



HEALTH AND NUTRITION

**Public Health
Expenditure**

0.9%
(as % of GDP)
FY2024



**Health Sector
PSDP Allocation**

103.5
(Rs. billion)



Hospitals

1,696
(2024) P



Basic Health Units

5,434
(2024) P



**Infant
Mortality Rate**

50.1
(Per 1,000 Births)
(2023)



Life Expectancy

67.6
(2023)



**Registered
Doctors**

319,572
(2024) P





HEALTH AND NUTRITION

Adequate health and nutrition are fundamental pillars for building a national human capital that facilitates achieving more productivity and helps reduce poverty and hunger. The Government of Pakistan, under Article 38 of the constitution, is committed to ensuring the well-being of the people through a multifaceted strategy to improve healthcare access and reduce malnutrition. Given this perspective, the government of Pakistan is cognizant. Its reflections can be witnessed from programs, such as the Prime Minister National Programme for Elimination of Hepatitis C Infection, the National Action Plan for Health Security (NAPHS 2024-28), and the recently launched Scaling Up Nutrition (SUN) Youth Network (SYN-Pakistan).

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 67.6 years in 2023 from 65.6 years in 2015 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 86 percent of children aged 12-23 months in 2023. Moreover, there is an improvement in immunization, a decrease in the incidence of tuberculosis, and reduced mortality rates.

Pakistan's healthcare performance is detailed by comparing key indicators of 2023 to those of 2015. All indicators have significantly improved, indicating a better overall profile of Pakistan's health sector. Table 11.1 offers a comprehensive overview of various metrics.

Table 11.1: Health Indicators of Pakistan

	2015	2023
Life expectancy at birth (years)	65.6	67.6
Immunization, Measles (% of children ages (12-23) months)	75	84
Prevalence of HIV, Total (% of population ages 15-49)	0.1	0.2*
Immunization DPT (%age of children under 12-23 months)	72	86
Incidence of Tuberculosis (per 100,000 people)	278	277
Maternal mortality ratio (per 100,000 births) as per PDSH/PMMS	276(2007)	186(2019)
Neonatal Mortality rate (per 1000 live births)	45.3	37.6
Mortality rate, Infant (per 1000 live births)	64.10	50.1

*Available data for this indicator is for 2022

Source: World Development Indicators, UNICEF

Regional comparison

In the South Asian region, the health landscape remains challenging, although there has been slight improvement in recent years. As of 2023, the average life expectancy of South Asian countries stood at 71.6 years. Maternal mortality rates recorded at 120 per 100,000 live births (Table 11.2). The infant mortality rate in 2023

was 30.2 per 1,000 live births, while the mortality rate of children under 5 years stood at 34.8 per 1,000 live births. Nevertheless, Pakistan is making efforts to improve its health sector outcomes and bridge the gap with other South Asian countries. The key health sector indicators for South Asia are summarized in the following table to facilitate a comparison with Pakistan's performance.

Table 11.2: Regional Comparison of Health Indicators of South Asia and Pakistan (2023)

Indicators	South Asia	Pakistan
Life expectancy at birth (years)	71.6	67.6
Maternal mortality ratio (per 100,000 births)*	120	186 (2019)
Birth rate (Crude) per 1000 people	18.4	27.8
Mortality rate, Infant (per 1000 live births)	30.2	51
Prevalence of HIV (total %age of population 15-49 years of age)	0.19	0.20

* South Asia's data as per modeled estimates by WDI

Source: World Development Indicators (WDI)

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 the South Asian region, Pakistan has still a long way to go.

Pakistan's Progress on SDGs

Pakistan has made steady progress toward achieving SDG 3 — Good Health and Well-Being — despite facing persistent challenges. As per the Sustainable Development Report 2024, the maternal mortality ratio has improved, reflecting positive developments in maternal health services. Additionally, Pakistan continues its efforts to reduce neonatal and under-five mortality rates, although these indicators still require accelerated action. The country has made advances in expanding immunization coverage and promoting universal health initiatives. These

achievements underscore Pakistan's commitment to improving health outcomes and building a resilient healthcare system. Furthermore, investment and steps are in progress to fully meet SDG 3 targets.

11.1-a Human Resource in the Healthcare Sector

To provide healthcare services to the population, it is important to have sufficient healthcare professionals. Therefore, increasing the number of healthcare workers is essential to ensure the efficient delivery of health services. The table below shows the number of healthcare personnel in the nation. In 2024, there were 319,572 registered doctors and 39,088 registered dentists, compared to 299,113 doctors and 36,032 dentists in 2023 (Table 11.3 and Fig-11.1). This represents an increase in the number of registered doctors and dentists by 5.9 percent and 8.7 percent, respectively.

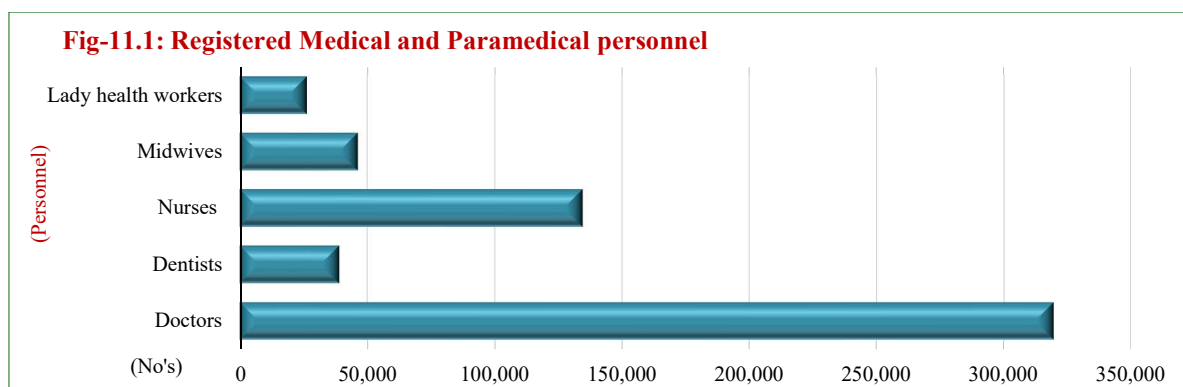
Table 11.3: Registered Medical and Paramedical personnel

Health manpower	2018	2019	2020	2021	2022	2023	2024(P)
Doctors	220,829	233,261	245,987	266,430	282,383	299,113	319,572
Dentists	22,595	24,930	27,360	30,501	33,156	36,032	39,088
Nurses	108,474	112,123	116,659	121,245	127,855	134,708	138,391
Midwives	40,272	41,810	43,129	44,693	46,110	46,404	46,801
Lady health workers	19,910	20,565	21,361	22,408	24,022	26,405	29,163

P: Provisional,

Note: Data is reported on a calendar year basis

Source: Pakistan Bureau of Statistics



Box-1: Global Hunger Index

Pakistan has been ranked 109th among 127 countries in the Global Hunger Index (GHI) 2024, with a score of 27.9. The Global Hunger Index is a comprehensive tool that measures and tracks hunger at global, regional, and national levels, primarily assessing key indicators such as the percentage of the population that is undernourished, child stunting, child wasting, and the under-five mortality rate. For Pakistan, these indicators stand at 20.7 percent, 33.2 percent, 10 percent, and 6.1 percent, respectively.

