

## Chapter 11

# Health and Nutrition

The enhancement of public health is essential for building a thriving society and driving economic prosperity. The Government of Pakistan, under Article 38 of the constitution, is committed to providing the necessities of life i.e. to ensure a healthy population. In this regard, life expectancy has increased from 65.7 to 67.3 years from 2015 to 2022 due to a wide range of government initiatives, such as the program for the elimination of Hepatitis, the control of diabetes, and the expanded program on immunization, all of which have proved to be significant contributors to the increase in life expectancy.

### 11.1 Health Profile of Pakistan

Significant progress has been made in Pakistan's

health sector, including an increase in life expectancy at birth to 67.3 years in 2022 from 65.7 years in 2015, a decrease in the prevalence of child stunting from 41.4 in 2015 to 34 in 2022, and an expansion of immunization programs nationwide. This is evident from the rise in Diphtheria Pertussis Tetanus (DPT) immunization from 72 percent of children in 2015 to 85 percent of children aged 12-23 months in 2022.

The healthcare performance of Pakistan is detailed by comparing key indicators from 2021 and 2022 to those of 2015. There has been a significant improvement in all indicators, indicating a better overall profile of Pakistan's health sector. Table 11.1 will offer a comprehensive overview of various metrics.

**Table 11.1: Health Indicators of Pakistan**

	2015	2021	2022
Incidence of Tuberculosis (per 100,000 people)	270	266	258
Life expectancy at birth (years)	65.7	66.1	67.3
Immunization, Measles (% of children ages (12-23) months)	75	81	82
Prevalence of HIV, Total (% of population ages 15-49)	0.1	0.2	0.2
Immunization DPT (% age of children under 12-23 months)	72	83	85
Tuberculosis treatment success rate (new cases)	93	94	-
Maternal mortality ratio (per 100,000 births) as per PDSH 2019	187	186(2019)	-
Neonatal Mortality rate (per 1000 live births)	45.2	39.4	-
Mortality rate, Infant (per 1000 live births)	62.2	52.8	-

Source: WDI, Global Health Observatory, UNICEF

### Regional comparison

In the Asian region, the health landscape remains challenging, although there has been slight improvement in recent years. As of 2021, the average life expectancy of South Asian countries stood at 71.6 years. Currently, health expenditures in South Asia account for 3.1 percent of GDP, with maternal mortality rates in

South Asian countries recorded at 138 per 100,000 live births. Moreover, the infant mortality rate in 2021 was 30.8 per 1000 live births, while the mortality rate of children under 5 years stood at 37.1 per 1000. Below are the key health sector indicators of South Asian countries' averages based on recent available data. This data is presented in the following table to compare with the health situation in Pakistan.

**Table 11.2: Regional Comparison of Health Indicators of South Asia and Pakistan**

Indicators	South Asia	Pakistan
Life expectancy at birth (years)	71.6	67.3
Maternal mortality ratio (per 100,000 births)	138(2020)	186(2019)
Birth rate (Crude) per 1000 people	18.3	27.5
Mortality rate, Infant (per 1000 live births)	30.8	52.8
Prevalence of HIV (total %age of population 15-49 years of age)	0.20	0.2

Source: WDI, Global Health Observatory, UNICEF

Pakistan's health indicators have shown modest improvement compared to previous years. Mortality rates and life expectancy at birth indicate progress, and the immunization profile has also improved. However, when compared to other regions, the overall picture seems not so good.

### 11.1-a Human Resource in the Healthcare Sector

In order to provide healthcare services to the population, it is important to have enough

healthcare professionals. Therefore, it is crucial to increase the number of healthcare workers in order to ensure the efficient delivery of health services. The table below shows the number of healthcare personnel in the nation. In 2023, there were 299,113 registered doctors and 36,032 registered dentists, compared to 282,383 doctors and 33,156 dentists in 2022. This represents an increase in the number of registered doctors and dentists by 5.9 percent and 8.7 percent respectively, while the number of Nurses, Midwives, and Lady health workers remained the same.

**Table 11.3: Registered Medical and Paramedical personnel** In nos.

Health manpower	2017	2018	2019	2020	2021	2022	2023(P)
Doctors	208,007	220,829	233,261	245,987	266,430	282,383	299,113
Dentists	20,463	22,595	24,930	27,360	30,501	33,156	36,032
Nurses	103,777	108,474	112,123	116,659	121,245	127,855	127,855
Midwives	38,060	40,272	41,810	43,129	44,693	46,110	46,110
Lady health workers	18,400	19,910	20,565	21,361	22,408	24,022	24,022

Note: Data is reported on a calendar year basis, P: Provisional

Source: Pakistan Bureau of Statistics (PBS)

#### Box-11.1 - Global Health Security Summit

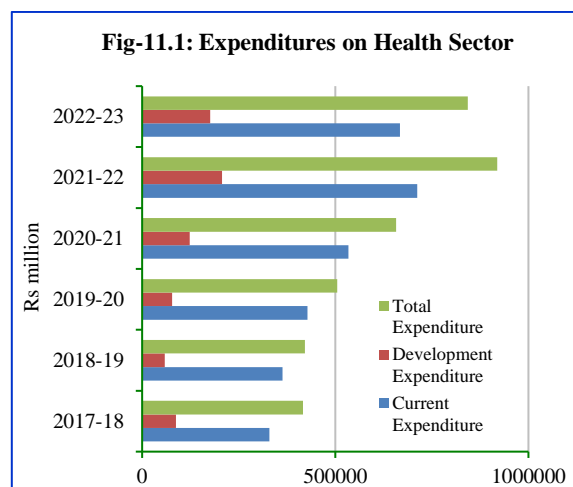
The Global Health Security Summit, supported by the Asian Development Bank, took place in Pakistan on February 10 and 11, 2024. The main objective of the summit was to create a comprehensive global health security charter outlining the specific roles, responsibilities, and rights of each participating nation. This summit aims to establish a strong framework for protecting the global population from health crises, demonstrating a unified and proactive approach supported by the Asian Development Bank (ADB).

580 delegates from national and international spheres attended the summit, which focused on addressing future public hazards, including those related to climate change. Furthermore, the ADB, in partnership with the Central Asian Regional Economic Corporation (CAREC), provided support for the health sector trade.

The summit culminated in a commitment to unified response and collaborative action transcending geopolitical boundaries in pursuit of common health security goals. Furthermore, it advocated for the inclusion of an annual session on health security in the agendas of the United Nations General Assembly and the World Health Assembly, alongside the development of a five-year global action plan to guide nations in implementing health strategies.

