also contributed through the upgradation of research facilities to strengthen the health sector with projects to develop Herbal Anti-scabies Lotion and ointment for the treatment of topical wounds/ burns. Development of Herbal medicine for Urinary Tract using Opuntia Plant and Gluten-Free Bread for patients of Celiac disease is another significant contribution from PCSIR.

vi) Deworm Islamabad Initiative

The Federal Government of Pakistan was the first to implement mass school-based deworming across Islamabad Capital Territory (ICT) as a pilot in early 2019, treating over 200,000 children. The Government of Pakistan is keen to target the treatment of at least 75 percent of all at-risk school-age children across all 44 identified at-risk districts in Pakistan by 2021.

The second phase of the "Deworm Islamabad Initiative" has been launched at the level of ICT in December 2019. The WHO classifies Pakistan amongst the top-10 highest-burden countries for intestinal worm infestations. In 2016, the first nationwide Soil-Transmitted Helminths (STH) prevalence survey was conducted and revealed that an estimated 17 million school-age children in 44 districts of Pakistan are at risk and warrant annual mass deworming treatment as per WHO treatment guidelines. Worm infestations lead to anemia, malnourishment, and impaired mental and physical development and, thus, pose a serious threat to a child's health, education, and productivity.

Challenge of COVID-19 Outbreak

The pandemic was confirmed to have reached Pakistan on 26 February 2020, when the first patient in Karachi tested positive while returning from Iran. Since then, the pandemic has spread through foreign and domestic transfusion. However, due to timely measures taken by the government in collaboration with provinces, the outbreak has so far been prevented from getting worse. Till June 05, 2020, so far 89,249 confirmed cases with 31,198 recoveries and 1,838 deaths recorded in the country. Sindh has recorded the most 33,536 cases, Punjab 33,144, Khyber Pakhtunkhwa 11,890 and Balochistan 5,582. Based on reported cases, the mortality rate is approximately 2.1 percent. The government is employing available public, community, and private sector capacity to rapidly scale up the health system to prevent the spread of COVID-19.

The government has constituted a high-level National Coordination Committee (NCC) headed by the Prime Minister that evaluates the evolving situation on day to day basis to effectively curb the spread of the virus in the country. The National Disaster Management Authority (NDMA) and NHSRC have leading roles in combating the spread of a pandemic. A Command and Control Center has also been established to ensure effective coordination among the federal and provincial governments to control COVID-19.

The disease outbreak information management system has been strengthened, and a comprehensive hospital information management system has been ensured as the basis for the early detection of outbreaks. Disease surveillance & Response Units (DSRU) has also been strengthened at the district level and collaborated with Emergency Operations Centers (EOC) at the provincial level. Hospitals and laboratories in the major cities have been designated to collect the samples from suspected cases on bio-safety and bio-security standards. Quarantine facilities have been established all over the country to prevent the spread of the pandemic. The availability of relevant supplies, PPEs, and lab agents for safe collection, storage, packing, and transportation of samples from the designated hospitals to the National Reference Lab/ designated is being ensured.

The Government of Punjab declared a health emergency on 12 March 2020 in a Cabinet meeting. A quarantine facility was established in the Dera Ghazi Khan district for the pilgrims returning from Iran. The NIH initiated district level training of high-dependency unit, isolation and quarantine staff across the province on 27 March 2020. The provincial health department has sought Rs 11.00 billion from the Punjab Finance Department for arrangements to contain the spread of the pandemic. Punjab Government declared an initial grant of Rs 236.00 million to the Primary and Secondary Healthcare Department for preventive measures against COVID-19.

The Government of Sindh passed directives to the provincial health department to begin COVID-19 case mapping to contain the outbreak of disease. Orders were also given to improve sampling arrangements, upon which 18 vehicles of the Indus Hospital were dedicated to collecting samples from homes. Pakistan Army helped to setup a 10,000-bed field hospital at Karachi's Expo Centre to isolate and treat confirmed patients. All expenses for its establishment were born by the provincial government of Sindh. The Government of Sindh established an isolation and quarantine centre at the Jinnah Postgraduate Medical College in Karachi, which also provided free tests of suspected cases with results in 8 hours of sample submission.