While Pakistan witnessed an improvement in its GHI score from 2000 to 2016, the score has risen at a higher speed since 2016 from 24.6 to 27.9 in 2024, indicating a serious level of hunger. However, this trend aligns with global patterns, where only a few countries have shown improvement.

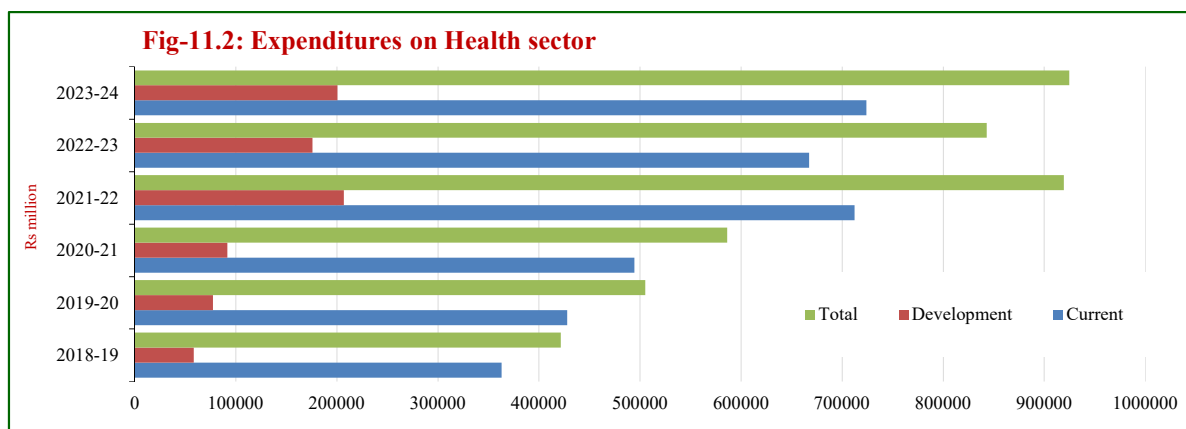
Several factors have contributed to food insecurity in Pakistan, including high inflation, fiscal constraints, and recurrent natural disasters. The devastating floods of 2022, triggered by extreme rainfall, led to a severe food crisis, underscoring the impact of climate change on agricultural productivity and food availability.

Compared to regional countries, Pakistan performs better than Afghanistan, which has a GHI score 30.8, but trails slightly behind India (27.3) and moderately behind Bangladesh (19.4).

11.1-b Health expenditures

Public health expenditures play a crucial role in achieving universal health coverage. In Pakistan, health expenditure as a percentage of GDP is currently very low, though the allocation is anticipated to gradually increase in the years ahead. In FY 2024, health expenditures

increased by 9.7 percent, recorded at Rs 924.9 billion compared to Rs 843.2 billion in FY 2023. Table 11.4 below shows the consolidated funds allocation position of federal and provincial expenditures over the last 7 years, while Figure 11.2 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
2018-19	Federal	16,853	10,278	27,131	1.0
	Punjab	187,943	30,982	218,925	
	Sindh	91,929	6,216	98,145	
	Khyber Pakhtunkhwa	46,995	8,675	55,670	
	Balochistan	19,434	2,473	21,907	
	Pakistan	363,154	58,624	421,778	
2019-20	Federal	11,439	12,856	24,295	1.1
	Punjab	220,854	40,403	261,257	
	Sindh	115,303	3,815	119,118	
	Khyber Pakhtunkhwa	58,289	15,132	73,421	
	Balochistan	22,030	5,290	27,320	
	Pakistan	427,915	77,496	505,411	

Pakistan Economic Survey 2024-25

2020-21	Federal	41,309	9,613	50,922	1.0
	Punjab	221,469	52,705	274,174	
	Sindh	150,668	4,057	154,725	
	Khyber Pakhtunkhwa	56,179	20,778	76,957	
	Balochistan	24,981	4,511	29,492	
2021-22	Pakistan	494,606	91,664	586,270	1.4
	Federal	153,030	9,530	162,560	
	Punjab	258,860	152,367	411,227	
	Sindh	177,735	10,047	187,782	
	Khyber Pakhtunkhwa	95,302	28,865	124,167	
2022-23 (P)	Balochistan	27,362	6,320	33,682	1.0
	Pakistan	712,289	207,129	919,418	
	Federal	31,397	4,495	35,892	
	Punjab	303,056	147,554	450,610	
	Sindh	199,474	5,158	204,632	
2023-24	Khyber Pakhtunkhwa	111,368	10,980	122,348	0.9
	Balochistan	22,012	7,685	29,697	
	Pakistan	667,307	175,872	843,179	
	Federal	45,007	8,147	53,154	
	Punjab	377,282	174,595	551,876	
	Sindh	130,562	3,603	134,165	
	Khyber Pakhtunkhwa	129,028	14,468	143,496	
	Balochistan	42,194	-	42,194	
	Pakistan	724,072	200,813	924,885	

P: Provisional

Source: PRSP Budgetary Expenditures, Finance Division

11.1-c Health Sector Projects of Federal PSDP

Every year, the federal government allocates funds under PSDP for improving the health sector and development projects implemented by the Ministry of National Health Services, Regulations & Coordination (M/o NHSR&C), federal projects of provincial nature and special areas, and the Pakistan Atomic Energy Commission (PAEC).

The size of the current fiscal year's Federal

PSDP is set at Rs 1,150 billion. The PSDP 2024-25 allocations for the health sector stand at Rs 103.530 billion. Most of the health sector projects (41) are being sponsored by M/o NHSR&C, with an estimated total cost of Rs 154.588 billion and a PSDP allocation of Rs 24.750 billion. Overall, there are multiple health sector projects under PSDP 2024-25, with a total cost of Rs 339.378 billion and a total allocation of Rs 103.530 billion. The total foreign funding share for the health sector in the PSDP of FY 2025 is Rs 12 billion

Table 11.5: Health Sector Projects in the Federal PSDP for FY 2025

Rs million

Sr. No.	Name of Ministry /Organisation	No. of Projects	Total Cost	2024-25 PSDP Allocation
1	Ministry of National Health Services, Regulation and Coordination	41	154,588.06	24,750.00
2	Province and Special Areas	Multiple	175,138.49	74,500.00
3	Pakistan Atomic Energy Commission	4	9,651.854	4,280.53
	Total	45	339,378.40	103,530.53

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

11.1-d Key Health Sector Initiatives

The federal and provincial governments have undertaken the following initiatives and interventions. The Mid-Term Third Party Review of the National Health Vision (NHV)

was conducted by the M/o NHSR&C in 2024, which has provided crucial insights for developing the new National Health and Population Policy (2025-34). A comprehensive analytical framework was developed to review

NHV 2016-25 across four domains: health systems, health security, universal health coverage (UHC), and multi-sectoral actions. This framework focused on both overall health outcomes and health equity improvements. The review has highlighted achievements and challenges, particularly in improving maternal and child health, addressing non-communicable diseases, and ensuring equitable access to healthcare services for marginalized communities. The review recommended having a unified Health and Population Policy for the country, also considering the directive of the Prime Minister of Pakistan. Moving forward, the new policy (in process of development) aims to adopt a holistic approach that integrates health services with population services, aligns with international frameworks such as the Sustainable Development Goals (SDGs), and emphasizes strengthening health infrastructure, preventive health measures, and community engagement.

i) National Action Plan for Health Security (NAPHS 2024-28)

As a signatory to the International Health Regulations (IHR 2005), Pakistan is committed to enhancing its core public health capacities to prevent, detect, and respond to potential health emergencies and threats. Despite Pakistan's commitment expressed during the COVID-19 pandemic, the country has struggled to meet the required IHR core capacities, posing risks not only to public health but also to trade, travel, and economic stability. NAPHS (2024-28) has been developed based on the findings and recommendations of the Joint External Evaluation (JEE 2023). It aims to strengthen Pakistan's health security framework by strategically prioritizing critical areas for improvement and resilience.