### 11.1-b Health expenditures

To achieve universal health coverage, it is crucial to allocate a significant percentage of GDP to public sector health expenditures. In Pakistan, health expenditure as a percentage of GDP is currently very low, but there are positive signs that this allocation will increase over time compared to previous years. The table below shows the consolidated funds allocation position of federal and provincial expenditures over the last 7 years, while Figure 11.1 illustrates Pakistan's total health expenditures.



**Table 11.4: Federal and Provincial Health Expenditures** Rs million

Years		Current Expenditure	Development Expenditures	Total Expenditures	Percent of GDP
2017-18	Federal	16721	18129	34850	1.1
	Punjab	173992	44906	218898	
	Sindh	77399	6342	83741	
	Khyber Pakhtunkhwa	44587	12909	57496	
	Balochistan	16334	5148	21482	
	Pakistan	329033	87434	416467	
2018-19	Federal	16853	10278	27131	1.0
	Punjab	187943	30982	218925	
	Sindh	91929	6216	98145	
	Khyber Pakhtunkhwa	46995	8675	55670	
	Balochistan	19434	2473	21907	
	Pakistan	363154	58624	421778	
2019-20	Federal	11439	12856	24295	1.1
	Punjab	220854	40403	261257	
	Sindh	115303	3815	119118	
	Khyber Pakhtunkhwa	58289	15132	73421	
	Balochistan	22030	5290	27320	
	Pakistan	427915	77496	505411	
2020-21	Federal	41309	9613	50922	1.0
	Punjab	221469	52705	274174	
	Sindh	150668	4057	154725	
	Khyber Pakhtunkhwa	56179	20778	76957	
	Balochistan	24981	4511	29492	
	Pakistan	494606	91664	586270	
2021-22	Federal	153030	9530	162560	1.4
	Punjab	258860	152367	411227	
	Sindh	177735	10047	187782	
	Khyber Pakhtunkhwa	95302	28865	124167	
	Balochistan	27362	6320	33682	
	Pakistan	712289	207129	919418	
2022-23 (P)	Federal	31397	4495	35892	1.0
	Punjab	303056	147554	450610	
	Sindh	199474	5158	204632	
	Khyber Pakhtunkhwa	111368	10980	122348	
	Balochistan	22012	7685	29697	
	Pakistan	667307	175872	843179	

P: Provisional

Source: PRSP Budgetary Expenditures, Finance Division

Sr. No.	Name of Ministry /Organisation	No. of Projects	Total Cost	2023-2024 PSDP Allocation
1	Ministry of National Health Services, Regulation and Coordination	40	148812.76	13100.00
2	Province and Special Areas	9	31723.53	1197.75
3	Defense Division	2	5000.00	728.13
4	Interior Division	1	6479.88	1197.75
5	Pakistan Atomic Energy Commission	6	13670.69	5764.32
6	Narcotics Control Division	1	456.38	124.06
	<b>Total</b>	59	206143.24	25282.17

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

### 11.1-c Health Sector Projects of Federal PSDP

Every year, the federal government allocates funds under PSDP for the improvement of the health sector and development projects being implemented by M/o NHR&C, federal projects of provincial nature and special areas, the Defense Division, and the Pakistan Atomic Energy Commission (PAEC). During FY 2022-23, the total public health expenditure is 1.0 percent of GDP. The total health expenditures were Rs 843.2 billion in FY 2023, and in FY 2022, it was Rs 919.4 billion, decreased from the previous year by 8.3 percent, moreover the allocation for FY 2024 from PSDP was Rs 25.3 billion.

After the 18th Constitutional Amendment, the health sector was devolved to the provincial governments, but the federal government still funds sector projects through PSDP. As shown in Table 11.5, the Federal PSDP for 2023-24 was Rs 950 billion, with Rs 25.282 billion (2.66 percent of total PSDP) allocated to health sector projects. The M/o NHR&C is sponsoring 40 health sector projects with an estimated total cost of Rs 148 billion.

### 11.1-d Key Health Sector Initiatives

The federal and provincial governments have undertaken the following initiatives and interventions.

Pakistan hosted the Global Health Security Summit on 10<sup>th</sup> and 11<sup>th</sup> February 2024 in Islamabad, marking a proactive stride towards providing essential health facilities. The summit aimed to pre-emptively safeguard the world against potential future health crises, embodying

a collective endeavour by experts, policymakers, and stakeholders on a global scale.

National Health Vision of Pakistan (2016-2025) is aligned with the objective of enhancing the health of all Pakistanis, with a particular focus on women and children, by ensuring universal access to essential healthcare services. The Constitution of Pakistan also ensures the equal right of people to avail health care facilities. This vision has been realized through the establishment of a resilient and responsive healthcare system, which also targets the attainment of goals outlined in the Sustainable Development Goals (SDGs). Pakistan is committed to achieving the SDG Agenda 2030. Within the dynamic realm of global development, the nexus of health and nutrition assumes paramount significance, serving as the bedrock for national progress and well-being. Under the 3rd goal of the SDGs, the pursuit of equitable access to healthcare and nourishment emerges as a central tenet, embodying our collective aspiration for a healthier and more robust future. The journey toward realizing the SDGs in the domains of health and nutrition exemplifies a testament to resilience, innovation, and strategic collaboration. Governed by the framework of the SDGs, Pakistan has traversed a complex landscape, addressing not only the delivery of healthcare services but also the comprehensive enhancement of nutritional standards across varied demographics.

#### i) Prime Minister National Programme for Elimination of Hepatitis C Infection

HCV is considered a silent killer, and in 2008, Pakistan was the second most affected country due to Hepatitis; in 2017-18, the situation deteriorated, and the country became most

affected by HCV. New treatments, like oral treatment, have very few side effects, and their success rate is 96 percent. The total cost of the Programme is Rs 70.84 billion for five years; fifty percent of the cost of the program will be borne by each of the federal and provincial governments; moreover, Rs 500 million has been released under PSDP 2023-24.

**ii) Prime Minister National Programme for prevention and control for Diabetes**

Diabetes is a focus area in the health care of Pakistan and includes the top three causes of death in Pakistan. According to the national diabetes survey of Pakistan using multi-stage cluster sampling from February 2016 to August 2017, 26.3 percent of the people were affected by diabetes, and 7.1 percent were newly diagnosed. Moreover, 3 percent of people immaturely died due to diabetes and its complications. The total projected cost of programme is Rs 5000 million, and Rs 500 million has been disbursed.

**iii) Pakistan Deworming Initiative (PDI)**

A national prevalence survey was conducted by the Government of Pakistan with assistance from Interactive Research and Development (IRD) Pakistan, Indus Hospital & Health Network, together with Evidence Action and WHO in 2016-17. The survey revealed that annual deworming is required in 45 at-risk districts of Pakistan, with over 17 million school-age children (5-14 years old) at risk. Subsequently, the Pakistan Deworming Initiative (PDI) was launched in 2018 by the Ministry of Planning, Development and Special Initiatives (M/o PD&SI) based on the results of the national STH prevalence survey and has since then been focused on scaling mass drug (medicine) administration (MDA) rounds across all at-risk districts, delivering approximately 24 million treatments between 2019-2023 cumulatively. Medicines for PDI are procured annually through the WHO Global Drug Donation Programme for free.