The Government of Khyber Pakhtunkhwa has appointed at least 1,300 new doctors on contractual basis across the province to help contain the spread of COVID-19. The Khyber Pakhtunkhwa Public Service Commission also approved the recruitment of 635 more doctors to join the province's health force. The provincial government approved Rs 32.00 billion stimulus economic package to provide relief to the masses and the business community amid the Coronavirus crisis. The provincial government had ramped up its testing capacity with 500 new diagnostics kits and distribution of equipment and supplies, including oxygen concentrators, cardiac monitors, infusion pumps, dialysis catheter, among all districts of the province.

Government of Balochistan established a Quarantine Centre at Bolan Medical College Quetta, and 10-bed isolation wards at Quetta's Fatima Jinnah Chest Hospital and Sheikh Zayed Hospital, while a functional laboratory set up in Quetta. Thermal guns and 231 ambulances were made available in bordering districts with Iran and Afghanistan. An emergency response team headed by Director General, Provincial Disaster Management Authority (PDMA), was established. Screening of pilgrims and the business community who entered Pakistan from Iran was commenced while an emergency control room established at the PDMA office.

Provincial Government Achievements in Health Sector

i) Government of Punjab

The special initiatives launched by Government of Punjab since July 2019 to December 2019 include up scaling of the Sehat Insaf Card Programme; doubling the size of the LHW programme; increasing number of 24/7 Basic Health Units (BHUs) and Rural Health Centres (RHCs) equipped with a basic package of services, staff and ambulance service; establishing training institutes for nurses and paramedical staff; upgrading secondary care facilities; and building state of the art hospitals in major urban centers of the province. As far as primary and secondary healthcare facilities are concerned, Punjab has 32 District Headquarter Hospitals (DHQs), 9,126 Tehsil Headquarter Hospitals (THQs), 10,316 RHCs and 2,506 BHUs. Punjab Government is managing a number of programmes aimed at controlling different types of diseases, including the Hepatitis Control Programme, Aids Control Programme, Expanded Programme for Immunization, TB Control Programme, IRMNCH, Malaria Control Programme, and Infection Control Programme.

The total allocated budget for development projects for specialized healthcare and medical education for FY2020 is Rs 64,891.26 million. This helped in the smooth and timely

implementation of 62 development projects, including 58 ongoing projects, during the current year.

ii) Government of Sindh

Sindh government has allocated Rs 114.14 billion for the health sector in the budget for FY2020. For FY2019, Rs 13.5 billion was allocated for 170 schemes, and by June 3, 2019, Rs 4.61 billion was expended against a release of Rs 8.01 billion. 12 schemes are likely to be completed by June 2019, including a 50 bedded medical and surgical ICU; casualty and OPD departments at the Liaquat University Hospital and Ghulam Muhammad Mahar Medical College Hospital, Sukkur. Sindh Government has strengthened monitoring and surveillance systems, and recruitment of additional 1,733 vaccinators is in the process; TB Control Programme established 350 TB DOTS Clinics; installed 110 machines for rapid diagnosis of TB and drug resistance within two hours, in public sector facilities.

iii) Government of Khyber Pakhtunkhwa

The Health Department of Khyber Pakhtunkhwa has a network of 86 RHCs, 784 BHUs, 525 other Primary Health Centers, and 122 Hospitals, including 11 autonomous tertiary hospitals. The Khyber Pakhtunkhwa Health Sector Strategy outlines key outcomes with strategic actions to implement the agenda and vision of the government. The Health Sector Strategy has been transformed into an operational plan duly aligned with Medium Term Budgetary Framework. Additionally, under the promulgated Health Care Commission Act, 2014, under which the Health Regulatory Authority is being merged into the Health Care Commission; Teaching hospitals converted into Medical Teaching Institutions headed by Board of Governors; Food Safety Authority Act, 2014, promulgated under which an independent Food Safety Authority is being formed; and Human Organ Transplant Authority formed.