The plan prioritizes strengthening disease surveillance, upgrading laboratory capacity, and improving health infrastructure to effectively manage emergencies. It emphasizes multi-sectoral health workforce development through training on surge capacities and establishing robust emergency preparedness and response protocols. Community engagement and risk communication will be integral to fostering public awareness and participation in health

security efforts. NAPHS also promotes intersectoral coordination, alignment with global health standards, mobilizes resources, and includes a comprehensive monitoring and evaluation framework to track implementation progress. By focusing on these components, it seeks to build a resilient health system capable of effectively responding to health threats and ensuring better health security for all citizens in Pakistan

ii) Prime Minister's National Programme for Elimination of Hepatitis C Infection

The Prime Minister's National Programme for the Elimination of Hepatitis C Infection (2024-27) is a comprehensive initiative to address this public health challenge. The programme aims to screen, test, and treat 50 percent of the eligible population (aged 12 years and above) and provide free access to antiviral medicines. The programme utilizes WHO pre-qualified rapid diagnostic testing (RDT) kits for screening, PCR tests for confirmation, and effective antiviral treatment. The PC-1, with a duration from July 2024 to June 2027 (3 years), amounting to Rs 67.77 billion, was approved by the ECNEC, with a shared funding ratio of 51:49 between the Federal and Provincial Governments. This initiative is expected to enhance public health, reduce long-term healthcare expenditures, and improve economic productivity, aligning with Pakistan's Sustainable Development Goals (SDGs) and WHO's global elimination targets.

Pakistan now ranks among the countries with the highest HCV burden globally, and estimates indicate an alarming rise in liver cancer cases. This three-year initiative seeks to expand HCV screening, testing, and treatment nationwide, bridging existing gaps in healthcare access. Moreover, a central procurement mechanism will be established to acquire essential commodities, including rapid tests, polymerase chain reaction (PCR) tests, and treatment, which will then be distributed to provinces based on demand and coverage outcomes. Through a cost-effective, need-based distribution model, the program aims to enhance treatment accessibility by providing free or subsidized medication through provincial health programs. Moreover, large-scale awareness campaigns will be

launched to promote early detection and preventive measures.

iii) Prime Minister National Programme for prevention and control of Diabetes

Diabetes has also emerged as a critical public health challenge in Pakistan, with prevalence rates rising at an alarming pace. According to the International Diabetes Federation (IDF) Diabetes Atlas 2021, the overall prevalence of diabetes among adults in Pakistan stands at 26.7 percent, affecting approximately 32.9 million individuals. Of these, 22 percent have previously been diagnosed, while 4.7 percent represent newly identified cases. The prevalence is notably higher in urban areas (28.8 percent) than in rural regions (25.3 percent), underscoring disparities in lifestyle and healthcare access. In response, the government has introduced the Programme for the Prevention and Control of Diabetes under the PSDP 2024-25. The project targets 33 million adults, representing 13 percent of Pakistan's total adult population, with an estimated cost of Rs 6.8 billion. The cost will be shared between the Federal and Provincial Governments, spanning 5 years (2024-29). The Programme's objectives include National Awareness Campaign for the prevention and control of diabetes; screening, diagnosis, and treatment services in federating areas and reaching more than 70 percent of the targeted population for preventive diabetes services through primary health care facilities, lady health workers, and population-level interventions. The programme will be implemented in Federating Areas (Islamabad, Gilgit Baltistan, and Azad Jammu & Kashmir) in Year-1 and all 4 provinces (Punjab, Sindh, KP, Balochistan) from Year-2 onward. By addressing the growing diabetes epidemic, this initiative aims to reduce disease burden, improve individual health outcomes, and strengthen families and communities. Furthermore, it is expected to contribute to socioeconomic development by enhancing workforce productivity. Anticipated outcomes include improved health indicators, reduced healthcare costs, and expanded economic opportunities, which are essential in combating poverty and

advancing long-term national development.

iv) Pakistan Deworming Initiative (PDI)

Pakistan Deworming Initiative (PDI) was launched in 2018 by the Ministry of Planning, Development and Special Initiatives (M/o PD&SI). PDI established a robust multi-sectoral governance structure to support its efforts, bringing together federal and provincial health, education, planning, and local government stakeholders. This structure informs strategic and technical decision-making and oversees the implementation of mass drug administration (MDA) rounds. The program primarily works through a school-based model in all areas. Still, in some districts, there is a hybrid model in collaboration with health workers, with Sindh being the only province where the program is solely executed through health workers.

Since its inception, PDI has made significant progress in controlling STH infections in at-risk districts across all provinces and regions. In 2024, the initiative successfully administered over 14 million deworming tablets across five MDAs, namely in Sindh, Gilgit-Baltistan (GB), Punjab, Khyber Pakhtunkhwa (KP), and Azad Jammu and Kashmir (AJK). This brings the total number of treatments administered between 2019 and 2024 to approximately 40 million from 25 MDAs (the treatment data for MDA campaigns conducted in February 2025 in Balochistan and Islamabad Capital Territory (ICT) is not included).

The National Steering and Coordination Committee (NS&CC) developed a comprehensive 'National Strategic Framework and Operational Guidelines (NSF&OG) 2022-27, outlining program goals, key performance indicators, and operational structures. The framework plans to extend to 2030. PDI initiated the contextual adaptation of the framework for each province and region, with plans to sustain the deworming program through public financing and integration with existing health infrastructure. For the areas of ICT, GB, and AJK, an umbrella project (PC-1) was proposed and is in the pipeline this year. Khyber Pakhtunkhwa and Balochistan have submitted

their own individual PC-1 plans. In the case of Punjab, deworming has been made part of the Multi-Sectoral Nutrition Strategy (MSNS) and is working towards inclusion in the existing IRMNCH&NP PC-1. Meanwhile, Sindh has initiated the process for horizontal integration within the health department and proposes to expand beyond the target district. Based on WHO's recommendation, a follow-up Prevalence Survey is planned for 2025-2026 in two phases, with AJK, KP, and ICT scheduled for 2025, and the remaining provinces/areas for 2026. Efforts are also underway to further scale up the program based on the lifecycle approach in deworming to include other at-risk segments of the population

v) Common Management Unit (CMU) for AIDS, TB & Malaria (ATM)

The current governance arrangement of the Global Fund to manage AIDS, Tuberculosis, and Malaria, i.e., GFATM support to Pakistan, similar to other countries that receive GFATM's support, comprises the Country Coordinating Mechanisms, Common Management Unit, Principal and Sub-Recipients, and Local Fund Agent. In Pakistan, the coordination mechanism has representation from the federal and provincial governments, the private sector, non-government organizations, and persons living with the disease as voting members, with the federal secretary of health as the chair, representing the Government of Pakistan. The following are the primary measures and initiatives taken by the CMU regarding control and prevention of Malaria, TB, and HIV/AIDS:

a) Tuberculosis

- ▶ Provided "free of cost" Drug Sensitive TB (DSTB) diagnostic and treatment care services to 252,803 patients through the network of 1,929 public and private healthcare facilities and 12,512 GP clinics
- ▶ Provided "free of cost" Drug Resistant TB (DRTB) diagnostic and treatment care services to 2,162 patients through 71 treatment sites across Pakistan. Additionally, all enrolled DRTB patients were provided social support of Rs 12,000

for nutritional and travel support.