The FY 2024 marked the successful completion of five targeted mass deworming campaigns for at-risk school-aged children in Islamabad Capital Territory (ICT), Balochistan, Gilgit

Baltistan (GB) and Azad Jammu & Kashmir (AJ&K). To ensure the sustained success of PDI, as well as support domestic resource mobilization efforts, the National Steering and Coordination Committee led the development of the ‘National Strategic Framework and Operational Guidelines 2022-27’ which provides a robust framework for program goals, key performance indicators, as well as structures for operationalizing high quality and cost-effective mass deworming across all at-risk regions in the country. To reinforce adherence to these guidelines, regional deworming teams have initiated adaptation of the framework for the provinces and regions across Pakistan.

**iv) Expanded Programme on Immunization (EPI)**

It was started in 1976 and is now housed in the Federal Directorate of Immunization (FDI). It aims to vaccinate mothers and children for up to two years, and it is for vaccine-preventable diseases (VPD). The immunization policies and approaches are influenced by the evidence and guidance of the National Immunization Technical Advisory Group (NITAG) and the National Inter-Agency Coordination Committee (NICC). EPI program utilizes a network of around 9,000 EPI sites and approximately 15,000 vaccinators to immunize 7.4mn children and 7.4mn pregnant women annually across the country. The Programme ensures vaccine availability at the health facility level through a pool procurement mechanism at the Federal level. This also includes polio vaccines, and the programme has been fulfilling its co-financing obligation since 2015.

The program took several initiatives to improve the immunization supply chain, such as initiating the construction of a warehouse in Lahore to enhance storage capacity and repairing 191 cold chain equipment in flood-affected areas of Punjab, Sindh, Khyber Pakhtunkhwa, and Balochistan.

- The introduction of the Human Papillomavirus (HPV) vaccine across the country. In this regard, a technical working group was notified to strategize the rollout of the HPV vaccine.
- One-year funding under the Full Portfolio

Planning (FPP), which is GAVI support to strengthen routine immunization focusing on zero-dose children and defaulter children, was approved.

- Federal Directorate of Immunization (FDI) secured funding and technical expertise to install solar panels in 400 health facilities across the country to ensure uninterrupted electricity supply and enhanced citizen experience.
- Planned and conducted response by collaborating with provinces through FDI and vaccinating for measles to 2.7 million children aged 6 months to five years in 72 districts.
- FDI, in close coordination with the Provinces and Federating Areas, rolled out the mobile application for the first time in Pakistan to digitize child-level data at the National level. Currently, the digital application is fully functional in Khyber Pakhtunkhwa, GB, AJK, Islamabad, and selected districts of Balochistan. Sindh and Punjab's digital systems will be integrated with NEIR in coming months, which is a step toward the 5Es of government by promoting e-government.

#### v) Cancer treatment

Pakistan Atomic Energy Commission (PAEC) has made a significant contribution to the treatment of cancer and other non-communicable diseases. It has established its hospitals not only in big cities but also in remote areas throughout Pakistan. On average, now 19 Atomic Energy Cancer Hospitals (AECHs) are fully functioning while one is under construction at Muzaffarabad (AJ&K). The Cyber-Knife facility is now installed / functional at AECH-NORI, Islamabad.

AECHs comprise well-established Pathology (Hematology and Biochemistry), Radio Immunoassay, Hepatitis B&C Screening, Dengue screening, Molecular Diagnostic and Research laboratories, a Blood collection center, and newborn screening.

About 80 percent of the cancer burden in Pakistan is catered by PAEC cancer hospitals as cancer patients are treated in AECHs

irrespective of their stage and financial status. Over 1.0 million procedures are carried out annually in AECHs. About 40,000 new cancer patients are treated annually. At present, there are over 2600 personnel employed in these hospitals, comprising 250 doctors, 80 Medical physicists, 47 bio-medical engineers, and 47 radio pharmacists and scientists. Following targets have been achieved by FY 2024.

- Installation of PET-CT, cyber knife and true beam LINAC at NORI, Linear Accelerators at INMOL(Lahore) and BINO (Bahawalpur, New PCR lab service for Hepatitis B&C viral local testing (CENUM), Solarization of main building at NORIN (Nawabshah), ISO certification CENAR and INOR (Quetta and Abbottabad ) SPECT-CT at GINOR (Gilgit), CT simulator at GINUM (Gujranwala), INMOL blood bank services categorized as 'A' by Punjab Blood Transfusion Authority, Establishment of Cancer wards at NIMRA.
- Research work is continued on various IEAC TC/RCA projects and others in collaboration with national and international organizations.
- Upgradation of AECHs, GINUM (Gujranwala), NORI (Islamabad), BINO (Bahawalpur), AEMC (Karachi), KIRAN (Karachi), INMOL (Lahore), NIMRA (Jamshoro) through PSDP funding and IRNUM (Peshawar), SINOR (Swat) and NIMRA (Jamshoro) through ADP funding are underway.

#### vi) Mental Health and Physiological Support (MHPSS)

Despite being a signatory to the Mental Health Action Plan 2013-2030 by the World Health Organization, Pakistan has made only slight progress in addressing the severe dearth and inequitable distribution of mental health resources and non-existent provisions for psychosocial support across the provinces. In the 80 districts most affected by the floods in 2022, it was estimated that 1 in 5 people were likely to suffer from a mental health condition, but 51 districts do not have a single psychiatrist. It is necessary to focus on mental health.

The M/o PD&SI has an exclusive mandate to identify overlooked but crucial areas and act as a technical hub; it also has comparative advantages in terms of broad policy framework, budgetary and strategic planning, and inter-provincial coordination.

In 2021, and as part of an emergency response to COVID, the M/o PD&SI developed an innovative, digital Mental Health and Physiological Support (MHPSS) model for a multi-layered mental healthcare system that is both rights-based and scalable. The main interface of this model is a strong web portal integrated with a Learning Management System (LMS) and three mobile applications (iOS and Android). The web portal can also be integrated with a CRM (Customer Relationship Management) and a telecom solution to provide access to an IVR (Interactive Voice Response) and call-back service. This model offers a virtual mental healthcare system to support the integration of mental health services into primary and secondary care through building the capacity of a mental health workforce, supervising mental health & psychosocial support services, establishing referral pathways with existing services, and collecting data.