The Government of Khyber Pakhtunkhwa has initiated/ executed up-gradation of several BHUs to RHC level in the province from July 2019 to December 2019. Sehat Sahulat Programme has been extended to 69 percent of the population of the province. Provision of free treatment to 4,672 cancer patients, provision of free treatment to 31,868 TB patients, was also supported by projects under health sector reform initiatives in the province. The provision of free insulin to registered diabetic centers of Khyber Pakhtunkhwa was also carried out from July 2019 to December 2019.

iv) Government of Balochistan

The Government of Balochistan is committed to enhancing health infrastructure/facilities across the province. A total number of 62 new schemes have been introduced in the ADP 2019-20, spread over all the sub-sectors of health, namely Primary Health, Curative Health and General Health. The allocations for ongoing schemes are in Table 11.7:

Table 11.7: Allocations of Ongoing Health Schemes in Balochistan

S.No.	Project Title	Allocation(Rs. million)
1	Establishment of Emergency Centers on Main Highways of Balochistan	427
2	Construction of 30 Bedded(Bacha Khan Hospital), Quetta	340
3	Construction of One New BHU/RHC in each Tehsil of Balochistan	200
4	Equipment for Trauma Center Khuzdar, BMCH & Sheikh Zayed Hospital	180
5	Strengthening of 16 Potential DHQs 50 Bedded Hospital	200

Source: Planning Commission (Health Section)

Furthermore, in response to COVID-19, isolation wards were established in 10 sensitive districts, including Taftan, Mashkail, Chedgi, and Mand at the border with Iran and Afghanistan. The Balochistan government allocated Rs 200 million to establish isolation wards at the Pakistan-Iran border, while digital equipment is being acquired for the screening of suspected patients.

Nutrition Security

Good nutrition plays an important role in a healthy and prosperous life. Pakistan, along with other developed and under developing countries are suffering from high rates of malnutrition. According to the National Nutrition Survey (NNS) 2018 of Pakistan, 40 percent of under-five children are stunted, 18 percent wasted, and another 29 percent are underweight. Overnutrition in the form of overweight also prevails among children both in rural & urban settings and among women. About 24 percent of the women of reproductive age are overweight, while 14 percent are obese with a high ratio of 17 percent in urban and a lower ratio of 12 percent in rural areas.

The economic costs of malnutrition are high and persistent, with approximately 3 percent (\$7.6 billion) of loss of GDP every year in Pakistan. The study shows that this loss is due to low productivity from the poor physique, cognitive development, schooling, and increased health care costs. NNS 2018 revealed that almost 18 percent (38 million) of the country's population is severely food insecure. Moreover, since malnutrition in Pakistan primarily affects women, improving nutrition, and lowering dietary risks would advance gender equality. Reducing dietary risks would also help reduce out-of-pocket payments on health care, which in turn can help reduce poverty.

Food Availability and Consumption:

i) **Food Availability:** Pakistanis mainly an agricultural-based economy and produces enough food for its domestic dietary requirements. The trends of food availability of essential food items are assessed per annum by using Food Balance Sheets. During 2019-20, the availability of staple food items has been estimated as adequate and almost remained the same with slight variations as compared to the previous year 2018-19. The availability of calories through major food commodities is 2,325 in 2019-20 as compared to 2,319 in 2018-19. Details are given in Table 11.8.