- ▶ Drug Resistant TB management services decentralized to an additional 6 districts (total 71 DRTB Care sites) to ensure adequate supply of second-line medications TB/HIV Collaboration-Screening of 144,587 TB patients for HIV in 55 TB/HIV Centers.
- ▶ Roll out of electronic case-based TB surveillance through District Health Information System (DHIS)2 at the facility level in Sindh, Khyber Pakhtunkhwa, Balochistan, Azad Jammu & Kashmir, Gilgit-Baltistan, and ICT

b) Malaria

- ▶ Increasing the number of Global Fund districts from 60 to 80, with the inclusion of 20 additional flood-affected districts. Resultantly, an additional 1000 public health facilities have been included for the said grant support, contributing to a total of more than 5500 service delivery centers across three provinces.
- ▶ Treatment of more than 98 percent of confirmed Malaria cases according to the National Treatment guidelines.
- ▶ Distribution of 08 million Insecticide Treated Nets (ITN) to protect the population at high risk from Malaria in 20 high-burden sharing districts.
- ▶ Provision of 105,000 indoor residual spray (IRS) sachets to the provinces for responding to the Malaria outbreak situation in hot spots.
- ▶ Training of 300 healthcare providers on malaria case management, diagnosis through RDT, and surveillance from July to December 2024.

c) HIV/AIDS

- ▶ Provision of free-of-cost HIV/AIDS prevention services at 51 sites to address low prevention and testing coverage among the Key Population by scaling up community-based interventions.
- ▶ Anti-Retroviral Therapy (ART) sites strengthened with provision of Human

Resources and necessary equipment, and free of cost testing and treatment services

- ▶ Establishment of Opioid Agonist Maintenance Therapy (OAMT) sites, in Mayo Hospital Lahore & JPMC Karachi, to reduce HIV risk among injecting drug users.
- ▶ 44 Mobile Vans and six refrigerated trucks were provided to provinces for active case finding and transportation of drugs to treatment centers across the country.
- ▶ Implementation of Differentiated Service Delivery (DSD) model in Punjab for the general population with expansion in treatment services from DHQ to THQ levels, supported by Mobile clinics for outreach activities, engagement of Community Health Workers and Peer Navigators, and Drop-In Centers
- ▶ Awareness Campaigns; Mass media/ Radio campaigns in various languages (Urdu, Pushto, Sindhi, Saraiki, Balochi) through FM 101 in 20 cities and engagement of religious scholars on HIV preventive services with special focus on people who inject drugs (PWIDs).

vi) Expanded Programme on Immunization (EPI)

The Government of Pakistan has been providing free immunization services against vaccine-preventable diseases since 1978. At present, vaccination against Childhood Tuberculosis, Poliomyelitis, Diphtheria, Pertussis, Hepatitis B, Streptococcal Meningitis, Haemophilus Influenza type b (Hib), Tetanus, Measles, Rubella, and Typhoid is being provided under the Expanded Programme on Immunization. The programme targets almost 6.8 million children nationwide and approximately the same number of pregnant women against Tetanus in one year. Over time, a number of new vaccines, e.g., Hepatitis B, Haemophilus Influenzae type b (Hib), Pneumococcal Conjugated Vaccine (PCV), Inactivated Polio vaccine (IPV), Rotavirus vaccine, Typhoid Conjugated Vaccine (TCV), and Rubella, were introduced. EPI plans to introduce Human Papillomavirus (HPV) in a phased manner from 2025 to 2027.

The key activities also included:

- ▶ 124 mobile units to improve access to integrated immunization services in targeted megacities
- ▶ Conducted Measles Outbreak Response in May 2024 by reaching 4.1 million children from 6 months to 5 years in 34 districts and TCV campaign in Sindh by reaching 8.2 million children from 6 months to 15 years in Karachi Division and Hyderabad District
- ▶ Sehat Tahafuz Helpline 1166 to provide interactive response to callers from across the country in local languages on Polio (6.1 million calls), Routine Immunization (1.7 million), COVID-19 (8.3 million), and other health issues
- ▶ Crisis Communication Management to timely and effectively manage any untoward incident having the potential for any negative impact on vaccination activity
- ▶ Immunization services have been restored in 33 flood-affected districts across the country following the 2022 floods.

vii) Cancer treatment

Pakistan Atomic Energy Commission (PAEC) supports the peaceful, safe, and secure application of nuclear science and technology for sustainable socioeconomic development. It is the pioneer in using radiation in the health sector and has made significant contributions to the management, prevention, and control of cancer and other non-communicable diseases in Pakistan.

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 Pakistan's cancer burden is catered to by PAEC cancer hospitals, as cancer patients are treated in Atomic Energy Cancer Hospitals (AECHs) irrespective of their stage and financial status. Over 1.0 million procedures

and approximately 40,000 new cancer patients are treated annually at AECHs. At present, there are 2600 personnel are employed in hospitals, comprising 250 doctors, 76 medical physicist, 47 biomedical engineers and 43 radio pharmacists and scientists.

The following targets have been achieved by FY 2025:

- ▶ As part of the PSDP project, the upgrade of AEMC-II, the installation of new gamma cameras, and radioisotope scanning have been completed. This has resulted in an increase in the number of patients treated at AEMC, Karachi.
- ▶ AECH DINAR provides quality anti-cancer medicines at subsidized rates to its cancer patients through the Pharmacy run by the DINAR Patient Welfare Society (DPWS). DPWS Pharmacy has achieved ISO 9001:2015 Certification, demonstrating its commitment to delivering high-quality patient care and adhering to international standards.
- ▶ Students/fellows attended AECHs for 6-8 weeks and received specialized training in the fields of Nuclear Medicine, Radiation & Medical Oncology, Radiology, and Medical Physics. Events for cancer awareness and campaigns for cancer prevention/control are a regular feature at all AECH. Over 338 such events were organized throughout Pakistan, including seminars, workshops, and walks for general public education.
- ▶ 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), KERAN (Karachi), INMOL (Lahore), NIMRA (Jamshoro), through PSDP funding & IRNUM (Peshawar), SINOR (Swat) and NIMRA (Jamshoro) through ADP funding are underway.

viii) Capacity building and Specialized Trainings for Health Sector preparedness and response during disasters

The National Disaster Management Authority (NDMA) took various measures to avoid humanitarian crises during disasters. The following are capacity-building and training programs conducted to respond to the health issues immediately during disasters.