This is in line with the Planning Commission 5Es framework of E-Pakistan, and these are for the socioeconomic development of the country. In 2023, the M/o PD&SI collaborated with the Directorate of Public Health in Khyber Pakhtunkhwa and, supported by the International Medical Corps (IMC), piloted a part of the MHPSS model. The aim of the pilot project was to build the capacity of primary healthcare to provide MHPSS services in nine districts in KP. Using its technical expertise, MHPSS web portal, and training tools developed by the M/o PD&SI, over 70 primary care physicians (nominated by the district health offices) and over 30 clinical psychologists (nominated by IMC) were trained and supervised for a period of 6 months. Vital clinical data has also been collected through trained health providers. The M/o PD&SI also provided technical support to M/o NHR&C to develop a PC-1 for implementing MHPSS services in Islamabad Capital Territory (ICT). The M/o PD&SI has also provided technical

support to the province of Balochistan to develop a plan for implementing MHPSS services in the province and, more specifically, in areas devastated by the 2022 floods.

### **vii) Collaboration with international medical humanitarian organizations and training on minimum initial service package**

The National Disaster Management Authority (NDMA) took various measures to improve the health sector and avoid humanitarian crises during disasters.

- Gender and Child Cell (GCC) of NDMA organized a three-day National Level Training of Trainers (TOTS) of Government Officials on Minimum Initial Service Package (MISP) (5 - 7 July 2023). The primary objective was to familiarize participants with the concept and components of the Minimum Initial Service Package (MISP). Representatives of key Govt. stakeholders, i.e., NDMA, PDMAs, Population Welfare, Rescue 1122, and Health Services Academy, participated in the said training. Thirty participants from across Pakistan, i.e., Islamabad Capital Territory (ICT), Punjab, Sindh, Khyber Pakhtunkhwa (KPK), Balochistan, Azad Jammu and Kashmir (AJ&K), and Gilgit Baltistan (GB) attended the training.
- A delegation of 3 country heads of an international medical humanitarian organization, Medicines Sans Frontiers (MSF), visited NDMA and met with Chairman NDMA on 28<sup>th</sup> September, 2023. The delegation includes MSF Country Heads of France, Belgium, and Holland. The need for enhanced coordination among NGOs/IGOs and National Volunteers was emphasized. Moreover, under-discussed actions were also initiated
- Training on 3<sup>rd</sup> October 2023 was conducted on humanitarian inclusion standards for older people and people with disabilities.
- On 20<sup>th</sup> November 2023, Training on Tool Kits for Accessible Re-Construction in Rural and Sub Urban Settlements for Persons with Disabilities.
- A concept paper on China-Pakistan collaboration for Disaster Management was

prepared and shared with the M/o PD&SI under the Resilient, Recovery, Reconstruction and Reform Framework (4RF) to tackle disasters in the future.

### 11.1-e Provincial Performance in the Health Sector in FY 2024

#### Punjab

The Punjab government has undergone a unique budgeting cycle for the FY 2024, owing to an interim government setup. Unlike the traditional 12-month budget cycle, a series of four-month budget cycles is implemented. Each of these cycles is independent, just like a completely new fiscal year.

During the first four-month budget period called ADP 2023-24 (July 2023 - October 2023), funds amounting to Rs 14,410 million were allocated to the Primary & Secondary Healthcare Department (P&SHD). Rs 4,952 million were released by the Finance Department, and by the end of October 2023 (the terminal month), funds amounting to Rs 4,327 million were utilized

The 2nd four-month budget, called ADP 2023-24 (November 2023 – February 2024), funds amounting to Rs 15,060 million have been allocated, and Rs 11,086 million have been released. Out of the released funds, Rs 2,922 million have been utilized until the end of January 2024. The third four-month budget for FY 2024, called ADP 2023-24 (March 2024 – June 2024), is currently under implementation with focus on preventive and curative health facilities. Moreover, to address the population issue, a US \$ 100 million loan with the support of the World Bank is utilized.

#### Sindh.

The government of Sindh is spending around Rs 234.286 billion (Development portfolio Rs 19.739 billion and Recurrent portfolio Rs 214.547 billion) during the current financial year 2023-24 covering primary, secondary, and tertiary health care services. To ensure a robust monitoring mechanism, strengthening of the monitoring and surveillance system, integrated MIS, and up-gradation of the District Health Information System (Roll out of DHIS-2) has been initiated under the World Bank funded

National Health Support Programme with the provision of equipment and material support for data recording & reporting to ensure timely availability of data for evidence-based decision making as to have better health outcomes. Moreover, a tele-health system was also introduced in the province.

#### Khyber Pakhtunkhwa

The KP Health Policy has been approved recently by the Government of Khyber Pakhtunkhwa. KP Health Sector Strategic Plan (2019-2025) (KPHSSP) was developed for the implementation of KP Health Policy. The Health Sector Strategic Plan provides a platform for program development and proposes activities to address the issues related to the health status of the population and to improve the health system in Khyber Pakhtunkhwa. The budget allocated to the health sector for FY 2024 was Rs 147.9 billion, with Rs 20.3 bn development budget and Rs 127.6 as the current budget. The innovative intervention includes E-transfer, the Medical Teaching Institution (MTI) Act, and the composition of the Policy Board & BOGs of MTIs are being revised, and the establishment of an Independent Monitoring Unit in the Health Department, Financial Management Cell, Procurement Cell, and Internal Audit Cell. The Project “Treatment of Poor Cancer Patients” is being executed at Hayatabad Medical Complex, Peshawar to provide life-saving anti-cancer medicines to cancer patients of Khyber Pakhtunkhwa.

#### Balochistan

Balochistan government is all set to revamp the health sector on modern lines and provide the latest equipment to the hospitals aimed to ensure the best healthcare facilities for the local people. The Balochistan government appointed 34 doctors and a health sector reform unit was established for governance and institutional reforms, legal framework, and quality assurance in the health sector of Balochistan. A historic milestone for the people of Balochistan this year was that the state Life Insurance Corporation of Pakistan and health care facility were launched by the government. Moreover, the Balochistan Health Care Commission started its operation.



The independent monitoring unit was established in the province for transparency and accountability in the health care system as well as to strengthen disaster preparedness and enable data-driven decisions through the Health Management Information System (HMIS). This initiative aims to revolutionize the healthcare sector in the province. By introducing HMIS, the department is demonstrating its commitment to addressing the pressing needs of the healthcare system, promoting transparency, and improving patient care.

### Gilgit Baltistan

In a significant development for health support in the region this year, the Aga Khan Health Service, Pakistan, in collaboration with the Brain & Mind Institute, has unveiled the Taskeen mental health helpline at the Aga Khan Medical Centre in Gilgit. This helpline aims to provide timely, easily accessible, and confidential mental health assistance to the people of Gilgit. The helpline will offer free psychological support and counseling services provided by trained psychologists fluent in local languages from Gilgit-Baltistan and Chitral.