Table 11.8: Food Availability (Kg) Per Capita Per Annum

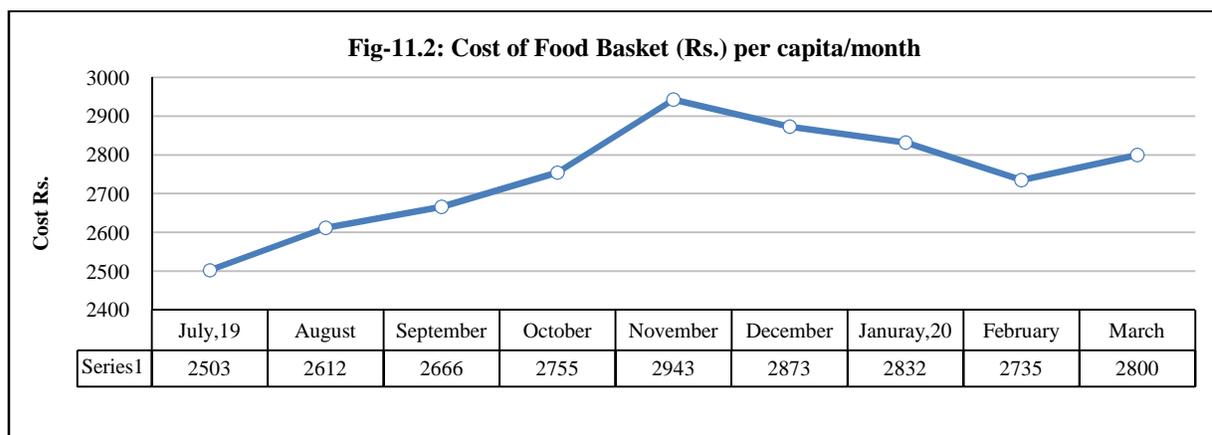
Food Items	2017-18	2018-19	2019-20(P)
Cereals	148.0	145.0	143.0
Pulses	5.3	4.2	5.4
Sugar	28.2	25.0	26.0
Milk(L)	167.6	166.0	164.0
Meat(Beef, Mutton, Chicken)	21.0	21.4	21.3
Fish	3.0	3.8	3.0
Eggs(Dozen)	7.0	5.0	5.0
Edible Oil/Ghee	15.2	10.7	10.4
Calories/Day	2480	2319	2325

P: Provisional

Source: Pakistan Bureau of Statistic, Planning Commission (Nutrition Section)

ii) **Cost of Food Basket:** The cost of a minimum food basket providing 2,100 calories and 60gm protein/day is being calculated on a monthly basis by using Consumer Price Index

Data from the Pakistan Bureau of Statistics. The average monthly cost of food basket during FY2020 (Figure 11.2) has been estimated at Rs 2,747 (from July 2019 to March 2020) however; it gradually increased form July 2019 (Rs 2,503) to November 2019 (Rs 2,943) and then decreased gradually by March 2020 (Rs 2,800). It showed an increase of 18 percent from the previous year of Rs 2,370.



Nutrition Interventions/Activities

Following are the interventions/activities underway to mitigate the nutritional issues at national and provincial levels:

National Initiatives

- Multi-Sectoral National Nutrition Action Plan has been drafted to address all forms of malnutrition through short, medium- and long-term approaches.
- Two high-level bodies/forums constituted, namely: Pakistan National Nutrition Coordination Council (PNNCC) under EHSAAS Programme and National Nutrition Forum (NNF) in Planning Commission. These forums can be used for coordination, review, and resolving all the issues related to nutrition in the country, including resource mobilization.
- National Nutrition Awareness Programme (NNAP) costing Rs 1,050 million has been prepared with the objective of creating nutritional awareness among the population for behavioral changes.
- Pakistan Dietary Guidelines for Better Nutrition (PDGN) has been revisited, and the revised version has been launched along with an e-learning course for guiding masses on adopting healthy dietary behavior and lifestyle.
- Food Composition Table (FCT) has been revised, having updated nutritional information (macro and micro) on raw & cooked foods from 12 agro-ecological zones. The data will be utilized by the researchers for context-specific guidelines to be adopted by the general masses.
- Nutrition Management Information System (NMIS) is going to be established at the national level to mitigate nutrition data gaps (both nutrition-specific and nutrition-sensitive) for policy planning and programming.