- ▶ Gender and Child Cell (GCC) in NDMA facilitated two key Minimum Initial Service Package (MISP) training sessions to bolster emergency reproductive health service delivery. From 29th - 31st July 2024, a national training was conducted in Islamabad, with 28 participants from governmental and non-governmental organizations across Azad Jammu & Kashmir (AJK), Khyber Pakhtunkhwa (KP), and Islamabad. The training equipped program managers and policymakers with tools to prioritize Reproductive Health and Gender-Based Violence (GBV) advocacy, particularly in climate-induced disaster scenarios. The second MISP training, held in Gilgit Baltistan from 25th to 27th September 2024, focused on strengthening frontline responders' capacities to address reproductive health needs during emergencies.
- ▶ First Responders Training for Women was conducted on 27-28 January 2025, a specialized two-day training session at Fatima Jinnah Women's University, Rawalpindi, empowering 37 women participants, including students, faculty members, and NDMA staff, with first aid, Cardiopulmonary Resuscitation (CPR), gender-sensitive disaster response, and critical skills for addressing GBV and SRH in emergencies
- ▶ During the 29th Conference of Parties (COP29) held in Baku, Azerbaijan, NDMA Pakistan, through GCC, hosted a high-impact panel discussion on Exacerbation of GBV and Reproductive Health Issues due to the Climate Crisis. The session emphasized Pakistan's experiences and shared recommendations on integrating the above

issues into global climate action frameworks.

11.1-e Provincial Performance in the Health Sector in FY 2025

Punjab

Punjab health care initiatives are implemented under the Punjab Health Initiative Management Company (PHIMC), primarily targeted at health coverage and relief of medical beneficiaries from medical expenses. Currently, the implementation of the Universal Health Insurance Program/Sehat Sahulat Program is in progress under PSDP. The allocation of PSDP FY 2025 for the project is Rs 54 million to reduce out-of-pocket public expenditures for vulnerable segments of society, and with a mix of public and private service delivery. PHIMC coverage has been expanded to over 34 million families with around 360 public and private hospitals, and the treatment of 9.3 million patients has been successfully done.

Sindh

The Government of Sindh's overall health vision is based on "Health for All". In pursuit of this objective, a total allocation of Rs 320.147 billion has been earmarked for the health sector during the outgoing fiscal year. This includes Rs 18 billion for development expenditures, Rs 287.756 billion for recurrent expenditures, and Rs 14.391 billion for medical education initiatives. Under the development portfolio, 148 ongoing schemes are being actively pursued, alongside the launch of 62 new schemes to further strengthen the healthcare infrastructure. Major initiatives include upgrading and expanding Basic Health Units (BHUs), Rural Health Centers (RHCs), and Mother & Child Health Care Centers across the province.

Four state-of-the-art simulation centers have been established to enhance diagnostic capacities. In addition, the Sindh Human Capital Project for Integrated Health and Population has been initiated, focusing on the repair, rehabilitation, and operational improvement of dispensaries, BHUs, RHCs, and teaching hospitals.

The DHIS is being upgraded under the World Bank-funded National Health Support Program to further bolster health sector governance. This will enhance monitoring, surveillance, and data-driven decision-making in the sector. Moreover, to improve accessibility and delivery of healthcare services, Tele-Health Service has been introduced on a pilot basis, leveraging technology to extend healthcare services to remote and underserved populations.

Khyber Pakhtunkhwa

In July-March FY 2025, the KP Sehat Card Plus Programme received 272 hospital applications during the annual empanelment cycle for empanelment, out of which 130 hospitals were selected across the province. During this period, 251,252 patient admissions were recorded under the program, incurring healthcare costs amounting to Rs 6.9 billion. Additionally, four high-cost treatments — kidney transplant, liver transplant, bone marrow transplant, and cochlear implant — were approved for coverage, and a special reserve fund has been established for this purpose.

Balochistan

The health care department of Balochistan has approved and incorporated 22 health care projects. These projects were designed to address the health care gaps. The key projects are the Health on Wheels programme to provide health care services in rural areas, the establishment of a dental college in Quetta, and nursing colleges at Khuzdar, Lasbella, and Loralai. Moreover, the establishment and extension of hospitals and establishment and strengthening of emergency services like 1122 on a cost-sharing basis. The Government of Balochistan's health department, along with technical support from M/o NHSR&C has developed a comprehensive health and population policy for the next decade by focusing on emerging health challenges. Moreover, a multisectoral health workforce has been developed to meet the requirements of the IHR.

Gilgit Baltistan

Various health sector development projects are being implemented in GB, with a total cost of Rs 21.8 billion. For this purpose, an allocation of Rs 2.6 billion has been made under PSDP FY 2025. Major projects include the establishment of a 250 bed hospital at Skardu, where construction has been completed and installation of machinery is in progress. A cardiac hospital has been established in Gilgit, and the construction of accommodation facilities for nursing and paramedic staff is underway. Upgrading the Provincial Headquarter Hospital, in line with the approved master plan, is also in progress, achieving 35 percent physical progress during July-March FY 2025.

Azad Jammu and Kashmir

The Government of AJK 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. The strategies adopted for the health sector are to interpret the government's priority agenda to achieve universal health coverage by 2030.

Health coverage in AJK is still inadequate. There are approximately 2950 Hospital beds available in the area, averaging one bed per 1468 people. The total number of doctors is 1230, out of which there are 68 Health Managers, 352 specialists, 82 Dental Surgeons, and 728 Medical Officers. There is a ratio of 0.81 per 10000 Population in respect of specialists, 1.68 in respect of Medical Officers of and 0.19 in respect of Dentists and Surgeons.

Moreover, the health Department is implementing Dengue control measures throughout the state of AJK and launched an extensive community awareness campaign targeting 100 percent population of the State. It has established a Dengue Control & Operational Cell at the Directorate of CDC under the supervision of the General Health Office that is continuously monitoring the disease situation on a daily basis.

The Family Planning and Primary Healthcare Programme (PHC) has recruited more than 3,068 LHWs in AJK covering 67 percent of the population. The programme provides services encompassing the health conditions of women and children through improved sanitation, birth spacing, iron supplementation, more extensive vaccination coverage, and antenatal and postnatal Coverage (ANC and PNC) of pregnant women.

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 process of approval at the federal level, and the AJK share has been made part of this umbrella PC-1

The Maternal and Child Health (MNCH) programme has been implemented with the support of the Federal Government through the development budget from 2007 to 2023, with the aim of providing 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. Currently, the program is being financed through the development budget of the government of AJK till June 2025.

11.2 Nutrition Profile of Pakistan

Nutrition remains a central pillar of Pakistan's human development agenda, given its far-reaching implications for health, education, economic productivity, and intergenerational well-being. Malnutrition affects individual health outcomes and has a far-reaching impact on national development and global progress. Stunting occurs predominantly within the first 1000 days post-conception and stems from a nexus of socioeconomic determinants, dietary insufficiencies, infections, maternal health, and environmental factors. It significantly impacts a child's health, physical growth, brain development, and cognitive abilities.

The consequences of poor nutrition reverberate across every facet of a country's development, hindering progress towards multiple SDGs, as nutrition is strongly linked to almost 12 of the 17 Sustainable Development Goals (SDGs).

Recognizing this, the government has undertaken various initiatives at the federal and provincial levels to address malnutrition holistically. Nutrition is a key development priority in the URAAN Pakistan Economic Transformation Plan, the 13th Five-Year Plan, Annual Plan, and the 5Es and 4RFs Frameworks. Interventions are increasingly designed to be nutrition-sensitive, ensuring that policies and programs across sectors contribute meaningfully to improving nutrition outcomes.