### AJK

The Government of Azad Jammu and Kashmir is fully conscious that access to quality healthcare facilities for the general public is of utmost importance. There is a strong motivation for attaining Universal Health Coverage (UHC) through health sector reform initiatives, including population control, expanding health insurance, and strengthening family-based health care in the country. In FY 2024, total health expenditures were Rs 19.2 billion, while Rs 3.0 billion were development expenditures, and Rs 16.2 billion were recurrent expenditures.

The health department is implementing a dengue control program, Family Planning and Primary Health Care programs (FP& PHC), Expanded program for immunization (EPI) is now providing immunization to children against the Ten (10) Vaccine-Preventable Diseases, i.e., Childhood Tuberculosis, Poliomyelitis, Diphtheria, Pertussis, Neonatal Tetanus, Measles, Hepatitis B and Typhoid. Moreover, the state of Azad Jammu and Kashmir is free

from polio. The government is keen to streamline interventions to prevent and control endemic communicable diseases in the country through blood transfusion by scaling up the Safe Blood Transfusion Society (SBTS) Programme. According to the national strategic Plan, AJK has been selected for the malaria elimination phase along with ICT and Punjab by 2030. Umbrella PC-1 is under the process of approval at the federal level, and AJK share has been made part of this umbrella PC-1. 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.

### 11.2 Nutrition profile of Pakistan

Nutrition is one of the world's most pressing needs that is tackled by the Government of Pakistan at the national and provincial levels. In 2022, 34 percent of children under the age of five were found to be stunted, indicating a failure to attain their genetic height potential, with implications extending to various developmental constraints, including cognitive deficits and future economic opportunities. Although there has been some improvement from previous years, malnutrition remains a significant concern. by comparing the recently available data on Nutrition indicators of Pakistan with 2015, there is a significant improvement in the nutrition profile of Pakistan, but the number of malnourished people increased.

According to the latest data, Pakistan is on course to meet its exclusive breastfeeding target, with nearly half of infants being fed nothing but breastmilk. The country has also gotten closer to achieving its stunting goals, but children under 5 years of age are still affected more than the average for the Asian region (31.4 percent). Meanwhile, Pakistan has stagnated in its efforts to reduce anemia among women of reproductive age, with 41.3 percent of women aged 15 to 49 years affected, according to the Global Nutrition Report 2022.

The following table will depict the nutrition profile of Pakistan.

**Table 11.6: Nutrition Indicators of Pakistan**

	2015	2021	2022
Prevalence of overweight (% age of children under 5)	4.0	2.9	2.7
People using at least basic sanitation facilities (%age of population)	58.4	68.82	70.53
People using at least basic drinking facilities (%age of population)	89.6	90.48	90.63
No of people who are undernourished	25,600,000	42,800,000	-
Stunting prevalence among children (under age 5 %age)	41.4	34.9	34

Source: WDI, Global Health Observatory

### 11.2-a Availability of food in Pakistan:

For providing adequate nutrition to the people of Pakistan, calories per capita have been observed from commonly used commodities. The availability of cereals has increased over the years, suggesting a positive growth in staple food production. Conversely, the availability of fruits and vegetables has declined compared to 2021-22. Pulses, milk, and edible oil have shown variability, with a slight decrease in per capita availability in FY 2024 following an increase in the previous year. While milk availability experienced a minor reduction in the FY 2024, the availability of meat and eggs has consistently risen over the years. Over the three-year period, the availability of calories per capita per day shows a modest overall increase, although a slight decrease has been observed in FY 2024.

A detailed breakdown of per capita per annum availability of food will be provided in the Table 11.7.

### 11.2-b Cost of Minimum Food Basket (per capita per month)

The cost of the minimum food basket (per capita per month) exhibited fluctuations over the period

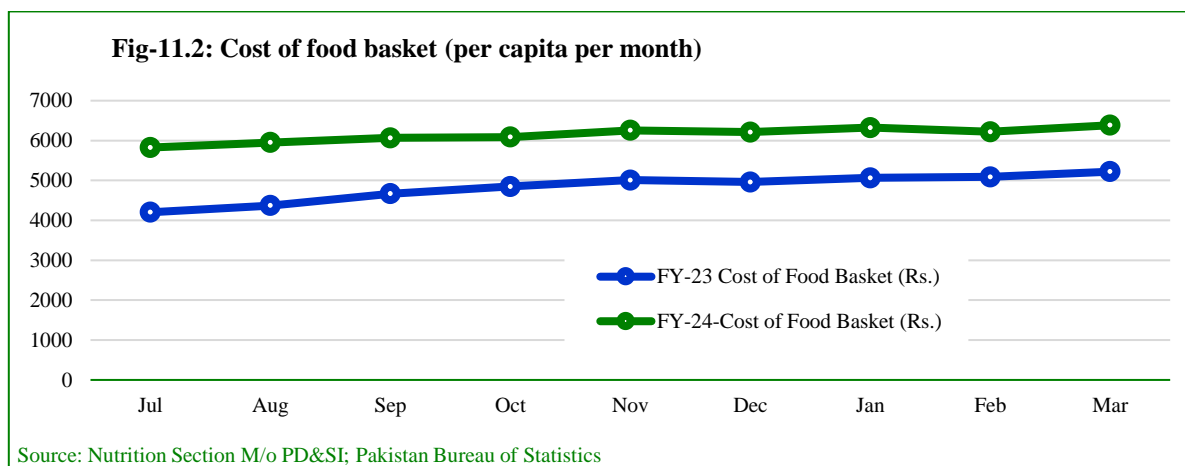
from July 2023 to March 2024. A gradual increase is observed initially, with the cost rising from Rs 5826 in July to Rs 6087 in October 2023. However, the most significant surge occurred in November, when the cost rose from Rs 6087 to Rs 6256. Following slight decreases in December 2023 and February 2024, the cost reaches a peak of Rs 6384 in March 2024. In general, the cost of a minimum food basket increased by 9.6 percent from July 2023 to March 2024, with noteworthy fluctuations throughout the period. The cost of a basket in FY 2024 was more than the cost of a basket in FY 2023, as indicated in the Figure 11.2.