- National Guidelines on Adolescent Nutrition and Supplementation have been prepared and launched with the consultation of federal and provincial stakeholders
- Under Scaling Up Nutrition (SUN) Networks following activities were accomplished:
 - Parliamentarian's/Media orientation and training to project malnutrition, its consequences and their role in tackling the issue
 - Academicians and researchers from 41 Universities/Research Institutes were trained on research methodologies and technical report writing
 - SMEs were trained to play an effective role in enhancing food and nutrition security

Provincial Initiatives

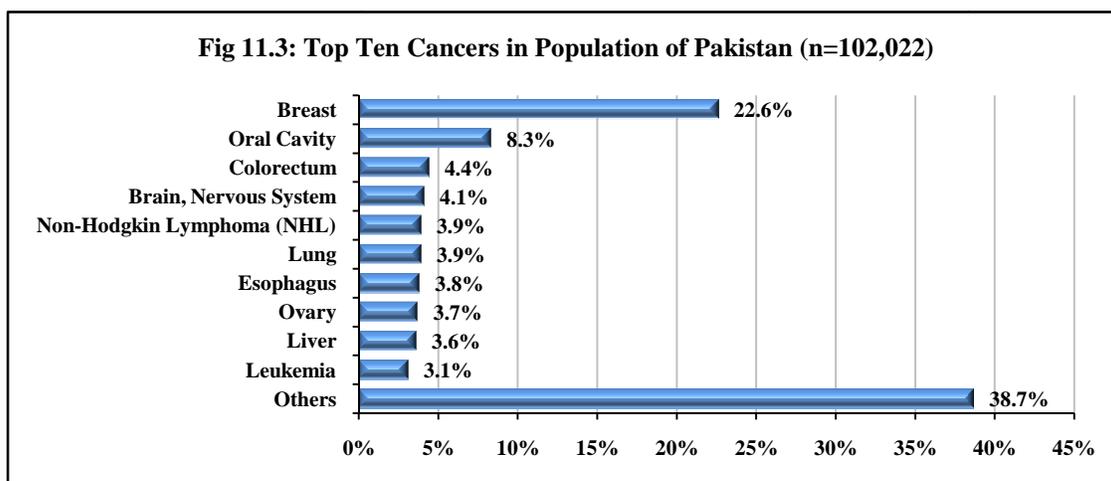
- Stunting Reduction Programme and Nutrition Programme is under implementation for 11 districts of southern Punjab.
- Khyber Pakhtunkhwa Stunting Prevention and Rehabilitation Integrated Nutrition Gain (Khyber Pakhtunkhwa SPRING) was approved for 3 years with a total cost of Rs 2,217 million for 4 districts of Khyber Pakhtunkhwa (Bannu, Tank, DI Khan & Nowshera) and an Integrated Health Project.
- An Accelerated Action Plan (AAP) for Stunting Reduction and Malnutrition in Sindh is being continued
- In Balochistan, the Balochistan Nutrition Programme for Mothers & Children (7 districts), Food for Peace (5 districts), and the targeted Supplementary Feeding Programme (9 districts) is being implemented in the province.

Cancer Treatment Programme:

Pakistan Atomic Energy Commission (PAEC) has given high priority to the application of nuclear technology in the health sector, especially utilizing radiotherapy in the treatment of cancer. Since the establishment of the first nuclear medical center of PAEC in 1960 at Karachi (at Jinnah Postgraduate Medical Centre), currently, there are 18 operational Atomic Energy Cancer Hospitals (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 the latest and comprehensive diagnostic and treatment facilities to cancer patients irrespective of the stage of the disease. AECHs are operated by skilled teams of more than 2,500 professionals, including doctors, scientists, engineers, paramedical, technical, and other support staff. Construction of another AECH at Gilgit Baltistan is in progress, which is expected to be operational by mid of 2020 while work has been started for the establishment of three more such centers in Mardan, Azad Jammu and Kashmir, and Balochistan.

Nuclear Medicine & Oncology (NM&O):

Management of cancer patients requires a multidisciplinary approach and is an expensive affair. NM&O Division of PAEC is working on establishing a cancer registry representing data from all 18 AECH. Figure Fig-11.3 reports the top 10 cancers by type in Pakistan.



It is expected that this data will aid in cancer research and help oncologists to determine probable cause and treatment outcome. It can also help health departments to design appropriate cancer prevention & control policy/strategies and further conduct comprehensive epidemiological surveys of cancer-related death.