The government strengthened collaboration with development partners, civil society, and academia to promote innovation, support evidence generation, and expand the reach of effective nutrition interventions. The

government of Pakistan has made substantial efforts to improve institutional mechanisms for nutrition governance, resource allocation, and program delivery. Table 11.6 depicts the nutrition profile of Pakistan.

Pakistan faces major challenges in meeting the food security and nutrition targets of Sustainable Development Goal (SDG) 2 by 2030. As approximately 34 percent of children under 5 years of age are stunted. By comparing with average South Asian Countries' indicators, basic drinking water, sanitation facilities, and stunting are performing lower in Pakistan, except for the prevalence of overweight for a percent of children under 5 years of age, which is lower in the case of Pakistan.

Table 11.6: Comparison of Nutrition Indicators of Pakistan and South Asia (2023)

	South Asia	Pakistan
Prevalence of overweight (%age of children under 5)	3.0	2.30
People using at least basic sanitation facilities (%age of population)*	75.5	70.5
People using at least basic drinking facilities (%age of population)*	93.1	90.6
Prevalence of Undernourishment (%age of population)*	14.5	20.7
Stunting prevalence among children (under age 5 %age)	32.3	33.7

* Data for Nutrition indicators is for the year 2022

Source: WDI, Global Health Observatory

11.2-a Availability of food in Pakistan:

Achieving proper nutrition depends on the availability and accessibility of various nutritious foods. The food balance sheet provides essential insights into the supply of major food commodities through a detailed analysis of data on production, imports, and exports. A review of key food items over the past three fiscal years highlights significant shifts in their availability (Table 11.7). The per capita availability of essential food commodities was low in 2022-23 due to the adverse effects of the floods. However, per capita calorie availability has risen during 2023-24 and 2024-25, reflecting the nation's ongoing recovery efforts.

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

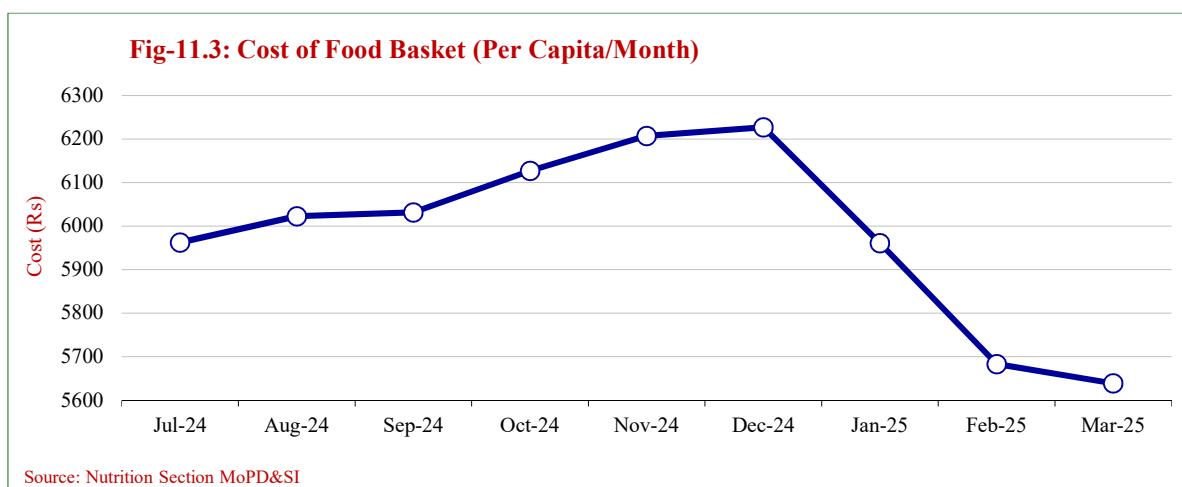
The cost of the minimum food basket fluctuates from July 2024 to March 2025 (Figure 11.3). An upward trend followed by a sharp decline was observed in the cost of the food basket per capita per month during this period, rising from Rs 5,963 in July to a peak of Rs 6,227 in December 2024, then sharply declining to Rs 5,639 in March 2025. The cumulative change in costs decreased by 5.4 percent from July 2024 to March 2025. A detailed breakdown of the per capita per annum availability of food will be provided in Table 11.7.

Table 11.7: Food Availability per Capita per Annum

Food Items	2022-23	2023-24	2024-25(E)
Cereals	151.94	163.11	170.47
Pulses	6.87	5.88	6.12
Milk (liter)	163.79	164.73	165.80
Meat	22.79	23.12	24.17
Fish	2.55	2.55	2.36
Eggs (dozen)	8.22	8.48	8.76
Edible Oil/ Ghee	13.97	12.96	13.05
Fruits & Vegetables	60.30	65.32	59.81
Sugar	27.65	27.91	27.77
Calories/day	2585.83	2658.84	2719.69

E: Estimated on the basis of previous trend

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



11.2-c Key Initiatives for Nutrition Improvement

In the fiscal year 2024-25, a multitude of initiatives/ programs have been carried out, capitalizing on the positive momentum accrued from the efforts of the previous year. Noteworthy initiatives at the federal level encompass the following:

- i. The nutrition convergence program “National Multi-Sectoral Nutrition Program to Reduce Stunting and Other Forms of Malnutrition” Under the Pakistan Nutrition Initiative (PANI) is in process. The overall objective of the project is to contribute to preventing and reducing all forms of malnutrition through the convergence of nutrition direct and indirect interventions and the implementation of the sectoral programs (food, agriculture, WASH, social protection, health, population, education, and climate change, etc.). It will harmonize provincial objectives with national goals and international commitments, facilitate and support harmonized national reporting against global commitments and strengthen multi-sectoral nutrition governance, accountability, and coordination mechanisms for improved convergence and capacity building through supervision and M&E. The National Early Childhood Development (ECD) Policy framework has been developed as a foundational roadmap to promote the comprehensive development of young children. It reflects a national commitment to align multisectoral efforts by providing strategic insights to guide program implementation and foster effective partnerships.
- ii. The development of ECD Standards and Index has been initiated to establish clear benchmarks for early childhood development. Additionally, efforts are underway to enhance Key Family Care Practices (KFCP) through the creation of a comprehensive Parenting Package, aimed at equipping caregivers with the knowledge and tools needed to support the holistic development of young children.
- iii. The Benazir Nashonuma Program (BNP) continued its efforts to support vulnerable groups by providing targeted assistance (cash transfers and nutritious food) to pregnant and lactating women and children under two years of age. By focusing on the critical first 1,000 days of life, BNP aims to improve maternal and child health outcomes, prevent stunting, and reduce the long-term impacts of malnutrition on physical and cognitive development.
- iv. Pakistan’s commitments for the Nutrition for Growth (N4G) Summit 2025 were developed through in-depth consultations with provincial governments and key stakeholders, ensuring that they align with both national nutrition priorities and global goals. These consultations aimed to create a unified approach to addressing malnutrition,

considering regional challenges and needs.