**Table 11.7: Food Availability per Capita per Annum**

Food Items	2021-22	2022-23	2023-24 P
Cereals	154.5	161.5	165.9
Pulses	6.0	7.2	6.2
Milk (liter)	170.6	172.6	169.1
Meat	22.5	24.0	24.1
Fish	2.9	2.7	2.8*
Eggs (dozen)	7.9	8.7	8.7
Edible oil/ghee	13.4	15.0	13.5
Fruits & Vegetables	69.9	66.7	66.2*
Sugar	28.4	29.1	28.1*
Calories/day	2620.7	2742	2719

P Provisional \* Estimated

Source: M/o National Food Security and Research, Pakistan Bureau of Statistics (PBS)



Source: Nutrition Section M/o PD&SI; Pakistan Bureau of Statistics

**11.2-c Key Initiatives for Nutrition Improvement**

Noteworthy initiatives/ programs at the federal level include the following:

- i. The M/o PD&SI has launched a significant Pakistan Nutrition Initiative (PANI), the National Multisectoral Nutrition Programme to Reduce Stunting & Other Forms of Malnutrition, approved by ECNEC on 27<sup>th</sup> June 2023, with an allocation of Rs 8.5 billion. This multi-sectoral program targets 36 districts of the country, characterized by high rates of stunting, flood-affected, and underprivileged, and aims to mitigate stunting and other forms of malnutrition, with the objectives of providing micronutrients & nutritional supplements, promote healthy dietary practices, behavior, and early childhood development through awareness, knowledge transfer, and community engagement, generate local evidence and knowledge on the drivers of optimal nutrition, foster Public Private Partnership to promote nutrition. The program's coverage includes 12 districts from Balochistan, 10 from Sindh, 5 from Khyber Pakhtunkhwa, 5 from Gilgit Baltistan, 2 from Punjab, and 2 from AJK.
- ii. The development of the Multi-sectoral National Nutrition Policy (MS-NNP) is underway. Significant progress has been made in advancing the initiative, including the engagement of stakeholders and collaborating partners. The initiative signifies a crucial advancement in the commitment to enhancing the nutrition policy environment.
- iii. The Benazir Nashonuma Programme has been effectively implemented nationwide

through a comprehensive network of 512 Nashonuma centers, including mobile sites, with a budget estimate of Rs 32,268 million for the FY 2024. The program provides conditional cash assistance to beneficiaries committing to attend regular antenatal health checks and awareness sessions, consuming specialized nutritious food (SNF), and taking their children for immunization and regular health checks.

- iv. On 28 September 2023, the National Nutrition Forum (NNF), a high-level nutrition coordination forum under the chairmanship of the Deputy Chairman Planning Commission, convened a session to discuss the progress and plans for multi-sectoral nutrition policy and programming. The forum brought together federal ministries, provincial departments, and development partners and discussed several key initiatives, primarily focusing on the Pakistan Nutrition Initiative (PANI).
- v. The meeting of the Scaling Up Nutrition (SUN) Youth Network (SYN Pakistan) in January 2024 has been convened to kick-start efforts in engaging and empowering youth to shape the country's food security and nutrition landscape. The SYN-Pakistan aims to provide a platform for young individuals to contribute towards sustainable food security and improved nutrition outcomes through structured leadership programs, awareness campaigns, and innovative collaborations.

**11.2-d Nutrition programs taken under provincial governments**

The provincial governments have also implemented nutrition programs, which are summarized below:

<p><b>Punjab</b></p> <ul style="list-style-type: none"> <li>▪ Punjab’s Integrated Reproductive, Maternal, Newborn and Child Health and Nutrition Programme (IRMNCH &amp; NP), costing Rs 6,706.99 million with the allocation of Rs 1,454.426 million, is being implemented in all districts of Punjab.</li> </ul>	<p><b>Khyber Pakhtunkhwa</b></p> <ul style="list-style-type: none"> <li>▪ Poverty Alleviation through the Development of Rural Poultry in Khyber Pakhtunkhwa, costing Rs 643.614 million with the allocation of Rs 1.667 million</li> <li>▪ Development of Cold-Water Fisheries in Khyber Pakhtunkhwa costing Rs 772.148 million with allocation of Rs 66.667 million</li> </ul>
--	--

<ul style="list-style-type: none"> <li>▪ Chief Minister’s Stunting Reduction Programme (CMSRP) costing Rs 8,993 million with allocation of Rs 500 million</li> <li>▪ Prime Minister’s Health Initiative (PMHI) costing Rs 2,525.45 million with allocation of Rs 500.1 million</li> <li>▪ Punjab Rural Sustainable Water Supply and Sanitation Project costing Rs 96,202 million with allocation of Rs 6,063.84 million</li> <li>▪ Multi-sectoral nutrition Strategy for WASH, including Water Supply, Sanitation, Hygiene, and Wastewater, costing Rs 1,108.063 million with allocation of Rs 60 million</li> <li>▪ Provision of ECCE Facilities in 150 Schools in Punjab costing Rs 50 million with allocation of Rs 5 million</li> <li>▪ Awareness Campaign to Enhance Fish Production and Per Capita Fish Consumption in Punjab to Meet the Nutritional Requirements of the Masses, costing Rs 70.163 million with the allocation of Rs 22.497 million</li> <li>▪ Southern Punjab Poverty Alleviation Project (SPPAP)-IFAD Assisted, costing Rs 2,5243.13 million with allocation of Rs 1,085.322 million</li> </ul>	<ul style="list-style-type: none"> <li>▪ Establishment of Trout Villages in Malakand and Hazara Division costing Rs 395.949 million with allocation of Rs 0.001 million</li> <li>▪ Khyber Pakhtunkhwa Food Security Support Project at a total cost of Rs 22,880.001 million, including Rs 0.001 million as local share and Rs 22,880 million as foreign aid. The total allocation for the current fiscal year is Rs 0.001 million</li> <li>▪ Integration of Health Services Delivery with a Special Focus on MNCH, LHW, and Nutrition Programme costing Rs 7,027.226 million with allocation of Rs 500 million</li> <li>▪ Provision of 1000 Early Childhood Education (ECE) facilities in primary schools on a need basis in KP (SBSE) costing Rs 1,000.001 million, including Rs 0.001 million as local share and Rs 1,000 million as foreign aid. The total allocation for the current fiscal year is Rs 0.001 million</li> <li>▪ Provision of Facilities in Existing Primary Schools for Early Child Education costing Rs 198.5 million with allocation of Rs 17.450 million</li> <li>▪ Stunting Prevention through Improved Nutrition and Agriculture Development Initiative costing Rs 1,500 million with allocation of Rs 83.334 million.</li> </ul>
<p><b>Sindh</b></p> <p>In its FY 2024, the Government of Sindh has implemented the following nutrition-related programs:</p> <ul style="list-style-type: none"> <li>▪ “Accelerated Action Plan (AAP) for Reduction of Stunting and Malnutrition” with the allocation of Rs 5505.01 million</li> </ul> <p>“Strengthening Social Protection Delivery System in Sindh,” costing Rs 4,830 million with an allocation of Rs 742.17 million, is being implemented in its 15 districts based on the Multidimensional Poverty Index.</p>	<p><b>Balochistan</b></p> <p>The Government of Balochistan has earmarked the following nutrition-specific and sensitive programs:</p> <ul style="list-style-type: none"> <li>▪ National Maternal Newborn &amp; Childcare (MNCH) Programme costing Rs 1,614 million with allocation of Rs 171 million</li> <li>▪ “Gwadar-Lasbela Livelihood Support Project Phase-II (GLLSP-II) IFAD” at a total cost of Rs 12,328.549 million with allocation of Rs 2962.3 million, is being implemented in two districts, i.e., Gwadar and Lasbela.</li> </ul>
<p><b>Azad Jammu &amp; Kashmir</b></p> <p>The Government of AJ&amp;K has implemented the following nutrition-specific and sensitive programs:</p> <ul style="list-style-type: none"> <li>▪ Early Childhood Development Programme (ECD) in 300 Middle Schools in AJ&amp;K (Phase-III) costing Rs 84.975 million with allocation of Rs 83.643 million.</li> <li>▪ Promotion of olive cultivation in AJ&amp;K costs Rs 63.875 million with an allocation of Rs 20 million.</li> </ul>	<p><b>Gilgit Baltistan</b></p> <p>The Government of Gilgit Baltistan has implemented the following nutrition-specific and sensitive programs:</p> <ul style="list-style-type: none"> <li>▪ Targeting Blue Revolution Towards Food, Nutrition &amp; Livelihood Security through Conservation of Local Species in GB costing Rs 80 million with allocation of Rs 10.124 million</li> <li>▪ GB Scaling Up Nutrition Programme costing Rs 175 million with allocation of Rs 3.455 million</li> <li>▪ Ensuring Food Security and Economic Growth Through Extension of Trout Farming in District</li> </ul>