Achievements

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

- Volumetric Modulated Arc Therapy (VMAT) has been started at AECH, Lahore. (INMOL) while a new LINAC is also being purchased.
- Pakistan Atomic Energy Cancer Registry (PAECR) report for the year 2015-17 has been published containing data of over one hundred thousand cancer patients.
- LINAC for AECH, Karachi (KIRAN) has been installed and functioning while the purchase of PET-CT is under process.
- Commissioning of new LINAC installed at AECH, Larkana (LINAR), and Quetta (CENAR) has been completed, and radiotherapy started.
- Gamma camera for AECH, Gilgit (GINOR) has been purchased.
- Five Co-60 radiotherapy machines have been purchased for AECHs Islamabad (NORI), Gilgit (GINOR), Karachi (AEMC), Gujranwala (GINUM) and Larkana (LINAR).
- Provision of teaching and training facilities for around 500 postgraduate medical students/fellows in fields of nuclear medicine, radiation & mobile breast care clinics for screening.

Special Projects

PAEC is currently working on the following projects:

- Establishment of a new cancer hospital in Gilgit Baltistan by mid of 2020 for which civil

work and purchase of equipment is in progress.

- Establishment of cancer hospitals in Azad Jammu and Kashmir, and Mardan where land has been acquired while efforts are being made to establish another cancer hospital in Balochistan.
- Various projects are being carried out in collaboration with Internal Atomic Energy Agency (IAEA) with the aim of transferring technology in developing theranostics in the treatment of cancer through radio-labeled receptor-specific bimolecular conjugates in Pakistan.
- Pakistan Atomic energy Cancer Registry (PAECR) report for FY2018 is also being compiled.
- The indoor ward facility is under-construction at AECH, Jamshoro (NIMRA).
- Construction for the installation of new LINAC at AECH, Abbottabad (INOR) is in the final stages.
- For the upgradation of AECH, Gujranwala (GINUM) that includes the addition of radiotherapy facilities, civil works are completed, and Cobalt-60 has been purchased.
- New LINAC is also being purchased for AECH Multan (MINAR).
- For the upgradation of AECH, Islamabad (NORI) that includes Cyber Knife and PET CT block, construction of bunkers continues while LINAC and Cobalt-60 teletherapy machine has been purchased.
- Upgradation projects of AECHs Karachi (KIRAN) and Bahawalpur (BINO) and AECH, Lahore (INMOL) are in the plan.

Narcotics Control

Anti-Narcotics Policy:

The Anti-Narcotics Policy of Pakistan aims to re-energize existing national Drug Law Enforcement agencies, 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.

The main focus under drug supply reduction is to strengthen Law Enforcement Agencies (LEAs) at the federal, provincial, and district levels to combat drug trafficking and to reduce the flow of drugs in Pakistan. The capacity of LEAs all over Pakistan and particularly in the provinces of Khyber Pakhtunkhwa and Balochistan is being improved so that they can effectively assist in disrupting illegal drug trafficking, money laundering, and seizing drug generated assets. Poppy cultivation is being strictly checked to achieve Pakistan's poppy free status.

a. Drug Supply Reduction Activities

Table 11.9: Narcotics Type and Quantity Seized

S.No.	Kind of Narcotics	Qty of Drugs Seized (In Kgs/Lits)
1.	Cases Registered	1102
2.	Persons Arrested	1199
3.	Opium	12946.637
4.	Morphine	8817.3
5.	Heroin	9035.553
6.	Hashish	53295.255
7.	Cocaine	27.747
8.	Amphetamine (Ice)	1534.616
9.	Methamphetamine	176.317
10.	Ecstasy Tabs	2.365
11.	Xanax Tabs	73.956
12.	Al-prazolam Tabs	3.265
13.	Valium Tabs	22.482
14.	Zolpidem Tabs	1.25
15.	Mark Roche-2 Tabs (Clonazepam)	2.15
16.	Acetic Anhydride (AA)	20340.06
17.	Hydrochloric Acid (HCl)	2136
18.	Acetone	20173.5
19.	Poppy Straw	343
20.	Liquor	571
21.	Weed	0.22
22.	Ketamine	270
23.	Suspected Chemical	0.027
24.	Intoxicated Tabs	0.800
25.	Cases Registered	1102