- v. The Scaling Up Nutrition (SUN) Youth Network (SYN-Pakistan) was launched on 20th February 2025. This is a transformative step in empowering young people to become key advocates for improved nutrition. The initiative is dedicated to mobilizing youth to raise awareness, inspire healthy lifestyle choices, and actively contribute to policy reforms to eliminate malnutrition.
- vi. Consultative sessions have been held to develop strategies for securing sustainable nutrition financing, improving financial management, and integrating innovative funding mechanisms to ensure long-term program sustainability.
- vii. A two-day workshop on “Pathways to Sustainable Nutrition Financing” was held, gathering key stakeholders from federal and provincial government bodies, development partners, INGOs, and NGOs. The event discussed strategies to strengthen nutrition financing practices and stressed the need to prioritize nutrition as a government-led initiative.

11.2-d Nutrition programs taken under provincial governments

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

Punjab

The Government of Punjab has implemented the following nutrition-specific and sensitive programs:

- ▶ Integrated Reproductive Maternal Newborn & Child Health (IRMNCH) and Nutrition Program (Phase-III) costing Rs 7,592.38 million with allocation of Rs 500 million
- ▶ Chief Minister’s Stunting Reduction Program 11 Southern Districts of Punjab costing Rs 3,478.30 million with allocation of Rs 396.89 million
- ▶ Prime Minister’s Health Initiative (PMHI) costing Rs 3,528.64 million with allocation of Rs 213.78 million

- ▶ National Health Support Program (NHSP) Technical Assistance (TA) Component costing Rs 6,382.78 million with allocation of Rs 2,711.05 million
- ▶ Chief Minister Punjab Schools Meal Program costing Rs 1,000 million with allocation of Rs 500 million
- ▶ Southern Punjab Poverty Alleviation Project (SPPAP)-IFAD Assisted costing Rs 2,5243.13 million with allocation of Rs 4,613.71 million
- ▶ Punjab Family Planning Program TA Component costing Rs 4,282.35 million with allocation of Rs 1,885.05 million
- ▶ Multi-Sectoral Nutrition Strategy for WASH, including Water Supply, Sanitation, Hygiene, and Wastewater costing Rs 1,108.06 million with allocation of Rs 80 million
- ▶ Establishment of Day Care Centers through Punjab Day Care Fund Society, costing Rs 1,000 million, with allocation of Rs 500 million
- ▶ Multiple Indicator Cluster Survey (MICS) Punjab, 2022-23 costing Rs 283.87 million with allocation of Rs 50.15 million

Khyber Pakhtunkhwa

The Government of Khyber Pakhtunkhwa has implemented the following nutrition-specific programs:

- ▶ Integration of Health Services Delivery with a Special Focus on MNCH, LHW, and Nutrition Program costing Rs 7,027.23 million with allocation of Rs 1750 million
- ▶ Khyber Pakhtunkhwa Stunting Prevention and Rehabilitation Integrated Nutrition Gain (KP SPRING Project) (SDGs) costing Rs 2217.85 million with allocation of Rs 90 million
- ▶ Stunting Prevention through Improved Nutrition and Agriculture Development Initiative costing Rs 1,500 million with allocation of Rs 457 million
- ▶ Agriculture Productivity Enhancement for Livelihood and Food Security in Merged Areas (AIP) costing Rs 1,000 million with allocation of Rs 50 million

- ▶ Poverty Alleviation through Enhancement of Milk Meat Value Chain in Merged Areas costing Rs 470.23 million with allocation of Rs 60 million
- ▶ Development of Cold-Water Fisheries in Khyber Pakhtunkhwa costing Rs 772.148 million with allocation of Rs 129.305 million
- ▶ Establishment of Trout Villages in Malakand and Hazara Division costing Rs 395.95 million, with allocation of Rs 38.69 million
- ▶ Promotion of Fisheries in Merged Areas costing Rs 204.24 million with allocation of Rs 40 million
- ▶ Provision of Facilities in Existing Primary Schools for Early Child Education costing Rs 198.50 million with allocation of Rs 0.001 million
- ▶ National Health Support Programme (Khyber Pakhtunkhwa Component) costing Rs 2,520.01 million with allocation of Rs 0.001 million
- ▶ Khyber Pakhtunkhwa Human Capital Investment Project Health Component costing Rs 24,224.92 million with allocation of Rs 0.001 million
- ▶ Deworming Initiative of School-aged Children in KP costing Rs 218.70 million with allocation of Rs 25 million

Sindh

The Government of Sindh has implemented the following nutrition-specific measures:

- ▶ Accelerated Action Plan (AAP) for Reduction of Stunting and Malnutrition-Nutrition specific and sensitive interventions proposed in the following sectors;
- ▶ Health Sector (PPHI) allocation is Rs 4,320 million
- ▶ Livestock Sector allocation is Rs 1,639.74 million
- ▶ Fisheries Sector allocation Rs 957 million
- ▶ Agriculture Sector allocation Rs 799.26 million

- ▶ Population Welfare sector allocation Rs 67.495 million
- ▶ WASH sector allocation Rs 3,279 million

Balochistan

The Government of Balochistan has earmarked the following nutrition-specific and sensitive programs:

- ▶ National Maternal Newborn & Childcare (MNCH) Programme costing Rs 1,614 million with allocation of Rs 171 million
- ▶ “Gwadar-Lasbela Livelihood Support Project Phase-II (GLLSP-II) IFAD” at a total cost of Rs 12,328.55 million with allocation of Rs 2962.30 million, is being implemented in two districts, i.e., Gwadar and Lasbela

Azad Jammu & Kashmir

The Government of Azad Jammu & Kashmir has implemented the following nutrition-specific and sensitive programs:

- ▶ ECD in 300 Middle Schools in AJK (Phase-III) costing Rs 84.98 million with allocation of Rs 43.64 million
- ▶ Agro-Ecological Based Fruit, Vegetable & Agriculture Development as Enterprise in AJK costing Rs 64.79 million with allocation of Rs 4.27 million
- ▶ Promotion of Olive cultivation in AJK costing Rs 63.88 million with allocation of Rs 30 million
- ▶ Sheep / Goat Development Program in AJK costing Rs 60.15 million with allocation of Rs 57.3 million
- ▶ Establishment of 03 Mobile Food Testing Laboratories at the Divisional Headquarters of AJK costing Rs 140.97 million with allocation of Rs 59.97 million
- ▶ Water quality Profiling and source characterization in AJK costing Rs 103.11 million with allocation of Rs 55 million
- ▶ AJK Social Protection Program Phase-II costing Rs 117 million with allocation of Rs 43.47 million
- ▶ MNCH Services in AJK costing Rs 306.62 million with allocation of Rs 290.33 million

Gilgit-Baltistan (GB)

The Government of GB has implemented the following nutrition-specific and sensitive programs:

- ▶ Establishment of ECD Centers in Educational Institutions of GB costing Rs 190 million with allocation of Rs 8 million
- ▶ Targeting Blue Revolution Towards Food, Nutrition & Livelihood Security through Conservation of Local Species in GB costing Rs 80 million with allocation of Rs 8.282 million
- ▶ Improving Rural Livelihood and Food Security Through Modern Agricultural Techniques in District Ghizer, costing Rs 30 million, with allocation of Rs 5 million
- ▶ Ensuring Food Security and Economic Growth Through Extension of Trout Farming in District Ghizer, costing Rs 50 million, with allocation of Rs 8 million
- ▶ Food Fortification Programme of the Food Department GB costing Rs 99 million with allocation of Rs 13.56 million
- ▶ Food Management Information System in GB (FMIS) costing Rs 37.5 million with allocation of Rs 4.89 million
- ▶ GB Scaling Up Nutrition Program costing Rs 175 million with allocation of Rs 5.30 million
- ▶ Establishment of high-value fruit nurseries in 10 districts (2 each in districts) costing Rs 50 million with allocation of Rs 5 million
- ▶ Promotion of Fruits and Honey Value-added Products in GB costing Rs 50 million with

allocation of Rs 5 million

- ▶ Promotion of Commercialized Agriculture through Effective Production Mechanism in Skardu, costing Rs 52 million, with allocation of Rs 4.66 million

11.3 Narcotics Control and Drug Rehabilitation Efforts

Pakistan's anti-narcotics efforts revolve around three main pillars: drug supply reduction, drug demand reduction, and international cooperation, as described in the Anti-Narcotics Policy 2019.