<ul style="list-style-type: none"> <li>▪ Sheep / Goat Development Programme in AJK costing Rs 60.15 million with allocation of Rs 25.312 million</li> <li>▪ Agro-Ecological Based Fruit, Vegetable &amp; Agriculture Development as Enterprise in AJ&amp;K costing Rs 64.794 million with allocation of Rs 5.466 million</li> <li>▪ Water quality Profiling and source characterization in AJK costing Rs 35.368 million with allocation of Rs 11.046 million</li> <li>▪ Establishment of 03 Mobile Food Testing Laboratories at the Divisional Headquarters of AJ&amp;K costing Rs 107.158 million with allocation of Rs 55 million</li> </ul>	<ul style="list-style-type: none"> <li>Ghizer costing Rs 50 million with allocation of Rs 8.516 million</li> <li>▪ Establishment of Early Childhood Development (ECD) Centers in Educational Institutions of GB costing Rs 190 million with allocation of Rs 40 million</li> <li>▪ Improving Rural Livelihood and Food Security Through Modern Agricultural Techniques in District Ghizer costing Rs 30 million with allocation of Rs 21 million.</li> </ul>
---	--

### 11.3 Narcotics Control and Drug Rehabilitation Efforts

Pakistan’s anti-narcotics efforts revolve around three main pillars, which have been described in the Anti-Narcotics Policy 2019. These are drug supply reduction, drug demand reduction and international cooperation.

International collaboration is being used to control narcotics, and recently, a Kuwaiti delegation was received jointly by the Ministry of Interior and the Ministry of Narcotics Control.

Precursor Information Management System (PIMS) has been deployed to track precursor chemicals used in illegal drugs. This system will help both monitor their movement and prevent diversion of these chemicals for illicit purposes. SIFC has already approved the National

Narcotics Coordination Center (NANCC). This will act as a national database. There are two development projects under the PSDP 2023-24 that are also working under the Ministry of Narcotics Control. Model Addiction Treatment and Rehabilitation Centers (MATRC) at Islamabad, with an estimated cost of Rs 456.378 million, and acquisition of land and construction of walls for rehabilitation and vocational training institute with a cost of Rs 24.058 million for women and children that are affected due to drugs and both projects are undergoing. There are also many conferences and awareness seminars that have been conducted.

In FY 2024, from July-March, 2464 patients were treated in MATRC. The month-wise treatment in each hospital is depicted in Table 11.8.

Month	MATRC Karachi Lyari	MATRC Malir	MATRC Mangopir	MATRC Islamabad	MATRC Sukkur	MATRC Hyderabad	Total
July-2023	81	59	49	18	17	42	266
Aug-2023	61	56	50	16	14	34	231
Sep-2023	71	63	61	23	15	31	264
Oct-2023	89	76	66	20	18	39	308
Nov-2023	65	69	88	20	09	36	287
Dec-2023	73	69	71	27	16	34	290
Jan-2024	83	66	70	16	15	25	275
Feb-2024	79	59	71	21	09	36	275
Mar-2024	63	68	71	21	15	30	268
<b>Total</b>	<b>665</b>	<b>585</b>	<b>597</b>	<b>182</b>	<b>128</b>	<b>307</b>	<b>2464</b>

Source: Narcotics Control Division

### Concluding Remarks

Pakistan has made significant progress in promoting health and well-being by improving healthcare infrastructure and investing in preventive medicine. Efforts have been made to reduce disparities, improve accessibility, and build resilience against emerging health challenges. The government is committed to

enhancing the health and nutrition of the population and is working towards achieving the SDGs 2030 targets. However, more action is needed due to low healthcare spending, inadequate facilities, and lack of awareness. By addressing these issues through proactive measures and increased investment, the government aims to achieve these targets by 2030.

**TABLE 11.1****NATIONAL MEDICAL AND HEALTH ESTABLISHMENTS, Progressive (Calendar Year Basis)**

								(Numbers)
Year	Hospitals	Dispen- saries	BHUs Sub Health Centres	Maternity & Child Health Centres	Rural Health Centres	TB Centres	Total Beds	Population per Bed
2011	980	5,039	5,449	851	579	345	107,537	1,647
2012	1,092	5,176	5,478	628	640	326	111,802	1,616
2013	1,113	5,413	5,471	687	667	329	118,378	1,557
2014	1,143	5,548	5,438	670	669	334	118,170	1,591
2015	1,172	5,695	5,478	733	684	339	119,548	1,604
2016	1,243	5,971	5,473	755	668	345	124,821	1,565
2017	1,264	5,654	5,505	727	688	431	131,049	1,585
2018	1,279	5,671	5,527	747	686	441	132,227	1,608
2019	1,282	5,743	5,472	752	670	412	133,707	-
2020	1,289	5,849	5,561	752	719	410	147,112	-
2021	1,276	5,832	5,559	781	736	416	146,053	-
2022	1,284	5,584	5,520	798	697	417	151,661	-
2023 (P)	1,284	5,584	5,520	798	697	417	151,661	-

P: Provisional

Source: Pakistan Bureau of Statistics

- : Not Available

**TABLE 11.2**  
**REGISTERED MEDICAL AND PARAMEDICAL PERSONNEL (Progressive)**  
**AND EXPENDITURE ON HEALTH, (Calendar Year Basis)**