Source: Narcotics Control Division

Table 11.10: Narcotics Prosecution Cases

Convicted Cases	Acquitted Cases	Dormant cases	Total Disposed of Cases	Convicted Persons	Acquitted Persons	Conviction Rate (%)
557	168	202	927	670	314	77%

Source: Narcotics Control Division

Drug Demand Reduction Prong

1. Drug Burning Ceremonies: Students and heads of various institutions from all over the country were invited at drug burning ceremonies held at Karachi, Lahore, Peshawar, Quetta and Islamabad. Details are as in Table 11.11:

Table 11.11: Details on Drug Banning Ceremonies

RDS	Qty (in Kg)	Qty (in MT)	Value in Domestic Market (in Millions)	Value in Intl Market (in Million)
Khyber Pakhtunkhwa	4477.895	4.478	280.009	65.293
North	632.140	0.632	133.281	19.750
Punjab	282984.085	282.984	1613.921	209.849
Sindh	38871.452	38.871	792.865	178.077
Balochistan	175968.922	175.969	6777.036	5493.739
Total	502934.494	502.934	9597.112	5966.708

Source: Narcotics Control Division

2. ANF Youth Ambassador Programme. The programme was launched in June 2014 and has the participation of more than 5,000 active youth ambassadors from different walks of life. It aims at promoting mass awareness, highlighting emerging trends of drug abuse, especially amongst the youth. It provides a platform for projecting young talent to channelize the role of youth, thus serving humanity and society.

2.1 Awareness Activities

Mass awareness about harms of drugs amongst students, teachers and various administrative staff is being created while delivering lectures, debates in the schools, colleges & universities.

3. International Cooperation

The Government of Pakistan has taken a number of initiatives to control the spread and trafficking of illicit narcotics. However, Pakistan cannot fight this menace alone; therefore, international cooperation is an important pillar of Pakistan's strategy against drugs. Ministry of Narcotics Control has signed 34 MoUs with different countries. From July 2019 to December 2019, the Ministry of Narcotics Control has issued 1,077 NOCs for import, export, local purchase, utilization, and distribution of various precursor chemicals to different pharmaceutical and industrial firms. Narcotics Control Division has registered 98 firms for various precursor chemicals. The allocations for ongoing schemes are as follows:

4. Development and New Projects

A list of narcotics control development projects is listed in Table 11.2, while new projects during FY2020 are listed in Table 11.3.

Table 11.12: Narcotics Control Capital Projects

Sr.	Name of Projects	Duration	Estimated cost (Rs. Million)
a.	Acquisition of Land & Construction of ANF Police Station at Pasni (Completed)	1-7-2017 to 31-12-2019	49.723
b.	Construction of ANF Police Station at Sust (On-going)	1-7-2017 to 30-06-2020	49.816
c.	Construction of Single Men Barrack at Korangi Town Karachi (Completed)	1-7-2017 to 31-12-2019	29.318

Source: Narcotics Control Division

Table 11.13: New Projects during FY2020

Sr.	Name of Projects	Duration	Estimated cost (Rs. Million)
a.	PC-II Construction of MATRC Islamabad	1-7-2019 to 30-06-2020	9.000
b.	Acquisition of Land for ANF Setup at Jiwani	1-7-2019 to 30-06-2020	8.712
c.	Construction of Barrack for ANF Staff at PS Pasni	1-7-2019 to 30-06-2020	16.000

Source: Narcotics Control Division

Conclusion

The COVID-19 pandemic is the biggest public health challenge the world has faced in recent times. No health system in the world can cope with COVID-19 once the rate of

spread gets beyond a certain point. The Government of Pakistan is, therefore, constantly monitoring the COVID-19 situation in the country and accordingly taking all possible appropriate measures in collaboration with provincial governments and development partners to mitigate its adverse effects on the economy. The government is also committed to providing efficient, equitable, accessible and affordable health services to the people of Pakistan with the aim to create a productive workforce for the future that could efficiently contribute to the development of the country.