Previously, the narcotics control division now merged with the Ministry of Interior at the start of 2025. To control the demand for Narcotics, the Anti-Narcotics Force (ANF) conducted various activities, including seminars, lectures, and conferences, to create awareness among the masses.

The case has been initiated to issue notification for the establishment of the Federal Narcotics Testing Laboratory at ANF Academy, Islamabad, under section 34 of the Control of Narcotics Substance Act 1997. There is one development project under the PSDP 2023-24 and 2024-25, i.e. Model Addiction Treatment and Rehabilitation Centers (MATRC) at Islamabad, with an estimated cost of Rs 456.38 million. Moreover, in July-March FY 2025, 6523 drug demand reduction activities were conducted. from July-March FY 2025, 2,386 patients were treated in MATRC. The month-wise treatment in each hospital is depicted in Table 11.8.

Table 11.8: No of Patients treated at MATRC (July-March 2024-25)

Month	MATRC Karachi Lyari	MATRC Malir	MATRC Mangopir	MATRC Islamabad	MATRC Sukkur	MATRC Hyderabad	MATRC Quetta	Total
July-2024	72	59	69	20	13	30	5	268
Aug-2024	46	79	67	19	12	37	15	275
Sep-2024	77	64	68	18	18	39	18	302
Oct-2024	58	68	70	14	16	29	22	277
Nov-2024	64	59	75	17	10	34	20	279
Dec-2024	61	56	50	20	18	33	18	250
Jan-2025	62	47	64	15	08	32	21	249
Feb-2025	53	50	43	21	14	28	12	221
Mar-2025	74	49	55	13	11	35	22	259
Total	567	531	561	157	120	297	153	2386

Source: Narcotics Control Division

Concluding Remarks

Pakistan has made significant progress in the health and nutrition sector, as evident from improvement in life expectancy, infant mortality rate, immunization, and per capita calorie availability. This became possible due to government efforts to provide a better standard of living and welfare initiatives. The government

is committed to enhancing the health and nutrition of the population and is working towards achieving the SDGs 2030 targets. So, the recently launched URAAN Pakistan and the SUN Youth network nutrition program will also contribute to further improving Pakistan's health and nutrition sector. However, there is a pressing need to increase healthcare spending, provide adequate facilities, and raise awareness.

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
2012	1,092	5,176	5,478	628	640	326	111,802
2013	1,113	5,413	5,471	687	667	329	118,378
2014	1,143	5,548	5,438	670	669	334	118,170
2015	1,172	5,695	5,478	733	684	339	119,548
2016	1,243	5,971	5,473	755	668	345	124,821
2017	1,264	5,654	5,505	727	688	431	131,049
2018	1,279	5,671	5,527	747	686	441	132,227
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	1,696	5,627	5,434	822	783	482	167,947
2024 (P)	1,696	5,627	5,434	822	783	482	167,947
P: Provisional - : Not Available Source: Pakistan Bureau of Statistics							

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-	Non-Develop-
	*	*	*		Visitors			ment	ment
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	905	8,471	58,624	363,154
2020	245,987	27,360	116,659	43,129	21,361	875	7,868	77,496	427,915
2021	266,430	30,501	121,245	44,693	22,408	823	7,190	91,664	494,606
2022	282,383	33,156	127,855	46,110	24,022	791	6,734	207,129	712,289
2023	299,113	36,032	134,708	46,404	26,405	760	6,306	175,872	667,307
2024 (P)	319,572	39,088	138,391	46,801	29,163	723	5,911	200,813	724,072

- : Not available

Source: Pakistan Medical & Dental Council (PMDC)

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

Pakistan Nurses Council. (PNC)

Pakistan Bureau of Statistics

** : Expenditure figures are for respective Financial Year

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.	2016	2017	2018	2019	2020	2021	2022	2023	2024
B.C.G.	6233.7	6356.5	6608.4	7261.5	7019.4	7141.2	7514.4	7782.4	7669.7
POLIO									
0	5120.1	5420.8	5818.8	6220.4	6339.8	6239.7	6604.8	6868.2	7144.8
I	5990.7	6001.4	6138.1	6618.3	6607.1	6593.4	7066.8	6983.2	7302.7
II	5537.9	5618.4	6138.1	6249.3	6239.1	6172.1	6643.0	6508.7	6716.9
III	5378.7	5455.2	5672.4	6115.9	6124.0	6128.9	6638.5	6480.1	6760.9
PENTAVALENT									
I	5933.6	6009.0	5526.7	6725.8	6145.7	6650.3	7082.7	6950.9	7226.4
II	5532.2	5625.0	6139.5	6360.6	5766.4	6224.7	6649.4	6518.1	6682.2
III	5371.7	5472.0	5676.0	6231.3	5665.8	6167.6	6639.3	6532.5	6673.8
T.T									
I	4569.7	4690.3	4874.9	5272.2	4993.8	4966.7	5015.3	5074.3	5440.6
II	3934.9	3993.8	4103.6	4560.7	4366.7	4323.6	4382.1	4311.2	4808.7
III	398.5	191.4	192.5	260.7	225.1	207.0	769.7	431.3	484.4
IV	97.8	51.9	57.9	70.8	60.1	58.0	137.9	119.3	140.3
V	56.8	27.5	30.7	37.0	27.6	26.3	77.8	60.6	102.1
MEASLES									
I	5516.8	5606.5	5455.4	6216.6	6284.2	5504.6	6578.3	6420.5	6902.6
II	4684.7	4710.9	4734.0	5492.7	5617.2	5492.6	5856.1	5993.4	6520.4
PNEUMOCOCCAL (PCV10)									
I	5884.3	5994.4	5528.7	6724.8	6590.8	6576.3	7075.2	6953.7	7170.4
II	5505.8	5605.1	6135.8	6356.5	6225.8	6145.0	6646.9	6545.2	6680.8
III	5374.9	5470.6	5673.4	6228.7	6127.0	6083.2	6643.1	6514.2	6672.3

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 1st, 2nd, 3rd, 4th & 5th doses.

TABLE 11.4

DOCTOR CONSULTING FEE IN VARIOUS CITIES

In Rupees											
Period*	Faisal- abad	Gujran- wala	Hyder- abad	Islam- abad	Karachi	Lahore	Pesha- war	Quetta	Rawal- pindi	Sukkur	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	474.79	300.00	229.62	694.23	348.79	349.56	992.34	297.20	595.78	300.00	474.17
2024-25 Jul-Mar	566.19	300.00	260.17	807.68	389.59	438.07	1216.74	342.00	690.88	300.00	521.62

*: Fiscal Year

Source: Pakistan Bureau of Statistics

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