(Numbers)

Year	Regis- tered	Regis- tered	Regis- tered	Register- ed Mid-	Register- ed Lady	Population per		Expenditure (Rs. Million)**	
	Doctors	Dentists	Nurses	wives	Health	Doctor	Dentist	Develop- ment	Non-Develop- ment
	*	*	*		Visitors				
2011	152,368	11,649	77,683	30,722	12,621	1,162	15,203	27,658	78,359
2012	160,880	12,692	82,119	31,503	13,678	1,123	14,238	29,898	104,284
2013	167,759	13,716	86,183	32,677	14,388	1,099	13,441	31,781	129,421
2014	175,223	15,106	90,276	33,687	15,325	1,073	12,447	55,904	146,082
2015	184,711	16,652	94,766	34,668	16,448	1,038	11,513	65,213	165,959
2016	195,896	18,333	99,228	36,326	17,384	997	10,658	75,249	192,704
2017	208,007	20,463	103,777	38,060	18,400	957	9,730	99,005	229,957
2018	220,829	22,595	108,474	40,272	19,910	963	9,413	87,434	329,033
2019	233,261	24,930	112,123	41,810	20,565	-	-	58,624	363,154
2020	245,987	27,360	116,659	43,129	21,361	-	-	77,496	427,915
2021	266,430	30,501	121,245	44,693	22,408	-	-	91,664	494,606
2022	282,383	33,156	127,855	46,110	24,022	-	-	207,129	712,289
2023 (P)	299,113	36,032	127,855	46,110	24,022	-	-	175,872	667,307

- : Not available

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

\*\* : Expenditure figures are for respective Financial Year

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



**TABLE 11.3**  
**DATA ON EXPANDED PROGRAMME OF IMMUNIZATION VACCINATION PERFORMANCE**  
**(Calendar Year Basis)**

Nos. in 000									
Vaccine/doze.	2015	2016	2017	2018	2019	2020	2021	2022	2023
<b>B.C.G.</b>	5848.5	6233.7	6356.5	6608.4	7261.5	7019.4	7141.2	7514.4	7782.4
<b>POLIO</b>									
0	4796.7	5120.1	5420.8	5818.8	6220.4	6339.8	6239.7	6604.8	6868.2
I	5743.6	5990.7	6001.4	6138.1	6618.3	6607.1	6593.4	7066.8	6983.2
II	5387.8	5537.9	5618.4	6138.1	6249.3	6239.1	6172.1	6643.0	6508.7
III	5257.4	5378.7	5455.2	5672.4	6115.9	6124.0	6128.9	6638.5	6480.1
<b>PENTAVALENT</b>									
I	5713.7	5933.6	6009.0	5526.7	6725.8	6145.7	6650.3	7082.7	6950.9
II	5353.2	5532.2	5625.0	6139.5	6360.6	5766.4	6224.7	6649.4	6518.1
III	5225.9	5371.7	5472.0	5676.0	6231.3	5665.8	6167.6	6639.3	6532.5
<b>T.T</b>									
I	5048.2	4569.7	4690.3	4874.9	5272.2	4993.8	4966.7	5015.3	5074.3
II	4063.1	3934.9	3993.8	4103.6	4560.7	4366.7	4323.6	4382.1	4311.2
III	586.7	398.5	191.4	192.5	260.7	225.1	207.0	769.7	431.3
IV	157.9	97.8	51.9	57.9	70.8	60.1	58.0	137.9	119.3
V	86.6	56.8	27.5	30.7	37.0	27.6	26.3	77.8	60.6
<b>MEASLES</b>									
I	5192.1	5516.8	5606.5	5455.4	6216.6	6284.2	5504.6	6578.3	6420.5
II	4684.7	4684.7	4710.9	4734.0	5492.7	5617.2	5492.6	5856.1	5993.4
<b>PNEUMOCOCCAL (PCV10)</b>									
I	5641.8	5884.3	5994.4	5528.7	6724.8	6590.8	6576.3	7075.2	6953.7
II	5388.6	5505.8	5605.1	6135.8	6356.5	6225.8	6145.0	6646.9	6545.2
III	5175.9	5374.9	5470.6	5673.4	6228.7	6127.0	6083.2	6643.1	6514.2

Source: National Institute of Health (NIH)

B.C.G. Bacillus+Calamus+Guerin D.P.T Diphteria+Perussia+Tetanus

Pakistan Bureau of Statistics

T.T Tetanus Toxoid

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

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

TABLE 11.4

## DOCTOR CONSULTING FEE IN VARIOUS CITIES

Period*	In Rupees										
	Faisal- abad	Gujran- wala	Hyder- abad	Islam- abad	Karachi	Lahore	Pesha- war	Quetta	Rawal- pindi	Sukkur	Pakistan
	Base Year : 2007-08 = 100										
2010-11	80.00	75.00	68.75	100.00	93.85	70.00	166.67	180.00	85.00	100.00	101.93
2011-12	90.00	75.00	80.00	200.00	100.00	70.36	191.61	200.00	110.00	100.00	121.70
2012-13	90.00	75.00	100.00	146.25	100.00	100.00	225.00	200.00	135.00	100.00	127.13
2013-14	90.00	75.00	100.00	175.00	100.00	100.00	220.83	200.00	166.67	100.00	132.75
2014-15	125.00	75.00	100.00	175.00	100.00	100.00	266.67	200.00	166.67	100.00	140.83
2015-16	125.00	75.00	100.00	175.00	100.00	100.00	266.67	200.00	166.67	100.00	140.83
2016-17	135.42	77.08	100.00	220.83	141.28	100.00	266.67	200.00	212.50	100.00	155.38
2017-18	250.00	100.00	100.00	225.00	173.39	118.75	266.67	200.00	216.67	135.42	178.59
2018-19	250.00	100.00	100.00	225.00	197.43	125.00	266.67	200.00	216.67	150.00	228.16
	Base Year : 2015-16 = 100										
2019-20	264.47	100.00	100.00	334.56	210.18	160.14	462.83	212.09	305.87	185.38	254.29
2020-21	300.00	183.33	109.63	389.13	226.41	195.33	589.43	216.94	354.74	200.00	289.61
2021-22	320.33	200.00	144.53	510.91	240.71	209.00	641.72	276.13	472.23	245.85	337.04
2022-23	350.23	275.00	208.04	642.83	324.85	238.08	780.80	297.20	557.36	293.68	405.20
2023-24 (Jul-Mar)	459.03	300.00	229.62	671.02	348.04	332.35	989.79	297.20	594.61	300.00	466.93

\*: Fiscal Year

Source: Pakistan Bureau of Statistics

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